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Executive Officer

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September 14, 2011 (Agenda)

September 14, 2011
Agenda Item 9

Contra Costa Local Agency Formation Commission
651 Pine Street, Sixth Floor
Martinez, CA 94553

Progress Reports – Los Medanos and West Contra Costa Health Care Districts

Dear Commissioners:

The economic downturn continues to challenge the solvency of local agencies. The LAFCO Municipal Service Reviews (MSRs), as well as Grand Jury reports, describe these challenges. The fiscal and service challenges of local agencies have been the subject of ongoing discussions with the Commission; in particular, the sustainability of fire and healthcare districts.

In August, the Commission authorized a special study of governance options, including dissolution of the Mt. Diablo Health Care District. The Commission also requested updates regarding the activities of Los Medanos Community Healthcare District (LMCHD) and West Contra Costa Healthcare District (WCCHCD). In response, the districts have provided the attached correspondence. In addition, some general background information is provided below.

BACKGROUND

Los Medanos Community Healthcare District

Background - LMCHD was formed in 1948. The District serves a population of approximately 80,000 encompassing Pittsburg, Bay Point and unincorporated areas to the south, along with small portions of Clayton, Clyde, Antioch, and Concord. LMCHD operated the Los Medanos Community Hospital until 1994, when the hospital closed due to financial difficulties and the District was forced to declare bankruptcy. Subsequently, LMCHD partnered with Contra Costa Health Services (CCHS) by leasing the hospital's physical plant for the Pittsburg Health Center, which includes a CCHS clinic and other public health services. LMCHD owns the Pittsburg Health Center, which was the former Los Medanos Community Hospital. In 1998 the District and CCHS entered into a 20-year lease agreement for the facility to be used as a community health clinic.

There was a prior effort to dissolve LMCHD. In 1999, a registered voter petition was filed with LAFCO to dissolve the District. Following a review of the application and four public hearing, LAFCO denied the proposed dissolution.

LMCHD is funded primarily by property tax revenues (ad valorem). The District has recovered from bankruptcy; and in 2007 retired the remaining bankruptcy debt, five years ahead of schedule. Further, the District recently reached a preliminary agreement to terminate early its last remaining obligations resulting from the 1994 bankruptcy as described in Attachment 1.

LMCHD recently adopted a five year strategic plan which sets forth an assessment of the health needs of the community and existing health disparities, and lays out goals to address these health disparities. A copy of the 2011-2016 LMCHD Strategic Plan is included with Attachment 1.

LAFCO Municipal Service Review (MSR) - In August 2007, LAFCO completed a comprehensive MSR of healthcare services in Contra Costa County. The MSR report is available online at www.contracostalafco.org. The MSR focused primarily on the healthcare services provided by agencies under LAFCO's purview, including the three independent healthcare districts - Los Medanos, Mt. Diablo and West Contra Costa. The MSR report provided any overview of district services, operations and governance, financial challenges and opportunities, and other issues as required by statute. LAFCO anticipates conducting a second round review of healthcare services in 2012.

At the time the MSR was prepared, LMCHD had recovered from its financial difficulties and was actively involved in organizing and sponsoring programs and events focusing on wellness and prevention services, raising community awareness of health issues, and fostering health program partnerships. The MSR report noted that LMCHD was engaged in activities that support the purpose for which it was formed; and at the time, the District was spending 74 percent of its budgeted revenue on health programs and retiring debt. No major concerns were identified in the 2007 MSR.

The MSR report identified four government structure options for LMCHD as summarize below, and discussed potential advantages and disadvantages of each option.

1. Maintain the status quo
2. Dissolve LMCHD
3. Consolidate LMCHD with Mt. Diablo Health Care District (MDHCD)
4. Dissolve LMCHD and form a subsidiary district of limited powers

The MSR report recommended that LAFCO retain the status quo for LMCHD, and re-evaluate the benefits and costs of a consolidation with MDHCD in conjunction with the next MSR.

Grand Jury Reports - LMCHD has been the subject of several Grand Jury reports. In 1998, the Grand Jury issued *Report No. 9806 Los Medanos Community Hospital District*, which criticized the District for "failure to maintain financial records", "failure to direct district operations", and "failure to advance the public interest", and recommended dissolution of LMCHD.

In 2003, the Grand Jury issued *Report No. 0309 Where Have All the Hospitals Gone*, which found that none of the three healthcare districts in Contra Costa County provide direct hospital, physician, nurse, or emergency medical services; all three districts have been forced to lease or merge their hospitals due to bankruptcy or threat of financial insolvency; the majority of districts' annual revenues are used to pay for the districts' own administrative and operating expenses, including fees for attorneys and accountants, election costs, board stipends, staff salaries, medical/dental/pension benefits, and past bills owed for bankruptcy and bond repayment, thus leaving limited funding for local health care programs. The 2003 Grand Jury report recommended that all three districts be dissolved and that the Contra Costa County be named as the successor agency.

In 2010, the Grand Jury issued *Report No.1009 'Lost' Medanos Community Hospital District*, which indicated that the District “pursues its goals in an inefficient manner”, and that “the District’s expenditures result in minimal outcomes relative to priority health needs identified by the CCHS Community Health Assessment.” The report included a number of recommendations relating to grant funding, reducing administrative expenditures, increasing funding available for priority health care needs, and implementing the District’s strategic plan.

LMCHD was also included in two recent Grady Jury reports covering local agencies in general - *Report No. 1104 Elected Board Membership* and *Report No. 1105 Ethics and Transparency Issues in Contra Costa County*.

2011 Progress Report – In response to LAFCO’s request, LMCHD provided a comprehensive progress report (Attachment 1), which includes a summary of the issues raised in the 2007 LAFCO MSR and a status report on each of these issues; letters of appreciation; a five-year analysis of revenues and expenditures (2007-2012); a list of LMCHD partnerships; the District’s 2006-2011 Strategic Plan and Management Plan; and the District’s Health & Wellness Funding Program Policies and Procedures.

West Contra Costa Healthcare District (WCCHCD)

Background - WCCHD was formed in 1946 and serves the western portion of Contra Costa County, including Hercules, El Sobrante, Richmond, Richmond Heights, Kensington, Pinole, Rodeo, El Cerrito, Crockett, and San Pablo. WCCHD is the largest of the three healthcare districts, serves as estimated population of 246,000, and is the only district in the County that owns and operates a hospital.

The District owns and operates Doctors Medical Center (DMC) in San Pablo. The hospital was originally known as Brookside Hospital. From 1997 to 2004, DMC was leased to Tenet Healthcare Corp, which ended its agreement early due to operating losses. DMC continued to suffer financially and, in October 2006, declared bankruptcy. Subsequently, WCCHD and Contra Costa County entered into a Joint Powers Agreement (JPA); and through the JPA, the agencies were able to transfer and leverage funds to keep the hospital open.

WCCHCD receives revenue from hospital operations and property tax. Since 2004, when the District resumed operations of DMC, it has been a constant struggle to keep the hospital afloat. The District has taken measures to cut losses, close units/services not profitable, increase revenue through various contracts, and partner with the County to address its fiscal situation. However, currently, the District has approximately \$32 million in total debt, as described in the District’s update (Attachment 2). In the District’s ongoing efforts to remain solvent, the WCCHCD Board recently voted to call for a special election on November 15 and place a parcel tax on the ballot. The request is for a \$47/parcel for residential property holders and is expected to generate \$5.1 million.

LAFCO Municipal Service Review (MSR) – As noted above, in August 2007, LAFCO completed a countywide review of healthcare services focusing primarily on the healthcare services provided by the County and the three independent healthcare districts.

At the time the MSR was prepared, WCCHCD had recently declared bankruptcy, and had entered into a JPA with the County to address funding issues and to keep the hospital open. Further, the District, in conjunction with the County, conducted a comprehensive hospital assessment and developed new business plan options that were being considered. The assessment found that DMC was much worse off financially than previously thought, and the business plan provided options that specifically addressed the long-term financial needs of the hospital.

Given the recent activities, including bankruptcy and new partnership with the County, no government structure options were identified in the MSR. It was recommended that the status quo be maintained so that WCCHCD could meet its contractual and fiduciary obligations. It was recommended that WCCHCD continue to seek relationships with independent hospitals, public and private healthcare providers, and the county public health agencies to build a strong foundation for the hospital, and to continue to provide hospital services to the public in order to improve the District's financial position, reduce liability to the taxpayers, and ensure healthcare services to the community.

LAFCO voted to retain the status quo and required WCCHCD to provide LAFCO with annual reports on progress being made with regard to key issues identified in the MSR report, including the District's plans with the County for long-term fiscal viability.

In August 2008, WCCHCD provided LAFCO with a copy of the *Order Confirming Plan for the Adjustment of Debt, Fixing Effective Date of Plan, and Fixing Bar Date for Administrative Expense Claims*. At that time, the District also reported on the JPA with the County; receipt of assistance and grant funding from federal, state and private agencies (i.e., Kaiser and John Muir); the District's plan to emerge from bankruptcy; and on its business plan which included upgrading cancer treatment and other patient care services. In 2008, the Federal Bankruptcy Court approved the District's plan to emerge from bankruptcy. LAFCO has not received an update from WCCHCD since 2008.

Grand Jury Reports – WCCHCD has been included in at least three Grand Jury reports. In 2003, the Grand Jury issued *Report No. 0309 Where Have All the Hospitals Gone*, which found that the three healthcare districts have lost their original responsibilities, as discussed above, and recommended that all three districts be dissolved and that the County be named as the successor agency.

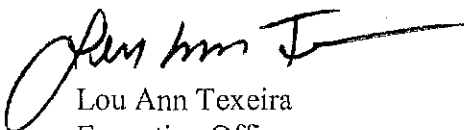
WCCHCD was also included in two recent Grand Jury reports covering local agencies in general - *Report No. 1104 Elected Board Membership* and *Report No. 1105 Ethics and Transparency Issues in Contra Costa County*.

2011 Progress Report – In response to LAFCO's request, WCCHCD provided a progress report (Attachment 2), which includes information regarding the District's current plan for long-term sustainability, including operating performance measures; the proposed parcel tax; refinancing plan; and the District's Regional Plan Initiative.

RECOMMENDATION

Receive and file the Los Medanos Community Healthcare District (LMCHD) and West Contra Costa Healthcare District (WCCHCD) progress report, and provide input and direction as desired.

Sincerely,



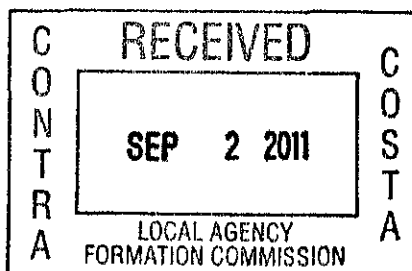
Lou Ann Teixeira
Executive Officer

Attachment 1 – Correspondence dated September 1, 2011 from Los Medanos Community Healthcare District

Attachment 2 – Letter dated August 16, 2011, from West Contra Costa Health Care District



"Advancing Solutions to Health Disparities"



September 1, 2011

Lou Ann Texeira
 Executive Officer
 Contra Costa Local Agency Formation Commission
 651 Pine Street, Sixth Floor
 Martinez, CA 94553-1229
 LTeixe@lafco.cccounty.us

Subject: LMCHD Update re financial performance and status of service and program goals

Dear Ms. Texeira:

Thank you for your letter of August 15, 2011. As requested in your letter, please find enclosed an update on the Los Medanos Community Healthcare District's (LMCHD or District) financial performance and status of service and program goals in support of health care services within the District's service area.

LMCHD is proud of its many accomplishments since the 2007 LAFCO Municipal Service Review, among which we wish to highlight: (1) the District's preliminary agreement to terminate early its last remaining obligations resulting from LMCHD's 1994 bankruptcy; (2) LMCHD's successful completion and implementation of its 2011-2016 Strategic Plan; and (3) the improved transparency and efficacy of LMCHD's grant-making and direct-program activities

Please do not hesitate to contact me if you should have any questions regarding the enclosed update.

Sincerely,

Bobbi Palmer, MBA, MSW
 CEO
 Los Medanos Community Healthcare District

Enclosure
 cc: LMCHD Board Members

"A Public Entity Serving East County"

LOS MEDANOS COMMUNITY HEALTH DISTRICT
Update to the 2007 Contra Costa Local Agency Formation Commission
Public Healthcare Services Municipal Service Review

Introduction: In August 2007, the Contra Costa Local Agency Formation Commission (LAFCO) completed a comprehensive Public Healthcare Services Municipal Service Review (MSR), which included a review of the Los Medanos Community Healthcare District (LMCHD or District).¹ The 2007 MSR found that LMCHD had “improved its financial condition, reduced liability to taxpayers, and ensured healthcare services to the community” and “successfully leveraged” the District’s assets and resources. *See* 2007 MSR at 4-5.

Since the 2007 MSR, LMCHD has continued to improve its infrastructure, long-term financial stability, cost containment, community partnerships, management efficiencies, and overall functioning. Among its many recent accomplishments, the District has: (1) reached a preliminary agreement to terminate early its last remaining obligations resulting from LMCHD’s 1994 bankruptcy; (2) successfully completed and is implementing its 2011-2016 strategic plan; and (3) improved the efficacy and long-term sustainability of its grant-making and direct-program activities, for the ultimate benefit of the community’s most vulnerable and disadvantaged. *See* Appendix A for letters of appreciation from the community LMCHD received in the previous 12 months.

This MSR Update follows the topics covered in the 2007 MSR, and addresses in order: (1) Growth and Population Projections; (2) Infrastructure Needs; (3) Financing Constraints and Opportunities; (4) Cost Avoidance Opportunities; (5) Opportunities for Rate Restructuring; (6) Opportunities for Shared Facilities; (7) Evaluation of Management Efficiencies; (8) Government Structure Options; and (9) Local Accountability and Governance. Per the August 15, 2011 Letter from LAFCO requesting this MSR Update, this report focuses on the District’s financial performance and status of service and program goals in support of health care services within the District’s service area.

Growth and Population Projections: LMCHD primarily serves the Pittsburg/Bay Point area. Based on 2005-2007 American Community Survey results, these two cities had a combined population of 83,044 people, consisting primarily of four races: Hispanic/Latino (40.4%), White (24.8%), Black/African American (14.9%), and Asian (14.2%). 29,982 people, or 35.1% of the total population, lived below 200% of the federal poverty level, of whom 40.6% were under the age of 18 and 6.1% were 65 and over.

As part of the implementation process of LMCHD’s 2011-2016 Strategic Plan, the District has scheduled a special Board study session on September 26, 2011 to review

¹ *See* http://www.contracostalafco.org/municipal_service_reviews/final%20healthcare%20services%20MSR%20report/HealthCare%20MSR%20Approved%208-8-07.pdf

and update the community's health needs, based on new Census and American Community Survey data, the 2010 Community Health Indicators Report for Contra Costa County, and other data sources, in order to continue its mission of identifying and advancing solutions to health disparities within the community.

"[LMCHD] has continued to be an important and valuable pillar in the community. . . . Thanks to the contribution from [LMCHD], the Nursing Program at Los Medanos College can uphold the longstanding reputation of supplying the healthcare community workforce with educated and exceptional RNs and LVNs."

- Lindy K. Maynes
Executive Director
Los Medanos College
Foundation

September 15, 2010 Letter to LMCHD

Infrastructure Needs: LMCHD recently reached a preliminary agreement with the State Office of Statewide Health Planning and Development (OSHPD) to terminate early its 1998 Settlement Agreement, under which LMCHD was required to pay over to OSHPD all rental income from the LMCHD hospital facility until 2026. This would terminate the District's last remaining obligations resulting from its 1994 bankruptcy and allow LMCHD to direct additional resources to the community's infrastructure and programmatic needs and provide a higher level of healthcare services within the community.

In 1998, the District entered into a Settlement Agreement with OSHPD to settle its 1994 bankruptcy. The Settlement Agreement consisted of two obligations: (1) a long-term, \$3,047,000 loan from OSHPD that was paid off in 2007, five years ahead of schedule; and (2) an agreement assigning all future rental income from the LMCHD hospital facility to OSHPD in lieu of a \$1.4 million claim in bankruptcy. The assignment schedule was as follows:

08/01/1998 – 07/31/2018:	\$100,000 per year
08/01/2018 – 07/31/2020:	\$500,000 per year, minimum
08/01/2020 – 07/31/2026:	All rental income, if any

Pursuant to this schedule, LMCHD has made annual lease payments of \$100,000 directly to OSHPD's Cal-Mortgage Insurance Division (Cal-Mortgage) since 1998. On August 29, 2011, LMCHD announced that the District and Cal-Mortgage have reached a preliminary agreement to terminate the Settlement Agreement at a \$1.5 million termination price, and expect to finalize the termination by the end of October 2011. As a result, it is expected that LMCHD will no longer be required to assign future rental revenue conservatively estimated at approximately \$4.7 million.

The termination of the Settlement Agreement would relieve taxpayers of an *additional 15 years and approximately \$4.7 million* of revenue assignment, and allow LMCHD to rededicate its rental revenues toward healthcare services for the community. As the 2007 MSR noted, LMCHD has "restructured its financial management approach to incorporate

prudent financial decision-making,” MSR at 4-11, and the District has clearly continued to improve its financial management and performance since then.

The ultimate beneficiaries of the District’s prudent and long-sighted financial planning is the community, whose most vulnerable and underserved populations the District’s funding supports. Please see Appendix A for a sampling of the diverse and crucial needs that LMCHD and its partners support, and which LMCHD’s careful financial planning and foresight will benefit.

“John Muir Health Faith and Health Partnership program staff appreciates the opportunity to continue to address health disparities in the African American and Latino populations within the LMCHD community. Your partnership in our efforts to improve the health of the communities we serve is greatly appreciated.”

- Lynn H. Baskett
VP/Executive Director
John Muir Health

January 20, 2011 Letter to LMCHD

Financing Constraints and

Opportunities: For FY 2011-2012, LMCHD has budgeted \$756,900 in revenue from property taxes, investment earnings, and other sources. As set forth in Appendix B, the District’s total community expenditures in FY 2011-2012 are projected to be 77.05% of the District’s total revenue, and direct grants to community-based organizations are projected to constitute 61.62% of total revenue.² Since 2007, the District has spent an average of 78.84% of its revenues on community expenses, of which an average of 50.68% has been on direct grants. In

addition, it should be noted that this calculation does not include the fair market value of the LMCHD’s in-kind donation of office space to the Pittsburg Health Center, which is estimated at almost \$2.1 million per year.

Recent press reports have suggested that LMCHD is budgeting more than half of its revenues on “its own expenses.” This represents an understandable misreading of the District’s budget, as outlined below.

In order to maximize the impact of its community health grants, in 2010 LMCHD increased the Health & Wellness Grant funding cycle to two years, so that grantees could count on and leverage the District’s two-year commitment. LMCHD set aside a total of \$852,850 for the two-year Health & Wellness funding program, or \$426,425 per year. In order to give grantees more certainty and flexibility, the grant disbursement schedule was front-loaded, so that the majority of the grant money was disbursed in the first 12 months.

Due to the current economic crisis, LMCHD is expecting lower property tax revenues in FY2011-2012 than in previous years. To ensure that the District does not face a cash flow problem in the coming year, the District employed a cash flow-based line-item budget to

² As noted in Appendix B and below, in 2010 the District decided to maximize the impact of its Health & Wellness Funding program by making it a 2-year program. For ease of comprehension, the funding allocation for the 2-year program has been divided between FY2010-2011 and FY2011-2012 in Appendix C and in this analysis.

identify expected expenditures. While this form of budget is helpful in determining cash flow issues, its focus is short-term and is concerned primarily with when money flows in and out of LMCHD's accounts. Since LMCHD had paid out the lion's share of the Health & Wellness Grant funding in FY 2010-2011 (i.e., had borrowed against its expected FY 2011-2012 revenues to pay out more than \$426,425 in the first year), the cash flow-based budget seemed to indicate that LMCHD was providing less than \$300,000 to Health & Wellness grantees.

This is hardly the case. Appendix B, which provides an analysis of LMCHD revenue and expenses since the 2007 MSR, and which includes projected revenues and expenses for FY 2011-2012, provides a more comprehensive and accurate analysis of the District's past and projected expenses. It shows that, when one accounts for the two-year funding cycle of the Health & Wellness Grant program, and splits that funding amount over two years, that LMCHD is actually projected to spend more than \$466,000, or 61.62% of total revenue, on grants to community organizations in FY2011-2012.

LMCHD will continue to invest resources in FY2011-2012 to improve the District's long-term capacity to deliver increased health services and address health disparities within the community. This includes negotiating the termination of the 1998 Settlement Agreement and implementing the 2011-2016 Strategic Plan and the Management Plan (discussed below).

Cost Avoidance Opportunities: As noted in the 2007 MSR, "[t]he District has made significant progress in limiting or reducing expenses," MSR at 4-11, and continues to do so. The District has continued its innovative partnerships with the County and community-based organizations to deliver cost-effective healthcare services and programs that target and address pervasive health disparities within the community.

"Your support of [Farm 2 Kids in Pittsburg and Bay Point] makes it possible for over 1,600 of our young children to enjoy the benefits of a healthier life style which can provide a better chance for success in life."

- Larry Sly
Executive Director
Food Bank of Contra Costa
and Solano

September 8, 2010 Letter to LMCHD

The District plays a critical and unique role within the community, of identifying, targeting and advancing solutions for health disparities based on race, socio-economic status, and age, among others.

For example, LMCHD has partnered with John Muir Health on the African American Faith and Health Partnership, an initiative to engage faith-based organizations, nonprofit community-based organizations, and African American and Latino individuals in the communities of Bay Point and Pittsburg to promote lifestyle choices for wellness, health promotion, and

disease prevention.

In funding the African American Faith and Health Partnership outreach coordination, LMCHD has allowed the partnership to initiate relationships with faith communities and provided them with programs and activities that enabled them to deliver much needed health education programs, preventive screening, chronic disease education, and resource referrals to their congregation and surrounding neighborhoods in an effort to promote healthy living, reduce health disparities, and save lives. In a span of just six months, 533 individuals have completed pledges to make positive lifestyle choices based on the education received.

Another example is the Dental Assessment Project/Dental Collaborative of Contra Costa, a program that provides children's oral health programs in local elementary schools with at least 75% of the students qualifying for free and reduced lunches. The LMCHD partnership with the Dental Assessment Project made it possible to offer preventive oral health services to all children at Bel Air, Delta View, Rio Vista, and Shore Acres Elementary Schools.

While LMCHD's partnerships are too numerous to recount here (see Appendix C for a list of partnerships from 2008-2011), some other, representative examples include:

"Your support of safety net services to victims . . . has helped hundreds of local teenagers . . . understand the dynamics of healthy relationships and break the generational cycle of abuse. On behalf of the many people who your generosity will touch this year, thank you, your support is critical to our work."

- Gloria Sandoval
Chief Executive Officer
STAND! Against Domestic
Violence

September 9, 2010 Letter to LMCHD

(1) Partnerships with Delta Memorial Hospital Foundation's Sutter Delta Urgent Care Clinic, the St. Vincent de Paul Free Community Clinic, and the Los Medanos College Foundation's Nursing Program, to provide needed urgent care services, free clinical services, and nursing training for the community;

(2) Partnerships with the Pittsburg Unified School District Nutrition Department, the Greater Faith Food Pantry, the Food Bank of Contra Costa/Solano, and Stoneman Village Dinner Meal Program to ensure that the District's most vulnerable residents, including schoolchildren and the elderly, do

not go hungry and have access to healthy, wholesome foods; and

(3) Partnerships with the Pittsburg Adult Education Center, Sisters 3 Breast Cancer Education and Support Group, the American Heart Association, and STAND! Against Domestic Violence to ensure that underserved populations receive health-related education and information that will allow them to lead healthy lifestyles.

As discussed above, in order to maximize the impact of its community health grants, the District increased the Health & Wellness Grant funding cycle to two years in 2010, so that grantees like the John Muir Community Health Alliance (\$146,222 grant) and the

Sutter Delta Urgent Care Clinic (\$84,000 grant) can leverage their grant funding to provide more comprehensive and effective services for the community.

Furthermore, the District recognized that limiting funding opportunities to an annual or biannual cycle had restricted the community's ability to respond to immediate health needs and to create innovative new solutions to community-wide health disparities. Accordingly, it created the District Programs and Activities Committee (DPAC), which incorporated existing District-direct programs like the Community Garden, FitFest, the Eyeglasses Program, and the AED program, and allowed community organizations to present new project proposals on a rolling basis. DPAC requires all of its programs to develop a detailed workplan, a template of which is attached as Appendix G, and to designate a coordinator who ensures that the program adheres to the approved workplan and periodically reports back to DPAC and LMCHD staff.

Opportunities for Rate Restructuring: As the 2007 MSR noted, the District has continued to manage its finances and projections for the future needs of its service areas, and there will not likely be a need for any rate restructuring.

Opportunities for Shared Facilities: As noted in the 2007 MSR, the District has been partnering with Contra Costa Health Services to provide healthcare services to the Los Medanos community at the Pittsburg Health Center. The Health Center is open six days a week, and provides a comprehensive slate of medical, dental, psychiatric, and preventative services focusing on the whole person. The Health Center serves many community members in need, including those covered under CHDP, CCHP, Med-Cal, Healthy Families, Basic Health Care, Family Pact, and Medicare. *See* http://cchealth.org/services/pittsburg_center/.

In addition, the District has opened its facilities to the public, allowing community-based organizations to use its meeting rooms without charge and repurposing underutilized LMCHD property for community use.

Evaluation of Management Efficiencies: Starting in December 2009, LMCHD embarked on a strategic planning process to further service and program goals in support of health care services within the District's service area. The resulting 2011-2016 Strategic Plan and Management Plan provide an effective framework for efficient management decisions.

"We are truly grateful for your support; the mission of feeding the hungry daily could not be accomplished daily without [your] dedication to our organization. . . . Thank you for believing in our mission and partnering with us, we truly appreciate it."

- Joleen R. Lafayette
Development Director
Loaves and Fishes
of Contra Costa

The planning process was based on five guiding principles: (1) to foster a culture of community connection through its resource distribution practices, information dissemination channels, conduct of Board meetings, and staff presence; (2) to emerge as a health care system that accepts and fosters responsibility, in which decisions are

made at the lowest levels empowered to make them and supported by the organization; (3) to demonstrate fair and responsible management of fiscal, environmental, education, and human resources; (4) to cultivate consensus within the organization, providing fair opportunity to hear varying perspectives and positions; and (5) to develop Operating Protocols and Procedures to guide Board, Staff and Community in effective communication and an ongoing exchange of ideas.

Over the following ten months, the District held a series of study sessions and open houses to conduct a survey of the District residents' health care priorities, gather public input, revise its existing committee structure, devise a more transparent and outcomes-focused grant-making process, and draft the Management Plan and Strategic Plan. The resulting 2011-2016 Strategic Plan, attached as Appendix D, was adopted by the Board in October 2010, and was made available for public review at <http://lmchd.org/php/strategicplan.php> and for additional public comment at <http://www.surveymonkey.com/s/R27692V>.

The Strategic Plan lays out five primary goals for the District:

- (1) Improving availability of and access to direct health and mental health services for all residents of the District, with a focus on reducing the District's health disparities;
- (2) Supporting preventative and public health efforts that promote and protect the personal, community, and environmental well-being and health of District residents;
- (3) Engaging in population-specific efforts to address the needs of those residents in the District that are historically underserved or particularly impacted by health disparities;
- (4) Supporting research and educational programming that moves the Los Medanos community towards improved and innovative practices, ensures that healthcare professionals receive the best training, and further enhances service delivery to District residents; and
- (5) Working through the Board of Directors and Staff to establish solid, sustainable agency infrastructure components guided by fair and ethical governing principles and fiscally sound policies to ensure sufficient resources to achieve LMCHD's vision, mission and strategic plan.

"[LMCHD's contributions] will be utilized to provide vital pharmaceuticals, medical supplies and equipment, and lab service/diagnostic service to our needy patients . . . LMCHD is providing significant support for increasing access to healthcare for the most vulnerable."

- Barb Hunt
Development Director
St. Vincent de Paul Society
of Contra Costa County

July 18, 2011 Letter to LMCHD

To ensure that the District meets each goal, the Board identified concrete outcome measures, strategies, and action steps. To take the first goal as an example, the District set three outcome measures: (1) District residents have improved access to direct health and mental health services; (2) District residents will experience a reduction in health disparities including those in diabetes, childhood obesity, and heart disease; and (3) A stronger network of health care assistance is in place, supporting a reduction in health disparities,

measured by LMCHD increasing collaboration with appropriate organizations and establishing workplans to launch and sustain new and existing programs.

To meet the outcome measures associated with the first goal, the District identified five action strategies: (1) funding new or existing programs and creating linkages, partnership, and collaborations with community-based efforts that support this goal through Health and Wellness District-direct initiatives activity and LMCHD Health and Wellness Funding Program; (2) Utilize existing data and support new efforts for District-wide assessments of health needs and health disparities in the District; (3) Advocate for improved access to health care as well as strengthened healthcare goals, policies, and outcomes throughout the community, including local, state, and federal levels of government; (4) Increase access to affordable health coverage options for working individuals and families within the District and residents that are not covered by Medi-Cal/Medicaid; and (5) Allocate funds effectively and define effectiveness measures for evaluating efforts to ensure that LMCHD's resources contribute to improved access to healthcare.

"[LMCHD's contributions] have served approximately 266 families and 860 individuals who are grateful to you . . . Without your help, many families in the community would have had a much more difficult time . . . trying to provide nutritious meals, especially to the young."

- Philip D. Thomas
Food Pantry Coordinator
Greater Faith Food Pantry

May 11, 2011 Letter to LMCHD

The action steps associated with the first goal's outcome measures are too numerous to recount here. *See Appendix D, pp. 17-19.* In summary, the Strategic Plan created concrete steps to improve the availability of and access to direct health and mental health services, through:

- (1) Data-driven District-wide assessments of health needs and health disparities among District residents;
- (2) Targeted grants under the LMCHD Health and Wellness Funding Program (discussed below), new District-Direct Initiatives spearheaded by the District

Programs and Activities Committee (discussed below), and existing District-Direct Initiatives like the Eyeglasses Program;

- (3) Outcomes-oriented monitoring and technical support policies and procedures that maximizes the impact of the District's funding activities;
- (4) Evaluations of Health & Wellness Funding programs and District-Direct Initiatives emphasizing program effectiveness and outcomes, and coordinated resource allocation for improving access to healthcare for District residents; and
- (5) Legislative and policy advocacy activities that favor District residents and health care needs, including direct advocacy to federal and state representatives, regular policy updates for the community, and the annual legislative advocacy intern program.

In the 10 months since the Strategic Plan's adoption, the District has successfully implemented most of the Plan's strategies and action steps, and is continuing to build upon its accomplishments.

Once again using the first goal as an example, the District has utilized the Los Medanos Community Healthcare District Health Profile, developed by Board member Dr. Vern Cromartie, *see* <http://lmchd.org/php/hprofile.php>, to develop the District's outcome goals, and is updating its findings and goals in September 2011 based on recent health studies. The Grants and Policy Committee (G&P) and the District Programs and Activities Committee (DPAC) have provided over \$850,000 in funding for community organizations based on the programs' ability to provide needed health services and to reduce health disparities. The G&P committee, DPAC, and the Executive Director have been monitoring the programs to ensure fiscal accountability and program effectiveness, and to the extent that programs have had difficulties meeting the District's expectations, have provided technical assistance or (if the organizations are unable to comply with the District's requirements) redirected funding to organizations that have demonstrated their ability to serve the District's health needs. Lastly, the District has expanded its legislative and policy-related activities through direct advocacy, involvement with peer-group associations like the Association of California Health Districts, and public education.

"I wanted to let you know how wonderful the three young [interns taking part in LMCHD's summer intern program] were. Our Emergency Department was so impressed with their service that they now would like to me to find more young adults to serve in the same capacity."

- Rudeen Monte
Executive Director
Sutter Delta Medical Center

August 31, 2010 E-mail to LMCHD

In addition to the Strategic Plan, LMCHD recently adopted a new Management Plan, attached as Appendix E. The Management Plan creates an effective framework for efficient management activities by describing the District's core functions and identifying how LMCHD management, the Board and the Board's committees can most efficiently leverage their time and skills in carrying out the District's activities.

Pursuant to the Management Plan and related time studies, the District determined that in order for the staff to carry out its administrative duties and improve the

District's overall efficiency, the Executive Director needed to be a full-time position. After researching standard contractual terms among comparable executive positions in Contra Costa County and the San Francisco Bay Area, the District approved the Executive Director's new, full-time contract on July 18, 2011.

Government Structure Options: In 2007, the MSR identified several government structure options for LMCHD, but strongly encouraged maintaining the status quo: "The District is operating efficiently and works cooperatively with Contra Costa Health Services and other healthcare providers on common issues. The advantages of [maintaining the status quo] are that it would allow the residents within the district to benefit from the financial improvements and service level enhancements that have occurred within recent years, and are planned to continue in the next five years." MSR at 4-13.

As predicted, LMCHD's close relationship with Contra Costa Health Services, strong financial management, and service level enhancements have continued in the last four years, to the benefit of the District's residents. First, health services and coverage at the Pittsburg Health Center have increased. Second, LMCHD's finances have improved to the point where it is in a position to terminate the OSHPD agreement and save District residents approximately \$4.7 million. Finally, LMCHD is providing significant grant funding to community health organizations to provide much needed healthcare services for historically underserved populations. As the 2007 MSR indicated, "[t]he District is providing substantial healthcare benefit with the property tax revenue it receives." *Id.*

Local Accountability and Governance: The LMCHD's policy of openness and transparency has not changed since the 2007 MSR, and recent improvements to the Health & Wellness Funding program and the creation of DPAC (discussed above) have only increased the transparency and accountability of the District to its constituents.

"People call us as strangers and end up feeling that they were counseled as friends. . . Thank you for helping to make our services possible."

- John Bateson
Executive Director
Contra Costa Crisis Center

October 21, 2010 Letter to LMCHD

The LMCHD Board and its committees' meetings are always open to the public, its agendas are publicly posted, including on the lmchd.org website, in compliance with the Brown Act, and the Board meeting minutes are also posted online for public review.

The new Health & Wellness Funding application process—which includes detailed application forms with clearly delineated eligibility criteria and review procedures, appeal policy, disbursement policies, and compliance requirements, attached as Appendix F—makes it even

easier for District residents to monitor LMCHD's grant-making activities and to evaluate the effectiveness of the programs it funds.

Summary: LMCHD serves a distinct and irreplaceable function in the Los Medanos community, of identifying and addressing health disparities in a region where unfortunately a person's race, socio-economic status or age often determines how healthy he or she will be. With that significant responsibility in mind, the District has made significant investments in strategic and financial planning and operational improvements since the 2007 MSR to ensure that LMCHD can continue to serve its community function in the most transparent, cost-effective, and efficient manner possible.

The District recognizes that its work is not complete, and is continuing to make investments in its capacity and operations, including the recently announced settlement with Cal-Mortgage, which will allow the District in the future to redirect significant resources to community health services, and the implementation of the new 2011-2016

Strategic Plan, which will ensure that all of the District's activities are serving the goal of addressing health disparities, and that LMCHD is operating in an effective and transparent manner.

The ultimate beneficiaries of these and other developments are Los Medanos's underserved and disadvantaged populations, and the community-based organizations that serve their health needs. The District is proud of its accomplishments and the fact that the community has come to recognize its place as, to borrow the words of Lindy Maynes of the Los Medanos College Foundation, "an important and valuable pillar in the community." The District welcomes the opportunity to discuss this report and any other questions with LAFCO and the community-at-large.

APPENDIX A
LETTERS OF APPRECIATION



August 25, 2010
Ms. Bobbi Palmer, MSW, MBA
Board of Directors
LMCHD
2311 Loveridge Road
PO Box 8698
Pittsburg, CA 94565-8698

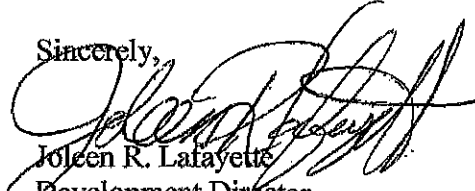
Dear Bobbi and Board of Directors:

I want to take this opportunity to personally thank the LMCHD for the generous two year grant of \$40,000 on 7/22/2010. On behalf of the Board of Directors and over nine hundred volunteers who operate the eight dining sites and Catering Kitchen of Loaves & Fishes, I assure you that these funds will be used to support the operations of the Pittsburg Dining Room. We are truly grateful for your support; the mission of feeding the hungry daily could not be accomplished daily without our donor's dedication to our organization.

Loaves & Fishes is the largest provider of meals to the hungry in Contra Costa County. Additionally, we are the only agency in the county providing hot meals five days a week, Monday-Friday to the hungry. We serve anyone in the community. Loaves & Fishes has eight dining sites in Contra Costa County where we expect to serve over 120,000 meals this Fiscal Year. Loaves & Fishes is staffed mostly by volunteers from the community, with approximately 1000 volunteers preparing and serving food 5 days a week, 52 weeks a year. Our organization could not operate without our volunteers; we appreciate their time and efforts towards our program.

Loaves and Fishes have been working to achieve the objective of lessening the horrific effects of hunger in our communities since 1983. Our services have grown to serve the wider community of Contra Costa County. Thank you for believing in our mission and partnering with us, we truly appreciate it.

Sincerely,



Joleen R. Lafayette
Development Director

PLEASE SAVE THIS RECEIPT FOR YOUR RECORDS
No goods or services were provided to you in exchange for this gift.
The full amount of your contribution is tax-deductible.



P
T Agenda Item #10.7
W:

"A Public Entity Serving East County"

LMCHD SUMMER INTERNS WITH SUTTER DELTA

Rudeen,

I am so pleased that we were able to provide such a wonderful "work experience " for these summer interns. I look forward to see how we might create other opportunities for the youth in our district.

Barbara, please include this in communication only in board packet. Thank you
Sent from my iPhone

On Aug 31, 2010, at 9:36 AM, "Monte, Rudeen M" <MonteRM1@sutterhealth.org> wrote:

Hi, Bobbie: I wanted to let you know how wonderful the three young people you sent us were. Our Emergency Department was so impressed with their service that they now would like me to find more young adults to serve in the same capacity. I have asked Michelle Keller to research employment programs to see how we can make this happen. We would appreciate any help you can give us in finding such a program. If LMCHD would like to be the employer of record like you did last time, that would be fine, too.

Rudeen
382-7593



FOOD BANK of Contra Costa and Solano

Because no one should go hungry

Agenda Item #10.2

RECEIVED
SEP 13 2010

MAILING ADDRESS September 08, 2010

PO Box 5324
Concord, CA 94524

CONCORD LOCATION

4010 Nelson Avenue
Concord, CA 94520
Bobbi Palmer, MSW, MBA
Los Medanos Community Healthcare District
P.O. Box 8698
Pittsburg, CA 94565-8698

925-676-7543 main
925-671-7933 fax

Dear Bobbi and Board Members:

FAIRFIELD LOCATION

1891 Woolner Avenue
Suite I
Fairfield, CA 94533

707-421-9777 main
707-421-0205 fax

The Food Bank of Contra Costa and Solano wishes to extend our utmost gratitude for your support of our Farm 2 Kids program in Pittsburg and Bay Point. We have received our first payment of \$10,000 as part of your very generous \$40,000 two-year grant to us, and we are ready to put the money to good use. The funds will be used to pay for the acquisition and transportation of fresh produce to the children in the program. Your support of this program makes it possible for over 1,600 of our young children to enjoy the benefits of a healthier life style which can provide a better chance for success in life. We will be sending you our mid-term and final reports on the use of the funds and progress of the program as scheduled.

On behalf of our family of volunteers, the staff of the Food Bank, and the clients we serve, thank you for your generous support of our work. If you have any questions or require additional information, please call me at (925) 771-1300.

Federal Tax
ID #94-2418054

Sincerely,

Visit us on the web at
www.foodbankccs.org

Larry Sly
Executive Director

Thank you

a member of



STAND!

Against Domestic ViolenceSM

Formerly Battered Women's Alternatives

Agenda Item #10.2

RECEIVED
SEP 13 2010

September 9, 2010

Bobbi Palmer
Los Medanos Community Healthcare District
PO BOX 8698
Pittsburg, CA 94565-8698

Dear Bobbi,

Thank you so much for your gift of \$10,000.00 on 9/8/2010. STAND! and the families we serve are grateful for your generosity.

Your support of our safety net services to victims recognizes the daunting realities of domestic violence in this stark economic downturn. The severe stress has continued to impact families through increased domestic violence, as evidenced in the first six months of FY 2009-2010, by: 1) a 63% increase in call volume on STAND!'s Crisis Line; 2) a 39% increase in victims receiving emergency food and clothing at STAND!; 3) a 500% increase in referrals to other shelters when STAND! is full; and 4) 11 domestic violence-related deaths in the county.

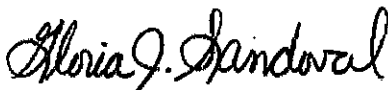
Your gift has helped hundreds of local teenagers learn about dating violence, the warning signs, and how to stand firm in the belief that everyone deserves to be treated well by their girl/boyfriend.

Teenagers like Sophia, who grew up watching her father hit her mother. Sophia had promised herself as a small child that her husband would never treat her the way her father treated her mother. When she got to high school, she met a boy, who seemed wonderful at first, but gradually he became controlling. When they would fight, she would attempt to walk away, but he wouldn't let her, sometimes grabbing her arm so hard, she would have a bruise for days. She was afraid, but didn't know what to do. She had tried to break up with him, but he had threatened to kill himself, so Sophie stayed, afraid for his life.

After a STAND! workshop on teen dating violence, Sophia stood up to her boyfriend and told him she would no longer allow him to treat her this way. When he refused to change his behavior, Sophie told him they were over. Now, months later, she admits it was hard to do, and she was afraid of his reaction. "I was really afraid he would hurt himself, or me. For a little while, he wouldn't leave me alone, and he said things that were untrue about me to his friends. But then he found another girlfriend. I feel bad for her, because I see that he hasn't changed, I tried to talk to her but she told me I was just jealous. I hope someday he can understand what he does and why it's wrong, but I know that I will never allow him or anybody else to treat me that way again.

Thank you Bobbi for helping teens like Sophia understand the dynamics of healthy relationships and break the generational cycle of abuse. On behalf of the many people who your generosity will touch this year, thank you, your support is critical to our work.

With our sincere thanks,



Gloria J. Sandoval
Chief Executive Officer

Please retain this letter for your tax records to fulfill IRS substantiation requirements that must be met in order to deduct your contribution. Our tax identification number is 94-2476576. No material benefits were provided to you by STAND! in return for this contribution. If you do not agree with the donation information in this letter contact Gloria Sandoval at 925.603.0112.

1410 Danzig Plaza, Suite 200
Concord, California 94520

2400 Sycamore Street, Suite 38
Antioch, California 94509

12230 San Pablo Avenue
Richmond, California 94805

LOS MEDANOS COLLEGE

Foundation

Agenda Item #10.2

SEP 17 2010

September 15, 2010

Los Medanos Community Healthcare District
Attn: Bobbie Palmer
P.O. Box 8698
Pittsburg, CA 94565-8698

Dear Bobbie:

On behalf of the LMC Foundation Board of Directors and the students of the Los Medanos College, we thank Los Medanos Community Healthcare for their generous donation of \$15,102.50 to the Nursing Program.

The Los Medanos Community Healthcare District has continued to be an important and valuable pillar in the community. The Los Medanos College Nursing Program has graduated many Registered Nurses and Licensed Vocational Nurses over the years. Recent budget cutbacks have made it difficult to continue to provide the essential tools and invaluable education that is required to produce excellent and well trained nurses. Thanks to the contribution from the Los Medanos Community Healthcare District, the Nursing Program at Los Medanos College can uphold the longstanding reputation of supplying the healthcare community workforce with educated and exceptional Registered Nurses and Licensed Vocational Nurses.

As state funding diminishes, tuition fees continue to rise and many programs have or will lose their funding. Our students must depend on the generosity of those who value education to help them realize their educational goals. Your donation makes it possible for us to continue to give the invaluable educational experience necessary to build smart and successful scholars.

Our faculty and staff continue to strive to provide quality education to fulfill the workforce needs of our community. We celebrate our successes and are grateful to those who help us achieve them. Thank you so very much for your continued support.

Sincerely,


Lindy K. Maynes
Executive Director

Please retain this letter as your receipt for tax purposes.



Pittsburg Arts & Community Foundation, Inc. Agenda Item #10.2

• 51 Marina Blvd. • Pittsburg, CA 94565

Phone: 925-252-6970
website: pittsburgfoundation.org

September 20, 2010

RECEIVED
SEP 24 2010

Ms. Bobbi Palmer, Exec. Director
Los Medanos Community Healthcare District
P.O. Box 8698
Pittsburg, Ca 94565

Dear Ms. Palmer,

Our inaugural year of Pittsburg Summer Reads has drawn to a very successful end! As we wrap up this year and prepare for next year, we wish to thank you for your support and to share with you the results of this year's effort. The collaboration between the Pittsburg Arts & Community Foundation (Foundation) and the Contra Costa County Library's Pittsburg Branch (Library) proved to be quite successful from start to finish.

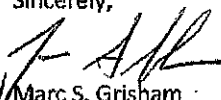
Over 2200 adults and children participated in the Pittsburg Summer Reads program this summer and over 400 completed the recommended summer reading program. As a result of our outreach efforts, free books, reading zones, and publicity about the program, we were able to double the number of both completions and participants over last summer! This is enough to bring our Summer Reading numbers from the bottom end of the East County Summer Reading charts toward the top! You can be proud of the fact that you played a key role in getting the word out about the importance of summer reading and in reintroducing the new and improved library to our community.

Of course we could not have made Pittsburg Summer Reads as popular as it was without the support and dedication to improving literacy from the local businesses, service organizations, and individuals from the community. By providing us with your "wristband rewards", prizes, and cash donations, you enabled us to produce a fun and effective program that created quite a stir in the community. A real sense of commitment to this effort by you and others like you gave us the opportunity to place the importance of reading back in the summer spotlight.

Outreach efforts that incorporated an eye-catching visual theme to produce awareness about the program, and attractions such as the "Free Book Give Away", "Humphrey the Whale Delta Cruise", an author visit and book signing by Wendy Tokuda, author of "Humphrey the Lost Whale", "Wristband Rewards" and Prizes, the "Pittsburg Summer Reads Finale Party", provided so many incentives for summer reading to those who lacked motivation and were instrumental in attracting new readers who would not have otherwise participated in the program..

Through our education and literacy efforts at the Foundation, we aim to improve literacy, promote education, increase exposure to literature, and unlock the educational potential of every Pittsburg resident in a productive and inspiring way. Pittsburg Summer Reads has been a key instrument in meeting this goal. It has provided the opportunity to Pittsburg residents of all ages to enrich their lives through reading through free books, free events, prizes for participation, and promoting awareness of the library's books and summer reading program. Without the combined efforts of the Library, the Foundation, and supporters like you, this would not have been such an enormous success. Once again, thank you for your generous cash donation. We hope that we will be able to count on you as we strive to make Pittsburg Summer Reads bigger and better next year.

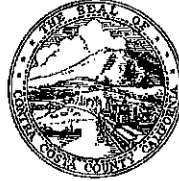
Sincerely,


For: Marc S. Grisham
Executive Director

County Library

1750 Oak Park Boulevard
Pleasant Hill, California 94523-4497
(925) 646-6423
FAX (925) 646-6461

Contra Costa County



Agenda Item #10.2

RECEIVED
SEP 24 2010

September 11, 2010

Board of Directors & Bobbi Palmer, Executive Director
Los Medanos Community Healthcare District
P.O. Box 8698
Pittsburg, CA 94565

Dear Ms. Palmer & Board of Directors,

The Pittsburg library would like to send our sincere gratitude and appreciation for your sponsorship and participation with our successful launch of the Pittsburg Summer Reads program.

Although the library has offered a summer reading program every year, your participation and support was instrumental in making this year an evermore memorable for Pittsburg residents. With your help, the Library and Pittsburg Arts & Community Foundation was able to reach thousands of Pittsburg residents, encouraging citizens of all ages to develop and nurture a lifelong love of reading.

Thank you for sponsoring our End of Summer Reading Party with funding to provide a wonderful and healthy lunch and activity related door prizes. We purchased bouncy balls & jump ropes which were a big hit! Typically children must complete a reading challenge for prizes, and children appreciated being able to receive a door prize for attending the party. The library appreciated the opportunity to offer prizes that promoted healthy living and being active.

I hope that you have found this a rewarding experience, for you have placed many Pittsburg residents on the path to become lifelong healthy and active readers.

The staff at the Pittsburg library cannot begin to thank you enough for your support.

Sincerely,

A handwritten signature in black ink that reads "Darcel B. Jones".

Darcel B. Jones
Community Library Manager
Pittsburg Library



CONTRA COSTA CRISIS CENTER

Agenda Item #10..4

Crisis/Suicide: 800.833.2900 Grief: 800.837.1818 Homeless: 800.808.6444 Youth: 800.833.7600 Other: 211

October 21, 2010

Bobbi Palmer
2311 Loveridge Road
Pittsburg, CA 94565

Dear Bobbi,

Enclosed is the latest issue of our quarterly newsletter, 24-7. The cover story is about achieving perfection in the field of suicide prevention—in other words, saving every life. This might seem impossible or at least overly optimistic; however, a behavioral health care system in Detroit is proving otherwise.

Inside are brief articles about our diversity film series, the recipient of the only award that we bestow, a new board member, a donation from the insurance industry, and our partnership with a new nonprofit organization called United Latino Voice. In addition, there's a reminder about our upcoming fundraising gala and the usual listing of recent donations and service statistics.

In my executive director's message I talk about what it means to be a volunteer, and how fortunate the Crisis Center is to have so many dedicated, highly-skilled people giving their time to our work. People call us as strangers and end up feeling that they were counseled as friends.

I hope you find this issue of interest. Thank you for helping to make our services possible.

Best wishes,

John Bateson
Executive Director

P.S. If you're not receiving "The Candle," our monthly email newsletter, and would like more information about the Crisis Center, send an email to admin@crisis-center.org and we'll add you to the distribution list.

Greater Faith Food Pantry

*4150 Railroad Avenue
Pittsburg, CA. 94565
www.gfmbc.pca.org
925-427-2161*

Nonprofit Tax ID: 2228208

January 27, 2011

Mrs. Bobbie Palmer
Executive Director
Los Medanos Community Healthcare District
2311 Loveridge Road
Pittsburg, Ca. 94565

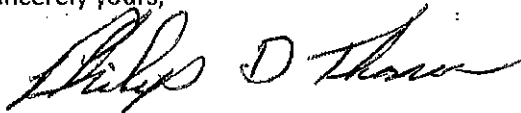
Dear Mrs. Palmer:

On behalf of the needy and disadvantaged in our community, I would like to take this opportunity to thank you for your generous contribution to the Greater Faith Food Pantry Program. Your donation will help give a family of four a balanced meal for three days, twice a month. This will affect approximately 300 families or 1200 individuals in the Pittsburg/Antioch area for the next three months.

I especially would like to thank your President, Donnell Turner, for having the foresight to see that this project provide better health, by giving the essential and nutritious food balance recommended by the Contra Costa County Food Bank, where we purchase the majority of the food. I look forward to continued work with you. If anyone in your organization who would like to participate with the food program, we give out food baskets on the second and fourth Saturday of each month from 9:00 am to 10:00 am and we would welcome their help.

If there is any additional information you need, please don't hesitate to call.

Sincerely yours,



Philip D. Thomas
Food Pantry Coordinator
925-219-2421 - Cell
925-439-5415 - Home



FOOD BANK of Contra Costa and Solano

Because no one should go hungry

RECEIVED
JAN 28 2011

MAILING ADDRESS January 25, 2011
PO Box 6324
Concord, CA 94524

CONCORD LOCATION
4010 Nelson Avenue
Concord, CA 94520
925-676-7543 main
925-671-7933 fax

Bobbi Palmer, MSW, MBA
Los Medanos Community Healthcare District
P.O. Box 8698
Pittsburg, CA 94565-8698

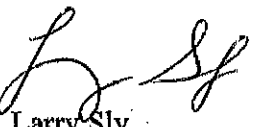
Dear Bobbi and Board Members:

FAIRFIELD LOCATION
1891 Woolner Avenue
Suite I
Fairfield, CA 94533
707-421-9777 main
707-421-0206 fax

Just wanted to let you know that we have received our second payment (in the amount of \$12,000) for our 2010-2012 grant. Our Farm 2 Kids program in Pittsburg and Bay Point continues to be very popular with both the students and the staff at the schools and we are all very much indebted for your generosity, which is helping to make the program a huge success. We will be sending you our mid-term and final reports on the use of the funds and progress of the program as scheduled.

On behalf of our family of volunteers, the staff of the Food Bank, and the clients we serve, thank you for your generous support of our work. If you have any questions or require additional information, please call me at (925) 771-1300.

Federal Tax
ID #94-2418054

Sincerely,

Larry Sly
Executive Director

*Thank you for your
generous support*

Visit us on the web at
www.foodbankccs.org



JOHN MUIR
HEALTH

23

JAN 26 2011

Date: January 20, 2011
To: Los Medanos Community Health Care District
Bobbie Palmer, Executive Director
From: Lynn H. Baskett, Vice President/Executive Director
Subject: Health Service Grants – September 2010 - January 2011 Summary

Enclosed please find an interim report of the activities of the Faith and Health Partnership program for funding of September 2010 - January 2011. Per your request this is an abbreviated summary.

The Grant funds allocated for this time period support one full-time equivalent position of Outreach Coordinator. Services are provided to the District through 2 part-time Outreach Coordinators from the John Muir Community Health Alliance under the direction of the Faith and Health Partnership Program Manager.

John Muir Health Faith and Health Partnership program staff appreciates the opportunity to continue to address health disparities in the African American and Latino populations within the LMCHD community.

Your partnership in our efforts to improve the health of the communities we serve is greatly appreciated.

If you have any questions or require any additional detail, please contact Marion DePuit, Faith and Health Partnership Program Manager or me at (925) 363-7588.

Attached
Health Service Grants – September 2010 - January 2011 Summary

STAND!

For Families Free of ViolenceSM

A merger of the Family Stress Center and STAND! Against Domestic Violence

RECEIVED
FEB 10 2011

Agenda Item 9.3

Danzig 925.676.2845
Tyler 925.827.0212
Antioch 925.706.8477
Richmond 510.236.8972
Crisis 1.888.215.5555
www.standffov.org

February 4, 2011

Bobbi Palmer
Los Medanos Community Healthcare District
PO BOX 8698
Pittsburg, CA 94565-8698

Dear Bobbi,

Thank you so much for your gift of \$12,000.00 on 2/3/2011 in support of STAND! For Families Free of Violence's crucial work with victims of abuse and our efforts to strengthen vulnerable families. STAND! is charting a new course, honoring the rich histories of the Family Stress Center and STAND! Against Domestic Violence. We recognize a direct, startling, yet intuitive connection between child abuse and domestic violence. Today's child abuse victims will be tomorrow's domestic violence victims and perpetrators – unless we can drastically alter the violent environment which exists in far too many families.

Your support helps us confront family violence, domestic violence, and child abuse & neglect, as a single issue with many facets. It fortifies our commitment to family strength; surrounding families with a broad range of services from promoting positive parenting to counseling and assisting foster and kinship families who nurture vulnerable youth. Strengthening families is paramount, as is our focus on safety for all members of the family.

STAND! For Families Free of Violence will maintain our core services for child and adult victims of violence and abuse and help them begin their journey of healing with critical services during their most vulnerable moments.

Bobbi Palmer, thank you for touching the lives of families in need!

Your continued support enables STAND! to work towards a future of safe, and strong families in our community. The challenges and opportunities that lie ahead for families in these very difficult times and for the agency contribute to our sense of mission as we enter this new phase. Thank you for STAND!ing with us as we move forward into the future of this important work!

On behalf of the many people who your generosity will touch this year, thank you.

With our sincere thanks,

Gloria J. Sandoval

Gloria J. Sandoval
Chief Executive Officer

*Thanks
so much
Bobbi!*

Please retain this letter for your tax records to fulfill IRS substantiation requirements that must be met in order to deduct your contribution. Our tax identification number is 94-2476576. No material benefits were provided to you by STAND! in return for this contribution. If you do not agree with the donation information in this letter contact Gloria Sandoval at 925.603.0112.

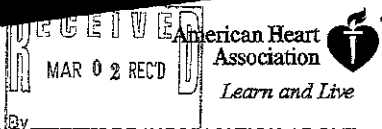
1410 Danzig Plaza, Suite 200
Concord, CA 94520

Tyler Building
2086 Commerce Ave
Concord, CA 94520

12230 San Pablo Ave
Richmond, CA 94805

315 G St
Antioch, CA 94509

American Heart Association
7272 Greenville Ave
Dallas, TX 75231



LOS MEDANOS COMMUNITY
PO Box 8698
Pittsburg, CA 94565-8698



I WOULD LIKE MORE INFORMATION ABOUT:

- A Free Will and Estate Planning Kit.
 - Local volunteer opportunities. Please call or email me at _____
 - Delivering lifesaving messages to elected officials.
 - American Heart Association funded research.
- AND/OR
- I want to help save more lives with an additional gift in the amount of \$_____

WEA February 10, 2011 92A0612AC00B AHA0002 5 AHN311P

Dear Friend of Heart:

February 10, 2011

Thank you for your recent contribution of \$6000.00 to the American Heart Association received on February 4, 2011. We're very grateful for your support. Your generous gift will help save lives and allow countless people to live longer, healthier lives. Here's how.

- **Innovative Research.** You're helping bright young researchers do pioneering work. Our funding has produced revolutionary discoveries – CPR, clot-busting drugs, drug-eluting stents – and eight researchers who've won Nobel Prizes. You're making possible the next lifesaving breakthrough.
- **Vital Education.** You're helping millions of Americans learn about heart disease and stroke – how to lower their risk, recognize warning signs and respond in an emergency.
- **Quality Health Care.** You deserve the best treatment and care – and we're making sure you get it. Our guidelines and patient care improvement programs help doctors and hospitals make the right choices.
- **A Voice in Government.** Our extensive advocacy network champions key issues at the local, state and national levels. The goal? To make us all safe from our nation's No. 1 killer, cardiovascular disease.

Thanks again for your generous support of our lifesaving work. Please keep this letter as a receipt for your records. No goods or services were provided in consideration of this gift.

Sincere Thanks,

Nancy A. Brown
Chief Executive Officer

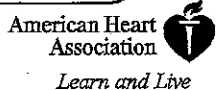
To find out if your company will match your gift, please visit www.matchinggifts.com/aha.

To learn more about our work, call 1-800-AHA-USA1 (1-800-242-8721). Or visit heart.org.

We care about your health. That's why we've launched www.heart.org/MyLifeCheck. We invite you to take this short quiz to find out your personal heart score and to receive a custom plan to help you start living your best life!



This seal signifies that the American Heart Association – National meets the BBB Wise Giving Alliance's Standards for Charity Accountability.



Greater Faith Food Pantry

4150 Railroad Avenue
Pittsburg, CA. 94565
925-427-2161

Nonprofit Tax ID: 2228208

May 11, 2011

Los Medanos Community Healthcare District
2311 Loveridge Road
P.O. Box 8698
Pittsburg, Ca 94565

Attention: Ms. Bobbi Palmer, Executive Director

Dear Ms. Palmer:

Per the Hospital Board's request on the expenditures of your donation to the Greater Faith Food Pantry, from March 26th thru April 7, 2011, we had expenses of \$972.63, the receipts are attached.

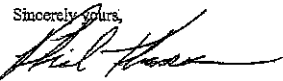
The remainder of your Board's contributions has served approximately 266 families and 860 individuals who are grateful to you and your Board for the generosity you have shown.

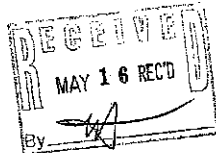
Without your help, many families in the community would have had a much more difficult time making ends meet, trying to provide nutritious meals, especially to the young. Unfortunately, the need outweighs our resources. If possible, any grants or discretionary funds you may be aware of, we would be grateful if you would let us know, so we can continue this needed program.

We appreciate your invitation to your Third Roof-Top Celebration. We will have several people you have helped along with a pictorial explanation of your board's involvement of providing direct services to our community. We will contact you on the pictorial prior to your celebration.

If there is any additional information that you require, I will be more than happy to provide it to you.

Sincerely yours,


Phil Thomas
Food Pantry Coordinator
925-439-5415
Cell - 925-219-2421



Enclosure (1)

st



*The Society of St. Vincent de Paul
of Contra Costa County*

June 30, 2011

Bobbi Palmer
Executive Director
Los Medanos Community Healthcare District
2311 Loveridge Road
Pittsburg, CA 94565

Dear Ms. Palmer,

We are deeply grateful for the receipt of \$5,000 from the Los Medanos Community Healthcare District Board of Director's discretionary fund, per the direction of Dr. J. Vern Cromartie. These funds will provide vital support for the RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul.

Our clinic has provided care to over 356 uninsured low-income adults since opening on February 9, 2011. Without this care, these patients would have gone untreated, or wait until their condition becomes unbearable, and visit an emergency room. Many of these patients are being treated for chronic conditions such as diabetes and hypertension.

We are pleased to be an important partner with LMCHD in promoting health and wellness in Pittsburg and East County communities.

Please contact me if you have any questions, and thank you again for your much-needed financial support to our program.

Sincerely,

A handwritten signature in cursive script that reads "Barb".

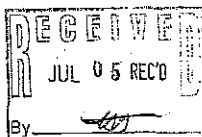
Barb Hunt
Development Director
St. Vincent de Paul of Contra Costa County
2210 Gladstone Dr.
Pittsburg, CA 94565
(925) 330-6732 - cell
www.svdpc-cc.org
oski80@aol.com
b.hunt@svdp-cc.org

cc: Dr. J. Vern Cromartie

**Sisters 3 Breast Cancer Education &
Support Group Network**



C/o 961 Fallenleaf Way
Pittsburg, CA 94565
(925) 432-0620



June 30, 2011

Los Medanos Community Healthcare District
Attn: Bobbie Palmer, Executive Director
2311 Loveridge Road
Pittsburg, CA 94565

Re: Discretionary Fund Contribution

Dear Ms Palmer,

Recently our organization, the Sisters 3 Breast Cancer Education & Support Group Network received a contribution in the amount of \$4500 from your entity. We are writing at this time both to acknowledge and thank you for your support. Your financial assistance will ensure continuance of our efforts in creating awareness, in providing support, and especially in celebrating the lives of women and families living with and beyond breast and other cancers.

Enclosed is a preliminary flyer regarding our annual *Healing Day in the Park*. Please mark your calendar, extend this invitation to your board members, and plan on joining us for a day of relaxation, fun, and fellowship. Our theme this year is, *We are Family*.

Thank you again and we look forward to meeting you and/or your representatives on September 24th under the tree canopy at Buchanan Park in Pittsburg. We will take time on our program to publically acknowledge your support as well as place your logo in our literature. Should you require additional information or to confirm your participation, please contact Mary Goodlow at 432-6865.

Sincerely,

Mildred Evers-Lyles,
East Contra Costa Area Coordinator



RECEIVED
JUL 28 2011

Agenda Item #10.3

**John Muir
Community Health Alliance**

1341 Galaxy Way, Suite D
Concord, CA 94520
T. (925) 363-7588
F. (925) 827-0385

A not-for-profit organization

July 26, 2011

Bobbi Palmer, MSW, MBA
Los Medanos Community Hospital District
P.O Box 8698
Pittsburg, CA 94565-8698

Dear Bobbi,

On behalf of the John Muir Community Health Alliance Dental Assessment Project we are pleased to accept the LMCHD funding of \$23,425.50. This funding will allow us to provide dental education, assessments, fluoride and sealants for students at two selected Bay Point schools this coming school year.

We look forward to providing these services and to working with you to provide dental care to children and youth served by the Los Medanos Community Hospital District.

Sincerely,

A handwritten signature in cursive script that reads "Chris Grazzini".

Chris Grazzini, RN MS
Program Manager

From: Joleen Lafayette <lafayette5@sbcglobal.net>
Date: July 15, 2011 6:06:56 PM PDT
To: Bpalmer <bpalmerlmchd@aol.com>
Subject: Re: Please forward to board.

Hi Bobbi:

Thank you for coming to our one year celebration at the Pittsburg Dining Room today. This dining room has been operating so smoothly since the day it opened. I loved seeing all the children today enjoying the meal that was served.

Thank you again for your support and I look forward to seeing you again soon.

*Sincerely,
Joleen Lafayette
Development Director
Loaves & Fishes of Contra Costa*

RECEIVED
JUL 20 2011



The Society of St. Vincent de Paul
of Contra Costa County

July 18, 2011

Bobbi Palmer
Executive Director
Los Medanos Community Healthcare District
2311 Loveridge Road
Pittsburg, CA 94565

Dear Ms. Palmer:

We are very grateful for the support of **Los Medanos Community Healthcare District for direct patient services associated with our RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul**. Your donation of \$15,000 will be utilized to provide vital pharmaceuticals, medical supplies and equipment, and lab services/diagnostic services to our needy patients. In addition to the recent \$5,000 Board of Directors discretionary funding we received, LMCHD is providing significant financial support for increasing access to healthcare for the most vulnerable.

The Free Medical Clinic is just one of the programs offered at St. Vincent de Paul's 20,000 square-foot "Family Resource Center" in Pittsburg. St. Vincent de Paul is a 501 (c) 3, non-profit organization with the mission of serving the poor.

Increasingly, children and families are affected by poverty in greater numbers. St. Vincent de Paul Society of Contra Costa County looks to strengthen vulnerable families by providing not only support for medical care, but by also providing nutritional support, (Free Meals and Food Pantries/Distributions), rental assistance, immigration and legal services, job training, and shelter for the homeless.

Other services in Pittsburg include a **Free Dining Room**, (in partnership with Loaves & Fishes), a **Homeless Shelter**, (in partnership with Winter Nights), a **Thrift Store**, (free/low cost furniture/clothing), **Immigration Assistance and Legal Assistance**, (in partnership with Catholic Charities), and an **Emergency Food Pantry** for the needy.

Thank you again for your support. Please contact me if you have any questions.

Sincerely,

Barb Hunt, Development Director
St. Vincent de Paul Society of Contra Costa County
oski80@aol.com, (925) 330-6732 cell
www.svdpc-cc.org

cc: LMCHD Board members

RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul Receives Grant from Los Medanos Community Healthcare District

Grants will be used to Support Free Health Clinic for Uninsured and Under Served

Pittsburg, California – July 20, 2011 -- The Society of St. Vincent de Paul, (SVdP) of Contra Costa County has received \$20,000 in Grants from the Los Medanos Community Healthcare District, in support of a free urgent/primary care medical clinic located at 2210 Gladstone Drive, Pittsburg, CA. Ron Weston, executive director of St. Vincent de Paul of Contra Costa County announced receipt of the award. The RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul serves uninsured adults with chronic/urgent healthcare needs. Clinic hours are Wednesdays, 4:00-7:00 pm, and appointments can be made by calling (925) 439-2009 between 1-3 pm on Wednesdays. The clinic is led by Co-Medical Directors Dr. Rina Shah, and Dr. Pacita Aducayen.

The clinic, developed by St. Vincent de Paul of Contra Costa County, is sponsored by the Rotary Clubs of Alamo and Pittsburg, and co-sponsored by the Rotary Clubs of Antioch, Brentwood, Danville, Danville-Sycamore, Delta-Antioch, Dougherty Valley, San Ramon, and San Ramon Valley. Additional support has been provided by Kaiser Permanente, Bank of America, Keller Canyon Mitigation Trust, the Ben Madison Family Trust, The Carl Gellert and Celia Berta Gellert Foundation, Fremont Bank Foundation, The Registry Foundation, and many Catholic churches in Contra Costa County. As an Urgent Care/Primary Care Clinic, it is providing quality, all-volunteer non-emergency medical care for adults with acute or chronic conditions who are uninsured or unable to pay for healthcare. RotaCare Bay Area, Inc. provides malpractice and licensure.

The Los Medanos Community Healthcare District, (LMCHD) provides support to local nonprofit and public health and human service organizations that serve the District's areas of Bay Point, Pittsburg, Clyde, Clayton, and unincorporated Antioch. Bobbi Palmer, LMCHD Executive Director added, "LMCHD promotes health, education and wellness within the district's communities, as well as identifying and pursuing all opportunities to benefit the residents within those communities. We are proud to support the RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul, and improve the availability of and access to direct healthcare for District residents."

An all-volunteer crew of 15-20 volunteers staff the clinic every Wednesday evening, including volunteer physicians, pharmacists, nurses, medical assistants, translators, receptionists, and administrative volunteers. The RotaCare Pittsburg Free Medical Clinic at St. Vincent de Paul continues to recruit for volunteers. If interested in volunteering, please contact Clinic Site Administrator, Katie Messina at katiem@rotacarebayarea.org.

St. Vincent de Paul Society of Contra Costa County looks to strengthen vulnerable families by providing not only free medical care, but by also providing nutritional support, (free meals and emergency food), free clothing/furniture, rental assistance, immigration and legal services, job training, and shelter for the homeless. This compassionate assistance is provided without discrimination of any kind; "No Act of Charity is Foreign to the Society".

You can help by donating to the St. Vincent de Paul Health Services Fund by calling (925) 439-5060, or at www.svdpc-cc.org.

About St. Vincent de Paul

Inspired by values of charity, humility, and social justice, the Society of St. Vincent de Paul of Contra Costa County provides person-to-person service of time, talent and resources to help neighbors in need regardless of gender, national origin, race, or religion. It is part of an international non-profit, organized locally to bring concrete aid and comfort to those who are poor and suffering in Contra Costa County. The Society collaborates with other people and organizations of good will in mitigating need and addressing its causes, making no distinction in those served.

Contact:

Barb Hunt
Development Director
St. Vincent de Paul Society of Contra Costa County
2210 Gladstone Dr.
Pittsburg, CA 94565
925-330-6732 cell
925-439-5060 office
Oski80@aol.com

APPENDIX B
ANALYSIS OF 2007-2012 REVENUES AND EXPENDITURES

LMCHD
ANALYSIS OF REVENUE & EXPENSES
For Six Year Period 2007 through 2012

	6/30/07	6/30/08	6/30/09	6/30/10	6/30/2011*	Projected 6/30/12	TOTAL
General Revenues							
Property Taxes	936,114	874,786	881,434	761,438	751,760	732,000	4,937,532
Returned Funds						18,500	18,500
Grant Revenue, Donations	30,000	30,000	20,000		1,213		81,213
Investment earnings		-	20,186	6,537	6,340	6,400	39,463
Total General Revenues	966,114	904,786	921,620	767,975	759,313	756,900	5,076,708
Government Activities							
Grants to Community Organizations	523,671	520,041	504,334	131,970	426,425	466,425	2,572,866
Grants Administration	1,929	4,575	29,462	49,439	58,198	89,520	233,123
Community Program/Outreach			6,549	6,795	10,586	12,950	36,880
Administrative Services	34,520	21,745	46,950	41,576	58,180	41,840	244,811
Board Stipend Fees	10,725	14,400	15,750	20,500	19,965	24,000	105,340
Continuing Education, Seminars	2,614	6,874	11,829	18,315	14,216	12,000	65,848
County / District Fees	32,934	18,129	60,380	18,480	45,107	26,405	201,435
Insurance	24,930	20,507	18,982	17,974	18,033	18,622	119,048
Legal	49,891	30,273	50,973	50,622	49,443	40,000	271,202
Office	12,531		14,959	22,913	25,630	15,380	91,413
Strategic Planning		8,656		29,768	87,500	20,000	145,924
Wages and Payroll Taxes	46,175	20,426	27,528	46,336	55,435	89,520	285,420
Total Governmental Activities	739,920	665,626	787,696	454,688	868,718	856,662	4,373,310
Changes in Net Assets	226,194	239,160	133,924	313,287	(109,405)	(99,762)	703,398
Building Activities							
Rental Income	100,000	100,000	100,000	100,000	100,000	-	500,000
Building Expenses	(257,648)	(237,610)	(237,458)	(271,026)	(255,864)	(14,285)	(1,273,891)
Total Building Activities	(157,648)	(137,610)	(137,458)	(171,026)	(155,864)	(14,285)	(773,891)
Total Change in Net Assets	\$ 68,546	\$ 101,550	\$ (3,534)	142,261	(265,269)	(114,047)	(70,493)
% expended on direct grants	54.20%	57.48%	54.72%	17.18%	56.16%	61.62%	50.68%
% expended on grant administration	0.20%	0.51%	3.91%	7.32%	9.06%	13.54%	5.32%
% expended on community medical building	24.17%	23.65%	23.24%	31.23%	29.78%	1.89%	22.84%
TOTAL SPENT ON COMMUNITY	78.57%	81.63%	81.87%	55.73%	94.99%	77.05%	78.84%

*Starting in 2010-2011, the District's grants to community organizations were reset to a 2-year cycle. For ease of comprehension the \$852,250 distributed in 2011 have been divided between 2011 and 2012 here.

It should be noted that LMCHD provides the County Health Department with full use of a medical facility with 130,900 square feet and 14 acres of land. LMCHD also owns a lot which is currently used without charge by the County Vehicle Pool.

This facility is used to provide direct medical services to individuals within the District's geographic area.

Based on the value of Class B commercial property the Fair Market Value of the medical facility would be determined as follows:

130,900 sq ft x \$1.40 per sq foot =	\$ 183,260	Monthly Rent
	x 12	
	\$ 2,199,120	
Annual Rents actually paid by County	(100,000)	
Annual value of donated medical facility	\$ 2,099,120	

APPENDIX C
LIST OF LMCHD PARTNERSHIPS 2008-2011

**LMCHD HEALTH WELLNESS PROGRAM FUNDING
2008-2011**

DATE	PROGRAM	DESCRIPTION	FUNDING
8/8/2011	Contra Costa Regional Health Foundation	African-American Health Empowerment Expo	5,000.00
7/1/2011	John Muir Community Health Alliance	Dental Assessment Project	23,425.50
6/30/2011	Thandi Smith	PUSD Child Nutrition Dept.	3,560.00
6/15/2011	St. Vincent de Paul	Board Discretionary Fund	5,000.00
6/1/2011	St. Vincent de Paul	Work Plan Funding	15,000.00
5/25/2011	CPR FAST	CPR - Riverview Middle School & Pittsburg Library	1,000.00
5/16/2011	Sister 3 Breast Cancer	Board Discretionary Funding	4,500.00
5/12/2011	CPR FAST	Five (5) AED Packages	10,866.50
5/7/2011	Pittsburg Arts and Community Foundation	PittCrit/FitFest Event	30,000.00
3/15/2011	Community Baptist Church	Food Program	500.00
1/5/2011	Souljahs	Souljah's Program - Board Discretionary (Turner)	5,000.00
1/1/2011	Greater Faith Food Pantry	Food Basket Project - Board Discretionary Fund	2,500.00
8/10/2010	Pittsburg Arts & Community Foundation	The Reading Zone	1,000.00
7/19/2010	Community Health Empowerment	Exchange Works	40,000.00
7/19/2010	Delta Memorial Hospital Foundation	Sutter Delta Urgent Care Clinic	84,000.00
7/19/2010	American Heart Association	Cooking Classes	20,000.00

**LMCHD HEALTH WELLNESS PROGRAM FUNDING
2008-2011**

7/19/2010	Food Bank of Contra Costa/Solano	Farm 2 Kids Program - 13 Schools	40,000.00
7/19/2010	LMC College Nursing Program	Los Medanos College Nursing Program	60,410.00
7/19/2010	Pittsburg Adult Education Center	Allied Health Academy	80,000.00
7/19/2010	Stoneman Village 1 & 2	Stoneman Village Dinner Meal Program	50,000.00
7/19/2010	Center for Human Development	Street Law: Bay Point Youth Diversion Project	40,000.00
7/19/2010	STAND!Against Domestic Violence	Domestic Violence Services	40,000.00
7/19/2010	East County Midnight Basketball	Life skills workshops	40,000.00
7/19/2010	John Muir Health Foundation	John Muir Community Health Alliance	146,222.00
7/19/2010	Bay Point All Star Cheerleaders and Dance	Summer vacation youth physical activies	15,000.00
7/19/2010	East County Boys & Girls Club	Smart Moves - group prevention activities	35,000.00
7/19/2010	First Baptist Church Headstart	Training youth to ensure a healthy community tomorrow	28,380.00
7/19/2010	Save our Youth Fitness for Life	Delta 2000/Save Our Youth Fitness	30,000.00
7/19/2010	Loaves & Fishes of Contra Costa	Providing daily nutritious meals to the hungry	40,000.00
3/31/2010	Community Health Empowerment	Interim Grant	7,500.00
3/31/2010	Food Bank of Contra Costa/Solano	Interim Grant-Farm 2 Kids Program	5,000.00
3/31/2010	Pittsburg Unified School Dist.	Interim Grant - Allied Healthj Academy	10,000.00
3/31/2010	STAND!Against Domestic Violence	Interim Grant	3,500.00

**LMCHD HEALTH WELLNESS PROGRAM FUNDING
2008-2011**

3/31/2010	Stoneman Village 1 & 2	Interim Grant - Dinner Meal Program	5,000.00
2/10/2010	Jump Rope for Life	Physical Ed event - 6 schools & water	3,469.00
1/15/2010	CC Health Services	H1N1 Program & TVs for Pittsburg Health Center Program	4,160.74
10/12/2009	Student Eyeglasses Program	Funding for Eyeglasses Program, FY 2009-10	15,000.00
6/18/2009	CPR FAST	CPR & AED Training - Boys & Girls Club/First Baptist Church	1,240.00
5/21/2009	CPR FAST	CPR & AED Training - City of Pittsburg, Stoneman Village, Lion's Blind Center	1,240.00
3/23/2009	CPR FAST	AED Program	10,991.50
1/31/2009	Meals on Wheels Sr. Outreach	2008-09 Grants Program	2,500.00
1/31/2009	STAND! Against Domestic Violence	2008-09 Grants Program	7,000.00
1/31/2009	Pittsburg Unified School District	2008-09 Grants Program	20,000.00
1/31/2009	First Baptist Headstart	2008-09 Grants Program	20,000.00
1/31/2009	Stoneman Village 1 & 2	2008-09 Grants Program	10,000.00
1/31/2009	City of Pittsburg - The Reading Zone	2008-09 Grants Program	5,000.00
1/31/2009	Community Health Empowerment	2008-09 Grants Program	15,000.00
1/31/2009	Food Bank of Contra Costa/Solano	2008-09 Grants Program	10,000.00

**LMCHD HEALTH WELLNESS PROGRAM FUNDING
2008-2011**

1/31/2009	Get Fit	Fitness Program	7,000.00
8/11/2008	Student Eyeglasses Program 2008-09	Funding for Eyeglasses Program,FY 2008-09	15,000.00
8/1/2008	Sr. Helpline Services	Fall Prevention Program	25,000.00
5/13/2008	Sutter Delta Medical Center	Training/Supervision of volunteers	10,000.00
5/13/2008	Pittsburg Seafood Festival	Staffing - First Aid Booth	2,000.00
TOTAL			<hr/> \$ 1,111,965.24

APPENDIX D
2011-2016 STRATEGIC PLAN



Strategic Plan 2011-2016



Advancing Solutions to Health Disparities

Message from the Board President

The work of Los Medanos Community Health Care District is to promote health and wellness for District residents by providing community grants and by protecting and enhancing the assets of the District. It is our intent to make the District entirely open and transparent.

The five members of our board are elected by you, the residents of the communities we serve and we remain fully accountable to you. The District's service area encompasses the communities of Pittsburg, unincorporated areas of Clayton (Marsh Creek area) and Bay Point as well as a portion of Antioch.

We are pleased to present this Strategic Plan, our blueprint for improving quality of health in the years to come.

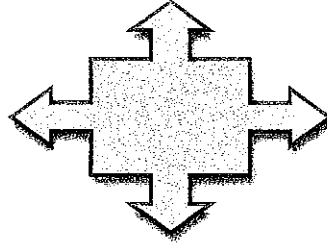
**Darnell Turner,
Board President**

Message from the Executive Director

As Executive Director of Los Medanos Community Health Care District, I am very excited about our future direction. We have worked very hard over the last year to articulate our mission, vision, and to develop strategic priorities for our organization. With key strategies in place, we are better equipped to address health disparities and to better serve the health needs of the children, youth, senior adults, and families in our community.

On behalf of the Board of Directors and staff, we are honored to serve the residents of Los Medanos Community Health Care District, and we look forward to finding solutions to the healthcare needs of our community.

**Bobbi Palmer, MSW, MBA,
Executive Director**

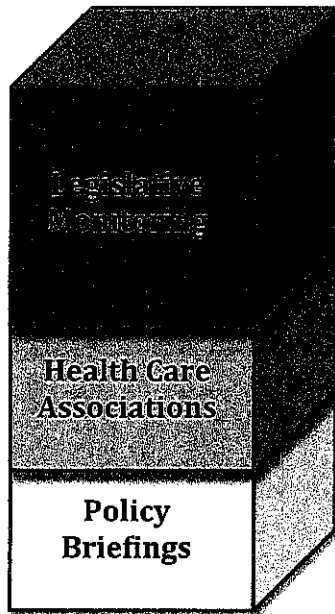


Los Medanos Health Care District
2011-2016 Strategic Plan
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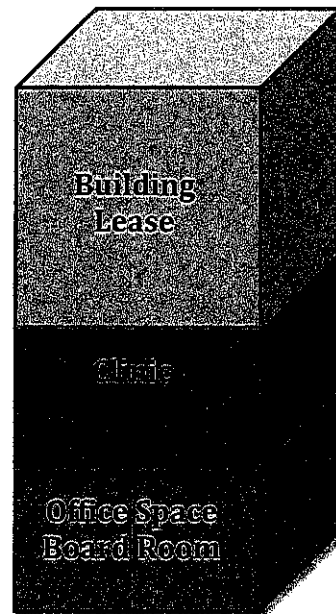
I.	Introduction	
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II.	Needs Assessment	
	a. Snapshot of LMCHD's Activities	p.4
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	c. Community Input	Apx.B
III.	Mission, Vision, Guiding Principles	p.15
IV.	Goals, Strategies, Actions and Outcomes	
	Goal 1: LMCHD will improve availability of and access to direct health and mental health services.	p.17
	Goal 2: LMCHD will support preventative and public health efforts that promote and protect the personal, community, and environmental well-being and health of District residents.	p.20
	Goal 3: LMCHD will engage in population-specific efforts to address the needs of those residents in the District that are historically underserved or particularly impacted by health disparities.	p.23
	Goal 4: LMCHD supports research and educational programming.	p.25
	Goal 5: LMCHD will work through the Board of Directors and Staff to establish solid, sustainable agency infrastructure components guided by fair and ethical governing principles and fiscally sound policies to ensure sufficient resources to achieve LMCHD's vision, mission, and strategic plan.	p.28
V.	Appendices	
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Snapshot of LMCHD's Activities

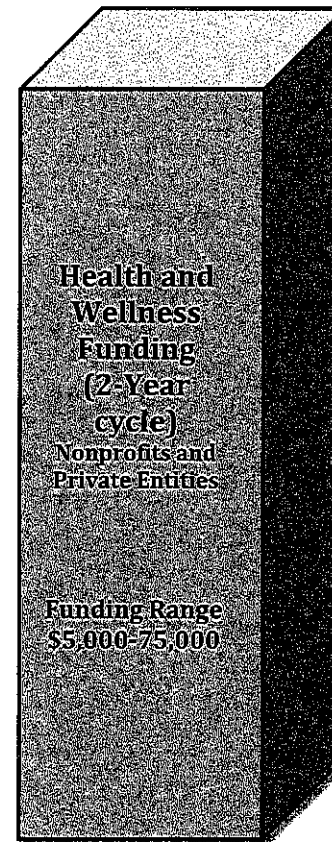
Policy Watchdog



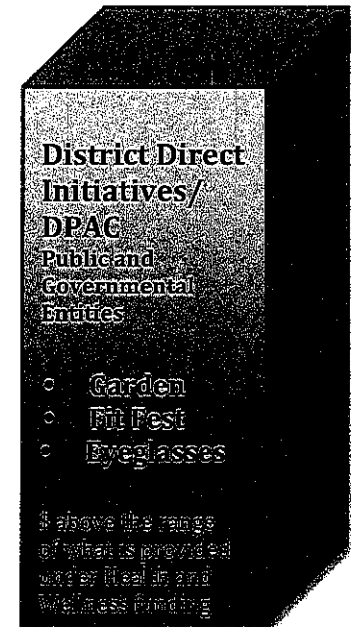
Facility



Local Funder



Program Investments & Activities



EXECUTIVE SUMMARY

2010 is a watershed year for health care reform. On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act, a comprehensive federal health care reform law that will take effect over the next four years. In addition, the Mental Health Parity and Addiction Equity Act, which requires group health plans and group health insurers to treat mental health and substance use disorder benefits equally to medical and surgical benefits, went into effect this year. To respond to these significant reforms to our health care system, the Los Medanos Health Care District (the District or LMCHD) embarked on a strategic planning process that would help the district address and respond to our changing times.

The LMCHD was created with the primary purpose to identify and pursue opportunities for the District of Los Medanos to improve the quality of healthcare in the community while promoting education and wellness. Our independently elected Board operates under a broad mandate from the State of California to protect the community's investment in land, buildings, equipment and human resources for health care and to conduct activities that advance the health of the community. We have an obligation to the health of the communities we serve, and this Strategic Plan is, we believe, a critical step to fulfilling that obligation.

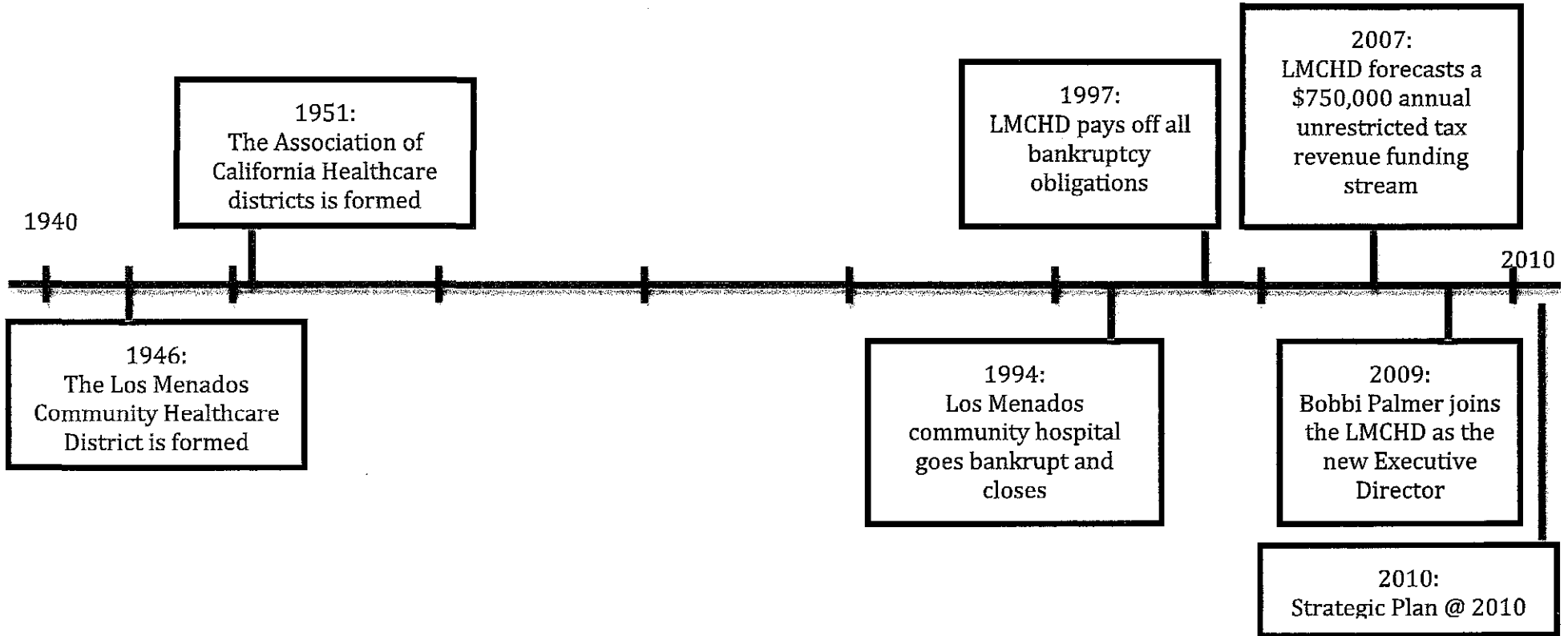
This Strategic Plan sets forth an assessment of the health needs of the community, with a specific focus on existing health disparities. These health disparities reveal a heightened prevalence and/or mortality of certain diseases and health conditions that affect residents of the District, including heart disease, cancer, stroke, communicable diseases, AIDS/HIV, obesity, asthma, diabetes, homicide and non-fatal assault, and mental illness, and examines some of the possible sources of such disparities, including poverty, lack of health insurance, environmental pollution, and lack of primary health care.

LMCHD's mission is to identify disparities in health care among District residents and to advance solutions to these health disparities. The District aims to cultivate a community in which good health may flourish for all District residents, by fostering a culture of community connection, accepting and fostering responsibility, demonstrating fair and responsible management, cultivating consensus within the organization, and developing protocols and procedures to guide the Board in effective communication and an ongoing exchange of ideas.

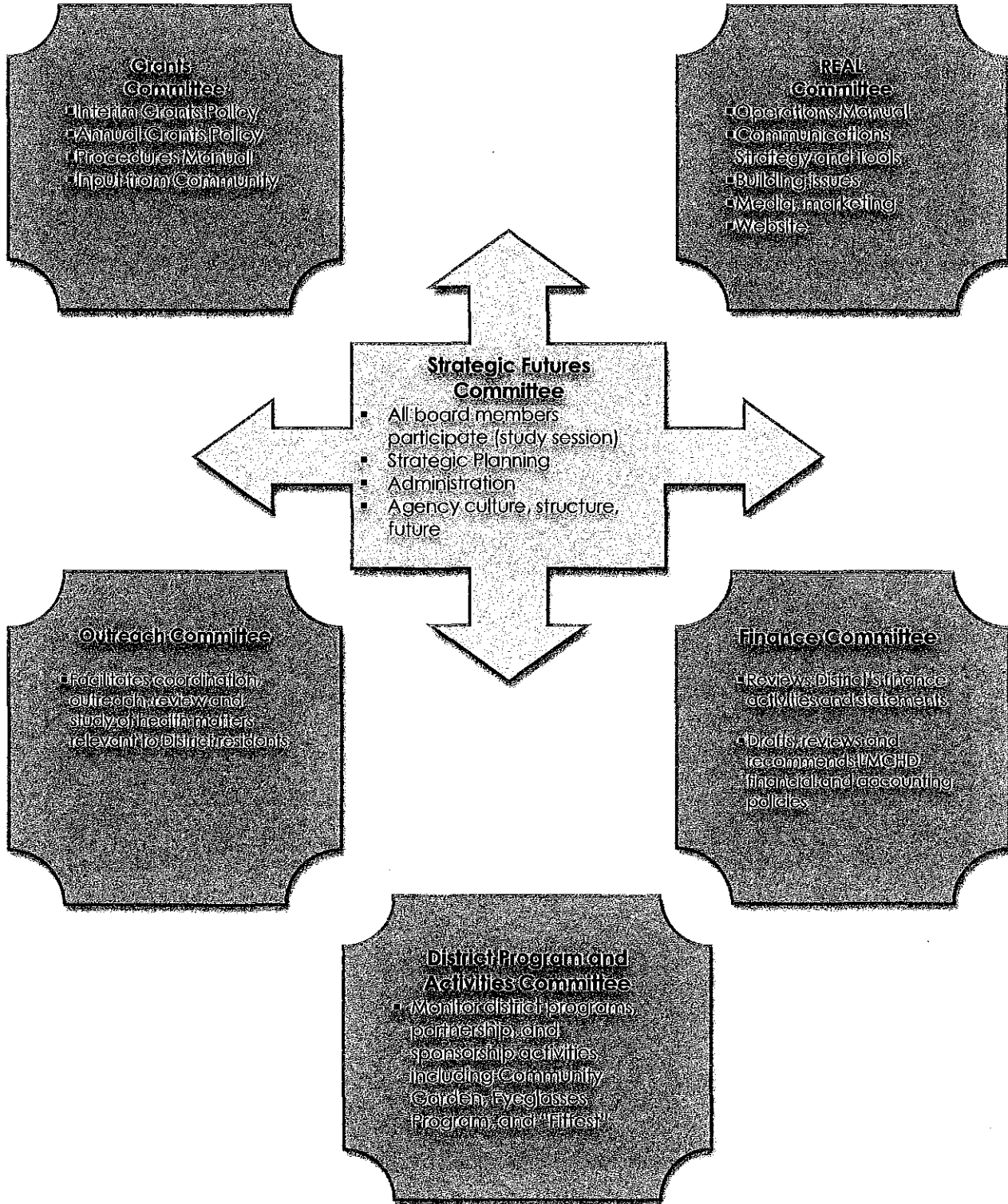
The Strategic Plan lays out five primary goals of the District. First, LMCHD will improve availability of and access to direct health and mental health services for all residents of the District, with a focus on reducing the District's health disparities. Second, the District will support preventative and public health efforts that promote and protect the personal, community, and environmental well-being and health of District residents. Third, LMCHD will engage in population-specific efforts to address the needs of those residents in the District that are historically underserved or particularly impacted by health disparities. Fourth, the District will support research and educational programming that moves the community toward improved and innovative practices, ensures that healthcare professionals receive the best training, and further enhances service delivery to District residents. And finally, LMCHD will work through the Board of Directors and Staff to establish solid, sustainable agency infrastructure components guided by fair and ethical governing principles and fiscally sound policies to ensure sufficient resources to achieve LMCHD's vision, mission and strategic plan.

This Strategic Plan is the culmination of many months of analysis and deliberation by the Board of Directors and the Staff. It is, in our belief, a fair and accurate assessment of the health care needs and an ambitious but realistic plan to improve the health of Los Medanos residents. It is, however, only a first step in our ongoing effort to serve our community, and we hope that it will guide and engage our whole community to strive toward a better, healthier and more equitable tomorrow.

Snapshot of LMCHD History



LMCHD Interim Committee Restructuring Roles and Activities of Committees in 2010-11



STRATEGIC PLAN DEVELOPMENT

Strategic Plan Participants

The Board of Directors

Darnell Turner, President
Marilyn Condit, Vice President
Eva Vera, Secretary
Jess Reyes, Treasurer
J. Vern Cromartie, Ed.D., Member

Staff

Bobbi Palmer, Executive Director
Colin Coffey, Board Counsel
Arlene Mose, Board Accountant
Barbara Kee, Administrative Assistant

Community: We are grateful to those Community Members who provided input to the planning process and feedback to the drafts of the Plan

STRATEGIC PLAN PROCESS TIMELINE

Summer and Spring 2009

- RFP for Strategic Planning Services released
- Staff Community meeting needs assessment conducted
- Board and Staff Retreat
- HomeBase facilitated 2 day discussion and workgroup with Board Members, Staff, and Public Comment
- Agency's Mission, Goals, and Future Direction outlined (Appendix A)

December 2009

- Consultant selected for Strategic Planning and Agency Capacity Building Services
- Developed work plan with HomeBase for LMCHD process for Strategic Planning, Fund Disbursement and Grants Program, and Administrative and Operations Policies and Procedures

January 2010

- Interim Committee Restructure adopted including a Board Strategic Futures Committee, with each Board member participating, to plan and execute 2011-2016 Strategic Plan drafting process

February 2010

- Strategic Futures Committee launched to begin work on draft of Strategic Plan
- Interim Grants Procedures adopted and implemented

March 2010 – June 2010

- HomeBase and LMCHD conducted a survey of Health Care priorities of District Residents and other relevant Health Care Districts
- Strategic Futures Committee met 6-8 times in Study Sessions to draft Mission, Vision, Guiding Principles, Goals and Actions
- Draft Strategic Plan is adopted for public comment by Board of Directors in May 2010

July 2010

- Public Input is gathered regarding draft of Strategic Plan via online survey and announcement at Open House
- Health and Wellness Funding Program is launched and applications are reviewed and approved

August 2010

- Strategic Futures Committee meets to review draft Strategic Plan and outline future steps

September 2010

- District Program and Activities Committees is launched
- Strategic Future Committee meets to draft Outcomes, and consider implementation timeline
- Draft Plan posted on LMCHD website for comment.

This Strategic Planning Process and Plan Development was supported by
HomeBase / The Center for Common Concerns
870 Market Street, Suite 1228 ~ San Francisco, CA 94102
www.HomeBaseCCC.org ~ 415.788.7961

A SNAPSHOT OF NEED IN THE LOS MEDANOS HEALTH CARE DISTRICT

This Strategic Plan was developed to address the health-related needs in the District, with a specific focus on reducing existing health disparities. These health disparities document a heightened prevalence and/or mortality of certain diseases and health conditions that affect residents of the District as a whole or particular sub-populations within the District. The following data sheds light on current District health needs and the health disparities that guided Plan development.¹

Population & Demographics²

The Los Medanos Community Healthcare District (LMCHD) is home to a population of over **83,821**, including **20,334** people in Bay Point and **63,487** people in Pittsburg.

- 42% -- Latino (of any race) / 58% - Non-Latino
- 39% -- White
- 15% -- African-American
- 13% -- Asian
- 0.8% -- American Indian and Alaska Native
- 1.7% -- Native Hawaiian and Other Pacific Islander
- 24% -- Other

In comparison to Contra Costa County as a whole, LMCHD has **60%** more people of color.

Poverty Rate³

- **33.4%** of Bay Point residents are living in poverty as are **28.5%** of Pittsburg residents. (Due to the high cost of living in Contra Costa County, poverty is defined as a gross income level that is less than 200% of the federal poverty level.)

Compared to the poverty rate of 18.5% for Contra Costa County as a whole, LMCHD has, on average, **70%** more individual living in poverty.

Health Insurance⁴

Almost **15%** of the population in Contra Costa County is uninsured. This percentage is likely to be higher in the LMCHD, given its higher percentage of Latinos and of people with low incomes, two characteristics that are correlated with lack of insurance.

Environmental Pollution

Scorecard /The Pollution Information Site (Scorecard.org), ranks Contra Costa County among the **10%** dirtiest of all counties in the nation due to the amount of toxic chemicals released by factories, power plants and other industrial companies.

¹ Unless otherwise referenced, the data and information outlined in this section comes from the Contra Costa Health Services, Public Health Division, Health Assessment, Planning and Evaluation Group (CHAPE) report, "Community Health Indicators for Contra Costa County", June 2007, <http://cchealth.org/groups/chape/>.

² 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau, from American Factfinder database, http://factfinder.census.gov/home/saff/main.html?_lang=en.

³ CHAPE, p.34.

⁴ CHAPE, pp. 29-30.

- According to the 2002 U.S. Toxics Release Inventory, the following four Pittsburg facilities reported releases of toxic chemicals or their production as waste:
 - ✓ Dow Chemical Co.
 - ✓ USS-Posco Industries
 - ✓ Criterion Catalysts & Techs. L.P.
 - ✓ Marble Shop Inc.
- Contra Costa County is part of the San Francisco Bay Area Air Basin which has failed to meet state air quality standards for levels of ozone, PM2.5 / fine particulate matter and PM10 / suspended particulate matter.⁵

Most Common Causes of Death

- Heart disease, cancer, stroke, chronic lower respiratory disease and unintentional injuries are the most common causes of death in Contra Costa County, accounting for more than two-thirds of all deaths.

Health Disparities

Contra Costa County and the Los Medanos Community Healthcare District are home to significant health disparities for low-income residents of color.

- Communities such as Pittsburg, which has one of the highest percentages of low income and non-white residents in the County, also experience higher death and disease rates than the County overall for many chronic and communicable diseases, injury, and maternal and child health issues.⁶
- African-Americans⁷ (15% of the LMCHD population) are at greatest risk for poor health outcomes. Their age-adjusted death rate from all causes is 59% higher than county residents overall. They also have significantly higher death rates from:

- | | |
|---------------------------------|--------------------------------|
| ✓ homicide (5.0x higher) | ✓ heart disease |
| ✓ prostate cancer (1.9x higher) | ✓ stroke |
| ✓ diabetes (1.7x higher) | ✓ unintentional injuries |
| ✓ infant death (1.5x higher) | ✓ cancers (all types combined) |
| ✓ fetal death (1.2x higher) | ✓ lung cancer (men) |

What is a Health Disparity?

Health disparities or inequities have been defined as “‘unnecessary, avoidable, unfair and unjust’ differences in health status... due, at least in part, to unequal distribution of social, physical, economic and political resources that put some groups at a disadvantage for good health outcomes and limits their ability to lead healthy lives”.*

**See Footnote 1, CHAPE, p. 9.*

⁵ California Environmental Protection Agency, Air Resources Board, <http://www.arb.ca.gov/desig/changes.htm#reports>, accessed September 30, 2010.

⁶ CHAPE, pp. 10 and 65-67.

⁷ CHAPE, p.9.

- African-Americans are also significantly more likely to be sick from or experience:⁸
 - ✓ AIDS cases (3.4x higher)
 - ✓ Non-fatal assault hospitalizations (2.7x higher)
 - ✓ childhood asthma hospitalization (1.9x higher)
 - ✓ gonorrhea (1.5-1.8x higher)
 - ✓ chlamydia (0.6-1.0x higher)
 - ✓ diabetes
 - ✓ low birth rate
 - ✓ teen births
 - ✓ self inflicted injury hospitalization
 - ✓ lung cancer (men)
 - ✓ prostate cancer
 - ✓ childhood overweight
 - ✓ adult overweight/obesity

Heart Disease⁹

- Heart disease is the leading cause of death in Contra Costa County, accounting for **26%** of all deaths. Residents of Pittsburg have a higher death rate from heart disease than the County overall.

Cancer¹⁰

- Cancer is the second leading cause of death in Contra Costa County. The County has a higher death rate from cancer, including all cancers combined as well as for breast, colorectal and lung cancers, than California overall. It also has a higher cancer incidence than California for all types of cancer combined and for prostate cancer.

Stroke¹¹

- Stroke death rates are higher in Contra Costa County than California overall, and residents of Pittsburg have a higher death rate than the County overall.

Communicable Diseases

- Pittsburg is a high incidence community for several sexually-transmitted diseases¹²:
 - ✓ Gonorrhea -- **12%** (860/7054) of the cases reported in the county from 1998-2007. Youth, between 15 and 24 years of age, make up 57% of the cases.
 - ✓ Chlamydia – **14%** (3367/24,866) of the cases reported from 1998-2007. Youth, between 15 and 24 years of age, make up 67% of the cases.
 - ✓ Syphilis – **6%** (7/120) of cases reported from 1998-2007. Adults, age 35 and older, make up 63% of the cases.

AIDS/HIV¹³

- In 2002-2004, Pittsburg had a significantly higher rate of AIDS diagnoses compared to the county as a whole, 11.9 per 100,000 people as compared to 8.6 per 100,000.
- As of 12/31/2009, there were at least 133 People Living with AIDS and 64 People Living with HIV residing in the LMCHD. This includes:

⁸ CHAPE, p.10.

⁹ CHAPE, pp. 153 &156.

¹⁰ CHAPE, pp. 12 & 111.

¹¹ CHAPE, pp. 159 & 161.

¹² Contra Costa Health Services, Epidemiology, Surveillance & Health Data (ESHID), <http://cchealth.org/groups/epidemiology/std/>

¹³ CHAPE, p. 255 and Contra Costa Health Services, HIV & AIDS Data, Epidemiology Reports, - PLWA & PLWH by City of Residence, <http://cchealth.org/groups/epidemiology/aids/>

- ✓ 109 People Living with AIDS and 45 People Living with HIV in Pittsburg
- ✓ 24 People Living with AIDS and 19 People Living with HIV In Bay Point

Teen Births¹⁴

- Pittsburg/Bay Point (56.8 per 1,000 teens) has the third highest teen birth rate in the County, significantly higher than the overall County rate.
- Latina teens followed by African-American teens have the highest birth rates in the County, significantly higher than the overall County rate and higher than the rates for White and Asian/Pacific Islander teens.

Overweight Children¹⁵

- Students from low-income communities are more likely to be overweight than those in the county overall. Pittsburg Unified has the second highest percentage of overweight fifth graders (43.7%) in the County, and this District has by far the highest percentage of low income elementary students (76%).

Prenatal Care¹⁶

- Women residents of Bay Point/Pittsburg and Concord have lower rates of prenatal care in the first trimester than women in the County overall. In addition, Latinas and African-American women have lower rates of prenatal care compared to women in the County overall.

Dental Care – Children¹⁷

- A survey of Contra Costa County preschool and elementary children conducted during the 2005-2006 school found that 12% had serious dental disease and needed urgent or emergency dental treatment and another 16% had less serious dental decay, but still needed to see a dentist soon.
- Children from low-income families and children of color are more likely to have a history of tooth decay, untreated tooth decay, and urgent dental care needs than higher-income and non-Latino white children, according to a California statewide survey.
- However, many of these low income children do not receive the dental care they need because of:
 - ✓ Lack of insurance -- 15% of children ages 0 to 17 do not have dental insurance.
 - ✓ Lack of access to dentists due to type of insurance coverage -- only a small portion of private practice dentists accept Denti-Cal, the Medi-Cal dental plan. The result is that the ratio of dentists to children from low-income families (below 200% of the FPL) is 1 to 1,712 while the ratio for children from families with higher incomes (at or above 200% of the FPL) is 1 to 246.

Asthma –Children¹⁸

- In 2002-2004, Pittsburg and Bay Point had the second highest number of asthma hospitalizations for children age 0-14 in the County, a total of 119 hospitalizations.

¹⁴ CHAPE, pp. 87-89.

¹⁵ CHAPE, pp. 179-181.

¹⁶ CHAPE, pp. 97-99.

¹⁷ Contra Costa Health Services, Dental Health Action Group Children's Oral Health Program, "Healthy Teeth for Life: The Oral Health of Children in Contra Costa County", April 2007, http://www.cchealth.org/services/dental/pdf/healthy_teeth_for_life_2007.pdf

¹⁸ CHAPE, pp. 167.

Overweight and Obesity -- Adults¹⁹

- One quarter of Contra Costa adults who are at least 20 years old are obese, similar to the statewide proportion but higher than the proportion for the Greater Bay Area.
- Native Hawaiians/Pacific Islanders, Latinos and African Americans are more likely to be overweight or obese. Having a low income is also associated with a greater likelihood of suffering from these conditions.

Diabetes²⁰

- Approximately 40,000 adults 18 years and older are diagnosed with diabetes in Contra Costa County. This is a prevalence of 5.3% for the county, more than double the national Healthy People 2010 objective of 2.5%.

Homicide & Non-Fatal Assault²¹

- With 26 homicide deaths in 2004-2005, Pittsburg has the second highest number in the County.
- Bay Point/Pittsburg has a higher rate of hospitalizations due to non-fatal assaults than the county overall.

Mental Health²²

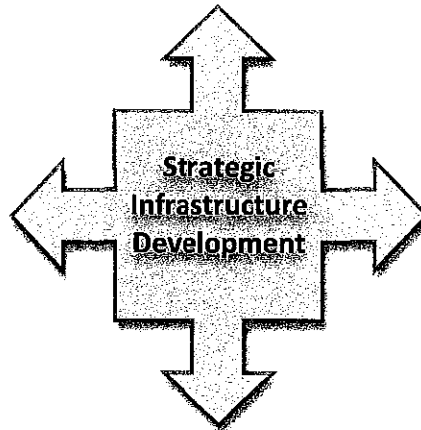
- In Contra Costa County, more than 1 in 6 adults report needing help for emotional or mental health problems.
- African Americans are more likely to report needing help with mental and emotional issues.

¹⁹ CHAPE, pp. 173 & 175-176.

²⁰ CHAPE, p. 147.

²¹ CHAPE, pp. 206 & 212.

²² CHAPE, pp. 227 & 229.



Mission, Vision, Guiding Principles

MISSION

LMCHD: *Advancing Solutions to Health Disparities*

LMCHD identifies disparities in health care among District residents and contributes to solutions.

VISION

LMCHD is cultivating a community in which good health may flourish for all District residents.

GUIDING PRINCIPLES

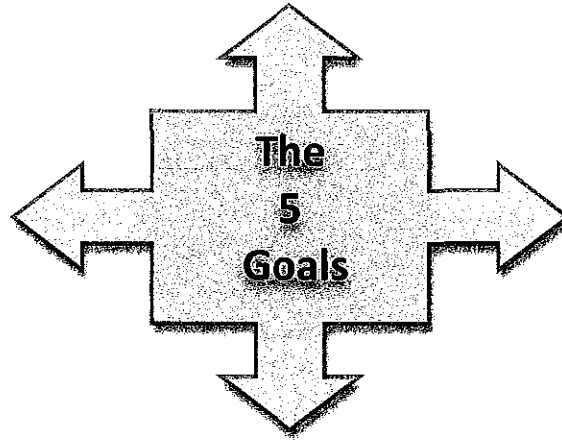
LMCHD will foster a culture of community connection through its resource distribution practices, information dissemination channels, conduct of Board meetings, and staff presence.

LMCHD will emerge as a health care system that accepts and fosters responsibility. Decisions are made at the lowest level empowered to make them, and supported by the organization.

LMCHD will demonstrate fair and responsible management of fiscal, environmental, educational, and human resources.

LMCHD will cultivate consensus within the organization, providing fair opportunity to hear varying perspectives and positions.

LMCHD will develop, and refresh as needed, Operating Protocols and Procedures to guide Board, Staff and Community in effective communication and an ongoing exchange of ideas.



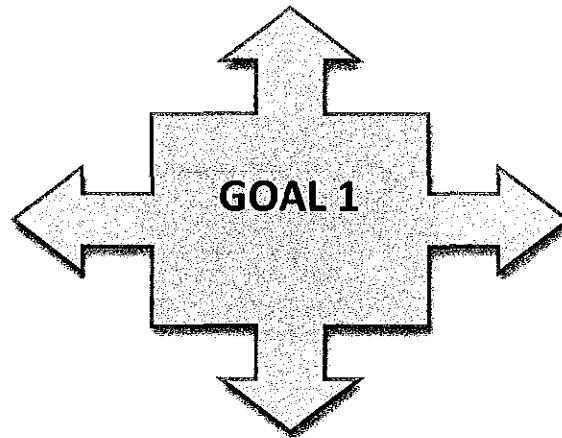
Goal 1: LMCHD will improve availability of and access to direct health and mental health services for all residents of the District, with a focus on reducing the District's health disparities.

Goal 2: LMCHD will support preventative and public health efforts that promote and protect the personal, community, and environmental well-being and health of District residents.

Goal 3: LMCHD will engage in population-specific efforts to address the needs of those residents in the District that are historically underserved or particularly impacted by health disparities.

Goal 4: LMCHD supports research and educational programming that moves the Los Medanos community towards improved and innovative practices, ensures that healthcare professionals receive the best training, and further enhances service delivery to District residents.

Goal 5: LMCHD will work through the Board of Directors and Staff to establish solid, sustainable agency infrastructure components guided by fair and ethical governing principles and fiscally sound policies to ensure sufficient resources to achieve LMCHD's vision, mission, and strategic plan.



LMCHD will improve availability of and access to direct health and mental health services for all residents of the District, with a focus on reducing the District's health disparities.

Central to the promotion of health and wellness in the District are efforts to improve both the availability of and access to health and mental health services, especially for those sub-populations suffering from elevated rates of disease or mortality for particular diseases and health conditions. The District will take a multi-faceted approach to this Goal that will begin with its continued support for existing programs and initiatives that have demonstrated effectiveness in improving access to healthcare for District residents. New programs will also be initiated that address identified needs and efforts will be undertaken to create more linkages and collaborations with other community-based efforts to further enhance access to healthcare services. In order to gain better understanding of health issues in the District and to facilitate efforts to reduce health disparities, the Board of Directors will support efforts to carry out District-wide assessments of health needs and health disparities. The District's staff will also maintain an active role in advocating on a local, state and federal level for policies, programs and funding to address healthcare needs within the District. Finally, in order to maximize the effectiveness of its programs and initiatives in improving access to healthcare, the District will improve its fund allocation procedures and strengthen its monitoring and evaluation efforts, including implementing reporting requirements and defining measurable outcome measures focused on improved access to healthcare.

Outcomes:

1. District residents have improved access to direct health and mental health services.
2. District residents will experience a reduction in health disparities including those in diabetes, childhood obesity, and heart disease.
3. A stronger network of health care assistance is in place, supporting a reduction in health disparities. This is measured by LMCHD increasing collaboration with appropriate organizations and establishing workplans to launch and sustain new and existing programs.

Strategy 1.1

Fund new or existing programs and create linkages, partnerships, and collaborations with community-based efforts that support this goal through Health and Wellness District-direct Initiatives activity and the LMCHD Health and Wellness Funding Program.

Action Step 1:

Monitor and support programs recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

- o Delta Memorial Hospital Foundation/Sutter Delta Urgent Care Clinic (Direct Healthcare Services)
- o Los Medanos College Foundation/ Nursing Program (Improved Availability of Direct Health Services)
- o John Muir Community Health Alliance/Faith and Health Partnership Program (Direct Healthcare Services)

Programs supported each funding cycle will be monitored.

Action Step 2:

Implement and monitor the proposed School-linked Services Program as a Health and Wellness District-Direct Initiatives activity. *[DPAC]*

Action Step 3:

Continue to monitor and support the Health and Wellness District-Direct Initiatives Eyeglasses Program. *[DPAC]*

Action Step 4:

Board of Directors will coordinate, strengthen and maintain the role of the Grants and Policy Committee in monitoring, supporting, and evaluating the LMCHD Health and Wellness Funding Program and its participants. *[Grants and Policy Committee]*

Action Step 5:

Follow the established 2010 LMCHD Health and Wellness Funding Program guidelines to coordinate staff activities around funding application submissions, monitoring, reporting, fund disbursement, and communication with awardees. *[Staff, Grants and Policy Committee]*

Strategy 1.2

Utilize existing data and support new efforts for District-wide assessments of health needs and health disparities in the District.

Action Step 1:

Coordinate the Board of Directors' role in District-wide assessments of health needs and health disparities of District residents. *[Staff]*

Action Step 2:

Board of Directors will direct the Outreach Committee in efforts for District-wide assessments of health needs and health disparities in the District. *[Board of Directors, Outreach Committee]*

Strategy 1.3

Advocate for improved access to health care as well as strengthened healthcare goals, policies, and outcomes throughout the community, including local, state, and federal levels of government.

Action Step 1:

Develop a thorough understanding of *The Patient Protection and Affordable Care Act* and the *Mental Health Parity and Addiction Equity Act* in order to serve as a resource for information regarding the new federal healthcare legislation's impact on District's residents' access to healthcare, community-based agencies health care models, and community healthcare policy. [Staff, Board of Directors]

Action Step 2:

Maintain staff's active role in researching and proposing support and legislative advocacy efforts by the Board for policies that favor District residents and health care needs. [Staff, Board of Directors]

Action Step 3:

Continue to coordinate the legislative advocacy intern program. [Staff]

Strategy 1.4

Increase access to affordable health coverage options for working individuals and families within the District and residents that are not covered by Medi-Cal/Medicaid.

Action Step 1:

Monitor and support programs each funding cycle, including those recently funded by the 2010 LMCHD Health and Wellness Funding Program including: [Staff, Grants and Policy Committee]

- o Delta Memorial Hospital Foundation/Sutter Delta Urgent Care Clinic (Direct Healthcare Services)

Strategy 1.5

Allocate funds effectively and define effectiveness measures for evaluating efforts to ensure that LMCHD's resources contribute to improved access to healthcare.

Action Step 1:

Implement reporting requirements and program outcome guidelines outlined in 2010 LMCHD Health and Wellness Funding Program. [Staff, Grants and Policy Committee]

Action Step 2:

Grants and Policy Committee will review and revise report forms used by awardees to emphasize evaluation of program effectiveness and outcomes. [Staff, Grants and Policy Committee]

Action Step 3:

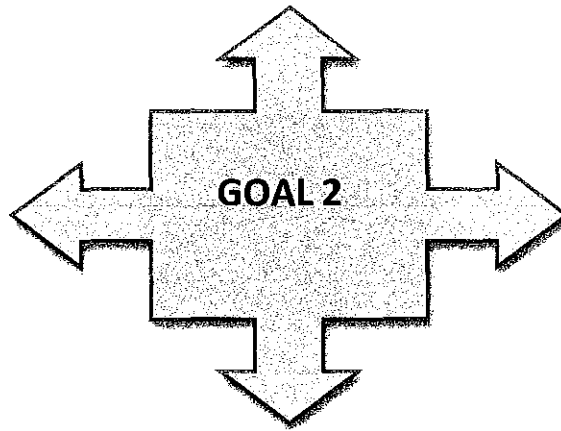
Finance Committee will review and coordinate resource allocation for the most effective use of LMCHD's funds, focusing on improving access to healthcare for District residents. [Staff, Finance Committee]

Action Step 4:

Further develop and establish regular staff activities around visiting and evaluating funding recipients. [Staff, Grants and Policy Committee]

Action Step 5:

District-Direct program parameters and established outcomes to be achieved are determined before starting any program. [DPAC]



LMCHD will support preventative and public health efforts that promote and protect the personal, community, and environmental well-being and health of District residents.

Prevention, early intervention public health services, and health education are all important strategies for improving community health outcomes, particularly when aimed at the root causes of health problems and disparities. The District will continue its existing support for prevention and public health services and seek to develop new efforts. Recognizing the link between good nutrition and wellness and the need for action in the face of elevated rates of child and adult overweight and obesity, the District will promote access to healthy foods and support nutrition-oriented health education. It will also seek to enhance the physical well-being of children and other District residents through health education, violence prevention and exercise programs. On a community level, it will support public health campaigns to increase public awareness of health issues and strategies to promote wellness and it will advocate for legislation and public policies that address health needs of District residents.

Almost half of fifth graders at Pittsburg Unified are overweight.

One quarter of Contra Costa adults who are at least 20 years old are obese, and the rates are highest among people of color.

**See Footnote 1, CHAPE*

- Outcomes:**
1. LMCHD supports preventative and public health efforts taking place in the community which will be measured by:
 - a. A commitment of its Health and Wellness funding to support preventative and public health efforts.
 - b. The LMCHD Board and Staff actively participating in health-related community-sponsored events.
 2. District residents have increased access to healthy foods and education regarding nutrition practices to increase wellness and prevent obesity and other related diseases.

Strategy 2.1

Invest in preventative and public health services that address root causes and social determinants of health disparities and major public health concerns that impact District residents.

Action Step 1:

Monitor and support programs funded each cycle, including those recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

- First Baptist Head Start/Training Our Youth of Today Will Ensure a Healthy Community Tomorrow

Action Step 2:

Implement and monitor the Health and Wellness District-Direct Initiatives AED/CPR First Aid and Education Program. *[Staff, DPAC]*

Action Step 3:

Board of Directors will continue to assign new projects to be developed by the Committees and Staff that will strengthen preventative and public health efforts. *[Board of Directors]*

Strategy 2.2

Foster opportunities for access to healthy foods and support education regarding nutrition practices to increase wellness and prevent obesity and other related diseases.

Action Step 1:

Monitor and support programs funded each cycle, including those recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

- American Heart Association/ 2nd Annual Contra Costa Healthy Community Cooking Class
- Stoneman Village/ Dinner Meal Program
- Loaves & Fishes of Contra Costa
- Food Bank of Contra Costa & Solano/ Farm 2 Kids

Action Step 2:

Maintain LMCHD's advocacy support for Farm to School Programs. *[Staff, Grants and Policy Committee]*

Action Step 3:

Continue participation in the "Good Healthy Youth Forum." *[Staff, Outreach Committee]*

Action Step 4:

Propose a plan to have the District provide the services of a registered dietician. *[Staff, Board of Directors, DPAC]*

Strategy 2.3

Promote and strengthen efforts including health education, violence prevention, and exercise programs to improve the physical well-being of District residents, with a particular focus on children.

Action Step 1:

Monitor and support programs funded each cycle, including relevant programs recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

- East County Midnight Basketball League/Spring Season 2011
- Delta 2000/Bay Point All-Star Cheerleading & Dance
- East County Boys and Girls Club/SMART Moves
- Delta 2000/ Save Our Youth Fitness For Life (SOYFFL)

Action Step 2:

Continue to monitor and support the Health and Wellness District-Direct Initiatives Community Garden Program. [Staff, DPAC]

Action Step 3:

Continue to monitor and support District-Direct Initiative Annual "FitFest" Health Fair. [Staff, DPAC]

Action Step 4:

Propose, implement and monitor the Nutrition, Exercise, and Wellness Kids ("N.E.W. Kids") as a District-Direct Initiative. [Staff, DPAC]

-Note: Requires Board decision

Action Step 5:

Plan Outreach Committee efforts to provide information about LMCHD's programs to District residents and organizations as well as participate in regular health and health disparities needs assessments. [Board of Directors, Outreach Committee]

Action Step 6:

Continue to support the March 2010 Board Resolution Recognizing Pittsburg Unified School District Participants in the "Jump Rope for Heart" Event. [Staff, DPAC]

Action Step 7:

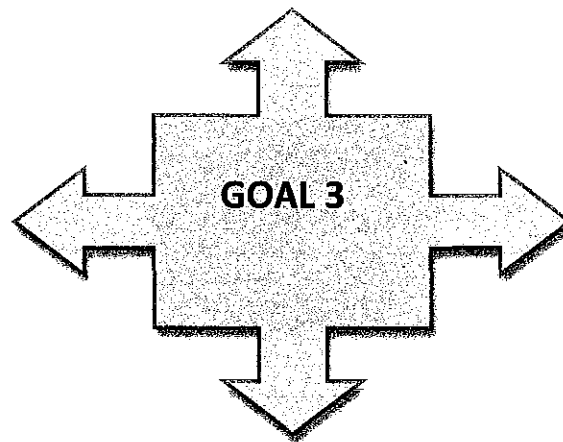
Explore use of uninhabited LMCHD land for parcourse/exercise track. [Staff, DPAC]

Strategy 2.4

Integrate community-needs assessment data into Board policies and operating procedures to guide budget processes, the Health and Wellness Funding Program, and development of new services and collaborative efforts. [Staff, Grants and Policy Committee, Board of Directors]

Strategy 2.5

Increase public awareness, promote public health campaigns, and advance legislative positions and public policies that support health promotion and address primary health concerns of District residents. [Staff, REAL Committee]



LMCHD will engage in population-specific efforts to address the needs of those residents in the District that are historically underserved or particularly impacted by health disparities.

Data demonstrate that certain sub-populations are underserved and/or highly-impacted by health disparities. To address this issue, the District will engage in targeted efforts to address the needs of District residents that are particularly impacted by diabetes, asthma, stroke, heart disease and developmental disabilities. It will also focus on efforts to increase the health and wellness of mothers and children; enhance the community's capacity to support seniors and their families; and improve access to care and support for low-income, homeless and at-risk individuals, youth and families.

Pittsburg residents experience higher death and disease rates than the County overall for many chronic and communicable diseases, injury and maternal and child health issues.

African-Americans are at greatest risk for poor health outcomes. Their age-adjusted death rate from all causes is 59% higher than county residents overall.

*See Footnote 1, CHAPE

- Outcomes:**
1. District residents that are underserved or particularly impacted by health disparities experience increased access to health care and health education.
 2. Access to health care needs is improved for:
 - a. Low-income, homeless, and at-risk individuals
 - b. Youth
 - c. Families
 - d. African-Americans
 - e. Latinos
 - f. Other underserved populations

Strategy 3.1:

Invest in efforts that engage and increase access to health care for populations that are particularly impacted by health concerns such as diabetes, asthma, stroke, obesity, heart disease and developmental disabilities.

Action Step 1:

Monitor and support programs funded each cycle, including those recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

- American Heart Association/2nd Annual Contra Costa Healthy Community Cooking Class

Strategy 3.2:

Increase the health and wellness of mothers and children through better access to prenatal care, immunizations, access to primary health services and health and wellness education in schools. *[Staff, DPAC]*

Action Step 1:

Implement and monitor the proposed School-Linked Services Program as a District-Direct Initiatives activity to provide health services to mothers and children. *[DPAC]*

Strategy 3.3:

Improve and increase the community's capacity to support seniors and their families with a variety of health care services, basic needs, nutrition, and benefits assistance.

Action Step 1:

Monitor and support programs funded each cycle, including those recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

- Stoneman Village/ Dinner Meal Program

Strategy 3.4

Improve access to care for low-income, homeless and at-risk individuals, youth, and families with a variety of healthcare-related, basic needs, nutrition, and benefits assistance.

Action Step 1:

Monitor and support programs funded each cycle, including those recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

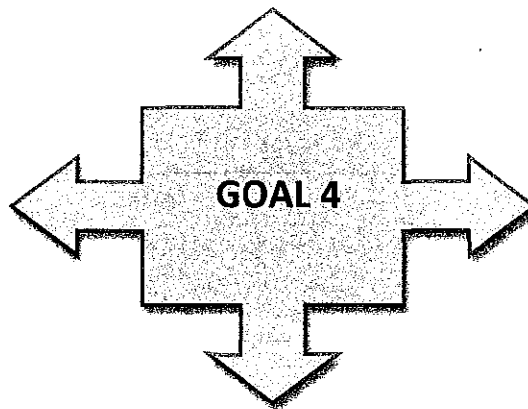
- Community Health Empowerment/ Exchange Works (Preventive Medical Services; Needle Exchanges Targeting HIV/AIDS Prevention)
- Center for Human Development
- STAND! Against Domestic Violence
- Loaves and Fishes
- First Baptist Head Start/Training Our Youth of Today Will Ensure a Healthy Community Tomorrow

Action Step 2:

Maintain efforts to support the Board adoption of the Resolution recognizing "Families Thrive—Moving to Action." *[Staff, Board of Directors]*

Action Step 3:

Continue to support and attend meetings for the African-American Health Summit planned for September 2011. *[Staff, Outreach Committee]*



LMCHD supports research and educational programming that moves the Los Medanos community towards improved and innovative practices, ensures that healthcare professionals receive the best training, and further enhances service delivery to District residents.

In order to provide the highest quality healthcare services possible, it is essential that the District stay abreast of emerging innovations, best practices in service delivery and the latest research outcomes. To this end, the District will facilitate and invest in ongoing training and workforce development on health issues and practices. The District will also support collaboration and information-sharing among healthcare providers, health advocates, other healthcare districts and peer associations, faith-based and nonprofit organizations, government and the community regarding service delivery, health promotion and disease prevention.

Outcomes:

1. District residents experience enhanced service delivery due to implemented innovative practices including:
 - a. More accessible healthcare
 - b. More direct and immediate healthcare
 - c. More cost-efficient healthcare
2. Community healthcare professionals have increased access to better training and information.
3. Schools within the District will have increased access to dental services and nutrition services for their students.
4. LMCHD Board Members and Staff will be aware of current healthcare trends and health issues that affect District residents, which will be measured by:
 - a. Meetings attended by Board members and Staff at statewide peer-level associations, including the Special District Institute, the Special District and Local Government Institute Seminar, and the Association of California Healthcare Districts.

Strategy 4.1

Invest in community programs and educational facilities that further healthcare workforce development within the District.

Action Step 1:

Monitor and support programs recently funded by the 2010 LMCHD Health and Wellness Funding Program including: *[Staff, Grants and Policy Committee]*

- Pittsburg Adult Education Center
- Los Medanos College Foundation/ Nursing Program

Strategy 4.2

Support collaboration, coordination of efforts, and synergistic relationships among healthcare providers, health advocates, other healthcare districts, faith-based and nonprofit organizations, government, and the community.

Action Step 1:

Continue to coordinate and strengthen LMCHD's efforts with: *[Staff, REAL Committee]*

- The Delta Memorial Hospital Foundation
- Contra Costa County Board of Supervisors, (Office of District V Supervisor, Federal D. Glover)
- The Contra Costa Crisis Center
- The Concord Community Reuse Project
- The Bay Point Chamber of Commerce
- The Pittsburg Chamber of Commerce
- The Contra Costa Community College District

Action Step 2:

Remain actively involved with statewide peer-level associations, including the ACHD and the Special District Institute, in order to maximize the effectiveness of the District and its grants and programs. *[Staff, REAL Committee]*

Action Step 3:

Continue Board representative attendance to the Special District and Local Government Institute Seminar. *[Staff, REAL Committee]*

Action Step 4:

Maintain efforts of Association of California Healthcare District (ACHD) Leadership Program. *[Staff, REAL Committee]*

Strategy 4.3

Serve as a resource of information, advocacy, and training for healthcare professionals concerning health concerns and practices that impact District residents.

Action Step 1:

Develop and provide regular and special trainings for healthcare professionals on health concerns and practices that impact District residents. *[Staff, DPAC]*

Action Step 2:

Provide training regarding domestic violence intervention through the Pittsburg Health Center. *[Staff, DPAC]*

Action Step 3:

Monitor the Board Resolution requesting Senator Boxer and Feinstein's recommendation of the U.S. Senate Pass HR-3221 "Student Aid and Fiscal Responsibility Act" providing funding for all U.S. community colleges and especially for the Contra Costa Community College District, including Los Medanos College, Diablo Valley College, and Contra Costa College. [Staff, REAL Committee]

Strategy 4.4

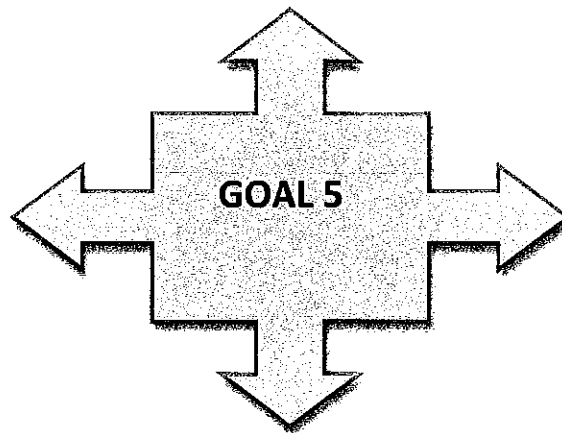
Develop and communicate LMCHD's role in facilitating coordination among organizations, faith-based organizations, and city, state, and federal agencies at work on health promotion and disease prevention within the District.

Action Step 1:

REAL Committee will continue to publish community bulletin and media announcements to communicate LMCHD's work on health promotion and disease prevention. [Staff, REAL Committee]

Action Step 2:

Staff will monitor communications to strengthen coordination among collaborating organizations and develop new relationships with other related agencies. [Staff, REAL Committee]



LMCHD will work through the Board of Directors and Staff to establish solid, sustainable agency infrastructure components guided by fair and ethical governing principles and fiscally sound policies to ensure sufficient resources to achieve LMCHD's vision, mission, and strategic plan.

Effectively serving the District's residents requires solid and sustainable agency infrastructure, fair and transparent policies and fiscally sound financial management. In order to ensure successful operation of its programs and initiatives and efficient administration of resources, the District will invest in staff and Board training on key governance issues and work to develop effective Board leadership along with the structures and operational policies and procedures necessary to function well. In addition, in order to maintain appropriate accountability and ensure measurable improvements in District health problems, the Board will oversee Strategic Plan implementation and updates; monitor program and initiative workplans; closely oversee the budget; engage in periodic Board and staff performance reviews; and evaluate outcomes based on district-wide health assessment data.

Outcomes:

1. LMCHD will have fair, transparent, and cost-effective policies that allow for the community to have greater access to health resources evidenced by:
 - a. An adopted and implemented Policies and Procedures manual
 - b. An adopted and implemented Operations manual for Board members and Staff.
 - c. A Strategic Plan review which occurs annually to review progress on outcomes.
 - d. Annual Board and Staff performance reviews based on adopted procedures
 - e. Reviewed building lease, mortgage, and other financial terms which are renegotiated as needed.
2. LMCHD will have developed outcome targets for the goals identified in this strategic plan.

Strategy 5.1

Strengthen the knowledge of Board members and Staff through special trainings and presentations from healthcare and governance experts.

Action Step 1:

Develop a Board and Staff training calendar. [Staff, REAL Committee]

Action Step 2:

Continue Board Member attendance to Special District and Local Government Institute Advanced Studies Programs. [Staff, REAL Committee]

Action Step 3:

Prepare for and attend the California Special Districts Association Annual Conference. [Staff, REAL Committee]

Strategy 5.2

Commit to a Board culture that strives for collaboration, continuous learning, advocacy, transparency, ethical behavior, and leadership on matters affecting the health of the District's residents.

Action Step 1:

Periodically review and redefine the work delegated to the Board Committees by the Board of Directors, through Committee Chairs reporting on work underway, and putting forth motions for action as needed. [Staff, REAL Committee]

Action Step 2:

Schedule substantial Board attention on increasing effective participation in carrying out the LMCHD's healthcare-related agenda. [Staff, REAL Committee]

Action Step 3:

Develop a Board of Directors' toolkit to orient each Board member on member roles and responsibilities, Officer duties, and LMCHD's policies and procedures to review at an annual meeting. [Staff]

Action Step 4:

Continue to include monthly committee meeting minutes in every Board of Directors' monthly meeting packet. [Committee Chairs, Staff]

Strategy 5.3

Develop Annual Management Plans, Strategic Plan updates, and annual Board and Staff performance reviews, taking into account the need for continuous quality improvement.

Action Step 1:

Review Management Plan in REAL Committee and make recommendation on Action to Board of Directors. [Staff, REAL Committee]

Action Step 2:

Annually monitor implementation of this strategic plan in the Strategic Futures Committee, setting specific action steps for the next year. [Staff, SFC Committee]

Action Step 3:

Develop annual Board and Staff performance reviews in REAL Committee in order to recommend adoption to Board of Directors. [Staff, REAL Committee]

Action Step 4:

Amend bylaws to update roles and responsibilities of new Board Committees, executive director, and staff. [Staff, REAL Committee]

Action Step 5:

Draft and review District-Direct Initiatives program workplans. [*Board of Directors, DPAC, Staff*]

Strategy 5.4

Develop and update a financial operations manual to guide the ability to maintain a balanced budget, account for resources, and support all LMCHD activities and operations.

Action Step 1:

Continue development, review, and approval of financial operations manual in Finance Committee meetings in order to make recommendations to Board of Directors on adoption of policies. [*Staff, Finance Committee*]

Action Step 2:

Adopt a model guiding Board activity on budget, personnel, and undertaking of major new commitments that is "policy driven" as recommended by the Finance Committee. [*Staff, Finance Committee*]

Action Step 3:

Review funding parameters for the Board of Directors Discretionary Fund program, Health and Wellness District-Direct Initiatives and Funding Programs. [*REAL Committee, Grants and Policy Committee, Finance Committee*]

Strategy 5.5

Maintain an Administration and Operations Manual to guide Board and Staff actions.

Action Step 1:

Facilitate Board Study Session and REAL Committee meeting to draft and review Administration and Operations Manual. [*Staff, REAL Committee*]

Strategy 5.6

Monitor and maintain the District's operations of the Pittsburg Community Health Center by reviewing and updating lease, mortgage, and other financial terms. [*Staff, REAL Committee*]

Strategy 5.7

Achieve measurable improvements in the health problems of the District. [See Appendix C]

Action Step 1:

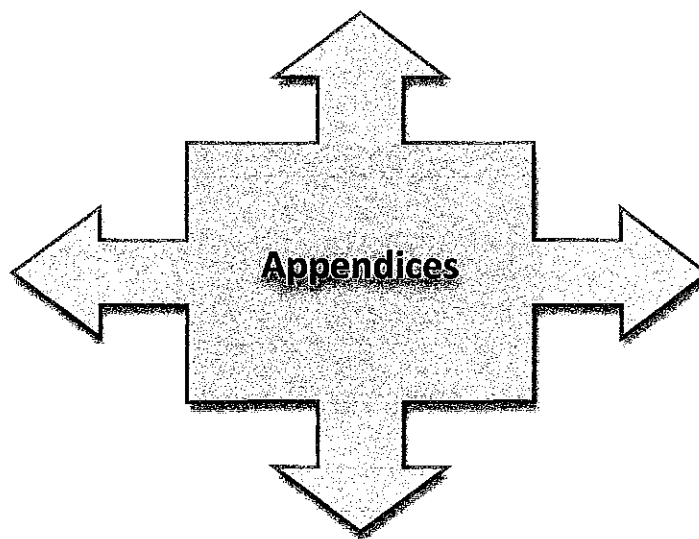
Identify sources of District-wide health assessment data [*Staff, Grants & Policy Committee*]

Action Step 2:

Identify and develop partnerships with community organizations in order to develop assessment methodologies and collect data. [*Staff, Grants & Policy Committee*]

Action Step 3:

Develop standardized performance measures related to strategic plan outcomes; link to District activity and investments in community programs.



Appendix A: Retreat Action Plan

Action Plan for Los Medanos Community Healthcare District			
	Actions	Timeline	Result
Phase #1: Setting the Direction			
Defining who we are as a group and what we want	•	Today	
Finding a way to work together as a team and to actively listen to one another	•	Today	
Assessing our strengths and weaknesses	•	Today	
	Actions	Timeline	Result
Phase #2: A Look Inside			
Answer the question, "What do we want in our community?"	•		
Review current and future collaborations to decide how this will impact our decisions	•		
Re-imagine our organizational structure and identify roles, looking at other organizations for ideas.	•		
	Actions	Timeline	Result
Phase #3: A Look at the Community			
Update and review a method to conduct a Community Survey concerning existing and emerging needs	•		
Revisit Pathways to Health Program	•		
Look at Health Disparities and include data and other organizations that are doing similar work	•		
	Actions	Timeline	Result
Critical Component #4: A Look at Others			
Host a reception that includes all 2 Special Districts for sharing of information and networking	•		
Survey the programs of other Health Districts without hospitals	•		
	Actions	Timeline	Result
Critical Component #5: Strategies Plan			
Define our priorities against our existing resources	•		
Define our strategy, outcomes, and benchmarks	•		
Critical Component #6: Completion & Implementation Guidelines			
Redesign LMCHD Program insuring we meet the needs of the District	•		
Update and revise our Health Profile	•		
Building Healthy Communities Project	•		
Redesign and implement new Mission, Vision, and Values statements	•		

Appendix B – Needs Assessment

Los Medanos Community Healthcare District Sponsored-Bi Annual Community Networking Forum
Held at the Solomon Temple Missionary Baptist Church-June 23rd, 2009

Five Indicators of Community

1. Capacity: Recognizing strengths, weaknesses and the unique capacities of each community member
2. Collective Effort: Shared responsibilities to achieve goals
3. Informality and Ease: Consideration and care demonstrated in transactions
4. Shared Values
5. Celebration in social gathering and meetings

Definition of Community which includes the following:

- Students
- Families
- School Administrators
- Teachers
- Principals
- Counselors
- Community Leaders
- Residents
- Faith-Based-Organizations
- Church Leaders

SWOT Analysis Conducted with the invited community members

Strengths of the Pittsburg/Bay Point community

1. Health van comes to Riverside to provide Health Services to adolescents. (Big recipient of community health services) Riverside has access to county Health Services. Authentic and diverse community members.
2. Collaboration process between community organizations.
3. LMC provides services
4. Community Center provides a number of after school programs
5. First Baptist Head Start provides subsidized pre-school services to low-income families.
6. School Board is doing an excellent job of distributing funding.
7. Bay Point partnership collaborative to help identify community issues. Collaborative incorporates the youth of the community into their organization.
8. Parks and Recreation/upkeep to parks
9. Kaiser in Antioch
10. Access to healthcare
11. Healthcare county clinic
12. Bay Point clinic
13. Community Health Van
14. Los Medanos College
15. Solomon Temple Missionary Baptist church
16. First Baptist Church of Pittsburg

17. Number of sites for the Head Start Program
18. Senior Program
19. Sports Activities available for families
20. Open spaces-gardens and trails for walking
21. Faith-Based-Organizations
22. Eyeglasses Program
23. Adult Training Programs-Adult ED
24. Advanced School of Nursing School
25. Small targeted places for Latinos and African Americans to get healthcare services
26. Faith communities health ministries
27. Schools promoting health: New Kids, Jump rope for Health, Dental Screenings & Dental Vans, Eye Care Screenings & Hearing
28. Public Library

Weaknesses:

1. Many after-school programs have been cancelled
2. Not enough volunteers (age-range)
3. Need more community group organizations/collaboration.
4. Barriers to community access and physical activity and health
5. Lack of communication and operation with city leaders
6. Lack of information in terms of outreach to get the word out and for people to know how to access services
7. Resources in most communities are independent
8. Lack of innovative ways to get target groups eg youth involved with
9. NOT Enough youth are involved

Opportunities:

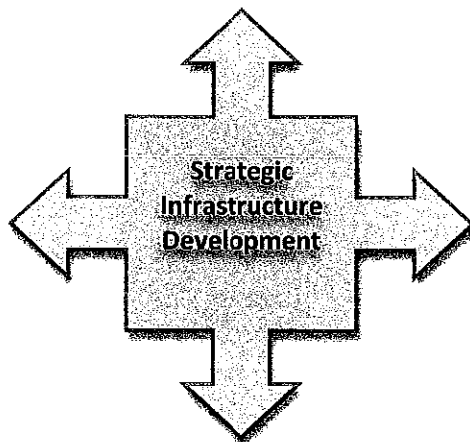
1. Continue these community forums (Identify point people)
2. Connect with School Board/City Council (ADVOCACY)
3. Empower youth. Provide the opportunity to them/hear their voice. Leverage the power between youth and adults.
4. Provide family programs to empower a strong family base.
5. Sharing and networking
6. Centralizing information about resources and funding resources; grant opportunities
7. Providing opportunities for networking and a forum for bringing resources together
8. Print or electronic newsletters; website; and emailing of information
9. Volunteer recruiting-focus on teens
10. Networking with this group- LMCHD Networking Forum and for the next meeting "each bring one other person".
11. Find a philanthropist to "Adopt a Class"
12. Senior Adult Mentor Program
13. Develop new collaborative between Pittsburg USD & Nursing School(s) to bring services through student interns to the children and youth

14. Develop a Student Advisory Review Board

Threats:

1. Economy
2. Media (sensationalizing the negative)
3. Disbelief
4. Funding shortages on all levels, federal, state and county
5. Lack of school nurses
6. Education and training
7. Organizations operate in silos separated from other organizations with similar goals
8. Political agendas
9. Egos
10. Time Restraints
11. Money
12. Personal agendas
13. Not being relationship focused
14. Self-centeredness vs. "other centeredness"
15. Permits-facility use
16. Communication and logistics

Appendix C: Performance Measures Tool



Definitions

OUTCOME MEASUREMENT

Outcome measurement is a process that systematically evaluates whether the District’s efforts are making an impact on the individuals or populations the District is serving or the problem the District is targeting.

OUTPUTS vs. OUTCOMES

Outputs are what a District does or produces (e.g., number of obesity classes held, number of schoolchildren attending obesity classes)

Outcomes are what is gained or changed as a direct result of the District’s output related to residents’ or the Districts’ behavior, skills, knowledge, attitudes, values, condition, or other attributes (e.g., reduction in obesity).

OUTCOME INDICATORS

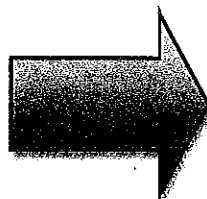
Outcome indicators are specific items of data that are tracked to measure how well a program is achieving an outcome (e.g., obesity rates among schoolchildren).

OUTCOME TARGETS

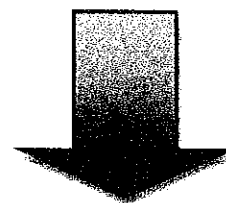
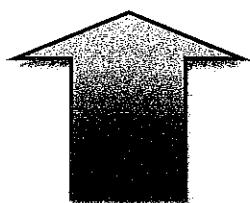
Outcome targets are the specific percentages or numeric goals set for an outcome indicator (e.g., 25% reduction in obesity among schoolchildren)

Establishing an Outcome Measurement Structure

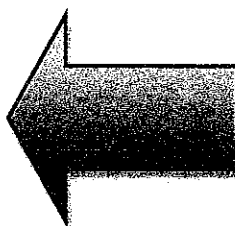
**Develop Outcome
Indicators**



**Set Outcome
Targets**



**Make
Improvements**



**Measure
Outcomes**

Developing Outcome Indicators

Key elements:

- **Purpose:** Identifies the reason for the indicator (e.g., obesity is the cause of many chronic illnesses among schoolchildren)
- **Activities:** Identifies the programs or activities for which an indicator applies (e.g., obesity programs like Fitfest and NEW Kids)
- **Definition:** Defines the indicator (e.g., obesity among schoolchildren)
- **Goal-Setting Methodology:** Basis for setting goals around the indicator (e.g., studies have shown that obesity can be reduced through nutrition and exercise education)
- **Reporting Methodology:** Provides detailed description of how indicator is calculated (e.g., how is obesity defined?)

Setting Outcome Targets

Key considerations:

- **How is the District performing?** (e.g., what is the obesity rate among schoolchildren in Los Medanos?)
- **How are other Districts performing?** (e.g., what is the obesity rate among schoolchildren in Contra Costa County? In the Bay Area?)
- **What is reasonable and achievable, but requires effort to achieve?** (e.g., if the obesity rate in Los Medanos is higher than in Contra Costa County, can the District bring down its rate to Contra Costa's levels?)
- **What are longer-term outcome goals and how can interim outcome targets be used to help move the District toward outcome achievement?** (e.g., how can changing nutritional habits or exercise habits change obesity rates?)
- **What factors out of the District's control will affect outcomes?** (e.g., how do macroeconomic conditions affect obesity rates?)

Measuring Outcomes Across the District

Why Measure Across the District?

- Ensure common understanding of the District's intent and goals
- Understand how individual programs and activities affect outcomes
- Understand how the District can create a positive change
- Identify areas for improvement

Measurement Methodology Considerations

- **Programs/Activities**
Measure across all programs? Across a program type? Programs focusing on specific populations? (e.g., does the District ask all grantees to report on obesity? Only those expressly aimed at obesity reduction/prevention? Only for certain populations?)
- **Data Elements**
How to make sure all program/activities are gathering the same type of data? (e.g., what rules and definitions should the District set on data collection?)
- **Timeframe**
What date range? How frequent? (e.g., should District programs/activities be collecting data on a 2-year time frame? How often should they be collecting data?)

APPENDIX E
MANAGEMENT PLAN

2011 Los Medanos Health Care District
MANAGEMENT PLAN

The Los Medanos Community Health Care District (“LMCHD”) Management Plan is organized according to four categories: (1) Operations; (2) Program Development and Implementation; (3) Community Linkages; and (4) Governance. For each category, the Management Plan identifies the core components, actions to be undertaken, and how the Executive Director, the LMCHD Board and Committees and HomeBase will coordinate their activities to maximize impact and efficiency.

OPERATIONS

Objective: Establish and sustain core competencies in all aspects of LMCHD operations.

COMPONENTS	ACTIONS	COORDINATION	TIME FRAME
REAL Committee	<ul style="list-style-type: none"> - Prepare meeting agendas in communication with the Chair and member - Notice agendas - Prepare and circulate meeting materials in communication with the Chair and member - Attends meeting - Draft action minutes - Post minutes upon approval and include in Board packets - Ascertain and coordinate execution of committee decisions 	<ul style="list-style-type: none"> - Executive Director and staff - Executive Director 	Ongoing
Finance Committee	<ul style="list-style-type: none"> - Prepare meeting agendas in communication with the Chair and member - Notice agendas - Prepare and circulate meeting materials in 	<ul style="list-style-type: none"> - Executive Director and staff 	Ongoing

2011 Los Medanos Health Care District
MANAGEMENT PLAN

	<p>communication with the Chair and member</p> <ul style="list-style-type: none"> - Attends meeting - Draft action minutes - Post minutes upon approval and include in Board packets <p>- Ascertain and coordinate execution of committee decisions</p>	- Executive Director	
Premises Planning & Management	<ul style="list-style-type: none"> - Manage District office space - Manage building operations - Otherwise develop the necessary infrastructure to assure the successful ongoing operations and activities of LMCHD. 	- Executive Director with oversight from REAL Committee	Ongoing
Budgeting	<ul style="list-style-type: none"> - Develop LMCHD Budget, including financing, operating costs, reporting requirements, and contingency plans - Revise LMCHD Budget as necessary based on the outcome of the Gordon Hicks negotiations - Maintain budgetary controls, monitor activities and initiate corrective actions to stay within budget 	<ul style="list-style-type: none"> - Executive Director and Accountant, with oversight from Finance Committee - Executive Director, Accountant, and G. Hicks, with oversight from Finance Committee - Executive Director and Accountant 	<p>Start of fiscal year</p> <p>Upon conclusion of CalMortgage negotiations</p> <p>Ongoing</p>

2011 Los Medanos Health Care District
MANAGEMENT PLAN

Financial and Administrative Procedures	<ul style="list-style-type: none"> - Maintain LMCHD's finance activities and statements - Implement and manage LMCHD's financial and admin. procedures and forms - Develop and implement revenue enhancement and cost containment strategies 	<ul style="list-style-type: none"> - Finance Committee and Accountant coordinates with Executive Director - Executive Director 	Ongoing
Operations Manual	<ul style="list-style-type: none"> - Collect and give input to draft 2011 Operations Manual - Implement Operations Manual 	<ul style="list-style-type: none"> - Executive Director and HomeBase, with input from REAL Committee 	Ongoing
Internal Coordination and Communication	<ul style="list-style-type: none"> - Prepare and submit monthly status report to the Board, setting forth the duties performed by the Executive Director - Routine communications with Board through Chair 	<ul style="list-style-type: none"> - Executive Director and staff 	Ongoing
Human Resources	<ul style="list-style-type: none"> - Recruit and hire office staff and student interns - Develop and implement HR and labor procedures, policies, and forms 	<ul style="list-style-type: none"> - Executive Director 	Ongoing

2011 Los Medanos Health Care District
MANAGEMENT PLAN

PROGRAM DEVELOPMENT AND IMPLEMENTATION

Objective: Sustain and build upon existing programs and funding to meet District needs and fill gaps.

COMPONENTS	ACTIONS	COORDINATION	TIME FRAME
Grants and Policy Committee	<ul style="list-style-type: none"> - Prepare meeting agendas in communication with the Chair and member - Notice agendas - Prepare and circulate meeting materials in communication with the Chair and member - Attends meeting - Draft action minutes - Post minutes upon approval and include in Board packets - Ascertain and coordinate execution of committee decisions 	<ul style="list-style-type: none"> - Executive Director and staff - Executive Director 	Ongoing
District Programs and Activities Committee	<ul style="list-style-type: none"> - Prepare meeting agendas in communication with the Chair and member - Notice agendas - Prepare and circulate meeting materials in communication with the Chair and member - Attends meeting - Draft action minutes - Post minutes upon approval and include in Board packets 	<ul style="list-style-type: none"> - Executive Director and staff 	Ongoing

2011 Los Medanos Health Care District
MANAGEMENT PLAN

	<ul style="list-style-type: none"> - Ascertain and coordinate execution of committee decisions - Draft and manage workplans for each District-sponsored program including eyeglass program, community garden, Fitfest -Report regularly to Board about workplan progress -Post competitive bids and execute contracts as needed to carry out program activities and workplan - Monitor and execute activities related to new LMCHD programs, partnership, and sponsorship activities - Reassess goals and deliver reports as needed - Monitor the performance of LMCHD's programs and take corrective actions as necessary 	- Executive Director	
[Community Garden Program]	<ul style="list-style-type: none"> - Ascertain and coordinate execution of [District Program and Activities Committee] decisions - Draft and implement quarterly action plan for Community Garden activities - Monitor Community Garden activities and communicate concerns or issues to the [District Program and Activities Committee] 	- Executive Director and staff	Ongoing
Health and Wellness Funding Program	<ul style="list-style-type: none"> - Implement Health and Wellness Funding Program activities 	- Executive Director, in coordination with Grants	Ongoing, with focused activity in January (site

2011 Los Medanos Health Care District
MANAGEMENT PLAN

	<ul style="list-style-type: none"> - Execute and monitor contracts with awardees - Conduct site visits as needed - Communicate to Board concerns or issues with awardees - Monitor and distribute to Board mid-term and final reports from awardees - Maintain communication with awardees and potential funded applicants - Advertise appropriate funding program to community organizations 	and Policy Committee, Finance Committee, and staff	visits) and September (mid-term reports)
Program Development and Community Coordination	<ul style="list-style-type: none"> - Continue creating linkages and developing potential partnerships and projects with District organizations and agencies that engage in work related to the LMCHD Strategic Plan 	- Executive Director coordinates with District Program and Activities Committee	Ongoing
School-Linked Services Development	<ul style="list-style-type: none"> - Develop workplan and implement school-linked service programs for District children and youth, including childhood obesity prevention, diabetes management, and asthma management programs - Identify and coordinate with local and national partners to develop an integrated program model for the provision of school-linked services - Draft and implement quarterly action plan for school-linked services programs - Monitor school-linked service programs activities and communicate concerns or issues to the District Program and Activities Committee 	- Executive Director and staff with oversight from District Program and Activities Committee	Ongoing with focused activity in January-March

2011 Los Medanos Health Care District
MANAGEMENT PLAN

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2011 Los Medanos Health Care District
MANAGEMENT PLAN

COMMUNITY LINKAGES

Objective: Maximize LMCHD communication and cooperation with District residents.

COMPONENTS	ACTIONS	COORDINATION	TIME FRAME
Garner community input on Health and Wellness Funding program	<ul style="list-style-type: none"> - Advertise and review community input surveys - Conduct site visits 	<ul style="list-style-type: none"> - Executive Director coordinates with Grants Committee, Board president 	Ongoing, with focused activity in January
Facilitate coordination with pertinent health and governmental entities /Review data on District health matters	<ul style="list-style-type: none"> - Improve upon existing outreach efforts - Represent the LMCHD in the African-American Health Summit - Represent the LMCHD in outreach efforts to the Contra Costa Board of Supervisors - Represent the LMCHD with peer-level associations, including the ACHD and the SDBMI 	<ul style="list-style-type: none"> - Executive Director coordinates with Board President and Board liaison, where appropriate 	Ongoing
Coordinates efforts with County, focused on Pittsburg Health Center and its operations	<ul style="list-style-type: none"> - Schedule and facilitate meetings and communications with County 	<ul style="list-style-type: none"> - Executive Director coordinates with REAL Committee and Board President 	Ongoing
Public Relations	<ul style="list-style-type: none"> - Develop and implement Communications Strategies and Tools 	<ul style="list-style-type: none"> - REAL Committee coordinates with 	Ongoing

2011 Los Medanos Health Care District
MANAGEMENT PLAN

	<ul style="list-style-type: none">- Manage LMCHD's public relations and marketing efforts- Strengthen community partnerships- Act as liaison with the public and other public agencies and elected officials - Design and maintain website	<p>Executive Director</p> <ul style="list-style-type: none">- Executive Director with oversight from REAL Committee - Executive Director and staff	
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2011 Los Medanos Health Care District
MANAGEMENT PLAN

GOVERNANCE

Objective: Support Board and Committees in policy governance for appropriate oversight.

COMPONENTS	ACTIONS	COORDINATION	TIME FRAME
Board	<ul style="list-style-type: none"> - Prepare meeting agendas in communication with President and members - Notice agendas - Prepare and circulate meeting materials in communication with President and members - Attends meeting - Draft action minutes - Post minutes upon approval - Communicate with Board between meetings through Committee preparation and work and/or through the President - Ascertain and coordinate execution of Board decisions - Serve as resource to Board in areas of health care trends, legislative issues and policy 	<ul style="list-style-type: none"> - Executive Director and staff - Executive Director 	Ongoing
Strategic Planning	<ul style="list-style-type: none"> - Review and plan strategic planning process - Implement the LMCHD Strategic Plan 	<ul style="list-style-type: none"> - Executive Director and staff coordinate and HomeBase to schedule meetings and review process 	Ongoing (monthly implementation sessions prior to each Board meeting)

2011 Los Medanos Health Care District
MANAGEMENT PLAN

Regulatory Compliance	- Ensure LMCHD compliance with all regulatory agencies, the California Local Health Care District Law, and the Brown Act	- Executive Director with Accountant, Auditor, Counsel and Chair	Ongoing, with focused activity in January-February
Agency Culture, Structure, and Future	- Encourage the carrying out of LMCHD goals with regards to operations, culture, structure and future - Provide leadership and guidance to the Board to meet the mission and vision of LMCHD.	- Executive Director and Chair, with oversight from Board of Directors	Ongoing

APPENDIX F
HEALTH & WELLNESS FUNDING PROGRAM POLICIES AND
PROCEDURES

Los Medanos Community Health Care District
DRAFT - Health and Wellness Funding Program Guidelines

Part I

Announcement of Opportunity

The Los Medanos Community Healthcare District ("District" or "LMCHD") invites proposals for its Health and Wellness Funding Program. In accordance with the District's mission and 2010 strategic plan, this funding program supports qualified nonprofit and governmental agencies making positive impacts on community health.

The application must be submitted to the District in both electronic AND hard copy forms by Monday, June 21, 2010 at 3 PM. The electronic version of the application must be submitted online at www.lmchd.org. In addition, ten (10) paper copies of the application must be time-stamped received by the 3 PM deadline.

A community's health care needs are served by a broad array of health-related programs and initiatives such as direct health services and wellness programs, community-based clinics, health provider education, and programs and organizations that promote preventative and public health activity, for special needs among people, particularly those suffering from health disparities.

Funding opportunities will be available to organizations whose activities improve residents' health within one or more focus areas of the District's strategic plan.

- **Goal One.** LMCHD will improve availability of and **access to direct health and mental health services** for all residents of the District, with a focus on **reducing the District's health disparities.**
- **Goal Two.** LMCHD will **support preventative and public health efforts** that promote and protect the personal, community, and environmental well-being and health of District residents.
- **Goal Three.** LMCHD will engage in **population-specific efforts** to address those District residents that are historically **underserved or particularly impacted by health disparities.**
- **Goal Four.** LMCHD will support **research and educational programming** that moves the Los Medanos community towards improved and innovative practices, ensures that healthcare professionals receive the best training, and further enhances service delivery to District residents.

Projects may focus on prevention, education, direct services, supportive services, and any other activities that affect the healthy well-being of District residents and communities. A map of the district is attached as Appendix A. The LMCHD will provide assistance only for health care programs, services, facilities and activities that benefit district residents.

Comparison to Interim Extension Funding Process

Prior to the release of this announcement, LMCHD provided some short-term funding to sustain programs that had received District funds during the 2009-10 fiscal year. Unlike the funds made available to those programs, funding awarded under the Health and Wellness Funding Program will be available to all qualified entities that provide services within the District's boundaries. There is no requirement that an applicant have received funds from the District in the past. Past funding recipients will be required to satisfy all reporting and other outstanding obligations as a threshold criteria, and any award of funds will be conditioned upon receipt of a timely, satisfactory final report concerning uses of interim extension funds.

Relationship to Prior District Funding Processes

In the past, the LMCHD used District funds in one of three ways to promote health outcomes:

- District-direct programs. LMCHD has incorporated certain program activities into its annual budget and directly overseen their implementation. District- direct programs include: (1) Student Eye Glasses Program; (2) Community Garden; (3) Fitfest; and (4) a defibrillator program.
- Collaborative Action Grants or Collaborative Efforts. LMCHD has also funded programs that it co-leads with community entities. These include: (1) LMC Nursing Program; (2) New Kids; (3) Senior Helpline Services; (4) The Eddie Hart All-in-One Foundation; (5) Sutter-Delta; and (6) John Muir Health
- Project Grants. LMCHD has also provided grants to organizations in the community for programs that are operated with less direct involvement by the District including: (1) Community Health Empowerment; (2) Stoneman Village I & II; (3) City of Pittsburg, the Reading Zone; (4) Pittsburg Unified School District Adult Education; (5) STAND! Against Domestic Violence; (6) Contra Costa/Solano Food Bank; (7) Meals on Wheels; (8) First Baptist Head Start; and (9) Get Fit.

Under the Health and Wellness Funding Program, LMCHD will consolidate Collaborative Efforts and Grant projects into a single program governed by a single set of rules. District-direct programs will continue to receive funding through LMCHD budget line items as before.

Amount and Duration of Funding Awards

- Two-year awards will be made starting July 2010. The District reserves the right to reduce an award after one year if the recipient does not demonstrate compliance

with contract or program requirements (including progress towards approved outcomes) in a timely annual progress report.

- Award amounts will range on average between \$10-75,000.
- Recipients may only have one outstanding award at a time.

Historically, the District's funded relationships have ranged from a few thousand dollars up to \$80,000 or more, depending upon project size and scope. The amount available for a particular award will vary depending upon many factors including the District's overall budget, the amount requested for the proposed program, the applicant's organizational budget and the project's impact on residents' health.

Los Medanos Community Health Care District
DRAFT – Health and Wellness Funding Program Guidelines
Part II

Use of Health and Wellness Funding

The Health and Wellness Funding Program can finance the launch of a new project or the expansion of an existing project. The District is particularly interested in projects that can successfully leverage District funds to attract other sources of funding. The Health and Wellness Funding Program will consider requests for support as follows:

Type of Project	Type of Support
Direct health and mental health services	<ul style="list-style-type: none"> • Primary care • Optical • Pediatrics • Emergency • Dental • Psychiatric • Substance Abuse Treatment
Preventative & Public Health Services; Health and Social Behavior; Environmental Health	<ul style="list-style-type: none"> • Domestic Violence Education • Violence Prevention • Nutrition Services <ul style="list-style-type: none"> ○ Diabetes Prevention ○ Heart Health Education • Physical Wellness, Fitness, and Education Programs • Obesity Prevention • Alcohol and Drug Use Education • Community Garden and Related Activities • Screenings, for example: <ul style="list-style-type: none"> ○ Blood pressure, STD, Physical Evaluation, TB testing, Hearing/Vision, dental gall bladder liver, etc.) • Immunizations

	<ul style="list-style-type: none"> • Smoking Cessation Education • Protection/Education Against Environmental Health Hazards <ul style="list-style-type: none"> ○ Air quality, water quality
<p>Population-specific efforts</p>	<ul style="list-style-type: none"> • Senior Citizens <ul style="list-style-type: none"> ○ Caregiver support (resource library, consultation, counseling) ○ Vision screenings ○ Activities/socialization ○ Council on Aging ○ Durable medical equipment loan ○ Fall prevention ○ Lifeline (medical alert service) ○ Transportation (to medical appointments) • Developmentally Disabled <ul style="list-style-type: none"> ○ Physical therapy ○ Health and fitness • Mothers & Mothers-to-be <ul style="list-style-type: none"> ○ MOMS club (support for stay-at-home mothers) ○ Women, Infant, Children (WIC) Nutritional Program • Children and At Risk Youth <ul style="list-style-type: none"> ○ Fitness, peer mentoring, nutritional counseling ○ Services for foster children ○ Screenings ○ After School Sports Programs • Homeless <ul style="list-style-type: none"> ○ Shelter and supportive Services ○ Medical case management, consultation, and liaison; access to use of primary care services • Immigrants, low-income, or uninsured residents <ul style="list-style-type: none"> ○ Access to primary health care and dental services
<p>Research and educational programming</p>	<ul style="list-style-type: none"> • CPR/AED/First Aid (ie "Healthquest") • Nursing programs

	<ul style="list-style-type: none"> • Public Health and Health Disparities Education and Research • Trainings for healthcare providers that assist vulnerable or underserved populations within the district • Special healthcare district-related training/conferences
--	---

Funding Restrictions

The District will generally NOT support the following:

- Individuals
- Endowment campaigns
- Retirement of debt
- Medical, scientific or non-applied research
- Capital campaigns or building improvements
- Overhead or administrative costs not directly related to a proposed project
- Annual campaigns, fundraising events or expenses related to fundraising
- Programs that proselytize or promote any particular religion or sect, or deny services to potential beneficiaries based upon religious beliefs
- Expenses related to lobbying public officials
- Political campaigns or other partisan political activities

Projects that fall outside the District's guidelines will be reviewed on a case by case basis.

Los Medanos Community Health Care District
DRAFT – Health and Wellness Funding Program Guidelines

Part III

Information to Applicants

How To Apply

The Los Medanos Community Healthcare District (“LMCHD”) is inviting proposals starting May 12th for its two-year funding cycle, which will begin in July 2010. The Board of Directors will consider funding grants to local projects that are within the mission and priorities described in these guidelines. A public announcement will be made and application materials will be available at the LMCHD office and the website at lmchd.org.

A bidder’s conference to review application materials with applicants will be held on May 26, 2010 from 4-6 PM at the Los Medanos Community Healthcare District offices located at 2311 Loveridge Road, Pittsburg, CA 94565.

The application must be submitted to the District in both electronic AND hard copy forms by Monday, June 21, 2010 at 3 PM. The electronic version of the application must be submitted online at www.lmchd.org. In addition, ten (10) paper copies of the application must be time-stamped received by the 3 PM deadline.

Application Review Process

You will receive an e-mail confirming receipt of submitted applications. LMCHD staff will conduct a technical review of all application packets to ensure that all required documentation and information has been provided. Complete and eligible applications will be forwarded to the District’s Grants and Policy Committee for consideration. Following its review, the Grants and Policy Committee will make funding recommendations on each application to the Board for their decision.

District staff may contact you to discuss your proposal and to follow-up with any additional questions. A site visit or meeting to further discuss proposed activities may be scheduled. The full Board Meeting at which a vote will be taken on Applications for Funding will be posted.

All District meetings are open to the public.

Applications will be scored on a 100-point scale encompassing such key factors as (1) applicant capacity; (2) consistency with District Strategic Goals; (3) Consistency with community need; (4) measurable and achievable outcomes; (5) demonstrated fiscal accountability.

At any point during the process, please do not hesitate to contact District staff with questions or concerns.

Funding Administration

When an award is made, performance requirements related to the District's strategic objectives, reporting obligations, and payment schedules are specified as a condition of the award and written into the contract agreement. Generally, awardees will be required to make periodic progress reports and a final report at the end of the award. Through progress reports the District monitors its investment in programs and projects, requiring awardees to substantiate how residents are being served and how measurable outcomes are meeting the District's mission and strategic objectives.

Record keeping guidelines that Awardees must follow are included at Appendix B.

Suggested Format for Health and Wellness Funding Program Project Proposal

Introductory Summary

This is a paragraph summarizing the purpose of the project, who will benefit, the expected health-related outcomes, the organizations involved, and the total cost for the project and the amount requested from the District. In one sentence please state clearly why this project relates to the District's funding priorities as described in the 2010 funding guidelines. Also, please state the applicant's current total annual budget, specifying the actual amount of administrative expenses for this project.

The Statement of Need and the Population Affected

Please describe the problem or issue to be addressed by the project and which communities and populations are affected by it. Describe how people are affected by the problem and how pervasive it is. Indicate how the applicant organization has an existing relationship with the population affected. Use statistics if they are current and relevant to make your case. Quotes from recognized and appropriate authorities may be used as well. The purpose of this section is to justify the proposed project and to lay the foundation for the approach or methods you will use to address the problem.

The Description of the Project to be Conducted

This is the core of the proposal and should include how this project will be conducted in relation to the problem identified. Details are important in this section including the kind of staff that will be needed, activities that are to be conducted, and a direct correlation between these activities and the desired outcomes from the project. The design of the project should be well-crafted, feasible and appropriate in scope to the problem. This section should also include information that indicates the organization is qualified and capable to conduct this project. Describe how the organization's current work exposed it to the problem, and how current staff are experienced enough to take on this new activity. Describe how the organization has had successful experience in implementing other projects similar in size and scope to the proposed project. If this is going to be collaboration among two or more organizations, please describe all the players and what each will contribute to the process. Indicate who the lead organization

will be and what the roles and responsibilities of each organization will be. Describe how you will divide up the funding for the project based on tasks performed.

The Financial Plan for the Project

Please describe the current and future plans for funding this project. Indicate all known funding sources as well as those that you plan to solicit over time. Describe in detail how you will sustain this project after the District's funding has ended. Describe what public or private resources you anticipate will support the continuation of this work. Describe the current financial situation of the applying organization and how funding this project will affect its stability. Please state when you plan to need the District's funding in relation to when you will start the project.

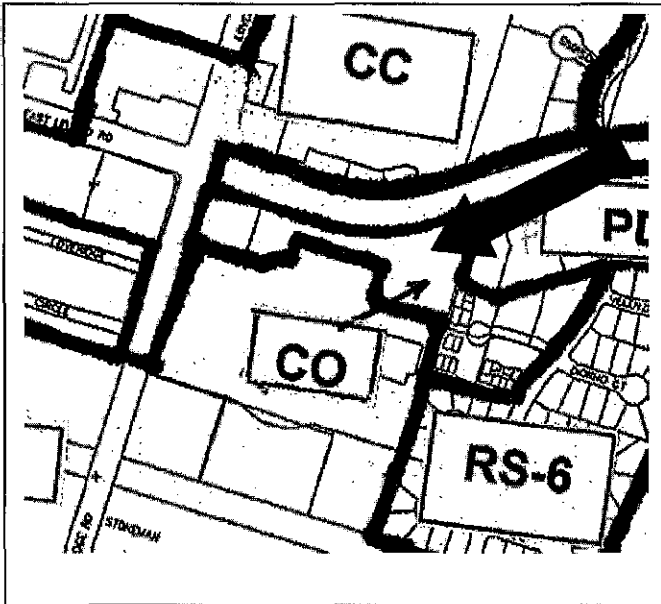
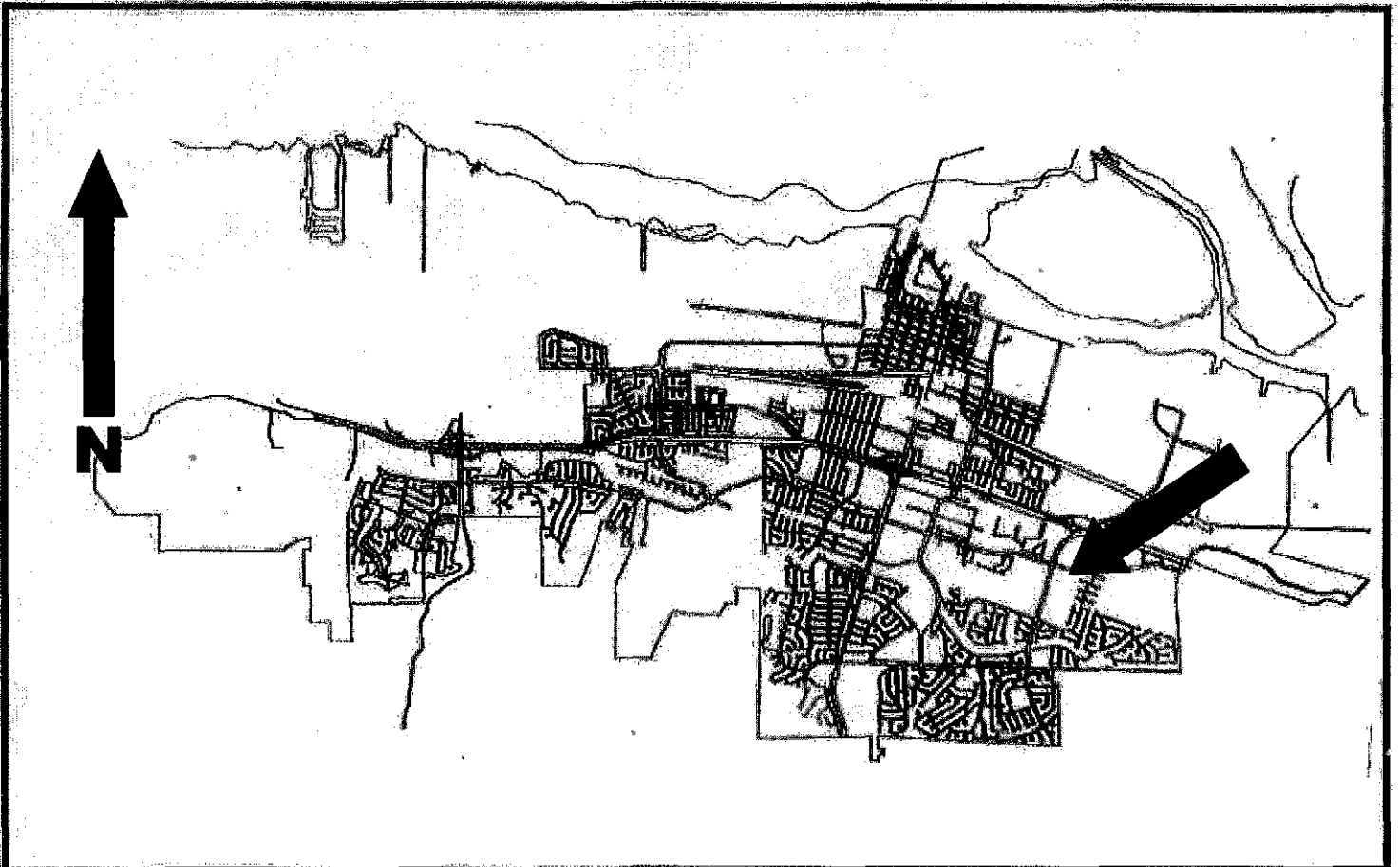
Evaluation of the Project

Please describe how the design and implementation of the project and the outcomes will be evaluated. Indicate how people in the community, who are affected by the problem and participated in the program, will be involved in the evaluation process. In evaluating, the District seeks to understand not only what was successful about the project but also what did not work and why. The District will seek to review measures by which the success of the project can be evaluated.

The following attachments must be submitted with all applications:

- The Application Cover Sheet
- A copy of the organization's final 501(c)(3) determination letter from IRS.
- A list of the organization's current board members with their professional, business and community affiliations.
- Letters of commitment from all other organizations collaborating on the project or providing technical assistance, including statements of their financial, organizational and staff commitments.
- The budget for the proposed project, which includes all known and projected sources of revenue and anticipated expenses. Please include footnotes to each line item with the budget. If possible, please present a project budget in a twelve-month cash flow format.
- The organization's current total annual budget approved by the board of directors.
- The organization's most recent year-end audited financial statements. If the organization does not have audited statements, then please provide the last year-end unaudited statements, including a balance sheet and statement of income and expenses which were reviewed and accepted at a board meeting where a quorum was present.
- A list of grants that the applicant agency has received in the past in resume format (if applicable).
- Any other printed materials; e.g., an annual report, brochure, etc., which would describe your organization and its programs in relation to the community.

The LMCHD is a local public agency and local nonprofit organizations are our partners in carrying out our mission of improving the health and well being of the people and communities we serve. We are interested in meeting representatives of local nonprofit organizations, so please invite us to visit your organization.



Los Medanos Community Healthcare
District Garden.
Application No. 09-632 (UP, AD)

Location: 2311 Loveridge Road
APN: 088-161-028

Appendix B

Los Medanos Community Healthcare District Recordkeeping & Reporting Requirements

Purpose: The Los Medanos Community Health Care District ("LMCHD" or "District") has policies and procedures in place to ensure that all District funds are properly accounted for and spent appropriately within LMCHD guidelines. In addition, LMCHD has clearly established mechanisms to provide effective oversight of programs funded with District monies. These policies, procedures, and practices include:

- 1) Clearly published recordkeeping requirements to ensure that grant funds are spent appropriately on approved project activities;
- 2) A mandate that each recipient of LMCHD funds have internal financial controls in place; and
- 3) Standardized reporting requirements to ensure that LMCHD funds are achieving the purposes for which each project or program was funded.

1) Recordkeeping Requirements:

Each LMCHD-funded project must account for all grant expenditures by keeping the following documentation in a separate file for each grant year. Files may be subject to periodic audits as necessary by District staff based upon either scheduled reviews or risk monitoring guidelines that will be established.

- 3rd party receipts or invoices for expenditures using grant funds
- Time and activity reports for staff funded by grant funds

Each project must also have documentation demonstrating that they have minimal levels of financial and organizational capacity to avoid misuse of grant funds, including:

- Most recent financial audit (if performed)
- Copy of 501(c)(3) documentation (if applicable)
- Any existing documentation demonstrating that grant funds are kept separately from personal accounts and/or are tracked separately from other business expenses. E.g., separate business banking account, financial records
- Description of internal system of financial controls/checks and balances, or any policies or supporting documentation that describe this

2) Financial Controls Mandate

All LMCHD-funded projects should use District funds for activities described in grant agreements or other contracts with the LMCHD. Funds may not be used for activities other than those authorized in writing by the District. To control that grant funds are being used appropriately, and to control against waste, theft, inefficiency, for accuracy and reliability

of financial information and to encourage compliance with policies, each grant recipient must have internal controls.

Internal controls refer to the combination of policies, procedures, defined responsibilities, personnel and records that allow an organization to maintain adequate oversight and control of its finances. As such, internal controls reflect the overall financial management system of an organization or agency. Budget controls, cash management, accounting controls, procurement, property controls and audits are sub-parts of the overall financial system.

3) Reporting Requirements

Each project must submit a mid-term report and a close-out report to show that grant funds were used for: (1) the project as described in the grant application, LMCHD contract, or agreement; and (2) to demonstrate the project's success. Each project will report on the following in a standardized close-out report:

- *Project description:* as described in the project application, contract, or agreement and any changes that occurred after the application was approved
- *Number of people served by the grant funds*
- *Outcomes achieved:* a brief description of specific accomplishments achieved using District funds and any supporting data the project may have collected

Los Medanos Community Healthcare District
Health and Wellness Funding Program
Funding Application

Application Coversheet

Applicant and Project Information

Applicant: _____

Project Name: _____

Project Address: _____

Applicant Address (if different): _____

Email: _____

Telephone: _____

Introductory Summary

Please describe the purpose of the project, who will benefit, the expected health-related outcomes, the organizations involved, and the total cost for the project and the amount requested from the District. In one sentence please state clearly why this project relates to the District's funding priorities as described in the 2010 funding guidelines. Also, please state the applicant's current total annual budget, specifying the actual amount of administrative expenses for this project.

Los Medanos Community Healthcare District
Health and Wellness Funding Program
Funding Application

The Financial Plan for the Project

Please describe the current and future plans for funding this project. Indicate all known funding sources as well as those that you plan to solicit over time. Describe in detail how you will sustain this project after the District's funding has ended. Describe what public or private resources you anticipate will support the continuation of this work. Describe the current financial situation of the applying organization and how funding this project will affect its stability. Please state when you plan to need the District's funding in relation to when you will start the project.

Evaluation of the Project

Please describe how the design and implementation of the project and the outcomes will be evaluated. Indicate how people in the community, who are affected by the problem and participated in the program, will be involved in the evaluation process. In evaluating, the District seeks to understand not only what was successful about the project but also what did not work and why. The District will seek to review measures by which the success of the project can be evaluated.

Los Medanos Community Healthcare District
Health and Wellness Funding Program
Funding Application

Document submission Checklist

Please submit the following documents (only those applicable to you):

- Application Coversheet
- Application Form
- Copy of 501(c)(3) documentation (if applicable). In order to apply for funds an organization must be a tax-exempt, 501(c)(3), nonprofit corporation or an entity within the public sector, including school districts and departments of local government. An organization must not engage in discrimination inconsistent with its tax-exempt status and federal and state civil rights laws.
- A list of your organization's current board members with their professional, business and community affiliations.
- Letters of commitment from all other organizations collaborating on the project or providing technical assistance, including statements of their financial, organizational and staff commitments.
- The budget for the proposed project, which includes all known and projected sources of revenue and anticipated expenses. Please include footnotes to each line item with the budget. If possible, please present a project budget in a twelve-month cash flow format.
- Your organization's current total annual budget approved by the board of directors.
- The organization's most recent year-end audited financial statements. If the organization does not have audited statements, then please provide the last year-end unaudited statements, including a balance sheet and statement of income and expenses, which were reviewed and accepted at a board meeting where a quorum was present.
- A list of grants that the applicant agency has received in the past in resume format (if applicable).
- Any other printed materials; e.g., an annual report, brochure, etc., which would describe your organization and its programs in relation to the community.

**Los Medanos Health Care District
Health and Wellness Funding Program
Process for Appeals for Rejected Applicants**

As a public body, the Los Medanos Community Healthcare District (District or LMCHD) intends its Health and Wellness Funding Program to be fair and transparent; therefore, applicants may communicate with the District at any time. Applicants to the Program who believe their applications for funding were rejected for any of the following three reasons may appeal to the District for additional consideration:

- 1) The application was declined on the basis of review criteria other than those appearing in the guidelines;
- 2) The application was declined due to influence of Board members who willfully failed to disclose a conflict of interest; and
- 3) The application was declined because erroneous information was provided by District staff or Board members at the time of review, despite the fact that the applicant provided accurate and complete information on District-issued forms as part of the standard application process.

Please note:

- **Incomplete, late, and noncompliant applications are specifically denied any appeals process.**
- **Dissatisfaction with the denial of an award or the amount of a grant award is not grounds for appeal.**

Requests for appeals must be received, in writing, at the District office within a reasonable time period of the applicant's notification of a funding award decision to be determined by the Board of Directors. Applicants must provide evidence drawn from minutes and/or transcripts of Board or District meetings to support their appeals. The Grants and Policy Committee will review and act upon the appeal at its next regularly scheduled meeting. In the event that one or more members of the Committee have a conflict of interest that prevents them from reviewing and acting upon the appeal, the Board will consider the appeal at its next regularly scheduled meeting.

If the District changes a funding decision as a result of an appeal, the timing of the payment of the grant will be managed by the Executive Director and follow the established guidelines in the Health and Wellness Funding Disbursement Policies and Procedures based on the availability of funds.

APPENDIX G
DISTRICT PROGRAMS & ACTIVITIES COMMITTEE WORKPLAN



District Program and Activities Committee (DPAC)

Purpose: Monitors LMCHD directly sponsored programs, partnerships, and activities.

LMCHD Strategic Goals:

Goal One. LMCHD will improve availability of and access to direct health and mental health services for all residents of the District, with a focus on reducing the District's health disparities.

Goal Two. LMCHD will support preventative and public health efforts that promote and protect the personal, community, and environmental well-being and health of District residents.

Goal Three. LMCHD will engage in population-specific efforts to address those District residents that are historically underserved or particularly impacted by health disparities.

Goal Four. LMCHD will support research and educational programming that moves the Los Medanos community towards improved and innovative practices, ensures that healthcare professionals receive the best training, and further enhances service delivery to District residents.

Instructions: Please fill out the following Workplan in full and provide a paper AND electronic copy to: (1) Executive Director, Los Medanos Community Healthcare District, P.O. Box 8698, Pittsburg, CA 94565-8698; and (2) bpalmerlmchd@aol.com.

Suggested Coordinator:¹

Sponsoring public or governmental entity:

Project Title:

Project Description

The purpose of the project:

¹ The coordinator will be responsible for overseeing the day-to-day activities of the program or activity in question and to ensure that all expenditures are aligned with this workplan and the LMCHD's strategic goals. The coordinator will also be responsible for presenting quarterly reports to the District Programs and Activities Committee (DPAC) and for presenting expenses exceeding an amount to be determined to the DPAC for approval.

Program Budget and Expenses
(Please include documentation of all projected expenses)

Total Annual Budget Amount: \$ _____

Program Item/Expense	Category of Expense	Projected Date or Time Frame of Expense:	Expense Amount
		Total: (should equal the total budget amount)	

Bids/RFP's (If applicable):

What other resources/in-kind donations have you leveraged/will you be leveraging for this project?

Project Contact Information:

- Contact:
- Contact Address:
- Email:
- Telephone:

For staff use only:

This Workplan was originally reviewed and recommended by DPAC on: __/__/__

This Workplan was originally approved at the District Board Meeting on: __/__/__

Annual Budget for the Workplan approved by the District Board: \$_____

Date that the First Quarterly Report is due to DPAC: __/__/__

Has the project sponsor agreed to include District sponsorship information on all of its publicity materials? _____

August 16, 2011

Via Email: ltexe@lafco.cccounty.us

Ms. Lou Ann Texeira
 Executive Officer
 Contra Costa LAFCO
 651 Pine Street, 6th Floor
 Martinez, CA 94553

Dear Ms. Texeira:

In response to your request for an update on the status of and activities at Doctors Medical Center – San Pablo (DMC), please find below information that I hope you will find to be helpful.

FLASH REPORT				
Doctors Medical Center				
	2011	August		
Volume:	Target	Target	6-Aug	13-Aug
Discharges	121	111	116	86
Average Daily Census	82	74	73	64
Adjusted Daily Census	125	117	114	104
ED Admissions	96	83	98	78
ED Admissions as a % of Discharges	79%	75%	84%	91%
ED Visits	861	835	727	683
Inpatient Surgeries	20	18	18	15
Outpatient Surgeries	22	21	28	18
LOS and Acuity:				
Average Length of Stay	4.78	4.71	3.99	4.43
Average Length of Stay - Medicare	4.96	4.45	4.08	4.43
Case Mix Index - Non-Medicare	1.50	1.50	1.72	
Case Mix Index - Medicare	1.55	1.38	1.51	
Payroll:				
Total Paid FTE's	778	727	N/A	723.5
Worked FTEs	667	622	N/A	606.9
Non-Productive FTE's	111	105	N/A	117
Overtime FTE's			N/A	21
Agency FTE's			N/A	3
Voluntary Terminations - August M-T-D Clinical Staff				5
Voluntary Terminations - August Month to Date Total				7
Financial:				
Cash Balance			8,362,708	5,936,900
Days Cash on Hand	30	30	21	15

DMC's current plan for long term sustainability - The management and Board of Directors are pursuing several strategies, including:

1. **Operating Performance Improvement:** in 2007-2008, DMC improved operating by approximately \$13-14 million – including expense reduction and better capture of revenue. Although we have sustained many of those improvements, we have slipped in some areas. We have a plan to reduce expenses/improve revenue capture that will result in a \$5 million improvement. Those measures will be put into place over the next several months.

2. At its Board of August 10, the District approved going to the community for a parcel tax increase. The election will be in November, the request is for \$47/parcel for residential property holders. This measure will generate \$5.1 million.
3. The District has approximately \$32 million in total debt - \$21 million owed to our bond holders, and \$11 million to the County. We are investigating a refinancing of certain portions of this debt to reduce our debt service payments. This activity will reduce debt service by \$2 million annually.
4. Finally, we have initiated a Regional Planning Initiative with a broad base of participants including DMC, County Health Services, John Muir Health System, Kaiser, Alameda Contra Costa Medical Association, the Hospital Council and others. This group is working to identify a sustainable model that will ensure greater financial stability and future viability.

All of these activities will take time – the proceeds from the parcel tax measure, for example, will not be available to us until December 2012. To bridge the gap to implementation of all of these initiatives, we continue to meet with the California Medical Assistance Commission (CMAC) and are exploring additional working capital financing. Over the next month we will have more clarity around both of these issues.

Please let me know if you would like to see additional information in future updates, or if you have any questions on the above.

Sincerely,



Dawn M. Gideon
Interim President and CEO

Enclosure: Financial/Audit Report