



**Fallbrook
Healthcare
District**

BOARD

WORKSHOP

November 29, 2016



**AGENDA
FALLBROOK HEALTHCARE DISTRICT
BOARD WORKSHOP**

Saturday, October 29, 2016, 8:00 a.m. to 1:00 p.m.
Fallbrook Healthcare District, Board Room, 138 S. Brandon Rd., Fallbrook

A. CALL MEETING TO ORDER

Tinker

A Special Meeting may be called at any time by the President, or three Board members, by delivering notice to each Board member and to each local newspaper or general circulation, radio, or television station requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least seventy-two (72) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member, who at, or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such waiver may be given by telegram. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

B. DISCUSSION ITEMS

300 MINUTES

- | | |
|--|-------------------|
| B1. Urgent Care Services: Long-Range Plan | 8:00 – 8:45 /BOD |
| B2. Review of 2016 to-date Related to Community Health
What is FHD's Plan of Action for Long-Term Planning? | 8:45 – 9:30 /BOD |
| B3. CentraForce – Current Data and Future Goals & Objectives
Community Health Contracts and Direction for Funding 2017-18 | 9:30 – 10:15/BOD |
| B4. Mission/Vision/Values Redesign | 10:15 – 11:00/BOD |
| B5. Board Committees and Realignment | 11:00 – 11:40/BOD |
| B6. Charting Our Course for the Future <ul style="list-style-type: none">• Sunken Cost of Hospital Building Maintenance while FHD has awaited sale.• Snapshot of tours provided and results• Possible suggested uses• Expiration of Current Broker Contract• JPA NCFPD• JPA Palomar Health How do we Chart our Course for the Future Use of the Hospital building? | 11:40- 12:20/BOD |
| B7 RFPs Update (See copies in packet) | 12:20 – 12:40/BOD |
| B8 Recommendations for Discussion/Action Items at
November 9, 2016 Regular Board Meeting | 12:40 – 1:00/BOD |

C. ADJOURNMENT

Tinker

NOTE: This agenda posted at the Fallbrook Healthcare District Administration Office on Wednesday, October 26, 2016. 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.



1	URGENT CARE: LONG-RANGE PLAN
2	REVIEW OF 2016 TO-DATE RELATED TO COMMUNITY HEALTH
3	CENTRAFORCE – CURRENT DATA & FUTURE GOALS AND OBJECTIVES
4	MISSION/VISION/VALUES REDESIGN
5	BOARD COMMITTEES AND REALIGNMENT
6	CHARTING OUR COURSE FOR THE FUTURE
7	RFPs UPDATE
8	RECOMMENDATIONS FOR DISCUSSION/ACTION ITEMS NOVEMBER 9TH, REGULAR BOARD MEETING
9	
10	

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 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.

Fallbrook Health District
Long Range Planning Committee

June 23, 2016

Community Health Interventions for District Health Condition Disparities:

Diabetes

- Increase awareness of the signs and symptoms of diabetes.
- Provide current, consistent information on diabetes risk factors, prevention and treatment.
- Develop and disseminate culturally appropriate educational materials and messages.
- Standardize provider training using current clinical practice guidelines.
- Incorporate national media campaigns into messages and materials.
- Develop low literacy materials.
- Translate new research findings on lifestyle changes into practical recommendations that can prevent or control diabetes in individuals at risk of developing this disease or those who could experience complications of uncontrolled diabetes.
- Work with sponsors of educational workshops and training sessions to offer health care providers and health care professionals continuing education units.
- Develop and implement programs for primary care practitioners designed to increase their awareness of diabetes standards of care and proven methods for diabetes prevention.

- Promote educational opportunities for patients with and at risk for diabetes.
- Support environmental changes within communities that will be conducive to healthy lifestyles.
- Develop and disseminate educational materials aimed at prevention messages for all age groups from pre-school to seniors.
- Educate policymakers regarding the benefit of adequate insurance coverage for patient education, including improved quality of life and patient care, and cost savings.
- Promote regular physical activity and good nutrition in schools.

Hypertension

- engage in moderate physical activity;
- maintain normal body weight;
- limit alcohol consumption;
- reduce sodium intake;
- maintain adequate intake of potassium;
- consume a diet rich in fruits, vegetables, and low-fat dairy products and reduced in saturated and total fat

Cancer

1. Lung

- a. prevention of tobacco use- school education
- b. Cessation
 - i. Nicotine replacement
 - ii. Hypnosis
 - iii. Support groups
- c. Screening-x-ray

2. Skin

- a. Prevention
 - i. School Level Education
 - ii. Clothes
 - iii. Sun Screen
- b. Screening
- 3. Cervical
 - a. Immunizations
 - b. Pap tests
- 4. Colon
 - a. Prevention
 - i. increasing consumption of whole grains, fruits and vegetables, and
 - ii. reducing consumption of red meat
 - b. Screening- colonoscopy

Heart Disease

Currently practiced measures to prevent cardiovascular disease include:

- A low-fat, high-fiber diet including whole grains and fruit and vegetables.^{[63][64]} Five portions a day reduces risk by about 25%.^[65]
- Tobacco cessation and avoidance of second-hand smoke^[63]
- Limit alcohol consumption to the recommended daily limits;^[63] consumption of 1–2 standard alcoholic drinks per day may reduce risk by 30%.^{[66][67]} However, excessive alcohol intake increases the risk of cardiovascular disease.^[68]
- Lower blood pressures, if elevated
- Decrease non-HDL cholesterol.^{[69][70]}
- Decrease body fat if overweight or obese^[71]
- Increase daily activity to 30 minutes of vigorous exercise per day at least five times per week (multiply by three if horizontal),^[63]
- Reduce sugar consumptions
- Decrease psychosocial stress

To: Board of Directors
From: Long Range Planning Committee
Re: Strategic Direction for FHD
Date: July 1, 2016

Areas of focus for Community Health

1. Promote educational opportunities for individuals at high risk for diabetes
2. Promote physical activity with Fallbrook Healthcare District's campaign, "Call to Activity...Wellness...One step at a Time"
3. Promote a diet rich in fruits, whole grains, green vegetables through nutrition education
4. Develop programs sponsored by FHD designed with proven methods to prevent diabetes
5. Promote regular physical activity and good nutrition in schools in our resident area.
6. Your prescription for Health; "ExeRXcise is Medicine- EIM Solution Connecting clinical and community care teams.

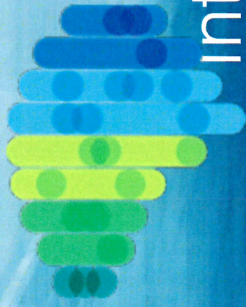
What is Exercise is Medicine?

In 2007, the American Medical Association (AMA) and the American College of Sports Medicine (ACSM) co-launched Exercise is Medicine (EIM) a United States-based health initiative that has since been coordinated by ACSM. The initial purpose of EIM was to make a scientifically proven benefits of physical activity the standard in the U.S. healthcare system. Within two years of its launch, representatives from international public health, medical and scientific associations asked ACSM to expand its initial scope beyond the United States. One of the visions of EIM was to "provide patients with brief counseling to help him/her meet the guidelines and/or refer the patient to either healthcare or **community-based resources** for further physical activity (PA) counseling.

Statement of Need:

Utilizing the North County Communities Collaborative Health Initiative (NCCCHI) as a framework to develop pilot programs and best practice methods formed with the mission addressing:

“Rates of diabetes, hypertension and heart disease continue to rise. In California, the incidence of diabetes has increased by 32% in the past decade, one in seven adults has diabetes and the greatest number of annual cases of diabetes occurs. The fiscal impact to the State of California is over \$35.9 billion dollars in 2010. Diabetes left untreated can lead to serious and costly complications as well as reduced lifespan.



Introduction to CentraForceHealth

PopulationCentric Intelligence Platform



Fallbrook
Healthcare
District



CentraForce Health™

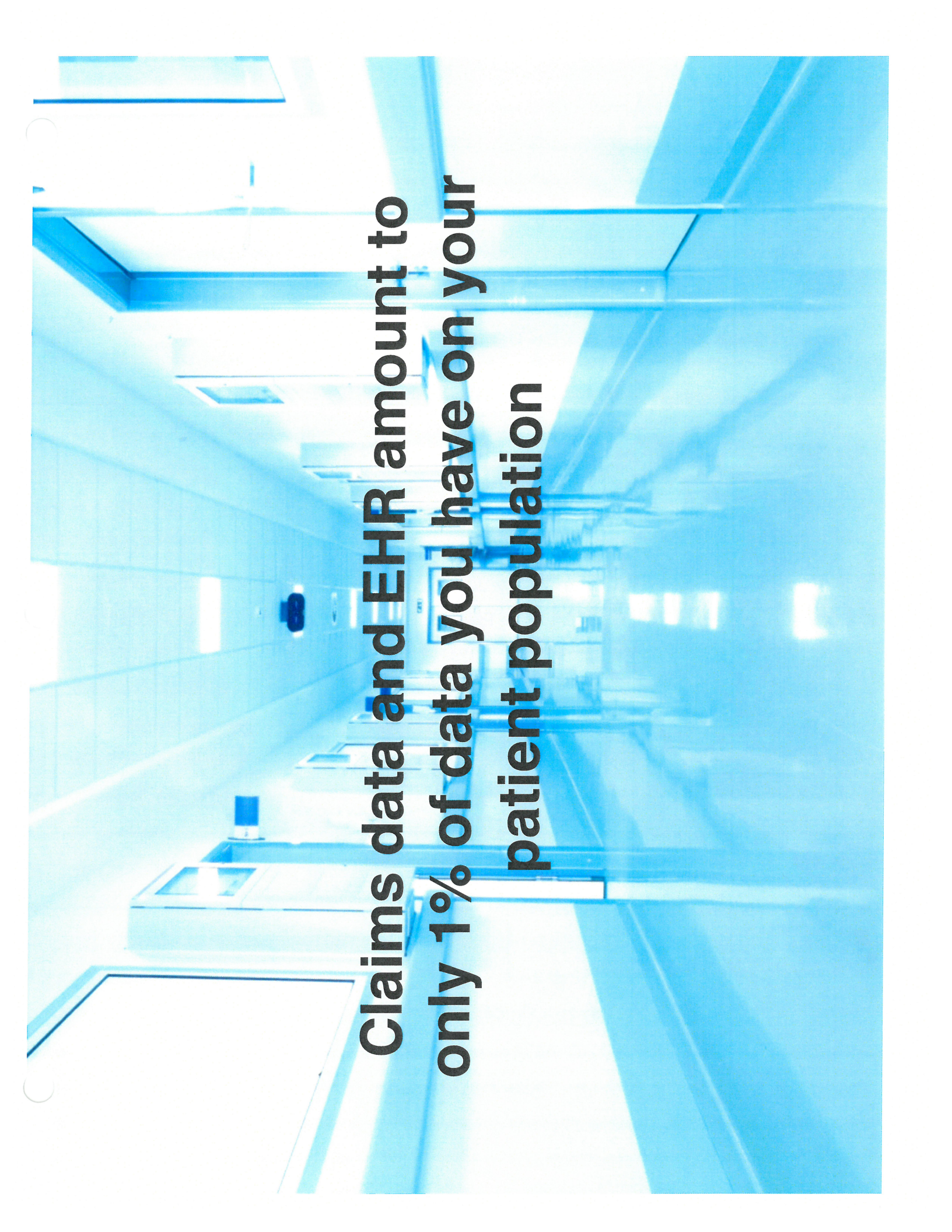
Agenda

1. Changes Healthcare

2. Value Proposition

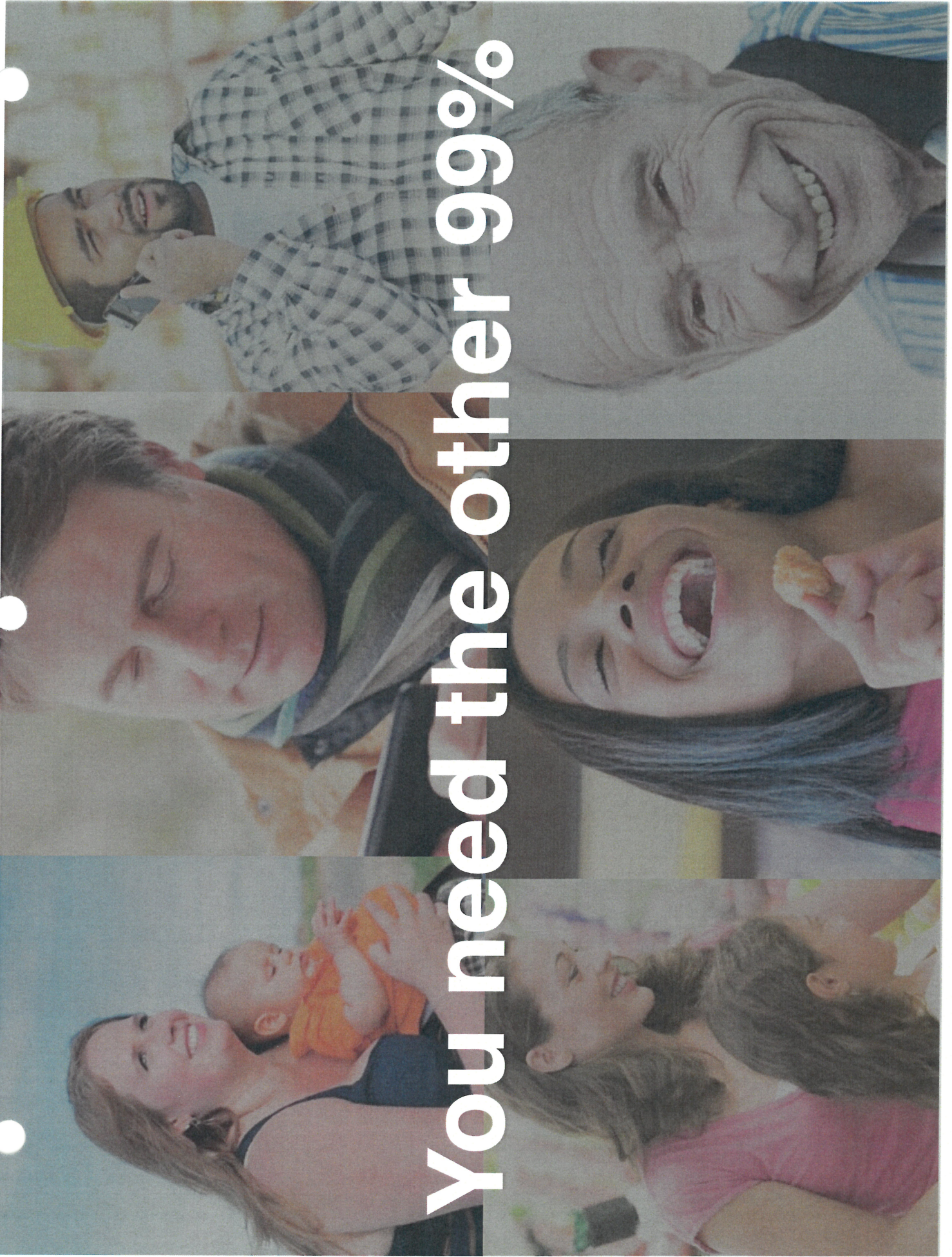
3. Products

4. Demo

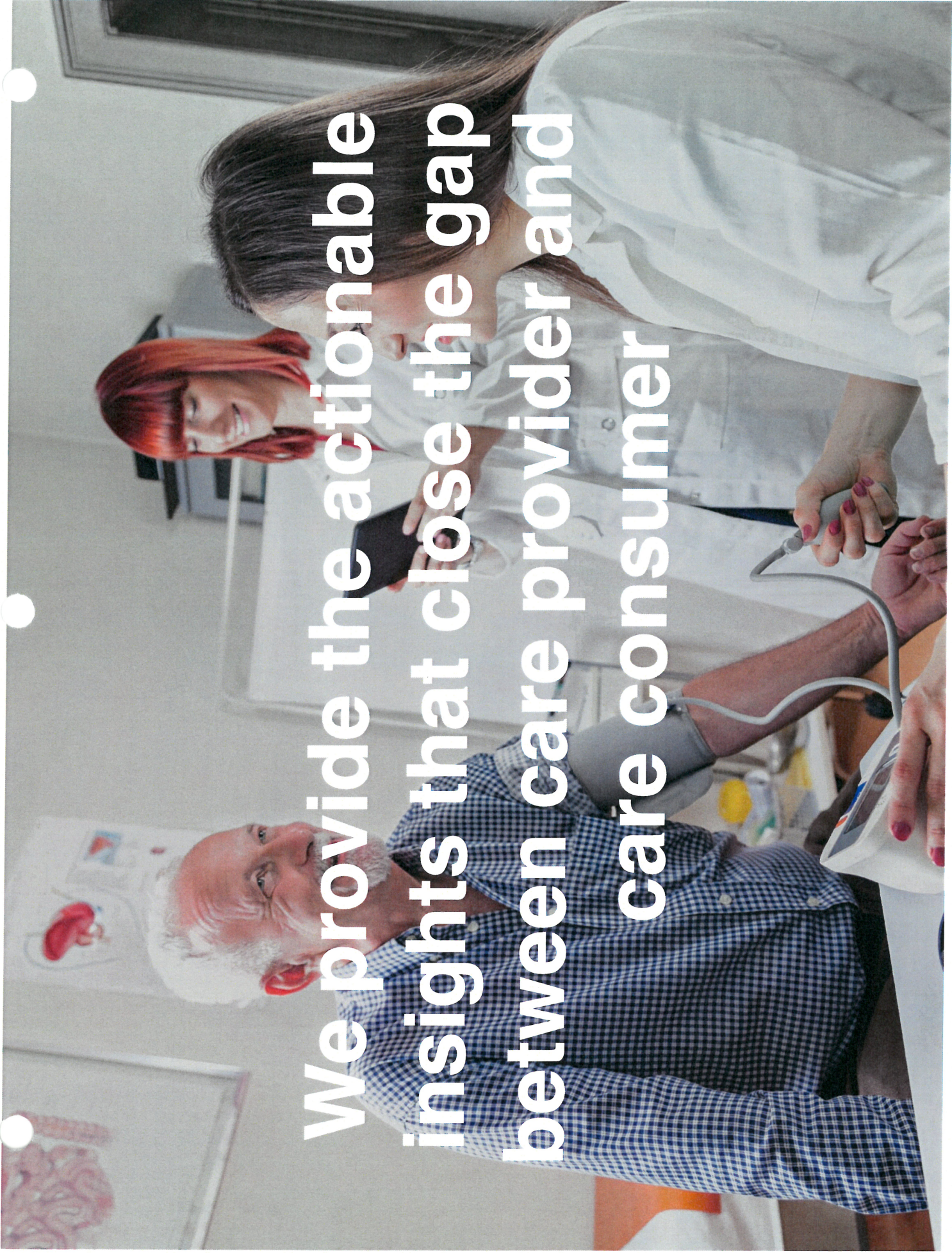


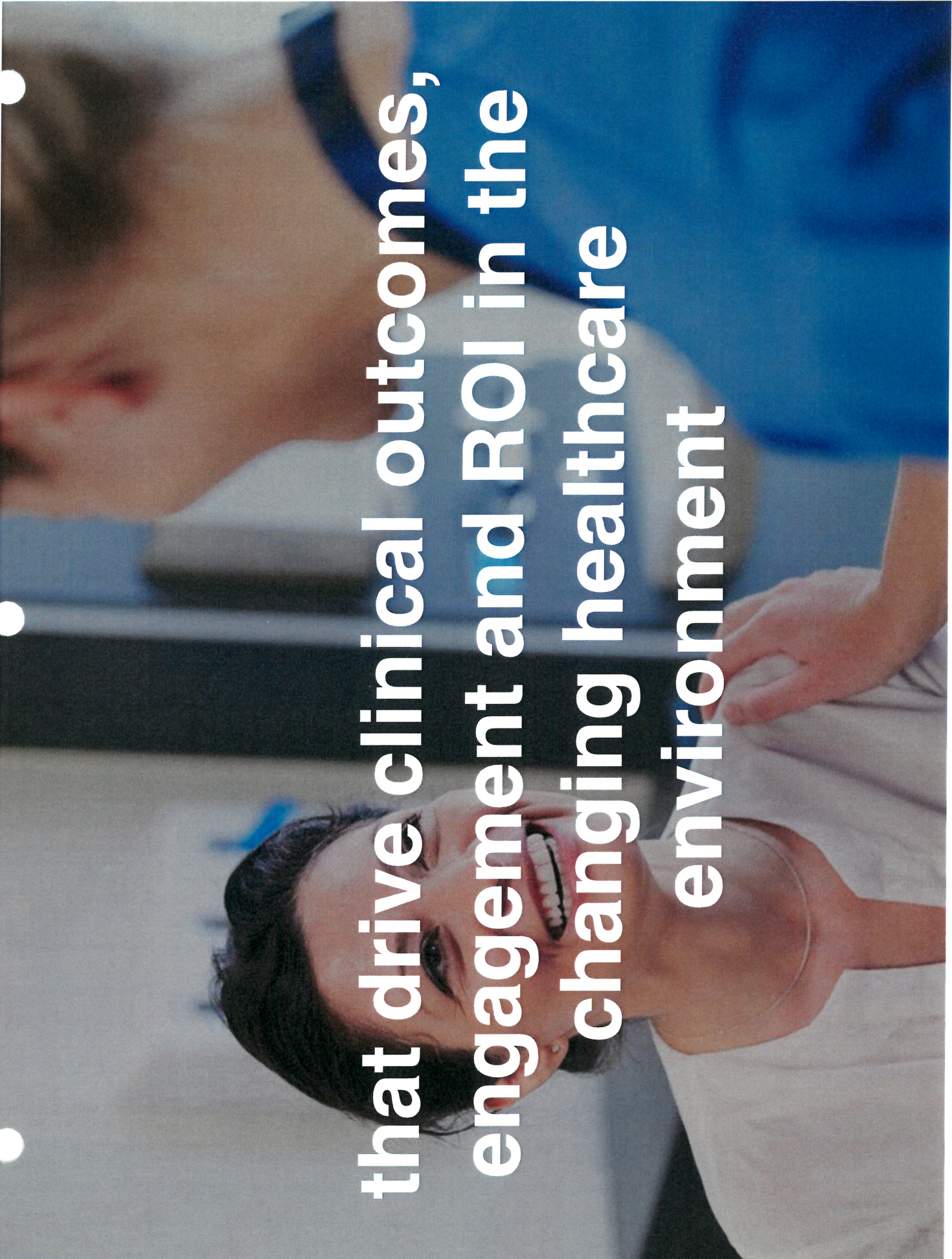
**Claims data and EHR amount to
only 1% of data you have on your
patient population**

You need the other 99%



We provide the actionable
insights that close the gap
between care provider and
care consumer





that drive clinical outcomes,
engagement and ROI in the
changing healthcare
environment



Our Platform helps you:

Deliver real world insights

Identify risks outside the care setting

Make strategic decisions that impact outcomes and investment

Typical Patient Data

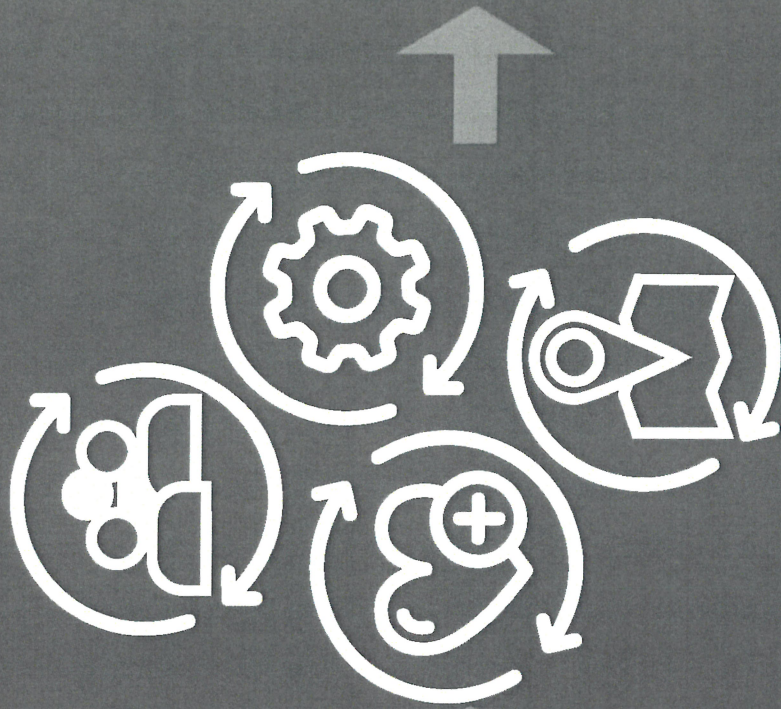


You measure risk

We see risk




Unique & Proprietary Technology



CentraForce Health integrates multiple licensed data sources

Geo-spatial and data equalization IP

Powered by  CentraForce Health

A Division of CentraForce

Deep PopulationCentric Intelligence

63 topic categories spanning up to 150,000+ measures

Sociodemographic

- Finance, Assets, Expenses
- Employment
- Health Insurance
- Language and Ethnicity
- Household Composition
- Age & Gender
- Education
- Housing & Stability

Daily Activities

- Caregiving
- Where and When
- Activities Done/Preferred
- Social Communications
- Restaurants and Grocery
- Anticipated Life Changes
- Driving and Transportation

Lifestyle & Behaviors

- Food and Nutrition
- Smoking
- Alcohol Consumption
- Exercise
- Sedentary Behaviors
- Diet and Weight Loss
- Dental Care
- Provider Driven Activities

Co-Morbidities

- Conditions Have/Had Treated and Untreated
- Discussed with Doctor
- Condition Specific Issues
- Overall Health
- Mental Health
- Pain
- Stress and Wellbeing

Care Delivery

- Hospital Services
- Service Utilization
- Provider Utilization
- Tests and Procedures
- Monitoring and Testing
- Mobile Health
- Primary Care
- Preventative Care

Treatments

- Treatments by Ailment
- RXN Consumption
- Medication Purchasing
- OTC Consumption
- Brand vs Generic
- Health Related Products
- Remedies by Ailment
- Satisfaction with Treatment

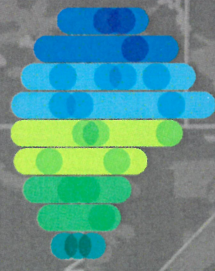
Opinions & Attitudes

- Self-Care
- Providers
- Medication and Treatment
- Health Education
- Health Motivation
- Family and Friends
- Lifestyle
- Technology and Information

Engagement

- Health Information
- General Information Sources
- Trusted and Valued Sources
- Internet Activities
- Mobile and Computer
- Social Media
- Radio and Television
- Print Media

Our solutions



**Population
Centric
Intelligence**

PLATFORM

Community2

Profile All People Living within a Specified Geography

Population2

Profile People Fitting a Precise Description within a Geographic Area

Patient2

Profile De-Identified Client-Provided Patients

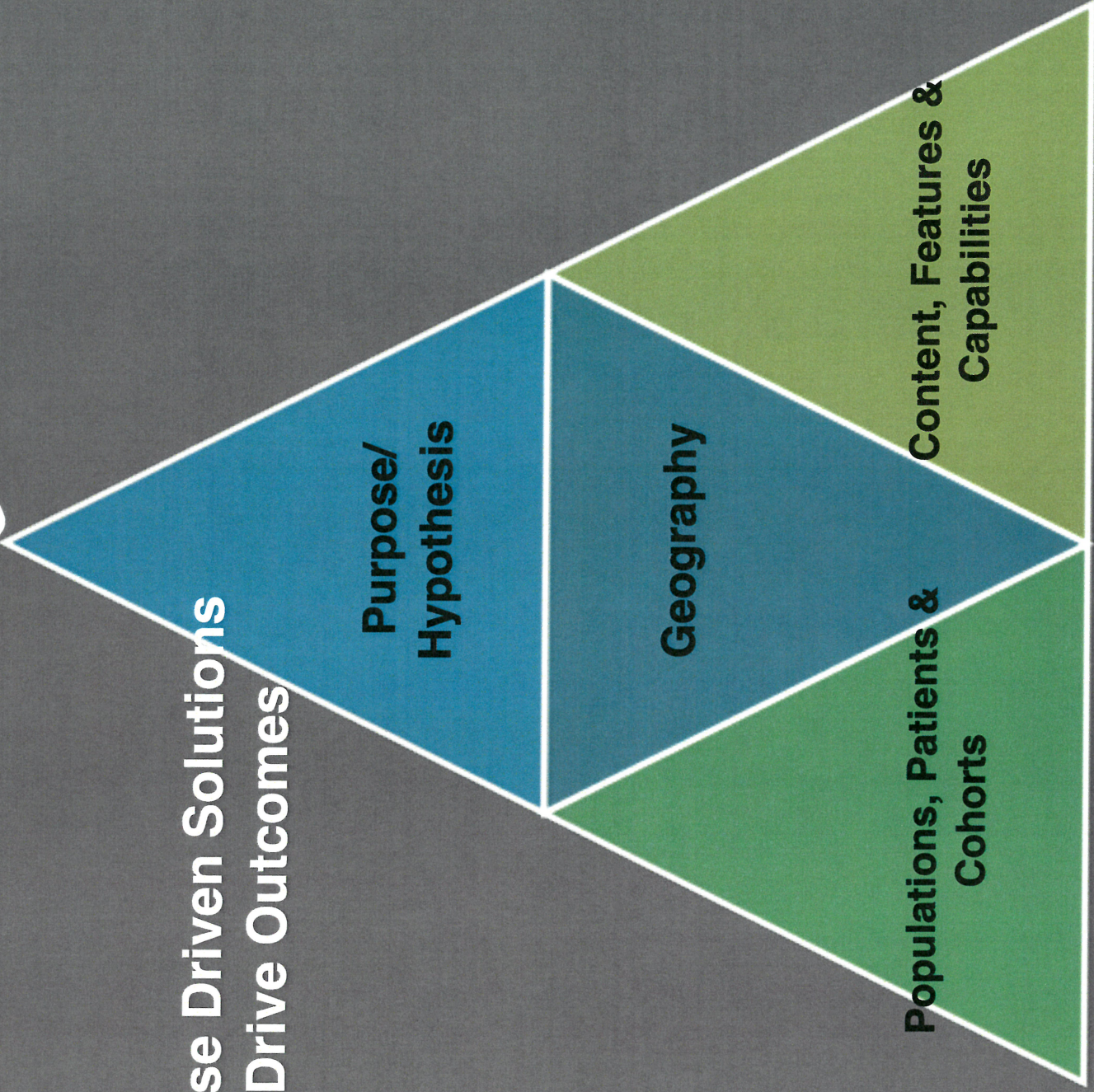
Purpose Driven Solutions to Drive Outcomes

**Purpose/
Hypothesis**

Geography

**Populations, Patients &
Cohorts**

**Content, Features &
Capabilities**



Purpose Driven Outcomes



Stony Brook
Medicine

Purpose:

Managing the financial risk of Medicaid patients due to lack of medication adherence

Population: Medicaid

Geography: Long Island, NY

> Actionable Insights:

Messaging preferences of this population

> Result:

Improve medication adherence among Medicaid patients

Purpose Driven Outcomes



The University of Texas
Health Science Center at Houston

Purpose:

Reducing teen pregnancy rate and promote sexual health

Population: Young Women 12-29

Geography: Sunnyside Houston, TX

> Actionable Insights:

74% smartphones, 45% tablet

33% texted 8+ hours per day

Relationships not sex

Have a desire to be creative and showcase talents

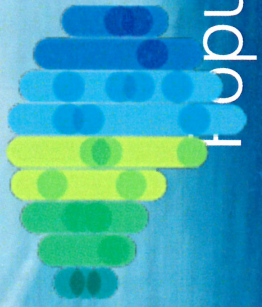
Are aspirational but don't know how to proceed

> Result:

20% Reduction in teen pregnancy (3 years)

UTHealth was able to craft messaging that spoke to young women.

They developed an online magazine with a 65% participation rate, that gave young people a voice and served as a conduit for needed information on health, relationships and community.



PopulationCentric Intelligence Platform

Population Definitions, Fallbrook Healthcare District



Objectives

Fallbrook Healthcare District

- “Promote the health of the people of the District and enhance access to sustainable, quality healthcare services by Collaboratively identifying and supporting a broad range of healthcare needs within the District in pursuit of positive measurable outcomes in community health.”
- Gain specific intelligence on disease and condition populations to develop interventions and produce measurable outcomes.

Population: Behavioral Health

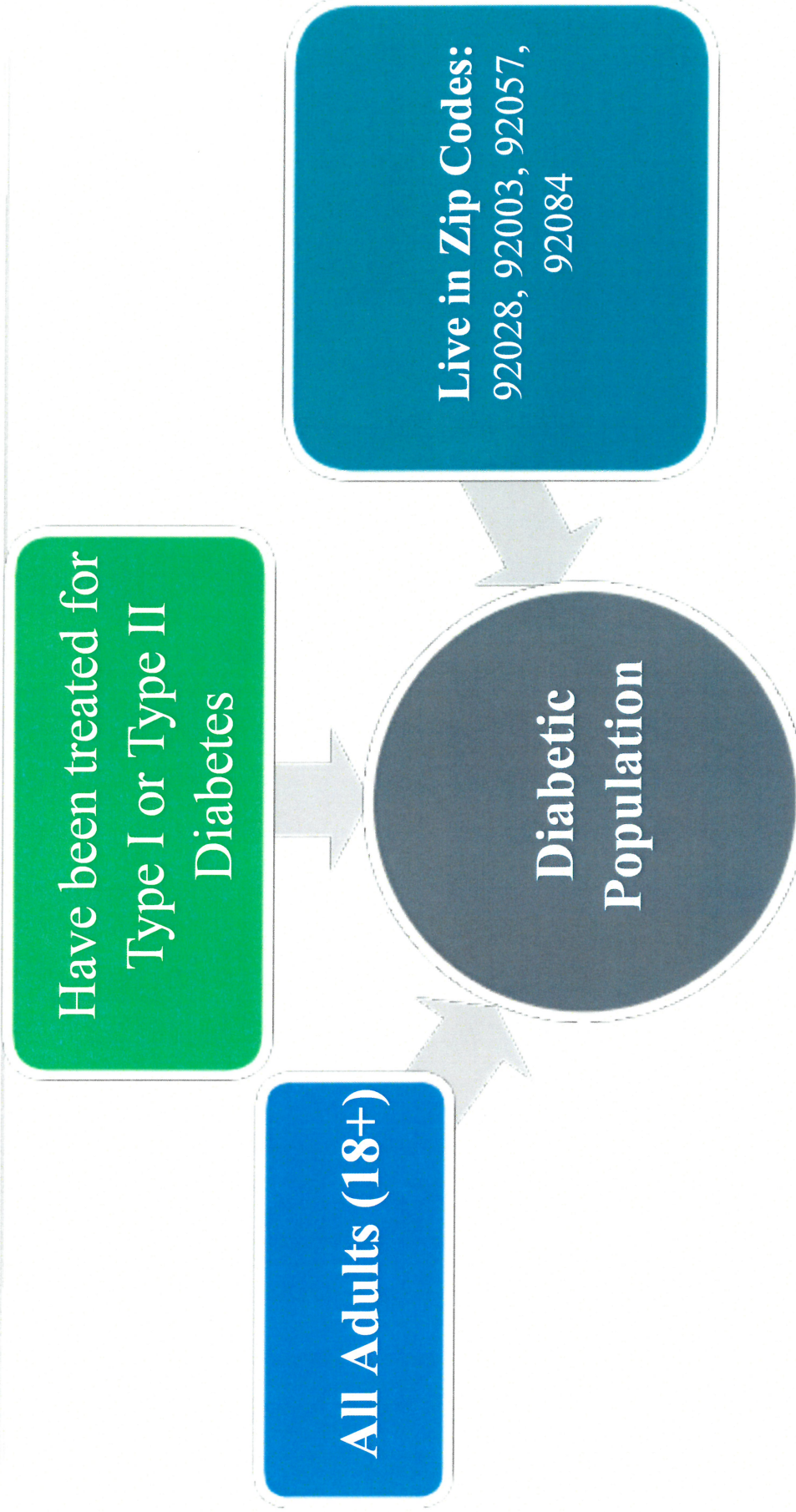
Population Definition and Size



-- Adults, Approx. Pop Size: --

Population: Diabetes

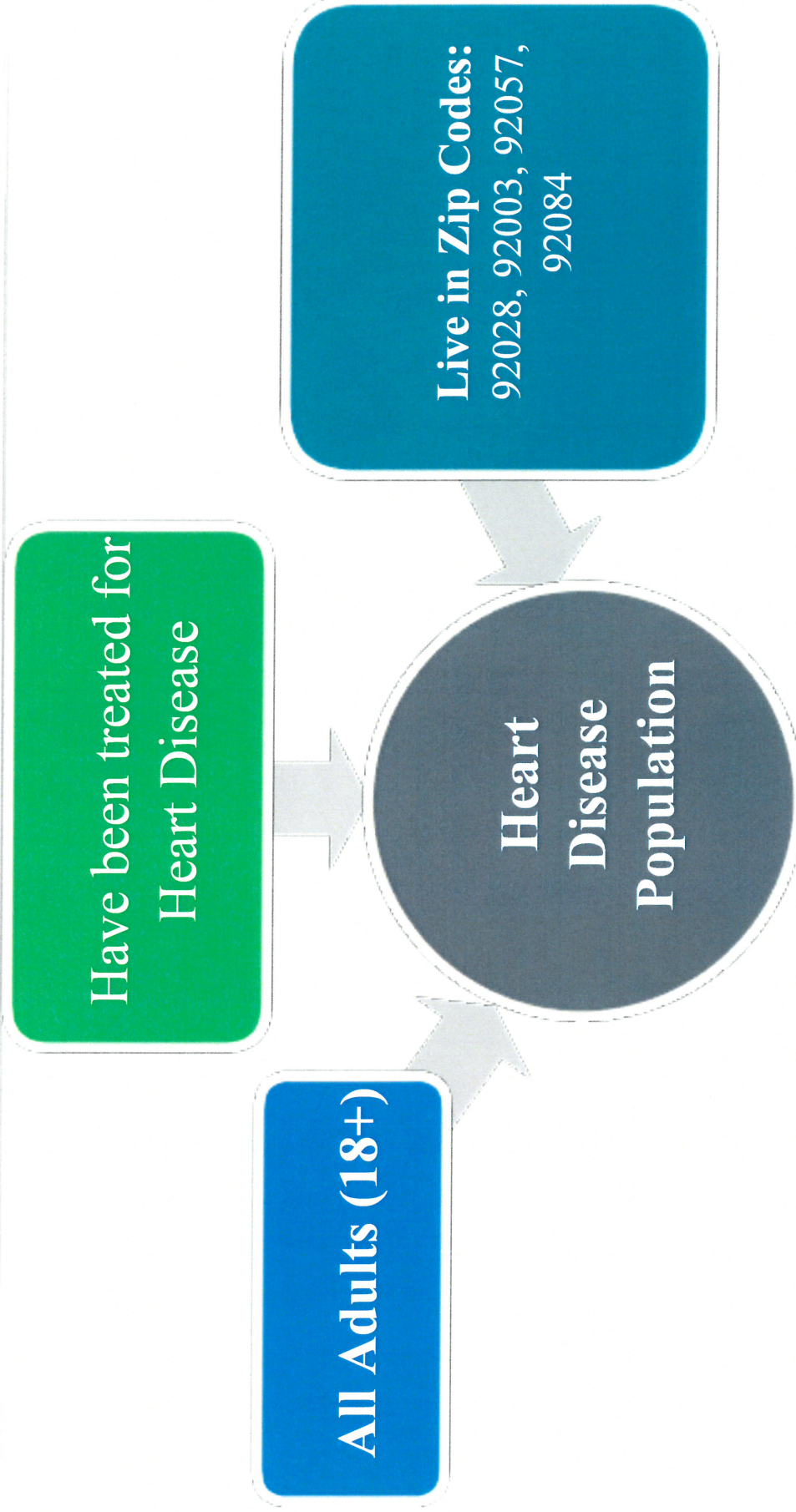
Population Definition and Size



-- Adults, Approx. Pop Size: --

Population: Heart Disease

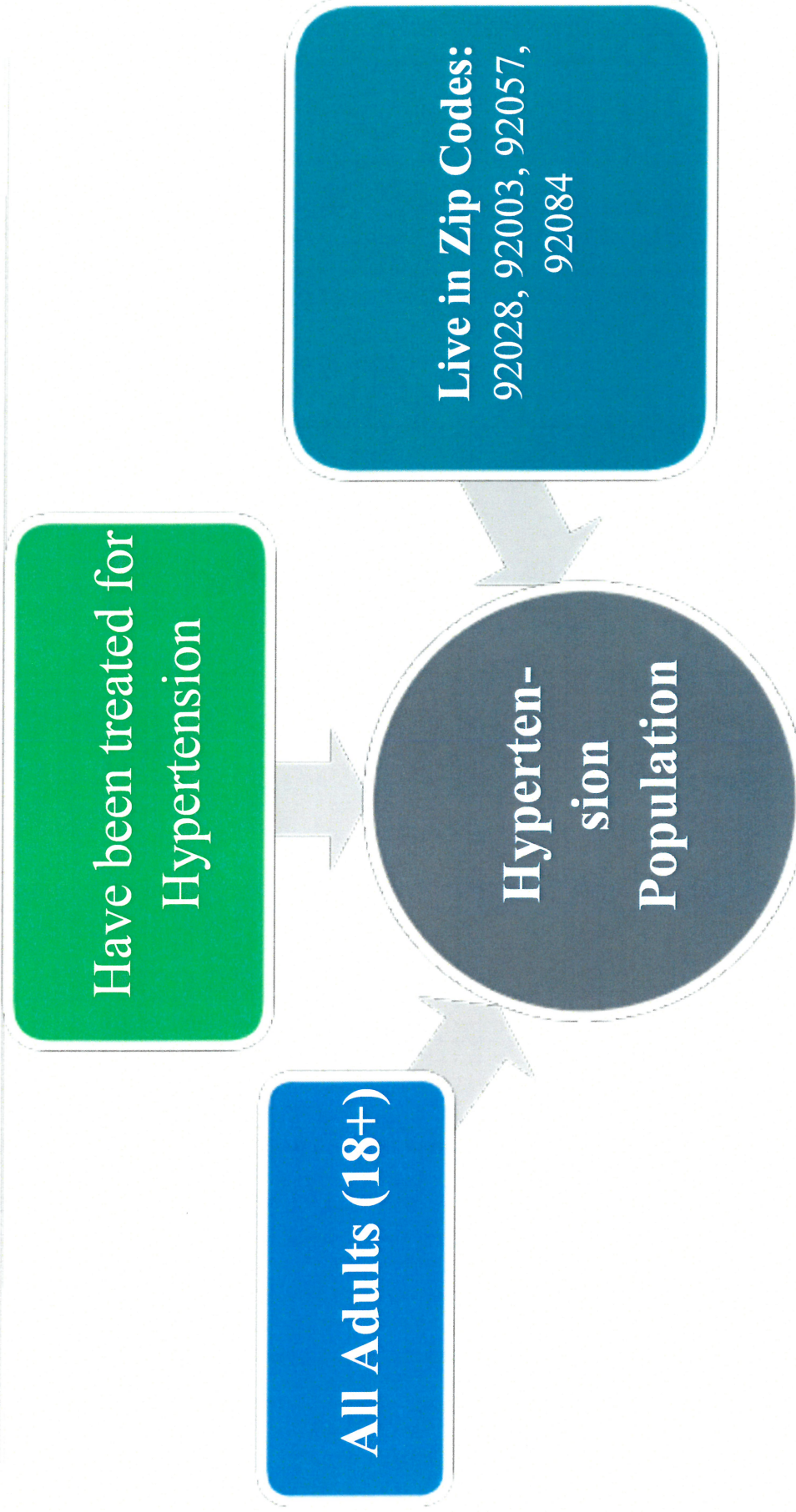
Population Definition and Size



-- Adults, Approx. Pop Size: --

Population: Hypertension

Population Definition and Size



-- Adults, Approx. Pop Size: --

Population: Pre-Diabetes

Population Definition and Size

Are overweight or obese, are inactive/sedentary, have high blood pressure, high cholesterol, an unhealthy diet, smoke
(must have combination of any 2)

All Adults (18+)

Pre-Diabetes Population

Live in Zip Codes:
92028, 92003, 92057,
92084

-- Adults, Approx. Pop Size: --

Deep PopulationCentric Intelligence

63 topic categories spanning up to 150,000+ measures

Sociodemographic	Daily Activities	Lifestyle & Behaviors	Co-Morbidities
• Finance, Assets, Expenses	• Caregiving	• Food and Nutrition	• Conditions Have/Had
• Employment	• Where and When	• Smoking	• Treated and Untreated
• Health Insurance	• Activities Done/Preferred	• Alcohol Consumption	• Discussed with Doctor
• Language and Ethnicity	• Social Communications	• Exercise	• Condition Specific Issues
• Household Composition	• Restaurants and Grocery	• Sedentary Behaviors	• Overall Health
• Age & Gender	• Anticipated Life Changes	• Diet and Weight Loss	• Mental Health
• Education	• Driving and Transportation	• Dental Care	• Pain
• Housing & Stability	• Provider Driven Activities	• Provider Driven Activities	• Stress and Wellbeing

Care Delivery	Treatments	Opinions & Attitudes	Engagement
• Hospital Services	• Treatments by Ailment	• Self-Care	• Health Information
• Service Utilization	• RXN Consumption	• Providers	• General Information Sources
• Provider Utilization	• Medication Purchasing	• Medication and Treatment	• Trusted and Valued Sources
• Tests and Procedures	• OTC Consumption	• Health Education	• Internet Activities
• Monitoring and Testing	• Brand vs Generic	• Health Motivation	• Mobile and Computer
• Mobile Health	• Health Related Products	• Family and Friends	• Social Media
• Primary Care	• Remedies by Ailment	• Lifestyle	• Radio and Television
• Preventative Care	• Satisfaction with Treatment	• Technology and Information	• Print Media

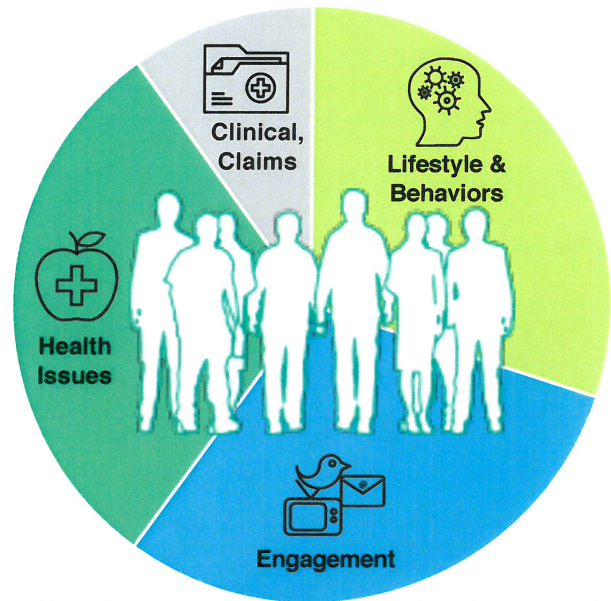
CentraForce Health Empowers You to Make Data-Driven Decisions

Fill the data gap for a complete picture

Providing population-centric intelligence fills in data "gaps." Clinical data offers only a slice of the healthcare analytics pie. Insights on health issues, lifestyles, behaviors, communications and patient engagement deliver population-centric intelligence that, in tandem with clinical and claims data, present the full picture of a population.

CentraForce Health offers a new kind of intelligence. We use an array of population-centric data sources to bring the health consumer point-of-view to decision making. Our intelligence shines a light on how populations perceive relationships with physicians, receive access to care, family dynamics and composition, the conditions for which they're currently not seeking treatment and much more. The insights we produce include deep demographic, behavioral/attitudinal, health conditions, as well as health and healthcare provider information.

Understanding population-centric data is critical to creating value-based care, improving outcomes and better decision making. Population-centric intelligence, when paired with clinical data, gives providers, researchers and payers and others the insights they need to fully understand their populations, make more informed decisions and close the gaps in viewing the full picture of a population.



Sixty-three topic categories spanning up to 150,000+ measures including:

- Sociodemographic
- Health Attitudes
- BMI/Nutrition
- Diet & Weight Loss
- Hospitals Utilized
- Providers Seen & PCP Relationship
- Pain
- Stress & Well Being
- Lifestyle & Behaviors
- Preventive Care
- Health Information
- Mental Health
- Conditions Have/Had
- Self-Care
- Discussed with Doctor
- Media Connections
- Social Media
- Internet Activities
- Trusted Media Sources
- + Many More



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PopulationCentric Intelligence Platform

Diabetics in the Austin, TX metro area

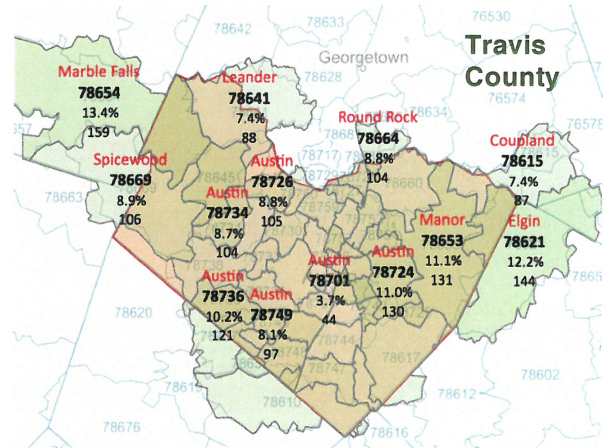
In order to increase patient engagement and improve outcomes, healthcare strategists need to understand their populations from all perspectives. This use case will provide you an overview of some of the intelligence CentraForce Health offers to create the holistic picture of populations.

Mapping

With mapping capabilities, the **PopulationCentric Intelligence Platform** quickly assesses where the diabetic population lives within the Austin area – by county, zip code or block level. For instance - Type 1 and 2 Diabetics in the Austin metro area cumulatively make up 8.4% of the total population.

Mapping Highlight: Travis County

Diabetes have a **higher prevalence on the outskirts of Austin, including Manor and Marble Falls**. While those living in central Austin are less likely to have diabetes as compared to elsewhere in the Austin metro area.



Care Utilization

Interestingly, 32% say they have seen a diabetic educator/specialist over the past 12 months.

77% Have a positive relationship with their PCP.

Top Hospitals Used:

St David's HEALTHCARE

- St David's Medical Center
- St. David's - South Austin Hospital
- St. David's - North Austin Medical Center

Attitudes Towards Health

ATX Diabetics try to keep pace with their healthcare needs. However, they aren't ones to take the reigns on solving their healthcare problems. For health issues, they turn to their physicians for advice.

The PCP is this Population's personal Google. **ATX Diabetics rely on their physicians to recommend specialist visits, prescription drug brands and more.**

Health Insurance & Finances

When it comes to health insurance, this Population is covered. 91% have some form of health insurance. 56% have Medicare, 33% use Blue Cross Blue Shield and 25% have UnitedHealthcare.

Since 72% of the Population are over age 50, it comes as no surprise that Medicare would be a top insurance.

Although this Population consistently has health insurance, dental and vision insurance is lacking. Less than half of ATX Diabetics have either dental or vision insurance which may explain why only 14% saw an optometrist over the last 12 months.

Top Insurances:



Medicare, BCBS, UnitedHealthcare



PopulationCentric Intelligence Platform

Health Status & Co-Morbidities

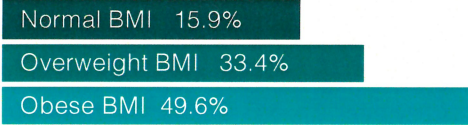
Living with diabetes can make life difficult, but ATX Diabetics seem to find the silver lining. Only 5% feel “somewhat pessimistic” about their future health while 52% say they are “very optimistic/somewhat optimistic.”

However, **because this Population doesn't view themselves as sick, it may be hard for them to consistently adopt behaviors to improve their overall health.**

Percent Population with Co-Morbidities:

Arthritis	17.9%	Obesity	49.6%
Asthma	9.4%	COPD	5.0%
Backache	20.7%	Hypertension	46.6%
Cancer	10.4%	Depression	7.8%
Heart Disease	10.6%	Anxiety Disorder	6.1%

BMI Scale



Family & Community

Home is where your family is, according to ATX Diabetics. Over 78% say “family life is the most important thing to me.” This group enjoys spending time with their loved ones and looks forward to weekends grilling in the backyard or watching a favorite TV show together.

Faith is very important to them, 51% say it's important to attend religious services.

Around the community, this Population is worried about violence and crime but believes people can do good in the world.

Top Media Preferences: Television, Radio, Print



Nutrition & Eating Habits

Although ATX Diabetics believe that nutrition is important, they have a hard time giving up their favorite treats and snacks. Currently, 76% are watching their diet. Reasons for doing so include their diabetes, blood sugar levels, cholesterol levels and to lose weight.

Although this Population is trying to make positive changes to their diet, such as adding more fiber, over half say they eat the foods they like regardless of calories.

Top Fast Food Places:



Fast Food: McDonalds, Whataburger, Subway

Media Engagement

Media has an impact with ATX Diabetics. **When ATX Diabetics see healthcare messaging, they often take action.** The chart to the right lists their top five actions by percent population.

The three actions they are *least* likely to take upon seeing healthcare ads are calling a toll free number to get additional information, switching to a different brand and returning a free sample card.

Actions Taken Due to Healthcare Ads:

Called for a prescription refill	52%
Made an appointment to see a doctor	51%
Purchased a non-prescription product	44%
Took medication	40%
Used a coupon	32%

Behavioral Health Data Trends and Projections

2010-2020

CentraForce Community Assessment data is highly specific and localized to our District.

Live Well San Diego; North Inland Region

Following are data points related to “burden of disease” and prevalence in San Diego County. More specifically and based on CentraForce Data the following four (4) disorders demonstrates a consistent uptrend of behavioral health need indexes in the Fallbrook Healthcare District. These projections in the next six (6) years will account for the Fallbrook Healthcare District area is comprised of Fallbrook, Bonsall, Rainbow and Deluz.

- 1. Diagnostic Criteria for Major Depressive Disorder and Depressive Episodes; DSM-V for Mood Disorders (MDD)**
2. Anxiety
3. Acute Alcohol Disorder
4. Impulse Disorder

Compared to the county average, Fallbrook Healthcare District residents and more specifically behavioral health needs projected to be 6.0-10% higher than the county average. Based on this population; 52% of residents are 55 and older which includes a higher percentage of those 75 years and older.

Used prescription medication for anxiety and panic (%of adults) demonstrate there will be an increase of approximately 5.3 to 6.6 in the next 6 years. Included in the trends and influences related to health indicators, estimate that the number of residents represented with Alzheimer’s Disease and other Dementias of 55 year olds and older will increase by approximately 33% by the year 2020.



**Fallbrook Healthcare District
is committed to:**

MISSION

- ❖ Promoting the health of the people of the District and enhancing access to sustainable, quality healthcare services.

VISION

- ❖ Collaboratively identifying and supporting a broad range of healthcare needs within the District in pursuit of positive measurable outcomes in community health.

VALUES

- ❖ Dedication
- ❖ Efficiency
- ❖ Integrity
- ❖ Objectivity
- ❖ Prudence
- ❖ Respect
- ❖ Transparency

FALLBROOK HEALTHCARE DISTRICT
A Tax Supported Public Agency Serving Northern San Diego County

Revised by Fallbrook Healthcare District Board of Directors on January 20, 2015.



2016 STANDING COMMITTEES

Standing committees shall meet periodically and these shall be the following standing committees:

FINANCE/AUDIT/GRANT/INVESTMENT

Howard Salmon and Barbara Mroz

This committee shall be responsible for review of budgetary and financial matters related to the District including the annual audit and grant program. This committee shall also be responsible for review of the District investments and appraisal of market conditions relating to prudent investment of District funds.

FACILITIES

Gordon Tinker and Frank Winton

This committee shall be responsible for periodic inspection of hospital facilities to ensure compliance with the terms of the lease and for review and consideration of real estate matters.

LONG RANGE PLANNING

Howard Salmon and Frank Winton

This committee shall be responsible for matters related to District long range planning.

GOVERNMENTAL AND PUBLIC RELATIONS/COMMUNITY RELATIONS

Howard Salmon and Gordon Tinker

This committee shall be responsible for monitoring of healthcare legislation and public policy and for advisement of the District Board of possible/probable impact on matters of the District as/when indicated and for the initiation of appropriate action as/when indicated. This committee shall be responsible for interface with other agencies, including other government levels, as well as the public; inclusive of speeches or public appearances, press releases, etc. for the purpose of edification of the District's position/action on matters within the jurisdiction of the District.

COMMUNITY PROGRAMS

Barbara Mroz and Stephen Abbott

This committee shall be responsible for development, and monitoring of community healthcare programs inclusive of the Community Collaborative Committee and the annual health fair as well as to help identify and preliminarily evaluate potential grant applicants or other district sponsorship opportunities.

October 21, 2016

Fallbrook Healthcare District
138 South Brandon Rd.
Fallbrook, CA 92028

Re: Proposal for the liquidation of the closed Hospital

Dear Ms. Palmer,

Thank you for your time in walking us through your closed hospital. Centurion has vast knowledge and experience in handling exactly the project presented.

The proposal below lists the way in which Centurion would offer to maximize dollars to you and at the same time sell the goods in an expedient fashion.

We would sell all of the medical assets via live simulcast auction. We would sell all of the non medical via a public tag sale as cash and carry only.

Our database of over 17,000 registered buyers as well as a proper advertising campaign would bring the proper buyers to the auction and public sale.

We build an exhibit "A" list for all items to be auctioned. All non medical equipment would be priced and sold from site.

Once the sale is set up and advertised, we will handle the sale of the assets, collections from all buyers and disposition of assets to the buyers, any items that are not sold will be disposed of thereby leaving you facility in a broom swept condition. We would need the facilities rent and utilities free for 60 days from the time the agreement is signed.

It is further understood that all items will be conveyed free and clear of liens and encumbrances.

Centurion hereby offers the following proposal:

1. Centurion will conduct the sale on behalf of the Seller for a commission of 20%. Centurion will pay all sale related expenses and then be reimbursed from Seller's portion of Net proceeds.

Net Proceeds will be defined as the total amount collected for the sale of goods less an applicable sale or use tax and Buyer's premium. Buyer's Premium charged will not exceed 17%. With discounts to buyers for not paying with Credit Card.

Please contact us with any questions you may have regarding this proposal.

We look forward to an early and favorable reply.

Best Regards,

A handwritten signature in black ink, appearing to read 'Eric Wilensky', is written over the typed name and title.

Eric Wilensky
Vice President
Centurion Service Group

**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 September 27, 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 September 27, 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:

FALLBROOK HEALTHCARE DISTRICT

By: Bobbi Palmer
Print Name: Bobbi Palmer
Title: Executive Director
Date: 9-15-2016

NCFPD:

NORTH COUNTY FIRE PROTECTION DISTRICT

By: Ruth Harris
Print Name: Ruth Harris
Title: President, Board of Directors
Date: September 27, 2016

	<p>recommendations will be presented to PH to consider.</p> <ol style="list-style-type: none">2. The parties would convene prior to the end of September 2016 to finalize the JPA going forward.3. FHD will provide the qualifications it desires from PH representatives who would participate on the various FHD collaborative councils to allow PH to designate individuals.	

The meeting was adjourned at: **10:50 a.m.**

Next Meeting: *Date: TBD*
 Time: TBD
 Location: TBD

DRAFT

REQUEST FOR PROPOSAL **BOOKKEEPER**

PROPOSAL DUE DATE:

Interested candidates must submit (1) original, six (6) copies, and electronic version of their resume and qualifications, by Monday November 14, 2016 by 5:00 PM.

SCOPE OF WORK

Fallbrook Healthcare District (FHD) desires a candidate to create financial transactions and create financial reports. The financial transactions includes posting information to accounting journals or accounting software from such source documents as invoices to customers, cash receipts, and supplier invoices. The bookkeeper also reconciles accounts to ensure accuracy. The bookkeeper attends monthly finance committee meetings.

Principal Accountabilities:

1. Conduct a monthly reconciliation of accounts including bank accounts
2. Issue financial statements
3. Provide information to the accountant
4. Maintain an orderly accounting filing system
5. Calculate and issue financial analysis of the financial statements
6. Maintain the chart of accounts
7. Calculate variances from the budget and report significant issues to the Executive Director
8. Maintain the annual budget
9. Comply with local, state, and federal government reporting requirements

Desired Qualifications: The bookkeeper candidate should have a working knowledge of bookkeeping and generally accepted accounting principles. Preference will be given to candidates with a working knowledge of Quick Books. The successful candidate must have excellent interpersonal skills and prior experience preferred.

POINT OF CONTACT

Bobbi Palmer, Executive Director will be the point of contact for this position at the address shown below.



**Fallbrook
Healthcare
District**

**138 S. Brandon Rd, Fallbrook, CA 92028
(760) 731-9187**

www.fallbrookhealth.org

REQUEST FOR PROPOSAL
**MEDICAL EQUIPMENT
LIQUIDATOR COMPANY**

PROPOSAL DUE DATE:

Interested companies must submit (1) original, six (6) copies, and an electronic PDF/Word version of their proposal, by October 24, 2016 by 5:00 PM.

Proposals shall be considered firm offers to provide the services for a period of ninety (90) days from the time of submittal.

SCOPE OF WORK

Fallbrook Healthcare District (FHD) desires a company to provide an appraisal with an asset listing and auction. The use of the report will be for the purpose of determining the value of personal property for sale purposes.

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, lbannerman@fallbrookhealth.org and pknox@fallbrookhealth.org.



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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
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**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 Fallbrook 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

Linda Bannerman
Administrative Assistant
LBannerman@fallbrookhealth.org

Pam Knox
Special Projects Coordinator
PKnox@fallbrookhealth.org



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