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Bear Valley Healthcare

DISTRICT

3136

DISTRICT PROFILE SUMMARY SHEET

LAFCO  
San Bernardino County

District Contact Person(s):

Vi Colunga, CEO

Address:

41870 Garstin Drive

Big Bear Lake, CA 92315

E-mail Address:

vi.colunga@bvchd.com

Website Address:

www.bvchd.com

Date of Formation:

March 23 1970  
(23)

Principal Act:

Local Health Care District Law, Health and Safety Code 32000 et seq.

Improvement District(s):  YES  NO

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

Governing Body:

Elected Board of Directors (5)

Membership:

Ronald Peavy (President)

Chris Fagan, MD (1st Vice President)

Bill Spoyers (2nd Vice President)

Kathy Bauch (Secretary)

Brad Summers (Treasurer)

Public Meetings:

Board Mtgs - (Generally 4th Tuesday of month)

Finance Committee (3rd Wednesday of month)

Human Resource Comm. (Qrtly)

Planning Comm. (Once/month)

## SERVICES

Currently Authorized Powers (Services):

SERVICE	FUNCTIONS
Hospital	Acute and continual medical care, hospital administration, 24-hour emergency room service
	Distinct Part Nursing Unit (SWF)
	(2) Rural Health Clinics

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

SERVICE	FUNCTIONS
N/A	

Area Served: 125 Square Miles / 80,000 Acres

Population: 20,555 (2000 census)

Registered Voters: 10,055 As Of 2008 (Date)

Services Provided Outside Agency Boundaries: N/A

SERVICE	PROVIDED TO WHOM	DATE OF CONTRACT	SUNSET DATE

Special charges for service outside boundaries: N/A

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\_\_\_\_\_

Special policies for providing service outside boundaries: N/A

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## SPHERE OF INFLUENCE

Established:

LAFCO Number	Resolution No./ Date Adopted	Location
<b>1281</b>	<b>Resolution 897 – 12/27/72</b>	

CHANGES:

LAFCO Number	Resolution No./ Date Adopted	Type Of Change	Location
2799	Reso #2510 – 4/17/96	Sphere Expansion	

MUNICIPAL SERVICE REVIEW

**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. Growth and Population**

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

1. Population Information (include identification of source for growth projection)
  - a) Existing and projected within agency boundary - 20,555 -
  - b) Existing and projected within sphere of influence (not to include area within agency's boundaries) 1.8% Increase
2. General Plan
  - a) Excerpts regarding existing and projected growth (see above)
  - b) Other
3. Identify Significant Growth Areas - n/a

**II. Present and planned capacity of public facilities and adequacy of public services, including infrastructure needs or 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 present and planned capacity. (Provide copies of documents where necessary).

1. Capital Improvement Plans/Studies (see attached budget)
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 - (40 years) - good condition
  - a) Water supply and distribution system
  - b) Wastewater collection and treatment } n/a
5. Capacity Analysis
  - a) Number of service units available 30 beds (licensed per State of California)
  - b) Number of service units currently allocated

- c) Total number of service units within agency boundaries - (see Attachment)
- d) Total number of service units outside agencies boundaries. Are there out-of-agency contracts? Is the out-of-agency rate different than the in-agency rate for service?

6. Future Development

- a) What additional infrastructure is needed? - (Seismic Mandates)
- b) Description of additional facilities - none
- c) How will it be funded? - Budget Capital
- d) Is there a schedule for improvement? (on-going)

7. Reserve Capacity

- a) What is the policy? - Interfacility Agreements
- b) Are there inter-ties with other agencies? ↙

III. Financial ability to provide services

Purpose: To evaluate factors that affects the financing of providing services and needed improvements. To identify practices or opportunities that may help eliminate unnecessary costs. (Provide copies of documents where necessary).

- 1. Finance Documents/Plans for: (See attached Audits + Budget)
  - a) Two most recent adopted budgets
  - b) Two most recent completed audits
  - c) Service upgrades
  - d) Capital improvements
- 2. Bond Rating - AAA as of 2008
- 3. Revenue Sources - State - Federal - HMO/PPO payor contract  
Private Pay -
  - a) Identify
  - b) Can they be expanded?
- 4. Major Expenditure Categories (See attached capital budget)
  - a) Identify
  - b) What methods are used to control costs?
- 5. Joint Financing Projects - No
  - a) Does agency participate? If so, what are they?
  - b) What are the policies?
  - c) Please provide a copy of the agreement.
- 6. Overlapping/Duplicative Services - No
- 7. Rely on Other Agencies
  - a) Administrative functions - Audits and legal council
  - b) Grant management - Hospital Staff
  - c) In-house cost vs. outside cost

8. Per-Unit Service Costs *Case (Charge Master)*  
a) Identify *based on case by case according to*  
b) Comparison with others *DRG system.*

9. Identify current rates and plans. Please identify any planned rate changes..  
*Charge Master - Based on industry rates and/or*  
*unassociated rates with payors.*

**IV. Status of, and 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 *N/A*  
a) Existing – flood, parks, groundwater storage, etc.  
b) Future opportunities/options
2. Duplication of Facilities *N/A*  
a) Existing duplication?  
b) Planned/future duplication?  
c) Excess capacity available to outside customers?  
d) Productivity ratings, if any, for staff

**V. Accountability for community service needs, including governmental structure and operational efficiencies**

Purpose: To evaluate the accessibility and levels of public participation associated within the agency's decision-making and management processes, to consider the advantages and disadvantages of various government structures to provide public services, and to evaluate whether organizational changes to governmental structure can be made to improve the quality of public services in comparison to cost.

1. Budget - *Based on MOLU District Law and Board By laws.*  
a) Policies  
b) Policies for payment of stipend, benefits, travel, educational expenses of the governing body  
c) Preparation/public involvement - *Public Board meetings*  
d) Analysis – revenues/reserves/expenditures *On-going budget reviews.*
2. Governing Body  
a) Selection process - *Election Process*  
b) Representation (Districts, area-wide)  
c) Frequency of meetings - *1 X/month*  
d) Brown Act compliance. *yes*  
e) Number of elections over last decade - *Term is 4 yrs.*
3. Level of Service  
a) Meets or exceeds customer needs? *meets*  
b) Customer satisfaction  
i) Surveys (*yes → Through HCAPS*)  
ii) Complaint tracking - *yes - Beta Health*

4. Customer/Community Access

- a) Hours - 24/7
- b) Newsletters - yes
- c) Website - yes
- d) Media coverage - yes
- e) Cable/public access TV - yes - CH-6 (Local)

5. Regular Progress Reports

- a) Budget - major projects
  - b) Operations
  - c) Voter participation
- Yes (At public board meetings once per month)

6. Does the agency recommend any government structure options (consolidation, reorganization, status quo)? No

- a) Benefit to customers
- b) Services to be provided
- c) What would the hurdles be to consolidation/reorganization?

7. Does the agency have strategies or policies for future service delivery?

- a) Strategies for directing growth
- b) Infill
- c) Conservation
- d) Annexation policies
- e) Policies related to providing service outside agency boundaries

8. Operational Efficiencies

- a) Staffing Levels (As required by state law)
- b) Technology (e.g. billing systems) yes
- c) Joint Powers Agreements - no

- No
- i) Identify and describe
  - ii) Please provide copy of agreement
  - iii) Generally describe service area
  - iv) Describe any specific policies related to the agreement

# MANDATORY FIVE YEAR SPHERE OF INFLUENCE UPDATE

**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: Bear Valley 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.):

- Big Bear City Ambulance
- Big Bear Lake Fire Department
- BB+k - Legal Council
- Audits - TCA - Partners
- Red Phillips, CPA - Cost Reports
- Team Health - Emergency Room Physicians
- Ameri-Net - Medical Supplies

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.) N/A

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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).

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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	
Master Plan for Fire Service	
Master Plan for Park Service	
Urban Water Management Plan (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(i) et seq.

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

Healthcare in the following:

- ① Emergency Room
- ② Rural Health Clinics - Primary Care
- ③ 9 beds for Acute Care
- ④ 21 beds Skilled Nursing Facility
- ⑤ Radiology - Ultra Sound - CAT Scans
- ⑥ Lab ⑦ Pharmacy (in-house)

b) 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.

① Hospital	② Family Health Clinic (RHC)
41870 Garstin Dr	370 Summit Blvd.
Big Bear Lake, CA 92315	Big Bear Lake, CA 92315
	③ Rural Health Clinic
	816 West Big Bear Blvd.
	Big Bear City, CA 92314

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- c) 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.

N/A

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- 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.

San Bernardino County land use designated  
and City of Big Bear Lake and Big Bear City.

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

Meeting Seismic Mandates

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

Licensed as a 30 bed hospital with  
(2) Rural Health Clinics  
Adequate for Community needs

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

City	Big Bear Lake	Zip Code	92315
	Big Bear City	"	92314
	Fawnskin	"	92333
	Williams Lake		92314
	Baldwin Lake		92314
	Sugarleaf	"	92386

**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: 3/26/09



Signature of Official

Colunga

Printed Name

CEO

Title