

# Organization

**Official Name:** FALLBROOK HEALTHCARE FOUNDATION INC  
**\*Legal Name:** Fallbrook Healthcare Foundation dba Foundation for Senior Care  
**\*Year Company was Founded:** 1979  
**\*Address:** 135 S. Mission Rd.  
**Address (2):**  
**\*City:** Fallbrook  
**State:** California  
**Zip/Postal Code:** 92028  
**\*Main Telephone:** 760-723-7570  
**Main Fax:** 760-723-0358  
**Website Address:** www.foundationforseniorcare.org  
**\*Main Email Address:** fsc@foundationforseniorcare.org  
**\*Mission Statement and History:** FOUNDATION FOR SENIOR CARE

The mission of the Foundation for Senior Care is to provide programs and resources enabling seniors to enhance their well-being and enjoy a more meaningful life. Founded in 1979 as the Fallbrook Hospital Foundation, we have evolved our mission and services. In 2008, we began doing business as the Foundation for Senior Care, however, our consistent mission has always been to serve the health needs of our community. Through an integrated set of senior-focused programs, we can collaborate with public services and private charitable organizations to assist seniors as they face challenges in medical care and advocacy, maneuvering social support programs, and finding resources specific to their needs. While our focus is on our community, we are involved in and educated by our region and county. We have been able to find new funding opportunities that can support our growth while maintaining our core services. Our greatest accomplishments have been our longstanding ability to serve a large number of our community with services and information to keep them safe, happy, and independent in their own homes. We are proud of our ability to create services and/or new programs in response to emergent community needs.

## FALLBROOK FOOD PANTRY

The Fallbrook Food Pantry is a non-profit organization primarily staffed by volunteers, serving our community in-need since 1991. Our mission is to provide an adequate and nutritious supply of food to individuals in our community who are in need, while also encouraging them to make healthy choices through education.

**\*Board of Directors :** FOUNDATION FOR SENIOR CARE

Executive Board:

Pace MD, Robert - Retired Orthopedic Surgeon, President; Sanfilippo, Joe - Retired American Airlines Executive, 1st Vice President;

Shaver, Roger - Retired Pharmacist; 2nd Vice President; Siebert, Richard - Retired Pharmacist, Treasurer; Haskell, Mark - Retired Fire Chief, Secretary

Directors at large:

Baker, Herb - Retired Contractor / Educator;

Brown, Cecelia - Independent Healthcare Broker; Creech, Barbara - Retired Political Staffer; Holck, Laura - Attorney;

Jones, Gail - Veterinary Office Manager/Owner; Kalman, Jerry - Realtor; Shaver, Roger - Retired Pharmacist;

McReynolds, Mike - Retired Construction / Solar Business Owner, Past-President;

Perez, Carlos - Owner, Home Health Aide Company; Soper, Laurene - Banker-Wells Fargo;

Wright, Robert - Retired Healthcare Consultant, Past-President

FALLBROOK FOOD PANTRY

DR. DALE MITCHELL, PRESIDENT

Retired - served 36 yrs in public education. Former superintendent of the Fallbrook Union High School District.

VI DUPRE, TREASURER

Retired - Previous administrator of FRHD, from 2006-2017.

CATHY CONRAD, SECRETARY

BA in Psychology and a career in real estate finance.

HENRY LYKKEN, PRESIDENT-ELECT

Retired from IBM after 30 yrs, experience is in systems design, marketing, and management.

YOUNG MILTON, PAST PRESIDENT

B.A. in Information Systems Management from Brigham Young University. Worked as a systems analyst for many years.

CATHERINE SOUSA

Retired from Bank of America after 32yrs.

JEFF BRANTLEY

Owns/operates Grocery Outlet in Fallbrook. Worked in the retail food industry for 40yrs.

DR. RICK KOOLE

Senior Pastor of LifePointe Church in Fallbrook. Chairman of the Board of the Pacific Church Network.

JEAN DOOLEY

Retired teacher - 30yrs in the Fallbrook school district.

PETE FREDERICKSEN

Retired - Marine / Vietnam Veteran / Special Needs School Teacher of 21yrs.

RON STEBNER

Retired - Air Force; Civilian Pilot; High School Vice-Principal

**Most Recent 990:** FFP 2018 taxes 990.pdf, Foundation for Senior Care\_990\_FY2017-2018.pdf

**\*Most recent audited financial statement with management letter:** FFP 2019 P&L-Balance Sheet.pdf, 2019 Audit Report, Complete.pdf, FSC\_FFP\_MOU for FRHD Grant Applications\_April 5 2020.docx

## Proposal

**\*Request Owner:** Rachel Mason

**Request Source:** External (Submitted 04/06/2020)

**Proposal Type:** Ongoing Program

## Agency Capability

---

**Briefly describe your organization's history and accomplishments. :**

Our organization was incorporated on October 5, 1979, as the Fallbrook Hospital Foundation in Fallbrook, California in the county of San Diego. The organization was originally founded as a non-profit whose mission was to raise funds to help supply the local hospital with its equipment needs. Dr. Harold Neufeld was instrumental in forming a membership board of trustees to develop a non-profit corporation that would continually provide the finest health care at the lowest possible cost for the community of Fallbrook. The membership board of trustees raised more than \$2 million over the next eleven years.

In 1998 the not-for-profit Fallbrook Hospital became affiliated with Community Healthcare Systems (CHS), a for-profit company. When this happened, the Fallbrook Hospital Foundation changed its mission and its name to the Fallbrook Healthcare Foundation. The board spoke to the doctors and the community to research the current healthcare needs in Fallbrook. They discovered that there was a need for caregiving for people with dementia, and continuing education for seniors.

In 2000, the daycare center was opened (The Glenner Center) as well as a facility to provide schooling for seniors on computers (SeniorNet). The Foundation evolved, doing more and giving back to the community and developing ideas for various healthcare needs: a drug rehab center, a Project Care site, and Healthcare Resources center.

Eventually, transportation for seniors and the disabled was recognized as a huge unmet need in the community of Fallbrook. In April 2004 the Care Van program was formed to provide free door-to-door transportation to seniors and the disabled to medical, dental and physical therapy appointments as well as rides to the pharmacies and grocery stores.

In February 2005 the Senior Care Advocacy program was developed to further the cause of caring for the seniors and disabled in the communities of Fallbrook, Bonsall, Rainbow, and De Luz. The Care Advocacy program works with seniors to help them in finding the best resources for their healthcare needs and assisting them to remain independent and living in their own homes.

In 2007 the Foundation decided to place our focus strictly on seniors and the disabled in Fallbrook, Bonsall, Rainbow, and De Luz. The Fallbrook Healthcare Foundation, often confused with the Fallbrook Regional Healthcare District, formally announced the unveiling of its new business name, doing business as, the Foundation for Senior Care in July 2008.

In September of 2017 the Foundation added its fourth core program, the Door-Through-Door (Hospital to Home and Back Again) Program, helping address a regional challenge with readmission rates in local hospitals and assisting Seniors in transitional services following major medical events so that they can recover independently at home.

Today, the Foundation continues to reach out to the community via its four programs: Senior Care Advocacy, Care Vans, Senior/Adult Day Care Center and Door-Through-Door. In total, the Foundation for Senior cares helps over 1,200 Seniors each year to age in place, and age with grace.

**What are the current activities and/or programs offered by your organization?:**

Annually, our Transportation services (Care Van & Expanded Rides) now provide over 6,000 rides for seniors and disabled adults to healthcare appointments, grocery and food pantry, social services and other local businesses. The Expanded Rides service provides District residents with access to physicians, specialists, and other ancillary medical services located outside the greater Fallbrook area.

The Senior Care Advocacy program ensures that clients have access to local resources and national entitlements to manage their healthcare, maximize their independence and enjoy an enriched quality of life. We seek to reestablish healthy family connections, educate loved about the severity and prognosis of situations related to aging, and seek practical solutions.

Our Door-Through-Door program is designed to fill-in the gap in care that results from discharge from a hospital setting. By liaising between the hospital, the patient and their family we can ensure that all resources are available prior to the patient returning home.

The Fallbrook Adult Day Care Center - 'The Club', offers a secure social, recreational day program designed for seniors and disabled adults that need additional help and out of institutional care settings. 'The Club' staff specializes in caring for clients with dementia and other cognitive impairments.

The Senior Care Computer Learning Center, run by computer savvy senior volunteers, offers computing classes, Fix-it Fridays, and workshops to seniors so that they can get and stay connected to family and the world.

**List and describe current collaborations with other organizations that enhance your ability to provide services through this program.:**

The Door-Through-Door (DTD) program grew out of the Senior Care Advocacy program and shares the same goal; to ensure seniors have resources and the ability to age safely at home or have the assistance they need to be well cared for wherever they reside. We have working relationships with a wide range of community and public offices; these partnerships offer strong relational support across agencies and programs. The needs presented to us by our clients are varied and often complex; thus, we have an extensive network of partners from which to leverage resources. Our partners include the Food Pantry, Sheriff -- You Are Not Alone (YANA), Vial of Life, NC Fire Protection District, Adult Protective Services, San Diego Elder Law, Lifeline, Meals on Wheels, home healthcare, caregiving agencies, area hospices, and we also have good relationships with most medical and ancillary healthcare providers. The DTD program has deepened our partnerships with Fallbrook Skilled Nursing and the three hospitals that provide care to our local clients. The partnerships with the medical facilities and the NC Fire are a hallmark for the DTD program's initial success of working with clients both during and after the discharge process. We expect that the DTD program and partners will only expand with the program's growth.

**Program Information**

---

**Is this application being submitted in collaboration with another agency?:** No

**Project Title:** Door-Through-Door (Hospital to Home and Back Again)

**Requested Cash Amount:** \$70,508.33

**This is an ongoing program that began on:** 09/01/2017

**Name of the person submitting the grant:** Keith Birkfeld  
760-723-7570  
kbirkfeld@foundationforseniorcare.org

**Name of Program Coordinator:** Darlene Weber  
760-723-7570  
dweber@foundationforseniorcare.org

**Is the Program Coordinator responsible for submitting quarterly reports?:** No

**If the Program Coordinator is not responsible, please provide the responsible person's information:** Keith Birkfeld  
760-723-7570  
kbirkfeld@foundationforseniorcare.org

**Ages Served:** Adults (18-60): 1%  
Seniors (60+): 99%

**Gender:** Female: 55%  
Male: 45%

**Select the income limit category of your target population:** Low (80%) Income Limits- ceiling of \$85,600

**Projected number of residents (participant/client) that will directly benefit from this program:** 128

**Projected number of residents that will indirectly benefit from this program:** 256

How will the program be staffed?: Paid: 100%

## Statement of Problem/Needs Assessment

---

**Discuss the need for the proposed program or service within the District.:**

The Door-Through-Door (DTD) program's relevance can best be understood by examining our senior community: 53% are 50+ (over 30,000 residents); seniors (65+) make up over 20% or 10,000 people. In 2012, CMS began evaluating hospitals on their re-admission. Since then we have seen increased demand for our Care Advocate and transportation services from our local hospitals, recently discharged patients, and skilled nursing facilities.

In 2012, the Centers for Medicare and Medicaid Services (CMS) began evaluating hospitals on their readmission rates for certain diagnostic categories. The CMS Hospital Readmissions Reduction (HRR) Program is designed to improve healthcare for people with Medicare by linking what is paid to hospitals for the quality of the care they provide and not just quantity of the services they provide in a given performance period. The goal of the HRR program is twofold; to increase the overall health of a patient after hospitalization and to decrease the expense of frequent hospitalizations caused by the same medical condition. CMS/Medicare will penalize hospitals who have a high number of readmissions, by decreasing their reimbursement rates. In essence, the HRR program attempts to hold hospitals accountable for making patients better and not just for performing procedures and running tests.

The HRR program has led to the Discharge Planners at the three main hospitals that serve our area to often contact us when seeking ways to help patients get home or to find local in-home care services. Unfortunately, the discharge planners fail to ensure that the patient has the necessary resources at home while they are still recovering from illness or injury. The reality is that the patient is not benefiting with the goal of the HRR and is continuing to cycle to and through the hospital and skilled facility. We are addressing this gap in care by joining our Transportation and Senior Care Advocacy programs. The Door Through Door, Hospital to Home Program takes a trained and resourceful Advocate and places them with transportation, with a focus on working with our local hospitals to arrange and coordinate discharge services prior to a District resident's return home. Once a client is home and stabilized, the DTD coordinator will be able to follow along and assist the client and family with transportation and follow up visits to their healthcare providers, get support for new medical equipment and other rehabilitative systems. One major goal of the DTD program is to ensure clients have their basic needs met and have resources in place so that they are less likely to need emergency services.

**Reference your supporting data below.:**

Laura R. Bronstein, Paul Gould, Shawn A. Berkowitz, Gary D. James, Kris Marks, Impact of a Social Work Care Coordination Intervention on Hospital Readmission: A Randomized Controlled Trial, Social Work, Volume 60, Issue 3, July 2015, Pages 248--255, <https://doi.org/10.1093/sw/swv016>

Kripalani, S., Theobald, C. N., Antil, B., & Vasilevskis, E. E. (2014). Reducing Hospital Readmission Rates: Current Strategies and Future Directions. Annual Review of Medicine, 65(1), 471--485. doi: 10.1146/annurev-med-022613-090415

**What other organizations within the community offer similar programs/ services that address this need?:**

None currently

## Program/Services Description

---

**The Fallbrook Regional Health District has identified several health disparities that effect the long term health and well being of our community. The following questions address how your program addresses these concerns. :**

**Which one of the following categories best describes the primary goal and objectives of your program?:**

Ancillary: Services that support our mission to promote health for the people of the District.

- Which of the following health disparities does the program address:**
- Nutrition & Access to Food (e.g., Meal programs, Food Bank, Healthy Eating, Obesity, Type 2 Diabetes)
  - Senior Services (e.g., Aging in place, Dementia, Transportation)

**Describe how the program provides the service.:**

All Door-Through-Door clients are provided with information (in the form of referrals, resources), and hands-on support through home visits and continued follow-up by the DTD Coordinator until the Client's immediate needs are resolved or adequately managed. The client will then be transferred to a Senior Care Advocate to ensure that long-term health and wellbeing strategies can be implemented.

The DTD client typically is being cared for under this triage or high need level for about a month. While the Senior Care Advocates spend approximately 70% of the ensuing time in educating and helping the client understand fall and injury prevention, financial security, and clarification of how to manage the needs of dealing with chronic illnesses. Approximately 80% of the initial case time with the DTD Coordinator is spent helping clients arrange the identified resources needed to meet their needs; including, transportation, applying for and coordinating with County In-Home Support Services or home health agencies for medical caregivers, and or coordinating with low-income assistance, food pantry, local churches, and other organizations within the Greater Fallbrook area that can assist clients with their housing, emotional, social and long term care needs.

Additional services revolving around self-care and Adult Protective Service referrals are commonplace among the DTD clients - the APS cases we are involved with usually result in our serving as the Geriatric Care Manager for some length of time until a stable and more permanent solutions can be developed. The average DTD client has fewer friends and family and often requires extensive services to create a personalized safety net system of providers.

**What is/are the program goal(s) and what are the objectives for each goal.:**

**Define goal #1 for this program :** To provide more and broader Door-Through-Door program services to both pre and post-care setting discharge clients during the FRHD CHC year.

**Number of Objectives for this program:** 2

**Objective 1:** Increase the number of new clients by 20% over last year (serving an estimated 153 clients, or 38 clients Quarterly; representing a 20% increase above the 128 clients served this past year; 32 Quarterly).

**Objective 2:** Log and track the number and types of services DTD clients utilize.

**Measuring Success for Goal #1:** --Number of new and existing clients.

--Number of services related to: medical and health outcomes; social services, legal and financial needs.

**Define goal #2 for this program if applicable.:** N/A

**Number of Objectives for Goal #2 of this program:** 1

**Objective 1 for Goal #2:** N/A

**Measuring Success for Goal #2:** N/A

**Anticipated Acknowledgment**

**Acknowledgment:** --The FRHD logo will be affixed to the sides of our Care Vans.

--We will include the FRHD logo and official sponsor designation in all emails from every staff member.

--Our organization and specific Care Van program brochure will feature the FRHD logo and official sponsor language.

--FRHD logo and status will appear on our website and in all promotional e-mails sent out for events.

--FRHD logo and support will be highlighted at our annual fundraising event held in October.

--We will promote District events on a monthly basis via Social Media.

## Financial Reporting & Budget

---

**Has your organization requested funding from FRHD for this program before?:** Yes, requested and funded

**Have grant funds awarded to your organization ever been withdrawn, reduced or discontinued?:** No

**Please list other grant funders that have been approached by your organization in the past 3 years, including FRHD. Include Name, Date, Amount Requested, Declined or Pending.:**

Fallbrook Regional Healthcare District

FY2019-2020 - \$62,287.99 awarded

FY2018-2019 - \$53,464.64 awarded

FY2017-2018 - \$50,918.70 awarded

Legacy Endowment - Elisabeth Wilson Grant

11/2019, \$8,323 Awarded

11/2018, \$9,412 Awarded

11/2017 \$14,250 awarded

Wells Fargo

12/2019 - \$5,000 Awarded (\* shared with Senior Care Advocacy Program)

04/2019 - \$15,000 Declined

09/2017 - \$16,443 - Declined

San Diego County -- Community Enhancement Grant

03/2018 - \$10,000 -- Awarded

Rotary Club of Fallbrook

8/2017 - \$20,000 -- awarded (purchased Door-Through-Door vehicle)

Rotary Club of Bonsall

9/2019 - \$1,000 awarded (\* shared with Senior Care Advocacy Program)

Archstone Foundation

4/2019 -- \$15,000 - Declined

3/2018 - \$15,000 - Declined

Opus Community Foundation Grants

3/2019 - \$10,000, declined (\* joint funding for Senior Care Advocacy program)

Kaiser Permanente Community Health Grant

3/2018- \$50,000 - Declined

**Please list the fund raising events conducted by yourself or other organization(s) where proceeds have been designated to your organization as beneficiary of funds raised. Include Name, Date, Amount:**

Foundation for Senior Care Annual Fall Fundraiser

October 2019 - \$147,340

October 2018 - \$131,085

October 2017 - \$121,251

Foundation for Senior Care - Spring Fundraiser

May 2019 - \$9,180

May 2018 - \$15,789

May 2017 - \$6,906

Giving Heart / Sustained Giving Program

FY2019-2020(YTD as of Apr 6 2020)- \$20,351.83

FY2018-2019 - \$31,574.50

FY2017-2018 - \$12,756.54

Client donations -- program restricted

FY 2019-2020 (Year-to-Date) - \$1,030.25

FY 2018-2019 - \$2685

FY 2017-2018 - \$2,757

**Describe your plan for maintenance/ continuation of the proposed program beyond the 2020-2021 fiscal year.:**

For the current fiscal year/contract cycle, we have provided DTD services to 128 individuals. We have been working to further our relationship with Temecula Valley Hospital, better detailing the services we offer to help them reduce readmission. However, we are continuing to follow our standard outreach plan, which is comprised of the following scheduled processes: dissemination of the program details at the monthly Senior Luncheon at the Senior Center, Senior Food Distribution events at the Food Pantry, monthly social media posts relating to a senior concern/topic via our social media outlets (Facebook, Instagram, and Twitter), and multiple speaking engagements throughout the community. Additionally, through our partnership with the NC Fire Protection District, any senior who triggers the 911 system and who is transported to an area hospital, are referred to us through the Health Service Referral process. We can then attempt to contact the family and begin the education process while the client is still within the care setting. This means that seniors with a high need for our services are introduced to the program via the fire department, and are aware of a need that we can assist them.

We are continuing to develop our donor giving programs and are looking for ways to simplify the payment process new funding options.

**Describe what other funding sources will be used to support this program; include fees for services contracts or other revenue sources?:**

The Foundation has also formalized in 2020 a "Senior Independence Plan", a monthly membership plan that unites services from our Senior Care Advocacy and our Door-Through-Door programs. Members who pay a monthly fee will be provided a comprehensive, personalized resource and emergency planning book that will be updated annually. Additionally, transportation and case management will be covered for medical events that require hospitalization or in-patient treatment and will be handled by our Care Advocates along with transportation from our Door-Through-Door coordinator. This program is intended to be self-sustaining, with any profits being sent to the Senior Care Advocacy and Door-Through-Door programs to help fill any gaps in funding.



As Case Management becomes more recognized as a requirement to unite disparate healthcare systems for better client coordination there remains the possibility of having larger insurance, medical and healthcare organizations pay for the broader type of social work that our Door-Through-Door Coordinator provides. This may take the form of fee for service, or a capitated rate, provided to the Foundation's Door-Through-Door program for clients under a particular healthcare plan, with the mutual benefit of clients (seniors in our area) receiving better care and case management and insurance providers and medical facilities spending less on costly patient care that results from unaddressed gaps.

**Program Budget File:** 2020\_2021\_FRHD\_CHC\_Program\_Budget\_Form\_FSC Door-Through-Door Program\_April 6 2020.xlsx

**Attestation:** • I certify that all information presented in or attached to this Application is complete and accurate

## Payment

## Scan

No matches were found

## Approval

**Requested Amount:** \$70,508.33

**\*Recommended Amount:**

**Prior Approved Grants:**

**Request Status:** External

## Contact

---

**Salutation:** Mr.

**\*First Name:** Keith

**Middle Name:**

**\*Last Name:** Birkfeld

**Title:** Executive Director

**Address:** 135 S. Mission Rd.

**Address 2:**

**City:** Fallbrook

**State:** California

**Province:**

**Zip/Postal Code:** 92028

**Country:**

**Telephone:** 7607237570

**Fax:**

**Email Address:** kbirkfeld@foundationforseniorcare.org

**Contact Type:**

**Creation Date:** 03/02/2020

**Last Saved By:** 1000000010520003

**Last Saved Date:** 02-MAR-20 02.25.50.334057 PM

**Notes:**

**\*Internal Use Only?:** N

**Suffix:**