

ADDRESSING CHILD POVERTY IN SAN MATEO COUNTY THROUGH THE BABY BONUS PROGRAM

Updated April 2024



A DEMONSTRATION PROJECT CONCEPTUALIZED BY

THE JACKIE SPEIER FOUNDATION

LED BY FIRST 5 SAN MATEO COUNTY IN PARTNERSHIP WITH
SAN MATEO COUNTY HEALTH, SAN MATEO COUNTY HUMAN SERVICES AGENCY,
HEALTH PLAN OF SAN MATEO & STANFORD UNIVERSITY

Table of Contents

Introduction 3

Context and Concept..... 4

Background and Project Overview 6

Evaluation Plan..... 7

Project Management and Coordination 8

Collaborative Partners: 9

Budget: 11

Funders: 12

Contact:..... 12

Stanford Evaluation Team 15

San Mateo County Baby Bonus Program Advisory Committee Bios 17

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Project Coordinator	Mai Le, MPH Community Health Planner mle@smcgov.org
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Proposed Annual Budget	<ul style="list-style-type: none"> • \$1,594,844 (400 families) • \$2,122,844 (600 families)
Proposed Total Funding Request	<ul style="list-style-type: none"> • \$7,176,800 (400 families) • \$9,552,800 (600 families)
Estimated Program Term	January 1, 2025 – July 1, 2029 (4.5 years)

The Baby Bonus Program is in the planning phase (Jan.-Dec. 2024). The information in this proposal reflects the current course of planning, but details are subject to change given funding, feasibility, further research, family feedback, and other factors. This information is not intended for public distribution.

Introduction

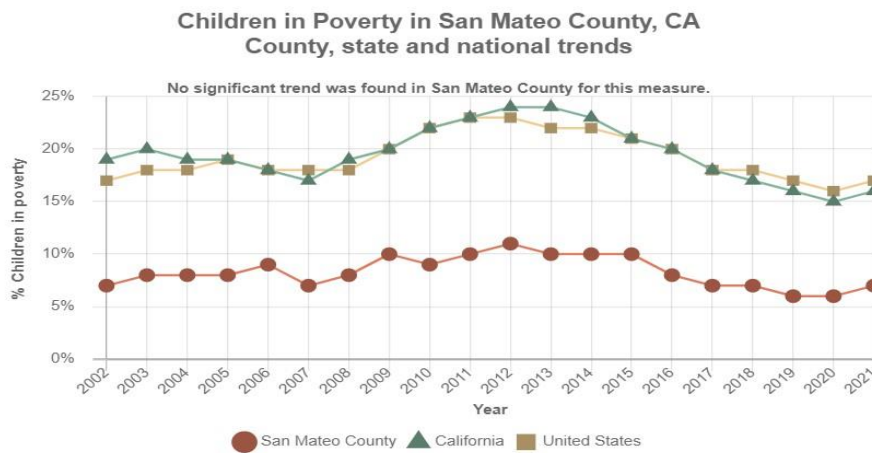
The Jackie Speier Foundation and Baby Bonus Program Partners envision two contributions to the field of Guaranteed Basic Income research. We envision 1) to uniquely advance the evidence on guaranteed income in the United States context, which can then inform national policy (Child Tax Credit, etc.); and 2) to meet the evidence needs of county officials who will weigh whether to sustain/expand the program after the pilot. The target population for this project is women with low-income who just gave birth in San Mateo County. The Baby Bonus Project provides a cash gift, coordinated services and links to benefits enrollment.

While the cash transfer should clearly stay non-conditional, impacts on health and well-being could be amplified by better social services, health, and early childhood program alignment. It cannot be overstated that the approach we undertake with this work is in an authentic partnership with new parents in San Mateo County (SMC). Families are unequivocally the experts in this sphere and their input into the design of the program is essential. We believe a strategic evaluation and resulting dissemination will contribute to

the national conversation regarding guaranteed income programs, health equity, and social determinants of health.

Context and Concept

There are 36,459 children under the age of 5 in San Mateo County, and we estimate that between 2,005 and 3,646 5.5 and 10% live in poverty.¹ Despite San Mateo County’s relative affluence and prosperity, the problem of children living in poverty has been longstanding and intractable as depicted in this chart based on the American Community Survey and sourced from the Robert Wood Johnson Foundation County Health Rankings & Roadmaps².



Notes:
Prior to 2005, Children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.

[San Mateo, California | County Health Rankings & Roadmaps](#)

Child poverty varies by race and ethnicity, and in SMC Hispanic children have the highest rate of poverty at 12%, followed by Black children at 7%, Asian children at 4% and White children at 3%³. These inequities hold our children back from reaching their full potential and well-being in life. There is a body of social science that finds disparities by income in measures of children’s achievement, school performance and attention and self-regulation that impacts their learning. In addition, research shows higher family incomes are associated with more favorable assessments of development and performance⁴.

Although SMC Child poverty rates are below state and federal percentages, SMC has one of the highest costs of living standards in the nation thus creating unique challenges for families to meet basic needs. The Self-Sufficiency Standard for California calculates the full cost for six basic needs (housing, childcare, food, transportation, health care, and other necessities), factors in taxes and tax credits, and adjusts for variation in place of residence and family composition. Per the American Community Survey, the SMC self-sufficiency income target (in 2021) for two adults, an infant and a preschooler is \$176,210 or an hourly wage of \$41.72 for each adult. This is almost six times the federal poverty level for a family of 4 (which is \$30,000). Note that the San Mateo County minimum wage will be

\$17.06/hr. starting on Jan 1, 2024, which translates into an annual income of \$35,485 for a full-time minimum wage job. This information is from the 2021 update of the [Insight Center Family Needs Calculator](#).

The San Mateo County Baby Bonus Program grew out of listening sessions with women with low-income that former Congresswoman Jackie Speier held to inform the focus of her work and new foundation. As a result of those listening sessions, she convened Imagine San Mateo County Rising: Ending Child Poverty Summit on August 18th, 2023, co-sponsored by Chan Zuckerberg Initiative, the County of San Mateo County, Eustace-Kwan Family Foundation, Kaiser Permanente, Philanthropic Ventures Foundation, and the San Mateo County Office of Education. At that time, she announced the seed funding for the Baby Bonus Program initiative.

The proposed local proof of concept of a Baby Bonus Program will demonstrate the impact of providing a monthly unconditional cash gift of \$300 over three years to a population of people with low-income who just gave birth. Our aim is to improve the health and well-being of these children and use the findings of the proposed Baby Bonus Program to support policy change, such as the reinstatement of the child tax credit or similar strategies, that will ultimately help to eradicate poverty for this group of children leading to their reaching their full potential. The benefits of providing the monthly unconditional cash gift are expected to include at a minimum improved physical and emotional health, cognitive development, and wellbeing for the children. Various guaranteed income pilot programs are occurring across California and the nation and at least 40 tracked by the Stanford Basic Income Lab are the focus of rigorous evaluations that examine numerous maternal and child health and wellbeing measures in addition to other outcomes⁵. There is the potential for an evaluation of the San Mateo County Baby Bonus Program to make a unique contribution by examining the impact of the Baby Bonus Program as well as the provision of coordinated evidence based and evidenced informed early childhood services that are available in San Mateo County.

An interdisciplinary evaluation team from Stanford working with their hospital, Lucile Packard Children's Hospital, which delivers most of the babies in SMC, as well as other partners will be well-positioned to explore the impact of the Baby Bonus Program. The Evaluation team is also a crucial contributor to project design co-creation and implementation considerations. Beyond the power of cash, the initiative will also test the impact of families being connected at their primary care medical home; home visiting services; food security benefits; and other early childhood support services offered through First 5 SMC and partners. Support services could include childcare assistance, early identification and supports for special needs, and mental health services.

While the three-year duration of the project and evaluation will bound what can be learned, there may be potential to extend the learning through partnership with the Health Plan of San Mateo County (HPSM). This Baby Bonus Program is the only one we have identified that integrates the partnership of the major insurer for the target population, the Health Plan of San Mateo County, which insures nearly all the babies born with Medi-Cal in our county and thus has responsibility for providing them with a

broad array of health and dental services. The Health Plan and other collaborative partners will provide data for the evaluation including claims data that offers the potential to be evaluated beyond the three years of the Baby Bonus Program.

Background and Project Overview

The Baby Bonus Program leverages the findings from Baby's First Years (Drs. Kimberly Noble, Columbia Teacher's College, Katherine Magnusen, University of Wisconsin, and Greg Duncan, University of California, Irvine) and other research that shows a relatively modest, no-strings attached income boost for mothers with low income significantly impacts their capacity to parent, as well as favorably impacts their children's brain development⁶.

The Baby's First Years study aims to produce clear evidence about the connections between family income and early childhood development considering brain development, physical health, stress and behavior, and parent stress, family expenditures, family routines, children care arrangements, parents' use of time and parenting practices. A variety of papers have already been published as a result of this study, which has the potential to inform policy on a national scale.⁷

Providing a monthly unconditional cash gift starting at birth and beyond we hope can provide multiple long-term benefits for the entire family. Income is a known key factor in health equity as it can impact many, if not all, social determinants of health. When individuals have adequate and stable income, they are more likely to afford basic needs to safely care for a newborn (diapers, medication, clothing), stable and safe housing, have greater access to resources that protect and improve health such as healthcare, healthy foods, education, and childcare, and live in safe neighborhoods of opportunity.

Households with lower incomes report poorer health, including mental health outcomes, where financial hardship can lead to higher rates of depression and stress, subsequently leading to poor birth and child outcomes. Early investments in families prevent high healthcare costs and reduce dependency on cash assistance for subsequent generations. Furthermore, studies show that children from households with fewer resources are three times as likely to be substantiated for abuse and seven times more likely to be substantiated for neglect than other children. The SMC Baby Bonus Program anticipates positive impact to priority populations in these areas⁷.

The proposal is to provide a \$300 monthly unconditional cash gift starting at birth and continuing for three years. Our understanding is that this amount will be considered a gift under Federal guidelines and thus will not impact participants' eligibility for other benefits; however, waivers may need to be obtained as have been obtained for other projects. This amount is also in the range of the federal child tax credit that was offered in the American Rescue Plan of \$250 to \$300 that led to significant reductions in child poverty across the United States.

The project proposes to offer this unconditional cash gift to at least 400 parents on Medi-Cal delivering their babies within an approximately 18-month enrollment period. We welcome additional funding to increase that number to 600 parents. There were 1,552 Medi-Cal paid births in San Mateo County in 2021. Eighty-one percent of the births occur at Lucile Packard Children's Hospital in Palo Alto with the remainder occurring at California Pacific Medical Center, Sutter Mills, Kaiser, and other hospitals. The Health Plan of San Mateo County covered 1,170 of those births. (See attached Health Plan of San Mateo County report describing year over year trend in births.) After January 1, 2024, with Medi-Cal expansion for undocumented residents, the Health Plan of San Mateo County will insure the vast majority of the Medi-Cal births.

The outreach process for participants will reflect the cultural and linguistic diversity of the San Mateo County community and the lived experience of families with low-income. Pregnant individuals insured through HPSM will receive initial outreach through various methods such as phone calls, mailers, and/or flyers at their clinic, letting them know about the Baby Bonus program. At time of birth, they can choose to enroll and be screened for eligibility. First 5 and HPSM will review best practices learned from other guaranteed income programs and national research, and engage families and community providers in developing outreach materials and practices that are respectful, informative, and appealing.

After enrollment, the mechanism for distributing the monthly unconditional cash gift will be through a fiscal agent and/or CBO that has experience distributing a monthly cash gift using a gift card and/or debit card approach. Financial Support services (i.e., financial services) for parents are a component of the project, providing opportunity to build on what families currently have. We have already identified multiple entities that have experience with similar projects that we hope to interest in bidding on the project. Additional participant input will be needed to structure the mechanism for drawing on the funds. In similar projects, the fiscal agent distributes a monthly gift card. In others, the funds are deposited to an account, which gives the beneficiary more control over avoiding benefits cliffs and other financial challenges. These are approaches that like, the rest of the project will need to be developed with input from representatives of the target enrollment population.

Evaluation Plan

An evaluation plan has been developed by an interdisciplinary team of Stanford faculty from fields including early childhood psychology, pediatrics, economists, and population health epidemiologists. (See pg. 17 for Stanford Evaluation Team.)

The evaluation component of the program will occur at Lucile Packard Children's Hospital, where the vast majority of Medi-Cal funded births take place. This randomized controlled trial has three arms, families receiving 1) the Baby Bonus cash gift with coordinated care; 2) coordinated care only; and 3) usual services (control group).

Approximately 300 families will be randomly selected for the Baby Bonus and will receive \$300/month for 36 months. Those receiving coordinated care will be connected with a Community Health Worker that can facilitate access to follow up pediatric care, Family Health Services home visits, resources to address food insecurity, and other early childhood support services offered by First 5 and partners. The engagement with families will occur right after delivery, as well as at regular intervals throughout the three years of the Baby Bonus program, as the child grows and family needs change. The families in the control group will be provided payment for survey participation.

Data will be drawn from multiple sources, including parent interviews and administrative data from the Health Plan of San Mateo, and we are exploring SMC health and social service data.

We will assess the treatment and control groups for differences across a wide range of outcomes, for instance access to a medical home, home visit quality and program completion rates, parental screening/diagnosis/referral for depression and anxiety, food security rates over time, child welfare referrals and overall social service referrals placed and received. Health utilization metrics will include time to first appointment, attendance at all recommended well child checks, immunization rates, and emergency department utilization.

Enrollment will take approximately 18 months and data will be collected every six months for three years, thus the entire study will require four and a half years to complete.

Parents giving birth outside of LPCH may still be eligible to receive the Baby Bonus, but will not be part of the evaluation study. Our goal of funding at least 400 Baby Bonus families ensures that a similar proportion of people giving birth inside and outside of LPCH receive the cash gift.

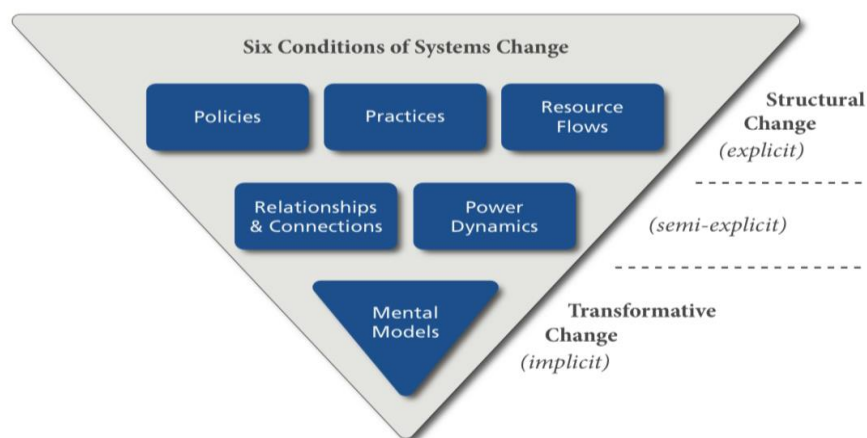
Project Management and Coordination

First 5 San Mateo County will administer the Baby Bonus Program as a joint-collaborative effort between Stanford Department of Pediatrics, San Mateo County Health, Family Health Services and SMC Human Services Agency, the Health Plan of San Mateo County and other health care systems and agencies serving the population. First 5 will staff the coordination of the Baby Bonus Program, support the convening of an advisory committee; issue the RFP and contract for the administration of the cash disbursement; convene the partners to assure standardized approaches to enrollment and linkage, evaluation, data-gathering and problem-solving; enlist nonprofit early childhood-serving organizations to serve the families; and report out progress and communications. First 5 will contract for implementation of a communications plan that includes web-based information for participants, and social media, blogs, infographics, impact stories for interested public, policymakers, funders and partners. First 5 will liaise with other entities working on similar projects within the First 5 network and beyond to share and bring back learnings and partner with the Stanford Basic Income

Lab and others whose expertise will inform the development of the local Baby Bonus Program. First 5 will be able to champion the work locally before the State and within their statewide early childhood network of other First 5s.

First 5 has used FSG’s Systems Change Conditions as a framework to think about the continuous improvement approach to enhance the alignment of wrap-around early childhood services provided through many partner agencies for these families⁸. FSG’s perspective on Systems Changes is “*Systems change is about shifting the conditions that are holding the problem in place*”. The facilitation of the partnership to center families in the Baby Bonus Program will seek to bolster the Six Condition of Systems Change represented below:

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE



Systems alignment of early childhood/healthcare integration is needed, as well as partnership with other social services and community-based organizations in the county.

Collaborative Partners:

First 5 San Mateo County invests in quality early care and education for 9,500 children in families with low income and the providers who care for them, engages partners such as County Office of Education, Health, Human Services, and many non-profits and leads efforts to improve systems⁶ and advocates for policy change so children thrive socially, emotionally, and economically. First 5’s programs and activities foster the optimal development of children ages birth to 5 by investing in health, early learning, family engagement, and systems-building efforts. Funded partners implement a range of diversity inclusion equity & belonging (DEIB+) best practices supporting children and families from diverse backgrounds and lived experiences. F5’s initiatives prioritize young children through being a strategic financial investor, community partner, systems leader, and child champion.

The First 5 SMC Commission includes a member of the Board of Supervisors, Noelia Corzo, the County Superintendent of Education, Nancy Magee, the Director of Human Services, Claire Cunningham, the Chief of Health, Louise Rogers, and many other champions of early childhood development including two pediatricians, a legal

advocate, a mental health clinician, a leader in the business community, and south commissioners. First 5 SMC staff are also leaders in statewide First 5 policy work and have already connected with other localities either pursuing or intending to pursue similar work.

Health Plan of San Mateo County insures nearly 59,000 low-income children and youth through Medi-Cal, including 13,266 children 0-5 and 1,170 births a year.

Stanford Children's Hospital delivers the majority of Medi-Cal births, the Gardner Center, Packard Clinic and Ravenswood Family Health Services Network provide medical/health and social screening services in partnership with many others serving low-income children and families.

SMC Health, Family Health Services provides evidence-based home visiting models through Nurse-Family Partnership, Healthy Families America, Black Infant Health and Promoting First Relationships to support healthy starts and optimal development for more than 1,069 low-income moms and their infants. Family Health Services also coordinates complex care for 1,579 children and provides specialized physical and occupational therapy for 392 children who have disabilities and chronic diseases.

Family Health Services also increases access to supplemental nutrition for 6,900 low-income women, infants, and children a month through access to WIC benefits and increases breastfeeding rates through targeted breastfeeding support and classes.

San Mateo County Medical Center provided medical care to 21,242 children in the last 18 months, screened for food insecurity to create pathways to specific food resources and made Parks Prescriptions.

Community Based Organizations (CBO's) will be key for partnership, systems alignment and leveraging Baby Bonus Program components.

Core Team Members designing, planning, and coordinating the Baby Bonus program include leaders from First 5 San Mateo, San Mateo County Health, San Mateo County Human Services Agency, Health Plan of San Mateo, Stanford University, and Jackie Speier Foundation.

Advisory Committee: First 5 has convened an advisory committee comprised of representative leaders from the partner and funding organizations and experts on basic income and early childhood models to offer ongoing input to the design of the Baby Bonus Program and evaluation and resulting policy recommendations.

Advisory committee members to date are Michelle Blakely, Deputy Director F5SMC; Patrick Curran, CEO, Health Plan San Mateo County; Dr Sophie Cole, private physician; Kitty Lopez, Executive Director, F5SMC; Dr. Lisa Chamberlain, Stanford Medicine Department of Pediatrics; Lenny Mendonca, Chair of Fidelity Charitable and New America.; Louise F. Rogers, Chief SMC Health; Jim Pugh, Executive Director Universal Income Project, and Co-Founder ShareProgress, and Congresswoman Jackie Speier. (Bios are included in the Advisory Committee attachment.) Additional advisory members may be invited, including guaranteed income program and

evaluation experts, policy advocates, local CBO representatives, and family voice advocates.

Budget:

Notes:

- 4.5-year program implementation timeline: Jan. 1, 2025-July 1, 2029 (assuming 18 months of ongoing enrollment, with three years of payment to each family)
- Budget does not include in-kind staffing contributions from all Core Team partners.
- Budget does not include budget for close-out phase for ramping down service coordination, communications, evaluation, and reporting. Estimated costs to be determined.

Baby Bonus Program Budget (Estimate as of April 2024)			
	Notes	Anticipated Budget for 400 Families	Anticipated Budget for 600 Families
Program Planner	Salary and personnel costs for community health planner, 1 FTE over 4 years: \$168,000 with benefits annually. Funded by SMC Health.	\$672,000.00	\$672,000.00
Monthly cash gift	\$300/month cash gift for 36 months	\$4,320,000.00	\$6,480,000.00
Administrative fee for payment processor	Assumed at 10% of cash gift total; may potentially include financial coaching and services for families	\$432,000.00	\$648,000.00
Community workers/outreach	Estimated at 6666 hours at \$30/hour	\$200,000.00	\$200,000.00
Evaluation	Design and implementation of robust research model, data collection processes, data-sharing agreements, analysis and reporting on key outcomes related to child and family health	\$1,000,000.00	\$1,000,000.00

Communications	Communications plan and implementation Includes social media, blogs, infographics, impact stories. Costs for an average of 4 hours a week up to \$200 an hour and funding for materials.	\$150,000.00	\$150,000.00
Incentives for control group	600 control participants surveyed 6 times (every six months over 36 months) at \$20 stipend per survey.	\$72,000.00	\$72,000.00
Contingency Implementation Strategies	Budgeted line-item amount that may be needed for project implementation. (i.e., learnings from the Design Phase, aligning systems (wrap around coordinated work), non-funded stakeholder engagement, others etc.)	\$200,000.00	\$200,000.00
Indirect expenses	15 % for indirect expenses (Personnel plus Operations, excluding stipends, incentives, consultants)	\$130,800.00	\$130,800.00
Total		\$7,176,800.00	\$9,552,800.00

Funders:

Fundraising for the Baby Bonus Program is underway, and we welcome additional funding partners. Funders to date include Jackie Speier Foundation, SMC Health, SMC Board of Supervisors Noelia Corzo and Ray Mueller. Potential funders considering support include: Health Plan San Mateo, Peninsula Healthcare District, Chan Zuckerberg Initiative, Sobrato Philanthropies, Silicon Valley Community Foundation, The Lucile Packard Foundation, and private donors.

Contact:

To inquire about becoming a funding partner, please contact:

Sheryl Young, Philanthropic Ventures Foundation and Jackie Spier Foundation
syoung@venturesfoundation.org; (650) 245-9090

For general questions about the Baby Bonus Project, please contact:

Mai Le, First 5 San Mateo County mle@smcgov.org

Attachment:

- **Health Plan of San Mateo County Report of Medi-Cal Births**

End notes:

1. The population estimate is from the [U.S. Census Bureau QuickFacts: San Mateo County, California](#). The estimate of the percentage of children under the age of five living under federal poverty levels is based on the American Community Survey. <https://www.kidsdata.org/region/4/san-mateo-county/results#ind=&say=&cat=37> The higher estimate is based on the ACS 5 year estimates 2016-2020, pulled in August 2022, before the impact of the Federal expanded child tax credit. More recently the ACS 2022-year estimates showed the rate had dropped, as it has across the nation, to 5.5%. However, given the end of the expanded tax credit, we expect the percentage to rebound closer to 10% in future estimates.
2. <https://www.countyhealthrankings.org/explore-health-rankings/california/san-mateo?year=2023>
3. <https://www.countyhealthrankings.org/explore-health-rankings/california/san-mateo?year=2023>;
<https://www.smcalltogetherbetter.org/indicators/index/view?indicatorId=189&periodId=9907&localeId=278&localeChartIdxs=1|2|4>
4. See the Long Reach of Early Childhood Poverty by Drs. David J. Duncan and Katherine Magnuson
https://inequality.stanford.edu/sites/default/files/PathwaysWinter11_Duncan.pdf
5. Stanford Basic Income Lab summary: Among the indicators already being studied are physical functioning; mental health; income volatility; consumption; employment; education; family dynamics and parenting; stress and coping; hope and mattering; household food security; COVID-19 variables; perceptions of stigma; and deservingness and universality. In California, rigorous studies of 7 of the pilots funded by the State are evaluating: general health status; Health-related quality of life; physical activity levels; sleep quality; BMI/weight status; diet quality; tobacco use, alcohol use; mental health; health care access; financial health; food security; educational attainment and barriers; employment status and benefits; housing stability and satisfaction; transportation barriers; maternal health outcomes; health behaviors during pregnancy; hope, community belonging and housing preferences.
6. [Home | Baby's First Years \(babysfirstyears.com\)](#) ; <https://www.nih.gov/news->

[events/nih-research-matters/poverty-reduction-alters-infant-brain-activity ; Unconditional cash transfers and maternal substance use: findings from a randomized control trial of low-income mothers with infants in the U.S. | BMC Public Health | Full Text \(biomedcentral.com\)](#)

7. [PUBLICATIONS | Baby's First Years \(babysfirstyears.com\)](#)

8. https://www.fsg.org/resource/water_of_systems_change/

Stanford Evaluation Team



[Lisa Chamberlain, MD, MPH,](#)

Professor of Pediatrics, Associate Chair of Policy and Community, Director of the Office of Child Health Equity in Stanford's Department of Pediatrics. Professor by Courtesy, Stanford Graduate School of Education and one of the Associate Directors of Stanford's Center on Early Childhood.



[Ryan Padrez, MD](#)

Clinical Associate Professor of Pediatrics, Co-Director of Community Engagement at the Department of Pediatrics Office of Child Health Equity and one of the Associate Directors of Stanford's Center on Early Childhood; a leader in integration of early education and primary care pediatrics.



[Adrienne Sabet, PhD](#)

Assistant Professor of Health Policy, and expert on the economics of social determinants of health and running randomized trials.



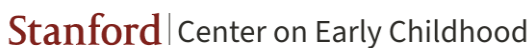
[David Rehkopf, PhD](#)

Co-director of Stanford's Center for Population Health Sciences, Associate Professor of Epidemiology and Public Health, and a leading scholar of "cash policy."



[Melissa Bondy, PhD](#)

Inaugural chair of the Department of Epidemiology and Population Health and the Associate Director for Population Sciences at the Stanford Cancer Institute.



[Philip Fisher, PhD](#)

Excellence in Learning Endowed Professor in the Graduate School of Education at Stanford University and Director of the Stanford Center on Early Childhood.



[David Grusky, PhD](#)

Director of the Center on Poverty & Inequality, Edward Ames Edmonds Professor of Humanities & Sciences, and



one of the country's leading scholars of inequality.

[Sara Kimberlin, PhD](#)

Executive Director of Stanford Center on Poverty & Inequality, and one of the state's top experts on safety net policy.

San Mateo County Baby Bonus Program Advisory Committee Bios

Michelle Blakely

Michelle Blakely, Deputy Director provides executive leadership in all aspects of First 5 San Mateo County's work, including strategy, program development, evaluation design, budget planning, advocacy, and Commission/Board engagement. She works closely with the Executive Director to implement the vision and mission serves on various steering committees and advisory groups. Prior to joining First 5, Michelle worked as an early education consultant and board member for a variety of projects and agencies in the SF Bay Area and in Texas. She has extensive experience in direct service, child & family supports, facilitation and collective impact having worked in Early Head Start, Early Intervention, and private philanthropy for over 30 years.

Michelle received her undergraduate degree from Southern Methodist University in Dallas Texas and her graduate degree from San Francisco State University in Early Childhood Special Education Administration. In her off time, Michelle enjoys hiking, reading, yoga, and metaphysical practices.

Dr. Lisa Chamberlain

Lisa Chamberlain, MD, MPH is Professor of Pediatrics, Associate Chair of Policy and Community, director of the Office for Child Health Equity in Stanford's Department of Pediatrics and Associate Director of the Stanford Center for Early Childhood. Her academic focus is on reducing pediatric disparities. As Stanford's Harman Faculty Scholar, she studies the evidence base for "Kinder Ready Clinics", bridging the early childhood education and pediatric sectors to reduce educational inequity. Her health services research examines children with medical complexity, which led her to work in Sacramento around Title V reform, increasing access to care in California. She is founder and co-director of the Stanford Pediatric Advocacy Track, a nationally replicated program training pediatricians to address child poverty through community and policy engagement, now a national requirement. She co-founded the California Collaborative which trains over 800 pediatricians a year, now modeled in 8 other states. She is the recipient of many national and local awards for her work, including the inaugural Child Advocacy Award at Stanford's Department of Pediatrics. A frequent Stanford lecturer, she has been awarded two of its highest teaching awards.

Patrick Curran

Patrick became CEO of Health Plan of San Mateo (HPSM) in February 2022. HPSM is a community-based health plan which serves more than 170,000 low-income San Mateo County residents. He joined HPSM in 2016 as Deputy CEO. Prior to HPSM, Patrick served in various leadership roles at Care Oregon, a nonprofit health plan based in Portland. He began his tenure at CareOregon in 2003 as Director of Provider Services and was

appointed CEO in 2012. His career also includes leadership roles with both medical groups and Independent Practice Associations (IPA). He received his bachelor's degree from Santa Clara University and his master's degree in public health from San Diego State University.

Dr. Sophie Cole

Dr. Cole has been practicing medicine as an Internal Medicine Physician in San Mateo County for over 25 years. Presently, she works as a volunteer physician at the Samaritan House Free Clinic in San Mateo. She is also a Councilmember and Vice Mayor for the Town of Hillsborough.

She is married, mother of two adult children, and she just became a grandmother 4 months ago!

Kitty Lopez

Kitty Lopez has served as the Executive Director of First 5 San Mateo County since 2012, focusing on policy, advocacy and communications development. Additionally, she is the Chair of First 5 Association of California. Kitty previously served as the Executive Director of Samaritan House, one of the leading safety-net nonprofit agencies serving low-income families and individuals in San Mateo County with food, shelter, clothing, health care, counseling, education classes, and holiday assistance from 2002 to 2012.

Kitty taught kindergarten, second grade, and high school in the Bay Area and in Santa Barbara, and was a consultant in schools with children who have autism and special needs. Additionally, Kitty worked in a residential substance abuse treatment center in San Francisco and psychiatric hospital in San Diego.

She attended University of California Santa Barbara earning a California Teaching Credential and B.A in Psychology. Kitty is active in her community serving on several community boards including HEART (Housing Endowment and Regional Trust of San Mateo County), STEP (Success Through Education Program), and Past President and Current Member of the San Mateo Rotary Club.

Lenny Mendonca

Lenny Mendonca was the Chief Economic and Business Advisor to Governor Gavin Newsom of California and Chair of the California High Speed Rail Authority. He is a Senior Partner Emeritus of McKinsey & Company and a Lecturer on Inequality at the Stanford Business School.

He founded McKinsey's U.S. state and local public sector consulting practice. He also oversaw their knowledge development, Chairing the McKinsey Global Institute and the Firm's communications, including the McKinsey Quarterly. He served for a decade on the McKinsey Shareholder Council (its Board of Directors). He retired from McKinsey in 2014.

He is the Chair of Fidelity Charitable and New America. He was the Chair of Children Now,

co-Chair of California Forward, and co-founder and Chair of Fusecorps. He was the Vice-Chair of Common Cause. He is the Chair Emeritus of the Bay Area Council and their Economic Institute and was vice-chair of the Stanford GSB Advisory Council. He was a trustee at the Committee for Economic Development. He has served on the boards of Western Governors University, UC Merced, The Educational Results Partnership, The College Futures Foundation, California Competes, The Opportunity Institute, Commonwealth Club, National Association of Non-Partisan Reformers, Measures for Justice, and The Guardian.org. He is a member of the Council on Foreign Relations. He served on the Board of Trustees for Junior Statesmen of America, and the Advisory Boards of Y Analytics, QB3, the Haas Center at Stanford, Third Sector Capital, The CA Community College Chancellor's Office, and the Public Policy Institute of California.

He received his MBA and certificate in public management from Stanford. He holds an AB, magna cum laude, in economics from Harvard.

He lives on the Half Moon Bay coast with his wife, Christine. They raised their two daughters, Allie and Rebecca, there and are the founders and owners of the Half Moon Bay Brewing Company and The Inn at Mavericks. He is also the Founding Chair of the Coastside News Group (Half Moon Bay Review and Pacifica Tribune).

Jim Pugh

Jim Pugh is the Executive Director of the [Universal Income Project](#), an organization devoted to the expansion of economic security and human dignity through the implementation of a universal basic income in the United States. He is also the founder and CEO of [ShareProgress](#), and previously served as the Director of Analytics and Development for President Obama's Organizing for America (OFA). Jim's work has been covered by Time Magazine, The Guardian, WIRED, CNN, Business Insider, TechCrunch, Governing Magazine, and AJ+. He has a Ph.D. in distributed robotics from the Swiss Federal Institute of Technology in Lausanne, Switzerland.

Louise F. Rogers

Louise F. Rogers has been Chief of the San Mateo County (California) Health Department since July 2015 and in that role oversees a diverse array of health services delivered by about 2,300 employees and more than 600 contractor partners for more than 100,000 County residents. In recent years, she led the department's response to the COVID-19 pandemic and introduced new programs to connect patients with complex medical and behavioral health problems with evidence-based treatment, care coordination and supports. She is also a commissioner on the SMC First5 Commission and a champion for evidence-based child and family services.

Prior to 2015 she was Deputy Chief of Health, where she oversaw the department's community health related divisions: Family Health Services, Correctional Health, Emergency Medical Services, Behavioral Health and Recovery Services, and Aging and Adult Services. Prior to 2011 she was Director of the Health System's Behavioral Health and Recovery Services Division. She first joined the Health System in 2002 as Deputy

Director of what was then the Mental Health Division of the Health Department. In her various roles over the last decades, she led several major transformation efforts locally, in partnership with Health Plan of San Mateo, and as a part of statewide collaborations including promoting total wellness for people with complex co-occurring problems through expansion of benefits and integration of mental health, addiction, wellness and primary care services.

Before joining the San Mateo County Health Department in 2003, Louise held a variety of leadership roles in public and nonprofit behavioral health and health organizations in San Francisco and New York City. She received her bachelor's degree in philosophy from Yale University and her master's degree in public administration from Golden Gate University.

Congresswoman Jackie Speier

Recently retired Congresswoman Jackie Speier (pronounced SPEAR) is known as a fearless fighter for women's equality, LGBTQ rights, and the disenfranchised. After 40 years in public office, she has returned home to campaign against childhood poverty in San Mateo County—the richest county in California yet home to 27,000 children in poverty. She has founded the Jackie Speier Foundation and seeded it with \$1 million from her campaign. Jackie has dedicated her life to eliminating government corruption, protecting whistleblowers, eliminating sexual assault in the military, and working to strengthen America's national and economic security. She was named to *Newsweek's* **list** of 150 “Fearless Women” in the world and one of “Politico's 50” most influential people in American politics for bringing the Me Too reckoning to Congress.