www.sequoiahealthcaredistrict.com

Sequoia Healthcare District

525 Veterans Blvd. Redwood City, CA 94063

650-421-2155 Phone 650-421-2159 Fax

R E V I S E D A G E N D A SEQUOIA HEALTHCARE DISTRICT BOARD OF DIRECTORS MEETING 4:30, Wednesday, June 5, 2013 Conference Room 525 Veterans Boulevard, Redwood City, CA 94063

Director Kane will be participating by teleconference from 524 Shorebird Circle #15201, Redwood City, CA 94065

- 1. Call To Order And Roll Call
- 2. Public Comment On Non-Agenda Items*
- ACTION

ACTION

ACTION

ACTION

3.

- Consent Calendar President Shefren
 - a. Approve April 3, 2013 Regular Meeting Minutes
 - b. Approve April 17, 2013 Special Meeting Minutes
 - c. Accept March And April 2013 Financial Statements
- 4. CEO/Staff Reports
 - a. CEO Report Mr. Michelson
 - b. Healthy Schools Ms. Kurtzman & Ms. Gabet
 - c. HeartSafe Mr. Nielsen
- 5. New Business
 - a. Update on Sequoia Community Care Program Mr. Michelson
 - b. Update on District Strategic Planning Process President Shefren
 - c. Accept Findings Of Vavrinek Trine & Day Report On Applying Agreed Upon Procedures - Mr. Michelson
 - d. Consider Adoption Of Proposed Budget For Fiscal Year Ending June 30, 2014 - Mr. Michelson
 - e. Attorney Report On Health Care Benefits For Sitting Board Members - Mr. Hudak
 - f. Discussion of Grand Jury Report President Shefren
- 6. Adjourn.

The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, August 7, 2013, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063

Jerry Shefren, Board President

*Public comment will be taken for each agenda item prior to the board's consideration on that item.

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 525 Veterans Blvd., Redwood City, CA, during normal business hours. Please telephone 650-421-2155 to arrange an appointment.

If you are an individual with a disability and need an accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155.

		Agenda Item 3.a Board of Directors Mtg. 6/5/13			
N	INUTES OF REGULAR MEETIN	IG			
	BOARD OF DIRECTORS				
S	EQUOIA HEALTHCARE DISTRIC	CT			
	April 3, 2013				
Confer	ence Room, 525 Veterans Bo	ulevard			
	Redwood City, CA 94063				
Directors Present	Directors Excused	Also Present			
Director Faro		Mr. Michelson, CEO			
Director Griffin		Mr. Hudak, Legal Counsel			
Director Hickey		Ms. Johnson, Recorder			
Director Kane					
Director Shefren					
But Dracidant Chafran	<u>1. Call to Order</u>				
By: President Shefren					
Time: 4:30pm					
President Shefren announced	that public comment will be he	ard on each agenda item			
	Public Comment/Non-Agenda It				
<u> </u>					
Cheryl Fama of Peninsula Hea	lthcare District introduced new	board member, Joe Goethals.			
in ACHD's Annual Legislative	he, Mr. Michelson and Presiden Days. Workshops will be off eting is scheduled for May 22-24	fered including one on media			
Tetations. ACTID s annual mee	3.a 3.b. Consent Calendar	in San Diego.			
3.a 3.b. Consent Calendar					
Director Hickey requested removal of item 3.b from the Consent Calendar.					
Motion: To approve agenda in By: Director Kane Seconded by: Director Faro Vote: 5-0 Motion Passed	tem 3.a Minutes of February 6,	2013 meeting.			
HeartSafe and Healthy School	ents, Director Hickey asked t s Initiative be shown as separat tem 3.b January and February 2 n	e items.			
	4. CEO Report				
Mr. Michelson displayed an a District's support for the Cour	ward from the Sheriff's Activity	ity League acknowledging the			
Directors Shefren and Griffir Wheels delivering meals to ho	n represented the District at t mebound seniors.	the annual Mayor's Meals-On-			
AB1234 Ethics Training is agai the FPPC website.	n due for elected officials and	training can be done online at			
	request of \$30,000,000 from t	ling notice to the District of he escrow account as required			

There is one remaining quarterly accounting review and auditors Vavrinek Trine & Day are of the opinion that the annual audit will be sufficient going forward.

Healthy Schools Initiative: Ms. Kurtzman has been meeting with Superintendents and Wellness Coordinators of participating school districts to evaluate current programs.

HSI grants committee recommendations as well as the 2012-14 budget will be presented to the Board on April 17.

5.a. Community Grants Program: Approve Programs Recommended For Funding 2013/2014

Mr. Michelson thanked members of the Grants Committee for their hard work this year in reviewing 40 grant applications totaling \$3 million. The Committee is requesting funding for 29 agencies totaling \$1.335 million. He added that none of the Board members on the Committee will benefit from or have a conflict with any of the non-profit agencies being recommended for grants.

Motion: To approve \$1.335 million to the 29 non-profit agencies recommended by the Grants Review Committee. By: Director Faro Seconded by: Director Kane Vote: 4-1 with Director Hickey opposed Motion Passed

5.b Request From Samaritan House To Continue Funding For Redwood City Free Clinic To FYE 6/30/13 Including Additional Support for X-Rays

Ms. Kitty Lopez, Executive Director of Samaritan House thanked the Board for its continued support. She introduced Dr. Jason Wong, Medical Director of Samaritan House Free Clinic of Redwood City. Dr. Wong reported that for calendar year 2012, the clinic had 4,705 medical visits and 810 dental visits with an average clinic cost of \$132/visit. In addition to the funds provided by the District and other sources, the clinic had 2,358 physician-volunteer hours and 4,491 other-volunteer hours.

Current District funding is \$612,696 annually and Ms. Lopez asked the Board to consider continuing their support for next fiscal year at the same level.

Motion: To approve a grant for 2013-2014 to Samaritan House to \$612,696. By: Director Kane Seconded by: Director Griffin Vote: 4-1 with Director Hickey opposed Motion Passed

5.c Consider Subcommittee Recommendations to Revise Health Benefits for Directors and Employees

Mr. Michelson noted that a Board subcommittee comprised of Directors Kane and Faro and himself, conducted additional research and met several times to discuss the premium amount allowed for health care and dental insurance for directors and staff. The committee's recommendations are:

1. Medical and dental premiums are to remain at a maximum of \$1,500 per month as approved in December 2012; however, effective July 1, 2013 participating directors and staff will be required to pay 10% of the premium expense with the District paying 90%. In the instance of CalPers Health premiums paid monthly by the District, directors and staff will reimburse the District 10% of their individual premium cost.

- Effective July 1, 2013 the inlieu benefit offered to employees who opt out of the District's benefit plan shall be reduced from \$400 to \$200 per month. (Employee Policy 5.05).
- 3. Effective July 1, 2013 Employee Policy 5.10 providing reimbursement of \$40 per month for gym membership shall be eliminated.
- 4. Effective July 1, 2013, the District shall offer employees a paid term life insurance policy valued at \$50,000 at no cost to the employee. Employees cannot increase the value of this policy by paying an additional premium. This benefit will cease upon termination of employment from the District.

Counsel Hudak noted that he reviewed this item and concluded that this type of reduction could not be imposed involuntarily on sitting Board members but would apply to newly-elected Directors. Staff, however, are subject to the reductions as noted effective July.

Motion: To approve revisions to directors and staff benefits effective July 1, 2013. By: Director Kane Seconded by: Director Griffin

Director Hickey asked that consideration be given to amend the motion to pro-rate the inlieu benefit for part-time employees. Director Kane declined.

Vote: 5-0 Motion Passed

Board Policy 15.2 and Employee Policy 5.05 will be amended to reflect above changes; Employee Policy 5.10 will be eliminated; Term Life Insurance Benefit will become Employee Policy 5.11.

5.d. Authorize Board President to Appoint a Strategic Plan Ad Hoc Committee

President Shefren announced that the current strategic plan ends this year and he has asked Director Faro to step down from the Grants Committee and serve on the Strategic Plan Committee and has asked that Director Griffin to serve on the Grants Committee.

6. Adjourn

Motion: At 5:30 adjourn meeting. By: Director Kane Seconded by: Director Griffin Vote: 5-0 Motion Passed

A special meeting of the Board is scheduled for Wednesday, April 17 at 4:30 to review a presentation on the Healthy Schools Initiative and a request from the San Mateo Medical Center.

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, June 5, 2013, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kathleen Kane, Secretary

Agenda Item 3.b Board of Directors Mtg. 6/5/13

Λ	MINUTES OF SPECIAL MEE				
-	BOARD OF DIRECTOR				
SI	EQUOIA HEALTHCARE DIS	TRICT			
	April 17, 2013				
Confere	ence Room, 525 Veteran				
	Redwood City, CA 940				
Directors Present	Directors Excused	Also Present			
Director Faro		Mr. Michelson, CEO			
Director Griffin		Mr. Hudak, Legal Counsel			
Director Hickey		Ms. Johnson, Recorder			
Director Kane Director Shefren					
Director Sherren	1. Call to Order				
By: President Shefren	<u>1. can to order</u>				
Time: 4:30pm					
President Shefren announced	that public comment will b	be heard on each agenda item.			
	-				
<u>2. P</u>	ublic Comment/Non-Agen	da Items			
,	ive Director of StarVista in	troduced herself and thanked the			
Board for their support.					
3 a Request From San Mateo Medical Center For \$2 Million In Operating					
3.a Request From San Mateo Medical Center For \$2 Million In Operating					
Funds For North Fair Oaks Clinic For Fiscal Year 2013-14					
Dr. Susan Ehrlich, CEO of San Mateo Medical Center introduced Mr. Jonathan Messinger, Manager of the Fair Oaks Clinic and Dr. Jeanette Aviles, Medical Director and practicing physician of the Fair Oaks Clinic.					
healthcare for all. She prese medical center serves appro Access to Care for Everyone hospital and affiliated clinic. per year. Dr. Ehrlich stated	ented an overview of the loximately 9,800 healthcar (ACE) program, a treatme Treatment costs about \$4 the District's \$2 million in	and the District to insure basic District's investment at work. The re district residents through the ent program available only at the ,700 per inpatient or \$46.1 million investment would enable about 850 receive care annually at the Fair			
Sequoia Hospital and a \$2 mi	llion grant to the clinic w at Shefren noted that the D	e is projected next fiscal year from ould put the District in a difficult District will be spending about \$4.3 nic.			
Motion: To approve a two yea at \$1 million annually. By: Director Shefren Seconded by: Director Faro Vote: 4-1 with Director Hickey Motion Passed		County Medical Clinic for 2013-2015			

3.b. Request to Approve Healthy Schools Initiative Budget for 2013-2014 of \$2.85 Million

Public comment was taken from school superintendents, principals, educators, school board members and parents urging continuation of the Healthy Schools program.

Ms. Kurtzman thanked audience members speaking on behalf of the program. She reviewed program objectives, partnerships, grant recipients, major accomplishment and goals, stressing citing the importance of partnering not only with the four core school districts but many local non-profit organizations as well.

Ms. Gabet spoke to the challenges of providing nutrition education to students and created "nutrition nuggets" wherein PE+ coaches incorporate nutrition messages through their daily PE classes.

Ms. Kurtzman summarized the 2013-14 budget: total school-based staffing costs at \$1,668,000; grants at \$263,500; special program costs for PE+ at \$655,000; garden and nutrition support at \$60,000; SHD staffing at \$131,500 and other at \$72,000 for a total of \$2,850,000.

Motion: To approve Healthy Schools Initiative budget for 2013-2014 of \$2.85 million. By: Director Faro Seconded by: Director Griffin Vote: 4-1 with Director Hickey opposed Motion Passed

3.c. Request Approval of \$5,000 Increase in 2013-14 Community Grant to the Service League of San Mateo County

Mr. Michelson reported that the Grants Committee had recommended a grant of \$30,000 to the Service League but it was presented to the Board for \$25,000 and he asked for approval of an additional \$5,000.

Motion: To increase the grant to the Service League for 2013-2014 by \$5,000 for a total of \$30,000. By: Director Kane Seconded by: Director Griffin

Vote: 4-1 with Director Hickey opposed Motion Passed

With this increase, the total budget for 2013-14 Community Grants is \$1.140 million.

4. Adjourn

Motion: At 4:00 adjourn meeting. By: Director Kane Seconded by: Director Faro Vote: 5-0 Motion Passed

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, June 6, 2013, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kathleen Kane, Secretary

				SEQUC	SEQUOIA HEALTHCARE DISTRICT Balance Sheet	DISTRICT					Agenda Item No. 3.c Board of Directors Meeting 6/5/13	Agenda Item No. 3.c of Directors Meeting 6/5/13
	VINL	August	September	October	November	December	January	February	March	April	May	June
ASSETS												
Current Assets												
Cash (WF-MMA)	\$ 2,720,647.39 \$	5 1,891,314.60 \$	-	2,022,298.24 \$	1,582,664.69 \$	1,523,054.68 \$	3,523,705.82 \$	2,624,450.27 \$	2,325,082.06 \$	4,725,931.61		
Cash (WF)	78,826.27	390,732.04	103,090.45	458,894.48	46,296.37	3,409,118.82	239,038.48	171,301.85	505,565.57	240,987.03		
Cash from Investments	47,210.70	47,210.70	47,210.70	47,210.70	47,210.70	47,210.70	47,210.70	47,210.70	47,210.70	47,210.70		
Cash Equivalents	14,891,606.90	14,890,990.90	14,904,568.51	14,904,809.51	14,919,768.51	14,914,627.51	14,928,689.51	14,948,911.51	14,957,488.51	14,972,218.51		
Accounts Receivable	8,915.73	1,320.73	1,320.73	975.43	975.43	975.43	0.00	0.0	0.00	0.0		
Due From Other Governments	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00		
Total Current Assets	18,369,542.99	17,843,904.97	17,570,385.14	18,056,524.36	17,219,251.70	20,517,323.14	19,360,980.51	18,414,210.33	18,457,682.84	20,608,683.85		
Property, Plant & Equipment												
Land	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00		
Land improvements	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05		
Buildings	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30		
Building Improvements	513,129.57	513,129.57	513,129.57	513,129.57	513,129.57	513,129.57	513,129.57	513,129.57	513,129.57	513,129.57		
Tenant improvements	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29		
Equipment	60,169.05	60,169.05	60,169.05	60,169.05	60,169.05	60,169.05	60,169.05	60,169.05	60,169.05	60,169.05		
Furniture	28,259.91	28,259.91	28,259.91	28,259.91	28,259.91	28,259.91	28,259,91	28,259.91	28,259.91	28,259.91		
Accumulated Depreciation	(1,501,152.71)	(1,508,252.46)	(1,515,352.21)	(1,522,451.96)	(1,529,551.71)	(1,536,651.46)	(1,543,751.21)	(1,550,850.96)	(1,557,950.71)	(1,565,050.46)		
Net Property/Plant/Equipment	847,986.46	840,886.71	833,786.96	826,687.21	819,587.46	812,487.71	805,387.96	798,288.21	791,188.46	784,088.71		
Total Assets	19,217,529.45	18,684,791.68	18,404,172.10	18,883,211.57	18,038,839.16	21,329,810.85	20,166,368.47	19,212,498.54	19,248,871.30	21,392,772.56		
LIABILITIES & FUND BALANCE												
Current Liabilities												
Accounts Payable	\$ 12,981.80 \$		206.70 \$	206.70 \$	206.70 \$	206.70 \$	206.70 \$	206.70 \$	206.70 \$	206.70		
Deposit Payable	3,165.00	3,165.00	3,165.00	3,165.00	3,165.00	3,165.00	3,165.00	3,165.00	3,165.00	3,165.00		
Grants Payable	1,469,198.35	1,424,891.41	1,295,000.49	670,000.49	670,000.49	670,000.49	0.00	0.00	0.00	0.00		
Deferred Revenue	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00	622,336.00		
Total Current Liabilities	2,107,681.15	2,050,599.11	1,920,708.19	1,295,708.19	1,295,708.19	1,295,708.19	625,707.70	625,707.70	625,707.70	625,707.70		
Fund Balances												
Invested in Capital Assets	851,921.00	851,921.00	851,921.00	851,921.00	851,921.00	851,921.00	851,921.00	851,921.00	851,921.00	851,921.00		
Fund Balance	17,510,253.99	17,510,253.99	17,510,253.99	17,510,253.99	17,510,253.99	17,510,253.99	17,510,253.99	17,510,253.99	17,510,253.99	17,510,253.99		
Net Surplus/Loss	(1,252,326.69)	(1,727,982.42)	(1,878,711.08)	(774,671.61)	(1,619,044.02)	1,671,927.67	1,178,485.78	224,615.85	260,988.61	2,404,889.87		
Total Fund Balance	17,109,848.30	16,634,192.57	16,483,463.91	17,587,503.38	16,743,130.97	20,034,102.66	19,540,660.77	18,586,790.84	18,623,163.60	20,767,064.86		
Total Liabilities & Fund Balance	. 19,217,529.45	18,684,791.68	18,404,172.10	18,883,211.57	18,038,839.16	21,329,810.85	20,166,368.47	19,212,498.54	19,248,871.30	21,392,772.56		

	Кілг	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 12-13
INCOME														
Rental Income	3,291.29	3,424.94	3,422.94	3,423.94	3,423.94	3,423.94	3,417.94	3,422.94	3,422.94	3,422.94			34,097.75	41,076.00
Tax Revenue	4,053.03	3,761.96	3,502.61	0.00	831,079.60	3,502,830.20	181,676.45	392,613.67	427,854.30	2,395,546.34			7,742,918.16	8,600,000.00
Investment Income	49,932.00	11,884.00	13,579.00	241.00	14,959.00	(5,141.00)	14,062.00	20,222.00	8,577.00	14,730.00			143,045.00	400,000.00
ROI-Sequoia Hospital EBIDA	0.00	0.00	0.00	2,114,000.00	0.00	0.00	0.00	0.00	0.00	0.00			2,114,000.00	2,100,000.00
Interest Income	1,016.75	669.60	546.98	443.75	372.51	405.64	671.39	749.72	633.74	852.80			6,362.88	7,600.00
Pension Income	0.00	0.00		00.00	0.00	0.00	2,800,000.00	0.00	0.00	0.00			2,800,000.00	2,600,000.00
Total Income	58,293.07	19,740.50		21,051.53 2,118,108.69	849,835.05	3,501,518.78	2,999,827.78	417,008.33	440,487.98 2,414,552.08	2,414,552.08			12,840,423.79	13,748,676.00
EXPENSES														
Administrative Expenses														
Admin. Expense	245.38	2,052.95	657.45	554.75	437.11	418.50	1,253.01	1,263.33	658.11	770.31			8,310.90	8,500.00
Admin. Payroll	11,487.66	24,501.77	15,031.58	24,159.18	16,100.41	16,100.41	25,114.57	17,301.51	19,800.51	16,815.74			186,413.34	221,500.00
Board Health Insurance	2,907.04	5,865.78	1,944.49	2,907.04	2,907.04	2,958.74	11,736.75	3,336.75	3,834.57	8,721.35			47,119.55	60,000.00
Employee Health Insurance	2,760.21	4,988.13	985.04	2,475.83	3,128.10	2,477.83	3,239.46	3,553.20	2,879.93	3,228.22			29,715.95	26,000.00
Employee Retirement Benefit	742.27	1,549.16	1,003.18	1,452.73	1,061.60	1,061.60	1,061.60	1,903.40	1,367.74	1,367.74			12,571.02	17,000.00
Investment Fees	00-0	0.00	12,362.50	0.00	0.00	12,407.52	8,867.87	3,750.00	16,045.40	0.00			53,433.29	55,000.00
Office Supplies/Equip Maint	0.00	917.18	154.36	547.79	642.42	161.78	658.73	466.86	414.83	215.77			4,179.72	7,500.00
Purchase Services	0.00	0.00	0.00	0.00	0.00	00.00	0.00	0.00	00-00	0.00			0.00	1,000.00
Accounting fees	00.00	0.00	3,500.00	12,000.00	00.0	8,500.00	0.00	0.00	0.00	0.00			24,000.00	27,000.00
Board Expense	00.00	0.00	0.00	0.00	00.00	0.00	78.85	472.12	450.00	650.84			1,651.81	10,000.00
Associations/Membership	0.00	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			10,000.00	15,000.00
Communications	0.00	180.78	1,215.63	8,011.99	Z0,051.44	0.00	0.00	00-0	0.00	69.60			29,529.44	25,000.00
Public Relations	4,200.00	4,200.00	4,200.00	4,200.00	4,200.00	4,200.00	4,200.00	4,200.00	4,200.00	4,200.00			42,000.00	50,000.00
Web Site/IT	865.00	865.00	865.00	865.00	865.00	865.00	865.00	865.00	10,826.13	865.00			18,611.13	22,000.00
Pension Plan	0.00	0.00	0.00	0.00	0,00	0,00	2,800,000.00	0.00	0.00	0.00			2,800,000.00	2,600,000.00
Insurance/D&O	26,587.04	1,325.06	(12,052.00)	500.00	1,253.69	62.06	0.00	1,000.00	0.00	750.00			19,425.85	21,000.00
Election Fees	0.00	0.00	0.00	0.00	0.00	00"0	0.00	0.00	0.00	197,869.25			197,869.25	160,000.00
LAFCO fees	0.00	0.00	0.00	0.00	7,509.00	0.00	0.00	0.00	0.00	0-00			7,509.00	7,000.00
Legal Fees	0.00	2,226.15	4,495.95	940.50	2,924.50	262.00	2,270.00	3,896.00	2,107.88	1,826.50			20,949.48	25,000.00
Bank řees	00.0	0-00	0.00	0.00	3.00	0.00	30.00	0.00	0.00	0.00			33.00	100.00
Total Admin. Expenses	49,794.60	58,671.96	34,363.18	58,614.81	61,083.31	49,475.44	2,859,375.84	42,008.17	62,585.10	237,350.32			3,513,322.73	3,358,600.00
Property Expenses														
Maintenance	125.00	1,475.00		2,930.82	1,236.07	1,672.00	2,008.00	3,859.37	2,216.20	3,575.84			21,176.40	25,000.00
Utilities	494.60	2,174.58	2,354.69	2,419.67	1,745.80	1,971.71	1,339.23	1,400.65	1,666.76	1,002.86			16,570.55	20,000.00
Property Insurance	1,662.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			1,662.00	2,000.00
Depreciation	7,099.75	7,099.75	7,099.75	7,099.75	7,099.75	7,099.75	7,099.75	7,099.75	7,099.75	7,099.75			70,997.50	100,000.00
Total Property Expenses	9,381.35	10,749.33	11,532.54	12,450.24	10,081.62	10,743.46	10,446.98	12,359.77	10,982.71	11,678.45			110,406.45	147,000.00

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	If \$4.3 million approved 2/: y Health Center will be pai ncluded in the operating bu	3/10 for the re id from District dget	build												
	Ctr. Rebuild	0.00	0.00	0.00	0.00	1,000,000.00	0.00	0.00	0.00	0.00	0.00			1,000,000.00	0.00

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SEQUOIA HEALTHCARE DISTRICT Income Statements

Agenda Item No.3.c Board of Directors Meeting 6/5/13

Revised CEO Report: June 2013 by Lee Michelson

- 1. Program
- The next chronic conditions management class will be held June 5- July 10 at the San Carlos Adult Center. It will be led by Michele Jariya and Judy Maller.
- We have paid to-date \$1,000,000 towards our \$4.3 million dollar pledge for the North Fair Oaks clinic rebuild. A report on the use of our funds is attached to this report.
- The final reports for the 2012 grants are due July 30. Pamela and I will review and send a year- end report to the grants committee and Board in August.
- San Mateo County will be funding the SMART Program moving forward and will not be asking the District for continued funding. Louise Rogers asked that I convey her appreciation to the Board for our past and current support.
- HeartSafe: It is our belief that the placement of AED's has been accomplished, the grantees understand that they are responsible for the annual maintenance, and that the program can move to the phaseout stage. As a result as of September 1st we will no longer employ a program manager.
- 2. Community Involvement
- Jana Kaiser has been hired as the Executive Director for Redwood City 2020. A thank you party for pat Brown is scheduled for June 7 at 4pm at the Veterans Memorial Senior Center.
- Kitty Lopez will be leaving Samaritan House to become the new Executive Director for First 5.

- 3. ACHD
 - I attended the ACHD conference in San Diego on May 22-24. We have been asked by ACHD to host a media training day on June 26th. Several other Districts will be sending representatives to the training at our site. ACHD will cover all costs for the day.
- 4. Grand Jury
 - The judge has approved the Grand Jury report and a preliminary copy has been distributed to the Board of Directors. The final copy will be made public on June 3rd. A discussion of the report will be added to the meeting agenda.
- 5. Finance
 - We have completed our reviews with our auditors and happy to report that we are in complete compliance with their recommendations.
 - The next pension committee meeting is scheduled for June 26.



SAN MATEO COUNTY HEALTH SYSTEM

May 22, 2013

Mr. Lee Michelson Chief Executive Officer Sequoia Healthcare District 525 Veterans Boulevard Redwood City, CA 94063

Re: Expense Report on SHD Capital Contribution to New Clinic

Dear Mr. Michelson:

The San Mateo Medical Center (SMMC) is very grateful to you and the Sequoia Healthcare District for its capital contribution to the new clinic under construction at 2710 Middlefield Road in Redwood City. We are pleased to report that the foundation and structural steel work are complete, and framing, roofing, and mechanical, electrical and plumbing work are in progress. The general contractor reports the facility will be completed and turned over to the Medical Center for occupancy in October, and we plan on serving patients in November. Once this clinic is in operation access to quality care by the residents in the South County will be vastly improved thanks in large part to your generous grant.

As required by our MOU we are submitting our first cost summary describing how the SHCD grants funds will be invested in facility related improvements; medical and office equipment, furnishings and fixtures; and moving expenses related to the transition into the new clinic.

Fund Use Summary

1. Facility Related Improvements

During the course of the design-build process clinic leadership collaborated with the developer and general contractor to make a number of design enhancements beyond the core building which would produce the best possible environment of care for patients and providers. The list presented below enumerates the tenant improvements and associated costs that have been approved to date. There will be additional tenant improvements before the project is complete; these items will be included in the next expense report.

San Mateo Medical Center A County System of Healthcare

Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP

222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030 www.sanmateomedicalcenter.org

Specific Tenant Improvements

ITEM	COST
a) Foot pedal valves at 84 sinks in lieu of hand controls	\$54,107
b) Additional plumbing fixtures for lab	\$15,171
c) Add Floor drain for vending area	\$ 2,851
d) Add rough in sink to pharmacy	\$ 4,447
e) Increase AC units size at IDF room	\$ 2,043
f) Relocate steel column from vending area	\$ 6,370
g) Furnish and install UPS at Room A130	\$46,620
h) Add Comcast utility vault	\$ 4,248
i) Upgrade P-Lam Counter Tops to Solid Surface	\$40,817
j) Additional plumbing work – medical air, sink	\$ 8,102
k) Architectural coordination of interior finishes with FFE	\$ 1,112
l) Architectural changes; remove roll up door, add windows	
m) Signage Design services	\$46,599
n) Add supply/return air to 3 new offices	\$ 8,575
o) Add 1.5 ton cooling system to Room A129	\$19,458
Sub-Total	\$ 269,790

General Facility Related Tenant Improvements

In addition to the specific tenant improvements noted above, clinic leadership is collaborating with the developer and general contractor to add a number of substantial general tenant improvements in the categories specified below. The project team has not yet determined the actual costs for these items, however, these costs will be included in a future cost summary report.

	ITEMS IN PROCESS	COST
a)	Miscellaneous iron and labor for medical equipment: seismic backing	TBD
	plates for imaging and computer equipment	
	Casework for registration and Lab	TBD
c)	Architectural frames, doors and hardwood for approximately 64 exam and	
	procedure rooms	
d)	Drywall/plaster systems to finish item C	TBD
e)	Flooring – inclusion of complex design in marmoleum flooring – 3 floors; and carpeting	
f)	Painting – addition of accent color walls and soffits for way finding	TBD
g)	Signage – addition of a monument sign at street and signage beyond the minimum regulatory requirements	TBD
h)	Electrical – significant addition to power, lighting and security beyond minimum code requirements to assure efficient workflow	TBD
	Sub-Total	TBD

2. Furniture, Fixtures and Equipment (FFE) Expenses

The clinic leadership has been collaborating with County purchasing for the past 3 months to procure all medical and office equipment and furnishings for the new facility. To date 22 Purchase Orders for FFE have been released totaling \$978,237.78.

The FFE procurement process will continue until approximately June 30 at which time we will complete this task. The funding for all Purchase Orders released has been encumbered, and actual payment will be made after delivery and invoicing which should occur in September and October.

FFE Financial Commitments Sub-Total to Date = \$ 978,237.78.

3. Moving and Transition Budget Expenses The clinical leadership has developed a \$225,000 Transition budget which includes moving and related expenses for relocating the three existing clinics into the new facility. To date no funds have been encumbered/expended from the Transition budget.

Moving and Transition Expenses Sub-Total to Date = \$ 0

Summary

To date the total amount encumbered or expended on the new clinic through funding provided by the SHD grant is \$\$1,248,027.78. In future reports, we intend to document the full \$4.3 million in the categories funded by your grant.

Your investment has helped ensure a successful completion of this project to date, and without which this project would not be possible. Please let me know if you need any additional information.

Best regards,

Susan Ehrlich, MD, MPP Chief Executive Officer

Agenda Item No	4.B
Board of Direc	tors Meeting



	سير مر	12
Date	6-3	-13

Healthy Schools Initiative

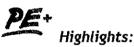
Activity Summary for April-May 2013

Highlights- Pamela

- Since our Board meeting of April 17 where SHD Board of Directors approved the proposed HSI budget, I
 have been reconnecting with superintendents and wellness coordinators to modify and update MOU's
 with School districts.
- I was emcee for the Mustangs Eat Salad and PE+ field day event at Henry Ford Elementary School. It was a terrific event! Participants included Don Horsley, RWC Mayor Alicia Aguirre, Ann Campbell, and Jeff Cárdenas of Jerry Hill's office. In attendance were also Andrea Garen, Jennifer Gabet, Jan Christensen, and Redwood City School District members of the Board of Trustees.
- On May 23rd, I volunteered at the annual Make Time for Fitness event with Dignity Health and Wellness Center.
- Assisting in the planning for RCEF and Coca Cola (Dasani water) Drink Water First event to be held on May 31st

HSI Grants 2012- The final report template was sent to our current grantees. Reports are due to me by June 21. I will compile a summary report to share via email with the Board in July.

HSI Grants 2013- Grant agreements were mailed to each of the 12 approved grantees this funding cycle. Most have been signed and returned. Next step is to mail 1st half of grant on July 1.



We are continuing our discussion around individual school funding contribution for the PE+ program to cover lunch and recess support where schools are requesting this additional service. We have requested that all schools pay for the additional cost of this expanded service if they want to have it.

Program Development- Jennifer Gabet

- Observed PE class at all nine PE+ schools to understand overall structure of PE+ and implementation of Nutrition Nugget implementation. Summarized information collected from PE+ coaches via head coach meetings, lesson evaluation forms, and observations.
- Formed a PE+ Nutrition Nugget Development Committee of a subset of PE+ head coaches from both organizations. Also, new nuggets on "hygiene/how to take care of body" will be included for the beginning of the school year. Began outreach to Redwood City School District nurse to plan this new aspect of the curriculum.
- With Karen Li, observed nutrition taught in PE programs at Woodside High School and Carlmont High School and discussed curriculum assistance and training for next year.

1-2-3 Let's Grow Update:

- Pamela and Jennifer met with 1-2-3 Let's Grow partners to explain rational for funding decisions, allocation amounts moving forward and next steps for winding down project.
- Pamela and Jennifer finalized budget and program plan for dissolution of 1-2-3 Let's Grow Partnership and continuation of reduced programs under the HSI Grants Program.
- Jennifer completed "Grow Notes" template with UC Master Gardener Ally Christian and Jenny Zaebst from Hidden Villa, discussed at the partner meeting, and provided template to partners.

Highlights from our School District Partners:

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Activity Summary for April and May 2013

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Attend and participate in regional planning and support.

Maintenance of Existing Units (new batteries, electrodes, etc.)

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- Canada College
- Fox Elementary
- Sequoia Teen Wellness Center
- Henry Ford School
- Redwood City Police Department
- San Mateo County Courthouse
- John Gill School
- Sequoia High School

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- Belmont City Offices
- Belmont Council Chambers

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- 2) Carlmont High School Freshman
- 3) Sequoia High School Staff Members
- 4) Salvation Army
- 5) San Mateo County Sheriff's Office Activities League
- 6) Lions Club

Photographs



More than 500 Freshman receive AED and CPR training at Sequoia High School.

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Sequoia High School Staff

High school freshmen trained in CPR

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More than 500 Freshman receive AED and CPR training at Carlmont High School.



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SAN MATEO COUNTY HEALTH SYSTEM

May 22, 2013

Mr. Lee Michelson Chief Executive Officer Sequoia Healthcare District 525 Veterans Boulevard Redwood City, CA 94063

Re: Expense Report on SHD Capital Contribution to New Clinic

Dear Mr. Michelson:

The San Mateo Medical Center (SMMC) is very grateful to you and the Sequoia Healthcare District for its capital contribution to the new clinic under construction at 2710 Middlefield Road in Redwood City. We are pleased to report that the foundation and structural steel work are complete, and framing, roofing, and mechanical, electrical and plumbing work are in progress. The general contractor reports the facility will be completed and turned over to the Medical Center for occupancy in October, and we plan on serving patients in November. Once this clinic is in operation access to quality care by the residents in the South County will be vastly improved thanks in large part to your generous grant.

As required by our MOU we are submitting our first cost summary describing how the SHCD grants funds will be invested in facility related improvements; medical and office equipment, furnishings and fixtures; and moving expenses related to the transition into the new clinic.

Fund Use Summary

1. Facility Related Improvements

During the course of the design-build process clinic leadership collaborated with the developer and general contractor to make a number of design enhancements beyond the core building which would produce the best possible environment of care for patients and providers. The list presented below enumerates the tenant improvements and associated costs that have been approved to date. There will be additional tenant improvements before the project is complete; these items will be included in the next expense report.

San Mateo Medical Center A County System of Hentibeare

Board of Supervisors: Carole Groom • Don Horsley • Dave Pine • Warren Slocum • Adrienne Tissier Health System Chief: Jean S. Fraser • San Mateo Medical Center CEO: Susan Ehrlich, MD, MPP

222 W. 39th Avenue • San Mateo, CA 94403 • PHONE 650.573.2222 • CA RELAY 711 • FAX 650.573.2030 www.sanmateomedicalcenter.org

Specific Tenant Improvements

ITEM	COST
a) Foot pedal valves at 84 sinks in lieu of hand controls	\$54,107
b) Additional plumbing fixtures for lab	\$15,171
c) Add Floor drain for vending area	\$ 2,851
d) Add rough in sink to pharmacy	\$ 4,447
e) Increase AC units size at IDF room	\$ 2,043
f) Relocate steel column from vending area	\$ 6,370
g) Furnish and install UPS at Room A130	\$46,620
h) Add Comcast utility vault	\$ 4,248
i) Upgrade P-Lam Counter Tops to Solid Surface	\$40,817
j) Additional plumbing work – medical air, sink	\$ 8,102
k) Architectural coordination of interior finishes with FF	
l) Architectural changes; remove roll up door, add windo	
m) Signage Design services	\$46,599
n) Add supply/return air to 3 new offices	\$ 8,575
o) Add 1.5 ton cooling system to Room A129	\$19,458
Sub-Total	\$ 269,790

General Facility Related Tenant Improvements

In addition to the specific tenant improvements noted above, clinic leadership is collaborating with the developer and general contractor to add a number of substantial general tenant improvements in the categories specified below. The project team has not yet determined the actual costs for these items, however, these costs will be included in a future cost summary report.

	ITEMS IN PROCESS	COST
a)	Miscellaneous iron and labor for medical equipment: seismic backing	TBD
	plates for imaging and computer equipment	
	Casework for registration and Lab	TBD
c)	Architectural frames, doors and hardwood for approximately 64 exam and procedure rooms	
d)	Drywall/plaster systems to finish item C	TBD
	Flooring – inclusion of complex design in marmoleum flooring – 3 floors; and carpeting	
f)	Painting – addition of accent color walls and soffits for way finding	TBD
g)	Signage – addition of a monument sign at street and signage beyond the minimum regulatory requirements	TBD
h)	Electrical – significant addition to power, lighting and security beyond minimum code requirements to assure efficient workflow	TBD
l	Sub-Total	TBD

2. Furniture, Fixtures and Equipment (FFE) Expenses

The clinic leadership has been collaborating with County purchasing for the past 3 months to procure all medical and office equipment and furnishings for the new facility. To date 22 Purchase Orders for FFE have been released totaling \$978,237.78.

The FFE procurement process will continue until approximately June 30 at which time we will complete this task. The funding for all Purchase Orders released has been encumbered, and actual payment will be made after delivery and invoicing which should occur in September and October.

FFE Financial Commitments Sub-Total to Date = \$ 978,237.78.

3. Moving and Transition Budget Expenses The clinical leadership has developed a \$225,000 Transition budget which includes moving and related expenses for relocating the three existing clinics into the new facility. To date no funds have been encumbered/expended from the Transition budget.

Moving and Transition Expenses Sub-Total to Date = \$0

Summary

To date the total amount encumbered or expended on the new clinic through funding provided by the SHD grant is \$\$1,248,027.78. In future reports, we intend to document the full \$4.3 million in the categories funded by your grant.

Your investment has helped ensure a successful completion of this project to date, and without which this project would not be possible. Please let me know if you need any additional information.

Best regards,

Susan Ehrlich, MD, MPP Chief Executive Officer

Agenda	Item	No.	_4.	B
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Board	of D	irect	ors	Meet	ing
Date	6-	-5	-/	3	•••••

Healthy Schools Initiative

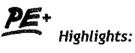
Activity Summary for April-May 2013

Highlights- Pamela

- Since our Board meeting of April 17 where SHD Board of Directors approved the proposed HSI budget, I
 have been reconnecting with superintendents and wellness coordinators to modify and update MOU's
 with School districts.
- I was emcee for the Mustangs Eat Salad and PE+ field day event at Henry Ford Elementary School. It was a terrific event! Participants included Don Horsley, RWC Mayor Alicia Aguirre, Ann Campbell, and Jeff Cárdenas of Jerry Hill's office. In attendance were also Andrea Garen, Jennifer Gabet, Jan Christensen, and Redwood City School District members of the Board of Trustees.
- On May 23rd, I volunteered at the annual Make Time for Fitness event with Dignity Health and Wellness Center.
- Assisting in the planning for RCEF and Coca Cola (Dasani water) Drink Water First event to be held on May 31st

HSI Grants 2012- The final report template was sent to our current grantees. Reports are due to me by June 21. I will compile a summary report to share via email with the Board in July.

HSI Grants 2013- Grant agreements were mailed to each of the 12 approved grantees this funding cycle. Most have been signed and returned. Next step is to mail 1st half of grant on July 1.



We are continuing our discussion around individual school funding contribution for the PE+ program to cover lunch and recess support where schools are requesting this additional service. We have requested that all schools pay for the additional cost of this expanded service if they want to have it.

Program Development- Jennifer Gabet

- Observed PE class at all nine PE+ schools to understand overall structure of PE+ and implementation of Nutrition Nugget implementation. Summarized information collected from PE+ coaches via head coach meetings, lesson evaluation forms, and observations.
- Formed a PE+ Nutrition Nugget Development Committee of a subset of PE+ head coaches from both organizations. Also, new nuggets on "hygiene/how to take care of body" will be included for the beginning of the school year. Began outreach to Redwood City School District nurse to plan this new aspect of the curriculum.
- With Karen Li, observed nutrition taught in PE programs at Woodside High School and Carlmont High School and discussed curriculum assistance and training for next year.

1-2-3 Let's Grow Update:

- Pamela and Jennifer met with 1-2-3 Let's Grow partners to explain rational for funding decisions, allocation amounts moving forward and next steps for winding down project.
- Pamela and Jennifer finalized budget and program plan for dissolution of 1-2-3 Let's Grow Partnership and continuation of reduced programs under the HSI Grants Program.
- Jennifer completed "Grow Notes" template with UC Master Gardener Ally Christian and Jenny Zaebst from Hidden Villa, discussed at the partner meeting, and provided template to partners.

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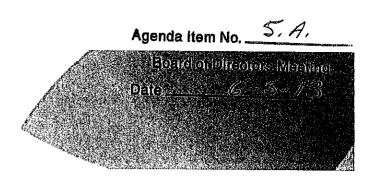


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Sequoia Community Care ... across the Continuum January – May 2013 Progress Report

Prepared for Sequoia Healthcare District Board

By **Dignity Health/Sequoia Hospital**

Project Overview

This progress report details the work accomplished over the past five months to help build the HUB infrastructure. The HUB will allow for strong program ownership, expansion, leadership, quality enhancement, and outcome monitoring. The following is a list of milestones that have occurred:

Milestones

January 2013

- Sequoia Continuing Care Committee approves development of the *Sequoia Community Care ... across the Continuum program* (Attachment A)
- Sequoia Hospital Health & Wellness staff assigned to HUB team
 - o Marie Violet, Director
 - o Linda Merslich, RN, BSN
 - o Tricia Halimah, Coordinator

February - March 2013

- Dignity Health/Sequoia Hospital is a hospital engagement network for CMS with a No Harm Campaign committed to achieving a 20% reduction of avoidable readmissions by using evidenced based strategies. One such strategy was the launch of the Risk for Readmission tool.
- The new tool is now embedded in the Adult Admission Form. The purpose of readmission risk scoring is to identify patients who are likely to return to the hospital.
- HUB News Developed to communicate information amongst collaborative partners and vendors to enable discussions, address challenges and resolve issues.
- HUB Development
 - o Centralized Intake <u>SequoiaCC@DignityHealth.org</u> or (650) 367-5991
 - o Interim shared electronic health information system established utilizing Sequoia Hospital's secure email.

April 2013

- Training for all vendors to ensure consistency around service delivery, branding and policies/guidelines
- Brenda Robertson, MSN, New Director of Case Management assigned to HUB Team
- Sequoia Hospital Readmission Task Force established to address hospital wide challenges and develop solutions Marie Violet, Director and Linda Merslich, RN,BSN (Members)
- Suzanne Lim, RN, BSN assigned to HUB team
- Sequoia Hospital HUB Team attends *Beyond Hospital Walls* Conference sponsored by ARC

May 2013

• HUB Go Live – May 6, 2013

o HUB Functions & Advantages of Centralization

- Facility & Personnel A community based centralized office, located at Sequoia Hospital Health & Wellness Center, establishes a strong, efficient and purposeful central leadership which includes a Director, Supervisor, and Coordinator.
- **Uniformity** The centralized HUB coordinates the actions/efforts of the vendors. This will ensure uniform decision and uniform process.

- Efficiency The centralized HUB allows for quick decision making when necessary, thereby avoiding duplication of work and allowing for greater flexibility to address individual client needs.
- Standardization A centralized office helps in standardizing the work and thereby helps in extending the training to everyone involved in the program. It also allows for a new staff member to easily pick up the work and easily be accommodated.
- Quality Control Facilitates greater degree of supervision, effective coordination, reporting, statistics, data collection and feedback.
- Responsibility A centralized team is able to pinpoint fault and detectinefficiencies and thus take effective measures to enhance and improve client care.
- Challenges encountered:
 - o Receiving referrals upon or after patient discharge
 - o Unable to contact client
 - o Patient refusing service
- Freed Associates hired (Attachment B)
- 1st monthly SequoiaCC Roundtable held at Sequoia Hospital Health & Wellness Center with vendors.

Next Implementation Steps

- Work with Sequoia Hospital Transformational Care – Data Collection/Analysis
- Meet with Case Management Director to problem solve about better identification of appropriate patients
- Figure out how to increase patients' acceptance into the program
- Educate all hospital personnel about SequoiaCC transition program (marketing, department staff meetings)
- Explore use of Sequoia Hospital Community Grants Program as bridge funding

Future Needs/Goals

- Develop job description for and hire full-time Transitional Care Nurse* housed at the HUB (Spanish speaking highly desired)
- Enhancement of Continuum of Care/Lead Transitional Care Nurse (Attachment C)
- Integrate funding for current care transitions model into larger funding schemes, and align incentive and payment mechanisms.
- Engage home health agencies and skilled nursing facilities (Attachment D)

*Role of the Transitional Care Nurse (TCN)

The client/caregiver and the Transitional Care Nurse (TCN) work together to maximize the involvement of interdisciplinary expertise, ensuring the appropriate professionals are involved, critical issues are addressed, treatment goals are understood and the care plan is executed correctly. In addition, the role of the TCN is to enhance self-management and direct communication between the client/caregiver and primary care physician (PCP). The TCN functions as a facilitator of interdisciplinary collaboration across the transitions.



Peninsula Family Service



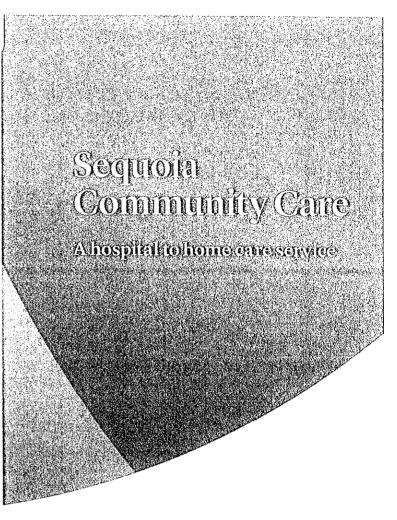


Peninsula Volunteers, Inc.











At Sequoia Hospital, we are committed to our patients' successful recoveries during and after their hospital stay. Because the recovery process continues at home, we want to be there to help. That's why we created Sequoia Community Care...across the Continuum — a collaboration of non-profit agencies that helps adults recuperate successfully and independently at home.

Benefits

To keep you or a loved one safe and healthy while recovering at home, you may want to access community services or get additional in-home support, and Sequoia Community Care can help facilitate these needs. Benefits may include:

- a home visit by a transitional care specialist to help coordinate services for a successful transition
- home delivered nutritious meals and wellness checks every weekday for four weeks*
- transportation for older adults to medical and allied health appointments*
- · home care services to help with activities of daily living*
- individualized transitional care coaching to help clients stabilize at home, such as
 - help with understanding medications
 - tips to communicate effectively with your health care team
 - establishing a personal health record for better continuity of care
 - learning "Red Flag" signs and symptoms to report to your physician

*Upon referral

Enrollment

Sequoia Community Care is a referral-based program. Potential candidates are identified by case managers and social workers at Sequoia Hospital.

Candidates must be 50 years old or older, have a working phone and reside in:

- Atherton
- Belmont
- Menlo Park
- Portola Valley
- Redwood City
- San Carlos
- Southern San Mateo (94403)
- Woodside

They must also meet one of the following criteria:

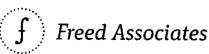
- · live at home with limited or no community support
- · require assistance with medication management
- · require assistance with activities of daily living
- have three or more chronic conditions
- take six or more medications
- · have had multiple hospital admissions

Learn More

Sequoia Hospital Health & Wellness Center (650) 367-5991 SequoiaCC@DignityHealth.org

"Thank you...my care team helped me with the everyday challenges of living alone."

- Mary, 75 years old



At Freed Associates, healthcare is our passion and our business. We have focused exclusively on healthcare in California for more than 20 years, collaborating with a wide range of clients on complex and critical initiatives to deliver enduring value to their organizations. Freed has significant experience in the healthcare information technology (IT) environment including system selection, vendor negotiations, and system implementation in ambulatory, inpatient and other settings.

We have enjoyed a long term relationship with Dignity Healthcare, and worked closely with Sequoia Hospital on the strategy and vendor selection for the Physician Connectivity Program. Freed is collaborating with many of our clients to prepare them for the impact of health reform – including establishing patient-centered medical homes, transition of care programs and initiatives to reduce hospital readmissions.

Jordan Carr and Kathy Murren will lead this engagement for Freed:

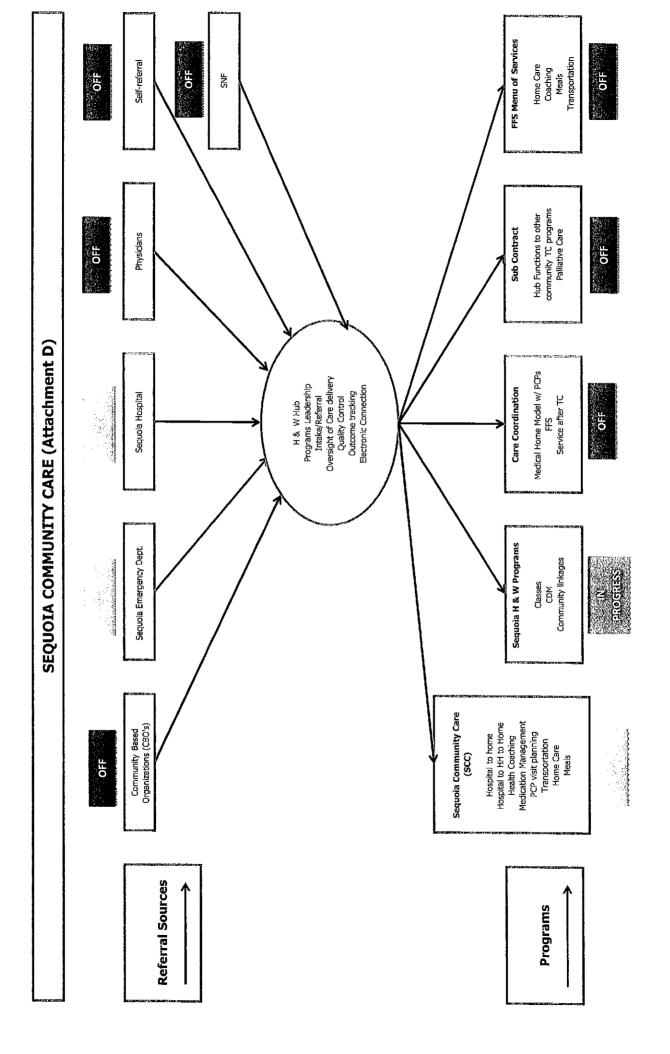
Jordan Carr will be assigned as the full time Project Manager to work closely with the SCCC and Dignity Health teams and lead vendor assessment and evaluation activities. Jordan has significant experience in process improvement, software design and implementation and has deployed technical solutions for leading hospitals and medical groups. Prior to his position with Freed Associates, Jordan was a Senior Product Manager with a healthcare systems firm located in Palo Alto and a Consultant with Huron Consulting Group.

Jordan holds a Bachelor of Science degree in Electrical & Computer Engineering from the Georgia Institute of Technology.

Kathy Murren will serve as the Freed Client Executive and provide oversight to our project team. Kathy joined Freed in 2012 as a member of the Leadership Team. Kathy has more than 25 years of experience advising healthcare provider organizations, health plans and vendors on information technology initiatives. Her expertise ranges from high level strategy and planning, to IT contracting and implementation of Electronic Health Record, Revenue Cycle and many other solutions. Prior to her position with Freed Associates, Kathy served for 12 years as a senior executive at Cerner Corporation, a healthcare software and services company. For over 14 years at Accenture, she served a broad range of clients including national HMOs, integrated delivery systems, community hospitals, physician practices, government health systems and healthcare technology companies.

Kathy holds a BS in Nursing from St. Anselm College and a MBA in Finance from Babson College.

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	Community Health Supervisor Health Current Duties	Care N _{17ansti} onal Care M _{17ansti} onal Need Cantificonal	Settor Hospital Social Hospital (Curent Morpital (Curent Dutter)	Community Banication Banication Duries) unent
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Description Client Enrollment	૾ૢૼૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢૢ	* * *	e a construction of the co	
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Describe program to eligible patient		<u> </u>	X	
Visit patient within 24hr of enrollment in the hospital Client Hospital Stay Continue to visit patient daily during hospital stay				
Gather data: general health status, use of health and social services before hospitalization, functional status, mental status,			;	
emotional status & perception of health status Caregiver assessment to determine the caregiver's capacity to	Elements	X		; {
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Supplemental home visits occur at discretion	·	X	· · · · ·	<u> </u>
Periodically telephones the patient to address questions, monitor progress and reinforce care plan.	• • • • • • • • • • • • • • • • • • •	×	·	X
Available by the telephone to the patient, caregiver, and providers to address questions and concerns and to enable an early response to health risks. (An emergency plan with instructions for after-hours contact is posted in patient's home.)	1	x	· · · · · · · · · · · · · · · · · · ·	v
Community-Based Services Duties Helps identify and arrange needed social services for patient and caregiver	99993333499 . x	×	<u>. .</u>	
Training and Other Duties				
A transition summary provided to patients and primary care providers. The patients' goals, progress in meeting these goals and on-going or unresolved issues with the plan of care are addressed in these summaries	X	×		n en line de la complete de la complete de
	+	÷		
Provide continuing education programs for referral sources Ongoing development, rollout, training and evaluation of Sequoia Community Care.	X	<u> </u>	÷	÷
Utilize key metrics to evaluate and ensure success of the overall	<u> </u>		<u> </u>	•
program. Identify educational needs and develop ongoing training for Case Managers/Social Workers and direct care nurses.	× <u>×</u>	• • • • • • • • •	·	
Collaborate with marketing team to provide clinical expertise to		· · · · · · · · · · · · · · · · · · ·		
enhance overall marketing strategy	x			
Team member of the Sequoia Hospital Readmission Risk				÷ ··· • · ···= .
Reduction Quality Improvement Program Build and maintain relationships with key referral sources	···· <u>X</u> ···· ·			• ··· ··· ·
Collaborate with specialty practices including Home Health and	X			
Primary Care Physicians to ensure proper coordination of services	x			
	···			



Agenda Item 5.b Board of Directors Mtg. 6/5/13

Strategic Planning Process: April – October 2013

Step 1- Committee established consisting of Jerry, Art and Lee. Committee met in April for initial discussion.

Step 2- Committee agreed that the future steps would be as followed:

Review Phase

- Current strategic plan 2008-2013
- County Health Assessment
- Grand Jury Reports

Interview Phase

- County Health System Staff
- County Government Leaders
- School Leadership
- Legislators
- Grantees
- Others: Samaritan House, Ravenswood, Redwood City 2020, Sequoia Hospital etc.

Board/ Staff Discussion Phase

Agenda Item No. <u>5.</u> C



Vavrinek, Trine, Day & Co., LLP Certified Public Accountants Board of Directors Meeting Date _____6_-5-13

VALUE THE DIFFERENCE

INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED UPON PROCEDURES

To the Board of Directors of Sequoia Healthcare District

We have performed the procedures enumerated below, which were agreed to by the management (the specified parties) of Sequoia Healthcare District (the District), solely to assist you with evaluating the suitability of certain internal controls over financial reporting for the quarter ended March 31, 2013. The District's management is responsible for the District's design and implementation of internal controls. This agreed-upon procedures engagement was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of those parties specified in the report. Consequently, we make no representation regarding the sufficiency of the procedures described in Attachment A either for the purpose for which this report has been requested or for any other purpose.

We were not engaged to, and did not, conduct an audit, the objective of which would be the expression of an opinion on the design and implementation of internal controls. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of management of the District and is not intended to be and should not be used by anyone other than those specified parties.

Palo Alto, California May 23, 2013

Attachment 1

Below are the procedures we performed and our findings

1. Obtain an understanding of the District's Administrative Manual for purchasing and procurement. Select on a sample basis purchases and verify that these purchases were authorized in accordance with the District's Administrative Manual.

Finding – In accordance with the District's Administrative Manual, all purchases must have funds available in the budget. Purchases exceeding \$5,000 must have approval by the Chief Executive Officer (CEO). We tested a representative sample of purchases made during the quarter ended March 31, 2013 and noted that purchases exceeding \$5,000 were properly approved by the Chief Executive Officer of the District. For purchases under \$5,000, we noted that these purchases were properly budgeted for.

2. Obtain an understanding of the District's Administrative Manual for grants. Select on a sample basis grants made to third parties and verify that these grants were authorized in accordance with the District's Administrative Manual.

Findings – In accordance with the District's Administrative Manual, grants over \$25,000 must be approved by the board. For grants under \$25,000, these grants must be properly budgeted for. We selected a representative sample of grants awarded and noted that these grants were in accordance with the District's Administrative Manual. However, we noted that some grants did not have written evidence documenting a follow by the District on compliance with the granting requirements. We recommend that a more formalized method be developed to document that grantees are using grant funds properly.

Management response – Organizations are chosen for grants based on the nature of their operations. The District has relied on direct relations with these organization and presentations by these organizations to the District Board to be assured that the funds are being spent properly. In the future the CEO will document his discussions with the Grantees and information from their financials and presentations to the SHD Board relative to their use of Grant funds and whether program goals were met.

3. Obtain an understanding of the District's Administrative Manual for making authorized credit card purchases. Select on a sample basis credit card purchases and verify that these purchases were authorized in accordance with the District's Administrative Manual.

Finding – In accordance with the District's Administrative Manual, all credit card purchases must have a valid business purpose. All credit card purchases must be approved by the CEO. In addition, all receipts for credit card purchases must be submitted to the Administration Executive who will review and reconcile these purchases. We tested a representative sample of credit card purchases made during the quarter ended March 31, 2013 and noted these purchases were properly reviewed by the Administration Executive, approved by the CEO, and that these purchases had a valid business purpose. 4. Obtain an understanding of the District's Administrative Manual for disbursing checks. Select on a sample basis checks and verify that these checks were signed in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, all checks paid must have one signature by someone independent of the accounting functions who maintains the check stock. If the check amount exceeds \$25,000 then two signatures must be present. We tested a representative sample of checks disbursed made during the quarter ended March 31, 2013 and noted these checks were properly signed by the CEO and for checks exceeding \$25,000, two signatures were present by the CEO and an additional board member.

5. Obtain an understanding of the District's Administrative Manual for the processing of payroll. Select employees on a sample basis and verify that the pay levels documented in the employee files reconciles to amounts actually paid.

Finding – In accordance with the District's Administrative Manual, every employee must have a separate employment file documenting their employment agreement and pay level history. We tested a representative sample of employees paid during the quarter ended March 31, 2013 and noted these amounts matched the approved pay levels documented in the employees' files.

6. Obtain an understanding of the District's Administrative Manual for the accrual of Paid Time Off (PTO) and Extended Sick Leave (ESL). Select employees on a sample basis checks and verify that PTO and ESL are being accrued and paid in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, full time employees will accrue PTO of 168 hours per year for the first four years of employment, 208 hours for years five through nine, and 248 hours for years ten and after. No more than 320 hours of PTO may be accumulated. We tested a representative sample of employees paid during the quarter ended March 31, 2013 and noted that PTO was accruing properly. In addition, we noted that ESL hours of which no more than 120 hours may be accumulated were being properly accrued and paid for.

7. Obtain an understanding of the District's Administrative Manual for paying health insurance benefits. Select employees on a sample basis and verify that these benefits are being paid in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, all employees are offered medical insurance coverage of up to \$1,500 per month. Employees may opt out of this coverage and instead receive a monthly "In Lieu" payment of \$400. We tested a representative sample of employees paid during the quarter ended March 31, 2013 and noted the medical insurance benefits were being paid properly according to the Administrative Manual and consistent with their election to be covered or opt out.

8. Obtain an understanding of the District's Administrative Manual for deductions and District matching of the 401K benefit plan. Select employees' checks on a sample basis and verify that the calculations of 401K deductions and District matching were in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, the District will match 100% of employees' contributions up to 3%. The District will match 50% of additional employee contributions to a maximum of 4%. We tested a representative sample of employees paid during the quarter ended March 31, 2013 and noted that the District matching was calculated in accordance with the District's Manual.

9. Obtain an understanding of the District's Administrative Manual for hiring employees. Select on a sample basis employees and verify that they were hired in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, all non-officer employees of the District must be hired by the CEO who is responsible for negotiating their starting salaries. We tested a representative sample of employees who were active during the quarter ended March 31, 2013 and noted that per documentation in the employees' employment files they had been hired, and their salary set, by authorization of the CEO.

10. Obtain an understanding of the District's Administrative Manual for maintaining employee personnel files. Select employees on a sample basis checks and verify that each has a separate personnel file with documentation in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, the District must maintain in a secure location, for each employee, a personnel file documenting the hiring process for that employee, all employee reviews and correspondence, pay level and benefit changes, and termination records. We tested a representative sample of employees active during the quarter ended March 31, 2013 and noted that there were separate personnel files, for each, containing appropriate documentation and located in a secure location.

11. Obtain an understanding of the District's Administrative Manual for reconciling bank account balances to the District general ledger. Select bank statements on a sample basis and verify that these statements were reconciled to the District general ledger.

Finding – In accordance with the District's Administrative Manual, bank statements will be reconciled, on a monthly basis, to amounts recorded in the District general ledger. The reconciliation will be performed by the Administration Executive and will be reviewed and approved by the CEO. We tested a representative sample of bank statements from the quarter ended March 31, 2013 and noted that bank reconciliations had been prepared by the Administration Executive and that the reconciliation documentation had been reviewed and approved by the CEO.

12. Obtain an understanding of the District's Administrative Manual for outstanding checks. Select on a sample basis bank reconciliations and verify that the age of outstanding checks reported in the reconciliation process are in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, during the bank reconciliation process, the Administration Executive will examine outstanding checks and determine if any are over six months old. For any such checks the payee will be contacted, a stop payment order will be placed on the outstanding check, and a new check will be issued. We tested a representative sample of reconciliations prepared during the quarter ended March 31, 2013 and noted that there were no outstanding checks exceeding six months of age.

13. Obtain an understanding of the District's Administrative Manual for depositing receipts. Select on a sample basis receipts and verify that they were deposited in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, all deposits will be reviewed by the Chief Executive Officer before being deposited into the bank. The Chief Executive Officer will later review the bank deposit slips ensuring that all the deposits were reflected in the District's bank accounts. We tested a representative sample of deposits during the quarter ended March 31, 2013 and noted that the deposits were reviewed by the Chief Executive Officer who is independent of the person who performs the check deposit.

14. Obtain an understanding of the District's Administrative Manual for the coding of receipts to the general ledger. Select receipts on a sample basis and verify that they were coded in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, proper care will be taken to code receipts to the appropriate categories to ensure fair reporting of District assets. We tested a representative sample of checks received during the quarter ended March 31, 2013 and noted that the receipts had been coded to the appropriate general ledger accounts.

15. Obtain an understanding of the District's Administrative Manual for safeguarding and accounting for Capital Assets. Select capitalized assets on a sample basis and verify that they are properly identified and accounted for in accordance with the District Administrative Manual.

Finding – In accordance with the District's Administrative Manual, assets purchased by the District that exceed the capitalization thresholds will be labeled and identified appropriately on the District's Capitalized Asset ledger. There will be an annual review of items on the Capital Asset ledger to determine if any assets are no longer in use by the District. Appropriate adjustments will be made in the District general ledger for such assets. There have been no purchases capitalized in the past two fiscal years.

Budget Narrative 2013-14

Income

Sequoia Healthcare District anticipates income of \$11.9 million dollars of which \$2.8 million is provided by Dignity Health to be used to meet our annual obligation for pension benefits incurred during the years that we owned and operated Sequoia Hospital.

The majority of income, some \$8.9 million will come from property taxes.

We do not anticipate receiving an EBIDA share from Sequoia Hospital this fiscal year and our investment income should be in the neighborhood of \$150,000.

Expenses

The District is committed to spending the great majority of income on community health services. We do that by providing major fiscal support of worthy community health efforts and by offering our own program services.

In 2013-14 \$8.9 million dollars will be spent on community health. The largest single program will be our Healthy Schools Initiative at \$2.8 million. These funds will be used to provide a variety of health services to more than 27,000 school children grades K-12.

The expenditure for the North Fair Oaks Clinic operated by San Mateo Medical Center that serves the uninsured will be \$1 million.

Other major expenses include Healthy Kids/Children's Health Initiative at \$1,350,000; SFSU/Cañada College Nursing Program at \$1 million; and Samaritan House Clinic at \$612,700. We will also distribute \$1,340,000 to various nonprofits who serve our residents.

Administrative costs will be at \$639,000 and building related expenses at \$132,000. As stated above the \$2.8 million pension expense is essentially a pass-through item.

Net Revenue

This fiscal year it is anticipated that expenses will be more than income. This is due to not receiving an EBIDA payment and a decrease in our investment income. Reserves will be used to cover this deficit.

Major differences 2013-14 budget v. 2012-13 budget

- 1. Tax revenue up by \$300,000 to reflect an anticipated increase in property tax.
- 2. Investment income down \$250,000 to reflect lower investment returns.
- 3. EBIDA share down \$2.1 million per Sequoia Hospital prediction.
- 4. No election in 2013-14.
- 5. HeartSafe budget down to \$100,000.
- 6. District will not be funding Sequoia Hospital's SHHP program, a decrease to Grant Expense of \$630,166.
- 7. No SMART program support saves \$60,000.
- 8. Support for SMMC North Fair Oaks Clinic down from \$2 million to \$1 million.

The District also anticipates paying off the total commitment of \$4.3 million to San Mateo Medical Center for the rebuilding of North Fair Oaks Clinic by the end of the fiscal year. Payments on this pledge will come from reserves.

Sequoia Healthcare District Operating Budget Fiscal Year Ending June 30, 2014

	Assumption Number	Approved Budget 2012- 2013			raft Budget 2013-2014
INCOME					
Rental Income	1	\$	41,076	\$	42,700
Tax Revenue	-	Ψ	8,600,000	Ψ	8,900,000
Investment Income	2		400,000		150,000
Interest Income	-		7,600		7,600
Pension Income	3				,
Return on Investment - Sequoia Hosp.	4		2,600,000		2,800,000
Total Revenues	+	\$	2,100,000 13,748,676	\$	11,900,300
Administrative Expenses	_				
Admin. Expense	5		230,000		240,000
Board Health Insurance			60,000		75,000
Employee Health Insurance	6		26,000		48,000
Employee Retirement Benefit	7		17,000		17,000
Investment Fees			55,000		65,000
Office Supplies/Equip Maint			7,500		7,500
Purchased Services	8		1,000		-
Accounting fees	9		27,000		17,000
Board Expense			10,000		8,000
Association/Membership Fees			15,000		10,300
Communications	10		25,000		25,000
Public Relations	11		50,000		50,000
Web Site/IT			22,000		22,000
Insurance/D&O			21,000		21,000
Election Fees	12		160,000		21,000
LAFCO fees			7,000		8,000
Legal Fees			25,000		25,000
Bank Fees			25,000		20,000
Total Administrative Expenses		\$	758,600	\$	638,900
Pension Expense					
Pension Plan Expense	13		2,600,000		2,800,000
PROPERTY EXPENSES					
Maintenance			25,000		95,000
Utilities			25,000		25,000
			20,000		20,000
Insurance/Property			2,000		2,000
Depreciation			100,000		85,000
Total Property Expenses		\$	147,000	\$	132,000
Grant Expenses					
Grant Admin Expenses	14		70,000		65,000
Children's Health Initiative			1,350,000		1,350,000
SFSU Nursing Program			1,000,000		1,000,000
Samaritan House Medical Clinic			627,000		612,700
Other Grants			20,000		20,000
San Mateo Medical Center			2,000,000		1,000,000
Ravenswood-Belle Haven Clinic			500,000		500,000
Community Grants Program			1,340,000		1,340,000
Sequoia Hospital Foundation Match	15		630,166		
Chronic Disease Management	••		20,000		20,000
SMART Program Grant	16		60,000		-
Total Grant Expenses		\$	7,617,166	\$	5,907,700
Program Expenses					
HeartSafe Program	17		200,000		100.000
School Health Program	18				100,000
Total Program Expenses	10	\$	2,900,000		2,830,000
rominingiani Expenses		Φ	3,100,000	\$	2,930,000
Total Expenses		\$	14,222,766	\$	12,408,600

** Funds will be transferred from District Reserves to cover deficit.

A one time grant of \$4.3 million approved 2/3/10 for the rebuild of the South County Health Center will be paid from District reserves α

is not included in the operating budget

2,000,000

Sequoia Healthcare District Budget for Fiscal Year Ending 6/30/2014 Assumptions

Revenue Assumptions

- 1 Rental Income Year Four of seven year tenant lease for 1,507 SF office space, 525 Veterans Blvd.
- 2 Investment Income is decreased based on current rates of return
- 3 Pension Income (and Expense) are pass-through items based on current projections
- 4 Return on Investment from Sequoia Hospital based on most recent Hospital projections

Expense Assumptions

- 5 Administration Expense primarily covers 80% salary expense of CEO, 100% salary expense of Exec. Coordinator, payroll service expense and conference expense
- 6 Employee Health Insurance benefit includes inlieu payments for CEO, HeartSafe Coordinator and SHI Nutrition Manager
- 7 Employee Retirement Benefit is staff employee 401K contribution match
- 8 Purchased Services decreased to zero from prior year
- 9 Accounting fees decreased due to conclusion of additional services
- 10 Communications expense is primarily production and mailing costs of annual report to the community
- 11 Public Relations expense is budgeted at the current contract rate
- 12 No scheduled election in November 2013
- 13 Pension Expense (and Income) are pass-through items based on current projections

Grants

- 14 Grants Administration primarily covers inhouse grant processing; 20% of CEO & Youth Program Director salary expense
- 15 District will not be funding the SHHP program in this fiscal year
- 16 District will not be funding the SMART program in this fiscal year

Programs

- 17 HeartSafe program budget decreased \$100,000 from prior year
- 18 School Health Initiative budget decreased \$70,000 from prior year

The official Grand Jury Report on Sequoia Healthcare District will be released on Monday, June 3:

The report will be available to the public at the District's office at 525 Veterans Blvd., Redwood City, CA 94063 on the following days and times:

Monday, June 3: until 5:00 PM Tuesday, June 4: 8:00AM to 5:00PM Wednesday, June 5: 8:00AM to 4:30PM