I. CALL TO ORDER

II. PUBLIC COMMENTS

5 minutes allowed per speaker, with a cumulative total of 15 minutes per group
For further details and policy see Request for Public Comments notices available in the meeting room


IV. OLD BUSINESS

A. None

V. NEW BUSINESS


* C. Resolution No. 01.14.11(03)-3 – Acknowledging Appointment of the New Board and Confirming the Election of Officers for Calendar Year 2011

* D. Resolution No. 01.14.11(04)-4 – Establishing Regular Board Meetings for Calendar Year 2011

* E. Medical Directorship for First 5 Healthy Development Services


* G. Line of Credit with Palomar Pomerado Health

VI. PRESENTATIONS

Written

A. Update on Grants and Contracts Inventory Kristine Roberts/Aimee Jones (Addendum E – Pp71-79)

B. Grant Proposal Updates:
   I. Archstone Foundation Larry Ward for Brenda Fischer
   II. Transitions Into Practice

C. Program Activities Update Larry Ward

D. Welcome Home Baby (Addendum F – Pp80-85)
   I. Update on Current Grants & Activities and on Grant Opportunities Cynthia Linder

VII. INFORMATION ITEMS

VIII. BOARD MEMBER COMMENTS/FUTURE AGENDA ITEMS

IX. FINAL ADJOURNMENT

Time | Page | Target
--- | --- | ---
12:00 | 2 | 12:05
12:07 | 2 | 12:05
12:19 | 3 | 12:19
12:31 | 4 | 12:31
12:41 | 5-6 | 12:41
12:50 | 7-8 | 12:50
12:52 | 9-10 | 12:52
12:57 | 11 | 12:57
1:12 | 12 | 1:12
1:22 | 13 | 1:22
1:25 | 14-15 | 1:25
1:35 | 16 | 1:35
1:50 | 17 | 1:50
2:00 | 2 | 2:00

Next Regular Quarterly Meeting: TO BE SCHEDULED

If you have a disability, please contact us 72 hours prior to scheduled meeting time by calling 760-740-6383 to arrange reasonable accommodations
TO:          HD Board of Directors

MEETING DATE: Friday, January 14, 2011

FROM:        Bob Hemker, Acting Executive Director

Background: The minutes of the Regular Quarterly Meeting held on July 23, 2010, are respectfully submitted for approval (Addendum A).

Budget Impact: N/A

STAFF RECOMMENDATION: Approval of the July 23, 2010, Regular Quarterly Meeting minutes.

Motion:       X

Individual Action:

Information:

Required Time:
Palomar Pomerado North County Health Development, Inc.
Resolution No. 01.14.11(01)-1
Authorizing Acceptance of Independent Audit
of PPNC Health Development

TO: HD Board of Directors

MEETING DATE: Friday, January 14, 2011

FROM: Bob Hemker, Acting Executive Director

Background: Palomar Pomerado North County Health Development, Inc. (“Health Development”) in accordance with Article VII Section 7.09 of its Bylaws, is required to make available an Annual Report within 120 days after the close of the Corporation’s fiscal year. The Annual Report is to be accompanied by either the accountant’s certification if audited, or the certificate of an authorized officer of the Corporation if unaudited. The Annual Audited Financial Report for Fiscal Year End 2009 – which will serve as the Annual Report – has been delayed for good and purposeful reasons.

The Annual Financial Report for Fiscal Year End 2009 (Audited) was prepared by Klingensmith, Kincaid & Keim, CPAs, Inc., of Escondido, California, on June 23, 2010, and is hereby presented to the Board of Health Development for consideration and acceptance as the Annual Report (Addendum B).

Budget Impact: N/A


Motion:

Individual Action: X

Information:

Required Time:
TO: HD Board of Directors

MEETING DATE: Friday, January 14, 2011

FROM: Bob Hemker, Acting Executive Director

Background: Welcome Home Baby (WHB) is a newborn home visiting program for first-time parents. Currently in its sixth year of service, WHB works to ensure the health and well being of infants throughout San Diego County. As the contracted agency, Health Development is required to obtain an Independent Single Audit on the Welcome Home Baby Program, which is currently funded by the First 5 Commission of San Diego.

A copy of the audit (Addendum C) is attached for the Board’s consideration and approval.

Budget Impact: N/A


Motion:

Individual Action: X

Information:

Required Time:
Resolution No. 01.14.11(03)-3 Acknowledging Appointment of the New Board and Confirming Election of Officers for Calendar Year 2011

TO: HD Board of Directors

MEETING DATE: Friday, January 14, 2011

FROM: Bob Hemker, Acting Executive Director

Background: The Bylaws of Palomar Pomerado North County Health Development, Inc. (“Health Development”) {ARTICLE IV, Section 4.03(a) as amended October 25, 2006} require that the Board’s Annual Organizational Meeting be held in January. ARTICLE IV, Section 4.07, also requires that the Board elect officers at its Annual Organizational Meeting: “One member shall be elected as Chairperson, one as Vice Chairperson and one as Secretary. The Board may also appoint the Treasurer at the Annual Organizational Meeting.”

Although this meeting was called as a regular meeting rescheduled from October 2010, as it is being held in the month of January, this meeting may also serve as the Annual Organizational Meeting of the Board. Should the Board choose to treat it as such, the above actions would be required, and approval of Resolution No. 01.14.11(03)-3 would be requested of the Board.

Budget Impact: N/A

STAFF RECOMMENDATION: Staff recommendation will be made at the meeting.

Motion:

Individual Action: X

Information:

Required Time:
RESOLUTION NO. 01.14.11(03)–3

RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR POMERADO NORTH COUNTY HEALTH DEVELOPMENT, INC. ACKNOWLEDGING APPOINTMENT OF THE NEW BOARD AND CONFIRMING ELECTION OF OFFICERS FOR CALENDAR YEAR 2011

WHEREAS, the Directors of Palomar Pomerado North County Health Development, Inc. [Health Development] shall be elected by the Member—Palomar Pomerado Health—pursuant to Section 3.01 of the Health Development Bylaws; and,

WHEREAS, the Member has duly appointed the following to serve as the directors of the Health Development Board: Linda C. Greer, R.N., Bruce G. Krider, M.A., Marcelo R. Rivera, M.D., Michael H. Covert, FACHE, and Robert A. Hemker; and,

WHEREAS, the Health Development Board shall elect officers at its annual organizational meeting, pursuant to Section 4.07 of the Health Development Bylaws;

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of Health Development that the appointment of the new Board of Directors by the Member is hereby acknowledged and that the following slate of officers is hereby elected for Calendar Year 2011:

<table>
<thead>
<tr>
<th>Chairperson</th>
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<tbody>
<tr>
<td>Vice-Chairperson</td>
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<tr>
<td>Secretary</td>
</tr>
<tr>
<td>Treasurer</td>
</tr>
</tbody>
</table>

PASSED AND ADOPTED at the meeting of the Board of Directors of Health Development, held on January 14, 2011, by the following vote:

AYES:
NOES:
ABSENT:
ABSTAINING:

DATED: January 14, 2011

APPROVED: ATTESTED:

Chairperson, Secretary

Board of Directors
Palomar Pomerado North County Health Development, Inc.

Resolution 01.14.11(03)-3 Officers.doc
TO: Board of Directors

MEETING DATE: Friday, January 14, 2011

FROM: Tanya Howell, Board Assistant

Background: The Bylaws of Palomar Pomerado North County Health Development, Inc. ("Health Development") {ARTICLE IV, Section 4.03(b) as amended October 25, 2006} require that the Board pass a Resolution stating the dates, times and places of the Board’s regular meetings for the calendar year.

Although this meeting was called as a regular meeting rescheduled from October 2010, as it is being held in the month of January, this meeting may also serve as the Annual Organizational Meeting of the Board. Should the Board choose to treat it as such, a Resolution stating the dates, times and places of the Board’s regular meetings for the calendar year would be required.

Budget Impact: N/A

STAFF RECOMMENDATION: Staff recommendation will be made at the meeting.

Motion:

Individual Action: X

Information:

Required Time:
RESOLUTION OF THE BOARD OF DIRECTORS OF
PALOMAR POMERADO NORTH COUNTY HEALTH DEVELOPMENT, INC.
ESTABLISHING REGULAR BOARD MEETINGS
FOR CALENDAR YEAR 2011

WHEREAS, Palomar Pomerado North County Health Development, Inc. (Health Development) is required, pursuant to Section 54954 of the California Government Code and Section 4.03(b) of the Health Development Bylaws, to pass a resolution adopting the time, place and location of the regular board meetings;

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of Health Development that the following schedule of regular meetings will apply for its Calendar Year 2011 (January – December):

CALENDAR YEAR 2011 BOARD MEETING SCHEDULE

<table>
<thead>
<tr>
<th>DATE</th>
<th>PURPOSE OF MEETING</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>Friday</td>
<td></td>
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<tr>
<td>January 14, 2011</td>
<td>Annual Organizational Meeting Fiscal</td>
<td>1st Floor Conf Room PPH Administration</td>
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<tr>
<td></td>
<td>Year 2011</td>
<td>456 E. Grand Ave., Escondido</td>
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<tr>
<td>April _____, 2011</td>
<td>Regular Quarterly Meeting Fiscal Year</td>
<td>1st Floor Conf Room PPH Administration</td>
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<tr>
<td></td>
<td>2011</td>
<td>456 E. Grand Ave., Escondido</td>
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<tr>
<td>July _____, 2011</td>
<td>Regular Quarterly Meeting Fiscal Year</td>
<td>1st Floor Conf Room PPH Administration</td>
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<td></td>
<td>2012</td>
<td>456 E. Grand Ave., Escondido</td>
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<tr>
<td>October _____, 2011</td>
<td>Regular Quarterly Meeting Fiscal Year</td>
<td>1st Floor Conf Room PPH Administration</td>
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<tr>
<td></td>
<td>2011</td>
<td>456 E. Grand Ave., Escondido</td>
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<tr>
<td></td>
<td>Annual Report Fiscal Year 2010</td>
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</tbody>
</table>

PASSED AND ADOPTED at the meeting of the Board of Directors of Health Development, held on January 14, 2011, by the following vote:

AYES: _______________________

NOES: _______________________  

ABSENT: ____________________  

ABSTAINING: ____________________

DATED: January 14, 2011

APPROVED: _______________________, Chairperson

ATTESTED: _______________________, Secretary

______________________________, Board of Directors
Board of Directors
Palomar Pomerado North County
Health Development, Inc.

______________________________, Board of Directors
Board of Directors
Palomar Pomerado North County
Health Development, Inc.
TO: Health Development Board

MEETING DATE: Friday, January 14, 2011

FROM: Annamarie Martinez, Director WHB

Background: Requesting approval for Medical Directorship for First 5 Healthy Development Services (HDS) for Byron Chow, M.D., a Pediatrician at Neighborhood Healthcare Clinic and a member of the HDS North Inland Community Advisory Board.

Budget Impact: Within the current HDS budget with First 5

STAFF RECOMMENDATION: Staff recommends approval of the one-year (January 1, 2011 to December 31, 2011) Medical Directorship Agreement with Byron Chow, M.D., for First 5 Healthy Development Services.

Motion: X

Individual Action:

Information:

Required Time:
### AGREEMENT ABSTRACT

<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Term/Condition</th>
<th>Term/Condition Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TITLE</strong></td>
<td>First 5 Healthy Development Services (HDS) Medical Director</td>
<td></td>
</tr>
<tr>
<td><strong>AGREEMENT DATE</strong></td>
<td>January 1, 2011</td>
<td></td>
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<tr>
<td><strong>PARTIES</strong></td>
<td>Byron Chow, MD</td>
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<tr>
<td><strong>PURPOSE</strong></td>
<td>Provide support to HDS team of therapists, social workers and registered nurses in providing developmental services including speech therapy, occupational therapy and physical therapy to children 0-5 years.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exhibit 1.1</th>
<th><strong>SCOPE OF SERVICES</strong></th>
<th>1. Chart review for clients receiving grant-funded developmental services Level 3 (including speech therapy, occupational therapy and physical therapy) to confirm appropriateness of care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>a. Individual Plan of Treatment (POT) is appropriate for child</td>
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<tr>
<td></td>
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<td>b. Referrals are appropriate to existing resources</td>
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<td>2. Provides support to developmental service staff with recommendations based on chart reviews</td>
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<td>3. Serves as a physician liaison to PMC and POM Pediatric staff</td>
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<td>4. Serves on the HDS North Inland Advisory Board</td>
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<td>5. Attends quarterly meetings with HDS administrative team to identify opportunities for program level improvement</td>
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<td>6. Provide annual in-service to related topic of interest to HDS staff</td>
</tr>
</tbody>
</table>

| **PROCUREMENT METHOD** | □ Request For Proposal | X Discretionary |
| **TERM**               | January 1, 2011 – December 31, 2011 |
| **RENEWAL**            | Annual up to 5 years |
| **TERMINATION**        | Not less than 30 days of written notice without cause |
|                       | Immediately for cause |

| Exhibit 2.1 | **COMPENSATION METHODOLOGY** | Hourly rate with a maximum yearly compensation |

| **BUDGETED** | X YES | □ NO – IMPACT: |
| **EXCLUSIVITY** | X NO | □ YES – EXPLAIN: |
| **JUSTIFICATION** | Physician oversight will allow therapists to provide services to children 0-5 under the Health Development Services program. |
| **AGREEMENT NOTICED** | X YES | □ NO – Methodology & Response: |
| **ALTERNATIVES/IMPACT** | In order to provide therapy services to children 0-5, physician oversight is required. |
| **DUTIES** | Provision for Staff Education |
|            | Provision for Medical Staff Education |
|            | Provision for participation in Quality Improvement |

| **COMMENTS** |

| **APPROVALS REQUIRED** | □ Dept/Program Director | □ Acting Executive Director | □ BOD |
TO: HD Board of Directors

MEETING DATE: Friday, January 14, 2011

FROM: Bob Hemker, Acting Executive Director

Background: At each regularly scheduled meeting of the Board of Directors of Health Development, the staff members provide the most recent financial report. Today, Kristine Roberts will review the Health Development/Research Institute Fiscal Year 2011 YTD Financial Reports (Addendum D).

Budget Impact: None.

Staff Recommendation: Staff recommends approval of the Health Development/Research Institute Fiscal Year 2011 YTD Financial Reports.

Motion: X

Individual Action:

Information:

Required Time:
TO: Health Development Board

MEETING DATE: Friday, January 14, 2011

FROM: Robert A. Hemker, Acting Executive Director

**Background:** In January 2004, the Board of Palomar Pomerado North County Health Development, Inc. (Health Development) authorized a Line of Credit Agreement (the Agreement) between Palomar Pomerado Health and Health Development in the amount of $1.6 million. That Agreement is scheduled to enter the repayment provisions effective January 24, 2011.

Management’s recommendations regarding changes in the terms and conditions of the Agreement—including repayment terms—will be discussed at the meeting.

**Budget Impact:** To be discussed at the meeting.

**STAFF RECOMMENDATION:**

Motion:

Individual Action: X

Information:

Required Time:
TO: HD Board of Directors

MEETING DATE: Friday, January 14, 2011

FROM: Bob Hemker, Acting Executive Director

Background: Kristine Roberts will update the Board on contracts managed by Health Development (Addendum E).

Budget Impact: N/A

STAFF RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
TO: Health Development Board

MEETING DATE: Friday, January 14, 2011

FROM: Brenda Fischer, RN, PhD, MBA, CPHQ
Director Center for Nursing Excellence

Background: Health Development received funding from the Archstone Foundation for a 2-year grant. That grant provides funding to assist in improving the quality of spiritual care provided by the transdisciplinary team to the critically ill patients in the Medical Surgical Intensive Care Units (MSICUs) at Palomar Medical Center (PMC).

An update on the status of the Archstone grant will be presented at the next meeting of the Board.

Budget Impact: Total Funding for the 2-year project is $200,000

STAFF RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
TO: Health Development Board
MEETING DATE: Friday, January 14, 2011
FROM: Brenda Fischer, RN, PhD, MBA, CPHQ
       Director Center for Nursing Excellence

Background: Health Development was awarded a 1-year grant from the San Diego Workforce Partnership. The grant is to be used to provide a transition from education to practice through a residency program for Bachelor of Science in Nursing (BSN) students in their last year prior to graduation. This program is proposed to be a collaborative partnership between an educational institution—the California State University San Marcos School of Nursing—and Palomar Pomerado Health.

An update on the status of the program will be presented at the next meeting of the Board.

Budget Impact: Total Funding for the 1-year project (8/1/2010 – 7/31/2011) is $268,200

STAFF RECOMMENDATION:

Motion: 

Individual Action: 

Information: X

Required Time:
TO: Health Development Board

MEETING DATE: Friday, January 14, 2011

FROM: Larry Ward
   Director of Culturally & Linguistically Appropriate Services
   Interlink Pathways

Background:

Report outline:

1. The California Endowment (TCE) and Parker Foundation Grant updates
2. Interlink Pathways
   A. Highlights since October 2010
   B. Future plans
   C. Funding issues, opportunities and next steps

Budget Impact:

1. Parker Foundation Grant ends on January 30, 2011
2. TCE funding ends on February 28, 2011

STAFF RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:
TO: HD Board of Directors
MEETING DATE: Friday, January 14, 2011
FROM: Cindy Linder, RN, Regional Coordinator First 5 HDS North Inland

Background: An update will be presented regarding the First 5 Commission grants managed by Health Development (Addendum F).

Budget Impact: N/A

STAFF RECOMMENDATION:
Motion:
Individual Action:
Information: X
Required Time:
ADDENDUM A
I. CALL TO ORDER

- Chairperson Linda Greer called the meeting to order at 12:31 p.m.
- Quorum comprised of Directors Greer, Hemker and Krider. Directors Covert and Rivera were absent.
- Notice of Meeting and Full Agenda Packet were posted at PPH facilities and on the Health Development (HD) home page of the PPH web site on Tuesday, July 20, 2010, which is consistent with legal requirements. Notice of that posting was also made via email.
- Chairperson Greer requested introductions of the staff present at the meeting:
  - Richard Just, MD – Research Institute (RI)
  - Larry Ward – Director CLAS (Culturally and Linguistically Appropriate Services)
  - Aimee Jones – Accounting Associate
  - Kristine Roberts – Sr Accountant – responsible for HD & RI finances
  - Tanya Howell – Assistant to HD Board
  - Tim Nguyen – Corporate Controller
  - Cindy Linder - North Inland Regional Coordinator for WHB
  - Shirin Strauss – Manager WHB Projects
  - Justin Kisner – Legal Intern
  - Terry Green – Chief Development Officer PPHF
  - Janine Sarti – General Counsel

II. PUBLIC COMMENTS

- There were no public comments

III. MINUTES* – Annual Organizational Meeting, February 2, 2010

- No discussion

MOTION: By Director Krider, seconded by Director Greer and carried to approve the minutes of the Annual Organizational Meeting of February 2, 2010. All in favor. None opposed.
HEALTH DEVELOPMENT BOARD OF DIRECTORS – MEETING MINUTES TUESDAY, JULY 23, 2010

(I.A) AGENDA ITEM

<table>
<thead>
<tr>
<th>DISCUSSION</th>
<th>CONCLUSIONS/ACTION</th>
<th>FOLLOW-UP/ RESP. PARTY</th>
</tr>
</thead>
</table>

IV. OLD BUSINESS*

• None

V. NEW BUSINESS*


B. Resolution No. 07.23.10(04)-2 Authorizing Acceptance of Independent Audit of the Annual Financial Report Fiscal year End 2009 of Welcome Home Baby (WHB)

• No audit was presented as the new auditing firm disagreed with the manner in which the Line of Credit (LoC) between PPH & HD was carried
  o Firm’s position was that the loan should be written off as HD is not in a position to pay it
    – Dealing with the audit ending June 2009, so the loan isn’t even in a position of being potentially in default
  o Management is comfortable after consultations with the Financing Team, PPH auditor Deloitte & Touche and the former audit firm that our position is accurate
  o Audit firm will agree to letting FYE2009 & 2010 audit go forward, as long as HD Management provides a letter stating that the LoC will be addressed in 2011, when it comes due
    – They are drafting the letter for Management to review
  o FYE June 2009 audit will be brought back to the Board when finalized

• Important only because audited financials are required to be included with grant proposals
• Issue relevant to both HD and WHB audits, so neither has yet been finalized

Tabled until final audit can be brought back

VI. PRESENTATIONS

A. Update on Current Grants

• Utilizing the attached presentation (Attachment 1) (revised after the version distributed in the agenda packet as Addendum B), Kristine Roberts presented an update on current grants. Only those with explanatory information not on the slides are listed in the minutes.

  • CURRENT GRANTS
    o ADE – to be finalized in the next 3 months
    o Family & Student Career Paths Program – ended in September
    o Green Oaks Ranch – 5-year contract continues
    o MAA
      – CMS has declared that a 1-month survey is not in compliance and is proposing that participants survey every day of the year
        1) Would require a lot of auditing and staff time

  Information Only

• Kristine is going to check with the Vaughn Parker Foundation about the potential for a $10K gift in the spring
• Please ensure depleted is listed on the list???????
HEALTH DEVELOPMENT BOARD OF DIRECTORS – MEETING MINUTES TUESDAY, JULY 23, 2010

<table>
<thead>
<tr>
<th>I.A</th>
<th>AGENDA ITEM</th>
<th>CONCLUSIONS/ACTION</th>
<th>FOLLOW-UP/RESP. PARTY</th>
</tr>
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<tbody>
<tr>
<td>(I.A)</td>
<td>DISCUSSION</td>
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<tr>
<td>•</td>
<td>2) Recommendation that if CMS holds to a 12-month approach, PPH would drop from the program</td>
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<td>3) Would be replaced by IGT funds</td>
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<td></td>
<td>o Schmidt Foundation is for building improvements</td>
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<td></td>
<td>o Vaughn Parker Foundation</td>
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<td></td>
<td>– $40K original grant</td>
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<td></td>
<td>– Supplements the Komen grant</td>
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<td>o United Way</td>
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<td></td>
<td>– Provides forensic interviewing for children</td>
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<td>– Extended for 18 months or until funds run out</td>
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<td>•</td>
<td>NEW GRANTS – there are three (See §VI.B)</td>
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<td>•</td>
<td>PROPOSALS</td>
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<td>o Qualcomm Wireless Reach – in round 2 of a 3-round application process</td>
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<tr>
<td>B.</td>
<td>Grant Proposal Updates</td>
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<tr>
<td></td>
<td>Brenda Fischer thanked the Board for the opportunity to present updates on the following grant proposals, one of which we’ve been awarded, with the other scheduled for a site visit. She and her team are assertively looking for external funding for important programs so as not to burden the organization financially. These grant awards will build our portfolio and the program’s success will make us more attractive to other funding sources. There are additional funding streams that could come through related to focused funds for North San Diego County.</td>
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<tr>
<td></td>
<td>ARCHSTONE FOUNDATION</td>
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<td>IMPLEMENTING A MODEL OF SPIRITUAL CARE IN THE MEDICAL SURGICAL INTENSIVE CARE UNITS AT PALOMAR MEDICAL CENTER</td>
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<td>o Directly linked to Magnet re-designation efforts and building nursing excellence capacity</td>
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<td>o Based on spiritual care demonstration project, with $2M for 10 demonstration sites in Southern California</td>
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<td></td>
<td>o Site visit is from 10:00 a.m. to 12:30 p.m. on August 5th</td>
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<td>o Focusing on medical and surgical ICUs (MSICUs) at PMC as that’s where the need is</td>
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<td>– In the past two years the patient population in the MSICUs at PMC has averaged over 2,700 patients that are over the age of 65 and culturally and ethnically diverse and vulnerable due to severe illness</td>
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<td>1) Represents 50% of the total patient population in the MSICUs</td>
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<td>2) Census predictions indicate that these numbers will increase</td>
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<td>o The design of the project will ensure that 100% of the patients over 65 years of age in the MSICUs at PMC will be served</td>
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<tr>
<td></td>
<td>– Eventually will expand this model and palliative care across our health system</td>
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</tbody>
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Information Only
### DISCUSSION

- **$100K each year for 2 years**
  - 3 positions would be funded and administrative costs deferred
    1. A nurse practitioner, a board-certified chaplain and a medical social worker
  - Builds on work we've already done – one of our social workers participated in Advocating for Clinical Excellence-Transdisciplinary Palliative Care Education in 2009 and her work around spiritual care is foundational to this project proposal

- Dr. Larson wrote a letter of support because he sees it fitting in well with the Integrative Medicine Initiative
- Dr. Just also wrote a letter of support and has for many years been an advocate for palliative care
- Funders want to be sure we have the organizational capacity to be successful, so careful thought and planning went in to the design of the project
- Palliative care program would put emphasis on end-of-life/palliative care from the beginning instead of calling in hospice at the end

### TRANSITIONS INTO PRACTICE NURSE RESIDENCY PROGRAM

- Funder is the Workforce Partnership, comprised of a coalition of political and other organizations to create a Workforce Investment Board to take advantage of stimulus funding
- **$268K grant to provide a $19/hour stipend to CSUSM senior nursing students while gaining clinical experience**
  - Matched “in kind” funding for staff costs, not additional expenses
- PPH is the national and state exemplar for this new, innovative program
- Provides a structured, one-year program during the nurses’ senior year of the BSN program
  - General Med/Surg training first semester
  - Will add specialties training in second semester
  - Students will be ready for hire in July 2012
- Provides opportunity for preceptorship while students are still in school
  - These Nurse Residents will already be socialized to our culture
- Working with HR to do up-front selection
  - Would be brought in as RN1 and wouldn’t require a preceptor or orientation
  - Obligated by grant to hire them if they are qualified
- Books and courses are offered through CSUSM Extended Learning, with half the cost paid by CSUSM
  - Courses are taught by PPH Clinical Nurse Specialists and Nursing Education Specialists
HEALTH DEVELOPMENT BOARD OF DIRECTORS – MEETING MINUTES TUESDAY, JULY 23, 2010

(I.A) AGENDA ITEM

<table>
<thead>
<tr>
<th>DISCUSSION</th>
<th>CONCLUSIONS/ACTION</th>
<th>FOLLOW-UP/RESP. PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Elected not to take the administrative fee in order to provide more funds to students</td>
<td></td>
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<tr>
<td>o WORKFORCE PARTNERSHIP</td>
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<tr>
<td>o New proposal to have a component to help students work toward Masters degree, post- Transitions Into Practice</td>
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<tr>
<td>– Could be funded by this grant, but all centered around nursing</td>
<td></td>
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<tr>
<td>o CALIFORNIA WELLNESS FOUNDATION</td>
<td></td>
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<tr>
<td>o Met with Regional Director about a new letter of interest</td>
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<tr>
<td>o Should finish refining and will send in next week</td>
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<tr>
<td>o Would provide $200-300K to fill the gap when the Parker Endowment funding for adult &amp; student navigator programs runs out</td>
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<tr>
<td>– Will also add something new for clinical extender</td>
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<tr>
<td>o Terry Green also mentioned a connection with US BANK through PPHF</td>
<td></td>
<td></td>
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<tr>
<td>o In dialogue regarding a potential funding of from $1K to $25K</td>
<td></td>
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<tr>
<td>o Should know in a week or so what Letter of Intent they would write</td>
<td></td>
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</tr>
<tr>
<td>C. Medi-Cal Administrative Activities Time Survey Update</td>
<td>MOTION: By Director Krider, seconded by Director Hemker and carried to accept the administrative recommendation to discontinue the MAA program because of the additional auditing and staff time required to move to the 12-month approach mandated by CMS</td>
<td></td>
</tr>
<tr>
<td>o Director Hemker referred the Board back to the earlier discussions, suggesting that the matter should be formalized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Program Activities Update</td>
<td>Information Only</td>
<td></td>
</tr>
<tr>
<td>o Larry Ward presented a verbal update</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Summary of the CALIFORNIA ENDOWMENT and the PARKER CLAS grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o ADULT NAVIGATOR works with adults who want to get into healthcare careers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Most notable program is corpsmen with Mira Costa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Transition to civilian and academic life is difficult</td>
<td></td>
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<tr>
<td>– Corpsmen served in healthcare functions in the military so they have experience but no formal schooling</td>
<td></td>
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<tr>
<td>– Many also never developed post-high school academic skills because they went to the military straight from high school</td>
<td></td>
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<tr>
<td>– Informal engagement, but would have availability if they did transition to PPH staff</td>
<td></td>
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<tr>
<td>o CNA PROGRAM – 10 of 14 in the program came out with their CNA</td>
<td></td>
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<tr>
<td>o Larry Ward is to find out how many of the alumni are currently employed with PPH and report back</td>
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</tbody>
</table>
HEALTH DEVELOPMENT BOARD OF DIRECTORS – MEETING MINUTES TUESDAY, JULY 23, 2010

(I.A) AGENDA ITEM

• DISCUSSION
  • CONCLUSIONS/ACTION
  • FOLLOW-UP/RESP. PARTY

  • 10 HIGH SCHOOL HEALTHCARE ACADEMIES
    o Valley Center – 2009-2010 with 355 students attending that curriculum
    o San Marcos with 626 students
    o Mission Hills with 967 students
    o Ramona with 148 students
    o Goal in terms of grants is to diversify as much as possible the economic and ethnic mix in students in healthcare
    o Need to align more closely with clinical care services extender here at PPH and is trying to increase the number of high school and college students who intern here at PPH
    o Referred to a report on an alumni survey (Attachment 2)

  • CLAS
    o Information on translation issues
    o JCAHO requires that if approximately 33% of your market speaks a language, you must have on-site translation for that language
      − Different needs at POM than at PMC – POM may need Russian
      − Employees who are qualified medical translators have been identified, and there are also electronic and digital options available – in all has over 100 language sources
    o Working with CHRO Brenda Turner and the Workforce Diversity Committee to create a culturally competent care curriculum

  • COMMUNITY ADVISORY BOARD
    o Comprised of 10-20 institutions/individuals in healthcare and health career education
    o Meets quarterly – next meeting is July 30th for a tour at PMC-West at 1P (flyer attached – Attachment 3)
    o Specifically focused on the voice of the customer, providing input from the community

  • CLINICAL CARE EXTENDER (CCE) PROGRAM
    o Contains both a high school and a college component
    o The college students mentor the high school students, so limited on the number of high school students
      − Funding for the CCE program being requested to have medical interpreting to replace the interns with full-time staff

E. Welcome Home Baby (WHB)

• Cindy Linder presented an update on current grants and activities in the WHB program

• FIRST 5 SAN DIEGO HEALTHY DEVELOPMENT SERVICES
  o HD was awarded a second 5-year contract as Lead Agency for the North Inland Region
    − Attachment 4 details services offered at no cost to children 0-5 years & their families

Information Only

• Larry believes he might have a contact at the State; if so, he will help Shirin make the appropriate connections
<table>
<thead>
<tr>
<th>DISCUSSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Paid for by First 5 San Diego and funneled through HD</td>
</tr>
<tr>
<td>o No one else within the California First 5 network is providing such diverse services</td>
</tr>
<tr>
<td>o In addition to having HD as Lead Agency, PPH is now offering Developmental Services as a sub-contractor</td>
</tr>
<tr>
<td>‒ Still sub-contract with other providers for services not offered at PPH</td>
</tr>
<tr>
<td>o Rented an 800 sq ft space on Pennsylvania Street</td>
</tr>
<tr>
<td>‒ Painted and decorated</td>
</tr>
<tr>
<td>‒ Are also utilizing community services offered by Neighborhood Healthcare, North County Health Services and the local parishes</td>
</tr>
<tr>
<td>‒ Classes are up and running for parents</td>
</tr>
<tr>
<td>‒ The Kimberly Parker van is now in full use transporting families to and from services</td>
</tr>
<tr>
<td>1) Bringing families from as far away as Fallbrook and Pauma Valley</td>
</tr>
<tr>
<td>o Children are referred via outreach in their neighborhoods, through the Community Advisory Board and direct referrals from local physicians</td>
</tr>
<tr>
<td>o Team assesses family gains from initial referral to final visit</td>
</tr>
<tr>
<td>o 60% is targeted to low-income families, but they also have 40% left for families who have other insurance issues</td>
</tr>
<tr>
<td>o One of their other initiatives is oral health, and we provide referrals to other clinics who provide that service</td>
</tr>
<tr>
<td>o We also provide referrals to other PPH and First 5 funded services</td>
</tr>
<tr>
<td>• Shirin Strauss presented an update on potential grant opportunities <em>(Attachment 5)</em></td>
</tr>
<tr>
<td>• <strong>First 5 Commission of San Diego At Risk Home Visiting Initiative</strong></td>
</tr>
<tr>
<td>o Healthy Development Services (HDS) Program no longer includes home visiting, so the First 5 Commission is initiating a new grant just for home services</td>
</tr>
<tr>
<td>‒ First 5 is mandating use of the following models</td>
</tr>
<tr>
<td>1) Parents as Teachers (PAT)</td>
</tr>
<tr>
<td>2) Healthy Families America (HFA)</td>
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<tr>
<td>‒ WHB is working now to identify potential partners (required)</td>
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<tr>
<td>‒ Grant would provide $6.2M in funding per year for a 5-year period</td>
</tr>
<tr>
<td>‒ Anticipate First 5 will release an RFP in December 2010 (originally scheduled for August/September)</td>
</tr>
<tr>
<td>1) Funding is anticipated to begin in March 2011</td>
</tr>
<tr>
<td>o <strong>Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program</strong></td>
</tr>
<tr>
<td>‒ See News Release <em>(Att 5-2)</em> – California is getting the largest share of the total $88M in funding from HHS</td>
</tr>
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<table>
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<tr>
<th>CONCLUSIONS/ACTION</th>
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<tbody>
<tr>
<td></td>
<td>at that level – <strong>Done</strong></td>
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</table>
**DISCUSSION**

1) 75% of the funding is for evidence-based programs
2) 25% will go to programs who are implementing best practices
   a) We fall into the best practices category
      Money will go to the states, and they'll be developing RFP’s for state agencies
   1) Shirin is going to contact the State to ensure HD becomes part of the process
   2) This funding is for services prenatal through 8 years of age (agencies can choose
      the time frame to best meet the needs of their populations)

**VII. INFORMATION ITEMS**

A. YTD FY2010 Financial Report

- Utilizing the attached presentation *(Attachment 6)*, Kristine Roberts reviewed the financials
  for both Health Development and the Research Institute
  - HD made a profit
    - $200K in revenue
    - Net income of $61K, a positive variance against budget of $44.9K
  - RI experienced a loss
    - Negative variance of $20K in revenue
    - Negative variance of $10K in expenses
    - Net loss of $18K, a negative variance to budget of $30K
    - Taking steps to reduce expenses
      1) The Velos software program can be eliminated, which will drastically reduce
         costs
  - Indirect Revenues
    - WHB provides the lion’s share
    - MAA was the next largest
    - Comes from administration fees, which are generally 10-15% of the grant
  - FY2011 Budget
    - Does not include payback of Line of Credit to PPH
      1) Currently at $3.4M
      - Management could formulate a repayment schedule

**VIII. BOARD MEMBER COMMENTS/FUTURE AGENDA ITEMS**

- Dr. Just was provided an opportunity to report on the RI
  - UCSD received a $79M grant, of which $150K was carved out for PPH
  - Instead of giving a lump sum, asked what would we like to have

- Dr. Just stated that the RI needs to rewrite the MOU with UCSD because it has lapsed –
  needs to be handled rapidly
HEALTH DEVELOPMENT BOARD OF DIRECTORS – MEETING MINUTES TUESDAY, JULY 23, 2010

(I.A) AGENDA ITEM

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<tr>
<td>– Requested access to trained clinical research coordinators so that any time our physicians need help in that regard it can be coordinated locally</td>
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<tr>
<td>o Intro 101 to the CTRI program, which is a translational research program</td>
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<tr>
<td>– Bought a system, and the researchers put all their data on in-house computer systems</td>
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<tr>
<td>– Performed an audit to determine whether all invoices were submitted for payment and there were unbilled invoices totaling $500K</td>
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<tr>
<td>1) Needs Velos software, cannot be eliminated</td>
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</tbody>
</table>

IX. FINAL ADJOURNMENT

The meeting was adjourned by Chairperson Greer at 2:00 p.m.

SIGNATURES:

| HD Board Secretary | Michael H. Covert, FACHE | HD Board Assistant | Tanya Howell |

Next Meeting: Regular Quarterly Meeting – Friday, October 22, 2010, 12:30 to 2:30 p.m., 1st Floor Conference Room at 456 E. Grand Avenue, Escondido, CA
ATTACHMENT 1
FY 2010
Grant Review
JULY 23, 2010

2010 Grants

• Adverse Drug Events (ADE) Evaluation Project (Cardinal)
  – Research complete
  – Final manuscript being written for publication

• Bioterrorism/Emergency Preparedness (County of San Diego, Health & Human Agency)
  – Previous contract expired 6/30/10
  – New contract being drafted
    • “Boiler-plate” contract currently in legal
2010 Grants

• **Family & Student Career Paths Program** (The California Wellness Foundation)
  – Grant Completed

• **Green Oaks Ranch (County of San Diego)**
  – No updates
  – Provides about $12,000-$13,000 revenue per month

2010 Grants

• **GoMed (CA Endowment & Parker)**
  – CA Endowment
    • Contract extended through 1/31/11
  – Parker contract
    • Contract expires 7/31/2010
    • Requesting extension

• **Komen**
  – Awarded $50,000 for 4/1/10-3/31/11 grant cycle
    • Payments received in 2 installments
    • 1st installment depleted
• **MAA**
  – Payment received for 07/08 invoices
  – Invoices for 08/09 time survey submitted
    • Total of 08/09 invoices = $247,853
  – CMS has declared one-month time survey not in compliance with federal requirements
    • Proposing perpetual time-survey
• **Marjorie Mosher Schmidt Foundation**
  • Have approximately $6,000 remaining

• **National Children’s Alliance (NCA)**
  – Request for $9,132 submitted 7/1/10
• **Vaughn Parker Foundation**
  – Approximately $17,000 remaining
• **Rest Haven Children's Health Fund**
  • Received $8,173 toward purchase of Secure Digital Forensic Imaging System
  • Funds depleted
2010 Grants

- United Way
  - Contract extended through 12/31/11
- WHB (First 5 Commission of San Diego)
  - 5 year newborn home visiting contract expired 6/30/10

New Grants

- McCarthy Foundation
  - Amount Awarded: $9,000
  - Purpose: To increase availability of PPH’s bilingual forensic interviewing services
- Transitions Into Practice
  - Amount Awarded: $268,200
  - Purpose: To provide transition from education to practice through a residency program for BSN in Nursing students in last year prior to graduation
- WHB Healthy Development Services (HDS)
  - Amount Awarded: $8,760,000 ($1,752,000 annually)
  - Purpose: To serve as lead agency for the North Inland Region to provide integrated care and treatment services that address the health, developmental & behavioral needs of children ages birth through 5 years
Pending Grants

Palliative/Spiritual Care Grant
- Amount requested: $200,000
- Purpose: To improve the quality of spiritual care provided to critically ill patients in the medical-surgical ICU at PMC

Wireless Reach Grant
- Amount requested: $262,775
- Purpose: To provide smart phones to track calorie intake and distance walked by children to aid in fighting childhood obesity

In-n-Out - Child Abuse Program
- Amount requested: $5,000
- Purpose: To provide funding for child abuse program

WHB – HDS At-Risk
- RFP to be released in August

ATTACHMENT 2

Where are Our Alumni Now?
Results from the 2009 Alumni Survey

Pipeline Career Services
Current Educational Status

- **24** are enrolled in a two year college
- **15** have graduated from a two year college
- **97** are enrolled in a four year college
- **133** have graduated from a four year college
- **5** have graduated from high school only

College Majors

- Biological Sciences: **166**
- Physical Sciences: **5**
- Specialized Health Sciences: **49**
- Social Sciences: **39**
- Humanities: **7**
- Fine Arts: **3**
- Other Non-Health Information & Computer Sciences: **10**
- Math & Engineering: **1**
- Undeclared: **6**
- Other: **4**

n=266
Academic Career

- **152** are applying, have been accepted or are attending professional school
- **85** are still completing their undergraduate coursework
- **19** are not currently in school
- **17** have graduated from a professional school
Types of Professional Schools our Alumni are Attending

<table>
<thead>
<tr>
<th>Field</th>
<th>Allied Health</th>
<th>Nursing</th>
<th>Dental</th>
<th>Healthcare Administration</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>1</td>
<td>39</td>
<td>3</td>
<td>1</td>
<td>33</td>
</tr>
</tbody>
</table>

**Example Degrees**
- Allied Health: Medical Billing, Transcription, Radiology, Surgery Tech
- Nursing: ADN (11), BSN (20), MSN (8)
- Dental: DDS, DMD
- Healthcare Administration: MHA, MBA, MHSA
- Medical: MD, DO

<table>
<thead>
<tr>
<th>Field</th>
<th>Graduate: Health Related</th>
<th>Graduate: Non-Health Related</th>
<th>Pharmacy</th>
<th>Physical Therapy</th>
<th>Physician Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>7</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>4</td>
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</tbody>
</table>

**Example Degrees**
- Graduate: Health Related: PhD, MSc, MPH
- Graduate: Non-Health Related: PhD, MBA, Fine Arts
- Pharmacy: PharmD
- Physical Therapy: PA
- Physician Assistant: PA

Where are they going?

**Medical Schools (MD/DO)**
- Arizona College of Osteopathic Medicine
- Boston University
- Case Western Reserve University
- Georgetown University
- Ross University
- Sackler School of Medicine (Israel)
- UC San Diego
- UC Irvine
- St. George's University
- SUNY Buffalo
- Yamaguchi University (Japan)
- Wayne State
- Ohio State University
- Touro University
- Uniformed Services University of Health Science
- University of Illinois, Peoria
- University of Pittsburgh
- Virginia University
- Western University

**Nursing Schools**
- Azusa Pacific University
- Cal State San Marcos
- Columbia University School of Nursing
- CSULA
- Kaplan College
- Mira Costa College
- National University
- Oklahoma University
- Palomar College
- Penn
- San Diego City College
- San Diego State
- San Jose University
- University of San Diego
- Western University
Where are they going?

**Pharmacy**
California Northstate College of Pharmacy
UC San Diego
UCSF
University of the Pacific
University of Southern California

**Physician Assistant**
Long Island University
Touro University
University of Southern California
Western University

**Dentistry**
UCLA
University of Southern California

**Other Graduate Programs**
Azusa Pacific University
Columbia University School of Public Health
Duquesne University
Emory University
Harvard University
Dartmouth
UC San Diego
Uniformed Services University of Health Science
Penn
University of St. Augustine

**Allied Health**
Grossmont College

In Their Own Words...

**How have professional schools responded to your experiences as a CCE?**

“Many are impressed with the amount of patient contact I had as a volunteer with the CCE program.” —Nursing Student, Cal State San Marcos

“I believe it was a good way to gain medically relevant experiences which is something that medical schools look for when reviewing their applicants.” —Medical Student, UC Irvine

“They felt it was quality experience. They were surprised at how involved in the health care team we are as CCEs.” —Masters of Nursing Student, Cal State University Los Angeles

“Personal interviewers are amazed at the breadth of knowledge I have received due to CCE experiences.” —Interviewer for Medical School

“They didn’t ask much about my clinical experiences, it was assumed that I had it.” —Medical Student, Georgetown

“The program allows me to stand out.” —Nursing Student, Cal State San Marcos

“[They were] impressed with the exposure I had to the different departments.” —Nursing Student, Palomar College
# Types of Professional Schools our Alumni have Graduate From

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<tr>
<td>#</td>
<td>2</td>
<td>24</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Example Degrees</td>
<td>Medical Billing</td>
<td>Transcription</td>
<td>Radiology</td>
<td>Surgery Tech</td>
<td></td>
</tr>
<tr>
<td>Example Degrees</td>
<td>ADN (10)</td>
<td>BSN (12)</td>
<td>DDS</td>
<td>MHA</td>
<td>MD</td>
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<tr>
<td>Example Degrees</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Example Degrees</td>
<td>PhD</td>
<td>PhD</td>
<td>PharmD</td>
<td>PA</td>
<td>PA</td>
</tr>
<tr>
<td>Example Degrees</td>
<td>MSc</td>
<td>MBA</td>
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<tr>
<td>Example Degrees</td>
<td>MPH</td>
<td>Fine Arts</td>
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# Where Have They Been?

## Medical
- UC San Diego
- Pittsburgh University
- University of the Pacific
- University of Southern California

## Dentistry
- Southwestern College
- UCLA

## Allied Health
- Claremont Graduate University

## Nursing
- Azusa Pacific University
- Cal State San Marcos
- Mt. San Jacinto College
- National University
- Oklahoma University
- Palomar College
- Penn
- Samuel Merritt
- San Diego State
- University of San Diego

## Other
- Harvard University
- National University
- Touro College
- University of St. Augustine
- University of Southern California
- Western University
Program Effects

- We evaluate the success of the program based on its influence on an intern’s career path
  - Positive results can include confirmation of a career choice, a change of career path within healthcare or a spark of a new career path outside of healthcare

- Out of 269 respondents, 231 were influenced positively by the program:
  - 181 said it confirmed their career path
  - 50 said it helped them choose a new career path

Program Evaluation

- Do you believe you were a more competitive applicant?
  - Yes: 64
  - No: 15
- Did your experiences better prepare you for a career in healthcare?
  - Yes: 78
  - No: 6
In Their Own Words…

How did the program affect your career choice?

“The internship helped me realize that becoming a PA suited me more than becoming a doctor. I was able to interact with both and I was able to see that being a PA would be more enjoyable for myself when I hadn't considered it before.” — Paramedic

“I really had no idea what the nursing field was like until I became involved with the program and I am thankful that I did because I think I would have been shocked upon entering my program.” — Nursing School Admit

“It confirmed that dealing with patients and their bodily fluids/solids did not bother me. I was able to experience patient gratitude first hand which was invaluable.” — Nurse

“I was able to get more hands-on clinical experience than I would have in other medical volunteer settings. Also, it was my first interaction with PA’s.” — PA School Student, USC Keck School of Medicine

“Working in the ER was a great experience but I now know it's not something I would want to do every day for the rest of my life as a doctor.” — Current Undergrad, future doctor

“When I was at the hospital through this program, that was really the first experience I had with the health care industry. It made me realize this is truly what I am meant to do.” — Nursing Student, Cal State San Marcos

“More than it having confirmed my decision, I learned to see medicine from the patient's perspective.” — Medical School Applicant

In Their Own Words…

How did the program affect your career choice?

“I came into the internship to choose between physical therapy and nursing. I volunteered mainly on the Rehab floor as a result. From this experience I decided to pursue nursing…This internship was top notch, I had a lot of hands-on experience that allowed me to visualize what it would be like to be a nurse or PT. With the training CCE did for us, I was able to be more involved in patient care, and even observe other professions. I appreciated the ability to work closely with the healthcare staff, RN's, PT's, RT's, OT's, doctors, social workers, administrative staff, and other volunteers.” — Nursing Student, Azusa Pacific
What Have We Learned

• Our alumni view this program as a large asset when applying to professional schools
• 78.4% of our alumni were positively influenced by the internship
  • Interestingly, our influence most commonly steered them toward a new career within healthcare, often to one they had never had any experience with before
• 92.9% of our alumni believed the internship better prepared them for a career in healthcare
• 54.9% of our alumni will be in professional come Fall 2010

What Our Alumni Valued Most

• Diversity of experiences within different departments
• Exposure to numerous healthcare careers
• Hands-on Experience, Hands-on Experience, Hands-on Experience
• Confidence-builder
• Patient care skill-set
Community Advisory Board Members
A Special Invitation
To Tour
Palomar Medical Center West

July 30, 2010
2 PM to 4:30 PM

And
Participate as an important Diverse Voice in the development
of the Hospital of the Future

Palomar Pomerado Hospital Administrative Office
975 S. Andreasen Drive
Escondido, CA 92029
(See map below)

Hosted by
Palomar Pomerado Health
Voice of the Customer Team
Hors d'oeuvres provided

Contact: Blanca.Arias@pph.org  RSVP by July 23
*Must wear durable closed toe shoes such as tennis or hiking shoe.
  No High Heels Please.

Enterprise Office
Building

Andreasen Building – Mock
Up room location

Driving Directions from the south on 15 Fwy
15 Fwy North
Exit Valley Parkway, turn left
Turn right on Auto Parkway (becomes Vineyard)
Turn left on Andreasen
The building is on the southwest corner of Andreasen and Enterprise

Driving Directions from the west or southwest via Hwy 78
Hwy 78 East
Exit Nordahl, turn right
Turn left on Vineyard
Turn right on Andreasen
The building is on the southwest corner of Andreasen and Enterprise

Palomar Pomerado Health Mock-Up Room Warehouse
975 S. Andreasen Drive, Escondido, CA 92029
Palomar Pomerado North County Health Development (PPNCHD) has been awarded a 5 year contract (2010 – 2015) as Lead Agency for the North Inland Region to provide the following services to children 0-5 years and their families:

- **CARE COORDINATION:** Entry-way into Healthy Development Services. Provides referral, coordination and case management to families of children identified with developmental or behavioral concerns accessing HDS service
  - Provided by: Palomar Pomerado Health

- **PARENT EDUCATION, SUPPORT & EMPOWERMENT** - Generalized classes for parents of infants, toddlers and preschoolers. Bright futures guidelines promoting healthy development in a series of 5 classes; includes developmental screening (ASQ & ASQ-SE)
  - Provided by: Palomar Pomerado Health, Jewish Family Service & Exceptional Family Resource Center

- **DEVELOPMENTAL SERVICES** - Providing developmental assessment, domain specific classes, one-on-one coaching and individual therapy for families of children identified to have a concern in one or more of the developmental domains
  - Provided by: PPH Developmental Services

- **VISION & HEARING SCREENING:** Vision & hearing screenings at community locations & childcare centers. Includes referral to primary care physician for treatment
  - Provided by: North County Health Services Project All Ready

- **BEHAVIORAL SERVICES:** Providing parent consultation services to include behavior classes and one-on-one coaching for families with children that have behavioral concerns. Behavioral therapy is provided to children fifteen months old to five years of age including in-home parent coaching
  - Provided by: Jewish Family Service, YMCA Childcare Resource Services & Home Star

Total Funding for the 5 year project: (2010 – 2015) $8,760,675
(Annually) $1,752,135

Program Contact:
Cindy Under, RN
Regional Coordinator North Inland
(760) 796-6873
cynthia.linder@pph.org
HHS Allocated $88 Million for Home Visiting Program to Improve the Wellbeing of Children and Families

FY 2010 Financial Review
JULY 23, 2010

ATTACHMENT 6

News Release

FOR IMMEDIATE RELEASE

Contact: HHS Press Office
(202) 625-2000

Wednesday, July 21, 2010

HHS Allocated $88 Million for Home Visiting Program to Improve the Wellbeing of Children and Families

Affordable Care Act Initial Funding for Maternal, Infant, and Early Childhood Home Visiting Grants

HHS Secretary Kathleen Sebelius today announced the award of $88 million in grants, provided under the Affordable Care Act, to support evidence-based home visiting programs focused on improving the wellbeing of families with young children, through the Maternal, Infant, and Early Childhood Home Visiting Program, known as home visiting, or in other programs, maternal, infant, and early childhood home visiting. The funds provided today will support evidence-based home visiting programs focused on preventing abuse and neglect, increasing health care access, and improving readiness for school and life. These programs can make a real difference in a family’s health, development, and ability to live—a such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education and services.

There is strong research evidence that these programs can improve outcomes for children and families and also yield Medicaid savings by reducing preventable births and the need for emergency room visits. Based on these findings, the Affordable Care Act provides a total of $1.5 billion for these initiatives over the next five years.

Focus now states, the District of Columbia, and five territories applied for and many received funding under the program, demonstrating the broad support that exists for these efforts. States and jurisdictions are required to demonstrate assessments to identify families at high-risk family visiting programs and have access to high need. These assessments are critical for ensuring that the funds support evidence-based programs and are used to improve maternal and child health, early childhood development, and prevent child maltreatment.

"This initiative will give children a healthier start and give parents the help they need to succeed in the most important job in the world: parenting," said Secretary Sebelius. "This effort builds on impressive research findings and is one more piece of our strategy to invest in prevention and early interventions that pay off."

"These investments will help states and support evidence-based home visiting programs that improve the wellbeing of children and families," said Health Resources and Services Administration (HRSA) Administrator Ann Taylor Fuchs, M.D., M.P.H. "States will use these grants to design programs that best serve their residents, provide important help to at-risk families, while gathering more detailed information on which approaches work best to put young children on the path to a healthy life at an early age."

David A. Helfenbein, acting assistant secretary for children and families, said, "Evidence-based home visiting programs have the potential to provide broad benefits for at-risk families in every state."

Successful home visiting programs are multi-faceted, providing services in the health, child protection, early education, and social services arenas based on a holistic approach to what families may need assistance. That is why HHS and the Administration for Children and Families (ACF) are collaborating on this initiative at the Federal level, ensuring that states and communities are all working together to support young children and their families.

The state’s governor designated the state entity to apply for and administer home visiting program on behalf of the state. The match portion of these funds is allowable by formula based on the number of young children in families at or below the poverty level. Each state or territory that has an approved home visiting program funded under these grants will receive a share of the $88 million. States must use the funds to support evidence-based programs and are encouraged to use the funds to expand their programs. The amount of the grant funds will be based on the state's share of federal funding available to support evidence-based programs.

HRSA, a division of HHS is the primary Federal agency for improving access to health care for people who are uninsured, isolated, or medically vulnerable. For more information about HRSA and its programs, visit www.hrsa.gov.

ACF, within HHS, is responsible for Federal programs that promote the economic and social wellbeing of families, children, individuals, and communities. For more information about ACF and its programs, visit www.acf.hhs.gov.

View the approximate funding levels per state.

Note: All HHS press releases, fact sheets and other press materials are available at http://www.hhs.gov/press.

Last updated: July 22, 2010

7/23/2010
FISCAL YEAR END 2010
Income Statement Summary

<table>
<thead>
<tr>
<th></th>
<th>Health Development</th>
<th>Research Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YTD Actual</td>
<td>YTD Budget</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td>200,116</td>
<td>193,608</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td>138,650</td>
<td>177,039</td>
</tr>
<tr>
<td><strong>Net Income/Loss</strong></td>
<td>61,466</td>
<td>16,569</td>
</tr>
</tbody>
</table>

Financial Trend
FY’ 2006-2009

![Financial Trend Chart](chart.png)
Health Development
Indirect Revenue Sources

HD Indirect Revenue

- The California Wellness Foundation
- GO-MED Implementation
- MAA
- United Way
- Komen 09/10
- Welcome Home Baby FY10
- Physical Health (GOR) 09/10

Health Development & Research Institute
FY 2011 BUDGET

<table>
<thead>
<tr>
<th></th>
<th>Health Development</th>
<th>Research Institute</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>200,442</td>
<td>20,000</td>
<td>220,442</td>
</tr>
<tr>
<td>Expenses</td>
<td>26,074</td>
<td>8,106</td>
<td>34,180</td>
</tr>
<tr>
<td>Net Income/Loss From Operations</td>
<td>174,368</td>
<td>11,894</td>
<td>186,262</td>
</tr>
<tr>
<td>Interest Expense</td>
<td>94,800</td>
<td>34,212</td>
<td>129,012</td>
</tr>
<tr>
<td>Net Income/Loss</td>
<td>79,568</td>
<td>(22,318)</td>
<td>57,250</td>
</tr>
</tbody>
</table>
ADDENDUM B
RESOLUTION No. 01.14.11(01)–1

RESOLUTION OF THE BOARD OF DIRECTORS OF
PALOMAR POMERADO NORTH COUNTY HEALTH DEVELOPMENT, INC.

AUTHORIZING ACCEPTANCE OF THE INDEPENDENT AUDIT
(in accordance with Article VII, Section 7.09 of Health Development Board Bylaws)

WHEREAS, Palomar Pomerado North County Health Development, Inc. [Health Development] is required, pursuant to Section 54954 of the California Government Code and Article VII, Section 7.09 of the Health Development Bylaws, to pass a resolution accepting the Annual Report;

And, WHEREAS, no later than one hundred twenty (120) days after the close of the Corporation’s fiscal year, the Corporation shall make available to each director an Annual Report in accordance with Section 6321 of the Law, which shall be accompanied by any report of independent accountants or, if there is no such accountant’s report, the certificate of an authorized officer of the Corporation that such statements were prepared without audit from the books and records of the Corporation;

And, WHEREAS, it is understood that the Fiscal Year End 2009 Audit was delayed for good and purposeful reasons and, therefore, not completed within 120 days;

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of Health Development that the 2009 Annual Financial Report for Fiscal Year End 2009 (Audited) of Palomar Pomerado North County Health Development, Inc., a California Nonprofit Public Benefit Corporation, as augmented by the report of independent accountants of Klingensmith, Kincaid & Keim dated June 23, 2010, and adopted in the form attached hereto, is hereby accepted as the Annual Report of Health Development.

PASSED AND ADOPTED at the meeting of the Board of Directors of Health Development, held on January 14, 2011, by the following vote:

AYES: 
NOES: 
ABSENT: 
ABSTAINING: 
DATED: January 14, 2011

APPROVED: ATTESTED:

Linda C. Greer, RN, Chairperson  
Board of Directors  
Palomar Pomerado North County Health Development, Inc.  

Michael H. Covert, FACHE, Secretary  
Board of Directors  
Palomar Pomerado North County Health Development, Inc.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDEPENDENT AUDITORS’ REPORT</td>
<td>2</td>
</tr>
<tr>
<td>FINANCIAL STATEMENTS</td>
<td></td>
</tr>
<tr>
<td>Statement of Financial Position</td>
<td>3</td>
</tr>
<tr>
<td>Statement of Activities and Changes in Fund Balance</td>
<td>4</td>
</tr>
<tr>
<td>Schedule of Functional Expenses - Unrestricted</td>
<td>5</td>
</tr>
<tr>
<td>Statement of Cash Flows</td>
<td>6</td>
</tr>
<tr>
<td>Notes to the Financial Statements</td>
<td>7</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Palomar Pomerado North County Health Development, Inc.
Escondido, California

We have audited the accompanying statement of financial position of Palomar Pomerado North County Health Development, Inc. (a nonprofit organization) as of June 30, 2009, and the related statements of activities, functional expenses, and cash flows for the year then ended. These financial statements are the responsibility of Palomar Pomerado North County Health Development, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Palomar Pomerado North County Health Development, Inc. as of June 30, 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Klingensmith, Kincaid & Keim, C.P.A.s, Inc.
Escondido, California
June 23, 2010
## PALOMAR POMERADO NORTH COUNTY HEALTH DEVELOPMENT

**Statement of Financial Position**  
**June 30, 2009**

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets:</td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents – unrestricted</td>
<td>$102,483</td>
</tr>
<tr>
<td>Cash - temporarily restricted</td>
<td>528,293</td>
</tr>
<tr>
<td>Accounts receivable - current portion, net</td>
<td>819,599</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>4,026</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>1,454,401</td>
</tr>
<tr>
<td>Property, plant &amp; equipment</td>
<td></td>
</tr>
<tr>
<td>Equipment, net</td>
<td>3,840</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td></td>
</tr>
<tr>
<td>Due from related party</td>
<td>4,835</td>
</tr>
<tr>
<td>Software licenses, net</td>
<td>1,449</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$1,464,525</td>
</tr>
</tbody>
</table>

### LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities:</td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>$749,936</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>36,346</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>300,691</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>1,086,973</td>
</tr>
<tr>
<td>Line of credit - Palomar Pomerado Health</td>
<td>3,399,974</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>4,486,947</td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>(2,721,731)</td>
</tr>
<tr>
<td>Temporarily restricted net assets</td>
<td>(300,691)</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td>(3,022,422)</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$1,464,525</td>
</tr>
</tbody>
</table>

See accompanying auditors' report and notes to the financial statements.
**Statement of Activities and Changes in Fund Balance**

Year Ended June 30, 2009

<table>
<thead>
<tr>
<th>Public support, revenues, and reclassifications</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue - grants and contracts</td>
<td>$ 172,573</td>
<td>$ 2,335,535</td>
<td>$ -</td>
<td>$ 2,508,108</td>
</tr>
<tr>
<td>Investment income</td>
<td>16,199</td>
<td></td>
<td></td>
<td>16,199</td>
</tr>
<tr>
<td><strong>Total public support and revenues</strong></td>
<td>188,772</td>
<td>2,335,535</td>
<td></td>
<td>2,524,307</td>
</tr>
<tr>
<td>Net assets released from restriction</td>
<td>2,330,399</td>
<td>(2,330,399)</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Total public support and revenues</strong></td>
<td>2,519,171</td>
<td>5,136</td>
<td></td>
<td>2,524,307</td>
</tr>
</tbody>
</table>

**Expenses and losses**

| Program services                               | (2,343,048)  | -                      | -                      | (2,343,048) |
| Administrative expenses                        | (824,668)    | -                      | -                      | (824,668)   |
| Loss on disposal of property and equipment      | 218          |                        |                        | 218        |
| **Total expenses and losses**                   | (3,167,934)  | -                      | -                      | (3,167,934) |
| Decrease in net assets                         | (648,763)    | 5,136                  | -                      | (643,627)   |
| Net assets, beginning of year                   | (2,107,968)  | (305,827)              | -                      | (2,413,795) |
| Prior period adjustment - correction of an error (see Note 5) | 35,000        |                        | -                      | 35,000      |
| **Net assets, adjusted beginning balance**      | (2,072,968)  | (305,827)              |                        | (2,378,795) |
| Net assets, end of year                         | $ (2,721,731)| $ (300,691)            | -                      | $ (3,022,422) |

See accompanying auditors' report and notes to the financial statements.
Schedule of Functional Expenses
Year Ended June 30, 2009

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Program Services</th>
<th>General &amp; Administrative</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries expense</td>
<td>$799,910</td>
<td>$400,410</td>
<td>$1,200,320</td>
</tr>
<tr>
<td>Contract services</td>
<td>1,024,466</td>
<td>3,023</td>
<td>1,027,489</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>206,646</td>
<td>141,200</td>
<td>347,846</td>
</tr>
<tr>
<td>Professional fees</td>
<td>126,155</td>
<td>95,583</td>
<td>221,738</td>
</tr>
<tr>
<td>Interest expense</td>
<td>206</td>
<td>646</td>
<td>141</td>
</tr>
<tr>
<td>Supplies expense</td>
<td>42,316</td>
<td>2,380</td>
<td>44,696</td>
</tr>
<tr>
<td>Equipment rent</td>
<td>45,751</td>
<td>7,810</td>
<td>53,561</td>
</tr>
<tr>
<td>Other direct expense</td>
<td>23,758</td>
<td>543</td>
<td>29,201</td>
</tr>
<tr>
<td>Mileage expense</td>
<td>25,670</td>
<td>3,023</td>
<td>28,693</td>
</tr>
<tr>
<td>Repairs and maintenance expense</td>
<td>3,023</td>
<td>9,183</td>
<td>12,206</td>
</tr>
<tr>
<td>Payroll tax expense</td>
<td>16,661</td>
<td></td>
<td>16,661</td>
</tr>
<tr>
<td>Depreciation and amortization expense</td>
<td>-</td>
<td>3,891</td>
<td>3,891</td>
</tr>
<tr>
<td>Advertising expense</td>
<td>6,067</td>
<td></td>
<td>6,067</td>
</tr>
<tr>
<td>Training expense</td>
<td>4,985</td>
<td></td>
<td>4,985</td>
</tr>
<tr>
<td>Travel expense</td>
<td>2,638</td>
<td></td>
<td>2,638</td>
</tr>
<tr>
<td>Rent expense</td>
<td>3,705</td>
<td></td>
<td>3,705</td>
</tr>
<tr>
<td>Volunteer incentive expense</td>
<td>3,569</td>
<td></td>
<td>3,569</td>
</tr>
<tr>
<td>Telephone expense</td>
<td>3,454</td>
<td></td>
<td>3,454</td>
</tr>
<tr>
<td>Printing expense</td>
<td>1,810</td>
<td>173</td>
<td>1,983</td>
</tr>
<tr>
<td>Insurance expense</td>
<td>1,380</td>
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<td>1,380</td>
</tr>
<tr>
<td>Conferences expense</td>
<td>520</td>
<td></td>
<td>520</td>
</tr>
<tr>
<td>Postage expense</td>
<td>313</td>
<td>16</td>
<td>329</td>
</tr>
<tr>
<td>License and fees</td>
<td>150</td>
<td></td>
<td>150</td>
</tr>
<tr>
<td>Dues</td>
<td>101</td>
<td></td>
<td>101</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>$2,343,048</strong></td>
<td><strong>$824,668</strong></td>
<td><strong>$3,167,716</strong></td>
</tr>
</tbody>
</table>

See accompanying auditors' report and notes to the financial statements.
CASH FLOWS FROM OPERATING ACTIVITIES

Decrease in net assets $ (643,627)

Adjustments to reconcile change in net assets to net cash provided by operating activities:
Loss on disposal of property and equipment 218
Depreciation and amortization 3,891

Changes in operating assets and liabilities:
(Increase) decrease in:
Grants receivable (289,869)
Prepaid expenses 5,544

Increase (decrease) in:
Accounts payable 265,762
Accrued expenses 23,646
Deferred revenue (14,537)

Total adjustments (5,345)

Net cash used in operating activities (648,972)

CASH FLOW FROM INVESTING ACTIVITIES

Advances to related party (35,935)

Net cash used in investing activities (35,935)

CASH FLOW FROM FINANCING ACTIVITIES

Net proceeds on line of credit 828,363

Net cash provided by financing activities 828,363

Net increase in cash and cash equivalents 143,456

Cash and cash equivalents, beginning 487,320

Cash and cash equivalents, ending $ 630,776

See accompanying auditors' report and notes to the financial statements.
NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Palomar Pomerado North County Health Development, Inc. (Organization) is a charitable nonprofit public benefit corporation organized in January 2005 to support Palomar Pomerado Health (PPH), a California local health care district, by acquiring grant funding.

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Receivables

The grants and accounts receivable arise in the normal course of business. It is the policy of management to review the outstanding receivables at year end, as well as the bad debt write-offs experienced in the past, and establish an allowance for doubtful accounts for uncollectible amounts. Management believes all receivables are fully collectible. Therefore, no allowance for doubtful accounts is considered necessary.

Property and Equipment

Property and equipment purchases greater than $1,000 are capitalized and recorded at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the assets of three to five years. Equipment acquired using grant funds is considered to be owned by the Organization while used in the program for which it is purchased.

Financial Statement Presentation

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

- Unrestricted net assets represent expendable funds available for operations, which are not otherwise limited by donor restrictions.
NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financial Statement Presentation (Continued)

- Temporarily restricted net assets consist of contributed funds subject to donor-imposed restrictions contingent upon specific performance of a future event or a specific passage of time before the Organization may spend the funds.

- Permanently restricted net assets are subject to irrevocable donor restrictions requiring that the assets be maintained in perpetuity, usually for the purpose of generating investment income to fund current operations.

Cash and Cash Equivalents

For purposes of the Statement of Cash Flows, the Organization considers all highly liquid investments purchased with an initial maturity of three months or less and money market funds to be cash equivalents.

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction.

When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the state of activities as net assets released from restrictions. Contributions received with donor-imposed restrictions that are satisfied within the same reporting period are reported as unrestricted support in that period.

Revenue from grants/contracts is recognized to the extent of eligible costs incurred up to an amount not to exceed the total grant/contract authorized. Deferred revenue results from grant awards received that are applicable to the subsequent period.

Donor Restricted Gifts and Grants

Unconditional promises to give cash and other assets to the Organization are reported at fair market value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. Grants are reported as temporarily restricted until the funds have been expended for the purpose specified by the terms of the grant.
NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES 
(CONTINUED)

Contributed Materials and Services

Contributed materials are recorded at their fair market value where an objective basis is available to measure their value. Such items are capitalized or charged to operations as appropriate.

The Organization receives services donated by volunteers in carrying out its program activities. No amounts have been recorded for those services, as they do not meet the requirements for recognition as contributions in the financial statements.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701(d) of the California Revenue and Taxation Code. The Organization may be subject to tax on income which is not related to its exempt purpose. For the year ended June 30, 2009, no such income was reported and, therefore, no provision for income taxes has been made. The Organization is not a private foundation.

NOTE 2: FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

NOTE 3: CONCENTRATION OF CREDIT RISK

Cash

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash and cash equivalents.

Accounts are insured by the Federal Deposit Insurance Corporation (FDIC). On May 20, 2009, the Helping Families Save Their Homes Act temporarily increased FDIC deposit insurance limits from $100,000 to $250,000 until December 31, 2013. Additionally, non-interest bearing transaction accounts at financial institutions that participate in the FDIC’s Transaction Account Guarantee Program are fully guaranteed by the FDIC for the entire amount in the account until December 31, 2009. Coverage under the Transaction Account Guarantee Program is in addition to and separate from the coverage available under the FDIC’s general deposit insurance rules. A summary of total insured and uninsured cash balances follows:
NOTE 3: CONCENTRATION OF CREDIT RISK (CONTINUED)

Cash (Continued)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cash in bank deposit accounts</td>
<td>$ 690,159</td>
</tr>
<tr>
<td>Portion insured by FDIC</td>
<td>(250,000)</td>
</tr>
<tr>
<td>FDIC uninsured cash balances</td>
<td>$ 440,159</td>
</tr>
</tbody>
</table>

Contract Revenue

The First 5 Commission of San Diego County provided 65% of the Organization's contract revenue at June 30, 2009. The Commission has extended the contract to June 2010.

Economic Dependency

The Organization is economically dependent on PPH.

NOTE 4: RELATED PARTY TRANSACTIONS

The Organization receives support for operating expenses from Palomar Pomerado Health (PPH). Total support received from PPH for the year ended June 30, 2009 was $1,171,973.

NOTE 5: PRIOR PERIOD ADJUSTMENT

Prior to July 1, 2008, the Organization recorded $35,000 in contributions from shareholder for initial start-up costs. As the Organization is an exempt organization with no shareholders, this amount has been re-classified to fund balance – unrestricted.

NOTE 6: LINE OF CREDIT

In January 2006, the Organization accepted a line of credit from PPH. The line of credit has a maximum borrowing amount of $3,400,000 and bears interest at 2.5% above LIBOR; 4.2% at June 30, 2009, adjusted quarterly. The line of credit expires January 2011. All principal and accrued interest will be payable in 60 equal monthly installments beginning on the expiration date of the line of credit. The line of credit is secured by substantially all the Organization's assets.
ADDENDUM C
RESOLUTION NO. 01.14.11(02)—2

RESOLUTION OF THE BOARD OF DIRECTORS OF
PALOMAR POMERADO NORTH COUNTY HEALTH DEVELOPMENT, INC.

AUTHORIZING ACCEPTANCE OF THE INDEPENDENT AUDIT FOR THE
WELCOME HOME BABY PROGRAM

WHEREAS, Palomar Pomerado North County Health Development, Inc. [Health Development] is the contracted agency for the First 5 Commission of San Diego Contract Number 511626 for the Welcome Home Baby Program, and is required by said contract in Article 13, Section 13.6 to conduct an annual audit of Health Development’s operations;

And WHEREAS, an Independent Single Audit for Fiscal Year 2008-2009 was conducted by Klingensmith, Kincaid & Keim, CPAs, Inc., of Escondido, California, and returned to Health Development on June 2, 2010;

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Directors of Health Development that the Independent Single Audit of the Welcome Home Baby Program for Fiscal Year 2008-2009 be accepted in satisfaction of this requirement.

PASSED AND ADOPTED at the meeting of the Board of Directors of Health Development, held on January 14, 2011, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINING:

DATED: January 14, 2011

APPROVED: ATTESTED:

Linda C. Greer, RN, Chairperson
Board of Directors
Palomar Pomerado North County Health Development, Inc.

Michael H. Covert, FACHE, Secretary
Board of Directors
Palomar Pomerado North County Health Development, Inc.
PALOMAR POMERADO NORTH COUNTY
HEALTH DEVELOPMENT, INC.
WELCOME HOME BABY PROGRAM

PROGRAM SPECIFIC AUDIT STATEMENT

Year Ended June 30, 2009
Palomar Pomerado North County Health Development, Inc.
Welcome Home Baby Program
PROGRAM SPECIFIC AUDIT STATEMENT
Year ended June 30, 2009

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT 2

PROGRAM SPECIFIC AUDIT STATEMENT

Statement of Cash Receipts and Disbursements 3

Notes to the Financial Statements 4
INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Palomar Pomerado North County Health Development, Inc.
Welcome Home Baby Program
Escondido, California

We have audited the accompanying statement of cash receipts and disbursements of the Welcome Home Baby Program (Program), administered by Palomar Pomerado North County Health Development, Inc. (a nonprofit organization), funded by the First 5 Commission of San Diego County, for the year ended June 30, 2009. This financial statement is the responsibility of Palomar Pomerado North County Health Development, Inc.'s management. Our responsibility is to express an opinion on this financial statement based on our audits.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statement referred to above present fairly, in all material respects, the activities of the Welcome Home Baby Program, administered by Palomar Pomerado North County Health Development, Inc. for the year ended June 30, 2009.

Klingensmith, Kincaid & Keim, C.P.A.s, Inc.

Escondido, California
June 2, 2010
Palomar Pomerado North County Health Development, Inc.  
Welcome Home Baby Program  
Statement of Cash Receipts and Disbursements  
Year Ended June 30, 2009

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning cash deficit</td>
<td>$(1,608)</td>
</tr>
<tr>
<td>Cash receipts:</td>
<td></td>
</tr>
<tr>
<td>Program payments</td>
<td>1,634,092</td>
</tr>
<tr>
<td>Cash disbursements:</td>
<td></td>
</tr>
<tr>
<td>Personnel:</td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>827,846</td>
</tr>
<tr>
<td>Services and supplies:</td>
<td></td>
</tr>
<tr>
<td>Professional fees</td>
<td>3,915</td>
</tr>
<tr>
<td>Supplies expense</td>
<td>16,502</td>
</tr>
<tr>
<td>Purchased services expense</td>
<td>658,715</td>
</tr>
<tr>
<td>Direct expenses</td>
<td>41,433</td>
</tr>
<tr>
<td>Indirect expenses</td>
<td>85,681</td>
</tr>
<tr>
<td>Total deductions</td>
<td>1,634,092</td>
</tr>
<tr>
<td>Excess of additions over deductions</td>
<td>-</td>
</tr>
<tr>
<td>Ending cash deficit</td>
<td>$(1,608)</td>
</tr>
</tbody>
</table>

See accompanying auditors' report and notes to the financial statements.
NOTE 1: ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

The Welcome Home Baby Program (Program), administered by Palomar Pomerado North County Health Development, Inc. (PPNCHD), is a North San Diego County home visiting program that serves first time mothers and their infants from newborns to one year of age to help prevent infant mortality, child abuse, and neglect. The program augments primary pediatric care services through a partnership of hospitals, registered nurses, social workers, health educators, and other community-based resources. The term of the program is July 1, 2009 to June 30, 2010.

Funding of the program comes from Proposition 10 revenues, which are managed by the First 5 Commission of San Diego County (Commission).

The accompanying statement only represents information about receipts and disbursements involving PPNCHD's contract with the Commission for the Program. This statement does not include any other information about PPNCHD, whose financial statements are audited and reported on separately.

Basis of Accounting

The accompanying statement of cash receipts and disbursements has been prepared on the cash receipts and disbursements basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Under that basis, the only asset recognized is cash, and no liabilities are recognized. All transactions relating to PPNCHD’s participation in the Program are recognized as either cash receipts or disbursements. Non-cash transactions are not recognized in this statement.

NOTE 2: RELATED PARTY TRANSACTIONS

The Program reimburses Palomar Pomerado Health (PPH) for all payroll services provided as well as other miscellaneous expenses. PPNCHD’s board of directors is composed entirely of board members and management of PPH. Additionally, PPH’s board of directors selects all of PPNCHD’s board members.
ADDENDUM D
FY 2011
Financial Review

JANUARY 14, 2011
### Income Statement Summary

#### Health Development

<table>
<thead>
<tr>
<th></th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>Budget Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>76,136</td>
<td>83,517</td>
<td>(7,381)</td>
<td>15,400</td>
<td>8,333</td>
<td>7,067</td>
</tr>
<tr>
<td>Expenses</td>
<td>49,296</td>
<td>50,364</td>
<td>1,068</td>
<td>13,641</td>
<td>17,632</td>
<td>3,991</td>
</tr>
<tr>
<td>Net Income/Loss</td>
<td>26,840</td>
<td>33,153</td>
<td>(6,313)</td>
<td>1,759</td>
<td>(9,299)</td>
<td>11,058</td>
</tr>
</tbody>
</table>

#### Research Institute

<table>
<thead>
<tr>
<th></th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>Budget Variance</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>Budget Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Income/Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Health Development
FY 2011 Indirect Revenue Sources

HD Indirect Revenue

- Go-Med
- United Way
- Komen
- HDS
- Green Oaks Ranch
ADDENDUM E
Grant Update

JANUARY 14, 2011
<table>
<thead>
<tr>
<th>TITLE</th>
<th>GRANTEE</th>
<th>Purpose</th>
<th>Awarded</th>
<th>Remaining Funds</th>
<th>Beg/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Drug Events (ADE) Evaluation Project</td>
<td>Cardinal Health</td>
<td>To evaluate the impact of a care delivery model on medication errors and patient and provider satisfaction.</td>
<td>$25,000</td>
<td>$6,013</td>
<td>3/28/08-3/28/09</td>
</tr>
<tr>
<td>Bioterrorism/Emergency Preparedness</td>
<td>County of San Diego, Health &amp; Human Agency</td>
<td>To enhance San Diego’s Emergency Preparedness by utilizing HPP funding to purchase priority equipment and supplies including evacuation equipment, interoperable communications equipment, and surge capacity for pandemic influenza and fatality mgmt.</td>
<td>$105,000</td>
<td>$105,000</td>
<td>7/01/10-6/30/11</td>
</tr>
<tr>
<td>Green Oaks Ranch</td>
<td>Physical Health Services for CANN</td>
<td>Provides an intake center for assessment and placement of abused, neglected, and/or abandoned children taken into immediate protective custody by Law Enforcement Officers and/or Health &amp; Human Services Agency Social Workers.</td>
<td>$835,000 ($167,000 per year)</td>
<td></td>
<td>7/12/07-6/30/12</td>
</tr>
<tr>
<td>TITLE</td>
<td>GRANTEE</td>
<td>Purpose</td>
<td>Awarded</td>
<td>Remaining Funds</td>
<td>Beg/End Date</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Growing Our Own Medical Employees Development GO-MED</td>
<td>The California Endowment &amp; The Parker Foundation</td>
<td>Growing Our Own Medical Employees Development Program Collaborative: To increase recruitment and retention of under-represented students in health care professions to improve the quality of care delivered to residents of the North County.</td>
<td>$284,527 (TCE) &amp; $71,000 (PARKER)</td>
<td>$48,000</td>
<td>2/1/08-2/28/11</td>
</tr>
<tr>
<td>Komen – North County Project</td>
<td>Susan G. Komen</td>
<td>To provide breast cancer diagnostic services to men and women 20-50 who fall between the gaps in the medical system, whether by income level, ethnicity, age, citizenship, or lack of insurance.</td>
<td>$50,000</td>
<td>$17,000</td>
<td>4/1/05-3/31/11</td>
</tr>
<tr>
<td>MAA (Medical Administrative Activities)</td>
<td>County of San Diego Health &amp; Human Services Agency</td>
<td>Medi-Cal Administrative Activities (MAA) is a government program available to PPH to recover some of the administrative costs associated with providing Medi-Cal services.</td>
<td>Approx. $200,000 Annually</td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>
### Health Development

#### Current Grants

<table>
<thead>
<tr>
<th>TITLE</th>
<th>GRANTEE</th>
<th>Purpose</th>
<th>Awarded</th>
<th>Remaining Funds</th>
<th>Beg/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marjorie Mosher Schmidt Foundation - Child Abuse Program</td>
<td>Marjorie Mosher Schmidt Foundation</td>
<td>To provide funds for interior of SART/Child Abuse Program building to be painted and flooring.</td>
<td>$12,000</td>
<td>$5,197</td>
<td>12/14/09-n/a</td>
</tr>
<tr>
<td>National Children's Alliance (NCA)</td>
<td>National Children's Alliance (NCA)</td>
<td>Having met standards set for Child Advocacy Centers, PPH is an accredited member of the NCA. As a member of the NCA, PPH receives a grant of $10,000 annually to provide continued support for the cost of a bilingual interviewer in PPH's Child Abuse Program.</td>
<td>$10,000</td>
<td>$10,000</td>
<td>1/1/04-12/31/13</td>
</tr>
<tr>
<td>Parker - North County Project</td>
<td>Vaughn Parker Foundation</td>
<td>Donation through Foundation to provide additional funding for breast cancer diagnostic services to men and women 20-50 who fall between the gaps in the medical system, whether by income level, ethnicity, age, citizenship, or lack of insurance.</td>
<td>$50,902.60</td>
<td>$26,861</td>
<td>7/1/08-n/a</td>
</tr>
</tbody>
</table>
# Health Development
## Current Grants

<table>
<thead>
<tr>
<th>TITLE</th>
<th>GRANTEE</th>
<th>Purpose</th>
<th>Awarded</th>
<th>Remaining Funds</th>
<th>Beg/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way - Forensic Interviewing</td>
<td>United Way</td>
<td>To expand the availability of specialized child forensic interviews for children and youths who may be victims of child sexual abuse who would benefit from specialized child interview thus reducing the secondary trauma associated with multiple, duplicative interviews and increasing accuracy</td>
<td>$106,376</td>
<td>$39,466</td>
<td>12/1/08-12/31/11</td>
</tr>
<tr>
<td>Bilingual Interviewing Grant</td>
<td>McCarthy Foundation</td>
<td>To support PPH's bilingual interviewing services. The money will be spent increasing the availability of PPH's bilingual services.</td>
<td>$9,000</td>
<td>$9,000</td>
<td>7/1/10-06/30/11</td>
</tr>
<tr>
<td>Transitions Into Practice</td>
<td>San Diego Workforce Partnership</td>
<td>To provide a transition from education to practice through a residency program for Bachelor of Science in Nursing (BSN) students in their last year prior to graduation. It will be a collaborative partnership between CSUSM and PPH. The focus of the program is to provide a bridge to clinical practice and enhance employment opportunities for CSUSM BSN graduates.</td>
<td>$268,000</td>
<td>$158,000</td>
<td>6/1/10-7/31/11</td>
</tr>
</tbody>
</table>
# Health Development
## Current Grants

<table>
<thead>
<tr>
<th>TITLE</th>
<th>GRANTEE</th>
<th>Purpose</th>
<th>Awarded</th>
<th>Remaining Funds</th>
<th>Beg/End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHB Healthy Development Services (HDS)</td>
<td>First 5 Commission</td>
<td>To serve as lead agency for the North Inland Region to provide integrated care and treatment services that address the health, developmental and behavioral needs of children ages birth through 5 years</td>
<td>$8,760,000</td>
<td></td>
<td>07/01/10-06/30/15</td>
</tr>
<tr>
<td>Palliative/Spiritual Care Grant</td>
<td>Archstone Foundation</td>
<td>The purpose is to improve the quality of spiritual care provided by the transdisciplinary team to the critically ill patients in the medical-surgical intensive care units at Palomar Medical Center. The overall goal of the project is to put into practice the Inpatient Spiritual Care Implementation Model with an emphasis on identifying and treating spiritual distress the same as any other medical issue.</td>
<td>$200,000</td>
<td>$199,000</td>
<td>10/1/10-9/30/12</td>
</tr>
<tr>
<td>TITLE</td>
<td>GRANTEE</td>
<td>Purpose</td>
<td>Awarded</td>
<td>Remaining Funds</td>
<td>Beg/End Date</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Western Regional Children's Advocacy</td>
<td>Western Regional Children's Advocacy</td>
<td>To provide training stipend for 3 staff members to attend the Chadwick conference in January.</td>
<td>$1,000</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>In-n-Out - Child Abuse Program</td>
<td>In-N-Out Child Abuse Foundation</td>
<td>To enhance San Diego’s Emergency Preparedness by utilizing HPP funding to purchase priority equipment and supplies including evacuation equipment, interoperable communications equipment, and surge capacity for pandemic influenza and fatality mgmt.</td>
<td>$3,500</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>TITLE</td>
<td>GRANTEE</td>
<td>Purpose</td>
<td>Awarded</td>
<td>Remaining Funds</td>
<td>Beg/End Date</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>WHB – HDS At-Risk</td>
<td>First 5 Commission</td>
<td>RFP scheduled to be released the middle of this month and due by the end of February.</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
ADDENDUM F
First 5 San Diego Grants

Healthy Development Services
Welcome Home Baby
Healthy Development Services

• 5 Year Contract Term
  – July 2010 through June 2015
• Total Funding
  – 5 year = $8,760,675
  – Annually = $1,752,135
• Services provided by PPH and 5 Community Agencies
  – North County Health Services, Home Start, YMCA-CRS, Jewish Family Service, Exceptional Family Resource Center
• Population Served
  – Children age 0-5 years and their families
Healthy Development Services

• Over 1,200 children and families served since July 1, 2010
  – 211 parents attending PPH L.E.A.P. Classes
  – 324 children receiving PPH Developmental Services (including speech, physical and occupational therapy classes and one-on-one services)
  – 285 children receiving Behavioral Services
  – 529 children receiving Vision and Hearing Screenings
  – 699 families receiving PPH Care Coordination Services; 137 receiving Case Management
Healthy Development Services

• Program Highlights
  – Increased Referral Network
  – New Pennsylvania Ave Location
  – Community Advisory Board
  – Increased Community Screening/Class Sites
    • Rincon Indian Health
    • Escondido Community Child Development Center
    • Escondido Children’s Museum
Welcome Home Baby

- First 5 Targeted At Risk Home Visiting Program
  - RFP Expected Mid-April 2011
  - Funding: $6M Countywide/Year for 5 years
    - Approximately 4 Grantees (with Subcontractors)
    - Amount per Grantee will be based on Regional Populations
  - PPH Will Apply For Lead In North Inland/North Coastal
    - PPH will apply for Subcontractor status In All Other Regions
  - All Grantees Required To Implement Two Evidence-Based Program Models
    - Healthy Families America (WHB recently received HFA affiliation status)
    - Parents As Teachers
  - Populations to Be Served
    - Pregnant and Parenting Teens
    - Military Families (Active Duty and Veterans)
    - Immigrant and Refugee Families
    - Individuals 200% below poverty level