



Mark Twain Health Care District

MINUTES Regular Meeting of the Board of Directors

Mark Twain HealthCare District

Wednesday, June 26, 2013
6:00 p.m. Boardroom
768 Mountain Ranch Road
San Andreas, California

1. Call to Order and Roll Call

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

Lin Reed
Robert Campana
Ken McInturf
Peter Oliver, MD
Randy Smart, M.D.

Determining that a quorum was present, at 6:00 p.m. President Reed called the Mark Twain HealthCare District monthly meeting to order.

Mrs. Reed recited the Mark Twain HealthCare District Mission Statement.

2. Approval of Agenda

The Agenda of the June 26, 2013 meeting of the Mark Twain HealthCare District Board was approved, as amended

3. Public Comment

Jeanne Hayward, Director of the Resource Connection Food Bank, thanked the Board Members for the opportunity to be a guest at the Golden Health Awards. Mrs. Hayward distributed the Food Bank's 2012 Annual Report (Attachment F) for review. She noted that more than a 1,000 families were served each month. Unfortunately, funds to feed the families continue to be more difficult to obtain.

Mrs. Hayward requested a donation of \$5,000 be awarded to the Food Bank for the purpose of continuing to feed families in need. The Board will take the request under advisement.

Consent Calendar

A motion is made by Mr. Campana and seconded by Dr. Smart to approve the Consent Agenda of the Mark Twain HealthCare District dated June 26, 2013, with the consent of the Mark Twain HealthCare District.

Approval of the May 29, 2013 Minutes

Dr. Smart made a motion to approve the Minutes of May 28, 2013, as corrected; the motion was seconded by Mr. McInturf.

UNFINISHED BUSINESS

1. Comparative Administrative Cost, Reserve/Investment for Comparable Health Districts

Mr. Doss reported that he will discuss related reports and comparative studies to other HealthCare Districts, in addition to five initiatives and the programs they are supporting, at the July meeting.

Public Comment

None

2. Telehealth Review and Update

Dr. Smart provided a verbal update on the Telehealth program. He stated that he has been looking at other programs that could benefit from Telehealth. Pulmonary Medicine is a much needed specialty in the community and Dr. Smart believes that this service would have a positive impact on the patients. Several Pulmonologists have recently been credentialed for Telehealth.

Dr. Smart requested support from the Board to continue to move forward with the project.

The Board Members unanimously agreed to approve and continue to support the Telehealth project.

Craig noted that MTMC is interested in renting Medical Office Space (Suite #104) from the MTHCH, for the purpose of providing 1026(d) space for Pulmonology and Mental Health.

Public Comment

None

NEW BUSINESS

1. MTHCD Investment Policy

Mr. Doss reviewed the MTHCD Investment Policy (pages 9-18, Attachment A) included in the Board Agenda materials. A policy from Petaluma was displayed for the purpose of comparison with MTHCD.

Mr. Doss proposed that in July the Board review other Districts Investment Policies and how their investments are handled. A new policy will be presented to the Board in July for approval.

Dr. Oliver suggested that an outside firm could manage the Districts investments rather than the Board, as well as outside consultant for next years Budget planning.

Public Comment

None

2. MTHCD Executive Director Report

Mr. Doss distributed a I.AFCO Meeting, Agenda and Budget (Attachment G). He attended the meeting where the *Annual Municipal Service Review (MSR)* was discussed. MTHCD will create a historical account about the District and submit it for the annual MSR report.

An annual report for the community will be completed by September and will be submitted to the Board for review and approval. Once approved, it will be distributed to the community in October or November, 2013.

Public Comment

None

3. MTHCD Presidents Report

Lin Reed reported:

- The Annual Planning Retreat in March, 2014 was discussed (pages 19-20). In July, the Board will discuss specific items that they want to be included on the Agenda at the annual meeting. In addition, Ethics Training will also be offered at the Retreat.
- The Grand Jury follow-up report has been published in the Calaveras Enterprise. The results are positive.

- ACHD offers a Benchmark Program for Districts. If the Benchmarks are achieved, a *Distinguished District* award is granted.

4. Lease Review Adhoc Committee

Dr. Oliver reported that the Lease Committee and Administration are meeting regularly. Legal Counsel has drafted a 6th Amendment to the Lease that will be presented to the Mark Twain Corporate Board of Trustees for review. As there is an Adhoc Committee in place, details will not yet be available to the public. Several items on the lease have been updated, changed or clarified.

Public Comment

None

5. Monthly Financial Report

Mr. McInturf reviewed the narrative for May, 2013 on page 21-26, as included in the Board Agenda materials (Attachment B).

ACTION:

A motion by Mr. Campana and seconded by Dr. Oliver to accept the Financial Report for May, 2013 was approved.

- Draft 2013-2014 Budget

Mr. Doss distributed Draft Overview (Attachment H).

- Changes to be noted are \$40, 000 in support of the Health Fairs.
- Mr. Doss asked the Board to consider a negative budget as it is possible there will be additional income.
- After discussion the following changes were made:
 - Move \$15,000 to programs:
 - Misc. \$11,000;
 - Increase consult fees by \$10,000; and
 - Move Sierra Green Days into the Community Sponsorship line.

Public Comment

None

ACTION:

Mr. Campana made a motion to approve the 2013-2014 Budget as amended; the motion was seconded by Dr. Oliver, and approved.

6. Real Estate Update

Mr. Doss distributed a letter from Aspen Street Architects (Attachment I).

In addition to the purchase price of the land, there has been approximately \$53,000 in additional costs for various required reports and/or studies. A new report has been required in regards to a possible mining shaft below the surface.

The final results of the traffic light study and the air study have not been completed and submitted to the District for review.

7. MTMC Board Report

Mr. Campana reviewed the Corporate Board Report, as distributed at the meeting (Attachment J).

Public Comment

None

There being no further business the meeting of the Mark Twain HealthCare District was adjourned at 7:50 p.m.

Lin Reed, President

Peter Oliver, M, D, Secretary

ATTACHMENT A

MTMC Clinic Telehealth Implementation



Task Name	Start	Finish	Assigned To	% Complete
PHASE I - Preparation				
1 Partner Site determines need	07/08/13	07/08/13	Curtis Allen, MD	100%
2 MTN approval to support	07/08/13	07/08/13	Jim Roxburgh	100%
4 Initial Partner Site Introductory Meeting	07/08/13	07/08/13	Randy Smart, M.D.	100%
5 Physician Meeting	07/10/13	07/10/13	Curtis Allen, MD	
6 Equipment demonstration	07/09/13	07/09/13	Jim Roxburgh	
7 MTN costs reviewed with Partner Site				
8 Introduce Quincey Roxburgh, Director of Mercy Cancer Institute to Debbie Peterson, Director of Oncology Services	07/09/13	07/12/13	Jim Roxburgh	
9 Billing and Reimbursement Review/Clarification (Task Force)	07/12/13	07/26/13	Jim Roxburgh	
10 Referral and Workflow Development (Task Force)	07/12/13	07/25/13		
11 Documentation Workflow Development (Task Force)				
12 Implementation Kick Off Meeting	07/15/13	07/25/13	Kristin Martin	
13 Partner Site develop contact list	07/08/13	07/12/13	Amy Roggow	
14 Partner Site "Telehealth Lead" Identified				
15 Technical Go-Live set	07/09/13	07/09/13	Jason Close	
16 Clinical Go Live target date set	07/08/13	10/01/13	Jim Roxburgh	
17 Credentialing process initiated	07/12/13	08/30/13	Chana Egan	
18 EMR Access			Jason Close	
19 Policy order sets				
20 Telehealth Policies				
21 RP Installation scheduled				
PHASE II - Installation				
23 MTN Physician CS Installation/training completed			Jason Close	
24 Credentialing process completed			Chana Egan	
25 Contract Transmittal Form completed			Jim Roxburgh	
26 Telehealth Contract completed by Legal			Kelley Evans	
27 Telehealth Contract signed and distributed			Kristin Martin	
28 Pre-visit Documentation (patient information/questionnaire)				
29 RP utilization area(s) surveyed			Jason Close	
30 RP parking space identified + Docking Station			Jason Close	

Comments

Scheduled for 7/10 @ 07:30, Jason Close Mercy
Telehealth Network Program (MTN) Manager to attend;
Jim to beam in

Recommend the RP Lite for the Cancer Center and one
for the Clinic, to start

Jim to coordinate a meeting with Steve Scharmann, Ruth
Huffman and Jen Collins

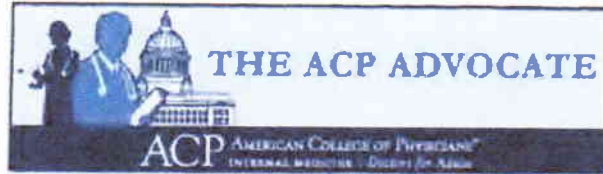
Need to determine participants

RN position to be filled

Jim to contact Chana (DHMF) and Teresa Boyce (MTMC)

Task Name	Start	Finish	Assigned To	% Complete
31 Control Station(s) installed & tested			Jason Close	
32 RIM Alerts added to Key Personnel			Kristin Martin	
33 Nurse Equipment in-servicing scheduled			Kristin Martin	
34 Nurse Clinical Training in-servicing scheduled			Kristin Martin	
35 Physician in-servicing scheduled			Kristin Martin	
36 SurePACS Set Up	08/05/13	09/05/13	Jason Close	
37 Technical Go-Live completed	08/01/13	08/01/13	Jason Close	
38 PHASE III In-servicing				
39 Nurse Equipment in-service completed				
40 Nurse Clinical in-servicing completed				
41 In-service Partner Site Physicians completed				
42 Mock Trial Runs				
43 PHASE IV GO-LIVE				
44 Meet the Robot Day				
45 Press release				
46 PHASE V Future-Use				
47 Physician Meetings				
48 Nurse Staff Meetings				
49 User Group Meetings				
50 IT Optimization				
51				
52				
53				
54				
55				
56				

Comments
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]



Tangle of Medicare Rules Becoming Problematic for Subspecialists

At issue are ACO referral practices that threaten the pool of patients

Internal medicine subspecialists are expressing concern that their practices may be harmed by Medicare rules that govern how Accountable Care Organizations are structured and paid, according to representatives of the American College of Physicians.

Neil Kirschner, senior associate for health policy and regulatory affairs in ACP's Washington office, said that some internal medicine subspecialists and other specialty groups believe that ACOs are actively routing away patients who normally would be referred to them.

"If they aren't a formal participant in an ACO, patients who typically would have come to them are being channeled to the participants in the ACO and not to them," Kirschner said.

In addition, subspecialists are concerned that Medicare billing rules will either require their exclusive participation in one ACO, limiting their potential pool of patients, or force them to accept an affiliate status with ACOs that may result in limited opportunity for input on the ACO's procedures as well as reduced payments.

Though traditional Medicare rules state that patients can go to any subspecialist of their choice, "we are hearing that some of the ACOs are not making clear that these patients have freedom of choice for where they want to go," Kirschner said.

The problem revolves around the Medicare Shared Savings Program, which provides financial rewards for Accountable Care Organizations that control health care costs while maintaining or improving the quality of the care they provide.

ACOs are defined under the program as a group of providers who assume accountability for the health care delivered to a specific population of patients. "Their payment is significantly influenced by the quality and efficiency of care provided," Kirschner said.

To figure out who should be rewarded for which services, Medicare requires that patients be "attributed" to a specific ACO if they receive most of their primary medical care from participants in that ACO, he said. However, the rules also require that a practice involved in providing primary care that leads to a patient's attribution to an ACO must become an exclusive participant in that ACO.

"If a practice has the potential to be used for attribution, it is covered by the exclusivity rule," Kirschner said. "It's the only way, based on their current methodology, they can make sure the providers responsible for the care are being held accountable and are provided the rewards for the services they provide."

The wrinkle came when the Centers for Medicare and Medicaid Services realized that some patients receive

most of their primary care through a subspecialty practice.

"Initially it was only going to be primary care doctors who determined patient attribution, if they provided the plurality of care and they belonged to that ACO," Kirschner said. "But it was finalized so that any internal medicine subspecialty or other specialty that uses one of these primary care service codes, and a lot of non-primary care practices do, would be covered by the exclusivity rules."

"In essence, it covers most subspecialty practices," he said. "If a patient cannot be attributed based on a primary care physician, CMS can see if a subspecialty practice is providing the plurality of care. If any specialty practice has the potential to be included in the attribution process, even if they're not, then they have to be exclusive."

Subspecialists can get around the exclusivity requirement by contracting with multiple ACOs as an affiliate provider

However, subspecialists are skeptical that they will be able to negotiate affiliate contracts that will provide them with adequate input into the ACO's procedures or a share of profits equal to that received by full-fledged ACO participants.

"We're basically on the grace of God on how we'll be dealt with under these affiliate agreements," said Dr. John Cox, a Dallas oncologist who belongs to the Texas Oncology group subspecialty practice. "My experience is the affiliate contracts offered by the ACOs are very general. They aren't going to negotiate on specific items to determine how the savings will be split up."

In essence, Kirschner explained, such subspecialty practices are not true participants in the ACO but rather have an independent service contract with it. "The contract has to spell out what their rights and privileges are, but their ability to make demands can be limited," he said. "Will they be able to get a share of the shared savings? That has to be agreed upon in the contract. Will they have any say in the governance of the ACO? If it's a subspecialty practice where they have very little competition in the area, then they will have a lot of leverage and it won't be an issue. If there are a number of subspecialty practices in the area, then they will be left out."

The rules governing Affordable Care Organization payment and exclusivity have raised a number of problems for internal medicine subspecialists and other specialists who had not expected to be part of the ACO discussion.

For instance, ACOs may stress to their patients the virtues of the Accountable Care Organization, including the fact that they will get better coordination of care if they receive treatment from providers in the ACO. "It's part of the beast if an ACO is functioning well that they will get the patients treated at practices affiliated with the ACO, so they can coordinate care and save money," Cox said.

"But that's a real concern to subspecialists, particularly subspecialists that are in very competitive specialties within their market," he said. "There's going to be pressure on patients through this process of engagement. If the system is going to work, the ACOs are going to have to cajole patients."

Texas Oncology also has come up against another problem inherent in the exclusivity rule, Cox said. The rule

assigns a specialty group to an ACO based on the group's taxpayer identification number used to bill Medicare for services provided to patients.

But Cox's group includes more than 400 physicians working in more than 60 different practice sites, all billing Medicare under a single tax ID number.

"The problem is that if I as a physician wanted to participate in one ACO and I sign an agreement, I bind all the physicians under our tax identification number to that ACO," Cox said. "Obviously, our organization doesn't want to do that, and the ACO doesn't want that because they would be held accountable for patients they don't treat."

CMS representatives declined to comment on the record. Rather, they referred physicians who want clarification on the matter to two Web postings: an [FAQ on the Medicare Shared Savings Program](#) and information on [affiliate agreements](#).

Kirschner said that ACP wants to hear from members who are experiencing problems because of the exclusivity rules of the Medicare Shared Savings Program so the College can collect information and lobby for changes.

ACP would like CMS to:

- Improve communication with subspecialists regarding the affiliate contract option
- Make sure ACOs are not misinforming patients about their continued right to see whatever subspecialist they want to see
- Change its methodology so subspecialty practices can opt out of exclusivity and patient attribution and participate in multiple ACOs

Physicians affected by the exclusivity rules can e-mail Kirschner with the details at nkirschner@mail.acponline.org.

HealthDay

July 17 2013

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ATTACHMENT C



Home page

Districts of Distinction

Recognition in Special District Governance

Special District Administrator Certification

District Transparency Certificate of Excellence

Board and Staff

Contact Us

District Transparency Certificate of Excellence

This program was created by the Special District Leadership Foundation (SDLF) in an effort to promote transparency in the operations and governance of special districts to the public and to provide special districts with an opportunity to showcase their efforts in transparency. There are no fees for this certificate and districts will be recognized for two full years.

Why should your district earn the District Transparency Certificate of Excellence?

1. The certificate covers all general, website, and outreach best practices and requirements regarding transparency for special districts.
2. Earning the certificate is a tangible acknowledgement of your transparency efforts.
3. Demonstrate to your constituents and other stakeholders your district's commitment to being open and accessible to them.
4. Earning the certificate demonstrates a commitment to engaging the public and creating greater awareness of your district's activities.

Three main subject areas

Basic Transparency Requirements

Some requirements include: Proof of current ethics training for all board members, timely filing of State Controller's Special Districts Financial Transactions and Compensation Report.

Website Requirements

Some requirements include: display of names of board members and their terms of office, board meeting schedules, the district's mission statement.

Outreach requirements

Some requirements include: an example of a regular district newsletter or communication, an example of a community notification through press release to local media outlet announcing upcoming filing deadline for election and process for seeking a position on the district board.

These are only a sampling of all the requirements needed to complete the transparency certificate. While it takes time to compile these requirements, being able to shine a light on all of the efforts your district has taken to be transparent is invaluable to the public.



Transparency Certificate of Excellence

Need an application mailed to you?
Please contact our office at 916 231 2939

IMPORTANT

- Application
- Checklist
- List of Certificate Holders

How to proceed

- Step 1:**
Complete the application
- Step 2:**
Send application and all supporting materials or contact the SDLF staff on how to submit all materials electronically.

SDLF
1112 I Street, Suite 200
Sacramento, CA 95814

Step 3:
Approval process review performed by SDLF staff

Step 4:
Receive your certificate and recognition

Sample Policies

Included for your review are sample policies similar to those requested in the application (i.e. Public Records Act request policy, reimbursement policies, financial reserves policy, etc.). These are samples that can be used as a starting point for policy/document development. SDLF always recommends you seek legal review prior to adopting district policy to ensure full compliance with any applicable laws and/or regulations.

- Appointment of Directors
- Appointment to Committee
- Board Vacancy Announcement
- Budget Hearing
- Code of Ethics
- Conflict of Interest
- District Outreach
- Public Records Request 1
- Public Records Request 2
- Ralph M. Brown Act 1
- Ralph M. Brown Act 2
- Reimbursement 1
- Reimbursement 2
- Reimbursement 3
- Reserve Fund Guidelines 1
- Reserve Fund Guidelines 2
- Reserve Fund Guidelines 3
- Special Community Engagement Announcement



What the district receives

- Certificate for display (covering 2 years)
- Window cling to showcase your achievement
- Press release template
- Recognition on the SDLF website
- Letter to legislators within the district's boundaries announcing the achievement
- Recognition in California Special District magazine and the CSDA e-News



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Districts of Distinction Accreditation

In a time where proper fiscal management and responsibility in public agencies is paramount and the task of governing these agencies has become even more complex, regulated and costly, it has become increasingly important to demonstrate to constituents that districts have sound fiscal management policies and practices in place among other areas of importance in district operations.

This accreditation is designed as a way for districts to highlight their prudent fiscal practices along with other areas important to effectively operate and govern a special district.

Why become a District of Distinction?

The accreditation criterion gets to the heart of best practices in public agencies. Demonstrate that your district:

- Understands and respects the responsibilities inherent in providing essential public services.
- Has clean financial audits and operates in a fiscally responsible and transparent manner.
- Is conscious of the ever-changing operating environment by having current and relevant policies and procedures in place that conform to all statutes and regulations under state law.
- Places an emphasis on continuing education completed by having each of the district's board members and executive staff in ethics, governance and leadership training.
- Focuses on having sound policies in the areas of governance, board conduct, district finances, transparency and reserves.



Districts of Distinction

Need an application mailed to you?
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IMPORTANT

- [District of Distinction Application](#)
- [List of current Districts of Distinction](#)
- [Guidelines for Formulating Sound Policies](#)
- [Dollars and Sense](#)
- [Open and Accessible](#)
- [Entire Application Process](#)





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Special District Leadership Foundation

In 1999, the Special District Leadership Foundation, a 501(c)(3) organization, was formed to provide educational opportunities to special district officials and employees to enhance service to the public provided by special districts in California.

It is dedicated to excellence in local government. To date, SDLF has designed and implemented the following programs: Special District Administrator Certification, Recognition in Special District Governance, District of Distinction and the District Transparency Certificate of Excellence. The SDA Certification is for management staff of the district, the Recognition is for the governing board members or trustees, District of Distinction is for all special districts as well as the District Transparency Certificate of Excellence. The Foundation Board and CAC are also considering projects like the development of a governance model, mentoring program, public outreach, K-12 educational materials, and more. If you are interested in more information on the Foundation and how your district can help support these valuable activities, contact us at 916.231.2939.

-  [Districts of Distinction](#)
-  [Recognition in Special District Governance](#)
-  [Special District Administrator Certification](#)
-  [District Transparency Certificate of Excellence](#)

Meeting Agenda

- [2/14/12 \(pdf\)](#)
- [5/1/12 \(pdf\)](#)
- [9/5/12 \(pdf\)](#)
- [11/29/12 \(pdf\)](#)
- [2/5/13 \(pdf\)](#)
- [4/30/13 \(pdf\)](#)
- [5/13/13 \(pdf\)](#)

SDLF Scholarship Applications

- [2013 Educational Allowance Fund \(pdf\)](#)
- [2013 "Access to Excellence" Application \(pdf\)](#)

ATTACHMENT D

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> === CSDA e-NEWS ===

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> District of Distinction Application Fees Waived for New Applicants in 2013

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> Save \$200 - \$1,000 by applying now!

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> In a time where proper fiscal management and responsibility in public agencies is paramount, and the task of governing these agencies has become even more complex, regulated and costly, it is increasingly important to demonstrate to constituents that districts have sound fiscal management policies and practices in place.

>

> The District of Distinction accreditation is designed as a way for districts to highlight their prudent fiscal practices along with other areas important to effectively operate and govern a special district.

>

> Why become a District of Distinction? The accreditation criterion gets to the heart of best practices in public agencies. Demonstrate that your district:

>

> - Understands and respects the the responsibilities inherent in providing essential public services.

>

> - Has clean financial audits and operates in a fiscally responsible and transparent manner.

>

> - Is conscious of the ever-changing operating environment by having current and relevant policies and procedures in place that conform to all statutes and regulations under state law.

>

> - Places an emphasis on continuing education by having each of the district's board members and executive staff complete ethics, governance and leadership training.

>

> - Focuses on having sound policies in the areas of governance, board conduct, district finances, transparency and reserves. (for more information on the District Transparency Certificate of Excellence including best practices, click here [<http://www.sdlf.org/transparency.htm>]).

>

> To get complete details on the District of Distinction program and to download an application, click here [<http://www.sdlf.org/DODprog.htm>] .

>

> The Special District Leadership Foundation (SDLF) is a 501 (c)(3) organization formed to provide educational opportunities to special district officials and employees to enhance service to the public provided by special districts in California. SDLF has designed and implemented the following programs: Special District Administrator (SDA) Certification, Recognition in Special District Governance, District of Distinction and the District Transparency Certificate of Excellence. SDLF and its programs are supported by the California Special Districts Association (CSDA) and the Special District Risk Management Authority (SDRMA). For questions regarding the Special District Leadership Foundation and any of its programs visit the Special District Leadership Foundation [<http://www.sdlf.org>] website or email meganh@sdlf.org [<mailto:meganh@sdlf.org>] .

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> === CSDA e-NEWS ===

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ATTACHMENT E

Best Practices for Governance Transparency



Transparency

- All Board members should receive an orientation to the current obligations of the Ralph M. Brown Act.
- An annual Board Resolution affirming an understanding of the Ralph M. Brown Act obligations will confirm the Board's understanding and acceptance of these obligations.

Executive Compensation and Benefits

- The District should have a written policy that establishes a process for determining executive compensation, including any and all benefits, which clearly documents the basis for executive compensation decisions.
- In those instances where the Board intends to discuss compensation issues, that intent should be noted on the posted Board agenda.
- Executive compensation should be discussed in an open session of the Board meeting when possible; with the understanding there are a limited number of circumstances that necessitate discussion in closed sessions. Advice on what qualifies for an exception should be requested from the District's legal counsel.
- The Board should define those positions considered to be executive positions.
- All terms and conditions of the Chief Executive Officer's compensation package must be described in an Employment Agreement.

Conflict of Interest

- As public entities, Districts are required to have a Conflict-of-Interest Code.
- The District's Conflict of Interest code requires approval by the Board of Supervisors by October 1 of each even numbered year.
- The District must define and identify by job title those positions subject to the filing provisions of Form 700; statement of economic interest.
- The District should specify an individual as the responsible party for assuring those required filers do indeed submit an accurate and timely filing.
- The Board should receive routine reports on compliance with Form 700 filings.

Appropriate Use of Public Funds

- The District should have a written policy, as well as a specific set of procedures, for the requesting public funds. The District should be clear in this policy that public funds will be used only for the advancement of the public purposes of the District. The specific public purpose to be served should be noted on the request for funds.

Purchasing

- Healthcare District Law describes the process to be used in the awarding of certain contracts.

- Documenting the value received for all contracts awarded is important; the lowest bidder may not be the best value.

Governing State Agencies

There are numerous state and local agencies which have oversight authority over Healthcare Districts. These agencies should be identified by name and the Board should receive regular updates about every required reports being filed. Examples of overseeing agencies would be the California Department of Public Health, the designated state agency responsible for ensuring compliance with State and Federal regulations governing hospitals; the State Controller for reporting of finance and salary data for all Special Districts; the Office of Statewide Health Planning and Development for financial and quality of care reporting on hospital services; and the Local Area Formation Commission, responsible for regular assessment of local government entities.