



**Join Zoom Meeting**  
<https://us02web.zoom.us/j/81325185713>  
**Meeting ID:**  
813 2518 5713  
**One tap mobile**  
12532158782/  
12678310333

**PUBLIC MEETING OF THE  
BOARD OF DIRECTORS  
6:30 PM, Thursday, March 28, 2024  
1819 Trousdale Dr., Burlingame, CA 94010  
PHCD 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](mailto:Voula.theodoropoulos@peninsulahealthcaredistrict.org) or visit our website <https://www.peninsulahealthcaredistrict.org/public-comment-form>, and your comments will be read into the record. Public comments will be taken for each agenda item prior to the Board's consideration on that item.*

### **3. Report Out From Closed Session: 3/4/2024 & 3/28/2024: Chairman Cappel**

### **4. Consent Calendar: ACTION**

- |  |                  |
|--|------------------|
| a. Board Meeting Minutes - February 22, 2024 & March 4, 2024 | <b>Pg. 1-7</b>   |
| b. Finance Committee Meeting Minutes - November 14, 2023     | <b>Pg. 8-10</b>  |
| c. Checking Account Transactions - February 2024             | <b>Pg. 11-13</b> |
| d. Treasurer's Report - February 2024                        | <b>Pg. 14</b>    |
| e. Statement of Investment Policy                            | <b>Pg. 15-23</b> |
| f. Internal Control Policy                                   | <b>Pg. 24-30</b> |
| g. Finance Committee Terms and Charge                        | <b>Pg. 31</b>    |

### **5. Old Business:**

- |   |                  |
|---|------------------|
| a. <b>Proposal to Extend Economic Planning Services Contract for PWC Project Financial Analytics and Consulting:</b> Ana M. Pulido, Chief Executive Officer | <b>Pg. 32-35</b> |
|---|------------------|

### **6. New Business:**

- |  |                  |
|--|------------------|
| a. <b>allcove™ Soft Opening Report:</b> Marc Rappaport, Clinical Director, and Jackie Almes, Youth Behavioral Health Program Manager | <b>Pg. 36-40</b> |
|--|------------------|

- b. PHCD Health & Fitness Center Programmatic Update:** Richard Bergstrom, Health and Fitness Director **Pg. 41-92**
- c. CEO Strategic Plan Quarterly Report:** Ana M. Pulido, Chief Executive Officer **Pg. 93-121**
- d. Discussion of Appointment of an Ad Hoc Committee to Review Board Policies:** Ana M. Pulido, Chief Executive Officer **Pg. 122-123**

**7. Reports:**

- a. Board Standing Committees:**
  - Finance** – March 12, 2024
  - Strategic Direction Oversight** – May 1, 2024
  - Board Chair and Director Report**

**8. Correspondence and Media**

- a.** 2/27 Jewish Family and Children’s Services Thank You Letter **Pg. 124**
- b.** 2/27 AbilityPath Thank You Letter **Pg. 125**
- c.** 2/27 Cora Thank You Letter **Pg. 126**
- d.** 2/29 Sonrisas Cooking for a Cause **Pg. 127-130**

**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.*

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



<p><b>SPECIAL BOARD OF DIRECTORS MEETING MINUTES</b>  <b>Thursday, February 22, 2024</b>  <b>1819 Trousdale Dr. Burlingame, Ca 94010</b>  <b>(Classroom)</b></p>		
<p><b><u>Directors Present</u></b>                  Chairman Cappel                  Secretary Zell                  Director Navarro                  Director Sanchez</p>	<p><b><u>Directors Absent</u></b>                  Vice-Chairman Pagliaro</p>	<p><b><u>Also, Present</u></b>                  Darian Harris, CEO, Mills Peninsula Medical Center,                  Richard So, Executive Director,                  Hep B Free</p>

1. **Call to Order and Roll Call:** Chairman 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:** No public comments were offered.
3. **Report Out From Closed Session: 2/22/2024:**

Chairman Cappel stated that the Board held discussions reviewing the ongoing negotiations with the PWC developers during the closed session meeting on 2/22/2024.

4. **Consent Calendar: ACTION**
  - a. Board Meeting Minutes – January 25, 2024
  - b. Checking Account Transactions – January 2024
  - c. Treasurer's Report – January 2024
  - d. Sonrisas Q2 FY 2023-2024 Report

Director Zell expressed a preference for quarterly reports from partners such as Sonrisas to be excluded from the Consent Calendar. Instead, he suggested allocating separate time during Board meetings to discuss the progress of the organizations and assess program metrics.

Chairman Cappel stated that the approval of the Consent Calendar would exclude item (D), the Sonrisas Q2 FY 2023-2024 Report.

**Motion to Approve Consent Calendar as Presented**

**Motion: By Director Sanchez; Director Zell**

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

**Noes: 0**

**Abstain: 0**

**Absence: 1**

**Motion Passed: 4/0/0/1**

**Director Navarro** provided a brief summary of the Sonrisas Q2 report, highlighting that the decline in revenue can be attributed to the staffing challenges currently being experienced by the organization. Despite this, the organization successfully achieved many of the metrics and goals established for the quarter.

**Director Zell** expressed his concern regarding the significant turnover occurring at Sonrisas. He recognized the institutional difficulties related to staffing, particularly in the medical sector, emphasizing the importance of stability for organizations in this regard. The resources allocated by an institution towards recruitment, training, and retention are directly linked to the overall stability of the organization.

**Motion to Approve item (D) Sonrisas Q2 FY 2023-2024 Report, as part of the Consent Calendar**

**Motion: By Director Navarro; Director Zell**

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

**Noes: 0**

**Abstain: 0**

**Absence: 1**

**Motion Passed: 4/0/0/1**

## **5. Old Business:**

### **a. Sutter Quarterly Report: Darian Harris, CEO, Mills Peninsula Medical Center**

Mills Peninsula Medical Center CEO **Darian Harris** presented the Sutter Quarterly Report.

#### **Presentation Highlights**

##### ***2023 Year in Review***

- Emergency Department: 15,000+ Visits/+14% VS Forecast
- Outpatients Visits: 300,000+ Visits/+2.5% VS Prior Year
- Average Inpatient Census: +9.7% VS Prior Year
- Outpatient Surgeries: 8,400+ Surgeries/+9% VS Forecast

##### ***Areas of Focus 2024***

- Increase Access, Planning Efforts
- Enhance Community Partnerships
- Expanding Workforce Pipelines
- Sharing Legacy of Excellence

##### ***Tackling Workplace Violence in Healthcare***

Violence of HealthCare workers is a worldwide crisis that threatens healthcare organizations at their core and gravely affects both patients and employee well-being.

***Violence in Healthcare by the Numbers***

- **4x** More prevalent than other industries
- **85%** Of non-fatal workplace related incidents occur in healthcare
- **2** Nurses assaulted every hour on average

**Sutter Health is supporting Assembly Bill 977, which extends the penalties for violence committed against first responders to all healthcare workers providing services in emergency departments.**

***Q & A with Darian Harris***

***Has Sutter discussed the timeline required for the proposed medical office building in collaboration with the PHCD?***

This question encompasses various facets and complexities. It delves into the extensive groundwork Sutter has undertaken over the past 6 to 7 months to ascertain current community needs and forecast future requirements over the next decade. Given the long-lasting implications of decisions of this magnitude, meticulous attention is being paid to understanding broader-scale needs. Evaluations are being conducted on the current healthcare delivery landscape and how it may evolve in the future. Furthermore, considerations include determining the services that should be located near an acute care facility and optimizing the existing location's footprint. Sutter is currently in the process of not only defining essential services adjacent to the hospital but also developing a comprehensive understanding and master plan for the existing footprint.

***What factors could be attributed to the 14% increase in the emergency department for 2023?***

There are several reasons that could explain the increase. One significant factor is that Sutter Hospital receives up to 30% more ambulances compared to other hospitals in the county, which is a result of the strong collaboration between Sutter and EMS services. Additionally, the access to primary care services provided by Sutter may have also contributed to the rise in emergency department visits.

***How does Sutter plan to utilize data collected from wearable medical devices in light of the latest technological innovations and individual usage of such devices?***

Sutter has established an innovation center in downtown San Francisco to drive the organization's adoption of cutting-edge technologies for health solutions. Regarding wearable devices, Sutter aims to enhance the integration and utilization of the data gathered from these devices, especially in the ambulatory setting to explore novel ways of maintaining digital connectivity with patients.

**Director Zell** commented that as mental health is a central focus for Sutter, he would like to collaborate with the organization and engage them in any capacity that Sutter finds beneficial for their operations at the allcove center in San Mateo. He also discussed the PWC project, highlighting its focus on seniors and how the services are designed to complement Sutter's division of innovative senior services. He inquired about the potential for connecting with the Sutter staff responsible for senior services to explore

collaboration opportunities. Finally, he expressed gratitude to Mr. Harris for his support in the initiative to reopen the Mickelson warm water therapy pool.

**Mr. Harris** responded by emphasizing Sutter's commitment to serving the community in various capacities, including the Mickelson pool. He recognized Lindsay Raika's efforts in highlighting the significant impact the pool has on the community. Mr. Harris expressed a keen interest in exploring potential partnerships and collaborations with the District to deliver senior services to the community. He expressed a desire to learn more about the future senior services planned by the PWC and to identify opportunities for integrating Sutter's innovative senior services to develop creative solutions.

#### **b. Hep B Free Initiative Final Report: Richard So, Executive Director, Hep B Free**

Hep B Free Executive Director **Richard So** presented the Hepatitis B Initiative Final Report.

##### ***Initiative Goals***

Develop a comprehensive multi-pronged strategy to increase awareness and screening, through education for hepatitis B, aiming to ultimately reduce the incidence of liver diseases caused by hepatitis B.

- Targeted Media Campaign
- Business Initiative
- Vaccination Campaign
- Physician Education

##### ***Initiative Results Summary***

- Overall success in educating the community
- Overall success in improving hepatitis B knowledge
- Successfully reached many local businesses
- Faced difficulty in tracking screening and vaccination
- Faced difficulty in education physicians in person

##### ***Conclusion and Next Steps***

- Success at education and awareness
  - In-person
  - Ethnic media
  - Targeted digital marketing
  - Hit high risk, hard to reach population - Filipino and Pacific Islander
- New Proposal:
  - Community Education:
    - Direct:
      - Education and screening for specific service industries, e.g. restaurant, financial services, construction, real estate
      - Additional community events

- Collaboration with existing community and public health groups i.e. SM County's Health Equity Initiatives

- Indirect

- Targeted media campaign
- Continued work with local ethnic media
- Better time activities to amplify

- Physicians Education

- Focus on sharing online hepatitis B CME and physician newsletters

### ***Q & A with Richard So***

#### ***How much would the vaccination cost for those who may not have insurance?***

The estimated cost of vaccination is roughly \$145.00.

#### ***Is it necessary to screen patients for hepatitis B before administering the vaccine?***

Many times, the process may not be straight forward as ideally screening should be done before vaccination. However, many public health vaccination programs skip the screening step to save costs and directly vaccinate patients. While this may not impact individuals without the disease, those who are already infected may mistakenly believe they are protected from hepatitis B when they actually have it.

#### ***Are screenings for Hepatitis B conducted through a blood test?***

Yes, screenings for Hepatitis B are typically done through a blood test. Currently, there are no point-of-contact or point-of-service tests available for this purpose. While some of these tests are being developed in Europe, none have been approved by the FDA for use in the United States at this time.

#### ***In the section labeled "Business Initiative" on page 48 of the packet, it is mentioned that 39 screenings were conducted. How many of the patients screened tested positive for Hepatitis B?***

Only one of the screenings yielded a positive result. It has been observed that San Mateo typically has a lower incidence of positive test results. This trend may be partly attributed to the economic status of San Mateo residents compared to those in other counties, as well as their proactive approach towards addressing health issues.

### **6. New Business:**

#### **a. Youth Behavioral Health Program Manager Job Description: Ana M. Pulido, CEO**

[Full job description appended to the minutes.]

#### **Motion to Approve Youth Behavioral Health Program Manager Job Description**

**Motion:** By Director Zell; Director Sancez

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

**Noes:** 0

**Abstain:** 0

**Absence: 1**

**Motion Passed: 4/0/0/1**

## **7. Reports:**

### **a. Board Standing Committees:**

Community Health Investment – February 21, 2024

**SID Rodriguez** stated that she has been working on developing a standardized set of metrics that can be used by the diverse range of organizations participating in the grants program in reporting to the District. This initiative aims to assist the District in monitoring the progress of each organization's projects, tracking their metrics, and evaluating the impact they are having on the community. It will also streamline the analysis of each organization's reports throughout the year and as they progress through the 3 tiers of the grant cycle. Once this standardized method of analyzing grantee reports is established, the next phase will involve conducting a comprehensive comparison with the data collected by San Mateo County.

Strategic Direction Oversight – March 6, 2024

**Chairman Cappel** stated that the Strategic Direction Oversight meeting will be held on March 6th.

Finance – March 12, 2024

**Director Zell** stated that the next Finance Committee meeting will be held on March 12th.

Board Chair and Director Reports

**Chairman Cappel** stated that there are no other Board Chair or Director Reports.

## **8. Correspondence and Media**

- a. 1/31 CALL Primrose Thank You Letter
- b. 1/31 Peninsula Family Service Thank You Letter
- c. 1/31 Caminar Thank You Letter
- d. 1/31 Second Harvest Thank You Letter
- e. 1/31 LifeMoves Thank you Letter
- f. 2/9 Ombudsman Thank You Letter
- g. 2/9 Star Vista Thank You Letter
- h. 2/9 CASA Thank You Letter
- i. 2/9 CSDA 2024 Board Elections Timeline

## **9. Adjourn: 8:27 pm**





<b>SPECIAL BOARD OF DIRECTORS MEETING MINUTES</b> <b>Monday, March 4, 2024</b> <b>1819 Trousdale Dr. Burlingame, Ca 94010</b> <b>(Classroom)</b>		
<b><u>Directors Present</u></b> Chairman Cappel Vice-Chairman Pagliaro Secretary Zell Director Navarro Director Sanchez	<b><u>Directors Absent</u></b>	<b><u>Also, Present</u></b>

**1. Call to Order and Roll Call:** Chairman Cappel called the meeting to order at 6:00 p.m. Roll call attendance was taken. A quorum was present.

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

**3. New Business:**

- a. Adopt Modifications to Employee Handbook: CEO, Ana M. Pulido

**CEO Pulido** stated that since the launch of allcove, the District has been considering the need to change the District's overtime payment structure to allow for more flexibility in scheduling due to allcove's operating hours. She noted that the District currently adheres to California Law but, as a special District, has the ability to modify overtime policies under the Fair Labor Standards Act. Discussions with impacted staff were held, and the recommended change received support from all parties affected.

**Chairman Cappel** asked Counsel Hudak if he had a chance to look at the changes.

**Counsel Hudak** stated that he looked at it and was comfortable with the changes.

**Motion to Approve Modifications to Employee Handbook**

**Motion: By Director Sanchez; Director Navarro**

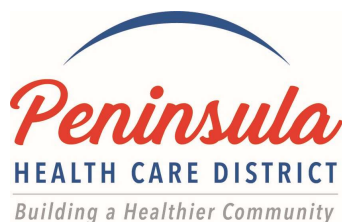
**Vote: Ayes – Cappel, Pagliaro, Navarro, Sanchez**

**Noes: 0**

**Abstain: 1-Zell**

**Motion Passed: 4/0/1**

**4. Adjourn: 6:07 pm**



## **FINANCE COMMITTEE MEETING**

### **Minutes**

**November 20, 2023**

1. **Call to Order:** Meeting was called to order by **Director Sanchez** at 4:00 pm.
2. **Roll Call:** Present: Director Sanchez, Member Seto, Member Sun, Member Revelo, CEO Pulido, CFO Yee.  
Absent: Chair Zell.
3. **Approval of Minutes** from July 11, 2023  
*It was moved by Member Sun and seconded by Member Revelo to approve the Minutes from November 20, 2023. The motion passed 6/0/0/1. Ayes: Director Sanchez, Member Sun, Member Seto, Member Revelo, CEO Pulido, CFO Yee. Absent: Chair Zell*
4. **Draft Audited Financials – FY 22-23:**

**CFO Yee** provided a brief summary of the draft audited financials for FY 22-23. The District received a clean audit free of material misstatements. This audit was the second year with the same auditor. The audit went smoothly. There was one reclass between short and long-term portions related to GASB 87 leases and one adjustment for the pension provided annually by the auditor. The footnotes are the same as last year except for the addition of the District's partnership with Ability Path to utilize the San Mateo Homes for mentally challenged adults. There were no questions or concerns from the auditor. **CFO Yee** also noted a few key items -

- The most significant transaction with a considerable impact on the balance sheet is the purchase of the Ability Path Building at 1764 Marco Polo Way. The purchase price was \$15M with a 2-year lease back. Cash paid was \$13.5M, and \$1.5M was recorded as prepaid rent for two years. This transaction decreased the investment portfolio, increased capital assets, and increased unearned revenues.
- Accounts Payables and Accrued Expenses are higher due to allcove tenant improvements payables and impact partnership grants that have not been released.
- Current cash and investments are \$34.6M, and the current debt balance is \$41.6M.
- Assisted Living/Memory Care resident revenue increased from last year due to an increase in occupancy from 76.6% to 86.3%
- Other operating revenues include a CSDA Covid relief grant in 2022 but not in 2023.
- Salaries are higher than last year, mainly from The Trousdale, due to a mid-year Board approval to increase some salaries to market rate to be competitive and additional increases due to a wage scale adjustment. Staffing also increased due to higher occupancy at the facility. In addition, Sonrisas added a dental chair, increasing staffing. The salary increase also includes annual performance increases for all staff. The breakdown is The Trousdale \$825K, Sonrisas \$365K, and District & Fitness \$134K.

- Employee benefits increased by \$678K due to pension adjustments for both years. There was a credit of \$986K for last year and an increase in expense of \$760K for this year, creating a big gap between years. In general, the cost of benefits increased in addition to adding staff.
- Professional fees and registry increased mainly from increased registry use at The Trousdale. Staffing continues to be challenging, primarily in hiring care workers because they would rather work for a registry than a permanent position because there is less work. Sonrisas also hired additional help for HR and FQHC. Allcove incurred consultant expenses to launch the program.
- Lease expense increased due to 1 full year of allcove rent
- Grants and contributions increased due to the \$340K received from the State for allcove.

In general, there was an increase in expenses from coming out of the pandemic and back to normal operations with increased inflation costs. There was a robust discussion by the Committee.

Q&A -

- *Were there any findings?* There were no findings or recommendations, and it was a clean audit.
- *Is the pension expense adjustment paid out? Is this an additional expense for the District?* No, the adjustment is measured according to the District's proportionate share of net pension liability. It is based on the long-term share of contributions to the pension plans relative to the projected contributions from all participating employers and actuarial reports. Funds will be contributed in the future.
- *How is the market rate adjusted? Do you adjust for unrealized loss for the 1764 Marco Polo Way Building if there is a decrease in the market?* No, the building will depreciate over 30 years and recognize a gain or loss when sold.

***It was moved by Member Seto and seconded by Member Sun to approve the audited financials as presented. The motion passed 6/0/0/1. Ayes: Director Sanchez, Member Seto, Member Sun, Member Revelo, CEO Pulido, CFO Yee. Absent: Chair Zell***

##### 5. Q1 Consolidated Financials – FY 23-24:

**CFO Yee** gave an overview of the Q1 FY 23-24 financial performance. Overall revenues and expenses are ahead of budget. Below are a few highlights and items to note.

- The District budget is on track. Investments are ahead of budget by \$23K. Leasing income is lower than budget due to a vacancy at 1740 Marco Polo Way, but expenses are also lower.
- allcove is set for a soft opening in early January. There are expenses related to the opening, but overall savings are due to the delay initially set for the summer of 2023.
- Health and Fitness Center – Director Marheineke resigned on 9/1/23, and the new Director, Richard Bergstrom, started on 12/1/23. There are 194 members, and 42 are on the insurance programs. Of the 42 members, 8 are new, and 34 have switched from a regular membership. The insured members are lower than projected due to the delay in implementing the program and a change in Director.
- The Trousdale is ahead in occupancy at 87% or 107 residents. However, staffing continues to be challenging and has incurred significant expense in registry costs to fill in care workers. There is a shortage of care workers nationwide.
- Sonrisas had 3,596 visits in the first quarter but was below budget by 428 due to staffing challenges. While visits are under budget by 11%, total direct care expenses are under by 13%. Fundraising efforts remain strong, with a net positive budget variance of \$42K. YTD PHCD funding is \$259,800. The net income is \$162K, which is better than the budget.

The Committee reviewed the Q1 financials in detail and had a robust discussion.

**6. Consideration to Cancel January 2024 Meeting:**

**CFO Yee** asked the Committee to consider canceling the January 2024 meeting due to the lack of agenda items.

***It was moved by Member Revelo and seconded by Member Seto to cancel the January 2024 meeting. The motion passed 6/0/0/1. Ayes: Director Sanchez, Member Seto, Member Sun, Member Revelo, CEO Pulido, CFO Yee. Absent: Chair Zell.***

**7. Future agenda**

- Annual Committee Charge and Policy Review
- 2<sup>nd</sup> Qtr Consolidated Financials

**Adjournment: Director Sanchez** Adjourned the meeting at 4:55 pm.

*Written by Vickie Yee, CFO*

**Approved by the Finance Committee on March 12, 2024.**

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

<b>Date</b>	<b>Description</b>	<b>Deposit</b>	<b>Withdraw</b>
<b>Admin</b>			
2/1/2024	Jose L Sanchez		500.00
2/1/2024	U. S. Bank Equipment Finance		293.20
2/1/2024	Alhambra		177.93
2/1/2024	Iron Mountain		699.93
2/1/2024	Alhambra		75.93
2/1/2024	AT&T		258.30
2/1/2024	Color Print		144.71
2/1/2024	County of San Mateo, CA	649,976.05	
2/1/2024	EDD		1,874.63
2/1/2024	CalPERS Pension		3,815.41
2/2/2024	FSA Payment		50.00
2/2/2024	SC Property Management		31,121.00
2/2/2024	State of California	131,065.75	
2/2/2024	SC Property Management Inc.	248,340.00	
2/2/2024	Best Best & Krieger LLP	231.00	
2/2/2024	Anna Naufahu	150.00	
2/7/2024	FSA Payment		135.00
2/8/2024	Fast Signs		580.26
2/8/2024	Oropeza's Landscaping & Maintenance		450.00
2/8/2024	Western Allied Mechanical, Inc.		576.00
2/8/2024	Voler Strategic Advisors Inc.		8,000.00
2/8/2024	Comcast		527.83
2/8/2024	JWT & Associates, LLP		1,840.00
2/8/2024	Best Best & Krieger, LLP		2,887.50
2/8/2024	PG&E		677.77
2/8/2024	Peninsula Volunteers, Inc		2,880.00
2/8/2024	Precision Digital Networks		4,717.92
2/8/2024	KBA Document Solutions, LLC		320.47
2/8/2024	Streamline		375.00
2/8/2024	PURCOR Pest Solutions		95.00
2/8/2024	Well Connected Office		2,918.65
2/8/2024	Edgewood Center for Children and Families		1,900.00
2/8/2024	Dana M Stein		240.00
2/8/2024	Jefferson Union High School District		4,237.05
2/8/2024	Arora+Associates, LLC		8,000.00
2/8/2024	One Life Counseling Center		9,035.00
2/8/2024	Precision Digital Networks		291.00
2/8/2024	Premysis Technologies		98.76
2/12/2024	Paychex		754.81
2/12/2024	California Public Employees Retirement		17,072.01
2/14/2024	Paychex Payroll 02/15/24		33,678.18
2/14/2024	Payroll Taxes 02/15/24		20,776.22
2/15/2024	Hanson Bridgett LLP		2,812.50
2/15/2024	Frank Pagliaro		500.00
2/15/2024	Recology		90.25
2/15/2024	Stavroula Theodoropoulos		56.21
2/15/2024	Ana Pulido		119.00
2/15/2024	City of Burlingame		32.00
2/15/2024	Ralls Gruber & Niece LLP		21,287.45
2/15/2024	U. S. Bank Equipment Finance		767.44
2/15/2024	Zachary Schwaab, Z'Moss Man, LLC		220.00
2/15/2024	First Citizens Bank & Trust Co		302.06
2/15/2024	Service Master Building Maintenance		3,660.62

Date	Description	Deposit	Withdraw
2/15/2024	Workers Compensation Insurance Payroll		196.18
2/16/2024	CalPERS Pension		7,625.29
2/16/2024	Paychex		85.00
2/20/2024	Cardmember Service		5,542.45
2/20/2024	Paychex		121.50
2/22/2024	FSA Payment		100.00
2/22/2024	County of San Mateo, CA	18,916.15	
2/22/2024	Anna Naufahu	150.00	
2/23/2024	Mark D. Hudak		2,115.00
2/23/2024	San Francisco Business Times		135.00
2/23/2024	U. S. Bank Equipment Finance		272.09
2/23/2024	Allied Administrators for Delta Dental		835.80
2/23/2024	Mark D. Hudak		2,520.00
2/23/2024	Service Master Building Maintenance		261.03
2/23/2024	Color Print		16.45
2/23/2024	Sonrisas Dental Health		252,000.00
2/28/2024	Heritage Bank Monthly Fee		202.30
2/28/2024	Paychex Payroll 02/29/24		33,072.67
2/28/2024	Payroll Taxes 02/29/24		18,733.84
2/29/2024	J & E Pro Cleaning and Handy Services		660.00
2/29/2024	Diligent Corporation		3,500.00
2/29/2024	Villages of San Mateo County		10,000.00
2/29/2024	Insure the Uninsured Project (ITUP)		450.00
2/29/2024	U. S. Bank Equipment Finance		301.50
2/29/2024	Interest	632.31	
2/29/2024	Workers Compensation Insurance Payroll		180.08
		<b>1,049,461.26</b>	<b>530,849.18</b>
<b>Health Fitness</b>			
2/1/2024	Directv		95.99
2/1/2024	KBA Document Solutions, LLC		43.17
2/8/2024	Gym Doctors		1,752.60
2/8/2024	Joan Sanchez		400.00
2/8/2024	Mindbody, Inc.		218.50
2/8/2024	Bay Alarm		371.55
2/8/2024	Bay Alarm		491.16
2/8/2024	PG&E		1,113.77
2/8/2024	Streamline		63.00
2/12/2024	Mindbody Merchant Processing		362.87
2/15/2024	U. S. Bank Equipment Finance		77.40
2/15/2024	Recology		97.39
2/20/2024	Cardmember Service		526.94
2/23/2024	Joan Sanchez		200.00
2/23/2024	AT&T		329.67
2/23/2024	Crothall Laundry Services Inc.		198.38
2/29/2024	J & E Pro Cleaning and Handy Services		1,150.00
2/29/2024	KBA Document Solutions, LLC		53.02
2/29/2024	Interest	27.92	
2/29/2024	Health and Fitness January 2024	13,324.37	
		<b>13,352.29</b>	<b>7,545.41</b>
<b>Leasing</b>			
2/1/2024	Ricci Chan		2,400.00
2/1/2024	Ralph Barsi		2,000.00
2/1/2024	Alliance Roofing		1,309.91
2/8/2024	Western Allied Mechanical, Inc.		367.50
2/8/2024	PG&E		2,952.18
2/8/2024	Oropeza's Landscaping & Maintenance		1,260.00
2/8/2024	Bellant Plumbing		1,415.00

Date	Description	Deposit	Withdraw
2/8/2024	PG&E		2,266.07
2/8/2024	Bay Alarm		264.00
2/8/2024	Bay Alarm		321.00
2/8/2024	Bleyle Elevator, Inc		95.00
2/8/2024	PURCOR Pest Solutions		645.00
2/15/2024	I. C. Fire		78.33
2/15/2024	Recology		389.59
2/15/2024	Recology		627.54
2/15/2024	Recology		901.22
2/20/2024	Cardmember Service		79.86
2/22/2024	Ability Path	6,628.00	
2/22/2024	Bay Area Foot Care	3,224.00	
2/22/2024	Preferred Prosthetics Inc.	2,881.57	
2/22/2024	Burlingame Therapeutic Associates	2,811.80	
2/22/2024	April Lee, DDS	2,719.14	
2/22/2024	Zoya Galant, DDS	2,403.61	
2/22/2024	Patricia Dugoni, CPA	2,400.00	
2/22/2024	Ross Williams, DDS	2,083.19	
2/22/2024	Houn Young Kim, DDS	2,076.18	
2/22/2024	One Life Counseling Service	1,430.00	
2/22/2024	Carol Tanzi & Associates	500.00	
2/23/2024	Western Allied Mechanical, Inc.		2,313.96
2/23/2024	Service Master Building Maintenance		4,500.00
2/23/2024	EaseBrite General Maintenance, Inc.		910.00
2/29/2024	All Temperature Service Air Conditioning		1,430.00
2/29/2024	J & E Pro Cleaning and Handy Services		1,918.53
2/29/2024	Western Allied Mechanical, Inc.		1,278.00
2/29/2024	Ralph Barsi		2,000.00
2/29/2024	Interest	108.91	
		<b>29,266.40</b>	<b>31,722.69</b>
<b>PWC</b>			
2/8/2024	Streamline		42.00
2/23/2024	Perkins Coie LLP		20,240.55
2/23/2024	Mark D. Hudak		2,565.00
2/29/2024	Interest	13.02	
		<b>13.02</b>	<b>22,847.55</b>
<b>Trousdale</b>			
2/1/2024	Eskaton Properties Inc		81,462.04
2/1/2024	Heartland Merchant Account		418.95
2/8/2024	Trousdale Tenant Deposit	5,000.00	
2/8/2024	Trousdale Tenant Deposit	93,744.45	
2/13/2024	Trousdale Tenant Chargeback		5,000.00
2/15/2024	Eskaton Properties Inc		672,086.77
2/15/2024	Trousdale Tenant Deposit	5,000.00	
2/15/2024	Trousdale Tenant Deposit	267,136.02	
2/21/2024	Trousdale Tenant Chargeback		19,515.00
2/22/2024	Trousdale Tenant Deposit	653,350.38	
2/22/2024	Trousdale Tenant Deposit	20,000.00	
2/22/2024	Trousdale Tenant Deposit	78,854.77	
2/23/2024	Trousdale Tenant Chargeback		6,198.75
2/28/2024	Trousdale Tenant Deposit	33,008.50	
2/29/2024	Eskaton Properties Inc		580,519.13
2/29/2024	Interest	349.83	
		<b>1,156,443.95</b>	<b>1,365,200.64</b>

**STATUS OF CURRENT YEAR TAX REVENUES**

Total As Of <u>2/29/24</u>	Estimated FY 23-24 Tax Revenue
<u>\$ 5,683,672</u>	<u>\$ 8,500,000</u>

**Board Designated Invested Funds**

	Rate Last QTR	Fees Paid Fiscal YTD	Cost Basis		Market Value
			<u>1/31/24</u>	<u>2/29/24</u>	<u>2/29/24</u>
Bridge Bank - 1yr CD (mature 1/31/25)	2.750%		3,162,711	3,162,711	3,162,711
Fiduciary Trust	4.990% *	2,963	1,729,767	1,737,688	1,737,976
City National Bank	4.611% *	(1,803) **	15,368,674	15,420,171	15,280,042
Local Agency Investment Fund	3.814%		6,003,802	6,003,802	6,003,802
San Mateo County Pool Investment	3.426%		<u>3,676,301</u>	<u>3,676,301</u>	<u>3,676,301</u>
			<u><b>29,941,256</b></u>	<u><b>30,000,674</b></u>	<u><b>29,860,833</b></u>

\* Yield to maturity

\*\* Fee Credit 5/23-12/23





Board Policy  
**Statement of Investment Policy**

**SUMMARY**  
**INVESTMENT POLICY STATEMENT**  
**Peninsula Health Care District**

<b><u>Portfolio Account Detail:</u></b>	Peninsula Health Care District (PHCD)
<b><u>Investment Objective:</u></b>	While there is no specific target for income or total return the portfolio should be managed with the objective of outperforming comparable liquidity management strategies such as money market funds or short-term U.S. Treasuries. The fundamental objective is to provide a portfolio return that preserves the purchasing power of PHCD's assets while maintaining a high level of liquidity and safety allowing PHCD to fulfill its' mission of service to the community.
<b><u>Withdrawal Requirements:</u></b>	PHCD may periodically withdraw from the portfolio to support the operations and strategic goals of the District, but there are no planned regular withdrawals at this time.
<b><u>Time Horizon:</u></b>	While PHCD's time horizon as an institution is long term there can be instances when portfolio assets are required on a short-term basis in the course of operations. As such, all securities purchased in the portfolio will be characterized as "highly liquid" with 30% of the portfolio available within 48 business hours under normal trading conditions.
<b><u>Risk Tolerance:</u></b>	Conservative
<b><u>Target Return:</u></b>	Over the long-term, exceed the portfolio benchmark, net of fees with similar risk.

**Evaluation Benchmark:**

Bloomberg Barclays US Treasury 1-3 Year Index

**Purpose:**

This Investment Policy Statement (IPS) establishes investment objectives, policies, guidelines and eligible securities related to the management of all assets held by the Peninsula Health Care District (“PCHD”) and/or any of our subsidiary corporations, primarily for investment purposes. The purpose of this Statement is to ensure that surplus funds are invested by the District in accordance with statutory guidelines and a prudent balance between fund preservation, liquidity, and return on investment. As a Health Care District, investment options are governed by the State of California as set forth in the Government Code chapters on “Investment of Surplus” (Section 53600, et.seq.) and “Deposit of Funds” (Sections 53630, et.seq.). This Statement also provides guidance for assignment of responsibilities, on-going evaluation, reporting and unique circumstances or constraints. The IPS serves as the foundation of PHCD’s investment goals and priorities.

In doing so this policy will:

- clarify the delegation of duties and responsibilities concerning the management of institutional funds.
- identifies the criteria against which the investment performance of the organization’s investments will be measured.
- communicates the objectives to the Board, staff, investment managers, brokers, constituents and funding sources that may have involvement.
- confirms policies and procedures relative to the expenditure of institutional funds.
- serves as a review document to guide the ongoing oversight of the management of the organizations’ investments.

**1) Delegation of Responsibilities**

The Board of Directors has a direct oversight role regarding all decisions that impact PHCD's institutional funds. The Board has delegated supervisory responsibility for the management of PCHD’s institutional funds to the Finance Committee. Specific responsibilities of the various bodies and individuals responsible for the management of our institutional funds are set forth below:

**a) Responsibilities of the Board of Directors:**

The Board shall ensure that its fiduciary responsibilities concerning the proper management of PHCD's institutional funds are fulfilled through appropriate investment structure, internal and external management, and portfolio performance consistent with all policies and procedures. Based on the advice and recommendations of the Finance Committee, the Board shall:

- approve investment policies and objectives that reflect the long-term investment-risk orientation of the portfolio.
- approve the Committee's charge.

## **b) Responsibilities of the Finance Committee**

Members of the Finance Committee are not held accountable for less than desirable outcomes, rather for adherence to procedural prudence, or the process by which decisions are made in respect to investment assets. In consideration of the foregoing, the Finance Committee is responsible for the development, recommendation, implementation and maintenance of all policies relative to PCHD's investment funds and shall:

- develop and/or propose policy recommendations to the Board with regard to the management of all institutional funds.
- recommend long-term and short-term investment policies and objectives for our institutional funds, including the study and selection of asset classes, determining asset allocation ranges, and setting performance objectives.
- determine that institutional funds are prudently and effectively managed with the assistance of management and any necessary investment consultants and/or other outside professionals, if any.
- monitor and evaluate the performance of all those responsible for the management of institutional funds.
- recommend the retention and/or dismissal of investment consultants and/or other outside professionals.
- receive and review reports from management, investment consultants and/or other outside professionals, if any.
- periodically meet with management, investment consultants and/or other outside professional management, investment consultants and/or other outside professionals.
- convene regularly to evaluate whether this policy, investment activities, risk management controls and processes continue to be consistent with meeting the goals and objectives set for the management of institutional funds.
- select, appoint and remove members of the Finance Committee.

## **2) Investment Management**

- a) The Treasurer of the Board of Directors shall be in charge of oversight of the District's surplus funds and their investment and shall advise the Board on investment options and investment policy. The Treasurer shall have such other responsibilities that may be set forth in the District Bylaws or from time to time assigned by the Board of Directors. The Board of Directors is ultimately responsible for the disposition of the District's funds. The Board may at any time appoint one or

more investment managers to advise on Board fund investment issues. The Board of Directors may, if it chooses, delegate discretion and authority to the Treasurer, the District CEO, or a professional investment manager(s) over surplus funds, subject to the limitations on such delegation and investment restrictions established by State Law, this Policy, or from time to time by the Board of Directors. Based on budget or other spending needs of the District, the CEO, subject to Board Treasurer approval, is authorized to shift surplus funds in operational bank accounts to District surplus fund investment vehicles approved by the Board, or to shift liquid investment funds into operations spending accounts to cover budgeted or otherwise approved expenditures of the District. If such shift of funds occurs it shall be reported to the Board at its next meeting.

### 3) Investment Guidelines

- a) Investment of funds on behalf of the District shall conform to the Prudent Investor Standard as set forth in Government Code Section 53600.3, which includes proceeding in a manner “a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency.”
- b) **Eligible Securities** - Investment vehicles authorized and described in Gov’t Code chapters on “Investment of Surplus” (Sections 53600, et seq.) and “Deposit of Funds” (Section 5360, et seq.) including U.S. Treasury instruments, certain Bank obligations, “prime” commercial paper and bills of exchange, bank certificates of deposit, money market funds, bonds and notes, shall be limited in the manner described therein. The District is specifically authorized to place funds in the Local Agency Investment Fund established by the State of California (Government Code Section 16429.1) and with the San Mateo County Pooled Investment Fund (Government code Section 53684). For a detailed list of eligible securities, see Appendix A.
- c) **Real Property** - Pursuant to Health and Safety Code Section 32121(c) the Board of Directors may also invest in certain real property for the benefit of the District. Any real estate acquisition or arrangement with private organizations should have an existing or potential health-related purpose. A health-related purpose shall include purchasing property (a) with the intention of leasing it back to an entity that agrees to provided needed health services to people within the District; (b) with the intention of entering into a joint venture with an entity that will provide needed health services within the District; (c) that will enhance the value or desirability of existing District projects; or (d) that will be open to the general public for exercise or rehabilitation. Real property that is zoned for health services and is easily accessible by public transportation is most desirable. The Board directs the CEO and Board Treasurer to actively pursue real estate opportunities and present them to

the full Board for consideration of acquisition. The Board may invest such money not required for the immediate needs of the agency in such portions as it deems wise or expedient. (Gov't Code Section 53601). In deciding whether to make an investment the Board shall consider three primary objectives: (1) safeguarding the principal, (2) meeting the liquidity needs of the District and (3) achieving a return. (Gov't Code Section 53600.5). At the first public meeting at which the acquisition of any real estate is publicly announced by the Board, the Board shall also announce the purpose of the acquisition, and record the purpose in the official minutes. If the original purpose becomes frustrated, the Board shall either publicly announce a new purpose and record the same in the official minutes, sell the real estate, or hold the real estate until market conditions improve to a specified level.

- d) **Investment Goals** – While there is no specific target for income or total return the portfolio should be managed with the objective of outperforming comparable liquidity management strategies such as money market funds or short-term U.S. Treasuries. The fundamental objective is to provide a portfolio return that preserves the purchasing power of PHCD's assets while maintaining a high level of liquidity and safety allowing PHCD to fulfill its' mission of service to the community.
- e) **Liquidity Requirements** – The PCHD investment portfolio will be characterized as "highly liquid" with 30% of the portfolio available within 48 business hours under normal trading conditions.
- f) **Hedging and Margin** – Neither hedging in any form nor borrowing against (margin loan) PCHD's investment portfolio will be permitted.

#### 4) Legislative Changes

The statutory references within this Policy shall be deemed to incorporate any legislative changes to the codes subsequent to adoption of this Policy and shall further be deemed to incorporate any successor statutes that subsequently replace the referenced statutes or statutory schemes.

#### 5) Controls and Monitoring

The PHCD Finance Committee will review the investment performance of the individual managers with respect to the risk and return objectives established for PCHD. The review may include topics such as the overall business management, organizational changes and other relevant factors.

- a) **Regular Reviews:**

- i) Monthly: PCHD's investment manager(s) is/are responsible for providing PHCD with timely reporting including performance, portfolio market values, income received and portfolio holdings.
  - ii) Quarterly: At the request of PHCD's Finance Committee, Officers or Board, the investment manager(s) will provide an investment update to discuss market conditions, investment outlook, and portfolio and performance review.
  - iii) Ad Hoc Meetings: PHCD's Finance Committee, Officers or Board can dictate changes to this reporting schedule, preferring less frequent updates if desired, or off-cycle meetings and calls if market or business conditions dictate.
- b) **Watch List** – In the event that any manager is significantly underperforming over the long-term, the PCHD Finance Committee will maintain a higher level of oversight and may put the firm on watch.
- c) The Board Treasurer shall annually provide the Board a copy of this Statement of Investment Policy for review at a public meeting. In addition, the Treasurer shall deliver a quarterly report to be submitted within 30 days following the end of the quarter covered by the report. This report shall cover information required by Government Code Section 53646, including type of investment, issuer, investments and moneys held, and shall additionally include a description of any of District funds under the management of contracted parties, and general investment fund compliance with this policy. For investments that have been placed in the Local Agency Investment Fund or in the County Investment Pool, or any combination of these, the Treasurer may supply to the Board and District Auditor the most recent statement or statements received from these institutions in lieu of the Treasurer's own report required by this policy.

## 6) Process for Hiring Outside Investment Managers

The PCHD Finance Committee may at any point in time deem it necessary to source new investment manager(s) for the PCHD portfolio. A formal Request for Proposal (RFP) will be prepared and circulated among known investment advisors. The RFP will include an explanation of PCHD's investment management requirements, a copy of the current IPS, brokerage statements and timeline for submission. The Finance Committee or an ad hoc committee formed by the Board of Directors, will be responsible for reviewing all RFP responses, interviewing the finalists, and selecting the new manager(s).



## Appendix A

Investment Type	Maximum Remaining Maturity	Maximum Specified % Portfolio	Minimum Quality Requirements	Government Code Section
Local Agency Bonds	5 years	None	None	53601(a)
U.S. Treasury Obligations	5 years	None	None	53601(b)
State Obligations: CA and Others	5 years	None	None	53601(d)
CA Local Agency Obligations	5 years	None	None	53601(e)
U.S. Agency Obligations	5 years	None	None	53601(f)
Bankers' Acceptances	180 days	40%	None	53601(g)
Commercial Paper: Non-pooled Funds	270 days or less	25% of the agency's money	Highest letter and number rating by an NRSROH	53601(h)(2)(c)
Commercial Paper: Pooled Funds	270 days or less	40% of the agency's money	Highest letter and number rating by an NRSROH	53601(a)(1)
Negotiable Certificates of Deposit	5 years	30%	None	53601(i)
Non-negotiable Certificates of Deposit	5 years	None	None	53630 et seq.
Placement Service Deposits	5 years	30%	None	53601.8 and 53635.8
Placement Service Certificates of Deposit	5 years	30%	None	53601.8 and 53635.8
Repurchase Agreements	1 year	None	None	53601(j)
Reverse Repurchase Agreements and Securities Lending Agreements	92 daysL	20% of the base value of the portfolio	None	53601(j)
Medium-term NotesN	5 years or less	30%	"A" rating category or its equivalent or better	53601(k)
Mutual Funds and Money Market Mutual Funds	N/A	20%	Multiple	53601(l) and 53601.6(b)
Collateralized Bank Deposits	5 years	None	None	53630 et seq. and 53601(n)
Mortgage Pass-through and Asset Backed Securities	5 years or less	20%	"AA" rating category or its equivalent or better	53601(o)
County Pooled Investment Funds	N/A	None	None	27133
Joint Powers Authority Pool	N/A	None	Multiple	53601(p)
Local Agency Investment Fund (LAIF)	N/A	None	None	16429.1
Voluntary Investment Program Fund	N/A	None	None	16340
Supranational Obligations	5 years or less	30%	"AA" rating category or its equivalent or better	53601(q)



## Board Policy

### Internal Controls Over

### Accounting Transactions

#### DISBURSEMENTS

*Risk: Unauthorized Disbursements*

*Errors in Recording Transactions*

#### CONTROLS:

##### Physical Checks

- Check stock ordered by Executive Assistant
- Executive Assistant stores blank checks in a locked cabinet. Cabinet can be accessed by Business Operations Manager & Chief Executive Officer.
- Chief Financial Officer (CFO) / Treasurer do not have access to checks.
- The Executive Assistant will maintain a log documenting the dates and numbers of checks.

##### Issuance of Checks

- Executive Assistant will date stamp invoices upon receipt and match invoices with supporting documentation. (E.g. Purchase orders and packing slips, Credit card bill with receipts, etc.) All invoices are scanned and saved to the shared drive (General/Admin/Invoice), naming the file by vendor name, invoice number or identifier, and amount.
- CFO reviews invoices for all required supporting documentation and accuracy of calculations.
- CFO enters all invoices attached with a copy of the invoice into Intacct Accounting Software. Intacct will route each bill to the Department Manager and then to the CEO for final review and approval of invoice and supporting documentation. Audit trail of who and date approved are logged in Intacct.



- If the Department manager is unavailable, the CFO will approve the invoices on the manager's behalf.
- Once the invoice is fully approved, CFO prepares a check run and requests the Executive Assistant to load checks into the printer and provide the beginning check number.
- Executive Assistant records the date, check numbers to be printed with initials.
- The CEO's electronic signature will be printed on the checks. If over \$25K, a second signature will be required.
- Executive Assistant files original documents by month. Checks will be scanned and saved in the shared drive.

**Note:** The Board Chair and the Finance Committee Chair are authorized to carry out the authorization and signature procedures above should a check be required, and the CEO is unavailable.

- Executive Assistant mails check to vendors.

**Note:**

- *Payments are made from invoices, not from statements.*
- *Checks are written weekly.*
- *Checks greater than \$25,000 require two signatures on file with the bank with one signature from an authorized Board member [Board Chair, Director Chair of the Finance Committee and CEO]*
- *Voided checks are maintained in a separate locked file by the CFO for verification of sequence.*

**Wire Transfers**

- Bank wires require TWO Authorized Individuals to approve
- Authorized individuals include the Board Chair, Finance Committee Chair, and CEO

**Bank Reconciliation**

- CFO receives all unopened Bank Statement.
- CFO prepares the bank reconciliation and follows up on checks that have not cleared.



- CFO files copy of bank reconciliation and bank statements in current year work paper Binder.

#### **Internal Review**

- Bank Transactions report from Intacct Accounting Software is provided to the Board for approval monthly.
- CEO reviews the bank reconciliation quarterly.

#### **CASH RECEIPTS**

**Risk:** *Misappropriation  
Errors in Recording Transactions*

#### **CONTROLS:**

##### **Receipt and Deposit of Checks**

- Executive Assistant receives checks by mail or dropped off in-person.
- Executive Assistant scans to the shared drive (General/Accounting/Deposits) and stamps documents with the date received and gives them to the Business Operations Manager.
- Business Operations Manager endorses the back of each check using a bank stamp with the account information for deposit.
- Business Operations Manager deposits check remotely through the Bank's Remote Desktop machine or in-person at a Branch.

**Note:** *Checks held overnight are kept in a locked file with limited access.*

- Business Operations Manager prepares a deposit report with copies of checks and supporting documents for the CFO.
- CFO keeps the original checks.
- If the deposit is made in-person at the Branch, a copy of the checks and deposit receipt will be given to CFO.

**Note:** *When the Business Operations Manager is off, the CFO will make the deposits per the procedure above.*



**Recording Deposit in Financial System:** CFO records deposits into Intacct Accounting Software.

**Bank Reconciliation:** The CFO prepares the bank reconciliation (see above).

**Internal Review:**

- CFO reviews deposits for expected payments.
- CEO reviews bank reconciliation quarterly.

**Deposits received automatically:**

- Some deposits are received via wire transfer or ACH transfer. The CEO and/or the CFO receive notification by email.
- Copies of these notifications are sent to the CFO, who verifies by checking the bank transactions online.
- Copies of these notifications are saved electronically in the shared drive in the deposit folder.

**PAYROLL**

***Risk: Unauthorized Disbursements  
Errors in Recording***

**CONTROLS:**

**Hiring**

- Board approves employee positions, salaries, and benefits through the Budget process.
- Board approves any out-of-budget staff additions or reductions.
- CEO approves Notice of Employment form indicating the date of hire and salary.
- CFO receives from CEO information of New Hire and/or Employee status/salary/benefit changes. CFO to make changes in Paychex accordingly.
- CEO obtains forms W4 and I9 and supporting documents from new employees and places them in the employee file. Copy of W4 goes to CFO
- CFO updates CalPERS "pay schedule" after Board approves new position



### **Timesheets**

- Employees prepare and certify bi-monthly timesheets through Paychex Time & Attendance.
- Requests for PTO or Leave will be submitted through Paychex and approved by their manager.
- CEO approves all timesheets. Audit trail is logged in Paychex.
- CFO processes payroll through Paychex.
- Payroll periods are the 1<sup>st</sup> through the 15<sup>th</sup> and 16<sup>th</sup> through the end of the month.

### **Preparation of Payroll**

- Payroll is prepared by an outside service, currently Paychex.
- The outside service agency prepares all government required deposits and reports.
- Pay checks are issued on a direct deposit basis.

### **Approval of Payroll**

- CEO receives Paychex unopened envelope with payroll register, withholding, and employee direct deposit confirmation.
- CEO reviews payroll and initials to confirm accuracy.
- CEO maintains all payroll information in a locked designated HR file cabinet.
- CEO distributes individual employee deposit confirmation information.

### **Recording of Payroll in Financials**

- CFO records payroll transactions in Intacct
- CFO confirms that any payroll changes sent into Paychex were correctly changed in the system.

## **JOURNAL ENTRIES**



**Risk:** *Unauthorized Entries to Financial Statements*

*Override of Internal Controls*

*Errors in Recording*

**CONTROLS:**

- CFO provides entries and supporting documentation to the CEO.
- CEO reviews and approves Journal Entries quarterly with initial and date.
- CFO files original Journal Entry in current year work paper binder.

**FIXED ASSETS**

**Risk:** *Disposals of Assets without Notification to District*

*Errors in recording transactions*

**CONTROLS:**

- CFO prepares and maintains the Fixed Asset Listing and depreciation schedule in Intacct
- CFO records in Intacct all additions, deletions and depreciation

**FINANCIAL STATEMENTS**

**Risk:** *Errors in Recording Transactions*

**CONTROLS:**

**Financial Statement Preparation:** CFO prepares Financial Statements.

**Internal Review**

- CFO provides the CEO with monthly checking account detail.
- CFO provides the CEO with the Quarterly Financial Statements, supporting documents and schedules, and detailed General Ledger for review and approval.
- All transactions are entered into the District's Accounting System (Intacct).



- All transactions are supported by documentation.
- Financial Statements include Actual Current Quarter and YTD columns, and Budget for the current quarter, year to date and annual columns

#### FINANCIAL AUDITS

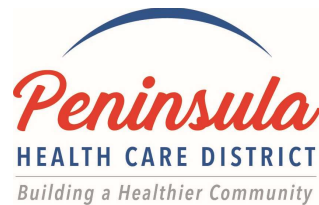
The above procedures represent the District's system of internal controls. The District requires an annual audit by an independent Certified Public Accountant. The audit is not relied upon as a substitute for the District's internal controls.

**Revised February 11, 2019**

**Revised January 28, 2021**

**Revised March 24, 2022**





**BOARD OF DIRECTORS**  
**FINANCE COMMITTEE**  
**2023-2024**

**Purpose:**

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

**Functions of this committee include:**

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

**Membership:**

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

**Members and Terms:**

	<b>Terms</b>
➤ Director Dennis Zell, Chair	
➤ Director Henry Sanchez	
➤ Member Paul Seto	2/2022 - 2/2025
➤ Member Kristin Sun	2/2022 - 2/2025
➤ Member Don Revelo	3/2023 – 3/2026

Meetings will be held every other month.

## SECOND AMENDMENT TO AGREEMENT

This SECOND Amendment of the Agreement, entered into March \_\_, 2024, by and between Economic & Planning Systems, Inc., (hereinafter "CONSULTANT") and Peninsula Health Care District (hereinafter "CLIENT") is made with reference to the following:

### 1. RECITALS

- A. On July 26, 2021, an Agreement was entered into by and between CONSULTANT AND CLIENT, ("Agreement"); and
- B. On March 17, 2023 a First Amendment was entered into by and between CONSULTANT AND CLIENT, ("First Amendment"); and
- C. CONSULTANT AND SUBCONSULTANT desire to modify the Agreement on the terms and conditions set forth herein.

**NOW, THEREFORE**, it is mutually agreed by and between the undersigned parties as follows:

1. Scope paragraph of the Agreement is modified to include an additional task as outlined in Attachment A.
2. Additional budget request for not to exceed **\$25,000** without prior authorization.
3. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

**IN WITNESS WHEREOF**, the parties hereto have caused the modification of Agreement to be executed on March \_\_, 2024.

Peninsula Health Care District

Economic & Planning Systems, Inc.  
A California Corporation

\_\_\_\_\_  
Name, Title

  
\_\_\_\_\_  
James R. Musbach, Senior Principal

\_\_\_\_\_  
Signature

## **ATTACHMENT A: CONTRACT ADDENDUM**

### **Scope of Work: PWC 3.0 Negotiation Support**

Under the budget allocated by the Contract Addendum approved on March 17, 2023, EPS has provided a detailed review of developer proformas, multiple proforma sensitivity analyses, a memorandum synthesizing our findings, and a workshop for the Board. In August 2023, Ms. Ana Pulido authorized an additional \$10,000, enabling EPS to continue supporting the Peninsula Health Care District (PHCD) in ongoing negotiation efforts. This support included meeting participation, reviews of updated proformas and residential programs, analysis of land values, and two summary memorandums.

The budget allocated in the March 2023 addendum and the additional budget authorization from August 2023 is nearing its limit. Thus, EPS is seeking another addendum to continue serving as the real estate advisor to the PHCD in negotiations with the selected developers on the business terms of the agreements necessary to implement the development of the Peninsula Wellness Center (PWC).

Under direction from PHCD CEO and Board of Directors, EPS will continue work closely with outside counsel and other members of the negotiation team to provide strategic and analytical support to the negotiations, and will participate in negotiation meetings with the developers, as well as meetings with PHCD staff, Board, City staff, developer consultants, and stakeholder groups as directed by PHCD. Three developers have been selected for the PWC: Generations; PMB, and MidPen Housing. At present it is contemplated that the project will be entitled as a single development, but that each of three developers will negotiate separate Term Sheets and Development and Disposition Agreements (DDAs). It is also expected that there will be a Development Agreement (DA) to be negotiated with the City for the project as a whole.

The duration and extent of these negotiations is unknown and will depend on many factors, including issues that arise in the course of negotiations, interactions with the City and developers, potential changes to the development program, CEQA issues, and the time it takes to reach agreement on key business terms. Therefore, this scope of work remains necessarily open-ended and intended to provide the flexibility to respond to emerging issues as they arise in the course of negotiations. A broad outline of tasks likely to be undertaken in the course of the negotiations is presented below.

### **Scope of Work**

#### **Term Sheets**

The PHCD team and the developers will continue the task of negotiating the term sheets that spell out the core business and financial terms of the transaction. The Term Sheet typically defines the land use and development program (including affordable housing and other community benefits), phasing, public and private financing, land take down, land payment, participation, obligations of the parties, and other key elements of the business deal and operational arrangements between PHCD and the developers over the life of the project. In this task, both the developers and the PHCD team will undertake tasks to develop more definitive

information and analysis to refine the land use and business plans, and to provide a basis for the negotiation of the business terms of the agreement.

EPS's role during this period will be to provide strategic guidance and continuing analytical support to PHCD to inform the contents of the term sheet, working in coordination with PHCD's legal counsel. As part of the work previously conducted, EPS has prepared comprehensive and transparent static pro forma models which will be continued to be used as a flexible tool for analyzing deal points and a means of documenting agreed upon assumptions on costs, revenues, development program, and other project characteristics.

### **Transactions Documents**

After agreement has been reached on the Term Sheets, the more detailed and formal legal documents that implement the business transactions will be negotiated, including the DDA's, ground leases and the Development Agreement with the City. This negotiation will involve more detail on how the transactions are executed, including the terms, conditions, and remedies associated with all aspects of the deal; a more detailed financing plan; land use entitlements; and the legal mechanisms to govern the transaction over time. EPS's role during this period will be to provide strategic guidance and continuing analytical support to PHCD to inform the contents of the transaction documents, working in coordination with PHCD's legal counsel.

### **Budget**

The scope of this effort is to some degree open-ended because it involves negotiation and issue resolution among various parties in a complex policy environment. Thus, it is difficult to estimate the budget with certainty at this juncture. We propose to work with PHCD on a time-and-materials basis with an overarching not-to-exceed budget, so that PHCD and EPS have the flexibility to respond to issues as they emerge organically through the planning and negotiation process without needing to receive formal authorization or contract amendments for specific tasks that can take time and be inefficient.

As an addended budget allowance to be expended in response to issues that emerge in the course of the negotiations, as directed by PHCD, we request an additional budget not to exceed **\$25,000** without prior authorization. We will work diligently with staff to make our work as efficient as possible. Should we foresee the need for additional budget, we will submit a written request and associated scope of work for your authorization.

## 2024 Hourly Billing Rates

Oakland and Los Angeles Offices

Managing Principal	\$340
Senior Principal	\$375
Principal	\$300-\$315
Vice President	\$265
Senior Technical Associate	\$275
Senior Associate	\$240
Associate	\$205
Production and Administrative Staff	\$125

Billing rates updated annually.



# allcove

where every youth belongs, chooses the support they  
need and thrives

## allcove San Mateo Since Opening

- Partnerships
- Outreach Efforts
- Statistics
- Budget
- Challenges
- Opportunities

allcove

# Partnerships

## Referral Pathways

- FLY
- Caminar
- Schools – High Schools, Middle Schools and Community Colleges
- Contractors (service providers)
- San Mateo County Office of Education
- Samaritan House
- CASA
- CORA

## Meetings held at allcove

- San Mateo-Foster City School Districts Wellness Counselors
- SMC BHRS Youth Pathways Session
- CSM Active Minds\*
- Sandhill Foundation’s Board Meeting
- San Mateo Union High School District’s Community Network Partnership Meeting\*

## Services (in addition to contracts)

- California Clubhouse
- Kingdom Love
- School Clubs

## Future Partnerships

- Arts Unity Movement
- The Art of Yoga



\*pending date confirmation

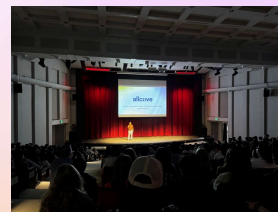
# Outreach Efforts

## Presentations

- Star-Vista’s HAP-Y program
- Crystal Springs Middle School Health Class (2)
- Stanbridge Academy
- Design Tech
- **San Mateo-Foster City Library’s**
- San Mateo High School\*
- Mercy High School\*
- The Nueva School\*
- Aragon\*
- **City of San Carlos Wellness Retreat**
- Gateway Center\*
- San Mateo Union High School District’s Community Network Partnership Meeting\*

## Tabling

- Bowditch Middle School Resource Fair
- CSM Health Fair
- San Mateo-Foster City School District Community Resource Fair
- Aragon – Summer Opportunity Fair
- San Mateo Adult School
- Oceana High School Tabling
- San Mateo High School Opportunity Fair



\*pending date confirmation

## Outreach Efforts (continued)

### Community

- Government
  - Meetings with Mayors, City Councils and School Board members, and San Mateo County Leadership (BHRS, HSA)
- Local Businesses
  - Hillside Mall
  - Starbucks
  - Downtown San Mateo
  - 25<sup>th</sup> Ave
  - Burlingame Ave

### Tours

- Senator Becker District Rep
- SMFC School District
- Caminar Case Manager
- StarVista Outreach Specialist
- CSM Folks
- allcove Sacramento
- One Life Counseling Youth Advisory Council
- Nueva Mental Health Advocacy Club

**allcove**

## Statistics

- Number of visits for services: 55
- Number of youth enrolled: 32
- Number of folks toured (including youth, community members and CBO's): 98
- Number of youth visits for use of space: 73
- Number of inquires (calls, emails and walk-ins): 83
- Number of materials given out: 847



**allcove**



## Budget

Original Budget	Spent Prior to Opening	Spent to Date/Current Budget
Total: \$2,607,221.49	Spent: \$358,118.43	\$573,557.58 Remaining: \$1,721,648.28
Clinical Partner Contract Expense: \$1,507,363.29	Spent: \$0	\$27,670.80 Remaining: \$1,479,692.49

### Grants Update

- MHSOAC Round 1: \$2,000,000 for 4 years
  - Extended and additional funds of \$500,000 for one additional year
- MHSOAC Round 2: \$1,000,000 for 2 years
- AED Grant: \$1,100
- San Mateo County Measure K Funding: \$750,000 for 3 years\*
- Multi County Collaborative Grant: Amount pending\*
- MHSA – San Mateo County BHRS Sole Source Funding: \$1,500,000 for 3 years\*
- San Mateo Mental Health Month Mini Grant: \$300\*



\*grants pending response or submittal

## Opportunities

- Co-hosted event with California Clubhouse/CBO's
- Co-hosted events with School Clubs
- Usage of space for outside case managers meetings and referrals
- Work experience program in collaboration with youth utilizing services
- School wellness counselors' meetings at allcove
- Child trafficking educational event
- Interviews by Students/Organizations: Nueva School Newsletter, SMCOE Podcast, Woodside Priority
- School Partnerships for disciplinary action/mandated sessions



## Challenges

- Low usage during Saturday's hours of operation
- Low attendance for allcove events
- Datacove technical issues
- Service limitations for special needs youth
- Language barriers
- Service usage
- Acquisition of medical equipment (grand opening postponed)

**allcove**



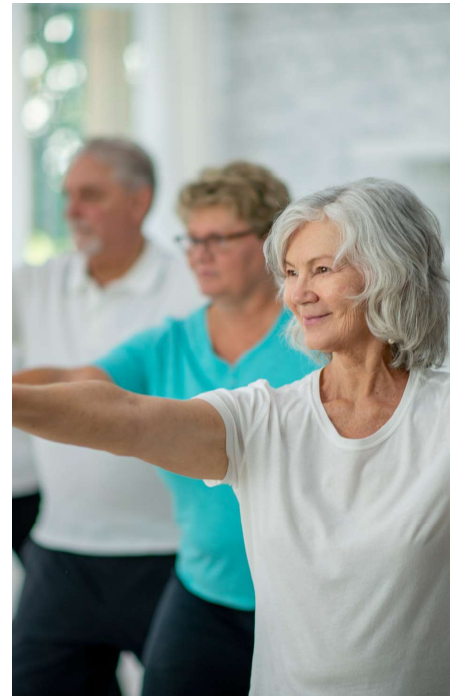
## Next Steps

- Increase visibility and community awareness via social media ads, banners, billboard, tv ads, school (high school/college) newspaper ads
- Schedule community wide events centered on mental health awareness and advocacy to bring community into center
- Inquire with San Mateo County about hosting wrap around service providers at allcove related to housing and food insecurity, transportation, health/dental coverage, etc.

**allcove**

# Steady Steps Fall Prevention Program

PENINSULA HEALTH CARE DISTRICT  
HEALTH & FITNESS CENTER



## Older Adults Fall Data (United States)

**3  
million**

Number of emergency  
department visits

**\$50  
billion**

Annual medical costs, 75%  
paid by Medicare and  
Medicaid

**1 in 4  
older adults**

Report falling each year.  
37% who fell required  
medical treatment

## Older Adults Fall Data (San Mateo County)

**6,000+**

Number of emergency  
department visits

Disposition

Treat and release: 5,700  
Transfer to long term: 430

**1,900+**

Number of  
hospitalizations  
Length of stay

Same day: 222  
2 days: 331  
3-4 days: 609  
5-7 days: 430  
7+ days: 351

**40+**

Number of deaths

Men: 28  
Women: 18

65-84: 26  
85+: 20

## What's the most common injury cause?

**slipping**

fall from sidewalk curb

fall from stairs/steps

fall inside bathroom

fall from chair

**stumbling**

**striking an  
inanimate  
object**

fall from collision with another  
individual

fall from furniture

**tripping**

fall from bed/chair

fall from ladder

fall from wheelchair

## Can falls be prevented?

**YES!**

Through **evidence-based** programs.



### **Steady Steps Fall Prevention Program**

"Steady Steps" is a comprehensive 12 week fall prevention program designed for older adults aiming to enhance their stability, mobility, and overall confidence in navigating daily activities. Recognizing the significant impact falls can have on the health and independence of the elderly, "Steady Steps" offers a multifaceted approach to reduce the risk of falls through education, physical fitness, and social support with other seniors and fitness center staff.

# Program Criteria



15 participants

55 years and older

Medium to high risk on 3 validated tests

Physically able to participate in an exercise class

Cognitively sound to participate in class

# Preliminary Testing

01

## FRAT Score

Evaluates various factors that contribute to the likelihood of falls, including physical condition, medical history, environment, and specific behaviors that increase fall risk.

02

## Berg Balance

14-exercise assessment to determine a person's balance abilities.

03

## FESI Score

Measures a person's "fear of falling" or "concerns about falling"

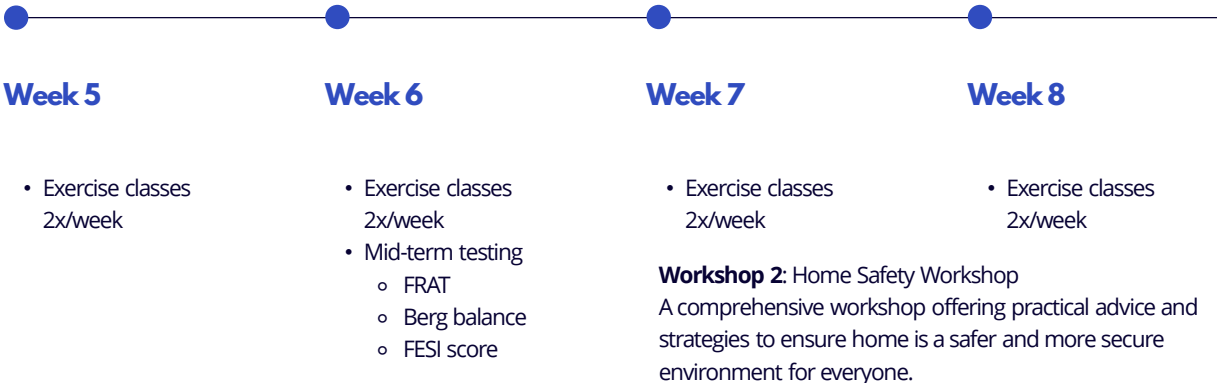
# Timeline of Steady Steps



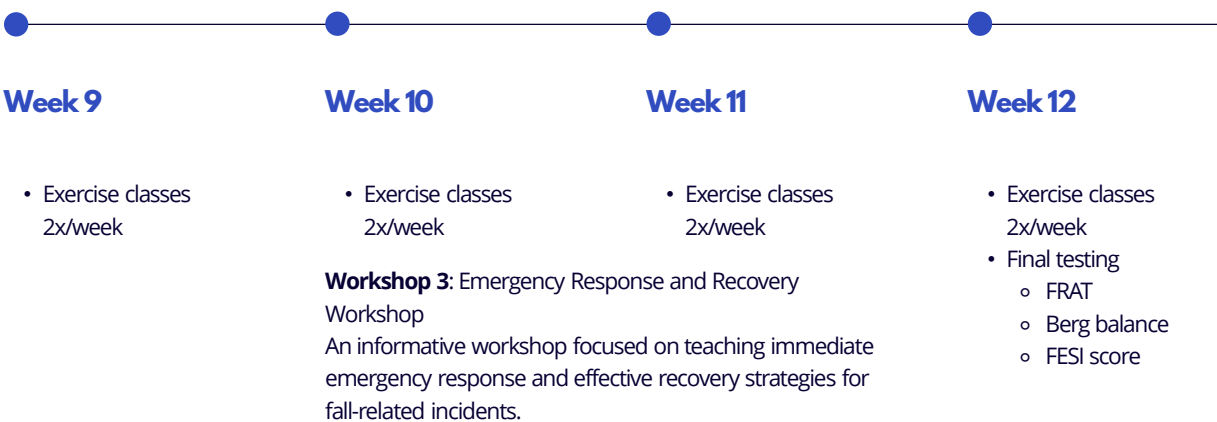
# Timeline of Steady Steps



# Timeline of Steady Steps



# Timeline of Steady Steps





# Questions?

## Forever Fit



**PENINSULA HEALTH CARE DISTRICT**  
HEALTH & FITNESS CENTER

# The Numbers

(San Mateo County - 18 year and older)

**10.4%**

**Diagnosed with Diabetes**

**60.4%**

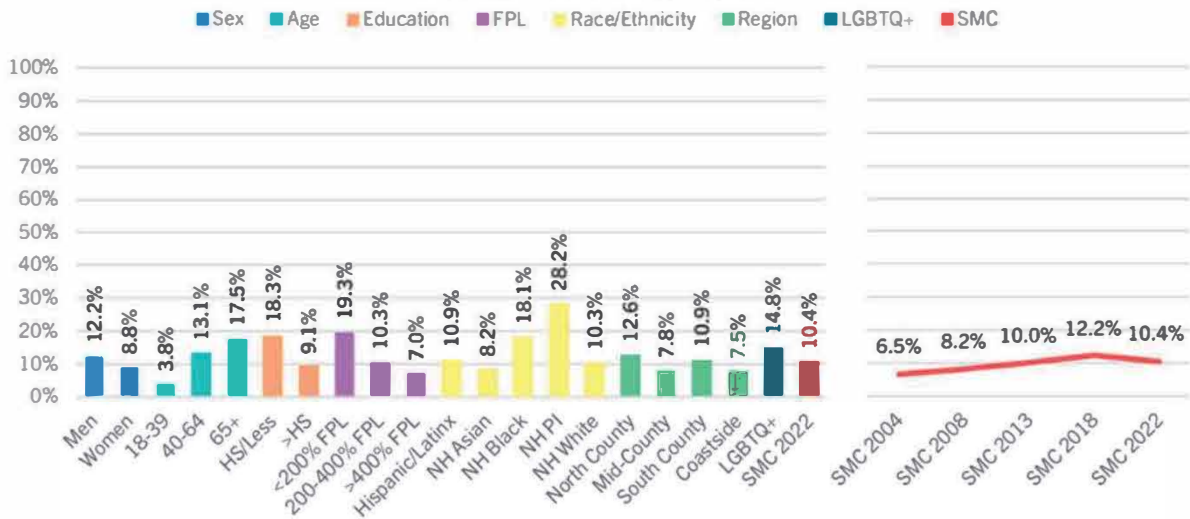
**Overweight**

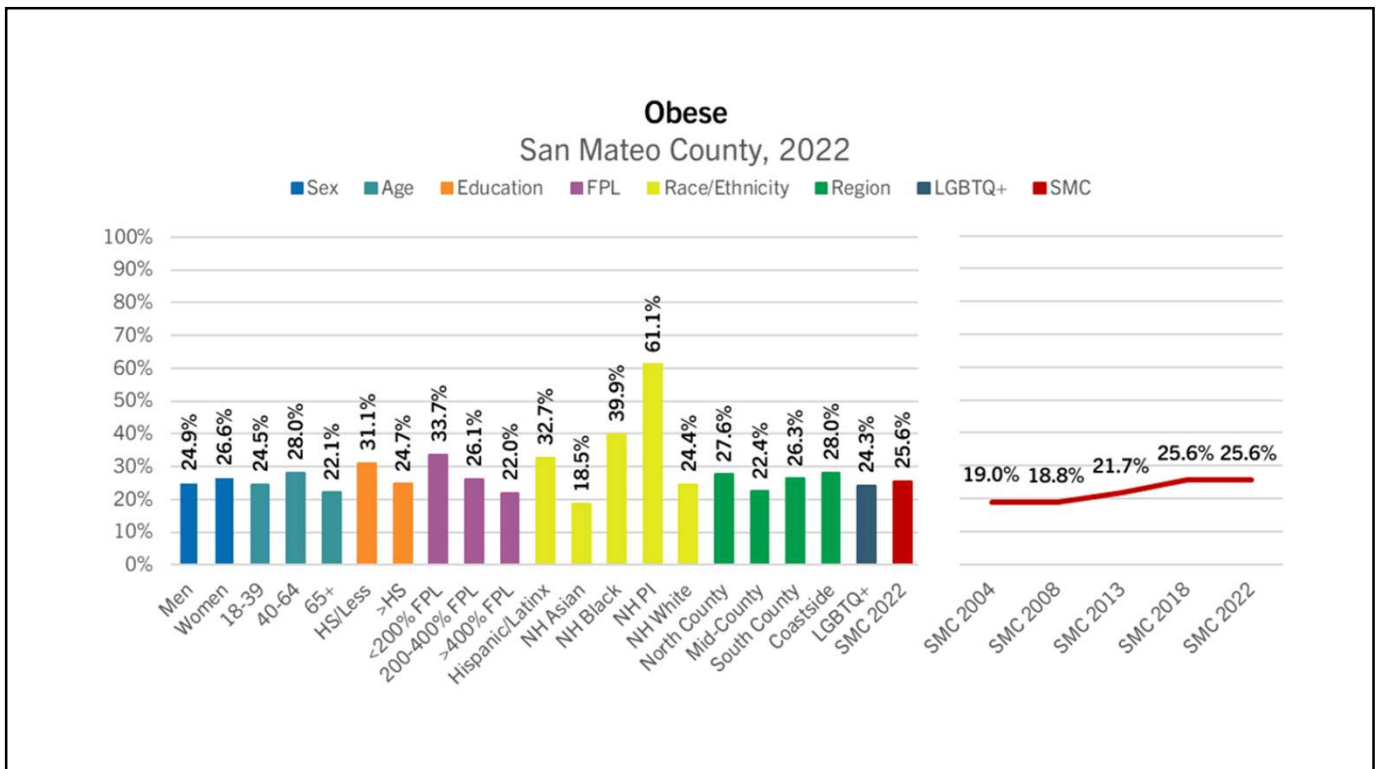
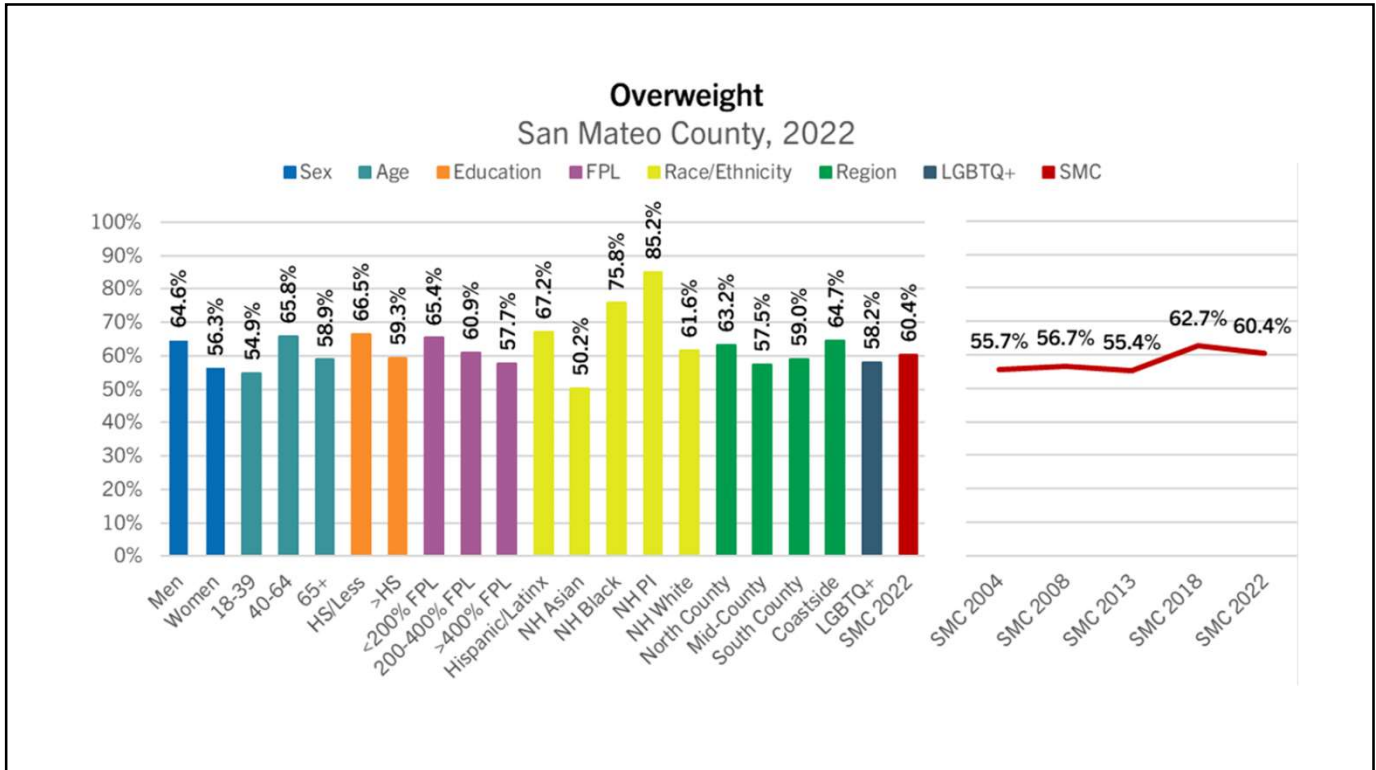
**25.6%**

**Obesity**

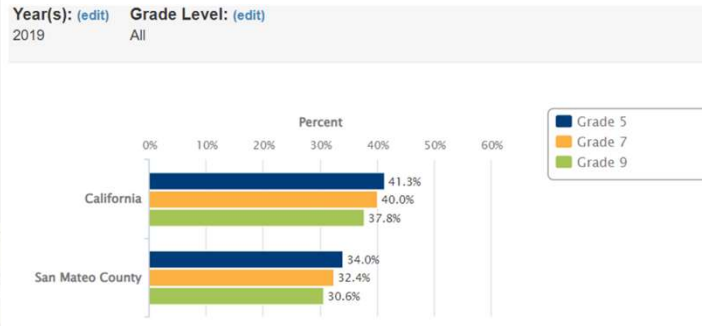
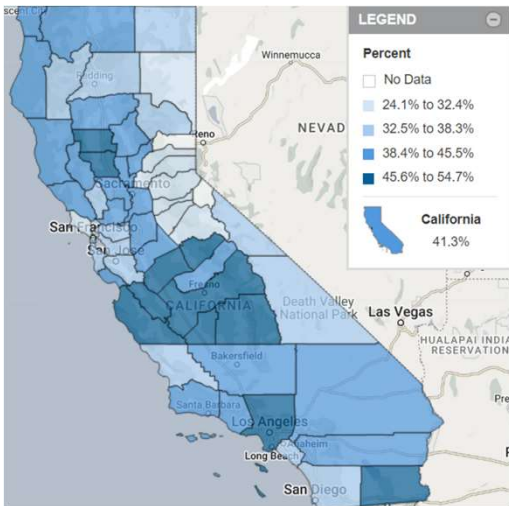
## Has Been Diagnosed with Diabetes

San Mateo County, 2022





# Overweight or Obese



Students Who Are Overweight or Obese, by Grade Level

**South San Francisco Unified**

Grade Level	2014	2015	2016	2017	2018	2019
Grade 5	47.1%	45.4%	27.7%	50.5%	45.4%	47.8%
Grade 7	24.5%	23.3%	26.1%	46.1%	36.2%	42.9%
Grade 9	27.6%	26.6%	43.8%	43.2%	38.4%	42.1%

Students Who Are Overweight or Obese, by Grade Level

**San Bruno Park Elementary School District**

Grade Level	2014	2015	2016	2017	2018	2019
Grade 5	39.8%	40.0%	44.7%	39.0%	39.2%	44.3%
Grade 7	41.9%	36.8%	43.5%	43.6%	42.4%	42.8%
Grade 9	S	S	S	S	S	S

Students Who Are Overweight or Obese, by Grade Level  
Burlingame Elementary

Grade Level	2014	2015	2016	2017	2018	2019
Grade 5	20.5%	20.1%	21.4%	22.8%	7.5%	26.6%
Grade 7	28.4%	24.6%	22.0%	18.8%	13.2%	21.5%
Grade 9	S	S	S	S	S	S

Students Who Are Overweight or Obese, by Grade Level  
Hillsborough City Elementary

Grade Level	2015	2016	2017	2018	2019
Grade 5	10.9%	17.2%	17.5%	15.4%	8.8%
Grade 7	6.3%	13.9%	6.1%	12.4%	6.7%
Grade 9	S	S	S	S	S

# Health Rankings

(San Mateo County)

**9.3/10**

**Food Environment Index**

**17%**

**Physical inactivity**

**99%**

**Access to exercise opportunities**

**7%**

**Food insecurity**

**1%**

**Limited access to healthy foods**

**70**

**Walk score (Burlingame)**

# About the Program

**Forever Fit** is a comprehensive wellness program featuring exercise and nutrition classes. This program is designed to foster lasting health improvements and lifestyle changes among individuals with sedentary lifestyles and at risk of chronic conditions such as obesity and type 2 diabetes. The core philosophy behind Forever Fit is that making **sustainable lifestyle changes**, rather than seeking quick fixes, is the key to long-term health and well-being.

# Program Criteria

Age: 55+

**Sedentary lifestyle**

A1C: 5.7% or greater

**Cognitive ability to participate in classes**

Demonstrate a readiness to change

**Commitment to a full year program**

# Pre-screening

Mini-cog test

PAR-Q

Behavior change readiness test

Body composition

Blood glucose (A1C)

Physical fitness

Liability/waiver form

# Mini-Cog

A fast and simple screening test to help detect dementia in its early stages.

Mini-Cog®

Instructions for Administration & Scoring

ID: \_\_\_\_\_ Date: \_\_\_\_\_

## Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.<sup>1,3</sup> For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

## Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

## Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_

# PAR-Q

A 7-step questionnaire to screen for evidence of risk factors during moderate physical activity and reviews family history and disease severity

## The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

### GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

# Behavior Readiness

A questionnaire to screen if a participant is ready to makes changes to their lifestyle.

## Where am I right now?

Thinking about your physical activity and eating over the past three months, please answer the following questions. Please circle one number to indicate how strongly you agree or disagree with the following statements. (Check "Don't know or refused" if you do not know or do not want to answer.)

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Don't Know or Refused
I eat healthily.	5	4	3	2	1	
I get enough physical activity.	5	4	3	2	1	
I want to eat more healthily.	5	4	3	2	1	
I want to be more physically active.	5	4	3	2	1	

## How confident are you that you can make changes now?

Please circle one number to indicate how confident you are that you can make the following changes. (Check "Don't know or refused" if you do not know or do not want to answer.)

Physical Activity:	Sure I can	Think I can	Not sure I can	Don't think I can	Don't know or refused
Get physical activity more often	4	3	2	1	
Be physically active for longer time	4	3	2	1	



# Body Composition

Height

Weight

BMI

Waist to Hip Ratio

Total Body Fat %

Visceral Body Fat %

# Blood Glucose Level

## HbA1C

Blood test that measures your average blood sugar levels over the past 3 months. It's one of the commonly used tests to diagnose prediabetes and diabetes.

Result*	A1C Test	Fasting Blood Sugar Test	Glucose Tolerance Test	Random Blood Sugar Test
<b>Diabetes</b>	6.5% or above	126 mg/dL or above	200 mg/dL or above	200 mg/dL or above
<b>Prediabetes</b>	5.7 – 6.4%	100 – 125 mg/dL	140 – 199 mg/dL	N/A
<b>Normal</b>	Below 5.7%	99 mg/dL or below	140 mg/dL or below	N/A

# Physical Fitness Assessment

6-minute walk test	Bicep curl test	Timed up and go	Chair sit to stand	4 stage balance test
Exercise test that measures the distance a person can walk on a flat, hard surface in a period of 6 minutes, used to assess cardiovascular condition.	Strength assessment exercise that measures upper body strength.	Mobility assessment that evaluates an individual's performance in getting up from a chair, walking a short distance, walking back to the chair, and sitting down.	Strength assessment exercise that measures lower body strength.	Assessment used to evaluate an individual's ability to maintain balance in four progressively challenging positions

## Timeline



# Exercise Classes

The exercise element of Forever Fit is designed to engage participants in regular physical activity that is both enjoyable and sustainable. These classes cater to various fitness levels and preferences to ensure inclusivity. The exercise classes will feature strength, cardio, balance, core, and flexibility - the major components of physical activity.

**2 classes per week**  
**45 minutes each class**

Attendance will be logged for accountability.

# Nutrition Education & Lifestyle Management

<b>Program Overview</b>	This module provides an overview of the PreventT2 Lifestyle program, background, goals, explanation of the course structure, and your role as a coach.	<a href="#">View</a> [PDF-1.4MB]	<b>Track Your Food</b>	This module provides the core principles of tracking food. Recommended at the fifth session.	<a href="#">View</a> [PDF-1.3MB]
<b>Introduction to the Program</b>	This module sets the stage for the entire Prevent T2 course. Presented at the first session.	<a href="#">View</a> [PDF-1.1MB]	<b>Get More Active</b>	This module provides the core principles of increasing activity level. Recommended at the sixth session.	<a href="#">View</a> [PDF-1.4MB]
<b>Get Active to Prevent T2</b>	This module provides the core principles of getting active. Recommended at the second session.	<a href="#">View</a> [PDF-2.0MB]	<b>Burn More Calories Than You Take In</b>	This module provides the core principles of caloric balance. Recommended at the seventh session.	<a href="#">View</a> [PDF-1.6MB]
<b>Track Your Activity</b>	This module provides the core principles of tracking activity. Recommended at the third session.	<a href="#">View</a> [PDF-1.5MB]	<b>Shop and Cook to Prevent T2</b>	This module teaches participants how to buy and cook healthy food.	<a href="#">View</a> [PDF-1.1MB]
<b>Eat Well to Prevent T2</b>	This module provides the core principles of healthy eating. Recommended at the fourth session.	<a href="#">View</a> [PDF-1.1MB]	<b>Manage Stress</b>	This module teaches participants how to reduce and deal with stress	<a href="#">View</a> [PDF-1.2MB]

# Workshops

## Workshop 1: Foundations of Fitness - Setting Goals and Crafting Your Workout Plan

- Setting realistic fitness goals, understanding different types of exercise, and creating a personalized workout plan that fits into your lifestyle.
- Establishing realistic fitness objectives
- Exploring various exercise types
- Designing a workout plan tailored to individual lifestyle

## Workshop 2: Nutritional Essentials - Understanding Macros and Micros for Optimal Health

- Basic principles of nutrition, understanding macronutrients and micronutrients, and how to balance them for optimal health.
- Basics of nutrition principles
- Differentiating between macronutrients and micronutrients
- Balancing nutrients for optimal health

## Workshop 3: Culinary Skills for Wellness: Meal Prep and Budget-Friendly Nutrition

- Hands-on cooking class focusing on preparing simple, nutritious meals. Includes meal prep strategies and tips for healthy eating on a budget.
- Conducting hands-on cooking sessions
- Learning meal preparation strategies
- Adopting healthy eating habits on a budget

## Month 4: Mindfulness and Stress Management - Techniques for Emotional Well-being

- Techniques for mindfulness meditation, deep breathing exercises, and other stress-reduction practices to enhance mental and emotional well-being.
- Practicing mindfulness meditation
- Implementing deep breathing exercises
- Utilizing stress-reduction techniques for mental and emotional health

# Timeline



## Week 1

**Exercise:** 2 classes/week

### Nutrition Agenda:

- Introduction to the Program (CDC)
- Goal setting

## Week 2

**Exercise:** 2 classes/week

### Nutrition Agenda:

- Get Active to Prevent T2 (CDC)
- Benefits of strength training

## Week 3

**Exercise:** 2 classes/week

### Nutrition Agenda:

- Track Your Activity (CDC)
- How to establish and adjust fitness goals based on progress and feedback from activity tracking

## Week 4

**Exercise:** 2 classes/week

### Nutrition Agenda:

- Eat Well to Prevent T2
- All about carbs

### Workshop 1

Deeper dive into setting realistic fitness goals, understanding different types of exercise, and creating a personalized workout plan that fits into your lifestyle.

# Timeline



## Week 5

**Exercise:** 2 classes/week

**Nutrition Agenda:**

- Track Your Food (CDC)
- Learning to read and understand food labels to make better dietary choices.

## Week 6

**Exercise:** 2 classes/week

**Nutrition Agenda:**

- Get More Active (CDC)
- Safe and effective workouts for those new to exercise or with limited mobility.

## Week 7

**Exercise:** 2 classes/week

**Nutrition Agenda:**

- Burn More Calories Than You Take In (CDC)
- Strategies to naturally increase your metabolic rate through diet and lifestyle changes.

## Week 8

**Exercise:** 2 classes/week

**Nutrition Agenda:**

- Shop and Cook to Prevent T2 (CDC)
- How to plan and prepare healthy meals in advance to support dietary goals.

**Workshop 2**

Basic principles of nutrition, understanding macronutrients and micronutrients, and how to balance them for optimal health.

# Timeline



## Week 9

**Exercise:** 2 classes/week

**Nutrition Agenda:**

- Manage Stress (CDC)
- Practices like meditation and deep breathing exercises to reduce stress levels.

## Week 10

**Exercise:** 2 classes/week

**Nutrition Agenda:**

- Find Time for Fitness (CDC)
- Creative ways to include more physical activity in your day without dedicated workout times.

## Week 11

**Exercise:** 2 classes/week

**Nutrition Agenda:**

- Cope with Triggers (CDC)
- Strategies to recognize and address the emotional triggers that lead to unhealthy eating habits.

## Week 12

**Exercise:** 2 classes/week

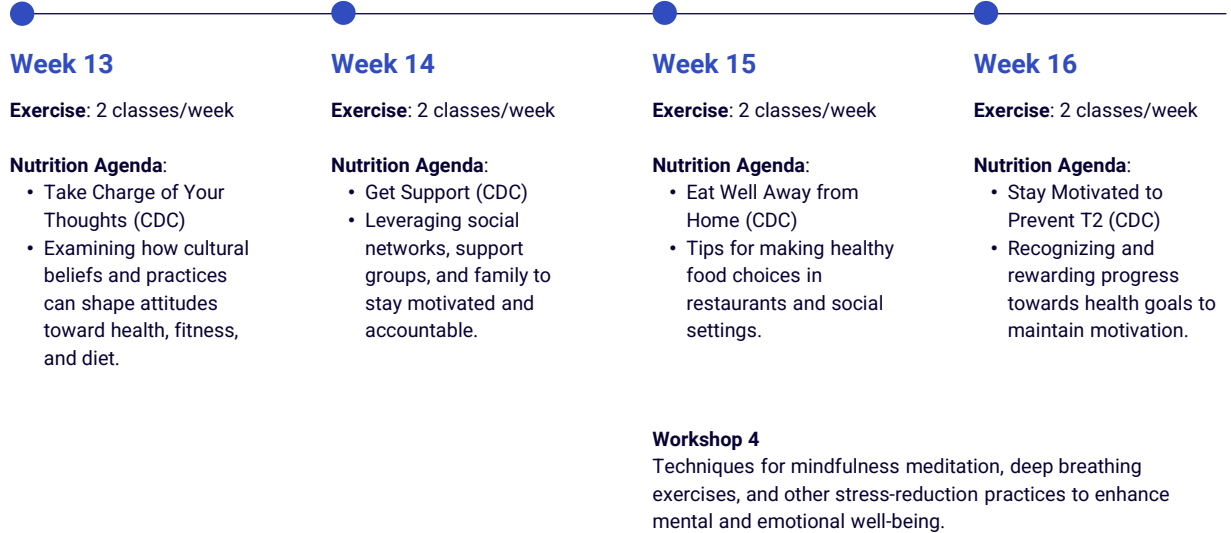
**Nutrition Agenda:**

- Keep Your Heart Healthy (CDC)
- Heart healthy foods and ways to boost your stamina with cardio exercises.

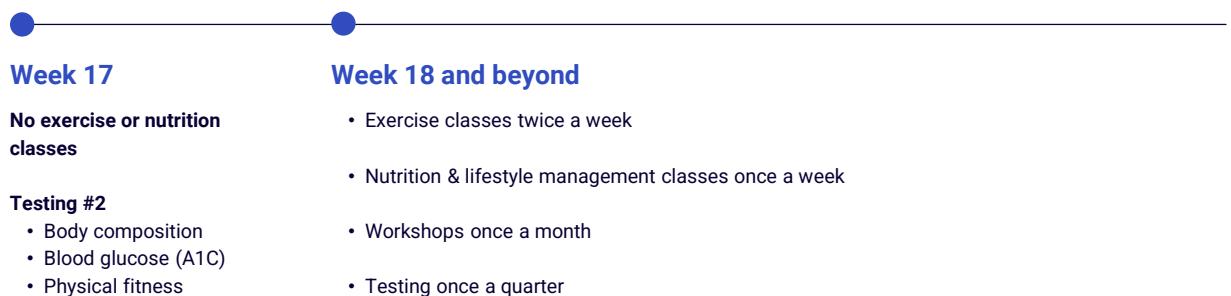
**Workshop 3**

Hands-on cooking class focusing on preparing simple, nutritious meals. Includes meal prep strategies and tips for healthy eating on a budget.

# Timeline



# Timeline



**Questions?**



# Steady Steps Fall Prevention Program

## What is the **Steady Steps Fall Prevention Program**?

In 2022, residents of San Mateo County aged 65 years and above reported approximately 15,000 incidents of falls, equating to an average of 43 falls per day. Although the majority of these cases resulted in minor injuries necessitating minimal treatment, a small percentage of individuals experienced more severe consequences, necessitating prolonged hospital stays or transition to long-term care facilities. The predominant causes of these falls were tripping, slipping, or colliding with inanimate objects, incidents that are largely preventable. Implementing a well-structured program specifically designed to address and mitigate these risk factors could significantly reduce the incidence of falls within the elderly population.

"Steady Steps" is a comprehensive 12-week fall prevention program designed for older adults aiming to enhance their stability, mobility, and overall confidence in navigating daily activities. Recognizing the significant impact falls can have on the health and independence of the elderly, "Steady Steps" offers a multifaceted approach to reduce the risk of falls through education, physical fitness, and social support with other seniors and fitness center staff. Steady Steps will accept up to 15 participants (for safety reasons) with a history of falls. More details below.

The program will run for 12 weeks with two 45-minute classes each week. Prior to the program, participants will go through a baseline test using three measuring tools: FRAT, Berg Balance Scale, and FESI. A follow up test will be conducted in the middle of the program at 6 weeks, then at the end of the program at 12 weeks.

Workshops will be conducted once a month for educational purposes. They can be an effective way to educate participants about fall risks and to introduce practical strategies for reducing these risks. These workshops serve as the cornerstone for ongoing learning and engagement, providing a blend of information dissemination, skill development, and community building among participants. The goal of such a program is not only to reduce the incidence of falls but also to improve overall quality of life for the participants and educate participants on the importance of prevention strategies through exercise.

## Program Criteria

- **Age:** Individuals aged 55 years and older, as they are at a higher risk for falls due to various factors such as decreased muscle strength, balance issues, and chronic health conditions.



- **“Medium or High Risk” FRAT Score:** Individuals who have had at least one fall in the last 12 months, taking at least one medication, and a high Hodkinson Abbreviated Mental Test Score.
- **Mobility and Balance Issues** (Berg): People experiencing difficulties in walking or moving around. This includes those who need the assistance of walking aids such as canes or walkers.
- **FESI score of 40 or more.** Those who score 40 or more have some fear of falling.
- Ability to participate in an exercise class.

Selection of participants will be determined by their [FRAT score](#), [Abbreviated Mental Health Score](#) and [Berg Balance Score](#), and [FESI Score](#).

## FRAT Score

The fall risk assessment tool is a systematic approach used by healthcare professionals to identify individuals at risk of falling, particularly among older adults. This tool evaluates various factors that contribute to the likelihood of falls, including physical condition, medical history, environment, and specific behaviors that increase fall risk. [Link to FRAT Score](#)

<b><u>FALLS RISK</u></b> <b><u>ASSESSMENT TOOL</u></b> <b>(FRAT)</b>	UR NUMBER .....
	SURNAME .....
	GIVEN NAMES.....
	DATE OF BIRTH .....
<i>Please fill in if no patient/resident label available</i>	

(see instructions for completion of FRAT in the FRAT PACK-Falls Resource Manual)

### PART 1: FALL RISK STATUS

RISK FACTOR	LEVEL	RISK SCORE
<b>RECENT FALLS</b> <i>(To score this, complete history of falls, overleaf)</i>	none in last 12 months.....	2
	one or more between 3 and 12 months ago.....	4
	one or more in last 3 months.....	6
	one or more in last 3 months whilst inpatient / resident....	8
<b>MEDICATIONS</b> <i>(Sedatives, Anti-Depressants Anti-Parkinson's, Diuretics Anti-hypertensives, hypnotics)</i>	not taking any of these.....	1
	taking one .....	2
	taking two .....	3
	taking more than two.....	4
<b>PSYCHOLOGICAL</b> <i>(Anxiety, Depression ↓Cooperation, ↓Insight or ↓Judgement esp. re mobility )</i>	does not appear to have any of these.....	1
	appears mildly affected by one or more.....	2
	appears moderately affected by one or more.....	3
	appears severely affected by one or more.....	4
<b>COGNITIVE STATUS</b> <i>(AMTS: Hodkinson Abbreviated Mental Test Score)</i>	AMTS 9 or 10 / 10 <b>OR</b> intact.....	1
	AMTS 7-8 mildly impaired.....	2
	AMTS 5-6 mod impaired.....	3
	AMTS 4 or less severely impaired .....	4
(Low Risk: 5-11 Medium: Risk: 12-15 High Risk: 16-20)		<b>RISK SCORE</b>
		<b>/20</b>

<b>Automatic High Risk Status:</b> <i>(if ticked then circle HIGH risk below)</i>
<input type="checkbox"/> Recent change in functional status and / or medications <u>affecting</u> safe mobility (or anticipated)
<input type="checkbox"/> Dizziness / postural hypotension

**FALL RISK STATUS: (Circle):** LOW / MEDIUM / HIGH



**List Fall Status on Care Plan/ Flow Chart**

IMPORTANT: IF HIGH, COMMENCE FALL ALERT

### PART 2: RISK FACTOR CHECKLIST

		Y/N
<b>Vision</b>	Reports / observed difficulty seeing - objects / signs / finding way around	
<b>Mobility</b>	Mobility status unknown or appears unsafe / impulsive / forgets gait aid	
<b>Transfers</b>	Transfer status unknown or appears unsafe ie. over-reaches, impulsive	
<b>Behaviours</b>	Observed or reported agitation, confusion, disorientation	
	Difficulty following instructions or non-compliant (observed or known)	
<b>Activities of Daily Living (A.D.L's)</b>	Observed risk-taking behaviours, or reported from referrer / previous facility	
	Observed unsafe use of equipment	
	Unsafe footwear / inappropriate clothing	
<b>Environment</b>	Difficulties with orientation to environment i.e. areas between bed / bathroom / dining room	
<b>Nutrition</b>	Underweight / low appetite	
<b>Continence</b>	Reported or known urgency / nocturia / accidents	
<b>Other</b>		

**HISTORY OF FALLS** *Note: For an accurate history, consult patient/resident / family / medical records.*

Falls prior to this admission (home or referring facility) **and/or** during current stay

*If ticked, detail most recent below)*

**CIRCUMSTANCES OF RECENT FALLS:** Information obtained from \_\_\_\_\_

							(Circle below)			( Where? / Comments)
Last fall:	Time ago _____	Trip	Slip	Lost balance	Collapse	Leg/s gave way	Dizziness			_____
Previous:	Time ago _____	Trip	Slip	Lost balance	Collapse	Leg/s gave way	Dizziness			_____
Previous:	Time ago _____	Trip	Slip	Lost balance	Collapse	Leg/s gave way	Dizziness			_____



**List History of Falls on Alert Sheet in Patient/Resident Record**

## Abbreviated Mental Health Score

The abbreviated mental test score (AMTS) was introduced by Hodkinson in 1972 to rapidly assess elderly patients for the possibility of dementia. [Link to Abbreviated Mental Test Score](#)

**The following questions are put to the patient. Each question correctly answered scores one.**

1. What is your age?
2. What is the time to the nearest hour?
3. Give the patient an address, and ask him or her to repeat it at the end of the test e.g. 42 West Street
4. What is the year?
5. What is the name of the hospital or number of the residence where the patient is situated?
6. Can the patient recognize two persons (the doctor, nurse, home help, etc.)?
7. What is your date of birth? (day and month sufficient)
8. In what year did World War 1 begin?
9. Name the present monarch/prime minister/president.
10. Count backwards from 20 down to 1.

**A score of 6 or less suggests delirium or dementia, although further tests are necessary to confirm the diagnosis.**

## Berg Balance Scale

The Berg balance scale is a basic examination that may be completed by any healthcare provider with proper training. It is widely used by occupational therapists, physical therapists, personal trainer, and/or clinical exercise physiologists to assess a person's functional mobility. [Link to Berg Balance Scale](#)

The participant will perform 14 specific movements. Each of these tasks is graded on a scale from 0 to 4 and the scores are added together. The highest possible score is 56. How the scoring works:

- 0 to 20: A person with a score in this range will likely need the assistance of a wheelchair to move around safely.
- 21 to 40: A person with a score in this range will need some type of walking assistance, such as a cane or a walker.
- 41 to 56: A person with a score in this range is considered independent and should be able to move around safely without assistance.

1. Sitting to Standing

- a. (4) able to stand, no hands and stabilize independently
- b. (3) able to stand independently using hands
- c. (2) able to stand using hands after several tries
- d. (1) needs minimal assist to stand or to stabilize
- e. (0) needs moderate to maximal assist to stand

2. Standing Unsupported

- a. (4) able to stand safely 2 minutes
- b. (3) able to stand 2 minutes with supervision
- c. (2) able to stand 30 seconds unsupported
- d. (1) needs several tries to stand 30 seconds unsupported
- e. (0) unable to stand 30 seconds unassisted

3. Sitting with Back Unsupported but Feet Supported on the Floor

- a. (4) able to sit safely and securely 2 minutes
- b. (3) able to sit 2 minutes under supervision
- c. (2) able to sit 30 seconds
- d. (1) able to sit 10 seconds (0) unable to sit without support 10 seconds

4. Standing to Sitting

- a. (4) sits safely with minimal use of hands
- b. (3) controls descent by using hands
- c. (2) uses back of legs against chair to control descent
- d. (1) sits independently but has uncontrolled descent
- e. (0) needs assistance to sit

5. Transfer from one chair to another

- a. (4) able to transfer safely with only minor use of hands
- b. (3) able to transfer safely with definite need of hands
- c. (2) able to transfer with verbal cueing and/or supervision
- d. (1) needs one person to assist
- e. (0) needs two people to assist or supervise to be safe

6. Standing Unsupported with Eyes Closed

- a. (4) able to stand 10 seconds safely
- b. (3) able to stand 10 seconds with supervision
- c. (2) able to stand 3 seconds
- d. (1) unable to keep eyes closed 3 seconds but stays steady
- e. (0) needs help to keep from falling

7. Standing Unsupported with Feet Together

- a. (4) able to place feet together independently and stand 1 minute safely
  - b. (3) able to place feet together independently and stand for 1 minute with supervision
  - c. (2) able to place feet together independently but unable to hold for 30 seconds
  - d. (1) needs help to attain position but able to stand 15 seconds feet together
  - e. (0) needs help to attain position and unable to hold for 15 seconds
8. Reaching Forward with Outstretched Arm While Standing
- a. (4) can reach forward confidently >10 inches
  - b. (3) can reach forward >5 inches safely
  - c. (2) can reach forward >2 inches safely
  - d. (1) reaches forward but needs supervision
  - e. (0) needs help to keep from falling
9. Picking Up an Object from the Floor from a Standing Position
- a. (4) able to pick up slipper safely and easily
  - b. (3) able to pick up slipper but needs supervision
  - c. (2) unable to pick up but reaches 1-2 inches from slipper and keeps balance independently
  - d. (1) unable to pick up and needs supervision while trying
  - e. (0) unable to try/needs assist to keep from falling
10. Turning to Look Behind Over Left and Right Shoulders While Standing
- a. (4) looks behind from both sides and weight shifts well
  - b. (3) looks behind one side only; other side shows less weight shift
  - c. (2) turns sideways only but maintains balance
  - d. (1) needs supervision when turning
  - e. (0) needs assist to keep from falling
11. Turning 360 Degrees
- a. (4) able to turn 360 safely in <4 seconds each side
  - b. (3) able to turn 360 safely one side only in <4 seconds
  - c. (2) able to turn 360 safely but slowly
  - d. (1) needs close supervision or verbal cueing
  - e. (0) needs assistance while turning
12. Placing Alternate Foot on Step or Stool While Standing Unsupported
- a. (4) able to stand independently and safely and complete 8 steps in 20 seconds
  - b. (3) able to stand independently and complete 8 steps in >20 seconds
  - c. (2) able to complete 4 steps without aid with supervision
  - d. (1) able to complete >2 steps needs minimal assist
  - e. (0) needs assistance to keep from falling/unable to try
13. Standing Unsupported One Foot in Front
- a. (4) able to place foot tandem independently and hold 30 seconds
  - b. (3) able to place foot ahead of other independently and hold 30 seconds
  - c. (2) able to take small step independently and hold 30 seconds
  - d. (1) needs help to step but can hold 15 seconds
  - e. (0) loses balance while stepping or standing
14. Standing on One Leg
- a. (4) able to lift leg independently and hold >10 seconds

- b. (3) able to lift leg independently and hold 5-10 seconds
- c. (2) able to lift leg independently and hold = or >3 seconds
- d. (1) tries to lift leg; unable to hold 3 seconds but remains standing independently
- e. (0) unable to try or needs assist to prevent fall

## FESI

The Falls Efficacy Scale International (FES-I) and the Short Falls Efficacy Scale International (Short FES-I) are measures of “fear of falling” or, more properly, “concerns about falling”.

## Falls Efficacy Scale-International (English)

I would like to ask some questions about how concerned you are about the possibility of falling. For each of the following activities, please circle the opinion closest to your own to show how concerned you are that you might fall if you did this activity. Please reply thinking about how you usually do the activity. If you currently don't do the activity (example: if someone does your shopping for you), please answer to show whether you think you would be concerned about falling IF you did the activity.

		Not at all concerned 1	Somewhat concerned 2	Fairly concerned 3	Very concerned 4
1	Cleaning the house (e.g. sweep, vacuum, dust)				
2	Getting dressed or undressed				
3	Preparing simple meals				
4	Taking a bath or shower				
5	Going to the shop				
6	Getting in or out of a chair				
7	Going up or down stairs				
8	Walking around in the neighborhood				
9	Reaching for something above your head or on the ground				
10	Going to answer the telephone before it stops ringing				
11	Walking on a slippery surface (e.g. wet or icy)				
12	Visiting a friend or relative				
13	Walking in a place with crowds				
14	Walking on an uneven surface (e.g. rocky ground, poorly maintained pavement)				
15	Walking up or down a slope				
16	Going out to a social event (e.g. religious service, family gathering, or club meeting)				
<b>Sub Total</b>					
<b>TOTAL</b>					<b>/64</b>

To calculate the [FES-I](#) or [Short FES-I](#) score when all items are completed, simply add the scores for each item together to give a total that ranges as follows:

- FES-I: minimum 16 (no concern about falling) to maximum 64 (severe concern about falling)
- If responses are missing on more than four items on FES-I (i.e.  $\geq 5$ ), or more than two items (i.e.  $\geq 3$ ) for Short-FES-I then the questionnaire scores cannot be used.
- If responses are missing on four or less for FES-I, or 2 or less on Short FES-I then it is possible to calculate a FES-I/Short FES-I score. To do this first calculate the total score of the items which have been completed. Divide that score by the number of items completed and then multiply by 16 (FES-I) or 7 (Short FES-I). The new total score should be rounded up to the nearest whole number to give the score for an individual. For example, if scores on Short FES-I were: Item 1=2 Item 2=3

Item 3=missing Item 4=3 Item 5=2 Item 6=4 Item 7=missing Then  $2+3+3+2+4=14/5 = 2.8 \times 7 = 19.6$  which is rounded up to 20.

Participation selection for the program will be determined by the scores and how high risk each individual is. If there are more than 15 qualified participants in the program, participants will be selected at random. The remaining participants will be placed on a waitlist unless there are means to add additional classes.

## Exercise Classes

Exercises should be carefully selected to address the main factors that contribute to falls, such as muscle weakness, balance issues, and mobility limitations. The program should progressively build participants' abilities over time, starting with simpler exercises and gradually increasing in complexity and intensity.

Example of strength/endurance exercises:

- Seated knee extensions
- Seated marches
- Seated leg raises
- Seated pillow squeezes
- Sit to stand
- Squats
- Seated/standing heel raises
- Seated/standing toe raises

Example of balance specific exercises:

- Tandem step
- Heel to toe walk
- Standing on one foot
- Sway body forward and back (one foot forward, one foot back)
- Sway body side to side

The difficulty of exercises will increase over time at the appropriate level of the participants' ability. Exercises are chosen based on evidence-based studies on fall interventions. Such programs are the following:

- Stay Safe, Stay Active
- Otago Exercise Program
- Senior Fitness and Prevention (SEFIP)
- 

## Workshops

### Month 1: Balance and Strength Training Workshop



Objective: To improve participants' physical abilities, focusing on balance and strength to prevent falls.

- Interactive Lecture on Balance and Strength: Brief presentation on the importance of balance and strength in preventing falls, highlighting exercises that can be done at home.
- Demonstration and Practice Sessions: Physical therapists or certified trainers demonstrate a series of easy-to-follow strength and balance exercises. Participants then practice these exercises in small groups, with instructors providing personalized feedback.
- Take-Home Exercise Plans: Participants receive a booklet or access to an online platform with detailed exercises, including pictures and guidelines, to continue practicing at home.

**Month 2: Home Safety Workshop**

- Objective: To raise awareness about common home hazards that contribute to falls and to teach participants how to conduct a home safety audit.
- Activities:
  - Educational Presentation on Home Hazards: An overview of common home hazards that lead to falls, such as poor lighting, clutter, and slippery surfaces.
  - Interactive Home Safety Audit Activity: Participants engage in an interactive activity where they identify potential fall hazards in a mock-up living space set up within the workshop area. This can include finding hazards in the kitchen, bathroom, and living room.
  - Resource Distribution: Hand out checklists and guidelines for conducting a thorough home safety audit, along with tips for making cost-effective home modifications.

**Month 3: Falls Emergency Response and Recovery Workshop**

- Objective: To prepare participants for how to respond if they experience a fall, including how to safely get up from a fall and when to seek help, thus minimizing the risk of further injury.
- Activities:
  - Use mats and safety gear to simulate a controlled fall, teaching participants the safest way to fall to minimize injury. Demonstrate and practice techniques for safely getting up after a fall, taking into account different levels of physical ability and scenarios where one might not be able to get up without assistance.
  - Guide participants in setting up a personal emergency response system, whether it involves using a personal alarm system, having a phone within reach, or establishing check-ins with neighbors or family.
  - Proper attire, footwear, and assistive devices.

**Timeline of the Fall Prevention Program**

2-3 months prior to program	<ul style="list-style-type: none"> <li>● Determine a start date</li> <li>● Set a participant criteria (age, health status, fitness ability, etc.)</li> <li>● Develop a one page flyer to promote the program</li> </ul>
-----------------------------	---

1-2 months prior	<ul style="list-style-type: none"> <li>Promote the program, begin recruiting participants</li> <li>Gather a list of names and contact information</li> </ul>		
1 month prior	<ul style="list-style-type: none"> <li>Schedule baseline test for program participants. Perform the testing at least two weeks prior to the program.</li> </ul>		
1-2 weeks prior to start of the program	<ul style="list-style-type: none"> <li>Schedule baseline test for program participants. Perform the testing at least two weeks prior to the program.</li> <li>Distribute materials (i.e. handbooks, resources) to participants</li> <li>Hold Q/A session</li> </ul>		
	<b>Exercise Class</b>	<b>Workshops</b>	<b>Fitness Testing</b>
Week 1	<b>2x/week</b>	<b>Month 1:</b> Balance and Strength Training Workshop	
Week 2			
Week 3			
Week 4			
Week 5		<b>Month 2:</b> Home Safety Workshop	
Week 6			<b>2nd Testing</b>
Week 7			
Week 8			
Week 9		<b>Month 3:</b> Falls Emergency Response and Recovery Workshop	
Week 10			
Week 11			
Week 12			
Week 13			<b>Final Testing</b>

## Safety

Safety is a paramount concern in any fall prevention program, especially when the activities include physical exercises designed to improve strength, balance, and mobility among participants who may be at an increased risk of falls. With a ratio of one instructor to up to 15 participants, it's essential to implement comprehensive safety measures to ensure that all participants can perform exercises safely

and effectively. Providing chairs for support and requiring proper attire and footwear are critical components of these safety measures.

### **Instructor Supervision**

The instructor plays a crucial role in maintaining a safe environment for all participants. With a group size of up to 15 participants, the instructor must be vigilant, ensuring that exercises are performed correctly and safely. The instructor should:

- Demonstrate each exercise clearly, highlighting proper form and common mistakes to avoid.
- Circulate the room during exercises, offering personalized feedback and adjustments to ensure participants are performing movements correctly.
- Be trained in first aid and fall response, prepared to act swiftly in case of an accident or medical issue.

### **Use of Chairs**

Chairs serve as an essential tool for enhancing safety and accessibility in the program. They can be used to:

- Support balance during standing exercises, providing a stable object for participants to hold onto.
- Facilitate seated exercises, allowing participants who may not be able to stand for long periods or who have significant balance issues to safely participate.
- Aid in transitions between standing and seated positions, reducing the risk of falls during these movements.

### **Proper Attire and Footwear**

The requirement for proper attire and footwear is a fundamental safety measure that protects participants from common risks associated with physical activity. Participants must:

- Wear comfortable, fitted clothing that allows for a full range of motion without being so loose that it could catch on equipment or furniture.
- Avoid open-toed shoes, opting instead for well-fitting, supportive shoes with non-slip soles. Proper footwear greatly reduces the risk of slips, trips, and falls by providing stable footing and supporting the feet during various exercises.

### **Additional Safety Considerations**

- **Pre-Exercise Screening:** Participants will undergo a pre-program screening to identify any health conditions or physical limitations that may affect their ability to safely participate in the program. This information allows the instructor to modify exercises as needed.
- **Clear Space:** Ensure the exercise area is spacious and free from hazards. Remove any clutter, ensure the floor is dry and even, and arrange chairs stably before beginning.
- **Hydration:** Encourage participants to stay hydrated, offering breaks when needed, especially in warm conditions or during longer sessions.
- **Listen to the Body:** Teach participants to be mindful of their bodies' signals. Encourage them to report any discomfort, pain, or dizziness immediately and to rest or modify their activities as needed.

- **Medication Review:** Encourage participants to have their medications reviewed by a healthcare provider. Some medications can affect balance, coordination, or alertness, increasing the risk of falls. Participants will be told to address any concerns to the instructor or healthcare professional if they feel ill.

## Liability Form

1. **Risk Acknowledgment:** I recognize that there are certain inherent risks associated with physical exercise and nutrition programs and hereby assume all risks associated with my participation in the Steady Steps Fall Prevention Program. I acknowledge that I have been advised to consult with my healthcare provider before participating in the program, especially if I am aware of or have been advised of any underlying health conditions that may affect my participation.
2. **Liability Release:** I hereby release, waive, discharge, and covenant not to sue the Steady Steps Fall Prevention Program, its directors, officers, employees, volunteers, agents, and assigns (hereinafter referred to as "Releases") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, or while on the premises where the activity is being conducted.
3. **Medical Acknowledgment:** I consent to receive medical treatment deemed necessary if I get injured or require medical attention during my participation in the Steady Steps Fall Prevention Program. I understand and agree that I am solely responsible for all costs related to such medical treatment.
4. **Acknowledgment of Understanding:** I have read this waiver and release of liability and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

## Materials

- Chairs
- Foam pads
- Weights such as dumbbells
- Resistance bands
- Balance boards
- Walking aids
- Grab bars and railings
- First aid kit

## Instructors

### Credentials

- A minimum of a bachelor's degree in physical therapy, exercise science, kinesiology, or a related field is recommended.
- A current certification from a reputable organization such as the American College of Sports Medicine (ACSM), National Academy of Sports Medicine (NASM), National Strength and Conditioning Association (NSCA), or American Council on Exercise (ACE), with a specialization in working with older adults or special populations.
- Demonstrated experience working with older adults, particularly those with balance issues or at risk of falls, is essential. This experience can come from working in senior fitness programs, rehabilitation settings, or community health initiatives.
- Ability to design and modify exercise programs based on the assessment of individual needs, abilities, and progress.
- Current certification in first aid and CPR/AED (Automated External Defibrillator) for adults.
- Professional liability insurance appropriate for fitness instructors, providing coverage in case of injuries or accidents during the program.

### Guidelines

- Understand common causes of balance issues in older adults, such as vestibular disorders, muscle weakness, neurological conditions, and the impact of medications.
- Be able to identify signs of fatigue, dizziness, or discomfort in participants and know when to modify or stop an activity.
- Ensure the workout area is free of hazards (e.g., slippery floors, loose rugs). Use non-slip mats and have stable chairs or handrails available for support.
- Have a first aid kit readily available and be trained in basic first aid and CPR.
- Focus on exercises that mimic daily activities to improve participants' confidence in performing everyday tasks. The exercises should cater specifically to improving balance, strength, flexibility, and endurance, considering the varied abilities of participants.
- Use simple language and demonstrate each exercise. Ensure participants understand the purpose of each activity.
- Support the use of canes, walkers, chairs, or handrails as needed to maintain balance during exercises.
- Acknowledge individual progress and challenges. Offer personalized modifications or encouragement to keep participants engaged and motivated.
- Maintain confidentiality and privacy of participants' health information and personal data.

# Attendance Log Sheet

Example

<b>Name</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>	<b>Day 8</b>	<b>Day 9</b>	<b>Day 10</b>
Bob A.										
Charles E.										
Diana B.										
Frank P.										
Barbara C.										
Elizabeth O.										
Michael P.										
Susan R.										



# Forever Fit Program

## What is the **Forever Fit Program**?

Forever Fit is a comprehensive wellness program featuring exercise and nutrition classes. This program is designed to foster lasting health improvements and lifestyle changes among individuals with sedentary lifestyles and at risk of chronic conditions such as obesity, type 2 diabetes, heart disease, and hypertension. The core philosophy behind Forever Fit is that making sustainable lifestyle changes, rather than seeking quick fixes, is the key to long-term health and well-being.

The program will be led by a credentialed instructor with experience leading such a program. A list of the recommended certifications/licenses/degrees apply: 4 year degree in related field (Exercise Science/Kinesiology), Certified Personal Trainer, Certified Nutritionist, Registered Dietician, Diabetes Educator, Certified Exercise Physiologist.

Forever Fit will accept up to 30 participants who are relatively healthy. More details about the program criteria is listed below.

The program length is one year. Each week there will be exercise classes and nutritional educational classes. Participants who are selected will participate in these classes on a weekly basis. They will be given a survey each week for the first 3 months of the program to see if they retained information discussed during the classes. After 3 months, surveys will be administered once a month until the end of the program.

On a quarterly basis, participants will undergo a physical performance test that measures their strength, stamina, walking ability, and flexibility. Additionally, participants' body composition will be measured. BMI, body fat percentage, etc. More details below.

Here's an expanded overview of the program's components:

## Program Criteria

To ensure that the Forever Fit Wellness Program effectively meets the needs of its target audience and achieves its intended outcomes, specific criteria have been established for participant selection. These criteria are designed to identify individuals who will benefit most from the program's comprehensive approach to fostering sustainable lifestyle changes. The selection process aims to create a diverse and motivated group of participants who are committed to improving their health and well-being.

### **Age Range:**

- Participants must be adults aged 55 years or older.

### **Health Status:**

- Individuals with a sedentary lifestyle or those who engage in minimal physical activity.
- At risk for or currently managing chronic conditions such as obesity, type 2 diabetes, heart disease, and hypertension. A physician's note confirming the individual's condition and clearance to participate in the program may be required.

Had a blood test result in the prediabetes range within the past year (includes any of these tests and results):

- Hemoglobin A1C: 5.7–6.4%.
- Fasting plasma glucose: 100–125 mg/dL.
- Two-hour plasma glucose (after a 75 g glucose load): 140–199 mg/dL.

### **Cognitive Ability:**

- Participants should possess the cognitive ability to understand and engage with program materials, including exercise instructions, nutritional advice, and group discussions.
- The program is designed to accommodate a range of cognitive abilities, with materials and activities structured to be clear, inclusive, and supportive. However, individuals should have the basic ability to process and apply information related to health and wellness.

### **Readiness to Change:**

- Participants should demonstrate a willingness to actively engage in lifestyle modifications. This includes openness to learning about exercise, nutrition, and psychological well-being, as well as a commitment to applying these concepts in their daily lives. A survey will be given to each participant to determine this.

### **Commitment Level:**

- Ability to commit to the full duration of the program. This includes attending exercise classes, nutritional education classes, and workshops as scheduled.
- Participants must be willing to set personal health goals and work towards achieving them with the support of the program and its community.



**Access to Facilities:** Participants must be members at the PHCD Health & Fitness Center in order to participate. 79

## Pre-screening (baseline testing) and Quarterly Testing

- Cognitive ability test ([mini-cog](#))
- PAR-Q - Physical Activity Readiness Questionnaire
- Behavior change readiness
  - <http://pphd.org/Site/Documents/NDPP/Assessing%20Readiness%20to%20Change2016.pdf>
  - <https://hr.uiowa.edu/sites/hr.uiowa.edu/files/2021-05/DPP%20Readiness%20Assessment%20Form.pdf>
- Body composition
  - Height
  - Weight
  - BMI
  - Waist to hip ratio
  - Total body fat percentage
  - Visceral body fat percentage
- Blood glucose
  - A1C
- Physical fitness
  - 6 minute walk test
  - Bicep curl test
  - Timed up and go
  - Chair sit to stand
  - 4-Stage balance test

### Materials for the Program

- Dumbbells (1lb - 20lb)
- Resistance bands of varying resistances
- Exercise mats
- Chairs
- Subscription to canva.com
- Printer and printer paper

<b>Timeline of the Forever Fit Program</b>					
2-3 months prior to program	<ul style="list-style-type: none"> <li>• Determine a start date</li> <li>• Set a participant criteria (age, health status, fitness ability, etc.)</li> <li>• Develop a one page flyer to promote the program</li> </ul>				
1-22 months prior	<ul style="list-style-type: none"> <li>• Promote the program, begin recruiting participants</li> <li>• Gather a list of names and contact information</li> </ul>				
1 month prior	<ul style="list-style-type: none"> <li>• Schedule baseline test for program participants. Perform the testing at least two weeks prior to the program.</li> </ul>				
1-2 weeks prior to start of the program	<ul style="list-style-type: none"> <li>• Schedule baseline test for program participants. Perform the testing at least two weeks prior to the program.</li> <li>• Distribute materials (i.e. handbooks, resources) to participants</li> <li>• Hold Q/A session</li> </ul>				
	<b>Exercise Class</b>	<b>Nutrition Class</b>	<b>Additional Topics</b>	<b>Workshops</b>	<b>Fitness Testing</b>
Week 1	2 classes a week	Introduction to the Program		<b>Month 1:</b> Setting realistic fitness goals, understanding different types of exercise, and creating a personalized workout plan that fits into your lifestyle.	
Week 2		Get Active to Prevent T2	Benefits of strength training in enhancing insulin sensitivity and managing blood sugar levels.		
Week 3		Track Your Activity	How to establish and adjust fitness goals based on progress and feedback from activity tracking.		
Week 4		Eat Well to Prevent T2	Differentiating between		

			simple and complex carbs and their impact on blood sugar control.		
Week 5		Track Your Food	Learning to read and understand food labels to make better dietary choices.	<b>Month 2:</b> Basic principles of nutrition, understanding macronutrients and micronutrients, and how to balance them for optimal health.	
Week 6		Get More Active	Safe and effective workouts for those new to exercise or with limited mobility.		
Week 7		Burn More Calories Than You Take In	Strategies to naturally increase your metabolic rate through diet and lifestyle changes.		
Week 8		Shop and Cook to Prevent T2	How to plan and prepare healthy meals in advance to support dietary goals.		
Week 9		Manage Stress	Practices like meditation and deep breathing exercises to reduce stress levels.	<b>Month 3:</b> Hands-on cooking class focusing on preparing simple, nutritious meals. Includes meal prep strategies and tips for healthy	
Week 10		Find Time for Fitness	Creative ways to include more physical activity in your day without		

			dedicated workout times.	eating on a budget.		
Week 11		Cope with Triggers	Strategies to recognize and address the emotional triggers that lead to unhealthy eating habits.			
Week 12		Keep Your Heart Healthy	Highlighting the role of regular blood pressure, cholesterol, and blood sugar screenings in preventing heart disease.			
Week 13		Take Charge of Your Thoughts	Examining how cultural beliefs and practices can shape attitudes toward health, fitness, and diet.		<b>Month 4:</b> Techniques for mindfulness meditation, deep breathing exercises, and other stress-reduction practices to enhance mental and emotional well-being.	
Week 14		Get Support	Leveraging social networks, support groups, and family to stay motivated and accountable.			
Week 15		Eat Well Away from Home	Tips for making healthy food choices in restaurants and social settings.			
Week 16		Stay Motivated to Prevent T2	Recognizing and rewarding			

			progress towards health goals to maintain motivation.		
Week 17	No classes				4 Month Test

## Physical Activity

The exercise element of Forever Fit is designed to engage participants in regular physical activity that is both enjoyable and sustainable. These classes cater to various fitness levels and preferences to ensure inclusivity. The exercise classes will feature strength, cardio, balance, core, and flexibility - components of physical activity.

The type of exercise will depend on the average ability of the class. Modifications will be provided during class to accommodate various fitness levels and abilities. By tailoring the intensity and complexity of exercises, instructors can maintain a balance that challenges participants without overwhelming them. This promotes long-term engagement, as participants are more likely to continue with an exercise routine that adjusts to their evolving fitness journey. Adherence to the program is crucial to maintain consistency in participants' engagement and for tracking progress the entire year.

Furthermore, the variety in exercise types not only enhances overall physical health by targeting different muscle groups and fitness components but also keeps the classes fresh and engaging, reducing the risk of boredom and fostering a deeper commitment to physical activity.

The exercise classes will occur twice a week for 45 minutes each or three times a week for 30 minutes each for a year. The decision will be made when program participants are selected to determine what is best for participants' schedules.

## Nutrition Education & Lifestyle Management

The nutritional educational classes will provide comprehensive insights into the fundamentals of nutrition, including topics like balanced eating, meal planning, and tracking your food. The objective of these classes is to educate participants on healthy eating strategies to maintain a balanced lifestyle. The classes will occur once a week for one hour to discuss various topics. The program will follow the CDC's Diabetes Prevention program curriculum.

Module	Description	Coach	Participant
All	View all 16 sessions in one PDF	<a href="#">View [PDF - 5 MB]</a>	<a href="#">View [PDF - 21 MB]</a>
Program Overview	This module provides an overview of the PreventT2 Lifestyle program, background, goals, explanation of the course structure, and your role as a coach.	<a href="#">View [PDF-1.4MB]</a>	
Introduction to the Program	This module sets the stage for the entire Prevent T2 course. Presented at the first session.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-4.5MB]</a>
Get Active to Prevent T2	This module provides the core principles of getting active. Recommended at the second session.	<a href="#">View [PDF-2.0MB]</a>	<a href="#">View [PDF-4.5MB]</a>
Track Your Activity	This module provides the core principles of tracking activity. Recommended at the third session.	<a href="#">View [PDF-1.5MB]</a>	<a href="#">View [PDF-2.2MB]</a>
Eat Well to Prevent T2	This module provides the core principles of healthy eating. Recommended at the fourth session.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-5.2MB]</a>
Track Your Food	This module provides the core principles of tracking food. Recommended at the fifth session.	<a href="#">View [PDF-1.3MB]</a>	<a href="#">View [PDF-5.7MB]</a>

Get More Active	This module provides the core principles of increasing activity level. Recommended at the sixth session.	<a href="#">View [PDF-1.4MB]</a>	<a href="#">View [PDF-3.7MB]</a>
Burn More Calories Than You Take In	This module provides the core principles of caloric balance. Recommended at the seventh session.	<a href="#">View [PDF-1.6MB]</a>	<a href="#">View [PDF-5.3MB]</a>
Shop and Cook to Prevent T2	This module teaches participants how to buy and cook healthy food.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-7.8MB]</a>
Manage Stress	This module teaches participants how to reduce and deal with stress	<a href="#">View [PDF-1.2MB]</a>	<a href="#">View [PDF-3.6MB]</a>
Find Time for Fitness	This module teaches participants how to find time to be active.	<a href="#">View [PDF-951KB]</a>	<a href="#">View [PDF-5.6MB]</a>
Cope with Triggers	This module teaches participants how to cope with triggers of unhealthy behaviors.	<a href="#">View [PDF-922KB]</a>	<a href="#">View [PDF-5.2MB]</a>
Keep Your Heart Healthy	This module teaches participants how to keep their heart healthy.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-3.9MB]</a>
Take Charge of Your Thoughts	This module teaches participants how to replace harmful thoughts with helpful thoughts.	<a href="#">View [PDF-1.2MB]</a>	<a href="#">View [PDF-2.8MB]</a>

Get Support	This module teaches participants how to get support for their healthy lifestyle.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-4.2MB]</a>
Eat Well Away from Home	This module teaches participants how to stay on track with their eating goals at restaurants and social events.	<a href="#">View [PDF-1.2MB]</a>	<a href="#">View [PDF-5.8MB]</a>
Stay Motivated to Prevent T2	This module helps participants reflect on their progress and keep making positive changes over the next six months. Recommended at the six-month mark.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-4.0MB]</a>

#### Last six months of program

You must present at least six of these 10 modules during the last six months. Prevent T2—for Life! must come last. Otherwise, there is no required order.

Module	Description	Coach	Participant
When Weight Loss Stalls	This module teaches participants how to start losing weight again when their weight loss slows down or stops.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-4.9MB]</a>
Take a Fitness Break	This module teaches participants how to overcome barriers to taking a 2-minute fitness break every 30 minutes.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-2.3MB]</a>
Stay Active to Prevent T2	This module teaches participants how to cope with some challenges of staying active.	<a href="#">View [PDF-1.2MB]</a>	<a href="#">View [PDF-5.7MB]</a>
Stay Active Away from Home	This module teaches participants how to stay on track with their fitness goals when they travel for work or pleasure.	<a href="#">View [PDF-1.2MB]</a>	<a href="#">View [PDF-3.3MB]</a>



More About T2	This module gives participants a deeper understanding of type 2 diabetes.	<a href="#">View [PDF-1.1MB]</a>	<a href="#">View [PDF-4.5MB]</a>
More About Carbs	This module gives participants a deeper understanding of carbohydrates.	<a href="#">View [PDF-1.3MB]</a>	<a href="#">View [PDF-6.3MB]</a>
Have Healthy Food You Enjoy	This module teaches participants how to have healthy food that they enjoy.	<a href="#">View [PDF-1.3MB]</a>	<a href="#">View [PDF-4.7MB]</a>
Get Enough Sleep	This module teaches participants how to cope with the challenges of getting enough sleep.	<a href="#">View [PDF-772KB]</a>	<a href="#">View [PDF-3.9MB]</a>
Get Back on Track	This module teaches participants what to do when they get off track with their eating or fitness goals.	<a href="#">View [PDF-1.2MB]</a>	<a href="#">View [PDF-3.5MB]</a>
Prevent T2—for Life!	This module helps participants reflect on their progress and keep making positive changes over the long term. Presented at the last session.	<a href="#">View [PDF-1.5MB]</a>	<a href="#">View [PDF-4.9MB]</a>

Some of the information from this curriculum is repetitive. Based on past participant feedback, information discussed outside these topics and related to nutrition, sleep, stress, and other well-being topics will be strongly considered.

## Workshops

### **Month 1:** Foundations of Fitness: Setting Goals and Crafting Your Workout Plan

Setting realistic fitness goals, understanding different types of exercise, and creating a personalized workout plan that fits into your lifestyle.

- Establishing realistic fitness objectives
- Exploring various exercise types
- Designing a workout plan tailored to individual lifestyle

**Month 2: Nutritional Essentials: Understanding Macros and Micros for Optimal Health**

Basic principles of nutrition, understanding macronutrients and micronutrients, and how to balance them for optimal health.

- Basics of nutrition principles
- Differentiating between macronutrients and micronutrients
- Balancing nutrients for optimal health

**Month 3: Culinary Skills for Wellness: Meal Prep and Budget-Friendly Nutrition**

Hands-on cooking class focusing on preparing simple, nutritious meals. Includes meal prep strategies and tips for healthy eating on a budget.

- Conducting hands-on cooking sessions
- Learning meal preparation strategies
- Adopting healthy eating habits on a budget

**Month 4: Mindfulness and Stress Management: Techniques for Emotional Well-being**

Techniques for mindfulness meditation, deep breathing exercises, and other stress-reduction practices to enhance mental and emotional well-being.

- Practicing mindfulness meditation
- Implementing deep breathing exercises
- Utilizing stress-reduction techniques for mental and emotional health

**Month 5: The Science of Sleep: Improving Quality for Health and Performance**

Understanding the impact of sleep on health, strategies for improving sleep quality, and the connection between sleep, fitness, and nutrition.

- Understanding sleep's impact on health
- Strategies for enhancing sleep quality
- Linking sleep with fitness and nutrition

**Month 6: Strength Training Fundamentals: Safe Practices for Building Muscle**

The benefits of strength training, basic techniques for beginners, and how to safely incorporate strength training into your fitness regimen.

- Exploring the benefits of strength training
- Learning basic strength training techniques for beginners
- Incorporating strength training safely into fitness routines

**Month 7: Advanced Nutrition Topics: Gut Health, Anti-inflammatory Foods, and Beyond**

Deep dive into topics such as gut health, the impact of sugar, anti-inflammatory foods, and nutritional strategies for specific health goals.

- Investigating gut health and its importance
- Examining the impact of sugar and anti-inflammatory foods
- Tailoring nutritional strategies to meet specific health goals

**Month 8: Habit Formation for Health: Creating Lasting Healthy Behaviors**

Building sustainable health habits, the psychology behind habit formation, and how to replace unhealthy habits with healthy ones.

- Building sustainable health habits

- Understanding the psychology of habit formation
- Replacing unhealthy habits with beneficial ones

**Month 9: Smart Shopping: Decoding Food Labels and Avoiding Marketing Traps**

Understanding food labels, making informed choices at the grocery store, and tips for navigating marketing tactics in food advertising.

- Learning to understand food labels
- Making informed choices in the grocery store
- Tips for navigating food marketing tactics

**Month 10: Yoga and Pilates for Beginners: Foundations for Physical and Mental Health**

An introduction to the benefits of yoga and Pilates for physical health, mental clarity, and stress reduction, including a practical session for beginners.

- Introducing the benefits of yoga and Pilates
- Conducting a practical session for beginners
- Emphasizing physical health, mental clarity, and stress reduction

**Month 11: Flexibility and Mobility: Enhancing Performance and Reducing Injuries**

Practices and exercises to improve flexibility and mobility, reduce injury risk, and enhance overall physical performance.

- Engaging in exercises to improve flexibility and mobility
- Strategies to reduce injury risk
- Boosting overall physical performance

**Month 12: Lifestyle Fitness: Keeping Your Workout Engaging and Adaptable**

Strategies for developing and maintaining an exercise routine that fits into one's lifestyle, remains engaging over time, and adapts to changing fitness levels.

- Developing an adaptable exercise routine
- Keeping workouts engaging over time
- Adjusting fitness plans to match changing fitness levels

## Weekly Activity and Food Logs

The weekly activity and food logs submitted by participants during the Forever Fit program serve as a vital tool for monitoring and supporting participants' journey towards achieving their health and wellness goals. These logs are designed to provide a comprehensive overview of each participant's physical activities and dietary habits, enabling the program facilitators to offer personalized feedback, adjust program content, and track individual progress over time.

## Benefits:

1. By regularly documenting their activities and meals, participants are encouraged to reflect on their choices and behaviors. This fosters a sense of accountability and can motivate individuals to make healthier decisions.
2. Tracking activities and food intake over time provides both participants and facilitators with clear insights into progress towards set goals. This can be particularly motivating for participants as they see tangible evidence of their hard work and dedication.
3. Keeping a food log encourages participants to be more mindful of their eating habits, leading to better nutritional choices and a deeper understanding of how diet impacts their health and fitness goals.

	<b>Activity Log</b>	<b>Food Log</b>
<b>Sunday</b>	Morning walk, 30 minutes Yoga session, 45 minutes	Breakfast: Oatmeal with berries and almonds Lunch: Grilled chicken salad with mixed greens Dinner: Salmon with quinoa and steamed broccoli
<b>Monday</b>	Fitness class, 45 minutes	Breakfast: Greek yogurt with honey and granola Lunch: Turkey and avocado wrap with side salad Dinner: Vegetable stir-fry with tofu and brown rice
<b>Tuesday</b>	Bike ride, 30 minutes	Breakfast: Smoothie with spinach, banana, and protein powder Lunch: Quinoa salad with vegetables and feta cheese Dinner: Grilled shrimp with asparagus and wild rice
<b>Wednesday</b>	Pilates class, 1 hour	Breakfast: Scrambled eggs with spinach and mushrooms Lunch: Chicken Caesar salad Dinner: Beef stir-fry with vegetables and noodles
<b>Thursday</b>	Swimming, 45 minutes Evening walk, 30 minutes	Breakfast: Cottage cheese with pineapple Lunch: Sushi rolls and miso soup Dinner: Pasta with marinara sauce and meatballs

<b>Friday</b>	Morning yoga, 30 minutes Hiking, 2 hours	Breakfast: Bagel with cream cheese and smoked salmon Lunch: Chicken burrito bowl Dinner: Pizza with salad
<b>Saturday</b>	Walk in the park, 45 minutes	Breakfast: Pancakes with maple syrup and bacon Lunch: BBQ with friends (burgers, hot dogs, salads) Dinner: Leftovers from lunch or dining out

## Liability Form

1. **Risk Acknowledgment:** I recognize that there are certain inherent risks associated with physical exercise and nutrition programs and hereby assume all risks associated with my participation in the Forever Fit Wellness Program. I acknowledge that I have been advised to consult with my healthcare provider before participating in the program, especially if I am aware of or have been advised of any underlying health conditions that may affect my participation.
2. **Liability Release:** I hereby release, waive, discharge, and covenant not to sue the Forever Fit Wellness Program, its directors, officers, employees, volunteers, agents, and assigns (hereinafter referred to as "Releases") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, or while on the premises where the activity is being conducted.
3. **Medical Acknowledgment:** I consent to receive medical treatment deemed necessary if I get injured or require medical attention during my participation in the Forever Fit Wellness Program. I understand and agree that I am solely responsible for all costs related to such medical treatment.
4. **Acknowledgment of Understanding:** I have read this waiver and release of liability and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

# Attendance Log Sheet

92

<b>Name</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>	<b>Day 8</b>	<b>Day 9</b>	<b>Day 10</b>
Bob A.										
Charles E.										
Diana B.										
Frank K.										
Barbara C.										
Elizabeth O.										
Michael P.										
Susan R.										



# Quarterly Strategic Plan Board Report

December 2023 - February 2024

---

# Table of Contents

Strategic Goals.....	01
Board Report Highlights.....	02
Preventive Health Update.....	03-10
Mental Health Update.....	11-17
Dental Health Update.....	18-19
Intergrated Services Update.....	20-26
Events, Announcements, Reading.....	27



# Strategic Goals at a Glance

## 1 Preventive Health



### Preventive Health One-Year Goals

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

## 2 Mental Health



### Mental Health One-Year Goals

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

## 3 Dental Health



### Dental Health One-Year Goals

- 3.1 Review Financial Model & Long-Term Sustainability
- 3.2 Provide Access to Oral Health Care & Education

## 4 Integrated Services



### Intergrated Services One-Year Goals

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

# Report Highlights

## Preventive Health

- County Partnership for the District Geomapping Project that will offer a centralized access point to prioritized data, and data sharing partnerships with Mills-Peninsula & Health Plan of San Mateo to help inform strategic planning and program offerings
- Exploring Collaboration to Promote Immunizations and Vaccinations through collaborations with San Bruno Park School District and Samaritan House
- Substance Use community webinar held via Parent Venture in January and a follow-up webinar will be coming in March

## Mental Health

- allcove San Mateo finalized contracts with core service providers before the 2023 year ended and officially opened its doors as of January 2024
- allcove San Mateo was awarded \$1 million over a period of two years from MHSOAC, and also submitted the San Mateo County Measure K grant for \$250,000 per year over three years
- Senior mental health data was secured through three different San Mateo County Assessments. Each of these reports found that depression and isolation are mental health issues for seniors, and where more support is needed. PHCD will use this data for strategic planning and programming efforts in this area.

## Dental Health

- Sonrisas met with Ravenswood, NEMS and Samaritan House to explore FQHC pathways. NEMS and Samaritan House both remain engaged in considering a partnership
- Sonrisas outreach in education and oral screenings reached more than 800 individuals in the months of January through February

## Integrated Services

- Grant program awarded 33 organizations for a total \$1,108,000 in community investment through the District boundaries
- Special session for Review of Grantee Mid-Year and End of Year reports with the key objectives of discussing common set of core metrics for future funding years
- Small Grant & Sponsorships management portal launched
- The Trousdale is at 92.7% occupancy and provided 112 tours in the last quarter

## 1.1

## Community Health Events

Partner and host community health resource events.

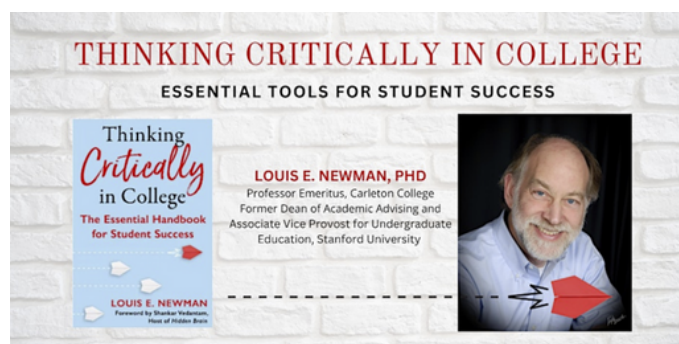
Through our partnership with [The Parent Venture](#), our substance use webinar has been scheduled with [Bonnie Halpern-Felsher, PhD on March 27](#). Three additional webinars were offered to empower youth, families, and the broader community through our partnership from January through February. As designed, the sessions provide tools and resources, and were focused on: (1) Critical thinking skills, which are integral to college and lifelong learning and success, (2) Prevention of substance use and harm reduction messaging, and (3) Preventive and safe practices in support of youth mental health in light of cyberbullying, artificial intelligence and social media use. Webinar summaries and links to the recorded sessions can be found below:

### Thinking Critically in College: Essential Tools for Student Success

January 24, 2024, 5:30 - 6:30pm

Video Link:

<https://www.youtube.com/watch?v=B0Eo6G1jZ64&t=2s>



In this engaging webinar, [Louis E. Newman, PhD](#), discussed the importance of critical thinking skills, and encouraged students to look at their college experience as preparation for a lifetime of learning and civic engagement.

### Safety First: Empowering Teenagers to Prevent and Reduce Drug Use

January 30, 2024, 5:30 – 6:30pm

Video Link: [www.youtube.com/watch?v=B0Eo6G1jZ64&t=2s](http://www.youtube.com/watch?v=B0Eo6G1jZ64&t=2s)

[Bonnie Halpern-Felsher, PhD](#), is the founder and director of the [Halpern-Felsher REACH Lab, Stanford Medicine](#), well known for its primary prevention education and resources, including the [Tobacco Prevention Toolkit](#) and the [Cannabis Awareness and Prevention Toolkit](#).



In this webinar, Dr. Halpern-Felsher discussed REACH Lab's new [Safety First curriculum](#), a resource made up of lessons on alcohol, opioids/fentanyl, psychedelics, and other drugs. The Safety First curriculum is designed to encourage teenagers to abstain from use, but it also presents a clear harm-reduction message for youth who are experimenting or using substances. It provides students with scientifically accurate information to empower them to quit and/or reduce harm, should they choose to continue to use.

## Cyberbullying, AI, and Social Media: The Role of Parents, Youth, and the Community

February 1, 2024, 5:30 – 6:30pm

Video Link: <https://www.youtube.com/watch?v=y8EtOjR2Zbg>



As a noted researcher on youth and social media issues, [Dr. Sameer Hinduja](#) trains parents, educators, mental health professionals, and students around the world on how to promote the positive use of technology, build healthy online communities, and foster well-being.

In this presentation, Dr. Hinduja shared "best practices" around cyberbullying, artificial intelligence (AI), and safe social media use that can be implemented in your home and family.

Dr. Sameer Hinduja is a Professor in the School of Criminology and Criminal Justice at Florida Atlantic University, Co-Director of the [Cyberbullying Research Center](#), and Faculty Associate at the [Berkman Klein Center at Harvard University](#).

**1.2, 1.5**

### Vaccination & Health Screenings Programs

Create a strategic framework by conducting research and an analysis of the District's health needs.

The development of the strategic frameworks for the Vaccination Program and Health Screenings Program have continued by (1) extending the search of existing data reports and tools, (2) performing District-focused data analysis from [San Mateo County All Together Better](#), and (3) conducting stakeholder interviews with leaders from San Mateo County, community-based organizations (including PHCD grantees), Mills-Peninsula, and Health Plan of San Mateo.

This dedicated effort has led to many important discoveries and lessons. First, while there is current County data available, sorting through the data requires a "deep dive" to pull tables and charts that show information at a District-specific zip code level – which is where disparities in care and outcomes surface. Secondly, while the process of self-service "data filtering" is fruitful, it is time-consuming and requires a discipline of intentionality

and thoroughness to understand each measure for the County overall, a specific District zip code, and a composite of all District zip codes. Here is a [sample of this data exploration](#).

Another challenge that goes beyond accessibility is the availability of data in terms of its currency. There are significant limitations for measures that can change or fluctuate more frequently, such as for vaccinations, immunizations, and health screenings. During the height of the pandemic, COVID vaccination rates for the County were routinely updated; however, this practice has changed. Determining how to gain access to “current” vaccinations/immunizations data in a timely manner is a priority and a focus of the Strategic Initiatives Director’s (SID) efforts.

### **County Partnership for the District Geomapping Project**

To explore County data and partnership opportunities, the SID met with Corina Chung, Supervising Epidemiology at County of San Mateo. The District’s imperative to employ data-driven strategies was discussed. The conversation led to a very exciting project to co-develop an online mapping platform for the District with prioritized measures, leveraging American Community Survey (ACS), SMC Community Health Assessment, California Immunization Registry (CAIR), and other sources for demographic and health outcome data.

As conceptualized, the geomapping data platform project for the District will offer a centralized access point to prioritized data that can inform strategic planning and program offerings. Working collaboratively, the District and County will identify socio-demographic variables (that can be examined at the Census tract or Census Group tract levels) and health outcome measures at a zip code level (as available). Board Members Dr. Navarro and Dr. Sanchez have been enlisted to serve in an advisory role to inform a robust District-specific data platform. The build-out of the project is planned to be completed in the next months.

### **Data Sharing from Mills-Peninsula and Health Plan of San Mateo**

During this reporting period, the existing Community Needs Assessments or Population Needs Assessment (PNA) reports produced by Mills-Peninsula, Kaiser Permanente, and Health Plan of San Mateo (HPSM) were reviewed.

The CEO and SID met with leadership from Mills-Peninsula’s Community Benefit and Health Plan of San Mateo’s Population Health to learn more about their assessment findings. From these meetings, it was clear that there is a collective desire to make data accessible and actionable, leading to measurable impact. With this in mind, Health Plan of San Mateo has produced a District-specific HPSM membership report from the 2023 PNA and is in the process of providing a District-specific Disparities Report for our District zip codes. They will also share the 2024 PNA in April (when it becomes available) and will produce a special Disparities report for the District. In addition, HPSM has offered information about the different HEDIS metrics it reports on, along with their [current status as of 2022](#), and other [public data resources](#). The intention is to continue meeting with the Population Health Manager, Samareen Shami, and Population Health Specialist, Talie Cloud, to see how we can continue to work together to improve the health of Medi-Cal and Medicare members who reside in the District.

## Exploring Collaboration to Promote Immunizations and Vaccinations

As part of the strategic framework development for vaccinations, meetings were held with current grantees from the Community Grants and Impact Partners programs, including San Bruno Park School District (SBPSD) and Samaritan House, for frontline perspectives of the needs, challenges, and opportunities they face in this area. The SBPSD Assistant Superintendent of Educational Services and Student Services, Anjélica Zermeno, and School Wellness Coordinator, Marie Lukehart, stressed the importance of making required childhood immunizations available to students in anticipation of school enrollment or the start of the school year. They have encountered record numbers of students who are not ready and struggling to gain access to immunizations in time for the start of school or throughout the year when they enroll. Further discussions are taking place with SBPSD to explore a summer/fall child immunizations clinic.

The District is having formative discussions with Samaritan House's Medical Director Dr. Baldeep Singh and Isabelle Anderson, Director of Development, about holding a COVID/Flu vaccination clinic in the fall, and potentially exploring pneumonia, tetanus, and hepatitis vaccinations.

## Preventive Screenings

County data points to disparities in breast cancer, colorectal cancer, and prostate screenings. Discussions with Bay Area Community Health Advisory Council's Executive Director Lisa Tealer have been insightful given the organization's vital role in increasing access to free mammograms in our District through the partnership with Mills-Peninsula and PHCD's support by way of the Community Grants Program. Preliminary conversations have opened the door to thinking outside-of-the-box about how we may work together for a family-focused health fair with screenings and educational opportunities, which encourages loved ones to bring his/her partner, relative, or friend to get checked.

Dr. Singh from Samaritan House shared Hep C and HIV screening is part of their screening process. In addition, target metrics for their Impact Partners work include breast cancer screenings, cervical cancer screening (Pap smears), and Diabetes screening (Hba1c). The District is excited to learn from and partner with Samaritan House.

At a recent Insure the Uninsured Project's Annual Conference in February, the SID learned about an innovative program at [Asian Health Services](#) (community health center in Oakland, CA) that integrates glucose and depression screening as part of dental care.

The Chief Dental Officer, Huong Le, DDS, shared that they have found high rates of uncontrolled diabetes in their adult and pediatric patient population. She recounted the story of a child screened for diabetes in preparation for dental surgery who had a Hba1c value of 12. (Note: For an HbA1c test to classify as normal, or in the non-diabetic range, the value must be below 5.7 %. Anyone with an HbA1c value of 5.7 % to 6.4 % is considered to be prediabetic, while diabetes can be diagnosed with a HbA1c of 6.5% or higher). The surgery was cancelled, and appropriate referrals were made to address this life-threatening situation.

During the workshop session, Dr. Le also mentioned that depression screening during the dental care experience has helped to increase access to mental health services, and reduce the stigmas associated with receiving such care. A space in the dental office is dedicated to counseling/therapy support, which is not labeled as such; therefore, for many immigrants, Asian patients, it feels more palatable to tell family members and friends that they are going to see the dentist rather than a therapist. As designed, this screening approach creates vital connections that promote patient-centered, holistic, and integrated care with improved access to mental health and referrals to other care and services.

Further exploration of its replication at Sonrisas or through other District community partners would be beneficial.

### 1.3

## Blue Zones

Identify and implement opportunities for carrying out key components of the Blue Zone program across the District.

### **allcove™ San Mateo**

The Youth Advisory Group (YAG) has opted to develop a workshop based on key elements of Blue Zones for the center instead of developing educational materials for the center's kitchen.

In February, an initial draft of the workshop developed by a Peer Specialist was presented to the YAG for feedback. They recommended enriching the presentation by emphasizing actionable items and lifestyle changes, rather than solely imparting information on Blue Zones lifestyles. Additionally, they highlighted the need for sensitivity when addressing food, particularly for individuals with eating disorders. The youth also advised framing the discussion in a manner that promotes moderation and inclusivity. Lastly, they emphasized the importance of reassuring attendees that it is acceptable not to fully implement all suggestions immediately, fostering a supportive atmosphere.

The final version of the workshop comprises several components, including a grounding exercise, an introduction to allcove, a wellness information session, a summary, and a closing breathing exercise. The core of the workshop lies in the wellness informational session, where a member of the allcove staff will provide background information on wellness practices around the world, focusing on verified Blue Zones. This section delves into key components such as strong relational dynamics, the importance of rest, geographical considerations, and nutrition. Following each component, concrete actionable items within the community are provided, addressing the YAG's feedback and aiming to make the workshop more comprehensive and actionable for its attendees.

Scheduled for launch at allcove in May, this workshop offers an opportunity to promote wellness and encourage healthy lifestyle habits among youth.

### **The Trousdale**

A chair fitness class has been initiated at the Trousdale to both cultivate a relationship between the fitness center and the senior living community's residents, as well as

incorporate additional Blue Zones-related concepts. The primary objective of this exercise class is to enhance the physical activity levels of seniors, thereby improving their strength and mobility. Additionally, the instructor employs specific cues and patterns not only to guide physical movements, but also to engage the participants cognitively, encouraging them to recall and repeat movement patterns. This approach contributes to physical well-being and also stimulates mental activity, reinforcing the connection between physical exercise and cognitive health.

### **Fitness & Wellness Center**

In addition to launching a fitness class at The Trousdale, the District has also been in conversation with the San Bruno Elementary School District to have the Fitness Center Director teach nutrition and wellness classes at the schools for the elementary grades. A follow-up meeting is scheduled for March 25th to further explore this partnership.

### **Community At-Large**

To reach our community at-large with Blue Zones components, the District has developed a fitness and wellness-based video series for YouTube shorts, YouTube, Instagram and Facebook. The content areas identified are as follows:

- Gentle Workout Routines for Seniors
- Upper and Lower Body Exercises Demonstrations
- Posture & Alignment
- Mindfulness & Meditation
- Tips for Staying Motivated
- Meal Planning & Preparation
- Vegetarian & Vegan Diet
- Mindful Eating Techniques
- Healthy Cooking Demos
- Healthy Eating Basics
- Stress Management

The first series has been filmed and will be launched via our communication channels at the end of March.

## 1.4

### Substance Use

Review and analyze the community's need for substance education / intervention programs.

In the last Board Report, the SID referenced an upcoming meeting in January with Behavioral Health & Recovery Services (BHRS). In this past quarter, meetings with Dr. Jei Africa, BHRS Director; Clara Boyden, Deputy Director of Substance Use Disorders; Doris Estremera, MHSA Manager; and Ziomara Ochoa, Deputy Director, Children and Youth Services were held. An overview of their Office was provided, offering insight into the full spectrum of mental health and substance use prevention, early intervention, treatment, and recovery services.

Key points from their [slide presentation](#) follow:

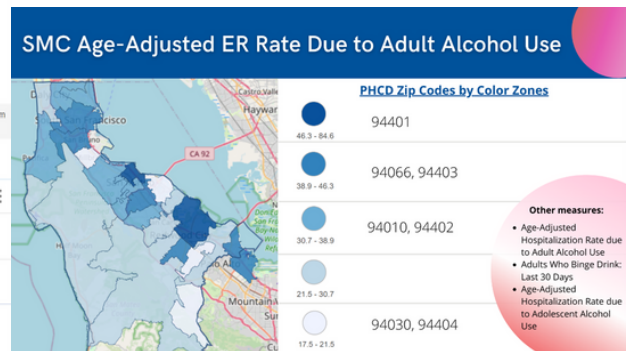
- **BHRS served 12,107 Mental Health and 2,001 Alcohol & Other Drugs (AOD) clients** in fiscal year 2022-2023.
- Close to half (49.9%) of AOD clients (in Mental Health Services Act or MHSA use integration funded programs) report having been diagnose with a mental illness at the time of admission.



- **Substance use services** offered through a network of contracted community-based providers. County staff provide outreach, engagement, and care coordination.
- **Mental health services** are offered through 6 regional county operated mental health clinics, 34 Specialty Mental Health programs, and a network of contracted providers.
- **24/7 Access Call Center (1-800-686-0101 / TYY for hearing impaired: dial 711)** is available with a trained professional who will ask questions to help callers find the right care. A referral for a telephone/video appointment to a mental health or substance use treatment will be provided.
- Regarding substance use, there is a **shift from prescription opioids to heroin to synthetic fentanyl and fentanyl analogs**.
- In terms of response strategies to the overdose epidemic, BHRS is **investing in prevention, promoting harm reduction, and expanding access to treatment**.
- BHRS is enhancing equity-focused community outreach, education, and engagement.
- They are integrating neighborhood education and engagement, partnering with effective and trusted community messengers (i.e., faith-based organizations, health ambassadors promotoras, peer specialists) and specifically engaging with Asian and Pacific Islander, Black/African American, Latinx, and persons with lived experience.

In addition to this introductory meeting with the County, the SID has looked at the 2023 Community Health Needs Assessment report in great detail.

- The first screenshot below shows the rate for San Mateo County Age-Adjusted ER Rate Due to Adult Alcohol Use as 37.8 for every 10,000 persons over 18 years of age, which is higher than the California rate, but lesser than the prior County value of 42.1
- It appears that in the second screenshot there is a downward trend over time for this measure at the County level; however, it is also noteworthy to point out that the data is outdated and prior to the pandemic.
- The third screenshot shows five District zip codes (94010, 94402, 94066, 94403, and 94401) with higher Age-Adjusted ER Rate Due to Adult Alcohol Use rates than the County.



Having a strong sense of the data combined with the voices of community partners is essential. The SID has reached out to [The Latino Commission](#), a grantee of our Community Grants Program, for a frontline view of the issues, their culturally tailored educational programming and services, as well as to identify opportunities for thought partnership and other types of support.

## 1.6

## Health &amp; Fitness Center

Increase visibility and membership to serve more of the community.

The Fitness Center (FC) has experienced a gradual expansion, marked by the addition of various programs and classes throughout the week. Since December's inception, there has been a notable increase in engagement, with class attendance rising by 20%, check-ins by 10%, and membership by 25%. These improvements can be attributed not only to targeted marketing efforts—including the Senior Showcase, Lunar New Year celebration, Senior Round Table discussions, social media engagement, and the provision of free trials for non-members—but also to the strategic inclusion of insurance programs. The integration of insurance programs in August has significantly bolstered our membership base, with 63 new members joining or converting as a direct result. These individuals now represent 31% of our total membership, highlighting the effectiveness of this initiative.

Monthly workshops and fitness challenges at the FC have garnered considerable popularity. Notably, the Holiday Fitness Bingo, New Year Goal Setting workshop, and Heart Health February Cardio Classes offered a diverse array of activities designed to promote physical activity, behavioral modification, and healthier eating habits. Participant feedback has been overwhelmingly positive, with numerous requests for the continuation and expansion of such events.

In collaboration with our CEO and Strategic Initiatives Director, the FC Director has pinpointed key health outcomes to improve community life through evidence-based programs. Specifically, older adults over 65 in San Mateo County face a high risk of falls, often leading to long-term care or emergency department visits. To combat this, we're introducing the "Steady Steps" Fall Prevention Program, a targeted 12-week initiative. It features weekly exercise sessions, monthly educational workshops, and three assessment phases to enhance efficacy. Set to launch in early Q3 2024, "Steady Steps" is our commitment to reducing risk and fall incidences, and fostering a healthier, safer community.

The rising rates of obesity and diabetes across all demographics, notably among minority groups, children, and young adults, have prompted us to create a holistic, year-long program. Inspired by the CDC's Diabetes Prevention Program, our initiative includes weekly exercise, nutrition, and well-being classes designed to foster healthy and sustainable habits. Aimed at addressing this urgent public health issue, the program is set to launch between early and mid Q4 2024, underscoring our dedication to improving community health and preventing disease.

The next quarter will feature a variety of events to reach and engage the community further by including different age groups, environments, and activities. We are excited about the potential of these upcoming events to further enhance our community's health and wellness.

Lastly, as mentioned in section 1.3, the FC has partnered with The Trousdale to offer a fitness class to enhance the physical activity levels of seniors to improve their strength and mobility.

\*Read the Fitness Center's FY 2023-24 Quarter 2, by [clicking here](#).

## 2.1

## allcove™

Launch allcove San Mateo Youth Drop-In Center by Fall of 2023. Focus on attracting clients, quality care, service integration, and a financial sustainability model.

This month we are excited to share with the Board the following updates on allcove™ San Mateo:

- allcove San Mateo's Open House
- Soft Opening Preparation/Model Integrity Process
- Soft opening/Facilities Update
- Service Partners Development

### Open House

From December 4th through the 8th, staff held an allcove open house. This gave community members and youth an opportunity to have a sneak peak of allcove. Over 80 people registered for the event, and we had approximately 40 walk-ins. This event created an amazing opportunity for staff to talk to other organizations about the potential to collaborate, partner and continue conversations on referral pathways to and from allcove. Out of the 120+ attendees, 30 of them were youth and young adults, 28 were Community Members and the rest were a mix of elected officials, educators, counselors, and non-profit/service providers. Now that allcove San Mateo has officially launched and opened to the public, all attendees from the open house have been given notice and flyers to pass along information to youth, young adults, and their networks.

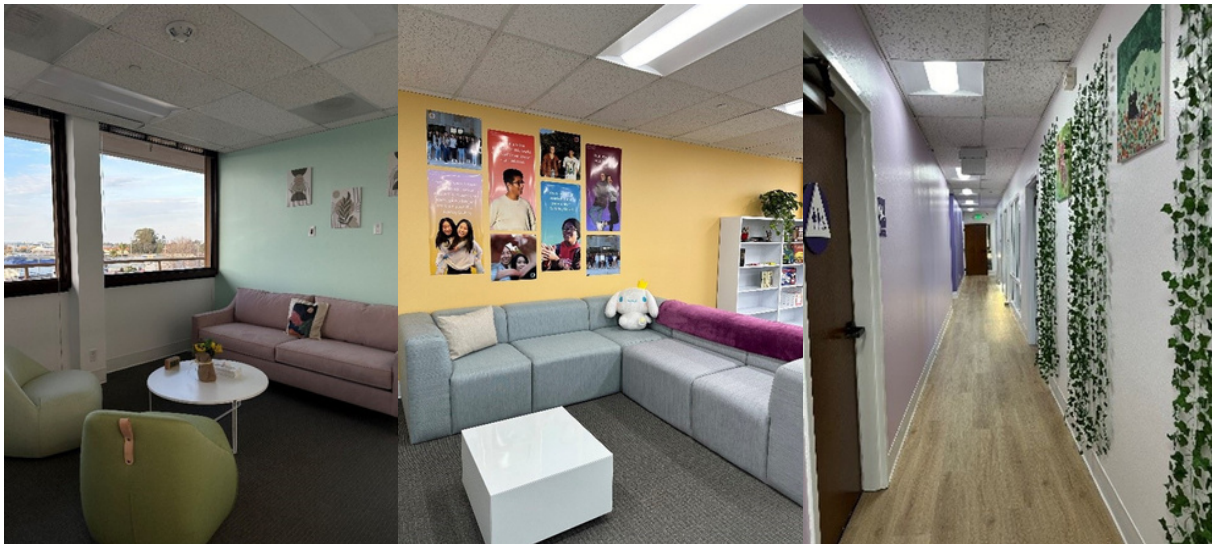
### Soft Opening Preparation

To launch an allcove center, each lead agency must go through a model integrity review process. This process includes the creation of both an operations and a clinical manual. These manuals include policies, procedures, and any other information staff may need to operate allcove. Due to our Clinical Director not being onboarded at the time of development, staff contracted with One Life Counseling to draft and create the clinical policies and procedures alongside PHCD staff. All model integrity items were submitted and accepted by Stanford prior to our soft launch. On February 2nd, Stanford completed the review of all materials and staff received a model integrity report. Staff reviewed and updated the manuals before submitted back to Stanford for a final review. The Clinical Manual and Operation Manual are not meant to be final documents at any point. These two documents will be updated frequently as staff grows and learns through allcove implementation and service delivery.

Prior to opening our doors, all allcove staff partook in 15.5 hours of training. These trainings included an allcove induction, youth engagement, datacove (the assessment platform for youth at allcove), and our clinical manual trainings. On top of the 15.5 hours of all staff training, our two Peer Support Specialists also had 18 hours of training with Edgewood Center for Children and Families, including 6 hours of observation time at their centers located in San Bruno and Redwood City. The training sessions prepared the Peer Specialist for their role at allcove by educating them on coping skills, health boundaries, triggers and how to respond to crisis scenarios.

### Soft Opening/Facilities Update

During the months of December, January and February, the design of allcove was completed, and included décor (plants, art and natural elements) to finalize the non-clinical feel of the space. This aspect of the work was largely driven by the Youth Advisors and what they believed would draw youth into the space. After our visit to Beach Cities and seeing how they had a ping pong table that attracted youth to the space, staff planned on getting two game tables. After working with the Youth Advisors, they decided air hockey and foosball would be the most attractive to youth coming into the center. It also creates a perfect environment to hold games nights to drive youth into the space and then connect them to services. See the photos below to see the finished design of allcove San Mateo.



On January 22nd, we officially opened allcove's doors to the public. Throughout our first six weeks of being open, we had 45 visits for services, 125 visits in total (youth use of the space for studying and other social activities) and enrolled 20 youth for services. Our focus during the last weeks of January and February have been outreach. Throughout January and February, we have given out 322 paper flyers and sent out over 250+ digital flyers to community members, schools, and youth. Staff are currently in the process of coordinating with the schools to outreach to youth. During March, we will present to Crystal Springs Uplands High School and Middle School. We also are currently following leads for presenting at Gateway Community Schools, Stanbridge Academy, Fusion Academy, Aragon High School, and San Mateo High School. The team is also focused on providing tours to youth and community members and have given 100 tours since opening.

### Service Partner Outreach and Discussions

All service contracts for core services that were previously in development were signed before the year ended and training was delivered for integration.

Upon opening, the District proceeded with an evaluation and determination of what additional programming is needed based on the model and through listening to the YAG. Immediately, the core services for physical health and psychiatry services were identified

as needed service streams and staff conducted informational discussions with potential service providers. These meetings were extremely productive. Staff have finalized one of the two component contracts and are now in the process of negotiations and the review of other proposals. Some of the agencies we have identified are:

1. **Medix** – A Staffing agency to recruit and contract with to provide psychiatry services to serve 1 day/week at allcove (Diagnosis and medical treatment of mental health conditions)
2. **Stanford Medicine Children’s Health** – Discussions with an adolescent primary physician within the Stanford Health Care team to serve 1 day/week at allcove San Mateo to provide the physical/medical services
3. **Arts Unity Movement** – To provide additional evening programming of art and movement therapy groups (Arts Unity Movement is a collective of professional artists, therapists, educators and performers with a shared vision to use the therapeutic power of the arts to move, connect, and heal.)
4. **The Art of Yoga** – To provide additional evening programming of trauma-informed yoga (Their model includes specially trained trauma-informed teachers who bring tools for self-awareness and self-regulation to move youth from vulnerability into resilience.)

### **Financial Sustainability**

PHCD continues to actively pursue various funding streams to support the financial sustainability of allcove San Mateo. The District submitted an application for the San Mateo County Measure K funding grant on January 5, 2024. If successful, PHCD would receive \$250,000 per year for a period of three years. Staff is also exploring a multi-county collaborative grant opportunity with MHSA – San Mateo County BHRS. We are committed to pursuing this grant opportunity and have continued the conversation with San Mateo County BHRS as well as the Stanford’s Central allcove Team. The Central allcove Team would submit the application to the state on behalf of the County and District.

The District is happy to announce that we have received notification for the MHSOAC continuation grant. The District was awarded \$1 million for a period of two years for the expansion of allcove San Mateo. This funding will empower the District to create more opportunities at allcove and provide an lasting impact on the well-being of District residences.

Currently, staff are also in negotiations with MHSA – San Mateo County BHRS to become a sole source provider for in-person youth mental health in San Mateo County. This would provide us with an additional \$500,000 for three years, totaling \$1.5 million.

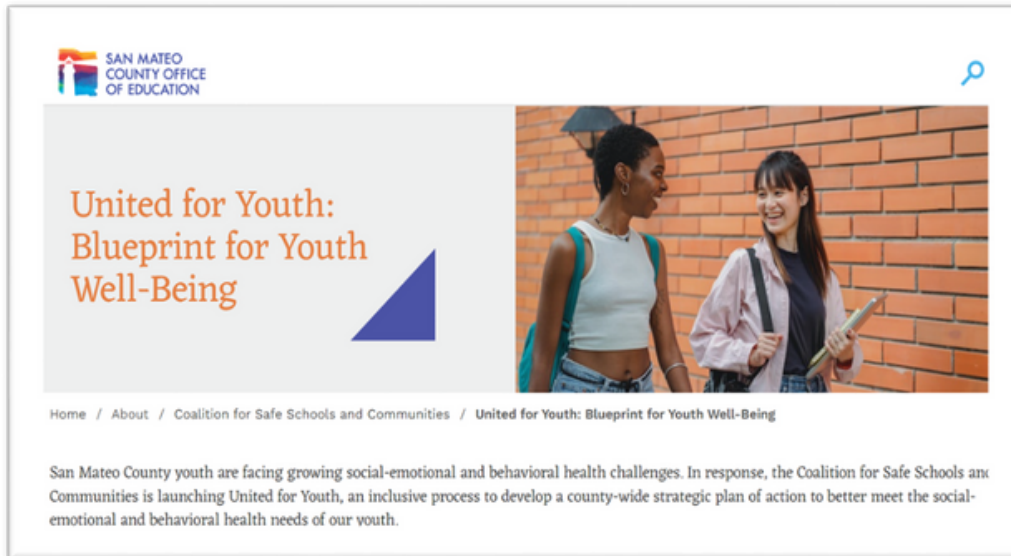
Staff continues to have conversations on insurance billing for allcove services (including medical and clinical) and hopes to provide a further update in the next Board Report.

## 2.2

## Youth Mental Health Program

Collaborate with the County Office of Education, County Health, and others to develop a countywide Youth Mental Health Strategic Plan.

### United For Youth: Blueprint for School and Transition Age Youth Well-Being



PHCD has continued to be a working member of the Blueprint for School and Transition Age Youth (TAY) Well Being Steering Committee (Mental Health Strategic Plan) in partnership with various stakeholders, including SMCBHS and SMCOE. After the departure of Eddie Flores, Jackie Almes transitioned as the new representative from the District.

After the collaborative's guidance on creating the structure of the various work groups, they launched the work groups and began to hold sessions. These sessions include elementary, high school, middle and TAY age work groups, and were held between September of 2023 and January of 2024. They will come to an end in March 2024. Following the work groups, the plan of action will be developed.

The committee is scheduled to present the plan of action at the PHCD April 2024 Board meeting.

## 2.3

## Care Solace

Effectively promote and review the impact of the Care Solace Program.

In December, the Youth Behavioral Health Program Manager (YBHPM) worked with the former Youth Behavioral Health Program Director to ensure a smooth transition of the contract management prior to his departure. Most recently, the YBHPM has been working on scheduling an in-person meeting with the Care Solace representatives from each school district at allcove San Mateo. Staff see this as a great opportunity to not only share the impact the District has through their partnership with Care Solace, but also will have the opportunity to showcase allcove San Mateo in this meeting as well and provide tours to all the school representatives.

Linked is the year to date (YTD) 2023-2024 **school year utilization report for the months of December, January, and February** on Care Solace's real-time tracking and referral submission services. The report contains key performance indicators (KPIs) from December 2023 to February 2024 that demonstrate the impact of Care Solace on the PHCD's sponsored and supported five school districts within the District's jurisdiction.

The KPIs include inbound interactions, communication saved, warm hand-offs, family-initiated cases, total appointments into care, and anonymous searches. Inbound interactions refer to all in-bound phone calls, emails, and video-chats from community members.

- Communication saved refers to all outbound calls, emails, and texts by the Care Solace team to coordinate care.
- Warm hand-offs are referrals from school staff for help connecting to care, while family-initiated cases are community members who contacted Care Solace directly for help making an appointment.
- Total appointments into care refer to the number of warm hand-offs and family-initiated cases who confirmed appointments using Care Solace services.
- Finally, anonymous searches refer to all completed searches through the Care Solace proprietary link.

Overall, Care Solace's platform continues to have a positive impact on the Peninsula Health Care District's residents, and the KPIs demonstrate the effectiveness of the platform in connecting community members to the care they need.

**care solace**

### Our Purpose

We work alongside you to quickly connect students, school staff, and their families to quality mental health and substance use treatment providers matched to their needs.

#### Peninsula HCD Usage

Utilization from Dec 1, 2023 - March 5, 2024

- Inbound interactions 1,055
- Communications saved 6,204
- Warm Handoffs@ 105
- Family-initiated cases 7
- Total appointments into care 38
- Anonymous searches 30

#### Definitions

**Inbound interactions**  
All inbound text, phone, video, email Questions district did not have to answer, families we helped find resources for that did not want us booking an appointment

**Communications Saved**  
Outbound calls to providers and families coordinating appointments, representing roughly 189 hours saved for staff and their families

**Warm Handoffs**  
Direct Referrals from your users

**Family-initiated Cases**  
Families we assisted with finding a provider and wanted us involved in booking an appointment

**Total appointments**  
Confirmed enrollments with a provider

**Anonymous Searches**  
Families who used our link to find a provider on their own

#### Recent Enhancements

**Impact Reports**  
We've expanded data to show time saved, families who declined services, unreachable cases, and drill-down by demographics for targeted support.

**Improved Outreach process**  
Understanding the importance of seamless communication, we've implemented an extended timeframe for families to discuss their needs with us, ensuring a smooth and hassle-free provider selection journey.

**New Training Videos**  
To help staff users quickly get up to speed on using Care Loop, we created on-demand training videos for admin and your mental health teams accessible in the Care Loop Help Center.

**Expectations & Best Practices**  
Take advantage of our services with full access to marketing materials, flyers, and messaging to spread the word to students and staff. After sharing our Warm Handoff flyer, students and families can follow a screening and matching process to find the care they need. Our Care Companion's will check-in with you to ensure the process runs smoothly.

**Provider Portal Launch**  
We launched a comprehensive Provider Portal, designed to simplify onboarding, case review, and matching for all providers, whether they just joined us or have been valued verified provider for years.

Updated January, 2024

## 2.4

## Mental Health Events

Attend youth-related community events representing allcove PHCD, and host a youth engagement event per fiscal quarter at allcove San Mateo (once opened)

### Youth Behavioral Health Partnerships in San Mateo County

The San Mateo County Behavioral Health Youth Committee has continued the work with the Youth Mental Wellness Pathways Workshop guided by the vision of creating clear, culturally sensitive and empathy-based access pathways for access to mental and behavioral health services.

The Youth Action Board for BHR's Youth Committee has developed a youth-specific pathways session. The Youth Behavioral Health Program Manager has worked closely with the Youth Action Board and the pathways session will be facilitated at allcove San Mateo in February. This is a great opportunity not only to get youth in the door at allcove, but also for us to continue to develop our partnership with BHR and our allcove program. The pathways session will include the sharing of experiences to help create tools that support youth and their families accessing mental and behavioral health services no matter the point of entry.

### Bowditch Resource Fair

allcove San Mateo recently participated in Bowditch Middle School's resource fair where one of our Peer Specialists was able to engage with parents, students, and school counselors. The District's participation was aimed at building awareness of allcove San Mateo's opening and informing the attendees about our center and what we have to offer. There were many parents who stopped by the table to learn more about allcove San Mateo and sign up for our newsletter. Not only did the allcove team engage with parents and staff, they also networked with neighboring tables, including Care Solace, StarVista, and San Mateo County Library. Staff exchanged resources & contact information to encourage the other organizations to tour the center's space and refer their participants to allcove. By tabling at Bowditch, we hope to empower young individuals to prioritize their mental health and provide them and their families with the tools and knowledge to navigate the challenges they may face during this stage of development.

## 2.6

## Senior Mental Health

Research and assess senior mental health needs

During the past months, the District has made important connections with colleagues in the County to delve into available assessments on senior mental health. A presentation by Karen M. Pfister, Office of Epidemiology & Evaluation on February 12, 2024, to the Commission on Aging highlighted three key data sources:

1. Community Assessment Survey for Older Adults (CASAO) conducted between July – September 2023



2. Long Term Care Survey conducted by the San Mateo County Ombudsman Services
3. 2023 Community Health Needs Assessment compiled by the San Mateo County Health Office of Epidemiology & Evaluation with the Public Health, Policy, and Planning Division; Health & Quality of Life survey conducted in Spring 2022.

The three San Mateo County assessments found that depression and isolation are mental health issues for seniors, and where more support is needed.

For the purposes of this Board update, select findings are shared from these reports.

### **CASAO**

- 32% reported a concern about not having friends or family they could rely on.
- 38% reported a problem with feeling lonely or isolated.
- 35% reported problems with being depressed.
- 36% reported a problem with feeling emotionally burdened by providing care for another person.

### **2023 SMC Community Health Needs Assessment**

- 10.5% of seniors report they have a history of mental health issues.
- 24.9% of seniors have experienced periods of depression lasting two or more years.
- 38.2% of seniors have sought help for a mental or emotional problem in the past.
- 15.6% of seniors have someone for emotional support “little” or “none” of the time.

### **Long Term Care Survey of Ombudsman Services of San Mateo County**

- 53% said they are moderately happy and another 26% said they are very happy.
- A majority (61%) said they do not need mental health support that is not available to them.

In addition to this information, Anna Sawamura, Health Services Manager of SMC **Aging and Adult Services**, shared a summary from a [New Beginning Coalition Summit](#). A New Beginning Coalition is broad-based group of older adults, persons with disabilities, caregivers, and service providers whose mission is to improve the quality of life of San Mateo County’s diverse population of older adults and adults with disabilities.

Below are select service and care gaps identified during the Summit that relate to senior mental health:

- Cognitive screening and tracking for 65+, for prevention and early intervention of depression and isolation
- Not everyone understands how loneliness looks like and that its consequences are dire
- Lack of transportation service exacerbates loneliness and isolation
- Stigmas regarding accessing services and/or needing support
- Those who are lonely “feel no one is listening to them, and their opinions are ignored”
- Need more trustworthy volunteers to help the most vulnerable
- Mental health support through means such as music, dance, social participation

## 3.1

## Dental Health

Review and revise the District's financial model and financial commitment to and with Sonrisas Dental Health.

The CEO continues to meet with the Sonrisas Dental Health CEO to maintain the momentum of exploring FQHC pathways through various tracks, including but not limited to Ravenswood Family Health Center, Samaritan House, and North East Medical Services.

In December, an initial conversation with Ravenswood was held; however, due to their recent CEO transition, the consideration was halted. Samaritan House continues to be interested in considering a joint venture; however, it would need time to do additional research to understand the process and its implications for its existing program.

Lastly, in January, CEO Fecher met with NEMS to weigh the pros and cons of adding Sonrisas as a sub-recipient. NEMS is open to considering the idea further; however, the current per-visit rate is low in comparison to current Sonrisas reimbursement rates and other FQHCs like Ravenswood.

## 3.2

## Dental Health

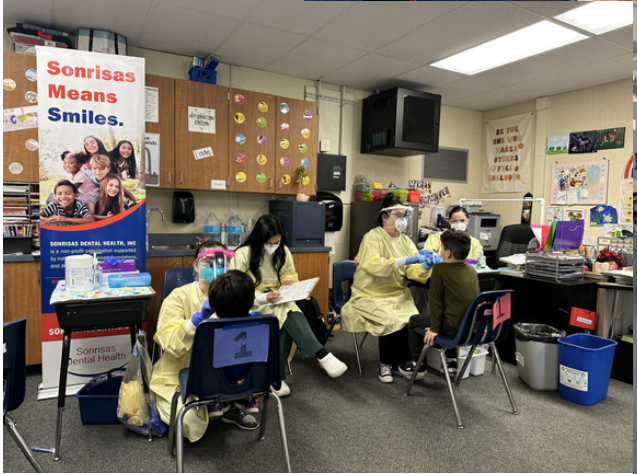
Provide access to oral health care and education for PHCD residents.

### Oral Health Screenings

In the months of January through February, Sonrisas held several community outreach events for screenings and education. The outreach team served 778 children, one adult and 32 seniors for a total of community members in the Peninsula Health Care District.

- **January**
  - Allen Elementary, School Screening (Grades TK - 3), 216 children
  - Millbrae Recreation Center, Senior Showcase Resource Fair Dental Screenings, 31 seniors and one adult under the age of 65
- **February**
  - Lomita Park Elementary, School Screenings (Grades K - 3), 144 children
  - Beresford Elementary, School Screenings (Grades K, 1), 60 children
  - Sunnybrae Elementary, School Screenings (Grades TK-1), 117 children
  - Lomita Park Elementary, School Screenings (Grades Tk, 4-5) 124 children
  - George Hall Elementary, School Screenings (Grades Pre-K - 1), 117 children
  - Burlingame Community Center, Mobile Dental X-rays for participants of previous Burlingame Community Center event, 1 senior

# School Screenings



# Senior Screenings



Read Sonrisas FY 2023-24 Quarter 1, by [clicking here](#).

## 4.1

## Peninsula Wellness Community

Define the community hub's programs, services, and financial sustainability models.

The PWC's master plan report was completed in October and the plan was presented to the Board during their October 26th board meeting.

### **PWC Report 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.”

To read the full report, [click here](#).

## 4.2

## Grants Program

Review and analyze the entire grants program and its alignment to our strategy, and provide a recommendation for the program's future.

Since the last update, we have had many exciting developments with the Community Grants program, including awarding 33 organizations for a total of \$1,108,000 and celebrating the power of community partnerships at the well-attended grants reception and ceremony in January 2024.

### **Community Grants Program Event and Partnerships Memorialized**

Video production was an important component of the Community Grants Program (CGP) Reception & Award Ceremony and created a space for grantees to speak about the partnership and impact of PHCD's support. Videos highlight the different organizations that are working to support the District's vision that all residents achieve their optimal health, and the great appreciation and honor they feel to be selected as PHCD grantees.

Below are links to the list of [2023-2024 grantees](#), press releases, a recap video from CGP event, and five video testimonials from partner organizations. In addition, the group photos

by focus area are included: Mental Health, Preventive Health, Healthy Aging, and Health Equity.

**Press releases:**

- [Peninsula Health Care District Funds Over \\$1 Million to Support Vital Community Services and Resources in 2024](#)
- [Peninsula Health Care District Awards Over \\$1 Million in Grants to Support 33 Community Organizations During Recognition Ceremony](#)

**Media Coverage:** On January 18, The Almanac wrote an article about the CGP:

- [Peninsula Health Care District grants over \\$1 million to nonprofit organizations](#)

**Videos:** These videos are being posted on the District’s social media channels and shared with Grantee partners to disseminate further.

- [2024 Community Grants Program - Reception & Award Ceremony](#) - Event recap
- [Testimonial from Bryan Neider, CEO of AbilityPath](#) – Preventive Health grantee
- [Testimonial from Lisa Tealer, Executive Director of Bay Area Community Health Advisory Council \(BACHAC\)](#) – Preventive Health grantee
- [Testimonial from Terri Boesch, Executive Director of CALL Primrose](#) – Preventive Health grantee
- [Testimonial from Board Member Marlene Hopper of Foster City Village](#) – Healthy Aging grantee
- [Testimonial from Suzanne Hughes, Executive Director of One Life Counseling Center](#) – Mental Health grantee



Here is an example of a grantee, Healthier Kids Foundation, featuring the grant event in their February 2024 newsletter:



## Recipient of the 2024 Community Grants Program!

**Healthier Kids Foundation** was one of thirty-three recipients of the 2024 Community Grants Program through Peninsula Healthcare District. Awards were granted in four focus groups: Mental Health; Healthy Aging, Preventative Health; and Health Equity. As part of the Preventative Health group, Healthier Kids Foundation was awarded specifically for our HearingFirst program. We are extremely grateful to be a recognized for our services and a recipient of this year's Community Grants Program.

The Peninsula Health Care District exists to address the health needs of its 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 for needed programs, to partnering with service providers through funding support, to community-based organizations that address the identified needs of our residents.

The Community Grants Program is one of the strategies the District employs to address the health needs of its residents.

[Source: Peninsula Health Care District](#)



## Community Health Investment (CHI) Committee – Special Session

In February, a special review session was held with the Community Health Investment (CHI) Committee Chairs, Dr. Navarro, and Dr. Sanchez. This was an optional meeting for the members of CHI Committee: Bryan Neider and Kevin Martinez participated.

The Strategic Initiatives Director set forth the following objectives for the session:

- Present key findings from the review of Mid-Year and End-of-Year reports
- Introduce common metrics by focus area (Preventive Health, Mental Health, and Health Aging)
- Describe alignment with the District’s Strategic Planning efforts
- Discuss a common set of core metrics
- Present process improvement opportunities for the Community Grants Program

The special session was highly interactive and affirmed the need to advance core metrics to understand, monitor and track the grant program’s impact on the health of District residents.

Key slides from the presentation are below:

### Key Findings

- Grantees employed a broad range of strategies/interventions to improve the health & well-being of District residents - from food distribution, mental health counseling to hearing screenings.
- Different tools are used to measure progress (i.e., standardized instruments and program pre-post surveys), and they report on a variety of metrics.
- Impact is primarily focused on short-term outcomes that are expected to occur within a one-year grant period.
- Grantees established program objectives that were realistic, meeting or exceeding the majority of targeted metrics.

### Opportunities

1. Anchor and align with the District’s 2023-2025 Strategic Planning efforts, which will identify core metrics and key outcomes for core programs.
2. Leverage expertise and experience from the Community Health Investment (CHI) and Strategic Direction Committee (SDC) Committees.

### Challenges

- Metrics are program-specific.
- Diversity of reported measures makes it difficult to look at the collective impact of grantees’ work by focus area.
- Grant outcomes reflect short-term gains or improvements in health and mental health due to the constraints of one-year period cycle.
  - For example, changes in attitudes, beliefs, and knowledge
  - For crisis situations, such as with domestic violence, they reflect immediate actions that can lead to immediate safety
- The District does not measure the impact of returning grantees over time.

### Additional Next Steps: Process Improvement Efforts

- Revisit grant-making process and revise online Letter of Interest (LOI) and full grant application.
  - LOI - Use the portal this year
  - Application - Embed a set of core metrics; establish required fields; Additional evaluation table and budget report
- Conduct outreach and provide workshops on application process to new organizations.
- Develop engagement strategies with current grantees to leverage data; identify commonalities, and establish process and best practice for cross-sharing.

For the full presentation deck, [click here](#).

## **Meetings with Grantees from the Community Grant and Impact Partners programs**

As mentioned, the District is seeking to establish rapport with grantees, reaching out to learn more about their programs, and welcoming feedback and thought partnership.

When the District learned about the murder-suicide tragedy in San Mateo, and received a community letter from Karen Ferguson, Executive Director, of CORA (Communities Overcoming Relationship Abuse), a 2023-2024 CGP grantee, the SID reached out to see how we can support their community education and prevention efforts.

Based on a listening session with the Executive Director and Director of Development, a few ideas flourished, such as promoting key prevention messaging and resource sharing through our social media channels. The District featured CORA in the [March/April Newsletter](#), highlighting their services, and the availability of the only dedicated, toll-free 24-hour hotline for intimate partner abuse in San Mateo County: 1-800-300-1080. Another area to consider would be a creative adaptation of their current work: piloting the Speak Up Campaign in Schools. Dr. Ferguson cited a staggering statistic: 1 out of 11 teens have been in a domestic violence (DV) relationship. The PHCD CEO and SID will be circling back with CORA to flesh out ideas to bring them to fruition.

## **Community Grants Program Evaluation**

We are in the process of performing an in-depth evaluation of the Community Grants Program, as we are also gearing up for the 2024-2045 grant cycle. Some process improvements that can be highlighted at this time include:

- Conduct informational workshops to increase outreach and provide an overview of the program, objectives, focus area(s), and intended impact.
- Identify core metrics that can help the District determine the CGP's impact on the health of District residents.
- Update the online grants platform, incorporating explicit criteria for the Letter of Intent (LOI) stage, and instituting Community Health Investment (CHI) Committee feedback on the full application form.

It is important to note that while the platform is updated every year to allocate a new space for the upcoming cycle, the vendor (WizeHive) is unveiling technological enhancements during the week of March 11, and changing the grant platform name from Zengine to Nexgen. The District's update will coincide with this development and leverage new features, such as real-time reporting.

Results from the program evaluation will be provided in the next Board report.

## **Small Grants & Sponsorships Portal**

Recognizing that there was no established mechanism or tool for managing Small Grants (also referred to as Seed Grants) and sponsorship requests, the Strategic Initiatives Director performed a review of existing software/applications, and determined that SM Apply, a product of Survey Monkey, was the best choice for the District's use given its user-friendly



features that allow us to build out the platform, and its customizability to integrate District workflows.

The platform is live and can be accessed [here](#). To the right is a screenshot of the District-branded landing page for both programs:

As mentioned in the previous Board Update, the platform has application and reviewer portals and workflows for an initial screening phase with embedded

criteria and a full review phase with a survey form that will help the District determine strategic alignments and consistent collection of projected event outcomes and impact.

The second screenshot on the right shows a question about impact requested for both the Small Grants and Sponsorship applications.

To date, we have successfully used the portal to award two Small Grants and two sponsorships. One of the two small grant recipients extended a heartfelt post of appreciation to PHCD, as shown below:



Peninsula Health Care District is a proud partner and sponsor of community programs, activities, and events that align with our vision, mission, and strategic priorities supporting preventive health, healthy aging, mental health, and health equity. We accept requests from 501(c)3 organizations or public agencies serving residents living in San Bruno, Millbrae, Burlingame, Hillsborough, San Mateo, Foster City, and a part of South San Francisco. Please complete an application to be considered for funding support.

Programs  ☰

Program	Open date	Deadline	
Sponsorships	Nov 2 2023 12:00 AM (PDT)		<a href="#">MORE &gt;</a>
Seed Grants	Nov 2 2023 12:00 AM (PDT)		<a href="#">MORE &gt;</a>

**Program / Event Impact**

How will community participants/residents benefit from your program?

**Expected number of community members/residents served or participating in your event**

**Target audience demographics (race/ethnicity, age, etc.)**

**Program impact, in terms of specific health outcomes**

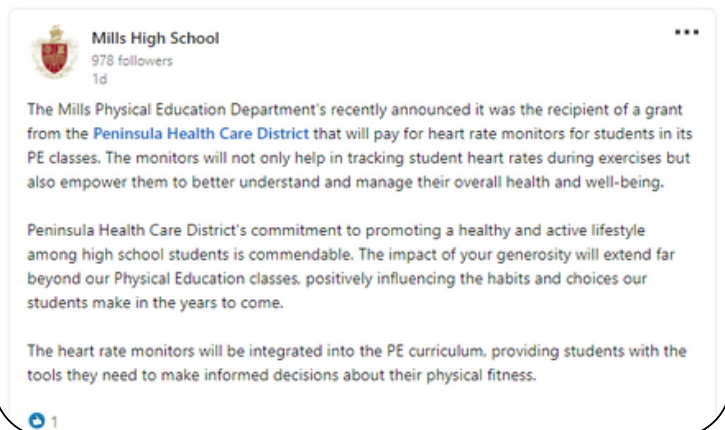
**Program impact, in terms of learning outcomes/awareness building**

**Other benefits**

Please indicate if event participants from the following cities will benefit from your program (Check all that apply).

- Burlingame
- Foster City
- Hillsborough
- Millbrae
- San Bruno
- San Mateo
- South San Francisco
- Other, please specify...

**Mills High School's Post**



## 4.3

## The Trousdale Assisted Living

Serve as many residents as possible in need of assisted living care by maximizing occupancy.

The Trousdale guided **112 tours** from December 2023 to February 2024 and received four leads from our latest round of marketing ads. Those efforts in combination with the monthly social events helped increase our occupancy rate from 91% to **92.7%**. A list of events are listed below.

### December 2023

- Lunch & Learn
- Physicians Luncheon @ Peninsula Post Acute
- Burlingame Police Appreciation Luncheon
- Burlingame Fire Appreciation Luncheon

### January 2024

- Lunch & Learn
- Daily Journal Senior Showcase

### February 2024

- Lunch & Learn
- Parkinsons Educational Seminar
- Burlingame Parks & Rec Senior Center Valentine's Dance

Read the Trousdale's FY2023-24 Quarter 1 report, by [clicking here](#).

# Events, Announcements & Recommended Reading

## Events & Announcements

### Youth Crisis Needs Assessment Workshop

3/6 - 7, 8:30am-4:30pm, CZI Community Space

### Samaritan House 50th Anniversary Gala

3/15, 5:30pm-8:00pm, Marriott

### CASA of San Mateo Donor Appreciation

3/20, 5:30pm-7:00pm, Poplar Creek Golf Course

### College of San Mateo Health Fair

3/20, 10am-2pm CSM College Center

### San Mateo-Foster City School District Resource Event

3/23, 9:00am-12:00pm, College Park Elementary School

### Overcoming the Epidemic of Loneliness

4/3, 8:30am-12:00pm, CZI Community Space

### College of San Mateo President Advocacy Dinner

4/11, 5:30pm-7:30pm, CSM Building 10

### Aragon Opportunity Fair

4/18, 11:00am-12:30pm, Aragon High School

### Soul Stroll 2024

5/18, 8:00am-12:00pm, Coyote Point Recreation Area

### Star Vistas Mental Health Matters Walk

5/18, 9:00am-1:00pm, Ryder Park

## Recommended Reading

Please note that any of the documents provided via the links below can be made available to the Board via hardcopy. Please request from staff.

The graphic is a vertical schedule for March 2024. It features a yellow background with various colored callouts for events. At the top, it says 'march' in a purple oval, 'allcove' in the top right, and 'events schedule 2024' in large black text. The events listed are:
 

- game night 4:30pm - 6:30pm** (fri 1, 15, 29): connect with fellow gamers for a night of fun and competition.
- movie night 3:30pm - 6:30pm** (fri 8, 22): enjoy some popcorn, kick back, and let the movie magic begin.
- origami workshop 4:30pm - 5:30pm** (tues 19): learn the art of paper folding from our skilled instructor, creating beautiful and intricate designs.
- resume workshop 4pm - 5pm** (mon 25): led by an industry expert offering practical insights and tips for creating an effective resume.

 At the bottom, there is a 'more info:' button with a link to [allcove.org/san-mateo](http://allcove.org/san-mateo) and the address: 2600 S El Camino Real Suite 300 San Mateo, CA 94403.



**DATE:** March 28, 2024

**TO:** PHCD Board of Directors

**FROM:** Ana M. Pulido, Chief Executive Officer

**SUBJECT:** Discussion of Appointment of an Ad Hoc Committee to Review Board Policies

---

## **BACKGROUND**

The Peninsula Health Care District currently has 23 District and Board policies (listed below) that define acceptable practices for the organizations operations. Some policies require review and renewal, while others are continuous. The District will undergo a full review of existing Board and District policies with legal counsel, submit revisions and introduce new policies as needed.

## **Board & District Policies**

1. [Bidding for Public Works](#)
2. [Code of Conduct or Norms Policy](#)
3. [Community Grants Program Policy, Guidelines and Eligibility](#)
4. [Community Support Discretionary Fund Policy](#)
5. [Compensation of the Chief Executive Officer](#)
6. [Compliance with AB 1234 Biennial Ethics Training](#)
7. [Conflict of Interest](#)
8. [Debt Management Policy](#)
9. [Director and Employee Reimbursement and Annual Disclosure](#)
10. [Election Procedure](#)
11. [Filling Mid-Term Board Seat Vacancy](#)
12. [Impact Partnership Program Policy and Procedure](#)
13. [Internal Control Policy](#)
14. [Non-Harassment, Non-Discrimination Policy](#)
15. [Paid Holidays Policy](#)
  - [Paid Holidays](#)
16. [Paid Time Off Policy](#)
17. [Post-Issuance Compliance Procedures](#)
18. [Public Noticing](#)
19. [Public Records Request](#)
20. [Record Retention Policy](#)

21. [Standing Committees of the Board](#)
22. [Statement of Investment Policy](#)
23. [Strategic Financial Policy](#)

**RECOMMENDATION**

The CEO proposes considering a board Ad Hoc Committee to help with the review process.



# Jewish Family and Children's Services

OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES

STRENGTHENING INDIVIDUALS.  
STRENGTHENING FAMILIES.  
STRENGTHENING COMMUNITY.

## CENTRAL ADMINISTRATION

The Miriam Schultz Grunfeld  
Professional Building  
at Rhoda Goldman Plaza  
2150 Post Street  
Mailing address: PO Box 159004  
San Francisco, CA 94115

VOICE 415-449-1200  
FAX 844-591-1796  
EMAIL [executiveoffice@jfcs.org](mailto:executiveoffice@jfcs.org)  
WEB [jfcs.org](http://jfcs.org)

## BOARD OF DIRECTORS 2023 / 2024

**PRESIDENT**  
David Kremer

**VICE PRESIDENTS**  
Kerri Lehmann  
Lydia Shorestein  
Jacqueline Neuwirth Swire  
Alex Varum

**TREASURER**  
David Kiachko

**VICE TREASURER**  
Steven Feinberg

**SECRETARY**  
Alex Ingersoll

**DIRECTORS**  
Valli Benesch  
Robert Blum  
Kathy Fields, MD  
Ilysa Goldblatt, PsyD  
Scott Haber  
Oded Hermoni  
Jeff Hyman  
Robert Kaufman  
Natacha Kolb  
Kira Makagon  
Lisa Stone Pritzker  
Garry Rayant, DDS  
Laura Robbin  
Elizabeth Ross  
Sandra Shmunis  
Deborah Stadtner  
Jeffrey Wartell  
Mitch Waxman  
Doug Winthrop  
Ron Zeff

**EXECUTIVE DIRECTOR**  
Dr. Anita Friedman

February 21, 2024

Fátima M. Rodríguez, DrPH, MPH  
Strategic Initiatives Director  
Peninsula Health Care District  
1819 Trousdale Drive  
Burlingame, CA 94010

Dear Ms. Rodríguez,

On behalf of our Board of Directors and, most importantly, the seniors and caregivers who will receive expert, greatly needed assistance, I send sincere gratitude for the Peninsula Health Care District's generous support.

Jewish Family and Children's Services has gratefully received a grant payment of \$30,000 to provide District seniors and their family caregivers with dementia care services this calendar year.

Thanks to the Peninsula Health Care District's financial investment, older adults with dementia residing in the District will receive in-home respite care, care management, and consultations that will improve their health and overall quality of life. Vulnerable seniors will be so thankful to be able to rely on this safety net of support.

Through our coordinated services, seniors will be able to remain in their homes and communities for as long as safely possible—in keeping with their wishes. At the same time, respite services will boost the well-being of family caregivers by preventing burn-out, increasing the quality of their interactions with their loved one, and reducing isolation.

We value the Peninsula Health Care District's continuing and longstanding partnership in improving the lives of local seniors. We look forward to sharing with you the impact of this meaningful grant.

With gratitude,

David Kremer  
President, Board of Directors

RECEIVED

FEB 27 2024

BY: \_\_\_\_\_



RECEIVED

FEB 27 2024

BY: \_\_\_\_\_

February 4, 2024

Peninsula Health Care District  
1819 Trousdale Drive  
Burlingame, CA 94010

**RE: Grant Check #10706**

Dear Friends,

Thank you for your commitment to AbilityPath! Your generous grant of \$55,000 from Peninsula Care District will empower people with special needs to achieve their full potential.

Your contribution is deeply appreciated and recognized by all of us with the utmost gratitude. We look forward to reporting back to you on our progress and outcomes. Thank you for joining us in creating a world where people of all abilities are fully accepted, respected and included!

Warmest regards,

Bryan Neider  
CEO

LARRY, ANA & PHCD BOARD,  
ALL OF US AT ABILITYPATH  
ARE SO APPRECIATIVE OF YOUR  
SUPPORT FOR OUR MISSION  
AND OUR WORK. YOUR COMMITMENT  
TO THE INTELLECTUAL AND  
DEVELOPMENTAL DISABILITIES  
MAKES A DIFFERENCE. WITH  
GRATITUDE,

Note: Please retain this letter as proof of your donation; the Internal Revenue Service requires a receipt. No goods or services were received in exchange for your contribution.

EXECUTIVE COMMITTEE

- Steve Eskenazi, Chair  
*Angel Investor*
- Jennifer Wagstaff Hinton, Vice Chair  
*Community Leader/HP, Inc. (Retired)*
- Christopher Murphy, Treasurer  
*Skadden, Arps, Slate, Meagher, & Flom, LLP*
- Cynthia Owyong, Secretary  
*Breaking Glass Forums*
- Linda Leao, Immediate Past Chair  
*Community Leader*
- Marc McGeever,  
*Via Services Immediate Past Chair  
Community Volunteer*

BOARD OF DIRECTORS

- Ken Barker  
*Finance Consultant*
- Jeff Brown  
*Business Consultant*
- Alexandria Cabral  
*National Housing Trust*
- Amber Checky  
*Inclusion Counts*
- Cassy Christianson, OTR/L  
*Developmental Specialist*
- Jack Easterbrook  
*Strategy Law LLP*
- Carolyn Irvine  
*AbilityPath Auxiliary Vice President*
- Rex Ishibashi  
*Originator Inc.*
- Tyler Kawaguchi  
*Follett Corporation at Stanford  
Bookstore*
- Ishrag Khababa  
*Satellite Healthcare*
- Helen Marlo, Ph.D.  
*Notre Dame De Namur University/  
Private Practice*
- Kirsten McCarthy  
*AbilityPath Auxiliary President*
- Carole Middleton  
*Community Leader  
Philanthropist*
- Denise Pollard  
*CLASS*
- Suman Prasad  
*Google*
- Mike Reed  
*Franklin Templeton Investments*
- Felicia Stacker  
*Luna Innovations Incorporated*
- Tracy Warman-Gries  
*NetApp, Inc.*
- Sibylle Whittam  
*Philanthropic Advisor*



COMMUNITY OVERCOMING  
RELATIONSHIP ABUSE

Ms. Fatima Rodriguez  
Peninsula Healthcare District  
1819 Trousdale Blvd.  
Burlingame, CA 94010

RECEIVED

FEB 27 2024

BY: \_\_\_\_\_

Dear Fatima,

Thank you so much for partnering with CORA to help end intimate partner abuse. It is the collective support from our community, and beyond, that allows us to continue our critical services offered to the victims of domestic abuse, including women, teens, children and men.

With your generous grant, you are supporting an organization with a deep history in our community and the only one of its kind in San Mateo County offering comprehensive, wrap-around services including: Legal Services; Housing and Advocacy; Family-centered Mental Health Services; Crisis Support Services (including a 24-hour hotline); and Community Education and Prevention.

Thank you for choosing to shine a light of hope and believing that change is possible. This funding truly makes a difference as the stats are staggering: 1 in 4 women, 1 in 7 men and 1 in 2 transgender individuals will experience domestic violence in their lifetime. However, because of this wonderful support, the future of our shared community will be brighter.

With Gratitude,

Karen Ferguson, PhD  
Chief Executive Officer

Grant Amount: \$45,000  
Date: December 24, 2023  
EIN: 94-248118

Because we are a registered 501(c)3 organization, your donation is completely tax deductible. Please keep this for your tax records to claim your deduction. No goods or services were made in exchange for this donation.

2211 Palm Avenue  
San Mateo, CA 94403  
650-652-0800

800-300-1080 (24-hr hotline)  
www.corasupport.org

*Thank you so much  
for the support!  
- K*



SONRISAS DENTAL HEALTH

*10th annual*  
**COOKING FOR A CAUSE**

SATURDAY

SEPTEMBER

**21**

AT 5:00 PM

DOMENICO WINERY  
SAN CARLOS, CA

**SPONSORSHIP OPPORTUNITIES**



# About **COOKING FOR A CAUSE**

The elegant, Spanish-themed Cooking for a Cause evening brings together our community for an evening of fun, celebration, and commitment. Known internally as the 'paella fundraiser', the evening features delicious, authentic paella cooked by award-winning chefs on-site, a cocktail hour, seated dinner, inspiring stories, and silent and live auctions. We invite you to be part of this unique event.

Thanks to the commitment of an amazing community of supporters, Cooking for a Cause has grown far beyond the small, friends-and-family affair it was when it began 10 years ago. As interest in this event has grown, it has outgrown smaller venues. In 2023, Cooking for a Cause welcomed 143 guests to a sold-out event. With a new, larger venue, we expect this year's evening to bustle with 180+ guests.

Your sponsorship of this event makes you part of a generous, caring, philanthropically-oriented community and gives your business audience among people who are most passionate about organizations that make a difference. You will have the opportunity to connect and network with professionals and peer businesses and raise awareness of your business while supporting the health and well-being for all in San Mateo County.

Sonrisas Dental Health was founded in 2001 by community members who saw an unmet need and were determined to make a difference. Our vision is that every adult and child should have a dental home, including those facing physical, developmental, and financial challenges. This year, we will serve 5,000 community members - 3 in 4 low-income - at over 15,000 clinic visits, as well as provide dental screenings and oral health education to over 3,000 children, older adults, and others.

Oral health is recognized as an increasingly critical part of overall health, health equity, and economic mobility. Just as the health of every part of the body connected, so is the health of our community connected to one another's.

Thank you for uplifting our community through your generosity.

# SPONSORSHIP PACKAGES

	"Presented-by" tagline and speaking opportunity	Seats/tables included	Program Ad	Live Event Recognition	Emcee Recognition
<b>Presenting Sponsor</b> \$20,000	✓	20 seats (2 tables)	2 page, center-fold	Dedicated slide	✓
<b>Platinum Sponsor</b> \$10,000		10 seats (1 table)	Full page	Dedicated slide	✓
<b>Gold Sponsor</b> \$5,000		10 seats (1 table)	1/2 page	Prominent logo placement	
<b>Silver Sponsor</b> \$2,500		5 seats	1/4 page	Logo	
<b>Community Sponsor</b> \$1,000		2 seats	1/8 page	Logo	
<b>Neighborhood Sponsor</b> \$500		2 seats	n/a	Small logo	

In addition to the above, all sponsors also get the following benefits: recognition on Sonrisas e-newsletters, event website, and social media; logo placement on event sponsor board. Sponsor is responsible for ensuring artwork is received in a timely manner. Artwork and other content is subject to approval by Sonrisas.

**Note: We are able to customize your sponsorship benefits upon request. Please contact Spandan Chakrabarti, Community Resources Director, at [schakrabarti@sonrisasdenal.org](mailto:schakrabarti@sonrisasdenal.org) to discuss a custom sponsorship.**

# SPONSORSHIP AGREEMENT

Thank you for sponsoring the 10th Annual Cooking for a Cause fundraiser, benefiting Sonrisas Dental Health. Please submit the form with your payment (make checks payable to Sonrisas Dental Health) to:

Sonrisas Dental Health | 430 N El Camino Real | San Mateo, CA 94401 |  
development@sonrisasdental.org



You may also purchase your sponsorship by scanning the QR code to the right and making a payment online.

Sonrisas Dental Health is a 501(c)(3) nonprofit with tax ID 94-3390196. **Part of your sponsorship contribution may be tax deductible.** Please contact us at 650-727-3487 or review your acknowledgment letter for specifics.

Please choose your sponsorship level:

**Presenting Sponsor (only 1 available): \$20,000**

**Platinum Sponsor: \$10,000**

**Gold Sponsor: \$5,000**

**Silver Sponsor: \$2,500**

**Community Sponsor: \$1,000**

**Neighborhood Sponsor: \$500**

Name as you would like it to appear on event materials:

\_\_\_\_\_

Primary contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (incl. city, state, zip): \_\_\_\_\_

Authorized signature: \_\_\_\_\_

## PAYMENT

\_\_\_ Check: a check made to Sonrisas Dental Health, in the amount of \$\_\_\_\_\_, is enclosed.

\_\_\_ Credit card no: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Billing zip code: \_\_\_\_\_ Security code: \_\_\_\_\_

Name on card: \_\_\_\_\_