Fallbrook Healthcare District

138 S. Brandon St. • Fallbrook CA 92028 • 760-731-9187

BOARD OF DIRECTORS

REGULAR BOARD MEETING

WEDNESDAY
SEPTEMBER 14, 2016

6:00 PM

AT

FPUD
FALLBROOK PUBLIC UTILITY DISTRICT
990 EAST MISSION ROAD
FALLBROOK, CA 92028

AGENDA
FALLBROOK HEALTHCARE DISTRICT
REGULAR BOARD MEETING

Wednesday, September 14, 2016, 6:00 p.m.
Fallbrook Public Utilities District, 990 E. Mission Rd., Fallbrook

Director Howard Salmon will join the meeting remotely by teleconference pursuant to government Code Section 54953 from the following location: 3585 South, 3500 West, Driggs, ID 83422

A. CALL MEETING TO ORDER – PLEDGE OF ALLEGIANCE

B. ADDITIONS TO AGENDA

Pursuant to the Brown Act, additions to the Agenda as posted are exceptional, and expressly limited to three specific situations, as set forth in Government Code 54954.2(b): (1) an "emergency" as determined by majority vote of the board; (2) a 2/3 vote of the board finding that an item requires immediate action – and the need for this action arose in time after the agenda was posted or (3) the item was continued from an earlier meeting (no more than 5 days earlier), at which time the item was validly posted on the agenda of the earlier meeting.

C. BOARD MEMBER AND PUBLIC COMMENTS

Opportunity for board members and citizens to speak on items of interest within subject matter jurisdiction of the District. For the record, please state your name. "Request to speak" cards should be filled out in advance and presented to the Board President or the recording secretary. The Board has a policy limiting any speaker to not more than five minutes

D. CONSENT ITEMS

D1. Minutes of August 10, 2016 Regular Board Meeting
D2. Approval of July 2016 Financial Statements

E. REPORTS

E1. Finance Committee – Director Salmon and Mroz
E2. Community Healthcare Programs Committee – Directors Mroz and Abbott
E3. Gov't and Community Relations Committee – Directors Tinker and Salmon
E4. Facilities Committee – Director Tinker and Winton
E5. Long Range Planning Committee – Directors Salmon and Winton
E6. Executive Director – Bobbi Palmer
E7. General Counsel – Blaise Jackson

F. DISCUSSION/ACTION ITEMS

F1. JPA with North County Fire Protection District

G. ITEMS FOR SUBSEQUENT MEETINGS

G1. Other Director/Staff discussion items
  G1a. Item(s) for future board agendas
  G1b. Announcements of upcoming events:
    - Free Prostate Cancer Screening – Saturday, September 17, 2016, 6:30am-9:00am, Fallbrook Family Health Center
    - Community Collaborative for Health & Wellness Committee (CCHW) meeting – Monday, September 19, 2016, 9:00-10:30am, Fallbrook Public Utility District Board Room
    - Woman of Wellness –Thursday, October 6, 2016, 6pm, Fallbrook Library
    - NCCCHI meeting – Wednesday, October 5, 2:00-3:00pm Fallbrook Healthcare District Board Room, 138 S. Brandon Rd.

G2. Next Regular Board meeting – Wednesday, October 12, 2016, 6pm, Fallbrook Public Utility District Board Room

H. CLOSED SESSION

H1. CONFERENCE WITH REAL ESTATE NEGOTIATOR REGARDING SALE OF REAL PROPERTY PER GOVT CODE 54956.8 -Conference shall include Price and Terms.
District Negotiator: Travis Ives
APN #s 105-811-01 and 103-246-51. (Former Hospital Property – 624 Elder Street/138 Brandon Road)"

I. RETURN TO OPEN SESSION

J. ADJOURNMENT

NOTE: The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in, or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

I certify that on September 9, 2016, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Healthcare District, said time being at least 72 hours in advance of the meeting of the Finance Committee.

Linda Bahrenman

CONSENT ITEMS

Fallbrook Healthcare District

Minutes
FALLBROOK HEALTHCARE DISTRICT
REGULAR BOARD MEETING
Wednesday, August 10, 2016, 6:00 p.m.
Fallbrook Public Utilities District, 990 E. Mission Rd., Fallbrook

A. CALL MEETING TO ORDER – PLEDGE OF ALLEGIANCE

The meeting was called to order by President Gordon Tinker at 6:03 p.m.

Board members present: Gordon Tinker, Barbara Mroz, Stephen Abbott and Howard Salmon.
Board member absent: Frank Winton, M.D.
Others present: General Counsel Blaise Jackson and Executive Director Bobbi Palmer.

President Tinker led the Pledge of Allegiance.

B. ADDITIONS TO AGENDA

There were no additions to the agenda.

C. BOARD MEMBER AND PUBLIC COMMENTS

There was no public comment.

D. CONSENT ITEMS

D1. Minutes of July 13, 2016 Regular Board Meeting

D2. Approval of June 2016 Financial Statements

Discussion: There was no request by any Director to pull an item for discussion.

Action: Director Abbott moved and Director Salmon seconded to approve the consent items as presented. Motion carried 4-0.

E. REPORTS

E1. Finance Committee – Director Salmon and Mroz

Director Salmon reported that the Finance Committee met on three separate occasions since the last meeting. He reviewed the financial statements and said the committee had worked on the preliminary budget and he would discuss that under Discussion/Action items.

E2. Community Healthcare Programs Committee – Directors Mroz and Abbott

Director Mroz said Woman of Wellness met on August 4th and Ann Wade provided the presentation "Wade Into Fitness – One Step at a Time." In addition, Senator Joel Anderson's office contacted FHD to say that he wants to recognize the work being done by Woman of Wellness and also the Health Champions selected each month. Representatives were present at the event to present certificates of recognition to the WOW program and everyone working to make it happen as well as the Health Champions. Each month Health Champions will be recognized by Senator Anderson at the Woman of Wellness event. Palomar Health is interested in providing presentations at WOW too.

E3. Gov't and Community Relations Committee – Directors Tinker and Salmon

Director Salmon said a meeting is scheduled with Palomar Health at the end of the month in regard to a Joint Powers Agreement. CentraForce had provided a report for FHD regarding health disparities and also has data in that regard for Palomar.

E4. Facilities Committee – Director Tinker and Winton

Director Tinker said there was no report from the Facilities Committee

E5. Long Range Planning Committee – Directors Salmon and Winton

Director Salmon said another meeting is planned in the Fall.

E6. Executive Director – Bobbi Palmer

Regarding Community Health, Executive Director Palmer reported that progress has been made in our efforts to communicate with the school districts. FHD participated in two days of registration at Potter Junior High School distributing information regarding health & wellness programs for children. In addition, the NCCCHI collaborative participants (student nurses from CSUSM and Fallbrook Smiles Project) have been invited to the schools for screenings and health education. FHD participated in the Back to School Health Fair at Fallbrook Library. Five Bonsall High School students who interned with FHD organized and operated a very popular booth visited by 400-500 students. A pilot program of screenings (BP and blood glucose by CSUSM nursing students) for 131 agricultural workers took place at Hines Nursery in Rainbow. Another is planned for ColorSpot nursery workers in Fallbrook. She reviewed community engagement activities, community outreach efforts and legislative advocacy participation (including Little Hoover meeting participation).

E7. General Counsel – Blaise Jackson
Legal Counsel said his comments would be confined to Discussion/Action items and Closed Session.

F. DISCUSSION/ACTION ITEMS

F1. Adoption of Final Budget FY 2016-2017
Finance Committee Chair Howard Salmon requested that this item be discussed following item F2 since action on that item could modify the budget.

F2. Review of RFP Urgent Care Services
Executive Director Bobbi Palmer said she and Legal Counsel Blaise Jackson had drafted questions from board input, and conducted interviews. Some items required follow-up and Mr. Jackson had sent a confidential update to board members for review. Discussion ensued. The possibility of splitting urgent care services between two providers was discussed. There were questions about which third-party payers were accepted by each of the entities (Medi-Cal covered?). Also, questions regarding hours of coverage needed and currently provided. President Tinker said he had not had the opportunity to review Mr. Jackson's information and said he would prefer to defer any action at this meeting. Further discussion ensued.
Action: It was moved by Director Salmon, seconded by Director Mroz to take a 10 minute break during which time the information from legal counsel could be reviewed. Motion carried 3-1 (Director Tinker voting "no")
There was a 10 minute recess.
At 6:45 p.m. the meeting reconvened.
Further discussion ensued. President Tinker said he was still not prepared to make a decision regarding urgent care services. He said he believes there are likely other options available.
Action: Director Salmon moved to cease paying a subsidy to A+ Urgent Care. The motion failed due to lack of a second.
There was discussion regarding A+ Urgent Care representatives being less than responsive to the Board's questions. Discussion continued. Director Abbott said he believes more time is needed to consider the matter of urgent care services. He asked if it would it be possible to allocate funds to the budget for Urgent Care which would allow for budget approval. Director Salmon expressed concern that the matter of Urgent Care services has been before the Board for some time and continues to be extended. Dr. Coen was present and asked about all parties getting together to discuss this matter. There was discussion about issuing another RFP and splitting existing support between the existing extended hours service providers for a finite period of time during which options are investigated.
Action: It was moved by Director Abbott, seconded by Director Salmon to issue another RFP for Urgent Care Services, extend the existing support level for three months

beginning September 1, 2016, and split the support currently provided between both entities having responded to the original RFP. Motion carried 4-0.

F1 Adoption of Final Budget FY 2016-2017 (continued)
Discussion continued regarding the proposed budget which does not yet include the subsidy for extended hours urgent care services. It was noted that there had been no amount on that line item, and July and August had already been extended at the rate of $19,500 per month. In addition, with action taken under F2 at this meeting, an additional three months subsidy at that rate having been approved, it was agreed that the line item for urgent care expense (800.02) be modified to reflect an amount equal to 5 months x $19,500.
Action: It was moved by Director Salmon, seconded by Director Mroz to approve the budget as presented, with the addition of the 5 month extended hours urgent care support and the understanding that it is a working budget and can be modified as needed. Motion carried 4-0.

F3. Biennial Adoption of the Conflict of Interest Code
Legal Counsel Blaise Jackson said every two years the Conflict of Interest Code requires board approval. He said in history and practice the board has approved the model code and there are two changes needed since 2014 that include changing the position name from Administrator to Executive Director and an increase of $20.00 in the sole source annual gift limit from $440 to $460 from a single source.
Action: It was moved by Director Salmon, seconded by Director Mroz, to approve the adoption of the modified Conflict of Interest Code. Motion carried 4-0.

G. ITEMS FOR SUBSEQUENT MEETINGS

G1. Other Director/Staff discussion items

G1a. Item(s) for future board agendas
JPA with North County Fire Protection District

G1b. Announcements of upcoming events:

- NCCCHI meeting – Wednesday, September 14, 2:00-3:00pm Fallbrook Healthcare District Board Room, 138 S. Brandon Rd.
- CCC/CATCH meeting – Monday, August 15, 2016, 9:00-10:30am, Fallbrook Public Utility District Board Room
- Woman of Wellness –Thursday, September 1, 2016, 6pm – Fallbrook Library

G2. Next Regular Board meeting – Wednesday, September 14, 2016, Fallbrook Public Utility District Board Room

H. CLOSED SESSION

H1. CONFERENCE WITH REAL ESTATE NEGOTIATOR REGARDING SALE OF REAL PROPERTY PER GOVT CODE 54956.8 -Conference shall include Price and Terms.
District Negotiator: Travis Ives
APN #s 105-811-01 and 103-246-51. (Former Hospital Property – 624 Elder Street/138 Brandon Road)"

H2. CONFERENCE WITH LEGAL COUNSEL CONCERNING POTENTIAL LITIGATION PER GOVT CODE 54956.9(d)(2) – one case.

The Board adjourned into Closed Session at 7:18 p.m.

I. RETURN TO OPEN SESSION

The Board reconvened into Open Session. The board directed its negotiator to take appropriate action regarding item H1. No action was taken on item H2.

J. ADJOURNMENT

There being no further business, the meeting was adjourned by President Tinker at 8:07 p.m.

_____
Gordon Tinker, President

_____
Stephen Abbott, Secretary

FALLBROOK HEALTHCARE DISTRICT
BALANCE SHEET COMPARISON
Comparison of July 31, 2016 to June 30, 2016

	Jul 31, 16	Jun 30, 16	$ Change
ASSETS			
Current Assets			
Checking/Savings			
102.9 · Cal Trust - Contingency Fund	4,237,446.34	4,238,150.39	(704.05)
102.2 · Cash in Bank - New Operating	286,974.56	448,157.43	(161,182.87)
102.6 · Cash in Bank -LAIF	1,510,860.83	1,633,638.35	(122,777.52)
Total Checking/Savings	6,035,281.73	6,319,946.17	(284,664.44)
Other Current Assets			
104 · Prepaid Insurance	44,210.08	47,937.58	(3,727.50)
110 · Reimbursement Receiveable - CHS	157,981.89	157,981.89	0.00
114 · Interest Receivable	3,599.61	5,705.63	(2,106.02)
Total Other Current Assets	205,791.58	211,625.10	(5,833.52)
Total Current Assets	6,241,073.31	6,531,571.27	(290,497.96)
Fixed Assets			
120.01 · ALVARADO BLDG	291,240.00	291,240.00	0.00
121 · Equipment	19,521.65	19,521.65	0.00
121.2 · Equipment Depreciation	(19,299.71)	(19,161.32)	(138.39)
122.0 · ASSETS HELD FOR RESALE			
122.01 · FALLBROOK HOSPITAL	4,417,521.00	4,417,521.00	0.00
122.02 · WELLNESS CENTER	291,240.00	291,240.00	0.00
Total 122.0 · ASSETS HELD FOR RESALE	4,708,761.00	4,708,761.00	0.00
Total Fixed Assets	5,000,222.94	5,000,361.33	(138.39)
TOTAL ASSETS	11241296.25	11531932.60	(290,636.35)
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
140 · Accounts Payable	36,528.08	24,201.22	12,326.86
Total Accounts Payable	36,528.08	24,201.22	12,326.86
Credit Cards			
150.1 · American Express 41007	716.77	731.77	(15.00)
150.2 · Costco-AMEX 23005	(36.05)	(36.05)	0.00
Total Credit Cards	680.72	695.72	(15.00)
Other Current Liabilities			
204 · Accrued Vacation & Sick Leave	4,456.53	4,456.53	0.00
211 · P/R Taxes Payable	5,233.74	5,421.84	(188.10)
215 · Comm Healthcare Programs Pble			
215.24 · District Sponsored Programs	28,738.07	28,823.26	(85.19)
Total 215 · Comm Healthcare Programs ...	28,738.07	28,823.26	(85.19)
Total Other Current Liabilities	38,428.34	38,701.63	(273.29)
Total Current Liabilities	75,637.14	63,598.57	12,038.57
Total Liabilities	75,637.14	63,598.57	12,038.57
Equity			
300 · Unrestricted Fund Balance	11468334.03	11238393.92	229,940.11
Net Income	(302,674.92)	229,940.11	(532,615.03)
Total Equity	11165659.11	11468334.03	(302,674.92)
TOTAL LIABILITIES & EQUITY	11241296.25	11531932.60	(290,636.35)

FALLBROOK HEALTHCARE DISTRICT
Income Statement
For the Month Ended July 31, 2016 and Year to Date

	Jul 16	Jul 16
Ordinary Income/Expense		
Income		
400. · District		
402 · Property tax revenue	13,065	13,065
403 · Interest / Dividends	3,600	3,600
406 · Unearned Inc(Loss) - Cal Trust	(4,187)	(4,187)
Total 400. · District	12,477	12,477
450. · Properties		
460 · Lease Income		
460.01 · A+ Urgent Care	4,800	4,800
Total 460 · Lease Income	4,800	4,800
Total 450. · Properties	4,800	4,800
Total Income	17,277	17,277
Gross Profit	17,277	17,277
Expense		
500 · Administrative Expenses		
500.10 · Salaries	16,533	16,533
500.12 · Payroll Taxes	1,326	1,326
500.14 · W/C Insurance	95	95
500.15 · Employee Health & Welfare	1,467	1,467
500.16 · Board Stipends	800	800
500.17 · Education & Conferences	1,651	1,651
500.18 · Dues & Subscriptions	8,471	8,471
500.19 · Insurance - General	3,632	3,632
500.20 · Independent Accounting Services	850	850
500.23 · General Counsel	10,255	10,255
500.25 · Office Expense		
01 · Communications	383	383
02 · I.T. and Website services	933	933
03 · Refreshments	2,119	2,119
04 · Office supplies	80	80
05 · Admin fees	118	118
06 · Independent Contract Services	2,176	2,176
Total 500.25 · Office Expense	5,809	5,809
500.27 · Depreciation	138	138
500.29 · Dist Promotions & Publications	4,229	4,229
500.32 · Consultant Fees	9,750	9,750
500.33 · Copier Lease	796	796
Total 500 · Administrative Expenses	65,804	65,804

FALLBROOK HEALTHCARE DISTRICT
Income Statement
For the Month Ended July 31, 2016 and Year to Date

	Jul 16	Jul 16
590 · Management & Maintenance		
590.01 · Building Engineer	6,682	6,682
590.02 · Gas & Electric	5,921	5,921
590.03 · Water	2,383	2,383
590.04 · Waste Management	93	93
590.05 · Security	1,100	1,100
590.06 · Landscape - Grounds Environment	2,500	2,500
590.07 · Custodial Services	300	300
590.08 · Elevator	165	165
590.09 · Vehicle Expenses	58	58
590.10 · Maintenance Services & Repairs	150	150
590.11 · Medical Records Store & Service	1,550	1,550
590.12 · Fire Alarm System	330	330
Total 590 · Management & Maintenance	21,232	21,232
600 · Community Healthcare Programs		
600.02 · Flbk Citizens Crime Prevention	2,500	2,500
600.59 · Palomar Health Foundation	2,500	2,500
600.58 · Michelle's Place	5,000	5,000
600.54 · Healthy Adventures Foundation	3,000	3,000
600.53 · Jeremiah's Ranch	6,000	6,000
600.04 · Boys & Girls Club	14,700	14,700
600.07 · Senior Citizens Center	15,275	15,275
600.08 · Smiles Project	17,500	17,500
600.11 · Palomar Family Coun.Serv.	18,500	18,500
600.14 · Flbk Family Health Center	21,250	21,250
600.17 · Foundation for Senior Care	39,446	39,446
600.18 · Flbk Comm Project - FOOD PANTRY	15,000	15,000
600.33 · REINS Therapy	15,700	15,700
600.37 · Trauma Intervention Programs	4,000	4,000
600.46 · North Inland Comm Prev Program	3,206	3,206
600.57 · North County Fire Protect Distr	29,839	29,839
Total 600 · Community Healthcare Programs	213,416	213,416
800 · District Direct Care Services		
800.02 · A+ Urgent Care	19,500	19,500
Total 800 · District Direct Care Services	19,500	19,500
Total Expense	319,952	319,952
Net Ordinary Income	(302,675)	(302,675)
Net Income	(302,675)	(302,675)

FALLBROOK HEALTHCARE DISTRICT
Profit & Loss Actual vs Budget
July 1 thru July 31, 2016

	Jul 16	Budget	$ Over ...
Ordinary Income/Expense			
Income			
400. · District			
402 · Property tax revenue	13,065	13,065	(0)
403 · Interest / Dividends	3,600	3,841	(242)
406 · Unearned Inc(Loss) - Cal Trust	(4,187)	0	(4,187)
Total 400. · District	12,477	16,906	(4,429)
450. · Properties			
460 · Lease Income			
460.01 · A+ Urgent Care	4,800	4,800	0
Total 460 · Lease Income	4,800	4,800	0
Total 450. · Properties	4,800	4,800	0
Total Income	17,277	21,706	(4,429)
Gross Profit	17,277	21,706	(4,429)
Expense			
500 · Administrative Expenses			
500.10 · Salaries	16,533	16,533	0
500.12 · Payroll Taxes	1,326	2,100	(774)
500.14 · W/C Insurance	95	96	(0)
500.15 · Employee Health & Welfare	1,467	1,530	(63)
500.16 · Board Stipends	800	2,200	(1,400)
500.17 · Education & Conferences	1,651	1,250	401
500.18 · Dues & Subscriptions	8,471	7,500	971
500.19 · Insurance - General	3,632	3,750	(118)
500.20 · Independent Accounting Servic...	850	850	0
500.23 · General Counsel	10,255	10,417	(162)
500.25 · Office Expense			
01 · Communications	383	450	(67)
02 · I.T. and Website services	933	933	(0)
03 · Refreshments	2,119	367	1,753
04 · Office supplies	80	1,333	(1,253)
05 · Admin fees	118		
06 · Independent Contract Services	2,176	2,176	0
Total 500.25 · Office Expense	5,809	5,259	550
500.27 · Depreciation	138	138	0
500.29 · Dist Promotions & Publications	4,229	4,000	229
500.32 · Consultant Fees	9,750	8,000	1,750
500.33 · Copier Lease	796	500	296
500.85 · Calif Mandated Reimbursement	0	(833)	833
Total 500 · Administrative Expenses	65,804	63,290	2,514
590 · Management & Maintenance			
590.01 · Building Engineer	6,682	7,042	(359)
590.02 · Gas & Electric	5,921	7,850	(1,929)
590.03 · Water	2,383	2,000	383
590.04 · Waste Management	93	125	(32)
590.05 · Security	1,100	1,125	(25)
590.06 · Landscape - Grounds Environ...	2,500	2,708	(208)
590.07 · Custodial Services	300	125	175
590.08 · Elevator	165	167	(2)
590.09 · Vehicle Expenses	58	125	(67)
590.10 · Maintenance Services & Repairs	150	1,763	(1,613)
590.11 · Medical Records Store & Service	1,550	0	1,550
590.12 · Fire Alarm System	330		
Total 590 · Management & Maintenance	21,232	23,029	(1,797)

FALLBROOK HEALTHCARE DISTRICT
Profit & Loss Actual vs Budget
July 1 thru July 31, 2016

	Jul 16	Budget	$ Over ...
600 · Community Healthcare Programs			
600.02 · Flbk Citizens Crime Prevention	2,500	2,500	0
600.59 · Palomar Health Foundation	2,500	2,500	0
600.58 · Michelle's Place	5,000	5,000	0
600.54 · Healthy Adventures Foundation	3,000	3,000	0
600.53 · Jeremiah's Ranch	6,000	6,000	0
600.04 · Boys & Girls Club	14,700	14,700	0
600.07 · Senior Citizens Center	15,275	15,275	0
600.08 · Smiles Project	17,500	17,500	0
600.11 · Palomar Family Coun.Serv.	18,500	18,500	0
600.14 · Flbk Family Health Center	21,250	21,250	0
600.17 · Foundation for Senior Care	39,446	39,446	0
600.18 · Flbk Comm Project - FOOD PA...	15,000	15,000	0
600.33 · REINS Therapy	15,700	15,700	0
600.37 · Trauma Intervention Programs	4,000	4,000	0
600.46 · North Inland Comm Prev Progr...	3,206	3,206	0
600.57 · North County Fire Protect Distr	29,839	29,839	0
Total 600 · Community Healthcare Progra...	213,416	213,416	0
800 · District Direct Care Services			
800.02 · A+ Urgent Care	19,500	0	19,500
Total 800 · District Direct Care Services	19,500	0	19,500
Total Expense	319,952	299,735	20,217
Net Ordinary Income	(302,675)	(278,028)	(24,646)
Net Income	(302,675)	(278,028)	(24,646)

09/14/16

FALLBROOK HEALTHCARE DISTRICT
Profit & Loss Budget Overview
July 2016 through June 2017

	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	TOTAL Jul '16 - Ju...
Ordinary Income/Expense													
Income													
400. · District													
402 · Property tax revenue	13,065	12,100	15,100	13,506	75,399	633,527	253,274	42,453	45,983	388,488	184,194	22,910	1,700,000
403 · Interest / Dividends	3,841	3,925	2,044	3,100	2,663	5,116	5,230	2,693	3,815	2,690	2,731	2,151	40,000
Total 400. · District	16,906	16,025	17,144	16,606	78,062	638,643	258,505	45,146	49,798	391,178	186,926	25,061	1,740,000
450. · Properties													
460 · Lease Income													
460.01 · A+ Urgent Care	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	57,600
Total 460 · Lease Income	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	57,600
Total 450. · Properties	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	4,800	57,600
Total Income	21,706	20,825	21,944	21,406	82,862	643,443	263,305	49,946	54,598	395,978	191,726	29,861	1,797,600
Gross Profit	21,706	20,825	21,944	21,406	82,862	643,443	263,305	49,946	54,598	395,978	191,726	29,861	1,797,600
Expense													
500 · Administrative Expenses													
500.10 · Salaries	16,533	18,533	18,533	18,533	20,533	20,533	20,533	20,533	20,910	20,910	20,910	21,006	238,000
500.12 · Payroll Taxes	2,100	2,100	2,100	2,100	2,100	2,100	2,100	2,100	2,100	2,100	2,100	2,100	25,200
500.14 · W/C Insurance	96	96	96	96	96	96	96	96	96	96	96	96	1,150
500.15 · Employee Health & Welfare	1,530	1,530	1,530	1,530	1,530	1,530	1,530	1,530	1,530	1,530	1,530	1,530	18,360
500.16 · Board Stipends	2,200	2,200	2,200	2,200	2,200	2,200	2,200	2,200	2,200	2,200	2,200	2,200	26,400
500.17 · Education & Conferences	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
500.18 · Dues & Subscriptions	7,500	591	591	591	591	591	591	590	591	591	591	591	14,000
500.19 · Insurance - General	3,750	3,750	3,750	3,750	3,750	3,750	3,750	3,750	3,750	3,750	3,750	3,750	45,000
500.20 · Independent Accounting Services	850	850	850	850	850	850	850	850	850	850	850	850	10,200
500.21 · Annual Independent Audit	0	0	0	8,500	0	0							8,500
500.23 · General Counsel	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	10,417	125,000
500.25 · Office Expense													
01 · Communications	450	450	450	450	450	450	450	450	450	450	450	450	5,400
02 · I.T. and Website services	933	250	250	0	250	217	0	0	250	0	250	0	2,400
03 · Refreshments	367	367	367	367	367	367	367	367	367	367	367	367	4,400
04 · Office supplies	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	1,333	16,000
06 · Independent Contract Services	2,176	2,176	2,176	5,576	5,556	5,506	5,506	5,506	5,406	5,404	5,506	5,506	56,000
Total 500.25 · Office Expense	5,259	4,576	4,576	7,726	7,956	7,873	7,656	7,656	7,806	7,554	7,906	7,656	84,200
500.27 · Depreciation	138	138	138	138	138	138	138	138	138	138	138	138	1,661
500.29 · Dist Promotions & Publications	4,000	250	250	250	100	100	100	100	200	250	250	150	6,000
500.32 · Consultant Fees	8,000	650	650	650	650	650	650	650	650	600	600	600	15,000
500.33 · Copier Lease	500	500	500	500	500	500	500	500	500	500	500	500	6,000
500.85 · Calif Mandated Reimbursement	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(833)	(10,000)
580.01 · General Election	0	0	0	40,000	0	0	0	0	0	0	0	0	40,000
Total 500 · Administrative Expenses	63,290	46,598	46,598	98,248	51,828	51,745	51,528	51,527	52,155	51,903	52,255	52,001	669,671
590 · Management & Maintenance													
590.01 · Building Engineer	7,042	7,042	7,042	7,042	7,042	7,042	7,042	7,042	7,042	7,042	7,042	7,042	84,500
590.02 · Gas & Electric	7,850	7,850	7,850	7,850	7,850	7,850	7,850	7,850	7,850	7,850	7,850	7,850	94,200
590.03 · Water	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
590.04 · Waste Management	125	125	125	125	125	125	125	125	125	125	125	125	1,500
590.05 · Security	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125	1,125	13,500
590.06 · Landscape - Grounds Environment	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708	2,708	32,500
590.07 · Custodial Services	125	125	125	125	125	125	125	125	125	125	125	125	1,500
590.08 · Elevator	167	167	167	167	167	167	167	167	167	167	167	167	2,000
590.09 · Vehicle Expenses	125	125	125	125	125	125	125	125	125	125	125	125	1,500
590.10 · Maintenance Services & Repairs	1,763	1,763	1,763	1,763	1,763	1,763	1,763	1,763	1,763	1,763	1,763	1,763	21,150
Total 590 · Management & Maintenance	23,029	23,029	23,029	23,029	23,029	23,029	23,029	23,029	23,029	23,029	23,029	23,029	276,350
600 · Community Healthcare Programs													
600.02 · Flbk Citizens Crime Prevention	2,500	0	0	0	2,500	0	0	3,000	0	0	0	0	8,000
600.59 · Palomar Health Foundation	2,500	0	0	0	2,500	0	0	2,500	0	0	2,500	0	10,000
600.58 · Michelle's Place	5,000	0	0	0	5,000	0	0	2,500	0	0	2,500	0	15,000
600.54 · Healthy Adventures Foundation	3,000	0	0	0	0	0	0	3,000	0	0	3,000	0	9,000
600.53 · Jeremiah's Ranch	6,000	0	0	0	6,000	0							12,000
600.04 · Boys & Girls Club	14,700	0	0	0	7,500	0	0	7,500	0	0	7,500	0	37,200
600.07 · Senior Citizens Center	15,275	0	0	0	15,525	0	0	15,525	0	0	15,538	0	61,863
600.08 · Smiles Project	17,500	0	0	0	17,500	0	0	17,500	0	0	17,500	0	70,000
600.11 · Palomar Family Coun.Serv.	18,500	0	0	0	18,500	0	0	18,500	0	0	18,500	0	74,000
600.14 · Flbk Family Health Center	21,250	0	0	0	21,250	0	0	21,250	0	0	21,250	0	85,000
600.17 · Foundation for Senior Care	39,446	0	0	0	39,196	0	0	39,197	0	0	12,250	0	130,089
600.18 · Flbk Comm Project - FOOD PANTRY	15,000	0	0	0	15,000	0	0	15,000	0	0	15,000	0	60,000
600.33 · REINS Therapy	15,700	0	0	0	10,200	0	0	10,200	0	0	10,200	0	46,300
600.37 · Trauma Intervention Programs	4,000	0	0	0	0	0	0	4,000	0	0	0	0	8,000
600.46 · North Inland Comm Prev Program	3,206	0	0	0	3,206	0	0	3,208	0	0	0	0	9,620
600.47 · FUHS - Asperger's Support Ctr	0	0	0	0	3,250	0	0	3,250	0	0	0	0	6,500
600.48 · UCSD Eye Mobile for Children	0	0	0	0	0	0	0	8,500	0	0	0	0	8,500
600.57 · North County Fire Protect Distr	29,839	0	0	0	0	0							29,839
Total 600 · Community Healthcare Programs	213,416	0	0	0	167,127	0	0	174,630	0	0	125,738	0	680,911
Total Expense	299,735	69,627	69,627	121,277	241,984	74,774	74,557	249,186	75,184	74,932	201,022	75,030	1,626,932
Net Ordinary Income	(278,028)	(48,801)	(47,682)	(99,871)	(159,122)	568,669	188,748	(199,240)	(20,586)	321,046	(9,296)	(45,168)	170,668
Net Income	**(278,028)**	**(48,801)**	**(47,682)**	**(99,871)**	**(159,122)**	**568,669**	**188,748**	**(199,240)**	**(20,586)**	**321,046**	**(9,296)**	**(45,168)**	**170,668**

Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001
(916) 653-3001

www.treasurer.ca.gov/pmia-laif/laif.asp
August 01, 2016

FALLBROOK HEALTHCARE DISTRICT

ADMINISTRATOR
P.O. BOX 2587
FALLBROOK, CA 92088

PMIA Average Monthly Yields

Tran Type Definitions

July 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
7/12/2016	7/11/2016	RW	1505822	BOBBI PALMER	-125,000.00
7/15/2016	7/14/2016	QRD	1509518	SYSTEM	2,222.48

Account Summary

Total Deposit:	2,222.48	Beginning Balance:	1,633,638.35
Total Withdrawal:	-125,000.00	Ending Balance:	1,510,860.83

CALTRUST

FALLBROOK HEALTHCARE DISTRICT
STATEMENT FOR PERIOD
July 01, 2016 - July 31, 2016

CalTrust Medium Term Fund - FALLBROOK HEALTHCARE DIST

ate	Transaction	Shares	Price Per Share	Amount	Average Cost NAV	Average Cost Amount	Realized Gain/Loss*
06/30/2016	BALANCE FORWARD	418,376.149	10.13	4,238,150.39	10.05180790	4,205,436.68	
07/01/2016	INCOME DISTRIBUTION - JUNE	343.845	10.13	3,483.15	10.05187211	3,483.15	0.00
07/31/2016	UNREALIZED GAIN (LOSS)	0.000		-4,187.20		0.00	
07/31/2016	ENDING BALANCE	418,719.994	10.12	4,237,446.34		4,208,919.83	
	INCOME DISTRIBUTION PAID - JUNE			0.00			
	INCOME ACCRUAL - JULY			3,599.61			
	CUMULATIVE UNREALIZED GAIN (LOSS)			28,526.51			

* Please note that this information should not be construed as tax advice and it is recommended that you consult with a tax professional regarding your account.

For Inquiries About Your Account, Contact:

tingham Investment Administration
South Franklin Street
cky Mount, NC 27804
Attention: CalTRUST Shareholder Services
Phone: 800.773.3863
Fax: 252-972-1908
Email: caltrustsupport@ncfunds.com

FALLBROOK HEALTHCARE DISTRICT
FALLBROOK HEALTHCARE DIST
ATTN: BOBBI A PALMER
138 SOUTH BRANDON ROAD
FALLBROOK CA 92028

REPORTS

REPORTS

Executive Director – Bobbi Palmer

To: Board of Directors
Fallbrook Healthcare District
From: Bobbi Palmer, MBA, MSW
Executive Director
Date: August 29, 2016
Re: Monthly Report

Community Health

Concept for Palomar Health and Joint Powers Meeting with Fallbrook Healthcare District: FHD requested that representatives from CentraForce Health share the results of community needs data for the Fallbrook resident areas and provided as a part of a strategic focus in the areas of Hypertension, Diabetes, Pre Diabetes and Heart disease. With a focus on prevention the data was presented in an effort to establish effective best practices based on several demonstration projects held in the FHD area in the last 6 months. FHD has established and focused a number of collaborative efforts through North County Community Collaborative Health Initiative, (NCCCHI) and Community Collaborative for Health and Wellness, (CCHW). Palomar Health (PH) suggested that it could freely collaborate with FHD in pursuit of its Community Health initiatives without a JPA.
Next Steps: FHD requested additional time to discuss how the original JPA would reflect specific objectives of both parties. FHD and PH would convene prior to the end of September after which the FHD Board of Directors would collectively provide strategic direction.

Community Engagement

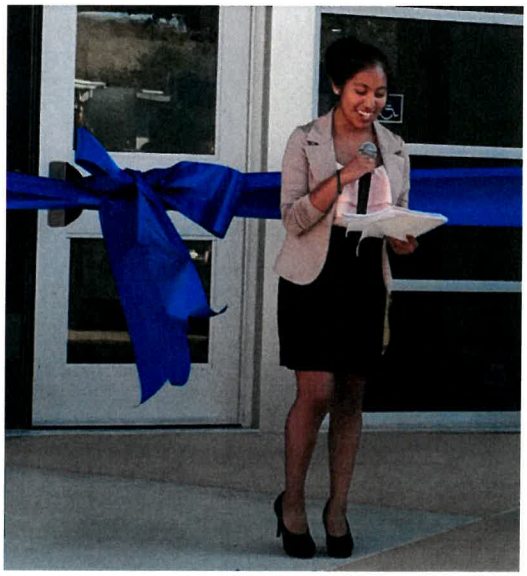
- Women of Wellness; see attached flyer and presentation from Senator Anderson's Office, Village News
- Facilitated monthly collaborative: New Name "**Community Collaborative for Health and Wellness**"
- Return of Cal State University San Marcos School of Nursing Interns
- Developing conversations with Palomar College Dean regarding expanding year-round internships through the procurement of Dental Assistant students to support NCCCHI efforts.
- Developing conversations with UEI College students interns
- Developing conversations with Cal State University San Marcos Master of Social Work Program to seek MOU for year-round student interns
- Bonsall High School Ribbon Cutting Ceremony, see attached pictures
- Site Visit at Fallbrook Senior Center: Wellness Classes, Funded for 2016-2017; Diabetes and Heart Disease Prevention Model- see attached pictures
- Site Visit; Palomar Medical Center Tour- Palomar Health Foundation, Funded for 2016-2017 for Senior Care Programing
- Future of Fallbrook Monthly meeting held at Fallbrook Chamber of Commerce

- Prostate Cancer Screening (which includes PSA Blood Test and Digital Exam) Event and coordination efforts with Fallbrook Family Health Center and Palomar Health: September 17th- see attached flyer and Village News article

Legislative Advocacy

1. California Special Districts Association, CSDA Legislative Committee-Sacramento
2. Association of California Health Districts, ACHD Working Group-Sacramento
3. Little Hoover Commission Report-see attached in communication only

BONSALL HIGH SCHOOL
RIBBON CUTTING CEREMONY



Fallbrook Senior Center
Wellness Class

Woman of Wellness
WOW

Thursday, September 1, 2016
Fallbrook Library
124 S. Mission Rd.
6:00 p.m. – Social/ Refreshments
6:30 p.m.—7:30 p.m. Presentation/Door Prizes

Featured Presentation:

"How to Have Difficult Conversations about End of Life"

A serious topic that sooner or later we all deal with, presented with sensitivity by a professional with Hospice experience.

Presented by:

Rachel Mason, M.S., M.A., Executive Director
Foundation for Senior Care

Free Event including Light Refreshments • Door Prizes

Please Note: No need for Reservations at this time
Please plan to attend and bring a friend!

Questions? Contact Pam Knox at pknox@fallbrookhealth.org
Or call 760-731-9187

Please bring non-perishable food items for Fallbrook Food Pantry

Fallbrook Healthcare District

Fallbrook Healthcare District

Free Screening for residents of
Fallbrook, Bonsall, Rainbow and De Luz

FREE PROSTATE CANCER SCREENING

Includes PSA Blood Test and Digital Exam

Saturday, September 17
7 a.m. - 9 a.m.

Fallbrook Family Health Center
1328 South Mission Road
Next to Northgate Market

COMMUNITY HEALTH SYSTEMS, INC.

Digital and PSA screening is recommended annually for men over the age of 50 and for men over 40 with a family history of prostate cancer.

CALL 760-731-9187
FOR AN APPOINTMENT

Fallbrook Healthcare District

Gratis para los residentes de Fallbrook, Bonsall, Rainbow y DeLuz

PRUEBA DE CÁNCER DE PRÓSTATA GRATIS

La Prueba Gratis Incluye Examen de Sangre PSA y Examen Digital

Sabado, 17 de Septiembre
7 a.m. - 9 a.m.

Centro de Salud Familiar de Fallbrook
1328 South Mission Road
A un lado de Northgate Market

COMMUNITY HEALTH SYSTEMS, INC.

El examen digital y PSA se recomienda anualmente para los hombres mayores de 50 años de edad y para los hombres mayores de 40 años con historial de cáncer de próstata en la familia.

LLAME AL 760-451-4728
PARA UNA CITA

Free PSA screening will be offered Sept. 17

FALLBROOK – The Fallbrook Healthcare District announced that this year's free PSA (prostate-specific antigen) screening will be held Saturday, Sept. 17 from 7 a.m. to 9 a.m. at the Fallbrook Family Health Center, 1328 S. Mission Road (next to Northgate Market).

Prostate cancer is the most common cancer among men in the United States after skin cancer. It competes with lung cancer as the leading cause of death among men. Early diagnosis and treatment are the best defense.

There are varying opinions on the value and importance of screenings for this disease condition. The opinions are just that – opinions. Determination of treatment is a matter to be decided by the individual in consult with his physician.

A screening is an indicator that additional medical attention may be warranted. Just as an electrocardiogram, a pap smear, a mammogram or a high cholesterol reading may be an indicator that additional medical attention is warranted, the PSA screening with a blood test and an exam informs that there may be health concerns that should be attended.

Dr. Philip Brodak of the Tri-Valley Urology Medical Group is the physician in charge. He and the Fallbrook Healthcare District are teaming up again this year with the Fallbrook Family Health Center to offer a free Prostate Cancer Screening opportunity.

The PSA blood study and digital exam are provided at no charge to men who live in Fallbrook, Bonsall, Rainbow or De Luz. It is recommended that men over the age of 50 have a prostate screening on an annual basis. Men who have a family history of prostate cancer should begin to have evaluations at least by age 40.

Dr. Brodak and many others volunteer their time to make this program possible. Results of the exam and blood study are confidentially provided to each individual. Follow-up on results of the studies is the responsibility of each individual.

Approximately 1,200 free screenings have been provided to individuals over the last 10 years. The majority of those tested were within normal range on both components of the screening.

There are however, each year, those whose test findings indicated the need for additional evaluation due to abnormal findings in one or both areas of the screening. For some, it was a screening without which their condition may not have been identified and addressed early enough for intervention. It is crucial that each individual follow-up with his physician when abnormal results are reported to him.

The Fallbrook Healthcare District is proud of this annual program for the men of this community. This offering aligns with the district's mission of promoting the health of the people of the district and enhancing access to sustainable quality healthcare services. The district urges all men to consider the screening as it applies to them – either by age or by family history – and to invest their time in their personal health and well-being.

Appointments are required. To make an appointment in English call (760) 731-9187; in Spanish (760) 451-4728.

LEGISLATIVE COMMUNICATION

HURST+BROOKS+ESPINOSA

This Week in Sacramento

INFORMATION & INSIGHTS FROM HURST BROOKS ESPINOSA ■ WEEK OF AUGUST 22, 2016

Legislature Wraps Up Its Last Full Week

The 2016 legislative year is winding down, with three full working days remaining before the houses adjourn. The major policy issues that appeared to be sputtering at the time of last week's update showed no signs of further progress this week. The cap-and-trade auction results announced Tuesday generated just $8 million (down from an also anemic $10 million at the last quarterly auction in May) did not inspire movement on the cap-and-trade allocation discussions. Both houses of the Legislature made progress on moving bills through the process; we report on a few notable developments below.

Worth Noting: Two Criminal Justice Related Reports Issued

The Public Policy Institute of California (PPIC) released a fact sheet this week on crime trends in the state. In short, both property and violent crime saw an uptick in 2015 in a majority of counties, although notable regional differences exist. Despite noted increases, crime rates remain at historic lows. The fact sheet reports only on rates and does not speculate about cause or extrapolate to future years.

In addition, the Department of Corrections and Rehabilitation released its annual report on outcomes for persons released from the state prison system. Recidivist behavior among former state prison inmates showed a marked decline for the reporting period. Read more details here.

ACTION ON LEGISLATIVE MEASURES OF NOTE

Legislature Approves New Climate Target – After considerable debate, the Assembly and Senate have approved SB 32 by Senator Fran Pavley, which extends the state's greenhouse gas (GHG) reduction targets to 2030. Specifically, the bill now requires a 40 percent reduction from 1990 greenhouse gas levels by 2030; AB 32 (2006), which established the state's previous GHG target, directed reductions to 1990 levels by 2020.

Last year, SB 32 failed to garner enough votes in the Assembly, with many Democrats withholding their votes. This time, the measure was double-joined to AB 197, a measure by Assembly Member Eduardo Garcia, which provides additional legislative oversight of the state's Air Resources Board (ARB). AB 197 would require the Air Resources Board to target direct reductions at both stationary and mobile sources in communities that suffer significant impacts from pollution, like neighborhoods near refineries, ports, or farming regions. The measure also places a term for Board members of six years, places two legislators as ex-officio members of the Board, and provides for a six-member joint legislative oversight committee to make recommendations about ARB programs to the Legislature. Eventually, SB 32 was approved in the Assembly on a 48-31 vote (Assembly Member Catherine Baker was the only Republican to put up an "aye" vote); AB 197 was approved on a 45-30 vote.

Governor Brown has committed to signing both bills after denouncing the oil industry and other opponents and declaring them "vanquished" in a press conference immediately following the passage of the two bills.

Sex Trafficking Decriminalization for Minors – Senator Holly Mitchell's SB 1322 passed off the Senate Floor this week and is headed to Governor Brown. This measure would stop authorities from treating children who are victims of sex trafficking as criminals. Specifically, SB 1322 would decriminalize the crimes of prostitution and loitering with intent to commit prostitution (Penal Code Sections 647 and 653.22) for minors. The bill would further provide that a peace officer who encounters a child involved in a commercial sex act pursuant shall report suspected abuse or neglect of the minor to the county child welfare agency.

The change in California law would codify what advocates have said for years – there is no such thing as a child prostitute. Rather, children who are commercially sexually exploited are victims of abuse and neglect and need social services.

Proposition 47 Time Extension – AB 2765, by Assembly Member Shirley Weber, would extend by five years the deadline for presenting matters to the court related to sentence reductions or record changes pursuant to Proposition 47, a 2014 ballot measure. The measure passed the Senate this week, exceeding the necessary supermajority with a 30-9 vote; it now heads to the Governor for his consideration.

AB 2765 would give additional time for education and outreach to ensure that those who qualify have an opportunity to benefit from reclassification and resentencing provisions. Importantly, the measure would preserve the existing administrative process for executing record changes, meaning counties and courts would avoid costs and workload associated with "good cause" hearings that would kick in should the current three-year deadline established by the initiative not be extended.

Bail Reform Likely to Be Topic of 2017 Legislative Exploration

As noted in a previous publication, Assembly Member Rob Bonta, co-chair of the Select Committee on the Status of Boys and Men of Color, convened a hearing in July to explore the history of California's bail system and examine ways in which the system warranted reform. In an op-ed published this week, Assembly Member Bonta reiterated his intention to introduce comprehensive bail reform legislation in 2017.

In related news, Senator Bob Hertzberg gutted and amended a measure (SB 163) last week and incorporated new content related to bail and pre-trial services reforms. Although his office reports that Senator Hertzberg does not intend to move the measure before the end of session, this action clearly indicates the Senator's interest in the bail reform policy discussion. Stay tuned for developments over the interim and into the new legislative session.

State Auditor Releases Report on Oversight of Psychotropic Medications and Children in Foster Care

Earlier this week the Bureau of State Audits (BSA) released a report on state and county oversight of prescribing of psychotropic medications for foster care children. The audit was requested last year by Senator Mike McGuire after a series of Senate oversight hearings on the use of psychotropic

medications among children in foster care. The auditor visited Los Angeles, Madera, Riverside and Sonoma counties to examine prescribing issues.

Among the report's findings:

- Over 9,300 foster children (of the 79,000 children in care) received 96,000 paid prescriptions via the Medi-Cal program.
- Some foster children were prescribed psychotropic medications in amounts and dosages that exceed state guidelines, and counties did not follow up with prescribers to ensure the appropriateness of these prescriptions.
- Many foster children did not receive follow-up visits or recommended psychosocial services in conjunction with their prescription medications.
- Counties did not always obtain required court or parental approval for psychotropic medications.
- Oversight of the administration of psychotropic medications to foster children is spread among different levels and branches of government, leaving the BSA unable to identify a comprehensive plan that coordinates the existing mechanisms in place to ensure that the foster children's health care providers prescribe these medications appropriately. Although the different public entities involved have made efforts to collaborate, the State's overall approach has exerted little system-level oversight to help ensure that these entities collective efforts actually work as intended and produce desirable results.
- The California Department of Social Services (CDSS) and the Department of Health Care Services data systems together cannot completely identify which foster children are prescribed psychotropic medications.
- Foster Children's Health and Education Passports contained inaccurate and incomplete mental health data.

The report includes recommendations for the Legislature, CDSS, and counties to implement to address the issues identified above. The state and counties generally agreed with the auditor's findings.

Please feel free to contact any one of us at Hurst Brooks Espinosa with questions ...

JEAN HURST	KELLY BROOKS	ELIZABETH ESPINOSA
916-272-0010 | jkh@hbeadvocacy.com	916-272-0011 | kbl@hbeadvocacy.com	916-272-0012 | ehe@hbeadvocacy.com

Little Hoover Commission
Home | Contact Us | Site Map

925 L Street, Suite 805
Sacramento, CA 95814
(916) 445-2125

Commission Reports

Study
Study Schedule

Agendas
August 25, 2016

Subject Area
General Government

Special Districts

Study Schedule

DATE & TIME	EVENT	WRITTEN MATERIAL
Thursday, August 25, 2016 9:30 a.m., State Capitol, Room 437	Public Hearing	Agenda

Description of Study

The Little Hoover Commission is reviewing California's vast network of local governing agencies known as special districts. State government has oversight responsibilities for the formation of new districts and the operations of more than 4,500 existing local and regional districts which operate airports, harbors, cemeteries, hospitals, libraries and parks, while also providing fire-fighting and paramedic services, flood control and water delivery throughout California.

The Commission previously studied special districts in 1999 and issued a 2000 report titled *Special Districts: Relics of the Past or Resources for the Future?* The Commission's recommendations included empowering Local Agency Formation Commissions to help consolidate districts, finding ways to make special districts more transparent and accountable to the public, requiring more prudent management of their considerable financial reserves and making it tougher for special districts to simultaneously collect fees and property taxes.

The State Controller in 2014 counted 2,993 independent special districts in California run typically by elected or appointed boards with assistance of professional staffs. In 2014, these districts employed 143,180 people and paid approximately $9.5 billion in salaries and benefits. The Controller also tallied 1,500 county-run dependent special districts, which included more than 800 county service areas, to provide fire protection, flood control, highway lighting, road maintenance and other services. The Controller reported that another 254 city-run dependent special districts provided similar specialized functions. Collectively, these districts have issued $5.7 billion in debt since June 2015, according to the State Treasurer's office.

This proliferation of more than 4,500 limited-purpose special districts, created to provide specific services in rural and urban areas as the state grew in population and developed infrastructure during recent decades, makes special districts the most common form of government in California. In contrast, 58 counties and 482 cities provide general-purpose government throughout the state.

While the strengths of special districts include their ability to provide specific, customized services and be responsive to local customers, their challenges include low civic visibility and limited oversight.

If you would like more information regarding this review, please contact deputy executive director and project manager Jim Wasserman at jim.wasserman@lhc.ca.gov or at 916-445-2125. To be notified electronically of meetings, events, or when the review is complete, please send a request to littlehoover@lhc.ca.gov.

ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

Healthcare District Working Group Workshop

Tuesday, 30 August 2016

10:00 AM – 3:00 PM • California Chamber of Commerce, 1215 K Street, Suite 1400, Sacramento

AGENDA

Times are approximate

9:45 Gather, refreshments, networking

10:00 Welcome and Agenda Review

10:10 Progress to Date: *Highlights from Session Three*
Participants reflect on what resonated with them from the third session.

10:20 Comments: *Feedback and Observations from Little Hoover Commission Hearing*
Observations from attendees on reactions of Commission Members, other testimony offered, issues and concerns which resonated with stakeholders and Commission Members. Discussion on how this data might influence ACHD strategies.

11:00 Groups: *Four Strategies*
Four strategy areas have been identified: 1) Certification/Credentialing; 2) Messaging; 3) LAFCo MSR; 4) Modernization of HCD law. A brief round-robin provides an opportunity for participants to share insights they have considered since last meeting on the four strategies. Small groups then continue the conversation with a goal to draft specific proposed recommendations for review by the full group.

Noon LUNCH (provided) – Continue group discussions and proposals

12:45 Group Presentations and Discussion: *Drafting Recommendations for ACHD Board*
Each of the four groups presents recommendations for discussion and approval by full group.

2:00 Next Steps: *Follow Up and Follow On Process and Guidance*
Finalization of the recommendations will require staff to refine the specific recommendations from the Working Group. Participants will discuss principles which staff can use to guide their work, as well as a process for bringing drafts back to members for final input before presentation to the Board, Legislature and stakeholders.

3:00 Adjourn

ACHD Healthcare District Working Group Workshop
Tuesday, August 9, 2016 / 10:00 AM – 3:00 PM

In-person meeting
Beach Cities Health District
1200 Del Amo Street
Redondo Beach, CA

PRESENT: Bill Chiat (Facilitator), Susan Burden, Cheryl Fama, Elly Garner, Lee Michelson, Ted Owens, Kyle Packham, Kara Ralston, John Rossfeld, Jacqueline Sun

ABSENT: Ramona Faith, Dillon Gibbons, Jean Hurst, Barry Jantz, Shereeta Lane, Randolph Lenac, Mike McCreary, Julia Miller, Julie Nygaard, Bobbi Palmer, Mike Roth, Kathryn Scott, Sharon Spurgeon, Brenda Taussig, Linda Wagner, Peggy Wheeler

STAFF: Ken Cohen, Amber King, Kelly Brooks, Nikki Paschal, Sheila Johnston, Annie Hohn

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Welcome and Call to Order
The meeting began at 10:14 am.

Welcome and Agenda Review
Mr. Chiat began the meeting with a review of the agenda.

Progress to Date: Highlights from Session Two
Mr. Chiat asked previous attendees for reflections from the July 26th workshop. Participants mentioned the following examples:

- A better understanding of the issues at hand, i.e. the "target on our back."
- How can certain Healthcare Districts clean up their act, but also focus on education?
- A general agreement that change is needed, although not be easy, it is important to grow.
- A question about the specific target on Healthcare Districts or Special Districts; can we carve ourselves out to show individual benefits?
- What is still relevant from ACHD's former communications campaign with Edelman?

Governance and Accountability of Healthcare Districts—What Resonated
There was group discussion regarding the biggest challenges facing Healthcare Districts today, which is the question raised by the Legislature of whether they are essential. In other words, if the Healthcare Districts ceased to exist, what would change in the community?

A participant mentioned that their District had created a value statement and asked their employees if they could name some of the important aspects about the Healthcare District and received very disconcerting answers. The participant mentioned that most employees were not certain what the District actually does. They reiterated the importance of an "elevator speech."

Other questions/comments raised during this discussion included:

- Is there a clear message for Healthcare Districts that would resonate in the legislature; how can

we say something substantial instead of just marketing ourselves?
- How do you define "healthcare"?
- How can we gather viable, valuable data from our Districts?
- The ACHD Certification program was a good start, but it's not enough for the Legislature; we're in a good position because we don't have to sell ourselves, we just have to educate people.
- Are there any health-specific partnerships that ACHD should consider?
- What is the oversight of local governments; are Healthcare Districts acting like a local government?

Discussion: Putting Ideas into Action

There was group discussion regarding the components of Healthcare District law. The following components were mentioned: facilities, legislation, messaging, services, and self-policing. There was also discussion of the process and important components of certification, which included:

- Expectations
- Training
- Transparency
- Governance
- Ethics
- Standards
- Enforcement
- Needs assessments

There was group discussion regarding strategies that would best serve the Districts and address issues raised by the Legislature. Questions/ideas included:

- Term limits for Board members and how to make them accountable to the community
- Credentialing of CEOs and Trustees
- Messaging that encompasses all Districts, such as a collective mission statement
- Should ACHD certification also meet the same Special District Leadership Forum (SDLF) certification requirements?
- How to modernize Healthcare District law: intent, clarification of powers, needs assessment requirements, community benefit reports?
- Would it be beneficial for all Districts if LAFCos dissolved inactive Districts?
- Should modifications be made to municipal service reviews (MSR)?
- Create a forum for stakeholder engagement on issues

Refine Strategies

Mr. Chiat focused in on the strategies that resonated most with participants. The strategies discussed in depth were prioritized into four categories:

1. Certification & Credentialing (voluntary vs. mandatory; incentivized)
2. Messaging
   - Communication/education (policymakers/members)
   - ACHD Member and non-member education
3. LAFCo
   - Working with CALAFCO
   - Creating standards for Healthcare Districts
   - Creating an MSR guide
4. Modernization of Healthcare District law
   - Intent
   - Powers
   - Needs assessment (with stakeholder input), plan, report, public availability to community and Statewide (OSHPD)

Participants were asked to break into small groups and discuss the four strategies in depth. Groups were asked to define the purpose of and create parameters for the strategy. Below are the notes from each group:

Certification & Credentialing:

Purpose/Transparency:

- Create a common set of standards
- Create measurements of effectiveness
- Enhance public trust
- Illustrate that Districts/Executives/Staff are stewards of good governance
- Include compliance with modernization act
- Standards apply through turnover, i.e., a succession plan that can be applied as staff/trustees turn over
- Create subject matter experts of local government laws
- Create best practices of certification- meeting standards will allow Districts to create policies that meet the mission of Healthcare Districts (i.e., population health)
- Showcase evidence of collaboration

Policies/Training (Types of Training); purpose is to create expectations of what standards are for.

- Public Standards
    - Brown Act
    - Public Records
    - Ethics
    - Vacancy
    - Spending
- Trustees
    - Brown Act
    - Public Records
    - Ethics
    - Vacancy
    - Finance (reserve policies)
    - Quarterly meetings with local representatives and stakeholders (outside of District meetings)
- Executives
    - Diversity
    - Public Governance
    - General Government
    - Finances (reserve policies)
    - Quarterly meetings with local representatives and stakeholders (outside of District meetings)
- Staff
    - Definition and history of Healthcare Districts
    - Value of Healthcare Districts
    - History/purpose/governance of the District they work for

Messaging:

ACHD Members:

- Districts need to know what's going on
- What are the threats, and why?
- Put members on notice about recommendations
- Response required with action
- Engage leadership of ACHD

Policy Makers:

- Convey that Districts are good shepherds of public assets
- Gather data
- Be proactive

In General:

- ACHD needs to work with CSDA and other stakeholders
- Do a better job of communicating
- Long-term ACHD should have full time communications person or firm
- ACHD should do an annual report to Members
- ACHD should host education sessions with Legislators

LAFCO:

- LAFCO can act as a depository for the assessment report
- Create criteria to enable LAFCo to recommend dissolution—setting minimum requirement (County Board of Supervisors can appoint board for dissolution?)
- Determine the appropriateness for consolidation/consider the areas of service interest

Modernization of the Healthcare District Law:

Community Assessment

- 1. Community Health Needs Assessment w/community engagement
- 2. Plan w/community engagement (metrics, data, proof)
- 3. Community Benefit/Progress Report (metrics, data, proof)
- 4. Publicly available (submitted to LAFCO & published on website)/accountable

Why are we doing this? Why are we doing it now?

Intent:

- Fill the gap
- Serve the underserved
- Proactive work to meet emerging health trends
- Coordinate and connect community care for an organized and holistic approach to health and wellness

Powers

- Work on what is currently in the powers section and then identifying what might need to be removed/added and parameters for Conversation about what needs to be addressed/identified as power explosion or not necessary?
- Identify powers that should be options and what cannot be considered (Operate, facilitate, etc) Narrow the focus? Tighten the requirements for health care districts?
- If you were on the ballot now to continue serving your district, would you be approved?
- Districts not meeting minimum standards be automatically put on the ballot for approval for continued existence?

Other Business

There was discussion regarding the upcoming Little Hoover Commission oversight hearing on Special Districts on August 25th.

Mr. Chiat closed the meeting with a reminder about the upcoming Workgroup Meeting, taking place in Sacramento on August 30th. Additionally, Mr. Chiat asked the group to be thinking about the 4 strategies outlined above and come prepared to discuss further.

Adjournment

The meeting adjourned at 3:00 pm.

ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

Written Testimony to the Little Hoover Commission regarding California Special Districts

August 25, 2016

Amber King, Senior Legislative Advocate
Association of California Healthcare Districts

The Association of California Healthcare Districts (ACHD) appreciates the opportunity to provide input to the Little Hoover Commission as it examines the role of special districts in California's future. We are pleased to offer our perspectives on the role and governance of Healthcare Districts in a changing health care environment, and to identify opportunities to strengthen delivery of health care services to millions of Californians.

79 Healthcare Districts serve the health care needs of millions of Californians in 40 counties in both urban and rural environments. Because Healthcare Districts were formed by local voters to respond to local health care needs, the services offered by Healthcare Districts are as diverse as the populations they serve. The range of services offered by Healthcare Districts are tailored to meet community needs and include prevention and public health programs to primary care, skilled nursing, ambulance, hospice, and acute and emergency services. Despite their unique and varied nature, the core mission of Healthcare Districts remains the same: to provide critical health services to the communities that created them.

Taken together, Healthcare Districts are a crucial part of California's health care system, with a growing role in achieving the goals of the federal Patient Protection and Affordable Care Act (ACA) and California's Medi-Cal expansion. Healthcare Districts play a vital role in communities with severe health care provider shortages, and are an integral part of California's health care safety net. In many cases, Healthcare Districts are the sole source of health and medical services for families and seniors.

Today, Healthcare Districts are innovating to deliver top quality services in a changing state and national health care landscape, with a focus on preventative and primary care. As the Triple Aim framework of the ACA is re-shaping health care delivery by targeting improvements to quality, cost, and population health, all hospitals and health systems are rethinking their approach to care, including services beyond the walls of the hospital. Accordingly, the non-hospital services delivered by Healthcare Districts will be increasingly important as Medicaid reimbursement shifts focus to value and outcomes over the next five years.

Healthcare Districts recognize that responding to the changing health care environment will require new approaches and new partnerships. With the goal of an enhanced understanding of the unique suitability of Healthcare Districts to deliver community needs and equipping Healthcare Districts to meet evolving federal and state mandates, ACHD is leading a statewide assessment, through a working group, of the role of Healthcare Districts in the health care environment. They are also considering public policy changes that will enable Districts to improve public engagement and governance. This working group is comprised of trustees and executives from

Districts around the state. Once our work is finalized, we plan to share our findings with the Legislature and stakeholders, including potentially seeking legislation in 2017.

Overview and Brief History of California's Healthcare Districts

In 1945, in an effort to improve access to acute hospital care, the Legislature enacted the Local District Hospital Act. The legislation enabled a community, with voter approval, to form a special district and assess property taxes to support the construction and operation of hospitals and health care services, including ambulance services. With increasing recognition that public health strategies, prevention, and primary care are vital to community health and cost-effective in health care delivery, the Legislature broadened the scope of Hospital Districts and renamed them "Healthcare Districts" in 1994. Healthcare Districts are funded through a variety of revenue sources including: property taxes, special taxes, bond funds, insurance reimbursement, and Medi-Cal/Medicare reimbursement.

Healthcare District residents elect local boards to oversee the spending of their local tax dollars in pursuit of improved community health. The meetings of these publicly elected boards are open and subject to the provisions of the Ralph M. Brown Act, providing for public input and transparency in the boards' decisions. Currently, California has 79 Healthcare Districts, with 54 in rural areas of the state. Healthcare Districts provide a variety of health care services in their communities. In many instances, Healthcare Districts are the sole source of health and medical services in the community and serve as an integral part of the health care safety net. Each Healthcare District is unique, while focusing on the specific needs of their community.

As you are aware, there is a broad range of health care services provided by California's Healthcare Districts. As a result, it can be difficult to categorize them based on service provision. For ease of reference, we have categorized them into the following broad groups:

District Hospital Designations

- Health Professional Shortage Areas (HPSA) is a federally designated area with specific thresholds of shortages of primary care, dental care, and/or mental health providers.
- Critical Access Hospitals are federally designated hospitals that meet specific criteria, including: 25 beds or less and located more than 35 miles from another hospital.
- Frontier Hospitals serve a population density of less than 11 persons per square mile and a geographic area without any incorporated community of greater than 50,000 people based on most recent federal census data.

There are currently 40 District Hospitals (operated by 38 Districts) in the state of California, primarily funded by reimbursed medical services that provide a variety of services. District Hospitals make up 20 of the state's 34 critical access hospitals, 26 of the state's 62 rural hospitals, ten of the state's 12 frontier hospitals, and 27 operate in a Health Professional Shortage or Medically Underserved Area.

District Hospitals vary significantly in size (from approximately 3 to 500 beds) and in the range of services provided. Many of these hospitals serve rural and semi-rural populations and are important Medi-Cal providers in their communities, as recognized in the Medi-Cal 2020 Waiver (see ACA section for additional details).

In addition to the 40 District Hospitals, there are five Districts that lease their hospital to an entity that oversees the day-to-day to operations. The lease agreements vary from community to community, with some Districts retaining responsibility for key infrastructure issues, such as seismic retrofit costs, and others placing seismic responsibilities on the lease management entity. Additionally, these lease agreements contain a commitment to continue to

provide a specific list of services. A handful of Districts have retained health care management companies to operate their hospital, with the District retaining ownership and the Board retaining oversight and responsibility for the hospital.

Of the 41 Districts that do not operate a hospital: 10 Districts never operated a hospital, and 16 hospitals have closed; 15 hospitals continue to operate, of those five are currently leased pursuant to Health & Safety Code 32121 section (p) and nine have been sold pursuant to Health & Safety Code 32121 section (p) and one is affiliated with a county health authority.

Each year, California's Healthcare Districts provide:

- **1 million emergency room visits**
- **4 million in-patient hospital visits**

There are 21 Healthcare Districts that do not operate a hospital, including two of the five mentioned above that lease their hospital, but continue to provide direct health care services. These services include: operating stand-alone skilled nursing facilities, rural health clinics, community clinics, partnering with a federally qualified health center, providing stand-alone ambulance services, and providing preventative health services. Direct services provided by Healthcare Districts include: ambulance, community clinics, skilled nursing care, adult day care, chronic disease management, school health and physical education, non-emergency medical transportation, and other social services. In recognition that health care needs extend beyond the hospital, ten Districts were specifically created to provide health care services other than acute care; six were originally created to provide ambulance services.

There are currently 20 Districts that do not operate a hospital; including three of the five mentioned above that lease their hospitals. These Districts sold, leased, or closed their hospital at some point, or never operated a hospital. Many provide grants to community health-related non-profits, providing access to care that would not otherwise exist. Additionally, many of these Districts partner with local school districts to provide Healthcare services or nutrition/physical education to students. Community services supported by Healthcare Districts include: school health, nutrition, hospice, indigent care, senior care, and efforts toward reducing health disparities.

Most Healthcare Districts receive property taxes; however, there are thirteen Districts that are funded without property taxes. With the approval of voters, several Districts have levied special taxes for specific operating purposes and many have levied bonds for construction purposes. At least one Healthcare District received voter-approval of a bond to complete upgrades to meet seismic safety requirements for the hospital operated by a private sector entity through a lease agreement.

Much like those in California, Healthcare Districts across the country make access to quality care a priority in their communities. Palm Beach County Health Care District (Florida) operates a teaching hospital, nationally-recognized trauma system, school nurse program, and 120-bed skilled nursing facility. Both Wallowa County Health Care District and Lake Health District (Oregon) operate critical access hospitals, in addition to primary care clinics. Both Districts are members of the Oregon Association of Hospitals and Health Systems (OAHHS), which has 62 member hospitals. Arizona's Healthcare Districts are similar to California's in their diversity: Maricopa County Special Health Care District operates a pediatric emergency department, burn center, and dental clinic, in addition to their

hospital. Northern Apache Special Health Care District and White Mountain Communities Special Health Care District (AZ) offer necessary women's health services, occupational therapy, and urgent care services at their primary care clinics. Similar to California's Healthcare Districts, the Districts are funded in various ways, including fees, government and private insurance, property taxes, investments, interest, and grant donations.

How the ACA Impacts the Role and Responsibilities of Healthcare Districts

California has embraced the ACA by expanding Medi-Cal eligibility and leading the nation in the development of a health insurance exchange. Healthcare Districts can play an important role in fulfilling the Triple Aim of the ACA:

- Improving patient experience of care, including quality and satisfaction
- Improving the health of populations
- Reducing the per capita cost of health care

Healthcare Districts – along with the rest of the health care community – are in the midst of transformation, partly in response to the changing state and national health care landscape and the delivery changes being generated by the Triple Aim. As health care focus shifts away from hospitals and toward preventative and primary care provided in outpatient settings, Healthcare Districts are rethinking their approach to care, including services beyond the walls of the hospital. Our members recognize that over the next five years, Medicaid reimbursement will focus more on value and outcomes. Likewise, Districts without hospitals are thinking about how their services and investments fit into the population health lens of the Triple Aim and how their programming will improve the overall health of the community.

Because Healthcare Districts are local, flexible, and can easily identify and fill gaps, they can provide access to care where there currently is little or none. Districts are best able to assess unique community needs and address those needs in a meaningful way. Consequently, Districts with and without hospitals have an important role to play in community health.

District Hospitals are important Medi-Cal providers, particularly in rural and underserved areas. More than a third of the District Hospitals provide over 30 percent of their care to low-income Californians, with some facilities treating as many as 50 percent low-income Californians. The state of California and the federal government recognized the important role of District Hospitals when they negotiated its newest Medicaid Waiver last year, including District Hospitals in that waiver. California received federal approval of a new Medicaid Section 1115 "Medi-Cal 2020" Waiver on December 31, 2015, which includes $6.2 billion in federal funds over five years. The new waiver builds on the successes California has achieved in expanding coverage, transforming care, and improving health outcomes. Especially important to District Hospitals is the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, a successor to the Delivery System Reform Incentive Program, that will provide $466.5 million for District/municipal public hospitals and $3.27 billion for county and University of California (UC) hospitals.

Medi-Cal 2020 marks the first time that District Hospitals will directly participate in a targeted improvement program under the Medicaid Waiver in California. District Hospitals will begin transformation work, improve

outcomes, and increase efficiencies over the next five years of the waiver. Consistent with state goals, PRIME is designed to support efforts to accelerate changes to care delivery to maximize health care value.

Almost all of the District/municipal public hospitals submitted PRIME applications in April that focus on at least one project in the three project domains: 1) outpatient delivery system transformation and prevention, 2) targeted high-risk or high-cost populations, and 3) resource utilization efficiency. District Hospitals can only receive federal funding if they meet specific established performance goals, which are the same as those for county hospitals and UC hospitals. By 2020, PRIME will result in the wide-spread adoption and sustainability of system transformations that will ensure District Hospitals deliver high-quality care to Medi-Cal beneficiaries. ACHD is pleased that District Hospitals will be part of the ambitious PRIME effort in support of the state's transformation of the health care system.

While this is not a requirement for District Hospitals, the county and UC hospitals will also have their PRIME payments linked to value-based payments in the later years of the waiver. Value-based payments are a national effort to link Medicare and Medicaid payments to the quality of care provided – in hospitals and by individual providers. The idea is to provide incentives to providers to improve health outcomes of Medicare and Medicaid beneficiaries. We anticipate that all Medicaid payments are heading toward more value-based payments and hospitals will be thinking about how to move toward value-based payments in the future.

Additionally, Districts are filling gaps in prevention and non-hospital care programs to underserved populations and to help improve the health of their communities. Here are a few examples where Districts are providing grant programs focused on community health:

El Camino Healthcare District
$738,700 on Community Based Mental Health Grants (2015-2016)
El Camino Healthcare District grants include support for school-based mental health counseling, domestic violence services, initiatives to reduce depression and isolation in seniors, and treatment for underserved and homeless individuals with serious mental health conditions. The District funds programs to support students with behavioral health issues such as substance abuse, depression, bullying, and stress. In addition to student and family counseling services, the programs provide information on substance use prevention and education. In Fiscal Year 2014 – 2015 alone, programs funded by the District served over 2,200 people and provided more than 8,000 services. For Fiscal Year 2015 – 2016, the District awarded $738,700 to community based mental health programs.

Los Medanos
$40,000 to sponsor a Breastfeeding Program (2013-2016)
The District annually sponsors a Community Breastfeeding Program through a local non-profit, A More Excellent Way, in response to low birth rates, and higher infant mortality among African American and low income populations in their area. This project reduces health disparities and improves birth outcomes through prenatal care and lactation services for African Americans and low income individuals in Pittsburg and Baypoint, CA. The program serves 2,000 people in the District.

Desert Healthcare District
$650,000 on Implementation of the ACA (2013-2015)
In partnership with The California Endowment, the District combined funding with The Endowment for a total of $1,184,924 that was granted to the Desert Healthcare Foundation for administration and campaign management to enroll individuals and families in Medi-Cal and Covered California. The project also leverages existing partnerships with trusted community non-profit and public agencies and targets the approximately 90,000 residents now eligible for Medi-Cal and Covered California.

Sequoia Healthcare District
$205,000 on Treatment for Alcohol, Tobacco, and Other Drugs (2016-17)
The District provided funds to El Centro de Libertad to provide assistance for youth requiring substance use disorder treatment and their families, of which 98% are low-income families. Funding is for substance use disorder treatment services and supports.

Fallbrook Healthcare District
$35,000 on Medical Transportation (2015-16)
Lack of transportation is a significant barrier to health care, for home-bound seniors. To help eliminate this obstacle, the District funded Foundation for Senior Care's Care Van Transportation Program which provides free, reliable transportation to medical and physical therapy appointments, grocery stores, food pantry, senior center, etc. for both ambulatory and non-ambulatory clients.

Emerging Challenges and Issues for Healthcare Districts

California's Healthcare Districts face challenges similar to those faced by other public and private health care providers. Additionally, the heterogeneous nature of the services Healthcare Districts offer can inhibit understanding of Districts' role in a complex health care environment. For Districts with hospitals, primarily operating in underserved areas, there are a number of challenges that mirror those for health care providers generally. These include:

Primary Healthcare District Challenges and Issues

- Financial Environment
- Workforce Retention and Development
- Community Engagement
- Fiscal Management
- State and Local Oversight

Financial Environment

Health care operates in a highly competitive market. Much like other public and non-profit providers, District Hospitals struggle with low reimbursement rates for care, particularly for Districts that serve a high volume of uninsured and Medi-Cal patients. In many cases, the financial stressors on District Hospitals have forced their boards to turn to creative solutions to sustain health care services to the community. These innovative solutions include affiliation with private and/or public sector partners that can help fill gaps in terms of professional services, specialty services, financial and other management needs.

While District Hospitals are pleased to be participating in the Medicaid Waiver, and partnering with the state on the PRIME program, these projects are ambitious. All of the federal funds are contingent upon meeting universal, predetermined metrics for outcomes. If a hospital does not meet the metric requirements for its project, it will not

receive any federal matching funds. While District Hospitals will benefit from the work done by the county and UC hospitals in the previous Medicaid Waiver, the PRIME projects will undoubtedly be challenging for the District Hospitals. In many cases District Hospitals do not have extensive networks of outpatient, clinic, and specialty services; as a result, the Waiver may result in additional partnerships in areas where such opportunity exists.

Some District Hospitals have struggled under financial pressure, mostly due to the inability to achieve a viable payer mix to ensure survivability as a stand-alone hospital. For example, in 2015 West Contra Costa Health Care District was unable to make ends meet financially, due in large part to their high volume of uninsured, underinsured and Medi-Cal patients served; as a result, they closed their doors permanently. Additionally, Palm Drive Health Care District closed temporarily due to a longstanding challenging economic environment, and reopened in 2015 after significant reorganization. While the District has been able to reopen the hospital, it continues to struggle.

WORKFORCE RETENTION AND DEVELOPMENT

A significant challenge faced by District Hospitals is the recruitment and retention of health care providers. While health care workforce development is a substantial challenge on a statewide basis, as there is a lack of physicians statewide, especially primary care, and maldistribution of physicians currently, there are unique and significant challenges for Healthcare Districts operating in rural and underserved regions of the state. In many of these communities, it is simply not financially feasible for physicians to relocate and set up a practice, particularly for specialty care practices. Districts are further challenged by the aging of the existing workforce, with a considerable number of existing physicians nearing retirement age.

Not only is it a financial challenge to live and work in a rural or underserved community generally, Healthcare Districts are the only public agencies that are prohibited by law from directly hiring physicians. (The State of California, University of California, and county hospitals are authorized to directly hire.) Our experience indicates that potential recruits in these communities are not interested in establishing independent medical practices and would prefer to seek full-time employment. As a result, District Hospitals are at a substantial disadvantage when attempting to recruit physicians. ACHD supports a number of solutions to address this issue, including Assembly Member Jim Wood's AB 2024 (2016), which would authorize federally certified critical access hospitals (of which 20 are District Hospitals) to directly employ physicians on a pilot basis.

COMMUNITY ENGAGEMENT

While Healthcare Districts with hospitals experience a set of challenges that result from the direct provision of health care in the community, all Healthcare Districts experience challenges associated with their role as public agencies serving a constituency. California's Healthcare Districts are continually challenged – like most special districts in the state – to ensure relevance and awareness among its constituency and to provide a community value to taxpayers. To assist in facilitating sharing of best practices and improvements in community engagement, ACHD's newly created working group has been focusing strategies to assist Districts in reaching out to stakeholders in the community. In addition, we know that we have work to do to ensure that all stakeholders, including state legislators, have an understanding of Districts' roles in providing needed health care services to local communities and where they fit into the local health care system.

This is a particular challenge for those Districts that provide an important financing and infrastructure mechanism to promote community health but do not provide direct health care services. About 36 Healthcare Districts no longer own, operate a hospital or, ever had a hospital. Of these, eight operate ambulance services, five own or operate clinics, four operate skilled-nursing facilities, preventative/wellness care, and community health, while others provide grant programs. We acknowledge questions raised by members of the Legislature about the purpose of these Districts; however, this may result from a more narrow view of health care. As mentioned previously, these Districts provide a broad range of non-hospital services, including school health and nutrition, chronic disease management, elder care, CPR education, and meet other identified community needs.

FISCAL MANAGEMENT

As to the receipt of property tax revenues, some but not all Healthcare Districts receive property tax revenues, depending on what has been approved by voters. In the case of Districts operating hospitals, property tax revenues generally represent a very small portion of overall revenues received by the District and used for operations. For those not operating hospitals, property tax revenues represent a larger component of the revenue mix. On the issue of reserves, Healthcare Districts use reserves generally for capital projects, to assist in meeting cash flow needs, and to establish a contingency fund for future liabilities. For those Districts that have leased their hospitals to another entity, it is vital for those Districts to maintain a level of reserves should the District be required to directly operate those facilities or services in the future. For example, in some cases where the District no longer operates the hospital, the District will require working capital and the financial wherewithal to maintain ongoing operation of the hospital if the non-profit or private operator ceases to provide service.

STATE AND LOCAL OVERSIGHT

ACHD strongly believes that decisions regarding local agency governance, services, and use of resources are best made at the local level. State law, in fact, makes Local Agency Formation Commissions (LAFCO) responsible for orderly formation and development of local agencies based on local conditions and circumstances. Governed by local elected officials, LAFCOs are best suited to evaluate the needs of the community and the efficacy of the local agencies that are tasked with providing community services. Further, the LAFCO process is open and public, designed to be a deliberative process with broad stakeholder participation. That said, we recognize there may be challenges for LAFCOs and Healthcare Districts alike in collaborating on mandated reviews. Healthcare Districts want to work with LAFCOs to improve this process, and are currently discussing options for doing so in the context of our working group.

In terms of the Legislature's role in addressing concerns with Healthcare Districts, or any special district, we have strongly suggested that the Legislature refrain from legislation addressing a concern about a specific Healthcare District until a local process and dialogue has taken place. We have expressed our strong concerns with legislation aimed at dissolving or otherwise managing a District without a local conversation first. Doing so undermines the role of LAFCOs at the local level and bypasses the important stakeholder process that allows for more informed decision-making. Further, while Healthcare Districts do not exist in every legislative district in the state, it is important that the Legislature have a better understanding of the role of Healthcare Districts in the provision of health care services throughout the state. We agree that both the Association and our members can do a better job

at communicating the roles and responsibilities of Healthcare Districts to the public at large, including members of the Legislature and other state officials.

Our working group effort may also result in the need for statutory changes to the Healthcare District authorizing statute. In these instances, where we anticipate the need for modernizing and updating the enabling act in the Health and Safety Code, ACHD would respectfully request the Legislature's assistance in achieving such changes. Additionally, ACHD is committed to working with stakeholders, including the California Special Districts Association, the California Association of Local Agency Formation Commissions (CALAFCO) and others in this process.

Model Healthcare Districts

Healthcare Districts are best situated to respond to the changing health care needs of the local communities they serve. Healthcare Districts work collaboratively with other local provider stakeholders to determine programs and services to fill local needs. Below are some examples of Healthcare Districts leading the way on community needs assessments, filling the health care gaps in their community, and implementing innovative approaches to health care.

Assessing Community Needs

Desert Healthcare District works with local community partners to conduct a health status assessment of its residents every three years. The District uses this information to focus their grant-making efforts, to create sustainable health care programs, and to identify needed projects. The District provides an annual report to the community on the grant funds given and the outcomes of those grants, projects funded by the District, and other financial information.

Palomar Health collaborates with other health systems, government agencies, and community groups to identify the greatest needs in their community. The District reports to the community annually on the health improvement activities provided throughout the fiscal year to ensure accountability to the District on the greatest needs identified in the needs assessment.

El Camino Healthcare District uses the El Camino Hospital Community Health Needs Assessment (CHNA), a multi-year evaluation of the health of the community that is developed in collaboration with six other non-profit hospitals, Santa Clara County Public Health Department, the Hospital Council of Northern and Central California, and Palo Alto Medical Foundation. The documented health needs identified in the triennial assessment are formally prioritized and selected by an advisory council comprised of physicians, representatives from the community, El Camino Hospital or El Camino Healthcare District Board members, and senior management staff. The needs are mapped to health priority areas and serve to inform the District's Community Benefit grant making process. The CHNA is made available to the public in a full written report available on the healthcare district's website. Additionally, the District releases an annual report, organized by the health priority areas, that outlines Community Benefit activities, funds awarded, and quantitative and qualitative results for community impact.

FILLING GAPS

Camarillo Health Care District established a senior nutrition program for their community. The District, in partnership with the Ventura County Area Agency on Aging (VCAAA) and City of Camarillo, provides residents age 60 and over with two meal program options. A monthly catered meal at the Health Care District and a "meals on wheels" look-a-like program offering ready-to-heat frozen entrees delivered by volunteers three times per week.

Petaluma Health Care District was the lead agency that established the Petaluma East Side Farmers' Market and the Local Incentives for Food and Economy (LIFE) program in 2012. Despite its rich agricultural history, fresh healthy food can be out of reach for many Petaluma Health Care District (PHCD) residents. This nutrition program was created to address this health concern. Overseen by a non-profit, Petaluma Bounty, the LIFE program provides a dollar for dollar match, of up to $10, for CalFresh (food stamp) clients to purchase healthy produce at the Farmers' Market. In total, the District has provided over $8,000 in matching funds to the LIFE program which empowers residents to purchase healthy locally produced food. In 2015, the District provided additional funds to secure a federal grant that expanded the LIFE program to all four Farmers' Markets with PHCD's territory, plus four additional Sonoma County markets.

Desert Healthcare District started a mobile dental program in 2000 in light of a terrible shortage of dentists in their District, especially those who would accept Medi-Cal for payment. The Smile Factory is a 53-foot mobile dental clinic used to provide free screenings and dental treatment to children in need. That program was taken over by a local health care nonprofit and still used to this day.

Peninsula Health Care District acquired a new Center for Dental Health and mobile dental outreach to their District, which is the first of its kind on the West Coast. The District entered into a 10-year public private partnership agreement with Apple Tree Dental, providing assisted tenant financing, equipment, and operating capital through a $2 million impact grant. Apple Tree Dental provides high quality dental care to all ages, incomes, and cognitive status. In addition to offering general restorative dentistry and specialty care at its clinic location, this program also provides dental treatment in nursing care institutions, assisted living facilities, group homes, and schools.

Mayers Memorial Hospital District operates a frontier critical access hospital in Shasta County providing emergency, inpatient services, skilled nursing and long-term care facilities to the intermountain area of California. The next nearest hospital is 70 miles away and the closest skilled nursing facility is 75 miles away. Without this District Hospital, these services would cease to exist, as no other provider would be able to provide such services on a for-profit basis.

INNOVATING NEW APPROACHES

Kaweah Delta Health Care District created a new medical residency program in 2012 with two programs, family medicine and emergency medicine. Faced with physician recruitment challenges in the Central Valley, the District created the program to improve access to health care in the District. Kaweah Delta now offers five residencies in family medicine, emergency medicine, psychiatry, surgery, and transitional year. In 2016, the first class of physician

residents graduated and more than 40 percent of the original class of residents have remained in the Central Valley.

Petaluma Health Care District created a community advisory committee, The Community Health Initiative of the Petaluma Area (CHIPA), in partnership with the County's health initiative. CHIPA provides leadership in identifying community health priorities and taking action to engage in policy, system, and environmental change to improve local health. This is accomplished through collaboration and partnerships with key community, health care and business leaders, local capacity building, and alignment with County goals. To date, CHIPA has more than 60 members representing a diverse cross-sector of their community. Current members include: business leaders, local non-profits and service providers, schools, early childhood educators, county employees, health care providers, police, city officials, farmers, and community residents.

Healthcare Districts Looking Forward

ACHD's working group has already identified potential opportunities for the Association and Healthcare Districts to consider in the upcoming year. As referenced earlier, we will continue to have discussions regarding the Healthcare District enabling act, possibly lead to the development of a standard community needs assessment and community benefits report requirement, partnering with CALAFCO to develop a more consistent and productive working relationship between LAFCOs and Healthcare Districts statewide, and additional efforts aimed toward educating the community and the Legislature on Healthcare Districts' role in our health care system. We will continue to focus our energy on achieving meaningful reforms that provide Healthcare Districts with support and assistance in meeting their missions, as well as connect Districts more closely with their community partners. We look forward to sharing the results of these efforts as they progress.

ACHD would be happy to provide additional information to the members and/or staff of the Little Hoover Commission. We appreciate the opportunity to participate in this important discussion.

State of California

LITTLE HOOVER COMMISSION

Public Hearing on Special Districts
Thursday, August 25, 2016
1020 N Street, Room 100
Sacramento

Public Hearing: 9:30 a.m.

Celebrated and Cussed: An Overview of Special Districts in California

1. Kyle Packham, Advocacy and Public Affairs Director, California Special Districts Association

Missions for Changing Times: Healthcare and Fire Protection Districts

2. Amber King, Senior Legislative Advocate, Association of California Health Care Districts
3. Michael Schwartz, Fire Chief, North Tahoe Fire Protection District

Who's in Charge Here? Local Agency Formation Commissions

4. Pamela Miller, Executive Director, California Association of Local Agency Formation Commissions
5. John Leopold, Chair, California Association of Local Agency Formation Commissions, Santa Cruz County District 1 Supervisor and Santa Cruz County Local Agency Formation Commission member.
6. Stephen Lucas, Executive Officer, California Local Agency Formation Commission and Butte County Local Agency Formation Commission.

Defining "Prudent:" What's a Fair Share of Property Taxes and Reserves?

7. Michael Coleman, Principal, CaliforniaCityFinance.com
8. Jon Coupal, President, Howard Jarvis Taxpayers Association

Business Meeting
Thursday, August 25, 2016
925 L Street, Lower Level
Sacramento, CA 95814

(The Commission will consider agenda items I-IV at approximately 12:30 p.m. The precise time will vary depending upon the testimony of witnesses and will be determined at the discretion of the chair). Members of the public will have an opportunity to make comments about Commission agenda items during the meeting.

I. Business Meeting Minutes from June 23, 2016
II. Subcommittee Reports and Project Selection
- Mental Health Services Act
- Occupational Licensing

III. Implementation
IV. Reports from the California State Auditor's Office

State of California

LITTLE HOOVER COMMISSION

FOR IMMEDIATE RELEASE
August 11, 2016

For Additional Information Contact:
Carole D'Elia
Executive Director
(916) 445-2125

LITTLE HOOVER COMMISSION TO HOLD HEARING ON CALIFORNIA'S 4,700 SPECIAL DISTRICTS

On Thursday, August 25, 2016, the Little Hoover Commission will conduct a public hearing on special districts, the 4,700 local and regional government entities that provide water, sewer and other services, run parks and hospitals and collect taxes and fees. The hearing will begin at 9:30 a.m. 1020 N Street, Room 100, in Sacramento.

The November hearing is the Commission's first look at special districts since its 2000 report, *Special Districts: Relics of the Past or Resources for the Future?* At this hearing, the Commission will largely focus on the nearly 3,000 independent special districts run by elected or appointed boards with assistance of professional staffs. The Commission will hear from six witnesses to set the stage for its exploration of state policy toward special districts. Witnesses will discuss the basics of special district organization, address criticisms of special districts and offer assessments of the Commission's 2000 report. The Commission also will hear from witnesses on what has and has not changed since 2000, explore new challenges and opportunities facing special districts and consider what new areas can be investigated by this study.

At the hearing the Commission will first hear from the advocacy and public affairs director for the California Special Districts Association to gain an overall view of special districts in the state. The second panel includes representatives from the Association of California Healthcare Districts and the North Tahoe Fire Protection District, to discuss how changing times are affecting special districts. The third panel features the executive director of the California Association of Local Agency Formation Commissions (CALAFCO), to address the role of LAFCOs in governing special districts. The final panel includes the principal at CaliforniaCityFinance.com and the president of the Howard Jarvis Taxpayers Association. They will discuss the role of property taxes and fees in funding special districts.

There will be an opportunity for public comment at the end of the hearing. The Commission also encourages written comments. A formal agenda and other documents related to this study can be viewed and downloaded from the Commission's website at www.lhc.ca.gov.

Immediately following the hearing, the Commission will hold a business meeting in in the lower level conference room at 925 L Street in Sacramento. An additional teleconference location accessible to the public for the business meeting will be at 15 Henry Street, Southampton, NY 11968.

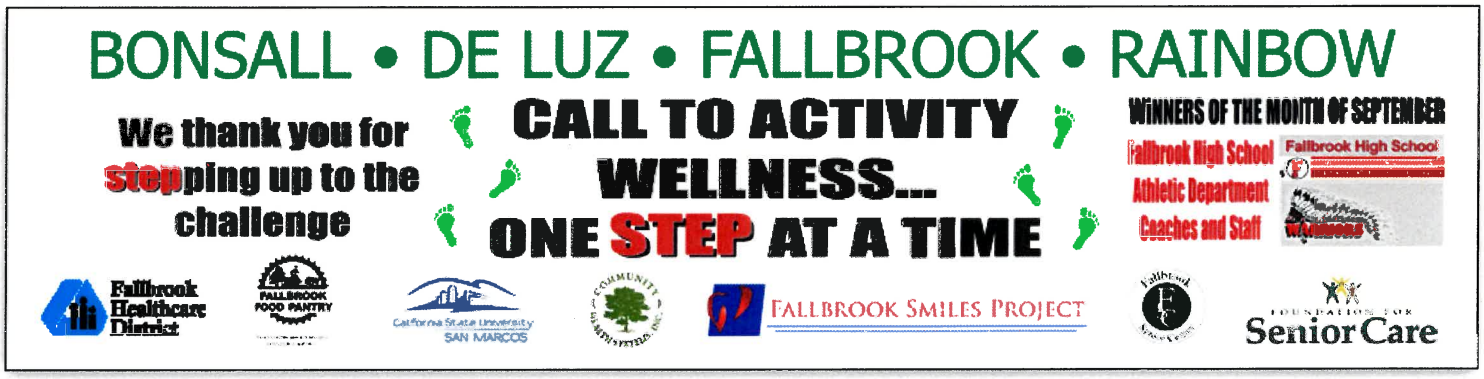
COMMUNICATION ONLY

Introducing Our New Intern From Palomar College

Brendon McCracken

Call to Activity
Wellness
One Step at a Time

A banner was made for September's winner Fallbrook High School Athletic Department Coaches and Staff and is posted at Fallbrook High School and the Fallbrook Healthcare District Administrative office.



Woman of Wellness
August Meeting

HEALTH

How to diagnose and treat varicose veins

Lucette Moramarco
Staff Writer

The Woman of Wellness program held in July at Fallbrook Library featured Dr. Stefan Moldovan talking about varicose veins. A vascular surgeon, Moldovan informed the room full of ladies, and a few men, about the symptoms and causes of this common condition.

Forty million people in the U.S. have varicose veins; 25 percent of women have it while the number of men with it is 15 percent and growing. Not everyone who has it has the symptoms, which include burning, hard or leathery skin, venous ulcers, swelling, heaviness, pain, discomfort and a heaviness in the legs.

Moldovan said that varicose veins are swollen, blue, bulging, twisted superficial veins of the legs. Superficial veins, he explained, are those closest to the surface of the skin. Deep veins are located within the muscle compartments of the legs while perforator veins connect the superficial veins to the deep veins.

He said that those who are at risk for this condition are over 55 years old, have an immediate family history of varicose veins, are women who have had multiple pregnancies, people who are overweight, and people who stand for long periods of time. Genetic factors are most important, he added.

Moldovan then detailed the anatomy of the condition. Healthy veins, he said, contain valves that open and close to assist the return of blood back to the heart. Venous reflux disease develops when the valves that keep blood flowing out of the legs and back to the heart become damaged or diseased and the blood doe not flow correctly, causing the veins to bulge with a reflux of blood.

To confirm the disease, a vascular doctor obtains the patient's medical history and performs a physical exam. In most cases, Moldovan said, an ultrasound will be performed to detect the presence of reflux in the veins. The ultrasound is performed in the doctor's office by a registered vascular technologist (RVT) in an accredited vascular lab and interpreted by a board certified vascular surgeon.

If the patient had tried compression stockings, elevation of the legs and a regular routine of exercise and the symptoms have not resolved, one of the following procedures can be performed. Radiofrequency ablation uses radiofrequency energy to heat, collapse and seal off the targeted blood vessels. Clarivein uses an infusion catheter system with a unique rotating tip that allows for 360 degree coverage of the blood vessel, scratching the inside of the vein with solution which makes it clot. Sclerotherapy involves an injection of a solution (generally a salt solution) directly into the vein. In laser ablation, the abnormal veins are heated by a laser and the body then absorbs the debris.

Moldovan said that stripping veins is a procedure that is no longer used.

Today, treatment can be done under local anesthesia on an outpatient basis. He advised that all sources of reflux need to be treated.

The most frequently used procedure is radiofrequency ablation, which takes the affected vein out of the blood system and redirects blood to other, healthy veins. He said this is a better, less painful option.

The patient lays down, and her leg is prepared from groin to ankle; a wire catheter is threaded up the vein and connected to a regulator of radio frequency or laser energy. The vein clots and shrinks in two minutes. The leg is then wrapped in an elastic wrap and the patient can walk out.

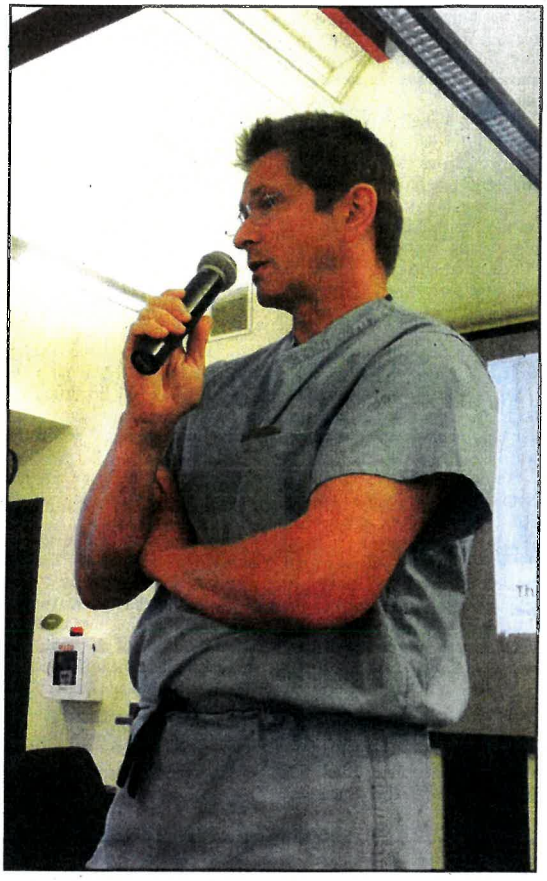
Afterwards, the patient should walk for 20 to 30 minutes to keep the blood flow going and prevent a deep vein thrombosis (DVT) from developing. An ultrasound is performed the following day and again a week later to check the veins. An anti-coagulation medication may also be prescribed. Exercise, good nutrition and a healthy lifestyle are also recommended post recovery.

According to Moldovan, radiotherapy and clarivein both produce post procedure bruising and have the best success rate with a fast recovery and less pain than surgery or laser therapy. Radiotherapy and laser therapy both minimize the chance of DVT. Laser therapy is the most painful of all the treatments, he said.

As for cost, he said that the procedures are covered by most insurance companies but some require more documentation than others. The procedures are necessary for medical reasons, he added, and are "not vanity".

Thirteen people had a sonogram done on their legs after the doctor's presentation.

Woman of Wellness is provided by the Fallbrook Healthcare District at the library on the first Thursday of the month.



Dr. Moldovan explains how valves in the veins of the legs work to keep blood flowing to the heart. Lucette Moramarco photo

Wade Into Fitness Class at Fallbrook Community Center

HEALTH

Michelle's Place expands breast health services to Fallbrook

TEMECULA – Michelle's Place Breast Cancer Resource Center is excited to announce the expansion of their breast health services to Fallbrook. Thanks to a grant from the Fallbrook Healthcare District, Michelle's Place will now provide diagnostic breast health services to residents of Fallbrook, Bonsall and Rainbow.

Michelle's Place currently provides resources to women in Fallbrook through the Resource Center, which consists of free wigs, bras, prosthesis, support groups, haircuts, etc., but now women are able to receive diagnostic services as well through the Breast Health Assistance program that had previously been offered to residents of Riverside County only. The center is located at 27645 Jefferson Avenue, Suite 117, Temecula.

"We are thrilled to add this service to more women in need. I am in the process of making connections with the medical resources in Fallbrook, but until then, we will continue sending clients in need to the Breast Center of Temecula for their imaging," said Kim Goodnough, executive director of Michelle's Place. "Thank you Fallbrook Healthcare District for your support!"

Kim Goodnough is the executive director of Michelle's Place, which is now providing services to women in Fallbrook. Courtesy photo

The Breast Health Assistance (BHA) program provides access to free or low-cost diagnostic breast health services to eligible women. Since breast cancer is generally treated on an outpatient basis, clients are often in need of direction during the treatment process and benefit greatly from outpatient care coordination services.

BHA provides each client a patient navigator who will act as a personal coordinator throughout participation in the program. The patient navigator's mission is to interact with the client and the provider team to coordinate client care.

The BHA program is a component of the detection services offered at Michelle's Place and includes:

- Education on breast cancer prevention, early detection, the disease process, and treatment.
- Patient navigation assistance through the process – anything from lending a listening ear, modalities and psychosocial issues, and medical coordination services to provide free wigs, prosthesis, and other comfort items a woman might need.
- Access and referrals to community resources.
- Basic needs resources including financial assistance, in-home services and meals.

To qualify for enrollment in the Breast Health Assistance program, each candidate needs to be assessed to determine the best source for assistance needed.

Anyone who feels they are in need of the Breast Health Assistance program can contact Michelle's Place at (951) 699-5455 or visit www.michellesplace.org.

HEALTH

Fallbrook Healthcare District receives recognition from Senator Joel Anderson

Ann Wade, center, is recognized as the FHD Healthcare Champion for July 2016 with a certificate from Sen. Joel Anderson's office, presented by interns Taryn Murphy, left, and Ellie Leavitt.

WOW volunteer Renee Barnes receives a certificate for Outstanding Community Service from Taryn Murphy, left, and Ellie Leavitt, representatives for Sen. Joel Anderson.

WOW volunteer Nelly Jarrous receives a certificate for Outstanding Community Service from Sen. Joel Anderson's office, presented by interns Taryn Murphy, left, and Ellie Leavitt.

WOW volunteer Cheryl Nurse receives a certificate for Outstanding Community Service from Taryn Murphy, left, and Ellie Leavitt, representatives for Sen. Joel Anderson.

Courtesy photos

FALLBROOK – Senator Joel Anderson recently recognized two programs sponsored by the Fallbrook Healthcare District.

The district began a program for women titled Woman of Wellness (WOW) in 2015. Its purpose is to educate women in matters of physical, mental, and emotional health and well-being by offering a variety of monthly programs to women of all ages regarding their personal health and wellness choices. These events take place at the Fallbrook Library on a monthly basis and there is no cost to join or to attend.

This year, the district joined with other not-for-profit organizations in Fallbrook to establish a collaborative North County Communities Collaborative Health Initiative. Its goal is to decrease incidence in diabetes, hypertension, and heart disease in the areas it is serving by education, screening, referring, advocacy and community outreach as well as integrating community classes, exercise/physical therapy activity so others may thrive.

Each month a business or individual is recognized as a Community Health Champion for their efforts to educate, provide classes or other activities that help others to focus on their health and wellness goals.

At the Aug. 4 WOW event, representatives from Senator Anderson's office presented certificates of recognition honoring the Woman of Wellness program and each of the volunteers supporting the program for their commitment to service in helping to meet the health and wellness needs of the District. Receiving certificates were the following: Bobbi Palmer, Barbara Mroz, Linda Bannerman, Vi Dupre, Nelly Jarrous, Karen Foore, Cheryl Nurse, Renee Barnes, Julie Landenberger and Pamela Knox.

In addition, Community Health Champions, beginning with its inception in May, were also recognized with certificates honoring their dedication to health and wellness in their communities.

Community Health Champions to date include Erica Williams of Fallbrook Village Fitness, Fallbrook Senior Center Line Dancers, and Ann Wade of Wade Into Fitness. Community Health Champions will be recognized each month at the Woman of Wellness events.

Fallbrook Healthcare District staff is grateful to Senator Anderson for his recognition of their efforts as they work to meet their mission and vision to collaboratively identify and support a broad range of healthcare needs in pursuit of positive measurable outcomes in community health.

Kristin Schief Spirit of Nursing Award
Alexander Tablante

Friends of the Fallbrook Community Center

San Marcos Nursing Students

Monthly First Wednesday Outreach to start at Fallbrook Community Center

FALLBROOK – The following 12 groups are on board for the First Wednesday Outreach program at the Fallbrook Community Center, 10 a.m. to noon, each month.

The first event will take place on Sept. 7, and following events will be held the first Wednesday of each month at the same time and place thereafter.

The County of San Diego, and San Diego Parks & Recreation Dept. will provide the facility, and the Friends of the Fallbrook Community Center in concert with the county will spearhead the coordination between these groups to maximize Fallbrook's health and wellness resources in an efficient, one stop program. This outreach is in synergy with the County's "Live Well San Diego" initiative and the Fallbrook Community Center's wellness and recreation goals.

The Fallbrook Community Center is a particularly advantageous site for this offering because it is a large center with many affordable and free health and wellness programs. The community center and nearby Fallbrook Senior Center also offer a host of low-cost recreational programs for balanced living.

The facility also has parking, including handicapped parking and free access to large playgrounds, tennis courts, and volleyball courts to facilitate family use. The center has referral information from many community resources housed there.

Fallbrook Smiles Project and CSUSM Nursing Team will provide free checkups for anyone who would like to participate including: free blood pressure checks, blood sugar screenings, and height/weight/BMI calculations. They also keep a record and send one home with the patient participant, so the patient is empowered with month to month information, providing earlier indicators of health changes so intervention and preventative measures can be taken before serious and costly health issues arise.

They also occasionally bring in other screenings: audiology, bone density, and dental. They also can refer for nutrition counseling and other local health services. This is an amazing resource particularly for those without health insurance, the underinsured and/or unable to afford minimum copays.

Representatives from Veteran Affairs' (VA) San Marcos office will be onsite. The San Marcos' VA office's particular specialty is caring readjustment counseling for veterans of all ages and their families.

The representative can set up one on one or support group counseling, as well as advocate, direct and connect veterans to the appropriate department duty expert within the larger VA system such as health care, benefits, and/or burial services. The representative will have many of the forms needed by veterans to obtain benefits onsite as well.

The representatives will assess what VA services are of the greatest interest and need within the Fallbrook/Bonsall/Rainbow area so that if a particular need has high demand, an appropriate VA department duty expert can be arranged to come onsite for future "First Wednesday Outreach" dates.

Fallbrook Senior Center will provide healthy, balanced meals as a part of its ongoing Senior Lunch program to promote healthy eating and socialization. The lunches are very affordable and available daily to everyone. There is $4 suggested donation for seniors 60+, and a $5 charge for guests accompanied by seniors under 60. The meal portion of the program is available from 11:15 a.m. to noon. Meals must be eaten onsite due to health regulations.

The Senior Center is right next door to the Community Center and has a home meal delivery program for seniors and recreational and health classes that First Wednesday participants can get more information about.

The Foundation for Senior Care will assist seniors faced with challenges in medical care and advocacy, maneuvering social support programs, and finding resources specific to their needs. Their programs include the Care Van and Expanded Rides Transportation Services, Care Advocacy, coordination of services program, the Fallbrook Adult Day Care Center, "The Club," and a Senior Computer Learning Center (help with computer issues and classes). They have scholarships available for the Adult Day Care and they facilitate one-on-one VA appointments at their center.

SDG&E Outreach representatives will provide information on SDG&E's low cost and assistance programs to help those with low-incomes and medical needs signup for rate assistance and information on other programs to help the public keep their utility bills low.

The Fallbrook Health Care District is a sponsor of most of these groups that will provide services and will promote and support this type of effective, collaboration for the health of the community.

The Fallbrook Chamber of Commerce will aid in getting the word out and facilitating media promotion with the newspapers, calendars, and social media.

Wade into Fitness teacher Ann Wade is a wellness advocate in the community and expresses it through her classes, working with the Friends of the Fallbrook Community Center and the County of San Diego, as well as coordinating with many wonderful health service providers in Fallbrook. Wade and her husband also spent 24 years as a military family, so she and her family have a special place in their hearts for veterans and their families.

Wade, whose fitness classes include veterans and others seeking stress reduction and healthy living, had heard many of the veterans complain about the lack of services in the Fallbrook/Bonsall/Rainbow area despite the veteran population being quite large. She proposed the First Wednesday Program as a way to combine the benefit of services already being provided with the addition of local VA and other resources to better serve the community.

All of these entities can provide referrals for those affected by food insecurity to the Fallbrook Food Pantry and other resources.

This will be a well-rounded, healthy living First Wednesday Outreach at the Fallbrook Community Center with options for residents to participate in some or all of these free and low priced offerings.

DISCUSSION/ACTION ITEMS

JOINT POWERS AGREEMENT
BETWEEN FALLBROOK HEALTHCARE DISTRICT
AND NORTH COUNTY FIRE PROTECTION DISTRICT

THIS JOINT POWERS AGREEMENT ("Agreement") is entered into and executed as of _____, 2016, by and between FALLBROOK HEALTHCARE DISTRICT ("FHD"), a California local healthcare district organized and operating under Health and Safety Code section 32000 et seq., and NORTH COUNTY FIRE PROTECTION DISTRICT ("NCFPD"), a California special district organized and operating under Health and Safety Code section 13800 et seq., pursuant to the Joint Exercise of Powers Act (Gov. Code, § 6500 et seq.).

RECITALS

A. FHD and NCFPD have each determined that they can best fulfill their respective missions of providing community health care service and emergency medical services by collaborating on operation and management by working together to exercise certain powers.

B. FHD and NCFPD have determined that working together to provide health care services and emergency care services to the communities served by FHD and NCFPD will provide substantial benefits to each party and to the communities that they each serve.

C. In order to implement the foregoing benefits, the parties now wish to memorialize their agreements and understandings in the manner set forth herein.

THEREFORE, in consideration of their mutual promises and undertakings set forth herein, the parties agree as follows:

AGREEMENT

ARTICLE 1. PURPOSE AND POWERS.

1.1 Purpose. This Agreement is made pursuant to the provisions of Article 1, Chapter 5, Division 7, Title 1, of the Government Code, commencing with section 6500, relating to the joint powers common to public agencies. The parties possess the powers under the Local Health Care District Law pursuant to Health and Safety Code section 32000 et seq., and the Fire Protection District Law pursuant to Health and Safety Code section 13800 et seq. The purpose of this Agreement is to exercise certain of such powers as agreed to be exercised jointly by the parties (the "Programs"). All Programs and all activities under this Agreement will be in accordance with the laws applicable to California agencies. The Programs will specifically include, but not be limited to:

1.1.1 Community Programs. The parties will explore mechanisms to engage in, and to carry out, to the extent permitted by law, collaborative programs to enhance and expand availability of health care and emergency health services to the communities served by the agencies.

1.1.2 Contracting. The parties will explore mechanisms to engage in, and to carry out, to the extent permitted by law, joint contract negotiation with third parties to provide health care and emergency medical services.

1.2 Benefit of Community. The parties have the power to do any agreed upon activity that would be beneficial to the communities served by either party as authorized by law, including but not limited to the Local Health Care District Law.

ARTICLE 2. ADMINISTRATION

2.1 Party Representatives. The Executive Director of FHD and the Fire Chief of NCFPD (or such other person as may be designated by such party) will act as the parties' representatives ("Representatives") in planning, developing, and implementing the Programs. The Representatives shall not take any action that requires either party's approval without first receiving such approval from the respective party's Board.

ARTICLE 3. PROGRAM SELECTION AND BUDGETS

3.1 Program Selection. The Representatives shall work together to develop necessary Programs. No Program shall become operational unless it has been approved by both parties. Each Program shall include a plan for continuation or termination of the Program if this Agreement is terminated.

3.2 Program Budget. When the Representatives approve a Program, they shall also establish a budget for such Program. The budget should include the initial and ongoing costs of the Program and each party's responsibilities, both financial and resources. This approved Program and related budget shall be forwarded to the parties for approval, if applicable, at least thirty (30) days prior to the commencement of the start of the Program, unless otherwise agreed by the parties in writing.

3.3 Action of Parties. Within sixty (60) days of receipt of the Representative-approved Program and related budget, each party shall approve, disapprove, or recommend revision of the Program and related budget.

ARTICLE 4. TERM AND TERMINATION

4.1 Effective Date. This agreement shall be effective as of _____, 2016.

4.2 Term. This Agreement shall continue in full force and effect for an initial term of five (5) years. At the conclusion of the initial term, unless either party has provided at least six (6) months' notice of its intent to not to renew this Agreement, this Agreement shall automatically renew for an additional three (3) year term. Unless either party has provided at least six (6) months' notice of its intent to not to renew this Agreement, this Agreement shall continue in full force and effect indefinitely at the conclusion of the second term, until either party causes termination of this Agreement by providing at least six (6) months' written notice of its intent to terminate the Agreement to the other party.

4.3 Parties' Rights and Duties on Expiration or Termination. Should this Agreement expire at the end of its initial or any subsequent term, or if it is terminated for any reason, the parties shall continue to work together until all obligations incurred prior to the earlier of expiration or delivery of notice of termination have been fully performed. No further obligations will be incurred under this Agreement.

ARTICLE 5. MISCELLANEOUS

5.1 Marketing. Neither party will use the other party's name for purposes of marketing or advertising without the prior written consent of the other party.

5.2 Entire Agreement. This Agreement contains the entire agreement of the parties with respect to its subject matter, and shall be binding upon and inure benefit of the parties, their successors and assigns.

5.3 Additional Parties. Nothing herein shall preclude the addition of other governmental entities as parties to this Agreement, so long as all of the parties agree to such addition. If an entity is added as a party, it shall be bound by the terms and conditions of this Agreement.

5.4 Notices. Notices required by law or by this Agreement, shall be deemed sufficient if given, in writing and deposited in the United States Mail, postage prepaid, to the following:

To NCFPD: Stephen Abbott, Fire Chief
North County Fire Protection District
330 S. Main St.
Fallbrook, CA 92028

To FHD: Fallbrook Healthcare District
138 S. Brandon Road
Fallbrook, California 92028
Attn: Bobbi Palmer, Executive Director

5.5 Severability. If any one or more of the terms, provisions, promises, covenants or conditions of this Agreement shall be to any extent judged invalid, unenforceable, void or voidable for any reason whatsoever by a court of competent jurisdiction, each and all of the remaining terms, provisions, promises, or conditions of this Agreement shall not be affected thereby and shall be valid and enforceable to the fullest extent allowed by law.

5.6 Agreement Not Partnership or Joint Venture; No Third Party Beneficiaries. Nothing in this Agreement shall be deemed to establish relationships between the parties other than those expressly described and set forth. The agreements contained herein are made solely for the benefit of the parties, and shall not be construed as benefiting any person who is not a party to this Agreement.

5.7 Waiver of Terms; Effect. The time specified in this Agreement for performance of any act by the parties, may be extended or waived, for good cause by either party. Any such extension or waiver shall affect only the time period to which it is directed, and it shall not be deemed applicable to subsequent deadlines relating to the subject matter of the extension or waiver, nor shall it be deemed to apply to any other time constraints or requirements contained in this Agreement.

5.8 Titles and Headings Not Part. Titles and headings contained herein are not a part of the agreement of the parties. They are included only for descriptive purposes, and shall not be deemed as incorporated into this Agreement for any other purposes.

5.9 Amendment; Method Prescribed. This Agreement may be amended at any time, by written agreement of the parties.

5.10 Authority to Enter into Agreement. Each party represents that it has the full power and authority to enter to this Agreement and to carry out the powers contemplated by it. Each party further represents that it has taken all action necessary to authorize the execution, delivery and performance of the Agreement. Each person signing below warrants that he/she has full power and authority to bind the party under which her/his signature appears.

5.11 Indemnification. Each party shall indemnify, defend and hold harmless the other party, any affiliate of the other party, and the other party's respective directors, officers, employees or agents, from and against any and all claims, causes of action, liabilities, losses, damages, penalties, assessments, judgments, awards or costs, including reasonable attorneys' fees and costs (not including the cost of in-house counsel), arising out of, resulting from, or relating to (i) the grossly negligent or illegal acts or omissions of the indemnifying party, or (ii) wages, salaries, employee benefits, income taxes, FICA, FUTA, SDI and all other payroll, employment or other taxes, withholdings and charges payable by a party or any affiliate of a party to, or on behalf of, the other party. This Section 5.11 shall survive the expiration or termination of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed and attested by their proper officers as of the date first above written.

FHD:	**NCFPD:**
FALLBROOK HEALTHCARE DISTRICT	NORTH COUNTY FIRE PROTECTION DISTRICT
By:_____	By: _____
Print Name:_____	Print Name:_____
Title:_____	Title:_____
Date:_____	Date:_____

RFPS

REQUEST FOR PROPOSAL
URGENT CARE SERVICES

Fallbrook Healthcare District is requesting proposals of urgent care providers in the community regarding the provision of extended hours Urgent Care services to continue to assist with compensating for the closure of Fallbrook Hospital.

BACKGROUND

Following the December, 2014 closure of the Emergency Department at the Hospital, and the complete shutdown of the Hospital in July, 2015, the District Board perceived an absence of urgent care services within the local community for the period of time outside normal weekday business hours.

Therefore, the Board is interested in receiving proposals from current providers of Urgent Care services. The Board wishes to review options with a view toward identifying an entity which would be willing to establish and maintain extended hours services with some start up support from the District.

CONTENT

Proposals should include all of the following:

- Introductory materials identifying the entity, its tenure and experience within the community, the range of services which it currently offers, including any affiliations with similar medical facilities outside of Fallbrook, Bonsall, Rainbow, and southern De Luz;
- A paragraph or two discussing, from the submitting entity's perspective, the need (and its vision) for the providing of Urgent Care services on an extended hours basis;
- The lead time the entity would need to bring such services on line, if any, and anticipated costs involved with start up;
- List of the key staffers and personnel who would be primarily responsible for staffing the extended hours services, along with biographical/experience information for each;
- The expected level and duration of support the proposing entity would seek in order to bring extended hours service to the District on an ongoing basis:
- Any specific additional information the entity wished to present to demonstrate commitment and quality service to the community.

SELECTION CRITERIA

All proposals received will be evaluated based upon:

- The submitting entity's demonstrated record of success and experience providing medical/urgent care services to the community
- The qualifications and experience of the key personnel for submitting entity
- The submitting entity's willingness to commit to providing services on an indefinite basis beyond the period of temporary support;
- The District Board may wish to conduct interviews with submitting entities as part of its review process.

ABOUT US

Fallbrook Healthcare District was formed in 1950 as a hospital district, and was charged with the construction and operation of Fallbrook Hospital. The District provides services to an area of approximately 110 Square miles encompassing the unincorporated communities of Fallbrook, Bonsall, Rainbow, and the southern portion of DeLuz, a community of nearly 57,000 residents.

In November, 1998, the District Board, with voter approval, signed a thirty-year lease agreement with Community Health Systems, Inc., to operate Fallbrook Hospital. Shortly thereafter, the District reorganized as a "Healthcare District" to reflect the changing reality of its mission and essential functions.

Following a number of changes within the healthcare system that stemmed from managed care impacts, increased regional competition and the emergence of a number of newer, more modernized acute care facilities, CHS determined that continuing to operate Fallbrook Hospital at a substantial financial loss was not feasible. The District initiated a due diligence and RFP process to locate a successor operator in the Summer and Fall of 2014, which was not successful. Thus, in January, 2015, the District and CHS reached an agreement to terminate the lease, and Fallbrook Hospital formally closed on July 20, 2015.

The District is committed to promoting the health of the people of the District and enhancing access to sustainable, quality healthcare services.

DEADLINE

All Proposals should be submitted to the District no later than 5pm on Friday, Sept. 2, 2016. Submit via e-mail to all addresses as follows: bpalmer@fallbrookhealth.org • lbannerman@fallbrookhealth.org • pknox@fallbrookhealth.org

Fallbrook Healthcare District

138 S. Brandon Rd, Fallbrook, CA 92028
(760) 731-9187
www.fallbrookhealth.org

REQUEST FOR PROPOSAL
COMMERCIAL REAL ESTATE BROKERAGE/ LAND USE CONSULTING SERVICES

BROKER(S):

Fallbrook Healthcare District is requesting proposals from qualified and California licensed commercial real estate brokerage firm (s), hereinafter referred to as "Broker", with qualified personnel having previous experience in providing commercial real estate brokerage services and land use consulting for governmental and/or corporate clients.

This letter comprises the Request for Proposal (RFP) for the Commercial Real Estate Broker Tenant Representative Services. You may view a copy of the RFP at www.fallbrookhealth.org. Responses should be submitted in accordance with the instructions set forth in this RFP.

PROPOSAL DUE DATE

Interested firms must submit one (1) original unbound containing original signature, six (6) copies, and an electronic PDF/Word version of their proposal, by August 30, 2016 by 5:00 p.m. Proposals shall be considered firm offers to provide the services described for a period of ninety (90) days from the time of submittal.

MINIMUM QUALIFICATIONS

Proposals must demonstrate that the Broker(s) meets the following minimum qualifications to be eligible for consideration for this project:

1. The firm, organization or company must be a licensed real estate broker in the state of California. The Managing Principal (Lead Broker) and other key real estate professional (s) assigned to the contract must be licensed real estate brokers in the State of California.
2. The Managing Principal assigned to the contract and responsible for the coordination and execution of the work must have a minimum of ten (10) years' experience and a proven track record of providing commercial real estate brokerage services involving large scale commercial properties for governmental and/or corporate clients.
3. Each real estate professional assigned to this contract must have a minimum of seven (7) years' experience in their respective area(s) of expertise. All other assigned professionals must have a minimum of five (5) years' experience in their respective area(s) of expertise.
4. Preference will be given to firms which have and maintain a brokerage office within the Fallbook District service area.

SCOPE OF WORK, BUDGET AND SCHEDULE

Fallbrook Healthcare District (FHD) desire commercial real estate and land use consulting services to assist in identifying available commercial properties in the community which are properly zoned and suitable for specialty medical uses such as dialysis, wound care, and other specialty services. The District would prefer a proposal to be based on time-and-material rates for the services to be performed on an as-needed basis, but is willing to consider other compensation models.

FHD expects to commence work on September 5, 2016, the contract may be extended for one-year periods for work. All potential bidders are responsible for checking the website for any addendum to the bid documents.

FHD will not reimburse any Brokers for cost related to preparing and submitting a proposal. All materials submitted by Brokers are subject to public inspection under the California Public Records Act.

The selected Broker will be required to maintain insurance coverage, during the term of the contract. Broker agrees to provide the required certificates of insurance providing verification of the minimum insurance requirements.

POINT OF CONTACT

Bobbi Palmer will be the point of contact for this contract. Proposals and all inquiries relating to this RFP shall be submitted to Bobbi Palmer, Executive Director at the address shown below. For telephone inquiries, call (760) 731-9187. E-mail inquiries may be directed to bpalmer@fallbrookhealth.org.

Bobbi Palmer, MBA, MSW
Executive Director
138 S. Brandon Road
Fallbrook, CA. 92028

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