



**BOARD OF DIRECTORS PUBLIC MEETING**

**JANUARY 27, 2022**

**1. CALL TO ORDER: Present by roll call, Chair Cappel, Vice-Chair Galligan, Director Pagliaro, Director Navarro, Director Zell.**

**2. CONSENT CALENDAR:**

**Director Pagliaro** asked when the San Bruno Park clinic will be up and running? Staff responded that regular meetings with school district leadership are taking place to determine what services should be offered to relaunch with plan to gradually grow services. **Chair Cappel** requested the plan for reopening be presented to the Strategic Direction Oversight Committee prior to bringing full proposal to the Board.

***Director Zell moved to approve consent calendar as presented; Director Pagliaro seconded. Roll call vote: Ayes – Cappel, Galligan, Pagliaro, Navarro, Zell. Noes -none. Abstentions- none. Motion approved 5/0/0.***

**3. ORAL COMMUNICATIONS:**

Laura Hinz reiterated her request for the Board to support the state's single payer initiative. Lindsay Raike, Michael Schrader, Lindsay Z, Jane Stahl, Naomi, and Prakalp Sudhakar all spoke about the impact on resident health due to Sutter's closure of its Mickelson Therapy Pool.

**4. SPECIAL PRESENTATION: MILLS-PENINSULA MEDICAL CENTER QUARTERLY REPORT- CEO WAGNER**

CEO Wagner offered the following information's:

- Majority of hospital Covid patients are unvaccinated.
- Many asymptomatic patients are testing positive when arriving for other procedures.
- All mental health facilities have been impacted by staffing shortages due to Covid, some closing beds.
- Insurance companies are no longer reimbursing for procedures that could be done as outpatient.

**Director Zell** expressed his frustration with Sutter's recent closure of the Mickelson pool, Senior Focus, and other outpatient programs and asked who could be contacted at Sutter.

**CEO Wagner** responded that folks could contact the interim CEO James Comforty and mentioned the last Covid-19 surge put hospitals in a financial set back. Moving forward acute care services will remain the area, and ambulatory care will be more robust, but hospital and service closures are expected.

**CEO Fama** asked Ms. Wagner to clarify the status of mental health facilities at Mills.

**CEO Wagner** reported during the last surge, the adult unit was closed due to an outbreak. At this time all MPMC mental health facilities are open and completely full.

**Public Comments:** Ginnie Plato, Romy, Mike Sharder, and Lindsay Z. commented on pool issues.



**5. REPORT OUT FROM CLOSED SESSIONS: 1-12-22- & 1-27-22 Chair Cappel:** Meetings focused on the PWC, employee benefit issues, and CEO's annual performance review. Action items will be addressed under New Business.

**6. OLD BUSINESS:**

**A. allcove Teen Youth Drop-In Center: Progress Report**

**YBHD Flores** reported the 2600 El Camino Real, San Mateo lease and State grant agreement have been signed. DES architects has been selected to design the tenant improvements needed to comply with allcove specifications. The DES contract proposal will be presented under new business. He then introduced Jackie Almes, PHCD's new Youth Outreach Specialist who will support the allcove launch and operations and the youth advisory group. Ms. Almes is a San Mateo native, graduate of Mercy Burlingame and University of Arizona. She introduced herself to the board and expressed her passion for mental health, working with youth, and excitement about the allcove San Mateo program.

**7. NEW BUSINESS**

**A. Proposal to Carry Out a Focused 2022 Vaccination/Testing/Masking Campaign in CY2022 allocating \$250K of the COVID Reimbursement Recently Received from the State Through CSDA for This Purpose: CED Wasson** presented the proposal and provided specific elements planned for the use of the funds. These include vaccination popup clinics, educational webinars on vaccination, boosters, and masking, as well as PPE and access to rapid tests kits for non-profit organizations.

**Director Pagliaro** asked about the funding and why \$250K was the amount proposed to which **CEO Fama** responded giving a brief explanation on PHCD's success in receiving \$817K of reimbursement from the California Special Districts Association for the >\$4M PHCD PHCD had invested to address Covid related community health and safety needs since March 2020. Given Covid related needs still exist and are evolving, and what was needed previously for Covid support and services, she is recommending a budget line item of \$250K. This allows staff to be nimble in responding to needs and provides funding for an aggressive campaign to promote vaccinations, booster shots, PPE/safety equipment and education.

**Director Pagliaro** requested a monthly or bimonthly report be given for monies being allocated for this specific program. **Chair Cappel** stated the Covid Campaign is a great program and benefit to the community. **Director Galligan** stated the program is vital and prepared to do everything necessary for the community. **Director Navarro** applauded staff for finding a creative way to utilize reimbursed funding.

**Public Comment:** Ginnie Plato expressed her frustration that Covid is getting more response than the medical issues related to the closure of the Mickelson Pool. There being no further comments,

*Director Galligan moved to approve the program proposal as presented.*

*Director Zell seconded the motion. Roll call vote: Ayes-Cappel, Galligan, Pagliaro, Navarro, and Zell. Noes – none. Abstentions – none. Motion passes 5/0/0*



- B. Approval of 2600 El Camino Real allcove-San Mateo Contract for DES Architectural Services: Eddie Flores, Youth Behavioral Health Director** noted the proposal had been reviewed by counsel and Directors Cappel and Pagliaro and was included in the meeting materials. DES was determined to be the best fit for the project which covers the tenant improvement work at PHCD's leased site at 2600 El Camino office for allcove San Mateo.

**Director Navarro** asked if the lease stated the right of refusal if the landlord decides to sell the property during the duration of the lease? **Counsel Mark Hudak** confirmed that is in the final executed lease.

**Director Pagliaro** spoke highly of DES as an architectural firm however, expressed concerns about having a Time & Materials contract over \$200k for an office space. He asked staff to request a fixed price contract with two options: One for all 8,200 sq.ft.; one for 4,100 sq. ft.

**Chair Cappel** asked how a month's delay will impact program and staff responded it would not have a material impact on the program.

**Director Zell** recommended the Property Oversight Committee review the updated proposal before bringing to the full board for approval.

**ACTION deferred.**

#### **8. Public Employee Salary & Benefit issues: Chair Cappel**

##### **1. Proposed Adjustment to Salary Range for Health & Fitness Director Position.**

**Chair Cappel** reported the range adjustment will be addressed at the time of the annual review of all position salary ranges as part of the budget process. The recommendation was to ratify the CEO's action in giving an increase that exceeded the top of the range by <\$550 annually.

*Director Galligan moved to ratify the CEO's action as stated; Director Navarro seconded. Roll call vote: Ayes- Cappel, Galligan, Pagliaro, Navarro, and Zell. Noes – none. Abstentions – none. Motion passed 5/0/0*

##### **2. Annual Performance Review of CEO & Proposed Amendment to CEO's Contract**

**Chair Cappel** stated the CEO annual performance review was completed. The recommendation is to implement the contractually defined CPI increase of 4.2%, and offer a bonus of \$5000. The proposal was accepted by the CEO and will be incorporated into an amendment to the CEO's employment contract.

*Chair Cappel moved to approve recommendation; Director Galligan seconded the motion. Roll Call vote: Noes -none. Abstentions- none. Ayes- Cappel, Galligan, Pagliaro, Navarro, and Zell. Motion passed 5/0/0*

- 3. Proposal to provide COVID-19 sick days for Employees: Chair Cappel** stated ten (10) Covid sick days will be made available for all employees. This bank of hours will be separate from the PTO benefit and will sunset June 30, 2022. This benefit is for all staff,



will be pro-rated for part time staff and can be used in the event staff is ill with Covid or needs to care for a family member who is ill or child who tested positive and childcare is not available.

***Director Galligan moved to approve 10 Covid Sick Days, Director Navarro seconded. Ayes- Cappel, Galligan, Pagliaro, Navarro, and Zell. Motion Noes -none. Abstentions- none. Motion passed 5/0/0***

#### **BOARD CHAIR'S REPORT**

**Chair Cappel** reported several people have emailed him regarding the single payer health plan. He stated he has studied single payer since 1984 and would like the Directors to discuss before considering passing a resolution for this complex issue.

**Chair Cappel** also mentioned Director Galligan suggested at the last board meeting the need to send a letter to Sutter regarding the Mickelson pool closure and reiterated to the public that the district has done a lot of work regarding this issue. The district has researched alternative options, completed a budget analysis to repair the pool talked to CEO Wagner etc.

#### **DIRECTOR REPORTS**

**Director Pagliaro** reported there has not been a lot of progress at the Trousdale on a number of facility issues since his last walk through with the general contractor. There are several repairs that will be completed in the next few weeks.

#### **COMMITTEE REPORTS**

**Strategic Direction Committee: Committee Chair Cappel:** At the last meeting the primary focus was on community benefit programs under consideration for the Peninsula Wellness Community. Chip Gabriel, CEO of Generations Senior Housing was the guest speaker. The committee also decided to go to every other month meetings.

**Community Health Investment Committee: Committee Chair Galligan: The next committee meeting will be held in August.**

**Finance Committee: - Committee Chair Zell:** The January meeting focused on reviewing policies and procedures and the recent attempted fraud activity on PHCD's bank account. No money was lost.

#### **MANAGEMENT REPORTS:**

**CEO Fama-** Reported the Trousdale is testing staff and residents every Thursday.

CEO Fama reported the district is required to review the district boundaries every ten years. This year the district is required to submit boundaries map by April 18<sup>th</sup>. CEO Fama noted the district map has not changed since 1947 and has reached out to a demographer to assist in the process.

**Director Zell** suggested the district expand north of the county and requested this be agenzized for the next board meeting.



**CFO Vickie Yee:** She has been working diligently on transferring bank accounts due to the recent attempted fraud and mentioned the next Finance Committee meeting is March 8th.

**YBHD Flores:** Announce he selected to represent PHCD on the MHSA Committee - a mental health initiative steering committee for San Mateo County that plays a major role in program planning.

**CED Wasson:** She is working on wrapping up the annual grants cycle for FY 22 by closing out the grants program sending out acceptance letters and checks, and receiving grantee reports for FY '21 grants.

**9. MEDIA AND CORRESPONDENCE:** **CEO Fama** noted letters received and sent concerning the Mickelson Pool issue.

**10. ADJOURNMENT:** **Chair Cappel** adjourned the meeting at 8:33pm

**Written and submitted by Stephanie Arevalo Rodriguez, Business Operations Manager**

**Approved by:**

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Lawrence W. Cappel, Board Chair

**Peninsula Health Care District  
Checking Transactions  
January-22**

<b>Date</b>	<b>Description</b>	<b>Deposit</b>	<b>Withdraw</b>
<b>Admin</b>			
1/3/2022	Sonrisas Dental Health		75,000.00
1/7/2022	U. S. Bank Equipment Finance		554.82
1/7/2022	Parent Venture		2,500.00
1/7/2022	City of Burlingame Water		129.01
1/7/2022	Well Connected Office		774.70
1/7/2022	Comcast		341.43
1/7/2022	Recology		78.13
1/7/2022	PG&E		260.04
1/11/2022	Paychex		314.46
1/11/2022	California Public Employees Retirement		12,987.24
1/13/2022	Fund TRF from Admin to CNB	2,000,000.00	
1/13/2022	Paychex Payroll 01/15/22		26,256.57
1/14/2022	Villages of San Mateo County		10,000.00
1/14/2022	Peninsula Jewish Community Center		10,000.00
1/14/2022	Call Primrose		15,000.00
1/14/2022	Breathe California of the Bay Area, Golden Gate, and Central		15,000.00
1/14/2022	The Latino Commission		20,000.00
1/14/2022	KARA		20,000.00
1/14/2022	Friends for Youth		25,000.00
1/14/2022	StarVista		25,000.00
1/14/2022	WomenSV		25,000.00
1/14/2022	NAMI SMC		25,000.00
1/14/2022	CASA of San Mateo County		25,000.00
1/14/2022	Mid Peninsula Boys & Girls Club		25,000.00
1/14/2022	Acknowledge Alliance		25,000.00
1/14/2022	IEP Collaborative, Inc.		26,000.00
1/14/2022	San Mateo Police Activities League		30,000.00
1/14/2022	LifeMoves		30,000.00
1/14/2022	Vista Center for the Blind and Visually Impaired		30,000.00
1/14/2022	National Center for Equine Facilitated Therapy (NCEFT)		30,000.00
1/14/2022	Community Initiatives		30,000.00
1/14/2022	Rebuilding Together Peninsula		30,000.00
1/14/2022	Healthier Kids Foundation		30,000.00
1/14/2022	Ability Path		35,000.00
1/14/2022	Peninsula Bridge		35,000.00
1/14/2022	Edgewood Center for Children and Families		35,000.00
1/14/2022	Peninsula Volunteers, Inc. -Rosener House		40,000.00
1/14/2022	Catholic Charities		45,000.00
1/14/2022	Peninsula Family Service		45,000.00
1/14/2022	Peninsula Family YMCA		45,000.00
1/14/2022	CORA - Community Overcoming Relationship Abuse		45,000.00
1/14/2022	Second Harvest of Silicon Valley		50,000.00
1/14/2022	Caminar, Inc.		50,000.00
1/14/2022	One Life Counseling Center		50,000.00
1/14/2022	First 5 San Mateo County		50,000.00
1/14/2022	Ombudsman Services San Mateo County		70,000.00
1/14/2022	Peninsula Volunteers-Meals on Wheels		75,000.00
1/14/2022	Mission Hospice & Home Care		165,000.00
1/14/2022	Samaritan House		305,000.00
1/14/2022	One Life Counseling Center		10,000.00
1/14/2022	Jewish Family & Children's Services		20,000.00
1/14/2022	Justice At Last, Inc.		24,000.00
1/14/2022	StarVista		25,000.00
1/14/2022	Hanson Bridgett LLP		749.00
1/14/2022	Oropeza's Landscaping & Maintenance		450.00
1/14/2022	Peninsula Volunteers, Inc		2,480.00
1/14/2022	Mark D. Hudak		2,565.00
1/14/2022	Cheryl Fama		85.79
1/14/2022	Allied Administrators for Delta Dental		1,588.53
1/14/2022	UNUM Life Insurance Company of America		409.26
1/14/2022	Millbrae Cultural Committee		500.00

Date	Description	Deposit	Withdraw
1/14/2022	County of San Mateo, CA	9,136.25	
1/14/2022	Paychex		85.00
1/14/2022	FSA Payment		153.57
1/14/2022	Workers Compensation Insurance Payroll		204.17
1/14/2022	Payroll Taxes 1/15/22		15,291.83
1/18/2022	CalPERS Pension		30.30
1/18/2022	Cardmember Service		1,184.90
1/18/2022	CalPERS Pension		4,947.28
1/20/2022	Sonrisas Dental Health		75,000.00
1/21/2022	Iron Mountain		1,850.66
1/21/2022	Best Best & Krieger, LLP		504.00
1/21/2022	Voler Strategic Advisors Inc.		1,025.26
1/21/2022	KBA Document Solutions, LLC		115.92
1/21/2022	Paychex		114.00
1/26/2022	EDD		1,587.14
1/28/2022	Cheryl A. Fama	25.48	
1/28/2022	Anna Naufahu	150.00	
1/28/2022	Paychex Payroll 01/31/22		31,388.42
1/31/2022	Workers Compensation Insurance Payroll		229.91
1/31/2022	Payroll Taxes 1/31/22		17,446.72
		<b>9,311.73</b>	<b>3,999,183.06</b>

#### Health Fitness

1/7/2022	Recology		168.64
1/7/2022	Crothall Laundry Services Inc.		175.08
1/7/2022	Well Connected Office		200.60
1/7/2022	PG&E		617.46
1/7/2022	City of Burlingame Water Dept		8.91
1/7/2022	Joan Sanchez		240.00
1/7/2022	City of Burlingame Water Dept		174.00
1/14/2022	KBA Document Solutions, LLC		39.34
1/14/2022	Gym Doctors		3,225.06
1/14/2022	William Kozuch		55.00
1/14/2022	AT&T #650 692-2151		225.91
1/18/2022	Cardmember Service		445.53
1/31/2022	Health and Fitness Member Deposit January 2022	9,172.42	
		<b>9,172.42</b>	<b>5,575.53</b>

#### Leasing

1/7/2022	Bellant Plumbing		904.00
1/7/2022	PG&E		1,904.79
1/7/2022	City of Burlingame Water Dept		424.93
1/7/2022	City of Burlingame Water Dept		597.37
1/7/2022	City of Burlingame Water Dept		84.03
1/7/2022	City of Burlingame Water Dept		243.96
1/7/2022	Recology		544.50
1/7/2022	Recology		337.30
1/10/2022	Fund Transfer from Leasing to US Bank - Debt Service		473,262.22
1/12/2022	Baca & Sons Ptg. Inc. - Void Check		-750.00
1/13/2022	Fund TRF from Leasing to CNB		2,000,000.00
1/14/2022	Baca & Sons Ptg. Inc.		760.00
1/14/2022	Bleyle Elevator, Inc		95.00
1/14/2022	Oropeza's Landscaping & Maintenance		2,295.00
1/14/2022	Western Allied Mechanical, Inc.		1,146.61
1/21/2022	Western Allied Mechanical, Inc.		500.00
1/21/2022	Bay Alarm		240.36
1/28/2022	Ability Path	6,628.00	
1/28/2022	April Lee, DDS	2,719.14	
1/28/2022	Bay Area Foot Care	3,224.00	
1/28/2022	Houn Young Kim, DDS	1,957.00	
1/28/2022	Burlingame Therapeutic Associates	3,000.00	
1/28/2022	Carol Tanzi & Associates	500.00	
1/28/2022	Doherty Realty Co.	1,666.88	
1/28/2022	One Life Counseling Service	1,300.00	
1/28/2022	Preferred Prosthetics Inc.	2,716.17	
1/28/2022	Dr. Chan Dental	3,895.75	

<b>Date</b>	<b>Description</b>	<b>Deposit</b>	<b>Withdraw</b>
1/28/2022	Zoya Galant, DDS	2,333.61	
1/31/2022	Record Prepaid Rent for Feb 2022	1,563.00	
		<b>31,503.55</b>	<b>2,482,590.07</b>
<b>PWC</b>			
1/7/2022	J & E Pro Cleaning and Handy Services		130.00
1/14/2022	GM Construction		1,200.00
		<b>0.00</b>	<b>1,330.00</b>
<b>Trousdale</b>			
1/1/2022	Heartland Merchant Account		737.37
1/7/2022	Eskaton Properties Inc		63,881.63
1/10/2022	Fund Transfer from TT Ops to US Bank - Debt Service		1,868,549.76
1/14/2022	Eskaton Properties Inc		15,324.76
1/18/2022	Trousdale Tenant Deposit	101,005.52	
1/19/2022	Trousdale Tenant Deposit	5,000.00	
1/19/2022	Trousdale Tenant Deposit	62,168.61	
1/21/2022	Trousdale Tenant Deposit	582,701.17	
1/27/2022	Trousdale Tenant Deposit	5,000.00	
1/28/2022	Trousdale Tenant Deposit	44,910.85	
1/31/2022	Trousdale Tenant Deposit	2,240.40	
		<b>803,026.55</b>	<b>1,948,493.52</b>



Peninsula Health Care District  
Treasurer's Report

January 31, 2022

Preliminary - subject to change

**STATUS OF CURRENT YEAR TAX REVENUES**

Total As Of <u>1/31/22</u>	Estimated FY 21-22 Tax Revenue
<u>\$ 4,258,000</u>	<u>\$ 7,500,000</u>

**Board Designated Invested Funds**

	Rate Last QTR	Fees Paid Fiscal YTD	Cost Basis		Market Value
			<u>12/31/2021</u>	<u>1/31/2022</u>	<u>1/31/2022</u>
Torrey Pines - 3yr CD (mature 1/31/24)	0.450%		3,130,839	3,130,839	3,130,839
Fiduciary Trust	*	2,881	1,637,420	1,637,908	1,642,279
City National Bank	*	16,128	18,520,557	22,493,398	22,142,778
Local Agency Investment Fund	0.206%		5,737,599	5,740,902	5,740,902
San Mateo County Pool Investment	0.867%		<u>3,514,032</u>	<u>3,521,680</u>	<u>3,521,680</u>
			<u><b>32,540,447</b></u>	<u><b>36,524,727</b></u>	<u><b>36,178,479</b></u>

\* Yield to maturity



**DATE:** February 17, 2022

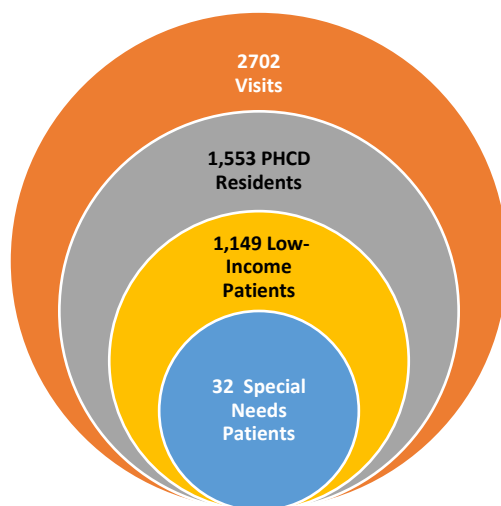
**TO:** Peninsula Health Care District Board of Directors

**FROM:** Tracey Fecher, CEO

**RE:** **Sonrisas Dental Health FY 21-22 Second Quarter Report**

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Sonrisas Dental Health is pleased to share the results and outcomes with the PHCD board for the first half of FY 21-22. From July 2021 to December 2021, there were the following PHCD residents with visits to a Sonrisas clinic for dental care.



In the 2<sup>nd</sup> quarter, oral health education and screening events were held at three Peninsula Family Services early childhood education programs within the district and two screenings were held at Fiesta Gardens school in San Mateo. The outreach team is finding that a higher number of children have untreated cavities but have had dental treatment in the past. The Care Coordinator, who calls parents to share their child's screening results and to ask if the child has a dental home, is hearing that parents have been unable to find dental care for their children during the pandemic.

Through December 2021, the Sonrisas' Outreach team provided the following to district residents:

- Screened 81 children in 2 school districts and multiple early education sites.
- Provided 281 Toothbrush-To-Go Kits to children and their families.
- Distributed 68 Adult Oral Health kits.
- Virtual Oral Health Education was provided to 153 children attending schools in the district boundaries.
- Eight-Five adults attended a virtual oral health presentation.



In November, the Sonrisas Board of Directors decided begin working on a strategic plan for Sonrisas. The strategic plan will cover the next three years. The work with the staff and other stakeholders has begun and we anticipate completing the plan in June. When the plan is completed, we look forward to sharing it with PHCD.

Sonrisas began a Diversity/Equity/Inclusion (D/E/I) Assessment process with an outside consultant. Staff, patients, and board members were surveyed and/or interviewed and a review of internal and external policies, processes and procedures was completed. After receiving the results, the Sonrisas team will begin to work our D/E/I goals that we will share with the community.

The SDH team wants to thank PHCD for its continued support, which allows SDH to deliver our mission in San Mateo County. Thank you for bringing smiles to the staff and patients of Sonrisas Dental Health!



**BOARD OF DIRECTOR'S  
CEO Report  
February 2022**

**PENINSULA WELLNESS COMMUNITY (PWC)**

- The focus of current activities has been updating the financial proforma for the revised concept plan (More Hub and office space and fewer market rate housing units) and talks with potential tenants for the Community Center for Health office building and the community Hub of programs and amenities for the PWC residents and general community.
- On February 1, the developers and I met with Sutter and Palo Alto Medical Foundation leadership to provide an update on the PWC concept plan and the opportunity for Sutter, PAMF, and private physicians to locate physicians and/or services closer to the MPMC campus. Sutter was also introduced to the Active Wellness program under consideration for the HUB
- PHCD's Perkins-Eastman facilitated project to help us take a "deep dive" exploration into programs and services to consider for the PWC was launched late January. The goal is to identify programs that can truly make the PWC a unique, future-focused asset for our community. First step was to convene a think tank of senior living experts and healthcare futurists to study PHCD's vision for the PWC, the project plan, county demographics and the community we serve, and identify 5-10 programs to consider. The think tank report is expected this month and will be brought to the Board's Strategic Development Oversight Committee for discussion, analysis, and recommendations.

**THE TROUSDALE [TT] ASSISTED LIVING/MEMORY CARE COMMUNITY:**

- All residents and staff are COVID tested weekly. There have been some positive, asymptomatic residents which requires they quarantine in their units for XX days.
- Inquiries and tours for potential new residents are picking up again.
- We continue to work with the General Contractor to address facility issues that came to light with the heavy rains in December, and the persistent problem with buckling of the Prodema wooden exterior panels on the west side of the building.

**SONRISAS DENTAL HEALTH (SDH):**

- YTD through December, visits at both Sonrisas centers total 6790, 119 ahead of budget, 200 ahead of PY, and are on target to exceed 13,580 - well above all prior years.
- The Federally Qualified Health Center (FQHC) contract with the County continues to be a strong partnership benefitting both organizations – SDH receives more revenue per Medicaid visit and the County's waiting list had gone from over 5000 patients to 1400.
- The County requested and SDH agreed to extend the Farmworkers contract between the two organizations. The SDH team will be delivering dental services to farmworkers and homeless residents using SDH's mobile equipment at the Puente services building in Pescadero.
- A second all-day strategic planning retreat is scheduled for April 26<sup>th</sup>.

- Direct care staffing has been a major challenge throughout the County due to staffing shortages and to positive COVID tests and quarantine requirements.

#### **COMMUNITY HEALTH LEADERSHIP MEETINGS**

- I met with the Sequoia Healthcare District CEO, Pamela Kurtzman, to review status of joint projects such as Care Solace and Parent Venture Education series; to share needs and opportunities for districts as COVID enters its third year; to explore expansion opportunities for Sonrisas outreach to schools and seniors; and to discuss how districts can be a facilitator/convenor of health leaders with the goal to identify opportunities to reduce competition and duplication, increase efficiencies, address healthcare workforce crisis, and better leverage community health investments by both districts and the county.
- Relative to the last point above, Pamela and I met with Scott Gillman, Director of County Behavioral Health and Recovery Services and discussed the need for a countywide mental health services strategic plan, and we have a meeting scheduled with Louise Rogers, Chief of Health and Srija Srinivasan, Deputy Chief of Health for San Mateo County the first week of March.

#### **COMMUNITY ACTIVITIES:**

2/03: ACHD CEO Roundtable

2/10: Made public comments at Sequoia Healthcare District Board meeting to ensure they were fully informed about PHCD's efforts to save the Mickelson pool, research alternatives, and explore opportunities in San Bruno and Millbrae, both building new rec centers.

2/10: Meeting with Foster City Villages Board Chair and CEO to identify service opportunities.

2/11: Interviewed potential Board and Committee members for Sonrisas and PHCD.

2/15: SMCo Oral Health Coalition Executive Committee meeting

2/16: Sonrisas Board meeting

2/17: allcove Stanford Implementation meeting

2/18: Meeting with Eskaton Sr. administrator

2/22: Rotary Service Committee (Co-chair)

2/22: Commission on the Status of Women monthly meeting (Mental health group co-chair)

2/23: Rotary Board meeting

2/07, 2/15, 2/17, 2/21: Commission on Status of Women's Mental Health work group meetings to plan, recruit, and prepare panelists for three separate breakout sessions at CSW's Bi-annual Women's Leadership Conference, March 23 & 24.



## **CFO REPORT FEBRUARY 2022**

### **CASHFLOW:**

Some highlights and transactions to note.

- \$40M Debt Service Pymt \$1,868,549.76
- \$10M Debt Service Pymt \$473,262.22
- \$4M transferred from checking to City National Bank
- 41 Grant Checks issued totaling \$1,720,000

### **TRANSITIONING TO NEW BANK ACCOUNTS AT BOSTON PRIVATE:**

Due to the attempted bank fraud incident, the District has opened 12 new bank accounts (6 primary + 6 shadow) to replace the existing ones at Boston Private. All security features are the same as before and have been fully set up on the new accounts. The District has been using the new accounts since January for daily transactions. The old accounts will be closed once all checks have been cleared and ACH information has been updated with vendors and depositors. There are still a few outstanding checks issued from the old account, and I will follow up with the vendors on the receipt and deposit status of those checks. Lost checks will be reissued on the new accounts. The San Mateo County ACH deposit will take a little longer to update as the District is currently in a queue to process the paperwork. The expected time to complete the transition is around March or April.

In addition, multifactor authentication has been added to all District emails as a precaution at the beginning of February. Users accessing from a new IP address will need to enter a password and a code or approve the request through an app to gain access to their email.

### **NEW FINANCIAL INSTITUTION SEARCH**

At the last Finance Committee meeting, management was instructed to search for a new financial institution to replace Boston Private bank due to the recently attempted bank fraud. Qualifying criteria include a local branch, online banking capabilities, positive pay services, remote deposit machines, dedicated account representatives, and fraud prevention measures. The Committee recommended the following five banks:

1. Heritage Bank
2. Signature Bank
3. Bank of San Francisco
4. Cathay Bank
5. City National Bank

CEO Fama and I interviewed all five banks and are waiting for their fee analysis report to determine who will move forward to meet with the Finance Committee in March. We hope to present two or three banks to the Committee and have a recommendation to the full Board at the March meeting.

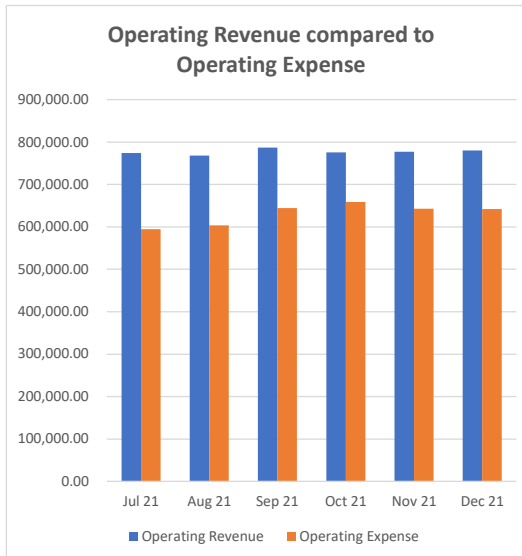
### **DIRECT SERVICE PROGRAM DASHBOARD ON PERFORMANCE:**

The attached dashboards summarize Q2 Performance for The Trousdale, Sonrisas Dental Health, and The Health & Fitness Center.

**The next Finance Committee meeting will be on March 8<sup>th</sup> at 2 pm.**

## The Trousdale Assisted Living/Memory Care Community Quarterly Performance Report - Q2 FY 21-22

	YTD Dec 21	YTD Budget	Variance
<b>Income</b>			
Operating Revenue	4,662,956	4,857,637	(194,681)
<b>Expense</b>			
<b>Operating Expense</b>			
Salaries	1,955,756	2,063,486	107,730
Employee Benefits	565,795	597,512	31,717
Supplies	287,201	317,066	29,865
COVID Supplies/Expense	45,359	20,000	(25,359)
Purchased Services	308,317	232,836	(75,481)
Ancillary Costs	0	5,826	5,826
Utilities	234,187	234,181	(6)
Insurance & Other	205,513	207,426	1,913
Bad Debt Write Off	73	0	(73)
Management Fees	185,139	189,505	4,366
<b>Total Expense</b>	<b>3,787,340</b>	<b>3,867,838</b>	<b>80,498</b>
<b>Operating Margin</b>	<b>875,616</b>	<b>989,799</b>	<b>(114,183)</b>
<b>Other Expense</b>			
Depreciation Expense	1,275,864	1,277,996	2,132
Interest Expense	851,814	851,814	0
<b>Total Other Expense</b>	<b>2,127,679</b>	<b>2,129,811</b>	<b>2,132</b>
<b>Net Income</b>	<b>(1,252,063)</b>	<b>(1,140,012)</b>	<b>(112,051)</b>

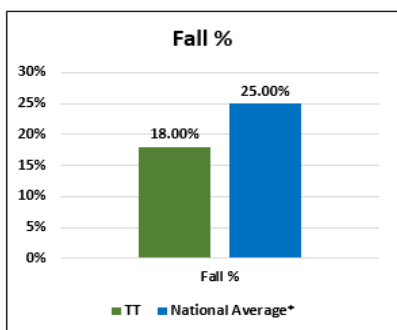
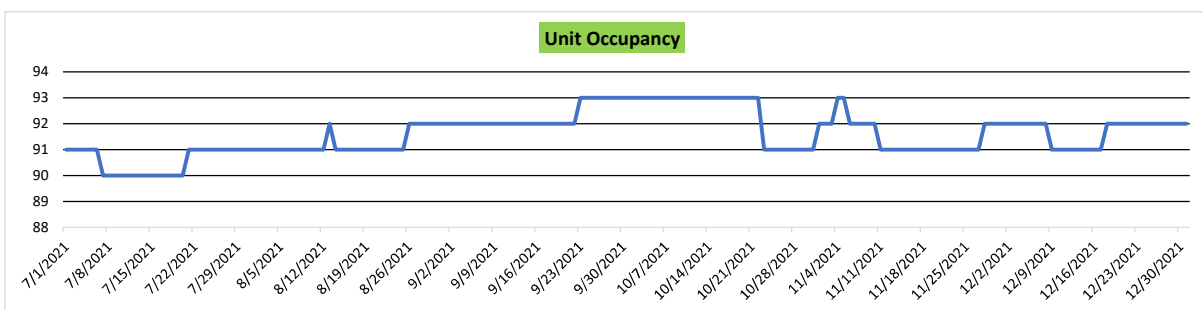


Deposit on Hand		
	#	\$
Beginning Balance - 09/30/21	38	45,000
Q1 Reservations Received	7	36,500
Q1 Cancellations	4	(17,500)
Q1 Move-Ins	4	(20,000)
<b>Deposits on Hand - 12/31/21</b>	<b>53</b>	<b>44,000</b>

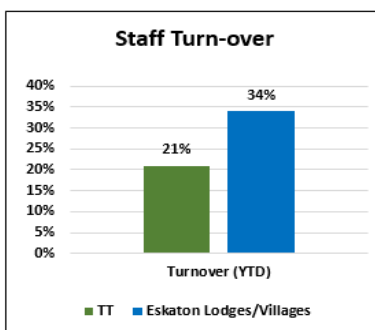
Occupancy at December 31, 2021				
	Units Leased	Units Avail.	Total	Level of Care
AL Care	72	29	101	1.8 Avg.
Memory Care	20	3	23	3.1 Avg.
<b>Total Units</b>	<b>92</b>	<b>32</b>	<b>124</b>	<b>2.1 Avg.</b>
<b>% Percentage</b>	<b>74%</b>	<b>26%</b>	<b>100%</b>	
<b>Total Residents: 103</b>				
<b>Double Occupancy Units: 11</b>				

Inquiries/Tours			
	October	November	December
Inquiries	39	24	29
New Tours	14	19	22
Repeat Tours	4	6	13

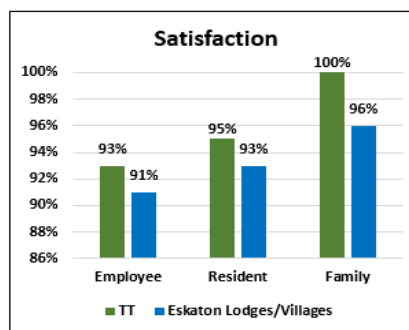
Age of our Residents				
	50-69 yrs	70-79 yrs	80-89 yrs	90+ yrs
Inquiries	1	13	42	47
% Percentage	0.93%	12.15%	39.25%	43.93%



The Trousdale reviews falls & calculates Fall Rate as a % based on # of falls / # of residents.



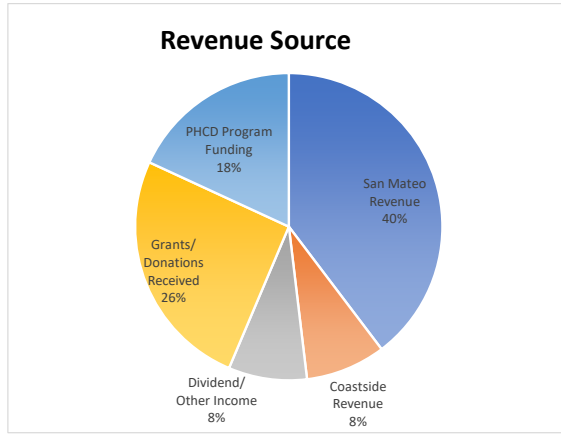
Workforce development is a top focus area for Eskaton and other senior care organizations. Eskaton has a target goal of <20%.



Eskaton has a target goal of achieving a Satisfaction rate ≥90%. Surveyed: 16 Employees, 19 Residents, & 17 Family Responses.

## Sonrisas Dental Health Quarterly Performance Report Q2 Report

	Qtr 1	Qtr 2	Total
	Sep	Dec	
San Mateo Revenue	471,023	514,672	985,695
Coastside Revenue	132,111	76,775	208,886
<b>Total Net Revenue</b>	<b>603,134</b>	<b>591,447</b>	<b>1,194,581</b>
Direct Program Cost	731,106	699,252	1,430,358
Indirect Program Cost	386,019	394,845	780,864
<b>Total Cost</b>	<b>1,117,125</b>	<b>1,094,097</b>	<b>2,211,223</b>
<b>TOTAL</b>	<b>(513,991)</b>	<b>(502,650)</b>	<b>(1,016,642)</b>
Dividend/ Other Income	204,295	679	204,974
Grants/ Donations Received	360,992	272,483	633,475
PHCD Program Funding	225,000	225,000	450,000
<b>OTHER INCOME</b>	<b>790,287</b>	<b>498,162</b>	<b>1,288,449</b>
<b>NET INCOME</b>	<b>276,296</b>	<b>(4,488)</b>	<b>271,808</b>
<i>non-cash items adj.</i>			
Depreciation	70,798	72,763	143,561
<b>EST. CASH-FLOW</b>	<b>347,093</b>	<b>68,275</b>	<b>415,369</b>



### Grants Awarded YTD

Funder	Awarded	Amount	Period	Support	Dept
Sunlight Giving	7/6/2021	\$ 25,000	Aug-21	Covid Relief Fund	SM/CS
Sequoia Health Care District	7/20/2021	\$ 55,161	Mar 21 - Jun 21	ATC	SM
HMB CSFA Funding	Jul-21	\$ 20,000	Jul 21-Jun 22	11,000 ATC CS; \$9,000 Covid Supplies	CS
NCOHF America's Tooth Fairy	8/24/2021	\$ 500	Jul-21	Pediatric ATC	SM
Delta Dental Community Fund	9/2/2021	\$ 100,000	Oct 21-Oct 22	\$53000 for outreach, \$47000 for ATC	SM/CS/ OR
San Mateo Children's Health Initiative	9/12/2021	\$ 105,000		Capital; ATC	SM
Lucile Packard Children's Hospital	9/17/2021	\$ 40,000	Sep 21 - Aug 22	Pediatric ATC; screenings	SM/CS/ OR
Stanford Health Care	9/29/2021	\$ 61,000	Sept 2021 - Aug 2022	ATC	SM/CS
Network for Good	Sep-21	\$ 500	Sep-21	General Ops	SM/CS
Sequoia Health Care District	11/8/2021	\$ 60,000	21-Nov	2021 ATC July-Sept 2021	SM
Kaiser Foundation	11/5/2021	\$ 25,000	Nov 21-Jun 22	2021 ATC	SM/CS
Touchpoint Foundation	11/11/2021	\$ 5,000	Nov 21-Oct 22	Senior ATC	SM/CS
San Bruno Community Foundation	12/1/2021	\$ 10,000	Jan 22-Dec 22	Pediatric ATC, Outreach	SM/OR
Dignity Health	12/13/2021	\$ 20,000	Jan 22-Dec 22	Outreach	OR
Sequoia Health Care District	12/15/2021	\$ 60,000	21-Dec	2021 ATC Oct-Dec 2021	SM
<b>Total</b>		<b>587,161</b>			

### Grants Awarded in Prior Year - Available in Q2

Funder	Awarded	Amount	Period	Support	Dept
Atkinson Foundation	4/2/2021	\$ 12,500	Mar 21- Jan 22	\$7500 for ATC & \$5000 for Outreach	SM/CS/ OR
City of Burlingame	6/28/2021	\$ 1,800	July 21-June 22	ATC - Burlingame residents	SM
First Five San Mateo	5/17/2021	\$ 70,000	July 21-June 22	Screening and ATC	SM/CS
Kaiser Hospital	12/5/2020	\$ 40,000	Nov 20-Oct 21	ATC	SM/CS
San Bruno Community Fund	1/18/2021	\$ 7,500	Jan21-Dec21	\$3500 for ATC & \$4000 for Outreach	SM/CS/ OR
Sand Hill Foundation	5/3/2021	\$ 25,000	May 21-Apr 22	ATC	SM/CS
Sobrato Family Foundation	6/2/2021	\$ 123,000	Jun 21-May 23	ATC	SM/CS
Sunlight Giving	3/11/2021	\$ 50,000	Mar 21-Feb 22	ATC	SM/CS
Sutter Health Grants - Mills Peninsula	3/11/2021	\$ 20,000	Mar 21-Feb 22	\$10000 for ATC & \$10,000 for Outreach	SM/CS/ OR
TouchPoint Foundation	12/9/2020	\$ 3,000	Dec20~Nov 21	Outreach	OR
<b>Total</b>		<b>352,800</b>			

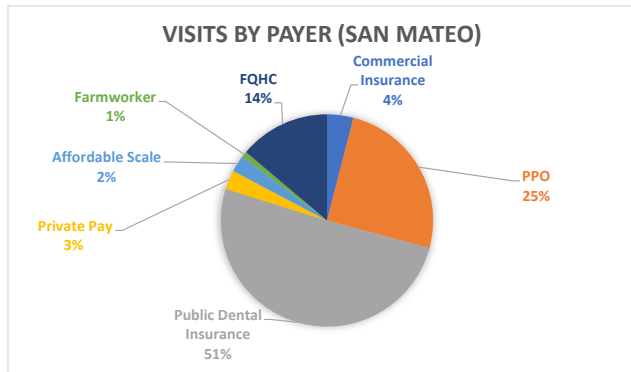
SM = San Mateo / CS = Coastside / OR = Outreach

### Visits by Center

	Qtr 1	Qtr 2	Total
San Mateo Visits	2,530	2,702	5,232
Coastside Visits	1,001	557	1,558
<b>Total Visits</b>	<b>3,531</b>	<b>3,259</b>	<b>6,790</b>

### Visits by Payer (San Mateo Center)

	Qtr 1	Qtr 2	Total
Commercial Insurance	107	103	210
PPO	665	653	1,318
Public Dental Insurance	1223	1425	2,648
Private Pay	90	63	153
Affordable Scale	45	88	133
Farmworker	0	47	47
FQHC	400	323	723
<b>Total Visits</b>	<b>2,530</b>	<b>2,702</b>	<b>5,232</b>



### PHCD Funding for Uncompensated Care

#### Public Dental Insurance at San Mateo Center

Month	Plan Visits	Uncompensated	Total Uncompensated	YTD Funding from
July	423	\$215	\$90,746	\$75,000
August	430	\$210	\$90,326	\$75,000
September	415	\$213	\$88,320	\$75,000
October	447	\$209	\$93,539	\$75,000
November	457	\$207	\$94,796	\$75,000
December	609	\$220	\$134,230	\$75,000
<b>Total</b>	<b>2,781</b>		<b>\$591,957</b>	<b>\$450,000</b>

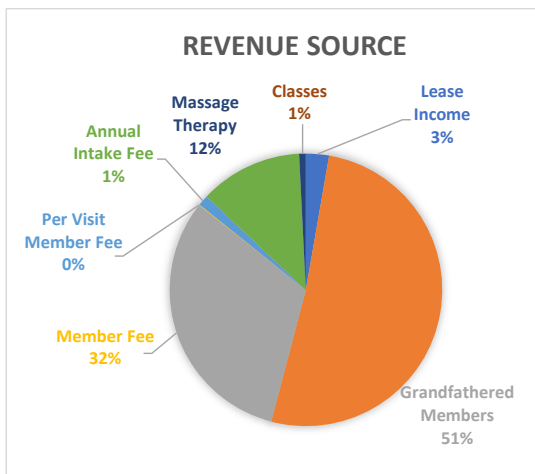
#### PHCD Resident Served

Month	Visits
July	433
August	454
September	430
October	434
November	461
December	490
<b>Q1</b>	<b>2,702</b>



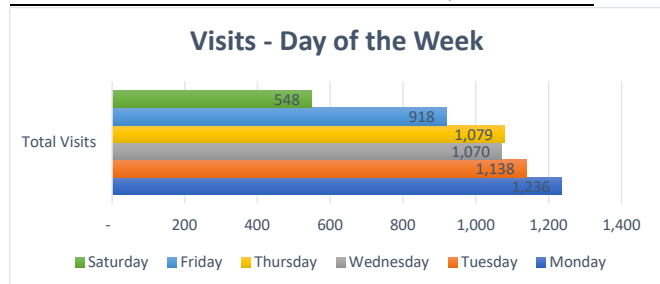
## PHCD Health & Fitness Center Quarterly Performance Report Q2 Report

	Q1	Q2	Total	YTD Budget	Variance B(W)
<b>Health &amp; Fitness Center Revenue</b>					
Lease Income	773	773	1,545	3,045	(1,500)
Donations	-	-	-	-	-
Grandfathered Members	14,192	14,819	29,010	28,140	870
Member Fee	8,694	9,131	17,825	9,120	8,705
Per Visit Member Fee	45		45	90	(45)
Annual Intake Fee	550	150	700	-	700
Massage Therapy	4,140	2,760	6,900	1,440	5,460
Classes	180	275	455	-	455
<b>Total Income</b>	<b>28,573</b>	<b>27,907</b>	<b>56,480</b>	<b>41,835</b>	<b>14,645</b>
Operating Exp	75,946	76,217	152,163	163,482	11,319
Depreciation	2,148	2,270	4,418	4,582	164
<b>Total Expense</b>	<b>78,094</b>	<b>78,487</b>	<b>156,581</b>	<b>168,064</b>	<b>11,483</b>
<b>Net Income</b>	<b>(49,521)</b>	<b>(50,580)</b>	<b>(100,100)</b>	<b>(126,229)</b>	<b>26,128</b>



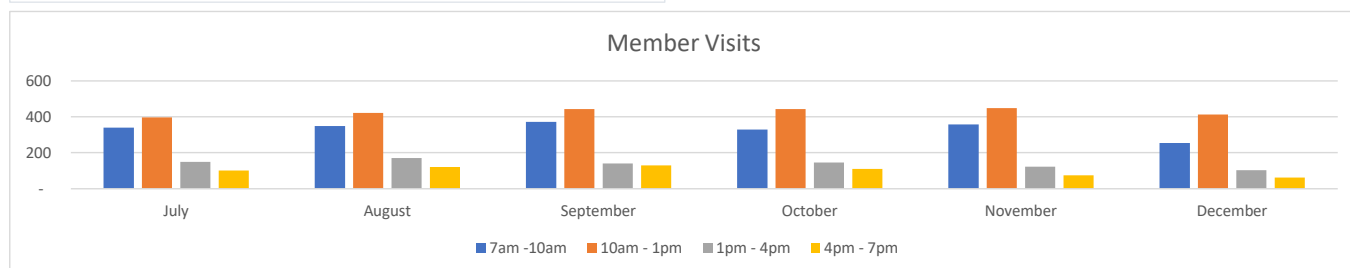
### Member Visits YTD - Day of the Week

	# of Days	Total Visits	Average/Day
Monday	26	1,236	48
Tuesday	26	1,138	44
Wednesday	26	1,070	41
Thursday	27	1,079	40
Friday	27	918	34
Saturday	26	548	21
<b>Total</b>	<b>158</b>	<b>5,989</b>	<b>38</b>



Membership Information	# Members	Budget	Variance B(W)
Existing Members - Senior @ \$55	86	77	9
Existing Members - Non Sen @ \$65	8	7	1
New Member @ \$80	48	19	29
Per Visit Members @ \$15	3	6	(3)
Massages @ avg. \$60/visit	92	24	68

Member Visits YTD					
Month	7am -10am	10am - 1pm	1pm - 4pm	4pm - 7pm	Total
July	340	396	149	100	985
August	349	422	171	121	1,063
September	371	442	140	130	1,083
October	328	443	145	110	1,026
November	357	448	122	74	1,001
December	254	413	102	62	831
<b>Total</b>	<b>1,999</b>	<b>2,564</b>	<b>829</b>	<b>597</b>	<b>5,989</b>



Month	Seniors in Motion-Free		Yoga-Paid		Balance Fitness		Total	
	# Classes	Attendees	# Classes	Attendees	# Classes	Attendees	# Classes	Attendees
July	12	81	0	0	3	38	15	119
August	18	126	0	0	5	59	23	185
September	18	128	5	24	3	35	26	187
October	16	108	4	15	6	47	26	170
November	16	73	3	11	5	69	24	153
December	14	86	4	10	4	51	22	147
<b>Total</b>	<b>94</b>	<b>602</b>	<b>16</b>	<b>60</b>	<b>26</b>	<b>299</b>	<b>136</b>	<b>961</b>



**BOARD OF DIRECTORS**  
**Community Engagement Director**  
**Monthly Report**  
**February 2022**

**COVID Campaign 2022**

The Peninsula Health Care District's COVID Campaign 2022 is up and serving district residents by:

- sponsoring a two-part vaccination clinic at the San Bruno Student Health Center, Belle Air School. The clinic is open to all youth ages 5-11 attending school in the San Bruno area. Safeway graciously stepped up to partner with PHCD and San Bruno School District. The costs incurred for the clinic are:
 

Two Safeway Pharmacists (2 part clinic)	\$1,500.00
Incentive - Safeway gift cards (100 cards @ \$25.00 each)	\$2,450.00
Youth take-home masks	\$48.08
I Got Vaccinated Stickers	_____ \$6.55
<b>Total</b>	<b>\$4,004.63</b>
- responding to requests for N95, surgical masks and at-home-test-kits as well as reaching out to our community partners who might be in need of PPE.

**San Bruno Park School District Health Clinic**

Meetings every week with Marie Lukehart, Kristin Vogel-Campbell, Marianna Solomon of San Bruno Park School District and Cheryl Fama to establish core services for the student health clinic. Focus has been on the vaccination clinic to be held February 17 and March 9, 2022.

At its February 23<sup>rd</sup> meeting, group will shift focus back to establishing a time-line and an agenda for meeting with Interim Superintendent Michael Milliken.

The following programs/services will be outlined:

- Pediatric COVID vaccinations for San Bruno School District – partner with Safeway
- Wellness Pantry to be offered twice a week - partner Second Harvest
- Pediatric back-to-school immunizations – partner w/ San Mateo County Health and/Safeway
- Dental exams - partner Sonrisas
- Health Insurance enrollment – partner Health Plan of San Mateo
- English classes - potential partners: Upward Scholars
- Wellness classes – potential partners UC Nutrition, etc.
- Volunteer support – potential partners: San Bruno Parents Club, Lions Club, Rotary Club, etc.



### Hep B Free

Meeting with Richard So to review current work plan and deliverables.

### Outreach and Community Engagement Meetings

Met with the following people/organizations to further advance PHCD's mission and initiatives:

- Emma Gonzales, San Mateo County Office of Community Affairs – map hi-need areas
- Lizelle Lirio de Luna, Director of Public Health Nursing – vaccine clinics
- Linda Wolin, Deputy to Supervisor Dave Pine – vaccine clinics
- Marie Lukehart & Kristin Vogel-Campbell, San Bruno School District - vax clinic & health clinic
- Richard So – Hep B Free initiative
- Stephanie Vitagliano, WizeHive – ongoing meetings - redesign Grant portal
- Erica Lyons, CPR Trainer – infant CPR and AED classes
- Josh Haeffner and Miriam Stevenson - Care Solace – San Bruno School District presentation
- Mary Bates, Villages of Foster City – PPE needs
- Bernie Mellott, Ombudsman Services – PPE needs
- Dao Do, Peninsula Volunteers Rosener House – PPE needs
- Shakeeli Ali and Cristina Ugaitafa – where to vaccinate and boost
- Margo Sidener, Breathe California – social media post
- Charlene Margot, April Torres - Spring Parent Education Workshop
- Lisa Tealer, Umoja - health disparities equity North County
- San Mateo School-Based Mental Health Collaborative
- School Wellness Coordinators
- Healthy Community Collaborative Group



**DATE:** February 24, 2022  
**TO:** PHCD Board of Directors  
**FROM:** Eddie Flores, Director Youth Behavioral Health Programs  
**RE:** Director's Monthly Report – February 2022.

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**allcove™/Stanford Center for Youth Mental Health and Wellbeing (CFYMHAWB)**

We have continued our monthly check-in meetings with Stanford Center for Youth Mental Health and Well Being staff as the technical assistance partner for the MHSOAC *allcove*™ grant. We held our first kick-off official meeting on February 17th, along with staff from the State MHSOAC. Some of the topics covered included updates on project timelines; youth participation and YAG; recruitment; core services and service partnerships consortium creation; facility, branding and environmental design; communications; and data collections and evaluation.

As part of the kick-off formal baseline intake of the *allcove*™ program, and to support our implementation planning activities, we have submitted a comprehensive Establishment Work Plan (EWP) to track progress towards the establishment of the *allcove*™ San Mateo center in alignment to the model ensuring the timely commencement of services in the funded community.

Attached for your review is the formal (23pg) report submitted to CFYMHAWB this past month. As part of this submitted EWP we will outline milestone timeline with projected completion dates as well as outline of potential positions that will staff the center. This document will serve to build out our quarterly reports during the grantee reporting period.

**Care Solace**

Care Solace continues to be a strong and active partner with PHCD. To increase visibility, outreach, and utilization, as mentioned in last month's report, we are continuing our outreach campaign directed at Superintendents and School Board Presidents of the five school districts served by PHCD. As shared during our November report, we have already presented to the Burlingame School District and San Mateo Foster City School Districts. We are happy to confirm that we successfully delivered a presentation to the San Bruno Park School District Board of Trustees on Wednesday, February 9<sup>th</sup>. The Board members were very appreciative of the presentation.

**Care Solace Year-in-Review 2021 Data and Numbers:**

Care Solace partners were able to share with us a quick overlook of impact and utilization data for the school districts served and sponsored by the partnership of PHCD. It's highly rewarding to see the impact our partnership has had, and we look forward to continuing to serve families together into 2022 and beyond. **(At the end of this document).**



## **Youth Outreach Specialist Report – Jackie Almes, Youth Outreach Specialist**

### ***allcove*<sup>™</sup> San Mateo Youth Advisory Group (YAG)**

Over the past month I have been working on getting the Youth Advisory Group (YAG) more organized. We met this past month and are planning to meet twice a month for the remainder of the term. At our last meeting we discussed what the members would want to see implemented at the center. During the meeting we decided we would be visiting the *allcove*<sup>™</sup> Palo Alto center so the members can gain a better perspective of what an active center looks like. We are also planning on showing the current location to the members after we visit the Palo Alto location. Post meeting Eddie incorporated the members ideas into the establishment plan template for the Stanford's team.

### **Potential YAG members**

I created two separate documents for potential members to gain a better understanding of what the Youth Advisory Group (YAG) is and what to expect. I gave a brief introduction and then went into commonly asked questions. This includes how to qualify, the responsibilities of the youth, and what kind of commitment the YAG will be. The document also includes a QR code that youth can use to easily access our application. The second document that I created was a PowerPoint, it's the same concept of the two-page sheet but goes into more detail.

The PowerPoint explains what *allcove*<sup>™</sup> is and what it's mission and visions are. It also goes into depth about the YAG's vision and values as well as how they will be involved in *allcove*. It also includes the QR code that leads to the application. This presentation was created so that if parents or potential members wanted to meet briefly to ask questions or learn more, I have something to present. It also has the potential to be presented at schools once we want to do a harder push on recruitment.

### **External Partnerships/Collaborations & Trainings**

I am excited to announce that I have been welcomed and asked to join into the San Mateo County Mental Health and Substance Abuse Recovery Commission's - Youth Committee. We will be working on helping the youth in the community become active advocates for their own mental health initiatives. We plan on starting a Youth Action Board to help facilitate youth mental health programs within Sand Mateo County Behavioral Health and Recovery Services (BHRS).

During the month of February, I completed the federal mandated reporter training to make sure that I know what to report and when to know signs of abuse, neglect etc. as my work will revolve engaging and directly working with minors. I have been researching other trainings and will be taking them when they become available.



care-solace.

Calming the Chaos of Mental Health Care

Together in 2021 Peninsula Health Care District

and Care Solace, helped

**582 individuals**

across the District to find mental health care providers!

School staff from over 5 school districts submitted **296** Warm Handoffs and **39** individuals called Care Solace directly to coordinate mental health care. In addition, **247** searches were completed through our self-service tool.

Care Solace's Care Companions made **18,146** phone calls, emails, and texts to coordinate care for students, staff, and their families in 2021.

**21% of calls for help occurred outside of school hours.**





**Through this partnership we supported the coordinated care for all ages.**

52%	29%	19%
Children (3-11)	Adolescents (12-17)	Adults (18+)

March 1, 2021, May 26, 2021 and June 11, 2021 (with 6 cases each)

### Top Mental Health Concerns

Anxiety 24%

Depression 21%

Trauma 18%

Disruptive Behaviors 9% and

Marital 7%





**In addition to helping individuals navigate the options available with their insurance, we helped individuals find providers with public insurance such as Medicaid and Medicare, as well as sliding scale options for those without insurance.**



**Peninsula Health Care District and Care Solace are on a mission to ensure students, school staff, and families with mental health or substance use challenges quickly connect to quality care.**

**Thanks to you, we made an overwhelming impact on the growing mental health needs of school communities in 2021.**

And we continue to do so every day.

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# Establishment Work Plan



## Section 1 – Submittal requirement

To support your implementation planning activities, please submit an Establishment Work Plan (EWP) to track progress towards the establishment of the allcove™ center in alignment to the model ensuring the timely commencement of services in the funded community.

Please submit the EWP to [cunialc@stanford.edu](mailto:cunialc@stanford.edu) no later than Friday 11 February 2022.

Grantee organization		
Peninsula Health Care District		
	Submitted by	Submission date
	Eddie Flores Director, Youth Behavioral Health Programs	02/11/2022

The EWP should be read in conjunction with the *allcove™ Guide* in the allcove Toolkit. If you do not yet have access to the *Guide* and for any support with this EWP please contact:

Cristiane Cunial  
Implementation and Operations Manager  
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## Section 2 – Project governance

a) Please describe how you will establish project governance for the establishment phase.

The Peninsula Health Care District (“District”) will be the lead agency that will be implementing the *allcove*™ center within San Mateo County and will do so in partnership with clinical partner agencies and Stanford Center for Youth Mental Health and Wellbeing (CFYMHWB) who will be providing technical assistance.

Below are service descriptions for each component:

- 1) The District will serve as the lead agency by providing governance, oversight of service contracts, financial management, and community engagement functions. The Director of Youth Behavioral Health Programs will establish project oversight and timeline management during the establishment phase.
- 2) Clinical Partners will provide the clinical components of the center and will be engaged through an RFP process, memorandums of understanding, and Independent Contractor Agreements as the process develops and evolves.
- 3) Stanford Center for Youth Mental Health and Wellbeing will provide technical assistance in the development, launch, and operations of the center and help to support with *allcove*™ toolkit, branding, and data trainings and platforms.

b) Please insert the projected completion dates in the table below.

Milestones	Date
Project team assembled	Spring 2021
Youth Advisory Group established	Summer 2019
Community consortium established	April - May 2022
Facility secured	December 2021
Fit out and permits completed	Spring/Summer 2022
Center design completed (furniture, branding, etc.)	Summer 2022
Appointment of the Center manager	Spring 2021
Center staffing completed	Summer 2022
Completion of partnership service agreements	May/June 2022
Data collection requirements completed	Spring/Summer 2022

Completion of core model integrity documents (8 weeks before opening)	Summer 2022
Model integrity self-assessment (at least 8 weeks before opening)	Summer 2022
Readiness to commence services model integrity review (2 weeks prior to opening)	Late Summer 2022
Center soft launch opening (at least 4 weeks before public launch)	Fall 2022
Center public launch event	Late Fall 2022

**Section 3 – Service model**

Please provide a high-level description of your proposed early intervention, multi-agency, integrated, and center-based service model that includes the core service streams of clinical and non-clinical services. Please also describe how the center will develop linkages to the complete continuum of care in your community. Please address the allcove service principles in your description and limit your response to no more than 500 words.

Representatives from the County’s mental and behavioral health providers comprising the continuum of care in our service area have been engaged with the District and an integral part of our research and planning from the initial assessment of needs and survey of existing services, identification of gaps and opportunities, up through the planning and designing of the District’s allcove model.

We have a solid cohort of multi-agency organizations participating included San Mateo County Behavioral Health Services, San Mateo County Office of Education, four K-8 school districts serving >30,000 youth, the high school district serving >8,500 teens, Stanford’s Center for Youth Mental Health and Wellbeing, and the many non-profit service providers that submitted their support for our initial grant application. This early engagement has been foundational to designing a model that integrates programs, expands needed access, provides warm hand offs between levels of care along the continuum and avoids competition.

The process also kept the District’s Needs Assessment in touch with the realities throughout the planning process. Through the course of this time, we have learned that a successful program must include the allcove service principles, including and not limited to:

- Present a safe, stigma free, welcoming space designed by and for youth
- Be inclusive, accessible, and confidential
- Provide an opportunity for early assessment and intervention
- Create opportunities for youth to support other youth
- Strengthen referral networks and streamline referral processes
- Deliver new services where gaps exist
- Integrate county providers through streamlined processes and co-location to enhance continuity
- Establish measurable outcomes, data sets and collection tools to gather CQI information.

By including our County providers from the outset, the District’s model will be launched with eager supporters welcoming the new approach and engaged partners who share our vision of a community focused on a wellness approach rather than crisis management. We are acutely focused on ensuring that through these linkages with our providers we will position allcove to serve as a catalyst of care in our community.

Our allcove center will be a facility that provides a central point of access that will improve the continuum of care in three ways:

1. Increases access to early intervention and treatment through the physical, mental and early addiction services.
2. Creates a network of community partners and processes to achieve seamless transitions from referrals through different levels of care.
3. Engages our Youth Advisory Group in developing and launching an impactful mental wellness promotion campaign.

Through our research and interactions with County Health, private sector providers, the school system, parents and our many community service partners we know that there is no program in San Mateo County that provides a central location attractive to the target population with capacity to triage and refer to the appropriate level of service at the point of entry and access to a range of services supporting a holistic approach to the youth's overall wellness.

## Section 4 – Model component implementation

Please complete the table below:

### Youth engagement, participation and development

**Please describe how you will develop youth engagement, participation, and development strategies during the establishment phase. Please include how you will involve youth in the development of the center and develop an allcove-specific Youth Advisory Group.**

We have been working with the Youth Outreach Specialist at the Stanford CFYMHWB over the past three years to launch and support our YAG. Our YAG was established during the summer of 2019, with three consecutive cohorts of youth between the ages of 15-24yo. We are currently in the third cohort and plan on continuing recruitment and outreach. Our past YAG members have attended several outreach events in the community to promote mental health and allcove, and the first cohort completed an Integrated Youth Mental Health Feasibility Study which consisted of gathering nearly 500 surveys, analyzing results, and presenting the findings to the District's Board of Directors.

In addition, we have recently brought on a full-time Youth Outreach Specialist, whose primary focus will be to work with our current YAG, including outreach, develop strategies, engage with our YAG members, and create content in conjunction with the CFYMHWB. YAG members and youth/young adults of our community will have a direct voice, share opinions, and work collaboratively with staff during the establishment phase, via their working subcommittees: Facilities, Recruitment & Outreach, and social media.

### Clinical services

**Please describe how you will develop on-site clinical services that include early mental health, medical and substance use support for youth between the ages of 12 to 25. Please provide a description of the services that will be provided and how the center will develop linkages to the continuum of health care in your community.**

To date, we have performed an environmental scan of needs and met with a wide range of community stakeholders to identify priority clinical areas of focus. With this information, we have developed our staffing infrastructure and service description. Our next step is to work with Stanford Psychiatry's Center For Youth and Mental Health Wellbeing (CFYMHWB) to develop and launch an RFP process to identify clinical partners to fulfil those roles.

At this time, we envision primary (non-urgent) on-site clinical services that will wrap-around mental health and therapy/counseling, substance use support with a key emphasis on prevention as well as referral services for further evaluation or intervention. Once we receive full description of potential clinical partners via the aforementioned RFP/RFA process we will be able to delineate the key services that will be provided at the center.

### Supported education and employment

**Please describe how you will develop on-site integrated supported education and employment services for youth between the ages of 12 to 25 years for service commencement. Please include a description of the services that will be provided and how the center will develop linkages to related services in the community.**

We have been working closely with our middle schools and high school districts over the years and we have developed valuable partnerships with key personnel in leadership positions as well as in mental health services and student support services. We believe these relationships along with the shared goals among our agencies are key to ensuring youth served at our allcove center will have direct linkages to a range of individual and group support, and workshops focused on developing skills to support transitions through school and career.

As mentioned previously, our next step is to work develop and launch an RFP/RFA process to identify additional partners to fulfil these roles, including working with existing social services agencies in our county, community college and trades/union representatives to ensure that these services are highlighted and part of our center. We envision having representatives from each of these agencies also serve and potentially be involved in our community advisory consortium group.

### Youth and family peer support

**Please describe how you will develop on-site integrated youth peer support services for youth between the ages of 12 to 25. Please provide a description of what services will be provided and how the positions will integrate into the multi-disciplinary team.**

Our staffing model includes 2.0 FTEs for Peer Support Specialists. Our peer support staff will assist youth during the intake process, offer listening services during walk-in hours, provide outreach to schools and community sites, connect youth with community resources, meet with youth and families to normalize and facilitate service implementation, and co-lead youth groups around skills development/breaking down stigma/youth activities, etc.

We envision a youth peer support model that from the onset of when an individual walks into the center, they will identify and feel welcomed by someone that shares their interests and need. These members will be knowledgeable and be connected to the communities we serve and help to make every allcove participant welcomed.

### Branding, communications and environmental design

**Please describe how you will develop the branding, communications, and environmental design of the center in alignment with the model requirements. Please include how you will ensure consistency of the allcove experience through the use of branding and environmental design, common website and social media messaging. Please also address how your organization will secure a center facility that meets the allcove principles and how you will complete the building works and design fit out in close collaboration with youth.**

Since the launch of the official allcove brand, District Board and staff members, and our YAG members have received presentations and training on the development and tenants of the brand. CFYMHWB staff currently advise us on best practices and support our work with our YAG. This includes features on the allcove Instagram page and features and updates in the CFYMHWB e-newsletter communications.

Staff have participated in recent branding and communications webinar trainings provided by CFYMHWB, and have reviewed the allcove toolkit. We have also started to engage via monthly communications & branding meetings and plan to continue this cadence to ensure that our organization aligns and is consistent with the one-allcove brand message. Our communications team is aligned and synced with CFYMHWB branding/communications team and we plan to provide media/social media training to our YAG during the upcoming months.

### Evaluation and shared minimum data set

**Please describe how you plan to participate in the common evaluation of the program and the collection of a shared minimum data set. Please include how you will support the use of the common data system, the datacove, including meeting any organizational requirements around data security risk management.**

As we have been developing our model, we have been working closely with and taking direction from the CFYMHWB to understand best practices and integrate the latest thinking relative to evaluation. We will continue to work with CFYMHWB as our site is developed and launched.

As a public agency, the District is fiscally accountable to our community and we require that any program or service we support collects and uses data to measure utilization and efficacy of their programs so that we can ensure our investment of tax payor dollars is spent accordingly and is improving the health of residents in our community.

Most recently our staff attended a training on datacove provided by CFYMHWB and are collaborating with the team to ensure that systems align and aren't duplicated. We look forward to ensuring that these parameters are fully functional and make the most sense for delivery of care and are vested in ensuring full support from our Board of Directors.

### Community engagement and partnerships

**Please describe how you will plan community engagement activities and develop partnerships to support the integration of the center in the community. Please include how you plan to manage community communications in the establishment phase, establish a consortium that reflects the local community and youth-serving service system and how you plan to engage with vulnerable and marginalized youth and youth with known disparities once the center is open.**

Two years ago, we established our Community Collaborative Consortium to carry out the environmental scan to inform and help develop our model. Participants represented a wide range of community partners such as school districts, community-based agencies, social service providers, faith-based groups, County health department officials, and local politicians, to gain an understanding of youth and family needs in our community. This Consortium's role has evolved as the District's planning and progress have evolved and will serve as an advisory and oversight body of our allcove center reporting to the Board.

We are currently engaged and fully committed to revamping and reengaging the CCC and have informational interviews with past and potential new members to bring them up to date on the status of the implementation of allcove. We will actively hold monthly or bimonthly meetings (hybrid or virtual) to ensure that we receive direction, feedback, and utilize this network to serve as our ambassadors to all of our communities served, including the most vulnerable and disenfranchised with known disparities.

### Financial sustainability

**Please describe your approach to developing financial sustainability for the center. Please include any departure from the plans identified in your grant application.**

One component of our research to develop this model was to understand opportunities for billing for services at our site. We are continuing that research and will continue the dialogue with our partners and colleagues at the CFYMHWB and the Santa Clara County allcove centers as well as with our county mental health department, Health Plan of San Mateo, and potential additional partners such as Kaiser and Sutter Health.

In terms of funding, as part of our stakeholder outreach, we have been meeting with other funders and representatives from local health systems within our County to explore potential partnerships and funding opportunities.

In addition, we have received membership to the San Mateo County Mental Health Services Act (MHSA) steering committee who is charged with the funding priorities of various projects that directly affect the mental health of county residents. We hope to leverage partnerships and increase our dialogue through these settings to help shape the direction of potential future funding for youth-centered models of delivery such as allcove.

Our key funding from potential funders and possible sources of revenue first identified in our sustainability plan will likely need to be revisited once we receive further interest from RFP/RFA applicants to our clinical/mental health/workforce services. PHCD intends to fund the shortfall of the launching recognizing there has to be a 'there to there' to attract funders beside MHSA & grant. Our Board has demonstrated full commitment to this action.

### Informed consent and confidentiality

**Please describe how you plan to explain, gather and ensure informed consent and confidentiality for youth receiving services at the center within the applicable California laws. Please include how you will streamline gathering assent and consent for services, explaining privacy practices in a youth friendly way and address requests for services that need parental consent.**

We are working with the CFYMHWB to navigate these complexities and will continue to do so to ensure laws and policies are implemented consistently and appropriately.

We have currently engaged our legal counsel to ensure that all of our YAG intake forms and applications are legally reviewed and have added new language to ensure there is a clear and stated understanding of what their participation involves. We have also created a transportation consent form for these purposes as well. We will continue to review and ensure that any new consent for services, or privacy practices are followed and are reviewed and approved by our legal counsel prior to implementation and dissemination.

### Learning Community

**Please articulate your willingness to participate and contribute to the allcove Learning Community.**

Since 2015, we have been working closely with Stanford Psychiatry's CFYMHWB to study and develop the allcove model within San Mateo County. Over the course of the past five-year, District staff and Board members have attended numerous conferences, workshops, and meetings with CFYMHWB to stay current on the evolution of the program as its being adapted here in the US. In 2018, two District Board members, CEO, and Community Engagement Director travelled to British Columbia, Canada for a two-day site visit to Foundry- British Columbia's version of Headspace (Australia's model of integrated youth mental health care).

Over the course of our two-day visit, we toured two Foundry sites and attended workshops with Foundry's Central Office representatives. In 2019, we partnered with CFYMHWB to host a community education event with Dr. Ian Manion from the FRAYME network- an international network of partners working to effectively integrate care and improve youth mental health services and supports.



# Establishment Plan

The logo for allcove, featuring the word "allcove" in a bold, lowercase, sans-serif font. The letter "o" is stylized with a white dot in the center, resembling a target or a camera lens.

## Section 5 – Staffing profile

Please consider the following requirements for the center:

*Operational leadership* – In addition to overall center operations and administrative oversight, includes oversight of high-level stakeholder interface and community consortium management, quality improvement, data collection and evaluation. Supervision of outreach and/or community engagement and administrative activities.

*Clinical leadership* – Oversees the management of clinical services and provides supervision to clinical and non-clinical team members such as peer workers. Can be performed by a licensed psychologist, clinical social worker, counselor or Marriage and Family Therapist.

### *Service delivery:*

- Youth mental health and substance use care
- Primary medical care – service provision and supervision
- Nursing support
- Child & adolescent Psychiatry – service provision, secondary consultation and supervision
- Supported education and employment (SEE)
- Youth peer support
- Family peer support
- Case management or care coordination

### *Youth and community engagement:*

- Youth outreach – engagement of youth in the community and Youth Advisory Group (YAG) management
- Community engagement – planning and delivery of community engagement activities
- Community awareness and center marketing

### *Administrative:*

- Reception, billing and facility management.

Please complete the table below to provide the complete center staffing profile including, in the relevant sections, 1) core grant-funded positions; 2) non-grant funded positions and 3) co-located partner positions.

Center staffing profile				
Core grant funded positions				
Position	FTE (on-site)	Discipline	Reports to	Projected start date
Director, Youth Behavioral Health Programs	1.0 FTE	overall center operations and administrative oversight, includes oversight of high-level stakeholder interface and community consortium management, quality improvement, data collection and evaluation. Supervision of outreach and/or community engagement and administrative activities.	CEO	May 2021
Licensed Clinical Program Director	1.0 FTE	Plan direct, coordinate, evaluate, supervise and manage various program services and groups of professional and paraprofessional staff providing health care services within the allcove center. Oversee and coordinate contractors providing services in assigned program areas.	CEO	Summer 2022

		Additionally, will provide short-term psychiatric casework, psychotherapy, and treatment services for youth.		
Community Coordinator	1.0 FTE	Manages the peer specialists and relationships with collaborative partners. Also runs the community consortium and is responsible for the development of family outreach/peer support.	Director, Youth Behavioral Health Programs	Fall 2022
Youth Outreach Specialist	1.0 FTE	Responsible for all allcove Youth Advisory Group related activities including overseeing the recruitment, onboarding, and ongoing support of YAG members and activities including community projects, and outreach presentations and activities.	Director, Youth Behavioral Health Programs	January, 2022
Youth Peer Specialist	2.0 FTE	Peer support staff assist youth during the intake process, offer listening services during walk-in hours, provide outreach to schools and community sites, connect youth with community resources, meet with youth and	Director, Youth Behavioral Health Programs	Late Summer 2022

		families to normalize and facilitate service implementation, and co-lead youth groups around skills development/breaking down stigma/youth activities, etc.		
Administrative Associate	1.0	Administrative Associate performs a variety of confidential administrative and clerical support functions and coordinates daily office activities for various operational areas. Uses a variety of software applications to produce reports, maintain databases and develop presentation materials. Schedules and coordinates meetings, distributes agendas, takes minutes and follows up as necessary. Processes and disseminates information including medical-legal, labor relations, and disciplinary correspondence. Supports the preparation of financial and statistical documentation. Performs clerical duties such as processing mail, filing, faxing and answering	Director, Youth Behavioral Health Programs	Late Summer 2022

SAMPLE

		inquiries by phone or email.		
Non-core grant funded positions				
N/A	N/A	N/A	N/A	N/A
Co-located partner positions				
Licensed Masters Clinician	1.0 FTE	Under general supervision, the licensed clinicians will provide short-term psychiatric casework, counseling, psychotherapy, and treatment services for youth. The clinician will be experienced and a licensed mental health, alcohol, or drug abuse therapist with 16 a master’s degree. Responsibilities will include conducting short-term counseling, psychotherapy and treatment services for youth; participating in the evaluation of problems presented and the developing treatment plans; may participate in group therapy programs; cooperates with staff and other community agencies in carrying out treatment goals; and refers youth to	Director, Clinical Program Services	Summer 2022

SAMPLE

		appropriate community agencies and long-term services if appropriate.		
Licensed Masters Clinician Addiction	1.0 FTE	Under general supervision, the licensed clinicians will provide short-term psychiatric casework, counseling, psychotherapy, and treatment services for youth in the area of addiction. The clinician will be experienced and a licensed mental health alcohol and drug abuse therapist with a master's degree. Responsibilities includes: conducting short-term counseling, psychotherapy and treatment services for youth with addiction issues; participating in the evaluation of problems presented and the development of treatment plans; may participate in group therapy programs; cooperates with staff and other community agencies in carrying out treatment goals; and refers youth to appropriate community agencies and long-term services if appropriate.	Director, Clinical Program Services	Summer 2022

SAMPLE

Health Services Representative	1.0 FTE	The health services representative will perform a combination of specialized clerical tasks that may involve registration, scheduling and interviewing, telephone screening and medical insurance eligibility as well as account processing for youth that come to the center for services.	Director, Clinical Program Services	Late Summer 2022
Adolescent Medicine Specialist	0.5 FTE	The Specialist will provide comprehensive health services for teens and young adults seeking services in a confidential and age appropriate setting. The Specialist will have the expertise to cover a complete range of health care needs for the 12-25-year-old population, from yearly check-ups and immunizations, to acne treatment, reproductive health, disordered eating and sports related injuries. The Specialist must have a medical degree from an accredited institution or function as a Nurse Practitioner (requiring certification as a Nurse	Clinical Program Services Director	Late Fall 2022

		Practitioner through the California Board of Registered Nursing); to perform diagnostic and therapeutic patient care services in a specialty area.		
Child and Adolescent Psychologist	0.2 FTE	The Psychologist must have a doctoral degree from an APA accredited graduate program in clinical psychology, have completed an APA-accredited clinical psychology internship, and have at least one year of post-doctoral clinical training, as well as possess or be fully eligible for California licensure as a psychologist. The Psychologist should have experience in evaluating and treating both children and adolescents using evidence-based models. The Psychologist will provide clinical consultation and shortterm therapy for youth seeking services in the allcove center. The Psychologist will coordinate care and treatment with the other clinicians in determining appropriate care plans, including primary care	Director, Clinical Program Services	Fall 2022

SAMPLE



		providers and all clinicians. If applicable, the Psychologist will also serve as an attending psychologist providing direct clinical care as well as supervision and didactics to psychology graduate students, and post-doctoral psychology and psychiatry fellows.		
Child and Adolescent Psychiatrist	0.2FTE	The Psychiatrist will provide clinical consultation and conduct psychiatric and medication evaluations for youth seeking services in the allcove center. The MD will coordinate care and treatment with the other clinicians in determining appropriate care plans, including primary care providers and all other disciplines. The Psychiatrist will also offer supervision and didactics to psychiatry residents and fellows if applicable.	TBD/CEO	Fall 2022
Supported Education and Employment Specialist	1.0 FTE	The employment -related job responsibilities include supporting the allcove-serving youth in developing career goals, skills training, employment preparation,	Director, Youth Behavioral Health Programs	Fall/Late Fall 2022

SAMPLE

		<p>assistance with finding employment, and promoting job retention by providing on the job training and coaching to individuals. The goal of educational support will be to assist youth aged 12-25 in initiating, continuing, or completing their educational goals, particularly if their academic pursuits have been interrupted by mental health treatment. The Specialist will support youth with managing their school schedules, navigating school re-entry, and accessing appropriate accommodations at educational institutions, when needed. The Specialist will also serve as a school liaison, building strong relationships with local schools and universities to promote a smooth integration between students' mental health treatment and their educational goals. The Specialist will work with the schools to implement complementary school-based mental health</p>		
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SAMPLE

		services and suicide prevention efforts.		
TOTAL FTE				

**Section 6 – Funding profile**

Please complete the table below to provide the complete center funding profile.

Please include all funding sources committed for Grant Year 1, 2, 3, and 4 (grant term) including 1) core grant fund amounts; 2) Medi-Cal reimbursement amounts; 3) local fund amounts (county, school, etc.); 4) State fund amounts (e.g., MHSAs funds); and 5) private or other funds (e.g., from community collaborative partners).

Please identify each individual entity/source and amount.

Center funding profile					
Funding Source	Grant Year 1	Grant Year 2	Grant Year 3	Grant Year 4	TOTAL
<b>Core grant</b>					
All encompassing as provided during our initial application, and via our update submitted form to MHSOAC in January, 2022.	500,000.00	500,000.00	500,000.00	500,000.00	2,000,000.00
<b>Medi-Cal reimbursement</b>					
All Medi-Cal funding for mental health services is managed through the County’s Behavioral Health and Recovery Services	TBD	TBD	TBD	TBD	No Medi-Cal reimbursement committed at this time.

<p>division of the public health system. The leaders of the County are supportive of the allcove model and supportive of the District’s plan and role in integrating services. They have been engaged in discussions on how their programs would interface and therefore, we envision the allcove program, like most of the provider partners we will be working with, will contract with the County as a provider to ensure an integrated continuum of care. Therefore, the Center would indirectly-receive Medi-Cal reimbursement through the County.</p>					
Local fund					
<p>Plan to obtain local funds The plan is to have the District fund the space and FFE; this grant to fund the core staff positions needed to launch and guide the early years of the program; and, other funding sources that have expressed interest pending the launching. (E.g. the Sand Hill Foundation, which</p>	TBD	TBD	TBD	TBD	No Local Funds are committed at this time.

provided a letter of support for this application.) The District Board has not taken a formal vote on a specific funding level to launch and support the operations of an allcove center. Such an action has been pending the ongoing business planning and program development work that has been going on for more than three years. This time has been invested in researching the model, substantiating need, and cultivating community provider, school, hospital leadership and potential philanthropy support. The Board's serious commitment to addressing teen mental health and the allcove model is evident in the level of due diligence they demand and the level of investment they've authorized to carry out that due diligence. (E.g. The funding support of the Gardner Study, CFYMHWB consultation services and site visits to Foundry Centers in Vancouver.)

SAMPLE

State fund					
We applied for MHSA Innovation Funds in 2018 and were not approved for funding. We will again pursue grant opportunities with the State Mental Health Services Act Fund in the next funding cycle.	TBD	TBD	TBD	TBD	No State funds are committed at this time.
Private or other fund					
Making local politicians, cities, businesses, and funders aware of the needs and what the District has been exploring to address the needs has been a part of the District’s outreach activities for more than 2 years. Audiences have included the Board of Supervisors, city councils, school boards, Rotary clubs, chambers of commerce and funding organizations. The level of support expressed for the need, approval of the District’s process to define the issues, and the on-going interest in our progress	TBD	TBD	TBD	TBD	No specified amount of private or other funding is committed at this time.

support our belief that there will be other funders stepping up.					
<b>GRANT YEAR TOTALS:</b>	500,000.00	500,000.00	500,000.00	500,000.00	2,000,000.00

SAMPLE



**Peninsula Health Care District**  
**Health & Fitness Center**

**CENTER DIRECTOR REPORT**  
**FEBRUARY 2022**

- **Fitness Center Operations**
  - Members, staff, visitors, and vendors who enter the Fitness Center must be fully vaccinated and continue to wear a mask over their nose and mouth while at the Center; masking policy will be revised on 2/25 if PHCD Board of Directors amends current policy
  - Total active members currently attending the Center: 146
  
- **Center Director Education**
  - Senior Injury Prevention Symposium: Let's Get Moving
    - Hosted virtually by Alameda County and SIPP, included fall prevention/reduction techniques and discussion on older adult exercise guidelines/barriers/obstacles
  - Health Effects of Loneliness and Isolation in Older Adults
    - Hosted by Seniors at Home; Dr. Ashwin Kotwal and Dr. Carla Perissinotto, (Division of Geriatrics at UCSF) and Kate Blank (Seniors At Home) included discussion on loneliness and social isolation, their impact on health prior to the COVID-19 pandemic, and ways the pandemic has exacerbated these health risks
  
- **Outreach**
  - Educational/outreach opportunities sent via email to Fitness Center members:
    - American Heart Association Heart Health Webinar Series
      1. Control Your Blood Pressure: 2/2
      2. Eating Smart with Fruits & Vegetables: 2/9
      3. Get Active: Understanding and Utilizing Activity: 2/16
      4. Salt and Cardiovascular Risk: 2/23
    - Heart Health Webinar Series Hosted by Eskaton
      1. Fuel Your Heart with Purpose: 2/8
      2. Fuel Your Heart with Medical Knowledge: 2/15
      3. Fuel Your Heart with Nutritious Snacks: 2/22
      4. Fuel Your Heart with Movement: 3/1
  
- **Accolades**
  - I just wanted to thank you and your wonderful staff for making the Fitness Center experience so ideal. This continues to be a warm, friendly, and CLEAN place to exercise, meet with patrons who have become friends, and to learn so many important ways to stay fit and engaged. Needless to say, Seniors in Motion has become a highlight of the week. P.S. I hear your voice reminding me, "shoulders back" when in the line at the grocery store! Thanks for making such a difference in our lives! –Sue G. (Fitness Center member)





**DATE:** February 24, 2022

**TO:** PHCD Board of Directors

**FROM:** Eddie Flores, Director Youth Behavioral Health Programs

**RE:** *allcove*<sup>™</sup> San Mateo Monthly Board update

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**Background:**

The following report serves as informational purposes only to update the Board on the current progress of the *allcove* San Mateo, youth drop-in center and the work we have engaged during the last month.

**Current Plan of Space Design Process:**

Howard Kwok, principal with DES Architects was responsive to the Board's direction and requests to the architectural proposal from the January 2022 board meeting. Mr. Kwok worked with staff and adjusted the contract; however, he did not provide an option B for the phase-out plan of the space. We will continue to stay engaged with him as we streamline the options and bring back to the board our recommendation.

On Wednesday, February 16<sup>th</sup>, the Board's Property Oversight Committee met and reviewed the revised proposals submitted by Mr. Kwok and DES Architects, and it was agreed that more work needs to be done to explore the feasibility of opening in less than the 8,200 sq ft. Staff will do more investigation on contractual requirements, how the Palo Alto *allcove*<sup>™</sup> and San Jose *allcove*<sup>™</sup> programs are doing, and 'lessons learned' from Head Space and Foundry programs experience when starting smaller spaces than program will require.

Staff will focus on exploring all options of the floorplan design to conform with the requirements of the *allcove*<sup>™</sup> fidelity service model. We are currently in conversations with our partners and gathering information to ensure that whichever recommendation is brought forth to the Board that it abides by the standards set out in the contract agreement with the State (Mental Health Commission) and with Stanford - Center for Youth Mental Health and Well Being (CFYMHAWB).

Staff is also inquiring from the other four grantee recipients (*allcove*<sup>™</sup> centers) to confirm their space allocations and at what phase of the implementation process they are currently. Lastly, staff is working to update the latest "test-fit" floorplan for the 2600 ECR site, and flush-out the current intended uses of the space with all of the requirements of *allcove*<sup>™</sup>. We will continue to engage and bring forth further information back to the board and a recommendation at the March 2022 Board meeting.

**Site Walkthroughs of 2600 El Camino Real site location**

We have been working on securing the general liability insurance coverage for the building as that is a requirement to officially obtain unsupervised entrance of the 2600 El Camino Real, San Mateo site. Once



the documents have been fully finalized the landlord will provide us keys and we will be scheduling tours of the site with various stakeholders, including with members of our Youth Advisory Group.

This past month we where able to provide a tour of the site to the Stanford (CFYMHAWB) team who serves as the technical provider for program implementation of the *allcove*<sup>TM</sup> center. We had over five team members come out and tour the site location. They were all very excited and impressed with what a perfect size and location the site and felt that this was uniquely positioned to attract and serve a large majority of youth and young adults with proximity to services and transportation in central San Mateo County.

As we begin the remodeling process in the coming months, we will extend continuous invitations to the Board should they wish to visit and take a look at the progress of the location.

**Board Action or Recommendation:** No recommend action at this time for informational purposes only.



OFFICE OF  
**ASSESSOR-COUNTY CLERK-  
 RECORDER & ELECTIONS**  
 COUNTY OF SAN MATEO

**MARK CHURCH**  
 CHIEF ELECTIONS OFFICER &  
 ASSESSOR-COUNTY CLERK-RECORDER

NOV 3 2021  
 BY: \_\_\_\_\_

November 3, 2021

Cheryl Fama  
 Chief Executive Officer, Peninsula Health Care District  
 1819 Trousdale Drive, Burlingame, CA 94010

Re: Verification of Jurisdiction Boundaries - Moving to District Elections – **New Deadline**

Dear Chief Executive Officer Fama,

With the adoption of SB 594, the State Legislature officially adjusted the deadline to finalize redistricting maps. As a result, we are requesting that all shapefiles be submitted to San Mateo County Registration & Elections Division by April 18, 2022 rather than May 12, 2022 as we had originally anticipated.

This will allow our office the necessary time required to process the shapefiles and update our precincts with the new district boundaries. Please let us know if you have any questions or need any assistance in meeting the new deadline and we will work with you on accommodating your request.

**All jurisdictions are required to confirm their boundaries for 2022 elections**

To ensure the accuracy of elections, all jurisdictions will need to verify their boundaries with the Registration & Elections Division in writing. This is a new requirement for the 2022 election cycle. It is the responsibility of every jurisdiction to maintain their boundaries and to submit the boundary data in a GIS shapefile.

Please submit a shapefile along with written confirmation that the shapefile contains the correct boundary of your jurisdiction **no later than April 18, 2022.**

We realize that many jurisdictions may not have a shapefile created. We suggest that you work with a consultant to create one. The Registration & Elections Division can provide a list of all parcels in the County with parcel numbers, addresses, Tax Rate Areas (TRAs), and Board of Equalization documents and maps showing the TRAs for each jurisdiction. It is ultimately the jurisdiction's responsibility to verify this data is correct and to create the shapefile.

**Jurisdiction moving from at-large to district elections**

If your jurisdiction plans to move from at-large to district elections, please contact our office as soon as possible. This will assist in our planning of implementing your new districts.

Jurisdictions moving from at-large to district elections that have candidates running in the **November 8, 2022** Election will need to submit their shapefiles with the new district boundaries to the Registration & Elections Division no later than **April 18, 2022**. We would appreciate receiving your map as soon your board finalizes your new district boundaries.

Please note that your jurisdiction will be charged administrative costs and staff time to implement your proposed changes into our election software, records, and materials.

### **Requirements for shapefiles for all jurisdictions**

The requirements for boundary data submitted for all jurisdictions are:

1. The data should be in GIS Shapefile format;
2. Jurisdiction boundaries cannot be drawn through parcels for election mapping purposes;
3. Jurisdiction boundaries need to align with the County's new parcel boundaries for election mapping purposes;
4. New district boundaries cannot be drawn through parcels for election mapping purposes;
5. Correct boundaries lines for the jurisdiction;
6. One polygon for each district; and
7. No gaps or overlaps between district polygons.

Where jurisdiction boundaries pass through a parcel, the map drawn for Elections should include the entirety of the parcel.

Our office has a new parcel layer that should be used when drawing the new districts. The new parcel shapefile can be accessed at <https://isd.smcgov.org/gis-data-download> under "San Mateo County Active Parcels."

It is the responsibility of every jurisdiction submitting boundary data to provide the correct boundary of the jurisdiction and its districts.

### **Requirements for submitting information for district elections**

If your jurisdiction is moving from at-large to district elections, please submit the following to our office regarding your new district boundaries:

1. A signed copy of the Resolution changing your jurisdiction's elections from at-large to district.
2. A GIS shapefile showing the boundaries of the districts. This shapefile must also show the correct boundaries of your jurisdiction.
3. The name(s), phone number(s) and email address(es) of authorized contact person(s) that can answer any questions.

4. A signed document stating the following:
  - a. The names of each district (e.g., "Zone 1," "Trustee Area A," etc.)
  - b. A PDF map of the jurisdiction and districts.
  - c. The election cycle of each district (e.g., Trustee Area 1 is a 4-year term beginning in 2020, Trustee Area 2 is a 4-year term beginning in 2022.)
  - d. Any residency requirements for candidates.
  - e. The election that these boundaries will go into effect.
  - f. Written confirmation that the shapefile contains the correct boundaries.
  - g. Any other local rule or regulation.

Should you have any questions or require any additional information, please feel free to contact Hillary O'Connor, Elections Specialist Supervisor, at [hoconnor@smcacre.org](mailto:hoconnor@smcacre.org) or 650.312.5294.

Thank you in advance for your prompt attention to this matter.

Sincerely,



Mark Church



**COVID 19 VACCINATION & FACE MASKING POLICY**  
**PROPOSED REVISIONS DUE TO CHANGE IN STATE & COUNTY MASKING MANDATES**  
 2/24/22

**PURPOSE:**

The purpose of this policy is to promote safety through COVID-19 vaccination and infection control measures for all those who enter PHCD worksites to work or perform services. This policy applies to PHCD and any legal entity for which PHCD directly or indirectly controls at least 51% of the voting power of that entity.

**FACE MASKS:**

1. Face masks will be mandated for all ~~everyone~~ **non-vaccinated individuals**, 2 years and older, entering a PHCD worksite. This includes the lobby, hallways, elevator, and restrooms at the PHCD medical office building at 1740 Marco Polo Way.
2. **For all vaccinated individuals, indoor masking mandates will follow any state or licensing requirements for the given service provided at that facility. In the absence of any such requirements, the decision to mandate masks will be left to the discretion of the program operator at each PHCD worksite.**
3. Entry requirements will be posted at all PHCD worksite entrances.

**VACCINATION:**

PHCD will require proof of being fully vaccinated for COVID-19 or a negative COVID test result taken within 72-hours before entry into any PHCD worksite for every individual that falls under the following categories:

- PHCD board, committee, advisory group members, and employees
- The Trousdale Eskaton employees
- Sonrisas Dental Health board, committee members, employees, and volunteers
- PHCD Health & Fitness Center members
- Contractors and Service Vendors for all worksites
- Public members that are approved to conduct meetings or educational programs at PHCD worksites.

**DEFINITIONS**

**Fully Vaccinated** means two weeks after completing the entire recommended series of vaccinations with a vaccine approved by the FDA (including on an emergency use basis) to prevent COVID-19.

**Contractors** means personnel or representatives of organizations with which PHCD, Eskaton,



Sonrisas has contracted to perform services at a PHCD worksite, including but not limited to servicing equipment, engaging in construction or repairs, providing educational or consulting services, or providing direct care.

**Community organization members** means non-profit organizations such as OneLife Counseling, Hep B Free, Boy and Girl Scout troops, community foundation boards, Rotary Clubs, etc.

**PHCD Worksites** include all properties owned or leased by PHCD or an affiliated entity that is used for providing care on behalf of or performing work for PHCD.

## RECORD OF VACCINATION STATUS

1. PHCD or the designated entity using a PHCD worksite will collect and maintain a record of COVID-19 vaccination status for all individuals that fall into one of the categories cited above.
2. Records will be collected annually or as needed. The record may consist of validation of vaccination status by the person's employer or school.
3. All records collected under this policy concerning vaccination status or details (type of vaccine, date of vaccination, etc.) must be maintained and accessed in compliance with applicable policy and law.
4. An employee who does not submit vaccination documentation and is not granted an exemption will be subject to corrective action, up to and including termination of employment.
  - I. Employees may request an exemption from the vaccination requirement based on:
    - a. a permanent or temporary medical condition or disability recognized by the FDA or Centers for Disease Control (CDC) as a contra-indication to COVID-19 vaccination supported by written documentation signed by a physician, or
    - b. a sincerely held religious belief as defined under applicable law and EEOC guidance. Exemption requests must be supported by written documentation.



- II. Public members who enter PHCD worksites must be masked and submit documentation demonstrating they are fully vaccinated or a negative COVID test taken within 72 hours, or they will not be permitted to enter. [Exception: PHCD medical office building at 1740 Marco Polo Way.]
  
4. All vendors and contractors must report to the reception person at a PHCD worksite and show their vaccination status or negative Covid test before proceeding into the building.
  
5. Delivery workers on site briefly for a delivery to a reception desk or loading dock (The Trousdale) must use hand sanitizer upon entry and wear a mask at all times. Proof of vaccination or negative test will not be required.

Approved by Board of Directors on 9/30/2021

Revision Approved by Board of Directors on xx/xx/22



**RESOLUTION NO. 2022-03****A RESOLUTION OF THE BOARD OF DIRECTORS OF THE PENINSULA HEALTH CARE DISTRICT RECOGNIZING THE EXISTENCE OF A STATE OF EMERGENCY AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF PENINSULA HEALTH CARE DISTRICT FOR THE PERIOD MARCH 1, 2022 – MARCH 31, 2022 PURSUANT TO BROWN ACT PROVISIONS.**

WHEREAS, the Peninsula Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of Peninsula Health Care District's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's legislative bodies conduct their business; and

WHEREAS, Government Code section 54953(e), as provided in AB 361 and made effective on September 17, 2021, makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or that the legislative body meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, such conditions now exist in the District, specifically, that the Governor of California has declared a state of emergency due to the imminent dangers of COVID-19; and the San Mateo County Health Officer has imposed measures for masking and social distancing in order to prevent the spread of COVID-19, including Order C19-12 issued on August 2, 2021; and

WHEREAS, the conditions existing within the District justify the continued use of remote teleconferencing for Board meetings;

NOW, THEREFORE, THE BOARD OF DIRECTORS OF PENINSULA HEALTH CARE DISTRICT DOES HEREBY FIND AND RESOLVE:

Section 1. Recitals. The Recitals set forth above are true and correct.

Section 2. Findings of State of Emergency. The Board finds and declares:

A. A state emergency has been proclaimed by the Governor of the State of California and now exists throughout the District, and

B. State officials and local officials, including the San Mateo County Health Officer, have imposed and/or recommended that measures be taken to promote social distancing and to require that masks be worn indoors regardless of vaccination status; and

C. As a result of the emergency, meeting in person could present imminent risks to the health and safety of members of the public and District staff.

Section 3. Remote Teleconference Meetings. As a consequence of the local emergency, the Board of Directors does hereby determine that the legislative bodies of Peninsula Health Care District shall conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953.

The Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act, including noticing and provisions for public participation and public comment.

Section 4. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective for 30 days from the date of adoption or until such time as the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of Peninsula Health Care District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

PASSED AND ADOPTED by the Board of Directors of Peninsula Health care District, this 24th day of February 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

**DENNIS H. KNEEPEL, BA, BSN, MPA, RN, FACHE, CPHQ, NEA-BC**  
 3405 Douglas Court • San Mateo, CA • 94403 • (650) 571-0111

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Email: [dkneepel@gmail.com](mailto:dkneepel@gmail.com) • Cell: (650) 224-8665

**Summary:** More than twenty years of progressive management and leadership experience in complex healthcare settings with a focus on leadership and directing programs, departments and managers. Strengths include strategic planning, business development, management and leadership development expertise, systems knowledge, financial management skills, fiscal accountability and professionalism. Skilled and experienced at managing labor relations in a union environment. Known for building and maintaining excellent relationships with frontline physicians, front line staff, senior leaders, Board members and others throughout the organization and community. Is a skilled communicator. Familiar and experienced with *LEAN* concepts and processes. Passionate about hospital operational excellence and the organization's commitment to deliver exceptional high quality patient care and services. Leads through successful development of a clear vision, and communicating the vision through visibility and accessibility, by example, leveraging the strengths and interests of team members, and holding stakeholders accountable for their role and contribution. Is a focused listener, facilitator, problem solver and a consensus builder. Displays grace and humor under pressure!

## **Professional Experience**

**Saint Francis Memorial Hospital (SFMH)**, San Francisco, CA 2013-2015  
 VP – CHIEF OPERATING OFFICER (COO)

SFMH is a 105 year old secular community hospital affiliate of Dignity Health (formerly Catholic Healthcare West – name change 2012) located on famous “Nob Hill” in downtown San Francisco, directly adjacent to the city’s economically disadvantaged “Tenderloin” neighborhood.

Promoted officially to COO in January 2013. Assumed responsibility for various clinical, ancillary and operational departments including but not limited to Laboratory Services, Radiology, Therapies, Sports Medicine, Occupational Health, Dietary, Environmental Services, Engineering, Facilities, Bio-Medical, Marketing, and Strategy and Business Development. Key Senior Team leader driving decisions concerning organizational strategy, business and service line development, capital planning, physician relations, operational effectiveness, contracts negotiations and oversight, and external as well as community collaborations and relationships.

Key accomplishments and responsibilities include:

- Assumes Chief Executive Officer responsibilities during CEO’s absence.
- Led contingency efforts related to Local 39 labor action (strike – October 2013)
- Led successful Service Area System Premium Pay Reduction initiative – goal to reduce organization’s incidental premium pay, on-call utilization and optimizing complement and ratio of benefitted, per diem and agency staff house wide.
- System Steering Committee for *API* system conversion replacing legacy time and attendance system, scheduling systems and financial analytic reporting – SFMH identified as Dignity Health System “alpha” (pilot) site.
- Led various facility and engineering improvement and renovation projects including Hospital Lobby Renovation, OR renovation and building systems upgrades. Worked with Hospital and System facilities staff, architects, designers, project managers and contractors – along with facility department and physician staff and stakeholders.
- Led SFMH Strategic Planning efforts and Board of Trustees Strategic Planning Committee in partnership and collaboration with fiduciary Board Leadership.

- Led major consulting engagement (*L.E.K.*) at the request of SFMH Board to examine the Hospital's future strategic relationships and direction. (*Summer 2014*)
- Successful 3 year ACoS Cancer Care re-accreditation (*August 2014*)
- Led multi-entity Cyberknife joint venture initiative (*2013-2014*)
- Manage vendor relationship with *Aramark* (outsourcing management company for environmental services and dietary and nutrition services).
- Total hospital expense budget (FY 15) > \$240 million and total FTEs > 800.
- Retained Chief Nursing Officer responsibilities and accountabilities, i.e. expanded, dual role until June 2014. Post June 2014, retained responsibilities for Peri-Operative Services, GI Lab, Central Sterilization, Pharmacy, Spine and Joint Centers, Cardiology, Respiratory, and Neurodiagnostics. Also retained vendor relations and management responsibilities related to *Rehab Care* (inpatient acute rehabilitation management company).

**Saint Francis Memorial Hospital (SFMH)**, San Francisco, CA

2006-2014

VP – PATIENT CARE SERVICES/CHIEF NURSING OFFICER

Provided executive leadership and direction for nursing, patient care, quality, and ancillary services. Responsible for all patient care and many ancillary/support departments including Med-Surg, Acute Rehab, Critical Care, Peri-Operative Services, Emergency, Behavioral Health, Skilled Nursing (*closed*), Nursing Administration, Education, Quality, Care/Case Management, Risk, Patient Relations, Infection Control, Pharmacy, Spine and Joint Centers, Cardiology, Respiratory, and Neurodiagnostics. Led patient care operations in a very challenging union environment that is also very culturally and economically diverse.

Key accomplishments and responsibilities include:

- Redesigned and implemented nursing leadership structure – recruited Assistant CNO (*2013*)
- Developed and executed plan that eliminated 12 hour shift scheduling option for RN staff resulting in approximately \$3.5 million annual savings (*2012*)
- Exceeded “stretch” quality goals for FY 09, FY 10, FY 11, FY 13, FY 14
- Met quality performance expectations FY 12
- Exceeded “stretch” finance goals for FY 09, FY 10
- Met financial performance expectations for FY 11, FY12, FY 13, FY 14
- Recruited multiple key Directors, Managers and support staff
- Reduced cost center productivity variances to target in most departments
- Performed *Magnet* gap analysis, obtained initial funding and began *Magnet Journey*
- Opened enlarged and renovated Emergency Department
- Passed unannounced annual state SNF survey – with no recommendations for Nursing (*2006 and 2007*)
- Assessed management capacity and developed performance improvement and development plan
- Established positive and productive relationship with nursing union leadership
- Established presence and credibility with Medical Staff leadership, SFMH Board of Directors and Catholic Healthcare West corporate leadership
- Implemented electronic medical record - hospital and department wide (*Cerner*)
- Implemented department wide patient satisfaction improvement program and strategy resulting in patient satisfaction scores improving from the 20<sup>th</sup> percentile to the 90<sup>th</sup> percentile when compared to vendor's national data base
- Reduced workplace injuries due to patient lifting and transport by at least 50% - greater decrease in some areas

- Negotiated unit closure process with nursing union resulting in no staff bumping and 100% placement of unit nurses (not a single layoff, all but one nurse was placed in their first choice unit) (*December 2007*)
- Successfully obtained SFMH's initial Joint Commission Stroke Certification with *no* recommendations for improvement (*March 2008*). Successful recertification (*March 2010*), (*April 2012*)
- Very successful unannounced triennial Joint Commission Survey (*June 2008*), (*May 2011*)
- Successfully led organization through year-long CMS validation process – no “IJ”s”, no CMS contract termination (*2011-2012*)
- Successfully led organization through lengthy EMTALA complaint survey process – complaint not substantiated, no “IJ”s”, no fines, no CMS contract termination (*2011-2012*)
- Successful 3 year ACS/ABA Burn Center re-verification (*July 2008*), (*July 2011*)
- Successful 3 year ACoS Cancer Care re-accreditation (*July 2008*). (*July 2011*)
- Successful 3 year acute rehab CARF re-certification (*April 2007*), (*April 2010*), (*April 2013*)
- Catholic Healthcare West System - California Nurse Association Labor Management Committee – Member – representing all system Chief Nursing Officers (*2007 – 2011*)
- Catholic Healthcare West System – Clinical Information Systems Council - Member - representing all system Chief Nursing Officers (*2008 – 2010*)
- Dignity Health System – Executive Sponsor for System Pharmacy Council (*2009-2014t*)
- Dignity Health System – Chief Nursing Officer Leadership Group – elected Group Executive Committee representative (*2010-present*)
- Dignity Health System – Chief Nursing Officer Leadership Group – elected Chairman - Executive Committee representative (*2012-2013*)
- Dignity Health System – Patient Experience Steering Committee – (*2011-present*)
- Catholic Healthcare West System – Vendor Selection Team - *Real Time* – Voting Member – System Payroll, Scheduling, Time and Attendance Initiative – (*2011*)
- Dignity Health System Champion – *API* Staff Scheduling system rollout (*2012-present*)
- Dignity Health System Champion – *Clairvia* patient acuity system rollout (*2012-present*)
- System Steering Committee for *Clairvia* system conversion replacing legacy patient acuity systems – SFMH identified as Dignity Health System “alpha” (pilot) site.
- Dignity Health System Chief Nursing Officer Search Committee – (*2012-present*)

**Kaiser Permanente (KP) – Northern California Region, Oakland CA** 2004-2006  
**DIRECTOR – PATIENT CARE SERVICES - SYSTEMS**

Responsible for ensuring that clinical and administrative information systems support organizational business requirements and objectives and meet the needs of patient care services staff.

- Oversee and recommend standards in collaboration with staff and leadership at 19 Northern California KP Medical Centers in order to leverage systems' value and support superior quality patient care.
- Provide leadership and operational clinical perspective and strategic direction during the capital planning process when upgrading, implementing and maintaining information systems
- NCal Inpatient Operations Lead for KP's program wide fully integrated automated medical record project (*Epic*) (KP Healthconnect). Actively involved in leading the build process, assessing impact on operations and developing change management strategy. Member of KP NCal Senior Sponsor Group for Inpatient Clinicals Suite (clinical documentation, order entry, OR application) as well as Revenue Capture (ADT, Registration, Billing, Inpatient

Pharmacy). KP NCal Regional representative on KP National clinical content oversight organization (iNGG).

- NCal Inpatient Operations Lead for wireless computing. Leading medication bar coding initiative and wireless cart selection process for the Northern California Region and its 19 medical centers.
- Consult and recommend process and performance improvement opportunities to KP NCal Medical Center Nurse Executives regarding facility administrative operations including (but not limited to) Staffing Office operations and procedures, staffing strategies and fiscal monitoring in order to achieve identified benchmarks.
- Lead Regional patient acuity capture process as contractually mandated in collaboration with Medical Center management and staff representatives and the California Nurse's Association
- Lead three Northern California KP Operations Peer Groups – Administrative Service Directors, GRASP and ANSOS/Onestaff.

### **Kaiser Permanente Hospital, Santa Clara, CA**

2002-2004

#### **DIRECTOR OF HOSPITAL OPERATIONS - INTERIM – (2003-2004)**

Responsible for the effective management of day-to-day Kaiser Foundation Hospital/Health Plan (KFH//HP) operations at Santa Clara Medical Center. Collaborated with Medical Group leaders, planned, directed and coordinated day-to-day KFH/HP operational activities to optimize the quality of care and services provided at the hospital. Ensured that the hospital organization remained in compliance with all regulatory and accreditation requirements.

- Assumed Interim appointment in June 2003.
- Maintained momentum and oversaw the successful on-time completion of Ambulatory Surgery expansion at the Mission Oaks facility.
- Successfully recruited Director of Service – a key strategic customer service leadership role.
- Led hospital Directors in operations budget process in collaboration with and support of facility KFH Finance organization.

#### **NURSE EXECUTIVE – (2002-2004)**

Provides executive leadership and direction for nursing and patient care services. Responsible for all in-patient nursing departments including Med-Surg, Maternal Child Health, Critical Care, Peri-Operative Services, Respiratory Therapy and Nursing Administration. Leads patient care in a very complex multi-entity environment composed of hospital, physician and health plan organizations that are each structured at local, service area, regional and national levels. Total expense budget (FY 03) > \$80 million and total FTEs > 700.

- Quickly established productive, collaborative, mutually beneficial relationship with The Permanente Medical Group partners and colleagues.
- Established strategic relationships with key members of the KP Northern California Regional Leadership team.
- Assessed internal management structure, overall staff competence and opportunities for performance improvement - developed extensive work plan to address issues. Restructured and recruited into key leadership roles.
- Learned KFH site and Service Area structure and established credible, collaborative relationships with leadership and management team members.
- Developed collaborative and improved relationship with local C.N.A. leadership and L.M.P. (Labor Management Partnership) representatives.

**Dennis Kneoppel**

- Expanded inpatient telemetry capability, began successful Stroke Certification process in collaboration with Medical Staff and Quality Department.
- Significantly reduced dependence on supplemental registry staff
- Met or exceeded established budget targets
- Co-Led JCAHO preparation with Quality Department. Established “continuous readiness” model.
- Represented nursing and patient care in planning for the “Homestead” facility – a multi-year complete hospital replacement capital project

**Stanford Hospital and Clinics, Stanford, CA**

1982-2002

**DIRECTOR OF PATIENT CARE SERVICES - (1995-2002)**

Senior management position that provided leadership, direction, and accountability for assigned clinical and support departments. Total expense budget approximately \$50 million, FTEs > 500. 25 direct reports.

- Led annual budget reduction initiatives resulting in savings ranging from 2.5M to 5M annually.
- Enhanced revenue through ER, LifeFlight and Trauma Department reengineering.
- Interpreted union contracts and SHC policy, recommended changes to HR. Strike Contingency Planning Chair – SHC-CRONA (Professional Nursing Union contract). SHC-SEIU negotiations team member.
- Managed 6 week nursing strike in 2000. All hospital departments remained open and fully functional including all elective surgeries. Met all California DHS expectations and standards at all times.
- Directed clinical department/unit managers including Medical Surgical Trauma ICU, Cardiovascular ICU, Coronary Care Unit, Intermediate Intensive Care Units (3), Acute Dialysis, Emergency Department, Life Flight Program, Medical Transport, Trauma, Float Pools, and the SHC Transfer Center.
- Led and directed support departments including Nursing Information Systems, QA/PI, Policies and Procedures, General Education, Continuing Education Center, Staffing Office and Nursing Payroll, Nursing Supervisors and well as overall Nursing systems support.
- Developed and implemented annual salary programs in collaboration with HR Wage & Salary staff, recommended entry salary for nursing exempt and management positions, identified and problem solved equity issues.

**VP FOR PATIENT CARE SERVICES/CNO – ACTING - (1999-2000)**

- Served as VP for Patient Care/Director of Nursing/Chief Nursing Officer during 3 month absence of incumbent due to illness
- Led and provided direction to all Patient Care Services Directors and management staff

**PROGRAM MANAGER – NURSING ADMINISTRATIVE SERVICES - (1991-1995)**

- Supervised the daily operations of Nursing Administration and Staffing Office functions and personnel
- Provided administrative support to the VP, Directors and Nursing Supervisors.
- Managed Critical Care and Med-Surg Float Pools

**ASSISTANT NURSE MANAGER, CARDIOVASCULAR ICU - (1988-1991)****STAFF NURSE IV - (1982-1988)**

**Dennis Kneoppel**

**Millard Fillmore Hospital, Buffalo, NY**

1980-1982

STAFF NURSE

## **Education**

**Chamberlain College of Nursing** – October 2010

Bachelor of Science in Nursing

**University of Pennsylvania, Wharton School of Business** – June 2008

Wharton Fellows Program in Management for Nurse Executives

**University of San Francisco, College of Professional Studies** – 1989

Masters in Public Administration, with a concentration in Health Services Administration

**Millard Fillmore Hospital School of Nursing** – 1980

Diploma in Professional Nursing

**State University College of New York at Buffalo** – 1977

Bachelor of Arts – Psychology

## **Certifications/Professional/Community Associations, Activities and Memberships**

- Association of California Nurse Leaders (ACNL) – *2015 Excellence in Leadership Recognition Award* – awarded ACNL Annual Meeting – Disneyland, Anaheim, CA *February 2015*
- Rotaplast – *Medical Mission Volunteer* – Cumana, Venezuela – 13 days, *October 2014*
- University of San Francisco, San Francisco, CA – *Affiliate Faculty* – *May 2014 – present*
- University of San Francisco, San Francisco, CA – *School of Nursing and Health Professions Advisory Board Member* – *May 2014 - present*
- Rotaplast International, San Francisco, CA – member - *Board of Directors* – *November 2013 - present*
- American Nurses Credentialing Center – Nurse Executive Advanced Board Certification (NEA-BC) – *current*
- Healthcare Quality Certification Board – Certified Professional in Healthcare Quality (CPHQ) – *current*
- American Organization of Nurse Executives – Credentialing Center - Certified in Executive Nursing Practice (CENP) – *2011-2014*
- American College of Healthcare Executives – Fellow (FACHE) – *current*
- University of California San Francisco, San Francisco, CA *Associate Clinical Professor (Voluntary)* – *2009-present*
- Wharton Nurse Executive Fellowship Program Advisory Board – member – *2009-2010*
- Sigma Theta Tau International – Nursing Honor Society - member
- Curry Senior Center – San Francisco, CA – member - *Board of Directors* – *2008-2015*
- Curry Senior Center – San Francisco, CA – Board Executive Committee/*Board Secretary* – *2009-2015*
- Association of California Nurse Leaders (ACNL) – member – *2002-present*



- Association of California Nurse Leaders (ACNL) – San Francisco/Marin Chapter – Treasurer – 2007-2009, Vice President - 2010-2011, *President-elect* – 2011-2012, *President* 2012-2013, *Treasurer* 2013-2014
- Association of California Nurse Leaders (ACNL) – Board Member – 2009-2011, 2012-2014
- Association of California Nurse Leaders (ACNL) – Health Policy Committee – *Chair* – 2011-2015
- Association of California Nurse Leaders (ACNL) – Board Executive Committee - *Secretary-Treasurer* 2012-2014
- Critical Care Registered Nurse (CCRN) certified 1988-1999
- American Association of Critical Care Nurses (AACN) – member
- American Nurses Association (ANA) - member
- American Organization of Nurse Executives (AONE) – member
- American Organization of Nurse Executives (AONE) – Certification in Nursing Executive Practice (CENP) Steering Committee – 2013-2014
- American Organization of Nurse Executives (AONE) – Regulatory Monitoring Committee member – 2009-2012
- American College of Healthcare Executives (ACHE) – member
- *Advance For Nurses* – Regional Editorial Advisory Board – member – 2006-2011
- Trained Mediator – Completed 40 hours of training for conflict resolution through mediation – March 2002
- California RN license number 340295
- BLS/ACLS certified (1982-2000)
- BLS certified (2014-current)
- SHC Chief Executive Officer Search Advisory Committee member – 2001

## Publications/Presentations

- *Continuing Education Program* – Speaker/Presenter - “Healthcare Finance for Leaders.....Raising Your Financial IQ” — ACNL Foundations Nursing Leadership Program – Walnut Creek, CA, May 2014
- *Invited Speaker* – “Policy & Legislative Sausage Making at its Best - What’s Happening in Sacramento and Beyond” – SF Marin Association of California Nurse Leaders, San Francisco, CA, August 2013
- *Continuing Education Program* – Speaker/Presenter - “Healthcare Finance for Leaders.....Raising Your Financial IQ” — ACNL Foundations Nursing Leadership Program – Walnut Creek, CA, March 2013
- *Continuing Education Program* – Speaker/Presenter - “Healthcare Finance for Leaders.....Raising Your Financial IQ” — ACNL Foundations Nursing Leadership Program – Garden Grove, CA, November 2012
- *Invited Speaker* – “Show Me the Money...Part II – The Affordable Care Act...Team Based Care: A Strategy to Achieve the ACA Triple Aim” - Northern California Hospital Council-San Francisco Medical Society-USF – panel participant – University of San Francisco, San Francisco, CA, November 2012
- *Professional Lecture* – “The Healthcare Environment and Leadership Priorities: A CNO’s perspective” – University of San Francisco, Nursing Leadership, Management and Health Policy – N460, San Francisco, CA, October 2012

- *Professional Lecture* – “Analyzing the general environment and the health care environment: a CNO’s perspective” – Samuel Merritt University, Nursing Leadership, Management and Health Policy – N160, San Mateo, CA, May 2012
- *Invited Speaker* – “CMS and Value Based Purchasing – What does it Mean at the Bedside?” – Medical Surgical Nursing Conference, South San Francisco, CA, May 2012
- *Professional Lecture* – “Analyzing the general environment and the health care environment: a CNO’s perspective” – Samuel Merritt University, Nursing Leadership, Management and Health Policy – N160-LEC-1, San Francisco, CA, April 2012
- *Continuing Education Program* – Planning Committee, Moderator, Speaker – “Transition from 12 to 8 Hour Shifts” – Taking the Lead: Strategies for Success in the Emerging Healthcare Environment – ACNL Tri-Chapter Collaboration - Oakland, CA, March 2012
- *Invited Speaker* – “Legislative Update” – Leadership in Changing Times - North Central Association of California Nurse Leaders, Stockton, CA, March 2012
- *Invited Speaker* – “Value-based Purchasing: Nursing Leadership Implications” – ACNL SF Marin Chapter continuing education lecture, San Francisco, CA, March 2012
- *Professional Lecture* – “Analyzing the general environment and the health care environment: a CNO’s perspective” - USCF School of Nursing, Nursing Administration Graduate Program – N287A, October 2011
- *Invited Speaker* – “Regulatory Woes: How CMS got in our house and how we plan to get them out” – ACNL SF Marin Chapter continuing education lecture, San Francisco, CA, September 2011
- *Professional Presentation* – “Nurse Leaders Leading the Way Through the Health Reform Maze” – BEACON Collaborative 2011 Annual Exchange – panel participant – South San Francisco, CA, April 2011
- *Invited Speaker* – “Hospital Finance 201 and Riveting Information You Can Find on the Internet!” – ACNL SF Marin Chapter continuing education lecture, San Francisco, CA, September 2010
- *Professional Lecture* – “The Role of the CNO – or – My Top Ten Lessons in Leadership Learned on My Crawl to the Top” – USCF School of Nursing, Nursing Administration Graduate Program – N211, October 2009
- *Invited Speaker* – “Nursing Informatics Strategic Planning and Implementation – Lessons Learned” – HIMSS Northern California Chapter Nursing Informatics Symposium 2009, San Francisco, CA, March 2009
- *Publication* – “From the Desk of... Front- Line Leadership,” Advance for Nurses (Northern California/Northern Nevada), vol. 5, no. 21, Oct 6, 2008, pg 10, - author
- *Professional Presentation* - “Recruitment and Retention of an Endangered Species: Acute Care Nurses” – Redwood City, CA, October 2001
- *Invited Speaker* - “Recruitment and Retention of an Endangered Species: ICU Nurses” – Kona, Hawaii – November 2000
- *Invited Speaker* - “Hospital Budgeting For Nurse Managers” - Stanford, California – August 1999
- *Invited Speaker* - “Developing a Continuum of Care for the Adult ICU: Transitioning To Intermediate Care/Step Down Units” - New Orleans, Louisiana – March 1998
- *Invited Speaker* - “Right-sizing Your Organization The Right Way: Communication Across The Organization” - Park City, Utah – January 1994
- *Journal article* - "Developing a Unit Based Quality Assurance Program", Progress in Cardiovascular Nursing, vol. 5, no. 4, Oct/Dec 1990, pp 141-145, - author



**NCEFT MANAGEMENT**

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Program Director

Alexandra Barcelo, LMFT  
Mental Health & Resilience  
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January 26, 2022

Lawrence W. Cappell, Chair and Cheryl Fama, CEO  
Peninsula Health Care District  
1819 Trousdale Dr  
Burlingame, CA 94010-4509

Dear Friends,

Thank you for your generous grant to NCEFT. Your support makes it possible for NCEFT to continue to provide its unparalleled equine-assisted programs to children and adults with disabilities and challenges. This year, NCEFT looks forward to expanding its programming, as well as reaching more underserved communities.

For more information about our programs, please visit [www.nceft.org](http://www.nceft.org).

Warmly,

Cherie Hammer  
Development Director

&

Nancy Contro  
Executive Director

**NCEFT GIFT RECEIPT**

Gift Date: 01/22/2022

Gift Amount: \$30,000.00

Gift Purpose: Grant - General Operations

Your gift is tax-deductible to the extent allowable by law.  
No goods or services were provided in exchange for your donation.



SAN MATEO



# LOCAL AGENCY FORMATION COMMISSION

455 COUNTY CENTER, 2ND FLOOR • REDWOOD CITY, CA 94063-1663 • PHONE (650) 363-4224 • FAX (650) 363-4849

## For Immediate Release

January 31, 2022

### Announcement of Recruitment of Public Member and Alternate Public Member

Applications for Public Member and Alternate Public Member of the San Mateo Local Agency Formation Commission (LAFCo) are now being accepted.

LAFCos were created by the State Legislature to make decisions on the boundaries and organization of the cities and special districts in each county of the State. San Mateo LAFCo is an independent commission composed of two members of the Board of Supervisors chosen by the Board, two members of city councils chosen by the mayors of the 20 cities in San Mateo County, two members of independent special district boards chosen by the presiding officers of the independent special districts in the County, and the Public Member appointed by the other six commissioners. Each member category has an Alternate.

The Commission meets on the third Wednesday of odd-numbered months at 2:30 pm in the Board of Supervisors' Chambers at 400 County Center, Redwood City. Additional special meetings may also be held as needed.

To be eligible to serve as Public Member or Alternate Public Member, a person must be a resident of San Mateo County and may not be an officer or employee of the County, or of a city or special district with territory in the County. The term of office for both the Regular Public Member and Alternate Public Member begins May 2022 and expires May 2026.

**The deadline for receipt of applications is Monday, April 18, 2022.** The application is available on the website at [www.sanmateolafco.org](http://www.sanmateolafco.org) under "What's New." For more information, please contact Rob Bartoli, Interim Executive Officer, 455 County Center, 2<sup>nd</sup> Floor, Redwood City, CA 94063, at (650) 363-1857, or by email at [rbartoli@smcgov.org](mailto:rbartoli@smcgov.org).

**COMMISSIONERS:** MIKE O'NEILL, CHAIR, CITY ▪ ANN DRAPER, VICE CHAIR, PUBLIC ▪ JOSHUA COSGROVE, SPECIAL DISTRICT ▪ HARVEY RARBACK, CITY ▪ DON HORSLEY, COUNTY ▪ RIC LOHMAN, SPECIAL DISTRICT ▪ WARREN SLOCUM, COUNTY

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**STAFF:** ROB BARTOLI, INTERIM EXECUTIVE OFFICER ▪ TIMOTHY FOX, LEGAL COUNSEL ▪ ANGELA MONTES, COMMISSION CLERK



2/15/2022

Dear Ann and the Board of Peninsula Healthcare District,

Thank you for your generous grant of \$50,000 in support of Caminar's Medication Assistance Program. Your contribution will give the gift of quality behavioral health care and help protect our Bay Area community from additional suffering.

Behavioral health care plays a crucial role in reducing homelessness, incarcerations, and hospitalizations. It also bolsters people's ability to engage with family, school, work, and primary care – and creates lasting economic and health benefits for individuals, families, and the community. Inequity will not go away without access to behavioral health for all.

This work wouldn't be possible without you. Thank you for ensuring the Bay Area's most at-risk community members receive the mental health and substance use treatment services they so desperately need, we greatly appreciate our longstanding partnership.

With appreciation and gratitude,

Mark Cloutier

Chief Executive Officer

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*Caminar has been offering services in this community since 1964. We are a 501(c)(3) non-profit organization. Our federal tax ID number is 94-1639389. Caminar provided no goods or services in consideration of your cash donation of \$50,000 which was processed on 1/24/2022. Your contribution is tax-deductible as allowed by law. Please retain this letter for your files.*

02/15/2022

Dear SMC Health partners,

My COVID-19 update this week is coming on the day that the Statewide requirement including in San Mateo County for masking for fully vaccinated residents in indoor settings comes to an end. Masking requirements remain in place for everyone on public transportation, in schools and childcare settings, long term care and adult and senior care facilities, healthcare and correctional settings. Yesterday, Dr. Mark Ghaly, California's Secretary of Health and Human Services, shared that the State will reassess the requirement for masking within school settings on February 28<sup>th</sup>.

I want to acknowledge that the decision to sunset the masking order for fully vaccinated residents and retain it for some sectors is landing differently for residents and partner entities as we all continue to navigate the roles we play to protect ourselves and the community. We understand that the varied views on this can reflect different positions of vulnerability and risk exposure. As the nature of the pandemic changes and the State and counties step back from using health officer powers to order and regulate, you will see us in County Health return to the more traditional role of public health of offering guidance and recommendations. We also recognize that many residents, businesses and entities operating in our County are well-positioned to understand and balance the risks for their respective environments and stakeholders.

We appreciate that the Statewide order includes the recommendation that we echo that "Fully vaccinated individuals... continue indoor masking when the risk may be high."

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx> The CDC's masking guidance remains helpful as so much of the country is looking to public health for advice: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html> .

In addition to the guidance that we offer on mask-wearing, that it is not too late to be vaccinated and boosted, to seek a test if exposed and isolate if sick, it is vital that we continue to focus on the protection of the populations that continue to bear disproportionate burdens from COVID-19, from other underlying health conditions, and from work and living environments that are riskier. We are grateful for your partnership in reinforcing the importance of an equity lens in our COVID-19 mitigation approach, our recovery framework and all that we do to address the root causes of inequities that the pandemic has laid bare.

**The level of virus transmission remains high but has come down considerably from an early January peak** with our 7-day lagged case rate average reported by the State yesterday at 49 cases per 100K in the population, compared to 85 a week ago. This is an average of 382 new COVID-19 cases per day compared to 663 new cases per day in last week's data. Since our 7-day peak of 239 cases/100K population on January 8<sup>th</sup>, our case rate has declined by 79%. Our current case activity keeps us in the CDC's "high" level of community transmission. Test positivity rates countywide (7%) and in the Health Equity Quartile census tracts (11.6%) are declining and the positivity gap is also narrowing in the 7-day lagged data that goes through Feb 5<sup>th</sup>. The testing level reported by the State yesterday (incorporating a 7-day lag) was 1146 tests per day per 100K population.

As of yesterday, the census of hospitalized COVID-19 patients this past week has ranged from 55 to 77, compared to a range of 84 to 100+ a week ago. The number of residents we are serving in the hotels that offer safe isolation has also decreased to between 21 and 37 per day during the last week.

**Vaccination update:** We learned last Friday that Pfizer is postponing its FDA application for emergency use authorization (EUA) for its vaccine for children between the ages of six months and four years. In the meantime, for all other age groups, we continue to focus on reaching those who have not been vaccinated or boosted through convenient offerings throughout the county. We are planning to adjust what we offer at some of our current “radically convenient” locations to incorporate some predictable offerings for the 5-11 year old group for which we have sizable gaps in reach and to keep closing gaps in booster reach.

Our overall County vaccination rate (including all eligible and ineligible residents) is currently at 89% for those who have received at least one dose and 82% for those who are fully vaccinated. As of February 13<sup>th</sup>, a total of 689,148 residents have received at least one shot. The population groups in which we have not yet reached 80% to have received a first shot includes kids ages 5-11 (64%), the Black population (64%), the Latin-x population (71%) and the Pacific Islander population (61%).

The number of residents who have received a COVID-19 booster has now surpassed 404,000. It is great to see that 80% (97,384) of the 65+ population that is fully vaccinated has received a booster. We continue to monitor as more data and recommendations related to boosters become available. In the meantime, we encourage all eligible residents receive a booster to maintain optimal protection.

Yesterday we were thrilled to launch an advertising campaign promoting vaccination among residents not yet vaccinated as the result of a partnership among County Health, the Health Plan of San Mateo, and the County Manager’s Office. Thirty-second television commercials in Spanish and English will air on cable networks targeting Latinx viewers. Messages will feature four rationales (“Because your doctor says it’s vital”; “Because we’re still at risk from new variants and mutations”; “Because billions of people have been vaccinated safely”; “Because you know someone who died from this virus”), the campaign stresses that it’s not too late to get vaccinated: “The COVID-19 vaccine can protect you and your family.” The ads will run through April and are expected to be seen by 950,000 viewers. Advertising on radio and streaming stations begins on February 28 and will run for a month, reaching 1.37 million listeners. Advertising on transit shelters and SamTrans buses begins in late March and is expected to be seen by 10 million riders, commuters, and others.

We appreciate your support and the collaboration of many that continues to fuel a steady and sustained approach to reaching each one of our residents.

*All Together Better,*

Louise F. Rogers, Chief of Health