



BOARD OF DIRECTORS

Becky Campo, President

Reyna Gomez, Vice-President

Ma Traore, Secretary

Sylvia Ramirez, Treasurer

Luis Avila, Director

PO Box 187, Patterson, CA 95363

Phone (209) 892-8781 Fax (209) 892-3755

BOARD OF DIRECTORS' WORKSHOP

Saturday, June 6, 2026 @ 9:00 AM

Del Puerto Health Center, 1700 Keystone Pacific Pkwy, Bldg. B, North Conference Room

PUBLIC COMMENT PERIOD: Matters under the jurisdiction of the Board and not on the posted agenda may be addressed by the general public at the beginning of the regular agenda. If you wish to speak on an item on the agenda, you are welcome to do so during consideration of the agenda item itself. If you wish to speak on a matter that does not appear on the agenda, you may do so during the Public Comment period; however, California law prohibits the Board from acting on any matter which is not on the posted agenda unless it is determined to be an emergency by the Board of Directors. Persons speaking during the Public Comment will be limited to five minutes. Depending on the number of persons wishing to speak, speaking time may be reduced to allow all public members to address the Board. Public comments must be addressed to the board through the President. Comments to individuals or staff are not permitted.

CONSENT CALENDAR: These matters include routine financial and administrative actions and are identified with an asterisk (*). All items on the consent calendar will be voted on as a single action at the beginning of the meeting under the section titled "Consent Calendar" without discussion. If you wish to discuss an item on the Consent Calendar, please notify the Clerk of the Board prior to the beginning of the meeting or you may speak about the item during Public Comment Period.

REGULAR CALENDAR: These items will be individually discussed and include all items not on the consent calendar, all public hearings, and correspondence.

CLOSED SESSION: Is the portion of the meeting conducted in private without the attendance of the public or press to discuss certain confidential matters specifically permitted by the Brown Act. The public will be provided an opportunity to comment on any matter to be considered in closed session prior to the Board adjourning into closed session.

ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA: Please raise your hand or step to the podium at the time the Board President announces the item. In order that interested parties have an opportunity to speak, any person addressing the Board will be limited to a maximum of three minutes unless the President of the Board grants a longer period.

BOARD AGENDAS AND MINUTES: Board agendas and minutes are typically posted on the Internet on Friday afternoons preceding a Monday meeting at the following website: <https://dphealth.specialdistrict.org/board-meetings>.

Materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet are available for public inspection in the District office at 875 E Street, Patterson, CA during normal business hours. Such documents are also available online, subject to staff's ability to post the documents before the meeting, at the following website <https://dphealth.specialdistrict.org/board-meetings>.

NOTICE REGARDING NON-ENGLISH SPEAKERS: Board of Director meetings are conducted in English and translation to other languages is not provided. Please arrange for an interpreter, if necessary.

REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (209) 892-8781. Notification 72 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

Cell phones must be silent or set in a mode to not disturb District business during the meeting.

Del Puerto Health Care District

BOARD OF DIRECTORS' WORKSHOP

Saturday, June 6, 2026 @ 9:00 AM

Del Puerto Health Center, 1700 Keystone Pacific Pkwy, Bldg. B, North Conference Room

1. Call to Order

- A. Roll Call
- B. Approval of Agenda
- C. Public Comment

2. Strategic Plan Workshop:

- A. Update on FY 2025-26 Strategic Plan Progress
- B. FY 2026-27 Strategic Plan Goals and Objectives

3. CEO Compensation Policy Workshop:

- A. History of District Compensation Practices
- B. Board to Establish Policy Guidelines
 - i. Compensation Philosophy - What should CEO compensation primarily reward?
 - ii. Comparable Market Data and Peer Group - What organizations should be used to determine market competitiveness?
 - iii. Salary Range Structure and Placement - How should the CEO salary range be structured and applied?
 - iv. Compensation Tools - What compensation tools should be available to the Board (e.g., COLA, market adjustment, salary progression, incentive compensation)?
 - v. Incentive Compensation - Should the District utilize incentive compensation and, if so, under what general framework?
 - vi. Review Cycle and Governance Process - How often should compensation be reviewed and updated?
- C. Workshop Outcome - Board direction regarding the preparation of a draft CEO Compensation Policy for consideration at the June 29, 2026 meeting.

4. Adjournment

Del Puerto Health Care District FY 2025-26 Strategic Plan Update

The District is progressing well across all strategic goals, with a strong track record of achievements and many initiatives on target. Significant accomplishments include property acquisitions for the healthcare campus, completion of master planning activities, staff increases, and successful event execution.

STRATEGIC OBJECTIVE #1: Develop a Healthcare and Mixed-Use Campus

Notable Accomplishments:

- Acquisition of multiple properties including Mahaffey South (27.5 acres), Mahaffey North (10.2 acres), and several parcels on South 9th Street, both vacant and with houses.
- Completion of an approved master plan including site due diligence, multiple meetings with architects, community engagement, refinement for city review, and finalization of application materials.
- Creation of RFQ, interviewing and scoring applicants, selection of architect, finalizing professional services agreement, and establishment of building ad hoc and consultant teams.
- Completion of 50% schematic design for Phase 1: DPAC and Combined Clinic.
- Board adoption of preferred contracting method and legal counsel development of RFQ and contract outline.

In progress and continuing to next year:

- Acquisition of 848 West Las Palmas Ave property with house has been deferred.
- Release of RFQ for Progressive Design Build Contractor Team is deferred.

STRATEGIC OBJECTIVE #2: Improve Patient Healthcare Outcomes

Notable Accomplishments:

- Efforts to improve providers' accuracy and consistency in ICD-10 diagnostic coding for HEDIS measures are on target, including provider education and coordination with medical assistants and health plans.
- Health Center staff has been increased to full capacity.
- Onboarding of four new health center employees by March 31, 2026.
- Maximizing automation capabilities of BambooHR and conducting interviews to support staffing goals.

In progress and continuing to next year:

- Continue to monitor and respond to WSCHD coverage of non-exclusive operation area Zone A

Del Puerto Health Care District FY 2025-26 Strategic Plan Update

STRATEGIC OBJECTIVE #3: Increase Patient Access to Essential Services on the West Side

Notable Accomplishments:

- Stabilization and improvement of near-term access to current services.
- Legislative efforts to approve a medical emergency alternate destination on the West Side are on target.

In progress and continuing to next year:

- Bringing diagnostic imaging to the West Side in a financially responsible phased manner has been deferred.
- Identification of interim imaging solutions and outreach to regional providers remain deferred.
- Exploration of mobile imaging alternatives is deferred.

STRATEGIC OBJECTIVE #4: Establish an Annual District-wide Flagship Event

Notable Accomplishments:

- Successful execution of NAMI Walks Stanislaus including establishment of core planning committee and recruitment of members.
- Clear definition of committee roles, onboarding, and succession practices.
- Formal alignment with NAMI National and NAMI Stanislaus, maintaining compliance with Classic NAMIWalks requirements, and establishing regular coordination.
- Identification, establishment, and funding of an Event Coordinator position with clearly defined authority and alignment with best practices.
- Recruitment and support of team captains, engagement of key institutional partners, and structured fundraising campaign launch.
- Design and coordination of accessible, inclusive event-day programs with well-defined volunteer roles.
- Completion of post-event reporting, after-action reviews, public recognition of volunteers and sponsors, and use of outcomes to inform future planning.
- Building early momentum through internal DPHCD participation.

In progress and continuing to next year:

- Schedule 2027 event
- Recruit NAMI Stanislaus Board Member event champion

Del Puerto Health Care District FY 2025-26 Strategic Plan Update

STRATEGIC OBJECTIVE #5: Exercise Responsible Financial Stewardship and Risk Management

Notable Accomplishments:

- Updating and implementation planning of the Illness and Injury Prevention Program (IIPP) with state regulation compliance and departmental breakdown.
- Reviewing BETA requirements for insurance discounts.
- Conversion and maintenance of all vendor contracts as electronic copies, including identification, uploading, searching for missing contracts internally and externally, and compiling accessible contract lists.
- Establishment of a self-sustaining internal Ambulance Billing Department by August 1, 2026, with formal establishment within Finance, hiring of qualified billing staff, and adoption of comprehensive billing policies and procedures.
- Completion of full transition readiness from outgoing billing vendor including data migration and testing.

In progress and continuing to next year:

- Formal establishment of Ambulance Billing Department within Finance, hiring of billing staff, and adoption of billing policies are on target but require continued focus to meet deadlines.

STRATEGIC OBJECTIVE #6: Promote Forward Thinking Management and Governance

Notable Accomplishments:

- Development and implementation of a structured six-year CEO succession plan including establishment of a formal succession framework and annual board discussions.
- Designation of EMT and Paramedic Field Training Officers through a formal process.
- Delivery of in-house governance and management training including frontline staff leadership curriculum development, approval, posting, and training delivery.
- Quarterly board training sessions completed on strategic planning retreat and governing through policy themes.
- Quarterly management retreats conducted for annual planning, strategic planning details, and progress check-in and recalibration.

In progress and continuing to next year:

- Board-approved CEO succession framework adoption and incorporation of succession timeline into strategic plan and CEO goals remain on target but require ongoing attention.
- Quarterly board training on financial oversight and capital readiness and the spring FY 26-27 annual plan management retreat are on target and need continued focus.

FY 2026-27 DISTRICT STRATEGIC OBJECTIVES

Summary: Recommended Board-Level Strategic Objectives

1. **Advance the Healthcare Campus**
2. **Improve Access to Healthcare Services**
3. **Strengthen Workforce Recruitment and Retention**
4. **Exercise Responsible Financial Stewardship**
5. **Increase Community Trust, Visibility, and Transparency**
6. **Prepare for Future Growth and System Transformation**

This structure gives the Board six clear strategic objectives while limiting each department to approximately 3–5 achievable SMART goals. It also aligns closely with the campus schedule shift to 2027 procurement and 2028 construction while preserving the long-term vision reflected throughout the strategic planning documents.

Strategic Objective 1:

Advance the Healthcare Campus from Planning to Project Delivery

Why: This remains the District's most transformational initiative and directly addresses access, growth, infrastructure, and long-term sustainability.

CEO / District SMART Goals

1. Complete CEQA/EIR and secure all major discretionary approvals by June 30, 2027.
 2. Select Progressive Design-Build contractor and Project Manager by March 31, 2027.
 3. Complete Guaranteed Maximum Price (GMP) development for Phase 1A and 1B by September 30, 2027.
 4. Present quarterly public campus progress reports to the Board and community.
-

Strategic Objective 2:

Improve Access to Healthcare Services on the West Side

Why: Access remains the District's core mission and includes primary care, behavioral health, EMS, and future imaging services.

Del Puerto Health Care District

Health Center SMART Goals

1. Increase annual patient visits by 8% compared to FY 2025-26.
2. Increase same-day appointment availability to 90% of requests.
3. Launch one group visit service and complete 100 visits by June 30, 2027.
4. Improve selected HEDIS measures by at least 5% over FY 2025-26 performance.

PDA SMART Goals

1. Maintain Zone 5 response compliance at or above 90%.
2. Maintain transport rate above 72%.
3. Complete evaluation of community paramedicine or alternate destination opportunities by June 30, 2027.

Strategic Objective 3:

Strengthen Workforce Recruitment, Retention, and Leadership Development

Why: Workforce shortages remain one of the District's greatest strategic risks.

Human Resources SMART Goals

1. Reduce overall employee turnover below 12%.
2. Fill 90% of vacant positions within 120 days of posting.
3. Develop succession plans for all management positions by June 30, 2027.
4. Conduct at least four employee development trainings during the fiscal year.
5. Increase employee engagement survey participation to 75%.

Health Center SMART Goals

1. Achieve an average provider visit volume sufficient to support 90% of budgeted provider productivity targets by June 30, 2027.
2. Convert at least one student placement into a permanent employee hire.
3. Implement provider scorecards incorporating productivity, quality, patient satisfaction, and documentation compliance with quarterly review and action plans.

PDA SMART Goals

1. Maintain average part-time employee utilization at a minimum of 24 scheduled hours per 28-day cycle while limiting overtime hours to no more than ____% of total paid hours by June 30, 2027.

Del Puerto Health Care District

2. Hire at least two employees through existing internship, clinical rotation, or student partnership programs.
3. Identify and develop a minimum of three EMTs or Paramedics as future FTO, supervisory, or management candidates through documented development plans and quarterly coaching sessions.

CEO / Executive Team SMART Goals

1. Recruit, hire, and onboard an Assistant District Administrator by March 31, 2027, and successfully transition responsibility for at least three major operational or strategic functions to the position by June 30, 2028.
-

Strategic Objective 4:

Exercise Responsible Financial Stewardship and Capital Readiness

Why: Financial strength will determine whether the District can successfully construct and operate the healthcare campus.

Finance SMART Goals

1. Maintain a minimum of 120 days cash on hand.
2. Maintain balanced operating budgets for all major divisions.
3. Complete annual reserve analysis and funding recommendations.
4. Develop a five-year capital financing plan for Board adoption by June 30, 2027.

CEO / District SMART Goals

1. Complete implementation of the internal ambulance billing department by September 30, 2026.
2. Secure at least \$1 million in grant, reimbursement, or supplemental funding opportunities.
3. Conduct annual review of Development Impact Fee implementation status.

PDA SMART Goals

1. Complete procurement, delivery, outfitting, licensing, and deployment of two replacement ambulances by June 30, 2027.
2. Procure, deploy, and place into service LifePak 35 cardiac monitors/defibrillators for 100% of frontline ALS/QRV units by June 30, 2027, including completion of all required training, protocol updates, and equipment integration.

Strategic Objective 5:

Increase Community Trust, Visibility, and Transparency

This aligns well with your recently developed transparency objective and community engagement efforts.

CEO / District SMART Goals

1. Publish quarterly District performance dashboards beginning Q2 FY 2026-27.
2. Hold at least two public town hall meetings.
3. Establish a Community Health Council with at least 10 active members.
4. Publish annual Community Health Needs Assessment implementation updates.
5. Conduct one flagship District-wide community event with at least 250 participants.

Health Center SMART Goals

1. Conduct four community outreach or health education events.
2. Increase social media engagement by 20%.

PDA SMART Goals

1. Participate in at least six community education or standby events.
 2. Publish quarterly EMS performance summaries.
-

Strategic Objective 6:

Prepare the Organization for Future Growth and System Transformation

This objective combines many of the aspirations identified in the briefing packet: FQHC exploration, behavioral health expansion, staffing pipelines, and long-term health system development.

CEO / Executive Team SMART Goals

1. Complete FQHC/FQHC Look-Alike feasibility analysis by March 31, 2027.
2. Develop workforce staffing projections for all Phase 1 facilities by June 30, 2027.
3. Present a Phase 1 operational readiness framework to the Board by June 30, 2027.
4. Update the District's 10-year strategic roadmap.

Del Puerto Health Care District

Del Puerto Health Care District

CEO COMPENSATION POLICY WORKSHOP PACKET

Board Governance Workshop

Facilitated by District Legal Counsel

Proposed Duration: 90 Minutes

KEY DISCUSSION QUESTION

What compensation philosophy best supports Del Puerto Health Care District's mission, leadership continuity, public accountability, organizational complexity, and long-term success?

This question should serve as the Board's decision-making lens throughout the workshop.

WORKSHOP PURPOSE

Why Are We Here?

The Board has adopted policies governing:

- Compensation administration (3401)
- Salary ranges (3403)
- Cost-of-living adjustments (3402)
- CEO evaluation (3017)
- Executive compensation governance (3417)

However, the District has never adopted a comprehensive CEO Compensation Policy that integrates these elements into a single decision-making framework.

The purpose of this workshop is not to determine CEO compensation.

The purpose is to determine: *How should future Boards make CEO compensation decisions?*

Desired Outcome

By the conclusion of the workshop, the Board should provide direction regarding:

1. Comparable organizations
2. Compensation philosophy
3. Salary range placement
4. Available compensation tools
5. Incentive compensation
6. Governance and review processes

This direction will be used by legal counsel to prepare a draft CEO Compensation Policy for future Board consideration.

Del Puerto Health Care District

DPHCD CONTEXT AND GUIDING PRINCIPLES

Policy Question Zero

Before discussing compensation tools or methodologies, the Board should determine:

Should DPHCD's CEO Compensation Policy be designed around DPHCD's unique circumstances or broader national compensation practices?

Why DPHCD Is Different

The CEO position at DPHCD includes responsibility for:

Healthcare Operations

- Rural Health Clinic
- Behavioral Health Programs
- Community Health Services
- Quality and Compliance

Emergency Medical Services

- 24-hour ALS ambulance operations
- EMS system coordination
- Public safety partnerships

Public Agency Leadership

- Board governance
- Public transparency
- Brown Act compliance
- Public finance

Strategic Development

- Healthcare Campus implementation
- Capital planning
- Community partnerships
- Government relations

Guiding Principles Discussion

The Board should consider:

Public Accountability - Compensation should be transparent and supported by documented data.

Market Competitiveness - Compensation should be sufficient to recruit and retain qualified leadership.

Organizational Complexity - Compensation should reflect the scope and complexity of the position.

Leadership Continuity - Compensation policy should support long-term organizational stability.

DPHCD Relevance - The policy should reflect DPHCD's mission, operational complexity, and Central Valley healthcare environment.

Del Puerto Health Care District

POLICY DECISION #1 - COMPARABLE ORGANIZATIONS

Why This Matters

The organizations selected for comparison determine:

- Market midpoint
- Salary range
- Public explanation of compensation decisions

The Board is determining what organizations are genuinely comparable to DPHCD.

Board Discussion Questions

1. *What organizations best reflect the CEO role at DPHCD?*
2. *Should non-healthcare agencies influence CEO compensation?*
3. *Should hospital-operating organizations influence compensation?*

OPTION A: Healthcare Enterprise Districts Only

Use healthcare districts that directly provide healthcare services.

Examples:

- Clinics
- EMS
- Behavioral health
- Community health programs
- Healthcare facilities

What This Looks Like

Future salary studies rely primarily on organizations with executive responsibilities most similar to DPHCD.

Advantages

- ✓ Most comparable executive responsibilities
- ✓ Most reflective of DPHCD's mission
- ✓ Avoids dilution by unrelated organizations

Disadvantages

- X Smaller sample size
- X Fewer comparison points

OPTION B: Healthcare Enterprise Districts + Similar Healthcare Organizations

Includes:

- Healthcare districts
- Community clinics
- FQHCs
- Public healthcare organizations

What This Looks Like

The Board receives broader healthcare market information while remaining focused on healthcare delivery.

Advantages

- ✓ Larger comparison pool
- ✓ More healthcare-specific data

Disadvantages

- X Some organizations may be significantly smaller
- X Some organizations may lack EMS or public governance responsibilities

Del Puerto Health Care District

OPTION C - Tiered Peer Group

Primary:

- Healthcare enterprise districts

Secondary:

- Clinics
- FQHCs
- Healthcare nonprofits

Reference only:

- Other public agencies

What This Looks Like

Healthcare enterprise districts drive compensation decisions while other organizations provide context.

Advantages

- ✓ Most balanced approach
- ✓ Reflects DPHCD complexity
- ✓ Allows supplemental information without controlling outcomes

Disadvantages

- ✗ Requires weighting decisions
- ✗ More complex methodology

OPTION D: Broad Composite Market

Uses healthcare and non-healthcare organizations.

What This Looks Like

Compensation decisions rely on broad market composites.

Advantages

- ✓ Largest data set
- ✓ Easier statistical analysis

Disadvantages

- ✗ May compare unlike organizations
 - ✗ May understate DPHCD's complexity
-

Del Puerto Health Care District

POLICY DECISION #2 - COMPENSATION PHILOSOPHY

Why This Matters

The compensation philosophy determines what future Boards are trying to reward.

OPTION A: Market-Based Accountability

The Board focuses primarily on market competitiveness.

Compensation Reflects

- Market value
- Comparable organizations
- Competitive positioning

Best For Boards That Believe - "The CEO should be paid what the position is worth."

Risk - Exceptional performance may not be meaningfully distinguished.

OPTION B: Performance Recognition

The Board intentionally distinguishes between different levels of performance.

Compensation Reflects

- Quality of leadership
- Operational results
- Performance level

Best For Boards That Believe "Strong performance should be rewarded differently than satisfactory performance."

Risk Requires strong evaluation practices.

OPTION C

Strategic Execution

Compensation emphasizes achievement of major Board priorities.

Compensation Reflects

- Strategic goals
- Major projects
- Organizational advancement

Best For Boards That Believe "Compensation should reinforce strategic outcomes."

Risk May overemphasize large projects.

OPTION D

Total Reward Framework

Different compensation tools address different objectives.

Tool	Purpose
Salary Placement	Market Value
COLA	Inflation
Merit	Performance
Incentive	Achievement
Retention Tool	Continuity

Best For Boards That Believe "Different situations require different compensation responses."

Del Puerto Health Care District

OPTION E

Hybrid Model

Performance Recognition + Total Reward Framework

Compensation Reflects

- Market value
- Performance
- Achievement
- Retention considerations

Best For Boards That Believe "The Board should have flexibility while maintaining accountability."

Board Discussion Questions

1. *What should future Boards reward?*
2. *How should public stewardship be demonstrated?*

Del Puerto Health Care District

POLICY DECISION #3 - SALARY RANGE PLACEMENT

Why This Matters

The salary range establishes limits.
Placement determines actual compensation.

OPTION A: Current Structure

85%-115% of midpoint.
Little guidance regarding placement.

OPTION B: Placement Guidance

Range placement reflects:

- Experience
- Competence
- Leadership maturity

Example:

85%-95% = Developing
95%-105% = Fully Competent
105%-115% = Strong or Exceptional Performance

OPTION C: Market Percentiles

Placement tied directly to market position.

Example:

P25 = Developing
P50 = Competent
P60-P65 = Strong Performer
P75 = Exceptional Performer

OPTION D: Reward Framework Placement

Placement reflects:

- Market position
 - Performance
 - Strategic achievement
 - Organizational complexity
-

Board Discussion Questions

1. *What should justify movement toward the upper end of the range?*
 2. *Should longevity alone increase placement?*
-

Del Puerto Health Care District

POLICY DECISION #4 - COMPENSATION TOOLS

What Tools Should Future Boards Have Available?

Tool	Purpose	Example
Base Salary	Market value	Adjust position within range
COLA	Inflation	CPI increase
Merit	Performance	Strong annual evaluation
Incentive	Achievement	Completion of major goals
Retention Tool	Continuity	Major strategic projects
No Adjustment	Appropriate restraint	Unsatisfactory performance

Del Puerto Health Care District

POLICY DECISION #5 - INCENTIVE COMPENSATION

Why This Matters

Should extraordinary achievement be recognized separately from salary?

OPTION A: No Incentives

Salary, COLA, and merit only.

Best For Boards That Believe Salary already reflects expected performance.

OPTION B: Goal-by-Goal Incentive

Specific goals receive specific values.

Example

Healthcare Campus Goal = 2%

Imaging Goal = 1%

Behavioral Health Goal = 1%

OPTION C: Performance Matrix

Incentive tied primarily to evaluation rating.

Example

Satisfactory = 0-2%

Strong = 2-5%

Excellent = 5-7.5%

Exceptional = 7.5-10%

OPTION D

Hybrid Model

Combines:

- Goal achievement
- Evaluation results

Best For Boards That Believe Both outcomes and performance should matter.

Incentive Guardrails Discussion

Should:

Goals require advance Board approval?

Incentives be capped?

District finances be considered before payout?

Del Puerto Health Care District

POLICY DECISION #6 - GOVERNANCE AND REVIEW

Why This Matters

How will the Board ensure they are using an appropriate salary range?

OPTION A: Annual Review + Triennial Study

Annual update with formal study every three years.

OPTION B: Annual Reward Framework Review

Annual review of:

- Evaluation
- Range placement
- Goals
- Compensation response

OPTION C: Trigger-Based Review

Additional review when:

- Inflation spikes
- Responsibilities change
- Market changes
- Strategic workload changes

OPTION D: Combination Approach

Annual review

- Triennial study
 - Trigger-based review
-

Del Puerto Health Care District

BOARD DECISION WORKSHEET

Policy Question	Preferred Option
Comparable Organizations	
Compensation Philosophy	
Salary Range Placement	
Compensation Tools	
Incentive Compensation	
Governance & Review	

Additional Comments

COUNSEL CONSENSUS SUMMARY

Policy Question	Board Direction
Comparable Organizations	
Compensation Philosophy	
Salary Range Placement	
Compensation Tools	
Incentive Compensation	
Governance & Review	