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**PUBLIC MEETING OF THE  
BOARD OF DIRECTORS**

**6:30 PM, Thursday, December 12, 2024  
PHCD Classroom, 1819 Trousdale, Burlingame, CA 94010**

**AGENDA**

**1. Call to Order and Roll Call**

**2. Public Comment on Non-Agenda Items**

*At this time, any person in the audience may speak on any items not on the agenda and any other matter within the jurisdiction of the District. Speakers are customarily limited to three minutes. If you cannot attend the meeting, but would like to offer comments, please email your comments to [Voula.theodoropoulos@peninsulahealthcaredistrict.org](mailto:Voula.theodoropoulos@peninsulahealthcaredistrict.org) or visit our website <https://www.peninsulahealthcaredistrict.org/public-comment-form>, and your comments will be read into the record. Public comments will be taken for each agenda item prior to the Board's consideration on that item.*

**3. Report Out from Closed Session: 11/18/2024 and 12/12/2024: Chairman Cappel**

**4. Consent Calendar:**

- |  |           |
|--|-----------|
| a. Finance Meeting Minutes - July 9, 2024                    | Pg. 1-4   |
| b. CHIC Meeting Minutes - October 7, 2024                    | Pg. 5-10  |
| c. Board Meeting Minutes - October,24 2024                   | Pg. 11-19 |
| d. Checking Account Transactions – October and November 2024 | Pg. 20-23 |
| e. Treasurer's Report – October and November 2024            | Pg. 24    |
| f. 2025 Board Meeting Calendar                               | Pg. 25    |

**5. Pursuant to Government Code 3100, Swearing in of Elected Board Members**

- a. Administration of the Oath of Office to Vice Chair Pagliaro:** Chairman Cappel  
**b. Administration of the Oath of Office to Director Navarro:** Chairman Cappel

**6. Business:**

- |  |             |
|--|-------------|
| a. <b>Presentation of FY' 2024 Audit Report:</b> Rick Jackson, CPA, JWT & Associates, LLP  | Pg. 26-71   |
| b. <b>Community Health Investment Committee Grant Recommendations for FY' 2025:</b> Dr. Navarro, CHIC Chairman & Fátima Rodriguez, SID | Pg. 72-102  |
| a. Approval of 2025 One-Year Grant Recipients and Amounts as Recommended   |             |
| b. Consideration of Direction for Remaining Grant Funds  |             |
| c. <b>Strategic Plan Update:</b> Ana M. Pulido, CEO  | Pg. 103-126 |

**7. Reports:**

- a. **Board Chair and Director Reports**
  - Community Health Investment – 11/18**
  - Finance –11/12**
  - Strategic Direction Oversight –11/6**

**8. Correspondence and Media:**

- a. **11/5 Thank You Letter from San Mateo Chamber of Commerce** Pg. 127
- b. **11/19 Thank You Letter from Star Vista** Pg. 128
- c. **11/21 Thank You Letter from Edgewood** Pg. 129
- d. **11/26 Thank You Letter from Sutter** Pg. 130
- e. **11/26 Thank You Letter from Healthier Kids Foundation** Pg. 131

**9. Adjourn:**

*Any writings or documents provided to a majority of the Board of Directors regarding any item on this agenda will be made available for public inspection at the District office, 1819 Trousdale, Burlingame during normal business hours. Please call 650-697-6900 to arrange an appointment.*

*If you are an individual with a disability and need an accommodation to participate in this meeting, please contact Peninsula Health Care District at least 48-hrs in advance at 650-697-6900.*



## FINANCE COMMITTEE MEETING

### Minutes July 9, 2024

1. **Call to Order:** The meeting was called to order by **Director Sanchez** at 4:03 pm.
2. **Roll Call:** Present: Chair Zell, Director Sanchez, Member Seto, Member Revelo, CEO Pulido, CFO Yee. Absent: Member Sun. Also present: Jim Knight, Community Member.
3. **Approval of Minutes** from May 14, 2024

***It was moved by Member Revelo and seconded by Member Seto to approve the Minutes from May 14, 2024. The motion passed 6/0/0/1. Ayes: Chair Zell. Director Sanchez, Member Seto, Member Revelo, CEO Pulido, CFO Yee. Absent: Member Sun***

4. **Business Arising from Minutes - Wrap-Up Insurance:**

**CFO Yee** reported that she checked with the District's Broker regarding the wrap-up insurance for The Trousdale and found that the insurance needs to be purchased before construction. The wrap insurance is intended to respond to all construction defect claims regardless of which specific contractor performed the work. Coverage for construction defect claims is normally available under each contractor's practice policy if a wrap was not purchased. The District will need to file a claim against the general building contractor, and they, in turn, will seek out coverage from the various sub-contractors. **CFO Yee** commented that she will look into adding a wrap-up insurance policy for all new construction projects.

5. **City National Bank – Robert Meckstroth, Senior Portfolio Manager:**

**Mr. Meckstroth** provided an annual performance overview and outlook for the District's investment portfolio. Interest rates will affect this portfolio since the portfolio is primarily invested in fixed income. The downward stock market will not affect this portfolio due to its conservative nature. A negative economic condition will probably increase the value of the account. The federal funds rate is a significant driver of the returns of a short-term bond portfolio. Bonds locked in at a lower interest rate are worth a bit less, but it is positive that as those bonds mature, they will get reinvested as new cash at much higher interest rates. The new bonds have as high as five percent interest rates on very short-term bonds. The projection for the future is that the Fed will cut interest rates probably one or two times by the end of the year and into next year. He believes he will see a few more rate cuts, bringing interest rates down to 4% by the end of 2025. This is a promising outlook for a bond investor because as interest rates go down, bonds in the account will now appreciate and are locked in at higher interest rates that might not be available.

**Member Seto** asked if there is a way to diversify the portfolio instead of investing only in bonds. **Chair Zell** replied that the District does have some funds in local government pool funds, such as LAIF and the County. The State of California laws dictate what Special Districts can do. The greatest latitude of discretion and what has been most profitable for the District is purchasing real estate. **Mr. Meckstroth** replied that they are bound by the investment policy statement from the District and that additional risks are not allowed. So basically, what they're doing is within the constraints of the policy, trying their best to go for some slightly higher returns while keeping a solid portfolio. They must operate very conservatively per the rule. However, they are trying to extract some funds for marginally higher returns; 11% of the portfolio is in corporate bonds. He also stated that 70% of the portfolio matures between zero to two years, while the rest are between four to six years. Having a short duration protects against interest rate risk.

**Member Seto** asked if there was any interest in getting treasuries since they are paying over 5% yield and inflation bonds. **Mr. Meckstroth** replied that 90% of the portfolio is in treasury but would stay away from the inflation-protected bonds. Inflation-protected bonds are a big mistake because the Fed is aggressively fighting inflation, and there is an almost 2% spread of return over inflation right now. The current yield to maturity is around 5%. There are some longer maturities, so the District is not stuck with reinvestment risk.

**Mr. Meckstroth** mentioned that the portfolio almost hit 5% last year, and this year, the portfolio is up 1.7% in a rising interest rate environment. The dental health center portfolio has a similar strategy, but the account value is much smaller. The good news is the timing of the account. This account started after interest rates had already increased, so they're buying bonds at higher interest rates.

#### 6. Sonrisas Deep-Dive Session:

**Tracey Fetcher**, CEO of Sonrisas, and **Dr. Torrey Rothstein** presented the FY 23-24 performance and outlook for FY 24-25. They currently have 12 dental chairs between the two clinics and one mobile clinic that runs one day a week, and expects 16,000 visits in the current year. It is expensive to maintain the dental equipment. For FY 25, they hope to spend around \$260K. They expect to build out an additional operatory in San Mateo which would cost around \$450K and add a Pescadero clinic estimated at \$600K, which is currently not in the budget. Clinical visits for FY 24 are around 14,000, and FY 25 is budgeted close to 16,000. The payer mix affects the financials the most. For FY24, 22% of visits are private insurance, and 76% are low-income people who either do not have insurance or are on County contract/insurance. In FY 25, the plan is to convert some of the current HPSM clients to FQHC, providing a higher reimbursement rate. They also expect a contract signed with SMMC to see pediatric FQHC patients.

Community outreach includes screenings, senior mobile visits, and oral health presentations. In FY 24, they reached 3,766 individuals and budgeted 3,815 for FY 25. Fundraising income for FY 24 was strong at \$2.5M, which includes \$800K from PHCD. Sonrisas is expecting to receive \$2.7M in FY 25. Currently, staffing is 35.25 FTE, and they would like to increase that to 34.85 FTE in FY 25, including a new Chief Operating Officer focusing on the admin side of clinic operations, IT, recruiting, and program financials.

Below is the FY 24 and FY 25 Operating Budget Summary -



Summary	FY 25	Projected FY 24	Budget FY 24	Change FY 24 to FY 25
Total Revenue	6,748,120	5,952,389	6,249,228	498,892
Total Personnel	(5,075,034)	(4,254,509)	(4,746,250)	(328,784)
Total Clinic Expense	(693,352)	(563,790)	(678,935)	(14,417)
Total Overhead Expense	(936,264)	(949,677)	(917,421)	(18,843)
Total Fund. & Outreach expense	(274,366)	(152,979)	(189,416)	(84,950)
NET INCOME	(230,896)	31,435	(282,794)	51,898
Depreciation	335,632	298,557	306,872	28,760
Capital Expenditure	(262,289)	(150,000)	(138,028)	(124,261)
Cash flow	(157,553)	179,992	(113,950)	(43,603)

**Ms. Fetcher** showed two scenarios indicating a path to sustainability with increased FQHC visits. She mentioned that currently, the County has a huge waitlist for people who have medical but do not have a dental home. However, individuals could drop in in the morning and have an infected tooth pulled or drained because this is the County's safety net. Sonrisas is helping reduce that waitlist. On average, they get 7 to 10 calls daily from people who want to come to Sonrisas. Sonrisas is looking into expanding capacity, providing more care, and helping reduce that waitlist. Also, a separate pediatric dental office would be ideal because staffing and operatories differ. During their oral screening, they see children with active decay. Right now, they are at capacity, but they save a few appointments for the children so they can stay out of the hospital.

Challenges:

- No on-call staff
- 3 months to certify a dentist
- No overflow chairs
- At capacity
- Difficulty in recruiting – finding the right person

**Chair Zell** asked if there was a waitlist at Sonrisas. **Ms. Fetcher** responded that there is no waitlist because it creates false hopes. They currently have a short cancellation list where they would call individuals when there is a cancellation, and the individual would have to arrive either the next or the same day to become a patient of Sonrisas. **Member Seto** asked what the percentage of no-shows is. **Ms. Fetcher** replied that the vacancy rate is 9-11% and the no-show is slightly higher. **Member Seto** asked why the vacancy rate is so high. **Ms. Fetcher** replied that the rate is higher because they see low-income patients. There are transportation issues, getting off work, or childcare.

**Member Seto** asked what the top three issues Sonrisas would like to tackle if resources were not an issue. **Ms. Fetcher** replied –

- A separate pediatric-only clinic – 1 dentist to 4 to 5 chairs
- 10<sup>th</sup> operatory – improve clinic flow of patients
- Mobile Pescadero RV clinic – 2 chairs, provide additional clinic days to farm workers, stable power, and water source.

**Chair Zell** asked what the per-visit cost of each patient was. **Ms. Fetcher** replied that it is around \$360, which FQHC reimburses per visit. **Chair Zell** asked if private pay can still cover the full cost and help subsidize other payer types like before. **Ms. Fetcher** responded that there is a gap, but it is smaller than what Medi-Cal and HPSM pay.

**Community Member Knight** asked what the low-income criteria are based on. **Ms. Fetcher** replied that when they are on Medi-Cal, it means the individual is at a bare sustenance level. A family of four makes about \$43,000 a year. If people do not have insurance, they offer an affordable scale that gives them a 15-45% discount based on their income. They continue to accept other insurance types because dental care is costly and vital to overall health. There are the working poor who do not qualify for very low-income county insurance.

**Dr. Rothstein** commented that private offices can cover their overhead cost with private insurance because they usually have a smaller overhead cost. However, because of the low reimbursement rates, they are getting out of Delta Dental, MetLife, and Aetna's insurance. Usually, the private offices would make the finances work by scheduling more expensive procedures and more patients. The reimbursement rates are not keeping up with inflation.

**Member Seto** asked if Sonrisas is helping improve the community's health in general terms. What is the impact? **Dr. Rothstein** replied that it is hard to measure. He knows the number of visits Sonrisas has, but they still see cases of adults who have not been to the dentist for 20 years and have to extract almost all of their teeth. The County waitlist to see a dentist can be months to years, so it's difficult to measure. They keep seeing an influx of patients moving into the area, some new to the country who have never had dental care.

**Chair Zell** suggested that the Sonrisas Board provide a proposal to the District Board to consider, including an economy of scale, location, and the right mix of payer types. He believes the District Board can help with Capital needs.

#### **7. Tour of Sonrisas Dental Health:**

The Committee had a tour of Sonrisas led by Spandan Chakrabarti, Development Director.

#### **8. Future Agenda Items:**

- allcove – Deep-Dive including FY 24 Performance and Outlook
- FY 23-24 Yr-End Consolidated Financials

**Adjournment:** **Chair Zell** Adjourned the meeting at 5:58 pm.

*Written by Vickie Yee, CFO*



## Community Health Investment Committee (CHIC) Meeting

Monday, October 7, 2024

Minutes

**1. Call to Order:** Chairman Navarro called the meeting to order at 5:01 p.m. CHIC members present were Navarro, Sanchez, Baker, Neider, Jue, Miran, Baker, and Martinez.

**2. Review & Approval of Minutes:** September 16, 2024

### 3. Budget Update

**CEO Pulido** shared that the PHCD Board had approved a \$1M increase to the CHIC budget. She congratulated the team for their collective effort in securing this approval and expressed enthusiasm about the positive impact the additional funds would have on the community.

### 4. Letters of Interest

#### Overview of Letters of Interest (LOIs)

Focus Areas	# of LOIs	% of LOIs	Amount Requested
Healthy Aging	11	30%	\$470,265
Mental & Behavioral Health	14	38%	\$538,000
Preventive Health	12	32%	\$537,819

#### LOI Preliminary Review Criteria

- Alignment with PHCD Vision & Grant Program's Focus Areas
- Provide direct service in an area not currently met by District programs
- Rational and significance of proposed work
- Program approach
  - Existing funding or Partnerships
- Impact on District residents
  - % served
  - Improvement in health outcomes defined
- Budget
  - Projected served in the context of the requested amount
  - Within request parameters

## Community Health Investment Committee - Meeting Minutes (10/7/24)

**Further analysis:**

- How does the proposed work align with the priority areas?
- How does the proposed work connect with and complement current grant support?

**A. Review Grid & Discussion**

- Grid overview of the 2024 Grant Process was presented.
- Geomapping has been integrated to provide PHCD with a visual illustration of its outreach across the community through its grantees.
- Committee will focus on assessing how well the Focus Areas align with the Grant Priorities.
- Mental & Behavioral Health focus will target children up to age 12 and students in grades Kindergarten through 7th, ensuring there is no overlap with services already provided by allcove San Mateo to the 11-25 age demographic.

**B. Organizations to Move Forward to Full Application Phase****Recommend Advancing to Full Application Stage**

	<b># of Returning Applicants</b>	<b># of New Applicants</b>
24 invited to submit a full application	19 (79%)	5 (21%)
6 invited to submit a full application contingent on response to an inquiry and modifications	2 (33.3%)	4 (66.7%)

Organizations invited to submit a full application:

1. AbilityPath
2. Anew Vista Community Services
3. BACHAC
4. Breath California Bay Area, Golden Gate and Central Coast
5. Burlingame RiteCare Childhood Language Center
6. Call Primrose
7. CASA of San Mateo County
8. Changing Perspectives
9. Child Mind Institute
10. CORA
11. Each Green Corner
12. First 5 San Mateo County
13. Foster City Village, Inc.
14. Fresh Approach
15. Healthier Kids Foundation
16. Heart & Soul, Inc.
17. Kara
18. MELP/AbleCloset
19. One Life Counseling
20. Pacific Stroke Association
21. The HEAL Project
22. ViaHeart Project
23. Villages of San Mateo County
24. Vista Center for the Blind and Visually Impaired

**Total Amount Requested: \$948,725**

## Community Health Investment Committee - Meeting Minutes (10/7/24)

**Organizations to Move Forward to Full Application Phase contingent on response to an inquiry and modifications**

- |  |   |
|--|---|
| 1. Boys & Girls Club of North San Mateo County | 4. Institute for Human and Social Development, Inc. |
| 2. Burlingame Parks and Recreation             | 5. Chinese Hospital                                 |
| 3. Peninsula Family YMCA                       | 6. El Concilio of San Mateo County                  |

**Total Requested:** 325,000

**Current Projects not aligned with 2025 grant cycle**

- |                                       |  |
|---------------------------------------|--|
| • Friends for Youth, Inc.             | • Board of Trustees of the Leland Stanford Junior University |
| • Square Peg Foundation               | • HealthRIGHT 360  |
| • Stanbridge Academy                  | • Youth Leadership Institute                                 |
| • Voices of Recovery San Mateo County |  |

**Q & A with SID Rodríguez and CEO Pulido**

**Dr. Jue** asked how the decision was made to advance these 24 organizations from the 37 total applicants.

**SID Rodríguez** explained that letters of interest were reviewed, and an assessment was made based on whether the projects aligned with the vision and grant program's focus areas, as well as whether the proposed services addressed gaps not currently served by the District.

**Dr. Jue** asked who vetted these organizations.

**CEO Pulido** clarified that the staff conducts the initial screenings of the letters of interest, and based on established criteria, recommendations are then made to the Committee.

**Director Sanchez** asked if there was a common reason why some organizations were not recommended to continue in the application process.

**CEO Pulido** explained that a common challenge for some organizations was their focus on mental health services for an age group that fell outside the age range that the committee had identified as a key priority.

**Bryan Neider** inquired about the reasons for a decrease in applicants for this grant cycle compared to the previous year.

**CEO Pulido** responded that the two-year cycle implemented by the Committee is likely to have contributed to the reduced number of applicants, as 30 applicants are currently in the second year of the cycle and will not be applying for funds until next year.

## Community Health Investment Committee - Meeting Minutes (10/7/24)

**SID Rodríguez** noted that while there were fewer applicants this year, the quality of the organizations expressing interest in proceeding with the application was significantly higher. The District enhanced awareness of the grant programs by issuing a press release, leveraging various non-profit channels, conducting informational sessions, and making herself available for meetings during office hours to respond to specific questions from organizations.

**Director Sanchez** commented that the geomapping representation of grantees effectively illustrates the extent of organizations' outreach and indicates that services are not concentrated in a general area, but rather are distributed across the geography served by the District.

**Director Sanchez** asked whether the seven organizations that did not align with the 2025 grant cycle required further review by the Committee.

**CEO Pulido** clarified that organizations failing to meet the basic criteria would not qualify to advance, based on the established evaluation process of the Committee.

**Dr. Jue** sought clarification on the age demographic the Committee would focus on, for pediatric mental health, to which **SID Rodríguez** responded that it encompasses youth up to the age of 12, specifically grades K through 7.

**CEO Pulido** noted that the District offers Mental Health services to individuals aged 12 to 25 through the allcove San Mateo Program.

**Director Sanchez** emphasized the importance of sharing the geomapping visuals of current and potential organizations with the Board, as it serves as an effective visual tool to illustrate the reach of the grants program.

**CEO Pulido** shared that a key point for requesting an increase in the CHIC budget is that the programs developed by the District can only accommodate hundreds of participants, whereas the grants program can serve thousands. She expressed her belief that the District would not be able to fulfill its mission of promoting optimal health in the community without the grants program and hopes that the Board will continue to support an increase over time.

### **CHIC Budget Portfolio Overview 2025**

Impact Partners	\$840,492
Community Grants	\$1,006,508 (\$490,000 Committed to 2-year grants; 519,508 remaining for 1-year grants)
Health Care Workforce	\$50,000
Small Grants and Sponsorships	\$100,000
<b>Total Budget</b>	<b>\$2,000,000</b>

Revised CGP Budget (Sep. 2024) \$1,519,508 (reflecting \$1 M Adjustment)

## Community Health Investment Committee - Meeting Minutes (10/7/24)

**CEO Pulido** stated that while the Community Health Investment (CHI) Budget has received an increase in funding, the District remains committed to upholding the review and selection process. This involves not only assessing the organizations to determine their eligibility for funding, but also deciding the appropriate funding levels. In an ideal scenario, if all selected organizations receive the full amount they are requesting, which is justified by a strong case, there would still be approximately \$245,000 left in the budget. She posed the question of how to allocate the remaining funds. One suggestion is to review the applications already submitted to see if any organizations can expand their services at a larger scale, although this would not apply to those that have already reached the current grant limit of \$60,000. Another possibility is to initiate a grant cycle for innovations, inviting grantees with creative proposals to apply, though this would necessitate a swift response from the Committee. Additionally, Committee members could proactively recommend organizations they know are making an impact in the community, allowing for a vetting process that includes both staff and Committee input. These are just a few ideas that have been discussed, and we are open to any further suggestions.

**Director Sanchez** proposed that the Committee consider addressing vaccination programs in light of the recent increase in whooping cough cases.

**SID Rodríguez** noted that the only grantee currently focused on vaccinations is Chinese Hospital, which provides flu vaccinations.

**Chairman Navarro** recommended reaching out to Samaritan House to discuss vaccination efforts.

**CEO Pulido** responded that she could contact Samaritan House for informational purposes, but they are already a grantee.

**Chairman Navarro** expressed that he would like to approach the District Board to inform them about the remaining funding and, with their approval, collaborate with the County of San Mateo and Samaritan House to meet the vaccination needs. He also inquired about the seven organizations that were not fully aligned with the District and the amount they were requesting.

**SID Rodríguez** clarified that the total request from these seven organizations was \$272,359.

**Chairman Navarro** asked about the difference between the total budget and the amount requested by all 37 applicants.

**SID Rodríguez** explained that the updated budget of \$1,519,508 would fall short by approximately \$26,000, if we were to consider the total requests from all 37 applicants.

**Director Sanchez** emphasized the importance of identifying the locations of recent whooping cough cases to determine whether they fall within the District's service boundaries.

**Bryan Neider** suggested that the Committee should investigate service gaps within the community. Once these gaps are identified, organizations actively working in those areas could

## Community Health Investment Committee - Meeting Minutes (10/7/24)

be invited to apply for grants, offering a different approach than the traditional method of funding established initiatives. He also proposed that the Committee reach out to selected grantees, requesting them to share a story and an image showcasing their community work. The District could then disseminate these stories through their social media platforms to raise awareness about the positive impact of their efforts in the community.

## 5. Next Steps and Important Dates

### Next Steps

- Communications to Organizations
- Development of a Metrics Workshop

### A. Key Application Dates

- Full Grant applications due on Mon., October 28 by 11:59 pm
- Committee Review period online from Wed., October 30 – Fri., November 15
- Completed Reviews on Zengine (Grants platform) by Fri., November 15 at 12 Noon
- Committee in-person grant review on Mon., November 18, 2024
- Board of Directors approval Thurs., December 12, 2024

### B. Next Community Health Investment Committee Meeting

- Monday, November 18, 2024: Review, Discuss and Make Grant Recommendations for Board Consideration at December Board Meeting

## 6. Adjourn: 6:31 p.m.





<b>BOARD OF DIRECTORS MEETING MINUTES</b> <b>Thursday, October 24, 2024</b> <b>1819 Trousdale Dr. Burlingame, Ca 94010</b> <b>(Classroom)</b>		
<u><b>Directors Present</b></u> Chairman Cappel Vice-Chairman Pagliaro Secretary Zell Director Navarro Director Sanchez	<u><b>Directors Absent</b></u>	<u><b>Also, Present</b></u> Spandan Chakrabarti, Director of Development, Sonrisas

**1. Call to Order and Roll Call:** Chairman Cappel called the meeting to order at 6:32 p.m. Roll call attendance was taken. A quorum was present.

**2. Public Comment on Non-Agenda Items:** No public comments offered.

**3. Report Out From Closed Session:** 10/9/2024 & 10/24/2024:

**Chairman Cappel** stated that the Board held discussions reviewing the ongoing negotiations with the PWC developers during the closed-session meetings.

**Counsel Hudak** stated that they have taken no action to report out from the closed session meeting held on 10/9/2024.

**Chairman Cappel** stated that during the closed session meeting held earlier that evening, 10/24/2024, the Board approved several settlements regarding ongoing litigation at the District.

**Approved Settlements**

- Settlement with Alcal Roofing and Waterproofing in the amount of \$85,000, with additional terms and conditions, including a significant amount of repair work performed at no cost to the District.
- Settlement with Dolan Concrete Construction in the amount of \$13,219
- Settlement with Otis Elevator in the amount of \$28,363, with additional terms and conditions, including new equipment

- Each of the settling parties was a subcontractor on the Trousdale project and was a cross-defendant in the referenced lawsuit.

The Board authorized the CEO to execute settlement agreements with these parties that are consistent with the terms authorized by the Board. In addition, the Board authorized their litigation counsel to negotiate a fourth settlement to fund repairs to stucco-covered roof panels at the Trousdale. If a settlement is finalized on the terms authorized by the Board, the CEO has been authorized to execute a settlement agreement.

#### **4. Consent Calendar:**

- a. Board Meeting Minutes - September 19, 2024
- b. CHIC Meeting Minutes – September 16, 2024
- c. Checking Account Transactions - September 2024
- d. Treasurer's Report - September 2024
- e. Q1 Fiscal Year 2024-2025 Unaudited Financials
- f. Quarterly Investment Report
- g. Updated Board Policies

**Vice-Chairman Pagliaro** inquired about a transaction listed on page 13 of the Board Packet, labeled "Fund TRF from Admin to allcove."

**CFO Yee** responded that this transaction involved transferring funds from one account to another due to insufficient funds to cover several checks and scheduled withdrawals from that account.

#### **Motion to Approve Consent Calendar as Presented**

**Motion: By Director Sanchez; Vice-Chairman Pagliaro**

**Vote: Ayes - Cappel, Pagliaro, Zell, Navarro, Sanchez**

**Noes: 0**

**Abstain: 0**

**Motion Passed: 5/0/0**

#### **5. Business:**

**a. Sonrisas Grant FY 25 Q1 Update:** Spandan Chakrabarti, Director of Development

Spandan Chakrabarti, the Director of Development at Sonrisas, presented the organization's Q1 Update.

#### **Presentation Highlights**

***FY 24 to FY 26 PHCD and Sonrisas Partnership***

<b><u>Program Area</u></b>	<b><u>Number Served Annually</u></b>	<b><u>Annual Funding</u></b>
Access to Care for residents with Medi-Cal	3,600 Visits	\$720,000
School Screenings	250-300 children and Care unhoused, newcomer or low-income children	\$34,500
Senior Patient Programming	Senior Screenings and Care Coordination for 50-100 PHCD Senior Residents	\$10,000
Expanding Community Outreach in PHCD Area	School and Senior Screenings/ Service with 5 new partners	\$35,500
	<b>PHCD Annual Funding Total</b>	<b>\$800,00</b>
	<b>PHCD FY24-FY26 Total</b>	<b>\$2,400,000</b>

***Q1, FY25 Progress So Far***

	<b><u>Completed</u></b>	<b><u>Committed</u></b>
ATC Visits	1307	3600
School Screenings	275	300
Senior Programming	72	50
New Partnerships	1	5

***Sonrisas: A Picture of Health***

84NPS Net Promoter Score among ATC patients (200 respondents)

How satisfied are Sonrisas employees with their jobs, compared to last year? (1-10 rating)

<b><u>Position</u></b>	<b><u>Score</u></b>
Admin	8.4
CCC	7.6
Dental Assistant	8.9

Dental Provider	7.9
Hygienist	8.3
Outreach	9.8

(Staff Job Satisfaction survey conducted, September 2024)\*

### **Pescadero Capital Project**

#### ***South Coast Demographics & Dental Needs***

- 3,600 Residents
- 1,014 enrolled in Medi-Cal
- 219 utilizing
- Medi-Cal Dental (22%)
- Sonrisas serves
- 241 patients ( 81 MCD)
- ~ 800 Medi-Cal patients without Dental Home

### **A Dental Clinic Designed for the South Coast**

#### ***Challenges***

- Physical Building Space
- Limited spaces for rent
- Cannot build due to sewer and water
- Lack of Potable Water
- Power Outages
- Roads can flood during winter

#### ***Unique Clinic Solution***

- Dental RV with two chairs
- Can fill with water, has generator, MiFi
- Utilize RV dumping station
- Located at Puente Site in Pescadero
- Capital and startup: \$725,000

### **Transforming Access for the South Coast**

#### **Clinic Physical Details**

##### ***Dental RV:***

- 35-39' RV with two dental chairs
- Wheelchair lift

***Dental Providers:***

- Year 1, 4 dentist days/week
- Year 2, add 2 hygienist days/week
- Pescadero on Fuente North Housing Land

***Other Details:***

- 220 hook-up
- RV driver and maintenance through contract with Puente
- Utilize Puente Promotora services as appropriate

***Clinic Visits***

- Current: 400 visits/Year for Farmworkers
- Year 1 with Dental RV: 1,300/Year
- Year 2 and beyond with Dental RV: 1,990/Year
- 5.X Visits with New RV
- Clinic will serve farmworkers and will prioritize serving new patients with Medi-Cal. All new patients will be low-income, with limited exceptions.

***Fundraising for Capital and Startup Costs******Quiet Phase: ~80% of funding***

- Sonrisas and Puente have compiled a list of 35 institutional and individual prospects, strategically leveraging the networks of both organizations.
- These include local hospitals, community foundations, biotechnology companies, and philanthropists.
- Notable pending institutional proposals to date: HPSM, SVCF (DAF potentials), CZI.
- Other notable ongoing conversations: San Mateo County (Sup. Mueller), Philanthropic Ventures, Sutter Health.

***Public Phase: ~20% of funding***

- Once the quiet phase is concluded and approximately 80% of funding has been pledged, a public phase with broad appeal to donors will raise the rest.

***Q & A with Spandan Chakrabarti Director of Development, Sonrisas***

**Vice-Chair Pagliaro** inquired whether Mr. Chakrabarti was seeking funding for the Pescadero project.

**Mr. Chakrabarti** responded that he was not, as he believes the District's funding is intended solely for its residents.

**Director Zell** noted that the statute permits the organization to operate beyond the District's boundaries.

**Counsel Hudak** confirmed this, providing an example of the San Mateo Sonrisas facility, which offers services to residents of the Sequoia Healthcare District, with Sequoia covering the costs.

**CEO Pulido** asked Mr. Chakrabarti about the Sonrisas fundraising event held in September.

**Mr. Chakrabarti** explained that on September 21, Sonrisas hosted its 10th annual "Cooking for a Cause." He mentioned that this event had achieved the highest attendance of any fundraiser the organization has held to date, raising over \$200,000 in donations and reaching that milestone for the first time.

**Director Navarro** asked if the county would contribute to the Pescadero project.

**Mr. Chakrabarti** replied that discussions have taken place with the county, but no specific funding amount has been determined yet.

**b. Community Health Investment Committee; Letter of Interest Update:** Fátima M. Rodríguez, Strategic Initiatives Director

**SID Rodriguez** presented an update on the Community Grants Program.

### **Presentation Highlights**

#### ***Grant Focus Areas & Priorities***

- Grid overview of the 2024 Grant Process was presented
- CHIC Committee will focus on assessing how well the Focus Areas align with the Grant Priorities

#### ***Mental & Behavioral Health Grants***

- Pediatric Mental & Behavioral Health (Ages 0-12, K-7)
- Senior Mental Health
- Reduction of Adverse Child Events (ACE's) and Toxic Stress

#### ***Preventive Health Grants***

- Health Education
- Screening Programs
- Vaccination Programs
- Programs that increase access to Preventive Services and Support

**Healthy Aging across the Life Course Grants**

- Healthy Eating and Nutrition
- Physical Activity
- Socialization for Seniors
- Caregiver Support

**Overview of Letters of Interest (LOIs)**

- 37 LOIs received

<b><u>Focus Areas</u></b>	<b><u># of LOIs</u></b>	<b><u>% of LOIs</u></b>
Healthy Aging	11	30%
Mental & Behavioral Health	14	38%
Preventive Health	12	32%

**Key Guidance to Applicants**

- Demonstrate a strong rationale and significance in the proposed work
- LOIs must integrate a Health Equity lens leveraging local and organizational data and insights
  - Data-driven
  - Identified metrics and health outcomes
  - Demonstrate impact for District residents

**LOI Preliminary Review Criteria**

- Alignment with PHCD Vision & Grant Program's Focus Areas
- Provide direct service in an area not currently met by District programs
- Rational and significance of proposed work
- Program approach
  - Existing funding or Partnerships
- Impact on District residents
  - % served
  - Improvement in health outcomes defined
- Budget
  - Projected served in the context of the requested amount
  - Within request parameters

**Further analysis will examine the following:**

- How does the proposed work align with the priority areas?
- How does the proposed work connect with and complement current grant support?

**Recommend Advancing to Full Application Stage**

	<u># of Returning Applicants</u>	<u># of New Applicants</u>
24 invited to apply to full application	19 (79%)	5 (21%)
6 invited to apply to full application contingent on response to an inquiry and modifications	2 (33.3%)	4 (66.7%)

### ***Q & A with SID Rodriguez***

**Director Zell** sought clarification on the concept of Health Equity.

**SID Rodriguez** explained that health equity is achieved when organizations adapt their programs to meet the needs of populations that struggle to access services.

**Director Zell** asked SID Rodriguez for an example.

**SID Rodriguez** shared an analogy from the Robert Johnson Foundation, comparing the situation to a baseball field where some spectators can't fully see the game due to their vantage point. Adjusting the field so that everyone can view the game illustrates health equity—by making adjustments to programs, it can expand its reach and address gaps that certain populations face.

**Director Zell** inquired about how this concept could be applied in practice, particularly in relation to PHCD policy.

**SID Rodriguez** responded with an example: consider a person who is unable to get a dental health screening. To address health equity, one might find ways to offer this service, such as setting up a screening program in schools or investigating the reasons why people in the area can't access dental care. Another solution might be to build more capacity for dental care services in those communities. Health equity is not one-size-fits-all—it depends on specific conditions and situations.

**Director Navarro** suggested that one effective way to improve PHCD outreach is by expanding beyond Burlingame to identify service gaps in other areas and work toward addressing them.

**CEO Pulido** emphasized the ongoing efforts to increase access across the District and ensure services are distributed accordingly.

**Director Navarro** added that their focus remains on identifying service gaps and finding ways to address them.



**Director Sanchez** noted that it's also crucial to identify the barriers people face, such as transportation, housing, nutrition, employment, language, and culture. Analyzing these factors is essential for understanding what it will take to effectively address service gaps.

**SID Rodriguez** agreed, noting that health equity can be approached through a variety of factors, including race, ethnicity, gender, age, and income. Each initiative and program assessment will determine whether additional support is needed to improve access.

**Vice-Chairman Pagliaro** commended Director Navarro, Director Sanchez, and the entire CHIC committee for their hard work with the grants program.

**Director Sanchez** stated that CEO Pulido and SID Rodriguez are responsible for vetting the Letters of Intent (LOIs), which are then reviewed by the committee. This year, the process began with 37 organizations, and 24 have been selected to continue with their applications. The chosen grantees are expected to be impactful, and the final group will be presented to the Board once the selection is complete.

## **6. Reports:**

### **a. Board Chair and Director Reports**

Community Health Investment – 10/7

Strategic Direction Oversight – Next Meeting 11/6

Finance – Next Meeting 11/12

## **7. Correspondence and Media:**

- a. 10/17 Thank you card from PJCC
- b. 10/17 Thank you letter from NCEFT

## **8. Adjourn: 7:21 p.m.**

**Peninsula Health Care District  
Checking Transactions  
October-24**

<b>Date</b>	<b>Description</b>	<b>Deposit</b>	<b>Withdraw</b>
<b>Admin</b>			
10/1/2024	Cardmember Service		1,826.16
10/1/2024	FSA Payment		192.20
10/1/2024	CalPERS Pension		120.92
10/2/2024	Cardmember Service		21.97
10/2/2024	FSA Payment		25.00
10/2/2024	CalPERS Pension		8,119.38
10/3/2024	The Hartford		476.32
10/3/2024	Allied Administrators for Delta Dental		966.74
10/3/2024	Frank Pagliaro		1,298.38
10/3/2024	Henry Sanchez		500.00
10/3/2024	Streamline		475.00
10/8/2024	FSA Payment		314.16
10/10/2024	Premysis Technologies:Lost check, vendor never received		-98.76
10/10/2024	Paychex		430.32
10/11/2024	California Public Employees Retirement		16,034.30
10/11/2024	Paychex Payroll 10/15/24		34,821.63
10/11/2024	Payroll Taxes 10/15/24		19,612.19
10/11/2024	Paychex		85.00
10/14/2024	Peninsula Volunteers, Inc		10,700.00
10/14/2024	J & E Pro Cleaning and Handy Services		1,485.00
10/14/2024	Precision Digital Networks		390.00
10/14/2024	Frank Pagliaro		500.00
10/14/2024	KBA Document Solutions, LLC		513.09
10/14/2024	PG&E		374.36
10/14/2024	Sonrisas Dental Health		281,400.00
10/15/2024	Workers Compensation Insurance Payroll		161.01
10/15/2024	Paychex		38.69
10/16/2024	EDD		3,711.19
10/17/2024	CalPERS Pension		6,549.52
10/17/2024	Rotary Service Fund of Burlingame		1,000.00
10/17/2024	123 Awards		461.91
10/17/2024	Recology		90.25
10/17/2024	Voler Strategic Advisors Inc.		8,000.00
10/17/2024	Alhambra		13.98
10/17/2024	Bay Alarm		323.34
10/17/2024	Precision Digital Networks		1,265.00
10/17/2024	Iron Mountain		825.41
10/17/2024	PURCOR Pest Solutions		99.75
10/17/2024	Premysis Technologies		598.00
10/21/2024	Paychex		121.50
10/21/2024	FSA Payment		37.59
10/22/2024	Fund TRF from Admin to PWC		50,000.00
10/23/2024	FSA Payment		36.00
10/24/2024	Heritage Bank Monthly Service Fee		179.17
10/24/2024	Avelar		9,466.65
10/24/2024	Mark D. Hudak		4,230.00
10/24/2024	Frank Pagliaro		1,115.14
10/24/2024	U. S. Bank Equipment Finance		272.09
10/24/2024	JWT & Associates, LLP		25,150.00
10/25/2024	County of San Mateo	3,594.61	
10/28/2024	Heritage Bank Credit Card Payment		2,188.31

Date	Description	Deposit	Withdraw
10/28/2024	Heritage Bank Credit Card Payment		15.00
10/28/2024	FSA Payment		35.00
10/28/2024	Heritage Bank Credit Card Payment		2,809.73
10/30/2024	Paychex		26.14
10/30/2024	FSA Payment		5.00
10/30/2024	Paychex Payroll 10/31/24		34,873.78
10/30/2024	Payroll Taxes 10/31/24		19,668.53
10/31/2024	CalPERS Pension		5,778.60
10/31/2024	Comcast		950.03
10/31/2024	Frank Pagliaro		413.66
10/31/2024	Sandie Arnott, San Mateo County Tax Collector		665.00
10/31/2024	California Special Districts Association		9,785.00
10/31/2024	City of Burlingame Water Dept #428278		236.44
10/31/2024	Henry Sanchez		500.00
10/31/2024	Paychex:Annual Workers Comp Audit Refund	1,110.40	
10/31/2024	Workers Compensation Insurance Payroll		157.39
10/31/2024	Interest	147.47	
		<b>4,852.48</b>	<b>572,437.16</b>
<b>allcove</b>			
10/1/2024	Cardmember Service		420.30
10/2/2024	SC Property Management		32,055.00
10/3/2024	Children's Health Council		300.00
10/3/2024	Lockworks Unlimited, Inc.		1,417.70
10/3/2024	Dave's Lock Service		145.00
10/3/2024	Hillsdale High School Drama Program		550.00
10/3/2024	Pro-Found Social Impact Group LLC		1,738.50
10/3/2024	The Signworks		288.47
10/3/2024	Burlingame High School		250.00
10/3/2024	Shamrock Office Solutions LLC		103.76
10/14/2024	Precision Digital Networks		669.25
10/14/2024	Premysis Technologies		98.76
10/14/2024	Alhambra		13.98
10/14/2024	Service Master Building Maintenance		3,200.00
10/14/2024	One Life Counseling Center		11,340.00
10/17/2024	Jefferson Union High School District		6,450.40
10/17/2024	First Citizens Bank & Trust Co:1833296		277.35
10/17/2024	Color Print		52.62
10/17/2024	Premysis Technologies		98.76
10/17/2024	Precision Digital Networks		1,134.00
10/24/2024	Color Print		844.12
10/24/2024	Mark D. Hudak		1,080.00
10/28/2024	Heritage Bank Credit Card Payment		2,680.11
10/31/2024	Interest	53.68	
10/31/2024	Shamrock Office Solutions LLC		103.05
10/31/2024	Bay Alarm		3,008.35
		<b>53.68</b>	<b>68,319.48</b>
<b>Health Fitness</b>			
10/3/2024	Directv		107.24
10/3/2024	Core Linen Services, Inc.		296.33
10/3/2024	Streamline		100.00
10/10/2024	MindBody Merchant Fee		380.90
10/14/2024	Izabela Rapacz		3,528.45
10/14/2024	Carolyn Kelly		220.00
10/14/2024	J & E Pro Cleaning and Handy Services		2,300.00
10/14/2024	Caroline Foley		505.00

Date	Description	Deposit	Withdraw
10/14/2024	PG&E		1,610.67
10/14/2024	Precision Digital Networks		174.00
10/14/2024	Core Linen Services, Inc.		308.57
10/17/2024	U. S. Bank Equipment Finance		77.40
10/17/2024	Core Linen Services, Inc.		396.76
10/17/2024	Recology		194.78
10/24/2024	Mark D. Hudak		225.00
10/24/2024	Bay Alarm		142.83
10/24/2024	KBA Document Solutions, LLC		134.69
10/24/2024	Core Linen Services, Inc.		198.38
10/28/2024	Heritage Bank Credit Card Payment		1,382.56
10/31/2024	Interest	36.89	
10/31/2024	Directv		107.24
10/31/2024	City of Burlingame Water Dept		8.00
10/31/2024	City of Burlingame Water Dept		261.37
10/31/2024	Core Linen Services, Inc.		198.38
10/31/2024	City of Burlingame Water Dept		0.00
10/31/2024	City of Burlingame Water Dept		0.00
10/31/2024	Core Linen Services, Inc.		0.00
10/31/2024	Directv		0.00
10/31/2024	City of Burlingame Water Dept		0.00
10/31/2024	Health and Fitness Membership October 2024		0.00
		14,024.60	
		<b>14,061.49</b>	<b>12,858.55</b>

**Leasing**

10/3/2024	PG&E		3,615.18
10/3/2024	PG&E		3,271.64
10/3/2024	EaseBrite General Maintenance, Inc.		500.00
10/4/2024	Ralph Barsi		2,000.00
10/14/2024	J & E Pro Cleaning and Handy Services		3,837.06
10/14/2024	JAMS, Inc		1,101.75
10/14/2024	Service Master Building Maintenance		4,500.00
10/14/2024	Ralls Gruber & Niece LLP		8,517.70
10/14/2024	Bleyle Elevator, Inc		95.00
10/24/2024	Recology		389.59
10/24/2024	All Temperature Service Air Conditioning		1,430.00
10/24/2024	Bay Alarm		292.26
10/24/2024	Mc Mechanical		8,723.00
10/24/2024	Bay Alarm		391.27
10/24/2024	Recology		901.22
10/24/2024	Recology		1,255.08
10/24/2024	PURCOR Pest Solutions		662.50
10/24/2024	MCTC - Sandie Arnott, San Mateo County Tax Collector		4,420.00
10/24/2024	Mark D. Hudak		225.00
10/25/2024	Fund TRF from Lease to CNB		2,000,000.00
10/31/2024	Houn Young Kim, DDS	2,138.47	
10/31/2024	Ross Williams, DDS	2,083.19	
10/31/2024	Carol Tanzi & Associates	500.00	
10/31/2024	Burlingame Therapeutic Associates	2,811.80	
10/31/2024	One Life Counseling Service	1,430.00	
10/31/2024	Patricia Dugoni, CPA	2,400.00	
10/31/2024	Applied Orthotics & Prosthetics	2,968.00	
10/31/2024	Ability Path	6,832.18	
10/31/2024	Eugene Kita, DDS	1,609.89	
10/31/2024	Sonrisas Dental Health, Inc.	500.00	
10/31/2024	April Lee, DDS	2,870.73	
10/31/2024	Patricia Dugoni, CPA	2,400.00	

Date	Description	Deposit	Withdraw
10/31/2024	Bay Area Foot Care	3,224.00	
10/31/2024	Julie Nash	500.00	
10/31/2024	Houn Young Kim, DDS	2,076.18	
10/31/2024	Zoya Galant, DDS	2,403.61	
10/31/2024	Interest	621.13	
10/31/2024	Ralph Barsi		2,000.00
10/31/2024	City of Burlingame Water Dept		12.00
10/31/2024	City of Burlingame Water Dept		683.70
10/31/2024	City of Burlingame Water Dept		400.52
10/31/2024	City of Burlingame Water Dept		84.03
10/31/2024	City of Burlingame Water Dept		744.13
10/31/2024	City of Burlingame Water Dept		111.74
		<b>37,369.18</b>	<b>2,050,164.37</b>
<b>PWC</b>			
10/3/2024	Streamline		100.00
10/3/2024	Economic & Planning Systems, Inc.		600.00
10/14/2024	Economic & Planning Systems, Inc.		750.00
10/17/2024	Perkins Coie LLP		19,662.75
10/22/2024	Fund TRF from Admin to PWC	50,000.00	
10/24/2024	Mark D. Hudak		2,475.00
10/31/2024	Interest	5.78	
10/31/2024	Perkins Coie LLP		55,447.65
		<b>50,005.78</b>	<b>79,035.40</b>
<b>Trousdale</b>			
10/1/2024	Heartland Merchant Account		133.45
10/3/2024	Eskaton Properties Inc		79,060.33
10/4/2024	Trousdale Tenant Deposit	25,301.00	
10/4/2024	Trousdale Tenant Deposit	10,000.00	
10/14/2024	Eskaton Properties Inc		271,224.25
10/17/2024	Trousdale Tenant Deposit	295,765.81	
10/17/2024	Eskaton Properties Inc		399,067.78
10/17/2024	Trousdale Tenant Deposit	5,000.00	
10/21/2024	Trousdale Tenant Deposit	667,192.11	
10/21/2024	Trousdale Tenant Chargeback		10,623.00
10/22/2024	Trousdale Tenant Chargeback		8,837.00
10/25/2024	Trousdale Tenant Deposit	49,659.30	
10/25/2024	Trousdale Tenant Deposit	5,000.00	
10/30/2024	Trousdale Tenant Deposit	5,000.00	
10/30/2024	Trousdale Tenant Deposit	32,081.05	
10/31/2024	Interest	627.16	
10/31/2024	Eskaton Properties Inc		75,536.82
		<b>1,095,626.43</b>	<b>844,482.63</b>

**STATUS OF CURRENT YEAR TAX REVENUES**

Total As Of <u>10/31/24</u>	Estimated FY 24-25 <u>Tax Revenue</u>
<u>\$ 6,109</u>	<u>\$ 9,000,000</u>

**Board Designated Invested Funds**

	Rate Last QTR	Fees Paid Fiscal YTD	Cost Basis		Market Value
			<u>9/30/24</u>	<u>10/31/24</u>	<u>10/31/24</u>
Bridge Bank - 1yr CD (mature 1/31/25)	2.750%		3,206,109	3,206,109	3,206,109
Fiduciary Trust	4.560% *	1,551	1,784,863	1,790,127	1,792,230
City National Bank	4.015% *	7,602	18,228,328	20,310,700	20,333,102
Local Agency Investment Fund	4.557%		6,136,416	6,209,187	6,209,187
San Mateo County Pool Investment	3.875%		<u>3,747,019</u>	<u>3,783,511</u>	<u>3,783,511</u>
			<u>33,102,735</u>	<u>35,299,634</u>	<u>35,324,138</u>

\* Yield to maturity



**2025 PHCD BOARD AND COMMITTEE MEETINGS**

January						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

September						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- Board Meetings 6:30 pm (Board Retreat 2/22 9:00am)
- Strategic Direction Committee 5:00 pm
- Community Health Investment Committee 5:00 pm
- Finance Committee 4:00 pm



**Audited Combined Financial Statements**

**PENINSULA**  
**HEALTH CARE DISTRICT**

**June 30, 2024 and 2023**



## Audited Combined Financial Statements

## PENINSULA HEALTH CARE DISTRICT

June 30, 2024

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## Management's Discussion and Analysis

## PENINSULA HEALTH CARE DISTRICT

June 30, 2024

Management of the Peninsula Health Care District (the District) has prepared this annual discussion and analysis in order to provide an overview of performance for the fiscal year ended June 30, 2024 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments*. The intent of this document is to provide additional information on the District's historical financial performance as a whole and a prospective look at revenue growth, operating expenses and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2024 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

***Financial Summary***

- Total assets and deferred outflows increased by \$5.6 million over the prior fiscal year due mainly to increased cash flows. Total cash, cash equivalents and investments increased by \$5.0 million (see the Statements of Cash Flows for changes).
- Current assets increased by \$5.0 million while current liabilities decreased by approximately \$1.1 million when compared to the prior fiscal year. The current ratios for current and prior years were 7.09 and 5.23, respectively.
- Operating revenues increased by \$3.5 million while operating expenses increased by approximately \$2.1 million for the year ended June 30, 2024.
- There was an operating loss of \$6.7 million for the year ended June 30, 2024 as compared to an operating loss of \$8.2 million in the prior year.
- Non-operating revenues (expenses) increased by \$2.3 million due mainly to a \$1.0 million increase in investment income. Grants and contributions also increased by approximately \$1.0 million.
- The increase in net position was \$7.8 million for the year ended June 30, 2024 as compared to an increase of \$4.0 million in the prior year.
- The continued results of GASB 87 resulted in the recognition of lease receivables of \$74.1 million and in the recognition of \$69.7 million in lease liabilities for a net increase in assets of \$4.4 million. Pension asset recognition resulted in a slight decrease in asset of approximately \$159,000.

## Management's Discussion and Analysis (continued)

## PENINSULA HEALTH CARE DISTRICT

A summary of the District's net assets for 2024, 2023 and 2022 is as follows:

	<u>2024</u>	<u>2023</u>	<u>2022</u>
<b>Assets (000's)</b>			
Current assets	\$ 41,698	\$ 36,632	\$ 45,603
Capital assets	98,098	100,272	87,673
Other assets and deferred outflows	<u>74,871</u>	<u>72,160</u>	<u>73,225</u>
Total	<u>\$ 214,667</u>	<u>\$ 209,064</u>	<u>\$ 206,501</u>
<b>Liabilities (000's)</b>			
Current liabilities	\$ 5,884	\$ 7,009	\$ 4,783
Other liabilities and deferred inflows	<u>107,432</u>	<u>108,456</u>	<u>112,106</u>
Total liabilities	113,316	115,465	116,889
<b>Net position (000's)</b>			
Net investment in capital	58,105	58,672	44,526
Restricted	7,500	7,500	7,650
Unrestricted	<u>35,746</u>	<u>27,427</u>	<u>37,436</u>
Total net position	<u>101,351</u>	<u>93,599</u>	<u>89,612</u>
Total	<u>\$ 214,667</u>	<u>\$ 209,064</u>	<u>\$ 206,501</u>

***Cash and Investments***

At fiscal year ended June 30, 2024, operating cash, cash equivalents and investments totaled \$36.5 million compared to \$31.5 million in fiscal year 2023. Days of cash on hand increased to 589.87 as compared to 554.57 in the prior year. The District maintains sufficient cash and cash equivalents to pay all short-term liabilities.

***Capital Assets***

During the year, the District spent approximately \$1.2 million on capital assets and capital improvements, net of a minor amount of disposals, which increased the total historical costs of capital assets to \$118.5 million with accumulated depreciation of \$20.4 million to bring net capital assets to \$98.1 million as of June 30, 2024.

## Management's Discussion and Analysis (continued)

## PENINSULA HEALTH CARE DISTRICT

The following shows the revenues, expenses and increase (decrease) in net position for the years ended June 30, 2024 through June 30, 2022.

	<u>2024</u>	<u>2023</u>	<u>2022</u>
<b>Operating revenues (000's)</b>			
Lease revenues	\$ 3,113	\$ 2,180	\$ 2,192
Dental service - net patient revenues	3,389	2,928	2,725
Assisted living/memory care resident revenues	12,535	10,707	9,784
Fitness center revenues	136	134	114
Other operating revenues	<u>299</u>	<u>4</u>	<u>1,166</u>
Total operating revenues	19,472	15,953	15,981
<b>Operating expenses (000's)</b>			
Salaries and wages	10,519	9,107	7,783
Employee benefits	2,622	2,832	918
Community services and related programs	3,006	3,319	2,592
Professional fees and registry	1,909	1,586	1,045
Supplies	1,387	1,272	1,043
Purchased services	1,012	829	756
Utilities and phone	727	692	604
Building and equipment rent	762	599	285
Insurance	603	557	494
Depreciation and amortization	3,276	3,046	3,036
Other operating expenses	<u>374</u>	<u>308</u>	<u>230</u>
Total operating expenses	<u>26,197</u>	<u>24,147</u>	<u>18,786</u>
Operating income (loss)	(6,725)	(8,194)	(2,805)
<b>Nonoperating revenues (expenses) (000's)</b>			
District tax revenues	9,865	9,611	8,535
Investment income (loss)	3,698	2,752	1,359
Interest expense	(1,608)	(1,699)	(1,698)
Forgiveness of debt borrowings			201
Grants, contributions and other	<u>2,522</u>	<u>1,517</u>	<u>1,184</u>
Total nonoperating revenues (expenses)	<u>14,477</u>	<u>12,181</u>	<u>9,581</u>
<b>Increase (decrease) in net position</b>	<u>\$ 7,752</u>	<u>\$ 3,987</u>	<u>\$ 6,776</u>

Management's Discussion and Analysis (continued)

PENINSULA HEALTH CARE DISTRICT

***Dental Service - Net Patient Revenues and Assisted Living/Memory Care Resident Revenues***

Net patient service revenues are the resulting difference between gross patient charges and the deductions from revenue. Net patient dental service revenues and assisted living/memory care resident revenues increased in 2024 by approximately \$2.3 million over 2023 mainly due to increased volumes.

***Operating Expenses***

Total operating expenses in fiscal year 2024 were \$26.2 million compared to \$24.1 million in 2023. Significant changes occurred in the following areas:

- Total salaries and wages increased by approximately \$1.4 million due to additional FTE's at the new youth drop-in center and filling vacant positions at the dental center and assisted living/memory care community.
- Community services and related programs decreased slightly by approximately \$313,000 over the prior year. Professional fees and registry increased by approximately \$322,000 over the prior year, mainly due to additional fees paid to service providers and consultants.
- Supplies increased by approximately \$115,000 over the prior year due mainly to increased occupancy at the assisted living/memory care community and the opening of the youth drop-in center.
- Depreciation increased slightly by approximately \$230,000.
- Other categories of expenses varied from the prior year only marginally.

***Programs***

Results of area changes in net position of District programs for the year ended June 30, 2024 and 2023 follows:

	<u>2024</u>	<u>2023</u>
Leasing fund	\$ 2,217,939	\$ 2,531,367
Sonrisas Dental Health services	364,941	(39,601)
The Trousdale assisted living/memory care	(173,189)	(1,215,089)
PHCD health & fitness center	27,802	39,033
San Mateo allcove Youth Drop-In Center	1,249,077	-0-
General district operations	<u>4,065,109</u>	<u>2,671,566</u>
	<u>\$ 7,751,679</u>	<u>\$ 3,987,276</u>

Management’s Discussion and Analysis (continued)

PENINSULA HEALTH CARE DISTRICT

***Economic Factors and Next Fiscal Year’s Budget***

The District’s Board approved the fiscal year ending June 30, 2025 capital and operating budgets at the June 2024 regular board meeting. The budget includes the following key programs and community investments:

***The Trowsdale Assisted Living and Memory Care Community:*** The Trowsdale assisted living and memory care community is a 124-unit facility located in Burlingame, California. The District opened the facility in December 2018 to help fill the Peninsula’s need for more living options for the expanding senior population. The District also recognizes the high cost of living on the Peninsula and established a rent assistance fund for qualified individuals at The Trowsdale.

***Sonrisas Dental Health:*** Sonrisas Dental Health is a non-profit organization dedicated to providing access to quality dental care and oral health education by removing barriers for all regardless of age, mobility or cognitive limitations and/or ability to pay, and does so with dignity, respect and compassion. Sonrisas works to improve the health of the community members through culturally sensitive, integrated care, with a focus on disease prevention. The dental health centers are located in San Mateo and Half Moon Bay, California.

***San Mateo allcove Youth Drop-In Center:*** The San Mateo allcove center is a standalone, integrated “one-stop-shop” youth center for ages 12-25 to access support for prevention and early intervention mental health services, physical health, peer and family support, supported education and employment services, and alcohol and drug counseling. The center will provide a central point of access and will seek to improve the continuum of care in three ways: (1) increase access to early intervention and treatment through physical, mental, and early addiction services; (2) create a network of community partners and processes to achieve seamless transitions from referrals through different levels of care; and (3) engage the District’s Youth Advisory Group to incorporate their voice in all aspects of developing and launching this impactful mental wellness program. The center accepts all youths (ages 12-25) regardless of insurance and/or ability to pay and is open to the public as of January 2024.

***Community Grants Program:*** The community grants program is one of the strategies the District employs to address the health needs of its residents. The District partners with public agencies and non-profit organizations that share the same vision to support the achievement of optimal health through education, prevention, and access to basic health services and programs. Every year, the District board identifies the most pressing community health needs and establishes funding priorities for the grant term. Our 2025 Community Grants Program Focus Areas and Priorities are: (1) Mental & Behavioral Health Grants – Pediatric Mental & Behavioral Health (Ages 0-12, K-7), Senior Mental Health, Reduction of Adverse Child Events (ACE’s) and Toxic Stress, (2) Preventive Health Grants – Health Education, Screening Programs, Vaccination Programs, Evidence-based and/or Innovative Programs that increase access to Preventive Services and Support, (3) Healthy Aging across the Life Course Grants – Healthy Eating and Nutrition, Physical Activity, Socialization for Seniors, Caregiver Support.

## Management's Discussion and Analysis (continued)

## PENINSULA HEALTH CARE DISTRICT

***PHCD Health & Fitness Center:*** The Health & Fitness Center is a gym and educational facility that offers wellness programs in Burlingame, California. The program aligns with the District's strategy to promote healthy aging through physical activity, health education, socialization and connectivity. Unique to the Center is its focus on connection. The member lounge fosters socialization and provides health resources to complement the movement programs, exercise equipment, and educational topics regularly offered to improve overall well-being.

***Cooperative Homes:*** In 2020, the District purchased two five-bedroom homes in San Mateo, California. With the partnership of AbilityPath and Parca, the District established the first cooperative living homes in San Mateo County for adults with developmental disabilities. The "Cooperative Living" model provides affordable residency tailored for individuals who are capable of living independently, with some additional support. It helps individuals develop independent living skills such as maintaining a budget, carrying out household chores, planning a shopping list, and commuting using public transportation.

In general, the consolidated budget for the fiscal year 2025 projects an increase in net position with additions to both income and expense, with the allcove Youth Drop-In Center incurring significant expenses due to a full year of operations and a gradual increase in usage at the Center.

# JWT & Associates, LLP

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## *Report of Independent Auditors*

The Board of Directors  
Peninsula Health Care District  
Burlingame, California

### *Opinion*

We have audited the accompanying financial statements of the Peninsula Health Care District, (the District) as of and for the years ended June 30, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the District's combined basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of June 30, 2024 and 2023, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.



In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

*Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

*Emphasis of Matter*

As discussed in Note A, the District adopted Governmental Accounting Standards Board (GASB) 87 for the year beginning July 1, 2021 and ending June 30, 2022. Our opinion is not modified with respect to this matter.

*Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the combined basic financial statements. Such information is the responsibility of management and, although not a part of the combined basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the combined basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America *Government Auditing Standards*, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the combined basic financial statements, and other knowledge we obtained during our audit of the combined basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

*Supplementary Information*

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary schedules as listed in the table of contents are presented for purposes of additional analysis and is not a required part of the combined basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined basic financial statements or to the combined basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*. In our opinion, the supplementary schedules as listed in the table of contents are fairly stated, in all material respects, in relation to the combined basic financial statements as a whole.

*Other Reporting Required by Governmental Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 15, 2024, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

*JW7 & Associates, LLP*

Fresno, California  
October 15, 2024

## Combined Statements of Net Position

## PENINSULA HEALTH CARE DISTRICT

	June 30	
	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 5,929,256	\$ 6,560,582
Investments	30,521,635	24,897,290
Restricted cash and cash equivalents for current purposes	3,184,098	3,151,974
Accounts and leases receivable- current portion	1,807,150	1,800,586
Inventories, prepaid expenses and other current assets	<u>255,648</u>	<u>221,953</u>
Total current assets	41,697,787	36,632,385
Noncurrent assets:		
Non depreciable capital assets	22,933,956	23,143,967
Depreciable capital assets, net of accumulated depreciation	75,164,376	77,128,196
Long term lease receivables and other assets	<u>74,520,433</u>	<u>71,650,651</u>
Total noncurrent assets	172,618,765	171,922,814
<b>Deferred outflows of resources</b>	<u>350,649</u>	<u>509,525</u>
Total assets and deferred outflows of resources	<u>\$214,667,201</u>	<u>\$209,064,724</u>
<b>Liabilities</b>		
Current liabilities:		
Current maturities of debt borrowings	\$ 1,670,000	\$ 1,605,000
Accounts payable and accrued expenses	2,366,123	2,809,769
Accrued payroll and related liabilities	594,767	625,112
Unearned revenues	<u>1,253,370</u>	<u>1,968,952</u>
Total current liabilities	5,884,260	7,008,833
Noncurrent liabilities:		
Debt borrowings, net of current maturities	38,323,664	39,995,603
Lease liabilities and tenant deposits	<u>1,007,665</u>	<u>1,382,871</u>
Total noncurrent liabilities	39,331,329	41,378,474
<b>Deferred inflows of resources</b>	<u>68,101,047</u>	<u>67,078,531</u>
Total liabilities and deferred inflows of resources	113,316,636	115,465,838
<b>Net Position</b>		
Net investment in capital assets	58,104,668	58,671,560
Restricted	7,500,000	7,500,000
Unrestricted	<u>35,745,897</u>	<u>27,427,326</u>
Total net position	<u>101,350,565</u>	<u>93,598,886</u>
Total liabilities, deferred inflows and net position	<u>\$214,667,201</u>	<u>\$209,064,724</u>

See accompanying notes and auditors' report

## Combined Statements of Revenues and Expenses

## PENINSULA HEALTH CARE DISTRICT

	Year Ended June 30	
	2024	2023
<b>Operating revenues</b>		
Lease revenues	\$ 3,113,798	\$ 2,180,118
Dental service - net patient revenues	3,388,784	2,921,728
Assisted living/memory care resident revenues	12,799,455	10,707,184
Fitness center revenues	136,102	134,049
Other operating revenues	34,156	9,657
Total operating revenues	<u>19,472,295</u>	<u>15,952,736</u>
<b>Operating expenses</b>		
Salaries and wages	10,519,119	9,106,766
Employee benefits	2,621,620	2,831,956
Community services and related programs	3,005,914	3,319,196
Professional fees and registry	1,908,504	1,586,049
Supplies	1,386,700	1,271,850
Purchased services	1,011,691	828,500
Utilities and phone	727,229	691,749
Lease expense	762,248	598,785
Insurance	603,289	556,900
Depreciation and amortization	3,276,446	3,046,554
Interest and fees	22,668	22,759
Other operating expenses	351,424	285,531
Total operating expenses	<u>26,196,852</u>	<u>24,146,595</u>
Operating income (loss)	(6,724,557)	(8,193,859)
<b>Nonoperating revenues (expenses)</b>		
District tax revenues	9,864,552	9,611,604
Investment income	3,697,634	2,752,200
Interest expense	(1,607,698)	(1,699,376)
Grants and contributions	2,521,748	1,516,707
Total nonoperating revenues (expenses)	<u>14,476,236</u>	<u>12,181,135</u>
Increase in net position	7,751,679	3,987,276
Net position at beginning of the year	<u>93,598,886</u>	<u>89,611,610</u>
Net position at end of the year	<u>\$101,350,565</u>	<u>\$ 93,598,886</u>

*See accompanying notes and auditor's report*

## Combined Statements of Cash Flows

## PENINSULA HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2024</u>	<u>2023</u>
<b>Cash flows from operating activities:</b>		
Cash received from assisted living/memory care and other revenues	\$ 11,936,565	\$ 12,420,999
Cash received from dental service - net patient revenues	3,438,138	2,540,851
Cash received from tenants	1,184,911	525,110
Cash payments to suppliers and contractors	(10,285,005)	(8,593,336)
Cash payments to employees and benefit programs	<u>(13,015,647)</u>	<u>(11,320,235)</u>
Net cash (used in) operating activities	(6,741,038)	(4,426,611)
<b>Cash flows from noncapital financing activities:</b>		
District tax revenues	9,864,552	9,611,604
Grants and contributions	<u>2,521,748</u>	<u>1,516,707</u>
Net cash provided by noncapital financing activities	12,386,300	11,128,311
<b>Cash flows from capital and related financing activities:</b>		
Purchase of capital assets, disposals and other asset changes	(1,103,116)	(15,645,563)
Principal payments on debt borrowings	(1,606,939)	(1,546,805)
Interest on debt borrowings	<u>(1,607,698)</u>	<u>(1,699,376)</u>
Net cash (used in) capital financing activities	(4,317,753)	(18,891,744)
<b>Cash flows from investing activities:</b>		
Change in restricted cash and cash equivalents	(32,124)	135,420
Investment income	<u>3,697,634</u>	<u>2,752,200</u>
Net cash provided by investing activities	<u>3,665,510</u>	<u>2,887,620</u>
Net increase (decrease) in cash, cash equivalents and investments	4,993,019	(9,281,908)
Cash, cash equivalents and investments at beginning of year	<u>31,457,872</u>	<u>40,739,780</u>
Cash, cash equivalents and investments at end of year	<u>\$ 36,450,891</u>	<u>\$ 31,457,872</u>

*See accompanying notes and auditor's report*

## Combined Statements of Cash Flows (continued)

## PENINSULA HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2024</u>	<u>2023</u>
<b>Reconciliation of operating income (loss) to net cash provided by operating activities:</b>		
Operating income (loss)	\$ (6,724,557)	\$ (8,193,859)
Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities:		
Depreciation and amortization	3,276,446	3,046,554
Changes in operating assets and liabilities:		
Patient accounts receivables	49,354	(380,877)
Rent receivables	(34,122)	77,012
Lease and other receivables	(2,925,014)	325,305
Inventories, prepaid expenses and other assets	(33,694)	(54,191)
Accounts payable and accrued expenses	(471,644)	622,174
Accrued payroll and related liabilities	(30,345)	(59,571)
Unearned revenues	(715,582)	1,513,772
Lease payables, net	730,219	(1,989,033)
Tenant deposits	(17,536)	(11,955)
Pension related accounts	<u>155,437</u>	<u>678,058</u>
Net cash (used in) operating activities	<u>\$ (6,741,038)</u>	<u>\$ (4,426,611)</u>

*See accompanying notes and auditor's report*

Notes to Combined Financial Statements

PENINSULA HEALTH CARE DISTRICT

June 30, 2024

**NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES**

**Reporting Entity:** Peninsula Health Care District (the District) is a public entity healthcare district organized under Local Hospital District Law as set forth in the Health and Safety Code of the State of California. The District is a political subdivision of the State of California and is generally not subject to federal or state income taxes. The District is governed by a five-member Board of Directors, elected from within the district to specified terms of office.

The financial statements of the District have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP). The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for financial reporting, in conjunction with the Financial Accounting Standards Board (FASB).

The District was formed in 1947, purchased land in Burlingame, and built and operated Peninsula Hospital. In 1985, the Board brought in a hospital operator to run the hospital. In 2006, with a 92% favorable vote of its residents, the Board entered into a 50-year master lease agreement with Sutter Health to build, own, and operate a new seismically compliant hospital on the District's Burlingame acreage. Sutter Health's new hospital opened on May 15, 2011, the 50-year lease started as of that day, and the District's Peninsula Hospital was demolished by the end of 2011.

The District's investments to address the health priorities of its residents transitioned from a hospital-focus to a community-based focus. The vision of the District is for all its residents to achieve their optimal health and wellness through education, prevention, advocacy and access to basic health care services - medical, behavioral, and dental. The District's Strategic Values are: (1) "Stewardship" - ensuring that all District assets are used for the community's health benefit; (2) "Collaboration" - working in partnership with others committed to improving the health of their community; (3) "Inclusion" - ensuring that the health care needs of all District residents will be considered regardless of financial and health status; and (4) "Transparency" - conducting the District's business through processes that encourage public input, review, and comment.

**Component Units:** The Peninsula Health Care District Financing Corporation (the Corporation) was established during the fiscal year 2013-14 for the purpose of providing assistance to the District in financing the acquisition, construction and improvement of health care facility buildings, works and equipment for the District. Although legally separate from the District, the Corporation is reported as if it were part of the District because its sole purpose is to provide financing to the District under debt issuance agreements of the District. However, the Corporation had no transactions to report on during the years ended June 30, 2024 and 2023.

In addition, the Sonrisas Dental, Inc. (Sonrisas) is included in the financial statements as a component unit due to the financial relationship between Sonrisas and the District as the District controls the voting majority of the governing board of Sonrisas. The operations of Sonrisas are included in the financial statements.

## Notes to Combined Financial Statements

## PENINSULA HEALTH CARE DISTRICT

**NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)**

***Basis of Preparation:*** The accounting policies and combined financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The combined financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operational revenues and expenses.

The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement Number 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the District has elected to apply the provisions of all relevant pronouncements as the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Within the District's financial transactions are five funds utilized by the District designed to focus on the operations of selected areas of the District's overall financial well-being as follows:

Leasing Fund: The Leasing Fund of the District accounts for the financial transactions related to the property leasing operations of the District.

Dental Fund: The Dental Fund of the District accounts for the financial transactions related to the dental service operations provided by Sonrisas.

Trousdale Fund: The Trousdale Fund of the District accounts for the financial transactions related to the assisted living/memory care service operations of the District.

Health & Fitness Fund: The Health & Fitness Fund of the District accounts for the financial transactions related to the fitness center operations of the District.

San Mateo allcove Youth Drop-in Center: The San Mateo allcove Youth Drop-in Center of the District accounts for the financial transactions related to the recently opened youth mental health center by the District in January, 2024.

The financial results of these five funds are presented as supplemental schedules within this report (see table of contents).

***Use of Estimates:*** The preparation of the combined financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.



Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)**

***Cash, Cash Equivalents and Investments:*** The District considers cash and cash equivalents to include cash on hand, demand deposits, and certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in nonoperating revenues when earned. Investments that are not traded on a market, such as investments in external pools, are valued based on the stated value as represented by the external pool. The District has elected not to report investments at amortized cost. Cash and cash equivalents also include cash held with County treasuries and State funds.

***Patient Accounts Receivable:*** Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and private patients. The District manages its receivables by regularly reviewing the accounts, inquiring with respective payors as to collectability and providing for allowances on their accounting records for estimated contractual adjustments and uncollectible accounts. Significant concentrations of patient accounts receivable are discussed further in the footnotes.

***Inventories:*** Inventories are consistently reported from year to year at cost determined on combination of first-in, first-out (FIFO) basis for certain types of inventory and replacement values, which are not in excess of market, for other types of inventory. Inventories as of June 30, 2024 and 2023 amount to \$31,640 and \$21,563, respectively.

***Restricted Assets:*** Restricted assets include contributor restricted funds, amounts designated by the Board of Directors for replacement or purchases of capital assets, and other specific purposes, and amounts held by trustees under specified agreements. Restricted assets consist primarily of deposits on hand with local banking and investment institutions, and bond trustees.

***Capital Assets:*** Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. During periods of asset construction, the District capitalizes interest cost net of any interest earned on temporary investments of the proceeds set aside for construction projects funded by tax-exempt debt borrowings. Interest expense is also capitalized for projects financed with operating funds.

Depreciation of property and equipment and amortization of property under capital leases are combined in the statements of revenues, expenses and changes in net position and are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 40 years for buildings and improvements, and 3 to 10 years for equipment. The District periodically reviews its capital assets for value impairment. As of June 30, 2024 and 2023, the District has determined that no capital assets are significantly impaired.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Other Assets:** As of June 30, 2023, other assets are comprised of long-term lease receivables of \$74,108,089, pension assets of \$364,607 and deposits of \$47,737 for a total of \$74,520,433. As of June 30, 2022, other assets are comprised of long-term lease receivables of \$71,101,950, pension assets of \$398,044 and deposits of \$150,657 for a total of \$71,650,651. The lease receivables are due to GASB 87 and the lease recording requirements as discussed further in footnote J.

**Deferred Inflows and Outflows of Resources:** The District records deferred inflows and outflows of resources which are associated with the District's retirement plan. For purposes of measuring net pension liability and deferred inflows/outflows of resources related to the District's pensions, and pension expense, information about the fiduciary net position of the District's California Public Employee's Retirement System (CalPERS) plan (the Plan) and additions to or deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by CalPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with benefit terms. Investments are reported at fair value.

**Compensated Absences:** The District's employees earn paid-time-off (PTO) benefits at varying rates depending on years of service. PTO benefits can accumulate up to specified maximum levels. Employees are paid for PTO accumulated benefits if they leave either upon termination or separation. Accrued PTO liabilities as of June 30, 2024 and 2023 were \$93,914 and \$83,588, respectively.

**Unearned Revenue:** Unearned revenues arise when resources are received by the District before they are earned. In subsequent periods, when the revenue recognition criteria is met, or when the District has legal claim to these resources, the liability for unearned revenue is removed and the revenue is recognized. Unearned revenues are comprised mainly of prepaid rent.

**Risk Management:** The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters.

**Net position:** Net position is presented in three categories. The first category of net position is "net investment in capital assets". This category of net position consists of capital assets (both depreciable and non depreciable), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets. The second category is "restricted" net position. This category consists of externally designated constraints placed on assets by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation. The District is required to maintain liquid assets in the amount of \$7,500,000 as required by debt covenants. The third category is "unrestricted" net position. This category consists of net position that does not meet the definition or criteria of the previous two categories.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)**

***Net Patient Service Revenues:*** Net patient service revenues related to the dental operations are reported in the period at the estimated net realized amounts from patients, third-party payors and others including estimated retroactive adjustments under reimbursement agreements with third-party programs. Normal estimation differences between final reimbursement and amounts accrued in previous years are reported as adjustments of current year's net patient service revenues.

***Charity Care:*** The District accepts all dental patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the District. Essentially, these policies define charity services as those services for which no payment is anticipated. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenues. Services provided are recorded as gross patient revenues and then written off entirely as an adjustment to net patient service revenues. Partial payments to which the District is entitled from public assistance programs on behalf of certain patients that meet the District's charity care criteria are reported under net patient service revenues. These supplemental programs are generally funded from governmental agencies and others. Total charity care was considered minimal for the years ended June 30, 2024 and 2023, respectively.

***District Tax Revenues:*** The District receives approximately 27% of its financial support from property taxes. These funds are used to support operations of the District. They are classified as non-operating revenue as the revenue is not directly linked to the four basic services provided by the District. Property taxes are levied and collected by the San Mateo County (the County) on the District's behalf during the year, and are intended to help finance the District's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County under the Teeter Plan, therefore taxes receivable, uncollectible, or deferred do not affect the distribution to the District. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Those dates are: (1) lien date of January 1; and (2) due dates of December 10 and April 10. Property taxes are considered delinquent on the day following each payment due date.

***Operating and Nonoperating Revenues and Expenses:*** The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing services related to the five basic funds as previously mentioned, which are the District's principal activities. Operating expenses are all expenses incurred to provide these services, other than financing costs. Nonoperating revenues and expenses are those transactions not considered directly linked to providing services within these four basic service areas.

***Recently Adopted Accounting Pronouncement:*** In June 2017 the Governmental Accounting Standards Board released GASB 87 regarding changes in the way leases are accounted for. GASB 87 superseded GASB 13 and GASB 62 and more accurately portrays lease obligations by recognizing lease assets and lease liabilities on the statement of net position and disclosing key information about leasing arrangements. The District has adopted GASB 87 effective July 1, 2021 in accordance with the timetable established by GASB 87.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE A - ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Revenue Recognition:** As previously stated, net patient service revenues are reported at amounts that reflect the consideration to which the District expects to be entitled in exchange for dental patient services. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of third-party payor audits, reviews, and investigations. Generally, the District bills the patients and third-party payors several days after the patient receives dental services at Sonrisas. Revenue is recognized as services are rendered.

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates per day, discharge or visit, reimbursed costs, discounted charges and per diem payments. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Gifts of long-lived assets such as land, buildings, or equipment are reported as net assets without donor restrictions unless explicit donor stipulations specify how the donated asset must be used. Gifts of long-lived assets with explicit donor restrictions that specify how the asset is to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived asset is placed in service. Cash received in excess of revenue recognized is deferred revenue.

Contributions are recognized as revenue when they are received or unconditionally pledged. Donor stipulations that limit the use of the donation are recognized as contributions with donor restrictions. When the purpose is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from donor restrictions. Donor restricted contributions whose restriction expire during the same fiscal year are recognized as net assets without donor restrictions. Absent donor-imposed restrictions, the District records donated services, materials, and facilities as net assets without donor restrictions.

From time to time, the District receives grants from various governmental agencies and private organizations. Revenues from grants are recognized when all eligibility requirements, including time requirements are met. Grants may be restricted for either specific operating purposes or capital acquisitions. These amounts, when recognized upon meeting all requirements, are reported as components of the statement of revenues, expenses and changes in net position.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE B - CASH, CASH EQUIVALENTS AND INVESTMENTS**

As of June 30, 2024 and 2023, the District had deposits with various financial institutions in the form of operating cash and cash equivalents amounting to \$5,929,057 and \$6,560,384. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC) and are federally insured.

The CGC requires that a financial institution secure deposits made by state or local governmental units by pledging securities in an undivided collateral pool held by a depository regulated under state law (unless waived by the governmental unit). California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District. The market value of pledged securities in the collateral pool must equal at least 110% of the total amount deposited by the public agencies. As of June 30, 2024 and 2023, \$5,429,053 and \$6,060,380, respectively, of the District's deposits with financial institutions in excess of FDIC limits was held in collateralized accounts.

The District is authorized under the CGC to make deposits into a variety of investment types. Investments consist of several types authorized by the CGC including U.S. Government securities and state and local agency funds invested in U. S. Government securities. These investments are stated at quoted market values. Changes in market value between years are reflected as a component of investment income in the accompanying statement of revenues, expenses and changes in net position.

The State makes available the Local Agency Investment Fund (LAIF) through which local governments may pool investments. Investments are highly liquid and can be converted to cash within 24 hours. Participation in LAIF is voluntary and is limited to \$40 million for each entity. The fair value of the District's investment in LAIF is reported based on the District's pro rata share of the fair value provided by LAIF for the entire portfolio.

**NOTE C - CONCENTRATION OF CREDIT RISK**

**Financial Instruments:** Financial instruments, potentially subjecting the District to concentrations of credit risk, consist primarily of bank deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limits of \$250,000. Although deposits exceed the limit in certain bank accounts, management believes that the risk of loss is minimal due to the high financial quality of the bank with which the District does business. The investment policy of the District contains no limitations on the amount that can be invested in any one issuer beyond that stipulated by the CGC. There are no investments in one issuer that represent 5% or more of the District's total investment portfolio, other than U.S. Treasury obligations and U.S. Securities. Management believes that there is no risk of material loss due to concentration of credit risk with regards to investments as of June 30, 2024 and 2023.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE C - CONCENTRATION OF CREDIT RISK (continued)**

*Accounts Receivable:* The District grants credit without collateral to its patients and third-party payors. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe that there are any credit risks associated with these governmental agencies. Contracted and other accounts receivable consist of various payors including individuals involved in diverse activities, subject to differing economic conditions and do not represent any concentrated credit risks to the District. Concentration of accounts receivable at June 30, 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Interest receivable	\$ 309,977	\$ 192,110
Rent receivable	76,694	42,572
Patient accounts receivable, net of allowances	277,081	281,797
Grants and other agency receivables	752,204	503,610
Leases receivable - current portion	221,536	517,306
Other miscellaneous receivables	<u>169,658</u>	<u>263,191</u>
Total accounts receivable, net of allowances	<u>\$ 1,807,150</u>	<u>\$ 1,800,586</u>

**NOTE D - RESTRICTED CASH AND CASH EQUIVALENTS**

Restricted cash and cash equivalents as of June 30, 2024 and 2023 were comprised of the following:

	<u>2024</u>	<u>2023</u>
Restricted for the following various purposes:		
Sonrisas donor restricted cash and cash equivalents		
Certificate of deposits - restricted per loan covenant	<u>\$ 3,184,098</u>	<u>\$ 3,151,974</u>
	3,184,098	3,151,974
Less restricted cash available for current purposes	<u>(3,184,098)</u>	<u>(3,151,974)</u>
	<u>\$</u>	<u>\$</u>

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE E -INVESTMENTS**

The District's investment balances and average maturities were as follows at June 30, 2024 and 2023:

<i>As of June 30, 2024</i>	Fair Value	Investment Maturities in Years		
		Less than 1	1 to 5	Over 5
Local agency investment fund	\$ 6,067,951	\$ 6,067,951		
San Mateo County treasury	3,710,676	3,710,676		
Money market and cash equivalents	246,553	246,553		
U.S. Treasury obligations	18,393,995	7,856,758	\$ 10,537,237	
Corporate equities	1,127,941	129,129	998,812	
Certificates of deposit	3,184,098	3,184,098		
Foreign equities	969,902	494,697	475,205	\$
Total investments	<u>\$ 33,701,116</u>	<u>\$ 21,689,862</u>	<u>\$ 12,011,254</u>	<u>\$</u>

<i>As of June 30, 2023</i>	Fair Value	Investment Maturities in Years		
		Less than 1	1 to 5	Over 5
Local agency investment fund	\$ 5,845,072	\$ 5,845,072		
San Mateo County treasury	3,587,640	3,587,640		
Money market and cash equivalents	3,156,839	3,156,839		
U.S. Treasury obligations	8,666,159	3,412,160	\$ 5,253,999	
Corporate equities	3,329,547	832,729	2,496,818	
Certificates of deposit	3,151,974	3,151,974		
Municipal bonds	312,033	312,033		\$
Total investments	<u>\$ 28,049,264</u>	<u>\$ 20,298,447</u>	<u>\$ 7,750,817</u>	<u>\$</u>

**Interest Rate Risk:** Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways that the District manages its exposure to interest rate risk is by purchasing a combination of shorter-term and longer-term investments and by timing cash flows from maturities so that a position of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for District operations. Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the preceding schedules that shows the distribution of the District's investments by maturity.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE E -INVESTMENTS (continued)**

***Credit Risk:*** Credit risk is the risk that the issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization, such as Moody's Investor Service, Inc. The District adheres to the CGC's minimum rating requirements for their investment policy. Ratings range from AAA to BBB+ and some are either exempt from ratings or not rated.

***Custodial Credit Risk:*** Custodial credit risk is the risk that, in the event of the failure of the counterparty (e.g. broker-dealer), the District would not be able to recover the value of its investment or collateral securities that are in the possession of another party. The CGC and the District's investment policy do not contain legal or policy requirements that would limit the exposure to custodial credit risk for investments. With respect to investments, custodial credit risk generally applies only to direct investments in marketable securities. Custodial credit risk does not apply to a local government's indirect investment in securities through the use of mutual funds or government investment pools such as LAIF or the San Mateo County investment pool.

***Concentration of Credit Risk:*** Concentration of credit risk is the risk of loss attributed to the magnitude of an entity's investment in a single issuer. The District's investment policy contains no limitations on the amount that can be invested in any one issuer beyond that stipulated by the CGC. There are no investments in one issuer that represent 5% or more of total District investments (other than U.S. Treasury obligations and U.S. Agency securities).

***Investment Hierarchy*** - The District categorizes the fair value measurements of its investments based on the hierarchy established by generally accepted accounting principles. The fair value hierarchy, which has three levels, is based on the valuation inputs used to measure an asset's fair value: Level 1 inputs are quoted prices in active markets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant other unobservable inputs. The District's June 30, 2024 and 2023 investments at Level 1 were \$20,738,391 and \$15,464,578, respectively. There were no investments at Level 2 or 3 for either year.

**NOTE F - REGULATORY ENVIRONMENT**

The District is subject to several laws and regulations. These laws and regulations include matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Government activity has increased with respect to possible violations of statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with all applicable government laws and regulations and is not aware of any future actions or unasserted claims at this time.



## Notes to Combined Financial Statements (continued)

## PENINSULA HEALTH CARE DISTRICT

**NOTE G - CAPITAL ASSETS**

Capital assets were comprised of the following:

	<u>June 30, 2023</u>	<u>Transfers &amp; Additions</u>	<u>Transfers &amp; Deletions</u>	<u>June 30, 2024</u>
Capital assets not being depreciated				
Land	\$ 22,899,380		\$	\$ 22,899,380
Construction-in-progress	<u>244,587</u>	<u>\$ 34,576</u>	<u>(244,587)</u>	<u>34,576</u>
Total	<u>\$ 23,143,967</u>	<u>\$ 34,576</u>	<u>\$ (244,587)</u>	<u>\$ 23,933,956</u>
Capital assets being depreciated				
Buildings and improvements	90,511,736	\$ 1,135,134	(248,340)	91,398,530
Equipment	<u>3,778,576</u>	<u>380,251</u>	<u>(6,890)</u>	<u>4,151,937</u>
Total	94,290,312	1,515,385	(255,230)	95,550,467
Less accumulated depreciation for:				
Buildings and improvements	(11,520,944)	(2,852,655)		(14,373,599)
Equipment	<u>(5,641,172)</u>	<u>(423,791)</u>	<u>52,471</u>	<u>(6,012,492)</u>
Total accumulated depreciation	<u>(17,162,116)</u>	<u>(3,276,446)</u>	<u>52,471</u>	<u>(20,386,091)</u>
Total assets being depreciated	<u>\$ 77,128,196</u>	<u>\$ (1,761,061)</u>	<u>\$ (202,759)</u>	<u>\$ 75,164,376</u>
Total capital assets, net	<u>\$100,272,163</u>	<u>\$ (1,726,485)</u>	<u>\$ (447,346)</u>	<u>\$ 98,098,332</u>
	<u>June 30, 2022</u>	<u>Additions</u>	<u>Deletions</u>	<u>June 30, 2023</u>
Capital assets not being depreciated				
Land	\$15,390,822	\$ 7,508,558	\$	\$ 22,899,380
Construction-in-progress	<u>244,587</u>	<u>244,587</u>	<u>_____</u>	<u>244,587</u>
Total	<u>\$15,390,822</u>	<u>\$ 7,753,145</u>	<u>\$ _____</u>	<u>\$ 23,143,967</u>
Capital assets being depreciated				
Buildings and improvements	82,850,156	\$ 7,661,580		90,511,736
Equipment	<u>3,662,865</u>	<u>230,838</u>	<u>\$ (115,127)</u>	<u>3,778,576</u>
Total	86,513,021	7,892,418	(115,127)	94,290,312
Less accumulated depreciation for:				
Buildings and improvements	(9,682,709)	(1,838,235)		(11,520,944)
Equipment	<u>(4,547,978)</u>	<u>(1,208,321)</u>	<u>115,127</u>	<u>(5,641,172)</u>
Total accumulated depreciation	<u>(14,230,687)</u>	<u>(3,046,556)</u>	<u>115,127</u>	<u>(17,162,116)</u>
Total assets being depreciated	<u>\$ 72,282,334</u>	<u>\$ 4,845,862</u>	<u>\$ _____</u>	<u>\$ 77,128,196</u>
Total capital assets, net	<u>\$ 87,673,156</u>	<u>\$ 12,599,007</u>	<u>\$ _____</u>	<u>\$100,272,163</u>

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE H - DEBT BORROWINGS**

As of June 30, 2024 and 2023, debt borrowings were as follows:

	<u>2024</u>	<u>2023</u>
Peninsula Health Care District Certificate of Participation; principal due each February 1 <sup>st</sup> at various amounts through 2038; interest due semi-annually on August 1 <sup>st</sup> and February 1 <sup>st</sup> (3.91%); collateralized by District assets and revenues:	\$ 31,540,000	\$ 32,815,000
Peninsula Health Care District Certificate of Participation; principal due each February 1 <sup>st</sup> at various amounts through 2038; interest due semi-annually on August 1 <sup>st</sup> and February 1 <sup>st</sup> (3.47%); collateralized by District assets and revenues:	8,450,000	8,780,000
Minor capital leases	<u>3,664</u>	<u>5,603</u>
	41,600,603	41,600,603
Less current maturities of debt borrowings	<u>(1,670,000)</u>	<u>(1,605,000)</u>
	<u>\$ 38,323,664</u>	<u>\$ 39,995,603</u>

The first Certificate of Participation was issued during fiscal year ended June 30, 2014 in the amount of \$40,000,000 for the purpose of financing the costs of construction and equipping of an assisted living/memory care facility in Burlingame, California. The second Certificate of Participation was issued during the fiscal year ended June 30, 2016 in the amount of \$10,000,000, also for the purpose of continuing to finance the costs of construction and equipping the assisted living/memory care facility. Both were entered into with debt agreements with the Western Alliance Bank.

Future principal maturities for the Certificates of Participation for the next five succeeding years are: \$1,670,000 in 2025; \$1,735,000 in 2026; \$1,805,000 in 2027; \$1,875,000 in 2028; \$1,950,000 in 2029. Thereafter maturities are \$30,955,000.

The Certificates of Participation are subject to certain loan covenants which are: (1) maintain liquid assets in an amount equal to at least \$7,500,000; (2) maintain a debt service coverage ratio of 1.2 times; (3) the District will not issue any new obligations unless certain requirements are met; and (4) the District will maintain at least \$3,000,000 in an affiliate bank of Western Alliance Bank

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

#### NOTE I - COMMITMENTS AND CONTINGENCIES

**Construction-in-Progress:** As of June 30, 2024, the District has recorded \$34,576 as construction-in-progress representing cost capitalized for improvements at the assisted living/memory care community. Estimated future costs to complete the projects as of June 30, 2024 is \$5,229.

**Litigation:** The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2024 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

**Medical Malpractice Insurance:** The District maintains commercial malpractice liability insurance coverage under a claims made and reported policy covering losses up to \$10 million per claim and \$20 million in the annual aggregate, with a per claim deductible of \$10,000. The District plans to maintain the insurance coverage by renewing its current policy, or by replacing it with equivalent insurance.

**HIPAA:** The Health Insurance Portability and Accountability Act (HIPAA) was enacted August 21, 1996, to ensure health insurance portability, reduce health care fraud and abuse, guarantee security and privacy of health information, and enforce standards for health information. Organizations are subject to significant fines and penalties if found not to be compliant with the provisions outlined in the regulations. Management believes the District is in compliance with HIPAA as of June 30, 2024 and 2023.

**Definitive Agreement:** The Definitive Agreements between the District and MPHS became effective on November 1, 2006. Under these agreements, MPHS was to construct and equip a new hospital on land leased from the District, and then demolish the old and existing hospital facility.

At the end of the ground lease, or upon the District's early termination of the Definitive Agreement with MPHS, the District is obligated to reimburse MPHS for certain items. Depending upon the circumstances and timing of the termination of the ground lease, these obligations could include the Net Book Value (NBV) of all post term assets and/or the Fair Market Value (FMV) of the use of certain hospital building improvements and equipment for whatever term of the ground lease remained as of the date of termination. Post term assets are defined as certain equipment and hospital building improvements either specifically approved by the District's Board in the 25-year period prior to the lease end, required by law, or necessitated by uninsured damage to the new hospital.

The early termination of the Definitive Agreement with MPHS is only allowed if MPHS commits a "Paramount Default" as defined in Section 5.01.B of the Master Agreement of the Definitive Agreement at any time after MPHS opens the new hospital.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE J - LEASES**

The District transitioned its prior hospital facilities and equipment lease into a Master Agreement with Mills-Peninsula Health Services (MPHS) effective November 1, 2006. This agreement included lease of the hospital facilities, a construction ground lease, and rental of additional District land upon which MPHS constructed the new Mills-Peninsula Medical Center and Palo Alto Foundation Clinic. On May 15, 2011, the new hospital was completed and available for use and the 50-year ground lease between the District and the MPHS became effective.

The lease rate for the District land was set on November 1, 2006 at \$1,500,000 per year with a CPI adjustment every 3 years over the term of the ground lease. MPHS has the option to extend the ground lease for an additional 25 years with the written consent of the District.

The District is the lessor of four additional buildings to various tenants. The building at 1764 Marco Polo was acquired at the end of June 2023 and is being leased to a community non-profit organization with agreement dates and terms. The building at 1740 Marco Polo is being leased to nine separate parties with various agreement dates and terms. The building at 1720 Marco Polo is being leased to six separate parties with various agreement dates and terms. The homes at 111 and 113 16<sup>th</sup> Avenue are being leased to a community non-profit organization. These lease agreements either did not qualify for the GASB 87 adoption or were considered to not be material. Rental revenue for these properties were \$1,133,407 and \$426,762 for the years ended June 30, 2024 and 2023, respectively.

The District is the lessee for two other buildings - 2600 El Camino Real in San Mateo and 210 San Mateo Road, Suite 104, located in Half Moon Bay. Lease expense for these units for the years ended June 30, 2024 and 2023 were \$383,825 and \$379,058, respectively. It was determined that GASB 87 did not apply to these leases, except for the 2600 El Camino Real lease described below.

***GASB 87 Adoption:*** As of July 1, 2021 the District adopted the Governmental Accounting Standards Board (GASB) 87 requiring certain changes in the way the District accounted for leases, both as a lessee and as a lessor.

***Lessee:*** The District leases a building in San Mateo for the San Mateo allcove Youth Drop-In Centet for services under an operating lease located at 2600 El Camino Real. Lease commencement occurred on June 1, 2022. Remaining terms for the lease is 35 months with options to extend. The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

The District's lease agreement does not contain any material restrictions, covenants, or any material residual value guarantees.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE J - LEASES (continued)**

Lessee -lease related assets and liabilities as of June 30, 2024 and 2023 consist of the following:

Assets:	<u>2024</u>	<u>2023</u>
Operating lease asset - current receivable portion	\$ 334,784	\$ 318,958
Operating lease asset - noncurrent receivable portion	<u>641,670</u>	<u>1,000,309</u>
Total lease assets	<u>\$ 976,454</u>	<u>\$ 1,319,267</u>
<b>Liabilities:</b>		
Operating lease payable - current portion	\$ 352,816	\$ 324,819
Operating lease payable - noncurrent portion	<u>744,737</u>	<u>1,102,407</u>
Total lease liabilities	<u>\$ 1,097,553</u>	<u>\$ 1,427,226</u>

Total operating lease expense under this lease arrangement for the year ended June 30, 2024 was \$334,784 and the related interest expense was \$44,713.

The future minimum rental payments required under operating lease obligations as of June 30, 2024, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

Years ending June 30,

2025	\$ 385,622
2026	397,194
2027	374,077
Thereafter	<u>-0-</u>
Total	1,156,893
Less: interest	<u>(59,340)</u>
Present value of lease liabilities	<u>\$ 1,097,553</u>

The weighted average for the remaining lease term of this operating lease is 2.92 years and the weighted average discount rate for this operating lease is 3.5%

## Notes to Combined Financial Statements (continued)

## PENINSULA HEALTH CARE DISTRICT

**NOTE J - LEASES (continued)**

**Lessor:** As previously mentioned, there is a Master Agreement with MPHS under an operating lease. Original terms for the lease is 50 years. This lease contains an option to extend for another 25 years. The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.0% was used to discount the remaining cash flows for this operating lease.

Total lease revenue under this lease agreement for the years ended June 30, 2024 and 2023 were \$1,980,391 and \$1,753,354, respectively. The related interest income for the years ended June 30, 2024 and 2023 were \$2,391,679 and \$2,110,047, respectively.

Lessor-lease related assets and liabilities as of June 30, 2024 and 2023 consist of the following:

Assets:	<u>2024</u>	<u>2023</u>
Lease receivable - current portion	\$ 221,536	\$ 198,348
Lease receivable - noncurrent portion	<u>73,131,635</u>	<u>70,101,642</u>
Total lease assets	<u>\$ 73,353,171</u>	<u>\$ 70,299,990</u>
Deferred inflows of resources:		
Deferred inflows of resources	<u>\$ 67,979,056</u>	<u>\$ 66,919,662</u>
Total lease liabilities	<u>\$ 67,979,056</u>	<u>\$ 66,919,662</u>

The future minimum rental payments required under operating lease obligations as of June 30, 2024, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

Years ending June 30,

2025	\$ 2,419,102
2026	2,419,102
2027	2,540,057
2028	2,564,248
Thereafter	<u>120,207,291</u>
Total	130,149,800
Less: interest	<u>(56,796,629)</u>
Present value of lease receivable	<u>\$ 73,353,171</u>

The weighted average for the remaining lease term of this operating lease is 26.1 years and the weighted average discount rate for this operating lease is 3.0%

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE K - RETIREMENT PLAN**

**Plan Description:** All qualified employees are eligible to participate in the District's Miscellaneous Employee Pension Plan, cost-sharing multiple employer defined benefit pension plan (the Plan) administered by the California Public Employees' Retirement System (CalPERS). The Plan consists of individual rate plans (benefit tiers) within a miscellaneous risk pool. Plan assets may be used to pay for benefits for any employer rate plan of the miscellaneous plan. Accordingly, rate plans within the miscellaneous pool is not a separate plan. Individual employers may sponsor more than one rate plan in the miscellaneous pool. The District sponsors two rate miscellaneous rate plans. Benefit provisions under the Plan are established by State statute and District Board resolutions. CalPERS issues publicly available reports that include a full description of the pension plans regarding benefit provisions, assumptions and membership information that can be found on the CalPERS website.

CalPERS provides service retirement and disability benefits, annual cost of living adjustments and death benefits to plan members, who must be public employees and beneficiaries. Benefits are based on years of credited service, equal to one year of full-time employment. Members with five years of total service are eligible to retire at age 50 with statutorily reduced benefits. All members are eligible for non-duty disability benefits after 10 years of service. The death benefit is the Optional Settlement 2W Death Benefit. The cost of living adjustments for each plan are applied as specified by the Public Employees' Retirement Law.

The rate plan provisions and benefits in effect at June 30, 2024 are as follows:

Hire Date	On or after <u>January 1, 2013</u>
Benefit formula	2.0% @ 62
Benefit vest after	5 years service
Benefit payments	monthly for life
Earliest retirement age	52
Required employee contribution rates	8.00%
Required employer contribution rates	8.07%

**Contributions:** Section 20814 ( c ) of the California Public Employees' Retirement Law requires that the employer contribution rates for all public employees be determined on an annual basis by the actuary and shall be effective on the July 1 following notice of a change in the rate. Funding contributions for the Plans are determined annually on an actuarial basis of June 30 by CalPERS. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by the employees during the year, with an additional amount to finance any unfunded accrued liability. The District is required to contribute the difference between the actuarially determined rate and the contribution rate of employees.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE K - RETIREMENT PLAN (continued)**

***Pension Liabilities (Assets), Expenses, and Deferred Outflows/Inflows of Resources:*** As of June 30, 2024 and 2023, the District reported pension assets for its proportionate share of the net pension asset of the Plan in the amounts of \$364,607 and \$398,044, respectively.

The District's net pension asset for the Plan is measured as the proportionate share of the net pension asset/liability. The net pension asset of the Plan is measured as of June 30, 2023, and the total pension liability for the Plan used to calculate the net pension asset was determined by an actuarial valuation as of June 30, 2022, rolled forward to June 30, 2023 using standard update procedures. The District's proportion of the net pension asset was based on a projection of the District's long-term share of contributions to the pension plans relative to the projected contributions of all participating employers, actuarially determined. The District's proportionate share of the net pension asset for the Plan as of June 30, 2023 and 2024 was as follows:

Proportion - June 30, 2023	-	0.00851%
Proportion - June 30, 2024	-	0.00729%
Change - increase (decrease)	-	(0.00122)%

For the fiscal years ended June 30, 2024 and 2023, the District recognized pension (credit) expense of \$230,257 and \$760,153, respectively.

At June 30, 2024, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Pension contributions subsequent to measurement date	\$ 75,020	
Change in assumptions		\$ 22,013
Net differences between expected and actual experience		15,737
Net differences in actual contribution and proportionate share		25,209
Change in proportions	275,630	
Net differences between projected and actual plan investment earnings		59,033
Totals of deferred outflows of resources and inflows of resources	<u>\$ 350,649</u>	<u>\$ 121,992</u>



Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE K - RETIREMENT PLAN (continued)**

At June 30, 2023, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Pension contributions subsequent to measurement date	\$ 82,095	
Change in assumptions		\$ 40,788
Net differences between expected and actual experience		2,640
Net differences in actual contribution and proportionate share		42,529
Change in proportions	427,430	
Net differences between projected and actual plan investment earnings		72,911
Totals of deferred outflows of resources and inflows of resources	<u>\$ 509,525</u>	<u>\$ 158,868</u>

For June 30, 2024, \$75,020 was reported as deferred outflows of resources related to contributions subsequent to the measurement date and was recognized as a reduction of the net pension liability in the fiscal year ended June 30, 2024.

For June 30, 2023, \$82,095 was reported as deferred outflows of resources related to contributions subsequent to the measurement date and was recognized as a reduction of the net pension liability in the fiscal year ended June 30, 2023. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized as pension expense (credit) as follows:

Years ending June 30,

2025	\$ 120,614
2026	74,778
2027	(40,060)
2028	<u>(1,694)</u>
Total	<u>\$ 153,637</u>

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE K - RETIREMENT PLAN (continued)**

***Actuarial Methods and Assumptions Used to Determine Total Pension Liability:*** The total pension liabilities in the most recent actuarial valuations were determined using the following actuarial assumptions:

Valuation Date	June 30, 2022
Measurement Date	June 30, 2023
Actuarial Cost Method	Entry-Age Normal Cost Method
Actuarial Assumptions	
Discount Rate	6.90%
Inflation Rate	2.30%
Projected Salary Increase	Varies by Entry-Age and Service
Investment Rate of Return	6.90%

***Discount Rate:*** The discount rate used to measure the total pension liability was 6.90%. To determine whether the municipal bond rate should be used in the calculation of a discount rate for each plan, CalPERS stress tested plans that would most likely result in a discount rate that would be different from the actuarially assumed discount rate. Based on the testing of the plans, the tests revealed the assets would not run out. Therefore, the current 6.90% discount rate is appropriate, and the use of the municipal bond rate calculation is not deemed to be necessary.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class.

In determining the long-term expected rate of return, staff took into account both short-term and long-term market return expectations as well as the expected pension fund cash flows. Such cash flows were developed assuming that both members and employers will make their required contributions on time and as scheduled in all future years. Using historical returns of all the funds' asset classes, expected compound (geometric) returns were calculated over the short-term (first 10-years) and the long-term (11+ years) using a building-block approach. Using the expected nominal returns for both short-term and long-term, the present value of benefits was calculated for each fund. The expected rate of return was set by calculating the single equivalent expected return that arrived at the same present value of benefits for cash flows as the one calculated using both short-term and long-term returns. The expected rate of return was then set equivalent to the single equivalent rate calculated above and rounded down to the nearest one quarter of one percent.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE K - RETIREMENT PLAN (continued)**

The table below reflects long-term expected real rate of return by asset class. The rate of return was calculated using the capital market assumptions applied to determine the discount rate and asset allocation. These geometric rates of return are net of administrative expenses.

	<u>Strategic Allocation</u>	<u>Real Return Years 1-10</u>
Global Equity	42.0%	4.28%
Private Equity	13.0%	7.28%
Treasury	5.0%	0.27%
Mortgage-backed Securities	5.0%	0.50%
Investment Grade Corporations	10.0%	1.56%
High Yield	5.0%	2.27%
Emerging Market Debt	5.0%	2.48%
Private Debt	5.0%	3.57%
Real Assets	15.0%	3.21%
Leverage	<u>(5.0%)</u>	(0.59%)
Total	<u>100.00%</u>	

For the years 1-10, an expected inflation rate of 2.30% was used for this period.

***Sensitivity of the Proportionate Share of the Net Pension Asset to Changes in the Discount Rate:*** The following presents the net pension liability/(asset) of the Plan as of the measurement date, calculated using the discount rate of 6.90%, as well as what the net pension liability/(asset) would be if it were calculated using a discount rate that is 1% point lower (5.90%) or 1% point higher (7.90%) than the current rate:

	<u>1% Decrease</u>	<u>Current</u>	<u>1% Increase</u>
	5.90%	6.90%	7.90%
Proportionate Share of Net Pension Asset	\$116,004	\$364,607	\$569,229

***Pension Plan Fiduciary Net Position:*** Detailed information about the Plan's fiduciary net positions are available in the separately issued CalPERS financial reports.

Notes to Combined Financial Statements (continued)

PENINSULA HEALTH CARE DISTRICT

**NOTE L - SUBSEQUENT EVENTS**

Management evaluated the effect of subsequent events on the combined financial statements through October 15, 2024, the date the combined financial statements are issued, and determined that there are no material subsequent events that have not been disclosed.

**SUPPLEMENTARY SCHEDULES**

## Combining Statements of Net Position

## PENINSULA HEALTH CARE DISTRICT

June 30, 2024

	<u>Leasing Fund</u>	<u>Dental Fund</u>	<u>Trousdale Fund</u>
<b>Assets</b>			
Current assets:			
Cash and cash equivalents	\$ 441,643	\$ 949,873	\$ 2,196,219
Investments		1,051,862	4,582
Restricted cash and cash equivalents			3,184,098
Accounts and leases receivable	221,186	767,153	93,404
Inventories, prepaid expenses and other	<u>10,350</u>	<u>32,409</u>	<u>105,498</u>
Total current assets	673,179	2,801,297	5,583,801
Noncurrent assets:			
Non depreciable capital assets	20,779,380		
Depreciable capital assets, net	11,251,354	748,427	61,485,828
Long-term lease receivable and other assets	<u>73,131,635</u>	<u>16,297</u>	
Total noncurrent assets	105,162,369	764,724	61,485,828
<b>Deferred outflows of resources</b>			
Total assets and deferred outflows of resources	<u>\$105,835,548</u>	<u>\$ 3,566,021</u>	<u>\$ 67,069,629</u>
<b>Liabilities</b>			
Current liabilities:			
Current maturities of debt borrowings			\$ 1,670,000
Accounts payable and accrued expenses	\$ 137,896	\$ 81,974	1,387,617
Accrued payroll and related liabilities		184,189	312,223
Unearned revenues	<u>1,169,084</u>	<u>19,720</u>	<u>59,704</u>
Total current liabilities	1,306,980	285,883	3,429,544
Noncurrent liabilities			
Debt borrowings, net of current maturities		3,664	38,320,000
Lease liabilities and tenant deposits	<u>245,928</u>		<u>17,000</u>
Total noncurrent liabilities	245,928	3,664	38,337,000
<b>Deferred inflows of resources</b>			
Total liabilities and deferred inflows of resources	<u>67,979,055</u>		
	69,531,963	289,547	41,766,544
<b>Net Position</b>			
Net investment capital assets	32,030,734	744,763	21,495,828
Restricted			7,500,000
Unrestricted (deficit)	<u>4,272,851</u>	<u>2,531,711</u>	<u>(3,692,743)</u>
Total net position	<u>36,303,585</u>	<u>3,276,474</u>	<u>25,303,085</u>
Total liabilities, deferred inflows and net position	<u>\$105,835,548</u>	<u>\$ 3,566,021</u>	<u>\$ 67,069,629</u>

## Combining Statements of Net Position (continued)

## PENINSULA HEALTH CARE DISTRICT

June 30, 2024

	<u>Health &amp; Fitness</u>	<u>allcove Center</u>	<u>General District</u>
<b>Assets</b>			
Current assets:			
Cash and cash equivalents	\$ 118,472		\$ 2,223,049
Investments			29,465,191
Restricted cash and cash equivalents			
Accounts and leases receivable	5,758	\$ 262,132	457,517
Inventories, prepaid expenses and other	<u>2,573</u>	<u>23,837</u>	<u>80,981</u>
Total current assets	126,803	285,969	32,226,738
Noncurrent assets:			
Non depreciable capital assets			2,120,000
Depreciable capital assets, net	16,935	1,100,042	596,366
Long-term lease receivable and other assets		<u>1,007,894</u>	<u>364,607</u>
Total noncurrent assets	16,935	2,107,936	3,080,973
<b>Deferred outflows of resources</b>			
Total assets and deferred outflows of resources	<u>\$ 143,738</u>	<u>\$ 2,393,905</u>	<u>\$ 35,658,360</u>
<b>Liabilities</b>			
Current liabilities:			
Current maturities of debt borrowings			
Accounts payable and accrued expenses	\$ 7,946	\$ 386,696	\$ 363,994
Accrued payroll and related liabilities	3,565	13,395	81,395
Unearned revenues	<u>4,862</u>		
Total current liabilities	16,373	400,091	445,389
Noncurrent liabilities			
Debt borrowings, net of current maturities			
Lease liabilities and tenant deposits		<u>744,737</u>	
Total noncurrent liabilities		744,737	
<b>Deferred inflows of resources</b>			
Total liabilities and deferred inflows of resources	16,373	1,144,828	<u>121,992</u> 567,381
<b>Net Position</b>			
Net investment capital assets	16,935	1,100,042	2,716,366
Restricted			
Unrestricted	<u>110,430</u>	<u>149,035</u>	<u>32,374,613</u>
Total net position	<u>127,365</u>	<u>1,249,077</u>	<u>35,090,979</u>
Total liabilities, deferred inflows and net position	<u>\$ 143,738</u>	<u>\$ 2,393,905</u>	<u>\$ 35,658,360</u>

## Combining Statements of Net Position (continued)

## PENINSULA HEALTH CARE DISTRICT

June 30, 2024

	<u>Combining Total</u>
<b>Assets</b>	
Current assets:	
Cash and cash equivalents	\$ 5,929,256
Investments	30,521,635
Restricted cash and cash equivalents	3,184,098
Accounts and leases receivable	1,807,150
Inventories, prepaid expenses and other	<u>255,648</u>
Total current assets	41,697,787
Noncurrent assets:	
Non depreciable capital assets	22,899,380
Depreciable capital assets, net	75,198,952
Long-term lease receivable and other assets	<u>74,520,433</u>
Total noncurrent assets	172,618,765
<b>Deferred outflows of resources</b>	<u>350,649</u>
Total assets and deferred outflows of resources	<u><u>\$214,667,201</u></u>
<b>Liabilities</b>	
Current liabilities:	
Current maturities of debt borrowings	\$ 1,670,000
Accounts payable and accrued expenses	2,366,123
Accrued payroll and related liabilities	594,767
Unearned revenues	<u>1,253,370</u>
Total current liabilities	5,884,260
Noncurrent liabilities	
Debt borrowings, net of current maturities	38,323,664
Lease liabilities and tenant deposits	<u>1,007,665</u>
Total noncurrent liabilities	39,331,329
<b>Deferred inflows of resources</b>	<u>68,101,047</u>
Total liabilities and deferred inflows of resources	113,316,636
<b>Net Position</b>	
Net investment capital assets	58,104,668
Restricted	7,500,000
Unrestricted	<u>35,745,897</u>
Total net position	<u>101,350,565</u>
Total liabilities, deferred inflows and net position	<u><u>\$214,667,201</u></u>



## Combining Statement of Revenues, Expenses and Changes in Net Position

## PENINSULA HEALTH CARE DISTRICT

Year Ended June 30, 2024

	Leasing <u>Fund</u>	Dental <u>Fund</u>	Trousdale <u>Fund</u>
<b>Operating revenues</b>			
Lease revenues	\$ 3,113,798		
Dental service - net patients revenues		\$ 3,388,784	
Assisted living/memory care resident revenues			\$ 12,799,455
Fitness center revenues			
Other operating revenues		<u>22,456</u>	
Total operating revenues	<u>3,113,798</u>	<u>3,411,240</u>	<u>12,799,455</u>
<b>Operating expenses</b>			
Salaries and wages		3,722,270	5,583,168
Employee benefits	2,376	513,039	1,629,679
Community services and related programs	384,306	134,510	
Professional fees and registry	230,173	343,037	961,071
Supplies		355,405	970,099
Purchased services		290,794	606,190
Utilities and phone		73,873	612,170
Lease expense	378,423	41,808	
Insurance		28,714	471,538
Depreciation and amortization	344,326	298,182	2,547,340
Interest and fees		22,668	
Other operating expenses		<u>69,278</u>	
Total operating expenses	<u>1,339,604</u>	<u>5,893,578</u>	<u>13,381,255</u>
Operating income (loss)	1,774,194	(2,482,338)	(581,800)
<b>Nonoperating revenues (expenses)</b>			
District tax revenues			
Investment income	2,395,379	49,794	55,701
Interest expense			(1,562,189)
Interfund transfer	(1,951,634)	800,000	1,915,099
Grants and contributions		<u>1,997,485</u>	
Total nonoperating revenues (expenses)	<u>443,745</u>	<u>2,847,279</u>	<u>408,611</u>
Increase (decrease) in net position	2,217,939	364,941	(173,189)
Net position at beginning of the year	<u>34,085,646</u>	<u>2,911,533</u>	<u>25,476,274</u>
Net position at end of the year	<u>\$ 36,303,585</u>	<u>\$ 3,276,474</u>	<u>\$ 25,303,085</u>

## Combining Statement of Revenues, Expenses and Changes in Net Position (continued)

## PENINSULA HEALTH CARE DISTRICT

Year Ended June 30, 2024

	<u>Health &amp; Fitness</u>	<u>allcove Center</u>	<u>General District</u>
<b>Operating revenues</b>			
Lease revenues			
Dental service - net patient revenues			
Assisted living/memory care resident revenues			
Fitness center revenues	\$ 136,102		
Other operating revenues		\$ 5,000	\$ 6,700
Total operating revenues	<u>136,102</u>	<u>5,000</u>	<u>6,700</u>
<b>Operating expenses</b>			
Salaries and wages	153,765	301,436	758,480
Employee benefits	51,404	75,222	349,900
Community services and related programs		60,631	2,426,467
Professional fees and registry	3,980	158,774	211,469
Supplies	9,090	29,341	22,765
Purchased services	47,225	25,313	42,169
Utilities and phone	16,185	5,169	19,832
Lease expense		342,017	
Insurance	3,693	25,011	74,333
Depreciation and amortization	6,059	53,464	27,075
Interest and fees			
Other operating expenses	9,071	77,824	195,251
Total operating expenses	<u>300,472</u>	<u>1,154,202</u>	<u>4,127,741</u>
Operating income (loss)	(164,370)	(1,149,202)	(4,121,041)
<b>Nonoperating revenues (expenses)</b>			
District tax revenues			9,864,552
Investment income	333		1,196,427
Interest expense		(45,509)	
Interfund transfer	191,839	1,919,525	(2,874,829)
Grants and contributions		524,263	
Total nonoperating revenues (expenses)	<u>192,172</u>	<u>2,398,279</u>	<u>8,186,150</u>
Increase (decrease) in net position	27,802	1,249,077	4,065,109
Net position at beginning of the year	<u>99,563</u>	<u>-0-</u>	<u>31,025,870</u>
Net position at end of the year	<u>\$ 127,365</u>	<u>\$ 1,249,077</u>	<u>\$ 35,090,979</u>

## Combining Statement of Revenues, Expenses and Changes in Net Position (continued)

## PENINSULA HEALTH CARE DISTRICT

Year Ended June 30, 2024

	Combining <u>Total</u>
<b>Operating revenues</b>	
Lease revenues	\$ 3,113,798
Dental service - net patient revenues	3,388,784
Assisted living/memory care resident revenues	12,799,455
Fitness center revenues	136,102
Other operating revenues	<u>34,156</u>
Total operating revenues	19,472,295
<b>Operating expenses</b>	
Salaries and wages	10,519,119
Employee benefits	2,621,620
Community services and related programs	3,005,914
Professional fees and registry	1,908,504
Supplies	1,386,700
Purchased services	1,011,691
Utilities and phone	727,229
Lease expense	762,248
Insurance	603,289
Depreciation and amortization	3,276,446
Interest and fees	22,668
Other operating expenses	<u>351,424</u>
Total operating expenses	<u>26,196,852</u>
Operating income (loss)	(6,724,557)
<b>Nonoperating revenues (expenses)</b>	
District tax revenues	9,864,552
Investment income	3,697,634
Interest expense	(1,607,698)
Interfund transfers	-0-
Grants and contributions	<u>2,521,748</u>
Total nonoperating revenues (expenses)	<u>14,476,236</u>
Increase (decrease) in net position	7,751,679
Net position at beginning of the year	<u>93,598,886</u>
Net position at end of the year	<u><u>\$101,350,565</u></u>

**JWT & Associates, LLP**  
A Certified Public Accountancy Limited Liability Partnership  
1111 East Herndon, Suite 211, Fresno, California 93720  
Voice: (559) 431-7708 Fax:(559) 431-7685

*Independent Auditors Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*

The Board of Directors  
Peninsula Health Care District  
Burlingame, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the combined financial statements of the Peninsula Health Care District (the District) as of and for the years ended June 30, 2024 and 2023, and the related notes to the combined financial statements, which collectively comprise the District's combined financial statements, and have issued our report thereon dated October 15, 2024.

*Internal Control over Financial Reporting*

In planning and performing our audit of the combined financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's combined financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given those limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

*Compliance and Other Matters*

As part of obtaining reasonable assurance about whether the District's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the combined financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

*Purpose of this Report*

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*GW7 & Associates, LLP*

Fresno, California  
October 15, 2024



**DATE:** December 12, 2024

**TO:** PHCD Board of Directors

**FROM:** Fátima M. Rodríguez, Strategic Initiatives Director

**SUBJECT:** 2025 Community Grant Partners Recommendations

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**BACKGROUND:** Through the Community Grants Program (CGP), the Peninsula Health Care District partners with a diverse range of service providers to meet the health and mental health needs of our residents. Each year, the District issues a call for proposals, inviting community-based organizations that align with its vision to empower residents in achieving optimal health and wellness through education, prevention, and access to essential health services.

For the 2025 grant cycle, three focus areas were identified:

1. *Healthy Aging across the Life Course*, promoting socialization, healthy eating and nutrition, physical activity, and caregiver support
2. *Mental & Behavioral Health*, including prevention services and programs for children and seniors
3. *Preventive Health*, advancing health education, vaccinations, screenings, and programs that increase access to preventive services and support

A total of 37 Letters of Interest (LOI) were received for one-year grants. The following criteria were used to perform the initial screening of LOIs that would be presented to the Committee for discussion:

1. Is there an alignment with PHCD Vision & Grant Program's Focus Area(s)?
2. Do they provide direct service in an area not currently met by District programs?
3. Do they present a strong rationale and significance for the proposed work?
4. How does the program approach existing funding or partnerships?
5. What is the proposed impact on District residents? Are metrics presented, such as clients to be served and/or expected health outcomes?
6. Does the budget make sense in terms of projected residents served in context of the requested amount? And, is the budget within the request parameters of \$60,000 or less?

At the October 7th meeting, the CHI Committee deliberated and reached a consensus on which organizations would proceed to the full application phase of the grant process. After the full applications were submitted, the Strategic Initiatives Director assigned 3 to 4 grants to each Committee member for a thorough review. Using the District's grant platform, members provided detailed feedback and formulated recommendations for discussion at the next CHI Committee meeting.

On November 18<sup>th</sup>, the CHI Committee completed its work for the 2025 grant cycle after thorough review and discussion of the 28 full grant applications. The Committee's recommendations, including the recipients, amounts of each grant, and use of the funding are provided for your review prior to the meeting.

The District expresses its deepest gratitude to Directors Navarro and Sanchez for their outstanding leadership and steadfast support in championing the District's mission to promote optimal health for its residents. Their dedication to fostering collaboration, stewardship, inclusion, and transparency serves as an inspiration and is greatly valued and appreciated.

The District extends heartfelt thanks to the CHI Committee members—Susan Baker, Bonnie Jue, Kevin Martinez, Crystal Miran, Karrie Mitchell, and Bryan Neider—for their invaluable expertise, dedication, and thoughtful contributions. Their commitment to public service is instrumental in advancing our shared mission of building a healthier, stronger community.

**RECOMMENDATIONS:**

1. Approval of 2025 one-year grant recipients and amounts as recommended
2. Consideration of direction for remaining grant funds





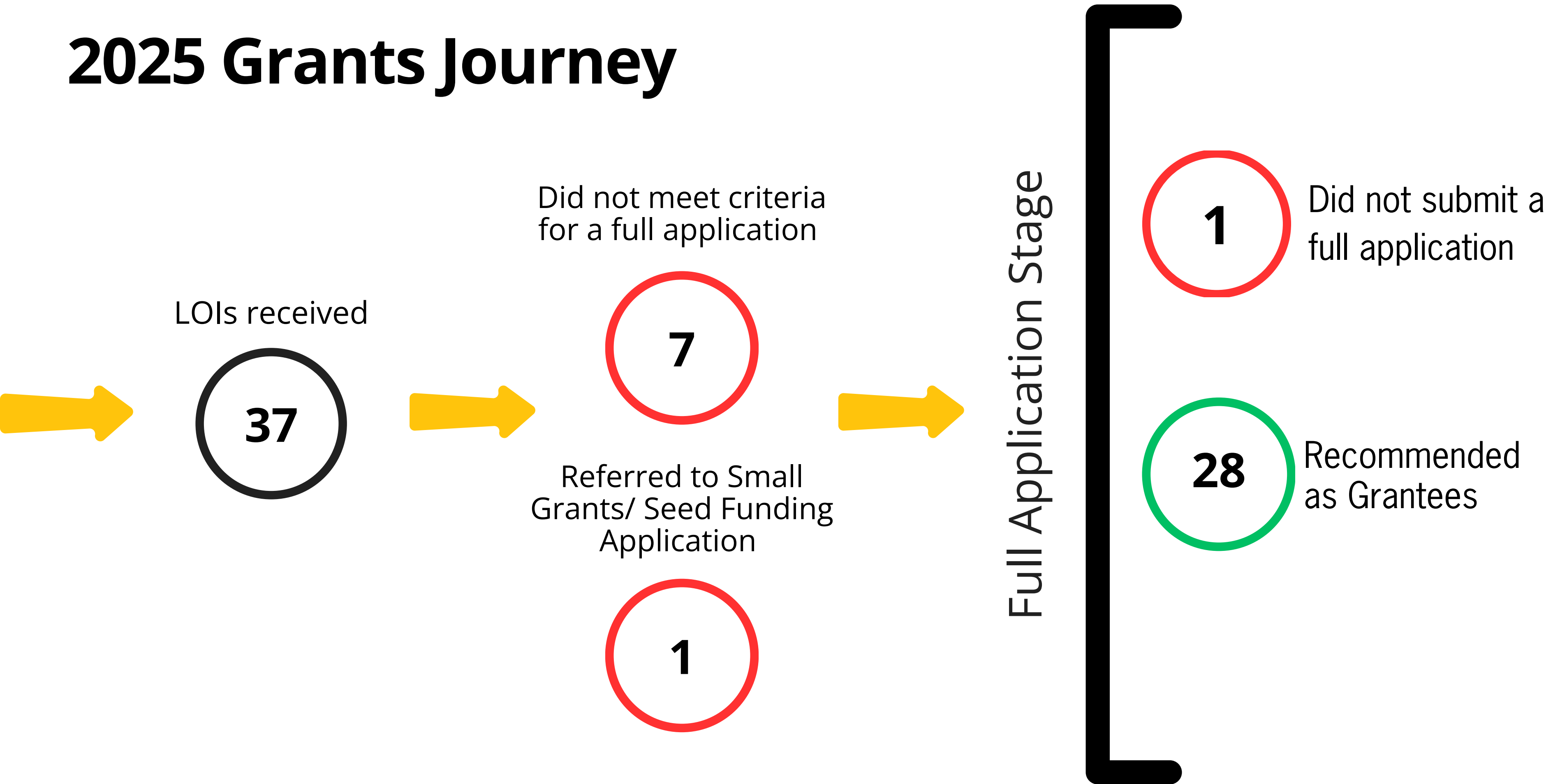
# Community Grants Program

## *2025 Grantee Recommendations*

December 12, 2024

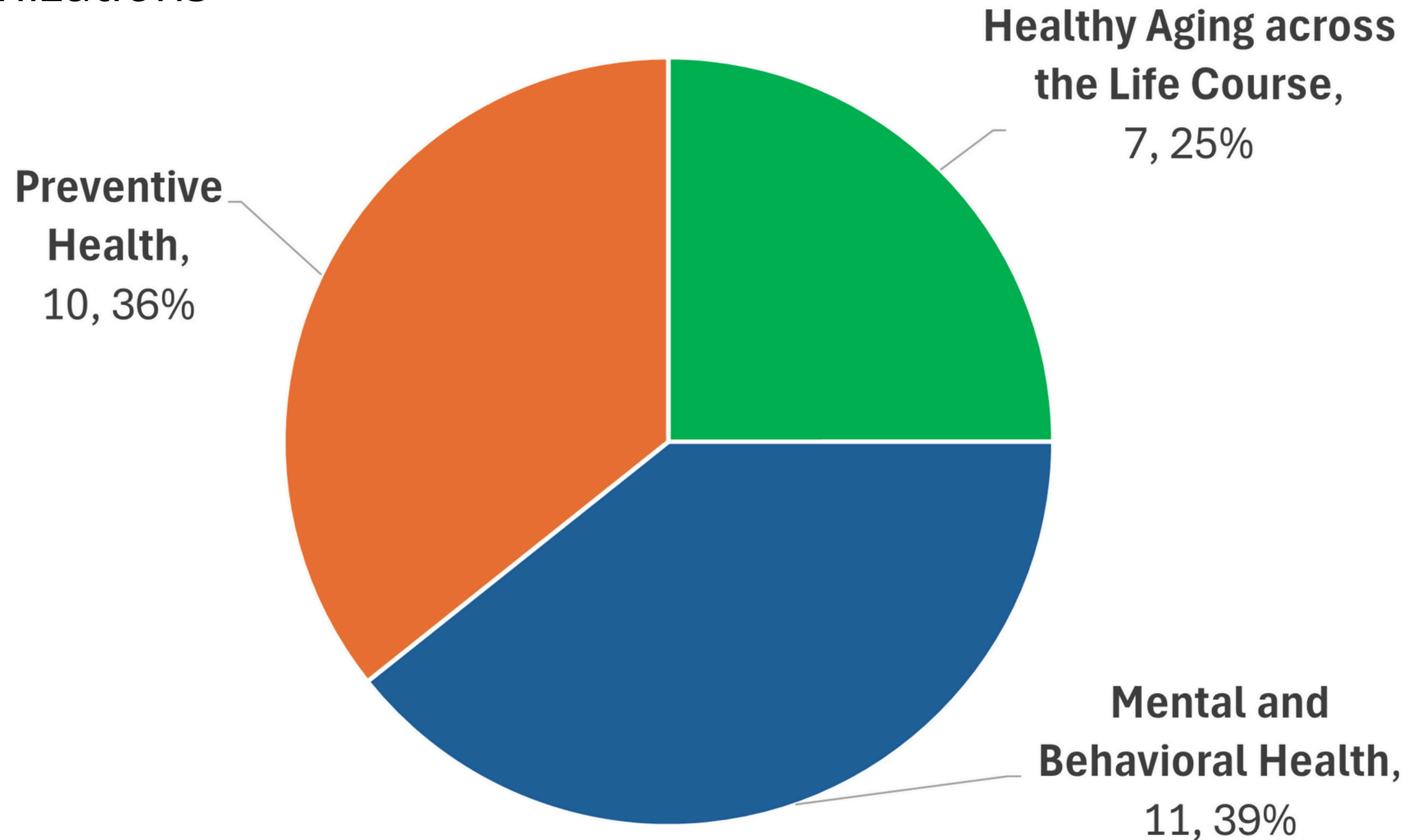


# 2025 Grants Journey



# Overview of Proposed Grantees

- 28 organizations



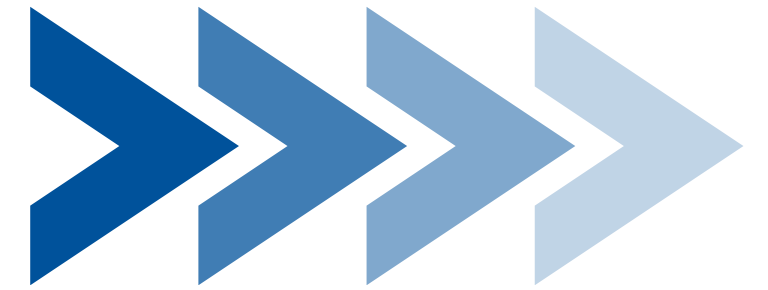
# Preventive Health Grants



1. **Bay Area Community Health Advisory Council (BACHAC):** *Community Mammogram Program and Breast Cancer Prevention Education*
2. **Breathe California of the Bay Area, Golden Gate, and Central Coast:** *Seniors Breathe Easy*
3. **Chinese Hospital** - *Health Education and Wellness Screening*
4. **Each Green Corner** - *Living Campus*
5. **El Concilio of San Mateo County** - *Health and Wellness Case Management Program*
6. **First 5 San Mateo County** - *Help Me Grow San Mateo County*
7. **Fresh Approach** - *From Knowledge to Nourishment: Bridging Nutrition and Food Access*
8. **Healthier Kids Foundation** - *HearingFirst*
9. **The HEAL Project** - *Farm Field Trip Program for San Mateo County Students*
10. **ViaHeart Project** - *HeartSafe Community - Rescue Ready AEDs in the community locations in need*

**Total: \$ 505,893**

# Mental & Behavioral Health Grants



1. **Burlingame RiteCare Childhood Language Center** - *Expansion*
2. **CASA of San Mateo County** - *Cultivating Mental Health and Wellness for Youth in the Foster Care and Juvenile Justice System*
3. **Changing Perspectives** - *Youth Mental Health Support through School-based Social-Emotional Learning*
4. **Child Mind Institute, Inc.** - *Empowering School Communities in Mental Health: Transforming Student Well-Being in the PHCD Geographic Service Area*
5. **CORA** - *Family Centered Mental Health Program (FCMH)*
6. **Foster City Village, Inc.** - *Inspired Aging*
7. **Heart & Soul, Inc.** - *Total Wellness Powered by Peers*
8. **Institute for Human and Social Development, Inc. (IHSD)**: *Early Childhood Mental Health Consultation Program*
9. **Kara** - *Bereavement Support, Grief Education, and Crisis Response*
10. **MELP/ AbleCloset** - *Free Durable Medical Equipment For All*
11. **One Life Counseling Center** - *Training Providers and Serving Children Ages 0-12 with Mental Health Care and Supportive Services*

**Total: \$428,881**

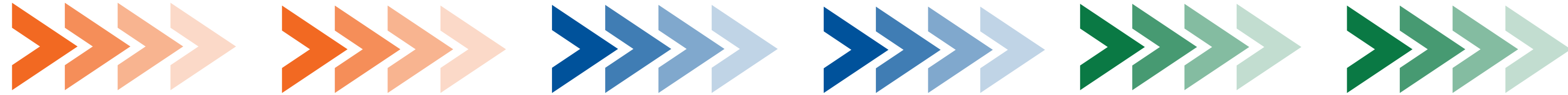
# Healthy Aging across the Life Course



1. **Ability Path** - *Adult Day Program - Pathways Health & Wellness*
2. **Anew Vista Community Services** - *Leveling the Tech Playing Field: Ensuring Seniors Have Equal Access to Information and Resources*
3. **Burlingame Parks and Recreation** - *Let the Sunshine In*
4. **CALL Primrose** - *Community Pantry*
5. **Peninsula Family YMCA** - *Parkinson's Wellness Program*
6. **Villages of San Mateo County** - *A Village Experience: Reimagining Aging through Connection, Purpose, and Mutual Support*
7. **Vista Center for the Blind and Visually Impaired** - *Vision Loss Rehabilitation Program*

**Total: \$330,265**

# Community Grants Program - 2025 Grants Cycle



## Recommendation of Approval

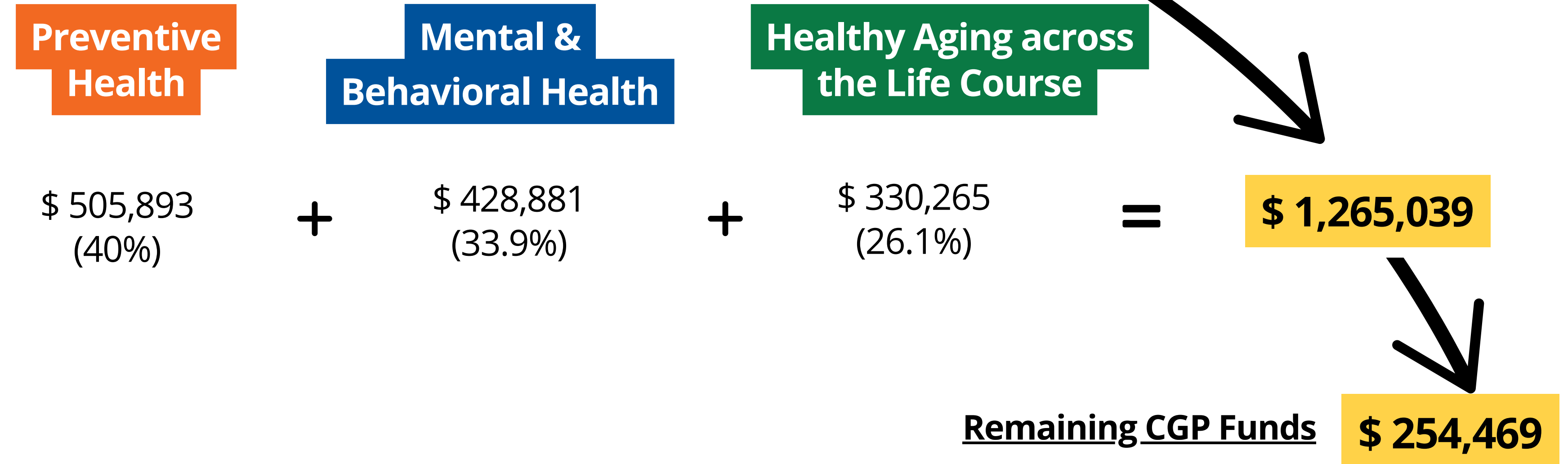
- 28 organizations
- \$1,265,039

**Questions?**



# 2025 Community Grants Budget

<b>Revised Budget</b> <b>(\$1M adjustment)</b> Sept. 2024	<b>\$ 1,519,508</b>
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THANK  
YOU

**Grant Award Reception & Ceremony:**  
*January 30, 2025 @ Crystal Springs Golf Course*



Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
AbilityPath	<p>The components of Pathways Health &amp; Wellness include hands-on classes and instruction, education and community engagement, psychological support, and senior-specific programming which are designed to promote, educate, and support healthy living for individuals with intellectual and developmental disabilities (I/DD). Nutrition and meal prep, personal care &amp; daily living skills, self-advocacy and healthy relationships are examples of tailored program activities and classes provided to program participants ranging in age from 18 to 80+. The evidenced - based curriculum utilizes recreational and clinical psychology therapies that help prevent risk factors that lead to poor health, diminished quality of life and early onset of health conditions. Classes are provided by AbilityPath in Burlingame, Daly City, and Redwood City. PHCD funds will be used towards purchase of food and materials for cooking, nutrition, and wellness classes; admission fees for community wellness classes; and budgeted salary expenses for program management and development.</p>	Healthy Aging across the Life Course Grants	Health Education Programs that increase access to Preventative Services and Support Healthy Eating and Nutrition Physical Activity Socialization for Seniors Caregiver Support	\$ 60,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>AnewVista Community Services</b>	<p>AnewVista Community Services (ANVCS.org) empowers seniors to thrive in the digital age. By improving digital literacy, we reduce health disparities, improve social connectedness and empower seniors to make informed decisions while aging in place.</p> <p>We offer practical technology training to lead seniors on a journey from frustration to competence to confidence; ultimately, becoming tech evangelists within their communities. Delivering over 200 online and in-person technology sessions covering 150 topics, weekly blogs and reels, and office hours. ANVCS.org covers essential skills like internet access, online health portals, digital connection tools, and cybersecurity, plus emerging technologies like AI.</p> <p>With frequent in-person and online workshops, individualized support (including remote and in-home assistance), and online media we cater to diverse needs and learning styles. ANVCS.org provides workshops in English and Spanish and publishes blogs and video reels in multiple languages ensuring inclusivity.</p>	Healthy Aging across the Life Course Grants	Senior Mental Health Programs that increase access to Preventative Services and Support Socialization for Seniors	\$ 35,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Burlingame Parks and Recreation</b>	<p>"Let the Sunshine In" enhances seniors' physical and mental well-being by reconnecting them with the outdoors and each other through recreational activities. This initiative provides opportunities for outdoor exploration, light physical engagement, and friendship-building, all at a subsidized cost to promote financial inclusivity.</p> <p>Participants can enjoy activities tailored to their interests and abilities, including nature walks, outdoor dining, animal-watching excursions, gentle hikes, guided tours, outdoor games, classes, and seminars. The program actively promotes health equity, ensuring that all seniors benefit from outdoor engagement and community connection.</p> <p>PHCD funds will be utilized to subsidize transportation, nutritious food, tours, entrance fees, equipment, instructors, and teachers. Through PHCD funding, we aim to expand our offerings and further enhance accessibility, allowing more seniors to enjoy the enriching excursions provided by the program.</p>	Healthy Aging across the Life Course Grants	Senior Mental Health Healthy Eating and Nutrition Physical Activity Socialization for Seniors	\$ 50,000
<b>CALL Primrose</b>	<p>CALL Primrose provides free, healthy groceries to low-income households in San Mateo County. Our services are offered weekdays from 9:30 am to 2:45 pm on a drop-in basis; anyone in need is welcome. Through our community partnerships, we have access to a wide variety of grocery items, placing an emphasis on obtaining those that are nutritious and most beneficial to our clients. Our current distribution model is client-choice based, with a goal that is two-fold; Our primary objective is that of empowering our clients with the ability to choose. A secondary goal is that of waste reduction. We are custom-making each bag of groceries to client specifications, ensuring that we provide only those items each household wants or can use.</p> <p>CALL Primrose has been providing free grocery services since 1984 with an ongoing eye towards seeking ways to become more effective and increasingly efficient.</p>	Healthy Aging across the Life Course Grants	Senior Mental Health Healthy Eating and Nutrition	\$ 60,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Peninsula Family YMCA</b>	A Parkinson's Wellness Program is a specialized initiative designed to provide comprehensive support for individuals living with Parkinson's disease, as well as their caregivers. With over 100,000 people in California currently living with Parkinson's, and this number expected to rise, such programs are vital in helping manage the progressive nature of the disease. On average, a person diagnosed with Parkinson's lives 14.5 years with the condition, highlighting the need for long-term, consistent care and support.	Healthy Aging across the Life Course Grants	Health Education Healthy Eating and Nutrition Physical Activity Socialization for Seniors Caregiver Support	\$ 60,000
<b>Villages of San Mateo County</b>	Our Village program offers an innovative, cost-effective, volunteer-driven approach to improve the health and wellness of aging adults and allow them to age securely in their own homes and the communities they love. Our Villagers belong to a vibrant community, reimagining aging through connection, purpose, shared exploration, and mutual support. Volunteers support our Villagers every day of the year, providing transportation to medical appointments, grocery shopping and errands, conducting home safety evaluations and making home safety improvements that prevent life-changing falls, performing home maintenance tasks, tackling technology challenges, and making friendly visits. With an average age of 83, our Villagers experience social isolation and loneliness. To stay actively engaged we host regular social gatherings that build community and friendships that include speaker series, health education, local excursions, outdoor walks, lunches, dinners and jazz and wine gatherings. We assist with life transitions, making referrals and engaging a social worker when needed.	Healthy Aging across the Life Course Grants	Senior Mental Health Programs that increase access to Preventative Services and Support Physical Activity Socialization for Seniors	\$ 20,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Vista Center for the Blind and Visually Impaired</b>	<p>This program teaches necessary skills to an adult/senior who is losing or has lost their vision to maintain or regain independence. The strategy is to optimize remaining vision by learning technology, tools and techniques like contrast, magnification, voiceover, digital assistants, and new skills for activities of daily living. Certified Rehabilitation Specialists meet with individuals to assess needs and develop their "customized service plan" including low vision Exams, 1:1 / Group counseling /support groups, rehabilitation instruction in daily living skills (meal preparation, safely take medication) and/or orientation and mobility (white cane training and fall prevention), assistive technology for effective communication. Services are provided at home, community, Vista's office /Clinic in Palo Alto. Success is evaluated based on pre and post-test surveys.</p> <p>PHCD funds will be used to maintain and grow no-cost services, visual aids and skills training for low income clients, as these are not covered by medical insurance.</p>	Healthy Aging across the Life Course Grants	Senior Mental Health Health Education Screening Programs Programs that increase access to Preventative Services and Support Healthy Eating and Nutrition Physical Activity Socialization for Seniors Caregiver Support	\$ 45,265

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Burlingame RiteCare Childhood Language Center</b>	<p>Founded in 1958, the California Scottish Rite Foundation (CSRF) serves children with speech, language and literacy disorders by providing the opportunity for free, life-changing speech-language evaluations and intensive therapy to improve their communication skills. The RiteCare Childhood Language Centers (CLCs) of California is a program of the CSRF and provides speech, language, and literacy treatment of childhood language disorders to more than 500 children a month at 19 locations in communities across California, free of charge. Each CLC operates independently.</p> <p>Established in 2021, the foundational goals of the Burlingame RiteCare CLC are the early identification and treatment of speech and language disorders. Occupational therapy is also available to help children reach developmental milestones. A grant from PHCD will support and expand our Burlingame RiteCare Childhood Language Center which provides diagnostic speech-language-occupational evaluations and weekly therapy sessions, for children and families in need throughout the Peninsula Health Care District.</p>	Mental & Behavioral Health Grants	Pediatric Mental & Behavioral Health (K-6) Screening Programs Programs that increase access to Preventative Services and Support Caregiver Support	\$ 30,000
<b>CASA of San Mateo County</b>	<p>CASA of San Mateo will expand its capacity to support growing mental health and wellness needs for youth as part of our Beyond an Advocate programming. This program will train volunteers to provide holistic mental and emotional support to youth outside of their courtroom advocacy duties. It will also provide direct support to youth in the form of experiences, material supplies, and programming to build community with other youth in the foster care and juvenile justice system. The program will focus on four key goals: 1) Train volunteers to understand the impact of positive childhood experiences on mental and physical health, educational outcomes, and more; 2) Provide volunteers with resources to facilitate positive childhood experiences (PCEs) tailored to their youth; 3) Increase youth programming to build community with peers; 4) Supplement state assistance to meet youth's material and financial needs.</p>	Mental & Behavioral Health Grants	Pediatric Mental & Behavioral Health (K-6) Reduction of Adverse Child Events and Toxic Stress Health Education	\$ 60,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Changing Perspectives</b>	<p>Changing Perspectives provides comprehensive social-emotional learning and mental well-being resources for educators, school leaders, and caregivers. Our school-based program is designed to benefit learners of all abilities, backgrounds, and communities.</p> <p>To support youth in developing pathways to improving mental health through social-emotional development, Changing Perspectives provides the following resources and services:</p> <p>TK - Grade 12 Curriculum Resources  Professional Development  Site Visits  Family Workshops</p> <p>In today's increasingly diverse classroom (e.g., multi-lingual, multicultural, and varying socio-economic backgrounds), social-emotional learning has become integral to youth development. Social-emotional learning (SEL) is a proactive approach to supporting mental health, enhancing well-being among students, fostering positive perspectives on oneself and others, and reducing emotional distress and harmful behaviors. Ultimately, SEL creates universal strategies that promote strengths and prevent risks. Changing Perspectives™ resources and services are meeting this need, while creating pathways for healthy skill development, resiliency, and well-being of all young people.</p>	Mental & Behavioral Health Grants	Pediatric Mental & Behavioral Health (K-6)	\$ 15,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Child Mind Institute, Inc.</b>	<p>The Child Mind Institute's Professional Training Program empowers educators and school mental health professionals in the Peninsula Health Care District with evidence-based mental health strategies. By equipping schools with the necessary tools to support student mental health, the program addresses a critical gap in early mental health intervention. Through workshops and the Mental Health Skill-Building Training for school staff, students will gain essential coping skills grounded in Cognitive Behavioral Therapy, promoting emotional resilience. With your generous support, the program will deepen our work with 3 partner schools and expand to 3-4 additional schools in the region (totaling 6-7 schools in PHCD's service area), impacting more than 90 school staff and 1,600 students in grades K through 7.</p>	Mental & Behavioral Health Grants	Pediatric Mental & Behavioral Health (K-6) Programs that increase access to Preventative Services and Support	\$ 20,000
<b>Community Overcoming Relationship Abuse - CORA</b>	<p>CORA's Family Centered Mental Health (FCMH) Program is the only program of its kind in San Mateo County, providing free, trauma-informed, evidence-based individual, family, and group counseling for domestic violence survivors and their children. The program's overall goal is to support clients in the process of learning how to cope with trauma and in securing safety for themselves and their children.</p> <p>The FCMH Program offers services in both English and Spanish, with the goal of helping survivors decrease negative symptoms and heal from dv-related trauma, reduce the likelihood of re-victimization, and encourage self-sufficiency for future success. To accomplish this, the FCMH Program draws from an array of evidence-based modalities and models, depending on client needs and appropriateness. PHCD funds will be used to help support a Licensed Clinical Supervisor (.23 FTE).</p>	Mental & Behavioral Health Grants	Pediatric Mental & Behavioral Health (K-6) Reduction of Adverse Child Events and Toxic Stress Programs that increase access to Preventative Services and Support	\$ 60,000



Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Foster City Village, Inc.</b>	<p>The Buddy Connection Program provides services to those senior individuals who feel isolated, vulnerable, lonely, or depressed and have requested our help. We offer a "partner" (buddy) for each individual. The buddy offers friendship, a consistent (2x/wk), friendly contact, promotes outings, accompanies them to FCV events, and eventually outside events within the community. They offer access - free rides and motivation - for participants to attend health appointments. Caregivers are included in every single facet of the program. In 2025, we plan to offer Caregivers the opportunity to attend our training sessions.</p> <p>Funds are used for:</p> <ul style="list-style-type: none"> <li>-- Training and special events for buddies as well as a social event 2x per year for participants and their buddies.</li> <li>-- Items to make their homes safe and secure.</li> <li>-- Silver Scholarships so that EVERY senior who needs and/or requests to be in this program will be able to join.</li> </ul>	Mental & Behavioral Health Grants	Senior Mental Health Health Education Programs that increase access to Preventative Services and Support Healthy Eating and Nutrition Physical Activity Socialization for Seniors Caregiver Support	\$ 15,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<p><b>Heart &amp; Soul, Inc.</b></p>	<p>H.O.P.E. is the first peer program in San Mateo County to facilitate support services for you during hospitalization and post-hospitalization via mental health and substance use recovery and family support. The program provides immediate wellness tools through alternative approaches to mental health recovery and evidence-based practices such as Intentional Peer Support, Motivational Interviewing, and Wellness Recovery Action Plan (WRAP®) instruction. These include: Peer Mentors &amp; Family Support, self-care modeling and community resource information. The goal of this support is for you to develop a self-directed plan and pattern of mental health and/or substance use recovery and subsequent wellness maintenance.</p> <p>Also support through: From Hospitalization to Healthy Community Integration; Supportive Employment Coordination</p> <p>Provides opportunities to enter or return to paid employment in integrated work settings through both Transitional Employment and Supportive Employment programs.</p> <p>Peer Mentors encourage Peer Participants to connect with community resources and reconnect with family members and supportive individuals.</p>	<p>Mental &amp; Behavioral Health Grants</p>	<p>Senior Mental Health Programs that increase access to Preventative Services and Support Socialization for Seniors</p>	<p>\$ 45,000</p>

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<p><b>Institute for Human and Social Development, Inc. (IHSD)</b></p>	<p>The Early Childhood Mental Health Consultation Program provides mental health consultations to Izzi Early Education (formerly IHSD) staff, children, and families. Activities include regular mental health meetings with staff in center-based, family childcare, and home-based settings; observing classrooms and individual children with parent permission; offering emotional support to families and staff; parent and/or staff training on mental health topics; and assisting with referrals to further mental health service options when appropriate. Consultants help strengthen child-parent, child-staff, parent-staff, and staff-staff relationships, using a reflective approach, developmental guidance, and conflict resolution processes when necessary. As a federal Head Start provider in San Mateo County for children ages birth to five, Izzi is required to provide mental health consultation services. Due to a main service provider's unexpected budgetary constraints, PHCD funds will be used to maintain funding for the program next year at Izzi's Lakewood and San Bruno preschool locations.</p>	<p>Mental &amp; Behavioral Health Grants</p>	<p>Pediatric Mental &amp; Behavioral Health (K-6) Reduction of Adverse Child Events and Toxic Stress Programs that increase access to Preventative Services and Support Caregiver Support</p>	<p>\$ 43,881</p>
<p><b>Kara</b></p>	<p>As the only "stand-alone" grief-focused agency in the Bay Area, Kara offers an array of bereavement support services, providing grieving youth, adults, families and organizations the healing space, connections, and tools they need to move along their unique journey of loss toward renewed hope and meaning. Peer-based support services are offered at no cost to those we serve and are offered in English and Spanish, and via telehealth, as needed. PHCD funds would be used to provide grief support and crisis response to residents and organizations within the district. Our services align strongly with PHCD's focus on children and senior mental health, while providing grief support to all ages to ensure that no one is left unsupported. This holistic approach ensures that families and communities receive the comprehensive care they need throughout life's journey, emphasizing the critical role of grief support in overall well-being.</p>	<p>Mental &amp; Behavioral Health Grants</p>	<p>Pediatric Mental &amp; Behavioral Health (K-6) Senior Mental Health Reduction of Adverse Child Events and Toxic Stress Programs that increase access to Preventative Services and Support Healthy Eating and Nutrition Socialization for Seniors</p>	<p>\$ 30,000</p>

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>MELP/AbleCloset</b>	<p>MELP and AbleCloset are two programs within the nonprofit named MELP/AbleCloset. MELP (Medical Equipment Loan Program) handles standard mobility and safety equipment such as walkers, wheelchairs, shower chairs, etc., mostly for adults. The AbleCloset program handles highly specialized equipment for children with moderate or severe disabilities. Both programs receive donated DME (durable medical equipment) which we clean and repair as needed, and then provide at no cost to anyone who needs the items. In our short three years MELP has grown very rapidly, from loaning just 388 items in the first 12 months to giving out 3,874 items in a recent 12-month period, an astounding 10-fold increase in annual volume. To keep up with this demand we have diligently recruited and trained volunteers, so we now have a dedicated group of over 70 enthusiastic volunteers supporting our programs. PHCD funds will help us to continue this amazing community service.</p>	Mental & Behavioral Health Grants	Pediatric Mental & Behavioral Health (K-6) Senior Mental Health Reduction of Adverse Child Events and Toxic Stress Programs that increase access to Preventative Services and Support Physical Activity	\$ 50,000
<b>One Life Counseling Center</b>	<p>This program uses three strategies to respond to the community need for pediatric mental and behavioral health services: learning each client's cultural and linguistic needs, schedules, income, and specific mental health needs at intake and connecting them with an appropriate therapist and low-fee payment plan; providing culturally and linguistically competent individual counseling services to children and their families who are in mental health crises and cannot afford therapy; and connecting clients to additional services to provide a continuum of care for basic needs. To deliver these services, One Life is coordinating 12 of our therapists to complete training for Child-Parent Psychotherapy (CPP), the leading best practice intervention model for children who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including post-traumatic stress disorder. PHCD funds will provide vital support for growing One Life's capacity to serve PHCD residents.</p>	Mental & Behavioral Health Grants	Pediatric Mental & Behavioral Health (K-6) Reduction of Adverse Child Events and Toxic Stress Programs that increase access to Preventative Services and Support	\$ 60,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Breathe California of the Bay Area, Golden Gate, and Central Coast</b>	<p>Seniors Breathe Easy delivers health and wellness programs at senior centers, seniors' homes, and community locations in the target PHCD areas, focusing on populations with health inequities and including emerging health threats such as extreme heat and air quality, wildfires, RSV, and COVID. Services include health education presentations; health screenings; smoking cessation assistance; breathing exercise programs; home visits for assessment/education of environmental lung health risks and fall prevention; and provision of respiratory therapy equipment for needy seniors. The project goals are: to increase seniors' understanding of health risks, most importantly of lung diseases such as COPD, TB, RSV; and COVID and of environmental risks like extreme heat, wildfires, and falls; to improve access to health screening and prevention services; to increase the level of safety in seniors' homes; to increase access to smoking cessation assistance for seniors; and to provide information and referral regarding lung disease and air quality issues.</p>	Preventive Health Grants	Health Education Screening Programs Programs that increase access to Preventative Services and Support Physical Activity Socialization for Seniors	\$ 40,000
<b>Chinese Hospital</b>	<p>This program will engage eight community health fairs in collaboration with various community partners, where we will serve both as hosts and active participants. Potential partners include UCSF Health, the City of Millbrae, San Mateo County Health, Self-Help for the Elderly, San Mateo Journal, and Sing Tao Daily. These events will offer free health screenings, essential services, and educational resources targeted to District residents, with a focus on preventive care, chronic disease management, mental health, and healthy aging. Planned locations include the Millbrae Recreation Center and Burlingame Community Center. PHCD funding will ensure these fairs promote health equity and access, especially for underserved populations within the District. Through this initiative, we aim to build a more equitable and healthy future for the District.</p>	Preventive Health Grants	Health Education Screening Programs Programs that increase access to Preventative Services and Support Socialization for Seniors	\$ 60,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Community Initiatives, Inc., for the Bay Area Community Health Advisory Council (BACHAC)</b>	<p>The Community Mammogram and Breast Cancer Prevention Program is BACHAC's longest-running community health outreach program. For over 25 years, this program has provided education and free mammograms to individuals in San Mateo County who cannot access regular screenings due to lack of insurance or other barriers. Many are homeless, low-income, or lack the ability or knowledge of how to access screenings. The specific activities are:</p> <ul style="list-style-type: none"> <li>• Outreach and engagement with the community via a trusted member and organization through Community Health Village "pop-up" clinics</li> <li>• Bilingual education and outreach through community health outreach professionals (CHOPs), culturally relevant services, referrals, and follow up</li> <li>-Health education, including how to conduct self-examinations, promotion of breast health, and symptoms of breast cancer</li> <li>- Partner with a healthcare organization to provide mammograms and medical follow-up</li> <li>- Medi-Cal education and re-enrollment to access health insurance</li> </ul>	Preventive Health Grants	Health Education Screening Programs Programs that increase access to Preventative Services and Support	\$ 60,000

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<p><b>Each Green Corner</b></p>	<p>Each Green Corner's (EGC) Living Campus Program partners with local school districts and community centers to design, install, and maintain agriculture-centered outdoor educational settings and food gardens. Produce grown in the gardens is harvested by families and school staff to be donated to our local food distribution partners or distributed directly to site community members experiencing food insecurity. To support educators, families, and children at these school sites, EGC has created an interactive curriculum called the Food Explorers Program that aligns with Common Core and California Health Education standards. Centered around our mission areas of nutrition, food security, and sustainability as they relate to food systems, this program aims to foster lifelong food connections in children by engaging them in culturally inclusive food systems education. PHCD funds would be used to support garden installation and refurbishment at two schools and provide gardening education curriculum at three schools within the PHCD.</p>	<p>Preventive Health Grants</p>	<p>Health Education Healthy Eating and Nutrition Physical Activity</p>	<p>\$ 55,000</p>

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<p><b>El Concilio of San Mateo County</b></p>	<p>Our Health and Wellness Case Management program provides culturally relevant support for residents in the district who need resources or other critical services that will improve their quality of life. Our program provides direct service to immigrant, low-income families and individuals that face barriers preventing them from accessing services and resources available to them. Clients get connected to our program through our promotores who conduct community outreach and canvassing in hard-to-reach communities. Our promotores engage with communities, share resources and knowledge about services available to them. Promotores refer clients who need further assistance for a deeper 1:1 case management session with a case worker to 1) Provide advocacy, education, information, and referrals to preventive health services including mental health, vaccination, and basic needs such as food, shelter, housing, and financial assistance. 2) Provide translation, enrollment, forms assistance for preventive and support services, including medical coverage applications, screening appointments and programs.</p>	<p>Preventive Health Grants</p>	<p>Programs that increase access to Preventative Services and Support</p>	<p>\$ 50,000</p>



Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<p><b>First 5 San Mateo County</b></p>	<p>Help Me Grow (HMG) is a national model, designed to help communities leverage existing resources to provide information on child development, link families to community-based services, identify vulnerable children, and empower families to support their children’s healthy development through the implementation of Four Core Components:</p> <ul style="list-style-type: none"> <li>- Child Health Provider Outreach supports pediatricians by enhancing developmental promotion and early detection for children.</li> <li>- Family and Community Outreach promotes the HMG system, facilitates provider networking, and bolsters children's development by supporting families.</li> <li>- Centralized Access Point (CAP) is a call center/ virtual hub for family members and providers seeking information, support, and referrals for children and early development.</li> <li>- Data Collection /Analysis ensures ongoing capacity for system improvement.</li> </ul> <p>Grant funds will be used toward the implementation of HMG in PHCD, supporting a targeted, holistic approach for families and providers within the District and parity with HMG system in other areas</p>	<p>Preventive Health Grants</p>	<p>Pediatric Mental &amp; Behavioral Health (K-6) Health Education Screening Programs Programs that increase access to Preventative Services and Support</p>	<p>\$ 60,000</p>

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<p><b>Fresh Approach</b></p>	<p>Fresh Approach (FA) will use 3 strategies to achieve improved Preventive Health:</p> <p>Group-setting nutrition classes. FA will engage 2 cohorts of participants in online VeggieRx nutrition and cooking workshops (in English and in Spanish). Classes cover the fundamentals of a nourishing diet for the mind and body, basic cooking, and strategies to manage limited resources and food access. Class participants receive “prescription” vouchers to spend on produce at local farmers markets.</p> <p>In-person food and nutrition demonstrations at San Mateo farmers markets. FA will promote healthy eating and the healing properties of food through 4 cooking demonstrations for market shoppers. Each demonstration will feature a different culturally relevant recipe using seasonally available produce.</p> <p>Food as Medicine Outreach: FA will collaborate with local food banks/pantries to provide 4 cooking demonstrations focused on the benefits of fresh produce and educate clients on using food benefits at farmers' markets.</p>	<p>Preventive Health Grants</p>	<p>Programs that increase access to Preventative Services and Support Healthy Eating and Nutrition</p>	<p>\$ 45,000</p>

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
<b>Healthier Kids Foundation</b>	Healthier Kids Foundation's HearingFirst program is committed to screening over 1,000 children grades preschool through 8th grade within six San Bruno Park School District schools during the 2024-2025 school year. This initiative focuses on early detection and preventive care for hearing issues, utilizing OAE (Otoacoustic Emissions) screening devices and Audiometers. This year our screeners received their School Audiometry Certification in order to be able to provide Audiometry screenings and Conditioned Play Audiometry (CPA) screenings, which are more thorough hearing screenings for students. Approximately 4-6% of children will require a follow-up screening, which will be conducted 4-6 weeks after their initial referral to determine if issues have resolved, or if further care is needed. For children in need of further care, our team of Parent Advocates will help their families navigate their insurance, connecting them with pediatricians and audiologist to ensure children receive the care they need.	Preventive Health Grants	Screening Programs Programs that increase access to Preventative Services and Support	\$ 35,000
<b>The HEAL Project</b>	The HEAL Project's Farm Field Trip Program serves over 3,500 school aged children from across San Mateo County each year, providing lessons designed to grow students' Health, Environmental & Agricultural Literacy. The program takes a unique approach to delivering nutrition education, where kids get to try fresh produce they pick themselves and learn about the hard work that goes into growing food. Every student who visits the Farm plants a seed, harvests fresh produce directly from the field, and prepares their own healthy snack with seasonal produce. THP's programs emphasize empowering kids with the knowledge and skills to prepare food for themselves and be brave about trying new things.  More than 25% of these students come from schools in the Peninsula Health Care District service area. The majority of students are in grades K-5, with over 65% coming from low or middle income schools.	Preventive Health Grants	Health Education Healthy Eating and Nutrition Physical Activity	\$ 40,893

Organization	Program Description	PRIMARY Grant Focus Area	Priority Area(S)	Recommended Amount
Via Heart Project	<p>This program will increase the number of automated external defibrillators (AEDs) in the PHCD community, thereby expanding the HeartSafe Community Program by increasing access to early defibrillation for victims of sudden cardiac arrest. PHCD funds will be used to place brand new AEDs in community locations and provide two years of our management services, including replacement supplies and an online tracking system to ensure that the AEDs are rescue-ready in the event of an emergency. The program will also include replacing existing AEDs that are at risk of failure due to age so as to avoid the potential delay in having a functional AED on-site. The replacement AEDs will also include two years of our AED maintenance program for those not already enrolled, so as to ensure that the AEDs are properly managed and rescue-ready. A demonstration on AED use and hands-only CPR will also be provided to recipients.</p>	Preventive Health Grants	Health Education Programs that increase access to Preventative Services and Support	\$ 60,000
				\$ 1,265,039



# Quarterly Strategic Plan Board Report

July 2024 - October 2024

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# Strategic Goals at a Glance

## 1 Preventive Health



### Preventive Health One-Year Goals

- 1.1 Sponsor Community Health Events
- 1.2 Conduct Vaccination Programs Needs Assessment
- 1.3 Blue Zones Research & Integration
- 1.4 Conduct Substance Use Needs Assessment
- 1.5 Conduct Health Screenings Needs Assessment
- 1.6 Develop Programming & Increase Membership for the Health & Fitness Center

## 2 Mental Health



### Mental Health One-Year Goals

- 2.1 Launch allcove™ San Mateo
- 2.2 Develop SMC Youth Mental Health Strategic Plan
- 2.3 Review Care Solace Program Impact
- 2.4 Participate in Mental Health Events
- 2.5 Diversify Youth Advisory Group
- 2.6 Conduct Senior Mental Health Needs Assessment

## 3 Dental Health



### Dental Health One-Year Goals

- 3.1 Review Financial Model & Long-Term Sustainability
- 3.2 Provide Access to Oral Health Care & Education

## 4 Integrated Services



### Intergrated Services One-Year Goals

- 4.1 Define Community Hub Programs, Services & Financial Sustainability Model
- 4.2 Review & Assess Grants Program
- 4.3 Increase Occupancy at The Trousdale Assisted Living Facility

# Report Highlights

## Preventive Health

- Hosted an Emergency Preparedness Workshop to equip the community with essential safety skills.
- Partnered with the San Mateo Union High School District to schedule youth heart screenings for early detection and treatment.
- Conducted a Blue Zones site visit and began exploring the implementation of Blue Zones principles to promote healthier lifestyles.
- Scheduled a co-sponsored webinar on substance use, featuring an expert in the field, to raise awareness and provide valuable insights.
- Weekly blood pressure screenings are now available at the PHCD Health & Fitness Center to support ongoing health monitoring.

## Mental Health

- Launched a child psychiatry service stream at allcove to expand mental health support for young people.
- allcove achieved approval to bill for Medi-Cal members, increasing access to services for underserved populations.
- Finalized the Blueprint for School and Transition Age Youth Well-Being strategic plan, now publicly available to guide community efforts.
- Engaged with a Commission on Aging representative to discuss senior mental health needs and potential programming enhancements.

## Dental Health

- Conducted oral health screenings for over 400 children, promoting early detection and dental care awareness.
- Extended oral health outreach to more than 70 seniors, supporting their dental health needs.

## Integrated Services

- PWC Advisory Committee convened this past quarter to leverage the expertise of local health experts and community leaders to help inform the Hub design.
- Increased the Community Health Investment Portfolio budget by \$1 million to expand support for community initiatives.
- The Trousdale hosted 141 tours in the last quarter, showcasing its offerings to prospective residents and families.
- Launched a metrics workgroup to develop measurable health outcomes for the grants program, ensuring impactful investments.



## 1.1

## Community Health Events

Partner and host community health resource events.

### Emergency Preparedness Workshop

In partnership with Central County Fire Department, the Peninsula Health Care District offered an Emergency Preparedness Workshop at the Trousdale designed to help residents prepare for natural disasters such as earthquakes and other emergencies.

- The event featured experts: Dena Gunning, a Community Risk and Resiliency Specialist with the Central County Fire Department, and Rik Kasuga, a Burlingame CERT Volunteer Coordinator and Instructor.
- The workshop provided practical guidance on creating evacuation plans, packing essential “Go Bags,” and strategies for how to stay connected with loved ones during emergencies. Attendees also learned about local support networks and community resources to enhance their safety and resilience.
- Every attendee received a “Go Bag” with a small flashlight and PHCD first aid kit.

**27 community residents and 10 residents from The Trousdale participated in the workshop.** Community representation included: Health & Fitness Center members, District residents, and leaders of non-profit organizations (AbilityPath, Burlingame Parks and Recreation).

**Feedback was positive.** Several Health & Fitness Center members shared that they “enjoyed the dynamic content and recommended that we offer this type of educational programming at least once or twice a year”.



### Parent Venture Educational Sessions

In September and October, the District sponsored nine educational sessions focused on pediatric and youth development and wellbeing, which are outlined below. In addition, The Parent Venture [video library](#) provides webinars on substance use, suicide prevention, neurodiversity, and other topics.

## Raising Empowered Athletes: A Youth Sports Parenting Guide for Raising Happy, Brave, and Resilient Kids

Video Link:

<https://www.youtube.com/watch?v=lKTixEnPnuY&t=162s>

Registered Attendees: 307, Video views: 245



## How to Raise a Citizen (and Why It's Up to You to Do It)

Video Link:

<https://www.youtube.com/watch?v=WGGa3G1XcJg&t=71s>

Registered Attendees: 285, Video views: 197



## The Age of Grievance: A Conversation with Frank Bruni

Video Link:

<https://www.youtube.com/watch?v=WGGa3G1XcJg&t=71s>

Registered Attendees: 380, Video views: 309

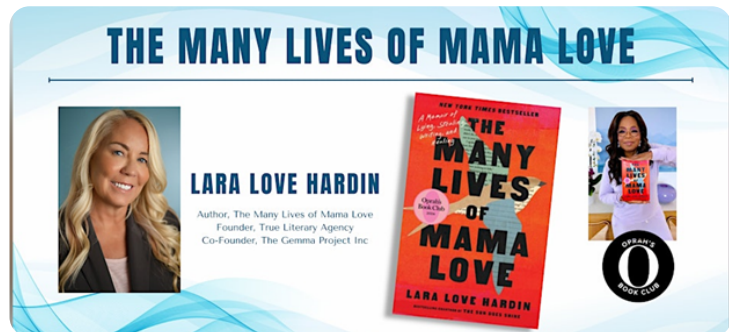


## The Many Lives of Mama Love: A Conversation with Lara Love Hardin

Video Link:

<https://www.youtube.com/watch?v=Im8TDa1Pcl4>

Registered Attendees: 107, Video views: 166



## Sexism & Sensibility: Raising Empowered Girls in the Modern World

Video Link:

<https://www.youtube.com/watch?v=ZRFcl3ODb3s&t=96s>

Registered Attendees: 279, Video views: 88





## How to Navigate Life: The New Science of Finding Your Way in School, Career, and Beyond

Video Link:

<https://www.youtube.com/watch?v=Hj2TI5hCO3Y&t=3s>

Registered Attendees: 252, Video views: 311

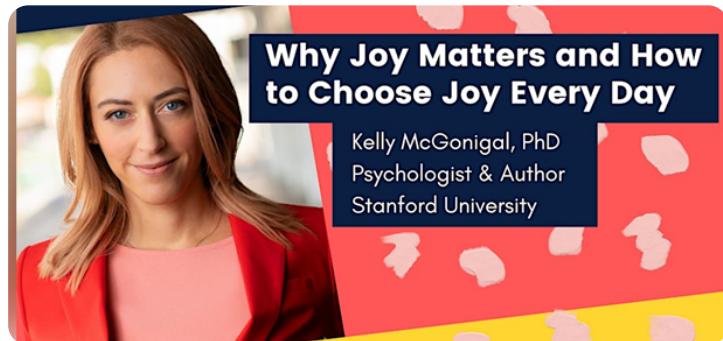


## Why Joy Matters and How to Choose Joy Every Day

Video Link:

<https://www.youtube.com/watch?v=BEch2vzYgf4&t=1s>

Registered Attendees: 295, Video views: 211

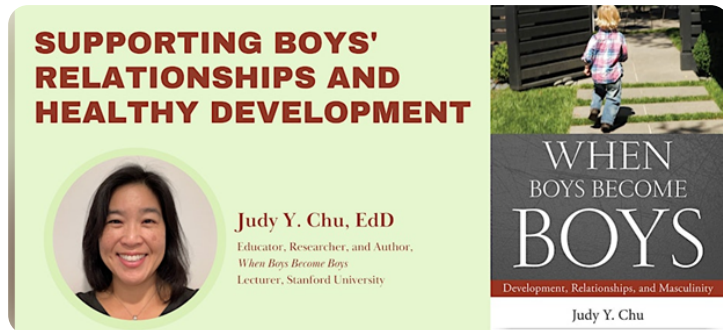


## Supporting Boys' Relationships and Healthy Development

Video Link:

<https://www.youtube.com/watch?v=fh3Ksc6X4Ao&t=43s>

Registered Attendees: 577, Video views: 179



## SEEK: How Curiosity Can Transform Your Life and Change the World

Video Link:

<https://www.youtube.com/watch?v=QP31bnOudhU&list=PLQv7yM06Ug6x2HzBMF56WYKtxPkhy2EnN>

Registered Attendees: 202, Video views: 50



Quote from a workshop attendee:

*"I'm writing to send you a huge thank you as the parent of a neurodiverse child. By including topics that apply to neurodiverse students in The Parent Venture series, you are helping our neurodiverse children to be seen, to be understood, to be better educated, and to belong."*

## 1.2

## Vaccination Programs

Create a strategic framework by conducting research and an analysis of the District's health needs.

### San Bruno Park School District (SBPSD), San Mateo County Office of Education (SMCOE), and San Mateo County Health Department

PHCD reached out to **SMCOE** to learn more about childhood immunizations support in its school districts, including data challenges with the California Immunization Registry (CAIR), and available training and technical assistance in obtaining and validating vaccination data, which is foundational to enumerating actual needs. SMCOE reached out to SBPSD to provide further guidance.

Per the Assistant Superintendent of Educational Services and Student Services, **SBPSD** cleaned up student information systems, added additional nurse support at each of their sites, and reduced the amount of students needing immunizations. The school district expressed “appreciation for the collaboration and partnership!”

The SID regularly meets with **San Mateo County Health** (Veronica Landa) to keep abreast of the latest developments and County immunization resources. During a recent review of vaccination data from various periods of the pandemic, we analyzed the impact of pop-up clinics held at locations such as the College of San Mateo, Samaritan House, and others. The analysis included data by zip code, age, race/ethnicity, and other demographics, highlighting areas that benefitted from these efforts and identifying regions requiring additional focus. A refined report will be shared soon.

## 1.3

## Blue Zones

Identify and implement opportunities for carrying out key components of the Blue Zone program across the District.

Various health care districts and health systems, including Healthy Petaluma, Beach Cities, as well as Salinas Valley Health System, have integrated the Blue Zones Model in their local communities with significant health and economic benefits.

Starting in August, CEO Pulido and SID Rodríguez met with Dan Buettner, Jr., EVP & Chief Development Officer, to learn more about the Model's various components, such as the robust community assessment and the development of a community-informed blueprint for change.

In October, CEO Pulido and SID Rodríguez visited the Blue Zones Project in Salinas, led by Tiffany M. DiTullio of Salinas Memorial Valley Health System. During the site visit, we learned about how they have operationalized the Blue Zones model focusing on: Place, People, and Policy, as well as their role in collecting and reporting on wellbeing outcomes.

We discussed the challenges and opportunities of implementing Blue Zones in a defined geographic region, and the possibility of further learning opportunities with DiTullio. In addition, we visited one of the local restaurants, El Colibri Restaurant, that offers Blue Zones dishes, such as a Veggie Bowl, Veggie Sandwich, Plant-based Burger, Huevos Rancheros, and Vegetarian Tamal.

The intention of this groundwork was to present information and gather impressions and feedback from the Strategic Direction Oversight Committee (SDOC) in November to further explore the Blue Zones Model and potentially present to the full Board for consideration.

## 1.4

### Substance Use

Review and analyze the community's need for substance education / intervention programs.

In partnership with The Parent Venture and San Mateo Union High School District, the District identified Eduardo Torres, a substance misuse expert and founder of Pathways for Prevention, as the speaker for the next focused session.

Understanding Addiction: A Community Conversation for Parents and Educators; Date & Time: December 4, 2024 at 5:30 pm

To register: <https://www.eventbrite.com/e/understanding-addiction-a-community-conversation-for-parents-and-educators-tickets-1078913231519?aff=oddtcreator>

In this thoughtful and informative discussion, Eduardo will address:

- What is addiction?
- What happens when someone becomes addicted? (whether to drugs, alcohol, vaping, video games, etc.)
- Can addiction be prevented?
- What practical steps can you, as a parent or caregiver, take to reduce the risks for your child?



Simultaneous Spanish interpretation will be available. Free admission and open to the public.

### San Mateo County Overdose Data

As requested by Board Members Dr. Navarro and Dr. Sanchez, the SID reached out to our partner, Corina Chung from San Mateo County's Epidemiology Department, to learn more about fentanyl deaths in the District region. Due to the sensitivity of the information, the data cannot be shared in this report; however, we are monitoring and working on prevention strategies.

## 1.5

## Health Screenings

Increase visibility and Create a strategic framework by conducting research and an analysis of the District's health needs.

The District provides health screenings directly through the community screening initiative, its signature programs such as Health & Fitness Center and allcove San Mateo, as well as through the Community Grants Program portfolio.

### District Efforts to Create Access to Youth Heart Screenings

- Sudden cardiac arrest in school-aged children raises an alarm for improved screening. According to the American Association of School Administrators, 7,000 to 10,000 school-aged children die each year nationwide from sudden cardiac arrest, often from conditions that could have been detected in advance. Yet neither EKG nor cardiac ultrasound is included in the typical annual physical.
- An estimated one in three hundred school aged children suffer from an undiagnosed heart defect, many of which could lead to cardiac arrest and death. And the risk of complications can be higher for students who are active in sports, gymnastics, dance or other strenuous activities. Often the first warning sign is death (Source: ViaHeart, 2020).
- In the past, the District partnered with College of San Mateo and ViaHeart Project to offer this valuable screening opportunity to young residents in the District.
- In July, SID Rodríguez initiated conversations with The Kyle J. Taylor Foundation (KJTF) to discuss partnership opportunities for youth heart screening events in the District, since ViaHeart Project is no longer offering screenings. (Instead, it is focused on AED placement and maintenance.)
- Based on calls with the KJTF, Peninsula Health Care District reached out to the San Mateo Union High School District (SMUHSD) to be the host educational partner. We learned that there has not been this type of screening effort for about 5 years, and there is interest in having an event in April 2025 and at the beginning of the 2025-26 academic year.
- We are working to formalize a partnership to include all participating organizations, where PHCD would be the sponsor and event co-lead, KJTF would be the Screening provider and CPR & AED trainer, and SMUHSD would be the educational host partner.

### Other District-Led Screenings

- **Blood pressure and oxygen saturation screenings are now available at the Health & Fitness Center.** The center will be tracking the following information for members and the general community:

- # of blood pressure screenings
- # of O2 saturation screenings
- # of persons recommended to follow-up with his/her provider

\*More information is available in section 1.6 of the report.

- **Fall risk assessments are part of the Health & Fitness Center Fall Prevention Program**, measured by validated instruments. Analysis is currently underway.
- **allcove is another setting where the District offers mental health screenings** by licensed mental health providers. This information is also being tracked and monitored.

### Community Grant Program Screenings

With grant funding, **partner organizations are also providing screening opportunities for District residents**. Below is a partial list of 2023-2025 Grantees offering screening resources (not intended to be an exhaustive list):

- Vision Screening: Vista Center for the Blind and Visually Impaired
- Breast Cancer Screening: Bay Area Community Health Advisory Council (BACHAC)
- Child Developmental Screening: First 5 San Mateo County
- Hearing Screening: Healthier Kids Foundation
- Mental Health Screening: Life Moves, One Life Counseling, StarVista, CORA, KARA, Justice At Last
- Physical Health Screenings: Stanford Teen Van, Samaritan House

## 1.6

### Health & Fitness Center

Increase visibility and membership to serve more of the community.

#### Massage Therapy Services

Massage therapy services returned to the District's Health & Fitness Center (HFC) in July after a year-long hiatus, offering members a relaxing and restorative addition to their fitness routines. Izabel's warm and approachable nature has helped her build strong client relationships, and she has earned trust and loyalty. With her background as an instructor at a massage therapy school, she has also introduced monthly classes covering topics such as posture and upper body mobility, further supporting members in achieving their wellness goals.



## Community Outreach

In September, the HFC participated in the Burlingame Senior Showcase, where over 70 attendees stopped by to learn more about the District and its programs. A few attendees already knew about the District, expressing their appreciation for its positive impact. This mix of familiarity and curiosity highlighted the District's ongoing impact within the community while presenting new opportunities to engage and connect with more individuals seeking health and wellness resources.

## Fall Prevention Program

The highly anticipated Fall Prevention Program completed its pilot program in this last quarter. The first inaugural cohort welcomed 10 participants for a 12-week journey that included bi-weekly exercise classes and monthly educational workshops, providing valuable tools and support to enhance balance, strength, and overall safety. The educational workshop component of the program offered valuable insights into targeted exercises, home safety modifications, and emergency preparedness in the event of a fall. Assessment tools were utilized to evaluate each participant's physical abilities, cognitive function, medication use, and confidence levels, ensuring a comprehensive and personalized approach to fall prevention. As a snapshot, the program saw improvements in all categories - physical ability and confidence, while some even decreased their medication usage.

These initial findings highlight the program's value in helping empower participants to lead safer, more independent lives, reinforcing the importance in continuing fall prevention strategies at the HFC. A full assessment report will be presented to the Board in the new year.

## Blood Pressure Screenings

As part of the HFC's holistic approach to wellness, it introduced blood pressure screenings in October. Available every Wednesday from 2-4 PM, they are provided by students from the College of San Mateo Nursing Program. The screenings were first made available to members of the fitness center but will now be offered to the entire District community at no charge.

This collaboration between the District and College of San Mateo Nursing not only supports community health but also offers valuable hands-on experience for nursing students as they contribute to promoting wellness among HFC members. For more information about the screening schedule, please visit our website: [phcdfitness.org](https://phcdfitness.org).

## Socialization/Events

Fitness remains a primary focus for our community; however, the HFC is evolving into more than just a place for exercise – it is becoming a hub for social connection and engagement. The launch of social activity classes such as knitting, trivia, and origami folding, has further expanded the fitness center's role as a community gathering space. These activities not only provide opportunities for creativity and learning but also foster meaningful connections among members. By offering diverse options that appeal to various interests,



the center creates an inclusive environment where individuals can build friendships, share experiences, and strengthen their sense of community. This shift highlights the HFC's commitment to supporting overall well-being, encompassing both physical health and social enrichment.

The center also marked several staff birthdays with warm wishes and festivities, creating special moments to honor our team members. The highlight of the month was the Halloween potluck, where members came together in creative costumes to share delicious treats and stories. The event was a wonderful opportunity to strengthen connections and showcase our community's vibrant spirit (pun intended).

\*Read the Health & Fitness Center FY 2024-25 Quarter 1, by [clicking here](#).



## 2.1

## allcove™

Launch allcove San Mateo Youth Drop-In Center by Fall of 2023. Focus on attracting clients, quality care, service integration, and a financial sustainability model.

### Services and Events

PHCD's allcove team continues to prioritize outreach and engagement. From July through October, 55 new youths enrolled in our services and events. During this four-month period, we had a total of 85 direct service delivery visits, 109 visits for space utilization, and 189 event-related visits.

### Outreach

Outreach has remained a central focus as we continue to establish allcove as a trusted and safe space for youth and young adults. Our primary outreach strategies have included working with local schools, community-based organizations, and engaging directly with the broader community through presentations, tabling, distributing flyers, and advertising in schools.

### Presentations (14 total)

We delivered presentations to a variety of groups, including:

1. Heart and Soul (x2)
2. Peninsula Bridge Students (x2)
3. Peninsula High School (x2)
4. Bowditch Middle School (x2)
5. Borel Parent Meeting
6. Design Tech Presentation
7. San Mateo Union High School District's Respect 24/7 Conference
8. SMUHSD PTA Leadership Meeting
9. CSM Athletics Orientation
10. San Mateo High School

Additionally, we provided tours to 242 community members, including 37 from community-based organizations, 139 youth, and 66 other community members (parents, school employees, etc.).

Our Peer Specialist's outreach continues on a weekly basis, with our team visiting local malls, downtown areas, and places where youth typically gather (such as recreation centers and libraries). Between August and November, we distributed 2,048 flyers (not including email outreach) and also launched a poster campaign to increase visibility. A total of 52 posters were placed in key community locations, including schools and community centers. This effort helped spread the word about allcove's services and fostered broader community awareness. The posters can be found at the following locations:

1. Burlingame Rec Center (1 English)
2. Burlingame Library (1 English)
3. Peninsula High School (1 English; 1 Spanish)
4. Bridge Academy (1 English; 1 Spanish)
5. San Mateo Adult School (1 English; 1 Spanish)
6. Burlingame High School (1 English; 1 Spanish)
7. San Mateo Libraries (all 3 branches: Marina, Hillsdale, and downtown) (3 English; 3 Spanish)
8. Burlingame Intermediate School (1 English)
9. Borel Middle School (5 English; 5 Spanish)
10. Foster City Library (1 English)
11. Abbott Middle School (4 English; 4 Spanish)
12. Middle College: (1 English; 1 Spanish)
13. Design Tech: (3 English; 3 Spanish)
14. Hillsdale High School (1 English; 2 Spanish)
15. Mills High School (1 English)
16. Bayside Academy (1 English; 1 Spanish)
17. Bowditch Middle School (1 English; 1 Spanish)

In addition to our core programming, we have continued to host various community meetings. Over the past four months, we welcomed groups such as CSM's wellness counselors, BHRS's youth committee, SMUHSD's community networking meeting, and Hillsdale High School's Bridge School field trips (which brought in over 50 monolingual Spanish-speaking students).

### **Service Partners Development**

In line with the allcove model, we have been working to finalize all necessary service streams before our grand opening. Recently, we secured an agreement with Stanford Children's Health to provide psychiatric services at allcove. Psychiatry is now up and running, and we are currently in discussions with Stanford to include physical health services in our contract by the end of the year. Following the implementation of this service stream, allcove will have its community grand opening!

### **Youth Advisory Group Update**

The Youth Advisory Group (YAG), focused on outreach, participated in the Respect 24/7 conference organized by the San Mateo Union High School District. They presented to over 30 teachers and school wellness counselors about school safety and how best to support youth in schools.

In addition, the YAG has played a key role in shaping our wider outreach efforts. They have connected us with teachers at their schools who can help spread the word about allcove. The group also shared ideas for ensuring allcove remains a safe and welcoming space, and how to communicate our mission effectively to youth.

At their suggestion, we launched a Coupon Voucher Program. This initiative offers youth vouchers for allcove swag or small gift cards in exchange for taking a tour of the center or attending an event. This program aims to encourage peer-to-peer engagement and bring more youth into allcove, giving them the opportunity to experience firsthand what we offer.

### **Financial Sustainability**

We are pleased to report that PHCD has been officially approved as a Medi-Cal provider. Our next step is to complete the credentialing process with Health Plan of San Mateo (HPSM), which will enable us to begin billing for Medi-Cal services starting in January 2025. This milestone will allow us to expand our services, including specialty services and the ability for our Peer Support Specialists to bill for their services. Both of our Peer Support Specialists are now certified for Medi-Cal billing.

In addition to Medi-Cal, we have also secured Sole Source funding from San Mateo County for the allcove program. This two-year agreement provides \$1 million in funding, with \$500,000 allocated each year. We have already begun billing for this contract, which will help ensure the financial sustainability of the program as we continue to expand our services.

## 2.2

### Youth Mental Health Program

Collaborate with the County Office of Education, County Health, and others to develop a countywide Youth Mental Health Strategic Plan.

#### **United For Youth: Blueprint for School and Transition Age Youth Well-Being**

Since the beginning of the school year, San Mateo County Behavioral Health and Recovery Services (SMCBHRS) and the San Mateo County Office of Education (SMCOE) have been collaborating to compile and analyze the data gathered from last year's workgroups to develop a comprehensive report that outlines strategic plans.

Now publicly available for review, the report provides detailed insights into five proposed focus areas, including:

1. Expanding prevention and education efforts to promote social-emotional well-being among youth.
2. Improving early identification of youth behavioral health needs and enhancing access to services to address these needs.
3. Facilitating greater access to a full range of youth-centered behavioral health treatment services.
4. Investing in the existing and emerging behavioral health workforce, with a focus on diversity and sustainability.
5. Leveraging available public and private funding and other resources, including technology, to support these efforts.



Our Youth Behavioral Health Program Manager is currently reviewing the plan to determine how PHCD can best align with these priorities. This initiative will play a critical role in enhancing the health and well-being of children and families in our community.

You can find the plan at this [link](#).

## 2.3

### Care Solace

Effectively promote and review the impact of the Care Solace Program.

In July, our Youth Behavioral Health Program Manager (YBHPM) and our contact at Care Solace began engaging with local school districts to develop a strategy for increasing the usage of the Care Solace platform.

Together, our organizations have focused on reaching out to school district administration and wellness staff. In October, our YBHPM visited each school district's designated Care Solace contacts to explore ways to expand Care Solace use among students, staff, and families.

These ongoing efforts aim to ensure that Care Solace becomes a well-integrated resource within the local school systems, supporting the mental health and well-being of students.

## 2.4

### Mental Health Events

Attend youth-related community events representing allcove PHCD, and host a youth engagement event per fiscal quarter at allcove San Mateo (once opened)

In total, allcove's team organized 47 events at the center, including 6 collaborative initiatives with local agencies. These events were designed to foster community connection and support youth mental health and wellness. Notable events included:

- Resume Workshop with Jobs for Youth
- Job Search Jumpstart with Jobs for Youth
- Organization and Time Management Workshop with Schwab Learning Center



- Back-to-School Movie and Game Night with San Mateo High School's Bring Change to Mind Club
- Discover Behavioral Health Careers Event with Star Vista and Edgewood Center for Children and Families
- Creating Healthy Boundaries Workshop with CORA

Each of these events brought new youth into our space and helped strengthen relationships with local community organizations. These collaborations contributed to creating an environment where community members could connect, exchange resources, and work together to support youth mental health and wellness.

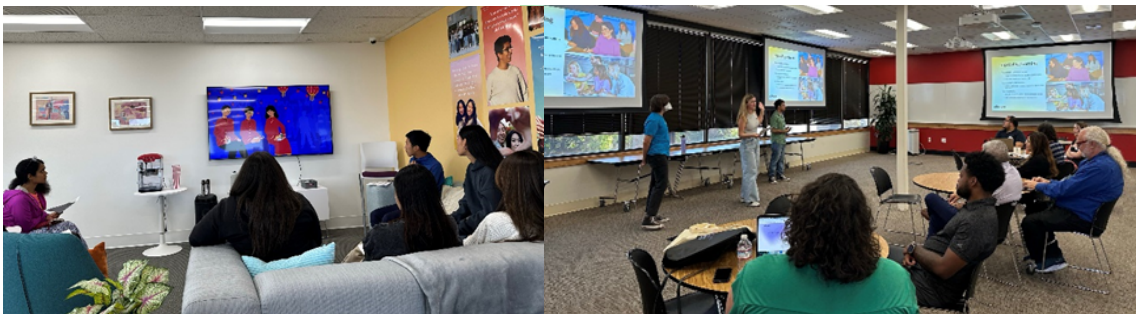
### **Tabling Efforts (17 total)**

Our team participated in numerous tabling events, engaging directly with community members and distributing materials about allcove. These included:

- TAY Summit
- Edgewood Back to School Event
- Burlingame on the Ave
- Borel New Student Event
- Borel Back to School Night
- Aragon High School
- CSM Back to School Event
- ILP Job Fair
- CSM Health Fair
- Canada Health and Wellness Fair
- Bowditch Resource Fair
- NAMI Walks
- Notre Dame Belmont High School Volunteer Fair
- Burlingame High School Resource Fair
- Sequoia College, Career, and Community Fair
- Hillsdale High School
- Star Vista's Candle Making Event for Suicide Prevention Month

Two key highlights from this quarter included San Mateo County Office of Education's Respect 24/7 event and allcove's Global Diversity Workshop. At the Respect 24/7 Conference, members of our Youth Advisory Group (YAG) had the opportunity to speak to an audience about youth and mental health strategies, contributing valuable insights to help create safer, more inclusive school environments. The conference focused on preventing bullying, harassment, and discrimination through education and awareness.

In mid-October, allcove hosted a deeply engaging and insightful workshop as part of our Global Diversity event. The YAG facilitated thought-provoking discussions on the intersection of culture and mental health, delving into how cultural backgrounds shape perspectives on mental health. Participants explored topics ranging from stress management to the accessibility of support systems, sharing diverse experiences and learning about the unique approaches different communities take toward mental health care.



## 2.5

## Youth Advisory Group

Diversify and increase membership

The recruitment cycle concluded, there is no update from the last report.

## 2.6

## Senior Mental Health

Research and assess senior mental health needs

The CEO met with a representative from the Commission on Aging to discuss priority areas for seniors, with a focus on mental health. Central to the conversation was a strong call to address the growing crisis of isolation among seniors via expanded programming.

The District is now conducting a comprehensive assessment of senior service programming across its senior and recreation centers to identify ways to support and enhance socialization initiatives. Additionally, the CEO is collaborating with the PHCD Health & Fitness Center Director to expand fitness center offerings, incorporating socialization programs during afternoon and evening hours.

Our Community Grants Program continues to support organizations dedicated to promoting senior mental health and socialization. Some of the District's current grantees include A New Vista Community Services, Burlingame Parks and Recreation, Villages of San Mateo County, and Foster City Village, Inc.

## 3.1

## Dental Health

Review and revise the District's financial model and financial commitment to and with Sonrisas Dental Health.

Sonrisas scheduled a board retreat in November to provide a comprehensive presentation on the various FQHC pathways for the board's consideration. The retreat will also include an in-depth discussion of potential partnership opportunities.

## 3.2

## Dental Health

Provide access to oral health care and education for PHCD residents.

From July through October, Sonrisas held several community outreach events for screenings and education. The outreach team served 413 children and 72 seniors in the Peninsula Health Care District.

**August**

- Self Help for Elderly, San Mateo, Senior/Older Adult Screenings, 25 seniors

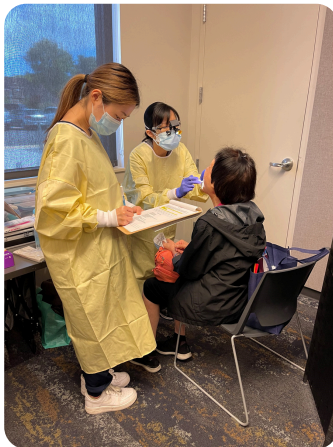
**September**

- Self Help for Elderly, Millbrae, Senior/Older Adult Screenings, 24 seniors
- Sunnybrae Elementary, Children Screenings, 101 children
- Senior Showcase, Burlingame Community Center, Senior/Older Adult Screenings, 23 seniors
- Lead Elementary, Children Screenings, 174 children

**October**

- Turnbull Children's Center, Children Screenings, 135 children

\*Read Sonrisas FY 2024-25 Quarter13, by [clicking here](#).





4.1

## Peninsula Wellness Community

Define the community hub’s programs, services, and financial sustainability models.

### Hub Development

The PWC Advisory Committee convened this past quarter to leverage the expertise of local health experts and community leaders to help inform the Hub design. The Committee worked to identify appropriate Hub program/services offerings and potential partnerships. The process included:

- 5 expert interviews
- 2 convenings with health and community experts
- Pre and post convening surveys
- Focus Areas: Needs, vision, barriers, services and programs, partners, innovations, diversity and inclusion, community engagement, and metrics

\*A full report is forthcoming.

### PACE Program

In late October, CEO and SID visited the [Program of All-Inclusive Care for the Elderly \(PACE\) at Institute on Aging \(IHA\) in San Francisco.](#)



### Get all the care you need to stay healthy and independent

On Lok founded the Program of All-Inclusive Care for the Elderly (PACE), a nationally recognized program created to empower seniors to age with dignity in the community, instead of a nursing home. On Lok has successfully contracted with IOA to offer On Lok PACE at IOA.

Our full-service healthcare program includes medical, home care, transportation, meals, and more. Services are provided at our center or in the safety of your home, within a caring community committed to your health and well-being.



PHCD met with IHA’s President & CEO Briody and VP of Strategic Partnerships Burnes and toured various spaces, including different levels of Adult Day programming and the integrated components of the model (shown above). We also had the opportunity to learn about the on-site housing component.

The PACE program serves as a hub, providing vital services for seniors through its network of senior services and providers. Additionally, it runs a premier transportation service that helps break down geographic and coordination barriers and allows its participants to get care beyond the facility.

## 4.2

## Grants Program

Review and analyze the entire grants program and its alignment to our strategy, and provide a recommendation for the program's future.

CEO Pulido and SID Rodríguez continue to visit grantees in person as part of the District's efforts to learn more about frontline, emerging community challenges and opportunities, and to create a more direct, personal connection with our partners.

### Site Visits

1. Stanford Teen Van at Peninsula High School
2. Samaritan House (Ribbon Cutting)
3. Peninsula Volunteers, Inc. (PVI) - Adult Day Services

### 2025 Grant Cycle Update

- Two Grants Informational Sessions were held via Zoom on July 24 and 31 to provide an overview of the Community Grants Program, Letter of Interest and Full Application Process, Review Criteria and 2025 Grant Cycle Deadlines. In addition, two office hour sessions were held for organizations' specific questions.
- 37 Letters of Interest (LOI) were received on August 21, of which 24 were invited to submit a full application; 6 were advanced to the full application phase contingent upon further inquiry and modifications, and 7 were denied from moving forward because they did not meet the review criteria.
- The full applications were due on October 29, and the Community Health Investment (CHI) Committee is reviewing the 28 full applications that were submitted prior to making recommendation to the full board in December.
- During the September meeting, the Board increased the Community Grants Budget by \$1M since its budget had previously remained unchanged since 2007.
- In October, an update was provided with Introduction to CHI Committee Members, 2025 Grant Focus Areas and Priorities, Overview of LOIs submitted, Review Criteria, and Recommendation of 30 organizations to advance to full application phase.

### Metrics Workgroup

Recognizing the expertise and experience of the CHI Committee members, who represent community leaders in education, health, business, and non-profit sectors, we convened a Metrics workgroup to (1) inform core metrics and health outcomes for the Community Grants Program, and (2) identify key metrics and health outcomes for Grant Focus Areas that will serve as the foundation for grant reports.

This collaborative effort will support the District's Strategic Plan and a targeted evaluation of the Community Grants Program, which will advance data-driven and impact-focused strategies. The workgroup will convene in November.

## Sponsorships

PHCD Staff Participation and/or Informational Booths at the community events.

- **30th Annual Burlingame on the Avenue**, Saturday, 8/17 & Sunday, 8/18/24
- **Burlingame Senior Showcase**, Tuesday, 9/17/24 at Burlingame Community Center
- **Sutter Health, Women's Health Luncheon & Lecture**, Thursday, 9/19/24
- **American Cancer Society, Relay for Life of North Peninsula**, Saturday, 9/21/24 in Millbrae Central Park
- **Sonrisas' 10th Annual Cooking for a Cause Fundraiser**, Saturday, 9/21/24 at Dominico Winery in San Carlos
- **Sept Art & Culture Fest**, Saturday, 9/28/24 in Downtown San Mateo
- **Burlingame Rotary Annual Golf Tournament**, Monday, 9/30/24 at Green Hills Country Club in Millbrae
- **NAMI Walks San Mateo County**, Saturday, 10/5/24 at Seal Point Park in San Mateo
- **Millbrae Japanese Culture Festival**, Sunday, 10/6/24 at Civic Center Plaza in Millbrae
- **Changing Lives 2024**, Thursday, 10/17/24, The Farallon Room at Skyline College in San Bruno
- **Heroes & Horses Gala**, Thursday, 10/17/24 at NCEFT in Woodside

## 4.3

### The Trousdale Assisted Living

Serve as many residents as possible in need of assisted living care by maximizing occupancy.

The Trousdale guided 141 tours from July 2024 to October 2024 and received 23 leads from our latest round of marketing ads. A list of events is listed below.

#### July 2024

- Lunch & Learn
- Medicare 101 Presentation

#### August 2024

- Lunch & Learn
- 60/70's Show Sponsor @ Burlingame Recreation Center
- Understanding Alzheimer's & Dementia Seminar

#### September 2024

- Lunch & Learn
- Senior Showcase @ Burlingame Recreation Center
- Medicare Fraud Prevention Seminar

#### October 2024

- Lunch & Learn
- Alzheimer's Walk
- Medication Side Effects Seminar
- Senior Showcase @ SSF Center
- Open House Event

Read the Trousdale's FY2024-24 Quarter 1 report, by [clicking here](#).

# Events, Announcements & Recommended Reading

## Events & Announcements

### Millbrae Lunar New Year

1/25-1/26, 10:00am-7:00pm, Broadway, Millbrae

### allcove San Mateo's One Year Anniversary

1/22, 4:00pm-7:00pm, allcove San Mateo

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	2 <b>Knitting Basics</b> 12pm - 1pm Joyce & Connie	3 <b>Cozy Sock Gnome Workshop</b> 1pm - 2pm Gloria	4 <b>Blood Pressure Screening</b> SMC Nursing 2pm - 4pm	5	6 <b>Activate Your Fitness</b> 12pm - 1pm	7
8	9 <b>Activate Your Fitness</b> 12pm - 1pm	10 <b>Christmas Card Tree Creations</b> 1pm - 2pm Gloria	11 <b>Trivia</b> 1 - 2pm Chrissy & Dona	12 <b>Cookie Exchange</b> 11am - 1pm	13 <b>Activate Your Fitness</b> 12pm - 1pm	14
15	16 <b>Activate Your Fitness</b> 12pm - 1pm  <b>Mindful Meditation</b> 3pm - 4pm Rita	17 <b>Mindful Motion</b> 12:30pm - 1:15pm Izabela	18	19	20 <b>Music as Medicine</b> 12pm - 1pm Caroline	21
22	23	24	25 <b>Christmas Closed</b> 	26	27	28
29	30	31				

#### Knitting Basics

MONDAY, DECEMBER 2 | 12:00PM - 1:00PM | JOYCE & CONNIE

Join our Knitting Basics class to relax and create! Perfect for beginners or those refreshing skills, you'll learn casting on, knitting, purling, and binding off with simple techniques. Our friendly instructors will help you choose the right yarn, read patterns, and fix mistakes.

#### Cozy Sock Gnome Workshop

TUESDAY, DECEMBER 3 | 1:00PM - 2:00PM | GLORIA

Join us for a fun and creative crafting session where we'll transform ordinary crew socks into adorable gnomes perfect for decorating your home or gifting to loved ones! In this hands-on workshop, you'll learn step-by-step how to craft these whimsical characters using simple materials like socks, stuffing, and a sprinkle of creativity.

#### Blood Pressure Screenings

WEDNESDAY, DECEMBER 4 | 2:00PM - 4:00PM | SMC NURSING

Complimentary blood pressure screenings provided by students of San Mateo College of Nursing to monitor cardiovascular health. These screenings are part of the center's preventive health initiatives, helping participants track their blood pressure and receive guidance on managing heart health.

#### Christmas Card Tree Creations

TUESDAY, DECEMBER 10 | 1:00PM - 2:00PM | GLORIA

Turn your cherished holiday cards into beautiful, festive Christmas tree decorations! In this creative workshop, you'll learn how to repurpose old or new Christmas cards into unique tree-shaped crafts that are perfect for displaying on your mantel, hanging on your tree, or gifting to friends and family.

#### Activate Your Fitness

FRIDAY, DECEMBER 6 | 12PM - 1PM

MONDAY, DECEMBER 9 | 12PM - 1PM

FRIDAY, DECEMBER 13 | 12PM - 1PM

MONDAY, DECEMBER 16 | 12PM - 1PM

Learn how to register for fitness classes, events, and services such as personal training and massage therapy sessions online through the website and on the app.

#### Trivia

WEDNESDAY, DECEMBER 11 | 1:00PM - 2:00PM | CHRISSEY & DONA

Get ready for a fun-filled Trivia & Games Session! Test your knowledge, challenge your peers, and enjoy a mix of brain teasers, trivia questions, and interactive games. This session is perfect for anyone looking to unwind, have a laugh, and engage in some friendly competition.

#### Cookie Exchange

THURSDAY, DECEMBER 12 | 11:00AM - 1:00PM

Join us for a festive Cookie Exchange Party! Bring your favorite cookies and a recipe to share, enjoy a hot cocoa bar, and take home a variety of sweet treats. Don't miss the holiday fun!

#### Mindful Meditation

MONDAY, DECEMBER 16 | 3:00PM - 4:00PM | RITA

Experience the calming benefits of mindfulness in our Guided Mindfulness Meditation Class. This session will lead you through a series of breathing exercises and focused meditation techniques designed to help you reduce stress, improve concentration, and cultivate a sense of inner peace.

#### Music as Medicine

FRIDAY, DECEMBER 20 | 12:00PM - 1:00PM | CAROLINE FOLEY

A fascinating exploration of the therapeutic effects of music on physical and mental health. Participants will learn how listening to music can lower stress levels, improve mood, and even enhance cognitive function. This session will highlight the powerful role of music in well-being.

allcove

## events calendar

### december 2024

- mon: 2 healthy meals made easy 4pm - 5:30pm
- tues: 3 painting at the cove 4pm - 6pm
- thurs: 5 career readiness workshop 5pm - 6:30pm
- fri: 6,20 game night 4:30pm - 6:30pm
- tues: 10 into the workforce: employment options for young adults 5pm - 6pm
- wed: 11 out of the shadows: human trafficking education and prevention 3:30pm - 6:30pm
- fri: 13,27 movie night 3:30pm - 6:30pm
- mon: 16 friendship bracelet making 4pm - 5pm
- wed: 18 cocoa and chill 4pm - 6pm
- mon: 30 origami workshop 4pm - 5pm

[allcove.org/san-mateo](https://allcove.org/san-mateo)

2600 S El Camino Real Suite 300 San Mateo, CA 94403

allcove

## events calendar

### january 2025

- fri: 3 game night 4:30pm - 6:30pm
- mon: 6 vision board making 4pm - 5pm
- wed: 8 painting at the cove 4pm - 5pm
- fri: 10 movie night 3:30pm - 6:30pm
- tues: 14 bowl of warmth: chili made easy 4:30pm - 6pm
- fri: 17 game night 4:30pm - 6:30pm
- wed: 22 allcove San Mateo's one year anniversary celebration 4pm - 7pm
- fri: 24 movie night 3:30pm - 6:30pm
- mon: 27 digital detox workshop 4pm - 5pm
- tues: 28 taller de relaciones saludables 4pm - 5pm

[allcove.org/san-mateo](https://allcove.org/san-mateo)

2600 S El Camino Real Suite 300 San Mateo, CA 94403

Dear Ana (and the Peninsula Health Care District Team),

We extend our deepest thanks for your generous sponsorship of our September Arts and Culture Fest. Your support helped us create a truly outstanding event.

Sincerely,  
Eric and Parkie



# CHANGING LIVES

RECEIVED

NOV 19 2024

BY: 

Board of Directors

Eric Wollman  
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Vice Chair

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Marilyn Thomas,

PhD

Howard Yang

Erick Young

November 7, 2024

Peninsula Health Care District  
ATTN: Ana Pulido  
1819 Trousdale Dr  
Burlingame, CA 94010

Dear Ana,

Thank you for joining us at StarVista's fifth annual Changing Lives fundraiser, an event dedicated to helping ignite change in the lives of individuals and families in San Mateo County's most vulnerable populations. We couldn't do this work without you, and we are grateful for your dedication. With the commitment of local businesses, community leaders, and dedicated citizens, our programs can continue providing opportunities for those who need them most. Together, we are changing lives.

Your gift of \$2,000.00, received on August 1, 2024, will help us respond to critical needs across all our programs, including those supporting children, youth, and families facing homelessness, substance abuse, domestic violence, and mental health issues during this very challenging time.

Over the past year, StarVista has continued to provide essential services to the most vulnerable members of our shared community. We've been able to help our clients and community partners stay safe, and we wanted to share some highlights:

- Our clinicians and case managers spent over **12,000 hours** in virtual client sessions or phone calls and served over 1,400 youth with transitional housing and case management services.
- We're now operating two new **mobile crisis programs** to respond to the increased need for mental health services in our community. The Youth Stabilization, Opportunity, and Support team responds to youth ages 0-25 in crisis across the county and the Community Wellness and Crisis Response Team accompanies law enforcement on mental health calls for individuals of all ages.

If you would like to speak to us, or have questions about the agency, I invite you to visit our website at [www.star-vista.org](http://www.star-vista.org), or contact Lea Berhane, Chief Operating Officer, at [lea.berhane@star-vista.org](mailto:lea.berhane@star-vista.org).

Thank you for attending our event!

Sincerely,



Sara Larios Mitchell, PhD, MACP

StarVista is a 501(c)(3) nonprofit organization. Our tax identification number is 94-3094966. No goods or valuable services were provided in exchange for your gift.

We are deeply grateful for your generosity to Edgewood Center.  
Thank you for ensuring all members of our community have the opportunity to thrive

*With love,*

Your Friends at Edgewood

Fátima,  
Thank you for the District  
generous support to help  
us serve more youth  
and families.  
Gregg



Thank you for supporting our Women's Luncheon & Lecture this year, benefitting Breast Health and Adolescent Behavioral Health. Because of supporters like you, we have established the longest-running free Community Mammogram Program on the Peninsula, delivering essential screening and services to those in need. Your generosity also helped this year to expand Adolescent Behavioral Health vital resources like our award-winning app, SCOUT, and enhance other mental health services in our community. We are deeply grateful for your commitment to making a lasting impact in our community.

With appreciation,



The Board of Trustees  
Stewardship & Engagement Committee



RECEIVED

NOV 26 2024

November 21, 2024



Healthier Kids  
Foundation

hkidsf.org



Dear Friend of Healthier Kids Foundation,

As we approach the end of another remarkable year, we at the Healthier Kids Foundation reflect on the incredible strides we've made together. Thanks to your unwavering support, we have been able to make a significant impact on the health and well-being of children in our community.

We finished this fiscal year strong by providing over 81,000 services—a 13% increase from the previous year. Additionally, we identified 489 uninsured children, enrolling them into subsidized health coverage and 1,125 newborn babies into Medi-Cal.

As we look ahead, we are excited to continue our mission and focus on our three key strategies of improving healthcare access and utilization, changing health behavior through education, and advocating for health policy and systems change. However, to make this a reality, we need your help. We invite you to stand up for all children and join us in our mission!

#### Why Your Support Matters:

1. **Expanding Access to Health Services:** Your donation will help us provide essential medical services and preventative care to all Santa Clara County youth.
2. **Enhancing Educational Programs:** With your contribution, we can continue to offer free educational workshops and resources that empower families with the knowledge to support their children's health.
3. **Supporting Wellness Initiatives:** Your generosity will ensure that our wellness program, My HealthFirst continues to support families with resources that promote overall well-being.
4. **Every gift, no matter the size, makes a significant difference.** As we approach the end of the year, consider making a tax-deductible donation to the Healthier Kids Foundation. Your support will help us continue our crucial work and bring us closer to a future where every child can thrive.

#### Ways to Give:

- Online: Scan the QR code to make a secure donation
- By Mail: Send check to 4040 Moorpark Ave, Suite 100, San Jose, CA 95117

We are deeply grateful for your continued support and belief in our mission. Together, we can make a lasting difference in the lives of the families we serve. Thank you for your generosity and standing with us as we work towards a healthier future for all children.

Warm regards,

*Melinda Kay Snavely*

Melinda Kay Snavely  
Chief Executive Officer, Healthier Kids Foundation

