



Strategic Direction Oversight Committee Meeting Minutes May 3, 2023

1. Call to Order: Chair Cappel called the meeting to order at 5:00 pm

Roll Call: SDOC members present were Cappel, Pagliaro, Jackson, Johnson, Kraus, Emmott

Absent: Quigg, Aubry, Bandrapalli, and McDevitt.

2. Approval of Minutes: SDOC April 3, 2023

Motion to approve as written by Vice-Chair Pagliaro; seconded by Johnson

Roll Call Vote: Ayes-5; Noes-0; Abstain-1

Motion Passed:5/0/1

3. Sonrisas Proposal for Upcoming Three-Year Grant Term: Tracey Carillo Fecher, CEO

Sonrisas CEO **Tracey Carillo Fecher** presented on the FY24-FY26 Partnership Proposal, Oral Health Care Safety Net Services.

SDH has removed barriers for thousands to get treated and provides oral health education to all ages in the community, which contributes to the prevention of untreated oral health issues and addresses overall health. The SDH team has demonstrated responsible leadership by setting strategies and measuring impact. They have complied with all covenants of the recent funding agreement and have used PHCD's funding wisely to improve their constituent's health.

Access to a Dental Home for Peninsula Health Care District Residents

Sonrisas provides a dental home to children and adults, delivering comprehensive oral health care that supports continuity of care and ongoing preventative care, improving long-term oral health outcomes. In FY 21-22, Sonrisas provided 5,485 visits for 2,041 residents of PHCD. Most (75%) of the patients served by Sonrisas are low-income PHCD residents with Medi-Cal. The reimbursement rate for Medi-Cal patients leaves an average gap of \$200/visit. Sonrisas has proposed securing Access to Care funding to enhance healthcare accessibility for PHCD residents. They aim to utilize this funding to support 3,600 Medi-Cal visits. This funding request amounts to \$720,000.

Access to Care Visits

| | |
|------------------------------------|-----------|
| Medi-Cal Visits for PHCD Residents | 3,600 |
| Proposed PHCD Support | \$720,000 |

Oral Health Educa. on and School Screening Program

Screening + Care Coordination = A warm pathway to a dental home

Sonrisas' School-Based Oral Health Screening and Education Program finds children in the community who need dental care and do not have a dentist. During the funding period, the children will receive dental screenings, oral health screenings education, and an oral health supply kit to use at home. Following each screening, Sonrisas' Community Care Coordinator will contact each child's parent or guardian to explain screening findings, and if the child urgently needs care and does not already have a dental home, schedule them to be seen at Sonrisas or help them access referral resources from Health Plan of San Mateo. To optimally serve priority students at non-priority schools, Sonrisas Dental Health will need to undertake significant outreach and relationship-building activities, including building relationships with school districts with whom they have not historically partnered, developing, and processing MOUs, and working with each district to assemble a plan that allows for targeted screenings of students.

| <u>Oral Health Screenings</u> | <u># Children</u> | |
|--------------------------------------|--------------------------|----------|
| Children at Priority Schools | 250-300 | \$19,500 |
| Priority Children | 50-100 | \$15,000 |
| Proposed PHCD Support | | \$34,500 |

Senior Patient Navigation & Community-Based Screenings

During the period spanning from July 1, 2023, to June 30, 2026, Sonrisas is dedicated to innovating and expanding its initiatives with the aim of enhancing access to dental care for individuals aged 65 and above. The National Institutes of Health have recognized this group as critically underserved. Given that 58% of individuals in this age group lack dental insurance and utilization rates for dental care are among the lowest, Sonrisas has developed a specialized program called Sonrisas Senior Programming. This program is designed to address this gap and ensure that older adults have access to the dental care they need.

Sonrisas Approach to Senior Focus

- Accepting public dental insurance and offering an affordable scale for uninsured patients who are low income.
- Expanding oral health assessments for seniors into community locations and assisting with patient intake.
- Enhanced care coordination (Senior Patient Navigation) on an ongoing basis for older adult Sonrisas Dental Health patients, specific to their individual needs, facilitated by the Aging Adult Care Coordinator.

- | <u>Senior Programming</u> | <u># Seniors</u> | |
|---------------------------|------------------|----------|
| Senior Patient Navigation | 50-100 | \$10,000 |
| Proposed PHCD Support | | \$10,000 |

Community Outreach Within PHCD Area

Sonrisas' Community Engagement Director, Dr. Bonnie Jue, develops community programs that improve access to oral health and disease prevention programs, which include education and dental services for community members. During the funding period, Sonrisas seeks to expand outreach and promotion of oral health programs to new community organizations within PHCD, while sustaining services to existing partners. Work will include identifying community partners in collaboration with PHCD that are/may be interested in promoting oral health and overall well-being to their participants. The focus will be on children and older adults, primarily low-income residents with limited access to health care due to financial, physical, and/or Oral Health developmental challenges. The Community Engagement Director will build and maintain relationships within the community to support these programs.

| <u>Community Outreach</u> | <u># New Partners</u> | |
|---|-----------------------|----------|
| School and Senior Screenings/ Services with New Partners | 5 | \$35,500 |
| Proposed PHCD Support | | \$35,500 |

Summary of proposal: FY24 to FY26 PHCD and Sonrisas Partnership

| <u>Program Area Number</u> | <u>Served Annually</u> | <u>Funding Allocation</u> |
|------------------------------|------------------------|---------------------------|
| Medi-Cal Care Visits | 3,600 | \$720,000 |
| School Screenings | 300-400 | \$34,500 |
| Senior Patients | 50-100 | \$10,000 |
| Expanding Community Outreach | 5 New Partners | \$35,500 |
| PHCD Annual Funding Total: | | \$800,000 |
| PHCD FY24-26 Funding Total: | | \$2,400,000 |

In summary, Sonrisas Dental Health proposes a 3-year funding partnership from July 1, 2023, to June 30, 2026, to provide access to care, school and senior screenings, and patient navigation to PHCD residents for a total proposed grant of \$2,400,000.

Q & A with Tracey Carillo Fecher and Sonrisas Community Engagement Director Bonnie Jue

How much would Medi-Cal reimburse Sonrisas per visit? The average reimbursement per visit is roughly 50% of the service cost in San Mateo County.

What percentage of the organization's total funding does the annual funding that Sonrisas is requesting from the District represent? Sonrisas will fundraise between 2.1M and 2.2M in the next year, with 800k of that coming from the district.

Why is the annual funding request 100k less than in prior years? The primary reason is that the organization has been successful in its fundraising efforts from other sources.

Regarding the school screenings and the Warm Pathway to Care Program, does the organization connect children with a dentist, or does Sonrisas provide care? Children who are identified as having an urgent dental need are often scheduled for an appointment at Sonrisas. If a child already has a dentist, they are encouraged to continue receiving dental care at that same facility.

How many priority schools does Sonrisas serve, and does the organization collaborate with the San Mateo County Office of Education to identify these schools? There are currently seven priority schools being served. Sonrisas works with the county's Oral Public Health Program, which coordinates the school screenings.

Amid the pandemic, the District collaborated with organizations like churches in vulnerable communities to promote Covid prevention through vaccination clinics. Has Sonrisas leveraged these community resources to promote its Senior Oral Health Program?

The organization has recently established a Community Advisory Board to enhance the outreach of the Senior Oral Health Program in the county's vulnerable and underserved communities.

Does Sonrisas collaborate with the San Bruno Community Foundation? Sonrisas is funded by the San Bruno Community Foundation through its grant cycle.

4. Revised Hep B Free Funding Request: Richard So, Executive Director

Changes to Original Budget and Deliverables:

Given the impact of COVID on community-based programs, the Community Screening Program was delayed and not able to launch until this year. As a result, the budget and some deliverables were modified. The most significant changes are that the public awareness campaign will no longer use Sam Trans as a medium and instead will use digital media ads to collect more accurate data and reduce costs. The Data Baseline Creation has also been removed due to redundancy as the cost has been integrated into the other programmatic elements.

Revised Program Summary:

The program maintains its key elements:

1. Launch a public awareness campaign using mediums such as Digital and Ethnic Media
2. Launch a PHCD Business Initiative targeted at Asian-centric businesses
3. Offer a vaccine program in partnership with retail pharmacies
4. Expand physician education opportunities

Funding Distribution:

| <u>Component</u> | <u>Original Annual Budget</u> | <u>Proposed Annual Budget</u> |
|-------------------------|--------------------------------------|--------------------------------------|
| Awareness | \$55,000 | \$48,547 |
| Business Initiative | \$73,700 | \$63,700 |
| Vaccination | \$11,000 | \$10,000 |
| Physician Education | \$11,000 | \$10,000 |
| Data Baseline | Built into each invoice | \$5,000 |
| Fiscal Sponsor Fees | Built into each invoice | \$13,732 |
| Total: | \$150,700 | \$151,048 |

Ms. Jackson thanked **Mr. So** for his contribution to the Hep B program. She expressed gratitude for the valuable information he provided, recognizing its potential to enhance the District's ability to monitor and evaluate the delivery of programs as they work towards implementing the new Strategic Plan.

Chair Cappel: commented that he was glad to see the program return, as it had been sidetracked by the pandemic.

Q & A with Richard So

Is there a possibility of the program's focus expanding beyond the Asian community and Pacific Islanders to encompass other communities? Due to the higher prevalence of the disease in Asian and Pacific Islander communities, the program's current focus is directed toward them. However, despite limited resources, the program ensures inclusivity and does not turn away any individual.

During the contract review, it was noted that there is a section concerning limitation on liabilities. Does the program have insurance coverage? The program is indeed insured. Furthermore, the test results are processed by the California Pacific Medical Center Sutter Health, and the program exclusively partners with established insured networks.

5. Adjournment

DATE: July 25, 2023
TO: PHCD Strategic Direction Oversight Committee
FROM: Alexis Denton & Maria Mortati
RE: ***THE HUB: Project Update: Defining the Foundation***

Progress to Date:

The goal of this phase is to prepare the PHCD to engage in the next steps of the Design Development process by ensuring they have made all the decisions necessary and have relevant systems in place.

Our focus over the last few months has been on researching the needs of the District’s constituents, discovering gaps in services in the area, defining operational models, developing a service framework, and designing the foundational aspects of the Hub. We have been holding regular meetings with the Leadership Group (Ana Pulido, Larry Cappel, and Henry Sanchez).

The attached “Background” slide decks outline the following:

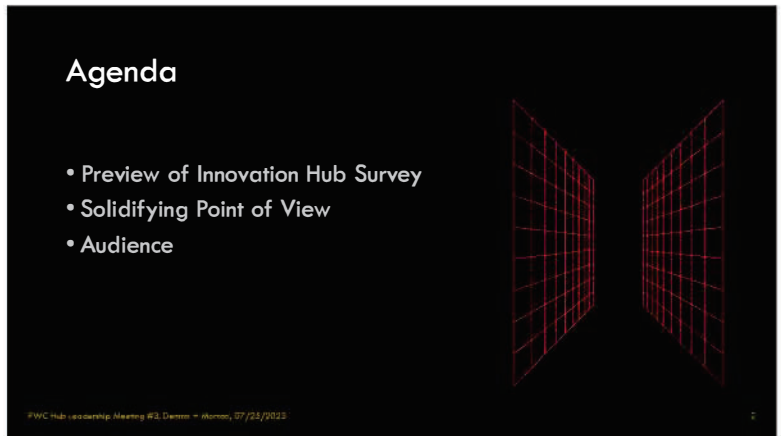
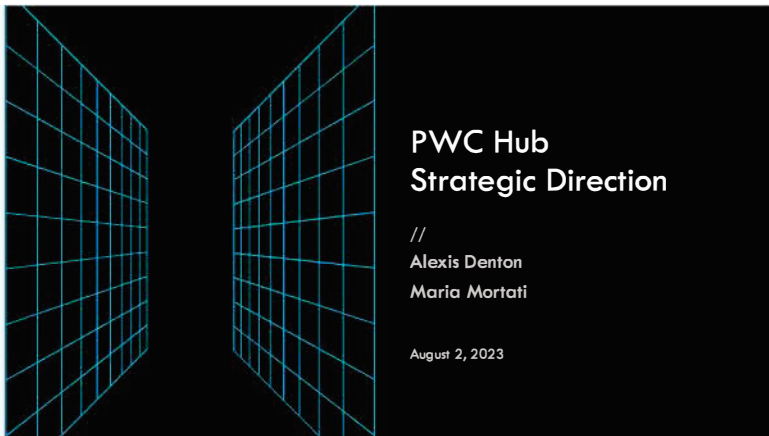
- Demographics and background research: we researched the District’s demographics, health and lifestyle needs identified by the County and surrounding hospitals’ needs assessments. We compared these to anecdotal research we conducted in prior phases during interviews with local service providers and health experts. All of this was done with a focus on the older adult audience. See appendix in attached slide deck for more detail.
- Asset Mapping: an analysis of existing services and providers within the immediate vicinity, identified by distance from the Hub, service provider, and how the service fits within our previously identified themes. Out of this work we discovered that the major gaps were in social and engagement opportunities, physical locations for services, adult day care, and mental health specific to older adults.
- Defining operational model options: the team presented three overall options for how the District might choose to operate the Hub. More information is needed to come to a decision on this.
- Defining service framework: the design team presented the service framework (see attached deck) to show the complexity of the project and the process for how each type of service gets further defined and refined.

- How the Hub interacts with District Strategic plan and its values: the team discussed how the Hub interacts with the current strategic plan of the District. The group determined that the Hub is not merely a service, but the flagship of the District, and it should embody the strategic plan.

Current Focus and Discussion for the Strategic Direction Committee:

The team's current focus is defining the foundational aspects of the Hub – its point of view, a more detailed definition, mission, vision, and goals. Currently we are working to determine the District's point of view – how the Hub approaches caring for constituents. In the attached slide deck, we describe three points of view and their implications.

There is also a new question around audience of the Hub. The current focus of the hub is on older adults with some multi-generational programming. Should this change so that the hub is a wellness-focused center for all ages, without a specific focus on older adults?

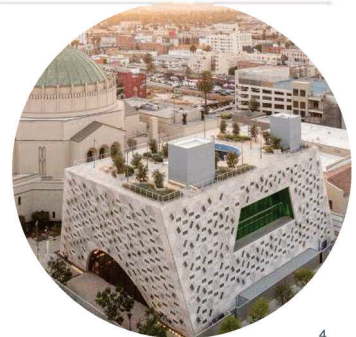


REAL WORLD EXAMPLES

GenSpace by Wallis Annenberg, Los Angeles, CA



GenSpace, the community hub founded by Wallis Annenberg, challenges ageist narratives onscreen by advocating for stories centered around an older population. Membership costs \$10 per month and offers state-of-the-art fitness, horticulture, art, technology, and financial security classes, along with hosting events. GenSpace fosters community, connection, and promotes a positive outlook.



REAL WORLD EXAMPLES

Seniors' Community Hub, Alberta, Canada

Seniors' Community Hub (SCH) centralizes primary care to address health and social needs of older adults and their caregivers. It targets patients aged 65 and above with "mild to moderate" frailty. The program identifies, assesses, and manages frailty, promoting information sharing between patients, caregivers, and healthcare providers. It collaborates with agencies to provide services such as homecare.



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5

REAL WORLD EXAMPLES

Collaborating for Health (C3), UK

C3's community-engagement programme, using its unique CHESS approach, empowers local communities to identify and overcome health barriers. Community members become 'citizen scientists', using a mobile tool to record and map local health impediments. Evidence collected has led to significant funding and impactful interventions such as the development of playgrounds, provision of healthy meals, and revitalization of community centers.



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6

REAL WORLD EXAMPLES

Global Center for Modern Ageing - LifeLab, South Australia



The GCMA's LifeLab is a simulated real-life environment where researchers collaborate alongside older people and businesses to co-design and validate products, services and experiences that enhance the lives of ageing people. The GCMA is a Member of the European Network of Living Labs (ENoLL) and one of only 33 Living Labs globally with a focus on ageing.



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7

Defining the District's Perspective

How the District Wants to Care for Their Constituents Through the Hub

PWC Hub Leadership Meeting #9, Denton + Morrill, 07/25/2023

8

The Need to Craft a Shared Point of View

- Why do we need to settle on a POV?
 - It helps us stay on track
- It ensures the Hub is more than a list of services
 - It's the heart and the energy
- Defining an approach points you to an operational model
 - It directly shapes how you deliver services

Next: we determine our mission, vision, and model



Empowering Health

This is a perspective which suggests that you value helping people help themselves, and you provide your members with the tools they need to do so

PWC Hub Leadership Meeting #3, Denton + Morrati, 07/25/2023

Every decision is filtered through how can *tech, this event, this service, this hire* **support them in their health journey?**

At every turn, you help them do more of what they do on their own. **It's about leveling them up.**

You are creating a district of healthy, happy, **self-serving people**

Your point of view would be centered around a belief that **everyone possesses the power to take charge of their health and create positive change in their lives.**

You see yourselves as coaches and teachers.

This perspective suggests:

- Your programs are about motivating, educating, coaching, and generally supporting your members on how to best take care of themselves
- Staff are experts in wellness, with deep skills in facilitation and coaching
- Leadership programs create local facilitators
- You inspire and help people to do things like run for office, go into health and wellness careers, know how to care and value passing it along

13

The transition your members go through:

- They are becoming masters of their health and wellbeing
- They come out empowered, socially connected, a leader
- They know how to address their challenges, where and how to go about finding answers
- They are confident when it comes to wellness

14



Community Wellness

You provide the the structure, information, and encouragement to help your members improve their well-being as a collective

15

Again, each decision is filtered through how can *tech, this event, this service, this hire* **support interconnectivity?**

At every turn, you help them come together. **It's about cohesion.**

You are **transparent** about how things are done and you bring people along

You are fostering networks of healthy, happy, **connected people.**

16

Your point of view would be centered around a belief that **positive social influence and encouragement can lead to healthier lifestyle choices and behavior changes, leading to increased resilience and adaptability in the face of challenges.**

You see yourselves as coaches and **collaborators**.

This perspective suggests:

- Constituents know about each other and their needs, and feel comfortable reaching out or receiving help
- Heavy reliance on volunteerism
- Robust and highly managed social media programming, filtered along your service topics and allows for flexibility.
- Hub staff are experts at bringing people together towards a greater good
- Collaborative support for all events, serves cultural events as well

The transition your members go through:

- They feel a part of a community, included
- Enhanced motivation, a shared sense of purpose
- Greater accountability
- They share knowledge



Concierge Health

You provide the help, members are sitting back and being served

- **You are the expert**, and/or you bring the expertise to your members
- Members are **receiving** information and learning in an expert-to-participant mode
- You are **coordinating, advising, and solving**

Your point of view would be centered around a belief that **exceptional customer service is essential to your members health and well-being. You create a positive and comfortable experience for your clients throughout their wellness journey.**

You see yourselves as coordinators and advocates.

21

22

This perspective suggests:

- Staff would be experts in service providing and coordination, such as care navigation or health coaches
- The Hub would be the go-to place for the latest in health and wellness
- It would offer best-in-class, comprehensive services
- High-touch and personalized

23

The transition your members go through is...

- They are secure in the knowledge that they have expert-advised personal health and wellness planning
- They feel supported and their health and wellness needs are coordinated for them
- They benefit from excellent access to a variety of services
- They know where to get help to navigate the tangle of the health and wellbeing universe, and to perhaps have someone advocate for them

24

Empowering Health

This is a health empowerment approach which suggests that you value helping people help themselves, and you provide your members with the tools they need to do so



Community Wellness

You provide the the structure, information, and encouragement to help your members improve their well-being as a collective



Concierge Health

You provide the help, members are sitting back and being served



Revisiting
Understanding implications, making decisions

76

Revisit Audience?

Current audience:

- Primarily focused on health and wellness older adults with some intergenerational programming along with data to support it
- Implications on the project and our work; we'll need new data on:
 - What does a new or adjusted population need
 - What is already being done
 - Services will look different
 - Space planning will be different

Thank You
Alexis Denton & Maria Mortati

28

Addendum

Hub Leadership & Design Team Presentation Decks, 1-2

The stated objective of this phase is to prepare the PHCD to engage in the next steps of the Service Design development process by ensuring they have made all the decisions necessary and have relevant systems in place.

These are the slides from our first 2 meetings. In attendance were District Board Chair Larry Cappel, District CEO Ana Pulido, and Board Member Henry Sanchez with designers Alexis Denton and Maria Mortati.

July 25, 2023



Agenda

- Welcome and Introductions
- Goals and Outcomes
- Planning
- Understanding Needs
- Service Program Development

[break]

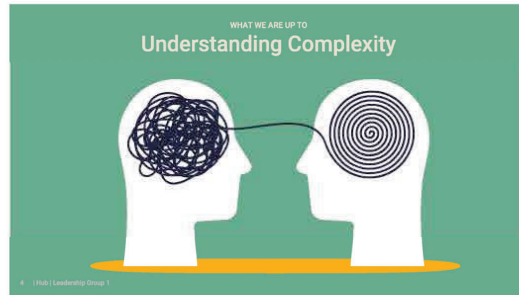
- Operational Scenarios
- Explorations
- Next Steps

2 | Hub | Leadership Group 1

Outcomes

- 01** Shared sense of project complexity and scale
- 02** Understand core data
- 03** Understand potential scenarios, initiate a point of view
- 04** Determine nature of project engagement
- 05** Buy in on next steps

3 | Hub | Leadership Group 1



4 | Hub | Leadership Group 1



5 | Hub | Leadership Group 1

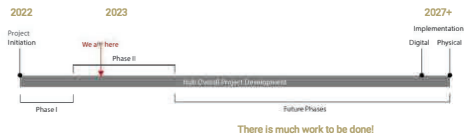
PLANNING
A Human-Centered Process

"Human-centered design is an approach that aims to make systems usable and useful by focusing on the users, their needs and requirements.."

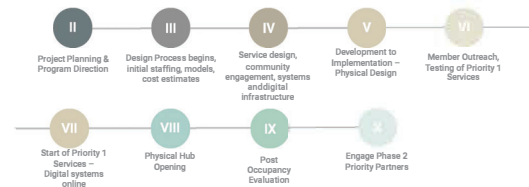
This approach enhances effectiveness and efficiency, improves human well-being, user satisfaction, accessibility and sustainability, and counteracts possible adverse effects of use on human health, safety and performance."

It is also evidence-based and iterative

PLANNING
Schedule from 30,000'



PLANNING
POTENTIAL PHASES



PLANNING
Potential Milestones

2022: project initiated

2023: alignment, new CEO, project foundations [and scope] established, refined service program, begin relationships with advisors and constituents, deep understanding of what exists, what needs are out there, what the data is suggesting. Defined operational model. Cost estimate for TI and engage design partners.

2024: ED hired, Service Design continues, community, advisor, and partner engagement begins in earnest, staffing shapes up as the program develops. TI design aligns with overall PWD design development.

2025: Service Design continues, community engagement infrastructure begins to be developed. Complete design development of TI.

2026: Digital Infrastructure development, service design work moves into reality, any additional hiring and training, hard system test, soft openings. Submit TI for permit, aligned with PWC.

2027: stress test, hard openings of physical site, all systems running. Construction and building opening.

2028: first anniversary

2032: first Wellness Innovation Summit?

Understanding the needs of your constituents

- Demographics
- Asset mapping
- Feedback



In order to:

- Deeply understand constituents' needs
- Determine how we are uniquely suited to meet those needs
- Determine what the highest priority needs are
- Determine which determinants should be tracked to ensure Hub's success

We need to know:

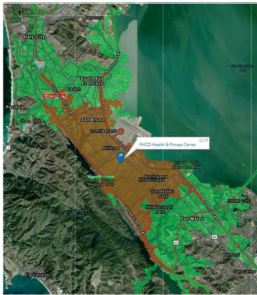
- Basic demographics
- Specific health and wellness needs in District's area/PMA
- Indicators of good health and wellness
- Institutional self-assessment

CONSTITUENTS
DEMOGRAPHICS

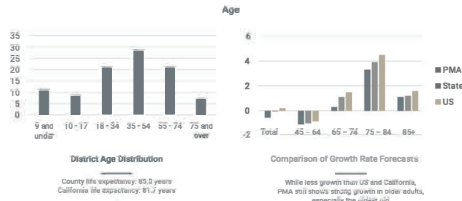
Primary (In-Person) Market Area

We estimate that PMAA will be the same as Active Wellness PMA: 10-15 minutes drive

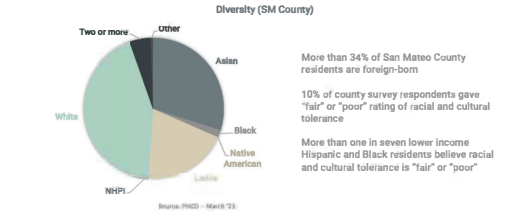
District includes an estimated 317,500 people (Source: PHCD)



CONSTITUENTS
DEMOGRAPHICS



CONSTITUENTS
DEMOGRAPHICS



CONSTITUENTS
DEMOGRAPHICS

Financial

- Very high median income (~190k) but many households are unable to meet basic needs because of high cost of living (for family with 2 kids standard is 155k)
- Median home price of 1.6m
- 25% of kids eligible for free or reduced lunches
- 20% of adults live below federal poverty level
- One in five rate their personal financial situation as "fair" or "poor"
- One in three Hispanic and one in four women are lower income
- 5 in 10 residents own their own home, lowest among those less than 40 (30%)
- 12% have an older dependent living with them because of high cost of living

CONSTITUENTS
DEMOGRAPHICS

Financial

Adult 55+

Within 15 minutes

Population above 55yrs of age Disposable Income \$100k-\$149: 12,226

Population above 55yrs of age Disposable Income \$150k-\$199k: 6,835

Population above 55yrs of age Disposable income \$200k: 8,035

Note: We don't have data for number of mid and low-income older adult households in market area

Total population 55+ within 15 minutes earning above \$100k: 27,097

GENERAL HEALTH NEEDS:

High Priority:

- Behavioral health: includes mental health and substance abuse
- Economic security: income, education, and food security; childcare major issue
- Healthcare access and delivery: lack of access to primary and specialty care, notably mental and dental health; transportation and information about cost are barriers
- Housing and homelessness: affordability

Moderate Priority:

- Cancer - high incidence of breast cancer and prostate cancer
- Climate/natural environment
- Community safety
- Diabetes and obesity - lack of fresh produce
- Maternal and infant health
- Sexually transmitted infections
- Unintended injuries/accidents - falls among older adults

CONSTITUENTS
HEALTH NEEDS

Asthma

19% of adults have been diagnosed, double the rate since 1996; higher than state (13%); rate for children is 16% and increasing.

Chronic Disease

Cancer

- Cancer incidence rate in county is 397.1 per 100,000, higher than the state (394.5)
- Incidence of breast cancer, melanoma, non-Hodgkin lymphoma, and thyroid cancer were higher than state levels

COPD

Increasing (9%) which is double the state level

Arthritis

rates are increasing; 47% of those 65+

High Blood Pressure

rates are steady but highest for 65+ (57%) and Blacks (60%)

Source: San Mateo County - 2018-2019
Source: County Health Measures - 2018-2021
Source: CDC (Behavioral Risk Factor Surveillance System) - 2018

CONSTITUENTS
HEALTH + WELLNESS NEEDS

Diabetes

Rates of diabetes are increasing (7%), and higher than state average (5.1%)

Diabetes rates are higher for lower income (24%) and over 65 (19%)

Lifestyle

Physical Activity

60% of County residents do not participate in regular vigorous physical activity

Activity is higher among older adults age 65+ (72%), Asians (70%) and those with low-income (64%)

Community

64% of County residents reported feeling "not very connected" or "not at all connected" to their community

Community connectedness is lowest among Asians (44%), men (41%), and those aged 40-59%

EATING

15% of residents eat adequate amounts of fruits/vegetables

Source: San Mateo County (2018-2019)
Source: San Mateo County (2018-2019)
Source: San Mateo County (2018-2019)
Source: Behavioral Risk Factor Surveillance System (2018-2019)

CONSTITUENTS
OLDER ADULT NEEDS

Older Adults in San Mateo County:

- Lack of socialization impacted cognitive, mental health, and everyday living skills
- Many older adults are food insecure and transportation dependent
- Many do not have a deep connection to community, especially true for older adults of color, LBGTQ, and those not eligible for public support programs
- Technology barriers to accessing services, most notably mental health
- Many older adults purchased homes decades ago, but families moved out of area because of affordability issues

Source: San Mateo County (2018-2019)

CONSTITUENTS
HEALTH NEEDS

MENTAL HEALTH

| Mental Health Indicators | San Mateo County | California |
|--|------------------|------------|
| Adults who had serious psychological distress during past year | 6.2% | 11.3% |
| Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year | 7.7% | 10.8% |
| Adults: family life impairment during the past year | 13.2% | 18.0% |
| Adults: social life impairment during the past year | 14.1% | 18.3% |
| Adults: household chores impairment during the past year | 13.2% | 17.2% |
| Adults: work impairment during the past year | 9.9% | 17.0% |
| Teens who had serious psychological distress during past year | 27.4% | 18.0% |

Source: Dignity Health Sequoia - CHNA #2021

DEMOGRAPHICS
SUMMARY

- Key needs:
- Mental health services at all ages
 - Access to preventative measures for lifestyle related disease
 - Socialization and community engagement

WHAT WE'RE HEARING
INTERVIEWS

“
I've been embarrassed with where to find the proper help as I age. Where do I go to get care? Not just how do I access it, but how do I know it's good? It needs to come from someone who is hands-on and who has vetted, so given a seal of approval, to the service I need.”

George Yerby
Community Member, Fitness Center Member

“
There are a lot of services out there but they're difficult to access. Many people don't know the services exist, don't trust the provider, or just don't have a way of getting to them [transportation]. There needs to be a concierge, an actual person that people trust and can call or go to.”

Glorie Brown
Bay Area Community Health Advisory Council, Community Member

INTERVIEWS

“ 99% of the older adults I see have no access to a physical fitness space. They could also benefit from access to holistic medicine and spousal support for caregivers.”

Dr. Hoyman Hong
Rehab MD, Suter

“ You need to be clear about who you're serving. Is this for low income? People affected by dementia? Others? In general, right now the biggest needs are adult day care and transportation.”

Preston Burnes
Director of Strategy, Institute on Aging

Overview of potential informants and assets



This is a partial view of existing regional providers

| # | Name | Address | Service Type | Website | LOCATION | Phone | Description | Priority/Hub |
|----|---------------|------------------------------|---------------|----------------------|------------------------------|----------------|---|--------------|
| 1 | Senior Center | 10000 N. 10th St., Suite 100 | Senior Center | www.seniorcenter.org | 10000 N. 10th St., Suite 100 | (408) 498-1111 | Provides meals, social activities, and health services for seniors. | Hub |
| 2 | Senior Center | 10000 N. 10th St., Suite 100 | Senior Center | www.seniorcenter.org | 10000 N. 10th St., Suite 100 | (408) 498-1111 | Provides meals, social activities, and health services for seniors. | Hub |
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GAPS TO DATE:

1. Social and engagement opportunities
2. Physical locations for services
3. Adult Day Care (adult day HEALTH care will be available within 1 month)
4. Mental Health (specific to older adults)



Service Program & Development

What we said

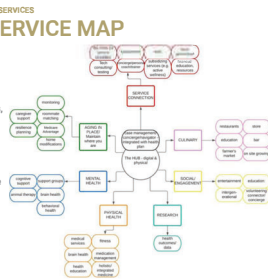
Our List of Priorities

- Social Engagement
- Concierge
- Transportation
- Fitness
- Food
- Learning
- Communication & Connectivity

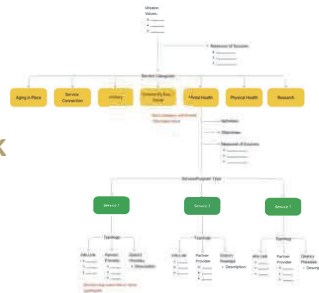
SERVICES
INITIAL SERVICE MAP

In the last five months, we worked through Part I of the Hub development - a program and model outline.

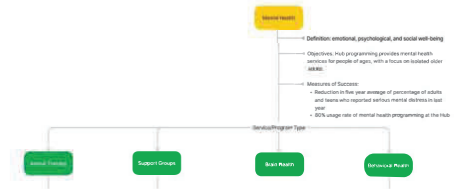
- Achieved a good handle on the space requirements, the big-picture goals, and a sense of the needs of the District's constituents
- Confirmed the overall model with a series of experts and community members giving us consensus that the base concept is both innovative and sound
- We are confident that the "menu" of services we identified is correct, needed, and doable



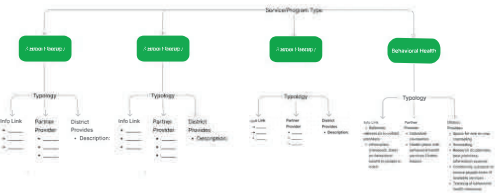
EXAMPLE SERVICE FRAMEWORK



Each category needs the following:

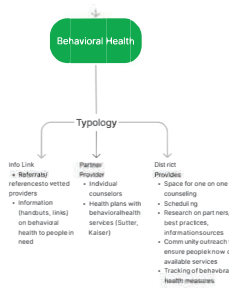


Each service has these components:

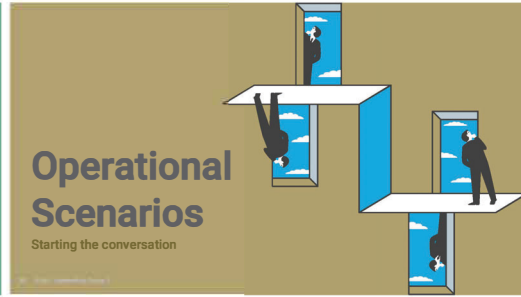


Each individual service has these touchpoints, all of which need to be designed:

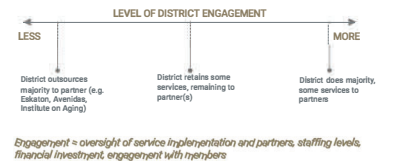
- For each to exist, we'll need to have:
- Designed Service touchpoints
 - Digital infrastructure
 - Physical infrastructure
 - Human resources



Now imagine what this really might entail



OPERATIONAL SCENARIOS
OVERVIEW

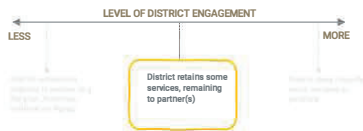


OPERATIONAL SCENARIOS
OPTIONS



If you go completely hands-off, what might that look like? And how will you ensure that your partner is always in alignment? What happens if a need comes up, and a partner does not fill it? Who or what steps in?

OPERATIONAL SCENARIOS
OPTIONS



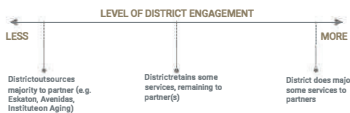
If you do the middle ground, you take on some % of the project, and you will have to figure out how things dovetail. You'll hire an ED to oversee the project and ensure the partner is in alignment with constituent needs. How do you determine what parts you take or don't? What happens when things fall through? What does oversight look like?

OPERATIONAL SCENARIOS
OPTIONS



If all in, you'll need to develop the entire service system in person and online, create an agency, hire and oversee it. Big on innovation, big on T&E

OPERATIONAL SCENARIOS
OVERVIEW



Is there other information you need to figure out which is best for you?

Defining the Hub

What might the overall goal be?

Draft Framework of 2023-25 Strategic Plan



VISION All district residents are living their optimal health.

MISSION To support district residents of all ages achieving optimal health and wellness through education, prevention, advocacy, and safeguarding community access to basic health services.

CORE VALUES Collaboration Stewardship Inclusion Transparency

4 FOCUS AREAS

- PREVENTIVE HEALTH
- MENTAL HEALTH
- DENTAL HEALTH
- INTEGRATED INITIATIVES

WHAT WE KNOW
How you broadly said you will serve your constituents

With a focus on preventive, mental, dental, and integrated health initiatives, we will serve our constituents through:

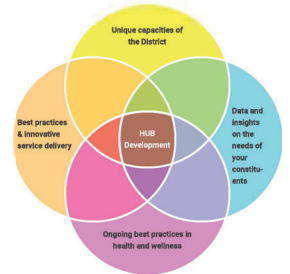
- Education
- Prevention
- Advocacy
- Providing Access

WHAT WE KNOW
An Early Definition of the Hub

- It's a Community Benefit Program
- It has digital and physical space(s) for community members to access services and programs to help them age well in their homes
- It is innovative in how services, programs, and partners come together to create an all-encompassing web
- The District is at the center of the web and acts as coordinator

WHAT WE DON'T KNOW
Big Questions

- Which of the needs we identified are you best suited to meet?
- What is your unique angle on solving for some of these problems?
- As discussed, what type of operational model are you willing to take on?



WHAT WE DON'T KNOW
Is the Hub a Place For...

Engagement, growth, resilience

- Neighbors comes in and work on ideas together, such as developing neighborhood-centric caregiver support or a creating a fiscal fitness challenge

Services and service connections: all the places that they could find and how they engage with them

- People can drop in or visit online to get a vetted personal connection to a service, not just a website, but a person with answers

Thriving

- It's a health center, they get support for food systems, financial well-being...

WHAT WE DON'T KNOW
It's Characteristics Might Be...

Flexible

It's going to need to be very experiential in nature, so flexibility is a big plus.

Dynamic

It needs to meet people where they are

Personal and Attentive

We have people who understand the system and can direct people to those services and help them stay on track

Welcoming

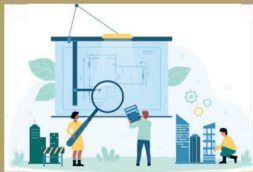
We offer an uplifting experience with our constituents so that they are excited about their well being

And more... all to be determined

WHAT WE DON'T KNOW
Let's take that further...

- When? Is what this is doing is that it's largely a first stop or a place they revisit and engage with regularly?
- Who? Is this the kind of place that connects a loose association of caregivers or do you give them some guidance?
- How? What if your public doesn't know what's out there? Do you proactively engage with them? What's your perspective on this?
- What? Some people don't know what they need, or that they need to do anything. How do we reach them? What would they find compelling to cause them to come in? People sometimes stigmatize that they need help, so how do we help them over that hump?
- Why? Why would someone seek out the Hub? There are so many hurdles to better health and wellness, would the Hub have people to help me plan for the future?

Moving Forward



#Next steps

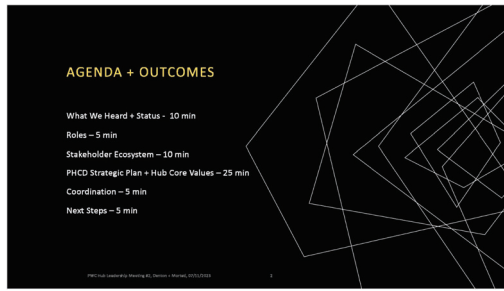
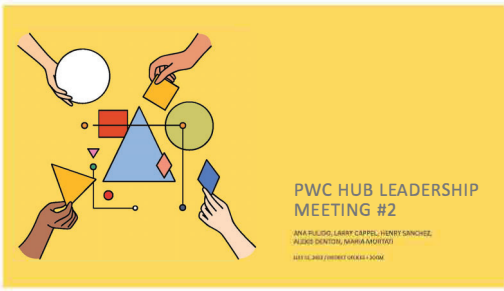
1. Align on your point of view
2. Define wellness as it relates to District
3. Align on metrics of success
4. Continued scenario development and selection
5. Review global innovation examples (from Stephen Johnson)
6. Define decision-making process, engagement, and engagement with Advisory Group or other advisors
7. Refinement and selection of scenario
8. Drafting of project statements: principles and priorities, goals, objectives



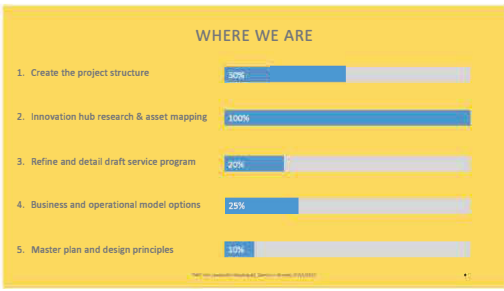
ADVISORY GROUP

- Board Chair, Larry Cooper, PhD
- Board Member, Henry Sanchez, MD
- PHCO Strategic Direction Committee member, Wade Aubry, MD
- Ana Maria Pulido, PHCO CEO
- Cheryl Fama, former PHCO CEO
- Rosalee DeLaune, RN – PHCO Health & Fitness Center Advisory Ste.
- Amy Yousoufian – Avondale and Eskaton Board Member
- Anne O'Hara – Former Burlington Council member and chair, Age-Friendly City Task Force
- Keith Bunton, MD, CEO of Mills-Peninsula Medical Group
- Nancy Ann Kraus

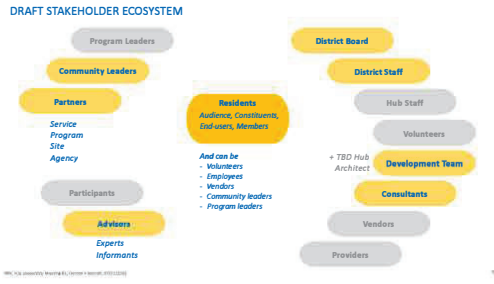
- TBD District member(s) who may become their own team
- PHCO Dir. of Community Engagement (position to be filled)



- TIME + FOCUS**
- Team needs more time to explore the larger questions around the point of view of the Hub
- COMPLEXITY**
- Project is extremely complex; getting the foundational components developed correctly now will allow for easier implementation
- BACKGROUND RESEARCH**
- Gaps identified in demographics and asset mapping should be priorities
- DEFINING THE HUB**
- Hub definition is critical; services will change as Hub is further defined
- OPERATIONAL MODEL**
- Array of operational scenarios possible; this needs further input and discussion
- WHAT WE HEARD**



- ROLES WITH RESPECT TO THE HUB**
- District Staff**
- Ana is the CEO, and her role regarding the Hub is:
 - Others?
 - Current or future hires?
- Board Leadership**
- Larry is the Board Chair, and his role is:
 - Henry is a Board Member on the Hub Leadership Team, and his role is:
- The Board:** their roles:
- Advisory board:** their role is:
- Hub Design Consultants**
- Alexis is a consultant with expertise in, and her role is:
 - Maria is a consultant with expertise in, and her role is:



PHCD'S STRATEGIC PLAN

VISION
 All district residents are living their optimal health.

MISSION
 To support district residents of all ages achieving optimal health and wellness through education, prevention, advocacy, and safeguarding community access to basic health services.

CORE VALUES
 Collaboration, Stewardship, Inclusion, Transparency

4 FOCUS AREAS
 Preventive, Mental, Dental Health and Integrated Initiatives

...we will serve our constituents through:

- Education
- Prevention
- Advocacy
- Providing Access

THE HUB'S PLAN

Does the Hub support or embody these things and how?

- Is the Hub the crown jewel, a flagship, or is it more a service?

What would we add or remove?

Are there additional or different values the Hub should be based on?

- Social Engagement is a big determinant of good health, and we've listed it as a service, but it's not in your plan. And it's much more than a service, it's a value.
- Empowerment suggests that you believe in helping people and your community have the tools they need
- Education is one of the ways you said you might serve your residents. It's also tied to helping empower people and is typically done through engagement
- Leadership is how you might help your residents be on the cutting edge of wellness

Do you agree? Are there other terms?


COORDINATION

Meeting cadence

- Fast-track meetings for the next 2 months - can we meet bi-monthly?
- What can we achieve via other means?
For example, is it meaningful to send "required reading" and "homework" to do in between meetings?

Check-ins

- Board?
- Strategic Planning Committee?
- Advisory Board?



IMMEDIATE NEXT STEPS

- Resolve Strategic Plan influence and solidify our values
- Define wellness
- Articulate a vision
 - Look at other Hub models
 - Check-in with Advisors
 - Refine

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THANK YOU

ALEXIS DENTON
&
MARIA MORTATI

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Funding for Mammography at San Mateo Medical Center (SMMC)

BREAST CANCER IN THE U.S.

About **264,000 women** and **2,400 men** are diagnosed annually

About **42,000 women** and **500 men** die each year

An estimated **300,590 people** will be diagnosed in 2023

297,790 of which are women, making it the most common cancer in American women. Every two minutes a woman is diagnosed with the disease.

About **1 out of every 100 breast cancers** diagnosed in the U.S. is found in a man

About 1 in 5 new breast cancers will be ductal carcinoma in situ (DCIS). DCIS is a non-invasive or pre-invasive breast cancer. **Nearly everyone with this early stage of breast cancer can be cured.**



Sources: CDC, Breast Cancer Research Foundation, American Cancer Society

2D MAMMOGRAPHY AT SMMC

77,000+ patients come through the County hospital. Of those, roughly **35,000** reside in the boundaries of the **Peninsula Healthcare District**.

In 2020 and 2021...

- **9,556** patients had a mammogram done at the hospital.
- **1,348** patients were called back due to insufficient imaging.
- **264** patients received false-positive & false-negative results.

In 2023...

- There have been **6,128** mammography and **1,540** ultrasound follow-ups.
- Our cancer detection rates are **4.1 out of 1,000** people who get screened are positive for breast cancer.



THE TYPE OF MAMMOGRAM MATTERS

An annual screening mammogram is proven to be the best way to detect breast cancer, but the type of mammogram is important.

3D Technology:

- Uses multiple low-dose X-ray images making it easier for radiologists to detect cancer because they can look at the breast from different angles
- Provides fewer false alarms because the improved technology decreases the call-back rate and can often prevent anxiety
- **Can detect up to 40 percent more cancers than 2D mammograms**

"We are able to find cancers that we would not have been able to find with 2D. The 3D exam will often detect cancers at an earlier stage, which typically gives...more treatment options and improved outcomes." – Dr. Shadie Majidi, MD, radiologist and chief of breast imaging with the Froedtert & MCW health network





WHAT WE HOPE TO ACCOMPLISH

Raise Funding To:

- 1) Upgrade technology for two mammography machines from 2D to 3D technology (\$700K)
- 2) Purchase a mobile van to reach patients at all SMMC clinics (\$970K)

Total Goal: \$1.67M

Any additional funds from the 3D mammography fundraiser will go towards the mobile van.



Funding Opportunities:

*650K pledged as of July 25, 2023

- Peninsula Health Care District
- Stanford Medicine
- Sunlight Giving
- The Sobrato Organization
- Foundation Gala
- Other organizations/foundations
- SAGA 50K*
- San Mateo Medical Center 200K*
- Sequoia Healthcare District 200K*
- SMC Health Foundation 200K*

COUNTY SUPPORT

Why is Funding Needed?

The county is providing resources for over 77,000 patients to live a healthy life. The costs to run this are increasing and they are higher than ever. We need help from organizations like PHCD if there is a chance for us to make a real difference.

- The County contributes \$59M annually to the Medical Center for general operations.
- They have authorized the Medical Center to spend over \$100M over the next 3 years on Epic implementation and have contributed over \$10M to the effort.
- They also supported the new administrative wings of the Medical Center to meet seismic requirements, with a project cost of over \$200M for the Admin and Link buildings.
- They support smaller initiatives such as the upcoming CT replacement project for \$8M and \$5M for MRI.



San Mateo County Health Foundation
 222 W. 39th, San Mateo, CA 94403
 (650) 573-2655
 smchf.org
 @smchfoundation



DATE: August 2, 2023
TO: PHCD Strategic Direction & Oversight Committee
FROM: Eddie Flores, Director Youth Behavioral Health Programs
RE: Update on allcove™ San Mateo Youth Drop-In Center

BACKGROUND/DISCUSSION:

The purpose of this memo is to bring members of the Committee up to date on the allcove™ San Mateo Youth Drop-In Center.

On November 15, 2022, the Board of Directors of PHCD approved and awarded via a Request for Proposal process and based on the recommendation of a 7-panel evaluation/selection committee, a service contract to Caminar Inc., to move forward as the coordinating agency and main contractor to coordinate the delivery of services that align with the allcove™ fidelity model. In conjunction and working with Caminar are three additional subcontractors: Edgewood Children and Family Services for the provision of Supported Education and Employment Services (SEE); StarVista to provide supplemental Youth & Family Support; and One Life Counseling Services, to provide behavioral and mental health services.

The initial plan was for the three agencies to be subcontracted under Caminar who would be tasked as not only as the coordinating agency but will also deliver and cover administrative duties, supplemental behavioral health, physical medical health, and substance use treatment services. All of these services adhere to the recommended model adopted and owned by the State of California Mental Health Services Oversight & Accountability Commission (MHSOAC), which PHCD has received a 4-year \$2M grant, starting in 2021 and concluding in 2026 with an approximate annual award disbursement amount of \$500,000 per year.

As previously shared, these services will be delivered at the future location: 2600 El Camino Real, San Mateo, future home of the allcove San Mateo Youth Drop-In Center. During the course of the contract negotiations, the District became concerned about the administrative and overhead charges being proposed and the overall cost of the program relative to the anticipated number of teens and young adults to be served. The District then decided to explore a self-run model that more closely follows the successful program being operated by Beach Cities Health Care District. The District hopes this model will allow better use of existing community services and providers, which may include Caminar for specific counseling efforts.

The District continues to value Caminar as a partner in other areas including being a current grantee of our community grants program.

As a follow-up to this new direction, staff have been immersed in evaluating the following components that will provide sufficient guidance to ensure that PHCD is set up to deliver an in-house model successfully. This includes a new plan of implementation and operation to move forward with the successful execution for allcove San Mateo. This new direct approach has many benefits, mostly in cost-savings and financial recuperation of costs associated with the delivery of services.

1. Engaging with Community Based Organizations for Full-Based Partnerships

Particularly, as PHCD operates the model directly it would avoid having to pay out and contract with service agencies trying to recuperate administrative and overhead costs at 15-30% and bill PHCD for hiring staff that PHCD could directly hire (Per-Diem or directly) instead of the excess of costs incurred. Additionally, savings to legal, contractor and recruitment fees could potentially occur. PHCD is currently formulating a robust list of various key stakeholders and agencies that we hope to partner to deliver the five service streams of the allcove model.



Staff have been also focused on recruiting and hiring for an allcove Center Clinical Director who will help lead and guide a lot of the clinical oversight and provide leadership at the center. Their expertise in running and operating a health center will aid in ensuring clinical compliance, training and supervision of staff.

In addition, during the week of June 24th, a delegation of PHCD staff was able to visit allcove Beach Cities, which is being brought by the Beach Cities Health Care District in Redondo Beach, CA. Staff were able to tour, interact with staff and clients, ask questions, and learn about key areas of where PHCD need to identify and focus on to ensure successful opening and implementation of the center. This site visit was a result of a Board recommendation, to be able to obtain not only lessons learned from their experience of opening the center but being able to directly see physical and environmental considerations of the space. Staff identified important improvement and adjustments to be made at allcove San Mateo prior to our opening.

2. **Facilities Update:**

2600 El Camino Real, San Mateo:

In March 2023, PHCD Board of Directors approved via a public bidding process the award of general contractor services to Zone 4 Construction Inc. The contractor is tasked with completing a 90-day tenant improvement/remodeling on the 3rd floor of the 2600 ECR location. The contractor has completed mobilization and demolition phases of the project and as of July 8th has moved forward fully with the tenant improvement work. The contractor is on-time with all project milestones and PHCD staff is meeting every week to monitor progress completion at the site.

It is anticipated that completion will occur in October 2023. At this time, we will have installation of furniture and additional pieces to prepare the space for a model required 4-week “soft opening” period, which will likely occur in early December 2023. Following this pre soft opening period, a full community public grand opening is tentatively planned for February 2024.

In addition, as background the provision of services to furnish and deliver all instrumental key environmental furniture pieces of the center were awarded also via a public bidding process to KBM Hogue Inc. This vendor was also utilized in furnishing the allcove Palo Alto and allcove San Jose sites. The PHCD Board approved a proposal for an amount of \$200,000 to cover furniture in all counseling rooms, common amenity areas, staff workspaces and reception/billing areas. The Youth Advisory Group (YAG) was instrumental along with guidance from staff in selecting the pieces with oversight and recommendations provided also by Stanford Central allcove Team (CaT).

3. **Efficiency and Direct Accountability of Service Model**

PHCD staff continues to work with Stanford University’s Center for Youth Mental Health & Wellbeing as the technical state grant provider of allcove. Operating as the Central allcove Team (CaT) that team has been instrumental in providing guidance and ensuring that model integrity and alignment continues to exist in areas such as marketing, branding and communications, service delivery & integration, community partnerships, and youth advisory board involvement. As a result of following a model where PHCD will provide direct oversight, staff believes that increased workflow efficiencies would exist and allow for other partnerships to flourish, including with county social service agencies, Sonrisas Dental Health, and others. As our sister healthcare district has done, Beach Cities Health Care District is supporting the allcove staffing model directly in-house, and only contracting out with key agencies and service providers to deliver selected services versus having one lead coordinating agency to oversee all aspects of implementation and services.



4. Categories of Services that Will Require Specific Attention to An In-house Model:

Below we have outlined potential categories of services that will require close attention as this in-house plan is being considered and further pursued. We are closely monitoring progress and quick to identify any intractable challenges in these categories to ensure a successful operation of the allcove model.

| Service Change | Former Planned Partner/Lead | Amended Plan |
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| <p>Services to be contracted out include: (Independent MOUs)</p> <ol style="list-style-type: none"> 1. Medical 2. Mental Health/Counseling 3. Peer to Peer Support 4. Education/Employment Services | <p>Caminar was to serve as coordinating agency and leader in providing medical services as well as mental health.</p> <ul style="list-style-type: none"> - One Life Counseling Services was to provide mental health support services. - StarVista was to Provide Peer-to Peer Support Services - Edgewood Family Services was to provide Education/Employment services | <p>PHCD will now directly engage with the current existing service partners at a different level of service and partnership via individual constructed MOUs (Example: Directly work with One Life Counseling to hire therapists). In addition, we are creating and reaching out to additional partnerships for the center.</p> |
| <p>Capacity Building: Hiring of additional support staff to support the implementation and operation of the various service streams of allcove San Mateo</p> | <p>Formerly, Caminar planned to lead and recruit/hire/train all FTEs staff that would be in house and work at allcove center and oversee onboarding of these roles.</p> | <p>PHCD is reviewing staffing model and structure and currently:</p> <ol style="list-style-type: none"> 1. Hire a clinical director role that will engage in working with a recruitment firm/headhunter to recruit/source for the clinical roles. This role would also serve to provide clinical supervision of staff and ensure model integrity. 2. Hire peer-specialists to serve as direct service and welcome support to youth and admin support (initially). |
| <p>Billing/Reimbursement Services and overall financial monitoring and accounting of billables and payer-mix</p> | <p>Previously the plan was to have reimbursement billable by Caminar as a partner agency.</p> | <p>PHCD and the CFO team is now considering hiring a third-party to work on billing and reimbursement from medical and commercial insurance as they are more informed and connected to billing networks.</p> |
| <p>Communications/Marketing & Outreach</p> | <p>Previously Caminar was to partner with PHCD to execute these efforts.</p> | <p>PHCD has now full oversight of outreach, communications, marketing and branding and</p> |



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| | | will be able to amplify and work with Veler Communications on these efforts. |
| Direct Costs – Vendors, Utilities, IT, and other services | Caminar was to utilize their existing team for IT, building security, etc | PHCD is now currently obtaining vendor quotes including utilizing some existing vendor relationships currently used at other PHCD facilities. |

ATTACHMENTS:

1. allcove San Mateo presentation slides