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PUBLIC NOTICE

**Board of Directors
STRATEGIC DIRECTION OVERSIGHT COMMITTEE
1819 Trousdale Dr. (Classroom)
November 1, 2023
5:00 - 6:30 PM**

AGENDA

- 1. Call to Order & Roll Call:** Chair Cappel
- 2. Approval of Minutes:** SDOC August 2, 2023 **Pg. 1-9**
- 3. Samaritan House R.I.S.E. Initiative: Guaranteed Income Program Pilot:** Laura Bent, CEO, Samaritan House **Pg. 10-15**
- 4. Adjournment**

Next Strategic Direction Oversight Committee meeting: January 4, 2023



**Strategic Direction Oversight Committee Meeting Minutes
August 2, 2023**

1. Call to Order: Chair Cappel called the meeting to order at 4:57 p.m.

Roll Call: SDOC members present were Cappel, Jackson, Kraus, Emmott, McDevitt, Bandrapalli, Johnson
Absent: Pagliaro, Quigg, and Aubry

2. Approval of Minutes: SDOC May 3, 2023

Motion to approve as written by Johnson; seconded by Kraus

Roll Call Vote: Ayes-7; Noes-0; Abstain

Motion Passed:7/0/0

3. PWC Hub Update: Alexis Denton and Maria Mortati, Resilient Environment

Alexis Denton and Maria Mortati presented on the PWC Hub progress.

Presentation Highlights

Preview of Innovation Hub Survey - PHCD Innovation Hub I Blueprint Development

Real World Models

GenSpace by Wallis Annenberg, Los Angeles, CA

GenSpace, the community hub founded by Wallis Annenberg, challenges ageist narratives onscreen by advocating for stories centered around an older population. Membership costs \$10 per month and offers state-of-the-art fitness, horticulture, art, technology, and financial security classes, along with hosting events. GenSpace fosters community, connection, and promotes a positive outlook.

Seniors' Community Hub, Alberta, Canada

Seniors' Community Hub (SCH) centralizes primary care to address health and social needs of older adults and their caregivers. It targets patients aged 65 and above with "mild to moderate" frailty. The program identifies, assesses, and manages frailty, promoting information sharing between patients, caregivers, and healthcare providers. It collaborates with agencies to provide services such as homecare.

Collaborating for Health (C3), UK

C3's community engagement program, using its unique CHER approach, empowers local communities to identify and overcome health barriers. Community members become 'citizen scientists', using a mobile tool to record and map local health impediments. Evidence collected has led to significant funding and impactful interventions such as the development of playgrounds, provision of healthy meals, and revitalization of community centers.



Solidifying PHCD Point of View

The Need to Craft a Shared Point of View

- Helps team stay on track
- Ensures the Hub is more than a list of services
- It's the heart and the energy of the organization
- Defining an approach points to an operational model
- It directly shapes how services are delivered

Next steps: determine mission, vision, and model

Operational Models

Empowering Health

This approach focuses on empowering individuals to take control of their health. It emphasizes the importance of supporting people in helping themselves and equipping them with the necessary resources to do so.

Community Wellness

This approach offers a framework, valuable information, and motivation to assist members in enhancing their overall well-being as a united community.

Concierge Health

Members are able to relax and receive assistance and support being provided to them.

Revisit Audience?

Current audience target: Concierge Health

Q & A with Alexis Denton and Maria Mortati

Chair Cappel emphasized the importance of curating a wide range of services that not only serve their intended purpose but also captivate the community, fueling their desire to actively engage in them.

Ms. Kraus recommended allocating a dedicated portion of the hub to focus on senior community outreach.

Ms. Bandrapalli suggested partnering up with the San Mateo Commission on Aging, who are already doing incredible work in promoting senior independence, self-sufficiency, and overall physical and mental health.



Chair Cappel commented that they need to determine whether the hub would cater to everyone or specifically focus on serving seniors. He agreed that partnering with the Commission on Aging would be a fantastic idea.

Ms. McDevitt expressed that the Empowering Health model resonated with her due to its inclusivity, as it encourages diverse members of the community to actively engage. She believes that this model will foster a sense of belonging and encourage regular participation. Furthermore, this individualized approach has the potential to promote community well-being through classes, workshops, and events if there is an identified demand for such offerings.

Ms. Jackson echoed Ms. McDevitt's sentiment that adopting an Empowering Health model with an individualized approach would be an excellent starting point. This approach allows for flexibility, ensuring that the hub can adapt and incorporate a community-based approach if the need arises. She also emphasized the importance of focusing on seniors, acknowledging that attempting to serve the community as a whole and addressing all their needs would be a significant undertaking.

Ms. Denton commented that since joining the project, the primary audience they had been focused on serving was seniors. However, she raised the question to the Board about whether they wanted to reconsider the target audience and potentially change it. This implies a willingness to reassess and potentially broaden the scope of the hub's intended beneficiaries and the services they would provide.

CEO Pulido stated that while Alexis and Maria's current focus of the hub is on seniors, during her research on the early development of the hub, it was intended to be inclusive of all ages and multi-generational. She believes that while seniors can remain a focus, it's crucial to integrate and serve other demographics as well. There may be other groups in the community that are in need of critical health-related services. By expanding the outreach and inclusivity, the hub can address the diverse needs of different age groups and create a more comprehensive and impactful experience for the entire community.

Chair Cappel expressed his belief that the primary focus should be on seniors since they make up a significant portion of the district's residents. He also mentioned that several programs tailored to their demographic have been discontinued. However, he sees a wonderful opportunity to include a younger population in the senior programs. To achieve this, he suggested partnering with the seven or eight local high schools in the area, as they would be a valuable resource.

Ms. Bandrapalli agreed with Chair Cappel and emphasized that collaborating with the career center at these high schools would be an excellent strategy for integrating a younger population into senior services. She highlighted the fact that high school students are mandated to fulfill community service hours as a graduation requirement, making them a perfect fit for this initiative.

Ms. Denton shared that their next course of action would involve providing greater clarity and detail to the three models, enabling them to make a well-informed decision regarding the direction to pursue. While they are currently leaning towards the Empowering model, they will approach it with the underlying theme of "Aging in Place." This approach ensures that the model is inclusive to everyone and allows for flexibility to incorporate different demographics if the need arises.



4. Funding for Mammography at San Mateo Medical Center: John Jurow, CEO of San Mateo County Health Foundation

John Jurow, the CEO of the San Mateo County Health Foundation, presented on the importance of securing funding for Mammography at the San Mateo Medical Center.

Presentation Highlights

Breast Cancer in the U.S.

- About 264,000 women and 2,400 men are diagnosed annually
- About 42,000 women and 500 men die each year
- An estimated 300,590 people will be diagnosed in 2023
- 297,790 of which are women, making it the most common cancer in American women; every two minutes, a woman is diagnosed with the disease.
- About 1 out of every 100 breast cancers diagnosed in the U.S. is found in a man

About 1 in 5 new breast cancers will be ductal carcinoma in situ (DCIS). DCIS is a non-invasive or pre-invasive breast cancer. Nearly everyone with this early stage of breast cancer can be cured.

Sources: CDC, Breast Cancer Research Foundation, American Cancer Society

2D Mammography at SMMC

77,000+ patients come through the County hospital. Of those, roughly 35,000 reside in the boundaries of the Peninsula Healthcare District.

In 2020 and 2021 ...

- 9,556 patients had a mammogram done at the hospital.
- 1,348 patients were called back due to insufficient imaging.
- 264 patients received false-positive & false-negative results.

In 2023 ...

- There have been 6,128 mammography and 1,540 ultrasound follow-ups.
- Out of every 1,000 people who undergo screening, there are 4.1 cases of breast cancer detected.

The Type of Mammography Matters

An annual screening mammogram is proven to be the best way to detect breast cancer, but the type of mammogram is important!

3D Technology:



- Uses multiple low-dose X-ray images, making it easier for radiologists to detect cancer because they can look at the breast from different angles
- Provides fewer false alarms because the improved technology decreases the call-back rate and can often prevent anxiety
- Can detect up to 40 percent more cancers than 2D mammograms

What They Hope to Accomplish

Raise Funding To:

- 1) Upgrade technology for two mammography machines from 2D to 3D technology (\$700K)
- 2) Purchase a mobile van to reach patients at all SMMC clinics (\$970K)

Total Goal: \$1.67M

Any additional funds from the 3D mammography fundraiser will go towards the mobile van.

Funding Opportunities:

650K pledged as of July 25, 2023

- Stanford Medicine
- Sunlight Giving
- The Sobrato Organization
- Foundation Gala

Other organizations/foundations

- SAGA \$50K
- San Mateo Medical Center \$200K
- Sequoia Healthcare District \$200K
- SMC Health Foundation \$200K

COUNTY SUPPORT

Why is Funding Needed?

- The county is providing resources for over 77,000 patients to live a healthy life.
- The costs to run this are increasing, and they are higher than ever. Help is needed from organizations like PHCD if there is a chance for them to make a real difference.
- The County contributes \$59M annually to the Medical Center for general operations.
- They have authorized the Medical Center to spend over \$100M over the next three years on Epic implementation and have contributed over \$10M to the effort.
- They also supported the new administrative wings of the Medical Center to meet seismic requirements, with a project cost of over \$200M for the Admin and Link buildings.



- They support smaller initiatives such as the upcoming CT replacement project for \$8M and \$5M for MRI.

Chair Cappel thanked Mr. Jurow for the presentation and informed him that this matter would be discussed further in the upcoming Board meeting.

5. allcove™ Update: CEO Pulido and Director Flores, Peninsula Health Care District

Quick Background: What is allcove™, and how is this model unique?

- Prevention to early intervention focus
- Stigma free; normalizes mental health
- Youth-friendly, engaging, and upbeat staff
- Strong youth outreach and marketing
- Consortium of youth-serving agencies
- Integrated care
- Youth-centered and informed by Youth Advisory Group

Core services to be delivered at allcove™ (Long Term Plan)

- Mental Health
- Physical Health
- Family Support
- Peer Support
- Substance Abuse
- Education and Employment Support

Advantages of In-House Implementation Model

A potential alternative plan of implementation and operation to move forward with the successful execution for allcove™ San Mateo would be for PHCD to be the sole and lead agency. This alternative would have its benefits mostly in cost savings and financial recuperation of costs associated with the delivery of services as listed below:

Financial Savings: PHCD would avoid having to pay out and contract with an agency that is currently trying to recuperate administrative and overhead costs at 15-30% and bill PHCD for hiring staff that PHCD could directly hire (Per Diem or directly) instead of the excess cost incurred. Moreover, there is a possibility of saving on legal, contractor, and recruitment fees.

The facility at 2600 S. El Camino Real would provide additional staff as needed and be ready for the potential opening date of December 2023 – February 2024. Tenant improvements are on track and progressing.

Efficiency and Direct Accountability of Service Model

PHCD staff continues to work with Stanford University's Center for Youth Mental Health & Wellbeing as the technical state grant provider of allcove™. The Central allcove™ Team (CaT) has played a crucial role



in providing guidance to maintain model integrity and alignment in various areas. This includes marketing, branding, and communications, as well as service delivery and integration. Additionally, they have been instrumental in fostering community partnerships and involving the youth advisory board. By implementing a model where PHCD provides direct oversight, staff members believe that there will be increased workflow efficiencies, which will open up opportunities for partnerships to thrive. This includes partnerships with county social service agencies, Sonrisas Dental Health, and other organizations. Similar to the approach taken by sister healthcare district Beach Cities, the allcove™ staffing model will be supported directly in-house. Instead of having one lead coordinating agency overseeing all aspects of implementation and services, the approach involves contracting with key agencies and service providers to deliver selected services. This ensures efficient implementation and delivery of services for allcove™.

Lessons Captured from allcove™ Beach Cities Site Visit

Focus on floorplan layout and facilities

- Plan to develop "the cove" as a designated space where youth can receive dedicated support and feel a sense of belonging among their peers.
- Plan to develop distinct areas within the facility to address specific service needs. These areas will include a parent waiting area, a quiet and sensory space, and a game room. In addition, measures will be taken to ensure the safety of the space and maintain the confidentiality of the youth seen, such as implementing appropriate signage, utilizing wave-finding techniques, and addressing the physical layout of the areas.

Staffing: Roles & Responsibilities of Staff

- Shared model of responsibilities among peers
- Culture is critical to the success and bringing in youth.
- Strong focus on centralizing the role of the center's Clinical Director to provide vital clinical support. This includes offering supervision for peer support specialists and creating ongoing professional development opportunities for all staff members.
- Opportunities to collaborate with other youth-focused employer partners, such as AmeriCorps and volunteers.
- Working with universities for recruitment

Overall flexibility, adaptability, and scalability of allcove™ model

- Model incorporates key elements that can be introduced gradually as the demand for services increases. Instead of implementing everything from the beginning, the model allows for scaling based on the scope and needs of the community.
- Consideration has been given to an improved operational schedule for the center, such as operating five days a week from 1 p.m. to 7 p.m. This schedule allows for flexibility and provides an opportunity to assess and adjust as the center grows and expands its services.



Recruitment/Outreach

- Increase # of tours
- Work with uninsured, middle schools, colleges, and hospitals for referral services

Youth Advisory Group Updates 2023-2024

- 20 total applicants; 18 were interviewed
- Ages 14-23
- 9 females, 4 nonbinary, 1 trans, 6 males
- Representation from public, private, and parochial high schools as well as one University student

Following interviews, there are a total of 19 YAG members

- 6 continuing on and 13 newly accepted members
- Ages 14-23
- 10 females, 5 males, 1 trans, 3 nonbinary
- Representation from public, private, and parochial high schools, as well as one Community College student and one University student.

Community Consortium Launching August 2023

Name

Maurice Goodman
Henry Sanchez
Andrea Vizenor

Christine Z.
Jorge A.
Frieda Edgette
Martha Bastarrachea

Organization

Vice Mayor, Millbrae
UCSD/PHCD Board Member
College of San Mateo; Executive Director of Partnership, Initiatives, and Workforce
YAG - High School Senior
YAG Member - Community College Student
Private Youth Consultant/SMC BHRS Commissioner
CASA San Mateo County Program Director

** Supervisor David Canepa (San Mateo County District 1) Advisory Board Member

What's coming up next?

- Hiring Clinical Director for allcove™
- Community Consortium kick-off
- Identifying and meeting key stakeholders and potential service providers
- General Contractor ongoing tenant improvement work
- Tenant improvements July-October 2023
- Soft opening November 2023
- Grand community ribbon cutting January 2024



Q & A with Director Flores

What hours will the center be open? The center is actively exploring different options for its operating hours, with a preference leaning towards afternoon hours, potentially from 1 to 7. Additionally, they are considering the possibility of having Saturday hours of operation as well.

Has the center taken into account the presence of homeless youth in the area? Has that dynamic been considered? The center is placing significant emphasis on addressing the needs of the homeless youth population. There has been active engagement with various organizations and nonprofits that specialize in housing solutions. By collaborating with these partners, the center aims to work towards finding effective ways to support homeless youth and provide them with appropriate housing resources and assistance.

Will the center provide food? The center is currently exploring ways to address this issue and has plans to incorporate it in some manner, potentially with assistance from PHCD community partners.

6. Adjournment



R.I.S.E. Initiative

Resources for Independence, Stability, and Empowerment

Mission Statement

Fighting Poverty. Lifting Lives. We mobilize the resources of our community to help those among us who are in need. Our dedicated professional staff and volunteers work together to provide food, access to shelter, healthcare, and a broad range of supportive services. We preserve dignity, promote self-sufficiency, and provide hope.

What is the R.I.S.E. Initiative?

This initiative will empower single parents to achieve self-sufficiency by increasing their financial stability, agency and self-determination through a Guaranteed Income Pilot Program.

Goals

Reduce income disparity and hardship; promote vocational education and training – reskilling and upskilling.

- Eliminate second job.
- Create opportunity for certifications, credentials, education.
- Increase income, achieve economic stability, foster financial freedom.
- Learning for Action (LFA) to measure program impact.
- Support scalability for future project expansion.

Recipients

A cohort of ten(10) extremely low-income, San Mateo County households headed by single mothers, ages 18+, who juggle a second job, which creates a significant barrier to educational and income advancement. This study will provide valuable insights into the challenges and obstacles faced by these families, as well as identify the key elements required to replicate the project's success, ultimately expanding our reach to serve a greater number of single-parent-led families.

Amount + Frequency

Participants will receive \$1,000 per month (supplementing income from 2nd job). At the end of the pilot, each family will receive a \$1000 bonus.



"I work two jobs and I still can't make ends meet. Living in the Bay Area is just really expensive."

Christina, a single mother of 3



Why Families?

San Mateo County, the fourth richest in America, harbors the largest income inequality in California. Among the most affected are single parent households, predominantly led by women, who suffer the highest poverty rates. More than 18,000 of these households struggle to meet basic needs; challenging choices between rent, food, and essentials for life become even more difficult when balancing the needs of their children. In a County that is home to 22 billionaires and 5,000 people with an annual income exceeding a million dollars, thousands of children still go to bed hungry at night. **By investing in the financial stability and well-being of these households, we will address income inequality, alleviate poverty, empower women, and create socio-economic impacts.**

Duration

Participants will receive the disbursements for 18 months (1.5 years).

Program

This pilot will be administered with the support of Samaritan House trained volunteer financial coaches, working together with Client Services to provide intensive case management. Coaches will work closely with the participants throughout the pilot. The integration of financial coaching is designed to go beyond the mere dissemination of information, focusing instead on instilling long-term healthy financial habits.

Volunteer coaches will provide structured guidance for clients to develop new or improved skills and behaviors, increase income, build savings, plan for retirement, and attain and sustain assets. Additionally, steps will be taken to mitigate reductions in participants' other public benefits as a result of having extra income from R.I .S.E. Services will be delivered in both English and Spanish, through a combination of interpreters and outsourced translation services.

Budget

The successful implementation of the pilot will require a budget of \$275,000. Out of this budget, an estimated \$190,000 will be designated for cash disbursements to the participating families, ensuring direct financial support. The remaining funds will be allocated towards the execution of a robust evaluation plan, ensuring comprehensive data collection and analysis, as well as to cover administrative expenses, guaranteeing the smooth functioning and effective monitoring of the pilot.



FIGHT POVERTY. LIFT LIVES.

RISE Initiative

Resources for Independence, Stability, and Empowerment

BACKGROUND

Samaritan House’s Guaranteed Income Pilot, **Resources for Independence, Stability, and Empowerment Initiative (RISE)**, was **born out of the voice of listening/healing circles** with our clients. The purpose of this initiative is to empower single mothers in achieving self-sufficiency by increasing their financial stability, agency and self-determination. We intend to keep the pilot small, deep and research-based, specifically identifying single-mother-led families who are interested in augmenting their income and progress towards a more sustainable future. By strategically executing this pilot, we seek to secure funding for a subsequent cycle, ensuring the continuity and expansion of this vital initiative.

RATIONALE

San Mateo County, the fourth richest in America, harbors a distressing reality: the largest income inequality in California. The top 1% earns a staggering 50 times more than the bottom 99%. (First Five San Mateo County). Among the most affected are single parent households, predominantly led by women, who suffer the highest poverty rates. More than 18,000 of these households struggle to meet basic needs, with two out of five living in unyielding financial insecurity. (The Cost of Being Californian 2021: The Insight Center). Shockingly, 23,000 children live below the federal poverty line, with rates as high as 31% for Black children and 20% for Latino children. (Census 2020). Additionally, nearly 16,000 children live with food insecurity. (Feeding America 2020).

By investing in the financial stability and well-being of these households, Samaritan House’s Guaranteed Income Pilot intends to address income inequality, alleviate poverty, empower women, and create socio-economic impacts. When we empower women, we increase the skilled workforce, local economies are strengthened, businesses do better, and families rise out of poverty and create generational wealth and self-sufficiency. We all benefit. (UN Women, 2018).

GUARANTEED INCOME PILOT INITIATIVES

THE BRIDGE PROJECT (TBP) was the first guaranteed income project in New York City that gives low-income mothers of infants and expecting mothers \$500 or \$1,000 total a month, paid in biweekly installments, for three years. Payments to 100 mothers began in July of 2021, and the program scaled up to add an additional 500 mothers in early 2022. The initial cohort of 100 mothers reside in Northern Manhattan’s Washington Heights, Inwood, and Central Harlem neighborhoods. Roughly half the mothers were Latinx and half the mothers were Black. One in five were undocumented.

The project was based on data that shows the first thousand days of a baby’s life are the most critical time to invest in their development for successful childhood and adulthood. Nearly one in four children in New York City under the age of 3 live in poverty. That rate is about ten percentage points above the national childhood poverty rate, and the numbers are even worse for Black and Latinx children. “The Bridge Project is built around the truth that poverty is not an individual failing, it is a systemic failing of our economic system and an insufficient social safety net,” said TBP’s Executive Director, Megha Agarwal. TBP was a randomized controlled trial, with research led by the Center for Guaranteed Income Research at the University of Pennsylvania. Project implementation and full funding of more than \$16M was provided by The Monarch Foundation.

CITY OF SOUTH SAN FRANCISCO GUARANTEED INCOME PILOT PROGRAM (GIPP)

In October 2021, the City of South San Francisco Guaranteed Income Pilot Program (GIPP) launched, providing \$500 per month to 160 South San Francisco residents over 12 months – one of the first in the nation to test the impact of providing unrestricted funds to extremely low-income residents.

During the pandemic, the City of South San Francisco supported small business owners that were drastically impacted by shelter-in-place and changing spending patterns, as well as unemployed residents, through the opening of an Economic Advancement Center. City administrators also knew that families generally were receiving federal and California state stimulus funds, but also that there were many residents living on the edge of cascading crises, less able to adapt quickly to societal and economic changes. Through the GIPP, the City of South San Francisco dedicated a portion of its American Rescue Plan Act (ARPA) funds to individuals who needed additional support to build resiliency during momentous change.

ABUNDANT BIRTH PROJECT (ABP)

The Abundant Birth Project (ABP) provides unconditional cash supplements to Black and Pacific Islander mothers as a strategy to reduce preterm birth and improve economic outcomes for our communities. ABP is an opportunity to transform San Francisco into a city where all children have a healthy start at life and serves as a model to address racial birth disparities throughout the region and state. Since the summer of 2021, the Abundant Birth Project has given \$1,000 per month to nearly 150 pregnant and postpartum people residing in San Francisco. It was announced in December 2022, that the program will receive \$6.5 million in city and state funding and will expand its services Alameda, Contra Costa, Los Angeles, and Riverside counties.

SAMARITAN HOUSE GUARANTEED INCOME PILOT FEATURES

GOALS: Reduce income disparity and hardship; promote vocational education and training – reskilling and upskilling

- Eliminate second job.
- Create opportunity to get certifications, credentials, and education.
- Increase income, achieve economic stability, and foster financial freedom.
- Employ Learning for Action (LFA) evaluation impact specialists to track progress and report on true program impact, leveraging their expertise and research-backed evaluation mechanisms.

RECIPIENTS

A cohort of ten (10) low-income, San Mateo County households. These families are headed by single mothers, ages 18 and up, currently juggling a second job, which creates a significant barrier to their educational and income advancement. By conducting a beta test of this scale, we prioritize depth over breadth, allowing us to implement a comprehensive, holistic approach tailored to each participating family's unique circumstances. This study will provide valuable insights into the challenges and obstacles faced by these families, as well as identify the key elements required to replicate the project's success, ultimately expanding our reach to serve a greater number of families.

This pilot will target current Samaritan House clients, who participated in our learning and healing circles, with potential inclusion of CORE clients. To ensure representation and inclusivity, pilot participants will be carefully selected drawn from a variety of backgrounds, reflective of San Mateo County's diverse makeup.

AMOUNT + FREQUENCY

Participants will receive \$1,000 per month (supplementing income from 2nd job). At the end of the pilot, each family will receive a \$1000 bonus.

DURATION

Participants will receive the disbursements for 18 months (1.5 years).

PROGRAM

Under Samaritan House’s Financial Empowerment Program, this pilot will be administered with the support of volunteer financial coaches, working together with Client Services, to provide case management. Coaches will work closely with the participants, identifying their goals and objectives, and providing ongoing guidance throughout the project’s duration. The integration of financial coaching is designed to go beyond the mere dissemination of information, focusing instead on instilling long-term healthy financial habits. Volunteer coaches will offer deep financial expertise and conduct comprehensive financial health assessments. They will provide structured guidance for clients to develop new or improved skills and behaviors, increase income, build savings, plan for retirement, and attain and sustain assets. Additionally, steps will be taken to mitigate reductions in participants’ other public benefits as a result of having extra income from guaranteed income. Coaches will provide individualized benefits counseling during the onboarding process to explain the impacts of guaranteed income on each individual participant’s current public benefits. Services will be delivered in both English and Spanish, through a combination of interpreters and outsourced translation services.

BUDGET

The successful implementation of the pilot will require a budget ranging from \$250,000-\$275,000. Out of this budget, an estimated \$190,000 will be designated for cash disbursements to the participating families, ensuring direct financial support. The remaining funds will be allocated towards executing a robust evaluation plan, ensuring comprehensive data collection and analysis, as well as covering administrative expenses, guaranteeing the smooth functioning and effective monitoring of the pilot.

COMMUNITY PARTNERS

- Community Financial Resources (CFR) Focus Cards
- JobTrain – vocational and certification support
- Learning for Impact (LFA) – impact design
- Pacific Family Services
- Pacifica Resource Center – San Mateo County Core Service Agency serving Pacifica
- SAMCEDA (San Mateo County Economic Development Association)
- Self-Help Federal Credit Union, SF
- Stanford, David B. Grusky, Director of the Center on Poverty and Inequality – research

RESEARCH

Evaluation findings will play a pivotal role in the continuous review and refinement of our program delivery. Recommendations formulated from these evaluations will be incorporated into the program planning process. Services will be adapted to effectively meet the dynamic needs and expectations of our participants. Moreover, we will disseminate evaluation results and valuable insights with our executive team, board, and funders through regular program reports.

To maximize the benefits for our pilot participants, promote accessibility, and foster trust, every facet of the project will be intentionally designed with the community’s needs in mind. We will actively seek direct community feedback to assess client satisfaction with our services and identify areas for program enhancements. This valuable feedback will be incorporated into the program design, ensuring its responsiveness and alignment with the expressed needs of our participants. Additionally, program staff will conduct annual reviews of client satisfaction surveys and regularly evaluate the implementation of internal evaluation protocols, including data collection, data

analysis, follow-up interviews and impact reports. By following this approach, we will continuously refine and optimize our project, ensuring its efficiency and efficacy in meeting the evolving needs of our participants.

NEXT STEPS

FUNDRAISING

Fundraising is critical for guaranteed income pilots as it ensures financial stability, support evaluation and research, foster community engagement, and facilitate innovation and adaptation. Funding for this initiative will derive from two primary sources: philanthropic organizations and individual donors. Additional potential sources may include grant acquisition or the utilization of in-house general funds.

INFRASTRUCTURE

Establish the necessary infrastructure, both online and physical, to effectively handle cash disbursements, data management, communications, IT, training and support, and the multitude of various bureaucratic and administrative tasks. Careful consideration must also be made with respect to the research, reporting framework, marketing, and scalability components of the initiative to ensure its success and potential for future expansion.

TIMELINE

July 2023 – January 2024: Fundraise for pilot implementation

March 2024: Pilot launch

August 2025: Pilot completion