

Organization name: South County Community Health Center
(dba: **Ravenswood Family Health Network**)
Federal Tax ID Number: 94-3372130
Address: 1885 Bay Road, East Palo Alto, CA 94303
Chief Executive Officer: Luisa Buada, RN, BSN, MPH
Telephone: (650) 330-7410 **Email:** ibuada@ravenswoodfhc.org
Contact: Jessica Yee, MURP, MPH – Director of Development, Planning & Evaluation
Phone: 650-600-4859 | **Email:** jyee@ravenswoodfhc.org | **Fax:** 650-321-1560



Sequoia Healthcare District – Formal Grant Request

Summary of Request

Ravenswood Family Health Network (RFHN) is respectfully submitting a formal request for a two-year grant in the amount of \$1,000,000 each year (\$2,000,000 in total) for a period of two years from July 1, 2021 to June 30, 2023. This funding will support the continuum of health care services that RFHN delivers to our patients residing in Sequoia Healthcare District (SHD).

Since 2015, when we transitioned from a 12-exam room modular clinic to a 53-exam room permanent health center, we have been able to significantly increase the number of SHD resident patients served, as well as provide additional health care services that have enhanced our continuity of care. SHD's investment in RFHN's general operations will ensure that we have the financial resources we need to continue expanding critical health care access to more low-income and underserved SHD resident patients of all ages. In doing so, we are improving our patients' ability to care for their own health and that of their family, while reducing their reliance on costly hospital emergency services. Together with SHD, we are moving health care in a direction that will save local hospitals and taxpayers millions of dollars over time.

Population Served

Among the 20,730 patients who accessed our health care services in 2020, 2,459 were SHD residents. RFHN has increased the number of SHD residents served by 180% since 2009 when we first requested operating support and served 1,344 SHD residents.

RFHN provides access to care for low-income, high-need populations throughout Silicon Valley who are often left behind. The majority of SHD patients we serve are low-income, with 74% having incomes at or below 200% of the Federal Poverty Level (\$52,400 income for family of four). Additionally, 32% of the SHD residents seen at RFHN are uninsured and 66% are enrolled in public health coverage programs. The majority of SHD residents served are also ethnic minorities (85%)—including 80% Latino, 2% Asian, 1% African American, and 3% Native Hawaiian or Pacific Islander. Furthermore, 68% of the SHD resident patients are best served in a language other than English, with Spanish and Tongan being the languages most often spoken. 58% of the patients we serve are woman and 42% are men. We serve majority adults, with 34% of our patients being children ages 18 and younger, and 66% adults.

Cost of Care for SHD Residents

RFHN's **direct professional cost per visit** for combined medical, dental, and behavioral health care services to SHD residents is **\$1,075.79 per patient each year**. When enabling services (enrollment, referrals, case management, health education, patient navigation, etc.) are included, the **cost per patient each year is \$1,157.94**. Furthermore, when costs of combined medical, dental, and behavioral health care services; enabling services; overhead; and administration and facility operational and depreciation expense are included, the **total cost per patient each year is \$2,015.28**.

In 2020, the total cost for RFHN to provide comprehensive health care services (including enabling services, facility, and non-clinical support services) to SHD residents was \$4,955,572.40, of which \$2,367,953.47 was spent to care for uninsured SHD residents. **RFHN's grant request per year represents only 20% of the total cost of care for all SHD residents seen at RFHN** (based on current utilization), and **42% of the total cost of care for uninsured SHD residents**. As a percentage of RFHN's projected FY 20-21 operational budget of \$43 million, the request of \$1,000,000 for the continuum of health care services in FY 20-21 for SHD represents 2.3% of our total organization's budget.¹

Fiscally Well-Managed

Since 2001, we have grown from a start-up clinic with a budget of \$1.1 million and 13 employees providing basic primary care to a full-service health center with a budget of \$43 million in FY 2020-2021 and 320 employees. RFHN's revenue growth has come largely from third-party payers, such as Medi-Cal and Medicare. We deliver cost-effective services through maintaining high organizational productivity; balancing a challenging mix of reimbursements of health care services, government funds, foundation grants; and maximizing individual donor opportunities and engagement. Our financial systems ensure accountability and support timely, accurate fiscal reporting.

In addition, we have a culture of quality and continuous improvement which is demonstrated through our mission statement, staff training policies, and management development initiatives. We use complex clinical data to monitor two main areas of our operations—our clinical effectiveness (the quality of the care we provide) and our clinical productivity (the number of visits we provide). In both domains, we utilize industry standards for benchmarking and setting internal targets. We have consistently received Health Resources and Services Administration (HRSA)'s Quality Improvement Award recognizing us as a Health Center Quality Leader—as our clinical performance was ranked in the top 30% among all health centers in the country. Together, our strong stewardship of resources and our efficient and effective clinical care sustain the financial health of our organization.

Adaptive in the Face of Challenges

Since March 2020, we have adapted our operations to the demands of the COVID-19 pandemic. We were able to swiftly mobilize a response to implement telehealth, respond to patient needs, and raise funds to help mitigate the losses we experienced. Within two weeks of the shelter-in-place (SIP) order on March 19, 2020, we instituted telephone and televideo visits. Additionally, we started providing COVID-19 testing for patients and staff.

¹ We are working on our Fiscal Year 2021- 2022 budget and can provide an update on what percent of funding SHD support would represent once the budget is finalized.

In the first three months of the SIP order, we also closed our optometry and optical services, and reduced dental and imaging services for urgent care only. We cancelled routine visits except for prenatal, reproductive health, and well-child visits. Since June/July 2020, all of our services have re-opened except our optical services, but we continue to operate at a reduced capacity, because we need to properly sanitize our spaces and provide space to socially distance our patients.

Over the course of the pandemic, we have experienced financial challenges, but we are grateful to have been able to secure funding to mitigate our losses. As an organization, 68% of our funding comes from patient services revenue, so when we had to see fewer patients in order to keep everyone safe during the pandemic, it hurt our finances. Even since resuming routine services in June and July of 2020, many patients were hesitant about coming into appointments with their providers. The pandemic continues to reduce our clinics' capacity, as patients must be socially distanced within the clinics, and there must be enough time to regularly and thoroughly sanitize all surfaces. Since March of 2020, we have lost an estimated \$4.8 million in patient services revenue, losing about \$350,000 per month. However, we were able to offset these losses through several sources. We were awarded a \$4 million Paycheck Protection Program forgivable loan from the U.S. Small Business Administration, which we will be able to keep. In addition, we have been awarded a \$4,043,500 American Rescue Plan Act grant from the Health Resources & Services Administration. We have also received COVID relief grant funding and donations during the pandemic, including COVID relief funding from SHD. We are happy to report that we will end the fiscal year financially solvent.

As the pandemic has stretched on, we have continued to adapt to new health guidelines and the latest recommendations to keep our patients, staff, and community safe. We have continued to provide comprehensive care, including telehealth visits. At the moment, we are concentrating our resources, staffing, and time on COVID Vaccine Clinics for patients and community members. As of April 26, 2021, we have provided a total of 8,667 first doses and 5,793 second doses of COVID vaccines to our patients and community members. From January through April 2021, we gave 1,619 vaccines to 1,127 unduplicated SHD residents. We will soon be using our mobile clinic to do COVID vaccine clinics, bring vaccines to vulnerable populations that face transportation and access barriers.

In addition to providing vaccines, we have been highly involved in outreach to encourage openness to vaccination in our communities. For example, our CEO spoke at a Town Hall with Congresswoman Jackie Speier about vaccine access, and our doctors have been holding talks with parents at schools in San Mateo County. Before each vaccine clinic, we inform the community through flyers distributed by partner nonprofits, social media and website updates, and occasionally through radio ads.

Proposed Grant Objectives

Please Note: Thanks to the new mapping tool that SHD has created, we are now able to determine to a high degree of accuracy the number of patients who reside in the district. For the zip codes that are only partially covered by the district, we upload our patient street addresses to the tool, which then tells us which patients are in-district.

Objective 1: *RFHN will increase the number of unduplicated SHD resident patients by 3% annually from our FY 20-21 annualized patients at 2,716 served based on 10 months of data. A 3% annual increase equates to a projected, 2,800 patients to be served in FY 21-22, and 2,880 patients to be served in FY 22-23.*

Please note, we are seeking funding to support our objectives in FY 21-22, and FY 22-23. We have provided FY 20-21 data for reference purposes only. At the time of writing this proposal, the data for the full twelve months of FY 20-21 was not yet available. Therefore, we included projected data for this current fiscal year, based on annualized utilization from July 1, 2020 through April 30, 2020 (10 months). Please see below for details.

Proposed Services for SHD Resident Patients	FY 20-21 Based on 10 months annualized	FY 21-22 Full Year Projected	FY 22-23 Full Year Projected
<i>Unduplicated SHD Resident Patients</i>	2,716	2,800	2,880
Medical Visits	5,070	5,220	5,380
Lab, Immunizations, Screening Encounters	1,530	1,575	1,625
Health Education Encounters	735	760	780
Dental Visits	1,900	1,960	2,020
Behavioral Health Visits	345	355	365
Pharmacy Consultation Visits	80	83	86
Optometry Visits	325	335	345
Mammography Visits	98	101	104
X-ray Visits	40	42	43
Ultrasound Visits	115	120	125
Enrollment in Health Plans - Visits	1,535	1,580	1,630
Referrals to Specialists	660	685	705
Case Management	1,040	1,075	1,110
<i>Total All Service Visits</i>	13,473	13,891	14,318

Objective 2: *By June 30, 2023, RFHN will increase the percentage of unduplicated SHD diabetic patients who receive comprehensive eye and vision exams by 3% annually from our anticipated FY 20-21 outcome. A 3% annual increase equates to a projected 46% of SHD diabetic patients that will be receiving an eye exam in FY 21-22, and 48% of SHD diabetic patients receiving an eye exam in FY 22-23.*

We are proud to be one of the few community health centers in the Bay Area that offers comprehensive primary eye and vision care services to low-income populations. Our optometry services include vision testing, diabetic retinopathy screening, glaucoma and cataract screening and treatment, eyeglasses prescriptions, binocular vision services, and low vision screening. Over the last several years, we have made meaningful progress toward increasing the rate of diabetic patients receiving comprehensive eye and vision exams. With support from SHD, we are confident that we will continue to make strides in a positive direction.

Our optometry clinic is open on weekdays as well as two Saturdays (8am-1pm) each month. For patients who work multiple jobs and cannot take time off during the weekdays to attend medical appointments, having weekend hours is essential. As mentioned in our last report, our Optometry Department has adapted to the pandemic and ramped up to seeing 12-15 patients per day, while maintaining safety protocols. We continue to maintain social distance, sanitize surfaces, use breath shields, wear personal protective gear, and require patients and staff to wear masks and screen for COVID symptoms prior to entering. Unlike the early days of the pandemic, we are now able to offer optometry services to new patients, rather than focusing on only existing, high-risk patients. Currently, about half our optometry visits are return visits, and half the other half new referrals. We do telehealth visits as needed, but these visits are rare since it is difficult to examine eyes and vision through video. Our optical shop remains closed, so we direct patients who are eligible for glasses to an optical shop in Redwood City that accepts Health Plan of San Mateo insurances.

For our patients with diabetes, we have restarted two diabetic clinic sessions per month. These sessions are half days when only diabetic eye exams are performed for low-risk diabetic patients (type 1 and type 2 diabetes patients with a history of no diabetic retinopathy or mild non-proliferative diabetic retinopathy). We are able to see patients very efficiently during these sessions. We are also developing an in-house diabetic retinopathy screening program (also known as teleretinal screening), and we saw our first patient on April 8, 2021. For this screening, health coaches will photograph the back of each eye during a patient's health coach, nurse, or primary care provider visit. Patients do not need to be dilated for the photos. Any patient with type 1 or type 2 diabetes seen previously at our optometry clinic and with a history of no diabetic retinopathy or mild non-proliferative diabetic retinopathy will be eligible. Images will be read remotely by RFHN optometrists and results will be available within three to five days. If the screening results are abnormal, the optometrist may recommend an in-person optometry visit or referral to ophthalmology, and staff will coordinate these appointments. Diabetic retinopathy screenings do not require patients to undertake a dilated eye exam, thereby reducing potential COVID-19 exposure for both patients and staff.

Objective 3: *By June 30, 2023, RFHN will increase the number of unduplicated female SHD patients ages 40-74 who receive mammograms (screening or diagnostic) at our health center by 3% annually from our projected 100 mammography patients served in FY 20-21, to a projected 103 mammography patients to be served in FY 21-22, and 106 mammography patients to be served in FY 22-23.*

Research shows that access to regular breast cancer screening saves lives. Yet for many low-income women in our community, compounding cultural, linguistic, and socioeconomic barriers make it challenging for them to receive mammography services on a timely basis following recommended medical guidelines. Such gaps in care result in late detection of breast cancer and other breast abnormalities that, if caught earlier, can be treated more easily and with less invasive procedures.

Since 2015, we have been providing life-saving screening mammograms in house at our main health center's Imaging Center. Our center is equipped with a high-tech digital mammography machine which uses digital receptors and computer programming in place of x-ray film to examine breast tissues. In June 2020, we upgraded our mammogram machine from 2D to 3D, which uses a method called tomosynthesis. Tomosynthesis will help us more accurately detect early breast cancers. Our mammography program is made possible through a robust partnership with Palo Alto Medical Foundation (PAMF), which provides technicians to RFHN to perform screening mammograms for our patients on an appointment or walk in basis. Mammogram readings are sent digitally back to Radiologists at PAMF who interpret the readings and send the results back to RFHN's providers. PAMF Radiologists complete the digital readings offsite for assignment and do not charge our patients or us. PAMF has also generously donated all of the regulatory support and a receptionist who enrolls RFHN patients into the PAMF electronic medical record system. However, RFHN does have to pay the imaging technicians hourly wages as part of this service, in addition to for paying for upgrades, overhead, and operating costs.

While the support from PAMF is extremely helpful, it does not fully cover our mammography program: our Women's Health department is highly involved in mammography as well. For patients who need diagnostic mammograms, diagnostic imaging, needle biopsy, pathology, or radiology, we refer them to PAMF and San Mateo Medical Center to receive further tests. For patients who receive a positive diagnosis of breast cancer, our Women's Health care team helps them enroll into treatment at Stanford Hospital or at other medical facilities. Our Program Assistant for Breast and Cervical Cancer Screening identifies and contacts patients who are not passing or are overdue for their screenings, maintains a directory of referral resources, documents patients' interactions, provides education about the importance of early detection, and, if necessary, enrolls patients in the Breast and Cervical Cancer Treatment Program so that they can get the support they need. Dedicating a staff person to following up with patients who do not schedule or miss their appointments helps us make sure we are catching more cancers while they are still more easily treatable. We also work with our patients to apply for financial assistance and support services to alleviate the financial, emotional, and practical challenges of coping with breast cancer. By providing a continuum of culturally and linguistically appropriate care, our mammography program increases cancer survival rates among low-income, minority, and non-English speaking women in SHD.

Objective 4: *By June 30, 2023, RFHN will enhance access to comprehensive oral health care by increasing the number of dental visits provided to unduplicated SHD patients by 3% annually from our anticipated 1,900 total dental visits in FY 20-21, to a projected 1,960 dental visits to be served in FY 21-22, and a projected 2,020 dental visits to be served in FY 21-22.*

Early childhood caries is the most common infectious disease of childhood (Tinanoff, 2019). While it is entirely preventable, over 23% of children ages 2-5 in the nation suffer needlessly from the consequences of this disease. Moreover, the disease is heavily concentrated among children from low-

income, racial ethnic minorities (Fleming, 2015). The 2019 San Mateo County Community Needs Assessment also reports oral health as one of the top five unmet healthcare needs for our community. Families living 200% FPL or below report disproportionately reduced access to care, increased unmet need, and fewer dental visits (SMC, 2019). To address this alarming disparity in oral health, RFHN has created a first-rate oral health program serving children and families through both our on-site dental facilities and our community-based Virtual Dental Home program.

Since 2010, our state-of-the-art dental clinic, Ravenswood Family Dentistry (RFD), has been an oral health care destination for low-income children and families. We provide comprehensive dental care including preventive, educational, restorative, surgical, emergency, periodontal, and prenatal dental services designed to be affordable and accessible to low-income patients, patients without insurance, and patients with special needs.

Our dental care is integrated with our primary medical care, and delivered through a team-based, patient-centered health home model. As parents bring their children in to RFD for painful, acute oral health conditions (such as cavities), our staff connect them to our primary care where children can receive important screening, immunization, health education, and other forms of medical attention supporting their healthy development. Our dental staff conducts “warm hand-off”, where they personally introduce children and families to their Pediatric Providers, in order to enhance rapport in the patient-provider relationship. Our dental and pediatric medical teams also work together to develop a care plan that is tailored to the needs of each individual child. In this way, our dental clinic not only improves our pediatric population’s oral health, but also acts as a gateway for children who are uninsured and/or without a medical home to be connected to primary health care.

In the last ten years, we have pioneered and scaled up a model of community-based tele-dentistry called virtual dental home (VDH). In this program, our highly trained and experienced Registered Dental Hygienist in Alternative Practice and Dental Assistant/Navigator bring portable dental and imaging equipment to our partner preschool and community sites serving low-income children. There, our staff provide children with oral health education, dental disease risk assessments, fluoride varnish, sealants, temporary resin fillings for beginning cavities without drilling, as well as any necessary referrals to our dental clinic and local dental clinics that accept Medi-Cal. During COVID, we have developed modified care plans with many schools, such as providing services outside in the parking lot. In addition, we have been providing resources for children and their families including toothbrushes, toothpaste, and floss, as well as virtual oral health education in which we discuss preventive practices.

Objective 5: *By June 30, 2023, increase the percentage of patients 3-16 years of age with a BMI percentile, counseling on nutrition, and physical activity documented by 3% each year, from a baseline of 206, for a total of 213 patients in FY 2021-2022 and 220 patients in FY 2022-2023.*

Please note, last grant cycle, our fifth objective was about our transition to our new electronic health record system, and now that we have successfully completed that transition, we are proposing a new objective. The previous four objectives are repeat objectives so that we can focus on providing a continuum of care for SHD resident patients for many years. For our measurement purposes we are using the measure for weight assessment and counseling for nutrition and physical activity for children/adolescents from the National Committee for Quality Assurance, which sets standard national health measures.

Childhood obesity is a growing problem nationwide, with one in five children and adolescents obese in the United States (CDC). Locally, we see the same problems. SHD's Community Health Needs Assessment identified disparities among children reaching physical health standards and being obese as key health issues. The report cites ethnic disparities in students who are obese/overweight, with Latino students more likely to be overweight. In addition, San Mateo County residents have a higher than average inadequate fruit and vegetable consumption amongst children.

At RFHN, our pediatrics department works toward addressing these issues. We serve low-income, predominantly minority children by measuring body mass index and providing counseling on nutrition and physical activity. Healthy lifestyle habits such as eating healthy foods and getting physical activity can lower the risk of obesity and other related health disorders (Healthy People 2020). Our pediatricians and care teams are culturally competent and provide nutrition and physical activity counseling in a warm and supportive manner. We also partner with local groups to provide innovative programs to address children's and families' health and nutrition needs. For example, we work with Fresh Approach, a local non-profit focused on food systems change, on a program called VeggieRx, which combines nutrition education with fruit and vegetable vouchers. This "food-as-medicine" approach lets providers prescribe healthy food to their patients.

Dr. Jeremiah Davis, our Associate Medical Director of Pediatrics, has helped guide our department through the pandemic. During the pandemic, many of our pediatric patients been struggling with mental health challenges. Our integrated behavioral health services (IBHS) and pediatrics teams have been collaborating closely, and our pediatric psychologists are included in pediatric provider meetings. Children over the age of two can receive COVID tests via drive through testing in our parking lot, and we can provide COVID tests for children under the age of two inside our clinic when their provider recommends testing. We follow up with children who have tested positive and help parents and guardians plan how to best care for their children, reduce exposure, and access resources they need. Now that teenagers have been approved for vaccination, we have also begun the process of providing COVID vaccines to our older pediatric patients.

Evaluation

By utilizing our data systems in conjunction with our financial tracking system, we will ensure that SHD funds are spent only on SHD residents. In July 2020, all our clinics, including dental, transitioned to using Epic's electronic health record system. We track all patient interactions, demographic information, visits, referrals, diagnoses, etc. in one system. Our providers, clinic staff, and enabling services staff will utilize our data systems to record, track, monitor, and evaluate the clinical care we provide to our SHD residents. RFHN has robust accounting practices, with strict procurement, spending, and accounting policies in place. We have a strong internal controls process and practice fund accounting in order to manage grants and projects accurately. We will use a program code in our general ledger to track all related expenses to this project. This is standard work for our organization and we are comfortable in developing and monitoring a grant from both a financial and programmatic stance.

Our highly skilled and experienced data analysts will generate reports that allow us to conduct regular process evaluations, which include validating data for SHD residents using SHD's mapping tool and ensuring we are on target to achieve our proposed objectives and projected numbers. Our data analysts will also use our data systems to generate semi-annual reports for SHD that account for the number of SHD patients served and their demographic and utilization breakdowns. In addition, our staff is prepared if required to work with an auditor from SHD to conduct an audit on our data for the SHD residents we

serve (required to be on-site at RFHN since HIPAA regulations restrict us from sending patient data to non-health care partner agencies unless it is de-identified).

Furthermore, our Chief Financial Officer and our Accounting Manager from our Finance Department will oversee internal control of grant funds. Our Accounting Manager will utilize our financial accounting system to accurately input expenditure of funds for our SHD grant (as we do for all of our grants) on a regular basis. This will ensure that we generate correct and reliable financial information for all of our grant reports. Our Finance Department is also ready to work with an auditor from SHD to perform an audit on our financial systems.

Outcomes

RFHN serves as a critical safety-net community health center that provides comprehensive health care services to vulnerable and high-needs populations, including SHD residents, who face barriers accessing care. Funding from SHD will enable RFHN to increase access to much needed health care services and enhance the health and wellness of SHD residents. The long-term impact of our services includes reducing health disparities for SHD's low-income children, families, and individuals, reducing emergency department visits which translate into significant cost savings for tax payers, and enabling more SHD residents to lead full, productive lives. Just as ill health is one of the main factors trapping people in poverty, we believe that we unleash our patients' true potential in life when we support them in achieving good health.

Care Coordination

To ensure that our patients have access to services that we do not provide in-house, we refer them to a wide range of services in the community. Our Referrals Department not only connects our patients to the services they need, but also conducts follow-up to provide additional support such as transportation, translation and reminders. We track our referrals to ensure that patients attend as well as obtain consult reports that are scanned and indexed into patients' electronic health records. Examples of referred services include: cardiology, orthopedic surgery, gynecology, urology, ophthalmology, physical therapy, hematology/oncology, neurology, gastroenterology, dermatology, rheumatology, endocrinology, endoscopy, immunology, etc. We also refer patients to our partner organizations in the community including San Mateo County Family Health Services, Voices of Recovery, Samaritan House, Ecumenical Hunger Project, AbilityPath, and Life Moves as well as other social services agencies to support patients with accessing addiction treatment, housing, food, and employment.

Funding Sources and Fundraising Goal

General operating support from SHD will help cover a portion of our costs for providing health care services to uninsured/underinsured patients residing in SHD that we are not fully reimbursed for. Funding from SHD will also play a critical role in the fundraising goal of our overall organizational budget. While we continue to fundraise through grant solicitations and annual campaigns, funding from SHD provides us with the financial stability we need to expand comprehensive health care access for SHD residents of all ages.

Thank you for your consideration, and do not hesitate to reach out if you have any questions!