

**East Kern Healthcare DISTRICT
DISTRICT PROFILE SUMMARY SHEET**

District Contact Person(s):
Gisela Schultz

Address:
PO Box 2546, California City, 93504

E-mail Address:
N/A

Website Address:
N/A

Date of Formation:
1978

Principal Act:
Health and Safety Code 32000, Division 23

Improvement District(s): _____YES NO

If yes, please indicate name and define area of service (include map).

Governing Body:
Board of Directors - appointed

Membership:
N/A

Public Meetings:
First Thursday of each month

SERVICES

Currently Authorized Powers (Services):

SERVICE	FUNCTIONS
Healthcare	Doctor is available

Latent Powers (Services) -- those services authorized by the Agency's principal act, but not activated through the LAFCO process:

SERVICE	FUNCTIONS
none	

Area Served: 1 Square Miles (in San Bernardino County)

Population: est. 300

Registered Voters: 54 As Of 1/9/2006 (Date)

Services Provided Outside Agency Boundaries:

SERVICE	PROVIDED TO WHOM	DATE OF CONTRACT	SUNSET DATE
none			

Special charges for service outside boundaries:

N/A

Special policies for providing service outside boundaries:

N/A

SPHERE OF INFLUENCE

Established: The District has no assigned sphere of influence within San Bernardino County. The District includes approximately one square mile in San Bernardino County. The service review is located in the north desert portion of San Bernardino County, and the District includes the community of Red Mountain and territory east and west of Highway 395.

LAFCO Number	Resolution No./ Date Adopted	Location

CHANGES:

LAFCO Number	Resolution No./ Date Adopted	Type Of Change	Location

BUDGETARY INFORMATION

	Actual 2001-02	Actual 2002-03	Actual 2003-04	Estimated 2004-05	Budgeted 2005-06
Expenditures				12,000/yr	12,000/yr
Capital/Fixed Assets					
Property Tax				12,000yr	12,000yr
User Fees					

A doctor is paid approximately \$1,000 per month by the Board.

The District receives about \$12,000/year in taxes from Kern County and receives no money or support for services from San Bernardino County.

MUNICIPAL SERVICE REVIEW

(Government Code Section 56430)

INTRODUCTION: The following provides an outline of the mandatory determinations for a municipal service review as set out in Government Code Section 56430. In addition it provides an explanation of the purpose of the determination and the issues to be considered. While no agency will be required to respond to each of the issues identified below, this list is intended to be illustrative of the scope of issues that might be relevant to a local agency service review. Please review the list and identify those issues that are relevant to your agency and develop narrative responses to each determination.

I. Infrastructure Needs and Deficiencies

Purpose: To evaluate the infrastructure needs and deficiencies of a jurisdiction in terms of capacity, condition of facility, service quality and levels of services and its relationship to existing and planned service users.

1. Capital Improvement Plans/Studies **N/A**
2. Water Service Plans/Studies
 - a) Supply and demand information **N/A**
3. Sewer Service Plans/Studies
 - a) Capacity and demand information **N/A**
4. Age and Condition of Facilities
 - a) Water supply and distribution system **N/A**
 - b) Wastewater collection and treatment **N/A**
5. Capacity Analysis
 - a) Number of service units available **N/A**
 - b) Number of service units currently allocated **N/A**
 - c) Total number of service units within agency boundaries **N/A**
6. Future Development
 - a) What additional infrastructure is needed? **None anticipated**
 - b) Description of additional facilities
 - c) How will it be funded?
 - d) Is there a schedule for improvement? **N/A**
7. Reserve Capacity
 - a) What is the policy? **N/A**

II. Growth and Population

Purpose: To evaluate service needs based upon existing and anticipated growth patterns and population projections.

1. Population Information

- a) Existing and projected within agency boundary (include identification of source for growth projection) **Roughly 300 persons within the San Bernardino County portion of the District**
- b) Existing and projected within sphere of influence (include source for growth projection) **No assigned sphere of influence within San Bernardino County**

2. General Plan

- a) Excerpts regarding existing and projected growth **N/A**
- b) Other **N/A**

3. Identify Significant Growth Areas **The District is in a rural area.**

III. Financing Opportunities and Constraints

Purpose: To evaluate factors that affect the financing of needed improvements.

1. Finance Plans for (provide copies of documents where necessary) include:

- a) Service upgrades **N/A**
- b) Capacity improvements **N/A**
- c) Revenue source **N/A**

2. Bond Rating **N/A**

3. Joint Financing Projects

- a) Does agency participate? **N/A**
- b) What are policies? **N/A**

4. Revenue Sources

- a) Identify **Revenue comes from Kern County tax allocation. The District receives no revenue from sources within San Bernardino County.**
- b) Can they be expanded? **The District receives roughly \$12,000 a year in taxes from Kern County, and no money from San Bernardino County. The District does not make money from the doctor visits.**

IV. Cost Avoidance Opportunities

Purpose: To identify practices or opportunities that may help eliminate unnecessary costs.

1. Overlapping/Duplicative Services **None. The District is the only provider of healthcare within its boundaries.**

2. Joint Agency Practices **N/A**

- a) Identify
- b) Reduce costs?

3. Rely on Other Agencies

- a) Administrative functions **N/A**
- b) Grant management **No grants are known.**

c) In-house cost vs. outside cost **N/A**

4. Growth Management Strategies

a) Strategies for directing growth **The District has no plans for growth**

b) Infill **N/A**

c) Conservation **N/A**

d) Annexation policies **N/A**

e) Policies related to providing service outside agency boundaries **N/A**

5. Level of Service

a) Meets or exceeds customer needs? **The District is the only provider of healthcare within its boundaries. If patients require care beyond basic medical attention, they must travel to a city.**

b) Customer satisfaction **Not known, since the District is the only provider of healthcare within its boundaries.**

6. Per-Unit Service Costs

a) Identify **The patients pay for their healthcare through insurance.**

b) Comparison with others **N/A**

V. Rate Restructuring

Purpose: To identify opportunities to positively impact rates without decreasing service levels.

1. Rate restructuring is considered by:

a) Use of consumer price index **The patients pay for their healthcare through insurance.**

b) Identify ways to compare rates **N/A**

2. Identify current rates and plans, if any, for rate changes **N/A**

VI. Opportunities for Shared Facilities

Purpose: To evaluate the opportunities for a jurisdiction to share facilities and resources to develop more efficient service delivery systems.

1. Shared Facilities

a) Existing – flood, parks, groundwater storage, etc. **The District utilizes a room in a Kern County building once a month for a half a day for the doctor visits.**

b) Future opportunities/options **N/A**

2. Duplication of Facilities

a) Existing duplication? **N/A**

b) Planned/future duplication? **N/A**

c) Excess capacity available to outside customers? **None**

d) Productivity ratings, if any, for staff **N/A**

VII. Government Structure Options

Purpose: To consider the advantages and disadvantages of various government structures to provide public services.

1. Agency Recommendation
 - a) Government structure options **The District provides the only healthcare in the area.**
 - b) Benefits to customers **The District provides the only healthcare in the area.**
2. Hurdles to Consolidation/Reorganization **N/A**
3. Recommended Options
 - a) Benefit to customers **N/A**
 - b) Services to be provided **N/A**

VIII. Evaluation of Management Efficiencies

Purpose: To evaluate whether organizational changes to governmental structure can be made to improve the quality of public services in comparison to cost.

1. Training Opportunities **N/A**
2. Staffing Levels **1 administrator**
3. Technology
 - a) Billing systems **None, since patients pay for the service through their insurance.**
4. Budget
 - a) Policies **The District has an adopted budget, the Board issues authorized payments except for small payments, and an attorney is present at all Board meetings.**
 - b) Policies for payment of stipend, benefits, travel, educational expenses of governing body **N/A**
 - c) Preparation/public involvement **Meetings are open to the public.**
 - d) Analysis – revenues/reserves/expenditures **The District reviews their financial statements each year in accordance with law.**
5. Joint Powers Agreements
 - a) Identify and describe **N/A**

IX. Local Accountability and Governance

Purpose: To evaluate the accessibility and levels of public participation associated within the agency's decision-making and management processes.

1. Governing Body
 - a) Selection process **Board members are appointed**
 - b) Representation (Districts, area-wide) **N/A**
 - c) Frequency of meetings **Once a month on the 1st Thursday**

- d) Brown Act compliance **Meetings are open to the public and an attorney is present at each Board meeting**
- e) Number of elections over last decade **N/A**

- 2. Customer Feedback
 - a) Surveys **N/A**
 - b) Complaint tracking **N/A**

- 3. Access
 - a) Hours **The administrator works as needed.**
 - b) Newsletters **N/A**
 - c) Website **N/A**
 - d) Media coverage **N/A**
 - e) Cable/public access TV

- 4. Regular Progress Reports
 - a) Budget – major projects **The District has an adopted budget and progress reports are made quarterly.**
 - b) Operations **N/A**
 - c) Voter participation **N/A**

**MANDATORY FIVE YEAR
SPHERE OF INFLUENCE REVIEW**
(Government Code Section 56425)

RECEIVED
NOV 17 2005

LAFCO
San Bernardino County

INTRODUCTION: The questions on this form are designed to obtain data about the entity's existing sphere of influence to allow the Commission and its staff to begin to assess the mandated sphere update process. You are encouraged to include any additional information that you believe is pertinent to the process. Use additional sheets where necessary and/or include any relevant documents.

1. NAME OF AGENCY:

EAST KERN HEALTHCARE DISTRICT

2. Provide an identification of the entities that provide service to your agency. Please indicate whether they are public or private entities and include subsidiary districts in this description. Please include a description of City or District-governed agencies (i.e., redevelopment agency, development corporations, joint powers authorities, improvement districts, etc.):

NONE

3. Provide a narrative description of anticipated alterations in the agency's current sphere of influence that should be considered in this review. This identification should include any potential development that would require a sphere of influence amendment for implementation, etc. (If additional room for response is necessary, please attach additional sheets to this form.)

NO CHANGE

DISTRICT INCLUDES
ONLY 1 SQ. MILE AREA
IN S. B. COUNTY

4. **CITIES:** Provide an outline of negotiations with the County of San Bernardino related to any sphere change anticipated. Please include an outline of agreements on boundaries, development standards, zoning requirements, if any. This is required pursuant to Government Code Section 56425(b).

5. **CITIES:** Provide an outline of the dates for adoption and plans for update, if any, for:

General Plan _____

Elements if adopted separately

NAME

DATE OF ADOPTION/UPDATE PLANS

_____	_____
_____	_____
_____	_____
_____	_____

6. **CITIES/SPECIAL DISTRICTS:** For the services provided by the agency identify the appropriate document below and provide an outline of the date of adoption, schedule for update, copy of the document and copy of environmental document, if applicable:

Master Plan for Water Utility	_____	N/A
Master Plan for Sewer Utility	_____	N/A
Master Plan for Fire Service	_____	N/A
Master Plan for Park Service	_____	N/A
Urban Water Management Plan	_____	N/A

(with copy of certification from Department of Water Resources)
 Other (Please name):

7. **SPECIAL DISTRICTS:** Provide an outline of the following items related to the services provided by the District. This response is specifically required by Government Code Section 56425(h) et seq.

a) Provide a written statement specifying the functions and/or classes of service provided by your District.

b) DISTRICT CONTRACTS WITH A PHYSICIAN TO PROVIDE MEDICAL SERVICES TO PEOPLE RESIDING IN THE JOHANNESBURG/RANDBURD COMMUNITIES OF KERN COUNTY AND RED MOUNTAIN RESIDENTS OF SAN BERNADINO COUNTY BECAUSE OF SMALL POPULATION, NO ADDITIONAL SERVICES ARE PLANNED.

c) Provide a written description of the nature, location and extent of the functions and/or classes of service outlined above. Where the service area is less than the boundaries of the District provide a map depiction of the location.

SERVICES ARE THOSE AS MAY BE EXPECTED AT A PHYSICIAN'S OFFICE, WITH ATTENDANT LIMITATIONS DUE TO THE LACK OF DIAGNOSTIC IMAGING EQUIPMENT.

SERVICES ARE PROVIDED IN THE JOHANNESBUR COMMUNITY CENTER ON AMONTHLY BASIS.

d) Provide a brief outline of master plans adopted for each of the services listed above including a summary of their findings and the date of their adoption. If master plans are required to be filed with a County, State or Federal agency please note the date of their acceptance. Provide a copy of the master plans with this document if not previously

provided to the LAFCO staff office including a copy of the environmental determination associated with the document.

NO MASTER PLAN.. AVAILABILITY OF SERVICES DEPENDING ON PROVIDER'S CONTINUED WILLINGNESS TO TRAVEL TO JOHANNESBURG.

8. Provide a response to the four factors outlined in Government Code Section 56425 required for a sphere of influence review outlined as follows:

a) The present and planned land uses in the area, including agricultural and open-space lands.

MOSTLY RURAL, UNDEVELOPED LAND WITH ISOLATED RESIDENTS.
MINING INDUSTRY

b) The present and probable need for public facilities and services in the area.

NONE FORESEEN BECAUSE OF LIMITED POPULATION. DO NOT EXPECT DEVELOPMENT

c) The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide.

THE KERN COUNTY COMMUNITY BUILDING IS NOT DESIGNED FOR HEALTH RELATED SERVICES, AND THEREFORE DOES NOT MEET THE STANDARDS OF FACILITIES THAT ARE DESIGNED FOR SUCH SERVICE. HOWEVER, IN LIGHT OF THE VERY SMALL POPULATION AND SMALL NUMBER OF PATIENTS IN A VERY REMOTE AREA, THIS IS THE BEST WE CAN DO. ALSO, AS STATED BEFORE, CONTINUITY OF SERVICE – EVEN IF A DEDICATED FACILITY WERE AVAILABLE – DEPENDS ON THE WILLINGNESS OF A PROVIDER TO TRAVEL TO THE AREA. UNTIL OUR DISTRICT WAS ABLE TO CONTRACT WITH A PHYSICIAN TO MAKE A MONTHLY TRIP TO THE AREA, THE NEAREST AVAILABLE MEDICAL SERVICES OF ANY KIND COULD BE FOUND IN CALIFORNIA CITY (ALSO VERY LIMITED SERVICE) AND IN RIDGECREST (HOSPITAL, SPECIALISTS) THIS IS MOSTLY AN ELDERLY AND INDIGENT POPULATION FOR WHOM THE 30 – 45 MILES DRIVE - EVEN IF THEY HAVE TRANSPORTATION – IS A HARDSHIP.

d) The existence of any social or economic communities of interest in the area.

SOME MINING ACTIVITY, BUT MOSTLY RURAL. VERY LIMITED COMMERCIAL .

CERTIFICATION

I hereby certify that the statements furnished above and in the attached supplements, exhibits, and documents present the date and information required for this mandatory review to the best of my ability, and that the facts, statements, and information presented herein are true and correct to the best of my knowledge and belief.

DATE: NOVEMBER 8, 2005

Signature of Official



GISELA SCHULZ

Printed Name

ADMINISTRATOR

Title