



Steve Pittson, DC, President  
Becky Campo, Vice-President  
Luis Avila, Secretary  
Anne Stokman, RN, Treasurer  
Gallo Mac Master, Board Member

PO Box 187, Patterson, CA 95363  
Phone (209) 892-8781 Fax (209) 892-3755

## BOARD OF DIRECTORS REGULAR MEETING

February 22, 2021 @ 6:30 pm

**Our Board meeting will be held remotely via Zoom. You can join on your computer and/or call in.**

Screen share at <https://us02web.zoom.us/j/4792915693?pwd=VGVuSUVTbGVrdzErdTZlQnhsWVZtUT09>

If you are unable to join via computer, or do not have speakers or a microphone on your computer, you can dial in for audio.

**Call (669) 900-6833 and enter ID 479 291 5693. The meeting password is DelPuerto**

Note that everyone will be muted by default.

If you would like to speak during the public comment portion of the meeting, you have the following options:

Online – raise your hand, or use the Chat options.

Phone – press \*9 to raise your hand, \*6 to send a request to be unmuted to submit comments

The Del Puerto Health Care District welcomes you to this meeting, which is regularly held the last Monday of each month, and your interest is encouraged and appreciated.

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

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

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

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

**ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA:** Please raise your hand or step to the podium at the time the item is announced by the Board President. In order that interested parties have an opportunity to speak, any person addressing the Board will be limited to a maximum of 5 minutes unless the President of the Board grants a longer period of time.

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

**Del Puerto Health Care District Board of Directors**  
**February 22, 2021**  
**Regular Meeting Agenda**  
**Page 2 of 3**

1. **Call to Order**
2. **Pledge of Allegiance**
3. **Board of Directors Roll Call**
4. **Reading of the Mission Statement**  
*“The District’s primary mission is to provide the highest quality health care services through Patterson District Ambulance and Del Puerto Health Center, while continuing to expand healthcare availability to the citizens of the Del Puerto Health Care District.”*
5. **Public Comment Period** *[Members of the public may address the Board on any issues on the Consent Calendar and items not listed on the agenda that are within the purview of the District. Comments on matters that are list on the agenda may be made at the time the Board is considering each item. Each speaker is allowed a maximum of five minutes. Board members may not comment or acting on items not on the agenda.]*
6. **Declarations of Conflict** *[Board members disclose any conflicts of interest with agenda items]*
7. **Approval of Agenda** **Action**  
*[\*Directors may request any consent calendar item be moved to regular calendar or change the order of the agenda items.]*
8. **Consent Calendar\*** *[Routine committee reports, minutes, and non-controversial items]* **Action**
  - A. \* Approve January 22, 2021 Board Meeting Minutes Action
  - B. \* Approve Finance Committee Meeting Minutes for January 20, 2021
  - C. \* Accept Month End Financials & Warrants January 2021
9. **Regular Calendar**
  - A. \* Any Consent calendar items moved to regular calendar **Action**
  - B. \* Adopt FY20-21 Operating Mid-Year Budget Update **Action**
10. **Reports**
  - A. Employee Anniversaries & New Hires

	<u>February</u>	<u>Years</u>
Ambulance:	Chuck Coelho	9
	Lori Valdovinos	9
Health Center:	Daiana Flores	4
	Susi Perez	5
	Yesenia Sanchez	Welcome Back
  - B. District Wide Community Assessment – Director Stokman
  - C. West Side Health Care Task Force – Director Mac Master
  - D. Conversations with Patterson City Council – Directors Campo, Mac Master, Avila
  - E. CEO Annual Performance Evaluation – Director Campo
  - F. Ambulance – Director, Paul Willette
  - G. Health Center – Manager, Suzie Benitez
  - H. Administration – Administrative Director/CEO, Karin Hennings (see attached report)
11. **Board Governance Training Session – “Community Engagement”** (see attached materials)
12. **Director Correspondence, Comments, Future Agenda Items** **Information**

# Del Puerto Health Care District Board of Directors

February 22, 2021

## Regular Meeting Agenda

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14. **Upcoming Regular Board and Standing Committee Meeting Dates**

Finance – Wednesday, March 24 @ 08:00 am	Board – Monday, March 29, 2021 @ 6:30 pm
Finance – Wednesday, April 21 @ 3:00 pm	Board – Monday, April 26, 2021 @ 6:30 pm
Finance – Wednesday, May 19 @ 3:00 pm	Board – Monday, May 24 Special Mtg @ 6:30 pm TENTATIVE
	Board – Monday, May 31 Memorial Day no meeting

15. **Closed Session** *[Board of Directors may recess to closed session for discussion of certain matters as legally permitted. Any action taken shall be reported in open session.]*

A. Gov't Code § 54956.9(b) Conference with Legal Counsel – Anticipated litigation or significant exposure to litigation: Two (2) potential cases.

16. **Reconvene to Open Session – Report of Closed Session**

17. **Adjourn**



**BOARD OF DIRECTORS MEETING**  
**January 25, 2021 @ 6:30 pm**  
Via Zoom  
**Board of Directors Minutes**

1. **Call to order** By President Pittson @ 6:34 pm
2. **Pledge of Allegiance**
3. **Board of Directors Roll Call.**

**Directors Present:** Director, Steve Pittson  
Director, Becky Campo  
Director, Anne Stokman  
Director, Luis Avila  
Director, George Galloway Mac Master

**Directors Absent:** None

**Staff Present:** Administrative Director/CEO, Karin Hennings  
Ambulance Director, Paul Willette  
Health Center Manager, Suzie Benitez  
Accounting Finance Manager, Maria Reyes-Palad  
Clerk of the Board, Cheryle Pickle

**District Legal Council:** Derek Cole, Attorney, Cole Huber, LLP

We have a Quorum

4. **Reading of the Mission Statement**

*“The District’s primary mission is to provide the highest quality health care services through Patterson District Ambulance and Del Puerto Health Center, while continuing to expand healthcare availability to the citizens of the Del Puerto Health Care District.”*

5. **Public Comment Period**

**Present:**

Chance Condit, Supervisor – Supervisor Condit let the Board know healthcare on the west side of Stanislaus County is a top priority for him, and he will continue the Westside Healthcare Task Force.

Dave Imus  
Michael Courtney  
Joshua Brace

6. **Declarations of Conflict:** There were no conflicts of interest.

7. **Approval of Agenda:**

**M/S/C To accept the agenda.** Director Stokman / Director Mac Master

**Ayes:** Directors Pittson, Campo, Stokman, Avila, Mac Master

**Nays:** None

**Abstain:** None

**Passed**

**BOARD OF DIRECTORS MEETING**  
**January 25, 2021 @ 6:30 pm**  
Via Zoom  
**Board of Directors Minutes**

**8. Consent Calendar** \* [*Routine committee reports, minutes, and non-controversial items*]

- A. \*Approve December 7, 2020 Special Board Meeting Minutes
- B. \*Adoption of Board Meetings Regular Calendar for CY 2021
- C. \*Approve Finance Committee Meeting Minutes for October 21, 2020
- D. \*Accept Month End Financials & Warrants for October, November & December 2020
- E. \*Adopt Resolution to change to Credit Card Issuer to Umpqua Bank
- F. \*Adopt Policy on Disposal of Surplus Equipment & Real Estate
- G. \*Adopt Policy on Electronic Device Replacement
- H. \*Adopt Policy on Statement of Investment

Director Mac Master requested that item F be pulled out of the consent calendar.

**M/S/C That the Board of Directors accept the Consent Calendar minus Item 8F.** /Director Campo / Director Avila

**Ayes:** Directors Pittson, Campo, Stokman, Avila,  
Mac Master

**Nays:** None

**Abstains:** None

**Passed**

**9. Regular Calendar**

- A. \* (Item 8.F) Adopt Policy on Disposal of Surplus Equipment & Real Estate

Director Mac Master is concerned that the Staff would be able to sell Real Estate without the Boards involvement. Ms. Henning referred to the draft policy wording. The first item under sale of real estate states that the Board takes action to declare the property surplus and authorizes District staff to obtain an appraisal. Later the Board has to act to accept or reject the highest bid.

**M/S/C To adopt Policy on Disposal of Surplus Equipment & Real Estate**  
/Director Mac Master / Director Campo

**Ayes:** Directors Pittson, Campo, Stokman, Avila,  
Mac Master

**Nays:** None

**Abstains:** None

**Passed**

- B. FYE June 30, 2020 Audited Financial Statements Report & Request for Acceptance

David Imus with WIPFLI presented the audit report for FYE June 30, 2020. (attached copy of slide presentation)

**M/S/C That the Board of Directors accept and adopt the Audited Financial Statements Report as presented** /Director Stokmen / Director Campo.

**Ayes:** Directors Pittson, Campo, Stokman, Avila,  
Mac Master

**Nays:** None



**BOARD OF DIRECTORS MEETING**  
**January 25, 2021 @ 6:30 pm**  
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**Abstains: None**  
**Passed**

**C. Annual Election of Board Officers.**

Ms. Hennings reviewed the election process:  
Nominations from the floor.  
Chair announces nominees.  
Chair calls for vote by show of hands.  
Clerk counts and announces winner.

The results were as follows:  
President – Director Steve Pittson  
Vice President – Directory Becky Campo  
Secretary – Director Luis Avila  
Treasurer – Directory Anne Stokman

Finance Committee – Chair Director Anne Stokman  
Director Becky Campo

West Side Task Force – Director Gallo Mac Master

Ad hoc Committee – Community Assessment – Director Anne Stokman

All Offices are immediately effective.

**D. Annual Banking Access Resolution #21-03**

Ms. Hennings explained that each year, after the election of officers, the Board requires annual adoption of operational policy and procedure for Banking Access and Security. The following names will be added to the Banking Security and Access Matrix granting access and security according to the matrix.

Board President	Steve Pittson
Board Vice-Pres	Becky Campo
Board Treasurer	Anne Stokman
Board Secretary	Luis Avila
Board Member	George Gallo Mac Master

**M/S/C To adopt Resolution #21-03: 2021 Banking Access and Security Resolution /Director Campo / Director Stokman**

**Ayes:** Directors Pittson, Campo, Stokman, Avila,  
Mac Master

**Nays:** None

**Abstains:** None

**Passed**

**E. Selection of (2) Board members to Meet Quarterly with the Patterson City Council**

Ms. Hennings explained that this came about because of a recommendation Director Campo made that we try and communicate with other agencies in the area. Director Campo shared that these meetings will be casual. It is a chance for the city to be aware of what we are doing. Director Mac Master expressed interest in attending these meeting. Director Avila expressed that he would like to attend because he lives in Diablo Grande and it would be a good



**BOARD OF DIRECTORS MEETING**  
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opportunity to connect this part of the District with the City Council. Director Campo wants to be involved especially at the first meeting. It was suggested that they could rotate the responsibility. The month before each meeting they could assign who would attend.

The first month Director Campo and Director Mac Master would attend. Director Avila would be in line for the second meeting.

- F. District & Ambulance Headquarters update  
Ms. Hennings gave a report to update the Board on the status of the District & Ambulance headquarters. See attached copy of the slide presentation.
- G. Review of Ambulance Acquisition Plan  
Ms. Henning reviewed the status of the ambulance fleet and the schedule to replace them. See attached copy of the slide presentation.

**10. Reports**

A.	<u>Employee Anniversaries &amp; New Hires</u>	<u>December/January</u>	<u>Years</u>
	Ambulance:	Dennis Flannery	19 Years
		Chantale Pakosz	1 Year
	Health Center:	Eneida Barrera	17 years
	Administration	None	

**B. District Wide Community Assessment – Director Stokman**

Director Stokman said that the Survey had been mailed. There were 53 questions. She had done her survey online and it took about 8 minutes. Another board member had mailed theirs and it took about 10 minutes to complete. As of last Friday, there had been 12 people who had completed the survey. Sacramento State updates the District on Fridays. Ms. Hennings will update the board after she receives the information on Friday. Ms. Hennings added that there had been two ads in the Patterson Irrigator and an article. It had also been placed on "Peach Jar, the social media site used by the schools. Director Avila will put it on "Next Door", the social media for Diablo Grande.

Ms. Hennings said there is also 3 \$200.00 gift card incentives that will be issued. The deadline for the incentive is January 31, 2021. After that Sacramento State will continue to make follow up calls to secure the number of surveys that we need. (300-400 responses)

- C. West Side Health Care Task Force - George Galloway Mac Masters  
There has not been a meeting.
- D. CEO Annual Performance Evaluation – Director Becky Campo  
Director Campo explained that the reason this item is on the agenda is to remind the Board To be on time. There is nothing to report at this time.
- E. Ambulance – Paul Willette, Director of Ambulance Operations



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Mr. Willette reviewed his reports for the months of November and December. He pointed out they have been very busy. There were several mutual aid responses into the district. Also, PDA handled several responses in the Modesto/Turlock district.

He also updated the board on the project that they are helping the county health department with the Covid-19 Vaccination site. They are scheduled to open on Friday. They will be opened from 9:00 am to 6:00 pm Tuesday through Saturday. They will start Friday with 500 doses.

PDA, Benitez the Health Center, Westside, Newman, and the school district are all Participating.

- F. Health Center - Suzie Benitez, Health Center Manager  
Ms. Benitez reviewed the report for November and December. There have been lots of issues with staffing due to Covid and various reasons. The providers have had their schedules effected as well. Telehealth has played a large part in being able to see our patients during this time.

They have worked very hard at becoming a Vaccine Provider. They received their first vaccines only to find out it was in the recalled Moderna vaccine batch. After receiving the clearance, they were able to give 90 vaccines and are scheduled to give an additional 40 tomorrow. Will find out from public health how many more doses they will be allotted.

- G. Administration – Karin Hennings, Administrative Director / CEO  
Ms. Hennings announced that Dr. Blythe will be returning to Florida to live closer to extended family. She will be assisting in the recruiting process by making recommendation of a candidate she knows to take her place. Jose Vigil accepted a position as a clinic manager in a Drug Treatment facility. This clinic is part of an 18 clinic group out of Stockton. So, we will be looking for additional help for Ms. Benitez. Yesenia Sanchez will be rejoining the health center. She left due her mother's illness. Her mother has since passed away and we are happy to welcome Yesenia back on February 02.

**11. Director Correspondence, Comments, Future Agenda Items – None**

**12. Upcoming Regular Board and Standing Committee Meeting Dates**

Finance – Wed, Feb 17, 2021 @ 8:00 am	Board – Mon, Feb 22, 2021 @ 6:30pm
Finance – Wed, Mar 24, 2021 @ 8:00 am	Board – Mon, Mar 2, 2021 @ 6:30pm
Finance – Wed, Apr 21, 2021 @ 3:00 pm	Board – Mon, Apr 26, 2021 @ 6:30pm

Adjourned to Closed Session @ 8:34 pm





**BOARD OF DIRECTORS MEETING**  
**January 25, 2021 @ 6:30 pm**  
Via Zoom  
**Board of Directors Minutes**

13. **Closed Session** *[Board of Directors may recess to closed session for discussion of certain matters as legally permitted. Any action taken shall be reported in open session.]*

A. Gov't Code § 54956.9(b) Conference with Legal Counsel – Anticipated litigation or significant exposure to litigation: Two (2) potential cases.

**A. Reconvene to Open Session – Report of Closed Session @8:51 pm**

No reportable items. Instructions given to staff.

**Adjourn @ 8:52 pm**

DRAFT

# Del Puerto Health Care District

## Presentation to the Board of Directors

For the Year Ended June 30, 2020

**WIPFLI**

### Table of Contents

- Required Communications
- Financial Statement Review
- Financial Analysis
- Accounting Standards Updates

The following information is solely for the use of the Board of Directors and management. The financial information was derived from the audited financial statements for the years ended June 30, 2020 and 2019 and from other information obtained through the course of our audits.

## Required Communications

### Scope of the Audit Report

- Issued an unmodified opinion on the financial statements as of and for the year ended June 30, 2020.
- We issued a separate letter communicating significant information related to the audit process. This is referred to as the “Required Communications Letter.”

## Required Communications

### Our Responsibilities under generally accepted auditing standards (GAAS)

- Express an opinion about whether the financial statements are presented in conformity with accounting principles generally accepted in the United States (GAAP).
- Plan and perform the audit to obtain reasonable, not absolute, assurance the financial statements are free of material misstatement.
- Consider internal control for purposes of designing our audit procedures, not for the purpose of expressing an opinion on their effectiveness.
- Communication of significant matters related to the audit.

## Required Communications

### Planned Scope and Timing of the Audit

- We performed the audit according to the planned scope and timing previously communicated in the engagement letter and related discussions with management.

### Other Information in Documents Containing Audited Financial Statements

- Our responsibility is to read other documents and consider whether such information is materially inconsistent with information, or the manner of presentation, appearing in the audited financial statements.
- We are not aware of, nor were we requested to devote attention to, any documents containing audited financial statements.

## Required Communications

### Significant Accounting Policies

- Management is responsible for selection of accounting policies.
- Significant accounting policies are described in Note 1 to the financial statements.
- No transactions were noted for which there is a lack of authoritative guidance or consensus.
- No new accounting policies were adopted in 2020.

## Required Communications

### Significant Accounting Estimates Affecting the Financial Statements

- Accounting estimates are an integral part of the financial statements prepared by management.
- The most sensitive estimates affecting the financials statements are:
  - ▶ Valuation of patient receivables, including the contractual allowances and an allowance for doubtful accounts
  - ▶ Third-party settlements
  - ▶ CARES funding revenue recognized
- We evaluate key factors and assumptions to determine if estimates are reasonable in relation to the financial statements as a whole.

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## Required Communications

### Corrected and Uncorrected Misstatements

- Summary of audit adjustments proposed and accepted by management:

	Assets	Liabilities	Revenue in Deficiency of Expenses
To agree the opening balance of net position	\$ -	\$ -	\$ (106)
To adjust contractual adjustments and allowance for bad debt	(184,278)	-	(184,278)
To adjust PPS	47,152	-	47,152
<b>Totals:</b>	<b>\$ (137,126)</b>	<b>\$ -</b>	<b>\$ (137,232)</b>

- Management adjustments were made throughout the audit engagement. However, the net effect on the financial statements as a whole was minimal

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## Required Communications

### Management Representations

- Management has provided a representation letter dated the same date as our audit opinion.
- A copy of the representation letter is attached to the required communications letter.

### Other

- No significant difficulties were encountered in performing the audit.
- No disagreements were noted regarding accounting or auditing matters.
- To our knowledge, management has not obtained opinions from other independent accountants regarding the application of GAAP.
- We may discuss a variety of matters, including application of GAAP, with management in the normal course of our professional relationship. Our responses, in our judgment, were not a condition of our retention as independent auditors.

## Required Communications

### Internal Controls

- The required communications letter identified certain accounting and operational matters for the Organization's consideration. Further detail regarding the items summarized below, including recommendations to improve controls, can be found in the required communications letter dated the same date as the audit report, to the Board of Directors.
- The following internal control matter was considered to be a significant deficiency:
  - Financial Accounting and Reporting –
    - Wipfli is relied upon to draft the financial statements and the notes and disclosures included with the financial statements in the audit reports.
    - This is a common finding, since many hospitals rely on their audit firms for specialized knowledge of disclosure requirements.

Financial

Statement

Review

## Financial Statement Review – Statements of Net Position

- Overall cash increased as result of increased patient revenue collections and grants.
- Patient accounts receivables decreased due to increased collections.
- Third-party settlement receivables decreased as previous years' Medicare and Medi-Cal cost report settlements were processed.

<b>Assets</b>	<b>2020</b>	<b>2019</b>	<b>\$ Change</b>	<b>% Change</b>
	<i>(in thousands)</i>			
Current assets:				
Cash and cash equivalents:				
Cash	\$ 3,058	\$ 2,273	\$ 785	35%
Restricted cash	119	107	12	11%
Receivables:				
Patient accounts - Net	284	490	(206)	-42%
Third-party settlements	124	288	(164)	-57%
Other receivables	8	3	5	195%
Inventory	40	44	(4)	-9%
Prepays	47	26	22	85%
Total current assets	3,680	3,230	450	14%
Noncurrent assets:				
Board designated cash and cash equivalents	146	335	(189)	-56%
Capital assets - Net	5,392	5,284	108	2%
Total noncurrent assets	5,538	5,619	(81)	-1%
<b>TOTAL ASSETS</b>	<b>\$ 9,218</b>	<b>\$ 8,849</b>	<b>\$ 370</b>	<b>4%</b>

## Financial Statement Review – Statements of Net Position (Continued)

	<b>Liabilities and Net Position</b>		<b>2020</b>	<b>2019</b>	<b>\$ Change</b>	<b>% Change</b>
	<i>(in thousands)</i>					
<ul style="list-style-type: none"> <li>▪ Accounts payable decreased due to less amounts being owed to vendors at year-end than in prior year.</li> <li>▪ Unearned revenue was incurred as a result of Provider Relief Funds received.</li> <li>▪ Long-term liabilities decreased as the District continued to pay down their current debt without adding any significant new debt.</li> </ul>	Current liabilities:					
	Current portion of long-term debt		\$ 107	\$ 100	7	7%
	Accounts payable		136	174	(38)	-22%
	Deposits held for others		10	-	10	100%
	Unearned revenue		96	-	96	100%
	Accrued compensation and related liabilities		218	175	42	24%
	<b>Total current liabilities</b>		<b>566</b>	<b>449</b>	<b>117</b>	<b>26%</b>
	Noncurrent liabilities:					
	Long-term debt - less current portion		2,550	2,733	(182)	-7%
	<b>Total liabilities</b>		<b>3,116</b>	<b>3,182</b>	<b>(66)</b>	<b>-2%</b>
	Net position:					
	Net investment in capital assets		2,734	2,451	283	12%
	Restricted for debt service		119	107	12	11%
	Unrestricted		3,249	3,109	140	5%
	<b>Total net position</b>		<b>6,102</b>	<b>5,667</b>	<b>435</b>	<b>8%</b>
	<b>TOTAL LIABILITIES AND NET POSITION</b>		<b>\$ 9,218</b>	<b>\$ 8,849</b>	<b>\$ 370</b>	<b>4%</b>

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## Financial Statement Review Statements of Revenue, Expenses, and Changes in Net Position

- Patient service revenue – Net of contractual allowances and discounts decreased by about \$165,000 (4%) in 2020.
  - ▶ Gross patient revenue increased \$49k.
  - ▶ Contractual allowances and write-offs increased \$255k, resulting in a net revenue decrease.
- Salaries and related benefits increased due to a similar FTE increase.
- Depreciation expense increased by approximately 10% as a result of new equipment being placed into service.
- Other expense increased by \$38k (14%) due to new GEMT quality assurance fees.
- The overall net position increased by the revenue in excess of expenses of \$435,000.

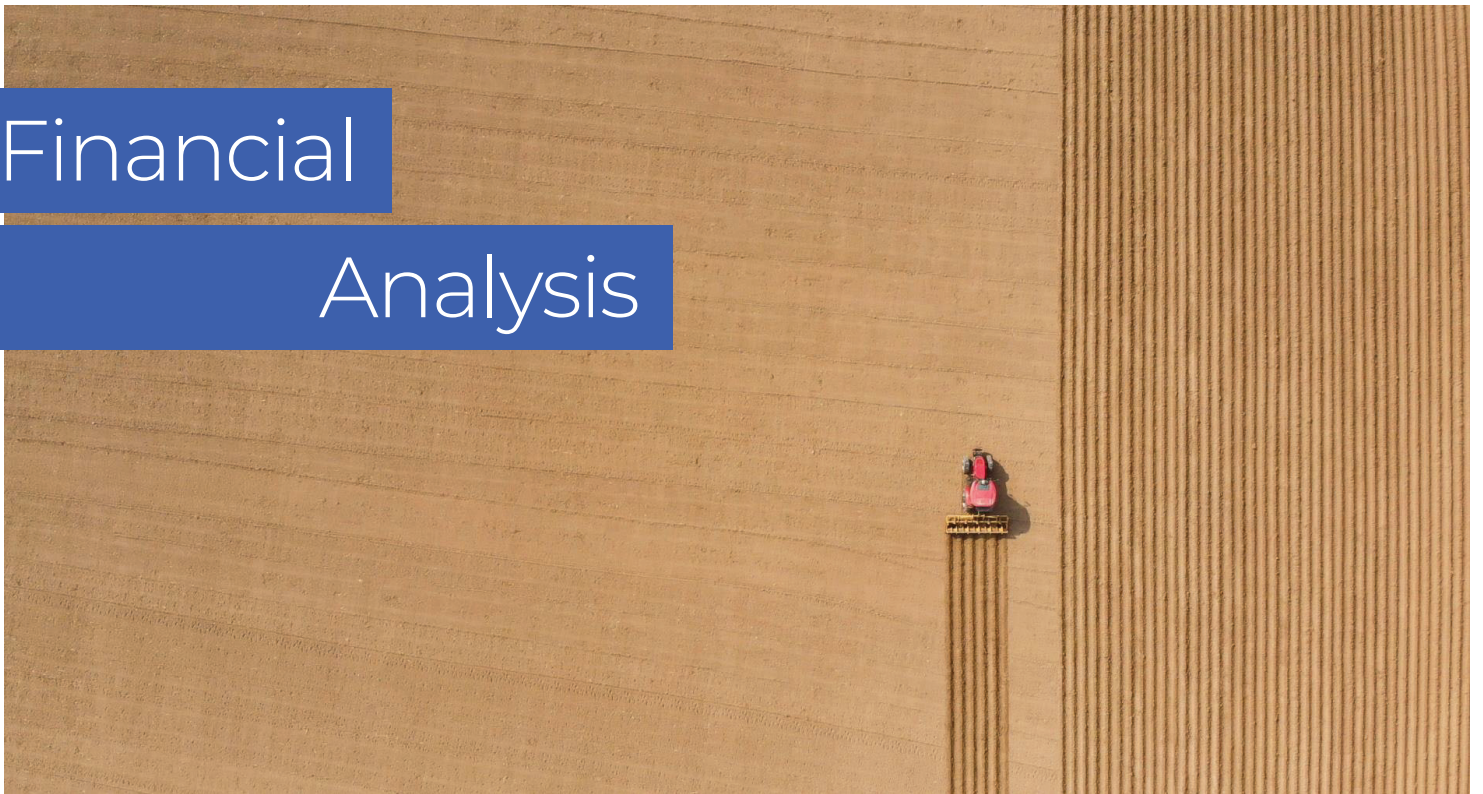
<b>Statements of Revenue, Expenses, and Changes in Net Position</b>	<b>2020</b>	<b>2019</b>	<b>\$ Change</b>	<b>% Change</b>
	<i>(in thousands)</i>			
Operating revenue:				
Net patient service revenue	\$ 3,805	\$ 3,970	\$ (165)	-4%
Other operating revenue	206	225	(19)	-9%
<b>Total operating revenue</b>	<b>4,011</b>	<b>4,195</b>	<b>(184)</b>	<b>-4%</b>
Operating expenses:				
Salaries and wages	2,456	2,233	223	10%
Employee benefits	677	496	181	37%
Professional fees	790	861	(71)	-8%
Purchased services	476	449	27	6%
Supplies	185	164	21	13%
Utilities	65	64	1	2%
Rental and lease	11	12	(1)	-11%
Insurance	305	376	(71)	-19%
Repairs and maintenance	101	133	(32)	-24%
Depreciation	305	278	29	10%
Other	300	262	38	14%
<b>Total operating expenses</b>	<b>5,671</b>	<b>5,327</b>	<b>345</b>	<b>6%</b>
Loss from operations	(1,661)	(1,131)	(529)	47%
Nonoperating revenue - Net	2,096	1,656	440	27%
Excess of revenues over expenses	435	524	(89)	-17%
Net position - Beginning of year	5,667	5,142	524	10%
Net position - End of year	\$ 6,102	\$ 5,667	\$ 435	8%

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# Financial

# Analysis



## Financial Analysis

“Financial flexibility” - The ability of a business to withstand the financial consequences of significant changes in its situation.

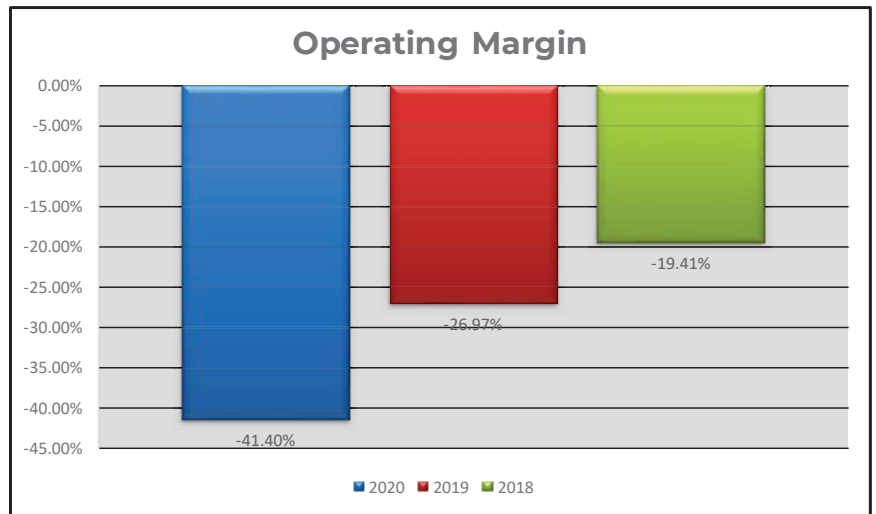
Successful organizations realize “financial flexibility” by achieving superior performance with respect to:

- Profitability
- Liquidity
- Debt capacity
- Securing the condition of the physical facilities

The financial ratios appearing in the following graphs are presented to assist in understanding the “financial health” of the District.

## Financial Analysis

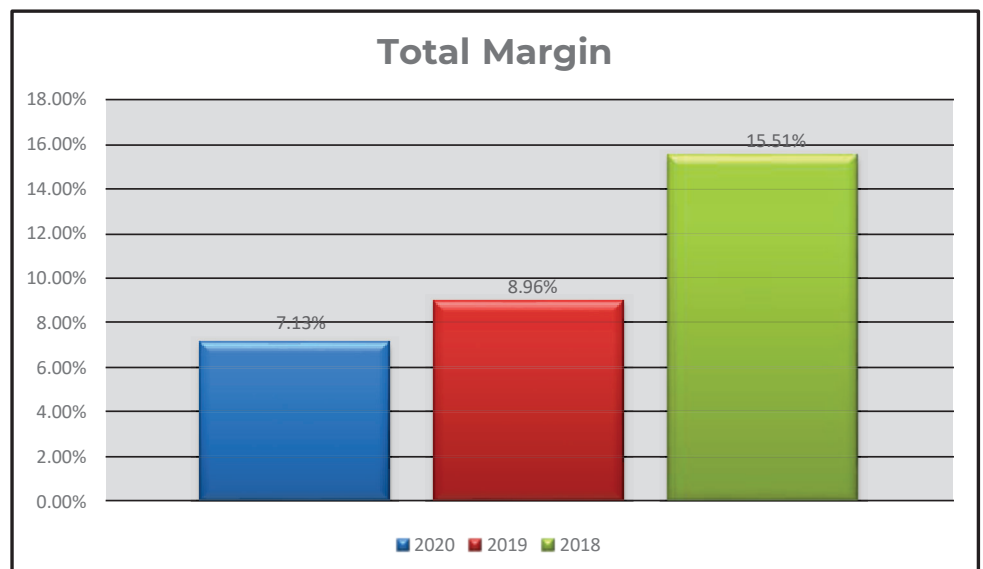
- Operating margin measures income (loss) from operations as a percentage of total operating revenue.
- High values indicate an ability to add new investments in capital assets without adding excessive new debt.
- Ratio decreased in 2020 from (27.0%) to (41.4%) due to increased loss from operations.



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## Financial Analysis

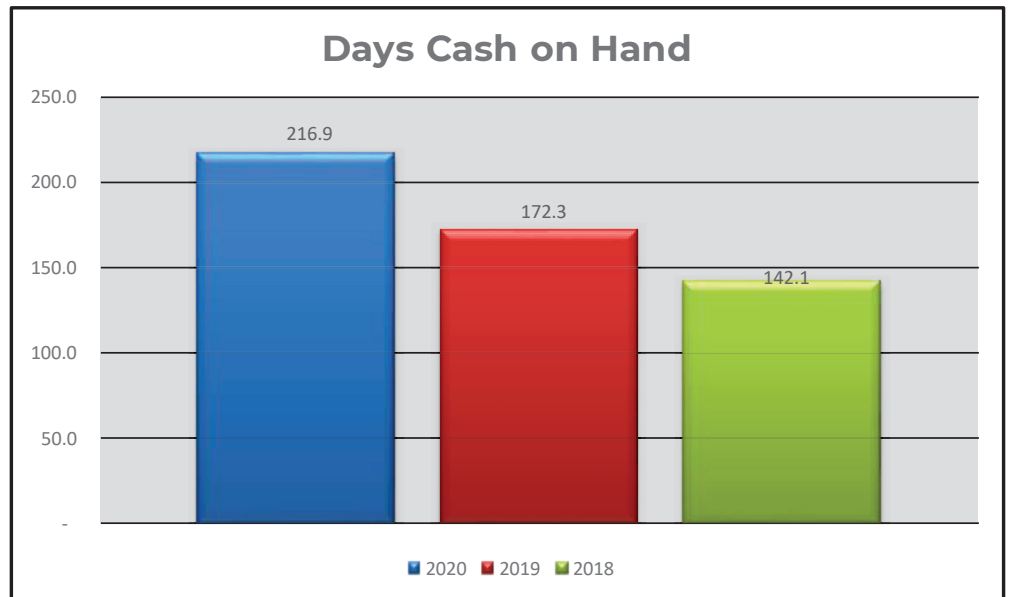
- Total margin includes the effect of nonoperating income, which is the tax subsidy.
- The District's total margin decreased in 2020 due to decreased revenue over expenses.



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## Financial Analysis

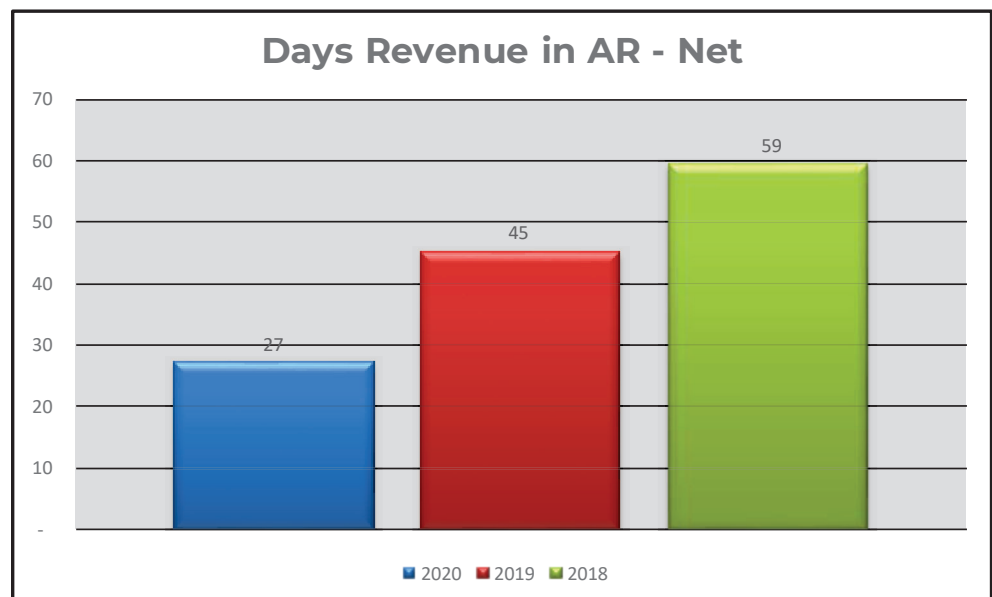
- Ratio measures the number of days of average cash expenses that the Organization maintains in cash and cash equivalents and short-term investments.
- The District's ratio increased in 2020 due to increased cash and cash equivalents from receipt of the increased patient revenue collections, tax related income, impact mitigation fees, and grants.



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## Financial Analysis

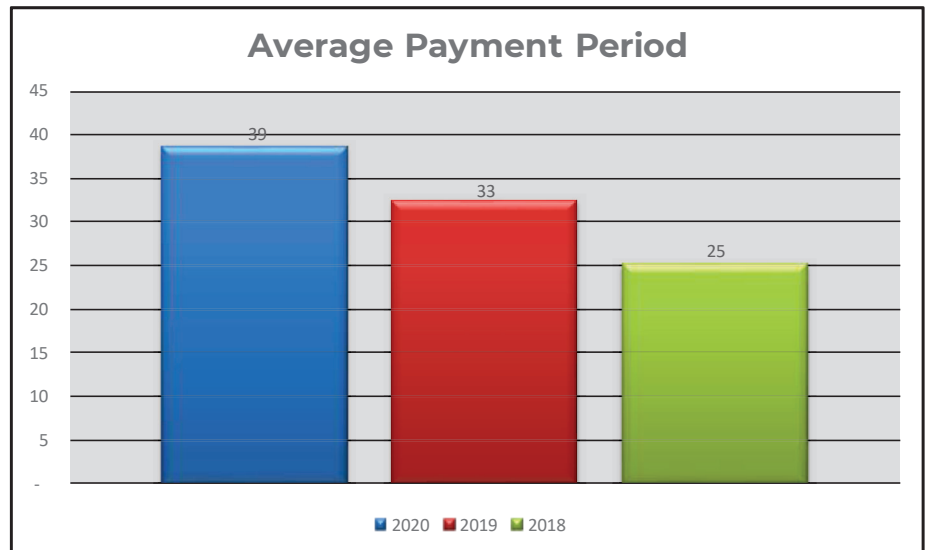
- Days revenue in patient accounts receivable measures the average time it takes to collect accounts.
- Decreasing values are desired.
- The District's ratio has increased significantly over the prior year, improving by 18 days.



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## Financial Analysis

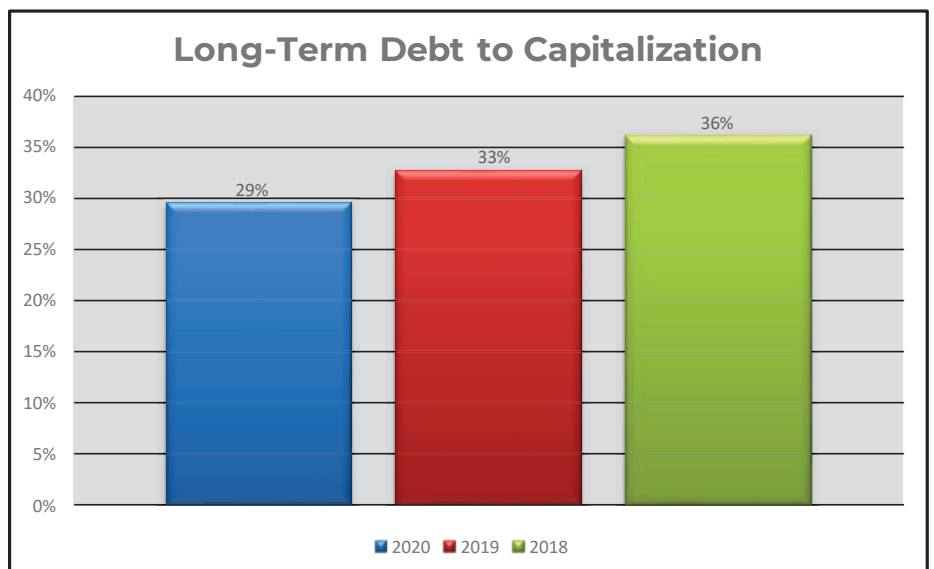
- Ratio measures the average number of days elapsed before current liabilities are paid.
- Decreasing values are desired.
- The District's ratio increased by six days.



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## Financial Analysis

- Long-term debt to capitalization is defined as total long-term debt to the sum of net position plus the total long-term debt.
- Decreasing values are desired. A higher value indicates limited ability to carry additional debt.
- The District's long-term debt to capitalization ratio has decreased in 2020 due to the increase in overall net position.



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# Accounting

# Standards

# Update

## Accounting Standards Updates

Governmental Accounting Standards Board (GASB) Statement No. 84 – *Fiduciary Activities*– Effective for periods beginning after 12/15/19 (FYE 2021 for the Hospital)

Establishes criteria for identifying fiduciary activities of all state and local governments.

- Potential fiduciary activities for governmental health care organizations include:
  - Pension plans (i.e., defined contribution plans).
  - Other post-employment benefit plans.

An activity meeting the criteria should be reported as a fiduciary fund in the financial statements. Criteria focuses on:

- Whether a government is controlling the assets of the fiduciary activity.
- Who the beneficiaries of the fiduciary activity are.



## Accounting Standards Updates

GASB Statement No. 87 – *Leases* – Effective for periods beginning after June 15, 2021 (FYE 2022 for the District).

- ▶ The GASB determined that a similar change in accounting standard was necessary to provide for consistency in reporting for leases.
- ▶ Main components of GASB leases pronouncement:
  - Eliminates operating lease concept.
  - Requires all leases greater than 12 months to be reported on the statement of net position (deficit) as an asset and related liability.
  - Significant additional disclosures will be required by lease type.
- ▶ There will be potential impacts on debt covenants, debt ratings, and operating budget.
- ▶ Organizations should calculate the impact of this exposure draft prior to implementation so annual budget and covenant impacts are understood.

## Accounting Standards Updates

GASB Statement No. 83 – *Certain Asset Retirement Obligations* – Effective for periods beginning after June 15, 2019 (FYE 2021 for the District)

- This Statement addresses accounting and financial reporting for liabilities associated with the legal obligation to perform future asset retirement activities.

GASB Statement No. 88 – *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements* – Effective for periods beginning after June 15, 2019 (FYE 2021 for the District)

- This Statement improves information disclosed related to debt, including direct borrowings and direct placements. It also clarifies which liabilities governments should include when disclosing information related to debt.
- This Statement defines debt for purposes of disclosures in notes to financial statements as a liability that arises from a contractual obligation to pay cash (or other assets that may be used in lieu of cash) in one or more payments to settle an amount that is fixed at the date the contractual obligation is established.

## Accounting Standards Updates

GASB Statement No. 89 – *Interest Cost Incurred Before the End of a Construction Period* – Effective for periods beginning after December 15, 2020 (FYE 2022 for the District).

- ▶ The GASB issued guidance for accounting for interest expenses incurred during a construction period for nongovernmental entities.
- ▶ Main components of the GASB pronouncement:
  - Interest cost incurred before the end of a construction period should be recognized as an expense in the period in which the cost is incurred.
  - In previous years, this interest cost was capitalized as part of the historical cost of a capital asset.
- ▶ Implementation is adopted prospectively.

## Thank You

Contact Information:

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*509.232.2711*

**Jeff Johnson, CPA**

*Partner, Healthcare Practice*

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# The Wipfli Way





# Facilities Planning for



**DEL PUERTO**  
Health Care District

and




**PATTERSON**  
District Ambulance

February 26, 2018  
Updated January 2021




1

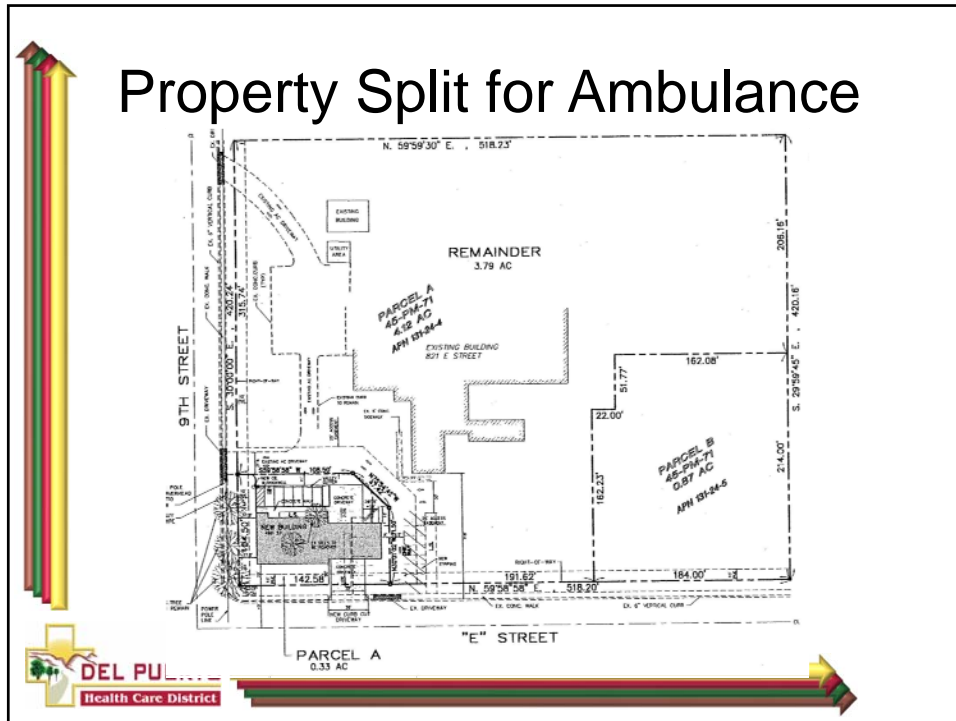
# Original Hospital



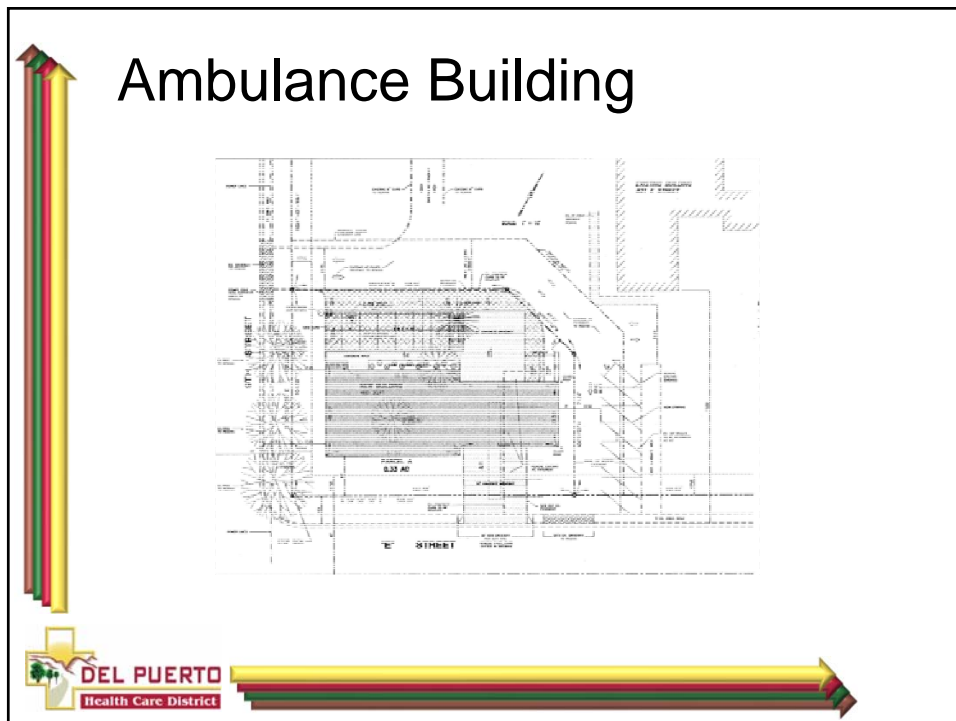
DEL PUERTO HOSPITAL  
1950's



2




3




4

# Facility Breakdown




	Sq Ft
Admin and Crew Quarters	2,986
<u>Apparatus &amp; Equipment</u>	<u>1,675</u>
Total Current Building	4,661
Total Current Lot	14,325

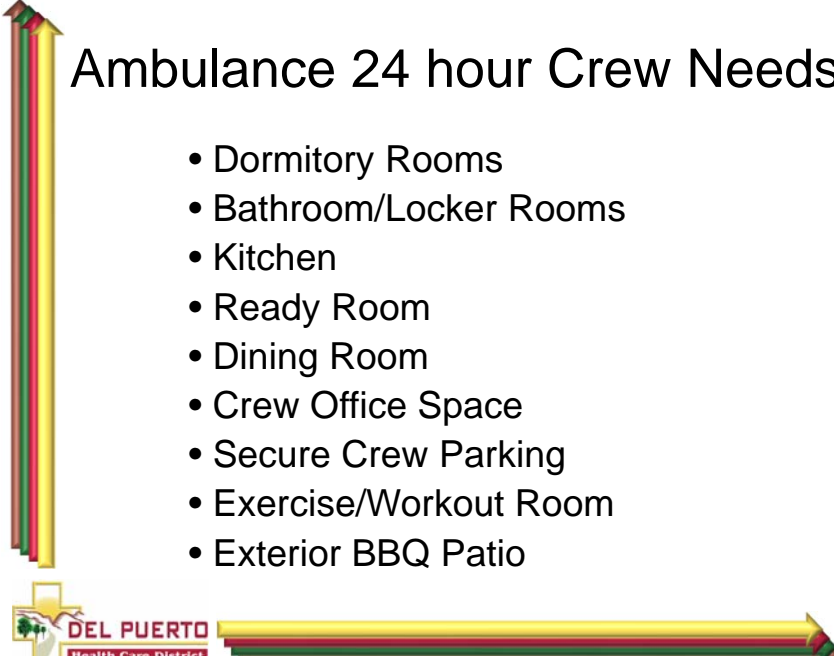


5

# Future Capacity Requirements




6



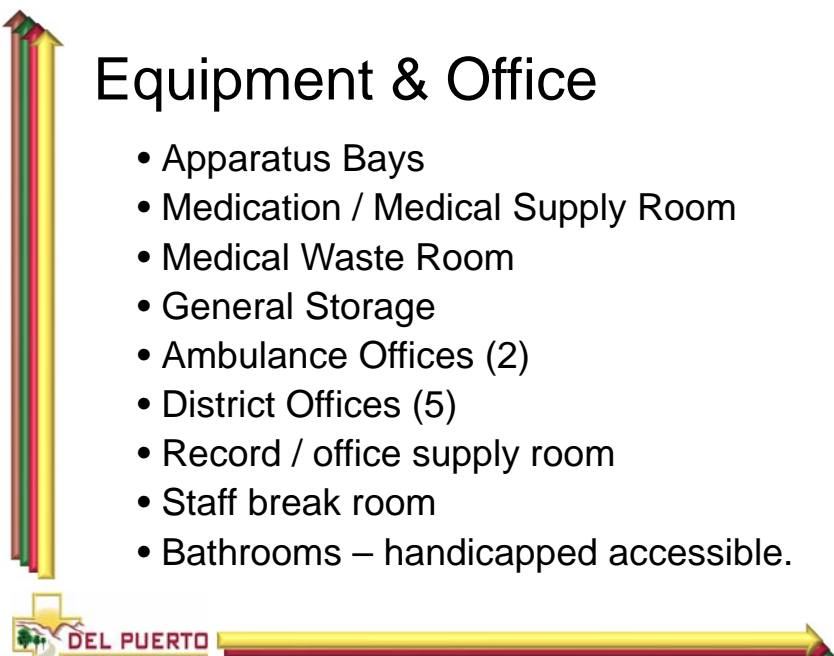
## Ambulance 24 hour Crew Needs

- Dormitory Rooms
- Bathroom/Locker Rooms
- Kitchen
- Ready Room
- Dining Room
- Crew Office Space
- Secure Crew Parking
- Exercise/Workout Room
- Exterior BBQ Patio




DEL PUERTO  
Health Care District

7



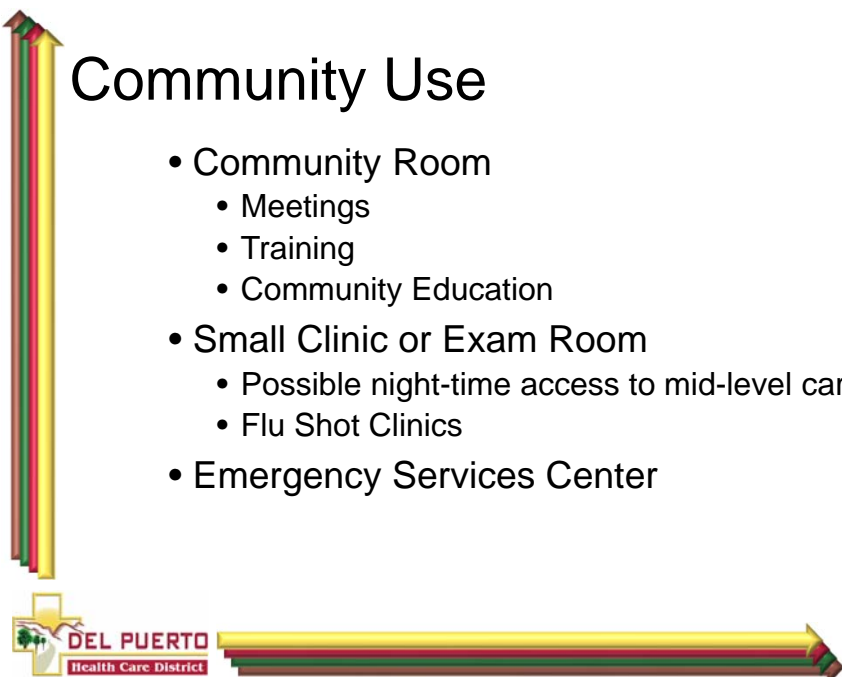
## Equipment & Office

- Apparatus Bays
- Medication / Medical Supply Room
- Medical Waste Room
- General Storage
- Ambulance Offices (2)
- District Offices (5)
- Record / office supply room
- Staff break room
- Bathrooms – handicapped accessible.




DEL PUERTO  
Health Care District

8

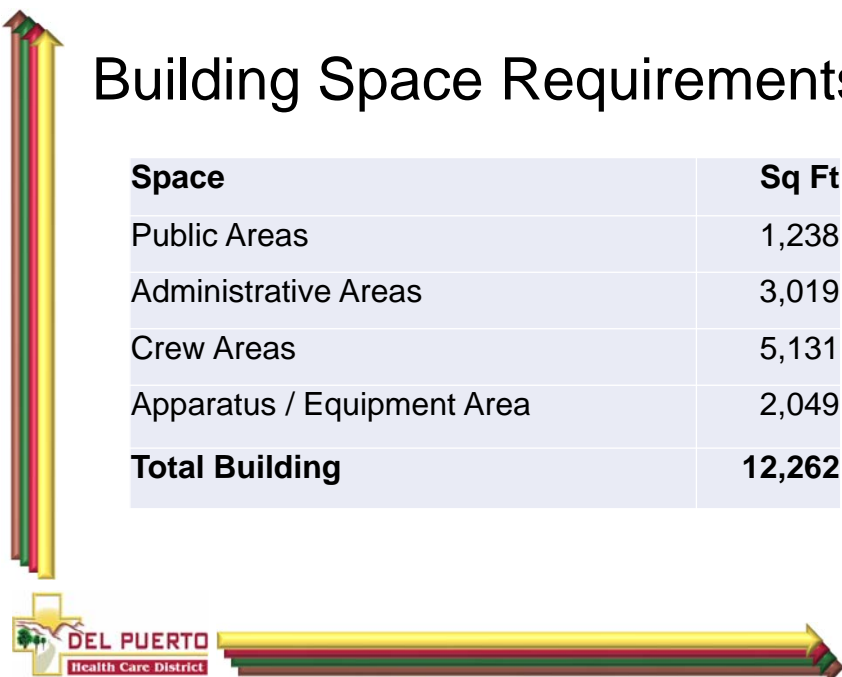


## Community Use

- Community Room
  - Meetings
  - Training
  - Community Education
- Small Clinic or Exam Room
  - Possible night-time access to mid-level care
  - Flu Shot Clinics
- Emergency Services Center




9

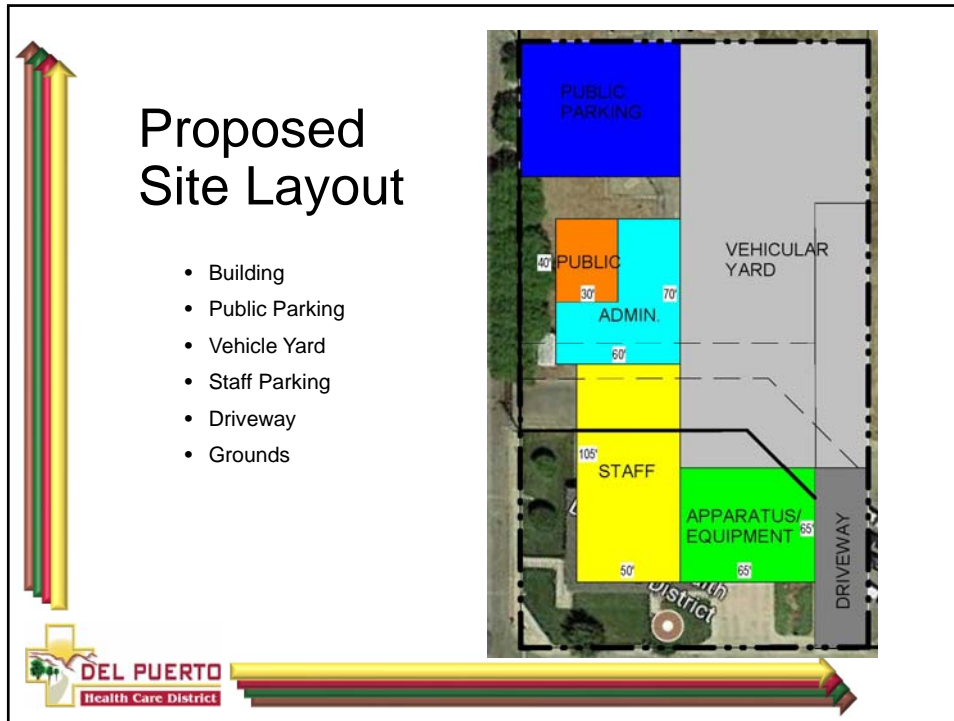


## Building Space Requirements

Space	Sq Ft
Public Areas	1,238
Administrative Areas	3,019
Crew Areas	5,131
Apparatus / Equipment Area	2,049
<b>Total Building</b>	<b>12,262</b>



10



11

## Lot Size Requirements

Architectural Projection	Sq Ft
<i>Total Building Size</i>	12,262
Public Parking, Vehicle Yard, Grounds	35,338
<b>Total Land Requirement</b>	<b>47,600</b>

**DEL PUERTO**  
Health Care District

12

# Additional Land Required

	Sq Ft
Necessary Site	47,600
Original lot	-14,325
Required	33,275

DEL PUERTO Health Care District

13

# Land Acquisition Completed

Recorded with County

- November 2020

DEL PUERTO Health Care District

14

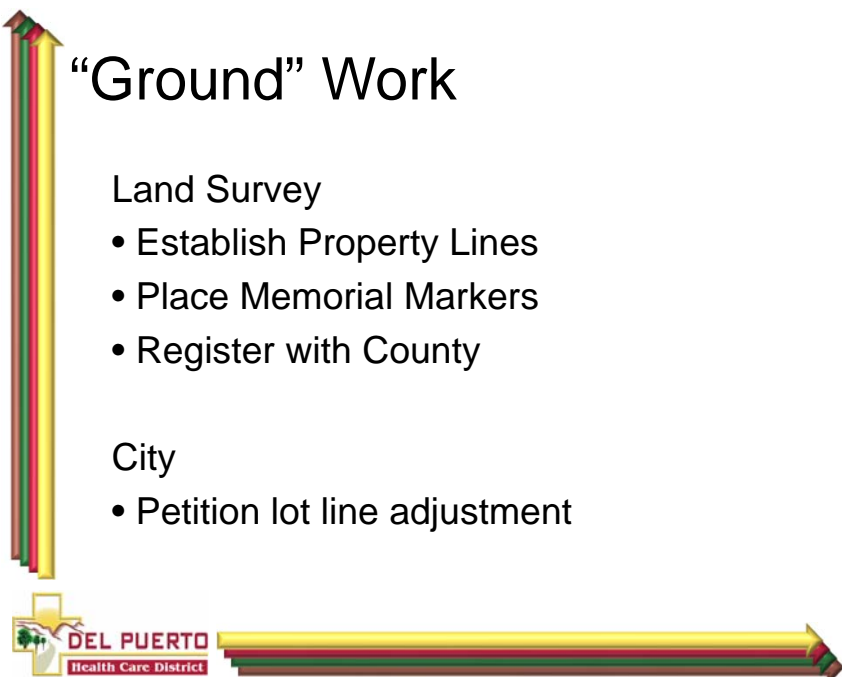


# Next Steps

Land  
Finance  
Engineering/Design  
Construction



15




# “Ground” Work

Land Survey

- Establish Property Lines
- Place Memorial Markers
- Register with County

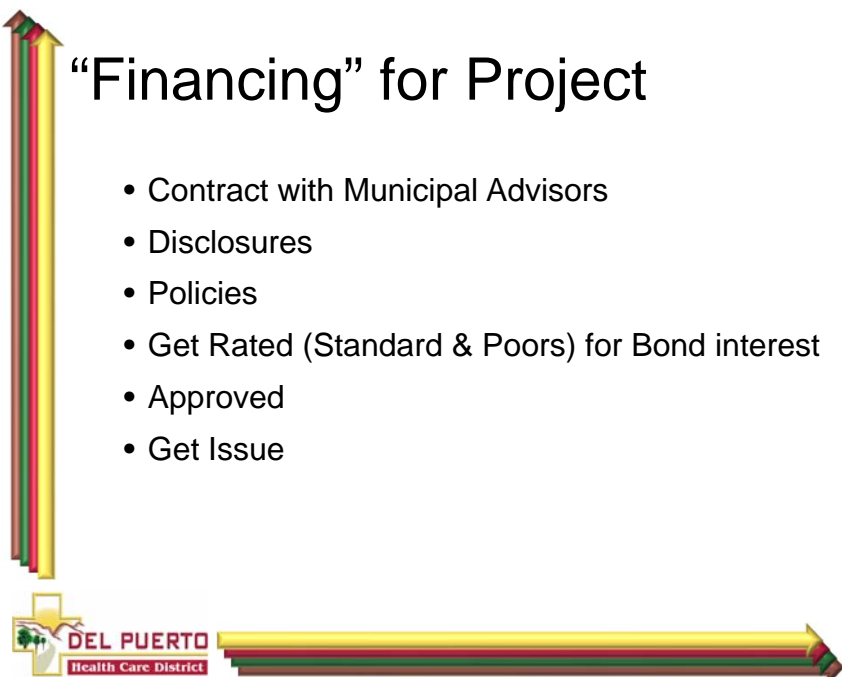
City

- Petition lot line adjustment




16



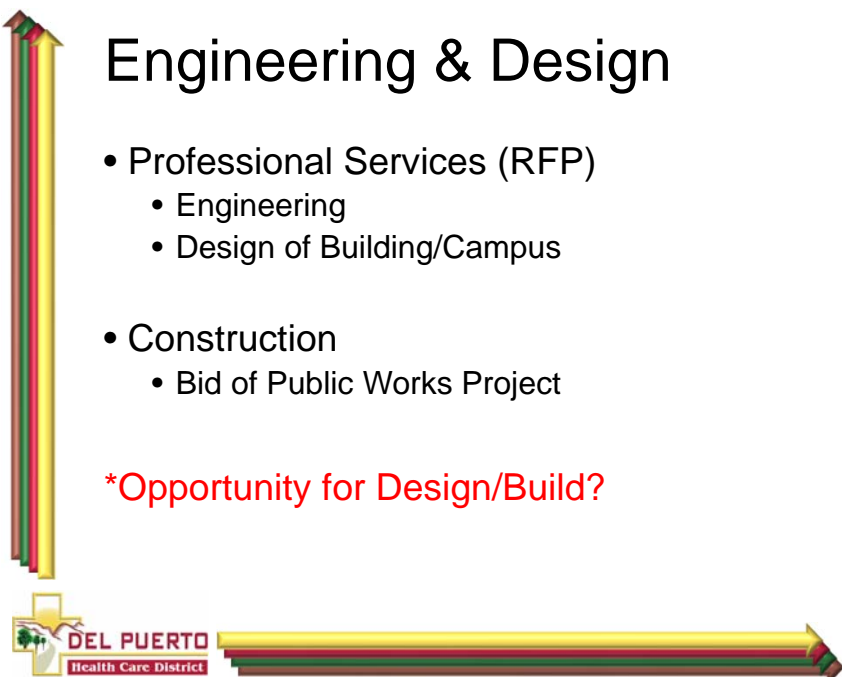


## “Financing” for Project

- Contract with Municipal Advisors
- Disclosures
- Policies
- Get Rated (Standard & Poors) for Bond interest
- Approved
- Get Issue

 DEL PUERTO  
Health Care District


17



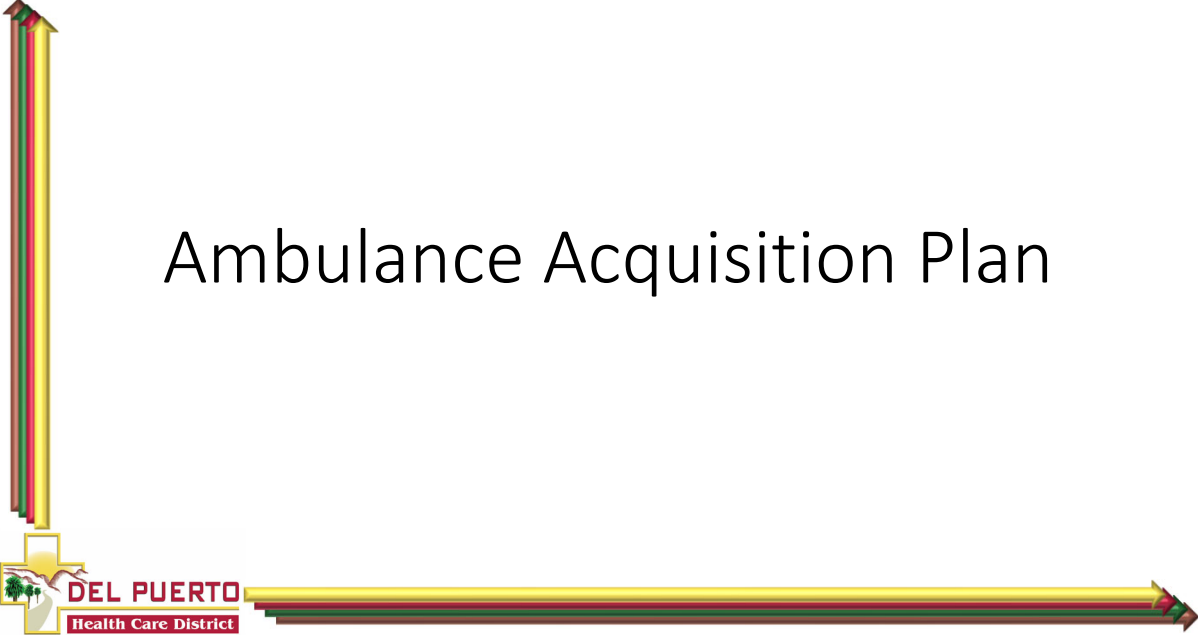
## Engineering & Design

- Professional Services (RFP)
  - Engineering
  - Design of Building/Campus
- Construction
  - Bid of Public Works Project


\*Opportunity for Design/Build?

 DEL PUERTO  
Health Care District

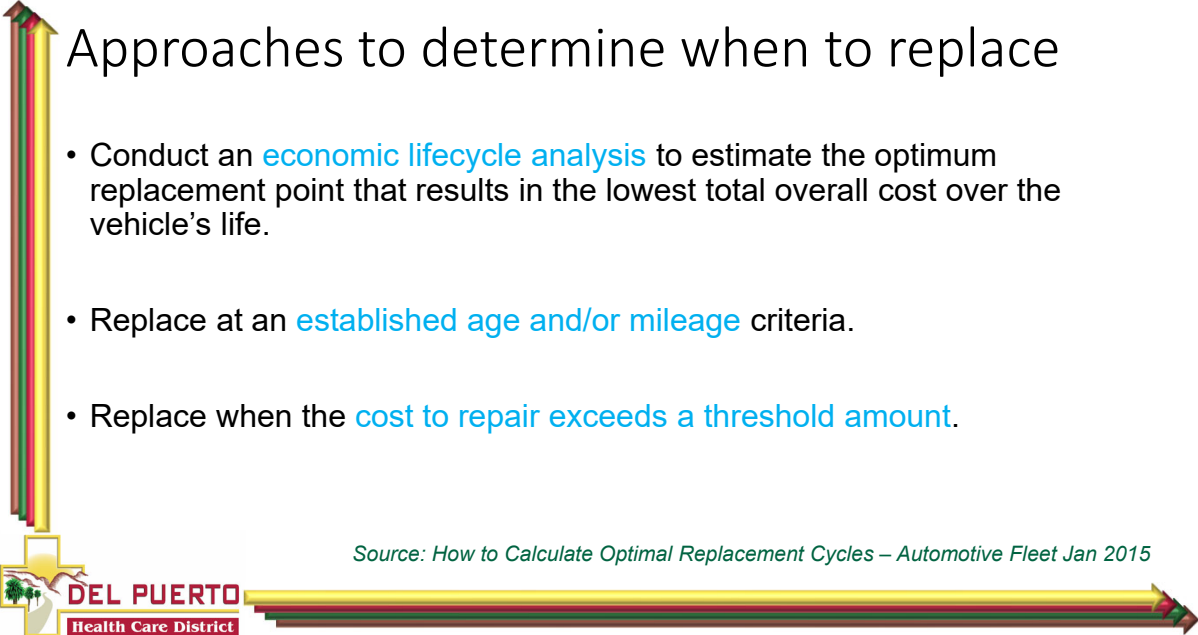
18



# Ambulance Acquisition Plan




1



## Approaches to determine when to replace

- Conduct an **economic lifecycle analysis** to estimate the optimum replacement point that results in the lowest total overall cost over the vehicle's life.
- Replace at an **established age and/or mileage** criteria.
- Replace when the **cost to repair exceeds a threshold amount**.



*Source: How to Calculate Optimal Replacement Cycles – Automotive Fleet Jan 2015*



2


## Age/Miles of Current Ambulances

- 2006 (14 yrs/272,192 miles)
- 2009 (11 yrs/282,101 miles)
- 2014 (7 yrs/203,400 miles)
- 2018 (2 yrs/92,478 miles)
- 2019 (1 yrs/36,637 miles)




3

## Miles to End of Life




- 2006 (146,754)
- 2009 (64,261)
- 2014 (46,600)
- 2018 (157,522)
- 2019 (213,363)



4

## Patterson District Ambulance Plan


- Fleet of five (5) ambulances
- Keep each ambulance for 10 years
- Average age of 5 years
- Reduce the mileage used per year aged
- Replace one ambulance very two years
- Depreciation provides asset replacement cost



5

## Mileage Plan to Optimize Use


FYE	2003 ('19)	2014	2006	2009	2018	2019	2021
Age	18 yo	6 yo	15 yo	12 yo	3 yo	1 yo	0 yo
Fiscal Year							
End	2003 box	2002 box	2006 box	1999 box	2018 box	2019 box	2021 box
12/31/2020	<b>Disposed</b>	203,400	272,192	282,101	92,478	36,637	
2021		7/1/2021	10,000	20,000	25,000	30,000	<b>New</b>
2022			5,000	15,000	20,000	25,000	35,000
2023			7/1/2023	10,000	20,000	25,000	30,000
2024				5,000	15,000	20,000	25,000
2025				7/1/2025	10,000	20,000	25,000
2026					5,000	15,000	20,000
2027					7/1/2027	10,000	20,000
2028						5,000	15,000
2029						7/1/2029	10,000
2030							5,000
2031							7/1/2031



6

## End of Life, Mileage, Cost to Repair

AMB Year	12/20 Miles	MVEMSA EOL Mileage	Total M&R Cost	Miles to EOL	Replacement Year	Residual Value
<b>2014</b>	<b>203,400</b>	<b>250,000</b>	<b>\$ 89,954</b>	<b>46,600</b>	<b>2021</b>	<b>\$ 10,000</b>
2009	282,101	346,362	\$ 112,019	64,261	2023	\$ 15,000
2006	272,192	418,946	\$ 75,024	146,754	2025	\$ 40,000
2018	92,478	250,000	\$ 10,985	157,522	2027	\$ 175,000
2019	36,637	250,000	\$ 1,524	213,363	2029	\$ 200,000



**DEL PUERTO HEALTH CARE DISTRICT**  
**875 E Street - Patterson, California 95363**  
**FINANCE MEETING via Zoom Video Conference**  
**MINUTES January 20, 2021**

**I. Call to order/Attendance**

The meeting was called to order by Anne Stokman, Committee Chair, 3:12PM

**Other Board Members Present:** Becky Campo, Committee Member

**Other Staff Members Present:** Karin Hennings, Administrative Director/CEO; Maria Reyes-Palad, Financial Accounting Manager; Paul Willette, Ambulance Director; and Danae Skinner, Administrative Staff Accountant

**II. Public Participation – No comments**

**III. Acceptance of Agenda**

M/S/C Anne Stokman/Becky Campo to accept the agenda as presented.

**IV. Finance Report Review**

**A. Review for Approval: October 21, 2020 Finance Meeting Minutes**

M/S/C Anne Stokman/Becky Campo to accept the minutes for August 26, 2020 as presented.

**B. Review Financial Reports and Warrants for October 2020**

Maria Reyes-Palad reviewed the reports and answered all questions regarding the Financial Reports and Warrants.

M/S/C Anne Stokman/Becky Campo to recommend to the Board to accept the Financial Reports and Warrants as presented.

**C. Review Financial Reports and Warrants for November 2020**

Maria Reyes-Palad reviewed the reports and answered all questions regarding the Financial Reports and Warrants.

M/S/C Becky Campo/Anne Stokman to recommend to the Board to accept the Financial Reports and Warrants as presented.

**D. Review Financial Reports and Warrants for December 2020**

Maria Reyes-Palad reviewed the reports and answered all questions regarding the Financial Reports and Warrants.

M/S/C Becky Campo/Anne Stokman to recommend to the Board to accept the Financial Reports and Warrants as presented.

**IV. Old Business - NONE**

**V. New Business**

**A. Statement of Investment Policy Draft Update**

Karin Hennings reviewed the Investment Policy and answered all questions regarding the Investment Policy Draft.

M/S/C Anne Stokman/Becky Campo to recommend to the Board the Statement of Investment Policy Resolution with a change to the wording.

**B. FY2020 Audit Report**

Maria Reyes-Palad and Karin Hennings referred the committee to the Auditor's report.

**DEL PUERTO HEALTH CARE DISTRICT  
875 E Street - Patterson, California 95363  
FINANCE MEETING via Zoom Video Conference  
MINUTES January 20, 2021**

M/S/C Anne Stokman/Becky Campo to recommend to the Board the FY2020 Audit Report.

- C.** UMPQUA Commercial Card Resolution #XX.  
Karin Hennings and Maria Reyes-Palad presented the Resolution and answered all questions regarding UMPQUA Commercial Card Resolution.  
M/S/C Becky Campo/Anne Stokman to recommend the UMPQUA Commercial Card Resolution be sent to the Board.

**VI. Accounting and Finance Manager Report**

- A.** Update on Grant and Stimulus Monies Received
- COVID-19 Summary and Details
  - Telehealth Grant Balance as of December 2020  
Information Only – No Action
- B.** PPS FY2020 Due to Medi-Cal  
Maria Reyes-Palad presented the report.  
Information Only – No Action
- C.** Set Schedule for Committee Review of Account Reconciliations  
Becky Campo stated that the reconciliations can be brought to her office during working hours and she would review them.

**VII. Meeting adjourned – 3:39PM**

Respectfully submitted,

Anne Stokman, Treasurer

Del Puerto Health Care District  
**Balance Sheet**  
As of January 31, 2021

	Jan 31, 21	Dec 31, 20	% Change	Jan 31, 20	% Change	NOTES
<b>ASSETS</b>						
Current Assets						
Total Checking/Savings	2,918,895	2,184,644	34%	2,872,451	2%	
Total Accounts Receivable	583,245	536,759	9%	645,341	(10%)	
Total Other Current Assets	82,653	935,983	(91%)	39,148	111%	
<b>Total Current Assets</b>	<b>3,584,793</b>	<b>3,657,386</b>	<b>(2%)</b>	<b>3,556,940</b>	<b>1%</b>	
Fixed Assets						
Total 151.000 - Capital assets	5,254,954	5,273,527	(0%)	5,507,174	(5%)	
<b>Total Fixed Assets</b>	<b>5,254,954</b>	<b>5,273,527</b>	<b>(0%)</b>	<b>5,507,174</b>	<b>(5%)</b>	
<b>TOTAL ASSETS</b>	<b>8,839,747</b>	<b>8,930,913</b>	<b>(1%)</b>	<b>9,064,114</b>	<b>(2%)</b>	
<b>LIABILITIES &amp; EQUITY</b>						
Liabilities						
Total Current Liabilities	516,411	527,532	(2%)	545,287	(5%)	
Total Long Term Liabilities	2,217,944	2,227,686	(0%)	2,675,908	(17%)	
<b>Total Liabilities</b>	<b>2,734,355</b>	<b>2,755,218</b>	<b>(1%)</b>	<b>3,221,195</b>	<b>(15%)</b>	
Equity						
350.000 - Unrestricted Assets	1,076,284	1,082,320	(1%)	980,351	10%	
Total 360.000 - Assigned Fund Balance	2,292,357	2,292,357		1,967,000	17%	
Total 370.000 - Restricted Fund Balance	240,524	234,488	3%	226,440	6%	
390.000 - Net Fixed Assets (Capital)	2,492,762	2,492,762		2,492,762		
<b>Net Income</b>	<b>3,470</b>	<b>73,771</b>	<b>(95%)</b>	<b>176,365</b>	<b>(98%)</b>	YTD Net Result
Total Equity	6,105,397	6,175,698	(1%)	5,842,918	4%	
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>8,839,752</b>	<b>8,930,916</b>	<b>(1%)</b>	<b>9,064,113</b>	<b>(2%)</b>	

**Operating Acct**

Month End Cash Balance	2,918,895
101.015 - TCB - Keystone C 8641	(97,740)
103.100 - TCB-USDA Debt Reserve 7237	(122,877)
280.000 - Deferred Grant Revenue	(41,508)
370.010 - Mitigation Fees	(119,804)
360.030 - Asset Replacement Fund	(876,357)
AP & Payroll Liability	(375,429)
<b>Unencumbered Cash</b>	<b>1,285,180</b>
Percent of Operating Cash Reserve Goal	91%
360.070 - Operating Cash Reserve	1,416,000



Del Puerto Health Care District  
YTD by Class  
July 2020 through January 2021

	Total 01 DPHCD			Total 02 Patterson District Ambulance			Total 03 Del Puerto Health Center			Total 06 Keystone Bldg C			TOTAL		
	Jul '20 - Jan 21	Budget	% of Budget	Jul '20 - Jan 21	Budget	% of Budget	Jul '20 - Jan 21	Budget	% of Budget	Jul '20 - Jan 21	Budget	% of Budget	Jul '20 - Jan 21	Budget	% of Budget
Ordinary Income/Expense															
Income															
401.000 · Gross Patient Service Revenue				5,214,676	4,920,417	106%	1,278,293	1,298,171	98%				6,492,969	6,218,588	104%
401.021 · Del Puerto Health Center															
403.000 · Adjustments				(3,611,475)	(3,292,557)	110%	(282,438)	(89,726)	315%				(3,893,913)	(3,382,283)	115%
405.000 · Bad Debt				(429,415)	(357,153)	120%	(17,515)		100%				(446,930)	(357,153)	125%
407.000 · Other Income	1,664	1,167	143%	84,304	13,483	625%	71,165	106,467	67%				157,133	121,117	130%
Total Income	1,664	1,167	143%	1,258,090	1,284,190	98%	1,049,505	1,314,912	80%				2,309,259	2,600,269	89%
Gross Profit	1,664	1,167	143%	1,258,090	1,284,190	98%	1,049,505	1,314,912	80%				2,309,259	2,600,269	89%
Expense															
601.000 · Salaries & Wages	251,146	248,903	101%	677,114	642,738	105%	529,084	643,104	82%				1,457,344	1,534,745	95%
602.000 · Employee Benefits	70,453	74,122	95%	159,514	183,501	87%	164,623	206,016	80%				394,590	463,639	85%
603.000 · Professional Fees	28,620	69,733	41%	5,124	7,210	71%	416,676	423,162	98%				450,420	500,105	90%
604.000 · Purchased Services	6,706	6,458	104%	122,198	112,277	109%	142,741	171,008	83%				271,645	289,743	94%
605.000 · Supplies	4,051	5,507	74%	68,336	54,017	127%	53,058	53,871	98%				125,445	113,395	111%
606.000 · Utilities	4,453	4,492	99%	10,729	11,258	95%	24,111	25,153	96%				39,293	40,903	96%
607.000 · Rental and Lease	2,703	2,888	94%	221	233	95%	3,342	3,450	97%				6,266	6,571	95%
608.000 · Insurance Coverages	20,170	19,464	104%	101,381	103,682	98%	70,413	67,657	104%				191,964	190,803	101%
609.000 · Maintenance & Repairs	1,284	1,808	71%	40,437	50,342	80%	10,386	16,155	64%				52,107	68,305	76%
610.000 · Depreciation and Amortization	5,755	5,655	102%	94,233	93,990	100%	43,474	43,240	101%	28,037	28,000	100%	171,499	170,885	100%
611.000 · Other operating expenses	40,099	29,178	137%	70,452	100,306	70%	43,378	46,926	92%				153,929	176,410	87%
Total Expense	435,440	468,208	93%	1,349,739	1,359,554	99%	1,501,286	1,699,742	88%	28,037	28,000	100%	3,314,502	3,555,504	93%
Net Ordinary Income	(433,776)	(467,041)	93%	(91,649)	(75,364)	122%	(451,781)	(384,830)	117%	(28,037)	(28,000)	100%	(1,005,243)	(955,235)	105%
Other Income/Expense															
Other Income															
701.000 · District Tax Revenues	828,331	828,333	100%	141,750	141,750	100%							970,081	970,083	100%
702.000 · Impact Mitigation Fees															
703.000 · Investment Income	5,645	9,000	63%	0			0		0%				5,645	9,000	63%
704.000 · Interest Expense							(35,460)	(35,000)	101%	(22,211)	(25,083)	89%	(57,671)	(60,083)	96%
705.000 · Tenant Revenue							4,200	4,200	100%	81,275	75,893	107%	85,475	80,093	107%
710.000 · Misc Other Income				6,800		100%	4,594	6,500	71%				11,394	6,500	175%
Total Other Income	833,976	837,333	100%	148,550	141,750	105%	(26,666)	(24,300)	110%	59,064	50,810	116%	1,014,924	1,005,593	101%
Other Expense															
802.000 · Keystone District Expense										6,212	4,793	130%	6,212	4,793	130%
810.000 · Misc Other Expense															
Total Other Expense										6,212	4,793	130%	6,212	4,793	130%
Net Other Income	833,976	837,333	100%	148,550	141,750	105%	(26,666)	(24,300)	110%	52,852	46,017	115%	1,008,712	1,000,800	101%
Net Income	400,200	370,292	108%	56,901	66,386	86%	(478,447)	(409,130)	117%	24,815	18,017	138%	3,469	45,565	8%

**Del Puerto Health Care District  
Warrants by Bank Account  
January 2021**

Type	Date	Num	Name	Credit
101.000 · Cash and cash equivalents				
101.010 · Tri Counties Bank				
101.011 · TCB-Operating Checking 1739				
Check	01/15/2021	eft	USDA Rural Development Loan-EFT	10,060.00
Bill Pmt -Check	01/04/2021	EFT	U.S. Bank Equipment Finance - EFT	126.27
Bill Pmt -Check	01/12/2021	EFT	U.S. Bank Equipment Finance - EFT	149.95
Bill Pmt -Check	01/12/2021	EFT	U.S. Bank Equipment Finance - EFT	140.24
Bill Pmt -Check	01/22/2021	EFT	Athena Health, Inc.	3,503.37
Bill Pmt -Check	01/22/2021	EFT	City Of Patterson-H2O, sewer, garbag	535.30
Check	01/04/2021	29744	REFUND - VA-Palo Alto-Menlo Park C	545.81
Bill Pmt -Check	01/04/2021	29745	J.B. Anderson Land Use Planning	170.00
Bill Pmt -Check	01/04/2021	29746	McKesson Medical Surgical Inc.	140.55
Bill Pmt -Check	01/04/2021	29747	MD - Blythe, Diana	23,951.33
Bill Pmt -Check	01/04/2021	29748	MD - Rodriguez, Jose	35,333.33
Bill Pmt -Check	01/04/2021	29749	PG&E	490.15
Check	01/12/2021	29750	U.S. Bank Corporate Payment Center	14,041.84
Bill Pmt -Check	01/12/2021	29751	Airgas USA, LLC	189.10
Bill Pmt -Check	01/12/2021	29752	AMR-American Medical Response	5,967.74
Bill Pmt -Check	01/12/2021	29753	AMS Software Inc.	181.00
Bill Pmt -Check	01/12/2021	29754	BICSEC Security, Inc	25.00
Bill Pmt -Check	01/12/2021	29755	Bound Tree Medical LLC	2,906.61
Bill Pmt -Check	01/12/2021	29756	Comcast - Other	69.51
Bill Pmt -Check	01/12/2021	29757	Data Path, Inc	7,623.00
Bill Pmt -Check	01/12/2021	29758	Greenway Health	1,925.54
Bill Pmt -Check	01/12/2021	29759	GreenWorks Janitorial Services	4,145.00
Bill Pmt -Check	01/12/2021	29760	Hi-Tech EVS, Inc.	1,208.41
Bill Pmt -Check	01/12/2021	29761	J.B. Anderson Land Use Planning	849.00
Bill Pmt -Check	01/12/2021	29762	Language Line	100.00
Bill Pmt -Check	01/12/2021	29763	Life-Assist	2,840.37
Bill Pmt -Check	01/12/2021	29764	Life Line	36.80
Bill Pmt -Check	01/12/2021	29765	McAuley Ford	77.15
Bill Pmt -Check	01/12/2021	29766	McKesson Medical Surgical Inc.	1,992.23
Bill Pmt -Check	01/12/2021	29767	MedTech Billing Services, Inc	5,803.63
Bill Pmt -Check	01/12/2021	29768	Mission Linen Supply	853.99
Bill Pmt -Check	01/12/2021	29769	Mountain-Valley EMS Agency	250.00
Bill Pmt -Check	01/12/2021	29770	Patterson Irrigator	30.00
Bill Pmt -Check	01/12/2021	29771	Paul Oil Co., Inc.	2,178.66
Bill Pmt -Check	01/12/2021	29772	Physicians Service Bureau	246.50
Bill Pmt -Check	01/12/2021	29773	Pitney Bowes - Meter Lease	220.07
Bill Pmt -Check	01/12/2021	29774	Stanislaus County Department of Agric	605.50
Bill Pmt -Check	01/12/2021	29775	Staples Advantage	49.19
Bill Pmt -Check	01/12/2021	29776	Stericycle	682.50
Bill Pmt -Check	01/12/2021	29777	Stryker Sales Corporation	245.74
Bill Pmt -Check	01/12/2021	29778	Terminix	60.00
Bill Pmt -Check	01/12/2021	29779	TID Turlock Irrigation District +06	867.14
Bill Pmt -Check	01/12/2021	29780	Verizon Wireless	207.87
Bill Pmt -Check	01/12/2021	29781	Workbench True Value Hdwe.	20.65
Bill Pmt -Check	01/22/2021	29782	A West Side Self Storage	228.60
Bill Pmt -Check	01/22/2021	29783	Airgas USA, LLC	179.54

**Del Puerto Health Care District  
Warrants by Bank Account  
January 2021**

Type	Date	Num	Name	Credit
Bill Pmt -Check	01/22/2021	29784	Amazon	106.69
Bill Pmt -Check	01/22/2021	29785	Beta Healthcare - Workers Comp	5,119.00
Bill Pmt -Check	01/22/2021	29786	Beta Healthcare Group	17,279.67
Bill Pmt -Check	01/22/2021	29787	Bound Tree Medical LLC	1,405.04
Bill Pmt -Check	01/22/2021	29788	CAA California Ambulance Associator	1,200.00
Bill Pmt -Check	01/22/2021	29789	City Of Patterson-H2O, sewer, garbag	430.24
Bill Pmt -Check	01/22/2021	29790	Cole Huber (Cota Cole)	2,638.50
Bill Pmt -Check	01/22/2021	29791	Comcast - Other	180.95
Bill Pmt -Check	01/22/2021	29792	Comcast Business Voice Edge	VOID
Bill Pmt -Check	01/22/2021	29793	Crescent Work & Outdoor #1	361.32
Bill Pmt -Check	01/22/2021	29794	Streamline/Digital Deployment	200.00
Bill Pmt -Check	01/22/2021	29795	Frontier-3755	204.31
Bill Pmt -Check	01/22/2021	29796	Frontier - HC 8639	197.38
Bill Pmt -Check	01/22/2021	29797	Life-Assist	1,209.92
Bill Pmt -Check	01/22/2021	29798	McKesson Medical Surgical Inc.	987.44
Bill Pmt -Check	01/22/2021	29799	Mid Valley IT	360.00
Bill Pmt -Check	01/22/2021	29800	Mission Linen Supply	285.24
Bill Pmt -Check	01/22/2021	29801	NextGen Healthcare, Inc	546.00
Bill Pmt -Check	01/22/2021	29802	Pacific Records Management	202.15
Bill Pmt -Check	01/22/2021	29803	Patterson Irrigator	975.00
Bill Pmt -Check	01/22/2021	29804	Paul Oil Co., Inc.	1,826.21
Bill Pmt -Check	01/22/2021	29805	Pfizer Inc.	1,919.78
Bill Pmt -Check	01/22/2021	29806	PG&E	125.13
Bill Pmt -Check	01/22/2021	29807	ReadyRefresh by Nestle	140.51
Bill Pmt -Check	01/22/2021	29808	Sanofi Pasteur, Inc	1,781.38
Bill Pmt -Check	01/22/2021	29809	SEMSA Sierra Medical Services Allian	16,539.44
Bill Pmt -Check	01/22/2021	29810	Shred-it US JV LLC	315.76
Bill Pmt -Check	01/22/2021	29811	Staples Advantage	250.96
Bill Pmt -Check	01/22/2021	29812	West Side Storage Baldwin	187.20
Bill Pmt -Check	01/22/2021	29813	Westside Landscape & Concrete	292.50
Bill Pmt -Check	01/22/2021	29814	WIPFLi LLP	525.00
Bill Pmt -Check	01/22/2021	29815	Zoll	1,058.70
Bill Pmt -Check	01/22/2021	29816	Comcast Business Voice Edge	943.23
Total 101.011 - TCB-Operating Checking 1739				191,848.83
101.012 - TCB-Payroll Account 2999				
Liability Check	01/06/2021		Payroll Direct Deposit	49,764.55
Liability Check	01/20/2021		Payroll Direct Deposit	49,628.08
Liability Check	01/28/2021	EFT	Metlife - Group Benefits	769.93
Liability Check	01/07/2021	E-pay	EDD State of California	4,010.40
Liability Check	01/07/2021	E-pay	Internal Revenue Service	22,724.66
Liability Check	01/21/2021	E-pay	EDD State of California	4,315.55
Liability Check	01/21/2021	E-pay	Internal Revenue Service	22,478.96
Liability Check	01/21/2021	E-pay	EDD State of California	4,935.47
Liability Check	01/22/2021	E-pay	EDD State of California	174.60
Liability Check	01/22/2021	E-pay	Internal Revenue Service	871.44
Paycheck	01/07/2021	24805	Employee Payroll	1,803.51
Paycheck	01/07/2021	24806	Employee Payroll	2,315.93
Paycheck	01/07/2021	24807	Employee Payroll	971.48
Paycheck	01/07/2021	24808	Employee Payroll	963.61

**Del Puerto Health Care District  
Warrants by Bank Account  
January 2021**

Type	Date	Num	Name	Credit
Paycheck	01/07/2021	24809	Employee Payroll	1,272.65
Paycheck	01/07/2021	24810	Employee Payroll	2,841.63
Paycheck	01/07/2021	24811	Employee Payroll	1,938.24
Paycheck	01/07/2021	24812	Employee Payroll	1,396.14
Liability Check	01/07/2021	24813	AIG (VALIC)	10,755.51
Liability Check	01/07/2021	24814	United Steelworkers	435.02
Paycheck	01/21/2021	24815	Employee Payroll	1,660.59
Paycheck	01/21/2021	24816	Employee Payroll	2,798.75
Paycheck	01/21/2021	24817	Employee Payroll	977.95
Paycheck	01/21/2021	24818	Employee Payroll	959.09
Paycheck	01/21/2021	24819	Employee Payroll	1,443.02
Paycheck	01/21/2021	24820	Employee Payroll	3,107.89
Paycheck	01/21/2021	24821	Employee Payroll	1,929.18
Liability Check	01/21/2021	24822	AIG (VALIC)	10,556.19
Liability Check	01/21/2021	24823	United Steelworkers	427.84
Liability Check	01/21/2021	24824	Franchise Tax Board	150.34
Paycheck	01/22/2021	24825	Employee Payroll	2,788.17
Liability Check	01/28/2021	24826	CA Choice	33,712.57
Liability Check	01/28/2021	24827	Delta Dental	3,189.33
Liability Check	01/28/2021	24828	MES Vision	466.94
Liability Check	01/28/2021	24829	LegalShield	316.05
Liability Check	01/28/2021	24830	AFLAC	2,067.76
Total 101.012 · TCB-Payroll Account 2999				<u>250,919.02</u>
101.015 · TCB - Keystone C 8641				
Bill Pmt -Check	01/12/2021	EFT	Tri Counties Bank-EFT	7,442.07
Bill Pmt -Check	01/12/2021	10222	Gilberto Arroyo-06	380.00
Bill Pmt -Check	01/12/2021	10223	TID Turlock Irrigation District +06	366.17
Bill Pmt -Check	01/22/2021	10224	City Of Patterson-H2O, sewer, garbag	180.08
Total 101.015 · TCB - Keystone C 8641				<u>8,368.32</u>
Total 101.010 · Tri Counties Bank				<u>451,136.17</u>
Total 101.000 · Cash and cash equivalents				<u>451,136.17</u>
103.000 · Restricted Funds				
103.100 · TCB-USDA Debt Reserve 7237				
Check	01/15/2021	eft	USDA Rural Development Loan-EFT	10,060.00
Total 103.100 · TCB-USDA Debt Reserve 7237				<u>10,060.00</u>
Total 103.000 · Restricted Funds				<u>10,060.00</u>
<b>TOTAL</b>				<b><u><u>461,196.17</u></u></b>

**Del Puerto Health Care District  
Operating Budget Mid-Yr Revision  
FYE 2020-21**

	Original Jul '20 - Jun 21	Proposed Addition	Description	Proposed New Jul '20 - Jun 21
Ordinary Income/Expense				
Income				
401.000 · Gross Patient Service Revenue	10,637,046			10,637,046
401.021 · Del Puerto Health Center				
403.000 · Adjustments	(5,804,886)			(5,804,886)
405.000 · Bad Debt	(615,343)			(615,343)
407.000 · Other Income	206,782			206,782
<b>Total Income</b>	<b>4,423,599</b>			<b>4,423,599</b>
Gross Profit	4,423,599			4,423,599
Expense				
601.000 · Salaries & Wages	2,630,991			2,630,991
602.000 · Employee Benefits	794,807			794,807
603.000 · Professional Fees	818,796			818,796
604.000 · Purchased Services	497,915	8,575	<b>AMB security cost</b>	<b>506,490</b>
605.000 · Supplies	194,350			194,350
606.000 · Utilities	70,100			70,100
607.000 · Rental and Lease	11,150			11,150
608.000 · Insurance Coverages	327,091			327,091
609.000 · Maintenance & Repairs	116,900			116,900
610.000 · Depreciation and Amortization	237,600			237,600
611.000 · Other operating expenses	328,049	16,102	<b>County election cost</b>	<b>344,151</b>
<b>Total Expense</b>	<b>6,027,749</b>			<b>6,052,426</b>
Net Ordinary Income	(1,604,150)			(1,628,827)
Other Income/Expense				
Other Income				
701.000 · District Tax Revenues	1,663,000			1,663,000
702.000 · Impact Mitigation Fees				0
703.000 · Investment Income	12,400			12,400
704.000 · Interest Expense	(60,000)			(60,000)
705.000 · Tenant Revenue	7,200			7,200
710.000 · Misc Other Income	6,500			6,500
<b>Total Other Income</b>	<b>1,629,100</b>			<b>1,629,100</b>
Other Expense				
Total Other Expense	0			0
Net Other Income	1,629,100			1,629,100
<b>Net Income</b>	<b>24,950</b>	<b>24,677</b>		<b>273</b>



1



2



# Chuck Coelho

9 years



3



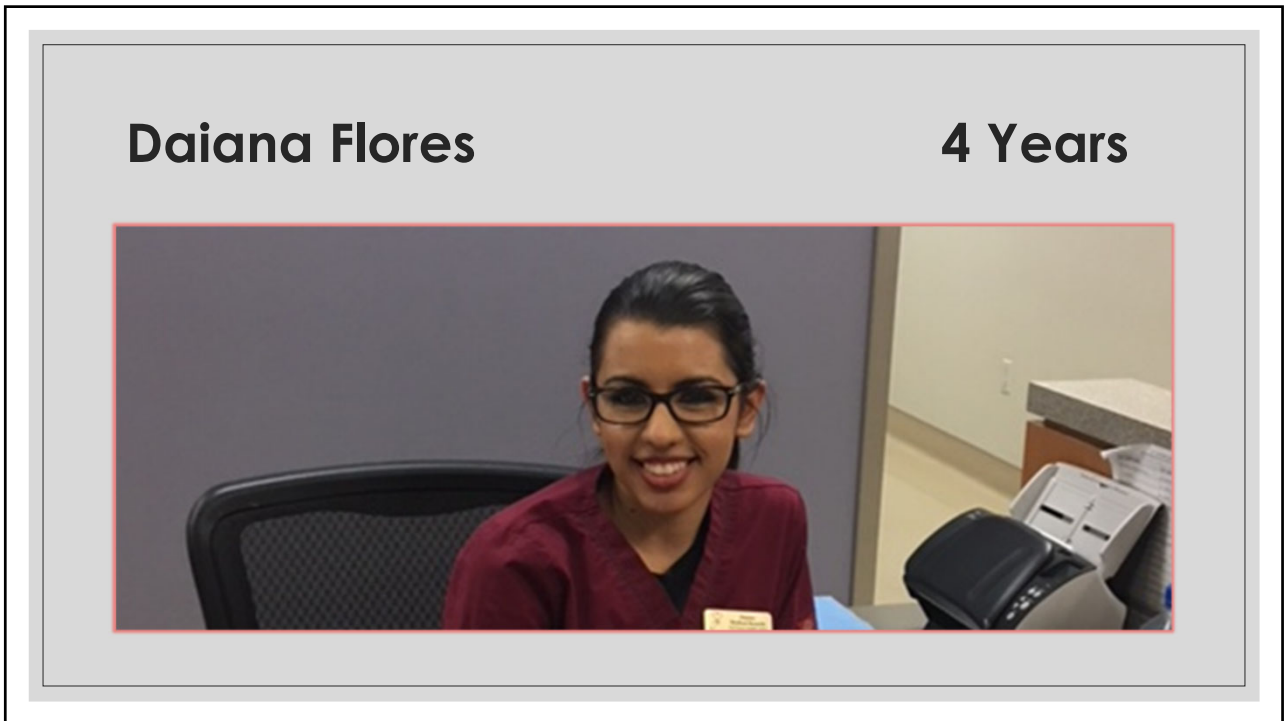
# Lori Valdovinos

9 Years

4



5

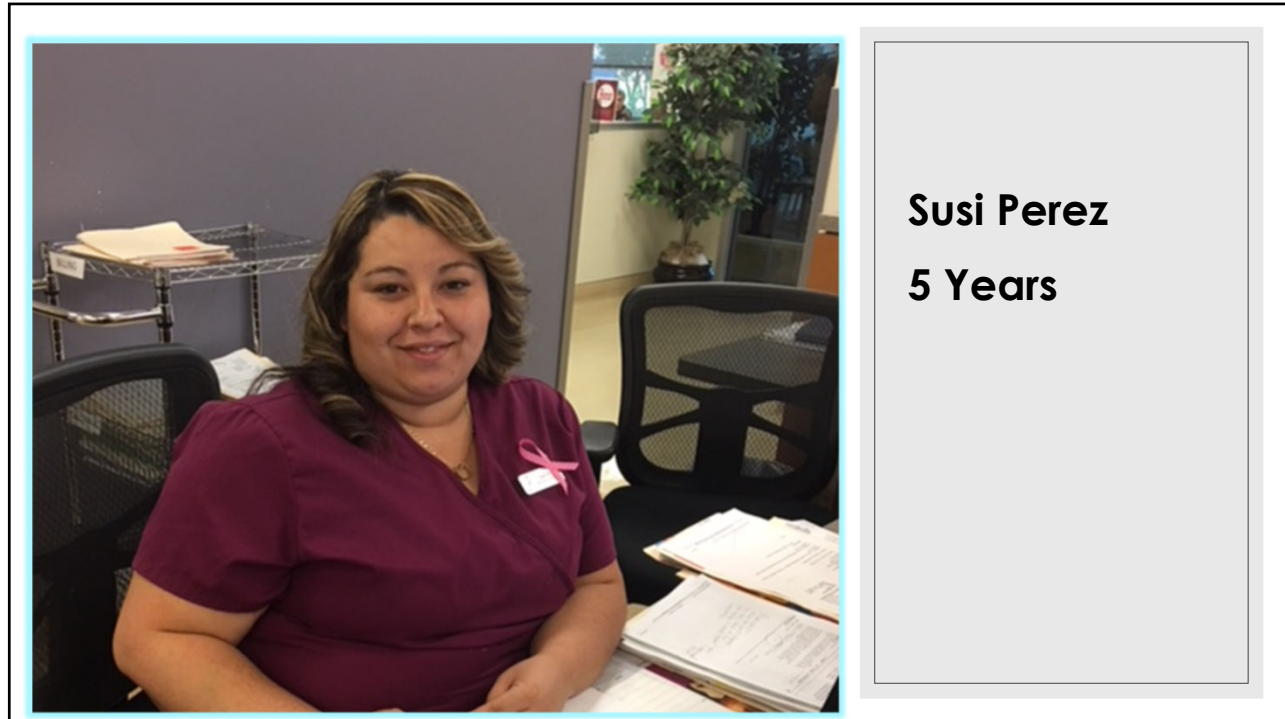


**Daiana Flores**

**4 Years**

6





7



8

**Del Puerto Health Care District**  
**District Health Services Assessment Committee**  
**Review of Progress and Update – February 22, 2020**

Page 1 of 1

## **SURVEY LAUNCH**

Mailed on January 19, 2021

We sent out surveys to a total of 9,025 households:

- 95313 - 365
- 95363 - 8,144
- 95385 - 93
- 95387 - 423

Total of 53 questions plus open ended questions covering:

- general health,
- general perspective re: health care on the West Side,
- health insurance,
- safety,
- tobacco & substance abuse,
- access to health care,
- dental health,
- chronic health conditions, and
- household demographics.

Responses as of February 16, 2021

<b>Total Participants</b>		
	N	%
<b>Language</b>	254	
English	219	86%
Other	1	0%
Spanish	34	13%
<b>Zip code</b>	254	
95363	235	93%
95313	10	4%
95385	3	1%
95387	6	2%
<b>Method</b>	254	
Mail	160	63%
Online	94	37%
Phone	0	0%

Survey Return Goal = 300-400 households

## **NEXT STEPS**

- Receive 100-150 more surveys
- Aggregate the survey data
- Compare to similar data from Stanislaus County as a whole
- Analyze major findings
- Present for feedback to:
  - Ad Hoc Committee
  - DPHCD Board
  - Community (open meetings)
- Integrate survey/community information into the DPHCD Strategic Planning process

You have limited access to Smartsheet. [Upgrade to use premium features](#)

### Executive Summary Snapshot



### Revenue Cycle Performance

01/31/21    12/31/20    12 Month Avg

01/31/21    12/31/20    12 Month Avg

#### Gross Charges

\$721,222.00    \$783,747.00    \$725,260.83

#### Month Ending

01/31/21

#### Charges by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$293,292.00	\$422,927.00	\$294,595.83
Medicaid	\$222,775.00	\$143,785.00	\$226,524.58
Insurance	\$126,890.00	\$98,520.00	\$120,336.25
Self Pay	\$78,265.00	\$118,515.00	\$83,804.17
Facility	\$0.00	\$0.00	

#### Transports & Billable Dry Runs

183    209    177

01/31/21    12/31/20    12 Month Avg

#### Collections

\$136,059.00    \$175,553.00    \$169,067.50

#### Collection % Gross

18.9%    22.4%    23.3%

#### Collections by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$39,962.00	\$51,682.00	\$39,504.92
Medicaid	\$16,121.00	\$31,847.00	\$26,415.75
Insurance	\$61,638.00	\$86,857.00	\$92,465.92
Self Pay	\$18,338.00	\$5,167.00	\$10,680.92
Facility	\$0.00	\$0.00	

#### Contractual Adjustments

\$508,063.00    \$643,062.00    \$553,706.08

#### Accounted for Funds

89.3%    87.2%    93.4%

#### Write Offs

\$75,726.00    \$58,375.00    \$65,067.75

#### Aging by Range

Payor Class	Current Month	Previous Month	12 Month Avg
0 - 30	\$211,092.00	\$227,190.00	\$220,275.75
31 - 60	\$194,259.00	\$207,722.00	\$174,040.17
61 - 90	\$101,025.00	\$93,980.00	\$89,165.75
91 - 120	\$35,500.00	\$35,009.00	\$36,836.17
120+	\$67,344.00	\$72,026.00	\$122,880.17

#### Transports by Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	67	101	67
Medicaid	59	41	56
Insurance	29	25	28
Self Pay	28	42	26
Facility			

#### Average Daily Revenue

\$24,040.73    \$25,282.16    \$24,175.36

#### Revenue Per Transport

\$3,941.10    \$3,749.99    \$4,095.59

#### Aging Payor Class

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	\$46,938.00	\$63,055.00	\$42,654.75
Medicaid	\$38,673.00	\$32,310.00	\$53,953.08
Insurance	\$258,744.00	\$196,398.00	\$259,275.08
Self Pay	\$255,354.00	\$339,299.00	\$284,084.92
Facility	\$9,510.00	\$4,865.00	\$2,996.88

#### Pay Mix Transports

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	36.6%	48.3%	37.8%
Medicaid	32.2%	19.6%	31.6%
Insurance	15.8%	12.0%	15.8%
Self Pay	15.3%	20.1%	14.8%
Facility	0.0%	0.0%	0.0%

#### Collections Per Transport

\$743.49    \$839.97    \$954.73

#### Contractual Allowance Per Transport

\$2,776.30    \$3,076.85    \$3,126.81

#### Days Sales Outstanding

25    26    27

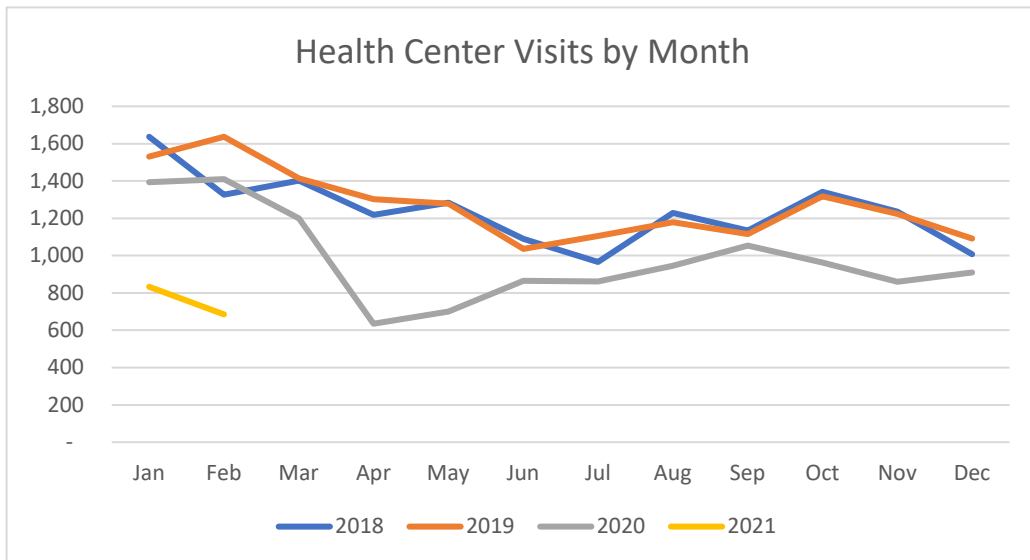
#### Pay Mix Aging

Payor Class	Current Month	Previous Month	12 Month Avg
Medicare	7.7%	9.9%	6.6%
Medicaid	6.3%	5.1%	8.4%
Insurance	42.5%	30.9%	40.3%
Self Pay	41.9%	53.4%	44.2%
Facility	1.6%	0.8%	0.5%

## Del Puerto Health Center Visits by Month

January 2018 through Feb 2021

Health Center Visits	2018	2019	2020	2021	%
<b>Jan</b>	1,637	1,531	1,393	833	60%
<b>Feb</b>	1,326	1,637	1,410	685	86%
<b>Mar</b>	1,402	1,414	1,199		85%
<b>Apr</b>	1,218	1,302	635		49%
<b>May</b>	1,283	1,279	700		55%
<b>Jun</b>	1,089	1,036	865		83%
<b>Jul</b>	966	1,106	861		78%
<b>Aug</b>	1,228	1,179	946		80%
<b>Sep</b>	1,135	1,115	1,053		94%
<b>Oct</b>	1,342	1,318	963		73%
<b>Nov</b>	1,236	1,224	860		70%
<b>Dec</b>	1,007	1,092	909		83%
					75%



# Del Puerto Health Care District

## Administrative Director / CEO Update – January 2021

Karin Freese Hennings

### Strategic Planning:

- District Health Needs Assessment (see detailed report)
  - Survey to be concluded at end of February
  - Target completion for representative sampling is 300-400 completed surveys
- Review materials included with this report

### Financial Summary Report in Board Packet

- \$2.9 million in cash (including \$876k in asset replacement funds)
- \$583k in accounts receivable
- \$516k in current liabilities
- Denied additional in 3<sup>rd</sup> round of federal CURES funding

### Project Updates

- Information Technology – new tools
  - PowerDMS – policy management, publication, and distribution
  - esoScheduling – online timecards, PTO requests, shift scheduling, payroll tracking
  - Office 365 conversion – last step in transition away from old 2008 server.
  - Distribution of 15 refurbished Windows 10 Pro PCs in Health Center and 2 in Ambulance
- Patterson COVID Vaccination Site
  - Now available to agriculture, emergency, and teachers over 50 years old
  - Collaborative effort between Stanislaus County, City of Patterson, School District and Health Care District
  - New location as if 2/26 Hammon Senior Center

### Human Resources

- Dr. Blythe last day at DPHC was February 19<sup>th</sup>
- OSHA required “COVID Prevention Program” implemented to reduce risks of employee-to-employee virus transmission; distributed to all employees

### In Process

- Strategic Planning upon completion of Community Health Needs Assessment
- Monthly Board Policies Review

### **Board Governance Training – (20 minutes during Board meeting)**

The ACHD Governance Toolkit is composed of a series of six recorded webinars and robust discussion guides to encourage and support healthcare districts to enhance their governance models and practices. The six topics addressed in depth through this toolkit are:

1. Community Engagement
2. Balancing Governance & Management
3. Board Orientations
4. Strategic Planning
5. Board Self-Assessments
6. Board Education Programming

Each of the programs consist of an approximately 15-minute video with a downloadable slide deck, and an in-depth discussion guide to stimulate healthy conversations between the CEO and the board about practical ways to collaborate more effectively and efficiently.

# ACHD Governance Toolkit



## Session 1: Community Engagement Discussion Guide

[Watch the Community Engagement Webinar Here](#)

[Download the Session Slides Here](#)

Prepared by  
James A. Rice, Ph.D.  
Brian E. Rice, MHA

### Series Preface:

This discussion guide is part of an “**ACHD Governance Toolkit**” composed of a series of six recorded webinars organized by the Association of California Healthcare District (ACHD) to encourage and support healthcare district boards of directors to further enhance the performance of their governance models and practices. The six topics addressed are:

1. Community Engagement
2. Balancing Governance & Management
3. Board Orientations
4. Strategic Planning
5. Board Self-Assessments
6. Board Education Programming

The six programs consist of an approximately 15-minute video with a downloadable slide deck, and a short discussion guide to stimulate healthy conversations between the CEO and the board about practical ways they can collaborate for more effective and efficient board decision making in each topic. The programs are also intended to help encourage healthcare districts to consider the successful completion of ACHD Certification.

**The ACHD Certified Healthcare District Program** promotes good governance for healthcare districts by creating a core set of accountability and transparency standards. This core set of ACHD standards is known as *Best Practices in Governance* and districts that demonstrate compliance are designated by ACHD as a **Certified Healthcare District** for a period of three years. [Find more information on our website.](#)



# ACHD Governance Toolkit



Each of the six webinars can be optimized when the Board Chair and CEO collaborate to organize a five-step program of education for the coming year.

The five-step process for your board-CEO conversation to address these topics is suggested to be:

1. The CEO and Board Chair reaffirm their shared commitment to the continuous enhancement of the board's education and capacity development. Jointly express this commitment at the beginning of each year.
2. Adopt a board policy of continuous board development that embraces:
  - Periodic CEO briefing materials on topics relevant to the strategic plans and challenges of the healthcare district.
  - A calendar of speakers in routine board meetings on hot topics to help the district's vitality.
  - Organization of a "Symposium" on board best practices with other community organizations and associations for joint learning and community leader networking.
  - Participation in small groups of district board members at ACHD or other state conferences on strategic issues and trends.
  - Organization of customized educational readings or mentors for each board member based on their unique needs and requests.
3. Organize a 30-minute educational session during a Spring and Fall board meeting to focus on one or more of the six Webinar topics. Ask one board member to team with a member of management and/or the staff to jointly present, and help guide the discussion around the webinar and this Discussion Guide. This team approach helps build interest, ownership and shared responsibility among the board for its ongoing development.
4. Encourage all board members to watch to the short video recording of the webinar before the scheduled discussion session. All should come to the discussion session ready to contribute in these ways:
  - Assess how well this topic is being addressed in your healthcare district;
  - Bring questions and ideas about how your district might better address this topic in the future; and
  - Bring some suggested resources that might help your healthcare district enhance its learning and planning for this topic.
5. Conduct a collegial assessment of each program to see how its value to your district could best be optimized in the coming year. Share your ideas with the ACHD staff.

Thank you again for all you do for the people of your healthcare district, and for the enhanced performance of your healthcare district board work!

Contact ACHD staff at any time with questions, or contact us at [jim\\_rice@governakadimi.org](mailto:jim_rice@governakadimi.org)

Let's begin moving through this discussion guide.



# ACHD Governance Toolkit



## Community Engagement

### Introduction

Thank you for your interest in exploring how your healthcare district board might better understand and develop its capacity for enhanced **community engagement**. We see community engagement as a two-way street that both (a) invites the community into the work of your district's board, and (b) encourages your board to engage more effectively in the community through partnerships focused on community health gains and population health.

This discussion guide is not a stand-alone document. The guide is to be used in conjunction with the corresponding [recorded webinar](#) and [slide deck](#). We encourage your board and CEO to collaborate for shared strategic thinking and planning to support your board members, individually and collectively, to be more effective in establishing and nurturing community partnerships by **new strategies and structures of engagement**.

This Discussion Guide is organized to answer these questions:

1. What is "Community Engagement"?
2. Why is it important?
3. Common issues or challenges?
4. What can boards do to be more successful?
5. Where to secure resources for further educational insights on this topic?

Within each of these five sections, we pose a series of questions to guide your conversations about how to best enhance your work in developing and managing community engagement as a means to accomplish the mission of your healthcare district.



# ACHD Governance Toolkit



## 1. What is “Community Engagement”?

We have found that community engagement is a **structured process** to build and nurture **partnership(s)** with diverse players, such as:

1. Social Determinants of Health (SDOH) partners
2. Provider partners
3. Payer partners
4. Government, Civic and Business leaders
5. Supply Chain partners
6. Donor partners

Partnerships that deliver meaningful value resulting in **health gain and health care** in a resource constrained environment!

To strengthen your thinking and actions in this sphere of interest, please try to ask and answer these questions within a board retreat or board meeting:

- What do you mean by “**community**”? In addition to the above players in your region, what are the various segments in the population that make up your diverse community (ethnicity, race, gender, religions, age sub-groupings)? What do they need from you? What would you like from them? What actions should you consider taking to optimize the chance for your needs and theirs to best be met in the coming months?
- When we say “**engagement**” what does that mean? As both **a noun** (look the word up in [the dictionary here](#) and talk about how it applies to your healthcare district), and as **a verb**, [found here](#).
- If we are to build and nurture “**partnerships**” as an output of community engagement, what are the outcomes we desire from these partnerships? We partner to achieve what strategic goals or objectives?

# ACHD Governance Toolkit



## 2. Why is it important?

Our work in many communities and countries suggest there are many reasons to better master Community Engagement. First, as a healthcare district in California, we have no real choice as a community organization formed for and from the community! Other dimensions of its importance to us can be:

- The health care environment and landscape are more complex, riskier, and expensive than ever before.
- Because we cannot possibly have all the answers to most successfully engage or partner with the population segments in our district, it is not wise to do it alone; we need wisdom, leverage and resources of others in our journey to achieve our healthcare district's mission.
- Collaboration more than competition is now more likely to be an expected model from key stakeholders: payers, media, community leaders, providers, employees, donors, policy makers.
- Our journey to our mission needs intentional "mapping" rather than "drifting" for our sustained vitality.

How would you address these questions to improve your ability to leverage the importance of community engagement?

- What are 2-3 examples of the value of better community engagement for your healthcare district?
- You might ask your community partners how they measure the value of, or importance of better community partnering?

# ACHD Governance Toolkit



## 3. Common issues or challenges?

While many see the value of better community engagement and partnerships, it is not easy to accomplish and maintain these collaborative partnerships. Our work indicates these are some of the most important obstacles that constrain or frustrate good partnership opportunities:

- We must find new revenues to help us protect and promote community health compared to restoring health via acute care.
- New partnerships require new people, personalities, processes, priorities, and professions.
- Many distractions and competing priorities as U.S. and California policy constraints pull us from **populations** compared to **patients**.
- Lack of experience and tools in community-based planning and **“Collaborative Governance”**.
- Lack of resources to walk-the-talk.

What do you see as the key challenges to build enduring cooperation with these potential populations in your community?

- Physicians and other providers?
- Other community and civic organizations interested in health status and health care?
- Payers?
- Hispanic, African American, and other minority populations?
- Disabled populations?
- Homeless populations?
- Young families?
- Frail seniors?
- The younger generation?
- Others in your region?

## 4. What can Boards do to be more successful?

While your healthcare district board cannot do everything for every segment of the community, there is much you can do with careful study, listening and planning, such as:

- Invite education from community leaders on needs, barriers, and new strategies within new models of cooperation, and new sources of funds to catalyze and support collaboration and engagement.
- Study successful models of “Collective Impact” and “Collaborative Governance” across California, across the U.S., and in other countries.
- Experiment with “Community Plunges” (See [Theda Care](#) example).

# ACHD Governance Toolkit



Please discuss how you can best answer these related questions:

- What examples of community engagement and partnering have you already been using in your healthcare district? Why are they working well, or why not?
- How might you organize a **community focus group or roundtable** to listen to the needs the people and partners you wish/need to engage with, and then how would you use “**sincere inquiry**” to ask them how they might best engage with you to address their needs (and yours)?
- Pick one of the tough challenges in section 3 above. How should your board and executive team best remove, reduce or work around that obstacle?

## 5. Where to secure resources for further educational insights on this topic?

We encourage you to have a conversation about where you can turn for ideas and resources to build and sustain healthy community partnerships, and the processes of collaboration and engagement to build them. Our suggested sources are shown here:

- [Foster McGaw Award winners](#)
- [Public Health Institute](#)
- [National Association of Counties](#)
- [Social Determinants of Health](#)
- [Association for Community Improvement](#)
- [Collective Impact](#)

What do you find as suggested resources to use in your community engagement efforts?

## Thank You

Thank you again for all you are doing to build community engagement.

[Please click here to evaluate this board development discussion guide and webinar](#) to help us improve support for your board’s continuous development and effectiveness.

And thank you for all you do for the people you exist to serve in your healthcare district!