

## **1.0 Executive Summary**

### **Introduction**

Our Community Hospice House (OCHH) is a nonprofit organization located in the Ventura and Northwestern Los Angeles counties. We are planning to build a free-standing, eight bed hospice house to serve the terminally ill who are in need of a proper place and care in the last three months of their lives. All of our services will be free to our patients and their families. We will also function as an educational center for students interested in end-of-life care from various schools, universities and community programs. OCHH will be a model for future local or national hospice houses.

### **The Organization**

OCHH was founded in fall of 2005 by a group of healthcare professionals and community leaders who came together, all with the common vision of helping the terminally ill in their communities. Each of these founding members have had personal and professional experience with death and dying that has changed them and made them aware of the need to help the many alone and suffering people who need a compassionate caring home as they face their last days. Our OCHH committee members are community leaders who are committed and motivated to make this hospice house a reality.

The OCHH will have a board of directors, an executive director, paid staff members at the actual hospice house, and an advisory committee to help manage the operations.

### **Services**

OCHH will provide a variety of services to its patients and families such as:

1. Compassionate, quality care provided by a well trained staff in a peaceful, homelike environment
2. Alternative healing modalities offered to enhance quality of days
3. Medical advisor and other professionals, students, and volunteers to assist patient and family
4. Spiritual and emotional care for patient and family, chapel available
5. Bereavement support after a death for family
6. Each patient will be followed by an outside medical hospice nursing agency for the best palliative care

Volunteer opportunities for community members, students, churches, and service clubs will be available.

### **Market**

OCHH has a broad target market that touches everyone. California's population of those over 65 years or older is 3.8 million, the largest number in any state, rising at a 20% rate annually. This increasing population of aging seniors is driving an end-of-life care crisis throughout California and the nation. There are not enough care facilities to meet the needs of the terminally ill. The numbers of seniors dying at home is sharply increasing. One in three of those over 65 yrs. are living alone without a caregiver if ill. Six percent of California seniors are poor and living below the poverty level. These

seniors are at risk as they approach the end of their lives, with few alternatives for care.

Statistics show that in Ventura County alone there were 2000 deaths in 2005. The estimates show there will be about 500 people in Ventura County needing a palliative care bed in 2006, and there are waiting lists at every skilled nursing facility. There are no free-standing hospice homes within 100 miles of Ventura or Northwestern Los Angeles counties.

Many of the terminally ill are without insurance and/or under 65 years old without any means of medical, financial or family support. Some are dying on the streets (approximately 15 homeless people died on the streets of Ventura County in 2005).

OCHH committee's educational goal is driven by the fact that: only 100 out of 100,000 medical schools offer palliative care in their curriculum. As we offer this excellent opportunity for training in end-of-life care, we will be helping thousands of terminal patients over the lifetime of the trained professional. This type of learning center will attract many universities to OCHH and its programs.

### **Financial Consideration**

Our main focus is to:

- Work with a major event photography company in developing relationships with large sporting events around the country and gather supporters who will bring personal sponsorship monies to the event to go directly to OCHH.
- To develop a Founding Circle of major corporate sponsors, to fund startup costs, property, and construction
- To submit proposals for grant monies from state, and federal sources and various foundations
- To develop a donor base from families served, community, universities, businesses, and individuals

We do not intend to borrow any money during the development phase or future operation of OCHH.

### **1.1 Objectives**

Our strategy is to provide the services listed in order to fulfill our mission statement.

1. Find a suitable piece of property in 2006 to construct a Hospice House by 2008
2. Generate \$3 million in funding to acquire property and build an 8 bed Hospice House
3. Provide a fully staffed home setting for 50 hospice patients/year in the last 3 months of their life
4. Primary service areas will be Conejos Valley, Moorpark, Simi Valley, Camarillo, Malibu and Calabasas
5. Secure \$2 million for 2 years of operating costs before opening the facility
6. Develop a fundraising program to acquire \$1 million each year for operating costs
7. Establish relationships with Universities to utilize the Hospice House for educational purposes
8. See Milestones Chart (5.4)

## **1.2 Mission**

Our Community House of Hope (OCHH) shall provide a peaceful, healing place to care for eight terminally ill people and their families in the last three months of life. We are committed to providing compassionate, dignified, quality care that will support the natural processes that occur in the final days of life. We also will be providing a learning center for education on end of life issues to the academic community.

## **1.3 Keys to Success**

1. Develop a strong base of qualified, talented and dedicated leaders who share a vision of the need and potential of OCHH. These founding members will be committed to help meet the financial needs of OCHH, by working to find sponsors, working on fundraising events, and donating personally.
2. Develop fundraising sources from individuals, corporations, educational institutions and major sporting events such as marathons, triathlons and charitable walks, etc.
3. Hire a marketing and fundraising person to strategize and implement programs to promote OCHH and continue ongoing fundraising events.
4. Establish relationships and gain support from state and national hospice organizations, local hospice organizations, churches and social service clubs in the community.
5. Seek and establish relationships and partnerships with city, county and state politicians who will want to support and further OCHH's mission.
6. Develop good relationships with all of the acute care Hospitals in our primary service areas. Educate them to understand that OCHH's services will benefit their institutions.

## **2.0 Organization Summary**

The OCHH will be built in the Conejo Valley area of Southern California. The OCHH came into existence through the vision of its founding members in the fall of 2005.

The OCHH will provide a beautiful, serene home setting for members of the community who are terminally ill and are in the final three months of their life. At OCHH they and their loved ones will be provided compassionate, quality care. OCHH will provide these services at no cost to the patient or their family.

The OCHH will also provide an educational opportunity to those seeking training in end of life issues. We will be liasoning with educational programs throughout Southern California.

The OCHH programs will be funded by donations, memorials, fundraising, state and federal grants, foundations, national hospice organizations, community churches, services clubs, individuals and corporate sponsors. We also have an existing liaison through a major sporting event photography company that will be donating a part of their profits directly to OCHH for ongoing support.

Community and educational involvement.

## **2.1 Legal Entity**

- OCHH is a 501(c) 3 tax-exempt not-for-profit organization under the Dharma Foundation.
- OCHH will be licensed in the State of California as a Residential Care Facility for the Chronically Ill (RCFCI). The department of social services will be the licensing agency.

## **2.2 Start-up Summary**

### **Financial Considerations**

Expense estimates for OCHH will be:

- Our start up costs in this first year. include the acquisition of the property to build OCHH on. The estimated cost for this land is \$487,500.
- Other expenses in this first year will be organizational costs, such as: legal, accounting, office supplies, copying, and generating brochures, business cards, and stationary.
- In our second year, we will be building the actual hospice house. The estimated cost for this will be \$3 million dollars.
- Before we will open OCHH we will have two years of operating costs in the bank. We estimate operating costs to be approximately \$1 million a year. (\$2 million for two years.)

Assets OCHH would want to have as we begin our project.

- Enough cash in our bank account to begin our community awareness, and fundraising campaigns.
- Enough cash in the bank at the end of the first year to be able to pay cash for all of our expenditures and not have to borrow
- Enough cash in the bank before opening OCHH to cover operational costs for at least 2 years
- The total we will need to complete this project will be \$5 million dollars.

OCHH intentions for raising needed funds

- Fundraising through corporate sponsors, fundraisers, individual donations, and funding from sporting event photography company
- Applying for grant monies from national hospice organizations, state and federal agencies.
- Marketing our vision to the community of churches, social service clubs and public and private agencies serving the needy, aging, and ill.
- Partnering with other health care institutions and also universities on educational programs that will benefit them and OCHH

## **3.0 Services**

Services offered by OCHH:

- Each patient will be given compassionate, dignified, quality care in a homelike

environment, by qualified staff.

- The patient will be provided with a beautiful private room and bath. The room will be equipped with a hospital bed, a sofa bed for overnight visitors, a TV, and a small refrigerator.
- Alternative healing modalities such as massage, whirlpool bath, aromatherapy, music therapy and others will be offered, to improve the quality of remaining days and promote the spiritual/emotional healing of the patient and family.
- A large inviting kitchen where meal preparation and family access will be included. A large dining room will be provided for special dinners or family parties to take place.
- The patient will feel nurtured and cared for by a family of staff members. The house will be run like a family home with great attention and time spent on training of staff. Staff will be prepared to meet the emotional/social needs of the patient and family, or be ready to call in resources to help with the patient/family issues that need resolution.
- Each patient's medical needs will be overseen and managed by an outside medical Hospice agency. We will also have on our staff a doctor as a medical advisor to help when the needs arise.
- OCHH will provide each patient and family with the spiritual care as is requested by the patient. We will call in various representatives from the local faith communities to meet these needs. There will be a dedicated room available as a sanctuary/chapel for family or staff use.
- OCHH will help with referrals to mortuaries as needed. We will assist with the funeral needs as necessary.
- We will provide families with bereavement support after the death of their loved one. There will be a memory garden on the property where families can place a memory brick inscribed with their loved ones name.
- OCHH will provide a learning center for the student interested in end-of-life care.

#### **4.0 Market Analysis Summary**

OCHH will serve 3 primary target groups of people.

1. Those terminally ill people who are without a proper place/home, a caregiver or the financial ability to pay for care at home, in their final 3 months of life.
2. Those terminally ill people, of any age, who may need a care facility because their families cannot provide them adequate care at home.
3. The terminally ill senior who has no family or caregiver to oversee their care in the last 3 months of life.

OCHH will be different from any for-profit Hospice facility ( of which there are none at present in our service area). We will not be charging any fees for services to our patients or families.

OCHH will also serve as a learning center for students in educational programs focused on end of life issues. We will provide hands on learning experience for the students. The importance of OCHH offering this service exists because of the lack of such educational opportunities in the university settings. Out of more than 1000,000 total medical schools in the U>S., fewer than 100 specialize in palliative care. If one trainee can receive quality hands on end-of -life care instruction this can impact up to 20,000 patients for the better over that professional's career.

We also hope to offer educational classes to others in the community who would

benefit. These may include clergy, social workers, therapists, nurses and any other groups interested in learning more about end-of-life care.

#### **4.1 Market Segmentation**

OCHH will have a broad target market. We have identified three segments of population as our target market.

1. The senior population in the state of California is at present 3.8 million. This number is rising at 20% annually for those above 65years. For those above 85 years this percentage of growth is at 60.5% yearly. These numbers are driving an end -of -life crisis in care giving in California and the nation. 6.3% of these seniors are living below the poverty level. One in ten is eligible for medi-cal. One in three seniors live alone and if ill have no available caregiver. Many of our seniors are at risk as they become terminally ill with few options for care due to poverty or lack of family support.

2. The poor in our area are also at risk as they approach the end of their lives. Over 50 million Americans are without medical insurance due to poverty. In Ventura county last year there were about 15 homeless people who died on our streets. The numbers of Californians living below the poverty level is on a sharp incline. There are few if any options a needy person can access because of the cost of care or the need for insurance. OCHH would service all these people free.

**"Where do the poor go to die? What resources do they have available to them when they are no longer capable of caring for themselves and their family is either unable or unwilling to do so? What obligation does a community have to care for the basic human needs of its dying members? Finding a bed for a needy dying person in a skilled nursing facility is challenging at best and sometimes impossible. Current government programs fall far short of meeting the current needs." Bonnie Olson, CEO, Buena Vista Hospice, Inc.**

3. The third segment of our target market are those who may have means but for many various reasons have no able family to allow them to stay in their home at the end of their life. Statistics show that in Ventura county there were 2000 deaths in 2005. The estimates show that there will be a need for over 500 palliative care beds in 2006. Many of these are people who will be seeking quality end-of-life care will find the facilities to provide such care are not available. There is no free standing hospice house available in our primary service area. So the options for anyone seeking a palliative care bed is limited to the acute care hospital, where beds are limited; the skilled nursing facility, where the waiting lists are sometimes 2-5 years; or the assisted living homes that are paid for by the patient, and have very limited qualified staff for the hospice patient.

**"A free standing Hospice house would provide a safe, dignified and comfortable environment for the terminally ill who are no longer able to care for themselves and who lack the financial resources or social support network to obtain needed care. We at Buena Vista Hospice would be overjoyed to have access to such a resource for our patients and would gratefully refer to and follow our patients placed there." Bonnie Olson, CEO, Buena Vista Hospice, Inc.**

**Table: Market Analysis**

Market Analysis	Growth	2007	2008	2009	2010	2011	CAGR
Potential Customers	10%	500	550	605	666	733	10.04%
Poor / Homeless	10%	1,000	1,100	1,210	1,331	1,464	10.00%
People with No Caregiver (<65)	20%	80,000	96,000	115,200	138,240	165,888	20.00%
Seniors	19.84%	81,500	97,650	117,015	140,237	168,085	19.84%
Total							

## 4.2 Target Market Segment Strategy

OCHH is focusing on these target segments of population :

1. The most financially needy terminally ill are at the one of the highest risk groups. OCHH will approach community and state agencies that provide needs to the poor, to garner their support and referrals to our services. Also we will approach individuals, and businesses who are interested in helping to provide resources for the poor and dying members of their community.
2. The second group of terminally ill people find themselves alone or without an adequate caregiver in their own residence. OCHH will approach the community agencies that provide other services to isolated and ill people, such as Meals on Wheels, hospitals, doctors, social services, churches. We will be requesting their referrals and also financial, and community support.
3. The third group of people are the increasing number of seniors who are facing their final days alone and without proper care at home. OCHH will be contacting the agencies who provide other services to our seniors garner their support and referrals to our services. Also we will target those baby boomers, for financial and community support, who have aging parents and understand the need for hospice care as they face end-of -life issues in their families.
4. OCHH will also focus on becoming an education center for students from various programs interested in learning and having hands on experience in end of life care. We will contact the universities that have medical programs available (UCLA, USC) and also other schools that have social work, nursing and family therapy programs (CLU, CSUN, Moorpark). By offering them the potential to train their students at OCHH they will help in financial ways and community awareness.

## 4.3 Service Providers Analysis

There are no other free-standing, not-for-profit, hospice houses in all of our primary service area. The closest hospice house of this nature is in Santa Barbara, which is 80 miles north of our service area. There are millions of people from Santa Barbara all the way south (100 miles) to Long Beach (L.B. has a Hospice house) who would benefit from such a hospice home. There is a care-giving crisis facing thousands of people in our communities daily. OCHH will provide quality care and a home for any terminally ill patient with a prognosis of three months or less in need of a proper place to die. There will be no charge to the patient or family.

At present the way these terminally ill people are cared for are:

1. They are dying at home without proper care, many alone suffering in pain without any caregiver.

2. If they are homeless they are dying on the street, unattended, suffering and alone. Approximately 15 homeless in Ventura Co. died this way in 2005.
3. They are admitted to the acute care hospital. This costs about \$4,000 a day. The hospitals are not getting totally reimbursed for these services in many cases, thus are losing money. The hospital beds are at a premium and they are short on staff to care for the terminal patient. The hospitals often transfer the dying patient to other facilities as dictated by the insurance providers.
4. They are placed into skilled nursing facilities (nursing homes or SNF). The SNF also have a bed shortage especially for the hospice type patient. There are long waiting lists for the SNF in this primary service area. The SNF limits the hospice beds available. They do not have qualified staff that know how to care for the terminally patient's needs.
5. They are placed into board and care type homes. These types of facilities are generally paid for by the patient and not Medicare or Medical. Therefore many people cannot afford to be in this type of facility. Most of the board and care homes in our primary service area are not licensed to care for the hospice patient.

## **5.0 Strategy and Implementation Summary**

OCHH will focus on three major fundraising projects:

1. Developing relationships and programs with the major sporting events photography company, to tap into each of their events as possible fundraiser for OCHH.
2. Planning and executing a major sporting event (bike/run) in our community in spring of 2007.
3. Building a Founding Circle of corporate sponsors.

Other revenues will come from smaller fundraising events throughout the year and other projects:

1. Website development--to include membership drive and donations
2. Advertising--media newspaper articles, radio interviews, TV ads
3. Workshops--educational topics, speakers to come from universities that will participate in our educational programs
4. Special events--put on or sponsored by community service clubs, churches, or other individuals
5. Writing of proposals to secure grants, from foundations and State and federal sources
6. Solicitations of individuals, corporations, small businesses
7. Auxilliary volunteers--special group to do small fundraisers to support OCHH, or estate sales
8. Family donations and memorials
9. Second seating dinners--monthly dinners to be held at OCHH, inviting community leaders to share in a gourmet dinner and hear about OCHH, encouraging support and funding
10. Founding Circle--This will be the group of corporate sponsors and individuals who participate through donations, in the ground floor construction phase of OCHH. They will be acknowledged prominently on the donor's wall of the actual OCHH and in publications.

## **5.1 Competitive Edge**

OCHH will have the ability to serve any terminal patient in need of a home and care in the last three months of their life. No one will be turned away due to lack of funds. There will be no charge to the patient or family.

There is no other such free-standing hospice house in all of our primary service area. The growing need for this service makes OCHH a very sought after facility.

The growing awareness of this end-of-life care giving crisis has our communities poised for action. People in our community feel the need and have the social conscience that will motivate them to be part of this positive project for change. Our community is one that has a strong volunteerism in many areas of social need. OCHH will draw community members together for a common good cause.

The educational opportunity to the student population will benefit not only our patients but thousands of others as these students go out to serve in their professions.

The OCHH committee members are a highly motivated group of community leaders who are willing to work hard to bring this project into reality. They see the high need and have a strong desire to help fill this community need.

This project will be a model hospice house with the hope that it will be able to be replicated throughout California and the nation. We feel many communities will be interested in following our success and hope to do the same in their own communities.

## **5.2 Marketing Strategy**

OCHH will strive to provide excellent end of life care in a peaceful home environment to anyone in need.

The marketing strategy attempts to successfully communicate its unique and valuable services and educational opportunities to the community and contributors and media. This strategy builds on the focus of the high quality of care and educational programs available at OCHH. Also, our strategy will be to gain media attention for OCHH to increase awareness on a broad scale in the state and nation in hopes to help other communities replicate this type of hospice house. The marketing strategy will continue to identify the needs of patients and families, as well as the needs of the educational community and to communicate this effectively to the community, corporate sponsors, foundations, and others interested in supporting palliative care programs.

Ongoing efforts continually will attempt to understand how OCHH can achieve and maintain the quality and integrity of its programs and services within the financial resources of our sponsors and contributors. This will be an ongoing challenge.

As we begin to gather financial support from contributors, our goals will be to communicate the specific needs of our project development, and also the projected operation costs.

The growth strategy is based on continual attention to the quality of services each patient and family receives while at OCHH in conjunction with the excellent educational opportunities for the various students attending the programs at OCHH. We also will focus on the community volunteer participation from churches, community service clubs and agencies, corporations, and schools as a strategy to bring more involvement from every area of our communities.

### 5.3 Fundraising Strategy

The fundraising efforts will be based on a combination of tasks

1. Charitable contributions, (i.e. donations from families served, memorials, charitable gifting from community members)
2. Special events, (i.e. large sporting events where participants bring sponsors dollars as donation)
3. Partnerships with corporate sponsors, (i.e. event photography company donating percents of large sporting events to OCHH). Partner with corporate sponsors for donations of property, landscaping, furnishings etc.
4. Grants from State and Federal, and private foundations
5. Donations from the Universities and other educational programs who may use our learning programs to benefit their students

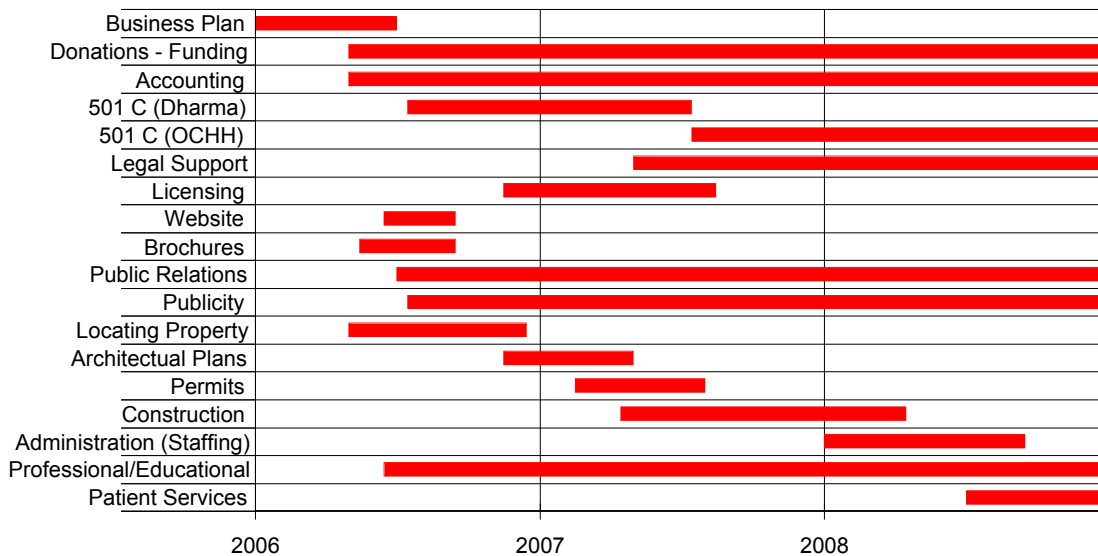
OCHH is committed to operating on a solid financial foundation. Our revenues and internal expenses will be closely monitored.

### 5.4 Milestones

**Table: Milestones**

Milestones	Start Date	End Date	Budget	Manager	Department
Milestone					
Business Plan	1/1/2006	7/1/2006	\$30	Teresa Wolf	Finance
Donations - Funding	5/1/2006	12/31/2008	\$500	Hank Heister	Funding
Accounting	5/1/2006	12/31/2008	\$1,500	TBD (Teresa)	Finance
501 C (Dharma)	7/15/2006	7/15/2007	\$25,000	TBD (Teresa)	Finance
501 C (OCHH)	7/15/2007	12/31/2008	\$10,000	TBD (Teresa)	Finance
Legal Support	5/1/2007	12/31/2008	\$5,000	Kerrin Turrow	Admin
Licensing	11/15/2006	8/15/2007	\$1,000	Kerrin Turrow	Admin
Website	6/15/2006	9/15/2006	\$100	Peter Wolf	Marketing
Brochures	5/15/2006	9/15/2006	\$500	Patty / Viki	Marketing
Public Relations	7/1/2006	12/31/2008	\$500	Teresa Wolf	Marketing
Publicity	7/15/2006	12/31/2008	\$100	Lisa	Marketing
Locating Property	5/1/2006	12/15/2006	\$0	Steve / Doug	Real Estate
Architectural Plans	11/15/2006	5/1/2007	\$150,000	Doug	Real Estate
Permits	2/15/2007	8/1/2007	\$90,000	TBD (Steve)	Real Estate
Construction	4/15/2007	4/15/2008	\$2,100,000	TBD (Steve)	Real Estate
Administration (Staffing)	1/1/2008	9/15/2008	\$30,000	TBD (Kerrin)	Admin
Professional/Educational	6/15/2006	12/31/2008	\$500	Dr. Horton	Professional Srv.
Patient Services	7/1/2008	12/31/2008	\$350,000	Dr. Horton	Professional Srv.
Totals			\$2,764,730		

## Milestones



### 6.0 Web Plan Summary

The website for Our Community Hospice house will be modeled after the Williamsburg Hospice House's website (<http://www.williamsburghospice.org/>). The domain name will be <http://www.ourhouseofhope.org> or <http://www.ourhouseofhope.com>.

The website will be inviting and simple for the user to navigate. Pictures will be used extensively to quickly communicate the services and benefits of the OCHH.

The following webpages will be available:

- [Home](#)
- [About Us](#)
- [Services](#)
- [Pictures of the House](#)
- [Frequently Asked Questions](#)
- [Volunteers](#)
- [Special Events](#)
- [Calendar of Activities](#)
- [News](#)
- [Donate Now](#)
- [Location and Directions](#)
- [Contact Us](#)

### 6.1 Website Marketing Strategy

The website will be designed for patient and potential sponsor inquiries.

Potential patients or family members will find quick answers to their most urgent questions.

Potential sponsors will have quick access to matters that concern contributors.

Staff members will have password protected access to administrative information that can be updated in real time.

## **6.2 Development Requirements**

Peter Wolf will function as interim webmaster to build up the site.

Prinet has been contracted to prepare the framework of the webpages. The initial hosting of the website will be on PhotoCrazy's servers.

The website will be run on a Linux OS with PHP and HTML coding.

Once the basic webpages are operational (anticipated date November 30, 2006), the pages will then be populated with specific pictures and text for the OCHH.

The website, once populated, could be maintained by OCHH staff members.

The cost to host the website should be less than \$50/month and most likely will be hosted at no cost.

## **7.0 Management Summary**

The initial OCHH planning and management committee chairpersons are two nurses with hospice experience. The OCHH general planning committee also consists of two medical doctors with hospice experience, a doctor of thanatology, an owner of a medical hospice nursing agency, two licensed hospice social workers, a professional medical bioethicist, a hospice volunteer coordinator, two hospice bereavement coordinators, a mortuary owner, realtors, an architect, a building project manager, a construction company owner, a chaplain, a human resources manager, businessmen with accounting background, an engineer with computer software development skills, and six hospice volunteers.

### ***Resumes of Founding members of OCHH Committee:***

•**Don Daly**--B.A., M.A. Pace University, NY ("67,"78) Employment: Exxon Corporation (1967-1994) Primary duties: Systems analyst, Senior business analyst, Project controller for multi-billion dollar projects, Contract administrator for major construction contracts, Budget and forecast responsibilities, Audit and complete invoice management, IRS audits benefiting Exxon. (1999-2006) Hospice volunteer for Hospice of the Conejo.

•**Ruth Falkenberg Klein**--(1978) Equivalent Nursing degree in Denmark. (1988) Teaching credential acquired in Denmark. Employment: (1978-1988) Nurse, Finsens Institute, Copenhagen, Denmark. Working in Denmark's main cancer hospital. (1989-1995) Nurse, Danish Government Socialized Medical Programs. Home care and elder care, dealing with all aspects of end-of-life care. (2004-present) Family Services Coordinator, Hospice of the Conejo. Responsible for evaluation of family's needs, providing psycho/social and grief support.

•**Patty Hayes**--B.A. Child Development, Mills College, Oakland CA. Employment: (1966-1970) Colorado Department of Public Welfare, Casework and Licensing Inspector of Child Care centers. (1976-78) Pre-school teacher. (1960's-Present) Hospice

Volunteer, currently Hospice Program Representative, Hospice of the Conejo.

•**Jean Heister**--Various college courses. (1980-Present) Director of Volunteers, Hospice of the Conejo, assessment of hospice family needs to assign a volunteer to the family, train and supervise hospice volunteers.

•**John Horton M.D.**--B.A. Columbia University, NY (1966). Duke Medical School (1966-70). Internship San Francisco, CA. Started a clinic in India (2 years). General Family Practice, Bethesda, Maryland (6 years). Taught seminars on end-of-life issues with associates of Elizabeth Kubler-Ross in MD. Taught Medicine in Southeast Asia for 10 years. Co-Director of Hospice of the Canyon for 3 years (2002). Family Practice, (1992-Present) Westlake Village. Assisting with Hospice Volunteer Training, (2000-present).

•**Bonnie Olson**--Various college courses, surgical technician training. Surgical technician (6 years). Hospice Volunteer for Haven Hospice in L.A. for many years. (2002) Started her own Medical Hospice, Buena Vista Hospice Inc. Creative business owner with her husband of a successful Medical Hospice agency.

•**Kerrin Turrow**--B.A., Psychology, California State University, Chico, CA. Employment: (2002-present) SABEUS, Inc. Vice President, Human Resources and Administration. Duties: Management of the human resource function in a medium company, strategic organizational development, program and policy creation, managed facilities for 50,000 square foot property, managed employee relations issues. Hospice Volunteer (2001-present). President, Board of Directors (2004-2005) Hospice of the Conejo.

•**Peter Wolf**--B.S. Engineering and Physics, University of Illinois, Chicago, (1973). Employment: Engineer, Research and Development (1973-1985). Business Owner (1985-Present), Professional business services. Owns and operates a successful Event Photography Business. Experience with Non-profits fundraising sporting events. Extensive computer skills.

•**Teresa Wolf R.N.**--B.S.N. Nursing, Brigham Young University, (1973). Employment: Stanford University Hospital, Staff R.N., Oncology(1974). Sunnyvale Medical Clinic, R.N., Pulmunology, development of continuing education programs for nursing(1975-79). Hospice of the Conejo, Family Services Coordinator, responsible for patient/family assessments and psycho/social support, also planned and taught hospice volunteer training courses, (1994-2005). Presently: Chairperson of Our Community House of Hope Committee.

Additional team members with accounting and legal backgrounds are being sought to complete our planning committee.

We plan to hire a marketing person to help develop a marketing strategy for OCHH.

The OCHH committee has broken the areas of management into six categories; funding, finances, administrative, real estate/construction, marketing, and professional/educational services. A manager over each of these areas has been identified from our planning committee.

A voluntary board of advisors will be formed to assist the management team in making decisions regarding the operation of OCHH.

When OCHH is ready to begin actual operation, the staffing needs will consist of; one house manager, four nurses aids, and an executive director.

## **8.1 Important Assumptions**

The financial plan depends on important assumptions, most of these are shown in the following statements;

1. We assume that the cost of caring for one patient at OCHH will be \$250 per day.
2. We assume that we will receive about 30-40% of our income directly from donations from patients, families, and associates who have used the services of OCHH.
3. We assume because of the rapidly increasing numbers of people needing end of life care, OCHH will gain much community interest and support on an ongoing basis.
4. We assume that there will be increased state and federal funding and grant monies allocated for new in-patient hospice facilities due to the aging population in need of this type of care.
5. We assume because of the lack of education arenas that teach or offer end-of-life care classes, the universities will lend support for this project on an ongoing basis.
6. We assume that because of our liaison with a large event photography company, we will have ongoing financial backing from the growing number of sporting events.
7. We assume because of the great social conscience of our community, community members will embrace and financially support this project.

# **Our Community House of Hope**

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