



SAMARITAN HOUSE

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May 26, 2021

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Sequoia Healthcare District

525 Veterans Blvd.

Redwood City, CA 94063

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Samaritan House respectfully proposes to the Sequoia Healthcare District four key items for continuing funding to maintain and enhance our 20-year partnership:

1. A \$3,992,799 operational grant over three years for ongoing operations, which includes maintenance of effort and the following new initiatives;
2. Support in the amount of \$183,522 for 50% time of a 0.5FTE Associate Medical Director to increase capacity of the Clinic by providing support with direct and indirect patient care, as well as strategic initiatives, including our transition to Electronic Health Records;
3. Support in the amount of \$329,490 for a Licensed Vocational Nurse (LVN) to increase nursing support at the clinic and to support the medically high-risk clients at the newly created Pacific Emergency Shelter;
4. Support in the amount of \$238,235 for establishing and maintaining Electronic Health Record (EHR) and Telehealth capacity for the Clinic, which includes start-up and monthly costs.

Chief Executive Officer

Bart A. Charlow

Our request is an outgrowth of the clinical assessment of community needs as detailed in the Sequoia Hospital Community Benefit 2020 Report. In particular, our programs address preventable diseases, which the 2020 benefit report identified as on the rise. Samaritan House's request makes it possible to do more to stop preventable diseases from occurring in the first place.

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The pandemic has dramatically exposed the underlying driver of health outcomes: economic inequality and unequal access to "safe" culturally sensitive care. Samaritan House provides two major benefits in that regard:

- 1) The full spectrum of attendant services to address ALL the social determinants of health;
- 2) A zero-fee well-integrated "medical home" combining physical, oral and mental health.

Even in the face of a global pandemic, the Free Clinic of Redwood City continues to meet its mission is to provide high quality healthcare without charge to residents

within the Sequoia Healthcare District who cannot qualify for medical insurance and who do not have the ability to pay for medical care. This is particularly important, given how the disparities in healthcare that the pandemic has revealed have resulted in more deaths and severe illness in medically fragile and underserved communities. We appreciate the opportunity to submit this request for funding and look forward to continuing and building upon our significant collaboration.

Samaritan House's Free Clinic of Redwood City serves as the "safety net for the safety net providers" in South San Mateo County. We know providing primary and preventive care to uninsured patients reduces dependence on hospital emergency rooms for obtaining care. Moreover, when patients do require hospitalization, the severity and complexity of their conditions is often lower because they are receiving quality care from a primary care physician.

At an average cost per visit of \$395 (including diagnostic tests and prescription medications) and an average cost per patient per year of \$1,606, the Clinic provides efficient, cost-effective, quality care that fills gaps in community services. Over the course of a single pre-COVID year (FY19), the clinic delivered an estimated \$906,000 in dental services and \$2,198,000 in medical services.

Free Clinic of Redwood City

Samaritan House's Free Clinic of Redwood City serves uninsured, low-income residents in South San Mateo County. Staffed by volunteer medical providers and dentists, the clinic provides primary care medical and dental services and mental health care, including specialty services such as diabetic care, gynecology, dermatology, neurology, orthopedics, ophthalmology, optometry, podiatry, and rheumatology - all without charge - to low-income clients. Patients receive free primary medical services, including most prescription medications, labs, and x-rays. Our free dental services are integrated with our medical services, as are our behavioral health services. Sequoia Hospital provides invaluable support through free laboratory tests, radiographic studies, and limited cardiology and neurology studies.

Clients of the Free Clinic of Redwood City are 100% low income, uninsured and unable to afford 'out-of-pocket' healthcare costs, such as premiums, copays or deductibles of coverage even after subsidies are applied. Approximately 84% of our target population lives in the Sequoia Healthcare District. 75% lives in Redwood City, particularly the high Healthy Places Index (HPI) Fair Oaks community; all others come from within San Mateo County. Although we serve clients residing throughout San Mateo County, the Redwood City ZIP code 94063 region continues to score at the highest levels of need in the area's Community Needs Index, indicating increased barriers to healthcare access (Sequoia Hospital Community Benefit 2020 Report). Our patient population consists largely of Latino families, with 87% of our patients identifying as Spanish speakers. All are medically underserved.

Description of How Funding Will be Used

Given our longtime partnership and ongoing needs, we are proposing a three-year grant request that builds upon our ability to effectively respond to the needs of the community. Funding from the Sequoia Healthcare District will be used to support program enhancement and expansion including distance services through Telehealth, adoption of electronic health records (EHR), as well as ongoing funding for the Clinic to improve access to primary care services in San Mateo County.

Description of the Services to Be Provided

Ongoing Program Operations

The request for ongoing program funds include personnel costs and benefits of staff members, including: 50% of the Medical Director (0.75 FTE), Dental Director (0.75 FTE), and Associate Director of Operations positions, and complete support of the Advanced Practice Provider (0.5 FTE), Clinic Coordinator, Administrative assistants (front office), Medical Assistant, , Dental Assistants (1.5 FTE) and Dental Hygienist (0.5FTE) . Funds will also support additional outreach and communications, insurance, pharmaceuticals and medical supplies, office supplies, occupancy expenses and shared operating costs. The overall Clinic ongoing budget for FY 2022-24 is projected to be \$7,228,675. Please refer to the attached projected budget for Fiscal Years 2022-2024.

Medical Services

We will increase access to the Clinic’s medical services by hiring a Licensed Vocational Nurse (LVN) and a 0.50 FTE Associate Medical Director.

Establishing Electronic Health Record (EHR)

We have identified and are performing our due diligence on a system that can integrate medical, dental, and mental health care within the clinic. The system will connect with the hospital laboratory to seamlessly order labs and get results. Although the transition to EHR will decrease productivity initially, in the long run use of an EHR will allow the clinic to gain operational efficiencies, use population health measures to optimally direct care to those in most need, more easily perform quality assurance projects, and improve the telehealth experience for patients, providers and staff.

Detailed Rationale of Services to Be Provided

Our three-year strategic vision includes reaching out to the thousands of residents who remain uninsured and are unaware of our services as well as issues related to COVID-19 such as the “long-haulers.” The long-haulers in our service area are those who had underlying untreated medical conditions prior to their COVID-19 sickness and who continue to experience symptoms related to the infection. ***The communities we serve had among the highest incidence per capita of COVID-19 infections*** (<https://www.smchealth.org/data-dashboard/cases-city>) – up to 1,200 per 10,000 residents, so the pent-up demand is expected to be high.

We anticipate there will be an increase in requests for service as our area transitions from red to yellow tier risk levels as our patients seek treatment for their lingering symptoms. In addition, we will be reaching out to our patients who postponed their routine and preventive care. Finally, we anticipate enrolling more residents who have lost their health insurance due to job loss or who are moving in to fill new positions that do not offer health insurance as the economy and businesses recover. As such, we seek to increase access to services through adding an Associate Medical Director of Health Care Services and a nurse, transitioning to an electronic health record (EHR) system, and sustaining accessible quality telehealth.

1) Medical and Dental Services

The volume of patients the Clinic is able to serve is driven primarily by the number of volunteer medical and dental providers and the number of clinic hours these volunteers are able to donate. The volume of requests for dental services was increasing before COVID, but the clinic's ability to respond to the growing volume of requests was curtailed because of an injury to our dental assistant and the shelter in place orders wherein only emergency services were provided. As the County has moved to the COVID-19 yellow tier and emerges from the pandemic, we will focus our efforts to increase the recruitment and retention of volunteer doctors and dentists so we can meet the increased requests for service from patients.

Our part-time staff dental hygienist was out of the clinic due to the pandemic but has returned as of January, 2021. The hygienist provides therapeutic and preventive care and prolongs the beneficial effects of dental treatments and periodontal work. In addition, our dental director has established a relationship with dental hygiene schools and will be recruiting volunteer dental hygienists in order to increase our capacity to meet the growing demand for services. For a variety of reasons, unlike the situation in medical care, recruiting consistent dental assistant volunteers to support our dentists and hygienists is untenable in this area, and we have found it necessary to hire an extra half-time dental assistant to support our dentists and dental hygienist.

2) Associate Medical Director

A part-time Associate Medical Director is needed for direct and indirect patient care, assisting the Medical Director in expanding the clinical programs, strategic thinking, and analyzing data in the clinics. The addition of this position will help the clinic to catch up with the extra work entailed with remote visits, including ordering studies, refilling medications and reviewing test results. This position will also play an important role in the EHR acquisition and implementation phase as one of the physician champions and a superuser of the EHR. In addition to providing clinical care, the Associate Medical Director will assist the Medical Director in providing medical, quality and information systems management for the clinics, assisting the Medical Director with strategic planning, participating as a member of the Clinical Advisory Committee, and representing Samaritan House to the professional and lay community on patient and health care issues. Altogether, this additional capacity will enable the clinic's Medical Director to focus on strengthening partnerships in the community, recruiting medical volunteers, and building new cross-sector collaborations to meet the needs of our patients.

3) Licensed Vocational Nurse (LVN)

In late 2020, the county purchased property to open the Pacific Emergency Shelter in Redwood City to support people experiencing homelessness who are highly vulnerable to COVID-19, offering services to help residents stay housed while they seek permanent affordable housing. Many of these residents have not received medical care previously despite having chronic medical issues and are deemed medically vulnerable. We are proposing to hire an LVN at the facility to assess incoming clients, reconcile and manage medications, perform nursing tasks (such as wound changes) and serve as a liaison with the client's primary care physician. We estimate that 10-15% of the patients will likely receive their primary care at the clinic, but the remainder will still need coordination with their own medical provider. In addition to the care provided onsite at the shelter, the LVN will assist the clinic with our outreach and management of patients who deferred care during the pandemic, help manage proactive care in the future, and provide direct nursing care.

4) Electronic Health Records (EHR)

As the clinic responds to the increase in demand for services, delivering services more efficiently will be paramount. Electronic health records can be part of that solution as they make it easier for the clinic personnel to follow up with patients and track continuing care, both under their supervision and that of the patient's other doctors and care providers. With electronic records they can quickly and easily pull up test results in the exam room to review with patients and can verify when they had past exams or procedures. Medical personnel can even show them results of their imaging tests on the screen.

For ongoing health needs, the EHR means better care for clients – especially since most of the clinic's clients receive diagnostic services through other facilities. When our patient receives care from multiple doctors, tracking their history, including current medications, past procedures and other relevant information, can be cumbersome if not impossible when relying on paper trails. The use of electronic health records allows multiple care providers, regardless of location, to simultaneously access a patient's record from any system that has a connection to the health information exchange. In addition, when patients return to the clinic for care, the electronic record displays up-to-the-minute information on the patient's full history, including current test results and the recommendations of other physicians, allowing more efficient collaboration on multiple facets of a patient's care.

The availability of Telehealth facilitated by EHR will enhance appeal to volunteer specialists, who can support the Clinic via more efficient use of their time. Telehealth has provided many other benefits for clients and the clinic, some of which include:

- making care more accessible to medically vulnerable populations in the district who lack transportation and/or childcare;
- reducing costs for patients who would otherwise need to take a day off work and pay for transportation and/or childcare to visit their doctor in person;
- reducing the percentage of client no-shows;
- increasing the ease and consistency with which doctors can monitor their patients with chronic health conditions in between office visits;
- prioritizing in person appointments for those who must be seen in person; and
- contributing to fewer emergency room visits as patients are able to more easily and consistently see their doctor at the clinic.

Given the benefits, we anticipate the remote care afforded by Telehealth will play a role in our patient management even after the pandemic is controlled.

Electronic health records will also enable the clinic to provide more comprehensive analysis of clinical data, including population health management and cross-sector analytics when our systems are integrated with the agency data system.

The integration reveals a unique strength of Samaritan House to address social determinants of health alongside the medical, dental and mental health care of our patients all within the same agency and over time will deliver new insights to move patient care from a reactive, demand model of care to a more proactive model directing our resources where they are needed most.

This is a real game changer for our patients and will result in better care, better utilization of our limited resources and increased access to quality healthcare for our patients.

Description of How Access Improvements for New Programs Will be Measured

The Clinic's overall goal is to increase access to healthcare services for uninsured, low-income individuals who live within the Sequoia Healthcare District.

Through our programs, we expect to achieve the following objectives over the grant period:

- By June 30, 2024, the Clinic will have provided approximately 1,500 dental hygiene visits, with at least 70% of patients served having, or at high-risk for developing, periodontal disease.
- By June 30, 2024, the Clinic will identify and address barriers to Food Pharmacy usage, resulting in an additional 100 patient-families utilizing the Food Pharmacy compared to baseline.
- By June 30, 2024, the Clinic will be utilizing risk-stratifying algorithms from EHR data to identify patients proactively for targeted care.
- By June 30, 2024, the Clinic will average at least 450 volunteer hours every month.

We appreciate the Sequoia Healthcare District's ongoing support that has been so essential in allowing us to respond to the needs of the uninsured in the community. We are excited about the enhancements we are making to care at the clinic and look forward to keeping you well informed of our progress.

Please feel free to contact me at 650-523-0812 or bart@samaritanhousesanmateo.org or Dr. Jason Wong at 650-257-5286 or jason@samaritanhousesanmateo.org if you have any questions.

Thank you for the opportunity to submit this request for funding. We look forward to your continued partnership in this important collaboration.

Sincerely,



Bart A. Charlow
Chief Executive Officer

CC: Dr. Jason Wong

Samaritan House
 Redwood City Free Medical and Dental Clinic
 Capacity building and Operating Budget request FY22-FY24
 Fiscal year July 1 - June 30th

		BUDGET			
		One time Request			
		FYE 2022	FYE 2023	FYE 2024	TOTAL - 3 YEARS OPERATING
(A) INCOME					
	Sequoia Healthcare District Request	68,000			
	Samaritan House Fundraising:				
	Individual Fundraising				
	Foundation / Grants				
	<i>Grove Foundation</i>	25,000	25,000	25,000	75,000
	<i>City of Redwood City</i>	10,000	10,000	10,000	30,000
	<i>Howard and Betty White Foundation</i>	10,000	10,000	10,000	30,000
	<i>Williams Foundation</i>	50,000	50,000	50,000	150,000
	<i>Urbaneck Foundation</i>	15,000	15,000	15,000	45,000
	<i>Stanford Hosptial & Clinics</i>	100,000	100,000	100,000	300,000
	<i>Other Foundations</i>	25,000	25,000	25,000	75,000
	<i>Kaiser Foundation</i>	30,000	30,000	30,000	90,000
	Samaritan House Gen Fundraising (undesigned)	-	115,000	120,750	126,788
	In-Kind Contributions	615,800	677,380	745,118	2,038,298
	TOTAL INCOME	68,000	2,274,350	2,379,930	2,506,395
(B) EXPENDITURES					
	Personnel/Taxes & Benefits (current)	893,909	920,726	948,348	2,762,984
<i>new</i>	<i>LVN Practioner (1 FTE)</i>	106,600	109,798	113,092	329,490
<i>new</i>	<i>Associate Medical Director (.25 FTE)</i>	59,375	61,156	62,991	183,522
<i>new</i>	<i>Dental Assistant (.50 FTE)</i>	33,800	34,814	35,858	104,472
	Rx and Medical Supplies	84,505	88,730	93,167	266,402
	Mammograms / Lab Fees	21,000	21,630	22,495	65,125
	Occupancy (i.e. rent, utilities, housekeeping)	180,260	189,273	198,737	568,270
	Malpractice & Liability Insurance	10,300	11,330	12,463	34,093
	Food Pharmacy	5,000	5,500	6,050	16,550
	Other Operating	113,024	104,815	107,959	325,798
	Administration overhead (10%)	150,777	154,777.25	160,116	465,671
	In-Kind Expenses	-	615,800	677,380	2,038,298
<i>new</i>	<i>Electronic Health Records (RWC share)</i>	68,000	54,000	56,700	59,535
		-			238,235
		-			-
		-			-
		-			-
	TOTAL EXPENDITURES	68,000	2,274,350	2,379,930	2,506,394
(A-B) NET INCOME/EXPENDITURES		-	(0)	0	0