

<p>BOARD OF DIRECTORS MEETING MINUTES Thursday September 22, 2022 Per Resolution 2022-12, this meeting was held via Zoom teleconference</p>		
<p><u>Directors Present</u> Chair Cappel Secretary Pagliaro Director Navarro Director Zell</p>	<p><u>Directors Absent</u> Vice Chair Galligan</p>	<p><u>Also Present</u> Counsel Mark Hudak Presenters: April M. Torres, PPS/LMFT</p>
<p>1. <u>CALL TO ORDER & ROLL CALL:</u> Chair Cappel called the meeting to order at 6:35 PM. Roll call attendance was taken. A quorum was present.</p>		
<p>2. <u>PUBLIC COMMENT/NON-AGENDA ITEMS:</u></p> <p>Eddie Flores, Youth & Behavior Health Director informed the board about the passing of Briana Fernandez Diaz, a founding member of the PHCD Youth Advisory Group. Briana passed away from an aggressive form of Leukemia and the PHCD team is deeply saddened for her loss. Briana's many contributions to PHCD will certainly never be forgotten. Briana was a loving daughter, sister, cousin, friend, and advocate. While speaking to the Stanford staff in her last days, she expressed her wish that the allcove youth drop-in center would come to full fruition to serve the community youth and young adults. A moment of silence was held in memory of Briana Fernandez Diaz.</p> <p>Chair Cappel stated he will be writing a letter to Briana's family on behalf of the Board to express condolences for their loss.</p> <p>Stephanie Arevalo Rodriguez read the instructions for public comments.</p> <p>Chair Cappel asked if there were any public comments?</p> <p>Stephanie Arevalo Rodriguez responded that there were no hands raised at the time.</p>		



3. REPORTS FROM CLOSED SESSIONS: AUGUST 1, AUGUST 17, AND SEPTEMBER 22

Chair Cappel: All three sessions concerned negotiations about the PWC. The 9/22 session also discussed a potential legal issue.

4. CONSENT CALENDAR:

Director Zell asked about the withdrawal of \$175,000 for The Lucille Packard Foundation for Children's Health. **CEO Fama** answered that it was the release of an approved grant for the Teen Health Van. There being no further questions,

Motion to approve the Consent Calendar

Motion: By Director Zell; Seconded By Director Pagliaro

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro

Noes - 0

Abstain - 0

Motion Passed: - 4/0/0

5. SPECIAL PRESENTATION: STANFORD TEEN HEALTH VAN:

Chair Cappel introduced **April Torres**, Manager of the Mental Health Services for the San Mateo Union High School district.

April Torres: Opened her remarks adding her condolences for the loss of Ms. Diaz, a young lady she has worked with for many years and thanked the Board for giving Briana the YAG opportunity. She then reviewed the services provided by the Health Van.

- Serves an average of 15 students/day and ~73% of them return to receive more services.
- Services provided include physical exams, vaccines/immunizations, medications (asthma, allergies, etc.), sensitive services, mental health support, substance abuse counseling nutrition counseling, wellness groups, COVID-19 Testing.
- 13% of the SMUHSD students received van services such as vaccinations, physicals, and immunizations.
- New students into the Bridge Program have tripled in the last two years; 41% received physicals, had never been immunized, and were without adequate healthcare.
- Students served are a major source for spreading the word to their fellow classmates.
- Areas of focus identified to improve student health include:
 - Implementing systems to increase student access to healthcare
 - Providing quality health education
 - Promoting activities to increase parent engagement.

Chair Cappel: How often is the van at various school sites? **Ms. Torres:** Van is typically in SMUHSD once a month and fluctuates between San Mateo, Capuchino, and Hillsdale High Schools – schools with E.L. Programs and the greatest need.

Director Pagliaro: If the Van is in the district once a month, where is it the rest of the month? **Ms. Torres:** Van also goes to Peninsula High School within the SMUHSD which is funded through a Title 9

grant. Peninsula High School is the longest standing school receiving Van services and serves almost 100% of the students. The Van also goes to schools throughout the Bay Area.

Director Navarro: If a student at Aragon High School needed services, how could they utilize the Van?

Ms. Torres: We usually try and schedule an appointment for any student that needed help at the beginning or end of the day so that they don't miss out on instruction time. Also, if there were several students that needed help from a specific school, they would try and provide transportation after receiving parental consent.

Chair Cappel: asked if there were any other comments and thanked **April Torres** for her presentation.

6. OLD BUSINESS: ACTION

a. Sutter/MPMC's Solar Project at 1501 Trousdale for Approval per Requirement of Master Agreement and Lease Agreement between PHCD and MPMC:

1. Atelier Ten Glare Study Analysis:

CEO Fama reported Atelier ten was engaged to review the Sutter study by Ameresco per Board direction. The Atelier Ten study results were received yesterday at 5pm. It identified some questions which were forwarded to Ameresco and they immediately responded. However, there was not enough time to connect with Atelier Ten to see if answers satisfied his request. Therefore, next steps are to follow up with both glare analysts and to share exchange of questions with PWC Developers to reaffirm their position that the panels as proposed will not be a problem for the PWC development.

2. Sutter/MPMC Approval Request: Anthony Pacheco, Sutter/MPMC CFO

CEO Fama reported she has been working Anthony Pacheco, MPMC's CFO, to provide him with the questions and concerns the Board expressed over the last several meetings. His written response was included in the distributed meeting materials. Given the first glare issue was not resolved, **Chair Cappel** asked counsel if it would be ok for **Mr. Pacheco** to present his response. **Counsel Hudak** responded it would be a better process for the Board to have all the information and then make one unified decision. **Chair Cappel** said this matter would be moved to the next Board meeting.

Director Pagliaro asked for a response to whether Sutter had considered saving some of the trees without it adversely impacting the project.

b. Resolution 2022-13: Resolution Calling on Sutter Health To Reopen The Mack E. Mickelson Arthritis And Rehabilitation Center Therapy Pool For Community Use At The Mills Health Center:

Counsel Hudak wanted to know if there was any public comment on this matter before the vote.

Stephanie Arevalo Rodriguez stated that Lindsay Raike had a comment.

Lindsay Raike thanked the Board for putting this matter on the agenda and wanted to make a couple of requests if the vote was passed. Lindsay asked if the board would be willing to put out a

press release and if the resolution could be sent to Sutter corporate and their recommended CC list. **Chair Cappel** stated they would take it into consideration.

Director Zell stated that CEO Fama had a comment.

CEO Fama noted Supervisor Canepa's recent statement in a Daily Journal article reported this Board committed to funding all the operating expenses of the Mack E. Mickelson Pool. She offered clarification. The Board directed a full investigating into the costs of repairs, if operating costs were the issue, what other options might be available. However, given MPMC was not open to options, a formal vote of the Board was never taken.

Director Pagliaro stated that the two requests made by Lindsay Raike are appropriate and should be granted by the Board. **Director Zell** stated that as the member who seconded the motion, he consents to the amendment.

Motion to approve Resolution 2022-13

Motion: By Director Pagliaro; Seconded By Director Zell

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro

Noes - 0

Abstain - 0

Motion Passed: -4/0/0

c. Sonrisas Dental Health – Annual Year-End Report Per Funding Agreement:

Tracey Carrillo Fecher, Sonrisas CEO – Deferred to October 27 Board meeting.

d. Strategic Plan 2023-2025 – Revised Timeline and Stakeholder Engagement Process:

CED Wasson reported that PHCD has engaged Mission Met, an organization that will help facilitate the next phase of our strategic planning process which focuses on community engagement, gathering information/ideas, and identifying and planning future goals. Mr. Ryan and Mr. Lamb have extensive backgrounds in strategic planning and have worked with hundreds of organizations around the country. The timetable proposed will begin in October 2022 and be completed by January 2023. The ideal goal is to have this brought before the Board by the end of January. Mission Met key deliverables will be:

- A comprehensive process for engaging stakeholders
- A well-crafted three year rolling strategic plan
- A strong strategic planning culture to sustain the organization.

Director Zell noted that significant decisions will need to be made soon by the Board and the new Director doesn't start until December; therefore, he recommended the timeline get pushed out further. **Chair Cappel** agreed and ask if there were any more questions or concerns.

Director Zell asked what the estimated cost of the Mission Met involvement. **CEO Fama** answered \$16,000 total with no additional charges. **Director Zell** asked how many hours that was for.

Chair Cappel said fee covers the duration of the project.

7. New Business: ACTION

a. Administration requested three approvals to initiate Impact Partnership Program:

1. Approval of template language to be used for Impact Partnership Funding Agreement

Motion to approve proposed Impact Partnership Agreement language

Motion: By Director Zell; Seconded By Director Navarro

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro

Noes - 0

Abstain - 0

Motion Passed: -4/0/0

2) Proposed Organizations to invite to participate in this multi-year, funding program:
Samaritan House, Mission Hospice, Teen Health Van

**Motion to approve Proposed Organizations: Samaritan House, Mission Hospice,
Teen Health Van**

Motion: By Director Zell; Seconded By Director Navarro

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro

Noes - 0

Abstain - 0

Motion Passed: -4/0/0

3) Proposed funding amounts and terms of agreement as provided in the meeting materials.
And to include an annual inflation clause limited to the lesser of CPI or 5%

Director Zell asked **CED Wasson** about the inflation clause and wanted more background on this. **CED Wasson** answered because this funding strategy is a three-year process and the associated expenses may remain stable or go up, many organizations are being asked to absorb this expense and because they are non-profits it is becoming very difficult. The reason for the language being used is that CPI is very high at the moment and by capping it, it allows these organizations to move forward and continue to provide these services at a reasonable rate.

Motion to Approve Proposed Funding Amounts and Terms of Agreement

Motion: By Director Zell; Seconded By Director Navarro

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro

Noes - 0

Abstain - 0

Motion Passed: -4/0/0

b. Peninsula Wellness Community Town Hall October 12, CEO Fama:

The date is set, the time will be 6-8pm, and the location will be the Burlingame Recreation center. The agenda will consist of introductory remarks from the District and each of the developers, review of the plans for each part of the project, time for group Q & A, and then break out time to visit informational tables to get detailed answers to any remaining questions.

Director Pagliaro asked about the light dinner that will be served at the meeting and who will be paying for it. **CEO Fama** said she would investigate that.

c. Return to In-Person Board Meetings October 27 & December 8, 2022, at Millbrae City Hall:

Chair Cappel: As requested at the last Board meeting, staff explored locations previously used by PHCD for public Board meetings. **BOM Arevalo Rodriguez** reported Millbrae City Hall is open, hybrid technology still to be confirmed. Burlingame, San Mateo, and Foster City city halls were not allowing in-person meetings. **Counsel Hudak** shared Hillsborough is allowing in-person Council meetings and offers hybrid option. **Chair Cappel** asked for Board feedback.

- **Director Navarro** agreed with in-person with hybrid capacity.
- **Director Zell** agreed and asked that Hillsborough also be checked. He is ready to meet in person and thinks hybrid option is important to extend.

CEO Fama confirmed next steps. First, check with Millbrae to see if their hybrid capacity is functioning satisfactorily and if not, check with Hillsborough.

Director Zell stated that he would be comfortable in any City Hall within the district. He wants to make it clear that the Board will be authorizing a Hybrid meeting. **Director Pagliaro** commented that he did not believe this needed a motion.

Public Comment: **BOM Arevalo Rodriguez** noted a written public comment was received from Lindsay Raike. Ms. Raike expressed she and other disabled individuals would appreciate the hybrid format to facilitate participation.

Motion to Return to in-Person Board Meetings at Millbrae City Hall October 27 & December 8, 2022, if Hybrid technology has a proven history of success:

Motion: By Director Zell; Seconded By Pagliaro

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro

Noes - 0

Abstain – 0

Motion Passed: -4/0/0

8. REPORTS:

a. Board Committees:

Community Health Investment 8/1/22: **CED Wasson** reported PHCD received 50 grant LOI's; ten of organizations are new to PHCD; the Committee meets next on October 1st to review the community grant LOI's.

Strategic Direction Oversight 9/7/22: **Chair Cappel** noted CED Wasson's earlier report on status of Strategic Plan development and engagement of MissionMet to help with next phase. Committee approved and recommended to the Board the Impact Partnership Policy and three organizations to be considered for this program. Ms. Denton presented the list of potential HUB services under consideration and the projected space requirements for those programs. Next meeting will be held November 2nd.

Finance Committee 9/20/2022: **Director Zell** reported that the Committee went over Quarter 4 financials and other matters. The yearend financials being the most important.

b. Board Chair and Director Reports

Director Pagliaro:

- Attended the Annual ACHD at which one of the sessions was on allcove and **Director Zell** and **YMH Director Flores** were presenters. He noted the conference was a worthwhile experience.
- Attended the Samaritan House ribbon cutting at 1740 Marco Polo for their new space provided by PHCD. He met representatives from Samaritan House, three members of the Millbrae city council and Councilmember Beach from Burlingame who suggested a bicycle rack should be available at that building.
- Received no response yet on the Trousdale warranty claim on the Prodema panels on the exterior of The Trousdale and asked **Counsel Hudak** if he could speak on this matter. **Counsel Hudak** reported he submitted a warranty claim and it was returned as undeliverable perhaps because they had changed their office location. After tracking down their current location, communication on the warranty has been sent out through the mail and email. Their lack of responsiveness is concerning. **Director Pagliaro** believes this is an issue that should be resolved by the general contractor.

c. Management & Staff Reports**CEO Fama:**

- Thanked both **Director Zell** and **Director Pagliaro** for making the trip to the ACHD annual meeting and supporting the allcove presentation. Feedback from the Association team and other attendees has been very positive. She thanked **Eddie Flores** and **Jackie Almes** for the work they put into the different presentations they regularly make on allcove.
- Thanked **Director Pagliaro** for attending the ribbon cutting and expressed how pleased Samaritan House is with this new space and how it brings them closer to addressing the needs of the community.
- Announced Sheri Peifer will be taking over the CEO reins when Todd Murch retires in 2024.
- Announced Sutter Health has a new CEO coming in December. He comes from Ochsner Health based in Louisiana and is the first CEO to come from outside the organization.

Business Operations Manager Arevalo Rodriguez:

- She has been investigating and taking steps to ensure there are no more issues with logging into Board Zoom and Webinar meetings. Care will be taken to make sure system is working smoothly when in-person with Hybrid meetings start.
- She has been an active part of disseminating the direct mailers, flyers, and eblasts for the town hall meeting. A second round will be sent as we get closer to date of the town hall. She thanked CEO Fama for the opportunity to work with the PWC Project team.

Health & Fitness Center Manager Marheineke:

- Attended a professional development conference the previous week in Los Angeles put on by Mind Body, the software used at the Fitness Center. Topics covered included: client retention, creative ways of increasing business, leadership strategies and software expansion.
- Center memberships are increasing. Signed up 5 new members this week.
- Marketing:

- The advertisement placed in the Daily Journal did not increase walk-ins or calls but did help boost the morale of the members as they enjoyed seeing themselves holding up the number four in celebration of the center's four-year anniversary. Word of mouth is still the primary way people are hearing about the program.
- She will have a table at the Senior Resource Fair at the Burlingame Recreation Center tomorrow. The fair is expecting 150-200 seniors to attend. She will be providing brochures, massage therapy flyers and some giveaways to engage as many attendees as possible.

Director Zell commented that the Finance Committee was discussing the Center and how they viewed it as an important part of the wellness community. It is of keen interest to the Finance Committee to have a clear picture of the success and opportunities regarding increasing the membership as everyone moves forward from the pandemic. **Director Zell** asked **Center Manager Marheineke** to attend a future Finance Committee meeting.

Youth & Behavioral Health Services Director Eddie Flores:

- Thanked everyone for their support with the allcove youth teen drop-in center and specifically thanked **Director Zell** and **Director Pagliaro** for joining him at the ACHD conference. It was rewarding to see so many people support this work and to present with the Beach Cities Healthcare District and the State Mental Health Commission.
- Provided an update on the status of the allcove clinical provider partner selection process. Previous Friday was the deadline to submit RFP's. Two complete and promising application packets were received and are in line with PHCD's vision on the allcove model. Components such as mental health, physical health, peer to peer and family support as well as education and employment are all integral aspects of the delivery and success of the allcove youth drop-in center and the core mission.

Youth Outreach Specialist, Jackie Almes reported she took the YAG members to the showroom for the furniture project and they picked out some pieces for the allcove center and began choosing some of the fabrics. Other updates and details are included in her report.

CFO Yee:

- Reported last month she and CEO met with the new auditor and have officially started the audit for fiscal year 2021-2022. The next two months will involve the work on the audit with the plan to present the audit draft to the Board at its December 8th meeting.
- Reported the transition from Boston Private to Heritage Bank should be completed shortly. All other updates will be provided in the CFO written report.

9. CORRESPONDENCE AND MEDIA:

Chair Cappel encouraged everyone to review the correspondence and media section in their Board Packet and asked if anyone had any questions. Hearing none,

10. Adjourn: **Chair Cappel adjourned the meeting at 8:04 in honor of Briana Fernandez Diaz.**

Written by: Voula Theodoropoulos

Approved by: _____
Lawrence W. Cappel, Board Chair

<p>BOARD OF DIRECTORS MEETING MINUTES Friday October 14, 2022 Per Resolution 2022-14, this meeting was held via Zoom teleconference</p>		
<p><u>Directors Present</u> Chair Cappel Vice Chair Galligan Secretary Pagliaro Director Navarro Director Zell</p>	<p><u>Directors Absent</u> Vice Chair Galligan</p>	<p><u>Also Present</u> Counsel Mark Hudak</p>
<p>1. <u>CALL TO ORDER & ROLL CALL:</u> Chair Cappel called the meeting to order at 9:35 AM. Roll call attendance was taken. A quorum was present.</p>		
<p>2. <u>PUBLIC COMMENT/NON-AGENDA ITEMS:</u> There were no public comments.</p>		
<p>3. <u>REPORTS FROM CLOSED SESSIONS: AUGUST 1, AUGUST 17, AND SEPTEMBER 22</u></p> <p>Chair Cappel: All three sessions concerned negotiations about the PWC. The 9/22 session also discussed a potential legal issue.</p>		
<p>4. <u>CONSENT CALENDAR:</u> Deferred to 10/27/22 Board meeting</p>		
<p>5. <u>New Business: Action Item</u></p> <p>1. Resolution 2022-14 of the Board of Directors of the Peninsula Health Care District Recognizing the Existence of a State of Emergency (Caution) and Authorizing Remote Teleconference Meetings of the legislative bodies of Peninsula Health Care District for the period October 14, 2022- November 13, 2022, pursuant to Brown Act Provisions.</p> <p>Motion to approve Resolution 2022-14 Motion: By Director Zell; Seconded By Director Pagliaro Vote: Ayes – Cappel, Galligan, Pagliaro, Zell, Navarro Noes - 0 Abstain - 0 Motion Passed: -5/0/0</p>		
<p>6. <u>Reports:</u> Information-Deferred to 10/27/22 Board Meeting</p>		
<p>7. <u>Adjourn:</u> Chair Cappel adjourned the meeting at 9:08am.</p>		
<p>Written by: Voula Theodoropoulos</p> <p>Approved by: _____ Lawrence W. Cappel, Board Chair</p>		



**Strategic Direction Oversight Committee
July 6, 2022
Meeting Minutes**

1. **Call to Order: Chair Cappel:** called the virtual meeting to order at 5:02pm.
2. **Roll Call:** Present were members Cappel, Aubry, Jackson, Johnson, Mcdevitt. Absent: Pagliaro, Bandrapalli, Sarkisian, Emmott and Quigg
3. **Approval of Minutes from July 6, 2022:**

Motion: By Jackson; Seconded By Aubry

Vote: Ayes – Cappel, Aubry, Jackson, Johnson Noes – 0; Abstain - 1

Motion Passed: -4/0/1

4. **Strategic Plan '19-'22 Year End Review: CEO Fama** summarized goals and gave examples of accomplishments.

Goal 1: Stay informed

- Active in ACHD, CSDA, County Collaborative, Oral Health Coalition, COED groups, HPSM.
- Provide regular updates and educational briefings to Board and Committees.
- Served as flexible, immediate responders from start of COVID crisis. E.g., county support to establish alternative care facilities, COVID Relief grants to sustain operations of CBO's providing essential services, vaccination campaign.

Goal 2 : Achieve Measurable Improvements in Health Outcomes

- **Aging Adults:**
 - Through rigid compliance with safety protocols, none of the 109 residents of The Trousdale assisted living/memory care community became ill with COVID.
 - COVID relief support helped grantees meet the food security, PPE, mental health, housing needs of the community.
 - PHCD Health & Fitness Center promoted activities throughout Center closure due to Covid and continues to focus on the prevention and activity needs of seniors; 50% of members are > 80 years old.
- **Preventable Disease:**
 - Hep B Free campaign plans had to pivot during pandemic and did. Efforts focused on virtual education programs directed at physicians to promote routine screening of all patients. Hepatitis B is the number one cause of liver cancer in the Asian and Pacific Islander community.
 - Vaccination Campaign to promote access; PHCD sponsored clinics held at San Bruno school and church in partnership with Safeway Pharmacy.

- **Dental Health**
 - Sonrisas Dental Health is a separate 501c3 non-profit organization and component program of PHCD as it appoints 5 of the 9 board members and is its largest funder.
 - Combined San Mateo and Half Moon Bay Centers provided 13, 600 visits in FY 2022: 70% Denti-Cal, farmworkers, uninsured, and “Access to Care” sliding scale.
 - Conducted virtual and in-person school education and screenings.
 - Received funding from Delta Dental to launch a Senior outreach program

- **Mental Health:**
 - Launched 1st full school year of Care Solace Program for all K-8 schools in the PHCD. Care Solace provides concierge assisted access to mental health services for students, families, school counselors, and teachers.
 - Secured a site and progressing with the launching of an allcove program assisted by successfully getting a four-year State grant. PHCD’s role in launching this innovative model for serving the behavior wellness, mental and physical health of 12–25 year-olds was recently featured on the front page of the Daily Journal.

- **Obesity and Nutrition:**
 - Utilized the creativity of nutritionist **Julie Enberg** during the pandemic to roll out a series of healthy eating tips through social media.
 - Social media posts regularly address healthy eating and regular exercise.

Goal 3: Stewardship:

- **Monitor Financial Managers**
 - Finance policy reviewed and revised.
 - Review of Sutter’s financials per Master Agreement was conducted by Financial Consultant familiar with the terms of PHCD’s Master Lease Agreement with Sutter.
 - Portfolio manager, City National Bank, presented to Finance Committee.

- **Develop, Implement, Monitor and Achieve Budget- Done**

- **Achieve PWC Development Milestones**
 - Milestones not achieved. Formal amendments to the ENA were required due to delays caused by COVID challenges.
 - Now back on track; PWC 3.0 Concept Plan approved by Board; Schedule of Performance updated, pre-work to start project through city approvals has been launched and a public town hall meeting is planned for October to roll out the status of the project to the community for their feedback and input.

- **Achieve The Trousdale AL/MC Performance Goals**
 - Occupancy was on target to stabilization of 124 residents at 24 months of operation before the pandemic. Residency was at 109 March 17, 2020, and remains at 111.
 - Through June 30, 2022, revenue covers direct expenses but not depreciation and debt service.
 - PHCD leadership actively involved in developing and monitoring Eskaton marketing plan.

- **Ensure Health & Fitness Center benefits support investment**
 - Center closed FY 2022 requiring \$200K of funding support which was ~\$50K less than budgeted.
 - Membership had been 220 before Covid; slowly increasing to 167 members now.
 - Marketing plan includes direct mailers and Daily Journal ads.
 - Center has exceeded expectations in impacting the lives of the residents.
 - Average age of members is over 80 and they are regular attendees.
 - Re-launched the Memory Care Program held in the education side of the Center.
- **Achieve Recognition for Transparency and Excellence in Governance**
 - Achieved renewal of the California Special District Association's (CSDA) "Excellence in Transparency" recognition.
 - Achieved 3rd 3-year recognition by the Association of California Healthcare Districts (ACHD) for Excellence in Governance Award.
 - Awarded >\$800K from CSDA to reimburse PHCD for contributions to community directly related to COVID needs – the largest amount received by any agency in San Mateo County.

Goal 4: Monitor Sustainability of Mills-Peninsula Medical Center and Core Hospital Services defined in 50-year Master Agreement.

- MPMC CEO presents quarterly reports to PHCD Board
- Thorough audit of Sutter's financial strength conducted in 2021.

Wade Aubry asked if conversations were had with Sutter Health's Research Institute. **CEO Fama** responded no; she will follow up.

Chair Cappel suggested the first opportunity for research may be with the allcove program which is in conjunction with Stanford and should have some research expertise. In order to prove the effectiveness of the program there must be some valid accountability measures.

5. Strategic Plan '23-'25-Progress to Date; Process going forward: CED Wasson

CED Wasson reported that Chair Cappel, CEO Fama, and she met with representatives from Mission Met, a firm that works with organizations to take the organization's environmental scan information, vision, and priorities and help leadership take it through a meaningful stakeholder engagement process to produce a document that will guide the strategic activities of the organization over the term of the Plan. This firm was introduced to PHCD through Sonrisas Dental Health and their successful planning process facilitated by the Mission Met team. Next step for PHCD is to provide them with our work to date and desired timeline and get their assessment of what additional information is needed and their proposal on the engagement details. Plan at this time is to start now with goal of presenting the Plan for Board approval at the January 2023 meeting.

6. "Impact Partnerships": CED Wasson

CEO Wasson reported the Community Health Investment Committee proposed a new category of community service funding, the Board approved the concept at its July meeting, and she briefly reviewed purpose, eligibility criteria and three organizations under consideration for this new level of funding

Eligibility Criteria:

- Proven track record or service to a target population
- Innovative and a comprehensive approach to address needs
- Proven record of achieving desired outcomes
- Record of serving large numbers of District residents
- History of financial operating stability
- Receptive to co-designing an approach

Organizations identified as potential impact partnerships

- Mission Hospice
- Lucille Packard Stanford Children's Teen Van
- Samaritan House

Chair Cappel stated that for these programs and other programs that may become eligible in the future, we must identify the most effective accountability measures.

CED Wasson agreed with that goal and noted that services like the Teen Van can be measured in numbers served and what services provided however, those numbers don't fully report the impact on the teens served. Representatives from Lucille Packard report the Van Team serve children living without shelter, in foster care and many without medical homes. An effective accountability measure must be set with an understanding of the full scope of services the partners would bring to the table to gauge their true impact.

Action Requested: Support Management recommendations to approach these organizations to enter a 3-year Impact Partnership

It was moved by Ms. McDevitt and seconded by Dr. Aubry to approve the three organizations under consideration for multi-year Impact Partnership Agreements as presented. Roll Call Vote:

Vote: Ayes – Cappel, Aubry, Jackson, Johnson, McDevitt Noes – 0; Abstain – 0

Motion Passed: -5/0/0

Chair Cappel noted this Committee recommendation will be brought before the Board for action.

7. PWC Community Hub Services Understudy: A. Denton, Consultant**Two key messages conveyed:**

- The spaces under consideration need to be flexible in nature
- The spaces shown are not necessarily where the innovation takes place. The innovation happens in the way it all comes together and how it's all coordinated across 9 different components.

These are the 7 major components of the model of services planned for the Hub that, at this planning stage, would require roughly 34,000 gross square feet of space

- Social/Engagement
- Culinary
- Service connection
- Aging in place
- Physical Health
- Mental Health
- Research

The next steps/phases in further refining and determining what will be placed in the Hub are:

- Phase One - Internal discussions/feedback
- Phase Two - Public discussions/feedback
- Phase Three - Engage partners
- Phase Four - Define physical Hub

Dr. Aubry asked if there is any idea in terms of volume how many residents verses the wider public would be served in determining if the space is adequate. **Ms. Denton** responded that the anticipation is the majority of members using the space would be from the greater community rather than PWC residents.

Chair Cappel stated that there could be many potential opportunities but also some restrictions may arise that could be inherent in trying to develop this larger project.

Public member Ms. Plato asked about the development of an aquatic therapeutic pool and if it would be included in the PWC. **Chair Cappel** responded that it is still in a planning phase to explore the feasibility.

Ms. McDevitt commented, in regard to reaching residents outside of the immediate area and as the organization looks into Impact Partnerships, consideration should be given to having a strategic way of evaluating each potential partner's success with outreach.

Ms. Jackson asked how and with whom the organization is looking to partner up with in terms of addressing public outreach? She stated that with the progress being made on this project, she is looking forward to being able to interact with people with more diverse ideas in this process. **Chair Cappel** responded that there is a planned community meeting in October to give an overview of the entire project and encourage input, feedback, and questions.

Chair Cappel asked if there are any further public comments.

Office Assistant Theodoropoulos read a letter from **Mike Shrader** that pleads with the Strategic Direction Committee and the Board to consider including a warm water therapy pool in the PWC planning.

Chair Cappel responded that there is a commitment to review all options and that it is on the project's preliminary plans. Whether it comes to fruition or not remains to be seen. Discussions will be had on this matter with the architects and developers. It is on the portfolio and the public has been heard throughout the past several years in regard to making this a reality.

8. Adjournment: There being no further business, **Chair Cappel** adjourned the meeting at 6:10pm.

Written by S. Theodoropoulos

Approved by _____

Lawrence W. Cappel, Ph.D., Chair

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

Date	Description	Deposit	Withdraw
Heritage Bank of Commerce			
Admin			
9/1/2022	CalPERS Pension		7,140.71
9/2/2022	Voler Strategic Advisors Inc.		1,454.38
9/2/2022	Thrive Alliance		650.00
9/2/2022	Voler Strategic Advisors Inc.		14,000.00
9/2/2022	Western Allied Mechanical, Inc.		576.00
9/2/2022	Comcast		489.67
9/2/2022	City of Burlingame Water Dept		128.06
9/2/2022	SC Property Management		15,728.00
9/6/2022	CalPERS Pension		700.00
9/9/2022	Allied Administrators for Delta Dental		1,809.20
9/9/2022	Bay Alarm		265.89
9/9/2022	San Mateo Daily Journal		348.00
9/9/2022	Donovan's Pest Control, Inc.		95.00
9/9/2022	KBA Document Solutions, LLC		167.78
9/9/2022	Streamline		300.00
9/9/2022	Iron Mountain		1,240.56
9/9/2022	Well Connected Office		1,973.55
9/9/2022	RCG Architecture		2,081.25
9/9/2022	Susann Reed		975.00
9/12/2022	Paychex		440.40
9/12/2022	California Public Employees Retirement		15,989.52
9/12/2022	Sonrisas Dental Health, Inc.	150.00	
9/12/2022	Sonrisas Dental Health, Inc.:additional check #497	6,367.20	
9/13/2022	Business Card		264.45
9/14/2022	Paychex Payroll 09/15/22		32,964.54
9/15/2022	FSA Payment		5.00
9/15/2022	Payroll Taxes 9/15/22		15,317.06
9/15/2022	Workers Compensation Insurance Payroll		223.83
9/16/2022	Paychex		85.00
9/16/2022	CalPERS Pension		7,191.10
9/19/2022	UNUM Life Insurance Company of America		409.26
9/19/2022	Best Best & Krieger, LLP		218.00
9/19/2022	PG&E		416.58
9/19/2022	Donovan's Pest Control, Inc.		95.00
9/19/2022	U. S. Bank Equipment Finance		272.09
9/19/2022	Recology		82.04
9/19/2022	Millbrae Recreation Department		344.40
9/19/2022	Cardmember Service		3,595.49
9/20/2022	Heritage Bank Monthly Fee		198.12
9/23/2022	Oropeza's Landscaping & Maintenance		450.00
9/23/2022	Frank Pagliaro		824.87
9/23/2022	Jacqueline Almes		105.80
9/23/2022	City of San Mateo		6,251.27
9/23/2022	Parent Venture		10,000.00
9/23/2022	SF Hep B Free		2,000.00
9/23/2022	U.S. Bank Equipment Finance	99.42	
9/29/2022	Paychex Payroll 09/30/22		32,839.21
9/30/2022	Well Connected Office		8,288.52
9/30/2022	J & E Pro Cleaning and Handy Services		1,320.00
9/30/2022	Mark D. Hudak		990.00

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

Date	Description	Deposit	Withdraw
9/30/2022	Dennis Zell		770.01
9/30/2022	Barker Blue, Inc		573.04
9/30/2022	Eddie Flores		28.96
9/30/2022	Jacqueline Almes		197.61
9/30/2022	Interest Deposit	8.64	
9/30/2022	Payroll Taxes 9/30/22		15,381.97
9/30/2022	Workers Compensation Insurance Payroll		215.84
		6,625.26	208,472.03

Health Fitness

9/2/2022	Bay Alarm		403.20
9/2/2022	KBA Document Solutions, LLC		50.16
9/2/2022	Bay Alarm		305.01
9/2/2022	Gym Doctors		687.58
9/9/2022	Joan Sanchez		400.00
9/9/2022	City of Burlingame Water Dept		8.00
9/9/2022	San Mateo Daily Journal		1,138.65
9/9/2022	City of Burlingame Water Dept		197.99
9/9/2022	Streamline		50.00
9/9/2022	Recology		177.08
9/9/2022	Well Connected Office		200.60
9/12/2022	Mindbody Merchant Processing		364.22
9/17/2022	Cardmember Service		960.15
9/19/2022	AT&T		217.33
9/30/2022	PG&E		1,053.37
9/30/2022	J & E Pro Cleaning and Handy Services		1,150.00
9/30/2022	Crothall Laundry Services Inc.		181.38
9/30/2022	KBA Document Solutions, LLC		11.19
9/30/2022	Interest Deposit	0.33	
9/30/2022	Health and Fitness Member Deposit September 2022	10,376.50	
		10,376.83	7,555.91

Leasing

9/2/2022	Western Allied Mechanical, Inc.		970.50
9/2/2022	City of Burlingame Water Dept		528.55
9/2/2022	Castillo Landscaping & Tree Services		3,000.00
9/2/2022	Ralph Barsi		2,000.00
9/2/2022	City of Burlingame Water Dept		652.87
9/2/2022	City of Burlingame Water Dept		205.76
9/2/2022	City of Burlingame Water Dept		84.03
9/9/2022	Donovan's Pest Control, Inc.		520.00
9/9/2022	Ralph Barsi		8.55
9/9/2022	Recology		354.17
9/9/2022	Recology		570.55
9/12/2022	Houn Young Kim, DDS	1,956.00	
9/12/2022	Doherty Realty Co.	1,666.88	
9/12/2022	Ability Path	6,628.00	
9/12/2022	Patricia Duqoni, CPA	2,400.00	
9/12/2022	Burlingame Therapeutic Associates	2,650.39	
9/12/2022	April Lee, DDS	2,719.14	
9/12/2022	Dr. Chan Dental	3,895.75	
9/12/2022	Carol Tanzi & Associates	500.00	
9/12/2022	Eugene Kita, DDS	1,563.00	

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

Date	Description	Deposit	Withdraw
9/12/2022	Bay Area Foot Care	3,224.00	
9/12/2022	One Life Counseling Service	1,300.00	
9/12/2022	Preferred Prosthetics Inc.	2,797.65	
9/12/2022	Zoya Galant, DDS	2,333.61	
9/12/2022	Ross Williams, DDS	2,143.86	
9/17/2022	Cardmember Service		59.00
9/19/2022	J & E Pro Cleaning and Handy Services		390.65
9/19/2022	PG&E		2,656.46
9/19/2022	Bleyle Elevator, Inc		95.00
9/19/2022	Donovan's Pest Control, Inc.		425.00
9/23/2022	Oropeza's Landscaping & Maintenance		480.00
9/23/2022	Angelo Cosentino		300.00
9/30/2022	J & E Pro Cleaning and Handy Services		3,768.85
9/30/2022	Ralph Barsi		2,000.00
9/30/2022	Interest Deposit	22.90	
		35,801.18	19,069.94
PWC			
9/2/2022	Economic & Planning Systems, Inc.		6,070.00
9/9/2022	Streamline		25.00
9/19/2022	Economic & Planning Systems, Inc.		5,840.00
9/23/2022	Precise Printing & Mailing, Inc.		232.58
9/30/2022	Perkins Eastman Architects DPC		4,740.00
9/30/2022	Economic & Planning Systems, Inc.		2,160.00
9/30/2022	Mark D. Hudak		2,745.00
9/30/2022	Perkins Coie LLP		21,243.60
9/30/2022	Interest Deposit	0.21	
		0.21	43,056.18
Trousdale			
9/2/2022	Return Deposit		77.85
9/16/2022	Trousdale Tenant Deposit	5,000.00	
9/16/2022	Trousdale Tenant Deposit	14,367.00	
9/16/2022	Trousdale Tenant Deposit	28,210.00	
9/19/2022	Trousdale Tenant Deposit	67,319.50	
9/20/2022	Trousdale Tenant Deposit	627,107.00	
9/20/2022	Trousdale Tenant Deposit	77,441.00	
9/23/2022	Eskaton Properties Inc		772,920.99
9/23/2022	Strides for Life - Return Deposit		39.20
9/26/2022	Trousdale Tenant Deposit	10,961.60	
9/26/2022	Trousdale Tenant Deposit	62,440.15	
9/29/2022	Trousdale Tenant Deposit	5,000.00	
9/30/2022	Eskaton Properties Inc		340,792.41
9/30/2022	Trousdale Tenant Deposit	28,182.60	
9/30/2022	Interest Deposit	14.32	
		926,043.17	1,113,830.45
Boston Private/SVB			
Admin			
9/8/2022	County of San Mateo, CA	7,158.71	
9/20/2022	Paychex		120.00
		7,158.71	120.00

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

Date	Description	Deposit	Withdraw
Health Fitness			
9/6/2022	Boston Private Fee Reversal	15.00	
9/30/2022	Boston Private Fee		16.00
		15.00	16.00
Leasing			
9/6/2022	Boston Private Fee Reversal	40.00	
		40.00	0.00
PWC			
9/6/2022	Boston Private Fee Reversal	40.00	
		40.00	0.00
Trousdale Const.			
9/6/2022	Boston Private Fee Reversal	15.00	
		15.00	0.00
Trousdale Ops			
9/2/2022	Heartland Merchant Account		224.95
9/6/2022	Boston Private Fee Reversal	40.00	
9/30/2022	Boston Private Fee Reversal		16.00
		40.00	240.95

Peninsula Health Care District
Treasurer's Report

September 30, 2022

Preliminary - subject to change

STATUS OF CURRENT YEAR TAX REVENUES

Total As Of <u>9/30/22</u>	Estimated FY 22-23 Tax Revenue
<u>\$ 7,159</u>	<u>\$ 7,800,000</u>

Board Designated Invested Funds

	Rate Last QTR	Fees Paid Fiscal YTD	Cost Basis		Market Value
			<u>8/31/2022</u>	<u>9/30/2022</u>	<u>9/30/2022</u>
Torrey Pines - 3yr CD (mature 1/31/24)	0.450%		3,137,829	3,141,389	3,141,389
Fiduciary Trust	*	1,433	1,642,124	1,643,088	1,640,339
City National Bank	*	8,683	24,547,430	24,586,764	23,356,874
Local Agency Investment Fund	1.293%		5,756,183	5,756,183	5,756,183
San Mateo County Pool Investment	1.277%		<u>3,538,784</u>	<u>3,538,784</u>	<u>3,538,784</u>
			<u>38,622,350</u>	<u>38,666,208</u>	<u>37,433,569</u>

* Yield to maturity



DATE: October 18, 2022
 TO: PHCD Board of Directors
 FROM: Vickie Yee, CFO
 SUBJECT: Investment Quarterly Report – 09/30/2022

To comply with our Statement of Investment Policy and Government Code 53646, included in this report are our investment holdings as of 09/30/2022 and two bank statements: Local Agency Investment Fund and San Mateo County Fund.

Fiduciary Trust Holdings as of 9/30/22					
Asset Category	Asset Name	Quantity	Mkt Price	Mkt Value	Cost Basis
CORPORATE BONDS-DOMESTIC	ORACLE CORP SR NT DTD 10/25/2012 2.50% 10/15/2022	100,000	99.944	99,943.70	97,569.00
CORPORATE BONDS-DOMESTIC	WALT DISNEY CO/THE SENIOR NOTE CALLABLE 07/30/2024 @ 100 DTD 09/06/2019 1.75% 08/30/2024	130,000	94.504	122,855.20	129,469.60
INTEREST BEARING ACCOUNT	USD Cash	100,179	100.000	100,179.33	100,179.33
U.S. TREASURY BILLS	STIP 1: US TREASURY ONLY DTD 8/31/2003	819,500	100.000	819,500.00	819,500.00
U.S. TREASURY BILLS	UNITED STATES TREASURY BILL DTD 04/21/2022 10/20/2022	200,000	99.880	199,759.20	198,751.28
U.S. TREASURY BILLS	UNITED STATES TREASURY BILL DTD 06/23/2022 12/22/2022	200,000	99.289	198,577.40	198,346.83
U.S. TREASURY BILLS	UNITED STATES TREASURY BILL DTD 12/02/2021 12/01/2022	100,000	99.524	99,524.30	99,272.00
				1,640,339.13	1,643,088.04



City National Bank Holdings as of 9/30/22					
Asset Type	Asset Name	Quantity	Mkt Price	Mkt Value	Cost Basis
CORPORATE BONDS-DOMESTIC	AMERICAN EXPRESS CO 3.400% 2/27/23	420,000	99.577	418,223.40	419,617.80
CORPORATE BONDS-DOMESTIC	BANK OF AMER MTN V-Q 3.458% 3/15/25	450,000	96.839	435,775.50	465,552.07
CORPORATE BONDS-DOMESTIC	COMCAST CORP 3.950% 10/15/25	265,000	97.146	257,436.90	289,395.08
CORPORATE BONDS-DOMESTIC	AMERICAN HONDA MTN 2.600% 11/16/22	355,000	99.731	354,045.05	355,850.89
CORPORATE BONDS-DOMESTIC	CITIGROUP INC V-Q 3.352% 04/24/25	455,000	96.437	438,788.35	470,529.11
CORPORATE BONDS-DOMESTIC	GOLDMAN SACHS GROUP 3.200% 2/23/23	465,000	99.499	462,670.35	468,743.13
CORPORATE BONDS-DOMESTIC	JPMORGAN CHASE V-Q 4.023% 12/05/24	440,000	98.397	432,946.80	455,891.75
FOREIGN BONDS	SANTANDER UK PLC 4.000% 3/13/24	345,000	98.482	339,762.90	360,210.66
FOREIGN BONDS	BK MONTREAL MTN 3.300% 2/05/24	440,000	97.788	430,267.20	454,118.68
FOREIGN BONDS	HSBC HOLDINGS V-Q 3.950% 5/18/24	445,000	98.722	439,312.90	453,438.78
FOREIGN BONDS	BANK OF NOVA SCOTIA 1.300% 6/11/25	225,000	89.930	202,342.50	228,427.74
FOREIGN BONDS	SUMITOMO MITSUI FINL 1.474% 7/08/25	495,000	89.966	445,331.70	497,251.88
FOREIGN BONDS	CANADIAN IMPERIAL BK 2.250% 1/28/25	445,000	93.732	417,107.40	455,952.76
MONEY MARKET SWEEP FUNDS	CITY NATL ROCHDALE GOV MM-SV	51,404	100.000	51,404.30	51,404.30
MUNICIPAL BONDS	WISCONSIN ST 0.361% 5/01/24	325,000	94.097	305,815.25	325,000.00
U.S. AGENCIES	FNMA 2.625% 9/06/24	455,000	96.993	441,318.15	475,084.37
U.S. AGENCIES	FNMA 2.875% 9/12/23	235,000	98.567	231,632.45	240,823.89
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.500% 8/15/23	345,000	98.492	339,797.40	351,890.84
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.750% 11/15/23	570,000	98.270	560,139.00	586,308.51
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.375% 8/15/24	515,000	96.566	497,314.90	535,532.10
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 1.375% 9/30/23	340,000	97.172	330,384.80	344,161.69
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.875% 9/30/23	480,000	98.711	473,812.80	492,646.66
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.000% 8/15/25	125,000	93.938	117,422.50	131,137.61
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.875% 11/30/23	845,000	98.356	831,108.20	869,033.75
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.625% 12/31/23	830,000	97.957	813,043.10	851,309.40
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.125% 3/31/24	830,000	96.824	803,639.20	850,219.69
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.250% 3/31/26	500,000	93.684	468,420.00	523,304.54
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 1.250% 8/31/24	725,000	94.516	685,241.00	735,434.85
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.750% 6/30/25	570,000	96.113	547,844.10	606,900.65
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.000% 6/30/24	875,000	96.156	841,365.00	895,183.40
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.750% 4/30/23	400,000	99.293	397,172.00	405,994.92
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.250% 5/31/25	265,000	89.945	238,354.25	263,219.53
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.250% 7/31/25	615,000	89.383	549,705.45	611,990.23
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.250% 9/30/25	500,000	88.875	444,375.00	492,018.94
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 1.500% 3/31/23	590,000	98.824	583,061.60	593,858.26
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.250% 11/15/23	900,000	95.586	860,274.00	896,838.31
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.375% 11/30/25	280,000	88.660	248,248.00	278,742.18
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.125% 10/15/23	915,000	95.789	876,469.35	910,314.65
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.125% 3/31/23	410,000	98.164	402,472.40	409,162.87
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.625% 7/31/26	425,000	87.457	371,692.25	415,125.44
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.125% 7/31/23	1,650,000	96.656	1,594,824.00	1,609,194.95
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.750% 12/31/23	325,000	95.731	311,125.75	324,267.01
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 1.750% 3/15/25	625,000	94.164	588,525.00	613,186.79
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.500% 5/31/24	800,000	97.109	776,872.00	790,306.83
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 3.000% 7/31/24	1,650,000	97.773	1,613,254.50	1,645,480.35
U.S. TREASURY BILLS	U.S. TREASURY BILLS 9/07/23	90,000	96.373	86,735.70	86,706.40
				23,356,874.35	24,586,764.24

California State Treasurer
Fiona Ma, CPA



Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001
(916) 653-3001

October 03, 2022

[LAIF Home](#)
[PMIA Average Monthly Yields](#)

PENINSULA HEALTH CARE DISTRICT

CEO
1819 TROUSDALE DRIVE
BURLINGAME, CA 94010

[Tran Type Definitions](#)

Account Number: 20-41-002

September 2022 Statement

Account Summary

Total Deposit:	0.00	Beginning Balance:	5,756,182.61
Total Withdrawal:	0.00	Ending Balance:	5,756,182.61



San Mateo County Treasurer
555 County Center
Redwood City, 94063
(650) 599-1251 or (650) 599-7206

Statement Ending Date: 9/30/2022
Account: 03407

STATEMENT OF ACCOUNT

Peninsula Health

DATE	DESCRIPTION	DEBITS	CREDITS	ACCOUNT BALANCE
8/31/2022	Balance brought forward			\$3,538,784.38
9/30/2022	Ending Balance			\$3,538,784.38

**Peninsula Health Care District
Statement of Activities - Preliminary Draft**

	Quarter Ending			Year Ending
	09/30/2022			06/30/2023
	Actual	2022 BUDGET	2023 BUDGET	2022 BUDGET
			Budget Diff	
Change In Net Assets				
Revenue				
San Mateo County Tax	7,159	80,000	(72,841)	7,800,000
Rental Income				
Lease Income - Hospital	543,546	543,546	0	2,174,184
Lease Income - 1720 Marco Polo	39,830	40,200	(370)	160,800
Lease Income - 1740 Marco Polo	67,144	67,800	(656)	271,200
Lease Income - 111-113 16th St.	0	1	(1)	1
Total Rental Income	650,520	651,547	(1,027)	2,606,185
Lease Expense				
Lease Expenses - 1720 Marco Polo	(6,542)	(9,000)	2,458	(36,000)
Lease Expenses - 1740 Marco Polo	(22,778)	(24,000)	1,222	(96,000)
Lease Expenses - 430 No. El Camino Real	(3,407)	(11,250)	7,843	(45,000)
Lease Expenses - 1875 Trousdale	(5,741)	(9,000)	3,259	(36,000)
Lease Expenses - 111-113 16th St.	(2,544)	(3,600)	1,056	(14,400)
Lease Expenses - PWC Land	(4,721)	(3,000)	(1,721)	(12,000)
Total Lease Expense	(45,733)	(59,850)	14,117	(239,400)
Investment Income				
Investment Inc - LAIF	19,586	4,191	15,395	16,763
Investment Inc - SMC	11,264	7,395	3,868	29,583
Investment Inc - CNB	46,484	26,132	20,353	104,526
Investment Inc - FT	4,768	369	4,399	1,475
Investment Inc - Torrey	3,555	3,526	29	14,104
Investment Inc - US Bank	277	0	277	0
Investments - Unrealized G/L	(321,049)	(150,000)	(171,049)	(600,000)
Interest Income	107	0	107	0
Total Investment Income	(235,008)	(108,387)	(126,621)	(433,549)
Miscellaneous Income				
Misc Income - General	250,000	0	250,000	0
Nursing Grant/Loan Repayments	450	450	0	1,800
Rental Value for Use of Facilities (rent-free)	102,729	91,479	11,250	365,916
Total Miscellaneous Income	353,179	91,929	261,250	367,716
The Trousdale - Operating Revenue	2,582,530	2,856,464	(273,934)	12,251,960
Health & Fitness Center Revenue	32,781	31,222	1,559	134,650
Teen Mental Health Income	0	87,323	(87,323)	587,323
Total Revenue	3,345,428	3,630,248	(284,820)	23,074,885
Expenditures				
Community Health Investment				
Grants	250,000	250,000	0	1,950,000
Other Contributions & Grants	13,775	12,500	(1,275)	50,000
Targeted Prevention Program	0	62,500	62,500	250,000
Special Funding Initiatives	13,120	223,440	210,320	646,260
SDH San Mateo Funding	225,000	225,000	0	900,000
Community Outreach	2,966	15,000	12,034	60,000
Community Education	10,000	12,500	2,500	50,000
New Program Research & Development	0	62,500	62,500	250,000
Trousdale Rent Assistance Fund	11,333	60,000	48,667	240,000
Donated Value for Use of Facilities (rent-free)	102,729	91,479	(11,250)	365,916

**Peninsula Health Care District
Statement of Activities - Preliminary Draft**

	Quarter Ending 09/30/2022			Year Ending 06/30/2023
	Actual	2022 2023		2022 2023
		BUDGET	Budget Diff	
PWC Project Cost	37,934	75,000	37,066	300,000
Total Community Health Investment	666,857	1,089,919	423,062	5,062,176
Salaries and Benefits				
Salaries	190,864	204,855	13,991	838,739
Health/Dental/Vision/Life Benefits	33,047	35,025	1,978	147,106
Retirement	13,852	16,731	2,878	66,922
Taxes & WC	10,851	16,371	5,521	65,486
Total Salaries and Benefits	248,614	272,982	24,368	1,118,253
General and Administrative Exp.				
Payroll Services	1,520	1,800	280	7,500
Office Supplies	7,181	4,500	(2,681)	18,000
IT & Phone	16,977	14,100	(2,877)	56,400
Maintenance & Repairs	4,191	4,998	807	20,000
ACHD Dues	3,042	3,300	258	13,000
Records Storage	2,117	1,320	(797)	5,280
Insurance	16,542	16,500	(42)	66,000
SMC Fees - Admin	0	0	0	74,000
SMC Fees - LAFCo	3,745	0	(3,745)	15,000
Board Election	0	300,000	300,000	300,000
Legal - General	6,698	75,000	68,302	300,000
Legal - Real Estate	0	5,000	5,000	20,000
Consultant - Financial	1,917	5,000	3,083	5,000
Consultant - Communications	21,000	21,500	500	86,000
Consultant - Audit	4,450	0	(4,450)	40,000
Consultant - Website	900	1,500	600	6,000
Travel & Meetings	4,886	8,700	3,814	35,000
1819 Trousdale Expense	2,704	2,550	(153)	10,900
Miscellaneous	2,241	3,000	758	21,000
Total General and Administrative Exp.	100,111	468,768	368,657	1,099,080
The Trousdale Assisted/Memory Care Expense	2,208,048	2,242,641	34,594	9,076,255
Health & Fitness Center Expense	80,771	90,001	9,229	361,220
Teen Mental Health Expense	151,446	336,182	184,736	2,018,026
Other Expense				
Depreciation Expense	687,558	716,911	29,354	2,869,296
Interest Expense	411,683	411,684	0	1,622,150
Total Other Expense	1,099,241	1,128,595	29,354	4,491,446
Total Expenditures	4,555,088	5,629,088	1,074,000	23,226,456
Total Change In Net Assets	(1,209,660)	(1,998,840)	789,180	(151,571)

Peninsula Health Care District
Statement of Net Assets - Preliminary Draft

	Year To Date 09/30/2022
	Current Year Balance
Assets	
Current Assets	
Cash and Cash Equivalents	
Operating - Admin Checking	143,941
Heritage Bank - Admin Checking	1,085,916
Heritage Bank - Leasing Checking	2,805,323
Heritage Bank - PWC Checking	36,265
Operating - Health & Fitness Checking	19,318
Heritage Bank - Health & Fitness Checking	39,544
Trousdale Operating Checking	7,504
Heritage Bank - Trousdale Checking	1,250,839
Total Cash and Cash Equivalents	5,388,650
Accounts Receivable	
Accounts Receivable	1,840
Account Receivable - Rent	(309)
Account Receivable - TT Tenant	114,059
Allowance for Bad Debt - TT Tenant AR	(3,631)
Interest Receivable	126,794
Accounts Receivable - Other	3,204
Total Accounts Receivable	241,957
Other Current Assets	
Prepaid Expenses	
Prepaid - General	45,962
Prepaid - Insurance	77,430
Prepaid - Benefits / WC	2,218
Prepaid - Trousdale	206,338
Total Prepaid Expenses	331,948
Inventory	
Supplies/Inventory	20,097
Total Inventory	20,097
Total Other Current Assets	352,045
Total Current Assets	5,982,652
Long-term Assets	
Property & Equipment	
Construction-In-Progress (CIP)	6,251
Building	77,969,886
Land	15,390,823
Improvements	1,243,459
Equipment	2,076,446
Furniture/Fixtures	50,273
Pre Opening Cost	2,505,662
Accum Depreciation (Trousdale)	(9,595,561)
Accum Depreciation	(3,588,458)
Total Property & Equipment	86,058,781
Other Long-term Assets	
Deposits and Prepayments	30,595
Other Assets	
Deferred Outflow	113,765
Net Pension Asset	416,097
Total Other Assets	529,862
Total Other Long-term Assets	560,457
Total Long-term Assets	86,619,238
Investments	
Long Term Investments	
Board Designated Fund - LAIF	5,756,183
Board Designated Fund - SMC	3,538,784
Board Designated Fund - CNB	24,586,764

	Year To Date 09/30/2022
	<u>Current Year Balance</u>
Board Designated Fund - FT	1,643,088
Board Designated Fund - Torrey	3,141,389
Board Designated Fund - Unrealized G/L	<u>(1,232,643)</u>
Total Long Term Investments	37,433,565
Investment in Subsidiary	
Project Acct - US Bank 44000	208
Project Acct - US Bank 56000	<u>69</u>
Total Investment in Subsidiary	<u>277</u>
Total Investments	<u>37,433,842</u>
Total Assets	<u>130,035,732</u>
Liabilities and Net Assets	
Liabilities	
Short-term Liabilities	
Accounts Payable	
Accounts Payable	442,915
Accrued Payable - General	<u>653,117</u>
Total Accounts Payable	1,096,032
Accrued Liabilities	
Accrued Payroll	246,324
FSA Employee Account	<u>(482)</u>
Total Accrued Liabilities	245,842
Deferred Revenue	
Prepaid Rent	2,094,271
Prepaid Membership Dues	1,883
Prepaid Other	10,000
Deferred Income	3,500
Deposit - TT Tenants	35,000
Security Deposits	<u>57,420</u>
Total Deferred Revenue	2,202,074
Withholding Tax Payable	
Accrued Payroll Taxes	<u>(10)</u>
Total Withholding Tax Payable	(10)
Other Short-term Liabilities	
Loans Payable - Current	
Accrued Interest	<u>274,456</u>
Total Loans Payable - Current	<u>274,456</u>
Total Other Short-term Liabilities	<u>274,456</u>
Total Short-term Liabilities	3,818,394
Long Term Liabilities	
Notes Payable - Long Term	
Note Payable - WAB 40M	34,040,000
Note Payable - WAB 10M	<u>9,100,000</u>
Total Long Term Notes Payable	43,140,000
Other Long-term Liabilities	
Other Liabilities	
Deferred Inflow	<u>89,662</u>
Total Other Liabilities	<u>89,662</u>
Total Other Long-term Liabilities	<u>89,662</u>
Total Long Term Liabilities	43,229,662
Other Liabilities	
Deposits - ENA	<u>200,000</u>
Total Other Liabilities	<u>200,000</u>
Total Liabilities	<u>47,248,056</u>
Equity	
Fund Balance	83,997,336
Change In Net Assets	<u>(1,209,660)</u>
Total Equity	<u>82,787,676</u>
Total Liabilities and Net Assets	<u>130,035,732</u>



FOR IMMEDIATE RELEASE

October 20, 2022

Transparency Certificate of Excellence Awarded to Peninsula Health Care District

Burlingame, CA — Peninsula Health Care District received the District Transparency Certificate of Excellence by the Special District Leadership Foundation (SDLF) in recognition of its outstanding efforts to promote transparency and good governance.

“This award is a testament to Peninsula Health Care District’s commitment to open government,” said, Cheryl Fama, CEO. “Our staff is to be commended for their contributions that empower the public with information and facilitate engagement and oversight.” To receive the award, Peninsula Health Care District demonstrated the completion of essential governance transparency requirements, including conducting ethics training for all board members, properly conducting open and public meetings, and filing financial transactions and compensation reports to the State Controller in a timely manner.

SDLF is an independent, non-profit organization formed to promote good governance and best practices among California’s special districts through certification, accreditation, and other recognition programs.

Special districts are independent public agencies that deliver core local services to communities, such as Utility, wastewater treatment, fire protection, parks and recreation, healthcare, sanitation, mosquito abatement, ports, libraries, public cemeteries and more. Districts are established by voters and their funding is approved by voters to meet specific needs through focused service. They can be specially molded to serve large regions or small neighborhoods depending on the need.

About Peninsula Health Care District: Founded in 1947, the Peninsula Health Care District serves the communities of San Bruno, Millbrae, Burlingame, Hillsborough, San Mateo, and Foster City by supporting the unique health and wellness priorities of our Peninsula communities, and safeguarding access to health services, today and in the future. PHCD fulfills its commitment to the community through oversight of District assets and infrastructure, planning for future health care needs, and investing taxpayer dollars in local health-focused organizations and programs.

For more information: <https://peninsulahealthcaredistrict.org/>



DISTRICT TRANSPARENCY CERTIFICATE OF EXCELLENCE RECIPIENT

sdlf.org

2022



THIS IS TO CERTIFY THAT

Peninsula Health Care District

Has successfully demonstrated *Best Practices in Governance* through the Re-Certification process on August 17, 2022.

KARIN FREESE HENNINGS
Chief Executive Officer



CATHERINE MARTIN
Chief Executive Officer



DATE: October 20, 2022
TO: PHCD Board of Directors
FROM: Voula Theodoropoulos

RE: Resolution 2022-15

Attached is Resolution 2022-15 for Board Approval. On October 14, 2022, the board approved resolution 2022-14 which covers the dates 10/14-11/13. Resolution 2022-15 will cover the dates 11/13-12/13 which will cover both the November 15th and December 8th board meetings.

RESOLUTION NO. 2022-15**A RESOLUTION OF THE BOARD OF DIRECTORS OF THE PENINSULA HEALTH CARE DISTRICT RECOGNIZING THE EXISTENCE OF A STATE OF EMERGENCY AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF PENINSULA HEALTH CARE DISTRICT FOR THE PERIOD NOVEMBER 13-DECEMBER 13, 2022 PURSUANT TO BROWN ACT PROVISIONS.**

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

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

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

WHEREAS, executive orders issued by the Governor of California continue to recognize that COVID-related emergency conditions continue to exist; and

WHEREAS, local officials continue to recommend measures to promote social distancing and masking; and

WHEREAS, meeting in person for Board or committee meetings would present imminent risks to the health and safety of attendees; and

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

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

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

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

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

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

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

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

Section 3. Remote Teleconference Meetings. As a consequence of the local emergency, the Board of Directors does hereby determine that the legislative bodies of Peninsula Health Care District shall have the authority to conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph(2) of subdivision (e) of section 54953. In the event that the Board of Directors or another legislative body elects to conduct a meeting in person, the meeting shall allow for participation by members and attendees through remote participation (a "hybrid" meeting).

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

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

PASSED AND ADOPTED by the Board of Directors of Peninsula Health care District, this 27th day of October 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Secretary of the District
Frank J. Pagliaro, Esq



DATE: October 21, 2022

TO: PHCD Board of Directors

FROM: Cheryl A. Fama, CEO

RE: MPMC's Request for Approval of a Solar Panel Project on PHCD Land at 1501 Trousdale

Background

Sutter is investing in major solar power installations throughout their system facilities for the purpose of cost savings and contribution to the environment. Sutter initially presented their plan to PHCD in April. The Board had concerns about the number of dark panels, elimination of trees, impact on the aesthetics of the neighborhood, and potential impact on the District's planned Peninsula Wellness Community immediately to the southwest of a parking lot that will be 50%-75% covered in panels. The Board also requested a formal written request that addressed how the installation will comply with the covenants in the Master Agreement and Lease Agreement between our two organizations.

At the May meeting, Sutter representatives responded to previous questions and new concerns were raised by the Board relative to potential glare, Burlingame ordinances related to "right of sight" for neighbors up the hill from the project site, and tree removal.

At the July meeting, Sutter presented a Solar Panel Glare analysis which concluded the glare caused by the panels would be less than is currently produced by the parking lot lights and noted that the lights under the panels go on only when there is motion and it is dark, making the lot darker at night and safer for people walking to and from cars in the dark. Some directors questioned the study findings and directed me to get a glare/lighting expert to review Sutter's study, as well as, to share it with our PWC Developers to see if they had any concerns about the solar project's impact on the PWC as planned.

Follow Up

A formal written request for approval of the project was received from Anthony Pacheco, CFO of MPMC, and provided to the Board for the September meeting. It was not discussed and no action was taken. It is in the meeting packet for the 10/27/22 Board meeting.

Upon recommendation of David Marks, PHCD's construction manager for The Trousdale, I contacted Michael Martinez at Atelier Ten in San Francisco and subsequently engaged him to analyze the Ameresco study provided by Sutter.

The Atelier study was received on 9/21/22. A summary of their comments is in Exhibit A to this memo. It concluded the study used "sound research based on principles of solar geometry" and "industry standard tools". It raised questions related to observation points and noted "hourly plots" would be beneficial to determine if "reflected glare originates from the same direction as glare from the sun itself."



Atelier Ten's questions were forwarded to Anthony Pacheco at MPMS who forwarded them to Matt Bausch at Ameresco. Mr. Bausch's responses can be found in Exhibit B to this memo.

Mr. Martinez's received Mr. Bausch's answers and said they "addressed most of the issues". However, he suggested more study with "better geolocated observation points" would be good to get. Mr. Martinez's responses can be found in Exhibit C to this memo.

The initial Ameresco study, Atelier Ten's analysis, and the exchange between both were shared with Jake Rohe, PHCD's Developer for the PWC Project. He shared the information with his SmithGroup architects and their lighting design specialist. Their response can be found in Exhibit D to this memo.

Conclusions:

Atelier Ten: Agreed with Ameresco's conclusion "less glare than current lights" (verbal to me), but additional observation points should be checked.

Developer/SmithGroup: Ideally would be nice to have additional hourly graphs of glare, however, "Ameresco's responses were sufficient to conclude that the potential solar glare from the solar panel arrays could be addressed by providing interior solar shades for the senior living building."

Developer Rohe – "..... " 'Ideally it would be nice to have'info. Other than that, we are good to go!"

EXHIBIT A SOLAR PANAL GLARE ANALYSIS

Atelier Ten summary comments from analysis performed on Sutter's Ameresco Glare study of Solar Panel Project planned by MPMC/Sutter to be placed on District land leased to Sutter. Report received September 21, 2022 [Full report available upon request]

Upon review, Atelier Ten comments that

- The Solar Glare Hazard Analysis Tool (SGHAT) used by AMERESCO is rooted in sound research and based on the principles of solar geometry and the nuances of PV material reflectivity.
- SGHAT though GlareGuage is an industry standard tool for evaluating glare from PV arrays.
- SGHAT was developed for the critical visual task of air traffic control. The tasks expected in a housing development are far less critical.
- The amount of glare risk reported by AMERESCO aligns with the principles of angle of incidence reflection and the solar geometry expected for the site.
- The 10 solar arrays in AMERESCO's analysis were not identified by number in plan. AMERESCO should confirm that the 4 arrays which could produce glare are on the southeast section of the parking lot.
- Glare observation points 1 and 6 do not all align with the proposed independent senior living building location. Additionally, only the 3rd and 4th floors of the proposed building were analyzed. Additional analysis points could detail more precisely which zones of the future housing development may experience reflections from the PV.
- GlareGuage results can be summarized as annual hours or minutes, as shown in the AMERESCO report, or as annual hourly graphs. The annual hourly graphs contextualize the seasonal duration and frequency of the potential reflections and glare. While "Green Glare" has a low potential for temporary after-image ocular 21 September 2022 2/12 effects, PHCD could decide if daily or seasonal limits to reflection occurrences should be dictated. Annual hourly plots would also reveal if all reflected glare originates from the same direction as glare from the sun itself.
- The AMERESCO report mentions the use of anti-reflective coatings on the PV panels, but does not indicate the specific front face reflectivity value assumed in the analysis. PHCD should request product details for the specific PV panel proposed, with optical data on the surface reflectivity. This memo details on the following pages:
 - Site Overview and Principles of Reflected Glare Potential from PV
 - The Solar Glare Hazard Analysis Tool (SGHAT) • Comments on AMERESCO Analysis

SOLAR PANAL GLARE ANALYSIS

Email responses to atelier ten's questions, received by Anthony Pacheco, MPMC CFO, from Sutter's analyst, Matt Bausch, Project Development Manager, Ameresco, Inc.

Below are my answers to the questions from the review of the Glare Analysis.

- The 10 solar arrays in AMERESCO's analysis were not identified by number in plan. AMERESCO should confirm that the 4 arrays which could produce glare are on the southeast section of the parking lot.
 - Correct, the arrays which produce Green Glare are the 4 arrays in the Southeast portion of the parking lot.
- Glare observation points 1 and 6 do not all align with the proposed independent senior living building location. Additionally, only the 3rd and 4th floors of the proposed building were analyzed. Additional analysis points could detail more precisely which zones of the future housing development may experience reflections from the PV.
 - Detailed plans for the Housing Development were not available to the Solar developer at the time of the glare analysis. Renderings of the Housing Development were used as guidance for locating Observation Points in locations which could best simulate the viewing from individuals in the building.
 - Observation Points representing the 3rd and 4th Floors were used based on the information available for the Housing Development. Observation Points on the 1st and 2nd Floors were excluded because the presence of Trees (currently 15-20ft in height) in the southern planter of the Parking Lot would obstruct the view and potential glare. Adding higher Observation Points could also be considered, but would likely generate similar results to those identified with the 3rd and 4th Floor Observation Points.
- GlareGauge results can be summarized as annual hours or minutes, as shown in the AMERESCO report, or as annual hourly graphs. The annual hourly graphs contextualize the seasonal duration and frequency of the potential reflections and glare. While "Green Glare" has a low potential for temporary after-image ocular 21 September 2022 2/12 effects, PHCD could decide if daily or seasonal limits to reflection occurrences should be dictated. Annual hourly plots would also reveal if all reflected glare originates from the same direction as glare from the sun itself.
 - Hourly Graphs of Glare are available as part of the Glare Analysis Report generated by Forge Solar. The Hourly Graphs show potential glare between 6:00am and 8:00am which indicates the Glare originating from the same direction as the Sun.
- The AMERESCO report mentions the use of anti-reflective coatings on the PV panels, but does not indicate the specific front face reflectivity value assumed in the analysis. PHCD should request product details for the specific PV panel proposed, with optical data on the surface reflectivity.
 - Surface Reflectivity is set to 5.35%. The Surface Reflectivity for the PV panels was determined by the manufacturer with the ASTM G173-03 Reference Spectral Irradiance Distribution and a Varian 5000 Spectrophotometer for measurement. The 5.35% represent the average reflectivity for the entire spectrum. Reflectivity of the PV Panels for visible spectrum (380nm to 750nm) was measured below 5%.

I will also try following up with the engineer directly.

Many thanks,
Matt

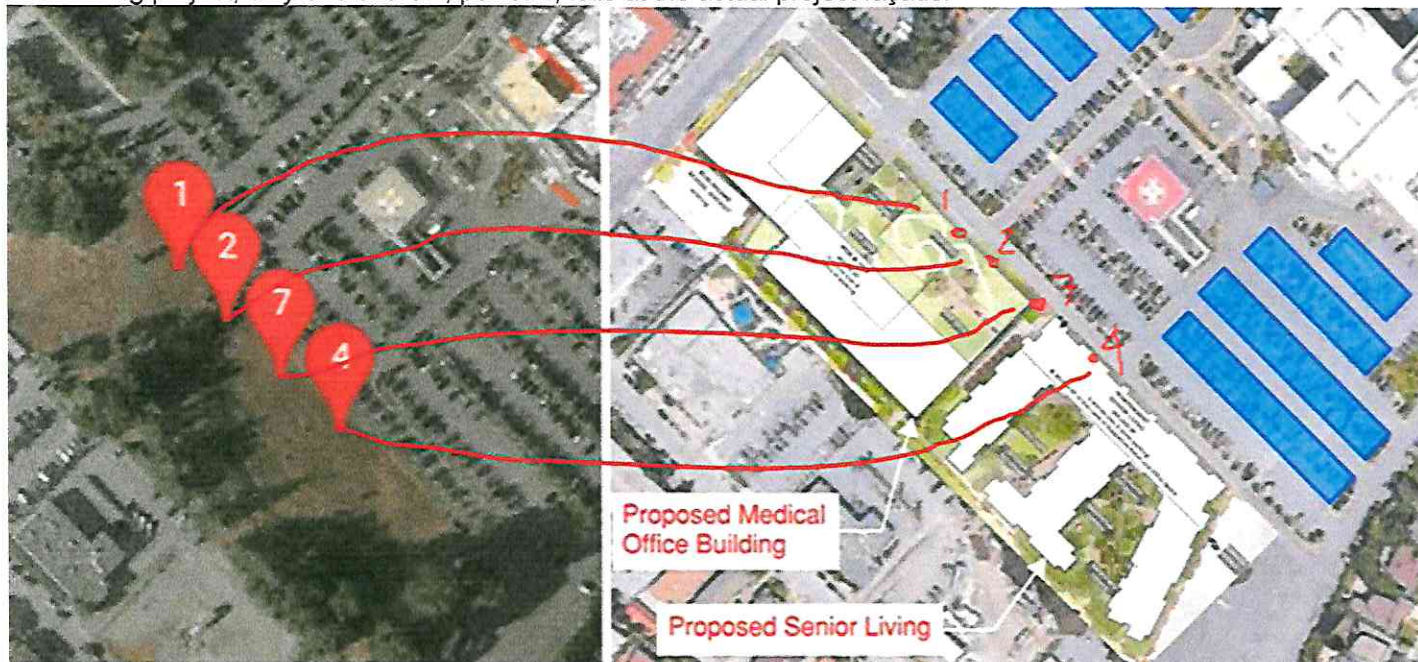
EXHIBIT C
SOLAR PANAL GLARE ANALYSIS

9-22-22 Email to CEO Fama from Michael Martinez, Atelier Ten analyst, commenting on Ameresco's responses to the Mr. Martinez's questions.

Hi Cheryl,

A few comments in line below.

In general, yes they address most of the issues, but I would still suggest conditional approval pending a revised glare analysis with better geolocated observation points. Of the 4 points they tested to represent the housing project, only one of them, point #4, falls at the actual project façade.



--
Mike Martinez, LEED AP
Associate

Atelier Ten
T +1 (415) 351 2100 x125
michael.martinez@atelierten.com

EXHIBIT D
SOLAR PANAL GLARE ANALYSIS

Email exchange between PWC Developer Jake Rohe, his SmithGroup team, and Lighting Principal

Hi Cheryl - see below. Specifically, the "Ideally it would be nice to have...." info. Other than that, we are good!

Ideally it would be nice to have Ameresco provide the hourly graphs of glare from the Glare Analysis Report for us to review but based on their description of this report "Graphs show potential glare between 6:00AM and 8:00AM" it aligns with the conclusion above.

Jake Rohe
Partner | SVP Development
PMB

From: Matt Alleman <Matt.Alleman@smithgroup.com>
Date: October 6, 2022 at 2:44:41 PM MST
To: Jake Rohe <jrohe@pmbllc.com>, Karthik Ramadurai <Karthik.Ramadurai@smithgroup.com>, Alexis
Subject: RE: **[**External**] Glare Study**

Jake,
I don't think there is anything specific we need to discuss with Atelier Ten. Their report was clear and made sense. The responses from Ameresco were sufficient to conclude that the potential solar glare from the solar panel arrays could be addressed by providing interior solar shades for the senior living building.

Ideally it would be nice to have Ameresco provide the hourly graphs of glare from the Glare Analysis Report for us to review but based on their description of this report "Graphs show potential glare between 6:00AM and 8:00AM" it aligns with the conclusion above.

I'm happy to meet with Ameresco or Atelier Ten if there are additional items to be discussed but from our perspective we have all the information we need.

Best,

MATT ALLEMAN
He/Him/His

Principal | Lighting Design

SmithGroup

C 734.756.3822
T 213.228.6946



MEMORANDUM

DATE: September 15, 2022

TO: Cheryl A. Fama, CEO, Peninsula Health Care District (the "District")

FROM: Anthony Pacheco, CFO, Mills Peninsula Medical Center

SUBJECT: **Solar Installation at 1501 Trousdale (the "Sutter Facility")**

This memo was prepared at your request in connection with the planned solar installation (the "Solar Installation") at the Sutter Facility. This memo addresses issues and requests raised in your August 31, 2022 (the "August Memo") and also addresses separate requests that arose at the District's recent Board meeting.

District's Consent of Solar Installation

In the August Memo, you identify portions of the Master Agreement as being applicable to the Solar Installation; namely that Section 2.02 requiring the District's consent for "developments" is applicable to the Solar Installation and thus requires the District's prior consent. While Section 2.02 does require the District's prior consent for certain developments at the Sutter Facility, we do not agree that the Solar Installation is the type of "development" or other change to the Sutter Facility as contemplated by Section 2.02 of the Master Agreement. Nevertheless, in light of our valuable and long-standing relationship with the District, we have brought the Solar Installation to the District for information and review.

Characterization of Solar Installation: Removable Asset or Improvement

In the August Memo, you asked that Sutter identify how the Solar Installation should be characterized under the Ground Lease, and stated the District's belief that the Solar Installation is a "Removable Asset" within the meaning of Section 5.03.A of the Ground Lease. Due to the nature of the Solar Installation, and the manner in which it will be affixed to the real property, we believe that the Solar Installation will in fact be "annexed to the Improvements so as to be part of the Improvements." Thus, rather than a Removable Asset, our position is that the Solar Installation is properly characterized as an "Improvement" within the meaning of Recital C of the Ground Lease. Normally, all Improvements revert to the District at the end of the Ground Lease term. However, if the District would prefer that the Solar Installation be removed at the end of the Ground Lease term, Sutter will remove the Solar Installation, at Sutter's expense, provided that the District provides at least 12 months' advance written notice of the request for removal.

Indemnity

The District has requested indemnity from Sutter in connection with potential claims related to "solar glare litigation." Section 8.01 of the Ground Lease provides broad indemnity protection for the District in connection with Sutter's use of the "Premises" as defined therein. Specifically, the indemnity includes "all liability, claims, loss, damages, or expenses resulting from MPMC' occupation and use of the Premises and Improvements." Thus, we believe that additional indemnity related to the Solar Installation is not necessary.

Status Update Regarding City Approvals

The District Board asked for an update regarding City approvals. The following update is provided by Wayne Bader of Sutter Health, and Ameresco, our Solar partner:

The project is continuing through detailed design and engineering. We've met with the City of Burlingame Planning, Building, Parks and Recreation, and the Fire Marshall to review project approval requirements. We are in the process of finalizing the Planning Application and Building Permit Application concurrently. In addition to the work with the City of Burlingame, we've also reviewed preliminary plans with Hospital IOR, started the FAA and CalTrans submittal process, and progressed to the Detailed Study portion of the Pacific Gas and Electric Interconnection Application.

The Tree Removal plans have been reviewed by the City Arborist, Bob Disco. Following his review and discussion with the City Planning Director, his recommendation will be to approve the removal of the trees and request a fee in lieu of replanting on site. The final approval and fees will be determined by the Planning Commission.

From the Planning Division, we reviewed the preliminary plans with Senior Planner Catherine Keylon. Her guidance related to the aesthetics corresponded to the Solar Rights Act - the City will not require discretionary reviews on the basis of aesthetics for solar installations. Catherine did confirm the project will require Planning Commission review due to the changes in landscaping because of the proposed tree removal.

Outside of the Ameresco team, Sutter Health's Leah Cowan has also supported the project through garnering Letters of Support from local City leadership.

Public Policy Supports the Use of Solar Arrays

Sutter believes it is important to highlight the strong public interest in supporting renewable energy sources such as the Solar Installation. Indeed, the Solar Rights Act (the "Act"), originally enacted in 1978, limits the ability of local governments to restrict solar installations and we believe that the strong public policy reasons behind the Act apply to the Solar Installation—the use of solar arrays reduces Sutter's dependence on nonrenewable fossil fuel sources of energy and decreases air and water pollution, which result from the use of traditional energy sources. Our position is that the District should encourage the use of alternative energy sources through projects such as the Solar Installation.

In summary, Sutter sincerely hopes that the District sees the benefits of the Solar Installation project and agrees that Sutter should move forward to make Sutter's plans a reality. Please contact me with any further questions.

DATE: October 20, 2022

TO: Peninsula Health Care District Board of Directors

FROM: Tracey Fecher, CEO

RE: **Sonrisas Dental Health October Presentation and FY 22-23 First Quarter Report**

Thank you for the opportunity to present to the PHCD Board of Directors at your October 27, 2022 meeting. We would like to share the impact of Sonrisas' work for the last four fiscal years, as we enter the last year of the current three-year PHCD grant ending on June 30, 2023.

The district vision that all residents achieve their optimal health through education, prevention, and access to basic health care services, like oral health, is something Sonrisas is proud to be providing to PHCD residents. Our clinics provide education, preventative care including cleanings, sealants and fluoride varnish, and access to a dental home, which many PHCD residents, whether they are low income, or have physical or intellectual challenges, struggle to find. Our school screening program has an education and prevention focus and our senior dental program provides education, prevention and a dental home for the patients served.

Clinic Visits

In 2007, PHCD added dental access to its strategic plan, which led to the opening of the San Mateo Clinic in 2015. After the partnership with Apple Tree Dental ended in 2018, Sonrisas Dental Health became a component program of PHCD, assuring that patients who received care at Sonrisas would retain their dental home. In partnership and with the continued support of PHCD, Sonrisas has grown the number of patient visits provided at the San Mateo Clinic. Note that the number of PHCD resident visits and total residents served increased by over 50% during this timeframe.



	FY 21-22	FY20-21	FY 19-20^	FY18-19
Clinic Visits				
San Mateo Clinic	10,236	7,829	6,721	7,217
HMB Clinic	3,602	2,963	3,159	4,021
Total*	13,838	10,792	9,880	11,238
* PHCD Residents	5,524	4,484	3,585	3,622
Unique Patients				
San Mateo Clinic	3,685	2,892	2,740	2,714
HMB Clinic	1,192	1,040	1,142	1,355
Total*	4,877	3,932	3,882	4,069
*PHCD Residents	2,041	1,608	1,421	1,365
%Low-Income Visits	71%	73%	68%	68%
% Children	48%	44%	41%	32%

Outreach Programs



Sonrisas’ Oral Health and Screening program has been providing oral health screenings on-site at schools since 2018. During the years that schools were virtual during the pandemic, Sonrisas provided screenings at drive-up Saturday events in school and community parking lots. The 65 children screened in FY20-21 were seen at an event at Belle Aire Elementary in the San Bruno

Park school district. The team also led virtual oral health education presentations and provided Toothbrush-To-Go Kits to be given to families when they came to pick up their children’s hot lunch. Over 200 children attending schools in the District attended virtual oral health education, and 1200 oral health kits were handed out, along with a flyer with links to oral health videos and games.

	FY 21-22	FY20-21 [^]	FY 19-20 [^]	FY18-19
School Screenings				
All Children	1200	305 [^]	340 [^]	855
Children/PHCD Schools	368	64 [^]	65 (before shelter in place)	124

[^] School Programs during Pandemic School Closures

In FY 21-22, Sonrisas received a \$100,000 grant to begin a Senior Dental Health pilot program. Sonrisas held community conversations with seniors, their caregivers and partner organizations to understand the barriers to seniors receiving dental care and to pilot an access program for seniors. This current fiscal year, FY 22-23, Sonrisas received an additional \$100,000 grant from Delta Dental and will be providing oral health education, on-site screenings, and periodontal maintenance on-site at senior residences and community centers.



Partnerships

Growing partnerships has been a focus of the Sonrisas team. Sonrisas participates in the San Mateo County Oral Health Coalition and has a significant impact on the outcomes of the SMC Oral Public Health Program for the current year. The Oral Public Health Program goal for school years 2022-23 and 2023-24 is to screen all ~2100 priority school kindergartners. This year Sonrisas will screen 915 Kindergartners in 15 priority schools, 44% of the program’s annual county-wide goal.

Since 2019, Sonrisas has received grants or contracts as well as on-going partnership from all the hospital systems in San Mateo County. Stanford Hospital, Stanford Children’s Hospital, Mills Peninsula Hospital, Kaiser Hospital and Dignity Health Sequoia Hospital have all providing on-going grants to cover access to care and school screenings. Some of the grants have grown, and many provided additional general support during the pandemic.

Sonrisas has a contract with the San Mateo Medical Center to provide care a dental home to their patients and receive a higher rate than Medi-Cal Dental fee for service provides.

Sequoia Healthcare District has been partnering with Sonrisas, a relationship that began with AppleTree Dental. This year, they increased their grant to provide a higher amount of access to care funds, screenings for all kindergartners in priority schools in Redwood City along with all homeless children and newcomers. They are also funding a portion of the senior program care coordinator’s salary this year.

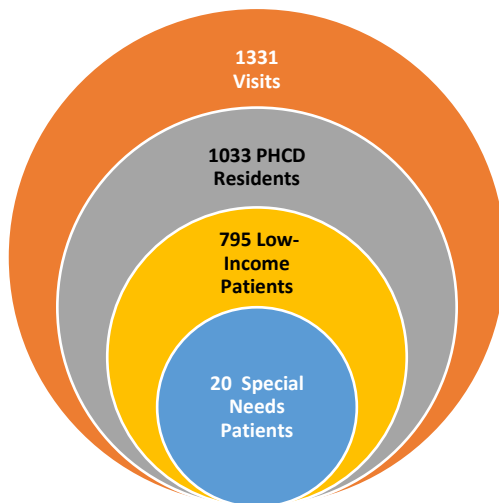
Strategic Plan

Another accomplishment is our three-year strategic plan for 2022-2024. The plan was developed by the board of directors and staff of Sonrisas. The three focus areas include: Sonrisas’ Culture, Sustainable Growth, and Patient and Community Engagement. The theme for all three focus areas is strengthening organizational culture and systems to be prepared should an opportunity for growth arise.



First Quarter FY 22-23 Results

From July 2022 to September 2022, there were the following PHCD residents with visits to a Sonrisas clinic for dental care. Of the low-income PHCD residents served, 212 were funded by the San Mateo Medical Center (SMMC) contract.



School screenings began in late summer, and early in the school year, Sonrisas has screened 115 children, with 15 of those children attending a LEAD Preschool in the district boundaries. The Sonrisas team plans to screen 2000 children this fiscal year.

The Outreach Team, led by Dr. Bonnie Jue, provided oral health education in Chinese and English as well as a screening event at Self Help for the Elderly in San Mateo. Services will continue at other senior programs in the County through the fiscal year.

In the last quarter, Sonrisas received funding from two new funders, the Chan Zuckerberg Initiative, and the Woodlawn Foundation. Our team continues to grow our base of funders. The Sonrisas Fundraising team held a very successful Cooking for a Cause event in September. There were 150 people in attendance, raising \$115,000 to support Sonrisas' mission. We are developing a donor event strategy as part of our overall Strategic Plan for fundraising.



Moving forward the strategic plan in the focus area of Sustainable Growth, Sonrisas received an increase of 7% from SMMC for seeing their FQHC patients and will be continuing dental clinics in Pescadero through 2023 in partnership with SMMC and Puente through discretionary funding provided by Supervisor Don Horsely.

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



DATE: October 20, 2022
TO: PHCD Board of Directors
FROM: Cheryl A. Fama, CEO
RE: PHCD COVID 19 Vaccination & Face Masking Policy

Attached is the policy approved by the PHCD Board in February of 2022 which was compliant with State and County Health requirements and provides strict mandates and specific protocols for masking, testing, and disclosure of vaccination status. Although COVID-19 remains, the incidence of serious illness, hospitalizations, and deaths due to COVID have significantly decreased due to vaccinations, more knowledge about the disease, and general awareness of how individuals can protect themselves from getting and/or spreading the disease.

Local County and State mandates have shifted in response to these trends and have discontinued mandatory masking and proof of vaccination. In her October 4, 2022, COVID 19 update, Louise Rogers, Chief of Health for San Mateo County wrote,

“The actions we can all take to support continued improvement of these indicators include staying up to date with vaccinations, getting tested when symptomatic, and wearing a mask to prevent exposure and spread, especially if you have symptoms, a positive test, or a known exposure to someone with COVID-19.”

Therefore, in keeping with the guidance from State and local health officials, I am recommending the Board’s current PHCD COVID 19 Vaccination & Face Masking Policy be put on hold and, should circumstances change, revise as required and bring back to the Board for approval.

Eliminating this policy will not change the District’s philosophy on prevention and education where COVID-19 is concerned and will not change our vigilance in tracking the prevalence indicators, remaining compliant with State and local health requirements, making masks and hand sanitizer readily available to all who enter a PHCD facility, and promoting good ventilation and distancing where possible.

The District will continue its COVID Campaign which includes working with community partners to promote vaccinations, wearing masks if medically compromised, recently exposed, or symptomatic, and testing when in doubt.

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

PURPOSE:

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

FACE MASKS:

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

VACCINATION:

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

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

DEFINITIONS

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

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

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

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

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

RECORD OF VACCINATION STATUS

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

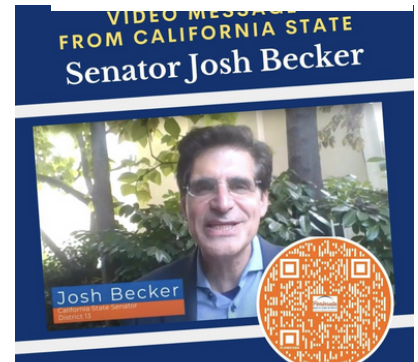
- II. Public members who enter PHCD worksites must be masked and submit documentation demonstrating they are fully vaccinated or a negative COVID test taken within 72 hours, or they will not be permitted to enter. [Exception: PHCD medical office building at 1740 Marco Polo Way.]
4. All vendors and contractors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

Approved by Board of Directors on 9/30/2021

Revision Approved by Board of Directors on 02/24/22

PHCD YEAR-END COMMUNICATIONS REPORT

JULY 2021
JUNE 2022



HOW TO KEEP THE LINES OF COMMUNICATION OPEN WITH YOUR CHILD OR TEEN

LIVE EVENT

Tue, April 26, 2022
5:30 PM – 6:30 PM PDT



988
NATIONAL SUICIDE PREVENTION HOTLINE

STAR VISTA

StarVista's Crisis Intervention and Suicide Prevention Center will begin answering 988 calls in San Mateo County starting July 16, 2022



VIRTUAL TOWN HALL

"I Don't Like Needles": How to Support Kids with Vaccine Anxiety

This special Town Hall presentation is sponsored by Peninsula Health Care District, in partnership with **ParentVenture**

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FY' 21-22 GOALS

At the July 2021 Board Meeting, Staff presented and outlined the Communication Plan, Goals, and Strategies. Below is a recap of the FY 21-22 Communication Goals.

Enhance

Enhance Visibility of the District

Emphasize Vision

Emphasize " Building a Healthier Community"

Promote Vision

Promote Optimal Health through
Prevention, Access, Education

FEATURE

Feature partners and constituents as
centerpiece of the PHCD story

Communication

Goal Outcomes

1. Enhance District Visibility

Create a new “Buzz” about PHCD and its work.

- Continued monthly E-Newsletters to inform, recruit, and highlight PHCD programs such as Health & Fitness Center, Massage Therapy, Youth Advisory Group, allcove grant, and partner activities. Increased engagement of all programs via communication tools, noted an increase in massage therapy clients, YAG applications, and partner engagement.
- Posted Social Media content three times per week for a total of 285 posts, 140 posts more than PY. Results: increase engagement of social media users, District Residents, and partner audiences to a total engagement of
- Launched Instagram to engage Youth audiences. Result: received an application via Instagram and three referrals.
- Launched a new, ADA-compliant, user-friendly, and refreshed District website.

2. Emphasize "Building a Healthier Community" Engage the community and partners to be our best promoters.

- Engaged Community Leaders in video testimonials about the District and its community benefit. [Senator Becker, Supervisor Canepa, Supervisor Pine, and Mayor Al Royce]. Highlighting these government officials created more engagement with folks on social media and was highly viewed in e-newsletters, increased engagement was noted via YouTube with over 2.5k likes per video.
- Launched Partner Spotlight section on E-Newsletter and featured community partners, such as Second Harvest, Abilitypath, Samaritan House, Starvista, etc. Featuring Community Partners resulted in partners' contacts “re-sharing” PHCD posts and increasing District engagement.
- Engaged H&FC client testimonials for marketing materials and the new website. This resulted in an increase in membership and over 200 massages were conducted in the first year alone.
- Featured community members receiving vaccinations at PHCD outreach clinics in media coverage aired on KPIX, ABC7, Univision, and Telemundo.

3. Assure messaging from District is unified and clear.

- Launched a new tagline and logo. ‘Building a Healthier Community.
- Used consistent logo, color palette, and tagline in all communications.

4. Clarify who we are, what we do, and how we work.

- Promoted PHCD history and accomplishments over its 73-year history through a 2.5- minute video promoted widely through presentations and social media.
- Hosted Multiple Vaccination Clinics across District served cities that resulted in over 50 vaccinated children and adults.
- Expanded visibility through a partnership with Parent Venture and their >18,000 email list of area residents for 25 different webinar education programs drawing over 2.5k District registrants.
- Developed 10 Informational Flyers on a Variety of Health Topics for the promotion of prevention, education, and access. The flyer design included a direct link/QR code for one-step registration which increased website visitors.
- Increased visibility of the District's mission, increased follower audience on social media, additional partner opportunities, (Covid-19 Clinics at Schools & Churches, Long-Covid partnership with UCSF, etc.)

Table at Community Events. Only two later in the year due to COVID safety.

- San Bruno Health Fair over 150 attendees
- Star Vista Mental health Walk over 100 attendees

5. Promote the expertise of the District as community leaders

- Chair Cappel wrote a press release and call to action on equitable colon cancer screenings as part of National Colorectal Cancer Awareness Month; and participated in a Press Conference at the PHCD office on Long-Covid, Prevention, and Vaccinations.
- Director Zell serves on ACHD Board and presented at the annual conference.
- Director Galligan was featured at the Mickelson Pool rally.
- Director Pagliaro was featured at the San Bruno Park School District Vaccination Clinic, Mickelson Pool rally, and Samaritan House ribbon cutting.
- CEO Fama was invited to present to the Board of Supervisors on District's response to COVID and made Public Comments to increase awareness of suicide prevention and mental health months at city council meetings at Foster City, Millbrae, San Bruno, Burlingame, San Mateo, and Hillsborough. Served on the County's Commission on the Status of Women and co-chaired its mental health work group, the CSM President's Centennial Committee, the Burlingame and Millbrae Age-Friendly Task Forces, the Burlingame Rotary Board and chaired the Club's community service committee, and the ACHD Education Committee.
- YBHD Eddie Flores serves on the - SMC BHRS Mental Health Services Act (MHSA) Steering Committee, SMC Tobacco Education Coalition; and College of San Mateo President's Advisory Advocacy Council.
- CED Wasson services on the San Mateo County School-Based Mental Health Committee, Advisory board to Parent Ventures, and UCSF Long Covid Cab Advisory,
- BOM Arevalo Rodriguez invited to present to the California Special Districts Association "How to successfully use e-newsletter campaign and social media"

Website Launch

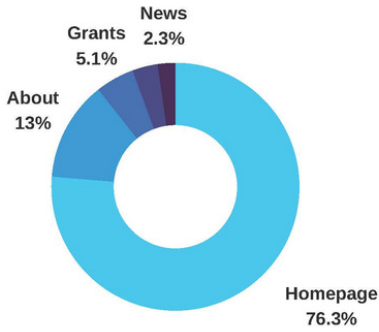


After months the District launched a new website that is CSDA governance-approved, 100% ADA compliant, user-friendly, modern, and eye-catching. The newly refreshed site resulted in an increase in viewers and “sessions”.

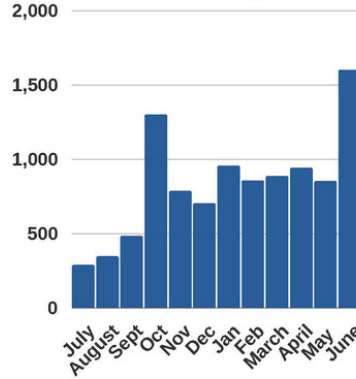
Average Time on Website

1.55 mins

Top Content Page View



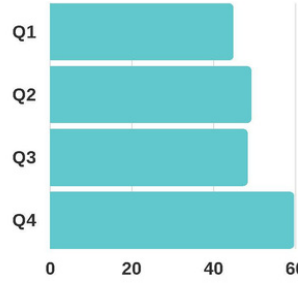
Visitor Sessions Per Month



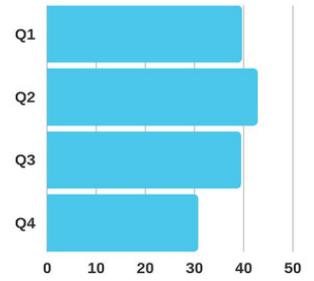
Average Visitors Per Month

721

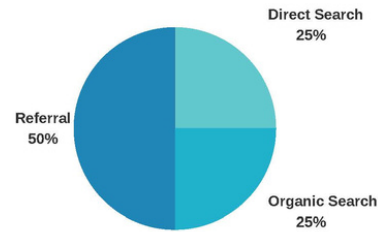
Direct Website Search



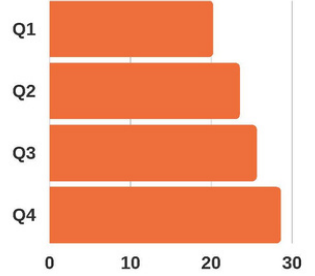
Organic Website Search



Average Search Engine Traffic



Referral Search Engines

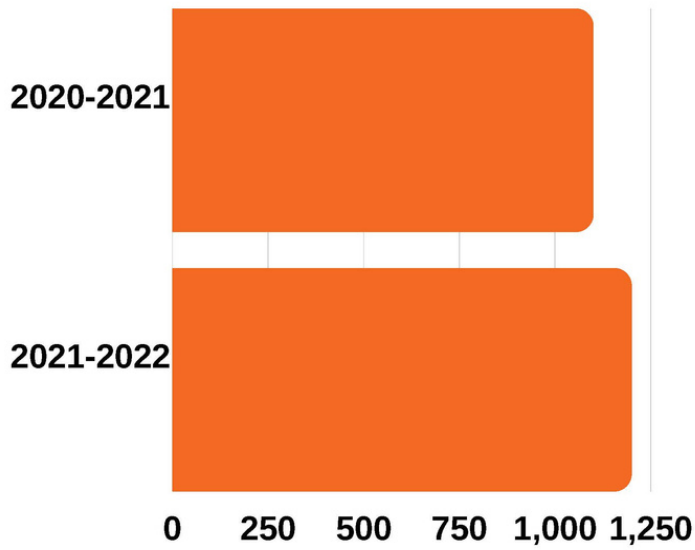


- The average time a user is on our site is 1.55 minutes. The standard benchmark is 2 mins which someone can browse through a site and collect basic information.
- The top five pages viewed include homepage, about, grants, and news (press releases/resolutions).

- An average of 720 users per month visits our site through various search engines.
- Highest Visitor Sessions October & June.
- October (Grants website information increased visitor sessions)
- June (Promotion of Covid-19 Vaccination event increased Website traffic)

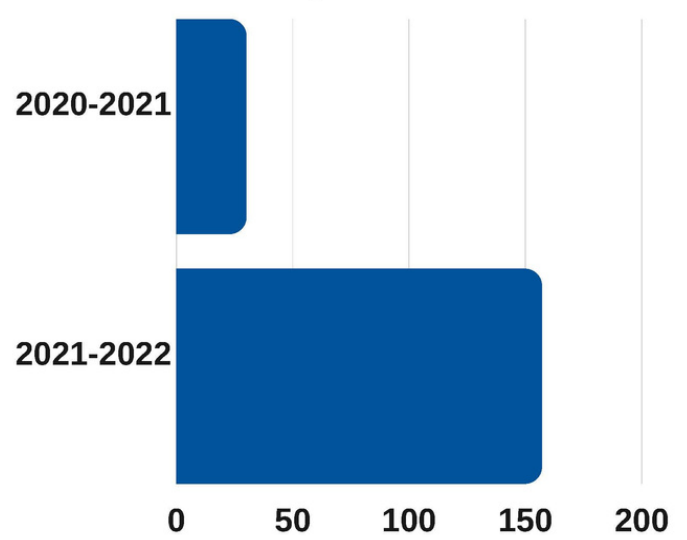
- The direct search average increased from q1 to q4 meaning more folks directly search the Peninsula Health Care District.
- The organic search average decreased from q1 to q4 meaning fewer folks were searching healthcare or other search engine names related to healthcare.
- The referral search average increased from q1 to q4, showing folks engaging on our site through social media, newsletters, or partnered shared posts.
- The overall search engine traffic is 25% direct search 25% organic search and 50% referral (Social Media & Newsletter).

Number of Facebook Followers



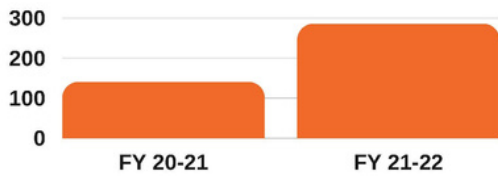
- The Facebook audience increased by 100 from the year prior to 1200 followers.

Number of Instagram Followers

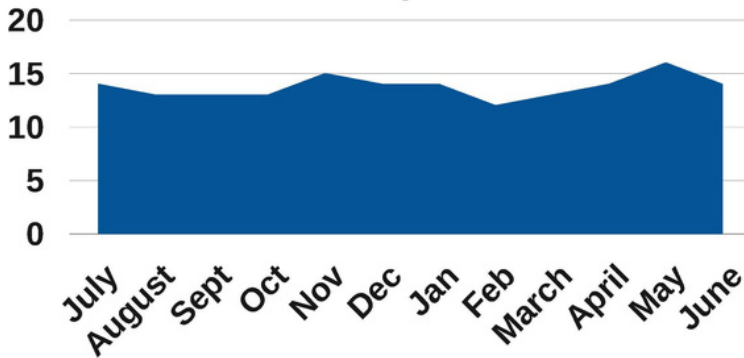


- Instagram followers increased by 127, when originally launched there were only 30 followers.

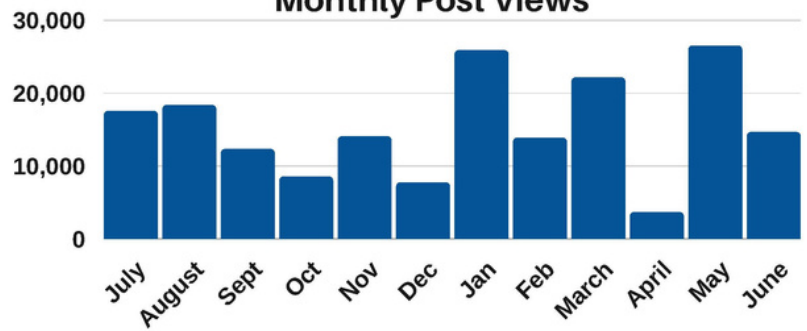
Total Posts Published



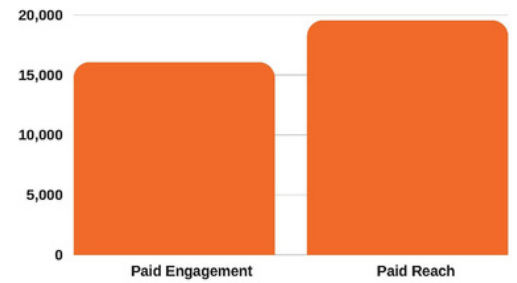
Posts Published per Month



Monthly Post Views



Average Paid Post Engagement



- A total of 285 posts were produced with an increase of 140 from the prior year. 114 of the posts were paid ads used to promote the District's work beyond the follower reach of 1.2k (District Facebook followers)
- Posts per month vary between 10-14 with the norm being 3 posts per week. Post Views were at their highest in May due to the increased engagement of mental health awareness month campaign.
- Monthly post views were at their highest in January and May with the highest views (Jan) vaccination clinic flyer and (May) YAG application outreach.
- The overall average paid engagement measures the interactions with posts and includes likes, shares comments, etc. The average paid engagement for the year was 16,054.
- The average paid post reach is the number of people who saw any of your posts at least once. The average paid reach was 19,532.

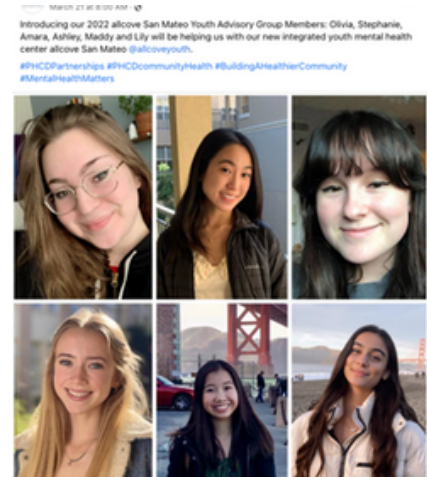
Social Media Post Highlights



2,600 Likes



3,000 Likes



5,300 Likes



2,373 Likes

COVID-19 Vaccination Clinic

COVID-19 VACCINATION CLINIC
For youth ages 5+ and booster

*Pediatric Pfizer Vaccine - ages 5 to 11 (1st & 2nd dose)
*Pfizer-BioNTech or Moderna Vaccine for 2nd boosters - ages 50+ & immunocompromised individuals ages 12+ who received a booster dose at least 4 months ago

WHEN: Saturday, April 30, 2022
TIME: 12:00 – 4:00 pm
LOCATION: St. James AME Zion Church
825 Monte Diablo Ave., San Mateo
**Enter by side street level door*

ALL ARE WELCOME

- COVID-19 vaccinations are free.
- If you happen to have insurance, please bring your insurance card with you.
- Guardians/parents: please bring printed out consent form to the clinic.

WALK UPS WELCOME
or register for an appointment at www.mhealthsystem.com/STJames

Questions: Peninsula Health Care District @ 650.697.6900

2,373 Likes



3,173 Likes

COVID-19 VACCINATION CLINIC
For youth ages 5+ and boosters

*Pediatric Pfizer Vaccine - ages 5 to 11 (1st & 2nd dose), 1st booster
*Pfizer-BioNTech or Moderna Vaccine for 2nd boosters - ages 50+ & immunocompromised individuals ages 12+ who received a booster dose at least 4 months ago

WHEN: Saturday, June 18, 2022
TIME: 2:00 – 4:00 pm
LOCATION: First Tongan United Methodist Church
560 El Camino Real, San Bruno, CA 94
**Vaccination area will be in the church parking lot*

ALL ARE WELCOME

- COVID-19 vaccinations are free.
- If you happen to have insurance, please bring your insurance card with you.
- Guardians/parents: please bring printed out consent form to the clinic.

WALK UPS WELCOME
or register for an appointment at <http://www.mhealthsystem.com/FTUMC>

2,871 Likes

Plan for FY'22-23

Goals:

- **Increase followers on social media platforms by 15% (Overall, the national avg of follower increase in any organization is 3%.)**
- **Increase mailing list by 10%**
- **Revamp and launch New Peninsula Wellness Community**
- **Participate in planning and promoting outreach for Peninsula Wellness Community**
- **Launch Community Resource Page on New District Website**



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

PENINSULA WELLNESS COMMUNITY (PWC)

- **Town Hall:** The town hall was well attended with residents from Millbrae, Hillsborough, San Mateo, Foster City, San Carlos, Redwood Shores, and Burlingame including two Burlingame council members. There were also representatives from the Mickelson Pool advocacy coalition and County Housing Leadership Council. Presentations were well received; questions and answers were captured and will be included on the updated PWC website along with a link to the PPT and Boards from the meeting.
- **Hub Services Exploration:** Interviews of local senior residents and service providers were the focus this month. Interviewees were asked to comment on the priority needs they are dealing with, if and how needs are evolving, the service model we've developed to see what's missing, and for some interviewees, potential interest in partnership opportunities. Interviewees to date:
 - Joan Goldner, JCFS, Seniors*At*Home services
 - Patty Clement, ED, Catholic Charities
 - Dr. Hoyman Hong, Sutter, Physical Medicine, Rehab, Pain Management
 - George Yerby, retired developer, Fitness Center Member
 - Rochelle Mullen, Millbrae Age-Friendly Task Force, resident volunteer of senior programs
 - Terri Boesch, ED, Call Primrose, and participant on Burlingame Age-Friendly Task Force
 - Marlene and Richard Hopper, Foster City resident and founders of FC Village
 - Gloria Brown, San Mateo resident and active civic leader volunteer

Work plan for November: Conduct at least six more interviews to include a primary care physician, and seniors living at home and in assisted living, summarize findings, revise/reaffirm proposed services list as informed by recent interviews, and prepare a list of potential service partners to recommend to the Board.

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

- **Occupancy** as of 10/20/22 there are 113 residents and two new residents scheduled to move in the first week of November.
- **Senior Flu Shots:** The TT clinic provided Covid boosters and flu shots to all interested residents on October 20th. Per Director Chu, "most residents are getting a vaccination and many are doing booster and flu shots.
- **The State Culinary Department of Health** made an unannounced visit on October 18. Outcome: no deficiencies and no areas for correction.

- **Eskaton Foundation:** Met with the Eskaton Sr. VP and the head of their Foundation to discuss philosophy, policies, and fund raiser programs as they relate to TT. Confirmed any donation given by a resident or family of a TT resident is earmarked for TT. Learned about the Guardian Angel Program which earns an employee a Guardian Angel pin for being recognized by a resident or their family for outstanding service. Awardees are honored each month at the staff meeting and those who receive five pins are treated to a luncheon at a local restaurant with Eskaton CEO Todd Murch and TT Director, Sylvia Chu.
- **Refer a Friend Campaign:** Approved last month, flyers been distributed to all residents and mailed to residents' families. If they recommend a potential candidate and the candidate becomes a resident and moves in, the referring individual gets \$5K and the new resident gets \$5K towards their first month's rent.
- **Senior Service Resource Fair:** TT staff will host a table at this upcoming event on November 11th.

SONRISAS DENTAL HEALTH (SDH):

- **Annual Report on Performance to Funding Agreement:** CEO Tracey Fecher will be presenting to the Board at the October 27 meeting.
- **August & FY'23 YTD Performance:**
 - August visit volume 34 ahead of budget.
 - August gross revenue \$27K under due to lower than planned FQHC visits.
 - August total expenses on budget.
 - August FQHC visits were 86, YTD 137. Health Plan of SM August visits were 791, YTD 1436.
 - August Donations/Grants \$58K better than budget
 - Net income for August is a positive \$63K, \$60K better than budget.
 - YTD - Net Revenue below budget \$18K, Total Expenses below budget \$13K, Donations over by \$47K putting YTD Net Income \$13K better than budget.
- **Current Major Challenge:** Two dentists serving the Half Moon Bay Center, one fulltime, one parttime, have bought a private practice and will be leaving.

COMMUNITY ACTIVITIES:

09/30: Tour of Active Wellness at Rossmoor, Walnut Creek

10/04: Introductory meeting to Matt Duffy, new San Bruno Park School District Superintendent

10/07: MPMC Annual Women's Health Luncheon

10/14: Millbrae Man & Woman of the Year Awards Dinner

10/18: Check in with Care Solace regional leaders on '21-'22 school year utilization by PHCD K-8 schools

10/18: CSW Mental Health Work Group to finalize annual report and present work plan for FY '23

10/20: Stanford allcove Implementation meeting

10/20: Sonrisas Dental Health Board

10/25: Commission on Status of Women Monthly Meeting

10/26: Give opening remarks for 10/26, PHCD sponsored Parent Venture Webinar

10/26: Star Vista Annual Meeting



**CFO REPORT
OCTOBER 2022**

FY 21-22 AUDIT UPDATE:

In the last month, Tina Wang (Sonrisas' accountant) and I have been working diligently on providing all requested documents to our auditor. Since this is the first year working with the firm, we are spending a little bit more time familiarizing the firm with the District. The audit is going smoothly and is expected to wrap up in early November. Draft audited financials will be presented to the Finance Committee at the next meeting on November 8th and then presented to the Board for approval in December.

Q1 FY22-23 PERFORMANCE / A FEW HIGHLIGHTS & ITEMS TO NOTE:

PHCD -

- San Mateo County tax revenue is \$7,159 for the first quarter. Per the tax levy letter from the County of San Mateo dated October 11th, the 2022-2023 estimated property tax revenue is \$8.4M (\$600K better than budget).
- Leasing revenue is on track – no major repairs.
- Investment income is a negative \$235K due to unrealized losses. Interest and returns on the portfolio are higher than budget due to the Fed's raising the interest rate. However, the bond market value is affected by the rise in interest rates and, therefore, the higher unrealized losses on the books. The unrealized losses are temporary and will disappear once the bonds mature.
- All expenses are on track. There will be a savings of \$300K in the Board Election budget as that is not needed.

The Trowsdale -

- Operating Margin has a positive \$363K (before depreciation & interest expense)
- 93.5 units occupied (10 behind budget). The year started with 4.5 occupied units less than budget and could not catch up in the first quarter. There were fewer move-ins and higher move-outs due to either death or acute care transfers.
- COVID-19 Supplies & Expenses Q1 is \$7,884 – the lowest quarter so far.
- Hiring continues to be challenging. As a result, a staffing agency is currently used to fill in the gaps.
- On January 1st, the rent will increase as budgeted.

Health & Fitness Center –

- Net Income is \$11K better than budget
- The number of members increased from 160 at the start of the fiscal year to 175.
- Massage therapy is picking up, contributing \$1,740 to date to revenue.
- There is increased demand in the classes offered (Seniors in Motion, Yoga, and Balance Fitness).
- Expenses are on track.

The next Finance Committee meeting will be on November 8th at 2 pm.



BOARD of DIRECTORS
Community Engagement Director
October 2022 Report

COVID Campaign 2022-2023

The Peninsula Health Care District's COVID Campaign aims to:

- Increase the number of residents who have completed the primary COVID-19 vaccination series and are up-to-date on their boosters.
- Decrease community spread by promoting COVID safety measures - mask-up, test and stay home if positive, and cross-ventilate indoor spaces.

To accomplish these two goals, PHCD is partnering with community-based organizations, schools, churches and trusted messengers to offer two events in November.

1. Town Hall webinar - **Effects of Long COVID Thursday**, October 27th at 5:00 – 7:00 pm. Drs. Rhoads and Deeks will present the latest data, information on symptoms of Long COVID and treatments. PHCD joins UCSF's RECOVER Center, Bay Area Community Health Advisory Council, UMOJA Health and the Rafiki Coalition to offer this important educational session. Flyer is attached.
2. A **community vaccination clinic** at St. James AME Zion Church in San Mateo on November 19th from 12:00-4:00 pm. The Umoja team, led by Lisa Tealer, will canvas specific neighborhoods identified as under-vaccinated, talk with residents, and distribute/post flyers about the clinic. Safeway pharmacists will provide COVID primary series, the bivalent /omicron booster (Pfizer or Moderna for ages 5 and older) and the flu vaccine (regular and senior doses for 3 years and older). This clinic is taking on a community event format in order to encourage residents to attend. The first hour is dedicated to vaccinating/boosting first responders and teachers. Meanwhile, residents can talk-to-the-doc about vaccines/boosters and have all their winter-related questions answered. The kids can participate in arts and crafts or listen to a read-to-me session with San Mateo Police and Fire personnel. Flyer will be circulated next week.

Community Grants Program

The Community Health Investment Committee is operating at full throttle. The Committee met on October 3rd and discussed forty-eight Letters of Interest. Forty-three organizations met the committee's criteria and were invited to submit full applications.

The on-line grants portal will close and the review process begins on October 27th. The Committee will reconvene on November 21st for a two and a half hour meeting to thoroughly discuss each application and recommend a slate of organizations to present to the Board at its December meeting.

Note that about 8% of the LOIs (4 of 51) are from organizations new to PHCD and that the total funding request of \$1,677,811 is 2.6X the \$650,000 grants budget.

Community and Parent Education

In an effort to address the pressing health and wellness concerns of our residents, PHCD is sponsoring and co-sponsoring the following webinars:

Topic: ***Raising a Well-Balanced Student: Avoiding a Culture of Stress***
Sponsored by PHCD & San Mateo Union High School

When: October 26, 2022 at 5:30 -6:30 pm

Featuring: Denise Pope, a senior lecturer at the Stanford Graduate School of Education, Co-founder of Challenge Success and the author of three award-winning books.

Facilitator: Charlene Margot and Bev Hartman of The Parent Venture
The flyer is attached.

Topic: ***The Impact of Cannabis on Youth – What Should You Know***
Co-sponsoring a series of educational webinars with the County Office of

Education. The attached flyer provides the dates and details.

Strategic Plan Update

PHCD has enlisted Mission Met to conduct the engagement phase of the strategic planning process. Paul Lamb and Eric Ryan are reviewing PHCD 2019-2021 strategic plan, work-to-date on the 2022-2025 plan and other PHCD documents. As suggested by the Board during the September meeting, Mission Met has revised its work plan and timeline to incorporate the leadership transition. Paul and Eric will present to the Strategic Directions Oversight Committee at its meeting on November 2nd. Following this meeting, the next step will involve informational interviews with Board members, Administration and key stakeholders.

THE WELL-Balanced STUDENT



Denise Pope, PhD

Co-Founder, Challenge Success
Stanford Graduate School of Education

Raising a Well-Balanced Student: Avoiding a Culture of Stress
Denise Pope, PhD, Stanford University Graduate School of Education

Wednesday, October 26, 2022, 5:30pm – 6:30pm, Online Event (Live)

Register: <https://denisepope2022stanford.eventbrite.com>

In this workshop, Denise Pope, PhD, will examine the tension that parents, students, and teachers experience over issues such as homework, grades, and the culture of competition, and offer tools for creating healthier home and school climates. Dr. Pope is a Senior Lecturer at the Stanford Graduate School of Education and co-founder of Challenge Success, a nonprofit affiliated with Stanford GSE. She lectures nationally on parenting techniques and strategies to increase student health, engagement with learning, and integrity.

Parents/caregivers, students, educators, mental health professionals, and community members welcome! Free admission. Simultaneous Spanish interpretation will be available.

This event is sponsored by Peninsula Health Care District & San Mateo Union High School District in partnership with The Parent Venture. Questions? Contact: voula.theodoropoulos@peninsulahealthcaredistrict.org






THE BAY AREA LONG COVID TOWN HALL


THURSDAY, OCTOBER 27, 2022


5:00--7:00 PM (PST)

Sponsored by BACHAC, Umoja Health Partners, the Peninsula Health Care District, Rafiki, and UCSF. Don't miss this insightful conversation about the effects of Long Covid on #BIPOC communities!

JOIN US and Learn About:

 Symptoms & Treatment

 The Latest Data

 Access to Care

 Local/Regional Policy

REGISTER HERE:

https://bit.ly/Long_Covid_Town_Hall_22

HABRÁ INTERPRETACIÓN AL ESPAÑOL



**KIM RHOADS, M.D.,
M.S., MPH, FACS**



**STEVEN G.
DEEKS, MD**

The Impact of Cannabis on Youth What Should You Know?

FALL SESSIONS

October 18 | 3:30-5:00pm | Session 1 (virtual)

Perceptions and Myths of Cannabis Use – *Jason Kilmer, PhD*

It's time to dispel the myths about marijuana. Outdated and false perceptions about the drug are putting today's kids at risk.

November 1 | 3:30-5:00pm | Session 2 (virtual)

Health Impacts of Cannabis Use – *Eric Voth, MD, FACP*

Marijuana use during adolescence may have a wide range of health effects on the developing body. There are short- and long-term mental and physical health effects that can be harmful, including conditions such as Cannabinoid Hyperemesis Syndrome.

November 17 | 3:30-5:00pm | Session 3 (virtual)

Legalities of Cannabis Use in California

Lynn Silver, MD, MPH, FAAP; Jessamy Cadigan, Psy.D; Amelia Nash, AMFT

This session will focus on marijuana regulatory policy, efforts to reduce harmful use of tobacco and cannabis products, and adoption of potential best practices in a school setting.

SPRING SESSIONS

March 2 | 3:30-5:00pm | Session 4 (virtual)

Youth Panel – *speaker to come*

March 16 | 3:30-5:00pm | Session 5 (virtual)

Brain Development and Academics – *Dean Blumberg, PhD*

During adolescence the brain is particularly sensitive to drug exposure. Marijuana use impacts how connections are formed within the brain.

April 20 | 3:30-5:00pm | Session 6 (virtual)

Lessons Learned from Other Communities – *speaker to come*

May 2023 | 3:30-5:00pm | Summative Event (in-person)

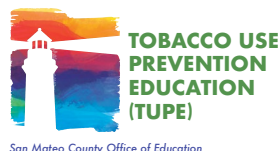
REGISTER:

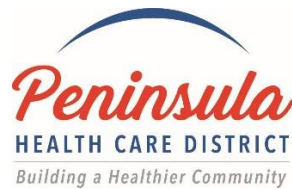
<https://CannabisImpactOnYouth.eventbrite.com>

Questions? Contact

Theresa Vallez-Kelly, Coordinator, Tobacco Use and Prevention Program

tvkelly@smcoe.org





DATE: October 27, 2022
TO: PHCD Board of Directors
FROM: Eddie Flores, Director Youth Behavioral Health Programs
RE: Director's October Monthly Report

allcove™ San Mateo Updates

Facilities Update: 2600 El Camino Real, San Mateo:

Staff and management have continued to make great progress working with Ralph Barsi and Architect Robert Gooyer from RCG Architects moving along the remodeling of the 2600 El Camino Real space. We have submitted initial permit documents to the City of San Mateo for preliminary review of the tenant improvement work to be completed at the 2600 site. We are also moving forward with submitting announcements of opportunity to bid for the general contractor in two local newspapers/trades journals and we will share those announcements with the Board at an upcoming board update next month.

Furthermore, we are excited that we are now in the work phase where documents are finalized describing the work that will potentially be completed at this location. Staff have also started to work with David Marks from Nova Partners Inc., who is helping staff and management put together the meticulous public bidding process and procedures as part of the announcement of the bidding opportunity. The Board will be made aware and will approve the final recommendation from staff and consultants for a general contractor to begin such work. We hope to bring that before the Board by the December board meeting. We will keep the board abreast of any new updates and when we have released the public bidding and any updates on that regard.

Stanford Center for Youth Mental Health & Wellbeing – Central allcove Team:

In addition, we have continued our monthly check-in meetings with Stanford Center for Youth Mental Health and Well Being staff as the technical assistance partner for the MHSOAC allcove™ grant. We held our monthly meeting this past week, along with staff from the State MHSOAC. Some of the topics covered included updates on project timelines; youth participation and YAG; recruitment; core services and service partnerships consortium creation; facility, branding, and environmental design; communications; and data collections and evaluation. In addition, we continue to participate in various webinars brought on and put together by Stanford for the grantees. Staff are continuously participating in all of these virtual trainings and meetings during the course of the month.

Request for Proposal for Partnering Agencies to Deliver allcove™ Services:

Our Request for Proposal (RFP) process for agency partners to partner with PHCD to support our allcove™ San Mateo location process has been moving along. As previously reported to the Board, on August 9th we held our Proposers' Conference where we had over 35 attendees attend to learn more about PHCD, the allcove™ fidelity model and hear from Stanford Team to learn more about the opportunity to deliver the services at the center. The deadline to submit an



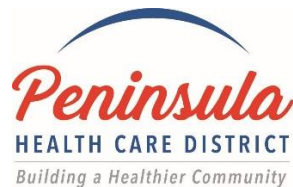
RFP application to partner with PHCD was this past September 16th. PHCD received two submissions, that even though were bundled as two, there were several partnering agencies within one of the applications submitted.

The Evaluation/Selection committee comprised of various community stakeholders (see separate ***Board Memo on RFP evaluation/selection committee roster, attached***) including our own Board Member Dennis Zell, met this past month via zoom meetings and also held an in-person review meeting. Committee members thoroughly reviewed and deliberated on the applications and evaluated each applicant based on the scoring guided sheet provided and other subjective factors. The comments provided from committee members were extremely useful to guide the process and to select and offer a final recommendation. Upon completion of the in-person evaluation meeting, members provided PHCD staff directives to further work and flush out some pending items and to issue a supplemental questionnaire to clarify additional points from the applicants. Director Dennis Zell as a member of the Evaluation/Selection committee participated and volunteered several hours during the last month as part of this committee and review. Staff and Management will be bringing forward a final recommendation before the Board at an upcoming special board meeting in November. The Board will also be informed of the entire process and selection process via a formal memo and presentation prior to that meeting.

MHSA Innovative Projects Funding Opportunity

As previously reported to the Board last month, San Mateo County Mental Health Services Act (MHSA) and Behavioral Health & Recovery Services (BHRS) released notification of a new round of fund that is available for Innovative Projects to develop new best practices in behavioral health. PHCD previously applied to these funds in 2019 and wasn't successful in being selected. Staff attended community information sessions, submission training sessions and worked jointly with the Stanford allcove team for support to apply for this opportunity. As reported last month, PHCD was notified that we were not successful in moving to the next phase.

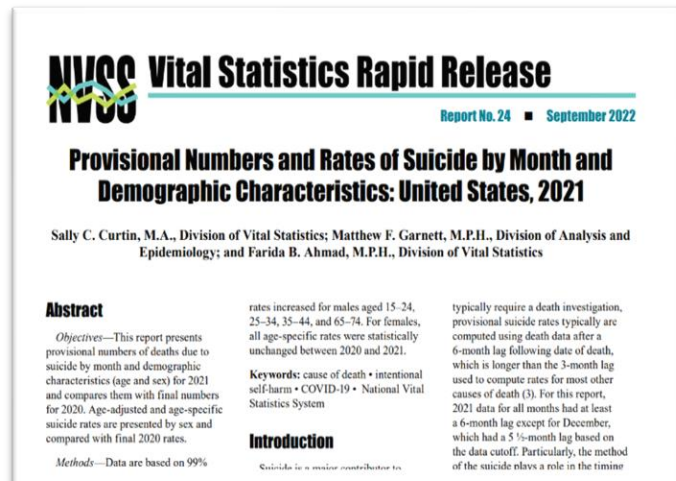
After conversations with the State Mental Health Commission (MHSOAC) and other local county partners we believe there is an opportunity to include the allcove model as part of a multi-county collaborative grant process. More information forthcoming as details are still being considered and worked out. Staff will be holding additional meetings to see potential partnerships and consideration for this new funding opportunity. We will continue to work with our local San Mateo County BHRS MHSA Committee to ensure that there is alignment and notification that indeed the allcove model does fit and qualify for MHSA Innovative Project funding.



Upcoming Site Visit from MHSOAC to tour allcove™ San Mateo

The California Mental Health Services Oversight & Accountability Commission (MHSOAC) has expressed interest in bringing a number (~25) stakeholders that are part of the Governor's Youth and Children \$4.2B Mental Health Initiative to visit current and upcoming allcove youth drop-in centers in the Peninsula. On October 28th individuals from Sacramento ranging from deputy directors to public health practitioners and researchers as well as MHSOAC staff and Executive Director Toby Ewing, will be visiting allcove Palo Alto to see the center that is now fully open and operating in that community. Upon completion of that tour, they will be coming up to San Mateo to visit the 2600 El Camino Real allcove™ San Mateo youth drop-in center location. Board Chair Larry Cappel and Director Dennis Zell will be representing the board at this visit. The tour should only take 1hr with expected time for Q&A. Additional details and invitation will be shared to Chair Cappel and Director Zell. This was a very impromptu and recent request which staff happily is participating and making it happen. It is advised that due to Brown Act Law restrictions no additional board members may attend at this time. Staff will update the Board via a future memo report of the key takeaways from this tour.

New CDC Findings Show Suicide Is on the Rise



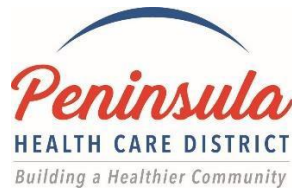
For your reading, the CDC full report and full article is attached to this Board Packet under communications.

We recently received a report from the JED Foundation which we wanted to share with the PHCD Board of Directors. The JED Foundation is a nonprofit national organization that protects emotional health and prevents suicide for our nation's teens and young adults, giving them the skills and support they need to thrive. We wanted to share with

you our most recent Point of View. In it, we outline steps we all must take to address the recent CDC finding: **The suicide rate increased 7% for teens and young adults.**

Here is a short excerpt:

"The Centers for Disease Control and Prevention (CDC) released new data indicating that the rate of suicide in the United States increased in 2021. After rising 35% from 1999 to 2018, followed by a modest decrease through 2020, the latest increase of 4% overall indicates the continuance of a long-term trend. Pertinently, the rate increased 7% for young people between the ages of 15 and 24 (primarily due to the 8% increase among males in that age group). Suicide remains the second-leading cause of death among 10- to 34-year-olds in the U.S. As a nation, and as a society, we need to do better. And we can.



DATE: October 27, 2022
TO: PHCD Board of Directors
FROM: Eddie Flores, Director, Youth Behavioral Health Programs
RE: 2022 allcove™ San Mateo RFP Selection/Evaluation Committee

2022 allcove™ San Mateo RFP Selection/Evaluation Committee

Details:

The Evaluation Selection Committee will support the reviewing and evaluation of the submitted application packets and responses to the Peninsula Health Care District's call and Request for Proposals (RFP) for the allcove™ San Mateo Youth Drop-In Center. The committee will be comprised of the following individuals who will serve in the role of evaluators:

- A stakeholder/member of the San Mateo Behavioral Health & Recovery Services team and/or affiliated with the group (BHRS)
- (2) Members of the Peninsula Health Care District's Youth Advisory Group (YAG) who will bring the lived experience and youth/young adult perspective and voice
- Representative from a non-profit organization in San Mateo County directly connected and involved with youth and young adults either providing services and/or programs to this demographic throughout San Mateo County
- A staff representative of the currently opened allcove™ Palo Alto Youth Drop-In Center
- A representative from the Peninsula Health Care District's Board of Directors
- A staff representative from the Stanford Center for Youth Mental Health & Wellbeing (CYMHWB) who serves as the technical assistance provider and part of the Central allcove Team (CAT)

Total Members: (7) (Intentional in order to support a majority recommendation vote)



The Commitment and Responsibility:

Our purpose and goal for the Evaluation Committee is to thoroughly review all proposals submitted that have met the minimum RFP requirements and select a provider for recommendation to contract for the delivery of allcove™ Youth Drop-In Center services. The recommendation will then be submitted to Cheryl Fama, PHCD CEO and Eddie Flores, PHCD Youth Behavioral Health Programs Director; and then upon reviewal from PHCD management the recommendation will move on to PHCD Board of Directors for final official vote and approval.

In addition, PHCD staff and RFP Consultant, Suzi Reed will provide the committee with full training and guidance prior to beginning their evaluation review. As well as train on what to look for and provide a full scoring/guide sheet to evaluate the proposals.

Each proposal received will be made available via hardcopy and hand-delivered to their choice address location as part of a proposal packet (see below). Once the proposals have been received on September 16, 2022, PHCD will screen them to determine if they meet minimum requirements. PHCD staff will then send proposal packets to each committee members to review no later than September 21, 2022.

Proposal Packets will include the following documents:

- Evaluation Committee review instructions (including information for online Zoom meeting)
- Evaluation Proposal Rating Sheet (one for each proposer)
- A copy of allcove™ Youth Drop-In Center RFP
- A copy of each proposal received
- Q & A document from Proposers' Conference
- Conflict of Interest Statement form

We hope to wrap up the full evaluation and the final recommendation of the Evaluation Selection Committee by 10/10/22. This proposed timeline although short in duration, does include a period of one week for evaluators to ask follow-up questions to staff and ensure that they have all that they need to make a recommendation.



Meetings

- Intro committee meeting (2 options): September 23rd from 2pm – 2:45pm and/or September 27th from 4pm – 4:45pm
- Evaluation committee meeting: October 3rd from 4pm – 7pm

PHCD allcove™ San Mateo RFP Selection/Evaluation Committee Member Roster **

First and Last name	Title	Organization	Stakeholder representation
Katelyn Chang	YAG member	YAG / PHCD	Youth
Clarissa Wing	YAG member	YAG / PHCD	Youth
Frieda Edgette	County Consultant, Commissioner San Mateo County BHRS	San Mateo County BHRS	County BHRS Commissioner
Dennis Zell	PHCD Board Director	PHCD	Board Member
Vicki Harrison	Program Director - allcove /Stanford	Central allcove Team - Stanford	Stanford CYMHWB
Olga Lizama	PSS Program Manager, allcove Palo Alto	Alum Rock - allcove Palo Alto	allcove Palo Alto Program Manager
Daniela Velasquez	Mental Health Director	Boys & Girls Club of the Peninsula	Non-Profit

** With PHCD staff Support supporting the committee:
Eddie Flores, Director Youth Behavioral Health Programs
Jackie Almes, Youth Outreach Specialist
Suzi Reed, Consultant



DATE: October 27th, 2022
TO: PHCD Board of Directors
FROM: Jackie Almes, Youth Outreach Specialist
RE: Monthly Report – October 2022.

allcove™ San Mateo – Youth Advisory Group

This past month the YAG and I have continued our work on our projects. We have completed the community wall and are almost done with our photography and quote wall. In our meeting we talked about the recent passing of Briana Fernandez Diaz and the tremendous impact she has had on the allcove project and our first YAG cohort. We want to have a tribute to her at our allcove center and the YAG came up with a few ideas on where and how we should do that at our future allcove center. We will continue to have this discussion as we get closer to our opening date.

On September 14th I went to KBM Hogue’s showroom with the furniture project subcommittee of the YAG. This gave the YAG an opportunity to sit test the pieces and also make some final decisions on pieces that we were deciding between. During this tour we looked at pieces from every room in our future allcove center. It had the YAG members really excited for the future of our allcove center. After we went through all the pieces and made some decisions, we started to look at fabrics. I made sure everything was up to the branding standards as we went through the options of each piece. Since we didn’t have enough time to go through all of the fabrics KBM Hogue is going to ship us the fabrics so we can finish going through them and making decisions to move this forward.

Following the showroom tour Eddie and I met with KBM Hogue to discuss the furniture budget. Following that meeting KBM Hogue sent us some new options for couches. I then met with the project committee to go through them. The YAG gave me their opinions and we were able to narrow it down. I then sent it to KBM Hogue for them to input into our design of our center. They will be presenting to the board at the November special board meeting.

Since the new additions to the YAG I have been working on creating documents to stay organized with the YAG. One of the documents includes each YAG members name, grade, school, birth date, contact information, and pronouns. The other document I created was a graduation date sheet. This is to keep track of when the YAG members that are seniors will be graduating. This is to help in the future with the care packages.

On October 17th we had our more recent YAG meeting. This meeting consisted of a 2-hour training session on all things mental health called Be Sensitive Be Brave – Mental Health. It helped to teach the YAG members how to spot signs of mental health in their peers, families, people around them and themselves. They talked about how to go about asking someone if they are struggling with mental health and how to provide resources. There were a lot of breakout rooms where they practiced talking to someone about mental health. We also talked about our own wellbeing and how each person has their own “recipe” for mental health. This includes everyday activities that you do to maintain a good life balance and keep up good practices for your mental health. The training was very engaging, and we had a high participation level throughout the training. Following the training one of our YAG members messaged me and said “I wanted to say thank you for this meeting because I know how much this can help. I know if I had heard this a couple years ago for myself it would have helped a lot so thank for you this!” – Kelly, YAG member.



PHCD

To move forward with our RFP process I worked with Suzi, our RFP consultant, on putting together the packets for the evaluation committee. I met with her at the office to print everything out and put it all together in a folder for all seven of the evaluators. Once we finished putting everything together, I went and dropped off the proposals to each of the committee members. I also worked on scheduling the evaluation committee meetings. The first meeting was an intro meeting where Suzi went through everything that was in the packets and how to score the proposals. It gave the evaluators an opportunity to ask questions about the process and anything found within the packet. The second meeting was an in-person meeting where we all met to discuss the proposals and score them. This gave an opportunity to have an open discussion and see others' views on the proposals. This meeting was about three and a half hours long. We went through each of the sections within the scoring sheet, discussed them and then scored that section. I took notes while the discussion was taking place to keep track of any questions directed towards the agencies. At the end of the meeting, we talked about what the evaluators would recommend. We are currently moving forward with their recommendation.

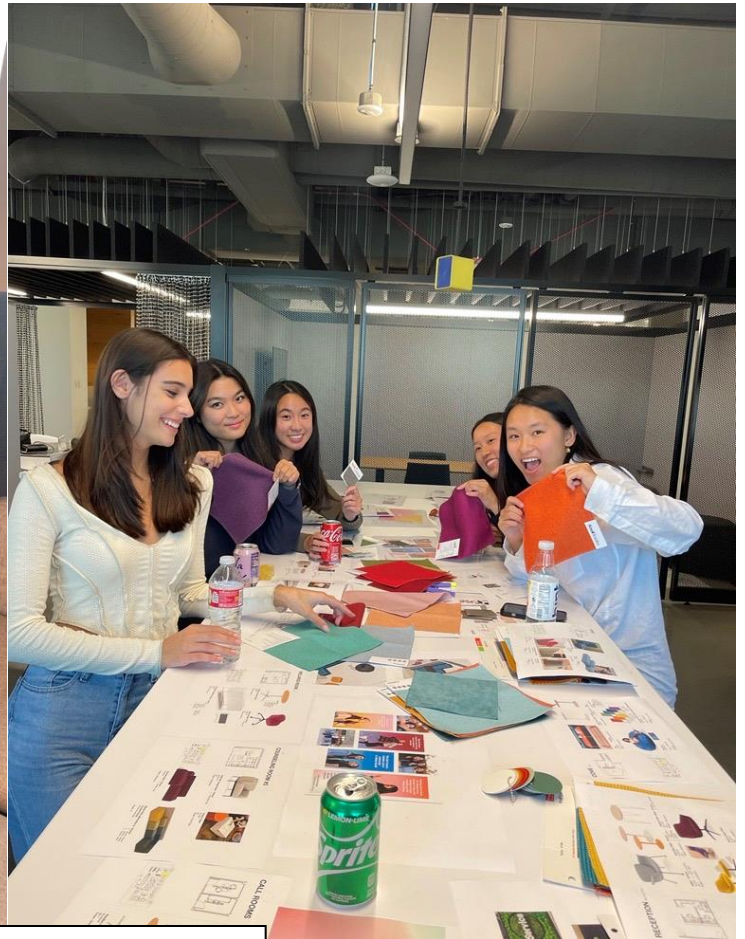
In the month of September an internship program from Mills High School reached out to me about finding a space to use for their program. Following our conversation, I gathered some more information on the program and then shared it with Eddie Flores. Eddie then talked to Cheryl Fama about it before granting approval to allow them to use our office space. The internship program is geared towards Juniors and Seniors who are prepping for college and college apps. I met with the leader of the program at the office to give him a tour and also go through everything he will need to know when using the space.

Outside trainings/partnerships

I am continuing my work with the BHRS youth committee by helping with their Youth Action Board. We are currently at a transition period in the YAB, so we are no longer doing our bi-monthly meetings. I now attend the monthly youth committee meetings. These meetings are very collaborative consisting of guest speakers and breakout rooms.

On October 6th I attended the Respect 24/7 conference via zoom. I was invited to participate on the panel to talk about my personal experience with substance use. We were asked about six questions each and were given the opportunity to share our experience with the subject. There were about 60 attendees in the audience, and it gave me the opportunity to talk about our future allcove center. I was able to talk about how substance use is one of the core components of the allcove model. It was a great opportunity to share my experience and hear from others as well.

On September 29th I attended the "Impact of Tobacco on Our Communities" Webinar (session four). This session focused on the impact of tobacco on the youth in our community. I saw it as an opportunity to learn more about the impact on youth specifically so that I could later bring this information learned to the YAG. The webinar focused on trends with tobacco usages throughout the years. The recent release of flavored tobacco has appealed to youth and causes a higher rate of usage in the past 10 years. I plan to bring some statistics to the YAG at one of our upcoming meetings.



The Furniture Project Subcommittee at KBM Hogue's Showroom





Peninsula Health Care District Health & Fitness Center

CENTER DIRECTOR REPORT OCTOBER 2022

- **Fitness Center Operations**
 - Total members currently enrolled at the Fitness Center: 175, a 20% increase since 1/1/22
 - Seniors in Motion, Balance Fitness and Yoga classes all had a 10% participation increase per class since the previous quarter

- **Education/Outreach**
 - Seniors At Home Online Safety Workshop and In Person Workshop at PJCC
 - Burlingame Community Center Gazette: Programs for Seniors
 1. Balance & Fall Prevention Seminars
 2. Identity Theft Seminar
 3. Vaccination Clinics
 - CA Dept of Business Oversight Booklets: Protect Yourself from Fraud
 - Commission on Aging: "Help at Home" Resource Guide for Older Adults
 - COVID-19 Bivalent Vaccination & Flu Shot Appointment Assistance

- **Marketing**
 - Direct Mailer Postcard: Mailed to seniors in 2–3-mile radius around 11/9



- **Member Spotlight**

Lynn Markwell is truly a walking miracle. For years while attending pulmonary rehab, she supplemented her non-class days by attending the Fitness Center so she could work out 5 days a week. At the time, Lynn could not exercise without being on oxygen. She impressed us with her positive energy and determination. We thought she was amazing then; little did we know she would then receive a double lung transplant and walk back through our doors in June of this year. We celebrate Lynn's incredible motivation and progress. Our PHCD Health & Fitness team appreciates being a partner and supporter of her health journey!



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Board Chair/President

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President Elect/Vice
President

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Carolyn Schutz
Patricia Wilkinson

Chief Executive Officer
Peter Olson

Services

Meals on Wheels
Nutrition Services
650-323-2022

Little House
Roslyn G. Morris
Activity Center
650-326-2025

Rosener House
Adult Day Services
650-322-0126

8/30/2022

Lawrence Cappel, PhD Board Chair
1819 Trousdale Drive
Burlingame, CA 94010

Dear Lawrence,

Thank you for your donation of \$ 5000.00 to Peninsula Volunteers, Inc. (PVI). With your gift, you help us fulfill our mission to enable seniors to age in place and send a message of compassion and caring to the seniors in our community.

Your support helps Peninsula Volunteers, Inc. expand our critical core programs during our 75th anniversary year and beyond: provide *Meals on Wheels* nutritious daily meal deliveries to more seniors who are unable to shop and cook for themselves; continue onsite and virtual online programming at Rosner House and at Little House to provide daily therapeutic programs and activities for seniors facing Alzheimer's and other dementias; and for more active seniors, a breadth of onsite and online wellness, social, cultural and technology activities; and to provide our on demand door to door transportation program for rides to medical appointments, pharmacies and grocery stores.

Your gift has a lasting impact on our community, and we are grateful for your remarkable support.

You help us sustain our vital programs and enhance active aging for older adults. Together we are enabling seniors to age in place and live full and vibrant daily lives.

Warmly,

Peter Olson
CEO/Executive Director

P.S. Do you know anyone who is interested in volunteering? We have opportunities available! Contact Ann Eisenberg at aeseenberg@penvol.org.

Peninsula Volunteers, Inc. is a duly recognized charitable organization under Section 501 (c)(3) of the Internal Revenue code. Tax ID #94-1294939. No goods or services were provided in return for this donation.



Open House

At PVI's Rosener House

Join us for our annual Open House to learn about PVI's Adult Day Services. Tour our center and meet our professional staff!

Sample our activities: Exercise class, Music, Brain Games, and Art. Questions about Adult Day Services? We will have an answer for you!

Join us at 10:15 for an informative presentation from Alzheimer's Association. **Managing Money: A Caregiver's Guide to Finances**

When:
Saturday, October 29th, 2022
10:00 AM to 1:00 PM

Cost:
Free

Contact:
650.322.016

The Impact of Cannabis on Youth What Should You Know?

FALL SESSIONS

October 18 | 3:30-5:00pm | Session 1 (virtual)

Perceptions and Myths of Cannabis Use – *Jason Kilmer, PhD*

It's time to dispel the myths about marijuana. Outdated and false perceptions about the drug are putting today's kids at risk.

November 1 | 3:30-5:00pm | Session 2 (virtual)

Health Impacts of Cannabis Use – *Eric Voth, MD, FACP*

Marijuana use during adolescence may have a wide range of health effects on the developing body. There are short- and long-term mental and physical health effects that can be harmful, including conditions such as Cannabinoid Hyperemesis Syndrome.

November 17 | 3:30-5:00pm | Session 3 (virtual)

Legalities of Cannabis Use in California

Lynn Silver, MD, MPH, FAAP; Jessamy Cadigan, Psy.D; Amelia Nash, AMFT

This session will focus on marijuana regulatory policy, efforts to reduce harmful use of tobacco and cannabis products, and adoption of potential best practices in a school setting.

SPRING SESSIONS

March 2 | 3:30-5:00pm | Session 4 (virtual)

Youth Panel – *speaker to come*

March 16 | 3:30-5:00pm | Session 5 (virtual)

Brain Development and Academics – *Dean Blumberg, PhD*

During adolescence the brain is particularly sensitive to drug exposure. Marijuana use impacts how connections are formed within the brain.

April 20 | 3:30-5:00pm | Session 6 (virtual)

Lessons Learned from Other Communities – *speaker to come*

May 2023 | 3:30-5:00pm | Summative Event (in-person)

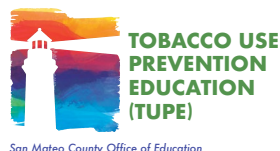
REGISTER:

<https://CannabisImpactOnYouth.eventbrite.com>

Questions? Contact

Theresa Vallez-Kelly, Coordinator, Tobacco Use and Prevention Program

tvkelly@smcoe.org





RECEIVED

OCT 05 2022

BY: **Executive Staff**

September 29, 2022

Lindsay Raike
*President and CEO*Lawrence W. Cappel, Ph.D.
Peninsula Health Care DistrictMichael Schrader
*Vice President*Board of Directors
1819 Trousdale DriveBrian Zywiciel
Chief Financial Officer

Burlingame, Ca 94010

Jane Stahl
Secretary

Dear Chair Cappel,

Board of Directors

On behalf of the users of the Mickelson Therapy Pool and our board of directors, I would like to express our appreciation for the recently approved resolution directing Sutter Health to re-open the pool. We also appreciate the Board's willingness to amend the resolution and accept our requests to send the resolution to a list of interested parties and issue a press release.

Romy Bauer

Pam Heman

Steven B. Stahl

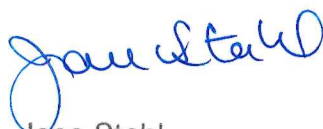
The Peninsula Health Care District has been a strong ally in our efforts to return this important health resource to San Mateo County residents. Your supportive comments and continued interest give comfort to all those who relied on the pool for their health, and, of course, all those who care about them.

Astrid Varteressian

The warm healing waters of the pool meant life itself to so many people. We look forward to the day when we can together celebrate the pool's reopening.

Warm Water Wellness Inc is a
501(c)(3) non-profit organization
that promotes aquatic therapy
resources for seniors and
disabled individuals of all ages.
Tax ID 87-4048687

In gratitude,


Jane Stahl
Secretary

Many thanks also for
the sincere letter
written to CEO Confanti



SAD NEWS

San Francisco Watercolor Artist, teacher, grandfather, father

San Francisco Watercolor Artist Dale Perkins died at the age of 94 in Burlingame, California.

Dale Perkins was born in Glenwood, Minnesota, to Guy, a railroad conductor, and Ruth, and showed an interest in art from a young age. Perkins moved to San Francisco when Dale was xxx. Dale attended Commerce High School and then San Francisco State University where he married Miss San Francisco State, Evelyn Ramstad. He studied at the San Francisco Art Academy. Dale served in the US Military where he roomed with Actor Leonard Nimoy (Spock from Star Trek). He did comics for the military during his time in the army. After the Army, Dale moved into teaching, finally landing as an Art Consultant for the Burlingame School District. He and his family moved to Burlingame in xxx. Dale also taught Art Education to teachers at UC Berkeley, SF State, Canada & Notre Dame Colleges Dale also taught shop (carpentry) and math and was the principal for Hoover Elementary School. His passion for art led to art exhibits of children's works at the San Francisco Airport, the Burlingame Post Office, within the elementary schools and more. Dale's original artwork blossomed when he retired from teaching and worked full time on his paintings, accumulating perhaps the largest collection of San Francisco Watercolors. In addition to personal collectors, his clients include Fortune 500 corporations such as Raymond James Investments, Sony, LLJ, Franklin Group Funds, Sysco Foods of Arizona, Armanino Fine Foods and more. Dale has been featured in solo & group showings in galleries in Ft. Brag, Sausalito, San Francisco (Ghirardelli Square and San Francisco World Trade Center), Half Moon Bay, Burlingame, San Mateo, Los Altos, Carmel & St. Francis of Assisi, Assisi Italy. Dale felt that every client was his best friend. His work also included florals, carousel horses, coastal, Burlingame (and the San Francisco Peninsula) and Pen & Ink, where Dale worked with fifteen foundations from SF to Redwood City who were gifted recipients of Dale's work. Dale these foundations for nearly 20 years. Dale gifted 30 framed custom pen homes to BCE (Burlingame Community Education Foundation) from 2003-2007 for the Annual Kitchen Tour Fundraisers benefiting the Burlingame Schools. Dale illustrated and was the key writer for San Mateo County Art

Education Books. In addition to commissions, internet sales (www.sanfranciscowatercolors.com) and other projects, Dale partnered with the Burlingame Library Foundation, Realtor Raziel Ungar, and giclee printer Dennis Mayer, sharing Raziel's love of Burlingame by painting icons as well as his favorite local restaurants. The Burlingame Foundation also featured Dale's work at their popular Book & Author's Community Luncheons. Dale donated original floral watercolors to the Clock Tower Gift Shop-via. Over one thousand editorial cartoons by Dale have been published in 9 newspapers in SF, Millbrae, Burlingame, San Mateo, San Carlos, Menlo Park, Belmont, and Milpitas. Dale and his wife Evelyn traveled to Assisi, Italy where his artwork was part of the xx for the delegation celebrating the Sister City between San Francisco and Assisi. San Francisco Sister City Celebration in Assisi, Italy.

Dale and his family appeared on Family Feud. Dale received from Congresswoman Jackie Speir, a Certificate for Decades of Art in the Community. From Mayor Emily Beach he received a Certificate of Appreciation for Art in the Community. Dale is also a member of the Al Escoffier Society and has provided lifetime Art Support to the Burlingame Library. And from Burlingame Mayor Terry Nage, he received the Extra Ordinary Citizen award.

Dale is survived by his two children, Jeanne (husband Jim) Carmack and Tarny (wife Tess) Perkins, from his marriage to Evelyn Ramstad Perkins and 7 grandchildren, Jordan, Jackson, Jonsen, Hansen, Haley, Jesse and Christian, along with lots of great grandchildren.

We will miss Dale Perkins!

"Dale paints scenes that are recognizable as well as beautiful. His work seems to glow incandescently, sunlight warming the clear bright colors that Perkins favors in his work." Pamela Fisher, Arts & Entertainment Editor, San Francisco Examiner

Watercolors by Dale Perkins

Version: **Mobile | Web**

Provisional Numbers and Rates of Suicide by Month and Demographic Characteristics: United States, 2021

Sally C. Curtin, M.A., Division of Vital Statistics; Matthew F. Garnett, M.P.H., Division of Analysis and Epidemiology; and Farida B. Ahmad, M.P.H., Division of Vital Statistics

Abstract

Objectives—This report presents provisional numbers of deaths due to suicide by month and demographic characteristics (age and sex) for 2021 and compares them with final numbers for 2020. Age-adjusted and age-specific suicide rates are presented by sex and compared with final 2020 rates.

Methods—Data are based on 99% of all 2021 death records received and processed by the National Center for Health Statistics as of May 15, 2022. Comparisons are made with final 2020 data. Deaths due to suicide were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.

Results—The provisional number of suicides in 2021 (47,646) was 4% higher than in 2020 (45,979). The provisional age-adjusted suicide rate also was 4% higher in 2021 (14.0 per 100,000 standard population) than in 2020 (13.5). The monthly number of suicides was lower in 2021 than in 2020 for January, February, and July, and higher in all other months. The largest percentage difference between monthly numbers for 2020 and 2021 occurred in October, where the provisional number in 2021 (4,211) was 11% higher than in 2020 (3,781). The age-adjusted suicide rate was 3% higher in 2021 than in 2020 for males (22.7 compared with 22.0). The 2% increase in the age-adjusted suicide rate for females (5.6 in 2021 compared with 5.5 in 2020) was not statistically significant. Suicide

rates increased for males aged 15–24, 25–34, 35–44, and 65–74. For females, all age-specific rates were statistically unchanged between 2020 and 2021.

Keywords: cause of death • intentional self-harm • COVID-19 • National Vital Statistics System

Introduction

Suicide is a major contributor to premature death in the United States, especially among people aged 10–34, for whom it is the second leading cause of death (1). In the United States, suicide increased 35% from 1999 to 2018 before declining by 5% through 2020 (2). Despite the overall recent decline, rates continued to increase among females aged 10–24 and among males aged 10–44 and 75 and over (2). This report presents provisional numbers of suicide by month in 2021 and compares them with final 2020 numbers, in total, and by sex. Provisional rates of suicide are presented by sex and age combined and compared with 2020 rates.

Data Source and Methods

Data and methods

Data for 2021 are based on death certificate data received and processed by the National Center for Health Statistics (NCHS) as of May 15, 2022. Populations for computing the rates are based on July 1, 2021, postcensal population estimates from the 2010 decennial census. Because most suicides

typically require a death investigation, provisional suicide rates typically are computed using death data after a 6-month lag following date of death, which is longer than the 3-month lag used to compute rates for most other causes of death (3). For this report, 2021 data for all months had at least a 6-month lag except for December, which had a 5½-month lag based on the data cutoff. Particularly, the method of the suicide plays a role in the timing of the reporting, with reporting for suicides involving drug poisoning typically lagging behind other methods (4). Suicides involving drug poisoning make up a larger proportion of suicides among females, so the completeness of provisional suicide counts for females typically lags behind that for males.

Completeness and timeliness of provisional death data can vary by other factors as well, such as month of the year and age of the decedent (5). Mortality data used in this report include over 99% of the expected deaths that occurred in 2021. However, some death records that have been received with a “pending” cause of death (0.2% of all death records) eventually may be classified as suicides. A *Vital Statistics Rapid Release* report for 2020 data with a similar data cutoff (May 19, 2021) included a total suicide number of 45,855 (6), which was 124 fewer deaths (0.3%) than the eventual final number (45,979). Suicides were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0 (7).

Rates and significance testing

Age-adjusted suicide rates were calculated as the number of deaths per 100,000 U.S. 2000 standard population and included all ages. Age-specific suicide rates begin with age group 10–14 because determining suicidal intent in children under age 10 is difficult. Consequently, very few deaths are classified as suicides for people under age 10 (20 in 2020 and 11 in 2021). Pairwise comparisons between rates for 2021 and 2020 use the z test statistic at the 0.05 level of significance. Comparisons made in the text among rates are statistically significant unless otherwise specified. See Technical Notes for more information.

Results

Suicides by month

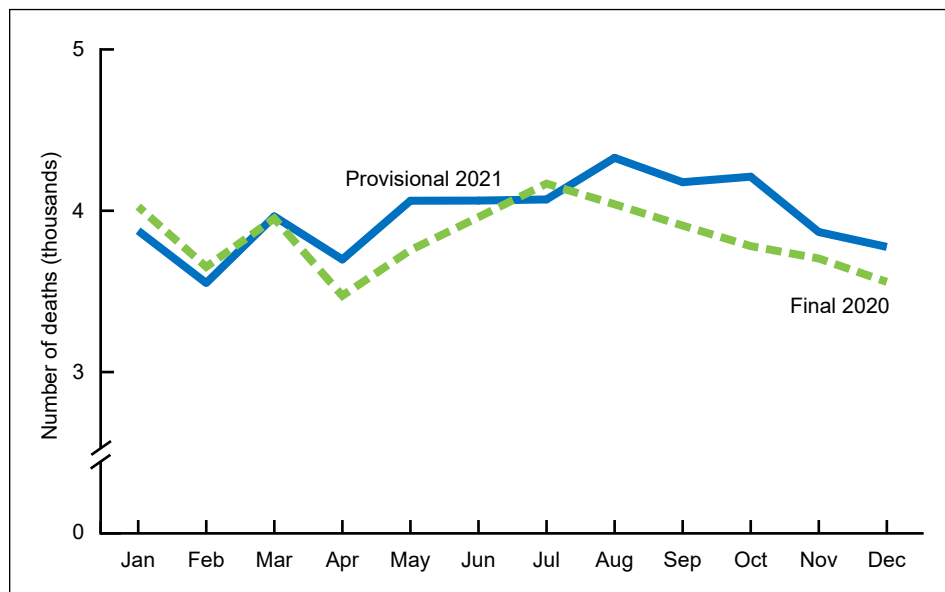
Total

Provisional suicide counts in 2021 totaled 47,646, 4% higher than in 2020 (45,979) (Table 1). By month, the provisional number of suicides was lower in 2021 than in 2020 for January, February, and July, and higher for all other months (Figure 1). The largest percentage difference in monthly numbers occurred in October, where the number in 2021 (4,211) was 11% higher than in 2020 (3,781). August had the highest number of suicides in 2021 (4,328), while February had the fewest (3,552). By quarter, the number of suicides in Quarter 4, 2021 (11,855) was 7% higher than in the same 2020 quarter (11,044), the largest percentage difference by quarter between years.

By sex

The number of suicides for males in 2021 (38,025) was 4% higher than in 2020 (36,551) (Table 1). The number for males was lower in 2021 than in 2020 for all months in Quarter 1 (January, February, and March) and again in July, but higher for all other months. The largest percentage difference in suicides for males occurred in October, with 15%

Figure 1. Number of suicides, by month: United States, final 2020 and provisional 2021



NOTES: Suicides are identified with *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2021.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

more suicides in 2021 (3,388) than in 2020 (2,935). February had the lowest number of suicides for males in 2021 (2,809), while August had the highest (3,426).

Suicide numbers were 2% higher for females from 2020 (9,428) to 2021 (9,621) (Table 1). The number of suicides per month among females was lower in 2021 compared with 2020 for 6 months (January, February, June, September, October, and November) and higher for the remaining 6 months. The largest percentage difference in the number of suicides was in August, which was 15% higher in 2021 (902) than in 2020 (785). August was also the month with the highest number in 2021. The fewest number of suicides among females in 2021 occurred in December (733) and April (734).

Age-adjusted rates by demographic characteristics

The age-adjusted suicide rate in 2021 (14.0 per 100,000 standard population) was 4% higher than in 2020 (13.5) (Table 2 and Figure 2). Rates for people in age groups 10–74 increased between 2020 and 2021, although only the

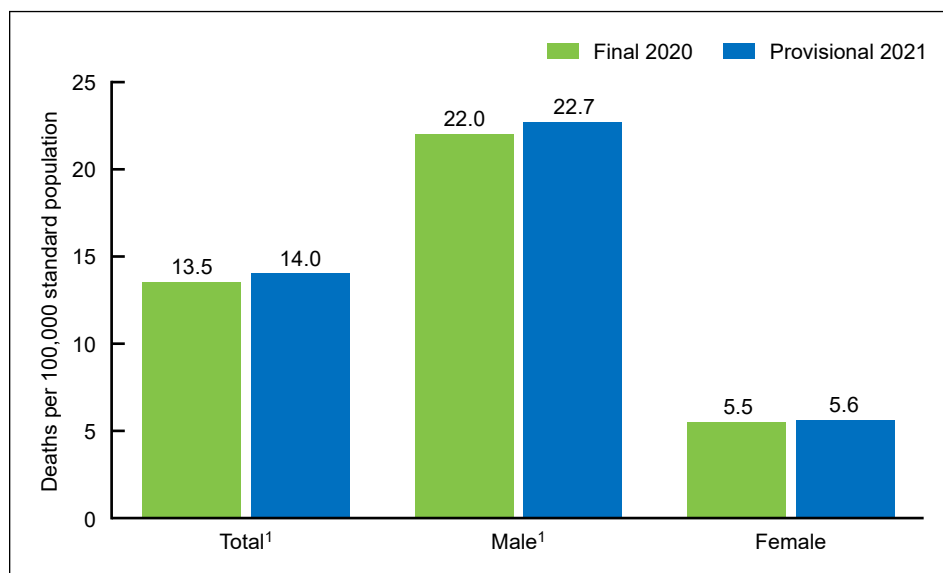
increases for those aged 15–24 (from 14.2 to 15.3), 25–34 (18.4 to 19.1), 35–44 (17.4 to 18.2), and 65–74 (14.5 to 15.1) were statistically significant. The 2% decline for people aged 75 and over (19.1 to 18.8) was not statistically significant.

By sex and age

For males, the age-adjusted suicide rate increased 3% from 2020 (22.0 per 100,000) to 2021 (22.7) (Figure 2). Rates for males in age groups 15–24, 25–34, 35–44, and 65–74 increased significantly, with the largest percentage increase (8%) for those aged 15–24 (from 22.4 to 24.1) (Figure 3). The age group for males with the lowest rate in 2021, 10–14, and the age group with the highest rate, 75 and over, each had declines that were not statistically significant. The rate for males aged 55–64 remained unchanged at 27.0.

For females, the age-adjusted suicide rate in 2021 (5.6) was 2% higher than in 2020 (5.5), although the change was not significant (Figure 2). Rates increased for females in age groups 10–14, 15–24, 25–34, and 55–64, although none of these changes were statistically significant (Table 2 and Figure 3).

Figure 2. Age-adjusted suicide rate, by sex: United States, final 2020 and provisional 2021

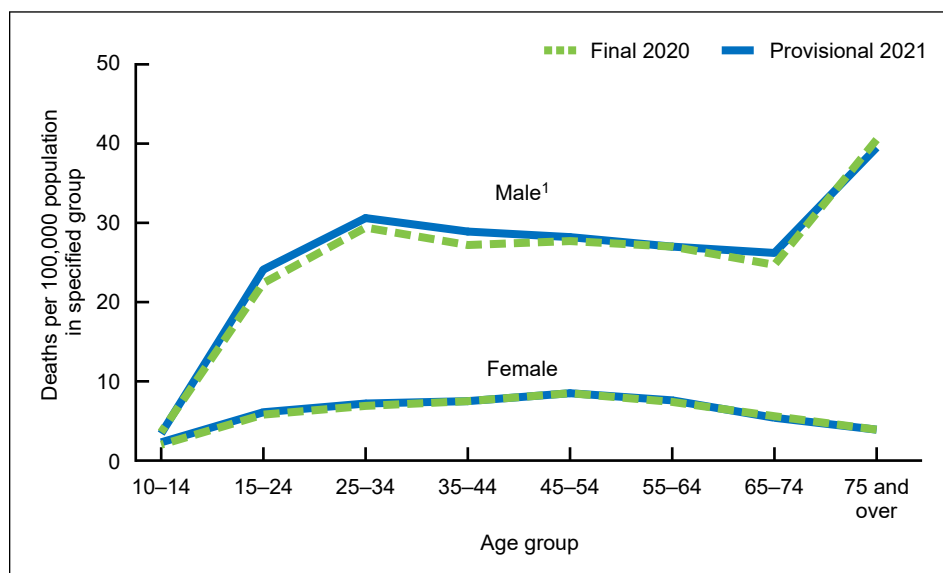


¹Difference in rates between 2020 and 2021 was statistically significant; $p < 0.05$.

NOTES: Suicides are identified with *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2021.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Figure 3. Suicide rate, by age and sex: United States, final 2020 and provisional 2021



¹Difference in rates between 2020 and 2021 was statistically significant at ages 15–24, 25–34, 35–44, and 65–74; $p < 0.05$.

NOTES: Suicides are identified with *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2021.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Females aged 65–74 were the only age group to experience a decline from 2020 to 2021 (from 5.6 to 5.4), although this 4% decline was not significant. Rates for females in age groups 35–44, 45–54, and 75 and over remained unchanged from 2020 to 2021.

Discussion

The provisional number of suicides for 2021 (47,646) was 4% higher than the 2020 final number (45,979), but was still 1% below the 2018 peak (48,344) (2). Numbers of suicides were higher in 2021 than in 2020 for 9 months, with the

largest percentage increase occurring in October (11%). The increase in the number of suicides was greater for males (4%) than females (2%), with the provisional 2021 number for males (38,025) nearly four times that of females (9,621). Suicide numbers for males were lower in 2021 than in 2020 for all months of the first quarter of the year (January, February, and March) and again in July, but higher for all other months. For females, numbers were lower in 2021 than in 2020 for 6 months throughout the year and higher for the remaining 6 months.

The overall age-adjusted suicide rate increased 4% from 2020 (13.5) to 2021 (14.0) but was 1% lower than the recent peak in 2018 (14.2). The 3% increase in the age-adjusted rate for males (from 22.0 to 22.7) was greater than the 2% increase for females (from 5.5 to 5.6), whose change was not statistically significant. By age group, the largest statistically significant percentage increase from 2020 to 2021 was for males aged 15–24, by 8%. Rates also increased for males in age groups 25–34, 35–44, and 65–74, with no significant declines for any age group. Although rates increased for females in age groups 10–14, 15–24, 25–34, and 55–64, none of the changes were statistically significant. The decline in the rate for females aged 65–74 also was not significant.

A limitation of this report is that the changes in rates for some age groups were underpowered (insufficient numbers of deaths) to detect statistical significance. This does not mean that the findings are not important, but rather that they did not reach the threshold for statistical significance (alpha less than 0.05 or 95% confidence that the changes were not due to random variation alone). For example, the suicide rate for females aged 10–14 increased 15% from 2020 to 2021, the largest increase of any age group. However, the change did not reach statistical significance because it was based on relatively few cases: 204 deaths in 2020 and 237 in 2021. Accordingly, assessment of changes between 2020 and 2021 should consider the number

of deaths and the criteria for statistical significance presented in [Table 2](#) and [Figures 2](#) and [3](#).

Because the numbers and rates presented in this report are provisional, they are subject to change. Reporting of suicides in particular can be delayed because of investigations regarding the cause and circumstances surrounding the death. Suicides for females are more likely to be incomplete in this report than suicides for males because their deaths more frequently involve drug poisonings (4). However, this analysis is based on more than 99% of expected death records, and the lag from the event to the reporting is more than 6 months for all months except December. Based on a comparison of the provisional 2020 suicide data (with a May 19, 2021, cutoff) (6) and final 2020 suicide data, the findings in this report for provisional 2021 suicide data are expected to be consistent with final 2021 data.

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List of Detailed Tables

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Vital Statistics Surveillance Report

Table 1. Number of suicides, by month and sex: United States, final 2020 and provisional 2021

Quarter and month	Total			Male			Female		
	Final 2020	Provisional 2021	Percent change between 2020 and 2021	Final 2020	Provisional 2021	Percent change between 2020 and 2021	Final 2020	Provisional 2021	Percent change between 2020 and 2021
Total	45,979	47,646	4	36,551	38,025	4	9,428	9,621	2
Quarter 1	11,630	11,393	-2	9,278	9,022	-3	2,352	2,371	1
January	4,026	3,876	-4	3,195	3,069	-4	831	807	-3
February	3,652	3,552	-3	2,906	2,809	-3	746	743	0
March	3,952	3,965	0	3,177	3,144	-1	775	821	6
Quarter 2	11,189	11,823	6	8,909	9,468	6	2,280	2,355	3
April	3,473	3,698	6	2,766	2,964	7	707	734	4
May	3,756	4,062	8	2,991	3,232	8	765	830	8
June	3,960	4,063	3	3,152	3,272	4	808	791	-2
Quarter 3	12,116	12,575	4	9,708	10,013	3	2,408	2,562	6
July	4,168	4,070	-2	3,358	3,214	-4	810	856	6
August	4,040	4,328	7	3,255	3,426	5	785	902	15
September	3,908	4,177	7	3,095	3,373	9	813	804	-1
Quarter 4	11,044	11,855	7	8,656	9,522	10	2,388	2,333	-2
October	3,781	4,211	11	2,935	3,388	15	846	823	-3
November	3,704	3,868	4	2,880	3,091	7	824	777	-6
December	3,559	3,776	6	2,841	3,043	7	718	733	2

NOTES: Suicides are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2022.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Vital Statistics Surveillance Report

Table 2. Number and rate of suicides, by age group and sex: United States, final 2020 and provisional 2021
 [Rates are per 100,000 population estimated as of July 1 in 2020 and 2021]

Age group and sex	Number			Rate		
	Final 2020	Provisional 2021	Percent change between 2020 and 2021	Final 2020	Provisional 2021	Percent change between 2020 and 2021
Total ^{1,2}	45,979	47,646	4	13.5	14.0	†4
Age group:						
10–14	581	593	2	2.8	2.9	4
15–24	6,062	6,468	7	14.2	15.3	†8
25–34	8,454	8,772	4	18.4	19.1	†4
35–44	7,314	7,751	6	17.4	18.2	†5
45–54	7,249	7,313	1	18.0	18.3	2
55–64	7,160	7,171	0	16.9	17.0	1
65–74	4,716	5,087	8	14.5	15.1	†4
75 and over	4,421	4,477	1	19.1	18.8	-2
Male ^{1,2}	36,551	38,025	4	22.0	22.7	†3
Age group:						
10–14	377	356	-6	3.6	3.4	-6
15–24	4,859	5,204	7	22.4	24.1	†8
25–34	6,882	7,158	4	29.4	30.6	†4
35–44	5,723	6,158	8	27.2	28.9	†6
45–54	5,514	5,581	1	27.7	28.2	2
55–64	5,539	5,514	0	27.0	27.0	0
65–74	3,743	4,111	10	24.7	26.2	†6
75 and over	3,900	3,932	1	40.5	39.5	-2
Female ^{1,2}	9,428	9,621	2	5.5	5.6	2
Age group:						
10–14	204	237	16	2.0	2.3	15
15–24	1,203	1,264	5	5.8	6.1	5
25–34	1,572	1,614	3	6.9	7.2	4
35–44	1,591	1,593	0	7.5	7.5	0
45–54	1,735	1,732	0	8.5	8.5	0
55–64	1,621	1,657	2	7.4	7.6	3
65–74	973	976	0	5.6	5.4	-4
75 and over	521	545	5	3.9	3.9	0

† Percent change in rates between 2020 and 2021 was statistically significant; $p < 0.05$.

¹Includes deaths to people under age 10 years and age not stated.

²Rate adjusted to the standard 2000 population; see Data Source and Methods and Technical Notes in this report.

NOTES: Suicides are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Provisional 2021 data are based on death records received and processed by the National Center for Health Statistics as of May 15, 2022.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Technical Notes

Census population data

The population data used to estimate the death rates shown in this report are July 1, 2021, monthly postcensal population estimates based on the 2010 decennial census. These data are available from the U.S. Census Bureau website at: <https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-detail.html>.

Cause-of-death classification

Cause of death was classified according to World Health Organization (WHO) regulations, which specify that member countries classify and code causes of death according to the current revision of the *International Classification of Diseases* (ICD). ICD provides the basic guidance used in most countries to code and classify causes of death. Starting with deaths occurring in 1999, the United States began using the 10th revision of this classification (ICD–10) (7).

In this report, cause-of-death statistics are based solely on the underlying cause of death. The underlying cause of death is defined by WHO as “the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.” The underlying cause is selected from the conditions entered by the medical certifier in the cause-of-death section of the death certificate. When more than one cause or condition is entered by the medical certifier, the underlying cause is determined by the sequence of conditions on the certificate, provisions of ICD, and associated selection rules and modifications. Suicides were identified by ICD–10 underlying cause-of-death codes U03, X60–X84, and Y87.0.

Computing rates

Rates for all ages combined in this report were age adjusted based on the standard 2000 population per 100,000 estimated U.S. population. Age-specific rates are per 100,000 population in the specified age group. Comparisons made in the text among rates are statistically significant at the 0.05 level of significance unless otherwise specified. Lack of comment in this report about any two rates does not mean that the difference was tested and found not to be significant at this level.

Random variation

The mortality data presented in this report are not subject to sampling error. Provisional mortality data may be affected by random variation—that is, the number of deaths that actually occurred may be considered as one of a large series of possible results that could have occurred under the same circumstances.

When the number of deaths is large, a normal approximation may be used to calculate confidence intervals and statistical tests. However, the definition of “large,” in terms of number of deaths, is subjective. Generally, for age-specific death rates, the normal approximation performs well when the number of deaths is 100 or greater. More information on statistical testing is published elsewhere (8).

Availability of mortality data

Mortality data used in this report are available in online products as described on the National Center for Health Statistics mortality website: <https://www.cdc.gov/nchs/deaths.htm>. Provisional mortality data are available from: <https://www.cdc.gov/nchs/nvss/vsrr/mortality.htm>, and from CDC WONDER: <https://wonder.cdc.gov/mcd-icd10-provisional.html>.

Acknowledgments

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JED's POV

New CDC Findings Show Suicide Is on the Rise—But It Doesn't Need to Be

The Centers for Disease Control and Prevention (CDC) [released new data](#) indicating that the rate of suicide in the United States increased in 2021. After rising 35% from 1999 to 2018, followed by a modest decrease through 2020, the latest increase of 4% overall indicates the continuance of a long-term trend. Pertinently, the rate increased 7% for young people between the ages of 15 and 24 (primarily due to the 8% increase among males in that age group). Suicide remains the second-leading cause of death among 10- to 34-year-olds in the U.S.

As a nation, and as a society, we need to do better. And we can.

As the leading nonprofit addressing youth mental health and suicide prevention, The Jed Foundation (JED) knows that suicide is a complex problem—but there are ways to prevent it.

In light of the new data from CDC, JED urges a proactive response, at a national scale, in order to protect youth mental health and save lives. That involves understanding some of the factors that are impacting youth wellbeing and that might have contributed to the

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[especially hard](#) by school closures, social isolation, loss of family members, and overall uncertainty during a time in life when people are already coping with big emotions. In particular, the pandemic removed essential supports, like [community gatherings and school networks](#). It should be noted that 61% of individuals ages 18 to 25 state that the pandemic remains a “[daily stressor](#).”

Financial challenges: Following steep inflation across the country and across commerce sectors, young people ages 18-25 reported money, the economy, and housing to be [top sources of stress](#). Money stress levels are at the highest recorded level for all adults since 2015, according to the poll.

Workforce instability: Similar to the effects of school closures, [young professionals](#) experienced a sense of uncertainty and isolation as their workplaces converted to virtual or hybrid settings and issued furloughs or layoffs. This led to feelings of impermanence and [widespread burnout](#). Many young people considered [changing jobs or career paths](#) in light of the shifting labor landscape.

Racial and social injustice: In 2020, there was a national reckoning in terms of racial inequality and social injustice, spurred by the murder of George Floyd; by 2021, however, there was a [growing sense of fatigue](#) and a lingering sense that there was a lot of work left to be done. One study from this period shows that [young people are especially sensitive](#) to social and racial injustice. Research has also found that young adults who frequently experience [discrimination](#) based on race, sex, or physical appearance are at greater risk of mental health issues than those who don't. In pursuit of care, people of color can be further harmed by [institutionalized racism](#). During the pandemic, the nation also saw [immigrant families](#) unfairly detained, separated, and deported, as well as numerous reports of [hate toward individuals within the Asian American-Pacific Islander](#) community.

Climate change: Young people have grown up hearing only dismal news about the likely outcomes for our planet, if not [experiencing the ramifications](#) of climate change. They may feel [helpless](#) to do anything about it or like the burden to [save the world](#) is entirely on them, leading to anxiety, depression, and other mental health challenges.

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individuals can afford therapy, they might still have difficulty finding a provider who is [culturally competent](#).

Rates of suicide tend to respond to [economic cycles](#) and [natural disasters](#). The CDC report correlates with those previously observed trends, which show that rates often don't rise immediately during the peak of the crisis, but during its ebb.

Unfortunately, the rate of suicide in our country was on the rise for two decades preceding the pandemic. We know that this surge is especially affecting teens and young adults. And we know that suicide continues to disproportionately affect [American Indian/Alaska Native youth](#), those in [rural areas](#), and those who identify as [LGBTQ](#). Suicide rates for [Black youth](#) are also rapidly worsening. We do not need to sit back and wait for another annual report to confirm this; we can start doing more to change the numbers on future reports right now.

The *only* way to change this trajectory is if the nation, collectively and with support at the federal and state levels, makes mental health a top priority. The [Biden administration](#) has already taken steps to prioritize youth mental health by issuing an advisory, allocating funds, and modeling a framework upon which we need to build. Now, we must address this [national crisis](#) on all fronts: urgently, cooperatively, and holistically. Health care experts, policymakers, corporate, education and community leaders, and those who have been directly affected by suicidal ideation or the loss of a loved one to suicide must come together with those in areas like technology, finance, environmentalism, journalism, sociology, and education to pursue proactive, enactable solutions.

Those solutions must include:

Strategic planning: The first step must always be for community and organizational leaders to seek to implement a comprehensive approach to mental health promotion and suicide prevention, [with guidance and support from experts like JED](#). The unique structures, problems, needs, and resources of each community or organization needs

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behavior. Supportive social relationships and feeling connected to school communities, family, and friends are protective factors that can help lower risk of suicide in young people.

Means safety: Promoting means safety is a proven way to reduce the rate of suicides; in a moment of acute distress, removing a path to suicide can often create enough distance from the immediate impulse as to [quell it](#) altogether, and often for good. [Youth firearm suicides](#) are the highest they've been in 20 years, and firearms are the leading method of suicide in the United States. With better practices in place and improved firearm safety measures (better screening and storage, for example), we can save lives. Other examples of means safety include putting [barriers on bridges](#), disposing of expired medications, and putting locks on upper-story windows. Means safety can be practiced in all settings, including at the community level, within institutions and employers, and at home.

Access to care: It is [currently difficult to find, and pay for](#), adequate providers, services, and medications. We must work to reform the health care system so that mental health is as much of a priority as physical health. This would include increasing the numbers of behavioral healthcare providers who are in insurance networks, in addition to implementing mental and physical health benefits with parity. To further ensure that treatment is accessible, we must pursue innovative approaches to leveraging our current mental health capacity such as [collaborative care](#), recruitment, training, and retention of providers, as well as new ways to connect individuals with the [resources](#) they need. [The Path Forward](#) is an example of a coalition working to address these issues.

Reducing stigma: The first step to destigmatization is encouraging people to talk openly about mental health challenges (including peer-to-peer [help-giving behavior](#)) and have [conversations about suicide](#). It also entails giving the media the correct tools and guidelines to report on [suicide deaths](#) and [mental illness](#). Today, we know that [1 in 5 adults](#) live with a mental illness, and [1 in 3 young adults](#) ages 18 to 25 experienced a mental, behavioral, or emotional health issue as of 2020. These experiences should be normalized, discussed, and fully addressed.

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and households. Community and organizational leaders should work to implement a comprehensive plan. Parents and caregivers can learn about how they can support the mental health of the young people in their lives, including knowing how to identify [signs](#) that a youth may need help. Caring communities have been shown to cultivate a sense of [well-being and positivity](#) in young people and correlate with a decreased incidence of [high-risk behavior](#).

There is no shortage of research to show that risks for suicide can be reduced. But there are still actions that need to be taken in order to achieve this goal. First, we must make suicide prevention a national priority; then, our approach must draw on expertise from diverse knowledge areas to address the complex sources feeding into this crisis. With commitment and diligence, it is possible to reverse this upward trend. At JED, we know that it is possible to prevent the loss of young lives to suicide, but we know that it will require commitment and substantial reforms: We implore the nation to take action, together, now.

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Community-based testing, vaccination project seeks to end deadly legacy by reaching populations at risk



Photos by Yalonda M. James/The Chronicle

Dr. Kim Rhoads (center) confers with Seana McGee about vaccinations during a San Francisco health fair.

Striving to cure health care racism

By Shwanika Narayan

When Dr. Kim Rhoads first set up Umoja Health Partners in San Francisco in June 2020, she didn't know how quickly her volunteer collective would go from providing information about COVID-19 to setting up testing and vaccine sites for communities of color facing disparities in the pandemic response.

Two years later, Umoja — a word that means “unity” in Swahili — now counts close to 60 community partners and offers vaccines for monkeypox and flu, along with screenings for patients who may be at risk for cardiovascular disease, diabetes and colon cancer, at its pop-up clinics.

Catering to African American pa-

tients but open to all, the community-based approach is crucial in reaching vulnerable populations that continue to face discrimination in health care, Rhoads said.

“Discrimination in health care is just like discrimination that happens outside of health care,” said Rhoads, a UCSF professor and colorectal surgeon who now focuses her research on cancer disparities and community care. “It’s horrible, but with health care, people’s lives are literally at stake.”

Life-and-death stakes are at the heart of a study released this month by the California Health Care Foundation.

Conducted by Evitarus, a Black-

Health continues on A11



Dr. Vanessa Grubbs started the nonprofit Black Doc Village to combat discrimination faced by Black health care providers.

HEALTH

From page A1

owned public opinion research firm in Los Angeles, the study surveyed 3,325 African American adults across the state from March 5 to May 8. One in 3 reported being treated unfairly by a health care provider because of race.

The three-part study, which also ran 18 focus groups and interviewed 100 Black Californians, said women, LGBTQIA+ individuals and those with mental health conditions reported more frequent experiences with racism and inadequate pain treatment than other Black Californians.

The survey also found that Black Californians are “highly intentional” about their health, with 77% putting a great deal of effort into getting appropriate screenings or preventive care, while 79% said they focused on their mental health.

“There were very high levels of engagement with protective strategies, even for folks that had not experienced racism and discrimination,” said Shakari Byerly, principal researcher at Evitarus.

Byerly said everyone should seek preventive care, but the sheer number of Black Californians who do underscores how providers have to be more proactive because of past discriminatory experiences.

Numerous studies show that several contributing factors create disparities in health care, such as living in communities with environmental



The health fair gift bags contain information about breast cancer, colorectal cancer and diabetes.

problems, poor treatment at hospitals and medical centers, and distrust, which Rhoads says is a valid response to past untrustworthy behavior by the medical establishment. A recent Pew Center study stated, “Black adults say less access to quality medical care where they live is a major reason why Black people in the U.S. generally have worse health outcomes than other adults.”

Rhoads, who lives in Oakland, said this is why it’s important to meet people where they are instead of expecting them to come to you. What’s also lacking among medical institutions is connection, which is crucial in eliminating disparities. Setting up pop-up clinics in neighborhoods that are often neglected is a way to possibly mend relations and build trust, she added.

A recommendation of the California Health Care Foundation study was to expand community-based education and advocacy for residents, which Umoja Health is doing through five dozen community partnerships with local clinics, places of worship,

school districts and local governments. The volunteer-run collective hosts pop-up clinics and educational drives almost every week in San Francisco, Alameda and San Mateo counties.

Other recommendations included increasing Black representation among health care providers, holding the health care system accountable, and developing more holistic approaches to health care.

Dr. Vanessa Grubbs runs Black Doc Village, an Oakland collective that is trying to increase representation by advocating for Black trainees and physicians facing workplace discrimination.

“Black residents make up 5% of the residency training programs, but account for 20% of dismissals,” Grubbs said. “The point of Black Doc Village is to increase the Black physician workforce so that we can improve the health of the Black community. We don’t want to be catching people as they’re falling off a cliff but to actively move them out of harm’s way.”

Grubbs said Black phy-

“We don’t want to be catching people as they’re falling off a cliff but to actively move them out of harm’s way.”

*Dr. Vanessa Grubbs
of Black Doc Village*

sician residents are subjected to disciplinary actions and microaggressions that their white counterparts don’t experience. She said Black residents can face disciplinary action over the most minuscule of issues, such as dressing or speaking differently or wearing their hair a certain way.

“There is a lot of work to be done, and it will take time to make processes more equitable,” Grubbs said.

Rhoads believes small but consistent steps are key in making headway for Black patients. Most of her volunteer staff members are from the communities they serve, which is a way to make medical care less “clinical and transactional,” she said. Having a community participate in its own solutions through an active dialogue shows care, she said.

“Umoja is a method,” Rhoads said. “It is a method of amplifying community voices and holding public health institutions accountable.”

*Shwanika Narayan is a San Francisco Chronicle staff writer. Email: shwanika.narayan@schronicle.com
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Photos by Yalonda M. James/The Chronicle

Cheryl Bass (left), Illistine Banks and Wilma Batiste put together gift bags containing information about health along with gift cards to distribute for Umoja Health at a San Francisco community health fair.

**Executive Staff**

October 20, 2022

Lindsay Raike
President and CEO

Dear Chair Cappel, CEO Fama, and PHCD Board members:

Michael Schrader
Vice President

In response to questions asked during sidebar conversations at the PWC planning meeting, Mike Schrader and I initiated contact with all the warm water therapy pools we were aware of in the SF Bay Area. We asked a number of questions about their operations and most importantly about their average operating temperatures.

Brian Zywiec
Chief Financial Officer

The chart below contains the operating temperatures of nine warm water therapy pools—seven that are currently in operation and two that are now closed. In addition, we sent a more extensive survey asking for more specifics about their operations, such as depth, user preferences and other items which may help guide PHCD or any other organization considering building a warm water therapy pool.

Jane Stahl
*Secretary***Board of Directors**

We expect to receive and collate that information and forward it to your board sometime just after your meeting occurs next week.

Romy Bauer

Since we had phone communications with representatives of all nine pools, we prepared this small chart of targeted temperature/operating ranges.

Pam Heman

Steven B. Stahl

If there is any other information you need, or help we can provide you, in establishing a set of specifications for a possible warm water therapy pool, please let us know. We will do everything we can to provide such data you request.

Astrid Varteressian

PRELIMINARY RAW DATA:

Temperature targets for nine aquatic therapy pool facilities—seven currently open and two that are now closed*

Mickelson*	92-93°
PA PAMF Clark (SwimEx)	92-98°
PA VA	92-93°
Menlo Park VA	92-93°
SF Pomeroy	91-93°
SJSU Timpany	92°
Santa Clara Valley Med*	92°
SF CPMC Davies	91°***
SF CPMC St. Francis	91°***

Warm Water Wellness Inc is a
501(c)(3) non-profit organization
that promotes aquatic therapy
resources for seniors and
disabled individuals of all ages.
Tax ID 87-4048687

**These numbers are anecdotal from a single former user. We believe the temperature is actually higher. We are awaiting official data from facility operators.

The American Parkinson Association Aquatic Therapy Guide recommends 91-95°.

Sincerely,

Lindsay Raike, CEO
Warm Water Wellness Inc