



TAHOE FOREST HOSPITAL DISTRICT

2025-05-22 Regular Meeting of the Board of Directors

Thursday, May 22, 2025 at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2025-05-22 Regular Meeting of the Board of Directors

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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

Thursday, May 22, 2025 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

4. **INPUT AUDIENCE**

This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution.

5. **CLOSED SESSION**

5.1. **Hearing (Health & Safety Code § 32155) ♦**

Subject Matter: FY 2025 Quarter 3 Quality Report

5.2. **Approval of Closed Session Minutes ♦**

5.2.1. 04/24/2025 Regular Meeting

5.3. **TIMED ITEM – 5:15PM - Hearing (Health & Safety Code § 32155) ♦**

Subject Matter: Medical Staff Credentials

6. **DINNER BREAK**

APPROXIMATELY 6:00 P.M.

7. **OPEN SESSION – CALL TO ORDER**
8. **REPORT OF ACTIONS TAKEN IN CLOSED SESSION**
9. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**

10. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
May 22, 2025 AGENDA – Continued

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

12. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda ATTACHMENT

MEC recommends the following for approval by the Board of Directors:

Policies with Changes (summary attached)

Interventional Radiology Policies, DINT

Mammography Policies, DMAM

X-Ray Policies – DXR

Nuclear Medicine Policies – DNUC

Ultrasound Policies – DUS

New Policies

Standardized Procedure – OH Lab Review by the Registered Nurse, DOCC-2501 (see attached)

13. CONSENT CALENDAR ♦

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

13.1. Approval of Minutes of Meetings

13.1.1. 04/24/2025 Regular Meeting ATTACHMENT

13.2. Financial Reports

13.2.1. Financial Report – April 2025 ATTACHMENT

13.3. Board Reports

13.3.1. Administrative Updates ATTACHMENT

13.4. Ratify Incline Village Community Hospital Foundation Board Member

13.4.1. Leslie Wittmann..... ATTACHMENT

13.5. Affirm Annual Board Charters

13.5.1. Board Executive Compensation Committee Charter ATTACHMENT

13.5.2. Board Finance Committee Charter..... ATTACHMENT

14. ITEMS FOR BOARD ACTION ♦

14.1. Tahoe-Truckee Regional Homeless Action Plan ATTACHMENT

14.1.1. The Board of Directors will receive an update and consider acceptance of the Tahoe-Truckee Regional Homeless Action Plan.

14.2. PUBLIC HEARING: AB 2561 – Status of Vacancies and Recruitment and Retention Efforts

..... ATTACHMENT

14.2.1. The Board of Directors will conduct a public hearing regarding the job vacancy status and recruitment and retention efforts at Tahoe Forest Hospital District within the bargaining units in compliance with Assembly Bill (“AB”) 2561.

14.2.2. RESOLUTION 2025-06 Adopting Procedures for Public Hearings on Tahoe Forest Hospital District’s Vacancies and Recruitment and Retention Efforts ATTACHMENT

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
May 22, 2025 AGENDA – Continued

The Board of Directors will consider for adoption a resolution for procedures for holding public hearings and reporting on Tahoe Forest Hospital Districts workforce vacancies, and recruitment and retention efforts under AB 2561.

15. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

16. BOARD COMMITTEE REPORTS

17. BOARD MEMBERS' REPORTS/CLOSING REMARKS

18. CLOSED SESSION CONTINUED

19. OPEN SESSION

20. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

21. ADJOURN

The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is June 26, 2025 at Tahoe Forest Hospital – Eskridge Conference Room, 10121 Pine Avenue, Truckee, CA, 96161. A copy of the board meeting agenda is posted on the District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10800 Donner Pass Rd, suite 200, Truckee, CA 96161, during normal business hours.

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at 582-3583 at least 24 hours in advance of the meeting.



AGENDA ITEM COVER SHEET

MEETING DATE: May 22, 2025	ITEM: 12.1 Medical Executive Committee (MEC) Consent Agenda
DEPARTMENT: Medical Staff	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Johanna Koch, MD, Chief of Staff	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Policies
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Respective Departments have reviewed Department Policies, Procedure and Forms, recommended renewal to MEC with No Changes, Minor Revisions, or Major Revisions. During the May 15, 2025 Medical Executive Committee meeting, the MEC reviewed and made the following open session consent agenda item recommendations to the Board of Directors for the May 22, 2025 Regular Meeting of the Board of Directors.	
SUMMARY/OBJECTIVES: <u>Policies with Changes (summary attached)</u> <ul style="list-style-type: none"> • Interventional Radiology Policies, DINT (see attached) • Mammography, DMAM (see attached) • X-Ray – DXR (see attached) • Nuclear Medicine – DNUC (see attached) • Ultrasound – DUS (see attached) <u>New Policies</u> <ul style="list-style-type: none"> • Standardized Procedure – OH Lab Review by the Registered Nurse, DOCC-2501 (see attached) 	
SUGGESTED DISCUSSION POINTS: Medical Executive Committee has reviewed the Department recommendations on policies, procedures and forms. The committee makes the following open session recommendation for consent agenda to the Board of Directors. <ul style="list-style-type: none"> · §485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1). · Procedures shall be approved by the Administration and Medical Staff where such is appropriate. 	

- Medical Staff approval is required when direct patient care/clinical practice is addressed, including contract services for patients, prior to forwarding to the Medical Executive Committee and the Governing Board.

For complete policy refer to: Policy & Procedure Structure and Approval, AGOV-9

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the MEC consent agenda as presented.

Alternative: If a specific Policy, Procedure or Form is pulled from the MEC consent agenda, provide discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the pulled MEC item as presented.

LIST OF ATTACHMENTS:

- Interventional Radiology Policies, DINT (see attached)
- Mammography, DMAM (see attached)
- X-Ray – DXR (see attached)
- Nuclear Medicine – DNUC (see attached)
- Ultrasound – DUS (see attached)
- Standardized Procedure – OH Lab Review by the Registered Nurse, DOCC-2501 (see attached)

Interventional Radiology Policies, DINT

Title	Department	Last Approved	Next Review	Summary of Changes
Coagulation Guidelines for Invasive Radiology Procedures	Interventional Radiology - DINT	3/10/2025	3/10/2027	added risk
Computed Tomography Safety & Reporting, DINT-1801	Interventional Radiology - DINT	3/10/2025	3/10/2027	added risk
Radiologist Coverage for Diagnostic Imaging department	Interventional Radiology - DINT	1/9/2025	1/9/2027	updated RVU minimums, daily coverage and Quality metric line
Radiologist Peer Review Policy, DXR-61	Interventional Radiology - DINT	5/6/2025	5/6/2027	added risk
Scheduling Targeted Biopsies, DINT-1	Interventional Radiology - DINT	5/6/2025	5/6/2027	added risk

Mammography Policies, DMAM

Title	Department	Last Approved	Next Review	Summary of Changes
Biopsy Follow Up Procedures, DMAM-1	Mammography - DMAM	3/10/2025	3/10/2027	added risk
Breast Localization, DMAM-11	Mammography - DMAM	3/10/2025	3/10/2027	added risk
Consumer Complaint, DMAM-5	Mammography - DMAM	3/10/2025	3/10/2027	added risk
Continuing Education, DMAM-2	Mammography - DMAM	5/6/2025	5/6/2027	updated risk
Diagnostic Mammogram Work Up, DMAM-1801	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Equipment Maintenace , DMAM-7	Mammography - DMAM	5/6/2025	5/6/2027	risk added
Film Records, DMAM-8	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Infection Control, DMAM-3	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Licensure, DMAM-9	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Mammography/DI Request, DMAM-21	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Medical Physicist Responsibilities, DMAM-4	Mammography - DMAM	5/6/2025	5/6/2027	added risk
MQSA-EQUIP Procedure, DMAM-1802	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Physician Policy Guidelines, DMAM-18	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Positioning and Views, DMAM-13	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Quality Control Weekly Protocol, DMAM-19	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Radiologist Specific Responsibilities, DMAM-20	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Resposibility Road Map, DMAM-14	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Specimen Procedure, DMAM-15	Mammography - DMAM	5/6/2025	5/6/2027	ADDED RISK
Standard Responsible Personnel, DMAM-16	Mammography - DMAM	5/6/2025	5/6/2026	added risk
Technologists Responsibilities, DMAM-17	Mammography - DMAM	5/6/2025	5/6/2027	added risk
Turnover on Results, DMAM-23	Mammography - DMAM	5/6/2025	5/6/2027	added risk

X-RAY Policies, DXR

Title	Department	Last Approved	Next Review	Summary of Changes
Contrast – IV Screening GFR, DXR-7	X-Ray - DXR	5/6/2025	5/6/2027	Changed eGFR to <gt;30.
Contrast – Medium Infiltration, DXR-8	X-Ray - DXR	2/20/2025	2/20/2027	Removed See Protocol for Contrast Infiltration

Nuclear Medicine Policies - DNUC

Title	Department	Last Approved	Next Review	Summary of Changes
Absence of Explicit Orders, DNUC-28	Nuclear Medicine - DNUC	2/4/2025	2/4/2027	risk statement
ALARA, DNUC-111	Nuclear Medicine - DNUC	2/4/2025	2/4/2027	added risk sta
Alternate Source of Diagnostic Services, DNUC-13	Nuclear Medicine - DNUC	2/4/2025	2/4/2027	added risk
Auxiliary Personnel Training, DNUC-48	Nuclear Medicine - DNUC	3/10/2025	3/10/2027	risk added
Availability of Nuclear Medicine Testing, DNUC-25	Nuclear Medicine - DNUC	3/10/2025	3/10/2027	risk added
Calibration of Dose Calibrator, DNUC-141	Nuclear Medicine - DNUC	3/10/2025	3/10/2027	added risk
Camera-Computer Maintenance, DNUC-147	Nuclear Medicine - DNUC	3/10/2025	3/10/2026	added risk
Care of the Critically Ill, DNUC-53	Nuclear Medicine - DNUC	3/10/2025	3/10/2027	added risk
Certifying Bodies Educational Requirements, DNUC-44	Nuclear Medicine - DNUC	3/10/2025	3/10/2026	added risk
Contamination Control and Decontamination Procedures, DNUC-133	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Control of Radiation Exposure to Female Nuclear Medicine Personnel During Pregnancy, DNUC-119	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	risk started
Control of Radiation Exposure to Patients During Pregnancy, DNUC-115	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Current Requirements for Technologist Certification, DNUC-42	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Daily Radiation Safety Surveys, DNUC-131	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	risk added
DI Monitoring and Certifying, DNUC-148	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Dose Calibrator Constancy Test, DNUC-142	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Dose Calibrator Linearity Test, DNUC-143	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Dose Preparation Procedure, DNUC-130	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Duties of Medical Director/Advisor, DNUC-43	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Emergencies and/or Equipment Related Questions, DNUC-3	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Exam Indications not Requiring Prior Approval, DNUC-34	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
External Radiation Accident, DNUC-136	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Gamma Camera Uniformity Flood, DNUC-140	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Identification of Undesirable Side Affects, DNUC-58	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	risk added
Injection Policy for Patients with IVs, DNUC-36	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Inservice and Continuing Education, DNUC-45	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Intravenous Injection of Radiopharmaceuticals, DNUC-35	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Introduction to Nuclear Medicine for Nursing Personnel, DNUC-49	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Isotope Drug Administration, DNUC-32	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Location Hours of Operation, DNUC-4	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	risk added
Medical Records, DNUC-10	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Misadministration of Doses, DNUC-59	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
NM List of Approved Procedures and Radiopharmaceutical Doses, DNUC-38	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
NM Scope of Services General Information Dept Objectives, DNUC – 14	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Nuclear Medicine Receiving Form, DNUC-127	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Nuclear Medicine Standards, DNUC-120	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Occupational Radiation Exposure, DNUC-16	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Opening Packages Containing Radioactive Materials, DNUC-124	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Ordering of Procedures, DNUC-27	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Orientation of New Employees, DNUC - 46	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	risk added
Patient Consent, DNUC-54	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk

Nuclear Medicine Policies - DNUC

Patient Rights to Refuse Examination, DNUC-57	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Pediatric Radiopharmaceutical Doses, DNUC-39	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Personnel Monitoring for External Radiation Exposure, DNUC - 114	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Potentially Hazardous Procedures, DNUC - 29	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Pregnant Patients, DNUC-116	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Priority for Services, DNUC-26	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Proficiency Evaluation of Technical Personnel, DNUC-30	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Quality Assurance Monitoring Plan, DNUC-23	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Quality Assurance Plan, DNUC-21	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Quality Review, DNUC-9	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Radiation Accident Response, DNUC-135	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radiation Accidents Preparedness, DNUC-134	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radiation Protection Program, DNUC - 121	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Radiation Safety Committee, DNUC-122	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radiation Safety Compliance Officer Job Description, DNUC-41	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Radiation Safety Program in the "Hot" Laboratory Area, DNUC-129	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radiation Safety, DNUC-113	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radioactive Material Containers, DNUC-128	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radioactive Material Reception - Inspection, DNUC-126	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radioactive Waste Disposal, DNUC-17	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Radionuclide Doses, DNUC-37	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Radiopharmaceutical Prep/Disposal Facility, DNUC-18	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Record Location, DNUC-1	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Review Prior to Administration of Radionuclides, DNUC-33	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Routine Care to Avoid Contamination, DNUC-123	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Sealed Sources, DNUC-20	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Sources, Storage and Disposal of Radioactive Waste, DNUC-19	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Survey Meter Daily Consistency and Battery Check, DNUC-146	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Survey Meter Reference Test, DNUC-145	Nuclear Medicine - DNUC	5/6/2025	5/6/2026	added risk
Transporting Patients with Foley Catheters, DNUC-52	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk
Well Counter Daily Quality Control Check, DNUC-144	Nuclear Medicine - DNUC	5/6/2025	5/6/2027	added risk

Untrasound Policies - DUS

Title	Department	Last Approved	Next Review	Summary of Changes
Administration of Pharmaceutical ECHO Contrast Agent, DUS-2	Ultraound - DUS	2/4/2025	2/4/2027	added risk statement
Equipment QA Ultrasound, DUS-8	Ultraound - DUS	5/6/2025	5/6/2027	added risk
Safety Maintenance of Transducer (2), DUS-31	Ultraound - DUS	5/6/2025	5/6/2027	added risk
Tahoe Forest Ultrasound Procedure Order Policy, DUS-7	Ultraound - DUS	5/6/2025	5/6/2027	added risk



Origination Date -

Last Approved05/2025

Last Revised05/2025

Next Review05/2027

DepartmentOccupational Health - DOCC

ApplicabilitySystem

Standardized Procedure - Occupational Health (OH) Lab Review by the Registered Nurse, DOCC-2501

RISK:

If the Registered Nurse (RN) assisting the provider does not review and act on electronic health records (EHR) in-basket lab results in a timely manner, it may lead to delays in diagnosis and treatment, compromising patient safety and care, and increasing the risk of legal liability to the hospital district.

SETTING:

This standardized procedure applies to a qualified and trained RN in the OH setting.

PERSONNEL:

- A. EHR in-basket management must be performed by an RN or providers of a higher licensure who has:

1. Completed OH clinic orientation.

2. Completed on-site training with one-on-one proctoring by a clinician experienced in using this protocol.

3. Reviewed this standardized procedure upon orientation and periodically thereafter.
- B. Documentation of competency during clinic orientation and periodically during OH trainings.

SUPERVISION & SUPERVISING INSTRUCTIONS:

- A. Laboratory results are under the provider's overall direction and control but may be delegated to a qualified and trained RN.
- B. If at any time the RN requires clarification or provider assistance, they may confer in person, by telephone or via EHR in-basket message.

REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE:

- A. This standardized procedure will be utilized when results populate in a provider in-box.

PROCEDURE:

- A. RN will review lab results in EHR provider in-box.

B. The RN will review and assess patient information pertinent to the laboratory result. Information reviewed may include, but not be limited to:

1. Recent progress notes related to the laboratory result.
2. Patient's name, medical record number, date of birth, and designated primary care provider.
3. Prior pertinent labs studies.

C. Normal range results will be marked as "Reviewed" in EHR.

D. Abnormal range results:

1. **Critical Lab Values**, as defined in- [Critical Value Reporting, ALB-RPT-S4600](#)
2. **Non-Critical Abnormalities (other than HgA1C or lipid profile) will be discussed with provider of the day.**
3. **Non-Critical Lab Values requiring patient notification.**
 - a. LDL > 160
 - b. Triglycerides > 400
 - c. HgA1C > 9

i. **Response to Non-Critical Lab Values requiring patient notification.**

- a. Annual wellness labs will be compared to recent and previous lab results.
- b. Patient will be contacted by telephone and advised to see PCP.
- c. Telephone encounter created for communication with patient.
- d. Copy of labs will be provided by patient through email, EHR or hard copy.

RECORD KEEPING:

A. Lab results will be documented in EHR.

B. Patient contact records will be documented as telephone encounters in EHR.

DEVELOPMENT & APPROVAL:

A. This standardized procedure was developed through collaboration between Occupational Health Medical Director & Director, Quality, Nursing Administration and Medical Staff.

B. This standardized procedure was approved by department chair, IDPC, Medical Executive Committee, TFHS Board of Directors.

PERIODIC REVIEW:

A. This standardized procedure will be reviewed every 2 years by OH leadership and medical staff such as IDPC, Medical Executive Committee and the TFHS Board of Directors.



Origination Date -

Last Approved05/2025

Last Revised05/2025

Next Review05/2027

DepartmentOccupational Health - DOCC

ApplicabilitySystem

Standardized Procedure - Occupational Health (OH) Lab Review by the Registered Nurse, DOCC-2501

RISK:

If the Registered Nurse (RN) assisting the provider does not review and act on electronic health records (EHR) in-basket lab results in a timely manner, it may lead to delays in diagnosis and treatment, compromising patient safety and care, and increasing the risk of legal liability to the hospital district.

SETTING:

This standardized procedure applies to a qualified and trained RN in the OH setting.

PERSONNEL:

- A. EHR in-basket management must be performed by an RN or providers of a higher licensure who has:

1. Completed OH clinic orientation.

2. Completed on-site training with one-on-one proctoring by a clinician experienced in using this protocol.

3. Reviewed this standardized procedure upon orientation and periodically thereafter.
- B. Documentation of competency during clinic orientation and periodically during OH trainings.

SUPERVISION & SUPERVISING INSTRUCTIONS:

- A. Laboratory results are under the provider's overall direction and control but may be delegated to a qualified and trained RN.
- B. If at any time the RN requires clarification or provider assistance, they may confer in person, by telephone or via EHR in-basket message.

REQUIREMENTS TO INITIATE STANDARDIZED PROCEDURE:

- A. This standardized procedure will be utilized when results populate in a provider in-box.

PROCEDURE:

- A. RN will review lab results in EHR provider in-box.

B. The RN will review and assess patient information pertinent to the laboratory result. Information reviewed may include, but not be limited to:

1. Recent progress notes related to the laboratory result.
2. Patient's name, medical record number, date of birth, and designated primary care provider.
3. Prior pertinent labs studies.

C. Normal range results will be marked as "Reviewed" in EHR.

D. Abnormal range results:

1. **Critical Lab Values**, as defined in- [Critical Value Reporting, ALB-RPT-S4600](#)
2. **Non-Critical Abnormalities (other than HgA1C or lipid profile) will be discussed with provider of the day.**
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- a. Annual wellness labs will be compared to recent and previous lab results.
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- c. Telephone encounter created for communication with patient.
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RECORD KEEPING:

A. Lab results will be documented in EHR.

B. Patient contact records will be documented as telephone encounters in EHR.

DEVELOPMENT & APPROVAL:

A. This standardized procedure was developed through collaboration between Occupational Health Medical Director & Director, Quality, Nursing Administration and Medical Staff.

B. This standardized procedure was approved by department chair, IDPC, Medical Executive Committee, TFHS Board of Directors.

PERIODIC REVIEW:

A. This standardized procedure will be reviewed every 2 years by OH leadership and medical staff such as Interdisciplinary Practice Committee (IDPC), Medical Executive Committee and the TFHD Board of Directors.

**REGULAR MEETING OF THE
BOARD OF DIRECTORS
DRAFT MINUTES**

Thursday, April 24, 2025 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:01 p.m.

2. ROLL CALL

Board: Michael McGarry, Board Chair; Dr. Robert Darzynkiewicz, Vice Chair; Alyce Wong, Secretary;
Mary Brown, Treasurer; Dale Chamblin, Board Member

Staff in attendance: Anna Roth, President & CEO; Louis Ward, Chief Operating Officer; Dr. Brian
Evans, Chief Medical Officer; Matt Mushet, In-House Counsel; Sarah Jackson, Executive Assistant /
Clerk of the Board; Janet Van Gelder, Director of Quality and Regulations;

Other: David Ruderman, General Counsel

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None

4. INPUT AUDIENCE

None

Open Session recessed at 4:02 p.m.

5. CLOSED SESSION

5.1. Approval of Closed Session Minutes ♦

5.1.1. 03/27/2025 Regular Meeting

5.2. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: 2024 Annual Infection Control Report

5.3. TIMED ITEM – 5:15PM - Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Medical Staff Credentials

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:02 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session: Three items were addressed and approved, all with a vote of 5-0.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None

10. INPUT – AUDIENCE

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

Public comment was received by Pamela Hobday, Jessie Griffin, and Mary Brown.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

None

12. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

12.1. Medical Executive Committee (MEC) Meeting Consent Agenda

MEC recommends the following for approval by the Board of Directors:

Policies/Plans – With Minor Changes (attached)

- *Fitness for Duty, MSGEN-4*
- *Medical Staff Professionalism Complaint Process, MSGEN-1*
- *Well Being Policy, MSGEN-9*
- *SPD Structure Standards, DSPD-1*

Revised Privileges Form (attached)

- *NP/PA Privilege Form*

Policies/Plans – No Changes (not attached)

- *Evotech Once a Week Self Disinfect Cycle, DSPD-75*
- *Flexible Endoscopes Reprocessing and Storage, DSPD-2001*
- *Immediate Use of Steam Sterilization, DSPD-67*
- *OPA Disinfection, DSPD-77*
- *Work flow, DSPD-58*

Chief of Staff, Dr. Koch provided an overview of the policies and plans that had changes.

Discussion was held. The MSGEN-4 Risk Statement should be revised from Tahoe Forest Health System to Tahoe Forest Hospital District in order to be consistent with all other

policies and the DSPD-1 policy has a significant number of abbreviations which should be addressed. Policies should be consistent moving forward.

ACTION: Motion made by Director Chamblin to approve the MEC Meeting Consent Calendar with changes to the Risk Statement (TFHS to TFHD) in the Fitness for Duty, MSGEN-4 policy, seconded by Director Brown.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry

Abstention: None

NAYS: None

Absent: None

13. CONSENT CALENDAR ♦

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

13.1. Approval of Minutes of Meetings

13.1.1. 03/27/2025 Regular Meeting

13.1.2. 04/01 – 04/02/2025 Special Meeting

13.2. Financial Reports

13.2.1. Financial Report – March 2025

13.3. Board Reports

13.3.1. Administrative Updates

13.4. Approve Board policies

13.4.1. Malpractice, ABD-16

13.5. Approve Governance policies

13.5.1. 340B Program Compliance, AGOV 1501

13.5.2. Civil Rights Grievance Procedure, AGOV-1501

13.5.3. Disruption of Service, AGOV-16

13.5.4. Nondiscrimination, AGOV-21

ACTION: Motion made by Director Brown to approve the Consent Calendar as presented, seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry

Abstention: None

NAYS: None

Absent: None

14. ITEMS FOR BOARD DISCUSSION

14.1. TIMED ITEM – 6:15 PM – Investment Portfolio Update

The Board of Directors will receive an investment portfolio update from Chandler Asset Management.

Alaynè Sampson of Chandler Asset Management provided an investment portfolio update.

Discussion was held.

15. ITEMS FOR BOARD ACTION ♦

15.1. Conflict of Interest Code

The Board of Directors will review and consider for approval the updated Conflict of Interest Code

Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to approve the amended Conflict of Interest Code as presented, seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, and McGarry

Abstention: None

NAYS: None

Absent: None

16. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

None

17. BOARD COMMITTEE REPORTS

Director Darzynkiewicz provided an update on Community Engagement following the Board Retreat.

Director Wong provided an update on the Board Executive Compensation Committee Meeting.

Chair McGarry provided an update on the Board Retreat.

Director Chamblin provided an update on the IVCH Foundation meeting.

Director Brown requested CFO report on the recent Board Finance Committee.

18. BOARD MEMBERS' REPORTS/CLOSING REMARKS

Chair McGarry provided closing comments and comments relating to his experience at the recent Medical Executive Committee meeting.

19. CLOSED SESSION CONTINUED

None

20. OPEN SESSION

None

21. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

None

22. ADJOURN

Meeting adjourned at 7:07 p.m.



AGENDA ITEM COVER SHEET

MEETING DATE: May 22, 2025	ITEM: 13.2 Financial Report 13.2.1 Financial Report – April 2025
DEPARTMENT: Finance	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Operating Officer	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Within the Bylaws of the Board of Directors of Tahoe Forest Hospital District, the Board has financial responsibilities outlined in Article II, Section 2, Item E. Item E.4 states, "Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff." Consent Agenda Item 13.2.1 Financial Report – April 2025 is being provided to the Board of Directors to assist them in fulfilling their financial responsibilities.	
SUMMARY/OBJECTIVES: To provide the Board information about the District's monthly financial status in a meaningful format to assist them in fulfilling their financial responsibilities as Board members.	
SUGGESTED DISCUSSION POINTS: Opportunity to pull the Financial Report – April 2025 from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 16 Discussion of Consent Calendar Items Pulled.	
SUGGESTED MOTION/ALTERNATIVES: Motion to accept the Financial Report – April 2025 as part of the Consent agenda. Alternative: If pulled from Consent agenda, provide discussion under Item 16 on the Board agenda. After discussion, request a motion to approve the Financial Report – April 2025 as presented.	
LIST OF ATTACHMENTS: Financial Report – April 2025	

**TAHOE FOREST HOSPITAL DISTRICT
APRIL 2025 FINANCIAL REPORT
INDEX**

PAGE	DESCRIPTION
2 - 3	FINANCIAL NARRATIVE
4	STATEMENT OF NET POSITION
5	NOTES TO STATEMENT OF NET POSITION
6	CASH INVESTMENT
7	TFHD STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
8 - 9	TFHD NOTES TO STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
10	IVCH STATEMENT OF REVENUE AND EXPENSE
11 - 12	IVCH NOTES TO STATEMENT OF REVENUE AND EXPENSE
13	STATEMENT OF CASH FLOW

Board of Directors
Of Tahoe Forest Hospital District
APRIL 2025 FINANCIAL NARRATIVE

The following is the financial narrative analyzing financial and statistical trends for the ten months ended April 30, 2025.

Activity Statistics

- ❑ TFH acute patient days were 409 for the current month compared to budget of 353. This equates to an average daily census of 13.6 compared to budget of 11.8.
- ❑ TFH Outpatient volumes were above budget in the following departments by at least 5%: Surgery cases, Lab tests, Lab Send Out tests, Oncology Lab, EKGs, Diagnostic Imaging, Mammography, MRI, Ultrasound, Briner Ultrasounds, CT Scans, PET CT, Medical Oncology procedures, Radiation Oncology procedures, Oncology Drugs Sold to Patients, Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy, Physical Therapy, Occupational Therapy, and Speech Therapy.
- ❑ TFH Outpatient volumes were below budget in the following departments by at least 5%: Emergency Department visits, Hospice Visits, Palliative Care visits, Pathology, Blood Units, Gastroenterology procedures, and Aquatic Therapy.

Financial Indicators

- ❑ Net Patient Revenue as a percentage of Gross Patient Revenue was 48.1% in the current month compared to budget of 47.0% and to last month's 48.8%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 47.0% compared to budget of 46.9% and prior year's 47.3%.
- ❑ EBIDA was \$6,132,685 (9.6%) for the current month compared to budget of \$1,031,863 (2.0%), or \$5,100,822 (7.6%) above budget. Year-to-date EBIDA was \$42,367,947 (7.0%) compared to budget of \$21,236,676 (3.8%), or \$21,131,271 (3.2%) above budget.
- ❑ Net Income was \$6,676,878 for the current month compared to budget of \$467,391 or \$6,209,487 above budget. Year-to-date Net Income was \$42,409,387 compared to budget of \$15,818,549 or \$26,590,838 above budget.
- ❑ Cash Collections for the current month were \$30,298,055, which is 116% of targeted Net Patient Revenue.
- ❑ EPIC Gross Accounts Receivables were \$116,659,324 at the end of April compared to \$130,157,572 at the end of March.

Balance Sheet

- ❑ Working Capital is at 59.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 230.1 days. Working Capital cash increased a net \$6,831,000. Accounts Payable decreased \$718,000 and Accrued Payroll & Related Costs increased \$1,824,000. The District received partial reimbursement for the CY23 Medi-Cal QIP program and Phase 1 of CY23 District Hospital Directed Payment program in the amount of \$2,239,000, and remitted \$862,000 to the State for participation in the CY24 Hospital Quality Assurance Fee program. Cash Collections were above target by 16%.
- ❑ Net Patient Accounts Receivable decreased a net \$480,000. Cash collections were 116% of target. EPIC Days in A/R were 56.8 compared to 62.1 at the close of March, a 5.3 days decrease. The Business Office, along with the District's billing and collections partner, worked on collecting and cleaning up older claims, lending to the decrease in Net Patient Accounts Receivable.
- ❑ Estimated Settlements, Medi-Cal & Medicare decreased a net \$431,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs, received \$2,239,000 for the CY23 Medi-Cal QIP program and Phase 1 of CY23 District Hospital Directed Payment program, and remitted \$862,000 to the State for participation in the CY24 Hospital Quality Assurance Fee program.
- ❑ Unrealized Gain/(Loss) Cash Investment Fund increased \$939,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of April.
- ❑ Investment in TSC, LLC decreased a net \$84,000 after recording the estimated loss for April.
- ❑ To comply with GASB No. 96, the District recorded Amortization Expense for April on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
- ❑ Accounts Payable decreased \$718,000 due to the timing of the final check run in April.
- ❑ Accrued Payroll & Related Costs increased a net \$1,824,336 due to an increase in Accrued Payroll days in April.
- ❑ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for March, decreasing the liability \$295,000.

Operating Revenue

- ❑ Current month's Total Gross Revenue was \$63,654,947 compared to budget of \$51,251,140 or \$12,403,807 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$7,782,749 compared to budget of \$6,818,467 or \$964,282 above budget.
- ❑ Current month's Gross Outpatient Revenue was \$55,872,198 compared to budget of \$44,432,673 or \$11,439,525 above budget.
- ❑ Current month's Gross Revenue Mix was 39.87% Medicare, 17.47% Medi-Cal, .0% County, 1.11% Other, and 41.54% Commercial Insurance compared to budget of 40.00% Medicare, 15.83% Medi-Cal, .0% County, 1.21% Other, and 42.96% Commercial Insurance. Last month's mix was 38.06% Medicare, 17.22% Medi-Cal, .0% County, 1.54% Other, and 43.17% Commercial Insurance. Year-to-Date Gross Revenue Mix was 39.15% Medicare, 16.57% Medi-Cal, .0% County, 1.19% Other, and 43.09% Commercial Insurance compared to budget of 40.14% Medicare, 15.64% Medi-Cal, .0% County, 1.20% Other, and 43.02% Commercial.
- ❑ Current month's Deductions from Revenue were \$33,044,460 compared to budget of \$27,165,954 or \$5,878,506 above budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 0.13% decrease in Medicare, a 1.64% increase to Medi-Cal, County at budget, a 0.10% decrease in Other, and Commercial Insurance was below budget 1.41%, 2) Revenues were above budget 24.2%, and 3) A/R over 120 days old decreased 3.0%.

DESCRIPTION	April 2025 Actual	April 2025 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	11,393,610	10,777,024	(616,586)	We saw increases in Technical, RN, and Registry categories creating a negative variance in Salaries & Wages.
Employee Benefits	3,958,419	3,478,188	(480,231)	Physician RVU and Engagement Bonus accruals created a negative variance in Employee Benefits.
Benefits – Workers Compensation	131,178	105,867	(25,311)	
Benefits – Medical Insurance	1,906,605	2,642,413	735,808	
Medical Professional Fees	518,942	418,198	(100,744)	Anesthesia and Diagnostic Imaging Physician fees and IVCH ER Physician call coverage created a negative variance in Medical Professional Fees.
Other Professional Fees	444,514	352,760	(91,754)	Consulting services provided to Human Resources for the development of the B.E.A.R program, the UKG system, leadership development, and audit of the retirement plans created a negative variance in Other Professional Fees.
Supplies	4,752,037	4,132,548	(619,489)	Drugs Sold to Patients revenues and Medical Supplies Sold to Patients revenues were above budget, creating negative variance in Pharmacy and Patient Chargeable Supplies.
Purchased Services	2,275,308	2,027,712	(247,596)	Outsourced billing and collection services, support services for the UKG Scheduling Module implementation, Access Center and the Emergency Department created a negative variance in Purchased Services.
Other Expenses	1,104,923	897,672	(207,251)	Dues and subscriptions for the Cancer program and Physician Compensation and Benchmarking, along with a rent reconciliation for the Palisades Clinic contributed to a negative variance in Other Expenses.
Total Expenses	26,485,536	24,832,382	(1,653,154)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
APRIL 2025

	Apr-25	Mar-25	Apr-24	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 51,637,797	\$ 44,806,755	\$ 35,543,118	1
PATIENT ACCOUNTS RECEIVABLE - NET	52,582,444	53,062,689	51,672,200	2
OTHER RECEIVABLES	10,974,728	10,202,018	13,841,598	
GO BOND RECEIVABLES	1,386,740	931,107	1,367,097	
ASSETS LIMITED OR RESTRICTED	10,677,931	10,777,293	11,161,311	
INVENTORIES	5,551,123	5,551,914	5,242,315	
PREPAID EXPENSES & DEPOSITS	3,387,999	3,850,555	2,991,100	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	20,209,364	20,640,353	23,809,083	3
TOTAL CURRENT ASSETS	156,408,127	149,822,684	145,627,822	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	51,568,166	51,005,777	10,553,402	1
* CASH INVESTMENT FUND	96,656,913	96,636,376	106,311,787	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	6,081,649	5,142,762	(842,999)	4
MUNICIPAL LEASE 2025	4,593,879	4,593,879	-	
TOTAL BOND TRUSTEE 2017	22,980	22,910	21,949	
TOTAL BOND TRUSTEE 2015	1,145,649	1,008,392	1,166,457	
GO BOND TAX REVENUE FUND	2,966,850	2,966,850	2,818,668	
DIAGNOSTIC IMAGING FUND	3,700	3,658	3,534	
DONOR RESTRICTED FUND	1,202,647	1,194,994	1,172,517	
WORKERS COMPENSATION FUND	13,633	33,847	16,790	
TOTAL	164,256,065	162,609,446	121,222,105	
LESS CURRENT PORTION	(10,677,931)	(10,777,293)	(11,161,311)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	153,578,134	151,832,153	110,060,794	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(5,128,214)	(5,044,464)	(3,955,545)	5
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	197,200,234	197,454,256	197,653,937	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,232,248	2,219,847	1,801,571	
TOTAL ASSETS	506,007,499	498,001,447	452,905,550	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	200,408	203,640	239,196	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	204,560	204,560	190,274	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	4,039,302	4,063,007	4,323,758	
GO BOND DEFERRED FINANCING COSTS	393,670	395,990	421,520	
DEFERRED FINANCING COSTS	101,947	102,987	114,430	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	10,346,942	10,505,193	6,863,223	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	23,930,062	24,248,753	27,779,607	6
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 39,216,890	\$ 39,724,130	\$ 39,932,009	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	8,959,022	9,677,079	\$ 11,397,622	7
ACCRUED PAYROLL & RELATED COSTS	21,255,015	19,430,679	19,543,301	8
INTEREST PAYABLE	265,618	207,394	323,387	
INTEREST PAYABLE GO BOND	762,428	502,905	784,858	
SUBSCRIPTION LIABILITY	25,762,654	26,057,866	29,260,176	9
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	6,090,298	6,102,931	776,070	
HEALTH INSURANCE PLAN	3,219,201	3,219,201	3,018,487	
WORKERS COMPENSATION PLAN	2,297,841	2,297,841	3,287,371	
COMPREHENSIVE LIABILITY INSURANCE PLAN	2,771,063	2,771,063	2,586,926	
CURRENT MATURITIES OF GO BOND DEBT	2,440,000	2,440,000	2,195,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,371,046	4,371,046	3,935,762	
TOTAL CURRENT LIABILITIES	78,194,187	77,078,005	77,108,959	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	30,453,580	30,729,872	23,950,505	
GO BOND DEBT NET OF CURRENT MATURITIES	87,679,253	87,697,209	90,579,721	
DERIVATIVE INSTRUMENT LIABILITY	204,560	204,560	190,274	
TOTAL LIABILITIES	196,531,580	195,709,646	191,829,458	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	347,490,162	340,820,936	299,835,583	
RESTRICTED	1,202,647	1,194,994	1,172,517	
TOTAL NET POSITION	\$ 348,692,809	\$ 342,015,931	\$ 301,008,100	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
APRIL 2025

1. Working Capital is at 59.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 230.1 days. Working Capital cash increased a net \$6,831,000. Accounts Payable decreased \$718,000 (See Note 7) and Accrued Payroll & Related Costs increased \$1,824,000 (See Note 8). The District received partial reimbursement for the CY23 Medi-Cal QIP program and Phase 1 of CY23 District Hospital Directed Payment program in the amount of \$2,239,000, and remitted \$862,000 to the State for participation in the CY24 Hospital Quality Assurance Fee program (See Note 3). Cash Collections were above target by 16% (See Note 2).
2. Net Patient Accounts Receivable decreased a net \$480,000. Cash collections were 116% of target. EPIC Days in A/R were 56.8 compared to 62.1 at the close of March, a 5.3 days decrease. The Business Office, along with the District's billing and collections partner, worked on collecting and cleaning up older claims, leading to the decrease in Net Patient Accounts Receivable.
3. Estimated Settlements, Medi-Cal & Medicare decreased a net \$431,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs, received \$2,239,000 for the CY23 Medi-Cal QIP program and Phase 1 of CY23 District Hospital Directed Payment program, and remitted \$862,000 to the State for participation in the CY24 Hospital Quality Assurance Fee program.
4. Unrealized Gain/(Loss) Cash Investment Fund increased \$939,000 after recording the unrealized gains in its funds held with Chandler Investments for the month of April.
5. Investment in TSC, LLC decreased \$84,000 after recording the estimated loss for April.
6. To comply with GASB No. 96, the District recorded Amortization Expense for April on its Right-To-Use Subscription assets, decreasing the asset \$319,000.
7. Accounts Payable decreased \$718,000 due to the timing of the final check run in April.
8. Accrued Payroll & Related Costs increased a net \$1,824,336 due to an increase in Accrued Payroll days in April.
9. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for April, decreasing the liability \$295,000.

**Tahoe Forest Hospital District
Cash Investment
April 30, 2025**

WORKING CAPITAL

US Bank	\$ 50,297,393	3.94%	
US Bank/Incline Village Thrift Store	42,912		
US Bank/Truckee Thrift Store	257,521		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,039,971</u>	1.92%	
Total			\$ 51,637,797

BOARD DESIGNATED FUNDS

US Bank Savings	\$ -		
Chandler Cash Portfolio Fund	899,280	3.97%	
Chandler Investment Fund	<u>95,757,633</u>	VAR	
Total			\$ 96,656,913

Building Fund	\$ -		
Cash Reserve Fund	<u>51,568,166</u>	4.27%	
Local Agency Investment Fund			\$ 51,568,166

Municipal Lease 2018			\$ 4,593,879
Bonds Cash 2017			\$ 22,980
Bonds Cash 2015			\$ 1,145,649
GO Bonds Cash 2008			\$ 2,966,850

DX Imaging Education	\$ 3,700		
Workers Comp Fund - B of A	13,633		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 17,333</u>

TOTAL FUNDS			\$ 208,609,566
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RESTRICTED FUNDS

Gift Fund			
US Bank Money Market	\$ 8,383	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,166,955</u>	4.27%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,202,647</u>

TOTAL ALL FUNDS			<u><u>\$ 209,812,213</u></u>
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TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2025

CURRENT MONTH					YEAR TO DATE					PRIOR YTD APR 2024
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%		
OPERATING REVENUE										
\$ 63,654,947	\$ 51,251,140	\$ 12,403,807	24.2%	Total Gross Revenue	\$ 606,905,703	\$ 558,056,118	\$ 48,849,585	8.8%	1	\$ 530,743,593
Gross Revenues - Inpatient										
\$ 3,778,605	\$ 3,142,774	\$ 635,831	20.2%	Daily Hospital Service	\$ 34,468,722	\$ 33,793,835	\$ 674,887	2.0%		\$ 33,268,882
4,004,144	3,675,693	328,451	8.9%	Ancillary Service - Inpatient	44,455,130	41,220,772	3,234,358	7.8%		40,896,813
7,782,749	6,818,467	964,282	14.1%	Total Gross Revenue - Inpatient	78,923,852	75,014,607	3,909,245	5.2%	1	74,165,695
Gross Revenue - Outpatient										
55,872,198	44,432,673	11,439,525	25.7%	Total Gross Revenue - Outpatient	527,981,851	483,041,511	44,940,340	9.3%		456,577,898
55,872,198	44,432,673	11,439,525	25.7%		527,981,851	483,041,511	44,940,340	9.3%	1	456,577,898
Deductions from Revenue:										
32,063,669	25,356,387	(6,707,282)	-26.5%	Contractual Allowances	315,359,286	276,626,499	(38,732,787)	-14.0%	2	275,281,382
420,117	1,025,023	604,906	59.0%	Charity Care	3,094,103	11,161,122	8,067,019	72.3%	2	22,616
560,701	784,544	223,843	28.5%	Bad Debt	4,848,041	8,530,718	3,682,677	43.2%	2	6,324,169
(26)	-	26	0.0%	Prior Period Settlements	(1,489,889)	-	1,489,889	0.0%	2	(2,147,314)
33,044,460	27,165,954	(5,878,506)	-21.6%	Total Deductions from Revenue	321,811,540	296,318,339	(25,493,201)	-8.6%		279,480,853
90,770	113,753	22,983	20.2%	Property Tax Revenue- Wellness Neighborhood	1,020,393	1,111,372	90,979	8.2%		1,032,467
1,916,964	1,665,306	251,658	15.1%	Other Operating Revenue	18,430,763	17,071,786	1,358,977	8.0%	3	17,995,206
32,618,222	25,864,245	6,753,977	26.1%	TOTAL OPERATING REVENUE	304,545,318	279,920,937	24,624,381	8.8%		270,290,413
OPERATING EXPENSES										
11,393,610	10,777,024	(616,586)	-5.7%	Salaries and Wages	111,807,934	111,978,679	170,745	0.2%	4	103,014,521
3,958,419	3,478,188	(480,231)	-13.8%	Benefits	37,868,782	35,745,769	(2,123,013)	-5.9%	4	33,899,321
131,178	105,867	(25,311)	-23.9%	Benefits Workers Compensation	695,177	1,058,671	363,494	34.3%	4	826,829
1,906,605	2,642,413	735,808	27.8%	Benefits Medical Insurance	24,933,478	26,424,130	1,490,652	5.6%	4	21,954,766
518,942	418,198	(100,744)	-24.1%	Medical Professional Fees	5,260,585	4,481,479	(779,106)	-17.4%	5	4,882,689
444,514	352,760	(91,754)	-26.0%	Other Professional Fees	3,588,759	3,955,749	366,990	9.3%	5	2,567,049
4,752,037	4,132,548	(619,489)	-15.0%	Supplies	46,606,097	44,103,332	(2,502,765)	-5.7%	6	39,420,881
2,275,308	2,027,712	(247,596)	-12.2%	Purchased Services	21,082,789	20,358,219	(724,570)	-3.6%	7	17,962,120
1,104,923	897,672	(207,251)	-23.1%	Other	10,333,769	10,578,233	244,464	2.3%	8	9,193,026
26,485,536	24,832,382	(1,653,154)	-6.7%	TOTAL OPERATING EXPENSE	262,177,371	258,684,261	(3,493,110)	-1.4%		233,721,202
6,132,685	1,031,863	5,100,822	494.3%	NET OPERATING REVENUE (EXPENSE) EBIDA	42,367,947	21,236,676	21,131,271	99.5%		36,569,211
NON-OPERATING REVENUE/(EXPENSE)										
889,194	866,211	22,983	2.7%	District and County Taxes	8,883,167	8,688,272	194,895	2.2%	9	7,675,602
455,633	455,633	0	0.0%	District and County Taxes - GO Bond	4,556,332	4,556,332	(0)	0.0%		4,451,356
405,984	242,467	163,517	67.4%	Interest Income	3,659,659	2,430,632	1,229,027	50.6%	10	2,592,405
225,620	110,428	115,192	104.3%	Donations	1,023,578	1,104,285	(80,707)	-7.3%	11	897,412
(83,750)	(83,750)	-	0.0%	Gain/(Loss) on Joint Investment	(1,186,471)	(837,500)	(348,971)	-41.7%	12	(544,698)
938,398	100,000	838,398	-838.4%	Gain/(Loss) on Market Investments	5,493,292	1,000,000	4,493,292	-449.3%	13	2,691,588
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	14	(9,307)
3,332	-	3,332	0.0%	Gain/(Loss) on Sale of Equipment	40,782	-	40,782	0.0%	15	11,000
(1,806,610)	(1,812,654)	6,045	0.3%	Depreciation	(17,915,759)	(17,931,796)	16,037	0.1%	16	(16,922,427)
(216,016)	(183,284)	(32,732)	-17.9%	Interest Expense	(1,899,677)	(1,822,960)	(76,717)	-4.2%	17	(2,054,158)
(267,593)	(259,523)	(8,070)	-3.1%	Interest Expense-GO Bond	(2,613,462)	(2,605,392)	(8,070)	-0.3%		(2,704,088)
544,193	(564,472)	1,108,665	196.4%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	41,440	(5,418,127)	5,459,567	100.8%		(3,915,315)
\$ 6,676,878	\$ 467,391	\$ 6,209,487	1328.5%	INCREASE (DECREASE) IN NET POSITION	\$ 42,409,387	\$ 15,818,549	\$ 26,590,838	168.1%		\$ 32,653,896
NET POSITION - BEGINNING OF YEAR					306,283,422					
NET POSITION - AS OF APRIL 30, 2025					\$ 348,692,809					
9.6%	2.0%	7.6%		RETURN ON GROSS REVENUE EBIDA	7.0%	3.8%	3.2%			6.9%

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2025

1) Gross Revenues

Acute Patient Days were above budget 15.6% or 56 days. Swing Bed days were below budget 73.3% or 11 days.

Outpatient volumes were 5% or more above budget in the following departments: Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Lab, EKGs, Diagnostic Imaging, Mammography, MRI, Ultrasound, Briner Ultrasounds, CT Scans, PET CT, Medical Oncology procedures, Radiation Oncology procedures, Oncology Drugs Sold to Patients, Drugs Sold to Patients, Respiratory Therapy, Tahoe City Occupational Therapy, Physical Therapy, Occupational Therapy, and Speech Therapy.

Outpatient volumes were below budget 5% or more in the following departments: Emergency Department visits, Hospice visits, Palliative Care visits, Pathology, Blood Units, Gastroenterology procedures, and Aquatic Therapy.

Gross Revenue -- Inpatient
Gross Revenue -- Outpatient
Gross Revenue -- Total

Variance from Budget		
Fav / <Unfav>		
	APR 2025	YTD 2025
Gross Revenue -- Inpatient	\$ 964,282	\$ 3,909,245
Gross Revenue -- Outpatient	11,439,525	44,940,340
Gross Revenue -- Total	<u>\$ 12,403,807</u>	<u>\$ 48,849,585</u>

2) Total Deductions from Revenue

The payor mix for April shows a 0.13% decrease to Medicare, a 1.64% increase to Medi-Cal, 0.10% decrease to Other, County at budget, and a 1.41% decrease to Commercial when compared to budget. We saw a shift from Commercial into Medi-Cal, revenues were above budget 24.2%, and we saw a decrease of 17.4% in A/R over 120 days, lessening the negative variance in Contractual Allowances.

Contractual Allowances	\$ (6,707,282)	\$ (38,732,787)
Charity Care	604,906	8,067,019
Bad Debt	223,843	3,682,677
Prior Period Settlements	26	1,489,889
Total	<u>\$ (5,878,506)</u>	<u>\$ (25,493,201)</u>

3) Other Operating Revenue

Community Pharmacy (formerly Retail Pharmacy) revenues were above budget 35.51%.

Additional funds from Quality Improvement programs created a positive variance in Miscellaneous.

Funding to support the Suboxone program created a positive variance in Grants.

Children's Center revenues were below budget due to anticipated volume growth budgeted starting in October based on the expected space expansion project which has been delayed.

IVCH ER Physician Guarantee is tied to collections which came in below budget in April.

Community Pharmacy	\$ 230,339	\$ 1,641,149
Miscellaneous	46,619	100,545
The Center (non-therapy)	4,318	42,758
Oncology Drug Replacement	-	-
Hospice Thrift Stores	(11,964)	(3,162)
Grants	11,705	(34,294)
Children's Center	(25,157)	(182,192)
IVCH ER Physician Guarantee	(4,202)	(205,826)
Total	<u>\$ 251,658</u>	<u>\$ 1,358,977</u>

4) Salaries and Wages

We saw increases in Technical, RN, and Registry salary categories creating a negative variance in Salaries and Wages.

Total	\$ (616,586)	\$ 170,745
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Employee Benefits

An increased use of Paid Leave by several departments and physicians created a negative variance in PL/SL.

Employee related matters and accrued Physician RVU and Engagement Bonuses created a negative variance in Nonproductive.

PL/SL	\$ (266,030)	\$ (1,328,806)
Nonproductive	(246,792)	(799,461)
Other	10,764	(106,965)
Pension/Deferred Comp	(5,495)	(39,752)
Standby	27,323	151,971
Total	<u>\$ (480,231)</u>	<u>\$ (2,123,013)</u>

Employee Benefits - Workers Compensation

Total	\$ (25,311)	\$ 363,494
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Employee Benefits - Medical Insurance

Total	\$ 735,808	\$ 1,490,652
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5) Professional Fees

Anesthesia Physician Fees and Diagnostic Imaging Physician Fees were above budget, creating a negative variance in Miscellaneous.

Consulting services provided for development of the B.E.A.R program, support for the UKG system, leadership development, Health Insurance Broker, and a required audit of the retirement plans, created a negative variance in Human Resources.

Call Coverage was above budget, creating a negative variance in IVCH ER Physicians.

Budgeted Professional Fees for a Revenue Integrity Program Development project were below budget, creating a positive variance in Patient Accounting/Admitting.

Emergency Department and Hospitalist Physician fees were below budget, creating a positive variance in TFH Locums.

Budgeted consulting fees for the Physician Compensation Plan were below budget, creating a positive variance in Multi-Specialty Clinics Administration.

Miscellaneous	\$ (98,134)	\$ (874,463)
Human Resources	(169,796)	(573,183)
IVCH ER Physicians	(29,622)	(133,919)
Oncology	(4,008)	(42,168)
Managed Care	5,019	(4,240)
Corporate Compliance	-	(2,470)
Medical Staff Services	3,121	3,096
Multi-Specialty Clinics	(4,469)	41,312
Marketing	16,608	98,925
Patient Accounting/Admitting	21,200	104,474
Financial Administration	13,000	130,548
TFH Locums	30,949	175,521
Administration	14,901	182,200
Multi-Specialty Clinics Administration	11,449	220,207
Information Technology	(2,717)	262,044
Total	<u>\$ (192,499)</u>	<u>\$ (412,116)</u>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
APRIL 2025

6) Supplies

Drugs Sold to Patients revenues were above budget 38.61%, creating a negative variance in Pharmacy Supplies.

Medical Supplies Sold to Patients Revenue were above budget 27.81%, creating a negative variance in Patient & Other Medical Supplies.

Variance from Budget		
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	APR 2025	YTD 2025
Pharmacy Supplies	\$ (342,503)	\$ (1,543,409)
Patient & Other Medical Supplies	(286,955)	(914,206)
Minor Equipment	7,298	(40,285)
Other Non-Medical Supplies	2,284	(37,569)
Food	(8,657)	(18,095)
Office Supplies	9,045	50,800
Total	\$ (619,489)	\$ (2,502,765)

7) Purchased Services

Outsourced billing and collections services, focusing on the collection of older claims by our new vendor/partner, created a negative variance in Patient Accounting.

Support services for the implementation of the UKG scheduling module created a negative variance in Human Resources.

Services provided by Sierra Sacramento Valley EMS for our ER, and outsourced services provided to the Access Center, created a negative variance in Miscellaneous.

Record retention and outsourced coding services were below budget creating a positive variance in Medical Records.

Budgeted Information Technology projects did not kick off as anticipated during the budgeting process creating a positive variance in this category.

Patient Accounting	\$ (223,482)	\$ (598,554)
Medical Records	34,451	(250,647)
Human Resources	(32,956)	(195,776)
Laboratory	5,451	(114,472)
Miscellaneous	(62,014)	(99,640)
Diagnostic Imaging Services - All	(7,388)	(53,928)
The Center	5,961	(22,787)
Pharmacy IP	(6,494)	(15,062)
Home Health/Hospice	(2,758)	16,422
Community Development	3,333	18,134
Multi-Specialty Clinics	2,299	51,262
Department Repairs	6,622	117,742
Information Technology	29,378	422,736
Total	\$ (247,596)	\$ (724,570)

8) Other Expenses

Dues to UC Davis for the Cancer Program, and the Physician Compensation and Benchmarking subscription, created a negative variance in Dues and Subscriptions.

An out-of-pocket deductible expense created a negative variance in Insurance.

A multi-year rent reconciliation for the Palisades Clinic location created a negative variance in Multi-Specialty Clinics Bldg. Rent.

Electricity costs were below budget creating a positive variance in Utilities.

Physician Recruitment, Interim Management, and budgeted Community program support and sponsorship expenses were above budget, creating a negative variance in Miscellaneous.

Dues and Subscriptions	\$ (135,864)	\$ (153,155)
Marketing	(4,994)	(146,402)
Other Building Rent	(9,288)	(95,925)
Insurance	(48,690)	(53,339)
Equipment Rent	(9,630)	(37,086)
Multi-Specialty Clinics Bldg. Rent	(27,797)	(32,142)
Multi-Specialty Clinics Equip Rent	(1,658)	(4,323)
Physician Services	1,303	6,275
Human Resources Recruitment	6,490	54,217
Utilities	34,796	94,903
Outside Training & Travel	14,537	262,223
Miscellaneous	(26,456)	349,216
Total	\$ (207,251)	\$ 244,464

9) District and County Taxes

Total	\$ 22,983	\$ 194,895
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10) Interest Income

Interest rates with our funds held with LAIF and our US Bank Investment account were above budget, creating a positive variance in Interest Income.

Total	\$ 163,517	\$ 1,229,027
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11) Donations

IVCH	\$ 16,357	\$ (422,933)
Operational	98,834	342,226
Total	\$ 115,192	\$ (80,707)

12) Gain/(Loss) on Joint Investment

Total	\$ -	\$ (348,971)
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13) Gain/(Loss) on Market Investments

The District booked the value of unrealized gains in its holdings with Chandler Investments.

Total	\$ 838,398	\$ 4,493,292
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14) Gain/(Loss) on Sale or Disposal of Assets

Total	\$ -	\$ -
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15) Gain/(Loss) on Sale or Disposal of Equipment

Total	\$ 3,332	\$ 40,782
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16) Depreciation Expense

Total	\$ 6,045	\$ 16,037
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17) Interest Expense

The addition of the Sierra Center building to the Intangible Lease Asset schedule created a negative variance in Interest Expense.

Total	\$ (32,732)	\$ (76,717)
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INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
APRIL 2025

CURRENT MONTH								YEAR TO DATE				PRIOR YTD APR 2024
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%				
				OPERATING REVENUE								
\$ 3,789,344	\$ 3,454,297	\$ 335,047	9.7%	Total Gross Revenue	\$ 42,708,752	\$ 39,753,521	\$ 2,955,231	7.4%	1	\$	36,061,026	
				Gross Revenues - Inpatient								
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%		\$	7,959	
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%			4,455	
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1		12,414	
3,789,344	3,454,297	335,047	9.7%	Gross Revenue - Outpatient	42,708,752	39,753,521	2,955,231	7.4%			36,048,612	
3,789,344	3,454,297	335,047	9.7%	Total Gross Revenue - Outpatient	42,708,752	39,753,521	2,955,231	7.4%	1		36,048,612	
				Deductions from Revenue:								
1,796,969	1,511,567	(285,402)	-18.9%	Contractual Allowances	20,250,399	17,445,419	(2,804,980)	-16.1%	2		16,387,440	
58,736	69,086	10,350	15.0%	Charity Care	546,180	795,070	248,890	31.3%	2		96,804	
81,493	51,814	(29,679)	-57.3%	Bad Debt	1,071,872	596,303	(475,569)	-79.8%	2		1,214,475	
-	-	-	0.0%	Prior Period Settlements	(749,343)	-	749,343	0.0%	2		(275,875)	
1,937,198	1,632,467	(304,731)	-18.7%	Total Deductions from Revenue	21,119,107	18,836,792	(2,282,315)	-12.1%	2		17,422,844	
55,943	87,425	(31,482)	-36.0%	Other Operating Revenue	587,455	984,574	(397,119)	-40.3%	3		973,698	
1,908,089	1,909,255	(1,166)	-0.1%	TOTAL OPERATING REVENUE	22,177,100	21,901,303	275,797	1.3%			19,611,880	
				OPERATING EXPENSES								
670,874	627,727	(43,147)	-6.9%	Salaries and Wages	6,922,577	7,133,268	210,691	3.0%	4		6,520,721	
204,459	209,198	4,739	2.3%	Benefits	2,200,545	2,176,422	(24,123)	-1.1%	4		2,055,512	
2,092	3,160	1,068	33.8%	Benefits Workers Compensation	14,394	31,595	17,201	54.4%	4		34,044	
119,091	165,194	46,103	27.9%	Benefits Medical Insurance	1,556,468	1,651,936	95,468	5.8%	4		1,340,608	
169,939	140,603	(29,336)	-20.9%	Medical Professional Fees	1,756,273	1,631,260	(125,013)	-7.7%	5		1,524,131	
2,153	2,431	278	11.4%	Other Professional Fees	23,633	24,310	677	2.8%	5		21,157	
49,396	98,336	48,940	49.8%	Supplies	1,168,975	1,150,375	(18,600)	-1.6%	6		1,133,682	
97,067	89,954	(7,113)	-7.9%	Purchased Services	885,846	851,866	(33,980)	-4.0%	7		654,568	
97,941	98,555	615	0.6%	Other	1,009,681	970,785	(38,896)	-4.0%	8		1,162,969	
1,413,011	1,435,158	22,147	1.5%	TOTAL OPERATING EXPENSE	15,538,393	15,621,817	83,424	0.5%			14,447,392	
495,078	474,097	20,981	4.4%	NET OPERATING REV(EXP) EBIDA	6,638,707	6,279,486	359,221	5.7%			5,164,488	
				NON-OPERATING REVENUE/(EXPENSE)								
67,476	51,118	16,358	32.0%	Donations-IVCH	88,252	511,185	(422,933)	-82.7%	9		250,256	
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10		-	
(204,898)	(204,898)	(0)	0.0%	Depreciation	(2,039,296)	(2,037,449)	(1,847)	-0.1%	11		(1,229,417)	
(2,201)	(2,201)	-	0.0%	Interest Expense	(14,480)	(14,480)	-	0.0%	12		(13,739)	
(139,624)	(155,981)	16,357	10.5%	TOTAL NON-OPERATING REVENUE/(EXP)	(1,965,524)	(1,540,744)	(424,780)	-27.6%			(992,900)	
\$ 355,455	\$ 318,116	\$ 37,339	11.7%	EXCESS REVENUE(EXPENSE)	\$ 4,673,183	\$ 4,738,742	\$ (65,559)	-1.4%		\$	4,171,588	
13.1%	13.7%	-0.7%		RETURN ON GROSS REVENUE EBIDA	15.5%	15.8%	-0.3%				14.3%	

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
APRIL 2025

		Variance from Budget	
		Fav<Unfav>	
		<u>APR 2025</u>	<u>YTD 2025</u>
1) <u>Gross Revenues</u>			
Outpatient volumes were above budget in the following departments: Surgery cases, Laboratory tests, EKGs, Diagnostic Imaging, Mammography, Ultrasounds, CT Scans, Drugs Sold to Patients, Oncology Drugs Sold to Patients, and Physical Therapy	Gross Revenue -- Inpatient Gross Revenue -- Outpatient Total	\$ - 335,047 \$ 335,047	\$ - 2,955,231 \$ 2,955,231
Outpatient volumes were below budget in the following departments: Emergency Department visits, Lab Send Out tests, Speech and Occupational Therapies.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 6.07% increase in Medicare, a 0.33% decrease in Medicaid, a 6.63% decrease in Commercial insurance, a 0.27% increase in Other, and County was at budget. Revenues were over budget 9.7%, we saw a shift from Commercial into Medicare, and we saw a 3.6% decrease in A/R over 120 days, lessening the negative variance in Contractual Allowances.	Contractual Allowances Charity Care Bad Debt Prior Period Settlement Total	\$ (285,402) 10,350 (29,679) - \$ (304,731)	\$ (2,804,980) 248,890 (475,569) 749,343 \$ (2,282,315)
3) <u>Other Operating Revenue</u>			
IVCH ER Physician Guarantee is tied to collections, coming in below budget in April. Negative variance in Miscellaneous is related to the timing of the Nevada Private Hospital Provider Tax program participation.	IVCH ER Physician Guarantee Miscellaneous Total	\$ (4,202) (27,279) \$ (31,482)	\$ (205,826) (191,292) \$ (397,119)
4) <u>Salaries and Wages</u>			
We saw increases in RN salary categories creating a negative in Salaries and Wages.	Total	\$ (43,147)	\$ 210,691
<u>Employee Benefits</u>			
An increased use of Paid Leave by several departments and physicians created a negative variance in PL/SL.	PL/SL Pension/Deferred Comp Standby Other Nonproductive Total	\$ (16,612) - 1,802 1,232 18,317 \$ 4,739	\$ (100,624) - 6,530 6,236 63,733 \$ (24,123)
<u>Employee Benefits - Workers Compensation</u>	Total	\$ 1,068	\$ 17,201
<u>Employee Benefits - Medical Insurance</u>	Total	\$ 46,103	\$ 95,468
5) <u>Professional Fees</u>			
Increased use of Call coverage created a negative variance in IVCH ER Physicians.	IVCH ER Physicians Administration Foundation Miscellaneous Multi-Specialty Clinics Total	\$ (29,622) - 278 94 192 \$ (29,058)	\$ (133,919) - 680 1,688 7,215 \$ (124,336)
6) <u>Supplies</u>			
Drugs Sold to Patients and Oncology Drugs Sold to Patients revenues were above budget, however invoices were coded to TFH creating a positive variance for IVCH. Reclassification entries will be entered in May to correct.	Non-Medical Supplies Minor Equipment Patient & Other Medical Supplies Food Office Supplies Pharmacy Supplies Total	\$ 17 (1,057) 4,627 (354) 217 45,489 \$ 48,940	\$ (13,248) (12,610) (6,877) (3,680) 963 16,852 \$ (18,600)

INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
APRIL 2025

		Variance from Budget	
		Fav<Unfav>	
		<u>APR 2025</u>	<u>YTD 2025</u>
7) <u>Purchased Services</u>			
Stewardship expenses for a Donor recognition event created a negative variance in Foundation.	Engineering/Plant/Communications	\$ (944)	\$ (13,937)
	Miscellaneous	(1,316)	(12,324)
	Diagnostic Imaging Services - All	(984)	(9,978)
	Department Repairs	(104)	(6,724)
	Foundation	(8,433)	(5,766)
	Pharmacy	(205)	(471)
	Multi-Specialty Clinics	241	2,167
	Laboratory	981	6,213
	EVS/Laundry	3,652	6,839
	Total	\$ (7,113)	\$ (33,980)
8) <u>Other Expenses</u>			
The transfer of labor from TFH to IVCH Laboratory created a negative variance in Miscellaneous.	Miscellaneous	\$ (3,077)	\$ (58,541)
	Other Building Rent	(5,513)	(55,543)
	Equipment Rent	(6,223)	(13,100)
	Multi-Specialty Clinics Bldg. Rent	(1,218)	(7,673)
	Physician Services	-	-
	Insurance	58	3,041
	Marketing	270	8,182
	Dues and Subscriptions	1,287	14,211
	Utilities	9,573	24,955
	Outside Training & Travel	5,457	45,571
	Total	\$ 615	\$ (38,896)
9) <u>Donations</u>	Total	\$ 16,358	\$ (422,933)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ (0)	\$ (1,847)
12) <u>Interest Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	AUDITED FYE 2024		BUDGET FYE 2025	PROJECTED FYE 2025	ACTUAL APR 2025	BUDGET APR 2025	DIFFERENCE	ACTUAL 1ST QTR	ACTUAL 2ND QTR	ACTUAL 3RD QTR	PROJECTED 4TH QTR
Net Operating Rev/(Exp) - EBIDA	39,087,677		24,816,849	45,988,822	\$ 6,132,685	\$ 1,031,863	\$ 5,100,822	10,393,751	11,583,711	14,298,503	9,712,857
Interest Income	3,282,148		3,000,000	3,762,036	770,322	300,000	470,322	1,070,746	1,073,356	597,611	1,020,322
Property Tax Revenue	10,670,390		10,420,000	10,853,059	-	-	-	570,592	132,200	6,050,267	4,100,000
Donations	8,217,116		1,325,000	1,200,975	108,044	110,417	(2,373)	200,422	135,873	535,803	328,877
Debt Service Payments	(3,477,709)		(3,588,480)	(3,387,922)	(285,747)	(288,616)	2,868	(1,149,659)	(579,506)	(795,778)	(862,979)
Property Purchase Agreement	(811,928)		(811,927)	(811,927)	(67,661)	(67,661)	-	(202,982)	(202,982)	(202,982)	(202,982)
2018 Muni Lease/2025 Muni Lease	(715,417)		(396,294)	(334,535)	(83,411)	(83,857)	446	-	-	(83,411)	(251,125)
Copier	(41,568)		(61,200)	-	-	-	-	-	-	-	-
2017 VR Demand Bond	(122,530)		(743,423)	(795,185)	-	-	-	(689,828)	-	(105,357)	-
2015 Revenue Bond	(1,786,265)		(1,575,636)	(1,446,275)	(134,676)	(137,098)	2,422	(256,850)	(376,525)	(404,028)	(408,872)
Physician Recruitment	(146,666)		(1,000,000)	(287,999)	-	(83,333)	83,333	-	(88,000)	(33,333)	(166,666)
Investment in Capital											
Equipment	(4,906,204)		(3,026,710)	(5,079,792)	(167,464)	(220,770)	53,306	(815,094)	(2,113,275)	(1,489,113)	(662,310)
Municipal Lease Reimbursement	-		2,200,000	1,825,632	-	-	-	-	-	1,340,632	485,000
IT/EMR/Business Systems	(39,200)		(2,053,081)	-	-	-	-	-	-	-	-
Building Projects/Properties	(11,602,725)		(25,877,332)	(20,234,047)	(919,542)	(3,612,138)	2,692,596	(1,464,737)	(2,414,212)	(4,711,279)	(11,643,818)
Change in Accounts Receivable	(2,970,723)	N1	1,437,080	(185,954)	480,245	717,928	(237,683)	4,489,776	(1,939,760)	(4,087,041)	1,351,071
Change in Settlement Accounts	5,273,357	N2	2,005,000	4,931,569	418,356	174,846	243,510	(4,239,029)	(6,649,704)	9,866,339	5,953,963
Change in Other Assets	(4,969,324)	N3	(3,600,000)	(4,526,048)	31,258	(250,000)	281,258	(2,884,641)	(1,234,601)	(138,064)	(268,742)
Change in Other Liabilities	1,034,327	N4	(3,850,000)	(12,265,275)	845,812	500,000	345,812	(985,268)	(5,983,319)	(10,392,500)	5,095,812
Change in Cash Balance	39,452,464		2,208,325	22,595,055	7,413,968	(1,619,803)	9,033,771	5,186,858	(8,077,237)	11,042,047	14,443,387
Beginning Unrestricted Cash	144,844,775		184,297,240	184,297,240	192,448,908	192,448,908	-	184,297,240	189,484,098	181,406,861	192,448,908
Ending Unrestricted Cash	184,297,240		186,505,565	206,892,295	199,862,876	190,829,105	9,033,771	189,484,098	181,406,861	192,448,908	206,892,295
Operating Cash	184,297,240		186,505,565	206,892,295	199,862,876	190,829,105	9,033,771	189,484,098	181,406,861	192,448,908	206,892,295
Expense Per Day	803,390		860,294	870,075	868,675	856,932	11,743	825,149	845,451	866,334	870,075
Days Cash On Hand	229		217	238	230	223	7	230	215	222	238

Footnotes:

N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.

N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.



AGENDA ITEM COVER SHEET

MEETING DATE: May 22, 2025	ITEM: 13.3 Board Reports
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Administration	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Administrative Updates
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Monthly Board reports from Administration.	
SUMMARY/OBJECTIVES: Objective: monthly report by each Administrator to review key strengths and opportunities across five strategic areas: Community, Service, Quality, People, and Finance.	
SUGGESTED DISCUSSION POINTS: President & CEO Report: Monitoring state and federal legislative changes, continuing to develop community partnerships COO Report: Community Labs, Diagnostic Imaging, Hospital Week CMO Report: TTUSD Sports Physicals, Administrative Medical Director CNO Report: Nurses Week, Stroke Alert, High School Seniors shadowing, Nurses Week CIIO Report: New TeleStroke Cart added, Email security, Reno Corporate Pointe Networked VP Facilities & Construction: Administration Move, Seismic Compliance	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items) Alternative: If a specific Board Report is pulled from the consent agenda, provide discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the Board Report as presented.	
LIST OF ATTACHMENTS: President & CEO Board Report COO Board CMO Board Report CNO Board Report CIIO Board Report VP Facilities & Construction	

Board President & CEO Report

By: Anna M. Roth, RN, MSN, MPH
President & CEO

DATE May 2025

Report Overview and Recommendations Summary

This month's executive reports reflect sustained momentum across our Five Peaks of Community, Service, Quality, People, and Finance. Each department is advancing important work, from hospital seismic upgrades and Multispecialty clinic leadership to PACS replacement, Epic optimization, and inclusive culture assessment. Several departments are also laying the foundation for the responsible adoption of artificial intelligence tools, which are expected to enhance efficiency, clinical decision-making, and patient service delivery.

Operationally, we are navigating several transition points. Most notably, our Chief Human Resources Officer has resigned. We plan to engage an interim leader to ensure continuity while we prepare for a formal recruitment process. Simultaneously, we continue to build out leadership capacity across clinical and operational domains, with new roles underway in both our outpatient and administrative functions.

Financially, the system remains in a strong position, tracking well ahead of budget, with recent reimbursements further reinforcing liquidity. These results set the stage for the FY 2026 budget presentation, which will be delivered by CFO Crystal Felix at the June board meeting.

As we look ahead, we are closely monitoring both state and federal developments that may affect financial sustainability and access. At the state level, Governor Newsom's May Revise includes proposed Medi-Cal rate reductions and changes to behavioral health and seismic funding allocations. Federally, we are tracking potential CMS rule changes and federal budget proposals that could affect Medicare and Medicaid reimbursement. One key issue is the federal medical assistance percentage (FMAP) for the Medi-Cal expansion population. Reductions to the FMAP rate would mean fewer federal matching dollars, shifting a greater share of cost to the state and potentially reducing funds available to providers.

We are also watching closely for any impacts to supplemental payment programs such as the District Hospital Directed Payment (DPP) and the Quality Incentive Program (QIP), which are essential for district hospital and its progress. CFO Crystal Felix previously briefed the Board on these issues and is preparing to model the potential impact on our system once more details become available. Additionally, given the breadth of activity at both the state and federal policy levels, a full legislative update will

be provided by Ted Owens during the June board meeting.

At the same time, we will begin to develop focused efforts aimed at making high demand services, particularly laboratory and diagnostic imaging, more affordable and accessible for our patients. These efforts will align with our broader goals of improving service delivery and ensuring equitable care across our region.

Strategic Summary: Five Peaks Table

Focus Area (Peak)	Recommendation	Why This Matters	Relevant State Strategy	Relevant Federal Strategy
Community	Continue to deepen relationships with local school districts, regional coalitions, and community-based organizations. Explore whether our B.E.A.R. Initiative might have application in our pursuit of our True North	Partnerships are critical for trust, prevention, and care coordination—especially in youth health, behavioral health, and workforce pipeline efforts	California Accountable Communities for Health; Placer and Nevada County health integration	Healthy People 2030: Social and Community Context
Service	Begin developing efforts to make high-demand services—particularly lab and diagnostic imaging—more affordable and accessible	Diagnostic delays and cost barriers are pain points; improving throughput and affordability will enhance equity, patient experience, and clinical outcomes	CalAIM Enhanced Access Standards; Medi-Cal modernization goals	CMS Innovation Center's focus on timely access and patient-centered design
Quality	Advance integrated Epic workflows, support Epic July upgrade readiness, and deploy clinical	Complexity is increasing—sustained quality requires reliable tech	CDPH quality/safety metrics; California Hospital Compare	National Quality Strategy: Data-driven safety, care coordination

	governance tools for safety and coordination	infrastructure and proactive workflow design		
People	Launch B.E.A.R. cultural assessment phases and recruit new medical leadership roles to support clinic and specialty operations	Our growth in service lines and locations must be matched with leadership infrastructure and inclusive workforce engagement	CalHealthCares; California Workforce for a Healthy California	HRSA: Health workforce development; AHRQ organizational culture priorities
Finance	Maintain fiscal discipline while planning for affordability initiatives; prepare for potential Medi-Cal cuts while leveraging strengths	We are in a strong financial position, but forward-looking strategies are needed to preserve access and affordability amid budget volatility	May Revise: Medi-Cal reductions; Seismic funding shifts	Medicaid payment policy; CMS rural hospital stabilization

Financial Overview

As of April 30, 2025, Tahoe Forest Health System remains on strong financial footing:, Net income is \$26.6 million above budget year to date, EBIDA is nearly double budget projections, with a current month margin of 9.6%, Cash collections exceeded targets by 16%; Days Cash on Hand is at 230.1 days, Reimbursements were received for CY23 MediCal QIP and District Hospital Directed Payments

These results will be further discussed in the planned FY 2026 Budget Presentation, led by CFO Crystal Felix, scheduled for June.

Legislative Update Preview

Governor Newsom's May Revise includes proposals to reduce Medi-Cal provider payments and consolidate behavioral health services funding. These changes may impact access and reimbursement levels across the state. At the federal level, we are monitoring Congressional discussions and administrative proposals that may lead to reductions in Medicare or Medicaid budgets, including the potential rollback of supplemental payment programs such as DPP and QIP. CMS is also considering regulatory changes that could affect provider reimbursement and delivery system

design. A comprehensive legislative update will be provided by Ted Owens during the June board meeting.

As we navigate change and opportunity, we remain focused on advancing our mission through deliberate efforts to improve access and affordability, particularly in high-demand areas such as laboratory and diagnostic imaging. These targeted initiatives, paired with continued strategic planning and financial stewardship, underscore our commitment to delivering equitable, high-quality care for all we serve.

Appendix

Summary of State & Federal Healthcare Reductions Proposed or under Consideration

I. State Budget (California May Revise)

Governor Gavin Newsom's May 2025 budget revision proposes significant reductions in healthcare to close a projected \$12 billion deficit. Key healthcare-related changes include:

- Medi-Cal Provider Payment Reductions
 - Eliminates Prospective Payment System (PPS) rates for FQHCs and RHCs serving undocumented individuals (state-only funded services). Reimbursement will shift to Medi-Cal fee-for-service or plan-negotiated rates.
 - Estimated General Fund savings: \$452.5 million (2025–26), \$1.1 billion (2026–27 and ongoing)
 - Reinstates Medi-Cal asset limits for seniors and disabled adults: \$2,000 for individuals, \$3,000 for couples (effective Jan 1, 2026)
 - Estimated savings: \$94 million (2025–26); \$540 million (2026–27); \$791 million (ongoing)
- Behavioral Health Cuts
 - Eliminates long-term care benefits for undocumented Medi-Cal enrollees
 - Savings: \$333 million (2025–26); \$800 million (2026–27 and ongoing)
 - Eliminates full-scope dental benefits for undocumented adults (effective July 1, 2026)
 - Savings: \$308 million (2026–27); \$336 million (2028–29 and ongoing)

II. Federal Healthcare Proposals (Congress and CMS)

- Medicaid Reductions
 - House bill proposes \$880 billion in Medicaid cuts over 10 years (~\$88 billion annually)
 - Key changes include:
 - Work requirements (80 hrs/month for adults 19–64)
 - Cost-sharing (up to \$35 co-pays)
 - Stricter eligibility checks and asset tests
 - Limits on provider taxes used to fund Medicaid
 - FMAP reductions for care covering undocumented immigrants
 - CBO estimates: 8.6 million may lose coverage
- Medicare Payment Policies
 - Physician Fee Schedule (PFS):
 - 2.83% decrease in physician payments
 - Conversion factor: \$32.35 (down from \$33.29)
 - Hospital Outpatient Prospective Payment System (OPPS):
 - 2.9% increase in outpatient hospital reimbursement
 - Adds \$2.2 billion industry-wide
 - Medicare Advantage:
 - 5.06% increase in payments to plans

By: Louis Ward, MHA
Chief Operating Officer

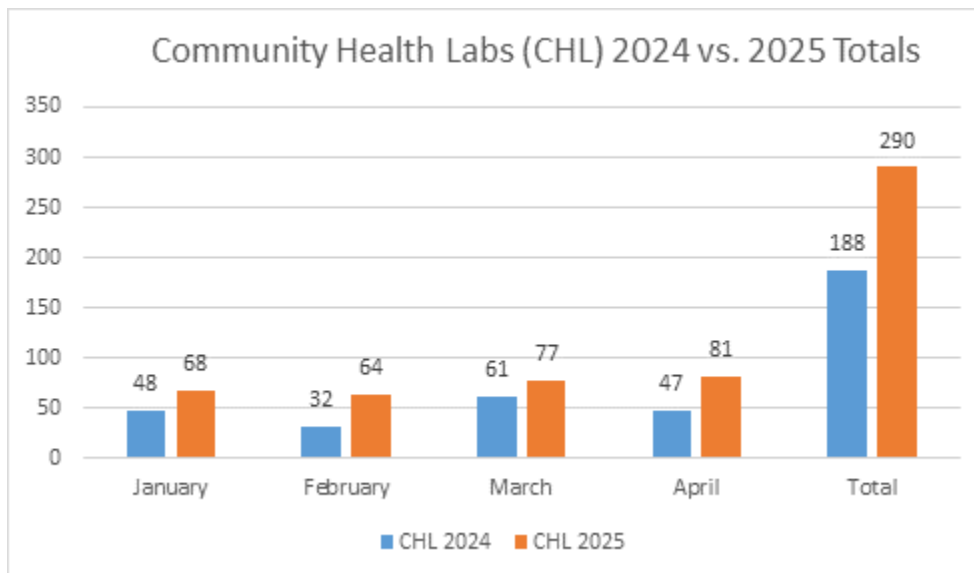
DATE: May 2025

Community

Aspire to be an integrated partner in an exceptionally healthy and thriving community.

Tahoe Forest Health Systemin the Community:

- Community Health Labs: We saw 290 patients from January- April, which is a **54% increase** over the same period in 2024.



- May Harvest of the Month is Cherries. 2085 Students in 97 elementary school classes in TTUSD, SELS, and Creekside schools participate in the monthly Nutrition education and fresh fruit and vegetable tasting.
- May B-FIT theme is "Side-to-Side Slides". Brain breaks and healthy movement intervention is offered at 6 TTUSD elementary schools.
- The childbirth education class had 6 couples.

- Coalition and Workgroup meetings in May: Zero Suicide, Nevada County Immunization Coalition, CHI A1c Workgroup, CHI Youth Substance Misuse Workgroup, TTUSD Wellness Partner meeting, Suicide Prevention Coalition, Community Collaborative, Community Engagement Committee, CHI Steering Committee, CHI Mammography Kick off meeting with Metric Champions, Placer County Oral Health Alliance.

Service

Aspire to deliver a timely, outstanding patient and family experience.

Diagnostic Imaging Updates:

Tahoe Forest is pleased to announce a significant advancement in our imaging technology at Tahoe Forest Health System. After nearly three years of research, evaluation, and collaboration, we have selected Sectra PACS as our new Picture Archiving and Communication System (PACS).

This decision was made with thoughtful input from our Radiologists, who were instrumental in selecting a system that enhances organizational efficiency, improves imaging access, and supports our continued commitment to patient-centered care. We also conducted site visits to hospitals currently using Sectra to evaluate its real-time performance and ensure it meets our high standards.

Sectra PACS has been named *Best in KLAS* in Radiology for the past 11 consecutive years and is consistently ranked at the top for Cardiology. Sectra is a vendor solely focused on PACS innovation, continually advancing efficiency, user experience, and clinical performance. The system includes a robust orthopedic surgical planning platform and delivers advanced tools that will immediately enhance Radiologists' workflows and dictation—capabilities our current PACS system cannot provide.

We're excited about the improvements this system will bring to our patients, providers, and staff. Thank you for your continued dedication and support as we move forward with this important upgrade.

- Access to Care: Tahoe Forest Health System continues to focus on improving patient access, particularly in Mammography and MRI, ensuring timely and appropriate imaging for our community.
- X-Ray Replacement Project: TFH successfully kicked off the X-ray replacement initiative. The transition has been smooth, with staff and patients quickly adapting to the new workflow and technology.
- Briner Imaging – Nurse Practitioner Planning: We're actively working on bringing a Nurse Practitioner on board in Briner Imaging. This role will help manage our high-risk Mammography patients and support screening in line with NCCN guidelines for individuals aged 25–40, ensuring personalized risk assessment and care plans.

- PACS System Upgrade: Our buildout of the new Sectra PACS system is underway. This upgrade will significantly enhance efficiency for both our Radiologists and ordering providers, replacing our current end-of-life system.
- Nuclear Medicine Equipment Replacement: We've kicked off the equipment replacement project in Nuclear Medicine and are currently in the design phase. Construction is expected to begin in early October 2025.

People

Aspire for a highly engaged culture that inspires teamwork and joy.

Celebrated Hospital Week May 12th-16th

- In recognition of National Hospital Week, TFHS acknowledged, celebrated, and expressed sincere appreciation for the exceptional staff at Tahoe Forest Hospital. This annual reminder provides an opportunity to honor the dedication, professionalism, and tireless efforts of our entire team—clinical and non-clinical alike. We are proud to celebrate our staff's contributions during this week of recognition and remain deeply grateful for their continued service and impact.

Tahoe Forest Health System B.E.A.R. Assessment:

- At TFHS, we believe the best care begins with a workplace where everyone feels they **belong**, are treated with **empathy**, have **access** to opportunities, and are **respected** — every day. That's the heart of the **B.E.A.R. Assessment**.
- This year Tahoe Forest Health System is launching this multi-phase project to strengthen our culture through honest feedback and inclusive engagement.
- Over the coming months, we'll gather input through:
 - Phase 1: Stakeholder Interviews & Data Review
 - Phase 2: Employee Focus Groups
 - Phase 3: System-Wide Survey
- This work is about **listening**, **learning**, and **improving together** — making TFHS the best place to work and receive care. Your voice matters.
- Together, we B.E.A.R. responsibility for positive change.

By: **Brian Evans, MD, MBA, FACEP, CPE**
Chief Medical Officer

DATE: May 2025

Community

Aspire to be an integrated partner in an exceptionally healthy and thriving community

Pre-participation Sports physicals

Pre-participation physical evaluations for student athletes has become an important topic in the last several weeks due to an announcement from the NIAA (Nevada Interscholastic Activity Association). Because of our geography, the NIAA is the league in which most local student athletes compete. The NIAA announced that for the upcoming season they have changed their pre-participation clearance forms to require clinicians to state whether individual student athletes are “eligible” for girls’ sports, and state whether a student was biologically male or female at birth. The NIAA form defines male as “a person belonging to the sex intended to produce the small reproductive cell,” and female is defined as a “person intended to produce the large reproductive cell.” Tahoe Forest Health System is committed to collaborating with local leagues and school districts to ensure safe participation in sports for all students but we have concerns about the new elements on this form. We do not want clinicians to feel pressure to perform unnecessary genitourinary examinations of students at the time of a pre-participation sports physical. The best mechanism to assess biological sex at birth would be a statement from the parents and/or student, possibly supported by a birth certificate. We also cannot provide private health information to school districts or leagues.

In response to these changes from the NIAA, the TTUSD (Tahoe Truckee Unified School District) announced an intent to switch from NIAA to the CIF league for this upcoming season. However, this change would create numerous challenges for parents and students, and the school district ultimately voted on 5/14/25 to stay in the NIAA for the upcoming season. We are considering how we can continue to support safe participation in sports for all student-athletes, and meet the needs of the NIAA. One option under consideration is advising our medical staff to complete the NIAA pre-participation forms, but including an explanatory statement from Tahoe Forest. This would be attached to the NIAA form and contain the following:

Medical records were reviewed and exam performed as applicable to medical clearance for sports within current guidelines as referenced below. By completing this form the clinician is not indicating that any biological testing or genitourinary examinations have been completed and we are not disclosing any private health information. Birth Sex is identified as reported by parent and/or patient.

Reference:

American Academy of Pediatrics, American College of Sports Medicine, American Academy of Family Physicians, American Orthopaedic Society for Sports Medicine, & American Osteopathic Academy of Sports Medicine. (2019). Preparticipation physical evaluation (5th ed.). American Academy of Pediatrics.

I will continue to provide updates as this situation evolves.

Quality

Aspire to deliver the best possible outcomes for our patients

Administrative Medical Director—Multispecialty clinics

The outpatient areas of Tahoe Forest have grown significantly over the last 10 years with the addition of services, specialties, providers and staff. The operational complexity has also increased dramatically, and we need to add clinical leadership to ensure high quality and effective care delivery. I have posted a new position—the “Administrative Medical Director of Multispecialty Clinics” to oversee these areas. This leader will have a strong background in outpatient care, operations, and exceptional communication skills. They will partner with an administrative leader as a “dyad,” and report to the CMO. They will focus their efforts on impacting the 5 “peaks” of Tahoe Forest; Community, Quality, People, Service and Financials. At present, there are a total of 5 applicants to the position, both internal and external to Tahoe Forest. I am optimistic that we will secure a candidate who adds significant value to the organization and accelerates the cultural and operational improvements we desire.

By: Jan Iida, RN, MSN, CEN, CENP
Chief Nursing Officer

DATE: May 2025

Community

Aspire to be an integrated partner in an exceptionally healthy and thriving community

- Med/Surg and ICU have had local high school seniors, shadowing our staff the program is going well and students are enjoying their rotation.
- Sam Read from Med/surg, Chris Hess from ortho, Kristen Lane from Amb Surgery and Sonia Henry from OB are all nominated for Best of North Tahoe and Truckee for Best Nurse.

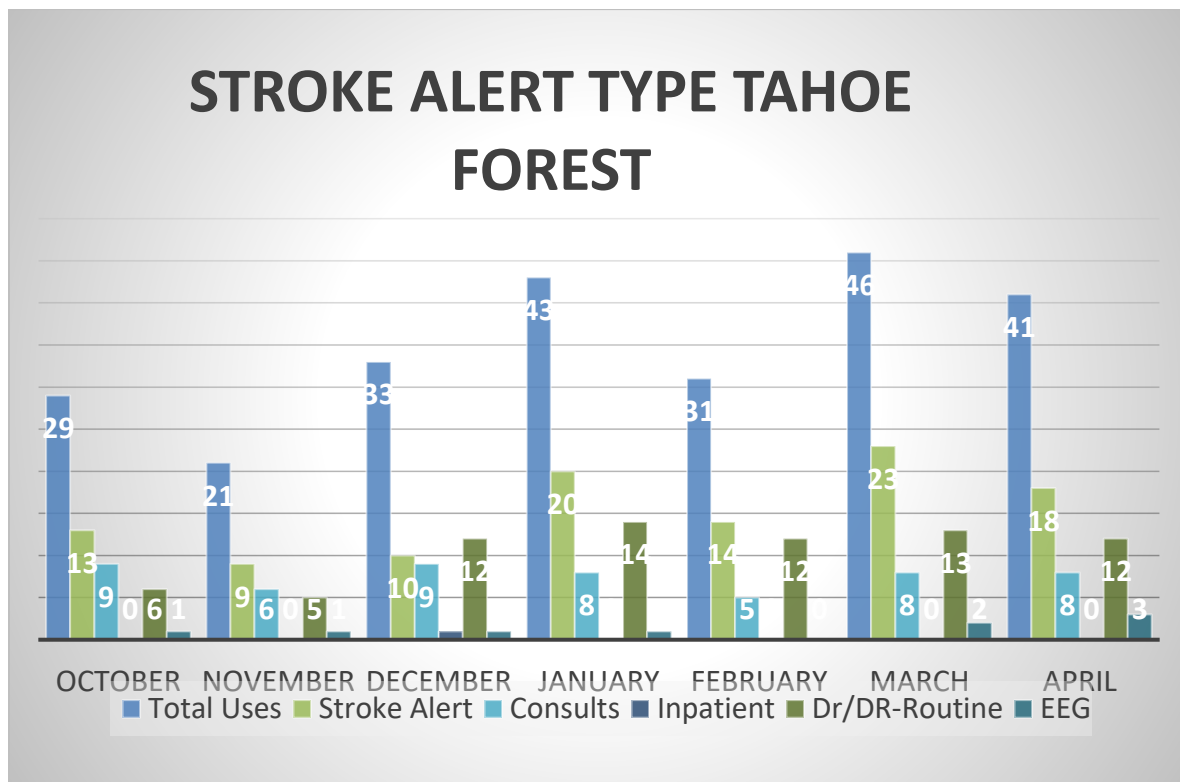
Service

Aspire to deliver a timely, outstanding patient and family experience

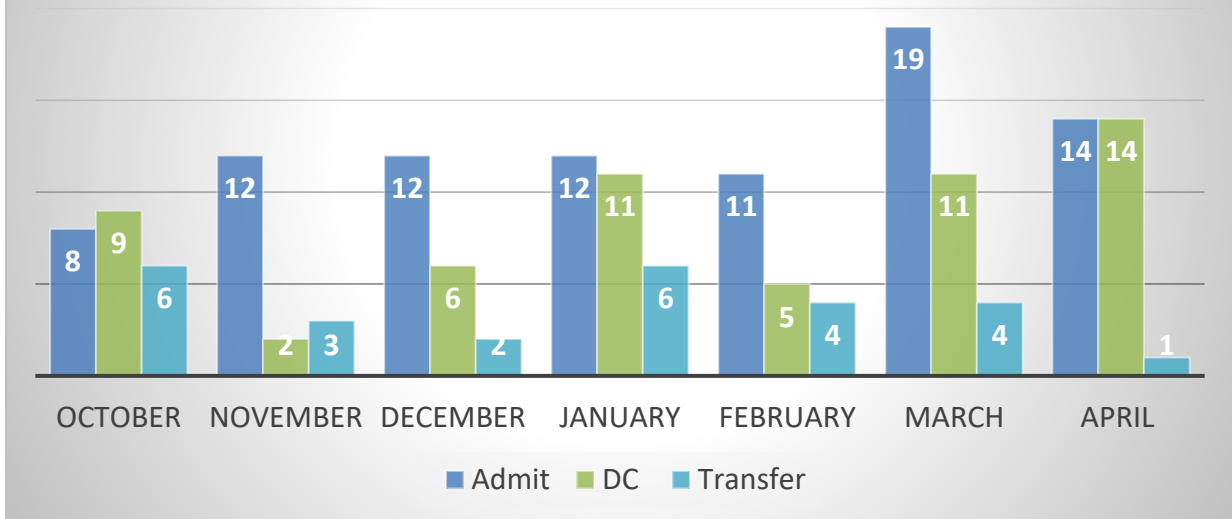
- The TFH Hospitalist have started inpatient/OBS coverage at IVCH for admission.

Quality

Aspire to deliver the best possible outcomes for our patients



DISPOSITION METRICS TAHOE FOREST



Joint Newborn Resuscitation and Post-Delivery Stabilization Drills

- The Respiratory Therapy Department will be participating in collaborative training sessions with the Obstetrics Department and Pediatricians as part of our ongoing commitment to continuing education. These joint drills will focus on newborn resuscitation and post-delivery stabilization.
- Sessions are scheduled for **May 8** and **May 16** and will be conducted through the **UC Davis Children's Hospital Outreach Program**.
- The goal of these sessions is to enhance and maintain clinical competency, reinforce teamwork, and strengthen muscle memory in critical newborn care scenarios.

People

Aspire for a highly engaged culture that inspires teamwork and joy

Celebrating Nurses Week: May 6–12

- During Nurses Week, we took the opportunity to recognize and celebrate the incredible dedication and compassion of our nursing team. Thanks to the generous donation from the Medical Staff, we were able to honor our nurses with thoughtful gifts and delicious desserts. We extend our heartfelt gratitude to our nurses for the exceptional care they provide every day—to both patients and their families.

Finance

Aspire for long-term financial strength

- Nursing departments have finished and have submitted their budgets to finance for FY 2026.

By: Jake Dorst
Chief Information and Innovation Officer

DATE: May 2025

Service

Aspire to deliver a timely, outstanding patient and family experience.

Clinical IT:

- **HIE Integration:** HealthIE NV, SVMS/SSI Epic integrations
- **Enterprise Dashboard:** Go-live and E&M coding ticket
- **Signal Data:** Support and rollout to clinic leadership
- **Epiphany Project:** In testing phase (multi-dept)
- **Security & Access:**
 - Fair Warning: Kickoff & security review
- **Governance & Planning:**
 - AI Governance planning and committee
 - July Epic Upgrade prep
 - LEAN onboarding event participation
- **Special Projects:**
 - INF2 to Therapy Plans transition (Pharmacy)
 - Nursing Informatics/Enterprise collaborations with Mercy (all depts)
 - Inpatient Epic Support & Advisory Team-Inpatient/Clinic
 - Med Student profile standardization
 - SDOH (Social Determinants of Health) support/Community Health
 - SlicerDicer rollout/governance
 - HealthStream development (Epic downtime education)

Clinics

- **Go Lives & Enhancements:**
 - Bright Futures education/build
 - SOGI (education, workflow, GoLive)
 - MyChart etiquette & proxy workflows
 - MyChart "Read Only" build request
 - Healthcare Maintenance: Data/dashboard fixes, community health updates
 - Immunization automation via CAIR
 - Result Note & External Events management (e.g., scanned labs, outside events)
 - Provider efficiencies & onboarding enhancements

- **Operations & Governance:**
 - Mercy module timelines, clinic move planning
 - AMB recruitment support
 - InBasket messaging optimization & post-upgrade review (includes workgroup)
 - Care Team clean-up & provider result notifications
 - UserWeb and Epic onboarding access improvements
-

Inpatient

- GAD/PHQ9 Flowsheets GoLive (OB/Postpartum)
 - GE fetal monitoring (server upgrade complete)
 - Stroke Care Optimization (orders/reporting/order sets)
-

Surgery

- **Workflow Enhancements:**
 - PreOp Clinic process improvements and questionnaire updates
 - PAN/PSC (Pre Anesthesia Nurse/Pre Surgical Clinic) referrals and scanned outside labs
 - **Builds & Technical Updates:**
 - PreOps Status board & PAF tracking
 - Anesthesia consult visibility on Master Daily Schedule
 - New anesthesia machines (info gathering)
 - Stork Storyboard updates for anesthesia/blood loss
-

Lab

- AURA interface status & pending lab decision (Natera/Invitae)
 - Urinalysis and Molecular Instrument integration
 - Epic interface testing with Quest/Aurora for upgrade
-

ED

- Epiphany project
- MIT (Medical Indication Transfer) Form testing (meets EMS billing reqs)
- UKG scheduling project – **GoLive June 1**

Project Management:

Completed:

- SOGI (Sexual Orientation and Gender Identity)
- FYE 26 Portfolio
- IVCH ENDO (build complete, 7/1 go live)
- ProcDoc modification for Urgent Care
- IVCH Walk in clinic
- MSC clinic Smartphrase
- GE centricity fetal monitors upgrade
- GE Fetal Monitors (courtesy of Foundation)
- VALD (force plate)
- Natera Genetic Testing interface
- Care Coordination Department
- SureBill Patient Statements

Executing:

- Access to Care
- Single Sign On for Net Health Agility
- Epiphany
- MSC dashboards
- UKG Phase 2
- i2i – in data validation
- Bright futures
- ParEx
- SECTRA
- Sac Valley Med Share – waiting on sac valley med share to complete
- Nuance Hub
- M365
- UCS – Sky Enterprises
- Coding Processes
- Medical Transfer Indication form
- Fair Warning – Imprivata
- Pulmonary Function Testing- Spirometer
- SSI Clearing House
- IVCH Medically Indicated Transfer form adjustment
- Sympliphy (ECG consulting)
- INF-2 Therapy orders
- L&D screening forms
- Pyxis upgrade

Initiating:
















- July EPIC upgrade
- TOMTEC – on hold until SECTRA is complete
- Varian v18
- Registration processes
- Nuance DAX Co-pilot 2.0 – TBD FYE26
- Contractual Agreements for FYE26 Projects

Technical Team:

- Microsoft Licensing. Successfully secured approval to qualify for non-profit/rural licensing as of 5/13. This milestone is expected to result in annual savings of over \$1m in 365 licensing costs. Actuals to be published after current licensing negotiations.
- TFHS Access Center migrated to Microsoft 365. Part of the enterprise migration, this complex migration improves security and provides IT with the ability to continue to implement new technology to advance functional areas capabilities.

- Migration to cloud based Sectra PACS (Picture Archiving and Communication System). Networking and role-based access put in place to ensure sensitive medical images and patient data are only accessible to authorized personnel securely.
- New TeleStroke cart added to facilitate communication between emergency department staff and off-site neurologists or stroke specialists.
- Information Technology change log migrated to Office 365. Enhance ability to track technology updates, bug fixes and feature changes. Logs who made a change when it was made and why. Key to effective troubleshooting and security efforts.
- Migrated Admin Executives to Microsoft 365.
- Reno Corporate Center networked and prepared for deployment of technical office equipment the week of 5/19.

Email Security: 910,194 threats blocked (73.6% of total mail over past 30 days)

Message Category	%	Messages
 Stopped by IP Reputation Filtering	71.1%	879,027
 Stopped by Domain Reputation Filtering	0.1%	975
 Stopped as Invalid Recipients	0.8%	9,353
 Spam Detected	1.4%	16,882
 Virus Detected	0.0%	0
 Detected by Advanced Malware Protection	0.0%	0
 Messages with Malicious URLs	0.0%	378
 Stopped by Content Filter	0.3%	3,579
 Stopped by DMARC	0.9%	10,828
 S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	73.6%	910,194
 Marketing Messages	6.8%	84,390
 Social Networking Messages	0.1%	1,181
 Bulk Messages	5.5%	67,700
Total Graymails:	12.4%	153,271
 S/MIME Verification/Decryption Successful	0.0%	0
 Clean Messages	14.0%	172,766
Total Attempted Messages:		1,236,231

VP Facilities and Construction Management Report

By: Dylan Crosby
VP Facilities and Construction Management

DATE: May 2025

Service

Aspire to deliver a timely, outstanding patient and family experience

Planned Moves:

- Admin to 10800 Donner Pass Rd Unit 2A. Completed
This move allows for more space adjacent to the hospital for patient and patient care support services.
- Expansion on Reno Corporate Point 2nd Floor. May 20th, 2025 – On Schedule

Active Projects:

Project: North Shore Clinic – Fabian Way

Background: The District has acquired new space in Tahoe City, Dollar Point, to add outpatient clinic capacity to the North Lake Tahoe Region

Summary of Work: Remodel the two structures to provide a new primary care clinic with the potential of supported lab draw and imaging services. Site Improvements to improve parking, access and best management practices.

Update Summary: The Design is complete and portions of the Project are under Placer County/TRPA review. Demo scope of work is underway and nearing completion. Building scope of work has been approved and the contractor is working diligently on mobilization. Grading is still under review.

Start of Construction: Spring 2025

Estimated Completion: Spring 2026

Project: Reno- Corporate Point 2nd Floor

Background: TFHS established a Reno location in 2021. In 2024, the District amended this lease to almost double the Reno foot print to a total of 26,339 SF.

Summary of Work: Owner will build to suit the suite. District staff will be responsible for furnishing and installing all fixed furniture and equipment.

Update Summary Construction is nearing completion. Cubicles have been built and the planned move is on May 20th, 2025.

Start of Construction: Winter 2024/2025

Estimated Completion: Spring 2025

Project: Tahoe Forest Hospital Seismic Improvements and Imaging Replacements

Background: In 2012, Tahoe Forest Hospital completed an expansive seismic improvement job to extend the allowance of acute care service in many of the Hospital buildings up to and beyond the 2030 deadline, as determined by Senate Bill 1953. This project is Phase one of three in a compliance plan to meet the full 2030 deadline.

Summary of Work: Upgrade four buildings (the 1978, 1990, 1993 and Med Gas) to Non-Structural Performance Category “NPC” 4 status. Diagnostic Imaging scope includes replacing X-Ray Room 2, Fluoroscopy and CT as well as creating a new radiologist reading room and a patient shower in the Emergency Department.

Phase 1: 1990 Building – Portions of the Surgical Department; 1993 Building – Portions of the Dietary Department; CT Replacement.

Phase 2: X-Ray and Fluoroscope Replacement.

Phase 3: Scope of work consists of seismic upgrades to the 1978 and Medical Gas Buildings. As well as Tis to Diagnostic Imaging, portions of Emergency Department; Med Gas Building – Primary Med Gas distribution building; Radiologist reading room

Update Summary

Phase 1: is complete, along with the new CT. The flooring product in the Operating Rooms is defective, TFHD are working with the General Contractor on corrective work. The new CT has been experiencing some vibrations, these have not resulted in any quality issues nevertheless they need to be corrected. Staff are working with Siemens, HCAI and CDPH on corrective work.

Phase 2: This scope of work has commenced. To not effect operations, the replacements will happen on a singular basis. X-Ray is the first priority due to the age of the equipment and is underway. While the room is down for construction activity, X-Ray services will be completed via a mobile unit adjacent to the emergency department.

Phase 3: The Seismic scope of work for 1978 & Med Gas building is 40% complete. TI portion or work is permitted and scheduled to commence post the X-Ray and Flouro replacements summer 2026.

Start of Construction: Spring 2024

Estimated Completion: Winter 2026/2027

Projects in Planning:

Project: Gateway RHC Expansion

Background: With the longevity of the existing Gateway Building in the long term plan, staff are looking to maximize the utilization. Staff will be working to expand the current RHC to provide additional Primary Care service complimented by Behavioral Health and Specialists.

Summary of Work: Remodel the building in its entirety to expand the District’s Rural Health Care presents. Includes also a new surface parking lot, new building shell, new roof and improved frontage. Due to existing service the building will be completed in two phases, Western Portion - Phase 1 & the Eastern Portion - Phase 2

Update Summary: The Town development permit was unanimously approved on April 15th, 2025. This approval went into effect on April 28th, 2025, plans for building and grading permits were submitted same day. The plans are currently in triage with the Town of Truckee. TFHD staff and Town staff are working closely to prioritize the phase 1 grading permit to capitalize on this summer’s building window.

Start of Construction: Spring 2025

Estimated Completion: Phase 1 – summer 2026, Phase 2 – Spring 2027

Project: TFHD MEP Replacements

Background: In order to meet the environment required for patient care, various end of life mechanical and electrical systems are in process of being replaced.

Summary of Work: Replace the four air handlers that support the 1990 building, replace the air handler that supports the 1978 building, provide reliability improvements to the western addition air handler, add addition cooling to the South Building MPOE and replace end of life ATS'.

Update Summary The design is complete and the project is under HCAI review. Staff are reviewing the gross maximum price contract.

Start of Construction: Fall 2025

Estimated Completion: Winter 2026/2027

Project: Sierra Center (formerly Rite Aid)

Background: The District is seeking to lease a substantial amount of area to consolidate clinic and retail activities subsequently creating lease consolidation and campus flexibility.

Summary of Work: Remodel interiors to meet the needs of clinical and retail services.

Update Summary Construction Drawings are complete and the project is under review of the Town of Truckee for building and grading permits. The building permit was submitted on the last week of March and on April 25th, TFHD was notified that the project was sent to a third party reviewer. Comments have been received, May 9th, 2025. The team is reviewing comments and preparing response.

Start of Construction: Spring 2025

Estimated Completion: Summer 2026

Project: NPC 5 Phase 1

Background: The 2030 seismic compliance deadline is approaching. There are interim steps of compliance, which include plan submittal to HCAI January 1st, 2026 and Permit Issuance by January 1st, 2028. The scope of work required to meet NPC 5 compliance includes, removing the 1952 and 1966 buildings, demolition, and constructing water and wastewater storage for what HCAI considers acute care services. Interior construction and moves are required in order to vacate the 1952 and 1966 buildings, which include moving Respiratory Therapy, Material Management and Environmental Services. Also included in this project is replacing Nuclear Medicine and the Heating Hot water Boiler system due to adjacency, timing and efficiency of scale.

Summary of Work: Remodel Cardiac Rehab for Respiratory Therapy, remodel Respiratory therapy for Materials Management and EVS. Replace Nuclear Medicine and Heating Hot Water Boiler Plant.

Update: Program validation has concluded with intended layouts produced. The Team has moved into the schematic design phase with deliverables scheduled for the end of May 2025.

Start of Construction: Winter 2025/2026

Estimated Completion: Fall 2028

Project: Childcare Expansion.

Background: In order to accommodate the childcare needs of the staff, staff are pursuing a project on APN: 018-630-020.

Summary of Work: The project includes the design and construction of a new modular building to expand the childcare center by an additional 48 children. Additionally there is a site work package to incorporate new parking, play areas, generator pad and integration into the existing childcare site.

Update Summary Schematic design has completed. A zoning clearance is submitted to the Town of Truckee on April 4th, 2025. Comments on the zoning clearance were received on May 7th, 2025. The team is working on a response and resubmittal.

Start of Construction: Spring 2025

Estimated Completion: Winter 2025/2026

Project: IVCH Procedure Room

Background: Incline Village Community Hospital is seeking additional surgical space to expand services and optimize flow and efficiency. In addition there are supportive functions (registration, IT infrastructure, Air Handler Replacement and new employee breakrooms) that warrant replacement or updating to allocate space appropriately and support patient care.

Summary of Work: This project includes: Reconstructing the first floor locker rooms into a new employee break room and expanded IT Data closet, separate but adjacent spaces. This move will allow for the reconstruction of the current employee breakroom to be redesigned into surgical support space for pre- and post- operative bays. In addition, a new procedure space will be added to the surgical department and supportive building infrastructure, a new air handler, be added for required air exchange rates. Registration and the main waiting room are to be updated and improved to provide adequate space and support the anticipated increased demand.

Update Summary: The contract has been awarded to Plenum Builders. The team has completed the kick off meeting and has site validations scheduled to start the design effort.

Start of Construction: Winter 2025/2026

Estimated Completion: Spring 2027

Project: Cancer Center SCA Room

Background: The California State Board of Pharmacy is working on new requirements which will significantly hinder the operational up time of the existing Pharmacy. In order to mitigate this risk, along with improve the workflow for the Cancer Center infusion space, staff are pursuing a segregated compounding area, "SCA", in the Cancer Center.

Summary of Work: The work will include a remodel of the northern portion of the Cancer Center administrative space. A SCA room requires much more stringent environmental controls than currently present and therefore the HVAC will need updating and additional capacity to meet these new requirements, including additional air exchanges and new direct exhaust.

Update Summary: The District is working on a contract with LPA, Inc. for Schematic Design drawings to kick off the project. The contract is currently under review.

Start of Construction: Winter 2025/2026

Estimated Completion: Summer 2026

Seismic Compliance

There are two current efforts on the path to full seismic compliance, Water Rationing Plan and seismic compliance plan. The water ration plan is a submittal for review to the California Department of Health Care Access and Information as well as California Department of Public Health. Staff have submitted this plan to HCAI in line with the required timelines. This submittal is particularly important as in addition to other items, the approved plan will dictate the size of future required water and waste water storage tanks. Over the life of this plan there have been significant discrepancies in the proposed sizing of the tanks and we are nearing concurrence. Comment of relatively minor magnitude were received earlier in the month on May. Simultaneously, water utilization has been monitored very closely which is aligning with our proposed sizing. Staff are working together to respond to HCAI towards the end of June.

Through assembly bill 869, the District is able to extend seismic compliance from January 1st, 2030 to January 1st 2033. To be applicable to this extension the District will need to update the seismic compliance plan with HCAI. This effort is underway and is planned to be submitted to HCAI June of 2025, the plan submittal is required before January 1st, 2026.



AGENDA ITEM COVER SHEET

MEETING DATE: May 22, 2025	ITEM: Ratify IVCH Foundation Board Member
DEPARTMENT: IVCH Foundation	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Karli Bunnell, Executive Director of Foundations	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Resume & Request Letter
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: The Incline Village Community Hospital Foundation's Board of Directors have approved the addition of a new board member, Leslie Wittmann. She has been a long time donor and brings a wealth of experience, expertise, and community connections to our Foundation Board and community.	
SUMMARY/OBJECTIVES: The Incline Village Community Hospital Foundation's Board of Directors respectfully requests approval from the District Board of Directors to appoint an additional board member.	
SUGGESTED DISCUSSION POINTS: N/A	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items)	
LIST OF ATTACHMENTS: Resume & Request letter	



INCLINE VILLAGE
COMMUNITY HOSPITAL FOUNDATION

Date: April 25, 2025

To: Tahoe Forest Hospital District Board of Directors

From: Karli Bunnell, Executive Director – Incline Village Community Hospital Foundation

Re: Request for new board member approval

Dear Tahoe Forest Hospital District:

IVCHF has recently approved Leslie Wittmann to become a board member. She brings a wealth of experience, expertise, and community connections to our Foundation Board and community.

Leslie Wittmann's resume is attached.

Respectfully submitted on behalf of the Incline Village Community Hospital Foundation.

Leslie Ann Wittmann

455 Fairview Blvd., Incline Village, NV 89451
(510) 410-5500
lawitt123@gmail.com

PERSONAL PROFILE

Leslie was born and raised in Scotch Plains, NJ. Following the formative years of her career in Washington DC, she moved to Cleveland, OH in 1992 to pursue a broader professional opportunity. There, she met her husband, Michael, and they soon after moved to the San Francisco Bay Area in 2001, Leslie and Michael developed a deep appreciation for the great outdoors which led them to Lake Tahoe and Incline Village. After a 35 year career in Human Resources, Leslie retired in 2015 to pursue philanthropic interests. She and husband Michael, reside in Incline Village and spend their winters in Scottsdale, AZ. Leslie enjoys hiking, golfing, boating and traveling. Leslie and Michael have five children and a growing number of grandchildren which keep them busy traveling internationally and across the country.

PROFESSIONAL EXPERIENCE

Leslie is a skilled business executive with over thirty-five years of strategic human capital management experience. Her career has encompassed work with domestic and global public, private and tax-exempt companies. She has significant experience with workforce attraction and retention, alignment of human capital strategies with business objectives and organizational values. Much of Leslie's career has focused on helping companies achieve operational results through the effective design and management of their global reward programs. Past positions include:

- NTrust HR, Oakland, California, Managing Partner, 2006-2015
- Lam Research Corporation, Fremont, California, Sr. Director, Global Compensation, Benefits and Staffing, 2001-2006
- William M. Mercer, Inc., Cleveland, Ohio, Principal, 1995-2001
- Caterair International Corporation, Bethesda, Maryland, Vice President, Compensation and Benefits, 1989-1995
- Blue Cross and Blue Shield, National Capital Area, Washington, DC, Team Leader, Technical Services, 1987-1989
- William M. Mercer, Inc., Washington, DC, Consultant, 1981-1987

PHILANTHROPIC and COMMUNITY ACTIVITY PROFILE

Throughout Leslie's career, she has had a passion for helping women achieve success and become self-sufficient. Most recent, Leslie developed and now directs, Bright Futures, an educational program targeting teenage girls from the barrio in Agua Prieta, Mexico sponsored by Rancho Feliz. Bright Futures helps teenage girls successfully complete high school and graduate college. Through this program, students receive

tuition, mentoring, life skills training, english tutoring and psychological counseling. Leslie and her team work with a group of local Mexican women engaged in a cross-border collaboration to ensure that these students receive the ongoing support needed to complete their education. Launched in 2019, Bright Futures has achieved a 85% high school graduation rate and 85% of high school graduates now attend college or university. The program is preparing to accept its' 3rd cohort in the fall of 2025. The \$100,000 plus budget is fully self-funded through the efforts of an all-female patron team.

Past Board and Volunteer Activities

- Member, Board of Trustees, Classical Tahoe, Incline Village, NV
Chair, Trustee Recruitment Development
- Member, Board of Trustees, Mercy Housing, Denver, CO
Chair, Human Resources Committee, Member, Finance and Executive Committees
- Volunteer, Year Up, Phoenix, AZ
- ProBono Project Manager, Taproot, San Francisco CA
- Member, Women for the Advancement of Microfinance (WAM), Northern, CA
- Member, Alameda County Board, Women's Initiative for Self Employment, San Francisco, CA
- Team Coach, Girls for a Change, Oakland, CA
- Member, Board of Directors, New Directions, Inc., Cleveland, OH
- Member, Board of Directors, Goodwill Industries of Greater Cleveland, Inc.

EDUCATION

- Bachelor of Science, Business Management, University of Maryland
- Executive Leadership Program, University of California, Berkeley Haas School of Business
- Executive Program, Stanford University, Graduate School of Business
- Leadership Development Program, Center for Creative Leadership
- Certified Employee Benefit Specialist, Wharton School of Business Leadership



AGENDA ITEM COVER SHEET

MEETING DATE: May 22, 2025	ITEM: Committee Charters
DEPARTMENT: Board of Directors	TYPE OF AGENDA ITEM: <input type="checkbox"/> Action <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Sarah Jackson, Executive Assistant / Clerk of the Board	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Committee Charters
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
BACKGROUND: Each Board Committee will annually review and recommend for approval the Committee Charter with changes as needed.	
SUMMARY/OBJECTIVES: <u>Board Executive Compensation Committee Charter</u> Committee reviewed the charter on 04/09/2025. Charter was updated in 2024. No updates were recommended for 2025. <u>Board Finance Committee Charter</u> Committee reviewed the charter on 01/22/2025. Charter was updated in 2024. No updates were recommended for 2025.	
SUGGESTED DISCUSSION POINTS: None	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items)	
LIST OF ATTACHMENTS: Executive Compensation Committee Charter 2024_0627 FINAL Finance Committee Charter 2024_0222 FINAL	

Charter
Executive Compensation Committee
(formerly Personnel Committee)
Tahoe Forest Hospital District
Board of Directors

PURPOSE:

The purpose of the charter is to delineate the responsibilities and duties of the Executive Compensation Committee of the District's Board of Directors.

RESPONSIBILITIES:

The Executive Compensation Committee is responsible for assisting the Board in oversight of President & Chief Executive Officer (CEO) relations and the work done through the Winning Aspirations.

DUTIES:

1. Oversee the identification and recruitment of the organization's CEO as directed by the Board of Directors.
2. Ensure an annual CEO performance evaluation process is in place.
3. In conjunction with the CEO, using a standardized evaluation tool, annually review and recommend modifications of the goals and objectives documents which will be used to evaluate the performance of the CEO.
4. Review annually the CEO's comprehensive compensation package, and make recommendations to the Board of Directors as necessary.
5. Review metrics annually for the CEO's Incentive Compensation Criteria and make recommendations to the Board of Directors as necessary.
6. Review annually the CEO's Employment Agreement, and make recommendations to the Board of Directors as necessary.
7. In conjunction with the CEO, review and evaluate annually the CEO position description to ensure its continued relevance. Recommend revisions to the Board of Directors as necessary.

COMPOSITION:

The Committee is comprised of at least two (2) board members appointed by the Board Chair.

MEETING FREQUENCY:

The Committee shall meet at least once annually and then on an as needed basis.

Charter

Finance Committee Board of Directors Tahoe Forest Hospital District

PURPOSE: The purpose of the charter is to delineate the Finance Committee's duties and responsibilities.

RESPONSIBILITIES: The Finance Committee is responsible for assisting the Board in oversight of financial affairs by monitoring the organization's financial policies and the adequacy of its reporting, and recommending actions to protect and enhance the community's investment in the hospital. It will also assure that appropriate policies and procedures are in place to safeguard and preserve the assets of the hospital.

DUTIES:

1. Review quarterly the District operating, cash and capital budgets, budget performance and financial management and make recommendations.
2. Review financial statements quarterly.
3. Oversee the annual independent audit and supervision of any necessary corrective measures.
4. Review annually the investment of District funds.
5. Annually review the financial plans for consistency with hospital and system-wide strategic objectives.
6. Monitor financial indicators relative to industry benchmarks and like organizations.

COMPOSITION:

The Committee is comprised of at least two (2) members. The Board Treasurer shall serve on the Committee, and the second Committee member shall be appointed by the Board Chair.

MEETING FREQUENCY: The Committee shall meet quarterly. A report will be made to the Board of Directors, quarterly, or otherwise as requested.



AGENDA ITEM COVER SHEET

MEETING DATE: May 22, 2025	ITEM: Tahoe Truckee Homeless Advisory Committee Report: Adoption & Funding Request
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Ted Owens, Executive Director Governance & Business Development	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
BACKGROUND: In May 2023, the Tahoe Forest Health System joined the newly established Tahoe Truckee Homeless Advisory Committee as a member agency. Members include Town of Truckee, Nevada and Placer County staff, special districts, NGOs, faith-based organizations, and non-profits. TFHS Staff member Ted Owens and Board Chair Alyce Wong served as representatives. Co-Chairs were Town Councilmember Jan Zabriskie, Nevada County District 5 Supervisor Hardy Bullock and Placer County District 5 Supervisor Cindy Gustafson.	
SUMMARY/OBJECTIVES: (1) Accept the Tahoe Truckee Regional Homeless Action Plan (TTRHAP); (2) Provide direction to staff to continue participating in the Tahoe Truckee Homeless Advisory Committee (TTHAC) with the initial focus on navigation center services, community engagement, and outreach.	
SUGGESTED DISCUSSION POINTS: (1) What if any sustainable funding exists if the plan is fully implemented? (2) If Transitional or Supportive Housing is sought, what entity manages it? (3) What are the roles of the Counties/Town? (4) What is the hospital's expected role in the long term?	
SUGGESTED MOTION/ALTERNATIVES: Motion: To ACCEPT the Tahoe Truckee Homeless Advisory Committee (TTHAC) Action Plan and provide direction to staff to continue participating in Tahoe Truckee Homeless Advisory Committee (TTHAC). Alternative Motion: To ACCEPT the Tahoe Truckee Homeless Advisory Committee (TTHAC) Action Plan as presented.	
LIST OF ATTACHMENTS: (1) Tahoe Truckee Regional Homeless Action Plan	



Tahoe Truckee
Homeless Advisory Committee

Tahoe Truckee Regional Homeless Action Plan

*A Collaborative Roadmap and “North Star” to
End Homelessness in the Tahoe Truckee Region*

Released January 22, 2025, Updated April 28, 2025



Developed by the Tahoe Truckee Homeless Advisory Committee

A Project of the Homeless Resource Council of the Sierras with funding from the
Tahoe Truckee Community Foundation

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Gratitude

Thank you to the Tahoe Truckee Homeless Advisory Committee who developed the Tahoe Truckee Regional Homeless Action Plan.

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Foreword | *A North Star for Homeless Solutions in the Region*

Addressing homelessness is a complex challenge that requires collective action, compassion, and persistence. As we work to create a better, more equitable future for those experiencing homelessness in our region, we also acknowledge the limitations of the resources available to us. These resources, both human and financial, must be shared across counties, requiring a collaborative approach to ensure that every individual has access to the support and services they need. This is not a journey we can take alone; it is a community-wide effort.

The Tahoe Truckee Regional Homeless Action Plan outlines a vision and a roadmap to guide our collective response and serves as a North Star for our actions. Implementing any of the strategies within this Action Plan, even if we do not reach every goal or ideal outcome, represents success. Progress is progress, no matter how incremental, and every step we take toward meeting the needs of our most vulnerable populations is a step in the right direction.

While the outcome of ending homelessness may feel like a distant North Star, the success of this Action Plan lies in our ability to start, to act, and to keep moving forward together.

No process is without challenges, and perfection is not a realistic expectation. What matters most is our willingness to begin, to learn, and to adapt as we go.

The road to ending homelessness is long, but it is a road worth pursuing. By working together—local governments, community organizations, businesses, and individuals—we can create a system of care that offers hope, dignity, and the promise of a better future to those in need. This plan is our commitment to starting that journey, with humility, optimism, and a shared vision of a community where homelessness is rare and brief. **Let us take this first step—together.**

Tahoe Truckee Advisory Committee Chairs

Supervisor, Hardy Bullock, Nevada County, District 5

Supervisor, Cindy Gustafson, Placer County, District 5

Vice Mayor, Jan Zabriskie, Town of Truckee

I. About the Action Plan

OVERVIEW

The Tahoe Truckee Regional Homeless Action Plan outlines a set of priorities, agreed upon by the Tahoe Truckee Homeless Advisory Committee (Advisory Committee) in 2023/2024, **aimed at ending homelessness in the Tahoe Truckee region over the next five years.** The Action Plan is built on the best available data from the past three years, as well as insights from those with lived experience and input from teams working with those with lived experience. This Action Plan does not assign specific responsibilities or obligations to any one partner. Instead, it provides a framework—a shared understanding of how we can best come together, pooling our resources and expertise—to provide a spectrum of services that meet people where they are and guide them toward stability and self-sufficiency.

PURPOSE

The purpose of the Action Plan is to provide an agreed-upon roadmap for collective action to solve homelessness in the Tahoe Truckee region. This Action Plan does not assign specific responsibilities or obligations to any one partner but rather outlines for the community and our partners a framework for the best way to provide a set of services needed to meet people where they are and, ultimately, move them toward permanent, stable housing. The hope is that this plan motivates action and inspires local partners to prioritize homeless services and solutions when they allocate resources.

PLANNING PROCESS

For over 20 years, various entities such as Nevada County, Placer County, Sierra Community House, North Tahoe-Truckee Homeless Services, and faith-based partners, as well as many others, have been providing homelessness services in the Tahoe Truckee region. As the number of unhoused individuals grew in the region over the past five years¹, it became clear that a more coordinated plan, grounded in specific regional data and agreed-upon objectives, was needed to address the issue. In 2023, with funding from the Tahoe Truckee Community Foundation and other state resources, the Tahoe Truckee Homeless Advisory Committee became an official project of the Homeless Resource Council of the Sierras (HRCS), the nonprofit governing body over the Placer and Nevada County Continuums of Care (CoCs). The establishment of this official committee represents the beginning of the action planning process.

The mission of HRCS *is to bring people together to develop, coordinate, and support projects, services, and resources that will enhance partners' ability to prevent and end homelessness in Nevada and Placer Counties.* HRCS is a 501(c)(3) nonprofit and serves as the "collaborative applicant" and administrative entity for the Placer County CA-515 and Nevada County CA-531 CoCs. The main role of the HRCS is to support data tracking and apply for and distribute state and federal grant funding.

The Tahoe Truckee Homeless Advisory Committee, composed of diverse leaders from the region, worked for 18 months to develop this Action Plan. The purpose of the Advisory Committee was to define an approach and set of actions to build the coordination and capacity for long-term, sustainable solutions for our unhoused population.

¹ The Community Collaborative. *Annual Point in Time Count for the Tahoe Truckee Region*. Clear Impact, 2025, <https://embed.clearimpact.com/Measure/Embed?id=99127450>.

These key actions took place over the 18-month planning process:



The action planning process involved setting regional goals based on data, existing homeless action plans from Placer and Nevada counties, the Town of Truckee Housing Element, best-practice research, and local expertise. While the formal homeless action plans in both counties, in coordination with the CoCs, guide decisions related to resource allocations, the Tahoe Truckee Regional Homeless Action Plan offers additional insights from our local analysis. This approach identified the unique needs of the Tahoe Truckee region, aiming to expand local homeless programs to address service gaps while leveraging resources from the larger county CoCs.

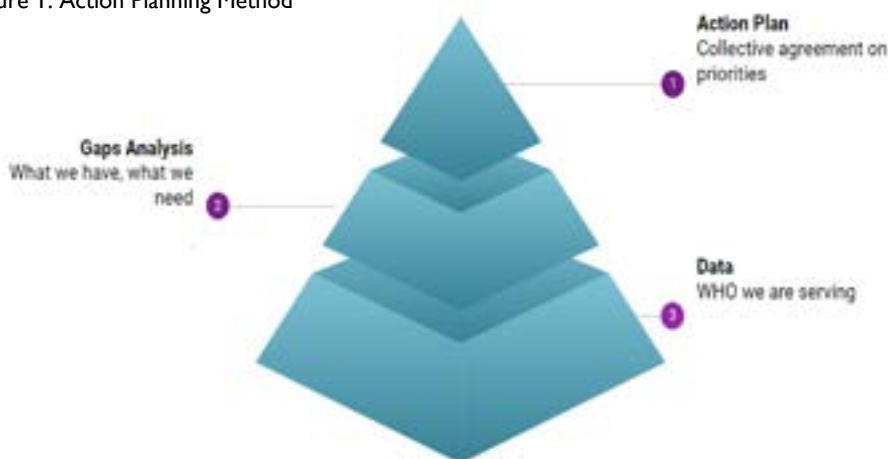
Several existing plans informed the development of the Action Plan, including:

- Nevada County-CoC Joint Homeless Action Plan (2024)
- Nevada County Homeless Action Plan Outcomes Goals (2022-2025)
- Placer County Homeless Response Project Summary Report (August 2021 – August 2023)
- North Tahoe-Truckee Homeless Services Annual Report (2023)
- Placer Regional Homeless Response Emerging Strategies Phase One Report (2022)
- Town of Truckee Housing Element (2019-2027)

The Action Plan is based on the Built for Zero Framework, which has proven successful in reducing homelessness through coordinated, data-driven strategies. It includes a multifaceted approach with clear strategies to prevent homelessness, provide interim housing, expand supportive services, and enhance supportive housing options.

Figure 1 illustrates the method used to develop this Action Plan.

Figure 1. Action Planning Method



KEY TERMS

Key to working together is establishing a shared vocabulary for the needs and the solutions. Here are the terms used in this Action Plan and by the Advisory Committee to build a common vocabulary.

Chronically Homeless: A person who has experienced homelessness for at least a year or more repeatedly, or has been homeless on least four separate occasions in the last three years, while also dealing with a disabling condition. A disabling condition could be a serious mental illness, substance use disorder, or physical disability.

Continuum of Care (CoC): Designed to promote community-wide commitment to the goal of ending homelessness and to fund efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families.

Built for Zero: A methodology and national initiative that works to address and reduce homelessness in a way that is measurable and equitable. The initiative is supported by a network of organizations and communities that work together to create systems that can effectively track and reduce homelessness to the point of "functional zero," meaning that homelessness is rare, brief, and non-recurring.

Crisis Response System: A set of services that help unhoused people quickly exit homelessness and connect with housing and assistance.

Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Homelessness: As defined by HUD's four categories: 1) Literal Homelessness, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes, 4) Fleeing/Attempting to Flee Domestic Violence.

Household: In many contexts, particularly in homelessness services, a group of individuals who live together, regardless of whether they are a family or individuals. This term encompasses both single-person units and families.

Housing First Model: An approach to addressing homelessness that prioritizes providing immediate and permanent housing to individuals experiencing chronic homelessness, without requiring them to first meet certain conditions like sobriety or treatment completion. This allows them to stabilize their lives and address other challenges once securely housed with access to voluntary supportive services. Essentially, this puts housing first as the foundation to tackle other issues contributing to homelessness.

Housing Navigation/Light Housing Support (LHS) Services that help people rapidly identify a permanent or shared housing option; receive light case management; and receive one-time, move-in financial assistance with a security deposit and first month's rent.

Interim Housing: Temporary beds for those experiencing homelessness that provide the interim stability and support needed to successfully move to, and maintain, permanent housing.

Literal Homelessness: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation; or

- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
- Is exiting an institution where they have resided for 90 days or more and who had been living in an emergency shelter or a place not meant for human habitation immediately prior to entering the institution.

Navigation Center: Physical location for homeless services that provides overnight, emergency shelter beds and daytime assistance to people experiencing homelessness. Case management supports include access to basic needs (bathroom, food, safe place to be), support with relocating, help with updating government documents, a mailing address, and housing navigation.

Permanent Supportive Housing: Permanent housing for those experiencing chronic homelessness with a disabling condition. The housing is either integrated into a neighborhood or site-based with long-term rental assistance through vouchers or other sources. Additionally, services are offered to address behavioral health and housing stability needs. Permanent Supportive Housing in the Tahoe Truckee region:

- Pacific Crest Commons, Truckee: 10 units (expected to break ground June 2025)
- Brown Bear Studios, Kings Beach: 14 units (open)
- Single-family house in Truckee: 5-6 beds (in the works)

Post-Housing Case Management: Ongoing support and services provided to individuals and families after they have secured permanent housing, with the aim of ensuring their housing stability and preventing them from returning to homelessness.

Prevention/Rental Assistance: Typically, one-time financial aid to help individuals or families pay their rent, rent arrears, or utility bills to help prevent them from becoming homeless or to assist in securing and maintaining stable housing.

Rapid Re-Housing (RRH): Typically, rental assistance, security deposit, and services for 4-6 months (and up to 18 months) for tenants, with the goals of helping them obtain housing quickly, increase self-sufficiency, and stay housed.

Self-Resolution: Resolution of homelessness without intervention from homeless services.

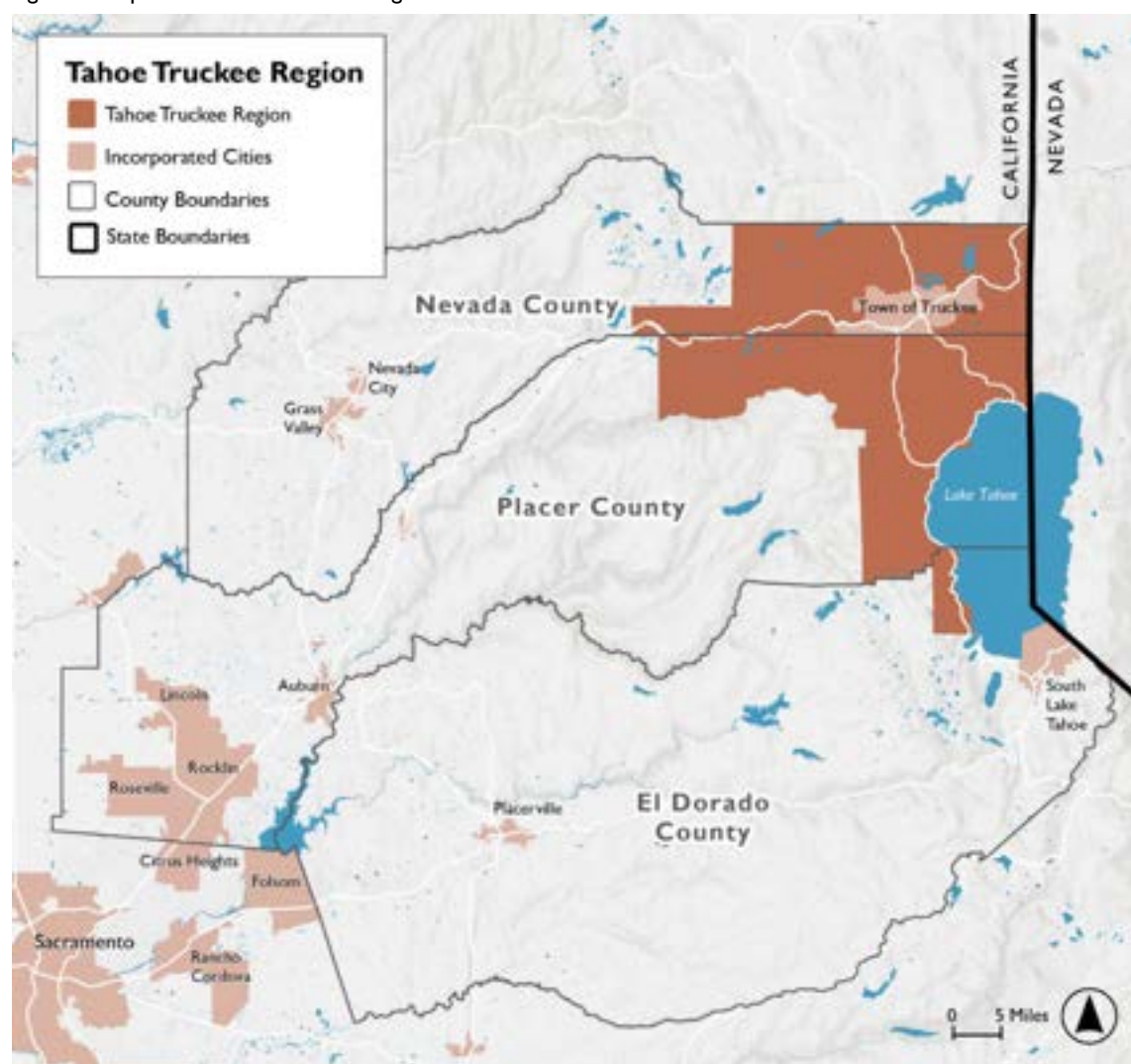
Vulnerability Assessment: A tool used to determine eligibility and allocate services and housing for adults experiencing homelessness based on their functioning level, health, and other characteristics relevant to their health and safety.

II. Homeless Context

OUR UNIQUE REGION

The Tahoe Truckee Region includes the eastern areas of Placer and Nevada counties as well as the Town of Truckee. Also known as the “resort triangle,” the region functions as one community despite these complex local government boundaries. The population of the region is approximately 33,000. Tourism is the main economic driver for the region, which offers a strong tax base but also makes housing costs extremely high. Winter in the region can be extremely cold, with heavy snowfall creating challenging travel and living conditions. Because the region is separated from the western end of the counties by a mountain range, collaboration between different agencies and organizations exists in many areas, including housing and community services. Establishing infrastructure to support a comprehensive array of services is necessary to ensure that these services can operate effectively despite the region's geographical and logistical challenges. It is important to understand this context as the backdrop to this Action Plan.

Figure 2. Map of the Tahoe Truckee Region



HOMELESS IN THE REGIONAL HOUSING FRAMEWORK

Figure 3 below, from the regional housing coalition Mountain Housing Council, illustrates housing needs across income levels in the Tahoe Truckee area, from lower incomes (up to 80% of Area Median Income) to upper incomes (up to 245% of Area Median Income). This Action Plan focuses on creating solutions for those in the extremely low-income categories (30% of Area Median Income and below). It will coordinate with other housing efforts across the spectrum and integrate a broad range of services, from emergency shelter to long-term solutions like housing and healthcare. This will ensure that services are integrated and accessible both geographically and logistically, thereby lowering barriers to service for all residents in the region, as seen in Figure 4 below.

Figure 3. Unmet Housing Needs Across the Tahoe Truckee Housing Bridge

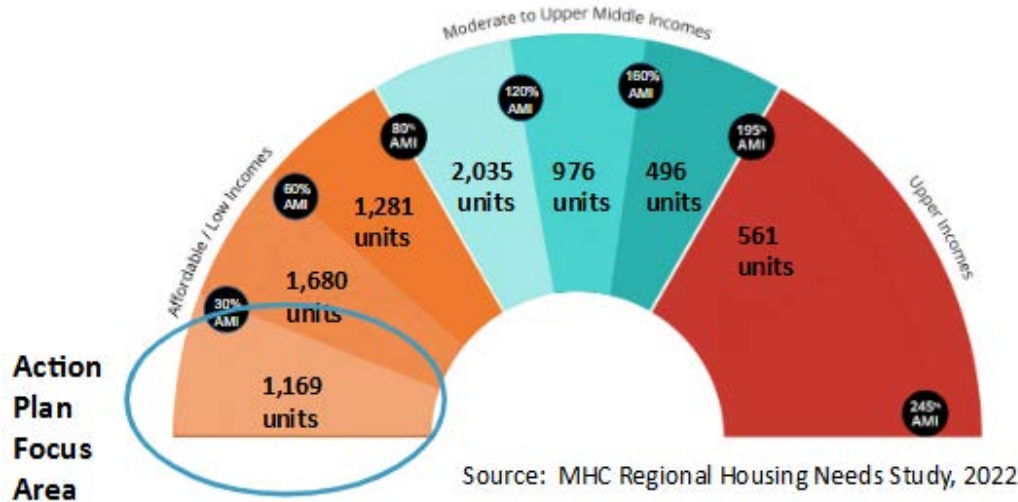
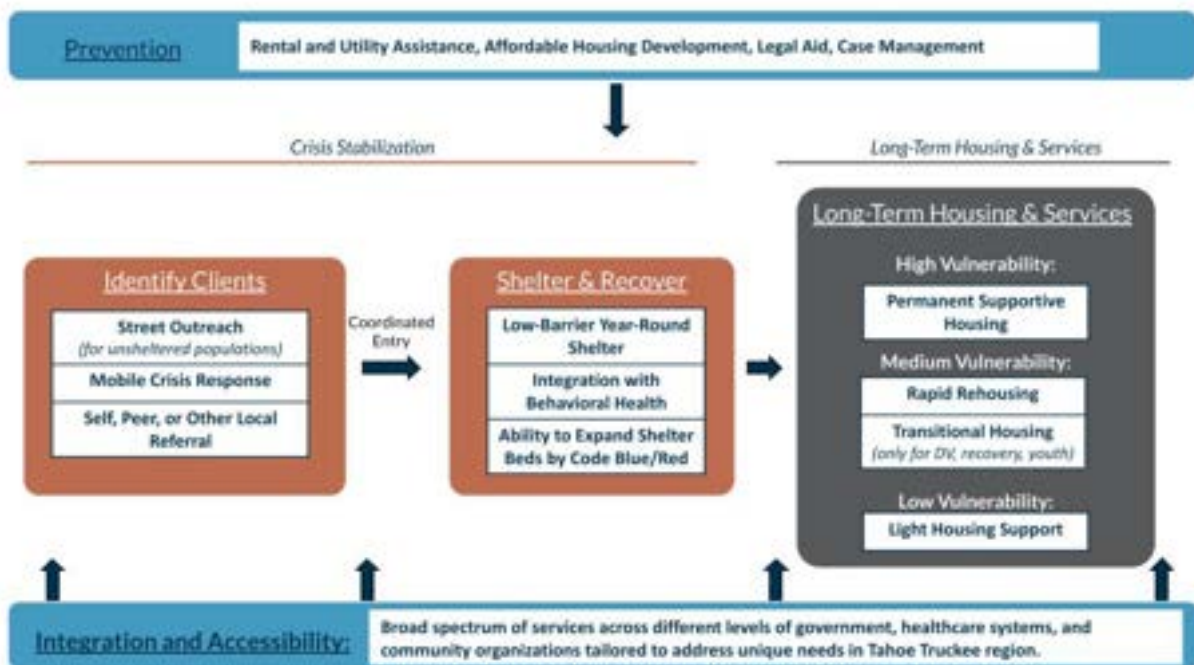


Figure 4. Tahoe Truckee System of Care



III. Tahoe Truckee Homeless Data

DATA METHODOLOGY

Typically, counties and CoC entities track homeless data from two sources: 1) Homeless Management Information System (HMIS) data, and 2) Annual Point-in-Time counts. Our current HMIS data do not include comprehensive information about the number of people in services provided by Sierra Community House, which serves individuals in domestic violence situations. Over the past year, updates have been made in the data tracking process to make it easier to pull specific Tahoe Truckee homeless data from the HMIS system, using the By-Name list. This tool enables service teams to account for people experiencing homelessness in real time and is a critical step in solving homelessness. It is important to note that data were pulled from various sources that do not communicate with each other. Additionally, data on homelessness are fluid and ever-changing. To have the most accurate homeless data for the action planning process, the Advisory Committee hired an outside firm to conduct an analysis of Tahoe Truckee data.

The Advisory Committee built the Action Plan based on data provided by the homeless services consulting firm Bowling Business Services (BBS). BBS was contracted in 2024, with CALAIM Technical Assistance funding from the state of California, to conduct the first-ever study of homeless services and needs in the Tahoe Truckee region. The study, titled *Tahoe Truckee Homeless Response System: Gap Analysis and Recommendations*, used the following methodology (attached):

- 1) Reviewed three years of HMIS data.
- 2) Conducted interviews with local homeless service providers.
- 3) Analyzed existing program-level data, including data from Sierra Community House (which serves those experiencing domestic violence) and North Tahoe-Truckee Homeless Services, U.S. Census Bureau data, and Point-in-Time Counts.
- 4) Applied a best practices methodology to identify the key needs and challenges facing the region.

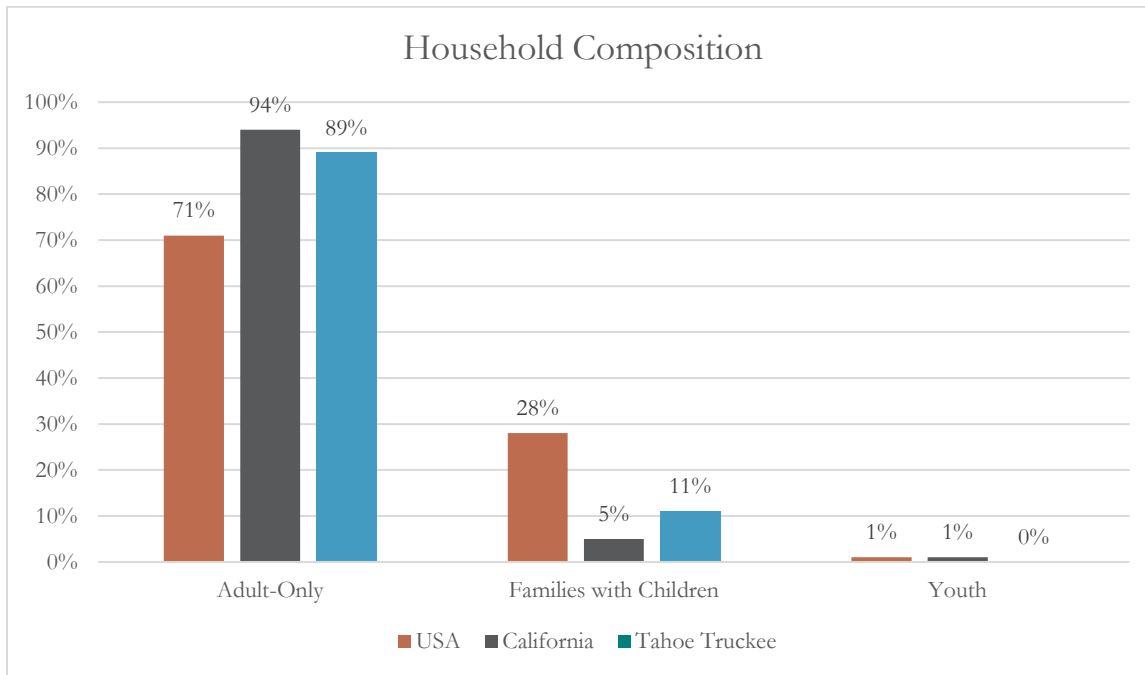
HOMELESS DATA HIGHLIGHTS

Below are key data insights from the BBS Study that informed the target population in this Action Plan. (For a full review of the findings, please see the attached study.)

Demographic Characteristics

For the purpose of this report, we use the term “household” to reflect regional and national reporting standards, while acknowledging that the majority of the homeless population in Tahoe Truckee are individuals, as seen in Figure 5.

Figure 5. Demographic Characteristics of People Experiencing Homelessness²



Scale of the Need

BBS reviewed the last three years of local data to understand trends among people using homeless services. This was done by reviewing provider data from North Tahoe-Truckee Homeless Services and Sierra Community House, and three years of client-level data from the HMIS. The data showed the following annual averages between 2021 and 2024:

- **Homeless Service Intervention for Literal Homeless:** On average, 87 households per year received housing intervention through emergency shelters or North Tahoe-Truckee Homeless Services.
- **Homeless Service Intervention for Domestic Violence:** On average, 30 households per year used Sierra Community House's services for domestic violence-related homelessness.
- **Total Households Needing an Intervention:** On average, 117 households per year required housing intervention and used homeless services.

It should also be noted that there is significant variability between the years. For instance, 119 households used homeless services in 2021-2022, while 64 households used homeless services in 2023-2024, demonstrating a positive trend. However, during that same period, more households self-reported experiencing homelessness and using the Day Center (there was a 40% increase). This is a confusing trend but could be explained by the fact that COVID-19 funding ran out, and local providers were not able to serve as many people in 2023-2024 as they were in 2021-2022. This suggests that **the scale of the need is growing in Tahoe Truckee, while funding to respond to it decreases.**

² Source: 2023 HUD Annual Homeless Assessment Report

Scale of Services

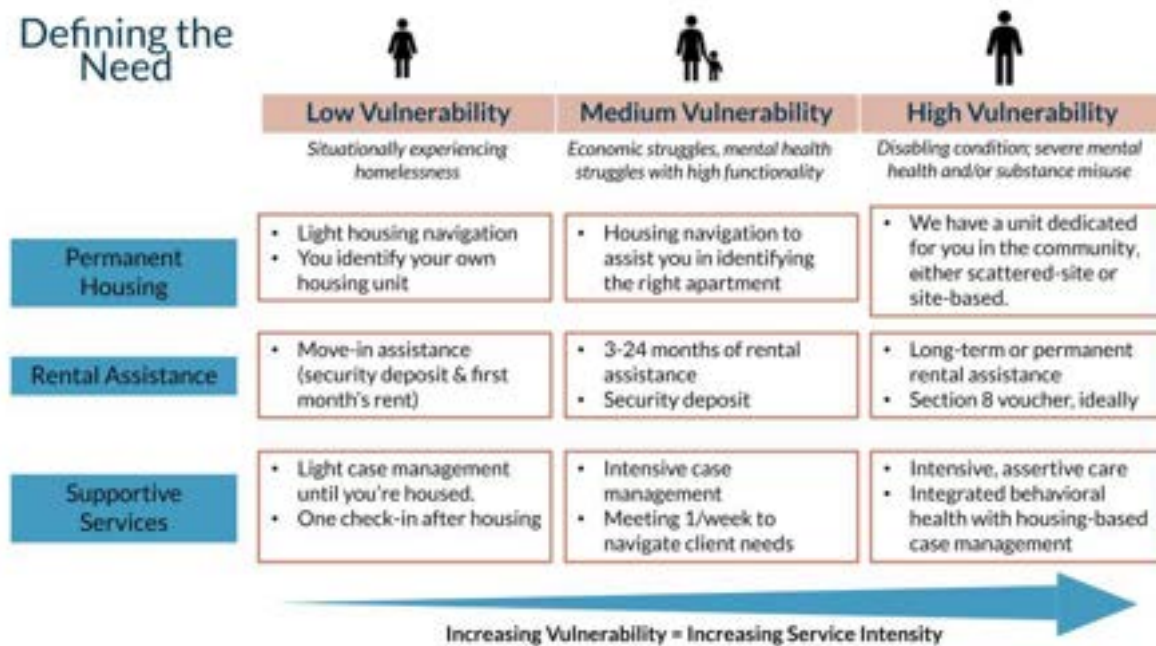
Using the same data sources and analysis as above, BBS determined how frequently individuals were achieving stable housing and permanently exiting homelessness. The findings revealed that, on average, only **39 out of the 117 households requiring housing intervention were housed each year**, distributed as follows:

- 6 households were housed by North Tahoe-Truckee Homeless Services using a light touch we called "light housing support," which usually involves support through the payment of an application fee, security deposit, and short-term case management.
- 6 households annually were housed by North Tahoe-Truckee Homeless Services using a "Rapid Re-Housing" model that combines rental assistance with short-term to medium-term case management.
- 27 households were housed by Sierra Community House, nearly achieving a 100% placement rate for the 30 households they serve annually, which is a notable achievement. They estimate that, at most, 3 individuals each year remain unable to be placed in permanent, stable housing.

Doing the math between the first two values (87 people using North Tahoe-Truckee Homeless Services' homeless services, of which 12 are housed annually, and 30 accessing Sierra Community House's services, of which 27 are housed), we arrive at an average annual gap of 78 households.

Households experiencing homelessness are matched with housing services based on their needs and the severity of those needs, with some offered either Rapid Re-Housing or light housing support. Rapid Re-Housing is coordinated by North Tahoe-Truckee Homeless Services, AMI Housing, or Sierra Community House, while light housing support is provided by North Tahoe-Truckee Homeless Services. These services are most effective for low- to medium-vulnerability households, while high-vulnerability households require more intensive support, such as Permanent Supportive Housing, as noted below in Figure 6.

Figure 6. Defining the Need



Permanent Supportive Housing

By aggregating their risk score using the Vulnerability Assessment and their length of time experiencing homelessness, BBS found that 49% of households scored in the highest category on the vulnerability index, and 56% had been experiencing homelessness for over a year. These data points reinforce each other: half of the people experiencing homelessness require the highest level of care. With an average of 87 households using homeless services each year, 50% need this intensive support, meaning **44 households require Permanent Supportive Housing.**

Shelter Bed Calculation

Relying on the local expertise of Tahoe Truckee service providers, BBS asked, "How long do we estimate someone would stay in shelter if we offered it year-round?" In most communities, this question is answered using local data on shelter stay durations. However, since no year-round shelter exists in the region, BBS had to make an assumption to guide this part of the data.

BBS' best guess approximation is that the 44 households experiencing chronic homelessness would likely require 180 days of shelter per year. Based on this, 22 year-round shelter beds would be needed to accommodate these 44 households. However, given that approximately 87 households use homeless services each year, many of whom may use shelter periodically—especially during extreme weather—it is recommended to design a shelter with flexible space to accommodate more beds (in addition to the year-round 22) for individuals in need during severe weather events.

Community Cost Calculation

Two studies were reviewed to inform the community cost calculation: 1) *Homelessness In California, 2024 Audit Report* (an analysis of program documentation and homelessness cost estimates cited by the U.S. Interagency Council on Homelessness, the National Alliance to End Homelessness, and the Legislature), and 2) *Boise State University - New Path Community Housing Report* (a longitudinal study on the impact of chronic homelessness). Neither of these studies gives a community cost figure that is exact for Truckee, of course; only a local study could do that. But it allowed us to estimate.

BBS estimated that the community cost depended on the level of vulnerability in the population served. Based on the vulnerability breakdown from above, BBS estimated the average annual cost was:

- Low Vulnerability - \$15,000 per person per year
- Medium Vulnerability - \$30,000 per person per year
- High Vulnerability - \$50,000 per person per year

BBS multiplied these cost estimates by the number of people needing support in each category and estimated a current annual cost of \$3,070,000 for emergency and critical services in the region. This is a rough estimate, of course. A local By-Name study integrating police, public health, emergency services, and homeless services data would refine these numbers.

Based on the current state of services and needs, the following findings were presented to the TTHAC in August 2024:

- **People Experiencing Homelessness:** On average each year, 216 households are unhoused in the Tahoe Truckee region, with 117 of them needing an intervention to find permanent housing and services. Thirty-nine of those households find permanent housing each year, leaving a gap.
- **Gap:** There are 78 households needing long-term housing programming in Tahoe Truckee that are currently not being served.
- **Growth:** Homelessness is estimated to grow by 13% annually. With no action, the gap of 78 will grow to 85 households by 2028.
- **Shelter Need:** While Tahoe Truckee is investing in housing, there is currently no year-round location for people to shelter overnight. The data suggest that there is a need to address crisis stabilization by investing in 22 year-round shelter beds, with flexible space to accommodate an influx of up to 13 additional guests during severe weather events, for a total of 35 shelter beds.
- **Community Cost:** Leaving the gap population unhoused costs the community roughly \$3.1M annually.

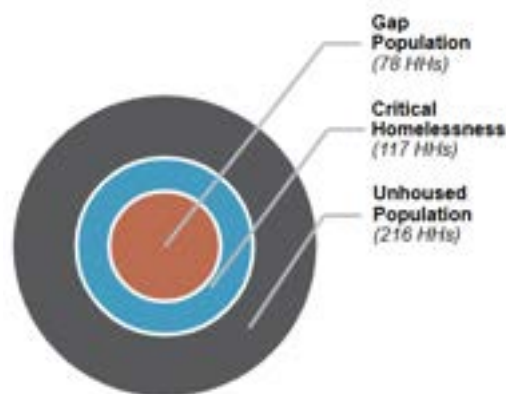


Figure 7. Subsets of the Tahoe Truckee Unhoused Population (based on 2021-2024).

IV. Five-Year Action Plan to End Homelessness in the Tahoe Truckee Region

The Advisory Committee agrees that the following key goals and strategies are the most effective pathway to meet the homeless service needs in our region and end homelessness in five years.

PRIORITY POPULATION

The following five-year priorities for ending homelessness in the region focus on building and strengthening services that the current system is unable to provide to the 78 households identified as needing, but not receiving, critical housing programming.

ACTION PLAN OUTCOMES

- 1) **Homelessness ends within five years.** *Our region has a systemic response in place that ensures that homelessness is prevented when possible or is otherwise rare and brief.*
- 2) **Vulnerable individuals can access crisis intervention and housing services.** *A set of services exists that helps people experiencing homelessness quickly exit homelessness and connect with housing and assistance.*
- 3) **The region works collaboratively to address homelessness.** *Homelessness is accepted as a community-wide issue, and responsibility is shared among the Town and County jurisdictions, in addition to community partners.*

GUIDING PRINCIPLES, WE BELIEVE

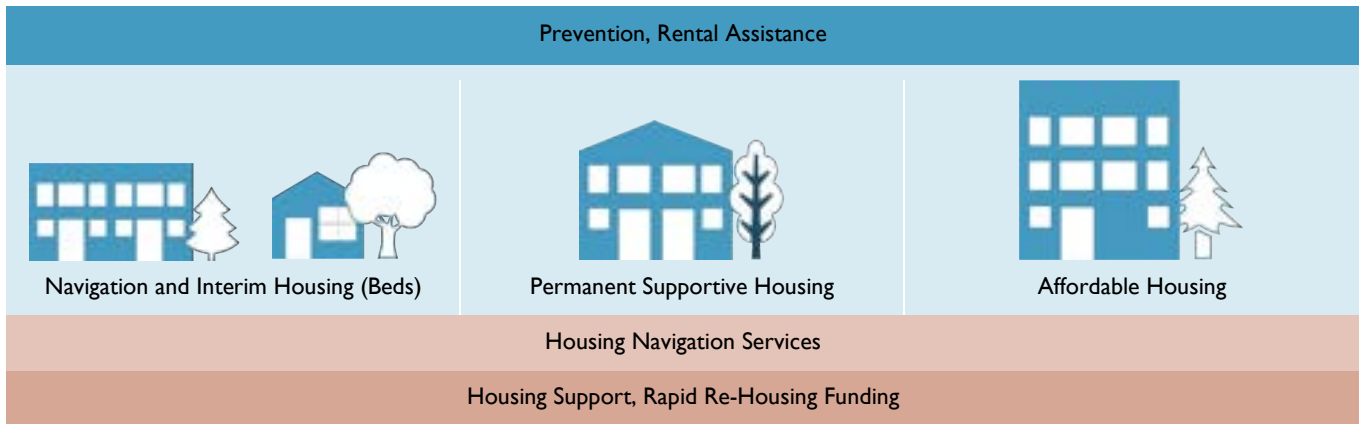
The Advisory Committee defined Action Plan priorities based on these beliefs:

Regional Collaboration Is Critical	Compassion Is Central	Housing Solves Homelessness	Doing Nothing Creates Significant Economic Impacts
Homelessness is a regional issue requiring a regional response. Everyone has a role to play; no one entity can solve this issue alone.	We strive to respond to needs with compassion first and build regional capacity for compassion for the unhoused.	We believe permanent housing solves homelessness and, as such, will prioritize housing over other investments.	We believe that the cost of doing nothing will have a significant impact on our local and regional agencies and economy.

TAHOE TRUCKEE HOMELESS CONTINUUM

This Action Plan focuses on three key areas of service delivery: the Tahoe Truckee Homeless Continuum, shown in Figure 8. This approach meets unhoused neighbors where they are, providing them three pathways into stable housing, depending on their unique needs. As outlined below, the goal is to move individuals and families from crisis (Navigation and Interim Housing) into stable housing (Permanent Supportive and Affordable Housing).

Figure 8. Tahoe Truckee Homeless Continuum – The Action Plan Focus



ACTION PLAN FRAMEWORK

Actions to address the service gaps for the 78 unserved households experiencing homelessness in our region have been organized into four focus areas, as illustrated in Figure 9. The goals and strategies for each area are detailed throughout the remainder of the plan.

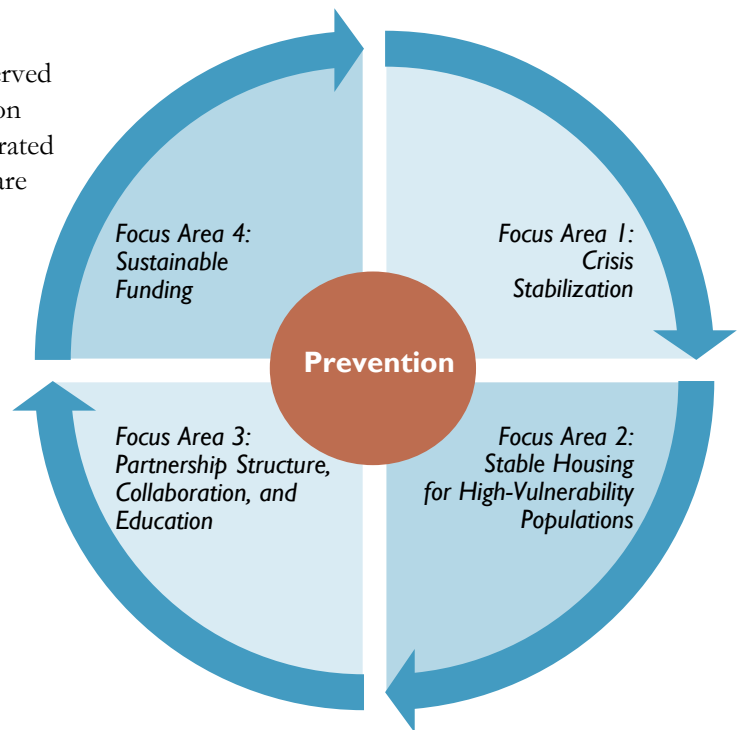


Figure 9. Action Plan Framework

Focus Area 1: Crisis Stabilization (Access to Services and Beds)

Goal 1: Expand Housing Navigation Services, Including Providing an Adequate Number of Interim Beds in the Region, to Serve Community Needs

Overview

Navigation services include street outreach and intensive case management aimed at helping individuals transition into permanent housing. Interim housing offers a temporary place to stay while people work toward securing permanent housing. Our goal is to provide these services year-round, seven days a week, throughout the region.

Until 2023, the region had limited day center and winter emergency shelter services, which were provided at a church in Truckee and managed by North Tahoe-Truckee Homeless Services (AMI Housing). Nevada County also operated a temporary warming shelter during the 2023/2024 winter season in a conference room at the Government Center.

Currently, housing navigation services are available on a limited basis, supplemented by street outreach. The goal is to identify a provider to manage both housing navigation and interim housing services for the region.

According to the BBS Study (attached), there is a need to provide 22 shelter beds year-round over the next five years. While further analysis is required to assess the exact year-by-year needs, the BBS data serves as a useful starting point. The future operator of a potential navigation center will need to conduct a feasibility study to finalize the needs and associated costs.

Strategy

Create a navigation center with interim beds based on detailed analysis and a funding plan.

- Tactic: Work with partners to define a process to secure a service provider for housing navigation and interim housing services, including funding and procurement.
- Tactic: Secure a provider to manage housing navigation and interim housing services (e.g., Volunteers of America).
- Tactic: Engage partners and service providers in developing service strategies that meet ongoing needs.

Goal 2: Sustain and Continue to Expand the Funding for Current Rapid Re-Housing and Rental Assistance Programs

Overview

Rapid Re-Housing provides short- to medium-term rental assistance and services to help qualifying individuals (those making less than 80% of Area Median Income) move into housing. Rental Assistance is generally one-time funding for rent to prevent people from becoming homeless and to stay in existing housing. Both programs exist in the region, but need outpaces available funding. The goal is to raise significant public and private dollars to fill the unmet need.

Currently, Sierra Community House operates a rental assistance program in the region, and both Sierra Community House and North Tahoe-Truckee Homeless Services administer Rapid Re-Housing funds. Both receive funding from public and private sources. Figure 10 provides a comparison of the amount of financial assistance provided and the number of households served in two distinct time periods: 2022-2023 and 2023-2024. Across these two time periods, the amount of assistance provided increased, and the number of

2024. Across these two time periods, the amount of assistance provided increased, and the number of households served also increased significantly. It should be noted that Sierra Community House received a three-year grant from the TOT-TBID Dollars At Work program in the amount of \$900,000 in 2023 to support rent payments and landlord-tenant legal services to help meet the 500% increase in demand for assistance³.

Figure 10. Rental Assistance Provided in 2022-2023 and 2023-2024 by Sierra Community House and North Tahoe-Truckee Homeless Services

	Amount of Assistance (2022-2023)	Households Served (2022-2023)	Amount of Assistance (2023-2024)	Households Served (2023-2024)
Rapid Re-Housing (North Tahoe-Truckee Homeless Services and Sierra Community House)	\$252,703	83	\$292,008	110
Rental Assistance	\$234,591	119	\$415,567	217
Total	\$487,294	202	\$707,575	327

Strategy 1

Bolster prevention funding through rental assistance.

- *Tactic:* Continue supporting Sierra Community House's regional financial assistance fund and legal tenant counseling program beyond the funding provided by the TOT-TBID Dollars At Work program.
- *Tactic:* Leverage future funds available through new legislation including Medi-Cal's Transitional Rent benefits.
- *Tactic:* Increase prevention funding 13% annually to \$765,655.26 by 2030 to meet growth projections of future need (based on \$415,567 in assistance for 2023-2024 in Figure 10).

Strategy 2

Increase Rapid Re-Housing funding to meet the gap in services.

- *Tactic:* Through a blend of federal and state funding and local philanthropy, raise an additional \$183,430 by 2028 to meet targets for client housing outcomes in the BBS Study (based on average spending of \$2,822 per household in Figure 10 above).
- *Tactic:* Ensure adequate staffing is in place with homeless services providers to provide the appropriate range of services to support housing retention and housing outcomes.

³ 2025, 'Sierra Community House Workforce Housing Advocacy & Direct Assistance Program' North Tahoe Community Alliance, viewed 22 January 25, <https://www.northtahoecommunityalliance.com/project/sierra-community-house-workforce-preservation-program/>

Focus Area 2: Stable Housing for High-Vulnerability Populations (Increase Inventory of Permanent Supportive Housing Units)

Goal 1: Add 30 New Permanent Supportive Housing Beds to the Current Inventory of 14 (Brown Bear Studios in Kings Beach) to Reach a Total of 44 Units by 2030

Overview

Permanent Supportive Housing pairs subsidized housing with case management services—an evidence-based model proven to help decrease the number of individuals experiencing chronic homelessness.

Fifty percent of the Tahoe Truckee homeless population has been determined to have intensive service needs paired with long histories of homelessness. Data show that individuals with this history are unlikely to resolve their homelessness on their own and require formalized support services to do so.

The BBS Study (attached) highlights the need to make a total of 44 Permanent Supportive Housing units available in this community to serve local needs over the next five years.

Strategy 1

Identify future opportunities to create Permanent Supportive Housing inventory based on need, funding, and community input.

Strategy 2

Continue to support the Pacific Crest Commons affordable housing project in Truckee, which will provide up to 10 units of Permanent Supportive Housing.

Goal 2: Ensure Post-Housing Services and Adequate Funding to Serve Individuals Living in Expanded Permanent Supportive Housing

Overview

Currently, the region has some capacity to provide case management services, but not enough. The best-practice ratio for serving chronically homeless individuals is one case manager to 25 individuals. As individuals become more stable, they may require fewer services.

Strategy 1

Ensure adequate staffing matches the growing inventory of units.

- *Tactic:* Develop a staffing plan that scales with the increase in Permanent Supportive Housing units.

Strategy 2

Ensure adequate funding from public and private sources covers needed resident services and upkeep of buildings.

- *Tactic:* Leverage future benefits available through Medi-Cal and other state and federal funding programs to support service delivery.
- *Tactic:* Build partnerships with individuals, foundations, and local businesses to secure additional financial resources.

Focus Area 3: Partnership Structure, Collaboration, and Community

Goal 1: Establish a Formal Regional Homeless Partnership Structure to Ensure Long-Term Coordination and Commitment

Overview

Meeting the goal of ending regional homelessness in five years requires a formal partnership structure so that services are coordinated and responsibilities are shared. The Advisory Committee was the first step in this direction. Currently, many partners provide a myriad of services, but no one entity pulls all these efforts toward a common goal. The Advisory Committee recommends establishing a backbone agency or organization that can provide fiscal and administrative support to a regional homeless partnership structure. The next steps would then be to build the partnership structure, with clear roles and responsibilities, and to secure local funding from grant sources and various partners to staff the partnership and implement this Action Plan. There are many successful collaborative models in the region, such as the Mountain Housing Council, the Community Collaborative of Tahoe Truckee, United for Action, and the Tahoe Truckee Workforce Housing Agency, which can help inform the homeless partnership work.

Strategy 1

Continue the formation of the Homeless Advisory Committee under the Homeless Resource Council of the Sierras.

- *Tactic:* Continue to hold quarterly meetings with Advisory Committee members.
- *Tactic:* Regularly evaluate progress of the Action Plan and adjust strategies as needed in response to evolving regional needs.
- *Tactic:* Establish a more concrete collaborative partnership between Town of Truckee and Nevada County to address zoning issues that will continue to influence where future services can be secured..
- *Tactic:* Update local zoning regulations within the Town of Truckee to allow more flexibility with service provisions that align with the California state guidance.

Strategy 2

Identify the lead agencies that will drive the programming, including:

- **Housing Lead to develop master leases and Permanent Supportive Housing units.**
- **Services Lead that will integrate homeless services and behavioral health.**
- *Tactic:* Establish a backbone agency or organization that can provide fiscal and administrative support to a regional homeless partnership structure. This organization would have the infrastructure to bill Medi-Cal and capitalize on other direct-services revenue sources.
- *Tactic:* Perform a comprehensive assessment of local agencies, nonprofits, and service providers to evaluate their capacity, experience, and resources to take on the roles of Navigation Services Lead, Housing Lead and Services Lead.
- *Tactic:* Collaborate with the identified lead agencies to develop a comprehensive resource and funding plan that outlines both public and private funding sources—leveraging federal, state, and local programs—as well as private sector partnerships.

Goal 2: Continue to Build Community Awareness, Support, and Understanding of Solutions to Regional Homelessness

Overview

Addressing homelessness in the Tahoe Truckee region requires a concerted effort to raise awareness, build local support, and foster a deeper understanding of both the challenges and solutions surrounding this issue. It is crucial to ensure that community members are well-informed about the causes and impacts of homelessness, including vital solutions such as Permanent Supportive Housing, Rapid Re-Housing programs, homelessness prevention, and integrated services that address both housing and behavioral health needs.

Strategy 1

Work with community partners to push out new and existing information to raise awareness through community events, media, and social media campaigns.

- *Tactic:* Host regular public meetings and forums to discuss homelessness, share data, and present successful models and stories.
- *Tactic:* Collect new and share existing personal stories from individuals who have experienced homelessness or benefited from affordable housing and supportive services. Share these through videos, written testimonials, and social media. An example of this approach is the press release and video created by Brown Bear Studios.
- *Tactic:* Encourage local businesses to take an active role in addressing homelessness by contributing to housing initiatives.

Strategy 2

Work with local organizations to develop consistent messaging about the causes of homelessness, the benefits of affordable housing, and the importance of integrating health and social services.

- *Tactic:* Bring together organizations focused on housing, such as the Tahoe Truckee Community Foundation, Tahoe Housing Hub, Truckee Tahoe Workforce Housing Agency, United for Action (advocacy), Sierra Community House, and North Tahoe-Truckee Homeless Services, along with public agencies, to create storytelling that increases community support for affordable housing projects and supportive services.
- *Tactic:* Develop messaging that emphasizes the need for housing for those at 80% AMI or below, just as much as for the "missing middle" demographic.

Strategy 3

Track and support all affordable housing projects.

- *Tactic:* Provide regular updates on projects in progress, such as Dollar Creek Crossing, Estates Meadows, and Pacific Crest Commons.
- *Tactic:* Host events or discussions that highlight these ongoing projects, providing a platform for community members to stay informed.

Focus Area 4: Sustainable Funding

Goal 1: Develop a Funding Plan for Implementing Action Plan Strategies

Overview

The success of this Action Plan depends on securing public and private funding. Several of the Advisory Committee's public agency partners (Placer and Nevada counties), and nonprofit partners (AMI Housing, Sierra Community House), have a strong track record of securing grants from state and federal sources. Additionally, the HRCS plays a key role in securing funds for homeless work in the region and will be instrumental in braiding funding for local efforts. Efforts are already underway to find public funding for several Action Plan goals, as outlined below.

Strategy 1

Develop an implementation budget for the Action Plan strategies, covering both capital and operational costs.

Strategy 2

Work with partners to identify funding sources and close funding gaps using a mix of public and private funds (see Figure 11 for funding currently being pursued).

- *Tactic:* Utilize funding commitments from jurisdictions to prove community buy-in and shared ownership to leverage additional funds.

Goal 2: Launch a Regional Campaign to Raise Private Philanthropic Dollars for Homeless Services

Overview

Once it creates an implementation budget and identifies the funding gap, the regional partnership will need to find ways to close it. This will require public agencies working to secure state and federal funds, as well as a local campaign to raise private funds. The BBS Study (attached) recommends launching a campaign to raise \$1M over the next five years. This flex funding would support both the partnership's work and short-term solutions while longer-term solutions are being developed.

Strategy

Raise \$1M in private philanthropic support for a Homelessness Support Fund and gap financing that aligns with public funding.

- *Tactic:* Appoint a dedicated person or agency to lead and manage the fundraising campaign so that the goal of \$1M from private philanthropy is coordinated, focused, and achieved.
- *Tactic:* Ensure that fundraising efforts align with the following key priorities in the Action Plan:
 - **Prevention:** Raise funds to sustain and increase prevention funding.
 - **Rapid Re-Housing and Light Housing Support:** Raise funds to support the expansion of Rapid Re-Housing and light housing options for individuals transitioning out of homelessness.
 - **Permanent Supportive Housing:** Secure funding to develop and maintain Permanent Supportive Housing for individuals with long-term housing and support needs.

Goal 3: Apply for State and Federal Funding for Homeless Services Using a Partnership Approach

Overview

Both state and federal governments provide funding opportunities that cities and counties can leverage to address homelessness within their jurisdictions. The Homelessness Task Force Report put together a table that highlights the funding sources most commonly used by local governments in California, along with details about the targeted populations and service types, where applicable ([Institute for Local Government 11](#)). While our region might not be eligible for all of the funding sources listed, it is important to be aware of the available options when collaborating with other community partners.

In addition to federal and state funding, local governments are utilizing their own resources to support homelessness responses, programs, and services. A survey conducted by the League of California Cities and California State Association of Counties reveals that cities and counties are drawing on the following local funding sources: public safety funding and resources, local sales and use taxes, development fees, transient occupancy taxes, bond proceeds, and General Funds.

Figure 11 outlines current efforts to pursue funding for various Action Plan priorities, highlighting the collaborative efforts to access state and federal resources for homeless services.

Figure 11. Current Funding for Action Plan Focus Areas 1 and 2

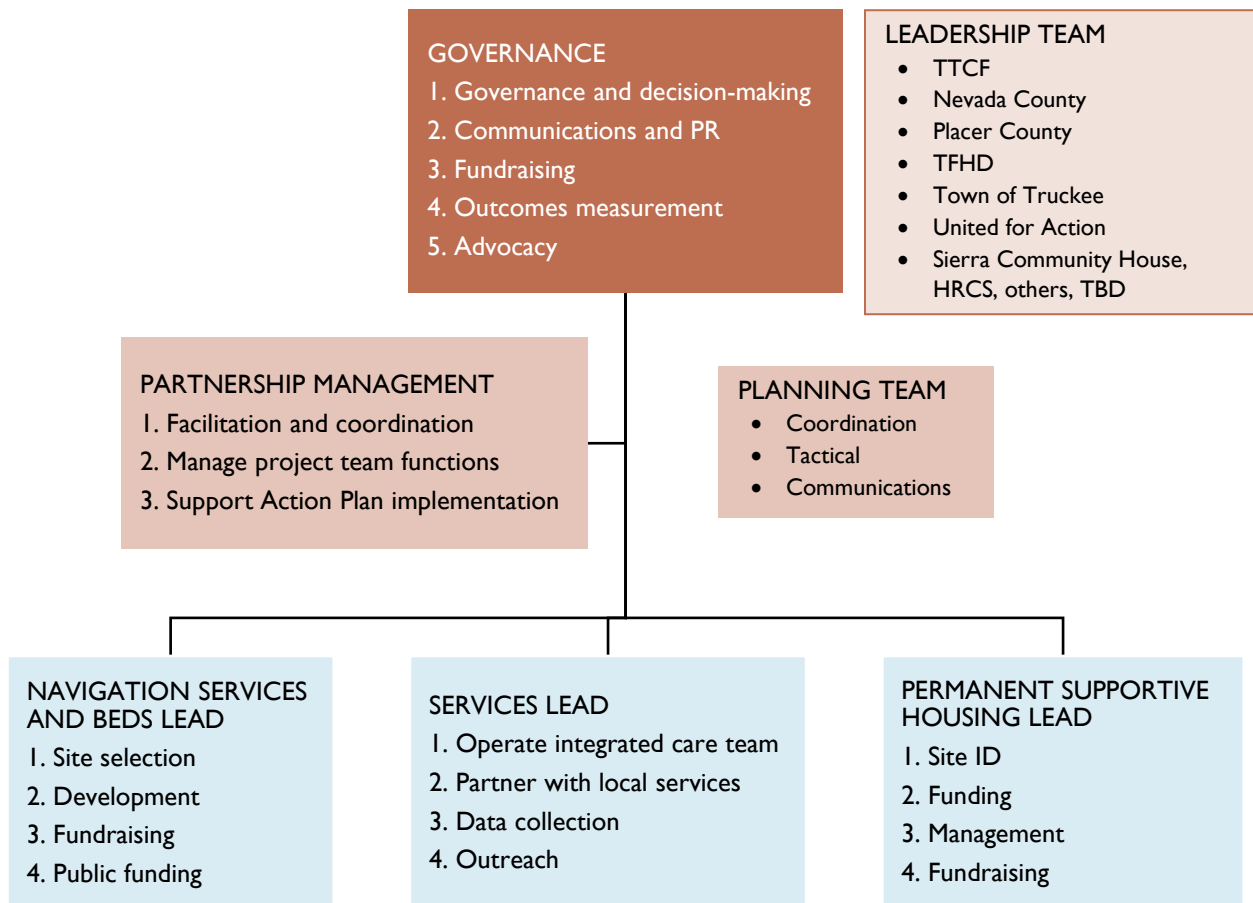
Action Plan Focus Area and Goal	Public Funding	Private Funding
Focus Area 1, Goal 1 Expand housing navigation services, including providing an adequate number of interim beds in the region to serve community needs.	Volunteers of America is pursuing PATH CITED funding – an initiative that provides funding to enable the transition, expansion, and development of Enhanced Care Management (ECM) and Community Supports	Funding for short-term solutions will be needed while longer-term solutions are in development.
Focus Area 2, Goal 1 Add 30 new Permanent Supportive Housing beds to the current inventory of 14 (Brown Bear Studios in Kings Beach) to reach a total of 44 units by 2030.	Nevada County is moving forward to apply for Homekey funds in early 2025 (to purchase a residential property in Truckee to create 5-6 PSH units). Nevada County is applying for No Place Like Home funding in partnership with the Regional Housing Authority to secure funding for 10 PSH units (within a 55-unit complex).	Additional funding will be needed to close the gap between the cost of property, rehab needs, and Homekey funding. <i>Amount TBD</i> Additional funds were secured from the Town of Truckee to support the project moving forward.

V. Implementation Steps for Consideration

PARTNERSHIP STRUCTURE AND BACKBONE ORGANIZATION

Figure 12 outlines a potential future partnership structure to advance Action Plan work. Although it will be up to the partners to determine the final structure, this framework illustrates how collective work might continue to move forward, if there is willingness to do so. Key to moving the partnership work forward is securing a backbone organization that is willing and motivated to support the regional collaborative work for at least three years.

Figure 12. Homeless Network Partnership Framework



ROLES

As part of the action planning process, we conducted research on the roles of various public agencies in advancing homeless solutions, specifically the roles of towns versus counties. Because homelessness is a complex, challenging issue that impacts many organizations—from emergency rooms to police departments, from libraries to counties and towns—successful models of collaboration clearly articulate roles and responsibilities. No entity can solve homelessness alone.

We identified several models where various towns within a county contributed funds to match county funds to address regional homelessness. Figure 13 illustrates how Los Angeles County is funding homeless services via a joint agreement, matching funds between city and county contributions.

Figure 13. Example of Shared Funding Plan for Homeless Services in LA County

	PIT count	CoC Allocation	City Allocation	County Allocation
Glendale CoC PIT	175	\$208,408		
Pasadena CoC PIT	556	\$799,523		
Long Beach CoC PIT	3,376	\$4,956,753	\$1,047,680	
LA City/County CoC PIT	71,201	\$102,557,467	\$164,335,500	\$97,384,000
Totals	75,308	\$108,522,150	\$165,383,180	\$97,384,000

Grand Total: \$371,289,330.80

Funding per PIT: \$4,930.28

Figure 14 presents a preliminary outline of the roles various partners might play to move the Action Plan forward, given their mission, resources, capacity, and will. Over the coming year, these roles and responsibilities will be further discussed and refined by the Advisory Committee.

Formalizing partnerships, roles, and responsibilities could be an effective step to deepen commitment to solving homelessness in the region. The sample MOU in Attachment 3 outlines the agreements partners are making to the work long-term.

Figure 14. Sample Lead and Support Roles

Action Plan Priorities	Example: Lead Role	Example: Support Role
Focus Area 1: Crisis Stabilization		
Goal 1: Expand housing navigation services, including providing an adequate number of interim beds in the region to serve community needs.	Volunteers of America	Faith-based community, Town of Truckee, Tahoe Forest Hospital District, Community Organizations Active in Disaster
Goal 2: Expand funding for current Rapid Re-Housing and Rental Assistance programs.	Sierra Community House, North Tahoe-Truckee Homeless Services	Martis Fund, Others TBD
Focus Area 2: Stable Housing for High-Vulnerability Populations		
Goal 1: Add 30 new Permanent Supportive Housing beds to the current inventory of 14 (Brown Bear Studios in Kings Beach) to reach a total of 44 units by 2030.	Nevada County, Placer County	AMI Housing, Volunteers of America, Town of Truckee, Tahoe Forest Hospital District
Goal 1: Work with partners to support the development of affordable housing, specifically those that include Permanent Supportive Housing units	Tahoe Housing HUB	All
Goal 2: Ensure post-housing services and adequate funding to serve individuals living in expanded Permanent Supportive Housing.	Nevada County, Placer County	AMI Housing, Volunteers of America
Focus Area 3: Partnership Structure, Collaboration, and Education		
Goal 1: Establish a formal regional homeless partnership structure to ensure long-term coordination and commitment.	Homeless Resource Council of the Sierras, Tahoe Truckee Community Foundation, TBD	Chamber of Commerce, Truckee Library
Goal 2: Continue to build community awareness, support, and understanding of solutions to regional homelessness.	Homeless Resource Council of the Sierras, Nevada County, Placer County, Town of Truckee	Chambers, Libraries, United for Action, Tahoe Truckee Community Foundation
Focus Area 4: Sustainable Funding		
Goal 1: Develop a funding plan for implementing Action Plan strategies.	AMI Housing, Volunteers of America, Placer County, Nevada County, Town of Truckee	Homeless Resource Council of the Sierras,
Goal 2: Launch a regional campaign to raise private philanthropic dollars for homeless services.	All	Homeless Resource Council of the Sierras, Tahoe Truckee Community Foundation
Goal 3: Apply for state and federal funding for homeless services using a partnership approach.	Public agency partners, Homeless Resource Council of the Sierras	Town of Truckee

Appendices

1. Tahoe Truckee Homeless Response System: Gap Analysis and Recommendations (BBS Study)
2. Community and Lived Experience Survey Results
3. Example MOU for shared responsibility of homeless services between partners
4. Other homeless plans, summary of policy actions in the Town of Truckee Housing Element related to homelessness

Appendix I

Tahoe Truckee Homeless Response System: Gap Analysis and Recommendations (BBS Study)

Tahoe Truckee Homeless Response System: Gap Analysis and Recommendations

Prepared by Bowling Business Strategies
January 2025

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Key Definitions

- **Light Housing Support (LHS)** – Housing navigation services to help people rapidly identify a permanent or shared housing option. Provides light case management and one-time, move-in financial assistance with security deposit and first month’s rent.
- **Navigation Center** – Physical location for homeless services that provides overnight, emergency shelter beds and daytime location to assist people experiencing homelessness with updating government documents, housing navigation, and basic needs.
- **Permanent Supportive Housing (PSH)** - Permanent housing for those experiencing chronic homelessness with a disabling condition. The housing is either integrated into a neighborhood or site-based with long-term rental assistance through vouchers or other sources. Services are provided to address behavioral health and housing stability needs.
- **Rapid Rehousing (RRH)** – Typically provides rental assistance and services for 3-24 months with the goals of helping people obtain housing quickly, increase self-sufficiency, and stay housed.
- **Self-Resolution** - Resolution of housing insecurity without the use of homeless services.

- **Transitional Housing** - Provides temporary shelter to those experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing.

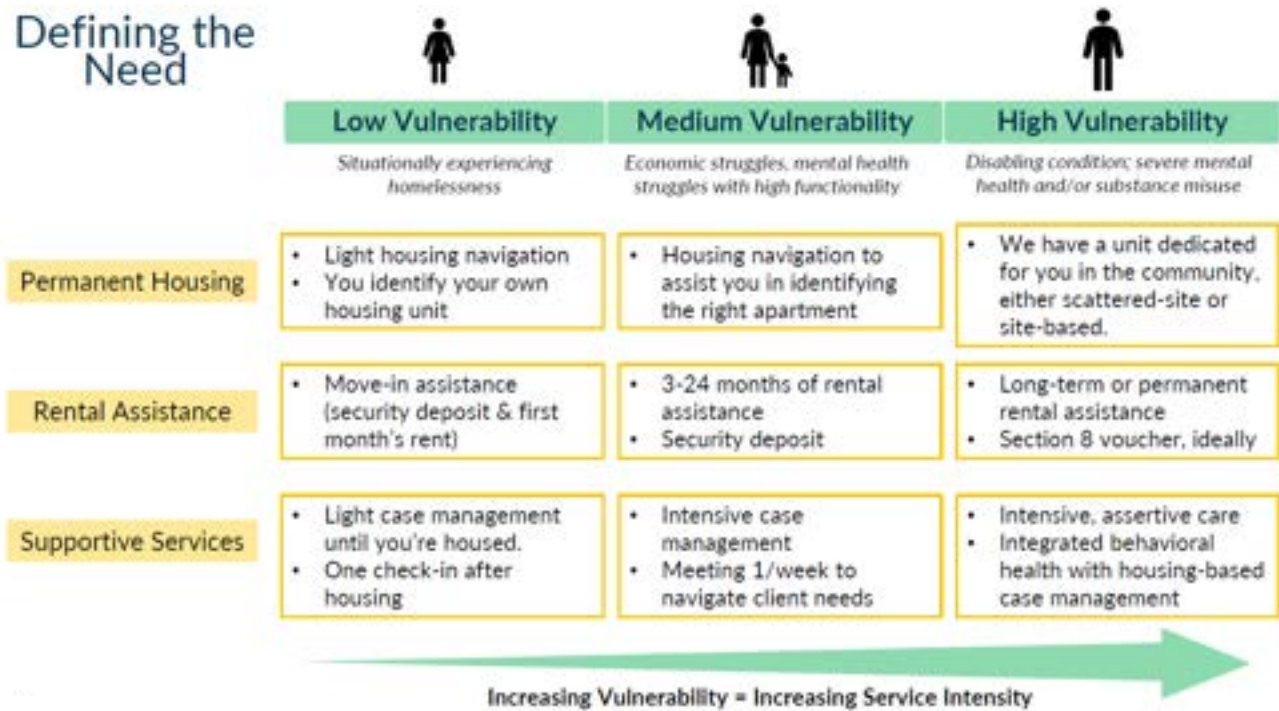


Figure 1. Suggested service offerings by household vulnerability.

Summary of Gaps Analysis

Bowling Business Strategies (BBS) was contracted by the Tahoe Truckee Homeless Advisory Committee (TTHAC) to conduct a gaps analysis of the local homeless response system. The purpose of this analysis is to provide data and information for the Council to use as they determine priorities for their Regional Homeless Action Plan.

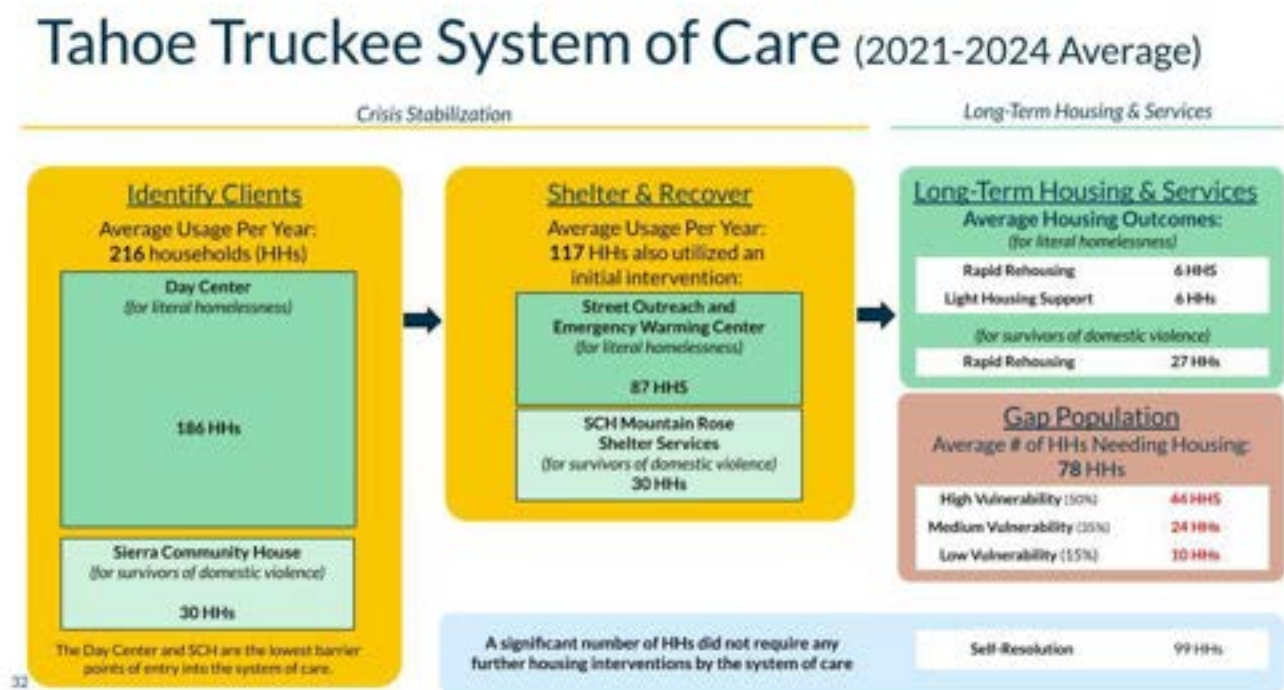
Beginning in June 2024, BBS worked with representatives from the TTHAC to assess the current conditions and services available, and not available, to people experiencing homelessness in the region. The planning team chose to study a 4-year data period from 2021-2025, because prior to that period not enough resources were available to process quality data. The following sources were considered:

- **Homeless Management Information System (HMIS)** – centralized reporting on encounters and outcomes for people experiencing homelessness
- **Provider-level data** from North Truckee Tahoe Homeless Services (NTTHS) and Sierra Community House (SCH)

- **U.S. Census Bureau** – regional data reported through the American Community Survey
- **Point in Time Count** – the annual count of people experiencing homelessness in January

The current state of the homeless response system, with the average number of households served from 2021-2024, is summarized below.

Figure 2. Tahoe Truckee Homeless Response System, Average Service Volume and Gaps (2021-2024)



This figure depicts the typical flow of clients experiencing homelessness through the local system of care. Between 2021-2024, clients typically had their first interaction with the system through interface with the North Tahoe-Truckee Homeless Services (NTTHS) Day Center (which closed August 15, 2024), or with Sierra Community House (SCH), which offers emergency shelter and other supportive services specifically for victims of domestic/intimate partner violence, sexual assault, and child abuse. Of the average 216 households who engaged with the Day Center or SCH each year, 117 required further intervention to identify permanent housing and/or supportive services. A significant number of households did not require any further housing interventions, with an annual average of 99 self-resolving their homelessness.

Depending on the severity of needs and type of homelessness experienced by these households, they were offered either rapid rehousing or light housing support. Rapid rehousing support was coordinated by NTTHS, AMI Housing, or SCH. Light housing support was coordinated by NTTHS. While these services

are most effective for low and medium vulnerability households, households that meet the threshold for high vulnerability should be offered more intensive services such as permanent supportive housing (PSH). Tahoe-Truckee is already expanding its ability to serve these high vulnerability populations with the expansion of the Brown Bear Studios and upcoming Pacific Crest Commons development.

Based on the current state of services and needs projected by the gaps model, the following findings were presented to the TTHAC in August 2024:

- **People Experiencing Homelessness:** On average, 216 households are unhoused in the Truckee-Tahoe region with 117 of them needing an intervention to find permanent housing and services. Thirty-nine of those households find permanent housing each year, leaving a gap.
- **Gap:** There are 78 households that need long-term critical supportive housing programming in Tahoe Truckee that are currently not being served.
- **Growth:** Critical homelessness is estimated to grow by 13% annually. With no action, the gap of 78 becomes 85 households by 2028.
- **Shelter Need:** While Tahoe Truckee is investing in housing, there is currently no year-round location for people to shelter overnight. The data suggests that there is a need to address crisis stabilization by investing in 22 year-round shelter beds, with flexible space to accommodate an influx of up to 13 additional guests during weather events, for a total of 35 shelter beds.
- **Community Cost vs. Investment:** Keeping the gap population experiencing homelessness costs the community roughly \$3.1M annually. It would cost \$2M in up front program investment to house and serve the gap population.

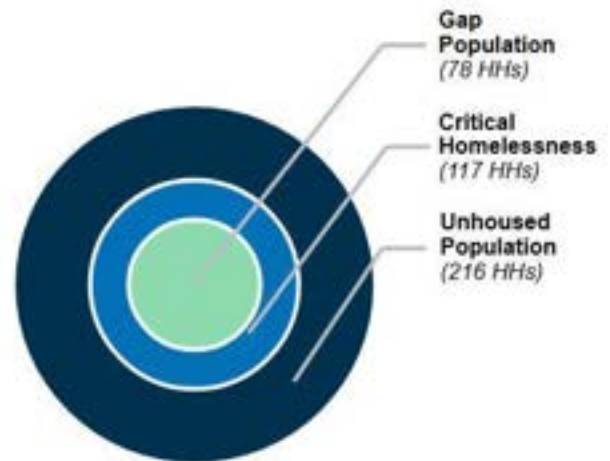


Figure 3. Subsets of the Tahoe Truckee unhoused population (based on 2021-2024).

Methodology

To understand the scale of homelessness and housing needs in the Truckee-Tahoe area, BBS analyzed three years of local data from providers NTTHS and SCH, along with HMIS client data. This approach helped identify trends, gaps, and service needs to guide effective planning for community support.

Scale of the Need

BBS reviewed the last three years of local data to understand the trend of people using homeless services. This was done by reviewing provider data from NTTHS and SCH, and three years of client-level data from the HMIS. The data showed the following annual averages between 2021-2024:

- **Day Center:** In the last three years, an average of 186 households self-reported experiencing homelessness and used the Day Center each year
- **Homeless Services:** An annual average of 87 households used a homeless service program (street outreach or the emergency warming center)
- **Domestic Violence:** An annual average of 30 households used Sierra Community House

The Day Center data is self-reported and not tracked by an itemized client. BBS did not want to disregard it, but it was less concrete than the 87 average households using homeless services. With those numbers, we were able to deduplicate the data to ensure they were unique households.

We should also note that there is significant variability between the years. For instance, 119 households used homeless services in 2021-2022, while 64 households used homeless services in 2023-2024, demonstrating a positive trend. But during that same period, more households self-reported experiencing homelessness and using the Day Center (there was a 40% increase). This is a confusing trend but could be explained by the fact that COVID-19 funding ran out and local providers were not able to serve as many households in 2023-2024 as they were in 2021-2022. This suggests that **the scale of the need is growing in Truckee while our funding to respond to it decreases**. That supported the use of 87 households as a planning number to define the scale of the problem in Truckee-Tahoe.

Scale of Services

If there are 87 households using homeless services each year in Truckee-Tahoe, then it begs the question: how many are getting housed? BBS used the same data sources and analysis as above to determine how frequently people were receiving stable housing and permanently exiting homelessness. What we found is that on average only 12 households were housed out of those 87 households each year, distributed among the following:

- 6 households were housed by NTTS using a light touch that we called "light housing support", which usually involves support through the payment of an application fee, security deposit, and engaging in short-term case management.
- 6 households annually were housed by NTTS using a "rapid rehousing" model that combines rental assistance with medium-term case management.
- SCH reports being able to house almost 100% of the 30 households they serve each year, which is an exciting feat. They estimate that at most, there are 3 households they are not able to place in permanent, stable housing each year.

Scale & Nature of the Gap

Doing the math between the first two values (87 households using NTTHS homeless services, of which 12 are housed annually, and 30 accessing SCH services, of which 27 are housed), we arrive at an average annual gap of 78 households.

PSH Calculation

While seeing the magnitude of the gap is useful in its own right, what is most useful for identifying an effective solution is understanding the level of intensity of services that the people in that gap need. When client information is entered in the HMIS, two pieces of data are collected which help us understand their level of need:

1. **Risk Score** - a client risk assessment provides a score along a "vulnerability index" to understand the level of intensity of their need
2. **Length of Time Experiencing Homelessness** - how long the client has been experiencing homelessness. Public health research unequivocally shows that health outcomes are inversely related to the length of time without housing stability. The longer you are on the street, the less healthy you are.

By aggregating these two data measures, BBS learned that 49% of households rated in the highest category along the vulnerability index, and 56% of households were experiencing homelessness for longer than a year. These two data points corroborated each other: half of the people experiencing homelessness need the highest level of care you can offer. This is how we arrived at the critical 44 household number in our analysis. There are 87 households, on average, each year that use homeless services, 50% of them needing the highest level of care. This means that 44 of them need an intensive intervention called Permanent Supportive Housing.

Shelter Bed Calculation

Relying on the local expertise of Truckee-Tahoe's service providers, we asked: "how long do we estimate someone would stay in shelter if we offered it year-round?" This question, in most communities, is met with local data that would show how long people are staying in shelter. Since no year-round shelter exists, we had to use an assumption to guide this piece of the data.

We agreed that the 44 households experiencing chronic homelessness would likely stay for 180 days per year in a shelter. If this is the case, then you need 22 year-round shelter beds to accommodate those 44 households. However, as discussed, there are roughly 87 households experiencing homelessness each year. Many of them might use shelter periodically throughout the year, especially during extreme weather. Thus, we recommended designing a shelter with 22 year-round beds, but having the flexible space to accommodate *more* people during severe weather events.

Community Cost Calculation

Two studies were reviewed to inform the community cost calculation: 1) [Homelessness In California, 2024 Audit report](#) (An analysis of program documentation and homelessness cost estimates cited by the U.S. Interagency Council on Homelessness, the National Alliance to End Homelessness, and the Legislature), and 2) [Boise State University - New Path Community Housing Report](#) (a longitudinal study on the impact of chronic homelessness). Neither of these studies give a community cost figure that is exact for Truckee, of course; only a local study could do that. But it allowed us to estimate.

We estimated that the community cost depended on the level of vulnerability. Based on the vulnerability breakdown from above, we estimated the average annual cost was:

- Low Vulnerability (15%) - \$15,000 per person per year
- Medium Vulnerability (35%) - \$30,000 per person per year
- High Vulnerability (50%) - \$50,000 per person per year

We multiplied these cost estimates by the level of the gap population and estimated a current annual cost of \$3,070,000 for the emergency and critical services in the region. This is a rough estimate, of course. A local by-name study that integrates police, public health, emergency services, and homeless services data would focus these numbers.

Summary of Recommendations

Given the findings of the gaps analysis, the following recommendations were developed by BBS to meet the described needs:

1. **Develop 44 Permanent Supportive Housing Units:** Functionally address homelessness among high vulnerability households by aggressively expanding supportive housing programming in two major ways:
 - a. Identify 44 units of PSH through a combination of developing new units and dedicating units across existing (or soon-to-be leased up) buildings.
 - b. Expand rental assistance and services for Rapid Rehousing and Light Housing Support by launching a Homelessness Support Fund (using primarily private funding) to flexibly fund program needs.
2. **Raise \$1,000,000 in Philanthropic Support and Align with Public Funding:**
 - a. Launch charitable campaign of \$1,000,000 for Homelessness Support Fund and gap financing for capital.
 - b. Align state, county, and local funding toward achieving these recommendations.
 - c. Work with public housing authorities to dedicate project-based Housing Choice Vouchers for the 44 units of permanent supportive housing.
3. **Create a Navigation Center with 22 Year-Round Shelter Beds:** Develop a year-round shelter that has room for 22 year-round beds and flex space to serve additional people during extreme weather. Priority should be put on creating beds that have privacy and including community space for low-income and unhoused populations to utilize during the day.
4. **Launch an Action-Oriented Partnership Structure at the Intersection of Housing, Homelessness, and Behavioral Health:** Building off the momentum of the TTHAC, launch a long-term governance and operational structure to implement the recommendation framework. To maintain the ongoing sustainability and adaptability of the partnership, the following groups should be identified:
 - a. Governing Committee – A leadership group comprised of key stakeholders that ensures accountability, leads fundraising, and drives communications and community engagement
 - b. Action Team – A group of agency leaders responsible for implementing core programs within the partnership, including a Housing Lead and a Services Lead
 - c. Backbone Support Organization – The central coordinating entity or project manager that supports the operational functions of the partnership, and serves as the liaison between the Governing Committee and Action Team

Recommendation 1:

Develop 44 Units of Permanent Supportive Housing

Goal: Functionally address homelessness by aggressively expanding supportive housing programming over the next four years.

Timeframe: By May 2026, identify or develop 44 units for PSH, which can be accomplished through a construction project (like Brown Bear Studios) or by dedicating units within either existing or soon-to-be leased apartment building. Also scale light housing support (LHS) and rapid rehousing (RRH) through the launch of a Homelessness Support Fund that pays rental assistance and increase case management program support.

- **Housing:**
 - Master Lease: Partner with landlords to dedicate units for PSH (e.g., design landlord incentives like a signing bonus and damage mitigation fund).
 - New PSH Development: Develop one (or partner with a series of) property to secure units of PSH.
- **Rental Assistance:**
 - Launch a campaign to raise funds to support expansion of Light Housing Support and Rapid Rehousing programming.
 - Work with the housing authority to align tenant-based Housing Choice Vouchers for master leased units and project-based Housing Choice Vouchers for the 44 PSH units.
- **Supportive Services:**
 - Support an intensive case management approach to RRH/LHS caseloads.
 - Hire a new integrated care team to support the PSH caseloads (see Figure 3 and Figure 4 to understand the potential staffing array).

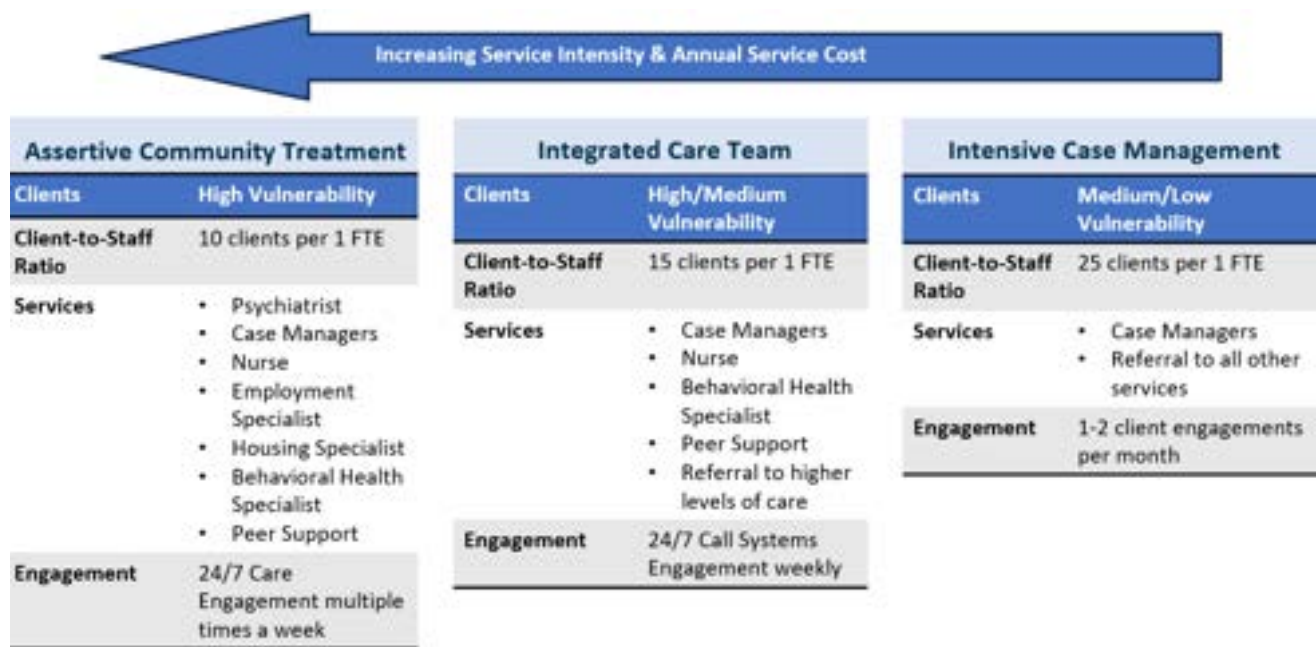


Figure 4. Potential Service Array Options Based on Level of Vulnerability of Clients

Phasing Plan: This approach proposes a phasing of the number of clients exiting to permanent housing through a supportive housing program. By achieving these client outcomes, Truckee-Tahoe would be moving towards a capacity that could functionally address homelessness.

If the following client outcomes are achieved in the next four years, then Truckee-Tahoe will be close to achieving ‘functional zero’ for homelessness, where it is able to house every household that requires supportive housing programming.

(NOTE: Achieving the following outcomes depends on staffing, funding, and operational excellence)

Goal Targets for Client Housing Outcomes

# of Households Working with a Program to Secure Permanent Housing	2025	2026	2027	2028	Total
Light Housing Support (LHS)	10	10	3	2	25
Rapid Rehousing (RRH)	10	20	5	5	40
Permanent Supportive Housing (PSH)	12	22	6	4	44

Recommendation 2:

Raise \$1,000,000 in Private Philanthropic Support & Align with Public Funding

Goal: Secure financial resources through aligning state, county, and local funding, launching a charitable campaign for a Homelessness Support Fund and gap financing, and identifying project-based vouchers to support PSH clients.

Timeframe: Raise first \$500,000 for the Homelessness Support Fund by December 2025, and second \$500,000 by December 2026. Align timing of funding priorities with recommendations 1 and 3.

- **Charitable Fundraising Campaign**: Launch a fundraising campaign that raises \$1,000,000 in programmatic funding to support the larger initiative. This will seed the creation of the Homelessness Support Fund.
- **Funding Lead**: Appoint one person and agency as the lead in project managing the fundraising efforts.
- **Align with CoC Funding**: Align the priorities with HUD Continuum of Care dollars with the programmatic priorities recommended, especially in support the service cost for RRH and LHS.
- **Medicaid**: Review through a rate study the ability of the PSH Integrated Care Team to bill Medicaid for its services.
- **County and Health System Support for Behavioral Health**: Determine a partnership with Counties and the Health Systems on dedicated funding or in-kind staff for the Integrated Care Team.
- **Project-Based Vouchers from Housing Authority**: Align with the housing authority on project-based vouchers for the PSH units.

Recommendation 3:

Create a Navigation Center with 22 Year-Round Beds

Goal: Develop a Navigation Center that includes service-based care to rapidly navigate guests to permanent housing and emergency shelter space for a peak of 22 beds. This should include 22 private beds, and flex space to serve additional people during periods of higher need.

Timeframe: Open shelter by December 2025.

- **Population Focus**: The 22 private beds are targeted toward households experiencing chronic homelessness, with flex space for additional beds to serve other populations who need

overnight shelter. These temporary accommodations could offer respite to those needing additional support following hospital discharge, or people needing shelter during extreme weather events.

- **Program Philosophy:**

- Privacy and psychological safety should be prioritized in the physical design of the space (e.g., private beds).
- Housing-orientation should be the goal of every service interaction, working to move each client into long-term housing.
- Co-location: allow other agencies to work with clients in the shelter setting, especially for behavioral health and workforce development.

- **Program Considerations:**

- **Staffing:** Determine the correct staffing array that can meet the basic needs of guests while remaining committed to housing navigation, whereupon the urgent goal is find permanent housing placement.
- **Day Center:** As possible, the shelter should have community space that is open during daytime hours so that people have a place to be during the day and at night.
 - Providing a supportive environment for those experiencing housing, food insecurity, and/or other vulnerabilities to access can help them identify resources and facilitate social connections. Day spaces reduce the likelihood of vulnerable individuals spending time in unsafe or inappropriate public spaces, offering them dignity and a consistent place to rest, socialize, or seek help. It may also offer the benefit of community integration, serving as a bridge between housed and unhoused community members, helping to break down stigma, increase mutual understanding, and encourage broader community support for addressing homelessness.
- **Site Location:** Work with the current committee dedicated to identifying a suitable site. The ideal site would connect to transit corridors and encourage access to community services with the building allowing for private space to be developed for guests, suitable bathroom facilities, confidential office space for case management, and storage space for guests' belongings.

Recommendation 4:

Launch Action-Oriented Partnership Structure

Goal: Building off the work of the TTHAC in 2024, launch a governance and operational structure that pulls off this recommendation framework, including identifying a Governing Committee, Action Team, and Backbone Support Organization.

Timeframe: Launch governance framework by July 2025

- **Governing Committee:** Form a committee including members from the county, town, health system, housing authority, CoC, and private foundations to govern this operational partnership that will:
 - Hold the Action Team accountable
 - Spearhead fundraising, communications, and community engagement
- **Action Team:** Identify the lead agencies that will drive the programming, including:
 - Housing Lead to develop master lease and PSH units
 - Services Lead that will integrate homeless services and behavioral health
- **Backbone Support Organization:** Identify who will serve as the project manager and backbone of the entire partnership, which could be one of the Action Team Agencies or another group.

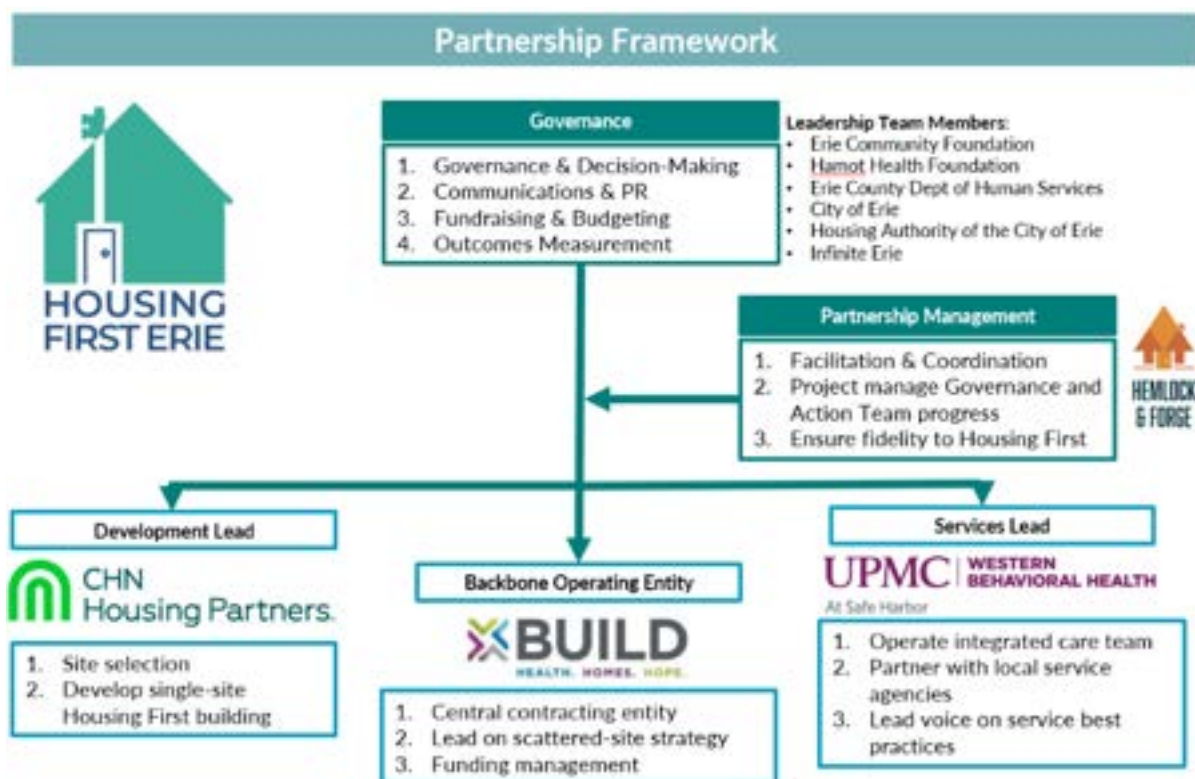


Figure 5. Case Study: A sample partnership structure used in Erie, PA

Estimated Budget

Below represents a dynamic, assumptions-based model for the capital, services, and operating costs to deliver the above recommendations. The following should be viewed as an estimating tool.

Capital Budgeting

Assumptions

Cost assumptions should be updated as planning develops, and cost details become clearer.

Assumption	Cost
Incentive Funding Per Master Leased Unit	\$2,500
Cost per square foot (for new construction or rehab)	\$550
Square Footage per residential unit	550
% of square footage beyond residential units	+50% (not including parking)
Total Development Cost Per Unit	\$453,750

			Development #1	Development #2	Development #3	TOTAL
			Navigation Center	Master Leasing Units	PSH Building	
Timeline for Units to Come Online			2025	2025-2028	2026	
# of Units Procured			0	22	22	44
Financial Assumption						
Sources	Low Income Housing Tax Credit	70% of new development cost			\$ 6,987,750	\$ 6,987,750
	Federal Government					\$ -
	State Government				\$ 1,000,000	\$ 1,000,000
	Local Government				\$ 500,000	\$ 500,000
	Philanthropy			\$ 55,000	\$ 500,000	\$ 555,000
	Deferred Developer Fee				\$ -	\$ -
	Debt (banking/loan partner)				\$ 1,000,000	\$ 1,000,000
	Total Sources		\$ -	\$ 55,000	\$ 9,987,750	\$ 10,042,750
Capital Needs	Acquisition Costs	incentive for master leased units	\$ -	\$ 55,000		\$ 55,000
	Hard/Soft Development Costs	\$550 per sq.ft	\$ 1,700,000	\$ -	\$ 9,982,500	\$ 11,682,500
	Financing Costs		\$ -	\$ -		\$ -
	Other Capital Expenses*			\$ -	\$ -	\$ -
	Total Capital Needs		\$ 1,700,000	\$ 55,000	\$ 9,982,500	\$ 11,737,500
Gap in Funding			\$ (1,700,000)	\$ -	\$ 5,250	\$ (1,694,750)

Figure 6. Proposed capital budget model

Services and Operations Budgeting

Assumptions

Cost assumptions should be updated as planning develops, and cost details become clearer.

Assumption	Cost
Rent for 1BR	\$1,217
Rent for 2BR	\$1,596
# of Months of Rental Assistance to each Client (by program)	<ul style="list-style-type: none"> Light Housing Support (2 months) Rapid Rehousing (9 months) Permanent Supportive Housing (12 months each year)
Staffing for Light Housing Support	<ul style="list-style-type: none"> Case Manager (1 FTE per 35 clients)
Staffing for Rapid Rehousing	<ul style="list-style-type: none"> Case Manager (1 FTE per 20 clients)
Staffing for Permanent Supportive Housing	<ul style="list-style-type: none"> Case Manager (1 FTE per 15 clients) Behavioral Health Counselor (0.5 FTE per 15 clients) Peer Specialist (1 FTE per 15 clients) Nurse (0.25 FTE per 15 clients)
Navigation Center	Staffing considerations for a Navigation Center are not included in the following budget model
Admin & Operations	25% assumption on top of staffing and rental assistance expenses

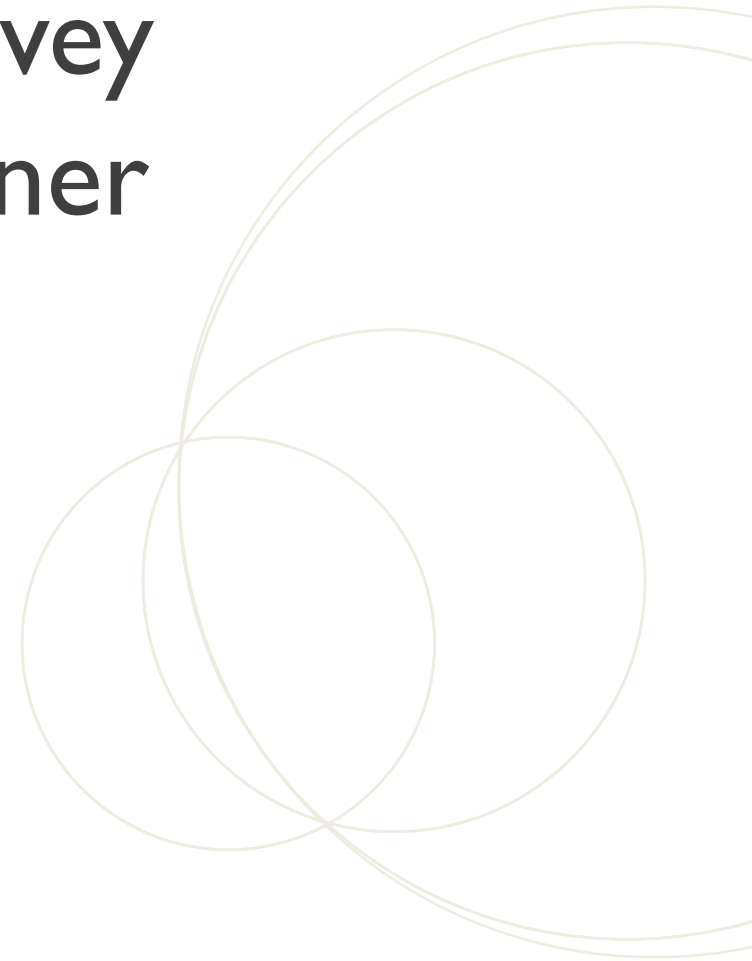
	Description & Assumption	TOTAL	TOTAL	TOTAL	TOTAL
		2025	2026	2027	2028
Case	TOTAL (All Clients)	32	64	50	57
Income	Federal (HUD Funding)	\$ -	\$ -	\$ -	\$ -
	State (TBD)	\$ -	\$ -	\$ -	\$ -
	County (TBD)	\$ -	\$ -	\$ -	\$ -
	Local (TBD)	\$ -	\$ -	\$ -	\$ -
	Health Systems (In-Kind or Contribution)	\$ -	\$ -	\$ -	\$ -
	Medicaid	\$ 76,186	\$ 76,186	\$ 76,186	\$ 76,186
	Philanthropy	\$ 500,000	\$ 500,000	\$ -	\$ -
	Housing Authority (dedicating Housing Choice Voucher PSH clients)	\$ 179,796	\$ 505,632	\$ 617,916	\$ 734,748
	Gross Revenue	\$ 755,982	\$ 1,081,818	\$ 694,102	\$ 810,934
Expenses	Case Management - salary + 30% fringe benefits	\$ 85,080	\$ 170,160	\$ 170,160	\$ 170,160
	Peer Specialist - salary + 30% fringe benefits	\$ 60,610	\$ 60,610	\$ 60,610	\$ 60,610
	Behavioral Health Counselor - salary + 30% fringe benefit	\$ 99,800	\$ 49,900	\$ 49,900	\$ 49,900
	Nurse Practitioner - salary + 30% fringe benefits	\$ 167,447	\$ 41,862	\$ 41,862	\$ 41,862
	Total Personnel Expenses	\$ 322,531	\$ 322,531	\$ 322,531	\$ 322,531
	Rental Assistance	\$ 317,835	\$ 756,612	\$ 683,394	\$ 808,745
	Total Program Expenses	\$ 317,835	\$ 756,612	\$ 683,394	\$ 808,745
	Admin & Operations Allocation	25%	\$ 160,091	\$ 269,786	\$ 251,481
	Total Admin & Operations Expenses	\$ 160,091	\$ 269,786	\$ 251,481	\$ 282,819
	Total Expenses	\$ 800,457	\$ 1,348,929	\$ 1,257,406	\$ 1,414,095
	Net Operating Income	\$ (44,476)	\$ (267,111)	\$ (563,305)	\$ (603,161)

Figure 7. Proposed service and operations budget model

Appendix 2

Community and Lived Experience Survey Results

Lived Experience Survey and Community Partner Questionnaire



Updated November 30, 2023



Engage Plan Implement



Purpose of the Input

To bring the voice of those with lived experience around homelessness as well as other community member perspectives into the kick-off meeting of the Tahoe Truckee Homeless Advisory Committee, the Planning Team collected input prior to the November 1 session.

The input is not comprehensive but offers a small sample of a range of opinions on the topic of homelessness.

Following is a summary of the feedback collected. The input will be used to inform future planning efforts of the Advisory Committee.





Lived Experience Input Survey Summary

25 respondents (mix of recently housed and unhoused folks)

8 question survey

Lived Experience Survey Findings | What’s working well?

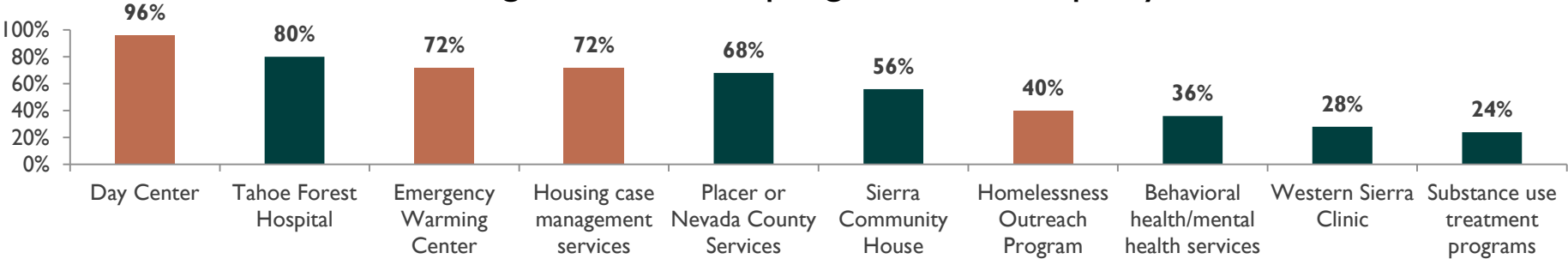


What’s working well

- Access/finding resources
- Several helpful services and resources exist (*NTTHS, Nevada County, SCH, TFHD*)
- More availability of affordable units

**All brown options are NTTHS programs.*

What organizations and programs have helped you?



“Other” Responses Included

TART	Project Go
Various Churches	Local Businesses
AMI Housing	Uplift
Tahoe Bike Coalition	Tahoe Forest Urgent Care

Lived Experience Survey Findings | What's NOT working well?

What's NOT working well

- Not enough resources and services
- Lack of community support or compassion
- Lack of permanent solutions



Needed Supports Expressed by Respondents

- Expanded counseling, substance use treatment services
- Permanent shelter
- More case management support
- Expanded day center hours

People Don't Recognize

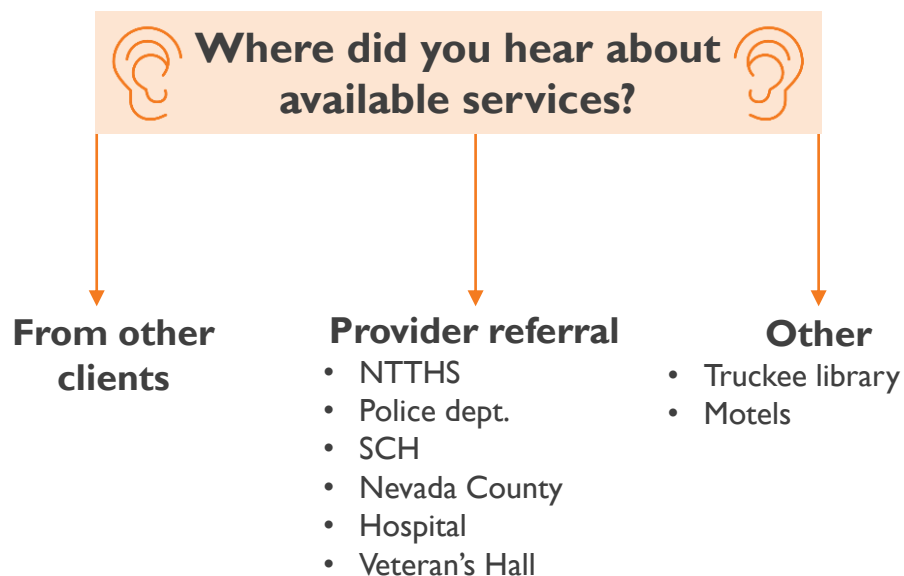
- Constantly living in survival mode
- Little things are incredibly difficult
- It's unsafe, especially in freezing temps
- I'm not lazy, I have a job
- It hurts to be turned away from my community

How easy or hard is it to find information about available services?



What would make it *easier* to find information about services?

- More flyers in more public places
- More outreach & education efforts
- Increased internet access
- Resource navigation phone line
- Lack of comfort accessing resources





Community Partner Questionnaire Findings

17 discussions

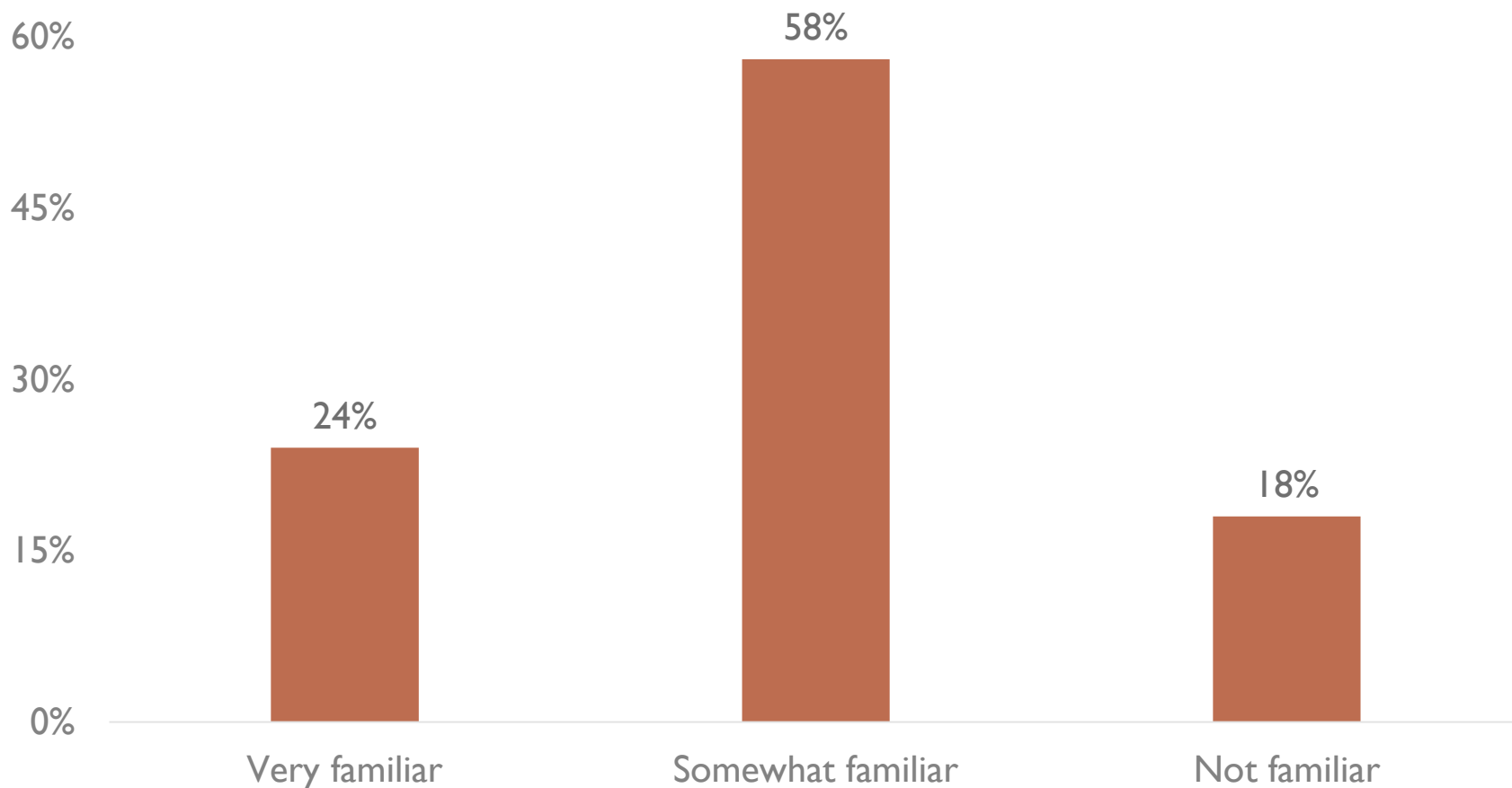
10 question questionnaire

Community Questionnaire Findings | Participants

Participating Organizations	
Pass It On Thrift	Placer Sheriff and Placer TART
Coldstream Commons & Meadow View Place	Tahoe Neighborhood Table
First Baptist Church, Tahoe City	Truckee Donner Rec & Park District
Hot Diggity Dog & Cat, Kings Beach	Truckee North Tahoe Transportation Management Association
Lake Tahoe United Methodist Church & Retreat Center, Kings Beach	Truckee Chamber Visitor Center
Lost Sock	Truckee Library
Safeway, Kings Beach & Tahoe City	Truckee Transportation
SaveMart	United for Action

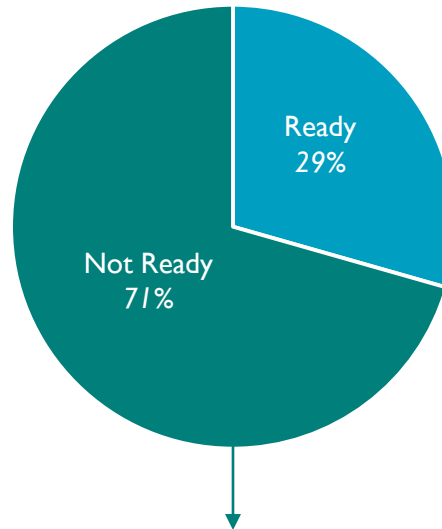
Community Questionnaire Findings | Service Familiarity

How familiar are you with available services?



Community Partner Questionnaire

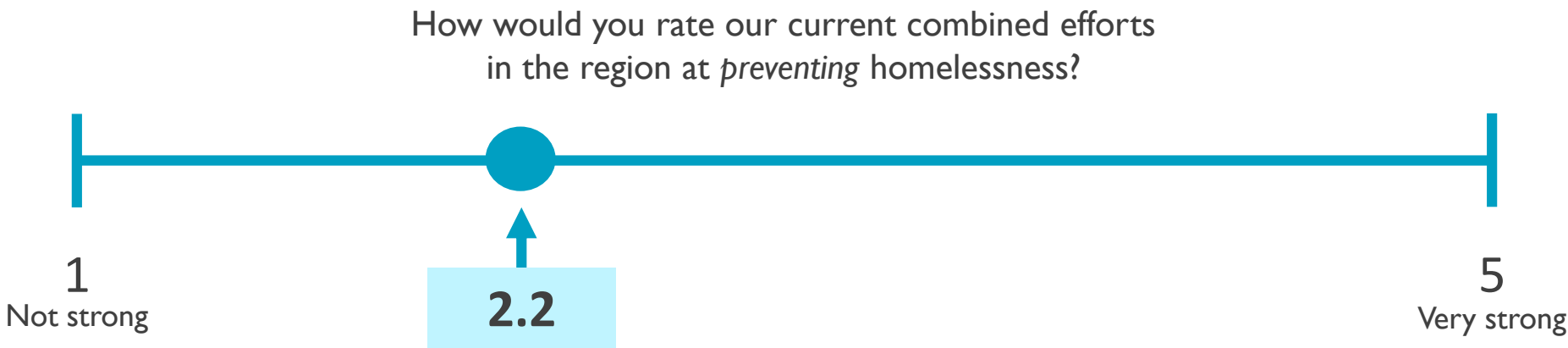
How ready is the community to collaborate on homelessness response?



Biggest Barriers and Inhibitors

- NIMBYism, stigma
- Lack of collaboration, alignment
- Unawareness
- Jurisdictional and bureaucratic red tape
- Short-Term Rentals

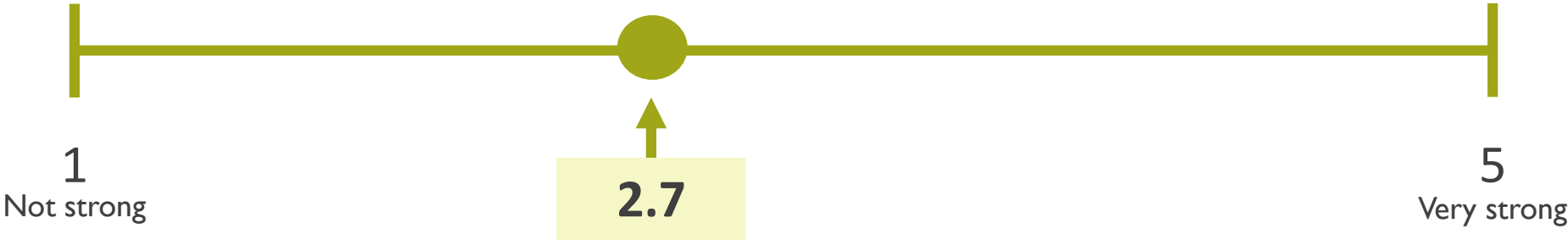
Community Questionnaire Findings | Prevention Collaboration



Additional Comments		
Need wrap-around preventative care and services (x5)	Current services are helpful/sufficient for current need	Housing costs are unmanageable – this is unsolvable (x3)
Need alignment/shared understanding and enhanced collaboration (x4)	Community is unaware of available services	People need to prevent their own homelessness
Need political teeth to accomplish true prevention		Homelessness isn't preventable

Community Questionnaire Findings | Service Support

How would you rate our current combined efforts in the region at *supporting* those experiencing homelessness?



Additional Feedback		
Need more buy in and collaboration (x6)	Current services are at capacity – doing the best they can (x6)	Lack of resources limits progress (x4)
Need more funding for available services		Bureaucratic red tape is hindering progress (x2)

Community Questionnaire Findings | Homelessness Perception

A word cloud of community questionnaire findings on homelessness perception. The words are arranged in a circular pattern, with 'lack of services' and 'unsolvable problem' being the most prominent. Other phrases include 'systemic issue', 'supporting these folks is the issue', 'cost of housing is too high', 'it's not my problem', 'stigma hurts solutions mindset', 'institutionalization will solve the issue', 'it's too difficult', 'businesses are burdened by supporting folks experiencing homelessness', 'the problem keeps growing', and 'STRs fragment our community'.

lack of services

systemic issue

supporting these folks is the issue

cost of housing is too high

"it's not my problem"

stigma hurts solutions mindset

institutionalization will solve the issue

unsolvable problem

it's too difficult

businesses are burdened by supporting folks experiencing homelessness

the problem keeps growing

STRs fragment our community

Community Questionnaire Findings | Suggestions

- Improve communications (x3)
- We want to help – Please stay in touch! (x2)
- Emergency Warming Center will have an impact
- Engage community for input
- Create equitable outcomes for folks served
- Need more affordable housing
- Look at other jurisdictions and see collaborative opportunities
- Integrate a community police department officer
- Decision makers need to support homelessness services

Appendix 3

Example MOU for shared responsibility of homeless services between partners



MEMORANDUM OF UNDERSTANDING

Parties

This Memorandum of Understanding (MOU) is made between the County of San Diego ("County") by and through its Health and Human Services Agency ("HHSA") and Cities of El Cajon, La Mesa, Lemon Grove, and Santee (collectively, the "Cities"). The parties to this MOU may be referred to herein collectively as the "Parties" or individually as a "Party".

Recitals

WHEREAS, the County provides a broad range of health and social services to its clients promoting wellness, self-sufficiency, and a better quality of life for all individuals and families in San Diego County.

WHEREAS, the Cities provide a range of local government services to residents within their jurisdictions.

WHEREAS, the Parties of this MOU desire to increase access to low-barrier emergency housing and facilities, and permanent housing solutions for people experiencing homelessness within the municipal boundaries of the Cities and/or unincorporated areas of the County.

WHEREAS, the Parties of this MOU desire to establish a shared network of housing solutions for people experiencing homelessness through mutual collaborative efforts; and

WHEREAS, the Parties of this MOU desire to memorialize their understanding of each Party's conduct in working toward such solutions and, where appropriate, enter into MOUs for the responsibility for the operation, maintenance, capital improvement, and ongoing services of multiple low-barrier emergency housing and facilities locations, permanent housing and/or permanent supportive housing within the municipal boundaries of El Cajon, La Mesa, Lemon Grove, and Santee and unincorporated areas of East San Diego County.

THEREFORE, in consideration of the foregoing recitals and the mutual covenants and promises to set forth below, and for other good and valuable consideration, receipt of which is hereby acknowledged, the Parties hereto agree as follows:

1. **Incorporation of Recitals.** The Recitals set forth above are incorporated herein by this reference.
2. **Administration of MOU:**
 - 2.1. Each party identifies the following individual to serve as the authorized administrative representative for that Party.

<u>County of San Diego</u>	<u>City of El Cajon</u>
Barbara Jiménez Community Operations Officer Health and Human Services Agency, Department of Homeless Solutions and Equitable Communities (HSEC) 1255 Imperial Ave, San Diego, CA 92101 Phone (619) 338-2722; Fax (619) 338-2967 Barbara.Jimenez@sdcounty.ca.gov	GRAHAM MITCHELL City Manager 200 Civic Center Way El Cajon, CA 92020 (619) 441-1716 GMitchell@elcajon.gov



<p><u>City of La Mesa</u> GREG HUMORA City Manager 8130 Allison Ave La Mesa, CA 91942 (619) 463-6611 GHumora@cityoflamesa.us</p>	<p><u>City of Lemon Grove</u> LYDIA ROMERO City Manager 3232 Main St Lemon Grove, CA 91945 (619) 825-3800 lromero@lemongrove.ca.gov</p>
	<p><u>City of Santee</u> MARLENE BEST City Manager 1601 Magnolia Ave Santee, CA 92071 (619) 258-4100 mbest@cityofsanteeca.gov</p>

- 2.2. Any Party may change its administrative representative at any time by notifying the other Parties in writing of such change. Any such change shall become effective upon receipt of such notice by the other Parties in this MOU.

3. Program Service Delivery Elements: All programs shall embrace the following practices:

- 3.1. The Parties of this MOU agree that it is beneficial for all of them to pursue efforts that align with Housing First principles as defined by California Welfare and Institutions Code Section 8255.
- 3.2. To be most effective, the programs should participate in and utilize the 2-1-1 database and Community Information Exchange ("CIE"), which is a multidisciplinary network of community-based organizations that provide information to individuals in need regardless of their current homeless status to help prevent new or recurring homeless experiences, to the maximum extent possible that aligns with a program's objectives and services and is appropriate for the model of service delivery.
- 3.3. The Parties of this MOU recognize the importance of collaborating with each other and the Regional Task Force on the Homeless ("RTFH"), to be advised of performance standards and requirements, including recommendations from the RTFH regional planning process for creation of a Homeless Crisis Response System.
- 3.4. The Parties of this MOU understand that as a part of their collective efforts it is important for each of them to participate in the RTFH's Homeless Management Information System ("HMIS") and Coordinated Entry System ("CES"), or successor system(s) of HMIS or CES, for the purpose of enabling emergency housing and facilities provider(s) to find permanent housing options for individuals experiencing homelessness and will coordinate when applicable with their contractors.
- 3.5. The Parties of this MOU recognize that each Party prefers non-congregate emergency housing and facilities that provides individuals or families with their own personal space, at the discretion of the individual Party. Potential sites identified for non-congregate emergency housing and facilities should be supported by all Parties.
- 3.6. The Parties of this MOU acknowledge that successfully establishing and operating appropriate emergency housing and facilities services is a multi-faceted endeavor that requires varied involvement by different entities, depending on the location of such emergency housing and facilities. The Parties of this MOU recognize that:



- 3.6.1. A Party of this MOU where facilities are proposed to be located ("Host Jurisdiction") should support priority efforts to seek all necessary land use approvals for the authority to locate appropriate emergency housing and facilities within its jurisdictional boundaries through its staff and permit and approval processes.
- 3.6.2. The Host Jurisdiction should, as part of its efforts in this MOU, work with Parties of this MOU to determine the appropriate number of emergency housing and facilities beds, rooms, or other units based on the needs of the Host Jurisdiction, other Parties of this MOU, and other local constraints specific to the Host Jurisdiction.
- 3.6.3. The Host Jurisdiction should use best efforts to lead all community outreach, process of any necessary amendments or revisions to local ordinances, and the identification of sites within its jurisdictional boundaries.
- 3.7. The Parties of this MOU understand that it is important that each of them works together to identify resources provided by federal, state, and local resources for the initial acquisition, rehabilitation, construction, and/or ongoing operations and maintenance of the emergency housing and facilities, interim or permanent housing, and/or permanent supportive housing, as well as any applicable community engagement or public process needs.
- 3.8. The Parties of this MOU will work collaboratively to determine which entity based on funding sources and identified roles shall identify and procure provider(s) for the purposes of supporting programs, including property management, operations, and behavioral health support services, especially where their individual strengths in programs and experiences can benefit any one or all of the Parties of this MOU.
- 3.9. The Parties of this MOU are expected to monitor programmatic outcomes of their respective contractors to ensure compliance with the U.S. Department of Housing and Urban Development ("HUD") regulations, statutes, guidelines, best practices and other relevant state and local requirements to ensure program integrity and continuous quality improvement.
- 3.10. The Parties of this MOU each recognize that they should seek broad options for permanent and permanent supportive housing opportunities including but not limited to making surplus property available in compliance with state laws; streamlining processes for zoning, land use and/or General Plan Amendments (GPAs) when possible; whenever possible, explore expediting environmental review processes; and reducing other barriers which may limit housing opportunities.
- 3.11. The Parties of this MOU intend to collaborate to identify housing which may have expiring long-term covenants.
- 3.12. The Parties of this MOU commit to work together to increase outreach and community engagement in each respective jurisdiction whenever possible.
- 3.13. **Schedule A** is attached hereto and made a part of this MOU, as it outlines the specific commitments of the Parties of this MOU.
- 3.14. All Parties shall provide outcome reports as agreed upon or as appropriate



4. **Insurance:** Each Party shall obtain at their own cost and expense and keep in force and effect during the term of this MOU, including all extensions, policies of insurance or programs of self-insurance with policy limits in sufficient amounts to cover any and all potential liability of that Party. Minimum policy limits maintained by the Parties shall in no way limit the Party's indemnification obligations to the County.
5. **Conformance with Rules and Regulations:** All Parties shall be in conformity with all applicable federal, State, County, and local laws, rules, and regulations, current and hereinafter enacted, including facility and professional licensing and/or certification laws and keep in effect any and all licenses, permits, notices, and certificates as are required. All Parties shall further comply with all laws applicable to wages and hours of employment, occupational safety, and to fire safety, health, and sanitation.
6. **Permits and Licenses:** The Parties each certify that they possess and shall continue to maintain or shall cause to be obtained and maintained, at no cost to the other Parties, all approvals, permissions, permits, licenses, and other forms of documentation required for them and their employees to comply with all existing foreign or domestic statutes, ordinances, and regulations, or other laws, that may be applicable to performance of services hereunder. Each Party reserves the right to reasonably request and review all such applications, permits, and licenses prior to the commencement of any services hereunder.
7. **Governing Law:** This MOU shall be governed, interpreted, construed, and enforced in accordance with the laws of the State of California.
8. **Third Party Beneficiaries Excluded:** This MOU is intended solely for the benefit of the Parties listed herein. Any benefit to any third party is incidental and does not confer on any third party any rights whatsoever regarding the performance of this MOU. Any attempt to enforce provisions of this MOU by third parties is specifically prohibited.
9. **Amendments to MOU:** Any Party may propose amendments to this MOU by providing written notice of such amendments to the other party. This MOU may only be amended by a written amendment signed by all Parties.
10. **Severability:** If any terms or provisions of this MOU or the application thereof to any person or circumstance shall, to any extent, be held invalid or unenforceable, the remainder of this MOU, or the application of such term and provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and every other term and provision of this MOU shall be valid and enforced to the maximum extent permitted by law.
11. **Full MOU:** This MOU represents the full and entire MOU between the parties and supersedes any prior written or oral MOUs that may have existed.
12. **Scope of MOU:** This MOU only applies to the program described herein and does not set forth any additional, current, or future obligations or MOUs between the parties, except that the parties may by written amendment amend the scope of this MOU. Nothing herein contained shall be interpreted as a commitment or obligation on the part of a Party; each of the Parties of this MOU understand that this MOU makes no binding obligations to perform any of the programs where funding has not been approved by its legislative body, and that none of the Parties of this MOU can commit to legislative actions in the performance of its collaborative efforts described in this MOU.



13. **Information Privacy and Security Provisions:** The Parties of this MOU agree to follow all federal, state, and local laws related to privacy of protected information and security of data, and to keep individual(s) information confidential, in the performance of any programs undertaken in collaboration with one or all of the Parties.
14. **Counterparts:** This MOU may be executed in any number of separate counterparts, each of which shall be deemed an original but all of which when taken together shall constitute one and the same instrument.
15. **Term:** This MOU shall become effective on the date all parties have signed this MOU and be in force for a maximum of five (5) years from last signature date below. This MOU should be used to support and provide interpretation in any resulting contracts or MOUs among the Parties of this MOU, which contracts and MOUs will take effect only upon express written approval signed by all Parties.
16. **Termination for Convenience:** Any Party to this MOU may, by written notice stating the extent and effective date, terminate this MOU for convenience in whole or in part, at any time.

Remainder of this page is intentionally left blank.



IN WITNESS WHEREOF, this MOU is entered into by the Parties, by and through the signature of the parties' authorized representative(s), all as set forth below.

County of San Diego

Dated: 7/15/22

By: 

NICK MACCHIONE, FACHE, Agency Director
Health and Human Services Agency

City of El Cajon

Dated: April 26, 2022

By: 

GRAHAM MITCHELL, City Manager

City of La Mesa

Dated: _____

By: _____

GREG HUMORA, City Manager

City of Lemon Grove

Dated: _____

By: _____

LYDIA ROMERO, City Manager

City of Santee

Dated: _____

By: _____

MARLENE BEST, City Manager

ATTACHMENT: Schedule A, Specific Objectives of MOU Parties



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County of San Diego

Dated: 7/15/22

By: [Signature]
NICK MACCHIONE, FACHE, Agency Director
Health and Human Services Agency

City of El Cajon

Dated: _____

By: _____
GRAHAM MITCHELL, City Manager

City of La Mesa

Dated: 5/16/22

By: [Signature]
GREG HUMORA, City Manager

City of Lemon Grove

Dated: _____

By: _____
LYDIA ROMERO, City Manager

City of Santee

Dated: _____

By: _____
MARLENE BEST, City Manager

ATTACHMENT: Schedule A, Specific Objectives of MOU Parties



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County of San Diego

Dated: _____

7/15/22

By: _____

NICK MACCHIONE, FACHE, Agency Director
Health and Human Services Agency

City of El Cajon

Dated: _____

By: _____

GRAHAM MITCHELL, City Manager

City of La Mesa

Dated: _____

By: _____

GREG HUMORA, City Manager

City of Lemon Grove

Dated: _____

June 8, 2022

By: _____

LYDIA ROMERO, City Manager

City of Santee

Dated: _____

By: _____

MARLENE BEST, City Manager

ATTACHMENT: Schedule A, Specific Objectives of MOU Parties



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IN WITNESS WHEREOF, this MOU is entered into by the Parties, by and through the signature of the parties' authorized representative(s), all as set forth below.

County of San Diego

Dated: _____

7/17/22

By: _____

[Signature]

NICK MACCHIONE, FACHE, Agency Director
Health and Human Services Agency

City of El Cajon

Dated: _____

By: _____

GRAHAM MITCHELL, City Manager

City of La Mesa

Dated: _____

By: _____

GREG HUMORA, City Manager

City of Lemon Grove

Dated: _____

By: _____

LYDIA ROMERO, City Manager

City of Santee

Dated: _____

June 13, 2022

By: _____

[Signature]
MARLENE BEST, City Manager

ATTACHMENT: Schedule A, Specific Objectives of MOU Parties



Schedule A

Specific Objectives of MOA Parties City of El Cajon, City of La Mesa, City of Santee, City of Lemon Grove, and the County of San Diego

Through the MOU, the Parties have established goals and objectives that include guidelines to collectively work together to secure low barrier, housing-placement focused emergency housing and facilities, and associated supportive services for people experiencing homelessness within the Parties' jurisdictions. These goals and objectives may include the development of low-barrier emergency housing and facilities, transitional/interim housing, permanent housing, permanent supportive housing and such other housing and services as identified by the Parties, as well as coordination of data gathering and street outreach efforts.

1. The Parties agree, as indicated according to jurisdiction, to the following initial Phase I objectives through the MOU:

- 1.1 All Parties desire to support the siting of low barrier emergency housing and facilities within each jurisdiction (i.e., be a "Host Jurisdiction") to be reserved for people experiencing homelessness within their jurisdictions.**
- 1.2 Support the development of Requests for Proposals to solicit suitable providers(s) or operator(s) of low barrier emergency housing and facilities, and to identify staff who will review proposals and participate on a Source Selection Committee for the selection of such emergency housing and facilities provider(s) or operator(s). It is anticipated that one or more operator(s) will be selected through open and competitive process and that all Parties will consider the contribution of resources as outlined in specific program MOUs among the participating Parties. Nothing in this MOU and these objectives shall prevent any of the Parties, together or individually, from seeking to establish facilities or housing to address needs within one or more Host Jurisdiction.**
- 1.3 The development and siting of low barrier emergency housing and facilities, transitional housing, bridge housing, permanent housing and permanent supportive housing should be, to the greatest extent permissible by applicable laws, reserved for individuals experiencing homelessness within the respective jurisdictions of the Parties. Each Host Jurisdiction shall retain the right to reserve emergency or other homeless facilities, subject to applicable laws, within its municipal boundaries.**
- 1.4 To participate in ongoing data coordination efforts, including but not limited to developing and identifying legally appropriate modifications to single or multi-party authorizations for release of information; coordinating submittal of data to the County of San Diego on a frequency to be determined by the Parties; and to allow or permit the public sharing of de-identified data regarding the coordinated information in such fashion; all as shall be reasonably calculated to communicate with members of the public and elected and appointed decision-makers within the Parties' respective jurisdictions.**

2. City of La Mesa Objectives:

- 2.1 To identify potential locations within the municipal boundaries of the City of La Mesa for the siting of low barrier emergency housing and facilities, either as a single building, individual rooms or units, or other suitable emergency housing and facilities for associated on site services. Site approval, along with any required entitlement actions, shall be subject to the final approval or concurrence of the La Mesa City Council.**

- 2.2 To seek the establishment of permanent and permanent supportive housing within the municipal boundaries of the City of La Mesa in sufficient number to house persons identified as experiencing unsheltered or sheltered homelessness within the city of La Mesa.
- 2.3 Project the needs of low barrier emergency housing and facilities according to the data available for this jurisdiction.

3. City of El Cajon Objectives:

- 3.1 To identify potential locations within the municipal boundaries of the City of El Cajon for the siting of low barrier emergency housing and facilities, either as a single building, individual rooms or units, or other suitable emergency housing and facilities for associated on site services. Site approval, along with any required entitlement actions, shall be subject to the final approval or concurrence of the El Cajon City Council.
- 3.2 To seek the establishment of permanent and permanent supportive housing within the municipal boundaries of the City of El Cajon in sufficient number to house persons identified as experiencing unsheltered or sheltered homelessness within the city of El Cajon.
- 3.3 Project the needs of low barrier emergency housing and facilities according to the data available for this jurisdiction.

4. City of Santee Objectives:

- 4.1 To identify potential locations within the municipal boundaries of the City of Santee for the siting of low barrier emergency housing and facilities, either as a single building, individual rooms or units, or other suitable emergency housing and facilities for associated on site services. Site approval, along with any required entitlement actions, shall be subject to the final approval or concurrence of the Santee City Council.
- 4.2 To seek the establishment of permanent and permanent supportive housing within the municipal boundaries of the City of Santee in sufficient number to house persons identified as experiencing unsheltered or sheltered homelessness within the city of Santee.
- 4.3 Project the needs of low barrier emergency housing and facilities according to the data available for this jurisdiction.

5. City of Lemon Grove Objectives:

- 5.1 To identify potential locations within the municipal boundaries of the City of Lemon Grove for the siting of low barrier emergency housing and facilities, either as a single building, individual rooms or units, or other suitable emergency housing and facilities for associated onsite services. Site approval, along with any required entitlement actions, shall be subject to the final approval or concurrence of the Lemon Grove City Council.
- 5.2 To seek the establishment of permanent and non-permanent supportive housing within the municipal boundaries of the City of Lemon Grove in sufficient number to house persons identified as experiencing unsheltered and sheltered homelessness within the city of Lemon Grove.
- 5.3 Project the needs of low barrier emergency housing and facilities according to the data available for this jurisdiction.

6. County of San Diego Objectives:

- 6.1 To identify locations within the unincorporated areas of the County of San Diego for the siting of low barrier emergency housing and facilities, either as a single building, individual rooms or units, or other suitable emergency housing and facilities for associated on site services and to site such emergency housing and facilities in the unincorporated area covered by this MOU in the East County communities of the County of San Diego. Site approval, along with any required entitlement actions, shall be subject to the final approval or concurrence of the County of San Diego Board of Supervisors.
- 6.2 To coordinate with other Parties on determining the equitable financial share of RFP contributions based on formula of persons experiencing homelessness in each jurisdiction, availability of external state/federal resources, and other non-monetary contributions.
- 6.3 To continue to collaborate on homeless outreach and social work street outreach services by engaging, connecting, and referring persons experiencing homelessness in the Cities' jurisdictions for the purpose of providing assessment, support, and housing appropriate for the individual's needs.
- 6.4 To work collaboratively with jurisdictions of the Cities upon identification of need for behavioral health services within the participating jurisdictions to maximize efficient availability of, and connection to, appropriate services for people experiencing homelessness.
- 6.5 To seek the establishment of permanent and permanent supportive housing within the unincorporated areas of the County of San Diego in sufficient number to house persons identified as experiencing unsheltered homelessness within the Cities' jurisdictions.
- 6.6 Project the needs of low barrier emergency housing and facilities according to the data available for the jurisdictions of the Cities.
- 6.7 Administer federal, state, and local funded housing programs that are awarded to the County, throughout the region as dictated by each funding source in a manner consistent with the MOU.
- 6.8 As funding is available, solicit proposals from qualified housing developers for the creation of affordable housing, permanent housing, and permanent supportive housing in a manner consistent with the MOU.
- 6.9 In accordance with applicable state laws, consider making surplus property in the unincorporated area available for the production of low barrier emergency housing and facilities, and in accordance with applicable laws and ordinances, consider means to streamline processes for zoning and or General Plan Amendment(s) when possible.

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Appendix 4

Other homeless plans, summary of policy actions in the Town of Truckee
Housing Element related to homelessness

Town of Truckee Housing Element (2019-2027)

Below is a short analysis of the alignment between the **Truckee Tahoe Homeless Action Plan** and the **Town of Truckee Housing Element**

SUMMARY

The Town of Truckee Housing Element is a required section of the Town's General Plan that focuses specifically on housing needs, policies, and programs for the planning period of 2019-2027. It is guided by California State Law, which mandates that all jurisdictions periodically update their housing elements to address existing and projected housing demands for all income levels, including special needs populations such as the elderly, people with disabilities, and the homeless.

Housing Element Focus Areas:

- **Affordable Housing:** Promote the development and retention of housing affordable to all income levels, especially very low-, low-, and moderate-income households.
- **Special Needs Housing:** Address the needs of homeless individuals, seniors, persons with disabilities, and large households.
- **Supportive and Transitional Housing:** Facilitate the development of housing with supportive services to assist vulnerable populations.
- **Housing Stock Preservation:** Maintain and improve existing housing, including mobile home parks.
- **Environmental Sustainability:** Balance housing needs with environmental and infrastructure considerations.

Why Is It Important?

The Housing Element serves as a roadmap for meeting Truckee's housing challenges and fulfilling its obligations to state housing requirements. It aims to:

- Ensure adequate housing opportunities for all residents.
- Address the housing shortage, particularly for lower-income groups and the local workforce.
- Align local policies with state laws and funding opportunities.

KEY ALIGNMENT AREAS BETWEEN THE HOUSING ELEMENT AND THE REGIONAL HOMELESS ACTION PLAN

The Town of Truckee Housing Element demonstrates a structured approach to addressing homelessness through:

- Policy support (Policy H-3.3).
- Implementation of zoning adjustments to facilitate supportive housing (Program H-3.3).
- Integration of regional efforts to combat homelessness.

- Analysis of demographics to better understand and cater to the homeless population's needs.

1. Goal H-3 (Page H-17)

- **Context:** The Town of Truckee establishes this goal to address the housing needs of various vulnerable populations, including the homeless.
- **Details:** This goal emphasizes the importance of providing a range of housing opportunities for residents with special needs, such as elderly individuals, people with disabilities, single-parent households, large households, and the homeless. The goal ensures the integration of diverse housing solutions into the community fabric.

2. Policy H-3.3 (Page H-18)

- **Context:** A policy commitment to engage in efforts targeting homelessness.
- **Details:** This policy explicitly supports regional efforts to address the needs of the homeless population. By emphasizing collaboration with regional organizations and stakeholders, the Town aims to ensure that homelessness is approached through a community-driven and integrated process.

3. Program H-3.3 (Page H-19)

- **Context:** A detailed program focusing on transitional and supportive housing for the homeless.
- **Details:**
 - The program mandates the amendment of the Development Code to:
 - Permit transitional and supportive housing in all zones that allow residential uses.
 - Ensure that such housing developments are subject only to the same requirements and restrictions as other residential uses in the same zones.
 - Permit supportive housing by-right in zones that allow multi-family housing and mixed-use development.
 - This aligns with **Government Code Article 11, Section 65651**, which specifies standards for supportive housing developments.



AGENDA ITEM COVER SHEET

MEETING DATE: May 22, 2025	ITEM: PUBLIC HEARING: Reporting on TFHD's Workforce Vacancies, and Recruitment and Retention Efforts
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: <input checked="" type="checkbox"/> Action <input type="checkbox"/> Consent <input type="checkbox"/> Discussion
RESPONSIBLE PARTY: Lauren Caprio, Director of Employee and Labor Relations Louis Ward, Acting CHRO	SUPPORTIVE DOCUMENT ATTACHED <input type="checkbox"/> Agreement <input type="checkbox"/> Presentation <input checked="" type="checkbox"/> Resolution Resolution 2025-06 <input checked="" type="checkbox"/> Other PUBLIC HEARING
BUDGET: ALLOCATED IN THE BUDGET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A IS A BUDGET TRANSFER REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
BACKGROUND: AB 2561 was introduced to address the issue of job vacancies in local government, which adversely affects the delivery of public services and employee workload. AB 2561 requires public agencies to hold at least one public hearing per fiscal year to discuss vacancies and recruitment and retention efforts. This report discusses the Tahoe Forest Hospital District's legal obligations under the new law, which took effect on January 1, 2025. This report recommends the adoption of measures intended to ensure compliance with such legal obligations. In compliance with the new legal obligations, Tahoe Forest Hospital District is required to do the following: <ol style="list-style-type: none"> <u>Public Hearing:</u> At least once each fiscal year, at a public hearing before Tahoe Forest Hospital District, the Human Resources Department shall present information regarding the status of vacancies and recruitment and retention efforts (Gov. Code § 3502.3(a)(1)) and identify any necessary changes to policies, procedures, and recruitment activities that may lead to obstacles in the hiring process (Gov. Code § 3502.3(a)(3)). If the TFHD Board of Directors adopts an annual or multiyear budget during the fiscal year, this presentation must occur <u>prior to the Board of Directors' adoption of the final budget</u> for Tahoe Forest Hospital District (Gov. Code § 3502.3(a)(2).) <u>Employee Organization Participation:</u> Allow the recognized employee organization for each bargaining unit at Tahoe Forest Hospital District to make presentations during the public hearing concerning vacancies and recruitment and retention efforts. (Gov. Code § 3502.3(b).) <u>Additional Reporting for High Vacancy Rates:</u> If vacancies within a single bargaining unit meet or exceed 20% of authorized full-time positions in that bargaining unit, upon request of the recognized employee organization for that bargaining unit, Tahoe Forest 	

Hospital District must provide additional information during the public hearing, including the following: (1) the total number of vacancies; (2) the number of applicants; (3) the average time to fill positions; and (4) opportunities to improve compensation and working conditions for employees in the bargaining unit. (Gov. Code § 3502.3(c).)

SUMMARY/OBJECTIVES:

The Board is being asked to conduct the Public Hearing required by AB 2561 in advance of its consideration of the budget next months. Attached hereto is a written report containing information on vacancies and TFHD's recruitment and retention efforts.

In addition, the Board is being asked to adopt Procedures for the Public Hearing on TFHD's Vacancies and Recruitment and Retention Efforts ("Procedures") to govern this process going forward. The Procedures, attached to the Resolution, establish protocols for TFHD's public hearings on vacancies to ensure a fair, orderly, and efficient hearing process.

The Procedures set forth specific requirements concerning matters such as the provision of notice to recognized employee organizations regarding the public hearing and their right to make a presentation at the hearing, the length and order of TFHD's and the employee organizations' presentations, and the standards of discourse during the public hearing.

SUGGESTED DISCUSSION POINTS:

- (1) Notice of PUBLIC HEARING & Board Agenda Item for AB2561 was distributed to EA & EAP representatives on 5/13/2025 by Lauren Caprio, Director of Employee and Labor Relations.

SUGGESTED MOTION/ALTERNATIVES:

MOTION RECOMMENDATION

Approve Resolution No. 2025-06, which adopts procedures for holding public hearings and reporting on Tahoe Forest Hospital Districts workforce vacancies, and recruitment and retention efforts in compliance with Assembly Bill ("AB") 2561 (Gov. Code § 3502.3).

ALTERNATIVES

Do not adopt the resolution and provide staff with alternative feedback.

LIST OF ATTACHMENTS:

- (1) Report: Status of Vacant Positions as Required by AB2561, prepared by: Lauren Caprio & Lucy Wright.
- (2) Resolution 2025-06 Adopting procedures for Public Hearings on TFHD's Vacancies and Recruitment and Retention Efforts

Status of Vacant Positions as Required by AB2561



Prepared by: Lauren Caprio, Director of Employee & Labor Relations

Lucy Wright, Recruiter

Assembly Bill (AB) 2561, approved on September 22, 2024, adds Section 3502.3 to the California Government Code. The legislation mandates that public agencies must provide a public presentation on the status of their job vacancies at least once per fiscal year. This must occur before the adoption of the final budget for that fiscal year and must be conducted during a public hearing before the agency's governing body.

This report is presented to comply with §3502.3 of the California Government Code. If the number of job vacancies within a single bargaining unit meets or exceeds 20% of the total number of authorized full-time positions, the District must, upon request of the recognized employee organization, include specified information during the public hearing.

The District currently has two recognized bargaining units: the Employees' Association (EA) and the Employees' Association of Professionals (EAP).

Employees' Association (EA):

The EA has 513 full-time budgeted positions, with 27 current vacancies. This results in a vacancy rate of 5.26% which does not meet or exceed the 20% threshold. Therefore, the reporting requirement does not apply.

Employees' Association of Professionals (EAP):

The EAP has 200 full-time budgeted positions, with 0 vacancies, resulting in a vacancy rate of 0%. This also falls below the 20% threshold, so the requirement does not apply here either.

To comply with this Government Code the District must also address the retention efforts currently employed by the public agency. The District has not experienced challenges related to retention. Below is a summary of average employee tenure by job family:

Job Family	Average of Seniority Years	# of EE
CEO	0.1	1
CHIEF	11.8	8
DIR	10.8	35
EA	5.9	420
OPC EA	3.3	148
EAP	8.8	403
OPC EAP	4.1	75
Manager	9.8	47
Non Represented	4.8	103
OPC EAP	4.1	75
Physician	7.9	78
Professional	6.8	67
Supervisor	8.4	38

For comparison, the U.S. Bureau of Labor Statistics reported a median tenure of 3.6 years in the health services industry as of January 2024. The District's current median tenure is 6.8 years, indicating strong employee retention relative to industry standards.

The District is also required to disclose any changes to policies, procedures, or recruitment activities that may adversely impact efforts to reduce job vacancies. At this time, no such changes have occurred. On the contrary, the District continues to prioritize proactive candidate communication and consistently highlights Tahoe Forest Health System's organizational culture and benefits during the recruitment process.

Sources:

California. Legislature. *Assembly Bill No. 2561, Chapter 409*. 22 Sept. 2024. California Legislative Information, https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB2561.

U.S. Bureau of Labor Statistics. "Median Tenure with Current Employer Was 3.9 Years in January 2024." *The Economics Daily*, 27 Mar. 2024, <https://www.bls.gov/opub/ted/2024/median-tenure-with-current-employer-was-3-9-years-in-january-2024.htm>.

**TAHOE FOREST HOSPITAL DISTRICT
RESOLUTION NO. 2025-06**

**RESOLUTION OF THE BOARD OF DIRECTORS OF TAHOE FOREST
HOSPITAL DISTRICT ADOPTING PROCEDURES FOR PUBLIC HEARINGS ON
TAHOE FOREST HOSPITAL DISTRICT’S VACANCIES AND RECRUITMENT
AND RETENTION EFFORTS.**

WHEREAS, TAHOE FOREST HOSPITAL DISTRICT (“District”) is a hospital district duly organized and existing under the “Local Health Care District Law” of the State of California; and

WHEREAS, On January 1, 2025, Assembly Bill (“AB”) 2561 (Gov. Code § 3502.3) went into effect requiring public agencies to hold at least one public hearing per fiscal year to report on Tahoe Forest Hospital District’s workforce vacancies, and recruitment and retention efforts; and

WHEREAS, AB 2561 requires Tahoe Forest Hospital District to present information regarding the status of vacancies and recruitment and retention efforts prior to the adoption of the final budget for Tahoe Forest Hospital District; and

WHEREAS, AB 2561 requires Tahoe Forest Hospital District to allow recognized employee organizations for each bargaining unit to make presentations during the public hearing concerning vacancies and recruitment and retention efforts; and

WHEREAS, AB 2561 requires Tahoe Forest Hospital District, if requested, to provide additional information during the public hearing if vacancies within a single bargaining unit is 20% or more of the authorized full-time positions; and

WHEREAS, The Board of Directors of the Tahoe Forest Hospital District desires to establish protocol and additional requirements for Tahoe Forest Hospital District’s public hearings pursuant to AB 2561, including the provision of notice to recognized employee organizations regarding the public hearing, the recognized employee organizations’ right to make a presentation at the hearing, the length and order of the presentations and the standards of discourse during the public hearing.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Tahoe Forest Hospital District hereby adopts the Procedures for Public Hearings on Tahoe Forest Hospital District Vacancies and Recruitment and Retention Efforts as set forth in Exhibit “A”.

The Resolution is hereby adopted and becomes effective and in full force immediately upon adoption.

PASSED AND ADOPTED at the meeting of the Tahoe Forest Hospital District Board of Directors held on the 22nd day of May 2025 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

Michael McGarry
Chairperson, Board of Directors
Tahoe Forest Hospital District

Sarah M. Jackson
Clerk of the Board
Tahoe Forest Hospital District

Exhibit A

TAHOE FOREST HOSPITAL DISTRICT PROCEDURES FOR AB 2561 PUBLIC HEARINGS

Introduction and Scope:

Effective January 1, 2025, Government Code section 3502.3 requires Tahoe Forest Hospital District (“District”) to present information on the status of vacancies at the District and the District’s recruitment and retention efforts at a public hearing before the Board of Directors of the Tahoe Forest Hospital District at least once per fiscal year.

Government Code section 3502.3 also requires Tahoe Forest Hospital District to identify during the public hearing any necessary changes to the District’s policies, procedures, and recruitment activities that may contribute to obstacles in our hiring process.

At the public hearing, a recognized employee organization for a bargaining unit is entitled to make a presentation to the Board of Directors of the Tahoe Forest Hospital District addressing the status of vacancies and recruitment and retention efforts for positions within that bargaining unit.

The purpose of these procedures is to establish protocol for Tahoe Forest Hospital District’s public hearings on vacancies in order to ensure a fair, orderly, and efficient hearing process.

The District reserves the right to schedule separate public hearings for different bargaining units, and is not limited to one public hearing to address all vacancies and recruitment and retention efforts within the District.

Notice Requirements:

1. When the District schedules a Board of Directors of the Tahoe Forest Hospital District hearing pursuant to the obligations set forth under Government Code section 3502.3 (“AB 2561 Hearing” or “Hearing”), the Tahoe Forest Hospital District will notify in writing each recognized employee organization (“Employee Organization”) about which the Hearing is being held that the Tahoe Forest Hospital District will hold an AB 2561 Hearing (the District and Employee Organization may hereafter be referred to collectively as “Parties”). The notice will provide each Employee Organization the opportunity to identify any negotiable impacts/effects regarding the District’s compliance with Government Code section 3502.3 and the District’s policy.
2. The Tahoe Forest Hospital District will notify in writing each Employee Organization’s of the date, time and place of the Hearing at least 10 calendar days in advance of the Hearing, if the Hearing is regarding a bargaining unit represented by that Employee Organization. In the notice, the Tahoe Forest Hospital District will inquire whether the Employee Organization intends to make a presentation to the Board of Directors of the Tahoe Forest Hospital District at the Hearing. The District will request that, for planning purposes, the Employee Organization provide written notice to the Human Resources Department at least 5 calendar days in advance of the Hearing indicating whether the Employee Organization intends to make a presentation at the Hearing.

The notice will also include information about the amount of time that the Board of Directors of the Tahoe Forest Hospital District has allotted to the Employee Organization(s) for the Employee Organization(s) presentation at the Hearing.

3. In the event the vacancy rate for a District bargaining unit is at least 20% of the total number of authorized full-time positions in the bargaining unit, the Employee Organization that represents the bargaining unit may request that the District present “additional information” related to the vacancies as permitted by Government Code section 3502.3, subd. (c). The District will request that the Employee Organization submit its request for the District’s presentation of such information to the Human Resources Department in writing at least 5 calendar days in advance of the Hearing. The “additional information” constitutes the following: (1) the total number of job vacancies within the bargaining unit; (2) the total number of applicants for vacant positions within the bargaining unit; (3) the average number of days to complete the hiring process from when a position is posted; and (4) opportunities to improve compensation and other working conditions.
4. The District will provide notice of the Hearing to the public in accordance with the Ralph M. Brown Act. (Gov. Code §§ 54950-54963.)
5. A staff report regarding vacancies and recruitment and retention efforts may be published as part of the agenda packet for the Hearing.
6. The Tahoe Forest Hospital District and applicable Employee Organization(s) may agree to exchange presentation materials in advance of the Hearing.

Order of the Hearing:

The Hearing will proceed in the following order:

1. Tahoe Forest Hospital District Presentation: The Tahoe Forest Hospital District will present to the Board of Directors of the Tahoe Forest Hospital District information pursuant to the District’s obligations set forth under Government Code section 3502.3. The District’s presentation will be limited to 10 minutes for each bargaining unit about which the AB 2561 Hearing is held. The Tahoe Forest Hospital District may choose to 1) present data on all applicable bargaining unit(s) at once, after which consolidated presentation, the applicable Employee Organization(s) will present; or 2) to present data for each applicable bargaining unit individually followed by the corresponding Employee Organization presentation.
2. Employee Organization Presentation: Following the District’s presentation, each applicable Employee Organization will have the opportunity to make a presentation for each of the applicable bargaining units that the Employee Organization represents. For each bargaining unit, the Employee Organization presentation will be limited to 10 minutes and should not contain bargaining proposals to the Tahoe Forest Hospital District on matters that have not been presented in bargaining.
3. Governing Body Questions: The Board of Directors of Tahoe Forest Hospital District may ask questions of the Tahoe Forest Hospital District and the Employee Organization presenter(s). The time spent for The Board of Directors of Tahoe Forest Hospital District questions and the Parties’ responses to The Board of Directors of

Tahoe Forest Hospital District questions will not be included in the Parties' 10 minute presentations.

4. Final Tahoe Forest Hospital District Comments: Final Tahoe Forest Hospital District comments will be limited to 3 minutes per bargaining unit and will take place following the Employee Organization presentation. The District may choose to 1) present final comments on all applicable bargaining unit(s) at once, after which consolidated presentation, the applicable Employee Organization(s) will present its final comments; or 2) to present final comments for each applicable bargaining unit individually followed by the corresponding Employee Organization final comments.
5. Final Employee Organization Comments: Following the District's final comments, each applicable Employee Organization will have the opportunity to make final comments for each of the applicable bargaining units that the Employee Organization represents. For each bargaining unit, the Employee Organization's final comments will be limited to 3 minutes per bargaining unit and should not contain bargaining proposals to the Tahoe Forest Hospital District on matters that have not been presented in bargaining.
6. Public Comment: Public comment regarding the AB 2561 Hearing will be limited to 3 minutes per person and any other lawful restrictions on public comments that the Board of Directors of Tahoe Forest Hospital District may impose.

Standards of Discourse:

The Board of Directors of Tahoe Forest Hospital District should recognize that engaging with diverse perspectives is vital for effective governance and a vibrant community. To ensure full expression of such diverse perspectives, the Board of Directors of Tahoe Forest Hospital District should provide that participants follow the principles of respectful and civil discourse.