



TAHOE FOREST HOSPITAL DISTRICT

# 2016-09-08 Board Community Benefit Committee

(REVISED on September 7, 2016 at 9:39 a.m.)

Thursday, September 8, 2016 at 10:00 a.m.

Tahoe Conference Room - Tahoe Forest Hospital

10054 Pine Avenue, Truckee, CA 96161

# Meeting Book - 2016-09-08 Board Community Benefit Committee

09/08/16 Community Benefit Committee

## AGENDA

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## 5. APPROVAL OF MINUTES

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## 6. ITEMS FOR COMMITTEE DISCUSSION

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6.4. PRIME Update.pdf Page 41

ITEMS 7 - 10: See Agenda



# COMMUNITY BENEFIT COMMITTEE

## AGENDA

Thursday, September 8, 2016 at 10:00 a.m.  
Tahoe Conference Room - Tahoe Forest Hospital  
10054 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**
2. **ROLL CALL**  
Karen Sessler, M.D., Chair; Charles Zipkin, M.D., Board Member
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**
4. **INPUT – AUDIENCE**  
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.
5. **APPROVAL OF MINUTES OF: 06/14/2016** ..... ATTACHMENT
6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**
  - 6.1. **Memorandum of Understanding Grant Award** ..... ATTACHMENT  
Committee will review a Memorandum of Understanding Grant Award for North Tahoe Family Resource Center and Family Resource Center of Truckee.
  - 6.2. **Wellness Neighborhood Update** ..... ATTACHMENT  
Committee will review the goals, dashboard and brochure for the Wellness Neighborhood.
  - 6.3. **Care Coordination Update** ..... ATTACHMENT  
Committee will review the blue:life, Healthy Hearts, Multi-Specialty Clinics implementation and navigation components of Care Coordination.
  - 6.4. **PRIME Program Update** ..... ATTACHMENT  
Committee will receive an update on the District’s PRIME program.
7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**
8. **AGENDA INPUT FOR NEXT COMMITTEE MEETING**
9. **NEXT MEETING DATE**
10. **ADJOURN**

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



# COMMUNITY BENEFIT COMMITTEE

## DRAFT MINUTES

Tuesday, June 14, 2016 at 2:00 p.m.  
Eskridge Conference Room - Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA.

### 1. CALL TO ORDER

Meeting was called to order at 2:02 p.m.

### 2. ROLL CALL

Board: Karen Sessler, M.D., Chair; Charles Zipkin, M.D., Board Member

Staff: Harry Weis, CEO; Karen Gancitano, Executive Director of Post-Acute Services; Eileen Knudsen, Nurse Manager of PRIME Projects; Maria Martin, Director of Wellness Neighborhood, Community Health and Case Management; Paige Thomason, Director of Marketing; Martina Rochefort, Clerk of the Board

### 3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

### 4. INPUT – AUDIENCE

No public comment was received.

### 5. APPROVAL OF MINUTES OF: 03/07/2016

Director Sessler approved the Community Benefit Committee minutes of March 7, 2016.

### 6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

#### 6.1. Committee Education – PRIME program

PRIME is part of the public hospital redesign program. It helps develop programs that will help Medi-Cal population.

Karen Gancitano and her team submitted an application outlining the District's initiatives. The application was accepted on May 27, 2016 with minimal changes.

The District chose the following two programs to focus on: Chronic Nonmalignant Pain Management and Million Hearts.

The PRIME program is pay for performance but the District has the potential to receive \$8,400,000 over 5 years if metrics are achieved.

PRIME is organized into three domains:

- Outpatient Delivery System Transformation and Prevention
- Targeted High-Risk or High-Cost Populations
- Resource Utilization Efficiency

The District chose chronic pain because it was identified as an issue in the Community Health Needs Assessment in the past.

The first payment will be scheduled for October. The District will submit its first data set on June 30 and end of year report is due September.

There are three specific objectives for PRIME:

- TFHD infrastructure to align with PRIME around developing equitable, sustainable programs and partnerships that respond to local health priorities.
- BOD had demonstrated a commitment to health and wellness of the community. Community Benefit Committee will have oversight of PRIME projects.
- PRIME program is going to help transformation of our organization.

Eileen Knudsen will be the manager of PRIME programs (run as separate department). Porscha Adams will be the champion for chronic pain and Dr. Lombard will be the champion for Million Hearts.

Prime projects are strictly for Medi-Cal patients.

The District already has 75 patients for the Million Hearts initiative, a cardiac program.

Wellness Neighborhood will start by changing items offered in the TFHD vending machines and spread non-smoking campus policies throughout the community.

There were a lot of programs PRIME had available but the District did not have the Medi-Cal population for them or had already implemented similar projects.

Director Sessler inquired if the Committee will see the report the next time it meets. Ms. Knudsen will share process manager that will be sent in. Community Benefit Committee will review annual report when it is ready.

Ms. Gancitano will send out list of the steering committee.

## **6.2. Community Health Needs Assessment Update**

Committee discussed planning for a Community Health Needs Assessment in the future.

As a District, we are exempt from having to complete a Community Health Needs Assessment but it is part of the Cancer Center's accreditation process.

The District is going to move forward and do an assessment in the fall of 2017.

The Community Health Needs Assessment will:

- Update the community-based assessment of health care needs in the medical service area of Tahoe Forest Hospital District.
- Continue to assess the community's perspective of health care needs
- Analysis of data and information from public health, data sources, survey results and other community organizations.

It may be possible to tie so perception questions into the assessment.

The data gathered from the Community Health Needs Assessment is used by different groups (i.e. Community Collaborative).

Director Zipkin believed a problem with the last assessment was that only 400 people had been interviewed which is not statistically significant.

The District spent \$218,000 on the last Needs Assessment. The District will budget \$60,000 for the next one.

Ms. Gancitano shared that while the survey was not statically significant the conclusions drawn showed the District is spot on for the focus of its programs.

Ms. Knudsen also shared that the needs assessment data was used for the PRIME project.

Maria Martin stated both Placer and Nevada Counties have recently done needs assessments and they also received very little responses.

Director Sessler inquired if the District is partnering with anyone else on this survey. The District is not partnering with either of the counties because the District encompasses both counties.

Director Zipkin commented the last survey did not address Incline Village very well.

### **6.3. Health Professional Shortage Area (HPSA) Designation**

The District is working on a renewal application to be a Health Professional Shortage Area (HPSA). The District currently has HPSA designation but it is expiring. The HPSA designation is for the local area not just the District's physicians.

HPSA does not include Physician Assistants and Nurse Practitioners.

Under the HPSA designation, physicians receive a 10% increase in Medicare reimbursement. Student loan payment is an attraction for physicians.

Director Sessler inquired if the District has used loan forgiveness under this program.

If the District receives this designation, Ms. Gancitano will bring the information forward to the Medical Staff to educate them.

Ms. Gancitano will bring an update on the application to the next committee meeting.

This is a recruitment tool the District can use if it receives this designation.

## **7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

None.

**8. AGENDA INPUT FOR NEXT COMMITTEE MEETING**

-Committee asked to review the list of metrics for the PRIME program and what was submitted in the application.

-Review and discuss community benefit report from Marketing and review community benefit at November meeting.

-Policies related to Community Benefit the committee should review (in-kind services to other organizations).

-Discuss how District can market Quality items.

**9. NEXT MEETING DATE**

The next two Community Benefit Committee meetings will take place in September and November.

**10. ADJOURN**

**Meeting adjourned at 3:30 p.m.**

# TAHOE FOREST HOSPITAL DISTRICT

## MEMORADUM OF UNDERSTANDING

This MEMORADUM OF UNDERSTANDING (“MOU”), is effective as of the October 1, 2016, by and among **Tahoe Forest Hospital District**, a California local health care district (the "District"), **North Tahoe Family Resource Center (“NTHRC”)**, a California non-profit corporation, and **Family Resource Center of Truckee (“FRCoT”)**, a California non-profit public benefit corporation (each a "Grantee" and collectively "Grantees").

WHEREAS, the Board of Directors of the District has adopted a goal that there shall be no inequities in health status in the community served by the District on account of race or ethnicity;

WHEREAS, in furtherance of such goal, the District desires to make a grant to Grantees for purposes of: (i) improving the health of the Latino population in the community served by the District; and (ii) improving the cultural competency of the District by evaluating existing services, identifying gaps in the District's delivery of such services to the Latino population, and recommending improvements relative to the delivery of such services to the Latino population;

WHEREAS, each Grantee has the requisite resources and abilities to receive grant funding and use the same in a manner that will assist the achievement of the above;

NOW, THEREFORE, the District and Grantees agree as follows:

1. Grant. The District hereby makes a grant ("Grant") to Grantees in the total amount of **Ninety-Six Thousand One Dollars** (\$96,001.00), for the purposes and subject to the terms and conditions hereof. The Grant is payable in the amounts of **Forty-Eight Thousand Three Hundred Sixty-Six Dollars** (\$48,366.00) to FRCoT and **Forty-Eight Thousand Six Hundred Thirty-Five Dollars** (\$47,635.00) to NRHRC, to be used by each Grantee for the purposes set forth below, as further detailed on **Exhibit A** hereto.
2. Annual Appropriation. Notwithstanding the foregoing, in the event payment of the Grant spans more than one fiscal year of the District, and the District's Board fails to appropriate sufficient moneys to fund the Grant in any subsequent year, the amount of the Grant is subject to reduction. In such event, the District shall provide prompt notice to each Grantee, specifying the amount of any such reduction, and detailing how the reduction shall be applied to the purposes set forth on **Exhibit A**.
  - a) Reallocation. Notwithstanding the foregoing, Grantees may agree to reallocate the amount of the Grant between them, by providing written notice of amended activities/deliverables in collaboration with the District.



- b) Allowable Line Item Shifts. Notwithstanding the foregoing, each Grantee may request shifting the expenditure of the Grant among the line items reflected on **Exhibit A** by notice to the District.
  - c) Purpose. A Grantee may use its share of the Grant for costs incurred in the following activities, but not in excess of the maximums set forth on **Exhibit A** (subject to such reallocations and shifts permitted by Section 1).
3. Management. Each Grantee may use Grant funds for the cost of its management personnel for time spent in administering Grant programs and Grant related activities. Reimbursement shall be at a Grantee's actual compensation costs for management personnel for actual time spent, assuming a forty-hour work week, inclusive of salary, benefits and payroll taxes.
  4. Travel. Each Grantee may use Grant funds for travel costs incurred by its personnel or contractors in furtherance of Grant programs. Except for travel expenses otherwise approved by District in advance, reimbursable travel expense shall be limited to automobile mileage and taxi fares for travel within the community served by the District, but in no event including any cost of commuting between a person's home and a Grantee's place of business where such person principally works. Mileage shall be reimbursed at the *GSA (Government Services Administration)* rate.
  5. Supplies. Each Grantee may use Grant funds for the actual costs of educational materials acquired in furtherance of Grant programs.
  6. Rent. Each Grantee may use Grant funds for the proportional costs of office space associated with the Promotora program.
  7. Work Plan. Within thirty (30) days of the Commencement Date, Grantees shall prepare and deliver to District a work plan, setting out in detail the programs to be developed and pursued by the promotoras. Such work plan shall be subject to District's approval, which shall not be unreasonably withheld. In the event District objects to an aspect of a proposed work plan, it shall promptly specify its objection by notice to Grantees, and the parties shall use reasonable efforts to achieve a mutually acceptable work plan as soon as practicable, *provided* that if the parties are unable to achieve a mutually acceptable work **plan** within sixty (60) days of the Commencement Date, District may terminate this MOU by notice to Grantees. Grantees together may propose changes to an approved work plan, subject to District's approval, *provided* that District's failure to object to a proposed change within thirty (30) days shall be deemed approval.
  8. Term and Termination. The Grant provided hereby is expected to fund the programs contemplated hereby for the term of July 1, 2016 through June 30, 2017. Period may be extended with District's approval (the "Term"). Upon the breach of any representation, warranty, covenant or other provision hereof by a Grantee and the continuation of the same for thirty (30) days or more after District's notice to such Grantee, District may terminate this MOU as to such Grantee immediately upon notice, *provided* that if

District then reasonably concludes that it would be impractical to continue this MOU as to the other Grantee under such circumstances, it may also terminate this MOU as to the other Grantee upon not less than thirty (30) days' notice.

9. Grant Disbursement. District shall disburse the Grant payments to each Grantee in two installments of fifty percent (50%) of the total designated in **Section 1** of this MOU to each Grantee. The first installment to each Grantee will be disbursed within ten (10) days after Board approval. The second installment to each Grantee will be disbursed by December 31, 2016.
  
10. Progress Reports. Reports shall include a summary of activities performed that address the scope of work including: (i) the number of community encounters through program activities; (ii) dates of training of promotoras (if applicable); (iii) dates of promotion programs with attendance and (iv) recommendations for improving cultural competency of the District. The Grantee may include any progress notes and recommendations deemed necessary to explain the implementation or delays with any grant activities. The District may, by notice to a Grantee, provide further direction as to the form or content of a progress report. Grantees shall submit a progress report of grant activities and issues that affect grant progress and activities by January 31, 2017 (for the period of July 1, 2016- December 31, 2016) and a final report by July 31, 2017 (for the period of January 1, 2017- June 30, 2017).
  
11. Record Retention: Audit and Repayment. Each Grantee shall maintain, for a period not less than five (5) years after the end of the Term, books, records, documents and other evidence sufficient to reflect all costs of whatever nature claimed hereunder. District shall have the right, through its officers, employees and agents, to: (i) audit and make copies of all such books, records, documents and other evidence; (ii) to interview a Grantee's directors, officers and employees; and (iii) inspect a Grantee's work locations, all during the Grantee's normal work hours, upon not less than twenty-four (24) hours advance notice and for a period of not less than five (5) years after the end of the Term. If District determines in its reasonable discretion that any item of expense claimed by a Grantee that District has paid or reimbursed is not allowable hereunder, the Grantee promptly shall repay such item to District upon District's notice of the same.
  
12. Staff Subcontractors. The Grantees may obtain subcontractor services, as agreed to by the District in advance, to the extent that such services fulfill the specific activities outlined in this amended Grant and cannot be fulfilled by the Grantee. A Grantee shall promptly notify District whenever there is any change in the person serving as its Executive Director (or comparable position)
  
13. Grantee Representations and Covenants. Each Grantee represents, warrants and covenants, as of the date hereof and as of the date of each invoice presented hereunder, as follows:
  - a. Organization. It is a duly organized and validly existing non-profit corporation, in good standing, under the laws of California or Nevada.

- b. Exempt Status. It has obtained a determination from the Internal Revenue Service that it is an organization described in Section 501(c)(3) of the Internal Revenue Code, and such determination remains in full force and effect.
- c. Due Authorization. It has duly authorized its execution and delivery of this MOU, and the same constitutes its valid and binding obligation, enforceable in accordance with its terms.
- d. No Conflict. Its execution, delivery and performance of this MOU does not, with or without the giving of notice, the lapse of time or otherwise or both, contravene or conflict with its organizational documents, any law or regulation to which it is subject or any agreement, order, permit or license to which it or a substantial part of its assets is subject.
- e. No Consent. No consent, order, approval or authorization is required in connection with the execution and delivery of this MOU except as has already been obtained and remains in full force and effect.
- f. Tax Returns. It has duly filed all federal, state and local tax returns that it is required to file and it has paid all taxes due and owing by it.
- g. Good Title. It has good and marketable title to or a valid leasehold interest in all assets used and reasonably requisite to the conduct of its activities.
- h. Compliance with Laws. It has conducted its activities in compliance in all material respects with all applicable laws, regulations, judgments, decrees, rulings and orders. It has all permits, certifications, licenses and other regulatory authorizations necessary for the conduct of its activities, and there is no claim, proceeding or controversy pending, or to the best of its knowledge threatened, challenging the status of or seeking sanctions under any such permit, certification, license or other regulatory authorization.
- i. Driver's Licenses; Insurance. All Grantee employees or independent contractors who operate a motor vehicle on behalf of Grantee and in furtherance of its activities has a valid driver's license. Grantees possess automobile liability insurance in the amount of not less than \$1,000,000 per occurrence for bodily injury and property damage combined. It shall provide a certificate of such insurance to District promptly upon District's request therefor.
- j. Suspension or Exclusion; Fraud. No. employee or independent contractor who provides services to it has been suspended or excluded from participation in the Medicare or any Medicaid or other governmental health care program, or convicted of or had a civil judgment rendered against him or her for commission of sex-related crimes, drug-related crimes, fraud, embezzlement, theft forgery, bribery, making false statements or receiving stolen property.

k. Ineligible Aliens. None of its employees is an alien that is ineligible for state and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act.

i. Politicking and Lobbying. It does not engage in any activities in support of or in opposition to any candidate for public office. It has not used any Grant proceeds to support or oppose any legislation, ordinance, referendum or ballot initiative.

14. Indemnification. Each Grantee shall indemnify District from and against any and all liabilities, claims, causes of action, losses, damages, expenses or costs incurred by or on behalf of District or its directors, managers, officers, employees, owners or agents relating to or arising, directly or indirectly, from any breach by such Grantee of any representation or warranty made by it hereunder or any covenant or obligation to be observed or performed by it hereunder. In the event both Grantees bear an indemnification obligation hereunder relative to any particular liability, claim, cause of action, loss, damage, expense or cost, both Grantees shall be jointly and severally obligated to indemnify District.

a. District shall give prompt written notice to a Grantee of any claim hereunder, but the failure to so notify the Grantee will not relieve the Grantee of any liability it may have hereunder except to the extent such liability was caused by such failure. In any claim or action covered by the foregoing indemnity obligation, each Grantee may, at its sole option, elect to assume the defense thereof with counsel reasonably satisfactory to it, and District shall cooperate fully with the Grantee in defense of such claim or action. In the event that the Grantee assumes the defense thereof, the Grantee shall not be liable to District hereunder for any attorney and investigatory fees, costs and expenses subsequently incurred by District in the defense thereof; *provided*, however, that District shall have the right to employ separate counsel acceptable to the it and to participate in the defense of any such claim or action; *provided* further, that the Grantee shall bear the reasonable fees, costs and expenses of such separate counsel (and shall pay such fees, costs and expenses monthly) if District's counsel shall have reasonably concluded that there may be legal defenses available to District that are different from or additional to those available to the Grantee or that the use of counsel chosen by the Grantee to represent District would present such counsel with a commercially unreasonable conflict of interest. In the event that the Grantee fails to assume the defense of such claim or action within fourteen (14) days after notice from District, or assumes the defense subject to a reservation of rights, the Grantee shall reimburse District Party on a monthly basis for any legal or other similar expenses reasonably incurred by District in connection with investigating and defending against such claim or action (including the fees, costs and expenses of counsel retained by District). The Grantee shall not be liable to indemnify District for any payment or settlement of any claim or action effected without the prior written consent of the Grantee, which consent shall not be unreasonably withheld or delayed. In the event the Grantee desires to settle any claim or action, the Grantee may effectuate same in its reasonable discretion. This Section

I0 shall survive the consummation and termination of this MOU.

15. Mediation, Arbitration and Costs.

- a. Mediation. If any dispute, controversy or claim arises out of or relates to this MOU, or the breach thereof, the parties shall first use their good faith efforts to resolve the dispute as follows. Any party may notify the other parties in writing that a dispute exists, and within twenty (20) days following the date of such notice, the representatives of such party shall meet to discuss the dispute. If they are unable to resolve the dispute within ten (10) days following their initial meeting, they shall attempt in good faith to agree to a single person to mediate such dispute, on a non-binding basis, and/or shall attempt in good faith to agree to submit the matter to JAMS/Endispute ("JAMS") for non-binding mediation pursuant to the rules of JAMS. If the parties cannot so agree, or if such mediation is unsuccessful, the matter shall be arbitrated as provided below.
  
- b. Arbitration. In any dispute between the Parties arising out of this Agreement which would otherwise be resolvable in a court of competent jurisdiction, the Parties shall first try to resolve the dispute through direct discussions and negotiation. If such are unsuccessful, the aggrieved Party involved may commence litigation in the Superior Court of the State of California, in and for the county of (county name) (the "Court") for the purpose of resolving the dispute. The prevailing Party's compensation shall include reasonable legal costs associated with these processes and actions. The Parties hereby agree and consent that the resolution of the dispute by the Court shall be by way of a reference procedure as specified under California Code of Civil Procedure Section 638 (or any successor statute or statutes) and all rules of court relating thereto, and if such aggrieved Party does not file the required motion, the other Party may do so, and if neither Party files such motion, then the Court shall appoint a referee on its own motion as allowed under California Code of Civil Procedure Section 639 (or any successor statute or statutes). At the hearing on the motion, the Court shall appoint a referee (the "Referee") to hear all aspects of the matter in dispute, including without limitation, substantive issues and discovery disputes, and such reference procedure (regardless of how a Referee may be appointed) shall be deemed "consensual" in nature and all Parties hereto agree thereto. The reference procedure set forth in this Section is the exclusive remedy for any Party hereto to resolve disputes arising under the within Agreement if they are unable to resolve them amicably among themselves, and such shall be in lieu or arbitration at any point in the resolution proceedings.

16. General Provisions

- a. Law. This MOU shall be construed and interpreted under and pursuant to the laws of the State of California.
  
- b. Entire MOU. This MOU, the Exhibits hereto, and other related documents constitute the entire agreement of the parties with respect to the subject matter hereof and supersede all prior written or oral, and all contemporaneous oral, agreements, understandings and negotiations between the parties with respect to

the subject matter hereof

- c. Severability. Except as provided herein, any portion or provision of this MOU which is deemed to be invalid, illegal or unenforceable shall be ineffective to the extent of such invalidity, illegality or unenforceability, without affecting in any way the remaining portions or provisions hereof.
- d. Waiver of Compliance. The failure of any party to observe or perform any obligation, covenant, agreement or condition in this MOU on its part to be observed or performed may only be waived in writing by the other parties to this MOU, but such waiver or failure to insist upon strict compliance with such obligation, covenant, agreement or condition shall not operate as a waiver of, or estoppel with respect to, any subsequent or other failure.
- e. Amendment. This MOU may not be amended without the written consent of all of the parties hereto.
- f. Assignment. Except as specifically provided herein, neither Grantee may assign this MOU or any interest herein without the prior written consent of District.
- g. Notices. All notices, requests, demands, and other communications hereunder shall be in writing and shall be deemed to have been given when delivered personally, when deposited with an overnight courier or in the United States mail, certified, and with proper postage prepaid, addressed as follows, or when sent by fax or email, addressed as follows:

If to District:

Tahoe Forest Hospital District:  
10121 Pine Avenue  
Truckee, California 96161  
Attention: Karen Gancitano  
Chief Nursing Officer  
Telephone: (530) 582-7425  
Email: kgancitano@tfhd.com

If to North Tahoe Family Resource Center:

Amy Kelley  
Executive Director  
8321 Steelhead Ave.  
Kings Beach, CA 96143  
Telephone: (530) 546-0952

Email: amykelley.ntfrc@gmail.com

If to Family Resource Center of Truckee:

Teresa Crimmens  
Executive Director  
11695 Donner Pass Rd Truckee, CA 96161  
Telephone: (530) 587-2513  
Email: teresa@truckeeffc.org

Subject to the preceding sentence, this MOU and all of the provisions hereof shall be binding upon, shall inure to the benefit of, and shall be enforceable by the parties hereto and their respective successors and permitted assigns.

If such notice, demand or other communication is served personally, or sent by fax or email, service shall be deemed made at the time of personal service or transmission, *provided there* is evidence of receipt. If such notice, demand or other communication is given by overnight courier, service shall be conclusively deemed given two (2) business days after the deposit thereof with the overnight courier. If such notice, demand or other communication is given by mail, service shall be conclusively deemed given three (3) business days after the deposit thereof in the United States mail addressed to the party to whom such notice, demand or other communication is to be given, as hereinabove set forth. Any party hereto may change their address for the purpose of receiving notices, demands or other communications provided herein by giving a written notice in the manner stated above to the other party or parties stating such change of address.

- a. Execution in Counter parts. This MOU, and any amendment hereto, may be executed by the parties in separate counterparts, and provided that each party shall have originally executed at least one such counterpart, each such executed counterpart, and any photocopies or facsimile copies thereof, shall be deemed an original, but all such counterparts and any such photocopies and facsimile copies, together shall constitute one and the same instrument, even though all of the parties have not originally executed the same counterparts..

IN WITNESS WHEREOF, the parties have executed this Grant MOU as of the day and year first written above.

***Amended Signatures:***

***TAHOE FOREST HOSPITAL DISTRICT-WELLNESS NEIGHBORHOOD***

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*Karen Gancitano, Chief Nursing Officer*

*Date*

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***NORTH TAHOE FAMILY RESOURCE CENTER***

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*Amy Kelley, Executive Director*

*Date*

***FAMILY RESOURCE CENTER***

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*Teresa Crimmens, Executive Director*

*Date*



## Exhibit A

### Budget and Scope of Work

**Total FRCoT Budget:** \$ 48,366.00

**Total NTFRC Budget:** \$ 47,635.00

**Total Contract Amount: Contract Period:** \$ 96,001.00

#### Tahoe Forest Hospital District: Ethnic Disparities Grant

#### Family Resource Center of Truckee (FRCoT)

#### Budget and Scope of Work

July 1, 2016, (“Commencement Date”) – June 30, 2017

Activity	Detail	Budgeted line items
<b>Prevention &amp; Intervention: Track 1</b> <b>Chronic Disease Self-Management and Diabetes Self- Management</b> Program Goal: to engage targeted community members with chronic disease in comprehensive workshops (CDSMP and DSMP) providing them with skills and knowledge to manage their disease and improve their health outcomes	(3 Workshops @ \$1760/workshop = \$5280)	
	1. Trained Promotoras will provide 3 six-week workshops with 2 guest lectures each for community members @ \$1760/workshop (2 leaders X 44 hours / workshop x 3 workshops x \$20/hr)	1. \$5,280
	2. CDSMP Leader training for 6 promotoras (2.5 hrs x 6 weeks x \$20/hr x 6 promotoras)	2. \$1,800
	3. 1 Promotora will Partner with Reyna to lead 1 DSMP in Spanish (42 hrs x \$20/hr)	3. \$ 840
	4. Childcare (3 workshops x 8 classes/workshop x 3 hrs x \$12/hr)	4. \$ 864
<b>Quality Circles: Track 2</b> Program Goal: To provide education, continuous quality improvement, and enhanced communication for all CDSMP and DSMP leaders.	5. Monthly 1 hr conference call with Q-TAC, Nevada (1 hr x 6 promotoras x \$20/hr x 12 months)	5. \$1,440
	6. Quarterly Leader meetings in Reno at the Sanford Center on Aging (4 hrs x 6 promotoras x \$20/hr x 4 quarters)	6. \$1,920
<b>Care Navigation: Track 3</b> Program Goal: to support community members in identifying a medical home,	7. 2 Family Advocates from the Family Resource Center of Truckee will provide 165 hours of care navigation to 40 community members per year. (165 hours total @ \$24/hour)	7. \$3,960
		8. \$4,375

engaging in preventative health care and assisting them in accessing follow up specialty care including dental health services	8. Program Manager will provide oversight, resources and data tracking to support this process. (125 hours @ \$35/hour)	
<b>Program Manager</b>	9. Self-Management Program oversight (10 hrs/workshop x 3 workshops x \$35/hr) 10. Evaluation Planning and oversight of community education (3 hrs/wk x 50 weeks x \$35/hr) 11. Translation (2 hrs/guest class x 2 classes x 3 workshops x \$35/hr) 12. Leader Training for CDSMP (40 hrs/session x \$35/hr)	9. \$1,050 10. \$5,250 11. \$ 420 12. \$1,400
<b>Executive Oversight</b>	13. Direction of grant deliverables and financial oversight provided by FRCoT Executive Director	13. \$ 5,000
<b>Program Support</b>	14. Supplies, materials, travel, etc.	14. \$ 2,330
<b>Client Behavioral Health Services</b> Program Goal: to provide counseling support to underinsured and uninsured community members who present with at risk behavior	15. Behavioral health services for emergency client needs: 38 hours of direct mental health services will be provided to community members in need by licensed MFT or MCSW. Rate of reimbursement is \$80.00/hour 16. Referrals will be supported by care coordination provided by Family Advocates.	15. \$ 3,040  16. <i>Included in track II line item for Family Advocates</i>
<b>Training/Development</b>	17. Visione y Compromiso, Mental Health First Aid, etc.	17. \$ 5,000
<b>Indirect Costs</b>	10% indirect rate	\$ 4,397
<b>TOTAL FRCoT</b>		<b>\$48,366.00</b>

**Tahoe Forest Hospital District: Ethnic Disparities Grant**

**North Tahoe Family Resource Center (NTFRC)  
Budget and Scope of Work  
July 1, 2016 – June 30, 2017**

<b>Activity</b>	<b>Detail</b>	<b>Budgeted line items</b>
<p><b>Prevention &amp; Intervention: Track 1 Chronic Disease Self- Management and Diabetes Self- Management</b> Program Goal: to engage targeted community members with chronic disease in comprehensive workshops (CDSMP and DSMP) providing them with skills and knowledge to manage their disease and improve their health outcomes</p>	<p>CDSM and DSMP: (3 Workshops @ \$1760/workshop = \$5280)</p> <ol style="list-style-type: none"> <li>1. Trained Promotoras will provide 3 six-week workshops with 2 guest lectures each for community members @ \$1760/workshop (2 leaders X 44 hours / workshop x 3 workshops x \$20/hr)</li> <li>2. CDSMP Leader training for 6 promotoras (2.5 hrs x 6 weeks x \$20/hr x 6 promotoras)</li> <li>3. 1 Promotora will Partner with Reyna to lead 1 DSMP in Spanish (42 hrs x \$20/hr)</li> <li>4. Childcare (3 workshops x 8 classes/workshop x 3 hrs x \$16/hr)</li> </ol> <p>Cooking Matters:</p> <ol style="list-style-type: none"> <li>5. Childcare 2 workshops x 6 classes/workshop x 3.5 hrs x \$16/hr)</li> <li>6. \$10 incentive for participation (12 /workshops x 2 workshops x \$10)</li> <li>7. Outreach (5 hours/ workshop x 2 workshops x \$16/hr)</li> </ol>	<ol style="list-style-type: none"> <li>1. \$ 5,280</li> <li>2. \$ 1,800</li> <li>3. \$ 840</li> <li>4. \$ 1,152</li> <li>5. \$ 672</li> <li>6. \$ 240</li> <li>7. \$ 160</li> </ol>
<p><b>Prevention and Intervention</b></p>	<p>Prenatal Education Series (12 hours/series x 2 series):</p>	

<b>Track 1</b>  <b>Prenatal Education</b>	8. Translation (12 hr x 2 series x \$20/hr) 9. Childcare (18 hours (includes set up and clean up) x 2 series x \$16/hr) 10. Outreach (6 hours/series x 2 series x \$16/hr)	8. \$ 480 9. \$ 576 10. \$ 192
<b>Quality Circles: Track 2</b> Program Goal: To provide education, continuous quality improvement, and enhanced communication for all CDSMP and DSMP leaders.	11. Monthly 1 hr conference call with Q-TAC, Nevada (1 hr x 6 promotoras x \$20/hr x 12 months) 12. Quarterly Leader meetings in Reno at the Sanford Center on Aging (4 hrs x 6 promotoras x \$20/hr x 4 quarters)	11. \$ 1,440 12. \$ 1,920
<b>Care Navigation: Track 3</b> Program Goal: to support community members in identifying a medical home, engaging in preventative health care and assisting them in accessing follow up specialty care including dental health services	13. 2 Family Advocates from the Family Resource Center of Truckee will provide 165 hours of care navigation to 40 community members per year. (165 hours total @ \$24/hour) 14. Program Manager will provide oversight, resources and data tracking to support this process. (125 hours @ \$35/hour)	13. \$ 3,960 14. \$ 4,375
<b>Program Manager</b>	15. Self-Management Program oversight (10 hrs/workshop x 3 workshops x \$35/hr) 16. Evaluation Planning and oversight of community education (3 hrs/wk x 50 weeks x \$35/hr) 17. Translation (2 hrs/guest class x 2 classes x 3 workshops x \$35/hr) 18. Leader Training for CDSMP (40 hrs/session x \$35/hr)	15. \$ 1,050 16. \$ 5,250 17. \$ 420 18. \$ 1,400
<b>Executive Oversight</b>	19. Direction of grant deliverables and financial oversight provided by NTFRC Executive Director	19. \$ 5,000
<b>Program Support</b>	20. Supplies, materials, travel, etc.	20. \$ 2,330
<b>Client Behavioral Health Services</b> Program Goal: to provide counseling support to underinsured and uninsured	21. Behavioral health services for emergency client needs: 38 hours of direct mental health services will be provided to community members in need by licensed MFT or MCSW. Rate of reimbursement is \$80.00/hour	21. \$ 3,040 22. Included

community members who present with at risk behavior	22. Referrals will be supported by care coordination provided by Family Advocates.	<i>in track // line item for Family Advocates</i>
<b>Training/Development</b>	23. Visione y Compromiso, Mental Health First Aid, etc.	23. \$ 5,000
<b>Indirect Costs</b>	10% indirect rate	\$ 4,658
<b>Rollover</b>	2015-2016 unspent funds	< <b>\$,3600</b> >
<b>TOTAL NTFRC</b>		<b>\$47,635</b>

# Community Benefits Committee

September 8, 2016

# Community Health and Wellness Update

*Connecting Services for Population Health  
Management*

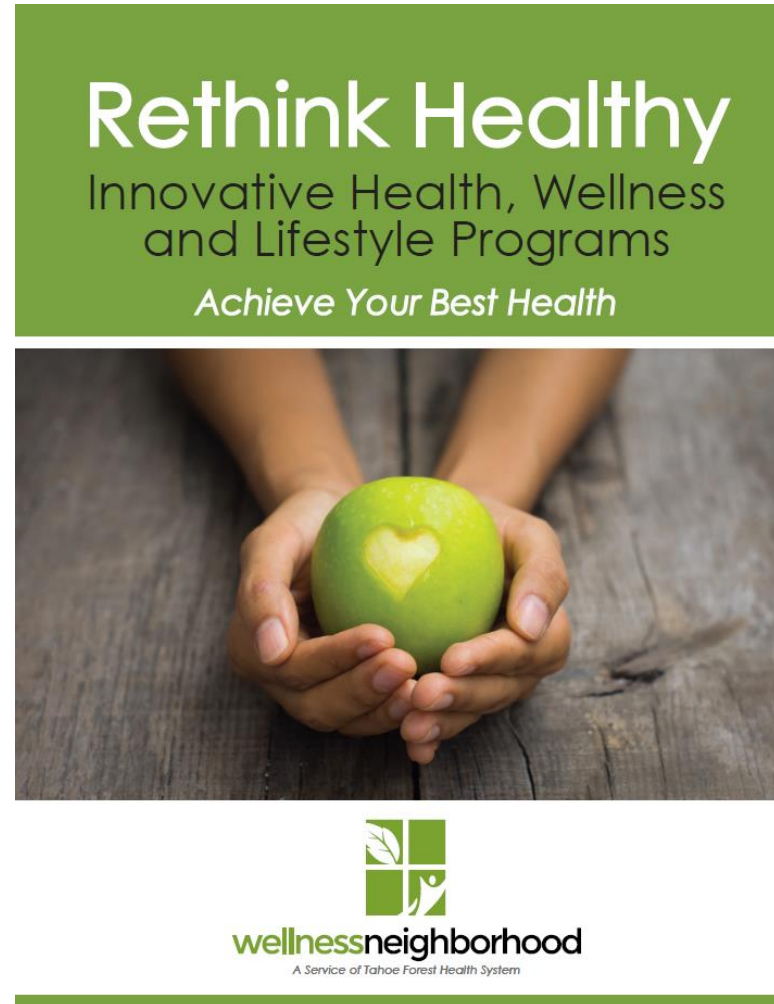
# Rethink Healthy

Cataloging all wellness programs and services in one place


Information and registration through a central location: Center Health Navigators - 587-3769


Distribution throughout the Health System and community such as:

- Clinic Offices
- CPSI Care Notes
- Nursing Case Management
- Future Website



**Rethink Healthy**  
Innovative Health, Wellness  
and Lifestyle Programs  
*Achieve Your Best Health*



  
**wellnessneighborhood**  
A Service of Tahoe Forest Health System



# Board Goal Areas

## - *Snapshot of Activities*

### Alcohol and Substance Abuse

Alcohol EDU year end report  
PRIME - Chronic Non-Malignant Pain  
Management  
SBIRT/CRAFFT  
Safe Prescribe Practices

### Access to Care

Navigation /Care Coordination  
Chronic Disease Self-Management  
Programs  
Family Resource Center/county  
partnerships  
Dental Health

### Mental and Behavioral Health

Suicide Prevention Coalition  
Youth Health Initiative

### Optimizing Health and Preventive Health

Community Outreach Education and  
Prevention Programs such as :  
HPV Cervical Cancer  
screening

# Alcohol and Substance Abuse

## Alcohol EDU Impact Report 2015-2016 Highlights

Findings are based on self-reported data from students who participated in *AlcoholEDU for High School* during this school year.

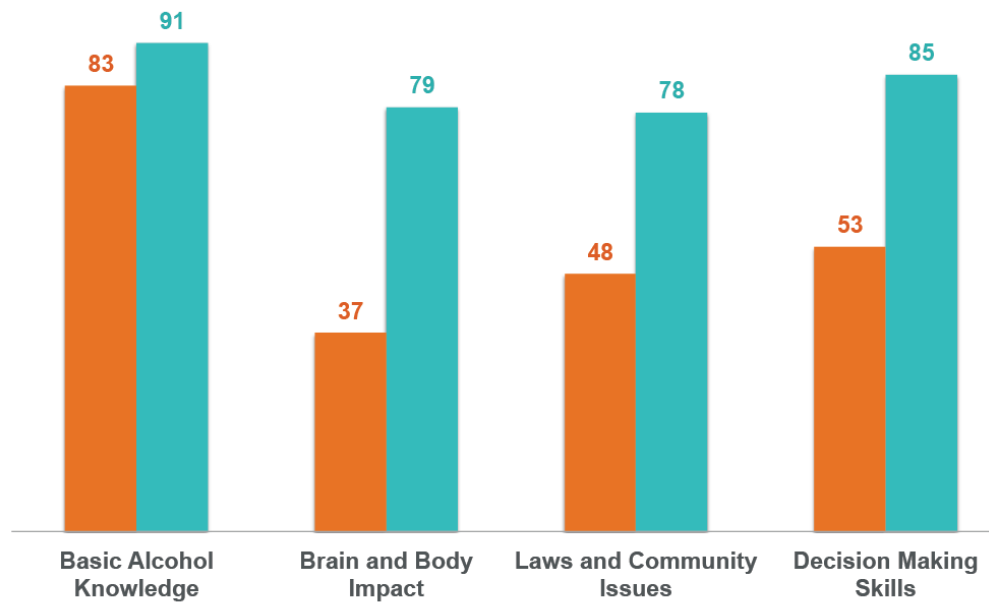


# Alcohol and Substance Abuse

## Alcohol EDU Impact Report 2015-2016 Highlights

### KNOWLEDGE GAIN

After taking *EverFi-AlcoholEdu™*, Tahoe Truckee Future Without Drug Dependence's students increased their scores on assessment tests by an average of 61% (from 59 before the course to 95 after).



Students showed the most gain in Laws and Community Issues and Brain and Body Impact.

# Mental and Behavioral Health

## - Suicide Prevention Coalition

- ▶ Grant oversight
- ▶ Outreach Coordinator

8 | Wednesday, August 10, 2016 | Sierra Sun

### HEALTH & WELLNESS

## Conversation and coping

*How parents and children can deal with back-to-school anxiety*



**Lisa Stekert**  
Suicide Prevention

**W**ith the 2016-2017 school year rapidly approaching, elementary through high schools students are gearing up for a new start.

Many children and teens experience alternating feelings of excitement along with anxiety and fear about going back to school.

Who will be my new teachers? Will any of my friends be in my class? Will my classes be hard? Who will I hang out with at lunch? What if I miss the bus? What if I can't understand the new school work?

Parents can assist their children in coping with anxiety by managing their emotions, building resilience, and by providing an environment that encourages children to share and express their feelings about returning to school. Below are some ideas:

#### TRANSITION YOUR SCHEDULE

Changing sleep routines before the first week of school can help to avoid the shock of waking up early.

#### What to do

If someone you know exhibits warning signs of suicide:

- ▶ Do not leave the person alone
  - ▶ Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt
  - ▶ Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255)
  - ▶ Take the person to an emergency room or seek help from a medical or mental health professional
- Learn more: Visit [tahoe.lifeline.org](http://tahoe.lifeline.org) for more information about the Tahoe Truckee Suicide Prevention Coalition.

the bus. Have a conversation about bus safety and expectations for riding the bus.

Plan ahead by stocking the refrigerator with nutritious snacks. Have backpacks, binder and lunch supplies organized at home to make the morning go smoothly.



GETTY IMAGES

Children and teens may experience alternating feelings of excitement and anxiety when going back to school.

place to talk. Some children may want your undivided attention, while teens may

child through the scenario that is causing them concern.

a new school, or getting everyone out the door on time. Pay attention to your own

anxiety is affecting their daily functioning, it may be time for professional help.

# Access to Care

## - Chronic Disease and Diabetes Self-Management Programs

- ▶ Family Resource Center Partnership( Third year of collaboration)
  - ▶ Approximately 15 classes/year( English and Spanish)
  - ▶ 16 weeks /session
  - ▶ 10 newly trained Health Promotoras
  - ▶ Benefits:
    - ▶ Improved patient knowledge re: overall health and wellness
    - ▶ Improved medication adherence and follow-up care.
  - ▶ New Opportunities:
    - ▶ Prenatal classes,
    - ▶ New Mom Support Group
    - ▶ Cooking Classes
    - ▶ Chronic Pain Self- Management (Pain)

# Access to Care

## - Dental Health

- ▶ Community Dental Coalition Established, March 2016
- ▶ Preventive Dental Health Strategy:
  - ▶ Fluoride varnish during well-child checkups
  - ▶ Provide parental education on fluoride varnish
  - ▶ Promote *Cavity Free Kids* curriculum
  - ▶ Preventive treatment program outreach
- ▶ Next steps:
  - ▶ Expand screening services
  - ▶ Identify local treatment options

# Optimizing Health and Preventive Health

## - HPV Education and Outreach

### ▶ Problem:

- ▶ Every year in the US, 27,000 people are diagnosed with a cancer caused by HPV
  - ▶ That's 1 case every 20 minutes
- ▶ low HPV immunization rate for 11-18 year old boys and girls
  - ▶ HP2020 goal is 80% immunized - US average immunization rate is 33.4%

### ▶ Strategy:

- ▶ Education intervention targeting key groups that have contact with adolescents increases immunization rates. (health care staff, school staff, and parents)
- ▶ HPV vaccination is Cancer prevention

# Care Coordination

*Inform, Consult, Involve, Collaborate, Empower*

- ❑ *Improve patient outcomes*
- ❑ *Increased Patient and Family Satisfaction*
- ❑ *Enhance Access to care*



# TFHD Care Coordination Programs

- ▶ **Chronic Care Management (CCM)**
  - ▶ Assists Medicare patients with two or more chronic conditions
- ▶ **Transitional Care Management (TCM)**
  - ▶ Assists Medicare patients transition from hospital to home
    - ▶ continues for 30 days post discharge.
- ▶ **Youth Care Management (YCM)**
  - ▶ Assists youth in accessing primary, reproductive, oral, mental and behavioral health services and community resources.
- ▶ **PRIME**
  - ▶ Chronic Non-Malignant Pain Management
  - ▶ Million Hearts
- ▶ **Orthopedic Total Joint Care Navigation**

# Care Coordination

## Remote Home Monitoring Program

Goal: To improve patient care through real time information and improved communication

- ▶ Patient goal tracking
  - ▶ Diet, Physical Activity, Medication
- ▶ Blood pressure
  - ▶ Reporting and trending with alerts
- ▶ Communication
  - ▶ Direct two-way communication between care coordinator and patient
- ▶ Plan to include:
  - ▶ Blood Glucose
  - ▶ Weight Management

# Nurse Navigation

Comprehensive Total Joints Nursing Navigation

# Why Navigate Patients?

Patient navigation has shown efficacy as a strategy to reduce cancer mortality and is currently being applied to reduce mortality in other chronic diseases.

# Eliminating Barriers

- ▶ Financial barriers (including uninsured and under insured)
- ▶ Communication barriers (such as lack of understanding, language/cultural)
- ▶ Medical system barriers (fragmented medical system, missed appointments, lost results)
- ▶ Psychological barriers (such as fear and distrust)
- ▶ Geographically rural areas that create other barriers (such as transportation and need for child care)

# What is the role of a Patient Navigator?

- ▶ Patient navigators provide one-on-one guidance and assistance to individuals as they move through the health care continuum from prevention to end-of-life care.
- ▶ The principal function of the navigator is to eliminate any and all barriers to timely screening, diagnosis, treatment, and supportive care for each individual.
- ▶ Navigators act as the support hub for all aspects of patients' movement through the health care system.
- ▶ The navigator's role is to promote smooth and timely continuity of care to the point of resolution.

# How Does Navigation Differ From Care Coordination

- ▶ Patient navigators are professionals with a distinct role specifically geared toward assisting patients as they make their way through the healthcare system.
- ▶ Care Coordinator manage chronically ill patients over long spans of time to keep them in optimal health given their diagnosis

# TFHD Orthopedics Total Joint Care Navigation Logic Model

Target Population	Program Theory	Activities	Outcomes	Impact
<ul style="list-style-type: none"> <li>Individuals cleared for a total Hip or Knee joint replacement and receiving surgery at Tahoe Forest Hospital.</li> </ul>	<p>A coordinated and navigated total joint replacement program will:</p> <ul style="list-style-type: none"> <li>Increase operating efficiency and physician satisfaction</li> <li>Decrease out migration of patients</li> <li>Decrease Patient readmissions</li> <li>Improve patient knowledge and implementation of discharge plan</li> <li>Ensure patient satisfaction through high quality service while returning them to their highest level of function</li> </ul>	<ul style="list-style-type: none"> <li>Implement Total Joint Care Navigation pathway</li> <li>Create, implement, and support patient education through patient Surgery Guide and Total Joint "Boot Camp" Class.</li> <li>Enhance financial counseling and patient share of cost by providing information at one contact point</li> <li>Streamline pre-admit visits and assessments</li> <li>Provide referrals for wellness services pre and post surgery, to improve surgical outcomes and reduce health risk factors</li> <li>Implement Marketing and Branding plan</li> </ul>	<ul style="list-style-type: none"> <li>Increased collaboration and communication between team members</li> <li>Total Joint "Boot Camp" Classes offered monthly</li> <li>Decreased surgical wait times by <span style="background-color: yellow;">    </span>%</li> <li>Increased monthly surgeries by <span style="background-color: yellow;">    </span>%</li> <li>Decreased out migration of patients by <span style="background-color: yellow;">    </span>%</li> <li>Decreased readmission rates by <span style="background-color: yellow;">    </span>%</li> <li>Improved patient knowledge and implementation of discharge plan as evidenced by survey results</li> </ul>	<ul style="list-style-type: none"> <li>Improve patient outcomes and satisfaction with total joint surgeries</li> <li>Increase demand for total joint surgeries at Tahoe Forest Hospital</li> <li>Hospital prepared for transition to bundled payment system</li> <li>Achieve 5 -Star rating</li> </ul>



# PRIME

*Public Hospital Re-design and Incentives in Medi-Cal*

# PRIME Update

- ▶ Received 1<sup>st</sup> Payment from CDHCS for acceptance into Demonstration Project
- ▶ Submitted Supplemental Infrastructure Building Template - Aug 26<sup>th</sup>
- ▶ Preparing for first bi-annual report - Due Sept 30<sup>th</sup>

# PRIME- Chronic Non-malignant Pain Management

- ▶ Safe Prescribe practices recognized by CDC and honored by community
- ▶ CDC recommended guidelines imbedded into the EHR for improved access for the providers
- ▶ County engagement to improve referral process for substance use disorders
- ▶ Medical provider education through project ECHO programs (UNR and UC Davis)
- ▶ Counselling referral resources now available through annual depression screening
- ▶ MSC Clinic engagement for SBIRT and CRAFFT

# Prime - Million Hearts Initiative Update

*National Initiative to prevent one million heart attacks and strokes by 2017*

## Coordinated and Comprehensive Intervention in Three Parts:

- ▶ In the Medical Provider Office
  - ▶ Implement best Practice algorithms
    - ▶ for HTN diagnosis and management
    - ▶ use of anticoagulants
    - ▶ smoking cessation education



# Prime - Million Hearts Initiative

*National Initiative to prevent one million heart attacks and strokes by 2017*

- ▶ In the Health Care System
  - ▶ Care Navigation and Coordination to improve patient outcomes
    - ▶ Reduce Barriers to Care
    - ▶ Provide home monitoring and coaching
    - ▶ Integration of Blue Life remote monitoring
  - ▶ Integrate referrals for Nutrition, Activity, and other wellness services



**Million Hearts**  
Initiative to Save One Million Lives

*Tahoe Forest Health System is participating in the national Million Hearts Initiative to prevent one million heart attacks and strokes by 2017*

Heart disease includes coronary artery disease which affects the blood flow to the heart, ultimately leading to a higher risk of heart attack and stroke. Other risk factors for heart disease are high blood pressure, being overweight, tobacco use and lack of physical activity.

*We have many programs and services to help you reduce your risk of heart disease:*

- Heart to Heart Education
- Kick Nicotine Program
- Self-Management Programs for Chronic Disease
- Weigh to Go Weight Loss Program
- Nutrition Consults
- Stress Reduction Programs
- Health Coaching

*For more information, please call*

Tahoe Center for Health and Sports Performance  
(530) 587-3769

  
  
A Service of Tahoe Forest Health System

10710 Donner Pass Road • Truckee, CA 96161 • (530) 587-3769 • [tfhd.com](http://tfhd.com)

# Prime - Million Hearts Initiative

National Initiative to prevent one million heart attacks and strokes by 2017

## ► In the Community

- Outreach and education on importance of BP control and “Know Your Numbers”
- Increase access to healthy food and beverage choices through vending machines
- Increase smoke-free environment policies

### Million Hearts Vending 2016

#### Before

3.5% healthy snacks  
33% healthy beverages  
30% of items with  $\geq 360$ mg sodium  
222mg average sodium content in snacks  
77mg average sodium content in beverages  
16% of items contain trans fat  
Annual Sales = \$7867

#### After

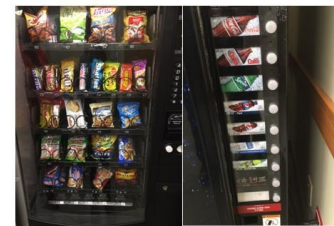
$\geq 50\%$  healthy snacks  
60% healthy beverages  
0% of items with  $\geq 360$ mg sodium  
115 mg sodium in snacks  
44 mg sodium in beverages  
0% of items contain trans fat  
Annual Sales = \_\_\_\_\_

#### Our Goals

50% of items are “healthy choices” (foods with some nutritional value that meets the standards (does NOT include candy or cookies)

Less than 360mg of sodium per item

No trans fats



# Questions