



**Board Meeting
March 16, 2023
6:30 PM**

Teleconference Via Zoom

Join Zoom Meeting

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Meeting ID: 869 0596 1047

One tap mobile: +16699009128,,86905961047#

AGENDA

1. 6:30 CALL TO ORDER AND ROLL CALL –Chair Taverner **H5 6**
2. 6:35 MISSION MOMENT – CEO Fecher
3. 6:40 PUBLIC COMMENTS
4. 6:40-6:45 APPROVAL OF FEBRUARY BOARD MINUTES – Chair Taverner **5**
5. 6:45-7:30 CONTINUING BUSINESS **6**
 - A. Board Nominations – Director Hinshelwood
 - a. Appointment of Dr. Henry Sanchez – ACTION Requested
 - b. Election of Vice Chair – ACTION Requested
 - B. Board Meeting Format – Chair Taverner
 - C. Development Director Recruitment – ACTION Requested – CEO Fecher
 - a. Three Year Financial Projection
 - D. Board Workshop in April or May – Chair Taverner
 - E. CEO Goals for FY23 – Chair Taverner
6. 7:30-7:45 STRATEGIC PLAN FY23-FY25
 - A. Sonrisas Culture
 - a. D/E/I Staff Training Update – CEO Fecher
 - B. Sustainable Growth
 - a. FQHC Subrecipient Contract Update – CEO Fecher
 - b. Update on Peninsula Donor Event – CEO Fecher
 - C. Community and Patient Engagement
 - a. Patient Engagement Update – CEO Fecher
7. 7:45-7:55 REPORTS **7**
 - A. CEO Report – CEO Fecher **8**
 - B. CFO Report – CFO Yee **8**
 - a. February 2023 Profit and Loss, Balance Sheet, Dashboards **9**
 - C. Fundraising Report – Maura LeBaron-Hsieh **9**
 - D. Outreach Report– Dr. Bonnie Jue **:**
 - E. Board Nomination Committee – Director Hinshelwood
8. 7:55-8:00 SUGGESTED AGENDA ITEMS FOR NEXT MEETING – Chair Taverner
9. ADJOURN





**Board Meeting
February 16, 2023
6:30 PM**

**Teleconference Via Zoom
MINUTES**

1. **CALL TO ORDER AND ROLL CALL** – Chair Taverner called the meeting to order at 6:32 pm.
 - A. **Present:** Chair Nigel Taverner, Vice Chair Helen Galligan, Secretary Clyde Hinshelwood, Board Members: Larissa Cutler, Dennis Kneepfel, Steve Stielstra, Sheryl Young
 - B. **Also Present:** CEO Tracey Fecher, CFO Cheryl Fama, CFO Vickie Yee, Administrative Assistant Veronica Le, Community Engagement Director Dr. Bonnie Jue
 - C. **Absent:** Larry Cappel, Rick Navarro

2. **MISSION MOMENT – CEO Fecher and Chair Taverner** dedicated the mission moment to honoring **Cheryl Fama**, who has contributed so much to ensure Sonrisas Dental Health’s success. CEO Fecher, Dr. Bonnie and the Board shared fond memories and thanked CFO Fama, highlighting the tremendous achievements made possible through her work. CFO Fama appreciated everyone’s comments and is proud of how far Sonrisas Dental Health has come, as she dedicated her heart and soul into the program for the past 20 years.

3. **PUBLIC COMMENTS** - No public in attendance.

4. **APPROVAL OF JANUARY BOARD MINUTES**

Vice Chair Galligan moved to approve the minutes of January 19th’s meeting. Secretary Hinshelwood seconded the motion and was approved by roll call. Ayes: Nigel Taverner, Helen Galligan, Clyde Hinshelwood, Larissa Cutler, Dennis Kneepfel, Steve Stielstra, Sheryl Young.

5. **Board of Directors D/E/I Training – Tanya Bluford** began her session with a brief introduction, commenting that she used to feel that she was born in the wrong decade and should have been of age during the Civil Rights Movement. Such was the calling she felt from a very young age. Her parents were born in Louisiana, raised in the segregated south with Jim Crow and ended up moving to different parts of the country to gain employment. However, she now feels that she was born at just the right age – D/E/I work is in her DNA – as this is a unique time in history with the opportunity to do great things and have great conversations.

- A. **Introductions**

- a. All in attendance took turns introducing themselves and their experience with any type of D/E/I training.
 1. **Director Kneepfel** hopes to gain renewal and refreshment, recognizing some people tend to fall into old habits.
 2. **Chair Taverner** shared other than the little corporate training at IBM, his training comes from talking with Ms. Bluford and reading *Biased*. He hopes to have more of an understanding of how the Board can contribute to Sonrisas’ journey.
 3. **Director Cutler’s** experience of D/E/I is through Sonrisas and would like to become more familiar with it.
 4. **Vice Chair Galligan** - as she raised her kids, she learned through their experiences
 5. **Director Hinshelwood** said he is keen to find out what the Board can



do

6. **Director Stielstra** remarked that this is a process – we all need a tune up
- B. Common D/E/I Terms – Some of Tanya’s points included:
 - a. Dimensions of Diversity:
 1. Most of the elements are out of our control
 2. Microaggressions: comments/attitudes using dimensions of diversity which can’t be controlled or stereotypes
 - b. Charity is no substitute for justice withheld
 - c. Be an accomplice – raising allyship to work with those who are not getting what is their right
 - d. Privilege is not necessarily earned
 - e. There’s a difference between equality – everybody gets the same – and equity – where people get what they need: what’s seen as fair is not necessarily equity
 - f. Inclusion comes before diversity
 - C. Unconscious Bias – discussed. The Board shared some reactions to reading the book *Biased*, but there was no time to delve further. Tanya recommended a Harvard Test which highlights implicit bias
 - D. D/E/I Business Case – No time to discuss
 - E. Q&A and Next Steps – **Chair Taverner** suggested that the Board absorb what we’d learnt today and revert when there is consensus on how to cover the other topics, including how Sonrisas can be an accomplice and help to make our world a better place where every person feels they belong.

6. CONTINUING BUSINESS

- A. Development Director Recruitment – ACTION Requested – CEO Fecher
 - a. The Board recognizes Director of Development LeBaron-Hsieh's great contribution to fundraising for Sonrisas, her work on establishing the systems and procedures and the growth in funds raised during her tenure. The Board thanks her for her hard work.
 - b. **CEO Fecher** presented a proposal to restructure the Development Team staffing given that the Director of Development has given notice and her Associate has left, moving to Nevada for family reasons. The objective is to build on the great work that has been done and the growth in donations and grants over the last three and a half years. There is a need to focus on major gifts and the proposal is for a full-time Director of Major Gifts and a Development Manager. Such directors are in demand and therefore the proposal is to use a recruiter to find one. Approval is required since the cost of the recruiter and the more senior positions are outside the budget (although it would probably have been proposed in the upcoming budget for next year).
 - c. **Director Galligan** asked what the proposed Director’s salary would be – around \$150k
 - d. **Director Stielstra**, while seeing the reasoning, asked how this increase in salaries adds up with previous requests for more clinical staff, support staff and salary increases. He’d like to see the whole picture.
 - e. **Director Young** while agreeing that the investment should be properly defined, insisted that it is important to move fast since good relationship developers take time to find while the absence of a replacement will affect current fundraising activities in no time. Therefore, we need to jump now.
 - f. **CFO Yee** suggested a three-year cashflow if that would help. Also, the District is used to paying 20% of annual salary to a recruiter.
 - g. **Director Hinshelwood** reinforced the need for speed in finding a replacement Development Director
 - h. **Director Galligan** shared her concern since there have been several requests to cover unexpected costs like dentists leaving, more resources needed to ensure FQHC numbers etc.
 - i. **Director Kneepel** agreed that we shouldn’t wait to recruit a replacement. At the same time, he sees the need for a plan: if this means going cash negative



in the next Financial Year, we need a plan to get out of that

- j. **Director Kneepel** also raised the question of whether it was a good idea to recruit a Development Manager before the Director, given that the latter might want to choose his/her own. However, it was agreed that, while it's not ideal, we couldn't wait since after May we wouldn't have a Development Department at all.

Director Young moved to approve the process of recruiting for the position of Director of Major Gifts, while creating a 3-year cash flow for the Board (hopefully for the next meeting), and the continuing recruitment of a Development Manager. **Director Stielstra** seconded the motion and was approved by roll call. Ayes: **Nigel Taverner, Clyde Hinshelwood, Larissa Cutler, Dennis Kneepel, Steve Stielstra, Sheryl Young**. Abstained: **Helen Galligan**

- B. Board Workshop in April or May – Chair Taverner
 - a. **Chair Taverner** shared an outline for the spring workshop with options. There was a preference for having it at a weekend with no opinion expressed as to location. Ideas for topics included:
 1. Strategic Plan refresher
 2. Our role in terms of policy and advocacy
 3. More on D/E/I including a culture of equity
 - b. With no strong view, the Board agreed to revert to the topic at another Board meeting.

7. STRATEGIC PLAN FY23-FY25

- A. Sonrisas Culture: Already addressed under D/E/I training
- B. Sustainable Growth
 - a. FQHC Subrecipient Contract Update – **CEO Fecher** reported that Jim Beaumont, who oversees Medicaid Federal funding activities at SMMC, had recommended that Pat Curran, CEO of Healthcare Plan of San Mateo (HPSM), be our champion in getting the County on board. Pat has agreed to co-sponsor a meeting to educate SMMC on how a sub-recipient relationship would work
 - b. Update on Peninsula Donor Event – **CEO Fecher** reported that Maura is committed to the Peninsula event:
 1. Looking at multiple locations
 2. Not found a sponsor yet and may have to have the event without
 3. We want attendees who could be large donors – or access to large donors - in the future. Dr Torrey and Dr Bonnie will attend. Hopefully Board members will have acquaintances who fit that description and would like to invite and host them. If so, please let Tracey and Maura know so calendars can be coordinated; Tracey will send out an email asking.
- C. Community and Patient Engagement
 - a. Patient Engagement Update – Dr Bonnie updated the Board on the initial steps she and Marleen are taking in setting up the Patient Survey. She is pleased that other members of staff are interested and volunteering to help, seeing a lot of value in the feedback.

8. REPORTS

- A. CEO Report – CEO Fecher
 - a. **Director Kneepel** asked whether the visit volume being down is due to the provider issue – yes. **CEO Fecher** added that we have recruited a two-day dentist and the full-time dentist for Half Moon Bay starts on March 6th. The only provider opening currently is a two-day hygienist for Wednesday and Saturday; Saturday is proving to be a challenge. **Dr Bonnie** wanted to mention that Dr Torrey has really stepped up doing both his Dental Director job and being a clinical dentist. Others circulated through Half Moon Bay to fill the gap and it was a pleasure to see everybody pitching in.



- B. CFO Report – CFO Yee
 - a. January 2023 Profit and Loss, Balance Sheet, Dashboards – no comments
- C. Fundraising Report – Maura LeBaron-Hsieh
 - a. **Director Galligan** asked if we are on track for grant income – Maura has cleaned up the report so there are fewer grants outlined. **CEO Fecher** confirmed that we are on track but there are concerns that the \$15k received during Coastside Gives last year could be reduced given the donations being made to those non-profits directly involving in assisting the homeless farmworkers affected by the shooting. **Director Hinshelwood** reported that he spoke to Lenny Mendonca about having a Brews & Views discussion about healthcare on the Coast, making the point that Sonrisas' founders targeted farmworkers and their lack of dental health when the clinic was founded. **Director Hinshelwood** also had difficulty interpreting the report. **CEO Tracey** will ask that an amended report be sent to Board members (done).
- D. Outreach Report – Dr. Bonnie Jue
 - a. **Dr Bonnie** indicated her excitement that, at last, the County is providing a contract for kindergarten dental screenings. It is now a state requirement that kindergarten pupils are screened but there hasn't been any funding available. We are hoping to screen 2,000 kids this year while the County's target is 5,800 in three years' time.
- E. Board Nomination Committee – Director Hinshelwood – no update.

9. SUGGESTED AGENDA ITEMS FOR NEXT MEETING

- A. Board Retreat Discussion - Potential workshop in the spring
- B. Development Director Recruitment update
- C. 3-year cashflow forecast

10. **ADJOURN** - The meeting was adjourned at 9:08 pm.

B

From: [Cheryl Fama](#)
To: [Nigel Taverner](#)
Cc: [Tracey Fecher](#); [Vickie Yee](#)
Subject: FW: New Teleconference Standards
Date: Thursday, March 9, 2023 6:25:39 PM
Attachments: [Brown Act Teleconferencing Matrix \(Jan. 2023\)-c1-c1-c1-c1-c1.pdf](#)

Nigel,

This should be helpful. Noel is with Best, Best, and Krieger, the law firm we use primarily for our Master Lease Agreement with Sutter and HR issues.

*Cheryl A. Fama, CEO
Peninsula Health Care District
1819 Trousdale Drive
Burlingame, CA 94010*



From: Noel Caughman <Noel.Caughman@bbklaw.com>
Sent: Wednesday, February 8, 2023 12:51 PM
To: Cheryl Fama <cheryl.fama@peninsulahealthcaredistrict.org>
Subject: New Teleconference Standards

EXTERNAL SENDER WARNING: This email originated from outside of PHCD. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Cheryl,

As you may know, the Governor is anticipated to terminate the COVID state of emergency at the end of February. Once the state of emergency is terminated, some of the relaxed teleconferencing rules that were adopted during this period (commonly referred to as the "AB 361 rules") for public meetings will become inapplicable, because they depend on the existence of a state of emergency and social distancing requirements or recommendations. However, in anticipation of this, the Legislature recently adopted AB 2449 to amend the Brown Act to provide additional flexibility for possible remote or "hybrid" (partly in-person, partly remote) meetings.

AB 2449 and New Teleconference Standards

As recently amended, the Brown Act now provides three possible “routes” for remote participation for members of public bodies: 1) the “traditional” pre-COVID teleconference rules; 2) relaxed teleconference rules for a declared state of emergency; 3) relaxed teleconference rules for “just cause” or a personal emergency. The specific requirements associated with each of these options is set out in the Teleconferencing Matrix attached to this email for your reference. In short, if a Board member is aware in advance of the meeting that they will need to participate remotely, they can do so by ensuring that their remote participation location is indicated on the agenda, a copy of the agenda is posted at the location the member is calling in from, and the location is accessible to members of the public to attend from (this rarely, if ever, happens in practice, but is a requirement of the rule nonetheless). OR, if a Board member only becomes aware of a need to participate remotely shortly before the meeting due to “just cause” (see definition in matrix) or an emergency (see definition in matrix), then after following certain steps (the member provides a general description of the circumstances, participates via both audio and video, and members of the public are also allowed to attend remotely), the Board member may call in remotely.

Two notes on the “just cause”/emergency option: one, the Board must be including ongoing virtual meeting access links on their posted agendas to be able to exercise this option (since it requires that the public be allowed to participate remotely as well), so if the Board is meeting only in person and not providing a virtual meeting link as part of its agendas, then this option will be unavailable. Two, there is a limit on how many times each Board member may rely on this option – the just cause provision is available for no more than two meetings in a year, and no Board member may the just cause + emergency provisions collectively to participate remotely for more than three consecutive months or 20% of the agency’s regular meetings in a year.

Please find [linked here a legal alert](#) discussing these changes, and don’t hesitate to reach out at any time with additional questions.

[Noel Caughman](#)

Partner

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Brown Act Teleconferencing Matrix – Calendar Year 2023

	Standard Brown Act Teleconferencing <i>Gov. Code § 54953(b)</i>	AB 361 – Declared Emergencies / Social Distancing <i>Gov. Code § 54953(e)</i>	AB 2449 – Individual Emergency / Just Cause <i>Gov. Code § 54953(f)</i>
General Circumstances Necessary to Use Teleconferencing	None.	Meeting is held: <ul style="list-style-type: none"> • During a Governor-proclaimed state of emergency, and state or local officials have imposed or recommended social distancing measures; • During a Governor-proclaimed state of emergency and the meeting is held for the purpose of determining, by majority vote, whether as a result of the emergency, meeting in person would present imminent risks to health or safety of attendees; or • During a Governor-proclaimed state of emergency and the body has determined, by majority vote, that, as a result of the emergency, meeting in person would present imminent risks to health or safety of attendees 	A legislative body member: <ul style="list-style-type: none"> • Notifies the legislative body of their need to participate remotely for just cause. “Just cause” means: (1) childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires remote participation; (2) contagious illness that prevents attending in person; (3) a need related to a physical or mental disability not otherwise accommodated by the agency; or (4) travel while on official business of the legislative body or another state or local agency; or • Requests the legislative body to allow them to participate in the meeting remotely due to emergency circumstances <i>and</i> the legislative body takes action to approve the request. An “emergency circumstance” is a physical or family medical emergency that prevents a member from attending in person.
Agenda Requirements	<ul style="list-style-type: none"> • Post agendas at all teleconference locations • Identify each teleconference location on the agenda 	<ul style="list-style-type: none"> • Identify and include an opportunity for members of the public to attend via a call-in option or an internet-based service option. • Provide notice of how members of the public may access the meeting and offer public comment. 	<ul style="list-style-type: none"> • Identify and include an opportunity for all members of the public to attend via a call-in option, via an internet-based service option, and at an in-person location. • Provide notice of how members of the public may access the meeting and offer public comment.

<p>Meeting Format</p>	<p>Members of the public must be able to attend from the primary in-person meeting location stated on the agenda <i>and</i> from each teleconference location, which must be accessible to the public.</p>	<ul style="list-style-type: none"> • Meeting may be fully virtual or hybrid of in-person / virtual. • The agency must provide an opportunity for members of the public to attend via call-in option or internet-based service option. 	<ul style="list-style-type: none"> • Meetings <i>must</i> be hybrid, with in-person and virtual options. • The agency must provide an option for the public to attend remotely and hear and see the meeting. This can mean either: (a) two-way audiovisual platform; or (b) a two-way telephonic service and a live webcasting of the meeting.
<p>Quorum of Legislative Body Must Participate from . . .</p>	<p>A quorum must participate from locations within the agency’s boundaries. This may include members participating in person at a location within the agency’s boundaries <i>and</i> members teleconferencing from within the agency’s boundaries.</p>	<p>N/A. No requirements about the location from which a quorum of the legislative body must participate.</p>	<p>A quorum must participate from a single physical location clearly identified on the agenda that is open to the public and located within the agency’s boundaries.</p>

<p>Public Comments</p>	<p>Members of the public participating from teleconference locations must have the opportunity to provide public comments from those locations</p>	<ul style="list-style-type: none"> • Must allow opportunity for public comments in real time • May not require advanced submittal of public comments • If the agency provides a specific time during which it will receive public comments, the agency may not close the public comment period or opportunity to register with the online platform until the stated public comment period has elapsed. • If the agency does not include specific times for public comments on agenda items, the agency must allow reasonable time per agenda item for the public to provide public comment, including to register with the online platform or being recognized. 	<ul style="list-style-type: none"> • Must allow opportunity for public comments in real time • May not require advanced submittal of public comments
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<p>Specific Requirements the Teleconferencing Member(s) Must Satisfy</p>	<p>None required by Brown Act. But practical requirements are to:</p> <ul style="list-style-type: none"> • Provide relevant information to the clerk/secretary so the agenda can be prepared and posted within time required by Brown Act • Ensure members of the public participating from the teleconference location can observe the meeting and provide public comment, if desired. 	<p>None.</p>	<ul style="list-style-type: none"> • <u>Just Cause Circumstances</u>: The member must provide notice of the need to participate remotely as soon as possible, including the start of a regular meeting. They must also provide a general description of the circumstances of their need to attend remotely. • <u>Emergency Circumstances</u>: The member must provide a general description of the circumstances relating to the need to appear remotely. The general description generally need not exceed 20 words and does not require the member to disclose any medical diagnosis, disability, or confidential medical information. The member must make a request to participate remotely as soon as possible and must make a separate request for each meeting in which they seek to participate remotely. The legislative body may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place the action on the agenda, the legislative body may take action at the beginning of the meeting without the item being listed on the agenda. • In addition, under all circumstances the member must: <ul style="list-style-type: none"> ○ Participate through both audio <i>and</i> visual technology (cameras on). ○ Publicly disclose, before any actions are taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the
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			member, and the general nature of the member's relationship with them.
Disruption of Broadcasting During the Meeting	No specific rules.	If a disruption prevents the agency from broadcasting the meeting to the public using the call-in option or internet-based service option, or if a disruption within the agency's control prevents the public from providing public comment remotely, the legislative body may not take any actions on agenda items until public access is restored.	If a disruption prevents the agency from broadcasting the meeting to the public using the call-in option or internet-based service option, or if a disruption within the agency's control prevents the public from providing public comment remotely, the legislative body may not take any actions on agenda items until public access is restored.
Limitations on Use / Requirements to Continue Use	No limits on the number of times / circumstances where this type of teleconferencing may be used.	For an agency to continue using AB 361 teleconferencing, a state of emergency must remain active <i>or</i> state or local officials must continue imposing or recommending social distancing measures. In addition, the legislative body must, not more than 30 days after teleconferencing for the first time and every 30 days thereafter, make the following findings by majority vote: (1) the legislative body has reconsidered the circumstances of the state of emergency; and (2) either (a) the state of emergency continues to directly impact the ability of the members to meet safely in person; or (b) state or local officials continue to impose or recommend social distancing measures.	<ul style="list-style-type: none"> • A legislative body member may not use the "just cause" provision to participate remotely for more than two meetings in a calendar year. • A legislative body member may not use AB 2449 teleconferencing to participate remotely for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.
Roll Call Votes Required?	Yes.	Yes.	Yes.
Expiration Date	None.	January 1, 2024, unless extended by Legislature.	January 1, 2026, unless extended by Legislature.





DATE: March 8, 2023

TO: SDH Board of Directors

FROM: Tracey Fecher, CEO

RE: CEO Report

1. Clinic Operations:

- February visits were off by (76) visits to budget but ahead 70 visits to the forecast. The February visits were forecast lower due to having 4 less provider days in the San Mateo clinic than budgeted. In February, Dr. Torrey held a Saturday clinic in Pescadero to make up for weather closure days in January.
- March visits are forecasted to be off budget by only 14 visits due to the full-time dentist in HMB starting on March 6th.
- With the provider team fully staffed as budgeted and the addition of two additional provider days in San Mateo as approved by the board, the forecast for the last quarter of the year is 100 visits over budget for the quarter.
- The team is replacing our patient notification system with NexHealth that allows patients to fill out forms online, easier texting for appointment reminders and other improvements. We will be monitoring the patient no-show rate to see if there are improvements.
- Sonrisas has not yet made a match in the AEGD program for a resident in HMB next year. If we do not have a match, we will have a hygienist there 5 days a week, which could reduce the visit volume in HMB by 1300 visits for the year. The team is networking with connections at the dental schools to see if that helps find a resident match.
- The Pescadero pop-up clinic at Puente is looking for a new location by June 2023. The team is exploring the purchase of a mobile dental van that could be permanently stationed in Pescadero.

2. Staffing:

- Dr. Tara Johnston began working fulltime at the Half Moon Bay clinic on March 6th. The team is pleased to be fully staffed in Half Moon Bay, which will allow San Mateo visits to increase with San Mateo dentists not working in Half Moon Bay.
- Dr. Shruti Singh is joining the team on March 15th on Wednesdays and Saturdays in San Mateo. This is the position that was approved by the board in January. Visit volume was adjusted to reflect the additional provider time.
- The recruiter hired to find Sonrisas' next Development Director held a kick-off meeting with the Search Committee on March 9th. The title of the position will be changing to something the committee believes will help reflect that focus of the position. Board members will be asked to share the job in the next week on their LinkedIn and other social media channels. The Administrative Assistant is out on medical leave until March 23rd.

- The Care Coordinator team that works in the front office of the clinics has been challenged by Covid rescheduling, staff out on medical leave and other issues. The management team is doing a Team Health survey and will meet with the CCC team to review how the team can be better supported.
- 3. Operations Updates:**
- The team is in the process of reviewing proposals from TotalSource, ADP's Professional Employer Organization (PEO) service. The proposal has a lower cost for medical, dental, vision and life insurance benefits; but the cost of the administration of TotalSource negate most of those savings. A final meeting with ADP will be held at the end of March to determine if ADP can meet Sonrisas' needs.
- 4. Financial Update:**
- On March 8th, Sonrisas' current cash position was \$1,789,000

D



DATE: March 10, 2023

TO: SDH Board of Directors

FROM: Vickie Yee, CFO
Tina Wang, Senior Accountant

RE: **February Unaudited Financials and YTD Performance to Budget**

February PERFORMANCE:

A. Revenue: Net Patient Revenue was \$241,070. \$9k below the budget.

- Total visits were 1097, 73 visits below the budget.
- Total gross revenue was \$492,881 – \$13K below the budget due to fewer visits. The total tobacco tax revenue was estimated to be \$23,666.
- Total uncompensated care deductions of **(\$251,811)** - 51% of gross revenue.

B. Total Expenses: \$388,164 – \$32K better than the budget.

- Total Direct Expenses - \$28K better than budget because of savings in personnel cost and clinic expenses due to fewer patient visits.
- Total Indirect Expenses -\$4k better than the budget.

B. Donations/Grants & Other Income: \$144,614

- \$67,810 released from restricted grants includes an estimated \$29K grant from Sequoia Health District
- \$94 from individual donors
- \$75,000 in PHCD grant support.
- \$1,711 interest income.

NET INCOME-- **\$(2,480) -\$17,904 better than budget**



YTD PERFORMANCE:

- Performance continues to be positive to budget primarily due to:
 - o While visits are under budget by 5%, total direct care expenses are under budget by 7%.
 - o Fundraising efforts remain strong with a \$35K positive variance.

YTD PERFORMANCE TO BUDGET: YTD net income is **\$125k** better than the budget. The estimated Cash-flow **\$146k** better than budget. PHCD grant received to date is \$600,000.

	YTD Actual	YTD Budget	Performance
<i>Visits</i>	<i>8881</i>	<i>9348</i>	<i>(467)</i>
Gross Patient Revenue	\$3,866,092.00	\$4,066,737.00	(5%)
Uncompensated Care (Deductions)	(1,742,288.57)	\$(2,103,935.06)	5%
Grants/Donations/Other Income	\$1,458,154.00	\$1,419,084.00	3%
Direct Cost	(\$2,084,025.00)	(\$2,250,962.00)	7%
Indirect Cost	(\$1,180,617.45)	(\$1,190,946.00)	1%
Net Income	\$65,502	(\$60,022)	209%
<i>Non-cash items adj.</i>			
Depreciation	\$192,651	\$215,713	11%
Capital Expenditure	\$119,394	\$162,937	27%
Estimated Cash Flow	\$138,759	(\$7,246)	2015%

FINANCIAL OPERATIONS:

- CFO transition tasks almost complete -
 - o Merrill Lynch – Signature cards updated
 - o Heritage Bank – Updated signature cards & set up online access. Old bank accounts at Silicon Valley Bank have been closed.
 - o Credit Cards – Opened new credit cards under Sonrisas and will close the Chase credit cards next week.
- An update on bank related items -
 - o City National Bank – Paperwork completed. The investment account should be opened sometime next week. We plan to transfer approximately \$1.1M to the account.
 - o Heritage Bank ICS account – The insured cash sweep account, which was approved by the Board in January, is opened.
- The audit of Tobacco Tax receivables is still ongoing and will report to the Board with our findings next month.

E



DATE: March 9, 2023
TO: SDH Board of Directors
FROM: Maura LeBaron-Hsieh, MPH, Director of Development
RE: **Development Update**

In late February and early March 2023, the Development Team submitted several grant reports and proposals, continued planning our Spring 2023 Peninsula donor networking event, and continued early planning for Cooking for a Cause 2023. We also began preparing proposals for funding renewals with both local health care districts.

As of February 28, 2023, we have raised \$1,691,368 (81%) of our \$2,089,990 FY22-23 fundraising goal (includes \$900K PHCD support). Please see the attached Fundraising Report for visual overview.

1. Individual Donations

- As of February 28, 2023, we have received \$157,509 in individual donations and sponsorships in FY22-23.
- We anticipate two upcoming significant donations in March or early April, one approximately \$20,000 from an anonymous recurring donor (exact amount forthcoming), and one approximately \$25,000 from recurring supporter Hurlbut-Johnson Donor-Advised Fund.
- Sonrisas will participate in Coastside Gives, on Thursday, May 4th, 2023. We expect that many Coastside donors will be inclined to donate to programs serving farmworkers this year, due to increased awareness of hardship faced by farmworkers in San Mateo County following the tragic events in January. Whether this support will extend to oral health access is unknown.

2. Grant Seeking

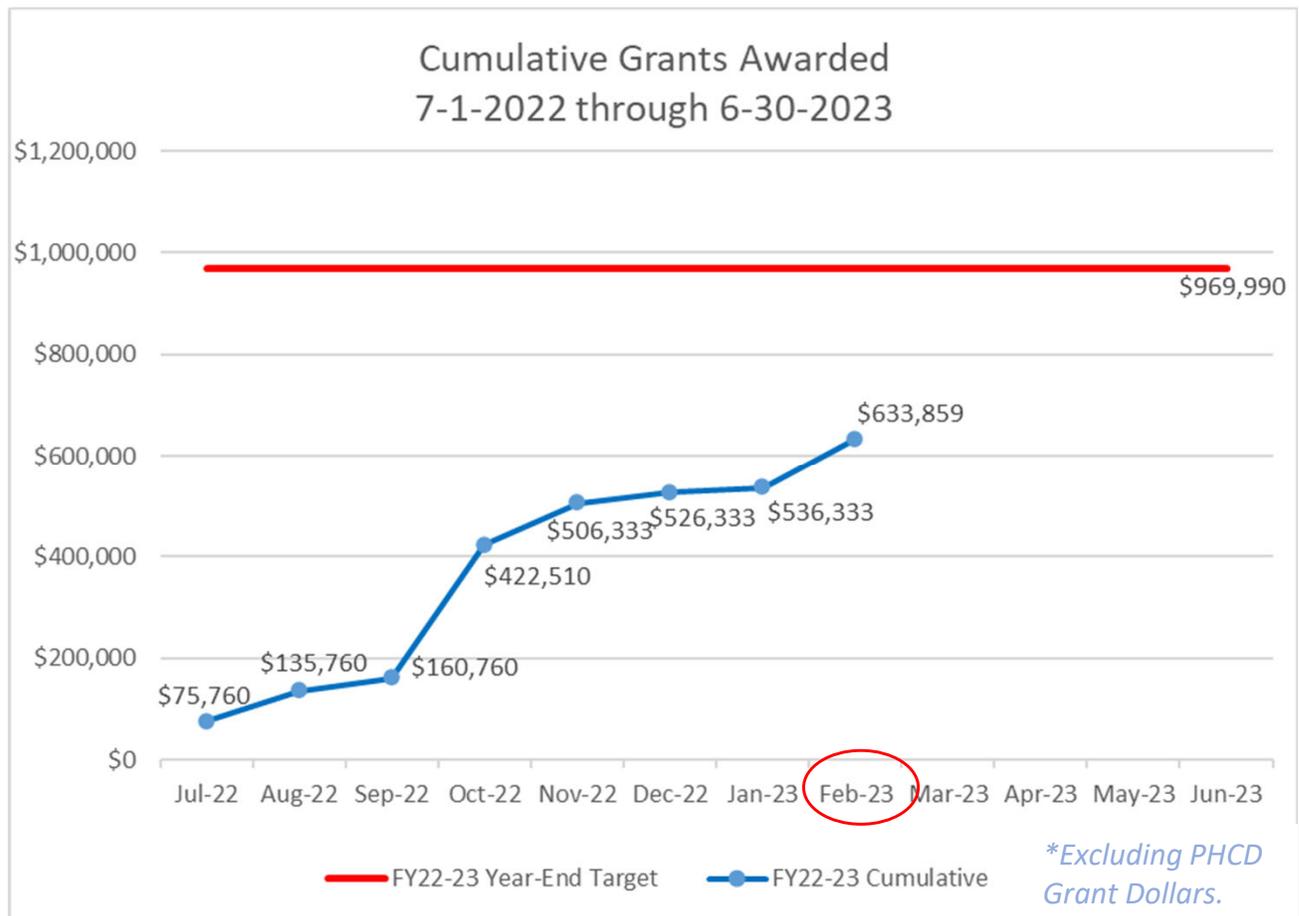
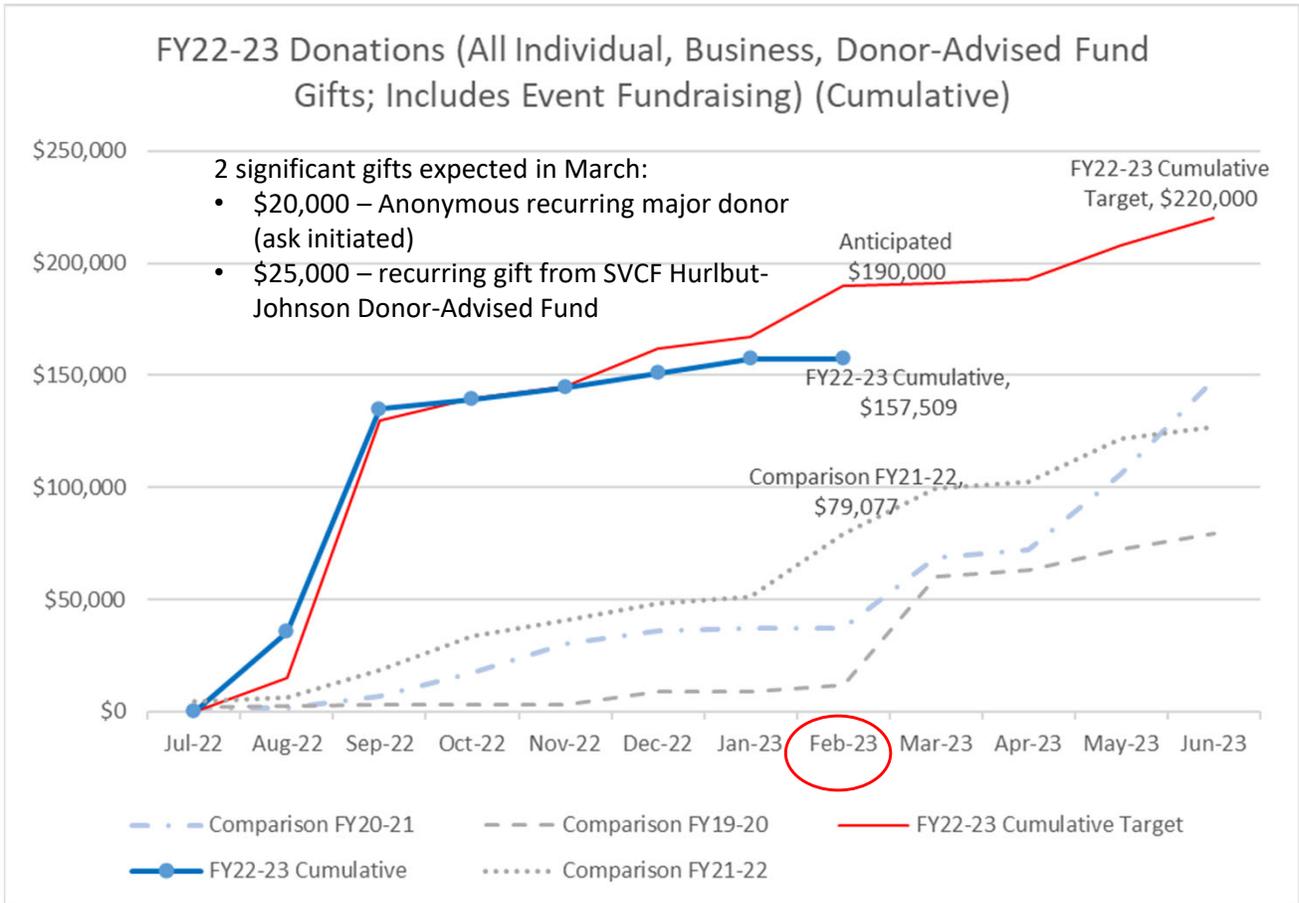
- Sonrisas has been awarded \$633,859 in grants as of February 28, 2023, representing 65% of our annual grant target.
- We are currently in consideration for \$35,000 in grant funding.
- Currently in preparation:
 - Proposal to Delta Dental for further innovation in senior dental care (~\$100,000)
 - Proposal to CareQuest Institute for Oral Health's *Advancing Equity through Oral Health Fund's* "Community Voice" funding pool to fund program management, training, and implementation support for Sonrisas' work to build an advisory board of individuals with lived experience in the communities we serve (~\$100,000).
- Work is also underway to build proposals for multi-year funding renewals with both Peninsula Health Care District and Sequoia Healthcare District.

3. Events

- Spring cultivation event:
 - We have secured several sponsors for our spring donor cultivation event
 - Final venue and event date selection is underway
 - We will send a save-the-date as soon as details are confirmed.

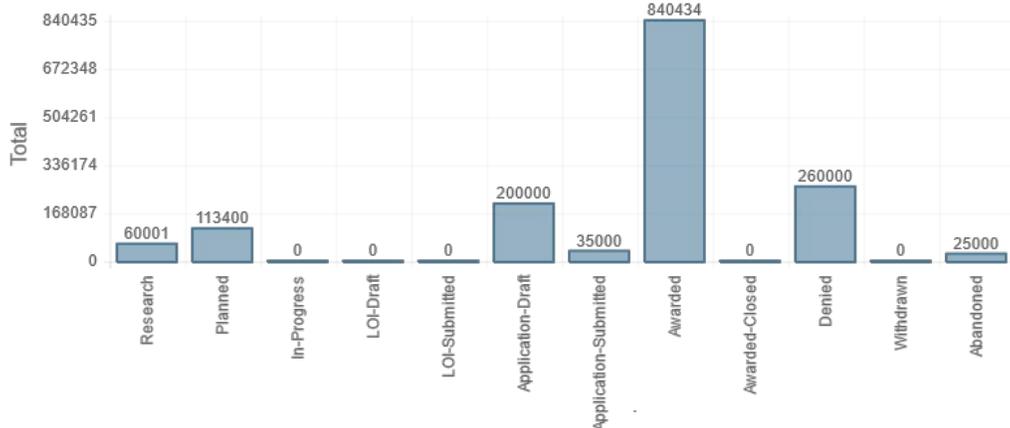
SDH Fundraising Report FY22-23

Through Feb 28, 2023



Opportunities By Status

3/1/2022 - 6/30/2023



Funder	Funding Opportunity	Funding Category	Deadline	Amount Projected	Amount Awarded	Status
Atkinson Foundation	2022 Senior Programs Grant	Access to Care, Seniors, Outreach	2/1/2022	\$7,500	\$7,500	Awarded
Delta Dental Community Care Foundation	FY22-23 Senior ATC Grant	Access to Care, Seniors, Outreach	3/25/2022	\$100,000	\$100,000	Awarded
The Comcast Nbcuniversal Foundation	2022 Project Innovation	School Screenings	3/25/2022	\$0	\$0	Denied
Kaiser Permanente Community Health	FY22-23 Kaiser Safety Net Grant	Access to Care	3/25/2022	\$25,000	\$25,000	Awarded
Sequoia Healthcare District	FY21-22 Sequoia Healthcare District ATC Q3 Invoice	General Operations	4/4/2022	\$60,000	\$60,000	Awarded
City of Burlingame	2022 Community Funding Information	Access to Care	4/15/2022	\$1,760	\$1,760	Awarded
Mills Peninsula Hospital (Sutter Health)	2022 RFP Mills Sutter Health	Access to Care, School Screenings	4/29/2022	\$20,000	\$20,000	Awarded
First 5 San Mateo County	2022 First Five Oral Health Extension	School Screenings, Access to Care Children	4/30/2022	\$54,075	\$54,075	Awarded
AstraZeneca Corporate Contributions Program	2022 RFP AstraZeneca	School Screenings, Access to Care Children	5/13/2022	\$0	\$0	Denied
City of Half Moon Bay	FY22-23 CSFA Grant	Access to Care	5/15/2022	\$14,000	\$14,000	Awarded
Chan Zuckerberg Initiative Foundation	2022-2024 CZI Community Fund	General Operations	6/30/2022	\$100,000	\$100,000	Awarded
Sequoia Healthcare District	FY21-22 Sequoia Healthcare District ATC Q4 Invoice and Final Report	General Operations	7/5/2022	\$60,000	\$60,000	Awarded
Workforce Matters	https://www.granthonline.com/2022 Workforce Equity Fund Grant		7/31/2022	\$0	\$0	Denied
Woodlawn Foundation	2022 Woodlawn Foundation Grant	Access to Care, Seniors	8/4/2022	\$25,000	\$25,000	Awarded
AmFund (American Fundraising Foundation, Inc.)	2022 Golden Pear		8/10/2022	\$0	\$0	Denied
Lucile Salter Packard Childrens Hospital at Stanford	2022-23 RFP LPCH	School Screenings, Access to Care Children, Outreach	9/15/2022	\$75,000	\$75,000	Awarded
The San Bruno Community Foundation	2023 San Bruno Community Foundation	School Screenings, Access to Care Children	9/22/2022	\$10,000	\$10,000	Awarded
Stanford Health Care	2022-23 Stanford RFP	Access to Care	9/23/2022	\$68,000	\$68,000	Awarded
Hurlbut-Johnson Fund via SVCF	FY22-23 Hurlbut Johnson Fund via SVCF	General Operations	9/30/2022	\$0	\$0	Application-Submitted
Silicon Valley Community Foundation	SVCF Leadership Investment Application		9/30/2022	\$18,000	\$18,750	Awarded
American Academy of Pediatric Dentistry	2022 AAPD	School Screenings, Access to Care Children	10/1/2022	\$20,000	\$0	Denied
Sequoia Healthcare District	FY22-23 Sequoia Healthcare District ATC Q1 Invoice	Access to Care, School Screenings, Seniors, Outreach	10/1/2022	\$83,823	\$83,823	Awarded
Dignity Health-Sequoia Hospital	2023 Dignity Health Grant	School Screenings, Access to Care Children	10/7/2022	\$20,000	\$20,000	Awarded
Sequoia Healthcare District	FY22-23 Sequoia Healthcare District Q2 Invoice	Access to Care, School Screenings, Seniors, General Operations, Outreach	1/3/2023	\$97,526	\$97,526	Awarded
Atkinson Foundation	2023 Senior Program Atkinson Foundation	Access to Care, Seniors	2/1/2023	\$10,000	\$0	Application-Submitted
Kaiser Permanente Community Health	2023 Kaiser RFP		2/24/2023	\$25,000	\$0	Application-Submitted
Bothin Foundation	2023 Capacity Grant- Water Free System?		3/3/2023	\$19,000	\$0	Application-Submitted
Delta Dental Community Care Foundation	2023-24 Delta Dental		3/23/2023	\$100,000	\$0	Application- Draft
Mills Peninsula Hospital (Sutter Health)	2023 Grant Mills Peninsula Foundation		3/30/2023	\$20,000	\$0	Planned
CareQuest Institute for Oral Health	Advancing Equity in Oral Health Fund: Community Voice		3/31/2023	\$100,000	\$0	Application-Draft
Patterson Foundation	2023 Patterson Foundation Seniors?		4/1/2023	\$0	\$0	Research
California Dental Association Foundation	2023 Henry Schein Cares		4/3/2023	\$0	\$0	Research
Sequoia Healthcare District	FY22-23 Sequoia Healthcare District Q3 Invoice	Access to Care, School Screenings, Seniors, General Operations, Outreach	4/4/2023	\$71,400	\$0	Planned
Silicon Valley Community Foundation	2023 Health Grants		4/12/2023	\$0	\$0	Research
The Comcast Nbcuniversal Foundation	2023 Project Innovation		4/12/2023	\$40,000	\$0	Research
City of Burlingame	2023 Community Funding Grant Burlingame		4/14/2023	\$2,000	\$0	Planned
City of Half Moon Bay	2023 Community Grant HMB		4/14/2023	\$20,000	\$0	Planned
AstraZeneca Corporate Contributions Program	2023 AstraZeneca		4/14/2023	\$20,000	\$0	Research
Cigna Foundation	2023 Cigna		5/15/2023	\$0	\$0	Research
Coastside Women's Club	FY20 Coastside GO Grant	General Operations	5/15/2023	\$1	\$0	Research
Genentech	2023 Genentech Health Equity & Diversity in STEM Innovation Fund		6/1/2023	\$0	\$0	Research
Wells Fargo Foundation	FY23-24 Wells Fargo		6/15/2023	\$0	\$0	Research
Totals				\$1,287,085	\$840,434	42

as of 3/8/2023

F



DATE: March 9, 2023
TO: SDH Board of Directors
FROM: Bonnie Jue, DDS
RE: **Community Engagement Director Report – March 2023**

Sonrisas Dental Health’s (SDH) School Screening Program is in full bloom this spring with another 1,000 screenings scheduled this semester.

February proved to be a successful month as we expanded our services to 4 neighboring schools in San Mateo (Fiesta Gardens, Laurel, Beresford, and Sunnybrae), all of which are new partners for Sonrisas this year. We had the honor of giving the mayor of San Mateo, Amourence Lee, a tour of Sonrisas’ San Mateo Center, and shared how SDH’s Community Outreach Program works seamlessly with the Clinical Team to provide comprehensive care and case management to children who need urgent dental care.

As our outreach program has gained more visibility in the community leading to more opportunities this year, we have also been able to see where there are gaps in care. While Sonrisas is making great strides in providing oral health education and screenings to more children in priority schools, we are discovering that there are hundreds of children with limited or no resources who need critical care but attend non-priority schools, as defined by the county, and therefore, do not receive these free services.

Children who have recently moved to the area from another country are especially at risk of “falling through the cracks.” For instance, the photos below show a 9-year-old child from the Philippines, who was seen at a recent screening event. They had such severe dental disease that they presented with dental abscesses in the upper jaw; and on the lower, their permanent adult teeth had rotted down to the gum line – only the roots were left inside the bone and will need to be surgically removed. What many people don’t realize is that this child will not grow another adult molar in that space, ever, and their next set of molar teeth are not ready to grow in until about 12-14 years old – this means that this child will have no back teeth to chew with for at least 3-5 more years.

This has led SDH’s Community Programs to explore ways to expand our outreach to not only students in low-income, priority schools but also to children who need more individualized outreach and care coordination in schools/programs where they are not able to access the care they desperately need.

