



SEQUOIA HEALTHCARE DISTRICT - HOW ARE YOUR PROPERTY TAX DOLLARS SPENT?

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SUMMARY

The mission of the Sequoia Healthcare District (SHD) is to improve the quality of life for its residents by enhancing access to health care services and by supporting and encouraging programs and activities designed to achieve health, wellness, and disease prevention. SHD serves approximately 220,000 residents in Atherton, Belmont, Menlo Park, Portola Valley, Redwood City, San Carlos, Woodside, parts of Foster City, and unincorporated San Mateo County (County) around North Fair Oaks.

SHD receives a significant amount of its operating funds from a portion of countywide property taxes. The 2012-2013 San Mateo County Civil Grand Jury (Grand Jury) investigated how SHD identifies, funds, and evaluates the programs and initiatives it supports, and the transparency of its operations.

The Grand Jury found that the service review of SHD conducted by the County Local Agency Formation Commission (LAFCo) would have had more substance if a consultant knowledgeable about health care districts had assisted in its preparation. The Grand Jury noted that SHD gives funds to the Ravenswood Clinic, even though the clinic is not located within its boundaries. The Grand Jury also noted that the San Francisco State University (SFSU) Nursing Program supported by SHD needs careful monitoring to ensure that future graduates become and remain employed at Sequoia Hospital, or at least elsewhere within the County. The Grand Jury concluded that SHD would benefit from increased educational outreach efforts; that SHD's grant application process is easy to use; and that SHD does a thorough job of evaluating the performance of its grant recipients. The Grand Jury additionally noted that SHD's website contains valuable information, but regular updating and the addition of links directing residents to health care services would make it more user-friendly.

The Grand Jury recommends that LAFCo contract with a consultant knowledgeable about health care districts to help conduct the next SHD service review, which should be separate from the service review of the Peninsula Health Care District (PHD). Additionally, the Grand Jury recommends that SHD develop a mechanism for tracking how many of its residents the Ravenswood Clinic serves. The Grand Jury also recommends that SHD monitor the SFSU Nursing Program to see if graduates become and remain employed at Sequoia Hospital, or at least elsewhere within the County. The Grand Jury further recommends that SHD seek opportunities to make public presentations in order to ensure that residents are well informed, heard, and represented by programs. Finally, the Grand Jury recommends that SHD continually update its website with current information.

BACKGROUND

Health care districts, formerly called hospital districts, have been authorized in California since 1945. Recently, taxpayers across the state have questioned the need for health care districts since many districts no longer operate hospitals. California Grand Juries have questioned health care district practices and LAFCos in other counties have dissolved or reorganized five districts since 2000.¹

In the County, four previous Grand Juries have conducted investigations of SHD.

The 2000-2001 Grand Jury recommended that SHD reduce property taxes for its residents and limit its expenditures to those purposes previously approved by voters since it no longer operated Sequoia Hospital.²

The 2001-2002 Grand Jury recommended that SHD correct misinformation previously disseminated to the public, and disclose plans for its allocation of tax revenues and reserves.³

The 2004-2005 Grand Jury questioned whether SHD continued to represent the health care interests of its residents. The Grand Jury recommended that SHD develop an investment plan for its reserves and pursue a merger with the Peninsula Health Care District.⁴

The 2008-2009 Grand Jury evaluated whether SHD had complied with the 2004-2005 Grand Jury recommendations. The Grand Jury recommended that SHD create an annual mailer to its residents, decline a share of its property tax revenue, proactively identify pressing health care needs of its residents, explore ways to support services outside the district that impact its residents, and enhance community input and involvement.⁵

With previous Grand Juries reaching a variety of conclusions, the Grand Jury decided to investigate SHD again, but focus on where SHD's tax dollars are spent as opposed to whether SHD should exist. Specifically, this investigation focused on how SHD identifies, funds, and evaluates the programs and initiatives it supports, and the transparency of its operations.

¹ California Legislative Analyst's Office, *Overview of Health Care Districts*, April 11, 2012.

² *Sequoia Healthcare District Tax Revenues*, http://www.sanmateocourt.org/court_divisions/grand_jury/2000reports.php?page=00sequoia.html (March 27, 2013).

³ *Sequoia Healthcare District Tax Revenues*, http://www.sanmateocourt.org/court_divisions/grand_jury/2001reports.php?page=01Sequoia-Tax%20Revenues.html (March 27, 2013).

⁴ *Sequoia Healthcare District*, http://www.sanmateocourt.org/documents/grand_jury/2004/SpecialDistrictSequoia_vers_3.0_final.pdf (March 27, 2013).

⁵ *Sequoia Healthcare District Revisited 2008-2009*, http://www.sanmateocourt.org/documents/grand_jury/2008/sequoia_healthcare.pdf (March 27, 2013).

METHODOLOGY

The Grand Jury conducted online research and interviewed representatives from SHD, LAFCo, the State Assembly, and SHD grantees. The Grand Jury also attended a SHD Board of Directors (Board) meeting.

DISCUSSION

What is a Special District?⁶

Special districts are local governmental entities that are legally separate from counties and cities. They deliver special public services identified by state law and serve and are supported by residents within defined boundaries.

Special districts generally have authority to build public works projects and operate programs, and may have the power to impose taxes to pay for these activities.

Special districts generally have authority to enter into contracts, purchase property, exercise eminent domain, issue debt, and hire staff.

Local health care districts are a type of special district.

History of Health Care Districts⁷

In 1945, following the end of World War II, the Legislature enacted the Local Hospital District Law (later renamed the Local Health Care District Law). Soldiers returning from combat in need of medical treatment and hospitalization encountered a severe shortage of hospital beds. Many rural and underdeveloped areas of the state did not have basic hospital and health care services. To remedy this situation, the State Legislature created special “hospital districts” and gave them the authority to construct and operate community hospitals and health care facilities and to recruit and support physicians’ practices.

Prior to 1963, numerous state and local laws and regulations governed the formation of a new hospital district. In 1963, LAFCos were created and the process for establishing a district was standardized.

In 1994, the Legislature (Chapter 696, Statutes of 1994 (SB 1169)) renamed hospital districts “health care districts” as these districts were increasingly providing health care outside of hospitals and clinics.

⁶ California Legislative Analyst’s Office, *Overview of Health Care Districts*, April 11 2012.

⁷ Ibid.

Under current state law, health care districts may operate health care facilities such as hospitals, clinics, skilled nursing facilities, adult health care centers, nurses' training schools, and childcare facilities. Health care districts may operate ambulance services within and outside of the district. They may operate programs that provide chemical dependency services, health education, wellness and prevention, rehabilitation, and aftercare. They can also engage in other activities necessary for the maintenance of good physical and mental health.

There are currently 73 health care districts serving 40 counties in California. Forty-three districts operate hospitals, thirty do not. Some districts never operated a hospital and some, like SHD, that had operated hospitals until the 1990's, no longer do so.

Most health care districts receive a share of local property taxes. The share of local property tax going to health care districts varies among districts.

Role of LAFCo

LAFCo is an independent commission with jurisdiction over the boundaries of the County's 20 cities, 22 independent special districts, and many of the 35 County-governed special districts. LAFCo is comprised of two members of the County Board of Supervisors, two members of city councils, two board members of independent special districts, a public member, and four alternate members (County, city, special district, and public). LAFCo's budget is funded by application fees and by the County, cities, and independent special districts. LAFCo contracts with the County for an Executive Officer, legal counsel, and office space. LAFCo's Executive Officer, with the help of a part-time administrative assistant, conducts "municipal service reviews" and oversees the formation, dissolution, and reorganization of all special districts.

Service reviews of special districts are required every five years.⁸ The last service review of SHD was conducted in April 2007, which means a new service review should have been performed in April 2012. Interviewees stated that LAFCo's current staffing level makes it difficult to conduct service reviews in a timely manner.

The 2007 service review, 34 pages long, was a review of both SHD and PHD. Both districts are health care districts, but they have divergent goals and responsibilities. The service review briefly discussed the following topics: Infrastructure needs or deficiencies; growth and population projections; financing constraints and opportunities; cost avoidance opportunities; opportunities for rate restructuring; opportunities for shared facilities; government structure options, including advantages and disadvantages of consolidation or reorganization of service providers; evaluation of management efficiencies; and local accountability and governance.

LAFCo staff conducted the 2007 service review of SHD and PHD. In contrast, an outside consultant conducted the 2012 Santa Clara County LAFCo Audit and Service Review of the El Camino Hospital District (ECHD).⁹ The consultant's report was 94 pages long and was, by far, a

⁸ San Mateo LAFCo, <http://www.co.sanmateo.ca.us/portal/site/lafco> (March 27, 2013).

⁹ Santa Clara County LAFCO Audit and Service Review of the El Camino Hospital District, http://www.santaclara.lafco.ca.gov/service_reviews/2012_ECHD/ECHD%20ServRevAudit%20.pdf

more detailed analysis of the district's operations. The report included an Executive Summary, an Introduction, a section on ECHD and its affiliates, a section on Hospital Districts in California, an audit of ECHD, a service review of ECHD, and a section on governance and organizational alternatives. In addition, the report addressed two key questions: 1) Is ECHD providing services outside of its boundaries. 2) Should ECHD continue to exist and/or continue to receive public funds or could another entity provide ECHD's services more efficiently.

Interviewees stated that LAFCo does not have the resources to produce reports with this level of detail. In addition, given the nuances of health care districts, interviewees felt an outside consultant might provide LAFCo with additional information that would assist the Board in choosing to initiate boundary changes or take other actions to reorganize services.

The Sequoia Healthcare District¹⁰

SHD, formed in 1946, was the first health care district in California. SHD's original mission was to build and operate Sequoia Hospital, which opened in 1950.

In 1996, SHD sold the hospital to Catholic Healthcare West, since renamed Dignity Health (DH). The agreement provided for DH to pay SHD \$30 million in return for transferring the hospital to a non-profit corporation known as Sequoia Health Services. The terms of the agreement included DH's right to manage the hospital for thirty years. SHD had the right to 50% of the seats on the hospital governing board, the right to approve changes in key services, and the requirement that in the event of a sale, all proceeds would go to SHD. SHD shares in hospital revenues. SHD also receives \$2.6 million from DH to meet SHD's pension obligations incurred during the years that SHD owned and operated Sequoia Hospital. This is a "pass through" of the pension cost.

Since the transfer of ownership of Sequoia Hospital in 1996, SHD's revised mission has been to improve the quality of life for its residents by enhancing access to health care services, and by supporting and encouraging programs and activities designed to achieve health, wellness, and disease prevention.

SHD serves approximately 220,000 residents in Atherton, Belmont, Menlo Park, Portola Valley, Redwood City, San Carlos, Woodside, parts of Foster City, and unincorporated San Mateo around North Fair Oaks. A map showing SHD's boundaries is attached as Appendix A.

SHD is an independent special district and is not under the jurisdiction of any municipality or the County. LAFCo provides oversight.

SHD annually receives approximately \$8.6 million in property taxes. For the current budget year, SHD plans to spend \$10.6 million on community health programs. This is possible because SHD receives a share of revenues from the operation of Sequoia Hospital and uses reserve funds when necessary. The 2012-2013 budget can be found in Appendix B.

¹⁰ Information obtained during interviews with representatives from SHD and from the SHD website, <http://www.sequoiahealthcaredistrict.com/>

A five person Board, elected by the voters living within SHD boundaries, governs SHD. Elections occur every two years. A chief executive officer (CEO) hired by the Board manages SHD.

SHD's headquarters are located at 525 Veterans Boulevard, Redwood City in a SHD-owned building. SHD is a member of the Association of California Healthcare Districts. All SHD meetings are public and open to both residents and non-residents.

Who Benefits from SHD?¹¹

According to SHD, the following benefit from its services:

- More than 60,000 people annually
- More than 25,000 public school children
- Thousands of the elderly and medically fragile
- Many with special health care needs
- Uninsured and underinsured adults and children
- Those living with chronic conditions
- The hungry and the homeless
- Those striving to adopt healthy lifestyles

SHD Programs¹²

SHD programs may be annual or multi-year. SHD may manage programs itself or may contract with others to carry out activities. SHD staff, with Board approval, determines goals and evaluates results.

Currently, SHD manages these three programs itself:

- **HeartSafe**

¹¹ Ibid.

¹² Ibid.

The HeartSafe program has placed over 325 Automated External Defibrillators (AEDs) throughout the southern portion of the County in locations such as law enforcement vehicles, parks, schools, community centers, and public buildings. As part of this program, local fire departments, in collaboration with certified Cardiopulmonary Resuscitation (CPR) instructors from the American Heart Association, have trained nearly 4,000 community members in CPR and AED use. The annual budget for this program is \$200,000.

- **Healthy Schools Initiative**

Launched in August 2010, this initiative supports school districts within SHD boundaries with staff and programs that improve the physical and emotional health of students and families, reaching about 28,000 students per year. The funding provides staff to implement the Centers for Disease Control and Prevention’s School Health Model within four school districts: Belmont–Redwood Shores, Redwood City, San Carlos, and Sequoia Union High School. Funding provides a school nurse or mental health counselor in five additional school districts. The annual budget for this program is \$2.9 million.

- **Live Well Chronic Disease Management Program**

This program offers a six-week long workshop on self-management of chronic conditions. The course covers many topics including nutrition, exercise, stress and pain management, communications with health care providers, medication, and problem solving. SHD offers the workshop about eight times a year to approximately one hundred twenty participants. The annual budget for this program is \$20,000.

Major Initiatives¹³

The following major initiatives are partnerships established with community organizations to meet community health needs such as access to primary care, universal insurance coverage for children, and nursing education. The initiatives may be annual or multi-year. SHD staff, in collaboration with community partners, determines goals and evaluates results.

- **Fair Oaks Clinic**

The San Mateo Medical Center operates two clinics in the North Fair Oaks area of the County, one for children and one for adults. Combined, these two clinics are the medical home to most Fair Oaks community residents, many of whom are uninsured. SHD’s \$2 million annual contribution pays a large portion of the clinics’ operating expenses, including staff salaries. SHD has pledged a lead gift of \$4.5 million toward construction of a new clinic.

- **Samaritan House Clinic**

¹³ Ibid.

SHD is the major supporter of the Samaritan House Redwood City Medical and Dental Clinics. These non-profit, volunteer-based agencies provide primary health services to thousands of low-income county residents. SHD's annual grant of approximately \$612,000 underwrites all clinic operating expenses. A group of volunteer physicians, dentists, nurses, and staff operates these free public clinics for the uninsured. Private and public hospitals also support Samaritan House with free or reduced-cost services.

- **Ravenswood Family Health Center**

The Ravenswood Family Health Center offers medical and dental services to hundreds of lower income residents. Although the clinic is not located within SHD boundaries, SHD provides \$500,000 in annual support, stating that many of its residents are clients of the clinic. Currently, SHD does not track how many of its residents the Ravenswood Clinic serves or the percentage of those served who are SHD residents.

- **Children's Health Initiative**

SHD is committed to the goal that all area children have access to health care. For many who live in working poor families where income is too high to qualify for Medi-Cal but too low to afford private health insurance, enrollment in the Healthy Kids program may be an alternative. Families pay a portion of the annual premium and SHD pays the balance. Currently, SHD subsidizes 1,350 children at an annual cost of \$1.35 million.

- **SFSU Nursing Program**

In 2004, concerned about a possible shortage of quality nurses in the County, SHD entered into a ten-year agreement to sponsor a bachelor's degree in nursing program through SFSU. The program's goal was to increase the number of nurses employed, primarily at Sequoia Hospital and secondarily at other County facilities. Students attended classes at Cañada College and performed their clinical rounds at Sequoia Hospital. Over the ten-year period, SHD provided \$10 million for the program and \$650,000 for a nursing lab at Cañada College. Three hundred fifty students graduated from the program. Program administrators did not capture employment statistics at the beginning of the program. The most recent information (10/12) shows approximately 50 alumni work in the County, 50 in the Bay Area, and 40 out of the area. Although an increase in the demand for nurses did not materialize as expected, with older nurses retiring, there is now a new shortage projected. In February 2013, SHD extended the contract with SFSU for three years at a cost of \$1.69 million. Per SHD's request, program administrators will be closely monitoring employment.

- **Sequoia Hospital Foundation Transitions Program**

This program assists any SHD resident, irrespective of means or insurance coverage, who leaves the hospital and returns home. A caseworker assesses needs and then arranges for services such as transportation, meals, counseling, or home modification. The goal is to achieve a safer adjustment that will prevent an early readmission and delay or avoid placement in assisted living. The annual budget for this program is \$630,000.

Community Grants¹⁴

These are grants provided to non-profit organizations serving SHD's residents. All grants are annual with a maximum of \$100,000 per grant. Currently, there are 28 grantees. (Appendix C) SHD staff serves as liaison to the grantees and has responsibility for oversight and monitoring. The annual budget for these grants is \$1.34 million.

The priority areas for funding in 2012-2013 include health literacy, access to healthy food, health promotion and disease prevention, chronic disease management, and behavioral health, which covers family violence, mental health, and substance abuse.

- **Grant Application Process**

A grants committee, composed of two SHD Board members and six community leaders appointed by SHD's CEO, sets SHD goals, establishes procedures, and reviews applications.

SHD announces new grant opportunities in the fall of each year through the SHD website, contact with past grant recipients, and by reaching out to potential new grantees identified by staff and Board members. SHD invites new grantees to an informational session in November, where they learn how to apply for SHD grants.

Potential grantees must file a letter of intent to apply for a grant by December 31 of each year. The SHD CEO reviews the letters of intent and invites those meeting required criteria to submit a full application. The grants committee reviews the full applications.

The Grand Jury met with several current grant recipients who commented on the ease of SHD's application process when compared to the application process of other funding organizations. They stated that SHD's process was streamlined and saved them time. The Grand Jury did not interview non-recipients.

- **Distribution of Grant Funds**

After reviewing the applications, the grants committee makes recommendations to the full Board. SHD awards 50% of each grant request approved by a majority of the Board.

- **Grant Oversight and Monitoring**

To receive the remaining 50% of the grant, recipients must submit a midyear status report that the SHD CEO reviews. Recipients must show how many residents they served and report on the health outcome or impact of their program. Recipients must complete a results accountability matrix as well as a financial accountability matrix. If recipients are meeting the grant goals, they receive the remainder of the grant.

¹⁴ Ibid.

In a few circumstances, SHD has denied funding for the second half of a grant due to sub-standard performance. Most recipients, however, are able to explain the reason for their sub-standard performance, make improvements, and meet their goals by the end of the grant year.

Grantees are also required to submit a final report. (Appendix D) This report contains the same information as the midyear report with the addition of a client success story and any publicity their program received.

- **Grant Funding Impact**

Current recipients depend heavily on the grants they receive from SHD, and feel there would be a negative impact to their programs if funding were stopped. Recipients would need to raise funds elsewhere, through fundraising, other grants, or both, in order to maintain their level of service. None of the recipients interviewed were funded solely by SHD.

Small Grants

Annually, the SHD CEO may authorize small grants of up to \$5,000 each. The annual budget for this expense category is \$100,000 per year.¹⁵

Transparency of SHD's Operations

SHD conducts Board meetings on the first Wednesday of even numbered months at 4:30 p.m. at its headquarters located at 525 Veterans Boulevard, Redwood City. SHD posts its meeting agendas in advance on its website. SHD audiotapes its Board meetings and posts written minutes on its website. The Grand Jury attended a Board meeting and found the venue comfortable and a Board that encouraged public comment.

SHD's website is informative and easy to navigate. The website includes Board and staff member biographies, announcements, press releases, meeting information, financials, and information on programs, major initiatives, and grants. The website does not contain links connecting a resident to health care services. When visited last, the most current budget information was not available. There was a link to access the 2012-2013 budget information but an error message appeared when one clicked on the link.

SHD issues an annual report. SHD posts the report on its website and mails it to a select number of homes within its boundaries.

Although SHD is accurate with the information it disseminates, misinformation still exists. For example, the County Tax Collector's website and an informational pamphlet distributed with

¹⁵ Ibid.

property tax bills incorrectly refer to SHD as a hospital district. Representatives from SHD stated to the Grand Jury that they would like this information corrected. No corrective action has been taken as of the issuance date of this report.

FINDINGS

- F1. LAFCo's service review for SHD would have more substance if a consultant knowledgeable about health care districts assisted in its preparation.
- F2. SHD would benefit from having a service review of its own, separate from PHD, given the differences in the two district's goals and responsibilities.
- F3. SHD is doing a good job of fulfilling its mission to enhance access to health care services and to support programs and activities designed to achieve health, wellness, and disease prevention.
- F4. Initiatives supported by SHD address a variety of community health needs such as access to primary care and universal insurance coverage for children.
- F5. SHD funds the Ravenswood Clinic, citing that its residents benefit from it, even though the clinic is not located within its boundaries.
- F6. The SFSU Nursing Program, supported by SHD, fell short of expectations, as it did not achieve the expected increase in the number of nurses employed at Sequoia Hospital.
- F7. SHD's grant program focuses on key needs in the areas of health literacy, access to healthy food, health promotion and disease prevention, behavioral health, and chronic disease management.
- F8. SHD would benefit from increased educational outreach efforts.
- F9. SHD's application process is streamlined and easy to navigate.
- F10. SHD does a thorough job of evaluating the performance of its grant recipients.
- F11. There would be a negative impact on SHD grantees if they did not receive funding from SHD and such funding was not replaced from other sources.
- F12. SHD's website contains useful information, but adding links on how residents can access health care would make it more user-friendly.
- F13. The County Tax Collector contributes to public misunderstanding of health care districts by inaccurately referring to SHD as a hospital district on its website and property tax insert.

RECOMMENDATIONS

The Grand Jury recommends that *LAFCo* do the following:

- R1. Contract with a consultant experienced in conducting service reviews of health care districts to assist in conducting the next SHD service review.
- R2. Perform separate service reviews for SHD and PHD.

The Grand Jury recommends that *SHD* do the following:

- R3. Develop a mechanism to track and publicize on its website (i) how many of its residents the Ravenswood Clinic serves and (ii) the percentage of those the Ravenswood Clinic serves that reside within SHD's boundaries.
- R4. Develop a mechanism to track and publicize on its website how many and what percentage of the SFSU Nursing Program graduates become and remain employed at (i) Sequoia Hospital and (ii) elsewhere within the County.
- R5. Seek opportunities to make public presentations in order to ensure that residents are well informed, heard, and represented by programs.
- R6. Continually update its website with current information.
- R7. Request that the County Treasurer/Tax Collector correct the information referring to SHD as a hospital district on its website and property tax insert.

REQUEST FOR RESPONSES

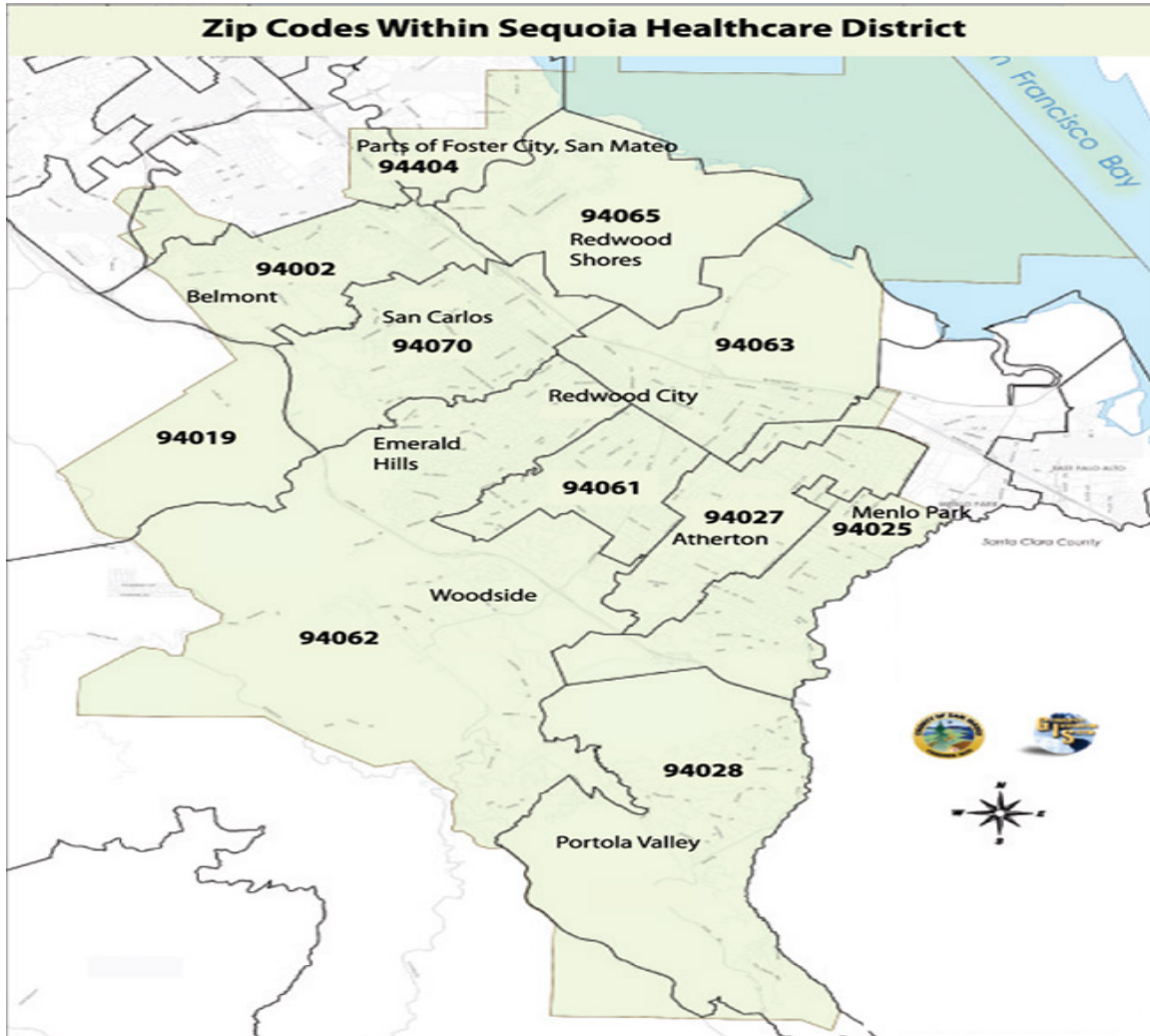
Pursuant to Penal code section 933.05, the Grand Jury requests the following to respond to the foregoing Findings and Recommendations referring in each instance to the number thereof:

- LAFCo
- Sequoia Healthcare District

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda, and open meeting requirements of the Brown Act.

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.
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APPENDIX A



APPENDIX B









Sequoia Healthcare District
Operating Budget
Fiscal Year Ending June 30, 2013

	Assumption Number	Approved Budget 2011- 2012	Approved Budget 2012- 2013
INCOME			
Rental Income	1	\$ 39,490	\$ 41,076
Tax Revenue		7,950,000	8,600,000
Investment Income	2	600,000	400,000
Interest Income		7,600	7,600
Pension Income	3	2,500,000	2,600,000
Return on Investment - Sequoia Hosp.	4	2,600,000	2,100,000
Total Revenues		\$ 13,697,090	\$ 13,748,676
EXPENSES			
Administrative Expenses			
Admin. Expense	5	210,000	230,000
Board Health Insurance		72,000	60,000
Employee Health Insurance	6	29,000	26,000
Employee Retirement Benefit	7	15,000	17,000
Investment Fees		60,000	55,000
Office Supplies/Equip Maint		7,500	7,500
Purchased Services	8	2,500	1,000
Accounting fees	9	17,500	27,000
Board Expense		10,000	10,000
Association/Membership Fees		16,000	15,000
Communications	10	20,000	25,000
Public Relations	11	50,000	50,000
Web Site/IT		15,000	22,000
Insurance/D&O	12	23,000	21,000
Election Fees	13	-	160,000
LAFCO fees		8,000	7,000
Legal Fees		30,000	25,000
Bank Fees		100	100
Total Administrative Expenses		\$ 585,600	\$ 758,600
Pension Expense			
Pension Plan Expense	14	2,500,000	2,600,000
PROPERTY EXPENSES			
Maintenance		25,000	25,000
Utilities		20,000	20,000
Insurance/Property		2,000	2,000
Depreciation		100,000	100,000
Total Property Expenses		\$ 147,000	\$ 147,000
Grant Expenses			
Grant Admin Expenses	15	50,000	70,000
Children's Health Initiative		1,350,000	1,350,000
SFSU Nursing Program		1,000,000	1,000,000
Samaritan House Medical Clinic		612,000	612,000
Other Grants		50,000	20,000
San Mateo Medical Center		2,000,000	2,000,000
Ravenswood-Belle Haven Clinic	16	250,000	500,000
Community Grants Program	17	1,250,000	1,340,000
Sequoia Hospital Foundation Match	18	1,250,000	630,166
Chronic Disease Management		-	20,000
SMART Program Grant		-	60,000
Total Grant Expenses		\$ 7,812,000	\$ 7,522,166
Program Expenses			
HeartSafe Program	19	200,000	200,000
School Health Program	20	2,380,000	2,900,000
Total Program Expenses		\$ 2,580,000	\$ 3,100,000
Total Expenses		\$ 13,624,600	\$ 14,127,766
Net Surplus/Loss**		\$ 72,490	\$ (379,090)

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

APPENDIX C

LIST OF 2012-13 GRANTS

-  **Adapt Foundation** (\$10,000), Friends & Family, Friends & Family for Youth, twice-weekly rehabilitation workshops for substance abusers — www.adaptfoundation.org
-  **Advocates for Accessible Recreation (AFAR)** (\$40,000), Redwood City Parks & Recreation and Community Services' Special Needs Afternoon Program (SNAP), which offers health education, healthy activities and fitness programs for developmentally disabled youth — www.afarinc.org
-  **Boys and Girls Clubs of the Peninsula** (\$75,000), *Triple Play: A Comprehensive Health & Wellness Program* empowering youth and families to strengthen their physical, mental, and social well-being through athletics, physical education, family engagement, substance abuse prevention, health education and healthy meals — www.bgcp.org
-  **Court Appointed Special Advocates (CASA) for Children** (\$40,000), training African American and Latino/Hispanic mentors and staff and serving African American and Latino/Hispanic children who are in foster care — www.casaofsanmateo.org
-  **Catholic Charities CYO** (\$47,000), San Carlos Adult Day Services supporting dignity and independence of frail elders, the majority of whom are over the age of 85 and suffering from dementia — www.cccyo.org
-  **City of San Carlos Recreation Department** (\$13,000), supporting the senior lunch program and providing food subsidies for low-income seniors at the Adult Community Center — www.cityofsancarlos.org
-  **Community Overcoming Relationship Abuse** (\$80,000), enabling CORA's Family-Centered Mental Health (FCMH) program to provide counseling to clients, decreasing post-traumatic stress disorder symptoms, preventing re-victimization, diminishing abuse in children affected by domestic violence, and preventing the intergenerational transfer of violent behaviors. CORA (Community Overcoming Relationship Abuse) is the only comprehensive services agency in San Mateo County solely dedicated to ending the intergenerational cycle of domestic violence — www.corasupport.org
-  **Edgewood Center for Children and Families** (\$60,000), *HealthyKin* empowers relative caregivers and parents by providing non-judgmental and respectful health care services in a safe, confidential and caring environment; services include Chronic Disease Self-Management

Programs (CDSMP), fitness and nutrition workshops, in-home nursing case management, exercise classes, and family disaster planning — www.edgewood.org



El Centro de Libertad (\$50,000), ethnically appropriate peer counseling, school-based prevention, environmental prevention and substance abuse outpatient treatment for youth — www.elcentrodelibertad.org



El Centro de Libertad (\$50,000), counseling, prevention, environmental prevention and substance abuse outpatient treatment for adults — www.elcentrodelibertad.org



Family and Children's Services (\$30,000), behavioral health counseling and support for uninsured, underinsured or poor children, youth and adults— www.fcservices.org



Friends of Veterans Memorial Center (\$50,000), — *Adaptive Physical Education Program*, exercise, and physical activity for medically referred seniors – www.redwoodcity.org/parks/cc/veterans.html



Mission Hospice and Home Care (\$25,000), supporting an expanded program of in-home services and palliative care for the homebound and outreach to faith-based communities — www.missionhospice.org



Ombudsman Services of San Mateo County (\$50,000), to help investigate elder abuse cases, including quality of care, financial and elder abuse at certified long-term care facilities — www.ossmc.org



PARCA (\$10,000), wellness, nutrition, and activity program for people with developmental disabilities – www.parca.org



Peninsula Family Services (\$50,000), supporting tai chi, yoga, healthy breakfasts and wellness programs for older adults at the Fair Oaks Adult Activity Center — www.peninsulafamilyservice.org



Peninsula Volunteers (\$90,000) supports Meals on Wheels, delivering 150,000 hot, nutritious meals to homebound elderly and disabled adults annually; with each delivery, a driver checks on the well-being of each client daily — www.peninsulavolunteers.org



Planned Parenthood Mar Monte (\$30,000), supporting the Mar Monte Mobile Van Health Program — www.plannedparenthood.org

- St. Anthony's of Padua Dining Room** (\$90,000), providing 20,000 hot lunches for the homeless and low income families annually at St. Anthony's Redwood City dining room — www.paduadiningroom.com
- St. Francis Center** (\$50,000), fitness and nutrition program for youth — www.stfranciscrwc.org
- San Mateo County Mental Health Association** (\$50,000), supporting a public nurse serving formerly homeless adults with severe mental illness — www.mhasmc.org
- Second Harvest Food Bank** (\$90,000), alleviates hunger and improves nutrition of low-income families through its Produce Mobile and Family Harvest programs — www.shfb.org
- Sequoia YMCA** (\$40,000), addressing the childhood youth obesity epidemic through the MEND 7-13 Program, an intensive after-school program — www.sequoiaymca.org
- Service League of San Mateo County** (\$25,000), to provide services that promote health, prevent disease and support lifetime changes among high-risk women served by the Hope House residential and transitional programs — www.serviceleague.org
- Shelter Network** (\$75,000), *Family Wellness Project*, to help vocational education food service youth improve the diet of low-income and homeless children susceptible to obesity and Type 2 diabetes — www.shelternetwork.org
- Sheriff's Activities League** (\$25,000), *Eat Right, Get Active, Reduce Screen Time* soccer and fitness program for central county youth — www.sheriffsactivitiesleague.com
- Society of St. Vincent de Paul** (\$20,000), direct assistance for working poor families and individuals — www.svdpsanmateoco.org
- StarVista** (\$50,000), *Daybreak* transitional living program providing job training, return-to-school and independent living training for homeless youth and runaways — www.star-vista.org
- StarVista** (\$25,000), *Insights* outpatient adolescent substance abuse treatment program targeting youth in sixth through eleventh grade — www.star-vista.org



CARING COMMUNITY GRANTS PROGRAM 2012

Grantee Final Report Instructions

The Community Grants Program of Sequoia Healthcare District (SHD) has identified the following as priority outcome areas: **Health Literacy, Healthy Food, Preventive Health Care, Behavioral Health** (*for instance, family violence, mental health, substance use*), and **Chronic Disease Management**. Please complete this report template to inform SHD of the progress made toward meeting the above outcome (s) during the grant period. When completing this report, please refer to the information you provided in the initial applications as many questions are similar. Note that this report includes four parts, and an attachment:

- 1) Narrative description of program progress made
- 2) Client Success Story
- 3) Results Accountability Matrix with key metrics about the program
- 4) Financial Accountability Matrix.
- 5) Attachment 1: Copy of any recent publicity about this program

Grant Information

1. **Project Title:** _____
2. **Name of the Organization** _____
3. **Contact Person for this grant report** _____
4. **Contact Person's phone number** _____ **Email** _____

This report is due: July 31st, 2013

Please submit your report to:

Lee Michelson, CEO, lmichelson@sequoiahealthcaredistrict.com
525 Veterans Boulevard, Redwood City, CA 94063
Office: 650 421-2155 x 202
Fax: 650 421-2159

Part 1 — Grant Narrative

Program Alignment with SHD Desired Outcomes

5. Which SHD Priority Outcome area (s) is your program most directly impacting?

- Health Literacy_____
- Healthy Food_____
- Preventive Health: _____
- Behavioral Health:_____
- Chronic Disease Management: _____
- Other:

Refer to Attachment 2 for overview of SHD Desired Outcomes.

Program Design

6. Please provide a brief overview of the program- no more than two paragraphs

Program Reach

7. Who were the primary target populations for this program, in terms of age or city of residence, or primary need?

8. How many District residents did this program serve?

9. How do you define units of service?

10. How many total units of service has this program delivered during the grant year?

Program Efforts (Strategies and services)

11. Please list the major strategies of your grant and describe your progress implementing each one, including any *successes* and *challenges*:

Strategy 1:

Strategy 2:

Strategy 3:

12. Overall, across your program, did you encounter any other challenges implementing your strategies?

Program Outcomes

13. Based on SHD's Desired Results (attached for your reference) and the outcomes described in your original proposal, what measurable outcomes did you achieve with this program? Please list the outcomes, and explain how you did or did not meet each of those, and explain any additional outcomes you may have achieved.

Outcome 1:

Outcome 2:

Outcome 3:

Program Evaluation

14. What tools did you use to measure the program's efforts and outcomes? (e.g. surveys, case management forms, discussion group questions)

15. Please describe how you entered and analyzed your data:

16. Did you encounter any challenges to measuring your program's effectiveness?

Program Finances

17. What was the amount received from SHD?

How much of the budget was expended?

If there is a variance between the amount requested and amount expended, please explain the reasons:

DON'T FORGET TO COMPLETE PART 4 - FINANCIAL ACCOUNTABILITY MATRIX

18. What percent of overall program budget did you plan to have funded by SHD?

What percent has actually been funded by SHD?

Please explain any variances (e.g other funders contributions' were less or more than expected)

19. If full funding was not received from the other funding sources, how was your program modified?

Conclusion

20. Overall, how would you summarize the successes of this project?

21. Describe any unexpected benefits, outcomes or successes you gained during this project:

22. In your words, what makes this program special and unique, and worth sustaining?

23. Describe any lessons you learned during this project:

24. Would you make any changes if you were to do this project again? What would they be?

25. What are your plans for continuing this project in the future

26. Is there anything else you would like us to know about your project?

Part 2 — Client Success Story

Use this outline to tell us the story of client who exemplifies the impacts you are trying to make with this funding. Additionally, you may seek to get a direct quote from this client, and/ or take a picture of them for submission into this report.

Optional: Insert Photo here.

("Insert file" or "insert picture" depending on your version of Word)

<p>Client's Name</p> <p>Real name if client consented, fictive if no consent obtained</p>	<p>How much did you do?</p>
<p>Client's Background</p> <p>Describe background and why the client sought services at your program</p>	
<p>Services in which client participated</p> <p>How much was received? How well? Describe services received, duration and quality of services</p>	
<p>Outcomes or benefits</p> <p>How is this client better off because of SHD-supported services? Describe the outcome of benefits observed or measured</p>	
<p>Next steps for client</p> <p>In your observation, what are that next steps for this client? Is this client progressing toward optimal wellbeing or self sufficiency?</p>	
<p>Client's quote</p>	

Include a statement from client about how which services they appreciated most, and why

Part 3: Results Accountability Matrix

Please use this table to describe the highlights of the strategies implemented, and the outcomes you achieved. The strategies and outcomes listed here should match those described earlier in this report, your original proposal, and should be within the framework of SHD's Desired Outcomes (attached for your reference). If there are result areas you are not impacting, simply leave those rows blank. Please see examples below.

Result Area	Strategy	How much did you do?	How well did you do it?	Is anybody better off?
Health Literacy	<i>EXAMPLE 1</i> Provider Education	<ul style="list-style-type: none"> 3 two hour sessions 40 providers 	<ul style="list-style-type: none"> 70% of participants reported being satisfied on their post workshop survey 	<ul style="list-style-type: none"> On 7 of the 8 dimensions measured, providers increased their knowledge from pre to posttest.
Healthy Food	<i>EXAMPLE 2</i> Senior Food Services	<ul style="list-style-type: none"> 300 seniors were served lunch-time meals at our facility during a 5 day a week, 12 month period. 72,000 individual meals were served 	<ul style="list-style-type: none"> 95% of seniors reported they liked the food provided 	<ul style="list-style-type: none"> 95% of seniors reported feeling more healthy and energetic because of the daily meals they received During annual blood testing, only 4 cases of anemia were indicated

Result Area	Strategy	How much did you do?	How well did you do it?	Is anybody better off?
Health Literacy	▪	▪	▪	▪
	▪	▪	▪	▪
	▪	▪	▪	▪
Healthy Food	▪	▪	▪	▪
	▪	▪	▪	▪
	▪	▪	▪	▪
Preventive Health	▪	▪	▪	▪
	▪	▪	▪	▪
	▪	▪	▪	▪
Behavioral Health	▪	▪	▪	▪
	▪	▪	▪	▪
	▪	▪	▪	▪
Chronic Disease Management	▪	▪	▪	▪
	▪	▪	▪	▪
	▪	▪	▪	▪

Part 4: Financial Accountability Matrix

1. Name of the organization:	
2. Project Name:	
3. Total Project Budget from SHD:	

Expenses for this Program			
A. Personnel Costs			
Staff Name	% FTE	Amount received from SHD	Actual Amount Expended
Total personnel cost		\$	\$
B. Total Non-Personnel program Expenses <i>(i.e. supplies, equipment, printing, rent, etc).</i>			
		\$	\$
		\$	\$
		\$	\$
C. Administration Cost (not more than 15%)			
		\$	\$
D. Total Expenses			
List the total of category A+B+C		\$	\$

List all Revenue Sources for this Program, including SHD	
Description	Amount
Total Revenue from All Sources for this Program/Project	\$