



**Sequoia
Healthcare
District**

525 Veterans Blvd.
Redwood City, CA 94063
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www.seqhd.org

A G E N D A

**SEQUOIA HEALTHCARE DISTRICT
REGULAR BOARD OF DIRECTORS MEETING
4:30 PM, Wednesday, December 1, 2021
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

Due to regulations regarding Covid-19, this meeting will be held via teleconference (per California AB 361 & SHD Board Resolution 2021-03) To join the meeting please dial in from your cellphone to [\(669\) 900-9128](tel:6699009128) and enter meeting ID: [838 2123 4290](https://us02web.zoom.us/j/83821234290) or join from a computer to <https://us02web.zoom.us/j/83821234290>. Additional information regarding the meeting can be located at our website: www.seqhd.org

1. Call To Order And Roll Call
2. Public Comment On Non-Agenda Items*
- ACTION 3. Consent Calendar - President Shefren
 - a. Approve October 6, 2021 Regular Meeting Minutes
 - b. Approve October 28, 2021 Special Meeting Minutes
 - c. Approve November 18, 2021 Special Meeting Minutes
 - d. Accept September And October 2021 Financial Statements
4. New Business
 - a. Update On First 5 SMC Grant Outcomes July 1, 2020 - June 30, 2021 - Emily Roberts 4:45-5:05
 - b. Update On Sequoia Hospital Financial Performance And Activities For FY Ending 2021 - Bill Graham 5:05-5:20
 - ACTION c. Consider Grant Renewal To LifeMoves To Continue Funding LVN For Two Calendar Years, 2022 And 2023 Totaling \$255,000 5:20-5:35
 - d. Update On Redistricting Process And Next Steps - CEO Kurtzman And Kim Manolius 5:35-5:45
 - ACTION e. Consider Joint Proposal With Dignity/Sequoia Hospital To Provide Up To \$100,000 To Local Non-Profits To Feed Food Insecure Clients During The Holiday Season - Jenny Bratton And Marie Violet 5:45-6:00
 - ACTION f. Consider 2-Year Grant Renewal Request From BGCP Of \$93,170 Per Year To Continue Funding Full-Time Bilingual Psychotherapist At Forest High School Center In Redwood City - Michael Jones And Judith Gable 6:00-6:15
 - ACTION g. Proposal To Transition All Renewed Caring Community Grants To 2-Year Grants - Ms. Bratton 6:15-6:25
 - ACTION h. Director Requests For Future Agenda Items Per Board Policy 8.3 - President Shefren
5. CEO/Staff Reports:
 - a. CEO Report And Staff Reports- Ms. Kurtzman, Ms. Bratton, Ms. Garcia, Dr. Li 6:25-6:40
- ACTION 6. Adjourn
The Next Regular Meeting Of The Board Of Directors Of Sequoia Healthcare District Is Scheduled For 4:30 PM, Wednesday, February 2, 2022, District Conference Room, 525 Veterans Blvd., Redwood City, CA 94063

Jerry Shefren, MD, Board President

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

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

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

**MINUTES OF REGULAR MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
October 6, 2021
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

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

Per Resolution 2021-01, this meeting was held
via Zoom teleconference

1. Call to Order

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

2. Public Comment/Non-Agenda Items

President Shefren asked if there was any public comment on non-agenda items. There was none.

3. Consent Calendar

Motion: To approve the consent calendar.

By: Director Nayfack

Seconded by: Director Griffin

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

Nos --

Abstain --

Absent - Faro

Motion Passed: 4-0-0-1

**4.a. Consider Board Open Letter To Sutter Health To Keep
Mickelson Therapy Pool Open For Community Use Meetings**

President Shefren asked if there was any public comment on this agenda item. Concerned citizens gave testimonials regarding the importance of keeping the pool available to the public. Community members reiterated that the pool is not a want, it is a need. It is the only heated therapy pool available with access for disabled people with chronic conditions and disabled children.

Director Faro joined the meeting at 4:47pm.

Board members discussed the merits of the Mickelson Therapy pool.

Motion: the Board write a formal letter to Sutter Health advocating for the pool to remain open.

By: Director Faro

Seconded by: Director Griffin

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

Nos --

DRAFT

Abstain --
Absent --
Motion Passed: 5-0

4.b. Report On Performance Of District Investment Portfolio

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

Andrew Lin of SEIA and Robert Olsen of Pettinelli Financial Partners gave a report on the past performance and future outlook of the District Investment portfolio.

The California Agency Mandate requires very conservative investments with maximum maturities in 5 years. 2021 interest rates have been very low. SEIA has utilized duration, interest rate risk, credit risk and other tools to earn 1.79% returns on the portfolio. Currently, the portfolio is positioned 28% in cash, 27% in Treasury Bonds, and the remainder in treasury inflation-protected securities, investment grade corporate bonds, short term investment grade corporate bond funds and zero-coupon US Treasuries. SEIA believes that rates will increase as the Delta variant wans.

4.c. Consider Contract With Granicus To Record And/Or Live-Stream Public Board Meetings

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

We are currently in the process of installing the Granicus agenda and board document management tool called PEAK. Granicus also offers a tool for video-streaming public meetings. Live-streaming allows greater transparency and for disabled populations to participate remotely at meetings. It is likely that some form of a hybrid meeting format may be required in the future by a regulatory agency.

Motion: To approve a contract with Granicus to record and livestream public Board meetings for 1 year with options to renew for 2 more years at the same yearly fee.

By: Director Shefren

Seconded by: Director Faro

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

Nos --

Abstain --

Absent --

Motion Passed: 5-0

4.d. Report On Outcomes Of Mission Asset Fund Grant

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

Alex Altman, Philanthropy Director of Mission Asset Fund gave an update on the results of the \$250,000 grant to the San Mateo County Immigrant Relief Fund. Ms. Altman reported that 250 families received \$1,000 grants with no funds spent on overhead. MAF prioritized immigrant families that had lost income streams, were supporting family and children at home or sick with COVID, and had been left out of federal relief. Grant recipients reported that 44% had no income, 66% supported family members, 31% had children under 5, 37% had covid in their households, 76% were unable to pay their bills in full, and 97% of all grant recipients identified as people of color. Respondents utilized the funds to cover basic needs, medical costs, and unpaid bills.

MAF is sponsoring an Immigrant Families Recovery Fund which will provide \$400 monthly to 500 San Mateo County families for up to 24 months, and financial education and coaching, to help families rebuild from this crisis.

4.e. Report On Outcomes Of Second Harvest Covid Emergency Grant

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

Sunita Jethmalani And Shobana Gubbi of Second Harvest of Silicon Valley thanked the Board for their generosity and reported that they are serving more clients than in prior years. In 2019, Second Harvest was serving an average of 250,000 people a month (pre-pandemic level). However, they are now serving 500,000 people a month on average. In the month of June 2021, Second Harvest distributed 11 million pounds of food which is over double the pre-pandemic level of 6 million pounds per month. To meet this need they have leased 2 additional warehouses and bought 15 trucks which has increased their operating costs. Moving forward they are going to lease an additional warehouse, increase efficiency by investing in additional IT, analytics, and processes, develop additional drive-thru, client choice markets, and a home delivery model. They distribute healthy meals that include 50% fresh produce and 35% protein. They do not anticipate the need to subsidize in the near future.

4.f. Update On Census Outcomes And Redistricting Requirements, And Appoint An Ad-hoc Re-Zoning Committee Of The Board

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

The census data shows a 13.4% deviation in population between current zones which requires the District to redraw the zone boundaries. Ms. Bratton will work with Paul Mitchell, the demographer, to create multiple zone maps. The District will hold public hearings to help the public provide input on the final zone boundaries. Ms. Bratton suggests the December 1st Board meeting to present to the public the process followed by a public hearing in January to present multiple drafts, and the final hearing in February to take a vote. We would like to turn in the redistricting paperwork by April.

President Shefren appointed an Ad-Hoc Re-Zoning committee of the Board and volunteered to sit on the committee.

4.g. View Draft Of Annual Report For Final Feedback

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

Ms. Garcia presented the final draft of the SHD Annual Report and received feedback for a few additional edits.

4.h. Update On Status Of Children's Health Initiative (CHI) Fund

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

In 2015, Sequoia Healthcare District, in conjunction with Kaiser Permanente, San Mateo County, First 5, and Peninsula Healthcare District, funded the Children's Health Initiative (CHI). CHI was tasked with helping provide health insurance for uninsured children in the county. Due to changes in legislation, CHI is no longer needed as intended, and the District has asked for a return of their investment dollars. The amount to be refunded is \$1,004,400. This request must be brought to the Board of Supervisors for approval which is scheduled for November 16th. Once approved, a check will be issued to the District. Ms. Kurtzman will remain

on the CHI committee which meets bi-annually to explore potential collaborative projects that meet the investment criteria of the multiple funding agencies.

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

President Shefren asked if any Director had an agenda item request. There was none.

5. CEO/Staff Reports

The ACHD annual meeting went well and the videos are now available on the ACHD website.

We are participating in the ACHD Diversity, Equity and Inclusion workshops. The next workshop is November 30th.

The Red Cross is interested in our office space that should be opening up in March next year.

The next Strategic Planning meeting is scheduled for October 21st. We would like to hold a Board and Staff study session sometime in December.

Dr. Li presented at the ACHD Annual meeting and provided an overview of the Healthy Schools Initiative, school health programs and policies and partnerships.

Dr. Li and Ms. Bratton presented Green Folders at a community event in recognition of Suicide Prevention month.

We are in the process of distributing donated PPE to school districts.

The Parent Venture events have been very successful and had 1,000 people registered for the most recent parent education event.

Dr. Li reported that 6 Cannabis Clubs will be opening in Redwood City. Chris Beth and Adila Huck-Smith are co-facilitators of a group tasked with how to utilize the initial \$60,000 in the clubs paid in fees. The consensus was to use the funds for cannabis education especially regarding responsible use and keeping it away from children.

Ms. Bratton is working with the Redwood City History Museum to sponsor a health fair and museum exhibit celebrating our 75th anniversary. She has tentatively reserved the courthouse square on April 23rd and April 31st as possible dates for the health fair.

Ms. Garcia reported that she is continuing to promote the district on social media and the website. Director Shefren requested analytics on the Sequoia Strong program at a future board meeting.

6. Adjourn

Motion: To adjourn the meeting at 7:13 PM.

By: Director Shefren

Seconded by: Director Griffin

All in favor

Motion Passed

The next regular meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, December 1, 2021, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Aaron Nayfack, M.D.,
Secretary

MINUTES OF SPECIAL MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
October 28, 2021
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063

DRAFT

<u>Directors Present via teleconference</u> Director Griffin Director Martinez Director Shefren	<u>Directors Excused</u> Director Faro Director Nayfack	<u>Also Present via teleconference</u> Pamela Kurtzman, CEO Mr. Hudak, Legal Counsel Ms. Stamper, Recorder
Per Resolution 2021-01, this meeting was held via Zoom teleconference		
<u>1. Call to Order</u>		
President Shefren called the meeting to order at 12:03 PM.		
<u>2. Public Comment/Non-Agenda Items</u>		
President Shefren asked if there was public comment on non-agenda items. There was none.		
<u>3.a. Approve Resolution 2021-02 To Authorize Teleconferencing Meetings of the Sequoia Healthcare District Legislative Bodies for the Period of October 29 - November 29, 2021</u>		
Motion: To approve Resolution 2021-02. By: Director Shefren Seconded by: Director Griffin Vote: Ayes -- Griffin, Martinez, Shefren Nos -- Abstain -- Absent - Faro, Nayfack Motion Passed: 3-0-0-2		
<u>4. Adjourn to Closed Session</u>		
President Shefren declared there was nothing to discuss in closed session.		
<u>6. Adjourn</u>		
Motion: At 12:04 PM adjourn meeting. By: Director Shefren Seconded by: Director Griffin All in favor Motion Passed		
The next meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, December 1, 2021, District Conference Room, 525 Veterans Blvd., Redwood City, CA.		
Respectfully Submitted, Aaron Nayfack M.D, Secretary		

**MINUTES OF SPECIAL MEETING
BOARD OF DIRECTORS
SEQUOIA HEALTHCARE DISTRICT
November 18, 2021
Conference Room, 525 Veterans Boulevard
Redwood City, CA 94063**

DRAFT

<u>Directors Present via teleconference</u> Director Faro Director Griffin Director Nayfack Director Martinez Director Shefren	<u>Directors Excused</u>	<u>Also Present via teleconference</u> Pamela Kurtzman, CEO Mr. Hudak, Legal Counsel Ms. Stamper, Recorder
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Per Resolution 2021-02, this meeting was held via Zoom teleconference

1. Call to Order

President Shefren called the meeting to order at 8:31 AM.

2. Public Comment/Non-Agenda Items

President Shefren asked if there was public comment on non-agenda items. There was none.

3.a. Approve Resolution 2021-03 To Authorize Teleconferencing Meetings of the Sequoia Healthcare District Legislative Bodies for the Period of November 19 - December 19, 2021

Motion: To approve Resolution 2021-03.

By: Director Nayfack

Seconded by: Director Griffin

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

Nos --

Abstain --

Absent --

Motion Passed: 5-0-0-0

4. Adjourn to Closed Session

Adjourn to Closed Session:

a. CONFERENCE WITH LEGAL COUNCIL- EXISTING LITIGATION

(Subdivision (a) of Section 54956.9)

Name of Case - Sequoia Healthcare District v. Common Spirit

Health, Dignity Health, et al., JAMS Ref. No. 1100108469 - One

case - Mr. Hudak

5. Reconvene To Open Session

The Board reconvened to open session at 9:05a. President Shefren reported that during the closed session the Board considered a settlement proposal from Dignity Health to resolve disputed issues under the 2007 development agreement between the District and Catholic Healthcare West, an existing arbitration action filed by the District against Dignity Health, and an earlier lawsuit filed by Dignity Health against the District. The Board voted 3-1-1-0..

Directors Faro, Nayfack and Shefren voted in favor the settlement. Director Griffin voted against the settlement, and Director Martinez abstained from voting

Motion: To approve the terms of the settle agreement.

By: Director Faro

Seconded by: Director Nayfack

Vote: Ayes -- Faro, Nayfack, Shefren

Nos -- Griffin

Abstain -- Martinez

Absent --

Motion Passed: 3-1-1-0

The substance of the settlement is as follows: the District will receive a total of \$19,025,000 from Dignity Health, with \$2M paid now and \$1.02M paid annually over the next 20 years. These annual payments will be combined with a prior unrelated settlement to provide a total of \$22.4M payable to the District. Except for the initial payment, the total settlement will be divided into 2 parts: half will be used by the District to fund its own programs, the other half will be jointly administered by the District and Sequoia Hospital to fund programs to address unmet or underserved needs. The settlement funds will replace the potential revenue sharing payments under the 2007 development agreement. All other provisions of the development agreement regarding operation of Sequoia Hospital will remain in effect. The majority of the Board believes that this settlement is in the best interests of the District and its residents.

Director Shefren explained that litigation is uncertain and the issues involved in this legal dispute were complex. With the settlement, the District will be guaranteed additional funds to spend on community needs that otherwise might never have been earned under the development agreement. Directors in favor of the settlement said they look forward to working with the hospital on the joint funds. There are many exciting projects that we can accomplish together.

That concludes the report out from closed session. Any Director is free to make a comment about the settlement at this time, but should not disclose the discussions from the closed sessions or advice received from our attorneys. Since the decision has been made, this is not a time or place to debate it further. It should be noted that any Director's comments represent his or her own opinions and are not taken as the official position of the Board or the District. Once the Directors have commented, any member of the public may comment.

Legal counsel stated that there is nothing more from a procedural standpoint that needs to be added, and that Dignity Health has already signed the settlement agreement, and once signed by Pamela Kurtzman as the CEO, it will be the final agreement in place later today.

Director Faro commented that he strongly supports the agreement. He also said that legal counsels, Frank Cialone and Mark Hudak, gave excellent legal advice, and President Shefren did an outstanding job leading. Director Faro believes this agreement is in the best interests of the District.

Director Faro left the meeting at 9:40am.

Director Griffin emphasized that she voted no on the settlement agreement, and that she believes that this was a matter that had been sequestered under closed session for 5 years and involves a substantial loss of funds to the District. She believes that it is atrocious that there has been a lack of participation and transparency to the public, the District residents, and the people that pay taxes to the District. The lack of participation and lack of transparency is totally unfair to the District Residents.

Director Nayfack commented that although he has not been involved in negotiations since the beginning, in the time that he has been involved in the efforts to come to a compromise agreement, he's confident that this is a good solution that will benefit the Hospital, the District, and the residents that both entities serve on a daily basis.

Director Martinez commented that he has not been around long as a Director of the District and lacked the sufficient knowledge and understanding of the dispute that he felt he needed to vote on the settlement. For that reason, he chose to abstain from voting.

President Shefren commented that this is a complex long-standing dispute of a complicated agreement that was reached with Dignity around 2006. He is confident that the Board has always acted appropriately under the Brown Act and has not provided further information to the Public for appropriate legal reasons throughout the process. He also believes that with any complex disagreement there is a spectrum of how people will decide on an issue, and although there is a proportion of the Board that may be way out on one end of the spectrum and another portion of the Board that is on another end of the spectrum, the fact is that 3 members of the Board approved this and this will be the agreement going forward.

President Shefren opened the meeting for public comment.

Bill Graham, President of Sequoia Hospital, commented that he was pleased that Dignity Health and the District were able to reach this settlement, and that it is a very positive step in what is a long and very important relationship that supports the health care needs of our community. He is looking forward to working with the District over the next 20 years on programs and services to meet the unmet health needs of our community with a focus on those most vulnerable in our community.

CEO Kurtzman commented that over the last 3 years she has witnessed Directors Shefren and Faro fight hard for the District on this complex issue. There's a chance we could win the dispute and of course that would be ideal; but we could lose and end up with nothing; even having to pay a very large sum for legal fees on both sides. Therefore, they weighed the risk and made the difficult decision to come to a compromise. They did their best negotiating and landed at this number. We could have kept pushing, possibly winning more money for the district, but decimating our relationship with the Sequoia Hospital. The end-dollar amount is more than a number; our relationship with the hospital is an important one, and as CEO, this agreement allows me to bring new programs forward with the hospital that will significantly benefit our community. She hopes for a long and productive relationship with the Hospital. She thanked Directors Shefren and Faro and legal counsel.

6. Adjourn

Motion: At 9:48 AM adjourn meeting.

By: Director Nayfack

Seconded by: Director Shefren

All in favor

Motion Passed

The next meeting of the Board of Directors of Sequoia Healthcare District is scheduled for 4:30 PM, Wednesday, December 1, 2021, District Conference Room, 525 Veterans Blvd., Redwood City, CA.

Respectfully Submitted,

Aaron Nayfack M.D.
Secretary

1:04 PM
11/22/21
Accrual Basis

Sequoia Healthcare District
Balance Sheet - by Month
As of October 31, 2021

	Jul 31, 21	Aug 31, 21	Sep 30, 21	Oct 31, 21
ASSETS				
Current Assets				
Checking/Savings				
10150-0 · Cash (WF-MMA)	4,559,798.26	4,559,836.99	4,559,874.46	4,559,913.19
10200-0 · Cash (WF)	4,613,942.43	4,061,223.70	2,573,490.90	2,508,640.35
10250-0 · Cash from Investments	314,916.70	314,916.70	314,916.70	314,916.70
10300-5 · Cash Equivalents	11,106,989.18	11,106,432.18	11,098,049.18	11,067,954.18
10350-0 · Schwab Operating Funds Acct#739	10,417,881.01	10,418,460.01	10,413,429.01	10,393,485.01
Total Checking/Savings	31,013,527.58	30,460,869.58	28,959,760.25	28,844,909.43
Other Current Assets				
10400-0 · Pension Assets-Vanguard	62,291,104.00	62,291,104.00	62,291,104.00	62,291,104.00
10500-9 · Pension Contribution Rcvble	24,378,931.00	24,378,931.00	24,378,931.00	24,378,931.00
10502-0 · Prepaid Grants	500,000.00	500,000.00	500,000.00	500,000.00
Total Other Current Assets	87,170,035.00	87,170,035.00	87,170,035.00	87,170,035.00
Total Current Assets	118,183,562.58	117,630,904.58	116,129,795.25	116,014,944.43
Fixed Assets				
12100-6 · Land	138,927.00	138,927.00	138,927.00	138,927.00
12200-6 · Land Improvements	144,158.05	144,158.05	144,158.05	144,158.05
12300-1 · Improvements-Classroom	83,410.44	83,410.44	83,410.44	83,410.44
12300-6 · Buildings	1,249,382.30	1,249,382.30	1,249,382.30	1,249,382.30
12300-8 · Building Improvements	547,329.57	547,329.57	547,329.57	547,329.57
12300-9 · Tenant Improvements	215,113.29	215,113.29	215,113.29	215,113.29
12400-6 · Equipment	76,222.26	76,222.26	76,222.26	76,222.26
12400-7 · Furniture	28,259.91	28,259.91	28,259.91	28,259.91
12500-6 · Accumulated Depreciation	-2,123,165.51	-2,127,040.34	-2,130,915.17	-2,134,790.00
Total Fixed Assets	359,637.31	355,762.48	351,887.65	348,012.82
TOTAL ASSETS	<u>118,543,199.89</u>	<u>117,986,667.06</u>	<u>116,481,682.90</u>	<u>116,362,957.25</u>
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				

1:04 PM
 11/22/21
 Accrual Basis

Sequoia Healthcare District
Balance Sheet - by Month
 As of October 31, 2021

	Jul 31, 21	Aug 31, 21	Sep 30, 21	Oct 31, 21
20000 · Accounts Payable	62,102.35	964.16	1,881.04	2,876.72
Total Accounts Payable	62,102.35	964.16	1,881.04	2,876.72
Other Current Liabilities				
20001-0 · Deposit Payable	3,565.00	3,565.00	3,565.00	3,565.00
20100-0 · Grants Payable	1,953,999.89	1,953,999.89	1,953,999.89	1,961,499.89
20200-0 · HSI Grants Payable	1,827,046.71	1,453,970.21	103,056.90	103,056.90
21900 · PPT Pension Payment PassThru	550.00	550.00	0.00	0.00
Total Other Current Liabilities	3,785,161.60	3,412,085.10	2,060,621.79	2,068,121.79
Total Current Liabilities	3,847,263.95	3,413,049.26	2,062,502.83	2,070,998.51
Long Term Liabilities				
22000-1 · Pension Contribution Payable	22,485,573.00	22,485,573.00	22,485,573.00	22,485,573.00
25000-0 · Deferred inflows from pension	1,893,358.00	1,893,358.00	1,893,358.00	1,893,358.00
Total Long Term Liabilities	24,378,931.00	24,378,931.00	24,378,931.00	24,378,931.00
Total Liabilities	28,226,194.95	27,791,980.26	26,441,433.83	26,449,929.51
Equity				
32000 · Retained Earnings	29,870,258.94	29,870,258.94	29,870,258.94	29,870,258.94
39004-1 · Invested in Capital Assets	516,195.00	516,195.00	516,195.00	516,195.00
39004-3 · Fiduciary Fund Balance	61,011,405.00	61,011,405.00	61,011,405.00	61,011,405.00
Net Income	-1,080,854.00	-1,203,172.14	-1,357,609.87	-1,484,831.20
Total Equity	90,317,004.94	90,194,686.80	90,040,249.07	89,913,027.74
TOTAL LIABILITIES & EQUITY	<u>118,543,199.89</u>	<u>117,986,667.06</u>	<u>116,481,682.90</u>	<u>116,362,957.25</u>

1:05 PM
11/22/21
Accrual Basis

Sequoia Healthcare District Profit & Loss - by Month July through October 2021

	Jul 21	Aug 21	Sep 21	Oct 21	TOTAL
Income					
40300 · Rental Income	3,200.00	3,200.00	3,200.00	3,200.00	12,800.00
40400 · Tax Revenue	22,639.46	0.00	6,990.02	498,897.79	528,527.27
40500 · Investment Income	49,557.00	22.00	-13,414.00	-50,039.00	-13,874.00
40600 · Interest Income	100.13	78.74	71.54	67.87	318.28
Total Income	75,496.59	3,300.74	-3,152.44	452,126.66	527,771.55
Gross Profit	75,496.59	3,300.74	-3,152.44	452,126.66	527,771.55
Expense					
60100-1 · Admin. Expense	311.84	2,866.15	3,949.72	10,853.92	17,981.63
60101-1 · Administration Payroll	29,767.55	20,195.65	19,277.54	30,378.83	99,619.57
60300-1 · Board Health Insurance	1,871.68	1,871.68	1,871.68	306.64	5,921.68
60300-2 · Employee Health Insurance	6,168.98	6,168.98	6,168.98	3,721.58	22,228.52
60350 · Employee Retirement Benefit	1,625.62	1,664.75	869.44	3,758.88	7,918.69
60400-1 · Investment Fees	0.00	0.00	0.00	7,608.17	7,608.17
60500-1 · Office Supplies/Equip Maint	402.54	237.02	204.45	145.15	989.16
60700-1 · Board Expense	925.00	1,193.15	430.80	0.00	2,548.95
60700-2 · Association/Membership Dues	0.00	0.00	34,361.00	300.00	34,661.00
60725-1 · Communications	0.00	0.00	0.00	750.00	750.00
60750-1 · Public Relations	0.00	0.00	513.98	500.00	1,013.98
60750-2 · Web Site/IT	2,711.53	2,911.53	2,911.53	7,640.94	16,175.53
60800-1 · Insurance	36,573.00	0.00	0.00	-864.50	35,708.50
60806-1 · LAFCO fees	13,712.00	0.00	0.00	0.00	13,712.00
60810-1 · Legal Fees	0.00	18,592.93	25,123.50	48,731.90	92,448.33
65200-1 · Maintenance	386.00	1,261.00	1,739.00	8,096.40	11,482.40
65400-1 · Utilities	1,684.48	2,156.21	2,666.71	2,132.42	8,639.82
65450-1 · Property Insurance	3,827.23	0.00	0.00	0.00	3,827.23
65500-1 · Depreciation Expense	3,874.83	3,874.83	3,874.83	3,874.83	15,499.32
70200-1 · Grant Admin Expenses	0.00	1,757.07	75.00	0.00	1,832.07
70201-1 · Grant Admin Payroll	14,086.97	11,994.92	11,315.13	18,429.43	55,826.45
70350-1 · Samaritan House	0.00	0.00	0.00	384,887.50	384,887.50
70550-1 · San Mateo Medical Center	160,000.00	0.00	0.00	0.00	160,000.00
70560-1 · Ravenswood Family Health Center	500,000.00	0.00	0.00	0.00	500,000.00
70566-1 · Pen Volunteers LYFT program	0.00	16,694.45	2,858.31	3,058.78	22,611.54
70567-1 · BGCP Psychotherapist	46,585.00	0.00	0.00	0.00	46,585.00
70595-0 · Covid-19 Emergency Funds	196.02	12,120.00	120.00	10,120.00	22,556.02

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Accrual Basis

Sequoia Healthcare District
Profit & Loss - by Month
July through October 2021

	<u>Jul 21</u>	<u>Aug 21</u>	<u>Sep 21</u>	<u>Oct 21</u>	<u>TOTAL</u>
70700-1 · HeartSafe Program	3,861.25	701.25	1,022.50	357.00	5,942.00
70702-1 · HeartSafe Training & Equipment	39,130.00	230.79	0.00	0.00	39,360.79
70800-1 · School Health Expense	22,500.00	0.00	0.00	5,619.99	28,119.99
70801-1 · School Health Payroll	12,605.68	12,713.14	12,458.18	19,324.68	57,101.68
70802-1 · School Health Grants	247,000.00	0.00	13,355.00	0.00	260,355.00
70900 · Sequoia Strong program	250.00	119.99	0.00	0.00	369.99
70901 · Sequoia Strong Payroll	6,293.39	6,293.39	6,118.01	9,615.45	28,320.24
Total Expense	<u>1,156,350.59</u>	<u>125,618.88</u>	<u>151,285.29</u>	<u>579,347.99</u>	<u>2,012,602.75</u>
Net Income	<u>-1,080,854.00</u>	<u>-122,318.14</u>	<u>-154,437.73</u>	<u>-127,221.33</u>	<u>-1,484,831.20</u>

**Month to Month Budget
September - October 2021**

	September Budget	September Actual	October Budget	October Actual	4 Month Total Budget	4 Month Total Actual
Income						
Rental Income	3,200.00	3,200.00	3,200.00	3,200.00	12,800.00	12,800.00
Tax Revenue	0.00	6,990.02	500,000.00	498,897.79	640,000.00	528,527.27
Investment Income	15,000.00	(13,414.00)	15,000.00	(50,039.00)	60,000.00	(13,874.00)
Interest Income	250.00	71.54	250.00	67.87	1,000.00	318.28
Pension Income	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	18,450.00	(3,152.44)	518,450.00	452,126.66	713,800.00	527,771.55
Expenses						
Admin. Expense	4,000.00	3,949.72	2,000.00	10,853.92	10,000.00	17,981.63
Admin. Payroll	20,000.00	19,277.54	30,000.00	30,378.83	90,000.00	99,619.57
Board Health Insurance	1,700.00	1,871.68	1,700.00	306.64	6,800.00	5,921.68
Employee Health Insurance	8,000.00	6,168.98	9,000.00	3,721.58	34,000.00	22,228.52
Employee Retirement Benefit	2,000.00	869.44	2,500.00	3,758.88	8,500.00	7,918.69
Investment Fees	0.00	0.00	7,500.00	7,608.17	7,500.00	7,608.17
Office Supplies/Equip Maint	900.00	204.45	1,000.00	145.15	3,700.00	989.16
Purchased Services	0.00	0.00	0.00	0.00	0.00	0.00
Accounting fees	0.00	0.00	0.00	0.00	0.00	0.00
Board Expense	3,000.00	430.80	1,000.00	0.00	6,000.00	2,548.95
Associations/Membership	34,500.00	34,361.00	0.00	300.00	34,500.00	34,661.00
Communications	1,000.00	0.00	27,000.00	750.00	30,000.00	750.00
Public Relations	200.00	513.98	200.00	500.00	700.00	1,013.98
Web Site/IT	5,000.00	2,911.53	5,000.00	7,640.94	22,000.00	16,175.53
Pension Plan Expense	0.00	0.00	0.00	0.00	0.00	0.00
Insurance/D&O/Liability/WC	0.00	0.00	(1,750.00)	(864.50)	34,750.00	35,708.50
Election fees	0.00	0.00	0.00	0.00	0.00	0.00
LAFCO fees	0.00	0.00	0.00	0.00	12,100.00	13,712.00
Legal Fees	20,000.00	25,123.50	20,000.00	48,731.90	80,000.00	92,448.33
Bank Fees	0.00	0.00	0.00	0.00	0.00	0.00
Maintenance	3,000.00	1,739.00	3,000.00	8,096.40	11,000.00	11,482.40
Utilities	2,500.00	2,666.71	2,000.00	2,132.42	9,000.00	8,639.82
Property Insurance	0.00	0.00	0.00	0.00	2,650.00	3,827.23
Depreciation	3,916.00	3,874.83	3,916.00	3,874.83	15,668.00	15,499.32
Grant Admin Expenses	700.00	75.00	300.00	0.00	2,300.00	1,832.07
Grant Admin Payroll	11,000.00	11,315.13	13,000.00	18,429.43	50,000.00	55,826.45
Samaritan House Grant	0.00	0.00	300,000.00	384,887.50	300,000.00	384,887.50
Other Grants	0.00	0.00	0.00	0.00	0.00	0.00
San Mateo Medical Ctr. Dental Cli	0.00	0.00	0.00	0.00	160,000.00	160,000.00
Ravenswood Family Health Ctr	0.00	0.00	0.00	0.00	500,000.00	500,000.00
LifeMoves LVN	0.00	0.00	0.00	0.00	0.00	0.00
Pen Volunteers LYFT program	6,000.00	2,858.31	6,000.00	3,058.78	36,000.00	22,611.54
BGCP Psychotherapist	0.00	0.00	0.00	0.00	47,295.00	46,585.00
Sonrisas	0.00	0.00	60,000.00	0.00	60,000.00	0.00
First 5 SMC	0.00	0.00	0.00	0.00	0.00	0.00
Future Impact Funds	0.00	0.00	0.00	0.00	0.00	0.00
Covid-19 Emergency Funds	75,000.00	120.00	100,000.00	10,120.00	325,000.00	22,556.02
Community Grants Program	0.00	0.00	0.00	0.00	1,491,000.00	0.00
HeartSafe Program	1,500.00	1,022.50	17,000.00	357.00	62,000.00	45,302.79
School Health Program	67,000.00	25,813.18	799,995.00	24,944.67	1,228,995.00	345,576.67
Sequoia Strong Program	12,050.00	6,118.01	12,050.00	9,615.45	48,600.00	28,690.23
Total Expenses	282,966.00	151,285.29	1,422,411.00	579,347.99	4,730,058.00	2,012,602.75
Net	(264,516.00)	(154,437.73)	(903,961.00)	(127,221.33)	(4,016,258.00)	(1,484,831.20)



Healthy Beginnings Initiative

Sequoia Healthcare District Report July 1, 2020 – June 30, 2021

First 5 San Mateo County is happy to submit this report to Sequoia Healthcare District (SHD) for the first year of our three-year partnership, which intends to meet two areas of critical need for young children and their families: children at risk of or with identified special needs, and children and families impacted by adverse childhood experiences (ACEs).

The progress made over the course of this year in both areas has been significant and impactful. As noted in the mid-year report, we feel particularly proud of the work done by our collective grantees and contracted partners to move this work forward during a persistent global pandemic. While we couldn't have imagined this reality as a remote possibility when we were granted these dollars, we also recognize that prioritizing children with special needs and those who have experienced trauma has only increased in importance over this funding term. With increasing needs for families, our partners have innovated and adapted to help meet the needs of young children and their families. In addition, we recognize the physical and mental health burdens as well as the economic hardships that have gone hand in hand with the COVID pandemic for many, and elevate the reality experienced by providers working to support families; that they too have experienced increased stressors and challenges.

We hope this report offers you a window in to the meaningful opportunities created through your investment for young children living within the Sequoia Healthcare District at this incredibly critical time their development during an undoubtedly important time in our collective history.

Integrated Systems for Children with Special Needs

As noted in the mid-year report, in preparation for the new five-year F5SMC Strategic Plan term beginning on July 1, 2020, F5SMC issued a collaborative procurement process to recontract all services and strategies for the Integrated Systems for Children with Special Needs. As planned, the dollars allocated to this strategy from SHD were included in the total investment, which includes braided funding from David and Lucile Packard Foundation and Peninsula Health Care District as well as the substantial investment from F5SMC. The procurement process resulted in a lead agency contract to AbilityPath with smaller subcontracts to 6 others: LifeSteps Foundation, Legal Aid Society of SMC, Silicon Valley Community Foundation, Stanford Children's Health Developmental Behavioral Pediatrics Unit, Stanford Children's Health Government and Community Relations Department, and StarVista. The new contracts allow for a streamlined continuum of care and greater coordination between the components of the initiative, which includes a fully actualized Help Me Grow (HMG) model, more parent-child offerings to support development and mental health concerns, legal supports for providers and parents who encounter particularly persistent barriers to access, a robust multidisciplinary roundtable to troubleshoot complex cases, and a focus on systems alignment between health and early learning sectors.

The new contracts began in the middle of the pandemic, which has undoubtedly impacted the ability to reach families in the ways that were originally envisioned.

However, given the vision of offering many more virtually accessible services paired with the adaptability of our community partner organizations, the impact to service numbers over the course of the year appears limited, and in many cases, our funded partners exceeded their original targets.

Annual Service Deliverables

1. Outreach to 250 community service providers and 500 parents of young children about the Help Me Grow San Mateo County (HMG) system.
In SHD during FY 2020-21, our HMG SMC outreach efforts reached 198 community service providers and 777 parents/families.

Additionally, our website analytics show that we established 7,076 new users with a total of 7,317 users of the HMG SMC website within the cities represented within SHD during that period, which was largely driven by a targeted social media campaign to reach families of young children.

2. Conduct office-based training for five pediatric and family practices serving SHD children to promote best practices for developmental promotion, surveillance, and screenings.
During the 2020-21 fiscal year, our HMG SMC Healthcare Provider Liaison Team housed within Stanford Children's Health's Department of Community and Government Relations actively supported five SHD-serving practices with services that included some or all of the following based on each practices' unique needs: trainings on developmental screening tools and/or the HMG SMC system, outreach meetings with providers, ongoing technical assistance, and resource distribution. Providers within five additional practices serving SHD residents received HMG Quarterly Provider Newsletters. The practices receiving more active HMG supports over the past year serve at least 18,000 patients, 8,500 of which are 0 to 5 years old.

3. Screen 200 unduplicated children using the ASQ-3 and ASQ-SE.
While HMG SMC offers an online screening portal and facilitates scoring and communication following these screenings, our focus has not necessarily been to promote screening in this venue as a first choice. As our work and best practices in the field have evolved, there is now a strong push to promote developmental screening within a child's medical home, with their primary healthcare provider. This aligns with our HMG SMC Healthcare Provider Outreach noted above. Recognizing that the shift for providers to integrate routine screening at recommended intervals into their workflow can be a process, we also support early learning providers to screen in their settings, as well. Therefore, the HMG SMC online screening portal serves as an additional layer of accessibility for families who may not have access to screening through these other avenues. This year, 116 unduplicated children completed both the ASQ-3 and ASQ-SE and nine children completed the ASQ-3 alone. In total, 241 screenings were completed during this fiscal year.

4. Serve 90 families through the HMG call center and online supports.
As you may recall, the HMG call center, or centralized access point, is a resource dedicated to supporting parents of young children and the providers who serve them high quality, up-to-date information about child development, including addressing any concerns or questions, and providing linkages to necessary services to address these needs. The HMG SMC bilingual website went live in January 2020 and is a central hub for information about our local model: <https://helpmegrowsmc.org/>.

The "call center" offers contact via phone, text, email, or faxed referrals from providers and parents and all staff are bilingual in English and Spanish. Connection to Help Me Grow offers a continuum of care for families, since the Family Resource Center (FRC) for families of children with special needs is also run through the same

agency and department. Services range from basic resource calls to families with concerns or questions about their child's development, as well as contacts with families who may have a young child with a known diagnosis who have questions about access or services.

During FY 2020-21, 294 unduplicated families in SHD received 1-on-1 support from a care coordinator through the Help Me Grow Call Center or Family Resource Center, with about 200 being served through Help Me Grow and around 100 via the FRC. Between both programs, these 294 families received 1550 service contacts during the same time period.

5. **Provide care coordination for 250 unduplicated families of young children in SHD.** As noted in the introduction to this section of the report, recontracting this strategy has allowed us to streamline some of our operations. In our previous model, we had two programs that while coordinated, operated independently: Watch Me Grow, and Help Me Grow. This meant that we recorded care coordination separately for each program. With our new model, we now have an expanded Help Me Grow model to serve countywide and Watch Me Grow, which was more targeted in scope, sunsetted in June of 2020. Therefore, the number of contacts to the HMG Call Center, which are noted under the previous deliverable, and care coordination are synonymous. HMG SMC and the FRC provided care coordination to 294 families during this fiscal year.

Partnerships

In addition to the deliverables noted above, the subcontracted partners on this Initiative contributed valuable services to SHC families that warranted inclusion in this report:

Life Steps Foundation

- 56 families received supportive services, including parent-child groups and information on developmental screening

Legal Aid Society of SMC

- 26 families within the District boundaries were provided free legal services for issues regarding their children with diagnosed or suspected special needs

StarVista

- StarVista had supported at least 32 clients (18 households; 22 kids and 18 parents) with targeted parent-child groups focused on mental health or parental stress

Annual Systems Deliverables

1. **Ensure that child- and family-serving systems leaders are informed and have input into the implementation and continuous improvement of the HMG system via bi-annual Leadership Advisory Team meetings.** While we continue to ensure that leaders of our local child- and family-serving systems are informed about HMG SMC, we shifted the mechanism for achieving this outcome to meet our leaders where they are, particularly during COVID where leaders of our health and education systems have had incredible demands on their time. The procurement and contracting process leading into July 2020 offered the chance to present on this strategy to our Commissioners at F5SMC, who include the top leadership of SMCOE, SMC Health, SMC Human Services Agency, and a representative from the Board of Supervisors. In April 2021, HMG SMC Consultant Cheryl Oku and F5SMC staff member Emily Roberts presented to the Commission once more to share the recently completed Early Identification and Intervention

Environmental Scan authored by Ms. Oku. This project was a major undertaking over the course of this past year and has received recognition not only from our local systems leaders, but also at the regional, state, and national levels. The full Scan and Executive Summary can be found [here](#).

Help Me Grow SMC leadership continues to meet every other month with the leadership of Family Health Services and the SMC Clinics to coordinate service delivery and troubleshoot systems-level challenges on behalf of the children and families that we collectively serve.

While meetings of the Leadership Advisory Team may be useful in the future, we do not have imminent plans to reconvene the group.

2. **Convene local pediatricians six times a year to identify opportunities to further efforts to promote universal screening and to advise on all health provider outreach efforts.** The HMG Physician Advisory Group continues to meet every other month under the leadership of Dr. Neel Patel, F5SMC Commissioner and HMG SMC Physician Champion. This group includes physicians from various practices countywide, including the SMC Clinics, Stanford Children's Health, Gardner Packard, Golden Gate Regional Center, and others. The group has helped to advise on the HMG health provider outreach strategy, facilitate the dissemination of resources within their own systems, encourage trainings on developmental and ACEs screening, and support an advocacy push to encourage pediatricians to continue to prioritize developmental screening during the COVID-19 pandemic. Recently, Dr. Neel Patel was featured in an interview on KTVU discussing child development and the impacts due to COVID. The full interview can be viewed [here](#).
3. **Use regular Community Provider Networking meetings to promote use of the HMG Call Center, update the resource database, and align efforts to support early identification and linkage for families.** The HMG SMC team conducted two Community Networking Meetings during the funding term. The first of the meetings focused on the topic of Early Identification and Intervention During COVID, while the second meeting showcased the various parent-child playgroup models that are funded through the collective investments of SHD and other First 5 SMC partners. Over 100 duplicated community-based service providers attended the combined meetings. Surveys of the attendees from the first meeting showed that 92% agree/strongly agree that the information will be useful in their work with families and 87% agree/strongly agree that they have a greater understanding of HMG SMC after attending.
4. **Facilitate monthly multidisciplinary case conferences for children with complex circumstances or conditions.** One prominent feature of our Integrated Systems for Children with Special Needs Initiative since its inception over 12 years ago is the Roundtable, a monthly multidisciplinary case conference model for children with complex circumstances or conditions. The HMG Roundtable has continued to convene monthly during the reporting term, facilitated by Stanford Children's Health Developmental Behavioral Pediatrics Department in partnership with many other community stakeholders. The intention of this group is not only to focus on coordination of the individual cases, but to elevate persistent and 'sticky' barriers that continue to inhibit children receiving services that support their optimal development. During this fiscal year, 13 children residing in SHD were served through this model.

Early Childhood Mental Health Systems

The contribution from SHD in the area of early childhood mental health is targeted to address the impacts of adverse childhood experiences (ACEs), or trauma, on children

and families and the providers who serve them. Specifically, the Trauma- and Resiliency-Informed Systems Initiative (TRISI) led by F5SMC and co-funded through local Mental Health Services Act dollars, focuses on supporting child- and family-serving agencies to adopt trauma-informed practices and policies. The goals of this effort are to (1) ensure that the agencies designed to support families do so in a way that promotes healing for children and families and reduces re-traumatization and (2) support the experience of staff within these agencies with internal policies and practices that bolster their ability to reduce and mitigate trauma in a healthy way.

In September 2020, after a targeted Request for Quotations process, the F5SMC Commission approved contracts for two agencies to support three critical functions for the most recent phase of this Initiative: (1) Initiative Design Consultant, (2) Cohort Facilitator, and (3) Organization Coach. Hamai Consulting was chosen to fulfill the first two functions and Trauma Transformed was selected as the Organization Coach. These agencies, along with F5SMC, spent the last three months of 2020 in an intensive planning process to co-design and coordinate the rollout of a Trauma-Informed Organizational Practices Assessment Tool and a follow up opportunity for select organizations to deepen their TIO commitment through a paired cohort and coaching offering.

In February 2021, First 5 SMC debuted the first of two training sessions to educate child- and family-serving agencies about the impacts of trauma with a targeted focus on trauma-informed organizational (TIO) practices. Shortly after, the TIO Assessment Tool went live and in May, the TIO Cohorts held their first virtual gatherings. This novel initiative has continued to generate interest from various partners and we look forward to sharing more in our next report about its evolution.

Annual Service Deliverables

1. Train 10 agencies serving SHD families on trauma, its impacts, and practices of trauma-informed organizations.

As noted above, the primary focus of our trauma-related work has been inward-facing; looking at our network of child- and family-serving agencies countywide to promote trauma-informed organizational practices before focusing on supporting clients themselves. In this vein, we offered two trainings during the fiscal year dedicated to this topic and used the opportunity of learning about our Trauma-Informed Organizations Assessment Tool as the hook, or opportunity to engage agencies on this issue. First 5 SMC staff and our contracted consultant team partnered to facilitate these trainings. The first of the two trainings, “Trauma-Informed Organizational Assessment Introduction”, grounded participants in an overview of trauma, or ACEs science, shared principles of trauma informed organizational practices, and described the ideal process of roll-out for the TIO Assessment Tool within organizations. The second training, “Trauma-Informed Organizational Assessment: Turning Results in to Action” offered the same frame to understand trauma and associated organizational practices, and also helped organizations plan for bringing the results of their TIO Assessments back to their agencies. All told, 13 agencies that serve children and families within SHD attended one or both of these sessions, exceeding the original goal of 10.

2. Support five agencies serving SHD families to conduct trauma-informed organization self-assessments.

AS noted in the intro, First 5 SMC launched our Trauma-Informed Organizational (TIO) Practices Assessment Tool in early 2021. Prior to the launch, our TRISI Core Team in partnership with our community-based Implementation Team identified and adapted the tool, which was originally created by the State of Michigan. The TIO Assessment Tool was completed by eight agencies countywide and 351 staff members within these agencies collectively during this fiscal year. Seven of these eight serve residents of SHD. The full data roll-up from the TIO Assessment Tool results is attached along with this report.

3. Provide intensive coaching and/or technical assistance to two organizations serving SHD families.

For agencies that chose to complete the TIO Assessment Tool, First 5 SMC offered the opportunity to deepen trauma-informed organizational practices through multi-agency cohorts, or learning communities, paired with individualized agency-specific coaching. In May, aligned with the timing of agencies receiving their TIO Assessment results, the cohorts began meeting. Six agencies, all with a presence in SHD, are participating in the cohort and coaching components. By the end of FY 2021-22, four of the six agencies had met with their agency coach to receive their TIO results and to begin the process of identifying areas for intended growth for their organizations.

Annual Systems Deliverables

1. Moderate, curate and promote the use of a local online platform for information and resources to further trauma-informed systems and service delivery.

First 5 SMC continues to serve as the moderator of the San Mateo County PACEs Connection Network. PACEs Connection is an international hub for sharing information about ACEs and trauma. The San Mateo County subgroup continues to grow its membership and is continuously curated by the F5SMC Communications Team and other members who contribute content. The platform also includes functionality to promote local events focused on trauma and its impacts.

2. Link to other local, regional, and statewide efforts focused on elevating trauma- and resiliency-informed issues.

F5SMC recognized early on in our work on trauma that with rapidly growing interest in ACEs, staying aligned with the efforts of others at the local, regional, and statewide levels would be essential to ensuring nonduplication, magnifying opportunities, and communicating to our target populations. Linkages are made through a variety of means. F5SMC staff attend meetings of other local trauma-focused efforts as we are available. A core deliverable for Hamai Consulting in their role as Initiative Design Consultant is to provide a monthly report of efforts nationally as well as statewide that we can learn from or may want to follow over time. At a state level, we at First 5 SMC continue to implement our ACEs Aware Communications grant that began in July of 2020 in partnership with the Health Plan of San Mateo. ACEs Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services to give Medi-Cal providers training, clinical protocols, and payment for screening children and adults for ACEs. The process was competitive, but F5SMC was funded as one of 100 grantees committed to serving various functions of the work for the 2020-21 fiscal year. As an ACEs Aware grantee, we have been provided many opportunities to learn from others around the state about their work on this issue.

3. Support the use of common definitions around trauma and resiliency to better align efforts and promote awareness of trauma and its impacts.

As touched on in the response above, alignment of efforts is critical. Alignment is also essential in building a cohesive message about ACEs, trauma, and resiliency. Experts in the field have dedicated time and energy to the goal of creating common definitions and terms, an area which F5SMC doesn't consider ourselves a leader. As a part of our learning, we are looking at the latest science and trends regarding the use of the term "resilience" and also exploring frameworks such as the HOPE framework: <https://positiveexperience.org/> to guide our understanding of this evolving field.

In summary, we are deeply grateful to SHD for the continued partnership and investment toward a shared vision for young children within SHD and across San Mateo County. We

are proud to help lead this work and to support the efforts of countless others who always commit their all and have gone above and beyond to support young children, their families, and the providers who serve them over the past 18 months.

We look forward to sharing more with you as the work progresses in both our Integrated Systems for Children with Special Needs Initiative and with our Trauma- and Resiliency-Informed Systems Initiative.

Sequoia Hospital District Annual Report Fiscal Year 2021



Quality and Patient Experience

Quality

- US News and World Report - #4 in San Francisco Region
- Healthgrades – among 2% nationally to receive both Patient Safety and Patient Experience excellence awards
- CMMS – 5-Star for quality and patient experience
- American Heart/Stroke Association – Gold Plus Quality Achievement Award
- Bay Area Parent – Family Favorite 2020 “Best Birth Center” and “Best Hospital”
- Health Equality Index (HEI) – LGBTQ Health Care Equality Leader

Patient Experience

- Willingness to Recommend – 85th National Percentile (down from 94th)
- Overall Composite Score – 81st National Percentile (down from 83rd)

Financial Performance - EBIDA

SCHEDULE 4.1 B (000's) FY2021	Sequoia Hospital	DHMF Sequoia Medical Group	DHMF Sequoia Physicians Network	Sequoia Quality Care Network	Eliminations	Combined
Total operating revenue	282,042	25,444	-	344	-	307,830
Less EBIDA Detail Adjustments Included in Total Operating Revenue:	11,205	1,749	-	-	-	12,954
Total Operating Revenue	A 293,247	27,193	-	344	-	320,784
Total expense	283,056	32,180	(2)	220	-	315,454
Less EBIDA Detail Adjustments Included in Total Operating Expense:	(16,242)	1,329	-	-	-	(14,913)
Total Operating Expense	B 266,814	33,509	(2)	220	-	300,541
Actual Operating EBIDA - per Development Agreement	C = A minus B					20,243
Actual Operating EBIDA Margin	D = C divided by A					6.3%
Value of EBIDA margin of 9.3%	E = A times 9.3%					\$ 29,833
Current EBIDA over 9.3%	F = If C > E, then C minus E					\$ -
Return Formula Payable to District (50% of EBIDA over 9.3%)	G = If F > 0, then F divided by 2					<u>\$ -</u>

Strategic Priorities

- Primary Care Development
- Workforce Development
- Birth Center Relocation
- Cardiovascular Services
- Total Joint Replacement
- Master Facility Plan



LifeMoves

Presentation to Sequoia Healthcare District Board of Directors – December 1, 2021



Brian Greenberg, PhD



Service Provider: LifeMoves

- Exceptional provider of wrap-around services in Silicon Valley
- Specializes in interim housing programs for families and individuals experiencing homelessness (90-180 days)
- Extensive experience
 - 26 service sites + additional programs
 - 1,500+ beds, serving over 7000 clients every year
 - 1/5 of shelter beds occupied by children.

Coast House: Half Moon Bay



- LifeMoves began operations April 20, 2021
- First shelter on the San Mateo County coast
- Non congregate shelter
- 52 rooms



Mountain View



- Response to immediate need for shelter in Mountain View
- First clients admitted May 2021
- 88 Singles/Couples individual rooms with communal bathrooms and showers
- 12 Family units with en suite bathrooms

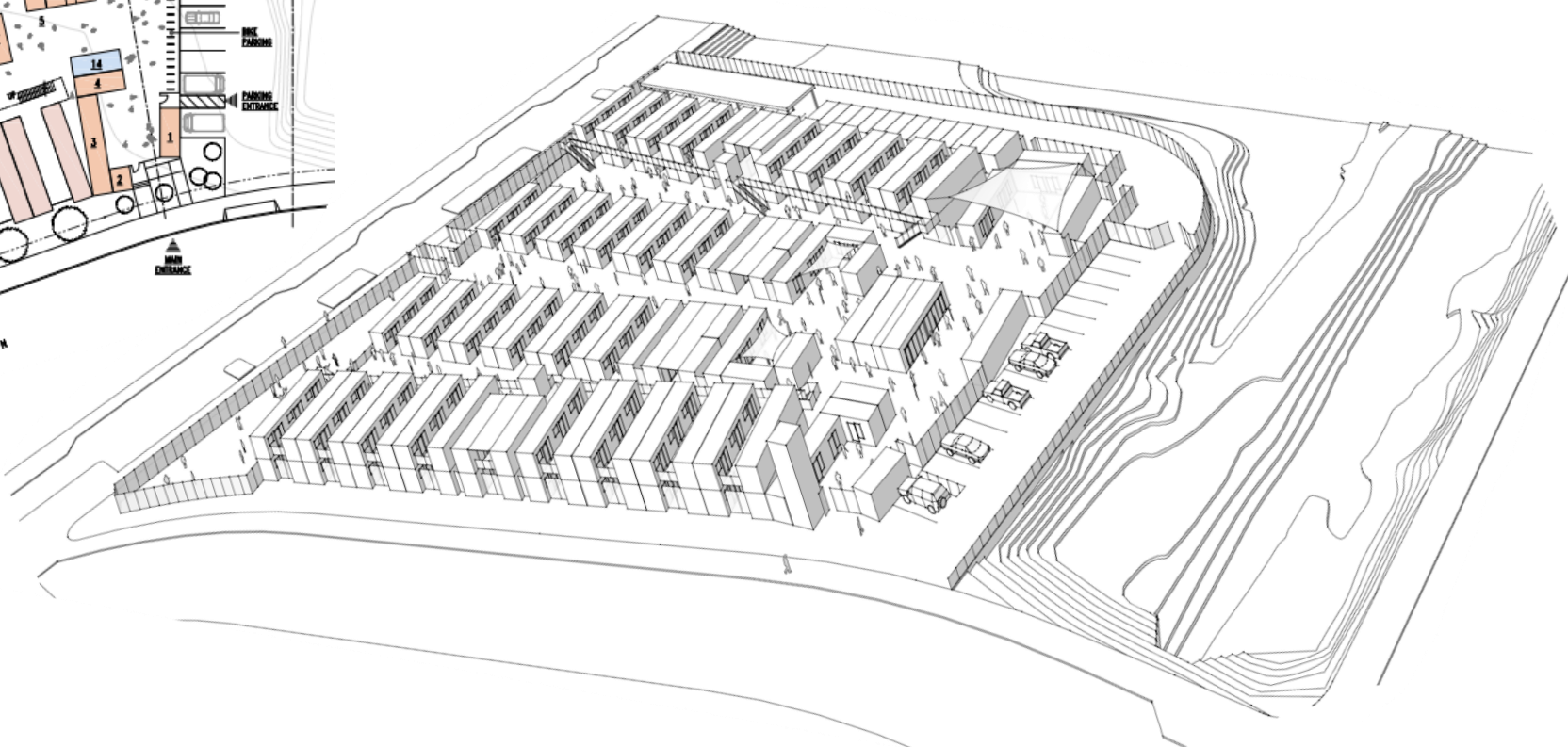
Transition from Maple to Maple 2.0

“Navigation Center”

- 260 door non-congregate facility
- All with en-suite bathrooms
- Will get to near “functional zero” homelessness in SMC (means: A shelter bed is available for anyone who wants one)
- Elderly population off the street
- Timeline: Jan 2023



Maple 2.0 Schematics



Anticipated Challenges

- Aging population
- RCFE/Board & Care
- Opportunities and challenges of non-congregate shelters
- Point of service data collection
- Scaling CNA and LVN services



LVN Grant for 2020-21

- SHCD awarded LifeMoves a two-year grant for an LVN staff position to address the increasing medical needs of the aging and medically fragile client population at Maple Street Shelter
- This was a renewal of the previous grant for 2018-2019
- Kelly McGrath, a Licensed Vocational Nurse (LVN), has been at Maple since December 2017

Current grant period: January 1, 2020– December 31, 2021

Current award amount: \$200,316 (\$100,158 per year)

Results of LVN Funding

Goal #1: Address medical needs of 250 clients per year

Result: Successful within capacity limits

- Served 325 clients over two years, due to COVID-19 capacity limits and longer client stays
- Managed clients' medication protocols and assisted with telehealth appointments
- Set up COVID-19 vaccination clinics for Maple clients and staff
- Regularly checked in with clients who were quarantined at offsite locations

Goal #2: Continue to explore alternative housing for seniors

Result: Work in progress

- Four clients housed at board and care facilities, but overall goal is still a work in progress
- Facility costs are a barrier for many clients with low or no income

Success at Maple Street

Client JA entered Maple Street in June 2020

- Client had severe behavioral health issues and needed ongoing medical care
- Needed assistance and reminders with hygiene and other activities of daily living

LVN interventions

- Connected client with primary care provider and behavioral health provider
- Worked with client on medication protocol and regular routine for medications
- Assisted with housing client in Palo Alto board and care facility

JA was successfully housed in July 2021

- Client is making his own medical appointments and arranging his own transportation
- No remaining issues with hygiene and other life activities

LifeMoves request to SHCD: Renew LVN funding for 2022-23

Need continues to grow:

- Client average age continues to increase
- Numbers of clients with significant health issues on upward trajectory
- Returning clients to stable housing requires supporting their recovery from illness or surgery, and/or stabilizing their mental health conditions
- Maple 2.0 will nearly double the number of available beds
- LVN clearly makes an enormously positive impact on the lives and health of clients and staff

Funding request: Slight increase in current-year funding due to tighter job market

- Request: 2022: \$125,000, and 2023: \$130,000
- We are hoping to negotiate with SM County for funding of second LVN position to support double the number of clients



LifeMoves Diversity, Equity, Inclusion, and Belonging Practices

- Strive to have a staff that reflects our target population
- Foster a culture of trust, where all voices are heard
- Create and provide a safe living environment where a culture of diversity, equity, inclusion, and belonging is nurtured
- LifeMoves strives to serve as a touchstone for addressing disparities in the greater community



Thank you!
Questions? Comments?



Memorandum

TO: Pamela Kurtzman, CEO
FROM: Kimon Manolius & Simran K. Mahal
DATE: November 23, 2021
RE: Redistricting – Sequoia Health Care District after the 2020 Census

The purpose of this memorandum is to provide a succinct guide to the redistricting process in which the Sequoia Healthcare District ("the District") must engage before the 2022 election cycle. Below, you will find a discussion of the District's statutory obligations and some notes on best/better practices.

The District and District-Based Elections

Before 2018, the members of the Board of Directors ("the Board") of the District were elected at-large, pursuant to Health and Safety Code section 32100.02. On September 4, 2017, the District voted to transition from at-large to division-based elections, and created five divisions for the November 2018 election and beyond.

The District's Redistricting Obligations

The District must re-district because two of its election districts differ in population by more than 10% under the 2020 Census data that was released a few months ago. Cal. Elections Code section 22000 *et seq.* governs the District's redistricting obligations. The actual requirements are few. In adjusting its boundaries, each division must be roughly equal in population, and the Board *may* give consideration to the following factors: topography, geography, cohesiveness, contiguity, integrity, and compactness of territory, and communities of interest.

Moreover, Section 22001 requires that before a special district adjusts the boundaries of its divisions, it must hold at least one public hearing on the proposed new division lines prior to the public hearing at which the Board actually votes to approve the proposed lines. Without any other legal requirements vis-a-vis these two meetings/hearings, the Brown Act provides that notice of these meetings and supporting staff reports should be noticed and posted seventy-two (72) hours in advance.

To fulfill these obligations, we understand that the District may/has retain(ed) the services of Redistricting Partners, as this firm was engaged for demographic services associated with the District's conversion from an at-large jurisdiction to a division-based one back in 2017.

The deadline for the District to re-set its own divisionlines is 180 days before the November 8, 2022 election, or May 12, 2022, and the data is due to the County Department of Elections by July 1, 2022.

Other Considerations – The Fair Maps Act and Best or Better Practices

The State enacted an additional law related to the redistricting process, Assembly Bill No. 849. The Fair Maps Act, however, does not apply to the District, but only to cities and counties.¹ It standardizes the redistricting process for cities and counties in California, and codifies traditional redistricting best practices. Again, these practices are offered to demonstrate potential improvements to the modest redistricting requirements pertaining to special districts that the District may want to consider. We anticipate that the California Legislature might extend these requirements to all public entities at some point in the future, but most are not now required. Moreover, as to many of these requirements, Redistricting Partners employ them as best practices as a matter of course.

A. The Use of Specific Demographic Criteria in Redistricting

The Fair Maps Act now requires cities and counties to redistrict and adopt division-based boundaries using specific demographic criteria to keep communities of interest together and prevent gerrymandering. As noted above, the District need only ensure that its divisions are of roughly equal size, and *may* consider other factor such as topography, geography, cohesiveness, contiguity, integrity, and compactness of territory, and community of interest. As part of the Fair Maps Act, Elections Code section 21601 sets out the legally required and more onerous criteria for redrawing divisions for cities and counties:

- Each division must contain a nearly equal population;

¹ Assembly Bill No. 849, also known as the Fair and Inclusive Redistricting for Municipalities and Political Subdivisions Act ("Fair Maps Act"), was enacted in October 2019, and became effective January 1, 2020. The redistricting process under the Fair Maps Act is very similar to the CVRA transition process that the District completed in 2017-2018. In addition to public hearing requirements and timelines, the Fair Maps Act expanded requirements related to community outreach, including translation services, and is intended to make information about draft maps more easily accessible to the public. After the passage of AB 849, the legislature passed AB 1276 as a "clean-up bill." AB 1276 established deadlines for adopting division boundaries, reiterated the need for a public computerized database with necessary redistricting data, and adopted rules regarding the timing of draft map releases. Both bills demonstrate the Legislature's push toward a more equitable and transparent redistricting process. While this only applies to cities and counties now, the Legislature may broaden these to special districts in the future.

- The redistricting plan must be drawn in a manner that complies with the federal Voting Rights Act and the Equal Protection Clause of the U.S. Constitution; and,
- The divisions must not be drawn with race as the predominant factor.

While these criteria are provided in the Fair Maps Act, the District too must comply with the United States Constitution and federal law they govern special districts. Demographers consider and comply with these constraints as a matter of course.

Additionally, Election Code section 21601 also now requires cities and counties to adopt boundaries using the following criteria, which are set forth in order of priority:

- To the extent practicable, divisions shall be geographically contiguous. Areas that meet only at the points of adjoining corners are not contiguous. Areas that are separated by water and not connected by a bridge, tunnel, or regular ferry service are not contiguous.
- To the extent practicable, the geographic integrity of any local neighborhood or local community of interest must be respected and maintained. A “community of interest” is a population that shares common social or economic interests that should be included within a single division for purposes of its effective and fair representation.
- Communities of interest do not include considerations such as political party, incumbency, or the identity of candidates for office.
- Division boundaries should be easily identifiable and understandable. To the extent practicable, divisions shall be bounded by natural and artificial barriers, by streets, or by the boundaries of the jurisdiction.
- To the extent practicable, and where it does not conflict with the preceding criteria in this subdivision, divisions shall be drawn to encourage geographical compactness.

In our experience, competent California demographers utilize almost all of these criteria as a matter of course to avoid issues under the federal voting rights act. The lone exception is the prohibition that cities and counties may not consider political party, incumbency, or identity of candidates. The District's demographer likely will consider many of the factors outlined above because demographers routinely do so to ensure compliance with the federal voting rights act, even though that consideration is not necessarily "required" explicitly under Cal. Elections Code sec. 22000.

B. Additional Process Considerations

1. Vehicle for Redistricting

As noted above, the Elections Code pertaining to special district redistricting does not specify a vehicle by which the District must re-draw its lines. However, the Fair Maps Act – applicable to cities and counties - provides the following options:

- The Board itself engages in the redistricting process by retaining a demographer, taking public input, conducting the hearing, and then approving a new redistricted map;
- The Board appoints an advisory commission² to recommend new division boundaries for the Board's adoption with that advisory commission managing the process;
- The Board establishes an independent redistricting commission to manage the process of either adopting or recommending new division boundaries to the Board;
- The Board establishes a hybrid redistricting commission³ to either adopt or recommend new division boundaries to the Board; or,
- The Board may contract with the county, if that county has established an independent redistricting commission, to have that commission adopt the District's new boundaries.

These are offered as possibilities, and the District may utilize any of these vehicles to accomplish redistricting. We understand that the District intends to proceed with a process akin to the first one listed above.

2. Public Hearings and Outreach

The District need only hold one hearing before the meeting at which it adopts its new maps. And, there are no additional requirements regarding the noticing or scheduling of those meetings than for meetings under the Brown Act.

The District of course has the option of engaging in a more robust public process before it draws and adopts new maps. For example, not unlike the process the District utilized to move from its at-large electoral system to one based on divisions, the Fair Maps Act requires cities and counties to hold at least four public hearings to allow the public to provide input regarding their new divisions. (Elec. C. § 21607.1.) Of these four hearings:

- At least one must occur before the District draws a draft map;
- At least two must occur after the District has drawn draft maps; and,
- At least one must be held on a Saturday, Sunday, or after 6 pm on a weekday.

Additional public process can provide greater public confidence in both the process and the substantive decisions on the map lines themselves. Again, there is no requirement that the District hold additional outreach meetings and it is within the District's discretion

² Commissioners may be appointed by the Board, through an independent governing board, or through a drawing from a pool of qualified candidates. California laws both require and encourage geographic or ethnic diversity on this type of commission.

³ The hybrid redistricting commission combines attributes of both an advisory commission and an independent commission.

to have a single hearing and then a single meeting at which its governing body chooses new maps.

Additional notice and more robust outreach also can increase the public's confidence and result in a more equitable process. As noted above, the Brown Act requires posting of the District's Board agenda and supporting documentation just seventy-two (72) hours before a board meeting. The Fair Maps Act – applicable to cities and counties – requires online notice of hearings at least five days in advance. In contrast, the California Citizens Redistricting Commission provides notices and agendas fourteen days in advance of all meetings so that interested residents have enough time to plan to attend each hearing. This again is subject to the District's discretion, as only Brown Act notice is required.

In addition to the amount of required notice, the next issue is the robustness of the outreach with which the District will encourage participation of District residents. The only requirement in this regard is to notice hearings and meetings as the District does under the Brown Act. In contrast, the Fair Maps Act requires cities and counties to do more robust outreach – well beyond that due under the Brown Act – cities and counties must take steps to encourage residents, including those in underrepresented, underserved, and non-English speaking communities, to participate in the redistricting process. A good faith effort to encourage inclusivity as a part of the redistricting process may include steps like the following:

- Hosting a webpage dedicated to redistricting, which includes an explanation of the redistricting process, relevant demographic data, the process for getting public input (in all legally required languages), a calendar of public hearings and/or workshop dates, the notice and agenda for each hearing/workshop, audio/video records of the hearings/workshops, a copy of the draft map(s) considered, and a copy of the final adopted map;
- Providing redistricting information and information about the process to local news channels, including those that serve minority or non-English speaking communities; and,
- Providing the above referenced information to good government, civic engagement, and community groups that are active in the locality, including those active with minority and non-English speaking communities.

These options are available to the District, but not required.

Timeline

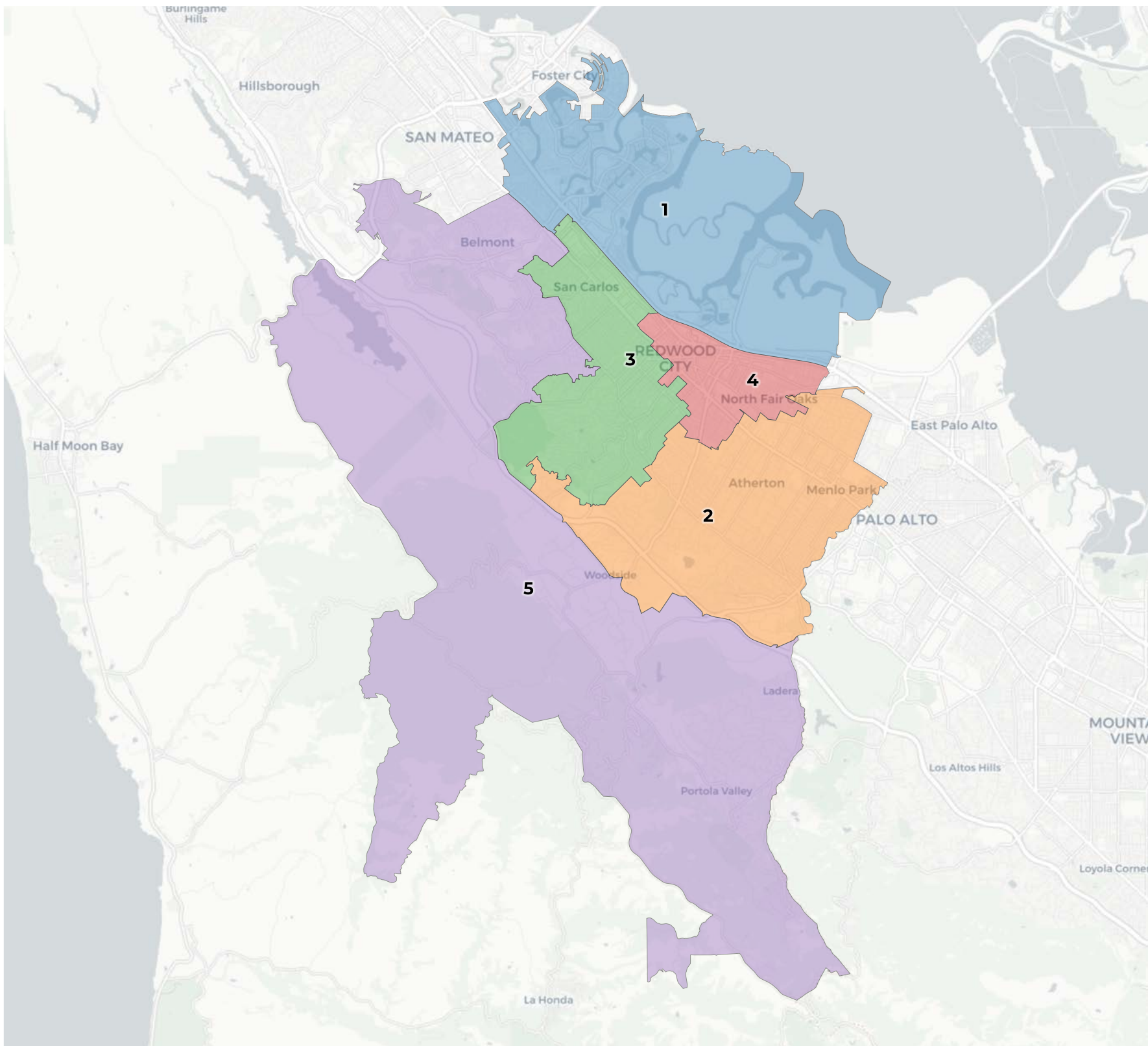
First, we recommend passing a resolution describing the process and parameters that the District intends to undertake in its redistricting. Passing such a resolution is required for cities and counties under the Fair Maps Act, but is a recommended practice to special districts, as it is one way for the Board to demonstrate publically that it is

November 23, 2021

Page 6

committed to redistricting and committed to a process which seeks to engage the electorate.

We understand that Redistricting Partners has already utilized the 2020 Census data to put together a report which reviewed the District's current division boundaries and examined the shifts in population and citizens of voting age population in the District's five divisions based on the 2020 Census data. Redistricting Partners and counsel will help guide the District to ensure that it completes the redistricting process by May 12, 2022 – in what promises to be a very busy redistricting season.



2020 Census

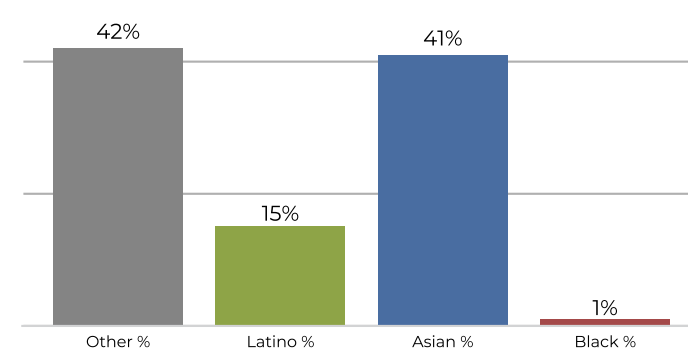
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Population	53,347	47,476	49,666	46,660	51,410
Deviation	3,635	-2,236	-46	-3,052	1,698
Deviation %	7.3%	-4.5%	-0.1%	-6.1%	3.4%
Other	22,392	33,225	33,914	13,262	33,871
Other %	42.0%	70.0%	68.3%	28.4%	65.9%
Latino	8,175	6,265	8,695	28,200	5,265
Latino %	15.3%	13.2%	17.5%	60.4%	10.2%
Asian	21,882	7,550	6,599	4,332	11,780
Asian %	41.0%	15.9%	13.3%	9.3%	22.9%
Black	898	436	458	866	494
Black %	1.7%	0.9%	0.9%	1.9%	1.0%

Citizen Voting Age Population (CVAP)

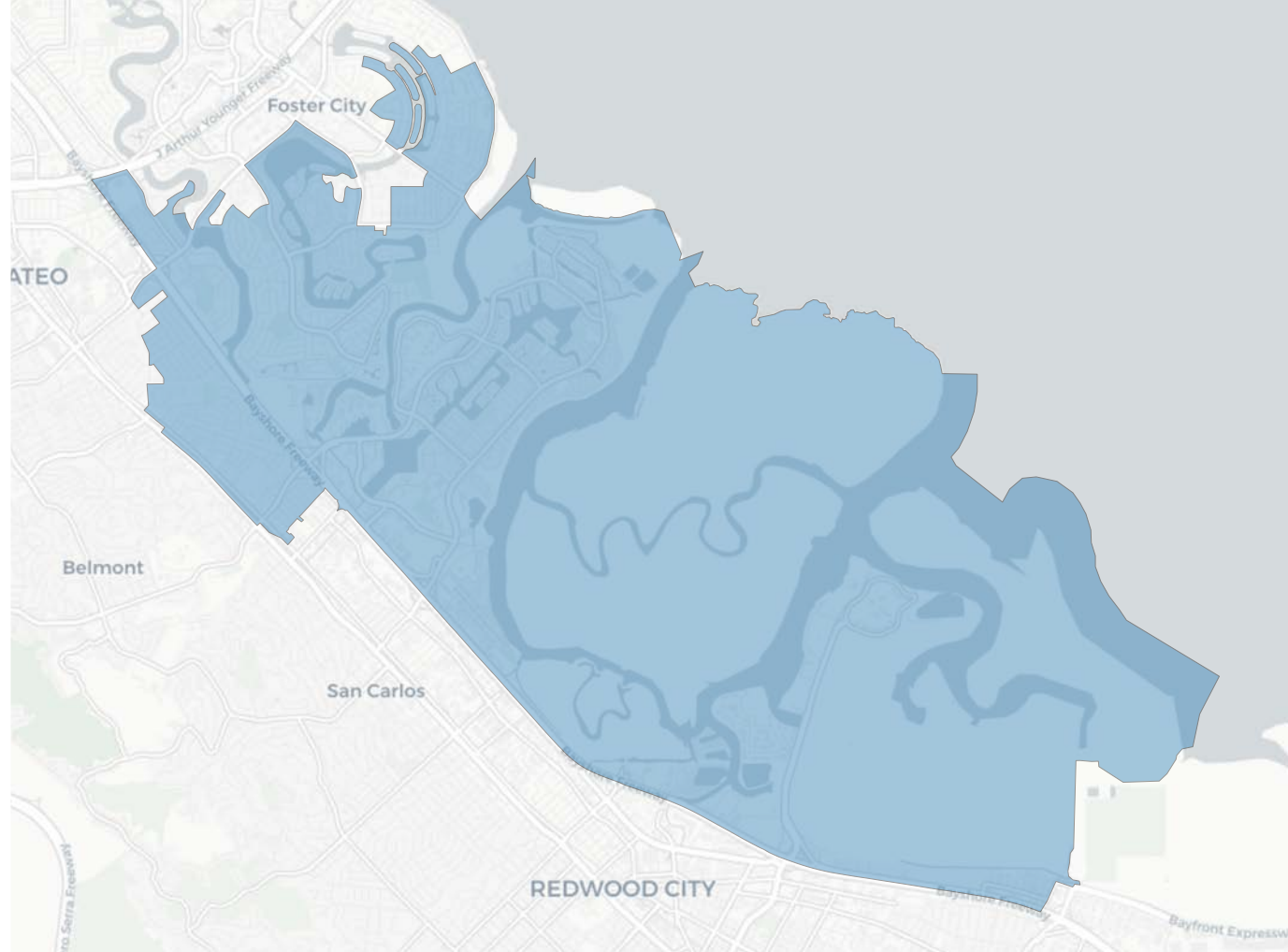
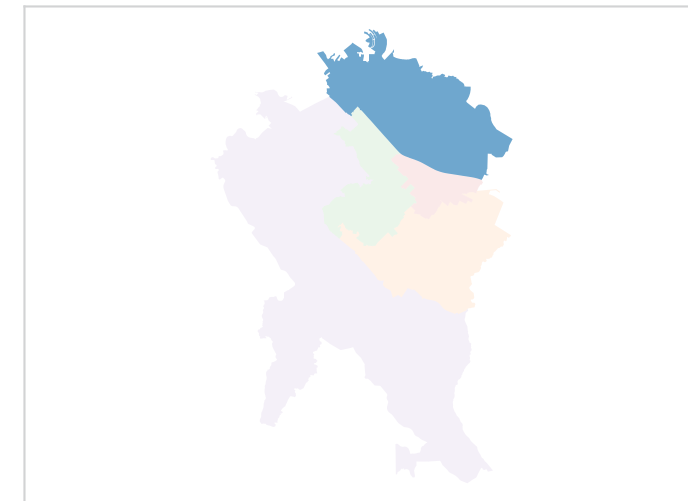
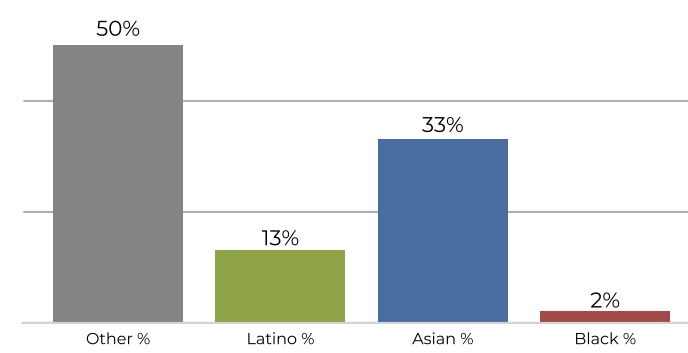
	1	2	3	4	5
Total CVAP	31,004	32,871	34,796	22,717	35,083
Other CVAP	15,684	25,501	26,539	9,832	26,346
Other CVAP %	50.6%	77.6%	76.3%	43.3%	75.1%
Latino CVAP	4,161	3,077	4,854	9,694	2,575
Latino CVAP %	13.4%	9.4%	13.9%	42.7%	7.3%
Asian CVAP	10,370	4,016	3,129	2,329	5,884
Asian CVAP %	33.4%	12.2%	9.0%	10.3%	16.8%
Black CVAP	789	277	274	862	278
Black CVAP %	2.5%	0.8%	0.8%	3.8%	0.8%

District 1

2020 Census



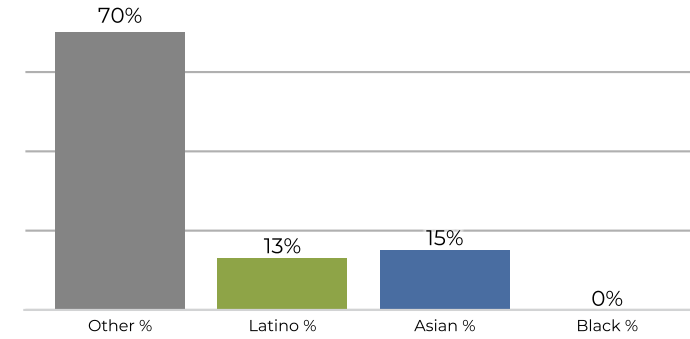
Citizen Voting Age Population



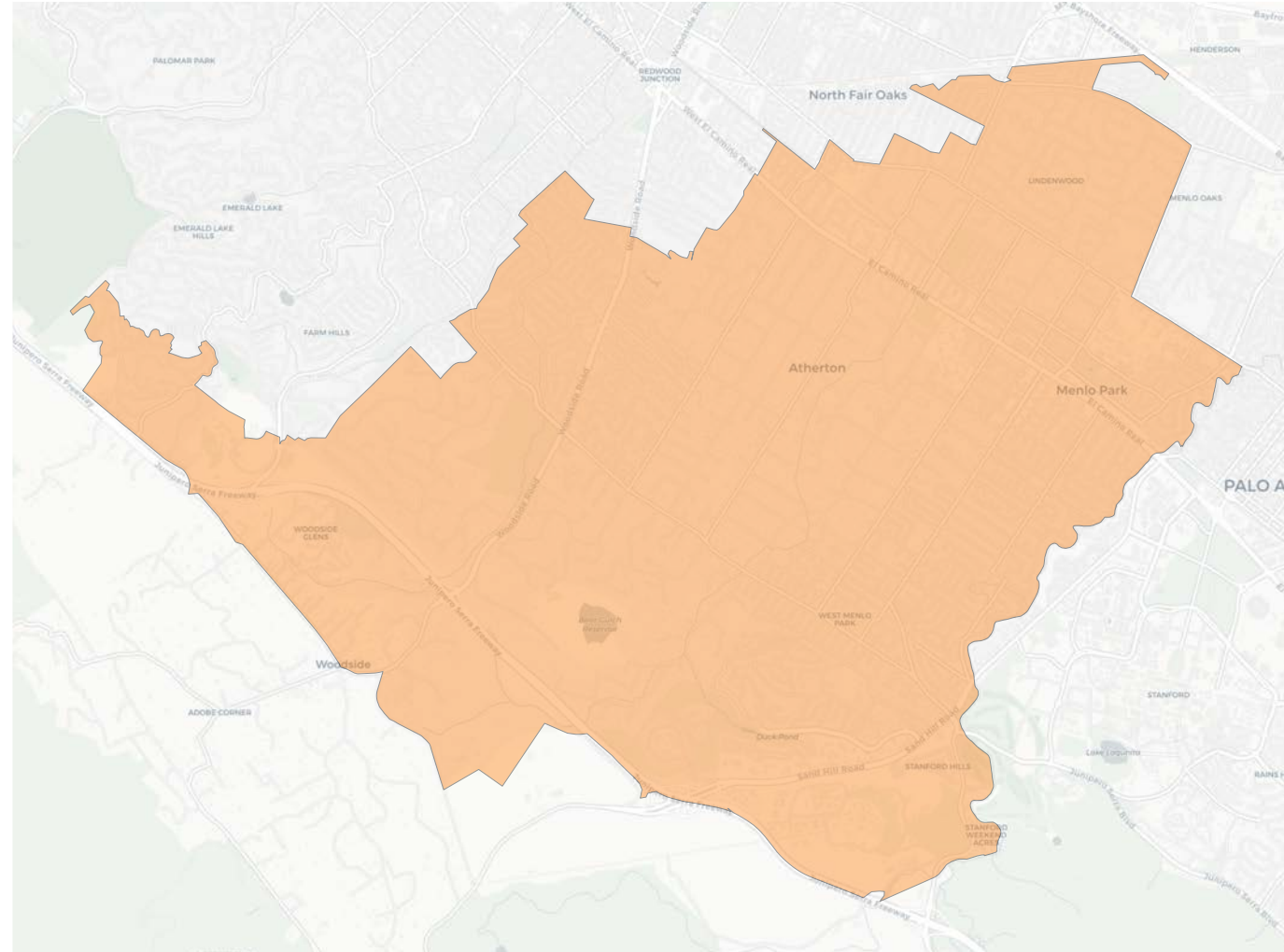
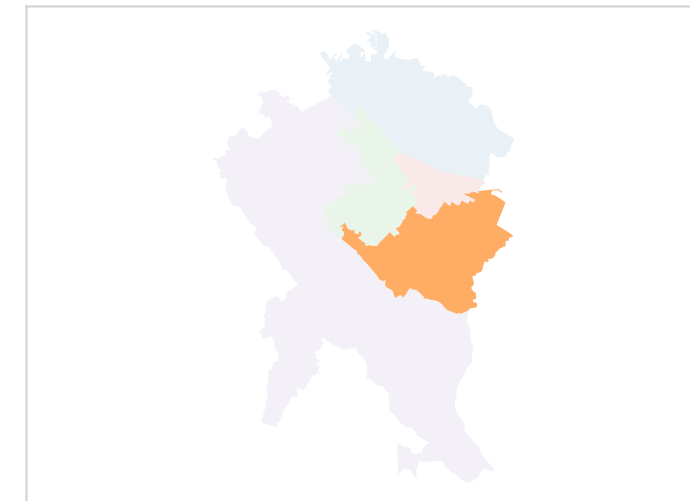
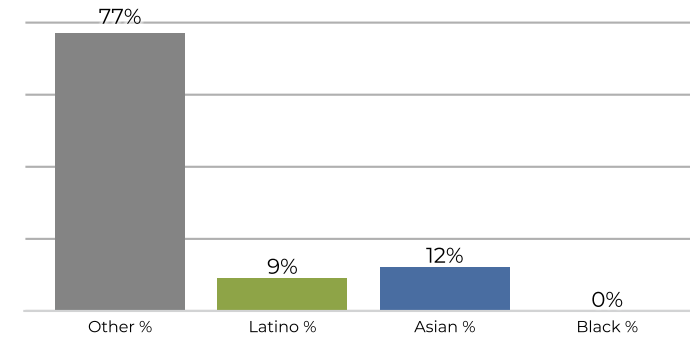
Population	Deviation	Deviation %	Other	Other %	Latino	Latino %	Asian	Asian %	Black	Black %
53,347	3,635	7.3%	22,392	42.0%	8,175	15.3%	21,882	41.0%	898	1.7%
Total CVAP	Other CVAP	Other CVAP %	Latino CVAP	Latino CVAP %	Asian CVAP	Asian CVAP %	Black CVAP	Black CVAP %		
31,004	15,684	50.6%	4,161	13.4%	10,370	33.4%	789	2.5%		

District 2

2020 Census



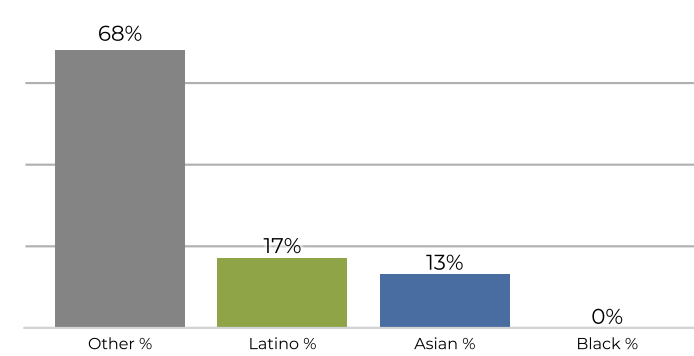
Citizen Voting Age Population



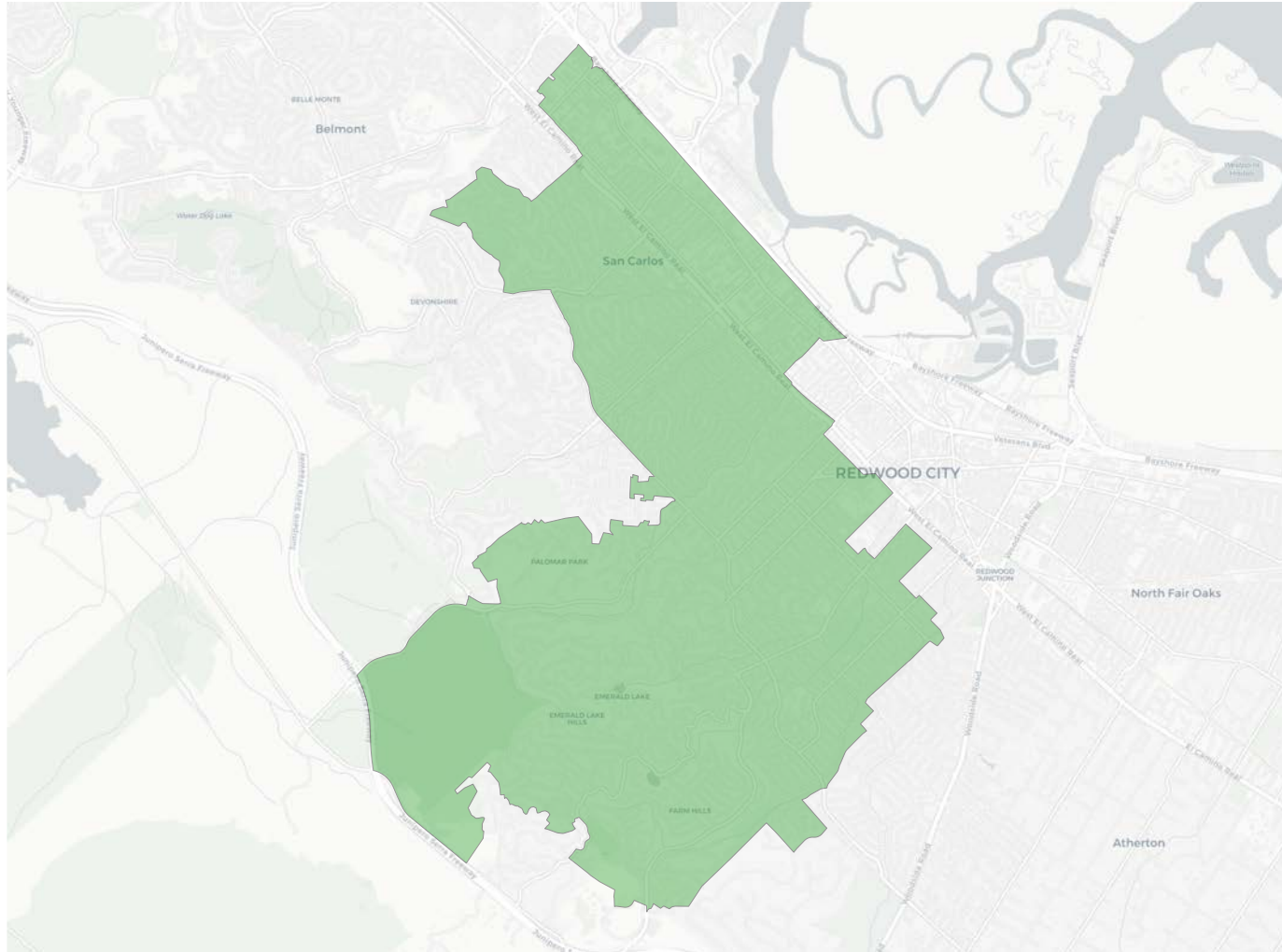
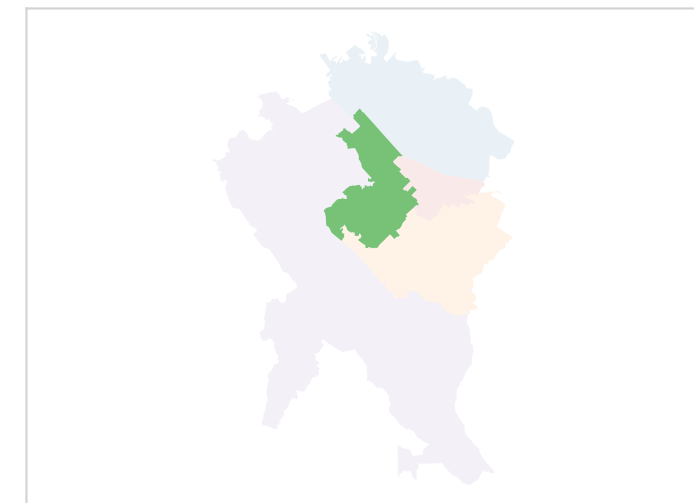
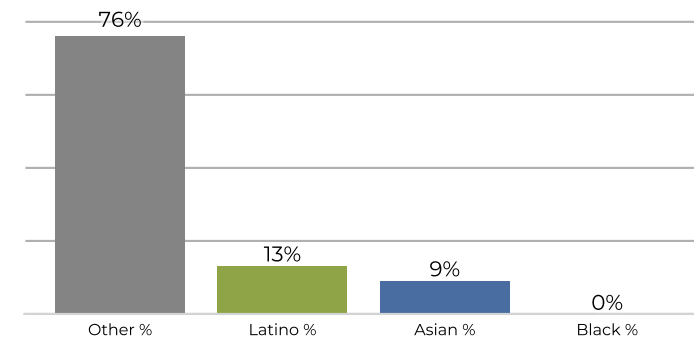
Population	Deviation	Deviation %	Other	Other %	Latino	Latino %	Asian	Asian %	Black	Black %
47,476	-2,236	-4.5%	33,225	70.0%	6,265	13.2%	7,550	15.9%	436	0.9%
Total CVAP	Other CVAP	Other CVAP %	Latino CVAP	Latino CVAP %	Asian CVAP	Asian CVAP %	Black CVAP	Black CVAP %		
32,871	25,501	77.6%	3,077	9.4%	4,016	12.2%	277	0.8%		

District 3

2020 Census



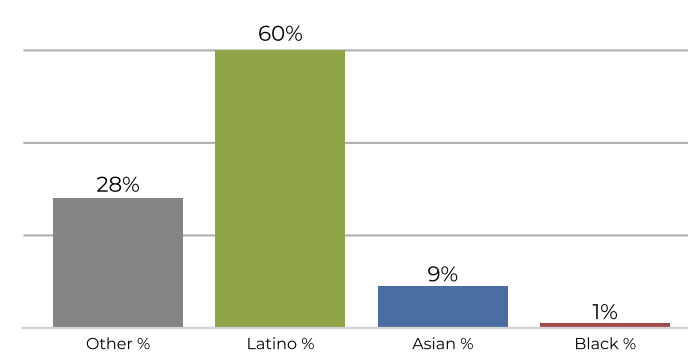
Citizen Voting Age Population



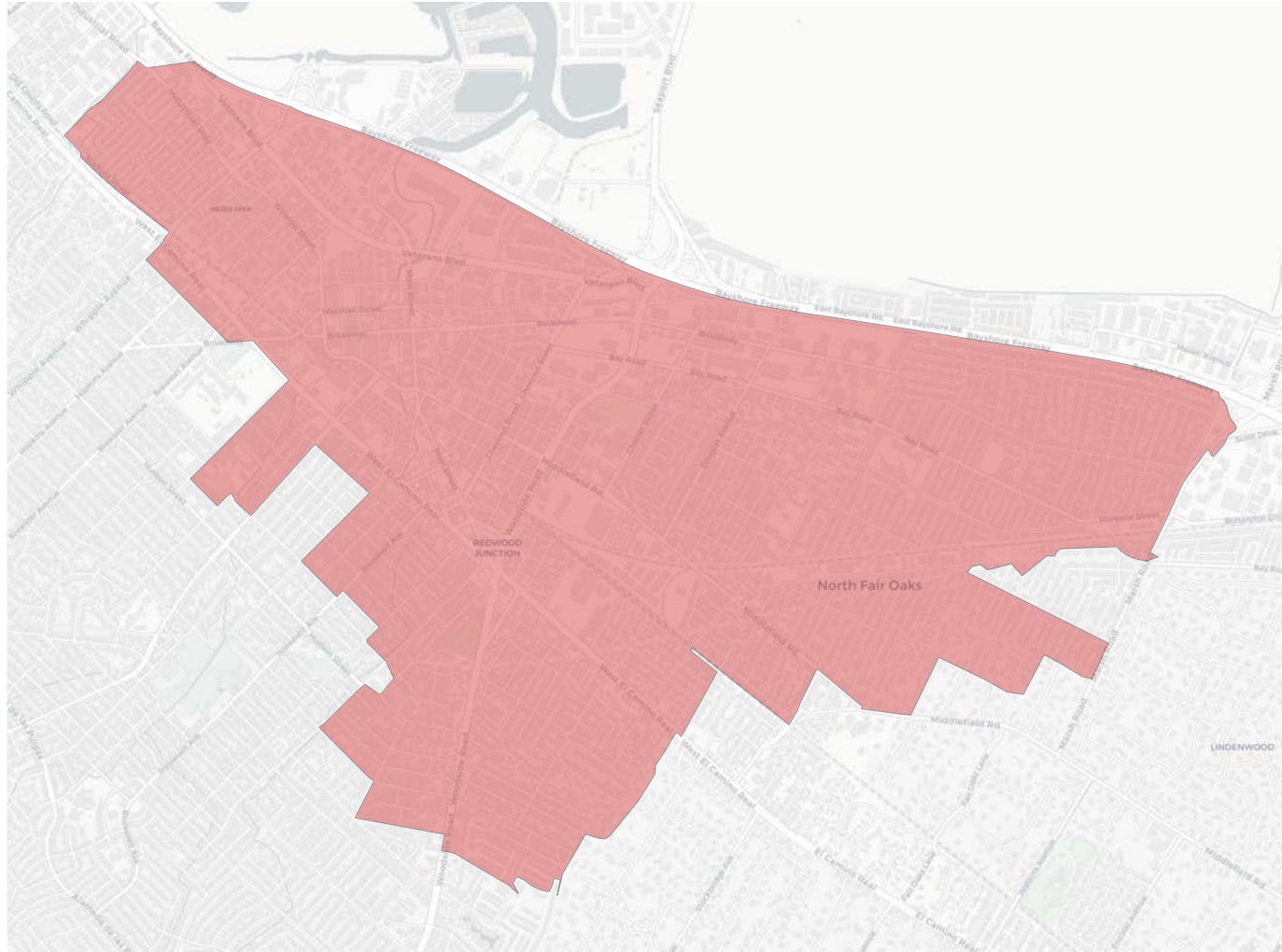
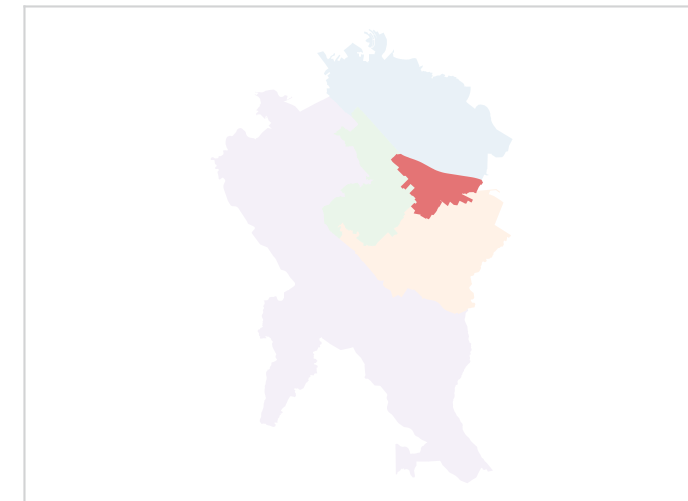
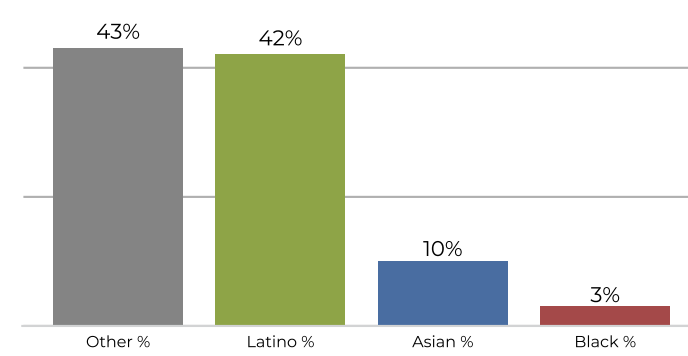
Population	Deviation	Deviation %	Other	Other %	Latino	Latino %	Asian	Asian %	Black	Black %
49,666	-46	-0.1%	33,914	68.3%	8,695	17.5%	6,599	13.3%	458	0.9%
Total CVAP	Other CVAP	Other CVAP %	Latino CVAP	Latino CVAP %	Asian CVAP	Asian CVAP %	Black CVAP	Black CVAP %		
34,796	26,539	76.3%	4,854	13.9%	3,129	9.0%	274	0.8%		

District 4

2020 Census



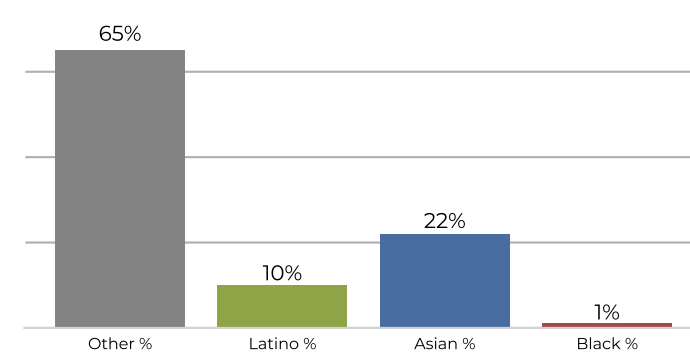
Citizen Voting Age Population



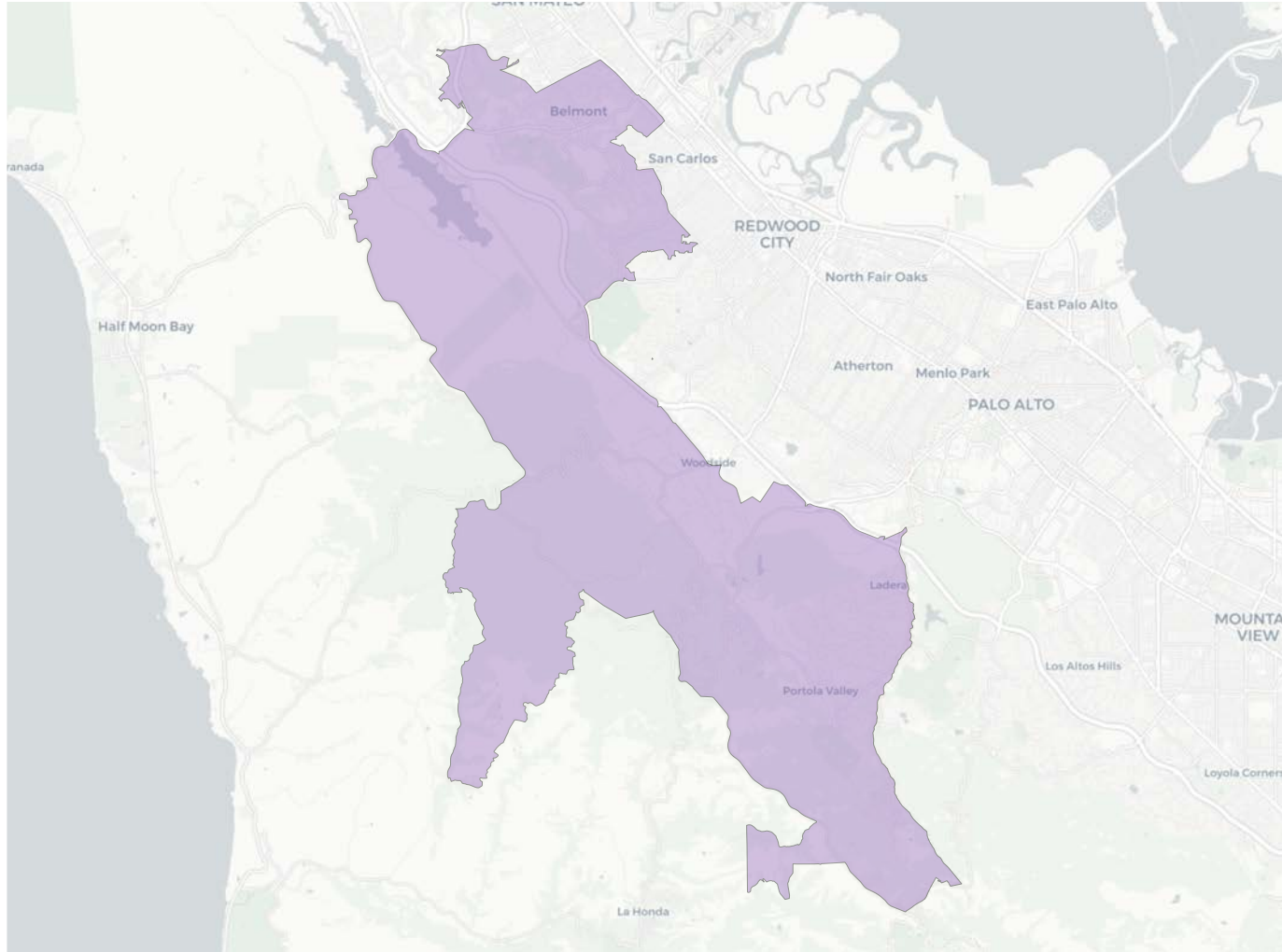
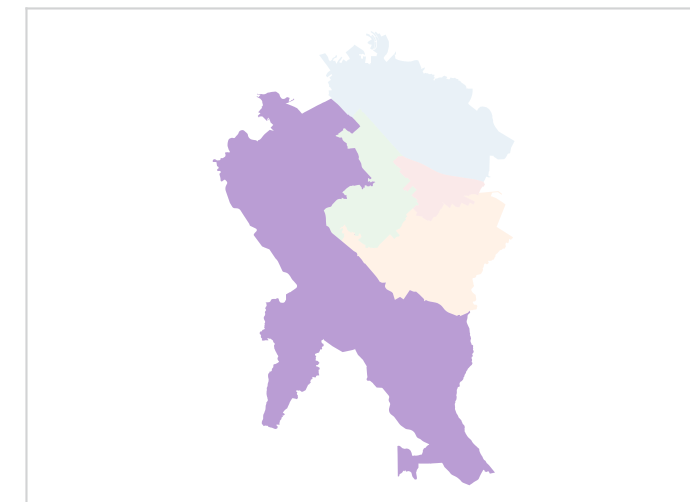
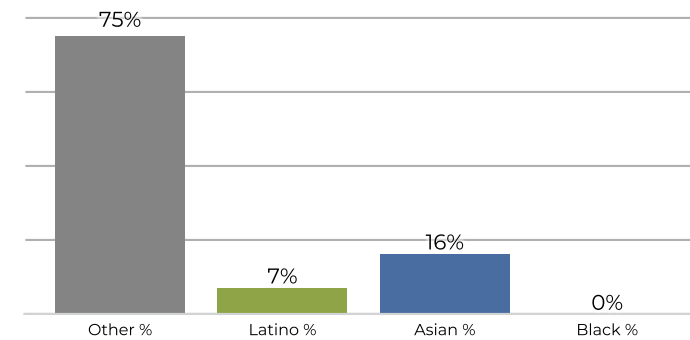
Population	Deviation	Deviation %	Other	Other %	Latino	Latino %	Asian	Asian %	Black	Black %
46,660	-3,052	-6.1%	13,262	28.4%	28,200	60.4%	4,332	9.3%	866	1.9%
Total CVAP	Other CVAP	Other CVAP %	Latino CVAP	Latino CVAP %	Asian CVAP	Asian CVAP %	Black CVAP	Black CVAP %		
22,717	9,832	43.3%	9,694	42.7%	2,329	10.3%	862	3.8%		

District 5

2020 Census



Citizen Voting Age Population



Population	Deviation	Deviation %	Other	Other %	Latino	Latino %	Asian	Asian %	Black	Black %
51,410	1,698	3.4%	33,871	65.9%	5,265	10.2%	11,780	22.9%	494	1.0%
Total CVAP	Other CVAP	Other CVAP %	Latino CVAP	Latino CVAP %	Asian CVAP	Asian CVAP %	Black CVAP	Black CVAP %		
35,083	26,346	75.1%	2,575	7.3%	5,884	16.8%	278	0.8%		

Proposal for Joint Holiday Food Grant with Dignity Health Sequoia Hospital

Presented to the Board on Dec. 1, 2021

Jenny Bratton

For context, Marie Violet from Dignity Health Sequoia Hospital and I began conversations in October to determine how best to proceed with the \$125,000 joint grant program. We had decided to revisit the joint food & nutrition grants we had jointly awarded last year to our partners who are known food providers in the community:

- Friends of the Veterans Memorial Center
- St. Anthony’s
- Peninsula Volunteers
- City of San Carlos
- Samaritan House
- Second Harvest
- St. Francis

We examined the impacts of the previous joint food program and knew from data presented to us at the last Board meeting from Second Harvest that the need was still significant in the community. However, we wanted to expand our giving to agencies that are not already current recipients of an existing food grant through the Caring Community grant program.

In order to assess further food needs, we asked our non-food partners (existing partners we are funding in programs that are NOT food-related) whether or not they were distributing or providing food or meals and the context. We surveyed close to 40 partners and received 6 responses from partners that met these criteria.

From the survey responses, it was clear that although they received the majority of their food as donations from Second Harvest and local grocers such as Trader Joe’s and Safeway, many of the agencies still need to supplement their food programs with purchased foods from private vendors, at a significant cost to the agencies.

We are proposing, in light of the evidence of increased need this holiday season, that the SHD Board approves funding \$50,000 toward a \$100,000 joint Holiday Food Grant with Dignity/ Sequoia to benefit over 10,000 SHD food-insecure residents this holiday season. Each grant provided will include a letter jointly written and signed by Sequoia Hospital and the District identifying us as partners of the joint endeavor.

Agency	# of SHD residents/month	Area addressed	Decision
St. Francis	2500	Food purchase (mostly dairy)	\$15,000
One Life	400	Salary, food and associated overhead	\$10,000
Peninsula Family Services	225	Meals and staffing	\$10,000
St. Vincent de Paul	8468	Groceries and gift cards	\$50,000
Latino Commission	6	Groceries and household items for 3 meals a day	\$5,000
LifeMoves	260	3 meals a day Safe Parking/Maple Street	\$10,000



Grant Proposal and Final Report to the Sequoia Healthcare District

Psychotherapist Services at BGCP's Redwood City High School Clubhouse

Summary

Boys & Girls Clubs of the Peninsula ("BGCP") is grateful for Sequoia Healthcare District's partnership in addressing the critical mental health needs of BGCP teen and postsecondary students. Your generous grant supports one full-time bilingual psychotherapist who provides services at BGCP's Redwood City High School Clubhouse ("the Forest") and is retained through our partnership with Acknowledge Alliance's Collaborative Community Counseling Program (CCP).

BGCP respectfully requests a two-year grant, \$93,170 per year, to continue to fund the costs of the full-time CCP Bilingual Psychotherapist who provides mental health services to students at the Forest High School Center in Redwood City.

Across all BGCP sites and programs, unmet mental health needs are consistently one of the biggest barriers to our students' school and life success. Our students demonstrate incredible resilience, but we know they face acute issues including self-harm, housing insecurity, poverty, bullying, substance abuse, self-medication, anxiety, anger, and fighting. Through our partnership with Sequoia Healthcare District, high school students at BGCP's Forest Clubhouse have access to interventions that help students overcome barriers to success in school and beyond.

Unfortunately, the mental health needs of our students only increased during the pandemic. With schools closed and shelter-in-place in effect, students' mental health needs have been greatly exacerbated. In addition to facing challenging living situations, economic and/or food insecurity and social isolation, our students also struggled with feelings of a sense of loss, depression, anxiety, isolation, and apathy. Over the past year, BGCP's therapist saw an increase in the number of students experiencing reactivation of past traumatic events and more clients requesting sessions twice a week.

During the 2020-2021 school year, 123 9th-12th grade members were active members (attending at least two days per week) of BGCP's Forest Clubhouse programs. Many of these students face challenges that put them at risk for negative postsecondary outcomes. In the low-

income neighborhoods served by BGCP, fewer than one in three students meet grade level proficiency in math and literacy, 57% are English Language Learners and 50% of our students' parents did not graduate from high school.

Our strategy of providing on-site behavioral health care services in a safe and familiar setting not only enables students to ask for and access therapy on their own without fear of stigma, but also addresses financial and transportation barriers. CCP's therapist, Daniela Velasquez, LMFT, works on-site during clubhouse hours (Monday through Friday from 3 p.m.- 8 p.m.), joins in clubhouse activities, eats dinner with students each night, and has a myriad of opportunities to observe, interact with, and form positive relationships with students. An open-door policy encouraged students to drop in whenever the therapist is not with a client and ensures all students had access to services.

2020-2021 Grant Report

Students Served and Demographics

From July 1, 2020 to June 30, 2021, Acknowledge Alliance provided formal counseling services to 69 students at Boys & Girls Clubs of the Peninsula. During this period, 91% of the services were provided virtually due to the social distance guidelines during the global COVID-19 pandemic. Overall, significant improvements in students' psychological, social, and school functioning were observed, despite challenges associated with the pandemic.

- The average age of the students was 18 and about three-quarters (74%) of the students were female.
- Most were Hispanic or Latinx (88%) and 77% of students lived in Redwood City while 9% lived in East Palo Alto and 9% live in Menlo Park.

BGCP's therapist provided a total of 2,510.25 hours of counseling to the 69 BGCP Redwood City students, including 1,274.25 hours of individual counseling, 17.25 hours of crisis intervention, 48.25 hours of client consultation, and 397.75 hours of staff consultation and professional development.

According to the service records, students from BGCP Redwood City were involved with mental health services for about 175 days (or 5.7 months), on average in this fiscal year. Out of 69 students, 25% received services for less than one month; 10% received services for 1-3 months; and about 46% received services for longer than 6 months. On average, students received a total of 30.7 hours of services, with 19 hours of individual counseling, 10.7 hours of case management, and 1 hour of other services.

During the pandemic distance learning, our therapist pivoted to serve students via video chat, phone, and text. Post-pandemic, she continues to offer virtual sessions for students who prefer this method (e.g. texting sessions can provide enhanced privacy and ease of access) in addition to in-person sessions. Last year, Daniela noted that a majority of her clients were exhibiting increased levels of depressive feelings/moods including low-motivation, lack of purpose, sleep disturbances, increased irritability, and lack of joy and pleasure in things that once brought

them joy. During these challenging times, Sequoia Healthcare District's support in addressing students' mental health needs has been more critical than ever.

The direct clinical hours that Daniela spends with her clients is only a piece of the work required to ensure that the students are receiving the highest standards of mental health care. A critical component of the mental health counseling is the collaborative outreach and interventions that our therapist engages in on behalf of each individual client. This includes, but is not limited to:

- Developing relationships with parents, BGCP staff, probation officers, educators, mental health professionals, etc., along with daily phone and in person discussions with these individuals and organizations,
- Following up on students who are missing counseling sessions and/or not showing up at the club,
- Writing and maintaining clinical notes,
- Clinical discussions with supervisors and colleagues to consult about complex issues related to the treatment of every client that is seen,
- Maintaining knowledge of outside resources to which clients and their families can be referred for higher levels of care and/or other necessary basic and life needs, and
- Consultations, meetings, and trainings with BGCP staff

Additionally, the Acknowledge Alliance clinician is responsible for a large amount of data collection in order to monitor the effectiveness of the counseling program and to report out to funders.

2020-2021 Program Outcomes

School Enrollment Status

The Collaborative Community Counseling Program aims for 75% of their students to be on track in education including enrolling in school, working toward graduation, and graduating from high school. Results from the 2020-2021 staff survey found that 98% of BGCP Redwood City clients were enrolled in school: 63% of BGCP Redwood City clients were attending college, 25% were attending high or middle school, and 10% graduated or had previously graduated from high school.

Psychological, Social and School Functioning

CCP measures progress made by each client using the Children's Global Assessment Functioning Scale (GAF). The Children's GAF is a 100-point scale used by mental health clinicians to measure psychological, social and school functioning for children ages 6-17. It was adapted from the Adult Global Assessment of Functioning Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum. CCP staff and interns determined GAF scores for clients who had been seen more than three times at the beginning and end of therapy.

The completion rate for the Children's GAF for clients from BGCP Redwood City was 98%

among the 52 clients who had been seen three or more times. The GAF score of the clients from BGCP Redwood City increased by 14.7 points from an average of 59.1 at intake to an average of 73.8 at exit. This infers that on average, clients demonstrated moderate symptoms in their emotions at intake and improved to mild and transient symptoms at exit.¹ ***The average GAF score for BGCP clients increased by +12.6% from 59.5 at pre to 67.0 at post. This increase was higher than the average increase for all CCP clients, which was +9.0%.***

Staff Survey Results

CCP asked staff to include comments or observations about client progress in counseling. Responses indicated that even during the limited time that the therapist saw clients at BGCP, significant progress had been made. A selection of responses is included below:

"I'll be terminating with this client in August after working with her and her family for four years! This is a wonderful case in demonstrating the importance of long term therapy. She is ready to end therapy and shared she is, "ready to spread her wings and fly on her own". - Therapist

"Therapy has been a lifeline for this client. During the pandemic her father was incarcerated for domestic violence. When he got out of jail, her mother and father reconciled, and she determined the best thing for her, and her mental health was to estrange herself from her family. I've supported her throughout this estrangement and have helped her process the trauma she endured her whole life. Her physical health and mental health have gotten so much better since separating herself from her family and consistently coming to therapy for support. She can now see a future without abuse and trauma and is working towards living the life she feels she deserved all along." - therapist

"Having that someone who is willing to listen and not judge has helped me a lot with accepting any type of feeling." – Student

"Counseling has taught me that I'm not alone, there are people who would like to listen to my story and be there to support me." – Student

¹ Across all CCP clients, GAF scores increased by 10.2 points from an average of 55.1 at intake to an average of 65.3 at exit. According to the GAF scale guidelines, a score between 51 and 60 indicates moderate symptoms in emotions and moderate difficulty in normal functioning. A score between 61 and 70 indicates some persistent mild symptoms and some persistent difficulty in normal functioning. On average, the CCP clients had moderate symptoms at intake, but their symptoms were improved to having some persistent but mild symptoms at the end of counseling.

Grant Proposal – 2021-2022, 2022-2023

BGCP's mental health program has grown significantly since Sequoia Healthcare District first partnered with BGCP to support our first on-site mental health services. In addition to Daniela's work at our Forest Clubhouse in Redwood City, BGCP students have access to one additional full-time and two part-time therapists across all our program sites. Continued funding from Sequoia Healthcare District will help BGCP meet the growing demand for mental health support and broaden both the depth and reach of our services.

Based on learnings from the past few years, BGCP is launching a comprehensive 3-Tier approach for the 2021-2022 school year. Tier 1: Support the mental health and social-emotional wellness of all students enrolled in BGCP programs by: infusing SEL into K-8 curriculum weekly; creating ongoing opportunities for staff to engage in their own SEL; fostering trauma-sensitive environments and continuing to integrate components of trauma-informed care into our programming; and providing caregiver workshops. Tier 2: Support students with moderate mental health needs including students with past trauma, adverse childhood experiences (ACEs), grief and loss, depression, or anxiety. Tier 3: Support students experiencing mental health crises (e.g. suicidal ideation, self-harm, and panic attacks) through intervention. All BGCP staff serving youth ages 12+ will complete a Youth Mental Health First Aid certification.

Just a few months into the 2021-2022 school year, BGCP's Forest Clubhouse therapist observes: "Students are looking for connection in ways I haven't seen before! I've never been busier." This fall, Daniela has had many returning clients, both high school and college. After coming out of shelter in place, one of Daniela's focus areas has been to connect students to staff members at the clubhouse who can support them creatively and academically. For example, one student who comes to the clubhouse every day is neurodivergent and struggles to read and write because of his dyslexia. After Daniela connected the student with BGCP's sound engineer in the clubhouse's tech program, the student has been writing and reading more than ever before. He has recorded two rap songs so far, and his confidence levels in himself and his reading and writing have increased!

In addition to individual therapy, Daniela supports two small groups. She is working with a small group of girls who focus on romantic relationships, as well as supporting a group of boys she calls her "gamer crew." The "gamer crew" connects every Friday to play Smash Brothers on the Nintendo Switch. It's something they all look forward to. While playing video games with them, Daniela learns so much about the students and has supported them through relationship challenges (friendship, romantic, & familial), school stress, and other struggles. etc.

Although Daniela's work is focused primarily on working with students, she plays a critical role in supporting BGCP staff. On a weekly basis, BGCP staff encounter student situations that require advice and services that are beyond the staff's level of expertise. Having a mental health expert on site helps staff navigate difficult situations while staying within the scope of their roles. while helping to connect the family to services to help them navigate the situation. Our families face issues in their personal lives that often overwhelm our staff and require more a specialized

skill set to address. By providing consultations and training, Daniela helps BGCP staff gain the skills and tools needed to prevent and manage crises and be more trauma-informed and responsive.

Continuity of care, where students can see the same therapist for many years, is crucial. Students develop a bond and sense of safety with their therapist, who helps them manage the complexities of past and outgoing trauma as they are developing socially, emotionally, and physically. Over the past four years, Daniela has built a strong mental health program that is an integral part of BGCP’s Redwood City Clubhouse.

Expenses

Item	Cost	SHD cost share	BGCP cost share	AA cost share
Annual Evaluation and Administration	\$11,797	\$0	\$0	\$11,797
Bi-lingual Psychotherapist, Clinical Supervision and Administrative Oversight	\$124,070	\$93,170	\$30,900	\$0
Total Project Expenses	\$135,867 per year (\$271,734 for two years)	\$93,170 per year	\$30,900 per year	\$11,707 per year

Conclusion

We are grateful for our partnerships with Sequoia Healthcare District and Acknowledge Alliance. With your continued support in 2021-2022 and 2022-2023, more students in our community will have opportunities to receive the mental health services needed to succeed in school and build bright futures.

Proposal to Transition All Caring Community Grants to 2-year Grants

Presented to the SHD Board of Directors

December 1, 2021

I. Background context:

Many grant funders have realized that multiyear grantmaking is a critical component of grantee sustainability. For example, local grant-makers such as CZI and Sandhill Foundation offer 2-year grants instead of 1-year grants. In brief, here are some main reasons why 2-year grants would move the Caring Community grants in a positive direction.

First, we already have between a half-a-dozen to a dozen 2-year grants on any given grant cycle. The 2-year grants were introduced 3 grant cycles ago. In order to qualify, the 2-year grantees must meet a list of criteria and be vetted by the grants committee and staff.

Already, we have seen these 3 mutual benefits of this strategy for our partners and SHD:

A. Ongoing grant review improves grant management by both the grantee and the foundation:

Non-profits have shared that there is a significant burden on staff. This is true for both larger organizations that have multiple grant applications as well as for the smaller organizations that are staffed by volunteers or only part-time grant writers where reporting can draw upon limited staff resources. A 2-year grant cuts down the reporting in half so it alleviates this burden for the non-profits.

B. Ease the scoring burden on the grants committee and improve oversight:

On the other side, a big burden has been on the grants committee to read and score each LOI, application, mid-year report, and end-year report. Each of our grant committee members review upwards of 2 dozen (sometimes more) at each stage of the grant cycle. Having 2-year cycles will reduce the amount of material generated to read for each member. This will, in turn, allow SHD staff better oversight of each grant by reducing the number of grants in a given cycle to half its current number.*

C. Promotes regular communication and better relationship between funder and grantee:

A 2-year grant naturally fosters a longer relationship between foundation program professionals and grantees. It allows for more regularly scheduled phone calls, site visits, and communication via e-mail helps to build trust.

D. Promotes goodwill with local non-profit partners for their outstanding work:

2-year grantees are long-term grantees and community partners with a long-standing track record. As long as our partner is in good standing and can demonstrate this, let us respect their time and honor their work with a longer grant term.

II. Implementation Plan:

The implementation will start in the next grant cycle and be staggered in order to maximize efficacy of implementation:

- **2022-24 Grant Cycle: ATOD, Medical/Clinical, Behavioral**

The renewal applications in each of these funding categories will be automatically placed in a 2-year grant cycle while the rest of the categories will be renewed on a 1-year cycle.

- **2023-25 Grant Cycle: Nutrition, Health Literacy-Youth & Adults, Health Literacy-Seniors**

In the 2023 grant cycle, the renewal applications in each of these funding categories will be automatically placed in a 2-year cycle.

Please note that our grant awards are approved as "up to" amounts and will remain so under this proposal. As part of the review process, both the grantee and SHD can make changes based on actual events and the learning that inevitably occurs over the course of a multiyear grant period.

Also of note, all NEW applicants and programs will be automatically granted a 1-year grant. This will also allow for more diligent and rigorous oversight. The 2-year grant will only be awarded to grants that are up for renewal. We will also reserve the right to 'demote' a 2-year grantee to a 1-year grantee at any time for any reason if the grantee is unable to meet or fulfill the terms of their grant agreement.

III. Immediate Impact:

We currently have the following organizations on a 2-year cycle (2021-23). In essence, the ones allocated to 2022-24 categories* will be asked submit a LOI for a 2022-24 grant award and the others will finish up the 2nd year grant award term and apply for a 2023-25 grant away next year. There will be only two organizations (ACS and One Life) which this will impact as they will be asked to resubmit an LOI to reset their 2-year cycle this upcoming grant cycle.

1. Adolescent Counseling Outlet Program*
2. Foster City Villages
3. Friends of the Veterans Memorial Center
4. Edgewood Center
5. Peninsula Volunteers Meals on Wheels
6. Kainos
7. Rebuilding Together Peninsula Safe at Home
8. One Life Low-fee Mental Health*
9. One Life Music & Memory*
10. St. Anthony's Padua

Also New:

Online scoring is in the works to be tested late December 2021/early January 2022 and will be rolled out in the 2022-24 grant cycle.

Proposal:

Convert 1-year Community Caring Grants to 2-year grants across-board

Presented by
Jenny Bratton

Date:
December 1, 2021



Current complexities

- 10 New Grants on 2021-22 cycle
- 10 2-year grants on 2021-23 cycle
- 7 2-year grants on 2020-22 cycle
- 60 grants total distributed among 6 categories
- 8 grants members read up to 3 *different* categories to limit their workload

Current Criteria for 2-year grants

- Minimum 5 years funding
- Committee would recommend funding in the future and Board likely to approve
- Based on performance history and funding priorities
- Organization Executive Director or CEO must have been in position a minimum of two years
- Consistently meets proposed outcomes around 90%-100% of the time
- SHD funding is no more than 33% of total program budget
- Reporting is consistently thorough, concise, and timely

Implementation

- 2022-24

- Alcohol, Tobacco, and Other Drug Services
- Medical/Clinical
- Behavioral



Implementation

- 2023-25

- Nutrition
- Health Literacy: Youth & Adults
- Health Literacy: Seniors

Overall Impact for grantees

Less paperwork:

- 2 end-year reports vs. 4
- LOI/Full-app: once every 2-years instead of every year
- frees up valuable manpower



Overall Impact for SHD

More efficiency:

- More leverage: grant committee members reading less volume
- more feedback & accountability

Overall Benefits



Community goodwill



Emphasis on long-term relationship



Grant Management



Efficacy and Efficiency

Sequoia Healthcare District

CEO Report December 2021

Pamela Kurtzman

BUSINESS AND FINANCIAL UPDATE:

Financial Summary

- **Tax income-** Total tax income was just shy of \$530,000 at October's end. The 4-month budget is \$640,000 so actuals are behind a bit, but this is not unusual and we typically catch up to budget by February's end.
- **Investment income-** Our investments have been performing poorly relative to the past several years. July and Aug had moderate gains of about \$50, for the combined months, but at October's end, we are negative \$13k relative to our 4-month budget. We are about \$200k down compared to this time last year. I am keeping a close watch on our performance as are our portfolio managers who will be ready to shift strategies if that's what makes sense.
- **Expenses-** at October's end total just over \$2M. The 4-month actuals are consistent with 4-month budgeted. Payroll and administrative expenses are higher than initially budgeted, as is legal, but these increased costs have been approved by the board.
- **Audit-** The completion of the audit is now expected to be in early December. The full report will be provided at the February board meeting. This is the final year of the 3-year contract with Eide Bailly and the Board will need to decide on a new auditing firm or renew the contract.

BUILDING AND TENANTS

- The Dental Society expects to be moving out in mid-January. The Red Cross is still interested in renting our space and are fortunately still in a position to wait until the space is available. I will keep the Board informed as plans progress.
- We are continuing to upgrade and repair our office building. In October, the gutters were cleaned, repaired and gutter guards installed. Trees on the property were trimmed. Landscaping was replanted where needed and ground cover applied. We are currently working with the City of Redwood City to have the sidewalks repaired to prevent a tripping liability.

COMMUNICATIONS

Town Halls

- The Town Halls have been a great way to share public health and safety information on a variety of Topics. The Disaster prep town halls each had about 80 community members logged in on the Zoom and we have 1 more fire safety presentation on Dec. 14th titled, "Home Fire Safety During the Holidays". You can find the Zoom link on our website and I hope you're able to join the Zoom. Beginning in January, we will launch theme-related monthly Town Halls with our partner, Charlene Margot of The Parent Venture, around current events or issues of significant community interest. Our next Town Hall in January will be an informational one for residents to gather their input with a focus on redistricting through a diversity, equity, and inclusion (DEI) lens. Please visit our website for a list of additional dates and topics in 2022.

Annual Report

- By now you should have all received the annual report in the mail. I've been hearing from various colleagues who received it and the feedback has been very positive. They commented on how good it looked and easy to read, but also impressed by all the ways the District supports our community.

Grants

- Jenny and Versaic have been in regular communication regarding the new scoring module, and will start testing late December/early January. Communication went out to 2021-22 1-year Caring Community grantees that mid-year reports are due Dec. 17th. As you will learn at the Dec 1 board meeting, Jenny is proposing we convert to a 2-year grant cycle.
- Jenny has begun scheduling in-person and virtual site visits for December and January. She will forward the schedule on a weekly basis to staff, grants committee and the Board since updates are made daily.

STRATEGIC PLANNING

- Staff and I have held three strategic planning meetings focused exclusively on the development of the next strategic plan and have developed 6 draft strategic goals, rather than the current 9. We will meet with RWC Together ED, Rafael Avendano and his team on Dec 3rd to create "Smartie Target Goals" for each of the 6 strategic goals. My team and I will continue to do the bulk of the initial exploration which will include interviewing community members, health officials, county manager and deputy managers, and others as well as utilizing Gardner Center Data to inform us of community needs. Kim and Aaron who have been appointed as ad-hoc committee members for strategic planning will join us in early January for strategic planning with Jenny and me, and we'll look to host a Board/staff retreat in mid-February.

OTHER UPDATES AND ACTIVITIES

ACHD

- Staff and some Board directors have nearly completed the training in Diversity, Equity, and Inclusion (DEI) offered by ACHD. The next final training is scheduled for November 30.
- I've participated in the ACHD Education Committee meeting in October and the Board meeting in late September. The next meeting of the ACHD BOD is Dec 9th. I will begin chairing the Education Committee in Jan 2022.
- Jenny is currently sitting on both the Governance and Advocacy Committees. The Advocacy Committee has indicated interest in a study issue on mental health, so she reached out to the Advocacy Chair to start this conversation about forming a sub-committee for this study issue.

Samaritan House

- Our search for a building to purchase in NFO remains challenging as the inventory is low, even though they have expanded their target search area. Therefore, they decided to sign a new three-year lease at their current location with an option to withdraw from the lease should a viable property be identified within the three-year lease period.

Children's Health Initiative

- The Board of Supervisors met on 11/16 and voted to return funding to the CHI funders. The amount we are to be refunded is \$1,004,400. The Deputy Director for Finance and Administration for the County's public health programs will follow up on the action to work with the finance department on the mechanics of getting the funding back to SHD and will work with Heidi on this process. I'll keep the Board informed of the progress on this.

COMMUNITY INVOLVEMENT

- **Chair Redwood City Together (formerly RWC 2020)** Executive meeting and attend both Executive and Leadership committee meetings.
- **Sequoia Hospital Grants Committee**
- **Healthy Community Collaborative (HCC)**- Meets every 3rd week of the month.
- Member of the **County Recovery Coordination Council**. These monthly meetings are intended to inform, advise, and foster dialogue as the county develops its strategic plan to recover from the pandemic.
- Participate in monthly meetings of the **County Covid Communications and Equity Workgroup**
- Participate in the **Children's Collaborative for Success** NFO RWC Implementation Workgroups whenever possible
- I continue to participate in discussions hosted by **Stanford Social Innovation** related to race and racism and on forums hosted by County Health Policy and Planning around a number of topics.
- Jenny has been invited to join **Mid-Pen Community Partners** meetings, a collaborative group comprised of organizations which serve the Fair Oaks and EPA communities. The meetings are chaired by Janine Bruce from **Stanford's School of Medicine**. The invitation resulted from an initial outreach Jenny made to Stanford to engage in future collaboration with Stanford's Child Equity Program and Community Health Scholar Program.

Healthy Schools Initiative (HSI) Update

October 2021—November 2021

Karen Li—Director of School Health

- **HSI Biannual Newsletter—**
[https://issuu.com/seqhd/docs/hsi_newsletter - fall 2021](https://issuu.com/seqhd/docs/hsi_newsletter_-_fall_2021)

- **HSI Team Retreat Part 1—**October 27, 2021—Discussed key themes, strategies, insights, and next steps
 - CircleUp Relationship Building: Cue Cards
 - CDC’s Whole School, Whole Community, Whole Child (WSCC) model update
 - Multi-Tiered System of Supports (MTSS); Covid-19 impact
 - HSI Retreat Part 2—January 14, 2022
 - Three new wellness leads joined the team this fall: Redwood City School District, San Carlos School District, and Portola Valley School District

- **Mental Health**
 - Care Solace has successfully launched in all 23 county K-12 school districts this year: <https://home.caresolace.com>
 - Kognito’s interactive “At Risk” Suicide Prevention trainings for school staff will be offered in all 23 county school districts:
<https://kognito.com/products>
 - Early Alert: a text-based program with weekly check-ins and referrals to resources--being piloted in our county’s three largest high school districts this winter for school staff/parents
 - Social Emotional Learning (SEL) and re-opening of schools—staff and students
 - Expanding mental/behavioral health work in schools with community partners due to increased needs

- **Nursing/Health staff support: KL leads the South County School Nurse Collaborative**
 - Covid Vaccine Outreach through schools—English and Spanish
 - Vaccine clinics—on-site at schools
 - Creating a School Nurse Mentor Team in partnership with San Mateo County Office of Education—retired team of school nurses will assist current school nurses

- **Substance Use Education and Prevention**
 - KL co-leads the Tobacco Education Coalition’s (TEC) School Workgroup monthly meetings
 - Oct. 27 : Stanford’s Youth Action Board presentation
 - Nov. 17: Calif. Youth Action Network, Sacramento—Positive Youth Development Strategies
 - Redwood City’s Cannabis Education and Prevention Working Group
 - Making recommendations to Redwood City Council prior to the opening of cannabis dispensaries this Spring
 - Partnering on outreach for Dr. Anna Lembke’s Dec. 1st presentation (noon)—*Dopamine Nation*-
<https://www.eventbrite.com/e/dopamine-nation-finding-balance-in-the-age-of-indulgence-registration-196874967327>
 - Partnering on Neuroscience of Addiction curriculum outreach to middle schools