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PUBLIC NOTICE

Board of Directors

STRATEGIC DIRECTION OVERSIGHT COMMITTEE

1819 Trousdale Dr. (Classroom)

February 4, 2026, 5:00 pm

AGENDA

1. **Call to Order & Roll Call:** Chair Cappel
2. **Approval of Minutes:** SDOC November 5, 2025 **Pg. 1-10**
3. **Via Heart Project Community AED Program Proposal:** Cathy DeCock, Executive Director, Via Heart Project and Liz Thomas-Grainger, Chief Operating Officer, Via Heart Project **Pg. 11-19**
4. **2026 Strategic Direction Oversight Committee Charge:** Ana M. Pulido, Chief Executive Officer **Pg. 20**
5. **Adjournment**



Strategic Direction Oversight Committee

Meeting Minutes

11/5/2025

1. Call to Order: Chairman Cappel called the meeting to order at 5:02 p.m.

Roll Call: SDOC members present were: Cappel, Pagliaro, Bandrapalli, McDevitt, Johnson, Jurow

Absent: Emmott, Aubry, Quigg

2. Approval of Minutes: SDOC July 2, 2025

3. Maro Application - MTSS Support: Jackie Almes, Youth Behavioral Program Manager. Joining the meeting were Brittney Reiser, Director of School Partnerships, Kristopher Tonas, Head of Partnerships, and Kenzie Davis, Founder and Chief Executive Officer, of Maro.

Presentation Highlights

Maro

Maro is a K–12 behavioral health platform that helps schools identify and support students before challenges escalate. Through efficient, evidence-based screening and coordinated follow-up, Maro gives school support staff and families a clear view of student well-being, so the right support reaches the right student at the right time.

Flexible Platform Reduces Barriers to Screening

Maro is able to work with nearly any assessment tool requested by a school or district. In addition, the platform includes a built-in library of validated tools that cover a wide range of mental health domains, including depression, anxiety, ADHD, suicide risk, and social, emotional, and behavioral needs. These tools are designed to support universal, tiered, or targeted screening approaches and are developmentally appropriate for students ages 4–17.

Maro Support

- Dedicated onboarding liaison supports team planning
- Maro supports electronic consents (customizable process)
- Whole-class screening on individual devices typically takes 5-10 minutes
- Staff can access live data to triage students immediately, enabling data-informed decision making
- Family engagement is supported through a parent application that facilitates consent and provides resources to help build trust between schools, families, and the health system.
- Collaboration with Care Solace positions Maro as the identification tool, while Care Solace delivers hands-on support for referral pathways, easing the burden on school wellness counselors.
- Clinical functionality includes the use of five clinically validated screening tools (e.g., PHQ-9, GAD-7), available in multiple languages.
- Local pilot data from Bayshore Elementary over a two-year period showed varied student outcomes, with some improvement, some decline, and many remaining stable; screening was noted to help normalize conversations around mental health.
- A pilot at Beresford Elementary using an opt-in model resulted in low engagement, with plans to transition to an opt-out model to increase screening participation.
- An outcome example highlighted a case in which screening identified a high-achieving student as severely suicidal, leading to immediate intervention and the discovery of previously unknown self-harm.

Discussion and Q & A

Chairman Cappel inquired about the validity of the instruments used to identify students at risk for severe mental health issues at an early stage.

YBPM Almes responded that the tools are clinically based assessments that are also currently used at the allcove San Mateo Center.

Chairman Cappel asked about the cost of access to the program.

YBPM Almes stated that the cost is approximately four dollars and fifty cents per student per year.

Mr. Jurow asked what the District's goal would be with respect to funding.

YBPM Almes responded that the goal is for the Peninsula Health Care District to fund and support the rollout in elementary school districts.

Vice Chairman Pagliaro expressed concern that Bayshore Elementary is located in Daly City, which is outside the District.

YBPM Almes clarified that Bayshore and Beresford were referenced only for data purposes, and that proposed funding would be limited to districts within the Healthcare District, including Burlingame, San Bruno Park, Millbrae, San Mateo-Foster City, and Hillsborough.

Vice Chairman Pagliaro asked for clarification on what a screener is and whether it involves a person or artificial intelligence, as well as the qualifications involved.

Ms. Reiser explained that the term screener refers to survey based screening tools. She stated that tools such as the PHQ 9 and GAD 7 are widely used by pediatricians and therapists and consist of a set number of questions answered by students.

Vice Chairman Pagliaro asked whether the program duplicates services already provided at allcove.

YBPM Almes explained that there is no duplication, as allcove serves youth ages twelve through twenty five, primarily high school and college age. She stated that the Maro initiative focuses on elementary and middle school districts to address gaps in early mental health support.

Mr. Johnson discussed whether the program should also be offered to private schools.

Chairman Cappel noted that Catholic schools, such as Saint Timothy's, often lack access to mental health resources.

CEO Pulido stated that the initial focus was on public schools because they expressed immediate interest and funding limitations were identified as a barrier.

Vice Chairman Pagliaro suggested that the District could establish the program and allow private schools to participate if they cover their own costs.

Mr. Jurow expressed concern about long-term costs and asked who would pay for treatment when a serious condition is identified, noting that the screening fee only covers identification.

CEO Pulido explained that Maro works alongside Care Solace, with Maro identifying concerns and Care Solace assisting families in navigating the healthcare system. She stated that Care Solace connects families to providers based on insurance status, and that treatment costs are paid by the insurance provider rather than the Healthcare District.

YBPM Almes added that Care Solace supports families by gathering insurance information and coordinating appointments with appropriate providers. She stated that this partnership allows the two services to work together effectively.

Ms. Bandrapalli commented that schools already collect medical and provider information for each enrolled student. She asked how long full implementation would take and whether milestones could be established so progress could be presented to the District and aligned with parent and teacher conference schedules.

Ms. Reiser responded that the materials provided in the packet outline the full process, including initial meetings, training, and onboarding. She stated that administering the screener takes no more than twenty minutes of staff time and that students typically complete the screening in under eight minutes.

Chairman Cappel requested that YBPM Almes return with data on the number of students in grades four through six and six through eight for each of the five districts so that accurate funding estimates can be developed. The item was held for further consideration at a future meeting.

4. allcove Health Outcomes: Jackie Almes, Youth Behavioral Program Manager

Presentation Overview

YBPM Almes presented an update on health outcomes and service utilization at allcove San Mateo, the District's youth wellness center. She was joined by Marc Rappaport, Clinical Director, via Zoom. The presentation highlighted the Logic Model used to evaluate the effectiveness of mental health and wellness services.

Program Overview

- Serves youth and young adults ages 12 to 25.
- Delivers services across six core areas: mental health, physical health, substance use support, peer support, family support, and education and employment services.
- Operates as a low-barrier space for studying, socializing, and participating in community events

Service Utilization from January 22, 2024 through October 2025

- Recorded 1,029 total service visits, which reflects a duplicated count.
- Logged more than 2,000 total center visits, including non-clinical use of space.
- Approximately 400 to 500 unique participants completed full enrollment paperwork.

Service Breakdown

- Therapy services accounted for 640 visits and represented the highest utilization.
- Education and employment services recorded 173 visits focused on career and educational support.

- Psychiatry services totaled 107 visits, with child psychiatry launching less than one year ago.
- Physical health services showed the lowest utilization with 24 visits, due to launching in summer 2025.
- Social and space use included over 1,000 non-clinical visits and more than 800 visits tied to organized events.

Discussion and Q & A

Ms. Bandrapalli stated that the “Does Not Apply” and “Neither Agree nor Disagree” responses may weaken the demonstration of allcove’s overall impact. She suggested that youth who visit only for computer access or general space use should complete a different survey. She recommended developing a technology-specific or center-impact survey that focuses on how allcove supports youth, in order to preserve the integrity of the clinical data for stakeholders.

YBPM Almes agreed with the recommendation and confirmed that she and Director Rappaport have discussed tailoring surveys so that questions appear only based on the specific service accessed during a visit.

Ms. McDevitt asked whether the clinical team is operating at full capacity or has the ability to serve additional youth.

YBPM Almes responded that there is capacity to serve more youth.

Director Rappaport added that allcove San Mateo recently notified the Health Plan of San Mateo that it could accept 40 referrals immediately, but to date has received approximately 12 referrals.

Ms. McDevitt asked how allcove San Mateo’s data compares to other allcove sites across California and whether the program is working with Stanford to assess relative performance.

YBPM Almes explained that all four open allcove centers submit clinical data to a centralized Stanford system, but the reporting timeline is lengthy. She noted that allcove San Mateo is currently the only site measuring these localized health outcome questions, which allows the District to review trends in real time rather than waiting for statewide reports.

5. Blue Zones: Ana M. Pulido, Chief Executive Officer

Progress Update

CEO Pulido provided an update on the preliminary planning stages of the Blue Zones project.

Committee Kickoff and Frequency

- The Planning Team Committee officially launched its meetings last month.
- Meetings are currently being held on a weekly basis.

New Commitments

- The Executive Director of Thrive, representing San Mateo County nonprofits, recently joined the committee.
- Rosanne Foust from the San Mateo County Economic Development Association joined the committee.

Existing Committee Members

- Current members include the District team, Samaritan House, and the Government Relations lead from Mills Peninsula Hospital.

Tactical Planning

- The team is actively developing a stakeholder list.
- The stakeholder list will be used to recruit participants for outreach efforts, including focus groups and one-on-one interviews, to assess community needs and readiness.

Strategic Timeline

- The full Steering Committee is expected to convene in January 2026.
- CEO Pulido noted that scheduling earlier meetings was challenging due to limited executive availability during the year-end holiday season.
- The District is planning a major Blue Zones kickoff event to occur between the last week of March and the first two weeks of April 2026.

Next Steps

- The team will continue refining the stakeholder list and formalizing Steering Committee invitations.
- A more detailed update will be provided at the next scheduled check-in.

6. Senior Affordable Housing: Larry Cappel, Board Chair, Ana M. Pulido, Chief Executive Officer

Senior Affordable Housing Progress Report

Chairman Cappel provided a progress update on the District's efforts to develop senior affordable housing on District-owned land.

Public Announcement and Proposals

- A formal press release was distributed earlier in the week to inform the community.
- A new development proposal is under official consideration, and the District is preparing a term sheet for potential developers.
- The project is planned as a 221-unit housing development.

Site and Location Details

- The development will be located on the same site as the previously planned project near Port Davis Drive.
- The total site consists of six acres, with two acres designated for the housing development.
- The District will retain ownership of the land through a ground lease and does not intend to sell the property.

Project Affordability

- Chairman Cappel stated that the previous project model, which included projected rents as high as eighteen thousand dollars per month, was not aligned with the District's mission.
- The new project is classified as true affordable housing and is intended for seniors earning between twenty and fifty percent of the Area Median Income.
- The District views the project as a community service rather than a profit-generating venture.

Streamlined Development

- The project will utilize Senate Bill 35 streamlined development processes.
- These processes allow the project to bypass most traditional community input requirements, reducing costs and accelerating development.
- Despite the streamlined approach, the estimated timeline for the facility to open is approximately five years.

7. Food Insecurities in San Mateo County: Ana M. Pulido, Chief Executive Officer

Presentation Highlights

Food Insecurity in San Mateo County

Supplemental Nutrition Assistance Program: SNAP benefits have been suspended, affecting 34,000 CalFresh recipients in San Mateo County, approximately 13,000 of whom reside within the District.

Food Pantry/Distribution Locations

1. Samaritan House - San Mateo (Daily)
2. CALL Primrose Center - Burlingame (Daily)
3. Second Harvest - San Mateo Event Center East Parking lot every Thursday
4. San Mateo County Health Foundation - Food Farmacy Program (Food Delivery)
5. YMCA Peninsula Family/Urban Services - SSF/San Bruno (Weekly)

Samaritan House

- Need has increased by 15%, representing approximately 2,500 additional households
- There is a greater demand for hot meals, protein-rich foods, and items with a long shelf life
- To meet this growing demand, they need to add two new kitchen workers (temp) and acquire an additional vehicle for food distribution

Funding Support Needed: \$147,000

San Mateo County Health Foundation

- Last year, the program served 1,800 individuals; by the end of this year, that number is projected to exceed 5,000
- Current food supplies are insufficient to keep up with the growing demand
- There is an increased need for grocery gift cards and nonperishable items with a long shelf life

Funding Support Needed: \$300,000

CALL Primrose

- Need has increased by 20%, representing approximately 20 additional households served per day
- There is a greater demand for protein-rich foods and nonperishable items with a long shelf life
- The team planned for this year's budget cuts and adjusted operations accordingly, but they are concerned about raising sufficient funds for next year

Funding Support Needed: \$40,000**YMCA**

- Need has increased by 10%, representing approximately 35 additional households, 410 total
- Emergency Pantry (3x Week) need is expected to triple
- There is a greater demand for protein-rich foods and nonperishable items with a long shelf life

Funding Support Needed: \$30,000***Second Harvest***

Limitations:

- Limited access to protein options due to higher costs
- Primarily distributing produce with a short shelf life
- Unable to distribute foods requiring refrigeration

Funding Support Needed: \$5,000,000 for next year***Current Funding Sources for Food Insecurity***

- San Mateo County: \$900,000
- Sequoia Health Care District: approx. \$1 Million

Discussion and Q & A

Mr. Jurow stated that, in his role as Chief Executive Officer of the San Mateo County Health Foundation, the situation constitutes a crisis. He reported that food distributions that previously lasted until noon are now depleted by 9:30 a.m., with individuals continuing to seek assistance throughout the day.

Chairman Cappel shared a personal experience from his early adulthood when he relied on food stamps and unemployment assistance. He emphasized the importance of preserving dignity for families and supported the use of restricted grocery gift cards that prevent the purchase of alcohol and tobacco.

Ms. Bandrapalli raised concerns about how funds are prevented from being used for non-essential items.

Mr. Jurow explained that his organization partners with Safeway to issue restricted gift cards that automatically decline alcohol and tobacco purchases at checkout.

Vice Chairman Pagliaro stated that no one should go hungry in San Mateo County, regardless of political affiliation. He opposed directing emergency funds to large bureaucracies and advocated for supporting smaller agencies where funding directly provides food and immediate relief.

Mr. Jurow shared an example involving an eleven-year-old child living in a tent with his mother whose food assistance was ending. He stated that hunger in such a wealthy county is unacceptable and compared the conditions to those of a developing nation.

CEO Pulido reported that county representatives encouraged direct collaboration with frontline agencies providing immediate relief. She recommended consideration of a \$510,000 funding request to address urgent needs, with funds distributed across multiple organizations primarily for direct food purchases.

Chairman Cappel and **Vice Chairman Pagliaro** directed staff to return with a detailed funding proposal allocating amounts by agency, totaling \$510,000.

CEO Pulido confirmed that a Special Board Meeting is scheduled for the following week and proposed placing a formal funding recommendation on the agenda.

Ms. McDevitt suggested including a contingency or discretionary fund to allow rapid response to emerging needs. She noted that local organizations are experiencing significant increases in demand and require timely support outside the regular board cycle.

Conclusion

The committee reached unanimous consensus to recommend an immediate funding package for consideration by the full Board.

8. Adjournment: 6:20 PM



Peninsula Health Care District and Via Heart Project Community AED Program Proposal

Collaborating to provide access to AEDs, Comprehensive AED Management, and Training to the Peninsula Health Care District Community by removing barriers to AED ownership.

Assessing the needs of the District to provide AEDs, AED management, support, and education as part of the PHCD Targeted Prevention Program.

Program Summary

Via Heart Project is an established leader in comprehensive community AED management. Via currently manages more than 3,100 AEDs to ensure that AEDs are in compliance and rescue ready. Since receiving our first community grant from the Peninsula Health Care District in 2016, we have trained 716 community members via 67 training sessions, and have placed 135 AEDs throughout the district boundaries, helping to make the PHCD community safer by ensuring lifesaving devices are ready and accessible when needed.

Via and PHCD staff have discussed some of the obstacles and barriers that prevent sites in the community from owning, managing, and maintaining AEDs. This proposal asks for PHCD's support outside of the community grants process, and through the District's Targeted Prevention Program, to collaborate and remove those barriers by establishing an ongoing community AED program.

This strategic partnership will allow us to build a long-term, sustainable program to provide the vital support needed to ensure AEDs are available to the community, that they are ready for use in an emergency, and that people are aware of their existence and ease-of-use. This program begins with outreach to conduct a community-wide needs assessment so that we can provide targeted support to remove the barriers to AED ownership and maintenance. Through this program, we plan to make the community safer and more informed through proactive, lifesaving strategies. This program will:

- Identify sites that still need an AED;
- Locate existing AEDs that are not currently enrolled in a professional management program;
- Provide missing supplies/equipment for sites that enroll;
- Provide on-site CPR/AED training classes, where needed;
- Conduct CPR/AED training sessions for the community at the PHCD office, or site TBD (classes to be announced to the community in advance and sign-ups required).

The results of this assessment will guide new AED placements, the enrollment of existing AEDs into Via Heart Project's maintenance program, and the delivery of tailored CPR/AED training where needed. With PHCD's continued partnership, we can remove one of the greatest barriers to AED ownership—cost—and ensure these devices remain functional, accessible, and ready to save lives across the PHCD community.

Summary of Need

While awareness of AEDs and their importance has grown significantly since our program began, many community organizations continue to face challenges in purchasing and maintaining AEDs. Cost, confusion about compliance, and lack of understanding of the need for ongoing maintenance often prevent sites from placing AEDs or maintaining them properly long-term.

The only thing worse than not having an AED is reaching for one in an emergency and finding it nonfunctional. Via Heart Project is determined to eliminate this potentially catastrophic scenario by making AED placement, ownership, and maintenance simple and affordable. By partnering with PHCD to remove barriers to AED ownership and provide training and education for the community, we can ensure AEDs are always rescue-ready and that community members feel confident and empowered to respond to a cardiac emergency.

Over 350,000 cases of out-of-hospital sudden cardiac arrest (SCA) occur annually in the United States, claiming more lives than breast cancer, lung cancer, prostate cancer, and AIDs combined. Approximately 23,000 of these cases occur in children under 18, and 5,000–10,000 youths die each year from SCA.

Brain death begins within 4–6 minutes of cardiac arrest and, as even the best ambulance response times range from 6–11 minutes, often longer in rural or high-traffic areas, early access to AEDs and bystander CPR dramatically improve survival: communities with public access AED programs have seen survival rates rise from the national average of 10% to over 48%. Everyone deserves access to early defibrillation, a key link in the chain of survival, regardless of income, race, religion, or gender identity. Yet, cost and lack of awareness create barriers to implementing life-saving AED programs, as many sites cannot afford AEDs or the maintenance programs needed to ensure their sustained readiness. Further, communities of color are significantly less likely to receive bystander CPR, contributing to preventable disparities in survival.

Together we can address these inequities by placing AEDs in publicly accessible locations throughout the District and providing CPR/AED training to community members. By targeting locations that may otherwise lack resources, such as low-income neighborhoods, small businesses, libraries, city/county/law enforcement agencies, schools, and places of worship, we can increase access to lifesaving technology and the confidence to use it for all residents.

Further, a unique aspect of our model is our AED maintenance program, which transforms organizations from one-time recipients of AEDs into long-term partners. This program ensures each AED remains fully functional and compliant through monthly readiness checks, battery and electrode replacement, training oversight, and medical direction. By managing the lifecycle of each device, we help our partners build lasting infrastructure and capacity for emergency response. This relationship is not transactional—it reflects our belief that health equity requires

sustained investment—not one-time interventions. Through long-term engagement, we build capacity, confidence, and resilience within the communities we serve, and we stand beside our partners year after year to maintain readiness, ensuring their communities remain HeartSafe.

Program Goals

The overarching goal of our program is to prevent death from SCA by increasing access to early defibrillation via the placement of more AEDs in the community, ensuring those AEDs maintain sustained readiness, and training bystanders to respond with CPR and AED use.

According to the CARES (Cardiac Arrest Registry to Enhance Survival) 2024 Annual Report, 13.0% of patients who received bystander CPR survived to discharge compared to 7.6% of patients that did not receive bystander CPR. Additionally, 47% of patients who had a bystander apply an AED survived to discharge, while those who did not receive defibrillation until EMS arrived had an average survival to discharge rate of 27%. This dramatic increase in survival between patients who did and did not receive first defibrillation by a bystander illustrates the critical importance of AEDs in the community and people who are trained to use them, as each minute that passes without defibrillation leads to a 7-10% decrease in the chance of survival.

The same report shows that bystanders applied AEDs in 12.6% of public SCA cases nationwide, and in 9.9% of public SCA cases in California, specifically. While these numbers demonstrate a serious lack of public AED use, they have increased from the 2023 statistics, which reported 11.7% nationwide bystander AED use and 9.1% in California, suggesting that awareness and use of AEDs and bystander CPR is improving.

To work towards increasing the SCA survival rate in the PHCD community, this program will allow us to:

- 1) Identify the gaps in AED coverage throughout the community – i.e., what locations (nonprofits, small businesses, places of worship, public schools, city/county/law enforcement agencies, libraries, etc.) still need to place their first AED, or need additional AEDs to provide adequate coverage.
- 2) Identify sites that already have AEDs in place but are not enrolled in a professional and comprehensive AED maintenance program.
- 3) Use the above information to place AEDs, enroll existing AEDs in our program, and provide CPR/AED training, as needed.

Via Heart Project has a proven track record of increasing SCA survival rates through our community AED programs. Our clients have a 99% compliance rate, and patient survival due to the use of AEDs in our program is over 48%.

By partnering with PHCD to continue expanding the PHCD HeartSafe Program through our targeted outreach and site-specific support, our goal is to continue to defy the national SCA survival rate of only 10.2% and further enhance the emergency preparedness of the PHCD community.

Since 2010, Via Heart Project has run large-scale, comprehensive AED programs with health care and hospital districts, where the district sponsors the program for the community they serve. Our partnerships in San Mateo and Monterey Counties, which this proposal is adapted from, currently provide enrollment in our comprehensive AED management program for approximately 1,000 AEDs.

With ongoing PHCD sponsorship, we can create this type of program in the PHCD community to ensure sites are able to afford to place, maintain, and manage AEDs for the long term, no longer allowing cost and access to be an obstacle to having an AED for religious organizations, community centers, non profits, schools, libraries, city/county/law enforcement agencies, and other organizations where costs have made a comprehensive AED program out of reach.

AEDs in District boundaries can be enrolled in the program based on the criteria the sponsor determines, such as being a specific type of organization (e.g., non profits, city/county/law enforcement agencies, churches, community locations, schools), meeting training requirements, and agreeing to the terms of enrollment, or it could be open to anyone. Once the program is implemented, the District will pay Via on an annual basis for all AEDs enrolled in the program. The enrolled sites then pay only for supplies when they expire. Sites pay no fee for enrollment in the program and stay enrolled as long as they are compliant. Via has an excellent track record of supporting sites so that enrollment and ongoing compliance is easy.

Sponsorship summary:

- District is billed for initial program setup and implementation at beginning of Year 1;
- Once program is implemented and established, the District is billed annually for each AED in the program;
- Existing community AEDs are added to the program based on the criteria set by the District;
- Existing community AEDs added mid-year are billed at a pro-rated amount;
- New AEDs will be placed based on PHCD funds allocated for new placements per year/cycle (new AEDs purchased from Via will include the first year of our maintenance program for no additional cost)
- Sites are billed for new supplies upon expiration;
- Training can be billed to the District or the site;
- Newly installed indoor wall cabinets will have a custom PHCD acrylic window.

Summary of Via's responsibilities and services to clients enrolled in the program:

- Determining how many AEDs a site/location may need (based on reviewing site maps, number of people on site regularly, site use and activities);
- Suggesting the best placement for AEDs at their locations (for easy and quick accessibility to get the AED across the campus in 2 – 4 minutes);
- Ensuring initial compliance (registering the AEDs with the proper agencies [EMS, PSAP], proper signage, rescue kits with the AEDs, staff notifications, etc);
- Ensuring ongoing compliance (working with the sites to assign site administrators who will perform and log monthly 5-minute AED readiness checks);
- Working with site contacts to replace supplies (either just before the installed supplies expire, or when the AED is used and needs replacement supplies);
- Managing any AED manufacturer recalls or updates;

- Retrieving usage data from the AED when it is used and having it reviewed by our medical director, then getting the AED back to the site with fresh supplies.

With PHCD's continued partnership, Via Heart Project will ensure that AEDs are not only placed in the community where needed, but that AEDs are also maintained properly and ready to save lives for years to come. Together, we can remove cost and uncertainty as barriers, build community confidence through training and expert support, and strengthen the chain of survival across the PHCD community.

Summary of Program Implementation

With PHCD funds, Via Heart Project will:

- **Develop and launch a Peninsula Health Care District Community AED Program page on the Via Heart Project website:**
 - Via will create and launch a dedicated PHCD Community AED Program webpage on our site;
 - It will include information about the program, support available, criteria for enrollment, and what the site will be responsible for;
 - Requests from the community for AED placement, training, and/or AED maintenance will be made through an intake form/application;
 - Criteria for consideration will be created at the direction of, and in partnership with, PHCD.
- **Begin program setup and initial outreach through a community-wide needs assessment:**
 - Engage community sites to identify AED needs;
 - Outreach will be targeted to those sites who meet the criteria to be awarded District funds, such as nonprofits, places of worship, small businesses, city or county facilities, libraries, schools, and other community organizations, as determined in the eligibility criteria;
 - Via will collaborate with PHCD to get the word out to the community that this program is available and open for enrollment;
 - The link for the PHCD Community AED Program webpage can be shared via email, PHCD newsletters, website, social media, etc.
- **Analyze assessment data:**
 - Via will review requests to verify eligibility and need;
 - Via will identify coverage gaps and allocate resources accordingly:
 - Sites that need to enroll existing AEDs;
 - Sites that need to place their first AED, or sites that need additional AEDs to provide adequate coverage;
 - AED costs will vary based on the needs of the site (e.g., standard AED vs AED with pediatric and/or bilingual [English-Spanish] buttons);
 - Via will select the most cost-effective AED for the site based on their needs and AED manufacturer availability;
 - The first year of our maintenance program will be included for new AEDs purchased from Via;

- Provide CPR/AED training, as needed.
 - Based on the site and site usage, Via will determine if an AED cabinet is needed:
 - Via will assist sites in selecting the right cabinet for where their AED(s) will be placed (i.e., indoor, standard outdoor, or locked outdoor integrated with 911 dispatch).
 - Sites will be required to accept the terms of program inclusion, such as keeping AEDs in compliance by performing required readiness checks, purchasing and installing supplies upon expiration, not relocating AEDs outside of District boundaries, and cooperatively working with Via to ensure the readiness of their AEDs related to maintenance, recalls, or updates to the device.
 - Note - We suggest that existing AEDs in the community that are over 15 years old not be enrolled in the program. These AEDs should be replaced to ensure ongoing functionality. If any AEDs of this age are identified, we will work with the sites on replacement and enrollment of the new AEDs.
- **Provide tailored support and implementation:**
 - For eligible sites needing to place their first AED, additional AEDs, or replacement AEDs, Via will collaborate with site staff and perform virtual site assessments to recommend AED model, quantity, and placement based on the site's specific usage, needs, and population;
 - Ensure sites have the number of AEDs needed, and that new and existing AEDs have proper cabinets/storage, AED wall signs, rescue kits, supplies, etc.,
 - Enroll new and existing AEDs in our comprehensive maintenance program and add on-site users to our management system;
 - Provide CPR/AED training – hands-only sessions.

By meeting each site where they are, whether they need their first AED or professional management of existing ones, we will strengthen the chain of survival in the PHCD community and set sites up for long-term success.

To Be Determined with PHCD

Program Parameters & Eligibility Criteria

Via will work with the District to determine the parameters of the program:

- Criteria for enrollment:
 - Who will be eligible to enroll? We suggest non profits, libraries, churches, community centers/parks, athletic facilities, city and county sites, law enforcement agencies, schools, and possibly small community owned businesses.
 - Any other eligibility criteria?
- Budget for new AEDs
- Training:
 - Criteria for determining what sites will receive hands-only training paid for by the District;
 - Determine if the District will be sponsoring/hosting community classes and, if so, how many per year and where will they be held?

Program Funding:

Outreach: \$20,000

- **Year 1** - Community outreach, site needs assessment, and initial program setup. This setup cost will only be incurred in year one.

Sponsorship of AEDs in program: Initial \$10,000 for the first 50 AEDs enrolled

- **Year 1** - Each AED enrolled in the program will be included at a rate of \$200 per AED, per year, renewed annually:
 - AEDs added during the cycle will be billed at a prorated rate.
 - For year one, \$10,000 initial investment will allow 50 AEDs to enroll in the program. Once we enroll 50, we will request a second investment of \$10,000 to allow for more AEDs to be enrolled.
- **Year 2 & beyond** - Via will bill annually for AEDs enrolled (\$200 per AED) + pro-rated enrollment for AEDs added during the year (billed as AEDs are added).
- **Replacement supplies as part of the program**
 - Community sites will be responsible for purchasing replacement supplies upon expiration. Sites will be billed directly prior to shipment.

New AEDs (PHCD will determine the budget for AEDs) \$20,000 - \$50,000

In consultation with the site staff, Via will review the location and needs of the population where the AED is to be placed to determine if English-Spanish and/or pediatric functions are needed. We will suggest the most cost-effective option for sites based on usage.

The District can determine a pre-set amount for the year. We believe an initial allocation of \$20,000 for year one is a reasonable start, and can be reevaluated if the need is significantly greater. \$20,000 will place between 7-10 AEDs.

Cost of AEDs: January 2026 pricing, subject to change

- Philips Onsite \$1,650- (Most economical AED)
- Lifepak CR2 USB \$2,295- (standard pediatric button - no special pads needed, shock energy reduced at the touch of a button)
- Lifepak CR2 eng-span \$2,760- (pediatric button - no special pads needed, shock energy reduced at the touch of a button; device switches from English to Spanish with the touch of a button)
- Cardiac Science G5 \$2,245- (device switches from English to Spanish with the touch of a button)
- Shipping cost is \$45 per AED.

All new Via AEDs include a carry case, battery, 2 sets of electrode pads, rescue kit, and the first year of maintenance.

Cabinets \$15,000

Cabinets will be needed for newly placed AEDs and for sites with existing AEDs without proper storage. Needs vary between a carry case (mobile units), indoor, outdoor, or locking outdoor cabinets with 911 integration (for public parks/spaces where needed).

- Indoor wall cabinet & wall sign: \$235.00 + \$35 shipping (with custom PHCD acrylic)
- Outdoor wall cabinet & wall sign: \$575 + \$35 shipping
- Outdoor locking, 911 integrated cabinet (as needed/requested) & wall sign: \$1,200 + \$85 shipping

All cabinets include a 3D wall sign to be installed above the cabinet for enhanced visibility.

Existing AEDs with missing components and supplies \$5,000

For existing AEDs that enroll in the program, we will ensure that each has up-to-date supplies, a rescue kit, proper signage, and a wall cabinet, bracket, or mobile case.

- 3D wall sign \$15
- Rescue kit \$29
- Secondary pads (cost depends on AED make and model)
- Cabinet or bracket (costs vary as noted above)

Training \$10,500

- **Class Type 1 – Hands Only CPR/AED classes: \$10,500 (15 classes @ \$700 each)**

Hands only CPR/AED Training (preferred and appropriate for most locations)

No certification

60-90 minutes, based on class size

Up to 30 students

\$700 per class

Note: These classes can be at community sites, or at the PHCD office with general community sign up.

Note: Middle school student training program also available, if desired.

Note: Training budget can be increased, as needed.

Funding Summary:

\$20,000 Outreach: One-time, initial program setup and outreach by Via staff

\$10,000 Program Sponsorship: For initial 50 AEDs enrolled

\$20,000-\$50,000 AED Placement: \$20,000 to begin will place between 7-10 AEDs

\$15,000 Cabinets: Predetermined amount allocated for cabinets

\$5,000 Supplies and missing parts: Predetermined amount allocated for missing AED supplies and other items

\$10,500 Training: Predetermined amount allocated for training sessions

YEAR ONE TOTAL: \$80,500 - \$110,500

YEAR TWO & BEYOND: based on AEDs enrolled, and District's allocation of funds for new AED placements/replacements and training

Conclusion

A continued partnership between PHCD and Via Heart Project will build on a decade of proven success to ensure AED access, readiness, and preparedness across the PHCD community. By maintaining flexibility to address needs as they are identified, PHCD funding will allow Via Heart Project to allocate resources where they will have the greatest impact, ensuring every site is supported effectively.

This program has the potential to impact and serve all residents in the PHCD community. We know that well-maintained AEDs and CPR/AED-trained community members have a positive impact on the community as a whole – whether it's the increased awareness of AEDs and seeing more installed out in the community, or the feeling of empowerment in knowing how to use one along with CPR to save a life, the knowledge that the community is prepared to act if an emergency strikes is a benefit and comfort to all. We look forward to the opportunity to collaborate with PHCD in this next phase of the HeartSafe Program, and to advance our shared mission of promoting community health.



Proposed Committee Charge
BOARD OF DIRECTORS
STRATEGIC DIRECTION
OVERSIGHT COMMITTEE 2026
2025

Purpose:

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

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

Membership:

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

Members and Terms:

Members and Terms:	Proposed
➤ Director Lawrence Cappel, Chair	
➤ Director Frank Pagliaro, Co-Chair	
➤ Dr. Wade Aubry, Healthcare Policy, Hillsborough	2023-2025 <u>2026-2028</u>
➤ Nirmala Bandrapalli, Burlingame Resident, former Planning Commissioner	2023-2025 <u>2026-2028</u>
➤ Dr. Cameron Emmott, Former PHCD & MPMC Director, Hillsborough	2025-2027
➤ Mark Johnson, Real Estate Broker, San Mateo	2025-2027
➤ Daniel Quigg, Civic Leader, Millbrae	2023-2025 <u>2026-2028</u>
➤ Ashley McDevitt, Director of Community Resources, San Mateo	2023-2025 <u>2026-2028</u>
➤ John Jurow, CEO, San Mateo County Health Foundation	2024-2026

2026 Committee Meetings are held on Wednesday: February 4, May 6, August 5 and November 4 the ~~1st Wednesday~~ of the odd months, 5-6:30 PM at the District office.