



## **Mayers Memorial Healthcare District**

Municipal Services Review & Sphere of  
Influence Update

Commission Approved  
March 2022

## **SHASTA LOCAL AGENCY FORMATION COMMISSION**

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### **Acknowledgements:**

LAFCO staff would like to thank contributors to this Municipal Service Review. Input instrumental in completing this report was provided by Healthcare District staff: Valerie Lakey, Executive Director of Community Relations & Business Development, Emergency Preparedness Director.

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# **MUNICIPAL SERVICE REVIEW SPHERE OF INFLUENCE UPDATE**

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## **Introduction**

Municipal Services Reviews (MSRs) provide agency infrastructure, management, services & boundary information. The report is for Shasta Local Agency Formation Commission's (LAFCO) use in conducting a statutorily required MSR review process. The Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (CKH Act) requires that the Commission conduct periodic reviews for cities & special districts in Shasta County (Government Code § 56425).

State law also requires that, prior to Sphere of Influence (SOI) adoption, LAFCO must conduct a review of municipal services provided by that local agency (Government Code §56430). This report provides LAFCO with a tool to study current & future public service conditions comprehensively & evaluate organizational options for accommodating growth, preventing urban sprawl, & ensuring that critical services are provided efficiently.

## **Healthcare Districts Principal Act**

Healthcare Districts are independent special districts, operating under The Healthcare District principal act, which is the Local Health Care District Law (Government Code §32000, et seq.). It authorizes Healthcare Districts to provide governmental services within their boundaries. Mayers Memorial Healthcare District is authorized to provide Healthcare services. Facilities, functions or powers enumerated in the District's principal act but not identified in the formation resolution are "latent," meaning that they are authorized by the principal act under which the District is formed but are not being exercised. Latent powers and services activation require LAFCO authorization as indicated in Government Code §25213.5.

## **Service Review Determinations**

Government Code §56430 requires LAFCO to conduct a review of municipal services provided in the county by region, sub-region or other designated geographic area, as appropriate, for the service or services to be reviewed, and prepare a written statement of determination with respect to each of the following topics:

- (1) Growth and population projections for the affected area;
- (2) The location and characteristics of any disadvantaged unincorporated communities within or contiguous to the sphere of influence;
- (3) Present and planned capacity of public facilities, adequacy of public services, and infrastructure needs or deficiencies (including needs or deficiencies related to sewers, municipal and industrial water, and structural fire protection in any disadvantaged, unincorporated communities within or contiguous to the sphere of influence);
- (4) Financial ability of agencies to provide services;

- (5) Status of, and opportunities for, shared facilities;
- (6) Accountability for community service needs, including governmental structure and operational efficiencies; and
- (7) Any other matter affecting or related to effective or efficient service delivery, as required by Commission policy.

This service review provides an overview of the Healthcare District considerations along with an agency profile. The report also includes service review determinations and sphere of influence recommendations for:

### **Mayers Memorial Healthcare District**

State Guidelines and Commission policies encourage stakeholder cooperation in the municipal service review preparation. It also provides a basis to evaluate, and make changes to the Spheres of Influence, if appropriate.

#### **Sphere of Influence Determinations**

A SOI is a LAFCO-approved boundary that designates an agency's probable physical service area. Spheres are planning tools used to provide guidance for individual boundary change proposals and are intended to encourage efficient provision of organized community services, discourage urban sprawl and premature conversion of agricultural and open space lands, and prevent overlapping jurisdictions and duplication of services.

LAFCO is required to establish SOIs for all local agencies and enact policies to promote the logical and orderly development of areas within the SOIs. Furthermore, LAFCO must update those SOIs every five years. In updating the SOI, LAFCO is required to conduct a municipal service review (MSR) and adopt related determinations. In addition, in adopting or amending an SOI, LAFCO must make the following determinations:

- (1) Present and planned land uses in area, including agricultural and open-space lands;
- (2) Present and probable need for public facilities and services in the area;
- (3) Present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide;
- (4) Existence of any social or economic communities of interest in the area if the Commission determines that they are relevant to the agency; and
- (5) Present and probable need for public facilities and services related to sewers, municipal or industrial water, or structural fire protection of any disadvantaged unincorporated communities in the existing sphere of influence (effective July 1, 2012).

#### **Uses of the Report**

This service review provides the opportunity to identify trends relating to the adequacy, capacity, and cost of providing services in rural areas of Shasta County. Service reviews may identify district boundary changes, where appropriate, to extend services; evaluate

consolidation feasibility, where appropriate, and implement other measures to address service needs. The potential uses of this report are described below.

### *To Update Spheres of Influence*

This MSR serves as the basis for an SOI update which considers territory LAFCO believes represents an agency's appropriate future jurisdiction and service area. All boundary changes, such as annexations, must be consistent with an affected agency's SOI with limited exceptions.

### *To Consider Jurisdictional Boundary Changes*

LAFCO is *not* required to initiate any boundary changes based on service reviews. However, LAFCO, other local agencies (including cities, special districts, or the County), or the public may subsequently use this report together with additional research and analysis, where necessary, to pursue changes in jurisdictional boundaries.

### *Resource for Further Studies*

Other entities and the public may use this report for further study and analysis of issues relating to Healthcare Districts and municipal services in Shasta County.

### **Review Methods**

The following information was considered in the service review:

- o Agency-specific data: responses to LAFCO Requests for Information from Mayers Memorial Healthcare District, maps, district plans and agency correspondence;
- o Land Use and Shasta County General Plan data: Shasta County Resource Management –Planning Division;
- o Demographic data: U.S. Census; Department of Finance;;
- o Finances: budgets, rates and fees; and
- o Other Reports and Assessments.

Information gathered was analyzed and applied to make the required determinations for the agency and reach conclusions about the focus issues identified in the service review. All information gathered for this report is filed by LAFCO for future reference.

### **California Environmental Quality Act**

The California Environmental Quality Act (CEQA) is contained in Public Resources Code §21000 *et seq.* Under this law, public agencies are required to evaluate the potential environmental effects of their actions. MSRs are statutorily exempt from CEQA pursuant to §15262 (feasibility or planning studies) and categorically exempt pursuant to CEQA Guidelines §15306 (information collection). It should be noted that when LAFCO acts to update an SOI, CEQA requirements must be satisfied. The lead agency for CEQA compliance would most likely be LAFCO.

### **Common Agency Profile Topics**

Several topics are evaluated in an agency profile. Those topics are defined in this section and discussed further in the agency profile.

### *Disadvantaged Unincorporated Communities*

LAFCO is required to evaluate disadvantaged unincorporated communities (DUCs) as part of its municipal service review process. Per California Senate Bill 244, a DUC is defined as any area with 12 or more registered voters where the median household income (MHI) is less than 80 percent of the statewide MHI. Within a DUC, three basic services are evaluated: water, sewer and fire protection.

The most recently available data for US Census Block Groups, Tracts and Places from the US Census American Community Survey (ACS) 5-Year Data is used to determine disadvantaged communities in the region of interest. Using this information, each district or agency is evaluated to determine whether it is a DUC, or in the case of cities, whether there are DUCs within the city's SOI. In many cases, Census Block Groups are larger than Districts. In these cases, LAFCO's evaluation was conducted with an abundance of caution to ensure no DUCs are overlooked.

### *Shasta County Growth Projections*

Between 2014 and 2018, the estimated Shasta County population grew from 178,520 to 180,040 people, an average annual growth rate of 0.17 percent<sup>1</sup>. When reviewing population data, it is important to distinguish between population changes that affect the entire County and the unincorporated portion of the County, which can be affected by annexations and other boundary changes. The unincorporated area of the County currently makes up about 38% of the County's total population. The California Department of Finance projects the County's population will increase from 179,412 to 188,154, between 2020 and 2030, an average annual growth rate of 0.49%<sup>2</sup>. If the unincorporated area's portion of the County's population remains near 38%, it is estimated that the unincorporated area would increase from 68,177 to 71,499 people.

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<sup>1</sup> US Census Bureau, 2014-2018 American Community Survey 5-year Estimates for Shasta County (Table S0101). Accessed July 5, 2020.

<sup>2</sup> California Department of Finance, Projections, P-1: State Population Projections (2010-2060), Total Population by County (1-year increments).

However, according to the most recent California Department of Finance estimate, the Shasta County population decreased by 0.1% from 2018 to 2019<sup>3</sup>. This could be the result of recent wildfires throughout the county. For report purposes an annual population growth estimate of 0.17% to 0.49% is used to predict the future population range that may be served by the HEALTHCARE DISTRICT during this MSR cycle. It should also be noted that the Department of Finance, Demographics Division, now states that assumptions used to project future population may no longer be applicable and that these projections could change with their next estimate cycle, which is every 5 years.

### *Existing and Planned Land Uses*

Land use within the unincorporated portion of the districts is subject to the Shasta County General Plan and Zoning Regulations, which was last updated in 2004.

### *Governance and Accountability*

Mayers Memorial Healthcare District operates as an independent special district, pursuant to the Local Health Care District Law, under an elected Board of Directors pursuant to Healthcare District Law (Government Code §32000, et seq.).

The District maintains a website that meets SB 929 and SB 272 requirements. The District's website provides general district information, board of directors contact information, board meetings times and location, and information about district services. Agendas are posted at the hospital and on the district's website prior to the meeting.

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<sup>3</sup> California Department of Finance, E-1 Population Estimates for Cities, Counties, and the State – January 1, 2018 and 2019, May 2019.



## **AGENCY PROFILE**

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This section profiles the Healthcare Services District listed below. Included in the profile is a description of the agency's organizational development, tables listing key service information, and maps showing jurisdictional boundaries.

### **Mayers Memorial Healthcare District**

#### **Mayers Memorial Healthcare District**

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Mayers Memorial Healthcare District serves the communities in the Shasta County Intermountain area, the Lassen County Big Valley area, and a small portion in southwestern Modoc County. The Intermountain area is located in the northeastern part of Shasta County. The Big Valley area is located in the northwestern part of Lassen County. The majority of the District is located in Shasta County. There it serves the Communities of McArthur, Fall River Mills, Cassel, Burney, Hat Creek, and Old Station.

**Table 1: Mayers Memorial Healthcare District Overview Summary**

<b>Primary Contact</b>	Christopher Bjornberg, Chief Executive Officer		
<b>Address:</b>	43563 Highway 299 East, Fall River Mills, CA 96028		
<b>Website</b>	<a href="https://www.mayersmemorial.com/">https://www.mayersmemorial.com/</a>		
<b>Services Provided</b>	General Medical, Surgical Care, Emergency Department		
<b>Population Served:</b>	7,856	<b>Service Area:</b>	727,508 acres

#### **Formation**

The Mayers Memorial Healthcare District was formed by the community in 1969 for basic healthcare services. Mayer's Rural Health Center and Telemedicine Services were subsequently added.

#### **HEALTHCARE DISTRICT Boundary and Sphere**

The Healthcare District boundary covers approximately 727,508 acres (approximately 1,137 square miles) in three counties.

<b>County</b>	<b>Acreage</b>
Lassen	178,576
Modoc	30,492
Shasta	518,440
<b>Total</b>	<b>727,508</b>

### **Healthcare District Communities**

The largest communities in the District are described below.

Fall River Mills, population 616, is located along Hwy 299, south of Fall River Lake and Mayers Memorial Hospital. Fall River Mills is considered a Disadvantaged Community. Fall River Mills is a part of the Fall River Valley Community Services District (CSD). The CSD provides water, wastewater, and fire services to the community.

McArthur, population 334, is located northeast of Fall River Mills and Mayers Memorial Hospital. McArthur is south of Big Lake.

Cassel, population 207, is located southeast of Four Corners and south of Crystal Lake.

Burney, population 3,000, is located southwest of Four Corners. Burney is southeast of Lake Margaret. Burney is considered a Disadvantaged Community.

Hat Creek, population 266, is located in eastern Shasta County along the Volcanic Legacy Scenic Byway. Hat Creek is south of Rising River Lake.

Old Station, population 64, is located along Highway 44, southeast of Sugarloaf Peak.

Several of these are considered Disadvantaged Unincorporated Communities (DUCs) based on income, and are shown on Figure 2.

### **Other Service Providers**

Several other service providers operate within the District. These include Fall River Valley Community Services District (CSD), Fall River Valley and Burney Fire Protection District (FPD), and Fall River Resource Conservation District (RCD).

The Fall River Valley CSD serves the communities of Fall River Mills and McArthur in Shasta County. The CSD provides water, wastewater, and parks and recreation services. The District's service area is approximately 1,350 acres and serves a population of 1,875. The District provides water and wastewater services to the hospital. This includes one water supply tap and two fire suppression taps (one recently added).

The Fall River Valley FPD is a combination of the public agencies of Fall River Mills FPD, the McArthur FPD, and the Northwest Lassen FPD. The Fall River Mills FPD serves a population of 610 across 23,986 acres. The This FPD provides fire protection and emergency medical

response. The McArthur FPD provides service to a population of 1,097 across 30,017 acres. The McArthur Volunteer Fire Department provide fire protection, rescue, and emergency medical response to the McArthur and Northwest Lassen communities.

The Burney Fire Protection District provides fire protection services, public education, fire preparedness, hazmat, low angle and confined space rescue, and emergency medical response to the 3,979 residents of Burney and the surrounding community of Johnson Park. The FPD's response area is 23,610, or 36.9 square miles.

The Fall River RCD falls in eastern Shasta County and parts of Siskiyou County, Lassen County, and Modoc County. The services offered by the District are wetland and riparian habitat restoration, habitat mitigation, and fire protection. The District's service area is approximately 1,167,246 acres and serves a population of 8,229.

Shasta County offers Public Health Services to the county community. The services they offer are birth and death certificates, child passenger safety education, medical professionals, public health laboratory, sexually transmitted diseases, public health nursing services, perinatal services, shots/immunizations, and syringe services program.

The Shasta Regional Medical Center provides medical services for Northern California. They offer emergency medicine, critical care, general/specialty surgery, cardiovascular service, neurosciences and orthopedic, and behavioral health services. They also offer outpatient support services that include a Diabetes Care Center, cardiac rehabilitation, pulmonary rehabilitation, Wound Care Center, and Health and Wellness Center.

The Burney Basin Mosquito Abatement District (BBMAD) covers the southwest portion of the District. BBMAD uses various control techniques to provide abatement of juvenile and adult mosquitos. These techniques help to control diseases potentially spread by mosquitoes and lessen the nuisance to the residents of BBMAD. It encompasses 77.15 square miles.

The Pine Grove Mosquito Abatement District (PGMAD) covers the northwest portion of the District. PGMAD performs mosquito control services over 210 square miles.

### **Growth and Population**

Fall River Mills and Burney are each Census Designated Places in Shasta County. According to the most recently available American Community Survey 5-year estimate (2019) the population to be 274, and the population for Burney is 3,965. The estimated District population is 7,856. Based on the estimated County growth rate, there could be a District population of over 8,000 by 2025.

### **Disadvantaged Unincorporated Communities**

According to 2019 ACS estimates, the Fall River Mills MHI is approximately \$41,417 and the Burney MHI is approximately \$45,875. This is 58% and 64% of the California MHI of \$71,228, respectively. This indicates that some portions of the District can be considered a DUC. Surrounding areas include the areas of Bieber and Adin. These communities are outside of the District, but within the SOI. Bieber has a 2019 MHI of \$42,692, 59% of the California MHI. Adin has a 2019 MHI of \$57,625, 80% of the California MHI. As such, some of the area

can be considered DUCs. When looking at future annexations for the District, DUCs outside of the District but in the SOI should be considered.

### **Municipal Services**

Mayers Memorial Healthcare District provides healthcare services to the communities of the Intermountain area in Shasta County, Big Valley area in Lassen County, and the southern corner of Modoc County. The District employs 249 employees. The following is an overview of services, based on District studies and assessments.

### **Healthcare**

The Mayers Memorial Healthcare District provides their community with general medical and surgical care for inpatient, outpatient, and emergency department patients. The District participates in the Medicare and Medicaid programs.

#### *Emergency/Acute Care*

The Acute Department provides care to medical or surgical patients of any age. They provide post-op care and instruction to surgical patients, care to Medicare patients requiring rehabilitation (Swing Beds), patient and family centered care, basic nursing care, treatment of respiratory conditions requiring continuous or intermittent oxygen via mask, cannula, or tent, pre and post-surgical care and monitoring, and convalescence and health restoration.

The Emergency Department provides care 24 hours a day. The Department is equipped to diagnose and treat specific injuries or illnesses.

#### *Mayers Rural Health Center*

The Mayers Rural Health Center offers chronic care management, health maintenance, immunizations, preventative medicine, well child/adult exams, sports, schools, physicals, women's health/family planning, and lab services.

#### *Outpatient Services*

The services offered by the Outpatient Department are cardiac rehab, imaging, laboratory, outpatient medical and wound care, retail pharmacy, physical therapy, respiratory therapy, and telemedicine services.

#### *Retail Pharmacy*

The Retail Pharmacy offers prescription medication, over the counter, gift, and other products.

#### *Skilled Nursing*

The Mayers Memorial Healthcare District's professional and technical service departments collaborate to provide nursing staff 24 hours a day. The nurses provide services at two locations. The Fall River Mills skilled nursing facility (SNF) has 33 Medicare Skilled Nursing and Long-Term-Care beds. The Burney facility has 49 Skilled Nursing and Long-Term-Care beds, and 22 are in the Alzheimer's Dementia Care Unit (ADCU).

*Surgical Services*

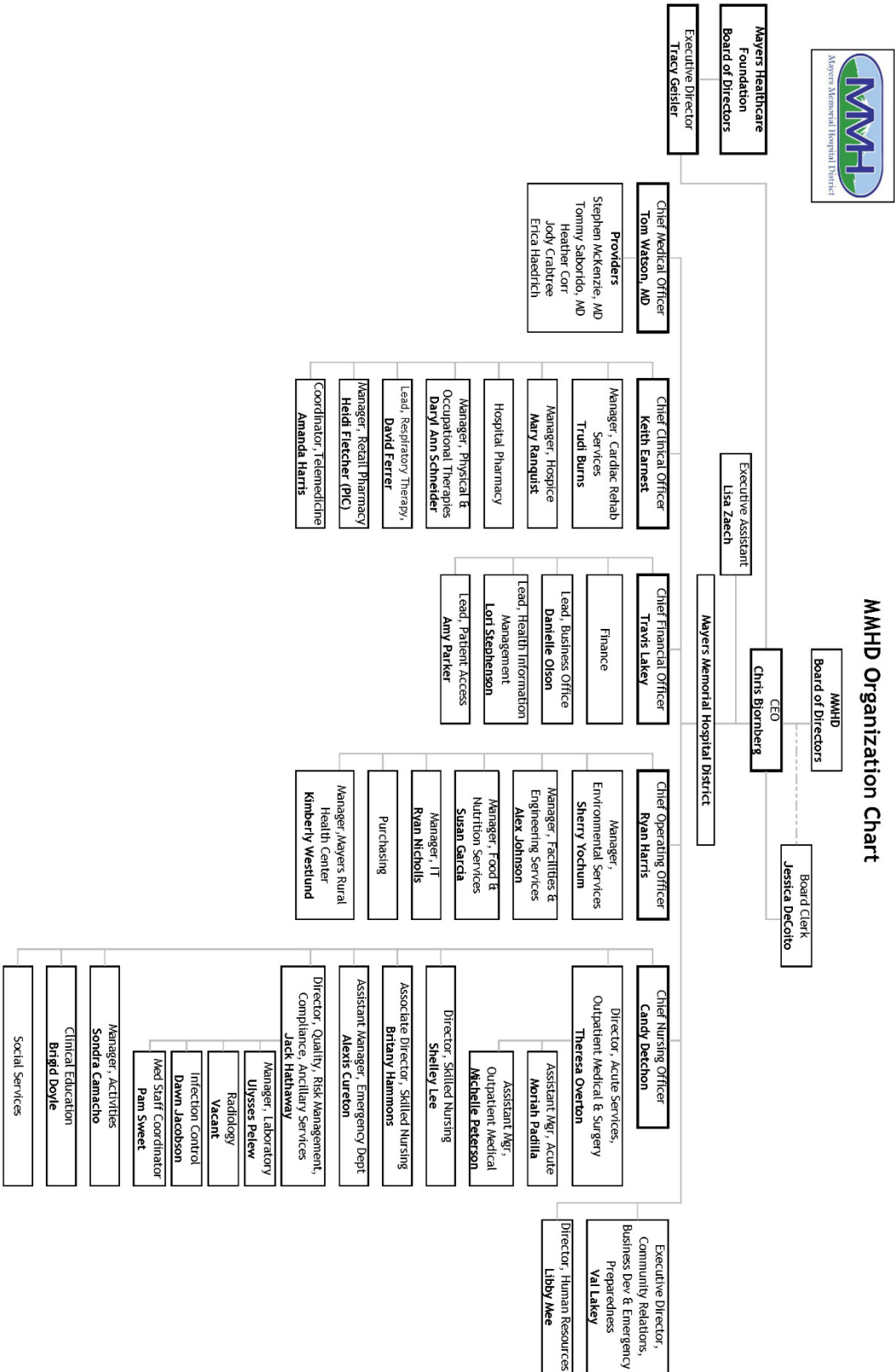
The Surgical Services Department offers services for operative and other invasive procedures and immediate postoperative care. This includes general surgery services, orthopedic, and endoscopic. The Department serves pediatric, adolescent, adult, and geriatric patients.

*Telemedicine Services*

The services offered through telemedicine are endocrinology, nutrition, pediatric gastroenterology, psychiatry, neurology, rheumatology, and infectious disease, such as Hepatitis C treatment.

The District Organizational chart is shown on the following page.

# Mayers Memorial Healthcare District Municipal Service Review & Sphere of Influence Update



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### **Organizational Analysis 2020 Excerpts**

*The District conducted an Organizational Analysis which presents District department information. This analysis is posted on the District website. Excerpts included below relate to community services, reflect on 2020 and discuss accomplishments, challenges, and goals. This document holds each department accountable to the Board of Directors and Chief Executive Officer (CEO).*

#### *Resources and Policies:*

- Workplace Violence plan evaluated annually and updated with new hospital wing completion.
- Resources are updated regularly on the website, Intranet and newsletter. Including:
  - Safety and disaster resources, including policies, the emergency operations plan, HICS forms, training links and the disaster call tree has been made available on the website for easy accessibility for employees.
  - Additional policies were written pertaining specifically to COVID.

#### *Facility:*

- Maps are being updated to include ancillary buildings and new hospital wing.
- Quarterly Newsletter has been developed
- MyEOP Emergency Preparedness App was developed and launched
- Emergency Preparedness Flip Charts, including COD information, were completed and placed in 20 different areas throughout the facility.

### **Goal**

Continue to be active in the Intermountain Preparedness Group and help to keep the community educated. *(Emergency Management: Safety and Disaster)*

### **Public Relations, Marketing & Advocacy**

This department oversees Communication, Image and Relations with staff, patients, businesses, organizations, legislators, schools and colleagues. Consistent messaging, branding and perception is planned strategically. The department is involved in all operations of MMHD and works closely with department managers and staff.

In addition to department services, transparency is a priority. As a district hospital, MMHD is required to maintain certain elements on the website regarding governance and general operating procedures. We also completed our recertification as a Certified Healthcare District through ACHD.

**Collaboration** – MMHD works with other rural hospitals to share ideas, tips and resources. This has been an effective way to make change and look at alternatives for our “relations” with the many target groups.

**Legislation and Advocacy** – The District tracks California legislative decisions that have potential rural healthcare impacts and communicates with legislators and advocacy groups. The District is represented on the Association of California Healthcare Districts

(ACHD) Advocacy committee. District staff has participated in CHA's Legislative Strategy Group representing rural facilities. Strategy on bills such as AB2537 and SB275 (PPE Bills), AB890 (Nurse Practitioner Bill) and SB758 (Seismic Bill) was developed by this committee. The committee meets regularly and often receives information "before it is information." The District contacts other rural facilities to gather input.

### **Goals**

- Continue to represent the needs of rural healthcare at all levels
- Continue to develop relationships with community organizations, the schools and other healthcare facilities. (*Public Relations, Marketing & Advocacy*)

### **Quality, Risk Management and Compliance:**

The District maintains and optimizes reporting to state and federal agencies, following the Hospital Consumer Assessment of Healthcare Providers and Systems, the national rating system the government uses to understand patient feedback. The District encourages community members to volunteer for the Quality Board. While still looking at outside certification.

### **Environmental Services**

The District maintains a Quality Improvement Plan as a tool for outlining facility cleanliness procedures.

### **Volunteer Services**

Volunteer Services is important to Mayers Memorial Hospital by providing needs and services to many areas. We rely on community volunteers for projects such as gardening, helping our Hospice department, working in our Thrift Store and Pharmacy Gift Shop, supporting us with fundraisers, as well as supporting activities staff in our Skilled Nursing department. There are many volunteer community members on the district and foundation boards. (*Volunteer Services*)

### **Strategic Plan**

The District has prepared a Strategic Plan, which outlines Board of Directors objectives by 2027. One of the Plan objectives is to keep the Board accountable to the public. The CEO is held accountable by the Board. The Board laid out the Plan expecting the CEO to implement it.

### **Objectives**

1. The District will be an active facility with the Joint commission (TJC) and achieve the joint commission's requirements by 2027. The District will increase the outpatient service line by increasing access to local specialty services. They will develop and implement a local healthcare discount voucher program.
2. The District will open a new wellness center which will include a Rural Health Clinic, Physical Therapy and cardiac space in the Intermountain area. They will update the skilled nursing facility living space and implement the plan to replace the kitchen and Acute facility at the Fall River campus, all by 2027.



3. By 2027, the District will provide and maintain staff growth opportunities, flexible and safe working arrangements, and reducing the use of registry staff to be seen as an employer of choice in the area.

4. The District will, by 2027, have tools in place to develop and forecast long-term expenditures. They will establish, implement, and operate a local healthcare voucher program.

### **Implementation**

The success of the plan requires departments' annual business plans that have operational objectives that align with the strategic plan objectives. During management/departmental meetings, the staff will be reminded of their essential contribution to the success of the strategic objectives. The District must regularly review operational plans and leadership scorecard goals and risk management plans and a culture of reporting risks. There needs to be open communication throughout the management ladder. The District's board and/or CEO must have regular staff communication in regards to Plan progress. The District will also need to implement an effective monitoring system.

### **Monitoring**

The CEO will report to the Strategic Planning Committee on progress of each objective at least every six months. The Committee will decide whether any issues need to be reported to the Board of Directors. Annually, the Strategic Planning Committee Board Members and the CEO will give an overall report on the progress of the Plan. The Board will decide if any changes in risk level and/or new risks are acceptable or not.

### **Evaluation**

The Board of Directors is responsible for evaluating the Plan's success. The Board, at a minimum, is scheduled to do this at the Plan's midway point in mid-2024. They will determine whether the plan still meets the needs of the Board and whether any changes need to be made. A final evaluation on the success of the Plan will be made at its end in 2027. That evaluation will be put into the next Strategic Plan as part of the President of the Board's statement.

### **Patient Care Policies Review**

Patient care policies are reviewed on a quarterly basis by the Policies and Procedures Committee. Standing members of the committee include a physician, the acute care director of nursing, the performance improvement director/coordinator, and a volunteer from the community.

## **District Boundary and Sphere of Influence**

The District Boundary and Sphere of Influence are shown on Figure 1. Disadvantaged Unincorporated Communities within the District and Sphere are shown on Figure 2.

Mayers Memorial Healthcare District  
Municipal Service Review & Sphere of Influence Update

Figure 1.

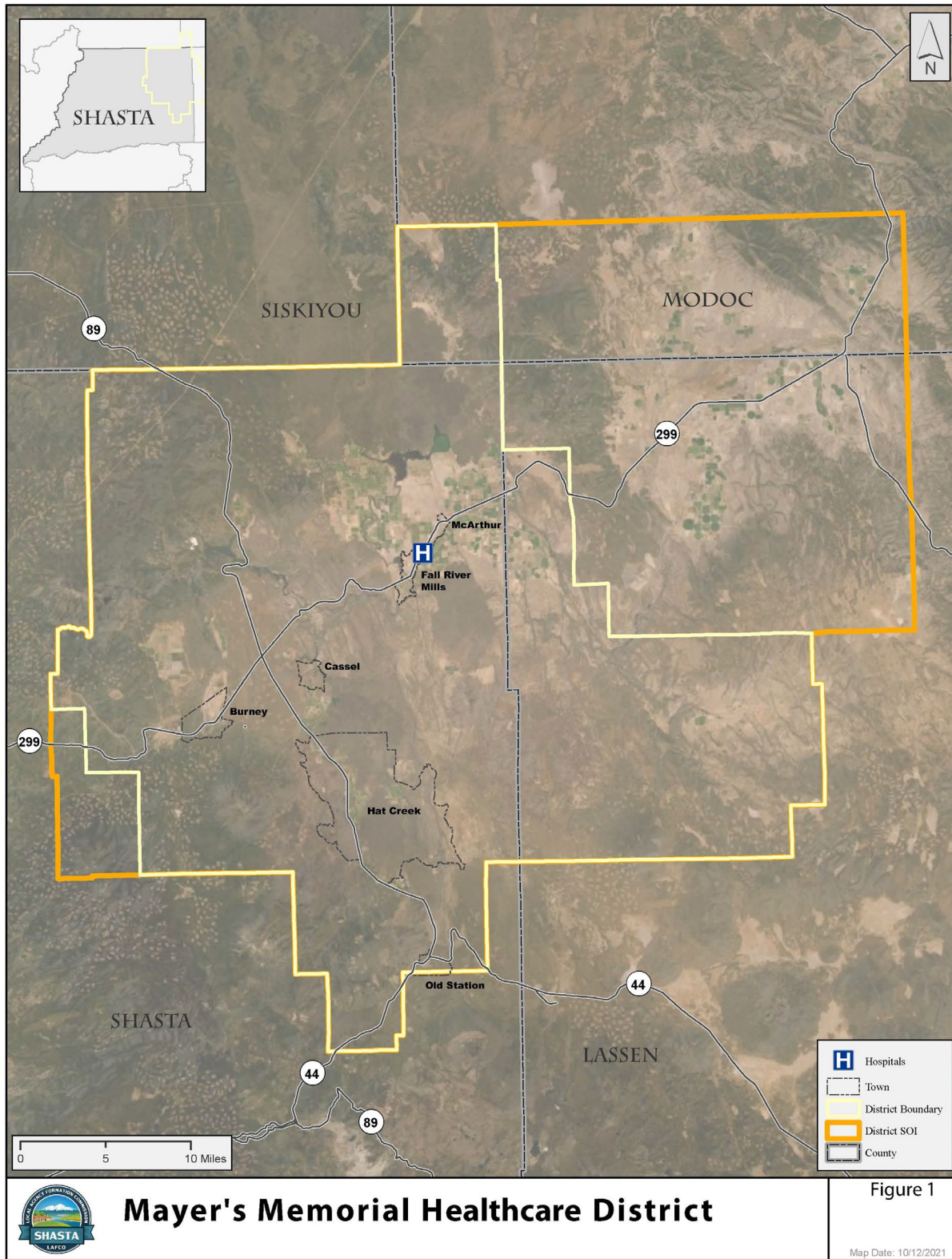
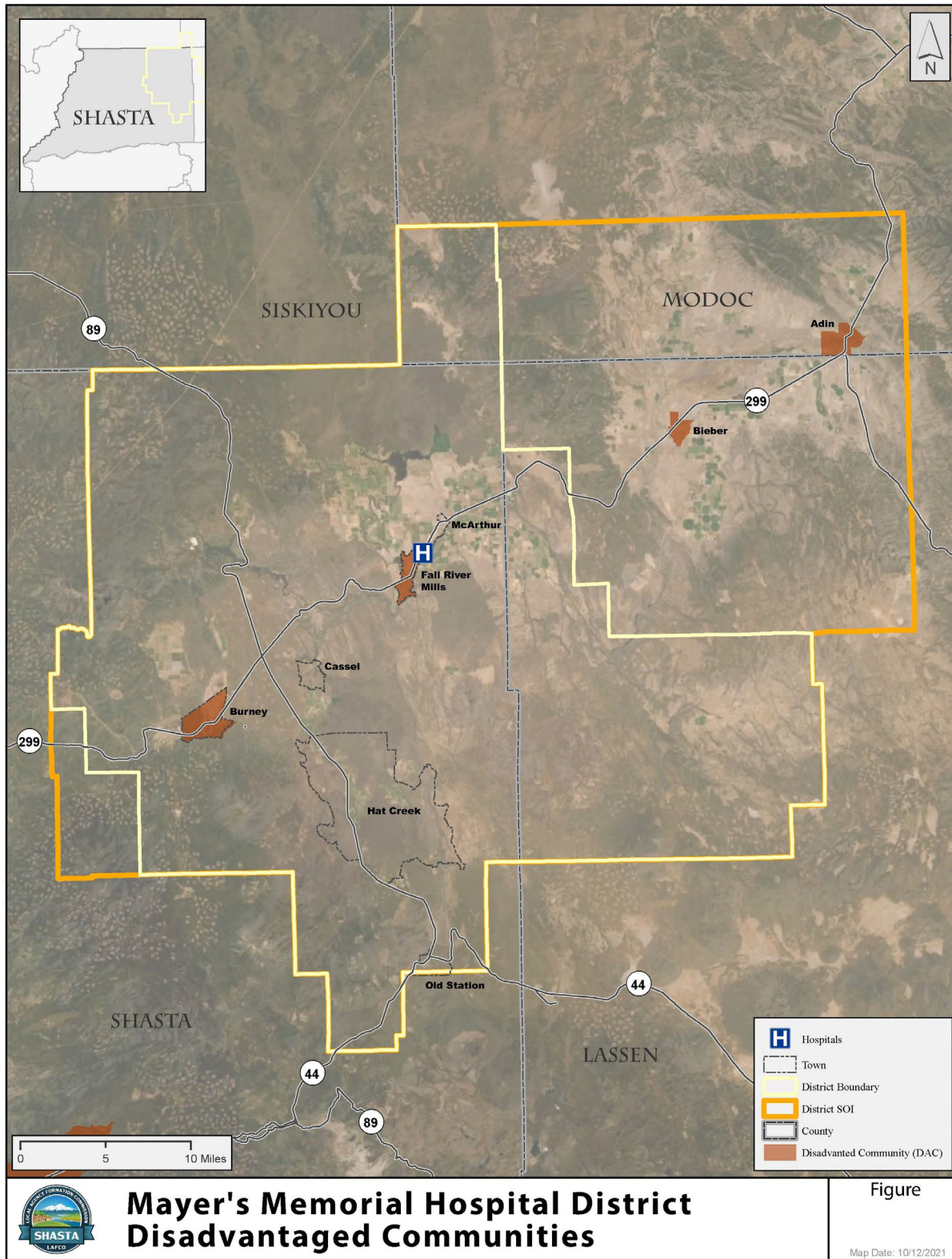


Figure 2.



**Mayers Memorial Healthcare District  
Municipal Service Review & Sphere of Influence Update**

**Financial Overview**

Table 2: Mayers Memorial Healthcare District Financial Summary

Budget	FYE 2020	FYE 2021	FYE 2022
<b>REVENUE</b>			
IP Nursing Service: Medical/Surgical	\$5,334,062	\$4,568,164	\$6,113,480
IP Nursing Service: Skilled Nursing	\$10,970,667	\$11,787,603	\$12,941,763
Ancillary Services: Inpatient	\$2,637,588	\$2,569,554	\$2,212,552
Ancillary Services: Outpatient	\$9,818		\$3,290
Ancillary Services: OP Services	\$22,615,750	\$22,409,702	\$25,180,644
<b>DEDUCTIONS FROM REVENUE</b>			
Contractual - Medicare/Medi-Cal	\$9,167,918	\$5,976,349	\$8,885,514
Contractual - PPO	\$1,429,312	\$1,429,312	\$2,883,439
Charity and Other Allowances	\$1,224,637	\$805,124	\$125,006
Admin Adjmts/Employee Discounts			\$1,181,821
Provision For Bad Debts	\$825,000	\$721,416	\$284,153
<b>OTHER OPERATING REVENUE</b>	<b>\$366,816</b>	<b>\$452,336</b>	<b>\$450,332</b>
<b>OPERATING EXPENSES</b>			
Productive Salaries	\$10,272,257	\$11,366,037	\$14,065,693
Non-Productive Salaries	\$1,210,427	\$1,356,408	\$1,694,130
Employee Benefits	\$3,214,000	\$3,286,597	\$3,994,585
Supplies	\$2,842,988	\$3,160,939	\$3,309,992
Professional Fees: Assorted Services	\$6,861,054	\$7,506,180	\$7,192,007
Repairs	\$382,321	\$302,521	\$298,370
Utilities	\$550,574	\$684,700	\$594,869
Insurance	\$243,330	\$289,395	\$398,857
Other	\$828,551	\$707,525	\$707,038
Depreciation	\$1,248,985	\$2,027,764	\$1,521,226
Bond Repayment Insurance	\$0	\$0	\$0
Bond Repayment Interest	\$214,930	\$683,410	\$232,124
Interest	\$14,318	\$28,275	\$62,285
Rental & Leases	\$108,160	\$42,692	\$160,698
<b>NONOPERATING REVENUES AND EXPENSES</b>			
District and County Taxes	\$952,688	\$1,150,750	\$871,088
Interest Income	\$0	\$160,942	\$170,634
Other Non-operating Expense/Rev	\$1,708,952	\$410,624	\$154,857
<b>NET EXCESS OF REVENUE</b>	<b>\$397,579,579</b>	<b>\$3,134,448</b>	<b>\$506,832</b>

Mayers Memorial Healthcare District is primarily funded through patient care. The majority of the District's revenue, approximately 29%, comes from their skilled nursing service. Based on adopted budgets, the District is able to operate with a surplus each fiscal year. The District has completed an audit for 2020.

*Debt*

The District currently has a General Obligation Bonds, 2011 Series A: Capital Appreciation in the amount of \$465,886 from 2011. The loan was acquired for upgrades to the District's property, other capital projects, and the costs of issuance of the bonds. In FY2019-20 the total amount of debt service was \$362,369. This is expected to decrease in the following fiscal years.

**Accountability and Governance**

As noted earlier, Mayers Memorial Healthcare District is governed by an independent Board of Directors elected to staggered 4-year terms (Table 3). Board meetings are typically held on the 4th Wednesday of the month at 1:00pm over Zoom unless otherwise noticed. The District maintains a website that is currently in compliance with state law regarding special district websites. Board meeting agendas are available at least 72 hours in advance and meeting minutes are available after adoption by the Board. Notices are also posted on the District's website, at the Hospital Lobby, and the Burney Annex.

**Table 3: Mayers Memorial Healthcare District Board of Directors**

<b>Member</b>	<b>Title</b>	<b>Term</b>
Jeanne Utterback	President	12/18 to 12/22
Tom Guyn	Director	12/20 to 12/24
Abe Hathaway	Director	12/20 to 12/24
Tami Vestal Humphry	Director	12/20 to 12/24
Beatriz Vasquez	Vice President	12/18 to 12/22

Budgets are approved annually by the Board of Directors which then establishes the scope of work and improvements that can be performed. Annual budgets and audits are available upon request to the District. Annual reporting is provided to the State Controller's Office per state law.

## **Municipal Service Review Determinations**

### **(1) Growth and population projections for the affected area**

- a) There are approximately 7,856 residents in the District.
- b) Based on an estimated growth for the Fall River Valley and Burney areas, there could be more than 8,000 residents in the District by 2025.

### **(2) The location and characteristics of any disadvantaged unincorporated communities within or contiguous to the sphere of influence**

- a) Communities in the District are considered DUCs, with a MHI below the statewide MHI. Surrounding areas in the SOI are also DUCs and should be considered when looking at extension of services and annexations to ensure communities have access to healthcare services.

### **3) Present and planned capacity of public facilities and adequacy of public services, including infrastructure needs or deficiencies**

- a) The District capacity is expected to increase to meet healthcare demands. This includes implementing their strategic plan, which calls for improved outpatient services by increasing access to local specialty services. A new wellness center is also planned.
- b) The District operates a broad range of rural healthcare services and maintains these services at both the Fall River Mills Hospital and the Burney clinic, to meet current community demand. The planned capacity will be increased with a new wellness center which will include a Rural Health Clinic.

### **4) Financial ability of agencies to provide services**

- a) The District conducts annual budgeting and maintains financial resources to provide healthcare services to this eastern Shasta and western Modoc region.

### **5) Status of and, opportunities for, shared facilities**

- a) Given the location, and absence of other Healthcare Districts in the County, there is little opportunity for shared facilities with other Districts, however there may be opportunities with other healthcare providers.

### **6) Accountability for community service needs, including governmental structure and operational efficiencies**

- a) The District has a five-member Board of Directors that meets monthly.
- b) The District maintains a website in compliance with state law where meeting agendas and minutes are posted regularly.

### **7) Any other matter related to effective or efficient service delivery.**

- a) None beyond those noted above.

## **Sphere of Influence Determinations**

In order to carry out its purposes and responsibilities for planning and shaping the logical and orderly development of local governmental agencies, to advantageously provide for the present and future needs of the county and its communities, the commission shall develop and determine the sphere of influence, as defined by GC § 56036, and enact policies designed to promote the logical and orderly development of areas within the sphere. In determining each local agency's SOI, the commission shall consider and prepare a written statement of its determinations with respect to the following:

**(1) Present and planned land uses in the area, including agricultural and open-space lands.**

- a) Land use surrounding the District is primarily resource lands and rural residential. These uses are expected to be maintained, with any residential development at very low density.

**(2) Present and probable need for public facilities and services in the area.**

- a) Public health care services needs will increase as Shasta and Modoc County populations increase. In addition, as average age of the population increases a larger percentage of retirement aged persons will require more health care services. This could include coordinating services with long term healthcare providers.

**(3) Present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide.**

- a) The District maintains space for physical therapy and cardiac services in the Intermountain area. They will be updating the skilled nursing facility living space and implementing a plan to replace facilities at the Fall River campus

**(4) Existence of any social or economic communities of interest in the area if the commission determines that they are relevant to the agency.**

- a) There are social or economic communities of interest in the SOI as shown in Figure 2, primarily in Modoc County. The Commission determines the Fall River Valley communities and overall District area is a unique social and economic community of interest.

**(5) For an update of a sphere of influence of a city or special district that provides public facilities or services related to sewers, municipal and industrial water, or structural fire protection, the present and probable need for those public facilities and services of any disadvantaged unincorporated communities within the existing sphere.**

- a) Not applicable.