



UNIVERSITY OF SAN FRANCISCO

CHANGE THE WORLD FROM HERE

Byer Square Business Plan: A New Vision for Aging

by

Kyle David Ruth-Islas

kdruthislas@dons.usfca.edu

Capstone Research Report Submitted in Partial Fulfillment
of the Requirements for the
Master of Nonprofit Administration Degree
in the School of Management
directed by Dr. Marco Tavanti

San Francisco, California

Spring 2018

Abstract

The following is a comprehensive business plan for the new entity on the San Francisco Campus for Jewish Living (SFCJL), named Byer Square. The process of developing this business plan involved extensive collaboration, and included but was not limited to: expert interviews, a comprehensive literature review on a wide range of related topics, market research and feasibility studies, and development of financial projections. This document shall detail the business case for Byer Square, the current and known future trends within the field of aging services/healthcare, goals and objectives of Byer Square, an overview of how Byer Square will operate, as well as financial information to demonstrate/illustrate financial viability. Overall, this business plan shall serve as a foundational document for the staff and Board of Trustees for Jewish Senior Living Group and the San Francisco Campus for Jewish Living to assist in ensuring the operational readiness of Byer Square.

Acknowledgments

I would like to recognize and thank the following individuals for their time, effort, and collaboration:

- Madj Alwan
- Danielle Bennett
- Sharon Brooks (and the staff of GlynnDevins)
- Ben Chaika
- Sue Diamond
- David Dunkleman
- Mark Friedlander
- Diane Glas
- Sherie Koshover
- Kevin Krueger
- Mario Lemay
- Vic Meinke
- Susan Poor
- Keyatta Shade
- Michael Skaff
- Jan Reicher
- Dr. Christine Ritchie
- Joel Roos
- Daniel Ruth
- Dr. Marco Tavanti
- Diana Yin

I am deeply grateful to each of you for your invaluable contributions without which I would not have been successful in completing this assignment, and I would not have had the enriched learning experience that I did. Thank you!

Table of Contents

Section 1. Introduction.....	i
Section 2: Literature Review	6
Section 3: Methods and Approaches.....	21
Section 4. Data Analysis	22
Section 5: Implications and Recommendations	30
Section 6: Conclusions.....	43
List of References	45
Appendix A: Critical Path & Milestones	48
Author's Bio.....	50

Section 1. Introduction

New Business Model & Definition- Key Business Components:

The business model of Byer Square is focused on three tent poles: lifelong engagement and connection; health and wellness/fitness; and care navigation. In the future, a fourth tent pole will be added: primary/medical care and oversight. Again, the overall goal/purpose of Byer Square is, first and foremost, to assist older adults to remain in their homes in the community. By congregating a range of medical, health and wellness, and social programs and services on one campus, cross-communication between these different disciplines is facilitated through effective care navigation. Care navigation is considered both a tent pole and the glue that holds the network of services together. The function of care navigation is akin to case management. Through care navigation, the provision of care and services to the client (i.e., members) is bi-directional and is facilitated through an individually tailored program. The prevention or delay of permanent admission to a higher level of care and service is the result of this model.

The congregation of all these components necessitates an assessment of the following areas: what programs/services are available in the community, and who has the expertise. Once this assessment is complete, a determination must be made on whether to out-source or in-source the delivery of the programs/services. Not all services will be offered on Byer Square campus (although most will) and not all programs will be run by Byer Square. Depending on the circumstances, certain Byer Square programs/services will be out-sourced to organizations/individuals with the requisite expertise. For this network model to function effectively, organizational egos cannot and must not interfere with the decision-making process. This is for the sake of offering the highest quality programs/services that will better meet the

needs of the clients being served. To maintain a sense of continuity and consistency in quality, the leadership of Byer Square will be replicating the model of the closed system used by companies such as Apple. Essentially, for out-sourced services, Byer Square will have systems in place to screen, onboard, and evaluate all partners (i.e., contracted providers).

The revenue model of Byer Square is based on a combination of the following: private membership dues, fee-for-service programming and services, government under-written programs, charitable-care subsidies, rental income, and annual fundraising. In the beginning (i.e., Day One), the goal is to offer a baseline level of programs and services that are self-sustaining and/or generate excess income (i.e., profit). Part of the implementation plan/strategy is to have the less profitable programs and services gradually phased in to Byer Square operations over time. Decisions should be based on Byer Square's current wherewithal to cover the cost(s) of these programs and services to assist in ensuring the financial sustainability and viability as it is ramping up operations. By offering its services to older adults living in the community, Byer Square shall serve as an advanced marketing effort. As mentioned previously, the overall goal of Byer Square is to keep older adults in their homes. However, there will undoubtedly be people who will end up needing more advanced levels of care (permanent and/or temporary). Byer Square provides an opportunity for cost-effective pre-marketing, which allows for a stream of clients for the other levels of care on campus, thus contributing to the overall financial sustainability of the SFCJL.

Byer Square Business Goals and Objectives, and Associated Key Performance Indicators:

Business Goals	Associated Key Performance Indicators
Reduce the amount of self-isolation of members (I.e. older adults) and commensurate loneliness.	<ul style="list-style-type: none"> -Participation levels in outside activities (both in number and diversity of activities (on-campus and through online portal)). -Improvement in self-reported happiness and health status.

	-Reduction in medical appointments and/or hospital visits.
Create new social/friendship group(s) and increase level of engagement.	-Self-reported increase in friendships and re-engagement in past interests, as well as engagement in new interests. -Involvement in online learning courses and activities. -Increased frequency of campus visits. -Increased length of time on campus.
Ensure that members are able to get to all medical appointments in a given period (i.e. per month).	-Reduction in unnecessary/preventable cancellations and/or missed visits.
Improve health and wellness of members and assist members to regain and/or maintain their highest practicable physical, social, and emotional well-being.	-Self-reported feelings of happiness and overall satisfaction with personal health. -Improvement in medical lab test results. -Increased levels of strength and balance. -Improvement in self-reported nutritional intake.
Reconnection with their respective spiritual/religious upbringing.	-Self-reported attendance in religious/spiritual activities.
Prevent/Delay admission to a higher level of care (I.e. assisted living and/or skilled nursing).	-Byer Square members not requiring permanent admission to an assisted living and/or skilled nursing facility.

Key Charitable Care Goals and Objectives:

The SFCJL, in collaborative efforts with board members, attorneys, and staff, has developed a Righteous Giving Policy, which is rooted in the Jewish tradition of *tzedakah* (Hebrew word for righteousness). When translated to English, it is better described as righteous giving. This policy was developed to ensure that older adults who would otherwise not be able to access needed assistance will be able to benefit from services available on the SFCJL, including Byer Square. In the case of Byer Square, memberships will be subsidized for qualifying applicants on a first-come, first-served basis. The amount of subsidized memberships will be

dependent on the budget of Byer Square, with careful consideration to its continued financial viability and sustainability.

The projected charitable goals are shown below in the table. The table is meant to show the projected number of members that will have subsidized memberships. The table begins with fiscal year one, which is projected to have thirty subsidized memberships, and ends with fiscal year five, which is projected to have 100 subsidized memberships.

Projected Number of Square Memberships	Projected Annual Cost Per Square Subsidy	Projected Total Squasre Sunsidy Amount	Unspent Reserve Balanceof Subsidy Fund	Cumulative Balance of Subsidy Funds
30	\$ 1,200	\$ 36,000	\$ 106,720	\$ 106,720
50	\$ 1,248	\$ 62,400	\$ 83,797	\$ 190,517
70	\$ 1,298	\$ 90,854	\$ 87,973	\$ 278,490
85	\$ 1,350	\$ 114,736	\$ 80,299	\$ 358,789
100	\$ 1,404	\$ 140,383	\$ 105,716	\$ 464,505

The number of people benefitting from subsidized memberships is greater among the community-dwelling membership, as opposed to campus-based membership (e.g., assisted living residents) because the community-based membership is less expensive on a per-unit basis. The primary goal of Byer Square's subsidized membership program is to assist older adults in the community to not have to relocate to a higher level of service (e.g., assisted living).

Business Programs & Services:

The programmatic areas offered through Byer Square, at this time, are expected to include: geriatric medical services, Byer Square Online, retail, campus health & wellness, care navigation, concierge, lifelong engagement and connection, and campus volunteer services. Within each of these programmatic areas, a variety of services shall be offered. However, these services will not necessarily come online on the opening day of Byer Square (i.e., Day One). The roll-out of the full spectrum of services shall be done through a phased approach, with some

services becoming available within several months to one year from opening day. This is, in part, due to the necessity of having certain partnerships, as well as other infrastructural considerations solidly in place. Also, because this type of model is unique, certain strategic pivots likely will have to be made as a result of lessons learned.

The geriatric medical services component of Byer Square will encompass various aspects of health including but not limited to: primary and specialty care, integrative and holistic health, behavioral health services, as well as telehealth. The overall goal of this programmatic area is to offer the full gambit of health services. These medical services will go beyond traditional Western medicine by integrating alternative medicines/therapies, thus emphasizing care and treatment of the whole person in accordance with their personal values and beliefs with respect to healing/medicine. In addition, this clinic/center shall incorporate various technologies such as telehealth to assist in and inform the care and services that are rendered to clients.

Byer Square Online refers to the online portal that shall be available to members/customers of Byer Square. The intent is to create a comprehensive online platform that allows Byer Square members to access relevant resources and information, remotely participate in different programs offered on campus, manage/sign up for appointments and/or events on campus, as well as have access to information specific to them that has been captured (e.g., activity participation, health information). By having this online service available to members, it will increase their ease of access to campus services, as well as empower them to proactively participate in and/or direct their plan/course of care.

In keeping with the theme of co-locating needed services into one physical space, Byer Square will house needed retail services as well as campus health and wellness services. Byer Square will offer an onsite salon and spa, a café, and a modern fitness/wellness center, which

will include a heated aquatic facility. For services not offered within Byer Square, there will be care navigation and concierge services available as well. Care navigation shall serve as the case management arm of Byer Square. The primary function of care navigation will be to connect Byer Square members with needed health and human services out in the community. The concierge function will manage memberships, as well as provide information regarding services that are available on the SFCJL but not within Byer Square (e.g., assisted living and skilled nursing). Despite certain services not being available directly through Byer Square, this model provides a much-needed focal point through which all information shall flow. This focal point shall assist in ensuring that all professionals involved in the care of any one individual remain aligned and cohesive, thus creating an experience of coordinated care.

The remaining programmatic areas within Byer Square are lifelong engagement and connection, and campus volunteer services. Volunteer services for the entire SFCJL shall be provided through and managed within Byer Square. As part of the volunteer program, certain onsite amenities such as the gift shop and library shall be available and primarily volunteer-driven. Lifelong engagement and connection will include but will not be limited to: activity programming, on-campus events, adult education courses/seminars, or acquisition and management of community partnerships.

By consolidating/co-locating these programs/services, Byer Square can become the "one-stop shop" for older adults and their caregivers. All health, wellness, and social needs can be met through one single location, thus greatly reducing hardships on the older adults and their caregivers (i.e., transportation and fragmented services). Byer Square will redefine the idea of the care continuum by making this expansive network of programs/services available to a large

body of older adults who otherwise may have been unable to access equivalent programs/services.

Section 2: Literature Review

Current State of Older Adults & Families Intersecting with the Health Care Industry:

The world, as we know it, is dramatically changing before our eyes. The world is always dynamic, but this age is one of extraordinary flux. Technology has, and continues to alter all facets of our lives. “Technology is taking on a more active and invasive role across the entire healthcare space, and senior care is no exception” (7 Tech Trends to Watch in Senior Living in 2017, 2017). Our ability to deal with constant change the flexibility, resilience, and reserves that we have depended on is vanishing. We live with more stress and, in many cases, more social isolation. This is especially true for those who were born in the “sandwich” generation, with simultaneous obligations to parents and children. Also, many individuals now even care for their grandchildren. In fact, the term “sandwich generation” was coined in the 1980s to describe Boomers who needed to care for both their children and aging parents. Today, due in part to recent economic hardships, the “sandwich generation” is transforming and expanding into a family Rubix Cube, with support extending side to side, as well as up and down.

The prevalence of these hardships makes self-reliance an unrealistic and/or untenable option for most people. Older adults, families, communities, organizations, and/or governments cannot and will not make it alone. “Leaving aside the moral compulsion to improve the quality and efficiency of their [older adults] care, there is an overwhelming financial imperative to do so” (Khullar, 2017). We are also an increasingly mobile society, in which family members are often hundreds of miles away, making caregiving and support that much more challenging.

Approximately eight years ago, the professional and lay leadership of the San Francisco Campus for Jewish Living (SFCJL), formerly known as the Jewish Home of San Francisco, and Jewish Senior Living Group (a support entity of the SFCJL) recognized that the nature of its core business --- almost exclusively providing skilled nursing, long-term subsidized care with government as the primary payor source (i.e., 80+% of all revenues emanating from state and federal reimbursement) -- would need to change if it was to continue to be sustainable. This need was particularly evident in 2013, when the SFCJL faced what has been referred to as an existential crisis. State legislation was introduced that, if it had been implemented as originally intended, would have resulted in the SFCJL, along with many other long-term care providers throughout the state, closing its doors.

On a macro level, the nation, the state, and the SFCJL are at a crossroads, a paradigm shift. The 60-year aging frameworks, born in and evolved since Title XIX was added to the Social Security Act in 1965, are suddenly unsustainable and being abandoned. The recent housing and financial bubbles unmasked the fundamental unaddressed challenge facing government, communities, institutions, families, and the old -- frailty correlated with old age. Only a short time ago, it was unimaginable that the California courts would have reversed a 30-year, continually protected precedent regarding the SFCJL's government Distinct-Part Nursing Facility reimbursement, or that state government would mindlessly, with a figurative meat cleaver and not a scalpel, slash programs for the frail, vulnerable, and indigent by 25-30% across the board.

Generally, it is understood within the industry that the Federal and State governments either will not, or cannot, solve the pervasive challenges within the field of aging, which exist all the way to the local level. "Facing length-of-stay decreases, patient/resident volume changes, and

reimbursement that might be decreasing due to managed Medicare, for-profit and not-for-profit skilled nursing/post-acute providers that do a high volume of care of patients discharged from the hospital are considering changes to their business models...” (5 Senior Living Trends for 2018, 2018). National health and social service policy-making, to the extent that it exists, is currently gridlocked. States are in “free fall” because they cannot run deficits. This begins to form the rationale for their use of the “meat cleaver approach,” to squeeze everything they control without a comprehensive, coordinated, and cohesive strategy or plan. This bleak reality in the field of aging services necessitates organizations, like the SFCJL, to adapt its services to make them accessible to the frail elderly, as well as to ensure its own survival.

Current Impact on Aging Individuals & Families in the Jewish Community:

In 2018, The San Francisco Jewish Community Federation released the results of their community study. This study provided valuable demographic information regarding the Jewish community in/around the Bay Area (i.e., San Francisco, the Mid- and South Peninsula, Marin, Sonoma, and the East Bay). According to this study, there is a large population of Jewish people (350,000) in the Bay Area, and 34% of this group are in the Baby Boomer generation age cohort. The SFCJL on Silver Avenue is geographically central to the three major areas containing the largest pockets of these Jewish older adults (17% in San Francisco, 35% in the East Bay, and 34% in South Peninsula). This geographic distribution shows that to remain responsive and vital to the Jewish community, it is necessary to be able to extend the services offered, to reach these individuals. The following graphic roughly illustrates the geographic locations of the Jewish community:

Jews, are noticeably less engaged than previous generations. The success of Byer Square could be a vehicle that rekindles the passion and dedication towards health and human services within this community.

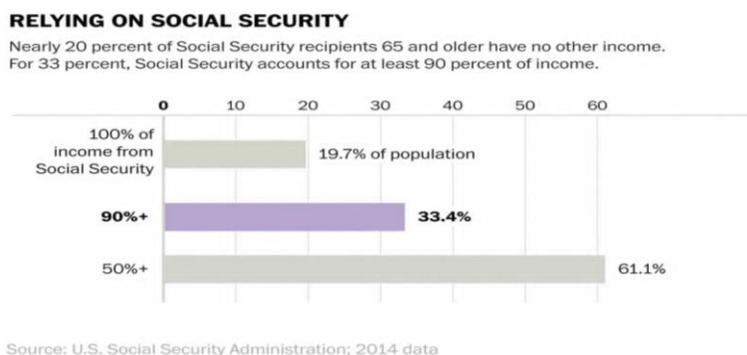
Emerging Trends in Aging and Senior Living in the United States, California, & San Francisco:

Some of the emerging trends in senior living include but are not limited to:

1. Seniors, in greater numbers, are choosing to “age in place;”
2. Health and wellness programs and services are top priorities;
3. Technology will be key to promoting and sustaining cost-effective independent lifestyles among seniors (Seegert, 2017);
4. Older adult programs and services must focus on meaningful activities, connections and intellectual stimulation (i.e. connect older adults to colleges/universities and encourage volunteering, wellness programs are inclusive of the seven dimensions of wellness, not just physical, with an increased focus on lifelong learning) (Chen, 2016);
5. Senior living providers will provide or will convene a network approach to service delivery beyond their four walls;
6. Long-term care is transforming to support person-directed care and meaningful relationships (i.e., empowering adults to take control of their destiny through education, tools and engagement) (Doll et al, 2017);
7. Seniors are demanding “customized services’ driving the need for senior living providers to offer a customer-driven portfolio of services and programs (e.g., offering specialty programs such as memory care, hospice and rehab which are driven by individual interests);
8. Language, perceptions and attitudes of care providers must be updated to reflect the changing needs and expectations of older adults (i.e., our society is guilty of ageism and we need to foster a culture that is based on beliefs that older adults can grow); and,
9. Above all, consumers want and will demand choices and value (i.e., senior living providers need to re-think everything that they do, what they offer, how they offer it, and where they offer it) (Doll et al, 2017).

The longevity revolution, in combination with the financial meltdown of 2008, has left the availability of funds in older age/retirement in tatters. The average person places approximately \$150,000 into Social Security during their working lifetime and takes out

\$250,000-\$300,000. Defined-benefit pension plans have been replaced by defined contribution plans that shift the investment risk to the individual and will be insufficient for those who are already approaching retirement. “The median value of retirement accounts for those between 55 and 64 is only about \$135,000, according to the Federal Reserve” (Yellen, 2018). Housing, for many, is no longer the nest egg. The reality that many older adults do not possess sufficient retirement savings is illustrated in the following chart:



(The New Reality of Old Age in America, 2017)

Also, costs associated with the accumulation of chronic disease correlated with old age are growing at unsustainable rates. With its current approaches, the nation has neither the financial nor human resources to address the future demands of Medicaid (i.e., Medi-Cal in California) and Medicare. Private long-term care insurance programs are generally available only to the relatively wealthy for estate planning purposes.

As life expectancy continues to increase, many people may find themselves spending more time in retirement than they had originally planned. Therefore, they may very well outlive their financial resources, and find themselves attempting to rejoin or stay in the workforce.

“People are living longer, more expensive lives, often without much of a safety net. As a result,

record numbers of Americans older than 65 are working -- now nearly 1 in 5” (The New Reality of Old Age in America, 2017). While a longer life is generally viewed positively, pre-retirees and retirees are expressing concerns about unexpected life events due to a lengthier retirement. “People are forced to guess how long they might live and try to budget accordingly. But most lack true long-term financial security. They know that one big health problem or time in a nursing home could wipe out all they have struggled so long and hard to save” (Yellen, 2018). Unfortunately, it is becoming more commonplace for many older adults, rather than being able to rest comfortably after a long life of work, to have to continue earning money to be able to support themselves. This is assuming that the older adult in question can continue earning a paycheck. Sadly, due to various chronic conditions and circumstances, this is not the case for many.

A Different Approach to Frailty & Aging - Resources Under One Roof:

Byer Square has the potential to serve tens of thousands of elderly and frail older people living in the community on an annual basis from one San Francisco physical location. The transformed Silver Avenue campus (i.e., San Francisco Campus for Jewish Living) will serve and support the elderly with different levels of frailty to remain in their own homes and communities. Byer Square can be created in part because new technologies make it possible to leave behind old ideas of institutional care. New technologies allow for the mobilization of, as well as the realignment of, underlying resources to support massive numbers of older and frail people living in the community ... where they want to be.

Byer Square will be a wholly new approach to delivering aging-related services in the Bay Area, modeled off the program developed, but never implemented, by David Dunkelman on the Weinberg Campus in New York state. This program would have provided services and care

that elderly and frail older people, who want to live independently, need and want. “Efficient health care requires an ability to personalize and prioritize based on ‘an acquaintance with the particulars’, seen in the context of whole people, communities and systems” (Stange, 2009). Byer Square will replace the thin and fragile ad hoc collection of loosely scattered services, with a platform on which those services are concentrated and coordinated for profoundly frail older people. For example, rather than concentrating frail old people in nursing home beds where they can be cared for in one place by services that are duplicated in all nursing homes, Byer Square concentrates robust services in one place to keep frail older people in their own homes longer where they would rather be. Concentrating and coordinating separate services in one place strengthens them, further improving the chances for frail older people to live safely in the community longer.

Byer Square could be described as a geriatric practice with vision services, a speech and hearing clinic, physical therapy services, a beauty shop, social work and case management services (i.e., care navigation), a transportation system, and much more. In fact, Byer Square will be whatever a community-living frail older person and his or her caregiver need it to be: a one-stop boutique destination for the services that make community living possible. The specific services that will be coming online in 2019 include but are not limited to: health and wellness programming (including a boutique fitness center), social engagement opportunities, primary care services, home care services, life-long learning opportunities, care navigation (i.e., case management), as well as legal and financial services.

Additionally, Byer Square will break out of the “four walls” of its very own location by bringing care, services, and technology into the community and to individual homes. The care and services delivery model becomes multi-directional. The elderly and frail will be connected

both at Byer Square, as well as in their own homes through services and Byer Square On-Line. Since the discrete practices/services and providers in Byer Square operate side by side, they will have a fully rounded picture of each other and how the whole collection of these services can be orchestrated on behalf of the older adult clientele through a Care Navigator. Byer Square is the model for making community living for frail older people safe and sustainable while reducing/eliminating social isolation.

What also differentiates the Byer Square model is that it will not only be marketed towards older adults, it will be available to adult children family members/caregivers. A vitally important objective is to support the adult children and other family members/caregivers due to the high risk of caregiver burnout. “40% to 70% of family caregivers have clinically significant symptoms of depression with approximately a quarter to half of these caregivers meet the diagnostic criteria for major depression” (Caregiver Statistics, 2017). Providing care to frail older adults, which many family members in the United States currently do, is significantly taxing, both physically and psychologically. It is critical that support services be available for these family caregivers as well. Through Byer Square, we cannot only keep frail older adults happy and healthy but these at-risk family members as well.

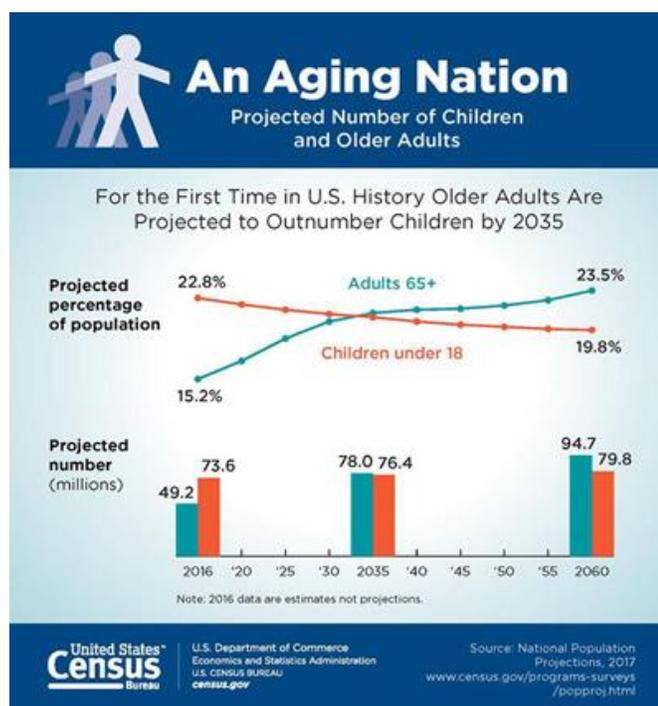
Byer Square Business Case - Need to Develop New Approaches & Solutions for Older Adults:

There are a multitude of complex challenges within the field of aging services that are prompting the creation of new business models such as Byer Square. These challenges include but are not limited to:

1. Too many frail and/or poor older people that are overwhelming existing traditional programs and systems;
2. Insufficient personal wealth and/or retirement income;
3. Labor shortages (e.g., physicians, licensed nurses, nursing assistants, etc.);

4. Skilled nursing/nursing homes are largely transforming into “step-down” hospitals and lack a broader knowledge on aging beyond illness;
5. Continuum of care retirement communities/life plan communities, assisted living facilities, and memory care facilities are mostly only available to those with significant financial resources.

At present time, this will only worsen over time, as there are simply too many older adults with compounding chronic conditions that are overwhelming traditional medical programs and services. The following graphic illustrates this reality:



(Jefferson, 2018)

There are not enough resources (financial, physical, human, and otherwise) available to provide the needed services in a way that are accessible to most frail older adults. “Now there are so many people with so many conditions that we cannot continue to do things inside a nursing home” (Dunkelman, 2018). In addition, due to the significant and ongoing advancements of technology, we have evolved beyond the need to provide care and service in institutional settings. “Technology is becoming more affordable and technically better... It [technology] is an

efficiency tool. For example, one nurse can manage up to 200 individuals with chronic conditions with technology” (Alwan, 2018). The sector/industry of healthcare and/or aging services needs modernized and accessible services to assist individuals to “age in place” in the comfort of their own homes. By doing this, we can keep many individuals out of hospitals and nursing homes, thus providing much needed relief to an already over-burdened system. These challenges are not restricted to the institutions, facilities, and programs. Frail older adults living in the community and their caregivers experience severe adverse consequences stemming from the inability to provide accessible services. Many experience loneliness, depression, failing health, and, in some cases, premature nursing home placement.

The idea of Byer Square is to consolidate and co-locate needed services under one roof in a way that has not been done before. Byer Square will offer services to older adults and their caregivers that address the needs of the “whole person.” Byer Square will combine elements of a community/senior center, primary health care clinic (including pharmaceutical services), and skilled nursing (rehabilitation and nursing services). In addition, it will have a tremendous amount of resources available through an online portal (i.e., Byer Square Online). This will all be offered through an affordable subscription-based service, with a portion of available support coming from various philanthropic efforts. The benefits of enacting this model include but are not limited to:

1. The Byer Square becomes the “one-stop-shop” for all services;
2. Eases care navigation and coordination challenges;
3. Eases caregiver and transportation challenges (i.e., services under one roof);
4. Provides an integrated model of health and wellness services.

One of the most valuable assets of Byer Square will be its ability to adapt to the changing needs of older adults and their caregivers. The physical location will have certain programmatic

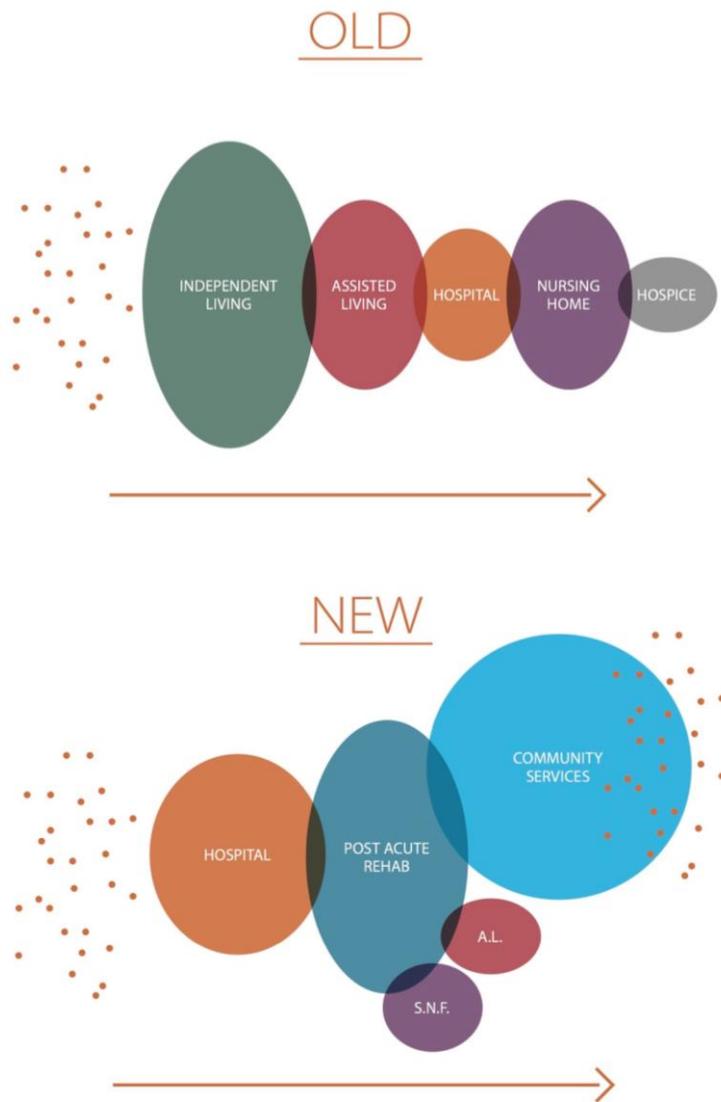
spaces. However, it will also be a hub for various resources that can be delivered/rendered to persons directly in their own homes. Byer Square is very much aligned with the “network era” of health and human services (i.e., strong use of partnerships, referrals, and collaborations to meet the needs of clients). Byer Square will be the ultimate resource center for older adults and their adult children, families, and/or caregivers. What is also significantly important is that this model is meant to be replicable. There are/will be too many frail older adults and caregivers needing support and assistance for any one organization to do it all.

Proposed New Business Vision & Mission:

The physical location of Byer Square will be on the SFCJL. This campus will "house" four distinct service lines: Jewish Home & Rehab Center (skilled nursing), Frank Residences (assisted living and memory care), Acute Gero-Psychiatric Hospital, and, finally, Byer Square. Therefore, Byer Square will share the mission of the re-branded organization, which is to enrich the quality of life of older adults. This mission statement captures the overall purpose of Byer Square. For over 147+ years, services offered on the newly named campus have been almost exclusively skilled nursing services. Byer Square is the result of the natural evolution of the mission statement that will drive the SFCJL forward.

The vision of Byer Square is a radical departure from the traditional long-term care, institutionally-based services through the provision of a de-institutionalized care model. Byer Square will embed itself into the lives of thousands of families, both Jewish and non-Jewish. The overall goal is to provide a support system as well as a network of resources for older adults and their families in the community to preclude or delay for as long as possible the need for

institutionalized care. Below is an illustration of the changing paradigm in long-term care services:



(Dots Represent Older Adults)

The diagrams above attempt to illustrate how Byer Square will fit into the continuum of aging services. The diagram labelled, "OLD" shows a typical example of the historical continuum of aging, which has been more linear in nature. In general, older adults have entered the continuum through independent living, progressed to the point of needing additional support

(i.e., assisted living), and have some sort of acute episode requiring hospitalization and subsequent nursing home placement. Many will remain in nursing homes where they will transition onto hospice and pass away. While not the case for every older adult, it is not uncommon for individuals to move backwards and forwards within this continuum. In contrast, the diagram labelled, "NEW" shows the much more complex and three-dimensional nature of the modern continuum. Essentially, older adults will now enter the continuum by coming to Byer Square (i.e., "Community Services") initially, or after a hospitalization that requires some level of post-acute rehabilitation.

Byer Square, and its online portal, will be powerful vehicles to combat or reduce loneliness, social isolation, and concomitant failing health in the community by carefully packaging, integrating, and utilizing both human and technological resources. Byer Square shall be an ever-evolving entity that either makes, buys, or partners with other providers/organizations to meet the changing and diverse needs of older adults and their family members and/or caregivers. One of the greatest assets that the SFCJL and Jewish Senior Living Group possess is the collective knowledge, experience, and wisdom that there is a need for transformational change, and that there is no existing appropriate support structure/system in place for these community-residing individuals.

Research Partnerships & Learning Laboratory:

Relative to the challenges/circumstances at hand, there appears to be insufficient research efforts towards the field of gerontology in the United States. As a result, there are missed and/or limited opportunities for a multitude of needed advancements in programs (professional and academic), clinical and operational best practices, and business/product development. "The

shortage of nurse scientists with active programs of gerontological research is especially serious and limits the number of faculty who are needed to prepare future gerontological nurses...

Clinical relevance includes: (a) implications for preparing nurse scientists and academicians who are and will be needed to train nurses for clinical practice..." (Mass, 2009). The SFCJL, which will house Byer Square and has a multi-year partnership with University of California, San Francisco (UCSF), has a strong history of dedication towards research in this area. There have been, and there will be more conversations on how this partnership can be enhanced/expanded through Byer Square.

Currently, many funding opportunities for research programs/efforts from various entities such as the National Institute on Health are available. In conjunction, there are many areas within the gerontological field that could greatly benefit from dedicated research efforts. Areas that are currently being discussed with UCSF include but are not limited to: medication management and safety, palliative care, loneliness, and intergenerational engagement. Byer Square (as well as the other service lines of the SFCJL) provides an environment that is ripe with opportunity for advancement. Space and personnel, which are generally the most significant costs, are being built into the infrastructure along with other considerations (e.g., technology for data capture and analysis). Also, Byer Square can provide opportunities for companies and/or academic institutions to show a proof of concept for products they are developing and/or studying.

In addition, the SFCJL has been engaged with the Senior's Quality Leap Initiative (SQLI) since its inception in 2011. This organization is a collaborative consisting of 12 long-term care facilities across the United States and Canada. The focus of the collaborative is to improve quality of care and resident/patient safety by collecting meaningful data, sharing information, and developing best practices. Also, there have been, and continue to be, developing

conversations with different companies across various sectors including but not limited to: Samsung, Lyft, Stanley Healthcare, and CareLinx. The goal is to coordinate and facilitate all aspects of care and service within long-term care/aging services.

Byer Square will be a learning laboratory, meaning that there will be a dedicated effort to study and learn from the results/outcomes of day-to-day operations. An inherent adaptability and flexibility comes along with this mindset, which is highly comparable to software developers that study the use and response to applications and make needed modifications via software updates. Byer Square will be a highly adaptable model that will tailor its services and approaches based on the ever-changing needs and diversity of the population(s) served. This shall be accomplished through various data-driven initiatives, and through constant iterative reviews of the quality and efficacy of the services, to continuously improve both the blend of services, their packaging, and their delivery. This is vital because as mentioned previously, Byer Square's business model is meant to be replicated across the country. While there are certainly macro trends within the field of aging services, some level of variability is based on geographic area. The mindset of the learning laboratory sets a foundation that allows the idea of Byer Square to work in any location. The ability to grow and rapidly evolve will assist in ensuring the longevity and sustainability of Byer Square's business model.

Section 3: Methods and Approaches

Literature Review- A comprehensive review of available literature was conducted and included various topics such as: technology, aging in place, and current senior care models.

Expert Interviews- Interviews were conducted with a variety of experienced professionals in the field ranging from technology experts to senior care providers. The interviewees included:

- Majd Alwan, SVP for Technology and Executive Director of the Center for Aging Services Technologies at LeadingAge Washington D.C.
- Keyatta Shade, Director of Volunteer Services at the San Francisco Campus for Jewish Living
- Susan Poor, Susan Poor Consulting, San Francisco California
- David Dunkleman, Former President and CEO of the Weinberg Campus, Buffalo New York
- Diana Yin, Senior Director of Strategic Planning, On Lok San Francisco California

Participatory Action Research- The project involved collaborating with staff and consultants to develop a usable document.

Financial Projections and Pro-Forma Development- The project involved researching the various line items within the statement of operations.

Market Feasibility Research- The feasibility research included: end-user surveys and focus groups, demographic analysis, and competitive analysis.

Section 4. Data Analysis

Customers/Clients Definition - Who Are They (i.e. Key Market Demographics)? Campus and Community-Based Customers:

Byer Square will have three distinct groups of customers/clients, which include older adults living on the SFCJL, older adults living in the community, and the caregivers of the older adults. Each resident of the SFCJL (i.e., assisted living and nursing home resident(s)) will be given basic level membership to Byer Square, with the option/opportunity to upgrade to an enhanced membership level. The relationship between caregivers and Byer Square staff will be markedly different in this scenario because these older adults are living in different care settings on the SFCJL, all of which will have their own staff. This will impact the communication structure with the caregivers, as it will be handled primarily by the staff in each respective care setting. To preserve the consolidation of information, coordinated information sharing amongst

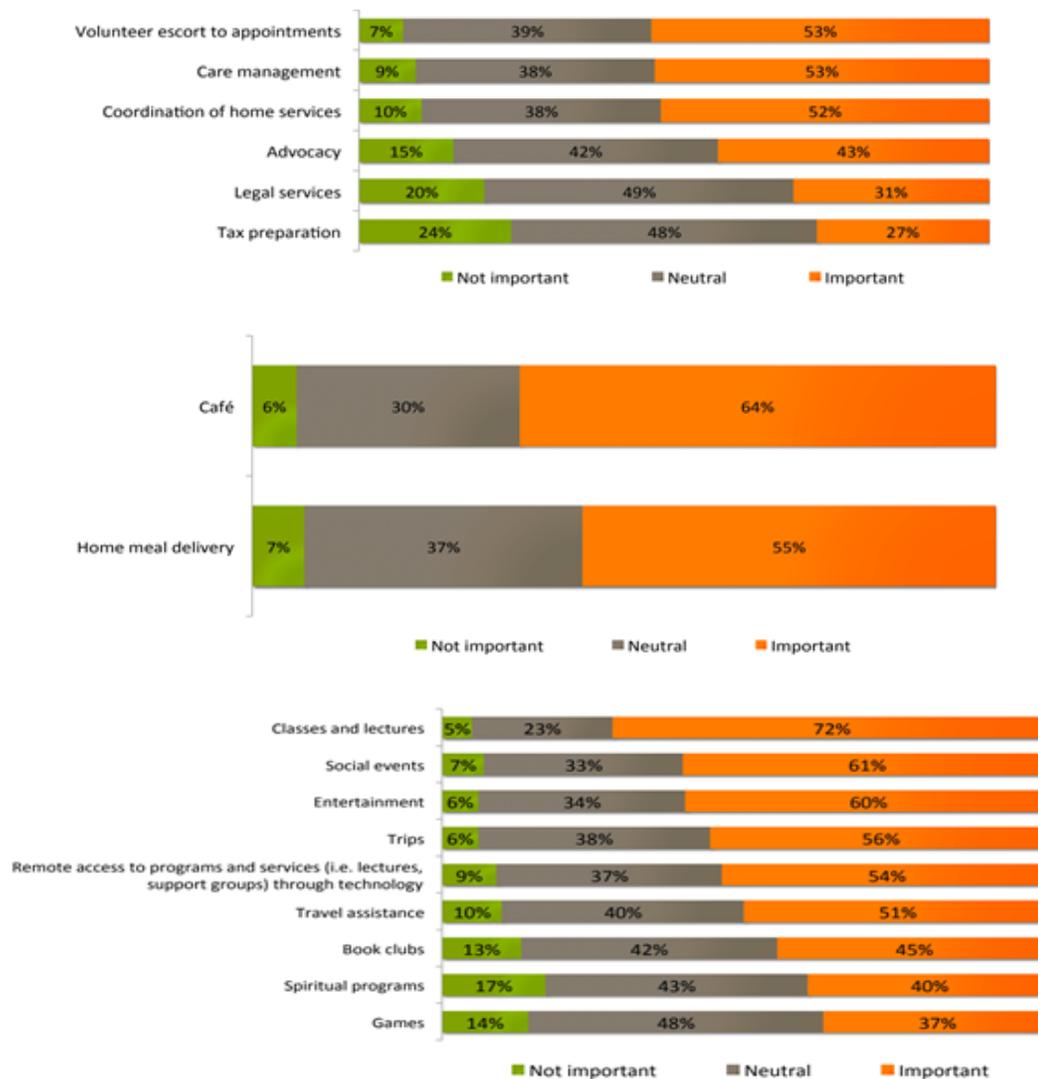
the various SFCJL care settings will enable seamless communication with the older adult and/or their caregiver through the use of the electronic medical record, the customer relationship management system, as well as other tools.

Community-based customers/clients will generally, but not exclusively, include middle to low income older adults and their caregivers. Providing Byer Square services to these older adults is vital because they often fall into the unfortunate situation of not having enough money to afford existing services but having too much money to qualify for government-subsidized services. In addition, these older adults are generally still able to live independently but require varying levels of support in their homes. This is particularly true after an older adult has some sort of traumatic episode (e.g., a fall), which resulted in a hospitalization and/or a temporary stay in a nursing home. By having these services available to these older adults, the SFCJL can assist in managing the flow of these older adults through the continuum of care (i.e., home to hospital to nursing home, and then back to home with needed support services). Again, depending on the circumstances of these older adults, they will be able to choose, to a certain extent, different levels of services. The caregivers (e.g., family members) of these older adults will also be supported by Byer Square. Not only will they be reassured that their loved one is safe living at home, but they will be encouraged to be part of Byer Square's community. This will assist in ensuring quality experiences for the older adults and their caregivers.

Current & Future Customers/Client's Needs and Demand Trends:

A market survey was conducted to gauge the interest level among older adults in the community regarding the services that will be offered by Byer Square. In total, 263 surveys were received, which included Jews and non-Jews. There are two important considerations to keep in mind when reviewing the data. First, the sample size was relatively small in terms of the overall

size of the market. Second, very little was done to educate recipients of the survey on what Byer Square is, which could skew results due to a lack of understanding. Below are some of the results from the survey:



Market Size & Depth - Current & Projected:

	Market Area		% Change
	2014	2019	2014-2019
Total Population	1,019,915	1,072,420	5.1%
Age 55 to 64	128,862	139,202	8%
Age 65 to 74	81,369	106,994	32%
Age 75 to 84	47,018	51,403	9%
Age 85+	23,039	25,017	9%
Total Ages 55+	280,278	322,616	15%
Total Ages 65+	151,416	183,414	21%
Total Ages 75+	70,047	76,420	9%

	Market Area		% Change
	2014	2019	2014-2019
Total Population	44,256	47,786	8%
<\$50,000	32,187	33,486	4%
\$50,000 to \$75,000	4,483	4,871	9%
\$75,000 to \$100,000	2,572	2,965	15%
\$100,000 to \$150,000	2,769	3,324	20%
\$150,000+	2,245	3,140	40%
Total Incomes \$50,000+	266,551	293,214	18%
Total Incomes \$75,000+	204,403	232,730	24%
Total Incomes \$100,000+	156,776	183,498	29%

Service Market Geographic Catchment Area:



Competitive Analysis:

The SFCJL has a longstanding reputation in the community as being a quality skilled nursing care provider. In addition, the organization is very much viewed as a leader in the field of aging services by other similar organizations, as well as acute care providers throughout the Bay Area. The organization's reputation provides significant credibility with respect to the development and implementation of Byer Square. This is especially important because Byer

Square will heavily utilize various strategic partnerships including but not limited to: acute hospitals, home care providers, and other senior living providers. Having this reputation will serve as an asset to Byer Square and the SFCJL at the bargaining table with these external entities. In addition, Byer Square possesses one other competitive advantage -- there is no one else doing anything comparable in the Bay Area or the United States, for that matter. Byer Square will offer a re-imagined continuum of care that has never been done before, which offers a strong competitive advantage.

Fund Raising Focus:

Dedicated fundraising efforts and activities within Byer Square will be primarily driven by the advancement office within JSLG, which currently handles all fundraising work for the SFCJL, a registered 501(c)3. Byer Square shall present new fundraising opportunities for the SFCJL such as research grants from private donors and foundations, technology development and implementation, as well as various programming opportunities. The goal is to have Byer Square be financially self-sufficient to ensure that there is not a reliance on charitable giving. All donated dollars are meant to enhance various operations and assist in ensuring financial sustainability.

How We Will Reach the Customers:

Byer Square will be a part of the SFCJL and Frank Residences story, and will be showcased in all materials, outreach presentations, and in the Information Center (located on the SFCJL). Marketing efforts for those entities will generate significant exposure for Byer Square. With an inbound marketing strategy, Byer Square will attract potential customers to the brand by putting content in front of these customers that is relevant to them. Examples of inbound marketing tactics that will be considered include optimizing for organic search (SEO), social

media marketing, digital advertising, pay-per-click (PPC), and relevant content marketing through digital channels. Influencer marketing will be used to target and engage potential referral sources.

An outbound marketing strategy will be used to actively pursue potential customers who may be interested in what Byer Square will offer. Targets will be developed for various stages of the buying funnel. Examples of outbound marketing tactics being considered include direct mail campaigns, TV/radio/newspaper/out-of-home advertising, public relations, and a Byer Square website/landing page (or a dedicated section for Byer Square on the SFCJL website). We anticipate cross-marketing Byer Square through all campus entities to clients, families, and employees.

Sales Support & Delivery:

For the launch of Byer Square to be successful, both human and non-human resources are required to support and/or carry out the function(s) of sales support and delivery. This includes but is not limited to the following:

- Expert staff and subject matter experts;
- A budget to support sales and marketing efforts;
- A documented sales process, training program, and sales/marketing strategy;
- Personas that reflect various potential customers;
- A buyer's journey for each persona to define content potential customers will interact with along the way;
- The sales/marketing strategy will be developed around the buyer journeys;
- A clear understanding of the differentiators between Byer Square offerings compared to known and potential competitors;
- A cross-marketing plan between Jewish Home & Rehab Center, Frank Residences, Byer Square, and the clinic;
- Tracking and measurement via accessible data; defined metrics to measure success;
- Regular sales and marketing communications efforts to ensure that all parties are on the same page with efforts and goals;
- Brand development for the wellness program;
- Member communications plan and materials;

- Collateral materials to promote offerings and membership; and
- Defined pricing structure and membership types

Continuum of Program, Care & Services Integration- Organization's Unique Selling Proposition(s) (USP):

The SFCJL care continuum will be presented as a new way to age well and as a transformative endeavor with respect to the organization's history. The SFCJL has supported families for generations by providing quality care on the Silver Ave campus (i.e., SFCJL). Now, we're adding to our continuum of services at SFCJL. This reimagined campus will dramatically expanded our ability to offer new services and amenities to older adults and their families, giving them a much wider array of options for their individual desires about how to age well. The SFCJL will be able to better serve multiple generations and individuals – ranging from those who are healthy (and striving to stay that way), to those who need help and support. Emphasis will be placed on embracing life at every age and stage.

We will demonstrate that we bring pioneering experts and compassionate professionals together. Byer Square will serve not only all campus residents and their families, but people throughout the Bay Area. Byer Square offers an opportunity for connection through programs that welcome guests, offer opportunities for families to participate together in programming, and build community along with continuous learning through creative, intellectual, and spiritual growth rooted in Jewish values and tradition, open to all.

The USP for Byer Square will support the SFCJL brand position – *Purposeful Aging for All* -- supported by three pillars: Health, Connection, and Learning. The Bay Area is changing dramatically as more Boomers reach retirement age. They are bringing new demands, expectations, and concerns about the rest of their lives. People are living longer, which can lead

to isolation, premature illness, depression, and poor access to life-enhancing resources. The re-imagination of the SFCJL campus will allow us to serve thousands of older adults, families, and caregivers. Resident and non-resident members of Byer Square will benefit from lifelong engagement and connection, healthy aging, whole person health, social services, and retail outlets. They will be able to attend a doctor's visit, get a haircut, enjoy lunch, sit in on a lecture, explore wellness, fitness, and social programs, consult with counselors/advocates/case managers, visit with friends, receive respite from the pressures of caregiving, shop, and myriad other benefits that will enhance their everyday lives.

The confluence of all these services offered on one campus is highly unusual, if not unique, anywhere in the nation. The USP will differentiate the SFCJL (and Byer Square) from other service providers and will give prospective customers an idea of what to expect when engaging with us.

Key Partnerships & Collaborations:

GlynnDevins, a senior marketing firm with extensive experience, has a long-standing relationship with JSLG, working successfully with Moldaw Residences (a Continuum of Care Retirement Community in Palo Alto managed by JSLG) from its inception through today. GlynnDevins has flexed with various levels of need for this project and has helped the community achieve and maintain full occupancy with thoughtful, strategic, and cost-effective marketing communications programs. Brooks Adams from GlynnDevins conducted extensive market and consumer research for the redevelopment of SFCJL, including the competitive study and market feasibility analysis for the project, extensive survey research, and consumer focus groups that informed many of the decisions about the configuration of the project. After completing the research, Brooks Adams worked with JSLG to develop personas to help the

community understand who would use Byer Square and how they might use it. As a result, their familiarity with the market and the project eliminates much of the learning curve and will allow GlynnDevins to move forward in developing a comprehensive strategic marketing and sales program for Byer Square based on previous learning and insights. GlynnDevins will work in tandem with the extended team on accomplishing membership goals and a strategic marketing plan for Byer Square.

EXOS, a human performance company, will assist in the management of the wellness/fitness center at Byer Square. By adding specialized subject matter experts, Byer Square will be able to attract more members than with traditional marketing alone. EXOS will provide expertise on operations support, performance specialists, and dieticians, as well as sales and marketing resources. Sales and marketing support will include a pre-sale plan approximately six months prior to opening of Byer Square. GlynnDevins and EXOS will work hand-in-glove to ensure that strategy, approach, messaging, timeline, and tactics are well coordinated.

Section 5: Implications and Recommendations

Human Resources:

Byer Square, as part of the SFCJL, will have certain operational/organizational functions that will be carried out by the current support company, Jewish Senior Living Group (JSLG). One of these functions will be human resources. Byer Square's executive director will work in concert with the chief human resources officer of the JSLG on the following organizational aspects: applicable policy and procedure development and maintenance, orientation and ongoing employee/volunteer training needs, recruiting and onboarding needed personnel, and establishing/maintaining needed external relationships. Essentially, Byer Square is a recipient of the services provided by the JSLG department of human resources (HR) as opposed to having

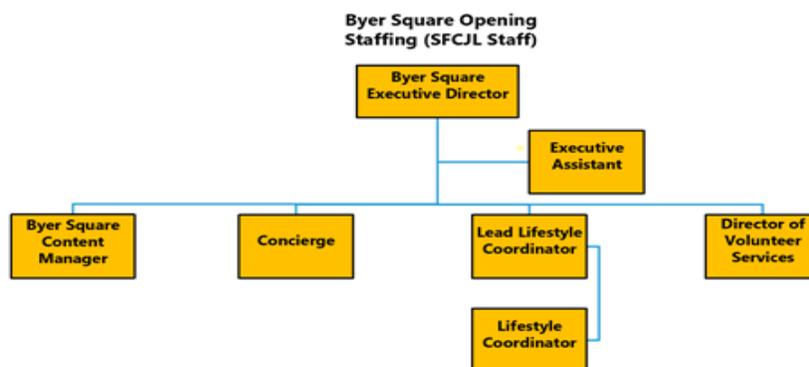
dedicated internal HR staff members. This working dynamic is currently in place with the existing service lines (i.e., the skilled nursing facility and acute geriatric psychiatry hospital) on the SFCJL.

Current Workforce Development Trends:

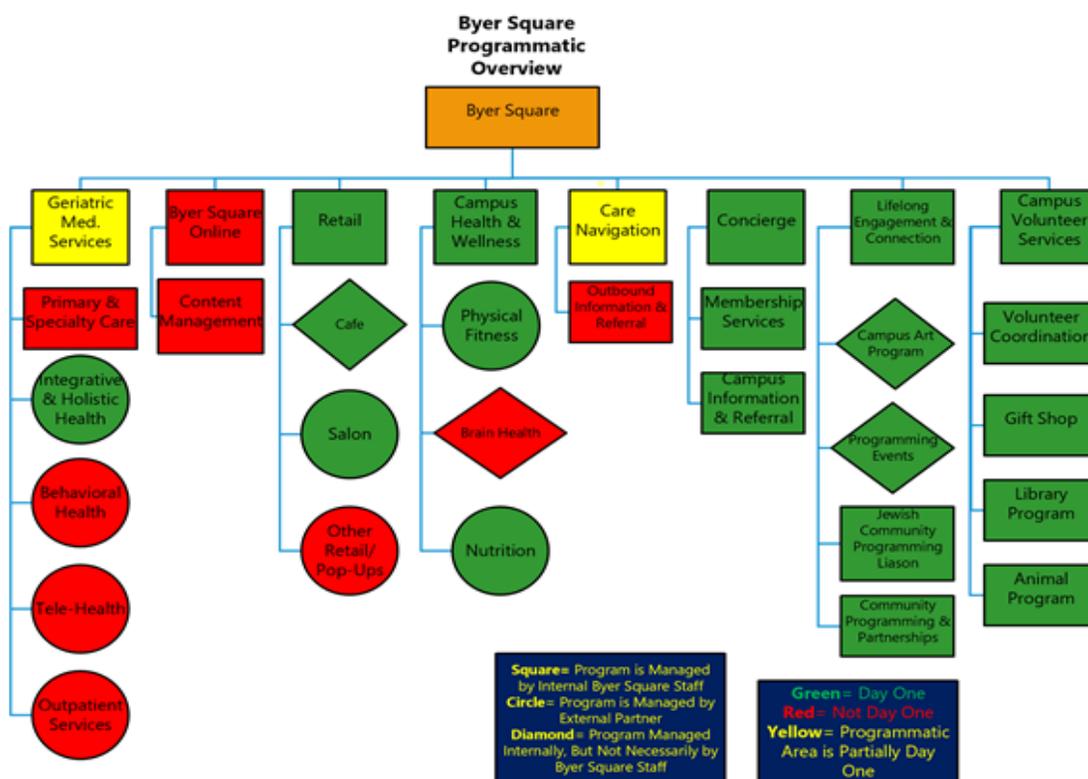
Staffing continues to be a challenge in San Francisco, as well as the Bay Area, especially prevalent for nonprofit and healthcare organizations. The shortage of healthcare workers such as registered nurses and certified nursing assistants is present across the nation. The model of Byer Square addresses this challenge, in part, through the heavy use of technology. By utilizing cutting-edge technology, large numbers of clients (i.e., older adults) can be served with less than the traditionally required staffing. As technology continues to advance at a rapid pace, Byer Square and its personnel will benefit as it will provide additional opportunities for increased efficiency, automation of certain processes, and expanding the reach of Byer Square.

The SFCJL is also in the beginning stages of establishing what is referred to as a "Learning Academy." This academy will provide a variety of opportunities for professional growth and development, not just for existing staff members, but for people in the community. This will be of great importance because there have been many benefits associated with organizations that grow their own workforce (Workforce Development, 2008). Some examples of courses/programs that may be offered are a licensed vocational nursing school, a certified nursing assistant program, and an on-campus universal worker training program. By having the academy in place, Byer Square can increase job satisfaction, which will lead to increased retention, have a pipeline of new employees, and help individuals advance themselves in their careers.

Overall Structure- Senior Level and Front Line Paid Staff and Volunteers:



Key Programmatic Areas of Services & Associated Financial Models:



Non-Human Resources Requirements- Technology and Equipment:

Byer Square will utilize a variety of technologies to enhance day-to-day operations. Examples of key applications and equipment include but are not limited to: a customer relationship management System (CRM), a retail/POS system, digital signage, fitness equipment supplied by EXOS, a content management solution (i.e., web development), access control, and a membership system. In addition, the goal is to have a mobile workforce within Byer Square,

which will be accomplished, in part, by using iPads and/or tablets. A common theme through each of these technologies is efficient data collection to enhance/enrich the experience of Byer Square. For example, there will be fitness equipment that has the ability to track the individual progress of various users. The idea is that each Byer Square member shall have their own individual profile that allows Byer Square staff to individualize the rendering of services. The executive leadership is looking to use the CRM to unify and optimize the customer experience across myriad Byer Square services to ultimately assist in improving fundraising efforts as there will be a better understanding of what matters to member and donors.

Program Pricing- Tiered Pricing Related to Levels Service:

Registration Fee	Fitness Membership	Program Membership	Consolidated Membership
Community			
Single	\$50	N/A	N/A
Couple	\$75	N/A	N/A
Family	\$100	N/A	N/A
Employee/Affiliate			
Single	\$25	N/A	N/A
Couple	\$40	N/A	N/A
Family	\$50	N/A	N/A
Youth	\$13	N/A	N/A
Senior Tenant			

Single	\$25	N/A	N/A
Couple	\$50	N/A	N/A
Corp			
Monthly Dues			
Community			
Single	\$66	\$66	\$99
Couple	\$94	\$94	\$141
Family	\$113	\$113	\$169.50
Employee/Affiliate			
Single	\$51	\$51	\$76.50
Couple	\$66	\$66	\$99
Family	\$85	\$85	\$127.50
Youth	\$37	\$37	\$55.50
Senior Tenant			
Single	\$51	\$51	\$76.50
Couple	\$75	\$75	\$112.50
Corp	\$66	\$66	\$99

Year Two (2) Financial Projections:

Projected Stabilized Annual Statement of Operations		
	<i>Operating Revenue</i>	
1	Registration Fees	\$12,014.00
2	Dues/Membership Fees	\$809,558.00
3	Usage Fees	\$14,175.00
4	Parking Fee	\$82,500.00
5	Locker/Laundry Fees	\$6,600.00
6	Fitness Revenue	\$123,748.00
7	Group Exercise Revenue	\$22,000.00
8	F&B/Retail	\$24,750.00
9	Net Member Revenue	\$1,095,345.00
10	Righteous Giving	\$278,490.00
11	Program Grants	\$100,000.00
12	Other Revenue	\$330.00
13	Total Byer Square Revenue	\$1,474,165.00
	<i>Operating Expenses</i>	
14	Salaries & Wages	\$831,303.00
15	Overtime	\$0.00

16	Employee Benefits	\$250,375.00
17	Contract Services	\$8,000.00
18	Utilities	\$0.00
19	Food Purchases	\$0.00
20	Supplies	\$26,297.00
21	Medical Supplies	\$0.00
22	Maintenance & Repairs	\$10,700.00
23	Management Fees	\$55,350.00
24	Marketing	\$35,400.00
25	Equipment & Lease	\$12,500.00
26	Other Expenses	\$440,248.00
27	Total Operating Expenses	\$1,670,173.00
28	EBIDA Before JSLG Contract Fee	- \$196,008.00
	<i>Budget does not yet include:</i>	
	<i>Outpatient Rehab.</i>	
	<i>Community Geriatric Health Clinic</i>	
	<i>Care Navigation</i>	

	Projected Stabilized	
--	-----------------------------	--

	Administration Program	
	<i>Operating Revenue</i>	
1	Registration Fees	\$0.00
2	Dues/Membership Fees	
3	Usage Fees	\$0.00
4	Parking Fee	\$0.00
5	Locker/Laundry Fees	\$0.00
6	Fitness Revenue	\$0.00
7	Group Exercise Revenue	\$0.00
8	F&B/Retail	\$0.00
9	Net Member Revenue	\$0.00
10	Righteous Giving	\$278,490.00
11	Other Revenue	\$0.00
12	Total Byer Square Revenue	\$278,490.00
	<i>Operating Expenses</i>	
13	Salaries & Wages	\$298,937.00
14	Overtime	\$0.00
15	Employee Benefits	\$89,681.10
16	Contract Services	\$5,000.00

17	Utilities	\$0.00
18	Food Purchases	\$0.00
19	Supplies	\$3,000.00
20	Medical Supplies	\$0.00
21	Maintenance & Repairs	\$1,500.00
22	Equipment & Lease	\$5,000.00
23	Other Expenses	\$7,000.00
24	Total Operating Expenses	\$410,118.10
25	EBIDA Before JSLG Contract Fee	- \$131,628.10

	Projected Stabilized Health and Wellness Program	
	<i>Operating Revenue</i>	
1	Registration Fees	\$12,014.00
2	Dues/Membership Fees	\$413,558.00
3	Usage Fees	\$14,175.00
4	Parking Fee	\$82,500.00
5	Locker/Laundry Fees	\$6,600.00
6	Fitness Revenue	\$123,748.00

7	Group Exercise Revenue	\$22,000.00
8	F&B/Retail	\$24,750.00
9	Net Member Revenue	\$699,345.00
10	Other Revenue	\$330.00
11	Total Byer Square Revenue	\$699,675.00
	<i>Operating Expenses</i>	
12	Salaries, Wages, and Benefits	\$356,238
13	Overtime	\$0
14	Contract Services	\$0
15	Utilities	\$0
16	Laundry Expense	\$5,526
17	Billing	\$20,131
18	Food Purchases	\$0
19	Supplies	\$12,797
20	Medical Supplies	\$0
21	Management Fees	\$55,350
22	Maintenance & Repairs	\$8,700
23	Marketing	\$35,400
24	Other Expenses	\$33,010
25	Total Operating Expenses	\$527,152

26	EBIDA Before JSLG Contract Fee	\$172,523
-----------	-----------------------------------	-----------

	Projected Stabilized Campus Volunteer Services	
	<i>Operating Revenue</i>	
1	Registration Fees	\$0.00
2	Dues/Membership Fees	\$0.00
3	Usage Fees	\$0.00
4	Parking Fee	\$0.00
5	Locker/Laundry Fees	\$0.00
6	Fitness Revenue	\$0.00
7	Group Exercise Revenue	\$0.00
8	F&B/Retail	\$0.00
9	Net Member Revenue	\$0.00
10	Other Revenue	\$0.00
11	Total Byer Square Revenue	\$0.00
	<i>Operating Expenses</i>	
12	Salaries & Wages	\$130,135.0 0

13	Overtime	\$0.00
14	Employee Benefits	\$39,040.50
15	Contract Services	\$3,000.00
16	Utilities	\$0.00
17	Food Purchases	\$0.00
18	Supplies	\$500.00
19	Medical Supplies	\$0.00
20	Maintenance & Repairs	\$0.00
21	Equipment & Lease	\$0.00
22	Other Expenses	\$7,000.00
23	Total Operating Expenses	\$179,675.50
24	EBIDA Before JSLG Contract Fee	- \$179,675.50

	Projected Stabilized Lifelong Engagement & Connection Program	
	<i>Operating Revenue</i>	
1	Registration Fees	\$0.00
2	Dues/Membership Fees	\$396,000.00
3	Usage Fees	\$0.00

4	Parking Fee	\$0.00
5	Locker/Laundry Fees	\$0.00
6	Fitness Revenue	\$0.00
7	Group Exercise Revenue	\$0.00
8	F&B/Retail	\$0.00
9	Net Member Revenue	\$396,000.00
10	Other Revenue	\$0.00
11	Total Byer Square Revenue	\$396,000.00
	<i>Operating Expenses</i>	
12	Salaries & Wages	\$128,960.00
13	Overtime	\$0.00
14	Employee Benefits	\$38,688.00
15	Contract Services	\$0.00
16	Utilities	\$0.00
17	Food Purchases	\$0.00
18	Supplies	\$10,000.00
19	Medical Supplies	\$0.00
20	Maintenance & Repairs	\$500.00
21	Equipment & Lease	\$7,500.00

22	Program Expenses	\$393,238.00
23	Total Operating Expenses	\$578,886.00
24	EBIDA Before JSLG Contract Fee	- \$182,886.00

Key Macro Business Critical Path Milestones & Timeline:

Please see Appendix A

Section 6: Conclusions

Summary & Conclusions:

The business model of Byer Square offers a much needed solution to the increased and expanding challenges facing older adults and their caregivers. It is a re-imagined continuum of care that will offer affordable and much needed services with the goal of keeping vulnerable older adults in their own homes. Byer Square will reduce the likelihood of them requiring permanent placement in a higher level of care (i.e. assisted living or a nursing home), or eliminate the need altogether. If the clients/members of Byer Square should need care and service in a more structured setting, they will have the option of aging through the continuum provided on the San Francisco Campus for Jewish Living. As indicated by this plan, there is a desire for these services, and they can be provided in a way that is financially sustainable. There is no denying that the need for innovation and alternative methods/models are needed to address the growing aging and frail population. The model of Byer Square is a strong step in the right direction to ensuring that these vulnerable populations are not left behind. It is the desire of the

SFCJL leadership that once others see the profound positive impact of Byer Square in the lives of thousands, they will in-turn replicate it to increase that impact exponentially.

Recommendations:

Recommendations include:

- **Proceed with Implementation:** The process of completing/developing the business plan re-affirmed the need to launch Byer Square.
- **Phased Roll-Out:** Due to this being a new business model, a phased roll-out allows for strategic pivots if necessary.
- **Leverage Existing Campus Resources:** There is significant expertise and human resources on the San Francisco Campus for Jewish Living, and where appropriate, they should be utilized to establish Byer Square.
- **Develop Research Model:** Joint venture with the research department at University of California San Francisco to evaluate the success of achieving Byer Square business goals and objectives.

List of References

Expert Interviews:

Expert Interview- David Dunkleman [In-Person interview]. (2018, February 8).

Expert Interview- Diana Yin [Telephone interview]. (2018, February 5).

Expert Interview- Keyatta Shade [In-Person interview]. (2018, February 12).

Expert Interview- Majd Alwan [Telephone interview]. (2018, January 30).

Expert Interview- Susan Poor [In-Person interview]. (2018, January 22).

Literature:

Caregiver Statistics. (2017). Retrieved February 25, 2018, from <http://caregiveraction.org/resources/caregiver-statistics>

Chen, R. (2016, August 15). Elderhood: A Case for Abolishing Nursing Homes in the United States | Princeton Journal of Bioethics. Retrieved March 24, 2018, from <https://pjb.mycpanel2.princeton.edu/wp/index.php/2016/08/15/elderhood-a-case-for-abolishing-nursing-homes-in-the-united-states/>

C., & P., T. (2002, January 01). Health Care in the United States: An Evolving System. Retrieved March 24, 2018, from <https://quod.lib.umich.edu/m/mfr/4919087.0007.102/--health-care-in-the-united-states-an-evolving-system?rgn=main;view>

Diamond, S. (Comp.). (2017, June 28). *Righteous Giving Policy*. San Francisco.

Doll, G. A., Cornelison, L. J., Rath, H., & Syme, M. L. (2017). Actualizing culture change: The Promoting Excellent Alternatives in Kansas Nursing Homes (PEAK 2.0) program. *Psychological Services, 14*(3), 307-315. doi:10.1037/ser0000142

Doty, M. M., Koren, M. J., & Sturla, E. (2008, May 01). Culture Change in Nursing Homes: How Far Have We Come? Findings From The Commonwealth Fund 2007 National Survey of Nursing Homes. Retrieved March 24, 2018, from <http://www.commonwealthfund.org/publications/fund-reports/2008/may/culture-change-in-nursing-homes--how-far-have-we-come--findings-from-the-commonwealth-fund-2007-nati>

Dube, N. (2008, February 21). Continuing Care Retirement Community "At Home" Programs. Retrieved March 24, 2018, from <https://www.cga.ct.gov/2008/rpt/2008-R-0110.htm>

Graybill, E. M., McMeekin, P., & Wildman, J. (2014, July 24). Can Aging in Place Be Cost Effective? A Systematic Review. Retrieved March 24, 2018, from <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0102705>

Khullar, D. (2017, September 28). The High Price of Failing America's Costliest Patients. Retrieved February 03, 2018, from <https://www.nytimes.com/2017/09/28/upshot/the-high-price-of-failing-americas-costliest-patients.html>

Jefferson, R. S. (2018, March 19). Older Adults Projected To Outnumber Children For First Time In U.S. History. Retrieved March 26, 2018, from <https://www.forbes.com/sites/robinseatonjefferson/2018/03/19/older-adults-projected-to-outnumber-children-for-first-time-in-u-s-history/#8c89ae05ab2c>

JHSF- SBA Market Feasibility Study. (2014, May).

JHSF- SBA Market Survey Report. (2014, May).

Maas, M. L., Conn, V., Buckwalter, K. C., Herr, K., & Tripp-Reimer, T. (2009). Increasing Nursing Faculty Research: The Iowa Gerontological Nursing Research and Regional Research Consortium Strategies. Retrieved March 19, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3419471/>

Measuring the Cost Savings of Aging in Place. (2013). Retrieved March 24, 2018, from <https://www.huduser.gov/portal/periodicals/em/fall13/highlight2.html>

Regan, T. (2017, October 17). Top Trends for Nonprofit Senior Living This Year. Retrieved February 03, 2018, from <https://seniorhousingnews.com/2017/10/17/top-trends-nonprofit-senior-living-year/>

Saucier, P., Burwell, B., & Gerst, K. (2017, February 21). The Past, Present, and Future of Managed Long-Term Care. Retrieved March 24, 2018, from <https://aspe.hhs.gov/basic-report/past-present-and-future-managed-long-term-care>

Schmeiser, L. (2017, October 04). Struggling to Retire, Financial Crises Rain Down on Aging Baby Boomers. Retrieved March 24, 2018, from <http://observer.com/2017/10/baby-boomers-struggle-to-retire-as-financial-crises-rain-down/>

Seegert, L. (2017). Perspectives: What's Happening in Technology for Aging Adults. *Journal On Active Aging*, 16(4), 48-54.

Stange, K. C. (2009, March). Retrieved February 25, 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2653966/>

The new reality of old age in America. (2017, September 30). Retrieved February 24, 2018, from https://www.washingtonpost.com/graphics/2017/national/seniors-financial-insecurity/?utm_term=.0918a2eaf47a

U.S.Cong., Special Committee on Aging. (2006). *Innovation in the aging network: The future of social services for older Americans: Hearing before the Special Committee on Aging, United States Senate, One Hundred Ninth Congress, second session, Washington, DC, May 3, 2006* [Cong.]. Washington: U.S. G.P.O.

Wilson, B., & K. (2007, December 01). Historical Evolution of Assisted Living in the United States, 1979 to the Present | *The Gerontologist* | Oxford Academic. Retrieved March 24, 2018, from https://academic.oup.com/gerontologist/article/47/suppl_1/8/614189

Workforce development. [electronic resource] : community colleges and one-stop centers collaborate to meet 21st century workforce needs : report to congressional requesters. (2008). [Washington, D.C.] : U.S. Govt. Accountability Office, [2008].

Yellen, P. (2018, February 21). It's No Fun Getting Old When You're Worried About Running Out of Money. Retrieved February 24, 2018, from <https://www.entrepreneur.com/article/309320>

7 tech trends to watch in senior living in 2017. (n.d.). Retrieved February 03, 2018, from <http://www.mcknightsseniorliving.com/marketplace-columns/7-tech-trends-to-watch-in-senior-living-in-2017/article/629445/>

5 senior living trends for 2018. (n.d.). Retrieved February 03, 2018, from <http://www.mcknightsseniorliving.com/editors-columns/5-senior-living-trends-for-2018/article/733791/>

Appendix A: Critical Path & Milestones

				JHSF RCCE/Ever Square Baseline Master Schedule NTP September 26, 2017 Summer 2019 Delivery																																
ID	Task Name	Start	Finish	2nd Quarter				3rd Quarter				4th Quarter				1st Quarter				2nd Quarter				3rd Quarter				4th Quarter								
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	RCCE	Mon 5/22/17	Wed 6/26/19					◆ 5/22																												
12	Abatement	Mon 5/22/17	Tue 9/5/17																																	
13	Start Abatement	Mon 5/22/17	Mon 5/22/17																																	
10	Start Marketing Effort	Mon 8/14/17	Wed 6/27/18																																	
14	Abatement All Clear	Thu 9/7/17	Thu 9/7/17																																	
15	OSHPD Release Main and West	Tue 9/26/17	Tue 9/26/17																																	
2	Notice to Proceed	Thu 9/28/17	Thu 9/28/17																																	
3	Construction (560 calendar days)	Fri 9/29/17	Fri 4/12/19																																	
16	Start Demolition	Fri 9/29/17	Fri 9/29/17																																	
17	Demolition	Fri 9/29/17	Tue 10/31/17																																	
22	Start Construction (excavation and shoring)	Mon 10/23/17	Mon 10/23/17																																	
20	End Demolition	Mon 10/30/17	Mon 10/30/17																																	
19	Excavation and Shoring	Wed 11/1/17	Thu 1/18/18																																	
21	Start Construction (excavation and shoring planned)	Wed 11/1/17	Wed 11/1/17																																	
18	End Demolition (planned)	Thu 12/7/17	Thu 12/7/17																																	
26	Form First Footings P1-Rat Slab	Fri 1/19/18	Fri 1/19/18																																	
29	Concrete (CONCO)	Fri 1/19/18	Wed 1/16/19																																	
30	Start Erection of Tower Crane	Thu 2/15/18	Thu 2/22/18																																	
28	Pour First Footing	Thu 2/22/18	Thu 2/22/18																																	
27	MEP Starts-Layout	Fri 5/18/18	Fri 5/18/18																																	
24	Top off roof	Mon 9/24/18	Mon 9/24/18																																	
32	Elevator Install Starts	Fri 12/28/18	Fri 12/28/18																																	
11	Start leasing	Mon 12/31/18	Wed 6/26/19																																	

JHSF RCJEE-Byer Square Baseline Master Schedule
 NTP September 26, 2017
 Summer 2019 Delivery

ID	Task Mode	Task Name	Start	Finish	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter									
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	
23	Task Mode	Structural Concrete Complete	Thu 1/17/19	Thu 1/17/19																				
25	Task Mode	TCO Pre-Testing	Wed 3/13/19	Wed 3/13/19																				
8	Task Mode	TCO Inspections Start	Fri 3/22/19	Fri 3/22/19																				
6	Task Mode	Install of IT	Thu 4/4/19	Wed 6/26/19																				
4	Task Mode	Notice of Substantial Completion TCO (per contract)	Fri 4/12/19	Fri 4/12/19																				
5	Task Mode	Liquidated Damages Grace Period (45 calendar days)	Mon 4/15/19	Wed 5/29/19																				
7	Task Mode	DSS Inspections	Thu 5/2/19	Wed 6/26/19																				
31	Task Mode	Temporary Certificate of Occupancy (per Cannon)	Thu 5/23/19	Thu 5/23/19																				
9	Task Mode	First Residents Move in	Wed 6/26/19	Wed 6/26/19																				
33	Task Mode	Byer Square	Mon 1/15/18	Thu 8/15/19																				
35	Task Mode	Hire Byer Square/SFCU firm: manage the health and wellness program	Mon 1/15/18	Mon 1/15/18																				
39	Task Mode	Make final determination of Day One programming vs. long-term programming	Thu 3/15/18	Thu 3/15/18																				
34	Task Mode	Finalize Byer Square Business Plan	Tue 5/15/18	Tue 5/15/18																				
40	Task Mode	Develop final budgets: Byer Square	Tue 5/15/18	Tue 5/15/18																				
41	Task Mode	Develop/Finalize financial goals and objective: Byer Square	Tue 5/15/18	Tue 5/15/18																				
42	Task Mode	Develop the furniture, fixture, and equipment budget	Tue 5/15/18	Tue 5/15/18																				
43	Task Mode	Develop/Finalize the membership program, tiers of service, and associated pricing	Tue 5/15/18	Tue 5/15/18																				
45	Task Mode	Develop/Implement an integrated sales, marketing, and communication plan	Tue 1/15/19	Tue 1/15/19																				
36	Task Mode	Develop the lifelong engagement and connection programming	Fri 2/15/19	Fri 2/15/19																				
37	Task Mode	Develop recruitment plan for Byer Square staff	Fri 2/15/19	Fri 2/15/19																				
44	Task Mode	Develop/Approve organizational policies and procedures for Byer Square	Fri 3/15/19	Fri 3/15/19																				
38	Task Mode	Recruit, hire, and onboard needed Byer Square staff/volunteers	Mon 4/15/19	Mon 4/15/19																				
46	Task Mode	Pre-test Byer Square programs and services with assisted living residents, and make needed adjustments	Thu 8/15/19	Thu 8/15/19																				

Author's Bio



Kyle David Ruth-Islas, LNHA RCFE RAC-CT QCP CADDCT CDP SSD

Kyle D. Ruth-Islas is a Canadian-born, third-generation long term care professional, whose primary career goal is to contribute to the enhancement of the quality of life of older adults, their family members and caregivers. Kyle currently serves as the Licensed Administrator of the Jewish Home, and is responsible for overseeing all aspects of the day-to-day operations of the campus.

Kyle began his career in long-term care in 2013, just after graduating from Sonoma State University with a Bachelor of Art in Psychology. Kyle's first exposure to the field was completing his Administrator in Training Internship at the Jewish Home and Rehab. Center at the San Francisco Campus for Jewish Living (then called the Jewish Home of San Francisco). After completing this 1,000-hour internship, he was hired as the Health Services Manager at University Retirement Community at Davis. After serving in this role for nearly one year, Kyle returned to the Jewish Home as the Director of Programs, and was promoted to Assistant Administrator & Technology Advocate after one year of employment. This role carried many important functions, one of which being the identification of opportunities to implement technological solutions into daily operations. The following year, he was promoted to Licensed Administrator.

