



Grossmont
Healthcare
District

***Grossmont Healthcare District
Strategic & Risk Management Plan
2017-2018 Update***

With the Proposition G improvement projects at Sharp Grossmont Hospital continuing, the Board of Directors provided an interim update of the 2013 Strategic & Risk Management Plan for 2017-2018. An updated Plan is scheduled for 2019-2020, once the Prop G projects are completed in early 2019.

Governing Board of Directors

Michael Emerson, RDO – Board President
Gloria A. Chadwick, R.N. – Board Vice President
Virginia Hall, R.N. – Board Secretary
Robert “Bob” Ayres – Board Treasurer
Randy Lenac – Board Member

District Contributing Staff

Barry M. Jantz, Chief Executive Officer
Thomas J. Saiz, Chief Financial Officer
Kathy Quinn, Library Director
Vickie Bradeen, Executive Assistant
Dee Mitchell, Administrative Assistant
Erica Salcuni, Communications Specialist

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**Strategic Plan
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A. Introduction

A Strategic Plan is a top-level planning document for an organization to set clear direction over all operational aspects of its mission. A clear basis of the strategy is to identify and plan the mitigation of risks to the organization. These were the intentional goals of the Grossmont Healthcare District (District) as it undertook this project. A Strategic Plan serves as a framework for decision making, plans, and actions over the next five-year period. It is a disciplined effort to produce fundamental decisions that shape what an organization plans to accomplish by selecting a rational course of action. This plan has incorporated a comprehensive assessment of risks to the District, gathering and analyzing relevant information about the future of the District, gathering input from various sectors within the District's operational framework, and deliberate focus on the part of the Board of Directors to set clear direction for the agency. The plan seeks to strengthen and build upon opportunities while addressing areas of risk and concern.

This plan also identifies actions, activities, and planning efforts that are currently active and needed for continued success in operations and management of the District, as well as provides for periodic reviews and updates.

The strategic planning effort has focused on the following strategic areas:

- A collaborative contractual relationship with the operator of Grossmont Hospital will be crucial.
- The need to address the challenges and needs of providing a balance of supportive health-related programs and activities to meet the healthcare needs within all areas of the District is the District's role.
- The need to manage and maintain District-owned facilities to demonstrate to the public that the District uses their money and resources efficiently.
- Recognizing changes in the workplace is necessary to meet the District's service goals in the future.

Definitions:

1. Mission Statement: A declaration of an organization's purpose. All activities of the District should be supportive of the Mission Statement.

2. Vision Statement: A statement that articulates what the District Board of Directors wants to accomplish over the life of the Strategic Plan. It outlines at the highest level the key changes that must be achieved by the Strategic Plan to move forward and mitigate risks. The Vision creates and drives strategy and tactics identified elsewhere in the Strategic Plan. The Board of Directors shapes and adopts the Vision Statement. The Vision Statement is reviewed annually and may change more frequently than the Mission Statement to reflect the direction of the sitting Board.

3. Strategic Focus Areas: These are the broad, primary areas of District operations, planning, and management that need to be addressed and supported by Strategic Goals to ensure optimum progress.

4. Strategic Goals: Strategic goals are specific and measurable activities or targets that address the strategic elements.

5. Actions and Projects: Day-to-day actions and projects (not covered in detail in the Strategic Plan) will be designed so that the Strategic Goals are accomplished.

B. Plan Process and Development

In 2012 the Board of Directors of Grossmont Healthcare District (District) retained BHI Management Consulting (BHI) to facilitate and coordinate the District Strategic Plan development. The process proceeded in the steps below.

Risk Assessment – BHI began the planning process by instituting a comprehensive process for identifying risks to the District. This process involved the establishment of a broad-based team of individuals who were both close to the District and its mission and some who were not attached. This was to allow for broad perspective on the wide nature of potential risks to the District. The process worked to establish the full universe of risks from all potential sectors, including physical risks, environmental risks, and legal risks, as well as political, social, technological, and economic risks. The team developed a set of 60 potential risks from a number of the sectors above. Those were then ranked by impact on the District and likelihood. District senior staff and BHI then narrowed the list to those at the highest risk to the District that could be mitigated within the five-year scope of this plan. Those top risks are included (Section C) herein and integrated with mitigation plans. The total list of 60 risks is included in Appendix A.

Input Gathering – In preparation for a crucial Board of Directors strategic planning workshop, BHI gathered input on the District’s future from a number of segments associated with the District. The Board supported this process as a way to allow all to participate in the foundation of the Strategic Plan. Input came from individual Board Directors through direct interviews. Input was also gathered in a public meeting held at the District with 29 members of the community attending. The following items were discussed – mission statement, vision, current and future issues. A list of their raw comments are attached in Appendix B. Another meeting was held with District stakeholder groups, mainly those receiving grants from the District. This meeting was attended by 17 stakeholders. The following items were discussed – mission statement,

vision, current and future issues. Their raw input is attached in Appendix B. The input from each of these groups was presented to the Board in a public workshop.

Board Workshop – A Board/management strategic planning workshop was conducted on October 13, 2012, at the District. The Board was presented all of the inputs described above including all potential risks and District strengths, weaknesses, opportunities, and threats, as well as the input gathered from the public and stakeholder meetings.

The Board was asked for three deliverables at the workshop:

1. Discuss the process for determining risks, review the identified potential risks, and endorse the top risks to be specifically addressed in the strategic plan. The Board determined that seven of the top eight were to remain and for BHI and staff to consider four additional risks as the plan takes shape.
2. Assess the current District Mission Statement to endorse it as it stands or to revise it to better reflect today's mission. The Board modified the current District Mission Statement and refined it to more clearly state the current District Mission.
3. Create Vision Statement goals for the District. The Board developed a bullet list of Vision Statement goals that become the challenge for this strategic plan moving into the next five years.

Strategic Plan Document Development – Staff and BHI were then tasked to develop the strategic plan that reflects the mission of the District and meets the challenge of the Board developed vision. Through various revisions, the document reached a state where it could be presented back to the Board for review and comment. The intent of this process is to assure that the staff-generated implementation plan meets the direction established by the Board in its Vision.

Committee Review and Board “Tone-Check” Meeting – The Finance/Audit Committee of the Board was presented with the first review draft of the plan for review and guidance. Staff and BHI made revisions to the Plan in order to present the resultant document to the entire Board in a “Tone-check” meeting.

The Board was presented with the draft strategic plan to assess how the Vision will be met through the proposed implementation. Comments from the Board were discussed and, through Board direction, staff and BHI revised the document accordingly.

Final Board Review and Approval – Once final revisions were made, the Board was presented the final review stage document for final comment and approval action. At this approval the Board formally adopted the District Mission, Vision and Strategic Implementation Plan for the next five years. The Board also endorsed a Strategic Plan maintenance plan at this meeting. Deliberate annual review of the Plan allows for maintenance of the plan so that it reflects the actual progress and needs of the District. The reviews will be documented and followed up by either a plan supplement or an updated plan. A five-year planning horizon will be maintained. This year’s updated plan serves this purpose.

2017 Strategic Plan Update – In late 2016 and early 2017, the Strategic & Risk Management Committee of the District worked with staff to review the 2013 Plan and provide recommended updates. With the Proposition G improvement projects at Sharp Grossmont Hospital fully underway, in February 2017 the Board of Directors provided an interim update for 2017-2018. An updated Plan is scheduled for 2019-2020, once the Prop G projects are complete.

C. Risk Assessment

For the original 2013 Plan, the District engaged in a comprehensive risk assessment to identify top risks that will be mitigated through the implementation of this Strategic Plan.

The process identified 60 potential risks which were narrowed to those top risks included below and seen as the top District risks, in no particular order. All potential risks identified in the assessment are listed in Appendix A.

Risks identified in 2013 are identified below, with an update for 2017 listed below each one:

- **State legislature funding grabs and regulations** – The potential of the legislature looking at healthcare districts as a source of funding and/or creating mandates on how healthcare districts use their monies is an increasing reality and risk to the District. Such legislative changes could severely impact the District’s ability to function at present levels.

This risk continues in 2017 and into the the foreseeable future.

- **Increased pressure for District resources** – The economy continues to create myriad potentially-increasing needs for the District’s resources, including the high number of underinsured residents, over-population at community clinics, uncertainty about the federal, state and local healthcare safety net, and/or increased requests for grant funding from non-profits in the community. The “clamor” for such resources by special interest groups may be exacerbated by other risks mentioned herein that are related, such as state expectations for the District’s use of funds and the public’s lack of awareness of the District’s overall priorities and responsibilities.

This risk continues in 2017 and into the the foreseeable future.

- **Lack of resources to complete Prop G projects** – The potential of completing the projects with voter-approved monies is looking fairly positive, given bids coming in low in a competitive environment. However, it remains to be seen how the large projects will

progress and possibly be impacted by unforeseen conditions and unanticipated requests, Office of Statewide Healthcare Planning & Development (OSHPD)-mandated changes, and/or other cost overruns. A lack of funding to complete the projects could impact the perception of the District within the community.

2017 – This risk appears to have been successfully mitigated, with completion of the major projects, successful bidding on the last project complete, available budget contingencies, and the District and Grossmont Hospital Corporation signing an agreement that would guarantee completion of the Prop G projects by Sharp should there be insufficient public funding.

- **Lease extension not approved** – In the event the District and Sharp HealthCare cannot come to an agreement on a lease extension for operation of the Hospital, or if the extension is defeated by the voters, it would create risk for the District to have to go to the ballot more than once, or ultimately either find and come to agreement with a new operator or to assume operations of the Hospital.

2017 – This risk was successfully mitigated, with a 2014 Lease Extension negotiated by the District and Sharp, through 2051, with voter approval in June 2014.

- **Lack of knowledge of the work of the District on the part of the public or media** – Given the size of the district, it is virtually impossible (as well as financially inappropriate and infeasible) to keep a consistent high-level education/PR campaign going to the point where the public and media understand the nature of the District’s work in the community as well as its priorities and responsibilities. In the event of – as instances – some kind of PR or financial crisis at the Hospital or state legislative battle over how healthcare districts operate, it would be difficult to automatically have the public and media informed to the point of understanding the role and importance of the District.

This risk continues in 2017 and into the the foreseeable future.

- **Lack of diversified revenues** – The District relies on one significant source of funding, property taxes. In the event such funding is impacted by state action or a downturn in the economy, it could impact operations.

This risk continues in 2017 and into the the foreseeable future.

- **Education and training of the Board and Staff** – Board members and District employees without quality training on governance structures, ethical service, Board/staff roles and responsibilities, the proper role and relationships between Board and staff, etc., could potentially impact the perception and operations of the District.

2017 – Efforts in this regard continue as an important element of general District philosophy, but the risk always exists and should consistently be front and center in the minds of the Board and staff.

D. Mission Statement and Vision Statement Goals

The Mission Statement indicates why a public agency exists. It is the foundational statement for the District, and all that is done under the auspices of the District connects in some way with this statement. *(Updated April 2017.)*

AS STEWARDS OF THE PUBLIC TRUST, YOUR GROSSMONT HEALTHCARE DISTRICT WILL PRESERVE AND PROTECT THOSE RESOURCES ENTRUSTED TO ITS CARE.

To maintain and improve the physical and behavioral health of its constituents, we will:

- Partner with our hospital operator, Sharp HealthCare, to ensure access to state-of-the-art medical services at Grossmont Hospital for all of the residents of Grossmont Healthcare District and beyond.*
- Anticipate and recognize the unmet health care needs of the communities we serve and support suitable services to the greatest extent possible consistent with available resources.*

The Vision Statement goals below outline what the Board intends on being able to point to as results in five years. As such, they set the direction for key District projects and actions in the future. These Vision goals set in motion actions that will correlate five years of actions to the outcome desired in these statements. The Vision goals are present in no particular order.

2017 Update: In five years, the District will be able to say that:

- *We have mitigated or are mitigating identified risks to the District.*
- *We enjoy a strong and open relationship with our Hospital tenant/operator.*
- *Our policies and procedures reflect best practices.*
- *Our remaining Prop G bond project has been successfully completed.*
- *We continue to be fiscally prudent and maintain a strong contingency fund.*
- *We are meeting the needs of our service area through thoughtful and deliberate review of community needs and a targeted grants program.*
- *We enjoy a strong reputation among leaders of local and State healthcare districts and with our elected representatives.*
- *We are directly engaged in helping to address legislative concerns about healthcare districts.*
- *District-owned facilities are modern, efficient, and well maintained.*
- *We have capable staff to carry out the District's Mission.*

E. Strategic Elements and Implementing Strategic Goals

Strategic elements represent the areas in which strategic goals are needed to make the Board Vision reality. Strategic elements are derived from the foundational Mission and Vision Statements of the District. They are linked to action through implementing

Strategic Goals within the five-year period that serve to assure that important areas of the District are well supported and moved forward according to the Board's Vision. Strategic Elements and supportive Strategic Goals, with accompanying proposed completion dates, are also presented in tabular form in Table 1 below.

The Strategic Elements are:

1.0 Hospital Relations

2.0 Community Healthcare Programs

3.0 Community and Legislative Relations

4.0 District Administration

5.0 Facilities

1.0 Hospital Relations

Element Objective and Strategy: Our objective in this element is to strive for and maintain a meaningful and collaborative public/private partnership with the Hospital operator for the benefit of Grossmont Hospital and the communities served. To do this we will work with the Hospital operator’s management and the public in continuously assessing and strengthening the benefits of the lease relationship.



1.1 Maintain strong policies and procedures for monitoring lease provisions.

Ensuring that lease provisions are enforced provides the public with a high confidence level for access to quality healthcare. We will do this by:

- a. Meeting with Hospital management routinely to discuss service and quality issues.
- b. Meeting with Hospital executive management as needed.
- c. Strengthening the means of inspecting and assessing the condition of Hospital facilities (see Section 5.1 under Facilities for details).

1.2 Ensure continuity on the Grossmont Hospital Corporation Board of Directors.

It is important to the community to ensure critical decisions affecting Grossmont Hospital have both District involvement and an avenue for communication to the management and Board of Directors of the District. We will do this by:

- a. Ensuring all Board members of the District understand the importance of the District’s Grossmont Hospital Corporation representation by providing timely Board training.

- b. Actively participate in Grossmont Hospital Corporation Board of Director meetings and sub-committees by District Board members or designees.
- c. Review any changes to Grossmont Hospital Corporation’s bylaws that may affect the District.

1.3 Continue quarterly patient care quality assessments and metrics. This is a critical function for the public to understand the synergy of concern for providing the best care possible at Grossmont Hospital and for monitoring key mandated metrics required by state and federal regulations. We will do this by:

- a. Meeting quarterly with Hospital management to review key service and quality measures.
- b. Ensuring the agreed-upon 24-hour required reporting of any “reportable event” by Hospital representatives to District management.

1.4 Determine additional steps that can be taken to further the overall impact of our public/private partnership. We will do this by:

- a. Maintaining a positive, mutually respectful, and collaborative relationship.
- b. Striving to strengthen lease provisions as identified by the Board of Directors.

2.0 Community Healthcare Programs

Element Objective and Strategy: Our objective in this element is to determine the unmet healthcare needs of the communities we serve and work continuously to identify changing community needs. To do this we will work with the public, health professionals, political representatives, and community leaders in assessing past, current, and future needs and trends.

- 2.1 Undertake a community health needs assessment**, utilizing past assessments and new metrics and data available in many public portals. This is important to ensure the changing needs of the communities we serve are being represented and assessed. We will do this by:
- a. Outreach to local service providers.
 - b. Conducting focus groups.
 - c. Reviewing and incorporating into District policies the relevant information and existing data prepared by other government agencies signifying healthcare needs in the community.
 - d. Ensuring the District’s grants policy focuses on partnerships and relationships with organizations having similar community objectives, so as to develop a more dynamic local healthcare safety net.
- 2.2 Evaluate current grant recipients** to determine if grant requests and directed resources are still necessary and identified as a priority by the District. This is important to ensure the District’s allocated budget has maximum impact in the community. We will do this by:
- a. Reviewing historical funding of grant recipients.
 - b. Prioritizing funding based on need in the community as determined by 2.1 above.
 - c. Reviewing the monitoring reports submitted to the District by current grant recipients as a measure of effectiveness and impact on the community.
- 2.3 Review grant-making policies and processes** to determine whether current delivery methods are both efficient and effective. This is needed to ensure the grant-making process is administered based on best practices. We will do this by:
- a. Continue the use of application protocols that are easy to understand and disseminated to a broad group of interested parties.

2.4 Assess and review the impact and relevance of current scholarship programs. This is important to identify whether current scholarship programs are meeting established mission criteria. We will do this by:

- a. Reviewing historical programs.
- b. Establishing a criteria within District policies for scholarship partners to track, measure, and report success data.

2.5 Seek available grant monies to increase available resources. This is important to help provide additional resources only available to government agencies in meeting unmet healthcare needs. We will do this by:

- a. Determining what local, state, and federal grant monies may be available within our mission and vision criteria.

3.0 Community and Legislative Relations

Element Objective and Strategy: Our objective in this element is to inform the local communities we serve and our regional and elected state representatives of our mission and structure. To do this we will embark on directed steps for educating and informing local, regional, and statewide interested parties of our mission, structure, and crucial role in the local and regional healthcare and economic environments.

3.1 Consider conducting focus meetings with local, regional, and state interested parties. This is important to ensure the District has a broad spectrum of key people providing input. We will do this by:

- a. Coordinating groups that have expressed an interest in lending their time.
- b. Coordinating brief meetings with the CEO or designated Board members.
- c. Analyzing the benefits of professionally-coordinated focus groups.

3.2 Evaluate the need for local and regional Public Service Announcements (PSAs) and/or other advertising, delivering targeted information to the community over radio, television, print, or other media. This will increase the District profile and enhance public understanding of who we are and what we do for the community. We will do this by:

- a. Based on the outcomes from step 3.1 above, considering highly-focused PSAs or purchased air time to highlight the District’s mission, vision, and responsibilities.

3.3 Continue the use of an Annual Public Relations Plan specifying all District-related marketing and public relations efforts. Integrate these efforts with the utilization of the CEO’s and board members’ public speaking abilities and network of local, regional, and statewide relationships. This is critical in having a similar message delivered by key people within a framework that has been laid out in advance. We will do this by:

- a. Requesting the District’s public relations consultant to update the annual plan and present the plan to the Public Relations & Outreach Committee.
- b. Establishing an outreach effort to select individuals at the local, regional, and statewide levels for participation.

3.4 Establish regular open houses to bring in community members for educational tours. This is important to provide a close one-on-one interactive experience. We will do this by:

- a. Scheduling events or tours to be held at the District offices and/or Hospital.
- b. Supplementing already-scheduled events to provide tours.

- 3.5 Act as a resource to state representatives** as needed in the analysis and development of legislation affecting healthcare districts. This is important to maintain a prominent position in the state for healthcare districts and before legislators. We will do this by:
- a. Contacting key legislators to offer the service.
 - b. Utilizing District consultants to secure meetings with legislators as needed.

- 3.6 Conduct meetings with local and state representatives** to educate them as to the role, responsibilities, and unique qualities of the District. This is critical to the long-term viability of the District. We will do this by:
- a. Implementing the points in Step 3.5.
 - b. Conducting targeted, highly-impactful education sessions with key individuals.

4.0 District Administration

Element Objective and Strategy: Our objective in this element is to ensure quality and competent staff and a responsive and transparent business environment. To do this we will continuously assess staffing needs and competencies, workplace demands, and public accessibility to relevant services and information.

4.1 Workforce Succession Plan to sustain a high-performing workforce, ensuring continued access to highly qualified key personnel is critical to the mission and operations of the District. We will endeavor to ensure that the District maintains a mission-focused workforce that has the skills and experience to meet the needs of the District today and into the future. We will do this by:

- a. Working with a Committee as designated by the Board president to discuss the realities of adequate succession planning for minimally-staffed public agencies, with a goal of formulating a presentation for Board discussion and possible action.
- b. Ascertaining succession planning models utilized by other similar size public agencies and organizations.

4.2 Development training for staff and Board Members to assure a culture of educational opportunity in which both groups are well trained and informed about current issues, best practices, and new ideas to further our Mission. We will do this by:

- a. Seeking and attending training for staff and the Board in the areas of management and best administrative practices from vendors and associations such as the California Special Districts Association and the Association of California Healthcare Districts.
- b. Creating individual professional development plans to be updated as part of each employee's annual review.
- c. Assessing the adequacy of the current New Board Member Orientation Program to provide a running start for new members elected to the Board.

4.3 Integrate administrative and library operations in a more inclusive manner.

This is important to ensure a unified District mission and vision in all public endeavors. We will do this by:

- a. Holding regular "all staff" meetings whereby each staff member discusses an aspect of their job function.
- b. Holding at least monthly management meetings including administrative staff and the Library Director.

- c. Utilizing cross-training between Library and Admin staff members where practical to increase the capabilities and effectiveness of District staff members in assisting in duties between the two departments.

4.4 Monitor and Update as needed the District website(s) and increase social media presence of the District. This is important to ensure all relevant information is available for the communities we serve in multiple platforms, thus allowing for greater transparency. We will do this by:

- a. Assigning the website monitoring/updating to a management team member.
- b. Assessing which media platforms best suit the District's communities and allow for the most effective and impactful messaging.

4.5 Continue use of a feedback metric for members of the Proposition G Independent Citizens' Bond Oversight Committee to evaluate the effectiveness of District staff in meeting their goals and objectives. This is important to demonstrate the transparency of the District and to meet the commitment made to the public in the communities we serve. We will do this by:

- a. Use a method of evaluation that is best for effective feedback.
- b. Using metric requirements to ICBOC processes.

4.6 Review Strategic Plan on a regular schedule. This is critical to demonstrate the commitment of the District in meeting its mission and vision. We will do this by:

- a. Providing at minimum an annual status to the Legal/Strategic & Risk Management Committee on the progress of the Plan.
- b. Reviewing the Plan for relevancy and required updates on a schedule as directed by the Board of Directors.

5.0 Facilities

Element Objective and Strategy: Our objective in this element is to ensure District owned facilities are maintained at high standards so as to ensure the long term viability and usability of the building assets entrusted to us by the public. To do this we will regularly assess the condition of the facilities while working to maintain and improve their quality.

5.1 Strengthen the means of inspecting and assessing the condition of Hospital facilities. This is essential to ensure that the Hospital operator is adequately complying with key provisions in the lease to maintain the buildings and grounds, thus providing confidence to the public that its community-owned asset will be viable for its intended use years into the future. We will do this by:

- a. As a result of the 2014 Lease Extension, continue to improve the process for robust and meaningful Hospital facilities assessments, including a review of the operator’s inspection reports, consideration of independent inspections, consideration of updated facilities master plans, regular reports to the District Board on prioritized needs, and/or meetings between the District Board and the Hospital corporate facilities committee.
- b. Working within the 2014 Lease Extension to formalize the Hospital operator’s plan to address any seismic compliance mandates.

5.2 Ensure maintenance of District-operated facilities. This is important to ensure the District-owned conference center, library, administrative facilities, and grounds remain viable for public use years into the future. We will do this by:

- a. Conducting regular inspections and reporting the results to the District Facilities Committee and Board.
- b. Ensuring adequate budgetary funds for ongoing maintenance and improvements.
- c. Reviewing the processes for approving necessary maintenance items to ensure timely action, competitive pricing and public transparency.

F: Five-Year Plan – Strategy Overview “At-A-Glance”*(2013 List, with timeframes updated for 2017-2018)*

<i>Strategic Focus Area</i>	<i>Strategic Goals</i>	<i>Timeframe</i>
<i>1.0 Hospital Relations</i>	<i>1.1 Maintain strong policies and procedures for monitoring lease provisions</i>	<i>Current</i>
	<i>1.2 Ensure continuity on the Grossmont Hospital Corporation Board of Directors</i>	<i>Current</i>
	<i>1.3 Continue quarterly patient care quality assessments and metrics</i>	<i>Current</i>
	<i>1.4 Determine additional steps that can be taken to further the overall impact of our public/private partnership</i>	<i>Current</i>
<i>2.0 Community Healthcare Programs</i>	<i>2.1 Undertake a community health needs assessment</i>	<i>FY 2019-20</i>
	<i>2.2 Evaluate current grant recipients</i>	<i>FY 2019-20</i>
	<i>2.3 Review grant-making policies and processes</i>	<i>Current</i>
	<i>2.4 Assess and review the impact and relevance of current scholarship programs</i>	<i>FY 2019-20</i>
	<i>2.5 Seek available grant monies</i>	<i>Current</i>
<i>3.0 Community and Legislative Relations</i>	<i>3.1 Consider conducting focus meetings</i>	<i>FY 2019-20</i>
	<i>3.2 Evaluate the need for local and regional Public Service Announcements (PSAs)</i>	<i>FY 2019-20</i>
	<i>3.3 Implement an Annual Public Relations Plan</i>	<i>Current</i>
	<i>3.4 Establish regular open houses</i>	<i>Current</i>
	<i>3.5 Act as a resource to state representatives</i>	<i>Current</i>
	<i>3.6 Conduct meetings with local and state representatives</i>	<i>Current</i>

4.0 District Administration	<i>4.1 Workforce Succession Plan</i>	<i>FY 2019-20</i>
	<i>4.2 Development training for staff and Board</i>	<i>Current</i>
	<i>4.3 Integrate administrative and library operations in a more inclusive manner</i>	<i>Current</i>
	<i>4.4 Upgrade District website and increase social media presence of the District</i>	<i>FY 2017-18</i>
	<i>4.5 Establish a feedback metric for members of the Proposition G Independent Citizens' Bond Oversight Committee</i>	<i>Current</i>
	<i>4.6 Review Strategic Plan on a regular schedule</i>	<i>FY 2018-19</i>
5.0 Facilities	<i>5.1 Strengthen the means of inspecting and assessing the condition of Hospital facilities</i>	<i>FY 2017-18</i>
	<i>5.2 Ensure maintenance of District-operated facilities</i>	<i>Current</i>

Appendix A – Potential District Risks as Identified in 2013 by Risk Identification Group (2017 Additions are listed at the end)

The group identified *possible* risks to the District, initially not taking into account likelihood or potential impact. The group then went through an exercise to consider both the likelihood of the risk taking place and the impact of the risk to the District should it become reality. That exercise narrowed the list below to the top risks listed in Section C.

- a. State legislature funding and regulation
- b. Economy suffering/economic recession
- c. Increased number of underinsured
- d. Lack (not loss) of diversified revenue
- e. Increase pressure for resources – \$
- f. Lack of media understanding and journalistic standards
- g. Natural or man-made disaster
- h. No strategic plan (2017 – *No longer a risk*)
- i. Inability to get good applicant pool for ICBOC
- j. State money grab
- k. Over-population at health centers
- l. Lack of knowledge of what the District does
- m. Education and training of Board
- n. Lack of current needs assessment
- o. Lack of existing resources to complete projects – Proposition G (2017 – *No longer a risk*)
- p. Impact on staff for more Calif. Public Records Act requests
- q. Get rid of District - LAFCO
- r. Succession plan for Board and staff
- s. Homeland security issues
- t. No funding for seismic retrofit if required by 2030
- u. Special interest groups being very vocal
- v. Personnel strike

- w. Lease extension not approved (2017 – No longer a risk)
- x. Changes in national healthcare
- y. Changing from District area elections to zones
- z. Lack of healthcare access in back country
- aa. Viability of other hospitals
- bb. Making the simple complex – presentations
- cc. Board volatility
- dd. P.R. nightmare issue - SHARP vs District
- ee. Loss of property tax
- ff. No risk mitigation plan (2017 – No longer a risk)
- gg. Consolidation threat
- hh. Mergers/consolidations/CSDs
- ii. Majority Board voted off Board
- jj. Loss of assets - funding/sell off
- kk. Aging /graying of population
- ll. Loss of constituents’ support
- mm. Changing entitlement for healthcare
- nn. CEO political background
- oo. Not able to issue final bonds (2017 – No longer a risk)
- pp. Loss of working history of staff
- qq. Changing social demographics
- rr. Not enough transparency
- ss. Lack of effective lobbying activity
- tt. No set Board member agendas
- uu. Poor quality assurance communication
- vv. Capacity/need for more bonds
- ww. East County vs rural/back country
- xx. Compensation (*strategy*) plans for staff
- yy. Fund collections from County
- zz. Loss of computer data

- aaa. Court actions for District services
- bbb. Land use decisions
- ccc. Unoccupied HOTC *Building (2017 – No longer a risk)*
- ddd. Contractor/vendor failure
- eee. Lack of not funding Hospital phase III master plan
- fff. Losing Health Fair
- ggg. Board/CEO relations
- hhh. Brown Act violations/confidentiality

Additional 2017 Identified Risks

- iii. Change/Instability of Affordable Care Act
- jjj. Marijuana Legalization and Impact on Healthcare
- kkk. Shortage of behavioral health access
- lll. Shortage of addiction treatment access
- mmm. Large influx of immigrants/refugees and their associated language and cultural assimilation to the healthcare system

Appendix B – Public and Stakeholder Input – 2013

PUBLIC INPUT

District Public Input Meeting

Question – *What are your thoughts on the District Mission statement?*

- A little long
- Shorten around down toward the word, Exceed
- Could be broader, as a human right to all
- Access to Hospital care and healthcare services
- Mention diversity and changing demographics
- “Anticipate, recognize and IMPLEMENT”
- District/schools liaison
- Provide or support or COLLABORATE
- Expand resources where possible
- Put first sentence elsewhere

District Public Input Meeting

Question – *How can the District best serve the area?*

- Equal Access
- Fills Gaps
- Healthcare is a right
- A focus on PREVENTION
- Increased focus on primary care
- Concious investment of resources in support of Vision
- Assess needs
- Educate children about healthcare

District Public Input Meeting

Question – *What are important things for the Board to keep in mind when looking into the future?*

- Support clinics
- Efforts to prevent chronic disease
- Seek out national benchmarking and data prior to major investments
- Keep in mind demographics of diminishing personal income
- Best practices may need to be adjusted for diverse applications
- Help the Helpless first

District Public Input Meeting

Question – *What are some suggestions or recommendations for improved healtcare in this area?*

- Forecast, but keep up with the fluid healthcare situation
- Mission in concrete, strategy in sand
- Better messaging to the community

- Change Board meeting times to evening meetings
- Larger font on website
- Allow direct Board member phone and/or email access
- Maybe services instead of grants is the better method

STAKEHOLDER INPUT

District – Stakeholders’ input on Mission

- Too long
- Simplify, focus, make it compelling
- So what does the District do?
- Also should say “prevention and/or wellness”
- Put top paragraph somewhere else
- Say what you do in simple terms
- “Mental” should be “behavioral”
- Should be bolder with leadership

District – Stakeholders’ input on 5-year Vision

- We have assisted in the Hospital having an increased “presence” in the community
- We see documented improvement in:
 - community health
 - wellness
- We have successfully anticipated and addressed a broad spectrum of healthcare needs
- We have a thriving and efficient healthcare system
- We are considered a community leader in support of healthcare

District Boundary Map

