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**PUBLIC MEETING OF THE
BOARD OF DIRECTORS
6:30 PM, Thursday, January 23, 2025
PHCD Classroom, 1819 Trousdale, Burlingame, 94010**

AGENDA

1. Call to Order and Roll Call

2. Public Comment on Non-Agenda Items

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

3. Report Out From Closed Session: 1/23/2025: Chairman Cappel

4. Consent Calendar: ACTION

- | | |
|---|-----------|
| a. Board Meeting Minutes – December 12, 2024 | Pg. 1-9 |
| b. Finance Meeting Minutes – November 12, 2024 | Pg. 10-13 |
| c. SDOC Meeting Minutes – November 6, 2024 | Pg. 14-22 |
| d. Checking Account Transactions – November and December 2024 | Pg. 23-28 |
| e. Treasurer's Report – November and December 2024 | Pg. 29-30 |
| f. Q2 FY 2024-2025 Unaudited Financials | Pg. 31-36 |
| g. Q2 FY 2024-2025 Investment Report | Pg. 37-39 |
| h. 2025 Finance Committee Charge | Pg. 40 |
| i. 2025 Strategic Direction Oversight Committee Charge | Pg. 41 |
| j. Recommended Increase to Health & Fitness Center Budget | Pg. 42 |
| k. 2025 Updated Board Meeting Calendar | Pg. 43 |

5. Business:

- | | |
|--|-----------|
| a. San Mateo County Baby Bonus: Kitty Lopez, Executive Director of First 5 San Mateo County | Pg. 44-73 |
| b. Emergency Preparedness Nonprofit Stipend Proposal: Georgia Farooq, Executive | Pg. 74-80 |

Director, Thrive Alliance

c. **Steady Steps Pilot Program Report:** Richard Bergstrom, Director, PHCD Health and Fitness Center Pg. 81-111

d. **Elect Board Officers:** Lawrence W. Cappel, Board Chairman, PHCD

e. **Board Committee Officer Assignments:** Lawrence W. Cappel, Board Chairman, PHCD

6. Reports:

a. **Board Chair and Director Reports**

Strategic Direction Oversight –Meeting 1/8

Finance – Meeting 1/14

7. Adjourn:

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

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



BOARD OF DIRECTORS MEETING MINUTES Thursday, December 12, 2024 1819 Trousdale Dr. Burlingame, Ca 94010 (Classroom)		
<u>Directors Present</u> Chairman Cappel Vice-Chairman Pagliaro Secretary Zell Director Navarro Director Sanchez	<u>Directors Absent</u>	<u>Also, Present</u> Nathan Doty, CPA, JWT & Associates, LLP

1. Call to Order and Roll Call: Chairman Cappel called the meeting to order at 6:30 p.m.

Roll call attendance was taken. A quorum was present.

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

3. Report Out From Closed Session: 11/18/2024 and 12/12/2024:

Chairman Cappel stated that the Board held discussions regarding the PWC development during the closed session meetings held on 11/18/2024 and 12/12/2024.

4. Consent Calendar:

- a. Finance Meeting Minutes- July 9, 2024
- b. CHIC Meeting Minutes- October 7, 2024
- c. Board Meeting Minutes- October 24, 2024
- d. Checking Account Transactions – October 2024
- e. Treasurer's Report – October 2024
- f. 2025 Board Meeting Calendar

Motion to Approve Consent Calendar as Presented

Motion: By Director Sanchez; Director Navarro

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

Noes: 0

Abstain: 0

Motion Passed: 5/0/0

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

a. Administration of the Oath of Office to Vice Chair Pagliaro:

Chairman Cappel administered the oath of office to elected Board member Pagliaro, appointing him as Vice-Chairman.

b. Administration of the Oath of Office to Director Navarro:

Chairman Cappel administered the oath of office to elected Board member Navarro, appointing him as Director.

6. Business:

a. Presentation of FY' 2024 Audit Report: Nathan Doty, CPA, JWT & Associates, LLP

The audit report for FY' 2024 can be found on pages 26 to 71 of the Board packet.

[Audit report appended to and made part of the minutes]

Director Zell stated that the Finance Committee has reviewed the FY'2024 Audit Report and has recommended an approval of the audit as presented.

Motion to Approve FY'2024 Audit Report as Presented

Motion: By Director Zell; Seconded By Director Sanchez

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro, Sanchez

Noes: 0

Abstain: 0

Motion Passed: 5/0/0

b. Community Health Investment Committee Grant Recommendations for FY'2025: Dr. Navarro, CHIC Chairman & Fátima Rodriguez, SID

a) Approval of 2025 One-Year Grant Recipients and Amounts as Recommended

Director Navarro and **SID Rodriguez** presented the Community Health Investment Committee Grant Recommendations for FY'2025.

Presentation Highlights

2025 Grants Journey

- 37 LOIs received
- 7 Did not meet criteria for a full application
- 1 Referred to Small Grants/ Seed Funding Application

Full Application Stage

- 1 Did not submit a full application
- 28 Recommended as Grantees

Overview of Proposed Grantees

28 organizations

- Geo mapping for all organizations presented
- Mental and Behavioral Health 11 (39%) - Physical Sites: 44, Projected # of PHCD Residents Served: 12,878
- Preventive Health 10 (36%) - Physical Sites: 37, Projected # of PHCD Residents served: 319,396
- Healthy Aging across Life Course 7 (25%) - Physical Sites: 13+ Virtual Locations + Client Homes, Projected # of PHCD Residents served: 9,088
- Total Physical Sites + Virtual Locations + Client Homes: 94
- Total Projected # of PHCD Residents served: 341,362

Mental & Behavioral Health Grants

- Burlingame RiteCare Childhood Language Center - Expansion
- CASA of San Mateo County - Cultivating Mental Health and Wellness for Youth in the Foster Care and Juvenile Justice System
- Changing Perspectives - Youth Mental Health Support through School-based Social-Emotional Learning
- Child Mind Institute, Inc. - Empowering School Communities in Mental Health: Transforming Student Well-Being in the PHCD Geographic Service Area
- CORA - Family Centered Mental Health Program (FCMH)
- Foster City Village, Inc. - Inspired Aging
- Heart & Soul, Inc. - Total Wellness Powered by Peers
- Institute for Human and Social Development, Inc. (IHS): Early Childhood Mental Health Consultation Program

- Kara - Bereavement Support, Grief Education, and Crisis Response
- MELP/ AbleCloset - Free Durable Medical Equipment For All
- One Life Counseling Center - Training Providers and Serving Children Ages 0-12 with Mental Health Care and Supportive Services

Total: \$428,881

Preventive Health Grants

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

Total: \$ 505,893

Healthy Aging across the Life Course

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

Total: \$330,265

Recommendation of Approval

- **28 organizations**

- \$1,265,039

Q & A with Director Navarro and SID Rodriguez

Vice-Chairman Pagliaro inquired whether Chinese Hospital is the same organization he is familiar with in the city or if there is another organization in the county.

SID Rodriguez confirmed that it is indeed the same organization and explained that the grant enables the District to collaborate with organizations committed to serving their residents. She added that a key criterion for the grants program is the assurance that funds will be used exclusively to benefit District residents.

Director Navarro expressed gratitude to the Board for their generous increase in the grants program. He noted that the committee had thoroughly vetted the applicants and was able to narrow down the selection to 28 out of the original 37. He also mentioned that additional funds were allocated to organizations serving larger client bases, while others received higher funding due to the significant impact of their work. Furthermore, he highlighted the findings from geo-mapping, which revealed that future efforts should focus on the San Bruno region. This area, he noted, faces challenges such as lower healthcare access, lower income, and fewer educational opportunities.

Vice-Chairman Pagliaro agreed with Director Navarro, emphasizing that efforts should be directed toward funding programs in the San Bruno community. He mentioned that he would like to explore opportunities for Co-op homes as the District currently operates with AbilityPath in San Mateo.

CEO Pulido mentioned that she has met with Bryan Neider to explore the possibility of Co-op homes in San Bruno. It's in the early phase of exploration, but will bring it to the Board for consideration when ready.

Director Sanchez commended the diverse and dedicated CHIC members for their hard work and valuable input, noting how each member's unique perspective contributed to identifying how grantees could make a meaningful impact in the community.

Motion to Approve the Community Health Investment Committee Grant Recommendations for FY'2025 that includes 28 Organizations and funding of \$1,265,039.

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

Vote: Ayes – Cappel, Pagliaro, Zell, Navarro, Sanchez

Noes: 0

Abstain: 0

Motion Passed: 5/0/0

b) Consideration of Direction for Remaining Grant Funds

2025 Community Grants Budget

Revised Budget (\$1M adjustment) Sept. 2024 \$1,519,508

Preventive Health \$505,893 (40%)

Mental & Behavioral Health \$428,881 (33.9%)

Healthy Aging across the Life Course \$330,265 (26.1%)

TOTAL \$1,265,039

Remaining CGP Funds \$254,469

CHIC Recommendations for Remaining Funds

- Diabetes: Pediatric and Adult programs focusing on screening, education, and management
- Substance Use: Comprehensive programming that is anchored in the prevention and harm reduction strategies, including targeted education and access to Narcan
 - Optometrist, Dental office, etc.

Discussion

Director Zell shared that one initiative he would like to revisit, which has been discussed in previous years, is the concept of Blue Zones. While he is aware there are some initial startup costs involved, he expressed interest in exploring this further. He also highlighted that substance use is one of the most preventable issues, particularly affecting the youngest and most vulnerable demographics. Additionally, he mentioned that addressing obesity and diabetes could be supported through local programs like AYSO's youth sports and the Burlingame Youth Baseball Association, founded by Hank Sauer. He suggested that these could be areas where the District might consider exploring sponsorships or scholarships to help youth who might otherwise be unable to participate due to associated costs.

Vice-Chairman Pagliaro suggested that another area worth exploring could be whether the food programs in the schools served by the District are adequately funded. He also pointed out that this year, the state of California has special grants for children with hearing impairments and that could be an area where the District might be able to provide support.

Director Navarro emphasized that while physical activity is crucial, equal attention should be given to how the District can contribute to improving nutrition as well.

Chairman Cappel agreed with the areas suggested for exploration, adding that while physical health and nutrition are key to preventing obesity and diabetes, changes in behavior and policy could significantly enhance overall health and well-being in society.

Director Sanchez further added that moderation and common sense are essential components of a healthy lifestyle.

Director Navarro shared that last year, 89 people in San Mateo died from fentanyl overdoses. He proposed reaching out to the county to identify the most affected areas and possibly collaborating with local hospitals to establish Narcan stations to combat the opioid crisis.

SID Rodriguez confirmed with the Board that the areas they would like the CHIC to explore include nutrition, diabetes, substance use, and Blue Zones.

c. Strategic Plan Update: Ana M. Pulido, CEO

CEO Pulido shared the Strategic Plan Update.

Strategic Goals at a Glance

Preventive Health One-Year Goals

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

Mental Health One-Year Goals

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

Dental Health One-Year Goals

- Review Financial Model & Long-Term Sustainability

- Provide Access to Oral Health Care & Education

Integrated Services One-Year Goals

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

Report Highlights

Preventive Health

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

Mental Health

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

Dental Health

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

Integrated Services

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

7. Reports:

a. Board Chair and Director Reports

Community Health Investment – 11/18

Finance –11/12

Strategic Direction Oversight –11/6

8. Correspondence and Media:

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

9. Adjourn: 7:25 p.m.



FINANCE COMMITTEE MEETING

Minutes

November 12, 2024

1. **Call to Order:** The meeting was called to order by **Chair Zell** at 4:22 pm.
2. **Roll Call:** Present: Chair Zell, Director Sanchez, CEO Pulido, CFO Yee. Absent: Member Seto, Member Revelo, Member Sun.
3. **Approval of Minutes** from July 9, 2024

It was moved by Director Sanchez and seconded by Chair Zell to approve the Minutes from July 9, 2024. The motion passed 4/0/0/3. Ayes: Chair Zell. Director Sanchez, CEO Pulido, CFO Yee. Absent: Member Sun, Member Seto, Member Revelo

4. **New Member Recommendation** – Chair Zell

Chair Zell informed the Committee that Jim Knight would not join due to another opportunity.

5. **Draft Audited Financials** – CFO Yee

CFO Yee provided an overview of the draft audited financials. The District received a clean opinion, which means the financial statements are presented fairly and free of material misstatement. This is also called an unqualified opinion. Below are key items to note:

- Cash & Investments are \$39.6M vs \$34.6M in the prior year, an increase of \$5M
- Long-term lease receivables and other assets increased by \$2.8M due to a CPI increase in the land lease to Sutter
- Two Construction loans for The Trousdale equals \$40M
- Unearned revenue of \$1.7M is comprised of prepaid rent from 1764 Marco Polo Way and the Sutter Land Lease
- Lease revenue increased by \$934K over the previous year due to a new lease at 1764 Marco Polo Way and a CPI increase in the Sutter land lease.
- All program operating revenue increased from last year.
- New in FY 23-24 is the allcove program.
- Salaries and wages increased from last year due to a decrease in Registry usage and additional FTEs at The Trousdale, a 4.3FTE increase at Sonrisas, and additional personnel for the allcove program.
- Professional fees and registry include additional expenses for the allcove program clinicians and Sonrisas consultants for HR and FQHC.
- Grants and contributions increased by \$1M over the past year from Sonrisas (\$800K) and allcove (\$200K).

- Adjustment for Pension Expenses is \$155K

Chair Zell wanted to understand more about the Pension Plan. **CFO Yee** referred to p. 31 of the audit. The total pension assets held at CalPERS are \$364,607, and the total annual pension expense is \$230,257. The unfunded monthly liability is around \$120, and the employer portion of the contributions is 8% or about \$4,000. All eligible employees also contribute 8%. There are only 2 or 3 employees who are vested.

Chair Zell asked if we are undervaluing the District properties. **CFO Yee** replied that the properties are recorded at cost with a 50/50 split between land and building. When the property is sold at market value, the District will recognize a gain according to the accounting rules.

Chair Zell asked **CEO Pulido** if she had any concerns or comments about the audit. **CEO Pulido** replied that the financials look good, and the numbers are better than the prior year. Operating losses are down from the previous year, and all the programs are improving. There is an opportunity to do more programming in the future.

It was moved by Director Sanchez and seconded by CEO Pulido to approve the draft audited financials as presented. The motion passed 4/0/0/3. Ayes: Chair Zell, Director Sanchez, CEO Pulido, CFO Yee. Absent: Member Sun, Member Seto, Member Revelo

6. **allcove Deep-Dive Session** – Marc Rappaport, Clinical Director, and Jackie Almes, Youth Behavioral Health Program Manager

Mr. Rappaport and Ms. Almes provided an update on the allcove program. Below are some highlights:

- Performance to Date: Services Visit: 190, Event Attendees: 261, Use of Space: 281
- Services Provided: Mental Health, Peer Support, Substance Use, Family Support, and Supported Education and Employment
- Outreach Efforts:
 - Collaborative events with various organizations
 - Community Outreach at malls, downtowns, and community centers
 - Presentations at Schools & CBO's
 - Tours
 - Tabling at schools and community events
 - Flyers and Postcards
 - Permanent Poster Fixtures at schools, rec centers and libraries
- YTD as of 9/30/24: Revenue - \$325,854, Expenses - \$333,032, Net Operating Loss - \$7.178
- Financial Sustainability and Outlook:
 - Medi-Cal Insurance
 - Private Insurance
 - Grants – MHSOAC and CIBHS total funding: \$3.5M
 - Sole Source Funding: \$1M
 - Staff Retention
 - Survey to measure the impact
 - Greater presence in the community
 - Increasing volume and becoming a household name

Director Sanchez asked about the barriers, challenges, or impediments to the grand opening. **Ms. Almes** replied that they are waiting for the contract for physical health and that the District is not a high priority for Stanford. **CEO Pulido** commented that this is the last piece of the puzzle and is expected to be finalized before the end of the year. **Director Sanchez** asked about the cost of the physical health

provider. **Ms. Almes** replied that it's a team of three people: one physician, one MA, and one to schedule and check people in. They are like a separate entity operating at the Center but will be integrated with allcove. There will be a two-way referral.

Direct Sanchez asked if there is a QR code on the flyers and if allcove has an app. **Ms. Almes** replied that the flyers have a QR code; however, allcove does not have an app yet. They are currently focusing on getting people in and promoting them at events. Still, it is something they will explore in the future. **Chair Zell** suggested collaborating with the high school district to develop the app and that the schools can also help promote allcove services.

Chair Zell asked if allcove has any relationships with foster programs. He believes that there is a high percentage of foster kids experiencing homelessness and psychological issues. What is the outreach to that population? **Ms. Almes** said they are working with an organization called ILP that connects various foster youth agencies in San Mateo County. They have a committee like the YAG but with foster youth on the council. The organization will be touring the space on Monday. **Chair Zell** would like to see more collaboration, and if an opportunity arises, the District can also incentivize the partnership.

Mr. Rappaport commented that the Medi-Cal application has been submitted and will start credentialing the providers to render the service under the contract. The application uses his license because allcove is not a licensed facility, but once allcove gets its license, it can revert. They are exploring private insurance options as well.

Chair Zell asked if there is an emergency/evacuation plan for the Center. **Mr. Rappaport** responded that they do not but would probably move all clients away and out of the building. They currently have strobe lights and a silent alarm for the police.

Director Sanchez asked about the retention at the Center. **Mr. Rappaport** responded that they wanted to create a comfortable and relaxed place. Everyone working at the Center has a passion, not just for the population but also for the work. There is a great level of interaction within the team. They have a post-visit survey. Overwhelmingly, people have felt positive about being at the Center, received a lot of support, and feel better afterward. They received some suggestions, which have helped inform them about what youth would like to see more of. They also have a cultural document for the environment, so a lot of effort is put into making the place welcoming.

Chair Zell asked about the relationship with the high school counselors. **Ms. Almes** reported that she has connected with every single lead wellness counselor for all the high schools in the District. They have presented at the schools and continue to build on the outreach efforts. They have had three field trips to the Center and noticed that those are the best outreach efforts because seeing how beautiful the space is and the fun things they can do really appeals to them.

Chair Zell would like to see a series of educational events hosted at the Center for Parents and Athletes. **Director Sanchez** asked if allcove has a virtual tour of the facility. **CEO Pulido** replied that they are currently working on it and will be part of Mills-Peninsula Medical Center's discharging videos.

Ms. Almes said that a potential ask would be for transportation for their clients. It is currently a huge barrier for youth to access the Center. **Director Sanchez** asked if the barrier lies in affordability or transportation access. **Ms. Almes** responded, both. Currently, there is no transportation to East and West, only North and South on El Camino.

7. Tour of allcove

_The Committee had a tour of allcove led by Marc Rappaport and Jackie Almes.

8. **Future Agenda Items**

- Annual Policy Review & Committee Charge
- PHCD Health & Fitness Center Deep-Dive Session
- Explore Program Opportunities such as Senior Services, Blue Zones, and HUB programs.

Adjournment: Chair Zell Adjourned the meeting at 5:50 pm.

Approved by the Finance Committee on 1/14/2025



Strategic Direction Oversight Committee Meeting Minutes

November 6, 2024

1. Call to Order: Chairman Cappel called the meeting to order at 5:05 p.m.

Roll Call: SDOC members present were Cappel, Pagliaro, Aubry, Emmott, McDevitt, Jurow

Absent: Bandrapalli, Johnson, Quigg

2. Approval of Minutes: SDOC July 23, 2024

3. Blue Zones: Dan Buettner, Jr., EVP & Chief Development Officer

CEO Pulido shared that she would be presenting an exciting opportunity to the Board: a comprehensive preventive health model called the Blue Zones Project. This initiative has the potential to significantly enhance the health and well-being of the district's community. At the Peninsula Healthcare District, the mission is to support the health of all residents at every stage of life, recognizing that good health is not just an individual goal but a valuable community asset. The Blue Zones Project offers a unique approach to realizing this vision.

The Blue Zones Project employs proven strategies to transform environments—whether in neighborhoods, workplaces, schools, or even the food people purchase—to foster healthier lifestyles and create a more connected, resilient community. They will discuss how this initiative aligns with the district's priorities and values, supports existing programs, and brings measurable, positive change to the community.

Several healthcare districts and health systems in California, including Healthy Petaluma, Beach Cities, and Salinas Valley Health System, have already adopted the Blue Zones model. CEO Pulido and SID Rodriguez had the opportunity to visit Salinas Valley Health System a few weeks ago, learning firsthand why these organizations are committed to the project. The Blue Zones Project targets lifestyle and environmental factors contributing to chronic diseases by promoting healthier choices that help prevent costly health issues before they develop. It also uses a collaborative model, engaging local partners—such as government, schools, and businesses—to ensure lasting change. Communities that have implemented Blue Zones have seen significant benefits, including double-digit reductions in obesity and smoking rates, increased local economic vitality, and healthcare savings.

CEO Pulido introduced Dan Buettner, who will provide further details on the components of the project, including a health assessment report and the creation of a community-informed blueprint for change.

Blue Zones EVP & Chief Development Officer Dan Buettner presented the Blue Zones Project model.

Presentation Highlights

Who They Are

Blue Zones is a term coined by Dan Buettner, a National Geographic Fellow and author, to describe regions of the world where people live significantly longer, healthier lives than the global average. These areas have been studied for their high number of centenarians—people who live to 100 or more—and the overall longevity and well-being of their populations.

Purpose

The purpose of Blue Zones is to explore and understand the factors contributing to longer and healthier lives and to share this knowledge globally in the hopes of improving quality of life. Blue Zones focuses on lifestyle, environment, and culture as key determinants of health and longevity. Their goal is to promote well-being by offering practical advice for communities to adopt healthier living practices.

Their Promise

Blue Zones offers a promise of creating healthier, longer lives by applying principles from the world's longest-living populations. Through research and community-based programs, they aim to help individuals adopt habits and make choices that increase their lifespan and improve their overall health and well-being.

Blue Zones "Power 9"

- **Move Naturally:** Make physical activity (e.g. walking, gardening) a part of your daily routine so you don't have to think about it. There's no need for intensive workouts.
- **80% Rule:** Stop eating when you're 80% full. The 20% difference can decide if you gain or lose weight.
- **Plant Slant:** Eat more beans, vegetables, fruits and whole grains. Meat should be consumed in small amounts, if at all.
- **Wine Consumption:** Drink 1-2 glasses of red wine daily with meals and/or friends.
- **Purpose:** Have a purpose in life. It makes you happier and healthier and helps you live longer.
- **Down Shift:** Build stress-relieving rituals into your routine so your body can recover.
- **Belong:** Be part of a spiritual community to improve your well-being and life expectancy.
- **Loved Ones First:** Make family a priority. Invest in your children so they may reciprocate your love and care.
- **Right Tribe:** Be surrounded by close friends and people who'll reinforce your Blue Zone values & habits.

Life Radius

Life Radius is an initiative and concept created by Blue Zones. It refers to the geographic and social radius within which a person lives their life, encompassing not just physical space but also the social and cultural environments that influence their daily habits and overall health. The idea is that by optimizing this radius—through factors like community design, food availability, social networks, and mental health support—people can significantly improve their well-being and lifespan.

In Blue Zones communities, the goal is to create an environment where the positive health choices are the easiest choices, whether that's through creating walkable neighborhoods, providing access to healthy food, or fostering strong social connections.

Methods

Policy

- Encouraging Smoke-Free Laws: Blue Zones advocates for policies that limit smoking in public spaces and workplaces to reduce tobacco-related diseases.
- Creating Walkable Infrastructure: Working with local governments to implement policies that encourage pedestrian-friendly urban planning, such as safe sidewalks, bike lanes, and traffic-calming measures.
- Supporting Healthy Food Access: Implementing zoning laws that make healthy foods more accessible in underserved areas, and restricting the proliferation of unhealthy food outlets like fast food chains near schools.
- Promoting Paid Family Leave and Vacation Time: Advocating for policies that allow workers to have time off for rest and family, promoting better work-life balance and reducing stress.

Places

- Healthy School Cafeterias: Blue Zones works with schools to offer healthier meal options, create salad bars, and encourage nutrition education to build healthy habits in children.
- Worksite Wellness Programs: Implementing programs at businesses and corporations to offer healthier food choices, exercise options, and stress management workshops for employees.
- Active Living in Schools: Partnering with educational institutions to incorporate physical activity into the school day, such as through walking programs, recess, and movement breaks.
- Designing Healthy Work Environments: Encouraging employers to redesign office spaces and break areas to promote movement, such as by making stairs more visible and accessible and offering standing desks.

People

- Purpose Workshops: Hosting workshops to help individuals discover their "why" or sense of purpose in life, which is shown to be linked to improved mental and physical health.
- Neighborhood Social Groups: Encouraging communities to form social groups and activities that foster social connection, reduce loneliness, and provide emotional support to individuals.
- Volunteerism and Community Engagement: Promoting volunteer opportunities and community involvement as ways to increase a sense of purpose and strengthen social bonds.
- Social Support Networks: Creating peer groups or associations that support healthy behaviors and hold each other accountable, such as walking groups or healthy cooking classes.

Improving well-being improves outcomes

Health Outcomes

- Reduced chronic diseases
- Lower obesity rates
- Increased life expectancy

- Enhanced physical fitness

Business Outcomes

- Improved employee productivity
- Reduced healthcare costs
- Increased employee engagement
- Lower absenteeism rates

Community Outcomes

- Stronger social connections
- Increased community participation
- Healthier living environments
- Better access to resources

Mental Health Outcomes

- Reduced stress levels
- Improved emotional well-being
- Higher sense of purpose
- Enhanced social support

Blue Zones Transformations

- Blue Zones has deployed to 6.5M lives in over 90 communities/worksite projects in over 17 states over the cross of 14 years to improve health and well being
- Project currently working on over 100 qualified opportunities

Blue Zones Certification Criteria

- Awareness and Engagement of Leadership, Citizens, and Organizations
- Improvement in Key Components and or overall Well-Being
- Reduction in Population Health and Well-Being Risk
- Evidence of Change Deployed to People
- Improvement in Key Community Self-Reported Metrics

Q & A with Dan Buettner

Dr. Aubry inquired whether the Blue Zones Project has been implemented in the Bay Area and whether it is being considered as part of the PHCD Wellness initiative.

CEO Pulido responded that the Blue Zones Project has the potential to significantly advance preventive health, which aligns with one of the District's key focus areas outlined in the Strategic Plan. They are currently evaluating various projects, programs, and initiatives that could make a substantial impact in this area, and the Blue Zones Project is still in the early stages of consideration and exploration. In Northern California, the project is already being implemented in places like Monterey and Petaluma.

Mr. Buettner added that while the Blue Zones Project has not yet launched in the Bay Area, it is active in other parts of Northern and Southern California, such as Petaluma and Salinas, Monterey.

CEO Pulido mentioned that the city of San Jose, in partnership with Santa Clara County, has just begun integrating the Blue Zones Project into their community, though they are still in the initial phase.

Vice-Chairman Pagliaro asked how the organization determines its fees.

Mr. Buettner explained that fees are set based on several factors, including the population size and the complexity of the jurisdictions involved. This includes considerations like the number of policy bodies to coordinate with, the presence of multiple school districts, and the overall scope of the project. Over the years, the organization has become skilled at estimating fees according to the size, geography, and complexity of each project. For the first four to five years, Blue Zones typically hires a local team in partnership with the local host or steering committee, with 40–50% of the fees going to the local team. Another 50% covers expenses such as Gallup services, technology, brand intellectual property, and overhead. The remaining 15% generally represents the contract margin for all Blue Zones projects over the first few years. Additionally, 25% of the total fees are tied to achieving agreed-upon outcomes.

Mr. Jurow asked for a rough estimate of the financial investment required from the District over a five-year period.

Mr. Buettner replied that the final figure can only be determined after a comprehensive assessment, which typically takes six months to complete. This assessment helps the organization understand the community and its needs. As part of the process, a detailed proposal is developed, which will include expenses such as salaries, benefits, and office space for the full team. The total cost is generally a couple of million dollars per year for five years.

Chairman Cappel requested more information on what other organizations have spent during the first five years of Blue Zones Project implementation. He also suggested inviting someone from Petaluma or Salinas to share their experience with the project at the District.

CEO Pulido noted that someone from the Salinas Health System can be invited to present at the next SDOC meeting.

4. San Mateo County Baby Bonus: Opening Remarks: Congresswoman Jackie Speier and Sheryl Young, San Mateo County Program Director, Philanthropic Ventures Foundation Presentation: Kitty Lopez, Executive Director of First 5 San Mateo County

Opening Remarks

Jackie Speier shared recent San Mateo County life expectancy Data.

- Average life expectancy for a person in the United States is 76.4 years
- Average life expectancy in California is 78.3 years
- All of cities in San Mateo County over 80 years
- Based on 2022 data, Foster City is 90.6 years
- Millbrae is 86.2 years
- San Carlos is 85.6 years

Jackie Speier highlighted a report she had previously written titled *Hidden in Plain Sight: Child Poverty in the Wealthiest County in California*. San Mateo County is indeed the wealthiest county in California, and the fourth wealthiest in the nation, yet it faces significant challenges with poverty. Approximately 27,000

children live in poverty, with around 2,000 of them currently homeless. There are 50 families on the county's waiting list for housing.

Her primary focus is on women and children, which led her to embark on a listening tour. During this tour, she met with families, particularly mothers, through local nonprofits and county organizations. The stories she heard were deeply moving and underscored the urgent need for change. During her research, she came across a National Institutes of Health (NIH) study that examined the first three years of life for infants from various parts of the country, including Minnesota, Nebraska, Louisiana, and New York. The study included 1,000 infants, 400 of whom were Medicaid-eligible and received \$300 a month for three years, while the other 600 received just \$30 a month.

The NIH study found that, after one year, the infants who received \$300 per month showed significantly higher brainwave activity compared to those who received the smaller amount. Inspired by these findings, she convened a conference with some of the NIH study's experts to discuss how the results could be applied to San Mateo County. She has committed \$350,000 toward the effort, with additional contributions from the San Mateo County Supervisors, who allocated Measure K funds for the initiative, bringing the total to \$700,000. The largest contributor was the Health Plan of San Mateo County which helped bring the total to \$7 million.

Building on this model, the initiative aims to not only replicate the findings but to expand and improve upon them by leveraging more resources. This includes analyzing healthcare data and utilizing community healthcare workers to engage directly with families. The goal is to scale the model to provide an even greater impact and, ultimately, advocate at the federal level for the reinstatement of the child tax credit, which had lifted millions of children out of poverty during the COVID-19 pandemic.

Stanford University is partnering to help evaluate the project's effectiveness, and while significant funding has been raised, there remains a shortfall for about 100 infants. Given that 39% of the eligible infants for this program come from the PHCD, she is seeking support to help meet this funding gap. The program is set to launch in January of next year, and the county has been dedicating resources to it for the past year and a half.

Presentation Highlights

Essential Supports for Baby's Beginning

- Cash Gift (\$300)
- Cordinated care
 - Improved health and well-being of children
 - Data to Inform policy changes to reduce child poverty

Core Planning Partners

- First 5 San Mateo County
- San Mateo County Health
- County of San Mateo Human Service Agency
- Health Plan of San Mateo
- Stanford University
- The Jackie Speier Foundation

Timeline 2024-2029

- Establishing partnerships and processes
- Fundraising
- Developing program design
- Developing evaluation plan
- Understanding policy landscape
- Getting feedback from various stakeholders

Population**Eligible population: Residents of San Mateo County with Medi-Cal funded births**

- HPSM Medi-Cal births in 2022: 1,169
- Top delivery hospitals: Lucile Packard Children's Hospital (70%), CPMC (10%), Mills Peninsula (10%)
- 45% Hispanic, 7% Asian, 5% White, 2% Black (38% other or no data)
- 44% speak Spanish
- About 33% from PHCD zip codes

Evaluation

- Randomized Controlled Trial
- Led by multiple departments at Stanford University, including the Center for Population Health Sciences, the Department of Pediatrics and School of Medicine, the Center on Early Childhood, the Center on Poverty and Inequality, and the Health Policy Department
- Codesign with First 5, HPSM, County Health Human Service Agency
- Applied for NIH funding in March

Key Outcome Measures Will include:

- Health care utilization
- Service access and utilization (e.g. WIC, home visiting, childcare)
- Parental workforce participation
- Parental mental health
- Child developmental status
- Parent-child relationship qualities
- Household income

Evaluation Costs

- The evaluation may cost between \$1.5 – 3.5M, depending on whether Stanford can secure funding for a 3 year or 5 year study
- Team is still reviewing the costs and benefits of several kinds of child development assessments that could enhance evaluation
- Additional assessments being considered are anticipated to cost between 500k-1M

Innovation and Collaboration

- Collaboration and deep commitment among major institutions

- Significant investment and involvement from managed care plan
- Data sharing and systems alignment
- Approach centers participants' dignity, choice, and ability to make best decisions for their family
- RCT to understand combined impact of cash and care coordination
- Contribution to policy advocacy advancement for young children

Program Implementation Budget

Baby Bonus Program Budget: 2024-2029

Anticipated Cost

Personnel

Program Planner	1 FTE Community Health Planner, for 5 years	\$840,000.00
Community Health Workers	10 FTE community health workers, 1 FTE program	\$3,500,000.00
Subtotal Cost		\$4,340,000.00

Cash Gift and Program Implementation

Monthly cash gift for Families	\$300/month over 36 months for 400 participants	\$4,320,000.00
Program administration costs	Administrative fee for payment vendor, communications, emerging implementation strategies	\$782,000.00
Indirect Expenses	15 % for indirect expenses (Personnel + Operations)	\$156,000.00
Subtotal Cost		\$5,258,000.00
Total Estimated Cost		\$9,598,000.00

Program Implementation Funding

Baby Bonus (2025-2029)

Managed Care Organization

HPSM (grant to F5)	\$3,500,000.00
HPSM (internally approved budget)	\$3,500,000.00
Total:	\$7,000,000.00

Private Philanthropy

Jackie Speier Foundation	\$350,000.00
Sobrato Philanthropies	\$300,000.00
Chan Zuckerberg Initiative	\$350,000.00
Total:	\$1,000,000.00

Public Funds

County Board of Supervisors	\$350,000.00
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County Health		\$840,000.00
	Total:	\$1,190,000.00
	Total :	\$9,190,000.00

Funding gap (as of Oct. 2024): \$408,000

- Personnel costs are fully covered by HPSM and County Health
- Additional funding needed to ensure we can fund cash gift for 400 families and cover administrative costs

Q & A with Kitty Lopez

Dr. Aubry inquired about the \$300 figure, asking whether it was based on the available budget or if specific research had influenced the decision.

Ms. Speier responded that the amount was intentional, designed to mirror the child tax credit to strengthen the case for its reinstatement.

Ms. Lopez added that while families often need more support, she believes using the \$300 amount is a solid argument to make for the program's effectiveness.

Dr. Aubry asked what research exists regarding care coordination without the \$300. Specifically, he wanted to understand what kind of difference the funding makes.

Ryan Padrez explained that the project builds on existing research into the growing role of community health workers and their impact. While there is considerable literature on the benefits of community health workers for populations such as homeless mothers, pregnant women, and elderly individuals with chronic conditions, there is less research focused on new mothers with infants. This gap is what excites them about this study. With new Medicaid funding available to sustain community health worker roles, they are eager to explore how this could support new mothers. The goal of the study is to identify which services are most helpful for families and how these insights can be shared more broadly so other counties, in collaboration with First 5, can replicate the model.

Vice-Chairman Pagliaro asked if the project is requesting an investment of \$408,000 and whether they had approached the Sequoia Healthcare District for support.

Ms. Lopez clarified that the original request was for \$375,000 and confirmed that they plan to also approach the Sequoia Healthcare District about the project.

Vice-Chairman Pagliaro expressed his belief that the program is beneficial and noted that it will need to be brought before the Board for further discussion.

5. Adjournment 6.12 p.m.

Approved by the Strategic Direction Oversight Committee on 1/8/2025

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

Date	Description	Deposit	Withdraw
Admin			
11/1/2024	County of San Mateo-	355,113.68	
11/1/2024	Fund TRF from Admin to PWC		50,000.00
11/1/2024	One Life Counseling leasing deposit	1,430.00	
11/1/2024	April Lee leasing deposit	2,870.73	
11/4/2024	FSA Payment		150.00
11/5/2024	BHRS - County of San Mateo - allcove	83,333.34	
11/6/2024	FSA Payment		5.00
11/7/2024	CalPERS Pension		120.92
11/7/2024	Precision Digital Networks		5,304.09
11/7/2024	PG&E		386.43
11/7/2024	Premysis Technologies		49.37
11/7/2024	Streamline		475.00
11/7/2024	Iron Mountain		825.41
11/7/2024	PURCOR Pest Solutions		99.75
11/7/2024	The Hartford		476.32
11/7/2024	Fairview Crystal Springs		1,479.50
11/7/2024	Survey Monkey		5,000.00
11/7/2024	Millbrae Lock		67.05
11/7/2024	Recology		90.25
11/7/2024	Bart A. Charlow		600.00
11/7/2024	Alhambra		13.98
11/8/2024	FSA Payment		37.99
11/12/2024	California Public Employees Retirement		16,034.30
11/12/2024	Paychex		452.19
11/14/2024	Payroll Taxes 11/15/24		18,788.29
11/14/2024	Allied Administrators for Delta Dental		966.74
11/14/2024	Peninsula Volunteers, Inc		11,900.00
11/14/2024	Mark D. Hudak		6,427.50
11/14/2024	Voler Strategic Advisors Inc.		8,000.00
11/14/2024	Best Best & Krieger, LLP		369.00
11/14/2024	KBA Document Solutions, LLC		546.77
11/14/2024	Paychex Payroll 11/15/24		34,803.48
11/15/2024	FSA Payment		46.58
11/15/2024	Paychex		85.00
11/15/2024	Workers Compensation Insurance Payroll		161.03
11/15/2024	County of San Mateo-	458,072.78	
11/18/2024	CalPERS Pension		5,365.10
11/20/2024	Paychex		121.50
11/21/2024	J & E Pro Cleaning and Handy Services		660.00
11/21/2024	First Citizens Bank & Trust Co:1833296		494.97
11/21/2024	Ger Connor Painting		1,700.00
11/21/2024	U. S. Bank Equipment Finance		293.20
11/21/2024	Henry Sanchez		500.00
11/22/2024	Heritage Bank		160.30
11/27/2024	Payroll Taxes 11/30/24		18,554.24
11/27/2024	FSA Payment		5.00
11/27/2024	Paychex Payroll 11/30/24		34,397.80
11/29/2024	Workers Compensation Insurance Payroll		148.22
11/29/2024	Interest	151.09	
11/29/2024	CalPERS Pension		120.92

Date	Description	Deposit	Withdraw
11/29/2024	CalPERS Pension		5,607.62
11/29/2024	Heritage Bank Credit Card Payment		1,388.76
11/29/2024	Heritage Bank Credit Card Payment		4,304.65
11/29/2024	Heritage Bank Credit Card Payment		327.14
11/29/2024	County of San Mateo	5,569.09	
		906,540.71	237,911.36
allcove			
11/4/2024	SC Property Management		32,055.00
11/7/2024	Pro-Found Social Impact Group LLC		2,465.00
11/7/2024	U. S. Bank Equipment Finance		658.00
11/7/2024	Sidney Lee		782.93
11/7/2024	Alhambra		13.98
11/7/2024	Service Master Building Maintenance		3,200.00
11/7/2024	Color Print		186.04
11/7/2024	Precision Digital Networks		669.25
11/7/2024	Premysis Technologies		49.37
11/8/2024	Lucile Packard Children's Hospital - Lease	2,118.99	
11/14/2024	Mark D. Hudak		540.00
11/14/2024	One Life Counseling Center		12,738.75
11/14/2024	First Citizens Bank & Trust Co:1833296		295.06
11/29/2024	Interest	36.43	
11/29/2024	Heritage Bank Credit Card Payment		4,372.87
		2,155.42	58,026.25
Health Fitness			
11/7/2024	Gym Doctors		344.39
11/7/2024	U. S. Bank Equipment Finance		83.71
11/7/2024	Bay Alarm		395.34
11/7/2024	Bay Alarm		522.60
11/7/2024	Recology		97.39
11/7/2024	PG&E		1,424.37
11/7/2024	Precision Digital Networks		174.00
11/7/2024	Streamline		100.00
11/7/2024	Core Linen Services, Inc.		198.38
11/12/2024	Mindbody Merchant Processing		462.71
11/14/2024	Caroline Foley		440.00
11/14/2024	Carolyn Kelly		275.00
11/21/2024	J & E Pro Cleaning and Handy Services		1,150.00
11/21/2024	Core Linen Services, Inc.		396.76
11/21/2024	KBA Document Solutions, LLC		72.64
11/21/2024	EaseBrite General Maintenance, Inc.		975.00
11/29/2024	Heritage Bank Credit Card Payment		1,770.95
11/29/2024	Interest	37.36	
11/30/2024	Health and Fitness Membership November 2024	15,793.09	
		15,830.45	8,883.24
Leasing			
11/1/2024	Carol Tanzi & Associates	500.00	
11/1/2024	Ross Williams, DDS	2,083.19	
11/1/2024	Applied Orthotics & Prosthetics	2,968.00	
11/1/2024	Patricia Dugoni, CPA	2,400.00	
11/1/2024	Ability Path	6,832.18	
11/1/2024	Sonrisas Dental Health, Inc.	500.00	
11/1/2024	Houn Young Kim, DDS	2,138.47	
11/1/2024	Burlingame Therapeutic Associates	2,811.80	

Date	Description	Deposit	Withdraw
11/1/2024	Patricia Dugoni, CPA	2,400.00	
11/1/2024	Eugene Kita, DDS	1,609.89	
11/7/2024	Recology		389.59
11/7/2024	JAMS, Inc		550.88
11/7/2024	PG&E		3,271.64
11/7/2024	Bay Alarm		344.10
11/7/2024	Bay Alarm		283.02
11/7/2024	Service Master Building Maintenance		4,500.00
11/7/2024	Recology		901.22
11/7/2024	Recology		627.54
11/7/2024	Bleyle Elevator, Inc		95.00
11/7/2024	PURCOR Pest Solutions		662.50
11/7/2024	PG&E		3,403.90
11/8/2024	Bay Area Foot Care	3,224.00	
11/8/2024	Houn Young Kim, DDS	2,076.18	
11/8/2024	Julie Nash	500.00	
11/8/2024	Zoya Galant, DDS	2,403.61	
11/21/2024	Ability Path	6,832.18	
11/21/2024	Cintas Fire Protection		629.00
11/21/2024	Mc Mechanical		300.00
11/21/2024	Ralls Gruber & Niece LLP		4,601.10
11/21/2024	Service Master Building Maintenance		2,185.45
11/21/2024	J & E Pro Cleaning and Handy Services		1,918.53
11/21/2024	Eugene Kita, DDS	1,609.89	
11/21/2024	One Life Counseling Service	1,430.00	
11/21/2024	Ross Williams, DDS	2,083.19	
11/21/2024	Carol Tanzi & Associates	500.00	
11/21/2024	Zoya Galant, DDS	2,403.61	
11/21/2024	Bay Area Foot Care	3,224.00	
11/21/2024	Patricia Dugoni, CPA	2,400.00	
11/21/2024	Houn Young Kim, DDS	2,138.47	
11/21/2024	April Lee, DDS	2,870.73	
11/21/2024	Burlingame Therapeutic Associates	2,811.80	
11/29/2024	Interest	166.52	
		60,917.71	24,663.47
PWC			
11/1/2024	Fund TRF from Admin to PWC	50,000.00	
11/7/2024	Streamline		100.00
11/14/2024	Mark D. Hudak		8,142.50
11/29/2024	Interest	13.18	
		50,013.18	8,242.50
Trousdale			
11/1/2024	Heartland Merchant Account		362.45
11/7/2024	Trousdale Tenant Deposit	96,611.54	
11/13/2024	Trousdale Tenant Chargeback		11,645.67
11/14/2024	Trousdale Tenant Deposit	150,994.97	
11/19/2024	Trousdale Tenant Deposit	726,859.35	
11/22/2024	Trousdale Tenant Deposit	141,312.24	
11/22/2024	Trousdale Tenant Deposit	5,000.00	
11/27/2024	Trousdale Tenant Deposit	13,031.05	
11/29/2024	Interest	627.50	
		1,134,436.65	12,008.12

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

Date	Description	Deposit	Withdraw
Admin			
12/2/2024	Oropeza's Landscaping & Maintenance		900.00
12/3/2024	Heluna Health	250,000.00	
12/3/2024	Fund TRF from Admin to Allcove		250,000.00
12/9/2024	FSA Payment		10.96
12/10/2024	County of San Mateo	300.00	
12/10/2024	Paychex		430.32
12/11/2024	California Public Employees Retirement		16,034.30
12/12/2024	The Hartford		476.32
12/12/2024	Allied Administrators for Delta Dental		966.74
12/12/2024	Mc Mechanical		1,009.00
12/12/2024	Recology		90.25
12/12/2024	Voler Strategic Advisors Inc.		8,000.00
12/12/2024	Liberty		1,585.64
12/12/2024	Comcast		466.87
12/12/2024	Burlingame Chamber of Commerce		3,000.00
12/12/2024	Millbrae Cultural Committee		2,000.00
12/12/2024	First Citizens Bank & Trust Co:1833296		353.51
12/12/2024	Ger Connor Painting		15,600.00
12/12/2024	Alhambra		13.98
12/12/2024	Precision Digital Networks		1,740.75
12/12/2024	PG&E		383.02
12/12/2024	KBA Document Solutions, LLC		237.17
12/12/2024	Streamline		475.00
12/12/2024	Premysis Technologies		49.37
12/12/2024	Iron Mountain		825.41
12/12/2024	PURCOR Pest Solutions		99.75
12/12/2024	Peninsula Volunteers, Inc		12,000.00
12/12/2024	Paychex Payroll 12/15/24		34,842.32
12/12/2024	Payroll Taxes 12/15/24		18,764.53
12/13/2024	Paychex		85.00
12/13/2024	Workers Compensation Insurance Payroll		152.59
12/13/2024	County of San Mateo	3,776.19	
12/13/2024	FSA Payment		5.00
12/16/2024	FSA Repayment	150.00	
12/16/2024	FSA Payment		5.00
12/17/2024	County of San Mateo	4,120,561.72	
12/17/2024	CalPERS Pension		5,131.23
12/19/2024	Interest	2.03	
12/19/2024	Daily Journal		1,900.00
12/19/2024	Precision Digital Networks		1,134.00
12/19/2024	Henry Sanchez		200.00
12/20/2024	Paychex		121.50
12/20/2024	Heritage Bank Monthly Service Fee		107.52
12/23/2024	Bart A. Charlow		400.00
12/27/2024	Pace Glass Co.		295.82
12/27/2024	U. S. Bank Equipment Finance		272.09
12/30/2024	Heritage Bank Credit Card Payment		1,209.99
12/30/2024	Heritage Bank Credit Card Payment		2,724.34
12/30/2024	Payroll Taxes 12/15/24		19,588.45
12/30/2024	Paychex Payroll 12/31/24		36,473.45
12/30/2024	Heritage Bank Credit Card Payment		24.00
12/31/2024	Interest	654.85	

Date	Description	Deposit	Withdraw
12/31/2024	Workers Compensation Insurance Payroll		157.79
12/31/2024	County of San Mateo	288,099.00	
		4,663,543.79	440,342.98
allcove			
12/2/2024	Service Master Building Maintenance		3,200.00
12/2/2024	Pro-Found Social Impact Group LLC		2,337.50
12/2/2024	Shamrock Office Solutions LLC		31.31
12/2/2024	SC Property Management		32,055.00
12/2/2024	Lucile Packard Children's Hospital at Stanford		9,960.00
12/3/2024	Fund TRF from Admin to Allcove - Heluna Health	250,000.00	
12/12/2024	U. S. Bank Equipment Finance		301.50
12/12/2024	Lucile Packard Children's Hospital at Stanford		4,320.00
12/12/2024	Liberty Insurance		32,612.63
12/12/2024	Bay Alarm 5248426		1,181.10
12/12/2024	Alhambra		173.85
12/12/2024	Best Best & Krieger, LLP		1,722.00
12/12/2024	One Life Counseling Center		10,143.75
12/12/2024	Precision Digital Networks		718.00
12/12/2024	Premysis Technologies		49.37
12/12/2024	Color Print		138.64
12/19/2024	First Citizens Bank & Trust Co:1833296		277.35
12/19/2024	Precision Digital Networks		1,739.43
12/20/2024	State of California	186,620.75	
12/20/2024	Lucile Packard Children's Hospital - Lease	706.33	
12/20/2024	Ellen Ruth Wang - Donation	50.00	
12/20/2024	San Mateo County Schools	500.00	
12/27/2024	Pro-Found Social Impact Group LLC		1,917.50
12/30/2024	Heritage Bank Credit Card Payment		3,082.22
12/31/2024	Interest	91.54	
		437,968.62	105,961.15
Health Fitness			
12/2/2024	Directv		107.24
12/2/2024	Izabela Rapacz		681.61
12/2/2024	Core Linen Services, Inc.		198.38
12/10/2024	Mindbody Merchant Processing		406.29
12/12/2024	Margie Luna-Sevilla		50.00
12/12/2024	Izabela Rapacz		1,312.07
12/12/2024	U. S. Bank Equipment Finance		77.40
12/12/2024	Liberty Insurance		1,585.64
12/12/2024	Recology		97.39
12/12/2024	PG&E		1,029.05
12/12/2024	Core Linen Services, Inc.		396.76
12/12/2024	Precision Digital Networks		174.00
12/12/2024	Streamline		100.00
12/19/2024	Carolyn Kelly		220.00
12/19/2024	Caroline Foley		525.00
12/19/2024	Richard Bergstrom		222.95
12/19/2024	KBA Document Solutions, LLC		105.38
12/20/2024	Eskaton	497.00	
12/27/2024	Core Linen Services, Inc.		198.38
12/27/2024	Tiffany Ngo Arroyave		90.00
12/27/2024	Gym Doctors		340.00
12/30/2024	Heritage Bank Credit Card Payment		1,736.61
12/31/2024	Interest	39.67	
12/31/2024	Health and Fitness Membership December 2024	17,642.09	
		18,178.76	9,654.15

Date	Description	Deposit	Withdraw
Leasing			
12/2/2024	Service Master Building Maintenance		4,500.00
12/2/2024	Oropeza's Landscaping & Maintenance		2,745.00
12/2/2024	Baca & Sons Ptg. Inc.		1,200.00
12/2/2024	Exponent, Inc.		6,019.41
12/12/2024	Mc Mechanical		1,379.00
12/12/2024	Bellanti Plumbing		995.00
12/12/2024	PG&E		2,971.32
12/12/2024	Recology		389.59
12/12/2024	Ralph Barsi		2,000.00
12/12/2024	PG&E		2,371.96
12/12/2024	Bleyle Elevator, Inc		95.00
12/12/2024	Bluebird Termite		6,500.00
12/12/2024	Ralls Gruber & Niece LLP		5,946.10
12/12/2024	Recology		901.22
12/12/2024	Recology		627.54
12/12/2024	PURCOR Pest Solutions		662.50
12/19/2024	Central Roofing Inc.		4,200.00
12/19/2024	Mc Mechanical		900.00
12/20/2024	Houn Young Kim, DDS	2,138.47	
12/20/2024	One Life Counseling Service	1,472.90	
12/20/2024	Ability Path	6,832.18	
12/20/2024	April Lee, DDS	2,870.73	
12/20/2024	Sonrisas Dental Health, Inc.	500.00	
12/20/2024	Eugene Kita, DDS	1,609.89	
12/20/2024	Sonrisas Dental Health, Inc.	500.00	
12/20/2024	Patricia Dugoni, CPA	2,400.00	
12/20/2024	Bay Area Foot Care	3,224.00	
12/20/2024	Carol Tanzi & Associates	500.00	
12/20/2024	Burlingame Therapeutic Associates	2,811.80	
12/20/2024	Ross Williams, DDS	2,083.19	
12/20/2024	Zoya Galant, DDS	2,403.61	
12/31/2024	Interest	172.53	
		29,519.30	44,403.64
PWC			
12/12/2024	Economic & Planning Systems, Inc.		3,562.50
12/12/2024	Streamline		100.00
12/19/2024	Perkins Coie LLP		34,722.00
12/27/2024	Perkins Coie LLP		13,918.50
12/31/2024	Interest	6.29	
		6.29	52,303.00
Trousdale			
12/2/2024	Eskaton Properties Inc		397,672.69
12/2/2024	Heartland Merchant Account		20.00
12/11/2024	Trousdale Tenant Deposit	113,023.07	
12/12/2024	Eskaton Properties Inc		500,796.89
12/20/2024	Trousdale Tenant Deposit	667,364.54	
12/20/2024	Trousdale Tenant Deposit	195,134.75	
12/20/2024	Trousdale Tenant Chargeback		2,088.03
12/26/2024	Trousdale Tenant Deposit	54,632.00	
12/26/2024	Trousdale Tenant Deposit	0.40	
12/27/2024	Eskaton Properties Inc		81,194.41
12/31/2024	Interest	892.84	
		1,031,047.60	981,772.02

STATUS OF CURRENT YEAR TAX REVENUES

Total As Of <u>11/31/24</u>	Estimated FY 24-25 <u>Tax Revenue</u>
<u>\$ 824,865</u>	<u>\$ 9,000,000</u>

Board Designated Invested Funds

	Rate Last QTR	Fees Paid Fiscal YTD	Cost Basis		Market Value
			<u>10/31/24</u>	<u>11/31/24</u>	<u>11/31/24</u>
Bridge Bank - 1yr CD (mature 1/31/25)	2.750%		3,206,109	3,228,271	3,228,271
Fiduciary Trust	4.560% *	2,072	1,790,127	1,796,529	1,798,546
City National Bank	4.015% *	9,543	20,310,700	20,339,465	20,361,126
Local Agency Investment Fund	4.557%		6,209,187	6,209,187	6,209,187
San Mateo County Pool Investment	3.875%		<u>3,783,511</u>	<u>3,783,511</u>	<u>3,783,511</u>
			<u>35,299,634</u>	<u>35,356,963</u>	<u>35,380,641</u>

* Yield to maturity

STATUS OF CURRENT YEAR TAX REVENUES

Total As Of <u>12/31/24</u>	Estimated FY 24-25 <u>Tax Revenue</u>
<u>\$ 5,237,602</u>	<u>\$ 9,000,000</u>

Board Designated Invested Funds

	Rate Last QTR	Fees Paid Fiscal YTD	Cost Basis		Market Value
			<u>11/30/24</u>	<u>12/31/24</u>	<u>12/31/24</u>
Bridge Bank - 1yr CD (mature 1/31/25)	2.750%		3,228,271	3,228,271	3,228,271
Fiduciary Trust	4.070% *	2,593	1,796,529	1,803,744	1,804,554
City National Bank	4.328% *	11,569	20,339,465	20,427,270	20,404,584
Local Agency Investment Fund	4.476%		6,209,187	6,209,187	6,209,187
San Mateo County Pool Investment	3.740%		<u>3,783,511</u>	<u>3,783,511</u>	<u>3,783,511</u>
			<u>35,356,963</u>	<u>35,451,983</u>	<u>35,430,107</u>

* Yield to maturity

	Quarter Ending 12/31/2024		Year To Date 12/31/2024		Year Ending 06/30/2025	
	Actual	BUDGET	Actual	BUDGET	Actual	BUDGET
Health & Fitness Center Revenue	48,314	42,911	95,344	84,641	175,477	175,477
Teen Mental Health Income	356,664	318,565	682,473	637,131	1,274,563	1,274,563
Total Revenue	10,353,435	10,733,310	15,972,226	16,183,484	31,656,903	31,656,903
Expenditures						
Community Health Investment						
Community Grants	0	490,000	0	490,000	490,000	2,009,508
Impact Partnership Grants	0	560,628	180,600	560,628	380,028	840,492
Healthcare Workforce	0	15,000	0	27,500	27,500	50,000
Small Grants & Sponsorships	6,950	30,000	27,900	50,000	22,100	100,000
Other Contributions	0	0	0	25,000	25,000	25,000
Targeted Prevention Program	0	50,000	0	125,000	125,000	250,000
Special Funding Initiatives	35,900	131,304	67,200	345,616	278,416	608,226
SDH San Mateo Funding	244,400	200,000	525,800	399,998	(125,802)	800,000
Community Outreach	1,827	22,500	3,772	52,500	48,729	100,000
Community Education	0	18,500	12,000	33,500	21,500	60,000
New Program Research & Development	688	62,499	1,375	124,998	123,623	250,000
Trousdale Rent Assistance Fund	34,000	60,000	48,000	120,000	72,000	240,000
Donated Value for Use of Facilities (rent-free)	122,538	122,538	245,076	245,076	0	490,152
PWC Project Cost	118,826	150,000	209,822	300,000	90,177	660,000
Total Community Health Investment	565,129	1,912,969	1,321,545	2,899,816	1,578,271	6,483,378
Salaries and Benefits						
Salaries	191,165	232,629	387,866	465,259	77,394	930,519
Health/Dental/Vision/Life Benefits	22,578	28,381	46,818	56,761	9,943	119,912
Retirement	4,629	17,556	17,619	35,113	17,494	70,225
Taxes & WC	8,421	23,333	23,926	46,665	22,739	93,332
Total Salaries and Benefits	226,793	301,899	476,229	603,798	127,570	1,213,988
General and Administrative Exp.						
Payroll Services	1,460	1,800	3,142	3,600	459	7,500
Office Supplies	3,739	5,700	8,237	11,600	3,362	23,000
IT Service Consultant	5,477	6,900	10,053	13,800	3,747	28,000
Telephone/Internet	6,042	4,800	10,329	9,600	(729)	19,200
Software Expense	9,390	12,900	20,618	25,800	5,183	50,700
Maintenance & Repairs	5,034	5,325	8,377	10,650	2,272	21,300
ACHD / CSDA Dues	6,810	6,000	12,780	12,000	(780)	24,000
Records Storage	2,476	2,550	4,952	5,100	148	10,200
Insurance	19,249	19,250	38,401	38,450	49	77,150
SMC Fees - Admin	0	45,000	0	45,000	45,000	90,000
SMC Fees - LAFCO	5,499	4,500	10,998	9,000	(1,998)	18,000
Board Election	0	300,000	0	300,000	300,000	300,000

	Quarter Ending 12/31/2024		Year To Date 12/31/2024		Year Ending 06/30/2025	
	Actual	BUDGET	Actual	BUDGET	Actual	BUDGET
Legal - General	8,326	15,000	22,257	30,000	7,744	60,000
Legal - Real Estate	22,029	75,000	104,503	150,000	45,496	300,000
Consultant - Financial	1,200	1,500	1,200	13,000	11,800	17,000
Consultant - HR	0	0	0	5,000	5,000	5,000
Consultant - Communications	24,000	24,000	48,000	48,000	0	96,000
Consultant - Audit	23,950	24,000	29,200	29,000	(200)	29,000
Consultant - General	1,450	939	5,000	5,378	378	10,750
Website Services	1,634	1,350	3,170	2,700	(469)	5,400
Travel & Meetings	6,603	13,500	24,936	27,000	2,063	55,000
Staff Education and Training	630	4,300	1,125	9,300	8,175	23,900
1819 Trousdale Expense	4,939	6,000	9,359	12,000	2,641	24,000
Subscription and Membership Dues	961	1,050	1,703	2,100	398	4,200
Miscellaneous	1,113	7,500	2,708	16,000	13,292	32,000
Total General and Administrative Exp.	162,011	588,864	381,048	834,078	453,031	1,331,300
The Trousdale Assisted/Memory Care Expense	2,680,104	2,716,302	5,304,134	5,414,247	110,113	10,889,124
Health & Fitness Center Expense	89,425	98,325	181,982	198,326	16,343	398,431
Teen Mental Health Expense	306,649	489,252	608,641	1,005,703	397,062	1,978,770
Other Expense						
Depreciation Expense	748,996	760,546	1,496,241	1,519,951	23,711	3,042,509
Interest Expense	381,607	381,607	763,214	763,215	0	1,499,855
Interest Expense - Leasing GASB 87	8,589	8,589	17,940	17,940	0	32,805
Total Other Expense	1,139,192	1,150,742	2,277,395	2,301,106	23,711	4,575,169
Total Expenditures	5,169,303	7,258,353	10,550,974	13,257,074	2,706,101	26,870,160
Total Change In Net Assets	5,184,132	3,474,957	5,421,252	2,926,410	2,494,842	4,786,743

Peninsula Health Care District
Statement of Net Assets - Preliminary Draft

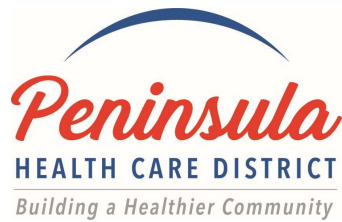
	Year To Date 12/31/2024
	Current Year Balance
Assets	
Current Assets	
Cash and Cash Equivalents	
Heritage Bank - Admin Checking	5,200,449
Heritage Bank - Leasing Checking	667,440
Heritage Bank - PWC Checking	23,675
Heritage Bank - Health & Fitness Checking	155,096
Heritage Bank - Trousdale Checking	3,211,954
Heritage Bank - allcove Checking	451,673
Total Cash and Cash Equivalents	9,710,287
Accounts Receivable	
Account Receivable - Rent	5,587
Account Receivable - TT Tenant	111,503
Allowance for Bad Debt - TT Tenant AR	(4,419)
Accounts Receivable - Services	3,824
Accounts Receivable - Agencies	103,289
Accounts Receivable - Employee	302
Interest Receivable	305,813
Accounts Receivable - Other	3,721
Total Accounts Receivable	529,620
Other Current Assets	
Other Current Assets	
Lease Receivable - Current (GASB 87)	221,536
Total Other Current Assets	221,536
Prepaid Expenses	
Prepaid - General	59,923
Prepaid - Insurance	123,362
Prepaid - Benefits / WC	3,866
Prepaid - Trousdale	132,469
Total Prepaid Expenses	319,620
Inventory	
Supplies/Inventory	22,574
Total Inventory	22,574
Total Other Current Assets	563,730
Total Current Assets	10,803,637
Long-term Assets	
Property & Equipment	
Building	85,478,444
Land	22,899,380
Improvements	2,254,196
Equipment	2,188,701
Furniture/Fixtures	311,013
Pre Opening Cost	2,505,662
Accum Depreciation (Trousdale)	(15,332,823)

	Year To Date
	12/31/2024
	<u>Current Year Balance</u>
Accum Depreciation	(4,394,516)
Total Property & Equipment	<u>95,910,057</u>
Other Long-term Assets	
Deposits and Prepayments	
Deposits	33,719
Total Deposits and Prepayments	<u>33,719</u>
Other Assets	
Deferred Outflow	183,257
Right Of Use - (GASB 87)	976,454
Net Pension Asset	364,607
Lease Receivable - Long-Term (GASB 87)	73,021,697
Total Other Assets	<u>74,546,015</u>
Total Other Long-term Assets	<u>74,579,734</u>
Total Long-term Assets	<u>170,489,791</u>
Investments	
Long Term Investments	
Board Designated Fund - LAIF	6,209,187
Board Designated Fund - SMC	3,783,511
Board Designated Fund - CNB	20,427,269
Board Designated Fund - FT	1,803,745
Board Designated Fund - Torrey	3,228,271
Board Designated Fund - Unrealized G/L	(21,880)
Total Long Term Investments	<u>35,430,103</u>
Investment in Subsidiary	
Project Acct - US Bank 44000	761
Project Acct - US Bank 56000	200
Total Investment in Subsidiary	<u>961</u>
Total Investments	<u>35,431,064</u>
Total Assets	<u>216,724,492</u>

Liabilities and Net Assets

Liabilities	
Short-term Liabilities	
Accounts Payable	
Accounts Payable	1,341,811
Accrued Payable - General	618,345
Total Accounts Payable	<u>1,960,156</u>
Accrued Liabilities	
Accrued Payroll	203,036
FSA Employee Account	565
Total Accrued Liabilities	<u>203,601</u>
Deferred Revenue	
Prepaid Rent	2,038,858
Prepaid Membership Dues	10,267
Prepaid Other	10,000
Deferred Income	3,500
Deposit - TT Tenants	17,000

	Year To Date 12/31/2024
	<u>Current Year Balance</u>
Security Deposits	45,929
Total Deferred Revenue	<u>2,125,554</u>
Withholding Tax Payable	
Accrued Payroll Taxes	4,131
Total Withholding Tax Payable	<u>4,131</u>
Other Short-term Liabilities	
Short-term Liabilities	
Lease Payable - Current (GASB 87)	352,816
Total Short-term Liabilities	<u>352,816</u>
Loans Payable - Current	
Accrued Interest	636,012
Total Loans Payable - Current	<u>636,012</u>
Total Other Short-term Liabilities	<u>988,828</u>
Total Short-term Liabilities	<u>5,282,270</u>
Long Term Liabilities	
Notes Payable - Long Term	
Note Payable - WAB 40M	31,540,000
Note Payable - WAB 10M	8,450,000
Total Long Term Notes Payable	<u>39,990,000</u>
Other Long-term Liabilities	
Other Liabilities	
Lease Payable - Long-Term (GASB 87)	570,347
Deferred Inflow	67,186,531
Total Other Liabilities	<u>67,756,878</u>
Total Other Long-term Liabilities	<u>67,756,878</u>
Total Long Term Liabilities	<u>107,746,878</u>
Other Liabilities	
Deposits - ENA	200,000
Total Other Liabilities	<u>200,000</u>
Total Liabilities	<u>113,229,148</u>
Equity	
Fund Balance	98,074,092
Change In Net Assets	5,421,252
Total Equity	<u>103,495,344</u>
Total Liabilities and Net Assets	<u>216,724,492</u>



DATE: January 11, 2025
 TO: PHCD Board of Directors
 FROM: Vickie Yee, CFO
 SUBJECT: Investment Quarterly Report – 12/31/24

To comply with our Statement of Investment Policy and Government Code 53646, included in this report are our investment holdings as of 12/31/24 and two bank statements: Local Agency Investment Fund and San Mateo County Fund.

Fiduciary Trust Holdings as of 12/31/24					
Asset Category	Asset Name	Quantity	Mkt Price	Mkt Value	Cost Basis
INTEREST BEARING ACCOUNT	USD Cash	100,369	100.369	100,369	100,369
U.S. TREASURY BILLS	STIP 1 US TREASURY ONLY	1,406,628	100.000	1,406,628	1,406,628
U.S. TREASURY BILLS	TREASURY BILL 20 Mar 2025	200,000	99.107	198,214	197,851
U.S. TREASURY BILLS	TREASURY BILL 27 Feb 2025	100,000	99.343	99,343	98,896
				1,804,554	1,803,744

City National Bank Holdings as of 12/31/24					
Asset Type	Asset Name	Quantity	Mkt Price	Mkt Value	Cost Basis
CORPORATE BONDS-DOMESTIC	MORGAN STANLEY V-D 0.985% 12/10/26	500,000	96.434	482,170	470,730
CORPORATE BONDS-DOMESTIC	CITIBANK NA 5.438% 4/30/26	500,000	100.898	504,490	500,000
FOREIGN BONDS	SUMITOMO MITSUI FINL 1.474% 7/08/25	495,000	98.324	486,704	495,422
FOREIGN BONDS	CANADIAN IMPERIAL BK 2.250% 1/28/25	445,000	99.810	444,155	445,354
MONEY MARKET SWEEP FUNDS	CNB DEPOSIT SWEEP	168,840	100.000	168,840	168,840
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.625% 7/31/26	925,000	94.505	874,171	887,569
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.750% 8/31/26	1,200,000	94.435	1,133,220	1,134,959
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 1.750% 3/15/25	625,000	99.496	621,850	623,996
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.500% 11/15/25	400,000	100.186	400,744	400,899
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.000% 2/15/26	1,325,000	99.737	1,321,515	1,320,148
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 3.750% 4/15/26	1,000,000	99.366	993,660	998,984
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.625% 6/30/25	850,000	100.241	852,049	848,795
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.500% 7/15/26	900,000	100.360	903,240	902,766
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.750% 7/31/25	1,250,000	100.275	1,253,438	1,248,685
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.625% 9/30/28	1,800,000	100.935	1,816,830	1,829,281
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 5.000% 9/30/25	300,000	100.522	301,566	299,871
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.375% 12/15/26	800,000	100.227	801,816	802,693
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.000% 1/31/29	900,000	98.630	887,670	898,210
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.250% 1/31/26	640,000	100.002	640,013	638,520
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.500% 4/15/27	770,000	100.502	773,865	765,483
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.500% 5/31/29	1,100,000	100.478	1,105,258	1,106,009
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.875% 5/31/26	750,000	100.828	756,210	751,962
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 3.875% 10/15/27	1,000,000	98.949	989,490	996,406
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTE 4.125% 11/15/27	1,900,000	99.559	1,891,621	1,891,688
				20,404,584	20,427,270

California State Treasurer
Fiona Ma, CPA



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

January 03, 2025

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

PENINSULA HEALTH CARE DISTRICT

CEO
1819 TROUSDALE DRIVE
BURLINGAME, CA 94010

[Tran Type Definitions](#)

Account Number: 20-41-002

December 2024 Statement

Account Summary

Total Deposit:	0.00	Beginning Balance:	6,209,186.90
Total Withdrawal:	0.00	Ending Balance:	6,209,186.90



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

Statement Ending Date: 12/31/2024
 Account: 03407

STATEMENT OF ACCOUNT

Peninsula Health Care District - 03407

DATE	DESCRIPTION	DEBITS	CREDITS	ACCOUNT BALANCE
11/30/2024	Balance brought forward			\$3,783,510.96
12/31/2024	Ending Balance			\$3,783,510.96



BOARD OF DIRECTORS
FINANCE COMMITTEE
2024-2025

Purpose:

To provide oversight of all Financial activities of the Board and report regularly to the Board on compliance with the Board’s Long Term Financial and Investment Policies, performance of investment managers’ and administration of the District’s governmental and entrepreneurial activities.

Functions of this committee include:

- Reviewing quarterly financials
- Monitoring performance against target financial ratios
- Monitoring the performance of investment and banking managers
- Overseeing the development of the annual budget
- Selecting the auditor and guiding the annual audit process
- Determining the allocation of investment deposits
- Conducting periodic reviews of the District’s Financial Policies:
 - Internal Control Policy
 - Strategic Financial Policy
 - Statement of Investment Policy
- Monitoring Sutter Health’s compliance with Master Agreement Terms
- Monitoring compliance with Western Alliance Bank construction loan covenants
- Monitoring performance of Eskaton Management Services agreements

Membership:

The Committee will be comprised of two representatives of the District Board of Directors, the District’s CEO and CFO, and three - five members from the community at large who will bring financial management expertise and experience to the work of the Committee and support the sound stewardship of the Board. Community members will be appointed for 3-year terms. Terms will be staggered to achieve continuity as well as “fresh eyes” to the District. Members can be reappointed for additional 3-year terms. .

Members and Terms:

- Director Dennis Zell, Chair
- Director Henry Sanchez
- CEO Ana M. Pulido
- CFO Vickie Yee
- Member Don Revelo

Terms

3/2023 – 3/2026

Meetings will be held every quarter.



**BOARD OF DIRECTORS
STRATEGIC DIRECTION
OVERSIGHT COMMITTEE 2025**

Purpose:

To advise the Board on economic, technological, and healthcare trends that may impact the health of the District's residents and the Board's response to those impacts and to provide oversight of the District's progress relative to the Board's strategic goals. Functions of this committee include:

1. Advising Board on community needs and District-proposed programs and projects to address needs.
2. Conducting an annual review of the Strategic Plan's implementation and performance to goals, objectives, and outcomes.
3. Providing oversight of new programs' performance relative to plans and metrics.
4. Serving as a key resource and liaison to local, state, and national trends that impact/influence the health of the community and the strategic activities of the District.
5. Providing input to the Board on the District's master property planning activities and future development of properties and facilities

Membership:

The Committee will be comprised of two representatives from the District Board of Directors and at least seven members from the community-at-large that reflect a broad range of professional skills, the geography of the District, as well as racial, ethnic, and gender diversity of constituents. Members will be appointed for 3-year terms and can be reappointed for additional 3-year terms. The Committee will be chaired by a Board Director; all will be voting members of this Committee. The District's CEO serves as a non-voting member.

Members and Terms:

Proposed

➤ Director Lawrence Cappel, Chair	
➤ Director Frank Pagliaro, Co-Chair	
➤ Dr. Wade Aubry, Healthcare Policy, Hillsborough	2023-2025
➤ Nirmala Bandrapalli, Burlingame Resident, former Planning Commissioner	2023-2025
➤ Dr. Cameron Emmott, Former PHCD & MPMC Director, Hillsborough	2025-2027
➤ Mark Johnson, Real Estate Broker, San Mateo	2025-2027
➤ Daniel Quigg, Civic Leader, Millbrae	2023-2025
➤ Ashley McDevitt, Director of Community Resources, San Mateo	2023-2025
➤ John Jurow, CEO, San Mateo County Health Foundation	2024-2026

Meetings are held on the **1st Wednesday** of the odd months, 5-6:30 PM at the District office.



DATE: January 23, 2025
TO: PHCD Board of Directors
FROM: Ana M. Pulido, CEO, Vickie Yee, CFO

SUBJECT: Request to Increase Health & Fitness Center Budget by \$10,000

The Health & Fitness Center requests an additional \$10,000 to its budget to accommodate the growing membership and expanding program needs. Over the past year, membership has increased by 100, and the Center is evolving from a traditional fitness facility into a senior hub for community building, education, and mental health support.

To further enhance program offerings and extend late afternoon and evening programming, we propose increasing the hours of a currently vacant Member Service Representative position by 0.5 FTE, converting it from part-time to full-time. This adjustment will improve service capacity and better meet the needs of our growing community.

ACTION REQUESTED:

Approval of an increase to the budget of \$10,000 to support an additional .5FTE Member Service Representative.

	Health & Fitness Center		
	Current Budget	Additions	Revised Budget
Salaries	221,152	2,500	223,652
Benefits	40,536	7,500	48,036
	261,688	10,000	271,688



2025 PHCD BOARD AND COMMITTEE MEETINGS

January						
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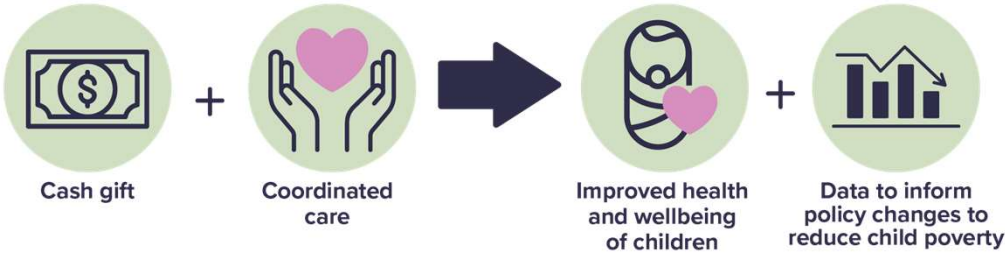
Board Meetings 6:30 pm
 Strategic Direction Committee 5:00 pm
 Community Health Investment Committee 5:00 pm
 Finance Committee 4:00 pm

**SAN MATEO COUNTY
BABY BONUS**

Peninsula Health Care District
Board of Directors
Jan. 23, 2025

**FIRST 5
SAN MATEO COUNTY**

Essential Supports for Baby's Beginning

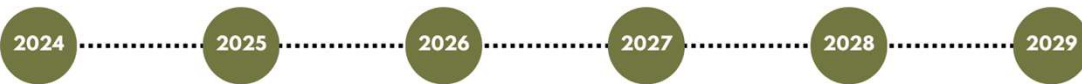


Core Planning Partners



Stanford University
Faculty Members

Timeline



Planning

- Establishing partnerships and processes
- Fundraising
- Developing program design
- Developing evaluation plan
- Understanding policy landscape
- Getting feedback from various stakeholders

Cash Gift Component

\$300 per month to birthing parent for 36 months

- Money delivered monthly through debit card
- First 5 will contract with a financial partner to manage cash disbursement

Coordinated Care Component

A **Community Health Worker** from HPSM will:

- Ensure families know how to access their medical home and home visiting program (if they want)
- Ask about other basic needs and family resources they need at birth
- Check-in periodically over 3 years to see what supports and resources are needed as child develops

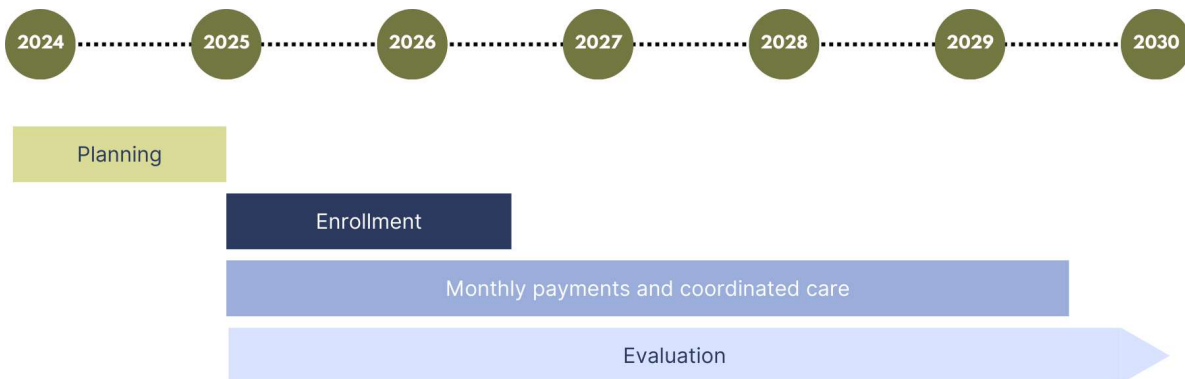
Population

Eligible population: Residents of San Mateo County with Medi-Cal funded births

- HPSM Medi-Cal births in 2022: 1,169
- Top delivery hospitals: Lucile Packard Children's Hospital (70%), CPMC (10%), Mills Peninsula (10%)
- 45% Hispanic, 7% Asian, 5% white, 2% Black (39% other or no data)
- 44% speak Spanish
- About 33% from PHCD zip codes



Timeline



Evaluation

- Randomized Controlled Trial
- Led by multiple departments at Stanford University, including the Center for Population Health Sciences, the Department of Pediatrics and School of Medicine, the Center on Early Childhood, the Center on Poverty and Inequality, and the Health Policy Department
- Codesigned with First 5, HPSM, County Health, Human Services Agency
- Applied for NIH funding in March

Study Design

Randomized Controlled Trial



Additional Participants

100 PEOPLE
Baby Bonus (pink oval)
Usual Care (dark blue oval)

● Baby Bonus = \$300/month for 36 months

● Coordinated Services = Connection to home visiting, medical home, family resources

Key Outcome Measures

Will include:

- Health care utilization
- Service access and utilization (e.g. WIC, home visiting, childcare)
- Parental workforce participation
- Parental mental health
- Child developmental status
- Parent-child relationship qualities
- Household income



Family and Provider Input

- Conducted focus groups and interviews with 24 parents of children 0-3 (in English and Spanish) about having the support of a community health worker
- 2 Early childhood provider meeting discussions about family needs

All respondents indicated that the proposed community health worker program would be helpful to families like theirs

Desired characteristics:

- Compassionate
- Non-judgmental
- Knowledgeable about local programs
- Same culture and language

Common Needs:

- Childcare
- Tangible goods like food, diapers, car seats
- Child development and parenting guidance
- Social supports/family activities

Program Implementation Budget

Baby Bonus Program Budget: 2024-2029		Anticipated Cost
Personnel		
Program Planner	1 FTE Community Health Planner, for 5 years	\$840,000.00
Community Health Workers	10 FTE community health workers, 1 FTE program manager	\$3,500,000.00
	Subtotal Cost	\$4,340,000.00
Cash Gift and Program Implementation		
Monthly cash gift for families	\$300/month over 36 months for 400 participants	\$4,320,000.00
Program administration costs	Administrative fee for payment vendor, communications, emerging implementation strategies	\$867,000.00
Indirect Expenses	15% for indirect expenses (Personnel + Operations)	\$156,000.00
	Subtotal Cost	\$5,343,000.00
	Total Estimated Cost	\$9,683,000.00

Does not include in-kind staff time from F5SMC and partner agencies
Does not include evaluation costs incurred and managed by Stanford

Program Implementation: Funding Secured

Baby Bonus (2025-2029)	
Managed Care Organization	
HPSM (grant to F5)	\$3,500,000.00
HPSM (internally approved budget)	\$3,500,000.00
	\$7,000,000.00
Private Philanthropy	
Jackie Speier Foundation	\$350,000.00
Sobrato Philanthropies	\$300,000.00
Chan Zuckerberg Initiative	\$350,000.00
	\$1,000,000.00
Public Funds	
County Board of Supervisors	\$350,000.00
County Health	\$840,000.00
	\$1,190,000.00
	\$9,190,000.00

Funding Need and Request

Remaining funding gap: \$493,000

Funding Request to Peninsula Health Care District: \$250,000

- Personnel costs are fully covered by HPSM and County Health
- Funding will go towards cash gifts for families and program implementation costs



Evaluation Costs

- The evaluation may cost between \$1.5 – 3.5M, depending on whether Stanford can secure funding for a 3 year or 5 year study
- Team is still reviewing the costs and benefits of several kinds of child development assessments that could enhance evaluation
- Additional assessments being considered are anticipated to cost between \$500K-1M

Innovation and Collaboration

- Collaboration and deep commitment among major institutions
- Significant investment and involvement from managed care plan
- Data sharing and systems alignment
- Approach centers participants' dignity, choice, and ability to make best decisions for their family
- RCT to understand combined impact of cash and care coordination
- Contribution to policy advocacy advancement for young children

Q & A



THANK YOU

Primary contact
Mai Le, MPH
Community Health Planner
First 5 San Mateo County
mle@smcgov.org



ADDRESSING CHILD POVERTY IN SAN MATEO COUNTY THROUGH THE BABY BONUS PROGRAM

Updated April 2024



A DEMONSTRATION PROJECT CONCEPTUALIZED BY

THE JACKIE SPEIER FOUNDATION

LED BY FIRST 5 SAN MATEO COUNTY IN PARTNERSHIP WITH
SAN MATEO COUNTY HEALTH, SAN MATEO COUNTY HUMAN SERVICES AGENCY,
HEALTH PLAN OF SAN MATEO & STANFORD UNIVERSITY

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San Mateo County Baby Bonus Program Advisory Committee Bios 17

Coordinating Lead Organization	First 5 San Mateo County
Executive Director	Kitty Lopez, Executive Director klopez@smcgov.org
Project Coordinator	Mai Le, MPH Community Health Planner mle@smcgov.org
Website	www.first5sanmateo.org
Address	1700 S. El Camino Real, Suite 405 San Mateo, CA 94402
Proposed Annual Budget	<ul style="list-style-type: none"> • \$1,594,844 (400 families) • \$2,122,844 (600 families)
Proposed Total Funding Request	<ul style="list-style-type: none"> • \$7,176,800 (400 families) • \$9,552,800 (600 families)
Estimated Program Term	January 1, 2025 – July 1, 2029 (4.5 years)

The Baby Bonus Program is in the planning phase (Jan.-Dec. 2024). The information in this proposal reflects the current course of planning, but details are subject to change given funding, feasibility, further research, family feedback, and other factors. This information is not intended for public distribution.

Introduction

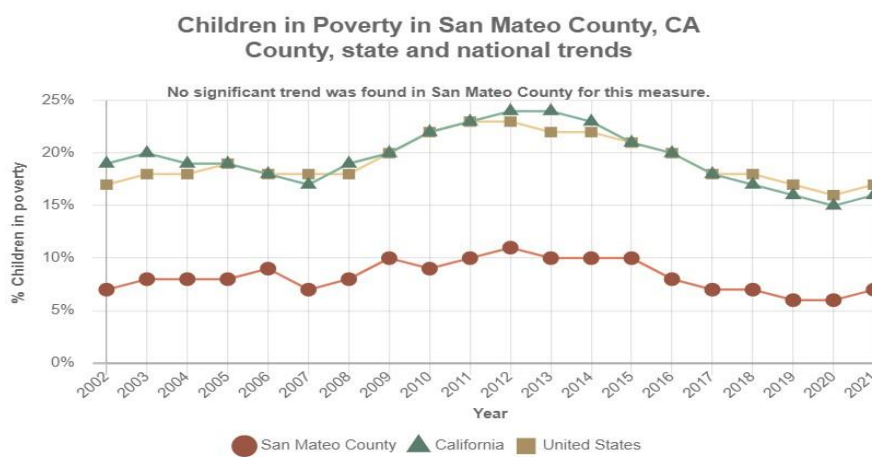
The Jackie Speier Foundation and Baby Bonus Program Partners envision two contributions to the field of Guaranteed Basic Income research. We envision 1) to uniquely advance the evidence on guaranteed income in the United States context, which can then inform national policy (Child Tax Credit, etc.); and 2) to meet the evidence needs of county officials who will weigh whether to sustain/expand the program after the pilot. The target population for this project is women with low-income who just gave birth in San Mateo County. The Baby Bonus Project provides a cash gift, coordinated services and links to benefits enrollment.

While the cash transfer should clearly stay non-conditional, impacts on health and well-being could be amplified by better social services, health, and early childhood program alignment. It cannot be overstated that the approach we undertake with this work is in an authentic partnership with new parents in San Mateo County (SMC). Families are unequivocally the experts in this sphere and their input into the design of the program is essential. We believe a strategic evaluation and resulting dissemination will contribute to

the national conversation regarding guaranteed income programs, health equity, and social determinants of health.

Context and Concept

There are 36,459 children under the age of 5 in San Mateo County, and we estimate that between 2,005 and 3,646 5.5 and 10% live in poverty.¹ Despite San Mateo County's relative affluence and prosperity, the problem of children living in poverty has been longstanding and intractable as depicted in this chart based on the American Community Survey and sourced from the Robert Wood Johnson Foundation County Health Rankings & Roadmaps².



Notes:
Prior to 2005, Children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.

[San Mateo, California | County Health Rankings & Roadmaps](#)

Child poverty varies by race and ethnicity, and in SMC Hispanic children have the highest rate of poverty at 12%, followed by Black children at 7%, Asian children at 4% and White children at 3%.³ These inequities hold our children back from reaching their full potential and well-being in life. There is a body of social science that finds disparities by income in measures of children's achievement, school performance and attention and self-regulation that impacts their learning. In addition, research shows higher family incomes are associated with more favorable assessments of development and performance⁴.

Although SMC Child poverty rates are below state and federal percentages, SMC has one of the highest costs of living standards in the nation thus creating unique challenges for families to meet basic needs. The Self-Sufficiency Standard for California calculates the full cost for six basic needs (housing, childcare, food, transportation, health care, and other necessities), factors in taxes and tax credits, and adjusts for variation in place of residence and family composition. Per the American Community Survey, the SMC self-sufficiency income target (in 2021) for two adults, an infant and a preschooler is \$176,210 or an hourly wage of \$41.72 for each adult. This is almost six times the federal poverty level for a family of 4 (which is \$30,000). Note that the San Mateo County minimum wage will be

\$17.06/hr. starting on Jan 1, 2024, which translates into an annual income of \$35,485 for a full-time minimum wage job. This information is from the 2021 update of the [Insight Center Family Needs Calculator](#).

The San Mateo County Baby Bonus Program grew out of listening sessions with women with low-income that former Congresswoman Jackie Speier held to inform the focus of her work and new foundation. As a result of those listening sessions, she convened Imagine San Mateo County Rising: Ending Child Poverty Summit on August 18th, 2023, co-sponsored by Chan Zuckerberg Initiative, the County of San Mateo County, Eustace-Kwan Family Foundation, Kaiser Permanente, Philanthropic Ventures Foundation, and the San Mateo County Office of Education. At that time, she announced the seed funding for the Baby Bonus Program initiative.

The proposed local proof of concept of a Baby Bonus Program will demonstrate the impact of providing a monthly unconditional cash gift of \$300 over three years to a population of people with low-income who just gave birth. Our aim is to improve the health and well-being of these children and use the findings of the proposed Baby Bonus Program to support policy change, such as the reinstatement of the child tax credit or similar strategies, that will ultimately help to eradicate poverty for this group of children leading to their reaching their full potential. The benefits of providing the monthly unconditional cash gift are expected to include at a minimum improved physical and emotional health, cognitive development, and wellbeing for the children. Various guaranteed income pilot programs are occurring across California and the nation and at least 40 tracked by the Stanford Basic Income Lab are the focus of rigorous evaluations that examine numerous maternal and child health and wellbeing measures in addition to other outcomes⁵. There is the potential for an evaluation of the San Mateo County Baby Bonus Program to make a unique contribution by examining the impact of the Baby Bonus Program as well as the provision of coordinated evidence based and evidenced informed early childhood services that are available in San Mateo County.

An interdisciplinary evaluation team from Stanford working with their hospital, Lucile Packard Children's Hospital, which delivers most of the babies in SMC, as well as other partners will be well-positioned to explore the impact of the Baby Bonus Program. The Evaluation team is also a crucial contributor to project design co-creation and implementation considerations. Beyond the power of cash, the initiative will also test the impact of families being connected at their primary care medical home; home visiting services; food security benefits; and other early childhood support services offered through First 5 SMC and partners. Support services could include childcare assistance, early identification and supports for special needs, and mental health services.

While the three-year duration of the project and evaluation will bound what can be learned, there may be potential to extend the learning through partnership with the Health Plan of San Mateo County (HPSM). This Baby Bonus Program is the only one we have identified that integrates the partnership of the major insurer for the target population, the Health Plan of San Mateo County, which insures nearly all the babies born with Medi-Cal in our county and thus has responsibility for providing them with a

broad array of health and dental services. The Health Plan and other collaborative partners will provide data for the evaluation including claims data that offers the potential to be evaluated beyond the three years of the Baby Bonus Program.

Background and Project Overview

The Baby Bonus Program leverages the findings from Baby's First Years (Drs. Kimberly Noble, Columbia Teacher's College, Katherine Magnusen, University of Wisconsin, and Greg Duncan, University of California, Irvine) and other research that shows a relatively modest, no-strings attached income boost for mothers with low income significantly impacts their capacity to parent, as well as favorably impacts their children's brain development⁶.

The Baby's First Years study aims to produce clear evidence about the connections between family income and early childhood development considering brain development, physical health, stress and behavior, and parent stress, family expenditures, family routines, children care arrangements, parents' use of time and parenting practices. A variety of papers have already been published as a result of this study, which has the potential to inform policy on a national scale.⁷

Providing a monthly unconditional cash gift starting at birth and beyond we hope can provide multiple long-term benefits for the entire family. Income is a known key factor in health equity as it can impact many, if not all, social determinants of health. When individuals have adequate and stable income, they are more likely to afford basic needs to safely care for a newborn (diapers, medication, clothing), stable and safe housing, have greater access to resources that protect and improve health such as healthcare, healthy foods, education, and childcare, and live in safe neighborhoods of opportunity.

Households with lower incomes report poorer health, including mental health outcomes, where financial hardship can lead to higher rates of depression and stress, subsequently leading to poor birth and child outcomes. Early investments in families prevent high healthcare costs and reduce dependency on cash assistance for subsequent generations. Furthermore, studies show that children from households with fewer resources are three times as likely to be substantiated for abuse and seven times more likely to be substantiated for neglect than other children. The SMC Baby Bonus Program anticipates positive impact to priority populations in these areas⁷.

The proposal is to provide a \$300 monthly unconditional cash gift starting at birth and continuing for three years. Our understanding is that this amount will be considered a gift under Federal guidelines and thus will not impact participants' eligibility for other benefits; however, waivers may need to be obtained as have been obtained for other projects. This amount is also in the range of the federal child tax credit that was offered in the American Rescue Plan of \$250 to \$300 that led to significant reductions in child poverty across the United States.

The project proposes to offer this unconditional cash gift to at least 400 parents on Medi-Cal delivering their babies within an approximately 18-month enrollment period. We welcome additional funding to increase that number to 600 parents. There were 1,552 Medi-Cal paid births in San Mateo County in 2021. Eighty-one percent of the births occur at Lucile Packard Children’s Hospital in Palo Alto with the remainder occurring at California Pacific Medical Center, Sutter Mills, Kaiser, and other hospitals. The Health Plan of San Mateo County covered 1,170 of those births. (See attached Health Plan of San Mateo County report describing year over year trend in births.) After January 1, 2024, with Medi-Cal expansion for undocumented residents, the Health Plan of San Mateo County will insure the vast majority of the Medi-Cal births.

The outreach process for participants will reflect the cultural and linguistic diversity of the San Mateo County community and the lived experience of families with low-income. Pregnant individuals insured through HPSM will receive initial outreach through various methods such as phone calls, mailers, and/or flyers at their clinic, letting them know about the Baby Bonus program. At time of birth, they can choose to enroll and be screened for eligibility. First 5 and HPSM will review best practices learned from other guaranteed income programs and national research, and engage families and community providers in developing outreach materials and practices that are respectful, informative, and appealing.

After enrollment, the mechanism for distributing the monthly unconditional cash gift will be through a fiscal agent and/or CBO that has experience distributing a monthly cash gift using a gift card and/or debit card approach. Financial Support services (i.e., financial services) for parents are a component of the project, providing opportunity to build on what families currently have. We have already identified multiple entities that have experience with similar projects that we hope to interest in bidding on the project. Additional participant input will be needed to structure the mechanism for drawing on the funds. In similar projects, the fiscal agent distributes a monthly gift card. In others, the funds are deposited to an account, which gives the beneficiary more control over avoiding benefits cliffs and other financial challenges. These are approaches that like, the rest of the project will need to be developed with input from representatives of the target enrollment population.

Evaluation Plan

An evaluation plan has been developed by an interdisciplinary team of Stanford faculty from fields including early childhood psychology, pediatrics, economists, and population health epidemiologists. (See pg. 17 for Stanford Evaluation Team.)

The evaluation component of the program will occur at Lucile Packard Children’s Hospital, where the vast majority of Medi-Cal funded births take place. This randomized controlled trial has three arms, families receiving 1) the Baby Bonus cash gift with coordinated care; 2) coordinated care only; and 3) usual services (control group).

Approximately 300 families will be randomly selected for the Baby Bonus and will receive \$300/month for 36 months. Those receiving coordinated care will be connected with a Community Health Worker that can facilitate access to follow up pediatric care, Family Health Services home visits, resources to address food insecurity, and other early childhood support services offered by First 5 and partners. The engagement with families will occur right after delivery, as well as at regular intervals throughout the three years of the Baby Bonus program, as the child grows and family needs change. The families in the control group will be provided payment for survey participation.

Data will be drawn from multiple sources, including parent interviews and administrative data from the Health Plan of San Mateo, and we are exploring SMC health and social service data.

We will assess the treatment and control groups for differences across a wide range of outcomes, for instance access to a medical home, home visit quality and program completion rates, parental screening/diagnosis/referral for depression and anxiety, food security rates over time, child welfare referrals and overall social service referrals placed and received. Health utilization metrics will include time to first appointment, attendance at all recommended well child checks, immunization rates, and emergency department utilization.

Enrollment will take approximately 18 months and data will be collected every six months for three years, thus the entire study will require four and a half years to complete.

Parents giving birth outside of LPCH may still be eligible to receive the Baby Bonus, but will not be part of the evaluation study. Our goal of funding at least 400 Baby Bonus families ensures that a similar proportion of people giving birth inside and outside of LPCH receive the cash gift.

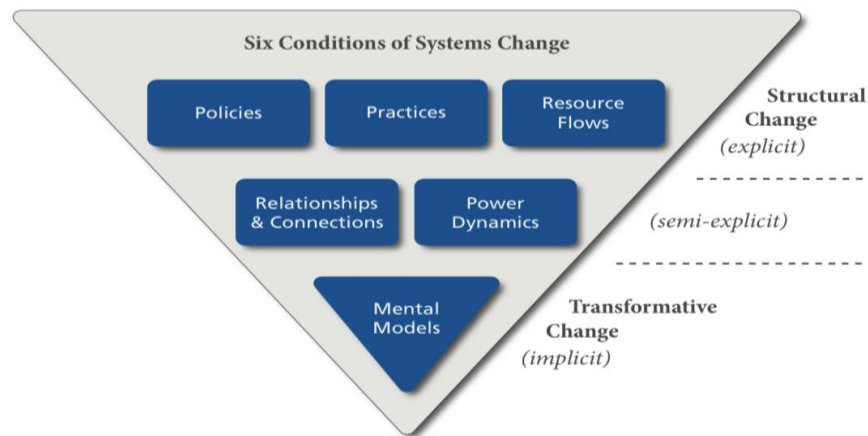
Project Management and Coordination

First 5 San Mateo County will administer the Baby Bonus Program as a joint-collaborative effort between Stanford Department of Pediatrics, San Mateo County Health, Family Health Services and SMC Human Services Agency, the Health Plan of San Mateo County and other health care systems and agencies serving the population. First 5 will staff the coordination of the Baby Bonus Program, support the convening of an advisory committee; issue the RFP and contract for the administration of the cash disbursement; convene the partners to assure standardized approaches to enrollment and linkage, evaluation, data-gathering and problem-solving; enlist nonprofit early childhood-serving organizations to serve the families; and report out progress and communications. First 5 will contract for implementation of a communications plan that includes web-based information for participants, and social media, blogs, infographics, impact stories for interested public, policymakers, funders and partners. First 5 will liaise with other entities working on similar projects within the First 5 network and beyond to share and bring back learnings and partner with the Stanford Basic Income

Lab and others whose expertise will inform the development of the local Baby Bonus Program. First 5 will be able to champion the work locally before the State and within their statewide early childhood network of other First 5s.

First 5 has used FSG’s Systems Change Conditions as a framework to think about the continuous improvement approach to enhance the alignment of wrap-around early childhood services provided through many partner agencies for these families⁸. FSG’s perspective on Systems Changes is “*Systems change is about shifting the conditions that are holding the problem in place*”. The facilitation of the partnership to center families in the Baby Bonus Program will seek to bolster the Six Condition of Systems Change represented below:

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE



Systems alignment of early childhood/healthcare integration is needed, as well as partnership with other social services and community-based organizations in the county.

Collaborative Partners:

First 5 San Mateo County invests in quality early care and education for 9,500 children in families with low income and the providers who care for them, engages partners such as County Office of Education, Health, Human Services, and many non-profits and leads efforts to improve systems⁶ and advocates for policy change so children thrive socially, emotionally, and economically. First 5’s programs and activities foster the optimal development of children ages birth to 5 by investing in health, early learning, family engagement, and systems-building efforts. Funded partners implement a range of diversity inclusion equity & belonging (DEIB+) best practices supporting children and families from diverse backgrounds and lived experiences. F5’s initiatives prioritize young children through being a strategic financial investor, community partner, systems leader, and child champion.

The First 5 SMC Commission includes a member of the Board of Supervisors, Noelia Corzo, the County Superintendent of Education, Nancy Magee, the Director of Human Services, Claire Cunningham, the Chief of Health, Louise Rogers, and many other champions of early childhood development including two pediatricians, a legal

advocate, a mental health clinician, a leader in the business community, and south commissioners. First 5 SMC staff are also leaders in statewide First 5 policy work and have already connected with other localities either pursuing or intending to pursue similar work.

Health Plan of San Mateo County insures nearly 59,000 low-income children and youth through Medi-Cal, including 13,266 children 0-5 and 1,170 births a year.

Stanford Children’s Hospital delivers the majority of Medi-Cal births, the Gardner Center, Packard Clinic and Ravenswood Family Health Services Network provide medical/health and social screening services in partnership with many others serving low-income children and families.

SMC Health, Family Health Services provides evidence-based home visiting models through Nurse-Family Partnership, Healthy Families America, Black Infant Health and Promoting First Relationships to support healthy starts and optimal development for more than 1,069 low-income moms and their infants. Family Health Services also coordinates complex care for 1,579 children and provides specialized physical and occupational therapy for 392 children who have disabilities and chronic diseases.

Family Health Services also increases access to supplemental nutrition for 6,900 low-income women, infants, and children a month through access to WIC benefits and increases breastfeeding rates through targeted breastfeeding support and classes.

San Mateo County Medical Center provided medical care to 21,242 children in the last 18 months, screened for food insecurity to create pathways to specific food resources and made Parks Prescriptions.

Community Based Organizations (CBO’s) will be key for partnership, systems alignment and leveraging Baby Bonus Program components.

Core Team Members designing, planning, and coordinating the Baby Bonus program include leaders from First 5 San Mateo, San Mateo County Health, San Mateo County Human Services Agency, Health Plan of San Mateo, Stanford University, and Jackie Speier Foundation.

Advisory Committee: First 5 has convened an advisory committee comprised of representative leaders from the partner and funding organizations and experts on basic income and early childhood models to offer ongoing input to the design of the Baby Bonus Program and evaluation and resulting policy recommendations.

Advisory committee members to date are Michelle Blakely, Deputy Director F5SMC; Patrick Curran, CEO, Health Plan San Mateo County; Dr Sophie Cole, private physician; Kitty Lopez, Executive Director, F5SMC; Dr. Lisa Chamberlain, Stanford Medicine Department of Pediatrics; Lenny Mendonca, Chair of Fidelity Charitable and New America.; Louise F. Rogers, Chief SMC Health; Jim Pugh, Executive Director Universal Income Project, and Co-Founder ShareProgress, and Congresswoman Jackie Speier. (Bios are included in the Advisory Committee attachment.) Additional advisory members may be invited, including guaranteed income program and

evaluation experts, policy advocates, local CBO representatives, and family voice advocates.

Budget:

Notes:

- 4.5-year program implementation timeline: Jan. 1, 2025-July 1, 2029 (assuming 18 months of ongoing enrollment, with three years of payment to each family)
- Budget does not include in-kind staffing contributions from all Core Team partners.
- Budget does not include budget for close-out phase for ramping down service coordination, communications, evaluation, and reporting. Estimated costs to be determined.

Baby Bonus Program Budget (Estimate as of April 2024)			
	Notes	Anticipated Budget for 400 Families	Anticipated Budget for 600 Families
Program Planner	Salary and personnel costs for community health planner, 1 FTE over 4 years: \$168,000 with benefits annually. Funded by SMC Health.	\$672,000.00	\$672,000.00
Monthly cash gift	\$300/month cash gift for 36 months	\$4,320,000.00	\$6,480,000.00
Administrative fee for payment processor	Assumed at 10% of cash gift total; may potentially include financial coaching and services for families	\$432,000.00	\$648,000.00
Community workers/outreach	Estimated at 6666 hours at \$30/hour	\$200,000.00	\$200,000.00
Evaluation	Design and implementation of robust research model, data collection processes, data-sharing agreements, analysis and reporting on key outcomes related to child and family health	\$1,000,000.00	\$1,000,000.00

Communications	Communications plan and implementation Includes social media, blogs, infographics, impact stories. Costs for an average of 4 hours a week up to \$200 an hour and funding for materials.	\$150,000.00	\$150,000.00
Incentives for control group	600 control participants surveyed 6 times (every six months over 36 months) at \$20 stipend per survey.	\$72,000.00	\$72,000.00
Contingency Implementation Strategies	Budgeted line-item amount that may be needed for project implementation. (i.e., learnings from the Design Phase, aligning systems (wrap around coordinated work), non-funded stakeholder engagement, others etc.)	\$200,000.00	\$200,000.00
Indirect expenses	15 % for indirect expenses (Personnel plus Operations, excluding stipends, incentives, consultants)	\$130,800.00	\$130,800.00
Total		\$7,176,800.00	\$9,552,800.00

Funders:

Fundraising for the Baby Bonus Program is underway, and we welcome additional funding partners. Funders to date include Jackie Speier Foundation, SMC Health, SMC Board of Supervisors Noelia Corzo and Ray Mueller. Potential funders considering support include: Health Plan San Mateo, Peninsula Healthcare District, Chan Zuckerberg Initiative, Sobrato Philanthropies, Silicon Valley Community Foundation, The Lucile Packard Foundation, and private donors.

Contact:

To inquire about becoming a funding partner, please contact:

Sheryl Young, Philanthropic Ventures Foundation and Jackie Spier Foundation
syoung@venturesfoundation.org; (650) 245-9090

For general questions about the Baby Bonus Project, please contact:

Mai Le, First 5 San Mateo County mle@smcgov.org

Attachment:

- **Health Plan of San Mateo County Report of Medi-Cal Births**

End notes:

1. The population estimate is from the [U.S. Census Bureau QuickFacts: San Mateo County, California](#). The estimate of the percentage of children under the age of five living under federal poverty levels is based on the American Community Survey. <https://www.kidsdata.org/region/4/san-mateo-county/results#ind=&say=&cat=37> The higher estimate is based on the ACS 5 year estimates 2016-2020, pulled in August 2022, before the impact of the Federal expanded child tax credit. More recently the ACS 2022-year estimates showed the rate had dropped, as it has across the nation, to 5.5%. However, given the end of the expanded tax credit, we expect the percentage to rebound closer to 10% in future estimates.
2. <https://www.countyhealthrankings.org/explore-health-rankings/california/san-mateo?year=2023>
3. <https://www.countyhealthrankings.org/explore-health-rankings/california/san-mateo?year=2023>;
<https://www.smcalletogetherbetter.org/indicators/index/view?indicatorId=189&periodId=9907&localeId=278&localeChartIdxs=1|2|4>
4. See the Long Reach of Early Childhood Poverty by Drs. David J. Duncan and Katherine Magnuson
https://inequality.stanford.edu/sites/default/files/PathwaysWinter11_Duncan.pdf
5. Stanford Basic Income Lab summary: Among the indicators already being studied are physical functioning; mental health; income volatility; consumption; employment; education; family dynamics and parenting; stress and coping; hope and mattering; household food security; COVID-19 variables; perceptions of stigma; and deservingness and universality. In California, rigorous studies of 7 of the pilots funded by the State are evaluating: general health status; Health-related quality of life; physical activity levels; sleep quality; BMI/weight status; diet quality; tobacco use, alcohol use; mental health; health care access; financial health; food security; educational attainment and barriers; employment status and benefits; housing stability and satisfaction; transportation barriers; maternal health outcomes; health behaviors during pregnancy; hope, community belonging and housing preferences.
6. [Home | Baby's First Years \(babysfirstyears.com\)](#) ; <https://www.nih.gov/news->

[events/nih-research-matters/poverty-reduction-alters-infant-brain-activity ; Unconditional cash transfers and maternal substance use: findings from a randomized control trial of low-income mothers with infants in the U.S. | BMC Public Health | Full Text \(biomedcentral.com\)](#)

7. [PUBLICATIONS | Baby's First Years \(babysfirstyears.com\)](#)

8. https://www.fsg.org/resource/water_of_systems_change/

Stanford Evaluation Team



[Lisa Chamberlain, MD, MPH,](#)

Professor of Pediatrics, Associate Chair of Policy and Community, Director of the Office of Child Health Equity in Stanford's Department of Pediatrics. Professor by Courtesy, Stanford Graduate School of Education and one of the Associate Directors of Stanford's Center on Early Childhood.



[Ryan Padrez, MD](#)

Clinical Associate Professor of Pediatrics, Co-Director of Community Engagement at the Department of Pediatrics Office of Child Health Equity and one of the Associate Directors of Stanford's Center on Early Childhood; a leader in integration of early education and primary care pediatrics.



[Adrienne Sabet, PhD](#)

Assistant Professor of Health Policy, and expert on the economics of social determinants of health and running randomized trials.



[David Rehkopf, PhD](#)

Co-director of Stanford's Center for Population Health Sciences, Associate Professor of Epidemiology and Public Health, and a leading scholar of "cash policy."



[Melissa Bondy, PhD](#)

Inaugural chair of the Department of Epidemiology and Population Health and the Associate Director for Population Sciences at the Stanford Cancer Institute.



[Philip Fisher, PhD](#)

Excellence in Learning Endowed Professor in the Graduate School of Education at Stanford University and Director of the Stanford Center on Early Childhood.



[David Grusky, PhD](#)

Director of the Center on Poverty & Inequality, Edward Ames Edmonds Professor of Humanities & Sciences, and

one of the country's leading scholars of inequality.



[Sara Kimberlin, PhD](#)

Executive Director of Stanford Center on Poverty & Inequality, and one of the state's top experts on safety net policy.

San Mateo County Baby Bonus Program Advisory Committee Bios

Michelle Blakely

Michelle Blakely, Deputy Director provides executive leadership in all aspects of First 5 San Mateo County's work, including strategy, program development, evaluation design, budget planning, advocacy, and Commission/Board engagement. She works closely with the Executive Director to implement the vision and mission serves on various steering committees and advisory groups. Prior to joining First 5, Michelle worked as an early education consultant and board member for a variety of projects and agencies in the SF Bay Area and in Texas. She has extensive experience in direct service, child & family supports, facilitation and collective impact having worked in Early Head Start, Early Intervention, and private philanthropy for over 30 years.

Michelle received her undergraduate degree from Southern Methodist University in Dallas Texas and her graduate degree from San Francisco State University in Early Childhood Special Education Administration. In her off time, Michelle enjoys hiking, reading, yoga, and metaphysical practices.

Dr. Lisa Chamberlain

Lisa Chamberlain, MD, MPH is Professor of Pediatrics, Associate Chair of Policy and Community, director of the Office for Child Health Equity in Stanford's Department of Pediatrics and Associate Director of the Stanford Center for Early Childhood. Her academic focus is on reducing pediatric disparities. As Stanford's Harman Faculty Scholar, she studies the evidence base for "Kinder Ready Clinics", bridging the early childhood education and pediatric sectors to reduce educational inequity. Her health services research examines children with medical complexity, which led her to work in Sacramento around Title V reform, increasing access to care in California. She is founder and co-director of the Stanford Pediatric Advocacy Track, a nationally replicated program training pediatricians to address child poverty through community and policy engagement, now a national requirement. She co-founded the California Collaborative which trains over 800 pediatricians a year, now modeled in 8 other states. She is the recipient of many national and local awards for her work, including the inaugural Child Advocacy Award at Stanford's Department of Pediatrics. A frequent Stanford lecturer, she has been awarded two of its highest teaching awards.

Patrick Curran

Patrick became CEO of Health Plan of San Mateo (HPSM) in February 2022. HPSM is a community-based health plan which serves more than 170,000 low-income San Mateo County residents. He joined HPSM in 2016 as Deputy CEO. Prior to HPSM, Patrick served in various leadership roles at Care Oregon, a nonprofit health plan based in Portland. He began his tenure at CareOregon in 2003 as Director of Provider Services and was

appointed CEO in 2012. His career also includes leadership roles with both medical groups and Independent Practice Associations (IPA). He received his bachelor's degree from Santa Clara University and his master's degree in public health from San Diego State University.

Dr. Sophie Cole

Dr. Cole has been practicing medicine as an Internal Medicine Physician in San Mateo County for over 25 years. Presently, she works as a volunteer physician at the Samaritan House Free Clinic in San Mateo. She is also a Councilmember and Vice Mayor for the Town of Hillsborough.

She is married, mother of two adult children, and she just became a grandmother 4 months ago!

Kitty Lopez

Kitty Lopez has served as the Executive Director of First 5 San Mateo County since 2012, focusing on policy, advocacy and communications development. Additionally, she is the Chair of First 5 Association of California. Kitty previously served as the Executive Director of Samaritan House, one of the leading safety-net nonprofit agencies serving low-income families and individuals in San Mateo County with food, shelter, clothing, health care, counseling, education classes, and holiday assistance from 2002 to 2012.

Kitty taught kindergarten, second grade, and high school in the Bay Area and in Santa Barbara, and was a consultant in schools with children who have autism and special needs. Additionally, Kitty worked in a residential substance abuse treatment center in San Francisco and psychiatric hospital in San Diego.

She attended University of California Santa Barbara earning a California Teaching Credential and B.A in Psychology. Kitty is active in her community serving on several community boards including HEART (Housing Endowment and Regional Trust of San Mateo County), STEP (Success Through Education Program), and Past President and Current Member of the San Mateo Rotary Club.

Lenny Mendonca

Lenny Mendonca was the Chief Economic and Business Advisor to Governor Gavin Newsom of California and Chair of the California High Speed Rail Authority. He is a Senior Partner Emeritus of McKinsey & Company and a Lecturer on Inequality at the Stanford Business School.

He founded McKinsey's U.S. state and local public sector consulting practice. He also oversaw their knowledge development, Chairing the McKinsey Global Institute and the Firm's communications, including the McKinsey Quarterly. He served for a decade on the McKinsey Shareholder Council (its Board of Directors). He retired from McKinsey in 2014.

He is the Chair of Fidelity Charitable and New America. He was the Chair of Children Now,

co-Chair of California Forward, and co-founder and Chair of Fusecorps. He was the Vice-Chair of Common Cause. He is the Chair Emeritus of the Bay Area Council and their Economic Institute and was vice-chair of the Stanford GSB Advisory Council. He was a trustee at the Committee for Economic Development. He has served on the boards of Western Governors University, UC Merced, The Educational Results Partnership, The College Futures Foundation, California Competes, The Opportunity Institute, Commonwealth Club, National Association of Non-Partisan Reformers, Measures for Justice, and The Guardian.org. He is a member of the Council on Foreign Relations. He served on the Board of Trustees for Junior Statesmen of America, and the Advisory Boards of Y Analytics, QB3, the Haas Center at Stanford, Third Sector Capital, The CA Community College Chancellor's Office, and the Public Policy Institute of California.

He received his MBA and certificate in public management from Stanford. He holds an AB, magna cum laude, in economics from Harvard.

He lives on the Half Moon Bay coast with his wife, Christine. They raised their two daughters, Allie and Rebecca, there and are the founders and owners of the Half Moon Bay Brewing Company and The Inn at Mavericks. He is also the Founding Chair of the Coastside News Group (Half Moon Bay Review and Pacifica Tribune).

Jim Pugh

Jim Pugh is the Executive Director of the [Universal Income Project](#), an organization devoted to the expansion of economic security and human dignity through the implementation of a universal basic income in the United States. He is also the founder and CEO of [ShareProgress](#), and previously served as the Director of Analytics and Development for President Obama's Organizing for America (OFA). Jim's work has been covered by Time Magazine, The Guardian, WIRED, CNN, Business Insider, TechCrunch, Governing Magazine, and AJ+. He has a Ph.D. in distributed robotics from the Swiss Federal Institute of Technology in Lausanne, Switzerland.

Louise F. Rogers

Louise F. Rogers has been Chief of the San Mateo County (California) Health Department since July 2015 and in that role oversees a diverse array of health services delivered by about 2,300 employees and more than 600 contractor partners for more than 100,000 County residents. In recent years, she led the department's response to the COVID-19 pandemic and introduced new programs to connect patients with complex medical and behavioral health problems with evidence-based treatment, care coordination and supports. She is also a commissioner on the SMC First5 Commission and a champion for evidence-based child and family services.

Prior to 2015 she was Deputy Chief of Health, where she oversaw the department's community health related divisions: Family Health Services, Correctional Health, Emergency Medical Services, Behavioral Health and Recovery Services, and Aging and Adult Services. Prior to 2011 she was Director of the Health System's Behavioral Health and Recovery Services Division. She first joined the Health System in 2002 as Deputy

Director of what was then the Mental Health Division of the Health Department. In her various roles over the last decades, she led several major transformation efforts locally, in partnership with Health Plan of San Mateo, and as a part of statewide collaborations including promoting total wellness for people with complex co-occurring problems through expansion of benefits and integration of mental health, addiction, wellness and primary care services.

Before joining the San Mateo County Health Department in 2003, Louise held a variety of leadership roles in public and nonprofit behavioral health and health organizations in San Francisco and New York City. She received her bachelor's degree in philosophy from Yale University and her master's degree in public administration from Golden Gate University.

Congresswoman Jackie Speier

Recently retired Congresswoman Jackie Speier (pronounced SPEAR) is known as a fearless fighter for women's equality, LGBTQ rights, and the disenfranchised. After 40 years in public office, she has returned home to campaign against childhood poverty in San Mateo County—the richest county in California yet home to 27,000 children in poverty. She has founded the Jackie Speier Foundation and seeded it with \$1 million from her campaign. Jackie has dedicated her life to eliminating government corruption, protecting whistleblowers, eliminating sexual assault in the military, and working to strengthen America's national and economic security. She was named to *Newsweek's* **list** of 150 “Fearless Women” in the world and one of “Politico's 50” most influential people in American politics for bringing the Me Too reckoning to Congress.



Proposal to: Peninsula Health Care District

Attn: Ana Pulido, CEO

Request from: Thrive Alliance

Submitted by: Georgia Farooq, Executive Director

January 2025

Request Overview

We are living in a time of increased emergencies here in San Mateo County. We are grateful to have been able to launch Thrive RISE (Resilience in Shared Emergencies), a COAD for San Mateo County, with the support of the Silicon Valley Community Foundation. COADs are a national model of Community Organizations Active in Disasters. Thrive RISE uses this model to create a robust network of nonprofits that can prepare for and activate in the event of disasters.

The next phase of the COAD's growth is the launch of the COAD Committees, which will help Thrive grow its COAD network, focus on key issue areas, and decentralize its leadership. We have secured \$100,000 from Sequoia Health Care District to launch this network.

To fully fund this new initiative, we are requesting a \$50,000 investment from Peninsula Health Care District. The PHCD investment will fund 2-3 co-chair stipends in PHCD's service area, along with essential overall program management in this launch phase.

The first four COAD Committees will be launched in the following focus areas:

- Older Adults/Access and Functional Needs
- Children and Childcare
- Food Security
- Mental Health, Harm Reduction & Spiritual Care

This dual investment from Peninsula Health Care District and Sequoia Health Care District will send a strong message of unity to our nonprofit network. It will underscore the importance of emergency preparedness and response, especially during these uncertain times where coalitions are needed. It will help engage nonprofit leaders through stipends and support. It will help address needs that are often overlooked in disasters, ranging from mental health to accessibility. Most importantly, it will help Thrive grow the infrastructure needed to activate nonprofits in the event of a disaster. We appreciate your consideration of our request.

Proposer Background

Thrive is a network of 200+ nonprofits, faith-based and community-based organizations, and government agencies that work to make San Mateo County a healthier place to live for everyone. Our efforts to engage and mobilize organizations across sectors during the COVID-19 pandemic evolved into a permanent countywide coalition of Community Organizations Active in Disaster (COAD) which we operate through grant funding from the Silicon Valley Community Foundation.

The COAD network coordinates to reduce community risk during all phases of disaster. Nonprofits play key roles in building community resilience through their daily work. While some explicitly focus on disaster preparedness, others reduce food insecurity, help keep community members housed, support families with children, and work to eliminate household health hazards, all of which significantly reduce community vulnerability to natural hazard events. Regardless of mission, nearly all nonprofits shift their programming to support community needs when a disaster occurs, with many taking on response and recovery roles.

The COAD holds monthly general meetings and training focused on disaster preparedness, response, and recovery, and manages multiple risk reduction projects and advocacy initiatives. Examples of recent activities include seismically securing nonprofit and childcare spaces against earthquakes, holding briefings on soft story building risk with city and county elected officials, organizing regional workshops on resilience hubs, working with County DEM to identify risk reduction measures for high heat days, and public education and outreach on emergency preparedness at community fairs. At present, the COAD network remains highly centralized, with Thrive as a singular node for organizing training and other risk reduction projects and initiatives. Thrive has been effective in leading and managing network activities because it has secured private grant funding for a full-time COAD director. Thrive recently added on a Community Resilience Specialist position, given the incredible need in the community around disaster preparedness.

Problem Statement

The Thrive RISE network is composed of nonprofits, community- and faith-based organizations that play crucial roles in disaster risk reduction as a whole and have key subject matter expertise related to social vulnerability, yet the majority do not have defined roles and responsibilities in emergencies. Many improvise their response to disasters, lacking internal emergency response plans and memorandums of understanding with other nonprofits and government agencies. Though many network organizations have expressed interest in expanding their roles in disaster risk reduction, lack of staff time and funding has inhibited their ability to do so. Without the opportunity to build their capacities in disaster resilience, many organizations will not be prepared to optimally collaborate with each other, or with government agencies in disasters.

Proposal

We propose to launch a COAD committee structure, with committees functioning as issue-specific working groups. Each committee will be chaired by 1-2 organizations with subject matter expertise, who will be compensated for their time taking on a leadership role. This committee structure is expected to build organizational knowledge and capacity, decentralize and broaden the COAD network, strengthen interorganizational relationships, and define the roles that specific organizations may play in disasters (which may take the form of memorandums of understanding). Most importantly, this committee structure is expected to lead to better community outcomes in disasters through enhanced cross-organizational coordination and the development of innovative projects and initiatives. We have included our first four proposed Committee Focus Areas below, with possible committee chair leads.

Committee Focus Areas

Committee	Example Activities	Example Chairs
Older Adults/Access and Functional Needs	Identify sector- or facility-specific vulnerabilities, support community outreach about checking on older adults during emergencies and supporting evacuation, track and report older adult/AFN-serving facilities and individuals in need during disasters and refer them to appropriate resources	CID, Ombudsman, Self Help for the Elderly
Children and Childcare	Support development of EOPs/contingency plans for care/education in emergencies, identify systemic or structural vulnerabilities in childcare/education facilities, assist households in need with finding affordable care and essential needs for young children (e.g. diapers, formula).	4Cs, Boys and Girls Clubs, YMCA (with one focused in Mid-County – TBD)
Food Security	Fortify food distribution networks, community outreach for provision of emergency food supplies, maintain situational awareness of food access needs throughout the county during emergencies, identify gaps in service and coordinate with service providers to fill them	Second Harvest, CALL Primrose, Samaritan House
Mental Health, Harm Reduction & Spiritual Care	Identify key gaps and vulnerabilities in disaster response and recovery related to mental health, spiritual care, and harm reduction, and make recommendations, organize partners to support community in shelters, topic-specific outreach and education	allcove, Congregations, San Mateo Pride Center, Star Vista, CORA

COAD COMMITTEES BUDGET OVERVIEW

Item	Total Cost	Budget Item Description
Organizational stipends	\$80,000	Co-chair stipends at \$10,000 per organization
Thrive staff program time	\$25,000	Combined staff time for programmatic support for all four committees, in addition to attendance at all meetings
Strategic communications support for committees	\$12,000	Professional services for strategic communications for this initiative
Food	\$7,000	Kick-off in-person launch meetings for four committees and additional in-person meetings as needed
Supplies	\$5,000	Printing, marketing for in-person events and outreach activities
Travel	\$1,500	Travel and mileage reimbursement for meetings and related activities
G&A Expenses (15%)	\$19,575	General & Administrative Expenses
TOTAL EXPENSES	\$150,075	SHCD investment secured; PHCD investment pending

Contribution from Sequoia Health Care District: \$100,000 (secured)

***Request from Peninsula Health Care District: \$50,000 (pending)**

*PHCD's investment will fund two to three co-chair stipends in PHCD's region, along with essential overall program management and administration

Budget Narrative

Thrive Alliance has scoped nine committee issue areas to date and is prioritizing four for immediate development for this proposal and launch phase: Older Adults/Access and Functional Needs, Children & Childcare, Food Security, and Mental Health, Harm Reduction & Spiritual Care. We anticipate two organizational committee chairs per committee.

Each chairing organization will be provided a yearly stipend of \$10,000 for approximately 10 hours monthly dedicated to organizing and managing committee meetings, activities, and projects during normal operational periods. The deliverable will be a written plan and playbook

for each committee. During disasters, committees will mobilize to dedicate additional hours to their committees, each of which will have defined targets for disaster response and recovery activities.

Because Thrive staff will be spending significant staff time to launch and manage committees and disburse funds monthly, the budget reflects those program and operating costs, which are still modest. Thrive's team will recruit and manage agreements with committee chairs, recruit non-compensated committee members, support the development of committee work plans, and identify opportunities for collaboration and/or memorandums of understanding with partners. In addition, Thrive will need to develop and execute a robust communications plan to support the launch, growth, and maintenance of this new COAD Committee structure.



COUNTY OF SAN MATEO
DEPARTMENT OF EMERGENCY MANAGEMENT

Dr. Shruti Dhapodkar
Director

County Government Center
501 Winslow St.
Redwood City, CA 94063
sdhapodkar@smcgov.org

January 17, 2025

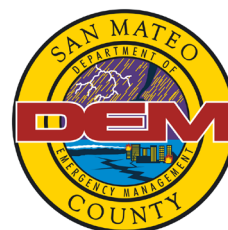
RE: COAD Nonprofit Engagement Stipend Funding

To whom this may concern,

As the Director of the Department of Emergency Management for San Mateo County, I am delighted to provide this letter of support for Thrive Alliance for their proposal to Peninsula Health Care District to fund increased engagement and subject area risk reduction work among an even broader network of organizations.

By way of brief background, the San Mateo County Department of Emergency Management (DEM), is responsible for coordinating countywide emergency preparedness, response, recovery, and mitigation activities across the 20 cities and unincorporated areas we serve. Taking a forward leaning approach to meeting the county's evolving needs includes partnering closely with community-based organizations to ensure we are fostering readiness and resiliency at every level. COADs and VOADs, like Thrive RISE, have historically been central to offering coordination for nonprofit organizations, which play a critical role in helping address unmet needs in the community that may fly under the radar or surpass the capacity of local agencies. In recognition of our complementary roles in disaster risk reduction for San Mateo County, DEM and Thrive have closely partnered over the last two years, most recently holding a joint session with nonprofits to help improve cross-sector communication during disasters.

Thrive's proposal aims to leverage the expertise and community trust that nonprofits hold to advance innovative plans and projects related to the issues outlined in each COAD committee: *Children and Childcare; Older Adults, Access and Functional Needs (AFN); Food Security; and Mental Health, Harm Reduction, and Spiritual Care*. These are issue areas that nonprofits take lead roles on in "blue skies" and during disasters. We believe this proposal will help incentivize organizations that focus on children, older adults, AFN, food security, and mental health to better coordinate, plan, and scope projects related to disaster risk reduction, and ultimately, improve community outcomes and reinforce public trust in all phases of disaster. We intend to support this project by liaising with committees and the entire COAD as appropriate, and providing information and expertise where needed.



Thank you for your thoughtful consideration of this proposal,

Sincerely,

A handwritten signature in cursive script, appearing to read "Shrutika Dhapodkar".

Dr. Shrutika Dhapodkar
Director, Department of Emergency Management
County of San Mateo



Steady Steps Fall Prevention Program

Executive Summary

Overview

Falls are a leading cause of injury and mortality among older adults. According to the Centers for Disease Control and Prevention (CDC), one in four adults aged 65 and older falls each year, resulting in over 3 million emergency department visits annually. Implementing a fall prevention program is critical to addressing this public health issue. Such programs have been shown to reduce falls by up to 30%, according to the National Council on Aging.

The Steady Steps Fall Prevention Program, developed by PHCD's Health & Fitness Center, is a 12-week initiative aimed at reducing fall risks among older adults. By improving strength, balance, flexibility, and confidence, the program promotes safety, independence, and quality of life for individuals aged 65 and older.

Ten participants were initially accepted into the program, with seven maintaining consistent attendance throughout the 12 weeks. The remaining three participants faced challenges such as health complications or other barriers that affected their participation. Of the seven consistent participants, there was a 92% attendance rate, totaling 177 out of 192 possible class attendances.

Program Components

1. **Exercise Sessions:** Twice-weekly, structured classes focusing on balance, strength, posture, and mobility, flexibility, gait, and spatial awareness.
 - Classes included seated and standing exercises, emphasizing core stability, flexibility, and functional movements.
2. **Educational Workshops:**
 - Strength and Balance: Practical home exercises and techniques for building confidence.
 - Home Safety: Strategies for identifying and mitigating household hazards.
 - Fall Emergency Preparedness: Guidance on handling falls, emergency planning, and tools like fall detection devices.



3. Individualized Assessments:

- Medication review through partnership with Peninsula Pharmacy Association (initial evaluation only)
- Fall Risk Assessment Tool (FRAT): Evaluates an individual's risk factors for falls to guide preventative interventions.
 - i. Scoring: 5-11 low risk of falling, 12-15 moderate risk of falling, 16-20 high risk of falling.
- Falls Efficacy Scale - International (FES-I): Assesses an individual's confidence in performing daily activities without fear of falling.
 - i. Scoring: 16-19 low concern about falls, 20-27 moderate concern about falls, 28-64 high concern about falls.
- Berg Balance Scale: Measures an individual's balance and functional mobility to monitor changes and predict fall risk.
 - i. Scoring: 0-20 high risk of falling, 21-40 moderate risk of falling, 41-56 low risk of falling.

Program Results

1. Fall Risk (FRAT):

- Average scores dropped from 8.75 to 7.5, a 14.3% reduction in fall risk factor scoring.

2. Confidence (FES-I):

- Average scores improved by 12%, reflecting enhanced confidence in daily activities.
- Greatest improvements came from the following categories: Reaching for something above your head or on the ground (38%), going up or downstairs (21%), going out to a social event (15%), and taking a bath or shower (14%).

3. Balance (Berg Balance Scale):

- Scores improved by 24.4%, from an average of 42.5 to 52.88.
- Improvements in coordination, weight shifting, spatial awareness, and strength led to the following categories with the greatest increases: standing unsupported one foot in front (114%), standing on one leg (63.6%), turning 360 degrees (43%), and placing one foot on a stop without support (40%).

Lessons Learned

1. Engagement and Retention:

- Among the pilot participants, who were solely Health & Fitness Center members, there was a strong commitment in regular attendance and participation, with 92% attendance rate (169/184) among committed participants.



- Some participants faced challenges due to health or time constraints.
- 2. Educational Component:**
 - The workshop content was well-received by program participants as well as members of the fitness center, drawing a total of 52 attendees across the three sessions. On average, 17 people attended each workshop.
 - The inclusion of education on overestimating abilities would help participants develop a more realistic understanding of their limits.
- 3. Confidence vs. Competence:**
 - Discrepancies between high confidence and actual physical ability underscored the need for safety education that supports greater congruence between perceived versus actual abilities.
- 4. Medication Review:**
 - A medication review performed by Pharmacists allowed participants to understand any potential side effects that would influence their risk of falls.

Recommendations

- 1. Expand Recruitment Beyond the Health & Fitness Center Members**
 - Enhance program outreach efforts to attract a broader and more diverse group of participants, including underserved and at-risk populations.
 - Collaborate with community centers, healthcare providers, senior organizations, and local media to spread awareness of the program's benefits.
- 2. Enhance Core Curriculum with Cohort-Specific Needs and Community Resources**
 - Expand program offerings to reflect particular cohort needs for educational purposes and resources to participants who may require additional support in understanding and implementing program recommendations.
 - Offer targeted educational sessions that address the risks associated with overestimating physical capabilities. These sessions will focus on fostering realistic self-assessment skills and promoting safety-first behaviors during daily activities.
 - Involve relevant healthcare providers to augment program resources (i.e., audiologist, optometrist, neurologist, podiatrist, etc).



3. Incorporate Individually Tailored Interventions to Further Reduce Fall Reduction Risk

- In addition to the core program, develop personalized action plans for participants with unique needs by conducting thorough initial assessments that consider their physical abilities, medical history, and individual goals. These tailored strategies may include customized exercise programs, home safety modifications (coordinated with a third-party vendor), and recommendations for assistive devices to address specific risk factors for falls.

4. Increase Program Availability and Develop an Ongoing Pathway of Support for Program Graduates

- The results of this program warrants making it available more frequently throughout the year and providing ongoing support to graduates of the pilot program to maintain the progress achieved.

Conclusion

The Steady Steps program demonstrates the potential to significantly reduce fall risks and improve confidence and balance among older adults. With targeted enhancements, the program can attract a broader audience and achieve even greater success in promoting healthy aging and fall prevention.

The pilot program highlighted the importance of addressing falls as a preventable public health issue and demonstrated the value of a comprehensive approach incorporating standardized assessments, education, and a fitness regimen.

The insights gained from this initial cohort will guide the refinement of program design, recruitment strategies, and delivery methods, ensuring greater accessibility, inclusivity, and impact for future participants.

Peninsula Health Care District is committed to deepening our understanding of the population requiring this comprehensive fitness and health education approach. By focusing on fall risk reduction, a critical concern among older adults, the PHCD Health & Fitness Center aims to lead the way in supporting health aging through programs focused on prevention and improved quality of life.

STEADY STEPS

FALL PREVENTION PROGRAM

Presented by:
Richard Bergstrom
Health & Fitness Director



PROGRAM JUSTIFICATION

Falls are a leading cause of injury and mortality among older adults.

1 in 4

Report a fall
each year

43%

Increase in emergency
department visits

\$80

Billion dollars
spent on non-fatal
healthcare costs
(as of 2020)

STEADY STEPS FALL PREVENTION PROGRAM

Overall Objective: Reduce the risk of falls among older adults.

Duration: 12 weeks.

Target Audience: 55+ years old, moderate risk of falling on assessment scores, has fallen at least once in last 12 months.

PROGRAM COMPONENTS

12 WEEKS

EXERCISE CLASSES

2X PER WEEK

Strength
Balance
Core
Posture
Mobility
Flexibility
Spatial awareness

INDIVIDUALIZED ASSESSMENTS

BASELINE, MIDPOINT,
CONCLUSION

FRAT (Fall Risk Assessment Tool)

FES-I (Falls Efficacy Scale)

Berg Balance Scale

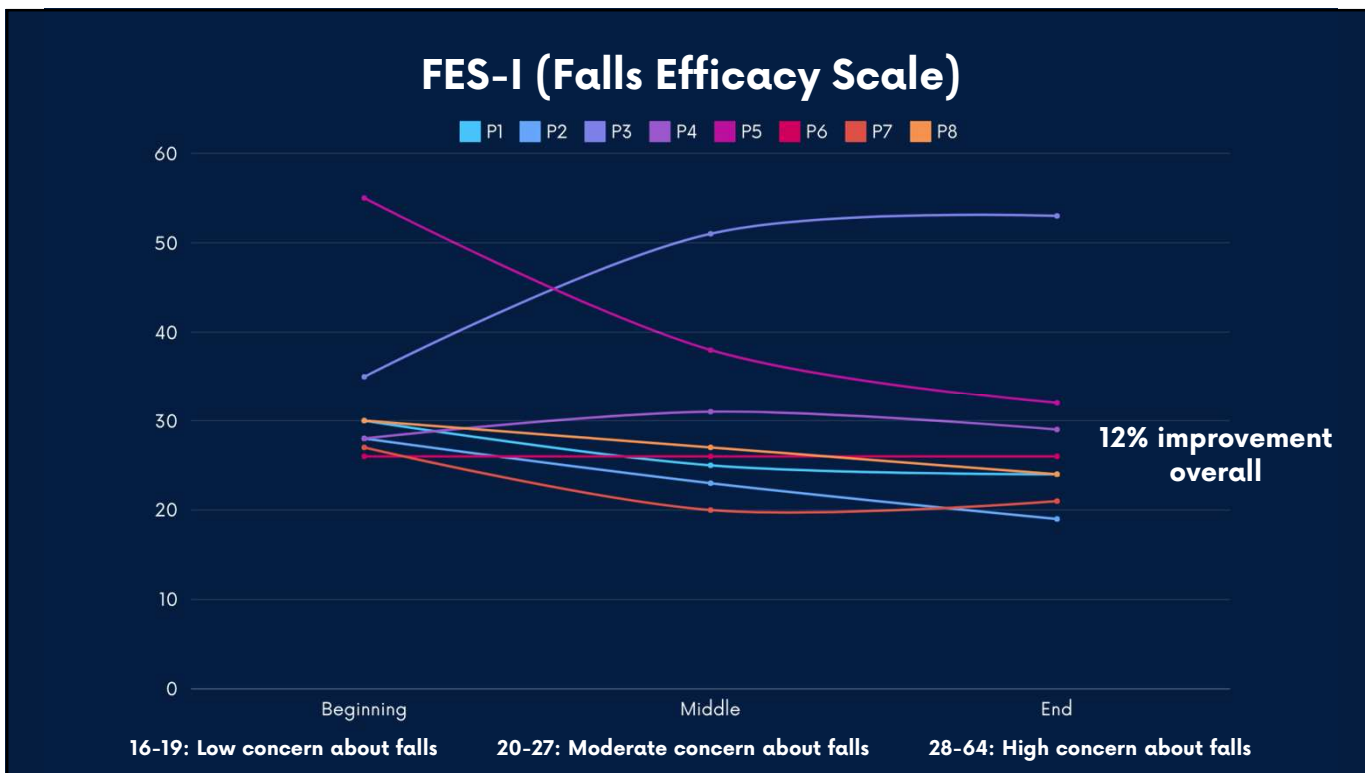
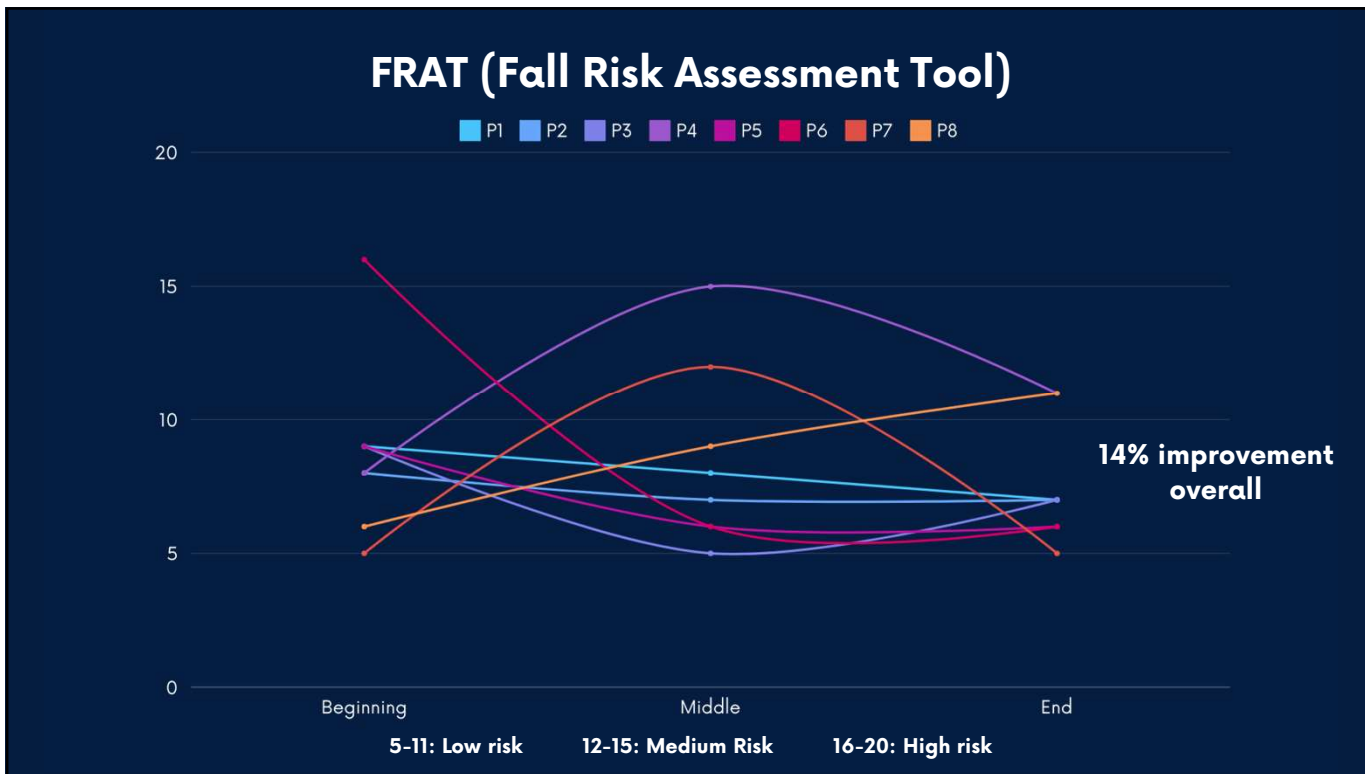
EDUCATIONAL WORKSHOPS

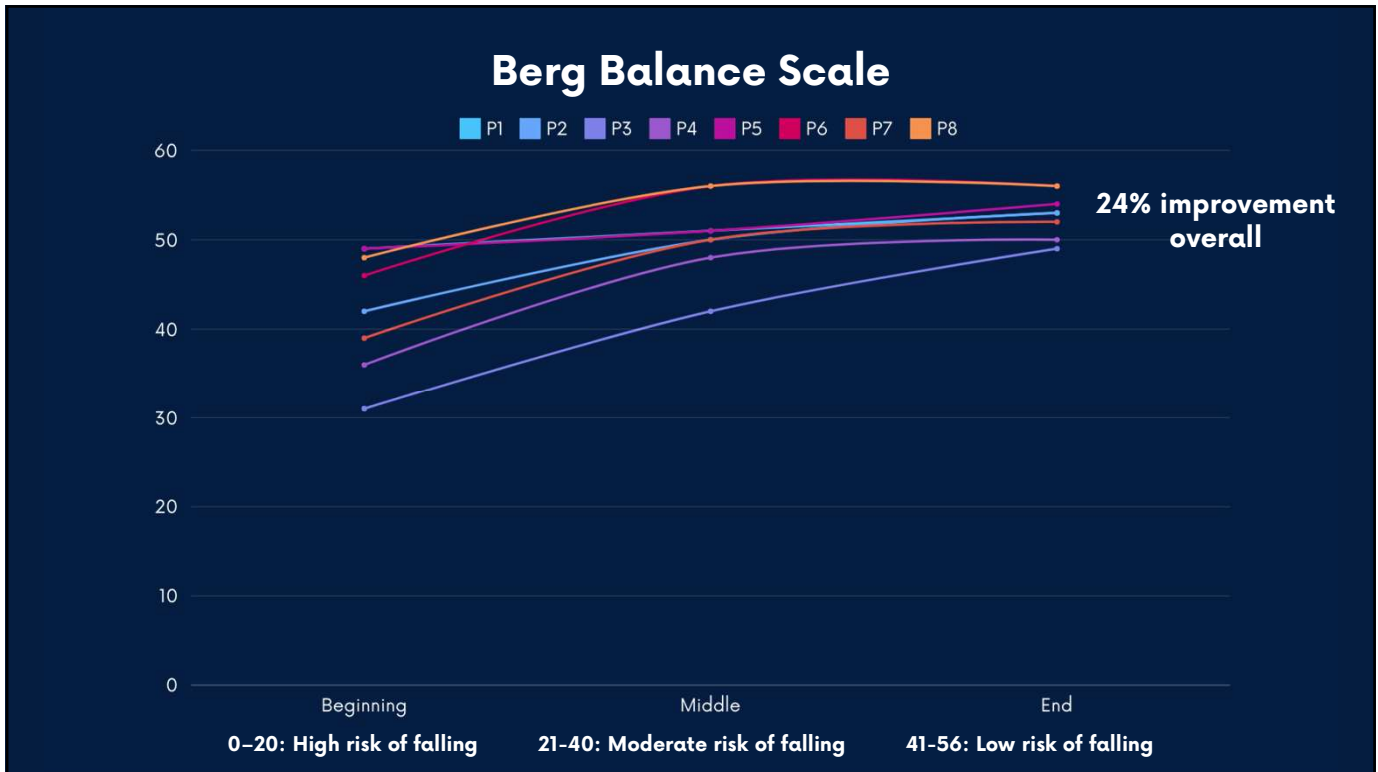
THREE WORKSHOPS

Strength & balance

Home safety

Fall emergency
preparedness





Strengths

Class Attendance

92% Attendance Rate

Workshop Attendance

Balance & Strength: 21

Home Safety: 14

Fall Emergency: 17

Improvement in Scores

FRAT: 14%

FESI: 12%

Berg: 24%

Challenges

Self-Reporting Testing Guidance

Improvement in Instructions

Confidence vs Competence

Overestimating Abilities

Accommodating Everyone's Abilities

Unique Abilities in Participants

Recommendations

1. Tailored Interventions
2. Education on Overconfidence
3. Expanded Recruitment
4. Program Enhancements

Thank You

Questions?



Steady Steps Fall Prevention Program

Full Report

Program Overview

The Steady Steps Fall Prevention Program is a comprehensive 12-week initiative designed to address the physical, psychological, and environmental factors contributing to falls. Its primary purpose is to reduce the risk of falls among participants by improving strength, balance, flexibility, and confidence. Through a structured, evidence-based approach, the program aims to enhance participants' overall quality of life while promoting safety and independence.

The program focuses on:

- Empowering participants with the skills and knowledge to prevent falls.
- Building physical capabilities, such as strength and balance, to improve stability and mobility.
- Boosting confidence to diminish fear of falling, encouraging active participation in daily and recreational activities.
- Educating participants on maintaining a safe home environment and recognizing fall risks.

The target demographic of this program are older adults and/or individuals at risk of falling, specifically individuals aged 65 and older, as they are more prone to balance issues, muscle weakness, and fall-related injuries.

Eligibility of the program:

- **Age:** Individuals aged 55 years and older, as they are at a higher risk for falls due to various factors such as decreased muscle strength, balance issues, and chronic health conditions.
- **“Medium or High Risk” FRAT Score:** Individuals who have had at least one fall in the last 12 months, taking at least one medication, and a high Hodkinson Abbreviated Mental Test Score.
- **Berg Balance Score of 40 or Less:** People experiencing difficulties in walking or moving around. This includes those who need the assistance of walking aids such as canes or walkers.
- **FESI score of 20–64.** Those who score 20 or more have some fear of falling.
- **Participation:** Ability to participate in an exercise class two times a week.

The Steady Steps program integrates the following elements to ensure a holistic approach:



- **Exercise Sessions:** Structured activities designed to strengthen key muscle groups, improve posture, and enhance balance. These include seated and standing exercises.
- **Educational Workshops:** Interactive sessions to teach participants about exercises to strengthen the body, fall preparedness, and home safety modifications.
- **Individualized Assessments:** Personal evaluations to identify each participant's specific risks and tailor the program to their needs and abilities.
- **Medication review:** A thorough evaluation of participants' current medications in collaboration with the Peninsula Pharmacists Association. This review included identifying drugs that may contribute to dizziness, drowsiness, or balance issues, as well as recommending potential consultation with their primary physician, if deemed necessary.

Goals & Objectives

The primary aim of the Steady Steps Fall Prevention Program was to minimize the risk of falls among participants. A carefully designed and progressively structured exercise intervention was implemented with the main goals as follows:

1. **Improve Balance:** Enhance participants' ability to maintain stability and control their body movements, both during motion and while stationary, to reduce the likelihood of falls.
2. **Improve Strength:** Focus on strengthening key muscle groups, particularly in the lower body and core, to support functional movements like walking, standing, and rising from a seated position.
3. **Improve Confidence:** Build participants' self-assurance in their physical abilities through gradual success in exercises and education, reducing fear of falling and encouraging a more active lifestyle.
4. **Improve Knowledge of Exercises:** Educate participants on effective and safe exercises tailored to their individual needs, enabling them to practice independently and maintain a routine that promotes fall prevention.
5. **Improve Knowledge of Home Safety:** Raise awareness about potential hazards in the home environment, such as loose rugs, poor lighting, or cluttered pathways, and provide practical strategies for creating a safer living space to prevent accidents.



Program Components

Assessments

Participants were assessed at three points during the program—at the beginning, midway, and upon completion. Each assessment followed the same process and included three key evaluation tools: the FRAT (Fall Risk Assessment Tool), the FES-I (Falls Efficacy Scale - International), and the Berg Balance Scale. Below is a brief description of each test:

- **FRAT (Fall Risk Assessment Tool):** A screening tool used to identify individuals at a higher risk of falling. It considers various factors, including prior fall history, medication use, and mobility difficulties, to assess overall fall risk. Scoring: 5-11 low risk, 12-15 moderate risk, 16-20 high risk.
- **Falls Efficacy Scale - International (FES-I):** A self-reported questionnaire designed to measure an individual's confidence in performing everyday activities without the fear of falling. It consists of 16 items evaluating the level of concern about falling during specific tasks, providing valuable insights into the psychological impact of falls and informing targeted interventions. Scoring: 16-19 low concern about falls, 20-27 moderate concern about falls, 28-64 high concern about falls.
- **Berg Balance Scale (BBS):** A performance-based assessment that evaluates an individual's balance and stability during 14 specific tasks, such as standing, reaching, and turning. It helps identify balance impairments and the risk of falling. Scoring: 0-20 high risk of falling, 21-40 moderate risk of falling, 41-56 low risk of falling.

Exercise Classes

The exercise classes were held twice weekly, each lasting 45 minutes. These sessions focused on targeted exercises designed to improve balance, strength, core stability, coordination, flexibility, and overall mobility. Participants engaged in a variety of exercises performed in both seated and standing positions, using body weight and resistance bands for added challenge and progression.

The classes incorporated dynamic movements, static holds, and functional exercises tailored to everyday activities, such as standing up from a chair or stepping safely. Modifications were provided to accommodate varying fitness levels and ensure safety. Each session emphasized proper technique and gradual progression to maximize benefits while minimizing injury risk.

In addition to physical benefits, the classes fostered a supportive group environment, encouraging social interaction and motivation among participants. Regular attendance and structured routines helped build



consistency and confidence in performing the exercises, contributing to long-term improvements in strength, balance, and fall prevention.

Below is an overview of the exercises included in the program. The program initially focused on a selection of seated exercises with a higher number of repetitions. This approach was designed to improve mobility and flexibility, allowing the body to move more efficiently and with greater ease. Light strength exercises were also incorporated to help muscles adapt to new stimuli and build a foundation for more advanced movements. Emphasis was placed on engaging and strengthening stabilizing muscles, which are critical for maintaining balance and preventing falls.

As participants advanced through the program, more challenging seated exercises and standing exercises were gradually introduced. The complexity of movements was increased to enhance coordination, core stability, and overall strength. These exercises were specifically designed to target functional movements essential for daily activities, such as transitioning from sitting to standing, reaching for objects, and stepping safely.

Seated

Head tilt up/down	(Sit at edge of seat)
Head turn side to side	Weight shift forward/back
Head tilt side to side	Weight shift side to side
Shoulder shrugs up and back	Weight shift forward/back + reach forward
Shoulder blade pinch, squeeze, hold 3"	alternating sides
Torso rotation	Weight shift side to side + reach to the side
Knee to chest (bring knee in to chest)	alternating sides
Reach for toes (hamstring stretch)	Weight shift forward/back + reach high
Cross legs over (piriformis stretch)	Weight shift forward/back + reach low
	Weight shift side to side + tilt to the side reach
(Left and right side)	down
Ankle pumps forward/back	Knee lifts (marching)
Ankle side to side	Bicycle kicks
Ankle circles clockwise/counterclockwise	Knee extensions
Ankle alphabet (A, B, C, D, a, b, c, d)	
Spell own name	(Resistance band around knees)
	Clamshell
Calf raises	Marching
Toe raises	(Resistance band around ankles)
Toe curls	Knee extensions (kick out)



Leg curl (both legs out, keep one leg raised, pull back/forward)

Sit to stand

Standing, holding on to support (left and right side)

Leg raises forward

Leg raises sideways

Leg raises back

Knee lifts

Leg curls

Squats

Standing in place, feet shoulder width apart

Standing in place w/ eyes closed

Standing in place, head turn side to side

Standing in place, head tilt up and down

Standing in place, feet together

Repeat above

Weight shifting; forward/backward

Weight shifting; side to side

Weight shifting; clockwise/counterclockwise

Weight shifting; reach forward

Weight shifting; reach sideways

Weight shifting; reach up

Weight shifting; reach down

Weight shifting; reach down and sideways (tilt to the side)

Semi-tandem step (one foot forward; side by side); hold position

Semi-tandem step (one foot forward; side by side); weight shift forward/back

Tandem step (heel to toe); hold position

Tandem step (heel to toe); weight shift forward/back

Foot forward, foot back (space between each foot); hold position

Foot forward, foot back (space between each foot); weight shift forward/back

Heel lift, alternating sides; arm swings

Low march; continue with arms swings (normal pace)

Slow low march

Fast low march

High march; arms swings (normal pace)

Slow high march

Faster high march

Balance on one leg (1-2 seconds on their own); 30 seconds

Balance on one leg (5 seconds together)

Balance on one leg (30 seconds together)

Workshops

The program included three dedicated workshops designed to address key aspects of fall prevention and participant safety. The workshops were open to members of the fitness center and to the community:

Strength and Balance Workshop:

This workshop focused on educating participants about the importance of strength and balance in reducing fall



risks. It included demonstrations of exercises that could be practiced at home, emphasizing proper form and technique. Participants learned how to integrate these exercises into their daily routines, with guidance on gradually increasing intensity to build confidence and maintain improvements over time. Attendance: 21.

Home Safety Workshop:

This session provided practical strategies for creating a safer home environment. Topics included identifying common household hazards such as loose rugs, poor lighting, and cluttered pathways. Participants were guided on making simple yet impactful modifications, such as installing grab bars, using non-slip mats, and rearranging furniture to ensure clear walkways. The session also emphasized the importance of proper footwear and organizing frequently used items to minimize the need for reaching or bending. Participants were provided with resources and information about organizations that offer complimentary or discounted services specifically tailored for older adults. Attendance: 14.

Fall Emergency Preparedness Workshop:

This workshop prepared participants for potential fall situations, teaching them how to safely get up from a fall, when to seek help, and how to stay calm in emergencies. It also covered the importance of having an emergency plan, such as keeping a phone or medical alert device accessible. Participants were encouraged to communicate their plan to family members or caregivers and to practice techniques learned during the session. Live and video demonstrations were offered to accommodate different learning styles, ensuring all participants could engage effectively. Additionally, resources were provided with detailed information about devices that can aid in managing the aftermath of a fall. These included smartwatches with fall detection, indoor cameras for monitoring, reach-and-grab tools, lift assist devices, and other helpful equipment to support recovery and safety. Attendance: 17.

Feedback: Overall, participants' feedback was positive for all three workshops. More praise was given about the home safety workshop and fall emergency preparedness workshop. Free or discounted resources provided were appreciated since expenses can be a barrier for many older adults. Participants highlighted that having access to affordable tools and materials, such as non-slip mats, grab bars, and emergency kits, will make it easier to implement the safety measures discussed in the workshops.

Program Results

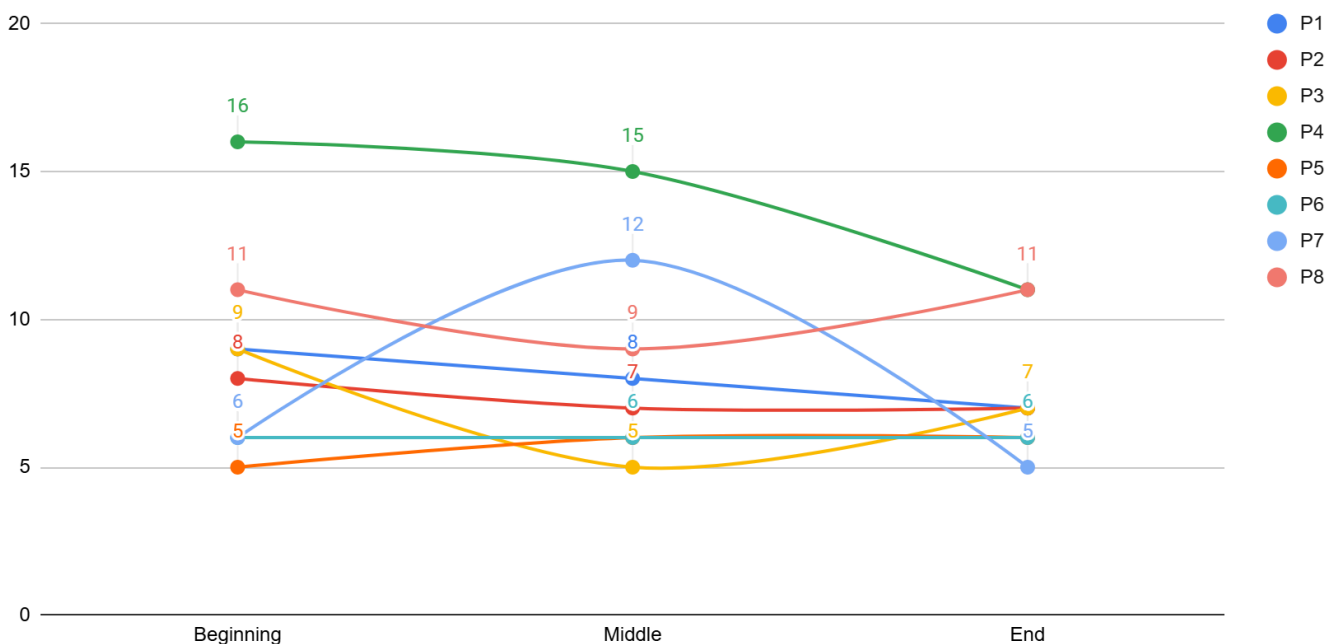
The **Fall Risk Assessment Tool (FRAT)** scores demonstrate the program's overall effectiveness in reducing fall risk among participants. Scores of this test from beginning to end were 8.75, 8.5, and 7.5, respectively. This



reflects a notable 14.3% reduction in average fall risk. This downward trend suggests that the intervention positively impacted the participants' ability to manage and reduce their risk of falling. This was done either by reducing medications, increasing exercise, educating oneself by attending workshops, or all of the above.

Participants showed varied results, with some achieving substantial improvements in key outcomes. For example, the individual with the highest initial score of 16 steadily reduced their risk, ending the program at a score of 11. A few others lowered their fall risk scores by a few points. Despite the positive overall trend, some participants exhibited minimal or no changes in their scores. For instance, individuals with initial scores of 5 or 6 maintained relatively stable scores throughout the program, reflecting low risk to begin with. A positive outcome of this test is that every participant completed the program within the low-risk range of 5–11.

FRAT (Fall Risk Assessment Tool) Scores



Low risk: 5 – 11, Medium risk: 12 – 15, High risk: 16 – 20

The **Fall Efficiency Scale - International (FESI)** scores provide a comprehensive view of participants' confidence in performing daily tasks. The average score for all participants decreased from 32.4 at the beginning of the program to 28.5 at the end, reflecting a 12% improvement. This overall reduction highlights the program's influence in enhancing participants' confidence and reducing their fear of falling. Participants reported feeling



more secure in their ability to prevent falls through the practical strategies and tools introduced in the program, such as balance exercises, proper footwear recommendations, and home modifications.

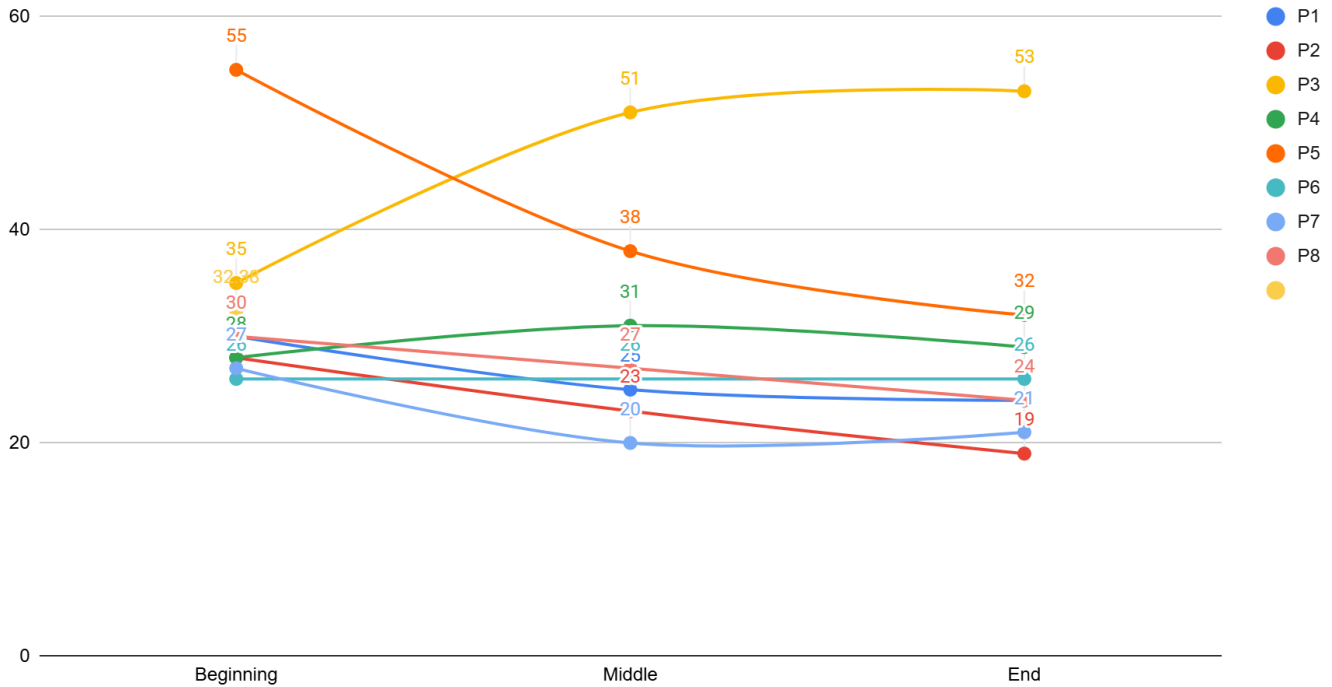
The categories with the greatest improvement in confidence levels were reaching for something above your head or on the ground (38%), going up or downstairs (21%), going out to a social event (15%), and taking a bath or shower (14%). Collectively, these areas demonstrated a 22% increase in confidence levels from the beginning to the end of the program.

Many participants demonstrated significant progress in their self-reported confidence. For example, one individual's score dropped from 28 to 19, showcasing a substantial increase in confidence and fall prevention capability. Another participant, who began with a score of 35, experienced a sharp decline to 39 by the middle of the program, and rose to 53 by the end, suggesting a potential regression influenced by external factors or personal challenges.

Outliers were also present, with a few participants experiencing an increase in scores. This may indicate a potential decline in confidence or the presence of additional barriers that impeded their improvement. These instances highlight the need for tailored support and personalized strategies to help these individuals address their unique challenges and enhance their progress.



FESI (Fall Efficiency Scale - International) Scores



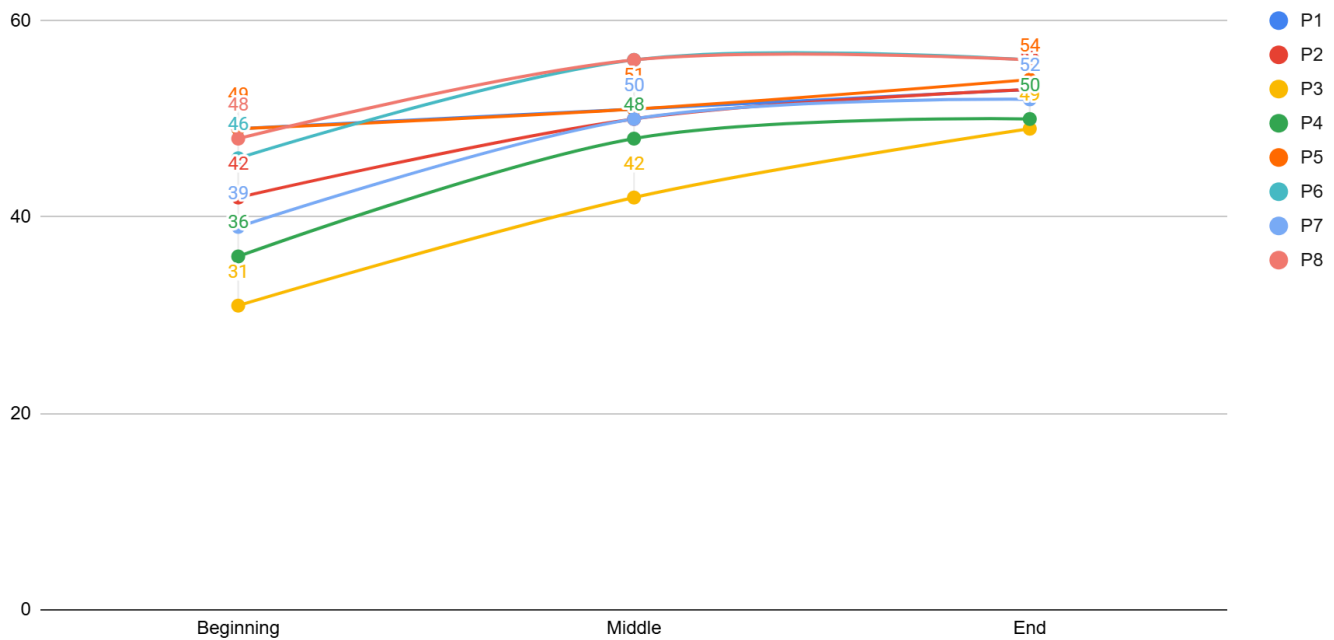
Low concern: 16 – 19, Moderate concern: 19 – 27, High concern: 28 – 64

The **Berg Balance Scale** scores highlight the program's contribution to improving participants' balance over time. The average score from 42.5 at the beginning to 52.88 at the end, reflects a 24.4% improvement. This upward trend underscores the program's impact on enhancing physical ability through targeted strength and balance exercises.

Participants showed notable progress throughout the program. The combination of exercise modalities show the program's success to reduce fall risk. Similarly, participants who started with higher scores, such as 48, also showed steady gains, ending with scores in the mid-50s. Progress varied among participants, but these differences indicate that while the program benefited everyone in different ways (physically, psychologically, mentally, or all three), customized interventions could further enhance outcomes for individuals with diverse needs.



Berg Balance Scale Scores



Low risk of falling: 41 - 56, Moderate risk of falling: 21 - 40, High risk of falling: 0 - 20

Notes About the Scores

On average, scores across all tests (FRAT, FESI, and Berg Balance Scale) showed improvement. While most participants demonstrated progress, a few did not show improvement in their scores. This may be attributed to a few factors, including some participants managing other medical conditions or taking medications that could affect their balance, cognitive function, or confidence.

Other contributing factors could include psychological barriers, such as fear of falling or anxiety, and environmental challenges, such as limited access to follow-up care or physical spaces not conducive to practicing balance activities. These findings highlight the importance of addressing individual circumstances and tailoring interventions to ensure all participants can achieve meaningful improvements.

Another factor influencing the variability in scores, particularly for the FRAT and FESI assessments, could be participants' cognitive difficulties or the inherently subjective nature of self-reported evaluations. The subjective nature of self-reported assessments means that individual interpretations of questions may vary,



leading to discrepancies in how participants rate their confidence, fear, or perceived risk of falling. Factors like mood, recent experiences (such as a fall or near-miss), and even the environment in which the assessment is conducted may further influence responses.

An additional challenge observed was the potential mismatch between participants' confidence levels and their actual physical abilities. In some cases, participants reported high confidence on assessments such as the FESI, despite having lower physical competence as measured by the Berg Balance Scale. This discrepancy, often referred to as "high confidence, low competence," may reflect a lack of awareness regarding their physical limitations or an overestimation of their abilities. Such mismatches can pose safety concerns, as overconfidence might lead participants to engage in activities beyond their physical capacity, increasing their risk of falls. To address this issue, the program could incorporate more objective physical assessments alongside self-reported measures to better align confidence levels with actual abilities.

The program initially accepted ten eligible participants, however two dropped out. As a result, reliable data was gathered from the eight participants who completed the program. Demographics of the program varied with 3 males, and 5 females all ages 55 and older. Ethnicity of participants included Caucasian, Hispanic, mixed ethnicity, South Asian, and East Asian.

Recommendations for Next Cohort

This pilot program allowed us to learn valuable insights about the needs, challenges, and opportunities in implementing a fall prevention program for older adults. The 12-week program was designed to reduce fall risks through a combination of exercise classes and educational workshops. Overall, the pilot provided a strong foundation for refining and expanding future cohorts.

Program Strengths

- **Medication review:** The medication review was helpful in educating participants about the medications they're taking. Our partners from the Peninsula Pharmacists Association provided valuable guidance.
- **Structured Exercise Classes:** Exercise classes focused on balance, strength, spatial awareness, core stability, gait, and reaction time. They followed a structured format designed to support gradual progression, helping participants build both confidence and physical ability over time.
- **Recruitment and Outreach:** The first cohort of participants was drawn from the members of the Health & Fitness center. 15 were interested, 10 enrolled, and 8 finished the program. The next cohort will focus on the broader community. Outreach will be done at recreation centers, senior showcase events,



and senior living communities. Referrals from health care providers will be an additional help. Additional advertising methods include social media campaigns, our website, and newspaper advertisements.

Challenges Identified and Recommendations

Challenges	Action
Variability in progress and lack of improvement in some participants.	Tailor Interventions for Individual Needs: Implement personalized action plans based on individual assessments. For participants with medical conditions or medication effects that impact balance, introduce modified exercises or alternative activities suited to their abilities. For outliers, consider additional one-on-one sessions or tailored guidance to address specific challenges.
High confidence but low physical competence.	Incorporate Additional Objective Assessments: Use objective physical assessments (e.g., gait analysis, strength tests) alongside self-reported confidence measures to identify discrepancies between confidence and actual abilities. Regularly share these objective results with participants to help them understand their true physical capabilities and tailor their expectations and behaviors accordingly. Organize assessments into a more structured and comprehensive framework that includes detailed evaluations of key areas such as balance, strength, gait, mobility, flexibility, core stability, and vision.
Participants' inconsistency in answering self-reported assessments - FRAT and FESI	Improve Assessment Consistency: Develop a structured, guided approach for completing assessments. Clarify questions to minimize confusion or misinterpretation, and provide examples or prompts where needed.
High confidence, low competence.	Address Overconfidence with Education: Introduce educational sessions to teach participants about the importance of balancing confidence with realistic evaluations of their physical abilities. Use real-life examples, videos, or demonstrations to show the risks of overestimating their abilities and emphasize safety practices.



The pilot program highlighted the importance of addressing falls as a preventable public health issue and demonstrated the value of a comprehensive approach incorporating standardized assessments, education, and a fitness regimen. The insights gained from this initial cohort will guide the refinement of program design, recruitment strategies, and delivery methods, ensuring greater accessibility, inclusivity, and impact for future participants.

Data

FRAT Scores

Baseline: Testing #1

	Total Score (5-20)	Recent Falls 2=none 4=1, 3-12mo ago 6=1, <3mo 8=1+, <3mo	Medications 1=taking none 2=taking 1 3=taking 2 4=2 or more	Psychological	Cognitive Status
P1	9	4	3	1	1
P2	8	4	2	1	1
P3	9	6	1	1	1
P4	16	8	4	3	1
P5	5	2	1	1	1
P6	6	2	2	1	1
P7	6	2	2	1	1
P8	11	4	4	2	1
AVERAGE	8.75	4	2.375	1.375	1



Midpoint: Testing #2

	Total Score (5-20)	Recent Falls 2=none 4=1, 3-12mo ago 6=1, <3mo 8=1+, <3mo	Medications 1=taking none 2=taking 1 3=taking 2 4=2 or more	Psychological	Cognitive Status
P1	8	2	4	1	1
P2	7	4	1	1	1
P3	5	2	1	1	1
P4	15	8	4	2	1
P5	6	2	2	1	1
P6	6	2	2	1	1
P7	12	6	4	1	1
P8	9	4	2	2	1
AVERAGE	8.5	3.75	2.5	1.25	1

Program Completion: Testing #3

	Total Score (5-20)	Recent Falls 2=none 4=1, 3-12mo ago 6=1, <3mo 8=1+, <3mo	Medications 1=taking none 2=taking 1 3=taking 2 4=2 or more	Psychological	Cognitive Status
P1	7	2	3	1	1
P2	7	4	1	1	1
P3	7	4	1	1	1
P4	11	6	3	1	1
P5	6	2	2	1	1
P6	6	2	2	1	1
P7	5	2	1	1	1
P8	11	4	4	2	1
AVERAGE	7.5	3.25	2.125	1.125	1



% Change between first and last test	-14.29%	-18.75%	-10.53%	-18.18%	0.00%

FESI

Baseline: Testing #1

	Total Score (16-64)	Cleaning the house	Getting dressed	Preparing simple meals	Taking a bath or shower	Going to the shop	Getting in or out of a chair	Going up or downstairs	Walking around in the neighborhood
P1	30	1	1	1	1	2	1	2	2
P2	28	1	1	1	3	1	3	2	1
P3	35	2	1	1	1	2	3	4	2
P4	28	2	1	1	1	1	1	2	3
P5	55	3	3	3	4	3	3	4	3
P6	26	1	1	1	2	1	1	3	2
P7	27	1	1	1	1	1	3	3	2
P8	30	1	1	1	1	1	1	4	2
AVG	32.375	1.5	1.25	1.25	1.75	1.5	2	3	2.125

	Reaching for something above your head or on the ground	Going to answer the telephone before it stops ringing	Walking on a slippery surface	Visiting a friend or relative	Walking in a place with crowds	Walking on an uneven surface	Walking up or down a slope	Going out to a social event
P1	2	2	3	2	2	3	3	2
P2	2	1	2	2	1	3	3	1
P3	3	2	4	1	1	4	3	1



P4	2	1	1	2	2	3	3	2
P5	4	3	4	3	4	4	4	3
P6	1	1	3	1	1	3	3	1
P7	2	1	2	1	2	2	2	2
P8	3	2	3	1	2	2	4	1
AVG	2.375	1.625	2.75	1.625	1.875	3	3.125	1.625

Midpoint: Testing #2

	Total Score (16-64)	Cleaning the house	Getting dressed	Preparing simple meals	Taking a bath or shower	Going to the shop	Getting in or out of a chair	Going up or downstairs	Walking around in the neighborhood
P1	25	1	1	1	1	2	1	2	2
P2	23	1	1	1	3	1	1	2	1
P3	51	4	2	2	2	3	3	4	4
P4	31	1	2	2	1	2	1	2	2
P5	38	1	2	1	2	2	1	3	3
P6	26	1	1	1	1	1	1	2	2
P7	20	1	1	1	1	1	1	2	1
P8	27	1	1	1	1	1	1	3	2
AVG	30.125	1.375	1.375	1.25	1.5	1.625	1.25	2.5	2.125

	Reaching for something above your head or on the ground	Going to answer the telephone before it stops ringing	Walking on a slippery surface	Visiting a friend or relative	Walking in a place with crowds	Walking on an uneven surface	Walking up or down a slope	Going out to a social event
P1	1	2	2	2	2	2	2	1
P2	1	1	2	1	2	2	2	1
P3	3	4	3	3	4	4	4	2
P4	1	1	3	2	2	4	3	2



P5	3	2	3	3	3	4	4	1
P6	1	1	2	2	2	3	4	1
P7	1	1	2	1	1	2	2	1
P8	2	2	3	1	1	2	4	1
AVG	1.625	1.75	2.5	1.875	2.125	2.875	3.125	1.25

Program Completion: Testing #3

	Total Score (16-64)	Cleaning the house	Getting dressed	Preparing simple meals	Taking a bath or shower	Going to the shop	Getting in or out of a chair	Going up or downstairs	Walking around in the neighborhood
P1	24	1	1	1	1	2	1	2	2
P2	19	1	1	1	1	1	1	2	1
P3	53	4	3	3	3	3	4	4	4
P4	29	1	1	1	1	2	2	2	2
P5	32	1	2	1	2	2	1	3	3
P6	26	1	1	1	1	1	1	2	2
P7	21	1	1	1	1	1	1	1	1
P8	24	1	1	1	2	1	1	3	2
AVG	28.5	1.375	1.375	1.25	1.5	1.625	1.5	2.375	2.125
% Change between first and last test	-11.97%	-8.33%	10.00%	0.00%	-14.29%	8.33%	-25.00%	-20.83%	0.00%



	Reaching for something above your head or on the ground	Going to answer the telephone before it stops ringing	Walking on a slippery surface	Visiting a friend or relative	Walking in a place with crowds	Walking on an uneven surface	Walking up or down a slope	Going out to a social event
P1	1	1	2	2	2	2	2	1
P2	1	1	1	1	1	2	2	1
P3	3	4	3	2	3	4	4	2
P4	1	1	2	1	2	4	4	2
P5	2	1	3	2	2	3	3	1
P6	1	1	3	1	2	3	3	2
P7	2	1	3	1	1	2	2	1
P8	1	1	2	1	1	2	3	1
AVG	1.5	1.375	2.375	1.375	1.75	2.75	2.875	1.375
% Change between first and last test	-36.84%	-15.38%	-13.64%	-15.38%	-6.67%	-8.33%	-8.00%	-15.38%



Berg Balance Scores

Baseline: Testing #1

	Total Score (Out of 56)	Sitting to Standing	Standing Unsupported	Sitting with Back Unsupported but Feet Supported on the Floor	Standing to Sitting	Transfer from one chair to another	Standing Unsupported with Eyes Closed	Standing Unsupported with Feet Together
P1	49	3	4	3	4	4	4	4
P2	42	3	4	4	3	3	4	4
P3	31	3	4	3	3	3	3	3
P4	36	3	3	4	3	3	3	3
P5	49	3	3	4	3	3	4	4
P6	46	4	4	4	4	4	3	3
P7	39	3	4	4	3	3	3	3
P8	48	4	4	4	3	4	4	4
AVG	42.5	3.25	3.75	3.75	3.25	3.375	3.5	3.5

	Reaching Forward with Outstretched Arm While Standing	Picking Up an Object from the Floor from a Standing Position	Turning to Look Behind Over Left and Right Shoulders While Standing	Turning 360 Degrees	Placing Alternate Foot on Step or Stool While Standing Unsupported	Standing Unsupported One Foot in Front	Standing on One Leg
P1	4	4	4	2	4	3	2
P2	4	3	4	2	2	2	0
P3	2	2	2	2	0	1	0
P4	3	3	3	2	2	1	0
P5	3	3	4	3	4	4	4
P6	3	4	4	4	3	0	2
P7	3	3	4	3	2	0	1



P8	3	3	4	3	3	3	2
AVG	3.125	3.125	3.625	2.625	2.5	1.75	1.375

Midpoint: Testing #2

	Total Score (Out of 56)	Sitting to Standing	Standing Unsupported	Sitting with Back Unsupported but Feet Supported on the Floor	Standing to Sitting	Transfer from one chair to another	Standing Unsupported with Eyes Closed	Standing Unsupported with Feet Together
P1	51	4	4	4	4	4	4	4
P2	50	4	4	4	4	4	4	4
P3	42	3	4	4	4	3	4	4
P4	48	4	4	4	4	4	4	4
P5	51	4	4	4	4	4	4	4
P6	56	4	4	4	4	4	4	4
P7	50	4	4	4	4	4	4	4
P8	56	4	4	4	4	4	4	4
AVG	50.5	3.875	4	4	4	3.875	4	4

	Reaching Forward with Outstretched Arm While Standing	Picking Up an Object from the Floor from a Standing Position	Turning to Look Behind Over Left and Right Shoulders While Standing	Turning 360 Degrees	Placing Alternate Foot on Step or Stool While Standing Unsupported	Standing Unsupported One Foot in Front	Standing on One Leg
P1	4	4	4	2	4	4	1
P2	3	4	4	2	4	4	1
P3	3	3	4	2	3	0	1
P4	4	4	4	4	3	0	1
P5	4	3	4	4	3	3	2



P6	4	4	4	4	4	4	4
P7	3	3	4	4	4	3	1
P8	4	4	4	4	4	4	4
AVG	3.625	3.625	4	3.25	3.625	2.75	1.875

Program Completion: Testing #3

	Total Score (Out of 56)	Sitting to Standing	Standing Unsupported	Sitting with Back Unsupported but Feet Supported on the Floor	Standing to Sitting	Transfer from one chair to another	Standing Unsupported with Eyes Closed	Standing Unsupported with Feet Together
P1	53	4	4	4	4	4	4	4
P2	53	4	4	4	4	4	4	4
P3	49	4	4	4	4	4	4	4
P4	50	4	4	4	4	4	4	4
P5	54	4	4	4	4	4	4	4
P6	56	4	4	4	4	4	4	4
P7	52	4	4	4	4	4	4	4
P8	56	4	4	4	4	4	4	4
AVG	52.875	4	4	4	4	4	4	4
% Diff from 1st test to 3rd test	24.41%	23.08%	6.67%	6.67%	23.08%	18.52%	14.29%	14.29%



	Reaching Forward with Outstretched Arm While Standing	Picking Up an Object from the Floor from a Standing Position	Turning to Look Behind Over Left and Right Shoulders While Standing	Turning 360 Degrees	Placing Alternate Foot on Step or Stool While Standing Unsupported	Standing Unsupported One Foot in Front	Standing on One Leg
P1	4	4	4	2	4	4	3
P2	4	4	4	4	4	4	1
P3	3	3	4	4	2	4	1
P4	4	4	4	4	3	3	0
P5	4	3	4	4	4	4	3
P6	4	4	4	4	4	4	4
P7	4	4	4	4	3	3	2
P8	4	4	4	4	4	4	4
AVG	3.875	3.75	4	3.75	3.5	3.75	2.25
% Diff from 1st test to 3rd test	24.00%	20.00%	10.34%	42.86%	40.00%	114.29%	63.64%

Testimonial

"I enjoyed the variety and challenging strength and balance exercises, the pleasant and fun atmosphere created by Richard and by our classmates."

"My neurologist and PCP have much appreciation for the results, as do I."

"This program has boosted my confidence and improved my balance and strength. Everyday tasks are easier, and I feel safer and more independent."