



525 Veterans Blvd.
Redwood City, CA 94063

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A G E N D A
SEQUOIA HEALTHCARE DISTRICT
BOARD OF DIRECTORS MEETING
4:30PM, Wednesday, December 7, 2016
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 October 5, 2016 Regular Meeting Minutes
 - b. Accept September and October 2016 Financial Statements
 - c. Approve Amendments To Employment Contract Of District's Chief Executive Officer Effective Retroactively To April 27, 2016
4.
 - a. CEO Report - Mr. Michelson
 - b. Healthy Schools & PE+ Report - Ms. Kurtzman
 - c. HeartSafe Report - Mr. Nielsen
5. New Business
 - a. Samaritan House Update: Mental Health, Dentistry, Food Pharmacy -
 - ACTION b. Accept November 8, 2016 Election Results From San Mateo County Registrar's Office And Recognize Kathleen Kane and Kimberly Griffin As Newly Elected Directors For The Term 12/2/2016 To 12/4/2020 - Mr. Michelson
 - ACTION c. Consider Revisions To The District's Employee Handbook - Mr. Michelson & Ms. Johnson
- ACTION 6. Adjourn to Closed Session For The Purpose Of:
 - a. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION
Consideration of initiation of litigation pursuant to Government Code Section 54956.9(d)(4) - One potential case
- ACTION 7. Reconvene To Open Session: Announce Any Reportable Actions Taken In Closed Session
8. Adjourn. The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, February 1, 2017 District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063

*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.


Arthur Faro, Board President

**MINUTES OF REGULAR MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
October 5, 2016
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

Directors Present

Director Faro
Director Griffin
Director Hickey
Director Kane
Director Shefren

Directors Excused

Also Present

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

1. Call to Order

By: President Faro

Time: 4:30pm

President Faro announced that public comment will be heard on each agenda item.

2. Public Comment/Non-Agenda Items

Director Hickey noted that in the recent Emergency Management Services report the District was not listed as a partner.

3.a. - 3.b. Consent Calendar

Motion: To approve the Consent Calendar.

By: Director Shefren

Seconded by: Director Kane

Vote: 5-0

Motion Passed

4.a. CEO Report

Mr. Michelson introduced Bonnie Scott who is teaching some of the Living Healthy Workshops. He also introduced Susan Houghton and Theodora Singer who provided a brief update on 70 Strong.

Mr. Michelson reported that Sequoia Healthcare District and Peninsula Health Care District are part of LAFCO's municipal service review this year and information has been provided as requested.

Before hearing Ms. Kurtzman's staff report, President Faro called for agenda item 5.a to be taken next.

5.a Accept The District's Annual Audit For The Period Ending June 30, 2016

Mr. Ahmad Gharaibeh of Vavrinek, Trine and Day reported that the District received a clean audit and no compliance issues nor deficiencies were found.

This is the second year that the District's pension liability has been included and all of those numbers have been audited. In response to questions from Directors, Mr. Gharaibeh reported that no value has been placed on the EBIDA asset as there is no GASB reporting requirement to do so; however, the EBIDA formula was reviewed. Regarding whether or not Dignity's annual contribution to the pension plan is sufficient, Mr. Gharaibeh noted that their contribution is enough to prevent unfunded liability to cross over where assets are being depleted.

Motion: To accept the June 30, 2016 annual audit.
By: Director Shefren
Seconded by: Director Griffin
Vote: 5-0
Motion Passed

DRAFT

4.b. Healthy Schools Staff Report

Healthy Schools Initiative: In addition to her written report, Ms. Kurtzman informed the Board that she and Director Griffin are exploring ways to address the growing challenges that local school districts are facing in hiring and retaining skilled school nurses. A pool of credentialed nurses to draw from is being considered.

Caring Community Grants 2015-16 Final Outcomes: Ms. Kurtzman provided the following update - total clients served = 64,193; total district residents served = 31,968. Of the \$1,652,000 of approved grants, \$1,644,500 was spent at year end. Collectively, grantees spent \$8.4 million in serving our residents compared to our \$1.6 million investment.

Ms. Kurtzman is continuing to work with ASR to provide training to grantees on outcomes reporting and she will provide the Board with more concise data showing the grant results.

4.c. HeartSafe Staff Report

Mr. Nielsen announced that more than 600 people have been trained in CPR since the last board meeting. HeartSafe is now partnering with Sequoia Hospital Health and Wellness in sponsoring infant-specific CPR training for new parents from Sequoia's Birth Center.

Mr. Nielsen reported that HeartSafe is working with the Via Foundation and the Sequoia Union High School District on another student heart screening in late January at Menlo-Atherton High School.

5.b. Consider Sponsorship Support for CDA Cares in the amount of \$10,000

Mr. Michelson introduced Michelle Rivas of the California Dental Association Foundation and Dr. Carliza Marcos, a practicing dentist from San Carlos. CDA Cares is scheduled to hold an event on April 22-23, 2017 at the San Mateo Event Center where it is expected that more than 2,000 patients will receive free dental care. \$180,000 is needed to support the event in addition to more than \$300,000 of in-kind services, equipment and supplies. Local dentists and other professionals volunteer their time and services. Ms. Rivas and Dr. Marcos asked the Board to consider a \$10,000 sponsorship of the April event.

Motion: To provide a \$10,000 sponsorship to CDA Cares for the April 2017 event.
By: Director Shefren
Seconded by: President Faro
Vote: 4-1 with Director Hickey opposed.
Motion Passed

5.c. Consider Grant Request from the Magical Bridge Playground for \$600,000

Ms. Jill Asher of the Magical Bridge Foundation reported that since their presentation at the District's June board meeting, the Magical Bridge playground at Red Morton Park in Redwood City has been announced. The city of Redwood City has approved the project, which will be managed by RWC Parks and Recreation Dept. and which has supplied \$1.5 million toward the approximate total cost of \$3.3 million. Ms. Asher said the Foundation staff is leading the fundraising effort to secure the remaining funds by December 31, 2016 with the playground to open in late 2017 or early 2018.

Mr. Michelson stated he was very supportive of the project as the investment will remain in the community for many years and the funds would come from the budgeted amount of \$1.1 million for unspecified grants and programs.

Several audience members spoke to the many benefits a playground such as Magical Bridge will bring to Redwood City and surrounding communities.

Motion: To commit \$300,000 in the current fiscal year to the project.

By: President Faro

Seconded by: Director Kane

Discussion continued and Director Shefren asked the maker and seconder of the motion to consider amending the amount to \$400,000. President Faro and Director Kane accepted the amendment. Call for the question.

Vote: 4-1 with Director Hickey opposed

Motion Passed

The Board acknowledged that the MB Foundation staff may return to request another \$200,000 in the next fiscal year if their fundraising goal has not been met.

**5.d. Consider Agreement From the Law Office of Mark D. Hudak
to provide legal services to the District**

Mr. Hudak shared with the Board that going into practice on his own will allow him to focus more on his public agency clients and have a lower hourly rate. He has provided legal counsel to the Board for more than 10 years and looks forward to continuing the relationship.

Motion: To approve the agreement with the Law Offices of Mark D. Hudak

By: Director Shefren

Seconded by: Director Kane

Vote: 4-1 with Director Hickey opposed.

Motion Passed

5.e. Director Requests for Future Agenda Items

President Faro asked if any Director had an agenda item request. There were none.

6. Adjourn to Closed Session

Adjourn to Closed Session for the purposes of:

- a. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION
Consideration of initiation of litigation pursuant to Government Code Section 54956.9(d)(4) - One potential case
- b. Under Government Code Sections 54957 and 54957.6 for the following purposes:
PUBLIC EMPLOYEE PERFORMANCE EVALUATION (54957)
Title: Chief Executive Officer of Sequoia Healthcare District
CONFERENCE WITH LABOR NEGOTIATOR (54957.6)
Agency Designated Representative: Arthur Faro, Board President & Kathleen Kane, Vice President
Unrepresented Employee: Chief Executive Officer, Sequoia Healthcare District

7. Reconvene To Open Session

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

DRAFT

8. Adjourn

Motion: At 6:40 PM adjourn meeting.

By: President Faro

Seconded by: Director Shefren

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, December 7, 2016, Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kim Griffin
Secretary

SEQUOIA HEALTHCARE DISTRICT
Income Statement
Fiscal Year 2016-17

Agenda Item No.3.b
Board of Directors Meeting
12/7/16

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 16-17	Variance Amount	Percent
INCOME																
Rental Income	3,850.34	4,004.36	4,004.36	4,004.36									15,863.42	48,048.00	(32,184.58)	-67.0%
Tax Revenue	0.00	0.00	25,205.36	6,844.23									32,049.59	11,000,000.00	(10,967,950.41)	-99.7%
Investment Income	4,014.00	(5,446.00)	6,154.00	(3,634.00)									1,088.00	150,000.00	(148,912.00)	-99.3%
Interest Income	651.76	521.48	430.60	347.42									1,951.26	7,700.00	(5,748.74)	-74.7%
Pension Income	0.00	0.00	0.00	0.00									0.00	3,800,000.00	(3,800,000.00)	-100.0%
Total Income	8,516.10	(920.16)	35,794.32	7,562.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50,952.27	15,005,748.00	(14,954,795.73)	-99.7%
EXPENSES																
Administrative Expenses																
Admin. Expense	511.35	734.70	794.94	561.16									2,602.15	12,000.00	9,397.85	78.3%
Admin. Payroll	20,673.20	18,093.25	17,925.85	17,925.85									74,618.15	240,000.00	165,381.85	68.9%
Board Health Insurance	2,712.88	2,747.99	2,259.29	6,410.16									14,130.32	68,000.00	53,869.68	79.2%
Employee Health Insurance	2,985.70	3,780.17	3,780.17	2,255.03									12,801.07	40,000.00	27,198.93	68.0%
Employee Retirement Benefit	1,509.58	1,376.36	1,376.36	1,376.36									5,638.66	21,000.00	15,361.34	73.1%
Investment Fees	0.00	0.00	0.00	7,071.55									7,071.55	46,000.00	38,928.45	84.6%
Office Supplies/Equip Maint	1,144.19	47.53	241.17	290.68									1,723.57	11,000.00	9,276.43	84.3%
Accounting fees	0.00	0.00	15,000.00	0.00									15,000.00	21,000.00	6,000.00	28.6%
Board Expense	0.00	0.00	50.60	30.14									80.74	6,500.00	6,419.26	98.8%
Associations/Membership	7,500.00	0.00	10,000.00	0.00									17,500.00	18,000.00	500.00	2.8%
Communications	0.00	475.00	0.00	25,040.63									25,515.63	30,000.00	4,484.37	14.9%
Web Site/IT	1,700.00	3,145.00	4,186.54	4,873.83									13,905.37	66,000.00	52,094.63	78.9%
Gen'l Liability & D/O insurance	29,191.04	(1,000.00)	0.00	(197.00)									27,994.04	29,000.00	1,005.96	3.5%
Election Fees	0.00	0.00	0.00	0.00									0.00	150,000.00	150,000.00	100.0%
LAFCO fees	0.00	0.00	0.00	5,783.00									5,783.00	8,500.00	2,717.00	32.0%
Legal Fees	0.00	0.00	9,066.00	0.00									9,066.00	25,000.00	15,934.00	63.7%
Bank Fees	0.00	0.00	0.00	0.00									0.00	100.00	100.00	100.0%
Total Admin. Expenses	67,927.94	29,400.00	64,680.92	71,421.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	233,430.25	792,100.00	558,669.75	70.5%
Pension Plan Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,800,000.00	3,800,000.00	100.0%
Total Admin. With Pension Plan	67,927.94	29,400.00	64,680.92	71,421.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	233,430.25	4,592,100.00	4,358,669.75	94.9%
Property Expenses																
Maintenance	1,165.00	944.46	1,486.80	1,780.00									5,376.26	22,500.00	17,123.74	76.1%
Utilities	1,269.07	2,493.86	3,137.65	2,443.19									9,343.77	30,000.00	20,656.23	68.9%
Property Insurance	1,573.72	0.00	0.00	0.00									1,573.72	2,000.00	426.28	21.3%
Depreciation	6,119.75	6,119.75	6,119.75	6,119.75									24,479.00	73,000.00	48,521.00	66.5%
Total Property Expenses	10,127.54	9,558.07	10,744.20	10,342.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	40,772.75	127,500.00	86,727.25	68.0%

SEQUOIA HEALTHCARE DISTRICT
Income Statement
Fiscal Year 2016-17

Agenda Item No.3.b
Board of Directors Meeting
12/7/16

	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Budget 16-17	Variance	
															Amount	Percent
Grant Expenses																
Grant Admin Expenses	501.40	165.92	832.52	18,022.39									19,522.23	45,000.00	25,477.77	56.6%
Grant Admin Payroll	7,049.07	6,116.62	6,074.76	6,074.77									25,315.22	80,000.00	54,684.78	68.4%
SFSU Nursing Program	0.00	0.00	627,054.00	0.00									627,054.00	613,000.00	(14,054.00)	-2.3%
Samaritan House Grant	170,644.00	0.00	0.00	170,644.00									341,288.00	683,000.00	341,712.00	50.0%
Other Grants	3,000.00	10,000.00	320.00	8,500.00									21,820.00	90,000.00	68,180.00	75.8%
San Mateo Medical Ctr. So County	0.00	0.00	0.00	0.00									0.00	537,000.00	537,000.00	100.0%
Ravenswood	0.00	0.00	0.00	0.00									0.00	700,000.00	700,000.00	100.0%
Community Grants Program	0.00	0.00	0.00	0.00									0.00	2,100,000.00	2,100,000.00	100.0%
Mission Hospice	500,000.00	0.00	0.00	0.00									500,000.00	500,000.00	0.00	0.0%
PFS-Sequoia 70	100,000.00	0.00	0.00	178,381.50									278,381.50	813,000.00	534,618.50	65.8%
Oral Health Coalition	0.00	0.00	0.00	0.00									0.00	50,000.00	50,000.00	100.0%
2016-17 New Grants & Programs	0.00	0.00	0.00	10,000.00									10,000.00	1,100,510.00	1,090,510.00	99.1%
Total Grant Expenses	781,194.47	16,282.54	634,281.28	391,622.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,823,380.95	7,311,510.00	5,488,129.05	75.1%
Program Expenses																
Living Healthy	0.00	2,063.03	3,991.45	6,662.30									12,716.78	58,000.00	45,283.22	78.1%
HeartSafe Admin Expense	20,000.00	145.00	275.30	604.56									21,024.86	39,000.00	17,975.14	46.1%
HeartSafe Payroll	5,323.43	4,808.24	4,808.24	4,808.24									19,748.15	64,000.00	44,251.85	69.1%
HeartSafe Training & Equipment	2,033.63	59.28	1,852.13	31.05									3,976.09	31,000.00	27,023.91	87.2%
School Health Admin	300.00	425.00	1,650.71	775.54									3,151.25	35,000.00	31,848.75	91.0%
School Health Payroll	7,825.93	8,310.72	8,894.43	7,448.22									32,479.30	160,930.00	128,450.70	79.8%
School Health Grants	333,115.00	26,550.07	130,525.00	4,000.00									494,190.07	3,300,560.00	2,806,369.93	85.0%
Total Program Expenses	368,597.99	42,361.34	151,997.26	24,329.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	574,569.72	3,688,490.00	3,113,920.28	84.4%
Total Expenses	1,227,847.94	97,601.95	861,703.66	497,716.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,672,153.67	15,719,600.00	13,047,446.33	83.0%
Net Surplus/Loss	(1,219,331.84)	(98,522.11)	(825,909.34)	(490,154.89)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(2,633,918.18)	(713,852.00)	1,920,066.18	

2016-17 Budget by Month

[illegible]

Property Maintenance	July	August			Total To Date	Projected To Date	Difference	Budget
Maintenance	1,165.00	944.46	1,486.80	1,780.00	5,376.26	5,000.00	376.26	22,500.00
Utilities	1,269.07	2,493.86	3,137.65	2,443.19	9,343.77	8,000.00	1,343.77	30,000.00
Property Insurance	1,573.72	0.00	0.00	0.00	1,573.72	2,000.00	(426.28)	2,000.00
Depreciation	6,940.33	6,940.33	6,119.75	6,119.75	26,120.16	27,000.00	(879.84)	73,000.00

Grants

Grant Admin Expenses	501.40	165.92	832.52	18,022.39	19,522.23	20,000.00	(477.77)	45,000.00
Grant Admin Payroll	7,049.07	6,116.62	6,074.76	6,074.77	25,315.22	26,000.00	(684.78)	80,000.00
SFSU Nursing Program	0.00	0.00	627,054.00	0.00	627,054.00	613,000.00	14,054.00	613,000.00
Samaritan House Grant	170,644.00	0.00	0.00	170,644.23	341,288.23	170,644.00	170,644.23	683,000.00
Other Grants	3,000.00	10,000.00	320.00	8,500.00	21,820.00	25,000.00	(3,180.00)	90,000.00
San Mateo Medical Ctr. So County	0.00	0.00	0.00	0.00	0.00	150,000.00	(150,000.00)	537,000.00
Ravenswood	0.00	0.00	0.00	0.00	0.00	175,000.00	(175,000.00)	700,000.00
Community Grants Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,100,000.00
Mission Hospice	500,000.00	0.00	0.00	0.00	500,000.00	500,000.00	0.00	500,000.00
PFS-Sequoia 70	100,000.00	0.00	0.00	178,381.50	278,381.50	300,000.00	(21,618.50)	813,000.00
Oral Health Coalition	0.00	0.00	0.00	0.00	0.00	50,000.00	(50,000.00)	50,000.00
2016-17 New Grants & Programs	0.00	0.00	0.00	10,000.00	10,000.00	410,000.00	(400,000.00)	1,100,510.00

Programs

Living Healthy	0.00	2,063.03	3,991.45	6,662.30	12,716.78	10,000.00	2,716.78	58,000.00
HeartSafe Admin Expense	20,000.00	145.00	275.30	604.56	21,024.86	23,000.00	(1,975.14)	39,000.00
HeartSafe Payroll	5,323.43	4,808.24	4,808.24	4,808.24	19,748.15	25,000.00	(5,251.85)	64,000.00
HeartSafe Training/Equip	2,033.63	59.28	1,852.13	31.05	3,976.09	5,000.00	(1,023.91)	31,000.00
School Health Admin	300.00	425.00	1,650.71	775.54	3,151.25	5,000.00	(1,848.75)	35,000.00
School Health Payroll	7,825.93	8,310.72	8,894.43	7,448.22	32,479.30	40,000.00	(7,520.70)	160,930.00
School Health Grants	333,115.00	26,550.07	130,525.00	4,000.00	494,190.07	1,000,000.00	(505,809.93)	3,300,560.00
Total Expenses	1,228,668.52	98,422.53	861,703.66	497,717.13	2,686,511.84	3,821,644.00	(1,135,132.16)	15,719,600.00

THIRD AMENDMENT TO
EMPLOYMENT AGREEMENT

This Amendment to the employment agreement (this "Amendment"), effective as of December 7, 2016 (the "Effective Date"), is made by and between Sequoia Healthcare District, a health care district created under California Health & Safety Code §§ 32000 et seq. (the "District"), and Lee Michelson ("Michelson").

A. The District and Michelson previously entered into an employment letter dated April 9, 2009 and effective April 27, 2009 (the "Employment Agreement").

B. The District and Michelson have agreed that it is in the best interests of both parties to modify the terms of the Employment Agreement in the manner described herein.

C. The terms of this Amendment were approved by a majority of the Board of Directors during a public session of the regular District Board meeting on December 7, 2016.

NOW, THEREFORE, in consideration of the foregoing, and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. **Salary.** Michelson's annual base salary shall be increased to \$209,525 per year, which represents a five (5%) percent increase (three (3%) percent as a cost-of-living increase and two (2%) percent as a merit increase). This salary shall be effective as of April 27, 2016.

2. **Paid Time Off.** Michelson shall receive five days of annual Paid Time Off in addition to the amounts set forth in Section 3(c) of the Employment Agreement, effective April 27, 2016.

3. **Miscellaneous.**

(a) Except as specifically amended by this Amendment, all other provisions of the Employment Agreement shall remain in full force and effect. In addition, nothing in this Amendment shall in any way change the "at-will" nature of Michelson's employment which may be terminated at any time and for any or no reason, with or without cause.

(b) This Amendment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be duly executed as of the date first written above.

(Remainder of page intentionally left blank)

So Agreed:

SEQUOIA HEALTH DISTRICT

Art Faro
President, Board of Directors

Lee Michelson

CEO Report: December 2016- Lee Michelson

1. CDA Cares: Plans are underway for a successful event in April. San Mateo County committed \$50,000 and we have now raised more than half of the money needed. Volunteer registration (need more than 600 volunteers) starts in January.
2. Oral Health Coalition: Four candidates are interviewing for the lead staffing position, all of them dentists with public health experience. The goal is to have this position hired and on board by January 2.
3. Middlefield Junction: I have been meeting with the planners who are working on building a major community center, library, housing complex and ideally a health and wellness center on Middlefield close to the south county clinic. This is a long-term project that has strong community support. I will coordinate a presentation on the project for an upcoming Board meeting.
4. 70 Strong: We continue to work closely with the staff of Peninsula Family Service to launch this exciting program. The marketing firm, Content Marketing, has been hired to coordinate communication efforts which could increase our costs by up to \$20,000 but I will work with the finance staff to try to keep costs within or very close to our budget.
5. ACHD: The annual conference has been moved to September and will be held in San Diego. Legislation Days are scheduled for April 3-4. I attended the Little Hoover Commission meeting and provided input on District activities as did Art Faro and Jack Hickey. We were promised a report from the Commission by spring 2017.
6. Apple Tree Dental: ATD is now providing dental services at the College of San Mateo. Though not in our area, some of their students are our residents. I have asked that they keep us informed of how many of our residents receive care at that location and at their San Mateo location. They promised regular updates.
7. LAFCO: I have been informed by LAFCO that they have hired the consultants that will be conducting the municipal service review of the two health care districts in 2017. I have not yet been made aware of the process or what is expected of us.

8. Magical Bridge Playground: Great progress has been made for the Redwood City Project and \$2.5 million of the needed \$3.3 million has been raised. Special tours of the Palo Alto Playground are scheduled for December 8 and 13 from 11-1pm for anyone interested in a guided tour.
9. LYFT Pilot Program: In the first 6 months of offering the program, we spent \$1,332.50 on 220 rides to and from the Little House Center in Menlo Park and the Adult Center in San Carlos. Our average subsidy was \$6 per ride.

Pamela Kurtzman
Staff Report October-November 2016

Activity Summary

My last report described my focus on understanding the mental health concerns within our schools and greater community and my work with Kim Griffin to understand the school nursing challenges facing our partner schools. I'll provide an update on these areas in particular, along with brief highlights of a few of my other activities. My last report also included final grant outcomes for our community grants program and in this report I will expand on that report to include additional outcomes information.

I. Healthy Schools Initiative Updates:

Focus on Mental Health, Evaluation, and School Nursing

- As I seek greater understanding of the mental health concerns among youth, I'm also looking to understand what are most promising and impactful approaches or models, where funding exists and how it flows from state or local government agencies and what potential collaborative opportunities we might develop. Along with our evaluation work, I'm beginning to pull together various agencies and individuals who are all contributing in unique and important ways to address the mental health needs of youth. I co-hosted a breakfast gathering for 32 attendees on November 2nd with County office of Ed Safe and Supportive Schools Director in the hopes that as community leaders and visionaries, we will share our strengths and assets and address youth mental health issues with a shared vision, focus, purpose, and direction. I believe in the concept of "stronger together" and I'm determined to maintain our unity in these crazy political times!
- **Data Collection and Evaluation of HSI Impact in supporting Mental Health- Update**
Our evaluation contractor, Mike Newlin of Duerr Evaluation Resources, has begun to engage with our partner school districts to outline individual data collection plans that will inform SHD on mental health outcomes and impact of HSI over the past 5 years with the goal of improving programming for mental health support systems in our schools and community. Mike and I will be meeting with Wellness Coordinators and school administrators throughout the week of Dec 12th to begin formalizing plans.

I continue to explore the feasibility of establishing a local teen mental health drop-in Center modeled after the adolescent mental health model initiated in Australia called

Headspace. Lee and I, along with Dr. Adelsheim of Stanford University, will meet with Boys and Girls Club ED to discuss BGC Redwood City as a potential site on December 2nd.

- **School Nursing Concerns- Update**

As Kim Griffin and I continue to gather information and understanding of the school nursing crisis and explore both short and long- term options for addressing the issues, we met with school administrators, school nurses in special education, and the director of school nursing services at the County Office of Ed on Nov. 7th. We are gaining an understanding of current nursing open positions and areas with overwhelming needs, the current acuity of the medically fragile student population, and numbers of diabetics and geographical challenges for nurses covering those students. We discussed proposal for nursing float pool and utilization and implementation of the pool. We also want to determining the numbers of nurses interested in the certification program and determine numbers of nurses who do not have basic certifications for vision, hearing, scoliosis. A Stanford journalism student interviewed Kim and I and published her report in the Peninsula Press, A Stanford journalism paper. You may view the article at:

<http://peninsulapress.com/2016/11/21/school-nurse-shortage-san-mateo-county-proposal/>

- **HSI Grants**

- **2016-17-** Mid-year reports are due Jan 19th and a full report will be provided to the Board at our February Board meeting.
- **2017-18-** I'm preparing to update our information packet and committee documents and preparing the LOI and full apps in the Versaic system. The tentative dates for our 2017-18 grants cycle are:
 - Information sessions Jan 10th and Jan 12th at SHD.
 - LOI's due Feb 16th
 - Distribute LOI's to Wellness Coordinators the week of Feb 20th.
 - Full apps due March 31st.

- **HSI parent newsletter**

San Carlos and Belmont are about to launched their first quarterly newsletters of the year. Please view these newsletters on our SHD website under HSI.



In our new agreement with RCSD, 6 PE+ head coaches have so far committed to becoming certified substitute teachers for the school district. We hope this strategy will help us retain our best PE+ coaches from year-to-year, increase

teacher satisfaction by eliminating their requirement to stay with their class during PE time, and help solve a critical sub-teacher shortage in the school district.

Julie Engberg, our dietician consultant, will work with ASR to develop student surveys to measure student knowledge and behavior change related to the Health Huddles (nutrition education) component of PE+. Surveys will also be developed for coaches and classroom teachers to get feedback on lesson plans and teaching materials as new curriculum is developed and existing curriculum is refined. This work is expected to begin in January through March or April 2017.

II. *Caring Community Grants*

- **2015-16-** Final grant outcomes were presented to the Board at our October 5th Board Meeting at which additional outcomes data were requested by the Board. The requested data is provided here as an extension of this staff report and I can discuss it at our December 7th Board meeting.
- **2016-17-** Mid-year reports are due Dec 19th and a full progress report will be provided to the Board at our February Board meeting.
- **2017-18-** I'm beginning to plan for our 2017-18 grants cycle. I'm preparing to update our information packet and committee documents and preparing the LOI and full apps in the Versaic system. The tentative dates for our 2017-18 grants cycle are:
 - Information sessions Jan 10th and Jan 12th at SHD.
 - LOI's due Feb 16th
 - Grants committee meets the week of Feb 20th.
 - Full apps due March 31st.

III. *Healthy Kids*

Our next meeting of the Advisory Committee will take place in January 2017 after which time I will provide an update.

IV. *Additional Activities*

- Assisting with 70 Strong efforts
- Assisting with Strategic Planning meeting

- **Site visits and community events**
 - Lee and I attended the Vision and Early Learning symposium hosted by our grantee, Prevent Blindness, on Oct 25th
 - Lee and I visited Caminar's Bridges to Wellness Program on Sept. 28
 - Attended Economic Outlook Symposium in RWC on Oct 13
 - Attended HSI Grantee, Center for Wellness in Education and Achievement (CWEA), "Creating Peaceful Schools Event at Burton High on Nov 3rd Thank you Lee and Jerry for also attending.
- **Committee Meetings**
 - San Mateo County School Health Alliance Co-Chair (meets each month)
 - San Mateo County Office of Education Respect 24/7 Steering Committee (meets bi-monthly)
 - Redwood City School District Wellness Committee (Meets 2nd Tuesday each month)
 - Sequoia Union High School District Wellness Advisory Committee (WAC) (meets 3rd Monday each month)
 - Belmont- Redwood Shores Wellness Committee (meets 3rd Thursday each month)
 - San Carlos School District Wellness Committee (meets 3rd Tuesday each month)

V. Attachment

At our last Board meeting when I presented our CC Grants Final Outcomes, I promised to provide you with client outcomes data, per your request. Attached you will find a spreadsheet containing two tabs: Tab 1 lists the financial related outcomes which is information I previously reported, while tab 2 lists the Client Outcomes which is the additional information you requested. Here you will see outcome information for each program we funded as it was provided in the final reports. It's a lot to read.

In summary, the agencies report that their clients experience tremendous gains, even life changing and lifesaving outcomes due to their participation in these programs. All grantees report successfully meeting their goals as measured both quantitatively (numbers served, fiscal management) and qualitatively (program effectiveness, client well being and satisfaction). Many report having adjusted their approach as needed to help each client move forward. Some have shared client stories.

Caring Community Grants 2015-16 FINAL Review - Financial Outcomes

	Organization	Program	Total Program Budget	Amount Funded by SHD	% of Program Budget Funded by SHD	% of SHD Residents to be Served Annually	Cost Per unit of Service	Cost for Service per Client	Amount Spent at FINAL
Food Securty	Peninsula Volunteers	Meals on Wheels	\$ 1,107,767	\$ 90,000	8%	62%	\$ 15.70	\$ 1,596.21	\$ 90,000
	St. Vincent dePaul	Safety Net Services	\$ 1,254,782	\$ 25,000	2%	27%	\$ 16.30	\$ 49.50	\$ 25,000
	St. Anthony's	Feeding the Needy	\$ 918,037	\$ 90,000	10%	90%	\$ 4.05	\$ 306.01	\$ 90,000
	Second Harvest	Healthy Living for Life	\$ 404,252	\$ 100,000	25%	94%	\$ 0.47	\$ 52.12	\$ 100,000
	Total Food Security				\$ 305,000				\$ 305,000
	At a cost of \$305,000 SHD funds helped provide 17,291 residents with over 1, 086,000 meals, clothing and basic essentials through these programs. The cost per unit to serve clients ranged from \$.47 (hot meal)- \$15.70 (clothing, toiletries, food). Cost per client ranged from \$49.50 to \$1,596.21 for daily hot meal delivery.								
Drug and Alcohol	El Centro de Libertad	Youth Intervention Program	\$ 259,813	\$ 60,000	23%	99%	\$ 36.85	\$ 114.20	\$ 60,000
	El Centro de Libertad	Adult Outpatient Treatment	\$ 548,446	\$ 40,000	7%	62%	\$ 18.05	\$ 739.15	\$ 40,000
	Latino Commission	Casa Aztlan	\$ 305,264	\$ 20,000	7%	100%	\$ 1,221.06	\$ 6,105.28	\$ 20,000
	Service League Hope House	Healthy Women and Infants	\$ 50,000	\$ 40,000	76%	88%	\$ 3.53	\$ 1,090.77	\$ 40,000
	Total Drug & Alcohol				\$ 160,000				\$ 160,000
	Nearly \$160,000 has been used to help our partners provide comprehensive inpatient and outpatient treatment services for 2,817 youth and adults to recover from drug and alcohol addiction by providing a total of almost 52,510 program service units. Cost per client ranges from \$114.20 to \$6,105. (residential)								
Mental Health (includes Social, Emotional, Behavioral)	Adolescent Counseling Services	After-School Counseling Program	\$ 114,270	\$ 20,000	18%	75%	\$ 137.51	\$ 257.95	\$ 20,000
	Adolescent Counseling Services	Outlet Program	\$ 309,600	\$ 12,000	4%	10%	\$ 28.50	\$ 64.22	\$ 12,000
	Caminar	Bridges to Wellness	\$ 129,500	\$ 50,000	39%	41%	\$ 80.79	\$ 1,052.85	\$ 50,000
	CASA	Core Services	\$ 405,380	\$ 50,000	12%	32%	\$ 29.36	\$ 1,329.11	\$ 50,000
	Catholic Charities	Adult Day Services	\$ 634,748	\$ 60,000	9%	66%	\$ 124.68	\$ 8,577.68	\$ 60,000
	CORA	Family-Centered Mental Health	\$ 354,075	\$ 85,000	24%	35%	\$ 122.81	\$ 831.16	\$ 85,000
	Corbett Group Homes	R.I.S.E.	\$ 335,530	\$ 30,000	9%	100%	\$ 21.51	\$ 13,421.20	\$ 30,000
	Friends for Youth	WHY Mentoring?	\$ 285,500	\$ 40,000	14%	41%	\$ 55.42	\$ 1,291.86	\$ 40,000
	Inn Vision Shelter Network	Family Wellness Program	\$ 269,944	\$ 75,000	28%	29%	\$ 69.22	\$ 521.13	\$ 75,000
	Jasper Ridge	Veteran's Horseback Riding	\$ 42,325	\$ 15,000	35%	29%	\$ 138.32	\$ 829.90	\$ 7,500
	Mental Health Association	Public Health and Wellness	\$ 116,087	\$ 60,000	52%	70%	\$ 112.60	\$ 773.91	\$ 60,000
	Mission Hospice	Transitions Program	\$ 150,000	\$ 35,000	23%	39%	\$ 45.70	\$ 274.22	\$ 35,000
	Peninsula Family Service	Senior Peer Counseling	\$ 339,073	\$ 15,000	4%	55%	\$ 14.04	\$ 602.26	\$ 15,000
	Star Vista	Daybreak	\$ 481,524	\$ 80,000	17%	88%	\$ 8.02	\$ 20,063.50	\$ 80,000
	Total Mental Health				\$ 627,000				\$ 619,500

More than \$619,500 commitment to treat mental health issues has been used to date. Close to 8,291 youth and adults benefitted from these programs so far and collectively have received over 148,500 service units. Our total investment this year in the area of Treatment of Priority Health Conditions is \$1,179,500 and is mainly used to support mental and behavioral health and drug and alcohol treatment programs. Funds are also used for mentoring and child advocacy programs

Fitness and Safety	Advocates for Accessible Recreation (AFAR)	RCPRCS- Special Needs Afternoon Program (SNAP)	\$ 331,384	\$ 35,000	11%	100%	\$ 126.68	\$ 13,255.36	\$ 35,000	
	Boys and Girls Club	Triple Play	\$ 468,996	\$ 85,000	18%	57%	\$ 8.58	\$ 975.04	\$ 85,000	
	Ombudsmen	Ombudsmen Program	\$ 860,294	\$ 40,000	5%	30%	\$ 172.06	\$ 97.07	\$ 40,000	
	Edgewood Center	Healthy Kin	\$ 168,205	\$ 40,000	24%	33%	\$ 138.90	\$ 1,078.24	\$ 40,000	
	Adaptive PE (formerly FVMSC)	Adaptive Physical Education Program	\$ 261,910	\$ 75,000	29%	93%	\$ 13.21	\$ 1,235.42	\$ 75,000	
	Peninsula Family Service	Wellness Program for Seniors at Fair Oaks	\$ 336,964	\$ 50,000	15%	95%	\$ 26.46	\$ 1,257.33	\$ 50,000	
	Peninsula Volunteers	Rosener House	\$ 1,396,755	\$ 65,000	5%	66%	\$ 109.70	\$ 8,516.80	\$ 65,000	
	Planned Parenthood	Redwood City Health Center	\$ 1,985,778	\$ 50,000	3%	63%	\$ 268.93	\$ 268.93	\$ 50,000	
	Police Activities League (PAL)	PAL Health, Sports, and Fitness	\$ 135,800	\$ 30,000	22%				\$ 30,000	
	Rebuilding Together	Safe at Home	\$ 349,750	\$ 40,000	11%	38%	\$ 2,610.07	\$ 1,540.75	\$ 40,000	
	Sequoia YMCA	Enhance Program	\$ 66,400	\$ 15,000	23%	37%	\$ 3.99	\$ 190.80	\$ 15,000	
	Sheriff's Activity League	SAL Academicos and Healthy Kids	\$ 223,750	\$ 35,000	16%	88%	\$ 1.19	\$ 72.41	\$ 35,000	
	Total Fitness and Safety				\$ 560,000					\$ 560,000
	Many programs we support through the grants program are a combination of prevention and treatment and we recognize that health concerns are addressed through many different approaches. This grants cycle SHD committed \$520,000 to support fitness programs and \$40,000 to provide critical repairs and safety apparatus to assure people are safe in their homes. Over 3,800 residents of all ages have participated in fitness and health education programs during the first half of the current grants cycle. Collectively, these programs have provided nearly 480,000 service units.									
		Total Caring Community Grants		1,652,000			Amount spent at year end \$1,644,500			

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
FOOD SECURITY				
Peninsula Volunteers: Meals on Wheels	428	<ul style="list-style-type: none">Increased food security and increased access to nutritious food. Increased knowledge and literacy of nutritionIncreased knowledge of and referral to health and community services. <p>The success of the program will be evidenced by meal recipients:</p> <p>1) "Aging in Place"- 75% will continue to live independently in their own homes as long as possible, with the support of the meal program plus referrals to other resources.</p> <p>2) Increase knowledge regarding nutrition - 100% will receive on-going nutrition education through printed materials in English or Spanish, as needed.</p> <p>3) Increase knowledge of resources to maintain health - 100% will receive an initial face to face in-home assessment, continuing follow-up phone calls every three months, and visits every six months or more if indicated.</p> <p>4) Increase knowledge regarding managing chronic conditions - Nutrition counseling will be available to participants who have an illness or condition that changes the kind and/or amount of food they eat; eat fewer than 2 meals per day; or have lost or gained 10 pounds in the last six months"</p>	<p>Meals on Wheels delivers a nutritious meal, a safety check and a smile that serve as a lifeline to seniors with limited mobility. This combination provides the support and peace of mind that enable clients to remain safely and securely in their own homes as they continue to age.</p> <p>Clients strongly indicated the program increases food security and access to nutritious food. In addition, they indicated they appreciate the nutrition education and information regarding community services.</p>	<p>Client EB - Born 1930 Every time Robert, the Meals on Wheels driver, left her home, EB thought he might forget. But he never did. He would bring the food inside, maybe share a laugh with her, and leave. He'd walk four steps down the front ramp and turn, making sure E's husband John could see him. John couldn't speak or move his right side, not since his stroke at age 62. But he could see Robert through the window. Robert would turn, smile and wave to him. Every time. And John, in his wheelchair, would light up. "It was like 'He cares about me. Someone took time to care,'" E remembers. Over the years, Robert's gesture became especially important as other friends, ill at ease and unsure of how to behave around John, came less and less. John was attached to him, E says. "He was everything to John and that meant everything to me." At 86 she is mourning her husband's 2015 death, surrounded in her bright living room by sympathy cards, his empty wheelchair and mementos, including a small, framed photo of the vibrant, smiling man who wooed her 36 years ago and built an electrical business in their time together. For 18 years after John's stroke –years during which he never gave up trying to talk—he needed round-the-clock care. E did it all. They'd sit in the garden of the little house John's father had built on their quiet, tree-shaded street. They fed the doves. She read him the newspaper and almanac. When Meals on Wheels arrived, she'd add a little oregano and garlic to please his Italian palate. Meals on Wheels was a lifesaver, and still is, she says. A breast cancer survivor with radiation aftereffects as well as back troubles, E can't prepare food without the skin on her fingers splitting open. Living on Social Security income, she welcomes the balanced meals, fresh fruit, salads and "marvelous fish." Her bottom line: "I can't say enough good about Meals on Wheels."</p>
St. Vincent dePaul: Safety Net Services	6905	<p>We will continue to provide nutritious food and basic survival necessities and wellness support to homeless families and individuals and those who are precariously housed, through targeted, compassionate, and immediate help. We know that without our service to the community many more people would become homeless and suffer hunger, the majority of them women and children. Our services contribute to the health and well-being of everyone in our community, by caring for its most vulnerable members—those locked out of opportunity who have nowhere else to turn.</p>	<p>Last year SVdP provided rent assistance to approximately 700 families in San Mateo County which means that approximately 3,000 people (including 1,200 children) were able to remain safe and housed because SVdP stepped in to help them through a dire economic crisis, families like "Carolina's" for example.</p>	<p>Carolina, an unemployed mother of two young girls, contacted the SVdP Helpline for rent assistance during a turbulent time in her life. Helpline volunteers compassionately listened to Carolina's story and scheduled a home visit. There they learned that she was going through a divorce and struggling to provide for her children without any support from her estranged husband. She was living with her two children in one room of an apartment she shared with other, unrelated people. Carolina struggled with the emotional pain of her situation and one of her daughters was in counseling to help her cope with the emotional fallout of the divorce. SVdP volunteers visited Carolina in her home to evaluate her needs, bringing listening hearts and bags of groceries for the small family. With need easily verified, SVdP provided a rent check to the landlord to help them remain housed until their situation stabilized. Carolina was very grateful for this compassionate assistance.</p>

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
St. Anthony's: Feeding the Needy	2700	<p>We will provide access to nutritious food through our core program of Feeding the Needy. St. Anthony's Dining Room is a major, continuing, dependable, source of free food for the community. We will continue our mission of enhancing food security by making available to our Guests healthy, nutritious food, at no cost to them through several ways, both as a "Soup Kitchen" providing hot meals served in the Dining Room, hot lunches provided to a daycare program, hot meals provided to outside shelters and youth programs; and as a "Food Pantry" providing take-home bags of food and bagged lunches on Sundays at the Fair Oaks Community Center.</p> <p>For our core Feeding the Needy program, our measurement of success is straightforward: The ability to serve all who come, turning no one away. We anticipate serving over 125,000 hot meals through our "soup kitchen" function, and about 100,000 meals through our "pantry" function</p>	<p>Our "Feeding the Needy" program continued to be very successful and Sequoia Healthcare District's support toward its operation contributed significantly.</p> <p>In Fiscal Year 2015-2016 we met the overall objectives of feeding the less fortunate in the community by providing hot nutritious meals and supplemental take-home food to all who came to us. We continue to make a significant impact on the issue of food insecurity in the area.</p> <p>During the grant period for FY 2015-2016 the number of hot meals we served (our "soup kitchen" activity) were very close to the number estimated in the application: we provided over 128,000 hot meals. Through our "pantry" activity we provide 98,000 meals as bagged lunches or take-home bags of food.</p> <p>The two Holiday meal programs were especially successful and rewarding. We served over 750 guests on Thanksgiving 2015, and 725 on Christmas Day, 2015. We also provided special Holiday food bags which contained a complete holiday meal for a family. We served 400 meals on Easter Saturday.</p>	
Second Harvest: Living for Life	7258	<p>Specific outcomes for this project include:</p> <ul style="list-style-type: none">• Provide weekly bags of nutritious groceries (335,000 pounds of food annually) to 700 low-income seniors in the SHD through our two Brown Bag Program sites.• Provide 100-120 pounds of nutritious food each month (over 400,000 pounds of food annually) to 1,200 vulnerable families in the SHD through our Family Harvest program.	<p>Both programs have been very successful. We surpassed our projected metrics for both programs, increasing the amount of food to help accommodate the increase in people served.</p> <p>Second Harvest was able to achieve the following outcomes thanks to the generous support of the Sequoia Healthcare District:</p> <ul style="list-style-type: none">• Provided weekly bags of nutritious groceries (343,264 pounds of food total during the grant period) to 1,042 low-income seniors in the SHD through our two Brown Bag Program sites.• Provided 100-120 pounds of nutritious food each month (over 520,042 pounds of food during the grant period) to 6,714 low-income individuals (including children) in the SHD through our Family Harvest program.	
DRUG AND ALCOHOL				

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
El Centro de Libertad: Youth Intervention Program	2262	1) Outpatient Treatment: The health and well-being of 138 youth and 69 family members from the Sequoia Healthcare District will have been improved because of receiving Outpatient treatment services and will be able to understand high-risk behaviors, addiction as a disease, family dynamics and consequences of dependence, signs of relapse and the needs of the parent as well as the youth in treatment 2) Community Outreach: 600 youth and/or community members will have become informed through large group presentation, Town Hall meetings, community fairs and will be able to on recognize substance abuse indicators in individuals and families, how to stay safe in situations where drugs and alcohol are present, and where to access services in their community.	It is clear that what we did as far as providing services, we did well. We have external input to support this. There is always an imperative to meet projected numbers and in this regard the results are mixed. We showed an unexpected level of families (51) participating in agency services; on the other hand, the number of SHCD youth (40 to 44) that we were able to document did not meet the projected number. But we were able to have a larger impact in our outreach efforts (2171) than we anticipated.	
El Centro de Libertad: Adult Outpatient Treatment	463	1) The health & well being of 120-140 adults will have been improved by receiving Primary Treatment, Family Education and Family Therapy interventions 2) 60-70 adults will have completed Phase One and will have continued in their recovery by participating in Phase Two services 3) Our Specialty Services program will have served 360-380 individuals resulting in improved coping skills, healthier expressions of anger, improved family relationships, reduced violence, and increased knowledge of positive choices.	Interesting challenge with implementation of Prop 47 allowing law enforcement to give citations instead of making arrests. Result is reduced probation activity and reduced referrals to El Centro. Well, we have not finished the year yet but I pretty much have a sense of what the finish line looks like. So much has happened internally that has impacted externally, but I do not think it is measurable (at least at this point). Agency staff has improved with strong replacement hires, new interns wishing to become counselors and better training of existing staff, new ideas being added to traditional approaches etc, so the energy level is on the rise. The Adult numbers are just in the realm of projection, but I do think the horizon looks better.	

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Latino Commission: Casa Aztlan	50	By providing bi-cultural/bi-lingual Spanish emotional and behavioral health treatment addressing: Depression and Anxiety; Drug, Alcohol, and Tobacco dependency; Effects of Domestic Abuse and Violence; Trauma; Reunification with Family Members, people completing program are showing improvement in functioning. With private Mental Health Counseling we help people reduce or eliminate crisis; increase their sobriety success rate, improve behavior modification to achieve positive lifestyle changes, reduce substance relapse, health risk behaviors and criminal justice involvement. With this program, clients have reasonable and timely access to a Medical Doctor to ensure a proper evaluation and treatment plan that produces results, which also includes medication maintenance to not only improve psychological medication compliance but perhaps improve other physical disorders reducing the chance of premature death.	<p>Per client self reports in an interview 30 to 60 days after discharge of program:</p> <ol style="list-style-type: none">1. 100% report maintaining sobriety.2. No client reports using the emergency room for either psychiatric or substance abuse related issues. This is potentially a reduction in 30 to 40 visits.3. 100% of clients report reduction in psychiatric symptoms4. 100% of clients indicate increased knowledge of the stigma of mental health.5. No criminal involvement6. No arrests7. Reduce wait time for admission process from 6 weeks to 7 days8. Eliminate an estimated 10 client visits to the County emergency room.9. No hospitalizations <p>Psychologist's Summary: The majority of clients seen under this contract have a history of treatment resistance, however now, all have progressed. During this period, we provided additional sessions to 6 clients who have greater mental health needs. We also handled 3 crisis interventions, thus eliminating the need for psych. emergency room. Other evidence is reported by the House Counselor stating all clients are more at ease with themselves because they have assurance their problems will be addressed. As clients receive additional private professional counseling sessions for their mental health issues, they devote more attention and focus with their AOD Counselors in substance abuse therapy.</p>	<p>Personal comments from clients to summarize our success:</p> <p>1) This program has helped me in every aspect of my life. I have a much better understanding of my alcoholism and how to deal with it. I am starting to be more open about what is going on with me and I like myself.</p> <p>2) The Latino Commission is wonderful. There is so much support. I am so thankful to have another chance at this program. You are there for me and I know this is the right place for me to be.</p>

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Service League Hope House: Healthy Women and Infants	42	1) Identify health resources that each individual woman is eligible for and link them accordingly (health insurance, WIC, Calfresh, Disability (SSI), etc. 2) Provide (via individual, group and workshops and meeting with a Registered Dietitian or Nutritionist), diet and nutrition information to the women and incorporate lessons into the daily routine including cooking classes, nutritional information, shopping, and provide access to healthy foods every day. 3) Provide health literacy education in the substance use treatment environment which will result in increased knowledge regarding nutrition, health topics, managing stress and emotional health, safer sexual activities designed to reduce risk for Sexually Transmitted Diseases, and up to date information about a variety of women's health concerns. 4) Provide intensive targeted case services to women with priority health conditions as well as women who are not treatment compliant, link them with community resources and making behavioral and dietary changes (specific to their illness) necessary to maintain or improve their health. Provide additional programming to these women to reduce the likelihood of repeat hospitalizations and permanent disabilities.	Hope House has met or exceeded our goals, including in the following areas: • Obtained Medi-Cal CalFresh and WIC benefits for all eligible clients • Facilitated menu planning, shopping and cooking instruction • Provided daily exercise, such as Zumba, yoga, strength training, walking and stretching and cardio fitness • Connected clients to preventive health services and primary health care services, making sure our women attended high risk sexual behavior workshops • Provided onsite mental health or connecting clients to community mental health services addressing trauma related issues and stress management • All infants were seen regularly by a pediatrician, receiving vaccinations and wellness checks • Attendance at community functions such as the “Recovery Happens” walk, and the “Making Strides for Breast Cancer” walk as well as raising funds for breast cancer.	For this period we had an unusually high number of women with infants and pregnant woman enrolled in the program. While this is very exciting for the moms as well as our staff, we had to spend much more time and focus on prenatal care, the delivery process, reunification and managing their postpartum symptoms. Because of these little miracles, we also spent more time transporting our women and their infants to medical and human services appointments. Having so many moms and babies in the program was both challenging and successful. With one exception, all of the newborns tested negative for substances. We had mothers who decided to breast feed after our encouragement and assistance with the process, who might have otherwise given up without our support. Additionally we were able to find a second health educator who will begin shortly and will work along side our Registered Dietician, Julie Egenberg, RD.
Mental Health				
Adolescent Counseling Services: After-School Counseling Program	334	During FY 2015-16, the After-School Counseling Program anticipates serving at least 150 clients (all District residents) with 240 therapy sessions and/or education and outreach. The After-School Counseling Program Measurable Objectives for FY 2015-16 are: 1) 70% of clients are seen 5 or more times will report an improvement in their Beck Inventory (i.e. for anxiety or depression based on their score at the beginning of treatment) 2) 80% of clients will report that the counseling received was "helpful" or "very helpful" as reported during the client exit interview 3) 50% of clients seen 5 or more times will exhibit a decrease in their presenting problem using the Mental Status Exam (MSE) at the conclusion of treatment.	Overall, the After-School Counseling Program has had a successful year. The Program has served 334 SHD residents with therapy (108) and education (226). Thus, ACS exceeded our target to serve 150 SHD during FY 2015-16. The Program achieved the following outcomes for clients seen 5 or more times: 1) 75% of clients reported an improvement in their Beck Inventory (i.e. for anxiety or depression based on their score at the beginning of treatment) 2) 88% of clients reported that the counseling received was "helpful" or "very helpful" as reported during the client exit interview 3) 100% of clients seen 5 or more times exhibited a decrease in their presenting problem using the Global Assessment for Functioning (GAF) at the conclusion of treatment."	

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Adolescent Counseling Services: Outlet program	499	<p>During FY 2015-16, Outlet will serve 200 District residents via weekly peer support groups, Spanish-language groups, counseling, on-line support and community building, social activities, resources, and HIV prevention education, and leadership and sensitivity trainings.</p> <p>Measurable Objectives for FY 15-16 are: 1) 75% of youth will report that since joining Outlet, they feel more connected to the LGBTQQ+ community 2) 65% of youth will report an increase in comfort with their identity 3) 70% of youth will get tested for HIV/STDs when or if they become sexually active 4) 80% of youth who participate in leadership development opportunities will report increased advocacy skills and ability, as measured by post surveys 5) 90% of participants will report an increased understanding of the issues that LGBTQQ youth face 6) 60% of participants will report an inclination to act or speak up in the face of discrimination or bullying 7) 90% of participants will report that the quality of the training was "excellent" or "good."</p>	<p>1) 92% reported that since joining Outlet, they "always or most of the time" feel more comfortable with their LGBTQ+ identity 2) 95% reported that they feel more connected to the larger LGBTQ+ community 3) 94% reported that they will get tested for HIV/STD's when or if they become sexually active 4) 100% reported that, since being a part of Outlet, they feel their advocacy skills are stronger now, as measured by post tests 5) 98% of participants reported an increased understanding of the issues that LGBTQQ youth face; 6) 77% of participants reported an inclination to act or speak up in the face of discrimination or bullying 7) 92% of participants reported that the quality of the training was "excellent" or "good."</p> <p>The Outlet Program has been very successful. As originally proposed, over the course of the year, the Outlet Program aimed to serve 200 SHD residents with 532 units of service. From July 1, 2015 through April 30, 2016, the Outlet Program served 499 SHD with 1,126 units of service. Thus, we have already exceeded year-end goals. Overall, the Program aimed to serve 3,640 clients (District and non-District) with 9,682 units of service, annually. To date, the Program has served 4,821 total clients with 10,862 units of service.</p>	
Caminar: Bridges to Wellness	50	<p>The following outcomes will be achieved for Bridges to Wellness program participants:</p> <p>1. Approximately 100% of clients will be provided initial and quarterly face-to-face nursing assessments to discuss health goals and concerns; ensure that dental care services are current; and ensure health screenings are current for glucose and lipid levels, mammograms, and Pap tests. 2. Approximately 140 one-hour educational/physical activity groups will be provided over the one-year grant term on diabetes management, nutrition awareness, smoking cessation, and exercise (walking). 3. Approximately 50% of participants will achieve quantifiable lifestyle/health changes consistent with their health goals, such as greater levels of physical activity, reduced caffeine consumption and tobacco use, etc. 4. Approximately 100% of participants will self-report a greater self-efficacy in improving their own health as a result of participating in the group sessions. 5. Approximately 100% of participants will self-report a greater awareness of their own health needs. 6. Approximately 100% of participants will have a greater knowledge of and ability to manage their own health and their own specific high-risk behaviors; participants will also express feelings of increased responsibility in the maintenance of their own health</p>	<p>During the grant period 100% of participants self-reported a greater self-efficacy in improving their own health as a result of participating in group sessions; 100% of participants self-reported a greater awareness of their own health needs; 100% of participants have a greater knowledge of and ability to manage their own specific high-risk behaviors; and participants also expressed feelings of increased responsibility in the maintenance of their own health.</p> <p>By the end of grant period, 1) Of the 50 SHD residents served, a total of 37 SHD residents have demonstrated, or maintained, independently achieved lifestyle changes consistent with their articulated health goals. For example, 15 to 20 clients have reported reduced tobacco intake 2) 4 clients who are known to engage in risky sexual behavior are making efforts to decrease risky behaviors 3) 85% of participants are making efforts to choose healthier foods options 4) 85% are making efforts to lose weight as a result of increased knowledge of overall health and increased physical activity 4) 25% of BTW participants had a habit of alcohol consumption and half of these clients have successfully completely stopped drinking alcohol with the help of the BTW program.</p>	<p>Anna* has been recently motivated by what she has learned in the Nutrition and Workout Groups. She has been using all the new skills and tools she has learned and implemented them in her daily routine. Anna now uses a Fitbit and is going on daily walks; and she has substituted unhealthy foods that were in her previous diet with healthier alternatives. Anna has now lost an astounding 10 pounds in just 2 months! She seems to be more motivated than ever now. She is getting enough sleep at night as a result of being newly educated on sleep hygiene and is exercising regularly. He is living an overall more active and healthy life style in the community. She commented saying "I never realized how being active, eating well, and getting enough sleep all work together". Client has also noticed her symptoms of depression lessening, stating "even when I don't want to get out of bed and go for a walk, I just tell myself I can do a 30 minute walk, and I always feel better afterwards." Anna is setting new goals for her life, including a new healthy weight goal, and plans on reaching it by the end of this year.</p> <p>She has been coming to the Bridges to Wellness class on a monthly basis and is energetic and an inspiration for other clients. We will be following up on her successes and are looking forward to helping her reach her goals and celebrate her achievements. Thanks to the BTW program, Anna, among many other clients, are living happier and healthier lives in the community.</p> <p>*Client name has been changed to protect anonymity.</p>

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
CASA: Core Services	97	<ul style="list-style-type: none">• Foster children have consistent, caring adults to help them reach their full potential.• Foster children are able to build trust and self-esteem, and accept adult guidance and support.• The behavioral health of foster children exposed to violence, substance abuse, and mental health issues in their families, will improve as indicated by reduced isolation and loneliness, stress and depression.• CASA Volunteers' Court reports highlighting each child's health status will alert the Court and other child welfare professionals to unmet healthcare needs or medical interventions that require follow up.	<p>Our CASA Volunteers continue to monitor the health and well-being of children who have been placed under the protection of the court. Too often, the healthcare needs of foster children and delinquent youth are not being met in the beaucratic child welfare system. Through quality one-one-one relationships with these children, however, our committed volunteers continue to address serious healthcare needs that are being overlooked or ignored.</p> <p>CASA's strategic goal is to provide a CASA Volunteer to every child who needs one.</p>	<ul style="list-style-type: none">• Paul was almost 5 years old but his speech was very difficult to understand. Initially, his CASA volunteer, Manny, thought the little boy might need speech therapy. After further investigation, Manny observed that Paul's speech problem was the result of inadequate dental care. He was missing most of his teeth. Manny made sure Paul received the dental care necessary to address the speech impediment.• Marissa received a prescription for a pair of glasses while she was incarcerated at Girls Camp. However, the glasses were not usable because the lenses did not match the prescription. Marissa and her CASA made several failed attempts to get a new pair of glasses. Ultimately, the CASA Volunteer found a resource so the teen could get a pair of glasses through Lens Crafters.
Catholic Charities: Adult Day Services	49	<p>Catholic Charities seeks to help low-income seniors within the Sequoia Healthcare District to prevent the worsening of chronic age-related illnesses and dementia, including Alzheimer's, Parkinson's, vascular dementia, Lewy Body Dementia and Frontotemporal Dementia. Due to the intense stress and longevity of caregiving for a loved one with dementia, we also seek to increase health literacy, reduce isolation, and decrease physical and mental stress of caregiving. Our program is premised on the belief that if we provide our seniors who suffer from cognitive and/or physical impairment with opportunities for daily activities then they will optimize their physical, emotional and cognitive health, remain living active in the community and increase their quality of life. We also believe that by providing respite, education and support to family caregivers, the caregivers will benefit from reduced stress levels, an improved ability to care for their loved one, keep loved ones home longer, and maintain their own highest level of good health.</p>	<p>Our primary goals are to maximize our participants' wellbeing, decrease caregiver stress, and maximize family satisfaction. Through our caregiver classes and support group, we have continued to improve caregivers' knowledge and skills as well as address their individual needs for support. We continued to provide resources for family caregivers at several community events. Our monthly support group continues to grow and maintains a consistent group of attendees. These successes, along with the new staffing modifications will assist our agency in continuing to offer a well-rounded program of services for our participants and caregivers alike while creating a more sustainable program for years to come.</p>	

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
CORA: Family-Centered Mental Health	151	CORA's Family-Centered Mental Health Program will achieve the following outcomes during the grant award year: 1. 150 district residents will receive up to 6 months of family-centered counseling with a licensed marriage and family therapist or registered intern. 2. 100% of children (over 4 years old) exiting the program will have and be able to describe a safety plan. 3. 80% of children and parents exiting the program will have decreased their Post-Traumatic Stress Disorder symptoms as measured by the PCL-Post Traumatic Stress Checklist. 4. 80% of children exiting the program will show increased positive behavior patterns. 5. 80% of the target population engaging in services will demonstrate an increased use of coping strategies.	In this 2015-16 grant period our outcomes are: 1) We have served 151 Sequoia region individuals (adults and children). 2) 80% of the adults completing the program have reported a decrease in Post-Traumatic Stress Symptoms 3) 100% of the children served have shown a decrease in PTSD symptoms. 4) 100% of our individuals and families served have engaged in initial safety planning and regular safety planning monitoring with their CORA clinician. 5) 100% of the adults receiving CORA's mental health services have reported an increase in use of coping strategies.	Brenda F. is a 31-year-old new immigrant who enrolled in CORA's Mental Health Services this year after suffering extreme physical and psychological abuse from her husband while living in Guatemala (her native country). As she reported, Brenda came to the United States to flee from this abusive relationship. An initial thorough assessment revealed that Brenda suffered from Post-traumatic Stress Disorder as well as Major Depressive Disorder. Her symptoms included frequent nightmares, severe panic attacks and suicidal ideation. After receiving weekly sessions in individual as well as group therapy, Brenda now reports a significant reduction in post-traumatic stress symptoms. More specifically Brenda no longer suffers from regular panic attacks. With the support of CORA's clinician (through diagnostic assessment and a psychological report to the court), Brenda applied for and was granted asylum to remain in the United States. Due to her new documented status and to the progress she made in group and individual therapy services, Brenda reports feeling much better, hopeful and optimistic about her future.
Corbett Group Homes: R.I.S.E.	25	The objective of the R.I.S.E. Program is for CSEC to develop healthy lifestyles that ultimately enable them to reach their full potential. During this grant period, it is estimated that 18 children will be served at the R.I.S.E. House and 25 CSEC will attend the R.I.S.E. Drop-in Center. Outcomes include: 1) increased social skills, 2) improved peer and adult relationships, 3) increased self-esteem and empowerment, 4) participation in healthy activities and 5) improved academic performance. Participants will improve self-image, acquire in-depth learning skills, learn to accept responsibility, become accountable for their actions and learn to understand family dynamics that will ultimately enable them to succeed.	As the only program in San Mateo County solely and exclusively for youth who have been commercially sexually exploited, the R.I.S.E. Program is extremely successful at providing a safe and stable environment where vulnerable children can acquire stability in their lives as they recovery/escape from the horrific abuse. The organization is praised and recognized as a leader in the treatment of youth who have been commercially sexually exploited; and maintains a waiting list of 5+ youth at any given time, indicating program success and need. As one of the very few "non-faith" based programs in the United States, our "survivor-led" treatment strategy provides an innovative approach that ensures the long-term sustainability and recovery of youth who have been commercially sexually exploited. Due to the huge success and organizational capacity, Sacramento County, Alameda County and Santa Clara County are all pursuing "Letters of Support" from their County of Welfare Directors with the goal for Corbett Group Homes to open programs solely and exclusively for youth who have been commercially sexually exploited in their respective counties, indicating program success and organization capacity.	After 15+ previous placements, "Jessica" entered the R.I.S.E. House at the age of 14 years old. She had not attended school in over a year due to expulsions and inappropriate behaviors. Shortly after arrival into a safe, non-judgmental environment, Jessica began to stabilize. She started to attend school, develop a sense of normalcy, and successfully exited the life of commercial sexual exploitation. In March, 2016, she successfully reunified with her biological mother and returned home! "Mary", age 16, entered the R.I.S.E. House after only 3 prior placements. Sadly, she was heavily entrenched in being commercially sexually exploited by her pimp, was addicted to Meth and was not attending school. After several months of stabilization, Mary fully exited the life of exploitation, graduated from High School and successfully transitioned to Independent Living in January of 2016. She is currently residing in Redwood City and has plans of attending Canada College in Fall, 2016.

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Friends for Youth: Why Mentoring?	91	<p>1) Decrease Risk Factors</p> <p>a. 70% of youth will report avoidance of or decrease in drug and alcohol use</p> <p>b. 75% of youth will avoid legal involvement</p> <p>2) Resulting in Improved Self Concept</p> <p>a. 75% will exhibit greater self-efficacy</p> <p>b. 70% will maintain or increase their number of trusting relationships</p> <p>c. 70% will report they have developed improved coping skills.</p> <p>3) Improve Academic Engagement and Performance</p> <p>a. 90% or more of youth will be attending school</p> <p>b. 75% will maintain good or improved attendance</p> <p>c. 75% will avoid suspensions</p> <p>d. 70% will show improvement in the amount of schoolwork effort and attitude</p> <p>e. 70% will report maintaining or improving grades</p> <p>4) Improve Positive Behaviors, Relationships, and Future Outlook</p> <p>a. 95% will participate in a group activity</p> <p>b. 70% will have a new experience or discover a new outlet for expression</p> <p>c. 70% will visit an office workplace</p> <p>d. 75% will talk to an adult about college</p> <p>e. 80% will speak to an adult about plants for their future</p>	<p>It has long been established that a caring adult can make a dramatic difference in the life of youth who do not have a supportive adult to guide them. Mentors help guide crucial decision making, impart knowledge, and provide guidance as a role models.</p> <p>Ultimately by supporting healthy habits and behaviors, our goal is to keep youth in school, as academic achievement is the key to future productivity and life-skills success. Over 200 youth participated in our program in the past year - 91 in the District communities, including new matches, existing matches, and wait listed youth.</p> <p>Importantly with the positive impact on drug/alcohol use, truancy, violence, and depression, 100% of our youth participants remained in school. New friendships visited with their mentee 2-3 hours per week on average. While together, the Friendships do a variety of events on their own which could include hiking, going to sporting events, going to movies, visiting places of work and school, eating at home or out and learning to eat well, or any number of everyday activities to build trust, encourage discussion, and continually build the Friendship.</p>	<p>For the first time, a former mentee has reconnected with Friends for Youth and became a mentor! In 1998, 13 year old Juan had limited resources at home, and was struggling to make friends and was having trouble in school. A few months later, Juan was matched with his mentor, Trish. She helped him set goals, stay out of trouble, avoid substance abuse, and succeed in school. He became the first in his family to go to college and graduated with a degree in Child Development. He is currently studying to become a social worker. Juan wanted to give back to a struggling youth and recently became a mentor to Mateo. Juan says, "If someone made time for me. I can make time for someone else."</p> <p>Another milestone is not only did a former mentee become a mentor as Juan did, but we now have a former mentee, Joel, working for Friends for Youth! Joel spoke at the Friends for Youth 25th Anniversary event in 2004 and was the first event I personally attended. Joel was about to leave for college - Princeton! He spoke of how lost and stressed he was, how his mentor changed his life, and how he never would have had the opportunity of going on to college without his mentor's guidance in changing his behaviors and outlook. Joel did indeed graduate from Princeton and is now working with Friends for Youth helping us develop Corporate Strategic Partnerships.</p>

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Inn Vision Shelter Network: Mental Health Program	149	1) Recruit, train, and supervise up to 12 PhD candidate mental health interns during FY16 in Neuro-psychological/Educational Assessment and the Evidenced-Based Treatments of Child-Parent Psychotherapy, Seeking Safety, Dialectical Behavior Therapy and Trauma-Focused Cognitive Behavior Therapy. 2) Provide neuropsychological, emotional and educational assessments for at-risk, homeless families with children. 3) Provide trauma-focused child and family psychotherapy designed to improve family functioning, reduce conflict, and improve children's behavior.	<p>Outcome 1: 10 mental health interns were recruited and trained for the FY15-16 training year. Due to each Intern's comprehensive training, only 10 Interns were necessary for this training year.</p> <p>Outcome 2: Upon intake, mental health interns administered two empirically validated, trauma-focused assessments. The therapists created collaborative treatment goals and objectives with clients, and provide therapeutic interventions which are measured by positive changes reflected in clients' responses to the LifeMoves Therapy Outcome Evaluation, which is a Likert-Scale self-report assessing therapeutic efficacy. 100% of school-aged children are screened for special needs and, if appropriate, referred for services.</p> <p>Outcome 3: When the current training year ends, BehavioralMoves anticipates having served 518 LifeMoves clients, including 149 District residents, who received free, on-site behavioral health services that have profoundly impacted our adult clients' individual case management plans as they work toward regaining stable housing and long-term self-sufficiency. For our younger clients, the impact has been comparably profound, providing children and youth with early, evidence-based interventions that help them regain feelings of safety, stability, and consistency which are oftentimes lost during the change, uncertainty, and stress accompanying homelessness.</p> <p>To date, the Project has been implemented as planned and is on track to meet all projected outcomes by the end of the grant period.</p>	
Jasper Ridge: Veteran's Horseback Riding	15	Jasper Ridge Farm's Veterans Horseback Riding Program aids in improving mobility, coordination and posture by enabling veterans to work with and ride horses every week. In addition to TBI and PTSD, participating veterans and active military suffer from various physical injuries and limitations including decreased coordination and movement abilities. After several weeks the veterans feel and see improvement such as increased mobility in their hands from learning how to properly steer the horses with the reins, or improved hand-eye coordination from learning to use their hands and legs to properly ask the horses to go and "whoa." This program also aids in mental and emotional well-being by providing a safe and calming environment of rolling hills, gentle horses and friendly volunteers that the veterans look forward to each week. They report increased self-esteem and confidence, and decreased feelings of depression.	<p>The Veterans provided positive feedback, as did staff from the Veterans Administration who accompanied the Veterans. Veterans reported reduced feelings of depression and isolation. As the program progressed, Veterans' skills improved markedly, and they reported increased feelings of self-esteem and self-confidence. Participating in a group of their peers, Veterans reported feeling "understood", "more comfortable", "motivated and supported."</p> <p>During the first half of the program, we experienced challenges with the number of Veterans participating through the VA. Inclement weather played a small role in lower than expected participation.</p> <p>Working with other organizations serving Veterans in the second half of the year, we were able to increase the participation.</p>	Getting Veterans out of the house, into the fresh air and participating in a physical activity with their peers is a major step towards healing for them. Horses are their "therapists" - they are the vehicle through which the healing takes place. They accept the Veterans as they are, unconditionally. The Veterans develop give-and-take relationships with their horses. The transformation from their first session is remarkable! As their skills and knowledge increase, so does their self-esteem and self-confidence. Our special and unique program is having a demonstrable, meaningful and positive impact on the lives of our Veterans, and is therefore worth sustaining.

2015-16 Final Report Outcomes

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Mental Health Association: Public Health and Wellness	105	<p>MHA's Public Health Nurse (PHN) will offer direct client care, provide medical case management, and lead wellness education and activities. The public health nurse will</p> <ul style="list-style-type: none"> • increase knowledge about nutrition and access to food services. • increase knowledge concerning preventive health and access to services. • increase use of preventive health services including dental screenings, blood pressure screenings, BMI screenings, glucose level screenings, influenza vaccinations, mammograms, and colonoscopies. • improve health literacy, including understanding of individual medical conditions; increase adherence to medication regimens; increase knowledge about managing chronic conditions; and increase compliance and completion of treatment plans for clients with acute and chronic conditions. 	<p>The wellness program achieved great success this year. Clients participated in more than 100 wellness groups during the course of the grant period. Each group provided opportunities for physical activity, nutrition education, health literacy, or access to nutritious foods. In addition, the PHN provided one-on-one education to clients who request further assistance in managing chronic disease, stress management, and preventive health services.</p> <p>Our clients enjoyed a health fair that focused on preventive health with participation from Apple Tree Dental, Heart and Soul, NAMI, Job Train, and El Centro. PHN provided education regarding smoking cessation and nutrition. The nursing station checked blood pressure and blood sugar, and assessed BMI. One resident followed up with El Centro after the health fair to enroll in a drug and alcohol counseling program.</p> <p>We held two dental fairs. Apple Tree Dental provided mobile dental services at Belmont and Cedar Street, providing exams and cleaning and linking clients to further dental care. Some of these clients had not received dental care in years. Clients appreciated the support of receiving care in a familiar environment. Clients reported they felt comforted knowing that the PHN and case managers were on-site while they received treatment</p>	
Mission Hospice: Transitions Program	212	<ul style="list-style-type: none"> • High risk individuals will receive social work support, volunteer assistance and medical/nursing supervision • Individuals will see a reduction in unscheduled hospital admissions and emergency room use. • Social work and nursing students will receive valuable training opportunities • Individuals will report improved quality of life from their interaction with their assigned volunteers. 	<p>We are pleased with the growth of Transitions and the expansion further into the community. With the augmented roles of LCSW, Outreach RN, and volunteer we have been able to reach people earlier in the disease process to provided support and education. This directly results in improved quality of life for those dealing with the realities of a life-limiting illness. Patients and their families as well as referral sources continue to report high satisfaction with our services. In the coming year, we will explore ways to continue our outreach into the community, and explore additional services we can offer.</p>	<p>Our Transitions Program is unique in that it is a provided as a free service to patients and their families as they navigating the end-of-life disease process. Our patients either do not fully qualify for insurance covered palliative services, or are not emotionally ready to move forward with end-of-life care. Mission Hospice & Home Care created this program to meet the needs of these individuals to focus on improved health outcomes, informed decision making, and focus on maximizing quality of life in this crucial moment of their lives. In providing these services, continuity of care continues to be a core foundation of the service allowing the patient to keep the same team as they move through our programs</p>
Peninsula Family Service: Senior Peer Counseling	311	<p>A majority of clients are referred by the County Behavioral Health and Recovery Department who identify seniors in the community as being at risk for escalating health issues due to depression, isolation, lack of social supports, physical and mental incapacitation, and lack of mobility or transportation.</p> <p>Our theory of change for this program is that "by providing older adults with one on one social contact or group connections, connection to community resources, and practical support, we can reduce mental and emotional decline, risks for out of home placement and escalating health problems, and improve their quality of life."</p>	<p>The results from the client evaluation we conducted in August 2015 reveal that</p> <ol style="list-style-type: none"> 1) 97% of clients indicated that services helped them either "a lot" or "a little bit". 2) 72% felt satisfied with life 3) 75% of clients felt hopeful about the future. <p>Clients rely heavily on their peer counselors; they reported talking to their peer counselors more often in the previous month than anyone else, including family members, friends, or neighbors. When asked who they would speak to about specific life issues, clients were more likely to speak with their peer counselor than anyone else in their lives regarding, "questions about where to get help for needs.</p>	<p>Client comments reveal the impact of Senior Peer Counseling services on individual lives:</p> <p>"My counselors have adjusted their schedules to meet my schedules in order to visit me. They show compassion and understanding. They listen to my stories and problems with patience."</p> <p>"When someone visits you on a regular basis, you share problems with that person. For me, I feel relieved after my counselor visits me once a week. To me, my counselor is my ally and confidante."</p> <p>"In every visit I can speak freely. [We] talk about world news. What special things happened around the world. We also talk about the living conditions of the family. So I felt very comfortable, and did not [feel too lonely]."</p>

2015-16 Final Report Outcomes

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Star Vista: Daybreak	21	<p>Youth who remain in StarVista’s Daybreak for more than 30 days achieve the following excellent outcomes, which attests to the program’s effectiveness:</p> <ul style="list-style-type: none">• 80% will either: complete a job training program if they are beyond high school age, and secure and maintain employment; or maintain enrollment in an accredited high school program or secure a high school equivalency degree. (For high school age youth, the priority is education.)• 65% will make the transition to a positive living arrangement once they graduate from the program (independent living, return to family, or military service.)• 100% of youth will receive three healthy meals a day and nutritious snacks and be provided with safe, stable living accommodations• 100% of youth will receive mental health counseling• 100% of eligible youth will be enrolled in Medi-Cal and receive primary medical care• 100% of youth with substance abuse problems will be referred to appropriate substance abuse treatment providers.	<p>Daybreak continues to be a respite for homeless youth, providing a safe and supportive environment, and comprehensive supportive services designed to address their health, wellness, housing, education, and other needs. While securing and maintaining necessary funding levels remains on ongoing challenge, the strength and success of the Daybreak program remains strong and we were able to successfully meet all objectives.</p>	<p>Michael* is 21 years old and was accepted into Daybreak in December 2015. He was living with his parents and family in a home environment that was extremely unhealthy. His father was very aggressive and would taunt and bully Michael on a consistent basis. And his mother was not able to protect Michael and did everything for him, such as cleaning, doing his laundry, cooking etc.</p> <p>When we first met Michael during the assessment process, he was in a therapeutic day treatment program at a nearby hospital. He suffered from tremendous anxiety and found it difficult to maintain employment for more than a few months. He was also working with a psychiatrist and was prescribed to take anti-anxiety medication.</p> <p>After moving into Daybreak, he learned how to wash his clothes for the first time, learned how to cook delicious healthy meals, and learned how to complete chores correctly, along with many other skills for the first time.</p> <p>Michael is very active in the program by engaging in the therapeutic services provided, fully taking advantage of the independent living skills being taught, and has maintained employment and has been saving money throughout his stay at Daybreak. He has been a joy in the house and connects well with all the staff and other residents. He has noticed and recognized how the environment that Daybreak provides has been life-changing for him and that it has had a tremendous positive effect on his mental health and many other aspects of his life. For the first time in his life, he feels free!</p>
Physical Fitness and Safety				
Advocates for Accessible Recreation (AFAR): RCPRCS- Special Needs Afternoon Program (SNAP)	25	<p>The special needs program has designed its activities to create the following desired outcomes:</p> <p>Increase knowledge and literacy regarding nutrition Increase knowledge and literacy on key health topics Increase opportunities for participation in physical fitness activities and weight management classes Increase literacy of stress and emotional health Increase reports of improved quality of life</p>	<p>We have increased participants’ health literacy by teaching healthy food habits and how to interact appropriately in social situations; provided preventative measures to decrease the chances of mental health issues by providing recreational and social activity opportunities to persons whose disabilities often create isolation and depression; improved the behavioral health of families of individuals with disabilities by providing a program that can act to relieve stress to caregivers. The special needs program also incorporated activities to increase the physical and behavioral health of the participants through recreational sport activities including walking programs, weekly bowling outings, exercise programs and organized games. The curriculum for the participants also included indoor and outdoor sports, Yoga, Zumba, stretching, and Palliates 3-4 times per week.</p>	<p>We feel that the program has continued to thrive because we continue to get inquiries on the program and at least 1-2 new participants per year. Since the SNAP program is located at the Veterans Memorial Senior Center in Redwood City, we have had our Senior Participants recognize the SNAP members when they are in the community and will stop and greet them. We have even had some of those Seniors offer their assistance by coming and volunteering in our Thursday night Chef Club.</p>

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Boys and Girls Club: Triple Play	273	<p>BGCP positively impacted health and wellness for children and youth in several low-income communities. We continue to strengthen the Triple Play program by developing new health and wellness classes and activities that appeal to youth. After providing this program for many years and using feedback to continuously improve the program, we have found the right balance of consistency and change in the program, so that staff are not overwhelmed with new additions, and youth continue to be excited by new opportunities. One example of this is the bike program: we have continued our base biking and safety programs, while expanding it so that now young children can learn to ride, and older children are receiving more focus on skills and safety.</p> <p>With the conversion of our Redwood City clubhouse from a K-12 program to a teen-only center this coming fall, we are excited to partner more closely with Sequoia Union High School District athletic departments to grow our sports programs, in particular. As a result of this partnership, we will serve high school students who would like to play league, intramural sports, but do not qualify for school teams due to grades or skill level. We anticipate that a large population of teens will be attracted to our Redwood City clubhouse as a result of this opportunity, and that our clubhouse membership will grow</p>	<p>Outcome 1: Increase healthy food choices A: Provided weekly gardening, healthy cooking, and nutrition classes to 107 members B: Distributed 146 bags of fresh fruit and vegetables each week to members and their families through our partnership with Second Harvest Food Bank C. 47% of our members reported abstaining from consumption of unhealthy snacks and sugary beverages by spring 2015</p> <p>Outcome 2: Increase and maintain the amount of time members spend engaging in physical activities A: Piloted new dance program to offer classes twice a week to 51 members B: Continued to offer rigorous, organized sports leagues serving 187 members</p> <p>Outcome 3: Encourage physical activity, community involvement and entrepreneurship through the “Ride your Bike” program A: Increased community connections with our monthly 10 mile, youth-led, inter-generational bike rides (average attendance of 50-60 riders) B: Offered two 15-week bicycle maintenance classes to 14 members C: Promoted bike safety and rules of the road D: Increased community knowledge about the benefits of biking as a transportation method to employment and accessing safe routes to school</p> <p>Outcome 4: Increase mental health services A: Hosted an Adolescent Counseling Services (ACS) mental health counselor at each of our clubhouse sites providing individual and small group wellness interventions (3 days per week) B: Facilitated two 8-week sessions on healthy decisions for 49 teens (e.g. healthy relationships, mental health, etc.)</p> <p>Outcome 5: Implement member-matched surveys to understand specific health indicator change over time by member. A: Continue to build on our member-matched survey process, baseline data and results as we refine our evaluation practices to understand the</p>	

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Ombudsmen: Ombudsman Program	2679	<p>OSSMC will ensure that residents receive the medical and social services that they need to attain their optimal functional capacity and to experience maximum quality of life. To that end, OSSMC will:</p> <ul style="list-style-type: none">-Monitor facilities-Receive complaints, investigate and bring resolution to those complaints-Provide in-service education for facility staff on issues related to elder abuse and elder care-Provide community education about the role of the ombudsman and elder abuse-Provide systems advocacy through the legislative process-Identify "Best Practice Models" and provide training opportunities on those models-Provide access to MediCal for residents who have spent down their assets-Investigate MediCal fraud and retrieve unpaid share of costs-In conjunction with local law enforcement, investigate elder abuse in facilities-Provide witness services for execution of Advanced Health Care Directives in nursing homes-Educate facilities about disaster planning and assist them to develop individualized plans	<p>In addition to being on target in achieving the outcomes listed earlier (goal of 4,750 facility visits, investigating 1,500 complaints, etc.), OSSMC achieved 90% of our facility coverage plan during the first three quarters of the fiscal year. This can be attributed to the fact that our program is fully staffed for the first time in its history thanks to additional funding received from San Mateo County Measure A and from the May & Stanley Smith Charitable Trust. OSSMC resolved 95% of complaints investigated to the satisfaction of the residents, exceeding our goal of 90%. Lastly, 6,500 volunteer hours have been donated thus far this fiscal year, a number significantly higher than we have seen in a couple of years.</p>	<p>The following is a case example highlighting the impact our program has on a resident this year:</p> <p>A family member called, incensed because her husband’s facility had informed her that they did not provide care after 8 pm. Her husband, a resident in this small six-bed facility, was unable to get out of bed without assistance. When he needed to go to the bathroom in the middle of the night, they failed to provide assistance and ignored his calls. The man had managed to get himself out of bed and, on his way to the bathroom, had fallen to the floor. Unable to pick himself up, he called and called for help, but got no response. He lay on the floor for six hours until the staff came into his room the next morning and found him, bruised, soiled and very agitated. We turned this complaint over to the licensing body and the facility was cited for physical abuse and neglect. They are now providing care around the clock.</p>

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Edgewood Center: Healthy Kin	52	<p>The HealthyKin program offers interventions in chronic disease management in the outcome areas of Active and Healthy Living and Preventative Healthcare Services. The overall goal of the HealthyKin program is to strengthen and support the physical and mental health of vulnerable kinship caregivers so they can provide safe and secure homes for children in their care. Our desired outcomes are to achieve 75% success in the following areas: kinship caregivers will reach and maintain normal vital signs; decrease emergency room visits; increase their confidence in accessing preventative care; improve medication compliance; increase knowledge of their chronic disease and managing symptoms; and a significant change on health outcomes as measured by the pre- and post-services survey.</p>	<p>The HealthyKin program has experienced several successes this year. Notably, we have served more caregivers than originally anticipated, with 150 receiving home nursing services—15 more than our goal. We served an additional five caregivers in the Sequoia Healthcare District beyond our stated goal. Moreover, due to the integration of a total wellness approach, we have been more successful in discovering and addressing the health needs of our caregivers in a shorter period of time.</p> <p>We are pleased to report that we met all but one of our newly revised outcomes. We achieved 80% success in the proposed outcomes of kinship caregivers improving or maintaining normal vital signs, increasing their confidence in accessing preventative care, and improving medication understanding and compliance; as well as realizing a 75% improvement on health outcomes, as measured by pre- and post-services surveys.</p> <p>For our new outcome of achieving an 80% success rate of improved pain management, kinship caregivers reported a 75% improvement, especially in relation to pain medication. However, due to a history of drug addiction within some families we serve, several caregivers remain resistant to using even over-the-counter pain medication due to a fear of addiction. The program's community health nurse continues to educate these caregivers on which medications are non-habit forming to ease concerns.</p>	<p>Teresa, a 72-year-old woman raising her grandson, began seeing Edgewood's community health nurse last April after experiencing two heart attacks. She was not exercising due to shortness of breath upon exertion, and not eating a heart healthy diet. Her vital signs were not within the normal limits, and her blood pressure was regularly high. Teresa had been prescribed over 10 medications, but was not regularly taking them due to a complicated dosage timing regimen, leading her to become confused as to which days and times she needed to take a medication.</p> <p>Our nurse began seeing her every two weeks, educating Teresa on the importance of adhering to her medication regimen, following a proper diet, and participating in regular physical activity. She also encouraged Teresa to follow up with her primary care physician regarding her shortness of breath. To make her medication regimen more clear and easy to follow the health nurse made a medication grid for Teresa to help her understand which day and time each dose was needed, and helped her download the Mango Health application for dosage reminders.</p> <p>As a result of the individualized attention and support from our program staff, Teresa is now able to prepare and administer her medication properly and consistently. She has not any further heart-related episodes, and was diagnosed with asthma by her primary care doctor and now uses daily inhalers. Furthermore, her vital signs are now within normal limits, she has lost weight, and is also walking three or four days per week. She also attends our weekly support group in San Carlos for further resources.</p>
Adaptive PE (formerly FVMSC): Adaptive PE Program	197	<p>1. Continued participation in and satisfaction with our Adaptive P.E. Program.</p> <p>2. Reduction of reoccurrences of strokes, heart attacks, and falls.</p> <p>3. Control of risk factors for diabetes and heart disease, including hypertension and obesity.</p> <p>4. Maintenance or improvement of mobility to reduce fall risk and thus to sustain independent living.</p>	<p>Adaptive Physical Education continues to more than exceed the needs of our clients. With a 99% satisfaction rate from our survey, we know our clients feel that it is important to come to our program, and that we are being effective in improving their health and quality of life.</p> <p>The Adaptive PE program has new participants continuously referred to us by physical therapists, doctors, hospitals and friends. Many new people are coming to us from the new Stanford neurology clinic, Kaiser Permanente neurology, Sequoia Hospital and community doctors and therapists. Current clients also refer their friends and neighbors. Several of our clients have been coming to our program for more than 20 years. We are the only program of this type in this area and the demand is growing daily.</p> <p>Through testing and self-reporting, our participants inform us about their health. It is rewarding to our staff to hear that someone is off their blood pressure medicine or is no longer pre-diabetic. Several clients are talking about going back to the work they used to do. We celebrate improved test results, weight loss, and any improvement in strength, range of motion, stability, or depression. Participant profiles are done regularly to showcase these improvements.</p>	

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Peninsula Family Service: Wellness Program for Seniors at Fair Oaks	255	We expect programs to contribute to improvement and maintenance of participants health and well-being based on the following areas: Nutrition and eating habits Decreased depression and improved mental health Increased physical activity and fitness Increased social connections and linkages to community resources Increased testing of blood pressure and glucose Improved perception of health	The program continues to be very successful in meeting the needs of older adults. Over the past year we have noticed an increase in new participants at Fair Oaks, as well as a sense of reinvigoration among longtime participants. The comments from participants discussing the reasons why they continue coming to Fair Oaks illustrate the impact of our services: “My life has totally changed coming here everyday, I socialize and talk to everyone.” “I love coming here, if I don’t come here, then I would be alone in my room.” “I come everyday to run Bingo, this is like my duty and job and it makes me feel young again.” “This is a place where I can find someone to laugh with” “Each day you need to have a purpose, you need to have a goal and when you don’t have one that’s when you go into [depression]. That’s why you have to come to a place like this where you have to think about things, and let go to use the facilities.”	Irandokht, an immigrant from Iran, is the sole caregiver for her husband who suffers from dementia. Prior to coming to Fair Oaks, Irandokht was ashamed to take her husband out in public because of his dementia. She remained at home with him, becoming isolated and depressed. At Fair Oaks, Irandokht knows that her husband will be welcomed by the staff and participants. They eat breakfast and lunch together, and she socializes with her new found friends in the dining room. Irandokht also joined the Garden Club, tending to the organic garden and harvesting fruits and vegetables. Her time at Fair Oaks provides Irandokht with the respite she needs from care-giving duties, and reminds her to take care of herself in addition to caring for her husband. Irandokht is now much happier and more socially-connected, making her an even better caregiver.
Peninsula Volunteers: Rosener House	109	The overall goal is to keep families living together with optimal health, reducing hospitalization and premature institutionalization of older adults with disabilities. This is accomplished by helping participants maintain their highest level of independence, making care at home easier for family caregivers, thus delaying or preventing placement in a higher level of care such as assisted living or skilled nursing. Family caregivers will receive much needed respite, and through weekly caregiver support groups and other educational opportunities, will increase their knowledge of other community services and will increase their own coping skills. Both participants and caregivers will experience improved health and quality of life.	As we are serving more families and we have seen an increase in the numbers of referrals from care professionals, we believe we are doing a good job. • 85% of participants were able to remain living at home with their families, or in their own homes with professional caregivers. This surpasses our goal of 60%. • A random sample showed that 90% of participants maintained their level of functioning as determined on our standardized Level of Care Assessment done every six months. This surpasses our goal of 75%. • 85% of caregivers reported they were better able to manage their family members care at home since using Rosener House services. This surpassed our goal of 75%. • 80% of Survey respondents said their quality of life has improved since using Rosener House services. This met our goal of 80%. • 70% of family caregivers agreed they were able to maintain their own emotional and physical health, less than our goal of 80%. We know caregiving can be stressful and physically demanding, and we will look for ways to help with these factors more.	We know families are pleased with our services and recommend us to their friends. Comments from family members on the recent survey confirm this: "My step mom is happier than ever. She enjoys very much her time at the center. We can be happier for her, she is a very loving person." "We absolutely value to high standards and great care and assistance my mother receives at Rosener." "The breaks and days 'for me' help me be more patient and calm when [my husband] is home." And one husband summed it up nicely, "She gets to socialize; I get free time."

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Planned Parenthood: Redwood City Health Center	4629	<p>Our ultimate outcome is provide preventative healthcare services resulting in healthier families throughout the District. In line with the District's objectives, we specifically seek to:</p> <p>1) increase knowledge and literacy regarding the importance of preventive health</p> <p>2) increase access to preventive health services including mammograms, reproductive health services (STD's, birth planning)</p> <p>3) increase screening and identification of domestic violence, stress, isolation, depression and/or substance abuse; and increase reports of improved quality of life as the result of access to family planning services leading to better decision making by individuals with respect to their sexual health and relationships.</p>	<p>We increased access to reproductive health care services for our community members, as demonstrated by the growth in patient visit numbers. We achieved this through a combination of electronic means, such as Online Appointment Scheduling, and community outreach, including a parent-based skills session. Through the Coleman-led process improvement initiative, we have decreased cycle times, increased capacity, created a new system for tracking patients, and moved to a nearly paperless environment, resulting in increased operational efficiencies and improved patient satisfaction measures.</p>	
Police Activities League (PAL): PAL Health, Sports, and Fitness		<p>Students participating the Healthy Eating program will demonstrate:</p> <p>1.) Increased knowledge and awareness of healthy eating, local foods, and seasonality.</p> <p>2.) A greater willingness to try out new foods and healthier options</p> <p>3.) Increased consumption of fruits and vegetables at school and at home</p> <p>4.) Increased awareness and knowledge of basic nutrition principles including portion sizes, food groups, and balanced meal choices.</p> <p>Students Participating in Sports and Recreational Fitness programs will demonstrate:</p> <p>1.) Increased daily physical activity and participation in fitness and increased participation in fitness activities, both recreational and competitive.</p> <p>2.) Increased proficiency on physical fitness tests.</p> <p>3.) Increased awareness and knowledge of the role and health benefits of fitness</p>	<p>PAL and the Health, Sports, and Fitness program has continued to grow and thrive over the past 6 months, significantly exceeding our target enrollment, and reaching more disadvantaged youth. For example Junior Giants participation increased by 30%, with 76% of youth coming from low income households, up from 56% last year. Overall, participants demonstrated improvements in physical fitness and healthy eating.</p>	

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Rebuilding Together: Safe at Home	87	<p>Rebuilding Together Peninsula strives to achieve the following outcomes through the implementation of Safe at Home and the Healthy Housing Challenge:</p> <p>1) Low-income homeowners residing in the Sequoia Healthcare District have access to minor home repair services that enable them to live in a home that is dry, clean, ventilated, pest-free, safe, contaminant-free and maintained.</p> <p>2) Safety and health-based priorities identified by district residents participating in the Safe at Home program are addressed.</p> <p>3) Safe at Home participants will have knowledge and tools to identify health and safety hazards and follow a maintenance schedule to ensure the longevity of the repairs they receive.</p> <p>As a result of working toward these outcomes:</p> <p>Low-income senior homeowners residing in the district will be able to age in place in health, comfort and security. Tripping, fall and security hazards will be reduced.</p> <p>Low-income homeowners residing in the district will have reduced exposure to in-home health hazards that research shows can lead to respiratory illness such as moisture and contaminants.</p>	<p>Our Safe at Home program is extremely effective. Adopting the Healthy Housing initiative has given us the tools and training to properly identify and remove unsafe and unhealthy living conditions in the home. Data collected from homeowner surveys in Sequoia Healthcare Districts service area from July to today shows the majority of them are satisfied with services received from Rebuilding Together Peninsula:</p> <ul style="list-style-type: none">• 93% agree they feel safer in their home.• 97% agree their home is a safer and healthier place to live.• 95% agree RTP has made it possible to age in place.• 99% agree all of their repair needs were met. <p>Because of the outstanding work RTP has been doing in the community the past 27 years, and with the implementation of our year-round Safe at Home program, the community truly trusts the quality of our services. This has led to more applications and an increase in the number of people served (80%) every year since 2010, when Safe at Home was launched.</p>	<p>Safe at Home client, Christine, is currently being treated for cancer and the leaks in her ceiling were causing her a great sense of stress and anxiety. On a rainy day in January, our Safe at Home Manager made a site visit after a frantic call from Christine to see that it was raining inside her home as much it was raining outside. Our manager was able to use some of the funding from SHD to ensure that Christine's roof was repaired, easing her stress, allowing her to concentrate on getting healthy.</p>

2015-16 Final Report Outcomes

Organization/ Program	# of SHD Residents Served	Anticipated Specific Outcomes	Summarized Success of the Program	Individual Success Stories
Sequoia YMCA: Enhance Program	129	<p>This program targets older adults at all fitness levels who are living with arthritis.</p> <p>We expect to see an improvement in physical functioning as measured by fitness assessments every 4 months.</p> <p>We expect to see improvement in social functioning and a decrease in depression.</p> <p>We expect to see an increase in mobility and range of motion</p> <p>We expect to hear about a decrease in pain and better balance.</p>	<p>The EnhanceFitness program has grown at many of the branches during the last year. We have been able to establish new classes at some Y's and expand the program at existing Y's.</p> <p>The number of participants has increased and the attendance numbers have gone up considerably. This indicates that the participants are feeling the benefit of the class and attending more classes than last year.</p> <p>69% improved or maintained in upper body strength 76% improved or maintained in lower body strength 75% improved or maintained in agility - demonstrated by faster scores in the "up and go" assessment.</p> <p>Participants got involved at the Y in other activities, many were campaigners, helped with our Fabulous Fashion Fundraiser and attended the Tribute to Frank Sinatra Benefit Concert held at Club Fox organized by one of our class participants!</p> <p>41 % of our participants have arthritis and 27% have Hypertension. 25% of our participants are 80 or older and 20% live alone.</p> <p>We are reaching out to more people and this is reflected in the participation numbers we record.</p>	
Sheriff's Activity League: SAL Academicos and Healthy Kids	2708	<p>A. Reduce the number of youth in the SAL program (and in San Mateo Co.) that are obese and at higher risk of cardiovascular disease, type 2 diabetes, hypertension, stroke and certain types of cancers.</p> <p>B. Increase the amount of fruits and vegetables eaten by participants and at the same time reduce the amount of fast food and soda consumption.</p> <p>C. Increase the participants and families knowledge of nutrition and food programs available to them. Provide hands on healthy cooking classes and garden based nutrition program to broaden their knowledge of healthy recipes and meal planning.</p> <p>D. Increase the number of hours youth are physically active.</p> <p>E. Youth at higher risk of health issues and their families will have increased knowledge of healthy eating and the benefits of increase physical activity.</p> <p>F. Increase the number of random acts of kindness on school grounds.</p> <p>G. Youth will have more positive role models living healthy lifestyles.</p>	<p>The program continues to grow and be very successful.</p> <p>With all of our programs, we are on track for achieving or exceeding the objectives by June 30th, 2016. Our Spring programs have just launched (recreational league soccer, and Eat Right/Rethink Your Drink) and are at full attendance levels.</p> <p>We have partnered with 1 Grain to 100 Grains for the curriculum for our hands-on nutritional education for families, along with a component on fiscal literacy around purchasing fresh foods.</p> <p>The community garden continues to thrive and we are expanding this program to serve more families.</p> <p>This year we were able to field our first all-girl competitive soccer team, which has been a long time in the making. Many of these girls and their families are reflective of the boys we started with years ago, and we are excited to extend our support to these girls and their families.</p>	<p>Both Julia and her son Louis joined our family nutrition class offered through our SAL Healthy Kids program. In that class, her family learned about healthful eating habits, effective stress management, and strategies for eating healthy on a budget. During the 8-week class series, the entire family changed their mindset on food and nutrition. Julia successfully lost 15 pounds in the 8-week time period, and is continuing to change her and her family's diet. Louis, once a picky eater, is now more willing to try new foods.</p>

HeartSafe Program

Activity Summary for Oct and Nov 2016

HeartSafe Region Task Force Meetings

Attend and participate in regional planning and support.

AED / CPR Trainings – Over 600 persons trained!

- Mid Peninsula Regional Open Space
- Local Realtors
- SHCD Adult Classroom sessions (4 sessions)
- Sequoia Union High School Staff Members
- Girl Scouts
- D Tech High School (6 sessions)
- Wider Circle
- Active Aging Week Health Fair (2 classes)
- SHCD Infant CPR Classroom Sessions (3 sessions)
- Redwood City Parks and Rec employees
- Meals on Wheels employees

AED / CPR Scheduled Trainings

- Jasper Ridge Farm
- Woodside Priory
- San Carlos Adult Center
- D Tech High School
- Belmont Little League
- Pubmatic Organization
- Hearing Loss Assn of San Mateo County
- SHCD Adult Classroom sessions
- Menlo Atherton High School
- SHCD Infant CPR Classroom Sessions

Another High School Screening is Fast Approaching!

Our next screening is scheduled for Sunday, January 29th in cooperation with the Via Foundation and the Sequoia Union High School District. This screening will be held at Menlo Atherton High School and is open to all District students. We need volunteers! Online registration will commence on December 5th at <http://viaheartproject.org/screenings>

Family & Friends Photographs



Samaritan House Preview: Lee Michelson

In April of 2015 the Sequoia Healthcare District Board granted three years of funding in support of the Samaritan House Redwood City Clinic's operations in service to uninsured adults living in our District.

The Board agreed to provide \$663,000 for fiscal year 2015-16, \$683,000 for fiscal year 2016-17 and \$703,000 for fiscal year 2017-18. Additionally, the Board agreed to provide one time grants of \$53,000 for building improvements and \$35,000 for a mental health pilot project.

In June of 2016 the Board agreed to a grant of \$50,000 to Second Harvest Food Bank in support of a food pharmacy at the Samaritan House Clinic.

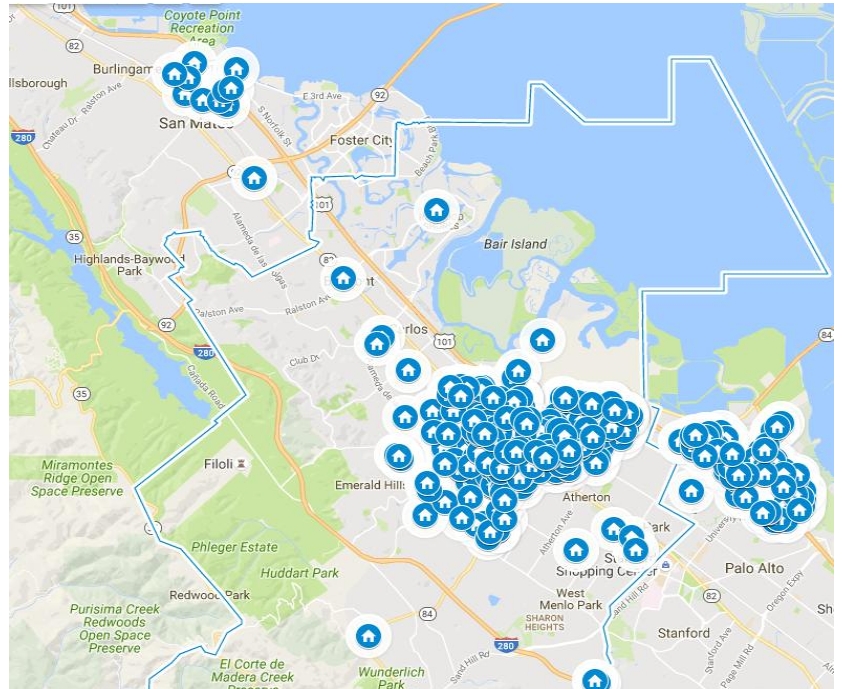
Staff leadership of Samaritan House will provide a progress report to our Board at the December 7 meeting on program operations and on these special projects. Their written report is attached.



Progress Report – December 7, 2016

We are pleased to present this progress report to the Sequoia Healthcare district Board of Directors.

Through calendar year 2016 Q3 the clinic reported 4,059 medical and dental visits, an increase of 4% year-over-year. The visits represent 844 unduplicated medical patients and 164 unduplicated dental patients. More than 87% of the patients reside within the Sequoia Healthcare District. The success in increasing caseloads is attributable in part to the inclusion of the staff Nurse Practitioner, which was an earlier capacity building effort by the District.



Our Food Pharmacy, the first in the State of California, opened in late January 2016 following a build out. Food Pharmacy is a partnership between Sequoia Healthcare District, Samaritan House and Second Harvest Food Bank. It has been running smoothly, and as of September we have over 75 patients and their families (306 people) enrolled to receive healthy food up to once a week. The specialized diets are supplied to our diabetic patients in sufficient quantity to feed their whole families, with the aim to impact dietary behavior for the family unit, thus having greater probability of compliance for the designated patient. We distribute over 100 bags of healthy food each month. The nutritionist from Second Harvest Food Bank gives a monthly food demonstration to encourage patients to explore new foods like quinoa and tofu. We continue to receive positive feedback from patients and maintain physician referrals to the Food Pharmacy at our projected target of 10 additional patient enrollments per month.

The build-out of the dental sterilization area was completed in June, 2016 and the sterilization center is now an integral part of the dental workflow. This enabled us to meet current OSHA standards and was crucial to our recruitment efforts. The dental program expanded its volunteer base with 4 new dentists in the last quarter due in large part to the improvements made possible by the District's support. There was a 23% increase in visits in FY2017Q1 compared to the prior quarter (213 vs. 173), and we anticipate sustaining an increased volume going forward.



The mental health care manager recruitment has been extremely challenging, but we are still actively working to fill the position. We have pivoted our strategy based on the anticipated continued shortage of bilingual mental health providers, which all agencies are experiencing in this county. While we would have liked to maintain the IMPACT collaborative care model, our first choice had recruitment been successful, we have alternatively partnered with 2 technology platforms to bring mental health care to our patients in a way that is scalable, sustainable, and accessible. The first is CareMessage, a healthcare texting platform. We are in the final stages before deploying the use of texting to screen and stratify patients with underlying depression, using the CareMessage Mental Health educational programming to help patients with mild depression, and triaging more severe cases to our clinicians. The second technology platform we will employ is Breakthrough, a telehealth counselling service with a larger pool of bilingual therapists than is available locally. Finally, we continue to have our volunteer psychiatrist available for consultations, and he is on-board with this new model.

Agenda Item 5.b
Board of Directors Mtg. 12-7-16

As posted on the San Mateo County Election Department's website. A formal certification is expected in time for the Board meeting.

SEQUOIA HEALTHCARE DISTRICT MEMBERS, BOARD OF DIRECTORS

Number To Vote For: 2

Completed Precincts: 187 of 187

	Vote Count	%
KIM GRIFFIN	48,875	37.5%
KATHLEEN "KATIE" KANE	40,531	31.1%
HARLAND HARRISON	20,457	15.7%
LOIS GARCIA	20,374	15.6%

Proposed Revisions to District's Employee Handbook

- Page 18 Breaks out PTO for part-time employees and defines employee requests for PTO.
- Page 19 Clarifies when an employee is entitled to use extended sick leave and increases the ESL accrual to meet current requirements.
- Page 21 Increases District's 401K match from four to five percent.
- Page 25 Bereavement: Currently full-time employees are allowed five paid days off as bereavement leave but there is no provision for part-time employees. This change allows part-timers three paid days off.
- Jury Duty: Provides for part-time employees.
- KinCare: Adds wording to comply with current law.
- Page 30 Increases food allowance and corrects redundancy referring to meal expense for an employee's spouse.
- Page 35 Eliminates wording regarding outside employment.
- Page 38 Clarifies and eliminates wording as it relates to the District.

While it is objective of the District to provide a benefit package that is competitive and protects employees and their families, the following benefits are subject to change at the sole discretion of the District.

5.01 Paid Time Off

The District's policy is to provide Paid Time Off (PTO). The program was established to provide employees a greater degree of flexibility in the use of time. Full-Time and Part-Time employees are eligible to participate in the PTO program. Part-Time employees will accrue PTO on a pro-rated basis, based on their regularly scheduled hours. The PTO schedule is set forth below is subject to change at the District's discretion, with or without notice.

PTO hours will accrue bi-weekly pay period schedule is as follows:

	Full-Time	Part-Time
0-4 years	6.45 hours per pay period	0-4 years 3.22 hours per pay period
5-9 years	7.99 hours per pay period	5-9 years 3.99 hours per pay period
10+ years	9.53 hours per pay period	10+years 4.77 hours per pay period

Employees are encouraged to take their earned PTO in a timely fashion, as the District feels employees need time away from the job for rest and relaxation. No PTO is accrued after the maximum annual allowable hours of three hundred twenty (320). Therefore, the employee who reaches the maximum annual accrual does not earn any future PTO accrual until a portion of the balance is used. The maximum consecutive hours of PTO an employee may request is one hundred sixty (160).

5.02 PTO Guidelines

An employee must submit their request for PTO to the CEO for approval. Every effort will be made to grant employees their request. ~~in the event two requests are received at the same time, PTO will be granted in seniority order.~~ The rate of PTO pay is the regular straight-time pay rate. **PTO must be taken in a minimum of one-half (1/2) hour increments.**

PTO is paid at your base rate of pay, exclusive of overtime or bonus. In the event that a payday falls during your PTO period, you may request an advance paycheck at least three (3) working days in advance of the commencement of your PTO and in writing signed by the employee.

A paid holiday, which falls during your vacation, will be paid as a holiday.

PTO is not earned or accrued during an unpaid leave of absence, unless otherwise required by law. An employee may request a PTO cash-out of no more than 50 hours per calendar year to be approved by the CEO. Upon termination of employment, the PTO balance will be paid to employee.

5.03 Extended Sick Leave

Paid Time Off (PTO) is to be used for up to three consecutive days off as a result of illness, injury or for the employee to receive medical care, treatment or diagnosis. **Upon their start date** employees will be eligible **to accrue** for Extended Sick Leave (ESL) to cover personal illnesses exceeding three (3) consecutive workdays. **An employee is entitled to use accrued ESL beginning on the 90th day of employment.** Full-time employees will accrue **2.40** ~~4.85~~ ESL hours per pay period and part-time employees will accrue ESL on a prorated basis based on their regularly scheduled hours. No ESL is accrued after the maximum annual allowable hours of one hundred twenty (120) hours. Therefore, the employee who reaches the maximum annual accrual does not earn any future ESL accrual until a portion of the balance is used.

Because paid ESL benefits are intended to provide income protection in the event of an actual illness or injury, unused paid ESL benefits cannot be used for any other paid or unpaid absence and no compensation for accumulated ESL will be paid at the time of termination of employment or retirement.

The District may require the certification of a physician from employees on an extended leave of three (3) consecutive days or more. However, if there is reason to suspect abuse of the ESL leave benefit, the District reserves the right to request proof of illness at any time.

5.04 Holidays

The District provides paid holidays for regular Full-Time and Part-Time employees who have completed their Introductory Period. Part-Time employee's holiday pay will be pro-rated based on their regularly scheduled hours.

The holiday schedule is determined and posted each year, but generally includes:

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving Day
- Christmas Eve Day
- Christmas Day
- One Floating Holiday

Holidays occurring on Saturday are observed on the preceding Friday, and those occurring on Sunday are observed on the following Monday.

5.07 State Disability

The District is a participant in the disability plan offered by the State of California. The purpose of the SDI program is to partially compensate you for wages lost if you are unable to work due to illness or injury not caused while working. The amount of your weekly benefit is determined by your wages. All employees, except contract employees, participate in this program through a payroll deduction.

In order to receive SDI benefits, your disability must last at least eight days and you must file a timely claim. Forms and information are available from your local State Disability office or your doctor. In the event a benefit eligible employee qualifies for SDI, the District will coordinate their SDI benefit with any accrued sick leave.

5.08 Retirement 401(k)

The District offers employees who have successfully completed their Introductory Period eligibility to participate in a 401(k) retirement program. This gives an employee with the opportunity to build up additional and substantial savings intended for use after retirement. It is a voluntary program, ~~and tax smart~~. You defer state and federal income taxes on the money you put away for your future.

The District will match all of your contribution up to three percent (3%) and one half (½) of your contribution up to ~~four~~ five percent (4%5%).

5.09 Social Security Retirement Benefit

Social Security also provides a monthly lifetime benefit when you retire. The amount of this benefit is based on an employee's earnings over their working career and the number of years an employee is covered by Social Security. The employee and the District pay equal amounts of taxes while you are working here.

5.10 Workers' Compensation

The District provides Workers' Compensation Insurance for all employees. This insurance provides an employee with medical care and cash compensation in the event of injury or disease resulting from employment.

If an Employee is injured while working, the Employee is responsible for reporting the injury to his or her supervisor immediately, regardless of how minor the injury might be.

If an employee is unable to work due to a work related illness or injury the employee may be entitled to temporary Workers' Compensation disability benefits after a three (3) day waiting period. An employee may use any accrued sick time or PTO during the waiting period. Subsequent to the waiting period, you may be able to coordinate your workers compensation benefits with your sick and vacation accrued time.

will be entitled to re-enroll in your health and dental plan the first of the month following your return from your leave of absence.

Time off on an approved leave of absence will not count as time worked for the purpose of vacation or sick leave accrual. Holidays that fall during a leave of absence will be unpaid.

6.03 Bereavement Leave

Regular full-time employees are eligible for five (5) paid days bereavement leave for the death of a spouse, domestic partner, parent, child, brother, sister or relation of spouse or domestic partner of the same status. Part-time employees may take up to three (3) **paid** days off ~~without pay~~ to attend the funeral of a spouse, domestic partner, parent, child, brother, or sister or relation of spouse or domestic partner of the same status.

6.04 Jury Duty and Subpoenaed Witness Appearance

Regular full-time employees are eligible for five (5) days paid jury duty/subpoenaed witness appearance pay **and part-time employees are eligible for three (3) days**. Any pay received from the jury duty pay must be coordinated with accrued PTO.

6.05 KinCare Leave

Employees are allowed to take up to half (½) of their accrued PTO/ESL in any year, for the care of a sick family member. Eligible family members include child, parent, spouse domestic partner or the domestic partner's child, **grandparent, grandchild and sibling**.

For purposes of kin care use, a "child" is defined as a biological, foster, or adopted child; stepchild; or a legal ward. A "child" also may be someone for whom an employee has accepted the duties and responsibilities of raising, even if he or she is not the employee's legal child.

A "parent" is an employee's biological, foster, or adoptive parent; stepparent; or legal guardian.

A "spouse" is your legal spouse according to the laws of California.

A "domestic partner" is another adult of the same sex with whom an employee has chosen to share his or her life in an intimate and committed relationship of mutual caring, and with whom the employee has filed a Declaration of Domestic Partnership with the Secretary of State.

A "domestic partner's child" is the biological, foster or adopted child, stepchild, or legal ward of an employee's domestic partner. A "domestic partner's child" also may be someone for whom an employee's domestic partner has accepted the duties and responsibilities of raising, even if he or she is not an employee's domestic partner's legal child.

6.05 Domestic Violence Leave

If an employee is a victim of domestic violence they are entitled to take time off to seek medical attention, obtain services from an agency, obtain psychological counseling and participate in a program to increase safety from future domestic violence, including temporary or permanent

2) Airfare - Employees must travel coach/economy class at the most economical rate available to reasonably accommodate business schedules.

Use of the long-term parking lots and/or off airport parking is encouraged to reduce overall travel costs.

3) Mileage/Ground Transportation - When it is more practical to use a personal automobile when traveling on business, reimbursement will be made at the currently established IRS rate per mile for the actual miles necessary to conduct the relevant business.

Other ground transportation (e.g. taxi, bus, subway, rail, etc.) will be reimbursed if it relates to District business.

Other costs associated with ground transportation such as parking and bridge tolls will be reimbursed.

4) Rental Cars - Luxury and premium cars are not reimbursable.

5) Meals - District will reimburse reasonable meal expenses incurred by employees traveling out-of-town on District business. Such meals should not exceed \$15 **\$20** for breakfast, \$25 **\$30** for lunch and \$35 **\$40** for dinner.

~~District will not reimburse meal expenses for an employee's spouse.~~

6) Telephone Calls/Faxes/Mail Service While Traveling - Necessary business related telephone calls, faxes or mail service and business use of personal cell phone, home phone or faxes will be reimbursed with appropriate documentation.

Personal calls while traveling, such as reasonable calls to home, family members, baby sitters, etc., are allowable business expenses.

7) Spouse Travel - No reimbursement is allowed for travel expenses, (including, but not limited to, airfare, hotel, meals, transportation, tips, etc.) paid or incurred by an employee with respect to a spouse, dependent or other individual accompanying an employee on a business trip.

B. Business Entertainment Expenses (including meals and gifts)

Business entertainment expenses are those expenses incurred by the employee while (i) conducting/discussing District business and (ii) meeting with other District employees (including subordinates) and/or other persons who directly (or through another entity) do business with or support District.

1) Business Meals - Business entertainment and meal expenses **are the same as outlined in 5) above.** ~~must be reasonable and appropriate taking into consideration the location of the meal/event, the participants, the nature of the event, and other relevant factors.~~

District will only reimburse meal expenses involving District-only participants when a significant amount of the discussion/purpose of the meal is business related – whether the meeting takes place in a restaurant or the office. Employees are reminded that they represent the District while on

Therefore, it is the policy of the District to prohibit any employee from accepting from any suppliers, other employees or other persons or entities associated with the District's business a gift or gratuity, which has a value in excess of \$50. If at any time you believe that acceptance of a gift would be appropriate and would benefit the District, you must request and obtain advance approval from the CEO of the District. Examples where such approval might be granted may include attendance at certain sporting events or other gatherings or acceptance of novelties such as pens, calendars, other gifts of modest value or edible products to be shared among employees.

7.12 Outside Employment

We expect that while at work, you will devote all your productive time, ability and attention to the business of the District. We require that you not engage in other business duties, pursuits or services during this time, whether for compensation or otherwise, as an employee, independent contractor or consultant. We ask that you think seriously about the effects extra work outside the District may place on your endurance, overall personal health and effectiveness.

~~Outside employment for an actual or potential or supplier of the District is strictly prohibited without prior written disclosure to and consent from the Director of the District.~~

~~Notwithstanding the above, if you choose to engage in outside work, the following criteria will apply:~~

Outside work must not interfere in any way with the production and completion of the District-related projects or the employee may be subject to discipline up to and including termination of employment.

7.13 Appearance

The District values its employees and makes ongoing efforts to provide a work environment that is comfortable and conducive to productivity. Employees need to adhere to exceptional appearance standards, which include appropriate attire and grooming.

Safety is a primary concern, and the District may establish restrictions on clothing, hairstyle and length, adornments, eyewear and footwear that are deemed to be hazards to employee safety.

Your position with the District and the potential for direct contact with outside parties will determine what is acceptable attire.

Extreme styles while perhaps popular or in current "fashion" can be inappropriate for a business environment. Some examples of inappropriate attire for our work environment would include but not be limited to:

- Clothing that exposes midriffs and/or shorts or skirts/dresses that are more appropriate for the beach or a nightclub;
- Clothing that is exceptionally worn, torn or faded;
- Bare feet or beach-style footwear;
- Articles of clothing displaying offensive or lewd language or pictures.

8.01 Performance Appraisals

An employee's performance appraisal serves an important purpose for the District and for individual employees. The fundamental objective of conducting a performance appraisal is to improve job performance by communicating directly with each employee with regard to important aspects of his or her employment.

The District's Performance Appraisal process has been developed to improve job performance, improve coaching on job performance, and provide assistance and backup data for making management decisions regarding transfers and promotions.

The employee will receive a written performance appraisal at the end of the introductory period, and annually thereafter, or as frequently as is necessary to communicate achievement of established performance standards.

Salary adjustments are at the District's discretion and may or may not coincide with performance evaluations.

8.02 Standards of Conduct

The District is committed to maintaining a work environment based on mutual understanding, respect, and cooperation. To contribute toward that environment and to avoid misunderstandings, guidelines as to the standards of conduct expected by the District are summarized below.

The following list itemizes examples of inappropriate conduct, which may result in discipline and/or termination. It is not meant to be an exhaustive list. Other inappropriate conduct not referred to may also result in disciplinary action, up to and including termination.

- Excessive tardiness or absenteeism.
- Absence from work without permission from, or notification of the CEO.
- Misusing, damaging or destroying any property of the District or its employees.
- Removing any of the District property or property of other employees from the premises without proper authorization.
- Leaving the work place during paid work hours without permission.
- Inappropriate release or use of employees' confidential records.
- Failure to report immediately to the CEO any accidents, injuries or potential workplace hazards.
- Any verbal or physical abuse or threat of harm to any District employee, ~~client~~ or visitor.
- Sleeping on the premises or during work time.
- Harassment of a co-worker or ~~client~~ visitor or conduct that is prohibited by the harassment policies of the District.
- Falsification of documents, including omission of material information.
- ~~Unauthorized disclosure of confidential information about clients, their illnesses or their personal lives or Nondisclosure Agreement.~~
- Breach of confidentiality.
- Manufacture or unauthorized distribution, dispensation, possession or use of a controlled substance.