



# Mark Twain Health Care District

**AGENDA**  
**Strategic Planning**  
**Mark Twain Health Care District**  
**Wednesday, March 12, 2014**  
**7:30AM – 3:30PM**  
**Classroom 3**  
**San Andreas, CA**

- 
1. Call to Order and Roll Call
  2. Approval of Agenda
  3. Public Comment on matters not listed on the Agenda.

The purpose of this section of the Agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the Agenda.

(The public may also comment on any item listed on the Agenda prior to Board action on such item.)

***Limit of 3 minutes per speaker.***

4. November 4, 2014 Statewide General Election Daymon Doss
  - Notice of District Election  
Informational
5. Form 700 Tips for Health Care District Filers Daymon Doss
  - Filing Date April 1, 2014  
(Document attached)
6. Completion of AB1234 Requirements Daymon Doss  
Informational
7. Review of Comparative Data Developed by TCA Partners, LLC Daymon Doss

BREAK - 9:15AM

8. Review of 2012 Goals and Objectives Daymon Doss

9. Accounting vs. Financial Analysis Daymon Doss

- What should you ask?
- Wellbeing of an Entity

10. Discussion of the Relationship Between Health Care Districts and Non-Profits Daymon Doss

11. Health Care District Law and General Obligation Bonds Michael Dean

LUNCH - 11:15AM

12. Key Tools for Governance Effectiveness and Establishing a Healthy Board Culture Karma Bass

- Comparison and Review of 2012 & 2014 Self Assessment

Adjournment - 3:30PM

Note: Code filers only complete the schedules applicable to their District. Conflict of Interest Code Elected Board Members respond to all schedules.

### FORM 700 Tips for Health District Filers - 2014

Schedule	Tip
A-1 Investments (stocks, bonds, etc., ownership interest of less than 10%)	<p>Report any interest valued \$2,000 or more during the reporting period in a business entity doing business within your District. IBM probably "does business" within your District, also Coca-Cola. But simply advertising there is not "doing business". (R13)<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Includes interests of \$2,000 or more acquired or disposed of during the reporting period. You do not have to report partial trades or changes in value.</li> <li>• Obligation includes investments held in IRAs, Roths, etc. if separately reportable – e.g. stocks, bonds. (R15)</li> <li>• It doesn't matter if you don't make the decisions on what is sold or traded on your investment account – the reporting test is the value of your holdings.</li> <li>• Have to report mutual funds, unless it is registered with the SEC as a diversified mutual fund. (F2-3)</li> <li>• <b>You must report investments owned with your spouse and dependent children.</b> (R13)</li> <li>• Must report interests, including real estate interests, held by trusts. (R15)</li> </ul>
A-2 Investments, Income and Assets of Business Entities/Trusts (ownership of greater than 10%)	<p>Includes interests valued at \$2000 or more that you held, acquired or disposed of during the reporting period.</p> <ul style="list-style-type: none"> <li>• "Business entity" = any activity organized for profit, including a home business that you or your spouse take a tax deduction for. (R8)</li> <li>• Partnership interests have detailed rules for reporting here and under income. (R10)</li> <li>• <b>Must report investments owned with spouse and dependent children.</b> (R13)</li> <li>• Must report your community property share of spouse's business if s/he is self-employed.</li> <li>• Includes interests and real estate held by trusts and business entities. (R15)</li> </ul>
B Real property (within the District that you own or lease directly)	<p>Report those interests with a value of \$2,000 or greater that you held, acquired or disposed of during the reporting period and related rental income, if any.</p> <ul style="list-style-type: none"> <li>• <b>Does not include your personal residence(s) if used exclusively as your residence</b> (not partly rented, you don't take a business deduction on your taxes). (F3)</li> <li>• <b>Must report property owned with spouse and dependent children as though you held them directly</b> (R13)</li> <li>• Report leasehold interests if you pay more than \$2,000 for them during the reporting period. (R14)</li> <li>• Report rental income here. (R13)</li> </ul>

<sup>1</sup> (R#) references are to pages in the "2012/2013 Form 700 Statement of Economic Interests Reference Pamphlet" and (F#) references are to "Frequently Asked Questions: Form 700 Disclosure". Both are available at <http://www.fppc.ca.gov/index.php?id=500> Advice is also available at 1-866-ASK-FPPC (1-866-275-3772)

<p>C Income, loans and Business positions (but not gifts or travel partner, etc.)</p>	<p>Speaker fees, consulting income, commissions, royalties ...they are all income.</p> <ul style="list-style-type: none"> <li>• Report gross income – before any deductions.</li> <li>• You must report your community property share (50%) of your spouse's income, but not his/her "legally separate" income. (F2, R12)</li> <li>• <b>Your District salary, benefits and any reimbursement for expenses are not reportable.</b></li> <li>• Do not need to report salaries and benefit payments from federal, state and local agencies. (R12)</li> <li>• <b>Do not need to report:</b> dividends, proceeds or interest on securities registered with the SEC; same for mutual fund redemptions and payment from insurance policies, pension plan payments, alimony or child support, campaign contributions. (R10-12)</li> <li>• Do not need to report loans or credit card debt from commercial lenders on commercially available terms. (R14)</li> <li>• Repayments of loans for less than the stated terms may create a reportable gift.</li> <li>• Prizes won in bona fide contests (other than the CA State Lottery) worth \$500 or more are reportable income.</li> </ul>
<p>D Income- Gifts</p>	<p>A gift is "anything of value for which you have not provided equal or greater consideration to the donor." It does not matter where the donor is located or "does business".</p> <ul style="list-style-type: none"> <li>• Must report a good faith estimate of the Fair Market Value (see below). "Greater than \$50" is not a detailed enough estimate.</li> <li>• If the gift is received through an intermediary BOTH the original source and the intermediary must be reported.</li> <li>• <b>Acceptance limit = \$440</b> from a single source in a calendar year.</li> <li>• <b>Reporting threshold = \$50 or more</b> (total value in one year from a single source)(F4)</li> <li>• <b>Food and beverages = gifts; as do tickets / passes</b> (except as below)(F5)</li> <li>• <b>Gifts to your spouse</b> are presumed to be gifts to you. (F5)</li> <li>• <b>Informational material</b> related to doing your job may not be a gift.</li> <li>• <b>Gift exchanges</b> of similar value and <b>gifts from family members, BFFs and dating partners</b> are not reportable. (F4-5)</li> <li>• <b>Wedding gifts</b> = if community property share is \$50 or more = reportable.(R16)</li> <li>• Exceptions exist for bereavement offerings, acts of "neighborliness" or "human compassion."</li> <li>• Frequent flyer miles are not gifts. (F6)</li> <li>• 501(c)(3) fundraiser tickets – two tickets – are NOT reportable gifts if they come directly from the charity. (F7)</li> <li>• <b>Returned or donated gifts:</b> "Unused gifts that are returned to the donor or reimbursed within 30 days of receipt are not reportable. You may also donate the unused item to a charity or governmental agency within 30 days of receipt or acceptance as long as the donation is not claimed as a tax deduction." The charity must be unrelated to you or your family. (F4)</li> <li>• "Paying down" the value of the gift to an acceptable limit is also possible. (F8)</li> </ul>

Note: "Code file" only, complete the schedules specified in their District - Conflict of Interest Code  
Elected Board Members respond to all schedules.

<p><b>E. Income - Travel Payments, Advances and Reimbursements.</b></p>	<p>Generally travel expenses are reportable as either a gift or income. Which category applies depends on whether or not you provide services (e.g. serving on a board) in exchange that were (income) or were not (gift) of equal or greater value to whoever is paying the expenses. No services = gift. <b>Reporting limits</b> are \$50+ for travel related gifts (and still subject to the \$440 limit), \$500+ for travel related income.</p> <ul style="list-style-type: none"> <li>• <b>Do not need to report</b> - travel expenses paid by state, local or federal government agencies you provided services to; expenses paid by your employer; expenses paid by a 501(c)(3) organization that you provide services to.</li> <li>• <b>The "you are giving a speech, etc. test"</b> - if you are giving a speech, presenting a paper, participating on a panel, etc. within the United States the related expenses are not reportable or subject to limits unless: (1) a non-governmental source funds the travel or (2) you are an elected local official. In the later two cases the payments are reportable, and may not be subject to subject to the gift limits if the speech is for a governmental purpose or about an issue of public policy. (F6-7)</li> </ul> <p><b>May not accept "honoraria"</b>. Things that are <u>not</u> honoraria include: "Payments for articles published [or services provided] as part of the practice of a bona fide business, trade, or profession, such as teaching; Payments received for a comedic, dramatic, musical, or other similar artistic performance, and payments received for the publication of books, plays, or screenplays."</p>
<p><b>Common Definitions</b></p>	<p><b>Fair Market Value:</b> "When reporting the value of an investment, interest in real property, or gift, you must disclose the fair market value - the price at which the item would sell for on the open market. This is particularly important when valuing gifts, because the fair market value of a gift may be different from the amount it cost the donor to provide the gift. For example, the wholesale cost of a bouquet of flowers may be \$10, but the fair market value may be \$25 or more." (R10) See also FB for issues arising from valuing tickets and entertainment expenses.</p> <p><b>Spouse = registered domestic partner too (R15)</b></p> <p><b>Informational material:</b> " means any goods or service that serves primarily to convey information and that is provided to the official for the purpose of assisting him or her in the performance of his or her official duties"</p>



# SUMMARY RESULTS

Mark Twain Health Care District  
2012 Governance Self-Assessment

Provided as a Member Service By



# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Self-Assessment Overview

In June 2012 the Mark Twain Health Care District Board of Directors assessed the board's overall leadership performance, and the performance of its committees. The board also identified issues and priorities for the future.

Board members assessed the board's overall performance in eight leadership areas, including:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and processes;
- Community relationships;
- Relationship with the CEO;
- Financial leadership;
- Community health; and
- Organizational ethics.

Board members rated 132 total criteria in these eight areas.

#### How the Self-Assessment Was Conducted

The governance self-assessment was conducted using an online survey. All five Mark Twain Health Care District board members completed the self-assessment.

Respondents rated a variety of statements in the eight areas above, using a scale ranging from "Level 5 (Strongly Agree)" to "Level 1 (Completely Disagree)." "Not Sure" and "Not Applicable" choices were also available for each statement.

Mean scores for each statement were calculated using a five point scale (Level 5 - Level 1). No points were assigned to "Not Sure" and "Not Applicable" ratings.

Finally, board members provided insights about their priorities for the board in the next year; defined the board's strengths and weaknesses; identified key issues that should occupy the board's time and attention in the next year; and provided insights about the most significant trends the board must be able to understand and deal with in the next year.

#### Reviewing This Report

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from highest to lowest mean score. To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars.

Responses are grouped and color coded, with "Level 5" appearing in dark green, "Level 4" in light green, "Level 3" in yellow, "Level 2" in orange, and "Level 1" in red. "Not Sure" responses appear in gray, and "Not Applicable" responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

Board member responses to all open-ended questions appear on pages 22-24.

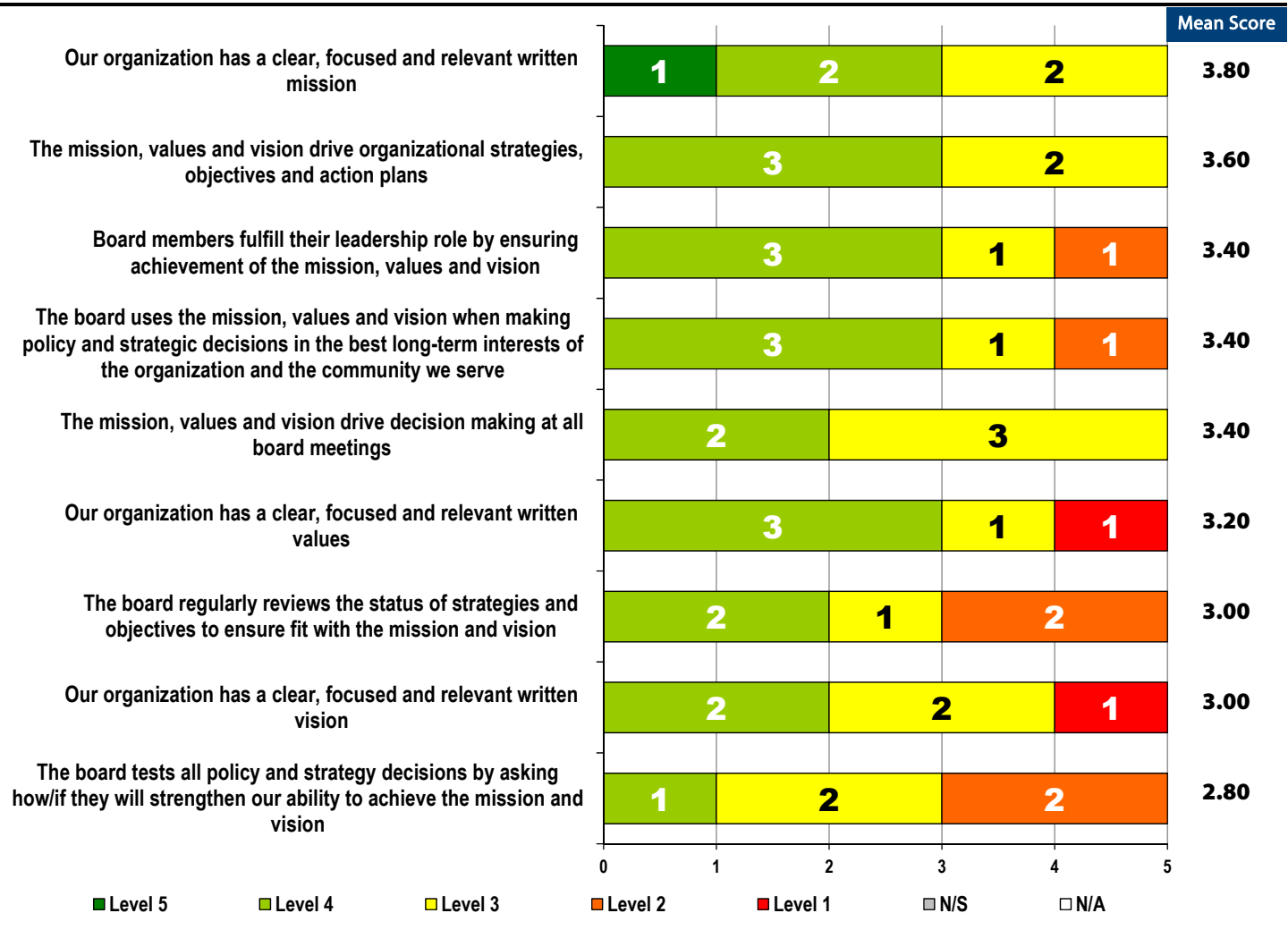
# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Mission, Values and Vision

#### Mission, Values and Vision

(sorted by highest to lowest mean score)



#### Suggestions for Governance Improvement

- As a practice, we should use the terminology of our mission when making decisions and considering anything new or different, and ask the question: "does this fit with our mission?" Also, a decision-making tree with the mission where we stop a process IF the decision does not meet the mission would be helpful as it makes it a more objective process and would keep us focused on our mission.
- All board members need to be cognizant of the written mission statement and focus on its vision and values.
- Clearly understand and review our mission, vision and values.
- Have educational meetings to improve the above statements.



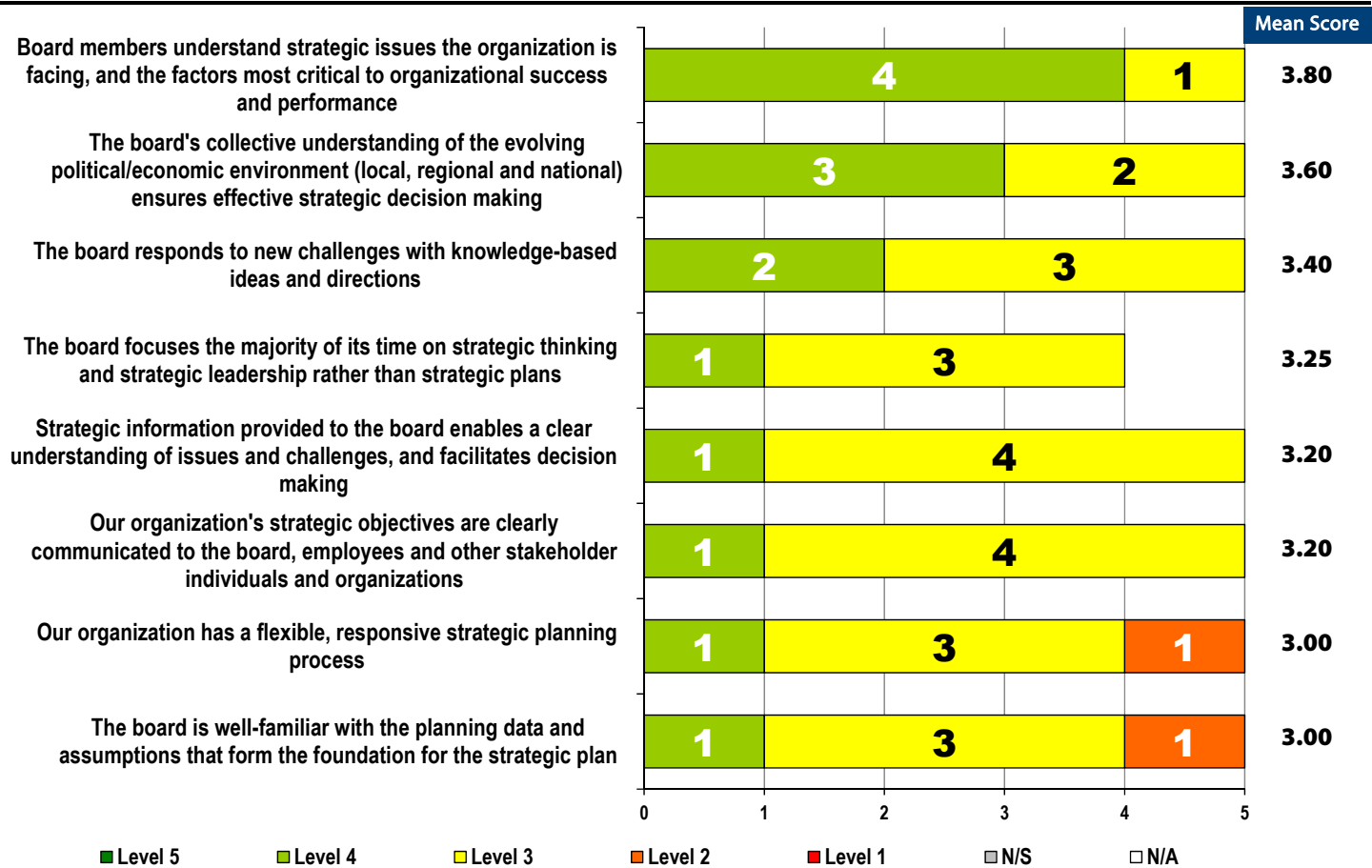
# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Strategic Direction

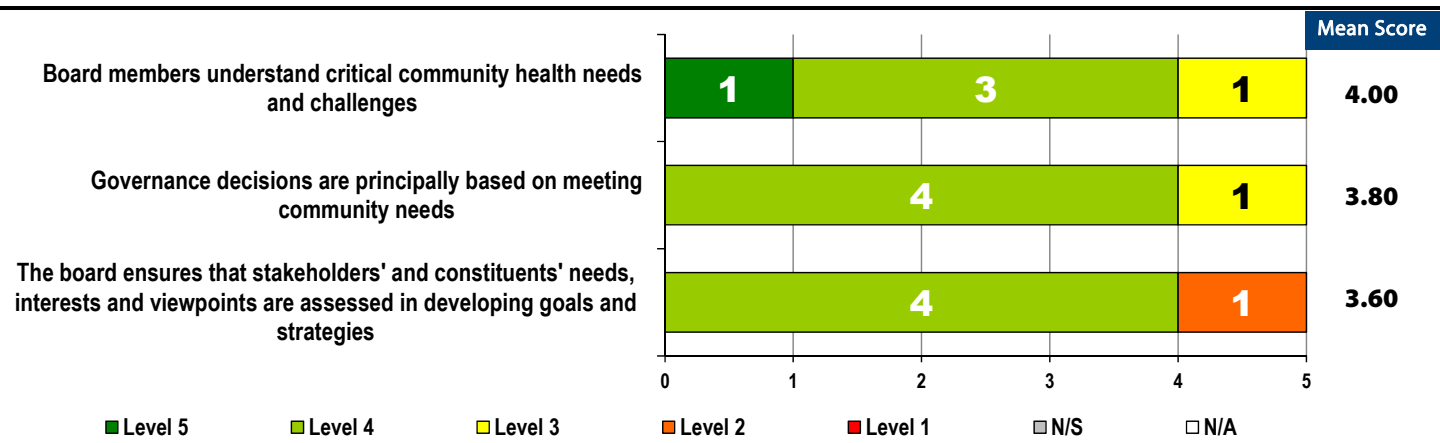
#### The Strategic Planning Process

(sorted by highest to lowest mean score)



#### Community and Stakeholder Perspectives

(sorted by highest to lowest mean score)

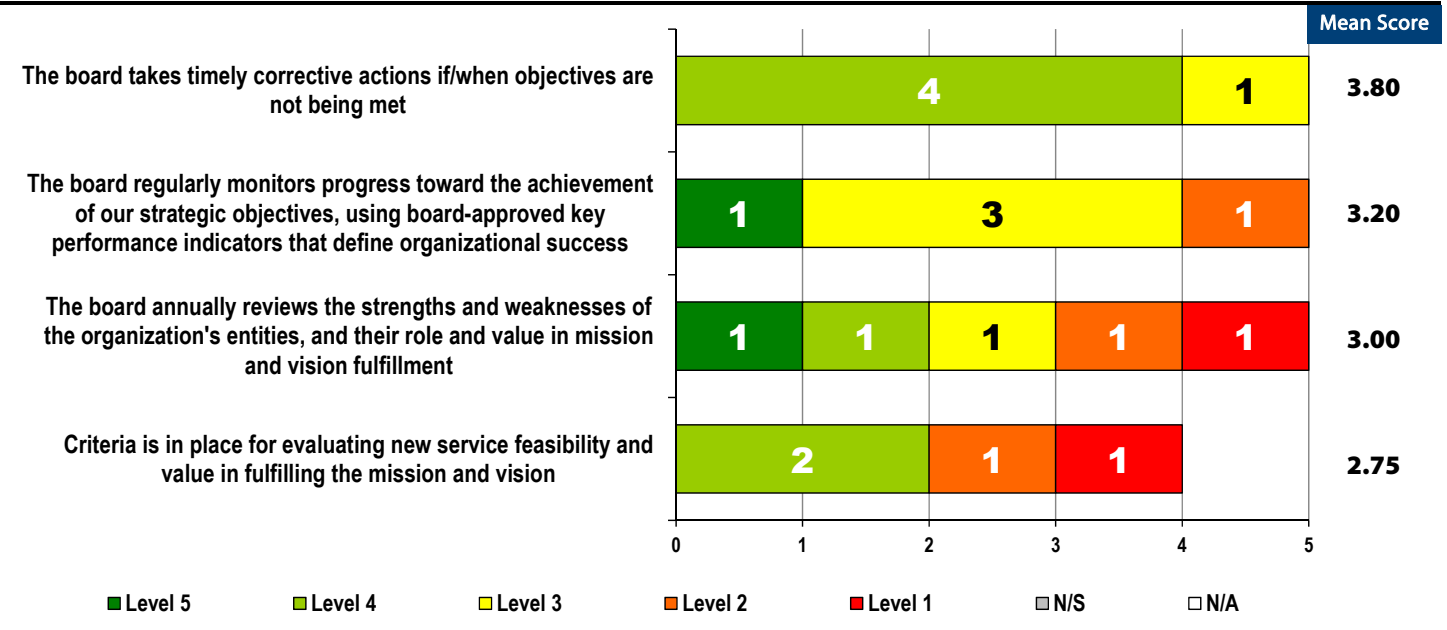


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Monitoring Progress

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

- Only the President is involved in statewide healthcare district networking and staying abreast of legislation and issues. While this information is shared with and appreciated by the remaining board members, personal involvement by the entire board is lacking and reflects a gap in strategic thinking and decision making, as well as an inability to grasp a larger responsibility as a community based organization - to the community at large and all stakeholders, not just the hospital. Strategic plans have been focused on funding projects without any focus on board development. Adding a communication piece to the annual plan would be helpful as well; such as how and when do we communicate to the public our funding priorities, celebrations and challenges.
- More meetings to educate us about our responsibilities and how we can improve our weaknesses.
- The board needs to be fully knowledgeable of all aspects of our strategic objectives.
- Set clear goals and monitor the outcome.

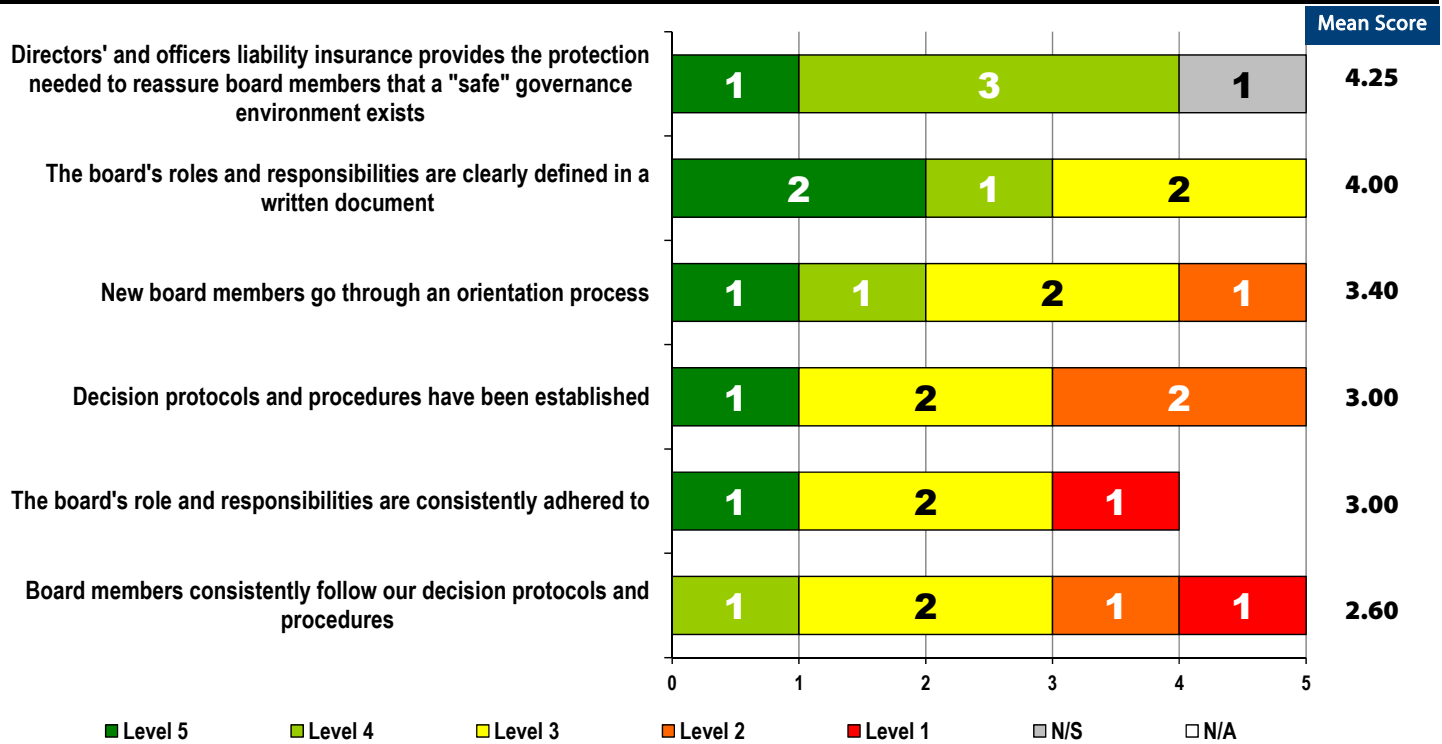
# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Leadership Structure and Processes

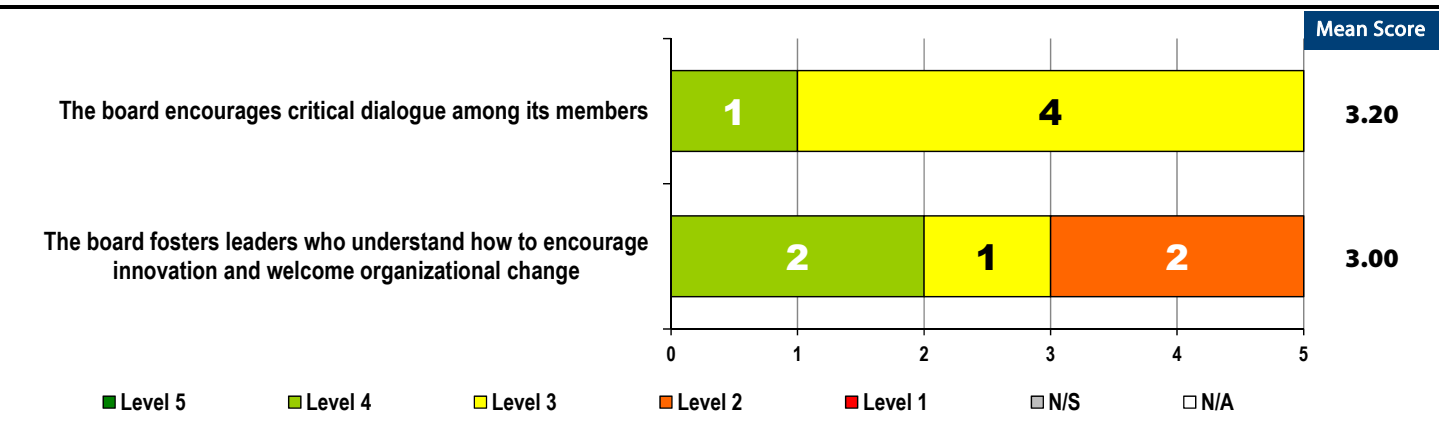
#### Board Roles and Responsibilities

(sorted by highest to lowest mean score)



#### Board Structure and Composition

(sorted by highest to lowest mean score)

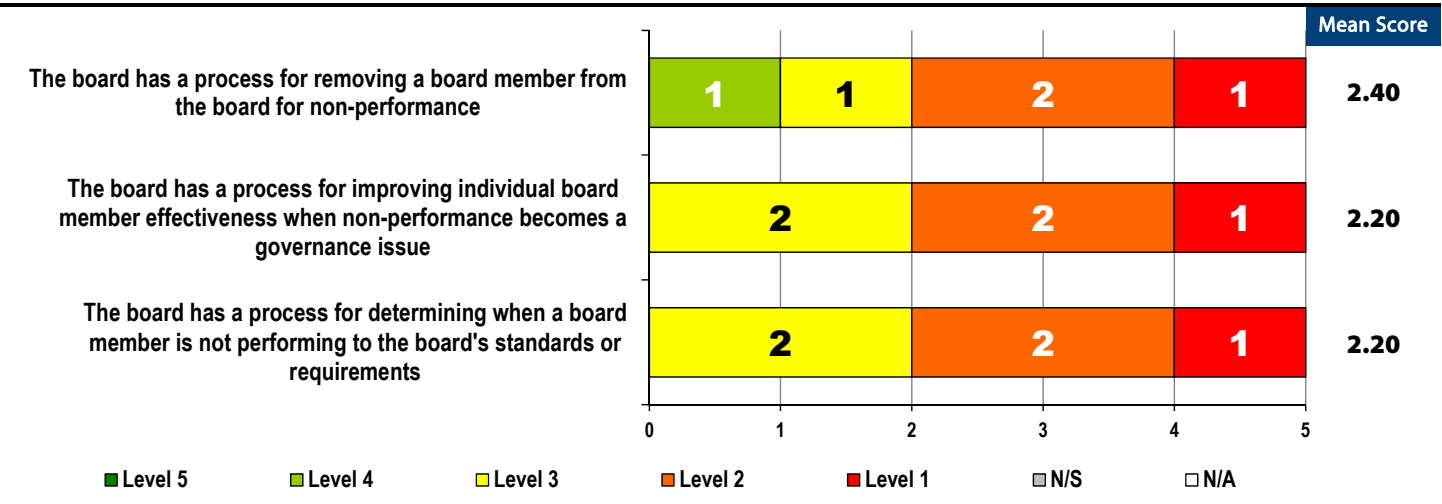


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

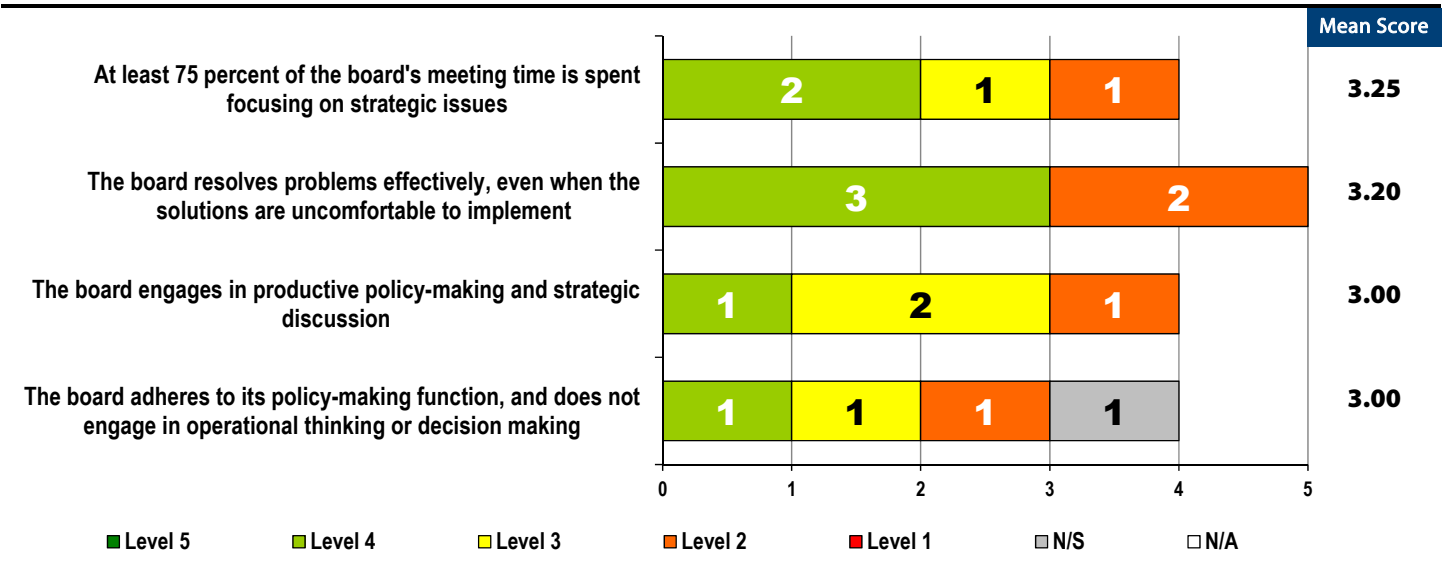
### Board Member Performance

(sorted by highest to lowest mean score)



### Strategic Focus

(sorted by highest to lowest mean score)



# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Board Meetings

(sorted by highest to lowest mean score)

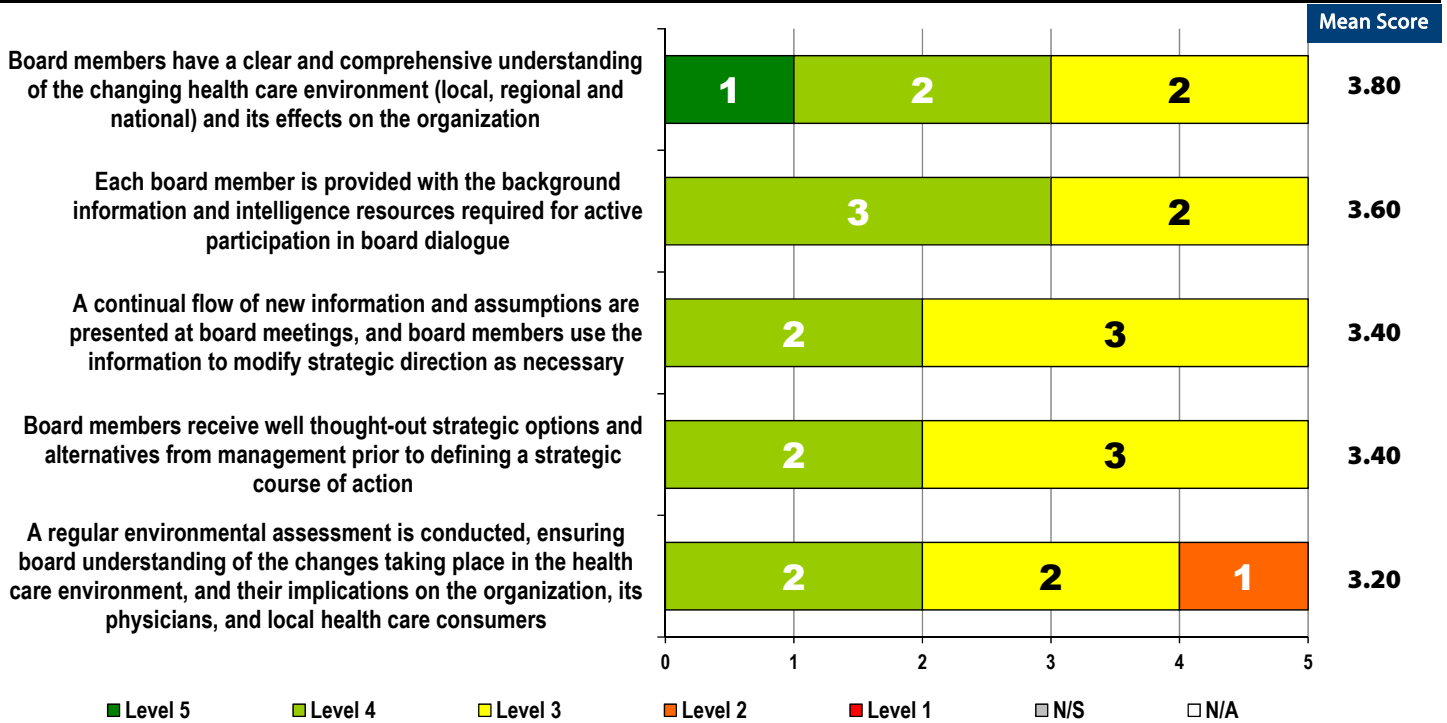


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

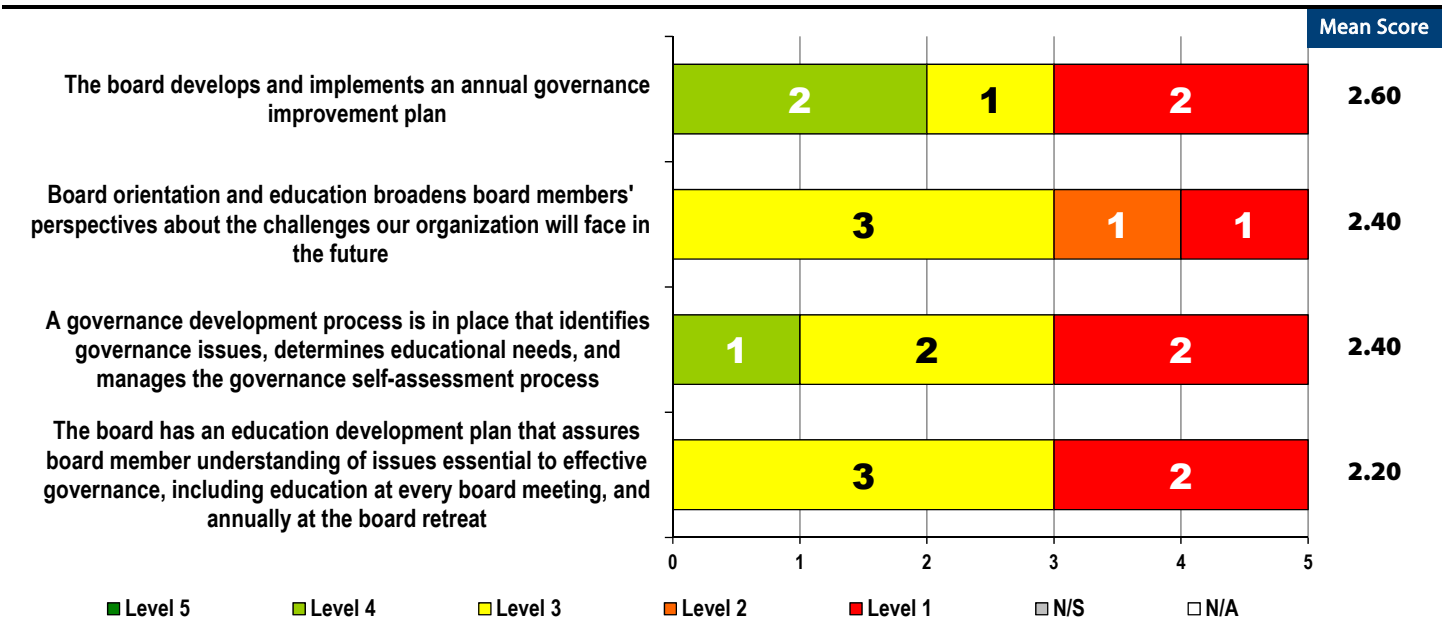
### Board Member Knowledge

(sorted by highest to lowest mean score)



### Governance Development

(sorted by highest to lowest mean score)

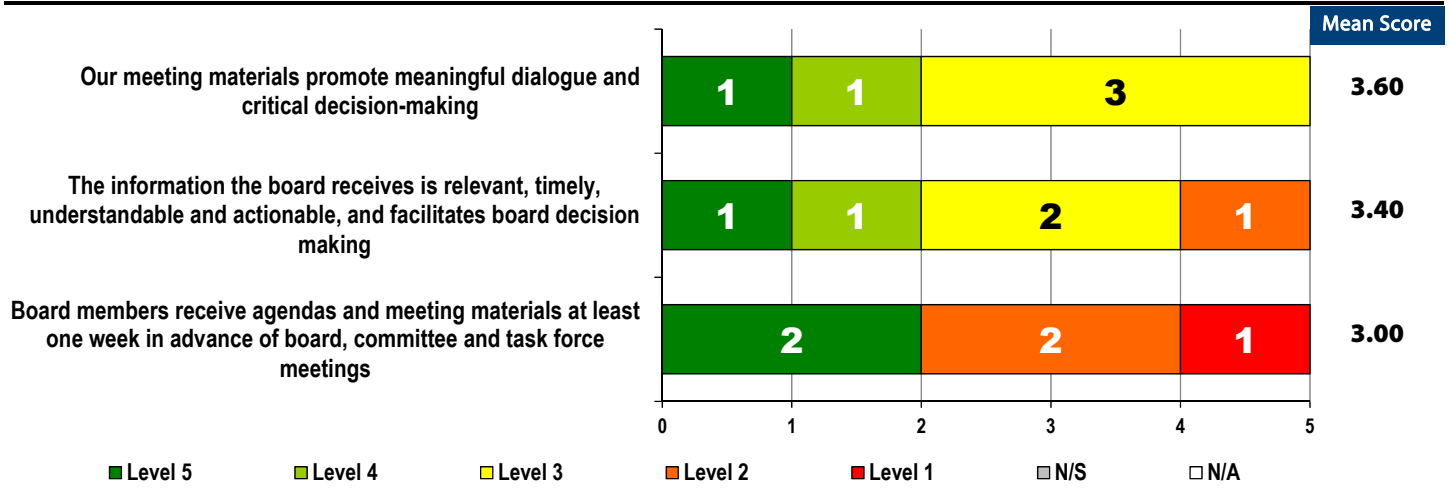


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

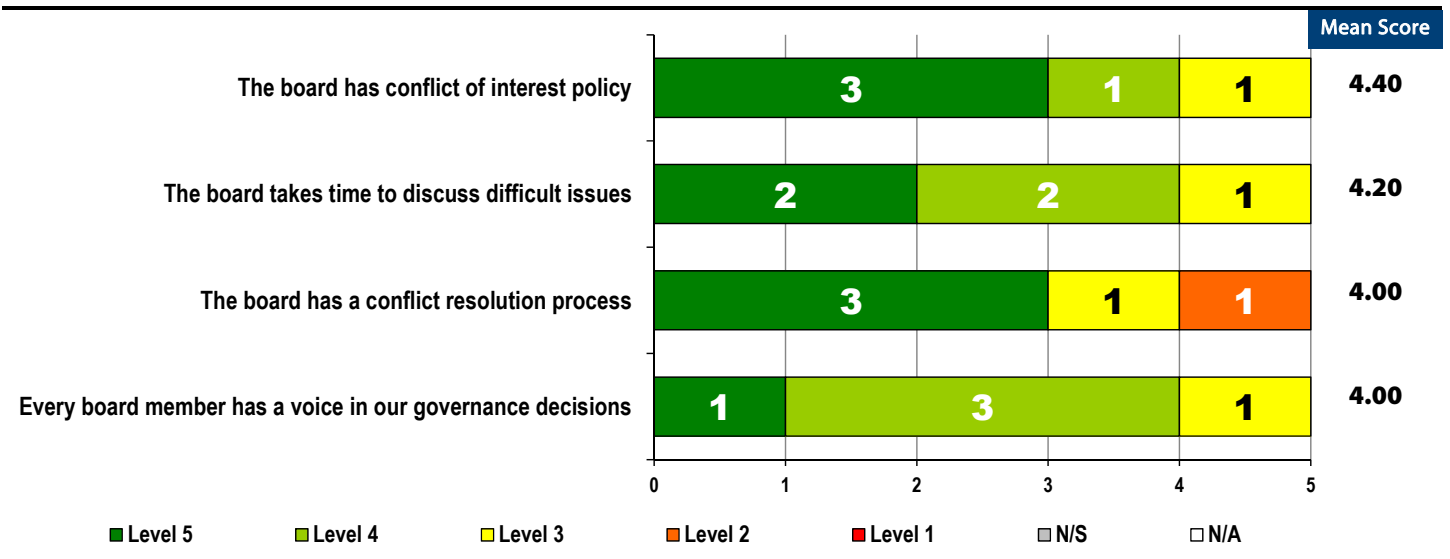
### Meeting Materials

(sorted by highest to lowest mean score)



### Board Relationships and Communication: Higher-Rated

(sorted by highest to lowest mean score)

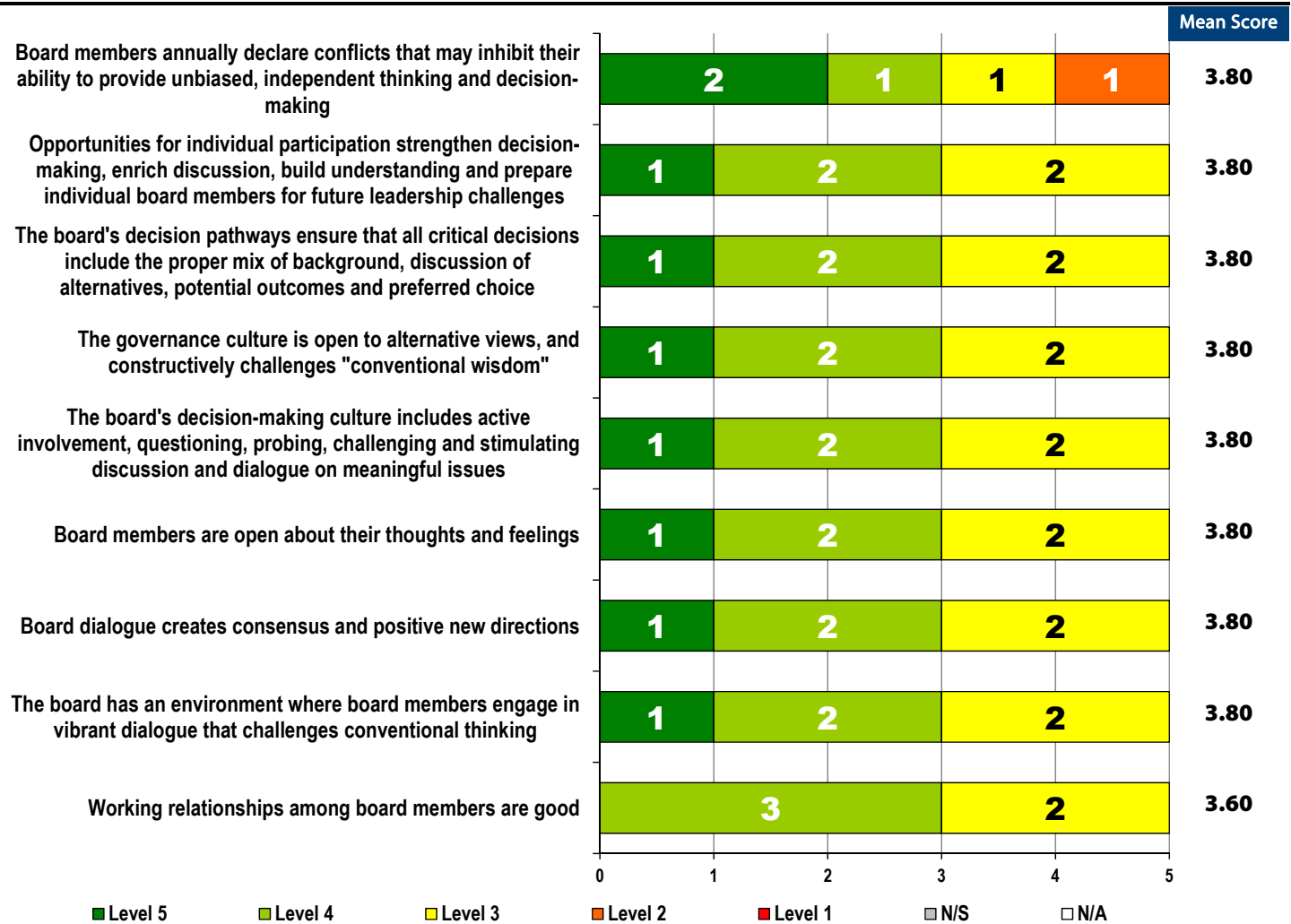


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Board Relationships and Communication: Lower Rated

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

- Board members need to strengthen their communications skills for more positive outcomes.
- By implementing the items on the governance section above.
- I honestly don't know except for having educational meetings that address these issues.



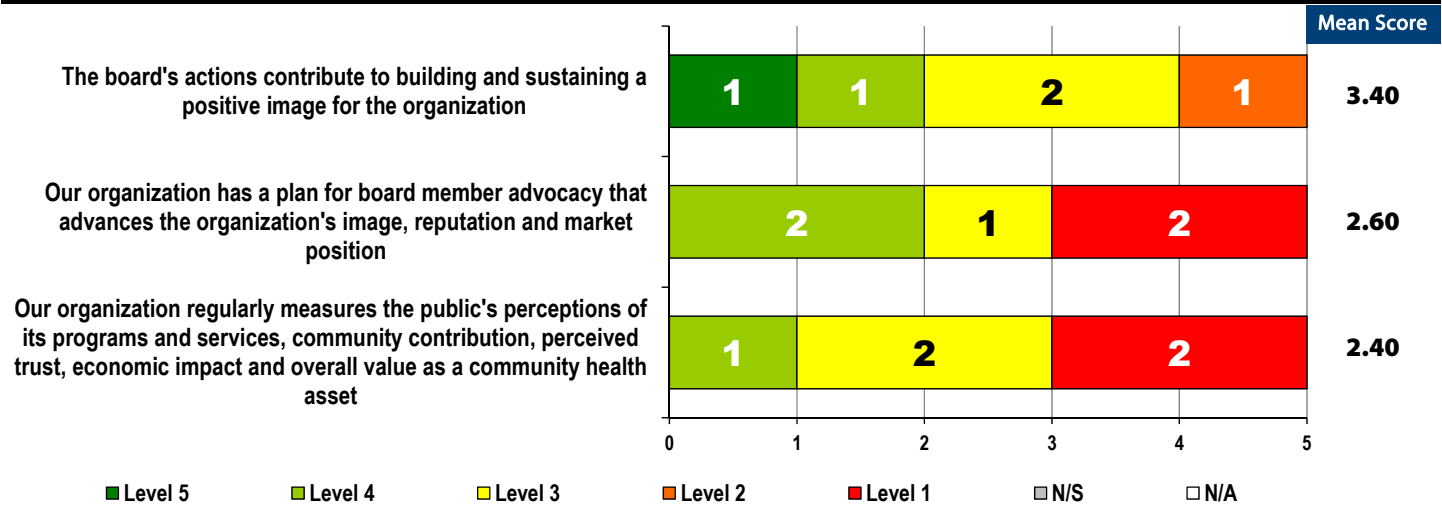
# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Community Relationships

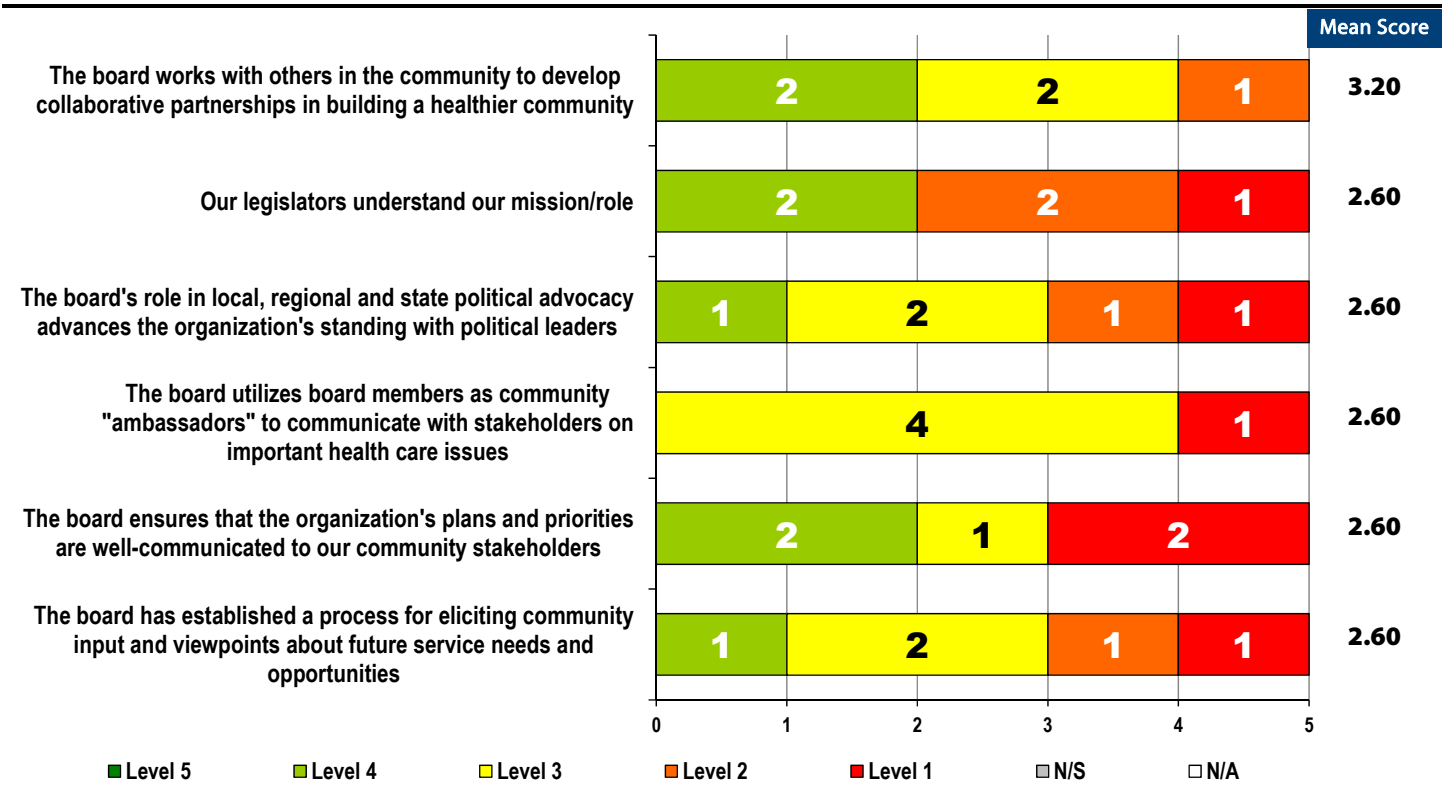
#### Ensuring Public Trust and Confidence

(sorted by highest to lowest mean score)



#### Ensuring Community Communication and Feedback

(sorted by highest to lowest mean score)



# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Suggestions for Governance Improvement

- The board needs to continue to present a positive position to the community regarding the health care services it provides.
- By developing and implementing a board member advocacy plan, public relations plan and a regular process for community engagement.
- Not sure this is a priority.

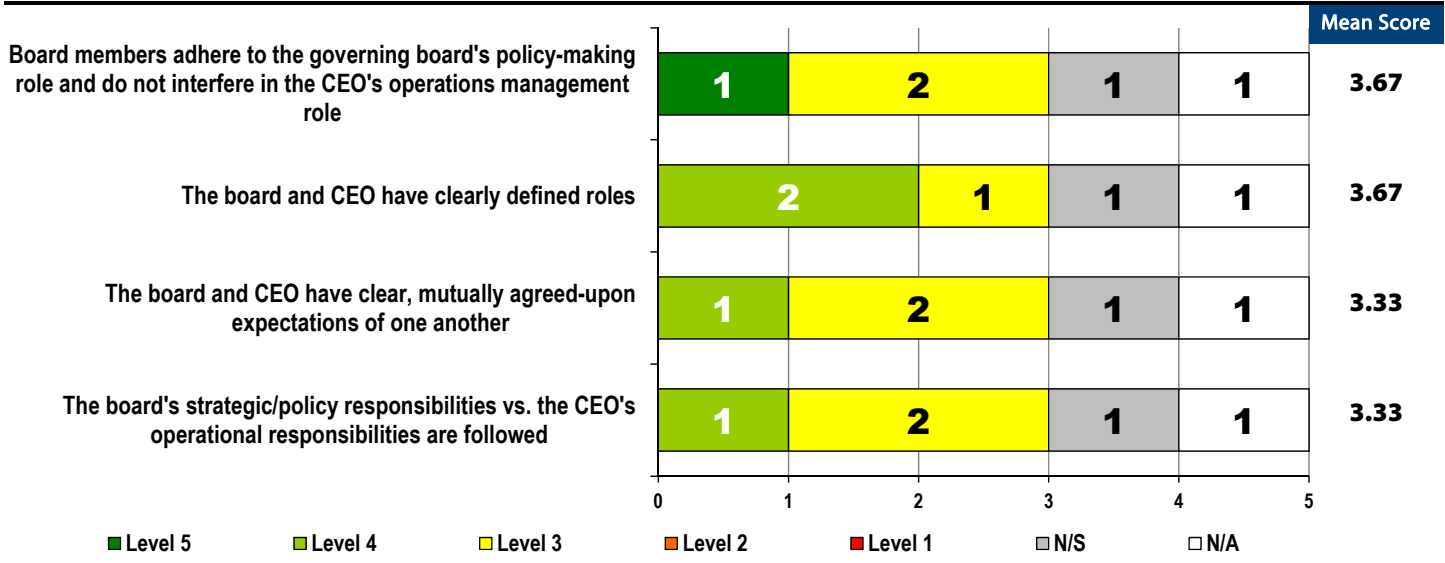
# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Relationship with the CEO

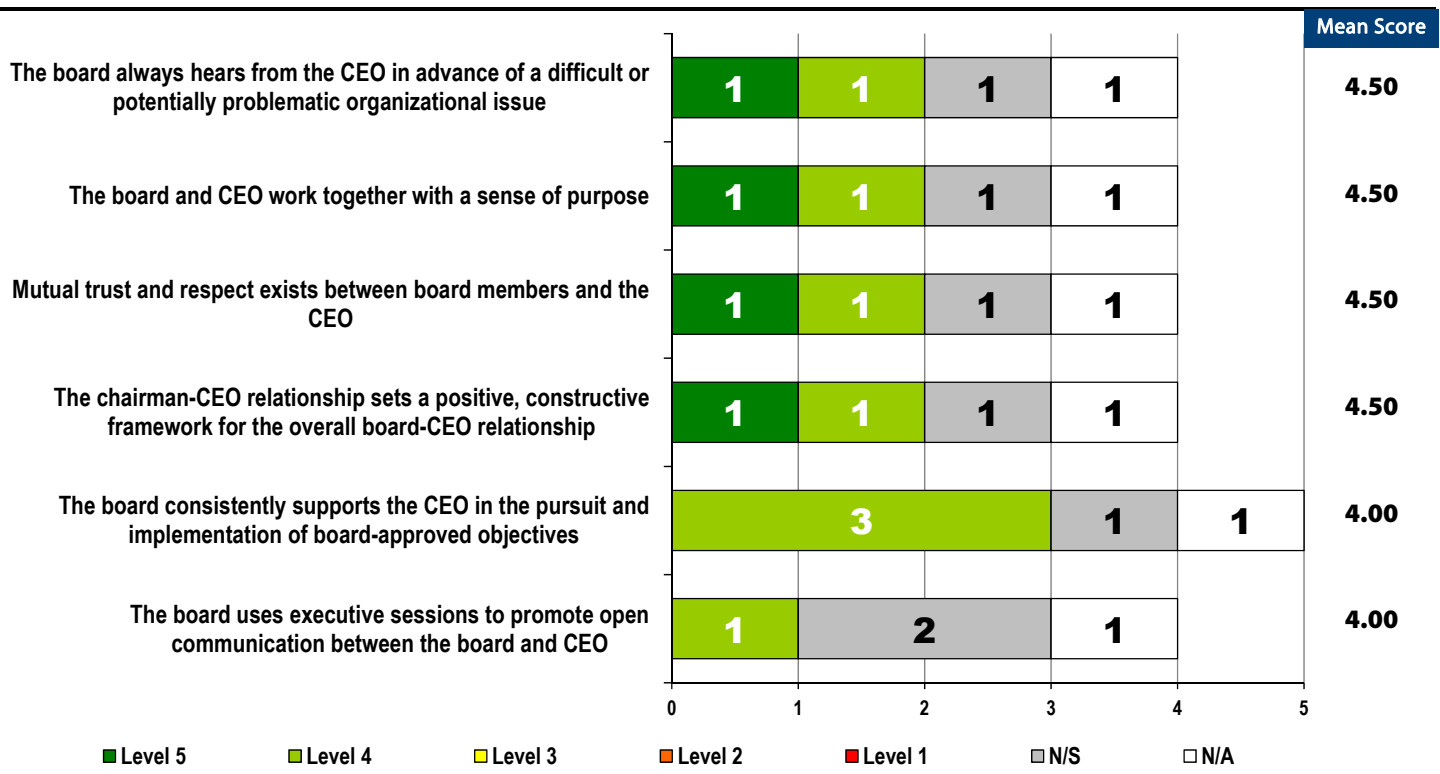
#### Board and CEO Roles

(sorted by highest to lowest mean score)



#### Communication, Support and Shared Goals

(sorted by highest to lowest mean score)

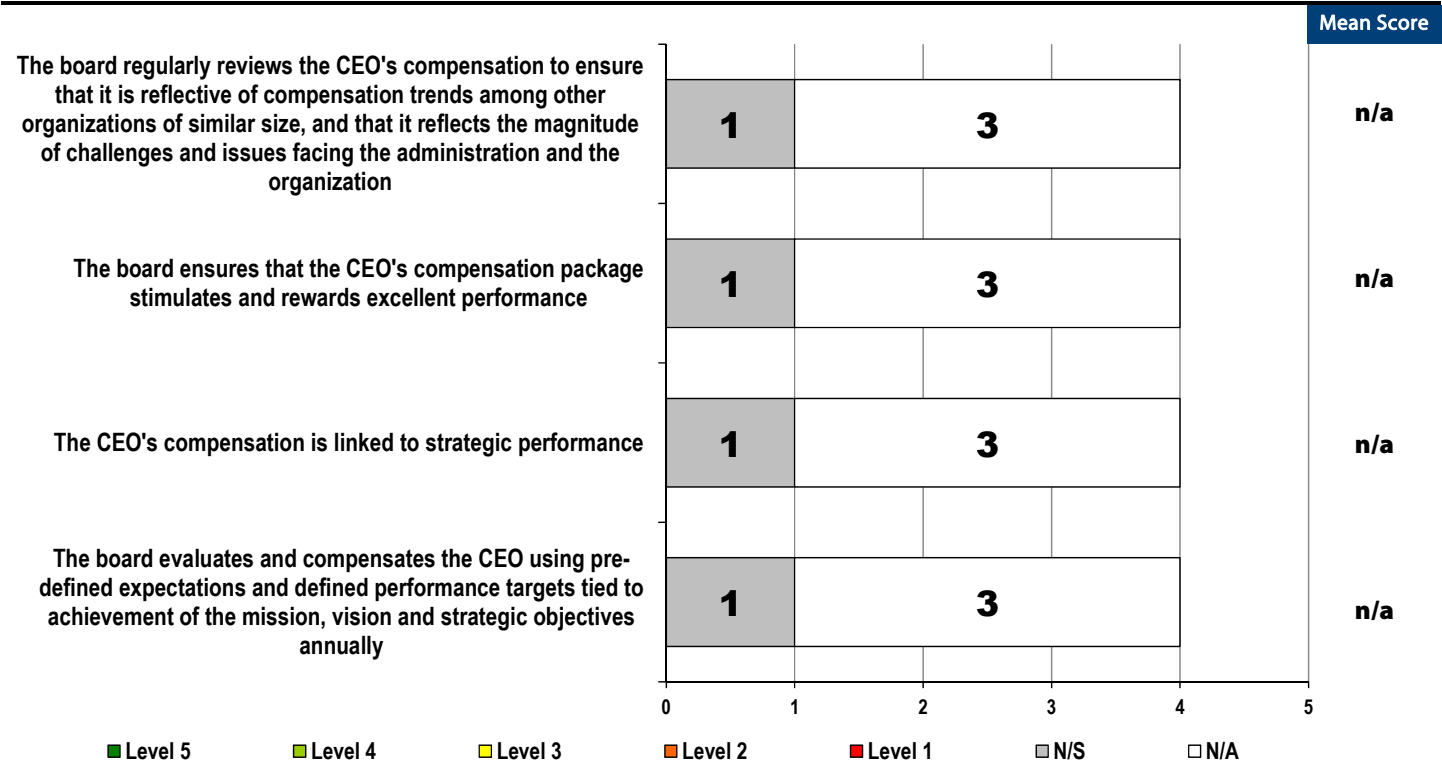


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### CEO Evaluation

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

- We have a new CEO with whom I have not worked with as yet, but I can speak about our previous CEO. Complete disaster.
- There has been a change in leadership recently, therefore the responses are assumed with the new CEO in place.
- Our past CEO was a crook and President of the hospital. We were too willing to side with the Corporate Board.
- We have no CEO; no employees. We have management support services provided by hospital staff through our lease agreement. The HCD needs its own CEO and administrative assistant in order to focus on HCD priorities and functions, and to advance the level of performance of the organization (and the board).

# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Financial Leadership

#### The Fiduciary Responsibility

(sorted by highest to lowest mean score)

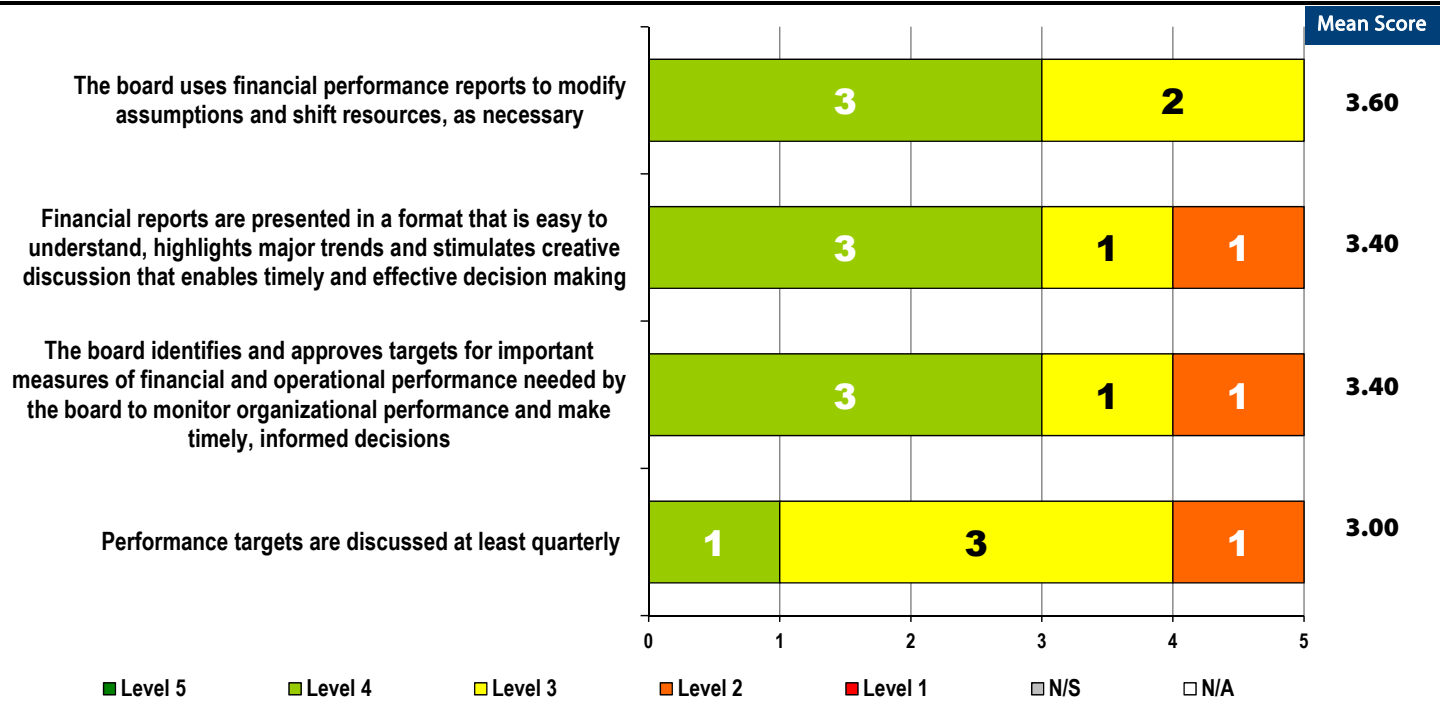


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Monitoring Progress

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

- The board successfully responds to all fiduciary responsibilities.
- Independent CFO and less conflict of interest on the Finance Committee.
- Better financial reporting - need financial performance.
- The Finance Committee needs a set of operational procedures/guidelines. The board relies heavily on hospital staff to guide the finances, provide all the analysis, troubleshoot, etc. The board needs to take more ownership of directing financial activities and analysis, take more initiative and become more engaged with the financial picture.

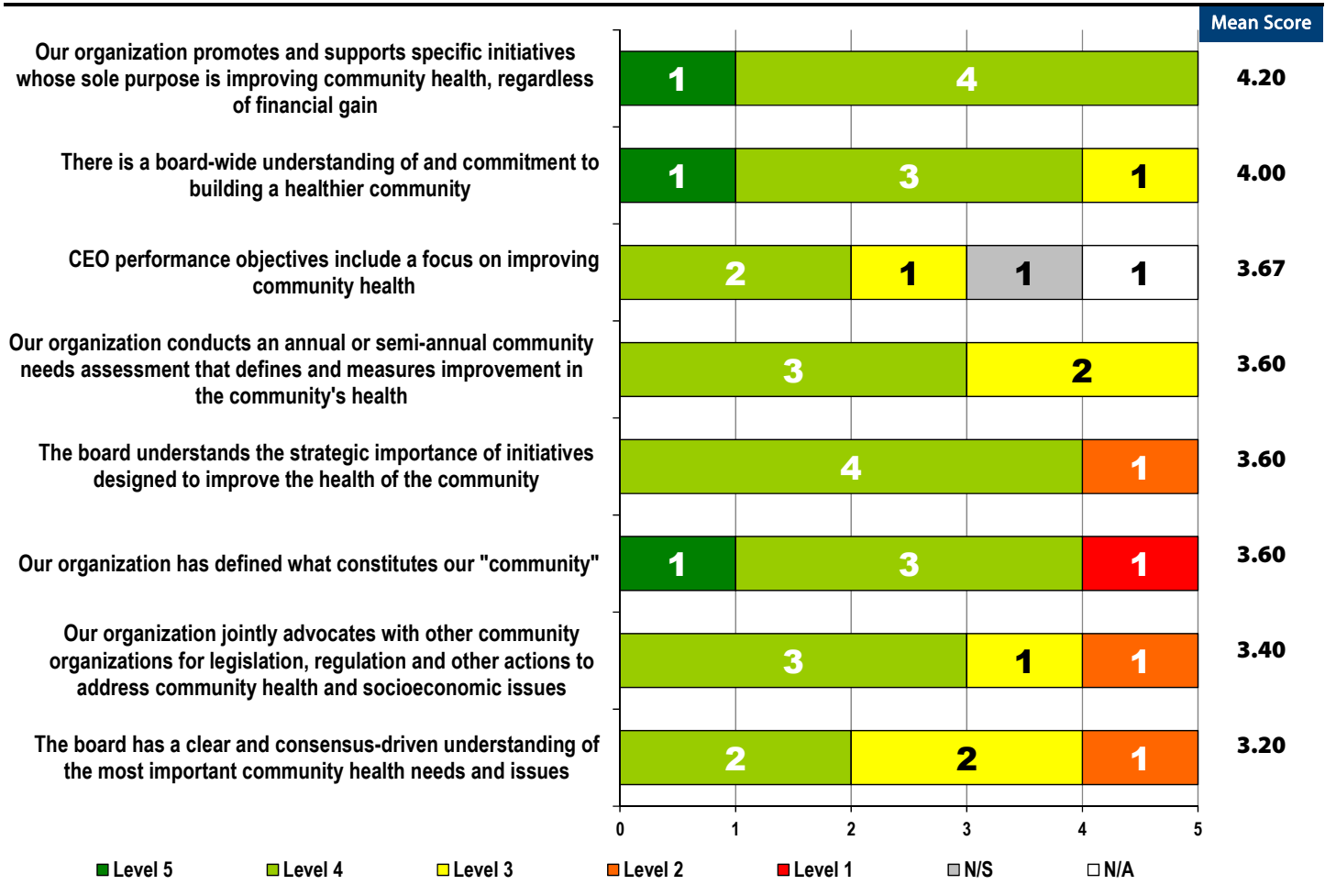
# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Community Health

#### Development and Support of Community Health Initiatives

(sorted by highest to lowest mean score)

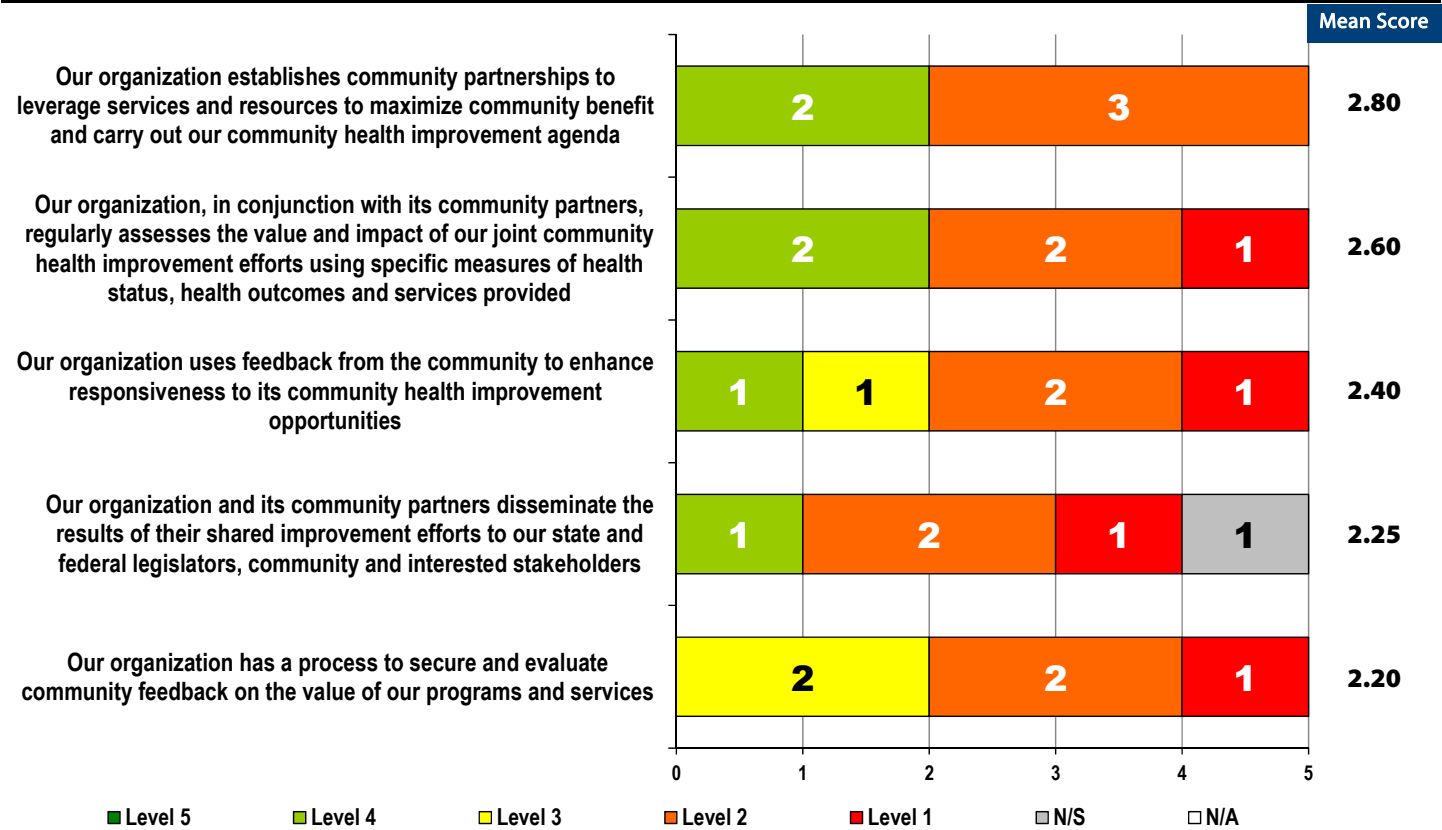


# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Community Involvement and Communication

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

- The CEO should help by being out in the community and advising the board of opportunities to be more involved in community interests. Board members should also do the same.
- As a rural health care facility, we have numerous outreach clinics and programs to provide education and health care to the community.
- Our board is strong in relationships with the hospital and hospital-based initiatives and activities. But it is very weak in non-hospital, community-based networking, relationship building, participating in community-wide initiatives, soliciting input from non-hospital based health stakeholders, etc. We held our first mini-meeting for this this year. Need to build on this and not assume what we support is the highest priority of what is needed and the biggest gap.

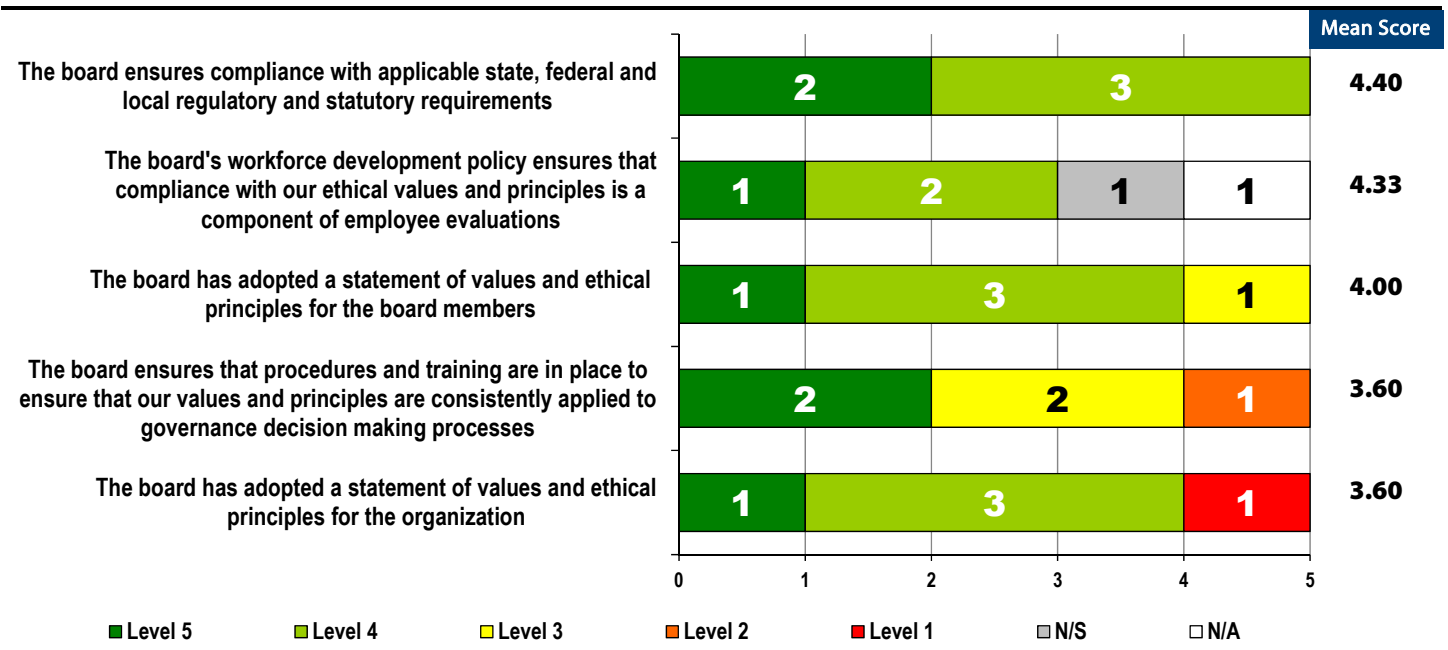


# SUMMARY RESULTS

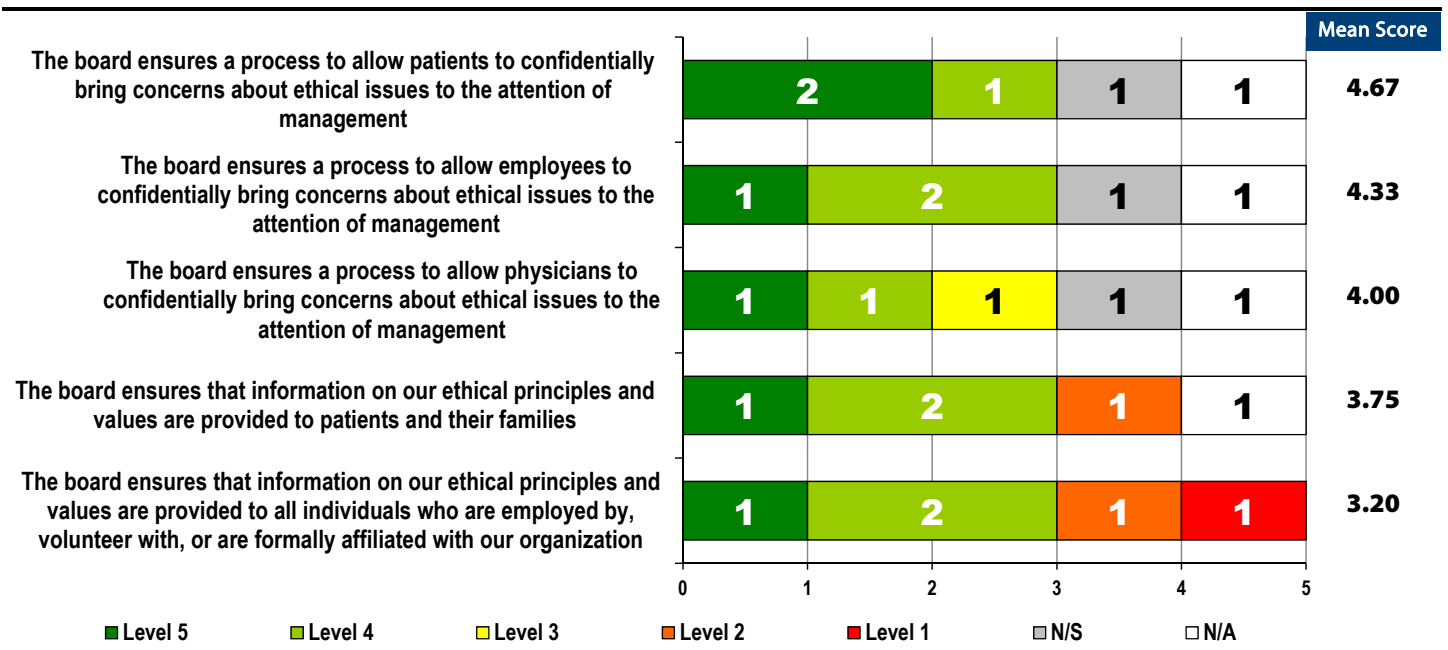
## 2012 Mark Twain Health Care District Governance Self-Assessment

### Organizational Ethics

#### Ensuring Development and Implementation of Organizational Ethics (sorted by highest to lowest mean score)



#### Awareness of Ethical Issues (sorted by highest to lowest mean score)



# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Suggestions for Governance Improvement

- We have to wait until the new CEO has an opportunity to meet these needs.
- Ethical issues are constant in educating board members, patients, employees and physicians.
- Review our approved statement annually. Add one for our organization as a whole and train on it.
- Unclear of our role here.

# Issues and Priorities

### Highest Priority for the Board in the Next Year

- To work with the new CEO to improve any weaknesses that we have with the doctors, nurses and community.
- Provide open lines of communication with the new CEO.
- Hire our own CEO (interim, part time, whatever we can afford at this time).
- Reestablish a working relationship and communication with physicians.
- We need additional doctors.
- Establish credibility.

### Most Significant Strengths

- Institutional knowledge of long-term board members. One board member with financial banking background; one with health care business background and is on the ACHD board/involved with statewide legislation and issues affecting HCDs; one physician who practices locally; and two founding members of the hospital in its current form.
- We all have diversified interests which gives us an opportunity to cover more areas instead of concentrating on just one or two.
- Most of the members are sincere in wanting our hospital to be the best, and try to be professional in dealing with the members of our community.
- Board members are dedicated to ensure that the community receives and has access to quality health care.
- Commitment of each and every board member.
- We have physicians on our board, and that is helpful as they know what is going on in the hospital. In the future I hope that we have more.
- Relationship with the hospital; mutual desire to continue relationship with lease/leaser for the hospital.
- A great hospital and momentum to change.
- New leadership.
- Strong legal advice.

# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

### Most Significant Weaknesses

- Speaking of the past, most of the board members knew that our CEO was not telling us the truth, and no one would do anything about it or even listen to perhaps one board member who felt strongly regarding this situation. Physicians were aware of it, and if they tried to get key board members to take some action, it was ignored. My hope is that the new CEO will not follow that pattern. He seems very honest and sincere.
- President often functions like a CEO.
- Lack of community engagement. Not living the community collaboration part of our mission statement other than with the hospital.
- Not enough community support.
- Bad press and no good press. No public relations plan.
- Personalities over policies affect decision-making process.
- No board member evaluation process.
- A weak and intermingled financial plan and evaluation process.
- No staff, office/location or phone number. The public has a difficult time finding us. No website (though we have a plan to develop one this next fiscal year).
- Role delineation - still see ourselves as a hospital-based HCD instead of a community-based HCD.
- Grand jury report.

### Key Issues for Board Focus in the Next Year

- Establish a healthy financial base to provide continued services.
- Eliminate conflict of interest in financial issues.
- The changes in Medicare that our government is advocating.
- An independent CEO, CFO and clerk with DB advocacy.
- Hiring a CEO.
- Expand health care services in the community at large.
- Getting a plan and timeline in place for the renewal of the hospital lease.
- The building of a new clinic in Angels Camp.
- Community engagement activities - community advisory board establishment? Hosting stakeholder meetings?
- Creating a better image in the community.
- Training of new board member(s) (one 32 year board member is not running for re-election - this will change the group dynamics of the board significantly).

# SUMMARY RESULTS

## 2012 Mark Twain Health Care District Governance Self-Assessment

- Obtaining agreement with and then obtaining training on how to shift from a hospital-based to a community-based HCD.
- Opening an office, getting a phone number and website.
- The concerns of our employees.
- Recruitment of new physicians.

### Significant Trends the Board Must Understand and Deal with in the Next Year

- The impact of Obamacare and the economy on what CBOs can/cannot provide and that we, the HCD, have a responsibility and role in community-based health care (collaborator, facilitator, not just funder).
- Political implications of Medicare and Medi-Cal services, and long-term health care for senior citizens.
- The real threat that other entities, legislatively, may try to do away with the HCD or take away some of the autonomy and/or funds.
- More pressure from the hospital for the HCD to pay for projects, events, and equipment as the hospital becomes more and more financially challenged.
- Increased scrutiny by the public on how tax dollars are spent.
- The changing picture of health care in general.
- Seeing that our Angels Camp clinic is up and running and a new facility in Valley Springs.
- Our contract and relationship with Dignity Health.



# SUMMARY RESULTS

## Mark Twain Health Care District 2014 Governance Self-Assessment

Provided as a Member Service By



**ACHD**  
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Self-Assessment Overview

In February 2014 the Mark Twain Health Care District Board of Directors assessed the board's overall leadership performance. The board also identified issues and priorities for the future.

Board members assessed the board's overall performance in eight leadership areas, including:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and processes;
- Community relationships;
- Relationship with the CEO;
- Financial leadership;
- Community health; and
- Organizational ethics.

Board members rated 132 total criteria in these eight areas.

#### How the Self-Assessment Was Conducted

The governance self-assessment was conducted using an online survey. All five Mark Twain Health Care District board members completed the self-assessment.

Respondents rated a variety of statements in the eight areas above, using a scale ranging from "Level 5 (Strongly Agree)" to "Level 1 (Completely Disagree)." "Not Sure" and "Not Applicable" choices were also available for each statement.

Mean scores for each statement were calculated using a five point scale (Level 5 - Level 1). No points were assigned to "Not Sure" and "Not Applicable" ratings.

Finally, board members provided insights about their priorities for the board in the next year; defined the board's strengths and weaknesses; identified key issues that should occupy the board's time and attention in the next year; provided insights about the most significant trends the board must be able to understand and deal with in the next year; and identified critical factors that must be addressed for the organization to successfully achieve its goals.

#### Rating Methodology

The following rating scale was used to evaluate overall board performance:

- **Level 5:** I *strongly agree* with this statement. We always practice this as a part of our governance. Our performance in this area is *outstanding*.
- **Level 4:** I *generally agree* with this statement. We usually practice this as a part of our governance, but not always. We perform *well* in this area.
- **Level 3:** I *somewhat agree* with this statement. We often practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
- **Level 2:** I *somewhat disagree* with this statement. We inconsistently practice this as a part of our governance. We *do not perform well* in this area.
- **Level 1:** I *disagree* with this statement. We never practice this as a part of our governance. We perform *very poorly* in this area.
- **N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.
- **N/A:** Not applicable.

#### Reviewing This Report

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from highest to lowest mean score. The mean score for each individual rating criterion appears to the right of the graph.

To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars. Responses are grouped and color coded, with "Level 5" appearing in dark green, "Level 4" in light green, "Level 3" in yellow, "Level 2" in orange, and "Level 1" in red. "Not Sure" responses appear in gray, and "Not Applicable" responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

Board member responses to all open-ended questions appear throughout the report, where applicable, and on pages 22-23.

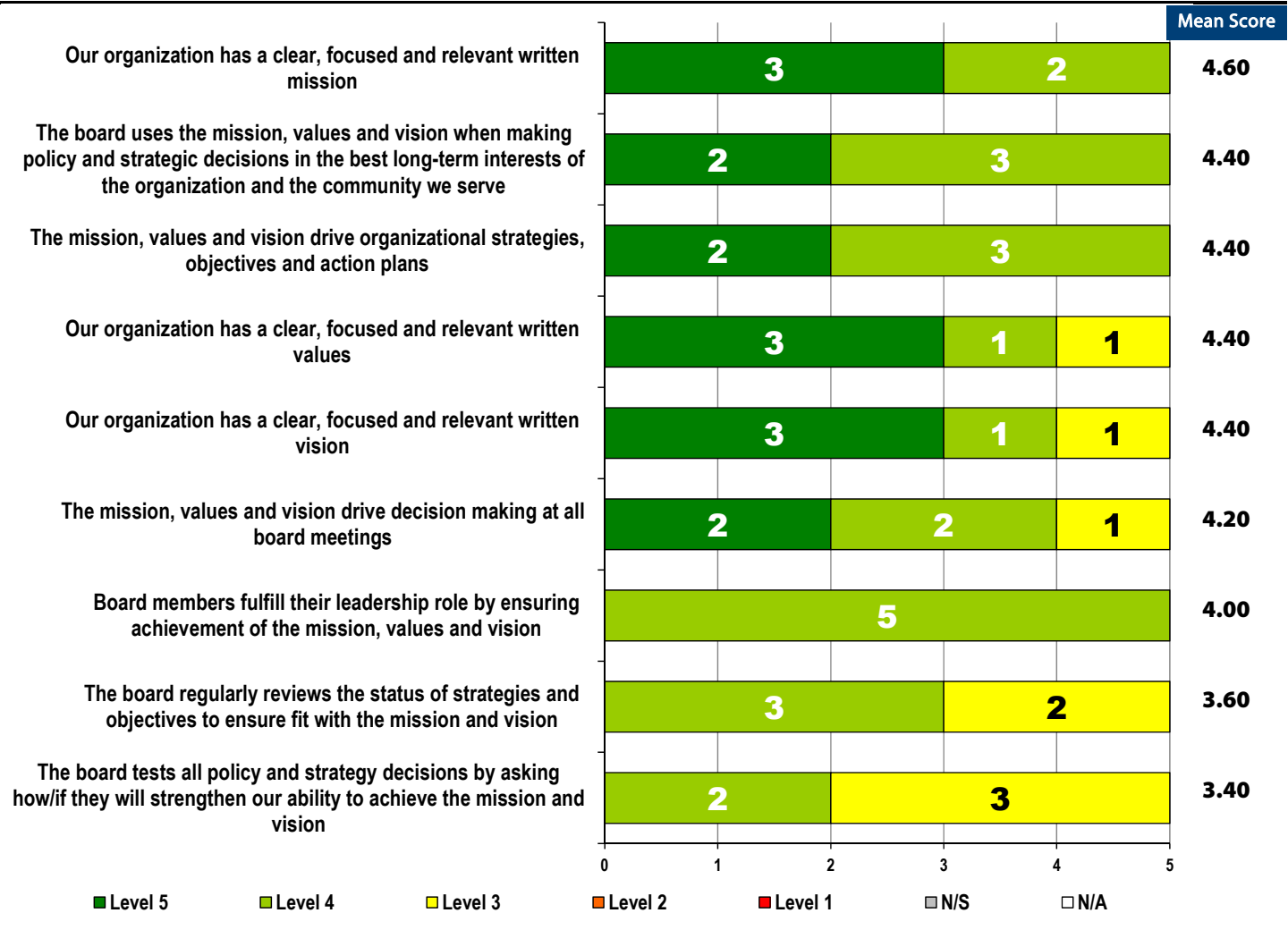
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Mission, Values and Vision

#### Mission, Values and Vision

(sorted by highest to lowest mean score)



#### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- In our governance duties we need to be more consistent.
- Assign each task to a mission, vision or value.
- Formally test policy, strategy and funding decisions against mission and values (we do so, informally), and summarize that for the record prior to voting on related motions.



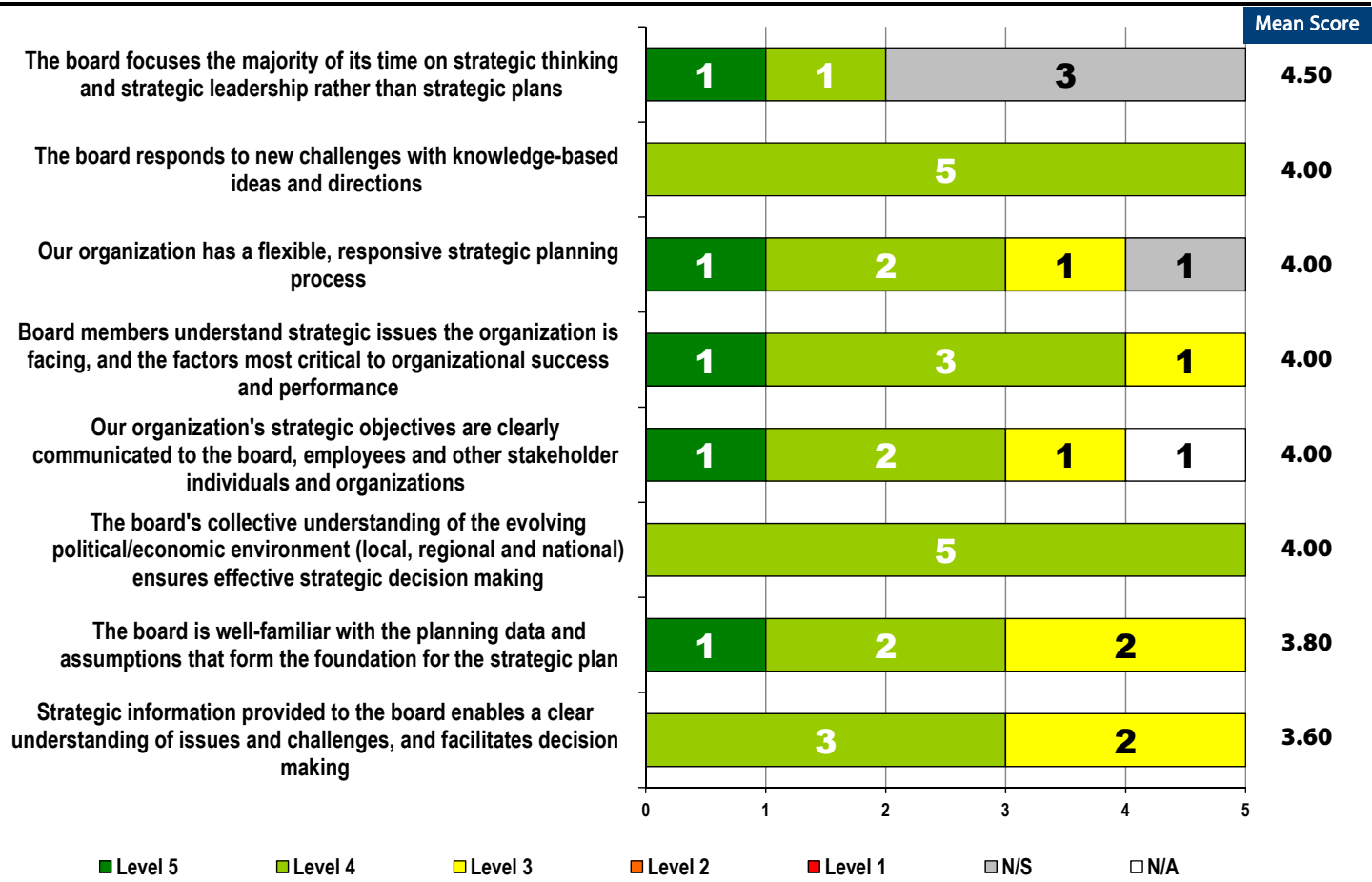
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Strategic Direction

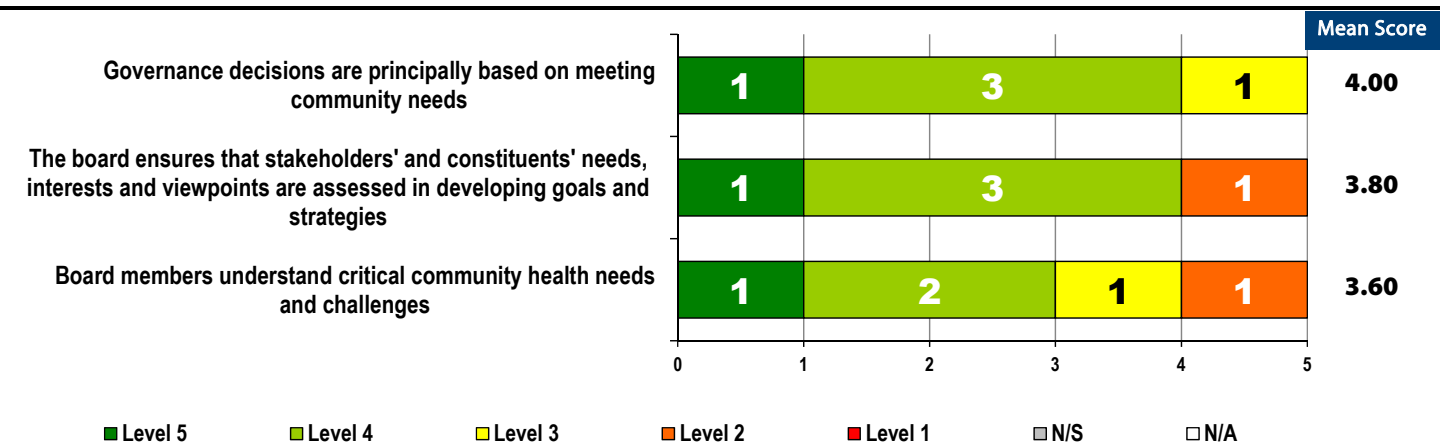
#### The Strategic Planning Process

(sorted by highest to lowest mean score)



#### Community and Stakeholder Perspectives

(sorted by highest to lowest mean score)

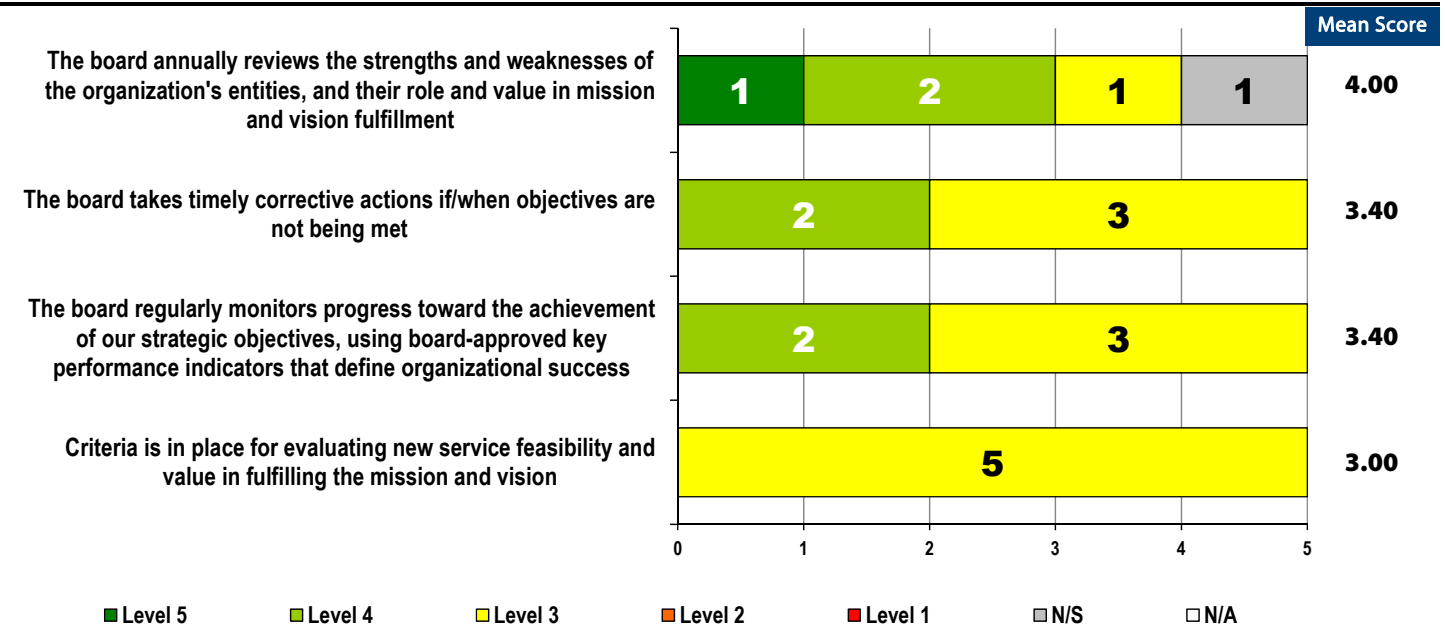


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Monitoring Progress

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Keep current on the problems and situations that arise and responding to the needs of the community and being flexible.
- Monitoring may be an opportunity to improve.
- The existing and past community needs assessment have not reflected just Calaveras County but a group of three counties. Our board has not utilized the assessment in decision making for the HCD. Currently, we are a member of a broad-based, community-wide committee engaged in an improved needs assessment process that will reflect just Calaveras. Our board needs to then utilize the results in developing our goals/strategies and funding priorities for support of CBOs.

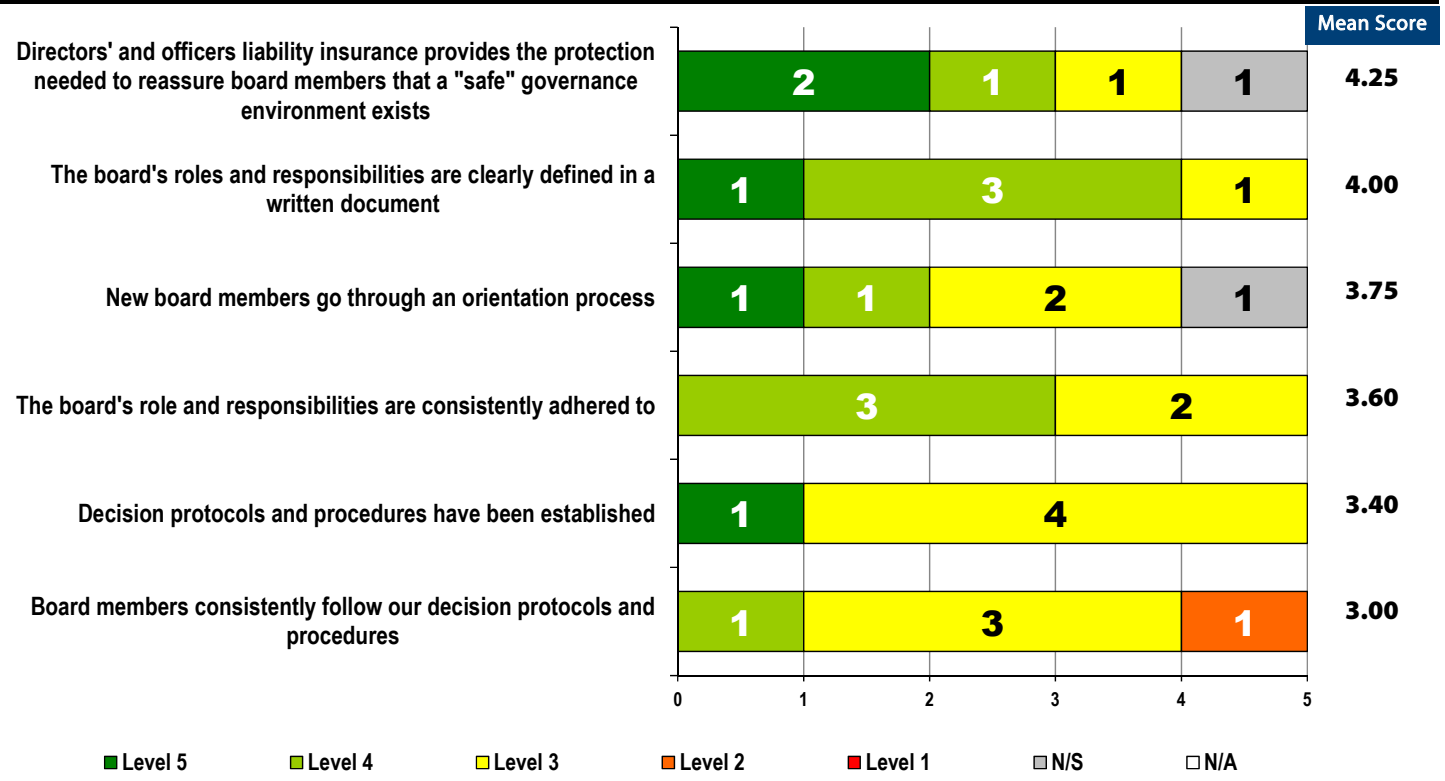
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Leadership Structure and Processes

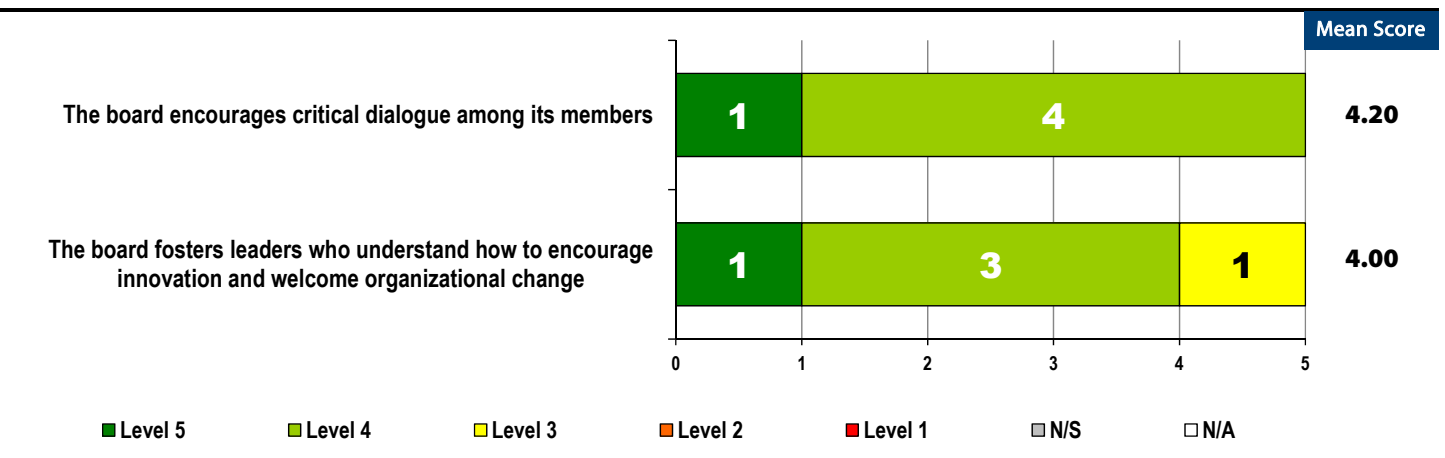
#### Board Roles and Responsibilities

(sorted by highest to lowest mean score)



#### Board Structure and Composition

(sorted by highest to lowest mean score)

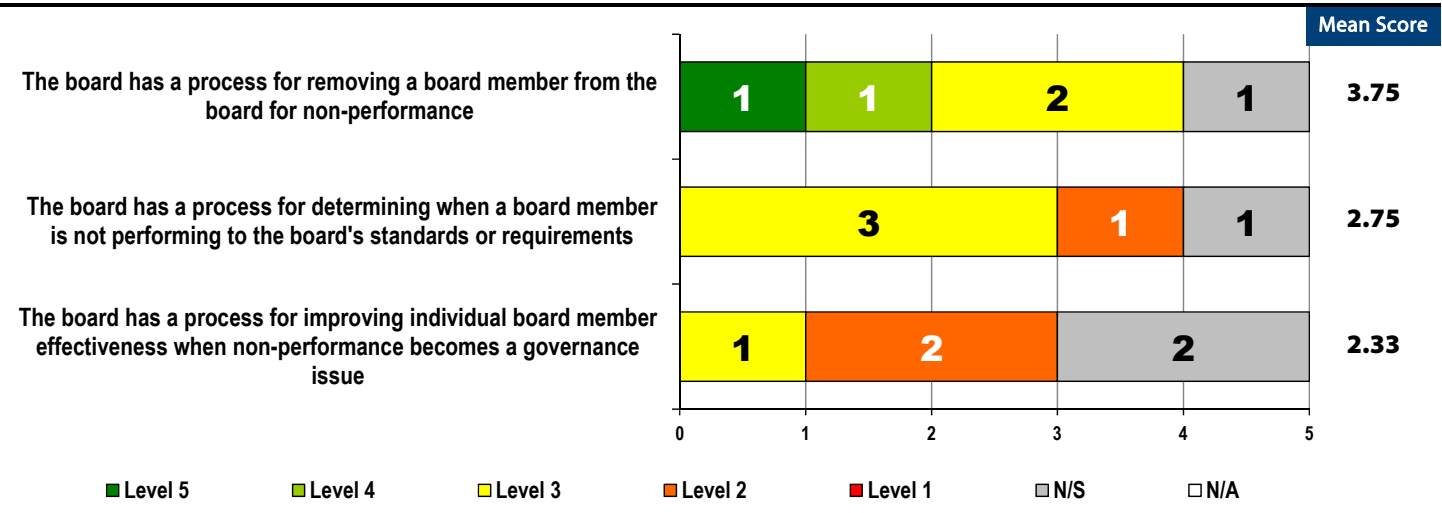


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

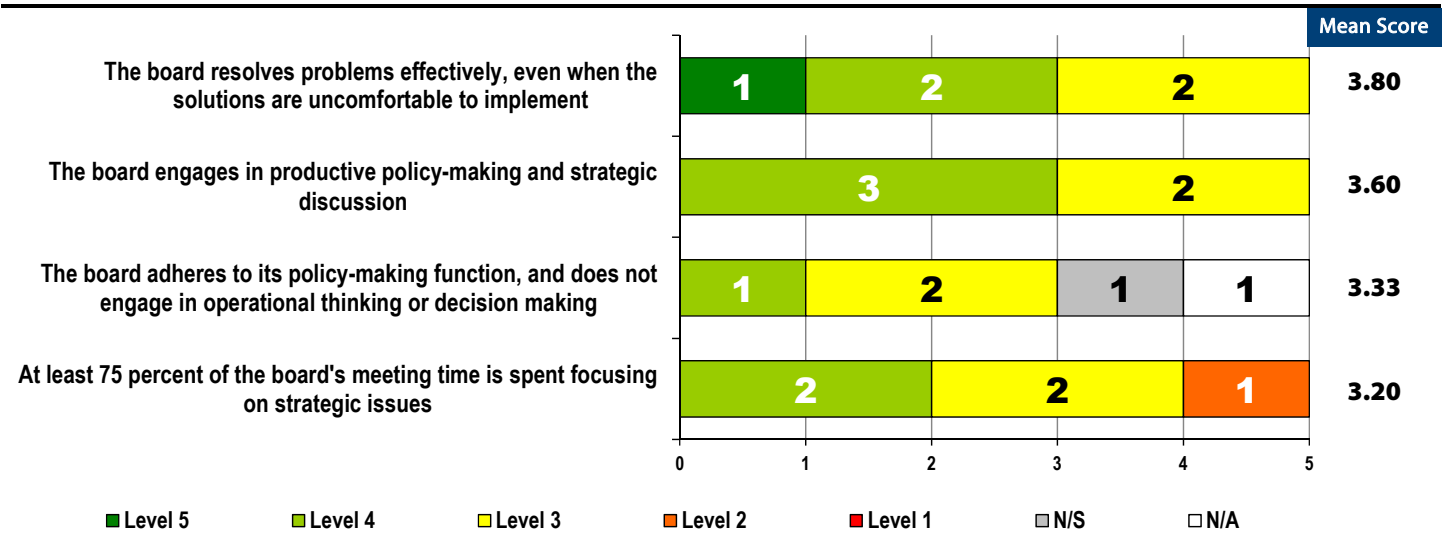
### Board Member Performance

(sorted by highest to lowest mean score)



### Strategic Focus

(sorted by highest to lowest mean score)

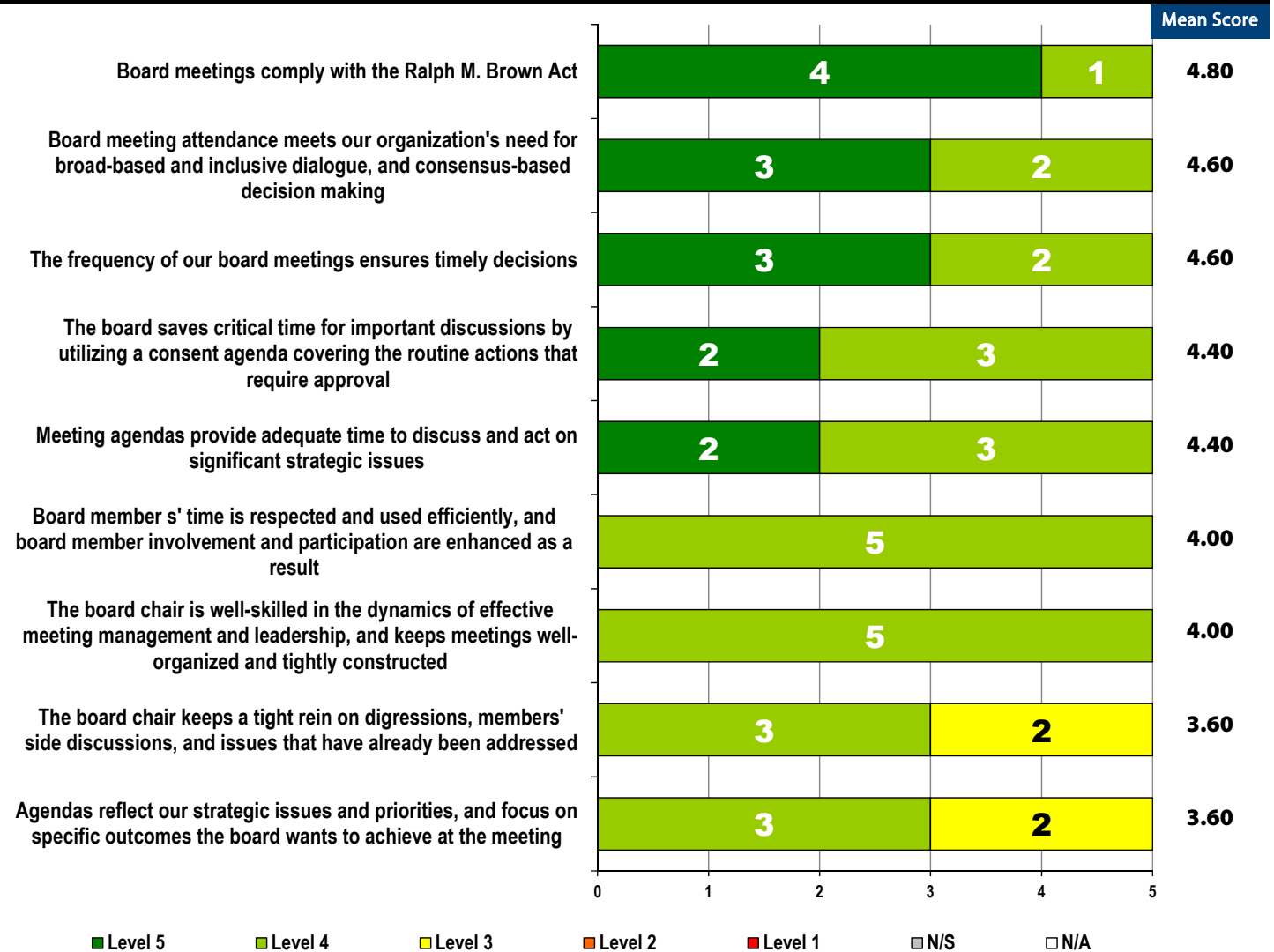


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Board Meetings

(sorted by highest to lowest mean score)

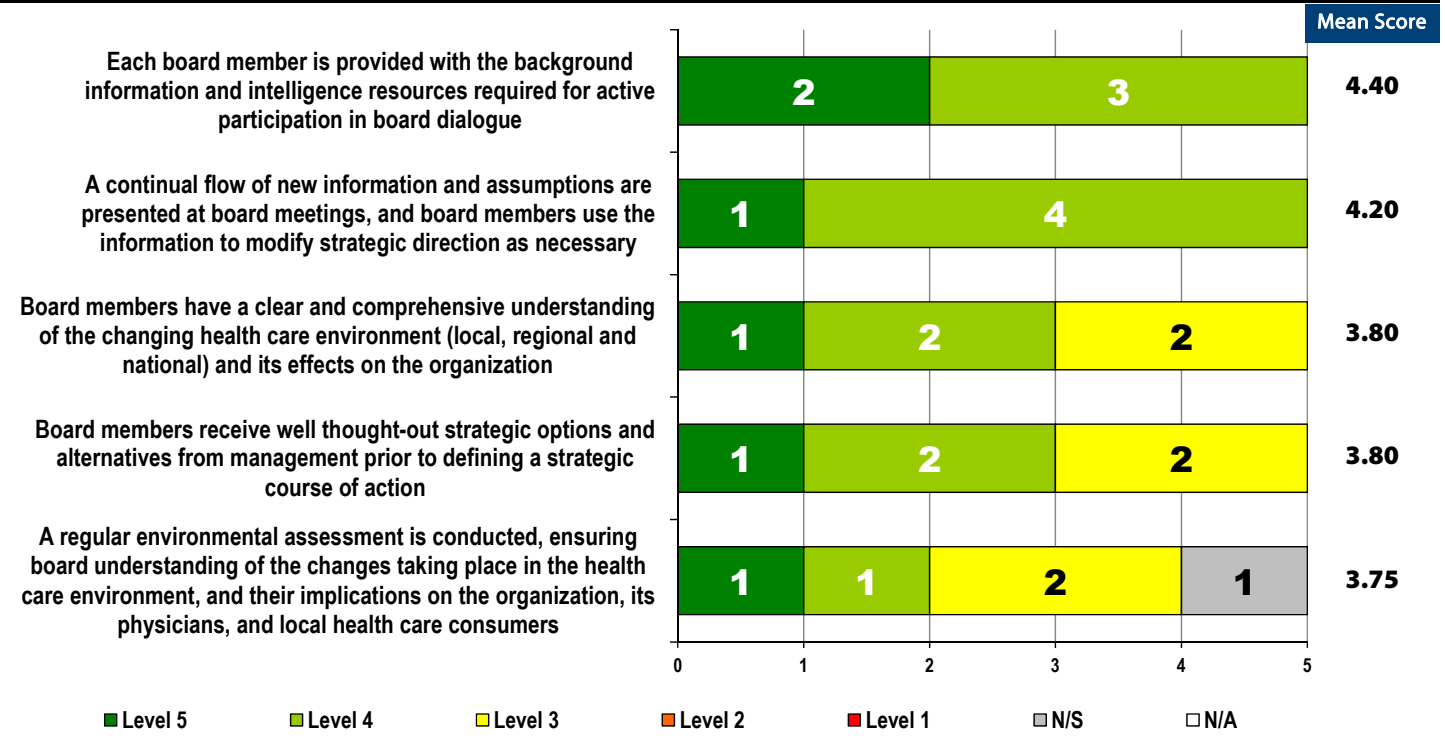


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

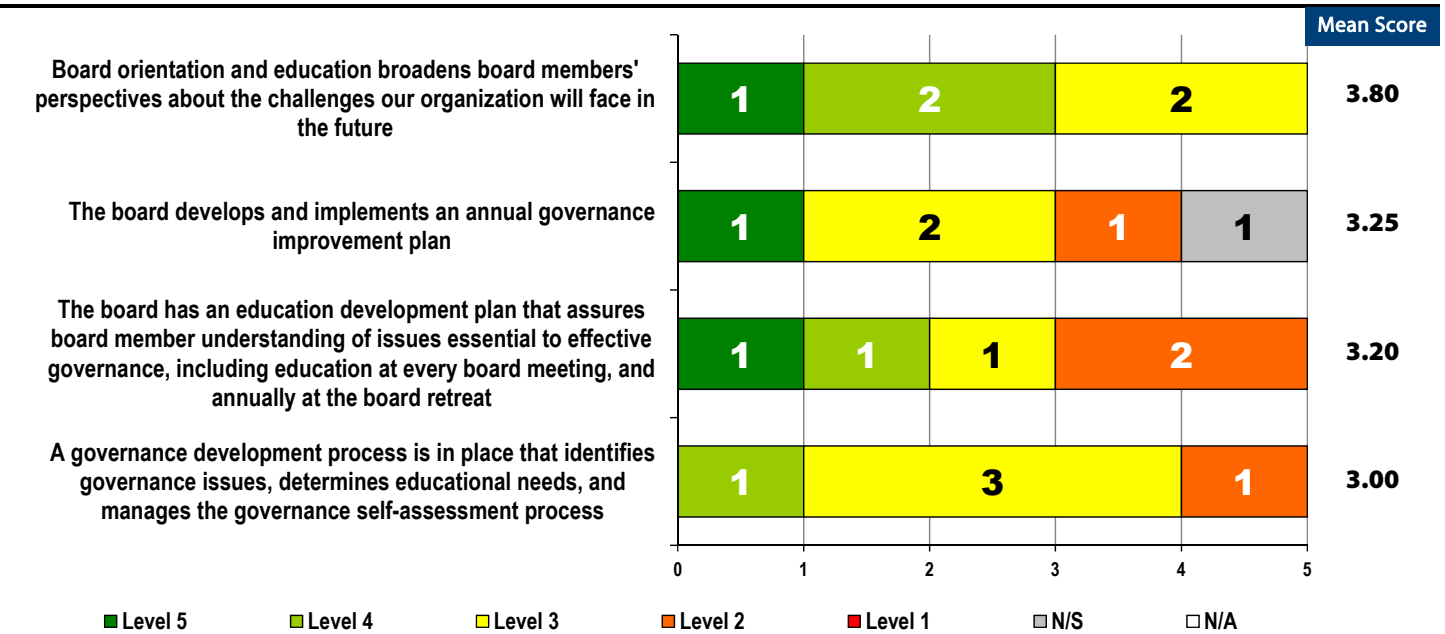
### Board Member Knowledge

(sorted by highest to lowest mean score)



### Governance Development

(sorted by highest to lowest mean score)

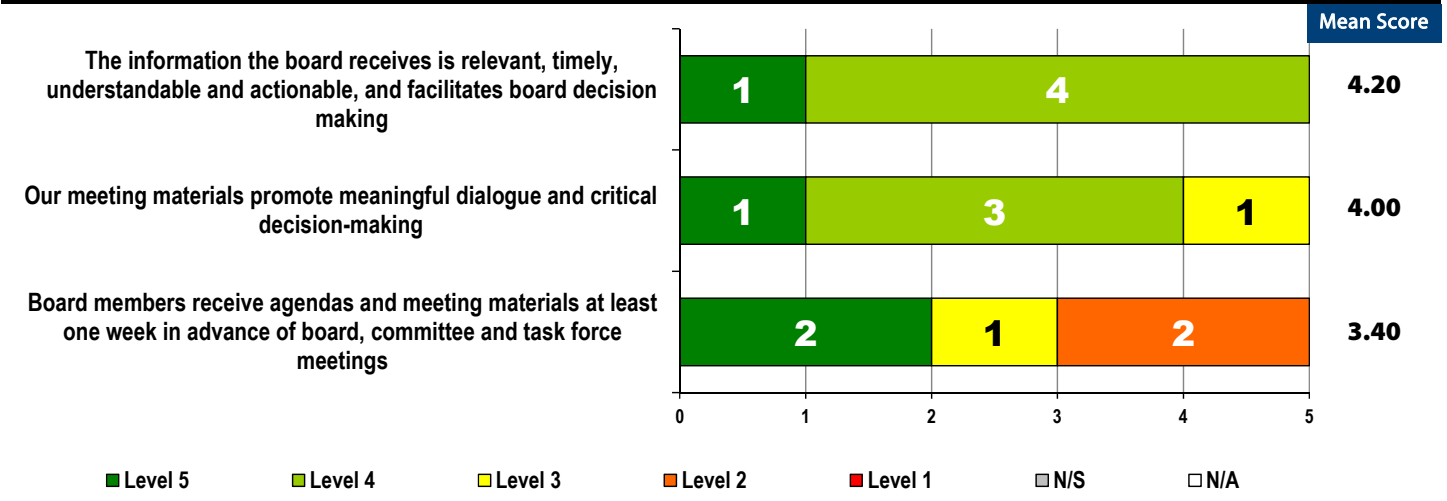


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

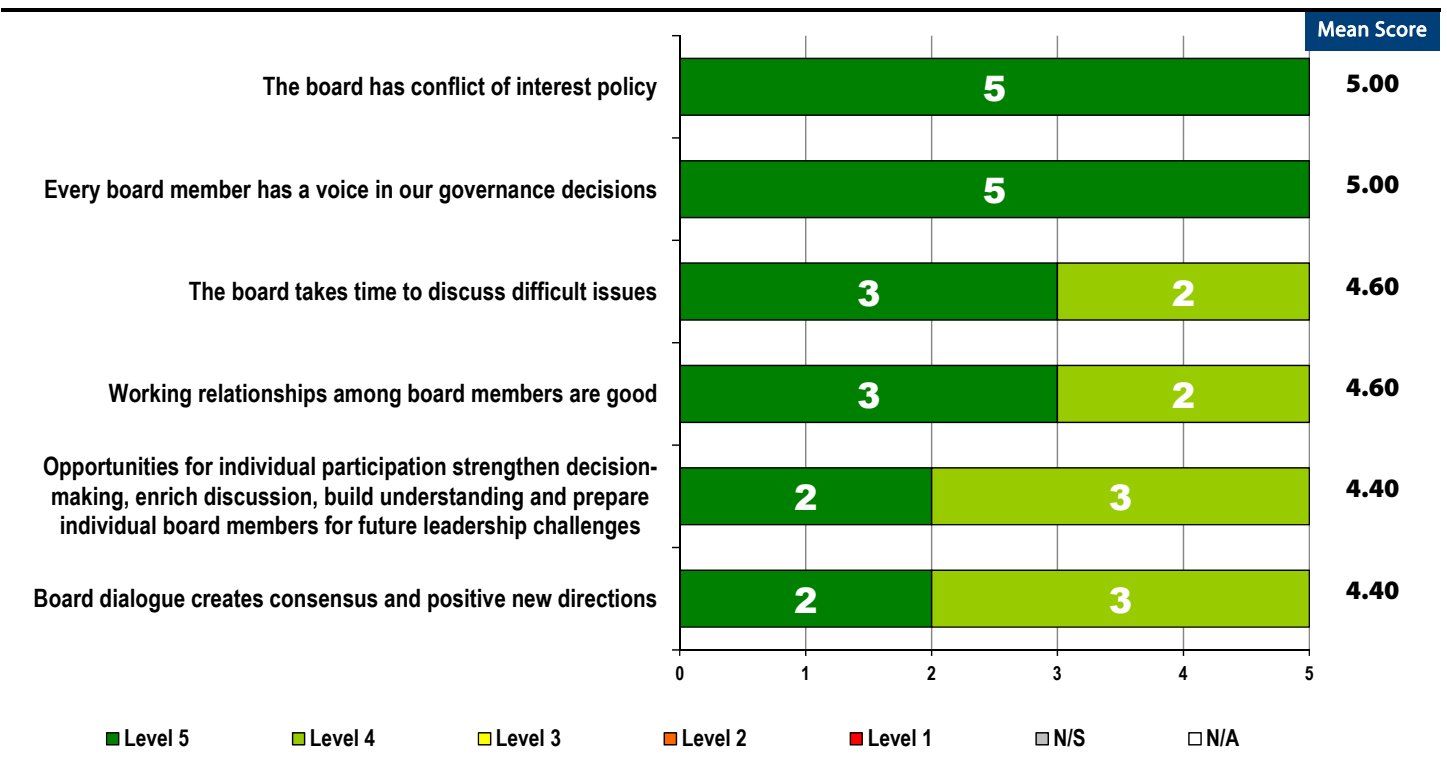
### Meeting Materials

(sorted by highest to lowest mean score)



### Board Relationships and Communication: Higher-Rated

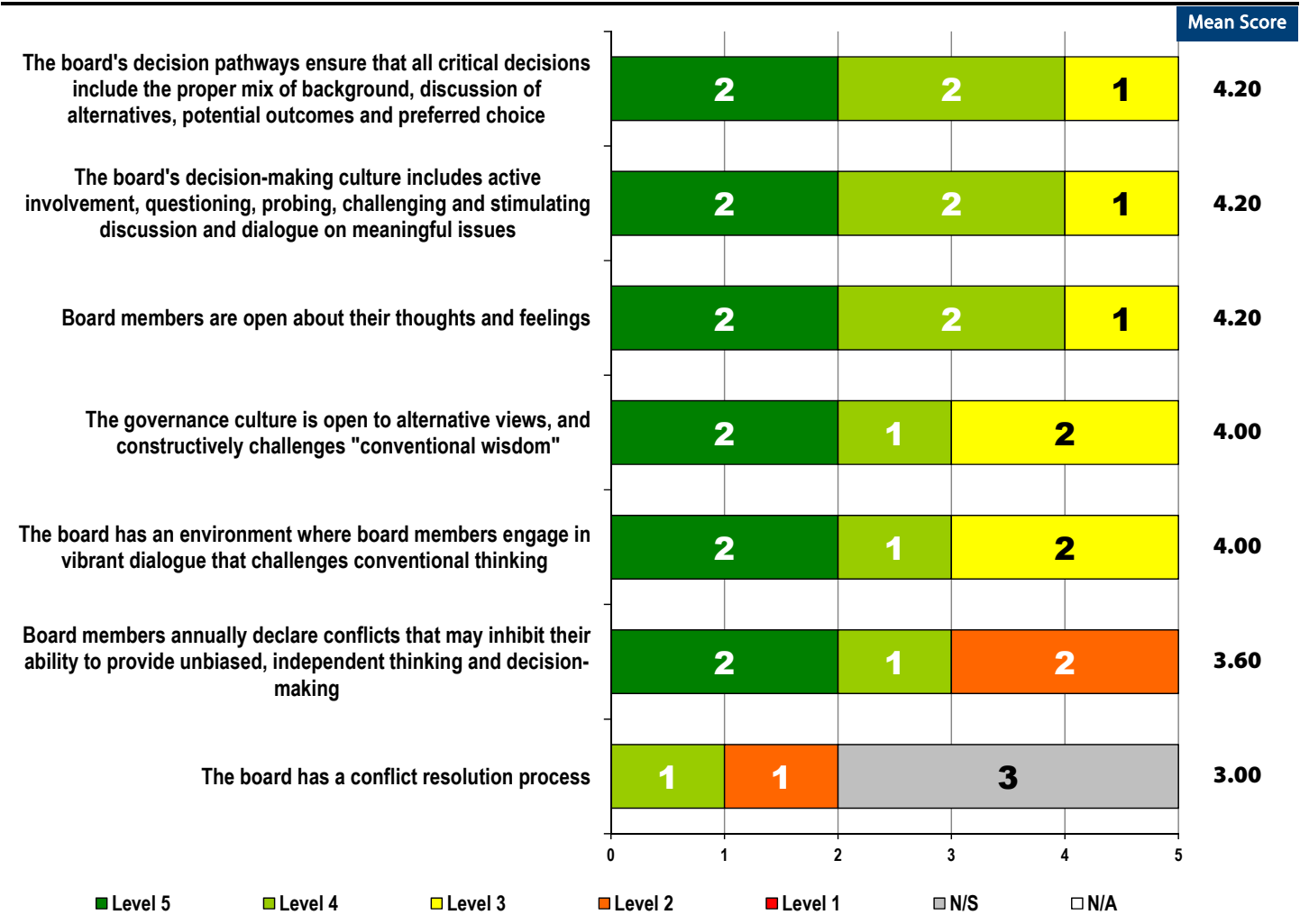
(sorted by highest to lowest mean score)



# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Board Relationships and Communication: Lower Rated (sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Board members need to receive their meeting agenda packets in a more timely manner to enable them to be fully prepared before the meeting.
- Develop a board binder with all orientation materials, roles and responsibilities, COI policy, etc. Add the items scored as 2's above to how we do business: conflict resolution process, governance development and educational development plans.



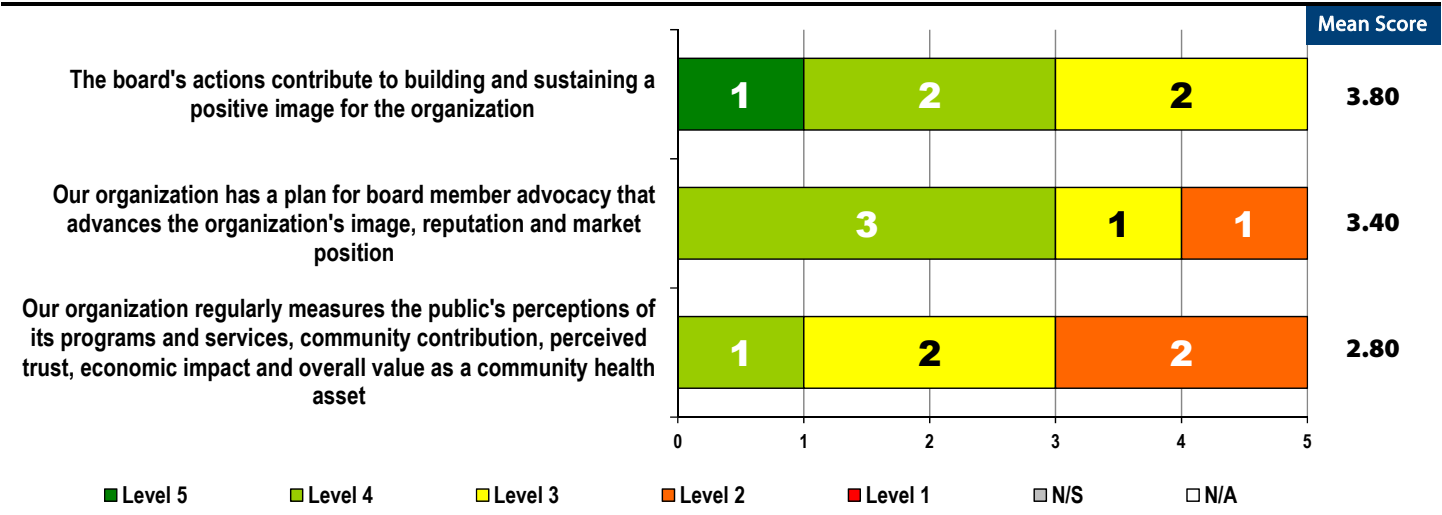
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Community Relationships

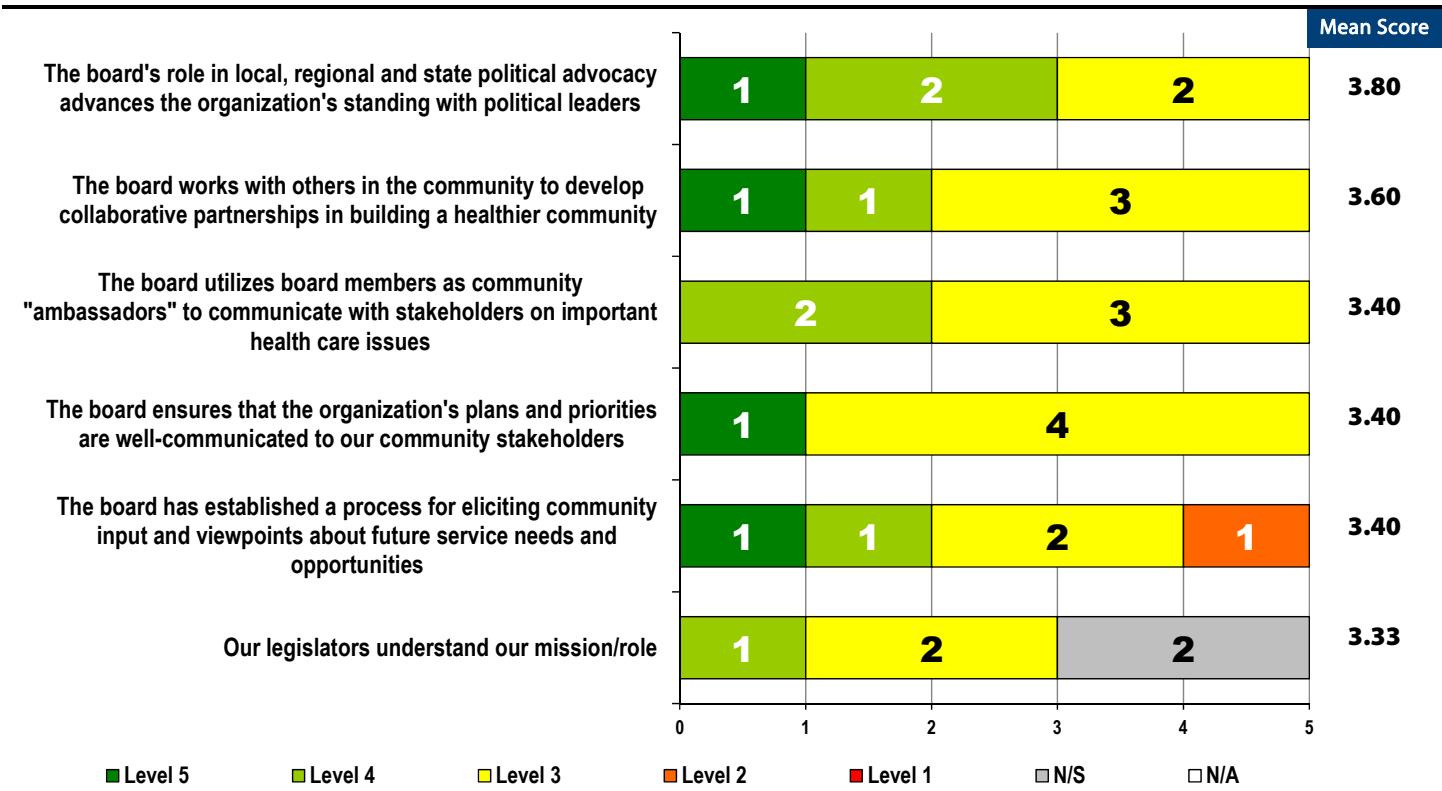
#### Ensuring Public Trust and Confidence

(sorted by highest to lowest mean score)



#### Ensuring Community Communication and Feedback

(sorted by highest to lowest mean score)



# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Need more community involvement.
- Direct staff to develop a board member advocacy plan and implement; as well as develop a tool to measure public perceptions and elicit community input. Board utilize results when setting goals/objectives.

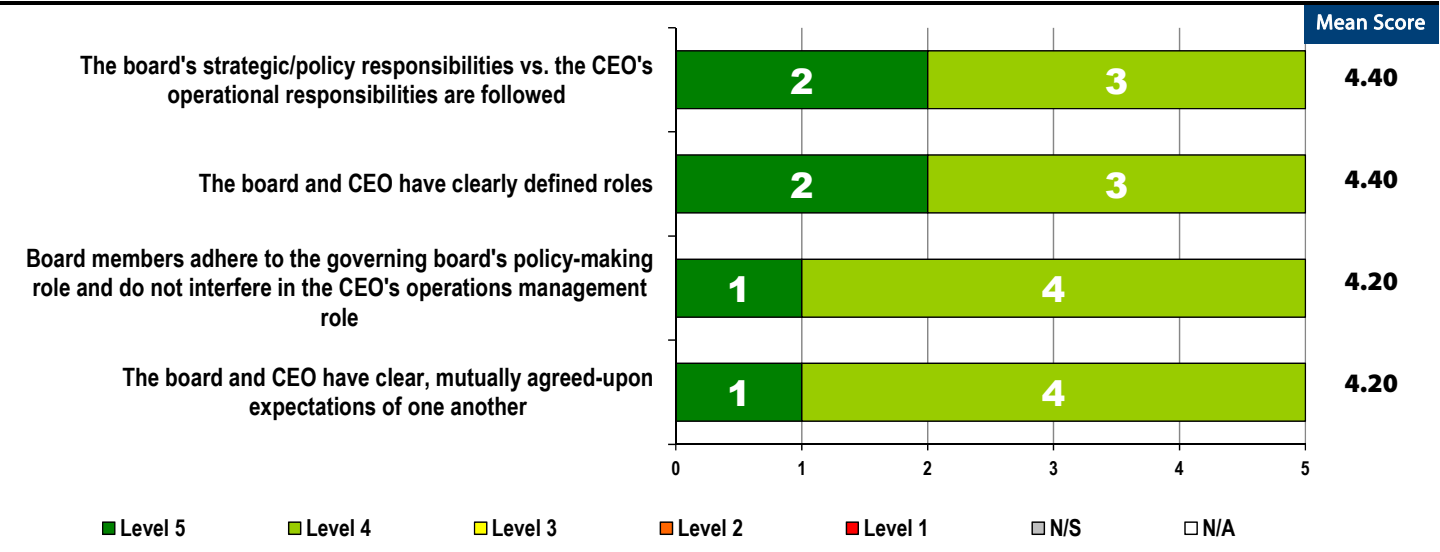
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Relationship with the CEO

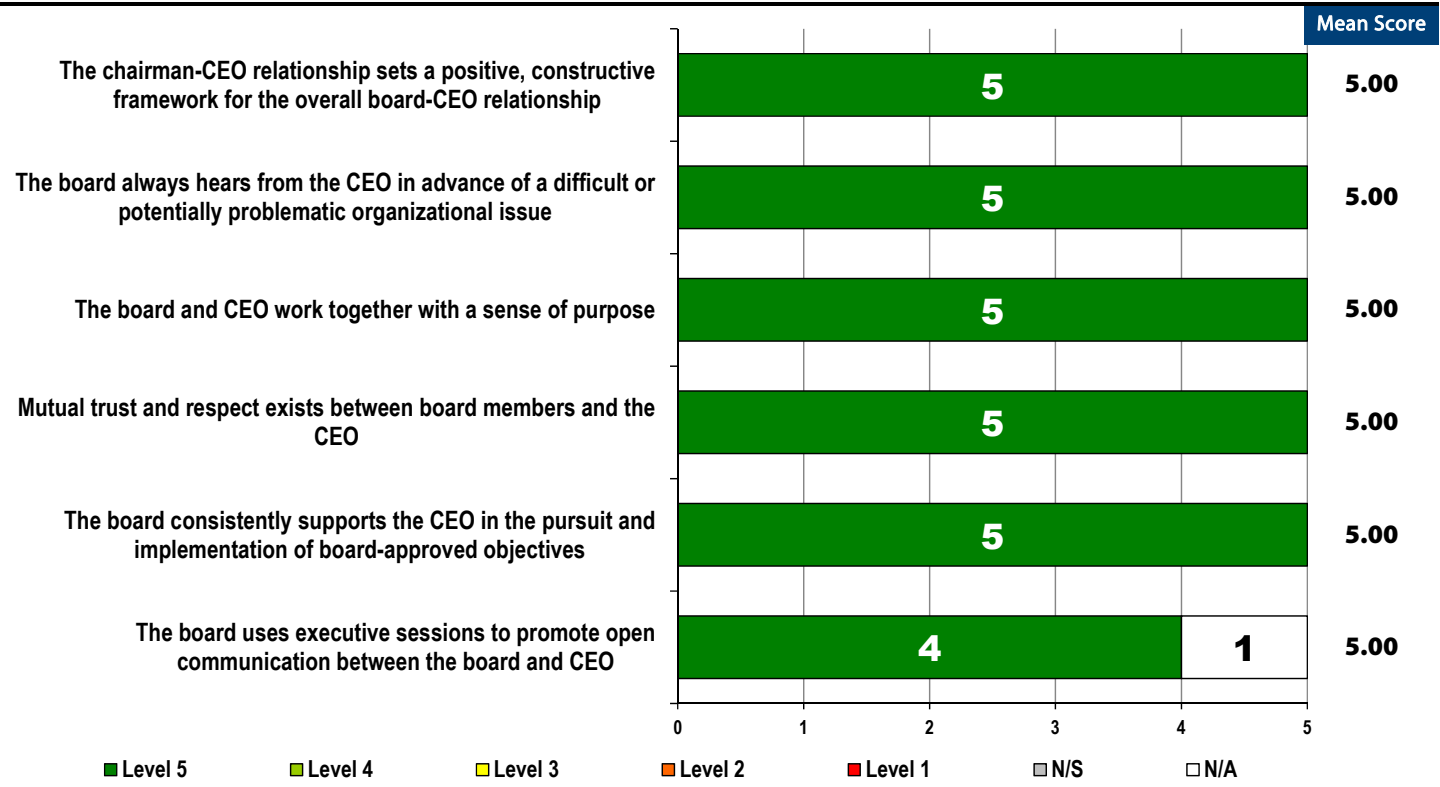
#### Board and CEO Roles

(sorted by highest to lowest mean score)



#### Communication, Support and Shared Goals

(sorted by highest to lowest mean score)

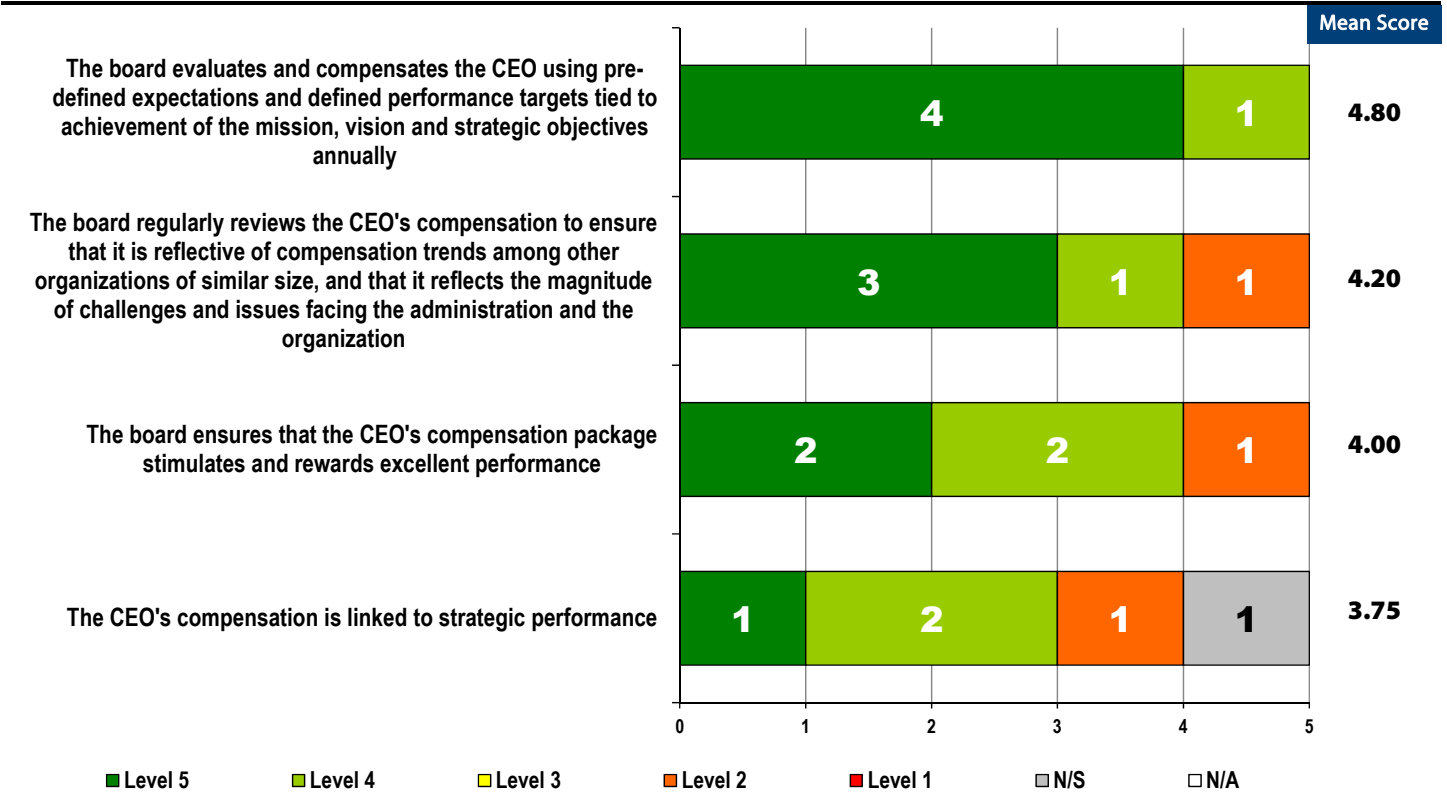


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### CEO Evaluation

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- The CEO has continued to attain a high leadership position in relation to the board.

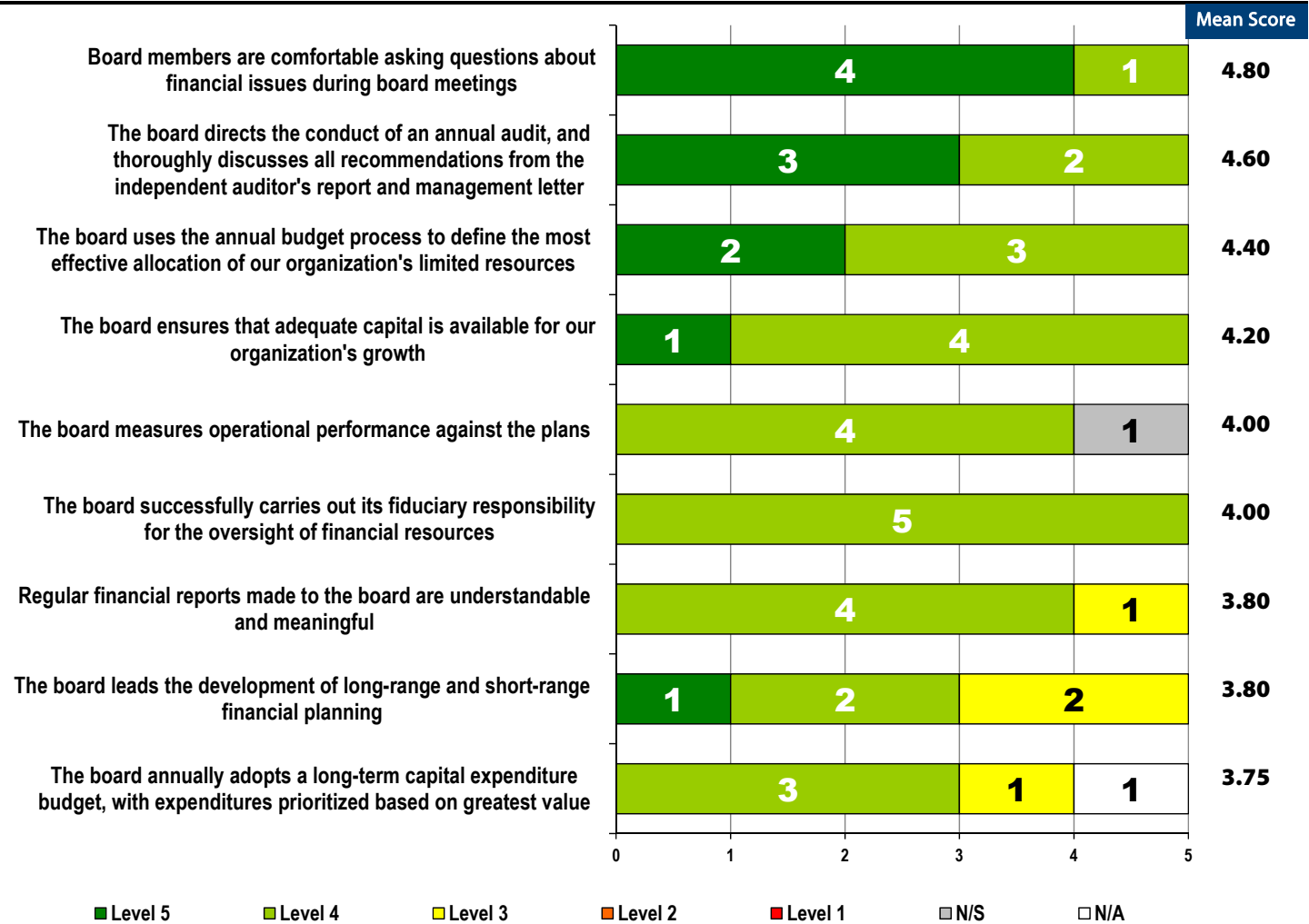
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Financial Leadership

#### The Fiduciary Responsibility

(sorted by highest to lowest mean score)

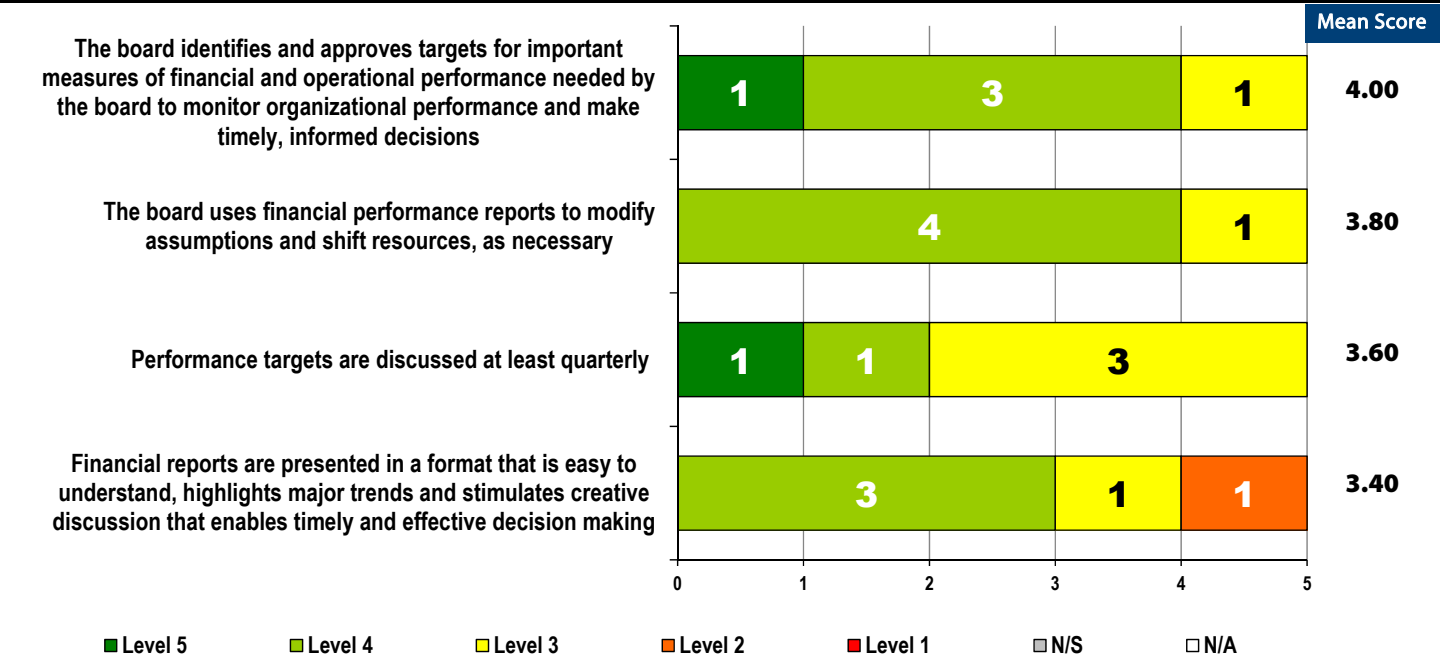


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Monitoring Progress

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Board is fully informed on the financial situation of the facility.
- We need ongoing board training with financials. Perhaps highlight one aspect at each board meeting and define it in depth. Add a key to the reports with definition of terms and/or the budget assumptions that were used at the start of the fiscal year.

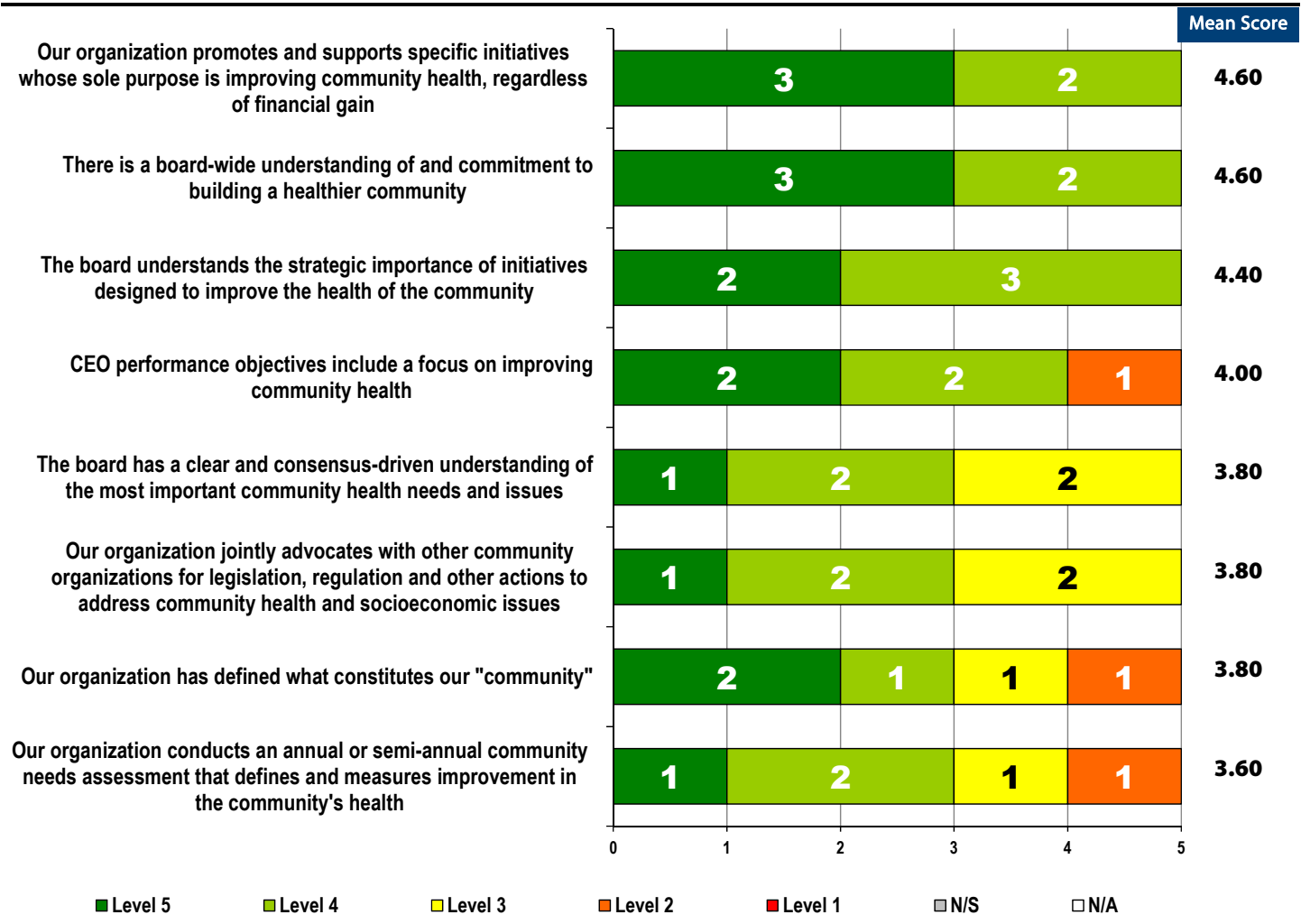
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Community Health

#### Development and Support of Community Health Initiatives

(sorted by highest to lowest mean score)

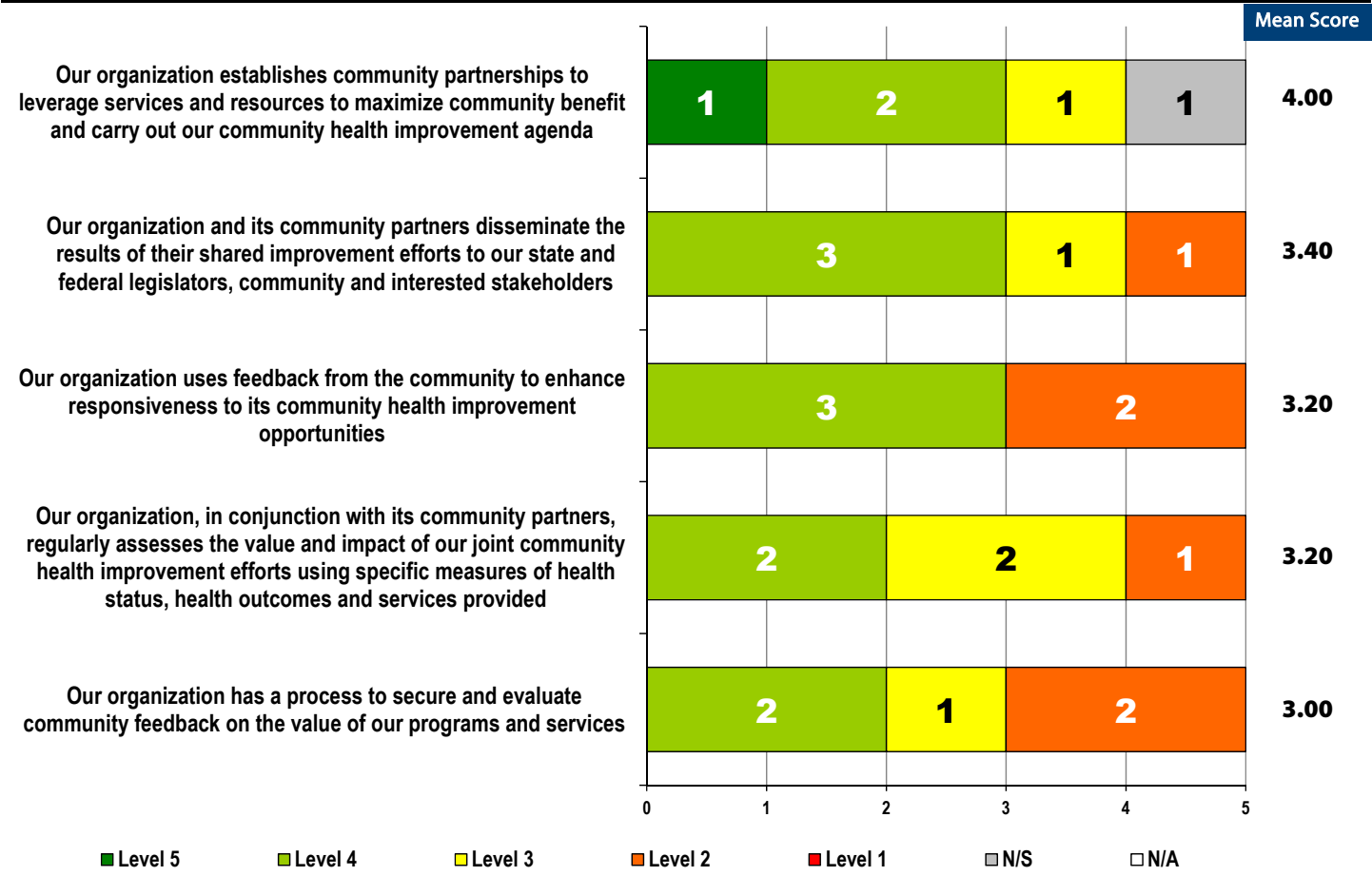


# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Community Involvement and Communication

(sorted by highest to lowest mean score)



### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Outreach programs are active in our community.
- The hospital corporation has done this (the last section noted above) but not the HCD. The HCD needs to do so (implement those items scored as a 2 regarding community involvement and communication). We also need to define "community."



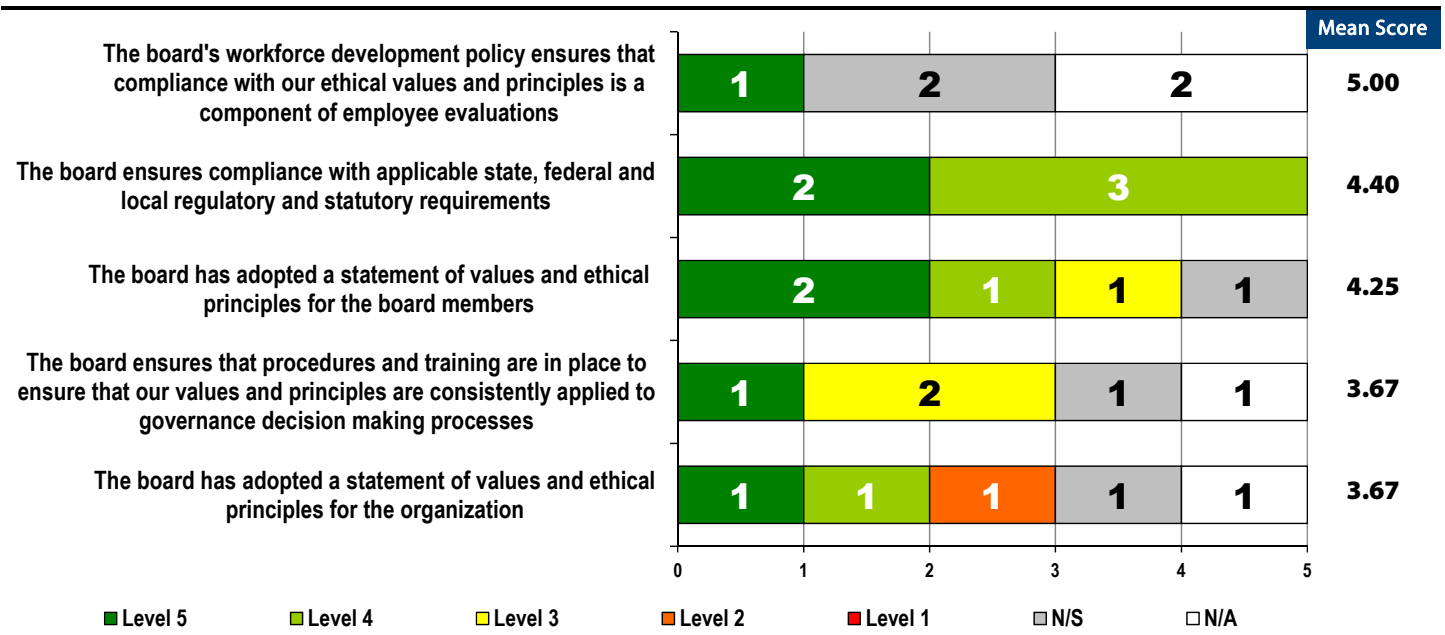
# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Organizational Ethics

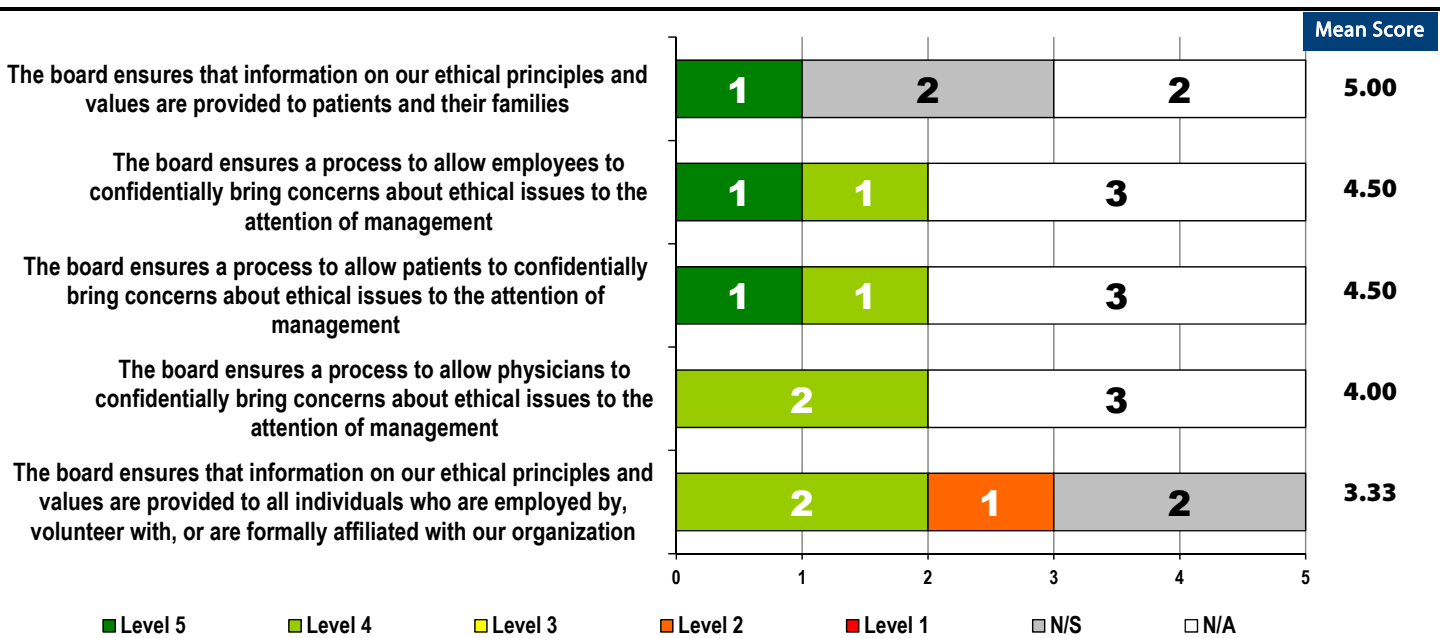
#### Ensuring Development and Implementation of Organizational Ethics

(sorted by highest to lowest mean score)



#### Awareness of Ethical Issues

(sorted by highest to lowest mean score)



# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Patients' rights and privacy concerns are apparent in all dealings with board members, patients and staff.
- Probably need to address/understand the ethical issues.
- The board adopted board member values and ethical principles a few years ago, but has not brought that forward annually nor posted on website/shared with partners. This should also be added to the board member manual/binder and used in orientation and training.

# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

# Issues and Priorities

### Highest Priority for the Board in the Next Year

**Question: What is your single highest priority for the board in the next year?**

- Adoption of an amended lease agreement with MTMC corporation.
- Lease amendment.
- To see the completion of the Angels Camp Medical Center.
- Integrating more with other community health care stakeholders.
- Financial stability.

### Most Significant Strengths

**Question: What are the board's most significant strengths?**

- The positive working relationship of its members.
- Engaged and diverse board.
- Collaboration.
- CEO in place to monitor and follow-up on projects that need to be completed.
- Passion to ensure access to quality health care services; respectful governance; varied backgrounds/experience; adherence to the Brown Act; preparation for Board and committee meetings; support of CEO and HCD Board President; positive long-term relationships with corporation board; good relationship with hospital CEO/President; and strong understanding and support of medical model.

### Most Significant Weaknesses

**Question: What are the board's most significant weaknesses?**

- Complacency.
- Monitoring outcome.
- Only 1 or 2 members actively participate in ACHD events/trainings. Understanding of and support of our role as community health stewards unrelated to the hospital and non-medical models of service delivery/access.
- I feel we have a board that really cares about the community and how we use their dollars.

# SUMMARY RESULTS

## 2014 Mark Twain Health Care District Governance Self-Assessment

### Key Issues for Board Focus in the Next Year

**Question: What key issues should occupy the board's time and attention in the next year?**

- Completing the management contract with Dignity Health acting as an agent to mediate for more health care opportunities in Calaveras, assessing capacity vs. need for SNF in Calaveras, exploring opportunities for state and federal grants through ACHD (centralized process), and acting to ensure there is a robust IT infrastructure (for EMR, shared data, ACO, etc.).
- Meeting the health care needs of the expanding community.
- Planning and goal setting.
- Financial savvy.
- Amended lease and lease renewal; purchase of Angels Camp property; community engagement; preparation for possible CEO change at contract end; and board training, particularly for 1-3 new board members as of 1/1/15.

### Significant Trends the Board Must Understand and Deal with in the Next Year

**Question: What do you see as the most significant trends that the board must be able to understand and deal with in the next year?**

- Affordable Care Act and the aging population.
- Obamacare and how that plays out.
- Maintain a positive working relationship between the corporation and the District board.
- How to leverage our position on the corporate board.
- Increased scrutiny on Special Districts and on publicly elected officials (700 form and conflicts of interest). With more public awareness of who we are, may come more criticism, and we will need to be prepared for messaging-improved public/media relations.

### Critical Factors to Address to Successfully Achieve Goals

**Question: What factors are most critical to be addressed if the hospital is to successfully achieve its goals?**

- Spending less time on internal management (financial reports, policies, contracts) and more time on opportunity and community outreach.
- Monitor and review mission statements, values and goals on a timely basis. Continue to be aware of the communities' needs and follow through with set goals. Keep a close account of the financial health of the organization.
- A full commitment by everyone to see the Angels Camp Medical Center completed.
- Replacement for board member leaving and encouragement for those others to continue their service. Secured CEO commitment, done. Utilize paid and volunteer services to efficiently achieve goals.
- Successful transition with change in 1-3 board members (possibly a majority of the board will turn over).

