

AGENDA STRATEGIC PLANNING COMMITTEE

Wednesday, December 15, 2021 at 5:00 P.M.

In accordance with California Government Code Section 54953 teleconferencing will be used for this meeting. Board members, staff and members of the public will be able to participate by webinar by using the following link: https://us02web.zoom.us/j/89674799373
Meeting ID: 896 7479 9373. Participants will need to download the Zoom app on their mobile device. Members of the public will also be able to participate by telephone using the following dial in information: Dial in #: (310) 372-7549, Passcode 660448.

Committee Members: Jennifer Jeffries, Chair and Howard Salmon, Co-chair Staff: CEO Rachel Mason, Executive Assistant Linda Bannerman, Wellness Center Administrator Theresa Geracitano, Administrative Officer Judith Oswald

- 1. Call to Order/Roll Call
- 2. Public Comments
- 3. Discussion Items
 - a. The J. Moss Foundation: Skinny Gene Project Fallbrook National Diabetes Prevention Program
 - b. Community Health Contracts—Grant Impact Reports for 1st Quarter
 - Alleviating Hunger in Greater Fallbrook—Fallbrook Food Pantry
 - Adult Day Care—Fallbrook Healthcare Foundation dba Foundation for Senior Care
 - Door-Through-Door Program—Foundation for Senior Care
 - Senior Care Advocacy Program—Foundation for Senior Care
 - Senior Transportation Services—Foundation for Senior Care
 - Seniors & Disabled Adults Nutrition Program—Foundation for Senior Care and Fallbrook Food Pantry
- 4. Board Member Comments and Future Agenda Items
- 5. Adjournment

I certify that on December 14, 2021, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

Board Secretary/Clerk

Prepared for:

Rachel A. Mason, MS, MA Chief Executive Officer Fallbrook Regional Health District 138 South Brandon Rd Fallbrook, CA 92028

Fallbrook National Diabetes Prevention Program Proposal

Draft December 12, 2021

Prepared by:

Marlayna Bollinger
The J. Moss Foundation
Skinny Gene Project
10620 Treena St. Ste 230
San Diego, CA 92131
Mbollinger@skinnygeneproject.org
619-793-2002

Letter of Intent

THIS LETTER OF INTENT (the "Document") made as of this 18th day of November, 2021(the "Execution Date"),

BETWEEN:

Fallbrook Regional Health District (FRHD)

138 South Brandon Road, Fallbrook, CA 92028

(the "Client")

- AND -

Skinny Gene Project

10620 Treena St, San Diego, CA 92131

(the "Contractor")

BACKGROUND:

- A. The Contractor is available for hire to perform certain services.
- B. The Client wishes to hire the Contractor to perform the services.

This Document will establish the basic terms to be used in a future Statement of Work (SOW) between the Contractor and the Client. The terms contained in this Document are not comprehensive and it is expected that additional terms may be added, and existing terms may be changed or deleted. The basic terms are as follows:

Non-Binding

1. This Document does not create a binding agreement between the Client and the Contractor and will not be enforceable. Only the future Statement of Work, duly

executed by the Client and the Contractor, will be enforceable. The terms and conditions of the SOW will supersede any terms and conditions contained in this Document. The Client and the Contractor are not prevented from entering into negotiations with third parties with regard to the subject matter of this Document.

Transaction Description

2. The services for hire are described Exhibit B

Purchase Price

3. The Contractor will charge the Client for the services (the "Compensation") as provided in Exhibit C.

Representations

4. The Contractor represents and warrants that the Contractor has the necessary qualifications, experience and abilities to provide the described services to the Client. If the representations of the Contractor are untrue upon the Closing Date, the Client may terminate any SOW agreement without penalty and any deposits must be refunded.

[Remainder of Page Intentionally Left Blank]
[Signature Page to Follow]

above.	
Ву:	
Name:	

IN WITNESS WHEREOF, the Parties have executed this Letter of Intent on the date first written

Marlayna Bollinger

Marlayna Bollinger

Fallbrook Regional Health District

Executive Director

Title:

(Client)

Skinny Gene Project (Contractor)

EXHIBIT A- OVERVIEW

The Fallbrook Regional Health District (FRHD) is created by residents for residents. The Community Health & Wellness Center is the hub, from which prevention is possible for Fallbrook families. A recent community needs assessment revealed that addressing the obesity and type 2 diabetes epidemic was a high priority for both the board and residents of Fallbrook.

The National DPP is an evidence-based program that aligns with several of the district's goals (e.g., community engagement, collaborative partnerships, reduce health disparities, "lifetime" health, wellness and healthy behaviors), and fits synergistically with other planned programming (e.g., group exercise, walking path, prevention/screening, support meeting etc.). While offering a diabetes prevention program is important, the assessment also noted the degree of difficulty required to implement this service.

The Skinny Gene Project (SGP) is uniquely suited to help FRHD launch a diabetes prevention network in Fallbrook at the Community Health and Wellness Center. The SGP is the only known organization in the country that is a CDC-Recognized Diabetes Prevention Program, a CDC Training Entity, and a CDC Umbrella Hub Entity. As such, the SGP has the expertise needed to launch the National DPP and make Fallbrook a healthy-zone for generations to come.

National DPP Background

According to a study released by the UCLA Center for Health and Policy Research, nearly half of CA adults have either prediabetes – a precursor to type 2 diabetes – or undiagnosed diabetes. In fact, in some areas of San Diego County, it is believed that 62% of adults (55-69 years of age) have prediabetes.

Without intervention, up to 30% of people with prediabetes may develop type 2 diabetes within five years, and as many as 70% of them will develop the disease in their lifetime.

It is crucial to ensure Fallbrook residents at-risk or diagnosed with prediabetes have access to evidence-based lifestyle change programs in order to prevent or delay progression to type 2 diabetes. Those who participate in the National Diabetes Prevention Program (National DPP) may have a 58% reduced incidence of type 2 diabetes (71% for seniors), which saves an average of \$2,671 in medical expenditures per person every year.

- More than 30 million Americans have diabetes (approximately 10% of the population) the majority of which have type 2 diabetes.
- Diabetes is the seventh leading cause of death in the United States.
- Individuals with diagnosed diabetes typically have medical expenses 2.3 times higher than those without diabetes.

The National DPP is now the 'gold standard' for preventing type 2.

National DPP and Quality Improvement Metrics

USPSTF Grade B Recommendation (August, 2021):

Asymptomatic adults aged 35 to 70 years who have overweight or obesity: The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. Clinicians should offer or refer participants with prediabetes to effective preventative interventions.

The Affordable Care Act requires a subset of health plans to cover items and services with a **grade A or B USPSTF recommendation** without cost-sharing for the relevant member.

MACRA QPP Improvement Activities:

On November 2, 2017, CMS released the 2018 Quality Payment Program (QPP) Final Rule which establishes required quality reporting for clinicians billing under Medicare Part B. The Medicare Improvement Payment System (MIPS) track of the QPP evaluates clinicians in four performance categories: Quality, Cost, Advancing Care Information, and Improvement Activities (IAs). Under the IAs performance category, CMS has identified two activities directly tied to the National DPP lifestyle change program. Clinicians required to report under MIPS and are involved in the National DPP lifestyle change program can utilize these measures when reporting under the IAs performance category.

For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the CY 2018 performance period and 75 percent in future years, of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized organization.

New Quality Metrics include:

American Medical Association (AMA) convened a cross-specialty, multidisciplinary technical expert panel (TEP) to identify and define **new quality measures for prediabetes**. The draft measures proposed by the TEP represent the first measures in the U.S. intended to assist in the prevention of type 2 diabetes. The proposed measures address screening for prediabetes, providing intervention for those with prediabetes, and follow-up testing for those with prediabetes.

The Core Quality Measures Collaborative has indicated the potential development of a prediabetes measure for the ACO & PCMH/Primary Care Measures core quality measurements. Prediabetes measures can be developed through the **CMS MACRA Quality Measure Development Plan** finalized under the MACRA final rule.

OBJECTIVE "Plant. Water. Grow": Making FHD a Diabetes-Free Zone

The Skinny Gene Project will serve as the Outsourced National DPP Infrastructure for the Fallbrook Regional Health District. As such, the SGP will create the FRHD Prevention Network- a collaborative network of FRHD partners, programs, and initiatives that work together to end the trend of type 2 diabetes.

By implementing the "Fallbrook Health District National DPP Program", the FRHD may improve quality metrics, reduce health care cost, prevent type 2 diabetes, and improve the residents' overall quality of life.

TERM OF THE AGREEMENT

5 years

SERVICES

The Outsourced National DPP Infrastructure may include the following services (*Recommended or Required by the CDC):

Bi-directional Referral Platform

- *Billing- Medicare, Medi-Cal, etc.

 Coach Support and Management

 Collaborative Partnerships with Community Orgs
- *Coordination Center- Eligibility and Enrollment Cybersecurity (Protection of PHI and PII)
- *Data collection, cleaning, and submission to the CDC
- *Lifestyle Coach Training and Advanced Trainings
 National DPP Case Management
 Prediabetes Risk Screening
- *Referral Management
- *Regulatory Compliance
- *Technical Assistance

PHASE 1

"Plant"

During the first phase, the SGP will *plant the seed* (i.e., create the infrastructure) from which a sustainable National DPP will grow.

- Create strategic community partnerships
- Design referral workflow

- Launch "Pilot" National DPP classes to test workflow and infrastructure
- Provide information sessions and other program recruitment events
- Train selected FHD residents and staff to be CDC Lifestyle Coaches
- Work with FHD on National DPP marketing efforts

Estimated Timeline: January 2022 - June 2023

PHASE 2

"Water"

During the second phase, the SGP with strengthen and scale the Fallbrook Health District National DPP.

- Grow referral network and increase program referrals
- Increase social needs assessment and referrals to FRHD partners
- Integrate National DPP into other FRHD Wellness Initiatives
- Train additional lifestyle coaches that represent priority populations
- Use data to showcase participant and program success

Estimated Timeline: July 2023- December 2024

PHASE 3

"Grow"

During this final phase, the SGP will ensure the program has longterm growth and on the path towards sustainability (self-funded)

- Assist FRHD in becoming listed as an authorized Medicare DPP supplier
- Train FRHD Lifestyle Coach to be a Master Trainer (traintrainer model)
- Training previous participants to be Lifestyle Coaches

Estimated Timeline: January 2025- December 2026

In the proposed relationship, in addition to the providing the services outlined above, the SGP would use a portion of the funding to support a Community Chest. The "chest" would provide participants with items needed to overcome barriers to living a healthier lifestyle (e.g.,bus/travel vouchers, clothes, shoes, cooking supplies, devices).

We kindly request, FRHD market the prevention program, provide program space, and leverage their relationships to connect SGP to community partners.

EXHIBIT C- BUDGET

YEAR#	YEAR	PHASE(S)	AMOUNT
1	2022	PLANT	\$150,000
2	2023	PLANT/WATER	\$200,000
3	2024	WATER	\$200,000
4	2025	GROW	\$200,000
5	2026	GROW	\$200,000
TOTAL			\$950,000

National Diabetes Prevention Program (DPP)		YEA	AR 1			YE	AR 2			YE	EAR 3	3		YE	AR 4			YE	AR 5	
Timeframe:	Mont	th	Annual		Mor	nth	Annu	ual	N	lonth	Ar	nnual	Mor	nth	Ann	iual	Mont	h	Ann	ual
					١.		١.		١.		١.		١.		١.		١.			
Labor- SGP's DPP Development and Management Team	\$	6,823.88	\$ 81	,886.56	\$	7,008.22	Ş	84,098.62	\$	3,900.00	\$	46,800.00	\$	3,900.00	Ş	46,800.00	\$	3,900.00	Ş	46,800.00
Labor - Outreach and Engagement Coordinator	\$	2,628.04	\$ 31	,536.46	\$	4,505.21	\$	54,062.50	\$	4,505.21	\$	54,062.50	\$	4,505.21	\$	54,062.50	\$	4,505.21	\$	54,062.50
Labor - Lifestyle Coach(es)	\$	1,314.02	\$ 15	,768.23	\$	3,378.91	\$	40,546.86	\$	6,757.81	\$	81,093.75	\$	9,010.42	\$	108,125.00	\$	9,010.42	\$	108,125.00
Other Program Expenses	\$	1,442.40	\$ 17	7,308.75	\$	1,191.00	\$	14,292.02	\$	920.31	\$	11,043.75	\$	(1,332.29)	\$	(15,987.50)	\$	(1,332.29)	\$	(15,987.50)
Annual Program Expenses	\$	12,208.33	\$ 146	5,500.00	\$	16,083.33	\$	193,000.00	\$	16,083.33	\$	193,000.00	\$	16,083.33	\$	193,000.00	\$	16,083.33	\$	193,000.00
Fixed Cost of Goods Sold	\$	12,208.33	\$ 146	,500.00	\$	16,083.33	\$	193,000.00	\$	16,083.33	\$	193,000.00	\$	16,083.33	\$	193,000.00	\$	16,083.33	\$	193,000.00

Variable Costs of Services																				
Timefra	ne: N	lonth	Ann	ual	Mo	onth	Annua	ıl	Month		Annı	ual	Mont	h	Annual		Month		Annual	ı
Program Collateral - estimated	\$	83.33	\$	1,000.00	\$	166.67	\$	2,000.00	\$	166.67	\$	2,000.00	\$	166.67	\$ 2,00	0.00	\$	166.67	\$	2,000.00
Collateral Development - estimated	\$	41.67	\$	500.00	\$	83.33	\$	1,000.00	\$	83.33	\$	1,000.00	\$	83.33	\$ 1,00	0.00	\$	83.33	\$	1,000.00
At-Risk Screening	\$	83.33	\$	1,000.00	\$	166.67	\$	2,000.00	\$	166.67	\$	2,000.00	\$	166.67	\$ 2,00	0.00	\$	166.67	\$	2,000.00
Marketing and Community Outreach	\$	83.33	\$	1,000.00	\$	166.67	\$	2,000.00	\$	166.67	\$	2,000.00	\$	166.67	\$ 2,00	0.00	\$	166.67	\$	2,000.00
Total Service Expenses	\$	291.67	\$	3,500.00	\$	583.33	\$	7,000.00	\$	583.33	\$	7,000.00	\$	583.33	\$ 7,00	0.00	\$	583.33	\$	7,000.00
Cost of Goods Sold Per Program	\$	12,500.00	\$	150,000.00	\$	16,666.67	\$	200,000.00	\$	16,666.67	\$	200,000.00	\$	16,666.67	\$ 200,00	0.00	\$	16,666.67	\$	200,000.00

Revenue				
Timeframe	: Mont	:h	Ann	nual
Insurance Reimbursement (20) participant (year 1)	\$	416.67	\$	5,000.00
Insurance Reimbursement (60) participant (year 2)	\$	1,250.00	\$	15,000.00
Insurance Reimbursement (120) participant (year 3)	\$	2,500.00	\$	30,000.00
Insurance Reimbursement(250) participant (year 4)	\$	5,208.33	\$	62,500.00
Insurance Reimbursement (350) participant (year 5)	\$	7,291.67	\$	87,500.00
Total Revenue per year from reimbursments	\$	16,666.67	\$	200,000.00

Shae Gawlak Executive Director

Fallbrook Food Pantry

Submission Date Oct 13, 2021 2:22 PM

Organization Name: Fallbrook Food Pantry

Program Title: Alleviating Hunger in Greater Fallbrook

Person submitting the report: Shae Gawlak Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	25	912
Young Adults (13-18)	25	912
Adults (18-60)	35	1277
Seniors (60+)	15	547
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	80	2990
Male	20	730
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	100	3646
Very Low (50%0 Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

3646

Please provide the Goal 1 statement from your application. Discuss the actions within each Goal #1: WE WILL PROVIDE A WEEKLY BALANCED MENU OF SUPPLEMENTAL NUTRITIOUS FOOD TO EVERYONE WHO DEMONSTRATES

objective and provide your outcome data accordingly.

THEY NEED ASSISTANCE.

Outcome #1: We provided 3,646 qualified individuals with healthy food during quarter 1 of this grant cycle. Each household received an average of 20-25 pounds of food per person, every week.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

n/a

Participant Success Story:

Anais is a 23-year-old single mom living with two other families here in Fallbrook. Anais works on the weekends and needs help with her son, Miguel, so together, these three families help support each other in their ability to provide a home for their children to grow up in. Anais started visiting the pantry just before the COVID pandemic changed so many people's lives, overnight, last March. She was still pregnant with her son and was not getting enough nutrition during her pregnancy. Hope Women's Clinic, suggested that she come to the pantry to get food. She has been a regular weekly shopper and we are so grateful we are able to support her nutrition needs as well as her son's.

The support from the Fallbrook Regional Health District makes it possible for us to provide the kind of nutrition our community needs...especially for pregnant mothers-to-be and their children.

Participant Success Story:



MEET ANAIS.pdf

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

FRHD is acknowledged on our website and through frequently/quarterly social media posts on Facebook, IG and LinkedIn.

Please upload one example of how the District's support for this program was publicly acknowledged.



FRHD social media post.png

Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.



ALLEVIATING HUNGER BUDGET.xlsx

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges. We were able to conduct programs as anticipated this quarter. We did not encounter any challenges and we were able to feed all individuals who qualified.

Please sign your form:

Show! Yauleh

Patty Sargent Executive Director

Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14...

Submission Date Oct 14, 2021 4:29 PM

Organization Name: Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14223795)

Program Title: 398 Adult Day Care

Person submitting the report: Patty Sargent Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)	7	1
Seniors (60+)	93	14
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	47	7
Male	53	8
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)		
Very Low (50%0 Income (ceiling of \$53,500)	18	3
Low (80%) Income (ceiling of \$85,600)	82	12
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

30

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly. Goal: To create socialization and enrichment opportunities for clients through participation in day care programs, events, and a range of activities that address the specific physical and mental needs of our clients. Additionally, provide scholarship opportunities for low-income district residents who could not otherwise afford the program.

Objectives: 1a. Provide 2,200 total days of day care for seniors and disabled persons who live alone and are feeling isolated, who have a diagnosis of ADRD, or are otherwise cognitively impaired during the FRHD grant period. 1b. Provide at least 360 days of day care scholarships for low-income district residents during the FRHD grant period.

During Q1, from July through September, we served 15 clients in our Adult Day Program, providing a total of 451 days of service. Of these 451 client days, 2 low-income seniors and/or disabled adults received 67 scholarship/respite days, provided through the FRHD grant. During this first quarter, two of our long-time scholarship clients were kept home or placed at alternate care facilities due to health issues. As clients ebb and flow for various reasons, we seek to be able to offer scholarships to other new clients in the coming weeks. These first quarter numbers represent approximately 20% of our annual goals.

During this first quarter of the grant year, we did not conduct a survey. We did, however, utilize a Master of Social Work (MSW) intern to research and develop a new Adult Day Program and Caregiver survey. We are just about to issue the survey in November, evaluate results, and develop a program for caregiver support (in addition to listening to improvement suggestions collected) during the end of Q2. We are also discussing the possibility of a caregiver support group to start in the first part of the year.

During this past quarter, six of our Adult Day Program clients' family members were assisted by our Senior Care Advocates to address various needs. Help was provided in finding senior/memory care facilities or caregiving resources, as well as intervention in the health and welfare of a client.

Participant Success Story:

One of the common and heartbreaking symptoms of dementia is loss of the ability to communicate. Approximately 40% of our clients are non-verbal. Our programs and interactions with these clients strive to find different ways to relate to each individual client and stimulate them in ways that are personally meaningful to each one.

Two very special client stories happened in this past month.

Ralph has been in our Adult Day Program for several years. When he first came to us, he used to sing along with songs, and it was a thrill for our staff and his family to hear. However, for the past two years as his dementia progressed, Ralph became completely non-verbal. He smiles and sometimes engages in activities, but we haven't heard his voice for over a year...until two weeks ago. As part of our activities program, we engaged the North Coast Church Singers to come and entertain our Day Program clients with songs of old. As Ralph heard songs that he knew and loved from years past, he started singing along with the others. After not hearing him speak or sing for a year or more, our staff were so delighted to hear his lovely voice once again, and his family was so thankful for a wonderful report that Ralph had happily engaged and sang out on that special day.

Another of our clients, Cheri, has also been with us for more than two years. She has been completely non-verbal since coming to our program. We have never heard her speak. One of our new staff Caregivers asked if Cheri spoke any other languages. Our records from the family indicated only that she spoke English. One day in September, our new Caregiver tried speaking to her in several different languages. Everyone looked up in excitement when Cheri suddenly began having a conversation with our Caregiver in what must have been her native tongue!! They carried on a conversation for quite a while, nearly bringing our team to tears. Imagine the surprise of her family when we told them this news!

These special moments when dementia clients suddenly sing again, or speak in a native tongue, are not new discoveries. Research has shown that music and conversations in mother tongues have often reached dementia patients in meaningful ways. Through our program, our clients had the opportunity to experience these moments, recalling long-ago memories, and engaging once again.

Because of the support of the Fallbrook Regional Health District, our Adult Day Care Program was able to operate, and to continue to offer scholarships to low-income seniors and disabled adults. We touch lives of very special seniors, and help their family caregivers find respite. Thank you FRHD, for supporting our seniors!

We acknowledged the District in the following ways throughout the quarter:

- The FRHD logo was affixed to the sides of our Care Vans.
- We included the FRHD logo and official sponsor designation in all emails from every staff member.
- Our organization and specific Care Van program brochure featured the FRHD logo

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting and official sponsor language. timeframe.

- The FRHD logo and sponsorship support status appears on our website.
- We promoted District events on a monthly basis via Social Media
- We thanked and acknowledged FRHD for their support in social media



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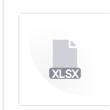
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FRHD Acknowledgements from the Foundation for Senior Care Q1 2021-2022.docx

Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.



Adult Day Care Program Actuals 2021-2022 Q1.xlsx

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges. Due to a leave of absence of one of our Adult Day Program Caregivers at the end of August, The Foundation had to engage the services of outside agency staff during the months of August & September (mostly to be billed in Q2) while we searched for replacement staff (which was a huge challenge to find). We were not able to hire our 2nd Caregiver (part-time) until October 2021, so Q1 payroll expenses were less than expected.

Please sign your form:



Patty Sargent Executive Director

Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14...

Submission Date Oct 14, 2021 5:16 PM

Organization Name: Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14223795)

Program Title: 399 Door-Through-Door Program

Person submitting the report: Patty Sargent Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)	2	1
Seniors (60+)	98	41
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	67	28
Male	33	14
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	10	4
Very Low (50%0 Income (ceiling of \$53,500)	20	9
Low (80%) Income (ceiling of \$85,600)	35	15
Higher than listed limits	10	4
Unknown	25	10

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

42

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly. Goal: The Door Through Door Program's goal is to provide timely and appropriate interventions for referred clients, to improve their safety and access to quality care. Objective 1: Increase the number of DTD referrals by 15% over FY 2020-2021, to allow us to reach at least 137 clients.

Objective 2: Actively provide interventions, referrals, and/or education services for at least 70% of referred clients (96 people). (Note that some referred clients refuse help, or do not survive the hospital stay.)

Objective 3: Successfully prevent a wrongful or unsafe discharge from a healthcare facility in at least 50% of such identified cases.

During the first quarter, we responded to 42 Door Through Door clients and/or referrals (31% of annual goal). Of these clients, approximately 24 of them were referrals from North County Fire Department and/or hospital personnel. The remainder were referred to us via family members or other sources. While we reached out to 42 clients, we engaged in some manner (more than 1 phone call) with 67% of them. (It is sometimes the case that by the time we receive a referral, the client has already been discharged and has appropriate care in place with no further needs.) Our interaction with hospitalized clients and/or their family members often leads us to recognize that the hospital's/SNF's plans for the client's discharge are not going to result in a safe situation. Often this has to do with homecare that cannot be put in place in time, a home environment that is not a safe place for recovery, or a physical condition that requires a higher level of support or care than can be safely managed at home. This quarter we intervened in the discharge plans for 6 of these clients, and were able to successfully facilitate an alternative, safer plan of action for 4 (or 67%) of those clients.

For each client we engage with, we record the types of services and/or referrals we provide to them. Of the 42 clients reached, we provided 168 services and/or interactions as shown below.

- Discussion regarding Dementia 2
- Falls prevention 6
- Food 11
- Housing Assistance 2
- Hospital Palomar 11
- Hospital Temecula 18
- Hospital Tri City 8
- Hospital Other 11
- VA 0
- Home Health 10
- Skilled Nursing Fallbrook 2
- Skilled Nursing Other 35
- Hospice Care 0
- IHSS-2
- APS-2
- NCFPD Fire 2
- Caregiver 19

Legal and Financial Services:

- Medi-Cal 5
- Insurance 7
- Financial 6
- Legal 4
- Social Security 0

Other Services:

- Transportation 8
- Other 26

Participant Success Story:

In September, our Advocates received a phone call from a client who was finding difficulty managing at home. We made a home visit to provide a safety assessment, where we met her spouse and uncovered many issues, and made many recommendations. Subsequently, before being able to purchase a bed rail, our client fell out of bed and injured herself. She went to the hospital where she continued to decline. We worked with her spouse on how to navigate discharge planning with the hospital's Social Worker to ensure an appropriate and safe discharge. We discussed many options for discharge and long-term care as well as Senior Living, for both himself and our client. He had considered selling his home prior to the hospitalization. We will continue to provide support to this couple as they undergo these dramatic life changes.

Because of the support of the Fallbrook Regional Health District, our resourceful Door Through Door Program Coordinator is here to provide the connections and coordinate the care that seniors like this really need. Through one phone call, our Coordinator was able to support the client and her spouse through the discharge planning process, and help them with options for a safer living environment for their future. Thank you FRHD, for supporting our seniors!

We acknowledged the District in the following ways throughout the quarter:

- The FRHD logo was affixed to the sides of our Care Vans.
- We included the FRHD logo and official sponsor designation in all emails from

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was every staff member. acknowledged during this reporting • timeframe.

- Our organization and specific Care Van program brochure featured the FRHD logo and official sponsor language.
- The FRHD logo and sponsorship support status appears on our website.
- We promoted District events on a monthly basis via Social Media
- We thanked and acknowledged FRHD for their support in social media



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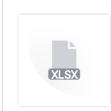
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FRHD Acknowledgements from the Foundation for Senior Care Q1 2021-2022.docx

Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.



Door Thru Door Program Actuals 2021-2022 Q1.xlsx

Please sign your form:



Patty Sargent Executive Director

Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14...

Submission Date Oct 14, 2021 4:57 PM

Organization Name: Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14223795)

Program Title: 400 Senior Care Advocacy Program

Person submitting the report: Patty Sargent Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)	5	16
Seniors (60+)	95	340
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	62	220
Male	36	127
Non-binary		
Unknown	2	9

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	15	53
Very Low (50%0 Income (ceiling of \$53,500)	25	89
Low (80%) Income (ceiling of \$85,600)	40	142
Higher than listed limits	5	17
Unknown	15	53

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

354

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly. Goal: To ensure that seniors in need of housing, care giving, resource provision, or other related age-in-place services are supported throughout the greater Fallbrook area.

Objectives:

- Enroll at least 500 new clients in our Care Advocates Program during the FRHD fiscal year
- Provide at least 10,000 services, activities, or referrals to Care Advocate clients during the FRHD fiscal year
- Conduct at least 150 home or healthcare facility visits to clients during the FRHD

fiscal year

We served a total of 354 clients during Q1 through our Care Advocacy Program, making 3,097 contacts with the client, their family, health practitioners, and healthcare, finance, and legal, and protective services (and more) during the quarter (31% of annual goal). Of the clients served this first quarter, 139 of them (or 28% of annual goal) were new clients to the Senior Care Advocacy Program. This quarter showed a considerable increase in the number of home and/or healthcare facility visits -90 such visits this quarter (or 60% of annual goal), up 36% from the number of visits we were able to conduct last quarter. Our Care Advocates have been very busy, with many complex cases.

Q1 Medical or Social services consultations and/or referrals:

- Dementia 79
- Cancer 10
- Heart Disease 6
- Diabetes 3
- Hypertension 9
- Obesity 1
- Falls 79
- Food 15
- Housing Assistance 17
- Medical Equipment 240
- Hospital 1
- Caregiving Services 28
- Doctors 7
- Skilled Nursing 0
- Hospice Care 1
- Health Services 30
- IHSS-4
- APS-6
- NCFPD Fire 2
- YANA-5
- Veteran Services 12

Legal and Financial Services:

- Medi-Cal 8
- Financial 8
- Legal 10
- Social Security 3

Other Services:

- Transportation 20
- Home Repair 61
- Other 6

Participant Success Story:

Story 1: Advocates were called by a client who was recently moved from Assisted Living to Memory Care. He was reporting some possible violation of his rights, including the threat to remove his phone from his room. We were able to connect him with an area Ombudsman to address his concerns, and to work as a mediator regarding his needs. We spoke with the Ombudsman in great length about his social/emotional needs being met even though he resides in memory care. For example, it may benefit him to have a volunteer or caregiver assist him outside of memory care to attend meals or activities as his social skills are still very much in-tact, despite memory decline. Ombudsman assured FSC advocate that she would work with the facility on his plan of care to implement some of these ideas.

Story 2: We received an APS referral for a senior who was living at home but unable to meet her daily needs in terms of care of herself and her home. We learned that she had Medi-Cal but needed a caregiver through IHSS. We were able to connect her to a caregiver who was familiar with her needs as she takes care of her neighbor next door. This caregiver had the hours and capacity to address the cleaning needs and communicate what repairs were needed to the apartment manager to make her space safe. We assisted the IHSS caregiver to connect to Public Authority for authorization to work on this case, and the caregiver was willing to work on the case and be paid retro for her services, as Public Authority was processing her application. We assisted the caregiver to connect to handymen and the apartment manager to expedite services to the apartment. The client is now safer, more connected, and able to stay in her apartment with care.

Most often, our Senior Care Advocacy Program receives no donations for their services. Since the majority of the clients we work with are low-income seniors, resources are scarce and they are unable to donate. This Program serves about 10% of the seniors in our area every year, helping nearly every one of them with some form of healthcare or services that address the social determinants of health. The FRHD's funding of this program is critical, and literally impacts the health and well-being of nearly every senior we touch. Thank you for your generous support, Fallbrook Regional Health District!

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe. We acknowledged the District in the following ways throughout the quarter:

- The FRHD logo was affixed to the sides of our Care Vans.
- We included the FRHD logo and official sponsor designation in all emails from every staff member.
- Our organization and specific Care Van program brochure featured the FRHD logo and official sponsor language.
- The FRHD logo and sponsorship support status appears on our website.
- We promoted District events on a monthly basis via Social Media
- We thanked and acknowledged FRHD for their support in social media



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FRHD Acknowledgements from the Foundation for Senior Care Q1 2021-2022.docx

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> Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.



Advocacy Program Actuals 2021-2022 Q1.xlsx

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges. Our program was planned and budgeted to have three nearly full-time Senior Care Advocates. Due to funding limitations, we were not able to hire our third Senior Care Advocate until mid-July. Unfortunately, we also had our long-time Advocate, Darlene, decide to leave The Foundation . Therefore, from mid-August through September (and into October) we are back to having only two Advocates. We anticipate hiring another Advocate in November 2021. We are currently supplementing our Advocates workload through the utilization of a college Intern who is making wellness calls and helping Advocates with follow-up activities.

Please sign your form:

P. Snout

Patty Sargent Executive Director

Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14...

Submission Date Oct 14, 2021 3:55 PM

Organization Name: Fallbrook Healthcare Foundation dba Foundation for Senior Care (#14223795)

Program Title: **401 Senior Transportation Services**

Person submitting the report: Patty Sargent Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)	6	5
Seniors (60+)	94	128
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	71	93
Male	27	36
Non-binary		
Unknown	2	3

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	8	11
Very Low (50%0 Income (ceiling of \$53,500)	32	42
Low (80%) Income (ceiling of \$85,600)	45	59
Higher than listed limits	15	19
Unknown		

How many District residents directly 131 benefited (participant/client) from this program in this reporting quarter?

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Goal #1: Provide affordable, easily attainable, and wheelchair accessible transportation services to seniors and disabled adults throughout the greater Fallbrook area for access to basic services, medical care, social opportunities, and connection to the outside world.

Objectives:

- 1) Provide 400 local rides and/or essential grocery deliveries to seniors or disabled adults each month for a total of 4,800 annually.
- 2) Provide local transportation for at least 350 seniors or disabled adults annually.

In the first quarter, we provided a total of 1,070 Care Van local transportation rides (89% of quarterly goal) for 97 clients (111% of quarterly goal).

Of the 1,070 local rides, the trip destinations were distributed as follows:

- Doctors, Physical Therapy, Pharmacy, Healthcare Facility: 20.8%
- Adult Day Care Center at the Foundation: 5.2%
- Grocery Store: 6.5%
- Other: 12.1%Rides Home: 45.6%
- Grocery Delivery Service: 9.8%

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Goal #2: Provide Fallbrook area senior residents with transportation services to medical and ancillary care in the greater San Diego and South Riverside County regions that would otherwise be cost-prohibitive or impossible with existing private and public transportation options.

Objectives: Provide 85 out-of-town rides to healthcare related appointments for local seniors or disabled adults annually

In Q1 we coordinated 61 Expanded Rides (out-of-town rides), for 34 clients, to medical appointments, typically to see specialists. This is a 20% increase over the number of rides of last quarter, equating to nearly 72% of our annual goal. This high volume is predominantly due to a senior who is having twice weekly treatments out of town. Expanded ride destinations:

Temecula - 11

Murrieta - 1

San Marcos - 2

Vista -1

Escondido - 37

Carlsbad - 2

Oceanside - 3

La Jolla - 3

San Diego - 1

Participant Success Story:

We recently heard from one of our clients whose husband had just passed away. She was overwhelmed trying to figure out how she was going to be able to do all the things her husband used to take care of. She contacted us and started out with getting her groceries delivered to her through our Care Van grocery delivery service. She also rode into town on our Care Van for the first time. This client has expressed such tremendous gratitude stating that she was not sure how she would have been getting food otherwise. Our Transportation Team also referred her to our Care Advocates who have been in contact with her and have been great helping her with many other things she needed at home. This client feels that the Foundation has helped her so much trying to pull through these hard times, first the pandemic, then the loss of her husband. She is so grateful that we have been open through the pandemic and have been able to help her. She would like to come in some day and give back to the community and volunteer.

Another special Transportation story occurred two weeks ago when our driver took groceries to a new residence in our program. When the client opened the door, our driver detected a foreign accent (one that she recognized as her mother's accent) and started a friendly conversation. The client, another recent widow, invited our driver to sit for a few minutes and welcomed the company. When our driver had to leave to provide a ride for another client, this client said, with tears in her eyes, that their conversation was the only face to face conversation she had with anyone in weeks, and that relating to another person who was so friendly and caring had made her day so much better.

As shown by these stories, sometimes delivering groceries to an isolated senior, or giving a ride to someone who would otherwise not get out of the house, makes the difference in the outlook and mental health of our seniors. These special touches combat the social isolation and help these seniors to know that they are not alone and forgotten. Funding and support from the Fallbrook Regional Health District allows our Care Vans to get seniors and disabled adults around this community and to healthcare specialists outside of town, to deliver groceries, and to provide a few minutes of socialization to isolated seniors. Without FRHD's support, we would not otherwise be able to provide these valuable services. Thank you!!

We acknowledged the District in the following ways throughout the quarter:

• The FRHD logo was affixed to the sides of our Care Vans.

Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

- We included the FRHD logo and official sponsor designation in all emails from every staff member.
- Our organization and specific Care Van program brochure featured the FRHD logo and official sponsor language.
- The FRHD logo and sponsorship support status appears on our website.
- We promoted District events on a monthly basis via Social Media
- We thanked and acknowledged FRHD for their support in both social media and print ads (in Village News and Valley News)



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Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.



<u>Transportation Program Actuals 2021-2022 Q1.xlsx</u>

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges. Our Transportation Coordinator was on a leave of absence for four weeks during this quarter, accounting for the reduction in expected payroll expense for that position. During this time, we covered her role by flexing our Receptionist, Office Manager, and occasionally our Drivers.

With the significantly increased number of Expanded rides for out-of-town doctors, utilizing volunteers for these rides, our reimbursements for mileage has increased considerably beyond what we expected...about a 200% increase over what was budgeted, in the first quarter alone!

Please sign your form:

D. Sangrat

Patty Sargent Executive Director

Fallbrook Healthcare Foundation and Fallbrook Food Pantry

Submission Date

Oct 15, 2021 6:21 PM

Organization Name:

Fallbrook Healthcare Foundation and Fallbrook Food Pantry

Program Title:

402 SENIORS & DISABLED ADULTS NUTRITION PROGRAM

Person submitting the report:

Patty Sargent Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)	20	41
Seniors (60+)	80	163
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	80	163
Male	20	41
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	100	204
Very Low (50%0 Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

204

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Goals:

- 1. FFP will provide a no-cost weekly menu of supplemental nutritious food to each low-income resident who qualifies for food assistance, and will coordinate with FSC to deliver that food for those who are mentally or mobility impaired, disabled, or otherwise constrained to the home
- 2. FSC will create a nutritional needs assessment for prospective clients and will refer eligible clients to the Food Pantry to ensure that Fallbrook area residents are receiving the appropriate nutritional support they require to live independently and thrive in their homes. A home delivery service will be provided by FSC for those eligible homebound seniors and/or disabled

Objectives:

1. FFP will provide 15-20 lbs of food weekly for each eligible low-income household and will coordinate a weekly delivery schedule for those who are homebound or otherwise disabled 2. FSC will conduct a nutritional needs evaluation for an average of 15 clients per month and share relevant information of those Food Pantry eligible recipients with the FFP, including those who qualify for delivery

Results:

During this quarter, the Fallbrook Food Pantry prepared and delivered 204 boxes of food, weighing an average of 40-50 pounds each! That's a lot of nutritional support provided to low-

income residents in our community who are mentally or mobility impaired, disabled, or otherwise constrained to the home!! This volume of food is more than twice what we anticipated could be provided.

During this quarter, the Senior Care Advocates at The Foundation for Senior Care conducted nutritional needs assessments with 54 seniors (120% of quarterly goal). Of those assessments, only 1 senior who needed nutritional support qualified for the Fallbrook Food Pantry low-income home delivery program for the disabled or mobility impaired. However, we referred 14 others with nutritional needs to other food programs, including Meals on Wheels, Cal Fresh, the Fallbrook Senior Center, and Lasagna Love.

Participant Success Story:

Participant Success Story:





FFP-FSC - Meet Tony & Sonya.docx

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe. The Foundation for Senior Care acknowledged the District in the following ways throughout the quarter:

- The FRHD logo was affixed to the sides of our Care Vans.
- We included the FRHD logo and official sponsor designation in all emails from every staff member
- Our organization and specific Care Van program brochure featured the FRHD logo and official sponsor language.
- The FRHD logo and sponsorship support status appears on our website.
- We promoted District events on a monthly basis via social media.
- We thanked and acknowledged FRHD for their support on social media.

The Fallbrook Food Pantry acknowledged the District in the following ways throughout the quarter:

- The FRHD logo and sponsorship support status appears on our website
- Our annual report recognizes FRHD funding
- Facebook and other social media posts
- Our newsletters acknowledge support



FRHD Acknowledgements from the Foundation for Senior Care Q1 with FFP 2021-2022.docx

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Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.



Seniors and Disabled Adults Nutrition Program Actuals 2021-2022 Q1.xlsx

Please sign your form:

P. Sargent