

**2311 Loveridge Road
P.O. Box 8698
Pittsburg, CA 94565-8698
Telephone: 925-432-2200
Fax: 925-427-1669
Website: www.LMCHD.org**

“A Public Entity Serving East County”

August 20, 2010

Mr. Ronald Tervelt
Foreperson
2009-2010 Contra Costa County Civil Grand Jury
725 Court Street
Martinez, CA 94553-1201

Subject: LMCHD Response to Grand Jury Report No. 1009

Dear Mr. Tervelt:

Enclosed is the Response to Grand Jury Report No.1009, adopted by the Los Medanos Community Healthcare District Board of Directors on August 9, 2010. The responses have been formatted to conform to California Penal Code No. 933.05.

If you should have any questions regarding the attached report, please contact Executive Director Bobbi Palmer at the LMCHD office.

Sincerely,

Darnell Turner
President, LMCHD Board of Directors

Enclosure: Response and attachments\
cc: Honorable Barry Baskin, Presiding Judge of the Superior Court

LOS MEDANOS COMMUNITY HEALTH DISTRICT
BOARD RESPONSE TO GRAND JURY REPORT NO. 1009:
“LOST” MEDANOS COMMUNITY HEALTH CARE DISTRICT

GRAND JURY FINDINGS

Grand Jury Finding 1: LMCHD’s primary mission is to improve the quality of health care in the community while promoting education and wellness. However, actual grants and programs reviewed by the Grand Jury did not address the priority health needs as identified in the Contra Costa Health Services’ Community Health Assessment.

LMCHD Response: The Los Medanos Community Health District (“LMCHD” or “District”) disagrees with the finding on two grounds.

First, the priority health needs of the District are not set by the 2007 Contra Costa Health Services’ Community Health Assessment (“CCHSCH Assessment”), nor should they be. The LMCHD determines the priority health needs of its communities through a deliberative, ongoing process that involves reviewing reports and assessments from multiple independent sources and consulting with community residents and organizations. The LMCHD is not required to nor should it substitute the judgment of a third party organization for its own.

Second, the LMCHD’s grants and programs already address and remediate the health concerns raised by the CCHSCH Assessment (a copy of which can be found at http://cchealth.org/health_data/hospital_council_2007/pdf/chape_executive_report_2007.pdf).

LMCHD grants and programs are already directed to chronic disease prevention and health inequities for people from low-income communities of color, the two issues highlighted and emphasized by the CCHSCH Assessment. *See, e.g.*, “The Los Medanos Community Health Care District Health and Wellness Funding Program Guidelines,” attached as Appendix A.

Furthermore, LMCHD grants and programs, including those singled out for comment by the Grand Jury, already address the specific health concerns raised by the CCHSCH Assessment. As a comprehensive evaluation of Contra Costa County’s health needs, the CCHSCH Assessment raised a multitude of specific health concerns, including: (1) the leading causes of death; (2) family, maternal, and child birth issues; (3) chronic diseases; (4) injuries; (5) mental health; (6) substance abuse; and (7) communicable diseases. The chart entitled “Applicability of Los Medanos Community Health District Grants and Programs to Community Health Indicators for Contra Costa County,” attached as Appendix B, illustrates how the LMCHD grants and programs critiqued by the Grand Jury Report in fact address the same health concerns raised by the CCHSCH Assessment.

In response to the Grand Jury's critique of the Reading Zone at the Pittsburg Health Clinic, the Pittsburg Arts & Community Foundation has prepared its own response, attached as Appendix C. The LMCHD funded the Reading Zone's furniture. The Pittsburg Arts & Community Foundation, which runs the Reading Zone and supplies its books, pointed out that the program was intended to provide a means for low-income, pre-school age children to have access to books on health-related topics. For many of the children, the Reading Zone is the only way they are able to access books, so the program doesn't bar children from taking the books, with titles like "The Little Elephant with the Big Earache" and "Katie Caught a Cold," home with them. In fact, the program views it as a good sign when books disappear from the bookshelves, as the children are taking books home to read on their own.

Grand Jury Finding 2: Of the sixteen grants and programs awarded for the year 2008-2009, fifteen were for \$25,000 or less. Awarding multiple grants in small dollar amounts is inefficient.

LMCHD Response: The LMCHD disagrees with the finding.

For the years 2008-2009, the LMCHD funded twenty-two grants, interim grants, and collaborative efforts totaling over \$390,000 for sixteen different programs. Seven of those programs received over \$25,000, nine received less than \$25,000, and only three received less than \$10,000. *See* "2008-2009 Los Medanos Community Health District Grants, Interim Grants, and Collaborative Efforts," attached as Appendix D.

In times of economic growth, awarding multiple grants in small dollar amounts may result in measurable outcomes of less impact. In times of economic contraction like the years 2008-2009, however, when service providers across disciplines were facing extreme financial hardship, awarding a larger number of grants likely had a greater overall impact in the community by ensuring that vital providers of community health care services remained open for business.

Grand Jury Finding 3: Community health programs and grant dollars consumed less than half of LMCHD's total revenue for the years 2006 through 2009.

LMCHD Response: The LMCHD disagrees with the finding.

For the years 2006 through 2009, the LMCHD spent an average of 69% of its total revenues on program expenses. *See* "LMCHD Analysis of Revenues and Expenses, 2006-2009" attached as Appendix E. Furthermore, that 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 over two million dollars per year.

Grand Jury Finding 4: The District has not collaborated with HAC and other health consortia.

LMCHD Response: The LMCHD disagrees with the finding.

The LMCHD maintains collaborations with a significant number of community base organizations, including health consortia, in order to engage with a representative cross-section of the District's health care community. The chart entitled "LMCHD Engagement with the District Health Care Community," attached as Appendix F, provides a snapshot of the different organizations with which LMCHD has collaborated over just the last six months.

In addition, members of the LMCHD board and staff have been closely involved with numerous peer-level associations, including the Association of California Healthcare Districts ("ACHD") and the Special District and Local Government Institute ("Special District Institute"), and have been recognized by the Special District Institute for their commitment to the professional, effective management of special districts.¹

In fact, the 2007 Contra Costa Local Agency Formation Commission ("LAFCO") Municipal Service Review ("MSR")² made specific mention of the LMCHD's cooperation with community partners, stating that "[t]hrough partnerships LMCHD has improved its financial condition, reduced liability to the taxpayers, and ensured healthcare services to the community," and that "[t]he District's assets and resources have been successfully leveraged through ongoing relationships with CCHS and other healthcare providers." MSR at 4-5.

The Contra Costa Health Access Coalition ("HAC"), to which Report 1009 makes specific mention, disbanded in 2008 (for more information, please contact Lorena Martinez-Ochoa at lmartine@hsd.cccounty.us).

Grand Jury Finding 5: There have been two strategic plans; neither was effectively implemented. LMCHD is spending \$140,000 over a two-year period for its third strategic plan in eight years.

LMCHD Response: The LMCHD disagrees with the finding.

In 2000, the LMCHD adopted a strategic plan, parts of which were drafted and updated in 2002 by the Board with community input. Despite very limited resources, many of the initiatives identified in that plan were successfully implemented. In 2006, the LMCHD adopted an updated version of LMCHD's 2002 plan, including a series of directives called Pathways to Health. The District

¹ See <http://www.sdbmi.com/certificatelist.htm>.

² A copy of the 2007 LAFCO MSR can be found at http://www.contracostalafco.org/municipal_service_reviews/final%20healthcare%20services%20MSR%20report/HealthCare%20MSR%20Approved%208-8-07.pdf.

succeeded again in implementing many of the programs and initiatives identified in the plan, including the highly recognized Fit Fest and elementary school Eyeglasses programs. Recognizing the successful transformation of the District following the implementation of its Plans, the 2007 LAFCO MSR lauded the advances made by the District, and the 2007 LAFCO Board congratulated the District on its progress over the course of seven years of LAFCO oversight. This Grand Jury opted to ignore those findings.

The LMCHD is currently developing a comprehensive strategic plan that is being implemented over a 2-year period. After a competitive process that attracted three responses to its request for proposals (“RFP”), the LMCHD signed a 2-year, \$140,000 contract with a full-service Northern California regional organization with extensive expertise in community program design and implementation. The LMCHD’s choice was based on expertise, accessibility, and cost-effectiveness—the rejected RFP responses, for example, were submitted by Southern California consultants for an average cost of \$250,000, excluding travel and other expenses.

Elements of the new strategic plan, including the District’s mission statement, vision, guiding principles, goals and strategies, restructuring plan, and funding policies and procedures, attached as Appendices A and G, have already been adopted by the Board and implemented by the LMCHD staff.

Grand Jury Finding 6: The 2007 LAFCO Municipal Service Review identified four options that could be taken by the District. The District chose to maintain the status quo.

LMCHD Response: The LMCHD partially disagrees with this finding.

The LMCHD agrees that the 2007 LAFCO MSR identified four options that could be taken by the District, which included maintaining the status quo, dissolving the LMCHD, consolidating the LMCHD with the Mt. Diablo Healthcare District, and dissolving the LMCHD and forming a subsidiary district with limited powers.

The LAFCO MSR did not recommend a particular option, but its comments indicated that maintaining the status quo would be the option most beneficial to the community. Specifically, the LAFCO MSR stated that maintaining the status quo 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. The District has successfully resolved a number of financial issues and built strong, collaborative relationships with CCHS, other service providers and community organizations. These relationships are leveraging the assets of the Pittsburg Health Center and Bay Point Health Center in providing direct healthcare services that are needed within the community. The District is engaged in activities that

support the purpose for which it was formed. With its current budget, the District is spending 74 percent of its budgeted revenue on health programs and retiring debt. MSR at 4-13.

The LAFCO MSR indicated that the disadvantage of maintaining the status quo was primarily related to the District’s history of financial performance and service and financial implementation, but noted: “the District has strong management leadership now, a key indicator of future success,” and specifically stated that “[t]he District is providing substantial healthcare benefit with the property tax revenue it receives.” *Id.*

In comparison, the LAFCO MSR indicated that dissolving the LMCHD “could significantly impact the level of healthcare services provided within the Pittsburg/Bay Point Area,” and that the advantage of consolidating the LMCHD and the Mt. Diablo Healthcare District would be that “the strategic planning, approach and impetus of the LMCHD could be expanded to provide benefit in the Mt. Diablo Health Care District area.” *Id.* at 4-14, 4-15. In addition, the LAFCO MSR discouraged changing the status quo without further analysis, and warned that dissolving the LMCHD could result in “no actual or limited cost savings (or actual loss in revenue), little improvement in service efficiency, loss of local autonomy, and political opposition.” *Id.* at 4-15.

<p style="text-align: center;">GRAND JURY RECOMMENDATIONS</p>
--

Grand Jury Recommendation 1: Grants and programs shall be awarded in relation to the identified community health care needs as identified in the Contra Costa Health Services’ Community Health Assessment (i.e. heart disease, cancer and stroke).

LMCHD Response: The recommendation will not be implemented because it is unwarranted.

The LMCHD grants and programs are already awarded based on the community’s health care needs. The LMCHD Health and Wellness Funding Program Guidelines, attached as Appendix A, emphasize LMCHD’s commitment to (1) improving access to health services and reducing the District’s health disparities, (2) supporting preventive and public health efforts, (3) addressing populations that are historically underserved or are particularly impacted by health disparities, and (4) supporting health research and educational programming.

On July 21, 2010, the LMCHD finalized its 2010-2012 Health and Wellness Funding process. 31 programs applied, and the LMCHD awarded over \$780,000 to 16 programs based largely on the programs’ conformity to the Health and Wellness Funding Program Guidelines referenced above. The Summary of the LMCHD 2010-2012 Health and Wellness Funding Program Awards, attached as

Appendix H, indicates how each of the awardees relates to the Program Guidelines.

Furthermore, the health care needs identified in Report No. 1009—heart disease, cancer, and stroke—are not representative of the health care issues and concerns raised by the CCHSCH Assessment. The document entitled “Applicability of Los Medanos Community Health District Grants and Programs to Community Health Indicators for Contra Costa County,” attached as Appendix B, illustrate how the LMCHD’s grants and programs are directly responsive to the CCHSCH Assessment.

Grand Jury Recommendation 2: A new grant allocation process shall be developed which focuses on funding fewer projects with larger grants.

LMCHD Response: The recommendation has already been implemented.

As part of its strategic planning process, the LMCHD adopted and implemented a set of policies and procedures for its 2010-2012 Health and Wellness Funding program that are aimed at improving funding outcomes. For example, the new policies and procedures bar applicants seeking less than \$5,000 in funding per year, and the size of the awards are dependent on the program’s impact on residents’ health, among other factors. The Board considered setting a ceiling on the amount an applicant could request, but ultimately decided on an open-ended approach that would provide more flexibility. *See* Appendix A at 2-3.

On July 21, 2010, the LMCHD awarded over \$780,000 to 16 programs under its 2010-2012 Health and Wellness Funding program. In order to improve funding outcomes, the District’s decisions were based not only on the programs’ conformity to the LMCHD Health and Wellness Funding Program Guidelines, but also on the applicants’ capacity, the programs’ ability to substantiate how residents are being served and how measurable outcomes are meeting the District’s mission and strategic objectives, and the applicants’ fiscal accountability. *See* Appendix A at 7-8.

The outcome-oriented focus of the new policies and procedures was borne out by the funding totals. Of the 16 approved funding applications, 14 were for \$25,000 or more. More significantly, the funding amounts were based largely on the District’s assessment of the programs’ potential impact and the applicants’ capacity to carry out the programs effectively, not a preset range of numbers; accordingly, the funding amounts ranged from \$15,000 all the way to \$146,222.

Grand Jury Recommendation 3: LMCHD shall reduce unnecessary administrative expenditures thereby increasing funds available for priority health care needs.

LMCHD Response: The recommendation will not be implemented because it is unwarranted.

Contrary to the findings of Report No. 1009, the LMCHD does not spend over half of its revenues on administrative expenses. Rather, the LMCHD has spent an average of 18.6% of its total revenues on administrative expenditures in the years 2006-2009, even excluding the approximately \$2 million in-kind donation it makes to the Pittsburg Health Center every year. *See* Appendix E.

Grand Jury Recommendation 4: LMCHD shall work with health care consortia within the County to expand its impact in awarding of grants and programs.

LMCHD Response: The recommendation has already been implemented.

The LMCHD already works with health care and community-based organizations in the District to maximize the impact of its grants and programs. In addition to its grantees and collaborative effort partners—which include Contra Costa Health Services, the Sutter-Delta Urgent Care Clinic, John Muir Health, and Community Health Empowerment—the LMCHD has, in just the last six months, coordinated its efforts with the Delta Memorial Hospital Foundation, the Contra Costa Crisis Center, the Concord Community Reuse Project, the Bay Point Chamber of Commerce, the Pittsburg Chamber of Commerce, and the Contra Costa Community College District. *See* Appendix F.

In 2010, the LMCHD’s Executive Director and President have been 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. Other board members have attended peer-level associations in the past as well.

Grand Jury Recommendation 5: [The] LMCHD board shall adopt, and effectively implement the new strategic plan.

LMCHD Response: The recommendation is already being implemented.

The LMCHD’s two-year strategic planning process is a continuing process, whereby elements of the strategic plan such as the mission statement, vision, guiding principles, goals and strategies, restructuring plan, and funding policies and procedures (attached as Appendices A and G) are being introduced for public review, adopted, and implemented on an ongoing basis.

Grand Jury Recommendation 6 (for LAFCO): At the time of LAFCO’s next Municipal Service Review of the District, when addressing the District’s accountability for community service needs, LAFCO shall consider the recommendations of this report and the District’s implementation of the strategic plan

LMCHD Response: A response by the LMCHD is not required.

APPENDIX A

THE LOS MEDANOS COMMUNITY HEALTH CARE DISTRICT
HEALTH AND WELLNESS FUNDING PROGRAM GUIDELINES

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
<p>Direct health and mental health services</p>	<ul style="list-style-type: none"> • Primary care • Optical • Pediatrics • Emergency • Dental • Psychiatric • Substance Abuse Treatment
<p>Preventative & Public Health Services; Health and Social Behavior; Environmental Health</p>	<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 • 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)

	<ul style="list-style-type: none"> ○ 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 • 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.

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

APPENDIX B

APPLICABILITY OF LOS MEDANOS COMMUNITY HEALTH DISTRICT
GRANTS AND PROGRAMS TO COMMUNITY HEALTH INDICATORS
FOR CONTRA COSTA COUNTY

Program	Targeted Health Issues/Risk Factors
Community Garden	Chronic Diseases/Obesity in Adults
Meals on Wheels/Senior Outreach	Injuries/Self-Harm
STAND! Against Domestic Violence	Injuries/Homicide & Assault; Mental Health/Emotional and Mental Health Problems
Food Bank of Contra Costa & Solano/ Farm 2 Kids	Chronic Diseases/Overweight Children
The Reading Zone/Pittsburg Health Clinic	Chronic Diseases/Prevention and Health Education
First Baptist Head Start	Injuries/Unintentional Injuries; Homicide & Assault; and Suicide & Self-Harm; Substance Abuse/Smoking; Binge Drinking
Contra Costa Health Services/H1N1 Education	Family, Maternal & Childbirth/Immunization and Vaccination
Eddie Hart Foundation All In One Foundation	Chronic Diseases/Diabetes; Overweight Kids

APPENDIX C

JULY 29, 2010 LETTER FROM THE PITTSBURG ARTS & COMMUNITY
FOUNDATION IN RESPONSE TO GRAND JURY REPORT NO. 1009



Pittsburg Arts & Community Foundation

Date: July 29, 2010
From: Rose Mary Tumbaga, Director of Arts, Literacy and

Education

To: Bobbie Palmer, Executive Director, LMCHD
Subject: Response to Grand Jury

In response to the unfair criticism levied by the Grand Jury regarding the reading center we wish to offer the following which may be included in your final response:

1. LMCHD only provided funding for the furniture in the Reading Zone located at the Pittsburg Health Clinic. Books are made available through private book and money donations as well purchases made through sponsorship compensation from Scholastic book fairs that are sponsored by the Pittsburg Arts and Community Foundation.
2. The Reading Zone concept was developed to provide a means for children, especially pre-school age children, to have access to books. For many of these children this is the only way that they will be able to get books. The books which are placed in the reading zones are not meant to be for permanent placement such as in a library. When children take the books home with them it is a sign that they are enjoying their reading experience and wish to repeat that experience at home. Hopefully they are reading the books many times over in their own comfort zones.
3. At the Pittsburg health clinic we have also begun to place books which are also at reading levels up to about the 5th grade. Since this Reading Zone is in the pediatric clinic, it was noted that there are a great number of older children visiting the reading zone. Those books are also being read and taken home since these books are generally longer and require more time to read in their entirety. In addition, due to the nature of the Reading Zone's location, every effort is made to place book which relate to children's health such as *The Little Elephant with the Big Earache* and *Katie Caught a Cold*. Both books are authored by Charlotte Cowan, M.D. Unfortunately, these types of books are generally more expensive and retail at around \$18.00 each.
4. Books at the Reading Zone are restocked bi-monthly. The following numbers of books were placed at the Pittsburg Health Clinic. The demand for books far exceeds our ability to keep them on the shelves. Once books are restocked within two weeks most books are gone and restocking cannot occur until more books are available.

Date books restocked	Who delivered books	Number of books delivered
March 2009	Staff	65
May 2009	Staff	50
July 2009	Staff	83
August 2009	Staff	76
October 2009	Opportunity Junction	56

**Los Medanos County Health District
District Response to Grand Jury Report No. 1009**

	Intern	
December 2009	Opportunity Junction Intern	55
Feb 2010	Opportunity Junction Intern	60
April 2010	Opportunity Junction Intern	60
June 2010	PACF Vendor	76

APPENDIX D

2008-2009 LOS MEDANOS COMMUNITY HEALTH CARE DISTRICT
 GRANTS, INTERIM GRANTS, AND COLLABORATIVE EFFORTS

<u>Recipient Program</u>	<u>Funds Committed</u>	<u>Grant/Interim Grant/ Collaborative Effort</u>
City of Pittsburg, The Reading Zone	\$5,000	Grant
Community Health Empowerment	\$15,000	Grant
Community Health Empowerment	\$7,500	Interim Grant
Contra Costa Health Services NEW Kids Program	\$81,615	Collaborative Effort
Contra Costa/Solano Food Bank	\$10,000	Grant
Contra Costa/Solano Food Bank	\$5,000	Interim Grant
CPR FAST	\$15,000	Collaborative Effort
Eddie Hart All-In-One Foundation	\$25,000	Collaborative Effort
First Baptist Head Start	\$20,000	Grant
Get Fit	\$7,000	Grant
John Muir Health Foundation	\$45,000	Collaborative Effort
John Muir Health Foundation	\$29,000	Interim Grant
Los Medanos College Nursing Program	\$25,000	Collaborative Effort
Meals on Wheels	\$2,500	Grant
Pittsburg Unified School District Adult Education Program	\$20,000	Grant
Pittsburg Unified School District Adult Education Program	\$10,000	Interim Grant
Senior Helpline Services	\$25,000	Collaborative Effort
STAND! Against Domestic Violence	\$7,000	Grant
STAND! Against Domestic Violence	\$3,500	Interim Grant
Stoneman Village I & II	\$10,000	Grant
Stoneman Village I & II	\$5,000	Interim Grant
Sutter-Delta Urgent Care Clinic	\$20,000	Collaborative Effort
TOTAL	\$393,115	

APPENDIX E

LMCHD ANALYSIS OF REVENUES AND EXPENSES, 2006-2009

**LMCHD
 ANALYSIS OF REVENUE & EXPENSES
 For Four Year Period 2006 through 2009**

prepared by Arlene K. Mose, CPA
 7/12/10

	<u>6/30/06</u> <u>Per Audit</u>	<u>6/30/07</u> <u>Per Audit</u>	<u>6/30/08</u> <u>Per Audit</u>	<u>6/30/09</u>	
REVENUES	856,379	1,066,114	1,004,786	1,021,619	
PROGRAM EXPENSES:					
Program Grants	117,945	523,671	520,041	504,334	
Program Facility Expenses	312,365	257,442	231,254	231,253	
Fitness Camps	15,956	7179			
Community Health Workshops	1,750				
Medical Records Expense	1,056	1,144	880	1,056	
Website		1,929	4,575	6,549	
Wages				24,494	
Total Program Expenses	<u>449,072</u>	<u>791,365</u>	<u>756,750</u>	<u>767,686</u>	
ADMINISTRATIVE EXPENSES:	<u>132,758</u>	<u>206,202</u>	<u>146,485</u>	<u>257,208</u>	
Net Income	274,549	68,547	101,551	(3,275)	
Sale of Property	679,077				
Total Income	<u>\$953,626</u>	<u>\$68,547</u>	<u>\$101,551</u>	<u>\$(3,275)</u>	
					Average
% expended on program	52.44%	74.23%	75.31%	75.14%	69.28%
% expended on direct grants	13.77%	49.12%	51.76%	49.37%	41.00%
% expended on admin expenses	15.50%	19.34%	14.58%	25.18%	18.65%

It should be noted that LMCHD provides the County Health Department with full use of a medical facility with 130,900 sq. feet and 14 acres of land which is currently use 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	
	<u>\$2,199,120</u>	
Annual Rents actually paid by County	(100,000)	
Annual value of donated medical facility	<u>\$2,099,120</u>	

APPENDIX F

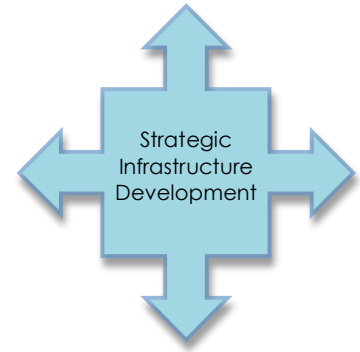
LMCHD ENGAGEMENT WITH THE DISTRICT HEALTH CARE
COMMUNITY

MEETING DATE	COMMUNITY ORGANIZATIONS INVOLVED
January 11, 2010	Sutter Delta Urgent Care Clinic; New Kids Project
February 8, 2010	Delta Memorial Hospital Foundation; Concord Community Reuse Project
March 8, 2010	Pittsburg Unified School District; Contra Costa County Health Services; Food Bank of Contra Costa and Solano
April 12, 2010	Los Medanos College; Delta Memorial Hospital Foundation; California Communities Joint Powers Authority; Bay Point Chamber of Commerce
May 10, 2010	Stoneman Village I & II; Food Bank of Contra Costa and Solano; STAND! Against Domestic Violence; Delta Memorial Hospital Foundation
June 14, 2010	Fit Fest; Delta Memorial Hospital Foundation; Contra Costa Crisis Center; Promotoras; Bay Area Black United Fund Critical Mass Health Conductors

APPENDIX G

LMCHD MISSION STATEMENT, VISION, GUIDING PRINCIPLES, GOALS &
STRATEGIES, AND RESTRUCTURING PLAN

**2010 Strategic Planning Process:
Proposed DRAFT Statements to Edit/Revise**



Draft Mission

LMCHD: Advancing Solutions to Health Disparities

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

Draft Vision

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

Draft 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 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.

Strategy 1.1

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

Strategy 1.2

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

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.

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 Medical/Medicaid.

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.

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.

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.

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.

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.

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.

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.

GOAL THREE

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.

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.

Strategy 3.2:

Increase the health and wellness of mothers and children through better access to pre-natal care, immunizations, access to primary health services and health and wellness education in schools.

Strategy 3.3:

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

Strategy 3.4

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

GOAL FOUR

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.

Strategy 4.1

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

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.

Strategy 4.3

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

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.

GOAL FIVE

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.

Strategy 5.1

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

Strategy 5.2

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

Strategy 5.3

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

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.

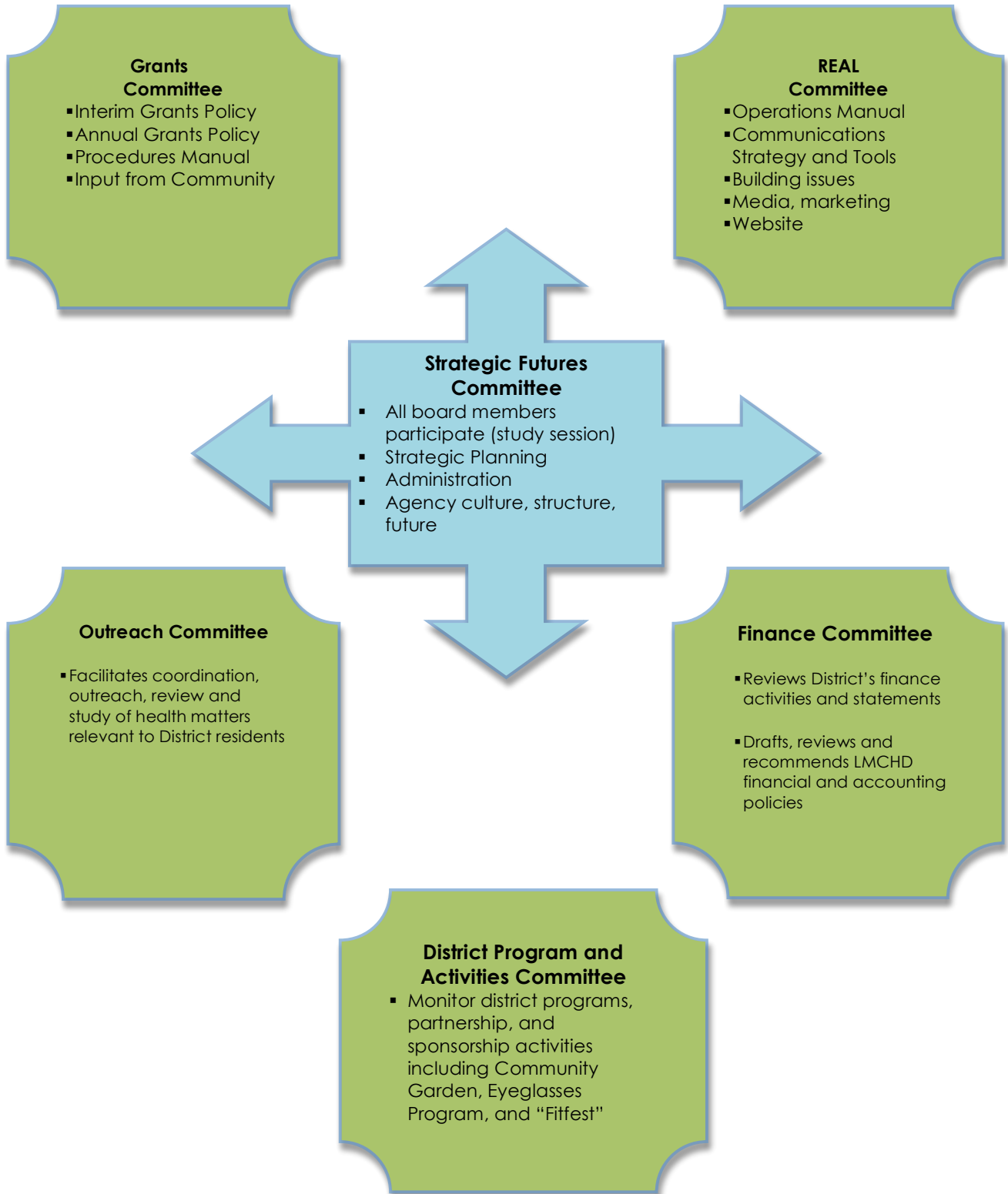
Strategy 5.5

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

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.

LMCHD INTERIM COMMITTEE RESTRUCTURE Roles and Activities of Committees in 2010-11



APPENDIX H

SUMMARY OF THE LMCHD 2010-2012 HEALTH AND WELLNESS FUNDING
 PROGRAM AWARDS

Applicant/Project	Funding Granted	Pertinent LMCHD Strategic Goals
Community Health Empowerment/ Exchange Works	\$40,000	Goal 1 (Preventive Medical Services; Needle Exchanges Targeting HIV/AIDS Prevention)
Delta Memorial Hospital Foundation/Sutter Delta Urgent Care Clinic	\$84,000	Goal 1 (Direct Healthcare Services); Goal 3 (Low-Income, Uninsured Populations)
American Heart Association/2nd Annual Contra Costa Healthy Community Cooking Class	\$20,000	Goal 2 (Preventive Health/Nutrition Education); Goal 3 (Underserved African-American Population)
Food Bank of Contra Costa & Solano/ Farm 2 Kids	\$40,000	Goal 2 (Preventive Health and Education); Goal 3 (Low-Income Youth)
Los Medanos College Foundation/ Nursing Program	\$60,410	Goal 1 (Improved Availability of Direct Health Services); Goal 4 (Training of Healthcare Professionals)
Pittsburg Adult Education Center	\$80,000	Goal 3 (Immigrants, Spanish-Speakers); Goal 4 (Training of Healthcare Professionals)
Stoneman Village/ Dinner Meal Program	\$50,000	Goal 2 (Preventive Health and Nutrition); Goal 3 (Low-Income Seniors and Physically Disabled)
Center for Human Development	\$40,000	Goal 3 (At-Risk Youth)
STAND! Against Domestic Violence	\$40,000	Goal 3 (Child and Adult Victims of Domestic Violence)
East County Midnight Basketball League/Spring Season 2011	\$40,000	Goal 2 (Preventive Health and Education); Goal 3 (Low-Income Youth and Young Adults)

**Los Medanos County Health District
District Response to Grand Jury Report No. 1009**

John Muir Community Health Alliance/Faith and Health Partnership Program	\$146,222	Goal 1 (Direct Healthcare Services); Goal 2 (Preventive Health); Goal 3 (Immigrants, Low-Income Populations, Uninsured, African American and Latino Populations)
Delta 2000/Bay Point All-Star Cheerleading & Dance	\$15,000	Goal 2 (Preventive Health); Goal 3 (Low-Income Youth)
East County Boys and Girls Club/SMART Moves	\$35,000	Goal 2 (Preventive Health and Education); Goal 3 (At-Risk Youth)
First Baptist Head Start/Training Our Youth of Today Will Ensure a Healthy Community Tomorrow	\$28,380	Goal 2 (Preventive Health/Mental Health); Goal 3 (Low-Income and At-Risk Youth)
Delta 2000/ Save Our Youth Fitness For Life (SOYFFL)	\$30,000	Goal 2 (Preventive Health); Goal 3 (Low Income and Minority Youth)
Loaves & Fishes of Contra Costa	\$40,000	Goal 2 (Preventive Health and Nutrition); Goal 3 (Low-Income Families and Individuals)