

June 2015
Community Services Committee Report
2105/16 Ad-Hoc Budget Rationale

With this report, the Ad-Hoc Community Services Committee recommends that the Palm Drive Health Care District broaden the scope of services it offers to residents of West Sonoma county.

To comply with the Affordable Care Act as well as to support the health care needs of the District population, the Committee is recommending that the District regularly assess the health needs of West County and respond to those needs in collaboration and in partnerships with existing agencies and providers in the community. The focus of the ACA is on prevention, population health and chronic disease management. The focus of the District, moving forward, should be to initiate services that are consistent with these areas and based upon the countywide research of Health Action of Sonoma County. In this way, the district will be able to offer a continuum of health and health related services to the communities of West County.

History

It is critical for our District to understand and learn from our history if we are to be a vibrant, successful health care district. Many strategies have been employed over the years, however, with extensive CEO turnover, the District has found it impossible to find its successful financial niche.

With the hospital about to re-open with a different and evolving hospital structure, the District is poised to finally, yet slowly, step into the community-based services arena and bring vital services to our citizens. Since closure in April 2014, the District has had an ad-hoc committee analyzing District health care needs. This Ad-Hoc Committee has found a district full of many health care holes, which the District remains in a unique position to partner with other agencies to fill.

In March of 2014, when the District voted to close the hospital, then President Dawson created the community services committee consisting of Nancy Dobbs and Marsha Sue Lustig. He asked the Committee to develop short and long-term actions and goals aimed at restoring health care services to our District.

Board members Nancy Dobbs and Marsha Sue Lustig held four listening sessions around the District beginning in June, 2014. We heard remarkably rich discussions about the tremendous need for services: senior services, emergency services, urgent care services, reopening of our hospital, prevention and mental health services as the top health care priorities. The data from these sessions remains available on the District's website.

The next phase was research of available data and programs as part of a partnership with County Department of Public Health. The County helped us financially secure the services of Elli Hall, a health care analyst. In October and November, 2014, Ms. Hall presented her findings to the Ad-Hoc Committee and the public. There was a lot of excitement from the local public health and public safety professionals in attendance encouraging us to continue this process of analyzing the ways in which the District can help existing non-profit service agencies fulfill their missions and reach more people where they live. We began to see the

District's role as a partnership with the hospital – ensuring that our patients had the best means available to stay out of the hospital.

Ms. Hall produced a power point (also on our website) that identified categories where she believed we could most effectively and feasibly improve the health of our residents. And, as we met with local public health professionals, the following list emerged:

1. Emergency services
2. Senior Health Programs
3. Healthy Schools
4. Prevention and Wellness
5. Mental Health Services.

In January 2015, with our new hospital on the horizon, the Ad-Hoc Community Services Committee was reconstituted to consist of Boardmembers Marsha Sue Lustig and Sandra DebellaBodley. The immediate goal (the short-term part of our mission) of the Ad hoc committee was to identify current unmet health needs that could be addressed quickly and could demonstrate measurable outcomes in a relatively brief time (one year).

Why Community-Based Services?

Since 2000 in California there has been a transition in special districts serving the health needs of their communities. This transition is exemplified by the change in the name of the districts from Hospital districts to Health care districts. Even districts that still run hospitals have a greater awareness of the health care needs outside the hospital walls. Just this spring at the statewide ACHD (Assoc. of Calif. Health care Districts) meeting on *The Future of Health Care Districts* the emphasis for the conference was on community based services. Community based services are part of the health care reform in The ACA which focuses on prevention and population health. So as we open a new hospital, a part of the district's mandate is to provide services to the residents of West county outside of the hospital setting. We can do this in partnership with the hospital's new services and with other agencies in our community. Services offered in the community are very cost effective - many times preventing the need for hospitalization.

Ad-Hoc Committee Consultants and Selection Criteria

The Committee began meeting with public health professionals who had offered to help the district study the data and available resources and develop both long and short term goals for providing improving health services in West County. Four meetings were held during March, April and May of 2015.

Membership thus far has thus far included the following volunteers:

Brian Cleaver, Regional EMS Director, Coastal Valley EMS
Karen Holbrook, Deputy Health Officer at Sonoma County Department of Health
Keller McDonald, West County High Schools Superintendent
Nancy Dobbs, ED, KRCB
Mary Szecsey, ED, West County Health Centers
Barbara Graves, retired, Sonoma County Public Health
Jacob Rich, Coordinator, Russian River Resources and Advocates (RRARA)

Brian Vaughn, SC Public Health, Health Policy, Planning and Evaluation
Paula Shatkin, Medical Social Worker, Geriatric specialization
Susan Keller, ED, The Journey Project (Palliative care)
Richard Loos, Health Care Consultant
Ray Hino, CEO, Sonoma West Medical Center
Terry Kelly, ED, Sebastopol Senior Center

The make-up this group is a work-in-progress. As we approach the development of a five year strategic plan, the Ad-Hoc Committee will include several more agencies and expertise, especially in the area of mental health.

The selection criteria used to identify the 2015/16 recommended projects was:

1. Direct health Services
2. Gaps and Disparities in Health Services
3. Immediate Impact
4. Demonstrate Value of PDHCD Community Services

Short-term Recommendations

The committee did some basic data gathering including a presentation by Brian Vaughn from Sonoma County Public Health Planning on the Portrait of Sonoma county specific to west county and Bryan Cleaver from Coast Valley EMRon AMR's potential array of services that can reach into a community. The data collected continues to point to an immediate need for direct health care services along the Russian River Corridor.

Therefore, and at the District's request, Mary Szecscey, ED, West County Health Centers, presented a number of projects in which the district could partner with WCHC to begin to expand services available along the Russian River Corridor.

The proposal consists of the following programs. Details and costs of these programs can be found within the attached proposal.

1. Russian River Area Resources and Advocates (RRARA) Operations Support - \$34,500
2. Partnership with In Home Support Services (IHSS) and Santa Rosa Junior College – \$46,675
3. Wound Care Services \$17,250
4. After Hours Medical and Dental Care \$63,825

In addition, there are two more Ad-Hoc Committee recommendations:

5. Fund two AEDs. One at each of our senior centers – training to be provided at minimal cost by Coastal Valley EMS. The cost for this program is estimated to be \$3000.
6. One time funding to be provided to the Bodega Bay Fire District to help sustain their health care services. Funds are to be provided for:
 - Paramedic Training for 3-4 paramedics.

- Reduction in ambulance loan
\$40,000 (Total for both)

The total is approximately \$205,000. Many of the programs are designed to test the waters for future partnerships and program development. For instance, the IHSS program could one day also be linked to an in-home paramedic or nurse practitioner home visit program for recently discharged SWMC patients or others in need.

General terms of all agreements shall include enough details for the District to be able to determine measurable outcomes:

- Quarterly reports to District Board detailing how funds were utilized each quarter.
- Final Report –i.e. Number of patients served, number of people trained, training certificates, supplies purchased, etc.

Conclusion

During our research, we discovered the many ways that the District has attempted over the years to forge partnerships with other agencies within the District to bring critical health care services to the people who need them most. However, there has never been the opportunity to fund these services (especially with any consistency) because all monies were required to be expended to keep our hospital alive.

With the imminent re-opening of our hospital and its new approach, we have the chance to take a small first step, reaching out and partnering with our sister agencies to bring health care into communities where it is needed most. We have a chance to become a full service Health Care District within the meaning of the law, providing services both within and outside of the hospital setting.

The Ad-Hoc Community Services Committee presents these projects to the District board for their inclusion in the 2015/16 budget. Once the District completes its strategic planning update this summer, the goals of the District Board will be used to inform and guide the Committee's work. In compliance with our original mission to develop short and long terms goals, over the next ten months the committee plans continue to meet with our community consultant volunteers with the goal of establishing a five year strategic plan for community services – both inside and outside of the hospital setting.