

**San Mateo LAFCo Municipal Service Review Survey**

**District name:** Sequoia Healthcare District

**Date issued:** August 19, 2016

**Response requested by:** October 3, 2016

**A. AGENCY DESCRIPTION**

A-1. **Official name of the City or Special District:**

Sequoia Healthcare District

A-2. **Type of Agency:**

☐ General law city. Skip question A-4

☐ Charter city. Skip question A-4

☒ Independent special district

☐ Dependent special district

If city of county agency, type of service: \_\_\_\_\_

A-3. **Name of Contact:** The individual who will coordinate your response to the questionnaire and will serve as your liaison with LAFCo for this project:

Name: Lee Michelson

Title: CEO

Address: 525 Veterans Blvd., Redwood City, CA 94063

Phone: 650-421-2155 x 202

Fax: 650-421-2159

Email: [lmichelson@sequoiahealthcaredistrict.com](mailto:lmichelson@sequoiahealthcaredistrict.com)

**Name of Alternate Contact** (The individual to contact when the primary contact is unavailable):

Name: Janeene Johnson

Title: Executive Coordinator

Phone: 650-421-2155 x 201

Fax: 650-421-2159

Email: [jjohnson@sequoiahealthcaredistrict.com](mailto:jjohnson@sequoiahealthcaredistrict.com)

A-4. **Principal Act** (i.e., the statute under which the agency was formed and operates. The answer should identify specific laws or statutory code sections):  
State of California Local Health Care District Law Section 32000 et seq. of the Health and Safety Code

A-5. **Date** the agency was created or established: 1946

A-6. **Governing Body:** Describe the method of selecting your governing body. Are elections or appointments at large or by division. When are scheduled regular meetings?

Elections are at large. Meetings are held the first Wednesday of even numbered months.

A-7. **Organizational Chart:** Does your agency have an organizational chart?

Yes

If "yes," enclose a copy of your current organization chart.

A-8. **Employees:** How many employees does your agency have:

Full-time 2

Part-time 3

Seasonal

Contract 5

## B. SERVICES PROVIDED

B-1. **Types of Services that are provided by Your City/District:**

Indicate which of the following types of municipal services your agency provides. If you contract with another agency to deliver the service, indicate the name of the provider. Otherwise we assume that your agency is the actual service provider.

In responding, please describe briefly how specific types of services are provided.

### Law Enforcement and Public Safety

Police Protection – Patrol and Detectives

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Police Protection -Traffic Law Enforcement

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Fire Prevention

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Fire Suppression

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Paramedic or Emergency Medical Response

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Search and Rescue

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Ambulance or Medical Transport Services

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Hospital Services: The District does not provide hospital services but supports a wide range of health services including primary care clinics. We also support school health, physical education and offer our own Living Healthy Workshops and CPR/AED Program called HeartSafe. A comprehensive list of 2016-17 projects is attached as B-1.

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Mosquito/Vector Control

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Other — List and describe any related types of services your agency is providing

#### Community Services

Land Use Planning and Regulations

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Building and Safety Permits and Inspections

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Public Parks (active parks)

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Public Open Space (passive parks and open space)

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Public Recreation Programs

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Golf Courses

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Zoos

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Library Services

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Transit (passenger transportation)

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Cemeteries/Interments

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General Aviation Airports

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Marinas and Small Boat Harbors

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Other — List and describe any related types of services your agency is providing

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Utility Services

Water Conservation

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Wholesale Water Supply

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Retail Water Delivery

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Wastewater Collection

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Wastewater Treatment and Disposal

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Retail Electrical Distribution

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Refuse Collection and Recycling

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Refuse Disposal (landfills)

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Street and Road Maintenance

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Maintenance of Bridges, Culverts, and Appurtenant Facilities

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Street Lighting

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Drainage and Runoff Facilities

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Flood Control

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Storm water disposal

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Resource and Soil Conservation

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Other — List and describe any related types of services your agency is providing

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**B-2. Contract Service to Other Agencies:** Does your agency provide service by contract to other agencies?

Yes

If "yes," identify the client agency (ies), type of service and geographic areas served in this manner. We contract with more than 50 local non-profits and 8 school districts to provide health services. We fund the salaries of 27 school health personnel as part of the list for B-1.

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**B-3. Mutual or Automatic Aid Agreements:** Do you maintain mutual aid or automatic aid agreements?

No

If "yes," identify the client agency(ies), type of service and geographic areas served in this manner.

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**B-4. Joint Powers Authorities:**

List all of the joint powers authorities (JPAs) or joint decision-making efforts, participating agencies, and purpose of each JPA or joint effort:

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**C. FINANCIAL STATUS**

**C-1. Agency Budget:** Enclose your current and last two most recently adopted budgets

**C-2. Rate Schedule:** Enclose your current rate schedule. Not Applicable

**C-3. Comprehensive Annual Financial Report (CAFR) or Independent Audited Financial Statement:**

a.) Does your agency follow the GASB 34 accounting standards?

Yes

b.) Attach the following CAFRs. Indicate the auditing firm for each fiscal year:

Fiscal year ending June 30, 2015	Vavrink, Trine, Day & Co. LLP	Attached
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Fiscal year ending June 30, 2014	Vavrink, Trine, Day & Co. LLP	Attached
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Fiscal year ending June 30, 2013	Vavrink, Trine, Day & Co. LLP	Attached
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**C-4. Governing Board Benefits Compensation**

Describe all compensation and benefits for members of the governing body, including any limitations on such payments.

Currently two Board members receive health benefits up to \$1,200 per month and three board members receive benefits up to \$1,350 per month.

**C-5. Capital Improvement Plan (CIP):** Does your agency have an adopted CIP?

No

If "yes" enclose a copy of the most recent CIP.

Please provide a list of all real property owned by your agency including addresses. For property not occupied by your agency, list the tenant.

**C-6. Public Debt:**

a.) Does your agency have any outstanding debt?

No

If "yes" describe the purpose of the debt, the type of debt and issuing organization, and how the debt is being retired. Enclose the most recent official statement.

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b.) If known, what is your agency's bond rating? From which rating agency did you receive the rate, and when was it determined?

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**C-7. Debt Default:** Has your agency ever defaulted on repayment bonds or other debt?

No

If "yes", explain the date and circumstances.

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**C-8. Outstanding Litigation:** Has your agency been a party to any legal actions other than employee-related cases in the past five years that affect its financial status? Is there outstanding litigation at this time? If so, please describe.

None

**D. SERVICEAREA**

**D-1. Customers:** Who is considered a "customer" of your agency? How do you track "customers," (i.e., population; dwelling units; households, connections, parcels, etc.)? How many customers are currently receiving service?

The District serves more than 50,000 residents per year which includes more than 25,000 school children. The agencies that we support are required to submit two reports per year detailing how many residents by zip code that they served.

**D-2. Customers Outside Boundaries:** Do you serve customers outside of your boundaries? If so, please describe. Do you have interagency agreements to serve specific customers? The answer is generally no, we do not serve residents outside our boundaries; however, there are children who attend schools who receive services. For example, if we fund a program at Woodside HS, it is probable that some of the students participating would come from outside our service area. We would not dismiss them from participating. We do go to great lengths to assure that District dollars are being used for residents.

**D-3. Anticipated Geographic Expansions:**

a.) Do you feel that your agency's boundary is correct at this time?

Yes

b.) Are there areas that your agency desires or plans to serve that are not now within its boundaries or its sphere of influence?

No

If "yes," identify the areas.

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c.) Are there areas your agency currently serves that might be served more efficiently by another agency?

No

If "yes," identify the areas.

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**D-4. New Connection Policies:** Does your agency have policies that give preference to adding new customer connections in locations where the required infrastructure already exists or will become available?

Not applicable

If "yes", explain the connection policies.

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**E. FUTURE PLANNING**

E-1. **Agency Goals:** How does your agency set and adopt long range goals and objectives?

Every 3 years The District board establishes a strategic plan and it is reviewed annually.  
We also hold a retreat with our Board and staff to discuss goals.

If your agency has any of the following planning documents, please provide a copy and indicate below what documents are being submitted:

- ☒ Mission Statement enclosed  
☒ Strategic Plan enclosed  
☐ Five-year Master Plan, Work Plan, or Goals enclosed  
☐ Five-year Capital Improvement Plan (CIP)  
☐ Other Adopted Goals enclosed

E-2. **Plans:** Of the following documents, which are prepared by or adopted by your agency? Which are prepared by other agencies? Enclose a current copy of plans you prepare:

	<u>Self-prepared</u>	<u>Prepared by Another Entity</u>
General Plan of Land Uses and Land Use Map	_____	_____
Master Plan -Public Facilities	_____	_____
Master Services Plan	_____	_____
Urban Water Management Plan	_____	_____
Watershed Management Plan	_____	_____
Groundwater Management Plan	_____	_____
Other: adopted plans enclosed	_____	_____

E-3. **Population and Growth Projections:** Do you rely on population or growth projections to plan services or facilities? If so, who provides them?

We will soon be conducting a needs assessment for our District and will be looking at demographic concerns including growth.

**E4. Service Demand Projections:** Does your agency prepare service demand projections for the next 5, 10, and/or 20 years?

No

If "yes," how are the service demand projections prepared? Explain how these projections are correlated with the population forecasts.

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**E-5. Future Challenges and Issues:** What regulatory/legislative issues or other challenges do you see confronting your agency in the next 12 months? In the next five years?

None

**F. LEVEL OF SERVICE**

**F-1. Regulatory, Permitting, and Accrediting Agencies:**

a.) List agencies from which you receive permits, licenses or accreditations and for what purposes.

We are accredited by The Association of California Healthcare Districts (ACHD).

b.) When were your permits, licenses, or accreditations last renewed and how frequently are they reviewed?

The District received the last accreditation in 2014

c.) Do you prepare or receive annual reports or inspection reports from these agencies? For other agencies? Please explain and provide a copy of the latest reports.

The District produces an annual report for the community. Copies are sent to ACHD.

d.) Has your agency been found to be in violation of any State or Federal standards in the past five years that affect its operating status? Are there outstanding violations at this time? If so, please describe.

None

**F-2. Regulatory and Industry Standards:**

a.) Are there regulatory standards that apply to the services your agency provides? If so, who defines them, where are they published, and what are they?

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b.) Are there industry standards that apply to the services your agency provides? If so, who defines them, are they published and please describe them?

Each healthcare district is independent and local and sets its own standards and programs. The only two regulations are that our resources can only be used for health care services and those services are for the residents of the District

**F-3. Productivity and Performance Monitoring:**

a.) Does your agency have level of service standards? Who sets the level of service standards, (e.g., professional organizations and permitting agencies)? Please explain.

Our Board ultimately evaluates the work of District staff.

b.) How does your agency track its workload? Examples might be call volumes, response times, gallons served or treated, number of employees, etc.

We have established expectations regarding each of our programs and funded organizations are required to report on their goals and objectives. The reports are reviewed in detail by District staff and results are presented to our Board.

c.) How are the efficiency and quality of agency operations evaluated? Who conducts the evaluations? Are the evaluation procedures internal, external, or both?

In addition to written reports, district staff members make site visits to see the programs firsthand and to monitor progress. A grants committee has been established to make recommendations for future funding and they use past performance reports as part of their decision making.

d.) How do you solicit customer feedback and comments? Do you use customer surveys, etc.?

Many of our funded programs do use customer surveys. We also regularly meet with our programs and talk with staff.

**F-4. Staff Qualifications and Productivity:**

a.) What is the ratio of employees to customers served?

Our staff size is very small as we primarily serve through 3<sup>rd</sup> parties. We do pay the entire or part of several salaries including 27 school health personnel such as school nurses and counselors who are employed by the school districts. Of the 5 contracted employees, 4 work part-time as instructors for our Living Healthy Program.

b.) What staff licenses and certifications are necessary for operations? How many agency employees hold the required licenses and certifications?

Licenses are not required however our staff is highly educated as the two full-time staff members have master's degrees.

c.) What Safety Plans and Injury and illness Prevention Plans have been adopted by your agency? Please describe briefly and provide a copy of the adopted plans. What is your agency's safety record for the last five years?

There have been no safety issues.

d.) What training has been provided for agency employees during the last two years?

District staff is encouraged to attend conferences and workshops and regularly do so. Our ACHD conducts an annual conference that the CEO and Board members attend. Our Director of Grants and Programs and our HeartSafe Director attend conferences at least annually.

e.) Has your agency conducted any salary surveys during the last five years?

No

If "yes," please provide a copy. There have been informal salary surveys related to the CEO position by our Board members.

F-5. **Public Outreach:** Describe your agency's efforts to broadcast governing body meetings, disseminate minutes, encourage voter participation and keep constituents/customers apprised of your activities.

All of our meetings are highlighted on our website and properly noticed per the Brown Act. Board packets and meeting minutes are also published on the website. The CEO has made presentations to most service organizations in the area and our annual report is sent to 86,000 households.

F-6. **Distinguished Service (Optional Question):** Describe any awards, honors or other accomplishments of your agency or its personnel within the last five years.

We have received several awards presented by local school districts and non-profits. They are listed on our website.

## G. SERVICE EFFICIENCY AND COST- SAVING OPPORTUNITIES

G-1. **Cost-saving Opportunities:**

a.) What actions has your agency taken in the last five years to save money, lower expenses or improve services at the same costs? Examples might include competitive bidding; interagency purchasing or other agreements, sharing operational staff and so forth.

We have had two major building renovations and have used the competitive bidding process. We have also sought bids for legal actions.

b.) What cost saving plans do you have for the future?

If warranted the District will continue to use a competitive bid process. We have a very low overhead, under 8% during election years and 6% on non-election years. The 2% difference is obviously the cost of the election.

**G-2. Jurisdictional Reorganizations:**

a.) Have partial or complete reorganizations of your agency or consolidations with other agencies been considered or completed during the past 10 years?

No

If "yes," describe.

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b.) Are there structural reorganizations such as consolidations or reorganizations that your agency thinks should be evaluated in the next few years to benefit recipients of your agency's services or improve the provision of services generally?

No

If "yes." describe.

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What hurdles or obstacles do you foresee in making such a change?

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**G-3. Joint Functions:** List or describe any joint functions with other agencies that your agency has instituted to improve services or reduce costs. Examples include joint purchasing with similar agencies, common maintenance, sharing staffs and so forth.

None

G-4. **Joint or Shared Capital Facilities or Services:** Does your agency jointly own or share capital facilities or services with other agencies?

Within San Mateo County No

Outside of San Mateo County No

If "yes," please describe.

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**H. ADDITIONAL INFORMATION**

Please provide a copy of any other plans, reports or documents that you feel would be useful to LAFCo as it reviews your agency's municipal services and sphere of influence.

Submitted by: Lee Michelson

s/s

(Signature)

September 22, 2016

(Date)

Please email this survey Word document to Martha Poyatos, San Mateo LAFCo,  
[mpoyatos@smcgov.org](mailto:mpoyatos@smcgov.org).