



A G E N D A

SEQUOIA HEALTHCARE DISTRICT REGULAR BOARD OF DIRECTORS MEETING 4:30 PM, Tuesday, April 4, 2023 Conference Room, 525 Veterans Boulevard Redwood City, CA 94063

This meeting will be held in person at 525 Veteran’s Boulevard in Redwood City with access available via Zoom teleconference. To join the meeting from your cellphone dial [\(669\) 900-9128](tel:6699009128) and enter meeting ID: [856 8532 1720](tel:85685321720) or join from a computer to <https://us02web.zoom.us/j/85685321720>. Additional information regarding the meeting can be located at our website: www.seqhd.org

1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items*
- ACTION 3. Consent Calendar - President Shefren
 - a. Approve February 1, 2023 Regular Meeting Minutes
 - b. Accept January And February 2023 Financial Statements
4. New Business

ACTION	a. Consider Grant Request From Ravenswood Family Health Center For \$1,000,000 Each Year For Two Years (July 2023-June 2025)- Luisa Buada	4:40-4:55
ACTION	b. Consider Grant Request From Sonrisas Dental Health For \$586,330 In FY24 And \$617,710 In FY25, (Total = \$1,204,040)- Tracey Fetcher	4:55-5:10
ACTION	c. Consider Grant Request From SMMC NFO Dental Clinic For \$320,000 Over Two Years- Dr. Hashoush and Mr. Ramirez	5:10-5:25
ACTION	d. Consider Grant Request From San Mateo County Health For \$450,000, To Be Dispersed Over A Five-Year Period To Support Dental Clinic At New Navigation Center- Peter Shih And Dr. Elise Chavez	5:25-5:40
	e. Presentation Of District Proposed FY 2023-24 Draft Budget- Ms. Kurtzman	5:40-5:55
	f. Discussion Regarding Replacement Of Outdated AED Units Previously Placed In Schools And Community Settings- Ms. Kurtzman	5:55-6:05
ACTION	g. Approve Amendment To Policy 14.5 Of The Board Policies And Procedures To Allow Payment Or Reimbursement Of Candidate Statement Of Qualifications By District- Dr. Shefren.	6:05-6:10
ACTION	h. Consider Creation Of An Ad-Hoc Finance Committee And Appointment Of Committee Members By Board President- President Nayfack	6:10-6:15
ACTION	i. Director Requests For Future Agenda Items Per Board Policy 8.3 - President Nayfack	6:15-6:20
5. CEO/Staff Reports:
 - a. CEO Report And Staff Reports- Ms. Kurtzman, Ms. Bratton, Ms. Garcia (absent)
- ACTION 6. Adjourn
The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District is Scheduled For 4:30 PM, Wednesday, June 7, 2023, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063

Aaron Nayfack, MD
Board President

*Public comment will be taken for each agenda item prior to the board’s consideration on that item.

Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 525 Veterans Blvd., Redwood City, CA, during normal business hours. Please telephone 650-421-2155 ext 201 to arrange an appointment.

If you are an individual with a disability and need an accommodation to participate in this meeting, please contact Sequoia Healthcare District at least 48-hours in advance at 650-421-2155 ext 201.

**MINUTES OF REGULAR MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
February 1, 2023
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

<u>Directors Present</u>	<u>Directors Excused</u>	<u>Also Present</u>
Director Fong Director Griffin Director Martinez Director Nayfack Director Shefren		Pamela Kurtzman, CEO Mr. Hudak, Legal Counsel Ms. Stamper, Recorder

1. Call to Order

President Shefren called the meeting to order at 4:30PM. Roll call attendance was taken. A quorum was present.

2. Public Comment/Non-Agenda Items

President Shefren asked if there was any public comment on non-agenda items. Lindsay Raike of Warm Water Wellness (WWW) announced the formation of a committee, composed of 2 representatives from Peninsula Healthcare District, 2 representatives from Sequoia Healthcare District, and 1 representative from the YMCA, to work with WWW to reopen the Michelson Pool.

3. Consent Calendar

Motion: to approve the consent calendar.

By: Director Nayfack

Seconded by: Director Griffin

Director Shefren requested an amendment to the motion to approve the minutes separately from the financials.

Amended: Amendment to motion to approve 3a and 3b separately from 3c, accepted by Nayfack and Griffin

Vote: Ayes - Fong, Griffin, Martinez, Nayfack, Shefren

Nos --

Abstain --

Absent --

Motion Passed: 5-0

Motion: To accept November and December 2022 financial statements.

By: Director Shefren

Seconded by: Director Nayfack

Vote: Ayes - Fong, Griffin, Martinez, Nayfack, Shefren

Nos --

Abstain --

Absent --

Motion Passed: 5-0

DRAFT

**4.a. Pursuant To Policies 4.5 And 6.6 Nominate And Appoint
Slate Of Board Officers For Two-Year Terms**

President Shefren asked if there was public comment on this agenda item. There was none.

Motion: To appoint the following slate of board officers for two year terms: President- Director Nayfack, Vice President - Director Martinez, Secretary - Director Griffin.

By: Director Shefren

Seconded by: Director Fong

Vote: Ayes - Fong, Griffin, Martinez, Nayfack, Shefren

Nos --

Abstain --

Absent --

Motion Passed: 5-0

4.b. State Of The District

President Nayfack asked if there was public comment on this agenda item. There was none.

Ms. Kurtzman gave the State of the District report. The District has made significant progress toward the goals and key objectives outlined in the strategic plan and has been successful financially, programmatically, and administratively. The CEO retains strong financial oversight of District finances, expenses are kept minimal and tax revenue has been steadily increasing. Our programs are running efficiently, producing impactful outcomes, and creating more visibility in the community. We have a committed and talented staff to carry out our key objectives and a unified board to provide oversight and set direction. The District continues to play a significant and vital partnership with our schools and community partners.

**4.c. Consider Grant Request From First 5 SMC For Up To \$595,700 Each Year
For Two Years (Total= \$1,191,400; July 2023- June 2025)**

President Nayfack asked if there was public comment on this agenda item. There was none.

President Nayfack recused himself and left the room.

Emily Roberts of First 5 San Mateo County gave a brief presentation on current program results for the Healthy Beginnings initiatives. The Integrated Systems for Children with Special Needs initiative is in the process of integrating layers of systems with many partners for children with special needs. The Early Childhood Mental Health Systems initiative is addressing the impacts of trauma on children and families by supporting children- and family-serving agencies to adopt trauma-informed practices called TRISI. Ms. Roberts requested funding to continue the First 5 program development from July 2023 through June 2025.

Motion: To approve a two-year grant of up to \$595,700 each year covering from July 2023 through June 2025 to First 5 San Mateo County for program development.

By: Director Shefren

Seconded by: Director Fong

Vote: Ayes - Fong, Griffin, Martinez, Shefren

Nos --

Abstain -- Nayfack

Absent --

Motion Passed: 4-0-1-0

President Nayfack rejoined the meeting.

4.d. Presentation On SMC Navigation Center Proposed Dental Clinic

President Nayfack asked if there was public comment on this agenda item. There was none.

Mr. Peter Shih of Health Plan of San Mateo County, and Dr. Elise Chavez of the University of the Pacific's Arthur A. Dugoni School of Dentistry, gave a presentation regarding the launch of a 3-year pilot dental clinic within the San Mateo County Navigation Center in Redwood City to address the oral health needs of homeless clients and inmates from the nearby SMC jail. The new dental program will be a collaboration between the dental school, which will run the clinic and provide a clinic director and dental students, and the navigation center, which will provide the facilities and patients. The dental clinic has requested a \$125,000 grant from Health Plan of San Mateo and is working with Kaiser and Stanford on additional grant funding. Mr. Shih and Dr. Chavez believe the addition of dental services at the Navigation center will be very significant and would like to return at a later meeting to request funding from Sequoia Healthcare District.

4.e. Discuss Whether To Change District Policy To Pay For Candidate Statements In The Voter Guide

President Nayfack asked if there was public comment on this agenda item. There was none.

Director Shefren brought to the attention of the Board that Board candidates pay \$1,200 or more for their candidate statements. This could be a barrier for future prospective candidates running for office and discourage participation. Director Shefren would like board members to consider the idea of the District covering the costs of candidate statements. The Board requested that Mr. Hudak gather data on other special districts' policies and costs. Director Shefren would like this topic included on the next agenda.

4.f. Approve Amendment To Employment Contract Of District Chief Executive Officer

President Nayfack asked if there was public comment on this agenda item. There was none.

At the December 15, 2022 Board meeting, Directors made a motion to approve a salary increase of \$18,150 for the Sequoia Healthcare District CEO effective January 1, 2023. This calculation was based on an incorrect salary of \$275,000, rather than the correct salary of \$275,500. The \$500 difference calculates to \$18,183 for a new annual salary of \$293,683.

Motion: To approve the amendment of the annual salary increase from \$18,150 to \$18,183, for a new annual salary of \$293,683. Everything else in the contract remains the same.

By: Director Griffin

Seconded by: Director Fong

Vote: Ayes - Fong, Griffin, Martinez, Nayfack, Shefren

Nos --

Abstain --

Absent --

Motion Passed: 5-0

4.g. Director Requests for Future Agenda Items per Board Policy 8.3

Director Shefren requests the formation of finance sub-committee of the Board that would work with the CEO and make recommendations.

Director Fong would like an agenda item regarding placing AED's on soccer fields.

Director Griffin would like Warm Water Wellness to be included on a future agenda.

Director Nayfack would like information regarding what elementary and middle schools are doing regarding fentanyl and Narcan training.

5. CEO/Staff Reports

CEO Kurtzman is looking into migrating management of the hospital pension plan from Dignity Health to Sequoia Healthcare District.

In April, Doug Pryor of Bartel Associates LLC will give an update on the hospital pension plan valuation.

Ms. Bratton is scoring midyear reports. Grantees have been averaging 26 out of 30 points. Second grant checks will be sent out by the end of the week.

Ms. Bratton is on the ACHD Advocacy Committee which currently has no stance on bill AB40 regarding emergency medical services.

Ms. Garcia helped with the January grants info sessions that were well attended. She created a grants timeline PDF that can be found on the District website. Ms. Garcia included a link to the timeline in our newsletter along with information regarding the SHD Townhall, heart health information and partner highlights.

We are partnering with Redwood City Police Activities League to sponsor a Health Fair taking place July 29th on the Redwood City Square.

6. Adjourn

Motion: To adjourn the meeting at 7:02PM.

By: Director Shefren

Seconded by: Director Griffin

All in favor

Motion Passed

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, April 5, 2023, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Kim Griffin, R.N.
Secretary

2:35 PM
03/27/23
Accrual Basis

Sequoia Healthcare District
Balance Sheet - by Month
As of February 28, 2023

	Jul 31, 22	Aug 31, 22	Sep 30, 22	Oct 31, 22	Nov 30, 22	Dec 31, 22	Jan 31, 23	Feb 28, 23
ASSETS								
Current Assets								
Checking/Savings								
10150-0 · Cash (WF-MMA)	4,560,254.26	3,760,286.41	2,960,312.50	2,960,337.64	2,960,449.57	2,960,701.01	2,960,952.48	2,961,179.63
10200-0 · Cash (WF)	10,594,492.76	602,719.55	837,230.53	709,206.50	1,853,608.86	9,227,442.42	7,582,899.49	7,256,394.01
10250-0 · Cash from Investments	314,916.70	314,916.70	314,916.70	314,916.70	314,916.70	314,916.70	314,916.70	314,916.70
10300-5 · Cash Equivalents	10,845,529.78	10,720,290.78	10,528,442.78	10,519,989.78	10,624,308.78	10,622,046.78	10,741,534.78	10,660,563.78
10350-0 · Schwab Operating Funds Acct#739	10,196,614.01	20,065,809.01	19,882,772.01	19,891,471.01	20,077,973.01	20,076,890.01	20,304,578.01	20,152,101.01
10490 · HFSA funding & deductions								
10490-1 · HSA Savings Fund	0.00	0.00	0.00	0.00	0.00	0.00	467.79	2,029.41
10490-2 · HFSA Pretax Deduction	0.00	0.00	0.00	0.00	0.00	0.00	-534.60	-1,069.20
Total 10490 · HFSA funding & deductions	0.00	0.00	0.00	0.00	0.00	0.00	-66.81	960.21
Total Checking/Savings	36,511,807.51	35,464,022.45	34,523,674.52	34,395,921.63	35,831,256.92	43,201,996.92	41,904,814.65	41,346,115.34
Other Current Assets								
10400-0 · Pension Assets-Vanguard	72,994,801.00	72,994,801.00	72,994,801.00	72,994,801.00	72,994,801.00	72,994,801.00	72,994,801.00	72,994,801.00
10500-9 · Pension Contribution Rcvble	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00
10502-0 · Prepaid Grants	500,000.00	500,000.00	500,000.00	500,000.00	500,000.00	500,000.00	500,000.00	500,000.00
Total Other Current Assets	97,409,573.00	97,409,573.00	97,409,573.00	97,409,573.00	97,409,573.00	97,409,573.00	97,409,573.00	97,409,573.00
Total Current Assets	133,921,380.51	132,873,595.45	131,933,247.52	131,805,494.63	133,240,829.92	140,611,569.92	139,314,387.65	138,755,688.34
Fixed Assets								
12100-6 · Land	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00	138,927.00
12200-6 · Land Improvements	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05	144,158.05
12300-1 · Improvements-Classroom	83,410.44	83,410.44	83,410.44	83,410.44	83,410.44	83,410.44	83,410.44	83,410.44
12300-6 · Buildings	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30
12300-8 · Building Improvements	547,329.57	547,329.57	547,329.57	547,329.57	547,329.57	547,329.57	547,329.57	547,329.57
12300-9 · Tenant Improvements	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29	215,113.29
12400-6 · Equipment	76,222.26	76,222.26	76,222.26	76,222.26	76,222.26	76,222.26	76,222.26	76,222.26
12400-7 · Furniture	28,259.91	28,259.91	28,259.91	28,259.91	28,259.91	28,259.91	28,259.91	28,259.91
12500-6 · Accumulated Depreciation	-2,169,663.47	-2,173,538.30	-2,177,413.13	-2,181,287.96	-2,185,162.79	-2,189,037.62	-2,192,912.45	-2,196,787.28
Total Fixed Assets	313,139.35	309,264.52	305,389.69	301,514.86	297,640.03	293,765.20	289,890.37	286,015.54
TOTAL ASSETS	134,234,519.86	133,182,859.97	132,238,637.21	132,107,009.49	133,538,469.95	140,905,335.12	139,604,278.02	139,041,703.88
LIABILITIES & EQUITY								
Liabilities								
Current Liabilities								
Accounts Payable								
20000 · Accounts Payable	19,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Accounts Payable	19,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Current Liabilities								
20001-0 · Deposit Payable	3,565.00	3,565.00	3,565.00	3,565.00	3,565.00	3,565.00	3,565.00	3,565.00
20100-0 · Grants Payable	2,034,000.00	2,034,000.00	2,034,000.00	2,034,000.00	2,034,000.00	2,034,000.00	68,000.00	68,000.00
20200-0 · HSI Grants Payable	1,281,330.11	603,479.05	206,566.71	206,566.71	206,566.71	206,566.71	206,566.71	206,566.71
Total Other Current Liabilities	3,318,895.11	2,641,044.05	2,244,131.71	2,244,131.71	2,244,131.71	2,244,131.71	278,131.71	278,131.71
Total Current Liabilities	3,337,895.11	2,641,044.05	2,244,131.71	2,244,131.71	2,244,131.71	2,244,131.71	278,131.71	278,131.71
Long Term Liabilities								
22000-1 · Pension Contribution Payable	11,885,736.00	11,885,736.00	11,885,736.00	11,885,736.00	11,885,736.00	11,885,736.00	11,885,736.00	11,885,736.00
25000-0 · Deferred inflows from pension	12,029,036.00	12,029,036.00	12,029,036.00	12,029,036.00	12,029,036.00	12,029,036.00	12,029,036.00	12,029,036.00
Total Long Term Liabilities	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00	23,914,772.00

Sequoia Healthcare District
Balance Sheet - by Month
 As of February 28, 2023

	Jul 31, 22	Aug 31, 22	Sep 30, 22	Oct 31, 22	Nov 30, 22	Dec 31, 22	Jan 31, 23	Feb 28, 23
Total Liabilities	27,252,667.11	26,555,816.05	26,158,903.71	26,158,903.71	26,158,903.71	26,158,903.71	24,192,903.71	24,192,903.71
Equity								
32000 · Retained Earnings	45,009,244.77	45,009,244.77	45,009,244.77	45,009,244.77	45,009,244.77	45,009,244.77	45,009,244.77	45,009,244.77
39004-1 · Invested in Capital Assets	406,444.00	406,444.00	406,444.00	406,444.00	406,444.00	406,444.00	406,444.00	406,444.00
39004-3 · Fiduciary Fund Balance	62,291,104.00	62,291,104.00	62,291,104.00	62,291,104.00	62,291,104.00	62,291,104.00	62,291,104.00	62,291,104.00
Net Income	-724,940.02	-1,079,748.85	-1,627,059.27	-1,758,686.99	-327,226.53	7,039,638.64	7,704,581.54	7,142,007.40
Total Equity	106,981,852.75	106,627,043.92	106,079,733.50	105,948,105.78	107,379,566.24	114,746,431.41	115,411,374.31	114,848,800.17
TOTAL LIABILITIES & EQUITY	134,234,519.86	133,182,859.97	132,238,637.21	132,107,009.49	133,538,469.95	140,905,335.12	139,604,278.02	139,041,703.88

2:36 PM
03/27/23
Accrual Basis

**Sequoia Healthcare District
Profit & Loss - by Month
July 2022 through February 2023**

	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	TOTAL
Ordinary Income/Expense									
Income									
40300 · Rental Income	800.00	800.00	800.00	800.00	800.00	800.00	800.00	800.00	6,400.00
40400 · Tax Revenue	96,281.24	0.00	55,638.49	525,131.10	790,120.17	7,632,307.59	1,432,069.05	45,496.28	10,577,043.92
40500 · Investment Income	206,982.00	-256,044.00	-374,885.00	246.00	290,821.00	-3,345.00	347,176.00	-233,448.00	-22,497.00
40600 · Interest Income	155.23	55.10	37.89	33.99	196.25	658.40	1,102.82	876.62	3,116.30
40800 · 2021 Dignity Settlement Agrmt	0.00	0.00	0.00	0.00	510,000.00	0.00	0.00	0.00	510,000.00
40900-0 · Pension Income	0.00	0.00	0.00	0.00	0.00	0.00	2,200,000.00	0.00	2,200,000.00
Total Income	304,218.47	-255,188.90	-318,408.62	526,211.09	1,591,937.42	7,630,420.99	3,981,147.87	-186,275.10	13,274,063.22
Gross Profit	304,218.47	-255,188.90	-318,408.62	526,211.09	1,591,937.42	7,630,420.99	3,981,147.87	-186,275.10	13,274,063.22
Expense									
60100-1 · Admin. Expense	4,233.15	1,898.25	6,592.54	3,032.28	539.85	7,498.93	3,611.19	8,939.68	36,345.87
60101-1 · Administration Payroll	7,157.83	23,859.32	35,788.98	24,643.24	24,307.27	24,307.26	26,365.07	26,612.92	193,041.89
60300-1 · Board Health Insurance	2,114.02	-2,114.02	0.00	0.00	0.00	0.00	0.00	2,421.42	2,421.42
60300-2 · Employee Health Insurance	7,770.05	8,671.69	8,069.00	6,988.59	8,138.04	3,434.52	8,112.37	8,396.48	59,580.74
60350 · Employee Retirement Benefit	1,302.37	2,273.10	3,409.65	1,804.70	1,792.20	1,792.20	1,831.55	1,844.68	16,050.45
60400-1 · Investment Fees	0.00	0.00	0.00	9,607.16	0.00	0.00	10,714.76	0.00	20,321.92
60500-1 · Office Supplies/Equip Maint	634.12	906.68	1,025.82	425.25	0.00	1,797.91	182.42	212.35	5,184.55
60600-1 · Purchase Services	1,350.00	0.00	0.00	2,500.00	0.00	600.00	0.00	0.00	4,450.00
60610-1 · Accounting fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,200.00	1,200.00
60700-1 · Board Expense	0.00	2,350.00	1,729.33	0.00	0.00	489.41	0.00	0.00	4,568.74
60700-2 · Association/Membership Dues	0.00	8,111.00	225.00	0.00	0.00	0.00	0.00	0.00	8,336.00
60725-1 · Communications	0.00	-5,000.00	0.00	0.00	0.00	56,327.22	0.00	0.00	51,327.22
60750-1 · Public Relations	3,853.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,853.00
60750-2 · Web Site/IT	2,705.53	6,436.53	3,745.16	2,905.53	2,992.96	3,903.53	5,105.53	2,905.53	30,700.30
60775-1 · Pension Plan	0.00	0.00	0.00	0.00	0.00	0.00	2,200,000.00	0.00	2,200,000.00
60800-1 · Insurance	39,413.41	0.00	1,543.00	-600.50	0.00	0.00	0.00	0.00	40,355.91
60806-1 · LAFCO fees	12,215.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,215.00
60810-1 · Legal Fees	0.00	810.00	630.00	-4,841.75	1,305.00	3,347.50	2,250.00	0.00	3,500.75
60815-1 · Bank Fees	0.00	0.00	0.00	0.00	0.00	0.00	30.00	0.00	30.00
65200-1 · Maintenance	2,319.30	1,388.98	1,190.00	3,239.53	815.00	1,867.00	4,405.00	1,685.00	16,909.81
65400-1 · Utilities	2,423.49	1,968.02	2,506.70	1,881.21	1,186.87	3,099.85	2,277.48	1,582.59	16,926.21
65450-1 · Property Insurance	5,656.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,656.58
65500-1 · Depreciation Expense	3,874.83	3,874.83	3,874.83	3,874.83	3,874.83	3,874.83	3,874.83	3,874.83	30,998.64
70200-1 · Grant Admin Expenses	11.50	0.00	0.00	0.00	31,460.00	119.88	0.00	1,323.19	32,914.57
70201-1 · Grant Admin Payroll	4,597.71	15,045.14	22,567.70	15,045.15	15,045.16	20,009.65	15,728.37	15,573.79	123,612.67
70350-1 · Samaritan House	0.00	0.00	0.00	325,900.00	0.00	0.00	325,900.00	0.00	651,800.00
70400-1 · Other Grants	0.00	300.00	5,000.00	0.00	0.00	0.00	3,300.00	2,500.00	11,100.00
70550-1 · San Mateo Medical Center	0.00	0.00	0.00	160,000.00	0.00	0.00	0.00	0.00	160,000.00
70560-1 · Ravenswood Family Health Center	500,000.00	0.00	0.00	0.00	0.00	0.00	500,000.00	0.00	1,000,000.00
70565-1 · LifeMoves LVN (Maple S shelter)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	127,500.00	127,500.00
70566-1 · Pen Volunteers LYFT program	0.00	1,947.28	1,809.63	1,834.27	15,026.81	920.24	2,717.45	16,616.37	40,872.05
70567-1 · BGCP Psychotherapist	46,585.00	0.00	0.00	0.00	0.00	0.00	0.00	46,585.00	93,170.00
70568-1 · Sonrisas	0.00	0.00	0.00	82,756.00	0.00	0.00	0.00	97,526.00	180,282.00
70594-0 · Future Impact Funds	0.00	0.00	0.00	0.00	45,000.00	0.00	0.00	0.00	45,000.00
70595-0 · Covid-19 Emergency Funds	-5,000.00	0.00	0.00	0.00	0.00	-5,000.00	0.00	0.00	-10,000.00
70706-1 · Sequoia Safe (+HeartSafe)	39,130.00	1,750.03	810.49	-48.84	0.00	0.00	0.00	0.00	41,641.68
70707-1 · Sequoia Strong	0.00	711.86	2,404.63	1.03	0.00	4,784.95	7,732.03	36.19	15,670.69
70707-2 · Sequoia Strong Payroll	1,982.41	6,608.04	9,912.07	6,608.05	6,608.04	6,608.06	6,712.41	6,621.10	51,660.18
70800-1 · School Health Expense	75.00	0.00	186.46	0.00	0.00	4.90	944.25	0.00	1,210.61
70801-1 · School Health Payroll	4,754.19	15,777.20	23,665.80	10,283.08	2,384.93	3,626.07	2,364.26	2,341.92	65,197.45

Sequoia Healthcare District
Profit & Loss - by Month
 July 2022 through February 2023

	<u>Jul 22</u>	<u>Aug 22</u>	<u>Sep 22</u>	<u>Oct 22</u>	<u>Nov 22</u>	<u>Dec 22</u>	<u>Jan 23</u>	<u>Feb 23</u>	<u>TOTAL</u>
70802-1 · School Health Grants	340,000.00	2,046.00	92,215.01	0.00	0.00	120,141.91	182,046.00	0.00	736,448.92
Total Expense	<u>1,029,158.49</u>	<u>99,619.93</u>	<u>228,901.80</u>	<u>657,838.81</u>	<u>160,476.96</u>	<u>263,555.82</u>	<u>3,316,204.97</u>	<u>376,299.04</u>	<u>6,132,055.82</u>
Net Ordinary Income	<u>-724,940.02</u>	<u>-354,808.83</u>	<u>-547,310.42</u>	<u>-131,627.72</u>	<u>1,431,460.46</u>	<u>7,366,865.17</u>	<u>664,942.90</u>	<u>-562,574.14</u>	<u>7,142,007.40</u>
Net Income	<u>-724,940.02</u>	<u>-354,808.83</u>	<u>-547,310.42</u>	<u>-131,627.72</u>	<u>1,431,460.46</u>	<u>7,366,865.17</u>	<u>664,942.90</u>	<u>-562,574.14</u>	<u>7,142,007.40</u>

**Month to Month Budget
January - February 2023**

	January Budget	January Actual	February Budget	February Actual	8 Month (July - February) Total Budget	8 Month (July - February) Total Actual	12 Month (July - June) Total Budget
Income							
Rental Income	800.00	800.00	800.00	800.00	6,400.00	6,400.00	9,600.00
Tax Revenue	150,000.00	1,432,069.05	40,000.00	45,496.28	7,930,000.00	10,577,043.92	14,000,000.00
Investment Income	7,000.00	347,176.00	7,000.00	(233,448.00)	56,000.00	(22,497.00)	80,000.00
Interest Income	75.00	1,102.82	55.00	876.62	580.00	3,116.30	800.00
2021 Dignity Settlement Agrmt	0.00	0.00	0.00	0.00	510,000.00	510,000.00	510,000.00
Pension Income	2,200,000.00	2,200,000.00	0.00	0.00	2,200,000.00	2,200,000.00	2,200,000.00
Total Income	2,357,875.00	3,981,147.87	47,855.00	(186,275.10)	10,702,980.00	13,274,063.22	16,800,400.00
Expenses							
Admin. Expense	3,000.00	3,611.19	3,000.00	8,939.68	27,000.00	36,345.87	38,000.00
Admin. Payroll	30,000.00	26,365.07	30,000.00	26,612.92	240,500.00	193,041.89	380,500.00
Board Health Insurance	1,700.00	0.00	1,700.00	2,421.42	13,200.00	2,421.42	20,000.00
Employee Health Insurance	10,000.00	8,112.37	10,000.00	8,396.48	78,000.00	59,580.74	120,000.00
Employee Retirement Benefit	2,400.00	1,831.55	2,400.00	1,844.68	18,746.00	16,050.45	28,000.00
Investment Fees	7,700.00	10,714.76	0.00	0.00	15,200.00	20,321.92	30,400.00
Office Supplies/Equip Maint	750.00	182.42	750.00	212.35	6,000.00	5,184.55	9,000.00
Purchased Services	15,000.00	0.00	10,000.00	0.00	87,800.00	4,450.00	100,000.00
Accounting fees	5,000.00	0.00	0.00	1,200.00	30,000.00	1,200.00	48,000.00
Board Expense	1,000.00	0.00	1,000.00	0.00	11,000.00	4,568.74	15,000.00
Associations/Membership	0.00	0.00	0.00	0.00	38,000.00	8,336.00	38,000.00
Communications	0.00	0.00	200.00	0.00	45,700.00	51,327.22	45,700.00
Public Relations	0.00	0.00	0.00	0.00	4,300.00	3,853.00	4,300.00
Web Site/IT	3,000.00	5,105.53	3,000.00	2,905.53	38,000.00	30,700.30	52,000.00
Pension Plan Expense	0.00	2,200,000.00	0.00	0.00	2,200,000.00	2,200,000.00	2,200,000.00
Insurance/D&O/Liability/WC	0.00	0.00	0.00	0.00	40,000.00	40,355.91	40,000.00
Election fees	0.00	0.00	0.00	0.00	250,000.00	0.00	250,000.00
LAFCO fees	0.00	0.00	0.00	0.00	15,450.00	12,215.00	15,450.00
Legal Fees	4,000.00	2,250.00	4,000.00	0.00	34,000.00	3,500.75	50,000.00
Bank Fees	50.00	30.00	0.00	0.00	100.00	30.00	100.00
Maintenance	2,000.00	4,405.00	2,000.00	1,685.00	17,000.00	16,909.81	25,000.00
Utilities	2,000.00	2,277.48	2,000.00	1,582.59	17,000.00	16,926.21	25,000.00
Property Insurance	0.00	0.00	0.00	0.00	3,900.00	5,656.58	3,900.00
Depreciation	3,916.00	3,874.83	3,916.00	3,874.83	31,336.00	30,998.64	47,000.00
Grant Admin Expenses	100.00	0.00	100.00	1,323.19	29,600.00	32,914.57	30,000.00
Grant Admin Payroll	15,000.00	15,728.37	15,000.00	15,573.79	120,000.00	123,612.67	190,000.00
Samaritan House Grant	316,887.50	325,900.00	0.00	0.00	633,775.00	651,800.00	1,267,550.00
Other Grants	500.00	3,300.00	1,000.00	2,500.00	6,500.00	11,100.00	10,000.00
San Mateo Medical Ctr. Dental Clin	0.00	0.00	0.00	0.00	160,000.00	160,000.00	160,000.00
Ravenswood Family Health Ctr	0.00	500,000.00	500,000.00	0.00	1,000,000.00	1,000,000.00	1,000,000.00
LifeMoves LVN	127,500.00	0.00	0.00	127,500.00	127,500.00	127,500.00	127,500.00
Pen Volunteers LYFT program	5,000.00	2,717.45	5,000.00	16,616.37	40,000.00	40,872.05	60,000.00
BGCP Psychotherapist	46,585.00	0.00	0.00	46,585.00	93,170.00	93,170.00	93,170.00
Sonrisas	89,275.00	0.00	0.00	97,526.00	178,550.00	180,282.00	357,100.00
First 5 SMC	0.00	0.00	0.00	0.00	198,415.00	0.00	396,830.00
Future Impact Funds	0.00	0.00	30,000.00	0.00	216,000.00	45,000.00	277,900.00
Covid-19 Emergency Funds	0.00	0.00	0.00	0.00	0.00	(10,000.00)	0.00
Community Grants Program	0.00	0.00	0.00	0.00	0.00	0.00	4,050,000.00
Sequoia Smart	4,200.00	0.00	4,200.00	0.00	33,600.00	0.00	50,000.00
Sequoia Safe (+HeartSafe)	12,500.00	0.00	12,500.00	0.00	100,000.00	41,641.68	150,000.00
Sequoia Strong Program	14,800.00	14,444.44	11,200.00	6,657.29	96,800.00	67,330.87	145,000.00
School Health Program	166,925.00	185,354.51	916,925.00	2,341.92	1,999,650.00	802,856.98	4,850,000.00
Total Expenses	890,788.50	3,316,204.97	1,569,891.00	376,299.04	8,295,792.00	6,132,055.82	16,800,400.00
Net	1,467,086.50	664,942.90	(1,522,036.00)	(562,574.14)	2,407,188.00	7,142,007.40	0.00

Organization name: South County Community Health Center
(dba: **Ravenswood Family Health Network**)
Federal Tax ID Number: 94-3372130
Address: 1885 Bay Road, East Palo Alto, CA 94303
Chief Executive Officer: Luisa Buada, RN, BSN, MPH
Telephone: (650) 330-7410 **Email:** ibuada@ravenswoodfhc.org
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Sequoia Healthcare District – Formal Grant Request

Summary of Request

Ravenswood Family Health Network (RFHN) is respectfully submitting a formal request for a two-year grant in the amount of \$1,000,000 each year (\$2,000,000 in total) for a period of two years, from July 1, 2023, to June 30, 2025. This funding will support the continuum of health care services that RFHN delivers to our patients residing in Sequoia Healthcare District (SHD).

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

Population Served

Among the 20,288 patients who accessed our health care services in 2022, 2,047 were SHD residents. RFHN has increased the number of SHD residents served by 152% since 2009 when we first requested operating support and served 1,344 SHD residents.

RFHN provides access to care for low-income, high-need populations throughout Silicon Valley who are often left behind. The majority of SHD patients we serve are low-income, with 74% having incomes at or below 200% of the Federal Poverty Level (\$55,000 income for a family of four). Additionally, 26% of the SHD residents seen at RFHN are uninsured, and 73% are enrolled in public health coverage programs. The majority of SHD residents served are also ethnic minorities (62%)—including 84% Latino, 2% Asian, 2% African American, and 3% Native Hawaiian or Pacific Islander. Furthermore, 71% of the SHD resident patients are best served in a language other than English, with Spanish and Tongan being the languages most often spoken. We serve majority adults, with 35% of our patients being children ages 18 and younger, and 65% adults. 80% of the SHD residents we serve have household incomes below 200% of the Federal Poverty Level.¹

¹ A household of four with an annual income of \$55,500 in 2022 is considered to be at 200% FPL.

Cost of Care for SHD Residents

RFHN's **direct professional cost per visit** for combined medical, dental, and behavioral health care services to SHD residents is **\$1,226.02 per patient each year**. When enabling services (enrollment, referrals, case management, health education, patient navigation, etc.) are included, the **cost per patient each year is \$1,331.62**. Furthermore, when costs of combined medical, dental, and behavioral health care services; enabling services; overhead; and administration and facility operational and depreciation expenses are included, the **total cost per patient each year is \$2,371.23**.

In 2022, the total cost for RFHN to provide comprehensive health care services (including enabling services, facility, and non-clinical support services) to SHD residents was \$4,853,913.84, of which \$1,268,609.63 was spent to care for uninsured SHD residents. **RFHN's grant request per year represents only 20% of the total cost of care for all SHD residents seen at RFHN** (based on current utilization). As a percentage of RFHN's projected FY 23-24 operational budget of \$50 million, the request of \$1,000,000 for the continuum of health care services for SHD represents 2% of our total organization's budget.²

Fiscally Well-Managed

Since 2001, we have grown from a start-up clinic with a budget of \$1.1 million and 13 employees providing basic primary care to a full-service health center with a budget of \$50 million in FY 2022-2023 and more than 325 employees. RFHN's revenue growth has come largely from third-party payers, such as Medi-Cal and Medicare. We deliver cost-effective services through maintaining high organizational productivity; balancing a challenging mix of reimbursements of health care services, government funds, foundation grants; and maximizing individual donor opportunities and engagement. Our financial systems ensure accountability and support timely, accurate fiscal reporting.

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

Adaptive in the Face of Challenges

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

As the pandemic has stretched on, we have continued to adapt to new health guidelines and the latest recommendations to keep our patients, staff, and community safe. We have continued to provide

² We are working on our Fiscal Year 2023- 2024 budget and can provide an update on what percent of funding SHD support would represent once the budget is finalized.

comprehensive care, including telehealth visits. At the moment, we are concentrating our resources, staffing, and time on COVID Vaccine Clinics for patients and community members. As of March 6, 2023, we have provided a total of 14,561 first doses, 12,954 second doses, and 7,928 booster doses of COVID vaccines to our patients and community members.

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

Proposed Grant Objectives

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

Objective 1: *RFHN will increase the number of unduplicated SHD resident patients by 3% annually from the FY 22-23 projection of 2,880 patients served. A 3% annual increase equates to a projected 2,966 patients to be served in FY 23-24, and 3,055 patients to be served in FY 24-25.*

Please note, we are seeking funding to support our objectives in FY 23-24, and FY 24-25. We have provided FY 22-23 data for reference purposes only. At the time of writing this proposal, the full data for FY 22-23 was not yet available. Therefore, we used the projections submitted for our last semi-annual report.

Proposed Services for SHD Resident Patients	FY 22-23 Projected	FY 23-24 Projected	FY 24-25 Projected
<i>Unduplicated SHD Resident Patients</i>	2880	2966	3055
Medical Visits	5380	5541	5708
Lab, Immunizations, Screening Encounters	1625	1674	1724
Health Education Encounters	780	803	828
Dental Visits	2020	2081	2143
Behavioral Health Visits	365	376	387
Pharmacy Consultation Visits	86	89	91
Optometry Visits	345	355	366
Mammography Visits	106	109	112

X-ray Visits	43	44	46
Ultrasound Visits	125	129	133
Enrollment in Health Plans - Visits	1630	1679	1729
Referrals to Specialists	705	726	748
Case Management	1110	1143	1178
Total All Service Visits	14320	14750	15192

Objective 2: *By June 30, 2025, RFHN will increase the percentage of unduplicated SHD diabetic patients who receive comprehensive eye and vision exams by 3% annually from our FY 22-23 projection of 48%. A 3% annual increase equates to a projected 51% of SHD diabetic patients that will be receiving an eye exam in FY 23-24, and 54% of SHD diabetic patients receiving an eye exam in FY 24-25.*

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

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

For our patients with diabetes, we have restarted two diabetic clinic sessions per month. These sessions are half days when only diabetic eye exams are performed for low-risk diabetic patients (type 1 and type 2 diabetes patients with a history of no diabetic retinopathy or mild non-proliferative diabetic retinopathy). We also have an in-house diabetic retinopathy screening program (also known as teleretinal screening). We saw our first patient on April 8, 2021. For this screening, health coaches photograph the back of each eye during a patient’s health coach, nurse, or primary care provider visit. Patients do not need to be dilated for the photos. Any patient with type 1 or type 2 diabetes seen previously at our

optometry clinic and with a history of no diabetic retinopathy or mild non-proliferative diabetic retinopathy are eligible. Images are read remotely by RFHN optometrists and results are available within three to five days. If the screening results are abnormal, the optometrist may recommend an in-person optometry visit or referral to ophthalmology, and optometry support staff coordinate these appointments. Diabetic retinopathy screenings meet the clinical recommendations for annual eye exams for diabetic patients making highly sought optometry visits available for patients with eye disease or visual acuity exams.

Objective 3: *By June 30, 2025, RFHN will increase the number of unduplicated female SHD patients ages 40-74 who receive mammograms (screening or diagnostic) at our health center by 3% annually from our 106 projected mammography patients to be served in FY 22-23, to a projected 109 mammography patients to be served in FY 23-24, and 112 mammography patients to be served in FY 24-25.*

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

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

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

continuum of culturally and linguistically appropriate care, our mammography program increases cancer survival rates among low-income, minority, and non-English speaking women in SHD.

Objective 4: *By June 30, 2025, RFHN will enhance access to comprehensive oral health care by increasing the number of dental visits provided to unduplicated SHD patients by 3% annually from our 2,020 projected total dental visits in FY 22-23, to a projected 2,080 dental visits in FY 23-24, and a projected 2,143 dental visits in FY 24-25.*

Early childhood caries is the most common infectious disease in childhood (Tinanoff, 2019). While it is entirely preventable, over 23% of children ages 2-5 in the nation suffer needlessly from the consequences of this disease. Moreover, the disease is heavily concentrated among children from low-income, racial-ethnic minorities (Fleming, 2015). The 2019 San Mateo County Community Needs Assessment also reports oral health as one of the top five unmet healthcare needs for our community. Families living 200% FPL or below report disproportionately reduced access to care, increased unmet need, and fewer dental visits (SMC, 2019). To address this alarming disparity in oral health, RFHN has created a first-rate oral health program serving children and families through both our on-site dental facilities and our community-based Virtual Dental Home program.

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

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

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

Evaluation

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

Our highly skilled and experienced data analysts will generate reports that allow us to conduct regular process evaluations, which include validating data for SHD residents using SHD's mapping tool and ensuring we are on target to achieve our proposed objectives and projected numbers. Our data analysts also use our data systems to generate semi-annual reports for SHD that account for the number of SHD patients served and their demographic and utilization breakdowns. In addition, our staff is prepared if required to work with an auditor from SHD to conduct an audit on our data for the SHD residents we serve (required to be on-site at RFHN since HIPAA regulations restrict us from sending patient data to non-health care partner agencies unless it is de-identified).

Furthermore, our Chief Financial Officer and our Controller from our Finance Department oversee the internal control of grant funds. Our Controller utilizes our financial accounting system to accurately input expenditure of funds for our SHD grant (as we do for all of our grants) on a regular basis. In this manner, we ensure that we generate correct and reliable financial information for all of our grant reports. Our Finance Department is also ready to work with an auditor from SHD to perform an audit on our financial systems should that be requested.

Outcomes

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

Care Coordination

To ensure that our patients have access to services that we do not provide in-house, we refer them to a wide range of services in the community. Our Referrals Department not only connects our patients to the services they need, but also conducts follow-ups to provide additional support such as transportation, translation, and reminders. We track our referrals to ensure that patients attend as well as obtain consult reports that are scanned and indexed into patients' electronic health records. Examples of referred services include: cardiology, orthopedic surgery, gynecology, urology, ophthalmology, physical therapy,

hematology/oncology, neurology, gastroenterology, dermatology, rheumatology, endocrinology, endoscopy, immunology, etc. We also refer patients to our partner organizations in the community including San Mateo County Family Health Services, Voices of Recovery, Samaritan House, Ecumenical Hunger Project, AbilityPath, and Life Moves as well as other social services agencies to support patients with accessing addiction treatment, housing, food, financial help, and employment.

Funding Sources and Fundraising Goals

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

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



Sonrisas Grant Proposal: July 1, 2023 to June 30, 2025

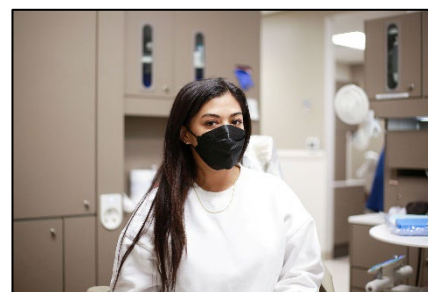
In FY24 and FY25, Sonrisas Dental Health will continue to partner with Sequoia Healthcare District to provide access to oral health care for SHD residents. Our proposed partnership will continue providing Access to Care through patient visits at our San Mateo Clinic, Oral Health Education and School Screenings, and Senior Oral Health Programming including Patient Navigation. Sonrisas Dental Health will provide SHD residents with critical oral health services, expanding access in FY24 and FY25.

A summary of our proposal is as follows:

FY24 to FY25 SHD and Sonrisas Partnership				
	Program Area	Number Served	FY24	FY25
I	Access to Care	3000 Visits	\$508,000	\$533,700
II	School Screenings	800 Students	\$56,000	\$58,800
III	Senior Programming	204 Adults 65+	\$22,330	\$25,210
FY24 and FY25 Per Year Totals			\$586,330	\$617,710
Total SHD Funding Proposed			\$1,204,040	

I. Access to a Dental Home for Sequoia Healthcare District Residents

Sonrisas provides a dental home to children and adults, delivering comprehensive oral health care that supports continuity of care and ongoing preventative care, improving long-term oral health outcomes. In FY24 and FY25, Sonrisas will continue to provide this care for district residents while SHD explores opening their own dental clinic. In 2022, Sonrisas provided 2617 visits to SHD residents and expects this number to grow with the addition of a Saturday dentist and hygienist to provide care for SHD patients who are members of HPSM. In FY24 and FY25,



Sonrisas is estimating 2800 to 3000 patient visits for SHD residents. The range for Access to Care for FY24 is expected to be between \$474K and \$508K. Sonrisas invoices SHD quarterly and will only invoice for the residents seen in the quarter. Based on conversations with the SHD team, Sonrisas is proposing that SHD fund 100% of the uncompensated care for your residents at \$508,000 in FY24 and \$533,700 in FY25. The increase in FY25 allows for staff salary and clinic expense increases.

SHD Uncompensated Care	FY 24	FY25
Maximum Resident Visits	3,000	3,000
Proposed SHD Support	\$508,000	\$533,700

II. Oral Health Education and School Screening Program

Sonrisas' School-Based Oral Health Screening and Education Program finds children in the community who need dental care and do not have a dentist. In FY23, Sonrisas will provide over 700 screenings in SHD, including homeless children and those who have recently arrived in the United States within the Redwood City School District. To date, Sonrisas has screened over 500 children in SHD during FY23, with more schools scheduled in April and May. Thus far, approximately 44% of the students assessed at these events presented with dental decay; in comparison, 32% of all children screened by Sonrisas last year had decay. This difference highlights the need within SHD for early intervention and preventative strategies such as these oral health screenings and care coordination to minimize children's experience of painful tooth abscesses and infections, which we have seen regularly at these screening events.



Through our partnership with the Redwood City School District in FY23, Dr. Bonnie Jue and her team have successfully screened newcomers and children experiencing homelessness in Pre-K to 5th grade, allowing these children to be screened throughout the school year as



needed. The learnings from FY23 are ready to be implemented in the other SHD school districts, like San Carlos and Belmont-Redwood Shores, in partnership with SHD, to expand targeted screenings to newcomers and homeless children in those districts. These children are at risk of slipping through the cracks because they attend schools that are not traditionally considered "low-income schools." At these schools, a limited number of students are eligible for free/reduced lunch, and safety net program

enhancements usually found at low-income schools are unavailable. We propose to screen 100 students in those districts in partnership with SHD. Expanding our screening program to serve these students means providing a lean version of our screening program, with a single dental provider and one assistant traveling to multiple sites to provide screenings for just a few students at a time, based on requests from school sites. As a result, the per-screening cost is higher. These dental screenings provide a critical pathway to care for children in need who attend wealthy schools that are paradoxically under-resourced to meet their social and health needs.

A total of 700 children in Redwood City School District will be screened and 100 children at other SHD schools where Wellness Coordinators identify homeless, newcomer or other children of concern. This expands our pilot program in Redwood City to children of need in other SHD school districts. Screenings include oral health assessment, education and a take-home oral health supply kit. Following the screening, Sonrisas' Community Care Coordinator will contact each child's parent or guardian to explain screening findings and, if the child urgently needs care and does not already have a dental home, will assist in connecting them to care.

Sonrisas is proposing that SHD fund school screenings in the District at \$56,200 in FY24 and \$59,010 in FY25. There is a 5% increase in the cost in FY25 to allow for staff salary and clinic expense increases.

Oral Health Screenings	FY 24	FY25
Children Screened	800	800
Proposed SHD Support	\$56,200	\$59,010

III. Senior Oral Health Programming

Senior Patient Navigation



Sonrisas continues to work to design dental care tailored for Seniors living in San Mateo County. Cost is a significant barrier to oral health access for older adults but is not the only driving influence. In FY23, Sonrisas built on learnings from our FY22 Senior Community Needs Assessment by creating a new 0.4 FTE role (Aging Adult Care Coordinator - AACC) to help older adult patients complete their extensive intake paperwork, schedule appointments, remind patients of appointments, answer questions and provide education, arrange transportation, and help patients navigate the dental care process while they are in clinic. In FY24 and beyond, we will update the AACC role to a

Hybrid Team approach, comprising 0.2 FTE Aging Adult Care Coordinator and 0.2 FTE Registered Dental Hygienist Case Manager, to best support medical-dental integration and streamline the process for patients to access dental care. We have found that it is essential to have a team member with clinical decision-making capacity due to the more complex health conditions faced by a significant portion of our older adult patients. 22% of this Hybrid Team's time will be spent assisting SHD residents aged 65+. Sonrisas is requesting that SHD fund the Senior Patient Navigation Hybrid Team at \$12,935 in FY24 and \$13,5822 in FY25, representing 22% of the personnel cost for this team, with a 5% cost of living increase for FY25.

Community Dental Services

In addition to the Senior Patient Navigation Hybrid Team, Sonrisas will also provide community oral health services for SHD residents.

In FY23, we have provided community-based dental screenings for seniors at residential facilities and community centers, as well as mobile clinical services such as periodontal assessment, x-rays, and dental cleanings for patients who could benefit from accessing these services in a community setting. We have had the opportunity to pilot these services in SHD and in FY24, we will be able to provide 35-40 screenings and up to 5 mobile dental visits for SHD residents 65+, through our partnerships with organizations such as Fair Oaks Adult Activity Center, Crane Place, Casa de Redwood, and other community locations. Sonrisas requests \$8,795 in support from SHD in FY24, to provide up to 40 community dental screenings and/or mobile clinical visits for SHD residents aged 65+. In FY25, we request \$10,828 in support to provide up to 50 community dental screenings and/or mobile clinical visits.



Oral Health Education Presentations

During FY24, Sonrisas’ Community Outreach Team will provide three (3) Oral Health Education Presentations in English, Spanish, or Cantonese to seniors 65+ and older adults 55+ through our partnerships with Peninsula Family Service at Fair Oaks Adult Activity Center, Crane Place senior housing, and Little House-PVI. Sonrisas requests \$600 in FY24 to provide 3 oral health presentations and \$800 in FY25 to provide 4 oral health presentations.

Senior Programming	FY 24		FY25	
<u>Senior Patient Navigation</u> <i>22% of Senior Patient Navigation cost -- the percentage of Sonrisas patients 65+ who are SHD residents.</i>		\$12,935		\$13,582
<u>Community Dental Services</u>				
# Patients Screened	35	\$4,795	44	\$6,028
# Mobile Clinics	5	\$4,000	6	\$4,800
# Oral Health Presentations	3	\$600	4	\$800
Proposed SHD Support		\$22,330		\$25,210

In summary, Sonrisas Dental Health proposes an FY24 and FY25 funding partnership to provide access to dental care in our clinic, Oral Health Education and Screenings and Senior Dental programming for a total two-year grant of up to \$1,204,040. Thank you for your consideration of this proposal to support access to critical oral health care for your residents. Your partnership is greatly appreciated by the Sonrisas team.



San Mateo Medical Center Dental Department Proposal to reduce the Comprehensive Care Dental Wait List

Summary:

San Mateo Medical Center (SMMC) provides medical and dental services to low income individuals in the County of San Mateo. It is extremely difficult for patients on Medi-Cal to find a dentist that will accept their coverage. Due to this issue, the wait list for adults to receive comprehensive dental care has almost 2,000 patients on it. Patients wait about 2 to 3 years to be called for an initial exam appointment.

SMMC has 5 dental clinics, 4 of which are housed within the medical clinics, Main Campus (39th Ave), Fair Oaks Health Center (FOHC), Daly City (DCC), Coastside (COA) and one that is mobile (MDC). All of the clinics are open Monday through Friday 8:00 am to 4:45 pm, with FOHC being open one Saturday a month. These hours are still not enough to make a significant difference on reducing the waitlist.

This proposal is to add one dentist on the weekend to the FOHC clinic to increase dental care and access to patients on the waitlist. The Dental Comprehensive Care Waitlist which consists of 1235 patients, with 32% of whom are residents from the Sequoia Healthcare District. The FOHC Comprehensive waitlist has 766 patients with 86% are residents of Sequoia Healthcare District.

Process:

Patients scheduled for these clinics would come off the FOHC comprehensive care waitlist, with the patients on it the longest being contacted first. As with all comprehensive care patients, these patients would be allowed two (2) No Shows before being dismissed from the program and allowed to return only for emergency services.

Patients will be scheduled for the following visits:

- Comprehensive Dental Exam
- Comprehensive Dental Treatment:
 - Periodontal therapy
 - Extractions
 - Fillings
 - Root canal treatment
 - Fixed prosthodontics
 - Removable prosthodontics





Financials:

Expenses to open the clinic one additional provider per week:

Position		Salary & Benefit Rate Per Hour	Total- One 8- Hour Clinic
Dentist (F032)	Regular	\$171.15	\$ 1,369
Dentist (F032)	Extra Help	\$119.81	\$958
Patient Services Assistant (E412)	Extra Help	\$ 38.99	\$312
Dental Assistant	Regular	\$ 60.93	\$ 487
Dental Assistant	(2) Extra Help	\$85.30	\$682
Total cost per day:			\$3,809

These calculations do not take into consideration the indirect costs of running a clinic.

		Salary & Benefit Rate Per Hour	Total - One 8- Hour Clinic	Annual Cost (12 clinics)
Dentist	Regular	\$ 171.15	\$ 1,369	\$ 16,431
Dentist	Extra Help	\$ 119.81	\$ 958	\$ 11,501
Dental Assistant	Regular	\$ 60.93	\$ 487	\$ 5,849
Dental Assistant	2 Extra Help	\$ 85.30	\$ 682	\$ 8,189
Patient Services Assistant	Extra Help	\$ 38.99	\$ 312	\$ 3,743
			\$ 3,809	\$ 45,713
Projected Annual Visit (12 clinics/year; 16 visits/clinic)				
Payor	Visit Payor Mix	Annual Visits	Annual FQHC Revenue	
Medi-Cal	91%	175.5	\$ 91,740	
ACE	5%	8.7		
Self Pay	2.0%	3.9		
Other	1.8%	3.4		
Medicare	0.3%	0.5	\$ 259	
Total	100%	192	\$ 92,000	

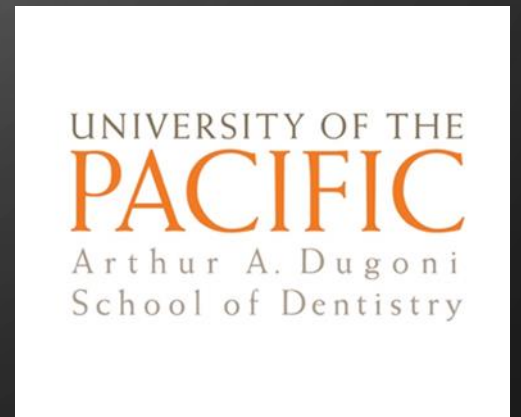
Conclusion:

Opening this additional clinic at FOHC will have a great impact on reducing the patient wait list, increasing access to dental care, improving patient satisfaction and retention. We are the safety net for the San Mateo County residents and without our dental services, patients have no other place to turn to. There is a great need for oral healthcare, and we can do a lot more with your support. We are asking for \$ 320,000 over 2 years to increase our capacity and support our community.

Proposed By: Mariam Hashoush, D.D.S., Supervising Dentist

SAN MATEO COUNTY NAVIGATION CENTER

COLLABORATION BETWEEN THE COUNTY OF SAN MATEO, HEALTH PLAN OF SAN MATEO AND THE UNIVERSITY OF THE PACIFIC ARTHUR A. DUGONI SCHOOL OF DENTISTRY TO PROVIDE ORAL HEALTHCARE AS PART OF A HOLISTIC EFFORT TO END HOMELESSNESS IN SAN MATEO COUNTY



THE CALL TO ACTION ON HOMELESSNESS

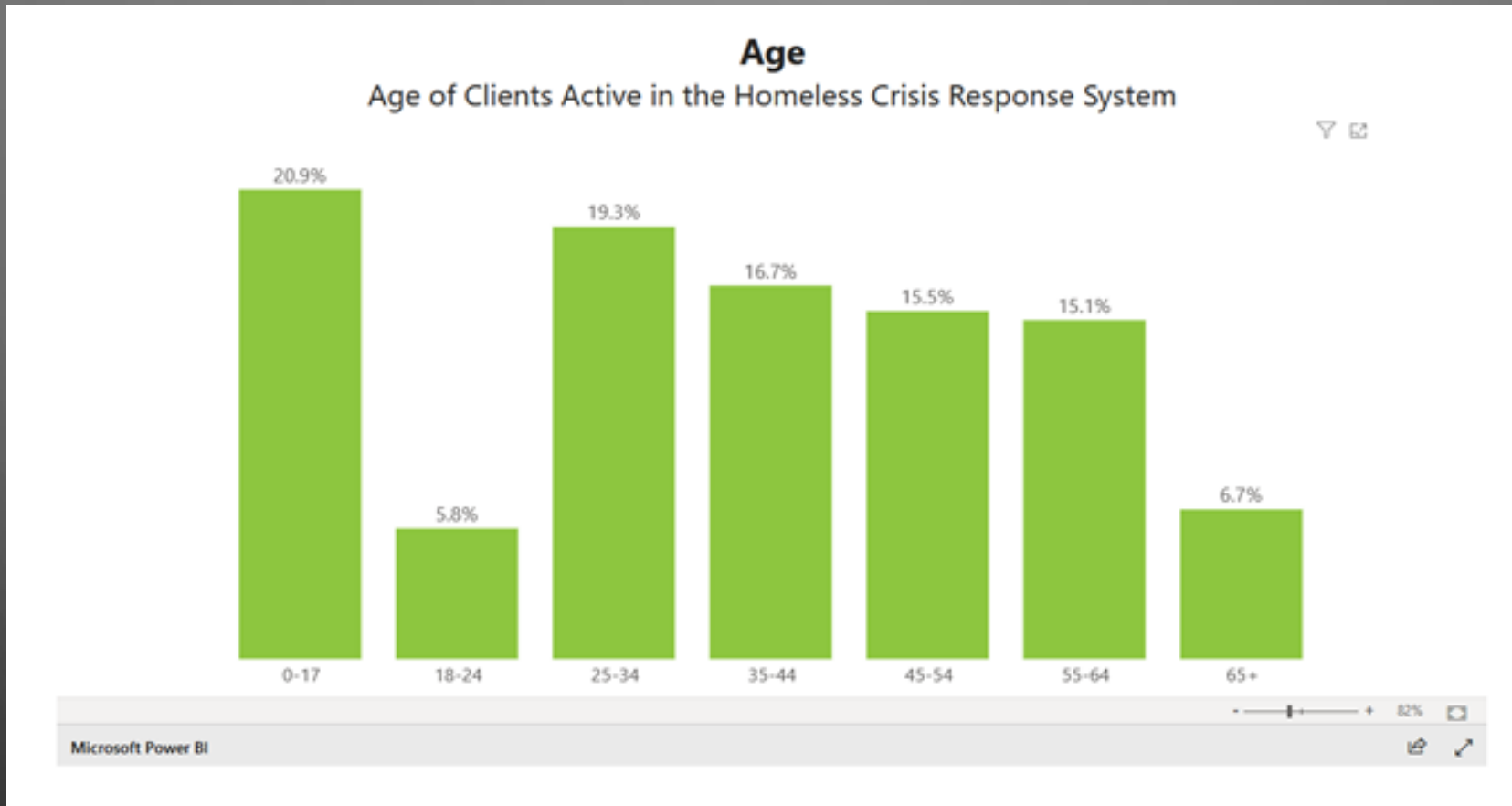
- “Our Year of Working Together to End Homelessness....”
... in San Mateo County - Summit held Oct. 2022
- The Navigation Center will provide up to 264 individuals an opportunity to transition from homelessness to permanent housing
- Homeless population in San Mateo County:
 - 1,753 individuals were experiencing unsheltered homelessness
 - More than half of those – 56 percent – were sleeping in a car or RV
 - More than 84%– were living in San Mateo County when they become homeless

<https://www.smcgov.org/ceo/news/end-homelessness-focus-prevention>

<https://www.smcgov.org/ceo/homeless-demographic-snapshot>



DEMOGRAPHICS

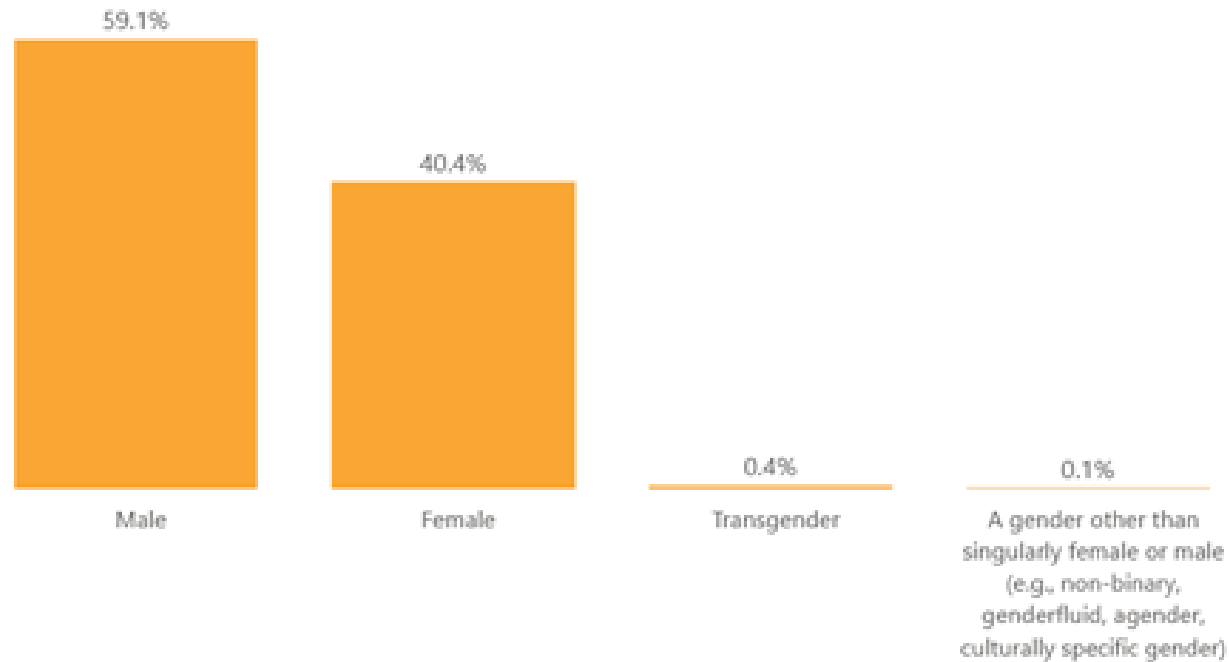


<https://www.smcgov.org/ceo/homeless-demographic-snapshot>

<https://bcsh.ca.gov/calich/hdis.html>

DEMOGRAPHICS

Gender
Gender of Clients Active in the Homeless Crisis Response System

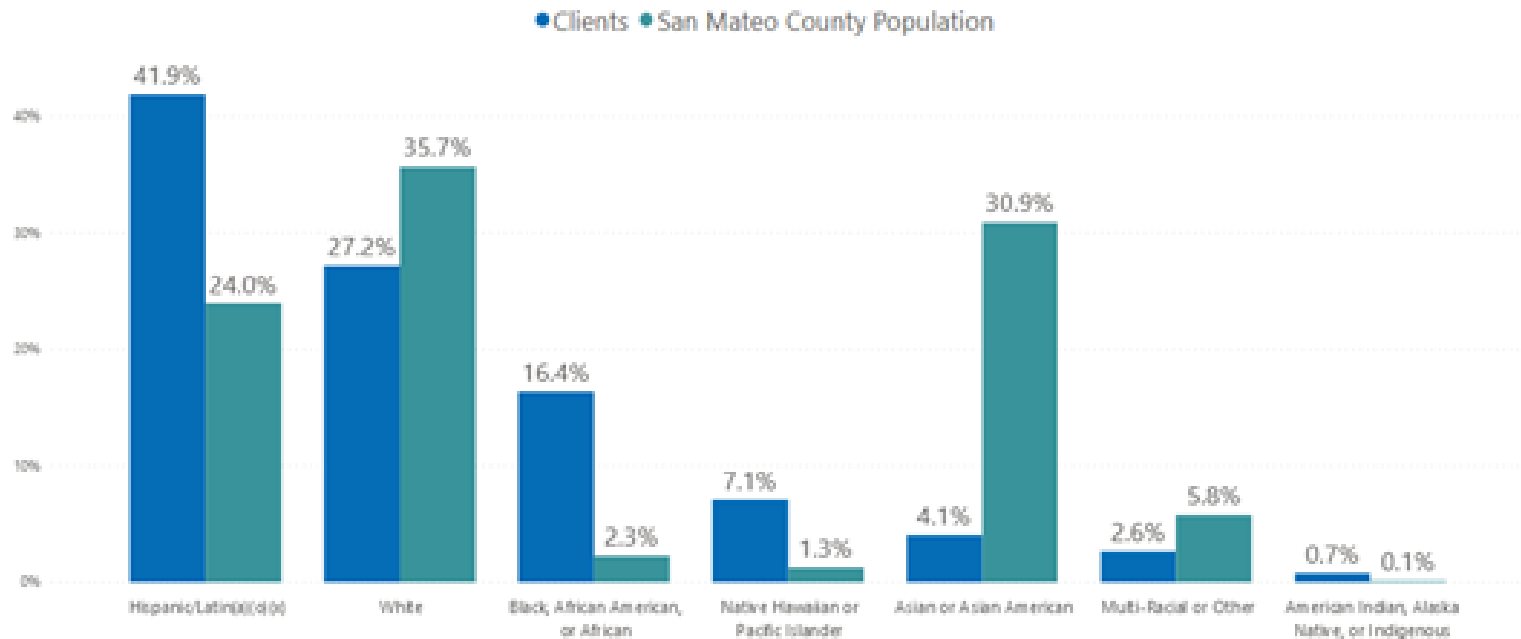


<https://www.smcgov.org/ceo/homeless-demographic-snapshot>

<https://bcsh.ca.gov/calich/hdis.html>

DEMOGRAPHICS

Race/Ethnicity Race/Ethnicity for Clients Active in the Homeless Crisis Response System



1. The Hispanic/Latin(a)(o)(x) category includes clients of any race category(ies). Non-Hispanic/Non-Latin(a)(o)(x) clients are reported by race category.
2. San Mateo County Population data are from the American Census Survey 2021 1-Year Estimates.

<https://www.smcgov.org/ceo/homeless-demographic-snapshot>

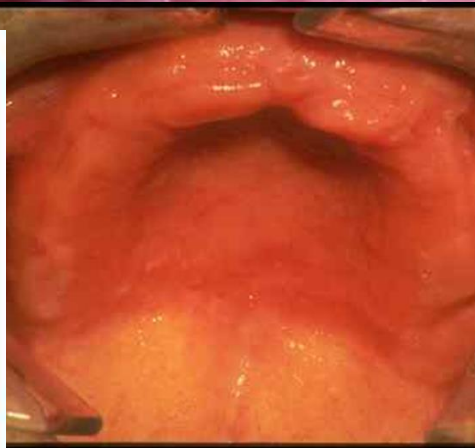
<https://bcsh.ca.gov/calich/hdis.html>

THE DENTAL GOALS MIRROR THE OVERALL GOAL

- “The ultimate goal always is to move our unsheltered residents into permanent and stable housing”
- To stabilize and restore oral health for those struggling with homelessness and to transition them to a stable dental home.”



EXAMPLES OF ORAL DISEASES AND CONDITIONS



WHAT ARE THE RISK FACTORS FOR ORAL DISEASES



- Oral environment
- Diet and nutrition
- Exposure to carcinogens
- Poor access to care
- Limited health literacy
- Some systemic diseases
- Some medications

THERE ARE CONSEQUENCES OF UNTREATED ORAL DISEASES

- acute infection
- pain and discomfort
- diminished quality of life
- altered nutritional intake
- altered appearance
- increasingly complex to treat



THERE ARE OTHER IMPLICATIONS...

- poor oral health undermines the health and well-being of individuals, families, communities
- “...toothlessness leads to joblessness...” Dr. Ellen Beck UCSD
- ~50% of American children do not receive regular dental care because of SDH results in lost school days
- adolescents become at risk for gum disease, tooth erosion and sports injuries
- data continues to build around associations between oral diseases and chronic conditions, such as diabetes, cardiovascular disease, aspiration pneumonia and others as well as for cost savings among populations with access to periodontal and preventive care that reduces inflammation

THERE ARE OTHER IMPLICATIONS...

- HPV-associated oral cancers have doubled in the last 20 years
- A higher prevalence of many oral diseases in older adults, compared to younger adults and coordinated care through an inter-disciplinary team is critical to appropriate and effective care
- Emergency departments often prescribe opioids for acute dental conditions, which is often ineffective and costly
- Costly emergency room care in San Mateo County for acute dental disease, resulting from inadequate access to routine and definitive oral healthcare

ORAL HEALTH NEEDS OF HOMELESS POPULATIONS

- There is limited information about oral health status and needs among homeless children and adults. This represents an opportunity to get more information and establish best practices.
- Mental health and substance abuse are of concern for this population. Each can have significant impacts on oral health and access to care. And poor oral health, chronic oral pain, and poor diet and nutrition can exacerbate these problems.

WHY

- This partnership will provide dental students/residents/fellows/interns an opportunity to participate in oral healthcare within an integrated, inter-professional model of care, incorporating best practices in medicine and oral health for previously and currently homeless individuals seeking routine oral and general health care through the SMC Navigation Center.
- Participation in this program meets two of Pacific's five Strategic Priorities: *Prepare Confident, Competent Oral Healthcare Providers for Current and Future Practice Models and Expand the Role of the Dugoni School of Dentistry as a Community Partner in Health and Wellness.*



CLINICAL MODEL



- Pacific Dugoni Faculty and Staff and access to dental specialties
- Patient care to be provided by students, residents, fellows, interns as well as general and specialty faculty
- One dedicated faculty and two staff cross-trained for assisting and administrative duties will initially see patients in the clinic
- Soft roll out of other providers over year one as appropriate to development of clinic protocols and practices as part of the interdisciplinary team and dependent on California Dental Board approval as an extramural site.

ESTIMATED SUMMARY ANNUAL PROFIT AND LOSS*

Expected Gross Clinic Revenue	\$ 382,137.91
Expected Unpaid Claims (10%)	\$ (38,213.79)
Total Revenues	\$ 343,924.12
Salary Expense	\$ 350,000.00
Fringe Expense	\$ 119,000.00
Supply and Laboratory Expense	\$ 38,428.88
Admin Fee	\$ 97,485.78
Total Expenses	\$ 604,914.66
Gain (Loss)	\$ (260,990.54)

*model created based on Denti-Cal reimbursement rates and student/resident clinic production clinical services will be provided 48 weeks per year providing an estimated 2,500 patient visits per year

THE REQUEST: \$450K OVER FIVE YEARS

- Dedicated dentist and staff to leverage resources of dental school and local community in collaboration with rest of Navigation Center team to provide dental care
- Develop extramural rotations for Dugoni trainees that are as meaningful to patients as they are to trainees
- Develop interdisciplinary protocols for intake, treatment, and referral to a dental home
- Develop a plan for sustainability based on patient needs and clinic capacity
- Develop best practices in primary care for complex populations

PROPOSED SPREAD OF FUNDING OVER FIVE YEARS

Pilot Period	Year One	Year Two	Year Three	Year Four	Year Five
Total is \$450,000	100,000	100,000	100,000	75,000	75,000

OTHER FUNDING SOURCES

- Health Plan of San Mateo: Funds committed
- Healthcare for the Homeless and Farmworkers Grant: Funds committed
- Kaiser Permanente: Funds requested
- Stanford Healthcare: Planning to request

A decorative graphic on the left side of the slide consists of a network of yellow and white lines. These lines form a complex, branching pattern that resembles a circuit board or a neural network. The lines are of varying thickness and connect to small circular nodes. The overall effect is a modern, technological aesthetic.

THANK YOU SO MUCH

HAPPY TO ANSWER ANY QUESTIONS



Budget Overview for FY 2023-24

First Draft for Board Review and Feedback

4/4/2023

Presented here is a first draft of the 2023-24 proposed budget for Board review. At this time, I'm seeking feedback and the opportunity to answer any questions the Board may have. This budget represents my best estimate of what revenue and expenses will be next year as compared to the adopted budget and actuals for 2022-2023, along with such factors as anticipated economic conditions and potential program investment opportunities that have arisen or may arise.

The attached draft budget totals \$16,800,400. This figure is consistent with our current year's budget given that I don't anticipate a change in revenue, though particular line items on the expense side have changed and are summarized in this document.

No notable changes to our **INCOME** over current fiscal year.

- I anticipate property tax revenue to be about the same
- Rental income will remain constant
- Difficult to predict how our investments will perform. Leaving at the conservative estimate of \$80K makes sense at this point
- Pension pass-through should remain \$2.2M

Total income including tax revenue and other sources: \$16,800,400

14,000,000 (property taxes)

+2,800,400 (other sources)

Our total EXPENSES including grants and programs is \$16,800,800, which aligns with our income, but change in many areas, from our current fiscal year.

FY 2022-23	FY 2023-24	Difference +/- (explained)
Grants: \$7,800,050	Grants: \$8,136,293	+\$336,243 Several current grantees have asked for increased funding in 2023-24
Programs: \$5,195,000	Programs: \$4,975,000	-\$220,000 Dissolve Sequoia Strong Directory, move Luz to Community Engagement Officer- becomes admin expense
Admin/other non-personnel expenses: \$1,554,450	Admin/other non-personnel expenses: \$1,382,107	-\$172,343 Though new admin cost with Luz change, no election fees this year
Pension, building, capital improvements: \$2,300,900	Pension, building, capital improvements: \$2,307,900	+\$7,000 Prices for building maintenance, utilities, property insurance have all increased
Total \$16,800,800	Total= \$16,800,800	

Notable changes to expenses:

- Staffing costs will always increase. This year I made increases in admin payroll and grants admin payroll for salary adjustments, potential salary increases and those associated increases (payroll tax, social security, etc). The fully loaded labor costs for admin and grants/admin personnel total \$678,500 as compared to our current fiscal year, which was budgeted at \$638,000, although the 2022-23 actuals are expected to land closer to \$606,000 by June’s end.
- Our total administrative costs are projected to be \$1,382,107, compared with our current budget of \$1,554,450. The reduction in administrative expenses is primarily due to removing election fees of \$250,000 from the proposed budget.
- Pension, building, and capital improvements totals \$2,307,900, an increase of about \$7,000 due to inflationary increases.
- No significant changes in the grants and program expense areas at this time

Attachment

A. Budget Spreadsheet for FY23-24 including adopted FY 22-23 budget and Assumptions

Sequoia Healthcare District - DRAFT Budget FY2023-2024

	Actual income/exp for 2021-2022	Approved Budget FY2022- 2023	Actual income/exp Jul2022-Feb2023	Anticipated year end 2023 totals	DRAFT Budget FY2023-2024	2023-24 Budget Assumptions
INCOME						
Rental Income	20,900.00	9,600	6,400.00	9,600	9,600	Current rental rate of \$800/month for One Life
Tax Revenue	15,826,110	14,000,000	10,577,044	15,577,044	14,000,000	*--In a regular year we would anticipate \$3.5M in April, \$1M in May and \$.5M in June
Investment Income	(640,151)	80,000	(22,497)	80,000	80,000	Investment income not always + in 2021
Interest Income	1,378	800	3,116	3,360	800	Currently receiving ~800/month
2021 Dignity Settlement Agrmt	2,000,000	510,000	510,000	510,000	510,000	Per agrmt, December receive \$510K +\$510K in joint SHD/Dignity grant account
2021 Return of CHI investment \$'s	1,004,400	-	-	-	-	
2021 Calif. Covid-19 Relief	678,202	-	-	-	-	
Pension Income	1,500,000	2,200,000	2,200,000	2,200,000	2,200,000	*recommended contribution by Bartel Associates
Total Revenues	\$ 20,390,839	\$ 16,800,400	\$ 13,274,063	\$ 18,380,004	\$ 16,800,400	
EXPENSES						
Administrative Expenses						
Admin. Payroll and Expenses	363,875	418,500	229,388	368,293	418,500	Admin expense primarily covers 80% CEO salary, 100% Board Clerk/Office Manager salary, payroll service expenses, conference expenses, Exec.education/seminars
Grant Admin Payroll and Expenses	216,138	220,000	156,527	238,961	240,000	includes Versaic \$31.5K+misc exp. Represents 20% CEO Salary, 80% Dir. Grants salary (anticipated salary Mar-Jun=\$70,082, GA exp Mar-Jun minimal \$~2K)~Intend to hire PT grants admin \$38K-\$45K annual~
Board Health Insurance	16,200	20,000	2,421	6,538	15,600	\$1211 x 12 = \$14,532 minimum for next year. 2024 costs should increase.
Employee Health Insurance	68,710	120,000	59,581	100,617	120,000	Includes CalPERS health plan, Delta Dental/Vision, Standard Life insurance. Current exp rate based on 5 employees =\$10,259/month (includes empl. reimbursment). Mar-Jun=\$41,036. 2024 rates will be higher.
Employee Retirement Benefit	26,238	28,000	16,050	27,688	30,457	Currently ~1,166/paycycle. Mar-Jun=9 paycycles x 1166=\$10,494. Will increase as employees get salary increases to base pay next FY \$30,457 with 10% overall increase
Community Engagement Officer	-	-	-	-	87,000	Formerly S. Strong Coordinator/ Communications Specialist- transfer budget allocation from S. Strong
Investment Fees	30,037	30,400	20,322	42,000	45,000	Fremont Bank mgmt fee for Schwab accounts - now running \$10,715/quarter
Purchased Services	28,300	100,000	4,450	20,000	75,000	This would include such services as consultants, trainings, building assessments, we did not use in FY22-23
Accounting Fees	21,516	48,000	1,200	48,000	48,000	Last year's budget included an indepth review that did not happen due to staff shortages at Eide Baily. We will try again in 2023. Audit fees expected to increase by 20% in 2023
Board Expense	1,356	15,000	4,569	4,569	15,000	Due to Pandemic Board did not attend in person conferences in 2020-2022 but anticipated will in 2023-2024
Association/Membership Fees	34,661	38,000	8,336	38,000	38,000	ACHD \$8.2K, RWC Together \$27K, SSI, NCG
Communications	51,366	50,000	55,180	55,180	60,000	Mostly annual report - price increased for printing and postage
Office Supplies/Equip Maint	3,953	9,000	5,185	7,000	9,000	
Web Site/IT	52,674	52,000	30,700	45,700	52,000	Regular web maint/IT ~\$3K/mo +Granicus software, server and video equipmt, GIS mapping, LocateMyDistrict, etc.
Insurance/D&O/Liability/WC/Auto	35,193	40,000	40,356	40,000	43,000	Beta, invoice in July, sends dividends Sept and May
Election Fees	-	250,000	-	-	-	
LAFCO Fees	13,712	15,450	12,215	12,215	15,450	Slight increase in cost over the years
Legal Fees	168,085	50,000	3,501	6,000	50,000	Post Dignity settlement
Bank Fees	123	100	30	30	100	
Total Administrative Expenses	\$ 1,132,136	\$ 1,504,450	\$ 650,011	\$ 1,060,790	\$ 1,362,107	
Pension Plan Expense	1,500,000	2,200,000	2,200,000	\$ 2,200,000	2,200,000	
Building Expenses						
Building Maintenance	50,539	25,000	16,485	\$ 25,000	27,000	Ranges between \$2000/mo to \$2400/mo
Utilities	33,661	25,000	16,926	\$ 25,000	27,000	Ranges between \$2000/mo to \$2400/mo
Insurance/Property	3,827	3,900	5,657	\$ 5,657	6,000	Alliant property insurance price increase expected in FY24
Depreciation	46,498	47,000	30,999	46,498	47,000	TDB- new amount expected after audit confirmed
Total Building Expenses	\$ 134,525.28	\$ 100,900.00	\$ 70,066.24	\$ 102,155	\$ 107,000.00	
Capital Improvements						
Building Improvement	-	-	-	-	-	Do not anticipate any renovations in FY23-24- any major remodel would come from reserves
Total Capital Improvements	-	-	-	\$ -	-	

Grants						
Samaritan House Clinic Operations	1,335,550	1,267,550	651,800	1,303,600	1,353,649	**3 FY year grant approved 6/2021, expires 6/2024. FY22=\$1,335,550; FY23=\$1,303,600; FY24=\$1,353,649.
San Mateo Medical Center - Dental clinic	160,000	160,000	160,000	160,000	160,000	**current grant ends 5/2023
Ravenswood Family Health Ctr	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	**current 2 year grant ends 6/2023- assuming renewal at same amount
Lifemoves LVN	127,500	127,500	127,500	127,500	136,500	**current grant expires 12/2023 (CY) (paid in January)- assuming renewal 2Y grant with COLA increase
Peninsula Volunteers Lyft Pilot	50,242	60,000	40,872	60,000	100,000	**current grant expires 6/2023 (\$70K rides and \$28K admin support=approved 6/1/22) - assuming renewal
BGCP Psychotherapist	93,170	93,170	93,170	93,170	99,700	**current grant expires 12/2024 (CY) - assuming renewal 2Y with COLA increase
Sonrisas	240,000	357,100	180,282	357,100	586,330	**current grant ends 6/2023 - assuming renewal plus increased funding
First 5 SMC	316,284	396,830	-	396,830	461,700	**current 3 year grant ends 6/2023 -- New grant awarded at Feb 23 meeting effective 7/1/23. They requested lump sum at end of FY22-23
Other Grants	8,368	10,000	11,100	11,100	25,000	**small requests that come up over the year
Future Impact Funds	100,564	277,900	45,000	45,000	183,414	**2023 Joint Holiday food grant with Sequoia Hospital-6 small grants
Covid-19 Emergency Funds	47,915	-	(10,000)	(10,000)	-	**This line item will be removed from 2023-24 budget. Remains in this draft for comparisons
Caring Community Grants	4,050,000	4,050,000	4,050,000	4,050,000	4,050,000	
Total Grants	\$ 7,529,593	7,800,050	\$ 6,349,724	\$ 7,594,300	8,156,293	
Program Expenses						
Sequoia Smart- health education	-	50,000	-	\$ -	50,000	Sequoia Smart - pilot new ideas for community health education
Sequoia Safe- disaster and safety training	53,248	150,000	41,642	\$ 43,000	75,000	Formerly HeartSafe- ViaHeart agrmt \$40K, CPR classes, misc- To expand offerings in disaster preparedness, CPR and community first Aid- Partnership with Red Cross
Sequoia Strong (S3)- fitness and strength	131,887	145,000	67,331	\$ 104,369	50,00	Sequoia Strong - pilot new ideas for community physical fitness- removed LG salary, moved to line #22, Community Engagement Officer
HSI- School Health Program	4,521,414	4,850,000	802,857	\$ 4,850,000	4,850,000	FY23 - HSI includes 20% Grants/Program Dir salary and 3 months of new SHI Director salary; Expecting invoices from school districts to pull final numbers in line with budget
Total Program Expenses	\$ 4,706,549	5,195,000	\$ 911,830	\$ 4,997,369	4,975,000	
Total Expenses	\$ 15,002,804	16,800,400	\$ 10,181,630	\$ 15,954,614	16,800,400	
Net Surplus/Loss	\$ 5,388,035	\$ -	\$ 3,092,433	\$ 2,425,389	\$ -	

Agenda Item 4f – Discussion Regarding Replacement Of Outdated AED Units
Previously Placed In Schools And Community Settings

No attachment.

Agenda Item 4g – Approve Amendment To Policy 14.5 Of The Board
Policies And Procedures To Allow Payment Or Reimbursement
Of Candidate Statement Of Qualifications By District

Background and purpose:

With growing recognition of the importance of diversity, equity, and inclusion, we seek to ensure that anyone who wants to run for a seat on the District Board has genuine access to that seat, including those with economic barriers.

Therefore, we should consider changing our board policy 14.5.

Our current Board Policy states:

“14.5. The cost of the candidate’s policy statement is to be paid for by the candidate”.

The amended policy 14.5 would state:

“14.5. The cost of each candidate’s Statement of Qualifications for publication in the Sample Ballot & Official Voter Information Pamphlet or equivalent shall be paid directly by the District to the County Elections Office or reimbursed to the candidates. This policy shall be effective as of the 2024 general election.”

The recommended motion:

Approve amendment to Policy 14.5 of the Board Policies and Procedures to allow payment or reimbursement of Candidate Statement of Qualifications by District.

Agenda Item 4h – Consider Creation Of An Ad-Hoc Finance Committee
And Appointment Of Committee Members By Board President

Background and purpose:

Board Policy 5.2 allows either the Board President or the Board itself to create an ad hoc committee. This committee would review the current financial status of the District, including surplus funds, and the financial reporting to the Board, and make recommendations for consideration by the Board and/or the Chief Executive Officer.

This ad hoc committee serves a particular purpose and does not meet at regular intervals *(If this later becomes a standing ad-hoc committee that meets at regular times, then President Nayfack will ask the Board to approve an amendment to policy 5.1 to assure compliance with the Brown Act).*

The recommended motion:

Action: Consider creation of an ad-hoc Finance Committee and appointment of committee members by Board President.

Sequoia Healthcare District

CEO Report April 2023

Pamela Kurtzman

BUSINESS AND FINANCIAL UPDATE:

Financial Summary

- **Tax income-** Actuals at February's end were just over \$10.5M, which is right on target at this point in the budget cycle. We received \$7.6M in December and by June, we should be right about at the \$14M budgeted for the year.
- **Investment income-** We remain hopeful that the overall improvement in gains (actually lower losses), that we've experienced over the past several months will continue. Though there are still huge swings from month (January we were up \$347k, but in February, we were again down over -\$233k), we are inching up. In February I reported that at December's end, our investment outcomes were down -\$136,225, but at February's end, we are only down -\$21k relative to our proposed budget of \$80k. It will be interesting to see how close to our annual mark we land in June.
- **Expenses-** at February's end, total expenses are just over \$6M which is consistent with the past 2 year's 8-month actuals. Actuals relative to budget, are significantly lower for election and legal fees, school health payroll, and employee health insurance, and I expect they will remain under budget by June, considering we have not had a school health manager for much of this fiscal year, no need for additional legal fees, and election fees were minimal. The other actuals that are way under at this 8-month mark are for the bigger grants that have not been invoiced yet. I expect them to be close to budget by June's end. We have slightly higher than expected costs, for general admin, investment fees, and communications. Of these I expect we will remain a bit over budget with communications and admin expenses due to higher-than-expected postage and printing costs for the annual report and that for general administration, all costs have gone up substantially.
- **Audit-** Heidi has been exceptionally busy working to get the new auditors the information they are requesting. With the auditors being new to us, a lot more information is needed for this first-time audit. They should have it wrapped up by the end of April and ready to produce the report in June.
- **Dignity Settlement Funds-** Sequoia Hospital president, Bill Graham, and I have identified an initial investment of part of this year's funds into the Navigation Center dental clinic, which the Board learned about at our February meeting and will bring to the April meeting for Board approval. Other investment areas for oral health access are being planned and we are exploring opportunities for impactful investments in mental health.
- **Pension Program-** Heidi and I met with Bill Graham and his administrator who manages the account at Sequoia to discuss the process for taking over management of the account. This

would involve the District taking over the bank account for the program and paying invoices as they come in (using pension account funds). This was Mark's recommendation given that the District owns the plan. It will have nominal impact on Heidi's time, and we will assure that an audit accountability system is in place.

HSI

- **Director of School Health update:** It's official! I'm thrilled to introduce you all to Ann Evanilla Wasson who you will meet at our April 4th Board meeting. Formerly, Director of Community Engagement at Peninsula Healthcare District, Ann comes to us with more than 28 years of experience in program development, community engagement, and cultivating collaborative advocacy in San Mateo County, Los Angeles, and Monterey County. Ann holds a Master of Science degree in Clinical Psychology/Industrial Organizational Psychology and a Bachelor of Science degree in Exercise Science from California State University, Los Angeles, where she swam for the NCAA Division II Intercollegiate Swim Team. She also holds a Service-Learning Certification from the California Department of Education. I've had the pleasure of interacting with Ann on various committees over the past few years and I am excited for her to begin work with our team. Though she has attended school-related meetings with me over the past couple of weeks, her official first day of full-time employment with us begins April 10th.
- Jenny and I, and now Ann, are maintaining momentum with school wellness leads, co-leading monthly meetings and planning for the work ahead. Ann and/or Jenny and I have begun meeting with school superintendents to plan the next school health budget and we began reviewing LOI's from school-based program grant applicants and we will provide a brief HSI outcomes report at our June Board meeting.
- Please see Jenny's staff report for additional HSI-related outcomes and activities.

ACHD

- Attended ACHD strategic planning retreat with fellow ACHD board members in Sacramento, February 16-17th.
- Reminding you to mark your calendar for the 2023 ACHD Annual Conference to be held September Sept. 14 - 15th at the Palisades at Tahoe.
- As Education Committee Chair, been working with committee members in planning ACHD educational offerings as well as our annual conference. We are seeking your ideas on a variety of education related topics. Please visit this link for more details <https://www.achd.org/achd-call-for-proposals>
- Help ACHD advocate on important legislation. Please visit ACHD's Call to Action Webpage, for more information on bills and template letters.

OTHER UPDATES AND ACTIVITIES

Oral Health:

Dental Pilot And Clinic Progress

- I, along with Director's Griffin have been meeting with stakeholders to finalize a plan for increasing access to oral health services for district residents who face significant barriers to

care. After numerous discussions with partners, including HPSM, Kim and I have decided to pause on the Access Care pilot concept as it stands, to regroup and identify the most appropriate and sensible approach for recruiting and reimbursing private practice dentist who agree to treat indigent patients.

- After deeming it unnecessary, nor recommended, we will not undertake an RFP process for determining an operator for our conceptual brick and mortar dental clinic at 525 Veterans. Instead, I am in discussions with Ravenswood Family Health Center to operate the clinic. We are in the early stages of the feasibility assessment, and I will keep the Board informed of our progress.

Partner agency grant requests coming in April:

- SMC Health will present a formal proposal at our April Board meeting to request funds to support dental services at their new Navigation Center in Redwood City, operated by Lifemoves. The request is for a 5-year commitment, with a staggered funding approach. I am recommending to the Board that we co-invest with Sequoia Hospital, using the shared settlement funds.
- Sonrisas will present a proposal at our April Board meeting for ongoing and increased funding to serve more District residents at their San Mateo Offices.
- San Mateo Medical Center Dental Clinic at NFO will present a proposal at our April Board meeting for ongoing funding to help reduce long wait times for oral health services.

Strategic plan updates

- We are making great progress on our strategic plan. I will provide a comprehensive year-end report at our June meeting. In the meantime. Below are a few of our activities:
 - **Equity and Inclusion** – Board and staff completed DEI training, Schools have completed Circle up training, Jenny participated in a BACHCA Town Hall on social health equity project to learn data and policy recommendations that impact health, attended Pride Center grand reopening.
 - **Innovation** – Began exploring medical debt relief program (RIP), and Rx help, expanding PV transportation partnership with program to Senior care centers.
 - **Collaboration** – Park and Rec class offerings pilot, partner on SMC and COE Asset Mapping, partnering with PAL for Health Fair, connecting a multitude of partners incl. Special Olympics to Riekes Center and PE+, transportation program with senior care centers, partner with SMC and PHD on several mental health initiatives and pool advocacy, and much more.
 - **Communications**- We now have a District Next Door Account, growing social media, monthly e newsletter, and we will work with the board to provide updates to various city councils this year.
 - **Advocacy**- Michelson Pool- Janet Wagner confirmed pool will reopen. Janet will go back to the advocacy committee with figures for cost of pool repair and ongoing operations. It is a big victory for all who got behind and advocated for the group of concerned citizens-- and just one example of our advocacy efforts.

COMMUNITY INVOLVEMENT

- **Redwood City Together** -Executive meeting and attend both Executive and Leadership committee meetings.
- Member of the **County Recovery Coordination Council**. These bi-weekly meetings are intended to inform, advise, and foster dialogue as the county develops its strategic plan to recover from the pandemic. My participation will help ensure that the District is informed and aligned with the larger recovery efforts to collaborate and leverage our resources.
- Participate in monthly meetings of the **County Covid Communications and Equity Workgroup**
- I continue to participate in discussions hosted by **Stanford Social Innovation** and in forums hosted by **County Health Policy and Planning**

**Jenny Bratton
Staff Report April 2023**

Activity Summary

I. Community Grant Program

- Convened 2023-24 Grants Committee for LOI scoring discussion on March 10
 - We welcomed two new grants committee members this year: SHD Board director William Fong and Tricia Coffey, Manager of Community Health Outreach at Dignity Health Sequoia Hospital. They have already proven to be engaged and positive members to this collegial and veteran team.
 - Committee collectively scored 40 applications, of which 14 were new applicants/new programs. Of these, the committee decided to forward these 9 to the Full Application stage (full applications are due April 7th):

2023-24 NEW LOI	
Organization	Program
Boys and Girls Club of the Peninsula	Triple Play
Catholic Charities	Community Case Management
Children's Health Council	Affordable and Accessible Young Adult Therapy
El Concilio	Health and Wellness Case Management
Family Connections	Family Connections
Belmont Rotary	Medical Equipment Loaning Program
San Mateo Police Activities League	Promoting Healthy Futures
Upward Scholars	Healthy Scholars
Whole Health for Youth	Mental Health Services

- Kicked off site visits with a visit to Family Connections on March 23. The Board is also invited to attend any future site visits. Upcoming site visits (with lists updated weekly) include:
 - Wednesday April 5, 10 am: St. Vincent de Paul
 - Thursday April 6, 1 pm: El Concilio
 - Friday April 7, 2 pm: Friends for Youth
- There are some changes coming down the pipeline in terms of Versaic and grants administration. These include:
 - Sending out full apps for scoring week of April 10th and convene Committee for full application discussion in May prior to June Board meeting for approval
 - Integrate DocuSign capabilities for Versaic-generated grant agreements
 - Fully transition to 2-year grant cycle in 2024 with platform design integrations to reflect this
 - I will be attending the annual Benevity conference in San Diego (May 9-12)

- Reviewed SHD-Dignity Joint Holiday Food program report outcomes (refer to Powerpoint slides) with Marie Violet. We both agreed that this was a successful program. It both expanded our sphere of influence outside of our regular grantees and promoted goodwill in the community by addressing a very critical community need.
- Still on to-do list:
 - Will review outcomes on SHD pilot San Carlos Rec with Pamela to determine financial sustainability and scalability of the program
 - Will send out post-pandemic survey for June staff report
 - Recruit 2024 cycle grants committee with intentional DEI lens

III. Healthy Schools Initiative (HSI)

- Held new LOI discussions with HSI Wellness Coordinators (March 6), 22 LOIs were passed to full application round
- Co-facilitated the monthly HSI Wellness Team (March 24) with Pamela where Ann Wasson, our new Director of School Health was introduced.
- Care Solace Update: Tyler Chamness of Care Solace presented their Key Performance Indicators that showed utilization of their platform within each of the 8 school districts and overall mental health trends among students. For context, in the 2021-22 service year, there were a total of approx. 5,000 inbound communications received from the SHD community; 421 warm handoffs, which are referrals from school staff for help with connecting care, 122 family-initiated cases, and 277 total appointments into care.

Sequoia Healthcare District 22-23 Key Performance Indicators (KPIs)

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Inbound Interactions [?]	160	149	275	368	331	323	406	341	305	2,658
Communications saved [?]	792	783	1,616	2,321	2,244	2,213	2,175	2,093	2,138	16,375
Warm Handoffs* [?]	1	12	39	36	35	30	44	32	34	263
Family-initiated cases [?]	1	1	6	7	9	5	4	14	5	52
Total appointments into care [?]	19	5	14	16	22	14	22	15	10	137
Anonymous searches [?]	7	28	29	33	29	13	23	23	16	201

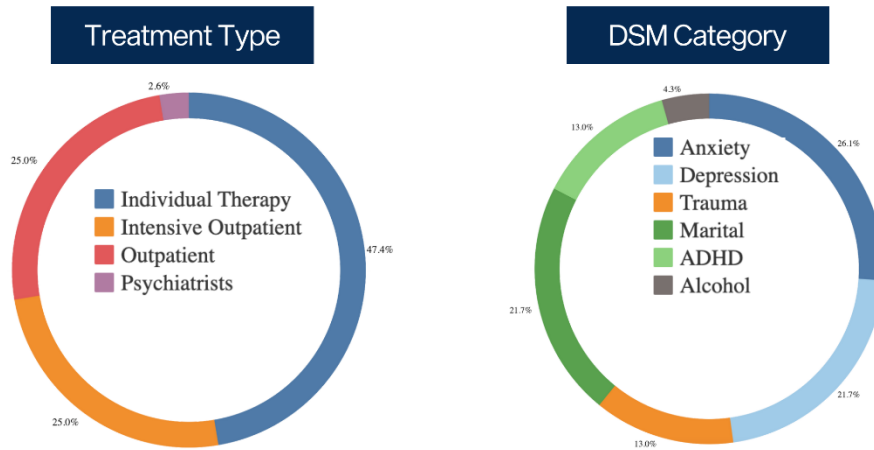
KPI's Defined:

- **Inbound Interactions:** All in-bound phone calls, emails, and video-chats from community members
- **Communication Saved:** All outbound calls, emails, and texts by our team to coordinate care
- **Warm Hand-offs:** Referrals from school staff for help connecting to care
- **Family Initiated Cases:** Community members who contacted us directly for help making an appointment
- **Total Appointments Into Care:** Number of Warm Handoffs and Family Initiated Cases who confirmed appointments using our services.
- **Anonymous Searches:** All completed searches through your proprietary link

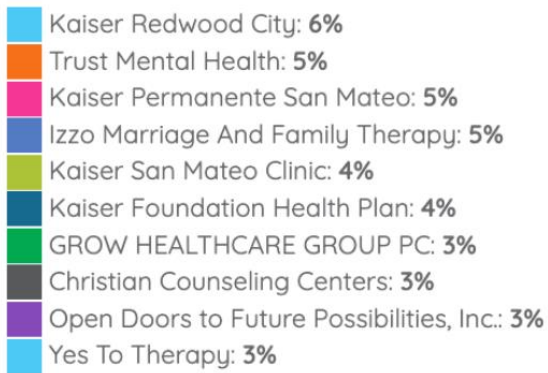
This chart indicates, in comparison, for the current 22-23 service year to date, there have been 2,658 inbound interactions, 263 warm hand-offs, 52 family-initiated cases, and 137 appointments into care. The challenges of getting appointments were discussed. One way Care

Solace is addressing this issue by adding an additional KPI to track the reasons why someone was not getting into care through the Care Solace platform.

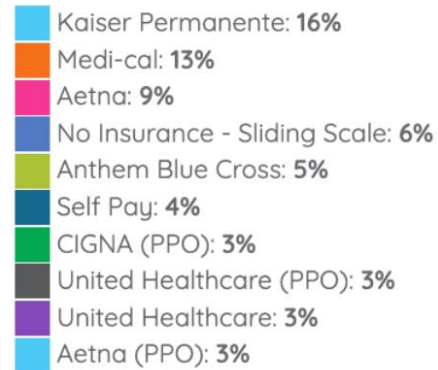
In the SHD schools, almost half of the treatment requested was individual therapy, with the rest split evenly between intensive outpatient and outpatient therapy. A small percentage was for a psychiatrist. This chart also breaks down the reasons for seeking treatment, with Anxiety and Depression being the two most common reasons.



Top Mental Health Providers:



Top Insurance providers:



As expected, the top provider and insurance carrier in the County is Kaiser, which is reflected by this data collected by Care Solace of the providers they have engaged with.

- At the same March HSI Team meeting, Thea Runyan, a former BRSSD Wellness Coordinator, presented her research findings on “Using a youth-centered approach to design an engaging digital health intervention for the treatment of anxiety in Hispanic/Latinx youth.” Her research corroborates current research that show having culturally-relevant modalities are crucial to engaging these youth.

- SMCOE is partnering with the State of California to offer the **Naloxone Distribution Project (NDP)** to San Mateo County schools and districts. The NDP aims to reduce opioid-overdose deaths through training and the provision of free Naloxone. All TK-12 public school districts, charter schools, and private schools may participate. More information can be found here: [Naloxone for Schools Program and Toolkit - San Mateo County Office of Education \(smcoe.org\)](https://smcoe.org) All our districts are participating in SMCOE's NDP program:

District	RCS D	LLES D	BRSS D	SCSD	PVSD/WES D	MPCSD	SUHS D
District Lead of NDP	Director of Health and Wellness Patrinia Redd	Supervisor of Health Nell Curran	District Nurse Lesly Louie	Director of Health and Wellness Ilana Yakubovich and Nurse Jen Otanez	District Nurse Abbe Keane	District Nurse Leanne Jamelian	Supervisor of Health Andrez Guevara
Who has been trained to date?	Entire district staff; Those who haven't will be trained by nurses	3 school nurses; More formal training to be offered to key site staff	All nurses, principals and district leadership	Entire district staff	Entire district staff	Entire district staff	Entire health team, school administration, paraprofessionals, and campus aides

- In attendance:
 - Mid-Peninsula Coalition (March 7th)
 - Executive Advisory Council (March 16th)
 - CHC Ravenswood Grand Opening (March 23rd)
 - School Wellness Alliance Advisory group (March 28th)
 - South County Mental Health Collaborative (March 24th- cancelled)
 - Tobacco Education Coalition School Workgroup (March 29th)
- Upcoming partner events (open to community members):
 - Stanford Cannabis Prevention and Awareness Conference (April 26 and 27th): <https://tinyurl.com/ConfRegistration2023>
 - 10th Annual CHC Breakfast, May 3rd, 8:30 am, Sharon Heights Country Club
 - Health Connected Annual Extravaganza, April 27, 6:00-9:00, Center for Employment Training San Jose
 - Parent Education Series from Parent Venture (www.parentventure.org):
 - Avery Carter Walker, PsyD, Child & Adolescent Eating Disorders Clinic, Stanford Children's Health, for Eating Disorders and Body Image: What Should Parents Know? (April 6).
 - Irena Smith, PhD, college admissions expert, will discuss her forthcoming book, The Golden Ticket: A Life in College Admissions Essays (April 13).
 - The Parent Venture is proud to partner with the Parent Advisory Board of the Stanford Autism Center for In a Different Key: The Story of Autism, a conversation with its filmmakers (April 19).

IV. ACHD

- Advocacy Committee (next meeting April 20th): Legislative Meet & Greet (April 26th & 27th)- will not attend due to attendance at Wisdom 2.0
- Be sure to submit your nominations by July 15th: [ACHD Annual Awards 2023 | ACHD](https://www.achd.org/achd-annual-awards-2023) (www.achd.org/achd-annual-awards-2023)!

IV. Other

- Worked with Luz on Health Fair planning
- Coordinated with Charlene Margot (Parent Education Series) on future town hall (now Sequoia Smart Series) on Concussion
- Attended BACHAC Health Equity webinar (March 24th)

2022-23 Joint Holiday Food Grant with Dignity Health Sequoia Hospital Outcomes

Presented to the Board on April 5, 2023

Jenny Bratton

Joint Holiday Food Program

In 2022, SHD Board approved the renewal of the \$100,000 Joint Holiday Food once again in partnership with Dignity Health Sequoia Hospital. We intentionally targeted community agencies outside of our pre-existing food grants program in order to amplify our messaging, extend our reach, and sphere of influence while addressing the increased food needs for the vulnerable and underserved members in our community. We awarded 7 grants for a total of \$90,000 and received reports back from 6:

- Ecumenical Hunger Program (\$20,000)
- Karat School Project (\$20,000)
- Nuestra Casa (\$19,000)
- Redwood City School District (\$8,000)
- Upward Scholars (\$10,000)
- Whole Health for Youth (\$7,000)
- First Step Community Services (\$6,000) - did not submit report

Outcomes

The grantees submitted a final report in mid-March. The reports were comprised of a completed final report form, pictures and/or video of the project/program in action, a summary of the results using the goals listed in the original grant application, and a brief description of any significant challenges experienced related to the funded grant program/project.

- **Ecumenical Hunger Program (EHP)**
In total, EHP provided over 1000 Thanksgiving holiday food boxes to approximately 3,300 people and exceeded their holiday food budget by 200%. The most challenging issue EHP encountered was the uncertainty of what they would receive. For example, they expected two pallets of eggs from Second Harvest but only received half a pallet several days before their Thanksgiving distribution began. Their buyer went out each morning to purchase about 400 cartons (12 pack) of eggs on each day of distribution. Today, EHP is providing food boxes to approximately 600-650 families a week and also recently reignited a partnership with Menlo Atherton High School to provide snacks to their after-school program.
- **Karat**
The \$20,000 grant helped feed and supply winter protective materials to 16 families (average family size of 4.5 for a total of 80 lives impacted) experiencing housing insecurity and who live in RVs or tents around our community. The funds were used to purchase food cards for 16 families that provided 3 months of food supplies, in addition to blankets and water. 100% of RV families utilizing tents, encampments and other transient living situations received Whole Food Thanksgiving meals, and food cards from stores and local restaurants in proximity to the recipients. Families reported feeling like someone cares and that the cards allowed them to choose foods they needed rather than giving them food supplies they would not like and would have to store.
- **Nuestra Casa**
The original proposal was to purchase and distribute 600 Good Roots food boxes, but the box pricing was less expensive than originally quoted (\$12 per box), which enabled them to purchase and distribute 1,020 to Redwood City families. Good Roots offered free delivery because it was for a good cause. Nuestra Casa had initially planned to distribute the boxes before the December holidays, but after discussion with Good Roots, they moved the dates to

February/March. Though moving distribution to the post-holiday season was less than ideal, it was a blessing for local families. With all the storms and power outages that affected many families, many lost food and access to other usual resources. The boxes were an enormous help to families most impacted by the storms/power outages. They plan to use up the rest of their funds to distribute another 480 food boxes in time for Easter.

- **Redwood City School District**

The targeted population for the Holiday Food Grant was kindergarten through eighth grade students in the Redwood City School District (RCSD). These students were identified as McKinney Vento (Homeless) students. The original plan was to service a total of 24 families between 8 distributions. Overall, they served approximately 56 families (over twice the projected number) which included 82 students and 54 parents, of which a few were new families who were not connected to resources and were in need. Challenges included families not showing up for distribution and transportation issues. Another challenge was perishable food storage and the amount of labor (Costco runs, delivery, assembly manpower) involved in the project. Wellness Director Patrinia Redd enlisted partners to make it a collaborative success: Community Center Coordinator at MIT, Second Harvest, RCSD Child and Nutrition Services Department, Peninsula Community Church, and IMPACT (Mid-Peninsula Pediatric Advocacy Coalition).

- **Upward Scholars**

This grant enabled Upward Scholars to provide Safeway grocery gift cards in the amount of \$75 each of its students during the holiday period. The cards were restricted and could not be used to purchase alcohol or tobacco. With the \$10,000 grant, they were able to distribute grocery gift cards to 135 low-income community college students. Upward Scholars did not encounter any significant challenges in implementing the grant, but wished they had a year-round funding source for purchasing grocery gift cards as their students could use this extra nutrition boost all year.

- **Whole Health for Youth**

WHY used the grant funds for dinners, snacks, and grocery store gift cards that were given out at parent support groups, mental health trainings, community roundtable discussions, and holiday parties, to the families they serve. In addition, the food functioned as an effective incentive to increase attendance at events. The \$7,000 grant was stretched over 20 different events held by WHY partners (Friends for Youth, One Life Counseling, Redwood City PAL, and Siena Youth Center) between November 2022 and January 2023 that served people of all ages. WHY served over 1,000 people, which exceeded the goal of 400 people. 100% of participants surveyed were satisfied with the food provided, exceeding their goal of 85% satisfaction.

Conclusion

This year's holiday food grant impacted over 6,000 people in the SHD community. Given that some reports only counted families instead of people, the number is easily much higher. The downside is that with mass food distribution, there is no way to verify residency, so we cannot state with any accuracy how many of these people were SHD residents. We vetted all our grantees and were assured by these partners that a significant number of their clients, if not all, were from within our service boundaries.

In light of the great impact and benefit this programs offers to our community, and how it has been so well-received and widely lauded, we would like to propose that we offer this joint grant program annually, and release the application as early as late September or early October, so that organizations have time to plan and implement this program leading up to the holiday season. A special thanks to Marie Violet at Dignity Health Sequoia Hospital for this partnership.