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A G E N D A
SEQUOIA HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING
4:30, Wednesday, May 13, 2015
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063

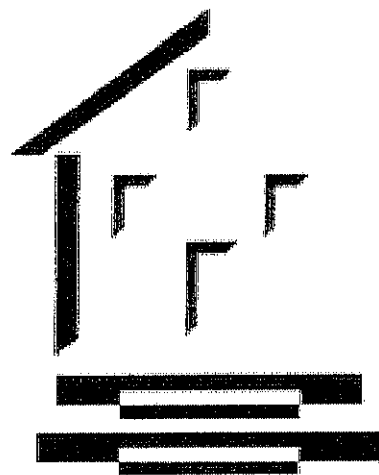
1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items*
3. Old Business
ACTION a. Grant Request From Samaritan House For Three Years Of Funding
2015-16 \$663,000; 2016-17 \$683,000 And 2017-18 \$703,000 Plus One Time
Funding For Building Alterations Of \$53,000 And Mental Health Planning Of
\$35,000 - July 1, 2015-June 30, 2016 - Mr. Bart Charlow
4. New Business
ACTION a. Grant Request For Sequoia 70 From Peninsula Family Services For \$82,400 -
Mr. Arne Croce
ACTION b. Grant Request From San Mateo Medical Center For Three Years Of
Funding: Year One \$470,000; Years Two And Three \$932,000 -
Dr. Susan Ehrlich
ACTION c. Healthy Schools Initiative 2014-15 End Of School Year Report - Ms. Kurtzman
d. Consider Censoring Or Similar Action Pertaining To Board Member Hickey's
Conduct At April 1, 2015 Board Meeting - Director Shefren
ACTION e. Director Requests For Future Agenda Items - Board Policy 8.3 - President Faro
5. 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.



SAMARITAN
HOUSE

Free Clinic of Redwood City

Presentation to the
Sequoia Healthcare District
Board of Directors

April 1, 2015

Agenda Item No. 3. A.

Board of Directors Meeting

Date 5-13-15



Our Mission = Your Mission: Community Health



Our Patients = Your District Patients

SHCD 2104 Data

Data collected by EIM 1/2014

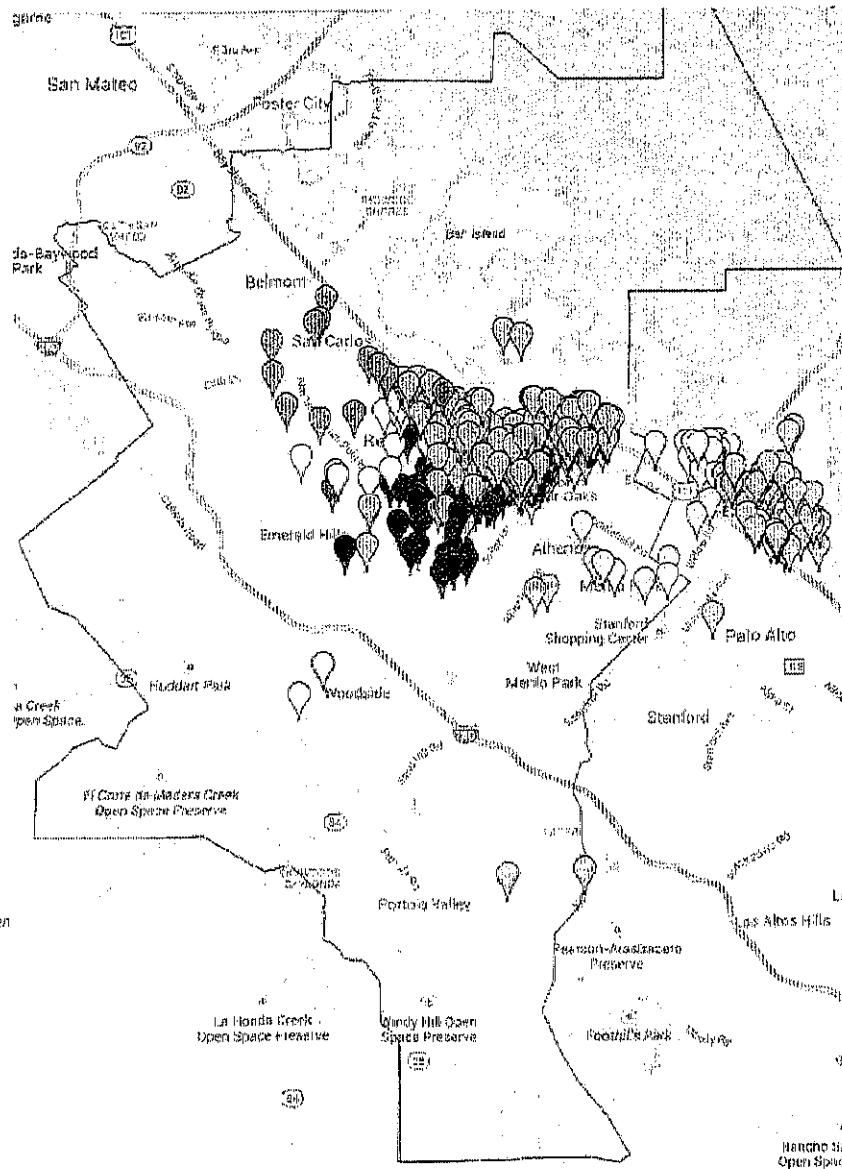


✓ Sequoia Healthcare District boundary

- Line 1
- Line 2
- Line 3
- Line 4

✓ SH-CD 2014 data

- 94025
- 94027
- 94028
- 94044
- 94061
- 94062
- 94063
- 94064
- 94065
- 94070
- 94080
- 94303



Redwood City Free Clinic calendar 2014

ZIP	# patients	Sequoia	non-district
94025	61	36	25
94027	2	2	0
94028	3	3	0
94044	1	0	1
94061	286	286	0
94062	32	32	0
94063	553	553	0
94064	1	1	0
94065	1	1	0
94070	13	13	0
94080	1	0	1
94303	61	0	61
	1015	927	88
		91.3%	8.7%

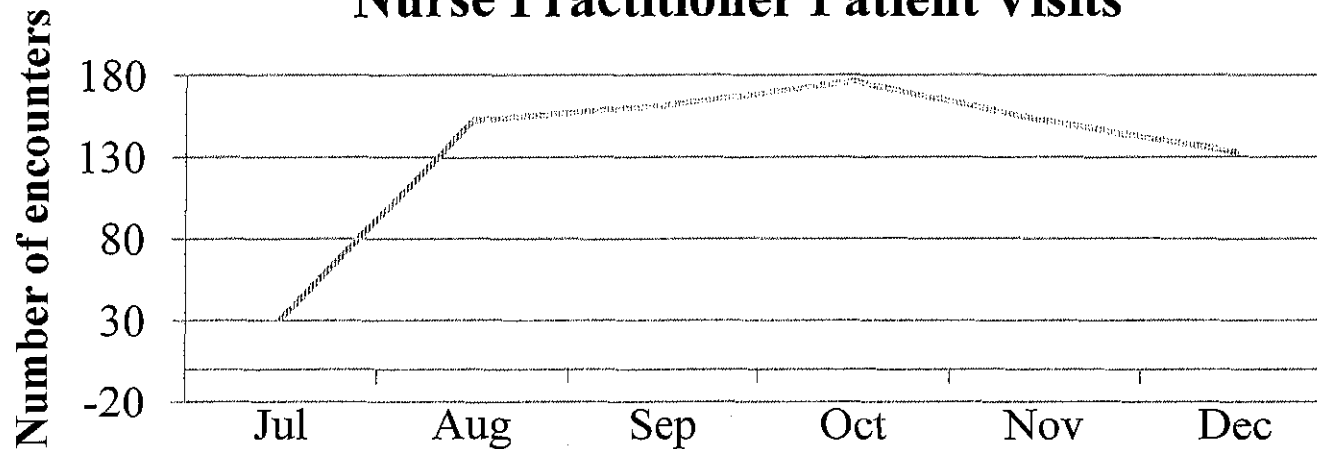
Updates from 2014

- Orientation Clinics
- Diabetes Care Days
- Nurse Practitioner

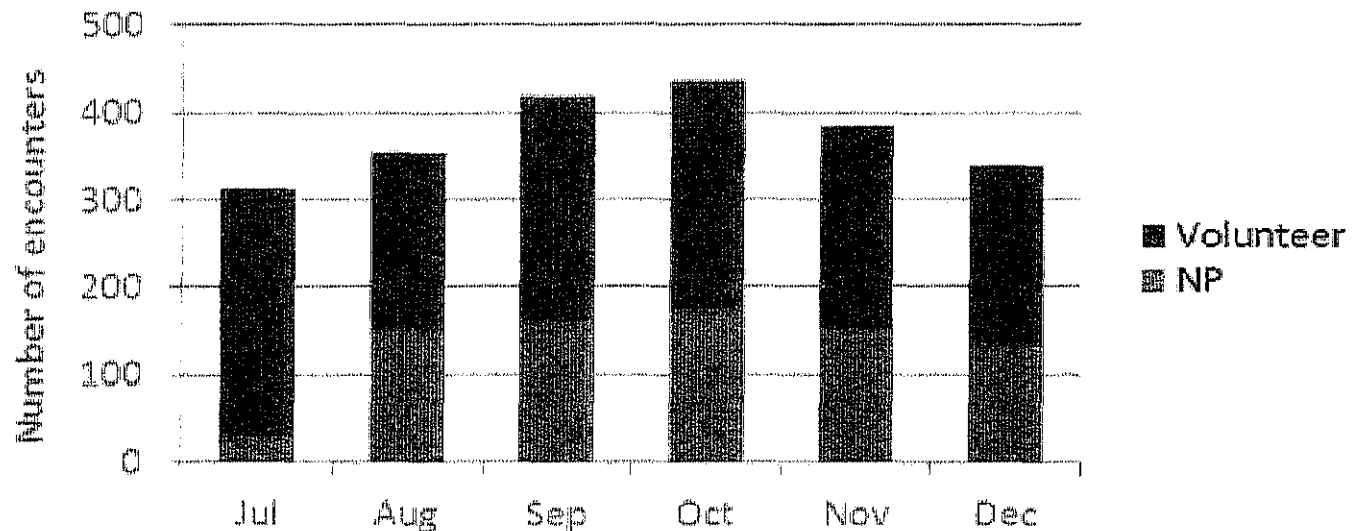


Nurse Practitioner Data - 2014

Nurse Practitioner Patient Visits



Nurse Practitioner Increases Overall Capacity Almost 45%



Strategic Vision

A new paradigm of care

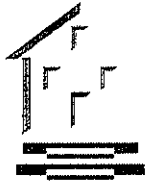
Physician-centered patient care



Patient-centered medical home



Patient-centered health community



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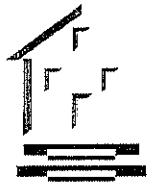
Initiative 1: Facility Upgrade

- Dental lab/sterilization unit
- Digital radiography capability
- Improve space utilization capacity



Initiative 2: Redi-Care Clinics

- Co-located with other non-profit centers
- Bring care to where the patients are



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Initiative 3: Care coordination

The primary care medical home coordinates care across all elements of the broader health care system.

- Oral health care
- Behavioral health care

Co-location alone helps integration
but does not guarantee it



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Initiative 4: Food Pharmacy

Food insecurity + Diabetes = *Poor outcomes*

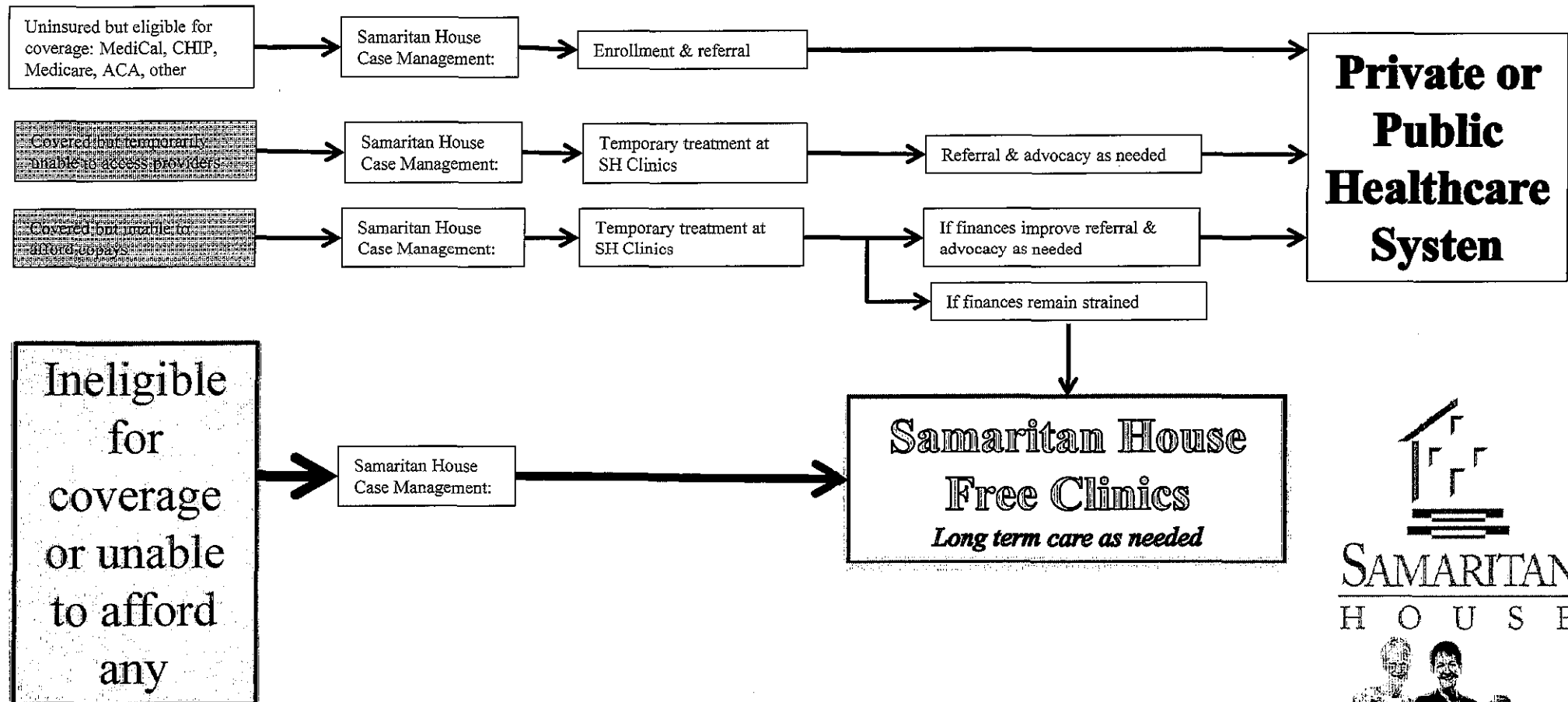
- Food Prescriptions from Primary Care Physician
- On-site Food Pharmacy with Appropriate Food Choices
- Nutritional education



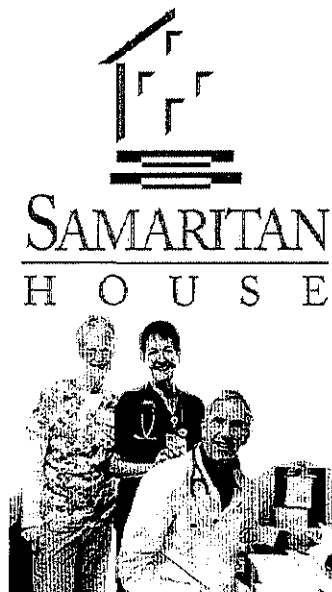
Still Unable to Access Health Care in San Mateo County

74,000

Samaritan House Roadmap to Health in the era of the Affordable Care Act

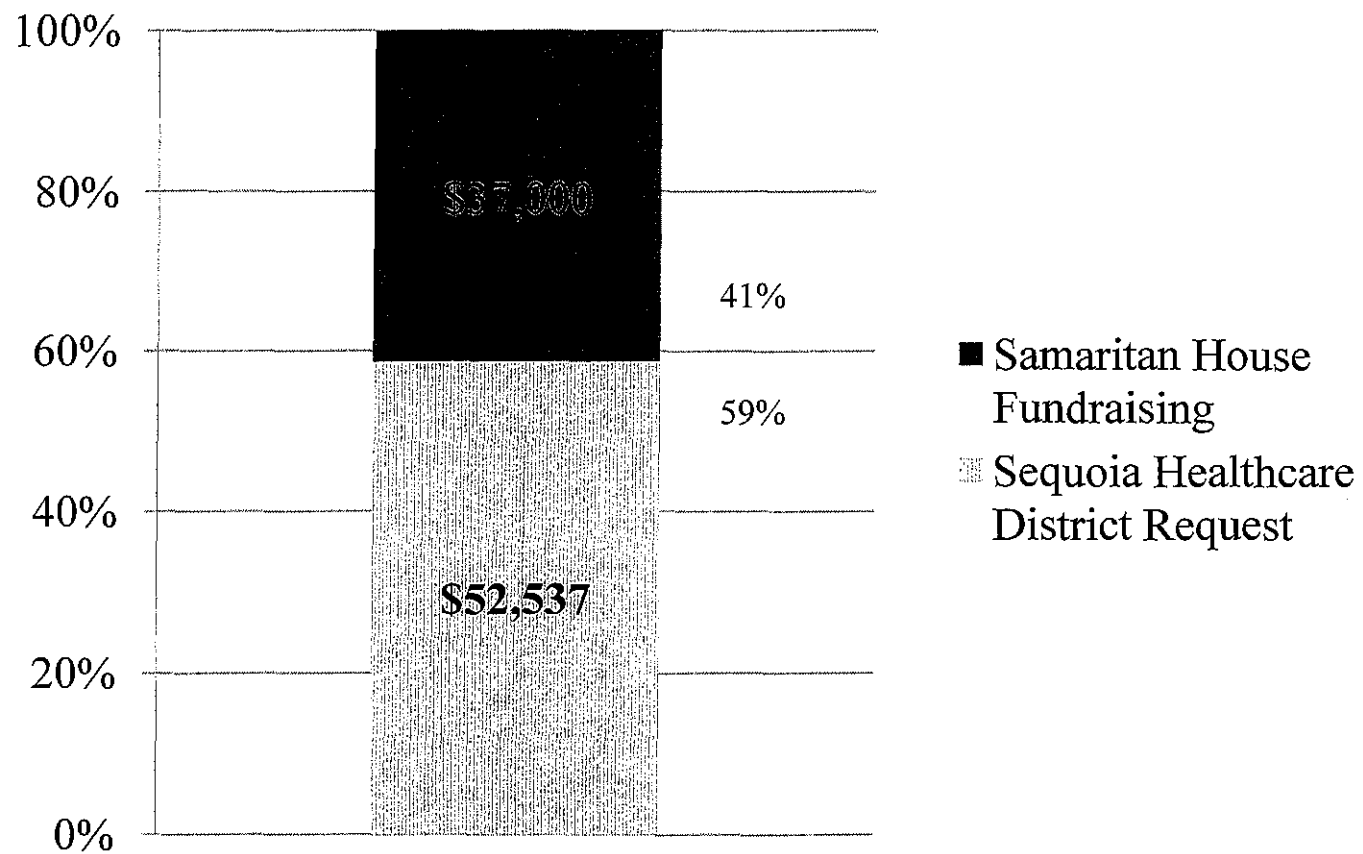


“The Safety Net Under The Safety Net!”

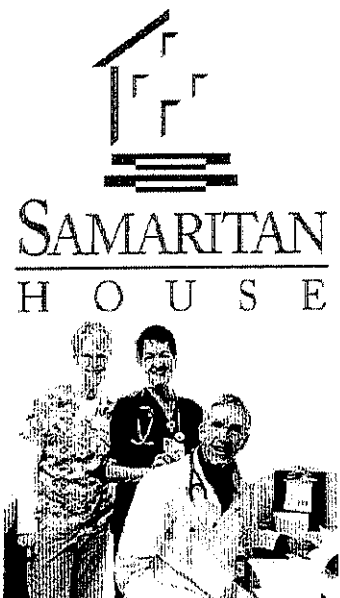
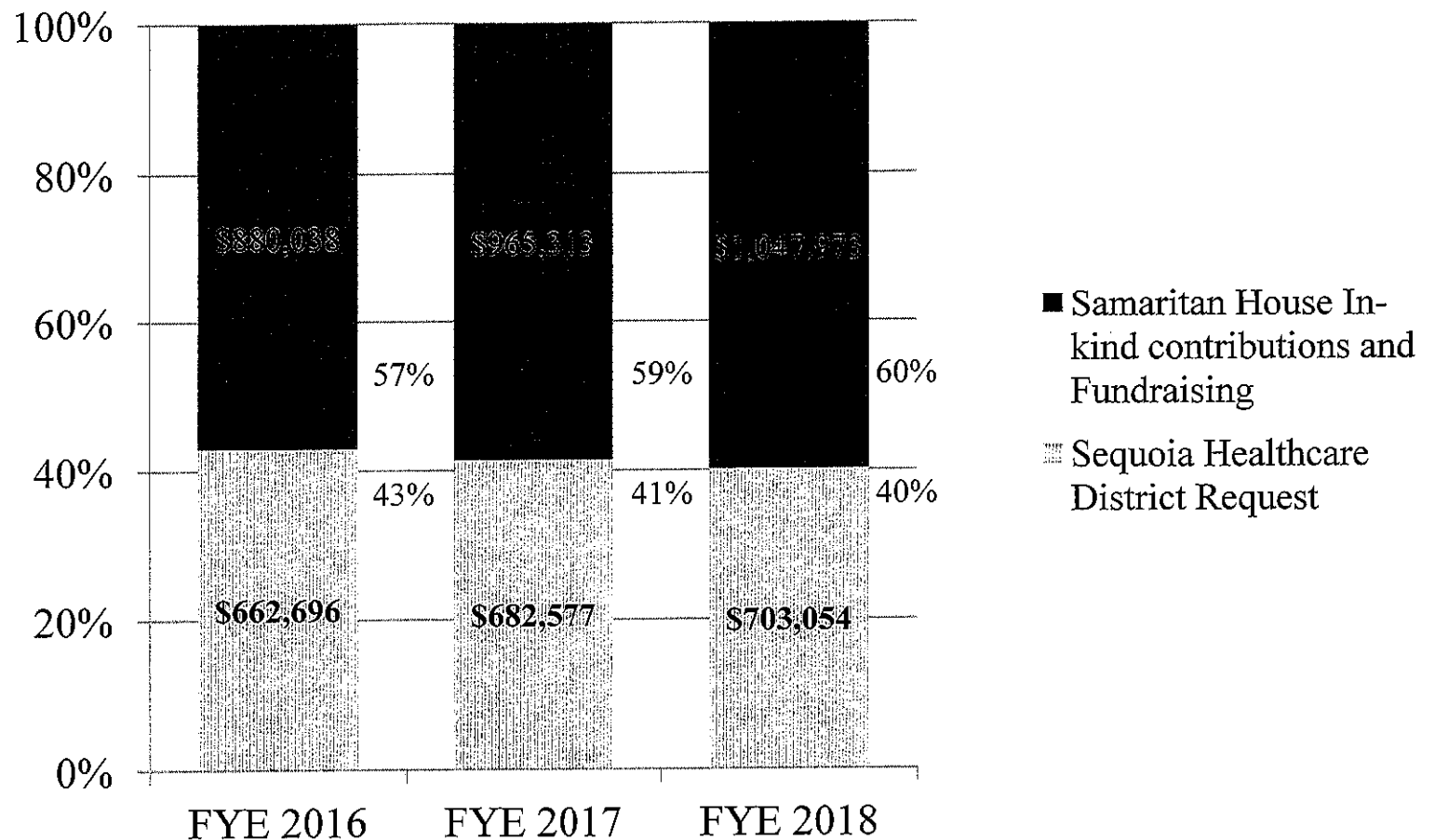


Capacity Building

One-time request

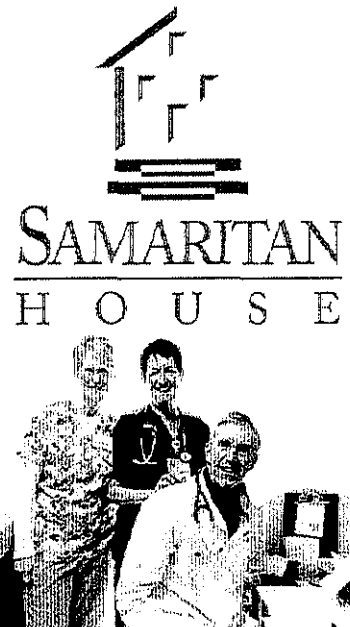


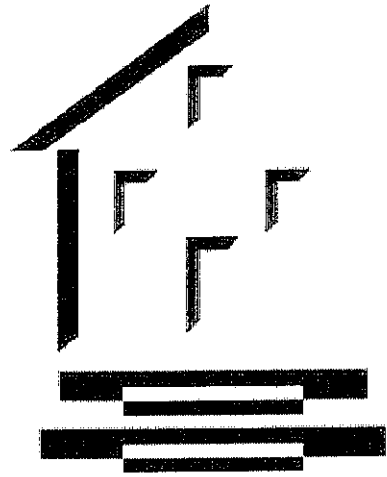
Operations Support



Summary

- One-Time Request \$52,537
- Mental Health One Year
Capacity Building \$35,000
- 3-year Operations Grant \$2,048,327





SAMARITAN

H O U S E



Thank You!



Peninsula Family Service

May 4, 2015

Lee Michelson, CEO
Sequoia Healthcare District
525 Veterans Boulevard
Redwood City, CA 94063

Dear Lee,

Based upon the comments of Board Members at the April 1, 2015 meeting we have developed a more detailed scope of work and budget for the ***Sequoia 70--Healthy Living in the Third Age*** design and development process. We look forward to the Board's consideration of this project at the May 13, 2015 meeting.

Scope of Work

Peninsula Family Service will conduct a design and development process for the Sequoia Healthcare District's *Sequoia 70* program. *Sequoia 70* is intended to provide a range of services to District residents aged 70 and older, targeted to 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

The theory of change for the *Sequoia 70* is:

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.

Plan of Work

The design and development process is structured into 10 discreet activities, each building upon the previous activity with the goal of providing the Sequoia Healthcare District a recommended program for implementation.

Activity 1: Finalize Scope of Work: Peninsula Family Service staff will meet with Sequoia Healthcare District staff to finalize the scope of work, project schedule and project deliverables.

Activity 2: Assemble Advisory Group: Based upon input from the Sequoia Healthcare District, our own knowledge and the knowledge of other experienced parties, Peninsula Family Service will assemble a group of respected individuals in the fields of gerontology and older adult services to act as an advisory group and help guide the design/development process. The advisory group will help identify the best practices to achieve the goals of *Sequoia 70* and evaluate the overall content and structure of the proposed program. An initial meeting of the advisory committee will be held to outline the purpose of the *Sequoia 70* design/development phase and review the scope of work.

Activity 3: Program Research: Peninsula Family Service with the support of subject-area experts will gather information from a variety of sources to identify the candidate program components to include in *Sequoia 70*. This research will include:

- A review of existing needs assessments and materials including the Village Feasibility Study and Community Needs Assessment: Health and Quality of Life in San Mateo County (Healthy Community Collaborative of San Mateo County, 2013)
- Interviews with existing provider partners in the Sequoia Healthcare District serving the target population, including: Veterans Senior Center, Peninsula Volunteers, Catholic Charities, San Carlos Adult Day Care Center, Alzheimer's Association, Caregivers Alliance and County Aging and Adult Services
- A literature search to identify evidence-based best practices to improve and maintain the health and well being of older adults

Activity 4: Preliminary Program Design: Based upon the program research Peninsula Family Service will identify the programs and services best suited for achieving the desired outcomes of *Sequoia 70* and develop a preliminary framework and budget for program organization and service delivery. The preliminary program will be reviewed with the advisory group and Sequoia Healthcare District staff.

Activity 5: Test Preliminary Program Design: Peninsula Family Service will conduct 3-5 Focus Groups of potential participants in *Sequoia 70* to preview the preliminary program and gather input on how well they believe the program will help maintain their health and well-being. Focus group participants will be drawn from: Fair Oaks Adult Activity Center, Second Harvest Food Bank, faith-based organizations and senior housing sites. Appropriate modifications to the program design will be made based upon the input of the focus groups.

Activity 6: Program Budget: Peninsula Family Service will prepare a proposed budget for the *Sequoia 70* program. The budget will be inclusive of start-up/implementation costs and ongoing costs assuming two full years of program operation.

Activity 7: Logic Model and Evaluation Plan: A logic model will be developed for *Sequoia 70*. The logic model will identify the expected short, mid and long range outcomes of each *Sequoia 70* program component. The advisory group will be engaged in the process of developing the logic model. The logic model will be used to establish proposed measurable outcomes and an evaluation process to determine the effectiveness of *Sequoia 70*.

Activity 8: Projected Cost/Benefit: Using the expected measureable outcomes a projection will be made of the financial value of the program. The projected financial value will be compared with program costs, providing the District with an estimated return of their investment in *Sequoia 70*.

Activity 9: Implementation Plan and Schedule: Peninsula Family Service will develop an implementation plan and schedule to bring *Sequoia 70* to full operation.

Activity 10: Presentation of Results: Peninsula Family Service will present the recommended *Sequoia 70* program model to the staff and board of the Sequoia Healthcare District.

Project Budget

The total cost for the *Sequoia 70* design and development process inclusive of all expenses and subcontracts is not to exceed \$82,400:

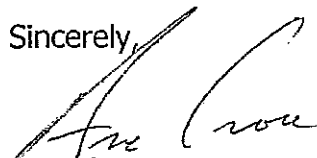
Personnel and Operating Costs	\$27,400
Subcontracting Costs	\$47,500
• <i>Program research</i>	<i>\$30,000</i>
• <i>Logic model and evaluation plan</i>	<i>\$15,000</i>
• <i>Cost/benefit projection</i>	<i>\$ 2,500</i>
Administration and Support	\$ 7,500
Total	\$82,400

Subcontracting costs are estimates based upon experience with similar projects. Contracts will be entered into with each subcontractor and the District will only be billed for the actual contract cost.

A rigorous program design and development phase for *Sequoia 70* will ensure the ultimate program will fulfill the Sequoia Healthcare District's intent for the initiative and maximize the return on District investment.

We are excited by the prospect of working with you on this initiative.

Sincerely,



Arne Croce
Executive Director

Attachment: *Sequoia 70* design and development proposal reviewed at the April 1, 2015 Sequoia Healthcare District Board meeting.

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

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

May 13, 2015

Agenda Item No. 4. B.

Board of Directors Meeting

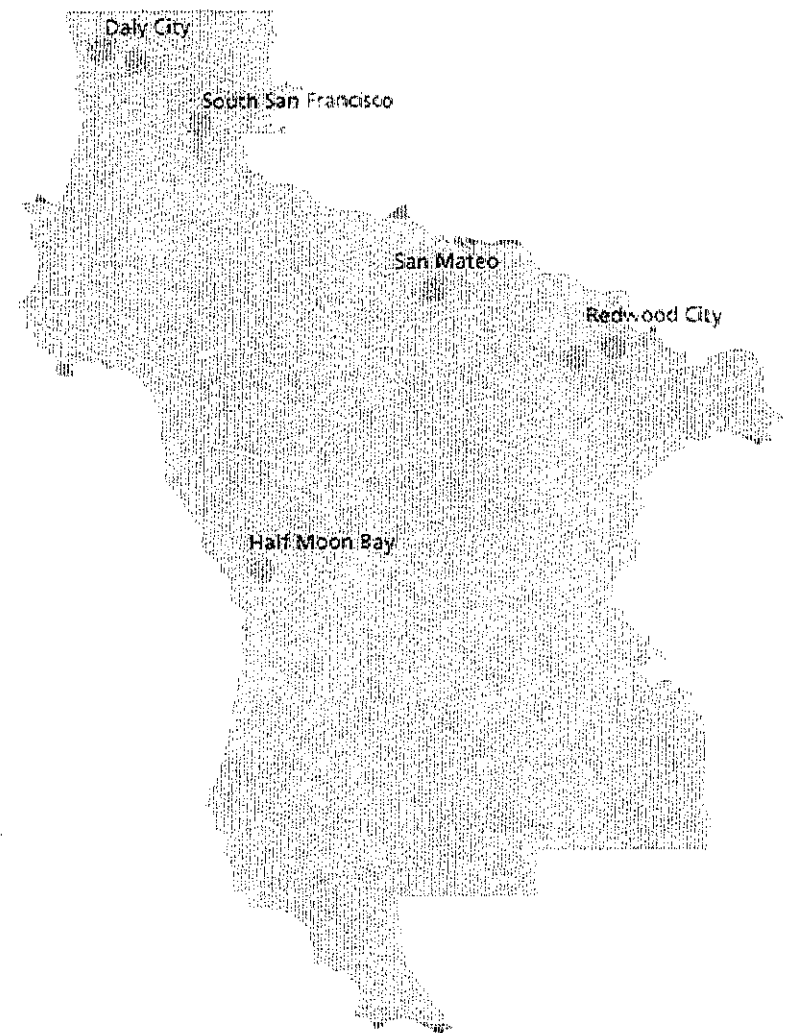
Date 5-13-15

Proposal #1:

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

Patients Served Through RRSCC

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



RRSCC Fair Oaks Health Center Satellite

- Geriatric focused team 2 days/week plus home visits:
 - Provider
 - Clinical nurse specialist
 - Licensed vocational nurse
 - Social worker
 - Patient services assistant
- Up to 650 new SHCD seniors served

Fair Oaks Based RRSCC Funding Request Years 1-3

Staff			% FTE Requested	Total FTE	Total Salary Expenses	Total Salary SMMC In-Kind Donation	Total Annual Salary Support Requested
Social Worker			0.18	0.5	\$58,000	\$ 37,000	\$ 21,000
Physician/Provider			0.18	0.5	\$136,000	\$ 87,000	\$ 49,000
Licensed Vocational Nurse			0.18	0.5	\$ 78,000	\$ 50,000	\$ 28,000
Patient Services Assistant II			0.18	0.5	\$ 38,000	\$ 24,000	\$ 14,000
Clinical Nurse Specialist			0.18	0.5	\$ 86,000	\$ 55,000	\$31,000
TOTALS					\$396,000	\$253,000	\$143,000

Proposal #2:

Implement the Community Care
Transitions Program at SMMC

Our programs would improve health care quality for older SHCD residents

- **For older adults served by the FOHC RRSCC team:**
 - Bring more seniors into care
 - Improve completion of advanced directives
 - Reduce use of high risk medications
- **For older adults served by the Community Care Transition Program:**
 - Ensure an office visit occurs within 7 days of hospital discharge
 - Meet enhanced quality and patient experience goals
 - Reduce health care costs

SMMC Community Care Transition Program:

- Community care nurse liaison and social worker: serve SMMC SHCD inpatients discharging home
- Could serve around 50+ SMMC patients monthly, would work in conjunction with HPSM Care Transitions Nurse
- Home-based Transition Services through a Community Care Network

Community Care Transitions Program Funding Request Year One

Annual Salary Expenses	% FTE Requested	Total FTE	Total Expenses	Total Support Requested
SMMC Community Care Transitions Program: development and program implementation	1	1	\$147,00	\$147,000
SMMC Community Care Transition Nurse Liaisons - Hiring Final Quarter of FY 2015-16	1.5	1.5	\$69,000	\$69,000
TOTAL SALARY REQUESTED			\$216,000	\$216,000
Other Program Expenses				
IT Upgrades to County Health Information Exchange: Communication Portal for Home Based Transition Network Services			\$60,000	\$60,000
Care Transitions Program Training on Coleman Model for up to 35 staff			\$50,000	\$50,000
TOTAL OTHER PROGRAM EXPENSES REQUESTED				\$110,000
TOTAL YEAR 1 FUNDING REQUEST				\$326,000

Community Care Transitions Program

Funding Request Years Two & Three

Annual Salary Expenses	%FTE Requested	Total FTE	Total Salary Expenses	Total Annual Salary Support Requested	
SMMC Community Care Transition Program Manager	1	1	\$ 147,000	\$ 147,000	
SMMC Community Care Transition Nurse Liaison	1.5	1.5	\$ 254,000	\$ 254,000	
TOTAL SALARY REQUESTED			\$ 401,000	\$ 401,000	
Other Program Expenses	Monthly Estimated Network Patient Count	Months	Avg. Cost Per Patient	Total Annual Cost	Total Requested Annually
Home Based Transition Network Services to SHCD SMMC patients	40	12	\$ 800	\$384,000	\$384,000
Home Glucose Monitoring Kit	10	12	\$ 33.00	\$4,000	\$4,000
TOTAL ANNUAL OTHER PROGRAM EXPENSES REQUESTED					\$388,000
TOTAL YEARLY FUNDING REQUEST					\$789,000

Summary of Community Care Transitions Program Funding Request

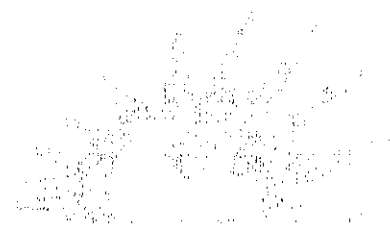
- Year One Funding Request: **\$326,000**
- Year Two Funding Request: **\$789,000**
- Year Three Funding Request: **\$789,000**

Summary of SMMC Funding Request to Sequoia Health Care District

Total funding request: RRSCC and Community Care Transitions Program:

- **Year One:\$470,000**
- **Year Two: \$932,000**
- **Year Three: \$932,000**

THANK YOU !



San Mateo Medical Center
A County System of Healthcare



San Mateo County
HEALTH SYSTEM

Healthy Schools Initiative Year End Review 2014-15 Narrative *to accompany board meeting presentation*

Pamela Kurtzman
May 5, 2015

1. Expanded Support for Wellness Coordinators: Wellness Coordinators manage the coordination and implementation of school health and wellness programs and services. We have seen and heard from school administrators over the past several years, of the ways in which school district wellness coordinators contribute to the intentional coordination of health and wellness activities within their school districts. Specifically, the activities of wellness coordinators have been instrumental in the following ways:

- successfully implemented coordinated school health policies and programs that contribute to the positive development of students
- integrated efforts of schools, families, health professionals, and community agencies to help enable schools to protect and promote the well-being of all students
- improved coordination and closer collaborations among their districts, San Mateo County Office of Education, San Mateo County Health System, several local agencies, and business and community organizations.
- reached more students equitably and leveraged resources
- worked with school staff to build partnerships and improved collaboration with local law enforcement agencies and mental health professionals to foster a positive school climate and increase safety and perceptions of safety throughout their school campuses.

To build upon the notable successes we have experienced through having coordinators lead the wellness efforts in our partner school districts, this year we expanded our partnership beyond our support of school counselors and/or school nurses to include a part-time wellness coordinator at:

- Las Lomitas
- Menlo Park City
- Portola Valley
- Woodside elementary school district

In Las Lomitas, two school nurses share the role of Wellness Coordinator, for a total of 5 new coordinators this year. These new coordinators collectively support close to 6,300 students.

In total, Sequoia Healthcare Districts supports 9 coordinators among all 8 of our area school districts reaching nearly 32,000 students (and their families) and 800 school staff.

Total school staff supported through HSI: Along with the 9 Wellness Coordinators, this year SHD supported a total of 27 full and part time staff directly employed by schools:

- 8 School Nurses

- 3 LVN's
- 6 School Counselors
- 1 Outreach Specialist

Total does not include 3rd party contractors or PE+ program staff. The majority of funding supports wellness staff directly employed by school districts, as will be shown later in this report.

2. School district activities: Each district has a unique need and a unique approach to structuring the grant. Seasoned (not new) Wellness Coordinators have a clearly defined set of priorities, realistic goals and objectives and have an action plan and timeline for meeting their goals and building capacity for ongoing projects. Action plans helped to communicate their efforts, identify and leverage resources, identify potential partnerships, and foresee obstacles and opportunities. They each revisited priorities this year and have begun to implement the CDC's School Health Index to identify strengths and weaknesses of health and safety policies and programs and plan for improvements. Many innovative and potentially impactful projects got underway this year which we're looking forward to sharing at the May 13 board meeting.

New Coordinators initiated steps for implementing CSH:

- identified stakeholders and sought commitment
- began working on School Health Index to identify specific issues of each school and current programs and services as well as gaps
- identified internal and external financial resources
- determined community issues, norms, and values
- determined priorities, set goals and objectives, and developed strategies, tasks, and responsibilities lists

3. Non Profit Partnerships and School-based Grants:

- distributed in a comprehensive and systematic fashion
- align with the priorities of the Initiative and the school districts
- maximize our investment in school health in the following ways:
 - support programs and services that are more district-wide and comprehensive in scope
 - serve a larger percent of students and staff (rather than site specific).
 - support agencies that have had long term and successful relationships with the school district, have the capacity for growth, in depth and breadth, are collaborative, and whose programs provide a core health service that are more preventive in scope.

Subcontractors: Agreements are made with a few of our key non-profit school partners that includes them in the grant allocation to each school district rather than funding them through the grants program. This approach helps to strengthen the connection among the non-profit service providers, wellness coordinators and school district administration, improve accountability and program monitoring, and alignment of the program's and school district's goals. We have created special agreements and reporting systems for these partners which include:

- Star-Vista (BRSSD, RCSD- Children's Place and Pip, Arbor Bay, M.A)
- Teen Talk (SUHSD, BRSSD, Arbor Bay, SCSD)
- CSM Parent Education (SUHSD)
- Legarza (SCSD)

HSI grants:

- Footsteps Childcare
- Mary Meta Lazarus Child Develop Center
- Star Vista YDI
- Adolescent Counseling Services
- Jasper Ridge
- Center for Wellness and Achievement in Education
- C.A.T. Counseling at Woodside
- Sienna Youth Center of St. Francis
- Redwood City 20/20

4. PE+

- School Expansion
- School Contribution
- Assessment
- Summer Program
- Cost
- Sustainability

5. Accomplishments in 2014-15:

- school districts have positively embraced the CSH model and an enhanced commitment to health and wellness
- health ingrained in school culture, positive school climate
- integrated efforts of schools, families, health professionals, and community agencies
- more students being more physically active throughout the school day due to our increased financial support of elementary PE
- social-emotional needs of students being served through support of school counselors and non-profit mental health providers. Mental health remains a priority area of concern across all school districts. Wellness coordinators instrumental in bringing together mental health leaders and creating social-emotional support teams that include interns
- through parent education programs, parents more informed and engaged professional development programs promotes resilience in both staff and students and provides teacher and parent education in the area of adolescent development
- Core health curriculum in our elementary and middle schools now includes important health topics such as injury prevention and personal safety; nutrition; functions of the body; disease illness and prevention; substance abuse prevention; physical fitness; and social-emotional health

- staff participation in wellness programs continues to grow including staff fitness programs, weight watchers, health screenings, heart screenings, flu vaccination clinics and CPR trainings through our own HeartSafe program.

New this year:

- 5 additional Wellness Coordinators
- newsletter pilot in SCSD
- online grants management portal
- Jennifer Gabet provides oversight of the HSI grants program
- web and social media improvements

6. Financial Summary

- Total amount HSI funding 2014-15= \$2,970,000
 - Total amount to schools \$1,868,000 (% of budget= 62)
 - PE+ \$680,000 (% of budget = 23)
 - Total amount to grants \$225,000 (% budget= 4.5)
 - Total amount to subcontractors \$439,000 (% budget = 9.8)
 - SHD staff = \$136,680 (% budget = 3.2)
 - Other= \$72,000 (% budget = 2.4)
- Total school district contribution = \$8,000,000

<i>School District Allocations</i>	<i>School District Contributions (estimates only-based on 2013-14 budgets)</i>
RCSD: \$1,195,000 <ul style="list-style-type: none"> ○ Direct funding: \$505,000 ○ PE+ program: \$680,000 ○ Additional grants: (Safe Routes): \$10,000 	<u>Estimated total: \$2,868,000</u> Total Overall Current Budget for Wellness = \$2,868,000 (RCSD) + \$1,195,000 (SHD) = \$4,063,000 Percent of overall health-related budget funded by SHD = 33% RCSD Annual budget \$80,000,000
BRSSD: \$380,000 <ul style="list-style-type: none"> ○ Direct funding: \$380,000 	Unconfirmed at time of report BRSSD Annual budget \$32,000,000
SUHSD: \$502,500 <ul style="list-style-type: none"> ○ Direct funding to SUHSD: \$362,500 ○ Additional grants (non-profits): \$125,000 	<u>Estimated Total Contribution: \$3,095,000</u> Total overall budget for Wellness = \$3,095,000 (SUHSD) + \$502,500 (SHD): = \$3,755,000 Percent of overall health- related services budget funded by SHD= 15% SUHSD Annual budget: 109,000,000
SCSD: \$374,000 <ul style="list-style-type: none"> ○ Direct funding: \$374,000 	<u>Estimated Total Contribution: \$841,490</u> Total Overall Current Budget for Wellness (SCSD) \$841,490 + (SHD) \$374,000= \$1,215,490 Percent of overall health-related services budget funded by SHD = 31% SCSD Annual budget: \$33,000,000
WESD: \$50,000 <ul style="list-style-type: none"> ○ Direct Funding: \$50,000 	Undetermined at time of this report
PVSD: \$50,000 <ul style="list-style-type: none"> ○ Direct Funding: \$50,000 	Undetermined at time of this report

MPCSD: \$75,000 ○ Direct Funding: \$75,000	Undetermined at time of this report
LLSD: \$50,000 ○ Direct Funding: \$50,000	Undetermined at time of this report

7. Key Goals for 2015-16

- Use recently completed School Health Index to strategically set goals, determine priorities and develop action plans at each school site
- Develop economical approaches to address the complex social and emotional health needs of students
- Determine plan for large scale outcomes assessment and measure impact
- Expansion of HSI newsletter
- School nurse solution
- Pilot fresh fruit breakfast program to low income students