



Ventura
Local Agency Formation Commission

MUNICIPAL SERVICE REVIEW

CAMARILLO HEALTH CARE DISTRICT

Prepared By

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TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY	1
II.	INTRODUCTION.....	3
III.	CAMARILLO HEALTH CARE DISTRICT SERVICES	5
	A. Background	5
	General	5
	Ventura County	5
	B. Agency Profile	8
	Camarillo Health Care District.....	8
	C. Infrastructure Needs and Deficiencies	10
	D. Growth and Population	10
	Population Estimates & Forecasts	10
	E. Financing Constraints and Opportunities/Cost Avoidance Opportunities and Rate Restructuring	11
	F. Government Structure Options/Opportunities for Shared Facilities	12
	Spheres of Influence	14
	G. Evaluation of Management Efficiencies	14
	H. Local Accountability and Governance	15
IV.	DETERMINATIONS.....	17
	Camarillo Health Care District.....	17

List of Maps

Map 1 - Camarillo Health Care District.....	7
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List of Tables

Table 1 - Existing & Projected Population.....	10
Table 2 - District Board Members/Terms of Office	15

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I. EXECUTIVE SUMMARY

In creating Local Agency Formation Commissions (LAFCo) the state legislature recognized, "...that the logical formation and determination of local agency boundaries is an important factor in promoting orderly development and in balancing that development with sometimes competing state interests of discouraging urban sprawl, preserving open-space and prime agricultural lands, and efficiently extending governmental services."¹ One of the statutory requirements for each LAFCo is to establish spheres of influence for cities and special districts. A sphere of influence may be separate from an agency's boundary and is defined as a plan for the probable physical boundaries and service area of a local agency, as determined by LAFCo. Notwithstanding this definition the legislature has now required the LAFCo in each county in the state to, as necessary, review and update each sphere of influence on or before January 1, 2008 and every five years thereafter. In order to prepare and to update a sphere of influence, however, LAFCo must conduct a service review of the municipal services provided and prepare a written statement of its determinations with respect to each of the following:

1. Infrastructure needs or deficiencies
2. Growth and population projections for the affected area
3. Financing constraints and opportunities
4. Cost avoidance opportunities
5. Opportunities for rate restructuring
6. Opportunities for shared facilities
7. Government structure options, including advantages and disadvantages of consolidation or reorganization of service providers
8. Evaluation of management efficiencies
9. Local accountability and governance

This municipal service review (MSR) is for the Camarillo Health Care District. Formed in 1969, the Camarillo Health Care District is an independent special district that serves the City of Camarillo and environs, including California State University Channel Islands and the unincorporated community of Somis. It is the only special district of its type in Ventura County. The District is governed by a five member board of directors elected at-large to staggered four year terms of office by the voters within the District's boundary.

Municipal service reviews should be considered as studies, not investigative reports. LAFCos have no investigative authority. In reviewing this study, the reader is encouraged to focus on the recommended determinations contained in Section IV. The recommended determinations for the Camarillo Health Care District reflect that the District is in compliance with all identified operational requirements and is otherwise doing a good job of providing services within the parameters of its mandates. Significantly it was found that no government structure options are currently feasible or desirable for the District or the residents within the District. Notably, however, this MSR highlights an issue in state law relating to the transfer of property taxes for annexation of territory to special districts. While special districts have the ability to negotiate with counties and potentially other local

¹ CA Government Code §56000, et seq, known as the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000, is the primary law governing LAFCos. All references to LAFCo law and mandates refer to this statute.

jurisdictions to enter into property tax exchange or transfer agreements as proposals to annex territory might be considered, there is little to no incentive for counties or other local jurisdictions, which have their own revenue constraints, to actually enter into such agreements with special districts. For districts, such as the Camarillo Health Care District, that are heavily reliant on a share of the 1% property tax paid by property owners in the District, this has constrained the expansion and service provision of the District to keep pace with existing growth.

Even though LAFCo has only very limited authority to follow-up about any of the written determinations that are the result of this service review process, they will be considered as a part of a subsequent review and, as necessary, an update of the Camarillo Health Care District's sphere of influence and future boundary change proposals.

II. INTRODUCTION

The law governing Local Agency Formation Commissions (“LAFCos”) was substantially changed effective January 1, 2001. Among the changes is the requirement that LAFCos, as necessary, review and update the sphere of influence of each city and special district by December 31, 2008, and every five years thereafter. No sphere of influence can be updated, however, unless the LAFCo first conducts a municipal service review. California Government Code §56430 provides that municipal service reviews (“service reviews” or “MSRs”) consist of written determinations relating to the following nine factors:

1. Infrastructure needs or deficiencies
2. Growth and population projections for the affected area
3. Financing constraints and opportunities
4. Cost avoidance opportunities
5. Opportunities for rate restructuring
6. Opportunities for shared facilities
7. Government structure options, including advantages and disadvantages of consolidation or reorganization of service providers
8. Evaluation of management efficiencies
9. Local accountability and governance

It is important to note that municipal service reviews are:

- The written determinations adopted by a LAFCo for the services provided by cities and special districts. LAFCo service review reports are essentially only studies with recommended determinations for each of the nine factors.
- Not applicable to counties, except for special districts governed by a county board of supervisors, they are not applicable to private providers of public services, such as private for profit or non-profit health care providers or private companies regulated by the Public Utilities Commission. This is because service reviews are required for the update of spheres of influence and LAFCos do not establish spheres of influence for counties or private service providers.
- Not investigations. While authorized to prepare studies relating to their role as boundary agencies, LAFCos have no investigative authority.

As required by Government Code §56430, the Governor’s Office of Planning and Research (OPR) adopted advisory guidelines for municipal service reviews. Because of the timing of the issuance of the guidelines and widely varying local circumstances, each LAFCo in the state is following its own process and procedures for meeting the sphere of influence update and related municipal service review mandate.

The Ventura LAFCo’s municipal service review process is being completed in three phases based on a work plan that has been periodically updated and is available on the Ventura LAFCo web site (www.ventura.lafco.ca.gov). The process used to prepare all service review reports to date involved a four-part questionnaire that each affected agency was requested to complete. The first part collected general information about the agency (contact information, governing body, financial etc.), the second part asked for service specific data, the third part included both questions and a map relating

to boundary issues and the fourth part was a signature page. The questionnaire was the basis for most of the information in the service review reports and was designed to ensure the efficient transfer of information into a database designed to provide a base of information for future service reviews.

This MSR for the Camarillo Health Care District is part of the third and final phase of the Ventura LAFCo work plan. While there are other public health care providers, notably the County of Ventura, and numerous non-profit and private providers, the Camarillo Health Care District is the only district of its type in Ventura County and is, therefore, the only health care provider that is subject to the LAFCo municipal service review and sphere of influence review/update requirement.

III. CAMARILLO HEALTH CARE DISTRICT SERVICES

A. Background

General¹

Health care districts had their origins in the aftermath of World Word II. American soldiers returned from the war in need of extensive medical treatment and often hospitalization. California was in the grip of an acute hospital bed shortage. Significant portions of the state had no access to necessary health care services.

The Legislature responded to this hospital shortage by enacting the Local Hospital District Act, which later became the Local Health Care District Law (CA Health & Safety Code Section 32000 *et seq*). This body of law authorized communities to form special districts to construct and operate hospitals and other health care facilities to meet local needs. These special districts were authorized to impose property tax assessments, with voter approval, to help subsidize community hospital and health care services.

The first health care districts were formed in 1946 and 1947. Today, there are 77 health care districts in the state. Forty four of these districts operate 47 hospitals within their district boundaries. Fifteen health care districts have either leased or sold their hospital facilities to for-profit or not-for-profit health systems but still provide health related services to the people within their district boundaries. The remaining 18 districts provide health related services to those living within their districts.

Ventura County

The Camarillo Health Care District is an independent special district that serves the City of Camarillo and environs, including California State University Channel Islands and the unincorporated community of Somis. It is the only special district of its type in Ventura County.

The District was originally formed in 1969 as the Pleasant Valley Hospital District. The original purpose of the District was to construct and operate an acute care hospital facility in the Camarillo area. After two general obligation bond issues to finance construction of the hospital failed to achieve the necessary two thirds support of the voters in separate elections in 1970 and 1971, a nonprofit corporation was formed to finance construction of a hospital through a privately underwritten bond issue. The Pleasant Valley Hospital was opened in 1974. Via a leaseback arrangement the District controlled and operated the hospital. The District's lease payments covered the bond principal and interest payments.

In 1982 the bonds used to construct the hospital were refinanced, the leaseback arrangement and the nonprofit corporation were dissolved and the Pleasant Valley Hospital District took title to the hospital. In 1983 the District sold the hospital to a non-profit corporation and in 1984 the District was renamed and restructured as the Camarillo Health Care District. The District's current mission

¹ Source: Association of California Healthcare Districts web site (www.achd.org)

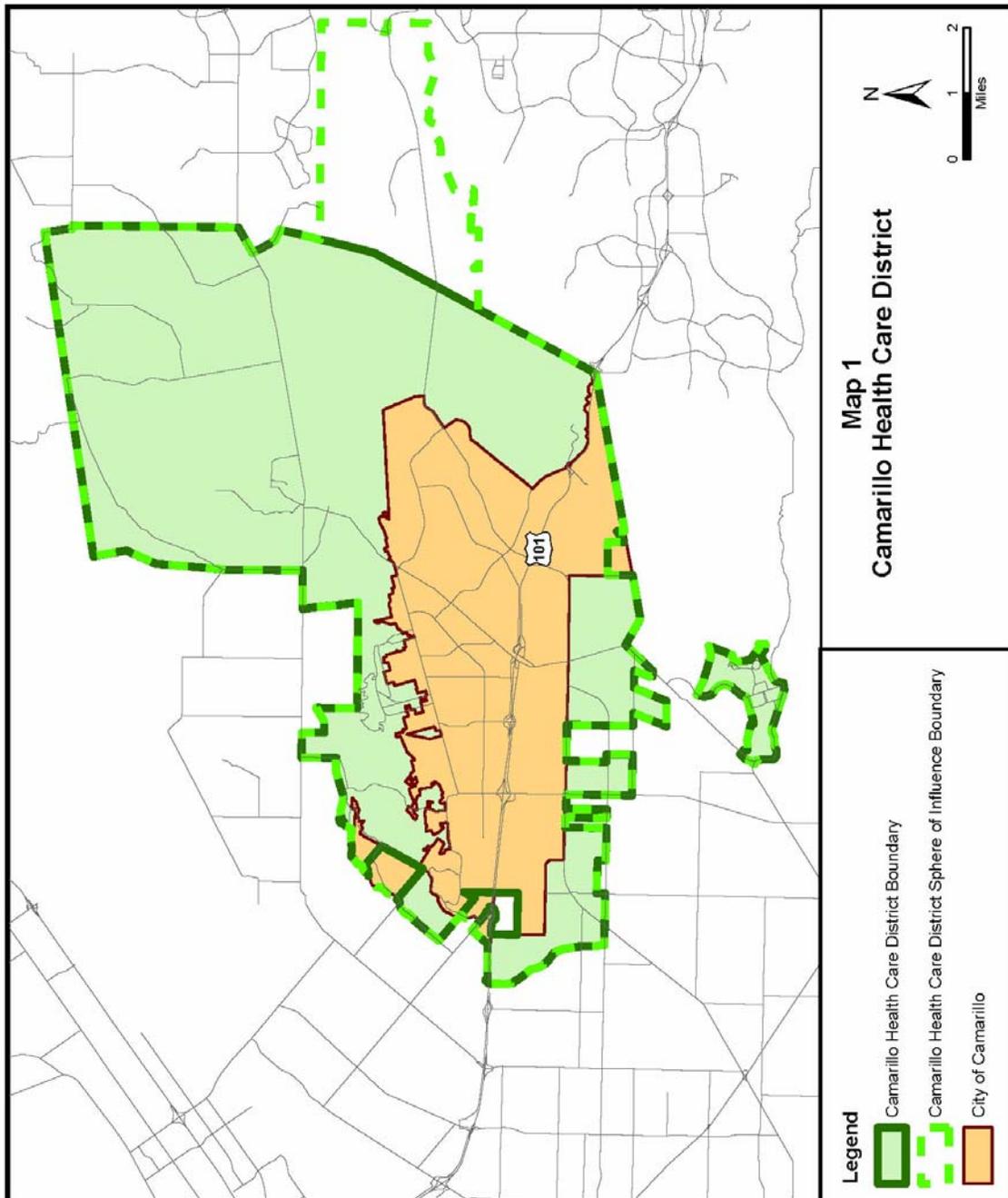
statement indicates the District, "...is dedicated to ensuring that a wide range of innovative health and wellness services is available to District residents of all ages."

Residents in the District have access to numerous health care programs provided by the District at a level that is not offered elsewhere in Ventura County. The District provides health and wellness services focused on prevention, screening, education and support. The continuum of services currently being provided includes:

- Adult Day & Support Services: state-licensed adult day care; care management services
- Nail Care Clinic: therapeutic, physician-certification required
- Lifeline of Ventura County: personal, in-home medical alert service
- Senior Lunch Program: congregate and home-delivery components
- Care-A-Van Transportation services: non-emergency medical paratransit, inter-city medical rides, rides to community meal site
- Health Education Services: wide variety of educational and informational classes, workshops and seminars
- Health Screenings: wide variety of health screenings
- Counseling Services: licensed and confidential counseling services for all ages
- Immunizations: collaboration with St. John's Regional Medical Center and Ventura County Public Health Agency
- Facility Use: provides facility space for supplemental services, support, advocacy groups and meeting space for other public service entities
- Support Groups: wide variety of support groups
- Service Contracts: collaborative funding projects with a variety of health and wellness service entities
- Volunteer Guild: coordination of volunteer opportunities.

Services, programs and classes offered by the District are available to non-residents of the District at an out-of-District rate.

Map 1 – Camarillo Health Care District



B. Agency Profile

Camarillo Health Care District	
Contact	Jane Rozanski, Chief Executive Officer
Mailing Address	3639 E. Las Posas Road, Suite 117, Camarillo, CA 93010
Site Address	Same
Phone Number	805-388-1952, ext. 103
Fax Number	805-482-8957
Email	<i>Jrozanski@camhealth.com</i>
Website	www.camhealth.com
Services	
Types of Services	Community health and wellness services (non-acute); community medical transportation (non-emergency)
Governance	
Date Formed	November 1969
Board of Directors	Five member board of directors elected at large to staggered four year terms; elections are held every two years in even numbered years. The board of directors regularly meets on the fourth Tuesday of each month at the District’s offices (address above), except in the event of noticed changes in the regular meeting schedule, or special meeting.
Area & Size Information	
Area in District Boundary (approximate)	38,585.8 acres (26.73 sq. mi.) ¹
Number of Assessor Parcels in District	26,730
Estimated Population	74,091 (2005 forecast) ²
Staff	
Executive & Management	15
Support & Operations	30
Total	45
Total Full-Time Equivalent	32.3

¹ Approximate area based on geographic information system calculations

² Source: Ventura Council of Governments –2005 population forecast for the Camarillo Growth Area

Camarillo Health Care District Profile (*continued*)

Revenue	FY 2003-2004 ¹		FY 2004-2005 ²	
Property Taxes	\$1,474,196	61.3%	\$1,632,154	55.5%
Fees	\$695,564	28.9%	\$725,854	24.7%
Grants	\$203,229	8.4%	\$513,021	17.4%
Other	\$32,309	1.3%	\$70,986	2.4%
Total Revenue	\$2,405,297		\$2,942,015	
Expenditures				
Salaries & Benefits	\$1,351,833	59.0%	\$1,638,952	57.5%
Services & Supplies	\$523,706	22.8%	\$643,724	22.6%
Professional Services	\$272,523	11.9%	\$171,241	10.6%
Other³	\$73,564	3.2%	\$171,241	6.0%
Capital Outlay	\$71,187	3.1%	\$92,815	3.3%
Total Expenditures	\$2,292,813		\$2,850,405	
Revenue Over Expenditures	\$112,484		\$91,610	

¹ Based on the District's FY 2003 -2004 Comprehensive Annual Financial Report (CAFR)

² Based on the District's FY 2004 -2005 Comprehensive Annual Financial Report (CAFR)

³ Includes memberships, dues, conferences, meeting & travel

C. Infrastructure Needs and Deficiencies

The Camarillo Health Care District does not own or operate basic infrastructure such as roads or utilities. The District does, however, own facility space for its operations. The District owns approximately 12,936 square feet of space in five office condominium buildings in Camarillo at 3615, 3639, 3661 and 3687 Las Posas Road, and at 1227 Flynn Road. As a part of the LAFCo service review questionnaire and follow-up meetings with District staff, no infrastructure needs or deficiencies were identified. However, in response to questions about unmet service needs the District indicated that within the parameters of its service mandates, transportation services remain near the top of both local and Countywide unmet needs.

D. Growth and Population

The Camarillo Health Care District considers the acquisition and analysis of population growth and demographics a primary element of program development and service delivery models. Additionally, as a recipient of grant funding, the District is further required to acquire and incorporate this type of population knowledge into its programming. While methodologies for estimating current population or making population projections may not be standardized and, therefore, varied in type and scope, the Camarillo Health Care District utilizes a number of established agencies in ongoing efforts to obtain the latest and best data regarding the population needing service. These agencies include the US Census, City of Camarillo, State of California Department of Finance, Ventura County Area Agency on Aging, AARP, VCEDA, and the Camarillo Chamber of Commerce. The City of Camarillo contains the majority of the population within the boundary and sphere of influence of the Camarillo Health Care District and most of the District and its sphere of influence are within the Camarillo Growth Area as defined by the Ventura Council of Governments (VCOG). Table 1 provides comparison population data for both the City of Camarillo and the VCOG defined Camarillo Growth Area.

**Table 1
Population Estimates & Forecasts**

	2000 Census (4-1-2000)	2005 VCOG Forecast	2007 Dept. of Finance Estimate (1-1-2007)	2020 VCOG Forecast
City of Camarillo	57,084	69,451	64,034	79,186
Camarillo Growth Area	NA	74,091	NA	86,619

VCOG is currently in the process of updating its population forecasts but it is clear that the City of Camarillo, the Camarillo Growth Area and, by extension, the Camarillo Health Care District, will continue to experience population growth not just because of additional development but also because of the continued expansion of the California State University Channel Islands whose campus is within the boundary of the District. This growth in population will increase the need and demand for the health care services provided by the District.

E. Financing Constraints and Opportunities/Cost Avoidance Opportunities and Rate Restructuring

The Camarillo Health Care District is financially stable and has no long term debt. As shown in the “Agency Profile” on page 9, the primary sources of revenue for the District are a share of the 1% property tax based on pre-Proposition 13 levels of taxation as of 1976, and user fees. The District indicates that the percentage of property tax as a revenue source for operations has been decreasing over time, but on an annual basis through FY 2004 -2005 over 55% of the District’s gross revenue was derived from property taxes. Based on information from the County Auditor-Controller the 2005 -2006 fiscal year apportionment rate for the Camarillo Health Care District (the portion of the 1% property tax assigned to the District) was .0020619589. Thus, for every \$1,000 in property tax collected within the District’s boundaries the District received approximately \$2.06. For the 2005 - 2006 fiscal year this amounted to \$1,772,374.36.

Due to state tax law the dependency on property taxes constrains the District’s ability to expand its boundaries, even within its sphere of influence and even if all affected property owners and registered voters may consent to annexation to the District. State law provides that cities and special districts receive a proportionate share of the property tax the agency levied in 1976 at the time Proposition 13 became effective. However, if a city or special district subsequently annexes territory, the city or special district does not receive any share of the property tax for the annexed territory unless, prior to LAFCo considering an annexation, the city or the special district have entered into a property tax transfer agreement with the County.¹ In the early 1980’s each of the cities in Ventura County, except the City of Moorpark, entered into annexation property tax transfer agreements with the County of Ventura. Usually such agreements recognize that certain County services will no longer be necessary once an area is annexed to a city as the city will subsequently be providing services. The Revenue and Taxation Code now provides for special districts to negotiate directly with counties and other local jurisdictions about the possible transfer of property taxes based on the territory considered for annexation. However, there is little to no incentive for counties or other local jurisdictions, such as cities, to voluntarily give up any portion of their property tax revenue upon the annexation of territory to a special district. This reality means that in Ventura County there are no annexation property tax transfer agreements between the County, or any city, and any special district.

As territory is annexed to the City of Camarillo for development, the same territory would ideally be annexed into the Camarillo Health Care District. This has not been the case, however. Absent any property tax transfer agreement, if the District does annex any additional territory it will not receive any property tax revenue from the annexed area. Thus, while the District’s boundaries are generally greater than the City of Camarillo, some areas annexed into the City of Camarillo in the last twenty years, such as portions of Sterling Hills, have not been annexed into the District, even though they are in the District’s sphere and in areas that the District considers to be its primary service area. This creates illogical service areas for the District.

The significant portion of the District’s revenue derived from property taxes makes the District’s services affordable to most residents in the District. Because the District can charge fees for its

¹ *The state receives the greatest share of property taxes, but there is no provision in the law for the state to enter into property tax sharing agreements with local agencies.*

services it is considered an “enterprise” district. As is appropriate for enterprise districts, the District does charge fees for many of its services.

The District utilizes a two-tiered rate structure. Residents in the District pay either no or low rates for a given service, while residents living outside the District’s boundaries pay an out-of-district rate. The District reviews its rates on a regular basis to ensure that they are reasonable and necessary. Service rates for the District’s services and programs take into account the population to be served and the District’s desire to maintain affordable health care service costs.

Given the way property taxes are apportioned and the relatively constrained limits on service rates vis-à-vis the District’s mission, the District has been active in seeking cost avoidance opportunities. Examples include joint powers agreements and memorandums of understanding with a variety of public, non-profit and private agencies for the joint provision of services, and contracting for accounting, janitorial and other services to increase operational and management efficiencies.

F. Government Structure Options/Opportunities for Shared Facilities

In the context of this service review and LAFCo terminology, government structure options include:

- Annexation or detachment of territory (increasing or decreasing the amount of territory within an agency’s boundaries).
- Consolidations (the uniting or joining of two or more special districts into a single new special district).
- Mergers (the extinguishment of a special district by combining the special district with a city).
- Establishment of subsidiary districts (a special district continues to exist as a legal entity, but a city council is designated as the ex officio board of directors of the special district), and
- Dissolutions (the extinguishment of a special district and the cessation of all the special district’s powers).

Each of these structural changes is considered a change of organization or a reorganization if combined with other structural changes (e.g. an annexation and a detachment), and each requires approval by LAFCo. As already noted, the Camarillo Health Care District has a financial constraint that inhibits annexations to the District.

Consolidation is not considered a feasible alternative. While the Camarillo Health Care District and the Pleasant Valley Recreation and Park District both include the City of Camarillo in their boundaries and primary service area, and both offer some similar classes and services (e.g. blood pressure testing, weight control, fitness classes, etc.), the two districts were formed under different principal acts. Health care districts are not authorized to provide recreation and park services and recreation and park districts are not authorized to provide broad based health care services. Thus, a consolidation would have to be based on the functional dissolution of both districts and the combined services taken over by a new successor special district that is authorized to do both types of services (e.g. a community services district). Neither the Camarillo Health Care District nor the Pleasant Valley Recreation and Park District have expressed any interest in pursuing such a combination. While LAFCo could initiate such a change, without the support of the two Districts and without any

base of citizen interest being expressed in advance it is probable that a consolidation based on the formation of a new successor district would not receive the required majority support from the property owners and/or voters within the boundaries of both Districts. It would also be doubtful if the City of Camarillo would support a new community services district that encompasses all, or nearly all, of the City. Further, it is not necessarily the case that the existing property tax apportionments currently received by both Districts would be combined and apportioned to a new successor district or that any significant service efficiencies would be gained.

A merger with the City of Camarillo or making the District a subsidiary district of the City of Camarillo are also not feasible options. For both a merger or the establishment of a subsidiary district the law requires that the area in the city equal at least 70% of the area within the District boundary. Currently the area within the City of Camarillo is approximately 20 square miles whereas the area within the Camarillo Health Care District boundary is approximately 60 square miles. While the District could in theory seek to detach territory sufficient to allow the City to overlap the area in the District by at least 70%, there is no incentive for the District to do so and the City of Camarillo has expressed no interest in taking over or overseeing the services provided by the District.

Since the time the District sold its hospital facilities some have advocated that the District be dissolved. However, no one who resides within the District has been actively seeking the dissolution of the District, and neither have the County, the City of Camarillo or the Pleasant Valley Recreation and Park District, the other agencies in addition to the District and LAFCo that could initiate dissolution proceedings. Even if dissolution proceedings were initiated, such an action would require the support of a majority of the registered voters in the District. This would be unlikely given the extent and popularity of the District's services. Also, if the District were to be dissolved, the property taxes now being apportioned to the District would instead be apportioned among all the other taxing agencies. While the state would benefit from such an action, neither the County, the City of Camarillo nor the Pleasant Valley Recreation and Park District would receive tax revenues sufficient for them to maintain the current level of services offered by the District.

Except for possible future annexations to the District no governmental structure options are considered feasible or desirable.

The Camarillo Health Care District actively shares facilities, programs and service provision with a broad array of public, non-profit, and private health service provider agencies. Examples include free income tax assistance in partnership with the American Association of Retired Persons, and the Internal Revenue Service, collaborations with Ventura County Public Health Department WIC (women, infants and children) nutritional program, Pleasant Valley Neighborhood for Learning, the Alzheimer's Association, Boys & Girls Club of Camarillo, FOODShare and the Coalition to End Family Violence. The District is registered as a secondary shelter with the Ventura County Chapter of the American Red Cross, and has an agreement the Ventura County Sheriff's Office to act as a command center and to provide transport and dispatch as requested during emergencies. The District has also entered into a Memorandum of Understanding with the City of Camarillo for certain emergency services.

The District provides a variety of transportation related services on a shared basis. Through agreements with the Ventura County Transportation Commission the District provides no-cost transport services to the Pleasant Valley Recreation and Park District for the Senior Lunch Program

and, via a pass through agreement with the City of Camarillo, rides to the Conejo Valley area for ADA-certified residents. The District previously provided other specialized transportation services in conjunction with the City of Camarillo until such time as both parties recognized the unique requirements of the Care-A-Van clientele and determined that independent operation would be the most efficient and effective use of tax funding.

The District indicates that within the parameters of its service mandates it would be interested in further sharing of services and facilities with other agencies. Human resource training, adult day support staff training, Class C driver's training and counseling services were among the things the District identified for sharing opportunities.

Spheres of Influence

As part of the service review process, the Camarillo Health Care District was given a LAFCo-generated map of its jurisdictional and sphere of influence boundaries. The District was asked to note on the map:

- Areas of duplication of planned or existing facilities with another agency
- Areas better served by another agency
- Areas better served by the responding agency
- Areas outside the agency's boundaries which currently receive service
- Areas difficult to serve or with illogical boundaries

With the exception of some similar classes and programs offered by the Pleasant Valley Recreation and Park District no areas of duplication with another agency were noted, nor were there any areas noted that would be better served by another agency. The District indicated that it considers its current sphere of influence as being its service area and noted that areas in the City of Camarillo that are not in the District boundaries cause illogical boundaries for the District. This information notwithstanding, no significant sphere of influence issues were noted and no significant change to the sphere of influence appears warranted.

G. Evaluation of Management Efficiencies

The Camarillo Health Care District has a stable management structure. At current staffing levels and including less than full time employees, thirty-three percent of the District's employees are considered "executive and management," while 66.6% are classified as "support staff." In general, health service organizations have a higher percentage of positions classified as executive and/or management than other types of organizations. The District's board of directors reviews the organizational structure of the District's staffing annually during the budgeting process. The District has no employee bargaining units.

The District annually adopts a budget, conducts an annual audit and is otherwise fully in conformance with all financial reporting requirements. The District's most recent audit was for the 2005 – 2006 fiscal year and was unqualified.

The District adopts written investment and financial policies that are reviewed by the board of directors annually (last reviewed and revised July 25, 2006, and January 1, 2007, respectively). These policies provide for the on-going maintenance of cash or cash equivalents equal to six months of the

annual operating budget. The District also adopts a 10 year long term strategic financial plan which includes a capital improvement program. The District indicates that its capital improvement program is fully funded.

The District represents that it has up-to-date, legally compliant personnel and training policies.

The District contracts for management support services that require specialized expertise, such as accounting and legal services, and otherwise seeks to reduce executive and management staff overhead by contracting as appropriate.

The District is not currently involved in any litigation. The District was investigated by the Ventura County Grand Jury in 1997 - 1998 and again in 1999 - 2000. The 1999 – 2000 Grand Jury report contained a number of recommendations and conclusions that were critical of the District. However, many of these conclusions and recommendations, including those that suggested that the District should be consolidated, merged or dissolved, were based on misinformation. The District provided extensive responses to the Grand Jury and there has been no subsequent review or investigation of the District by the Grand Jury. As discussed in the “Government Structure Options” portion of this MSR, there are no governmental structure options for the District that are currently considered as being feasible.

H. Local Accountability and Governance

The Camarillo Health Care District is governed by a five member Board of Directors. The Board of Directors must be residents of the District and are elected at-large to staggered four-year terms of office. Information about the current Board of Directors is shown in Table 2.

Table 2
CAMARILLO HEALTH CARE DISTRICT
BOARD MEMBERS AND TERMS OF OFFICE

BOARD MEMBER	TITLE	MOST RECENT ELECTION	EXPIRATION OF TERM
James Decker-Mahin, DMin	President	November 2004	November 2008
Peggy O’Neill, RN	Vice President	November 2004	November 2008
John Bailey, PharmB, MPH	Clerk	November 2004	November 2008
Pamela Grothe, MBA	Director	November 2006	November 2010
Richard Loft, MD	Director	November 2006	November 2010

The three Directors elected in 2004 were elected at a contested election (meaning there was at least one other candidate in the election). However, the two Directors elected in 2006 ran unopposed.

The Board of Directors typically meets monthly on the 4th Tuesday of each month, with an additional regularly scheduled meeting in June for the first reading of the annual budget, at the District offices at 3639 E. Las Posas Road, Suite 117, Camarillo. The District meetings are publicly noticed in compliance with the Brown Act and the meeting location and facilities are in compliance with the Americans with Disabilities Act. Each Director receives a stipend of \$100 per meeting with a maximum meeting stipend of \$500 per month. Directors receive no other compensation for their service and directors receive no employee benefits, such as medical insurance or retirement benefits, from the District.

The District indicates that the board of directors and senior staff receive regular reviews of the Brown Act, and have completed the mandatory ethics training required by AB-1234 passed in 2005 (Government Code Section 53234 *et seq*). While the District indicates it complies with the rules and regulations of the Fair Political Practices Commission (FPPC) and the Public Records Act, neither the District board nor senior staff receive formal periodic reviews of these laws. However, the District is a member of both the Association of California Healthcare Districts and the California Special District Association and the District indicates that board members and senior staff take advantage of the FPPC rules and regulations and Public Records Act training offered by these associations.

The District indicates it is in compliance with mandatory reporting requirements regarding elder and dependent adult abuse.

The District publishes *Healthy Attitudes* quarterly and distributes it to every address in the District. This free publication provides information about the District, current programs and classes and the District's partner organizations. It also includes articles about health and nutrition and, once a year, the District's annual report about donors.

The District is in the process of updating its web site. At this time the District's web site contains only basic information about the District. As a part of this upgrade the District should consider including and regularly updating its web site to include:

- Copies of the agenda for the next meeting of the board of directors and an archive of past Board agendas for at least the last year.
- Minutes of the most recent board of directors meeting and archived copies of the minutes for the board meetings for at least the last year.
- A copy of the District's current budget.
- A copy of the District's most recent audit (Comprehensive Annual Financial Report or CAFR).
- A complete telephone and email directory for the District's staff.
- The current issue of the District's quarterly *Healthy Attitudes* publication listing the District's services, programs and classes.
- On-line registration for the District's services and classes.

IV. DETERMINATIONS

Determinations are based on data provided by the District and information from other publicly available sources.

Camarillo Health Care District

- **Infrastructure needs or deficiencies**
 1. No significant infrastructure needs were identified for the Camarillo Health Care District.
- **Growth and population projections for the affected area**
 1. Based on population projections for the City of Camarillo and the Camarillo Growth Area, there will be on-going and expanding needs for the services provided by the Camarillo Health Care District.
- **Financing constraints and opportunities**
 1. The Camarillo Health Care District is financially stable.
 2. The Camarillo Health Care District has no debt.
 3. Due to state law provisions about the transfer of property taxes for territory to be annexed, expansion of the Camarillo Health Care District to coincide with future growth in its sphere of influence is financially constrained. Unless the District agrees to annex new territory without receiving a share of property taxes, the District's only options are to try to enter into property tax transfer agreements with the County of Ventura and/or the City of Camarillo for territory to be annexed or possibly seek to amend state law relating to how property tax transfer agreements are negotiated for special districts.
- **Cost avoidance opportunities**
 1. The Camarillo Health Care District actively seeks opportunities for cost avoidance and has entered into a variety of joint powers agreements, memorandums of understanding and contracts with public and non-profit agencies for the provision of services.
 2. The Camarillo Health Care District has indicated a willingness to explore further cost sharing and cost avoidance opportunities with other agencies.
- **Opportunities for rate restructuring**
 1. The Camarillo Health Care District periodically reviews its service fees to ensure they assist the District in offsetting costs while still remaining affordable to the majority of District residents.
 2. The Camarillo Health Care District charges non-residents of the District separate and higher out-of-district fees for its services and programs to compensate for the fact that the District does not receive any share of property taxes from out-of-district residents.
 3. No specific opportunities for rate restructuring were noted.
- **Opportunities for shared facilities**
 1. The Camarillo Health Care District shares its facilities with local public and non-profit agencies.
 2. The Camarillo Health Care District currently provides a variety of transportation services through agreements with other agencies. The District should continue to explore additional opportunities to share transportation services.

- **Government structure options, including advantages and disadvantages of the consolidation or reorganization of service providers**
 1. Except for possible future annexations to the District, no government structure options are considered feasible or desirable at this time for the Camarillo Health Care District.
 2. The Camarillo Health Care District sphere of influence adequately represents the District's service area.
- **Evaluation of management efficiencies**
 1. The Camarillo Health Care District has a stable management structure. Including less than full time employees, thirty-three percent of the District's employees are considered "executive and management," while 66.6% are classified as "support staff." In general, health service organizations have a higher percentage of positions classified as executive and/or management than other types of organizations. The District's board of directors reviews the organizational structure of the District's staffing annually during the budgeting process. The District has no employee bargaining units.
 2. The Camarillo Health Care District is in compliance with all budgeting, audit and financial reporting requirements.
 3. The Camarillo Health Care District has adopted written investment and financial policies that are reviewed by the board of directors annually.
 4. The Camarillo Health Care District has up-to-date, legally compliant personnel and training policies.
 5. The Camarillo Health Care District contracts for management support services that require specialized expertise, such as accounting and legal services, and otherwise seeks to reduce executive and management staff overhead by contracting as appropriate.
 6. The Camarillo Health Care District is not currently involved in any litigation.
- **Local accountability and governance**
 1. The Camarillo Health Care District meets regularly and provides public notice of its meetings. Meeting facilities are in compliance with the American's Disabilities Act.
 2. The Camarillo Health Care District board of directors and senior staff receive periodic reviews of the Brown Act and are in compliance with public agency ethics training requirements.
 3. The District indicates it complies with the rules and regulations of the Fair Political Practices Commission (FPPC) and the Public Records Act. The District is a member of both the Association of California Healthcare Districts and the California Special District Association and the District indicates that board members and senior staff take advantage of the FPPC rules and regulations and Public Records Act training offered by these associations.
 4. The District publishes and distributes a free quarterly publication, "Healthy Attitudes," to every address in the District. This publication provides information about the District, current programs and classes and the District's partner organizations. It also includes articles about health and nutrition and, once a year, the District's annual report about donors.
 5. The Camarillo Health Care District is in the process of upgrading its web site. As a part of this upgrade the District should consider including and regularly updating its web site to include:
 - Copies of the agenda for the next meeting of the board of directors and an archive of past Board agendas for at least the last year.

- Minutes of the most recent board of directors meeting and archived copies of the minutes for the board meetings for at least the last year.
- A copy of the District's current budget.
- A copy of the District's most recent audit (Comprehensive Annual Financial Report or CAFR).
- A complete telephone and email directory for the District's staff.
- The current issue of the District's quarterly *Healthy Attitudes* publication listing the District's services, programs and classes.
- On-line registration for the District's services and classes.