Accent Care – Senior in home services for the homebound

In the previous meeting, the board had requested that I inquire into the facility across from the post office as it was an agency that help seniors stay in their home. They have agreed to come and give a presentation to the board, has been scheduled for this meeting, May 17, 2016.

**CORNING HEALTHCARE DISTRICT**

**BOARD MEETING**

**Tuesday March 17, 2016**

**District conference room**

**275 Solano Street**

**Corning Healthcare District Campus**

**Meeting Inquiries (530) 824-5451**

**Correspondence**

1. Class Action Suit Computer Screens

There is a class action suit against Samsung for alleged price gouging. The District did purchase 2 Samsung monitors during the time period involved. However, the distribution of the award, if there is one, will not distributed among all of the victims, but each company must apply for a grant and the monies will then be divided, with the winners of the grants based on greatest need.

Therefore, I do not expect that Corning Healthcare District shall benefit from this class action suit. No action is needed on our part unless the directors wish to apply for the grant if the suit has been settled in the victims’ favor.

**CORNING HEALTHCARE DISTRICT**

**BOARD MEETING**

**Tuesday May 17, 2016**

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1. GM Climate Control and Labor Board

Someone has filed a complaint with the Labor Board concerning alleged payroll prevailing wage violations during our air conditioning project. G. M. Climate Control is in the process of appealing the decision. Mr. Andrews is aware of the situation. He plans to be at meeting May 17th and will answer any questions you may have about the process.

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**Regular Agenda** - need for a new website

A new bill has been created that affects special districts. This bill is called SB 272. It requires that districts post on their website any enterprise systems they use, (defined as anything that makes a catalogue of information used by the agency, including current system vendors and products).

California Special District Association has partnered with Streamline (a web support agency) to offer creating and maintaining a website for each district at a low cost based on each district’s annual budget. The company ensures that the district’s website meets this current and any subsequent legislation requirement.

Corning Healthcare District’s cost is close to $100 a month.

**CORNING HEALTHCARE DISTRICT**

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**Meeting Inquiries (530) 824-5451**

**Regular Agenda** -speech and swallowing therapy event

Attached is a report on Doctor Von Berg’s presentation on overcoming swallowing and speech difficulties.

**CORNING HEALTHCARE DISTRICT**

**P.O. Box 996**

**Corning, California 96021**

**Phone (530) 824-5451 Fax (530) 824-5419**

[**crghealth@sbcglobal.net**](mailto:crghealth@sbcglobal.net)

Free Speech Seminar is Coming to Corning

Approximately 41.5% of individuals who have experienced a stroke and 23% – 65% of individuals who have experienced tramatic brain injury will have trouble with their speech1. Additional causes of speech difficulty are associated with a progressive disease such as Parkinson’s or muscular dystrophy. Most often, the speech difficulty manifests itself in slow, weak, imprecise and uncoordinated movements of the tongue and muscles around the mouth.

The resulting trouble with articulation, volume, and respiration is often troubling both to the speaker and to the listener. The frustration of not being understood, may result in depression for the person who has suffered a stroke or is living with disabling progressive disease. Everyday tasks become more difficult.

Thankfully, through speech techniques much of the communication skills may be regained and/or improved.

In addition to the loss of communication skills, stroke sufferers, and those with progressives disabling diseases may also have problems swallowing. Something as simple as eating a breakfast of granola, a meticulous lack of peanuts causes the patient to choke. The muscles in the throat, which normally work automatically have become impaired. Over time, appears to be a nuisance can become life-threatening.

The good news is that there are techniques that can be learned easily and quickly to protect individuals from choking.

Dr. Shelly Von Berg, a member of the Medical Advisory Board of the Parkinson’s Voice Project, has kindly agreed to share these techniques in Corning on Saturday, April 2, 2016 at 10 AM. Dr. Von Berg is an associate professor and clinical instructor at California University, Chico. She teaches, practices and researches in the areas of voice, swallowing disorders and speech disorders with emphasis on Parkinson’s disease.

This interactive workshop is being presented by the Elder Services program of Northern Valley Catholic Social Service through a grant from Corning Healthcare District and is open to the public.

You will not want to miss this opportunity offered free of charge at 275 Solano St. in Corning, on April 2, 2016. The event will begin at 10 a.m. and end at noon. Light refreshments will be served. For more information contact Elaine at 528-7949 or Shirley at 824-5451.

1. Stacy Park, Deborah Theodorus, Emma Finch and Elizabeth Cardell; *Research Note Be Clear: An Intensive Speech Treatment for Adults with Nonprogressive Dysarthria*, American Journal of speech language pathology volume 2527 – 110 February 2016

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DR. VON BERG ADDRESSES PARKINSON’S DISEASE ISSUES

On Saturday, April 2, 2016, Doctor Shelly Von Berg gave a presentation at the Meuser Memorial Health Center on the topic of overcoming speech and swallowing difficulties. Dr. Von Berg is a member of the Medical Advisory Board of the Parkinson’s Voice Project. She is an associate professor and clinical instructor at California University, Chico. She teaches, practices and researches in the areas of voice, swallowing disorders and speech disorders with emphasis on Parkinson’s disease.

There were 16 persons in attendance who either had Parkinson’s disease, were family members of those with Parkinson’s Disease or were caregivers to those who suffer from this or similar disabilities. Attendees came from Corning and Red Bluff areas. Many expressed their gratitude several times to the Corning Healthcare District and Northern Valley Catholic Social Services for bringing the seminar to Corning. They expressed frustration that most seminars are presented in Redding and that they find it difficult to drive to the city of Redding, attend a two-hour seminar, and drive back home. Consequently, they feel they cannot attend. They were grateful for the opportunity to receive the information near their home.

Doctor Von Berg shared with the group that as much a 61% of people with Parkinson’s report difficulties with voice and speech; 35% have difficulty with imprecise articulation; 32% have difficulties with a hoarse voice; 27% find it difficult getting started speaking; 17% find that their voice becomes monotone and 17% have difficulty with speaking too fast or too slow.

Respiratory problems are sometimes experienced by persons with Parkinson’s because the disease affects all of the body’s muscles, including the lungs and vocal chords. The rigidity of the muscle chest’s wall causes slow movement of the lungs. Therefore, individuals sometimes have difficulty with inhalation and exhalation. In turn, this might lead to reduced breath support for speech and swallowing. While normal vocal cords open and close rapidly, individuals with Parkinson’s disease’ vocal cords move much more slowly. In addition, as the muscles around the mouth and the tongue are affected by Parkinson’s Disease communication becomes more difficult. The good news is, through vocal exercise and speech therapy, volume of the voice and the articulation of words can be sustained, so that the person who’s suffering from Parkinson’s disease does not lose his or her ability to communicate.

Doctor Von Berg had everyone laughing as the group put into practice some of the exercises. Attendees appeared to enjoy joining in on the fun.

Swallowing is made difficult for those who suffer from Parkinson’s because the esophagus and the trachea are located next to each other. When the head is raised up, similar to the position one uses when drinking water from a water bottle, both the esophagus and the trachea are open. Normally, the trachea automatically closes when food is being swallowed. However, for persons who have Parkinson’s, the muscle movement is much slower, so that often particles of food will go down the trachea, rather than the esophagus. This causes choking and can be dangerous.

Doctor Von Berg taught the audience to lower their chins before swallowing, much as the position one takes when drinking water from a straw. A lowered chin automatically closes the trachea and allows the food or drink to go down the esophagus, preventing choking.

Attendees requested that more seminars such of these be presented here in Corning.

Brochures on tips for understanding severely Dysarthric speech and Ways You Can Compensate For Swallowing Difficulties and copies of the overhead were distributed to attendees. Doctor von Berg also volunteered to give persons an individual speech lesson and recording that will allow him or her to practice speech therapy at home.

**CORNING HEALTHCARE DISTRICT**

**BOARD MEETING**

**Friday May 17, 2016**

**District conference room**

**275 Solano Street**

**Corning Healthcare District Campus**

**Meeting Inquiries (530) 824-5451**

**Agenda** - Additional employee for direct senior services -Director Boles

Director Boles requested information about hiring an additional employee to provide direct services to seniors. The job would replace the activities currently done by Northern Valley Catholic Social Services and delete the grant.

Advantages:

1. The District will be providing direct services to the community.
2. District’s relationship with the community will improve because the District is providing direct services.
3. The District will have control of how the program is run and the time spent on the program.
4. Last year, the District gave a $2,000 increase in the grant to NVCSS. However, they decrease the hours spent on the CHD’s senior program and increased the hours spent on another program not related to the District.
5. The employee hired to provide senior services could also be involved in grant writing that could be used specifically for defraying the cost of hiring a third employee.
6. If the money for a new employee is put into the budget, I plan offer the job to Elaine Benwel as she created the senior program and has a passion to help seniors. She does volumes on a part-time basis. I would be excited to see what she does as a full time employee.

Disadvantages:

1. There is a possibility of decreased positive relationship between the District and NVCSS, as the District would be hiring their employee.
2. Net profit to the District would be less, in exchange for more direct services.
   1. See budgets attached
3. NVCSS would no longer be receiving a grant from the District, which has been a base for their receiving matching grants, from various agencies. This could possibly result in NVCSS no longer being able to rent the middle building.
   1. However, Feather River Hospital has expressed an interest in renting the entire facility.
   2. A professional counselor also has expressed an interest in leasing offices at 175.
4. It would cost $43,000 to hire a third employee at a $30,000 a year income. That includes health insurance and taxes. $43,000 – $26,000 = $17,000. The District would be getting an additional employee for $17,000 when you factor in the cost of the grant.

Budgets Attached:

1. The District will receive a 6% increase in tax revenue. Each scenario reflects the increase.
2. The first spreadsheet reflects the 2016-2017 budget with no raises or additional employee.
3. The second spreadsheet reflects the 2016-2017 budget with only an additional employee and no raises.
4. The third spread sheet reflects the 2016-2017 budget with an additional employee and a 4% raise for current staff.

**CORNING HEALTHCARE DISTRICT**

**BOARD MEETING**

**Tuesday May 17, 2016**

**District conference room**

**275 Solano Street**

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**Meeting Inquiries (530) 824-5451**

**Agenda**

**Income**

**Interest money**

Interest money reflects the bank interest paid to the District on checking and savings accounts.

**Tax money**

A 6% increaseintax revenue is expected for the 2016 – 2017 year. The budget for 2015 - 2016 showed $270,504.28 budgeted. The District received $276,837.54, an increase of $6,333.26. The District recently received a letter from the auditor’s office stating that tax revenue for the District will be $286,684 in the coming year. The new amount is reflected the 2016 – 2017 budget.

**Rentals**

No agency has indicated a wish to withdraw from leasing office space from the District. Therefore, the budgeted income from rentals remains the same.

**Expense**

**Plant maintenance and repair:**

The maintenance and re-pair budget came in under $2,000. Please note the operating budget does not reflect capital improvement spending. In an effort to keep investments where they were, costs for the building were paid out of the general fund.

We spent $30,258.47 to build an additional maintenance storage unit and to purchase a tractor-lawnmower. These costs are listed in the Profit And Loss Statement for the year (under capital improvement) resulting in the total expense of $351,426.47 and a net income of $4,178.85.

To find the true operation budget totals for the fiscal year, one needs to subtract $30,258.47(cost of construction) and $78,192.74 (USDA loan payment). The true operations cost for 2015-2016 is $252,975.26.

**Plant operations utility electric**

The electric portion of the budget saw a profit of $3,014.71. PG&E is charging all customers higher rates during the peak use times. This makes predicting the budget nearly impossible since it all depends on the weather. Therefore, the budget will remain the same for the 2016-2017 year.

**Plant operations utility water**

The cost of water and sewer came in $1,612.87 under budget. Therefore, the budget will remain the same for 2016-2017.

**USDA loan payments**

Each year we pay $72,000 down on the debt. The debt duration is 40 years. We are 7 years into the repayment cycle.

**General accounting office supplies**

The budget for office supplies has come in under budget by $3,014.71. The same amount is budgeted because printers and fax machines need to be replaced approximately every 3 years. All of our equipment is over that age but continues to function well. The amount is kept in the budget as a safety net in case such purchases need to be made.

**Communications** **postage**

The Communications postage category came in under budget by $362.36. This is an acceptable margin, therefore, the budget amount will remain the same.

**Communication telephone**

The Communication telephone budget was over the amount by $142.99. Comcast will be our new provider for the main office (replacing AT&T). This will save the District approximately one hundred dollars a month. Therefore, the budget for the communication telephone will remain the same.

A trench would have to be dug for Comcast to access the maintenance building. Therefore, it is not be cost effective to change Don’s fax and internet lines. There are no changes in phone numbers.

**Administration legal**

The budget for legal services shows a savings of $1,152.41.

I would like to express my appreciation for the time Attorney Andrews spent on research and communication with the Board of Supervisors during the Municipal Services Review. The review has not yet been completed due to a staff change on the LAFCO board.

**Audit**

The audit budget for 2016 – 2017 is $4,500.

**Training**

Training came under budget by $1,211.92.

**Admin – other expense**

The amount budgeted for administration other expenses has been coming under budget somewhere between $15,000-$17,000 a year. Therefore, I have lowered the budget to $24,000 a year.

**Garbage**

The amount designated for the garbage budget for 2016 – 2017 is set at $2,579.88.

**Employee benefits, health**

Employee health benefits came under $4,027.49. Due to the uncertainty of Affordable Care Act rules, the margin of savings will remain as a safety net.

**Insurance for fire liability**

Fire and liability insurance covers directors as well as liability on the property.

**Election**

A special election is required if a director resigns, and there is no one to replace him or her. Therefore, each year, $13,000 is set aside for emergency election costs. Normally elections are done in cooperation with the County general elections and therefore the District only has to pay their portion of the cost.

This year. Director Rasmussen and Director Turner are up for reelection this November (2016).

**Outside services**

Barbara Lindquist continues to be the Districts bookkeeper and does an excellent job.

**Payroll expense**

The District was over budget by $841.37 in payroll. This reflects over time for repairs that had to be done after hours.

**CORNING HEALTHCARE DISTRICT**

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**Agenda** – Budget

Please note the following divisions in the budget report:

1. 2015 – 2016 budget and explanations
2. 2016 – 2017 draft budget
   1. The 1st section reflects the increase in tax revenue, and its effects on the general budget
   2. The 2nd section is a discussion of salaries
      1. The most recent salary survey report from Special Districts, Risk Management Association so that the directors can see the district salaries compare to other districts of similar size in the northern part of the State
      2. The next portion shows what it would be if the salaries were brought up to the average salary for current positions as they relate to the survey
      3. This is followed by what the affect would be on the budget if a 6%, 5%, or 4% raise in salaries was given

NOTE: The decision on salaries depends greatly on whether the Directors hire an additional employee.

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**CORNING HEALTHCARE DISTRICT**

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**Tuesday May 17, 2016**

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**Regular Agenda** - Rural Health Clinics

Please find enclosed a brief description of Rural Health Clinics. The federal government wrote the rules for these clinics. We have all experienced the frustration at the changes from Corning Medical Associates to a Rural Health Clinic. Particularly disturbing has been the rise in costs to private pay patients. This has been difficult because many patients have attended this clinic or saw specific doctors for many years. It may be less frustrating, if we understand how and why rural clinics exist.

As we have all become painfully aware, the reimbursement for doctors visits from Medicare and Medi-Cal have been lowered by the legislators. As a result of the decreased reimbursement, many clinics across the State had to close because they couldn’t afford to remain open. As I am sure you are aware, this is exactly what happened to Corning Medical Associates. The District could not continue to subsidize the clinic.

Why a rural clinic? A rural clinic was chosen because it receives greater reimbursement for Medi-Cal and Medicare patients than a for profit clinic, thereby making health-care accessible to the poor and those on disability.

The best way to illustrate the importance of a rural clinic, and the basic reason why Feather River Hospital decided to make it a rural health clinic can be found in the following fictional short story.

Imagine That

By Shirley Engebretsen

In the City of Imagine there were 1,025 residents and 4 health clinics. All 4 clinics took private pay or private insurance patients. However, because of low reimbursement rates from the federal and state governments, none of the doctors would take Medi-Cal or Medicare patients.

A 1,000 of the city’s residents had private pay insurance. 25 residents were on disability and only had Medi-Cal and/or Medicare insurance. Therefore, 1,000 residents had 4 clinics that they could choose from and the remaining 25 residents were turned away from all 4 clinics. Without jobs it was very difficult for the 25 residents to travel fifty miles to the twin City of Imagination where there was one rural health clinic that took medical or Medicare patients.

In November, the owner of the 4th clinic, who had been in town since its inception, made the difficult decision to become a rural health clinic so that the 25 poor residents would have access to health care.

Ms. Hypochondriac, who had lived in the City of Imagine thirty years became irate that the 4th clinic had become a rural clinic because she was charged so much more to see her primary care physician. She refused to go to one of the three remaining clinics because that would mean she would have to change doctors.

Ms. Justice, who was mayor of the City of Imagine, attempted to point out to her long-time friend that Ms. Hypochondriac still had 3 clinics from which to choose, while the poor people in town now had at least one.

But her friend would not hear of it. She raised protest groups, had them write letters to their congressmen, staged sit-ins at the front door of the clinic and demanded the clinic charge what she thought they should charge.

In addition, Ms. Hypochondriac had an uncle who worked for Fox news. To avoid a family feud, the uncle came with a single cameraman to cover the local protests. Articles were written to the editor of the paper about the unfair charges to citizens who had private insurance. Employees of local businesses joined in the protests and formed marches, signed petitions, and posted protests on Facebook. Outrage escalated to such a high pitch that the staff at the rural health clinic were afraid to come into work. The rural clinic had to close.

By the end of May of the following year, there was no rural health clinic, and the 1,000 citizens with private insurance were forced to choose from the 3 remaining clinics.

The person who suggests the best moral of the story will win the prize at the next district meeting on May 17.