

| VENDOR                             | MEMO LINE   | AMOUNT                         |
|------------------------------------|---|--------------------------------|
| Aleshire & Wynder                  | 2025-0301 to 0331<br>General Retainer, \$1,284.00<br>Retainer Excess, \$1,840.80                            | \$3,124.80                     |
| City of California City - Water    | Acct # 101730.03. 8101 Bay Ave., \$70.00<br>Acct # 103347.01, 9300 N Loop, \$327.60                         | \$397.60                       |
| Golden Hills IT                    | 2025-0502, Inv 3403   | \$2,337.30                     |
| Kern EDC                           | 2025-0423, Inv. 10031<br>Kern EDC Economic Summit for Director Macedonio                                    | \$100.00                       |
| Luciano Miranda                    | 2025-0505, no inv #<br>Maintenance for North Loop Clinics for April 2025                                    | \$500.00                       |
| Mobile Modular                     | 2025-0413, Inv. 270096  | \$925.00                       |
| South Street Digital               | 2025-0417, Inv 16323<br>Director Business Cards   | \$218.92                       |
| Regional Government Services (RGS) | 2024-1231, Inv 17980, Outreach, \$976.84<br>2024-1231, Inv 17979, Transparent Gov, \$2,426.72               | \$3,403.56                     |
| Royten, Shauna                     | 2025-0305, Starbucks Reimbursement, \$7.25<br>2025-0304, Gloria's Mexican Restaurant Reimbursement, \$40.00 | \$47.25                        |
| Southern California Gas Co         | 2025-0313 to 0411, 049 013 9910 7<br>9300 N Loop  | \$206.20                       |
| WM/Waste Management                | 2025-0401 to 0430, Inv. 3960784-4808-3  | \$420.87                       |
| Western Pacific Roofing Corp.      | 2025-0402, Inv 400300, \$910.00<br>2025-0411, Inv. 400300, \$333.00<br>9278 & 9300 N. Loop, Change Order    | \$1,243.00                     |
|                                    |   | 12 Items,<br>Total \$12,924.50 |



| VENDOR | MEMO LINE               | AMOUNT               |
|--------|-------------------------|----------------------|
|        |                         |                      |
| Zoom   | 2025-0425, Inv302730017 | \$25.99              |
|        |                         |                      |
|        |                         |                      |
|        |                         |                      |
|        |                         | <b>1 Item,</b>       |
|        |                         | <b>Total \$25.99</b> |
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# MISCELLANEOUS GOVERNMENT SERVICES

## SPHERES OF INFLUENCE & MUNICIPAL SERVICE REVIEWS

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Agenda Item 4.3

EKHCD Agenda Packet, Part 2 Page 48 of 67

# **Municipal Government Services**

## **Spheres Of Influence & Municipal Service Reviews**

Report to the  
Local Agency Formation Commission  
For Los Angeles County

Submitted to:

**LAFCO for Los Angeles County**

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Submitted by:

**LAFCO Staff**

Sandor L. Winger, Deputy Executive Officer  
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**Adopted  
June 23, 2004**

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# **INTRODUCTION**

## **Abbreviated Miscellaneous Government Services Providers**

### **Sphere Of Influence & Municipal Service Review**

Effective January 1, 2000, Local Agency Formation Commissions (LAFCO) are required to conduct reviews of municipal services provided by local agencies when updating Spheres of Influence.

Pursuant to Section 56430 of the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (LAFCO Act):

(a) In order to prepare and to update spheres of influence in accordance with Section 56425, the commission shall conduct a service review of the municipal services provided in the county or other appropriate areas designated by the commission.

(b) In conducting a service review, the commission shall comprehensively review all of the agencies that provide the identified service or services within the designated geographic area.

(c) The Commission shall conduct a service review before, or in conjunction with, but no later than the time it is considering an action to establish a sphere of influence...or to update a sphere of influence...

Although service reviews may not directly change how services are provided, they are intended to furnish affected agencies, the public, and LAFCOs with a tool to understand public services conditions.

### **Review Parameters**

The statute does not specifically prescribe which agencies and what service(s) are subject to municipal services reviews. Likewise, the statute does not dictate whether reviews are to be service based or agency based. Therefore, it is left to each LAFCO to establish review parameters.

In determining the parameters for their reviews, LAFCO considered a number of factors; the prevailing definitions of municipal services, the agencies that are subject to sphere of influence determinations, and certain characteristics of local governments and the services they provide, which would support their inclusion or exclusion from the services review matrix.



### **Services Subject to Review**

LAFCO has concluded that the answer to the question of which services are subject to review lies in the origin of the services review requirement. The legislatively-established Commission on Local Governance for the 21<sup>st</sup> Century (the Hertzberg Commission) recommended that LAFCOs prepare reviews of municipal services provided by local governmental agencies. In their final report, entitled Growth Within Bounds, the Hertzberg Commission identifies the following as the principal “municipal services”:

1. Police and fire protection
2. Streets and traffic circulation
3. Water and sewer
4. Power generation and distribution
5. Storm water drainage
6. Solid waste collection, and
7. Land use planning

The Hertzberg Commission further identified water, sewer, power, streets, and roads as major “backbone” services and infrastructure necessary to accommodate the growth and development expected to occur in the future.

In the opinion of many LAFCO’s other “miscellaneous” governmental services such as parks and recreational facilities, street lighting, mosquito abatement, library buildings and services, transportation services, ambulances and airport operations may be desired in a community, and may enhance the standard of living and “attractiveness” of an area, these are neither mandated services nor, from the LAFCO perspective, would the presence or absence of these “non-essential” services necessarily be the determining factor in a LAFCO future sphere of influence and/or annexation decision. Therefore, this LAFCO has determined that the services subject to municipal services reviews shall be: Police Protection, Fire Protection, Streets and Traffic Circulation, Water Storage, Treatment and Distribution, Waste Water Collection, Treatment and Disposal, Power Generation and Distribution, Solid Waste Collection and Disposal, Storm and Water Drainage.

### **Agencies Subject to Abbreviated MSR Review**

LAFCO has concluded that the following local agencies in Los Angeles County provide services which are municipal in nature, and, as such are subject to the services review requirement per Government Code Section 56430:

1. County of Los Angeles
2. Cities
3. Water Districts
4. Fire Protection Districts

Conversely, LAFCO has concluded that while the cemetery districts, community services districts, garbage disposal districts, health care districts, mosquito abatement and vector control districts, library districts, recreation and park districts, and resource conservation

districts in Los Angeles County are subject to a sphere of influence determination, these types of districts do not provide services that are classified as essential municipal services. Therefore, it is the position of this LAFCO that these “Non-Essential Districts” and the services that they provide will be subject to an abbreviated municipal review. However, these agencies will be reviewed to determine the compliance level with the four (4) elements of growth required by Code Section 56425, as follows:

1. The present and planned land uses in the area, including agricultural and open-space lands.
2. The present and probable need for public facilities and services in the area.
3. The present capacity of public facilities and adequacy of public services that the agency provides or is authorized to provide.
4. The existence of any social or economic communities of interest in the area if the commission determines that they are relevant to the agency.

The following are the Dependent and Independent Special Districts to be reviewed:

|   |  |
|---|--|
| <p><b><u>Cemetery Districts</u></b><br/>           Artesia<br/>           Downey<br/>           Lancaster<br/>           Little Lake<br/>           Wilmington</p> <p><b><u>Community Services District</u></b><br/>           Bradbury Estates<br/>           Pasadena Glen<br/>           Point Dume</p> <p><b><u>Garbage Disposal Districts</u></b><br/>           Athens-Woodcrest-Olivita<br/>           Belvedere<br/>           Firestone<br/>           Lennox<br/>           Malibu<br/>           Mesa Heights<br/>           Walnut Park</p> <p><b><u>Health / Hospital Districts</u></b><br/>           Antelope Valley<br/>           Beach Cities</p> | <p><b><u>Mosquito Abatement and Vector Control Districts</u></b><br/>           Antelope Valley Mosquito &amp; Vector Control<br/>           Compton Creek Mosquito Abatement<br/>           Greater Los Angeles County Vector Control<br/>           Los Angeles County West Vector Control<br/>           San Gabriel Valley Mosquito and Vector Control</p> <p><b><u>Library Districts</u></b><br/>           Altadena<br/>           Palos Verdes</p> <p><b><u>Recreation and Park Districts</u></b><br/>           Miraleste<br/>           Ridgecrest Ranchos<br/>           Westfield</p> <p><b><u>Resource Conservation Districts</u></b><br/>           Antelope Valley<br/>           Santa Monica Mountains</p> |
|---|--|



# CHAPTER IV HOSPITAL DISTRICTS

Antelope Valley  
Beach Cities



## CHAPTER IV: Health Care / Hospital Districts

### Enabling Act

(Health and Safety Code 32000 *Et Seq.*)

**Note:** Any reference in any statute to a hospital district is deemed to be a reference to a health care district (Health and Safety Code § 32000).

#### Formation

The formation process is initiated by a petition signed by registered voters residing in the proposed district equal to 12% of the voters registered within the boundaries of the proposed district 30 days prior to the filing of the petition. There is no provision for initiation by resolution (Health and Safety Code 32003). No hearing upon the petition to form a health care district shall be held until it has been certified with the appropriate voluntary area health planning agency.

Upon the filing of an application for the formation of, annexation to consolidation of or dissolution of a hospital district, or the initiation by the Commission of any of these changes of organization or reorganization, the Commission shall notify all state agencies that have oversight or regulatory responsibility over, or a contractual relationship with, the hospital district that is the subject of the proposed change of organization or reorganization. Referral agencies shall have 60 days from the date of receipt of notification to comment on the proposal. For a listing of agencies to be notified, refer to Government Code Section 56131.5.

After the formation proceedings have been initiated, LAFCO must conduct a noticed public hearing. After hearing public testimony, the Commission may either; approve, modify, or deny the proposed formation. If it is approved, the Commission also will adopt terms and conditions for the formation, and establish a sphere of influence for the new district. Then the proposed formation is scheduled for a conducting authority hearing where no further modifications may be made.

The following territory may be included within the proposed boundaries of a health care district (Health and Safety Code 32001):

1. Contiguous or noncontiguous territory, but territory of a city may not be divided; and
2. Unincorporated or incorporated territory.

#### Governing Body

The governing body, which is established by law to administer the operation of a health care district, is composed of an elected five-member board of directors. This five-member board of directors may be increased to seven members in any district that

provides at least 225 hospital beds, if such measure is approved by a majority of the registered voters of the district (Health and Safety Code 32100 & 32100.01).

If formed pursuant to a consolidation or reorganization of two or more districts into a single district, LAFCO may increase the number of directors of the consolidated district.

### **Functions**

The specific powers that the board of directors may exercise are to establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or services, including but not limited to: outpatient programs, services and facilities; retirement programs; chemical dependency programs, services and facilities, or other health care programs, services and facilities; activities at any location inside and outside the district for the benefit of the district and people served by the district; to acquire, maintain, and operate ambulance, or ambulance services inside and outside the district; and to establish a nurses' training school, or a child care facility for the benefit of employees of the hospital or residents of the district (Health and Safety Code 32121).

In addition to these specific powers, the board of directors of the district has the general powers to perform acts necessary or proper to carry out the provisions of the division. For a listing of these general powers, it is advisable to review Sections 32121-32137 of the Health and Safety Code.

**There are two Health Care/Hospital Districts (District) in the County of Los Angeles;**

- 1. Antelope Valley Health Care District**
- 2. Beach Cities Health District**

## Antelope Valley Health Care District

The Antelope Valley Hospital District (District) is an Independent Special District, formed on January 20, 1953 under the Health and Safety Code Section *Et Seq.* 32000. The District is governed by an elected five member Board of Directors. The Director is elected for a four-year term; any vacancies are filled via appointment by the remaining members of the Board of Directors. The District encompasses the Cities of Lancaster, Palmdale, and unincorporated county territory (See enclosed map).

The District provides an invaluable service to the community and has a stated mission to provide quality service with care, compassion and respect utilizing the most qualified personnel and the latest technology. To further that mission, the District has a comprehensive performance improvement plan to set quantifiable and achievable objectives to ensure high service levels throughout the District.

See Budget Information under item #3.

### **MSR Determinations**

In approving a Municipal Service Review (MSR), LAFCO must adopt written determinations for the following nine factors specified in Government Code Section 56430:

**1. Infrastructure Needs and Deficiencies**

The District is administered from the City of Lancaster. The District operates a total of 24 facilities that include a medical office building, business offices, home care, clinics, regional surgical center and various other facilities that provide medical and administrative support services. These facilities range in distance of 1 to 20 miles from the main hospital facility in the City of Lancaster. On August 20, 2002 \$55,000,000.00 Variable Rate Revenue Bonds were issued to fund the conversion of an existing facility to a women and infant health care center and for the construction of a new 125 bed facility in the City of Palmdale. The District is extremely proactive in assessing and improving their present and future infrastructure needs. As the population of the Valley expanded the needs for additional facilities will be addressed.

**2. Growth and Population**

The district currently estimates its total population at approximately 500,000 people. The territory within the District is one of the fastest growing areas within Los Angeles County. The 2000 Census Tract forecasts an increase in population of more than 130,000 over the next ten years.

**3. Financing Constraints and Opportunities**

The District's budget for the current fiscal year shows a net surplus of \$652,000.00. However, the prior fiscal year left the District with a net deficit of \$2,345,000.00. The District will make up the shortfall by increasing patient days

to increase net patient revenue and by reducing costs. The District has no public debt.

**4. Cost-Avoidance Opportunities**

The District appears to be an efficiently run organization and currently attempts to keep costs and expenditures in line with revenues.

**5. Opportunities for Rate Restructuring**

As a health care provider, opportunities for rate restructuring are few. The cost of providing quality health care services is contingent on not only the Districts' internal mechanisms for rates, but also a variety of outside factors that a health care provider may or may not have any input, or recourse in controlling costs or rates.

**6. Opportunities for Shared Facilities**

The District currently shares operation of an outpatient imaging facility with Renaissance Imaging. Ownership in the joint venture is 30% Renaissance Imaging and 70% Antelope Valley Health Care District. The facility provides outpatient radiology services for the cities of Lancaster and Palmdale.

**7. Government Structure Options**

The Board meets every fourth Wednesday of the month. Special meetings may be called at any time by the presiding officer of the Board or by a majority of the members. The Board complies with the Brown Act and has a forum for public comment. In addition, the District has clearly delineated Administrative and Medical Policies and Procedures. The District Bylaws regarding the governing body and management provide a sound and detailed framework for the purpose and scope of the District, its directors' powers and duties, committees, the disposition of revenue surplus, the District Administrator (akin to the Chief Executive Officer) and Medical Staff.

**8. Management Efficiencies**

The District's Performance Improvement Plan is an integrated plan encompassing all aspects of health care and services provided by the District.

- Medical Staff Monitoring and Peer Review
- Operative and Other Procedures Review
- Blood Usage Review
- Medication Administration and Usage
- Special Care Functions
- Medical Records and Information Systems
- Hospital Wide Risk/Safety Management
- Utilization Management
- Infection Control
- Patient Care Action Team
- Clinical Support Services
- Nursing Services

- **Administrative Services**

The District Administrator reports quarterly to the Board on the continuous quality improvement activities of the aforementioned areas. Each one of those areas is organized by scope, staff composition and quality improvement functions. While there is some slight overlap in standard quality improvement goals, the District's plan has a tightly focused set of quality improvement goals and initiatives for each aspect. All available information indicates the District is committed to delivering extremely high levels of service and medical care to residents within the District.

The District also sponsors its own accreditation and training programs for nursing staff in conjunction with local schools and colleges in an effort to offset the shortage of available nurses that is a nation-wide crisis. In addition, the District has budgeted over \$21,000,000.00 for capital improvements to include, but not limited to, the replacement of clinical equipment, strategic initiatives, new services, and regulatory requirements.

**9. Local Accountability and Governance**

The procedures in place for patient complaints and grievance process is predicated on resolving patient issues as quickly as possible and using the grievance issue in the Performance Improvement Plan to prevent similar concerns from arising in the future. The District includes the information necessary to file a complaint to all inpatients and outpatients. Notices are posted throughout the facility and the patient's right to also file a grievance with the Department of Health Services is clearly stated with the telephone number to call.

It is the District's policy to begin an investigation of any and all complaints within one hour of receipt and to conclude said investigation within 14 days. Various advisory committees derived from members of the Board of Directors, administrative and medical staff, monitor the complaint process throughout its various stages. Complaints are trended by department and type and a clearly defined follow-up process is required by the District after the resolution/remedy has been finalized.

**Sphere of Influence Determinations**

In reviewing and updating the Antelope Valley Health Care District (District) sphere of influence, LAFCO is required to adopt written determinations for the following four items specified in Government Code Section 56425:

**1. Present and Planned Land Uses in the Area**

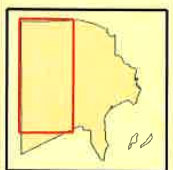
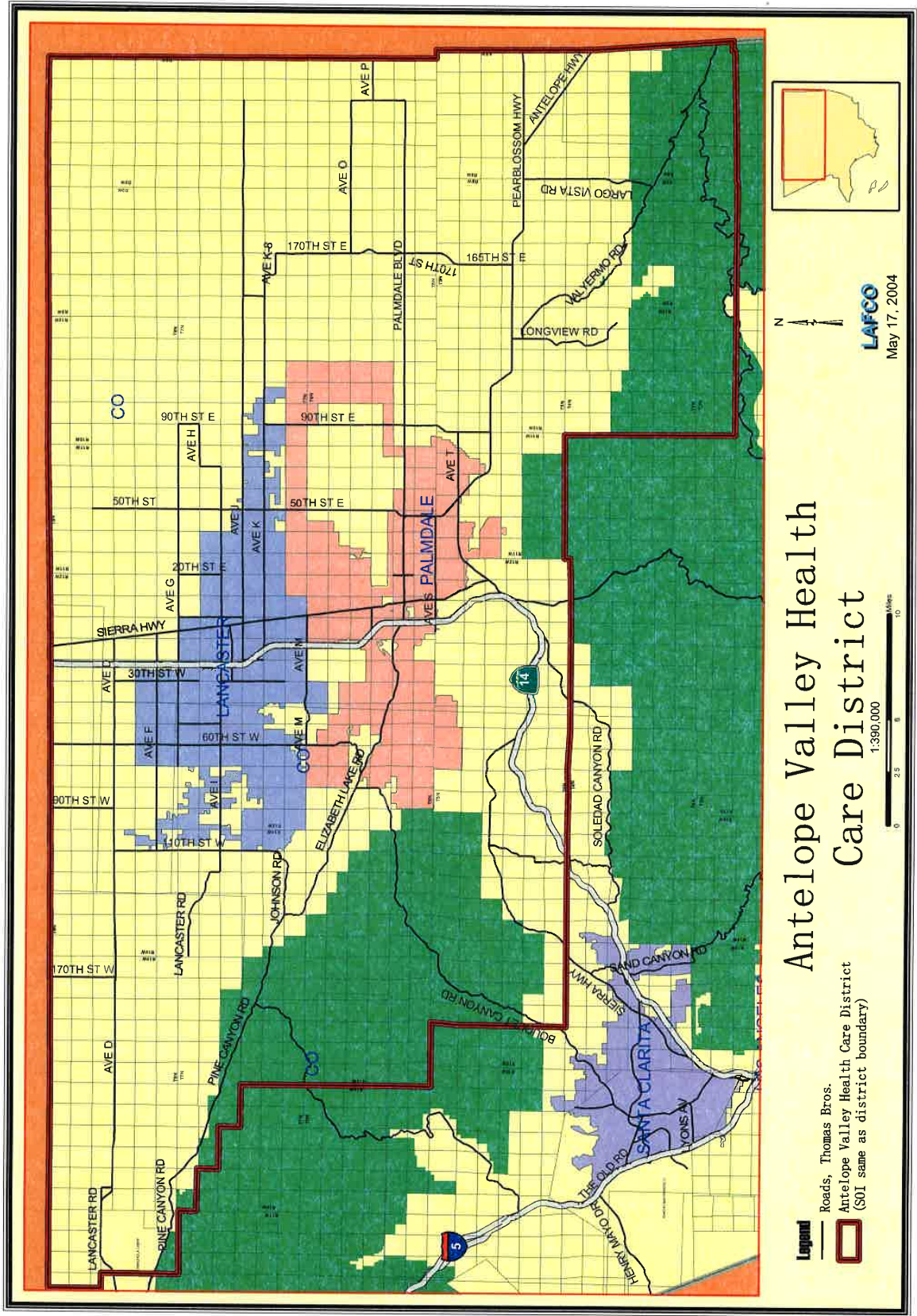
While land use is not a specific issue in the governance of a hospital district, as the facilities expand, the needs for medical facility structures and their placement must be addressed and coordinated with the regional local agencies.



- 2. Present and Probable Need for Public Facilities and Services in the Area**  
Growth within the Antelope Valley will undoubtedly affect future facility needs. What shape expansion needs will take in terms of existing facilities or the creation of new facilities will have to be determined as the need arises.
- 3. Present Capacity of Public Facilities and Adequacy of Public Service that the Agency Provides or is Authorized to Provide**  
The present facilities are adequate for the level of service provided by an extremely professional health care organization.
- 4. Existence of and Social or Economic Communities of Interest**  
The District provides comprehensive and extensive health care services to the entire community.

### **Recommendations**

- The Antelope Valley Health Care District Sphere of Influence boundary not be expanded or revised at this time.
- The Antelope Valley Health Care District Municipal Service Review be approved as recommended.



N  
 LAFCO  
 May 17, 2004

# Antelope Valley Health Care District

- Legend**
- Roads, Thomas Bros.
  - Antelope Valley Health Care District (SOI same as district boundary)



## Beach Cities Health District

The South Bay Hospital District (District) is an Independent Special District, formed on January 18, 1953 under the Health and Safety Code Section *Et Seq.* 32000. On June 1, 1984 the South Bay Hospital District leased the South Bay Hospital to American Medical International, Inc. The long-term lease ended the South Bay Hospital District's day-to-day involvement in the operation of an acute general care hospital. The District is governed by a five member Board of Directors duly elected by the residents within the hospital district. A result of the long-term lease was a great deal of confusion on the part of the residents within the district as to where to go for what services. The persistent confusion between the South Bay Hospital District and the South Bay Hospital was such that the South Bay Hospital District Board of Directors authorized by resolution a name change. The South Bay Hospital District became Beach Cities Health District (District) on January 7, 1993.

The District provides health and wellness services for residents within the district boundaries (See enclosed map). The Community-Based Services Department is the District's principal vehicle for delivering a comprehensive array of programs and services to enhance the health and well-being of beach cities residents and it addresses issues, such as, domestic violence, substance abuse, divorce and other life issues.

The District provides for and underwrites a plethora of community based services and events, including but not limited to, blood drives, public health screenings, in-home services for older adults and counseling services to schools within the District.

See Budget Information under item #3.

### **MSR Determinations**

In approving a Municipal Service Review (MSR), LAFCO must adopt written determinations for the following nine factors specified in Government Code Section 56430:

#### **1. Infrastructure Needs and Deficiencies**

The District is administered from Redondo Beach, California. The District has no immediate need for any infrastructure changes. A large portion of the District's services are portable in nature. Staff visits to schools and public health fair events. The District operates two facilities: Beach Cities Health Center (includes the Center for Health & Healing and the Pilates Center) and AdventurePlex. The District's current facilities are more than sufficient for current levels of service provided.

#### **2. Growth and Population**

The District currently estimates its total population at approximately 115,679 people. The 2000 Census Tract forecasts an increase in population of less than 1% over the next ten years. However, the population group aged 60 and over will

increase significantly over the next 10+ years, thereby increasing the demand for Community Care Services provided by the District.

**3. Financing Constraints and Opportunities**

The District's budget for the current fiscal year shows a net surplus of \$571,335.00. The majority of the department's budget is allocated to direct services. However, the district is budgeting/forecasting a net loss of over \$500,000.00 for Fiscal Year 2004-2005. The District has no public debt.

**4. Cost-Avoidance Opportunities**

In acknowledgement of the budget issues in the upcoming fiscal year, the District is implementing plans to reduce expenses. Two areas of reduction are expenses related to the District's service evaluation process and reductions in contract service expenses.

**5. Opportunities for Rate Restructuring**

Part of the District's mission is providing medical services to uninsured and/or under-insured families. In addition, the District fund programs that help people suffering from chronic diseases, such as, AIDS and cancer. Rates or fees for services are affordable and sliding scale fees are available for most services.

**6. Opportunities for Shared Facilities**

The District currently operates three separate facilities, with the Beach Cities Health Center serving as both the main administrative facility and a facility providing medical services. At their current and forecasted population levels, the District has optimized its opportunities for shared facilities.

**7. Government Structure Options**

The District is governed by the Board of Directors with the Chief Executive Officer reporting directly to the Board. The Board of Directors are elected at large to four year terms by the registered voters within the District. Total staffing levels for the District is 81. The administrative staff for the District totals 30, the Health and Fitness Center is staffed by 34 people, and the newest facility, the AdventurePlex, has a total of 21 staff members. The District regularly implements strategic plans in three year increments. The newest facility (AdventurePlex) was the result one such three-year plan.

**8. Management Efficiencies**

The District's current three-year strategic plan provides for the following objectives:

- Streamline financial processes for a 30% reduction in staff time.
- Reorganize and consolidate departments and eliminate \$250,000.00 in administrative costs.
- Evaluate and implement the most financially responsible use of the 514 building upon the departure of the current tenant and incorporate the other properties in the analysis.
- Reduce internal administrative expenses.

- Create a formal investment strategy that set objectives for growth and diversification.
- Reduce dependency of single source legal service to achieve reasonable prices.
- Incorporate a break-even strategy into the operating budget for the AdventurePlex during Fiscal Year 2004-2005.
- Achieve 10% of departmental operating budget through alternative sources, such as, grants, client fees where appropriate, volunteer resources and fundraising.

Through the use of its strategic plan, the District fosters an atmosphere of quantifiable and achievable goals and objectives to ensure optimal and cost effective services.

**9. Local Accountability and Governance**

The District has several formats for customers to register complaints. Member comment cards, telephone, regular mail and email with a supervisory staff member are the most utilized formats for District accountability. Also, the public is invited to attend the regular board meetings that include a forum for public comment.

**Sphere of Influence Determinations**

In reviewing and updating the Beach Cities Health District (District) sphere of influence, LAFCO is required to adopt written determinations for the following four items specified in Government Code Section 56425:

- 1. Present and Planned Land Uses in the Area**  
The present land use within the District is residential, commercial, and industrial.
- 2. Present and Probable Need for Public Facilities and Services in the Area**  
The District currently operates three facilities, therefore, the need for public facilities is minimal.
- 3. Present Capacity of Public Facilities and Adequacy of Public Service that the Agency Provides or is Authorized to Provide**  
The present capacity of their facilities is adequate for its current level of service. Strategic plans are being developed to provide for future increased service levels.
- 4. Existence of and Social or Economic Communities of Interest**  
The social and economic communities of interest exist within the District boundaries are addressed through the District’s evaluative processes in order to maximize service provision to the aforementioned groups.

## **Recommendations**

- The Beach Cities Health District Sphere of Influence boundaries not be expanded or revised at this time.
- The Beach Cities Health District Municipal Service Review approved as recommended.

