



**NOTICE AND AGENDA
PALM DRIVE HEALTH CARE DISTRICT**

**FINANCE COMMITTEE
Regular Meeting**

**OPEN SESSION 3:00 p.m.
August 15, 2018**

Sonoma West Medical Center
Conference Room
501 Petaluma Avenue
Sebastopol, CA 95472
(707) 823-3586

Our Vision: Through engagement with our diverse West County population the district will promote improved health and wellbeing.
Our Mission: Palm Drive Health Care District exists to deliver access to quality and compassionate health services responsive to the needs of our District.
Our Values: Integrity- Leadership – Caring - Perseverance

PLEASE TURN YOUR CELL PHONES OFF

CALL TO ORDER

ROLL CALL

APPROVAL OF AGENDA

PUBLIC COMMENTS

Comments from the audience will be accepted for items listed on the agenda. Questions may be referred to staff for response at a later time. Please limit your comments to 3 minutes.

CONSENT CALENDAR

1. Approval of the Minutes of the July 18, 2018 (Action)(G. Thomas)

DISCUSSION AND ACTION ITEMS

Topic	Action	Speaker
Review of PDHCD July Financials <ul style="list-style-type: none"> Cash Flow 	Discussion/Action	Gail Thomas/Geni Houston
Destruction of Boxes at Fort Docs	Discussion/Action	Alanna Brogan
West County Community Services <ul style="list-style-type: none"> Medical Respite Study Park Village Fund Request 	Discussion/Action	Alanna Brogan

Opening a Debit Card Bank Account	Discussion/Action	Alanna Brogan
Proposals on Building Maintenance	Discussion/Action	Alanna Brogan/Steve Day
Contract Processing policy & Procedures	Discussion/Action	Alanna Brogan/Bill Arnone

Next Finance Committee Meeting is on September 19, 2018 at 3:00 PM

ADJOURNMENT

Palm Drive Health Care District

Members of the public have the right to speak on any item on the published agenda. If you wish to speak at a regular meeting about a matter not on the published agenda, please make your comments during the portion of the meeting designated for Public Comments. Please limit your remarks to three minutes. Please note that, with some exceptions, the District Board does not engage in discussion or take action on non-agenized matters. However, the board may respond briefly to public comments, refer matters to staff; ask questions for clarification, or schedule matters for future agenda. Materials related to open session items on this agenda that are submitted to the Board or committee after distribution of the agenda packet are available for public inspection during normal business hours at 612 Petaluma Avenue, Sebastopol, CA.

Consent Items:

The Board agenda may include items on a consent calendar. Consent calendar items are routine matters or matters which have been reviewed by the board previously. These items may be approved by one motion without discussion unless a board member requests that the item be taken off the consent calendar. Items removed from the consent calendar will be taken up upon completion of action on the remainder of the items on the consent calendar.

American Disability Act (ADA) The Sonoma West Medical Center complies with ADA (American Disabilities Act) requirements and upon request, will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2).

PALM DRIVE HEALTH CARE DISTRICT FINANCE COMMITTEE

Minutes

Purpose: Palm Drive Health Care District Finance Committee Meeting

Date/Time: July 18, 2018, 3:06 p.m.

**Location: Sonoma West Medical Center
Conference Room
501 Petaluma Avenue
Sebastopol, CA 95472**

Call to Order by Director Thomas, Treasurer

ROLL CALL

**Gail Thomas, PDHCD Board Treasurer Present
Jim Horn, PDHCD Board Member Present
Rob Cary, Member Present
John Moise, Member Present
Randy Coffman, Member Absent**

Administrative Staff/Others Present

**Alanna Brogan Executive Director
Geni Houston, Elephant Ear Systems
Barbara Vogelsang, COO, CNO SWMC
John Peleuses, CEO SWMC
Bill Arnone, Legal Council
Larry Anderson, CEO, Cura Healthcare
Alanna Brogan, PDHCD Executive Director**

APPROVAL OF THE AGENDA

Ms. Brogan made a request was made to move the RFP Item to the beginning of the agenda.
Motion to approve the agenda with requested change made by Director Horn seconded by John Moise, which motion passed with Director Thomas and Rob Cary voting Yea.

PUBLIC COMMENTS

Public comments were requested and received.

CONSENT CALENDAR

Director Horn requested correction to two spelling errors.
Motion to approve the June 20, 2018 minutes with correction, made by Director Horn, seconded by John Moise, which motion passed with Director Thomas and Rob Cary voting Yea.

DISCUSSION/ACTION ITEMS

Review of RFP Proposals

Ms. Brogan reviewed the parties that were interested in managing and or acquiring the hospital

1. Sonoma County for 16 bed psych unit
2. American Advanced Management Group with a proposal to manage or lease.
3. CURA Healthcare to manage and possibly acquire after one year.
4. Coldwell Banker, Margie Cuitti Senior Real Estate Specialist, with several investors interested.

Mr. Larry Anderson, CEO of CURA Healthcare was introduced. Mr. Anderson gave a brief overview of CURA Healthcare and reviewed the proposal that has been submitted.

Review of the PDHCD May Financials

Ms. Houston reviewed the June Financials that were included in the agenda packet.

Director Thomas reviewed the 2018-19 Budget which changes that will be made.

JB Communications Report

- **June Report:**
Ms. Brogan reviewed the information provided in the agenda packet
- **Website Analytics for SWMC:**
Ms. Brogan reviewed the information provided in the agenda packet

2018/2019 Tx Amounts:

Attached Direct Charges, Detached Direct Charges and GO Bonds:

Ms. Brogan reviewed the process that was used to determine the amount that the detached parcels would be charged last year.

Discussion ensued as to how much detached and attached parcel money should be set aside for the bankruptcy. Ms. Brogan will review the correctness of the bond payment and the number of parcels and bring to the Board meeting for discussion and approval.

PDHCD Contract Processing Policy and Procedures

Ms. Brogan reviewed the policy included in the agenda packet.

After discussion it was decided that Ms. Brogan and Mr. Arnone will revise and bring to the Board for discussion and approval. This will allow for the Board to rescind the old policy and move forward with the new policy.

PDHCD Cash Expenditure Policy:

After discussion it was decided that Ms. Brogan and Mr. Arnone will revise and bring to the Board for discussion and approval.

PDHCD Grant Policy

Ms. Brogan explained that as of January 1, 2019 a Grant Policy will be required for all California Districts. She reviewed the draft policy that was included in the agenda packet.

Motion to approve with suggested edits made by Director Horn, seconded by John Moise, which motion passed with Yea votes by Director Thomas and Rob Cary.

Review of Contract with Laguna Foundation

Ms. Brogan introduced the subject, stating that it was time for the agreement to be renewed and reviewed the agreement with suggested changes that was sent as an addendum to the agenda packet.

Mr. Arnone stated that the original agreement with the addendums will be presented at the Board meeting for discussion/approval.

Alliant Deadly Weapon Insurance Proposal

Ms. Brogan reviewed the policy that was included in the agenda packet. After discussion it was decided that no action was needed for this item.

ADJOURNMENT

There being no further business to conduct, the meeting was adjourned at 5:20 p.m.

Respectfully submitted by:
Janet Harris
Clerk of the Board
Palm Drive Health Care District

Palm Drive Healthcare District
Balance Sheet
As of July 31, 2018

 **DRAFT**

	Jul 31, 18	Jun 30, 18	\$ Change
ASSETS			
Current Assets			
Checking/Savings			
Cash			
1000-00 · EB Operating 4276	856,100.45	829,614.08	26,486.37
1002-02 · EB Bkpcy Con 6292	461,139.98	401,139.98	60,000.00
1001-00 · EB SWMC Clear 9508	189.36	7,890.81	-7,701.45
Total Cash	1,317,429.79	1,238,644.87	78,784.92
Restricted Cash			
1009-13 · WF 8800 2010 Parcel Tax	5,444.13	5,436.64	7.49
1009-12 · WF 8805 2010 Secured	10,444.55	10,430.18	14.37
1009-23 · WF 8300 2005 Bond	1,646,618.37	1,852,418.86	-5,800.49
1009-50 · WF 8801 2010 Reserve	983,096.11	981,743.72	1,352.39
1008 · SoCo Sequestered Funds	300,000.00	300,000.00	0.00
1900 · GO Bond Reserve SCAO (Non Cash)	697,592.97	697,592.97	0.00
Total Restricted Cash	3,643,196.13	3,647,622.37	-4,426.24
Total Checking/Savings	4,960,625.92	4,886,267.24	74,358.68
Other Current Assets			
1062 · Property Tax Receivable	25,948.00	0.00	25,948.00
1069-01 · Parcel Tax Receivable.	268,779.93	178,243.13	90,536.80
1107 · Prepaid Deposits	41,658.34	45,359.61	-3,701.27
Total Other Current Assets	336,386.27	223,602.74	112,783.53
Total Current Assets	5,297,012.19	5,109,869.98	187,142.21
Fixed Assets			
Property Plant & Equipment			
1241 · Major Moveable Equipment	8,446,172.84	8,446,172.84	0.00
1221 · Hospital Buildings	3,830,747.69	3,830,747.69	0.00
1230 · Leasehold Improvements	1,338,700.57	1,338,700.57	0.00
1201 · Land	5,876,900.00	5,876,900.00	0.00
1210 · Land Improvements	34,492.65	34,492.65	0.00
1285-00 · Accum Dep Farnam Leased Assets	-3,045,363.20	-3,001,988.20	-43,375.00
1275-00 · Accum Dep Fixed Equip	-9,229,125.96	-9,163,039.96	-66,086.00
1271-00 · Accum Dep Hosp Bldg	-2,652,104.32	-2,634,006.32	-18,098.00
1260-00 · Accum Dep Land Impr	-34,493.18	-34,493.18	0.00
Total Property Plant & Equipment	4,565,927.09	4,693,486.09	-127,559.00
Total Fixed Assets	4,565,927.09	4,693,486.09	-127,559.00
TOTAL ASSETS	9,862,939.28	9,803,356.07	59,583.21
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2020 · Post Petition AP	20,822.83	42,908.12	-22,085.29
2020-99 · Pre-Petition Liabilities			
2021-00 · Pre Petition Trade Payables	6,994,325.13	6,994,325.13	0.00
2030-00 · Wages & Benefits	1,299,276.33	1,299,276.33	0.00
Total 2020-99 · Pre-Petition Liabilities	8,293,601.46	8,293,601.46	0.00
Total Accounts Payable	8,314,424.29	8,336,509.58	-22,085.29
Other Current Liabilities			
2031 · Accrued Payroll	0.00	5,597.80	-5,597.80
2040 · SWMC AR Held	189.36	7,890.81	-7,701.45
2014-10 · Accrued Bond Interest Pay	684,565.07	582,359.82	102,205.25
2063-10 · Cost Report Liability Medicare	196,082.70	201,411.55	-5,328.85
2064 · Unearned Revenue - GO Bond	697,592.97	697,592.97	0.00
Total Other Current Liabilities	1,578,430.10	1,494,852.95	83,577.15

Palm Drive Healthcare District
Balance Sheet
 As of July 31, 2018



	Jul 31, 18	Jun 30, 18	\$ Change
Total Current Liabilities	9,892,854.39	9,831,362.53	61,491.86
Long Term Liabilities			
2270-00 - Bonds Payable			
2255-00 - 2000 Go Bonds Payable (BYM)	3,950,000.00	3,950,000.00	0.00
2274-01 - 2005 Revenue Bonds Payable	5,955,000.00	5,955,000.00	0.00
2274-02 - 2010 Bonds Payable	9,260,000.00	9,260,000.00	0.00
Total 2270-00 - Bonds Payable	19,165,000.00	19,165,000.00	0.00
Total Long Term Liabilities	19,165,000.00	19,165,000.00	0.00
Total Liabilities	29,057,854.39	28,996,362.53	61,491.86
Equity			
32000 - Retained Earnings	-19,193,006.46	-19,503,279.95	310,273.49
Net Income	-1,908.65	310,273.49	-312,182.14
Total Equity	-19,194,915.11	-19,193,006.46	-1,908.65
TOTAL LIABILITIES & EQUITY	9,862,939.28	9,803,356.07	59,583.21

Palm Drive Healthcare District
Profit & Loss Budget vs. Actual Reporting Month
July 2018



	Jul 18	Budget	\$ Over Budget
Ordinary Income/Expense			
Income			
4000 - Revenue			
Parcel Tax Revenue CY Attached	187,563.00	129,166.67	58,396.33
Parcel Tax Revenue Detached	79,393.00	0.00	79,393.00
Property Tax Revenue CY	25,948.00	0.00	25,948.00
Cell Tower	3,500.00	3,500.00	0.00
Misc Revenue	568.73	1,458.34	-889.61
Insurance Income	33,050.48	33,050.00	0.48
Trustee Acct Interest Income	3,660.52	1,833.34	1,827.18
Total 4000 - Revenue	<u>333,683.73</u>	<u>169,008.35</u>	<u>164,675.38</u>
Total Income	<u>333,683.73</u>	<u>169,008.35</u>	<u>164,675.38</u>
Gross Profit	333,683.73	169,008.35	164,675.38
Expense			
Operating Expenses			
Staff Expenses			
Salaries & Wages	16,176.00	17,916.67	-1,740.67
Payroll Tax Expense	1,757.55	1,370.63	386.92
Employee Benefits	2,136.74	1,500.00	636.74
Worker's Compensation	137.09	137.09	0.00
Total Staff Expenses	<u>20,207.38</u>	<u>20,924.39</u>	<u>-717.01</u>
Professional Services			
Bookkeeping	2,500.00	2,500.00	0.00
Legal Fees General	15,233.00	12,500.00	2,733.00
Legal Bankruptcy	3,916.95	12,000.00	-8,083.05
Trustee Legal Fees	27,255.50	1,166.67	26,088.83
Trustee Bank Fees	5,000.00	833.34	4,166.66
Public Relations/Mkt	2,000.00	5,000.00	-3,000.00
Professional Fees Other	1,963.23	1,667.00	296.23
Total Professional Services	<u>57,868.68</u>	<u>35,667.01</u>	<u>22,201.67</u>
Office Expenses (H)			
Bank Charges	0.00	166.67	-166.67
IT / Computer Expense	468.78	958.33	-489.55
Licenses and Fees	350.00	16.67	333.33
Supplies	12.50	208.33	-195.83
Utilities (Tel/PGE)	345.22	375.00	-29.78
Total Office Expenses (H)	<u>1,176.50</u>	<u>1,725.00</u>	<u>-548.50</u>
Directors Expense (H)			
Cont Education	7,977.03	0.00	7,977.03
Ins Exp D&O/Property	3,674.19	3,196.25	477.94
Total Directors Expense (H)	<u>11,651.22</u>	<u>3,196.25</u>	<u>8,454.97</u>
Total Operating Expenses	<u>90,903.78</u>	<u>61,512.65</u>	<u>29,391.13</u>
Contractual Payments			

Palm Drive Healthcare District
Profit & Loss Budget vs. Actual Reporting Month 
 July 2018

	Jul 18	Budget	\$ Over Budget
Medical Records	3,213.33	6,000.00	-2,786.67
Building Maintenance	10,887.53	20,833.00	-9,945.47
Interest Exp Cost Report or CMS	323.49	500.00	-176.51
Total Contractual Payments	14,424.35	27,333.00	-12,908.65
Community Health Services			
Senior Centers	500.00	0.00	500.00
Community Health Services - Other	0.00	10,167.00	-10,167.00
Total Community Health Services	500.00	10,167.00	-9,667.00
Non - Operating (Revenue) / Exp			
NonOp Inc/Exp Parcel Tax Refund	0.00	2,066.67	-2,066.67
Exp - Bond Interest Exp	102,205.25	98,398.38	3,806.87
Total Non - Operating (Revenue) / Exp	102,205.25	100,465.05	1,740.20
Depreciation Header			
Dep Exp - Cap Lse Eq	43,375.00	43,375.00	0.00
Dep Exp - Major Mov Eq	66,086.00	66,068.00	18.00
Dep Exp - Bld & Improvements	18,098.00	18,098.00	0.00
Total Depreciation Header	127,559.00	127,541.00	18.00
Total Expense	335,592.38	327,018.70	8,573.68
Net Ordinary Income	-1,908.65	-158,010.35	156,101.70
Net Income	-1,908.65	-158,010.35	156,101.70

Destruction of Boxes at Fort Docs:

We currently have 3,546 boxes at Fort Docs and are paying 0.41 cents per box per month for storage.

John Becker, President of Fort Docs has furnished a list of our complete inventory sorted by destruction date. He noted a few potential errors on those date relative to five boxes and is sorting through them to determine contents.

There are 1,370 boxes that have expiration dates through the end of July 2018.

Cost for removal and shredding is \$12.22/box or \$16,741 for all

- Expiration dates of 2015 and prior = 468 boxes, with a cost of \$5,719
- Expiration Date 2014 = 383 boxes, with a cost of \$4,680
- Expiration Date 2016/2017 = 519 boxes with a cost of \$6,342

Of the total eligible for destruction there are 41 boxes that have a recommended retention period of greater than the date listed. The listed retention date is what is legally required. The recommended retention date is per the latest edition of the California Hospital Association Record & Date Retention Schedule.

Recommend:

To bring us up to date, the total destruction less the 41 boxes, or 1,329 boxes for a total of \$16,240.38. On a quarterly basis, Mr. Becker could provide us with another breakdown for review and destruction.

In roughly 2.5 years we would make our money back and eliminate the liability and risk associated with having files in case of lawsuits.



*Discor
Project
on hospital
This would
reduce costs*

Medical Respite Study

Purpose

In November, 2017 the Palm Drive Healthcare District provided West Count Community Services (WCCS) with \$67,000 to further develop its supportive housing project, Park Village, in eastern Sebastopol. The funding supported three specific areas:

1. The purchase of two mobile housing units for previously homeless Sebastopol residents
2. Funding for a community trailer to be used as a site for health, literacy, educational, employment services and other community resources
3. A study of the potential for a medical respite site at Park Village.

What follows is a draft study of the potential for medical respite at Park Village.

What is respite?

The National Healthcare for the Homeless Council (NHCHC) offers the following definition: Medical respite care is defined as acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to stay in a hospital.¹

According to NHCHC, medical respite programs have dramatic impacts: a 58% reduction in hospital days, 36% fewer emergency room visits, a 50% reduction in early re-admissions and inpatient days, improved health outcomes, better access to primary care, and housing stabilization.

Need for respite at Sonoma West Medical Center (SWMC): SWMC encounters patients experiencing homelessness more than once a week. The hospital currently does not have a policy for discharging such patients. Discharge planning is difficult because there are no services available if the patient is not completely healthy. Rehabilitation facilities will not generally take homeless patients. At least once per month, SWMC has delayed discharge due to a person's lack of residence. Patients who are experiencing homelessness are usually discharged onto the street, an overnight shelter, or their car or campsite.

The majority of homeless patients discharged from SWMC are still sick and would benefit from additional recovery time in a warm, dry and sanitary facility. If medical respite care services were available, the majority of homeless patients would need intermittent nursing care and/or

case management. If such a local facility was available, SWMC estimates that on average, most homeless patients would require 4 weeks of medical respite care following discharge.

SWMC has identified the most frequent continued medical needs of discharged homeless patients to include:

- bedrest
- medication management
- dressing changes or other nursing care
- coordination of follow-up care
- transportation to follow-up appointments and
- help accessing insurance, benefits and health education.

In general, the homeless patients that SWMC works with are suffering from physical illness or injury, mental illness and/or chemical dependency. Of those patients who could use medical respite care, more than 50% would need a place where sobriety is not required.

Voluntary Standards for Respite Care

The National Healthcare for the Homeless Council has developed voluntary standards for medical respite programs. ⁱⁱ

Standard 1: Medical respite program provides safe and quality accommodations

Standard 2: Medical respite program provides quality environmental services

Standard 3: Medical respite program manages timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings

Standard 4: Medical respite program administers high quality post-acute clinical care

Standard 5: Medical respite program assists in health care coordination and provides wrap-around support services

Standard 6: Medical respite program facilitates safe and appropriate care transitions from medical respite to the community

Standard 7: Medical respite care is driven by quality improvement.

These recommended standards are further detailed in the NHCHC Standards for Medical Respite Programs. ⁱⁱⁱ The organizational responsibility for these standards must be discussed and decided upon by SWMC, WCCS and potentially WCHC to determine the possibility, scope and/or implementation of a medical respite program.

KEY STAKEHOLDERS IN HOMELESS HOUSING AND HEALTHCARE:

Palm Drive Health Care District: Discharge Planners, Social Workers, Emergency Room

West County Health Centers: Hospital Discharge Nurse & Care Transitions Nurse

City of Sebastopol (as property owner, the City would have to agree to the project)

West County Community Services: Case Manager, Site Manager

SCOPE OF CARE & RANGE OF SERVICES

Medical respite care can support a variety of scope of care and services. The potential scope of services at Park Village would include patients needing the following clinical care and treatment for common health concerns such as:

Type of Clinical Health Care Needed	Staffing Needed to Address Type of Clinical Health Care Needed
Wound Care	RN, MD?
Fracture healing	...
Head Injuries	...
Burn recovery	
Pneumonia recovery	
Cellulitis	
Flu recovery	

SWMC would need to determine a care plan for each patient and what level of care and frequency of care their medical staff would have to provide to maintain an adequate level of support.

Potential Patient Profile and Admission to Respite

Given the nature of Park Village, which houses children and families, there are limitations to who may access the respite program. A hospital referral would be required prior to admission to respite. A clinical assessment of the patient's mental and physical health will be conducted to determine if the patient meets the success profile for respite. A successful profile must, at a minimum, include:

- Age: 18+, Male/Female/Transgender. No couples
- Continent of urine & feces
- Homeless or imminently homeless
- Has potential for improvement/discharge within 6 weeks
- Does not need assistance with activities of daily living (ADL)
- Cannot actively be using drugs and alcohol
- Does not require: ventilator care, IV therapy, or management of alcohol or drug withdrawal
- Able to administer own medication and wound care (unless provided by hospital staff)
- Is psychiatrically stable
- Willing to stay at facility, abide by rules, and participate in own care
- Independent in mobility – able to independently enter, exit and move throughout trailer
- Not a registered sex offender or arsonist
- Can recuperate safely and effectively with once a day visits (6 days a week) by WCCS staff, as well as medical visits necessary as determined by hospital staff
- Has no, or limited, dietary restrictions
- Cannot be infectious or otherwise a danger to other patients onsite.

WCCS Respite Facility

As with all medical respite programs, the number and needs of clients is limited by the type of facility. The potential facility at Park Village, a 25'+ travel trailer, will have:

- Bedrooms (2)
- Toilet (1)
- Cooking facilities (stove, oven, microwave)
- Kitchen sink
- Refrigerator/freezer
- Cable television (2)
- Shower

- Electricity and propane
- Telephone and internet access.

At least three steps will lead up to the unit. The unit will not be ADA compliant. Respite clients placed in travel trailer need to be ambulatory and able to care for themselves, including taking their medications appropriately while under medical supervision from SWMC.

Admissions:

The hospital will contact WCCS 24 hours prior to prospective admission with a completed referral form documenting that the patient meets the project profile noted above. As the healthcare provider, the hospital will develop, perform and supply the necessary care package for each patient including medical visits, pharmacy needs and in-home support as necessary. If the client doesn't qualify for in-home health, the Care Transitions Nurse will take charge of medical care at the respite facility.

Respite intakes will take place Monday-Friday 10-2pm and will be coordinated and confirmed with the Case Manager. The WCCS staff member will meet the client at the trailer to introduce him/her to the facility. The client may not leave the Park Village property unless in the care of hospital or WCCS staff.

Park Village safety is enforced by the on-site property manager. Visiting hours are from 10am-6pm, Monday-Saturday. No overnight guests are allowed.

WCCS staff will check in daily (6 days/week) on clients. A telephone will be kept onsite, pre-programmed to the WCCS Case Manager, Site Manager, SWMC and 911. A phone tree with additional emergency phone numbers will be kept within the facility. *Does SWMC have a number they would like to add?*

Provision of Medical Care

SWMC will be responsible for creating, supplying and implementing the patient treatment plan. The SWMC Care Transitions Nurse will continue working with the client to remove any barriers to keeping him/her healthy. This would include transportation to and from medical appointments, pharmacy visits, etc.

SWMC indicated medication will be dispensed by patient and secured in a locked nightstand.

SWMC will set up transportation to and from medical appointments and remove biohazard materials from the respite trailer following medical visits.

Respite Services at Park Village

WCCS will provide a safe, warm and sanitary site for respite patients to recuperate and receive ongoing treatment. Up to two beds will be provided.

A bed with privacy screening will be provided for each client. WCCS will provide food for clients in the refrigerator/freezer and cupboards for three meals per day per patient. The client can prepare his/her own meal in the microwave, stove or oven.

WCCS will provide non-medical trash service (biohazards must be removed after treatment by hospital staff) three days a week. Clean linens and laundry service will be provided weekly. The trailer will be sanitized three days a week. A deep cleaning will be completed when a client exits respite care. An extra set of clothes will be provided, as necessary.

The Case Manager will register each willing client into Coordinated Entry (CE). As the central pathway for future homeless services throughout the County, CE registration will make the client visible to relevant service providers and potentially begin the journey towards permanent housing. The Case Manager will also begin the process, depending on the status of the individual client, of benefits identification and acquisition.

The Case Manager will also work with the client to establish a primary care provider. As necessary, WCCS will introduce the client to West County Health Centers in Sebastopol and to Partnership Health Plan (PHC) which may serve as the insurance provider.

West County Health Centers (WCHC) (Sebastopol) currently maintains a panel of 529 unduplicated patients experiencing homelessness. These patients visited WCHC Sebastopol 3,552 times in 2017. The most common health problems that they see in patients experiencing homelessness (2017) are: Substance Abuse (46%), Hypertension (27%), Controlled RX (27%), Diabetes (9%), COPD (8%), Hepatitis C (4%), and HIV (4%). WCHC is a logical healthcare home for most patients departing respite at Park Village.

The availability of medical respite beds would improve WCHC's patients health care needs because too often, homeless individuals find themselves hospitalized, treated, and released back to the street without an adequate support network in place. In these cases, it is extremely difficult for these patients to properly follow-up on medical appointments, wound care, medication compliance, bed rest or proper personal hygiene needs. WCHC's acutely ill patients experiencing homelessness need assistance in coordinating follow-up care because it is often not a priority for people when they are released from an ER or hospital stay. The patient's more immediate needs for daily survival quickly become the higher priority. In addition, lack of adequate transportation, lack of reliable telephone service, and limited social supports all contribute to an inability to manage follow-up care on their own.

Discharge Planning:

SWMC will work with WCCS to create a discharge plan: When SWMC-directed in-home health is discontinued, the client should be ready for discharge from respite/recuperative care. The Care Transitions Nurse & visiting doctor will sign off on discharge.

SWMC will connect with WCHC or other PHC to ensure future medical follow-up and care.

As possible and working through CE, the WCCS Case Manager will work to transition the client from respite care to temporary (shelter, transitional) or permanent housing.

Expense for Respite Care: Costs to be paid referring medical care provider.

	1 Client	2 Clients
Total Monthly	\$5,521	\$7,423
Annualized	\$66,253	\$89,079
Daily	\$178	\$239

Billing terms and timing would have to be discussed.

This document was created through discussions with professionals at several agencies, including:

Sonoma West Medical Center

Central City Concern, Portland, OR (respite provider)

COTS, Petaluma (respite provider)

National Healthcare for the Homeless Coalition, North Carolina

Illumination Foundation, Irvine, CA (respite provider)

West County Health Centers

ⁱNational Healthcare for the Homeless Council <https://www.nhchc.org/2014/07/16439/>

ⁱⁱ National Healthcare for the Homeless Council: Standards for Medical Respite Programs, October 2016, https://www.nhchc.org/wp-content/uploads/2011/09/medical_respite_standards_oct2016.pdf

ⁱⁱⁱ National Healthcare for the Homeless Council: Standards for Medical Respite Programs, October 2016, https://www.nhchc.org/wp-content/uploads/2011/09/medical_respite_standards_oct2016.pdf



May 28, 2018

Ms. Alanna Brogan, RN, MSW
Executive Director
Palm Drive Health Care District
612 Petaluma Ave.
Sebastopol, CA 95472

Dear Alanna:

Phase 1 of the Park Village Homeless and Housing Project will be completed by June 20, 2018, having successfully housed eight previously homeless families from the Sebastopol area. Palm Drive Health Care District's (PDHCD) funding of Phase 1 was critical in our ability to house these families, purchase a community trailer for health, human service and employment activities and complete our respite study. We very much appreciate your support.

To further decrease the impact of homelessness on our local community, emergency rooms and first responders, Phase 2 will:

1. house 4-6 additional local homeless individuals, including frequent users of local emergency rooms through the rehabilitation of onsite, dilapidated and empty apartments at Park Village
2. if the respite study is accepted by PDHCD and the City of Sebastopol, it will also provide a respite site for 1-2 homeless individuals who are discharged from local hospitals and require recuperative care.
3. improve ADA accessibility and community engagement, and provide for healthcare classes, ESL lessons, employment guidance, after school activities and computer and internet access to the 85 extremely low and very low income residents.

We hope you will be our partner in Phase 2. Total Phase 2 expenses, as noted in the attached budget, are \$1,000,029. More than \$700k has been committed by other local funders and partners. We request that Palm Drive Healthcare District provide \$269,437 to complete the project.

The success of Phase 1 is evident in the outcomes achieved as well as the partnerships that have been developed in the past year. Of the eight families housed at Park Village in FY18, not one has visited the emergency room or relied on emergency transportation to a healthcare facility. All eight families are now connected to a local healthcare provider or are in the process of doing so. Two are employed, all have seen their incomes rise through work through the WCCS Case Manager. Partners include the City of Sebastopol, Group of Advocates, Partnership Healthcare, Sebastopol Rotary and the Welfare League. All of these groups have either provided funding or volunteer support to the project.

Park Village is a unique cost-effective, public-private partnership, with backbone funding provide over five years by the City of Sebastopol. The project offers the City and community of Sebastopol a cost-effective and sustainable solution to affordably house as many as 25% of their homeless citizens for less than \$9,000 per family/year, well below the County's average cost. New residents are housed at Park Village in quality,

used recreational vehicles/trailers on empty pads. Housing and supportive services lead to great human development outcomes and decreased healthcare costs. WCCS provides case management and supportive services to all residents of the park and use its broad range of human services and community connections to increasingly integrate residents into the broader community.

This is a unique opportunity: vacant housing sites and a dedicated long-term financial partner in the City of Sebastopol, a qualified supportive services agency in WCCS and a strong group of community leaders in the Group of Advocates. We hope you will join us and look forward to your questions and/or comments.

Best regards,



Tim Miller
Executive Director
West County Community Services

Grant Application - Budget

Organization Name: West County Community Services
 Program Title: Phase 2: Park Village Homeless Housing Project
 Budget Contact Name, Phone and Email: Tim Miller 707-823-1640 ext 101 tim.miller@westcountyservices.org

PROJECT BUDGET	Other Revenue Sources	In-Kind WCCS/GoA	Request from Palm Drive Health Care District	TOTAL BUDGET	Budget Justification (Narrative)
PERSONNEL & STAFFING EXPENSES					
Salaries & Wages					
Project Manager	\$ 18,720			\$ 18,720	30% of Director's time
Case Manager	\$ 41,600			\$ 41,600	Social Services to Park Village residents
On-site Manager	\$ 30,500			\$ 30,500	live on site manager for property and tenant issues
Subtotal, Salaries & Wages	\$ 90,820			\$ 90,820	
Benefits & Payroll Taxes @ 16%	\$ 16,348			\$ 16,348	
Subtotal, Personnel/Staffing Expenses	\$ 107,168			\$ 107,168	
NON-PERSONNEL EXPENSES					
Rent					
Office and Other Supplies	\$ 3,000	\$ 1,000		\$ 4,000	paper, ink, pens, banners
Equipment	\$ 108,000		\$ 20,000	\$ 128,000	Community Trailer foundation, ADA support, computers, tables, copier, chairs
Communications (Telephone, Internet, etc.)	\$ 2,400		\$ 1,320	\$ 3,720	for community trailer and respite trailer
Cleaning of respite site			\$ 11,328	\$ 11,328	three times weekly cleaning, sanitizing between clients
Utilities	\$ 3,600		\$ 1,800	\$ 5,400	for respite trailer and community trailer
Respite Trailer			\$ 30,000	\$ 30,000	for client recuperative care. Upon condition of PDHCD and City of Sebastopol approval
Apartment renovation	\$ 300,000		\$ 150,000	\$ 450,000	Expenses to update and renovate apartments for 4-6 people
Site Operating costs (Insurance, Utilities, etc.)	\$ 95,996			\$ 95,996	operational park expenses paid by City of Sebastopol
Food for respite clients		\$ 3,000	\$ 15,000	\$ 18,000	\$25/day per client, 2 clients, 300 days
Other consumables		\$ 1,000	\$ 840	\$ 1,840	toilet paper, towels, soap, other respite expenses
Subtotal, Non-Personnel Expenses	\$ 512,996	\$ 5,000	\$ 230,268	\$ 748,264	
OTHER EXPENSES					
Agency Indirect Costs	\$ 105,428		\$ 39,149	\$ 144,577	
Subtotal, Other Expenses	\$ 105,428		\$ 39,149	\$ 144,577	
TOTAL EXPENSES	\$ 725,592	\$ 5,000	\$ 269,437	\$ 1,000,029	



**PALM DRIVE HEALTH CARE
DISTRICT**

Title: Contract Processing Policy and Procedures	First Approved:
Custodian: Executive Director Alanna Brogan	Effective Date:
Approved By: PDHCD Board of Directors	Review Date:

PURPOSE:

The purpose of this policy is to establish a formal process for the Palm Drive Health Care District (PDHCD) Board of Directors (Board) and the PDHCD Executive Director to follow for the approval, review, renewal, maintenance and termination of contracts, to ensure that contracts are consistent and to reduce loss exposure and disputes with contractors.

POLICY:

1. PDHCD will only pay for services performed by a contractor having a valid contract evidenced in writing in accordance with these procedures. This policy applies to all contracts except for contracts for "public projects." Contracts for all public projects shall be administered through and in accordance with the procedures set forth in state law.
2. This policy is adopted pursuant to Government Code Sections 54201 et seq., which requires that local agencies, including health care districts, adopt policies and procedures governing purchases of supplies and equipment.
3. Written contracts are required to purchase supplies, services and equipment with an estimated fair market value greater than \$2,500.
4. Nothing in this policy shall be construed as limiting the power of the Executive Director/CEO or other responsible staff to enter into a contract that is of an emergency nature when circumstances do not feasibly permit a fair opportunity to multi-source, as required to provide safe patient care or continue operations. If these contracts exceed the spending limit authority defined in these procedures, then it will come to the next regular or special Board meeting for approval.

PROCEDURE:

1. The PDHCD Board and Executive Director will comply with all requirements of the Local Health Care District Law (e.g., Health & Safety Code sections 32132 et seq.), the California Government Code (e.g., sections 4526 and 53060), the California Code of Regulations (Title 22) and CMS, as they relate to construction/service contracts and the purchase of capital equipment and supplies.
2. Professional service contracts such as legal, electronic data processing, telecommunications, auditing and other consultant services can be developed and approved without multi-sourcing.
3. All contracts will include:

- Term (start date and termination date) of the contract
 - The exact legal name(s) of all parties to the agreement.
 - The subject of the contract.
 - The name of the PDHCD's contact position (Executive Director)
 - The name and mailing address of the contracting party.
 - The authorized "not to exceed" contract amount and fee calculation for early termination.
 - Scope of work.
 - Fees and payments.
 - Work schedule.
 - Appropriate insurance and indemnification
4. Only the Board Chair and the PDHCD Executive Director have authority to sign contracts on behalf of PDHCD.
 5. Invoices must be submitted for payment which will be kept on file by the District.
 6. Any contract that presents a conflict of interest must be addressed in an open Board meeting and approved by the Board.
 7. Contract amendments are subject to the following procedures:
 - A. To change the terms and conditions of an original contract and/or prior contract amendments, a written contract amendment is required. No additional work is to be performed until the fully executed contract amendment is received by PDHCD.
 - B. Contract amendments are not to be initiated for a new undertaking or scope of work unrelated to the original contract. In these cases, a new contract shall be negotiated, approved, and executed.
 - C. The Executive Director may approve amendments/change orders to previously approved contracts so long as the total amount of the change does not exceed 10% of the original contract amount.
 - D. If the only change to a contract is to extend the date of completion, the Executive Director can make this change by providing written notice to the contractor. A copy of this written notice shall be filed with the original contract and provided to the PDHCD Finance Committee at its next regular meeting.

EXECUTIVE DIRECTOR RESPONSIBILITIES RELATED TO CONTRACTS:

1. Puts requests for proposals out to competitive bid according to regulatory requirements.
2. Coordinates the development, terms and negotiation of contracts/purchases with input from key stakeholders including the PDHCD Board as needed.
3. Assure that the contractor/vendor is performing and complying with the terms and conditions of the contract prior to issuing payments.
4. Maintain a database and file on all contracts/purchases.

APPROVALS:

BUDGETED ITEMS:

1. Budgeted contracts that fall within budgetary limits can be signed by the Executive Director.
2. Budgeted contracts that do not exceed the budgeted amount by more than \$2500 annually can be approved by the Executive Director.
3. Contracts that exceed the budget by less than \$5,000 can be approved by the Board Treasurer.
4. Contracts that exceed the budget by more than \$5,000 and less than \$10,000 need to be approved by the PDHCD Finance Committee.
5. Contracts that exceed the budget by more than \$10,000 need to be approved by the PDHCD Board.

UNBUDGETED ITEMS:

1. Contracts for less than \$2500 annually can be approved by the Executive Director. This needs to be reported to the Board Treasurer.
2. Contracts for more than \$2500 but less than \$10,000 annually can be approved by the Board Treasurer or Board President and need to be reported at the next scheduled PDHCD Finance Committee meeting.
3. Contracts for between \$10,000 and \$25,000 annually can be approved by the PDHCD Finance Committee and reported at the next PDHCD Board meeting.
4. Contracts for more than \$25,000 must be approved by the PDHCD Board.