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Public Meeting of The
Board of Directors
Thursday, October 26, 2023, 6:30 pm
1819 Trousdale Dr., Burlingame (Classroom)

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.

3. Report Out from Closed Session: 10/26/2023: Chairman Lawrence Cappel

4. Consent Calendar:

- | | |
|--|------------------|
| a. Board Meeting Minutes – September 28, 2023 | Pg. 1-7 |
| b. Community Health Investment Committee Minutes- August 7, 2023 | Pg. 8-11 |
| c. Checking Account Transactions - September 2023 | Pg. 12-14 |
| d. Treasurer's Report – September 2023 | Pg. 15 |
| e. Q1 FY 2023-2024 Investment Report | Pg. 16-18 |
| f. Q1 FY 2023-2024 Unaudited Financials | Pg. 19-23 |
| g. Sonrisas Q1 FY 2023-2024 Report | Pg. 24-26 |
| h. Approval of Resolution 2023-07 Authorizing Two-Year Grants | Pg. 27-28 |

5. **New Business:**
 - a. **Board of Directors Proposed Meeting Calendar for 2024:** Chairman Lawrence Cappel **Pg. 29**

6. **Old Business:**
 - a. **PWC Hub Update:** Alexis Denton and Maria Mortati, Resilient Environment, LLC **Pg. 30-78**
 - b. **allcove™ Outreach Plan:** Eddie Flores, PHCD Youth Behavioral Health Programs Director, **Pg. 79-86**
and Jackie Almes, PHCD Youth Outreach Specialist

7. **Reports:**
 - a. **Board Standing Committees:**
 - Community Health Investment** - October 11, 2023
 - Strategic Direction Oversight** - Next Meeting November 1, 2023
 - Finance** - Next Meeting November 14, 2023
 - b. **Board Chair and Director Reports**

8. **Correspondence and Media:**
 - a. 10/2 Thank You Letter from San Mateo County Health Foundation **Pg. 87**
 - b. 10/13 Thank You Letter from Mission Hospice & Home Care **Pg. 88**

9. **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.

<p>BOARD OF DIRECTORS MEETING MINUTES 6:30 pm Thursday, September 28, 2023 1819 Trousdale Dr. Burlingame, Ca 94010 (Classroom)</p>		
<p><u>Directors Present</u> Chair Cappel Vice-Chair Pagliaro Secretary Zell Director Sanchez</p>	<p><u>Directors Absent</u> Director Navarro</p>	<p><u>Also, Present</u> Darian Harris, Chief Executive Officer, Mills-Peninsula Medical Center Dr. Tamarra Jones, Public Health Chief Equity Officer, San Mateo County</p>

1. Call to Order and Roll Call: Chair Cappel called the meeting to order at 6:42 p.m. Roll call attendance was taken. A quorum was present.

2. Public Comment on Non-Agenda Items

Members of the Health and Fitness Center were present and voiced their desire for the inclusion of the Senior Advisory Committee in the hiring process for the new director.

Ms. Howard, a member of the Health and Fitness Center, suggested including a representative group of Fitness members in the interview process for the new director being hired at the center. To accomplish this, Ms. Howard proposed involving the Senior Advisory Committee, which had been appointed by Cheryl Fama since 2018 to represent and advocate for the center. The main objective is to enhance the hiring process and ensure the selection of the most suitable candidate for the position.

Ms. Velez expressed her concerns and disappointment regarding the resignation of the former Health and Fitness Center Director, Ms. Marheineke. Ms. Velez spoke highly of Ms. Marheineke's unwavering dedication, strong drive, and the meaningful connections she fostered, which have now blossomed into lasting friendships. Furthermore, Ms. Velez emphasized that during the challenging times of the pandemic, Ms. Marheineke proved to be an incredible asset. She kept the center's members connected with one another, providing a lifeline for the seniors who were experiencing isolation due to the inability to gather at the center. Ms. Velez highlighted the significant role Ms. Marheineke played in fostering a sense of community and support. Recognizing the importance of continuity, Ms. Velez stressed the need for the Senior Advisory Committee to be actively involved in the hiring process for the new director.

Ms. Flanagan expressed her surprise upon learning about Ms. Marheineke resignation. She emphasized the tremendous loss it was for the District, as Ms. Marheineke was the ideal person for the position, possessing a strong background in Exercise Physiology and a deep understanding of the social and emotional needs of seniors. Ms. Flanagan, who is also a dedicated member of the Senior Advisory Committee, requested that the PHCD Board consider allowing their participation in the hiring process.

Ms. Flanagan strongly believed that the Advisory Committee's involvement would not only bring valuable perspectives but also ensure the selection of a director who can continue Ms. Marheineke's exceptional work in supporting the holistic well-being of the center's members.

Ms. Shek shared her personal journey as a stroke survivor and highlighted the profound impact that the Health and Fitness Center has had on her life and recovery. She echoed the sentiments expressed by the other members and emphasized the importance of their inclusion in the hiring process. **Ms. Shek** requested that the PHCD Board allow them to actively participate and provide their feedback in selecting the next director.

3. Report Out From Closed Session: 8/24/2023 and 9/28/2023

Chair Cappel stated that the Board held discussions reviewing the PWC development during the closed session meetings held on 8/24/2023 and 9/28/2023.

4. Consent Calendar:

- a. Board Meeting Minutes - August 24, 2023
- b. Checking Account Transactions- August 2023
- c. Treasurer's Report – August 2023
- d. Compliance with Government Code Section 53065.5, annual disclosure of reimbursements over \$100
- e. Proposal to Approve allcove™ Peer Specialist Position and Salary Range
- f. Proposal to Approve allcove™ Clinical Leader Position to Clinical Director Position with a Salary Range Change

Vice-Chair Pagliaro inquired about the eighth transaction listed on page 11 regarding furniture purchase. **CFO Yee** explained that it represented the outstanding balance for the allcove™ furniture.

Motion to Approve the Consent Calendar as Presented

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

Vote: Ayes – Cappel, Pagliaro, Zell, Sanchez

Noes: 0

Abstain: 0

Motion Passed: 4/0/0

5. New Business:

a. Introduction: Darian Harris, Chief Executive Officer, Mills-Peninsula Medical Center

Chair Cappel introduced the new CEO of Mills-Peninsula Medical Center, Darian Harris.

Mr. Harris introduced himself and share a brief overview of his background. He expressed his enthusiasm for working together with the District in the future and to help better serve the community. Additionally, he provided an update on the Mickelson warm water therapy pool. Construction is expected to begin in November 2023 and the pool is anticipated to reopen by July 2024.

Lindsay Raike offered a public comment and extended her congratulations to Mr. Harris on his new role as the CEO of Mills-Peninsula Medical Center. She expressed gratitude to him for providing an update on

the progress of reopening the Mickelson pool. Additionally, Ms. Raike inquired whether Sutter had plans to restore the pool's operating hours to normal, considering the significant reduction during the pandemic.

Chair Cappel commented that he would set up a future session where specific questions regarding the Mickelson pool could be answered.

Michael Schrader offered a public comment, asking the Board to share with Mr. Harris the list compiled by former CEO, Ms. Fama, of the critical community programs that have recently been closed.

b. San Mateo County Community Health Needs Assessment: Dr. Tamarra Jones, Public Health Chief Equity Officer, San Mateo County

Presentation Highlights

San Mateo County Health, Public Health Policy & Planning conducted the 2023 Community Health Assessment (CHA) to collect information about the county's current health status to understand the lives and needs of residents, based on the 2022 Health & Quality of Life (HQoL) survey and Fall 2023 CHA community forums. 3,053 adult residents responded to the HQoL survey, answering questions about physical and mental well-being, health risk behaviors, and quality of life. This factsheet is a summary of HQoL key findings about equity priority communities (communities experiencing the biggest health and social inequities in San Mateo County).

Social Determinants of Health

- Pacific Islander and low-income communities had the lowest rates of health insurance coverage.
- Low-income communities had the highest percentage of fair/poor personal finances and food insecurity.
- LGBTQ+ communities fared worse than the county overall in health insurance coverage, personal finances, homelessness, affordable housing, and food insecurity. Of all equity priority communities, LGBTQ+ communities fared worst in housing (homelessness and rating availability of affordable housing as fair/poor).

Mental Health

- LGBTQ+ communities had the highest:
 - Percentage experiencing depression
 - Average number of poor mental health days
 - Percentage with four or more adverse childhood experiences (ACEs). ACEs are stressful or traumatic events that occurred during childhood, including abuse and neglect. People with four or more ACEs are at higher risk for health problems.
- Black communities overwhelmingly had the highest percentage emotionally affected by racism.
- Latino, low-income, LGBTQ+, North Fair Oaks (zip 94063), and East Palo Alto (zip 94303) communities fared worse than the county overall in all mental health areas.

Substance Use

- San Mateo (zip 94401) reported the highest percentages of binge drinking.
- Individuals with high school education or less and low income communities had the highest percentages of cigarette smoking.
- LGBTQ+ communities had the highest:
 - Average number of days using marijuana in the last 30 days
 - Percentage currently vaping
 - Percentage ever using illegal drugs
- LGBTQ+ and North Fair Oaks (zip 94063) communities fared worse than the county overall in all substance use areas.

Chronic Disease

- Of all equity priority communities, Pacific Islander communities had the highest percentages of arthritis, diabetes, cardiovascular risk, and overweight/obese
- North Fair Oaks (zip 94063) and East Palo Alto (zip 94303) had the highest percentages with asthma.
- East Palo Alto (zip 94303) had the lowest percentage practicing healthy behaviors.
- Black, low income, and East Palo Alto (zip 94303) communities fared worse than the county overall in all chronic disease areas.

Q & A with Dr. Tamara Jones

Chair Cappel thanked Ms. Jones for her presentation and acknowledged that the data she presented serves as a valuable starting point in identifying which areas of the community and demographics may require health and quality of life programs.

After the data is gathered, how are healthcare districts incorporated into the San Mateo County Health planning process?

They actively engage with community members and organizations in areas that require healthcare programs, with the goal of working together to identify effective solutions that address the needs of the community. By fostering teamwork and involving organizations that have a vested interest in the community, they can accomplish real progress.

6. Old Business:

a. Consider and Approve an Amendment Extending the Exclusive Negotiating Agreement Term Sheet Phase: Matthew Gray, Counsel, Perkins Coie

Vice-Chair Pagliaro expressed his preference for the exclusion of part 2(B) of the contract amendment from the motion. This particular section states that a 60-day extension can be approved by the CEO. Instead, Vice-Chair Pagliaro proposed that a vote from the Board on the matter should be required prior to its approval.

Director Zell asked Vice-Chair Pagliaro if that was a motion to approve the agreement with the deletion of section 2(B)?

Vice-Chair Pagliaro answered yes

Ms. Chan, from Perkins Coie sought clarification regarding the deletion, specifically inquiring whether it pertained to the entire Section 2(B) or solely the second sentence.

Vice-Chair Pagliaro clarified that it was the second sentence. It states, "The District's Chief Executive Officer may approve such sixty (60) day extension on behalf of the District."

Ms. Chan commented that the Board could approve the motion with the deletion and that the contract would then be taken back to the developers for their approval.

Motion to Approve the Amendment Extending the Exclusive Negotiating Agreement excluding section of 2(B) stating "The District's Chief Executive Officer may approve such sixty (60) day extension on behalf of the District."

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

Vote: Ayes – Cappel, Pagliaro, Sanchez

Noes: 0

Abstain: Zell

Motion Passed: 3/0/1

b. allcove™ Construction Update: Eddie Flores, Youth Behavioral Health Programs Director, Peninsula Health Care District

DOYBH Flores and YOS Almes presented an update on the allcove™ construction.

Presentation Highlights

allcove™ San Mateo's Tenant Improvements

- Following the Beach Cities site tour, staff adjusted the space plans
- New flex space for youth (the previous staff work area)
- A new staff workspace area (the previous group counseling room)
- An additional wall for more privacy for the counseling rooms ADA and public lobby improvements by landlord
- The ADA access ramp in the public lobby and improvements (new carpet and paint) will be covered by the owner of the property
- Construction started in the beginning of July and is slated to finish T.I. by the end of September.

Q & A with BYOM Flores and YOS Almes

Director Zell emphasized the importance of clarifying with the vendor that the District needs to be compliant with HIPPA regulations for the IT and security of the facility.

Director Sanchez highlighted the need for extra attention to be given to the soundproofing of the facility to ensure the confidentiality of the youths is maintained.

DOYBH Flores mentioned that additional measures have been thoroughly discussed to address the soundproofing of the facility and ensure its effectiveness.

Could you share with the Board about your experience, along with the valuable insights obtained, from your recent visit to Beach Cities as detailed in the report that was received?

One aspect was the significant number of youths who arrived with their parents. This valuable insight helped in the process of restructuring the floor plan at allcove™_San Mateo. As a result, a designated waiting room for parents was created, equipped with desks where they can comfortably wait and utilize their laptops while the youths receive services. Additionally, there were suggestions made to refrain from labeling certain areas where counseling would be provided in order to further prioritize the privacy and confidentiality of the youth seeking assistance.

7. Reports:

a. Board Standing Committees:

Community Health Investment - Next Meeting October 2, 2023

Director Sanchez stated that the upcoming meeting is scheduled for October 2nd. During this meeting, the team will be reviewing LOIs and proposals. Afterward, they plan to invite selected applicants to submit formal applications before beginning the vetting process.

Strategic Direction Oversight - Next Meeting November 1, 2023

Chair Cappel stated that in the next meeting they will be continuing the discussion on the PWC hub and its progress.

Finance - Next Meeting November 14, 2023

Director Zell stated that the next meeting is scheduled for November 14th. He mentioned that during his visit to, the Association for California Healthcare Districts, along with Chair Cappel and Director Navarro, he discovered that two healthcare districts near the border were being legislatively dissolved without going through the LAFCO process.

Chair Cappel also expressed his disappointment upon learning about the closures of these healthcare districts, as they were operating in underserved communities.

Director Zell would like some future discussion by the Board relating to this matter.

Chair Cappel stated that Sheryl Young has recently resigned from the Board at Sonrisas. In light of this, he requested to be informed if anyone knows someone who might be interested in serving on their Board.

Board Chair and Director Reports

Chair Cappel stated that there were no reports.

8. Correspondence and Media:

a. 9/19 Thank you Letter from Mills-Peninsula Hospital

9. Adjourn: 8:18

Written by: Voula Theodoropoulos

Approved by: _____
Lawrence W. Cappel, Board Chair



COMMUNITY HEALTH INVESTMENT COMMITTEE

MEETING

Monday, August 7, 2023

5:30 - 6:30 PM

Minutes

1. Call to Order: Chair Navarro called the meeting to order at 5:30pm. CHIC members present were: Navarro, Sanchez, Baker, Neider, Martinez, Durazo, Lund

2. Welcome & Introductions

During the introductory session, both the esteemed Board members and the dedicated Community Committee members had the opportunity to introduce themselves. They shared their professional backgrounds, spanning from healthcare administration to community outreach, underscoring their unwavering dedication to public service. Each member conveyed their heartfelt commitment to addressing the healthcare needs of the community, highlighting their personal reasons for joining the District.

3. Review 2023 Community Health Investment Fund Expenditures

CEO Pulido presented a breakdown on the Community Health Investment Fund Expenditures.

A. Impact Partners Program

Budget - \$742,000

Total Awarded - \$715,000 (4 Organizations)

Focus Areas – Preventive Health & Healthy Aging

B. Community Grants Program

Budget - \$1,158,000

Total Awarded - \$1,140,000 (39 Organizations)

Focus Areas – Preventive Health, Healthy Aging, Mental Health

C. Healthcare Workforce Tuition Assistance Program

Budget - \$50,000

Total Awarded - \$0

D. Discretionary Funds - Small Grants & Events/Sponsorships



Budget - \$25,000

Total Awarded - \$5,000 (1 Organization)

Focus Area – Preventive Health

4. 2024 Grant Cycle

A. Community Health Investment Committee Charge

The Committee acts as an advisory body to the Board by identifying and vetting opportunities to invest public funds in programs and services that will address the health needs of its constituents. The Committee's work is guided by the Board's vision, mission, and strategic direction and helps to ensure the District's investments address priority needs and achieve measurable improvements in the health outcomes of its residents.

B. Community Grant Program Policy, Eligibility, Funding Priorities

The Peninsula Health Care District exists to address the health needs of their residents. It carries this out through a vigilant monitoring of resident health and seeks opportunities to promote health, ensure access to needed health services, and achieve equity in health outcomes. It achieves this through a variety of health investment strategies from directly providing services and facilities to partnering with service providers through funding support to community-based organizations that address the identified needs of District residents. The Community Grants Program is one of the overall District community health benefit strategies established to recognize and support the essential contribution non-profit organizations make to the health ecosystem.

C. 2024 Budget

Community Grants Budget 2024	
Impact Partnership Grants (3-Year Grants)	\$ 742,000
Samaritan House	\$ (320,250)
Mission Hospice	\$ (173,250)
Teen Van	\$ (175,000)
Ombudsman	\$ (73,500)
Impact Partnership Grants Available Funds	\$ -
Community Grants (1-Year Grants)	\$ 1,183,000
San Bruno Parks Wellness Coordinator	\$ (75,000)
Community Grants Available Funds	\$ 1,108,000
Community Support Funds (Discretionary Funds)	\$ 75,000
Contributions and Sponsorships	\$ (50,000)
Small Grants	\$ (25,000)
Community Support Available Funds	\$ -
Total Available for 2024	\$ 1,108,000

D. LOI Review Process

Letter of Interest Screening Criteria Ideas

1. Organization's name
2. Serves PHCD residents



3. Addresses one Focus Area
 - Healthy Aging - socialization & connectivity
 - Mental Health - prevention services & programs
 - Preventive Health – education, nutrition, screenings & healthy living
 - Health Equity – increasing health care access
4. Clear, strong program description and associated activities
5. Request within range - \$10-60K
6. How funds will be used
7. Total budget - involves leverage additional funding to support the program
8. Location program will take place (city and zip codes)
9. Demographics of community to be served
10. How the program will address health disparities
11. Projected number of people to be served with this funding request
12. Percentage of the projected number reside in PHCD
13. Measurable outcomes
14. Q2 report submitted on time
15. Collaborate with other agencies or local government
16. Will requested funds launch, maintain or expand this program
17. Measurement tools used to track impact
18. Organization’s history with PHCD

E. Committee Meeting Schedule & Work Plan

Community Health Investment Committee - 2023 Meeting Schedule & Work Plan

- **Monday, August 7, 2023, 5:30pm - Meeting #1 (1.0 hours)**
- **Monday, October 2, 2023, 5:30pm - Meeting #2 (1.5 hours)**
- **Thursday, October 26 – Applications due**
- **Friday, October 27 – Application review begins in Zengine**
- **Monday, November 13 – Application review completed**
- **Monday, November 20, 2023, 5:00pm - Meeting #3 (2.5 hours)**

Q & A with CEO Pulido

Will the new CHI Director collaborate with you on the small grants and sponsorships?

Once the new Strategic Initiatives Director is hired, we will work together on the small grants and sponsorships.

Where are you currently in the hiring process?

We are in the initial stages of the hiring process, and the first round of interviews is scheduled for this week. We are optimistic about finding a suitable candidate.

Can you provide information on the utilization of available funds in the last year?

Approximately \$1.9M out of the total \$2M was utilized last year.



In the past, there have been organizations that submitted multiple grant applications for different initiatives. Will organizations be permitted to submit more than one application?

Currently, it is stated that only one grant per organization is allowed.

Chair Navarro commented that he would like to put forth a proposal to redirect the \$50,000 that was originally set aside for the Health Education Support Program towards the CHI fund. The aim is to allocate these funds towards the grants program, as there hasn't been an applicant for this particular funding in quite a while. Additionally, Chair Navarro proposed a new system for organizing grant recipients into tiers, taking into account their seniority within the program. This would entail the introduction of one, two, and three-year tiers, allowing for a more comprehensive review and due diligence process for new grantees applying for one-year grants. By implementing this approach, the staff would have ample time to thoroughly assess the potential of each applicant.

Vice-Chair Sanchez commented that it is important to consider how the tiers would function, as longer tiers would naturally result in fewer funds being available in subsequent years for new organizations applying for grants.

Mary Lund recommended that the "General Operating Support" section in the Grants Guidelines & Eligibility be more specific, requiring organizations to clearly outline how the funds would be allocated. This would enhance transparency and accountability in fund usage.

Bryan Neider suggested hosting a workshop organized by the District to aid smaller organizations that may face resource constraints in preparing their grant proposals. The workshop would provide guidance and assistance in navigating the application process, ensuring these organizations receive the necessary support.

CEO Pulido stated that she would look into the possibility of setting up a workshop to support organizations from the initial submission of their Letters of Intent (LOIs) through the entire application process.

Chair Navarro updated the committee, stating that the meeting scheduled for Monday, November 20th will now commence at 5:00 pm, instead of the previously announced time of 5:30 pm.

5. Committee Bios and Photos

6. Adjourn: Chair Navarro adjourned the meeting at 6:37 pm

Written by: Voula Theodoropoulos

Approved by: _____
Navarro, CHIC Committee Chair

**Peninsula Health Care District
Checking Transactions
September-23**

Date	Description	Deposit	Withdraw
Admin			
9/1/2023	Iron Mountain		691.05
9/1/2023	County of San Mateo, CA	7,791.81	
9/1/2023	CalPERS Pension		5,974.36
9/5/2023	SC Property Management		31,121.00
9/7/2023	Bay Alarm		299.94
9/7/2023	County School Service Fund		60,630.55
9/7/2023	Voler Strategic Advisors Inc.		8,000.00
9/7/2023	PG&E		827.06
9/7/2023	Streamline		375.00
9/7/2023	KBA Document Solutions, LLC		431.11
9/7/2023	List Engineering		200.00
9/7/2023	Zone 4 Construction Inc.		264,789.29
9/7/2023	FSA Payment		40.00
9/7/2023	CalPERS Pension		700.00
9/7/2023	Fund Transfer from Leasing to Admin	500,000.00	
9/11/2023	Paychex		380.30
9/11/2023	California Public Employees Retirement		11,622.73
9/12/2023	FSA Payment		10.00
9/14/2023	J & E Pro Cleaning and Handy Services		660.00
9/14/2023	Peninsula Volunteers, Inc		2,880.00
9/14/2023	American Cancer Society		1,500.00
9/14/2023	Comcast		508.89
9/14/2023	Precision Digital Networks		1,594.00
9/14/2023	UNUM Life Insurance Company of America		320.02
9/14/2023	Alhambra		250.90
9/14/2023	PURCOR Pest Solutions		95.00
9/14/2023	KBM-Hogue		2,812.00
9/15/2023	Paychex		85.00
9/15/2023	Paychex Payroll 9/15/23		22,700.35
9/15/2023	Payroll Taxes 9/15/23		14,464.06
9/15/2023	Workers Compensation Insurance Payroll		170.02
9/18/2023	CalPERS Pension		6,078.77
9/18/2023	Cardmember Service		5,767.22
9/20/2023	Paychex		117.00
9/22/2023	Oropeza's Landscaping & Maintenance		900.00
9/22/2023	Lawrence Cappel		500.00
9/22/2023	Allied Administrators for Delta Dental		937.82
9/22/2023	U. S. Bank Equipment Finance		293.20
9/22/2023	Heritage Bank Service Fee		93.12
9/25/2023	Fund Transfer from Leasing to Admin	500,000.00	
9/25/2023	Fund TRF from Admin to PWC		50,000.00
9/26/2023	Sonrisas Dental Health		75,000.00
9/26/2023	Jacqueline Almes	233.60	
9/26/2023	State of California	113,295.83	
9/28/2023	Paychex Payroll 9/30/23		22,968.51
9/28/2023	Payroll Taxes 9/30/23		13,623.10
9/29/2023	County of San Mateo, CA	8,823.72	
9/29/2023	Interest	56.23	
9/29/2023	Workers Compensation Insurance Payroll		110.62
		1,130,201.19	610,521.99
Health Fitness			
9/1/2023	Michelle Marheineke		3,132.21

Date	Description	Deposit	Withdraw
9/7/2023	Joan Sanchez		500.00
9/7/2023	PG&E		1,256.58
9/7/2023	Streamline		63.00
9/11/2023	Mindbody Merchant Processing		375.77
9/14/2023	J & E Pro Cleaning and Handy Services		1,150.00
9/14/2023	U. S. Bank Equipment Finance		83.71
9/14/2023	Crothall Laundry Services Inc.		186.64
9/18/2023	Cardmember Service		909.82
9/22/2023	AT&T		329.96
9/22/2023	Philadelphia Insurance Companies		778.00
9/29/2023	Interest	24.01	
9/30/2023	Health and Fitness Member Deposits September 2023	8,403.00	
		8,427.01	8,765.69
Leasing			
9/7/2023	Service Master Building Maintenance		4,616.62
9/7/2023	PG&E		2,588.39
9/7/2023	PG&E		3,367.40
9/7/2023	Baca & Sons Ptg. Inc.		390.00
9/7/2023	EaseBrite General Maintenance, Inc.		224.92
9/7/2023	PURCOR Pest Solutions		95.00
9/7/2023	Fund Transfer from Leasing to Admin		500,000.00
9/14/2023	J & E Pro Cleaning and Handy Services		3,268.53
9/14/2023	Recology		819.29
9/14/2023	PURCOR Pest Solutions		550.00
9/18/2023	Cardmember Service		59.00
9/22/2023	Bleyle Elevator, Inc		95.00
9/22/2023	Oropeza's Landscaping & Maintenance		2,520.00
9/22/2023	MBC5 Moving Services		750.00
9/22/2023	Bellanti Plumbing		230.00
9/25/2023	Fund Transfer from Leasing to Admin		500,000.00
9/26/2023	One Life Counseling Service	1,300.00	
9/26/2023	Carol Tanzi & Associates	500.00	
9/26/2023	Eugene Kita, DDS	1,609.89	
9/26/2023	Patricia Dugoni, CPA	2,400.00	
9/26/2023	Bay Area Foot Care	3,224.00	
9/26/2023	Dr. Chan Dental	4,043.79	
9/26/2023	Burlingame Therapeutic Associates	2,729.90	
9/26/2023	Houn Young Kim, DDS	2,015.71	
9/26/2023	Preferred Prosthetics Inc.	2,881.57	
9/26/2023	April Lee, DDS	2,719.14	
9/26/2023	Ability Path	6,628.00	
9/26/2023	Zoya Galant, DDS	2,403.61	
9/26/2023	Ross Williams, DDS	2,083.19	
9/29/2023	Interest	604.04	
		35,142.84	1,019,574.15
PWC			
9/7/2023	Resilient Environment, LLC		11,570.00
9/7/2023	Streamline		42.00
9/14/2023	Economic & Planning Systems, Inc.		1,603.75
9/14/2023	Resilient Environment, LLC		8,710.00
9/25/2023	Fund TRF from Admin to PWC	50,000.00	
9/29/2023	Interest	5.14	
		50,005.14	21,925.75
Trousdale			
9/1/2023	Heartland Merchant Account		1,890.52

Date	Description	Deposit	Withdraw
9/7/2023	Eskaton Properties Inc		546,926.07
9/11/2023	Trousedale Tenant Deposit	69,126.40	
9/15/2023	Trousedale Tenant Deposit	5,000.00	
9/15/2023	Trousedale Tenant Deposit	5,000.00	
9/15/2023	Trousedale Tenant Deposit	57,447.00	
9/15/2023	Trousedale Tenant Deposit	187,291.03	
9/20/2023	Trousedale Tenant Deposit	572,947.53	
9/21/2023	Trousedale Tenant Chargeback		1,662.00
9/22/2023	Trousedale Tenant Deposit	19,648.00	
9/22/2023	Trousedale Tenant Deposit	34,429.68	
9/30/2023	Interest	309.16	
		951,198.80	550,478.59

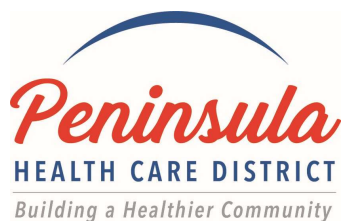
STATUS OF CURRENT YEAR TAX REVENUES

Total As Of <u>9/30/23</u>	Estimated FY 23-24 <u>Tax Revenue</u>
<u>\$ 16,616</u>	<u>\$ 8,500,000</u>

Board Designated Invested Funds

	Rate Last QTR	Fees Paid Fiscal YTD	Cost Basis		Market Value
			8/31/23	9/30/23	9/30/23
Torrey Pines - 3yr CD (mature 1/31/24)	0.450%		3,151,974	3,155,549	3,155,549
Fiduciary Trust	*	1,473	1,699,523	1,705,984	1,702,823
City National Bank	*	6,752	15,154,085	15,188,219	14,876,534
Local Agency Investment Fund	3.424%		5,890,964	5,890,964	5,890,964
San Mateo County Pool Investment	3.250%		3,615,364	3,615,364	3,615,364
			<u>29,511,910</u>	<u>29,556,079</u>	<u>29,241,234</u>

* Yield to maturity



DATE: October 17, 2023
 TO: PHCD Board of Directors
 FROM: Vickie Yee, CFO
 SUBJECT: Investment Quarterly Report – 9/30/2023

To comply with our Statement of Investment Policy and Government Code 53646, included in this report are our investment holdings as of 9/30/2023 and two bank statements: Local Agency Investment Fund and San Mateo County Fund.

Fiduciary Trust Holdings as of 9/30/23					
Asset Category	Asset Name	Quantity	Mkt Price	Mkt Value	Cost Basis
CORPORATE BONDS-DOMESTIC	WALT DISNEY CO/THE SENIOR NOTE CALLABLE 07/30/2024 @ 100 DTD 09/06/2019 1.75% 08/30/2024	130,000	96.543	125,505	129,470
INTEREST BEARING ACCOUNT	USD Cash	100,051	100.000	100,051	100,051
U.S. TREASURY BILLS	STIP 1: US TREASURY ONLY DTD 8/31/2003	1,180,500	100.000	1,180,500	1,180,500
U.S. TREASURY BILLS	UNITED STATES TREASURY BILL DTD 12/01/2022 11/30/2023	100,000	99.127	99,127	98,650
U.S. TREASURY BILLS	UNITED STATES TREASURY BILL DTD 6/22/2023 12/21/2023	200,000	98.819	197,639	197,313
				1,702,823	1,705,984
City National Bank Holdings as of 9/30/23					
Asset Type	Asset Name	Quantity	Mkt Price	Mkt Value	Cost Basis
CORPORATE BONDS-DOMESTIC	BANK OF AMER MTN V-Q 3.458% 3/15/25	450,000	98.665	443,993	454,938
CORPORATE BONDS-DOMESTIC	CITIGROUP INC V-Q 3.352% 04/24/25	455,000	98.216	446,883	460,631
CORPORATE BONDS-DOMESTIC	JPMORGAN CHASE V-Q 4.023% 12/05/24	440,000	99.556	438,046	442,411
CORPORATE BONDS-DOMESTIC	MORGAN STANLEY V-D 0.985% 12/10/26	500,000	89.215	446,075	451,682
FOREIGN BONDS	SANTANDER UK PLC 4.000% 3/13/24	345,000	99.019	341,616	349,741
FOREIGN BONDS	BK MONTREAL MTN CONV 3.300% 2/05/24	440,000	99.055	435,842	443,629
FOREIGN BONDS	SUMITOMO MITSUI FINL 1.474% 7/08/25	495,000	92.503	457,890	496,438
FOREIGN BONDS	CANADIAN IMPERIAL BK 2.250% 1/28/25	445,000	95.248	423,854	451,270
MONEY MARKET SWEEP FUNDS	CITY NATL ROCHDALE GOV MM-SV	432,079	100.000	432,079	432,079
MONEY MARKET SWEEP FUNDS	CNB DEPOSIT SWEEP	250,000	100.000	250,000	250,000
MUNICIPAL BONDS	WISCONSIN ST 0.361% 5/01/24	325,000	97.105	315,591	325,000
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 0.625% 7/31/26	925,000	89.004	823,287	859,623
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 1.750% 3/15/25	625,000	95.094	594,338	617,907
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 2.500% 5/31/24	800,000	98.066	784,528	796,067
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 3.000% 7/31/24	1,650,000	97.965	1,616,423	1,647,915
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.500% 11/15/25	400,000	98.941	395,764	402,162
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.125% 1/31/25	1,000,000	98.453	984,530	993,384
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.000% 2/15/26	1,325,000	97.887	1,297,003	1,315,010
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 3.750% 4/15/26	1,000,000	97.266	972,660	998,984
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.625% 6/30/25	850,000	99.145	842,733	848,499
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.500% 7/15/26	900,000	99.078	891,702	904,858
U.S. GOVT BONDS & NOTES	U.S. TREASURY NOTES 4.750% 7/31/25	1,250,000	99.336	1,241,700	1,245,991
				14,876,534	15,188,219

California State Treasurer
Fiona Ma, CPA



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

October 09, 2023

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

PENINSULA HEALTH CARE DISTRICT

CEO
 1819 TROUSDALE DRIVE
 BURLINGAME, CA 94010

[Tran Type Definitions](#)

Account Number: 20-41-002

September 2023 Statement

Account Summary

Total Deposit:	0.00	Beginning Balance:	5,890,964.32
Total Withdrawal:	0.00	Ending Balance:	5,890,964.32



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

Statement Ending Date: 9/30/2023
 Account: 03407

STATEMENT OF ACCOUNT

Peninsula Health Care District - 03407

DATE	DESCRIPTION	DEBITS	CREDITS	ACCOUNT BALANCE
8/31/2023	Balance brought forward			\$3,615,363.69
9/30/2023	Ending Balance			\$3,615,363.69

Peninsula Health Care District
Statement of Activities - Preliminary Draft

	Year To Date 09/30/2023			Year Ending 06/30/2024
	Actual	BUDGET	Budget Diff	BUDGET
Change In Net Assets				
Revenue				
San Mateo County Tax	16,616	0	16,616	8,500,000
Rental Income				
Lease Income - Hospital	426,135	438,339	(12,204)	1,753,354
Lease Income - 1720 Marco Polo	40,451	41,027	(577)	136,109
Lease Income - 1740 Marco Polo	63,119	69,158	(6,039)	276,631
Lease Income - 111-113 16th St.	0	0	0	1
Lease Income - 1764 Marco Polo	187,500	187,500	0	750,000
Total Rental Income	717,205	736,024	(18,819)	2,916,096
Lease Expense				
Lease Expenses - 1720 Marco Polo	(8,900)	(9,000)	100	(36,000)
Lease Expenses - 1740 Marco Polo	(22,740)	(24,999)	2,259	(100,000)
Lease Expenses - 1764 Marco Polo	(26,044)	(29,652)	3,608	(118,609)
Lease Expenses - 430 No. El Camino Real	(3,940)	(11,250)	7,310	(45,000)
Lease Expenses - 1875 Trousdale	(5,772)	(6,000)	228	(24,000)
Lease Expenses - 111-113 16th St.	(2,407)	(3,600)	1,193	(14,400)
Lease Expenses - PWC Land	(500)	(3,000)	2,500	(12,000)
Total Lease Expense	(70,302)	(87,501)	17,199	(350,009)
Investment Income				
Investment Inc - LAIF	50,700	41,077	9,623	164,308
Investment Inc - SMC	29,619	22,780	6,839	91,120
Investment Inc - CNB	113,252	102,479	10,773	409,916
Investment Inc - FT	20,664	18,057	2,607	72,227
Investment Inc - Torrey	3,578	3,542	36	14,168
Investment Inc - US Bank	1,719	0	1,719	0
Investments - Unrealized G/L	(11,576)	0	(11,576)	0
Interest Income	3,066	150	2,916	900
Interest Income - Leasing GASB 87	527,128	527,128	0	2,106,287
Total Investment Income	738,149	715,213	22,937	2,858,927
Miscellaneous Income				
Nursing Grant/Loan Repayments	450	450	0	1,800
Rental Value for Use of Facilities (rent-free)	101,229	102,729	(1,500)	410,916
Total Miscellaneous Income	101,679	103,179	(1,500)	412,716
The Trousdale - Operating Revenue	3,056,257	3,006,754	49,503	13,135,773
Health & Fitness Center Revenue	32,995	27,679	5,317	131,620
Teen Mental Health Income	0	131,066	(131,066)	524,263
Total Revenue	4,592,598	4,632,413	(39,814)	28,129,386
Expenditures				
Community Health Investment				
Community Grants	175,000	250,000	75,000	1,133,000
Impact Partnership Grants	0	0	0	742,000
Other Contributions & Grants	13,132	31,248	18,116	125,000
Targeted Prevention Program	200,001	62,499	(137,502)	250,000
Special Funding Initiatives	67,911	110,553	42,642	417,218
SDH San Mateo Funding	259,800	199,998	(59,802)	800,000
Community Outreach	677	18,750	18,074	75,000

	Year To Date 09/30/2023			Year Ending 06/30/2024
	Actual	BUDGET	Budget Diff	BUDGET
Community Education	11,000	14,667	3,667	50,000
New Program Research & Development	0	62,499	62,499	250,000
Trousdale Rent Assistance Fund	51,166	60,000	8,834	240,000
Donated Value for Use of Facilities (rent-free)	101,229	102,729	1,500	410,916
PWC Project Cost	148,394	150,000	1,606	660,000
Total Community Health Investment	1,028,309	1,062,943	34,634	5,153,134
Salaries and Benefits				
Salaries	147,281	215,359	68,078	883,179
Health/Dental/Vision/Life Benefits	22,821	40,070	17,249	160,358
Retirement	8,871	18,109	9,238	71,755
Taxes & WC	11,851	19,284	7,433	79,083
Total Salaries and Benefits	190,824	292,822	101,998	1,194,375
General and Administrative Exp.				
Payroll Services	1,489	1,955	466	8,020
Office Supplies	5,288	5,400	112	21,600
IT Service Consultant	8,503	4,500	(4,003)	18,000
Telephone/Internet	4,648	4,500	(148)	18,000
Software Expense	8,179	7,905	(274)	31,620
Maintenance & Repairs	3,615	4,500	885	18,000
ACHD / CSDA Dues	3,347	3,300	(47)	22,200
Records Storage	1,941	1,800	(141)	7,200
Insurance	18,356	18,000	(356)	72,000
SMC Fees - Admin	0	0	0	84,000
SMC Fees - LAFCo	4,088	3,900	(188)	15,600
Legal - General	2,879	15,000	12,121	60,000
Legal - Real Estate	64,199	75,000	10,801	300,000
Consultant - Financial	5,121	1,250	(3,871)	5,000
Consultant - Communications	24,000	21,000	(3,000)	84,000
Consultant - Audit	9,450	5,000	(4,450)	27,500
Website Services	1,335	1,050	(285)	4,200
Travel & Meetings	12,885	14,700	1,815	58,800
1819 Trousdale Expense	4,243	5,400	1,157	21,600
Miscellaneous	2,836	31,350	28,514	35,400
Total General and Administrative Exp.	186,401	225,510	39,109	912,740
The Trousdale Assisted/Memory Care Expense	2,633,200	2,465,203	(167,997)	10,075,305
Health & Fitness Center Expense	62,829	94,202	31,373	382,088
Teen Mental Health Expense	170,576	517,867	347,291	2,607,221
Other Expense				
Depreciation Expense	491,213	765,656	274,443	3,064,125
Interest Expense	396,933	396,933	0	1,562,189
Interest Expense - Leasing GASB 87	12,252	12,080	(172)	44,103
Total Other Expense	900,398	1,174,669	274,271	4,670,417
Total Expenditures	5,172,536	5,833,215	660,679	24,995,281
Total Change In Net Assets	(579,938)	(1,200,803)	620,864	3,134,105

Peninsula Health Care District
Statement of Net Assets - Preliminary Draft

	Year To Date 09/30/2023
	Current Year Balance
Assets	
Current Assets	
Cash and Cash Equivalents	
Heritage Bank - Admin Checking	504,351
Heritage Bank - Leasing Checking	1,930,556
Heritage Bank - PWC Checking	46,878
Heritage Bank - Health & Fitness Checking	91,874
Heritage Bank - Trousdale Checking	1,216,947
Total Cash and Cash Equivalents	3,790,606
Accounts Receivable	
Accounts Receivable	62
Account Receivable - Rent	404
Account Receivable - TT Tenant	138,039
Allowance for Bad Debt - TT Tenant AR	(61,168)
Accounts Receivable - Services	1,160
Accounts Receivable - Employee	55
Interest Receivable	188,414
Accounts Receivable - Other	4,054
Total Accounts Receivable	271,020
Other Current Assets	
Other Current Assets	
Lease Receivable - Current (GASB 87)	64,137
Total Other Current Assets	64,137
Prepaid Expenses	
Prepaid - General	43,022
Prepaid - Insurance	108,751
Prepaid - Benefits / WC	1,258
Prepaid - Trousdale	216,696
Total Prepaid Expenses	369,727
Inventory	
Supplies/Inventory	19,310
Total Inventory	19,310
Total Other Current Assets	453,174
Total Current Assets	4,514,800
Long-term Assets	
Property & Equipment	
Construction-In-Progress (CIP)	945,332
Building	85,478,444
Land	22,899,379
Improvements	1,335,029
Equipment	2,114,173
Furniture/Fixtures	258,563
Pre Opening Cost	2,505,662
Accum Depreciation (Trousdale)	(11,949,350)

	Year To Date
	09/30/2023
	Current Year Balance
Accum Depreciation	(3,795,041)
Total Property & Equipment	99,792,191
Other Long-term Assets	
Deposits and Prepayments	
Deposits	30,215
Total Deposits and Prepayments	30,215
Other Assets	
Deferred Outflow	2,054,234
Net Pension Asset	731,513
Lease Receivable - Long-Term (GASB 87)	70,186,821
Total Other Assets	72,972,569
Total Other Long-term Assets	73,002,784
Total Long-term Assets	172,794,975
Investments	
Long Term Investments	
Board Designated Fund - LAIF	5,890,964
Board Designated Fund - SMC	3,615,364
Board Designated Fund - CNB	15,188,218
Board Designated Fund - FT	1,705,984
Board Designated Fund - Torrey	3,155,549
Board Designated Fund - Unrealized G/L	(314,850)
Total Long Term Investments	29,241,229
Investment in Subsidiary	
Project Acct - US Bank 44000	1,417
Project Acct - US Bank 56000	302
Total Investment in Subsidiary	1,719
Total Investments	29,242,948
Total Assets	206,552,723
Liabilities and Net Assets	
Liabilities	
Short-term Liabilities	
Accounts Payable	
Accounts Payable	888,630
Accrued Payable - General	1,052,363
Total Accounts Payable	1,940,993
Accrued Liabilities	
Accrued Payroll	397,039
FSA Employee Account	719
Total Accrued Liabilities	397,758
Deferred Revenue	
Prepaid Rent	3,303,123
Prepaid Membership Dues	3,715
Prepaid Other	10,000
Deferred Income	3,500
Deposit - TT Tenants	41,500
Security Deposits	53,964
Total Deferred Revenue	3,415,802

	Year To Date 09/30/2023
	<u>Current Year Balance</u>
Withholding Tax Payable	
Accrued Payroll Taxes	2,219
Total Withholding Tax Payable	<u>2,219</u>
Other Short-term Liabilities	
Short-term Liabilities	
Lease Payable - Current (GASB 87)	235,679
Total Short-term Liabilities	<u>235,679</u>
Loans Payable - Current	
Accrued Interest	264,622
Total Loans Payable - Current	<u>264,622</u>
Total Other Short-term Liabilities	<u>500,301</u>
Total Short-term Liabilities	<u>6,257,073</u>
Long Term Liabilities	
Notes Payable - Long Term	
Note Payable - WAB 40M	32,815,000
Note Payable - WAB 10M	8,780,000
Total Long Term Notes Payable	<u>41,595,000</u>
Other Long-term Liabilities	
Other Liabilities	
Lease Payable - Long-Term (GASB 87)	1,110,436
Deferred Inflow	66,612,772
Total Other Liabilities	<u>67,723,208</u>
Total Other Long-term Liabilities	<u>67,723,208</u>
Total Long Term Liabilities	<u>109,318,208</u>
Other Liabilities	
Deposits - ENA	200,000
Total Other Liabilities	<u>200,000</u>
Total Liabilities	<u>115,775,281</u>
Equity	
Fund Balance	91,357,381
Change In Net Assets	(579,939)
Total Equity	<u>90,777,442</u>
Total Liabilities and Net Assets	<u>206,552,723</u>



DATE: October 18, 2023

TO: Peninsula Health Care District Board of Directors

FROM: Spandan Chakrabarti, Community Resources Director

RE: **Sonrisas Dental Health FY 23-24 First Quarter Report**

Sonrisas Dental Health is pleased to share the results and outcomes with the PHCD board for the first quarter of FY 2023-24, encompassing the period of July 1 through September 30, 2023.

CLINICAL AND OUTREACH OUTCOMES IN PHCD SERVICE AREA:

In this time, Sonrisas has met the following clinical and outreach outcomes in the PHCD service area.

Clinical:

Clinic Visits for Patients (PHCD zip codes only)					
	Special Needs	HPSM Visits	Access to Care (HPSM, Affordable Scale, FQHC)	All PHCD Visits	Unique Pts PHCD Residents
July	18	293	370	483	423
August	14	380	460	579	503
September	9	302	369	464	413
YTD Total	41	975	1,199	1,526	1078

School Screenings:

School Screening Cumulative Data (PHCD zip codes only)			
		Children at priority schools	Priority children
Children Screened	180	51	129
Schools Served	2 (Belle Air Elementary, Turnbull)		
Districts Served	2 (SMFCSD, San Bruno Park)		

Older Adults Dental Screenings:**Older Adult Screening Cumulative Data (PHCD service area)**

Older Adults Screened	33
Older adult screening locations	1 (Self Help for the Elderly - San Mateo)

Community Partnerships: In the first quarter of FY23, Sonrisas has continued to work with existing community partners and welcomed at least one new community partner: the Millbrae Public Library, where Sonrisas hosted a story time for 43 children this August.

GENERAL UPDATE

Overall, clinicians in San Mateo, Half Moon Bay, and our mobile clinic in La Honda saw a combined 2,540 individuals, accounting for 4,796 patient-visits in the first quarter of the 2023-24 fiscal year. This is on pace for Sonrisas' planned 16,750 visits for this fiscal year. In addition, our outreach, education, and screening programs reached 509 individuals.

Within the PHCD service area, screenings and educational programs took place at Self Help for the Elderly (multiple events), the Millbrae Library, Belle Air Elementary School, Turnbull preschool program, as well as at health fairs at Fiesta Gardens and the Bay Area Health Advisory Council. We were fortunate to welcome San Mateo County Supervisor Noelia Corzo visited our screening at Turnbull in September with members of her staff.



Above: Photos from Sonrisas screening event at Turnbull. Left: children play with a member of Turnbull staff. Right: Sup. Corzo (center) with a member of Turnbull staff (left) and Sonrisas Community Engagement Director Bonnie Jue, DDS (right).

In September, Sonrisas also hosted its 9th Annual Cooking for a Cause celebration and fundraiser, honoring retired PHCD CEO Cheryl Fama. In addition to raising needed funds to continue to provide high quality care to individuals, families, and children with financial, physical, and developmental challenges at all Sonrisas locations, this annual event is also an opportunity for community supporters to see the impact of our collective investment. At this year's event, we shared the story of a young girl and her family, who connected with Sonrisas as recent immigrants, and their journey together to dental care and lasting oral health practices.



Former PHCD CEO Cheryl Fama (right) with Sonrisas CEO Tracey Carillo Fecher (left) at Cooking for a Cause.

Sonrisas is now in the second year of our FY23-25 strategic plan. There are three focus areas: Sonrisas Culture, Sustainable Growth and Patient and Community Engagement. Some areas of progress in the first quarter include:

- **Culture:**
 - Sonrisas' management team (executive leadership and supervisors) has begun a yearlong leadership coaching and training program to increase the capacity of the team through building their management skills.
 - The Sonrisas Culture team is improving the employee survey process.
- **Sustainable growth:**
 - Sonrisas is exploring federal qualification (FQ) pathways, including potential partnerships with government and/or local non-profit organizations. Reimbursement rates are significantly increased for federally qualified (or contracted) health care providers, and the gap between the cost of providing care and reimbursement from public dental insurance is a key barrier to capacity building for Sonrisas.
 - Sonrisas now has a fully staffed, two-person Community Resources team, consisting of a Director and an Operations Manager, and the team is focusing on diversifying Sonrisas' funding streams, including developing major donor and community donor programs, fostering connections, and investing in relationships.
- **Community engagement:**
 - Sonrisas has completed a pilot patient survey launch, garnering almost 200 responses from patients, and learning best practices to engage patients. We are working on launching the survey to a broader audience of patients.
 - Sonrisas leadership staff continues to engage community partners both in the Peninsula and on the Coastside, participating in collaborations by local municipalities, service partners, chambers of commerce, and leadership fora.

We thank PHCD for its support of Sonrisas and investment in our community. Thank you for your commitment to our common vision!

RESOLUTION NO. 2023-07**A RESOLUTION AUTHORIZING TWO-YEAR COMMUNITY GRANTS**

WHEREAS, Peninsula Health Care District (the “District”) makes grants to community organizations that contribute to the health and well-being of District residents (the “Community Grants”); and,

WHEREAS, the Community Grants require detailed applications from organizations and thorough review by staff and by a committee of Directors and community members (the “Community Grants Committee”); and,

WHEREAS, certain grant recipients have received Community Grants on a consistent basis and have established a history of providing valuable services to District residents; and,

WHEREAS, the Community Grants are awarded on an annual basis; and,

WHEREAS, the application process requires a substantial commitment from applicants, staff, and Community Grants Committee members that could be reduced by providing two-year grants to grantees who have an established record of performance; and,

WHEREAS, having two-year grants for established grantees would allow staff and the Community Grants Committee to focus detailed attention on the review and evaluation of new applicants and programs;

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

Section 1. Recitals. The above recitals are true and correct.

Section 2. Authorization of Two-Year Community Grants. With the recommendation of the Community Grants Committee and approval of the Board of Directors, Community Grants may be awarded to eligible grantees for a two-year period. Such grants shall be payable in equal installments in the fiscal year of the award and the following fiscal year unless otherwise approved.

Section 3. Eligibility Criteria. Grantees shall meet the following minimum criteria to be eligible for a two-year grant:

- (a) A minimum of five consecutive years of receiving a Community Grant.
- (b) Successfully operating a high-quality program and/or providing a service that is consistent with the District’s strategic plan and funding priorities.
- (c) Consistent periodic reporting and satisfaction of other technical requirements of the prior grants.
- (d) Demonstrated ability to continue providing quality programming and services during the two-year grant cycle.

(e) Completion of an application form specifying the request for a two-year grant, with such supporting information as may be required by staff.

Nothing herein shall require the Board of Directors to award two-year grants to any applicant or applicants. Such grants shall be recommended by the Community Grants Committee and may be approved or disapproved in the sole discretion of the Board or reduced to one-year terms.

Section 4. Effective Date of Resolution. This Resolution shall take effect immediately on October 26, 2023 and shall apply to the Community Grants to be awarded during the District's 2023-2024 fiscal year and thereafter until such grants are discontinued by the Board of Directors.

PASSED AND ADOPTED by the Board of Directors of the Peninsula Health Care District this 26th day of October, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Secretary, Board of Directors

ATTEST:

Clerk, Board of Directors



DATE: October 26, 2023

TO: PHCD Board of Directors

FROM: Dr. Lawrence Cappel, PHCD Board of Directors

SUBJECT: **Board of Directors Proposed Meeting Calendar for 2024**

BACKGROUND

The following proposed 2024 board meeting calendar, as shown below, modifies the monthly board meeting schedule to bi-monthly in order to alternate meeting months between committee and regular board meetings, while still reserving the right to schedule special board meetings as needed during “off” months.

PROPOSED BOARD CALENDAR

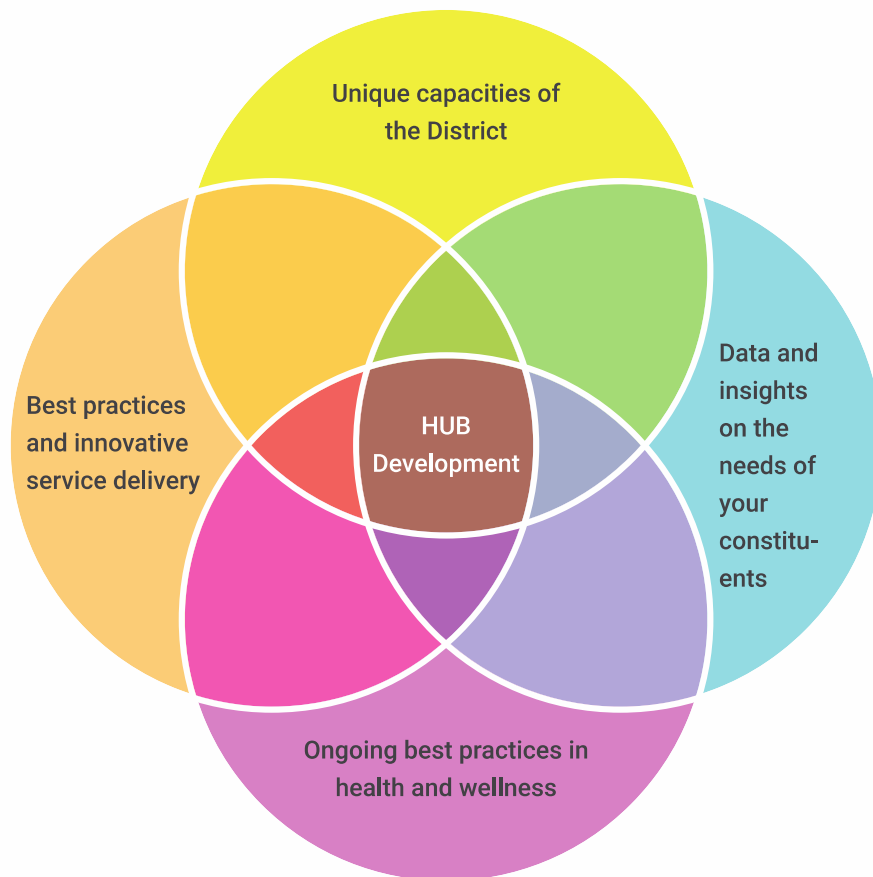
- **January** – Board Committee Meetings: Finance, Strategic Direction, CHIC
- **February 22** – Board Regular Meeting
- **March** – Board Committee Meetings: Finance, Strategic Direction, CHIC
- **April 25** – Board Regular Meeting
- **May** – Board Committee Meetings: Finance, Strategic Direction
- **June 27** – Board Regular Meeting
- **July** – Board Committee Meetings: Finance, Strategic Direction
- **August 22** – Board Regular Meeting
- **September** – Board Committee Meetings: Finance, Strategic Direction
- **October 24** – Board Regular Meeting & Board Committee Meeting: CHIC
- **November** – Board Committee Meetings: Finance, Strategic Direction, CHIC
- **December 12** – Board Regular Meeting

Peninsula Wellness Community Hub Project

- an initiative of the Peninsula Health Care District

Master Plan for Program Development

October 10, 2023



October 10, 2023

Ms. Ana M. Pulido, CEO
Peninsula Healthcare District (PHCD)
1819 Trousdale Dr.
Burlingame, CA 94010

Project Name: Peninsula Health Care District – PWC Hub Development
Subject: Master Plan Report

Dear Ms. Pulido,

We are pleased to submit this master plan report for the development of the Hub. This document provides an overview of the foundational aspects of the Hub which will act as the guiding light for the remainder of the project development.

The following content was developed with a human-centered approach to ensure that all efforts will have measurable benefits for Hub's users and are responding to their specific wellness needs. We share your vision of a Hub that embodies the District's mission and vision, acting as a flagship and physical manifestation of the District's values and approach toward health and wellness.

We appreciate the opportunity to work on this vibrant project with you. We look forward to discussing the report further and hope to continue our relationship with the District.

Sincerely,



Alexis Denton

Maria Mortati
+
Maria Mortati

Executive Summary

The Peninsula Healthcare District has undertaken a transformative initiative, the Peninsula Wellness Community Hub project, with the goal of enhancing residents' health and well-being. This comprehensive effort involves demographic analysis, health needs assessment, evaluation of existing services, and stakeholder engagement to inform the development of a dynamic wellness hub that transcends traditional community centers. The project emphasizes intergenerational services and engagement, aiming to address the specific needs of older adults in the first phase, while involving secondary audiences to create a holistic, interconnected approach to community health and wellness. With an evidence-based process/focus on Experience and Service Design, holistic and user-centered approaches to crafting and improving services to shape service delivery, the project aims to design and prototype tailored services and programs, optimize operational models, and develop physical infrastructure to create a thriving, intergenerational wellness ecosystem that supports residents' well-being throughout their lives. This document is a summation of the collaborative work of the project's foundational phase.

Table of Contents

Executive Summary	3
Table of Contents	4
Introduction	5
1. Defining the Hub	10
2. The Market	16
3. Audience & Stakeholders	19
4. Services & Programs.....	22
5. Operational Models.....	28
6. Space Program	32
7. Example Hubs.....	35
8. Recommendations	37
Appendix	39

Introduction

The Peninsula Healthcare District is creating the Peninsula Wellness Community Hub, a transformative project for resident well-being, going beyond traditional community centers with diverse services for aging residents and promotes intergenerational engagement.

This phase initiates the District's mission to improve community health and wellness through education, prevention, advocacy, and accessible health services. Key goals include understanding demographic health needs, assessing existing services, targeting audiences, and setting core principles, guiding Hub service development.

Given the project's complexity, clear program development, scope definition, and ongoing clarity are emphasized. Gap analysis, early program prototyping, and an evidence-based approach ensure Hub success.

This document is for District leadership, the board, Strategic Direction Committee, advisors, developers, and those involved in the Hub's creation, building on prior work with community input. This phase results from meetings and continuous District leadership input.

The report covers hub definition, market background, audience, stakeholders, services, operational models, space program, and other hubs. Each section suggests next steps, summarized with potential future phases.

Project Structure

The Hub will be owned and operated by the Peninsula Healthcare District (PHCD) (<https://www.peninsulahealthcaredistrict.org/>) and is developed as part of the Peninsula Wellness Community (PWC) (<https://www.peninsulawellnesscommunity.org/>). The goal of the PWC is to create a new paradigm of “connected aging” that improves lifelong wellness by keeping intergenerational/multigenerational individuals connected to each other, the broader community, and to care providers. Currently, the PWC includes market rate independent living, affordable senior housing, and a medical office building. The Hub will be part of the medical office building with a distinct entry and identity.

The Hub is intended to be a community benefit program that serves the District’s constituents. It will not only embody the District’s mission, vision, and core values, but build on them:

PHCD'S STRATEGIC PLAN

VISION
All district residents are living their optimal health.

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

CORE VALUES
Collaboration, Stewardship, Inclusion, Transparency

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

...we will serve our constituents through:

- Education
- Prevention
- Advocation
- Providing Access

Current as of Summer 2023

Proposed Hub Program Development Schedule

Below is a big-picture schedule. From this report until opening is a period of intense work with the involvement of additional designers, new staff, stakeholders, and the developer. Future phase recommendations can be found at the end of this document.

30,000' Schedule



Project Roles

Defining the roles of team members and advisors on a public project promotes efficiency, accountability, effective collaboration, and transparent communication. It helps ensure that

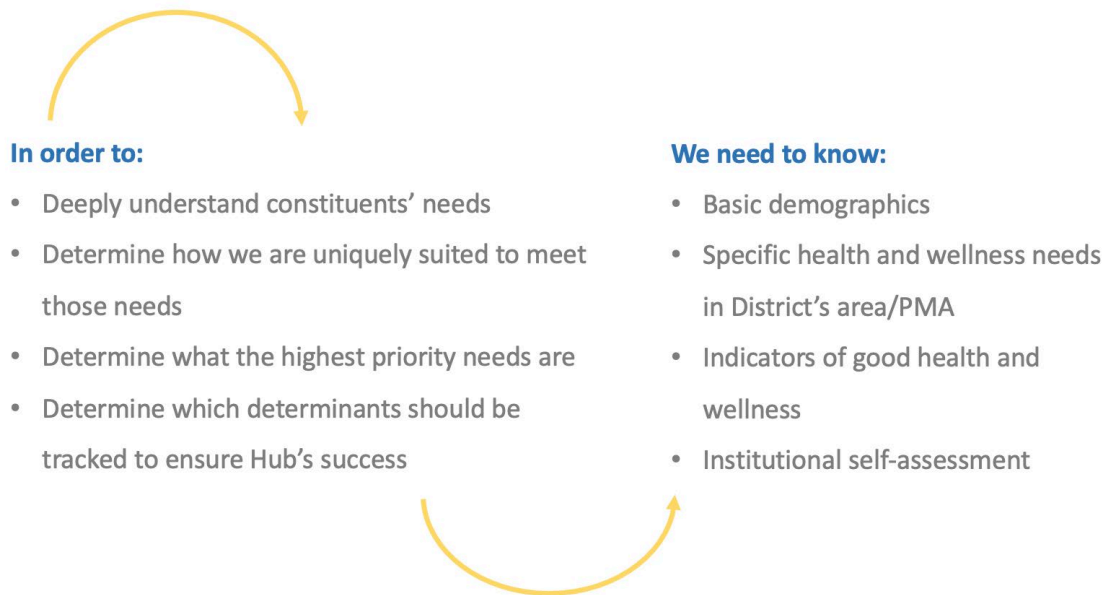
the project progresses smoothly and serves the best interests of the community it aims to benefit. During this phase, the project team structure was:

- District Leadership: oversees the overall project, thought partner
- District Board: ultimate decision makers, must be actively engaged throughout process
- Hub Leadership Group: steers project development on a regular basis, liaison with Board; provide assurance and philosophy to Hub foundations
 - Larry Cappel, PHD
 - Ana M.Pulido, MPA
 - Henry Sanchez, MD
 - Chip Gabriel
- Strategic Direction Committee: provides insight and guidance
- PWC Developers: PMB and Generations (came in at the last meeting)
- Design Team: Alexis Denton and Maria Mortati – architect, gerontology, and experience design consultants; develop and deploy master planning

In the next phase, there will be the addition of the Advisory Group, who will provide input on content and overall direction. They are currently listed as:

- Larry Cappel, PhD, Board Chair
- Ana Maria Pulido, MPA, PHCD CEO
- Henry Sanchez, MD, Board Member
- Wade Aubry, MD, PHCD Strategic Direction Committee member
- Bonnie DeLeuw, RN– PHCD Health & Fitness Center Advisory Cte.
- Amy Yotopoulos – Avenidas and Eskaton Board Member
- Anne O’Brian – Former Burlingame Council member and chair, Age-Friendly City Task Force
- Keith Duncan, MD, CEO of Mills-Peninsula Medical Group
- Nancy Ann Kraus, PHCD Strategic Direction Committee member
- Fatima Rodriguez, PhD, PHCD Dir. of Strategic Initiatives
- John Jurow, CEO of San Mateo County Health Foundation
- PHCD YAG Member
- 2 MORE Community Partner Members

Project Development Process



This work was developed and presented through 5 meetings with the Leadership Team, and one meeting with the Strategic Direction Committee. As this is a public project that is at its core experiential, we used an evidence-based process, often referred to as Human Centered Design:

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

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

Source: <https://www.nist.gov/itl/iad/visualization-and-usability-group/human-factors-human-centered-design>

Next Steps

We recommend the Leadership Team integrate members of the Advisory Committee into the next phases, deepen their engagement with the project, and have continuity with the design team moving forward. We recommend the formation of a smaller Advisory Group that grows or shifts with deeper development of the project, while maintaining a small set of individuals to ensure that continuity. In addition:

- Clarify the meaning of an Advisory Groups input. Then integrate a member from that list (see below for draft list). Align the choice of that individual with someone who has

a background in health and wellness and understands the primary audience and the need for intergenerational programming.

- Clarify the role of the Developer, if any, in the project and any decision-making power they do or do not have.
- Kick off the Advisory Group by sending out this document and bringing on the designers to present it.

1. Defining the Hub

A clear definition of the Hub is critical – it drives the development and implementation of the overall project. It positively impacts your project in the following ways:

- **Clarity and Focus:** It provides a clear direction and purpose for your project, ensuring that all efforts are aligned with your vision and goals.
- **Differentiation:** A unique perspective sets your project apart from others, making it more attractive and competitive.
- **Engagement and Interest:** A compelling point of view captures people's attention and generates interest, encouraging support and involvement.
- **Consistent Decision-Making:** It guides decision-making, ensuring choices align with your project's values and objectives.
- **Brand Identity:** It helps build a distinct brand identity, making your project recognizable and memorable.
- **Motivation and Inspiration:** It serves as a source of motivation and inspiration for your team, fostering passion and dedication.
- **Problem-Solving Framework:** It acts as a framework for creative problem-solving during challenges.
- **Authenticity and Trust:** A genuine point of view builds trust with stakeholders, customers, and partners.
- **Effective Communication:** It allows for clear communication of your project's vision and values.
- **Long-Term Vision:** It helps develop a long-term perspective and ensures efforts are aligned with broader goals.

Our final definition of the Hub

Much more than a community center, the Wellness Hub will provide its residents with a connected web of service access and programming they need to improve their well-being as they age.

Members will come to the Hub and engage with a comprehensive array of essential programming, such as case management, vetted service providers, information on aging in place, culinary and health education, physical fitness, mental health, and caregiver support. Beyond its physical location, the Hub serves as the central point for our members to access tailored programs, promote social engagement, and connect with our highly skilled staff.

The Hub will provide robust support for those aging in their community and offers something for all ages through its intergenerational programming.

Mission

The mission of the Hub is to optimize the overall health and wellness of our District, by providing preventative, proactive and personalized programming that ensures our residents live lives as long and robustly as possible.

Vision

We envision a future where those aging in our community lead lives of vitality and act as the heart of our well-being ecosystem. We are committed to offering comprehensive essential services, tailored programs, and connections, fostering social engagement along the way. We strive to ensure that all residents thrive in our district.

Draft Values

- **Social Engagement** is a critical determinant of health, and the market shows it's lacking in the area
- **Empowerment** suggests that you believe in helping people and your community have the tools they need
- **Education** is one of the ways you said you might serve your residents. It's also tied to helping empower people and is typically done through engagement
- **Leadership** is how you might help your residents be on the cutting edge of wellness

Point of View Development

A point of view for how the District approaches wellness for its members provides a clear direction and purpose for the project, ensuring that all efforts are aligned with the mission and vision. It gives energy to the project: a compelling point of view captures people's attention and generates interest and encourages support and involvement. A point of view directly shapes how you deliver services, staff, and hire.

Process-wise, three point of view ideas were developed, with no clear selection. There was energy around the "Concierge" and "Empowerment" perspectives. The District may ultimately choose a perspective that is a blend of these ideas. Here are three ideas that were presented:

Empowering Health

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



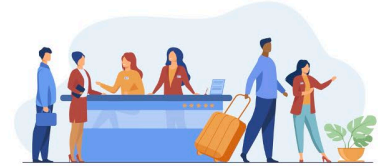
Community Wellness

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



Concierge Health

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



1. **Empowering Health:** you value helping people help themselves, and you provide your members with the tools they need to do so
 - a. Every decision is filtered through how can *tech, this event, this service, this hire support them in their health journey?* At every turn, you help them do more of what they do on their own. **It's about leveling them up.** You are creating a district of healthy, happy, **self-serving people**
 - b. Your point of view would be centered around a belief that everyone possesses the power to take charge of their health and create positive change in their lives. You see yourselves as coaches and teachers. Your programs are about motivating, educating, coaching, and generally supporting your members on how to best take care of themselves. Staff are experts in wellness, with deep skills in facilitation and coaching
 - c. Members are becoming masters of their health and wellbeing. They come out empowered, socially connected, a leader. They know how to address their challenges, where and how to go about finding answers. They are confident when it comes to wellness.

2. **Community Wellness:** you provide the structure, information, and encouragement to help your members improve their well-being as a collective
 - a. Your point of view would be centered around a belief that positive social influence and encouragement can lead to healthier lifestyle choices and behavior changes, leading to increased resilience and adaptability in the face of challenges. You see yourselves as coaches and **collaborators**.
 - b. This point of view suggests constituents know about each other and their needs, and feel comfortable reaching out or receiving help; heavy reliance on volunteerism; robust and highly managed social media programming, filtered along your service topics and allows for flexibility; hub staff are experts at bringing people together towards a greater good; collaborative support for all events, serves cultural events as well
 - c. Members feel a part of community, enhances motivation, a shared sense of purpose

3. **Concierge Health:** you provide the help, members are sitting back and being served
- You are the expert**, and/or you bring the expertise to your members. Members are **receiving** information and learning in an expert-to-participant mode. You are **coordinating, advising, and solving**
 - Your point of view would be centered around a belief that exceptional customer service is essential to your members health and well-being. You create a positive and comfortable experience for your clients throughout their wellness journey. You see yourselves as coordinators and advocates. Staff would be experts in service providing and coordination, such as care navigation or health coaches.
 - Members are secure in the knowledge that they have expert-advised personal health and wellness planning. They feel supported and their health and wellness needs are coordinated for them. They benefit from excellent access to a variety of services. They know where to get help to navigate the tangle of the health and wellbeing universe, and to perhaps have someone advocate for them.

PROS**Empowerment Health**

- Increased independence and self-reliance.
- Sustainable impact and positive growth.

Community Wellness

- Inclusive solutions and strengthened community bonds.
- Collective resilience and capacity-building.

Concierge Health

- Personalized care and enhanced access.
- High-quality attention and customer satisfaction.

CONS**Empowerment Health**

- Time and effort required for education and support.
- Some individuals may lack resources or face barriers.

Community Wellness


- Time-consuming and challenging to ensure inclusivity.
- Conflicts may arise from diverse interests and resource allocation.

Concierge Health

- Exclusivity and limited accessibility if it costs a lot more.
- Potential unequal distribution of resources and focus on individual needs.

Sample Press Release

The “Press Release” is a development tool we borrowed from Amazon: it’s essentially working backward from launch to provide an accessible vision to focus development and share with stakeholders.



Peninsula
HEALTH CARE DISTRICT
Building a Healthier Community

FOR IMMEDIATE RELEASE [SAMPLE]

PENINSULA HEALTH CARE DISTRICT LAUNCHES INNOVATIVE WELLNESS HUB

Empowering Older Adults, Cultivating Wellness

The Peninsula Health Care District is excited to announce a community benefit destination at the heart of the new Peninsula Wellness Community. The Hub is a place, website, and app that provides a wide array of services, programs, and social experiences to empower residents aging in San Mateo County.

A Place to Thrive, Together

At the Hub, we’re here to guide your transformation into a socially connected life equipped with the tools to age gracefully in your own environment. The Hub is more than a place; it’s a lifeline to well-being for older adults, their families, and the community as a whole. Here, knowledge transcends generations, isolation is reduced, and well-being flourishes. We’re not just focused on older adults; we believe in bridging generations through inter-generational programming, strengthening our community, and bolstering the well-being of all our members. Plus, we provide resources to plan for the ever-evolving needs of our aging population, whatever your age may be.

Navigating Health and Wellness with Ease

Too often, individuals and their loved ones struggle to find trustworthy programs and resources to navigate the intricacies of health and wellness, especially as they age. Our centralized Hub offers a rich suite of essential services and programs including case management, connections to vetted service providers, information on aging in place, culinary and health education, physical fitness, mental health, and caregiver support. This initiative extends its reach not only within our district but also to the wider community, thanks to a sophisticated suite of thoughtfully curated programs, proactive outreach, and seamless access to our highly skilled staff.

Real Stories, Real Impact

“My mom and I are proud members of the Hub. We find peace in knowing she has the support, information, and access to services she needs to age gracefully at home. We feel resilient and prepared for whatever health changes come. Thanks to the Hub, my brothers and I can breathe easier knowing we have this wonderful resource to rely on.”

A Message from Our Team

“At the Hub, we believe that a thriving community, where everyone has access to the resources they need as they age, is the key to collective well-being.”

Your Wellness Journey Begins Here

Getting started is a breeze. Simply reach out to us at hello@phcdhub.org or call (650) 555-1212 to schedule a tour and initial wellness assessment. We’ll guide you toward a wellness journey tailored to your unique needs.

We eagerly anticipate the opportunity to meet your needs and welcome you to our vibrant community!

###

Denton + Mortati

2

09/19/2023

Next Steps

The point of view concepts rolled up into shaping the values of the Hub. We recommend the Board finalizes the values and this section gets reviewed by the Advisory Group. We also recommend that the District ultimately refines their point of view into an integration of the approaches developed. This can happen as the District does the further audience segmenting, where greater detail is added into the understanding of future Hub members.

2. The Market

The analysis of Market and Demographics is crucial because it helps us better understand the demand for our services and tailor our approach to meet the specific needs of our target audience. We draw conclusions that inform our strategy and validate the need for our services. We refined the need through demographics, health needs, existing services, and early interviews. Research in this phase was focused primarily on older adults, this will need to expand to other ages given a refined focus on intergenerational programming and services. The following research topics were explored:

- **Demographics:** By studying the demographic characteristics of our audience, we can identify who they are, where they are located, and their unique preferences, needs and behaviors. This information allows us to design services that are relevant and accessible to our target population.
- **Health needs:** Examining the health needs of our audience helps us recognize the specific challenges and health issues they face. This knowledge enables us to develop services that address these needs effectively, promoting better health and wellness outcomes. We can also use these health needs to measure outcomes of the Hub.
- **Existing services/asset mapping:** Analyzing the current landscape of available services and assets in the District and neighboring areas allows us to identify gaps and opportunities. We can avoid duplication of efforts and strategically collaborate with existing resources to maximize the Hub's impact.
- **Interviews:** Conducting interviews with potential users and stakeholders provides valuable insights into their experiences, expectations, and pain points. This qualitative data helps us refine our approach and create services that genuinely meet their requirements. This engagement will continue to deepen and broaden in the next phases.

See appendix for links to full reports. From these, we identified the following key takeaways:

- **Demographics:**
 - The District includes an estimated 317,500 people.
 - Strong growth in those over 75. County life expectancy (85) is significantly higher than the state's.
 - More than a third of county residents are foreign-born. There is a high rating of racial and cultural tolerance.
 - High median income, but many are house rich and cash poor. More than ¼ of kids are eligible for free lunch.
- **Health Needs:**

- Highest needs include:
 - Behavioral health: includes mental health and substance abuse
 - Economic security: income, education, housing and food security; childcare
 - Healthcare access and delivery: lack of access to primary and specialty care, notably mental and dental health; transportation and information about cost are barriers
- High rates of cancer, notably breast, melanoma, non-Hodgkin lymphoma, and thyroid
- COPD double the state level
- Lifestyle associated health issues include:
 - Rates of diabetes that are higher than state average
 - High inactivity rates among older adults and those with low incomes
 - Lack of access to fresh fruits and vegetables
 - More than 1/3 feel not connected to community, highest among Asians, men, and those under 40
- Dignity Health Sequoia found that older adult health issues include:
 - Lack of socialization impacted cognitive, mental health, and everyday living skills
 - Many older adults are food insecure and transportation dependent
 - Many do not have a deep connection to community, especially true for older adults of color, LGBTQ, and those not eligible for public support programs
 - Technology barriers to accessing services, most notably mental health
 - Many older adults purchased homes decades ago, but families moved out of area because of affordability issues
- **Asset Mapping:**
 - There are many service providers in the area, more than in most counties. Most of these providers, however, do not have physical locations – there is no home for these services, no where for residents to GO. Because of this, many residents do not know where go for services, how to access them, and there is a gap in social and engagement opportunities, as well as fostering intergenerational connections.
 - There is also a gap in mental health services for adults and older adults.
 - There is no adult day care. An adult day HEALTH care is opening on El Camino soon, but there is no respite care in the area.

Notable interview quotes:



*I'm most concerned with where to find the proper help as I age. Where do I go to get care? Not just how do I access it, **but how do I know it's good?** It needs to come from someone who is hands on and who has vetted, or given a seal of approval, to the service I need.*

George Yerby
Community Member, Fitness Center Member



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

Gloria Brown
Bay Area Community Health Advisory Council,
Community Member



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

Dr. Hoyman Hong
Rehab MD, Sutter



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

Preston Burnes
Director of Strategy, Institute on Aging

In conclusion, the findings validate the current service list, with a special emphasis on case management, social and engagement opportunities, and mental health. This is the first step at an ongoing alignment check to ensure we are on a path to increase the likelihood of the Hub's success.

Next Steps

Since this research was focused primarily on older adults, this will need to expand to other ages given a refined focus on intergenerational programming and services. The first step is to perform this same analysis on all ages. We recommend combining Market and Demographics with Audience and Stakeholder segmentation and continuing to sharpen the focus, always aligning real needs with real individuals. This is ideally done through interviews, surveys, and testing out program and service concepts.

3. Audience & Stakeholders

Having a picture in mind of the end-users gives us the human connection to the project. We strongly encourage reading the member profiles found in the Appendix.

Establishing a primary audience as the central focus is vital. It ensures that our health and wellness initiatives are finely tuned to cater to the specific needs, preferences, and challenges of older adults in the community. This targeted approach allows us to maximize the effectiveness and relevance of our interventions.

This phase initially focused on older adults, with some intergenerational programming. There were questions about this, with District leadership wanting a Hub not solely focused on one group. Ultimately, the leadership decided to focus on older adults for the initial phase, with intergenerational programming added later.

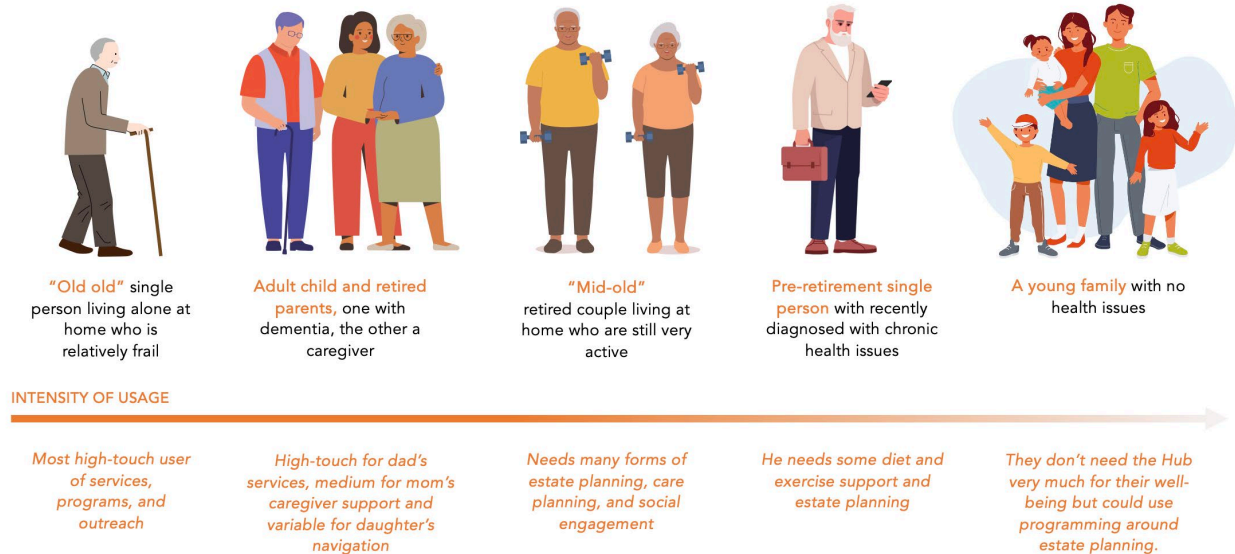
The District aims to embrace "intergenerationality." While our primary audience remains the primary beneficiaries, involving a secondary audience can amplify our impact. For instance, by identifying younger generations like caregivers or local youth as our secondary audience and tailoring initiatives to their needs, we create a positive intergenerational exchange. This interconnectedness enhances the well-being of the primary audience and promotes community health and wellness.

Defining a secondary audience with an intergenerational perspective extends our impact and fosters an inclusive and interconnected approach to promoting well-being across generations.

Audience

To understand the intensity of different users' needs and the required level of management for a member's successful wellness transformation, we developed five different profiles of potential members. These profiles describe members of different ages and lifestyles, health status, and most importantly, overall need. The reason for developing them was to paint a picture of the Hub's potential in how it may help develop a wellness plan, keep one on track in on a user's wellness journey, and demonstrate the amount of staff engagement and interaction this will require. Some members will be heavy users that are tracked by Hub staff, others may be a la carte users who come for an occasional event. Note that these are not the only types of members who will potentially use the Hub.

The following member profiles are included and again, are explored in detail in the Appendix:



1 Overview of profiles and intensity of usage.

The profiles not only provide a more concrete picture of how the Hub can help its members along their wellness journey, but they also provide a window into:

- Potential marketing opportunities
- Space implications
- Partnerships with schools, primary care physicians, etc.
- Usage at differing times of day and during the week
- Needs for website, apps, and social media engagement
- Staff engagement including by phone and in person
- Types of staff and their skills
- Number of staff needed to manage most demanding users

Each profile is structured around an engagement process that consists of outreach, intake, assessment, plan development, and case management. We also show a few example services and describe how each member might use them.

Stakeholders

There will be a multitude of projects stakeholders, people or groups who have a vested interest in the project’s success. This will be refined as the design of the project progresses. The initial stakeholder ecosystem is as follows:

- **Advisors, Experts, Informants:** can be a resident, staff person from another agency, someone from the District, a vendor or consultant, a subject matter expert, etc. Advisors can span longer, broader engagement, while Experts are related to subject matter, and can span more short and focused engagement while Informants are more casual, and a way to refer to someone who has given some just-in-time information
- **Providers:** those who are providing a service in the Hub space, such as a psychologist who rents office space
- **Partners:** Someone who brings an essential component over a longer period of time. These can be programmatic service, or initiatives.
- **District residents:** these can be our audience, constituents, end-users, and/or members.
- **Participants:** they may or may not live in the District, but take part in a program, for example, a visiting relative
- **Volunteers:** church, school, graduate program, any age, and they support your core effort
- **District Board:** ultimate decision makers and owners of the Hub
- **District Staff:** staff and leadership who ensure the project runs well and meets its goals
- **Hub Staff:** staff and leadership who deliver the services and programs
- **Vendors:** provide a service and need oversight
- **Consultants:** You bring them on for specific things to help you deliver on your promise
- **Development team:** and their associated management teams
- **Community Leaders:** they are from your District, and are actively engaged in the project, and are key to its success. They have agency.
- **Program Leaders:** they can be from the region or someone who is passionately interested in a particular area.

Next steps

We recommend the following:

1. **Audience research and segmentation:** conduct in-depth research to gather more insights into the primary and secondary audiences. Segment the audience based on common characteristics, behaviors, and goals to tailor the services and programs effectively.
2. **Needs Assessment:** armed with a laser-focused segmentation, iterate on the comprehensive needs assessment to produce a fine-tuned picture of the District's specific health and wellness needs.
3. **Collaborative Planning:** Engage the stakeholders referenced prior, including community members, healthcare professionals, local organizations, and caregivers, in collaborative planning sessions. Establish mechanisms for ongoing feedback and involvement. This step will help ensure that the hub's services are aligned with the community's actual needs and aspirations.

4. Services & Programs

This is the heart of the project. It's core complexity lies in developing and sustaining services and programs, building upon market, demographics, audience, and stakeholder analysis. The primary focus of the Hub project design is to offer services that support member wellness and engagement, fostering a vibrant Hub community. It's crucial to ensure that these services adhere to industry best practices while identifying areas for innovation.

These services and programs were crafted around seven wellness-oriented themes, centered on successful aging and aging in place, with case management at their core. They were informed by interviews with local providers, experts, community members, the design team's expertise, and market research. The aim is to create a cohesive web of services that address gaps rather than a disjointed list.

These services vary, some serving as information or referral points, while others are actual structured activities, such as lectures, support groups, or transportation services. Initially targeting older adults, these services were designed with an eye toward fostering intergenerational connections.



The current program and service map

Proposed List of Services and Programs

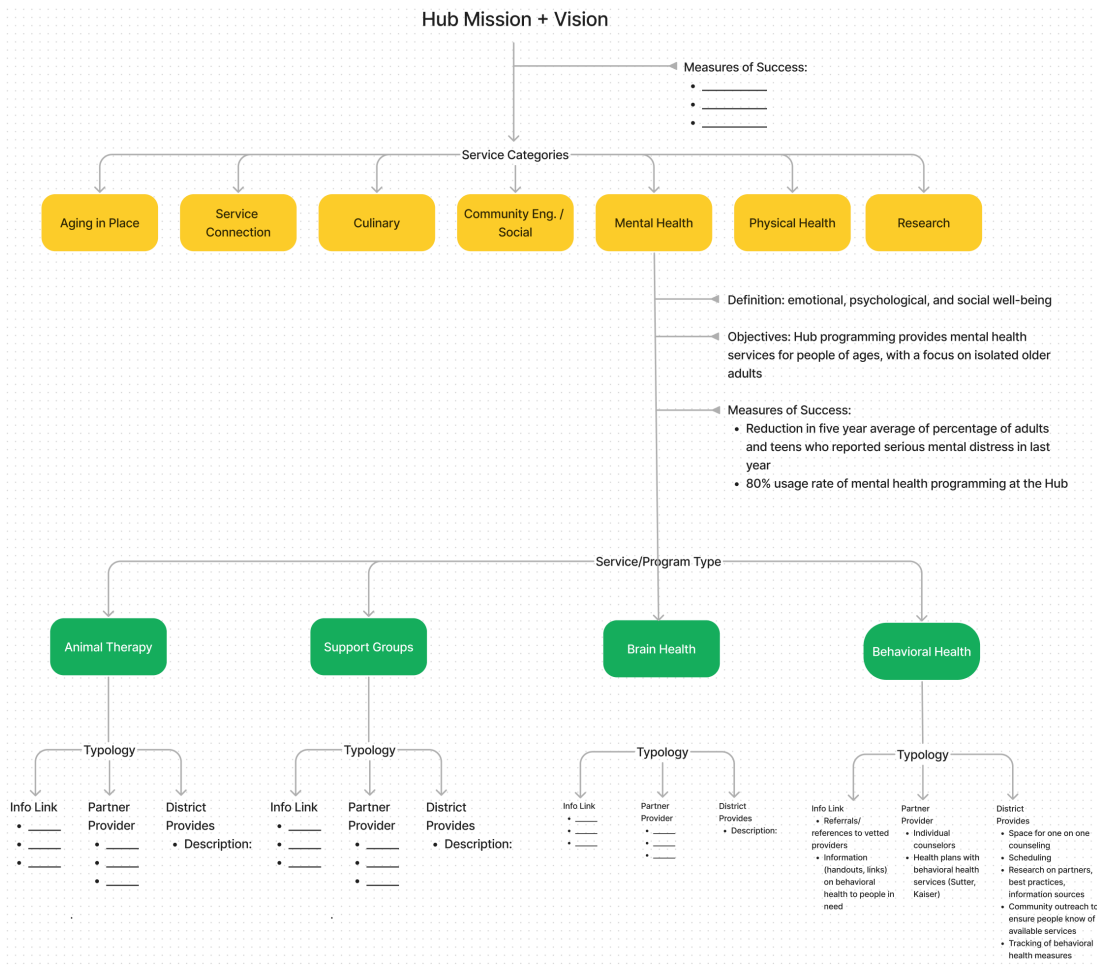
<p>Case Management</p>	<p>Objective: ensure members have a structured intake and assessment, assist with planning their wellness journey, provide ongoing oversight and assistance as they continue on their wellness journey</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Wellness Assessment: assess members current wellness needs • Wellness Planning: develop and/or assist in developing a wellness plan for members including services they need, programs, and scheduling • Wellness Coaching and Oversight: provide members with ongoing check ins, inspiration, and adjustments to wellness plan; ensure positive wellness outcomes are achievable and are happening, track progress.
<p>Service Connection</p>	<p>Objective: provide links to information and access to vetted provider partners</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Legal Services: connection to vetted providers • Tech consulting and testing: education, coaching, introduction to new products • Transportation: shuttles, volunteers, connection to county transit • Fraud Prevention: education programs, access to vetted providers to assist after fraud has occurred • “WeWork” for Service Providers: space and coordination so partner providers to have “office hours” on site • Service Subsidies: access to county and state programs for low-income individuals; access to grants for partner providers. • Financial Education and Resources: connection to vetted financial planners, guest lecture series on financial health; ensure members have estate plan in place as part of intake and assessment. • Day care: provide day care for staff in adjacent buildings and volunteer opportunities; limited to 14 children per zoning regulations.
<p>Aging in Place</p>	<p>Objective: provide access to service providers, education, and support for those who are aging in their homes in the community</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Caregiver Support: support groups, education sessions, access to partner counselors

	<ul style="list-style-type: none"> • Monitoring: referrals to in-home monitoring technology, education on best practices, demonstrations of new technology • Home Modifications: referrals to providers who will identify risks in the home, links to products, education sessions • Roommate Matching: digital hosting of message board • Adult Day Care: on-site day care for older adults with a dementia focus, provided by a partner • Resilience Planning: education on making the home more resilient for disasters, links to providers, information, and technology
Culinary	<p>Objective: provide education, access to food for members and staff, and social opportunities</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Education: cooking classes and demonstrations, healthy eating lectures • Retail: grab and go items • Café/Bar: gathering space for coffee, wine, simple food items that do not require cooking; possible relationship to full kitchen in Generations building. • Farmer’s Market: regularly scheduled market for outside vendors • On-Site Growing: raised bed space for volunteers, possible relationships with adjacent schools (e.g., Edible Schoolyard)
Mental Health	<p>Objective: provide access to providers of mental health services for people of ages, with a focus on isolated older adults</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Grief Support: support groups, access to vetted counselors, education sessions • Animal Therapy: space and coordination for on-site small group or one on one therapy • Brain Health: access to technology on-site, referrals to tech providers, and education sessions • Behavioral Health: support groups and access to vetted counselors
Physical Health	<p>Objective: help members improve physical fitness and learn about best practices</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Fitness: gym space and programming • Holistic/Integrated Medicine: space and coordination for vetted providers of acupuncture, massage, etc.

	<ul style="list-style-type: none"> • Health Education: educational programming and sessions • Medication Management: referrals to tech products and education sessions
Social/Engagement	<p>Objective: create a sense of community for people of all ages through continuous events and programs</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Entertainment: host events • Education: host lectures, sessions, and seminars, either single or series • Volunteering: coordinate and manage a volunteer network, provide opportunities for those who want to volunteer • Structured Intergenerational Programs: partnerships with local school for events and education
Research	<p>Objective: provide access to research outcomes and opportunities for members to participate in research</p> <p>Services/Programs:</p> <ul style="list-style-type: none"> • Health Outcomes/Data: host research studies • Lecture series: provide an outlet for local experts and researchers to present their research • Relationship with local universities: structured relationships with local universities for lifelong learning and access to studies

Developing the service framework

To thoroughly document the scale and scope of the project, each theme will require further refinement to include a definition, agreed upon objective, and clear measures of success that can be used to test the efficacy of each solution. Each individual service type will likely include different typologies, including information links, referrals to providers, partner providers, and/or District services and programs.



This diagram illustrates the levels of development and implied management of an individual program line.

Next Steps

Now that the District has this Master Plan, they will need to further map, synthesize, and vet potential providers, and determine how they will fill in gaps.

Each of the themes needs to be vetted with the advisory group, experts, potential partners, and community members to ensure that the services and programs represent best practices and are providing what this specific community needs.

Begin to engage with Service Design and prototyping sample services and programs to get the necessary information to define the how and what of the services. Service Design is a user-focused approach that, in this case, creatively enhances healthcare and well-being services by meticulously considering every aspect of the member experience. With audience insights, stakeholder input, and the refined service gap analysis, begin identifying who will be providing

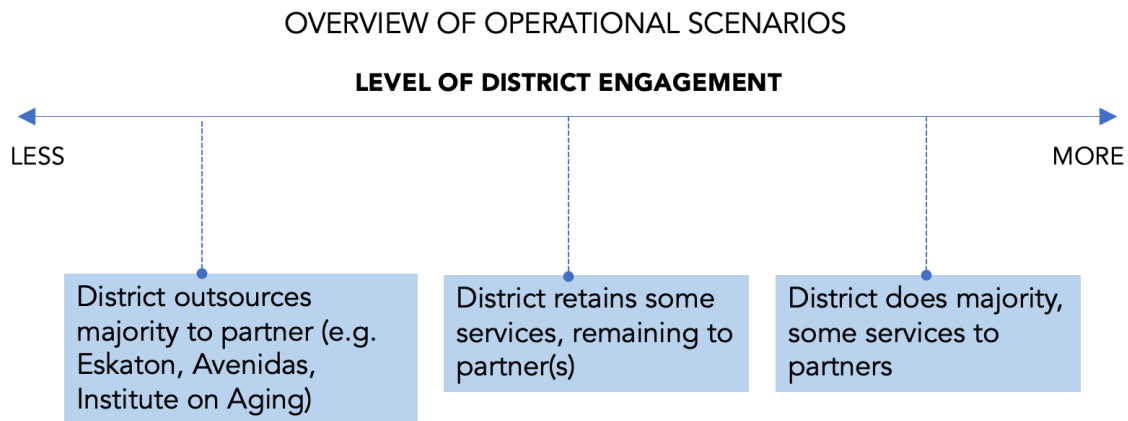
what services and programs. Design and prototype the wellness services. Create pilot programs or initiatives that can be tested and refined before full implementation.

Over the course of the Service Design process, all touchpoints and infrastructure (in-person and online) will be identified, developed, and tested with actual residents. We use this evidence-based approach to ensure we are providing the best services the District has the resources to provide. Ultimately the District will need to hire the right people with the right skills.

5. Operational Models

We developed and presented potential scenarios for the Hub’s operational model, each with varying levels of involvement by the District. Creating rough models is a crucial step in the project planning process as it facilitates understanding, problem-solving, risk mitigation, communication, resource allocation, and ultimately leads to a more robust and effective operational plan. Operational models allow for the testing of different ideas to determine the best way forward.

These are high level options and there is a myriad of other possibilities. These scenarios will shift as the Hub is further defined and the District determines the level of involvement that they are willing to undertake.



Engagement = oversight of service implementation and partners, staffing levels, financial investment, engagement with members

Scenario 1: Partner-Led Hub

District partners with one key group such as Generations, Eskaton, Avenidas, etc., to lead the Hub. Partner then provides services themselves and/or sub-contracts to others to complete service map. District’s main role is to oversee the relationship with key partner and provide strategic guidance. Relationship is similar to existing relationship with Eskaton at the Trousdale.

Management	
District	District manages relationship with key partner only
Partners	Key partner manages services and their delivery, including sub-partners, finances, member engagement

District Staffing	Minimal additional staffing required beyond current team
Services	
District	None
Partners	All
Financial	
Membership	TBD
Revenue Streams	TBD
Expenses	District pays key partner, rest TBD
Marketing	Partner with assistance from District
Strategic Oversight	
Incorporating new trends, technology, research	District relies on key partner to determine future needs, research opportunities, and incorporate key technology
Ensuring metrics of success are met	District is ultimately responsible for ensuring metrics are met, but relies on key partner to provide data, determine appropriate means and methods of success

Scenario 2: District as Air Traffic Control with Partner Services

The District's role is to manage the overall Hub and provide the concierge/case management service. The remainder of the services are provided by partners that the District engages and manages.

Management	
District	District manages relationships with service partners and coordinates their use of building and scheduling of programs.
Partners	No management
District Staffing	Moderate additional staffing required, assume 5-10 including: executive director and case managers
Services	
District	Concierge, case management
Partners	All other services
Financial	
Membership	TBD
Revenue Streams	TBD
Expenses	TBD
Marketing	District responsible for marketing; partners may market their specific services
Strategic Oversight	

Incorporating new trends, technology, research	District or consultant to District responsible for incorporating trends, developing research programs with partners, reviewing potential new technologies
Ensuring metrics of success are met	District responsible for ensuring metrics of success are met; partners responsible for providing data

Scenario 3: District All-In

District not only manages the overall Hub and provides concierge/case management services, they also provide a significant amount of other services, such as social and engagement, learning, etc. They still have some partners that focus on specialized services.

Management

District	District manages relationships with service partners and coordinates their use of building and scheduling of programs.
Partners	No management
District Staffing	Significant, assume 15-20 including: executive director, case managers, marketing, strategy, volunteer coordinators

Services

District	District provides overall management and some services; partners provide remainder
Partners	Some distinct services

Financial

Membership	TBD
Revenue Streams	TBD
Expenses	TBD

Marketing

	District responsible for marketing
--	------------------------------------

Strategic Oversight

Incorporating new trends, technology, research	District or consultant to District responsible for incorporating trends, developing research programs with partners, reviewing potential new technologies
Ensuring metrics of success are met	District responsible for ensuring metrics of success are met, compiling, tracking, and parsing data

Likely approach

While a decision has not yet been made on which model the District will pursue, the Leadership Group believes that the most likely model is Option B where the District retains management and oversight but partners with a slew of service providers.

Next Steps

We recommend the District continues digging into these models as they have a greater understanding of the road ahead, so that they can ensure the final operational model is optimized and appropriate. Going forward and building on the deepening of understanding the project scope, the District will need to determine the necessary resources, such as budget, staff, and facilities, required to launch and sustain the Hub's operations. And ensure that resource allocation aligns with the defined audience profiles and service design.

In order to come to a detailed, shareable definition of their operational model, the District will need to define or understand:

- Financial:
 - Member cost:
 - How much does the District want to subsidize? Where do they want to focus the subsidies? For example, does the District subsidize memory care because that's what is highest need, or subsidize heavy care and assume people are paying preventive, or do you subsidize preventative so that it lessens the draw on services later, or is it a sliding scale based on income at intake (which is hard to, privacy issue, etc.)?
 - Cost to District
 - Funding from PWC development – is funding going to the Hub as part of the development deal?
- Staffing
 - Does the District have plans to add additional staff for the PWC development in the immediate future? If so, will those staff have any capacity for the Hub?
- Parts of a service or program that they or a partner will provide
- What needs to be designed and developed to support the program or service
- Types of social, physical, and digital infrastructure the project will need to be successful
- Define metrics: what and how will they measure to know if they are successful? For example, if it's mental health, will they be measuring the rates of mental health issues, the level of engagement with their services and their community around mental health, or something else entirely? Keep in mind that these metrics need to be measured over a fairly long period of time.

6. Space Program

The space program defines the types and spaces of the physical Hub. Some spaces are specific to certain services, such as the fitness center and adult day care, others are non-specific to allow for multiple services to occur in that space. These non-specific spaces include multi-purpose rooms which work for group classes, lectures, or other group activities, and small group meeting rooms which would work for counseling, wellness plan meetings, or small group support groups.

The goals are that the space program is flexible enough to accommodate a variety of services and their changes over time and that it creates a highly active Hub. Central to an active Hub are anchor spaces that inspire members to join the Hub and frequent it on a regular basis. We are assuming that a fitness center will be the main anchor space. Other assumed anchor spaces include a café, theater, and adult day care. These assumptions need to be tested with community members.

The space program was developed based on the most recent service list and is based on an assumed number of users with standard square footages associated with that quantity. The space program will continue to be adjusted as the service program is refined. However, we are confident that the space program options shown are workable.

Following are two space program options – a large Hub at 38,000 square feet, and a smaller option at 28,000 square feet. The larger option includes a 15,000 square foot Active Wellness, while the smaller option includes a reduced one at 7,000 square feet. The reduced version includes some other minor reductions, but we believe it still provides all of the necessary program space. A smaller Hub may be preferable because it is more likely to feel active.

The next steps in space program development are to establish design goals, vet the program and its anchor spaces with community members and continue to refine space program in conjunction with service program development.

Option 1 – 38,000 SF

TOPIC	SERVICE	TYPE	SPACE TYPE	SPACE DETAIL	CAPACITY/ QUANTITY	NSF	NOTES
1 General	Case management/Concierge	Space & Digital	ADMINISTRATIVE	Office and information desk	4	200	
2 General	District Offices	Space	ADMINISTRATIVE	Office Suite		4,200	
3 General	Retail	Space	RETAIL	Retail space for lease	0	-	Removed
4 General	Information posting area	Space	ADMINISTRATIVE	Information kiosk	2	100	
5 Culinary	Food Education	Space & Digital	EATING	Demonstration kitchen	25	400	Combined with MP room or maker space
6 Culinary	Restaurants/Bar/Café	Space	EATING	Grab & Go	1	600	Assume 1 spaces in Hub for casual eating; bistro and formal dining in Generations; combined with demonstration kitchen
7 Culinary	Farmer's Market	Space & Digital	OUTDOOR	Outdoor courtyard area		-	Assume 8 vendors
8 Culinary	On Site Growing	Space	OUTDOOR	Roof or at grade area		-	
9 Culinary	Food Retail	Space	RETAIL	-		-	Combined with bar/café or retail area
10 Culinary	Meal Delivery	Space & Digital	EATING	Outdoor transportation/pick up and indoor packing space		-	Removed
11 Culinary	Local kitchen	Space	EATING	Kitchen and private dining	12	400	Combined with demonstration kitchen and café
12 Culinary	Edible Schoolyard	Space	OUTDOOR	Roof or at grade area		-	
13 Service Connection	WeWork space for providers	Space	ADMINISTRATIVE	Open work area and 2 enclosed offices	4	560	
14 Service Connection	Fraud Prevention	Space & Digital	ADMINISTRATIVE	Work area	2	-	Combined with wework space
15 Service Connection	Financial education and information	Space & Digital	ADMINISTRATIVE	Work area	2	-	Combined with wework space
16 Service Connection	Tech consulting	Space & Digital	TESTING/PROTOTYPE/MAKER	Maker space		500	
17 Service Connection	Health Assessment	Space & Digital	MEDICAL	Multi-purpose space	1	150	
18 Service Connection	Volunteer Coordinaton	Space & Digital	ADMINISTRATIVE	Office with meeting space	1	200	
19 Physical Health	Health education	Space & Digital	EDUCATIONAL/ACTIVITY	Multi-purpose room, divisible	1	1,200	Assume 1 MP rooms shared with all education and activity, share with Generations
20 Physical Health	PT/OT	Space	MEDICAL	PT/OT	0	-	Encourage Sutter to include in MOB
21 Physical Health	Aquatic therapy	Space	FITNESS	Pool and associated spaces	0	-	Included in Activate's #
22 Physical Health	holistic/alternative options	Space	FITNESS	Treatment room (accup, massage)	2	300	
23 Physical Health	Fitness	Space	FITNESS	Active Wellness - Activate		15,000	Per Jill Kinney's program, includes pool
24 Aging in Place	Home modifications - links to providers and information on products; toolkit/checklist	Space & Digital	ADMINISTRATIVE			-	Combined with concierge
25 Aging in Place	Adult Day Care	Digital	EDUCATIONAL/ACTIVITY	MP room, bathrooms, kitchen, day room		1,200	
26 Aging in Place	Transportation	Space & Digital	OUTDOOR	Parking for shuttles, drop off		-	
27 Social/Engagement	Education	Space & Digital	EDUCATIONAL/ACTIVITY	MP rooms		-	Combined with health education and Trousdale
28 Social/Engagement	Entertainment	Space & Digital	EDUCATIONAL/ACTIVITY	Living and lounge		1,000	Lobby space
29 Social/Engagement	Intergenerational programming	Space	EDUCATIONAL/ACTIVITY	Daycare		1,200	Assume 18 kids, staffing ratio 1:6; space shown includes all required space, not just classroom; needs dedicated outdoor space
30 Mental Health	Support groups	Space & Digital	EDUCATIONAL/ACTIVITY	Small group meeting rooms	1	350	Combined with health education
31 Mental Health	Animal therapy	Space	EDUCATIONAL/ACTIVITY			-	
32 Mental Health	Cognitive therapy/health	Space & Digital	MEDICAL	Counseling room	2	300	
33 Mental Health	Behavioral health	Space & Digital	MEDICAL	Counseling room		-	Combined with therapy
34 Research	Tech testing	Space & Digital	TESTING/PROTOTYPE/MAKER	Maker space		-	Combined with maker space
35 General	Break area for staff	Space & Digital	ADMINISTRATIVE	Break room	10	300	Lounge with kitchen
36 General	Intergenerational play area	Space	OUTDOOR				
37 Social/Engagement	Entertainment	Space	SOCIAL	Theater		2250	300 capacity

SUM NSF 30,410
SUM GSF 38,013

Option 2 – Reduced to 28,000 SF

TOPIC	SERVICE	TYPE	SPACE TYPE	SPACE DETAIL	CAPACITY/ QUANTITY	NSF	NOTES
1 General	Case management/Concierge	Space & Digital	ADMINISTRATIVE	Office and information desk	4	200	
2 General	District Offices	Space	ADMINISTRATIVE	Office Suite		4,200	
3 General	Retail	Space	RETAIL	Retail space for lease	0	-	Removed
4 General	Information posting area	Space	ADMINISTRATIVE	Information kiosk	2	100	
5 Culinary	Food Education	Space & Digital	EATING	Demonstration kitchen	25	400	Combined with MP room or maker space
6 Culinary	Restaurants/Bar/Café	Space	EATING	Grab & Go	1	600	Assume 1 spaces in Hub for casual eating; bistro and formal dining in Generations; combined with demonstration kitchen
7 Culinary	Farmer's Market	Space & Digital	OUTDOOR	Outdoor courtyard area		-	Assume 8 vendors
8 Culinary	On Site Growing	Space	OUTDOOR	Roof or at grade area		-	
9 Culinary	Food Retail	Space	RETAIL	-		-	Combined with bar/café or retail area
10 Culinary	Meal Delivery	Space & Digital	EATING	Outdoor transportation/pick up and indoor packing space		-	Removed
11 Culinary	Local kitchen	Space	EATING	Kitchen and private dining	12	400	Combined with demonstration kitchen and café
12 Culinary	Edible Schoolyard	Space	OUTDOOR	Roof or at grade area		-	
13 Service Connection	WeWork space for providers	Space	ADMINISTRATIVE	Open work area and 2 enclosed offices	4	560	
14 Service Connection	Fraud Prevention	Space & Digital	ADMINISTRATIVE	Work area	2	-	Combined with wework space
15 Service Connection	Financial education and information	Space & Digital	ADMINISTRATIVE	Work area	2	-	Combined with wework space
16 Service Connection	Tech consulting	Space & Digital	TESTING/PROTOTYPE/MAKER	Maker space		500	
17 Service Connection	Health Assessment	Space & Digital	MEDICAL	Multi-purpose space	1	150	
18 Service Connection	Volunteer Coordinaton	Space & Digital	ADMINISTRATIVE	Office with meeting space	1	200	
19 Physical Health	Health education	Space & Digital	EDUCATIONAL/ACTIVITY	Multi-purpose room, divisible	1	1,200	Assume 1 MP rooms shared with all education and activity, share with Generations
20 Physical Health	PT/OT	Space	MEDICAL	PT/OT	0	-	Encourage Sutter to include in MOB
21 Physical Health	Aquatic therapy	Space	FITNESS	Pool and associated spaces	0	-	Included in Activate's #
22 Physical Health	holistic/alternative options	Space	FITNESS	Treatment room (accup, massage)	1	150	
23 Physical Health	Fitness	Space	FITNESS	Active Wellness - Activate		8,000	Per Jill Kinney's program, includes pool
24 Aging in Place	Home modifications - links to providers and information on products; toolkit/checklist	Space & Digital	ADMINISTRATIVE			-	Combined with concierge
25 Aging in Place	Adult Day Care	Digital	EDUCATIONAL/ACTIVITY	MP room, bathrooms, kitchen, day room		1,200	
26 Aging in Place	Transportation	Space & Digital	OUTDOOR	Parking for shuttles, drop off		-	
27 Social/Engagement	Education	Space & Digital	EDUCATIONAL/ACTIVITY	MP rooms		-	Combined with health education and Trousdale
28 Social/Engagement	Entertainment	Space & Digital	EDUCATIONAL/ACTIVITY	Living and lounge		600	Lobby space
29 Social/Engagement	Intergenerational programming	Space	EDUCATIONAL/ACTIVITY	Daycare		1,200	Assume 18 kids, staffing ratio 1:6; space shown includes all required space, not just classroom; needs dedicated outdoor space
30 Mental Health	Support groups	Space & Digital	EDUCATIONAL/ACTIVITY	Small group meeting rooms	1	350	Combined with health education
31 Mental Health	Animal therapy	Space	EDUCATIONAL/ACTIVITY			-	
32 Mental Health	Cognitive therapy/health	Space & Digital	MEDICAL	Counseling room	1	150	
33 Mental Health	Behavioral health	Space & Digital	MEDICAL	Counseling room		-	Combined with therapy
34 Research	Tech testing	Space & Digital	TESTING/PROTOTYPE/MAKER	Maker space		-	Combined with maker space
35 General	Break area for staff	Space & Digital	ADMINISTRATIVE	Break room	10	300	Lounge with kitchen
36 General	Intergenerational play area	Space	OUTDOOR				
37 Social/Engagement	Entertainment	Space	SOCIAL	Theater		2250	300 capacity
SUM NSF						22,710	
SUM GSF						28,388	

7. Example Hubs

To understand the landscape of innovation and longevity hubs, we contracted with Stephen Johnston to perform an international survey. Stephen is the founder of Looking Forward, a newsletter about healthy longevity. He's also a founder of Fordcastle, an advisory company working at the intersection of innovation and impact. He previously co-founded Aging2.0, a global innovation network for aging and senior care.

We learned the number of FTE's ranges from 10 to 20, depending on the level of service or intensity of programming. These examples he presented are specialized. There are bits and pieces that the Hub can pull from. There is no one example that parallels with what the District wants to achieve.

US Based

- **GenSpace by Wallis Annenberg, Los Angeles:** focused on social interaction, education, fitness for older adults. X FTEs.
- **Older Adult Technology Services (OATS), New York, NY:** provides tech training and support to seniors. X FTEs.
- **Gary and Mary West Senior Wellness Center, San Diego, CA:** offers meals, activities, and access to over 25 collaborative partners including a Senior Dental Center.
- **Fruitvale Village, Oakland, CA:** directly adjacent to a BART station, the site is a diverse "hub" that provides seniors with a variety of services in a multicultural environment.
- **Thrive Center, Kentucky, United States:** this is product and service innovation hub that helps companies create better initiatives to serve the post-50 population.

International

- **Seniors' Community Hub, Alberta, Canada:** targets frail individuals 65+ years of age to identify, assess, and manage frailty in coordination with care partners.
- **Collaborating for Health (C3), UK:** a community-engagement program that empowers local communities to identify and overcome health barriers.
- **Food Hub, Boscombe West, UK:** partners with C3 (above) to foster skills and promote healthy eating.
- **Global Center for Modern Ageing - LifeLab, South Australia:** is a simulated real-life environment where researchers collaborate alongside older people and businesses to co-design and validate products, services and experiences that enhance the lives of ageing people.
- **Centre for Community Child Health, Melbourne, Australia:** is dedicated to improving children's health and developmental outcomes, particularly for vulnerable children aged 0-8 years.
- **Healthy Life Centers, Norway (HLC):** an interdisciplinary primary healthcare service that supports individuals with or at high risk of disease.

- **Tiong Bahru Community Health Centre, Singapore:** operates community health centers to support general practitioners in managing patients with chronic conditions.

Next Steps

Talk to the administration teams of some of these Hubs and visit ones nearby and select ones beyond based on alignment with the Hub's definition. This will give the District an informed picture of the day to operations, staffing needs, financial structure, and member transformation that they will need to scale to.

8. Recommendations

We recommend that the District actively engages with the document's content and recommendations for next steps in each section. This will contribute effectively to the successful development and implementation of the Peninsula Wellness Community Hub project.

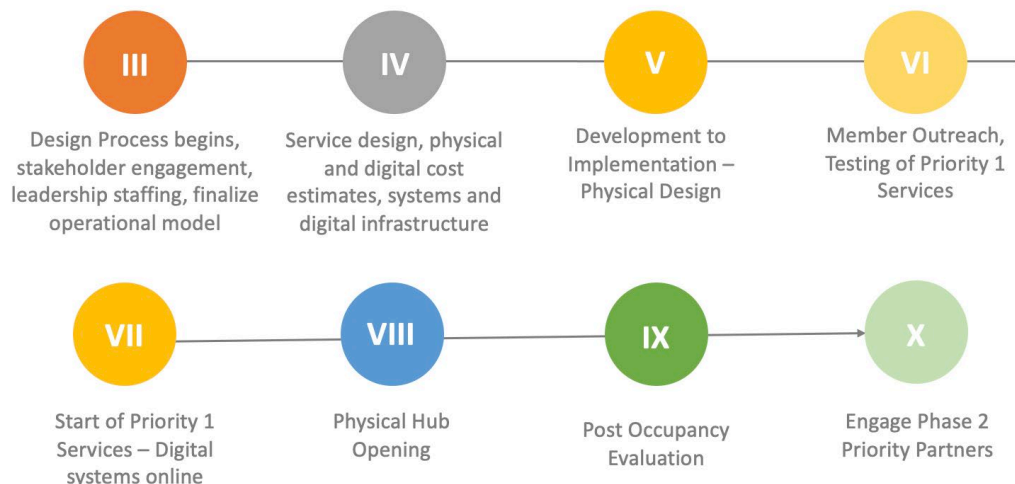
To create and run the Hub, there will be a need for a team that offers healthcare and wellness expertise and the ability for interdisciplinary collaboration, continuous adaptation, and quality measurement. We recommend that the District begins to identify potential relations with local providers, social services, educational institutions, and other relevant organizations, and that they are clear with all about the role that their input has on the project.



This project requires a long-term commitment from the District. To avoid risks and ensure project success, our recommendation is that they regularly check that they have clarity and understanding of next steps throughout the development, and the right people in place to achieve this ambitious undertaking.

Future Phases

These are our recommendations for future phases. Details may shift.



Suggested Milestones

Based on the preceding phases, high-level milestones might look like:

2022: project initiated

2023: alignment, new CEO, major project foundations are established, and roles defined, service program complexity, identify advisors and constituents, deep understanding of what exists, what needs are out there, what the data is suggesting. Proposed operational model.

2024: All demographic data compiled and synthesized, ED hired, Service Design, community, advisor, and partner engagement begins in earnest, staffing shapes up as the program develops. Operational scenario defined, cost estimates, TI design aligns with overall PWD design development.

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

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

2027-2028: stress test, hard openings of physical site, all systems running. Construction and building opening.

2029: first anniversary

2032: first Wellness Innovation Summit?

Appendix

A copy of this document can be found online at: [PWC Hub Master Program Planning Report 2023](#)

Links

- [Asset Map of other providers in the area](#)
- [Full list of interviews](#)
- [Full demographics study](#)
- [International “Hub” survey](#)

For Member Profiles, please see the next page.

MEMBER PROFILE 1: "Old Old"

Very frail person living alone in own home where they raised their family. Widower. Had deep community ties, but world has gotten smaller with age and frailty. His adult children do not live nearby. He needs some help with activities of daily living, uses Meals on Wheels, no longer drives, desperately needs social interaction.



Onboarding: outreach, intake, assessment, plan development

<i>Outreach</i>	Gets a mailer, lets it sit around for a few weeks. A conversation with his doctor encourages him to follow-through. Makes a phone call, speaks to a greeter, books a tour/intake assessment. Greeter arranges transportation for initial appointment.
<i>Intake & assessment: care needs, social and lifestyle needs, tech literacy and needs</i>	Picked up by a Hub shuttle and greeted at the door by the wellness coordinator. Given a tour of the Hub and then sits down for a discussion. Coordinator does basic assessment through a series of one-on-one interview questions. It becomes clear he will best be served by a concierge point of view.
<i>Wellness plan development</i>	Wellness coordinator develops a plan based on assessment. Plan includes a twice weekly pickup for coffee hour at the Hub, then cooking demonstration and then meal. If staff notices a decline, they offer other services. If balance issues, we can rec monitoring devices at home and when balance classes are offered. Information and plan are provided in a physical notebook that he takes with him. Coordinator maintains the plan and modifies it at future check ins based on his experience/performance/progression.

Case Management

<i>Overview</i>	In his care planning, they co-created a check-in calendar. Monthly check ins scheduled with the wellness coordinator. These occur in-person at the Hub.
<i>Staff Engagement</i>	A consistent staff member is assigned to him and tracks his case, changes, and needs. She checks in by phone and when she sees him in person at the Hub.

Services Example

<i>Home modifications</i>	His wellness coordinator schedules a visit from a partner organization that can evaluate his home and provide a modification plan. Coordinator follows up with him after this has happened and provides more information on monitoring and wearable technology.
<i>Social Engagement</i>	Wellness coordinator develops a monthly schedule for him and arranges for transportation.
<i>Care Planning</i>	Wellness coordinator assesses cognition and physical abilities at monthly meetings, looking out for any changes. Should something be noticed, she provides him with information and links to partner organizations for additional in-home care. She also alerts any family members he identified at intake as being his primary caregiver. The staff check in with him weekly on how he feels things are going.
<i>Tech Support</i>	The Hub provides a service for all members to assess their technical needs. He is given on-site training and an in-home check-in to ensure his Zoom calls and phone work smoothly for him.

Transformation

- He feels comfort knowing that someone is looking out for him and his well-being.
- He knows who to go to with questions and concerns. He feels like he has more control over his time because he has access to transportation and engagement at the Hub.

MEMBER PROFILE 2: “Mid-Old” Couple

ned about aging in place as they have limited funds for in home care or assisted living.



Onboarding: outreach, intake, assessment, plan development

<i>Outreach</i>	Wife hears about the Hub from a friend, goes online and fills out a high-level assessment form that generates the beginning of a wellness plan. This gets the wife excited, who talks her husband into going down to the Hub for a tour.
<i>Intake & assessment: care needs, social and lifestyle needs, tech literacy and needs</i>	They drive themselves to the Hub. The greeter invites them to take a self-guided tour before their meeting with a wellness coordinator. They stop into the maker space and watch a demonstration put on by a startup with new fall-detection hardware. The wellness coordinator meets with them and goes through the standard intake survey. It is clear the empowerment model is most appropriate for them.
<i>Wellness plan development</i>	Through an empowerment-centric plan development process, they work 1-1 with a coach to create a plan for themselves. Wellness coordinator uploads the plan to the Hub app.

Case Management

<i>Overview</i>	They manage and control their wellness plan via the Hub app. They have the option to schedule check in meetings with their wellness coordinator, or attend small group sessions focused on maintaining a wellness plan.
<i>Staff Engagement</i>	Their wellness coordinator is consistent and is focused on motivating them to participate in Hub programming. She checks in by phone and when she sees them in person at the Hub. When she comes across new information and/or programming, she sends mailers out to her assigned members.

Services Example

<i>Physical Fitness</i>	The Hub provides a robust calendar of activities which they sign up for. They opt-in to a newsletter about best practices. They are inspired by Hub Community’s progress to take care of their physical fitness. Become members of Activate where a fitness plan is integrated with their specific medial needs.
<i>Healthy Lifestyle Education</i>	Part of their wellness plan includes learning about healthy food habits. The wife signs up for 6 weeks of cooking classes at the Hub focused on the Blue zone diet. Recipes are included in the app that she can try at home. The husband wants to learn how to better manage his high blood pressure. He signs up for a lecture on heart health and chooses to watch it by zoom. He sees on the community board that there is a walking group in his community; he joins this.
<i>Care Planning</i>	The couple wants to be prepared should their health needs change and one or both of them need care. Their wellness coordinator provides links to three vetted financial planners who can help them develop a financial plan and budget. They are also linked to three options of people or organizations that can do assessments of their home for potential aging in place hazards.
<i>Tech Support</i>	Wellness coordinator points them to a site that helps them craft their own best practices for online engagement: with the Hub and with others. This includes keeping systems up to date, managing contacts and social profiles, online billing, printing, and email management. They respond to Hub outreach follow-up with a confirmation of completion and any questions. They are inspired to keep up to date with the Hub course calendar to take tech classes.

Transformation: The couple feels like they are masters of their wellness journey and that they are confident in staying on course.

MEMBER PROFILE 3: Adult Child and Parents

Adult child lives nearby and is concerned about parents' declining health; is unsure how to help. Husband has dementia, wife is his primary caregiver. Parents are concerned about someone coming into the home. Adult child is concerned about the impact that caregiving is having on their parent.



Onboarding: outreach, intake, assessment, plan development

<i>Outreach</i>	Wife hears about Hub from a friend who is also a member. She mentions it to her adult child who does further research and visits the Hub for a tour. Upon arrival, an exuberant volunteer shares their excitement about the Hub. They encourage them to sign up for a group orientation. All three attend.
<i>Intake & assessment: care needs, social and lifestyle needs, tech literacy and needs</i>	Intake is done 1-1 through staff listening and carefully recording all needs. They reflect and review this with the family, giving person living with dementia-centric engagement with the dad. It's clear a mixture of social and concierge is most appropriate.
<i>Wellness plan development</i>	Via an email engagement, the Hub staff provide coaching and orientation on how to support a wellness journey for aging parents. The mother and dad come into the Hub for 1-1 plan development.

Case Management

<i>Overview</i>	Monthly in-person check ins scheduled with the wellness coordinator.
<i>Staff Engagement</i>	A consistent staff member is assigned to them and tracks their case, changes, and needs. Should something change she notifies the daughter.

Services Example

<i>Caregiver Support for Spouse</i>	<p>The Hub provides personalized coaching for the spouse and advising for the daughter. They do regular evaluations.</p> <p>The Hub volunteer outreach team supplies the family with access to social events and a spousal community support group for PWD. The daughter joins a Facebook group and is pointed to articles via the Hub community. The wife joins a bi-weekly small scale support group.</p>
<i>Health Education</i>	The Hub reaches out to its members on a regular basis and suggests classes and online resources tailored to their needs. The daughter signs up for adult child intro class and mailing list, so she is kept up to date on the services for her parents. They do regular evaluations.
<i>Social Engagement</i>	There are family events at the Hub which all attend. There are Hub staff and volunteers who reach out to the husband and look after him while the mother and daughter enjoy the event. The Hub dementia support community checks in on them to ensure they are feeling connected. They coach the mother and daughter in how to have the best collective quality of life for the mom and dad.

Transformation

Mother and daughter feel taken care of and supported by the Hub. They know that they can rely on the Hub to meet their family's needs.

MEMBER PROFILE 4: 50-something single male

Single male living alone at home, no children, still working. He was recently diagnosed with a chronic health condition and has undiagnosed mental health challenges.



Onboarding: outreach, intake, assessment, plan development

<i>Outreach</i>	Learns about the Hub from primary care physician when diagnosed with diabetes
<i>Intake & assessment: care needs, social and lifestyle needs, tech literacy and needs</i>	He meets with a wellness coordinator via zoom who introduces the Hub and interviews him. He then comes down in person for a coffee after work to finalize check in and tour the Hub. It is clear a mixture of social and empowerment approaches will work best for him.
<i>Wellness plan development</i>	Wellness coordinator develops a plan and inputs it onto the Hub app. He gets reminders via the app.

Case Management

<i>Overview</i>	He manages and controls his wellness plan via the Hub app. He has the option to schedule check in meetings with the wellness coordinator or attend small group sessions focused on maintaining a wellness plan.
<i>Staff Engagement</i>	His wellness coordinator is consistent and is focused on motivating him to engage in Hub programming. She checks in by phone and when she sees him in person at the Hub. When she comes across new information and/or programming, she sends mailers out to her assigned members.

Services Example

<i>Health Education</i>	The Hub offers courses for members that are centered around inspiration for better health through competitions.
<i>Social Engagement</i>	Through the Hub's "Thrive" program, he engages online and via his smart watch in structured, inspirational activities. It is suggested to him (in inspiring language) that he attend some in-person lectures and meet-ups.
<i>Mental Health</i>	Provide information on vetted counselors who have office hours at the Hub; also provide access to either online or in-person support groups. Staff at the Hub invite him to demonstrations on new apps for mental health in the maker space.

Transformation

- He feels confident and self-directed in managing his well-being and prepared for the future.

MEMBER PROFILE 5: Young Family

Married couple (41 and 43) who are parents of 5, 7, and 13-yr-olds. They are “lite” and more occasional users. They are busy with their lives. They don’t need structured social interaction that older adults do, as their world has not gotten “small.” They want to prepare for aging and set their kids up for a healthy lifestyle. The kids attend Lincoln elementary and Burlingame Intermediate school.



Onboarding: outreach, intake, assessment, plan development

<i>Outreach</i>	The oldest child attends an event at the Hub put on by their school and tells parents about it. There is a structured relationship between that school and the Hub. Mother goes online and downloads the app to see upcoming events.
<i>Intake & assessment: care needs, social and lifestyle needs, tech literacy and needs</i>	No true intake since they are a la carte users. They have access to a schedule of events and activities via the Hub app and a newsletter. Wellness coordinators are available to parents for questions or to meet.
<i>Wellness plan development</i>	None, they are a la carte users

Case Management

<i>Overview</i>	None
<i>Staff Engagement</i>	Staff are available to answer questions via the app, by phone, or in-person. Staff sends out information on events and services to a la carte users.

Services Example

<i>Physical Fitness</i>	The Hub provides a robust calendar of activities which they sign up for. Many of these activities are family-focused such as fun-runs, group fitness classes, and game-ified fitness.
<i>Financial Education</i>	After seeing an article in the Hub newsletter on financial planning, the parents ask Hub staff for a list of vetted attorneys to help set up a family trust. They meet up with an attorney at the Hub’s “we-work” space.

Transformation

The parents feel like they are part of a community and know where to go with health and aging questions. The kids see their parents actively working on their health and well-being, helping them to create good life-long

PWC Hub: Reviewing the Master Plan for Program Development

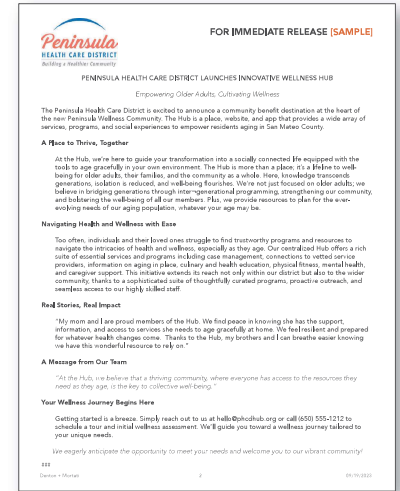
October 26, 2023
Presentation to the Board

Alexis Denton + Maria Mortati



Agenda

- Overview of the Master Plan
- Questions + discussion
- Review next steps



Master Program Plan Overview

A summary of the work to date



The Hub's Definition

Much more than a community center, the Wellness Hub will provide its residents with a connected web of service access and programming they need to improve their well-being as they age.

Members will come to the Hub and engage with a comprehensive array of essential programming, such as case management, vetted service providers, information on aging in place, culinary and health education, physical fitness, mental health, and caregiver support. Beyond its physical location, the Hub serves as the central point for our members to access tailored programs, promote social engagement, and connect with our highly skilled staff.

The Hub will provide robust support for those aging in their community and offers something for all ages through its intergenerational programming.

Foundational Statements

Mission

The mission of the Hub is to optimize the overall health and wellness of our District, by providing preventative, proactive and personalized programming that ensures our residents live lives as long and robustly as possible.

Vision

We envision a future where those aging in our community lead lives of vitality and act as the heart of our well-being ecosystem. We are committed to offering comprehensive essential services, tailored programs, and connections, fostering social engagement along the way. We strive to ensure that all residents thrive in our district.

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5

Points of View

Empowering Health

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



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Community Wellness

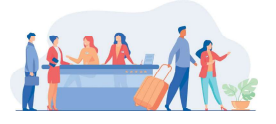
You provide the the structure, information, and encouragement to help your members improve their well-being as a collective



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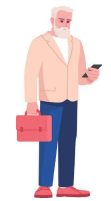
Concierge Health

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



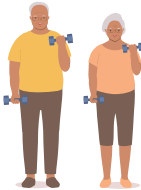
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Members & Audience



Pre-retirement single person with recently diagnosed with chronic health issues

10/26/2023



"Mid-old" retired couple living at home who are still very active



"Old old" single person living alone at home who is relatively frail

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A young family with no health issues



Adult child and retired parents, one with dementia, the other a caregiver

7

Intensity of Usage

Most high-touch user of services, programs, and outreach

High-touch for dad's services, medium for mom's caregiver support and variable for daughter's navigation

Needs many forms of estate planning, care planning, and social engagement

He needs some diet and exercise support and estate planning

They don't need the Hub very much for their well-being but could use programming around estate planning.

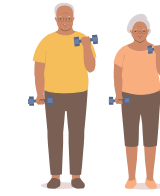


"Old old"

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Adult child and retired parents



"Mid-old"

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Pre-retirement single person

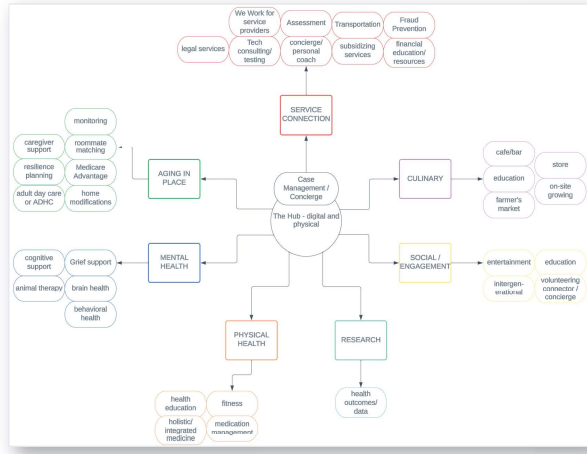


Young family

8

Services & Programs

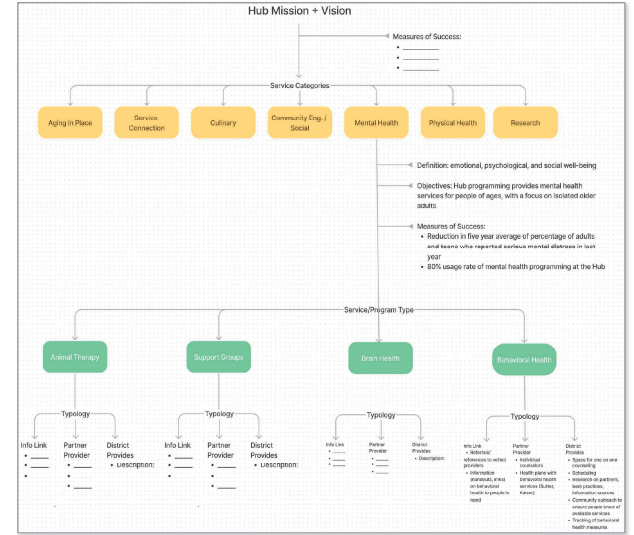
- Continued refinement based on 7 themes
- Mix of information, referral, activities
- Heart of the project
- High complexity of development and deployment



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Complexity of Effort

This diagram illustrates development + implied management of **just one** of our program lines.



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Space Program

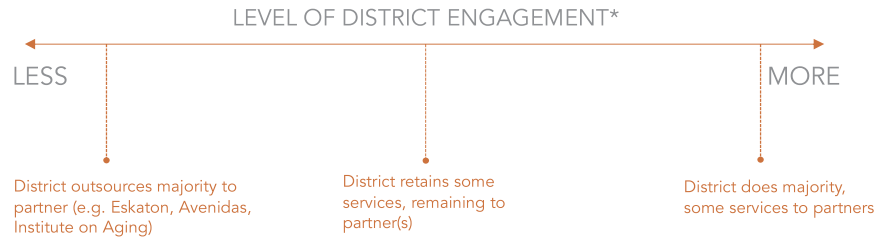
- Two options:
- 38,000 SF
 - 28,000 SF

- Goals:
- Flexible
 - Anchor spaces/tenants attract members

TYPE	SERVICE	TYPE	SPACE TYPE	SPACE DETAIL	CAPACITY	GF	NOTES
1	1000 sq ft of office	OFFICE	OFFICE	1000 sq ft of office	10	1	1000 sq ft of office
2	2000 sq ft of office	OFFICE	OFFICE	2000 sq ft of office	20	2	2000 sq ft of office
3	3000 sq ft of office	OFFICE	OFFICE	3000 sq ft of office	30	3	3000 sq ft of office
4	4000 sq ft of office	OFFICE	OFFICE	4000 sq ft of office	40	4	4000 sq ft of office
5	5000 sq ft of office	OFFICE	OFFICE	5000 sq ft of office	50	5	5000 sq ft of office
6	6000 sq ft of office	OFFICE	OFFICE	6000 sq ft of office	60	6	6000 sq ft of office
7	7000 sq ft of office	OFFICE	OFFICE	7000 sq ft of office	70	7	7000 sq ft of office
8	8000 sq ft of office	OFFICE	OFFICE	8000 sq ft of office	80	8	8000 sq ft of office
9	9000 sq ft of office	OFFICE	OFFICE	9000 sq ft of office	90	9	9000 sq ft of office
10	10000 sq ft of office	OFFICE	OFFICE	10000 sq ft of office	100	10	10000 sq ft of office
11	11000 sq ft of office	OFFICE	OFFICE	11000 sq ft of office	110	11	11000 sq ft of office
12	12000 sq ft of office	OFFICE	OFFICE	12000 sq ft of office	120	12	12000 sq ft of office
13	13000 sq ft of office	OFFICE	OFFICE	13000 sq ft of office	130	13	13000 sq ft of office
14	14000 sq ft of office	OFFICE	OFFICE	14000 sq ft of office	140	14	14000 sq ft of office
15	15000 sq ft of office	OFFICE	OFFICE	15000 sq ft of office	150	15	15000 sq ft of office
16	16000 sq ft of office	OFFICE	OFFICE	16000 sq ft of office	160	16	16000 sq ft of office
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18	18000 sq ft of office	OFFICE	OFFICE	18000 sq ft of office	180	18	18000 sq ft of office
19	19000 sq ft of office	OFFICE	OFFICE	19000 sq ft of office	190	19	19000 sq ft of office
20	20000 sq ft of office	OFFICE	OFFICE	20000 sq ft of office	200	20	20000 sq ft of office
21	21000 sq ft of office	OFFICE	OFFICE	21000 sq ft of office	210	21	21000 sq ft of office
22	22000 sq ft of office	OFFICE	OFFICE	22000 sq ft of office	220	22	22000 sq ft of office
23	23000 sq ft of office	OFFICE	OFFICE	23000 sq ft of office	230	23	23000 sq ft of office
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25	25000 sq ft of office	OFFICE	OFFICE	25000 sq ft of office	250	25	25000 sq ft of office
26	26000 sq ft of office	OFFICE	OFFICE	26000 sq ft of office	260	26	26000 sq ft of office
27	27000 sq ft of office	OFFICE	OFFICE	27000 sq ft of office	270	27	27000 sq ft of office
28	28000 sq ft of office	OFFICE	OFFICE	28000 sq ft of office	280	28	28000 sq ft of office
29	29000 sq ft of office	OFFICE	OFFICE	29000 sq ft of office	290	29	29000 sq ft of office
30	30000 sq ft of office	OFFICE	OFFICE	30000 sq ft of office	300	30	30000 sq ft of office
31	31000 sq ft of office	OFFICE	OFFICE	31000 sq ft of office	310	31	31000 sq ft of office
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33	33000 sq ft of office	OFFICE	OFFICE	33000 sq ft of office	330	33	33000 sq ft of office
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40	40000 sq ft of office	OFFICE	OFFICE	40000 sq ft of office	400	40	40000 sq ft of office
41	41000 sq ft of office	OFFICE	OFFICE	41000 sq ft of office	410	41	41000 sq ft of office
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43	43000 sq ft of office	OFFICE	OFFICE	43000 sq ft of office	430	43	43000 sq ft of office
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49	49000 sq ft of office	OFFICE	OFFICE	49000 sq ft of office	490	49	49000 sq ft of office
50	50000 sq ft of office	OFFICE	OFFICE	50000 sq ft of office	500	50	50000 sq ft of office

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Operational Scenarios



*Engagement is the oversight of service implementation and partners, staffing levels, financial investment, + engagement with members. These models range in FTE from 10 – 20.

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Example Hubs

US Based

- GenSpace by Wallis Annenberg, Los Angeles
- Older Adult Technology Services (OATS), New York, NY
- Gary and Mary West Senior Wellness Center, San Diego,
- Fruitvale Village, Oakland, CA
- Thrive Center, Kentucky, United States

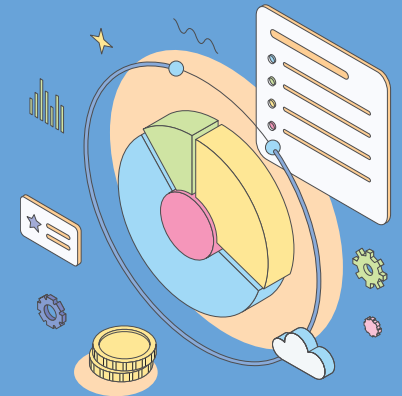
International

- Seniors' Community Hub, Alberta, Canada
- Collaborating for Health (C3), UK
- Food Hub, Boscombe West, UK
- Global Center for Modern Ageing - LifeLab, South Australia
- Centre for Community Child Health, Melbourne, Australia
- Healthy Life Centers, Norway (HLC)
- Tiong Bahru Community Health Centre, Singapore

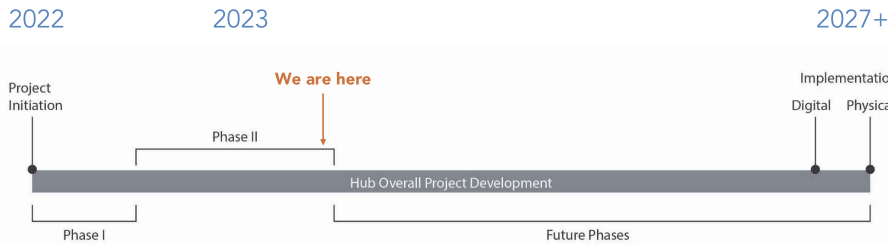


What's next

Steps and phases



30,000' Schedule Review

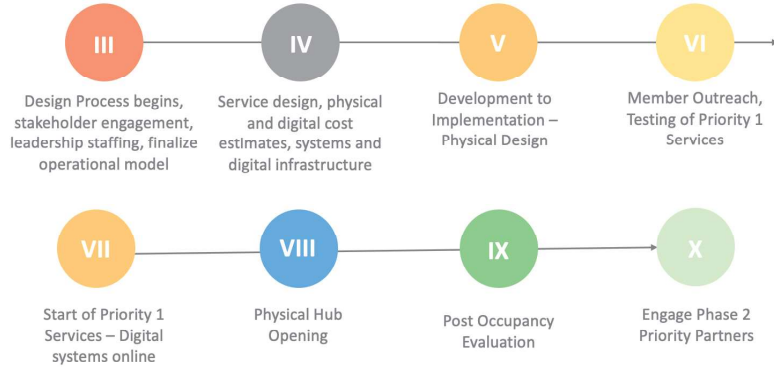


There is much work to be done!

Next Steps

1. Gather demographic data on younger audiences
2. Finalize values and point of view
3. Meet with operators of other hubs and tour them
4. Establish metrics for Hub success
5. Community and stakeholder engagement – interviews, surveys, and testing of program and service concepts
6. Further refinement of service program – map, synthesize, and vet potential partners; engage with experts in each theme to identify measures of success and best practices
7. Engage with potential operational models
8. Establish design goals
9. Formally establish anchor partners and spaces

Next Phases



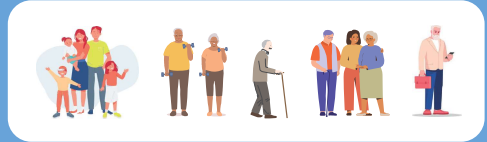
10/26/2023

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17

Thank you.

From us *and* your future members



10/26/2023

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18



DATE: October 26, 2023
TO: PHCD Board of Directors
FROM: Eddie Flores, Director Youth Behavioral Health Programs
 Jackie Almes, Youth Outreach Specialist
RE: allcove™ San Mateo Community Engagement & Communications Update

BACKGROUND/DISCUSSION:

As part of the outreach and communications efforts for allcove San Mateo, staff is sharing with the Board of Directors an outline of the community engagement plan for 2023-2024. This includes updates on existing efforts underway and details upcoming plans for engagement and direct community outreach involvement.

More specifically, this plan outlines the pre-opening implementation outreach plan for allcove San Mateo, with the goal of preparing for the soft opening of allcove San Mateo with a strong community outreach plan. The outreach plan includes several activities that have already been completed, such as soliciting community input and tabling at community events. The plan also includes more activities to come, including attending school volunteer fairs and creating flyers for allcove. The outreach plan is designed to ensure that allcove San Mateo is able to reach as many youth and young adults as possible, and to ensure that they are aware of the services offered by allcove.

The plan includes a variety of outreach activities, such as attending health fairs, creating partnerships with community organizations, and presenting at local school district board meetings and city council meetings. The outreach plan also includes a focus on creating sustainable ongoing relationships with the two main colleges that serve the vicinity of allcove San Mateo. This includes being included in their student health center outreach materials, making presentations to key constituency and student groups, and having direct representation and communication with mental health focused student organizations on campus to develop and sustain a referral/recruitment process.

Overall, the allcove outreach plan for 2023-2024 is designed to ensure that allcove San Mateo is able to reach as many youth and young adults as possible, and to ensure that they are aware of the services offered by allcove. The plan includes a variety of outreach activities and is designed to create sustainable ongoing relationships with community organizations and colleges in the area. This will be highlighted during the staff presentation at the Board meeting.

RECOMMENDATION:

This report is for information purposes, no action is required.

Attachment:

1. PowerPoint Presentation: allcove™ San Mateo Community Engagement & Communications Plan 2023-2024

October 2023

allcove outreach plan 2023 - 2024

PRE-OPENING IMPLEMENTATION OUTREACH PLAN

Goal: Prep for the soft opening of allcove San Mateo with a strong community outreach plan.

Objective: Share with community members about the allcove model and inform them of the opening of allcove San Mateo.

Implementation phase activities August 2023 – December 2023 (Done to date)

- i. Solicit community input through regular stakeholder meetings/convenings.
- ii. Hold community consortium meetings.
- iii. Outreach to community groups, organizations, schools, colleges, athletic groups, after-school groups and other civic and community youth serving and focused organizations.
- iv. Tabling at community events
 - a) NAMI walks
 - b) Star-Vista's Mental Health Matters Walk
 - c) San Mateo County's Pride Center Walk
 - d) Burlingame on the Ave
 - e) Millbrae art and wine festival
 - f) Aragon High School
 - g) San Mateo High School
- v. Meetings with organizations to inform them of allcove.
 - a) NAMI San Mateo
 - b) Edgewood Center
 - c) Caminar
 - d) One Life Counseling
 - e) Nova Works
 - f) Charlie Health
 - g) CASA of San Mateo County
 - h) StarVista Pride Center
 - i) Outlet Center
 - j) College of San Mateo
 - k) The Latino Collision
 - l) San Mateo County BHRS Commission

- m) County Supervisors Corzo, Pine, Canepa
- n) San Mateo Union High School District – School Wellness Counselors
- vi. Attending committee and alliance group meetings
 - a) School Wellness Alliance Committee monthly meeting (2 attended to date)
 - b) School Based Mental Health Collaborative monthly meeting (2 attended to date)
 - c) Post Pandemic Mental Health Cohort’s quarterly meeting (3 attended to date)
 - d) BHRS Youth Committee’s monthly meeting (12 attended to date)
 - e) BRHRS Steering Committee (9 attended to date)
 - f) Blue Printing Committee: Mental Health Wellness Steering Committee (4 attended to date)
 - g) Tobacco Control Coalition of San Mateo County (virtually)
- vii. Promotion of allcove through social media and PHCD’s website
- viii. Collaboration with other community organizations
 - a) YAG collaboratives
- ix. Attend school volunteer fairs and resource fairs.
 - a) San Mateo High School Volunteer fair
 - b) Aragon High School Volunteer fair
 - c) Edgewood Center’s Wellness Starts with You Wellness fair.
- x. Create flyers for allcove.
- xi. Tours of allcove – X done to date
 - a) Community Consortium
 - b) MHSOAC
 - c) allcove San Mateo YAG
 - d) South San Mateo County YAG
- xii. Presenting to schools and organizations
 - a) HAP-Y (every cohort/quarter – two done to date)
 - b) Boy Scouts – May 2023
 - c) CASA – July 2023
 - d) Etc.

Implementation phase activities August 2023 – December 2023 (To do)

- ii. Presentation at local School District Board Meeting and City Council Meetings. (Tentatively scheduled for March – May of 2024, on the 2nd or 3rd Tuesday/Thursday of the month)
 - a) Outreach and do informational presentations to local elected bodies inviting them to amplify our messaging in their local city or district newsletters, social media and offering them tours of allcove San Mateo with the purposes of recruiting them to be unofficial ambassadors to help spread the word about the services offered at the center.

- iii. Outreach to local shops and businesses on 25th avenue and Hillsdale mall and ask to display information on allcove there a week before opening.
 - a) San Mateo Produce Market
 - b) 7 sisters salon
 - c) Luceti's
 - d) Vinyl Solution Records
 - e) Red Door Escape Room
 - f) Patio Coffee Shop
 - g) Pinstripes
 - h) Hillsdale Branch - San Mateo Public Library
 - i) Etc.
- iv. Presenting to organizations and collaboratives
 - a) Safe Space – Date TBD
 - b) YLI (Youth Leadership Institute) – Tentatively planned for December.
 - c) YCE (Youth Civic Empowerment Learning Community) – Tentatively planned for November.
 - d) BHRS Youth Committee – December Spotlight
 - e) Post-Pandemic Mental Health Cohort – October spotlight
- v. Tours of allcove with organizations and school wellness counselors (throughout November and December)
 - a) FLY
 - b) CASA
 - c) San Mateo Union High School District
 - d) Middle School Districts
- vi. Holding community tours/open house at allcove the first week of December (12/4 – 12/8) for community members, youth, organizations, etc.

POST-OPENING IMPLEMENTATION OUTREACH PLAN

Goal: Activate our implementation strategies for a strong outreach to promote the opening of allcove San Mateo and draw youth to the center.

Objective: Outreach to areas not currently being served at allcove.

Implementation phase activities December 2023 – December 2024

- i. Create an embedded formalized program with Community Colleges, Universities, and High Schools as part of their health required graduation curriculum.
- ii. Holding weekly art spaces for youth
- iii. Launch marketing and communications plan.
- iv. Conduct significant outreach to community groups, organizations, schools, colleges, athletic groups, after-school groups and other civic and community youth serving and focused organizations.

- v. Evaluate data from demographics at allcove and outreach to communities that are not being served at allcove.
- vi. Partner with local businesses to draw in new clients.
 - a) Allcove business cards and flyers
- vii. Solidify referral pathways from other organizations, non-profits, and schools.
 - a) Charlie Health
 - b) One Life Counseling
 - c) Star-Vista
 - d) Edgewood
 - e) Etc.
- viii. Create referral pathways from schools.
- ix. Conduct tours with organizations, youth, schools, etc.
- x. Conduct tours with youth groups throughout the county.
 - a) BHRS's Youth Action Board
 - b) Burlingame Parks and Rec Youth Group
 - c) One Life Counseling's Youth Advisory Council
 - d) San Mateo County's Youth Commission
 - e) Etc.
- xi. Presenting at schools and school fairs
- xii. Holding a press conference at a nearby high school
- xiii. Have a merch giveaway contest (potential art contest or poem contest)
- xiv. Tabling outside of 2600 for youth and community members walking by
- xv. Having allcove in other organizations newsletters as a spotlight
- xvi. Creating sustainable ongoing relationships with the two main colleges that serve the vicinity of allcove San Mateo. This includes being included in their student health center outreach materials, making presenting to key constituency and student groups and having direct representation and communication with mental health focused student organization on campus to develop and sustain a referral/recruitment process.
- xvii. Presentation at local School District Board Meeting and City Council Meetings.
 - a) Continue to liaise and outreach and do informational presentations to local elected bodies inviting them to amplify our messaging in their local city or district newsletters, social media and offering them tours of allcove San Mateo with the purposes of recruiting them to be unofficial ambassadors to help spread the word about the services offered at the center.
- xviii. Health Fair, Health Symposiums, and direct tabling outreach with student groups and student organizations embedded inside the schools.

- a) Continue to attend and measure the impact of being present at key marquee events that directly touch or have youth/young adult participation and direct exposure and ensure that our team is able to meet those that would benefit most from allcove center, so they are aware of services offered.
- xix. Creating and developing an MOU with key partnering agencies for incoming referral and external referral and establishing linkages to wrap around services with key community-based organizations and San Mateo County agency providers.
- a) Since allcove San Mateo's model is to focus only on mild to moderate interventions, for individuals requiring a higher or more intense level of care or continued services we will develop MOU with social service and medical providers to extend services and care. This will also help to support a cross-sharing of referrals back to allcove San Mateo and support wrap-around additional services with agencies dedicated to areas such as: CalFresh, Housing, Emotional Support, etc.

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Outreach and Communications Update November 2023

Brought to you by Peninsula Health Care District



Pre-opening outreach – Done to date

- Outreach to community groups, organizations, schools, colleges, athletic groups, after-school groups and other civic and community youth serving and focused organizations
- Attending and tabling at community events, school volunteer fairs and resource fairs
- Attending committee and alliance group meetings
- Social media and website promotion
- Presentations to schools and organizations
- Collaboration with other CBO's
- Tours of the future allcove facility
- Held Community Consortium meetings



Pre-Opening Outreach Plan

- Presentations at local School District Board meetings and City Council meetings
- Outreach to local shops and businesses on 25th avenue and Hillsdale mall, asking to display information about allcove San Mateo a week prior to opening
- Presentations to organizations and collaboratives
- Tours of allcove with organizations, school wellness counselors, parents, caregivers and youth.
- Press Conference for soft opening, press release, etc..
- Holding community tours/open house at allcove the first week of December for community members, youth, organizations, etc..



Post-Opening Outreach Plan

- Creation of a formalized program with community colleges, universities, and high school as part of their health required graduation curriculum.
- Evaluate data from demographics at allcove and outreach to community not currently being served at allcove
- Solidify referral pathways from other organizations, non-profits, and schools
- Conduct tours of allcove with schools, youth, CBO's, political officials, etc..
- Hold a press conference at a nearby high school
- Presenting at schools and school fairs
- Health fairs, health symposiums, and direct tabling outreach with student groups and student organizations embedded in schools

*continuation on outreach outlined in board packet



Questions/Comments?



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find your moment.
find your space.
find your center.

Contact Us



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OCT 02 2023

BY: 

San Mateo County Health Foundation

September 18, 2023

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Dear Peninsula Health Care District Team,

Thank you for supporting the San Mateo County Health Foundation with your **donation of \$200,001.00**, which we received on September 13, 2023. We are so grateful for your generosity!

Your donation will specifically go towards our Mammography Fundraising for San Mateo Medical Center. With your help, we are one step closer to our goal of raising almost \$2 Million for much-needed technology and facility upgrades to the one and only public hospital in the county.

Funds raised will bring the current mammography machines from 2D to 3D technology. It will also allow us to purchase a mobile mammography van with state-of-the-art equipment to reach farmworkers living on the coast, our homeless population, and other patients in outlying clinics who cannot easily get to the hospital's main campus.

Did You Know...

3D technology uses multiple low-dose x-ray images making it easier for radiologists to detect cancer because they can look at the breast from different angles. It provides fewer false alarms because the improved technology decreases the call-back rates, giving patients better peace of mind. Most importantly, it can detect up to 40 percent more cancers than 2D mammograms.


With contributions like yours, support from community organizations, and grants, we can provide the care our patients need to live healthy and prosperous lives. You can help increase the reach of the gift you made by encouraging friends and family to also donate. Whether it's \$10 or \$10,000, every bit helps.

Please visit our website smchf.org to learn more about other Foundation programs and services like Caring Hands in Health, a financial aid program that covers basic life necessities, medical needs and housing assistance; Bundle of Joy, which provides newborn babies essential supplies for those first few weeks at home; and our Food Farmacy, which helps over 1,500 individuals each week with a box of food to prepare healthy meals and a bag of groceries.

On behalf of our staff, board members, and the people we serve, we want to thank you once again for being part of our donor family!

Sincerely,


John Jurow
Chief Executive Officer


San Mateo County Health Foundation is a
501(c)(3) nonprofit organization,
Tax ID# 94-3116070. This letter also serves as a
receipt of your contribution.



MISSION HOSPICE & HOME CARE

September 6, 2023

Peninsula Health Care District
1819 Trousdale Dr
Burlingame, CA 94010-4509

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OCT 13 2023

BY: _____

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Dolores Miller

Dear Friends at Peninsula Health Care District,

We are so grateful for your kind grant of \$82500, dated 8/24/2023.

Your thoughtful gift supports personalized, compassionate end-of-life care above and beyond what Medicare will reimburse, as well as free grief support and educational programs for our community.

As the last remaining independent nonprofit hospice in the area, Mission Hospice relies upon your generosity.

Whether we're supporting people in their own homes, in facilities, or in our hospice house, Mission House, we help families make the most of their time together.

When my dad was sick and Mission Hospice entered our lives and our home, I was blown away by the exquisite, comprehensive care he received – and that we received.

On behalf of all current and future Mission Hospice patients and families, thank you for your kindness.

Warm regards,

Marsha Eddleman
Development Director

We are so very grateful for your continued support of our Mission House. Thank you, Marsha

Please consider this letter as the official receipt of your tax-deductible contribution. No goods or services were provided to you in consideration of this gift. Mission Hospice & Home Care is a 501(c)(3) tax-exempt organization, IRS Section 170(b) (2) (iii) for both federal and state tax purposes. Our federal tax identification number is 94-2567162.