REDWOOD COAST MEDICAL SERVICES, INC
BOARD OF DIRECTORS - MEETING AGENDA
In person: Elaine Jacob Center | Online: Zoom
June 25, 2024 5:00 PM – 7:00 PM

Business Item	Person	Vote(s) Required	Page #
AGENDA & MINUTES • Review and vote on acceptance of Meeting Agenda and the Minutes of May 28, 2025	Leslie Bates	Vote	Page 1-4
HUMAN RESOURCES COMMITTEE REPORT • Update	Renee Kaucnik		
MEDICAL TEAM REPORT • Update on clinic operations	Barbara Brittell		
DEVELOPMENT, GRANTS, OUTREACH & RISK/COMPLIANCE REPORT • Updates grant, outreach, and Risk Compliance activities • Vote on acceptance of Policies. • Vote on acceptance of staff Credentialing/Re-Credentialing • Board Training: HRSA Compliance Manual Ch. 17	Dawn McQuarrie	Votes	Page 5-49 *Risk Mng. Reports Separate Attachment
COMMUNICATIONS COMMITTEE REPORT • Update	Susan Hamlin		
CEO REPORT • Operations/Staffing Update	Ara Chakrabarti		
CAPITAL CAMPAIGN COMMITTEE REPORT • Update	Jim Nybakken		
INFORMATION TECHNOLOGY COMMITTEE REPORT • Update	Drew McCalley		
FINANCE COMMITTEE REPORT • Report on May Financials • Vote on acceptance of the May Financials • Presentation of Annual Budget for Fiscal Year July 2025- June 2026	Drew McCalley Ara Chakrabarti	Votes	Page 50-63
MENDONOMA HEALTH ALLIANCE REPORT • Update	Janis Dolphin		
CEO SEARCH REPORT • Update	Leslie Bates		
EXECUTIVE COMMITTEE REPORT • Updates • Board Committee Charters	Leslie Bates		Page 64-71
PUBLIC COMMENT/SHOUT OUTS	Leslie Bates		

Following the meeting the Board will go into a closed session.

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties. Services are designed to meet identified needs of the communities served, are integrated with other existing health care services and systems and are evaluated on a regular basis to assure that community health needs are being met. As a non-profit corporation receiving public funds, RCMS provides services to qualifying individuals on a sliding fee scale as well as to patients with MediCal and MediCare coverage, private insurance or self pay status. RCMS plays a special role as the sole provider of medical care in the community and in responding to public health emergencies.

Redwood Coast Medical Services, Inc.
Board of Directors Meeting – Zoom Online Meeting
Meeting Minutes of May 28, 2025

BOARD MEMBER	P	A/E	BOARD MEMBER	P	A/E
Leslie Bates	X		Drew McCalley	X	
Janis Dolphin	X		Jim Nybakken	X	
Susan Hamlin	X		Andrea Polk	X	
Hall Kelley	X		Laurie Voss	X	
Kimberley Lakes	X		Harriet Wright	X	
Patricia Lynch	X				

STAFF PRESENT	
Renee Kaucnik	
Christie MacVitie	
Dawn McQuarrie	
Karen Wilder	
Elaine Wright	

Public Attendees: 1

CALL TO ORDER: Leslie Bates called the meeting to order at 5:00 pm.

APPROVAL OF AGENDA AND MINUTES: After review and corrections to the agenda, Leslie Bates moved to accept the agenda and the minutes of April 30, 2025. Vote: Unanimously accepted.

MEDICAL TEAM REPORT: Barbara Brittell, Deputy Medical Director

- Continuing to build the leadership team and implement processes to both improve population health and completing quality measures (such as completing annual colonoscopy and diabetes screenings). Both the patients and the clinic benefit from these improvements. The leadership team is also enlisting the help of the support staff and coming up with ways to incentivize the efforts.
- Because RCMS is close to fully staffed, they can see new patients and will be pushing that message out to the community.
- Discussed the new strain of COVID and resources available through Genoa Pharmacy.

HUMAN RESOURCES COMMITTEE REPORT: Renee Kaucnik, HR/Operations Manager

- 7-9 new staff will be added in June to include 2 RNs, 2 Health Tech, 1 Phlebotomist, 1 Accounts Payable administrator, 1HR/Ops Administrator. All offers have been provided and waiting on 2 people to confirm.
- Discussed plans for Renee's transition to becoming a provider in the Behavioral Health Department.
- Continuing to utilize several recruiting tools to post and recruit for open positions. Most people are finding open positions on Indeed, the website, and recently the ICO post.
- Discussed challenges with onboarding several new staff at the same time.
- May Anniversaries: Ronna Frost, 12 years; Victoria Urizar, 13 years.
- Discussed the updated Employee Handbook that was reviewed and approved by the HR Committee.

On behalf of the Human Resources Committee, Leslie Bates made the recommendation for the Board to accept the updated Employee Handbook as presented. Seconded: Hamlin. Vote: Unanimously accepted.

DEVELOPMENT, GRANTS, OUTREACH, AND RISK/COMPLIANCE REPORT: Dawn McQuarrie, Programs Manager

- Creating a streamlined process for updating Emergency Response files and reporting systems.
- Federal Tort Claims Act (FTCA) application resubmitted May 19 and waiting further comments or approval.
- On Site Visit (OSV) from HRSA is postponed to July 22-24, still in process of collecting and uploading data.
- We are leveraging print media, social media, flyers, radio, TV monitors, and The Pulse.
- Javier Chavez and Harm Wilkinson continue to assist our community members with outreach and enrollment.
- Continuing to update and streamline Policies & Procedures across the organization.

Board Training: HRSA Compliance Manual Chapter 13: Conflict of Interest

RCMS must demonstrate that:

- There are written standards of conduct that apply to its procurements paid for in whole or in part by the Federal award.

CEO REPORT: Ara Chakrabarti, CEO

Community Outreach:

- Supported the annual Waves and Whales trail walk/run benefitting Acorn Partners in Education.

Operations Update:

- The HRSA Operational Site Visit (OSV) has been delayed to July 22-24. *Board members, please be available during these dates.*
- Discussed the recent issues with the Information Technology (IT) system errors. Maxwell IT is working to upgrade systems and safeguard against any possible issues in the future.
- Discussed the implementation of NextGen AI companion tool to help chart visit information. Providers completed a trial run for 2 weeks to see if this would be a useful tool – most agree that they are not yet ready to utilize this tool but would like to revisit in 6 months when more of the kinks are worked out.
- Lease for the Point Arena Medical and Dental buildings are up for renewal.
- Discussed the delay in renewing the facility license for Genoa Pharmacy.
- Emergency Preparedness efforts are in place and drills are being practiced regularly.
- Retinal camera has been purchased and now they are waiting for the team to set it up. Discussed the technological capabilities of the camera.

CAPITAL CAMPAIGN COMMITTEE REPORT: Jim Nybakken, Committee Chair

- Planning Approvals: Another survey of the property shows that the additional parking spaces that are needed would be better placed to the west of the current building. Approval would still need to go through the Coastal Commission but might not take as long as previous estimates.
- Capital Campaign Committee: Interview scheduled for 1 major corporate donor prospect.
- Solar Backup Battery: Current plan would be to install the panels over the existing parking lot. 5% of the project must be completed by November and the team is looking at different avenues to fund the project.

FINANCE COMMITTEE REPORT: Drew McCalley, Board Treasurer

- Reviewed the Balance Sheet and Statement of Activities and both continue to show that RCMS is in a strong financial position.
- Key ratios are on track, and most are above the benchmark goals.
- Visits in Primary Care continue to run below budget estimates, as with prior months, but there is notable improvement in the number of visits with the addition of the new providers. As the new providers continue to improve, visit numbers are also expected to improve.
- Total patient revenue was below budget, but the savings in the operating expenses exceeded the loss in patient revenue.
- Another 340B revenue catch up payment for $88k will show in the May financials.
- Discussed the payroll tax credit related to the COVID-19 pandemic period. RCMS applied for this credit and will receive another $54k in May.
- Fundraising income is well ahead of the budget goals, and more is expected in May.

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the April 2025 financials as presented. Seconded: Kelley. Vote: Unanimously accepted.

- Discussed the Quarterly Urgent Care Revenue and Expense report. Although there is still a loss of revenue in Urgent Care, improvements in the accounting system show a more accurate picture with an annual loss estimate at $400k.
- Discussed the maturity of another Treasury Bill. The investment committee discussed that now would be the best time to let the investment roll over into a Money Market Account.

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the roll over of the Treasury Bill investment into a Schwab Money Market account when it reaches maturity as presented. Seconded: Dolphin. Vote: Unanimously accepted.

- Discussed highlights of the annual budget which will be presented to the Board next month.
- Discussed the packet of financial policies and procedures that the Finance Committee has reviewed and approved.

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the 2025 Financial Packet as presented. Seconded: Bates. Vote: Unanimously accepted.

INFORMATION TECHNOLOGY REPORT: Drew McCalley, Committee Chair

- We had an extensive meeting with the new IT provider for the organization, Maxwell IT, who clarified several of the IT processes that need improvement.
- IT experts came for an onsite visit to map out the improvement plan and identify the point of failure in the current system.
- Discussed need to upgrade internet capabilities and explore possibilities such a preliminary discussion with the Sea Ranch internet infrastructure.

MENDONOMA HEALTH ALLIANCE REPORT: Janis Dolphin, MHA Board Member

- Continuing to move forward with the mobile clinic. The licensing and approvals are being completed to move on to the next step of onsite visit for further approval.
- Narcan vending machines are being installed in key community areas.
- Discussed the highlights of the annual MHA Board Retreat.
- MHA staff are preparing to conduct the annual Health Needs Assessment and will be working with RCMS staff to assure that the survey fulfills the requirements of both organizations and create an outreach plan to get the survey out to the community.

CEO SEARCH REPORT: Leslie Bates

- A search firm has been chosen and the chief executive of that firm will be coming for an onsite visit June 4th and 5th.

Meeting adjourned at 6:14 PM.

Karen Wilder, for Janis Dolphin, Board Secretary for the RCMS Board of Directors

Grants, Development, Outreach, and Compliance Report

June 2025 Activities

Grants/Funding

- EPT report submitted June 10
- CPCA Medi-Cal Navigator Project report submitted June 12
- HRSA FFR submitted June 17
- HRSA FTCA application resubmitted June 19
- OSV – July 22-24, still in process of collecting data and uploading to HRSA sharefile
- Looking at potential grants
- Attended meetings for all grants

Marketing

- We are leveraging print media, social media, flyers, radio, TV monitors, and The Pulse
- We respond to all messages received via Facebook and website

Outreach and Enrollment

- Javier Chavez and Harm Wilkinson continue to assist our community members
- Community education is an ongoing activity

Surveys

Urgent Care surveys are sent weekly and compiled quarterly

Q2 CY25:	in process
Q1 CY25:	in process
Q4 CY24:	1,147 sent – 147 returned – 12.82% return rate – 94.21% satisfaction rate
Q3 CY24:	1,206 sent – 152 returned – 12.60% return rate – 95.63% satisfaction rate
Q2 CY24:	1,288 sent – 158 returned – 12.27% return rate – 95.19% satisfaction rate
Q1 CY24:	1,286 sent – 137 returned – 10.65% return rate – 94.15 % satisfaction rate

Compliance

- Continuing to update and streamline PnPs
- Attending meeting and trainings

Risk Management

- CY25 Q1 Risk Assessment Form-EJC
- CY25 Q1 Risk Assessment Form-Gualala Health Center
- CY25 Q1 Risk Assessment Form-Point Arena Dental Center
- CY25 Q1 Risk Assessment Form-Point Arena Health Center
- CY25 Q1 Rubber Thresholds - SWOT Analysis and Action Plan
- CY25 Q1 Risk Management Activities
- 2024 Annual Risk Management Report

Safety

- Painted Stop using stencils at bottom of driveway and repainted some arrows on ground. More needs to be painted.
- Replace doorknobs on each BH(Sea Watch) room so they can lock (HIPPA requirement)
- Check/Replace Heater Filters-all facilities

- Started Safety Walkthrough spreadsheet to identify safety/Risk issues for patients and staff
- Worked with Dawn on Emergency Binder
- Created Safety Team and Emergency Response Team
- Worked with Dawn on creating new more in-depth Risk Assessment form for clinical patient/staff safety

Other/Policies and Procedures

- Emergency Operations Plan 2025
- Worker's Compensation - California

Credentialing

- Molly Behrens, LMFT
- Anna Bergland, MA
- Stacey Carroll, MD
- Afsoon Foorohar, DO
- Dannah Rhodes, X-Ray Tech
- Pamela Tait, LMFT
- Lon Transue, PA
- Evelyn Vargas, Health Tech
- Estrella Ventura, Health Tech
- Sona Weber, LCSW

Board Training

Chapter 17: Budget

We must develop an annual budget that:

- Identifies the projected costs of the Health Center Program project;
- Identifies the projected costs to be supported by Health Center Program [award] funds, consistent with Federal Cost Principles1 and any other requirements or restrictions on the use of Federal funding; and
- Includes all other non-Federal revenue sources that will support the Health Center Program project, including:
  - State, local, and other operational funding; and
  - Fees, premiums, and third-party reimbursements which the health center may reasonably be expected to receive for its operation of the Health Center Program project.

Emergency Operations Plan (EOP) 2025

Department	Clinic		
Scope	Entire Clinic	Previous Approval Date	April 28, 2021
Board Approval Date		Committee Approval Date	
Next Review Date		Date(s) Announced to Staff	

California EMS Authority

California Primary Care Association

Based on the Emergency Operations Plan Template produced by The Wilson Group for the California Emergency Medical Services Authority under Contract EMS-02-35.

Emergency Operation Plan 2025
Table of Contents

INTRODUCTION

A. Purpose

The purpose of the RCMS Emergency Operations Plan (EOP) is to establish a basic emergency program to provide timely, integrated, and coordinated response to the wide range of natural and man-made emergencies that may disrupt normal operations and require preplanned response to internal and external emergencies.

- The objectives of the emergency management program include:
  - To provide maximum safety and protection from injury for patients, visitors, and staff.
  - To attend promptly and efficiently to all individuals requiring medical attention in an emergency.
  - To provide a logical and flexible chain of command to enable maximum use of resources.
  - To maintain and restore essential services as quickly as possible following an emergency.
  - To protect RCMS properties, facilities, and equipment.
  - To satisfy all applicable regulatory and accreditation requirements.

B. Policy

- RCMS will be prepared to respond to a natural or man-made emergency, suspected case of bioterrorism, or other emergency in a manner that protects the health and safety of its staff, patients, and, visitors; and that is coordinated with a community-wide response to a large-scale emergency.
- All employees will know and be prepared to fulfill their duties and responsibilities as part of a team effort to provide the best possible emergency care in any situation. Each Manager or Team at each level of the organization will ensure that employees are aware of their responsibilities.
- RCMS will work in close coordination with the Medical Health Operational Area Coordinator (MHOAC) and other local emergency officials, agencies, and health care providers to ensure a community-wide coordinated response to emergencies.

C. Scope

- Within the context of this plan is any emergency that overwhelms or threatens to overwhelm the routine capabilities of RCMS.
- This all-hazards EOP describes an emergency management program designed to respond to natural and man-made emergencies, including technological, hazardous material, and terrorism.
- This plan describes the policies and procedures RCMS will follow to mitigate, prepare for, respond to, and recover from the effects of emergencies.
- CCR Title 22: This emergency plan complies with California Code of Regulations, Title 22, Division 5, Section 75057 Disaster Plan.

D. Key Terms

The following terms are used frequently throughout this document.

ALTERNATE SITES / FACILITIES

Locations other than the primary facility where RCMS operations will continue during an emergency.

CONTINUITY OF OPERATIONS (COOP)
Plans and actions necessary to continue essential business functions and services and ensure continuation of decision making even though primary facilities are unavailable due to emergencies.

EMERGENCY OPERATIONS CENTER (EOC)
The location at which management can coordinate RCMS activities during an emergency. It is managed using the Incident Command System (ICS). The EOC may be established in the primary RCMS facility or at an alternate site.

EMERGENCY PREPAREDNESS COMMITTEE (EPC)
The EPC guides the development and maintenance of the RCMS' emergency management program and development of its emergency operations plan.

EMERGENCY RESPONSE TEAM (ERT)
The ERT consists of RCMS staff that will fill the core positions of the EOC and manage RCMS' emergency response.

ESSENTIAL FUNCTIONS (EF)
Essential functions and services are those that implement RCMS' core mission and goals. The extended loss of these functions, following an emergency, would create a threat to life/safety, or irreversible damage to RCMS, its staff, patients, and community.

HAZARD MITIGATION (HM)
Measures taken by a facility to lessen the severity or impact a potential emergency may have on its operation. Hazard mitigation can be divided into two categories:

- Structural Mitigation. Reinforcing, bracing, anchoring, bolting, strengthening, or replacing any portion of a building that may become damaged and cause injury, including exterior walls, exterior doors, exterior windows, foundation, and roof.
- Nonstructural Mitigation: Reducing the threat to safety posed by the effects of earthquakes on nonstructural elements. Examples of nonstructural elements include light fixtures, gas cylinders, HazMat containers, desktop equipment, unsecured bookcases, and other furniture.

HAZARD VULNERABILITY ANALYSIS (HVA)
HVA identifies ways to minimize losses in an emergency that may occur within the facility and in the surrounding community.

INCIDENT COMMAND SYSTEM (ICS)
A temporary management system used to manage and coordinate RCMS activities during an emergency. ICS is designed to facilitate decision-making in an emergency environment.

MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC)
The position in the Standardized Emergency Operations System (SEMS) responsible for all emergency health care operations in an operational area. MHOAC is stationed in the County EOC and is frequently, but not always, the County Health Officer or designee. During the response to emergencies, MHOAC is the Operational Area contact point for requests for health care resources including personnel, supplies and equipment, pharmaceuticals, and medical transport.

MULTI-HAZARD APPROACH (M-HA)
A M-HA to emergency planning evaluates all threats including the impacts from all natural and man-made emergencies, including technological threats, terrorism, and a state of war.

OPERATIONAL AREA (OA)
An intermediate level of the State emergency organization, consisting of a county and all political subdivisions within the county area. RCMS will coordinate emergency response with MHOAC.

PHASES OF EMERGENCY MANAGEMENT (PEM)
- **Mitigation -** Pre-emergency planning and actions, which aim to lessen the effects of potential emergencies.
- **Preparedness –** Actions taken in advance of an emergency to prepare the organization for response.
- **Response -** Activities to address the immediate and short-term effects of an emergency. Response includes immediate actions to save lives, protect property, and meet basic human needs.
- **Recovery -** Activities that occur following a response to an emergency that are designed to help an organization and community return to a pre-emergency level of function.

STANDARD OPERATING PROCEDURES (SOP)
Pre-established procedures that RCMS and its staff perform certain tasks. SOPs are used for day-to-day operations and response to emergencies. SOPs are often presented in the form of checklists or procedures.

STANDARDIZED EMERGENCY MANAGEMENT SYSTEM (SEMS)
SEMS is the mandatory system established by California Code Section 8607(a) for managing the response of government agencies to multi-agency and multi-jurisdiction emergencies. SEMS incorporates the use of the ICS.

MITIGATION

RCMS will undertake risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency. Mitigation begins by identifying potential emergencies (hazards) that may affect RCMS' operations or the demand for its services. This will be followed by development of a strategy to strengthen the perceived areas of vulnerability within RCMS.

During the mitigation phase, the Chief Executive Officer (CEO) and staff will identify internal and external hazards and take steps to reduce the level of threat they pose by mitigating those hazards or reducing their potential impact on RCMS. The areas of vulnerability that cannot be strengthened sufficiently are then addressed in emergency plans. Mitigation activities may occur both before and following an emergency.

A. Hazard Vulnerability Analysis (HVA)

1. **HVA**
   RCMS will conduct a HVA to identify hazards and the direct and indirect effect these hazards may have on RCMS. This will provide information needed by RCMS to minimize losses in an emergency. The HVA will estimate and rank the probability of occurrence and potential severity of various emergencies. The HVA will be performed every five years.

2. **Environment Safety Survey**
   As part of its risk management program, RCMS will conduct an environment safety survey of each facility semiannually. This survey will rank any identified problems and set priorities for remediation. This remediation will be ongoing and contribute to reducing the overall vulnerability of RCMS to various hazards.

B. Hazard Mitigation Program (HMP)

RCMS will undertake hazard mitigation or retrofitting measures to lessen the severity or impact a potential emergency may have on its operation. Measures are taken prior to emergencies to minimize the damage to the facilities and are reviewed and recorded every five years.

1. **Structural Hazard Mitigation** is reinforcing, bracing, anchoring, bolting, strengthening, or replacing any portion of the buildings that may become damaged and cause injury during a naturally made or human related emergency.

2. **Nonstructural Mitigation** is retrofitting, replacing, relocating, or providing a backup plan for nonstructural elements which do not contribute to structural integrity but are either essential to continued operations or would pose a threat to public safety if compromised during an emergency, especially as related to earthquakes.

3. **Emergency Response Roles** are based upon the daily role RCMS performs in providing health care services per its mission statement, resources including the availability of staff to respond, and the ability of facilities to survive intact.

As a part of its mitigation program, RCMS has identified the likelihood of occurrence and the severity of the consequences of noted mitigatable risks. This assessment of remaining risks helped to define the emergency response role RCMS has adopted and the preparation required to meet that role. Likely emergencies in the area are fire, earthquake, tsunami/flood, landslides, vehicular accidents, high winds, or islanding (the inability of resources to enter/exit community due to inaccessibility).

C. Insurance Coverage

All insurance policies are reviewed annually. This review includes RCMS' coverage for relocation to alternate site(s), loss of supplies and equipment, structural and nonstructural damage to facilities, and coverage for floods or earthquake.

PREPAREDNESS

Preparedness activities build organization capacity to manage the effects of emergencies should one occur. During this phase, the CEO and the Quality Improvement Committee (QI) staff will develop plans and operational capabilities to improve the effectiveness of RCMS' response to emergencies. Specifically, RCMS will:

- Develop and regularly update emergency plans and procedures, including the EOP. The EOP is an "all-hazards" plan that will guide RCMS response to any type of emergency.
- Develop and regularly update agreements with other community health care entities and with civil authorities.
- Train emergency response personnel.
- Regularly schedule and conduct drills and exercises.

A. Emergency Management System

RCMS has incorporated the emergency response principles practiced by the state, regional, and local government agencies. SEMS is a proven system allows for maximum compatibility with local and state government response plans and procedures.

SEMS, uses the ICS that was originally developed by Fire Services and is now utilized by all public service agencies when responding to an emergency. It provides an efficient and consistent tool for the management of emergency operations. SEMS/ICS is designed to be adaptable to any type or size of emergency. The system expands in a rapid and logical manner from an initial response to a major emergency call-out. When organizational needs dictate, the system also contracts just as rapidly.

RCMS interfaces with SEMS through MHOAC who is usually the county health officer.

B. Integration with Community-wide Response

RCMS will notify MHOAC of any emergency impacting operations and will coordinate its response to community-wide emergencies with the overall response of the Operational Area. Emergency phone numbers are listed in the Emergency Binder which is located in each RCMS facility.

To the extent possible, RCMS will ensure that its response is coordinated with the decisions and actions of MHOAC and other health care agencies involved in the response. To ensure coordination, RCMS staff will:

1. Meet with MHOAC to define RCMS' role in the emergency response system. Determine which response roles are expected by officials and which are beyond the system's response needs or RCMS' response capabilities.
2. Participate in planning, training, and exercises sponsored by outside agencies.
3. Develop reporting and communications procedures to ensure integration with Operational Area response.
4. Define procedures for requesting and obtaining medical resources and for evacuating / transporting patients.

5. During a response, report the status and resource needs of RCMS and obtain or provide assistance in support of the community-wide response.

C. Coordination with Emergency Responders

During an area-wide emergency, fire, EMS, and law enforcement services may not be able to respond to emergencies at RCMS.

RCMS personnel will cooperate fully with EMS, fire and law enforcement personnel. This may include providing information about the location of hazardous materials or following instructions to evacuate and close RCMS.

D. RCMS Emergency Responder Command Post

In order to efficiently and effectively coordinate the response to an emergency, RCMS has identified a recommended location for an RCMS emergency responder command post and alternate locations based on emergency and situation.

E. Coordination with Other Medical Facilities

RCMS recognizes that it may need to rely on other health care facilities, especially those nearby, in responding to a emergency to augment its capacity and provide a higher level of care than RCMS is capable of meeting. RCMS will review existing formal and informal arrangements with health facilities to clearly identify their provisions to cover emergency response conditions.

F. Acquiring Resources

RCMS will develop procedures for augmenting supplies, equipment, and personnel from a variety of sources. Assistance may be coordinated through the following channels:

- Prior agreements with vendors for emergency re-supply
- Stockpiles of medical supplies and pharmaceuticals anticipated to be required in an emergency response
- MHOAC assistance to RCMS
- From other RCMS, hospitals or health care entities

G. RCMS Personnel Roles and Responsibilities

1. The CEO is responsible, directly, or through delegation, for:
   a. The development of the EOP
   b. For directing the response to emergencies

   Specific responsibilities include:
   - The development and implementation of the emergency plan.
   - Appointment of a Safety Coordinator to coordinate the development and maintenance of the EOP.
   - Assignment of staff emergency management duties and responsibilities.
   - Established an ERT.

- Ensure staff are trained to perform emergency roles.
- Ensure drills and exercises are conducted and records are maintained.
- Evaluate the emergency program annually and update as needed including a description of how, when, and who will perform the activity.
- Activate the RCMS emergency response.
- Direct the overall response to the emergency.
- Develop the criteria for and direct the evacuation of staff, patients, and visitors when indicated.
- Ensure RCMS takes necessary steps to avoid interruption of essential functions and services or to restore them as rapidly as possible.
- Ensure a hazard vulnerability assessment is performed periodically.

2. The Incident Commander is responsible, directly or through delegation, for:
   a. Leadership, co-leadership, or membership of the ERT.
   b. Identification of alternates and successors if unavailable or if response requires 24-hour operation.
   c. Contacting local health departments to determine local system for bioterrorism updates. Providing RCMS with updates from the CDC and local health departments on standards for the detection, diagnosis, and treatment of chemical and bioterrorism agents.
   d. Ensuring the continuity of care of all patients during a emergency.
   e. Assigning RCMS staff to medical response roles (triage, treatment, decontamination, etc.)
   f. Determining emergency response staffing needs in cooperation with the Clinical Operations Manager (COM).

3. The COM is responsible, directly or through delegation, for:
   a. Serving as a member of the ERT.
   b. Monitoring local health departments for bioterrorism updates.
   c. Providing updates from the CDC and local health departments of standards or the detection, diagnosis, and treatment of chemical and bioterrorism agents.
   d. Determining the emergency response staffing needs in cooperation with the on-site Urgent Care (UC) provider or designee.
   e. Serving other roles or performing other duties as needed and delegated by the on-site UC provider/designee or the CEO consistent with training and scope of practice.

4. The Safety Coordinator is responsible, directly or through delegation, for:
   a. Appointing teams and developing procedures for the following response tasks:

      Light search and rescue
      Appoint and train a light search and rescue team to ensure all rooms are empty and all staff, patients, and visitors leave the premises when RCMS is evacuated. If required and safe, this team will perform additional search and rescue tasks that do not entail using equipment or disturbing collapsed structures.

      Damage Assessment
      Appoint and train a damage assessment team to evaluate items on the Incident Action Plan.

   b. Supplying the teams with the necessary paperwork for MHOAC.

5. All staff are responsible for:
   a. Participating in all safety programs that may include assignment to the ERT. Additional specific response duties may also be included for staff with appropriate skills and responsibilities.
   b. Familiarizing themselves with evacuation procedures and routes for their areas.
   c. Familiarizing themselves with basic emergency response procedures for fire, HAZMAT, and other emergencies- Emergency Codes Policy and Procedure.
   d. Understanding their roles and responsibilities in RCMS' plans for response to and recovery from emergencies.
   e. Participating in training and exercises.

   All staff will also be encouraged to:
   - Make suggestions to their supervisor or QI on how to improve RCMS' preparedness.
   - Prepare family and home for consequences of emergencies.

H. Initial Communications and Notifications

1. Staff Call List

   RCMS will compile and maintain an internal contact list that will include the following information: name, position title, home phone, cell phone, and is located the Emergency Binder.

   This list contains sensitive contact information and will be treated confidentially.

2. External Notification

   RCMS will compile and maintain an external contact list of phone numbers of emergency response agencies, key vendors, stakeholders, and resources and is located in the Emergency Binder.

3. Primary Communications Methods

   The primary means of emergency communication is via telephone. If telephones fail, staff will communicate via any means available including: satellite phones, cell phones, e-mail, text, or ham radio.

   The fax machines uses a standard telephone jack which bypassed the electronic phone system. A phone may be utilized through the fax lines.

4. Alternate Communications Methods
   a. Radio Communication Equipment:

      Gualala Health Center:
      - One Motorola Radius M1225 radio with channels programmed for communicating with area and regional public safety agencies located in Urgent Care.
      - One Ham Radio-Astron RS-20M & YAESU FT-1900 located in the Alex Long conference room.
      - Eight Baofeng walkie talkies located at the front desk.

- One Baofeng walkie talkie located in Referrals.
- Two Retevis walkie talkies located in Administration.

Point Arena Health Center:

- One Ham Radio- Icom IC-V8000 2-meter base station radio.
- One Iridium satellite phone.

Sea Watch:

- Two Retevis walkie talkies.
- One Iridium satellite phone.

Elaine Jacob Center:

- Two Retevis walkie talkies.

b. Other alternate communications tools include:
   - Fax, satellite phones, cell phones, internet/email, text, and ham radio.
   - If telephone and radio communications are unavailable, runners will be employed to take messages to and from RCMS and appropriate agencies rendering assistance.
   - The EOC will have computers backed by a generator at the Gualala Health Center to remain up-to-date on official government announcements and other information during an emergency.

5. Communications Equipment Testing and Maintenance
   a. The Safety Coordinator or designee will maintain and test communications equipment.
   b. All communications equipment will be tested annually. Defective equipment will be repaired or replaced. Batteries will be replaced per manufacturer's recommendation or as required. Spare batteries will be stored with equipment.
   c. The Safety Coordinator or designee will review communications requirements and equipment annually as a part of the review of this overall plan and will make recommendations for equipment upgrades or replacement.

I. Continuity of Operations

It is the policy of RCMS *to maintain service delivery or restore services as rapidly as possible following an emergency. As soon as the safety of staff, patients, and visitors has been assured, RCMS will give priority to providing or ensuring patient access to health care.*

Planning Actions:

1. **To help ensure staff, patient, and visitor safety**, RCMS will develop, train, and practice a plan for responding to internal emergencies and evacuating staff, patients, and visitors when the facility(ies) are threatened.

2. **To help ensure continuous performance or rapid restoration of essential services**, RCMS will develop plans to obtain needed medical supplies, equipment, and personnel. Identify a backup site for delivery of health care services or make provisions to transfer services to a nearby health care facility.

3. **To help ensure the protection of medical records**, to the extent possible, RCMS will protect medical records from fire, damage, theft and public exposure. If RCMS is evacuated, RCMS will provide security to ensure privacy and safety of medical records.

4. **To help ensure the protection of vital records, data, and sensitive information,** RCMS will:
   a. Protect financial records, passwords, credit cards, provider numbers, and other sensitive financial information.
   b. Update plans for addressing interruption of computer processing capability.
   c. Protect information technology assets from theft, virus attacks, and unauthorized intrusion.

5. **To help ensure the protection of medical and business equipment,** RCMS will:
   a. Protect computer equipment.
   b. Use surge protectors to protect equipment against electrical spikes.
   c. Secure equipment to floors and walls to prevent movement during earthquakes.
   d. Place fire extinguishers near critical equipment, train staff in their use, and inspect according to manufacturer's recommendations.

6. **To help ensure the continuation of services**, RCMS will take the following steps, ***as feasible and appropriate***, to prepare for an emergency that renders the Gualala Health Center unusable. RCMS will:
   a. Identify a back-up facility for continuation of health care services.
   b. Establish agreements with nearby health care facilities to accept referrals of RCMS patients.
   c. Establish agreements with nearby health care facilities to allow RCMS staff to see RCMS patients at these facilities.
   d. Identify a back-up site for continuation of business functions and emergency management activities.

7. **To help ensure the prompt restoration of utilities**, RCMS will:
   a. Maintain contact list of utility emergency numbers.
   b. Ensure availability of phone and phone lines that do not rely on functioning electricity service.
   c. Request priority status for maintenance and restoration of telephone service from local telephone service provider. (AT&T).
   d. Maintain generators at Gualala and Point Arena Health Centers including monthly generator start-up tests. Note nearest fuel supply that can be accessed in an emergency.

J. Patient Surge Preparedness

A patient surge may exceed normal capacity including:
a. Potential available space in which patients may be triaged, managed, vaccinated, decontaminated, or located.
b. Available personnel of all types.
c. Necessary medications, supplies, and equipment.
d. The legal capacity to exceed authorized care capacity.

Emergencies that create patient surge may also reduce resources through exhaustion of supplies, pharmaceuticals, and reduced staff availability. Staff may be directly impacted by the emergency, unable to reach RCMS, or are required to meet other commitments.

1. The on-site UC provider, COM, Safety Coordinator, and other staff with responsibility for emergency preparedness will review provisions of Operational Area emergency plans that describe:
   a. How the surge capacity of the health system will be increased.
   b. Patient transportation for bioterrorism and other major emergencies.
   c. Procedures for augmenting resources including Operational Area plans for accessing and distributing the contents of the National Pharmaceutical Stockpile in coordination with MHOAC.

2. The on-site UC provider, COM, and Safety Coordinator will monitor for indications of potential for patient surge that may result from an infectious disease outbreak, bioterrorist attack, or release of a hazardous material.

   RCMS staff will monitor:
   a. Appointment patterns.
   b. Walk-in utilization patterns.
   c. News reports about an infectious disease outbreak.
   d. Signs of bioterrorism attack.
   e. Signs of release of hazardous material.

3. The on-site UC provider, COM, and Safety Coordinator will develop a plan for increasing patient capacity through patient flow and site usage modifications.

   RCMS staff will:
   a. Review patient flow and identify areas on RCMS' grounds that can be converted to triage sites and patient isolation areas.
   b. Evaluate the appropriateness of the use of the Elaine Jacob Center (EJC), break rooms, and other spaces for patient holding, decontamination, or treatment areas.
   c. Designate sites available for isolating victims of a chemical or bioterrorist attack. Sites should be selected in coordination with the on-site UC provider based on patterns of airflow and ventilation, availability of adequate plumbing and waste disposal, and patient holding capacity.
   d. Identify triage and isolation areas that are accessible to emergency vehicles and patients.
   e. Identify triage, decontamination, and isolation sites that have controlled access.
   f. Store cots, blankets, and other items required for holding and sheltering patients while they await transfer.
   g. Maintain emergency staff call list.
   h. Determine potential referral/diversion of patients to area health care facilities if RCMS is damaged or overwhelmed; determine possible space availability and support from other health care and community facilities.

K. Emergency Medical Resources

1. Personnel: RCMS will rely primarily on its existing staff for response to emergencies and has taken the following measures to estimate staff availability for emergency response:
   a. Identification of staff.
   b. Identification of staff with distance and other barriers that limit their ability to report to RCMS. (i.e., staff may live across rivers that may be flooded, etc.)

c. Identification of staff who are likely to be able to respond rapidly.
d. RCMS promotes staff home emergency preparedness.

2. Pharmaceuticals / Medical Supplies / Medical Equipment:
   a. RCMS stockpiles items that may be crucial in responding to an emergency. All stored items are rotated to the extent possible.
   b. RCMS has identified primary and secondary sources of essential medical supplies and pharmaceuticals and developed estimates of the expected time required for resupply in an emergency environment.
   c. National Pharmaceutical Stockpile direct access is not anticipated for healthcare facilities. Health centers will be directed by either Sonoma or Mendocino County Public Health if they are to assist in the distribution of assets to their local communities.

3. Personal Protective Equipment (PPE):
   a. RCMS has taken measures to protect its staff from exposure to infectious agents and hazardous materials. RCMS staff have access to and do receive training on the use of PPE. Training records will be updated to reflect the training each staff receives in the proper use of PPE.
   b. RCMS maintains the recommended PPE for its staff that include an N95 HEPA mask, TYVEK coverall with hood and booties, face shield, and nitrile gloves. RCMS has limited equipment to achieve a higher level of protection when needed that includes a decontamination shower.
   c. Licensed medical personnel and support personnel assigned to respond to care for victims of a suspected infectious agent or victims of chemical or biological agents will be assigned PPE.
   d. The on-site UC provider and COM will designate staff to receive PPE when a patient with a suspected infectious agent is present.
   e. Protective equipment will be accessed by the COM or designee when a patient with a suspected infectious disease presents.

L. Emergency Behavioral Health

Following bioterrorism, or other major emergency, anxiety and alarm can be expected from staff, infected patients, and our community. When available, behavioral health workers (psychiatrists, interns, psychologists, social workers, and clergy) can be deployed to help manage the behavioral health needs of staff, patients, and our community.

1. The scope of behavioral health services is limited.

2. The on-site UC provider will establish an emergency behavioral health program that is dependent upon coordinating with external behavioral health resources.

3. RCMS' behavioral health providers and Safety Coordinator will act as the Emergency Behavioral Health Coordination Team (EBHCT) which is responsible for the following preparedness tasks:
   a. In coordination with the on-site UC provider, the EDBHCT will implement the emergency behavioral health response plan.
   b. Train staff in the basics of behavioral health de-escalation technique intervention.
   c. Coordinate with local jurisdiction and Mendocino County Operational Area to identify community resources and define procedures for accessing those resources in an emergency.

d. Develop and maintain a resource list of community behavioral health resources (County Mental Health Agency, American Red Cross, clergy, community behavioral health providers, etc.)

M. Public Information / Risk Communications

1. The CEO or designee will coordinate the release of RCMS information internally and externally to media and community.

2. The Emergency Public Information Plan will:
   a. Coordinate with the Operational Area during an emergency to ensure availability of up-to-date information and consistency of released information.
   b. Address the information needs of RCMS that needs to be considered when providing information including staff, patients, volunteers, community, and other interested parties.
   c. Define how the following information is gathered, verified, and communicated to communities served by RCMS and other stakeholders:
      - The nature and status of the emergency.
      - Appropriate actions for protection, seeking health care services, and obtaining needed information.
      - The status of RCMS and its ability to deliver services.
   d. Include provisions for employee meetings, internal informational publications, press releases, and other programs intended to disseminate accurate information regarding the emergency and its impact as well as mitigating misinformation.

3. RCMS will incorporate emergency preparedness information into its normal communications and education programs for staff and patients including:
   - Home and family preparedness.
   - Information on RCMS emergency preparedness activities.

   Information dissemination channels for these activities include newsletters, flyers, radio, print media, website, waiting room TV monitors, and internet postings.

N. Training, Exercises, and Plan Maintenance

1. Staff Training
   a. All staff will learn the following information from the new hire orientation or subsequent safety training. This checklist will also be used to design facility-wide drills to test RCMS' emergency response capabilities. Essential staff knowledge and skills include:
      - The Emergency Codes Policy and Procedure.
      - When to dial 911.
      - How to assist staff and patients in the evacuation of the premises.
      - Location of oxygen.
      - Location and use of emergency equipment (i.e. all staff trained on AED).
   b. All staff will receive updates on emergency preparedness.
   c. All medical staff will receive updates on procedures to treat and respond to patients infected with a bioterrorism agent. Training will include:
      - Recognition of potential epidemic or bioterrorism emergency.

- Information about likely agents, including possible behavioral responses of patients.
- Infection control practices.
- Use of PPE.
- Reporting requirements.
- Patient management.
- Behavioral responses of patients to biological and chemical agents.

d. All general staff updates in bioterrorism will include:
   - Roles and responsibilities in a bioterrorism emergency.
   - Information and skills required to perform their assigned duties during the emergency.
   - The location of and how to obtain supplies, including PPE during a bioterrorism emergency.

e. Emergency Behavioral Health Coordination Team (EBHCT training:
   - The EBHCT will receive training that promotes understanding of the normal human response to emergencies.
   - The training for the EBHCT will include delineating the difference between traditional behavioral health therapy and crisis counseling. Training will also address cultural considerations of the community and how they are affected by emergencies.

2. Drills and Exercises
   RCMS will rehearse emergency plans quarterly and all drills shall include an after-action debriefing and report evaluating the drill or exercise.
   a. Drills and exercises will include one or more of the following response issues in their scenarios:
      - Facility(ies) evacuation.
      - Bioterrorism, bomb threat, active shooter, earthquake, etc.
      - Behavioral health response.
      - Coordination with local, state, and federal government emergency responders.
      - Continuity of operations.
      - Expanding patient surge capacity.
   b. RCMS will participate in community drills that assess communication, coordination, and the effectiveness of RCMS' and the community's command structures.

3. Emergency Operations Plan (EOP) Evaluation
   a. The effectiveness of the EOP will be evaluated following an actual emergency. Staff knowledge and responsibilities will be evaluated by the Safety Coordinator and ERT and reported to the CEO.
   b. Based on the after-action evaluation, RCMS will develop an action plan that includes recommendations for:
      - Additional training and exercises.
      - Changes in emergency policies and procedures.
      - Plan updates and revisions.
      - Acquisition of additional resources.
      - Enhanced coordination with response agencies.

O. Plan Development and Maintenance

1. The Safety Coordinator is responsible for coordinating the development and implementation of a comprehensive emergency operations plan.

2. This plan will evaluated and updated at least every five years. The plan will also be reviewed following its activation in response to any emergency, following drills and exercises, as new threats arise, or as changes in RCMS and government policies and procedures require.

3. The EOP will be provided to MHOAC.

4. RCMS' environment undergoes constant change including remodeling, construction, installation of new equipment, and changes in key personnel. When these emergencies occur, the EOP will be evaluated and updated to ensure:
   - Evacuation routes are reviewed and updated.
   - Emergency response duties are assigned to new personnel, if needed**.**
   - The locations of key supplies, hazardous materials, etc. are updated.
   - Vendors, repair services, and other key information for newly installed equipment are incorporated into the plan.

RESPONSE

During this phase, RCMS will mobilize the resources and take actions required to manage its response to emergencies.

A. Response Priorities

1. Ensure life safety – protection of life and provide care for injured persons.
2. Contain hazards to facilitate the protection of life.
3. Protect critical infrastructure, facilities, vital records, and other data.
4. Resume the delivery of patient care.
5. Support the overall community response.
6. Restore essential services/utilities.
7. Provide crisis public information.

B. Alert, Warning, and Notification

Upon receipt of an alert from MHOAC or other credible sources the CEO, on-site UC provider, COM, or Safety Coordinator will notify key managers, order the calling of phone lists, and the inspection of protective equipment and supply and pharmaceutical caches.

C. Response Activation and Initial Actions

1. The EOP may be activated in response to emergencies occurring internally or externally.
2. Any staff who observes an incident or condition that could result in an emergency condition will report it immediately to the Safety Coordinator, CEO, and/or a Safety Team member(s).
3. Fires, serious injuries, threats of violence, and other serious emergencies should be reported to fire or police by calling 911.
4. If the emergency significantly impacts patient care capacity or the community served, the CEO/on-site UC provider/COM/Safety Coordinator will notify MHOAC.
5. This plan may also be activated by the CEO or designee, at the request of MHOAC.

D. Emergency Management Organization

1. RCMS will organize its emergency response structure to clearly define roles and responsibilities and quickly mobilize response resources.

2. RCMS will use the Incident Command System (ICS) to manage its response to emergencies. ICS is a standardized management system used in emergencies. Under ICS, RCMS' overall response is directed by an Incident Commander. The CEO or the on-site UC provider may serve in that role or may appoint a designee to the position.

3. The Incident Commander overseas the command/management function (command at the field level and management at all other levels). It is the function that provides overall emergency response policy direction, oversight of emergency response planning and operations, and coordination of responding staff.

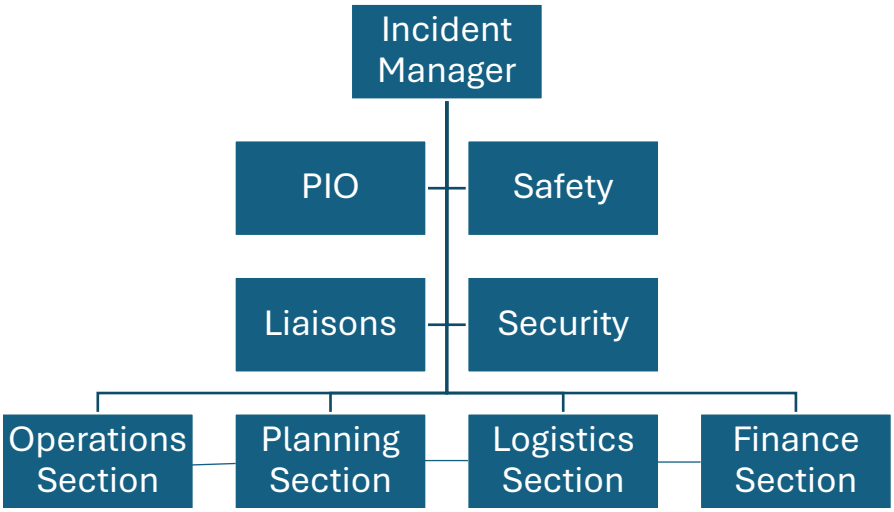
4. The Incident Manager (CEO, on-site UC provider, COM, Safety Coordinator, or designee), in collaboration with the Incident Commander, is responsible for coordination with other agencies and legal counsel.

5. ICS employs four functional sections (operations, planning, logistics, and finance) in its organizational structure.
   a. **Operations Section:** Coordinates all operations in support of the emergency response and implements the incident action plan for a defined operational period. Medical care and behavioral health services are managed through the Operations Section.
   b. **Planning and Intelligence Section:** Collects, evaluates, and disseminates information, including damage assessments; develops the incident action plan in coordination with other functions; performs advanced planning; and, documents the status of RCMS and its response to the emergency.
   c. **Logistics Section:** Provides facilities, services, personnel, equipment, and materials to support response operations. The Logistics Section also manages volunteers and the receipt of donations.
   d. **Finance and Administration Section:** Tracks personnel and other resource costs associated with response and recovery, and provides administrative support to response operations.

6. The Incident Command System has the following additional characteristics:
   a. **Organization Flexibility - Modular Organization:** The specific functions that are activated and their relationship to one another will depend upon the size and nature of the incident. Only those functional elements that are required to meet current objectives will be activated. A single individual may perform multiple functional elements, e.g., safety and security or finance and logistics.
   b. **Management of Personnel - Hierarchy of Command and Span-of Control:** Each activated function will have a person in charge, but a supervisor may be in charge of more than one functional element. Every individual will have a supervisor, except the Incident Manager.
   c. **Action Plans:** Action plans provide EOC and other response personnel with knowledge of the objectives and the steps required. They also provide a basis for measuring achievement of objectives and overall response performance. The action planning process will involve the Incident Manager, management staff, and other EOC sections.

      Action plans are developed for a specified operational period. The operational period is determined by first establishing a set of priority actions and a reasonable time frame for accomplishing those actions. The action plans need not be complex, but should be sufficiently detailed to guide EOC elements in implementing the priority actions.

7. EOC Staff Assignments



The organization chart, located above, displays the response management organization structure.

a. Positions will be filled only as needed to meet the needs of the response.
b. Some overlap will occur to account for limited personnel resources during an emergency, however all significant decisions within the five primary functions of the ICS will be made or delegated by the Incident Manager.
c. ICS positions should be assigned to the most qualified available and trained staff. Under emergency conditions, however, it may not always be possible to appoint the most appropriate staff. In that case the Incident Manager will be required to use best judgment in making position appointments and specifying the range of duties and authority those positions can exercise.
d. Following are examples of potential position assignments of staff to ICS positions depending on staff availability at the time of the emergency.
    - Incident Manager – CEO, on-site UC provider, COM, Safety Coordinator, or designee
    - Operations Section Chief – on-site UC provider, COM, Safety Coordinator, or designee
    - Planning / Intelligence Section Chief - CEO or designee
    - Logistics Section Chief –Safety Coordinator or designee
    - Finance / Administration Section Chief – CFO or designee

8. EOC Operations
    a. The EOC will be located at the Gualala Medical Health Center, lower floor and/or parking lot.
    b. Should the site be obstructed or inoperable, a new location will be chosen by the Incident Manager and CEO based on environmental conditions. If the primary EOC site is not usable, the EOC will be set up at an alternate site that may include other RCMS facilities.
    c. The EOC will be activated by the CEO, on-site UC provider, designee, or most senior staff available under the following circumstances:
        - RCMS will be inoperable for more than 24 hours. An action plan will be designed and implemented for the full restoration of services over an extended period of time.
        - Coordination is required with MHOAC or local medical responders over an extended period of time.

- Requires augmentations of medical supplies, pharmaceuticals, or personnel.
- Coordinated movement of patients to other facilities through the Operational Area EOC.
- Potential evacuation of RCMS.
- Locally declared emergency with potential for illness or injury in our service area.

d. Required supplies include copies of this emergency operations plan, forms for recording and managing information, frequently used telephone numbers, pens, floor plans, and alternative communications equipment.
e. The EOC will be deactivated by the Incident Manager when the threat subsides, the response phase ends, and recovery activities can be performed at normal workstations.

E. Medical Care

It is the policy of RCMS that:

1. Staff will take all feasible and appropriate steps to ensure confidential information is protected.

2. Due to legal liabilities, staff will never transport patients in private vehicles under any circumstance. In a widespread emergency, the Operational Area will determine how and where to transport victims through already established channels selected by the county.

3. Patients will be permitted to leave with family or friends only after they have signed a release form with the on-site UC provider or designee.

4. Children will be allowed to leave only with parents, family members, or other adult(s) who accompanied them to RCMS and who provide confirming identification (e.g., driver's license or other government issued identification). If no appropriate adult is available, staff will:
   - Provide a safe supervised site for children away from adults.
   - Attempt to contact each child's family.
   - If contact is not possible, contact Child Protective Services to provide temporary custodial supervision until a parent or family member is located.

F. Medical Management

1. Those injured during an internal emergency will be given first aid by staff. If staff cannot treat the injured, MHOAC and 911 will be contacted.

2. Staff, visitors, volunteers who require medical evaluation or minor treatment will be treated and referred to their provider or sent to the hospital.

3. As directed by the on-site UC provider or designee, staff will take the following actions:
   - **Triage/First Aid:** On-site UC provider, COM, or designee will establish a site for triage and first aid under the direction of a provider, registered nurse (RN), or designee. Triage decisions will be based on patient condition, RCMS status, availability of staff and supplies, and the availability of community resources. A provider, RN, or designee will be assigned to triage. The triage area will be clearly delineated, secured, and with controlled access and exit.

- **Assessing and Administering Medical Attention:** A provider, RN, or designee will triage victims. The care team will provide services within the RCMS' capabilities and resources.

4. The CEO, on-site UC provider, COM, or designee of will activate procedures for increasing surge capacity when:

   A bioterrorist emergency is declared that affects the community and/or exceeds our day-to-day capacity, RCMS will take the following actions:
   - Establish a communication link with MHOAC.
   - Report status, numbers of ill/injured, types of presenting conditions and resource needs, and other information requested by MHOAC.
   - Reduce patient demand by postponing/rescheduling non-essential appointments.
   - Establish a communication link with local medical facilities regarding the types of conditions that presenting patients have in the case of potential patient referrals and transfers.

5. RCMS will establish a triage area, in collaboration with EMS/local incident command system that is clearly delineated, secured, and with controlled access and exit.
   - If bioterrorism is suspected, all staff in the triage area will wear PPE.
   - All patients entering the triage area will be tagged and registered.
   - Triage converging patients to immediate and delayed treatment categories.
   - In response to suspected or verified bioterrorist attack, isolate infected patients from other patients, especially if suspected agent is human-to-human contagious or is unknown. Use infection control standards at a minimum.
   - Implement decontamination procedures as appropriate.
   - Arrange for transport of patients requiring higher levels of care as rapidly as possible through 911 and MHOAC.
   - Direct uninjured patients to the area designated for counseling and information. Recognize that some chemical and biological agents create symptoms that may manifest themselves behaviorally.
   - Provide written instructions for non-contagious patients seen and discharged.

G. Acquiring Response Resources

The Logistics Section should carefully monitor medical supplies, pharmaceuticals, and request augmentation of resources from MHOAC as needed.

1. In the response to an emergency, staff may require additional personnel, supplies, or equipment. An executive decision may be needed regarding the acquisition or disposition of a resource or the expenditure of funds. Requests for assistance will be communicated to the EOC. The EOC will acknowledge the receipt of the request, immediately address the need from current resources, or incorporate the request into planning and priority setting processes.

2. The Logistics Section staff in the EOC may turn to MHOAC or external vendors for resources.

3. MHOAC will seek resources to fill the request from within the OA. If resources cannot be found and the request is high priority, it will be submitted to Regional, State, and Federal response levels until the requested resource can be obtained.

4. As information develops about current and future resource needs, RCMS will contact vendors of critical supplies and equipment, as needed. RCMS recognizes that in a major emergency, medical supply vendors may face competing demands that exceed their capacity. In that case, requests for assistance will be submitted to MHOAC, who will set resource allocation priorities.

H. Communications

1. The CEO, Safety Coordinator, or designee is the Communications Officer, who will work to communicate with:
   - MHOAC
   - Emergency response agencies
   - Outside relief agencies
   - RCMS consortium
   - Other medical facilities

2. Updated Contact Lists will include:
   - Staff contact list
   - Emergency response agency contact list
   - Telephone service providers, internal and external
   - Other utility providers

3. Communication Procedures
   - All external communications will be authorized by the Incident Manager or designee unless emergency conditions require immediate communications.
   - All outgoing and incoming messages will be recorded.
   - All incoming messages will be shared with the EOC Planning Section.

I. Public Information / Crisis Communications

1. During a emergency response, all public information activities must be coordinated with the Operational Area Public Information Officer (PIO).

2. RCMS may perform the following public information/crisis communications tasks coordinated by the CEO.
   - Conducting interviews with print and broadcast news media.
   - Coordinating the dissemination of information to staff, community members, patients, and other stakeholders.
   - Managing visits by VIPs.
   - Providing information to ARCH members and, where appropriate, coordinating media relations with ARCH.

3. Media Relations: In an emergency, the CEO or designee is the media contact.

Note: Most media inquiries regarding an emergency will be managed by the County. Media requests and responses regarding an emergency should be coordinated through the PIO.

It is critical that information disseminated by RCMS be consistent with information disseminated through the PIO.

4. Communication with Community/PIO Duties:
   - The PIO/CEO will coordinate RCMS' release of information to the community. Briefings will be held at a safe location away from the designated assembly area to prevent further interruptions with evacuation and treatment efforts.
   - The PIO/CEO will participate in media interviews and develop communications strategies to keep patients and community members informed of the situation at RCMS, its operating status, and alternatives for receiving services.
   - The PIO/CEO should establish relationships with community media, especially outlets that are preferred by the community served by RCMS including non-English language broadcast media, where appropriate.
   - In coordination with the Operational Area, the PIO/CEO can provide information to the community that includes recommended actions, protective measures, and locations of various services and resources. Under some circumstances, the PIO can request broadcast media to broadcast a message specifically for the staff of RCMS to inform them of RCMS' operational status and expected actions. Information should be disseminated in the languages spoken in the community served by RCMS.

5. Communication with Staff/PIO Duties:
   - The PIO/CEO will coordinate the delivery of information to staff through flyers, meetings, and conference calls. Information provided can include status, impact of the emergency on the community, status of the overall response, and RCMS' management decisions.
   - The PIO/CEO will also be alert for the spread of rumors among staff and will apply rumor control procedures to curtail the spread of false information.

6. Communications with Patients and Family Members/PIO Duties:
   - The PIO/CEO will ensure that all public releases of information protect patient confidentiality.

J. Security

The purpose of security will be to ensure unimpeded patient care, staff safety, and continued operations.

The Incident Manager will appoint a Security Officer who will be responsible for ensuring the following security measures are implemented:

1. Security will be provided initially by personnel under the direction of the Security Officer. Security may be augmented by law enforcement, RCMS staff or, if necessary, by volunteers.

2. Checkpoints at building and parking lot entrances will be established as needed to control traffic flow and ensure unimpeded staff safety, patient care, and continued operations.

3. Supervisors will ensure that all staff wears their ID badges at all times. Security will issue temporary badges if needed.

4. Security staff will use yellow tape and a bullhorn to assist in crowd control, if needed.

5. The Security Officer will ensure the site is, and remains secured following an evacuation.

K. Behavioral Health Response/Behavioral Health Coordination Team Duties

The Behavioral Health Coordination Team (BHCT) will report to the on-site UC provider, COM, or designee. When directed by the Incident Manager to activate the RCMS behavioral health response, the BHCT will:

1. Assess the immediate and potential behavioral health needs of staff and patients, considering:
   - The presence of casualties
   - Magnitude and type of emergency
   - Use or threat of weapons of mass destruction
   - Level of uncertainty and rumors
   - Staff and patient levels of stress and anxiety
   - Level of effectiveness of EOC operations
   - Convergence of community members
   - Presence of children
   - Cultural manifestations

2. Request the EOC to notify the Operational Area of the behavioral health response.

3. Communicate community behavioral health assessments to Operational Area (county) and local jurisdiction contacts.

4. Determine the need to:
   - Recall behavioral health providers to RCMS
   - Request the response of contracted behavioral health providers
   - Request behavioral health assistance from MHOAC
   - Establish communications and alert contracted and other behavioral health providers who may need to support RCMS' response
   - Coordinate with other behavioral health service providers

5. Establish a site for behavioral health team operations.

6. Conduct ongoing monitoring of the behavioral health status of staff and patients.

7. Establish procedures to refer staff or patients to required behavioral health services beyond the scope that can be delivered by the BHCT.

8. Document all behavioral health encounters with staff and patients. Include information required for follow-up on referrals. Maintain records of events, personnel time, and resource expenditures.

9. Coordinate any issuance of behavioral health information with the Incident Manager or PIO.

10. Provide reports on the behavioral health status of staff and patients. Report BHCT actions and resource needs to the EOC.

11. Activate procedures to receive and integrate incoming behavioral health assistance.

12. Initiate recovery activities.

L. Behavioral Health Response / Staff Duties

The following are some steps that can be taken by RCMS and the BHCT to mitigate and respond to the psychological impact of an emergency:

1. Provide counseling to staff, patients, and community members.

2. Give important tips to parents and caregivers such as:
   - It is normal to experience anxiety and fear during an emergency.
   - Take care of yourself first. A parent who is calm in an emergency will be able to take better care of a child.
   - Watch for unusual behavior(s) that may suggest your child is having difficulty dealing with disturbing events.
   - Limit television viewing of terrorism or other emergencies and dispel any misconceptions or misinformation.
   - Talk about the emergency with your child.

M. Volunteer / Donation Management

1. Volunteers: In a widespread emergency, providers, and nurses may seek to volunteer at RCMS.
   - The Logistics Section will establish a Volunteer and Donations Reception Center (VDRC). The VDRC's location will be set-up in a safe location based on existing conditions away from RCMS' treatment area.
   - All volunteers who arrive at RCMS will be sent to the VDRC for the intake process which includes verification of identity, credentials, and volunteer registration form.

2. Donations: The VDRC will also coordinate the receipt of donations. The Logistics Section will delegate the appropriate staff on site to handle this task:
   - All donations will be documented and accounted for by the CFO or designee prior to disbursement.
   - The on-site UC provider or COM will supervise distribution and disposal of donated medical supplies, equipment, and pharmaceuticals.

N. Response to Internal Emergencies (Refer to Emergency Codes Policy and Procedure)

Internal emergencies cause or threatens to cause physical damage and injury to RCMS, staff, or patients. Examples are fire, explosion, hazardous materials releases, violence, or bomb threat. External emergencies may also create internal emergencies.

1. If the emergency is a fire within RCMS, institute RACE:
   R = Remove patients and others from fire or smoke areas.
   A = Announce CODE RED (3 times) and **Call 911.**
   C = Contain the smoke/fire by closing all doors to rooms and corridors.
   E = Extinguish the fire if it is safe to do so.
   Evacuate the facility if the fire cannot be extinguished.

2. If the internal emergency is other than a fire, the person in charge will:
   - Determine if assistance from outside agencies is necessary. Such notification will be done by calling 911.
   - Call the appropriate code, informing staff of the situation, or calling for help, as appropriate. During the early stages of an emergency, information may be limited. It is important to communicate with staff as soon as possible.
   - If the emergency requires outside assistance and the telecommunications systems are not working, a person may be sent to the nearest fire station or law enforcement for assistance.

3. If the emergency is a hazardous materials release inside RCMS, staff should:
   - Avoid mitigating spills or leaks unless staff have been trained, have appropriate equipment, and can safely and completely respond.
   - Immediately report all spills or leaks to a supervisor and the Safety Coordinator or designee.
   - Isolate area of spill and deny entry to building or area.
   - Safety Coordinator or designee will initiate fire or hazmat cleanup, as appropriate.
   - Obtain further instructions from the CEO, Safety Coordinator, or designee.
   - ***Note: In order to respond effectively to a hazardous material release inside RCMS,*** RCMS has posted Safety Data Sheets (SDS) on each desktop, which provides procedures for safe handling, containing, and neutralization.
   - All materials will be clearly marked. The locations are indicated on the facility floor plan.

O. Response to External Emergencies

External Emergencies occur in the community. Examples include earthquakes, floods, fires, hazardous materials releases, or terrorism. An external emergency may directly impact RCMS facilities and its ability to operate.

1. **Local emergencies** effects are limited to a small area. In local emergencies, other health facilities and resources will be relatively unaffected and remain viable options for sending assistance or receiving patients.

2. In **widespread emergencies**, nearby medical resources are likely to be impacted and therefore less likely to be able to offer assistance to RCMS. Hospitals may also have a higher response priority than RCMS for resupply and other response assistance.

3. Preparations for an emergency involving **weapons of mass destruction** - chemical, biological, nuclear, radiological, or explosives (CBRNE) - should be based on existing programs for handling hazardous materials. If staff suspect an emergency involving CBRNE weapons has occurred, they should:

- Remain calm and isolate the victims to prevent further contamination within the facility.
- Contact the on-site UC provider, COM, or other appropriate staff.
- Secure PPE and wait for instructions.
- Comfort the victims.
- Contact appropriate Operational Area authorities.
- Note: Terrorist use of Weapons of Mass Destruction may result in the release of radiation, hazardous materials, and biological agents in proximity to RCMS. Shelter-In-Place may be the best strategy to minimize risk of exposure to these agents.

4. Bioterrorism Response / Reporting Requirements
   a. Emergency amendments to the California Code of Regulations (Title 17, Section 2500) require that health care providers immediately report to the local health department those diseases that pose a significant public health threat, such as agents of biological terrorism.
   b. RCMS will report diseases resulting from bioterrorist agents, like other communicable and infectious diseases, to the County Health Departments.
   c. RCMS' response to a bioterrorism emergency may be initiated by the CEO, on-site UC provider, or designee due to:
      - The request of local civil authorities.
      - Government official notification of an outbreak within or near RCMS' service area.
      - Presentation of a patient with a suspected exposure to a bioterrorist agent. In case of presentation by a patient with suspected exposure to a bioterrorist agent, RCMS will follow current Center for Disease Control (CDC) response guidelines.

   d. Potential indicators of a bioterrorism attack are:
      - Groups of people becoming ill around the same time.
      - Sudden increase of illness in previously healthy individuals.
      - Sudden increase in the following non-specific illnesses:
        - Pneumonia, flu-like illness, or fever with atypical features.
        - Bleeding disorders.
        - Unexplained rashes, and mucosal or skin irritation, particularly in adults.
        - Neuromuscular illness, like muscle weakness and paralysis.
        - Diarrhea.
      - Simultaneous disease outbreaks in human and animal or bird populations.
      - Unusual temporal or geographic clustering of illness (for example, patients who attended the same public event, live in the same part of town, etc.).

P. Response to an Alert, Warning, or Notification

Emergencies can occur both with and without warning. Upon receipt of an alert from MHOAC or other credible sources the CEO or designee will:

1. Notify key staff.
2. Complete an inventory and inspection of PPE and pharmaceutical caches.

3. Depending upon the nature of the warning and the potential impact of the emergency, RCMS may decide to:
   - Evacuate the facility.

- Suspend or curtail operations.
- Take actions to protect equipment, supplies, and records.
- Move equipment and supplies to secondary sites.
- Backup and secure computer files.
- Other measures appropriate to reduce staff and patient risk.

4. Consider the following options, depending on the nature, severity, and immediacy of the expected emergency:

   a. Close and secure RCMS until after the emergency has occurred. Ensure staff, patients, and visitors can return home safely.
      - Communicate status to MHOAC.
      - Review plans and procedures. Update contact information.
      - Check inventory of supplies and pharmaceuticals. Augment as needed.
      - Ensure essential equipment is secured, computer files backed-up, and essential records stored offsite.
      - Notify the Operational Area, community members, and staff. Cancel scheduled appointments.
      - If time permits, encourage staff to return to their homes.
      - If staff remain in RCMS, take shelter as appropriate for the expected emergency.
      - Ensure staff are informed of callback procedures and actions they should take if communications are not available.
      - Take protective action appropriate for the emergency.

   b. Allow RCMS to remain fully or partially operational.
      - Communicate status to MHOAC.
      - Review plans and procedures. Update contact information.
      - Check inventory of supplies and pharmaceuticals. Augment as needed.
      - Reduce operations to essential services.
      - Cancel non-essential appointments.
      - Ensure safety of staff and patients.

Q. Evacuation Procedures

RCMS may be evacuated due to a fire or other occurrence, threat, or order of the CEO or designee. RCMS will ensure the following instructions are communicated to staff:

1. All available staff and other able-bodied persons should do everything possible to assist in the removal of patients.

2. Close all doors and windows.

3. Turn off all unnecessary electrical equipment but leave the lights on.

4. Evacuate the area/building and congregate at the predetermined site. Evacuation routes are posted throughout RCMS.

5. Staff, patients, and visitors should not be readmitted to RCMS until cleared to do so by fire, police, other emergency responders, or upon permission of the Incident Manager.

6. People will be evacuated according to the following priority order:
   - Those in imminent danger.
   - Those who need additional assistance.
   - Those who are ambulatory.

7. All applicable methods will be used to provide assistance to those in need.

8. During an evacuation, a staff member or volunteer will be placed with evacuees for reassurance and to prevent patients from re-entering the dangerous area.

9. If safety permits, all rooms will be thoroughly searched by the light search and rescue team upon completion of evacuation to ensure that all staff, patients, and visitors have been evacuated.

10. A list of staff and patients evacuated will be prepared by the COM or designee and compared to the staff and patient schedules. This list will include names, injuries, and fatalities. This list will be sent to the on-site UC provider, Incident Manager, Safety Coordinator, and CEO.

11. When patients are removed from RCMS, staff and volunteers will remain with them until they are able to safely leave or have been transported to an appropriate facility for their continued care and safety. If evacuated patients are unable to return home without assistance, the relatives will be notified of the patient's location and general condition by staff or volunteer as soon as possible.

12. Pre-Evacuation planning for partial or full evacuation includes:
    - Emergency Binder
      - List of where and how to shut-off the utilities, including emergency equipment, gas, electrical timers, water, computers, heating, AC, compressor, and telephones.
    - Evacuation Map
      - Location of emergency equipment including fire extinguishers
      - Satellite phone
      - First aid supplies
      - Fire blankets

R. Damage Assessment

RCMS will conduct an assessment of damage to determine if an area, room, or building can be used safely or is safe to re-enter following an evacuation. Systematic damage assessments are indicated following an earthquake, flood, explosion, hazardous material spill, fire, or utility failure.

1. The facility may require three levels of evaluation:
   - Level 1: A rapid evaluation to determine if the building is safe to occupy.
   - Level 2: A detailed evaluation that will address structural damage and utilities.
   - Level 3: A structural/geological assessment.

2. Depending on the emergency and the level of damage, fire or law services may conduct a Level 1 or 2 assessment. If damage is major, a consulting engineering evaluation, assessment by a county engineer, and/or an inspection by the licensing agency may be required before RCMS can reopen for operations.

3. Following each level of evaluation, inspectors will classify and post each building as:
   - Apparently OK for Occupancy
   - Questionable: Limited Entry
   - Unsafe for any Occupancy

4. In some cases, immediate repairs or interim measures may be implemented to upgrade the level of safety and allow occupancy.

S. Decision on RCMS Operational Status

Following the occurrence of an internal or external emergency or the receipt of a credible warning, the CEO or designee will decide the operating status**.**

1. The operational status decision will be based on:
   - The results of the damage assessment.
   - The nature and severity of the emergency.
   - Other information supplied by staff, emergency responders, or inspectors.

2. The decision to evacuate RCMS, return to the facility, and/or re-open the facility for partial or full operation depends on an assessment of the following:
   - Extent of facility damage/operational status.
   - Status of utilities (e.g. water, sewer lines, gas, and electricity).
   - Presence and status of hazardous materials.
   - Condition of equipment and other resources.
   - Environmental hazards near RCMS.

T. Extended RCMS Closure

If RCMS experiences major damage, loss of staffing, a dangerous response environment, or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the CEO, may suspend RCMS' operations until conditions change. If that decision is made, staff will:

1. If possible, ensure facilities are secure.

2. Notify staff of status.

3. Require that staff remain available for return to work.

4. Notify MHOAC of its change in status and request location of nearest open hospital(s) and health center(s).

5. Notify the California Department of Public Health Licensing and Certification Division, local field office or other appropriate licensing agency.

6. Notify the nearest hospital(s) and health center(s) of the change in RCMS' operating status and intent to refer patients to alternate sources of care.

7. Notify the community, in appropriate languages, indicating RCMS' closure, reopening (if known), and location of nearest source(s) of medical services.

8. If the environment is safe, staff will answer patient questions and make referrals.

9. Implement business recovery operations.

U. Determining RCMS Response Role

If RCMS remains fully or partially operational following an emergency, the CEO, on-site UC provider, and other members of the ERT will define the response role. The appropriate response role will depend on the following factors:

1. The impact of the emergency.

2. The level of personnel and other resources available for response.

3. The pre-emergency medical care and other service capacity of RCMS.

4. The medical care environment of the community both before and after an emergency occurs as assessed by MHOAC (e.g., medical care demands may be reduced if the 911 system and nearby hospital(s) and health center(s) are operational and not overwhelmed).

5. The convergence of community members.

6. The planning and preparedness.

V. Review of Overall Infection Control Practices for Patient Management

RCMS will use Standard Precautions to manage all patients, including symptomatic patients with suspected or confirmed bioterrorism-related illnesses.

For certain diseases or syndromes (e.g., smallpox and pneumonic plague), additional precautions may be needed to reduce the likelihood for transmission. In general, the transport and movement of patients with bioterrorism-related infections, as with patients with any epidemiologically infections (e.g., pulmonary tuberculosis, chickenpox, measles), should be limited, thus reducing the risk of transmission of microorganisms.

1. RCMS has in place adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, and other frequently touched surfaces and equipment.

2. Facility-approved germicidal cleaning agents are available in patient care areas to use for cleaning spills of contaminated material and disinfecting non-critical equipment.

3. Used patient-care equipment soiled or potentially contaminated with blood, body fluids, secretions, or excretions is handled in a manner that prevents exposures to skin and mucous membranes, avoids contamination of clothing, and minimizes the transfer of microbes to other patients and environments.

4. RCMS has procedures in place to ensure reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed, and to ensure that single-use patient items are appropriately discarded.

5. Sterilization is required for all instruments or equipment that enter normally sterile tissues or through which blood flows.

6. Contaminated waste is sorted and discarded in accordance with federal, state, and local regulations.

7. Procedures for the prevention of occupational injury and exposure to blood borne pathogens in accordance with Standard Precautions and Universal Precautions are in place.

8. If exposed skin comes into contact with an unknown substance/powder, recommend washing with soap and water only. If contamination is beyond RCMS' capability, call 911 and MHOAC.

9. If an RCMS facility is exposed to a chemical agent, decontamination of the facility will follow all appropriate measures as defined by MHOAC.

10. In small-scale emergencies, RCMS patient placement and infection control practices will be followed. However, when the number of patients presenting is too large to allow routine triage and isolation strategies (if required), it will be necessary to apply practical alternatives. These may include cohosting patients who present with similar syndromes, i.e., grouping affected patients into a designated sections, or setting up a response section at a separate building.

W. Evidence Collection

RCMS will establish procedures for collecting and preserving evidence in any suspected terrorist attack. In the case of a suspected or actual terrorist attack involving weapons of mass destruction, a variety of responders, ranging from health care providers to law enforcement and federal authorities, will play a role in the coordinated response. The identification of victims as well as the collection of evidence will be a critical step in these efforts.

1. The provider's first duty is to the patient; however, interoperability with other response agencies is strongly encouraged.

2. The performance of evidence collection while providing required patient decontamination, triage, and treatment should be reasonable for the situation.

3. Information gathered from the victims and first responders may aid in the epidemiological investigation and ongoing surveillance with applicable agencies.

4. Evidence to be collected could include clothing, suspicious packages, or other items that could contain evidence of contamination. At a minimum:
   - RCMS has a supply of plastic bags, marking pens, and ties to secure the bags.
   - Each individual evidence bag will be labeled with the patient's name, date of birth, medical record number, date of collection, and site of collection.
   - An inventory of valuables and articles will be created which lists each item that is collected. The list will be kept by RCMS and a copy given to the patient.
   - The CEO, on-site UC provider, or designee will assign an individual to be responsible for the valuables and articles. If possessions are to be transported to the FBI or local law enforcement agency, RCMS will document who received them, where they were taken, and how they will be returned to the owner.

X. Mass Prophylaxis

RCMS participates in mass prophylaxis programs.

RCMS providers and qualified staff may be asked by Mendocino and/or Sonoma County officials to distribute medication or provide vaccines in response to a large-scale attack. Under this scenario, Mendocino and Sonoma County will establish mass prophylaxis sites. These sites could include schools or community-based facilities that can accommodate groups of people.

RECOVERY

A. Overview of Recovery Actions

Recovery actions begin almost concurrently with response activities and are directed at restoring essential services and resuming normal operations. Depending on the emergency's impact, this phase may require significant resources and time to complete.

This phase includes activities taken to assess, manage, and coordinate the recovery from an emergency as the situation returns to normal. These activities include:

1. **Deactivation of emergency response.** The CEO or designee will call for deactivation of the emergency when RCMS can return to normal or near normal services, procedures, and staffing. Post-event assessment of the emergency response will be conducted to determine the need for improvements.

2. **Employee assistance programs.** HR will coordinate referrals to employee assistance programs.

3. **Accounting for emergency-related expenses.** RCMS will account for emergency related expenses. Documentation will include:
   - Direct operating cost.
   - Costs from increased use.
   - All damage or destroyed equipment.
   - Replacement of capital equipment.
   - Construction related expenses.
   - Return to normal operations as rapidly as possible.

B. Documentation

RCMS will resume the same level of services and will immediately begin gathering complete documentation including photographs. Depending on the emergency, it may be necessary to expedite resumption of services to address unmet community medical needs.

C. Inventory Damage and/or Loss

RCMS will document damage and losses of equipment using a list of equipment.

D. Lost Revenue through Disruption of Services

The CFO will document all expenses incurred from the emergency. An audit trail will be developed to assist with qualifying for any local, state, and Federal reimbursement or assistance available for costs and losses incurred.

E. Cost / Loss Recovery Sources

Depending on the conditions and the scale of the emergency, RCMS will seek financial recovery resources in accordance with the following:

1. The eligibility of federal reimbursement for response costs and losses remains ambiguous. It may be possible to gain reimbursement through county channels under certain (largely untested) circumstances.

2. If the US President has issued a Federal Disaster Declaration, assistance is available through Federal Emergency Management Agency (FEMA)/Office of Emergency Services (OES). The Small Business Administration (SBA) provides physical disaster loans to businesses for damages to property owned by the business Businesses and non-profit organizations of any size are eligible.

3. Following a presidential disaster declaration, the Hazard Mitigation Grant Program (HMGP) is activated.

4. RCMS, as a private non-profit facility, may be eligible for emergency protective measures (i.e., provision of shelters or emergency care, or food, water, medicine, and other essential needs). RCMS may also be eligible for permanent repair work:
   - Pre-disaster design
   - Pre-disaster function
   - Pre-disaster capacity

5. RCMS will file claims with its insurance companies for damages. Federal reimbursements for costs or losses will not be used for costs and losses covered by insurance. Eligible costs not covered by the insurance carrier such as the insurance deductible my be reimbursable.

F. Psychological Needs of Staff and Patients

Behavioral health needs of patients and staff are likely to continue during the recovery phase. The BHCT will continue to monitor for and respond to the behavioral health needs of staff and patients.

G. Restoration of Services

RCMS will take the following steps to restore services as rapidly as possible:

1. If necessary, repair facilities or relocate services to a new or temporary facilities.

2. Replace or repair damaged medical equipment.

3. Expedite structural and licensing inspections required to re-open.

4. Facilitate the return of staff to work.

5. Replenish expended supplies and pharmaceuticals.

6. Decontaminate equipment and facilities.

7. Attend to the psychological needs of staff and community.

8. Follow-up on rescheduled appointments.

H. After-Action Report

RCMS will conduct after-action debriefings with staff and participate in consortium and Operational Area after-action debriefings. After these debriefings, an after-action report describing the activities and corrective action plans including recommendations for modifying the surge capacity expansion procedures, additional training, and improved coordination.

I. Staff Support

RCMS recognizes that staff and their families are impacted by community-wide emergencies and will assist staff in their recovery efforts to the extent possible.

Workers' Compensation - California Policy and Procedure

Department	Clinic	First Approval Date	December 1, 2015
Scope	Entire Clinic	Previous Approval Date	May 25, 2022
BoD Adoption Date		Committee Approval Date	
Next Review Date	March 2027	Date(s) Announced to Staff	

Purpose / Policy	RCMS provides workers' compensation insurance benefits to all employees who experience an injury or illness that arises out of the course and scope of employment. Workers' compensation insurance provides six basic benefits: medical care, temporary disability benefits, permanent disability benefits, supplemental job displacement benefits or vocational rehabilitation, and death benefits. Entitlement to workers' compensation benefits is controlled by applicable law, and as detailed in RCMS' Injury and Illness Prevention Policy, employees are required to immediately report all work-related accidents, injuries and illnesses. This policy applies to all employees who experience an injury or illness that arises out of the course and scope of employment.
Mandated by	
Definitions	
Attachments / References	

PROCEDURES

As detailed in RCMS' Injury and Illness Prevention Policy, all work-related accidents, injuries or illnesses involving employees, even those that are not serious, must be immediately reported to their supervisors and Safety Coordinator. Employees who experience a work-related accident, illness or injury will be required to complete the appropriate forms and cooperate with RCMS in complying with its recording, reporting and investigation obligations.

If the work-related accident, injury or illness results in the employee being placed on a leave of absence, RCMS' various leave policies will apply to that absence. RCMS strives to bring employees back to work as soon as possible following a work-related accident, injury or illness.

While employees are on a leave of absence, they should stay in contact with their supervisor and human resources regarding their expected return to work.

In harmony with RCMS' Disability Accommodation Policy, when requested, RCMS will provide a reasonable accommodation for any known physical or mental disability of a qualified individual, provided the requested accommodation does not create an undue hardship for RCMS or pose a direct threat to the health or safety of others in the workplace or of the requesting employee. Once RCMS is aware of the need for an accommodation, RCMS will engage with the employee in an interactive process to identify possible accommodations.

The following forms are available in the Common drive/Injured RCMS Workers:

1. DWC – 1 Form (Employee fills out)
2. Doctor's First Report – (Provider fills out)
3. Incident Report (Safety fills out)

Chapter 17: Budget

Authority

Section 330(e)(5)(A) and Section 330(k)(3)(I)(i) of the PHS Act; and 45 CFR 75.308(a) and 45 CFR 75 Subpart E

Requirements

- The health center must develop an annual budget that:
  - Identifies the projected costs of the Health Center Program project;
  - Identifies the projected costs to be supported by Health Center Program [award] funds, consistent with Federal Cost Principles[1] and any other requirements or restrictions on the use of Federal funding; and
  - Includes all other non-Federal revenue sources that will support the Health Center Program project, including:
    - State, local, and other operational funding; and
    - Fees, premiums, and third-party reimbursements which the health center may reasonably be expected to receive for its operation of the Health Center Program project.

- The health center must submit this budget annually by a date specified by HRSA for approval through the Federal award or designation process.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

a. The health center develops and submits to HRSA (for new or continued funding or designation from HRSA) an annual budget, also referred to as a "total budget,"[2,3] that reflects projected costs and revenues necessary to support the health center's proposed or HRSA-approved scope of project.

b. In addition to the Health Center Program award, the health center's annual budget includes all other projected revenue sources that will support the Health Center Program project, specifically:

[1] See 45 CFR Part 75 Subpart E: Cost Principles.
[2] A health center's "total budget" includes the Health Center Program Federal award funds and all other sources of revenue in support of the health center scope of project.
[3] Any aspects of the requirement that relate to the use of Health Center Program Federal award funds are not applicable to look-alikes.

- Fees, premiums, and third-party reimbursements and payments that are generated from the delivery of services;
- Revenues from state, local, or other Federal grants (for example, Ryan White, Healthy Start) or contracts;
- Private support or income generated from contributions; and
- Any other funding expected to be received for purposes of supporting the Health Center Program project.

c. The health center's annual budget identifies the portion of projected costs to be supported by the Federal Health Center Program award. Any proposed costs supported by the Federal award are consistent with the Federal Cost Principles[4] and the terms and conditions[5] of the award.

d. If the health center organization conducts other lines of business (i.e., activities that are not part of the HRSA-approved scope of project), the costs of these other activities are not included in the annual budget for the Health Center Program project.[6]

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines how to allocate projected costs between Health Center Program award funds, consistent with Federal requirements, and other projected revenue sources within the annual budget.

[4] See 45 CFR Part 75 Subpart E: Cost Principles.
[5] For example, health centers may not use HHS Federal award funds to support salary levels above the salary limitations on Federal awards.
[6] As these other lines of business are not included in the health center's total budget, they are not subject to Health Center Program requirements and not eligible for related Health Center Program benefits (for example, payment as a FQHC under Medicare/Medicaid/CHIP, 340B Program eligibility, Federal Tort Claims Act (FTCA) coverage).

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

May 2025

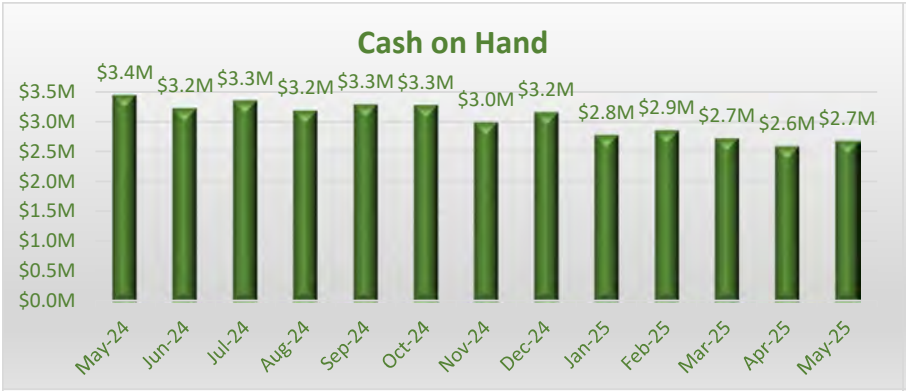
STATEMENT OF FINANCIAL POSITION					
ASSETS	**May-25**	**May-24**	**Change**	**Apr-25**	**Change**
Current Assets	3,478,479	4,311,650	-19.32%	3,434,240	1.29%
Long-Term Assets	2,820,692	2,770,678	1.81%	2,832,631	-0.42%
TOTAL ASSETS	6,299,171	7,082,328	-11.06%	6,266,872	0.52%
LIABILITIES AND NET ASSETS					
Current Liabilities	789,760	883,910	-10.65%	780,008	1.25%
Estimated Medi-Cal Liabilities	47,306	265,753	-82.20%	34,705	36.31%
Long-Term Leases	-	19,912	-100.00%	2,250	-100.00%
Total Liabilities	837,066	1,169,575	-28.43%	816,963	2.46%
Net Assets	5,462,105	5,912,753	-7.62%	5,449,909	0.22%
TOTAL LIABILITIES AND NET ASSETS	6,299,171	7,082,328	-11.06%	6,266,872	0.52%

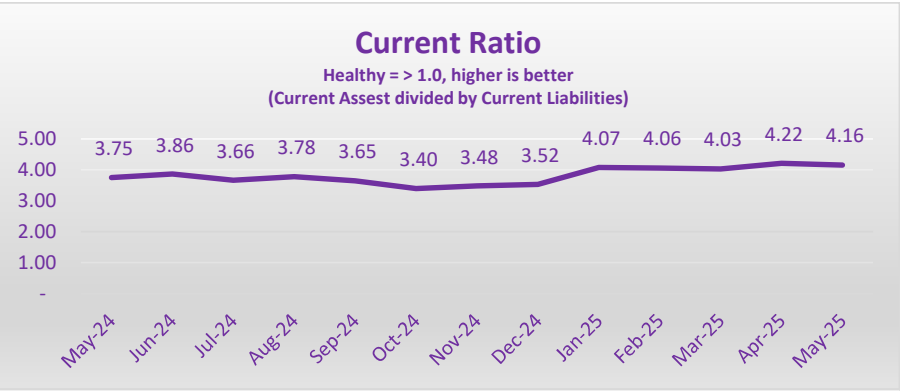
STATEMENT OF ACTIVITIES - YTD					
REVENUES	**Actual**	**Budget**	**Variance**	**Prior Year**	**Variance**
Patient Service Revenue	4,080,060	5,011,306	-18.58%	3,915,017	4.22%
Grant & Other Revenue	3,399,580	3,394,131	0.16%	3,542,684	-4.04%
NET REVENUE	7,479,640	8,405,437	-11.01%	7,457,701	0.29%
OPERATING EXPENSES					
Salaries and Benefits	5,987,907	6,426,901	-6.83%	5,749,401	4.15%
Contracted Services	60,369	98,235	-38.55%	39,072	54.51%
Facility Costs	226,166	183,920	22.97%	267,620	-15.49%
Supplies	478,197	545,253	-12.30%	565,089	-15.38%
Depreciation & Amortization	165,631	150,282	10.21%	77,220	114.49%
Other Operating Expenses	1,494,375	1,547,392	-3.43%	1,458,059	2.49%
TOTAL OPERATING EXPENSES	8,412,644	8,951,983	-6.02%	8,156,461	3.14%
OPERATING EXCESS/(DEFICIENCY)	(933,004)	(546,546)	70.71%	(698,759)	33.52%
Net Capital Income/(Expenses)	578,675	490,187	18.05%	738,231	-21.61%
TOTAL EXCESS/(DEFICIENCY)	(354,329)	(56,359)	528.70%	39,472	

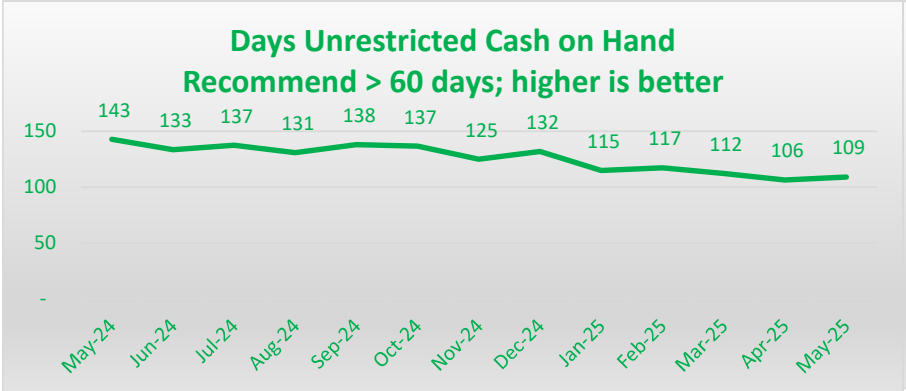
REDWOOD COAST MEDICAL SERVICES, INC.

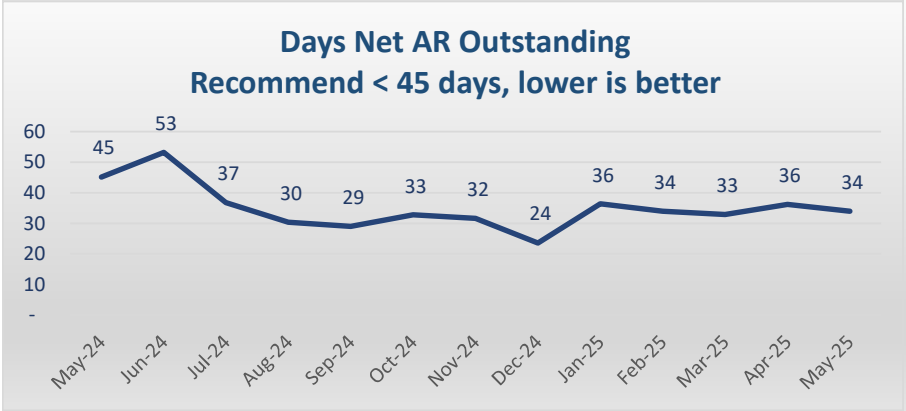
EXECUTIVE SUMMARY - PRELIMINARY

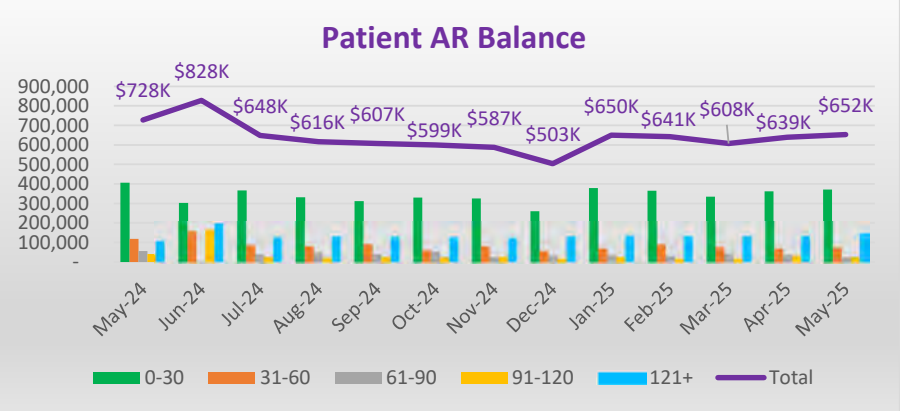
May 2025







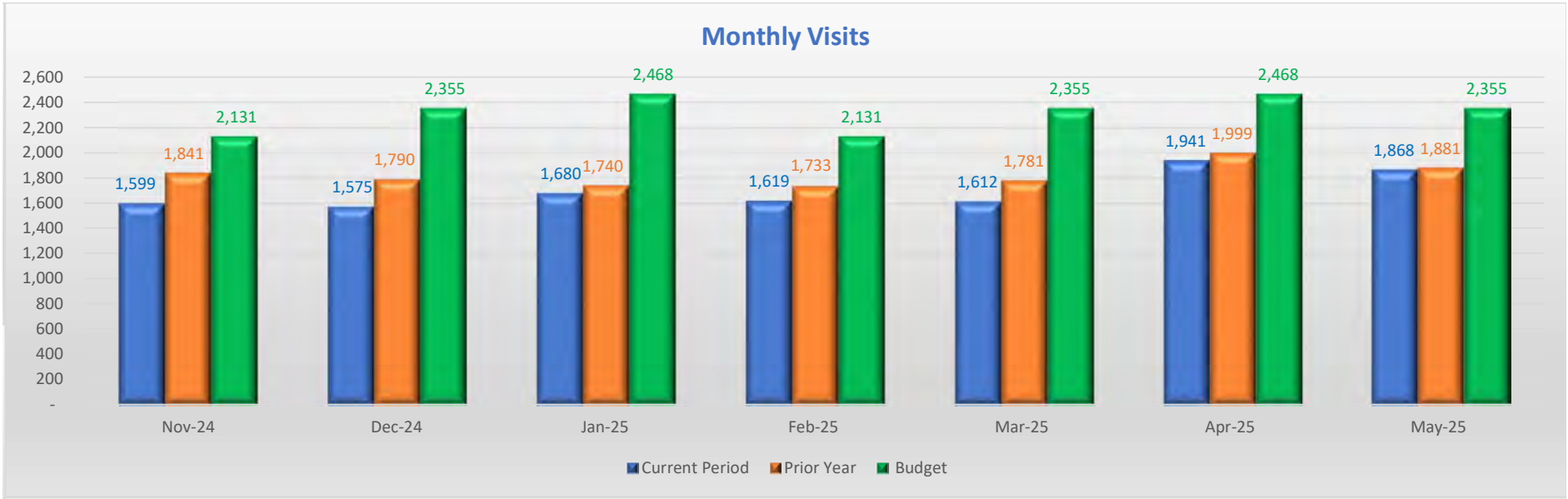


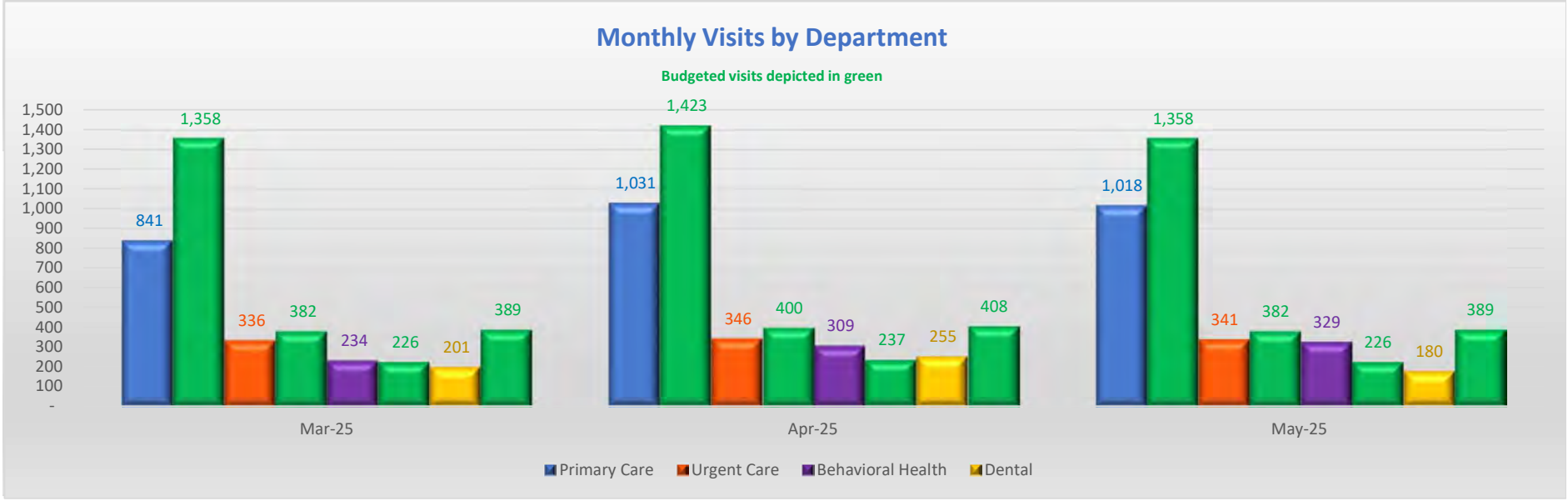


REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

May 2025





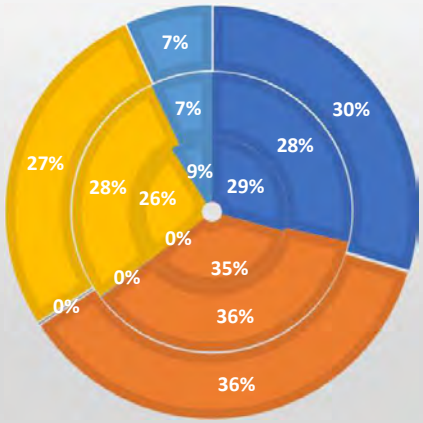
REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

May 2025

YTD PAYOR MIX

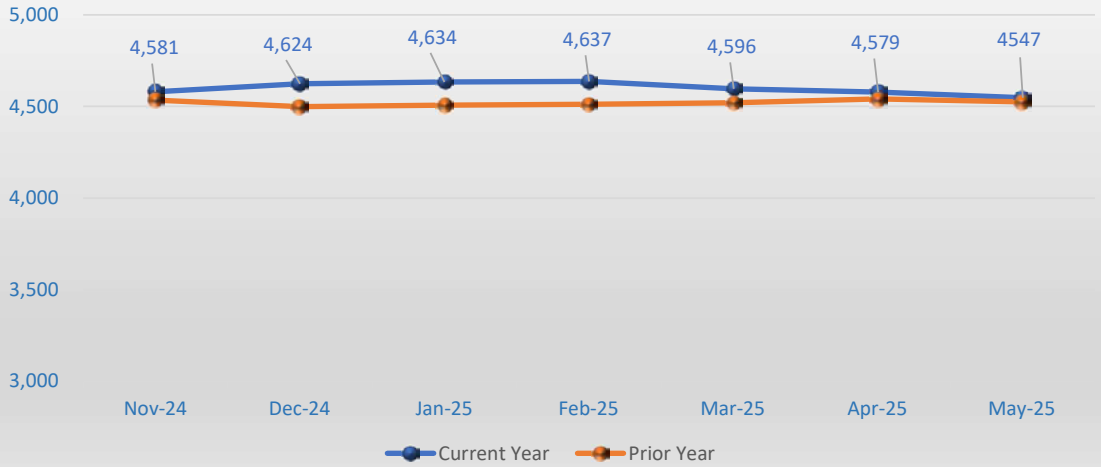
OUTER LAYER = CURRENT YEAR
MID LAYER = PRIOR YEAR
INNER LAYER = BUDGET



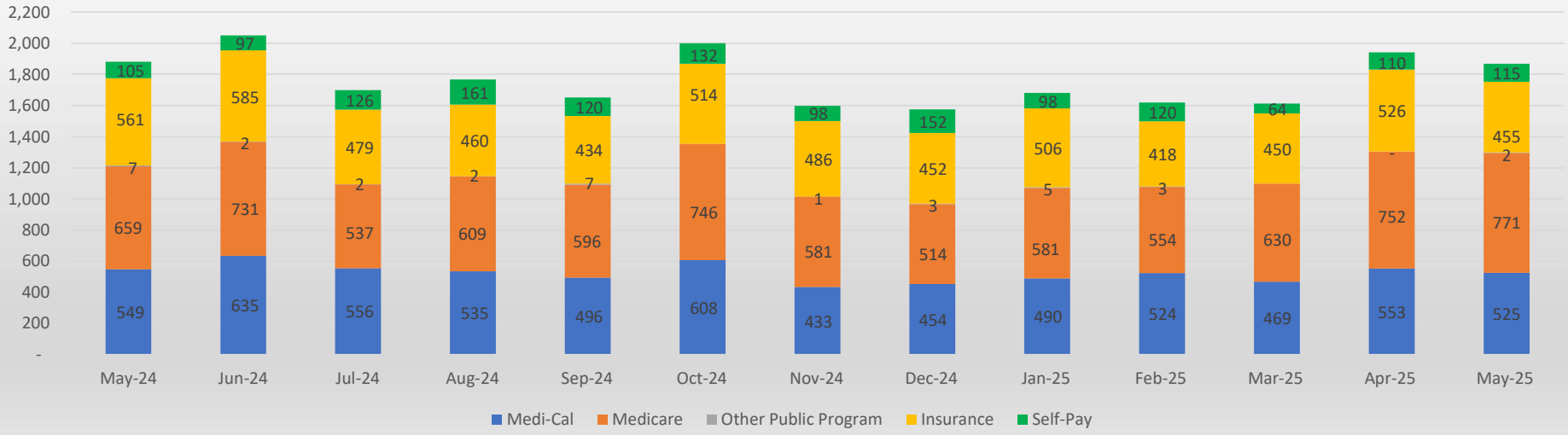
Medi-Cal
Medicare
Other Public Program
Insurance
Self-Pay

Unduplicated Patients

SAC = 5,000



Monthly Visits by Financial Class



FINANCIAL NARRATIVE
May 2025

Financial results:

We recorded a bottom-line profit of $12,196 for May, which was $24,168 higher than the budgeted loss of $11,972. Our year-to-date bottom-line loss was $354,329, which was $297,970 lower than the year-to-date budgeted bottom-line loss of $56,359.

- Net Patient Revenue (NPR) of $404,970 was $46,740 less than the budgeted NPR of $451,710.

NPR Variance	$	(46,740.21)
Due to higher/(lower) visits	$	(93,410.94)
Due to higher/(lower) rate per visit	$	46,670.73

  - May visits of 1,868 were 487 fewer than budgeted visits of 2,355.
  - The average rate per visit of $216.79 was $24.98 higher than the budgeted average rate per visit of $191.81.
    - We are receiving a higher Medi-Cal rate than what we budgeted, based on an interim rate issued by California Department of Health Care Services.
- Grants and Other Revenue of $379,324 were $70,768 higher than budgeted.
  - Net 340B Revenue was $8,579 higher than budgeted.
  - Other income was $54,183 higher than budgeted due to the receipt of an Employee Retention Credit, which is a payroll tax credit for continuing to employ staff during the pandemic.
- Fundraising and Capital Activity of $4,791 were $20,194 higher than budgeted.
  - Donations were $14,655 greater than budgeted.
  - Our overall investment value increased by $42,374 during the month.
- Operating Expenses of $836,847 were $20,054 higher than budgeted.
  - Total Compensation was $12,367 under budget due to vacant positions, lower employee health insurance premiums, and lower reliance on contracted providers.

- Computer Supplies and Support were $19,320 higher than budgeted due to computer purchases, ~$12,000 of which was due to receiving invoices for August through April services.
- Consulting Fees were $29,312 higher than budgeted due to correcting prior period invoice expense categories.
- Lab Services were $2,764 under budget.
- Legal Fees were $5,973 lower than budgeted due to reclassifying an April expense accrual to Consulting Fees.
- Recruiting Expense was $3,333 under budget
- Clinical Supplies were $17,651 over budget. Approximately $42,000 of the total expenses were related to supplies that were invoiced prior to May.
- Vaccines were $3,924 less than budget.
- Telephone and Communication services were $3,333 less than budget, consistent with the year-to-date trend.

Changes in Financial position:

- Cash and Investments were $2,675,118 as of the end of May.
  - Cash and Investments increased by $85,755 during the month.

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 5/31/2025

	Current Year	Prior Year	Change
Current Assets			
Cash & Investments			
Cash on Hand	421,670.00	1,110,873.72	(689,203.72)
Cash-Management Restricted	422,084.03	665,325.00	(243,240.97)
Investments	1,831,364.46	1,667,812.72	163,551.74
Total Cash & Investments	2,675,118.49	3,444,011.44	(768,892.95)
Patient Accounts Receivable			
Accounts Receivable	659,852.90	723,579.67	(63,726.77)
Allowance for Doubtful Accounts	(248,253.00)	(195,969.00)	(52,284.00)
Total Patient Accounts Receivable	411,599.90	527,610.67	(116,010.77)
Other Current Assets			
Medi-Cal Receivable - Current Year	0.00	39,783.00	(39,783.00)
Medi-Cal Receivable - Prior Year	42,036.13	28,393.00	13,643.13
Grants Receivable	24,084.72	24,346.00	(261.28)
QIP Receivable	171,656.39	132,540.93	39,115.46
Other Accounts Receivable	1,524.00	1,477.00	47.00
Prepaid Expenses	146,459.28	107,488.36	38,970.92
Other Assets	6,000.00	6,000.00	0.00
Total Other Current Assets	391,760.52	340,028.29	51,732.23
Total Current Assets	3,478,478.91	4,311,650.40	(833,171.49)
Long Term Assets			
Fixed Assets			
Property & Equipment	5,103,050.03	5,109,081.98	(6,031.95)
Accumulated Depreciation	(2,624,818.93)	(2,522,458.22)	(102,360.71)
Total Fixed Assets	2,478,231.10	2,586,623.76	(108,392.66)
Construction in Progress			
Construction in Progress	327,915.97	92,806.87	235,109.10
Total Construction in Progress	327,915.97	92,806.87	235,109.10
Right of Use Assets			
Right-of-Use Assets	230,106.00	230,106.00	0.00
Accumulated Amortization-ROU	(215,560.91)	(138,858.95)	(76,701.96)
Total Right of Use Assets	14,545.09	91,247.05	(76,701.96)
Total Long Term Assets	2,820,692.16	2,770,677.68	50,014.48
Total Assets	6,299,171.07	7,082,328.08	(783,157.01)

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 5/31/2025

	Current Year	Prior Year	Change
Current Liabilities			
Accounts Payable	36,061.18	61,925.13	(25,863.95)
Other Accounts Payable	54,218.95	44,789.68	9,429.27
Patient Refunds Due	3,565.55	6,038.12	(2,472.57)
Accrued Compensation and Related Liabilities	602,654.19	555,667.72	46,986.47
Medi-Cal Payable - Current Year	17,375.32	0.00	17,375.32
Medi-Cal Payable - Prior Year	29,930.91	265,753.00	(235,822.09)
Other Liabilities	49,201.00	49,201.00	0.00
Current Portion of LT Leases	19,911.94	78,223.94	(58,312.00)
Deferred Revenue	24,147.44	88,064.40	(63,916.96)
Total Current Liabilities	837,066.48	1,149,662.99	(312,596.51)
Long Term Debt			
Leases Payable - Long Term	0.00	19,911.96	(19,911.96)
Total Long Term Debt	0.00	19,911.96	(19,911.96)
Total Liabilities	837,066.48	1,169,574.95	(332,508.47)
Net Assets			
Unrestricted Net Assets	5,816,433.70	5,873,281.47	(56,847.77)
Current Year Net Excess/Deficit	(354,329.11)	39,471.66	(393,800.77)
Total Net Assets	5,462,104.59	5,912,753.13	(450,648.54)
Total Liabilities & Net Assets	6,299,171.07	7,082,328.08	(783,157.01)

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Activities

From 5/1/2025 Through 5/31/2025

	MTD Actual	MTD Budget	Variance	YTD Actual	YTD Budget	Variance
Patient Revenue						
Medi-Cal	148,883.67	173,402.00	(24,518.33)	1,643,681.65	1,915,442.00	(271,760.35)
Medicare	205,148.16	165,733.00	39,415.16	1,651,760.92	1,831,664.00	(179,903.08)
Family Pact	720.52	833.00	(112.48)	7,208.37	8,539.00	(1,330.63)
Insurance	50,996.59	82,433.00	(31,436.41)	669,042.61	910,627.00	(241,584.39)
Self Pay & Other	32,094.00	60,535.00	(28,441.00)	363,152.86	670,026.00	(306,873.14)
Sliding Scale & Other Write-Offs	(32,873.15)	(30,809.00)	(2,064.15)	(284,874.64)	(340,405.00)	55,530.36
Medi-Cal PPS Settlement	0.00	0.00	0.00	14,879.00	0.00	14,879.00
Cost Report & Other Settlements	0.00	0.00	0.00	18,950.00	20,000.00	(1,050.00)
Patient Refunds	0.00	(417.00)	417.00	(3,740.45)	(4,587.00)	846.55
Total Patient Revenue	404,969.79	451,710.00	(46,740.21)	4,080,060.32	5,011,306.00	(931,245.68)
Operating Expenses						
Operating Expenses	836,846.81	816,793.00	(20,053.81)	8,412,643.88	8,951,983.00	539,339.12
Total Operating Expenses	836,846.81	816,793.00	(20,053.81)	8,412,643.88	8,951,983.00	539,339.12
Net Before Other Revenue	(431,877.02)	(365,083.00)	(66,794.02)	(4,332,583.56)	(3,940,677.00)	(391,906.56)
Grants & Other Revenue						
Grant Revenue-Federal 330	154,627.00	157,295.00	(2,668.00)	1,700,901.00	1,730,245.00	(29,344.00)
Grant Revenue-Federal UDS	5,521.00	0.00	5,521.00	32,246.00	0.00	32,246.00
Grant Revenue-USAC	0.00	1,902.00	(1,902.00)	16,458.76	20,922.00	(4,463.24)
Grant Revenue-Other	30,476.00	24,035.00	6,441.00	325,281.47	264,385.00	60,896.47
340B Revenue	41,765.84	33,187.00	8,578.84	165,531.27	365,211.00	(199,679.73)
Contract Revenue-CLSD	66,666.66	66,666.00	0.66	733,333.32	733,326.00	7.32
Partnership QIP Revenue	4,600.00	4,589.00	11.00	50,600.00	50,428.00	172.00
ARCH QIP Revenue	12,500.00	12,507.00	(7.00)	137,356.33	137,490.00	(133.67)
QIP-Other	0.00	342.00	(342.00)	0.00	3,761.00	(3,761.00)
Rental Income	3,302.00	3,017.00	285.00	33,747.00	33,187.00	560.00
Other Income	54,691.38	508.00	54,183.38	112,732.64	5,588.00	107,144.64
Interest & Dividends Earned	5,174.30	4,508.00	666.30	91,391.96	49,588.00	41,803.96
Total Grants & Other Revenue	379,324.18	308,556.00	70,768.18	3,399,579.75	3,394,131.00	5,448.75
Net Operating Income/(Loss)	(52,552.84)	(56,527.00)	3,974.16	(933,003.81)	(546,546.00)	(386,457.81)
Fundraising & Capital Activity						
Capital Grant Revenue	0.00	3,333.00	(3,333.00)	4,304.00	36,663.00	(32,359.00)
Fundraising Income	8,340.00	41,667.00	(33,327.00)	561,099.97	458,337.00	102,762.97
Fundraising Expense	(1,070.87)	(895.00)	(175.87)	(81,292.31)	(9,763.00)	(71,529.31)
Donations	15,105.11	450.00	14,655.11	20,878.29	4,950.00	15,928.29
Realized/Unrealized Gains/(Losses)	42,374.26	0.00	42,374.26	73,684.75	0.00	73,684.75
Total Fundraising & Capital Activity	64,748.50	44,555.00	20,193.50	578,674.70	490,187.00	88,487.70
Net Excess of Revenue over Expenses	12,195.66	(11,972.00)	24,167.66	(354,329.11)	(56,359.00)	(297,970.11)

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 5/1/2025 Through 5/31/2025

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Salaries & Wages						
Salaries & Wages	495,891.17	499,027.00	3,135.83	5,030,983.38	5,443,939.00	412,955.62
Total Salaries & Wages	495,891.17	499,027.00	3,135.83	5,030,983.38	5,443,939.00	412,955.62
Benefits						
Payroll Taxes	37,920.94	35,901.00	(2,019.94)	366,708.10	391,652.00	24,943.90
Health Insurance	40,236.61	46,146.00	5,909.39	509,333.58	503,407.00	(5,926.58)
Workmans Compensation	4,728.00	5,373.00	645.00	52,667.00	58,615.00	5,948.00
Retirement	1,224.70	2,257.00	1,032.30	22,731.09	24,629.00	1,897.91
Other Benefits	484.00	427.00	(57.00)	5,484.00	4,659.00	(825.00)
Total Benefits	84,594.25	90,104.00	5,509.75	956,923.77	982,962.00	26,038.23
Contracted Services						
Contracted Physician	0.00	1,899.00	1,899.00	7,250.00	20,720.00	13,470.00
Contracted NP	3,407.74	4,821.00	1,413.26	43,544.59	52,596.00	9,051.41
Contracted Mental Health Provider	0.00	0.00	0.00	(4,837.79)	0.00	4,837.79
Contracted Dentist Svcs	1,875.00	1,745.00	(130.00)	14,187.50	19,036.00	4,848.50
Contracted Pharmacist	0.00	539.00	539.00	225.00	5,883.00	5,658.00
Total Contracted Services	5,282.74	9,004.00	3,721.26	60,369.30	98,235.00	37,865.70
Total Compensation	585,768.16	598,135.00	12,366.84	6,048,276.45	6,525,136.00	476,859.55
Facility Expenses						
Depreciation-Facility	6,301.38	5,417.00	(884.38)	69,310.67	59,587.00	(9,723.67)
Amortization-Facility ROU	6,391.83	6,392.00	0.17	70,310.13	70,312.00	1.87
Interest Expense-Facility ROU	82.43	234.00	151.57	2,423.00	2,574.00	151.00
Janitorial	2,245.00	2,416.00	171.00	30,221.42	26,576.00	(3,645.42)
Rent	4,290.00	3,745.00	(545.00)	46,035.00	41,195.00	(4,840.00)
Repairs & Maint-Facility	641.16	1,166.00	524.84	32,828.12	12,826.00	(20,002.12)
Utilities	8,395.87	7,617.00	(778.87)	97,626.40	83,787.00	(13,839.40)
Real Estate Taxes	930.45	1,542.00	611.55	17,031.76	16,962.00	(69.76)
Total Facility Expenses	29,278.12	28,529.00	(749.12)	365,786.50	313,819.00	(51,967.50)
Other Expenses						
Advice Line	0.00	1,825.00	1,825.00	19,630.00	20,075.00	445.00
Audit Fees	(1,000.00)	0.00	1,000.00	19,750.00	21,500.00	1,750.00
Bad Debt	39.51	125.00	85.49	2,408.51	1,375.00	(1,033.51)
Bank Charges	1,666.55	1,050.00	(616.55)	11,333.14	11,550.00	216.86
Board Expense	1,856.00	2,342.00	486.00	22,597.59	25,762.00	3,164.41
Billing Services	1,448.79	3,367.00	1,918.21	23,222.09	37,037.00	13,814.91
Computer Supplies & Support	61,107.61	41,788.00	(19,319.61)	568,421.41	459,668.00	(108,753.41)
Consulting Fees	37,157.76	7,846.00	(29,311.76)	80,201.83	86,306.00	6,104.17
Consulting Fees - Accounting	8,722.00	9,213.00	491.00	96,606.72	101,343.00	4,736.28
Consulting Fees - Government Compliance	4,056.00	2,371.00	(1,685.00)	24,167.00	26,081.00	1,914.00
Consulting Fees - CFO	1,295.00	1,958.00	663.00	19,489.00	21,538.00	2,049.00
Continuing Education	84.89	1,441.00	1,356.11	14,317.68	15,851.00	1,533.32
Depreciation Expense	2,220.89	1,853.00	(367.89)	26,009.70	20,383.00	(5,626.70)
Donations/Contributions	76.60	442.00	365.40	11,632.62	4,862.00	(6,770.62)
Dues & Subscriptions	1,516.34	2,426.00	909.66	23,901.73	26,686.00	2,784.27
Employee Recognition	0.00	1,654.00	1,654.00	15,508.03	18,194.00	2,685.97
Equipment Lease	2,338.46	1,917.00	(421.46)	25,057.15	21,087.00	(3,970.15)
Fundraising Allocation	(1,070.87)	(895.00)	175.87	(23,253.87)	(9,763.00)	13,490.87
Infectious Waste Disposal	1,160.00	2,041.00	881.00	18,363.54	22,451.00	4,087.46

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 5/1/2025 Through 5/31/2025

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Insurance-General	2,192.02	3,308.00	1,115.98	28,750.27	36,388.00	7,637.73
Insurance-D&O	2,344.00	2,800.00	456.00	27,601.11	30,800.00	3,198.89
Insurance-Malpractice	415.78	1,230.00	814.22	10,758.59	13,530.00	2,771.41
Interest Expense	8.95	0.00	(8.95)	22.46	0.00	(22.46)
Lab Services	2,706.46	5,470.00	2,763.54	68,780.07	60,170.00	(8,610.07)
Legal Fees	(5,572.64)	0.00	5,572.64	5,850.00	0.00	(5,850.00)
Memberships & Publications	0.00	92.00	92.00	0.00	1,012.00	1,012.00
Minor Equipment	257.28	2,210.00	1,952.72	5,622.18	24,310.00	18,687.82
Outreach Fundraiser Event	176.43	0.00	(176.43)	10,710.04	0.00	(10,710.04)
Outreach & Hlth Ed Matls Exp	1,020.00	933.00	(87.00)	12,888.83	10,263.00	(2,625.83)
Payroll Service Fees	2,359.12	2,392.00	32.88	27,002.15	26,312.00	(690.15)
Penalties & Late Fees	0.00	0.00	0.00	788.82	0.00	(788.82)
Postage & Shipping	770.95	1,243.00	472.05	10,469.76	13,690.00	3,220.24
Publicity/Advertising	0.00	866.00	866.00	6,832.22	9,526.00	2,693.78
Recruiting Expense	0.00	3,333.00	3,333.00	13,143.28	36,663.00	23,519.72
Recruiting-Moving Expense	0.00	1,666.00	1,666.00	0.00	18,326.00	18,326.00
Provider Housing	2,600.38	2,600.00	(0.38)	36,980.12	28,600.00	(8,380.12)
Repairs & Maint-Equipment	4,085.49	3,792.00	(293.49)	34,483.29	41,712.00	7,228.71
Retirement Administration	625.00	275.00	(350.00)	5,110.00	3,025.00	(2,085.00)
Supplies-Office	4,740.29	7,048.00	2,307.71	43,125.58	77,538.00	34,412.42
Supplies-Clinical	52,803.04	35,152.00	(17,651.04)	369,450.23	386,672.00	17,221.77
Supplies-Vaccines	0.00	3,924.00	3,924.00	24,515.80	43,164.00	18,648.20
Supplies-Pharmaceutical	3,873.02	2,199.00	(1,674.02)	30,635.15	24,189.00	(6,446.15)
Taxes & Licenses	1,038.00	1,509.00	471.00	10,303.19	16,599.00	6,295.81
Telephone/Communication	7,373.61	10,707.00	3,333.39	74,875.31	117,777.00	42,901.69
Transcription Services	5,715.87	6,325.00	609.13	44,129.15	69,575.00	25,445.85
Travel & Conferences	5,154.95	4,065.00	(1,089.95)	49,116.24	44,715.00	(4,401.24)
X-Ray Expenses	4,437.00	4,226.00	(211.00)	47,273.22	46,486.00	(787.22)
Total Other Expenses	221,800.53	190,129.00	(31,671.53)	1,998,580.93	2,113,028.00	114,447.07
Total Operating Expenses	836,846.81	816,793.00	(20,053.81)	8,412,643.88	8,951,983.00	539,339.12
Total Operating Expenses After Allocation	836,846.81	816,793.00	(20,053.81)	8,412,643.88	8,951,983.00	539,339.12

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Cash Flows

As of 5/31/2025

	Current Period	Current Year
Operating Activities		
Change in Net Assets		
	12,195.66	(354,329.11)
Adjustments to Reconcile Change in Net Assets to Cash		
Depreciation and Amortization	14,914.10	165,630.50
(Increase)/Decrease in Accounts Receivable	23,914.96	204,949.99
(Increase)/Decrease in Grants Receivable	(20,715.72)	(69,890.73)
(Increase)/Decrease Estimated Medi-Cal Receivable	0.00	29,718.87
(Increase)/Decrease in Prepaid Expenses	38,317.46	(42,751.57)
Increase/(Decrease) in Accounts Payable	(15,296.30)	7,292.30
Increase/(Decrease) in Accrued Expenses	56,514.40	16,330.83
Increase/(Decrease in Estimated Medi-Cal Payable	12,601.70	(218,446.77)
Increase/(Decrease) in Deferred Revenue	(24,795.55)	13,365.04
Total Adjustments to Reconcile Change in Net Assets to Cash	85,455.05	106,198.46
Total Operating Activities	97,650.71	(248,130.65)
Cash Flows from Investing Activities		
Investing Activities		
Construction in Progress	(2,975.00)	(224,609.10)
Total Investing Activities	(2,975.00)	(224,609.10)
Total Cash Flows from Investing Activities	(2,975.00)	(224,609.10)
Cash Flows from Financing Activities		
Financing Activites		
Increase/(Decrease) in Leases Payable	(8,920.57)	(71,860.00)
Total Financing Activites	(8,920.57)	(71,860.00)
Total Cash Flows from Financing Activities	(8,920.57)	(71,860.00)
Net Increase(Decrease) in Cash	85,755.14	(544,599.75)
Cash at Beginning of Period		
	2,589,363.35	3,219,718.24
Cash at End of Period	2,675,118.49	2,675,118.49

Redwood Coast Medical Services

FY 2025-26
PROPOSED BUDGET

JUNE 2025

1

Assumptions / Goals

- Operating budget -- Top-Down
  - Revenue assumptions incorporated first
  - Expenses to fit within revenue assumptions
- Cash Flow focus
- Bottom line balanced budget
- Continue needed capital investment for the existing environment
- No new debt
- No drawdown from investment funds for operating needs
- Flexibility to reforecast quarterly as needed basis

2

Revenue Assumptions

Realistic

- Visits and Revenue reflective of current run rates
- Some revenue forecasting from 340(b) program
- Some revenue forecasting from QI initiatives
- Grant assumptions will be similar to FY 24-25
- Donations/Fundraising will be budgeted at a similar level as FY 24-25 (~$400K + $100K)

3

Expense Assumptions

- Personnel Expenses will be influenced by adequate revenue
- Continue clinical/medical equipment replacement plans
  - Budget an appropriate number
- Continue necessary IT infrastructure investment
  - Including NextGen-related add-ons, if necessary
- Current Facilities repairs/improvement as needed basis

4

Urgent Care Assumptions

- CLSD tax revenue contribution is the same
- No new revenue sources
- Operate to have a net loss comparable to the current level

5

Bottom Line

The budget does not comprehend any Federal or State cuts. Any significant impact will require reforecasting.

6

	2024-25 Approved Budget	2025-26 Proposed Budget
REVENUE:		
Patient Service revenue	5,463,837	6,053,135
Grants revenue & Other	3,773,563	3,371,933
Fundraising & Capital Revenue	534,774	448,327
TOTAL REVENUE	**9,772,174**	**9,875,385**
EXPENSES		
Total Compensation	7,096,081	7,244,722
Facility Costs	342,342	413,992
Other Operating expenses	2,373,950	2,215,054
TOTAL EXPENSES	**9,812,373**	**9,873,768**
NET SHORTFALL/SURPLUS	**(40,199)**	**1,617**
Visits	28,388	25,432
Cost per visits	345.65	388.24
Patient Service revenue per visit	$ 192.47	$ 238.09
Total Revenue per visit	$ 344.24	$ 388.31
Employee FTE/Named	59/80	59/82
Compensation as % of total expense		73%

Audit Committee Charter

MISSION AND VISION

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties.

RCMS is a not-for-profit health center providing a full range of healthcare services at its three clinics located in Gualala and Point Arena. Services are designed to meet identified needs of the community services, are integrated with other existing healthcare services and systems, and are evaluated on a regular basis to assure that community health needs are being met.

MEMBERSHIP

The Audit Committee may include persons who are not members of the Board of Directors (BoD), but the non-BoD members of the Audit Committee shall not include any members of the staff of RCMS. If RCMS has a Finance Committee, it must be separate from the Audit Committee. Members of the Finance Committee may serve on the Audit Committee; however, the Chair of the Audit Committee may not be a member of the Finance Committee and members of the Finance Committee shall constitute less than one-half of the membership of the Audit Committee. Members of the Audit Committee shall not receive any compensation from RCMS in excess of the compensation, if any, received by members of the BoD for services on the BoD and shall not have a material financial interest in any entity doing business with RCMS.

PURPOSE

The Audit Committee acts on behalf of the BoD in receiving and reviewing the annual audit reports of RCMS and in recommending appropriate actions to the BoD to be taken in response to the observations and recommendations presented in the Independent Auditor's (Auditor) Management Letter, or otherwise communicated to the Audit Committee by the Auditor. The Audit Committee also reviews the terms of engagement of the Auditor and makes appropriate recommendations to the BoD for subsequent engagements.

REPONSIBILITIES

The Audit Committee shall fulfill the following responsibilities:

1. Shall recommend to the BoD the retention and termination of the Auditor.
2. Shall negotiate the compensation of the Auditor on behalf of the BoD.
3. Shall confer with the Auditor, as appropriate, in the Audit Committee's discretion with respect to RCMS' financial reporting internal controls and related matters.
4. Shall meet to receive the Auditor's reports of the assets and financial operations of RCMS.

5. Shall discuss, as appropriate in its discretion, with the Auditor its audit plan and scope and the accompanying engagement letter.
6. The Audit Committee will meet with the Auditor in an executive session with only Audit Committee members (and any member of the BoD who wishes to observe) to discuss the financial operations of RCMS from the perspective of the Auditor.
7. Shall review and discuss the final audit with the Auditor.
8. Shall approve the performance of any non-audit services to be provided by the Auditor.

MEETING FREQUENCY

The Audit Committee shall meet at a minimum once a year, after the annual financial audit.

Executive Committee Charter

MISSION AND VISION

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MEMBERSHIP

The Executive Committee (EC) is composed of the following members of the RCMS Board of Directors (BoD): Chair, Vice-Chair, Treasurer, and Secretary and the Chairpersons of the Performance Improvement Committee, if not otherwise BoD officers. The RCMS Chief Executive Officer (CEO) serves as an ex-officio member of the committee.

PURPOSE

The role and function of the EC is to:

A. Help the Chair setting goals and objectives for the BoD:
    1. Recommend annual objectives for the BoD.
    2. Recommend objectives for the annual Board Retreat.
B. Work with the CEO:
    1. Set annual goals and objectives.
    2. Review the CEO's annual performance and report to the BoD.
    3. Review contracts requiring board approval and recommend their adoption or modification to the BoD.
C. Establish BoD and EC meetings:
    1. Set the agenda for EC, BoD, and Board Retreats or meetings.
    2. Publish an annual schedule for BoD and EC meetings.
D. Coordinate the roles of the BoD Committees so that their goals align and support the goal of RCMS.

MEETING FREQUENCY

The Executive Committee shall meet monthly, prior to the monthly Board of Directors meeting.

Finance Committee Charter

MISSION AND VISION

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MEMBERSHIP

The Finance Committee (FC) is composed of: a) the Board of Directors (BoD) Treasurer who serves as the FC Chair; b) at least two other BoD members appointed by the BoD Chair; and c) the RCMS Chief Executive Officer (CEO) and Chief Financial Officer (CFO) who shall serve as ex-officio members.

PURPOSE

It is the role of the FC to advise and recommend to the BoD policies for financial management practices, including a system to assure accountability for the budget, RCMS financial priorities, and eligibility for services, including criteria for sliding scale payment schedules, and long-range financial planning.

The role and function of the FC is to:

1. Monitor the financial health of RCMS in the near and longer term on a monthly basis, and to recommend to the BoD any prudent or necessary steps to improve/guarantee that financial security.
2. Participate in the development of the annual budget and financial goals.
3. Participate in the development and updating of the long-range capital budget.
4. Advise the BoD of the need to change policies and procedures and adopt new policies and procedures when appropriate.

MEETING FREQUENCY

The Finance Committee shall meet monthly, prior to the monthly Board of Directors meeting.

Governance Committee Charter

MISSION AND VISION

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties.

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MEMBERSHIP

The Governance Committee is composed of the Chair appointed by the Board of Directors (BoD) Chair and at least three other members of the BoD. The RCMS Chief Executive Officer (CEO) serves as an ex-officio member of the committee.

REPONSIBILITIES

The role and function of the Governance Committee is to:

1. Nominate candidates for election to the BoD at regular meetings when necessary.
2. Conduct orientation and training sessions for new BoD members, provide opportunities for BoD member development, and conduct annual BoD self-evaluations.
3. Nominate annually officers for the BoD.
4. Review the Bylaws annually and recommend necessary changes to the BoD.
5. Assure that general policies for RCMS, including but not limited to, personnel, health care, fiscal, information systems, and quality improvement are developed for adoption by the BoD, are reviewed annually and that necessary changes are recommended to the BoD.

MEETING FREQUENCY

Annually, and as needed.

Human Resources Committee Charter

MISSION AND VISION

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties.

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MEMBERSHIP

The Human Resources Committee is composed of the Chair appointed by the Board of Directors (BoD) Chair and at least one other member of the BoD and at a minimum one employee of RCMS. The RCMS Chief Executive Officer (CEO) may serve as an ex-officio member of the committee.

PURPOSE

The role and function of the Human Resources Committee is to:

1. Evaluate retirement plans, salary ranges, health plans, paid time off and vacation policies, and other human resources issues.
2. Assure that Human Resources policies for RCMS are in compliance with federal, state, and local guidelines, are reviewed annually and that necessary changes are recommended to the BoD.

MEETING FREQUENCY

The Human Resources shall meet at a minimum quarterly, and as needed.

Performance Improvement Committee Charter

MISSION AND VISION

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties.

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MEMBERSHIP

The Performance Improvement Committee (PIC) is composed of the Chair and/or Co-Chair appointed by the Board of Directors (BoD) Chair; selected members of the BoD; and community medical/dental experts, as indicated, appointed by the BoD Chair. The RCMS Chief Physician/Deputy Medical Director serve as ex-officio members of the committee.

All components of the practice, including but not limited to, primary care, urgent care, visiting nurse/palliative care, behavioral health, dental care, and patient education programs, fall under the purview of PIC.

PURPOSE

The role and function of PIC is to assure that:

1. Internal policies and procedures are in place for continuous quality improvement, addressing all components of the practice. These policies must provide for regular audits, development of corrective action plans to correct deficiencies identified, and follow-up to assure that the corrective actions have been implemented and are effective.
2. These procedures are being implemented on a regular basis.
3. PIC and the BoD receive appropriate reports in a timely fashion.

PIC is required by state and federal regulations to meet at least quarterly. PIC meetings are held on a bi-monthly basis.

MEETING FREQUENCY

PIC shall meet every other month, or as needed.

Strategic Planning Committee Charter

MISSION AND VISION

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties.

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MEMBERSHIP

The Strategic Planning Committee (SPC) is composed of the Chair appointed by the Board of Directors (BoD) Chair; selected members of the BoD and community members, as indicated, appointed by the BoD Chair. The RCMS Chief Executive Officer (CEO) and Chief Physician/Deputy Medical Director serve as ex-officio members of the committee.

PURPOSE

The role and function of the SPC is to assure that:

1. RCMS has a vision and strategic plan to improve the health care and health status of the population it serves. The plan is focused on identifying future services and programs that will substantially improve the health of patients and community. The plan defines those services and programs that will produce the greatest improvement in health. It is based on periodic assessments of health care needs of the population, evaluations of RCMS services and programs, and forecasts of changes in technology and needs. The plan is updated every three years and reported to the BoD for their input, review, and approval.
2. The SPC works with other organizations and individuals who are involved with or interested in improving community health to obtain their input and assure coordination of services and programs.
3. The SPC and the BoD receive appropriate reports in a timely fashion.

MEETING FREQUENCY

The Strategic Planning Committee shall meet yearly, and as needed.