Mark Twain Health Care District

MINUTES
Regular Meeting
of the
Board of Directors

Mark Twain HealthCare District

Wednesday, September 25, 2013
7:30 a.m. Classroom 2
768 Mountain Ranch Road
San Andreas, California

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1. Call to Order and Roll Call

Per Roll Call the following Mark Twain HealthCare District Members were present:

Lin Reed – Excused absence
Robert Campana
Peter Oliver, MD - Chairman
Randy Smart, M.D.
Ken McInturf

Determining that a quorum was present, at 8:32 a.m. Vice Chairman Peter Oliver, MD called the Mark Twain HealthCare District monthly meeting to order.

2. Approval of Agenda

Dr. Smart motioned to approve the Agenda of the September 25, 2013 meeting of the Mark Twain HealthCare District Board; it was seconded by Mr. McInturf and approved by a vote of 4 in favor, 0 opposed.

3. Public Comment

None

Consent Calendar

The Consent Calendar was moved to Approval of the Minutes as there were corrections.

a. pg. 2 – Mr. Jim Roxburgh not as stated, Dr. Tim Roxburgh.

3. Approval of the Resource Connection / Food Bank Funding Request....Mrs. Reed
   Public Comment

4. Community Education Forum Update/ACO.....Mr. Doss
   (Pg. 17-21, Attachment B, C & D)
   - November 13, 2013 at Camps Resturant at Greenhorn Creek

   Public Comment

NEW BUSINESS

5. MTHCD President's Report.....Mrs. Reed
   - ACHD Update
   - Executive Director Evaluation

   Public Comment

6. Real Estate Update.....Mr. Doss
   - Dog Town Road (Distributed at Meeting)

   Public Comment

7. Lease Review Adhoc Committee Update.....Peter Oliver, MD
   (pg. 22-24, Attachment E & F)
   Public Comment

8. Monthly Financial Report .....Mr. McInturf
   Public Comment

9. MTHCD Executive Director Report.....Mr. Doss
   - Golden Health Award

   Public Comment

10. MTMC Board Report.....Mr. Campana, V.P. Board of Trustees, Ken McInturf, Treasurer, Board of Trustees
    (Distributed at meeting)
    Public Comment

11. Board Comments
    Public Comment

Adjournment

ATTACHMENT B

Proposal to Conduct a Community Health Needs Assessment for

Mark Twain Medical Center

August 2013

Applied Survey Research

"Helping People Build Better Communities"

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Qualifications and Experience

Applied Survey Research (ASR) was delighted to conduct a Community Health Assessment in 2011 for Mark Twain St. Joseph's Hospital and would be honored to work with you again on an assessment for the Mark Twain Medical Center, as well as outreach to the community to share the data and get their perspectives on the most important issues in the region. ASR brings the following expertise:

The ASR Team is an Expert in Community Assessments. ASR won a first place award in 2007 **for having the best community assessment project in the country**. The award was given for our Santa Cruz County Community Assessment Project, which we started in 1994 and is now the second oldest assessment project in the nation. ASR's work on the Santa Cruz County project was also profiled in several books and publications about best practices in community indicator projects throughout the world including the *Encyclopedia of Quality of Life and Well-Being Research* (Fall 2013), the Government Accountability Office (GAO) (2011), *Applied Research in Quality of Life* (2010) and *Community Quality of Life Indicators, Best Practices III* (2007). ASR was also asked to participate in international forums in Turkey, France, South Korea and India to share our expertise in community assessment projects.

The ASR Team Has Completed Dozens of Community Health Needs Assessments (CHNA). Most recently, we completed **CHNAs** for El Camino Hospital in Silicon Valley, Lucile Packard Children's Hospital at Stanford, and four Kaiser Foundation Hospitals including those in Redwood City, South San Francisco, Santa Clara and San Jose. We also assisted several other hospitals with their CHNAs including St. Louise Regional Hospital in Gilroy, O'Connor Hospital in San Jose, and Stanford Hospital and Clinics. Previously, we completed **CHNAs** for a wide range of counties and regions including Santa Cruz, San Joaquin, Stanislaus, Santa Clara, Monterey, Pajaro Valley, Solano and Napa Counties in California, and four regions in Alaska. We have worked with dozens of hospitals to conduct their health assessments, and have helped many hospitals to create their community benefit plans, including prioritizing issues areas, creating implementation and work plans, creating community benefit requests for proposals, constructing community benefit templates for grantees, selecting priority indicators with grantees, creating grantee evaluation plans, and metrics.

The ASR Team Has Completed Dozens of Community Assessment Projects. Most recently, we completed community assessments focusing on the health of children ages 0-5 and their families for nine regions in Arizona, including many tribal regions. We also completed regional and/or county-wide community assessments for San Bernardino County, Anchorage Alaska, San Luis Obispo, the San Francisco Bay Area, Nevada County, and Marin County. Some of these assessments are also used by the local hospitals to fulfill their community health needs assessments, and others are used by a wide range of partners such as county agencies, cities, and non-profit organizations to improve quality of life in the region.

The ASR Team Has Experience with Vulnerable and Underserved Populations. ASR has a 32 year history of **working with vulnerable and underserved populations** such as young children, teen mothers, seniors, low-income families, immigrant families, families who have experienced domestic violence and

child maltreatment, the homeless, and children and families with disabilities. Our Institutional Review Board (IRB) ensures that our research adheres to the highest standards of protection for human subjects. This experience helps to ensure that vulnerable populations are included in face-to-face surveys and our comprehensive assessments.

The ASR Team Helps Turn Data Into Action. ASR helps its partners to make data "come alive" so that **data are used by policy makers, the media, and the public.** ASR helps partners create policy briefs, inform legislation, and reach out to print, radio, and television media. For example, data from the Santa Cruz County Community Assessment Project acted as a catalyst for the creation of a new universal health program for children 0-18 in the county, for a coalition to decrease teen drug and alcohol abuse, and new efforts to decrease childhood obesity.

New Federal Requirements

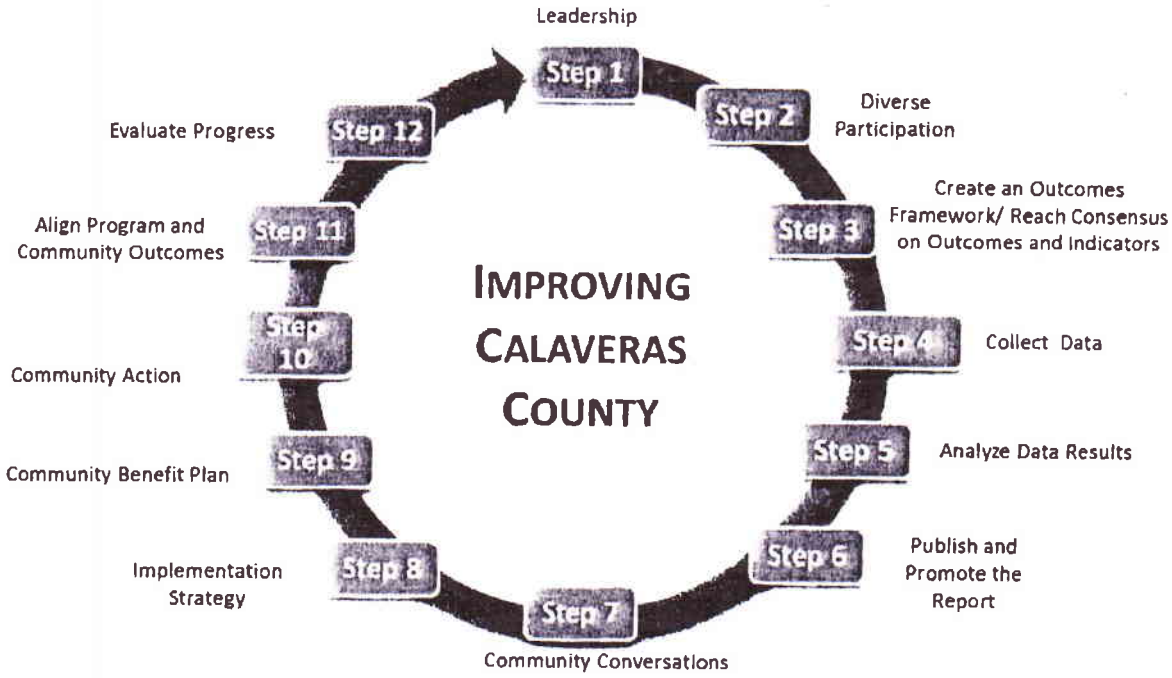
Enacted on March 23, 2010, federal requirements included in the Affordable Care Act (ACA) stipulate that hospital organizations under 501(c)(3) status must adhere to new regulations, one of which is conducting a community health needs assessment (CHNA) every three years.

ACA requires non-profit hospitals to:

- Conduct a needs assessment at least once every three years;
- Collect and take into account input from public health experts as well as community leaders and representatives of high need populations including: minority groups, low-income individuals, medically underserved populations and those with chronic conditions;
- Identify and prioritize community health needs;
- Document a separate CHNA for each individual hospital;
- Make the CHNA report widely available to the public;
- Adopt an Implementation Strategy to address identified health needs;
- Submit the Implementation Strategy with the annual Form 990;
- Pay a $50,000 excise tax for failure to meet CHNA requirements for any taxable year.

Project Narrative

ASR can help with each of the requirements of the ACA, as desired by Mark Twain Medical Center. ASR has developed a twelve step community improvement cycle to help launch community health assessments and to sustain community action which emerges from the assessment project, as shown in the following visual. In order to complete a community health needs assessment, it is necessary to conduct steps 1-8, but ASR recommends conducting steps 9-12 as well, in order to promote community action to improve county outcomes.



Step 1: Leadership—ASR will work with Mark Twain Medical Center to oversee the project.

Step 2: Diverse participation—This step promotes widespread involvement in the assessment, including hospital staff, health care providers, the public health department, other county agencies, non-profit organizations, and residents, where applicable or desirable.

Step 3: Outcomes framework--ASR encourages groups to commit to a results framework known as Results Based Accountability, as developed by Mark Friedman. The framework starts with the results that the Mark Twain Medical Center wants to achieve and then works backwards to determine the appropriate means. Results could include such things as: babies are born healthy, and low-income families have access to quality health care. Step 3 also includes choosing and finalizing data indicators.

Step 4: Collect data--- This is the data collection phase where ASR staff collects primary and secondary data. ASR recommends including approximately 40 quality of life indicators. We would collect indicators with a focus on health insurance coverage, childhood obesity, teen pregnancy, senior health/mental health, and overall health status. But we also believe that it's critical to include some key social determinants of health such as indicators about the economy, basic needs, and education. Demographic data will also be included. ASR proposes to collect the most current year of data for each of the indicators and for the four previous years in order to develop a trend line. ASR will compare local county data with state and national data, where available or desirable.

ASR has already collected data for the prior 2011 report, and therefore would be collecting additional years of data for those same indicators. However, ASR understands that the public health department and other

county agencies have additional data that would be helpful to the assessment. Additional secondary data will be collected from a variety of sources, including but not limited to U.S. Census; federal, state, and local government agencies; health organizations; libraries; schools; online databases, and other Internet sources. ASR maintains an internally developed Secondary Data Collection Protocol Manual that includes more than 150 data sources for health, education, and quality of life indicators.

ASR also understands that the hospital might want to collect primary data from health care providers and hospital staff, in the form of focus groups. ASR would be delighted to conduct such focus groups, or alternatively, we could conduct one on one key informant telephone interviews with respondents or a telephone or internet based survey. More information about these methods is included following these twelve steps.

Step 5: Analyze data results—This steps involves analysis of the results of the data collection efforts. ASR staff will analyze the findings, trends, challenges, and opportunities that are embedded in the primary and secondary data, including the surveys. We will synthesize the data into top findings.

Step 6: Publish and promote the report—This step is to publish the report and promote the findings for a wide audience so that the local community may be aware of the quality of life in the region. These data will help the hospital, providers, non-profit organizations and community agencies to help better support children, individuals, and families. ASR understands that we will create a comprehensive report of approximately 25-35 pages, and the report can be uploaded on your website, if desired.

Step 7: Community conversations—This step is to conduct community conversations with residents and stakeholders informing them about the data, asking for input about the data findings, and collectively developing a list of priority issue areas. If desired, ASR would help to facilitate a summit meeting in which we would present data in a PowerPoint presentation and help facilitate a discussion of the data and how to prioritize data findings based on community needs and assets. Stakeholders are asked to review the data and to prioritize the 3-5 most pressing needs in the county/communities.

Step 8: Implementation Strategy—This step would help the staff of the Mark Twain Medical Center to create an implementation strategy, which is a requirement of the federal government for a CHNA. We have helped several hospitals to prioritize issues areas in which to work, to create implementation plans, and present those plans to the hospital board for approval. We can also provide technical assistance on how to complete IRS schedule H (Form 990) detailing the implementation strategy.

Step 9: Community benefit plan—This step is to help to create a community benefit plan for the Medical Center. ASR can help to align the implementation strategy with the community benefit plan as well as creating a template for the Requests for Proposals for grantees, providing technical assistance to grantees to create program plans and evaluation plans, develop appropriate indicators to measure grantee progress, and provide advice on measurement tools to evaluate progress.

Step 10: Community action—This step is for Mark Twain Medical Center and stakeholders to create a community action agenda, if desired. If the hospital would like to do so, ASR would help to facilitate a community discussion of next steps and action plans. The goal is for participants to decide collectively what data matter the most, and begin to create action plans.

Step 11: Align hospital and community outcomes—This step is to work with Mark Twain Medical Center to align their local hospital goals with community outcomes so that both the medical center and the larger community can be working together to achieve better quality of life for residents. ASR would help map the medical center's internal program work and community benefit plans to larger community outcomes and vice versa.

Step 12: Evaluate progress-- is to regularly review the CHNA data, to update the report, and to support sustained work on the Mark Twain Medical Center program goals and community goals. ASR can help to evaluate community benefit grantee progress, if desirable. ASR encourages partners to commit to reviewing data trends over time, to see if they are turning the curve and making improvements on their outcomes, or if they need to re-tool and find new strategies. It's also important to continue to collect new data about issues of concern where there might not be existing reliable data. Finally, it's important for partners to develop new ways of working together to support the action plans and continuous evaluation of the work.

Primary Data Collection Methods

The following paragraphs describe more detail about how to collect primary data from local experts and residents. The federal requirements included in the Affordable Care Act (ACA) stipulate that hospital organizations under 501(c)(3) status must take into account input from public health experts as well as community leaders and representatives of high need populations including: minority groups, low-income individuals, medically underserved populations and those with chronic conditions. There are several methods to fulfill this federal requirement including focus groups, key informant interviews, telephone, face-to-face and on-line surveys, and a community summit meeting. In our budget to you, we have included key informant interviews and a community summit; however we have also provided a menu of some other tasks, with some approximate costs, should you chose to add additional steps.

We want to encourage you to consider conducting a telephone or face-to-face survey, because of the way data are collected for your county. A lot of health data about Calaveras County comes from the California Health Interview Survey (CHIS), but the data are not collected for Calaveras County alone, since it is such a small county. CHIS combines Calaveras County data with surrounding county data including Tuolumne, Amador, Inyo, Mariposa, Mona and Alpine counties. This means that the data represent the region, rather than the county by itself. In order to get more precise Calaveras County data for a wide sample of residents, one would need to conduct surveys within the county alone. We would be happy to discuss adding these primary data collection methods to the overall project, if you would be interested.

Focus Groups

ASR understand that Mark Twain Medical Center may want to conduct focus groups with staff, health care providers, and/or residents to get their input on needs and assets of the hospital and in the community. ASR has conducted hundreds of focus groups and most recently conducted 30 focus groups in San Mateo and Santa Clara Counties in order to complete Community Health Needs Assessments for ten hospitals. For those CHNAs, ASR staff conducted focus groups with staff from the public health department, medical

clinics and hospitals, non-profit organizations, city and county agencies, schools, shelters, youth groups, foundations, councils on aging, and religious organizations. Resident focus groups were with participants who were medically underserved, in poverty, socially or linguistically isolated, had chronic conditions, seniors, and parents with young children.

KEY INFORMANT INTERVIEWS

ASR suggests that the Medical Center might want to consider having ASR conduct key informant interviews with individuals who have very deep knowledge of local health needs and assets. Where focus groups are wonderful at obtaining broad participant knowledge, key informant interviews have the advantage of allowing deeper, more nuanced discussions. Furthermore, key informant interviews are often better for individuals who have very limited availability such that a key informant telephone interview is easier than attending a focus group. ASR has conducted thousands of key informant interviews, especially with senior hospital staff, health and dental providers, community leaders, and leaders of county agencies and non-profit organizations. For our recent CHNAs in San Mateo and Santa Clara counties, ASR conducted one hour telephone interviews with public health officers, community clinic managers, and clinicians who had countywide experience and expertise. Informants were asked to discuss in detail one of the areas of focus for the CHNA: health delivery, health access, socio-economic factors, health behaviors, environmental conditions, quality of life (morbidity), and mortality. ASR would suggest that we conduct key informant interviews with the president of Mark Twain Medical Center, senior hospital management staff and providers, and the public health director.

TELEPHONE SURVEYS

ASR suggests that the Medical Center consider conducting a telephone survey of local residents in order to get the most timely and pertinent data, the perceptions of residents, and to account for limitations of CHIS data for the county. It is difficult to get good quality secondary data about issues such as homelessness, elder abuse, family violence, immigrant health, and the needs of people with disabilities; a primary survey can explore those topics. We would suggest a random-digit dial (RDD) telephone survey of a representative sample of adult residents of Calaveras County (approximately 400 individuals) in both English and Spanish. RDD includes unlisted telephone numbers and cell phone numbers. As the number of cell phone-only households is increasing, this method increases the number and diversity of residents who are reached.

FACE TO FACE SURVEYS

ASR suggests that Mark Twain Medical Center consider a targeted face-to-face survey to reach diverse groups that are of particular interest such as teens, homeless individuals, low-income families, immigrants, and seniors. Targeted face-to-face surveys allow for special populations to be reached who might not otherwise be reached by a regional or national survey. ASR has had tremendous success with the implementation of in-depth qualitative face-to-face surveys. We have used the methodology successfully with Native American families in Arizona, youth in Santa Cruz County, Native Alaskans, the homeless, farmworkers in Washington State, and counties throughout California. It is our experience that face-to-face interviewing garners valuable data from marginalized residents. We train volunteers and staff to conduct

interviews in front of area stores, laundromats, and other public places. Surveys can also be administered to targeted groups from different agencies.

ON-LINE SURVEYS

Another excellent method of gathering primary data, especially from staff of community organizations, or providers is to use an on-line survey. One benefit of this method is that it is less expensive than telephone surveys, and individuals can do it at their convenience. Further, a gift incentive such as an I-pad can be used in order to encourage more individuals to complete the survey. Recently we conducted 700 on-line surveys with leaders of community organizations in Pasadena California asking them about their perceptions of the needs of city residents, and their organization's relationships with staff of the City of Pasadena.

COMMUNITY SUMMIT MEETING

Typically ASR will conduct a community summit meeting in each community after the data are collected. The goal of the summit is to present the data, usually by a PowerPoint presentation, and then invite attendees to discuss their reactions to the data, their thoughts about the story behind the data, and their ideas of what areas to focus on for improvement. Just recently, we conducted a summit meeting in San Bernardino County for approximately 500 community leaders. Subsequently, we are conducting five regional meetings to share data at a local level and get input from residents. This step helps communities to prioritize issues of concern, such as diabetes, obesity, or drunk driving, and to discuss current interventions focused on these issues, and how to strengthen or develop new interventions to improve outcomes. A summit meeting also fulfills the federal requirement for community input to prioritize health needs.

Organizational Capacity - Staffing and Resources

ASR is a nonprofit social research firm dedicated to conducting and using community-based research to help people build better communities. For 32 years, ASR has been providing services including needs assessments, community and health assessments, strategic planning, program development, evaluation, data dissemination and recommendations for program improvement or strategic re-alignment. Our studies have been concentrated in working with diverse and vulnerable populations in key areas such as child care, education, domestic violence, community quality of life, child welfare services, homelessness, and health care. ASR is committed to conducting culturally competent research that includes not only differences in race, ethnicity, and language, but also economic differences, age, sexual orientation, immigration status, geography and a myriad of other differences that emerge within and between communities. In order to provide services that are culturally competent, ASR has hired staff who are bilingual and bicultural (6 staff with these capabilities in Spanish; additional staff who speak French, Thai, and Indonesian). We consider culture and language in every aspect of our assessments, in choosing outcomes and indicators, in the creation of survey instruments, in the translation of all materials, and in pilot testing our instruments to ensure they are culturally and linguistically appropriate to the populations served, so that the results show a high degree of discriminant validity and internal consistency amongst the target population.

ASR's Administrative Structure. ASR has three offices, one in Watsonville, one in San Jose, and one in Claremont California with a combined staff of 28. **The core management team** for this project will include Susan Brutschy, Deanna Zachary, Abigail Stevens, and Javier Salcedo.

Susan Brutschy, President: Susan Brutschy is the co-founder and President of Applied Survey Research. She is an experienced sociologist and has spearheaded the development and implementation of hundreds of social research projects over the course of her 32 year career. She has managed the annual Santa Cruz County Community Assessment Project, the Anchorage Alaska Community Assessment Project, and dozens more community and health assessments. She has recently published several articles in international journals about our community assessment projects.

Deanna Zachary, MA, Project Manager and Media Relations Manager: Since 2002, Ms. Zachary has coordinated evaluations, assessments and strategic planning processes. She was the project manager for the 2011 Calaveras County Community Needs Assessment. She has helped to conduct the Santa Cruz County Community Assessment Project for the last decade, as well as Community Assessments for San Bernardino, Stanislaus, San Joaquin, and San Luis Obispo counties, and several in Alaska. She is currently the project manager for a three year evaluation of First 5 San Benito County. She has written several articles about ASR's Community Assessment work including in the *Encyclopedia of Quality of Life and Well-Being Research* (Fall 2013), *Applied Research in Quality of Life* (2010) and *Community Quality of Life Indicators, Best Practices III* (2007). In 2009, she attended an Organization for Economic Co-Operation and Development (OECD) conference in South Korea where she hosted two panels about community assessment projects. She has a Master's degree in Political Science from the University of California, San Diego and a Bachelor's degree in Politics from the University of California, Santa Cruz.

Abigail Robideaux Stevens, MA, Director of Assessment and Evaluation Services: Ms. Stevens has worked on the Santa Cruz County Community Assessment Project for the last 13 years and is currently the project lead. She recently completed community assessment projects for San Bernardino County, San Luis Obispo County, Stanislaus County, and nine different regions in Arizona. Ms. Stevens led a redesign effort in 2009 to make the CAP report more user friendly, with easily understandable icons and new indicators and telephone survey questions. Ms. Stevens has performed state and federal project management, community and health assessment projects, survey design, primary and secondary data collection, and data management. She received her Masters of Arts in Counselor Education from San Jose State University. She received her Bachelor of Arts in Psychology from Whittier College.

Javier Salcedo, MS, Statistical Analyst: Mr. Salcedo has 27 years of experience establishing research methods and designing studies involving all facets of research. For the last eight years, he has overseen all of ASR's work on the community assessment projects and community health assessments. Mr. Salcedo has taught Psychometry (the study of psychological measurement tools), Edumetry (the study of educational measurement tools such as the GRE), statistics, methodology, experimental design, multivariate analysis, SPSS software, consumer behavior, marketing, and marketing research at five national universities in Colombia. He has a Bachelor's Degree in Psychology and a Master's Degree in Marketing from Los Andes University in Bogotá, Colombia, and certificates in Marketing, Training and Human Resources

Development at the University of California, Santa Cruz Extension. He is bilingual and biliterate (English and Spanish).

Scope of Work, Timeline and Budget

The proposed scope of work is described below in terms of tasks, deliverables, and costs. ASR recommends including approximately 40 quality of life indicators. In addition to creating the CHNA, ASR recommends conducting some key informant interviews with experts in the medical field, having a community summit meeting to discuss data findings and prioritize issues of greatest concern, as well as helping the Mark Twain Medical Center to create an implementation plan, as required by the federal government. We would be delighted to also help conduct focus groups, surveys, and/or aid in the community benefit process with your grantees.

ASR recognizes that the proposed assessment design is tentative and will be finalized based on close collaboration with your team.

ATTACHMENT C

Calaveras List of Non-Participating Prop 1A Securitization Entities

Entity	Initial Loan Receivables	Interest Growth Increase	Net Loan Receivables
Countywide Total	**679,998**	**45,206**	**725,204**
Arnold Lighting District	459	31	490
Moke Hill Lighting District	681	45	726
Murphys Lighting District	4,066	270	4,336
San Andreas Lighting District	1,875	125	2,000
Valley Springs Lighting District	844	56	900
West Point Lighting District	168	11	179
CSA 9 Sunrise Point	140	9	149
CSA 8 Spring Hill	1,149	76	1,225
CSA 1 Rancho Calaveras	13,320	886	14,206
Central Calaveras Fire	14,224	946	15,170
Altaville Melones Fire	5,618	373	5,991
Jenny Lind Fire	15,429	1,026	16,455
Mokelumne Hill Fire	6,237	415	6,652
Murphys Fire	19,363	1,287	20,650
San Andreas Fire	17,704	1,177	18,881
Ebbetts Pass Fire	160,775	10,688	171,463
Altaville Cemetery	7,214	480	7,694
Copperopolis Cemetery	1,094	73	1,167
Mokelumne Hill Cemetery	986	66	1,052
Murphys Cemetery	4,167	277	4,444
Rail Road Flat Cemetery	198	13	211
San Andreas Cemetery	2,220	148	2,368
Vallecito Cemetery	991	66	1,057
West Point Cemetery	2,195	146	2,341
Calaveras Public Utility	9,298	618	9,916
Valley Springs Public Utility	9,726	647	10,373
Mokelumne Hill Sanitary	1,626	108	1,734
San Andreas Sanitary	4,977	331	5,308
Angels Veterans	9,609	639	10,248
Ebbetts Pass Veterans	5,379	358	5,737
Jenny Lind Veterans	14,566	968	15,534
Moke Hill Veterans	867	58	925
West Point Veterans	845	56	901
Calaveras County Water District (CCWD)	73,407	4,880	78,287
Mark Twain Hospital	86,115	5,725	91,840
San Andreas Rec/Park	2,716	181	2,897
Ebbetts Pass Improvement (CCWD)	81,252	5,402	86,654
Jenny Lind Improvement (CCWD)	38,489	2,559	41,048
Copper Cove No 7 (CCWD)	26,379	1,754	28,133
Copper Cove 8S (CCWD)	27,996	1,861	29,857
Ebbetts Pass No 9S (CCWD)	5,530	368	5,898
Willseyville Sewer (CCWD)	104	7	111