



FOR YOUR HEALTH

2017 – 2020

Strategic Plan

June 2017

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## ***Introduction***

The goal of the strategic planning committee was to draft a document that sets the framework for the District for the timeframe of July 1, 2017 to June 30, 2020.

## ***Planning Committee***

The committee consisted of two Board members: Jerry Shefren and Katie Kane, and two staff members: Lee Michelson and Pamela Kurtzman. The committee met from January – April, 2017 with more than fifty (50) community leaders who provided comments and suggestions.

## ***Planning Process***

The committee met with community leaders, some of them in small groups and some individually. The meetings lasted about one hour each and strategic questions were discussed. In addition, the committee reviewed local health data and met with Dr. Scott Morrow, the Medical Director of San Mateo County. The committee met four times to discuss what was learned and have collectively produced the draft of the plan.

## ***Next Steps***

1. On May 16, the Board will meet to review and recommend changes to the Draft.
2. On June 15, the Board will meet to adopt the new strategic plan.

## ***Mission Statement***

To improve the health of the District residents by enhancing access to care and promoting wellness.

## ***Vision Statement***

To improve the health of our community through responsible stewardship of District taxpayer dollars.

## ***100% Return Policy***

Sequoia Healthcare District is committed to returning all current tax dollars back to the community through health services.

## **2017 S.W.O.T. Analysis**

### **STRENGTHS**

1. District has wide support from those interviewed and our efforts to provide access to care and health prevention services.
2. Tax revenue provides a dependable and growing source of income.
3. District has strong financial reserves and they are invested in low-risk instruments.
4. District staff is experienced and knowledgeable and are recognized as leaders in the field.
5. District provides services to more than 50,000 residents per year.
6. Districts ability to be nimble and react to new opportunities or challenges quickly.
7. District "partnership" approach to working with grantees to address health concerns is well received.

### **WEAKNESSES**

1. EBIDA payments are anticipated to be \$0 during the next few years.
2. Due to conservative government regulated investment policy, the interest earned on investments is very low.
3. District's small staff size limits our opportunity to thoroughly develop relationships with strategic partners such as other funders and program experts.

### **OPPORTUNITIES**

1. There continues to be significant unmet health care needs in our community.
2. The complicated nature of health care created the need for better coordination and collaboration of services.

### **THREATS**

1. Unmet community health care needs will continue to outweigh our funding capacity
2. Public support for programs impacting undocumented residents may erode.
3. Unknown effects of Federal cuts in support for health services.

## ***2017-2020 Strategic Goals and Key Actions***

**Goal 1** - Assure the prudent oversight and management of District assets.

### **Key Actions**

1. Staff will prepare an annual income and expense budget for Board approval at the June Board meeting with a draft budget submitted for the April or May Board meeting. Staff will provide projected income and expenses every two months and will present a performance-to-date at each Board meeting. Staff will not over-spend expense budget unless approved by the Board. Budget will be listed on website.
2. District will contract for an annual audit and report findings to the Board through a presentation by the auditors. The audit will be listed on the website.
3. District will engage an investment company to coordinate investments and management of District reserves and will monitor performance to assure that our policies and procedures are being closely followed. Investment reports will be presented to the Board.
4. Staff will provide the Board via email a copy of our monthly check register and will provide detail when asked.
5. District CEO will review all invoices and approve before payments are made.

**Goal 2** - Support the best health programs that serve all of our residents and assure that grantees are selected solely on expected health outcomes.

### **Key Actions**

1. District will require all grantees applying for funds through the Community Grants process to provide a letter of intent and application

- to be reviewed by staff and a grants committee that includes up to two Board members and four community members.
2. All grantees will be required to submit a mid-year report and end of year report detailing service outcomes including how many residents were served and outlining how District funds were spent for staff review.
  3. For all grantees applying for funds outside the grants process ( Major Initiative with request exceeding \$100,000), the grantee must submit a formal request to the staff. These requests will be evaluated by the Board of Directors and if approved a memorandum of understanding will be developed spelling out the expected health outcomes and number of residents to be served.
  4. For all new grantees, staff will meet in –person with grantee staff and when necessary make site visits to witness programs. Staff may choose to reach out to program specialists to assist in reviewing requests.
  5. Staff will review grantee program policies to assure that all programs are available to all residents without prejudice and ideally have a scholarship or sliding scale program for lower-income residents.

**Goal 3** - To be a catalyst for bringing new programs and approaches in health care to our area that have been successful in other places.

### **Key Actions**

1. Staff will review the projects of other health care districts to identify successful programs that can be brought to our area.
2. Staff will attend conferences where impactful programs are discussed to ascertain their merit and feasibility for our area. Follow-up visits to see the programs in action may be required.
3. Staff will be receptive to meet with program developers to discuss their ideas.

**Goal 4** - To be a leader in bringing organizations together to support good ideas that benefit our residents and to participate in supporting County-wide efforts.

**Key Actions**

1. District representatives will play an active role in community collaboratives and where appropriate take on a leadership role.
2. District will monitor who else is funding health programs and when appropriate work with them to better leverage funds.
3. District will encourage grantees to work collaboratively when such cooperation leads to better health outcomes. The District may provide forums to foster relationships among grantees.

**Goal 5** - Communicate with District residents through a wide approach to communications including an active website, a social media presence, public presentations, and our annual newsletter mailing.

**Key Actions**

1. Email addresses will be gathered from residents so that annual reports and other communications can be sent to them electronically.
2. Staff will seek opportunities to make presentations to community groups.
3. Efforts will be made to encourage public attendance and participation at Board meetings.
4. Staff will assure that our website is regularly updated and current.

**Goal 6** - Create and manage our own programs and services to complement what is offered by other community-based organizations or to fill gaps if such services are not adequately offered.

**Key Actions**



1. To adequately manage our programs including the hiring and supervision of staff.
2. Identify partner organizations to co-develop and lead programs when such partner organizations have the required expertise.
3. To regularly assess the needs of our community and to understand who are the service providers addressing these issues.

**Goal 7** - Serve all segments of our community, all age groups, all income groups and geographic areas within the District with special attention given to areas and populations where there is a demonstrated special need and to do so in a culturally sensitive manner.

**Key Actions**

1. Annually assess our activities and budget to assure that our support is reaching all segments of our community and where ratios have been established determine if our outcomes meet or exceed expectations.
2. Develop relationships with organizations that serve special needs populations.
3. Produce communication materials that are culturally sensitive and language friendly.

**Goal 8** – To be transparent and informative of District Activities.

**Key Actions**

1. Conform to all guidelines outlined in the ACHD certification process.
2. Review websites of other Districts and look for ideas that can be added to our website that better inform our residents of our activities.
3. Post minutes of our Board meetings on our website within 10 days of the meeting.

**Goal 9** – Serve the health care needs of 60,000 or more residents per year while addressing the crucial health care needs that have been identified.

**Key Actions**

1. Continue to show strong support for the concept of a medical home for all residents through our support of area medical clinics that provide medical, dental and behavioral health services.
2. Continue to be a major supporter of school health programs at all grade levels that impact the majority of public school children attending schools in our District.
3. Increase our support for mental health services in partnership with leading behavioral health organizations and experts.
4. Demonstrate our commitment to prevention through leadership in the areas of health promotion, health education and the development of healthy communities.

# ***Appendix***

## ***Participants***

The following community leaders of non-profit executives, school leadership, key elected officials and their staff, health care executives and representatives from business, law enforcement as well as community volunteers were selected to provide comments and suggestions to the planning committee. The majority of the participants were keenly aware of some programs and services of SHD; background materials about the District including our budget and previous strategic plan were mailed to them in advance.

Ms. Maya Altman and  
Mr. Patrick Curran  
Health Plan of San Mateo

Mr. Rafael Avendano  
Sienna Youth Center

Mr. Craig Baker  
San Carlos Schools

Mr. Frank Bartaldo  
United American Bank

Mr. Chris Beth  
Redwood City Parks and  
Recreation

Ms. Amy Buckmaster  
Redwood City Chamber of  
Commerce

Ms. Lisa Cesario  
Las Lomas Schools

Mr. Bart Charlow  
Samaritan House

Dr. Steven Adelsheim  
Stanford Dept. of Psychiatry

Ms. Luisa Bauda  
Ravenswood Family Health  
Center

Mr. John Baker  
Redwood City Schools

Assembly member Marc Berman

Sheriff Carlos Bolanos  
San Mateo County

Ms. Beth Boldt  
Belmont- Redwood Shores  
Schools

Ms. Anne Campbell  
County Office of Education

Dr. Anand Chabra  
San Mateo County Health System

Mr. David Fleishman  
4 C's San Mateo

Mr. Peter Fortenbaugh  
Boys and Girls Club of the  
Peninsula

Mr. Bill Graham  
Sequoia Hospital

Ms. Mindy Hill  
San Carlos Schools

Dr. Ramsey Khasho  
Children's Health Council

Dr. Karen Li  
Sequoia Union High School  
District

Ms. Melissa Lukin  
CORA

Ms. Ginny Maiwald  
Menlo Park Schools

Dr. Michael Milliken  
Belmont- Redwood Shores  
Schools

Mr. Tom Mohr  
San Mateo Community College  
District Board

Ms. Katherine Peterson  
Woodside Schools

Ms. Carrie Du Bois  
Sequoia Union High School Board

Mr. Michael Garb  
First 5 Commission/Thrive

Ms. Andrea Garen  
Redwood City Schools

Mr. Brian Greenberg  
Life Moves

Ms. Kathy Jackson  
2<sup>nd</sup> Harvest Food Bank

Dr. C.J. Kunnappilly  
San Mateo Medical Center

Ms. Kitty Lopez  
First 5 San Mateo

Ms. Alisa Mac Avoy  
Redwood City School Board

Mr. John Maltbie and  
Ms. Peggy Jensen  
San Mateo County Manager

Dr. Sara Mitchell  
Star Vista

Dr. Scott Morrow  
San Mateo County Health System

Mr. Bryan Neider  
Gatepath

Ms. Beth Polito  
Woodside Schools

Mr. Alan Sarver  
Sequoia Union High School  
District Board

Supervisor Warren Slocum and  
Carole Marks

Ms. Srijia Srinivasan  
San Mateo County Health System

Ms. Paula Uccelli  
Uccelli Foundation

Ms. Melissa Platte  
Mental Health Association

Ms. Louise Rogers  
San Mateo County Health System

Ms. Kristen Shima  
Corte Madera School

Ms. Robin Spindler  
Las Lomas Schools

Ms. Kim Staff  
Menlo Park Schools

Dr. Yogita Thakur  
Ravenswood Family Health  
Center

## ***Strategic Planning Questions***

1. What percentage of District dollars should be allocated for treatment of acute or chronic disease and what percentage for more prevention focused strategies?
2. How should the District balance its commitment to all residents vs. special needs or at-risk groups?
3. Is it better to take a wide approach and tackle many issues including what might be viewed as smaller programs or limit efforts at broader bigger approaches?
4. Is it ok for the District to support capital or capacity building projects in addition to program support or instead of program support?
5. Should SHD remain a local independent special district or should it look to merge with the other government entities?
6. Is the District most beneficial as a funder of community programs or are there other key roles such a program developer/manager, policy advocate or convener?

Additionally, we also asked if there were any specific health issues that we should pay particular attention to over the next couple of years or any that we should avoid.

# Sequoia Healthcare District Needs Assessment

## Summary Report

This summary report displays data found on health need indicators in the Sequoia Healthcare District (SHD). The SHD's status on each health indicator is compared to Healthy People 2020 targets (when available) and state and county averages. The SHD includes: Atherton (94027), Belmont (94002), Foster City (94404), Menlo Park (94025), Portola Valley (94028), Redwood City (94019, 94061, 94063, and 94065), San Carlos (94070), San Mateo (94403), and Woodside (94062). Comparison counties for this report include: San Mateo County as well as Alameda County, Napa County, and Santa Clara County.

The SHD covers an area with a total population of 220,000. The majority of the population in the SHD is White (69%) and 23% of the population is Latino. The median family income for families in San Mateo County is \$117,149, higher than the median family income reported for families in the Redwood City Elementary District (\$107,034) but lower than reported for the Sequoia High School District (\$134,974). Compared to the state and the other comparison counties, the SHD has a smaller percentage of the population in poverty (18% versus 20%-28% in comparison counties and 36% for the state).

## Healthcare Access

### Healthcare access is lower than comparison counties.

- The rate of primary care physicians (per 100,000) is lower in the SHD (97.5) than San Mateo (99.1), Alameda (106.1), Napa (101.9) and Santa Clara Counties (105.9). However, the SHD rate is higher compared to the state rate (78.5).
- The density rate of Federally Qualified Health Centers (per 100,000) is lower in the SHD (0.33) compared to each comparison county (between 0.56-5.86) and the state rate (2.37).

## Major Health Conditions

### Asthma prevalence in San Mateo County is higher than the state.

- Sixteen percent of adults 18 and older in San Mateo County have asthma, similar to the 16% of adults in Alameda County. Asthma prevalence is higher in San Mateo County than Napa County (14%), Santa Clara County (14%), and the state (14%).

### Breast, colorectal, and prostate cancer incidence rates in San Mateo County are higher than benchmarks.

#### **San Mateo County compared to the state:**

- Slightly higher percentage of low birth weight births
- Slightly higher percentage of adults with no HIV/AIDS screening.
- Slightly lower percentage of adults managing their diabetes.
- Higher percentage of adults drinking excessively.



- Prostate and breast cancer incidence rates for San Mateo County (140.0 and 138.3, respectively) are higher than the state targets (126.9 and 122.1, respectively). Compared to the HP2020 benchmark (38.7), San Mateo County has a higher colorectal incidence rate (40.0).

### Excessive alcohol consumption in San Mateo County is higher than the state.

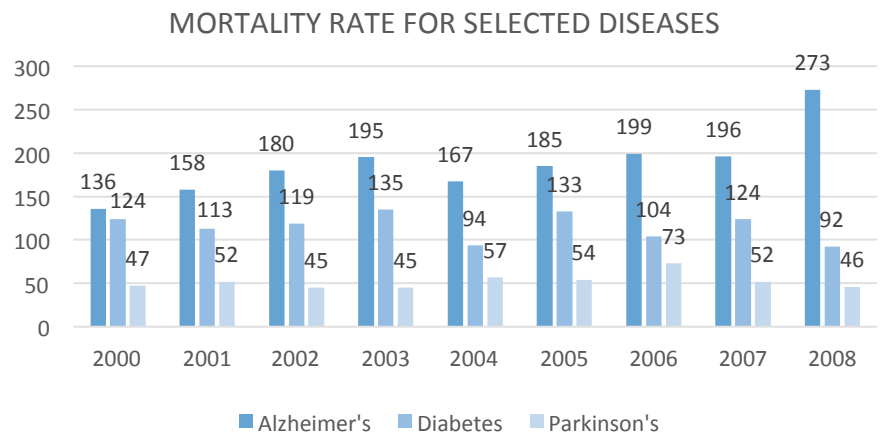
- The percentage of adults drinking excessively in San Mateo County (22%) is higher than Alameda (20%) and Santa Clara Counties (14%) and the state (17%).

### The mortality rate due to intentional self-harm (suicide) is higher than comparison counties but lower than benchmarks.

- The age-adjusted mortality rate (per 100,000) due to intentional self-harm (suicide) is higher in the SHD (8.62) than San Mateo (8.29), Alameda (8.16), and Santa Clara Counties (7.90). However, the SHD fared well compared to benchmarks having lower rates than the HP2020 target (10.2) and the state rate (9.80).

### The number of deaths due to Alzheimer’s disease is rising.

- The mortality rate for Alzheimer’s has been growing, while the mortality rate for other diseases of “old age” are shrinking (see chart to the right).



Source: Senior Health in San Mateo County – Current Status and Future Trends 2012.

### The mortality rate for coronary heart disease is higher than the HP 2020 benchmark.

- The age-adjusted mortality rate (per 100,000) for coronary heart disease is higher in the SHD (113.4) than the HP2020 target (100.8). However, the SHD rate is lower than each of the other comparison counties.

### Special education enrollment is increasing.

- The percentage of students enrolled in special education has increased for each school district in the SHD with the exception of Sequoia Union which declined slightly from 13% in 2011 to 11% in 2015.

### Other related indicators for major health conditions are faring well compared to the benchmarks.

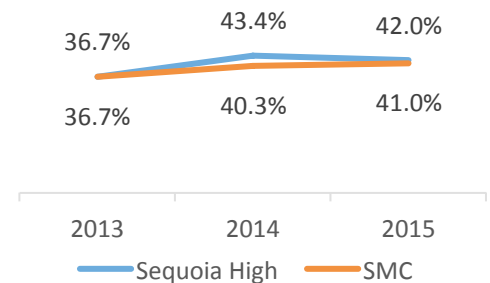
- The percentage of adults in San Mateo County smoking cigarettes (11%) is lower than the state (13%).
- The percentage of adults with poor mental health in San Mateo County (11%) is lower than the state (16%).
- Youth mental health indicators such as depression-related feelings and suicidal ideation are lower for students in the Sequoia Union School District compared to the state.

## Physical Health

### Disparities are found among students who meet healthy fitness standards.

- Wide disparities exist across school districts and grades in students meeting all fitness standards. In 2015, three-quarters of 7<sup>th</sup> grade students in Belmont-Redwood Shores met all fitness standards higher than students in Menlo Park City (62%), San Carlos (27%) and Redwood City (19%) School Districts.
- For 5<sup>th</sup> grade, more than half of students in Belmont-Redwood Shores and Menlo Park City School Districts met the standards compared to less than a quarter in San Carlos and Redwood City School Districts.
- The percentage of 9<sup>th</sup> graders in the Sequoia Union District meeting all the fitness standards has been increasing since 2013 (See chart above).
- Ethnic disparities can also be seen in 9<sup>th</sup> graders meeting the fitness standards. Asian students (60%) are more likely to meet all the fitness standards compared to other race/ethnicities and two times more likely than Latino students (27%).

Grade 9 Students Meeting All Fitness Standards, 2015



Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Dec. 2015).

### The Redwood City School District is not faring as well as the state in regard to student healthy weight.

- A higher percentage of 5<sup>th</sup> and 7<sup>th</sup> grade students in the Redwood City Elementary School District (45% and 44%, respectively) are overweight or obese compared to the state (40% and 39%, respectively).

### Ethnic disparities are found among students who are overweight or obese.

- For 5<sup>th</sup> and 7<sup>th</sup> grade students, Latinos are more likely to be overweight or obese. For 9<sup>th</sup> grade students, Latino and Native Hawaiian/Pacific Islander are more likely than other race/ethnicities to be overweight or obese.

### The rate of fast food restaurants is higher than the state.

- The SHD (79.53) has a higher rate of fast food restaurants (per 100,000) than San Mateo (73.77), Napa (63.01), and Santa Clara (78.69) Counties and the state (74.51).

#### San Mateo County compared to the state:

- Slightly higher percentage of youth with inadequate fruit and vegetable consumption.
- Lower percentage of adults who are overweight

Data sources: All indicator data was pulled from Community Commons with the exception of income, fitness, youth obesity, special education, school mental health data (kidsdata.org) and Alzheimer's disease data (Senior Health in San Mateo County – Current Status and Future Trends 2012).

## ***Suggestions and Comments Summary***

The following comments were made by the individuals that were interviewed during the planning process:

1. The District should remain primarily a funder but other roles suggested were: program provider, convener of interested parties around health issues, policy promoter, convener of funders to discuss mutual interests, community educator, catalyst for innovation and supporter for staff development and training. Additionally, it was suggested that the District should play a role in communicating to pediatricians to assure that every child has a consistent medical home for all services.
2. The District should consider exploring which of the roles identified above are needed and assess the impact they would have on District staff time recognizing that the current staff is small and any expanded activities may require adding personnel.
3. There are many health issues that need special attention but the most common issue is mental health services at all age levels. The District was encouraged to layout our plan as to how we want to address this issue and a budget that is significant which could include additional staff. Some of the other areas suggested for special attention were:
  - Childhood obesity
  - Oral health
  - Older adult health especially around dementia care
  - Homelessness and housing
  - Foster children
  - College age students ( food security, mental health and oral health)
  - Teen pregnancy and family planning
  - Opiate addiction and other alcohol and drug addictions
  - Transportation availability and affordability

- Undocumented residents of all age groups and helping to assure that they maintain the ability to access care
  - Under age 5 population and pre-natal care with special focus on screenings and identification of learning and developmental delays
4. The District should be more focused on prevention than treatment while recognizing that there is some role for assuring treatment for our residents. Some participants suggested that prevention should be more than 50% of our budget, possibly closer to 65-70%, and the earlier that the District intervenes the better. More coordination with First 5 was encouraged by one party. It was suggested that prevention is a continuum and has many levels and not easily defined.
  5. The District was encouraged to remain a leader in prevention even if national funding cuts lead to an increased need in more money being spent for basic treatment. The County Manager and others indicated that the County may have to abandon some of its prevention efforts to address treatment, leaving the District as one of the only funders left that can move in the direction of prevention. The District would be wise to limit long-range funding until the national changes to healthcare are clear, as that may affect all recommendations.
  6. Our school program received significant praise and we were encouraged to remain a leader in school health. The Redwood City schools were mentioned as having greater needs in the years ahead, however, all school districts need some assistance. The schools have many unfunded mandates and District help is greatly encouraged and appreciated. Some interviewees commented on the need to continue shifting our efforts toward poorly funded schools and those serving the largest number of high need students.

7. The District policy to spend 100% of the annual tax income on grants and programs is well received and viewed to be the right policy.
8. The District should remain independent and there was not strong belief that we should merge or even expand our boundaries. Many mentioned that it would be a mistake to merge with the County in particular due to their bureaucratic structure. Our ability to remain nimble in our decision making was a major positive compared to other partners. Some did suggest that it would be good if we could find a way to incorporate East Palo Alto and east Menlo Park.
9. The District should support both large and small projects but a significant part of the budget should be directed to larger more focused programs. There seems to be universal agreement with using some funds for capital projects, especially when our support can be leveraged to get others to contribute. A few commented that the District is spreading itself too wide and that the Community Grants Program should consider fewer but larger grants. One group recommended investing in early childcare facilities.
10. The District should continue its efforts to be better known and encourage public awareness and support. The public needs to be made more aware of the health needs of the community and what the District is doing about them.
11. The District should have programming that benefits all income segments but possibly as much as 60-70% of our efforts should be directed at the lower-income communities. There is also a growing concern about the needs of the “economically challenged middle class” as it has become so expensive to live in this area.
12. Some focus should be given to innovation, however the district was encouraged to support proven, well-established programs and be a source for sustainability instead of being too drawn in to change for the

sake of change. Multi-year support was looked upon as a positive as long as the grantee continued to prove their worthiness.

13. Overall, there were very few participants who recommended any major or even intermediate changes from what was in our current strategic plan. The District was encouraged to remain mission driven and that all activities and funding should support our mission.
14. Many individuals mentioned the divide that exists among various segments of residents due to language and cultural differences. The District should take a lead role in assuring that cohesiveness and inclusion is a hallmark of our actions and the actions of those that we support.

## ***Health Concerns for our District per Scott Morrow, MD***

1. The increasing rate of obesity and its impact on chronic disease
  - Sugar-sweetened beverages
  - High-sodium diets
2. Environmental Safety
  - Promoting walking/biking
  - Supporting public transit
3. Early Literacy and Development
  - Supporting parent engagement
  - Early screening and diagnosis in areas like eyesight and hearing
4. Access to care for the uninsured
  - Support for clinics for the low-income
  - Private providers encouraged to be more supportive
5. Mental health and substance issues
  - Primary prevention
  - De-criminalization of substance abuse
6. Growing elderly population
  - Housing needs
  - Dementia
7. Youth asset development
  - Mentoring and supportive relationships
  - Support for after-school programs

Note: less emphasis on changing individual behavior and more commitment to system-wide change and policy development.

## **2014 S.W.O.T. Analysis**

### **STRENGTHS**

1. District has wide support from those interviewed and of our efforts to provide access to care and health prevention services.
2. Tax revenue provides a dependable source of income.
3. District has financial reserves and they are invested in low-risk instruments.
4. District is staffed to allow for proper management of District functions.

### **WEAKNESSES**

1. EBIDA payments are anticipated to be less than projected.
2. There is insufficient awareness of the services provided through the Sequoia Healthcare District and by potential recipients of services and residents in general.
3. Low rate of return on reserved dollars invested.

### **OPPORTUNITIES**

1. There continues to be significant unmet health care needs in our community.
2. The complicated nature of health care created the need for better coordination and collaboration of services.
3. Improve electronic connectivity with District residents.

### **THREATS**

1. Unmet community health care needs will continue to outweigh our funding capacity.
2. Public support for programs impacting undocumented residents may erode.
3. Unknown effects of the Affordable Healthcare Act on our residents.



### **3 Year Commitment Chart (2017-2020)**

*As of 3/21/2017*

	<b>Organization</b>	<b>2017-18 Commitment</b>	<b>2018-19 Commitment</b>	<b>2019-2020 Commitment</b>
1.	Ravenswood			
2.	Samaritan house	\$703,000		
3.	SMMC	\$340,000		
4.	70 Strong	\$731,000		
5.	Healthy Schools			
6.	HeartSafe			
7.	Living healthy			
8.	Other Grants	\$50,000		
9.	Caring Community			
<b>TOTAL</b>		<b>\$1,824,000</b>	<b>\$0</b>	<b>\$0</b>

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Total C+Prop.	\$1,824,000	\$0	\$0
Anticipated Tax Income	\$11,800,000	\$12,300,000	\$12,900,000
Available for Additional Funding	\$9,976,000	\$12,300,000	\$12,900,000

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## ***SHD Schedule: 2017-2020***

### **2017**

MAY 2017	Draft of 3 year Strategic Plan presented to the Board
JUNE 2017	Strategic Plan for 2017-2020 approved by Board 2017-18 Budget approved by Board

### **2018**

MAY 2018	Strategic Plan Year 1 progress report 2018-19 Budget Draft presented to the Board
JUNE 2018	2018-19 Budget approved by Board
NOVEMBER 2018	Board election for 3 Board positions

### **2020**

JANUARY 2020	Planning process for 2020-2023 Strategic Plan begins
MAY 2020	Strategic Plan Year 3 progress report Draft of 2020-2023 Strategic Plan presented to the Board Draft of 2020-21 Budget presented to the Board
JUNE 2020	2020-2023 Strategic Plan approved by the Board 2020-21 Budget approved by Board
NOVEMBER 2018	Board election for 2 Board positions

### **2019**

FEBRUARY 2019	Board officer's election
MAY 2019	Strategic Plan Year 2 progress report Draft of 2019-20 Budget presented to Board
JUNE 2019	2019-20 Budget approved by Board