



Mark Twain Health Care District

MINUTES Regular Meeting of the Board of Directors

Mark Twain HealthCare District

Wednesday May 29, 2013
7:30 a.m. Boardroom
768 Mountain Ranch Road
San Andreas, California

1. Call to Order and Roll Call

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

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

Determining that a quorum was present, at 7:40 a.m. President Reed called the Mark Twain HealthCare District monthly meeting to order.

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

2. Approval of Agenda

The Agenda of the May 29, 2013 meeting of the Mark Twain HealthCare District Board was approved, as amended

Public Comment

None

Consent Calendar

A motion is made by Mr. Campana and seconded by Dr. Smart to approve the Consent Agenda of the Mark Twain HealthCare District dated May 29, 2013, with the consent of the Mark Twain HealthCare District.

UNFINISHED BUSINESS

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

Mr. Doss reported that he is in the process of comparing five HealthCare District hospitals that are community based, and have a comparable tax base and size. He believes that report will be completed and presented to the Board Members in June, 2013 for review.

Public Comment

None

2. Telehealth Review and Update

Dr. Smart distributed and reviewed the completed Telehealth report to the Board (Attachment E) in addition to reviewing the Expense Sheets, included in the Board Agenda materials (page 6, Attachment A). Dr. Smart stated:

- The largest expense associated the project will be staffing. The robotics that will be used are rented.
- The public relations and/or marketing cost of the project have not been included in the expense report.
- The Office of Health Equity could possibly have funding available.
- Dr. Smart will meet with Hospital Administration to discuss employment structure and/or contracting with MTMC.
- After discussion, the Board agrees, that approval of the Telehealth project will be deferred to the June Agenda of the Mark Twain HealthCare District.

Public Comment

Mr. Fry requested that Dr. Smart provide information regarding the Telehealth services in the future to Calaveras County Behavioral Health.

Mrs. Crane stated that the Cancer Center services have been very positive in the community.

NEW BUSINESS

2. ACHD Meeting Report

Mrs. Reed reported that she attended the annual conference along with Daymon Doss and Dr. Smart. Participants attended various classes and enjoyed guest speakers. Dr. Smart stated that it was a positive use of District funds for the ACHD membership fees.

Mr. Doss distributed a Form 700 tip sheet (Attachment F) as well as a DeLotti handout (Attachment G). ACHD offers weekly "Think Tank" teleconference that is available to its members.

Public Comment

None

3. Bret Hart Scholarship Night

Dr. Oliver attended the Bret Hart High Awards Night on May 22, 2013, and presented one student with the Mark Twain HealthCare District iPad Scholarship.

Mr. McInturf will attend the Calaveras High Awards night on June 5, 2013, and present three students with an iPad Scholarship.

The MTHCD received fifteen outstanding applications from Calaveras High and Bret Hart High. Four students have been selected to receive the award. The goal will be to stay connected to the recipients and follow their progress in college.

4. Lease Review Adhoc Committee Update

Dr. Oliver stated that the committee is currently discussing the amendments to the lease and are in a draft phase. It is anticipated that a response will be prepared and ready to submit to the hospital by the end of next week.

An update will be provided to the MTHCD in June, 2013.

5. MTHCD Executive Director Report

Daymon Doss reported:

- Calaveras Mental Health Advisory Board – Mr. Doss distributed the Calaveras County Behavioral Health Services Directors Report (Attachment H).
- Calaveras EMS Meeting - Mr. Doss distributed the Calaveras County EMS Oversight Committee information sheet (Attachment J). Mr. Doss has been invited to meet the new Fire Chief at the Jenny Lind firehouse to discuss EMS services in Calaveras County and to gain a better understanding of those services. A follow up report of the visit will be presented to the Board in June.

Public Comment

None

6. MTHCD President's Report

Mrs. Reed reported:

- Mrs. Reed suggested that a MTHCD Strategic Planning session is planned for July, 2013. The ACHD tool will be used this year in addition to the CEO tool, in the planning process.
- The Board would like to host a reception for physicians in the near future at Camp's Restaurant in Angels Camp. Last year's physician reception was well received and the District would like to show their appreciation and support of them. The Board will finalize plans at the June meeting.
- The Doris Barger Golf Outing is scheduled for June 10, 2013 at Greenhorn Creek, Angels Camp. The MTHCD is a gold sponsor and will be represented at the tournament.

Public Comment

None

7. Monthly Financial Report

Mr. McInturf reviewed the narrative for April, 2013 on page 7-13, as included in the Board Agenda materials (Attachment B).

The Board inquired about the repair costs to the van, shown on the April Financial statement. After discussion it was determined that the van was not owned by the MTHCD as previously thought. Going forward, any repair costs associated with the van will be paid by the hospital.

A motion by Dr. Smart and seconded by Dr. Oliver to accept the Financial Report for April, 2013 was approved.

8. Draft 2013-2014 Budget

Mr. Doss distributed and reviewed a Draft Overview (Attachment K). It was noted that the largest reduction will be "District Tax Revenue".

After discussion and review the Board agrees to further review the budget and send any recommendation to Mr. Doss prior to the June 26th meeting. The Plan will go to the Board in June for approval.

Mr. Marks congratulated the Board on their return on investments and the good job they continue to do!

Public Comment

None

9. Real Estate Update

Mr. Doss distributed an Underground Storage Tank Operating Permit document (Attachment L). One of the contingencies of the land purchase, is that of the clearance of the underground storage tanks. Mr. Doss is working with the property owner and the County of Calaveras. It has been determined that excellent records have been kept of the gas station and the annual inspections on the underground tank. There have been no leaks reported.

The entrance issue has been discussed with the Cal Trans and the City of Angels. It was determined that Angels Camp, rather than Cal Trans does not maintain authority of the entrance, as previously believed.

The City of Angels has stated that in the future there could be a possibility of a concrete barrier on 49, cause a right turn in, and a right turn out of Dog Town Road.

A traffic and air study will be conducted, as required by SEQU, at an estimated cost of \$10,000-\$20,000 (Attachment M), as well as a traffic study conducted by Ken Anderson.

Additional fees for development from Aspen Street are estimated to be \$18,000. Total costs and fees will be approximately \$48,000-\$50,000. The cost of the property was \$290,000.

The timeline for this phase of land development is approximately 9 months.

10. MTMC Board Report

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

Mr. Marks stated that MTMC has a great presence at the Calaveras County Fair and the hospital was involved in several different activities.

Public Comment

None

8. Board Comments

None

There being no further business the meeting of the Mark Twain HealthCare District was adjourned at 9:11 a.m.

Lin Reed, President

Peter Oliver, M, D, Secretary

ATTACHMENT A

Out-Patient Telehealth Feasibility Report

May 23, 2013

Background: In January 2013 the Mark Twain District Healthcare Board voted to authorize a study of the feasibility of implementing an out-patient telehealth service in Calaveras County. The study included multiple meetings with existing telehealth vendors and network managers, discussion with the providers and management of the Rural Health Clinics (family medical centers), and assessments of the RHC infrastructure. The following report summarizes the findings.

Per discussion with the RHC providers there is a strong need for these services and they are enthused about the possibility. The service could be provided in any or all of the RHC's and could be provided in the West Point community. Some simple improvements would have to be made to any participating location the most fundamental of which is an internet connection, preferably a WiFi system. The Mark Twain Medical Center already has plans and budgeting for those improvements.

The Mercy Telehealth Network (Dignity Health) is already engaged and sponsoring similar projects in other counties and is enthusiastic about representing the hub of such a system here. Services that have been discussed and could be provided include, but are not limited to, neurology, endocrinology, pulmonology, and mental health. There is no local cost for the consulting specialist whose remuneration is through standard billing methodologies. The payor mix (patient health insurance) is not prohibitive.

The robotic technology necessary is available through In-Touch Health®, Santa Barbara, Ca. Several different robotic devices would satisfy project requirements and to start, only one device is needed and is easily transported to different locations. Cost for such a device is usually on a monthly rental basis and is shown in the attached cost analysis.

The most critical and costly aspect of this program would be hiring a coordinator to schedule patients, prepare for appointments, ensure/facilitate interface of the patient and specialist, follow-up on ordered tests, ensure results are entered into patient records and providers get those reports. The coordinator position would entail about 20 hours per week (1/2 FTE). The position could be filled by a nurse or medical assistant who is very experienced. The cost is in payroll and shown on the attached cost analysis. The coordinator would normally be supervised by the senior RHC management or by a new position, Mark Twain Medical Center Telehealth Services physician director; both models can work.

Medicare (CMS) and many insurers recognize telehealth services and provide some re-imbusement to local facilities for time provided. Estimates are shown in the attached cost analysis. There are certainly other revenue producing aspects to this project, including ancillary procedures at the MTMC. One particularly intriguing benefit from the program is that there is potential for the consulting specialists to become more aware of the great practice opportunities in the county.

Based on this study the project is feasible, needed, and financially reasonable. If the project moves forward it would be best started as a pilot project in a single RHC. Telehealth clinics would probably be run ½ day each week, and would probably be specialty specific; i.e a Monday afternoon endocrinology clinic, or a Friday morning neurology clinic, etc. Once the pilot project has been implemented, assessed, maintained then the project could potentially be expanded to other specialties or other locations. The potential for the West Point inclusion would require the most logistical improvement and cost.

Should the project move toward implementation the MTDHB has several options as a partner with MTMC to assist.

1. Provide the cost of the entire first year of the pilot project with the understanding that MTMC will provide the facility support and assume control and funding of the project after one year. Cost estimates are on the cost analysis.
2. Provide part of the cost of the entire first year of the project, such as renting robotic equipment, with the option to continue this level of funding based on project metrics and outcomes.
3. Give the entire project and funding to MTMC for implementation with the understanding that they will use the money in the Minority Interest accounts to fund the project.

No money was spent on this feasibility study.

Randy Smart MD

Mark Twain Health Care District Investment Policy

ATTACHMENT B

B. Oversight

The Finance committee of the District shall annually review the investment policy and submit it to the Board for approval each year; and shall annually review the investments and rate of return.

III. Permitted Investments

A. Authorized Investments

All investments shall be made in accordance with the Government Code of California as applicable to hospital districts. Permitted investments under this policy shall include:

1. Securities issued by the US Treasury, provided that there shall be no maximum allowable investment in US Treasury securities;
2. Securities issued and fully guaranteed as to payment by an agency of the US Government, provided that there shall be no maximum allowable investment in such securities;
3. Federally insured time deposits (non-negotiable certificates of deposit) in California banks.
4. Time deposits (non-negotiable certificates of deposit) in California banks in excess of insured amounts which are fully collateralized with securities in accordance with California law.
5. Capital Investments (i.e., land) for future health care purposes.

B. Prohibited Investment Vehicles and Practices

1. State law notwithstanding, any investments not specifically described herein are prohibited, including, but not limited to, mutual funds, unregulated and/or unrated investment pools or trusts, collateralized mortgage obligations and futures and options.
2. Investment in inverse floaters, range notes, or mortgage derived interest-only strips is prohibited.
3. Investment in any security that could result in a zero interest accrual if held to maturity is prohibited.
4. Trading securities for the sole purpose of speculating on the future direction of interest rates is prohibited.
5. Purchasing or selling securities on margin is prohibited.
6. The use of reverse repurchase agreements, securities lending or any other form of borrowing or leverage is prohibited.

Mark Twain Health Care District Investment Policy

I. Investment Philosophy

A. Policy

1. This Investment Policy is set forth by Mark Twain Health Care District (District), for the following purposes:
 - a) To establish a clear understanding for the governing board, management, employees, public, and third parties of the objectives, policies and guidelines for the investment of public funds.
 - b) To offer guidance to staff on the investment of District funds; and
 - c) To establish a basis for evaluating investment results.
2. The District establishes investment policies that meet its current investment goals. The District shall review this policy annually, and may change its policies as its investment objectives change.

B. Objectives

The objectives of this investment policy are, in order of priority:

1. To ensure safety of invested funds;
2. To maintain sufficient liquidity to meet cash flow needs;
3. To attain a "market average rate of return" consistent with the primary objectives of safety and liquidity.
4. To assure ongoing compliance with all Federal, State and local laws governing the investment of monies under the control of the District.
5. To invest funds for future health care purposes, (i.e., capital investment to purchase land) for community benefit.

C. Prudence

When investing public funds, the District shall act with care, skill, prudence, and due diligence, considering the circumstances then prevailing, remaining cognizant of the need to safeguard the principal and maintain the liquidity needs.

D. Ethics and Conflicts of Interest

All members of the District shall comply with the District's Conflict of Interest Code, Political Reform Act and applicable law related to ethics, including those regulations set forth by the Fair Political Practices Commission.

II. Operational and Procedural matters

A. Scope

This investment policy applies to all financial assets and investment activities of the District.

Petaluma
HEALTH CARE
DISTRICT

ADMINISTRATIVE POLICY # 5

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TITLE: Petaluma Health Care District Statement of Investment Policy

MANUAL: Petaluma Health Care District's Policies & Procedures

Effective Date: March 2012 **Approved by:** Board of Directors

Purpose: To govern the management of surplus monies and provide the required reserves and cash flow. To assure adherence to regulatory requirements consistent with the needs of the District

Policy: The guidelines governing these surplus monies shall be in compliance with sections 53600-53683 of the Government Code. Additionally, no investment shall be made unless authorized by Government Code 16.429.1 or 53601.

Objectives: This policy provides guidelines for the management of Petaluma Health Care District's Investment portfolio. It is essential that these assets be invested in a high quality portfolio which encompasses:

1. Safety of principal in relationship to the guidelines and market conditions.
2. Meet liquidity needs.
3. Avoids inappropriate concentrations of investments.
4. Delivers good yield in relationship to the guidelines and market conditions.
5. Provides fiduciary control of all investments and cash by appointed custodian.

Liquidity Requirements:

The investment portfolio should be constructed so that it can fund the cash requirements of the cash flow forecast. Generally, these liquidity requirements should be met by matching maturities of investments to the cash flow requirement of the District rather than relying on being able to sell securities.

If circumstances dictate, the cash flow forecast and its associated liquidity requirements may be modified at the discretion of the Chief Executive Officer or his designee, provided that such modifications do not conflict with the other objectives and requirements of the policy.

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Statement of Investment Policy
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The District may use the Local Agency Investment Fund (LAIF) offered by the Treasurer of the State of California when it is beneficial to do so. This fund consists of a diversified pool of safe investments providing one-day liquidity at competitive rates.

Investment Guidelines:

1. The guidelines governing these surplus monies shall be in compliance with Sections 53600-53683 of the Government Code. Additionally, no investment shall be made unless authorized by Government Code 16429.1 or 53601. The District's Board must approve all investments with maturities greater than five years at each quarterly board meeting.
2. The neutral average life of the portfolio shall be two (2) years.
3. The maximum maturity shall not exceed five (5) years unless approved by the Board.
4. State law provides that no more than 60% of the portfolio is to be invested in securities maturing beyond five years.
5. Safety shall always be the primary consideration in structuring the portfolio. Safety considerations include market risk, credit risk, concentration of investments, and the safekeeping of securities. The following guidelines shall be followed:
 - Market Risk – The risk of loss of principal due to changes in market conditions. Generally, this is a function of the maturity of the security, with longer term maturities being the most subject to price volatility.
 - Credit Risk – The risk that the institution backing the security held will default. Emphasis will always be on securities of high quality. Holdings are subject to the following limitations:
 - A. Quality credits "A" or better are to be utilized in the portfolio as rated by Moody's and S&P.
 - B. Money Market Securities: A-1/P-1/Mig. 1 by Moody's and S&P.
6. A broadly diversified portfolio will be maintained with the object of obtaining the highest return with minimal economic risk to the security of the principal and to avoid undue exposure to any single economic or industrial sector.
7. Realization of capital gains and losses shall be viewed solely in terms of investment merits.
8. Eligible investments (see Exhibits A & B)

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- A. Corporate obligations may have maturities of no greater than five years. No more than 55% of the total assets may be invested in this sector.
- B. Permitted types of international investments may be made only with firms that are licensed in California.
- C. Mortgage backed securities are to be managed subject to the following:
 - Shall be limited to no more than 20% of total assets ()
 - Primary mortgage backed investment emphasis is to be in the issues of the Government National Mortgage Association, the Federal Home Loan Association and the Federal National Mortgage Corporation.
 - The maturity span or average life of Government or Government Agency mortgage backed securities cannot be calculated or even properly estimated. As an alternative constraint, the duration (a measure of price volatility) of each issue will be no greater at the time of purchase than that of the current ten year US Treasury Note.

9. Performance measurement – The benchmarks for the portfolio shall be the Lipper Short Term 1-3 years US Government Fund.

Lipper Short Term (1-3 years) US Government Fund – invests in at least 65% in securities issued or guaranteed by the US Government, its agencies or instrumentalities with average maturities of 3 years or less.

Exceptions to the above restrictions must be approved by the Board of the Health Care District. The investment manager and policy will be reviewed annually.

**Exhibit A
Eligible Investments – Taxable**

US Treasury Bills
US Treasury Notes
US Federal Agencies
Commercial Paper

- US Corporations
- Foreign Corporations
- Custody

Certificates of Deposit/Bankers' Acceptances/Time Deposits

- Obligations of US Banks
- Obligations of Foreign Banks
- US London

Corporate or Eurobond Obligations
Repurchase Agreements
Floating Rates/Notes
Mortgage Backed Securities
Asset Backed Securities

**Exhibit B
Eligible Investments – Tax Exempt**

Tax Exempt Investments

- Municipal Bonds
- Municipal Notes
- Municipal Put Securities
- Municipal Commercial Paper/Floaters

**Petaluma Health Care District
Statement of Investment Policy
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Investment Manager:

The District shall appoint an Investment Manager to manage these funds in accordance with this Policy. At the date of adoption of this policy the authorized Fiduciary is:

Bank of Marin
William J. Sullivan – Vice President
Wealth Management Services
50 Madera Blvd.
Corte Madera, Ca. 94925

Sub Advisor:
KCM Investment Advisory
Patricia Small – Partner
750 Lindero St., Suite 250
San Rafael, Ca. 94901

Investment Procedures:

The District's executive and/or finance staff shall review daily the cash balances in the interest and/or non-interest bearing accounts, and, coupled with the anticipated cash needs of the District, determine if there is sufficient cash available for investment. Cash available for investment will be wire transferred or sent via check to the investment manager. The Finance Staff will keep the Investment Manager apprised of any changes in the District's projected cash needs.

Disbursements from the Investment Management account will be completed by transfer to the District's accounts at the Bank of Marin or by wire transfer or ACH transfer. Persons authorized to initiate these transfers are:

Ramona Faith and/or
Richard Nadale

The Investment Manager is required to confirm requests to transfer funds to any other bank account by calling one of the other people authorized to make transfers other than the person who initially requested the transfer.

Communications:

The Investment Manager should maintain communication with the District with as reasonable frequency as market conditions and the portfolio warrant. Major Market

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conditions and/or major portfolio changes will be called to the attention of the Finance Committee (Investment Committee) of the Board of Directors.

The Investment Manager shall provide the District a monthly report showing the following items:

1. Securities held and their issuer
2. Credit Rating of issuer Statement of Investment Policy
3. Cost of investment
4. Market value of investment
5. Maturity date of each security
6. Interest or coupon rate
7. Accrued interest earnings
8. percentage mix of portfolio by type of investment

The Investment Manager shall meet with the Finance Committee (Investment Committee) as needed. On a quarterly basis the Investment Manager will supply all of the above information as well as:

9. Performance Report
10. Capital Gain/loss schedule
11. Sector/maturity analysis

This report will discuss the reasons for and amounts of any violations to this policy, as well as prior month violations that have not yet been corrected. This report should include all transactions for all investments during the month, whether or not the transaction has been fully settled.

Reporting:

Annually the Treasurer of the Board of Directors will prepare and submit a written statement of investment policy. The Treasurer shall promptly notify the Board of any material change in the statement of investment policy.

In addition, the Treasurer shall submit a quarterly report to the Board of Directors containing the following:

1. The type of investment, name of issuer, date of maturity, par and dollar amount invested in each security, investment, and money within the treasury.
2. The weighted average maturity of the investments.
3. Any funds, investments, or programs, including loans that re under the management of contracted parties.

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4. The market value as of the date of the report, and the source of this valuation for any security within the treasury.
5. A description of the compliance with the statement of investment policy.


Review:

Petaluma Health Care District's Governing Board shall appoint a Finance Committee (Investment Committee). This committee shall have the responsibility to ensure that these guidelines are being followed by the Investment Manager. Copies of the Investment Manager's monthly report will be sent to members of this committee to ensure compliance with this policy. Any perceived violations to this policy will be brought to the immediate attention of the Chief Executive Officer. The committee shall meet at least four (4) times each year, and will maintain minutes of their meetings.

The Statement of Investment Policy is adopted by the Finance Committee (Investment Committee) of the Petaluma Health Care District.

Signed: 

Ramona Faith

Signed: 

Rick Nadale

Date: 4-8-2012

Exchange Bank-Asset Portfolio
 Government and Corporate Bonds
 FYE 06-13
 February 2013

Date of Maturity	Description	Market Value
4/15/2013	Verizon Comm Inc 5.25%	251,357.50
4/16/2013	American Express Bk 5.5%	201,234.00
5/15/2013	Glaxosmithkline 4.85%	201,772.00
6/15/2013	California St 4%	151,599.00
9/20/2013	General Elec. Cap 5.4%	102,745.00
10/1/2013	California St 3.75%	76,312.50
11/7/2013	BP Cap Mkts 5.25%	77,459.25
4/1/2014	California St 5.25%	1,044,110.00
6/1/2014	CA State General Ob 5.0%	195,134.30
10/1/2014	California St 4.85%	920,703.60
1/15/2015	Citigroup Inc. 6.01%	54,289.00
1/15/2015	Merrill Lynch Co. 5.0%	53,306.00
4/1/2015	California St 5.45%	701,868.80
5/1/2015	FHLMC Poo: # E80563 7.5%	49.97
6/30/2015	HSBC Finance Corp. 5%	97,673.40
9/1/2015	FHLMC Poo: # E00880 7.5%	303.90
10/1/2015	FHLMC Pool # E81456 7.5%	2,190.97
11/1/2015	California St 3.95%	108,370.00
3/11/2016	BP Cap Mkts 3.2%	53,371.50
3/15/2016	Prudential Fint Inc. 5.5%	112,436.00
4/1/2016	California St 5.95%	344,421.00
2/6/2017	Petrobras Intl. 3.5%	102,835.00
3/22/2017	Morgan Stanley 4.75%	165,700.50
10/15/2031	GNMA Pool # 570204 6.5%	978.76
4/1/2039	California St 5.65%	200,728.00
	Goldman Sachs Prime Obligation Fund	2,597.19
	Total	5,223,547.14

ATTACHMENT C

Mark Twain Health Care District Planning Retreat July 2012

The Mark Twain Health Care District (MTHCD), is a public agency which owns the Mark Twain St. Joseph's Hospital building and grounds, and leases its operations to Mark Twain St. Joseph's Hospital corporation.

The Mark Twain Health Care District is dedicated to the health and well being of the individuals and communities of Calavaras County.

The Mark Twain Health Care District has affirmed the following **values** as its guidelines for providing services in Calavaras County.

Accountability
Communication
Collaboration
Education
Stewardship
Service

The cumulative effect of these values is the focus on **ACCESS** to health care in Calavaras County.

To support these values we have developed a series of **Goals and Objectives** that will assist the MTHCD board and community in monitoring our process and progress.

Goal #1

Ensure the continued presence of a high quality hospital serving all residents of Calavaras County.

- Partner with Mark Twain St. Joseph's Hospital and Dignity Health to optimize physician development through recruitment and retention.
- Review and Evaluate lease agreement with Mark Twain St. Joseph's Hospital corporation
- Develop lease discussion process

Goal #2

Collaborate with the Mark Twain St. Joseph's Hospital Foundation to establish it as the foundation of choice for health services in Calavaras County.

- Fundraising for the new Angel's Camp clinic

- Collaborate with the MTSJHF to identify strategies for building a strong donor base.
- New equipment for the Mark Twain St. Joseph's Hospital
- Support community health education

Goal #3

Develop with Mark Twain St. Joseph's Hospital and Dignity Health System decision criteria for the provision of comprehensive Medical/Health services

- Completion of funding and development of the new Angel's Camp Clinic.
- Utilization of the Regional Health needs assessment to identify specific areas of focus for Calaveras County.

Goal #4

Establish the public identity of the Mark Twain Health Care District.

- Publish annual report of the MTHCD for the community
- Create highly functional web site that allows the community we serve to understand our services and meeting process.
- Focus on transparency and posting of meeting agenda, minutes and financial data.
- Have a central phone number for the community to contact us and have the protocols in place to monitor the communication.
- Develop sufficient infrastructure to provide support and communication for the board and the community we serve.
- Increase over all visibility of the MTHCD and its activities throughout Calaveras County
- Scholarship awards to motivate medical/health careers.

Goal #5

Support access to care

- Health Fairs in multiple communities
- Community Education presentations
- Medical clinics in multiple communities
- Mobile health services for designated areas
- Transportation/vouchers for medical access
- Safety net programs and services