



**Sequoia  
Healthcare  
District**

525 Veterans Blvd.  
Redwood City, CA 94063

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

[www.sequoiahealthcaredistrict.com](http://www.sequoiahealthcaredistrict.com)

**A G E N D A**  
**SEQUOIA HEALTHCARE DISTRICT**  
**BOARD OF DIRECTORS MEETING**  
**4:30, Wednesday, April 1, 2015**  
**Conference Room, 525 Veterans Boulevard**  
**Redwood City, CA 94063**


1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items\*
- ACTION 3. Consent Calendar - President Faro
  - a. Approve February 4, 2015 Regular Meeting Minutes
  - b. Accept January And February 2015 Financial Statements
4. CEO/Staff Reports
  - a. CEO Report - Mr. Michelson
  - b. Healthy Schools - Ms. Kurtzman
  - c. PE+ - Ms. Gabet
  - d. HeartSafe - Mr. Nielsen
- ACTION 5. New Business
  - a. Grant Request From Ravenswood Family Health Center For \$750,000 A Year For Three Years Of Funding July 1, 2015-June 30, 2018 - Ms. Luisa Bauda
  - ACTION b. Grant Request From Samaritan House For Three Years Of Funding 2015-16 \$663,000; 2016-17 \$683,000 And 2017-18 \$703,000 Plus One Time Funding For Building Alterations Of \$53,000 And Mental Health Planning Of \$35,000 - July 1, 2015-June 30, 2016 - Mr. Bart Charlow
  - c. Report On New Projects From San Mateo Medical Center - Dr. Susan Ehrlich
  - d. Report On Sequoia 70 From Peninsula Family Services - Mr. Arne Croce
  - e. Report From The Development Agreement Subcommittee - Director Shefren
  - ACTION f. Director Requests For Future Agenda Items - Board Policy 8.3 - Director Shefren
- ACTION 6. With Respect To Each Item Of Business To Be Discussed In Closed Session Pursuant To Government Code Section 54956.8:

CONFERENCE WITH REAL PROPERTY NEGOTIATOR

Property: 525 Veterans Avenue, Redwood City, California  
Agency Negotiator: Lee Michelson  
Negotiating Party: Barry Swenson Builder  
Under negotiation: Price and terms of payment  
Convene to Closed Session
- ACTION 7. Reconvene To Open Session: Announce Any Reportable Actions Taken In Closed Session

Continued...

8. Adjourn. The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, June 3, 2015, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063

  
Arthur Faro  
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.

**MINUTES OF THE ANNUAL MEETING  
BOARD OF DIRECTORS  
SEQUOIA HEALTHCARE DISTRICT  
February 4, 2015  
Conference Room, 525 Veterans Boulevard  
Redwood City, CA 94063**

**Directors Present**

Director Faro  
Director Griffin  
Director Kane  
Director Hickey  
Director Shefren

**Directors Excused**

**Also Present**

Mr. Michelson, CEO  
Mr. Hudak, Legal Counsel  
Ms. Johnson, Recorder

**1. Call to Order**

**By:** President Shefren

**Time:** 4:30 PM

**2. Public Comment/Non-Agenda Items**

President Shefren asked if there was any public comment on non-agenda items. There was none. He announced that public comment would be taken on each agenda item.

**3.a - 3.b Consent Calendar**

President Shefren asked if there was any public comment on the Consent Calendar. There was none.

President Shefren asked that the minutes be removed from the Consent Calendar.

**Motion:** To approve the remaining items of the Consent Calendar.

**By:** Director Kane

**Seconded by:** Director Faro

**Vote:** 5-0

**Motion Passed**

President Shefren questioned the wording of paragraph 5.e of the December 3<sup>rd</sup> minutes. Mr. Hudak confirmed that the wording is appropriate.

**Motion:** To approve the minutes of the December 3<sup>rd</sup> meeting as presented.

**By:** President Shefren

**Seconded by:** Director Kane

**Vote:** 5-0

**Motion Passed**

**4. CEO/Staff Reports**

President Shefren asked if there was any public comment on the CEO or staff reports. There was none.

**CEO & State of the District Reports:** Mr. Michelson presented a summary of the eleven guiding principles established in the District's Strategic Plan including the activities of staff demonstrating how these guidelines have shaped the work plans of staff as well as next step considerations for 2015.

**Healthy Schools:** Ms. Kurtzman said four additional school districts are included in her report outlining activities and action plans. She added that Jennifer Gabet is fully on board now with the grants program. An educational newsletter will be electronically sent to every parent in each of the school districts who have children pre-K to 8<sup>th</sup> grade.

PE+: Ms. Gabet reported on her PE+ activity and also provided a mid-year report on the HSI grants. She presented a handout showing that status of each program, of the sub-contractors and of each program partnership.

HeartSafe: Mr. Nielsen reported that he has completed the third CPR community training and another is set for this Saturday. The attendance has been good. March 22<sup>nd</sup> is the date of the heart screening event at Sequoia High School which is expected to see about 1,000 students.

**5.a Grant Request for \$1.2 million for 2015-16 from  
Children's Health Initiative/Healthy Kids**

President Shefren asked if there was public comment on this item. There was none.

Ms. Srija Srinivasan and Ron Robinson spoke to the goals and accomplishments of the Children's Health Initiative/Healthy Kids. A report showing enrollment, program costs and funder commitments was provided.

Ninety-seven percent of the children in San Mateo County are now enrolled in some form of health insurance. Healthy Kids enrollment in 2014 ranged from 3,463 to 3,816 and it is estimated that for 2015 of the approximately 1,141 eligible children aged 6-18 living within the District's boundaries, 990 will be enrolled in Healthy Kids. A grant of \$1.2 million would allow the program to sustain these results over the next 12 months.

**Motion:** To approve the grant request for \$1,200,000 for 2015-16.

**By:** President Shefren

**Seconded by:** Director Griffin

Director Hickey requested that the motion be amended. His request was declined.

**Vote:** 4-1 Director Hickey Opposed

**Motion Passed**

**5.b. Community Grants Mid-Year Report**

President Shefren asked if there was public comment on this item. There was none.

Ms. Kurtzman reported on the process of reviewing each of the organizations performance toward their proposed goals. Sometimes it is difficult for non-profits to quantify their program objectives. The reports evaluate progress on each of the program's target, reach, strategies, outcomes, evaluation and financial accountability. Of the 32 organizations, 22 are on track to meet their goals, 6 are in question and 4 will not receive their second grant checks unless their performance improves and established criteria is met.

**5.c. Transfer Agreement Ad Hoc Committee Report**

President Shefren asked if there was public comment on this item. There was none.

President Shefren announced that a meeting with Michael Blaszyk was cancelled due to illness and rescheduled to next week.

**5.d. Nominate and Appoint Slate of Board Officers For Two-Year Terms**

**Motion:** To nominate and appoint Director Faro as President of the Board of Directors, Director Kane as Vice President and Director Griffin as Secretary Treasurer.

**By:** President Shefren

**Seconded by:** Director Kane

Director Hickey asked that the motion be amended and President Shefren declined.

**Vote:** 4-1 Director Hickey opposed

**Motion Passed**

The two year term of office for the new slate of officers will expire February 2017.

#### **5.e. Director Requests for Future Agenda Items**

President Shefren asked if any Director had an agenda item request.

Director Hickey requested that an action item be placed on the April meeting agenda approving the installation of a solar panel and electric vehicle charging terminals in the parking lot.

There was no second and therefore the item will not be placed on the April agenda.

#### **6. Adjourn to Closed Session**

Adjourn to Closed Session Pursuant To Government Code Section 54956.8: CONFERENCE WITH REAL PROPERTY NEGOTIATOR

Property: 525 Veterans Avenue, Redwood City, California

Agency Negotiator: Lee Michelson

Negotiating Party: Barry Swenson Builder

Under negotiation: Price and terms of payment

#### **7. Reconvene to Open Session**

Reconvene to Open Session. There was no reportable action taken in closed session.

#### **8. Adjourn**

**Motion:** At 6:15 PM 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, April 1, 2015, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kathleen Kane  
Secretary

**SEQUOIA HEALTHCARE DISTRICT**  
**Balance Sheet**

Agenda Item No. 3.b  
Board of Directors Meeting  
4/1/15

	July	August	September	October	November	December	January	February	March	April	May	June
<b>ASSETS</b>												
<b>Current Assets</b>												
Cash (WF-MMA)	\$ 1,934,503.84	\$ 1,934,914.63	\$ 1,935,312.26	\$ 1,935,723.22	\$ 1,936,121.01	\$ 5,936,943.13	\$ 4,738,084.65	\$ 3,888,882.79				
Cash (WF)	199,017.52	681,665.74	440,130.15	811,161.68	563,274.29	353,923.25	298,385.53	157,257.52				
Cash from Investments	246,156.70	246,156.70	246,156.70	246,156.70	246,156.70	246,156.70	246,156.70	246,156.70				
Cash Equivalents	11,873,712.51	9,896,151.51	9,879,677.51	9,915,641.51	9,938,654.51	9,917,327.51	9,974,430.51	9,955,891.51				
J. Gabet Reimbursement	92.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Total Current Assets	14,253,482.86	12,758,888.58	12,501,276.62	12,908,683.11	12,684,206.51	16,454,350.59	15,257,057.39	14,248,188.52				
<b>Property, Plant &amp; Equipment</b>												
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				
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				
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				
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				
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				
Improvements-Classroom	6,984.28	7,110.44	60,520.44	60,520.44	83,410.44	83,410.44	83,410.44	83,410.44				
Equipment	68,615.18	68,615.18	68,615.18	68,615.18	68,615.18	68,615.18	68,615.18	68,615.18				
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				
Accumulated Depreciation	(1,662,063.38)	(1,668,140.88)	(1,674,218.38)	(1,680,295.88)	(1,686,373.38)	(1,692,450.88)	(1,698,528.38)	(1,704,605.88)				
Net Property/Plant/Equipment	702,506.20	696,554.86	743,887.36	737,809.86	754,622.36	748,544.86	742,467.36	736,389.86				
Total Assets	14,955,989.06	13,455,443.44	13,245,163.98	13,646,492.97	13,438,828.87	17,202,895.45	15,999,524.75	14,984,578.38				
<b>LIABILITIES &amp; FUND BALANCE</b>												
<b>Current Liabilities</b>												
Accounts Payable	\$ 9,807.52	\$ 2,873.62	\$ 98.62	0.00	0.00	0.00	0.00	0.00				
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				
Grants Payable	1,299,096.00	727,893.00	692,508.09	675,000.00	675,000.00	675,000.00	51,000.00	51,000.00				
Total Current Liabilities	1,312,068.52	733,931.62	695,771.71	678,165.00	678,165.00	678,165.00	54,165.00	54,165.00				
<b>Fund Balances</b>												
Invested in Capital Assets	705,418.00	705,418.00	705,418.00	705,418.00	705,418.00	705,418.00	705,418.00	705,418.00				
Fund Balance	13,598,331.00	13,598,331.00	13,598,331.00	13,598,331.00	13,598,331.00	13,598,331.00	13,598,331.00	13,598,331.00				
Net Surplus/Loss	(659,828.46)	(1,582,237.18)	(1,754,356.73)	(1,335,421.03)	(1,543,085.13)	2,220,981.45	1,641,610.75	626,664.38				
Total Fund Balance	13,643,920.54	12,721,511.82	12,549,392.27	12,968,327.97	12,760,663.87	16,524,730.45	15,945,359.75	14,930,413.38				
Total Liabilities & Fund Balance	14,955,989.06	13,455,443.44	13,245,163.98	13,646,492.97	13,438,828.87	17,202,895.45	15,999,524.75	14,984,578.38				

**SEQUOIA HEALTHCARE DISTRICT**  
**Income Statements**

Agenda Item No.3.b  
Board of Directors Meeting  
4/1/15

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 14-15
<b>INCOME</b>														
Rental Income	3,559.86	3,559.86	3,844.64	3,703.45	3,703.45	3,703.45	3,703.45	3,703.45					29,481.61	44,400.00
Tax Revenue	0.00	10,945.29	0.00	455,353.40	458,455.03	4,023,021.15	316,300.97	509,311.99					5,773,387.83	9,500,000.00
Investment Income	(10,522.00)	22,439.00	(16,474.00)	35,964.00	23,013.00	(21,327.00)	57,103.00	(18,539.00)					71,657.00	100,000.00
Interest Income	478.96	422.57	402.86	414.32	404.51	827.98	1,148.91	802.27					4,902.38	6,000.00
Pension Income	0.00	0.00	0.00	0.00	0.00	2,600,000.00	0.00	0.00					2,600,000.00	2,600,000.00
ROI-Sequoia Hospital EBIDA	0.00	0.00	0.00	351,987.05	0.00	0.00	0.00	0.00					351,987.05	-
Total Income	(6,483.18)	37,366.72	(12,226.50)	847,422.22	485,575.99	6,606,225.58	378,256.33	495,278.71					8,831,415.87	12,250,400.00
<b>EXPENSES</b>														
<b>Administrative Expenses</b>														
Admin. Expense	323.57	631.24	3,103.49	594.42	486.83	764.77	418.79	988.93					7,312.04	13,000.00
Admin. Payroll	16,897.63	20,196.44	17,107.56	18,645.85	17,107.56	17,107.57	27,250.67	17,843.23					152,156.51	232,000.00
Board Health Insurance	3,505.80	3,505.80	3,505.80	2,416.56	3,505.80	9,512.34	9,628.57	4,147.21					39,727.88	60,000.00
Employee Health Insurance	5,041.29	4,604.74	1,824.70	2,402.24	3,947.44	3,061.34	3,219.35	4,087.12					28,188.22	48,000.00
Employee Retirement Benefit	923.61	2,179.16	1,468.78	1,525.94	1,468.78	1,468.78	2,203.17	1,478.73					12,716.95	18,000.00
Investment Fees	0.00	0.00	0.00	0.00	3,750.00	0.00	14,830.46	3,750.00					22,330.46	48,000.00
Office Supplies/Equip Maint	453.44	559.09	549.58	357.86	1,027.55	670.21	452.68	437.84					4,508.25	7,500.00
Purchased Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						50,000.00
Accounting fees	0.00	0.00	0.00	0.00	17,000.00	0.00	0.00	0.00					17,000.00	19,000.00
Board Expense	0.00	71.31	0.00	105.00	70.85	28.69	28.13	20.00					323.98	8,000.00
Associations/Membership	0.00	7,500.00	180.00	0.00	0.00	0.00	0.00	0.00					7,680.00	17,800.00
Communications	539.13	0.00	0.00	29,472.68	0.00	0.00	0.00	708.77					30,720.58	25,000.00
Public Relations	1,350.00	0.00	360.00	0.00	0.00	0.00	0.00	0.00					1,710.00	30,000.00
Web Site/IT	8,115.00	1,012.88	2,007.50	3,743.55	1,345.62	10,840.00	1,520.00	1,952.82					30,537.37	30,000.00
Insurance/D&O	26,832.00	(48.50)	171.00	0.00	(2,732.50)	0.00	0.00	(2,732.50)					21,489.50	21,000.00
Election Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	177,910.37					177,910.37	200,000.00
LAFCO fees	0.00	0.00	0.00	0.00	8,369.00	0.00	0.00	0.00					8,369.00	10,000.00
Legal Fees	0.00	2,570.00	4,357.00	826.00	2,007.50	964.00	1,423.00	141.75					12,289.25	20,000.00
Bank Fees	0.00	0.00	0.00	0.00	0.00	30.02	0.00	0.00					30.02	100.00
Total Admin. Expenses	63,981.47	42,782.16	34,635.41	60,090.10	57,354.43	44,447.72	60,974.82	210,734.27	0.00	0.00	0.00	0.00	575,000.38	857,400.00
Pension Plan Expense	0.00	0.00	0.00	0.00	0.00	2,600,000.00	0.00	0.00	0.00	0.00	0.00	0.00	2,600,000.00	2,600,000.00
Total Admin. With Pension Plan	63,981.47	42,782.16	34,635.41	60,090.10	57,354.43	2,644,447.72	60,974.82	210,734.27	0.00	0.00	0.00	0.00	3,175,000.38	3,457,400.00
<b>Property Expenses</b>														
Maintenance	1,030.00	1,613.94	1,100.00	1,427.94	1,667.60	1,350.00	1,288.22	1,428.00					10,905.70	30,000.00
Utilities	1,243.47	1,838.71	3,027.29	1,869.70	2,807.66	2,875.59	1,594.05	2,512.75					17,769.22	26,000.00
Property Insurance	1,678.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00					1,678.51	2,000.00
Depreciation	6,077.50	6,077.50	6,077.50	6,077.50	6,077.50	6,077.50	6,077.50	6,077.50					48,620.00	80,000.00
Total Property Expenses	10,029.48	9,530.15	10,204.79	9,375.14	10,552.76	10,303.09	8,959.77	10,018.25	0.00	0.00	0.00	0.00	78,973.43	138,000.00

**SEQUOIA HEALTHCARE DISTRICT**  
**Income Statements**

Agenda Item No.3.b  
Board of Directors Meeting  
4/1/15

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 14-15
<b>Grant Expenses</b>														
Grant Admin Expenses	0.00	39.85	400.00	547.03	153.56	22,554.35	434.59	949.12					25,078.50	6,000.00
Grant Admin Payroll	5,623.41	6,766.83	5,840.66	5,840.66	5,840.66	5,840.65	9,187.01	6,024.48					50,964.36	72,000.00
Children's Health Initiative	0.00	675,000.00	0.00	0.00	0.00	0.00	0.00	675,000.00					1,350,000.00	1,350,000.00
SFSU Nursing Program	0.00	0.00	0.00	0.00	470,237.00	0.00	0.00	0.00					470,237.00	475,000.00
Samaritan House Grant	165,674.00	0.00	0.00	165,674.00	0.00	0.00	165,674.00	0.00					497,022.00	663,000.00
Other Grants	24,500.00	1,250.00	0.00	5,000.00	0.00	0.00	5,750.00	3,388.52					39,888.52	60,000.00
San Mateo Medical Ctr. So County	0.00	0.00	0.00	0.00	0.00	0.00	500,000.00	0.00					500,000.00	1,000,000.00
Ravenswood-Belle Haven Clinic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250,000.00					250,000.00	500,000.00
Community Grants Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					0.00	1,725,500.00
Chronic Disease Management	0.00	1,351.25	665.00	4,298.04	303.16	4,913.76	788.87	2,442.01					14,762.09	30,000.00
Apple Tree Dental	250,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					250,000.00	500,000.00
<b>Total Grant Expenses</b>	<b>445,797.41</b>	<b>684,407.93</b>	<b>6,905.66</b>	<b>181,359.73</b>	<b>476,534.38</b>	<b>33,308.76</b>	<b>681,834.47</b>	<b>937,804.13</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3,447,952.47</b>	<b>6,381,500.00</b>
<b>Program Expenses</b>														
HeartSafe Admin Expense	0.00	15,101.12	222.08	353.48	99.79	272.73	415.66	80.51					16,545.37	20,950.00
HeartSafe Payroll	3,965.86	5,751.12	4,534.60	4,534.60	4,534.60	4,534.60	7,058.34	4,802.40					39,716.12	59,650.00
HeartSafe Training & Equipment	442.55	236.00	0.00	1,548.71	5,099.31	58.03	721.67	0.00					8,106.27	67,400.00
School Health Admin	585.00	919.68	5,317.89	5,447.82	3,821.32	3,544.85	1,382.47	5,996.80					27,015.83	57,000.00
School Health Payroll	9,608.89	12,488.49	10,572.62	10,572.65	10,572.62	10,572.60	16,271.78	10,632.22					91,291.87	136,500.00
Gabet salary expense adjust	184.62	92.29	0.00	0.00	0.00	0.00	0.00	0.00					276.91	
School Health Grants	118,750.00	188,466.50	87,500.00	155,204.29	124,670.88	135,116.62	179,994.58	330,156.50					1,319,859.37	2,777,000.00
<b>Total Program Expenses</b>	<b>133,536.92</b>	<b>223,055.20</b>	<b>108,147.19</b>	<b>177,661.55</b>	<b>148,798.52</b>	<b>154,099.43</b>	<b>205,844.50</b>	<b>351,668.43</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,502,811.74</b>	<b>3,118,500.00</b>
<b>Total Expenses</b>	<b>653,345.28</b>	<b>959,775.44</b>	<b>159,893.05</b>	<b>428,486.52</b>	<b>693,240.09</b>	<b>2,842,159.00</b>	<b>957,613.56</b>	<b>1,510,225.08</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>8,204,738.02</b>	<b>13,095,400.00</b>
<b>Net Surplus/Loss</b>	<b>(659,828.46)</b>	<b>(922,408.72)</b>	<b>(172,119.55)</b>	<b>418,935.70</b>	<b>(207,664.10)</b>	<b>3,764,066.58</b>	<b>(579,357.23)</b>	<b>(1,014,946.37)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>626,677.85</b>	<b>(845,000.00)</b>



CEO Report: March 24, 2015: Lee Michelson

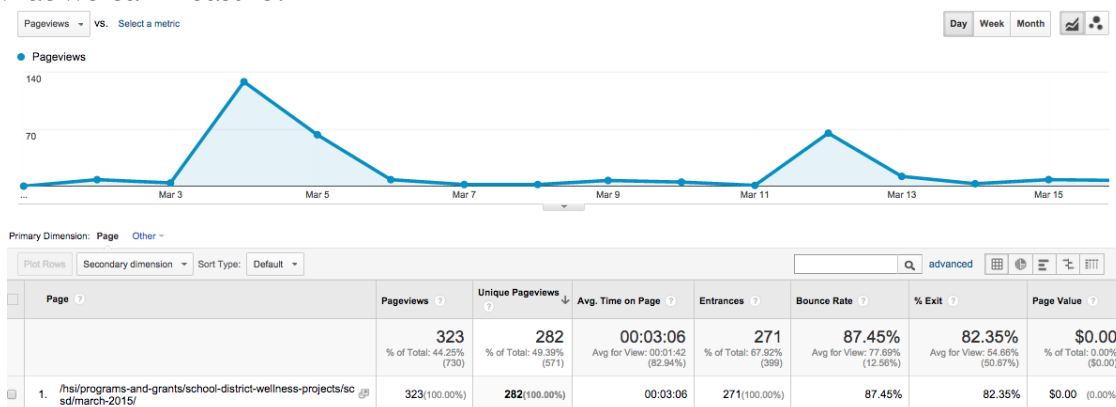
1. Oral Health Coalition: we have secured all funding to move forward on a new county-wide strategic plan for oral health. This will be the first such plan completed since 2000. We anticipate completing the plan by the end of 2015. Additionally, Cheryl Fama and I will co-chair the sub-committee focused on older adult care. Our first meeting is scheduled for April 8.
2. First 5: I have been elected as Vice- Chair for 2014-15. I also chair the evaluation committee. Dr. Neel Patel of the Fair Oaks Clinic has replaced Dr. Harvey Kaplan as a Commissioner.
3. Star Vista: The District will receive a special award from Star Vista at their annual breakfast on March 27. The other major awardee is Kaiser.
4. Living Healthy Classes: we have scheduled two upcoming Living Healthy Classes to start in April. One will be held on Tuesdays at the San Carlos Library and the other on Thursdays at the North Fair Oaks Adult Community Center.
5. Ravenswood Health Center: The new health center is now open. The new center will allow for increased patient volume as well as new services. There are plans to convert the Belle Haven location to an adolescent health center.
6. SMMC Fair Oaks Clinic: The District was recognized for our support of the Fair Oaks Clinic at a first year anniversary celebration held on March 21. Approximately 200 local residents attended the celebration.
7. Upcoming speaking engagement: I will be the guest speaker at the San Carlos Kiwanis meeting on April 13. I will focus my program on our Living Healthy classes, our grants program and our CPR classes.
8. ACHD: ACHD is holding two upcoming events that I will be attending: Legislation Day On April 14 and the annual conference May 6-8.
9. Apple Tree Dental: Apple Tree will be sending a progress report by the end of April. At that time we will determine if sufficient progress has been made to warrant paying the second half of their grant (\$250,000). They will be scheduled to present to the Board in October their request for 2015-16 funding.
10. Development Agreement meeting: We have scheduled the next discussion with Dignity Health for April 3. We will not be budgeting an EBIDA share for 2015-16.

Pamela Kurtzman  
Staff Report for February- March 2015

## Activity Summary

### I. Healthy Schools Initiative

- **San Mateo County School Health Summit**
  - On February 25<sup>th</sup>, we held our second annual School Health summit in collaboration with San Mateo County Health Policy and Planning, County Office of Education, and Peninsula Health Care District. Wellness Coordinator Mindy Shelton led a session on Positive Discipline in schools that foster long-term self-esteem and empowerment among children. San Carlos School District Wellness Coordinator Mindy Hill led a workshop on how to Administer the CDC's School Health Index (<http://www.cdc.gov/healthyyouth/shi/introduction.htm>), a tool used by HSI to help assess school health and safety policies and guide decision making.
- **Healthy Schools Initiative newsletter**
  - On March 3<sup>rd</sup>, we launched our first HSI parent newsletter! It was distributed via email to all 1,500 parents in the San Carlos School District. Gwen was instrumental in making this happen and has maintained data on the number of people who opened the link and how long they remained on the page. Of the approximately 1,500 emails to which it was sent, 323 people viewed it. We will launch the second monthly letter in May and monitor the number of views. It's interesting what we can measure!



### II. Highlights of Recent activities

- Attended our 2<sup>nd</sup> annual school health summit on Feb 25th
- Attended Ravenswood Grand opening celebration on March 19
- Volunteered at North Fair Oaks first year grand opening celebration on March 21
- Volunteered at our HeartSafe/Via Foundation 1<sup>st</sup> Bay Area cardiac screening event at Sequoia High School on March 22nd
- Will attended Star Vista Starting Line Breakfast on March 27
- Attended meetings of the School Wellness Alliance on March 11, and March 24
- Attended meetings of the San Carlos, Belmont, Sequoia Union, and Redwood City wellness committees
- Numerous other meetings with school wellness stakeholders
- Meetings scheduled over the next few weeks with school district superintendents/ assistant Supes to discuss and plan for FY 2015-16.

### III. *Caring Community Grants*

- **2015-16 Grants Cycle:**

*Letters of Intent:*

- This year we received 47 eligible LOI's representing 42 unique organizations. The new online Portal seemed to have gone smoothly for the applicants. The grants committee met on February 17<sup>th</sup> and selected 34 organizations to submit full applications. These applications are due on March 27<sup>th</sup>. The committee will meet again on April 23<sup>rd</sup> to select programs to be recommended for funding. The amount available for the CC grants cycle to \$1,600,000. We look forward to sharing our recommendations with the Board on May 13.

*Agency site visits:*

- Lee and I most recently visited two of our currently funded programs; St. Francis Center Community Garden Project and the Latino Commission's Casa Aztlan, a residential treatment program for men. Both programs are meeting expectations at this point and we were impressed with the quality of the Casa Aztlan program.
- We also visited a new program that is under consideration for funding for the 2015 cycle. The organization is located in Redwood City called Corbett Group Home. This program works exclusively with commercially sexually exploited youth.

*Applied Survey Research (ASR):*

- Applied Survey Research provided a training to members of the Community Grants committee, SHD staff, and wellness coordinators on March 11. The training focused on program evaluation and taught us how to effectively assess outcomes and evaluation measures when reviewing grant applications. A training will be provided in June to each of the grantees who are chosen for funding in the 2015-16 grants cycle on evaluation, data collection, and outcomes reporting

### IV. *Highlights from our School District Partners:*

#### **Redwood City:**

- **Professional Development:** Set dates for August 2015 professional development training of 3-5 and 6-8 teachers in Trauma Informed Classroom Management and Reducing Barriers to Learning. These trainings are designed to increase awareness of classroom behaviors related to trauma and to give teachers strategies for engaging students that are experiencing trauma.
- **Wellness policy:** Draft completed and shared with Wellness Committee for final comments (Dec 2014); final draft sent to District Policy Committee; preparing for rollout of new policy - staff meetings, communications, etc.
- **Mobile Vending:** Board approved mobile vending resolution on March 11, 2015. This resolution requests a limit on the hours of operation for mobile food vendors (before 7am and after 5pm), as well as prohibits food vendors from selling within 1000 ft of school campuses.
- **Drink Water First:** Trained parent volunteers on Drink Water First messages (0 in 5-2-1-0) in November; volunteers also delivered water bottles to families as part of GHSMC project.

#### **San Carlos:**

- **Staff Development:** Science teachers signed up for Puberty Talk. PE teachers working with PE+ to learn PFT for grades 1-4. After school sports coaches and PE teachers will do diversity training on Feb 11. Staff attended Restorative Justice and Youth Mental Health First Aid trainings
- **2015 Health Fair:** Ready to go with the 2<sup>nd</sup> annual Good2Go! Fair to take place on March 28<sup>th</sup>. It will include keynote speakers from California Health Medical Reserve Corps. SHD staff will volunteer and SHD Board members are invited to attend/ volunteer.

- **Mental Health:** Developed complete Mental Health Tiers of Support document to guide interventions by psychologists, counselors, and MFT interns. Have now begun to develop protocols for 5150 and suicide assessments
- **2015 Wellness Summit:** Presented at the Feb 25<sup>th</sup> on the use and implications of the School Health Index
- **School Health Index:** Coordinated school site councils to perform the School Health Index assessment. Worked with PE staff to conduct an equipment survey.

#### **Belmont-Redwood Shores:**

- **Positive Behavior Intervention Support):** Along with their SEL program, they worked with school sites to implement PBIS and have participated in county PBIS training. Mindy led a PBIS presentation at the county school wellness summit in March.
- **SEL (Social-Emotional Learning):** A committee has been hard at work evaluating curriculum and have narrowed it down from 12 programs to 2. They will meet again next month to make a final recommendation to the board of 1 program to adopt for implementation next fall. Overall, this program will hopefully have a big district-wide impact
- **Outcomes Assessments:** They have been analyzing data from Physical Fitness Testing, CA Healthy Kids Survey, and School Health Indexes. Those outcomes will be reported in June.

#### **Sequoia Union:**

- **Alcohol and Other Drugs--**"Neuroscience of Addiction" author Dr. Alex Stalcup, provided a series of presentations to parents/staff/students this semester. The parent/staff presentation was held on Jan. 29 and the student presentations took place at each of the comprehensive sites, plus an intensive 9 week curriculum with select students at Redwood High was just completed.
- **E-cigarettes:** and other emerging tobacco products--Bay Area expert, Alissa Ralston presented to parents/staff/students/community on Feb. 12th. The SUHSD Board of Trustees passed an updated tobacco policy in Nov, 2014 which includes prohibition of e-cigarettes
- **Mental Health:** The QT pilot at Redwood has been very well received by staff and students at Redwood where they have now trained 11 staff and 70 students, which is more than double the number of students they proposed.
- **Health and Safety:** Karen was instrumental in the success of the district-wide cardiac screening event held on March 22. In conjunction with our HeartSafe program, Dignity Health, and local firefighters, ALL SUHSD students have been trained in hands-only CPR! Through a collaboration with Dignity Health, Pediatric Wellness Group, and PAMF, they are continuing work on ImPact concussion testing and education for parents and students at Carlmont and Woodside. Working with Dr. Ghajar's team at Stanford on a concussion study using the Eye-Trac device. To date, their concussion team has obtained baseline neuro-cognitive data on over 340 athletes and conducted post-injury tests on over 18 students.

#### **Menlo Park City:**

- **Social Emotional Support Programs- Life Skills Lessons:** Operating on a 5-week lesson rotation, counselors are working to align the 5 CASEL Core Competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision making with Common Core standards related to listening and communicating. Counselors conduct lessons in every classroom within the 5-

week rotation period. Also at Oak Knoll school, all 5th grade classes began receiving the mindful school curriculum delivered by a former Oak knoll parent (8 weeks 2x a week for 15mins)

- **Wellness Coordinator Kim Staff** teaches a group for boys, and will be expanding that model into a Hillview Faculty Men's Group. The first meeting took place on Jan 27<sup>th</sup> and included topics such as Jungian archetypes of masculinity and what it means to become a man in our society, and building social-emotional skills.

#### **Woodside Elementary:**

- **Health Education:** Nurse and District Wellness Coordinator, Abbe Keane, is focusing on increasing health education for all students and professional development around health related topics for staff. Psychologist/counselor provides individual/group counseling as needed and S.E.L. lessons are offered once a week and are integrated into the curriculum. Abbe is working to recruit students who will be ambassadors in creating a positive school climate. She is also working to develop health plans for students with chronic illness, provide health screenings and referrals, expand family life curriculum for grades 6-8, and explore options for drug and alcohol prevention education.
- **Social/ Emotional Support:** Psychologist/counselor provides S.E.L. provide lessons 1 time per week. Lessons are integrated into curriculum. Provides individual/group counseling as needed.
- **Nursing services:** Identifying and developing health plans for students with chronic illness. Health screenings and referrals. Expanding family life curriculum for grades 6-8. Grades K-3: "Being Healthy" lessons. Employee health: TB, flu, and blood pressure screenings. Coordinate and assist with nutrition education.

#### **Las Lomitas:**

- **Nutrition and PE:** Assessed snacks in student store as one goal of the Wellness Committee. Advertise District-wide Healthy Snack Policy. District-wide memo sent by Director of Student Services encouraging families to send healthier snacks for student birthdays and class celebrations, decrease sweets. Also, partnering with Stanford Health for All Intern at Las Lomitas School Intern working weekly through May with our New Games lunchtime physical activity program in collaboration with PE teacher, nurse, speech therapist to track student's progress through May in area of physical fitness and social emotional growth
- **Mental Health/ Social Emotional:** School District Wellness Committee and La Entrada School Climate Committee continue to work together to evaluate and discusses school climate and identify safety and health concerns at school. They also collaborate with school counselors to identify health concerns from Healthy Kids Survey and will use the information to complete the School Health Index. The information learned will direct them in setting priorities for their work in the fall.
- **Staff Wellness-** Staff stress was identified as a need to address. In partnership with Stanford "Health for All" program, they created a staff exercise and stress reduction program and are working with Woodside School District to share ideas and resources for wellness activities.

#### **Portola Valley:**

- **Safe Routes to School:** Set up/advertise bike walk to school days; set up tally sheets to track walker and riders, recruit volunteers to hand out rewards, find incentives (stickers, pedometers, etc.), set up school to school and class to class competition. Set up rewards for largest increase within grade level at CMS twice during 2014-15 school year. Using PTO Weekly announcements, school morning announcements and Portola Valley Forum as a means to promote student/parent bike and walk to school days. Competition at CMS levels for the first semester is complete. Numbers have been tallied and a

party will be provided to the 8th grade class for the highest increase in participation. Will continue the incentive for 2nd semester

- **Staff Wellness: Provided** supplemented yoga classes to all teachers and administration. The first 5-week series started in November and the 2nd 5 week series started in mid-January. Anticipating a one time, free for participants, Zumba class. If there is enough enthusiasm, then we will bring in Zumba as well. Contact bay area/local chefs. Bring in chef to teach teachers healthy cooking alternative for one or more class, depending on interest. Jennifer Gabet will lead a nutrition discussion on April 9<sup>th</sup> for school staff.

#### **V. *Web and Social Media***

- We strive to keep our increasing communication and awareness of our work within schools and the greater community and to keep our web pages up to date with fresh, relevant information.
- Gwen was instrumental in helping to create our newsletter pilot and host the pages on our website. We could not have done it without her!

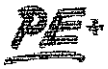


**Healthy  
Schools  
Initiative**

Sequoia Healthcare District

## Jennifer Gabet Board Report

### Activity Summary for February 2015 - March 2015



#### *Grants Program, Sub-contracts, and Other Highlights:*

- Conducted site visits: PE+ all 10 sites, Star Vista Youth Development Initiative and QuietTime.
- Worked with St. Anthony de Padua Dining Program on nutrition marketing and education plan.
- Continued to meet with lead PE+ team on a regular basis to improve collaboration and develop the budget, evaluation, curriculum, and training for the program.
- Mentored San Francisco State Dietitian intern for her community nutrition rotation. She developed nutrition presentations for grades K-8, planned activities for Way2Go Wellness Fair, and assisted with Child Nutrition Program for San Carlos School District. Collaborated with Mindy Hill in San Carlos School District on ideas for nutrition education and food service program.
- Participated in ASR evaluation planning session for grantees.
- Participated in the County Nutrition Action Plan meeting 3-15-15.
- Attended and assisted in the School Wellness Alliance School Wellness Summit 2-25-15.
- Participated in high school heart screening event 3-22-15.
- Participated in Way2Go Wellness Fair for San Carlos School District 3-28-15.



Students at Henry Ford (PRCS) develop fitness and participate in the Nutrition Huddle.



Students at Fair Oaks (PCC) play Ultimate Frisbee for the first time and students at Roosevelt (PCC) participate in the Nutrition Huddle.

# HeartSafe Program

Activity Summary for February and March 2015

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## HeartSafe Region Task Force Meetings

Attend and participate in regional planning and support.

## AED / CPR Trainings – Over 850 persons trained!

- Nesbit Elementary School staff
- Central Elementary School staff
- Belmont/Redwood Shores Little League coaches and parents
- Sequoia High School health fair
- San Carlos Girl Scouts
- Sequoia Union High School District Students attending Cardiac Screening event

## AED / CPR Scheduled Trainings

- Belmont/Redwood Shores yard duty personnel
- Community classes first Saturday and Tuesday of every month
- Carlmont and Sequoia High School Freshman Classes
- Redwood High School health fair
- Woodside High School health fair
- Portola Valley community group
- San Carlos health fair
- San Francisco Bay Area Sidewalk CPR Training Days

## Classroom Update

The twice-a-month CPR/AED/Choking classes continue to fill up. The room is comfortable and all of the audio/video components work flawlessly.

## Elected Official CPR Training Day



We have invited a number of local elected officials to attend a CPR class on April 9<sup>th</sup>. A number of them have RSVP'd and will attend the class in our new classroom.

## Cardiac Screening Update

The March 22<sup>nd</sup> cardiac screening event at Sequoia High School was a great success! We screened **621 Teens** and found **4 kids** with previously unknown cardiac abnormalities. Their parents were immediately informed and given their child's EKG & ECHO results. They were referred to their personal physician for immediate follow up.

It was a great program with over 200 volunteers donating their time:

- Nurses from the SF State University Nursing Program
- Our San Diego partners from EP Save a Life Foundation
- The Via Heart Project
- Dignity Health - Sequoia Hospital
- Local Cardiologists
- Redwood City Fire Department
- NFL alumni, Olympians and Para-Olympians



NFL Alumni and Olympians



Sourdough Sam (49'er mascot) practicing CPR

## Photographs



Our new classroom is working great!



Nesbit Elementary School Staff Members



Sequoia High School Health Fair

**Organization:** South County Community Health Center  
(dba: Ravenswood Family Health Center)

**Address:** 1798A Bay Road, East Palo Alto, CA 94303

**Phone:** (650) 330-7400 **Fax:** (650) 321-4552

**Chief Executive Officer:** Luisa Buada, RN, MPH

**Telephone:** (650) 330-7410 **Email:** lbuada@ravenswoodfhc.org

**Contact:** Jessica Chiu, MURP - Director of Development, Planning & Evaluation

**Telephone:** (650) 617-7830 **Email:** jchiu@ravenswoodfhc.org



### Sequoia Healthcare District – Grant Request

#### Summary of Request

Ravenswood Family Health Center (RFHC) is respectfully requesting a grant in the amount of \$750,000 per year for three fiscal years, from July 1, 2015 – June 30, 2018, to support a continuum of health care services that we provide to Sequoia Healthcare District (SHCD) residents. With the opening of RFHC's new two-story, 38,300 sq. ft. health center in Spring 2015 and its new and expanded services that SHCD residents will have access to, we will significantly increase the number of SHCD residents that we serve. SHCD's investment in RFHC will enable us to leverage additional funding and ultimately expand access to health care services for SHCD residents. In turn, we will be able to enhance the health and wellness of SHCD residents and reduce their utilization of local emergency rooms which will save local hospitals and taxpayers millions.

#### Cost of Care for Sequoia Healthcare District Residents

RFHC's direct professional cost per visit for combined medical, dental, and behavioral health care services to SHCD residents is **\$190.06 per visit** or **\$812.15 per patient each year**. When enabling services (enrollments, referrals, case management, health education, and patient navigation) are included, the **cost per patient each year is \$894.36**. Furthermore, when costs of combined medical, dental, and behavioral health care services; enabling services; plus facility and administration are all included, the **total cost per patient each year is \$1,411.23**. The **current cost for RFHC to provide comprehensive health care services (including enabling services and facility and non-clinical support services) to SHCD residents is \$4,405,860.06**, of which \$1,806,402.62 is spent to care for uninsured SHCD residents. RFHC's grant request per year represents **only 17% of the total cost of care for all SHCD residents seen at RFHC** (based on current utilization), and only 41% of the total cost of care for uninsured SHCD residents.

#### Population Served

Among our 13,426 patients who accessed our health care services in 2014, 3,122 or 23% were SHCD residents. RFHC has increased the number of SHCD residents served by 79% since 2009 when we first requested operating support (RFHC served 1,344 SHCD residents in 2009). We provide health care services to the most vulnerable, low-income populations residing in SHCD. For instance, 85% of the SHCD residents we serve are from households with incomes 100% and below the federal poverty level (\$23,850 for a family of four). In addition, 41% of the SHCD residents seen at RFHC are uninsured and 59% are enrolled in public health coverage programs. About 21% of the SHCD resident patients have a complex medical condition such as diabetes, hypertension, asthma, and heart disease. The majority of SHCD residents served are also ethnic minorities (87%)—including 74% Latino, 6% African American, and

5% Native Hawaiian or Pacific Islander. Furthermore, 75% of the SHCD resident patients are best served in a language other than English with Spanish and Tongan being the languages most often spoken. -

#### **Fiscally Well-Managed**

Since 2001, we have grown from a start-up clinic with a budget of \$1.1 million and 13 employees providing basic primary care to a full-service health center with a budget of \$21.8 million in FY 2014-2015 and over 160 employees that has received national recognition for a model of care that integrates medical, mental health and dental services into a patient-centered health home. In Fiscal Year (FY) 2013-2014 (July 1, 2013 – June 30, 2014), RFHC's organizational budget was \$18,195,631. For FY 2014-2015 (July 1, 2014 – June 30, 2015), RFHC's projected total budget is \$21,895,955. Our organizational growth reflects our strong financial management. RFHC's expanded capacity has come largely from growth in third-party patient revenue, such as Medi-Cal and non-federal grants. We deliver cost-effective services through organizational productivity; balancing a challenging mix of reimbursements of health care services, government funds, foundation grants; and maximizing individual donor opportunities and engagement. Our financial systems ensure accountability and support timely, accurate fiscal reporting. In addition, our quality improvement findings have guided our efforts to improve productivity and cost-efficiencies. RFHC has had a clean annual independent audit under federal guidelines since opening in 2001.

#### **Proposed Grant Objectives**

**Objective 1:** RFHC will increase the number of SHCD resident patients from 3,122 to at least 4,500 resident patients over three years. RFHC will deliver 27,905, 34,050 and 38,075 service visits each of the three grant years respectively. Please see below for details.

<b>Proposed Services for SHCD Resident Patients</b>	<b>CY 2014</b>	<b>FY 15-16</b>	<b>FY 16-17</b>	<b>FY 17-18</b>
<b><i>Unduplicated SHCD Resident Patients</i></b>	<b><i>3,122</i></b>	<b><i>3,600</i></b>	<b><i>4,000</i></b>	<b><i>4,500</i></b>
Medical Visits	7934	9,000	10,000	11,250
Lab, Immunizations, Screening Encounters	1561	1,800	5,000	5,625
Health Education Encounters	994	2,700	3,000	3,375
Dental Visits	3293	3,600	4,000	4,500
Behavioral Health Visits	584	900	1,000	1,125
Pharmacy Consultation Visits	1635	1,800	2,000	2,250
Optometry Visits	N/A - not included before	345	425	475
Mammography Visits	N/A - not included before	300	375	400
Enrollment in Health Plans - Visits	3515	3,960	4,400	4,950
Referrals to Specialists	1728	1,800	2,000	2,125
Case Management	1569	1,700	1,850	2,000
<b><i>Total All Service Visits</i></b>	<b><i>22,813</i></b>	<b><i>27,905</i></b>	<b><i>34,050</i></b>	<b><i>38,075</i></b>

**Objective 2a:** *By January 31, 2016, all of RFHC's Medi-Cal and Medicare patients will have access to on-site Pharmacy services at our new health center.*

**Objective 2b:** *By January 31, 2016, RFHC will provide Podiatry services at our new health center.*

**Objective 2c:** *By June 30, 2016, RFHC will provide 70% of our diabetic patients with comprehensive eye and vision exams. 80% by June 30, 2017. 90% by June 30, 2018.*

As mentioned above, we are opening a new health center in Spring 2015. RFHC's new, 53-exam room health center will serve as a one-stop shop for primary care, pharmacy, optometry, health education, behavioral health, x-ray, mammography, and expanded lab services under one roof in space designed to increase patient access, improve quality of care and patient/family experience, as well as maximize team care and efficiency. Our larger clinic means that we will be able to accommodate specialists such as podiatrists, pulmonologists, cardiologists, gynecologists, and gastroenterologists, reducing the number of patients who must wait months and travel to appointments outside the community for their specialty care. Additionally, our new clinic will enable us to increase access to a full scope of health care services for SHCD residents. By 2018, when our new clinic is fully operational after the three-year ramp-up period, we will be able to serve 25,000 patients which will include up to 4,500 SHCD residents.

**Objective 3:** *By October 31, 2016, RFHC will achieve Level Three Patient-Centered Medical Home (PCMH) accreditation through the National Committee for Quality Assurance (NCQA).*

In May 2014, we received Level Two PCMH recognition through NCQA. We are currently working toward Level Three PCMH accreditation. One of the major Level Three PCMH requirements is that over 50% of our patients need to have online access to their health information (this is also a requirement for Meaningful Use, which is a Medicare and Medicaid program that awards incentives for using certified electronic health records to improve patient care). To meet this requirement, we launched our patient portal in September 2014. Our patient portal has allowed our patients to conveniently communicate with their providers and care teams via email; access their health information; schedule appointments; review lab results; request prescription refills; and complete paperwork before visits. Implementing our patient portal has been a time-consuming project given that we had to train our providers as well as our clinic, front desk, and eligibility/enrollment staff on the policies and procedures for patient portal enrollment as well as how to use the patient portal. Our staff members are working diligently with a goal to enroll 100% of our patients into our patient portal.

### **Evaluation**

By utilizing our data systems in conjunction with our financial system, we will ensure that SHCD funds are spent only on SHCD residents. We have a robust infrastructure of program evaluation tools for patient and clinical data, including Electronic Health Records (EHR), Dentrix (electronic dental records system), and i2iTracks Population Health Management System (a platform that allows us to identify and actively manage our patient population's health needs, chronic conditions and diseases, and health outcomes). Our providers, clinic staff, and enabling services staff will utilize our data systems to record, track, and monitor data for the SHCD residents we serve.

Our highly skilled and experienced data analysts will generate monthly reports that will allow us to conduct regular process evaluations, which includes validating data for SHCD residents and making sure

we are on target to achieving our proposed objectives and projected numbers. Our data analysts will also utilize our systems to generate semi-annual reports for SHCD that identify the number and demographics of SHCD residents (de-identified) seen at RFHC as well as the types of services they received. In addition, our staff will be able to work with an auditor from SHCD to conduct an audit on our data for the SHCD residents we serve (required to be on-site at RFHC since HIPAA regulations restrict us from sending patient data to non-health care partner agencies unless it is de-identified).

Additionally, our Controller and Grants Accounting Manager in our Finance Department will ensure internal control of grant funds. Our Grants Accounting Manager will utilize our financial accounting system to accurately and regularly input expenditure of funds for our SHCD grant (as we do for all of our grants) to ensure correct and reliable financial information for reports. Our Finance Department will also be able to work with an auditor from SHCD to perform an audit on our financial systems.

### **Outcomes**

RFHC serves as a critical safety-net community health center that provides comprehensive health care services to high-risk, vulnerable populations in San Mateo County who would otherwise not have access to care. Funding from SHCD will enable RFHC to increase access to much needed health care services and enhance the health and wellness of SHCD residents as well as underserved communities throughout San Mateo County. We will be able to help San Mateo County's indigent children, families, and individuals become more engaged in their care, more educated about their health conditions, and address the social determinants of health. This, in turn, will have a lasting and positive impact on the health outcomes of SHCD and San Mateo County residents and improve the health of future generations as well.

### **Care Coordination**

To ensure that our patients have access to services that we do not provide in-house, we refer our patients to a wide range of services. Our Referrals Department not only connects our patients to the services they need, but also conducts follow-up to troubleshoot any questions that patients may have about the referrals. Examples of referred services include the following: Mammography, Cardiology, Orthopedic Surgery, Gynecology, Urology, Ophthalmology, Pain Management, Physical Therapy, Nephrology, Hematology/Oncology, Pulmonary, Neurology, Gastroenterology, Dermatology, Rheumatology, Endocrinology, Endoscopy, Allergy/Immunology, etc. We also refer patients to our partner organizations in the local community such as Voices of Recovery and Nuestra Casa as well as social services agencies. Please see attached a comprehensive list of services that we provide referrals for that has been approved by the U.S. Department of Health and Human Services' Health Resources and Services Administration (our list represents our current services and not services available in our new health center).

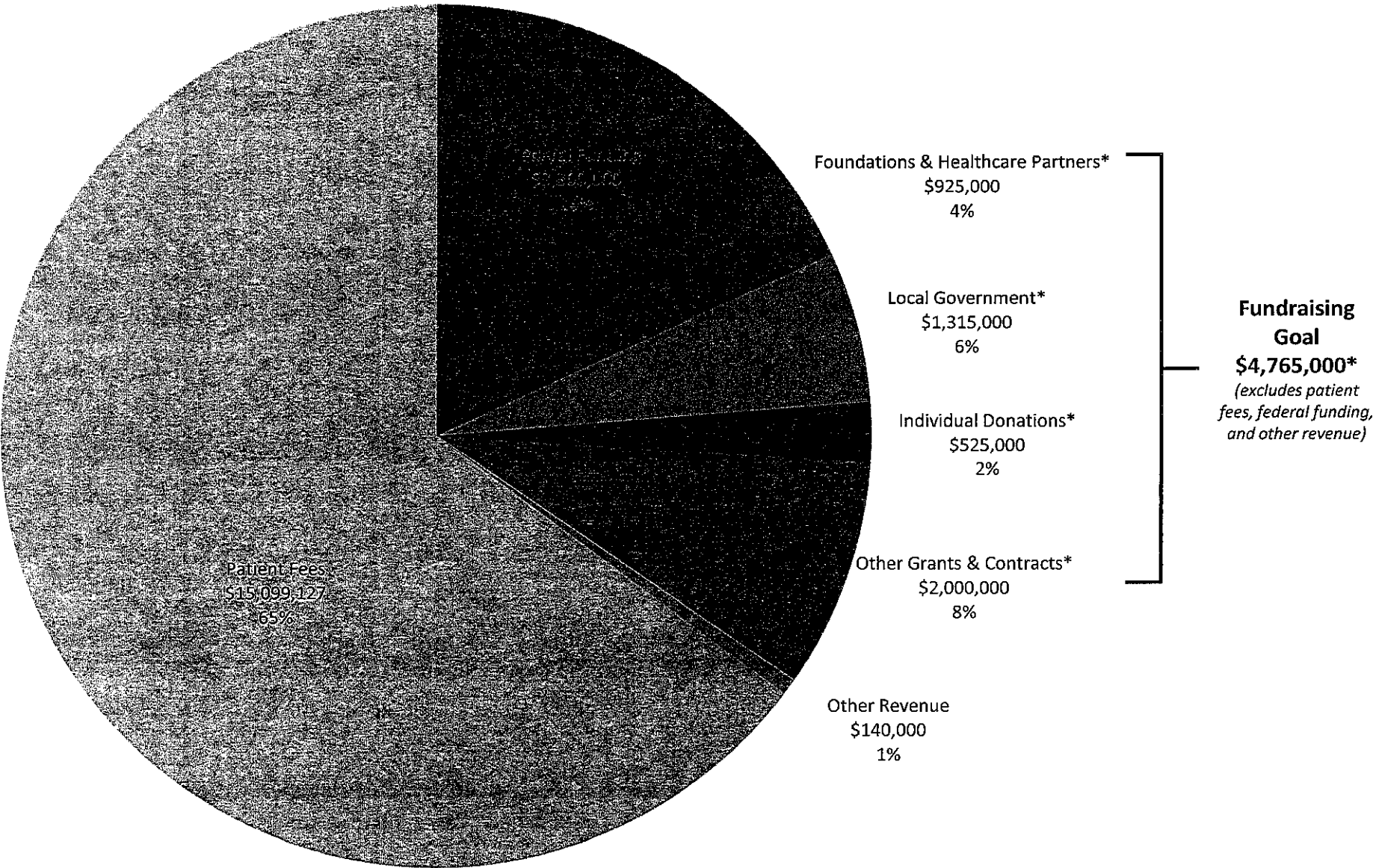
### **Funding Sources and Fundraising Goal**

Core support funding from SHCD will help cover our costs for providing health care services to uninsured/underinsured patients residing in SHCD that we are not fully reimbursed for. The pie charts attached illustrate the average payment collection per payor for each visit and how much of the cost is not reimbursed. Funding from SHCD will also play a critical role in the fundraising goal of our overall organizational budget (please see attached pie charts related to our organizational budget and fundraising goal). With SHCD's support, we will be able to provide increased access to comprehensive health care services to SHCD residents.



# Ravenswood Family Health Center Funding Pie Charts

FY 15-16 Projected Revenue





#### Local Government:

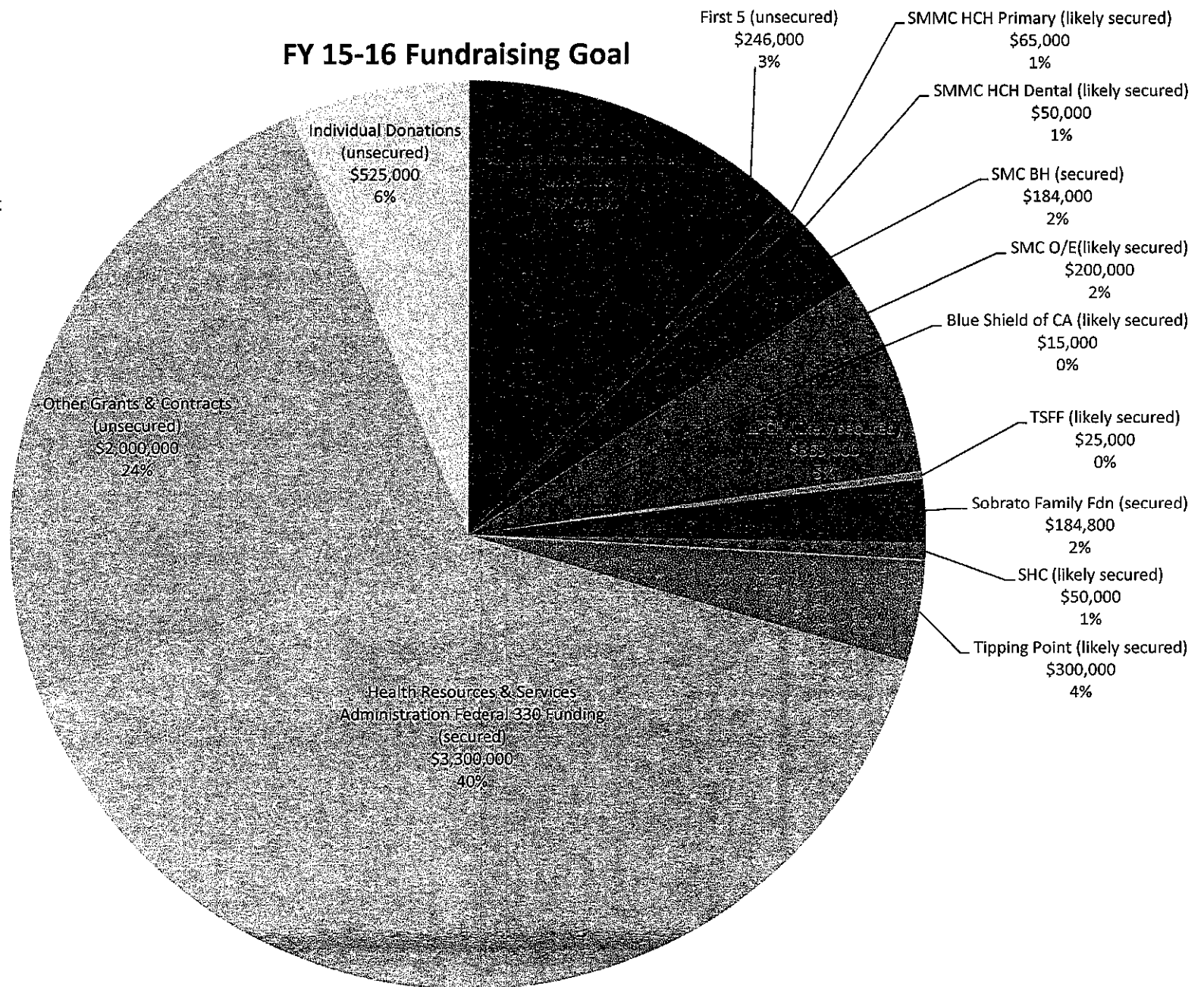
- Sequoia Healthcare District
- First 5 San Mateo County
- San Mateo Medical Center (SMMC) Health care for the Homeless (HCH) Primary
- SMMC HCH Dental
- SMC Behavioral Health (BH)
- SMC Outreach & Enrollment (O/E)

#### Foundations & Healthcare

##### Partners:

- Blue Shield of CA
- Lucile Packard Children's Hospital at Stanford (LPCH)
- San Francisco Fdn (TSFF)
- Sobrato Family Fdn
- Stanford Hospital & Clinics (SHC)
- Tipping Point Community

### FY 15-16 Fundraising Goal





Agenda Item No. 5. B.  
Board of Directors Meeting  
Date 4-1-15

Board of Directors

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Jay Strauss

Vice President

William S. Freeman

Secretary

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Carl A. Serrato

Patti Shedy

Faye T. Star

Jason Ting

James Whitehead

Chief Executive Officer

Bart A. Charlow

March 16, 2015

Lee Michelson

Chief Executive Officer

Sequoia Healthcare District

525 Veterans Blvd.

Redwood City, CA 94063

Dear Lee:

Samaritan House respectfully proposes three key items for funding to the Sequoia Healthcare District:

1. A \$2,048,327 operational grant over three years for ongoing operations, which includes maintenance of effort;
2. A one-time request for \$52,537 to continue increasing access to healthcare services for low-income residents of the Healthcare District; and
3. A first year capacity building grant of \$35,000 to explore developing a sustainable mental health service for our clients.

Our request is a direct outgrowth of clinical assessment of community needs, presented to our Clinic through conversations with collaborating agencies, particularly the Sequoia Healthcare District.

As you know, the Free Clinic of Redwood City's mission is to provide high quality healthcare without charge to residents within the Sequoia Healthcare District who cannot qualify for medical insurance and who do not have the ability to pay for medical care. The Clinic plays a vital role in improving access to care for the most underserved members of our community. We appreciate the opportunity to submit this request for funding and look forward to continuing our significant collaboration.

Samaritan House's Free Clinic of Redwood City serves as the "safety net for the safety net providers" in South San Mateo County. With the rollout of Covered California last year, 24,000 San Mateo County residents were newly enrolled into Medi-Cal with an additional 32,000 eligible residents still outstanding. With a three to four month waiting list for Medi-Cal patients at County Clinics, we are taking care of the patients who have no other access to medical care.

We know that providing primary and preventive care to uninsured patients reduces dependence on hospital emergency rooms for obtaining care. And when patients do require hospitalization, the severity and complexity of their conditions is often lower because they are receiving quality care from a primary care physician.

At an average cost per visit of \$160 (including prescription medications) and an average cost per patient per year of \$480, the Clinic provides efficient, cost-effective, quality care that fills gaps in community services.

Samaritan House continues to increase its fundraising efforts for the Redwood City Clinic as shown in the chart below:

		Projected			
FY13	FY14	FY15	FY16	FY17	FY18
\$128K	\$174K	\$228K	\$292k	\$319k	\$336

Moving forward, we are projecting increases in other revenue sources each year in FY16, FY17 and FY18, which will drop the District funding percentage from 47% in FY15 (projections include in-kind services) to 40% in FY18. Fundraising consists of targeted grants and general fundraising efforts. Other funding sources include Stanford Hospital and Clinics, Williams Foundation, Grove Foundation, Howard and Betty White Foundation and Dignity Health. In addition, we have secured \$40K in capital funds this year for dental equipment from the Hurlbut-Johnson Charitable Trusts for the Redwood City and San Mateo Dental Clinics. The amount shown in the budget for one time funds reflects the additional amount needed for the Redwood City Clinic over the \$40K received.

### Free Clinic of Redwood City

Samaritan House's Free Clinic of Redwood City serves uninsured, low-income residents in South San Mateo County. Staffed by 26 medical providers and 6 dentists, the clinic provides primary care medical and dental services, including some specialty services such as diabetic care, gynecology, dermatology, neurology, orthopedics, ophthalmology, optometry, podiatry, and rheumatology - all without charge - to low-income clients. Patients receive free primary medical services, including most prescription medications, labs, and x-rays. Our free dental services are fully integrated with our medical services. Sequoia Hospital provides invaluable support through free laboratory tests, radiographic studies, and limited cardiology and neurology studies.

Clients of the Free Clinic of Redwood City are 100% low income, uninsured and unable to afford 'out-of pocket' healthcare costs. Approximately 92% of our target population lives in the Sequoia Healthcare District. 58% lives in Redwood City; most others come from East Menlo Park. They may not qualify for insurance coverage through the ACA or may not be able to afford the premiums, copays or deductibles of coverage even after subsidies are applied. Generally 90% of clients are Latino, 7% are Caucasian, 2% Asian American and 1% African American. All are medically underserved.

The Samaritan House Redwood City Free will be starting a **Ready Clinic Outreach Program to especially hard to reach patients**, working in collaboration with other agencies in the Health Care District, such as St. Francis Center and St. Vincent de Paul Society. *Ready Clinics* will further

extend medical care out into community settings and connect patients back to the Free Clinic as their “medical home”

#### **Description of How Funding Will be Used**

Given our longtime partnership and ongoing needs, we are proposing a three year grant request that will allow us to plan for the future more effectively. Funding from the Sequoia Healthcare District will be used to support a one-time request for program expansion as well as ongoing funding for the Clinic to improve access to primary care services in San Mateo County. Additional funding is requested for a first year capacity building grant to explore the development of a sustainable mental health service associated with the Clinic for our patients.

**Samaritan House’s request for one-time only funds for program expansion will include:**

- 1) **Facility Upgrade & Expansion** for dental; costs will include tenant improvements, dental equipment, and furniture.
- 2) **Digital Radiography Expansion** that will include the costs of adding new digital radiography capability for the Dental Clinic.
- 3) **Food Pharmacy Expansion** that will include start up costs to convert the library room into a specialized diet food pantry in collaboration with Second Harvest Food Bank.

**Our request for ongoing grant funds will include:**

The personnel costs and benefits of 6.1 FTE staff members, including: a Medical Director (.5 FTE), Nurse Practitioner, Clinic Coordinator, Receptionist, Medical Assistant, Dental Director (.5 FTE), Dental Assistant and Administrative Assistant (on-call). Funds will also support additional outreach and communications, insurance, pharmaceuticals and medical supplies, office supplies and shared operating costs. The overall Clinic *ongoing budget* for FY 15-18 is projected to be \$2,048,327. Please refer to the attached project budget for Fiscal Years 2015 - 2018.

#### **Description of the Services to Be Provided**

##### ***Facility Expansion***

- 1) Facilities and equipment for small dental lab/sterilization unit to bring these up to standards of care for the expansion of the dental program.

Rationale: The Dental Director determined that a primary barrier to recruiting new dentists was that the equipment and facilities were outdated. The improvements will help attract new volunteers, both dentists and dental and dental hygienist students.

- 2) Creation of a new consultation room for expansion into mental health services.

##### ***Outreach Program Expansion***

- 1) Staff and materials for Ready Clinic expansion into the community in collaboration with multiple sites/agencies in the District area.

Rationale: Estimates are that there are still 30-50,000 uninsured residents in San Mateo County. We plan to extend our outreach efforts to reach those uninsured within the Sequoia Healthcare District via easily accessible services at sites in the community where they are known to gather. We will then bring them into our Clinic as their "medical home."

#### ***Digital Radiography Expansion***

- 1) Purchase digital radiography software to process and store images from new digital x-ray system, sensors and licenses for the Dental Clinic.

#### ***Food Pharmacy Expansion***

- 1) Creation of a new special diet food pantry operation in cooperation with Second Harvest Food Bank for diabetic meals.
- 2) Conversion of the library room to a food pantry, including tenant improvements, shelving, refrigeration, furniture, supplies and relocation of the health library.

#### ***Ongoing Program Operations***

In 2014-15, we successfully increased the Clinic's capacity to serve existing and new patients at the Clinic through the addition of a full-time Nurse Practitioner, and we plan to increase utilization of Clinic services in subsequent years

Over the next three years, we will continue to increase enrollment by:

- Maintaining a full-time Nurse Practitioner to increase access to care.
- Contracting part-time promotores to conduct outreach case management in community settings.
- Expanding our referral networks with core agencies and other community organizations to expand our services to more of the medically indigent, homeless and hard to reach populations.

#### **Detailed Rationale of Services to Be Provided**

Our three year strategic vision reaches out to the thousands of residents who remain uninsured post- ACA and who are unaware of our services. To effectively accommodate the anticipated increase in volume, we must improve the physical and electronic infrastructure of the clinic. Finally, we will also develop two new programs that address food insecurity and mental health.

##### **1) Outreach.**

In addition to community outreach at health fairs, our outreach team will work in collaboration with other agencies in the Healthcare District who potentially serve high proportions of

uninsured residents, such as St. Francis Center and the Society of St. Vincent de Paul. The team will hold *Ready Clinics*, which are mini-health examination screenings, to promote awareness about the clinic services, and to refer clients to the clinic for further care as appropriate.

## **2) Improve the physical and electronic infrastructure of the clinic.**

We are planning two major facilities improvements. In the dental clinic, we will create a new dental sterilization and laboratory area by repurposing some space currently used for patient check-in. This will keep the clinic in compliance with standards. Each dental operatory will then be reorganized and standardized to improve dental workflows. In the medical clinic, we will optimize the large eye room by splitting it to create a mental health counseling room.

Upgrading the electronic infrastructure is vital. The dental clinic has already planned to procure digital radiography, which can reduce radiation exposure to patients, and we will need to purchase special software to process and archive the digital images in a patient record system.

Prospective dental volunteers have indicated that a primary barrier to volunteering at the clinic has been the outdated state of the dental operatories and operations. Improving the physical and electronic infrastructure will remove this barrier to recruitment.

## **3) New programs**

We will develop an innovative program that addresses food insecurity and collaborate with the county, professional schools and others to provide mental health access for depression.

### **Food Pharmacy Program**

Diabetes is one of the most frequent and troublesome diagnoses for low-income and minority patients. Food insecurity refers to the inability to provide nutritionally adequate and safe food for one or more family member because of lack of resources. Annually 14% of all U.S. households reported being food insecure since the Great Recession of 2008, but for families with low incomes the rate is a staggering 40%. Families who report being food insecure are food insecure on average for 7 months out of the year.

Furthermore, although each episode of food insecurity may be short in duration, the dietary changes associated with food insecurity may persist over extended periods. **The unfortunate combination of food insecurity and diabetes creates a vicious cycle:** food insecurity leads to poor nutritional intake, resulting in poor diabetes control and complications, which increase health care utilization costs, which in turn imposes further financial demands and food insecurity.

Samaritan House will partner with the Second Harvest Food Bank to open a food pantry onsite at the clinic. The Food Pharmacy Program will break this cycle by providing patients with food "prescriptions." When a provider determines that a patient would benefit from a therapeutic food program, the patient will receive a prescription for a food box tailored for his/her condition. The patient can receive a box twice a month, and each box generally has enough food for 3-4 days. Our pilot program will focus on diabetic patients.

The Clinic regularly provides nutritional counseling, and Samaritan House is the transformational food partner for Second Harvest in San Mateo County. The combination of expanded screening, nutritional counseling, medical services, medications AND prescription foods will be a powerful method for controlling this devastating disease.

### **Mental Healthcare – First Year Capacity Building Exploration**

Depression was the fourth leading cause of disability worldwide in 2000 and is projected to be the second leading cause by 2020. In the U.S., the lifetime prevalence of depression is estimated to be 16%. In the low income Hispanic population predominant in our clinic, however, the risk of depression is even higher. Many in our clinic population also suffer from chronic medical diseases, in particular diabetes, which further increases the risk of depression. The addition of depression to another chronic disease greatly increases the risk of non-adherence to medication regimen, decreased physical activity, impaired self-management, and worsened clinical outcomes. Although the prevalence of depression is high, the resources to treat depression in our population are limited and even those limited resources are underutilized in the Hispanic population. The reasons for the disparity are numerous, including cultural issues, the stigma attached to mental illness, language barriers, and lack of access to healthcare.

We estimate that between 100 – 300 of our annual caseload might utilize an average of 8 – 10 visits. This could be a mixed model between professional level therapy and a less formal promotores approach, with pharmaceutical prescription via our physicians. Exploring the feasibility of the Free Clinic providing these services in a culturally acceptable format is the initial goal. At the end of the first year we will have determined the extent of probable use and ongoing sources of staff and funding. We anticipate partnering with schools, possibly the County, and others to bring mental health professionals to the clinic. Following an evidence-based model for effective mental health care, a care manager will track a specific population and coordinate care between the primary care and mental health teams.

### **Description of How Access Improvements for New Programs Will be Measured**

The Clinic's overall goal is to increase access to healthcare services for low-income individuals who live in poverty in southern San Mateo County.

Through our new programs, we expect to achieve the following objectives over the grant period:

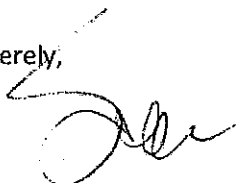
- By June 30, 2018, the Clinic will increase access to care through the *Ready Clinics* by 120 patients annually.
- By June 30, 2018, 100 patients per year will be enrolled in special diabetic meal services.
- By June 30, 2018, the Dental Clinic will see a 10% increase in dental patient visits annually.
- By June 30, 2016, we will have determined the extent of probable use and ongoing sources of staff and funding for mental health treatment services. The anticipated longer term target would be 100+ clients annually by June 30, 2018.

We are grateful for the ongoing support of the Sequoia Healthcare District that has allowed us to respond to the needs of the uninsured in the community. We are excited about the future direction of our clinic and look forward to keeping you abreast of our progress.

We thank you for the opportunity to submit this request for funding and look forward to your continued partnership in this important collaboration.

Please feel free to contact me at 650-523-0812 or [bart@samaritanhousesanmateo.org](mailto:bart@samaritanhousesanmateo.org) or Sharon Petersen at 650-523-0822 or [Sharon@samaritanhousesanmateo.org](mailto:Sharon@samaritanhousesanmateo.org) if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bart Charlow', with a stylized flourish at the end.

Bart Charlow, LMFT  
Chief Executive Officer



Samaritan House  
Redwood City Medical and Dental Clinic  
3 year Budget Summary for FYE 2016 - FYE 2018  
Fiscal year July 1 - June 30th

(A) INCOME

	One time Request - Capacity building	First Year Request - Mental Health Services start-up
Sequoia Healthcare District Request	52,537	35,000
<u>Samaritan House Fundraising:</u>		
Individual Fundraising		
<u>Foundation / Grants</u>		
Grove Foundation		
Dignity Health - (Fam. Serv Agency collab)		
Howard and Betty White Foundation		
Williams Foundation		
Hurlbut Johnson Foundation (RWC portion)	20,000	
Other new and pending	17,000	
Stanford Hospital & Clinics		
Earned Income		
Samaritan House Gen Fundraising (undesignated)	-	-
<b>Total Samaritan House Fundraising</b>	<b>37,000</b>	<b>-</b>
In-Kind Contributions		
<b>TOTAL INCOME</b>	<b>89,537</b>	<b>35,000</b>

(B) EXPENDITURES

Personnel/Taxes & Benefits		
Rx and Medical Supplies		
Mammograms / Lab Fees		
Occupancy (i.e. rent, utilities, housekeeping)		
Contract Services (Mental Health)		35,000
Malpractice & Liability Insurance		
Other Operating		
Administration overhead (10%)		
In-Kind Expenses	-	-
Capacity building items (one time request) *		
Facility Improvements	38,000	-
Dental Equipment	35,597	-
Food Pharmacy start-up	15,940	-
<b>TOTAL EXPENDITURES</b>	<b>89,537</b>	<b>35,000</b>
<b>(A-B) NET INCOME/EXPENDITURES</b>	<b>-</b>	<b>-</b>

FYE 2016	FYE 2017	FYE 2018	TOTAL (3 years operating)
662,696	682,577	703,054	2,048,327
10,000	11,000	12,100	33,100
25,000	25,000	25,000	75,000
7,500	4,000	4,000	15,500
10,000	10,000	10,000	30,000
50,000	50,000	50,000	150,000
40,000	45,000	50,000	135,000
50,000	50,000	50,000	150,000
15,000	16,800	18,816	50,616
84,538	106,813	116,577	307,928
292,038	318,613	336,493	947,144
588,000	646,800	711,480	1,946,280
1,542,734	1,647,990	1,751,027	4,941,751
579,624	609,202	627,478	1,816,304
79,890	80,885	84,929	245,703
15,500	15,965	16,604	48,069
125,431	131,703	138,288	395,422
31,000	34,100	37,510	102,610
36,494	38,319	40,235	115,047
86,794	91,017	94,504	272,316
588,000	646,800	711,480	1,946,280
			-
			-
			-
1,542,734	1,647,990	1,751,027	4,941,751
0	(0)	0	0

Projected Patient Visits  
Per visit cost (less in-kind)

5950	6350	6350
\$160	\$158	\$164

Samaritan House  
Redwood City Medical and Dental Clinic  
Capacity building - one-time funds request  
Fiscal year July 1 - June 30th

	<u>Cost</u>
<b>Capacity building items (one time request) *</b>	
<b>Facility Improvements (TI's)</b>	
<u>Eye Room renovation</u> - convert current office into two smaller offices in order to add a mental health consultation room. Furnishings are also included for new space and office set up.	15,500
<u>Create new dental sterilization lab</u> - includes exam room split and adding required electrical/plumbing to ensure optimal sterilization environment.	22,500
<b>Dental Equipment &amp; software</b>	
Digital X-ray system (DEXIS)	18,000
Midmark M9 Sterilizer	3,824
Midmark M250 Ultrasonic	2,001
Handpieces with attachments: High and low speed, nose cone and prophylaxis 8 attachments. 5 count sets	11,772
<b>Food Pharmacy start up costs</b>	
Costs to convert the library room to a food pantry in collaboration with Second Harvest Food Bank including shelving, refrigeration, and supplies and relocation of the health library.	<u>15,940</u>
<b>TOTAL</b>	<b>\$ 89,537</b>
 <i>Sequoia Healthcare District Funding Request:</i>	 52,537
<i>Other funding</i>	<u>37,000</u>
	<b>\$ 89,537</b>

# Sequoia Healthcare District and San Mateo County: Partners in Improving Community Health

Susan Ehrlich, MD, MPP  
CEO, San Mateo Medical  
Center

February, 2015

Agenda Item No. \_\_\_\_\_

S. C.

Board of Directors Meeting

Date \_\_\_\_\_

4-1-15

## THANK YOU FOR YOUR SUPPORT !

- \$1.6 million in fiscal year 07-08
- \$1.6 million in fiscal year 08-09
- \$2 million in fiscal year 09-10
- \$2 million in fiscal year 10-11
- \$2 million in fiscal year 11-12
- \$2 million in fiscal year 12-13
- \$2 million in fiscal year 13-14
- \$4.3 million to support the Fair Oaks Health Center

**Total: \$17.5 million in the past 7 years**

## SMMC REQUEST: Reinvigorate our partnership to focus on mutual goals

- \$1 million/year for FY 2015-16, 2016-17, and 2017-2018 to support:
  - **\$100,000 per fiscal year: Keller Center**
  - **\$900,000 per fiscal year to support:**
    - SMMC Community Care Transitions Program
    - Expansion of Ron Robinson Senior Care Center team to Fair Oaks Health Center.

## Proposal #1:

Support the Keller Center for Family  
Violence  
to prevent violence in the community

## **Background: Keller Center for Family Violence Intervention**

The Keller Center was started with a generous one time grant in 2001:

- The Center provides highly specialized care: domestic violence, suspected elder and child abuse, rape trauma, foster child well checks
- The Center is a hub for: medical surgical clinical care, forensic clinical care, law enforcement and the DA, community outreach
- **The Center is a critical community and regional resource**

# Support for the Keller Center

- The total budget for the Center is \$865,600 of which about 50% is supported by revenues and grants.
- The San Mateo Health Foundation has committed \$150,000 per year over the next five years to support the Center's operations.



## Proportion of clients served from Sequoia Health Care District

Year	All Visits	Sequoia Health Care District	Percent SHCD
2009	491	132	27
2010	523	129	25
2011	447	125	28
2012	488	149	31
2013	608	182	30
2014 YTD Oct	364	101	28
<b>Grand Total</b>	<b>2921</b>	<b>818</b>	<b>28</b>

## Funding Request: \$100,000 to support additional outreach in the Sequoia Health District Communities

- In order to prevent violence against women and children, the Center provides outreach and education at schools and churches pertaining to family violence.
- The Center's program specialist chairs the volunteer Coordinated Response Committee (CRC) of the Domestic Violence Council of San Mateo County: two community programs annually.

## We would like to do more to prevent violence in the community

- Salary Support for the bilingual Keller Center Program Coordinator to seek out opportunities to prevent violence.
  - Target 4 new programs per year within the Sequoia Health District Communities.
  - Increase from 1 to 4 educational workshops/year for the youth in Juvenile Hall: focus on building healthy relationships
  - Increase support for the Coordinated Response Committee (CRC) programs from 2 to 4 a year

# Outcomes From Your Investment

Keller Center program participants and educational workshop participants will report:

- Increased knowledge about the dynamics of unhealthy relationships;
- Increased awareness about the positive outcomes of building healthy relationships;
- Increased individual empowerment to speak up about domestic violence and seek help; and
- Increased self-efficacy in their ability to advocate for a friend engaged in an unhealthy relationship.

## Proposal #2:

Expand the Ron Robinson Senior Care  
Center to the Fair Oaks Health Center

&

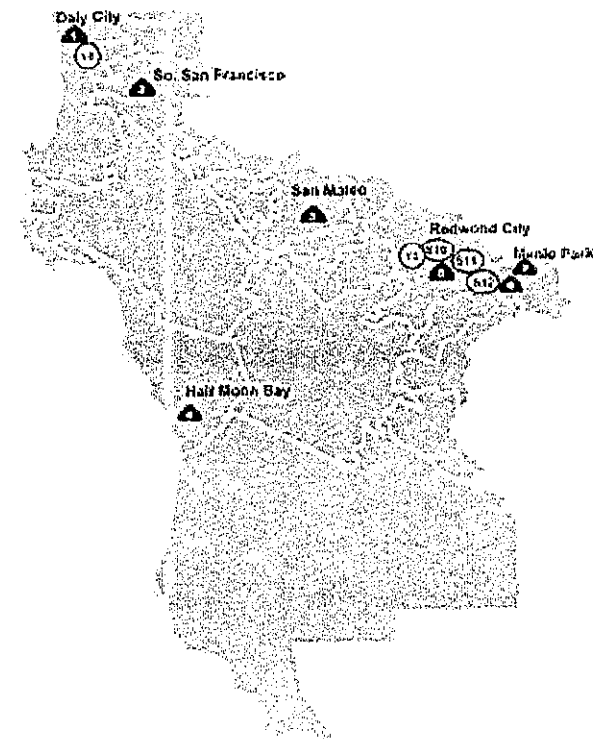
Implement the Community Care  
Transitions Program at SMMC

## **SMMC'S Ron Robinson Senior Care Center (RRSCC) History**

- Opened in 2004, RRSCC primary care clinic located at San Mateo Medical Center, expanded satellite clinic at Daly City Clinic.
- Geriatric primary care, home primary care services, psychology, psychiatry, and social work services.
- Priority population of vulnerable older adults with complex social and health needs and limited resources to meet these needs.
- Support to family members and caregivers of its older adult patients.

## Patients Served Through RRSCC

- Over the age of 60
- 70% of the patients currently served by RRSCC reside in Northern San Mateo County
- Opportunity to expand the number of SHCD patients served by the RRSCC



## Sequoia Hospital Community Care Program Background

- Began in 2009
- 2012: incubator funding from SHCD: \$500K
- Based on Coleman Model
- Serves older adults discharging home with limited financial resources, limited social support, ongoing medical needs and increased risk of readmission
- *Sequoia will provide in-kind dollars to mentor SMMC to implement SMMC based Community Transitional Care program for SHCD patients*



## Proposed SMMC/SHCD partnership

- Two pronged model to improve care for older adults residing in SHCD:
  - Comprehensive transition care for older adults discharged home from SMMC
  - RRSCC satellite based at Fair Oaks Health Center

## **SMMC Community Care Transition Program: Components of SHCD funding request**

- **Year One:** SMMC Community Care Transition Program Development; evidence based training for up to 35 SMMC staff
- **Years Two and Three:**
  - Community care nurse liaison and social worker: serve SMMC SHCD acute and SNF inpatients discharging home
  - SMMC Program will serve uninsured SMMC patients and work in conjunction with HPSM Care Transitions Nurse to ensure HPSM patients receive Care Transition services.
  - Home-based Transition Services through a Community Care Network
  - Behavioral Health Services Network and linked services
  - Home Glucose Monitoring Kits for up to 120 Diabetic Patients

## **RRSCC Fair Oaks Health Center Satellite: Components of SHCD funding request**

- Team: Provider, clinical nurse specialist, social worker, and patient services assistant
- Interdisciplinary planning: SMMC Community Care Program and RRSCC at FOHC
- Link SHCD residents without a PCP on SMMC inpatient service to RRSCC at FOHC

## **Your investment will improve healthcare quality for older SHCD residents**

- **For older adults served by the Community Care Transition Program:**
  - Ensure an office visit occurs within 7 days of hospital discharge
  - Meet HEDIS requirements for “Medication Reconciliation Post-Discharge”
  - Report patient satisfaction with the Community Care Transition Program
  - Test the hypothesis that health care utilization costs will be reduced from the patient’s baseline the year prior to enrollment compared to the year following the patient’s enrollment in the program.
- **For older adults served by the FOHC RRSCC team:**
  - Conduct a conversation on the importance of completing an advanced directive
  - Be at or below the 2013 Medicare HMO National Mean (18.2) for Use of One High Risk Medication in the Elderly

## PATIENT STORY:

### SMMC & Sequoia Community Care 2014 Pilot Collaboration

<b>Client</b>	65 F Lives alone in an independent senior living facility Visually impaired, requires magnifying glass and glasses to read
<b>Background</b>	Prior admissions to Sequoia Hospital and SMMC Current admission presented to SMMC
<b>Services</b>	Sequoia Community Care provided case coordination to help the client access services necessary to successfully transition back to her own home and prevent readmission. Services included: <ul style="list-style-type: none"><li>• In-home assessment: Safety evaluation &amp; enrolled pt into Lifeline</li><li>• Delivery of 21 nutritious meals (T/TH, when pt is not in dialysis)</li><li>• 20 hours of private duty home care/companionship, transportation</li><li>• Health Coaching: medication reconciliation and education, discharge instructions and red flags review, coaching on arrangement for dialysis transport and DME/safety renovations; 3 follow-up phone meetings</li><li>• CM/SW visit: assist in transportation referral and community resources</li></ul>
<b>Outcomes</b>	Client was able to stay in her own home with no readmission to the hospital. <ul style="list-style-type: none"><li>➔ Pt able to arrange for her own HD transport with a new company through SCCP</li><li>➔ Pt able to use PHR to guide medication use and facilitate asking questions at MD visits</li><li>➔ Pt able to run errands and be outside of the home with assist of caregiver</li></ul>
<b>Next steps for client</b>	Client to f/u with eye doctor re: cataract surgery <ul style="list-style-type: none"><li>➔ Goal: Start reading more</li></ul> Client to f/u with continuing caregiver services <ul style="list-style-type: none"><li>➔ Goal: Go to bookstores/Borders to read and socialize</li></ul>

## Patient's Quote

*“Thank you for all your help. I appreciate the phone calls and the help with the medications. I am happy with RediWheels, and I might stay with the caregiver service. I can’t wait to get back to the bookstores and walk around the shopping center.”*

## **WE SEE OPPORTUNITIES AHEAD WITH STRENGTHENED PARTNERSHIP**

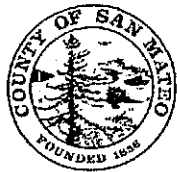
- The District's vision is our vision:

*“improve the quality of life for District residents by enhancing access to health care services and by supporting and encouraging programs and activities designed to achieve health, wellness, and disease prevention.”*

THANK YOU !



San Mateo Medical Center  
*A County System of Healthcare*



San Mateo County  
**HEALTH SYSTEM**



Agenda Item No. 5.D.

Board of Directors Meeting

Date 4-1-15



Peninsula  
Family Service

***Sequoia 70***  
***Healthy Living in the Third Age***

**A proposal for the Sequoia Healthcare District**

**Prepared by**

Peninsula Family Service  
24 2<sup>nd</sup> Avenue  
San Mateo, CA 94401  
(650) 403-4300

March 11, 2015

## Sequoia 70

### A Sequoia Healthcare District Partnership with Peninsula Family Service

The Sequoia Healthcare District currently funds many organizations providing services that are beneficial to older residents in the areas of physical fitness, nutrition and social support, such as the Senior Peer Counseling Programs, adult activity centers, fitness and nutrition programs. There are also other relevant and emerging services throughout San Mateo County that are available to older adults, including the Sequoia Village. However, residents are often unaware of these resources and thus, they are or become underutilized. Moreover, because programs are often offered in silos by many organizations, there is little connection to maximize benefit for those who need them most.

For more than four decades Peninsula Family Service has been a leader in San Mateo County in providing older adults the tools and support to realize their full potential and lead healthy, stable lives. The Sequoia Healthcare District has asked Peninsula Family Service to partner with them to develop Sequoia 70—a new and innovative program for residents age 70 and over in the Sequoia Healthcare District. Research suggests that age 70 is a critical age in which adoption of a healthy lifestyle can actually make a difference in on-going health and improving lifespan<sup>1</sup>. By intervening at this age and connecting older adults to resources, we believe we can make a profound difference in their on-going health and wellness.

#### Target Population

According to the 2010 US Census and 2009-2013 estimates from the American Community Survey (US Census), there are almost 25,000 older adults ages 65 and over living in the Sequoia Healthcare District, and 18,219 ages 70 and over. This number is expected to almost double by the year 2030 as the Baby Boomer generation continues to age. In addition, the 2013 Community Assessment, Health and Quality of Life of San Mateo County estimates over one-third (36.6%) of adults age 65 and older *live alone*.

City	Zip Codes	Age 70+ (Source: American Community Survey, 2013)	Age 65+ (Source: US Census 2010)
Belmont	94002	2,701	3,843
Atherton	94027	1,109	1,562
Menlo Park	94025	3,795	4,871
Portola Valley	94028	1,303	1,173
Redwood City	94061, 94062, 94065	4,914	8,112
Woodside	94063	1,354	1,068
San Carlos	94070	3,042	4,047
<b>TOTAL</b>		<b>18,219</b>	<b>24,676</b>

<sup>1</sup> "Key to longer life span may lie in keeping fit from the age of 70, says study. The Guardian. 2008"  
<http://www.theguardian.com/science/2008/feb/12/medicalresearch.longtermcare>

## **Needs Statement**

As indicated by the community assessment *"There is a critical need to keep older adults living as healthy and independent as possible to reduce the expected burdens on the health, government and social service sectors."*

## **The Sequoia 70 Project Theory of Change:**

*If older adults age 70 and over are connected to existing community services designed to improve their health and wellness, they can maintain independence, stay in their own homes, and reduce the burden on emergency, medical and public services.*

## **Goals and Outcomes**

Based on our experience, we propose the Sequoia 70 program will impact health and wellbeing in a number of specific, measurable ways, including:

- Increased confidence in ability to age in place
- Reduced risks for falls
- Increased physical activity
- Increased linkage to activities in the community
- Reduced stress and depression
- Increased socialization and connections
- Improved knowledge of healthy living and eating practices

Critical to this effort is developing and maintaining a database to track participant's enrollment, outcomes and services accessed.

## **Project Development Phase**

Although Peninsula Family Service has deep knowledge and experience in older adult health and wellness, we recommend an initial project development phase to ensure that the Sequoia 70 is designed to maximize achievement of the desired outcomes. This development phase would include:

- Assembling a group of respected individuals in the fields of gerontology and older adult services to act as an advisory board and help guide project design
- Conducting a literature search to identify evidence-based best practices to improve and maintain the health and well being of older adults
- Identifying the programs and services best suited for achieving the desired outcomes
- Conducting focus groups with potential Sequoia 70 members
- Costing out program implementation and ongoing costs
- Projection of the potential cost benefit of the Sequoia 70 program
- Development of an implementation plan and schedule

### **Proposed Project Concepts**

While the project development phase will identify the specific services, based on our past experience and current models of wellness programs for older adults we propose some potential core components be evaluated.

The Sequoia 70 program will perform outreach, marketing and navigation services to district residents, ages 70 and over, with free membership to the program. Membership would include:

- A toolkit with comprehensive information to free community resources such as fitness, nutrition, and support services
- Coupons to access free, trial, or discounted relevant commercial and vendor services, such as handyman services, beauty and wellness treatments, IT and computer support
- Discounts to Sequoia Village membership or scholarships for those in need to access services
- Taxi vouchers/transportation credits to access services for those unable to drive
- Home visits to assess needs, risk for falls and safety in the resident environment.
- Information and referral from Community and Health Navigators
- A warm handoff to services where provider is expecting new participant
- Follow-up to ensure that clients access services as planned
- Stimulating lecture series offered throughout the community and at social events. Topics include ways to maintain health, current events, author series, etc.

According to the Village Feasibility Study, 12.3% of respondents indicated they would consider joining the village "immediately." Based on the 18,219 projection of residents over age 70 in the district, we can estimate a similar rate interested in the Sequoia 70 project, a total of 2,241.

### **Project Cost**

The cost of the Project Development Phase is \$82,400. This is inclusive of all costs for program staff, services and materials to develop the project, market research, a literature review to identify evidence based services for inclusion in the program, development of an implementation and on-going operating budget, development of a cost benefit projection for the project and development of an implementation plan and schedule.

### **Schedule**

The Sequoia Healthcare District will receive all project deliverables within six months after Peninsula Family Service receives a notice to proceed.