AGENDA
REGULAR MEETING OF THE EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS

Tuesday, May 21, 2019 – 5:30pm
El Camino Hospital | Conference Rooms EF&G (ground floor)
2500 Grant Road Mountain View, CA 94040

PURPOSE: The purpose of the District shall be (i) to establish, maintain and operate, or provide assistance in the operation of, one or more health facilities (as that term is defined in California Health and Safety Code Section 1250) or health services at any location within or without the territorial limits of the District, for the benefit of the District and the people served by the District; (ii) to acquire, maintain and operate ambulances or ambulance services within or without the District; (iii) to establish, maintain and operate, or provide assistance in the operation of free clinics, diagnostic and testing centers, health education programs, wellness and prevention programs, rehabilitation, aftercare, and such other health care services provider, groups, and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the District; and (iv) to do any and all other acts and things necessary to carry out the provisions of the District's Bylaws and the Local Health District Law.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1.	**CALL TO ORDER/ROLL CALL**	Peter C. Fung, MD, Board Chair		**5:30 – 5:32pm**
2.	**SALUTE TO THE FLAG**	Peter C. Fung, MD, Board Chair		**5:32 – 5:34pm**
3.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Peter C. Fung, MD, Board Chair		**5:34 – 5:35**
4.	**PUBLIC COMMUNICATION** a. Oral Comments *This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.* b. Written Correspondence	Peter C. Fung, MD, Board Chair		**information** **5:35 – 5:38**
5.	**CONSENT CALENDAR** *Any Board Member or member of the public may remove an item for discussion before a motion is made.* ***Approval*** a. Minutes of the Open Session of the District Board Meeting (March 19, 2019) ***Information*** b. FY19 Community Benefit Mid-Year Metrics	Peter C. Fung, MD, Board Chair	*public comment*	**motion required** **5:38 – 5:40**
6.	**HOSPITAL BOARD MEMBER ELECTION AD HOC COMMITTEE CHAIR REPORT** **ATTACHMENT 6**	Julia Miller, ECH Board Member Election Ad Hoc Committee Chair		**discussion** **5:40 – 7:15**
	a. Mike Kasperzak b. Don C. Watters c. Jack Po, MD, PhD d. Jyoti Challi-Robinson e. Andreas M. Kogelnik, MD, PhD f. Potential Additional Candidate(s) to be Interviewed			5:45 – 6:00 6:00 – 6:15 6:15 – 6:30 6:30 – 6:45 6:45 – 7:00 7:00 – 7:15
7.	**PROPOSED RESOLUTION 2019-03 and 2019-04: ELECTING EL CAMINO HOSPITAL BOARD MEMBERS** **ATTACHMENT 7**	Peter C. Fung, MD, Board Chair	*public comment*	**possible motion(s)** **7:15 – 7:25**

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting.
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	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
8.	**DRAFT FY20 COMMUNITY BENEFIT PLAN** **ATTACHMENT 8**	Barbara Avery, Director, Community Benefit		**discussion** **7:25 – 8:15**
9.	**FY19 PACING PLAN** **ATTACHMENT 9**	Peter C. Fung, MD, Board Chair		**discussion** **8:15 – 8:20**
10.	**ADJOURN TO CLOSED SESSION**	Peter C. Fung, MD, Board Chair	*public comment*	**motion required** **8:20 – 8:21**
11.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Peter C. Fung, MD, Board Chair		**information** **8:21 – 8:22**
12.	**CONSENT CALENDAR** *Any Board Member or member of the public may remove an item for discussion before a motion is made.* ***Approval*** *Gov't Code Section 54957.2:* a. Minutes of the Closed Session of the District Board Meeting (March 19, 2019)	Peter C. Fung, MD, Board Chair		**motion required** **8:22 – 8:23**
13.	Health & Safety Code Section 32016(b) for a report and discussion involving health care facility trade secrets: - Real Estate Update	Dan Woods, CEO		**discussion** **8:23 – 8:38**
14.	Report involving *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: - Executive Session	Peter C. Fung, MD, Board Chair		**discussion** **8:38 – 8:43**
15.	**ADJOURN TO OPEN SESSION**	Peter C. Fung, MD, Board Chair		**motion required** **8:43 – 8:44**
16.	**RECONVENE OPEN SESSION/ REPORT OUT** To report any required disclosures regarding permissible actions taken during Closed Session.	Peter C. Fung, MD, Board Chair		**information** **8:44 – 8:45**
17.	**CEO REPORT**	Dan Woods, CEO		**information** **8:45 – 8:50pm**
18.	**BOARD COMMENTS**	Peter C. Fung, MD, Board Chair		**discussion** **8:50 – 8:54pm**
19.	**ADJOURNMENT**	Peter C. Fung, MD, Board Chair	*public comment*	**motion required** **8:54 – 8:55pm**

Upcoming Meetings: June 18, 2019, October 22, 2019

Minutes of the Open Session of the
Meeting of the El Camino Healthcare District Board of Directors
Tuesday, March 19, 2019
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)

Board Members Present	Board Members Absent	Members Excused
Gary Kalbach	**Peter C. Fung, MD**, Chair	None
Julia E. Miller, Vice Chair		
George O. Ting, MD		
John Zoglin, Secretary/Treasurer		

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the El Camino Healthcare District Board of Directors (the "Board") was called to order at 5:30pm by Vice Chair Miller. A silent roll call was taken. Director Fung was absent. All other Board members were present.	
2. SALUTE TO THE FLAG	Director Kalbach led the Board members, staff, and members of the public present in the Pledge of Allegiance.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Miller asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	Two members of the public identified themselves as bargaining representatives for the SEIU-UHW, presented the District Board with documents containing a number of signatures, and commented they hoped the union members would get a fair contract from El Camino Hospital.	
5. COMMUNITY BENEFIT SPOTLIGHT: MAGICAL BRIDGE	**Motion**: To approve *Resolution 2019-02*. **Movant:** Zoglin **Second**: Kalbach Barbara Avery, Director, Community Benefit, introduced Olenka Willarreal, CEO of Magical Bridge and described the organization's innovative and inclusive playgrounds to meet play needs of everyone in the community. Ms. Willarreal thanked the Board for their support and described the Foundation's origins, the upcoming groundbreaking for a playground in Sunnyvale and fundraising for a playground in Mountain View, and inclusive programming. In response to Director Zoglin's questions, Ms. Willarreal described the site preparation and material cost for the playgrounds ($4 million) and partnership with a global manufacturer. **Ayes:** Kalbach, Miller, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: Fung **Recused**: None	***Resolution 2019-02 approved***
6. CONSENT CALENDAR	Vice Chair Miller asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Ting requested that the Sections 12 and 14 of the minutes be corrected to reflect the current membership of the Board. **Motion:** To approve the consent calendar: Minutes of the Open Session of	***Consent calendar approved***

	the District Board Meeting (January 22, 2019), as amended to reflect the current composition of the Board. **Movant:** Kalbach **Second**: Ting **Ayes:** Kalbach, Miller, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: Fung **Recused**: None	
7. FY19 YTD ECHD FINANCIALS	Iftikhar Hussain, CFO, provided an overview of the financials: - The consolidated balance sheet is very healthy; the main change is in capital investments (about $100 million increase) - Operating margin is $16 million ahead of plan; revenue and expenses are favorable - On the standalone balance sheet, one unusual item is the negative fund balance In response to Director Ting's questions, Mr. Hussain described the adjustment of investments to market every month, the net return on portfolio through January of 0.3%, and the earthquake fund (surplus cash earmarked for a catastrophic event) that supplements earthquake insurance. Mr. Hussain offered to research and provide Board Members with additional information on that line item. Director Miller requested additional information about the "supplies and other expenses" line item and the $177,000 for the Registrar of Voters. **Motion**: To approve the FY19 YTD ECHD Financials. **Movant:** Zoglin **Second**: Kalbach **Ayes:** Kalbach, Miller, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: Fung **Recused**: None	***FY19 YTD ECHD Financials approved*** ***Staff to provide additional info on the line items specified***
8. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT	Director Miller, Chair of the ECH Board Member Election Ad Hoc Committee, explained that the Committee has received three applications, will be conducting interviews shortly, and will be bringing recommendations and/or candidates to the District Board's May meeting. The Board discussed having the Committee narrow the field of candidates to 3 or 4 finalists to interview with the full Board at an upcoming meeting.	
9. BOARD COMPENSATION POLICY AND PROCEDURE	Cindy Murphy, Director of Governance Services, provided an overview of the proposed changes to the Board compensation policy and procedure. Director Miller suggested that the policy be revised to reflect that the stipends are paid "in accordance with the Health & Safety Code and other applicable laws." In response to Director Miller's question, Ms. Murphy explained that the proposed changes would go into effect upon approval by the Board. **Motion**: To approve the revised Board Compensation Policy, including the above revision. **Movant:** Ting **Second**: Kalbach	***Board compensation policy and procedure approved***

	Ayes: Kalbach, Miller, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: Fung **Recused**: None	
10. FY19 PACING PLAN	There were no comments on the Pacing Plan.	
11. POSSIBLE REVISION TO MEETING STIPEND	Director Miller provided an informational update on this topic. No action was taken at this time.	
12. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 6:10pm pursuant to *Gov't Code Section 54957.2* for approval of Minutes of the Closed Session of the District Board Meeting (January 22, 2019); pursuant to *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: Executive Session. **Movant:** Kalbach **Second**: Ting **Ayes:** Kalbach, Miller, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: Fung **Recused**: None	***Adjourned to closed session at 6:10pm***
13. AGENDA ITEM 17: RECONVENE OPEN SESSION/REPORT OUT	Open session was reconvened at 6:29pm. Agenda items 13-16 were addressed in closed session. During the closed session, the Board approved the Minutes of the Closed Session of the District Board Meeting (January 22, 2019) by a unanimous vote in favor of all members present (Directors Miller, Kalbach, Ting, and Zoglin). Director Fung was absent. Director Miller described her attendance at the recent Chamber of Commerce events in Mountain View, Campbell, and Sunnyvale (where she was the recipient of the Lifetime Community Contribution Murphy Award).	
14. AGENDA ITEM 18: ADJOURNMENT	**Motion**: To adjourn at 6:30pm. **Movant:** Kalbach **Second**: Zoglin **Ayes:** Kalbach, Miller, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: Fung **Recused**: None	***Meeting adjourned at 6:30pm.***

Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Healthcare District:

_____
Peter C. Fung, MD
Chair, ECHD Board

_____
John Zoglin
Secretary, ECHD Board

Prepared by: Cindy Murphy, Director of Governance Services
Sarah Rosenberg, Contracts & Board Services Coordinator

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Cecile Currier, VP Corporate and Community Health Services and President CONCERN, EAP - Barbara Avery, Director Community Benefit
Date: May 21, 2019
Subject: FY19 Community Benefit Midterm Update

Purpose: To inform the Board on the FY19 midterm progress of the Community Benefit grants.

Summary:

1. Situation: 54 grant partners reported on FY19 midterm metrics, budget and program successes, challenges and trends

2. Authority: Board request for update on FY19 midterm grant performance

3. Background: The Board approved $7,199,335 to fund 54 Community Benefit grants addressing unmet local health needs. The Community Health Needs Assessment (CHNA), conducted every three years as required by state and federal regulations, informs the grant making framework through three priority areas: Healthy Body, Healthy Mind and Healthy Community.

4. Assessment: N/A

5. Other Reviews: N/A

6. Outcomes: Examples of health needs addressed through delivery of direct and preventive services at midyear:

- Obesity in Youth:
  - $638k invested in 10 programs serving nearly 14k students through education and access to increased physical activity and nutritious food options to shape positive behavior and choices
- Access to Healthcare:
  - Nearly $2.6M invested in seven clinical programs, including safety-net clinics and mobile units, serving over 2,300 community members through primary care, oral health, integrative care and integrative behavioral health services
- Program and metric performance:
  - Largest grants ($200k and more): 11 programs totaling $4,316,63 served over 23,000 community members in the first six months; 82% met their program metrics
  - Metrics: 54 grants – 159 midterm metrics
    - Programs that met their metrics: 72%
    - Individual metrics achieving targets: 86%

List of Attachments:

1. FY19 Year-over-Year Dashboard

Suggested Board Discussion Questions: N/A

Community Benefit

FY19 Midterm Year-over-Year Dashboard

"This grant makes a huge difference in the lives of our students. Our grant-funded healthcare providers support our students, who otherwise may not receive the care they need. The school nurse not only supports student daily health needs but also provides outreach and resources to families that need assistance with everything from dental care to eyeglasses. Our community is grateful for the caring hands that are provided for our students because of this grant." **- Kari Ito, Principal at Nimitz Elementary School in Sunnyvale, Cupertino Union School District**

"If it wasn't for this place, I'd be taking my medications for my blood clot on the street. I have access to emergency care if needed. This is a safe place for me to stay while undergoing treatment." **– Medical Respite patient**

"The first class was a very special day for me because it was when I found out I suffer from high blood pressure. It was a really big surprise because I had not been to the doctor for quite a while due to the lack of insurance…. The mentor has been outstanding, giving me support, recommendations, and continuous follow up…. In addition, the information in each workshop has helped me make better decisions, such as eliminating salt, soda, and decreasing my consumption of processed food. I am very thankful for the opportunity to participate in these workshops." **– Participant of American Heart Association's Check.Change.Control Blood Pressure Management Class**

FY19 Community Benefit El Camino Healthcare District Year-over-Year Midterm Dashboard

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	● ●	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	● ●	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	● ●	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	● ●	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	● ●	FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
HEALTHY BODY	**CSA-MV: Senior Intensive Case Management** FY19 Requested: $229,225 FY19 Approved: $200,000 FY18 Approved $221,401 FY18 Spent: $180,087 FY17 Approved: $151,551 FY17 Spent: $116,894 New Metrics: 0 of 5	Clients served	62	58	●	100%	90	71	●	83%	97	64	●	40%	142	83	●	40%	52	53	●	100%	80	
		Services provided	1,181	1,220	●		2,362	3,042	●		2,249	1,753	●		4,532	3,931	●		2,050	2,456	●		4,532	
		Clients who were re-hospitalized within 1 - 30 days for reasons related to a chronic health condition* ***Lower percentage desired***	-	-			-	-			1%	1.5% Lower percentage desired	●		1%	2.5% Lower percentage desired	●		90%	87%	●		90%	
		Clients who were re-hospitalized within 31 - 90 days for reasons related to a chronic health condition* ***Lower percentage desired***	-	-			-	-			4%	0% Lower percentage desired	●		4%	2.5% Lower percentage desired	●		85%	83%	●		85%	
		Patients with hypertension who attained or maintained blood pressure <140/90 mm Hg or blood pressure goal recommended by physician	35%	67%	●		80%	86%	●		60%	67%	●		60%	75%	●		61%	75%	●		61%	
	Cupertino Union School District *School Nurse Program* FY19 Requested: $87,842 FY19 Approved: $87,842 FY18 Approved: $72,481 FY18 Spent $72,481 FY17 Approved: $68,997 FY17 Spent: $68,997 New Metrics: 0 of 4	Students served	578	821	●	100%	1,458	1,848	●	100%	850	930	●	100%	1,848	1,859	●	100%	900	867	●	100%	1,850	
		Students who failed a mandated health screening who saw a healthcare provider	22%	54%	●		74%	91%	●		45%	61%	●		80%	86%	●		50%	54%	●		82%	
		Students in Kindergarten who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	N/A			75%	92%	●		N/A	N/A			82%	83%	●		N/A	N/A			85%	Screenings conducted in second half of year.
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	20%	70%	●		20%	72%	●		60%	72%	●		65%	72%	●		65%	73%	●		70%	
	Fresh Approach FY19 Requested: $92,704 FY19 Approved: $92,704 FY18 Approved: $70,000 FY18 Spent: $70,000 FY17 Approved: $35,000 FY17 Spent: $29,572 New Metrics: 2 of 5	Individuals served	120	113	●	50%	120	113	●	50%	70	0	●	50%	105	117	●	100%	100	302	●	100%	340	Mobile farmers' market saw significant growth from prior year. New partnerships with De Anza College, Sunnyvale library and Valley Health Center enabled it to reach more people than anticipated.
		Mobile Farmers' Market (Freshest Cargo) customers report increasing their fruits and vegetable consumption since starting to shop at Freshest Cargo	-	-			-	-			-	-			-	-			N/A	N/A			65%	
		Mobile Farmers' Market (Freshest Cargo) customers report that Freshest Cargo helps their family afford more fruits and vegetables	-	-			-	-			-	-			-	-			N/A	N/A			65%	
		Participants who attend 6 or more classes will lose 2% or more of their original body weight and/or improve their BMI	-	-			-	-			N/A	N/A			30%	32%	●		N/A	N/A			30%	
		Participants who attended 6 or more classes will report regularly eating 2 additional servings of fruits and vegetables at the end of the program than they did at the beginning of the program	N/A	N/A			80%	89%	●		N/A	N/A			82%	80%	●		N/A	N/A			85%	
	GoNoodle FY19 Requested: $36,000 FY19 Approved: $36,000 FY18 Approved: $35,000 FY18 Spent: $35,000 FY17 Approved: $35,000 FY17 Spent: $35,000 New Metrics: 0 of 5	Schools served	25	25	●	100%	25	25	●	100%	25	27	●	100%	25	24	●	100%	25	26	●	67%	25	
		GoNoodle physical activity breaks played	15,000	14,652	●		30,000	34,000	●		15,000	18,354	●		30,000	35,320	●		20,000	19,139	●		34,000	
		Student physical activity minutes achieved	800,000	833,546	●		1,600,000	1,987,357	●		820,000	995,635	●		1,640,000	1,987,135	●		1,300,000	1,073,485	●		2,000,000	
		Teachers who believe GoNoodle benefits their students' focus and attention in the classroom	N/A	N/A			90%	96%	●		N/A	N/A			90%	92%	●		N/A	N/A			90%	
		Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	N/A	N/A			90%	90%	●		N/A	N/A			90%	86%	●		N/A	N/A			60%	
	Health Mobile FY19 Requested: $150,000 FY19 Approved: $150,000 FY18 Approved: $148,832 FY18 Spent: $148,832 FY17 Approved: $148,832 FY17 Spent: $148,832 New Metrics: 0 of 4	Low-income and homeless individuals served	250	149	●	75%	500	451	●	100%	145	152	●	75%	500	485	●	100%	150	143	●	100%	400	
		Dental procedures provided	510	690	●		1,152	3,126	●		725	619	●		2,500	2,792	●		600	610	●		2,600	
		Patients who report increased knowledge about their oral health	80%	86%	●		80%	86%	●		83%	91%	●		83%	91%	●		85%	86%	●		85%	
		Patients who report no pain after their first visit	80%	87%	●		80%	88%	●		83%	92%	●		83%	92%	●		85%	84%	●		85%	

Community Benefit Dashboard Notes

● A metric receives a "green" dot if the target was met, exceeded or within 10% of the target goal ● A metric receives a "red" dot if the target was not met by an excess of 10% of the target goal

N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

FY19 Community Benefit El Camino Healthcare District Year-over-Year Midterm Dashboard

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	● ●	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	● ●	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	● ●	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	● ●	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	● ●	FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
HEALTHY BODY	**Healthier Kids Foundation** *HearingFirst & DentalFirst* FY19 Requested: $40,000 FY19 Approved: $40,000 FY18 Approved $20,000 FY18 Spent: $20,000 ** (two separate grants of $10,000 in FY18)* New Metrics: N/A	Children screened	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	450	551	●	67%	900	
		Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	-	-			-	-			-	-			-	-			20%	14%	●		35%	
		Of children dental screened who received a referral, the percent that received and completed appropriate dental services	-	-			-	-			-	-			-	-			75%	95%	●		75%	
	Living Classroom FY19 Requested: $100,000 FY19 Approved: $88,000 FY18 Approved: $78,000 FY18 Spent: $78,000 FY17 Approved: $78,000 FY17 Spent: $78,000 New Metrics: 0 of 4	Students served	2,500	2,830	●	75%	4,300	4,834	●	100%	2,610	2,795	●	75%	4,500	4,512	●	100%	2,900	3,800	●	50%	4,800	Some sessions cancelled due to poor air quality from wildfires when children could not go outside. Agency anticipates meeting annual targets.
		Students eating produce grown in school gardens	1,500	2000	●		3,200	3,987	●		2,000	1,650	●		N/A	N/A			1,600	1285	●		3,500	
		Students involved in planting and harvesting fruits and vegetables for Farm-to-Lunch Program	75	75	●		150	150	●		145	135	●		250	235	●		145	180	●		235	
		Classroom lessons given across all grades T/K - 5	250	222	●		570	564	●		190	170	●		330	348	●		348	248	●		600	
	Magical Bridge Inclusive Playgrounds FY19 Requested: $150,000 FY19 Approved: $150,000 New Metrics: N/A	Project planning completion rate for adaptive playgrounds	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	40%	64%	●	100%	80%	
	MayView Community Health Center FY19 Requested: $1,184,644 FY19 Approved: $1,007,000 FY18 Approved: $858,400 FY18 Spent: $858,400 FY17 Approved: $700,000 FY17 Spent: $700,000 New Metrics: 0 of 7	Uninsured patients served	-	-		N/A	-	-		-	425	983	●	86%	850	1763	●	100%	845	946	●	86%	1,695	
		Patient visits provided	-	-			-	-			1,125	1,813	●		2,250	3,829	●		1,695	1,742	●		3,388	
		Lab services for uninsured	-	-			-	-			1,125	1,210	●		2,250	3,118	●		1,105	1,212	●		2,800	
		Diabetic patients with LDL less than 130 mg/dL	-	-			-	-			71%	64%	●		71%	68%	●		65%	64%	●		67%	
		Diabetic patients with HbA1c Levels less than 9 points	-	-			-	-			72%	77%	●		72%	73%	●		72%	66%	●		74%	
		Hypertension patients whose blood pressure is less than 140/90 mm Hg	-	-			-	-			78%	80%	●		78%	80%	●		78%	76%	●		78%	
		Patients aged 51-75 years with completed annual colorectal screening	-	-			-	-			48%	36%	●		86%	88%	●		70%	34%	●		72%	MayView experienced large influx of new patients who needed several screenings. Screenings often require more time for patients to engage; clinic now has Health Coaches to assist with patient outreach and expect improved results in second half of year.
	Medical Respite FY19 Requested: $80,000 FY19 Approved: $80,000 FY18 Approved: $80,000 FY18 Spent: $80,000 FY17 Approved: $80,000 FY17 Spent: $80,000 New Metrics: 0 of 4	Patients served in full program	70	111	●	100%	145	221	●	100%	100	134	●	100%	200	248	●	100%	110	105	●	75%	220	
		Patients linked to Primary Care home	92%	91%	●		92%	90%	●		92%	90%	●		92%	95%	●		92%	91%	●		92%	
		Patients served with overflow beds	18	17	●		36	33	●		18	19	●		36	42	●		18	13	●		36	Existing patients required lenghtier than usual use of overflow beds while waiting for housing and other benefits.
		Hospital days avoided for total program (based on full Medical Respite program)	275	444	●		550	884	●		400	536	●		800	992	●		420	420	●		840	
	Mountain View Whisman School District FY19 Requested: $206,777 FY19 Approved: $206,777 FY18 Approved: $190,488 FY18 Spent: $190,488 FY17 Approved: $220,321 FY17 Spent: $196,285 New Metrics: 0 of 5	Students served	1,700	1,544	●	100%	3,400	3,459	●	60%	1,700	1,730	●	100%	3,400	3,461	●	80%	1,700	2,006	●	100%	3,400	
		Students with failed screenings who saw a provider	N/A	N/A			78%	74%	●		N/A	N/A			78%	75%	●		N/A	N/A			78%	Screenings occur near the end of the first half of the year, however, getting children scheduled and seen by a provider takes place in the second half of the year.
		Students needing a Child Health and Disability Program exam who saw a provider	30%	27%	●		64%	48%	●		30%	33%	●		55%	59%	●		30%	45%	●		55%	Nurse increased frequency of follow-up with parents/guardians
		Students needing an oral health exam who saw a provider	30%	27%	●		70%	66%	●		30%	30%	●		70%	63%	●		30%	30%	●		70%	
		Students who report decreased anxiety levels	N/A	N/A			80%	67%	●		N/A	N/A			80%	67%	●		N/A	N/A			70%	Assessed in second half of year to allow intervention to have an effect.

Community Benefit Dashboard Notes

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N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

FY19 Community Benefit El Camino Healthcare District Year-over-Year Midterm Dashboard

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual		FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual		FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
HEALTHY BODY	**New Directions** FY19 Requested: $180,038 FY19 Approved: $180,038 FY18 Approved: $140,000 FY18 Spent: $140,000 FY17 Approved: $140,000 FY17 Spent: $140,000 New Metrics: 0 of 3	Individuals served	18	20	●	100%	25	33	●	100%	20	22	●	100%	28	30	●	100%	26	17	●	33%	36	Agency served additional individuals, some of whom will enroll in the second half of the year; anticipate meeting annual target.
		Services provided	300	368	●		660	938	●		400	510	●		700	949	●		520	323	●		900	Services align with individuals served; agency anticipates meeting annual goals.
		Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider	40%	50%	●		65%	67%	●		45%	75%	●		65%	71%	●		50%	81%	●		70%	As additional patients are enrolled during second half of year, agency expects performance to better align with target.
	Pathways FY19 Requested: $70,000 FY19 Approved: $55,000 FY18 Approved: $50,000 FY18 Spent: $50,000 FY17 Approved: $70,000 FY17 Spent: $70,000 New Metrics: 0 of 4	Patients served	20	12	●	50%	40	39	●	50%	15	28	●	100%	30	51	●	100%	20	50	●	100%	41	Agency saw an increase in referrals and un/underinsured patients
		Services provided	256	81	●		512	291	●		105	261	●		210	328	●		160	391	●		328	
		Home Health 30-day re-hospitalization rates* ***Lower percentage desired***									12%	12.7% Lower percentage desired	●		12%	10% Lower percentage desired	●		12%	11%	●		12%	
		Hospice patients who report getting as much help with pain as they needed									78%	79%	●		78%	83%	●		78%	84%	●		78%	
	Planned Parenthood Mar Monte FY19 Requested: $125,000 FY19 Approved: $125,000 FY18 Approved: $100,000 FY18 Spent: $100,000 New Metrics: 1 of 5	Patients served	-	-		N/A	-	-		N/A	120	159	●	100%	240	256	●	80%	137	149	●	40%	247	
		Visits provided	-	-			-	-			225	227	●		450	426	●		257	208	●		514	Metric nearly met. Temporary staff vacancy led to brief decline in patient visits. Vacancy has been filled. Anticipate meeting annual target.
		Patients able to get third next available appointment within 5 days	-	-			-	-			-	-			-	-			70%	34%	●		70%	Temporary vacancy of primary care provider cause decline in appointments. Position was filled allowing for a corresponding inrease in access to third next day available appointments within 5 days. Anticipate meeting annual target.
		Hemoglobin A1c of less than 8 for diabetes patients	-	-			-	-			60%	63%	●		60%	57%	●		60%	58%	●		60%	
		Annual colon cancer screening completed as appropriate for target age group	-	-			-	-			50%	50%	●		50%	44%	●		50%	44%	●		50%	Target nearly met at 88%
	Playworks FY19 Requested: $242,500 FY19 Approved: $242,500 FY18 Approved: $278,000 FY18 Spent: $278,000 FY17 Approved: $270,000 FY17 Spent: $270,000 New Metrics: 2 of 5	Students served	6,950	6,300	●	100%	6,950	6,400	●	100%	5,916	5,948	●	100%	5,916	5,944	●	100%	5,900	5,603	●	100%	5,900	
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	-	-			-	-			-	-			-	-			N/A	N/A			95%	Schools allow one-time survey at the end of the school year
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps to reduce bullying during recess	-	-			-	-			-	-			-	-			N/A	N/A			85%	
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	-	-			-	-			N/A	N/A			75%	93%	●		N/A	N/A			80%	The two new metrics are a part of agency's national survey
		Teachers/administrators reporting that Playworks positively impacts school climate	-	-			-	-			N/A	N/A			90%	98%	●		N/A	N/A			96%	
	Santa Clara Valley Health Center - Sunnyvale FY19 Requested: $1,343,874 FY19 Approved: $1,075,000 FY18 Approved: $1,000,000 FY18 Spent: $1,000,000 FY17 Approved: $968,000 FY17 Spent: $968,000 New Metrics: 0 of 7	Individuals served	-	-		83%	-	-		100%	-	-		100%	-	-		100%	650	909		100%	146000%	
		Primary Care and Behavioral Health patients	-	-			-	-			100	95	●		200	267	●		100	180	●		220	FY18 was a discovery year for the Program. Since then, outreach has been effective in identifying and providing transportation to the mobile medical van for treatment. Additionally, a new wave of homeless patients came to Sunnyvale Winter Shelter.
		Dental Clinic patients	450	485	●		1,000	941	●		530	693	●		1,240	1,169	●		550	729	●		1,240	Dentist schedules were overbooked to accommodate patients and reduce wait times, contributing to the higher volume during this reporting period.
		Encounters provided	-	-			-	-			-	-			-	-			1,710	2,165			4,370	
		Primary Care and Behavioral Health encounters									300	309	●		800	851	●		300	462	●		820	Higher volume of patients is reflected in higher encounters
		Dental Clinic encounters	1,600	1,640	●		3,000	3,155	●		1,410	1,338	●		3,480	3,667	●		1,410	1,703	●		3,550	The higher volume of patients served, was reflected in the increased number of encounters
		Behavioral health patients who adhere to treatment plans after receiving neuropsychological testing and motivational interviews.	-	-			-	-			50%	60%	●		85%	80%	●		50%	94%	●		85%	
		Emergency/urgent dental patients who return for maintenance exam within 6-months	-	-			-	-			40%	66%	●		40%	97%	●		50%	52%	●		50%	
		Dental or emergency dental patients that requires oral surgery treatment of a wisdom tooth/surgical extraction and has the treatment completed in specialty dental clinic	-	-			-	-			25%	24%	●		40%	43%	●		25%	23%	●		40%	

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FY19 Community Benefit El Camino Healthcare District Year-over-Year Midterm Dashboard

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual		FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual		FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual		FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual		FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual		FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
HEALTHY BODY	**Sunnyvale School District** FY19 Requested: $291,325 FY19 Approved: $287,000 FY18 Approved: $275,000 FY18 Spent: $275,000 FY17 Approved: $275,000 FY17 Spent: $275,000 New Metrics: 0 of 5	Students served	2,230	2,200	●	100%	4,450	4,395	●	100%	2,216	2,206	●	75%	4,432	4,401	●	100%	2,205	2,245	●	100%	4,410	
		Students with failed vision or hearing screenings who saw their health care provider	43%	50%	●		74%	73%	●		50%	45%	●		75%	73%	●		50%	53%	●		70%	
		Students chronically absent due to illness (> 10% of school days) who improved attendance	64%	60%	●		65%	66%	●		65%	61%	●		66%	67%	●		66%	60%	●		67%	
		Kindergarten students who received a well-child exam as measured by the receipt of a completed CHDP (Child Health and Disability Prevention Program) "Health Exam for School Entry" Form	-	-			-	-			35%	30%	●		70%	63%	●		32%	34%	●		65%	
		Staff who received CPR/AED training during Staff Development Days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED	-	-			-	-			80%	N/A			90%	100%	●		N/A	N/A			90%	Conducted in second half of school year
	Teen Health Van FY19 Requested: $104,457 FY19 Approved: $95,000 FY18 Approved: $92,000 FY18 Spent: $92,000 FY17 Approved: $85,000 FY17 Spent: $85,000 New Metrics: 0 of 5	Students served	45	104	●	100%	90	135	●	100%	55	46	●	66%	110	102	●	100%	52	57	●	100%	104	
		Services provided	182	382	●		365	523	●		200	248	●		400	441	●		215	207	●		430	
		Students screened for depression who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications	95%	95%	●		95%	95%	●		95%	95%	●		95%	98%	●		95%	98%	●		95%	
		Students who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A	N/A			60%	60%	●		N/A	N/A			60%	62%	●		N/A	N/A			60%	These are assessed in second half of year to allow for behavior change to occur.
		Students who decrease their use of alcohol or drugs by 1 level out of 5	N/A	N/A			55%	60%	●		N/A	N/A			55%	56%	●		N/A	N/A			55%	
HEALTHY MIND	**Acknowledge Alliance** FY19 Requested: $50,000 FY19 Approved: $50,000 FY18 Approved: $35,000 FY18 Spent: $35,000 FY17 Approved: $35,000 FY17 Spent: $35,000 New Metrics: 0 of 4	Students who receive direct social emotional learning lessons and/or classroom resilience support	250	240	●	100%	946	955	●	75%	240	0	●	0%	950	900	●	100%	335	511	●	100%	1,341	Mid-year projections were conservative based on past experience of having services "ramp up" in the 2nd half of the school year.
		Educators who receive resilience support services through: one on one training, classroom observations, professional development, and/or teacher support groups	50	101	●		101	101	●		50	33	●		100	153	●		33	80	●		100	More educators received services during the first half of the school year based on when school administrators wanted to schedule it.
		Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.	N/A	N/A			80%	93%	●		N/A	N/A			90%	94%	●		N/A	N/A			85%	
		Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"	N/A	N/A			60%	53%	●		N/A	N/A			50%	53%	●		N/A	N/A			55%	
	Alzheimer's Association: Asian Dementia Initiative FY19 Requested: $70,000 FY19 Approved: $70,000 FY18 Approved: $70,000 FY18 Spent: $70,000 FY17 Approved: $70,000 FY17 Spent: $70,000 New Metrics: 0 of 4	Individual served	500	513	●	100%	830	1,869	●	100%	364	341	●	100%	595	1,002	●	100%	570	148	●	33%	900	Agency overestimated targets and anticipates improved performance in second half of year while not expecting to achieve the intiallly targeted goals.
		Encounters provided	830	837	●		1,720	2,307	●		850	884	●		1,740	1,901	●		545	232	●		1,350	
		Participants in educational sessions who indicated they agree or strongly agree that they learned to help them better care for their loved one with ADRD	-	-			-	-			95%	98%	●		95%	95%	●		98%	100%	●		98%	
		Support group participants who agree or strongly agree they better understand how family, friends and others can assist them with care and support	-	-			-	-			N/A	N/A			95%	100%	●		N/A	N/A			96%	
	Avenidas FY19 Requested: $50,000 FY19 Approved: $50,000 FY18 Approved: $45,000 FY18 Spent: $45,000 New Metrics: 0 of 4	Older adults and family members served	-	-		N/A	-	-		N/A	75	78	●	100%	98	108	●	100%	34	32	●	100%	46	
		Services provided	-	-			-	-			955	1,012	●		1,910	2,033	●		975	923	●		1,950	
		Older adults who maintain at least 3 essential Activities of Daily Living	-	-			-	-			90%	88%	●		90%	91%	●		90%	92%	●		90%	
		Family members/caregivers who report an increase in their knowledge of successful self-help strategies	-	-			-	-			90%	95%	●		90%	96%	●		95%	98%	●		95%	
	CHAC FY19 Requested: $320,447 FY19 Approved: $280,000 FY18 Approved: $181,000 FY18 Spent: $181,000 FY17 Approved: $181,000 FY17 Spent: $181,000 New Metrics: 0 of 6	Students served through counseling	250	353	●	75%	700	561	●	80%	314	364	●	50%	786	1,010	●	50%	350	442	●	100%	1150	
		Services hours provided	2,180	3,179	●		6,008	6,380	●		2,808	2,210	●		7,040	6,681	●		2,800	4,411	●		8,600	Mid-year target set conservatively because of implementation of a new Electronic Health Record system.
		Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			N/A	N/A			50%	36%	●		N/A	N/A			40%	Most students complete services by end of school year, post-assessment is conducted in second half of the year
		Students who improve by at least 3 points from pre-test to post test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report for ages 10 and under	-	-			-	-			N/A	N/A			50%	46%	●		N/A	N/A			50%	
		JFK students served who showed a 15% or better improvement on the JFK Survey	-	-			-	-			N/A	N/A			80%	31%	●		N/A	N/A			70%	
		Tween Talk students served who show a 15% or better improvement on the Tween Talk Survey	-	-			-	-			N/A	N/A			80%	38%	●		N/A	N/A			70%	

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EL CAMINO HEALTHCARE DISTRICT

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HEALTHY MIND	**Law Foundation - Mental Health Advocacy Project** FY19 Requested: $68,000 FY19 Approved: $65,000 FY18 Approved: $62,000 FY18 Spent: $62,000 FY17 Approved: $61,919 FY17 Spent: $61,919 New Metrics: 0 of 4	Individuals served	31	37	●	50%	62	65	●	75%	31	34	●	75%	62	58	●	100%	93	115	●	100%	186	
		Healthcare providers served through educational presentation	62	0	●		124	85	●		62	43	●		124	111	●		62	66	●		124	
		Providers receiving training who increase their understanding of their patients' rights to medical benefits and other forms of public assistance	75%	0%	●		75%	80%	●		75%	100%	●		75%	100%	●		75%	100%	●		75%	Since all providers reported increased understanding of patient rights, agency plans to review survey tool to better evaluate improvement.
		Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	75%	83%	●		75%	68%	●		75%	80%	●		75%	93%	●		75%	80%	●		75%	
	Los Altos School District FY19 Requested: $235,000 FY19 Approved: $100,000 FY18 Approved: $100,000 FY18 Spent: $100,000 FY17 Approved: $100,000 FY17 Spent: $100,000 New Metrics: 1 of 5	Students served	20	42	●	100%	50	74	●	75%	45	50	●	100%	90	127	●	100%	45	54	●	100%	100	Schools saw increased need to address anxiety and depression; more students were served and additional therapists were added at each school site
		Services provided/encounters (in hours)	280	386	●		1,180	1,162	●		201	393	●		403	760	●		250	359	●		500	Due to increased acute needs, more hours of intensive therapy were provided near the start of the school year than anticipated.
		Parents who report increased knowledge of how to support their adolescent by at least one point on a 1-5 pt. scale	-	-			-	-			-	-			-	-			N/A	N/A			75%	Most students complete services by end of school year, post-assessment is conducted in second half of the year.
		Students who improved from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report for students age 11-17	-	-			-	-			N/A	N/A			50%	55%	●		N/A	N/A			50%	
		Students who improved from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report for students age 10 and under	-	-			-	-			N/A	N/A			N/A	N/A			N/A	N/A			50%	
	Momentum for Mental Health FY19 Requested: $268,140 FY19 Approved: $268,000 FY18 Approved: $241,000 FY18 Spent: $241,000 FY17 Approved: $241,000 FY17 Spent: $241,000 New Metrics: 0 of 4	Patients served	100	81	●	50%	118	114	●	100%	100	92	●	100%	118	118	●	100%	58	69	●	75%	118	
		Services provided	808	690	●		1,615	1,541	●		808	859	●		1,615	1,699	●		858	565	●		1,715	During this time period, clients did not require as many services to remain stable and supported; also, some rescheduled December appointments to January. Agency expects to meet annual target.
		Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	95%	100%	●		95%	99%	●		97%	99%	●		97%	91%	●		97%	99%	●		97%	
		Patients who report a reduction of two points or more in Generalized Anxiety Disorder-7 (GAD-7) to measure severity of anxiety	-	-			-	-			85%	85%	●		85%	99%	●		75%	73%	●		85%	
	Mountain View Los Altos High School District FY19 Requested: $160,000 FY19 Approved: $160,000 FY18 Approved: $160,000 FY18 Spent: $160,000 FY17 Approved: $160,000 FY17 Spent: $160,000 New Metrics: 4 of 6	Students served	75	96	●	100%	150	150	●	100%	75	87	●	100%	150	159	●	100%	75	118	●	50%	150	The school community experienced a student suicide in the beginning of the school year, so students required postvention care (intervention conducted after a suicide). Therapists saw and treated more students than anticipated.
		Hours of services provided	1,260	1,591	●		2,520	3,137	●		1,260	1,405	●		2,520	3,031	●		1,260	1,083	●		1,520	Multiple circumstances led to fewer individual therapy sessions: (1) more crisis management at the beginning of the school year due to a suicide; (2) there was also an unexpected number of new students to the district (and to the US) presenting with mental health conditions, resulting in a psychoeducation classroom group session set up to address the need; (3) an increase in students eligible for Special Education connected to "emotional disturbance' resulting in different types of case management.
		Students who increase their school attendance for pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues	-	-			-	-			-	-			-	-			N/A	N/A			20%	Most students complete services by end of school year, post-assessment is conducted in second half of the year.
		Students who decrease high risk behaviors from pre to post rating (defined as at least alone point change on the CANS 50 assessment), among students served who have high risk behaviors	-	-			-	-			-	-			-	-			N/A	N/A			60%	
		Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings	-	-			-	-			-	-			-	-			N/A	N/A			80%	
		Students who increase coping skills from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with trauma, depression, anxiety, and/or anger	-	-			-	-			-	-			-	-			N/A	N/A			80%	

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Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	● ●	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	● ●	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	● ●	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	● ●	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	● ●	FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
HEALTHY MIND	**NAMI SCC** FY19 Requested: $100,000 FY19 Approved: $90,000 FY18 Approved: $80,000 FY18 Spent: $80,000 FY17 Approved: $100,000 FY17 Spent: $100,000 New Metrics: 0 of 5	Participants	36	43	●	100%	71	79	●	100%	31	38	●	100%	62	73	●	100%	32	35	●	100%	63	
		Peer PALS and Peer Mentors visits	450	477	●		900	868	●		388	410	●		776	792	●		512	513	●		1,008	
		Peer PALS and Peer Mentors phone calls	901	1,105	●		1,801	1,887	●		782	830	●		1,563	1,661	●		1024	1,030	●		2,016	
		Participants reporting that the program helped them feel more hopeful about their futures and their recovery	70%	78%	●		70%	76%	●		70%	75%	●		70%	80%	●		70%	77%	●		70%	
		Participants reporting that the program helped them be more compliant with their treatment plan	65%	94%	●		65%	93%	●		80%	80%	●		80%	77%	●		80%	80%	●		80%	
	Caminar (Family & Children Services) FY19 Requested: $50,000 FY19 Approved: $50,000 FY18 Approved: $50,000 FY18 Spent: $50,000 FY17 Approved: $50,000 FY17 Spent: $50,000 New Metrics: 0 of 4	Individuals served	30	69	●	100%	66	112	●	100%	32	52	●	75%	69	69	●	75%	40	41	●	100%	85	
		Service units provided (counseling, support groups, advocacy, and education)	96	139	●		230	248	●		257	220	●		628	531	●		275	297	●		628	
		Counseling/advocacy beneficiaries who will report achieving the goal(s) for which they sought assistance	75%	100%	●		80%	99%	●		80%	100%	●		85%	100%	●		80%	100%	●		85%	
		Counseling/advocacy beneficiaries who will report increased knowledge of domestic violence and safety strategies	80%	100%	●		90%	100%	●		90%	100%	●		90%	100%	●		90%	100%	●		90%	
	CHI FY19 Requested: $283,510 FY19 Approved: $250,000 FY18 Approved: $234,000 FY18 Spent: $234,000 FY17 Approved: $215,200 FY17 Spent: $210,235 New Metrics: 0 of 4	Individuals served	300	326	●	100%	625	706	●	100%	400	419	●	75%	800	850	●	100%	400	430	●	100%	865	
		Services provided	700	638	●		1,450	1,785	●		800	706	●		1,700	1,723	●		800	976	●		1,815	
		Individuals who received assistance to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)	80	85	●		165	205	●		83	82	●		165	175	●		85	122	●		175	
		Participants who strongly agree or agree that the program's health education or screening helps them better manage their health	N/A	N/A			85%	86%	●		N/A	N/A	●		90%	95%	●		N/A	N/A			92%	
	Farewell to Falls FY19 Requested: $26,600 FY19 Approved: $26,600 FY18 Approved: $35,000 FY18 Spent: $24,899 FY17 Approved: $29,160 FY17 Spent: $19,510 New Metrics: 0 of 3	Older adults served	20	20	●	100%	60	57	●	100%	22	29	●	100%	68	62	●	67%	25	25	●	100%	60	
		Older adults who are compliant with exercise recommendations	50%	55%	●		50%	81%	●		60%	62%	●		60%	50%	●		60%	63%	●		50%	
		Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor's visit	80%	100%	●		70%	92%	●		80%	87%	●		80%	95%	●		80%	75%	●		90%	
HEALTHY COMMUNITY	**HLRC - MV** FY19 Requested: $308,547 FY19 Approved: $250,000 FY18 Approved: $373,491 FY18 Spent: $364,891 FY17 Approved: $393,491 FY17 Spent: $388,874 New Metrics: 0 of 4	Individuals served	12,015	10,768	●	75%	24,030	21,149	●	80%	12,015	11,198	●	83%	23,900	22,101	●	100%	10,500	10,034	●	50%	21,000	
		Health consultations provided	-	-			-	-			140	212	●		280	396	●		140	138	●		280	
		Individuals who strongly agree or agree that eldercare referrals appropriate to their needs	95%	83%	●		95%	87%	●		95%	100%	●		95%	100%	●		95%	75%	●		95%	
		Individuals who strongly agree or agree that eldercare consultations increased their knowledge of care options	95%	100%	●		95%	100%	●		95%	100%	●		95%	100%	●		95%	75%	●		95%	
	Hypertension Initiative - American Heart Association *Health Screenings and Check. Change. Control Program* FY19 Requested: $153,000 FY19 Approved: $103,000 FY18 Approved:$76,734 FY18 Spent: $76,734 FY17 Requested: $66,500 FY17 Approved: $66,500 New Metrics: 1 of 6	Participants reached through education and community screenings	250	351	●	100%	1,000	1,023	●	83%	400	443	●	100%	1,000	873	●	80%	400	440	●	100%	1,000	
		Individuals served through Check.Change.Control blood pressure program	50	54	●		100	105	●		50	85	●		150	196	●		90	120	●		180	
		Participants who improve blood pressure by 10mmHg	-	-			-	-			-	-			-	-			30%	31%	●		30%	
		Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program	N/A	N/A			50%	58%	●		N/A	N/A			50%	54%	●		50%	50%	●		50%	
		Participants who report adopting healthy behaviors to improve blood pressure (including increasing intake of fruits and vegetables to 4 servings/day and increasing exercise to 30 minutes/day)	N/A	N/A			30%	25%	●		N/A	N/A			30%	37%	●		30%	N/A	●		30%	Fall 4-month course was completed in January so data could not be collected.
		Heart Health Hub events coordinated	2	2	●		4	6	●		4	5	●		8	10	●		4	4	●		8	
	Maitri FY19 Requested: $50,000 FY19 Approved: $50,000 FY18 Aproved: $40,000 FY18 Spent: $40,000 FY17 Approved: $30,000 FY17 Spent: $30,000 New Metrics: 1 of 5	Adults served	5	14	●	100%	10	26	●	100%	10	30	●	100%	20	39	●	100%	11	22	●	100%	30	
		Services provided	-	-			-	-			45	64	●		91	111	●		45	47	●		90%	
		Clients will achieve their economic security goals, which may include finding a job, taking educational courses, or becoming more financially literate	-	-			-	-			-	-			-	-			70%	80%	●		70%	
		Peer counseling clients surveyed will report increased emotional well being due peer counseling	-	-			-	-			70%	80%	●		70%	80%	●		70%	70%	●		75%	
		Legal clients who report increased awareness of their legal rights	70%	88%	●		75%	89%	●		70%	69%	●		75%	88%	●		70%	81%	●		75%	

Community Benefit Dashboard Notes

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● A metric receives a "red" dot if the target was not met by an excess of 10% of the target goal

N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

FY19 Community Benefit El Camino Healthcare District Year-over-Year Midterm Dashboard

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	● ●	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	● ●	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	● ●	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	● ●	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	● ●	FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
HEALTHY COMMUNITY	**Rebuilding Together** FY19 Requested: $75,000 FY19 Approved: $75,000 FY18 Approved $65,000 FY18 Spent: $65,000 FY17 Approved: $50,000 FY17 Spent: $50,000 New Metrics: 0 of 3	Homes assessed and modification planned for seniors aged 62+ or individuals at higher risk of fall (i.e. disability or illness)	5	6	●	100%	14	14	●	100%	6	7	●	100%	25	23	●	100%	10	13	●	100%	28	
		Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs	N/A	N/A			80%	100%	●		N/A	N/A			85%	77%	●		85%	100%	●		85%	
		Recipients who report feeling safer in their homes after completed home repairs	80%	100%	●		80%	100%	●		N/A	N/A			80%	81%	●		85%	100%	●		85%	
	RoadRunners - MV FY19 Requested: $275,353 FY19 Approved: $250,353 FY18 Approved: $275,353 FY18 Spent: $275,353 FY17 Approved: $313,353 FY17 Spent: $288,361 New Metrics: 0 of 4	Older adults served	532	727	●	100%	1,200	1,272	●	100%	727	856	●	100%	1,200	1,869	●	100%	575	730	●	100%	1,150	
		Rides provided	4,230	4,322	●		8,460	8,223	●		4,322	4,703	●		8,460	9,724	●		4,519	4,939	●		9,038	
		Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence	90%	96%	●		92%	92%	●		96%	96%	●		95%	92%	●		90%	96%	●		90%	
		Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments	95%	96%	●		95%	93%	●		96%	88%	●		95%	94%	●		95%	97%	●		95%	
	South Asian Heart Center FY19 Requested: $180,000 FY19 Approved: $180,000 FY18 Approved: $160,000 FY18 Spent $160,000 FY17 Approved: $180,000 FY17 Spent: $180,000 New Metrics: 0 of 6	Individuals served	220	231	●	100%	440	471	●	100%	73	79	●	100%	147	151	●	100%	97	106	●	100%	198	
		Services provided	950	921	●		2,600	2,600	●		295	321	●		798	785	●		528	512	●		1,078	
		Improvement in average level of weekly physical activity from baseline	14%	18%	●		16%	17%	●		19%	21%	●		20%	21%	●		20%	22%	●		21%	
		Improvement in average levels of daily servings of vegetables from baseline	11%	18%	●		13%	14%	●		18%	20%	●		20%	20%	●		19%	19%	●		20%	
		Improvement in levels of HDL-C as measured by follow-up lab test	3%	5%	●		4%	4%	●		4%	5%	●		4%	5%	●		5%	5%	●		6%	
		Improvement in cholesterol ratio as measured by follow-up lab test	5%	6%	●		6%	6%	●		7%	7%	●		7%	7%	●		6%	6%	●		7%	
	Sunnyvale Community Services *Social Work Case Mgmt.* FY19 Requested: $85,400 FY19 Approved: $85,400 FY18 Approved: $85,400 FY18 Spent: $85,400 FY17 Approved: $75,000 FY17 Spent: $75,000 New Metrics: 0 of 4	Individuals enrolled in Comprehensive Case Management	45	46	●	100%	100	93	●	100%	40	50	●	50%	105	107	●	100%	45	95	●	100%	105	Clients enter and exit the program on a rolling basis so some were existing clients from previous grant year.
		Services provided	270	292	●		600	590	●		240	298	●		630	671	●		270	287	●		630	
		Sheltered clients who maintain housing for 60 days after financial assistance and referrals	90%	100%	●		90%	90%	●		90%	0%	●		90%	100%	●		90%	93%	●		90%	
		Homeless clients who are moved to temporary/permanent housing within 6 months of case plan	80%	81%	●		80%	81%	●		80%	0%	●		80%	100%	●		80%	75%	●		80%	
	Sunnyvale Community Services *Emergency Assistance* FY19 Requested: $100,000 FY19 Approved: $100,000 FY18 Approved: $100,000 FY18 Spent: $100,000 FY17 Approved: $85,000 FY17 Spent: $85,000 New Metrics: 0 of 4	Individuals served	2,450	2,384	●	75%	2,600	2,600	●	100%	2,000	2,476	●	100%	3,000	3,086	●	100%	2,000	2,180	●	100%	3,000	
		Individuals receiving financial assistance	16	10	●		33	30	●		20	59	●		45	66	●		20	33	●		45	The need for assistance with medical bills was greater than anticipated during the first half of the year.
		Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	75%	100%	●		75%	100%	●		75%	100%	●		75%	80%	●		80%	100%	●		80%	Agency credits financial assistance with enabling all clients to remain stably housed.
		Individuals who rate emergency assistance service as effective in meeting their needs as 4 or 5 on a 5-point scale	N/A	N/A			80%	95%	●		N/A	N/A			80%	84%	●		N/A	N/A			80%	
	The Health Trust *Meals on Wheels* FY19 Requested: $100,000 FY19 Approved: $78,000 FY18 Approved $100,000 FY18 Spent: $100,000 New Metrics: 0 of 4	Individuals served	-	-		N/A	-	-		N/A	55	28	●	20%	75	100	●	80%	45	54	●	75%	58	Extensive outreach efforts in FY18 yielded a significant increase in client enrollment program starting in FY19. This, coupled with a lower-than-anticipated attrition rate (a positive program indicator), resulted in a greater than anticipated 6-month target variance.
		Meals delivered	-	-			-	-			3,600	1,048	●		8,800	7,964	●		2,808	6,986	●		6,864	
		Wellness checks administered	-	-			-	-			2,340	681	●		5,720	5,122	●		1,750	4,122	●		4,460	
		Decrease in the number of emergency room visits reported by clients	-	-			-	-			25%	100%	●		25%	68%	●		40%	30%	●		40%	Results were lower than anticipated likely due in part to a small sample size (10 clients) and due to the target population more likely to be affected by the winter cold and flu season.
	YMCA FY19 Requested: $75,000 FY19 Approved: $75,000 FY18 Approved $70,000 FY18 Spent: $70,000 FY17 Approved: $70,000 FY17 Spent: $70,000 New Metrics: 0 of 3	Campers served (K-8)	200	227	●	75%	400	408	●	100%	225	277	●	100%	420	437	●	100%	295	327	●	100%	460	
		Families who agree or strongly that their children were more physically active after attending camp	70%	83%	●		70%	70%	●		75%	83%	●		75%	94%	●		87%	94%	●		87%	
		Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp	40%	49%	●		40%	49%	●		50%	51%	●		50%	85%	●		55%	85%	●		55%	The mid-term data reflects responses conducted through a supplemental phone survey in addition to the existing survey tool.

Community Benefit Dashboard Notes

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N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

FY19 Community Benefit El Camino Healthcare District Year-over-Year Midterm Dashboard

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	● ●	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	● ●	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	● ●	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	● ●	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	● ●	FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
Small Grants																								
HEALTHY BODY	**5-2-1-0** FY19 Requested: $15,000 FY19 Approved: $15,000 FY18 Approved $25,000 FY18 Spent: $25,000 FY17 Approved: $30,000 FY17 Spent: $12,809	Students served	5,000	6,627	●	100%	7,000	7,500	●	100%	5,000	4,943	●	100%	7,000	6,917	●	100%	5,000	3,913	●	0%	7,135	Program components changed; forecasting targets was challenging.
	BAWSI BAWSI Girls **(Small Grant)** FY19 Requested: $20,667 FY19 Approved: $19,000 FY18 Approved: $16,605 FY18 Spent: $16,605 FY17 Approved: $16,000 FY17 Spent: $16,000	Youth served	60	60	●	100%	112	98	●	0%	60	65	●	100%	120	113	●	100%	60	62	●	100%	120	
	BAWSI BAWSI Rollers **(Small Grant)** FY19 Requested: $17,502 FY19 Approved: $17,500 FY18 Approved $16,000 FY18 Spent: $16,000	Youth served	-	N/A		N/A	-	5,000		N/A	25	23	●	100%	25	26	●	100%	25	19	●	0%	25	Enrollment of special education students eligible for the program was lower this school year.
	Breathe California **(Small Grant)** FY19 Requested: $25,000 FY19 Approved: $25,000 FY18 Approved: $20,000 FY18 Spent: $20,000 FY17 Approved: $25,000 FY17 Spent: $25,000	Older adults served	N/A	N/A		N/A	1,000	1,045	●	100%	400	373	●	100%	1,000	2,230	●	100%	400	143	●	0%	1,000	As of May, agency has exceeded anual target. Staff illness and scheduling challenges caused most presentations to be moved to second half of grant year.
	Day Worker Center **(Small Grant)** FY19 Requested: $25,000 FY19 Approved: $25,000 FY18 Approved: $25,000 FY18 Spent: $25,000 FY17 Approved: $25,000 FY17 Spent: $25,000	Individuals served with nutritious meals	300	431	●	100%	460	535	●	100%	325	302	●	100%	475	523	●	100%	350	327	●	100%	525	
	Hope's Corner **(Small Grant)** FY19 Requested: $25,000 FY19 Approved: $25,000 FY18 Approved: $25,000 FY18 Spent: $25,000 FY17 Approved: $25,000 FY17 Spent: $25,000	Individuals served	325	350	●	100%	325	327	●	100%	350	350	●	100%	350	350	●	100%	250	260	●	100%	275	
	Vista Center (Small Grant) FY19 Requested: $24,921 FY19 Approved: $24,921	Individuals served																	15	17	●	100%	36	

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N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

FY19 Community Benefit El Camino Healthcare District Year-over-Year Midterm Dashboard

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area	Partner	FY19 Metrics	FY17 6-month target	FY17 6-month actual	● ●	FY17 % 6-month metrics met	FY17 Annual Target	FY17 Annual Actual	● ●	FY17 % Annual metrics met	FY18 6-month target	FY18 6-month actual	● ●	FY18 % 6-month metrics met	FY18 Annual Target	FY18 Annual Actual	● ●	FY18 % Annual metrics met	FY19 6-month target	FY19 6-month actual	● ●	FY19 % 6-month metrics met	FY19 Annual Target	Supporting Details for Variance
Small Grants (Continued)																								
HEALTHY MIND	**Center for Age-Friendly Excellence (CAFE)/ Senior Inclusion and Participation Project (SIPP)** (Small Grant) FY19 Requested: $25,000 FY19 Approved: $25,000	Older adults served																	150	189	●	100%	250	
	EDRC (Small Grant) FY19 Requested: $20,000 FY19 Approved: $20,000 FY18 Approved: $20,000 FY18 Spent: $20,000 FY17 Approved: $20,000 FY17 Spent: $20,000	Individuals served	196	265	●	100%	350	335	●	100%	78	78	●	100%	375	342	●	100%	212	187	●	0%	424	Metric nearly met; agency experienced lower support group attendance but is in the process of scheduling on a different day, time and location to enhance participation.
	Mission Be (Small Grant) FY19 Requested: $25,000 FY19 Approved: $25,000	Individuals served																	238	288	●	100%	475	
HEALTHY COMMUNITY	**Friends for Youth (Small Grant)** FY19 Requested: $20,000 FY19 Approved: $20,000 FY18 Approved: $15,000 FY18 Spent: $15,000 FY17 Approved: $20,000 FY17 Spent: $20,000	Youth served	25	37	●	100%	47	60	●	100%	35	40	●	100%	48	56	●	100%	40	36	●	100%	60	
	Matter of Balance (Small Grant) FY19 Requested: $14,330 FY19 Approved: $14,330 FY18 Approved: $14,000 FY18 Spent: $14,000 FY17 Approved: $10,628 FY17 Spent: $ 10,032	At-risk older adults served	50	35	●	0%	120	117	●	100%	40	41	●	100%	135	155	●	100%	50	66	●	100%	165	
	MVPD - Dreams and Futures Camp (Small Grant) FY19 Requested: $25,000 FY19 Approved: $25,000 FY18 Approved: $25,000 FY18 Spent: $25,000 FY17 Approved: $25,000 FY17 Spent: $25,000	Youth served	40	32	●	0%	95	64	●	0%	40	49	●	100%	80	97	●	100%	40	40	●	100%	80	
	Reach Potential Movement (Small Grant) FY19 Requested: $25,000 FY19 Approved: $25,000 FY18 Approved: $20,000 FY18 Spent $20,000	Youth served	-	-		N/A	-	-		N/A	125	119	●	100%	150	138	●	100%	40	42	●	100%	90	

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EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Julia Miller, Ad Hoc Committee Chair
Date: May 21, 2019
Subject: El Camino Hospital Board Member Election Ad Hoc Committee Chair Report

Purpose: To inform the Board of the work of the Committee to date and to interview candidates.

Summary:

1. Situation: There is currently one vacancy on the El Camino Hospital ("ECH") Board of Directors with a term expiring on December 4, 2020 and one "2012 Director" seat with a term expiring on June 30, 2019.

2. Authority: The El Camino Healthcare District ("ECHD") has the authority to elect Directors to the El Camino Hospital Board of Directors pursuant to the El Camino Hospital Bylaws, Article III Section 3.12.

3. Background: In December 2018, an Ad Hoc Committee comprised of myself and former Director Neysa Fligor together with our advisors, Julie Kliger and Christina Lai, recommended that the 2012 Director whose term expires on June 30, 2019 not be re-elected to the ECH Board. When Director Fligor left the Board in December, the Board appointed Director Zoglin to join me on the Ad Hoc Committee to work on a recruitment to fill these two seats. Since that time, as is our usual process, we advertised in local newspapers throughout the District and notified key stakeholders at El Camino Hospital (Board and Advisory Committees, ECH Foundation Board, Leadership Team) regarding this recruitment.

We did not find it necessary to retain a professional executive recruiter. Instead, I sourced high caliber candidates in the community and Director Zoglin also brought a candidate forward. We ultimately interviewed six candidates, five of whom will be interviewed by the full District Board.

We have asked each candidate to give a presentation lasting 5-10 minutes addressing the following questions:

a. Why are you interested in serving on the El Camino Hospital Board?

b. How does your background and experience match the competencies specified in the position description?

Following each presentation, there will be time for Board members to pose questions to the candidates. At the conclusion of all interviews, the Board will have an opportunity to discuss the candidates and then vote during the following agenda item. The proposed voting procedure is the same procedure the ECHD Board used in January 2018 to elect Julie Kliger and Gary Kalbach to the ECH Board.

4. Assessment: N/A

5. Other Reviews: Ad Hoc Committee as above.

6. Outcomes: Election of two new ECH Board Directors.

List of Attachments:

1. ECH Board Member Position Description
2. Proposed Voting Procedure
3. Candidate Profile – Kasperzak
4. Candidate Profile – Watters
5. Candidate Profile – Po
6. Candidate Profile – Challi-Robinson
7. Candidate Profile – Kogelnik

Suggested Board Discussion Questions. None.

POSITION SPECIFICATION
El Camino Hospital
Revised January 23, 2019

TITLE: Board Member

LOCATION: Mountain View, California

THE CURRENT BOARD

The El Camino Hospital Board is currently comprised of the five members of the El Camino Healthcare District Board, along with Jeffrey Davis, MD, Lanhee Chen, JD, PhD, Julie Kliger, RN, and Bob Rebitzer. The members of the ECH Board who are not District Board members now serve a maximum of 4 staggered 3-year terms. Director Davis is serving his third term (expires on June 30, 2019) and Directors Rebitzer and Kliger are serving their first terms. Director Chen, the current Board Chair, is serving his second term which expires on June 30, 2021. The current recruitment is designed to fill the following:

1. A current mid-term vacancy with a term end date of December 2020.
2. A three-year term beginning July 1, 2019 and ending June 30, 2022.

POSITION

BACKGROUND:

With the significant and continuing, large scale changes occurring in the healthcare environment, the District Board has determined that it will seek Hospital Director Candidates who will add to the thoughtful deliberations and guidance from the Board, regarding the Hospital's strategic priorities and who possess competencies in the following areas:

1. Complex Market Partnerships
2. Long-Range Strategic Planning
3. Experience leading a high performing organization, healthcare-related or other industry, including Board-level experience
4. Finance/Entrepreneurship

QUALIFICATIONS:

To fill this role, El Camino is seeking a senior operating executive, consultant or academic leader who will reference as a leader in strategic dialogues. Since El Camino has relationships with most organizations of this type within Silicon Valley it will be important that conflicts are avoided. A recently retired, active executive might also be appropriate, as would consultants and advisors to this community.

SPECIFIC REQUIREMENTS:

- Physically attend at least two-thirds of all meetings.

  Meetings are defined as Hospital Board meetings and Standing Committee meeting(s) to which the Board member has been appointed. Attendance guidelines will be considered met if the Board

member physically attends two-thirds of all Hospital Board meetings **and** two-thirds of the meetings of each Standing Board Advisory Committee to which the member is appointed.

- Serve on at least two Standing Board Advisory Committees (credit will be given for assignment to other Board obligations, including but not limited to the El Camino Hospital Foundation Board, Chair of the Board, Ad Hoc Committees and the Community Benefit Advisory Council).
- Offer to Chair at least one of the Standing Board Advisory Committees.
- Give notice (in accordance with policy) for inability to attend a meeting in-person or via teleconference, except in the case of emergency, to the Director of Governance Services at least five business days prior to a meeting.
- Agree to abide by the "El Camino Hospital Board Management Compact" (dated December, 2012).

BOARD MEETINGS

The El Camino Hospital Board presently meets monthly, excluding July and January, typically at 5:30pm on the second Wednesday of each month. In addition, two Joint Board and Committee evening educational sessions and one full day retreat are held each year.

COMMITTEE MEETINGS

Meetings are held on weekday evenings beginning between 4 and 5:30 pm and last approximately 1.5 to 2 hours.

Investment: 4x/year
Quality, Patient Care and Patient Experience: 10x/year
Finance: 6x/year
Governance: 4-6x/year
Executive Compensation: 4-6x/year
Corporate Compliance/Privacy and Internal Audit: 6x/year

COMPENSATION

Board members are eligible for compensation in the amount of $200 per Board meeting, $100 per Committee meeting, and $100 per Committee Prep meeting attended, up to 7 meetings per month. The Board Chair receives an annual $12,000 stipend, payable quarterly.

Proposed El Camino Hospital Board Election (Voting) Procedure – May 21, 2019

Election of Directors

1. **Election of "2012 Director" with term effective July 1, 2019 expiring on June 30, 2022.**

   a. **Round 1:** Each Director will simultaneously vote in writing for one of the candidates interviewed this evening. Staff will immediately report the name of each Director and the candidate for whom he or she voted. If a majority is achieved (*i.e.*, one candidate receives 3 votes) proceed to 2(d). If a majority is not achieved, proceed to Round 2.

   b. **Round 2:** Only applicants that received one or more votes in Round 1 shall be included in Round 2. Each Board member will simultaneously vote for one applicant in writing and staff will immediately report the name of each Director and the candidate for whom he or she voted. If a majority is achieved, proceed to 2(d). If a majority is not achieved, proceed to Round 3.

   c. **Round 3:** All subsequent rounds of voting for the 2012 Director shall proceed as in previous rounds; only those candidates who received a vote in the previous round may proceed to a subsequent round. There shall be no previously prescribed limit to the number of rounds.

   d. **Adoption of Resolution 2019-03**: Electing _____ to the El Camino Hospital Board of Directors for a term effective July 1, 2019 through June 30, 2022.

2. **Election of Director to fill vacancy with term effective immediately, expiring December 4, 2020.**

   a. All candidates (except the candidate elected to the 2012 seat) are eligible, including those who did not previously receive any votes.

   b. Rounds 1, 2, 3 and any subsequent rounds shall proceed as in 2(a), (b) and (c) above. When a majority is achieved, proceed to 3(c).

   c. **Adoption of Resolution 2019-04**: Electing _____ to the El Camino Hospital Board of Directors for a term effective immediately through December 4, 2020.

Application to Serve as an El Camino Hospital Board Director

Instructions:

Applicants must complete* the following application and submit it to:

El Camino Healthcare District
2500 Grant Road
Administration C131
Mountain View, CA 94040 Attn: Director of Governance Services

Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.
All applications and supporting materials *must be received* in our office (by US mail or e-mail) no later than 12 noon on February 8, 2019 and may be made publicly available.

Items 1, 2 and 3 are required

---

1. *Name R. Michael Kasperzak, Jr.

2. *Residence address 1172 Morton Court, Mountain View, CA 94040

3. *Phone 650-941-2479 *E-mail address mike@kasperzak.org

4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:

As a 42 year resident of Mountain View, I have had an on and off association with El Camino Hospital since I first ran for the District Board in 1984. While losing to the three incumbents (Russell, Knell & Rutner) I remained interested in the hospital and was a candidate for the original non-profit board, but fortunately was not selected.

More recently, I was very involved in the development of the new hospital and served on the Foundation Campaign Cabinet for several years, and helped get the word out to local elected officials during construction. I also served on various committees including Genomics, Government Relations, Planned Giving and even Emceed 3 or 4 golf tournament Galas.

El Camino is an excellent hospital and is a true asset for our broader community and the City of

Mountain View. I personally find it somewhat frustrating that there has been so little representation from Mountain View over the years, and I believe my skills and experience in governance, facilitation and local government would inure to the benefit of our healthcare community.

5. Please explain how your background demonstrates your knowledge and experience with the following:

   - Complex Market Partnerships
   - Long-Range Strategic Planning
   - Leader of High Performing Organization, Including Board Level Experience
   - Finance/Entrepreneurship

The main attributes that I bring to the Board relate to my Strategic Planning experiences in the non-profit sector, oversight of the Municipal Finances of the City of Mountain View and my governance expertise having served 16 years as a locally elected official.

I have been intimately involved in the strategic planning process for the Palo Alto Chapter of the American Red Cross, the American Red Cross National Headquarters, the National League of Cities and the Los Altos Community Foundation and have found the experience eye opening and invigorating.

As for my fiscal oversight experience, the City Council is essentially the Board of Directors for the municipal enterprise and is responsible for establishing, approving and overseeing the budgeting process, establishing goals and monitoring delivery of service. In Mountain View, that means overseeing a $325 million budget annually. With respect to my governance experience, I have served as a Council member for 16 years with two terms as Mayor and have nearly 30 years of service on numerous non-profit Boards ranging from local to state and nationwide organizations. Additionally I have been actively engaged in leading programs on good governance for the American Red Cross and the League of California Cities. I thoroughly understand the distinctions between governance and

management and the roles and responsibilities of both.

It is also worth noting that I have been actively engaged in the Mountain View/Los Altos community for over 20 years and have developed a keen understanding of the needs and desires of these core constituent communities of the El Camino Hospital.

6. If not addressed in an answer to an earlier question, please describe your experience in the health care industry.

Other than having been a candidate for the El Camino Healthcare District on two occasions, and having participated in various capacities with the El Camino Hospital Foundation, I have not significant healthcare industry experience other than as a consumer.

7. Please describe your prior Board experience.

As previously mentioned, I have extensive non-profit Board experience including my current service as Co-Chair of the Los Altos Community Foundation, Chair of KMVT 15, and service on the Community Services Agency Board. Other organizations I have served over the past 30 years include the Lewis & Clark College Board of Trustees, the National League of Cities, serving as President and Director of the League of California Cities, as well as the Santa Clara County Bar Association, The Silicon Valley American Red Cross, Community School of Music and Arts, the Bay Area Water Supply & Conservation Agency and others.

8. Would this position create a conflict of interest with any of your other commitments?

At the moment, the only potential conflict would be with CSA as a donor agency of the Community Benefit Program.

9. Are you able to make the necessary time Commitment? (*See*, Position Specification)

Yes.

10. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?

No

R. Michael Kasperzak Jr.

1172 Morton Court, Mountain View, California 94040
home: (650) 941-2479 cell: (650) 823-4860 work: (650) 948-5340
email: mkasperzak@gmail.com

Educational Background

Lewis & Clark College, BA 1976
■ *Majors: Economics, Business Administration*

Professional Training

Hastings College of the Law, JD 1982
■ *Hastings Law Journal, Senior Associate Editor*

Commercial Mediation, (40 hour Certified Florida Circuit Court Program), ADRA, October 1991

U.S. District Court Mediation Training, (16 hours) United States District Court, N. Dist. Cal., September 1993

Bankruptcy Dispute Resolution Program Training, (6 hours), United States Bankruptcy Court, N. Dist. Cal., July 25, 1994

Advanced Mediation, (16 hours), ADRA, October 14, 1994

Federal Arbitration Training, (4 hours), United States District Court, N. Dist. Cal., December 2, 1994

Partners in Organizational Leadership, John F. Kennedy School of Government, Harvard University, April 1999

Group Facilitation Methods, Institute for Cultural Affairs, July 16, 1999

Licenses

State Bar of California
■ *Inactive Status* *01/16*
■ *Admitted to practice December 3, 1982*

Federal Aviation Administration
■ *Commercial Pilots License*

Professional History

Dispute Resolution Specialists 3/93—2016
Principal/Mediator: Commercial mediation and alternative dispute resolution services provider.

Bronson, Bronson & McKinnon 9/82—2/93
Partner: Practice focused on, but not limited to aviation industry defense litigation, arbitration and mediation.

Elect Air Tool 9/76—4/79
Sales, purchasing and shipping.

ADR Experience

EEOC
■ *Mediator* *4/01—Present*

United States District Court
■ *Mediator* *9/93—Present*
■ *Arbitrator* *9/93—12/02*

Santa Clara County
■ *Office of Human Relations: Mediator* *4/93—Present*
■ *Training Institute for Mediation: Trainer* *3/94—Present*

Stanford University School of Law
■ *Mediation Trainer* *1/97—Present*

California Department of Insurance, Earthquake Mediation Program
■ *Mediator* *7/96—Present*

Professional Affiliations

State Bar of California
■ *Inactive Status*

Santa Clara County Bar Association
■ *Board of Trustees* *1/95—12/96*

California Dispute Resolution Council 1993—*2004*
■ *Board of Directors* 1/98—*12/99*

Mountain View Chamber of Commerce
■ *Chairman* *7/97—6/98*
■ *Vice-President Government Division* *12/96—7/97*
■ *Board of Directors* *6/94—12/99*
■ *Diversity Forum Mountain View* *1/97—2008*
—Co-Chairman *6/99—2006*

Civic & Non-Profit Activities

City of Mountain View
■ *Mayor* *1/03 — 1/04*
1/12 — 1/13
■ *Councilmember* *1/99 — 1/07*
1/09 — 1/17

■ *Vice Mayor* *1/02 — 1/03*
1/11 — 1/12

–Leadership Assignments
Chairman-Finance Committee
Delegate-League of California Cities General Assembly
Chairman-Procedures Committee
County Expressway Planning Study Policy Advisory Board
South Bay Military Affairs Council
Santa Clara County Cities Association
Chairman-Appointments Review Committee
Chairman-Neighborhood Committee
Chairman-Northwest Flood Zone Advisory Board
Chairman-Transportation Committee
Chairman-Caltrain Policy Advisory Committee
Chairman-Council Technology Committee

■ *Environmental Planning Commission*
— Commissioner *1/97—12/31/99*

■ *Parks and Recreation Commission*
— Commissioner *1/94—12/96*
— Vice-Chair *1/96—12/96*

Bay Area Water Supply & Conservation Agency
■ *Board Member* *06/03—Present*

San Francisco Bay Area Regional Water System Financing Authority
■ *Vice Chair* *05/03—06/07*
■ *Board Member* *05/03— Present*

National League of Cities
■ *Board Member* *11/12—11/16*
■ *Finance Administrative & Intergovernmental Relations Steering Committee* *12/02—12/12*
■ *Transportation & Infrastructure Policy Committee* *9/01—12/02*

League of California Cities
■ *President* *10/11—10/12*
■ *Board Member* *11/09—11/16*
■ *Revenue & Taxation Policy Committee* *9/00—9/10*
–Vice Chair *11/02—11/03*
■ *Mayors & Councilmembers Academy*
– Steering Committee *6/01—06*
– Graduate —Levels I & II

American Red Cross

National Headquarters
■ *First Alternate Nominee, Board of Governors* *May, 2001*
■ *Chair, Leadershp Institutes* *6/03—2008*

■ *Member, 1995 National Convention Resolutions Committee* *5/95*

Palo Alto Area Chapter
■ *Chairman of the Board* *7/92—6/94*
■ *Development Chair* *7/95—7/97*
■ *Board Member* *7/85—2012*

Lewis & Clark College
■ *Board of Trustees*
— *Trustee* *6/98—6/00*
■ *Alumni Association*
— *President* *6/98—6/00*
— *Board Member* *7/95—2006*

Honors and Awards

Lewis & Clark College
■ *2000 Donald G. Balmer Citation for Outstanding Voluntary Service to the College, November 9, 2000*

Nonprofit Development Center
■ *1997 Board Leadership Award, Nominee, April 8, 1997*

Santa Clara County Human Relations Commission
■ *Award of Special Merit, February 29, 1996*

American Red Cross, Palo Alto Area Chapter
■ *Clara Barton Award For Outstanding Volunteer Leadership, June 1994*

Hastings College of the Law
■ *Thurston Society (Top 5% First Year Class Rank), May 1980*

Lewis and Clark College
■ *Cum Laude, June 1976*
■ *Delta Mu Delta, National Business Honor Society*

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Mountain View, CA 94040 Attn: Director of Governance Services

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Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.
All applications and supporting materials *must be received* in our office (by US mail or e-mail) no later than 12 noon on February 8, 2019 and may be made publicly available.

Items 1, 2 and 3 are required

1. *Name DON C. WATTERS

2. *Residence address 260 MARGARITA COURT, LOS ALTOS 94022

3. *Phone (650) 941-0322 *E-mail address h20z@earthlink.net
CELL: (650) 906-4829

4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:

TO HELP ENSURE THE SURVIVAL, PROSPERITY, AND PRE-EMINENCE OF WHAT MANY BELIEVE IS ONE OF THE (IF NOT THE) FINEST HOSPITALS IN THE SF BAY AREA.

5. Please explain how your background demonstrates your knowledge and experience with the following:

   - Complex Market Partnerships
   - Long-Range Strategic Planning
   - Leader of High Performing Organization, Including Board Level Experience
   - Finance/Entrepreneurship DIRECTOR EMERITUS, MCKINSEY & COMPANY: OVER 25 YEARS SERVING CLIENTS IN OVER 20 INDUSTRY SECTORS - SOME OF WHICH ARE POTENTIALLY ANALOGOUS TO HOSPITALS - AND A FEW OF WHICH ARE HEAVILY REGULATED. LIVED AND WORKED IN U.S., U.K., JAPAN, AND AUSTRALIA. HELPED "PLANT THE FLAG" FOR MCKINSEY IN WESTERN CANADA, TOKYO, SYDNEY, AND SILICON VALLEY. PLAYED LEADERSHIP ROLE IN ESTABLISHING OFFICE CORE VALUES AND CULTURE.

6. If not addressed in an answer to an earlier question, please describe your experience in the health care industry.

LIMITED: 1970's: LED PROJECT TO SHIFT HOSPITAL FOCUS FROM DEPARTMENTS TO DISEASE TYPES, SET PRIORITIES BASED ON ECONOMICS AND COMPETITIVE POSITION, REORGANIZED STRUCTURE AROUND PRIORITIES. 1980's: USING MICROECONOMIC ANALYSES, ESTIMATED EFFECTS OF TRUE "MARKET PRICING" AND IMPACT OF DRG's WHICH WERE BEING CONSIDERED AT THAT TIME ON COMPETITIVE DYNAMICS.

7. Please describe your prior Board experience. SAN JOSE - CLEVELAND BALLET, AMERICAN LEADERSHIP FORUM (ALF) SILICON VALLEY, ALF NATIONAL, TECH MUSEUM OF INNOVATION, UNITED WAY SILICON VALLEY, MARKKULA CENTER FOR APPLIED ETHICS (SCU) MARCUS & MILLICHAP (MMI - NYSE), HERANT PLC (LSE), CUNNINGHAM COMMUNICATIONS (PRIVATE).

8. Would this position create a conflict of interest with any of your other commitments?

NOT THAT I AM AWARE OF.

9. Are you able to make the necessary time Commitment? (*See*, Position Specification)

YES, PROVIDED THAT 1 OR 2 CALLS ARE PERMITTED WHEN I HAVE OUT OF TOWN OBLIGATIONS.

10. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?

NOT THAT I AM AWARE OF.

3-13-19

PASSPORT
DON C. WATTERS

CURRICULUM VITAE

4-3-2019

Don C. Watters

Solid Personal Values

I describe myself as a down-to-earth business professional and family man with a solid foundation of values.

Midwest Upbringing

Born October 29, 1942, I am the oldest of five children, raised primarily in suburban Cleveland, Ohio. After attending public schools, I earned a Bachelor's degree in engineering from the University of Michigan. My early work experience included summer internships at DuPont as a laborer and a pilot plant operator and at IBM as an industrial engineer and salesman. After Navy service as a supply officer aboard an Atlantic Fleet destroyer, I worked briefly as a DuPont shift supervisor in Old Hickory, Tennessee before earning my MBA from Stanford University in 1969.

Singular Career Path

Leaving Stanford, I joined McKinsey & Company. My 28-year career with the Firm might seem unusual in today's business environment. In fact, under the broad umbrella of McKinsey's worldwide consulting practice, I have been continually challenged by new opportunities for personal and professional growth. Developing from associate to principal and then director, I have worked in a full range of industries, learned and used an array of skills and capabilities, and lived and worked in diverse cultures around the world. At various times, I have been a part of a team, taken the role of entrepreneur or champion, and served as a guide and mentor. Although officially retired in 1997, I am continuing my affiliation as a member of the McKinsey Advisory Council, serving as a consultant to the firm and providing internal coaching and training.

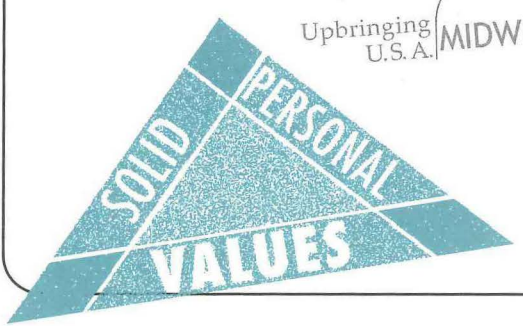
Outside Interests

Life isn't all work. Married for over 25 years, I am the father of two children both now out of college. I am a model railroad enthusiast, a committed gardener, a frustrated intermediate skier, and a novice golfer.

h2oz@earthlink.net

OBJECTIVE

My goal is to help make young, growing companies successful, especially by guiding and developing their leadership teams.



650 941 0322

Breadth and Depth of Experience

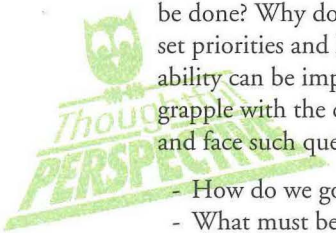
Over 28 years as a McKinsey & Company consultant, working with top management in a variety of industries throughout the world, has given me a richness of experience that I can bring to a growing company.

Lived and Worked Around the Globe

Today, every business, large or small must think globally and be able to deal with partners, customers, channels, or competitors from outside the United States. My experience serving clients worldwide, including more than 10 years living with my family and working in Europe, Asia, and Australia, gives me firsthand knowledge of the complexities and nuances of international business relationships.

BREADTH DEPTH EXPERIENCE INDUSTRY PORTFOLIO

	Calif.	USA/ Canada	Aus/ NZ	Asia	Europe
Technology					
Computers	✓		✓		
Semiconductors	✓			✓	
Telecom	✓	✓			
Aerospace	✓	✓			
Media	✓				
Resources					
Electricity	✓	✓	✓		
Forestry	✓	✓	✓		✓
Agriculture	✓	✓	✓		
Petroleum		✓	✓	✓	
Mining		✓	✓		
Services					
Transportation	✓	✓	✓	✓	
Wholesaling	✓	✓	✓		
Retailing	✓	✓			✓
Government	✓		✓		
Health Care		✓		✓	
Manufacturing					
Food	✓	✓	✓		✓
Metals	✓		✓		✓
Machinery			✓		✓
Chemicals		✓			
Packaging		✓			



In-Depth Knowledge of Diverse Industries

Even if a company sees itself as being specialized (e.g., a high technology company), it is likely to have relationships with other, different industries as vendors, customers, alliances, and the like. Going further, it can draw analogies with other industries to avoid problems and generate new ideas. My broad background across industries gives me the context to spot non-obvious opportunities and pitfalls and draw analogies.

Asks - and Helps Answer - the Tough Questions

I have the experience and perspective to see beyond the daily turmoil of managing the business, spot problems or opportunities, distill them to their essence (What needs to be done? Why does this make sense? How do we proceed?), set priorities and lay out a plan for implementation. This ability can be important as growing, vibrant companies grapple with the challenges of increasing scope, complexity and face such questions as:

- How do we go about re-energizing a stalled core business?
- What must be done now to position us to achieve our longer term growth objectives?
- How should we reshape our organization, structure and management systems to focus on new business priorities?
- What elements of style or behavior do you, the CEO, need to change as our management team grows and develops?

Currently, I exercise this capability as a member of the Board of Directors of Cunningham Communication and Marcus and Millichap's Advisory Board.

Uniquely Constructive Personal Style

To my way of thinking, the greatest idea or answer is of no use until it is acted on and has produced the intended results. The measure of my professional impact is my ability to get things done, sometimes by taking the lead but most often by working with and through others.

Counselor and Coach

To my mind, having a "can do" bent toward action doesn't need to mean direct action on my part. My preferred approach to leadership is to serve as counselor and coach to my clients or colleagues. Whether in Europe, where I am still one of the youngest people in a gathering of senior executives, or in Silicon Valley, where I am frequently the oldest person in the room, I am able to guide juniors, seniors or peers toward a discovery of the right course of action.

Within McKinsey, I have developed a reputation for helping others to do their best work, for being the person who would listen, help think through a problem, and offer ideas or guidance. Senior partners actively seek my counsel on their professional and personal situations. Firmwide, I am known as one of the most effective developers of junior, high-talent people. My constructive, supportive maturity and the satisfaction I take in guiding high-powered young talent makes me especially able to help leaders in an entrepreneurial environment to steer their course.

Entrepreneur and Leader

I have a track record of taking the initiative in launching new ventures or resolving problems in unfolding or difficult situations. For example; I have spent much of my career building McKinsey's presence in new geographic regions. In 1972 I was a junior member of a small group sent to Tokyo to start up McKinsey's first Japanese office. I was one of the three Principals who in 1976 restarted McKinsey's dormant practice in Australia. In the 1980's I championed McKinsey's efforts to build its presence in the Pacific Northwest, which recently resulted in a Seattle Office. And in 1987 I led the initiative to open McKinsey's office in Silicon Valley.

Committed to Community

Serving my colleagues and the community has always been important to me. A strong believer in public service, I have been a member of the Board of Directors of the San Jose Cleveland Ballet (1987-1991), the United Way of Santa Clara County (1989-1990), and the Tech Museum (1990-1991). Ten years ago I helped found the Silicon Valley chapter of the American Leadership Forum; I was chair of the national parent organization during a difficult "turnaround" and am currently chair of the Silicon Valley Chapter.

Don C. Watters

ADDENDUM – Post 2000

Early 2000s
Merant PLC (UK), Board member

Early/Mid 2000s
United Way Silicon Valley, Board Member, Chair;
Diocese of San Jose, Co-Leader Pastoral (Strategic) Plan

Mid 2000s to Present
Marcus & Millichap Inc. (MMI), Board Member, Lead Director, Compensation Committee Chair
Markkula Center for Applied Ethics at Santa Clara University, Advisory Board Member

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Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.
All applications and supporting materials *must be received* in our office (by US mail or e-mail) no later than 12 noon on February 8, 2019 and may be made publicly available.

Items 1, 2 and 3 are required

---

1. *Name Ming Jack Po MD PhD
2. *Residence address 1402 Nilda Avenue, Mountain View, CA, 94040
3. *Phone +1-718-577-2338 *E-mail address mail@jackpo.org
4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:

See attached document.

5. Please explain how your background demonstrates your knowledge and experience with the following:

   - Complex Market Partnerships
   - Long-Range Strategic Planning
   - Leader of High Performing Organization, Including Board Level Experience
   - Finance/Entrepreneurship

See attached document.

6. If not addressed in an answer to an earlier question, please describe your experience in the health care industry.

See attached document.

7. Please describe your prior Board experience.

Trustees, Austen Riggs Center (80 bed Hospital, US News #10 in adult psychiatry) – Finance and External Relations Committee

Board of Scientific Counselors, National Library of Medicine, NIH

Board of Directors, New York Math Circle

8. Would this position create a conflict of interest with any of your other commitments?

No.

9. Are you able to make the necessary time Commitment? (*See*, Position Specification)

Yes.

10. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?

No.

Ming Jack Po MD, PhD
mail@jackpo.org
1402 Nilda Avenue, Mountain View, CA 94040

Reason for Interest

My wife and I relocated to Mountain View from New York City around 5 years ago, and have since planted roots (and a baby girl) in this community. Like most of my neighbors and coworkers in this community, both my wife and I have received medical care at El Camino hospital. Both the structure and the history of this health system is absolutely fascinating, a unique community based health system located geographically in one of the most competitive healthcare delivery regions in the country. I've spent the last 20 years working extensively in healthcare delivery (both clinical and executive management), and thus am particularly interested in ways in which I can leverage the experience and expertise I've built to help and enrich my local community.

Background and Experience

I am currently a product manager at Google working on the application of machine learning in healthcare. In addition to my role at Google, I am a trustee (Finance and External Relations Committees) of the Austen Riggs Center (a 80-bed psychiatric treatment facility in MA), a member of the NIH National Library of Medicine Lister Hill's Board of Scientific Counselors, a member of the board of the National Library of Medicine, and a member of the HHS ONC's Interoperability Standards Priorities Task Force. My role at the National Library of Medicine is to advise the director of the NIH on the scientific and strategic direction of the institution. My role at ONC is focused on helping HHS establish the standards and realistic pathways for interoperability to actually exist in healthcare. At Austen Riggs, I and the rest of the board have guided the organization through a new CEO / Medical Director, multiple senior staff searches, and we are currently in the midst of a new 5 year strategic planning process right now.

I began my professional career as a technologist in the late 1990's having co-founded my first startup, TeamSphere Interactive - 15M VC and working as a high frequency trader ("quant") Wall Street firm D. E. Shaw & Co in their bonds unit. Since then, I've amassed an unnecessary number of degrees (Bachelors in BME and Computer Science from Johns Hopkins, MS in Mathematics from Johns Hopkins, and MD and PhD (Computer Vision) at Columbia) and have focused the last 20 years of my career focused on the intersection of technology, business, and healthcare delivery. During that time, I've started and exited a few medical device startups, been an entrepreneur in residence at several VCs, helped start multiple biodesign programs in the United States (Columbia, Hopkins), and served a director at New York Presbyterian Hospital. During my time in New York, I also consulted on Columbia's ACO, as well as the mega-merger between Continuum and Mount Sinai (6B, 3300 bed merger). I still occasionally teach at Columbia and Hopkins, and currently sit both school's BME (and other) advisory boards. Additionally, I continue to be very active in several engineering and health informatics academic societies (IEEE EMBS, AMIA, AHIMA), and am a recognized leader in the healthcare delivery, research, and standards communities.

At Google, I am currently a product manager leading a number of teams that aim to translate Google's machine learning and big data expertise into significant positive impact in the healthcare domain. Specifically, my current teams are working on applying machine learning (deep learning, reinforcement learning, and traditional techniques) on 1) voice data in healthcare (i.e. medical voice assistant), 2) waveforms data in healthcare (EEGs, EKGs, FHT / CTGs, wearable), 3) applications of machine translation in the healthcare setting, and 4) de-identification technologies for healthcare data (EHR, medical imaging, and voice). The ultimate goal of this portfolio of technologies is to enable patients and consumers to securely monitor their own health (in conjunction with their care providers), allowing them to receive treatment and potentially even perform early detection of disease progression / exacerbation from the comfort of their homes. My teams are currently partnering with a number of US and non-US based AMCs, payors, as well as vertically integrated health organizations to pilot and develop these technologies today. Before taking on my current teams at Google, I helped launch the healthcare vertical at Google Cloud, laying out our initial strategy as well as recruiting the key engineering, sales, solutions, and product folks leads for the vertical team.

Application to Serve as an El Camino Hospital Board Director

Instructions:

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2500 Grant Road
Administration C131
Mountain View, CA 94040 Attn: Director of Governance Services

Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.
All applications and supporting materials *must be received* in our office (by US mail or e-mail) no later than 12 noon on February 8, 2019 and may be made publicly available.

Items 1, 2 and 3 are required

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1. *Name Jyoti Challi-Robinson

2. *Residence address 1067 Bryant Way, Sunnyvale CA 94087

3. *Phone 650-766-9338 *E-mail address Jyoti@banyansolutionsinc.com

4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:

   Almost 20 years ago, I started on a journey of conceiving an idea and developing it into a nationwide premier health care solutions service company. During this journey I had the opportunity to work with Hospitals, Health Systems, Medical Groups, Physician Groups and solo Independent Physicians. I learned how to form medical practices and how Government and private insurance carriers work. I used my technical skills and developed an EMR and a Medical Transcription portal. Today, I can proudly say that I have established a successful, nationwide company. Healthcare has given me a wonderful career and I feel humbled that so many patients are impacted by the services my company is providing. Just as importantly to me, I am acutely aware that the livelihoods of my employees, and the well-being of their families, are also sustained by the business I have

created. I think by serving as a member of the El Camino Hospital Board of Directors, I will able to bring equally meaningful contributions to the community by sharing the experience and skills I have gained. I sincerely hope to have the opportunity to do this.

5. Please explain how your background demonstrates your knowledge and experience with the following:

- Complex Market Partnerships
- Long-Range Strategic Planning
- Leader of High Performing Organization, Including Board Level Experience
- Finance/Entrepreneurship

Market Partnerships :

I have worked with hospitals, independent physicians' offices, group practices and negotiated networking contracts with Government (Medicare, Medi-Cal) and private insurance carriers (HMOs, PPOs, IPAs). I have helped physicians to start their practices from first conception. I have helped doctors to transition into and out of hospitals and private practices.

Planning :

I have successfully led my company for 20 years, growing to a nationwide footprint with over 500 doctors, practices and institutions as sustained customers. This was achieved by executing a carefully constructed long term plan.

Leadership :

I am the chairman of my own company's board and I am on the advisory board of 3 startups.

Finance/ Entrepreneurship :

I conceived of and built my own successful medical services company using innovative technology. I have strong knowledge and experience in the area of establishing and sustainably running healthcare practices.

I supervise my clients' Revenue Cycle Management, analyze monthly medical billing reports (Chargemaster, Patient Financial Services, Patient Access, Physician Coding and Billing, Health Information Management)

6. If not addressed in an answer to an earlier question, please describe your experience in the health care industry.

I am the Founder and CEO of Banyan Solutions, Inc.. My company provides medical transcription and medical billing services to over 500 physicians and medical practices all over North America. I have a thorough understanding and technical knowhow of numerous practice management softwares. I help Providers with credentialing and contracting with various insurance companies. I help doctors with group mergers and transitioning from one entity to another. I have helped many of my clients to establish their private practices, including helping them with their business plans, hiring, staff training, setting up policies and procedures, as well as advising what technology/ EMR to use. I have worked with many brands of EMRs. I have expertise in healthcare RCM (Revenue Cycle Management). Working over long periods of time with over 500 physicians has provided me a detailed view of how small and large healthcare

practices operate, how the data flows from the front office to the back office. I fully understand the functions of various 3rd parties, such as clearing houses and insurance carriers. I am very familiar with how the medical claims are generated and proceed. I am of course aware of the significance of the HIPAA regulations.

I have experience negotiating contracts with medical vendors and suppliers.

I successfully drove the credentialing process for an IDTF in the Bay Area with Medicare and other private insurance carriers.

With regard to recovering money from medical insurance, I am completely familiar with how to coordinate the flow of patient data, including eligibility checks, prior authorizations, coding claims generation, processing of EoBs and appeals. I understand the financial cycle and significantly improve the revenues of the practices my company serves.

7. **Please describe your prior Board experience.**

Chairman of the Board of Banyan Solutions Inc. for 20 years– Medical Transcription and Billing company.

Advisory board of Bytesflow Technology for 9 years - Web solutions and Mobile App Solutions company.

Board advisor to 2 startups –Charity Tech Solutions, Inc., - A single platform to manage all your donations (cash, non-cash, appreciated assets and cryptocurrency). CTS provides technology solutions to charitable organizations. CTS uses Blockchain technology to record every transaction.

. Business-In-A-Box – Offers Turn-Key Software packages for starting any online business instantly.

As a Board member and advisor, my attempt has been to steer these organizations towards a sustainable future by adopting sound, ethical, and legal governance and financial management policies, as well as by making sure the organization has adequate resources to advance its mission.

I try to strategically analyze and evaluate a company's business plan and help in setting clear objectives and goals. I guide in developing and sustaining teams that have a deep sense of purpose and commitment to the mission. I help motivate the team members to collaborate, innovate and produce consistently superior results.

8. **Would this position create a conflict of interest with any of your other commitments?**

No.

9. **Are you able to make the necessary time Commitment? (*See*, Position Specification)**

Yes.

10. **Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?**

No.

Jyoti Challi-Robinson
1067 Bryant Way,
Sunnyvale, CA 94087
Ph: 650 766 9338
Jyoti@banyansolutionsinc.com

Jyoti Challi-Robinson, President & CEO, Banyan Solutions, Inc.

PROFESSIONAL SUMMARY

Experienced Chief Executive Officer with more than 2 decades of experience as a leader in the hospital & health care industry.

An entrepreneur with proven expertise starting, running and growing successful businesses. Strong knowledge and experience of how to establish and successfully run healthcare practices.

Innovations include the creation of a novel Medical Transcription Services Portal with a custom EMR and advanced online Medical Billing & Coding Services applications.

Proven domestic and international experience and expertise in Business Administration, Information Technology, Human Resource Management, Medical Coding and Billing as well as Medical Transcription.

Prior experience includes sourcing and securing qualified talent for the clients of an IT consulting firm in Manhattan. Executive head of the HR team for Hyatt Regency's 1,000 employees in New Delhi, and WIMCO's 5,000 employees in India.

SKILLS

Strong knowledge of management, business administration and human resources, combined with an excellent understanding of the role of information technology in enterprise settings.

20 years of healthcare industry experience.

Excellent interpersonal skills.

Proficient in various EMR and Practice Management software.

WORK EXPERIENCE

Founder and CEO of Banyan Solutions Inc. **Nov 2001-Present**

Founded Banyan Solutions, Inc., a Medical Services company. Currently serves as President and CEO. The company has grown by more than 500% over the last 20 years, expanding to serve over 400 medical practices and physicians throughout the US.
Provided both strategic and operational leadership for Banyan Solutions, Inc.
Banyan uses an innovative combination of technology and skilled, specialized human resources to provide independent physicians with superior medical coding and billing services that typically delivers market-beating financial results.
Medical practices that adopt Banyan's services typically experience significant improvement in revenue and substantially shorter time to cash from their Accounts Receivable.
Banyan Solutions, Inc. has also successfully disrupted the Medical Transcription industry with new technology, eliminating 90% of the previous cycle time, which has a direct impact on patient well-being.
Ensured successful launch of new medical practices by securing the necessary credentialing and contracting arrangements as well as training practice managers and configuring the technology platforms.

Past and present customers include:

- City of San Jose
- Santa Clara County, Medical Examiner's Office
- Travis Air Base Medical Center - David Grant Medical Center
- Lucille Packard Children's Hospital
- University Healthcare Alliance
- Community Services Board New Port News, Virginia
- HPH Straub Clinic & Hospital, Hawaii
- Packard Children's Health Alliance
- Palo Alto Medical Foundation
- Verity Medical Foundation
- Pima County Medical Examiner
- Yavapai County Medical Examiner
- Multiple private medical practices- Nationwide

Medical specialties we serve include:

Cardiology, Hematology & Oncology, Nephrology, Neurology, Orthopedic Surgery, Pulmonology, Sleep Medicine, Psychiatry, Endocrinology, Pulmonary Care, Critical Care Medicine, Vascular Surgery, General Surgery

Personally maintained direct relationships with all clients to ensure that the services provided are in lockstep with the evolution and growth of the respective medical practices.

Recruitment Manager, North-bound LLC., New York **Oct 1999 – Oct 2001**
Managed all recruitment and hiring activities. Developed and lead an IT recruiting team. Provided guidance and oversight of hiring, resource management and capacity planning.

Director of Human Resources, Hyatt Regency, New Delhi **Feb 1997 – Sept 1999**
Developed and implemented Human Resources policies, programs, and practices and keep management informed of new developments. Was involved in employee relations, training and development, performance management, benefits and compensation design.

Corporate Human Resource Manager, WIMCO **June 1993 - Jan 1997**
Developed HR policies and coordinated human resources activities, such as employment, compensation, labor relations, benefits, training, and employee services in 5 different states of India.

EDUCATION

Graduate in Environmental Science.
Advanced Diploma in Software Systems Analysis and Design (Software Engineering).
SAP certified (Human Resource Management).

AWARDS

Women of Distinction Award - 2016
Press release: https://www.24-7pressrelease.com/press-release/423349/women-of-distinction-magazine-selects-jyoti-challi-as-a-distinguished-professional-in-her-field

Distinguished Alumni Award – 2017
University of Delhi

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Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.
All applications and supporting materials *must be received* in our office (by US mail or e-mail) no later than 12 noon on February 8, 2019 and may be made publicly available.

Items 1, 2 and 3 are required

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1. *Name Andreas (Andy) M Kogelnik

2. *Residence address 1143 Webster St, Palo Alto, CA 94301

3. *Phone 650-433-8930 x3001 *E-mail address andy@openmedicineinstitute.org

4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors:

I am a long-standing member of the medical staff at ECH and a physician-scientist who is passionate about fixing the broken systems that we have created in healthcare. I left Stanford 8 years ago to found a non-profit and a community benefits corp in the ECH community precisely because the ECH community was an ideal institution and community from which to improve medicine in this community and beyond.

5. Please explain how your background demonstrates your knowledge and experience with the following:

   - Complex Market Partnerships

- Long-Range Strategic Planning
- Leader of High Performing Organization, Including Board Level Experience
- Finance/Entrepreneurship

As CEO of Open Medicine Institute (OMI) and several other successful organizations prior to OMI, I've learned first hand how to deal with partnerships, planning and beyond. OMI is a collaborative organization by nature and as of Jan 2019 runs the largest and pre-eminent biomed/tech incubator in the US (just down the road from ECH) among other things. Each company that we deal with in the Collaboratory as well as with companies that I have looked at as part of Life Sciences Angels, all have to address each of the above items to successfully grow as an organization.

6. If not addressed in an answer to an earlier question, please describe your experience in the health care industry.

As above. I am a practicing physician. I am one of only a dozen or so practicing physicians in the US with a doctoral degree in computer science/BE. I run an active clinical research organization and I review and invest in many health related companies.

7. Please describe your prior Board experience.

CEO and Chair of the Board of OMI, Previously Board member at three non-profits. Previously Board and Chair of Flexis, Inc (health IT company) - acquired in 2009

8. Would this position create a conflict of interest with any of your other commitments?

I don't think so.

9. Are you able to make the necessary time Commitment? (*See*, Position Specification)

Yes

10. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check?

No.

Andreas M. Kogelnik, M.D., Ph.D.
319 N. Bernardo Ave, Mountain View, CA 94043
2500 Hospital Drive – Building 2, Mountain View, CA 94040
andy@openmedicineinstitute.org *(650) 433-8930 x3001*

EDUCATION & TRAINING:

Stanford University, Medical Informatics, Stanford, California,
Research Scientist - with Dr. Atul J Butte. Feb 2008 - Oct 2008.

Stanford University, Department of Microbiology and Immunology, Stanford, California,
Postdoctoral Fellow. Mentors: Drs EJ Baron, AJ Butte and S Falkow July 2004 – Oct 2008.

Stanford University Hospitals, Division of Infectious Diseases, Stanford, California,
Clinical Infectious Diseases Fellowship. Director: Dr. J.G. Montoya. July 2002-June 2005.

Stanford University Hospitals, **Department of Medicine**, Stanford, California,
Internal Medicine Residency. Director: Dr. K. Skeff. June 2000-June 2002.
Licensed to practice medicine in the State of California.

Georgia Institute of Technology - College of Engineering, Atlanta, Georgia,
Ph.D. Bioengineering - June 1994 - June 1998. Advisors: Dr. D.C. Wallace and Dr. S.B. Navathe.

Emory University - School of Medicine, Atlanta, Georgia,
M.D. - Medical Scientist Training Program (M.D./Ph.D.) - July 1992-December 1999.

University of Virginia, Charlottesville, Virginia,
B.A. Biology, B.A. Psychology, Minor: Oriental Languages - Japanese. May 1991.

Harvard University, Cambridge, Massachusetts,
Graduate work in Biochemistry & Graphical User Interfaces. August 1991 - January 1992.

Hokkaido International Foundation, Hakodate, Hokkaido, Japan,
Japanese Language and Civilization Summer Exchange Program, Summer 1990.

CLINICAL EXPERIENCE:

Open Medicine Clinic, Mountain View, California.
Internal Medicine/Genomic Medicine/Infectious Diseases Attending Physician. Clinic network seeing difficult to diagnose and treat diseases. 2009-present

El Camino Hospital, Mountain View, California.
Internal Medicine/Infectious Diseases Staff Physician: Internal Medicine and Infectious Diseases practice including inpatient and outpatient clinic, travel medicine and infusion center. 2005-present.

Apollo Clinic, Mountain View, California.
Infectious Diseases/Immunology Physician: local ID practice for inpatient infectious diseases. 2005-2007.

California Pacific Medical Center, San Francisco, California.
Infectious Diseases Staff Physician: coverage for local ID practice for inpatient infectious diseases. 2005-2007.

St. Luke's Hospital/Medical Center, San Francisco, California.
Internal Medicine/Infectious Diseases Staff Physician: locums tenens coverage for local IM and ID practice including hospital epidemiology and inpatient and outpatient infectious diseases. 2004-2007.

Veterans Administration Palo Alto Healthcare System, Palo Alto, CA.
Internal Medicine Staff Physician: provided internal medicine in-house coverage. 2003-2008

Stanford University Hospitals, Stanford, California.
Infectious Diseases Fellow: includes Stanford, Palo Alto VA, San Mateo Medical Center and Santa Clara Valley Hospitals inpatient wards and outpatient continuity clinics. 2002-2005.
Internal Medicine Resident: includes Stanford, Palo Alto VA, and Santa Clara Valley Hospitals inpatient wards and outpatient continuity clinics. 2000-2002

Emory University Hospitals, Atlanta, Georgia.
Medical Student: Includes: Grady Memorial Hospital, Emory Hospital and Atlanta VA inpatient wards and outpatient continuity clinics. 1998-2000.

Grady Hospice, Atlanta, Georgia.
Volunteer. Provided support and friendship to terminally ill patients.

Landeskrankenhaus (State Hospital) - Institute for Radiotherapy, Salzburg, Austria.
Farmulant (volunteer medical apprentice/intern). Worked hand-in-hand with physicians diagnosing patients and assessing treatments in a radiotherapy (radiation oncology) clinic. January 1992 - February 1992.

MANAGEMENT/ BIOTECH EXPERIENCE:

Open Medicine Institute, Mountain View, California.
Founder & CEO. Founded and led a community-based, multidisciplinary, translational medicine clinical research institute offering clinical, laboratory, and cutting edge molecular and information technology services; consulting, informatics and research into health information exchange and quality improvement. Sept 2008 - present.

OMI - Collaboratory, Mountain View, California.
Founder & CEO. Conceived of and executed the largest and pre-eminent applied biomedical incubator facility including Class A office and lab space, BSL2 and BSL3 lab space, a vivarium, and a GMP lab. Houses 30 biomed related companies in a 104,000 sq foot facility in Silicon Valley. Nov 2018-present.

Fogarty Institute for Innovation, Mountain View, California.
Advisory Board. Advisory board member for innovative incubator/research program. Mar 2010 - present.

Genomic Medicine Institute, El Camino Hospital, Mountain View, California.
Advisory Board. Founding advisory board member for personalized medicine program. Mar 2009 - 2013.

Counsyl, Inc, Redwood Shores, California
Advisor/Consultant. Participated in product development and scientific evaluation for a novel, molecular, pre-natal diagnostic screening test. Jun 2009 - 2012.

Lucille Packard Children's Hospital/Stanford University, Palo Alto, California.
Informatics Project Lead/Research Scientist. Led quality improvement implementation integrating clinical data sources (including EMR) and developing machine learning algorithms to predict (and prevent) rapid response team calls in the inpatient setting. A collaboration with the Hewlett-Packard Company. Feb 2008 - Oct 2008.

Flexis, Inc., Palo Alto, California.
Founder and CEO. Led corporate strategy for a health information exchange company. Helped design and implement the Online Medical Information Exchange, a multi-regional system for sharing clinical and research data between health care providers at multiple institutions. Interfaced with many hospitals, IPAs, health plans and IT vendors to implement data interfaces. 1997 – 2010.

Epocrates, Inc., San Mateo, California.
Managing Editor/Consultant. Directed specific product development for clinical IT resource. 2004-2011.

Marine Biological Laboratory/Woods Hole Oceanographic Institution, Woods Hole, Massachusetts.
Network Manager. Led institutional strategy and implementation of a network expansion and new construction. Created an institutional LIS. Managed technical and user support teams. August 1991 - July 1992.

University of Virginia, Academic Computing Center, Charlottesville, Virginia.
Programmer/Analyst. Provided assistance to users on PRIMOS, UNIX (3B, SUN, & IBM RS6000), VAX, IBM 3090, and CDC Cyber computer systems and university networks. Aided users in debugging C, Fortran, and Pascal programs & UNIX shell scripts. 12-20 hours/week. August 1989 - August 1991.

Softronics Corporation, Red Bank, New Jersey**.**
Programmer. Organized and updated company software, wrote programs to meet company needs in accounting and database management. Summer 1988.

RESEARCH EXPERIENCE:

Informatics/Translational Medicine: Open Medicine Institute Patient/Provider Registry. 2008. Founded a provider & patient network to support community-based translational research & molecular diagnostics research & drug discovery, including RNA/DNA microarrays, proteomics & other biotechnologies. Sept 2008 - present.

Informatics/Molecular Medicine: with Drs. EJ Baron and S Falkow (**Stanford**). Designed and implemented two informatics-focussed diagnostic research studies.

1) Implemented a hospital-wide informatics-based antibiotic oversight system with prospective and retrospective review as well as directed physician feedback on antibiotic selection. September 2003 – 2008.
2) Developing a rapid molecular diagnostic for infection through the discovery of a human genetic host-response signature to infection with *S. epidermidis* and other pathogenic organisms. Collaboration with Roche Molecular Diagnostics and Cepheid Inc.. July 2003 – 2008.

Infectious Diseases/Immunology/Virology: with Dr. JG Montoya (**Stanford**). Discovered a novel indication for valganciclovir., Designed and implemented a clinical trial for valganciclovir as a treatment for Chronic Fatigue Syndrome of viral origin (Roche Pharma sponsored). 2003-2008.

Bioinformatics /Molecular Medicine: with Dr. DC Wallace (Emory University) & Dr. SB Navathe (Georgia Tech) Ph.D. Research. Human Genome Databases. Developing novel methods for storing and analyzing scientific data using computers - specifically anthropological, clinical, research/microarray, and basic science data of the human mitochondrial genome. The project was affiliated with the Human Genome Project. July 1994 - 1998.

Medical Informatics: with Steve Foote (Woodruff Health Sciences Center Library of Emory University). MedWeb Co-Developer. Developed the largest Internet index of health sciences related information on the WWW. June 1995 - December 1997.

Human genetics: with Dr. S. Warren (Emory University & Howard Hughes Medical Institute) M.D./Ph.D. Rotation. Examined the distribution of the *fmr1* gene product (implicated in Fragile X Syndrome) in the human body. May 1993 - September 1993.

Medical Informatics: with Dr. Donald Lindberg & Dr. Homer Warner (MBL/WHOI Library & the National Library of Medicine[NLM]). Instructor. Trained at NLM. Provided technical support to course instructors. March 1992 - August 1992/1993.

HONORS & AWARDS

U.S. Public Health Service *National Research Service Award* - **National Library of Medicine/National Institutes of Health** – Postdoctoral Fellowship in *Applied Medical Informatics*. 2004-2007.
Georgia Tech Alumni Association *Student Leadership Award*, 1996.
U.S. Public Health Service *National Research Service Award* - **National Library of Medicine/National Institutes of Health** – Predoctoral Fellowship in *Applied Medical Informatics*. 1994-7.
Emory University - *Helen Miller Scholarship*. 1993.
National Institutes of Health - *Medical Scientist Training Program (MSTP) Trainee*. 1992-94, 97-98.

SKILLS:

Languages: English & German (native), French (8+ yrs), Japanese (4 yrs), Spanish (3 yrs) Arabic (1+ yrs).
Computer skills: Pascal, Assembly, BASIC, Scheme, C, C++, perl, X, Ruby, Rails, UNIX, Linux. MS-DOS, VM/CMS, PRIMOS, SunOS, Solaris, PIXAR, IRIX, MacOS, Z39.50, HTML/SGML, TCP/IP, Javascript, HL7.
EMR/Health information platforms: IDX Carecast, Cerner Millenium, Epic, Eclypsis, eClinicalWorks, NextGen, Siemens, Phillips CareVue, PracticeFusion, Allscripts, Office Ally, OMIE, Stentor, Medical Manager, and others.

CITIZENSHIP: United States, Austria

PUBLICATIONS: Knox K, Carrigan D, Simmons G, Teque F, Zhou Y, Hackett J Jr, Qiu X, Luk KC, Schochetman G, Knox A,

Kogelnik AM, Levy JA. No evidence of murine-like gammaretroviruses in CFS patients previously identified as XMRV-infected. Science. 2011 Jul 1;333(6038):94-7.

Kogelnik, AM. Loomis K, Hoegh-Petersen M. Rosso F. Hischier C. Montoya JG.
Use of valganciclovir in patients with elevated antibody titers against Human Herpesvirus-6 (HHV-6) and Epstein-Barr Virus (EBV) with central nervous system dysfunction and long-standing fatigue.
Journal of Clinical Virology. 37(S1):S27-S32 2006 Dec.

Miller TM, **Kogelnik AM**, Olney RK.
Proposed modification to data analysis for statistical motor unit number estimate.
Muscle Nerve. 2004 May;29(5):700-6.

Chen, YS. Olckers A. Schurr TG. **Kogelnik AM**. Huoponen K. and Wallace DC.
Mitochondrial DNA Variation in the South African !Kung and Kwhe and Their Genetic Relationships to Other African Populations.
Am J Hum Genet. 2000 Apr;66(4):1362-83. Epub 2000 Mar 28.

Starikovskaya YB, Sukernik RI. Schurr TG. **Kogelnik AM**. and Wallace DC.
Mitochondrial DNA Diversity in Chukchi and Siberian Eskimos: Implications for the Genetic History of Ancient Beringia and the Peopling of the New World.
Am J Hum Genet. 1998 Nov;63(5):1473-91.

Kogelnik AM. Lott MT. Brown MD. Navathe SB. Wallace DC.
MITOMAP: using the GENOME information system.
Nucleic Acids Research. 26(1):188-90, 1998 Jan 1.

Kogelnik AM. Navathe SB. Wallace DC.
GENOME: a networked database environment for human genome data.
S. Miyano & T.Takagi, eds. In *Genome Informatics 1997*. 207-214, 1997.

Kogelnik AM. Lott MT. Brown MD. Navathe SB. Wallace DC.
MITOMAP: an update on the status of the human mitochondrial genome database.
Nucleic Acids Research. 25(1):196-9, 1997 Jan 1.

Brodfuehrer PD. **Kogelnik AM**. Friesen WO. Cohen AH.
Effect of the tail ganglion on swimming activity in the leech.
Behavioral & Neural Biology. 59(2):162-6, 1993 Mar.

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Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 8 additional pages (10 single-sided pages total) of supporting materials, including extended answers to questions contained in the application.
All applications and supporting materials *must be received* in our office (by US mail or e-mail) no later than 12 noon on February 8, 2019 and may be made publicly available.

Items 1, 2 and 3 are required

1. *Name JEFFREY M. DAVIS
2. *Residence address 519 WEST PORTOLA AVENUE
3. *Phone *E-mail address 650-291-5297 / 67JEFF@COMCAST.NET
4. Please provide the reasons for your interest in serving as a member of the El Camino Hospital Board of Directors: I am committed to endeavoring the delivery of high quality care to the people being served by the El Camino Health District. The best way that I can do that is by participating as a Board member of the El Camino Hospital

5. Please explain how your background demonstrates your knowledge and experience with the following:

- Complex Market Partnerships
- Long-Range Strategic Planning
- Leader of High Performing Organization, Including Board Level Experience
- Finance/Entrepreneurship

I have been a physician in the Bay Area for many years (as a medical director for the Santa Clara Medical Group and Kaiser Permanente). In the leadership roles I was responsible for the operations of large medical delivery programs, improving the quality of care. In addition, an important of these roles involved organizational strategy development and collaborative decision making

6. If not addressed in an answer to an earlier question, please describe your experience in the health care industry. After a few years of clinical practice I moved into progressive roles of physician leadership. Initially as an associate and then senior medical director for a medical health plan. This led to the position of chief medical officer for a large, integrated medical in San Jose and later as a national medical director in Kaiser Permanente overseeing a number of their population health initiatives. I currently work as a senior health consultant with Willis Towers Watson supporting health strategies for large employers

7. Please describe your prior Board experience.

I have served two terms as a board member for the El Camino Hospital Board

8. Would this position create a conflict of interest with any of your other commitments?

No

9. Are you able to make the necessary time Commitment? (See, Position Specification)

Yes. My records that I have an excellent attendance record for my committee and Board meetings (~ 90%)

10. Are there any civil, employment related, or criminal incidents in your background that we may uncover in a reference or back ground check? No

Jeffrey M. Davis, MD, MPH

519 W. Portola Drive
Los Altos, CA 94022
67jeff@comcast.net
650-291-8297

Summary

I am a physician executive with twenty years of both academic and health care management experience focused around provider group practice/pharmacy management, physician IT decision support, patient education, quality improvement and the development and implementation of disease management/population health programs and health consulting in the large employer segment. I also possess significant experience in leading national business development and consultative sales efforts.

Professional Experience

WILLIS TOWERS WATSON 2017 - present
San Francisco, CA
Senior Director, Health and Benefits Practice

Physician consultant for the west coast health and benefits consulting practice. I am responsible for 1) providing clinical insight and perspective in the assessment of health benefits for the large employer segment (>3,000 lives); 2) leading clinical audits to evaluate health plan performance, condition-specific point solutions, and population-based care management programs as well as 3) providing direct medical/operational support to Cisco as their Corporate Medical Director

xG HEALTH SOLUTIONS/GEISINGER HEALTH SYSTEM 2013 - 2016
Baltimore, MD/Danville, PA
Senior Medical Director

Responsible for supporting the clinical consulting and implementation of xG's products/services that facilitate a care delivery system's transition from a volume-based to a performance-based, accountable care organization. These products/services are based on the successful integrated health/population health management models developed by the Geisinger Health System located in Danville, PA and are focused around three major areas:

- The establishment of Advanced Patient-Centered Medical Homes
- The employment of population health management analytics to drive strategy and actionable care delivery interventions
- Consultation around primary care redesign to improve operational efficiencies

KAISER PERMANENTE, Oakland, CA 2006 - 2013
Chief Medical Officer, Avivia Health, Kaiser Permanente

Hired to quickly grow a new, wholly-owned subsidiary of Kaiser Permanente that focused on population health/disease management services for large employers and regional health plans. Responsible for clinical validity of care management programs, physician engagement/support and development of company's product roadmap. I also had a major role in sales/business development efforts. After five years, Avivia Health had grown to 1,000,000 plus participants and had developed key programs in Health and Wellness, Health and Productivity Management and Pharmacy to complement the company's core chronic care/disease management offering.

Medical Director, National Consultant Relations 2011 - 2013
Kaiser Permanente National Accounts

Starting in 2011, also assumed part-time role of Medical Director for National Sales and Account Management. Responsibilities included formulating sales strategies for largest prospective national accounts (> 3000 employees in multiple regions), support of current national account relationships and representing Kaiser Permanente in national conferences/forums. This additional new role was created to:

- Synthesize the perspective of the market for KP executive leadership to help shape go-to-market strategies;
- Provide a clinical leadership voice to the market in order to advance prospective sales;
- Influence and promoted Kaiser Permanente's integrated delivery system to large national customers and consulting firms
- Lead efforts to ensure integration of medical best practices to the overall leadership of National Accounts Sales and Consultant interactions.

LIFEMASTERS SUPPORTED SELFCARE INC., South San Francisco, CA 1997 - 2006
Chief Medical Officer

Responsible for development and implementation of all medical policies and procedures.

- Ensured validation and accuracy of all clinical content
- Acted as organizational liaison with provider community
- Chaired Quality Council
- Overviewed contractual clinical performance guarantees and outcome analysis
- Co-developer of our Active Intervention Model (AIM) – a new clinical decision-support, software application that was developed to support the nurse interaction with participants and outcomes reporting
- Overviewed clinical reporting process for customers
- Achieved full three year physician- patient NCQA disease management accreditation in 2002

Vice President, Medical Affairs and National Client Relations 2004 - 2006

Major responsibility was for business development/sales process of company's care management/disease management services.

- Contributed to reorganization of company into major market segments: commercial and government
- Overviewed and supported four Regional Vice Presidents of Business Development across the country
- Provided medical/clinical program support for all client implementations
- Responsible for surveillance of national market trends/competitive products and identification of emerging customer need
- Contributed to development of new business markets: 1). Direct-to-employer and Taft Hartley union contracts in the commercial sector and 2). partnerships with Medicaid managed care organizations in the government sector
- Major contributor to doubling of revenue run rate in 2004 (23 million dollars to 45 million dollars) and 2005 (45 million dollars to 89 million dollars). Projected revenue run rate at end 2006 expected to be approximately 140 million dollars.

Chief Privacy Officer 2000 - 2004

Responsible for the development/implementation of federal HIPAA-related privacy policies in company

- Chaired interdisciplinary HIPAA privacy steering committee
- Ensured full HIPAA privacy compliance of company through the development of comprehensive policies and procedures and annual training of staff
- Reviewed and signed-off on all business associate agreements for new customers

SANTA CLARA FAMILY HEALTH PLAN, SAN JOSE, CA 1996 – 1997
Chief Medical Officer

Hired to implement and lead medical management operations of newly created Medicaid managed care health plan for Santa Clara County. Responsible for putting in place quality oversight programs, building utilization and case management teams, and developing the health plan's provider network. Worked closely with Santa Clara Valley Medical Center to expand safety net services for the Medicaid eligible and uninsured population of the county.

SAN JOSE MEDICAL GROUP, SAN JOSE, 1995 – 1996
Senior Vice President and Chief Medical Officer

Responsible for all of the medical management/clinical operations of large multispecialty medical group (350 employed physicians) and multiple wrap-around IPA's (1200 physicians)

- Reported directly to CEO and Board of Directors
- Contributed to the strategic direction of the medical group as part of executive team
- Overviewed all medical management operations of group - utilization review, case management, pre-authorizations, pharmacy management, credentialing and quality
- Chaired P&T Committee

- Implemented an electronic pharmacy ordering system
- Responsible for all physician staffing and hiring
- Medical group generated a revenue run rate of approximately 15 million dollars and took medical/pharmacy delegated risk for over 140,000 commercial and senior members

METLIFE/METRA HEALTH/UNITED HEALTH CARE 1993 - 1995
Senior Medical Director

Responsible for medical management of the POS and PPO product lines that provided coverage for greater than 500,000 member lives

- Overviewed day-to-day medical management activities of western region customers
- Led medical management team for key large national accounts such as American Airlines and Disney.
- Created new case management unit for POS/PPO products
- Contributed to nearly 100% growth in POS product(from 200,000 lives to over 375,000 lives)
- Clinical Associate Professor, Department of Pediatrics, University of California Irvine School of Medicine

FHP HEALTH PLAN, ANAHEIM, CA 1990 - 1992
Medical Director, FHP

Responsible for the medical management and quality activities of the largest clinical campus in the FHP staff model delivery system

- Overviewed both the commercial and senior lines of business
- Responsible for the medical management activities of over 60 primary care physicians and 30 specialist physicians
- Worked with Campus operations managers to achieve business/financial goals
- Clinical Associate Professor, Department of Pediatrics, University of California Irvine School of Medicine

UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE / NEW MEXICO STATE HEALTH DEPARTMENT, ALBUQUERQUE, NM 1985 – 1989
Adjunct Associate Professor, Department of Pediatrics (Medical Genetics)

Responsible for statewide satellite genetics clinic program

- Provided direct clinical genetics services in weekly, university-based genetics clinic as well as hospital-based consultation services
- Bureau Chief, Family Health Services
- Responsible for the public health/regulatory management of several statewide programs including maternal and child health, adolescent health, immunizations, chronic care and family planning. Awarded several, multi-year HHS SPRANS grants (Special Projects of Regional and National Significance) including a "University-State Health Department Model for Mental Retardation Services (MC135037)" and the "Development of a Model system of Nutrition Services for Children with Disabilities

Education

Pepperdine University, Long Beach, CA: attended first year of executive MBA program

University of California, Berkeley, CA: MPH

Moffitt Hospital, University of California Medical Center, San Francisco, CA/ University of Washington Medical Center, Seattle, WA Medical Genetics Fellowship:

Moffitt Hospital, University of California Medical Center/Kaiser Medical Center, San Francisco, CA: Pediatric Residency

Columbia College of Physicians & Surgeons, New York, NY: MD,

Princeton University, Princeton, NJ: AB/Undergraduate Fellow, Woodrow Wilson School of International and Public Affairs

Professional Certifications and Licensure

Active, unrestricted medical licensure: **California, G34470**
Specialty Board Certification: **Pediatrics**
Specialty Board Certification: **Medical Genetics**

Selected Presentations

Population-Based Diabetes Management: The Importance of Self-Monitoring in Improving Clinical and Financial Outcomes.
J.M. Davis and D. Newell. Presented at the AAHP Building Bridges VIII Conference, April 10-11, 2002, Long Beach, Calif.

The Management of Comorbidities in Disease Management
J.M. Davis. Presented at the 15th National Managed Health Care Congress, March 12-15, 2003, Washington, DC

The Importance of Participant Self-Reporting via the Web or IVR in Improving Clinical and Financial Outcomes for a Diabetes Population
D. Pyle, J.M. Davis, R.D. Newell et al. Presented at the 4th Diabetes Technology Conference, November 7-8, 2003, San Francisco, CA

Moving Medicine to Greater Improvements in Diabetes Care
J.M. Davis. Presented to the Diabetes Disease Management 2008 Conference, December 3-5, 2008,
Orlando, Fl.

Health and Productivity – A Kaiser Permanente Perspective, J.M. Davis. Presented to the 2010 Lockton Clients Conference, June 23-24, 2010, Kansas City, MO

Health and Productivity in the Workforce: Tips & Tools to Drive Measurable Results
J.M. Davis. Presented to the 2011 Conference Board Employee Health Care Conference meeting, March 3-4, 2011, New York City

The Metabolic Syndrome – What Employers Can Do to Reverse Decreased Productivity and Increasing Costs
J.M. Davis and C. Stenzel, Presented to the 2011 Annual Employer Benefits Forum, September, 25-27 2011, Dallas, TX

Moving to a Culture of Health
J.M. Davis. Presented at Plenary Session of the World Congress 2nd Annual Executive Conference on Culture of Health, October 17-18, 2011, Chicago, IL

Publications

Comprehensive School-Based Teen Centers
Western Journal of Medicine 144.5:625-626, 1986, J.M. Davis and J.G. DeVaney

The New Mexico Sealant Program: A Progress Report
Journal of Public Health Dentistry 53:3: 145-149, 1986. J.J. Calderone and J.M. Davis

Coordinating an Effective Asthma Program
Continuing Care Jan/Feb, 2002, J.M. Davis, C. Gershtein and B. Zajac

Screening for Depression in Patients with Chronic Medical Illness.
Disease Management Health Outcomes 11(6):1, 375-379, 2003, JM Davis and CM Gershtein

Whole Person Health for the Whole Population – One Year Evaluation for Health Coaching.
The Permanente Journal. Volume 11, Number 4, 2007, M. Licht, JM Davis et al

Patent Pending

"Systems and Methods for Evaluating Patient-Specific Information and Providing Patient Management Recommendations for Healthcare Providers" Pending – Serial #10/042,766

Professional Activities

Board Member, El Camino Hospital, Mountain View, CA	2012 - Present
Board Member, Care Continuum Alliance, Washington, DC	2010 - 2012
Member, Editorial Board of Population Health Journal, Philadelphia, PA	2008 - Present
Founding Fellow, American College of Medical Genetics,	1993 - Present

DRAFT

EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2019-03

WHEREAS, there is a "2012 Director" seat on the Board of Directors of El Camino Hospital with a term expiring on June 30, 2019; and

WHEREAS, pursuant to the Bylaws of El Camino Hospital, the El Camino Healthcare District, the sole voting Member, has the right to nominate and elect all members of the Board of Directors of El Camino Hospital; now, therefore, be it

RESOLVED, that the nominations be closed and that a unanimous ballot be cast in favor of the individual named below for election as Director of El Camino Hospital for a term to commence July 1, 2019 with an initial term of office as set forth below:

NAME	**TERM OF OFFICE**
_____	**Expiring on June 30, 2022**

DULY PASSED AND ADOPTED at a Regular Meeting held on May 21, 2019, by the following votes:

AYES:

NOES:

ABSENT:

ABSTENTIONS:

_____
John Zoglin
Secretary, El Camino Healthcare District

DRAFT

EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2019-04

WHEREAS, there is a vacancy on the Board of Directors of El Camino Hospital; and

WHEREAS, pursuant to the Bylaws of El Camino Hospital, the El Camino Healthcare District, the sole voting Member, has the right to nominate and elect all members of the Board of Directors of El Camino Hospital; now, therefore, be it

RESOLVED, that the nominations be closed and that a unanimous ballot be cast in favor of the individual named below for election as Director of El Camino Hospital for a term to commence immediately with an initial term of office as set forth below:

NAME	**TERM OF OFFICE**
_____	**Expiring on December 4, 2020**

DULY PASSED AND ADOPTED at a Regular Meeting held on May 21, 2019, by the following votes:

AYES:

NOES:

ABSENT:

ABSTENTIONS:

_____
John Zoglin
Secretary, El Camino Healthcare District

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Cecile Currier, VP Corporate and Community Health Services and President CONCERN, EAP - Barbara Avery, Director Community Benefit
Date: May 21, 2019
Subject: FY20 Grant Proposal Review

Purpose: To inform the Board on the FY20 grant application summaries.

Summary:

1. Situation: Present and review FY20 grant proposals

2. Authority: Board request for Study Session to review and discuss FY20 grant applications

3. Background:

- **FY20 Proposal Overview:**
  - Applications: 59
  - Requested funding: $8,779,142
  - Funds available/recommended: $6,920,000
  - Variance: $1,859,142
  - ECH and ECHD combined: 120 proposals totaling nearly $14M
- **Proposals:** Summaries developed by staff based on assessment of all application documents. Funding recommendations reflect the consensus of the Community Benefit Advisory Council. Summaries include:
  - Grant goal
  - Community needs
  - Delivery sites
  - Services
  - Metrics and targets
  - Funding and performance history
  - FY20 recommended amounts
- Largest proposal **requests** ($200k or more): 13 proposals totaling 65%, or $5,702,452 of requested amount of $8.8M
- Largest proposals **recommended** ($200k or more): 12 proposals totaling 62%, or $4,321,174 of available funds of $6.92M. Proposal programs include:
  - Safety-net clinics
  - School nurse and mental health counseling programs
  - Hospital-operated community programs

4. Assessment: N/A

5. Other Reviews: The Community Benefit Advisory Council (CBAC) reviewed and discussed FY20 applications. Consensus was reached on recommended funding and is reflected on each Proposal Summary and the Proposal Index.

6. Outcomes: Provide any additional information to the Board about the FY20 applications.

List of Attachments:

1. FY20 Proposal Index and Summaries

Suggested Board Discussion Questions: N/A

Community Benefit
FY20 Proposal Summaries

The FY20 Community Benefit Proposal Summaries include:

Proposal Index:

- Submitted proposals listed alphabetically by agency and health priority area
- Page number for each Summary
- Program new to District versus existing program
- Dual-funding requested (ECHD and ECH)
- Requested Amount/CBAC Recommended Amount
- FY19 grant amount for current grantees

Staff prepared individual Proposal Summaries for all submitted applications containing:

- Program title
- Grant goal
- Community need addressed
- Agency description & address
- Program delivery site(s)
- Services funded by grant/how funds will be spent
- FY20 funding requested and CBAC recommendation
- Funding history and metric performance, if applicable
- Dual funding information, if applicable
- FY20 proposed metrics

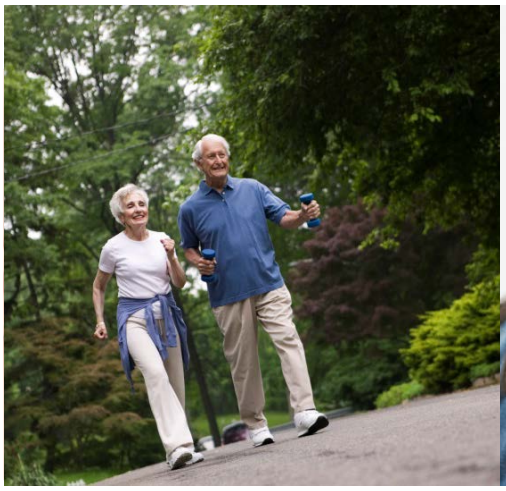
El Camino Healthcare District FY20 Proposals - CONFIDENTIAL

Priority Area	Agency	Page Number	New	Do not fund (DNF)	Dual funding	Request/ Recommendation	FY19 Approved
Healthy Body							
HB	Canopy	2	X	X		$77,085/DNF	N/A
HB	Community Services Agency	4				$237,760/$235,000	$ 200,000
HB	Cupertino Union School District - School Nurse	6			X	$81,921/$81,921	$ 87,842
HB	Fresh Approach	8				$115,812/$93,000	$ 92,704
HB	GoNoodle, Inc.	10			X	$36,000/$36,000	$ 36,000
HB	Health Mobile - Dental Services	12				$150,000/$150,000	$ 150,000
HB	Healthier Kids Foundation - DentalFirst and Hearing First	13			X	$45,000/$40,000	$ 40,000
HB	Living Classroom	15			X	$100,000/$78,000	$ 88,000
HB	Magical Bridge Foundation	17				$50,000/$20,000	$ 150,000
HB	MayView Community Health Center	19				$1,295,656/$1,200,000	$ 1,007,000
HB	Medical Respite	22			X	$80,000/$80,000	$ 80,000
HB	Mountain View Whisman School District - School Nurse	24				$309,777/$240,000	$ 206,777
HB	New Directions	26				$180,038/$180,000	$ 180,038
HB	Pathways Home Health & Hospice	28				$70,000/$60,000	$ 55,000
HB	Planned Parenthood Mar Monte	30				$225,000/$225,000	$ 125,000
HB	Playworks, Education Energized	32			X	$216,034/$216,034	$ 242,500
HB	Santa Clara Valley Medical Center - Homeless Health Van & Adult Dental	35				$1,538,198/$700,000	$ 1,075,000
HB	Silicon Valley Bicycle Coalition	38	X			$30,000/$25,000	N/A
HB	Sunnyvale School District	40				$287,000/$282,000	$ 287,000
HB	Teen Health Van - (Lucile Packard Foundation)	42				$118,098/$95,000	$ 95,000
HB	Vista Center for the Blind and Visually Impaired	44			X	$40,642/$30,000	$ 24,921
Healthy Mind							
HM	Acknowledge Alliance	46				$60,000/$50,000	$ 50,000
HM	Avenidas	48				$52,000/$52,000	$ 50,000
HM	CHAC (Community Health Awareness Council)	50				$285,755/$280,000	$ 280,000
HM	Law Foundation of Silicon Valley	53				$70,000/$60,000	$ 65,000
HM	Los Altos School District - School Mental Health Counseling	55				$150,000/$100,000	$ 100,000
HM	Mission Be, Inc.	57				$40,000/$25,000	$ 25,000
HM	Momentum for Mental Health	59			X	$268,140/$268,140	$ 268,000
HM	Mountain View Los Altos High School District - Mental Health Counseling	61				$160,000/$160,000	$ 160,000
HM	NAMI Santa Clara County	63				$100,000/$75,000	$ 90,000
HM	National Center for Equine Facilitated Therapy (NCEFT)	65	X	X		$40,000/DNF	N/A
HM	YWCA Silicon Valley	67	X			$75,000/$65,000	N/A
Healthy Community							
HC	American Heart Association - Hypertension Initiative	69				$161,251/$110,000	$ 103,000
HC	Caminar	71				$50,000/$50,000	$ 50,000
HC	Chinese Health Initiative	73			X	$294,132/$235,000	$ 250,000
HC	Farewell to Falls - Stanford Health Care - Trauma Injury Prevention	75				$31,800/$31,800	$ 26,600
HC	Health Library & Resource Center, Mountain View	77			X	$270,000/$210,000	$ 250,000
HC	Maitri - Domestic Violence Victim Support	79				$60,000/$50,000	$ 50,000
HC	Next Door Solutions to Domestic Violence	81	X	X	X	$25,000/DNF	N/A
HC	Rebuilding Together Peninsula	83				$100,000/$78,000	$ 75,000
HC	RoadRunners Transportation	85				$275,000/$230,000	$ 250,353
HC	South Asian Heart Center, El Camino Hospital	86			X	$200,000/$160,000	$ 180,000
HC	Sunnyvale Community Services - Social Work Case Management	88				$87,100/$85,400	$ 85,400
HC	Sunnyvale Community Services - Comprehensive Safety Net Services	91				$100,000/$65,000	$ 100,000
HC	Sunnyvale Community Services - Coordinated Services for Homebound Clients	94	X			$67,944/$67,944	N/A
HC	The Health Trust	96				$120,000/$60,000	$ 78,000
HC	YMCA of Silicon Valley	98				$75,000/$70,000	$ 75,000
SUPPORT (SMALL) GRANTS ($25,000 or less)							
HB	Palo Alto Medical Foundation - 5210 Program	100			X	$25,000/$25,000	$ 15,000
HB	Bay Area Women's Sports Initiative - BAWSI Girls	102			X	$21,000/$19,500	$ 19,000
HB	Bay Area Women's Sports Initiative - BAWSI Rollers	104			X	$19,000/$15,000	$ 17,500
HB	Breathe California of the Bay Area - Seniors Breathe Easy	106			X	$25,000/$20,000	$ 25,000
HB	Columbia Neighborhood Center	108	X			$24,945/$24,500	N/A
HB	Day Worker Center of Mountain View	110				$25,000/$25,000	$ 25,000
HB	Hope's Corner, Inc.	111				$25,000/$25,000	$ 25,000
HB	Parkinson's Institute and Clinical Center	112	X	X		$25,000/DNF	N/A
HM	Eating Disorders Resource Center	114				$20,000/$20,000	$ 20,000
HC	Friends for Youth	116		X		$25,000/DNF	$ 20,000
HC	Matter of Balance - Stanford Health Care - Trauma Injury Prevention	118				$17,054/$15,500	$ 14,330
HC	Mountain View Police Department Youth Services Unit	120				$25,000/$25,000	$ 25,000

Financial Summary	
Total Requested:	$ 8,779,142
Total Funds Available:	$ 6,900,000
Total Recommended:	$ 6,899,739
Variance Between Funds Available and Recommended:	$ (261)

Community Benefit Proposal Summaries

Fiscal Year 2020



Dedicated to improving the health and well-being of the people in our community.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Canopy NEW

Program Title and Requested Amount	Mountain View Healthy Trees, Healthy Communities / $77,085
Grant Goal	The goal of this program is to provide tree planting, tree care, environmental education, and advocacy programs in Mountain View.
Community Need	Ecosystem health and community well-being are inextricably connected, and thus a healthy urban forest is a critical part of public health infrastructure. Research conducted on California cities by the U.S. Forest Service has found that for every $1 spent on planting urban trees; those trees deliver $5.82 in health benefits. Despite growth in wealth and job opportunities in Mountain View, significant social, economic, and health disparities exist throughout and are highlighted by the inequitable distribution of trees and green spaces for local residents and school children. A substantial body of research shows that limited exposure to nearby nature is especially devastating to the most vulnerable populations, as demonstrated by a disproportionate incidence of stress, cardiovascular issues, obesity, reduced fitness levels, and asthma in low-income, nature-deprived areas. According to research from the University of Washington [1], "more than 100 studies have shown that relaxation and stress reduction are significant benefits associated with spending time in green areas". According to research from the University of Washington[2], "quality outdoor environments affect activity attitudes and behaviors. Urban greening contributes to more walkable places. Trees and other greening elements can encourage physical activity." Sources: 1. http://depts.washington.edu/hhwb/Thm_Mental.html 2. http://depts.washington.edu/hhwb/Thm_ActiveLiving.html
Agency Description & Address	3921 East Bayshore Rd, Palo Alto http://canopy.org/ Canopy promotes environmental equity and sustainability through its programming in three areas: 1) tree planting and stewardship, 2) environmental education, and 3) advocacy. Founded in 1996 to support the City of Palo Alto's urban forestry programs, Canopy expanded to East Palo Alto in 2006 and Mountain View in 2016 to address public health issues, particularly associated with inequitable canopy cover and lack of access to urban nature.
Program Delivery Site(s)	Mountain View, including Mountain View Whisman School District and Mountain View Los Altos School District
Services Funded By Grant/How Funds Will Be Spent	Services provided by the Program Director and Community Forestry Manager, both certified arborists, Education Director, and Youth Programs Coordinator include: • Community tree plantings and stewardship programs • Educational Tree Walks for all ages and Wellness Tree Walks for high school students • Next Generation Science Standards aligned educational programs for K-8 students • Tree-based adult education workshops for community members • Community outreach campaigns • Advocacy to effect tree-friendly policies Full requested funding would support partial personnel and program supplies.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

FY20 Funding	FY20 funding requested: $77,085	FY20 funding recommended: DNF	
Funding History and Metric Performance	FY19	FY18	FY17
	New in FY20	New in FY20	New in FY20

	Metrics	***6-month Target***	***Annual Target***
FY20 Proposed Metrics	Individuals served	350	408
	Community volunteers engaged at 2-4 three-hour planting events to install up to 50 trees and 75 understory plants	100	150
	High school students who participate in a 45-min campus Wellness Tree Walk	250	250
	High school students employed as Teen Urban Foresters interns	N/A	8
	High school students who positively report the impact of the Wellness Tree Walk on their stress relief, increased appreciation for trees, and desire to spend more time in nature	90%	90%
	Teen Urban Foresters who report an increase in their knowledge of trees and the urban forest	N/A	95%
	Participants who strongly agree or agree that the workshop/tree walk helped them gain more knowledge about trees	80%	80%

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Community Services Agency, Mountain View

Program Title and Requested Amount	Senior Intensive Case Management / $237,060
Grant Goal	This program will reduce the rate of re-hospitalizations of seniors within 30-days of discharge and optimize functioning to avoid premature institutionalization by providing case management. Based on Coleman Care Transitions Intervention (CTI), an evidence-based approach to reducing hospital re-admittance among older adults, case management services will be provided in the client's home, at medical facilities, and at other community service providers, helping vulnerable seniors better manage their health conditions so that they can keep living independently in their own homes.
Community Need	The program addresses the need to prevent the re-hospitalization or institutionalization of older patients who have chronic health conditions, such as hypertension or are at high risk for falls. In Santa Clara County, nearly 8 of 100,000 falls results in death and 1 out of every 5 people suffer an injury from a fall.[1,2] An injury from a fall for an older adult has the potential to alter their entire life, but there is also a financial cost if it is not prevented. Treating a person after a fall becomes a financial burden on the patient and for older adults on fixed income, the ability to pay medical bills is at times impossible. There is also a large cost to government insurance. According to the CDC, $50 billion is spent on treating injuries from falls across the United States, 75% of that was covered by Medicare.[2] Another condition that leads to re-hospitalizations is hypertension, where 11% of the county's residents have a diagnosis of hypertension, which puts them at risk for stroke and/or heart disease.[1] A focused intervention that educates older adults about hypertension in addition to working closely with their medical team can prevent unnecessary hospitalizations. Such prevention is important not only for patients and their families, but also for healthcare systems that are under increasing scrutiny from government funding agencies to ensure that discharged patients do not return for the same issue. A 2015 report from the federal Agency for Healthcare Research and Quality (AHRQ) says, "Repeat hospitalizations place patients at greater risk for complications, hospital acquired infections, and stress." [3] Hospitalization also interrupts people's normal social activities, which are vital to the mental and physical health of older adults. Eighteen percent of Medicare patients are readmitted to the hospital within 30-days of discharge, adding billions to healthcare costs and anxiety to patients and their families. A 2015 report from the federal Agency for Healthcare Research and Quality (AHRQ) states that hospitals face significant consequences when patients are readmitted. Medicare is pressuring hospitals to reduce readmissions because "readmissions are a significant portion of Medicare spending...In 2013, there were about 500,000 readmissions totaling $7 billion in aggregate hospital costs for four high-volume conditions—acute myocardial infarction (AMI), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and pneumonia." Furthermore, "repeat hospitalizations place patients at greater risk for complications, hospital acquired infections, and stress." Hospitalization also interrupts normal social activities, which are vital to the mental and physical health of older adults. Sources: 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html 3. "Trends in Hospital Readmissions for Four High-Volume Conditions, 2009-2013" (https://www.hcup-us.ahrq.gov/reports/statbriefs/sb196-Readmissions-Trends-High-Volume-Conditions.jsp)

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Agency Description & Address	204 Stierlin Road, Mountain View https://www.csacares.org/services/senior-case-management/ Community Services Agency provides vital social services for residents of Mountain View, Los Altos and Los Altos Hills.
Program Delivery Site(s)	Services will be delivered at agency site in Mountain View, clients' homes and medical offices and hospitals.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Providing staffing for social worker case manager, RN case manager, and licensed vocational nurse (LVN) to provide intensive case management for low-income seniors with chronic conditions being released from hospital • Providing seniors with tools to better manage their health conditions, resulting in the reduction potential hospital readmissions, and increase the likelihood for them to live independently in their own homes Full requested funding would support staffing of a social worker case manager, RN, and LVN, and program materials such as blood pressure cuffs.
FY20 Funding	FY20 funding requested: $237,760 FY20 funding recommended: $235,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $229,225 FY19 Approved: $200,000 FY19 6-month metrics met: 100%	FY18 Approved: $221,401 FY18 Spent: $180,087 FY18 6-month metrics met: 40% FY18 annual metrics met: 40%	FY17 Approved: $151,551 FY17 Spent: $116,894 FY17 6-month metrics met: 100% FY17 annual metrics met: 83%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	52	80
Services provided by LVN, NCM and SWCM	2,050	4,350
Clients who were not re-hospitalized within 1-30 days for reasons related to a chronic health condition	90%	90%
Clients who were not re-hospitalized within 31-90 days for reasons related to a chronic health condition	85%	85%
Patients with hypertension who attained or maintained a blood pressure of <140/<90 mm Hg or blood pressure goal recommended by healthcare provider	65%	65%

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Cupertino Union School District

Program Title and Requested Amount	School Nurse Program / $81,921
Grant Goal	The Cupertino Union School District is requesting $ 81,921 (50% of $ 163,842 total forecasted program budget) to provide extra nursing and clerical support to schools serving the more underserved populations within the Cupertino Union School District. These schools include Nimitz Elementary and Stocklmeier Elementary. The additional nursing and clerical support allow for extensive follow-up for health screening failures, additional staff training for Epi-Pen administration in response to allergic reactions, and assistance with access to healthcare services through community resources. School nurses also promote and market health literacy through programs provided by El Camino Healthcare District, to provide health education to families, and to provide attention to the health needs of students and staff in the school communities.
Community Need	There are significant barriers in accessing healthcare for students in our target schools. Data from Lucile Packard Foundation for Children's Health 2016 indicates that 23.3% of students in public schools within Santa Clara County are English Learners compared to 22.1% statewide. These students are more likely to have difficulty accessing quality health care which may result in health disparities for these students as adults compared to children whose households speak English primarily. Additionally, the target school sites have a greater percentage of minority students in comparison with other district school sites. Santa Clara County Measures of Economic Security Report (2014) indicates ethnic disparities in Santa Clara with minorities having greater rates of unemployment and poverty which ultimately contribute to poor health outcomes. Furthermore, the school nurse serves a population of students who have a greater truancy rate, in comparison to other school sites in the district. Analysis of absenteeism in students who took the National Assessment of Educational Progress (NAEP) in 2011 and 2013 showed that high absenteeism is associated with lower test scores in every state and city that was tested. Attendance concerns are often attributed to unmanaged chronic health conditions or students receiving medical treatment outside of school. Case management by the School Nurse can help lower rates of truancy which will ultimately increase the child's class time and improve their access to education.
Agency Description & Address	10301 Vista Drive, Cupertino The Cupertino Union School District is a Local Education Agency that provides public education to students in transitional kindergarten through eighth grade. The District is the largest elementary school district in northern California. The District is comprised of approximately 1,600 employees serving just over 17,000 students in 19 elementary schools, one K-8 school, and five middle schools throughout the city of Cupertino and parts of the cities of Sunnyvale, San Jose, Saratoga, Los Altos, and Santa Clara. The mission of the Cupertino Union School District is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity. District families, communities, and staff join as partners to develop creative, exemplary learners with the skills and enthusiasm to contribute to a constantly changing global society.
Program Delivery Site(s)	Nimitz Elementary and Stocklmeier Elementary Schools
Services Funded By Grant/How Funds Will Be Spent	Activities and services include: • Case management following health screenings including phone calls, referrals to health care resources, and detailed data tracking

FY20 Healthy Body Proposal Summary

HEALTHY BODY

- Promotion of on-site dental screenings and follow-up on failed screenings
- Promotion of health literacy and physical activity
- Intensive training for staff about severe food allergies, anaphylaxis response, and EpiPen usage

Full requested amount will support partial salaries of a nurse, licensed vocational nurse, health clerk and supplies.

FY20 Funding	FY20 funding requested: $81,921	FY20 funding recommended: $81,921	
Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $87,842 FY19 Approved: $87,842 FY19 6-month metrics met: 100%	FY18 Approved: $72,481 FY18 Spent: $72,481 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $68,997 FY17 Spent: $68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%
FY20 Dual Funding	FY20 funding requested: $ 81,921	FY20 funding recommended: $81,921	
Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $87,842 FY19 Approved: $76,000 FY19 6-month metrics met: 100%	FY18 Approved: $72,481 FY18 Spent: $72,481 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $68,997 FY17 Spent: $68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	885	1,770
	Students who failed a mandated health screening who saw a healthcare provider	52%	83%
	Students in Kindergarten who were identified as needing early intervention or urgent dental care who saw a dentist	N/A	86%
	Teachers accessing Go Noodle health education curricula and activities	75%	92%
	Percentage of teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	67%	72%

Fresh Approach

Program Title and Requested Amount	VeggieRx Nutrition Education & Mobile Farmers' Markets / $115,812
Grant Goal	To support two of Fresh Approach's long-standing successful programs (VeggieRx and the Mobile Farmers' Market), as well as a pilot intervention, Taking Root, a youth leadership program to train teenagers to become nutrition and healthy eating ambassadors in their schools and communities. The programs target low-income District residents who are in need of better access to affordable fresh produce, and who struggle with overweight/obesity or other diet-related health conditions. The program includes monitoring BMI and providing 50% discounts on produce to those receiving CalFresh, WIC, MediCal, SSI, or SSDI benefits, as well as to residents who access local food pantries but do not receive those public benefits. These programs increase access to and knowledge about locally grown fruits and vegetables in Sunnyvale.
Community Need	Consumption of nutrient rich fresh fruits and vegetables is widely known in scientific literature to be beneficial to overall health, yet diet-related diseases disproportionately impact low-income populations. Significant barriers prevent lower income populations from consuming sufficient quantities and an adequate diversity of fruits and vegetables, including lack of access to healthy food outlets and lack of nutrition knowledge. Adult data from the 2016, [1]revealed that 21.8% of Santa Clara County residents live at or below 200% of the Federal Poverty Limit (FPL). 44.6% of adults in Santa Clara County who live below 200% FPL are overweight or obese and 15.5% have been diagnosed with Diabetes [1]. Youth data from the 2016 CHIS survey indicate a similar trend, where 9% of those living below 200% FPL are overweight based on their BMI percentile, and they are 2.5 times more likely than their peers living above 200% FPL to be overweight for their age. Data from El Camino Hospital's 2016 Community Health Needs Assessment (CHNA) indicates that Latino and African American communities have higher incidences of overweight and obesity than White communities, further reinforcing that diet-related health conditions are more prevalent in low-income minority populations and interventions are required to reduce these disparities. More broadly, low income populations are more likely to be food insecure, meaning they lack reliable access to a sufficient quantity of affordable, nutritious food – in Santa Clara County, 50.5% of those living at or below 200% FPL are food insecure[1]. Additionally, the 2016 El Camino Hospital CHNA reported that fruit and vegetable consumption among youth in Santa Clara county was below the state average, indicating an opportunity to target nutrition education among teenagers. Research has shown that interventions, such as nutrition classes, regularly meet the aim of increasing consumption in the short-term[2] and tailored nutrition classes are more effective in motivating people to make dietary changes than general nutritional information[3]. Tailored nutrition education programs have shown to be particularly effective at increasing fruit and vegetable consumption in communities where low consumption results from not just a knowledge gap but also because of barriers such as cost and access [3]. Studies have also examined voucher supplements and seen that the vouchers help families increase the quantity and range of fruit and vegetables they use at home, improve the quality of family diets, and help establish good habits for the future [4,5]. Sources: 1. California Health Interview Survey (CHIS 2016) 2. Neville et al 2015: https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0311-4 3. Pomerleau et al 2005: https://www.ncbi.nlm.nih.gov/pubmed/16177217 4. Bihan et al 2012: https://www.ncbi.nlm.nih.gov/pubmed/21989324

<table>
<tr><td></td><td>5. McFadden et al 2014: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-148</td></tr>
<tr><td>Agency Description & Address</td><td>5060 Commercial Circle, Suite C, Concord
https://www.freshapproach.org/
Fresh Approach creates long-term changes in local food systems by connecting Bay Area communities with healthy food from California farmers, and expanding knowledge about food and nutrition. Fresh Approach offers food access, nutrition and garden education, and healthy food incentive programs. Strong partnerships with farmers' markets, community organizations, libraries, schools, health departments, and clinics are essential to Fresh Approach's years of success. In collaboration with these partners, Fresh Approach serves six Bay Area counties. The VeggieRx nutrition education and Collective Roots Community Gardening programs offer practical skills for low-income residents to grow and prepare healthy foods; and the Mobile Farmers' Market program and East Palo Alto Community Farmers' Market, improve direct access to affordable California-grown produce.</td></tr>
<tr><td>Program Delivery Site(s)</td><td>Sunnyvale and Cupertino communities, e.g., Columbia Neighborhood Center and Valley Health Center in Sunnyvale and De Anza Community College in Cupertino</td></tr>
<tr><td>Services Funded By Grant/How Funds Will Be Spent</td><td>Services include:
Two series of VeggieRx nutrition education classes (16 group classes lasting 1.5 hours each) with cooking demonstrations
Classes include BMI monitoring and incentive vouchers benefiting entire household
38 weeks of Mobile Farmers' Market service; one day/week at three locations equating to 110 stops and over 160 hours of increased access to low-cost local fresh produce
Pilot: Taking Root Youth Leadership Program to a first cohort of 5 teenagers age 14-18 in Sunnyvale: 4-week educational after-school program; optional 6-week internship
Full requested funding would support partial staff salaries, such as Nutrition Educators, Food Access Specialist and Program Managers, supplies and administrative costs.</td></tr>
<tr><td>FY20 Funding</td><td>FY20 funding requested: $115,812 FY20 funding recommended: $93,000</td></tr>
<tr><td>Funding History and Metric Performance</td><td>
<table>
<tr><th>FY19</th><th>FY18</th><th>FY17</th></tr>
<tr><td>FY19 Requested: $92,704
FY19 Approved: $92,704
FY19 6-month metrics met: 100%</td><td>FY18 Approved: $70,000
FY18 Spent: $70,000
FY18 6-month metrics met: 50%
FY18 annual metrics met: 100%</td><td>FY17 Approved: $35,000
FY17 Spent: $29,572
FY17 6-month metrics met: 50%
FY17 annual metrics met: 50%</td></tr>
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<tr><td>FY20 Proposed Metrics</td><td>
<table>
<tr><th>Metrics</th><th>6-month Target</th><th>Annual Target</th></tr>
<tr><td>Individuals served</td><td>1,070</td><td>2,240</td></tr>
<tr><td>Individuals served though VeggieRx</td><td>70</td><td>140</td></tr>
<tr><td>Individuals served through Mobile Farmers Market</td><td>1,000</td><td>2,100</td></tr>
<tr><td>Mobile Farmers' Market customers who report increasing fruit and vegetable consumption by 1 serving/day since starting to shop at Freshest Cargo</td><td>N/A</td><td>70%</td></tr>
<tr><td>Participants who attend 6 or more classes will lose 2% or more of their original body weight and/or improve their BMI</td><td>N/A</td><td>30%</td></tr>
<tr><td>Participants who attend 6 or more classes will report regularly eating 2 additional servings of fruits and vegetables at the end of the program than they did at the beginning of the program</td><td>N/A</td><td>85%</td></tr>
<tr><td>Taking Root participants who attend 4 or more classes will report increasing their fruit and vegetable consumption by the end of the program.</td><td>N/A</td><td>80%</td></tr>
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GoNoodle

Program Title and Requested Amount	GoNoodle Program / $36,000
Grant Goal	GoNoodle, Inc. is requesting $36,000 to continue providing GoNoodle physical activity breaks to school districts in the El Camino Healthcare District. Through a community partnership between ECHD and GoNoodle, sponsored schools receive the premium version of GoNoodle (GoNoodle Plus). These academically focused movement games are core subject aligned to inspire more student minutes of movement and expand the currently active GoNoodle user base in ECHD schools. GoNoodle is available in the schools where the teachers can access the physical activity breaks in the classroom to help elementary school children, reengage, refocus, stay on task, transition from one topic or standard to the next.
Community Need	GoNoodle is a suite of movement games and videos designed to bring mindfulness and physical activity breaks into K-5 elementary classrooms. The games were built on research that shows short bursts of physical activity positively impacts academic achievement, cognitive skills, behavior, as well as overall health. Short games serve as transitions between subjects and teachers can easily integrate physical activity into the instructional day. GoNoodle and the premium academically aligned breaks provide the teachers with an easy to use, measurable tool that directly addresses issues in the classroom, lack of attention, time on task, transitions and fidgetiness. "Exercise breaks—whether short activities in the classroom or recess—help promote physical fitness, which in turn boosts brain health. In 2013, the National Academy of Medicine (then called the Institute of Medicine) published a major report on the benefits of physical activity on children's cognitive development and academic success." "Decades of research show that physically active children consistently outperform their inactive peers academically on both a short- and long-term basis." The resource is available to the teachers year round and requires minimal training. They can utilize it at any point in their day, multiple times a day. Evidence based research shows that consistent use of physical activity breaks benefits both kids and classroom. The kids benefit from the incremental minutes of physical activity, the improved time on task and ability to focus. The classroom as a whole benefits because teachers do not have to redirect and transitions are smooth. The teacher is able to spend more time teaching and everyone benefits. Source: Tereda, Youki (2018, March 5). Research Tested Benefits of Breaks
Agency Description & Address	209 10th Ave. South, Suite 350, Nashville, TN 37203 https://www.gonoodle.com/ GoNoodle gets kids moving to be their smartest, strongest, bravest, silliest, best selves. Short, interactive movement videos make it awesomely simple and fun to incorporate movement into every part of the day with dancing, stretching, running and even mindfulness activities. At school, teachers use GoNoodle to keep students energized, engaged, and active inside the classroom. At home, GoNoodle turns screen time into active time, so families can have fun and get moving together. Currently, 14 million kids use GoNoodle each month, in all 50 states and 185 countries.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Program Delivery Site(s)	Schools in ECHD
Services Funded By Grant/How Funds Will Be Spent	Services include: • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECHD sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECHD name and logo on the GoNoodle site and on materials sent to teachers, administrators, and parents • ECHD name and logo extended to GoNoodle home usage • On-going platform enhancements and new games or videos added regularly • Direct mail and email campaigns designed to promote new and ongoing usage to principals and teacher champions • Social media activity (Twitter, Facebook, and Instagram posts to engage with users) • On-site GoNoodle demonstrations or webinars as requested Full requested funding would support for program license and the partial salary of the school engagement coordinator.
FY20 Funding	FY20 funding requested: $36,000 FY20 funding recommended: $36,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $36,000 FY19 Approved: $36,000 FY19 6-month metrics met 67%	FY18 Approved: $35,000 FY18 Spent: $35,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $35,000 FY17 Spent: $35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Dual Funding	FY20 funding requested: $113,000 FY20 funding recommended: $113,000

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $113,000 FY19 Approved: $113,000 FY19 6-month metrics met: 67%	FY18 Approved: $110,000 FY18 Spent: $110,000 FY18 6-month metrics met: 50% FY18 annual metrics met: 100%	FY17 Approved: $110,000 FY17 Spent: $110,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Schools served	25	25
	GoNoodle physical activity breaks played	21,000	35,000
	Student physical activity minutes achieved	1,350,000	2,500,000
	Teachers who believe GoNoodle benefits their students' focus and attention in the classroom	N/A	92%
	Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	N/A	98%
	Teachers who are satisfied with GoNoodle Videos and Games	N/A	97%

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Health Mobile

Program Title and Requested Amount	Onsite Dental Care for Homeless and Low-income Families in Mountain View and Sunnyvale / $150,000
Grant Goal	This program will provide free, comprehensive dental care services to low-income families and the homeless population.
Community Need	Access to dental care for low income residents is extremely limited in Santa Clara County. The 2014 Santa Clara County Health Assessment found that only 26% of low income respondents had dental coverage. CHIS reported that 16.3% of low income adults had not received dental care in the past five years. According to Health Trust reports, one-third of low income adults in Santa Clara County had lost a tooth due to decay. There is a severe lack of affordable providers to deliver dental care services. Medi-Cal and its dental arm, Denti-Cal, cannot always provide adequate coverage.
Agency Description & Address	1659 Scott Boulevard, Suite #4, Santa Clara http://www.healthmobile.org/ Health Mobile is a non-profit organization providing onsite dental care since 1999. In 2008, the agency added primary medical care to the services and changed our name from Tooth Mobile to Health Mobile. In 2015, the agency obtained two new mobile clinics with a financial support of a HRSA grant. Health Mobile currently owns and operates seven mobile clinics and one "fixed" clinic, making them the largest mobile clinic health care provider in the state.
Program Delivery Site(s)	Program services will be delivered at Community Services Agency, Mountain View and MayView Community Health Center in Mountain View and Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Provide staffing to deliver free services: • Dental exams • X-Rays, cleanings, and fillings • Oral cancer screening • Root canal referrals and extractions • Smoking cessation and oral hygiene education Full requested funds would support clinic staffing including dentist and dental assistants, lab expenses, dental supplies and program supplies.
FY20 Funding	FY20 funding requested: $150,000 FY20 funding recommended: $150,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $150,000 FY19 Approved: $150,000 FY19 6-month metrics met: 100%	FY18 Approved: $148,832 FY18 Spent: $148,832 FY18 6-month metrics met: 75% FY18 annual metrics met: 100%	FY17 Approved: $148,832 FY17 Spent: $148,832 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	150	400
Dental procedures provided	600	2,500
Patients who report increased knowledge about their oral health	90%	90%
Patients who report no pain after their first visit	90%	90%

Healthier Kids Foundation

Program Title and Requested Amount	DentalFirst and HearingFirst / $45,000
Grant Goal	Through the DentalFirst and HearingFirst programs, Healthier Kids Foundation program staff will provide dental and hearing screenings and appropriate follow up to children in preschool, charter school, public school and community organization settings primarily in Sunnyvale and Mountain View Whisman School Districts.
Community Need	Some of the most critical, yet often overlooked, fundamentals of pediatric health are proper hearing and dental screenings—the first line of defense for early detection and treatment for a number of physical and developmental conditions. Common issues—such as hearing loss and dental carries—can develop in infants or young children, often without obvious symptoms. If diagnosed early, these problems can be treated with a high rate of success, often using non-invasive techniques. Dental Carries is the single most common chronic childhood disease in the United States[1]. They cause intense pain, difficulty eating, speaking and sleeping. Children who are in pain because of dental caries have more frequent school absences, trouble concentrating and poorer academic performance [2]. Furthermore, hearing loss or chronic hearing issues affect four in every 100 children under the age of 18 (Healthier Kids Foundation, 2018), which can be devastating when it goes undetected. If a child has an untreated hearing issue, they will miss learning from the speech and language that is happening around them which may result in delayed language and speech development, trouble concentrating and behavioral and academic challenges. The most effective treatment for varying hearing problems is early intervention. Early diagnosis, hearing aid fittings and an early start with special education programs maximize a child's hearing potential and pathway to successful speech and language development [1]. Through screenings, Healthier Kids Foundation has found that 4% of children in Santa Clara County have untreated hearing issues and a shocking 30% have urgent or emergency dental needs. Unfortunately, the negative effects of not receiving timely treatment are long-lasting. For this reason, the state mandates hearing screenings for all children in TK, K, 2nd, 5th, 8th and 10th grades and a dental screening is required for children entering kindergarten. However, the most critical and time consuming piece is follow up. Without it, any issues identified by the screening may remain untreated. A dental or hearing screening is only effective if the child identified with a problem gets treatment; preventative care only works if it's acted upon. Sources: 1. Center for Disease Control and Prevention. (2017). Hearing Loss in Children. 2. https://www.cdc.gov/ncbddd/hearingloss/index.html. 3. Center for Disease Control and Prevention. (2016). Hygiene-related Diseases: Dental Caries (Tooth Decay). Water, Sanitation & Environmentally Related Hygiene. https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html 4. Jackson, S. L., Vann, W. F., Kotch, J. B., Pahel, B. T., & Lee, J. Y. (2011). Impact of Poor Oral Health on Children's School Attendance and Performance. American Journal of Public Health, 101(10), 1900–1906. http://doi.org/10.2105/AJPH.2010.200915. 5. KidsData. (2015). Lucile Packard Foundation for Children's Health. https://www.kidsdata.org/topic/126/pupilsupportpersonnel-type/Table#fmt=2391&loc=59,2&tf=84&ch=276,278,280,277,279,807,1136&sortColumnId=0&sortType=asc
Agency Description & Address	4040 Moorpark Ave Suite 100, San Jose https://hkidsf.org/ Healthier Kids Foundation is a family forward health agency that gives children and those who

FY20 Healthy Body Proposal Summary

HEALTHY BODY

	love them the education and cutting edge tools they rightfully deserve to live a healthy life. At Healthier Kids Foundation, we believe preventative care at an early age makes things fair. Every day, we work side-by-side with families to identify and eliminate kids' health issues before they even begin. Because without us, barriers that could be corrected may stand in the way of kids success in the classroom and in life.
Program Delivery Site(s)	Mountain View Whisman School District, Sunnyvale School District
Services Funded By Grant/How Funds Will Be Spent	DentalFirst services will provide: • Dentists screen children for dental-related issues and recommend follow up care • Dentists provide oral hygiene education to the children and literature for parents • Parents receive a copy of the child's screening result • Case management as needed, including bilingual case managers HearingFirst services will provide: • Hearing screening to children and appropriate follow up, as needed • Parents of children screened with their child's screening results • Case management as needed, including bilingual case managers Full requested funding would support partial salaries of 23 staff positions and administrative costs.
FY20 Funding	FY20 funding requested: $45,000 FY20 funding recommended: $40,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $40,000 FY19 Approved: $40,000 FY19 6-month metrics met: 67%	FY18 Approved: $20,000* FY18 Spent: $20,000 FY18 6-month metrics met: 75% FY18 annual metrics met: 75% *Two separate Small Grants: DentalFirst and HearingFirst; merged in FY19 10 Steps Program: FY18 Approved: $30,000 FY18 Spent: $30,000 FY18 6-month metrics met: 25% FY18 annual metrics met: 0%	DentalFirst and HearingFirst New in FY18 Agency had 10 Steps Program with $30,000 grant FY17 6-month metrics met: 33% FY17 annual metrics met: 67%

FY20 Dual Funding	FY20 funding requested: $45,000 FY20 funding recommended: $30,000

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $50,000 FY19 Approved: $30,000 FY19 6-month metrics met: 100%	FY18 Approved: $20,000 FY18 Spent: $20,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	New in FY18

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Children Hearing Screened	250	500
	Children Dental Screened	250	500
	Of children hearing screened who received a referral, the percent that completed appropriate hearing services.	20%	35%
	Of children dental screened who received a referral, the percentage that completed appropriate dental services.	75%	75%

FY20 Healthy Body Proposal Summary

Living Classroom

Program Title and Requested Amount	Making it Stick: Engaging and Memorable Food-Based Experiences Straight from the Garden / $100,000
Grant Goal	To continue, enhance and expand our Mountain View Whisman T/K-6 garden-based instructional and Farm to Lunch program. Staff and trained docents will add two engaging "farm to plate" food preparation and cooking extension activities that build on our lessons in Kindergarten and third grades. These services will provide more direct, "straight from the garden" food preparation experiences for elementary students, reinforce nutrition lessons. These lessons also demonstrate to young students just how easy- and fun - it is to prepare healthy dishes that they can share with their family. In addition, proposal includes piloting two additional science and health lessons at Graham and Crittenden Middle School to emphasize the connection between fresh produce and healthy eating.
Community Need	The Santa Clara County Public Health 2016 Study on City and Small Area/Neighborhood Profile for Mountain View shows that only 23% of adults ate 3 or more servings of vegetables per day in the past 30 days and only 27% ate 2 or more servings. In addition, the obesity rate in Santa Clara County as a whole amongst Latino students is the highest of all ethnic groups with 26% obese on average for 5th, 7th and 9th graders and 18% for 2-5 year olds. Many students in the Mountain View Whisman School District (MVWSD) have unmet health needs related to these statistics. Based on the latest information from the MVWSD 2017-18 California Physical Fitness Report for fifth graders, 20% of students fall outside the Healthy Fitness Zone for aerobic capacity, 30% for Body Composition, 32% for Abdominal strength, 31% for Trunk Extension Strength, 37% for Upper Body Strength and 40% for Flexibility. The overall average across all categories is 29% of 5th graders falling outside the Healthy Fitness Zone. For 7th graders, the statistics are better: 13% of students fall outside the Healthy Fitness Zone for aerobic capacity, 17% for Body Composition, 11% for Abdominal strength, 13% for Trunk Extension Strength, 34% for Upper Body Strength and 18% for Flexibility. The overall average across all categories is 18% of 5th graders falling outside the Healthy Fitness Zone. The Healthy Fitness Zone Standards were established by The Cooper Institute and represent levels of fitness that offer some degree of protection against diseases that can result from sedentary living. The consequences of not addressing the inadequate nutrition and obesity is potentially the continuation of unhealthy eating, lack of physical fitness, and overall less healthy adults in the near future.
Agency Description & Address	P.O. Box 4121, Santa Clara https://www.living-classroom.org/ Living Classroom provides health-oriented, hands-on, garden-based education programs to K-6 students in local public school districts. Our mission is to inspire children to learn and value our natural world through garden-based education. Our goals are to connect students to the sources of their food and healthy eating, instill environmental stewardship, and make science learning relevant to their lives. These goals support nutrition, environmental and science literacy.
Program Delivery Site(s)	The following schools in the Mountain View Whisman School District: • Graham Middle School • Crittenden Middle School • Theuerkauf Elementary School • Mariano Castro Elementary School • Gabriela Mistral Elementary School

FY20 Healthy Body Proposal Summary

HEALTHY BODY

	• Monta Loma Elementary School • Edith Landels Elementary School • Benjamin Bubb Elementary School • Frank L. Huff Elementary School • Stevenson Elementary School • Jose Antonio Vargas Elementary School

Services Funded By Grant/How Funds Will Be Spent	Services will include:
	• Nutrition-related lessons that integrate required state standards in science, math, nutrition and social studies standards and interspersed with health and nutrition topics
	  ○ Two new science lessons to existing 6th grade social studies lessons
	  ○ Two new middle school lessons on the local ecology, environment health and impacts on human health.
	  ○ Other new lesson extension activities in Tk-5 program on nutrition education with healthy cooking opportunities.
	• A garden-to-cafeteria component in coordination with food services at the schools
	• Outdoor physical activity that combines with health education content standards in the Nutrition Education Resource Guide for California Public Schools
	• Expand the Farm to Lunch after-school program at the three growing sites--Crittenden, Graham, and Theuerkauf Schools
	Full requested funding would support partial salaries of several program staff roles, including instructor and garden manager, as well as supplies and other administrative costs.

FY20 Funding	FY20 funding requested: $100,000 FY20 funding recommended: $78,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $100,000 FY19 Approved: $88,000 FY19 6-month metrics met: 50%	FY18 Approved: $78,000 FY18 Spent: $78,000 FY18 6-month metrics met: 75% FY18 annual metrics met: 100%	FY17 Approved: $78,000 FY17 Spent: $78,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%

FY20 Dual Funding	FY20 funding requested: $ 50,000 FY20 funding recommended: DNF

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $40,000 FY19 Approved: DNF	New in FY19	New in FY19

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	3,800	5,000
	Students eating vegetables and fruit grown in school gardens during lunch-time taste testing days	1,500	3,400
	Number of School-day Lessons Given	300	690
	Teacher evaluations that average a "4: or greater (out of a 5 point scale) for lesson content and delivery	90%	95%
	"In the Moment" teacher and student comments about lessons that reflect significant new learning about healthy foods, healthy living, and/or healthy environments and enthusiasm for their learning and experiences.	60%	70%
	Student work that demonstrates a change in eating habits that include more fresh fruit and vegetables based on evaluation of student journals describing and illustrating their learning and changes in eating habits.	N/A	60%

Magical Bridge Foundation

Program Title and Requested Amount	Magical Bridge Playground, Mountain View, CA / $50,000
Grant Goal	Magical Bridge Playgrounds requests an additional $50,000 towards our Magical Bridge Playground project in Mountain View, CA. This grant will help us towards meeting our budget goal for the $4.5M inclusive playground project at Rengstroff Park; giving the whole community of Mountain View, and its surrounding areas, a playground that is truly welcoming and inclusive of everyone, regardless of age, ability, or size. The design, construction and the launch of the playground will be the responsibility of Magical Bridge Foundation. The playground will be owned by the City of Mountain View, and maintained and operated by the city's parks department. The park, as required by our contracts, will be open to everyone in the public, year-round. Currently, most playgrounds, regardless of their compliance with the Americans with Disabilities Act, are not truly inclusive and fail to meet the needs of many community members. The enormous popularity of the Flagship Magical Bridge Playground in Palo Alto, with over 25,000 visitors per month, and one of the most popular playgrounds in the country, underscores the urgent need for these playgrounds.
Community Need	The Centers for Disease Control estimate 1 in 4 Americans have a disability [1] and that having a disability increases the risk for being obese. According the the CDC, the increased obesity risk for people with disabilities may be caused by "a lack of accessible environments (for example, sidewalks, parks, and exercise equipment) that can enable exercise." and "a lack of resources (for example, money, transportation, and social support from family, friends, neighbors, and community members)". [2]The fact that people with disabilities are twice as likely to live in poverty, [3] supports the importance of creating accessible (but costly) activities is not enough. They must also be affordable to have a positive impact. Magical Bridge Playgrounds provide people with disabilities, (and their families), access to free, fun physical activity, as well as access to vestibular movement (swinging, swaying and spinning) benefits those with a variety of cognitive issues. In 2018, [4] Magical Bridge engaged Dr. Nicole Ofiesh, to study our playground and survey over 800 playground attendees from around Palo Alto. Our research found that people came from further and stayed longer at Magical Bridge Playground - with most visitors staying for 2 hours or more; increasing the physical benefit of the visit [5.] Sources: 1. https://www.cdc.gov/media/releases/2018/p0816-disability.html 2. https://www.cdc.gov/ncbddd/disabilityandhealth/obesity.html 3. https://www.npr.org/sections/health-shots/2015/07/23/424990474/why-disability-and-poverty-still-go-hand-in-hand-25-years-after-landmark-law 4. https://www.frontiersin.org/articles/10.3389/fnint.2015.00055/full 5. http://magicalbridge.org/assets-foundation/docs/A%20Playground%20for%20the%20Entire%20Community.pdf
Agency Description & Address	654 Gilman St, Palo Alto http://magicalbridge.org The mission of Magical Bridge Foundation is to build innovative playgrounds and more inclusive communities. At Magical Bridge, everyone is welcome to come and play, regardless of age, ability, or size. Our playgrounds are mindfully designed to meet the needs of the whole community, including those on the autism spectrum, with sensory impairments, cognitive/developmental disabilities, visual/auditory impairments, mobility/physical

	impairments, the medically fragile and older adults. Magical Bridge, Palo Alto, our flagship playground in Mitchell Park, welcomes 25,000 visitors per month and serves as a laboratory to develop programs that promote inclusion, including our teen "Kindness Ambassadors", STEM educational activities, adult playdates, and community events.
Program Delivery Site(s)	The playground will be constructed at Rengstorff Park, in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	This grant will only fund playground construction. However, Magical Bridge Foundation will be working with the parks departments of each of our partner cities to establish a suite of 'on-playground' activities, based on programs and activities already established at our flagship playground (such as our Teen Kindness Ambassador Program and adult playdates) to fully leverage and promote the playground, and inclusive play in their communities. Fully requested funding will support budget goal for the inclusive playground project.
FY20 Funding	FY20 funding requested: $50,000 FY20 funding recommended: $20,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $150,000 FY19 Approved: $150,000 FY19 6-month metrics met: 100%	New in FY19	New in FY19

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served (full program)	N/A	12,000
	Visitors attending with a family member (child or adult) with a disability	N/A	20%
	Visitors spending more than 1.5 hours on the playground.	N/A	60%
	Attendees who are "older adults".	N/A	15%

MayView Community Health

Program Title and Requested Amount	Uninsured Primary Health Care & Affordable Access for Low to Moderate Income Families / $1,295,656
Grant Goal	MayView is requesting $1,295,656 to support direct costs related to providing affordable, culturally competent, general medical care, prenatal care, pediatric care, chronic disease case management, cancer screening, family planning, and other preventive services to uninsured and underserved residents of the target service area. MayView's services are offered in a patient-centered manner by a team of health care professionals that are responsive to patient needs and health care preferences. MayView strives to deliver care in a coordinated and efficient manner to ensure that all health and behavioral health care needs of patients are met through high quality care. This grant will decrease the number of uninsured individuals with unmet health needs, particularly related to management of chronic disease including hypertension, diabetes, cardiovascular disease, and obesity. Through the provision of primary care services, MayView will significantly reduce the suffering of patients, minimize the risk for disabilities and chronic conditions, and support their ability to gain or maintain their livelihood and productivity. MayView seeks to engage these patients in meeting their primary care preventive health care needs and to connect them with insurance enrollment counselors who can assist them in reviewing health care options and working to enroll them in affordable health care coverage.
Community Need	Poor access to health care compromises the physical and financial health of families. For our primary service population, major barriers include lack of health coverage, under-insurance, socioeconomic status, lack of proficiency in English, lack of documentation or immigration status, disability and homelessness. These factors exert powerful influences on health and health outcomes, as described in the ECHD 2016 Community Health Needs Assessment. Within MayView's target service area there are approximately 47,448 low-income (below 200% FPL) individuals representing about 14.2% of the area's population Up to 200% FPL would include a family of four making up to $50,000. In the Bay Area the cost of living often put basic needs out of reach for families. The threshold for "low income" income to qualify for HUD housing assistance programs in Santa Clara County is $94,450 to accommodate this high cost of living (U.S. Department of Housing and Urban Development). Approximately 42% of the uninsured have incomes between 138%-400% of FPL and in some census tracts the uninsured population with incomes in this range comprise 64% all uninsured residents [1]. Within MayView's service area, which includes Cupertino, Los Altos, Los Altos Hills, Mountain View, and Sunnyvale, there are approximately 7,000 uninsured individuals not currently being served by health centers, representing additional need in the community [2]. MayView is experiencing growing demand for affordable health care services as evidenced by the growth in total patients served. Between 2015 and 2017 the number of patients served increased from 5,534 to 6,286 (an increase of 13.5%). The past year has seen significant growth for MayView that serves to surpass annual increases seen in recent years. Nearly one-third (30.6%) of patients served were uninsured [3]. Chronic disease impacts many patients served at MayView; among patients served in 2017 28.5% have a diagnosis of hypertension, which is higher than the rate for the county overall at 25.5%. Approximately 15.6% of MayView patients have a diagnosis of Diabetes as compared to 7.6% overall in Santa Clara County[3]. Lack of access to primary care and integrated behavioral health care contributes to poor health outcomes, including increased incidence of chronic disease, higher rates of hospitalization, and premature mortality. Lack of access to primary care also can lead to increased utilization of costly

	emergency department services. [4]Income level is a significant factor impacting health and health care access. Individuals living below the poverty level in the target service area are more likely to report poor health status than individuals with incomes at 300% or above poverty level. Individuals living below poverty level are also more likely to report that they do not have a usual source of care as compared to individuals with higher incomes. Within the service area low-income individuals are more likely to use the Emergency Department to access care due to barriers to access. With our team of bilingual clinic support staff who speak a variety of languages fluently (e.g. Spanish, Farsi, Hindi, and Russian) and through the utilization of language access services, MayView mitigates potential linguistic and/or cultural barriers to care for our diverse patients and community members. MayView's leadership formally adopted as policy the federal guidelines for culturally and linguistically appropriate services. We address the linguistic and cultural needs of prospective and new patients; which almost immediately eliminates a critical barrier to care. MayView establishes clinical standards of care for our providers that are based on current and evidence-based national clinical guidelines. Sources: 1. American Community Survey, 2012-2016; https://factfinder.census.gov 2. UDS Mapper data, 2017; udsmapper.org 3. Uniform Data System, 2017; https://bphc.hrsa.gov/uds; County Data Source: California Health Interview Survey, 2017; https://ask.chis.ucla.edu 4. California Health Interview Survey, 2017; https://ask.chis.ucla.edu
Agency Description & Address	270 Grant Avenue, Palo Alto http://www.mayview.org/ Founded in 1972, MayView's three clinics care for patients in need in our communities. MayView's mission is to provide high quality primary healthcare to low-income individuals and families from all cultural and ethnic backgrounds, regardless of their ability to pay. MayView offers affordable access to health care services to vulnerable communities in northern Santa Clara County which includes culturally and linguistically responsive primary medical care, behavioral health, and dental care for patients. Primary medical care services include preventive care, prenatal care, chronic disease care management, women's health, integrated behavioral health, and pediatrics.
Program Delivery Site(s)	MayView Clinic sites
Services Funded By Grant/How Funds Will Be Spent	Services include: • Routine primary care screenings and services • Integrated behavioral health care services and depression screening • Child well checks and immunizations • Chronic disease care management services for patients with diabetes and hypertension and other conditions • Health coverage and insurance counseling • At least 3,200 qualified visits (Medical and Integrated Behavioral Health) to uninsured patients Fully funded request would support salaries and benefits for: 1FTE physician, 2 FTEs nurse practitioner, 3 FTEs medical assistant and 3 FTEs scribe. Funds would also support costs for visits of uninsured patients at 200-400% FPL.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

FY20 Funding	FY20 funding requested: $1,295,656	FY20 funding recommended: $1,200,000	
Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $1,184,644 FY19 Approved: $1,007,000 FY19 6-month metrics met: 86%	FY18 Approved: $858,400 FY18 Spent: $858,400 FY18 6-month metrics met: 86% FY18 annual metrics met: 100%	FY17 Approved: $700,000 FY17 Spent: $700,000 FY17 6-month metrics met: 86% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	930	1,800
	Encounters (Medical and Behavioral Health)	1,600	3,200
	Insurance Eligibility Counseling Visits	500	1,000
	Patients age 50-75 with appropriate Breast Cancer Screening	44%	48%
	Diabetic patients with HbA1c levels <9%	67%	69%
	Hypertension patients whose blood pressure is under control (<140/90)	76%	78%
	Patients Age 51-75 with appropriate colorectal cancer screening	35%	40%

FY20 Healthy Body Proposal Summary

Medical Respite

Program Title and Requested Amount	Medical Respite Program /$80,000
Grant Goal	The Medical Respite Program (MRP) is designed as a community resource that provides a clean, safe place for homeless patients to live when they are discharged from the hospital. The MRP supports homeless patients as they recuperate and receive on-going medical and psychosocial services. The objective of the program is to link the homeless patient to a primary care home, to help them access entitled benefits, and to provide psycho-social support and services. The program is located at the Boccardo Reception Center (a local shelter) in San Jose. The program provides access to an adjacent clinic, psychiatric care, and drug and alcohol services.
Community Need	According to the Santa Clara County 2014 Health Assessment "a total of 7,631 homeless individuals were counted during the Santa Clara County Homeless Census and Survey. Of these, two-thirds (5,674, 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas). The Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year. Additional findings include: • Of homeless individuals who needed medical care in the past year, 4 in 10 (39%) reported they were unable to access needed care. • Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions (including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions). - Sixty-eight percent reported currently experiencing mental health conditions". When homeless individuals are hospitalized and discharged to the streets they are usually unable to consistently follow physician's orders, take their medications, do wound care, etc. This often results in re-admissions to the hospital and/or frequent emergency room visits. The Medical Respite Program provides a clean, safe place for recuperation where support is provided to follow through on physician orders and treatments. Additional psycho-social support is provided to begin stabilizing the lives of the homeless.
Agency Description & Address	1215 K Street Suite 800, Sacramento (Healthcare Foundation of Northern and Central CA -fiscal agent) https://www.hospitalcouncil.org/healthcare-foundation The Healthcare Foundation of Northern and Central California is a supporting organization of the Hospital Council of Northern and Central California. The Healthcare Foundation's purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve.
Program Delivery Site(s)	Boccardo Reception Center (a local shelter) in San Jose
Services Funded By Grant/How Funds Will Be Spent	The Medical Respite Program services: • A semi-private room and 3 meals are provided for each patient while they are in Medical Respite (from 2 days to 160 days as needed) • A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs • Patients are thoroughly assessed for medical and psychosocial needs.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

	• Referrals and coordination with specialty care is provided as needed • Supervision and education regarding medications is provided by the RN manager • Mental health services are provided at the on-site clinic • Counseling and group sessions are held on site by the County Drug & Alcohol Services • Support groups are led by the staff psychologist for patients during and after their MRP stay to help them establish their goals and to make progress toward them • Social workers and case managers assist the patient in obtaining identification, birth certificates, and documents needed to apply for benefits • Social work and case management assist the patient in applying for entitled benefits, such as MediCal, food stamps, and SSI (income) • Assistance with job searches and training is provided for those who are able to work • Applications for housing and housing subsidies are made for eligible patients Funds requested will be spent on the partial salaries of staff, overflow beds and lease of shelter beds.
FY20 Funding	FY20 funding requested: $80,000 FY20 funding recommended: $80,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $80,000 FY19 Approved: $80,000 FY19 6-month metrics met: 75%	FY18 Approved: $80,000 FY18 Spent: $80,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $80,000 FY17 Spent: $80,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Dual Funding	FY20 funding requested: $ 13,500 FY20 funding recommended: $ 13,500

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $13,500 FY19 Approved: $13,500 FY19 6-month metrics met: 100%	FY18 Approved: $13,500 FY18 Spent: $13,500 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $13,500 FY17 Spent: $13,500 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served –full program	110	220
	Hospital Days Avoided – full program	420	840
	Individuals Served in Overflow Beds	18	36
	Individuals (who stay at least 2 days) who are linked to Primary Care	92%	92%

FY20 Healthy Body Proposal Summary

Mountain View Whisman School District

Program Title and Requested Amount	Health Services Grant / $309,777
Grant Goal	Mountain View Whisman School District is requesting funding to employ two full-time registered nurses a full-time LVN to provide health services to 3,900 students from preschool through 8th grade. In addition to the full-time positions, the district is requesting funds to support existing School and Community Engagement Facilitator positions, whose purpose is to connect students and families with much needed resources in the community. Students will receive direct healthcare services through treatment of minor illnesses and injuries occurring at school, management of chronic illnesses requiring direct nursing intervention, assessment of health histories, and state mandated health screenings. Students requiring medical follow-up with a provider will receive assistance in accessing appropriate healthcare services. This will help to ensure that they are healthy and in the classroom learning throughout the school year. This grant will also provide the opportunity to introduce students to self-care techniques that they are otherwise unexposed to, using the GoNoodle program. The nurses also respond to acute health concerns and emergency situations throughout the district.
Community Need	The school district is experiencing an increased percentage of absenteeism related to uncontrolled chronic illness and untreated acute illness. Statistics indicate a correlation between high absenteeism and school dropout. Increased access to healthcare within the community can address these concerns. In addition, staff and students alike are experiencing increased stress associated with rising demands to meet the extensive changes in education. Support for two registered nurses and a LVN allows the district to provide outreach to families who are under and uninsured and who need assistance navigating available resources within our community.
Agency Description & Address	750-A San Pierre Way, Mountain View https://www.mvwsd.org/ Mountain View Whisman School District (MVWSD) is located in Mountain View, CA, in the heart of Silicon Valley. MVWSD serves a diverse student population in preschool through eighth grade representing a wide range of ethnicities, languages, cultures, and economic status. The District's mission is to demonstrate a relentless commitment to the success of every child on a daily basis. Our priorities are academic excellence, strong community, and a broad worldview. We prepare all children for the world ahead by challenging, inspiring, and supporting our students to thrive in a world of constant change.
Program Delivery Site(s)	All schools in the Mountain View Whisman School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Vision and hearing Screenings • Oral Health exam • Child Health and Disability Prevention Exam • One on one health care for students with chronic health conditions such as Diabetes, G-tube feedings, trach care, chronic cardiac conditions, etc. • Emergency responses to injured and ill students. • GoNoodle (breathing, yoga, mindfulness)

FY20 Healthy Body Proposal Summary

HEALTHY BODY

<table>
<tr><td></td><td colspan="4">• Staff Training/Education, i.e. CPR, First Aid, Medication Administration, GoNoodle
Fully funded request supports 2 FTEs school nurse, 1FTE licensed vocational nurse and school community engagement facilitator.</td></tr>
<tr><td>FY20 Funding</td><td colspan="4">FY20 funding requested: $309,777 FY20 funding recommended: $240,000</td></tr>
<tr><td rowspan="2">Funding History and Metric Performance</td><td>FY19</td><td>FY18</td><td colspan="2">FY17</td></tr>
<tr><td>FY19 Requested: $206,777
FY19 Approved: $206,777
FY19 6-month metrics met: 100%</td><td>FY18 Approved: $190,488
FY18 Spent: $190,488
FY18 6-month metrics met: 100%
FY18 annual metrics met: 80%</td><td colspan="2">FY17 Approved: $220,321
FY17 Spent: $196,285
FY17 6-month metrics met: 100%
FY17 annual metrics met: 60%</td></tr>
<tr><td rowspan="7">FY20 Proposed Metrics</td><td colspan="2">Metrics</td><td>6-month Target</td><td>Annual Target</td></tr>
<tr><td colspan="2">Individuals served</td><td>1,950</td><td>3,900</td></tr>
<tr><td colspan="2">Services</td><td>5,500</td><td>8,000</td></tr>
<tr><td colspan="2">Students who failed a hearing or vision screening who saw a provider</td><td>25%</td><td>78%</td></tr>
<tr><td colspan="2">Students needing an oral health exam who saw a provider</td><td>30%</td><td>70%</td></tr>
<tr><td colspan="2">Students needing a CHDP exam who saw a provider</td><td>40%</td><td>60%</td></tr>
<tr><td colspan="2">Students who reported decreased anxiety post-intervention</td><td>N/A</td><td>70%</td></tr>
</table>

New Directions

Program Title and Requested Amount	New Directions / $180,038
Grant Goal	To provide community-based case management services by MSW/LCSW level Social Work Case Managers to individuals in the ECHD with complex medical and psychosocial needs. Intensive case management has been shown to be an effective intervention for reducing Emergency Department visits, hospital admissions and length of stay, in addition to overall improvement to quality of life for patients served. Services are provided wherever a patient is located in the community, at a frequency and duration appropriate for each individual. New Directions supports the most vulnerable individuals in our community who have been unsuccessful linking to appropriate supports and services independently, to connect and engage with necessary health, behavioral health and basic needs services.
Community Need	Services provided by New Directions directly address the need for access to healthcare and healthcare delivery, behavioral health and economic security, prioritized needs in Santa Clara County as identified in the 2016 Health Needs Assessment [1]. The intensive case management intervention utilized by New Directions has proven effectiveness in reducing emergency room visits and acute care days while assisting vulnerable populations to obtain needed benefits and services, including connection to ongoing health and behavioral health services. Intensive case management is an intervention of choice for many programs servicing individuals experiencing homelessness (National Healthcare for the Homeless Council) and individuals with serious mental health issues. As part of the statewide Frequent Users Initiative [2], New Directions demonstrated consistent improvement in patient outcomes and reductions in the use of high-cost services throughout the Initiative Programs' populations. Outcomes tracked since conclusion of the Frequent Users Initiative demonstrate the continued effectiveness of an intensive case management intervention for reduction of hospital utilization and linkage to healthcare, behavioral health and other supports and services. Patients served by New Directions exhibit a need for intensive assistance with linkage to and engagement with critical supports and services after an Emergency Department or acute care visit. Case management is targeted toward overall stabilization [3] and prevention of unnecessary subsequent visits to the Emergency Department and/or inpatient readmissions, in addition to overall improvement in quality of life through connection to health, behavioral health, basic needs and other resources. Without New Directions case management services, referred patients are unlikely to follow through with post-discharge plans and may be at increased risk for over utilization of the Emergency Department and other critical need services. Sources: 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. https://www.chcf.org/wp-content/uploads/2017/12/PDF-FUHSIEvaluationReport.pdf 3. https://www.nhchc.org/wp-content/uploads/2016/05/in-focus-case-management-hrsa-approved-final-version.pdf
Agency Description & Address	1671 The Alameda, Suite 306 http://www.peninsulahcc.org/case-management/ Since 2006, Peninsula Healthcare Connection (PHC), has been providing comprehensive health, mental health and case management services to homeless and low-income residents of Santa Clara County, free of charge, through our state licensed medical clinic located within the Opportunity Center in Palo Alto. The goal of PHC is to improve the health and well-being of our patients, and by doing so, improve the overall quality of life, livability, and safety for all local

FY20 Healthy Body Proposal Summary

HEALTHY BODY

	residents. New Directions is a community-based care management program of PHC.
Program Delivery Site(s)	Services are provided at agency site
Services Funded By Grant/How Funds Will Be Spent	Includes the following intensive case management services, available in Spanish and English, and access to: • Primary and specialty care • Permanent/appropriate housing for vulnerable adults living on the streets or in shelters • Mental health and substance abuse treatment • Financial assistance • Transportation • Assistance with application, renewal and coordination of benefits such as Social Security, SSI, Medi-Cal and Medicare Full requested amount fund salaries of 1.5 FTE social work case managers and part of other staff time as well as some administrative costs.
FY20 Funding	FY20 funding requested: $180,038 FY20 funding recommended: $180,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $180,038 FY19 Approved: $180,038 FY19 6-month metrics met: 33%	FY18 Approved: $140,000 FY18 Spent: $140,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $140,000 FY17 Spent: $140,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	26	36
Encounters Provided	520	900
Enrolled patients in need of mental health or substance use treatment or services will be referred to and seen by a treatment provider.	55%	75%
Enrolled patients will complete services with New Directions within twelve months or less.	N/A	95%
Enrolled patients will be connected to and establish services with a minimum of one basic needs benefits program.	75%	80%

Pathways Home Health and Hospice

Program Title and Requested Amount	Pathways Un/Underinsured Care Program / $70,000
Grant Goal	This program provides high-quality home health and hospice services to un/under-insured individuals living in the El Camino Healthcare District. A grant of $70,000 will provide health care services (home health and/or hospice) to at least 45 individuals who are recovering from illness or surgery, managing a chronic disease, or coping with life-threatening conditions. The program's goal is to ensure that this vulnerable population receives the home health or hospice care prescribed by their doctors which allows them to remain in their homes as healthy as possible, to avoid re-hospitalization and emergency room visits, and to reconnect patients back to their primary care physicians for ongoing health management. Service are provided by physicians, licensed RN's, physical, speech and occupational therapists, social workers, bereavement counselors, and home health aides.
Community Need	Low-income individuals who are uninsured or underinsured are generally unable to pay for the home health services prescribed by their physician. According to El Camino Hospital's 2016 Community Health Needs Assessment, based on community input and secondary data: • Access to healthcare and healthcare delivery is the top Priority Health Need; • Despite increased availability under the ACA, 15% of the overall population and 32% Latino population are still without health insurance; • 11% of the overall population and 20% Latino population did not see a doctor when sick due to healthcare costs; • Patients who are unable to afford the home health care prescribed by a physician often choose to end care before it is medically desirable. This not only jeopardizes patient health, it puts further strain on emergency health care services. • With the repeal of healthcare mandate signed into law in late 2017, there will be more individuals that will choose not carry health insurance thus exacerbating the need. Source: https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf
Agency Description & Address	585 North Mary Avenue, Sunnyvale https://www.pathwayshealth.org/ Pathways provide high-quality home health, hospice, and palliative care services with kindness and respect, promoting comfort, independence and dignity. Non-profit, community-based Pathways have been a pioneer in home health, hospice and palliative care since 1977. With offices in Sunnyvale, South San Francisco and Oakland, Pathways serves more than 5,000 families annually in five Bay Area counties. Pathways care for patients wherever they live – at home, in nursing homes, hospitals and assisted living communities.
Program Delivery Site(s)	Patient homes within the El Camino Healthcare District.
Services Funded By Grant/How Funds Will Be Spent	Services, available in multiple languages, include: • Provide subsidized home health, palliative and restorative care • Provide nursing visits and 24-hour, on-call nursing service • Provide physical, occupational, and speech therapies, medical social workers and home health aides for personal care

FY20 Healthy Body Proposal Summary

HEALTHY BODY

	• Medication management with Pharmacist oversight and consultation • Uncompensated room and board for MediCal recipients on hospice • Spiritual and bereavement counselors Full requested amount funds partial salaries for a nurse, physical therapist, occupational therapist, speech therapist, social worker and other staff time as well as administrative costs. The staff is multilingual (Spanish, Russian, Cantonese, Mandarin, Vietnamese, Korean, Dutch, Tagalog).
FY20 Funding	FY20 funding requested: $70,000 FY20 funding recommended: $60,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $70,000 FY19 Approved: $55,000 FY19 6-month metrics met: 100%	FY18 Approved: $50,000 FY18 Spent: $50,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 50%

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	23	45
Services provided	173	338
Home Health 30-day re-hospitalization rate (low percentage desired)	11%	11%
Hospice patients who got as much help with pain as needed	83%	83%
Hospice family caregivers likely to recommend this hospice to friends or family	83%	83%

Planned Parenthood Mar Monte – Mountain View Health Center

Program Title and Requested Amount	Increasing Access to Primary Care and Integrated Behavioral Health Care at the PPMM Mountain View Health Center / $225,000
Grant Goal	To support access to Primary and Integrated Behavioral Healthcare, for primarily underserved high-poverty patients at the Mountain View Health Center. Health Center staff will provide primary care services, including pediatric and adult preventive care and treatment for episodic illnesses; referrals to specialists are provided when appropriate. Services will be delivered by a Physician, Clinicians, and Health Services Specialists (the equivalent of Physician Assistants). New for this proposal is the addition of a Behavioral Health Clinician to be an active member of the care teams for any behavioral health patients and provide them with counseling services. In addition to integrated primary and behavioral health care services, this program will also provide reproductive healthcare and cancer screening.
Community Need	According to a 2018 Health Affairs article, living in poverty has a significant, negative impact on health[1]. Low-income populations have higher rates of heart disease, diabetes, and strokes. Poor health increases the difficulty to obtain and retain employment, further reducing income level. Low-income populations also have fewer resources for accessing behavioral healthcare. Unrecognized and untreated behavioral health issues can add yet another obstacle to living a healthy, financially secure life. A 2015 study from the U.S. Centers for Disease Control and Prevention showed that "8.7 percent of people with incomes below the poverty line reported serious psychological distress from 2009 to 2012." For people with annual incomes at or above four times the poverty line, only 1.2% reported this kind of distress [2]. Community health centers are playing a critical role in fighting the challenges of providing accessible care to these populations. In 2018/2019, one in six Californians were provided healthcare services by a community health center. Low-income patients were significantly more likely to seek care at a community health center; in Santa Clara County, 46% of community health patients lived below 100% of the Federal Poverty Level (FPL), with a total of 65% living at or below 200% of the FPL. The patient demographics at Mountain View Health Center show an even higher percentage of low-income patients; in FY2018, 54% lived below 100% of the FPL, and 78% lived at or below 200%. Sources: 1. https://www.healthaffairs.org/do/10.1377/hpb20180817.901935/full/ 2. https://www.huffingtonpost.com/2015/05/28/mental-healthcoverage_n_7456106.html
Agency Description & Address	1605 The Alameda, San Jose https://www.plannedparenthood.org/planned-parenthood-mar-monte The mission of Planned Parenthood Mar Monte (PPMM) is to ensure that every individual has the knowledge, opportunity and freedom to make every child a wanted child and every family a healthy family. To achieve our mission, we are committed to providing accessible, affordable and compassionate reproductive, primary, prenatal and pediatric healthcare and education to women, men, teens, family and the medically underserved. We are also committed advocates for increased access to that care.
Program Delivery Site(s)	Services will be provided at agency site in Mountain View.
Services Funded By Grant/How Funds	Services include a broad range of integrated care including pediatric and adult preventive primary care as well as behavioral health:

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Will Be Spent	• Well child checks and well woman exams • Annual preventative visits • Preventative screenings for cancer risk (breast, cervical, colon) and disease risk (diabetes, high cholesterol, hypertension, Hepatitis C) and other medical issues • Behavioral health screenings (PHQ-2, PHQ-9, GAD-7, SBIRT) • Behavioral health counseling sessions of 35-40 minutes • Team-based patient care that includes a behavioral health clinician • Immunizations, including vaccines for children (PPMM participates in the Vaccines for Children program under the Center for Disease Control and Prevention); tuberculosis risk assessment and screening • Management of complex chronic medical conditions, such as hypertension, diabetes, chronic obstructive pulmonary disease, depression, and anxiety • Assessments of social determinants of health • Support with advanced directives • Appropriate education and counseling about healthy lifestyle choices Full requested amount funds will support the partial salaries of a center manager, check-out specialist, clinician, physician, behavioral health clinician, health service specialist along with supplies and administrative expenses.
FY20 Funding	FY20 funding requested: $225,000 FY20 funding recommended: $225,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $125,000 FY19 Approved: $125,000 FY19 6-month metrics met: 40%* *Metrics nearly met at 88% and 81%. Anticipates meeting annual targets.	FY18 Approved: $100,000 FY18 Spent: $100,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 80%	New in FY18

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	137	274
	Visits provided (may include multiple services)	407	1,114
	Primary care patients referred to specialists who receive care within 90 days	50%	50%
	Third Next Available appointment (TNA) within 5 days	70%	70%
	Hemoglobin A1c of less than 8 for diabetes patients	60%	60%
	Colon cancer screenings completed as appropriate for target age group	50%	50%

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Playworks

Program Title and Requested Amount	Playworks Sunnyvale and Mountain View / $216,034
Grant Goal	Playworks respectfully requests $216,034 in continued funding from the El Camino Healthcare District in support of our programs offered in Sunnyvale and Mountain View-Whisman School Districts. Funding will connect four low-income elementary schools in Sunnyvale to the Playworks Coach program and seven schools in Mountain View-Whisman and Sunnyvale to the Playworks TeamUp program. These programs benefit children by leveraging play as a tool to promote healthy behaviors, increase social/emotional learning, and improve the school climate. In addition to reaching children every school day at Coach schools and at least one out of every four weeks at TeamUp schools. Professional development will be provided to all adults on each school campus. All services will be delivered by our well-trained program staff, benefiting more than 5,603 K-6 students with an average free or reduced lunch program rate of 60%.
Community Need	Playworks' programs use play, a universally accessible activity, to establish new norms for respectful social behavior for every child. Research has demonstrated that play has the unique ability to help children develop the physical, social-emotional, cognitive, language, and self-regulation skills that are vital to their success now and in the future. A recent report from the American Academy of Pediatrics found that "play is fundamentally important for learning 21st century skills, such as problem solving, collaboration, and creativity, which require the executive functioning skills that are critical for adult success"[1]. The American Journal of Public Health (2015) reports that elementary students with strong social competencies, such as demonstrating empathy and treating others with respect, are 54% more likely to earn a high school diploma, twice as likely to attain a college degree, and 46% more likely to have a full-time job by age 25 [2]. Playworks programs focus on introducing and nurturing the love of play and physical activity, in a safe, healthy, inclusive environment. Approximately 34% of fifth graders in Santa Clara County are overweight or obese [3]. Children in Playworks schools spent significantly more time in vigorous physical activity at recess than their peers in control schools (Robert Wood Johnson Foundation). The goal is to keep children healthy, while also building positive connections and leadership at school. Sources: 1. http://pediatrics.aappublications.org/content/142/3/e20182058 2. http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630 3. (2017), http://www.kidsdata.org
Agency Description & Address	2155 South Bascom Ave #201, Campbell https://www.playworks.org/ Playworks is a national non-profit. Our vision is that one day every child in the U.S. will have access to safe, healthy play at school every day. Our goal is to establish play and recess as a core strategy for improving children's health and social emotional skills. Playworks' theory of change embraces the notion that a high functioning recess climate and caring adults on campus lead to a positive recess climate, which therefore positively affects the entire school climate. We develop student leaders and create a caring environment on the playground, in the classroom and in the community.

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Program Delivery Site(s)	Memorandums of understanding are completed with school partners in August to address the upcoming school year. Proposed grant activities will be delivered at: • Ellis Elementary • Lakewood Elementary • Vargas Elementary • San Miguel Elementary • Bishop Elementary • Cumberland Elementary • Cherry Chase Elementary • Fairwood Elementary • Mistral Elementary • Castro Elementary • Theuerkauf Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • The Coach Program places a highly trained program coordinator on campus to implement a multi-component program that includes: before school recess and recess, class game time for social-emotional learning and learning rules to games, leadership program, and interscholastic developmental sports leagues. Coaches will be on campus every day and will get to know every child by name. • The TeamUp Program places a highly trained Site Coordinator on campus one out of every four weeks, to deliver class game time and recess programming and to support a school recess team with consultation and training. • During the off weeks, a Playworks Program Manager will be available for consultation and support. The Program will offer school recess teams the opportunity to join Playworks coaches at Preservice, for our week of intensive training. • Training in Playworks techniques and strategies to yard duty, administrative staff, and teachers in each of the schools served will also be provided. Training the adults on campus makes a significant difference in the overall effectiveness of Playworks. Fully funded request will support program staff, supplies and other program expenses.
FY20 Funding	FY20 funding requested: $216,034 FY20 funding recommended: $216,034

	FY19	FY18	FY17
Funding History and Metric Performance	FY19 Requested: $242,500 FY19 Approved: $242,500 FY19 6-month metrics met: 100%	FY18 Approved: $278,000 FY18 Spent: $278,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $270,000 FY17 Spent: $270,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Dual Funding	FY20 funding requested: $91,627 FY20 funding recommended: $91,627

	FY19	FY18	FY17
Dual Funding History	FY19 Requested: $102,000 FY19 Approved: $102,000 FY19 6-month metrics met: 100%	FY18 Approved: $112,000 FY18 Spent: $112,000 FY18 6-month metrics met: 100%	FY17 Approved: $110,000 FY17 Spent: $110,000 FY17 6-month metrics met: 100%

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		FY18 annual metrics met: 100%	FY17 annual metrics met: 100%

FY20 Proposed Metrics	Metrics	6-month Target	Annual Target
	Students served	5,603	5,603
	Great Recess Framework average empowerment score	65%	85%
	Great Recess Framework average engagement score	75%	90%
	Teachers reporting that overall engagement increased use of positive language, attentiveness and participation in class	N/A	80%
	Teachers/administrators reporting that Playworks positively impacts school climate	N/A	95%

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Santa Clara Valley Medical Center

Program Title and Requested Amount	Homeless Healthcare and Dental Services in Sunnyvale and Mountain View / $1,538,198
Grant Goal	Valley Homeless Health Program (VHHP) is requesting $1,538,198 to serve homeless or at-risk individuals of all ages in Sunnyvale and Mountain View. This program will consist of two components: (1) medical and behavioral health services through a medical mobile unit, and (2) dental services at VHC Sunnyvale. VHHP's medical mobile unit will provide medical and behavioral health services twice a week; Monday afternoons and nights at the Sunnyvale cold winter shelter and Thursday all day at the Community Services Agency in Mountain View. The medical mobile unit team consists of a medical provider, psychologist, psychiatrist, nursing staff, and outreach team. In addition to medical and behavioral health services, the medical mobile unit team will also provide health education and assist in connecting patients to community agencies. Routine dental services will be provided five days a week at VHC Sunnyvale, with a specialty dental clinic available an additional three nights a week. There has been a 13% increase in the number of homeless individuals in Santa Clara County from 2015 to 2017; during that same time period, the city of Mountain View alone had a 50% increase in homelessness. VHHP is uniquely equipped to conduct outreach and provide much needed medical, behavioral, and dental health to this vulnerable and growing population.
Community Need	According to the 2017 point-in-time homeless census of North County, nearly 1 in 3 homeless individuals suffered from chronic health issues, and slightly more than 2 in 5 homeless individuals abused alcohol or drugs [1]. Rates of chronic health issues and alcohol or drug abuse were even higher amongst those considered to be chronically homeless. VHHP is uniquely equipped to provide comprehensive care to homeless and at risk residents, addressing both physical and behavioral health. The integration of medical and behavioral health in one team allows for patients to have both their medical and behavioral health needs addressed at the same time, ensuring continuity of care and improvement of health outcomes. One in five homeless individuals in North County is not receiving any form of governmental assistance, with nearly 1 in 2 of those individuals believing that they are ineligible for assistance. [2] VHHP's outreach worker and social worker are able to work with homeless individuals on the paperwork and documentation needed to qualify for benefits, as well as provide education on the community and government assistance programs available for homeless individuals. The target population for this grant will be homeless or at-risk individuals and families in North County. According to the 2017 point-in-time census, approximately 1,000 homeless individuals reside in North County. Of these individuals, nearly 3 in 5 are living on the streets or in their vehicles. Four in five have been homeless for a year or more. The majority of homeless individuals in Santa Clara County are enrolled in government funded programs such as Medi-Cal and/or Medicare. Approximately 1 in 5 homeless individuals living in North County indicated that alcohol/drug use or an illness were the primary cause of homelessness. The Surgeon General has considered oral diseases to be a silent epidemic disproportionately affecting the poor [3]. Lack of transportation and difficulty in accessing care due to inability to taking off time from work were two of the reasons cited as contributing to the issue. The VHC Sunnyvale dental clinic will provide urgent care dental services three evenings a week to increase access to working homeless individuals as well as routine dental services five days a week. VHHP's outreach team will be able to provide transportation as needed for patients to and from dental appointments.

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	Sources: 1. https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2017%20Report-North%20County.pdf 2. https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2015%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey/2017%20Report-North%20County.pdf 3. https://profiles.nlm.nih.gov/ps/access/NNBBJT.pdf
Agency Description & Address	976 Lenzen Avenue, 2nd floor, San Jose https://www.scvmc.org Santa Clara Valley Medical Center's (SCVMC) Valley Homeless Healthcare Program (VHHP) provides integrated medical and behavioral health services to homeless and at-risk individuals living in Santa Clara County. VHHP employs the use of mobile units to provide services in locations frequently visited by homeless individuals, reducing barriers to accessing care. The integrated team includes outreach and community workers to assist in care coordination and linkage to assistance programs. In 2018, VHHP provided outpatient and enabling services for nearly 7,000 homeless individuals living in Santa Clara County.
Program Delivery Site(s)	Community Services Agency, Mountain View and Cold Weather Shelter Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	Services include: • Clinical appointment with physician or psychiatrist (2 days/week) • Counseling sessions with psychologists (2 days/week) • Walk-in clinical visits (2 days/week) • Case management sessions with social worker (2 days/week) • Outreach/transportation assistance (2 days/week) • Routine dental appointments (5 days/week) • Urgent care and specialty dental appointments (3 evenings/week) Full requested funding will support .5FTE salaries (no benefits) for a physician, RN, nurse coordinator, licensed vocational nurse, psychologist, psychiatrist and mobile outreach driver. Dental personnel include 1.5 FTEs dentist, 3FTEs dental assistant. An additional 3.5 FTEs (social worker, financial counselor, senior health representatives, and community worker) and all supplies will be included in kind. (Request: $798,050 for Homeless Health Program and $740,317 for Dental)
FY20 Funding	FY20 funding requested: $1,538,198 FY20 funding recommended: $700,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $1,343,874 FY19 Approved: $1,075,000 FY19 6-month metrics met: 100%	FY18 Approved: $1,000,000 FY18 Spent: $1,000,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $968,000 FY17 Spent: $968,000 FY17 6-month metrics met: 83% FY17 annual metrics met: 100%

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	Metrics	6-month Target	Annual Target
FY20 Proposed Metrics	Patients served	880	1,600
	Primary care and behavioral patients served	180	300
	Dental patients served	700	1,300
	Visits provided	2,000	4,300
	Primary care and behavioral health encounters	400	900
	Dental encounters	1,600	3,400
	Behavioral health patients who adhere to treatment plans after receiving neuropsychological testing and motivational interviews	80%	85%
	Patients screened for clinical depression using SHA tool (if screened positive for depression, for which a follow-up plan is documented)	65%	75%
	Emergency or urgent dental patients who return for maintenance exam within 6-months	50%	60%
	Dental or emergency dental patients that require oral surgery treatment and has the treatment completed in a specialty dental clinic	25%	40%

Silicon Valley Bicycle Coalition

Program Title and Requested Amount	Pedal2Health in Sunnyvale / $30,000
Grant Goal	To launch Pedal2Health in Sunnyvale, providing bicycle safety workshops for affordable housing communities, neighborhood group rides, and train residents to serve as Bike Ambassadors for their housing developments. The goal is to improve health, build community between law enforcement and low income residents, improve street safety, and create lasting bike riding habits. Pedal2Health will serve these residents and other underserved communities, all of whom can benefit from the health benefits of using a bike for basic transportation. Silicon Valley Bicycle Coalition (SVBC) is in its second year of implementing Pedal2Health in San Jose. The program will be led by League Cycling Instructors (LCI's), in partnership with affordable housing developers with whom Pedal2Health has been collaborating.
Community Need	There are several elements of the community health needs assessment that Pedal2Health addresses. Foremost among them are obesity (under "healthy body") and unintentional injuries (under "healthy community"). While there is a countywide problem with both of these elements, it is especially pronounced in low income communities. With regard to obesity, this affects 49 percent of Santa Clara County adults making upwards of $70,000 annually, but the rate is higher - 68 percent - for adults making less than $20,000 annually [1]. When left unchecked, obesity can cause other health problems, including hypertension, heart disease, and diabetes [2]. Regular exercise is a well-established method of fighting obesity; the recommended amount for adults is 2.5 hours of moderate exercise per week [3]. Getting this exercise through bicycle-based transportation has been found to significantly reduce obesity and its related health problems [4]. Through education and encouragement activities, Pedal2Health will help residents of affordable housing developments use the bicycle to help them meet the recommended amount of exercise. Promoting everyday bicycle use can greatly reduce the health problems arising from obesity, which affects 68 percent of adults making less than $20,000 annually (Santa Clara County Public Health Department, July 2010). Obesity can cause health problems such as hypertension, heart disease, and diabetes. (Centers for Disease Control and Prevention (CDC), June 2015). While bicycling is a fun, effective way to meet the weekly recommended amount of exercise, it must be done safely. SVBC is working with Sunnyvale on their El Camino Plan and Bike Plan, and can provide valuable feedback on safe biking facilities for low-income communities. SVBC is already working closely with several public and nonprofit agencies to address the road conditions that contribute to the injury rate. In addition, SVBC is an active participant in the Sunnyvale Safe Routes to School Collaborative, where we help parents and school administrators find ways to help K-12 students find safe, pedestrian- and bike-friendly ways to get to school and extracurricular activities. Pedal2Health will provide additional tools to reduce the risk of injury by educating the affected communities about safe bicycling practices and leading group rides, helping residents put what they learn about safe riding to practice. Sources: 1. Santa Clara County Health Department, July 2010: https://www.sccgov.org/sites/opa/nr/Pages/Santa-Clara-County-Public-Health-Department-Releases-Health-Profile-Report.aspx 2. CDC, June 2015 (The Health Effects of Overweight and Obesity) https://www.cdc.gov/healthyweight/effects/index.html 3. CDC, June 2015 (How Much Physical Activity do Adults Need?): https://www.cdc.gov/physicalactivity/basics/adults/index.htm

	4. Archives of Internal Medicine, July 2009 (Active Commuting and Cardiovascular Disease Risk): https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/773531
Agency Description & Address	96 N. 3rd Street Suite 375, San Jose https://bikesiliconvalley.org/ Silicon Valley Bicycle Coalition (SVBC) was incorporated as a 501(c) (3) in 1993 to create a community those values, includes, and encourages bicycling for all purposes for all people in Santa Clara and San Mateo Counties. SVBC works with government partners, non-profit organizations, business partners, and community members to reach the overarching goal to have 10% of all trips taken by bike in 2025. The intention behind this is to address many of our society's most pressing problems, particularly human health. Our recent successes include securing community support for San Jose's Better Bikeways bike lane network and winning passage of San Mateo County's Measure W (2018). This measure provides for updated facilities for people who bike and walk through a transportation sales tax.
Program Delivery Site(s)	Services will be delivered at affordable housing developments in the El Camino Healthcare District. SVBC has already been working with Charities Housing, First Community Housing, and MidPen Housing, which manage affordable housing developments in Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • 12 one-hour bike commute safety workshops • 12 one-hour group rides, led by LCI-certified SVBC staff and Sunnyvale's Department of Public Safety • 6 one-hour Bike Ambassador trainings • 4 one-hour helmet fitting and distribution events • Distribution of basic safety equipment such as helmets and bike lights, as well as instruction on proper helmet fit and maintenance Full requested amount would support partial salaries.
FY20 Funding	FY20 funding requested: $30,000 FY20 funding recommended: $25,000

Funding History and Metric Performance	FY19	FY18	FY17
	New in FY20	New in FY20	New in FY20

FY20 Dual Funding	FY20 funding requested: $30,000 FY20 funding recommended: DNF

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $30,000 FY19 Approved: $30,000 FY19 6-month metrics met: 75%	FY18 Approved: $30,000 FY18 Spent: $30,000 FY18 6-month metrics met: 0% FY18 annual metrics met: 33%	New in FY18

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served (attendees of bike commute workshops)	150	300
	Participants on community bike rides	100	200
	Committed Bike Ambassadors trained to lead bike rides after program ceases	6	12
	Surveyed participants report feeling more comfortable when riding a bike	5%	10%
	Survey participants report feeling more safe riding a bike in the future as a result of the workshop/ride	5%	10%

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Sunnyvale School District

Program Title and Requested Amount	Healthcare Grant / $287,000
Grant Goal	Sunnyvale School District is requesting $287,000 To continue funding 2 full time school nurses and one full time equivalent health assistant position to allow us to provide comprehensive school health services for all students. All services will be provided year-round and as needed such as case management, assessments, implementation of care plans and staff training. Daily services include direct medical services, such as management of students with diabetes, ADD/ADHD and asthma.
Community Need	• Implement health care plans and manage students with special health care needs or chronic conditions, such as diabetes, asthma, severe allergies, ADHD/ADD and seizures. In the ECH 2016 Community Health Needs Assessment (CHNA), learning disabilities, including ADHD and ADD, and obesity and diabetes were identified as health needs. According to the CHNA, "children with ADHD are at increased risk for antisocial disorders, drug abuse and other risky behaviors". The report also indicates that Santa Clara County's Latino and Black youth are more likely to be overweight and therefore failing the Healthy 2020 targets for this population [1]. Five of Sunnyvale School District Schools are located within Sunnyvale Neighborhoods where the teen obesity rate is 22%, which is more than twice the rate in Santa Clara County (10%)[2]. • Assist families navigate the health care system and advocate for them, helping them access healthcare, another community health need identified by the EC 2016 CHNA. According to the report, "Latinos are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost"[1.] Identify students, who chronically miss school due to illness, provide assessment and necessary interventions. Sources: 1. El Camino Hospital 2016 Community Health Needs Assessment: https://www.elcaminohospital.org/sites/ech/files/2016CommunityHealthNeedsAssessment20160615.pdf 2. Santa Clara County Public Health Department, Sunnyvale Neighborhood Profiles: https://www.sccgov.org/sites/phd/hi/hd/Pages/sunnnyvale.aspx
Agency Description & Address	819 W. Iowa Ave, Sunnyvale https://www.sesd.org/ The Sunnyvale School District's mission is to provide every student with a strong foundation of academic, behavioral and social-emotional skills to prepare them for success in a diverse, challenging and changing world. The Sunnyvale School District's team includes 943 highly qualified educators, administrators and support staff whose primary goal is to enable the approximately 6,800 students enrolled in our school to achieve academic success. The district has experienced steady growth over the past few years and this trend is expected to continue for the foreseeable future. Sunnyvale School District is comprised of comprehensive preschool program, eight elementary schools serving Kindergarten through 5th grade and two middle schools serving students in 6th through eighth grade.
Program Delivery Site(s)	All Sunnyvale School District schools

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Services Funded By Grant/How Funds Will Be Spent	Services include: • Collaborate with healthcare providers and parents to create and implement individualized health care plans for students with chronic medical conditions, such as allergies, asthma, diabetes and seizures. • Inform school staff of students' medical conditions and provide appropriate training based on individualized needs of students, such as pipen administration training, diabetes, asthma and seizure management. • Provide vision screening for students in Transitional Kindergarten, Kindergarten, second grade, fifth grade, and eighth grade. • Provide individual vision and hearing screenings and/ or health assessments for students in special education and contribute nursing assessment information to the assessment team. • Follow up on all students who failed vision or hearing screenings with letters, emails and phone calls to determine whether student was seen by their provider and what the outcome was • Follow up on students who do not have a CHDP physical on file after entering Kindergarten by sending letters and emails. • Provide case management for students with attendance issues where the barrier for attending school is health related. • Follow up with parents and/ or students who have a health problem listed in our student data base and which has not yet been addressed. If new health need is identified, it will be addressed to make sure all students' health needs are met. Full requested funding will support two full time nurses, 1.2FTEs health assistant and supplies.
FY20 Funding	FY20 funding requested: $287,000 FY20 funding recommended: $282,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $291,325 FY19 Approved: $287,000 FY19 6-month metrics met: 100%	FY18 Approved: $275,000 FY18 Spent: $275,000 FY18 6-month metrics met: 75% FY18 annual metrics met: 100%	FY17 Approved: $275,000 FY17 Spent: $275,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	2,243	4,487
	Students who failed vision or hearing screening and saw their healthcare provider	52%	72%
	Students chronically absent due to illness (>10% of school days) who improved attendance	66%	67%
	Kindergarten students who received a well-child exam as measured by the receipt of a complete CHDP (Child Health and Disability Prevention Program) "Health Exam for School Entry" Form	33%	66%
	Students who were assessed for potential not yet identified health needs based upon parent reporting health problem at point of registration.	40%	70%

Teen Health Van

Program Title and Requested Amount	Lucile Packard Children's Hospital's Mobile Adolescent Health Services Program (the "Teen Health Van") at Mountain View Los Altos Union High School District/$118,098
Grant Goal	Referred to as the "Teen Health Van," the program consists of a medical team and mobile clinic that provide services to students at Mountain View Los Altos Union High School District to address the unmet health needs of the most underserved population in our community: at-risk, uninsured, underinsured, and homeless patients, ages 10 to 25 years. The Van's multi-disciplinary staff (physician, nurse practitioner, licensed clinical social worker, and registered dietician) provides comprehensive primary health care services to pre-teens, teens, and young adults annually. Services include medical exams, medications, laboratory work, nutrition/fitness counseling, psychosocial and mental health counseling. Additionally, the social worker and dietician offer group sessions on an as-needed basis on a variety of adolescent issues, including self-esteem, body image, mental health, substance use, and acculturation issues for new refugees/immigrants. Patients who require specialty care, dental, or vision care are provided a referral and often receive treatment at no cost. Students receive continuity of care over the summer months as well.
Community Need	Adolescents and young adults are one of the most medically underserved populations in the San Francisco Bay Area [1], 30.4% of children ages 6-17 who live in Santa Clara County are uninsured or rely on public insurance. Of the homeless youth population in Santa Clara County, 58.3% are in grades 6-12 [2]. This population often has complex unaddressed health problems, which include lack of immunizations and medications; high-risk sexual activity leading to elevated rates of sexually transmitted disease and unintended pregnancies; tobacco, alcohol, and other substance abuse; malnutrition and eating disorders; poor performance in school; family problems including abuse and neglect; relationship problems including domestic abuse; and mental health issues such as anxiety and depression. Because homelessness can cause severe trauma, children and teens that experience short or long-term homelessness are more likely than others to suffer from physical and mental health problems. These youth generally do not know how to access services available to them and wait to seek treatment until their condition requires a costly emergency room visit. Relying on the emergency department for medical care also often means that important physical and mental health conditions are not diagnosed until they are very serious, and otherwise preventable complications have developed. For many of these patients, the Van serves as their single point of healthcare access. It is estimated that every dollar invested in the Teen Van leads to a savings of $10 because of its success in prevention and early treatment. The staff builds trust within this typically slow-to-trust population by spending dedicated time with each patient and keeping a reliable schedule. The majorities of the Van's patients suffer from multiple health-related problems, including mental health issues such as anxiety and depression, and require ongoing care. Sources: 1. https://www.kidsdata.org/topic/337/healthinsurance-age/table#fmt=393&loc=59&tf=88&ch=1109,1115,551&sortColumnId=0&sortType=asc) 2. https://www.kidsdata.org/topic/794/homeless-students-grade/table#fmt=1209&loc=59&tf=88&ch=1129,1130&sortColumnId=0&sortType=asc
Agency Description & Address	400 Hamilton Avenue, Suite 340, Palo Alto Lucile Packard Children's Hospital Stanford is a nonprofit hospital, devoted exclusively to the health care needs of children and expectant mothers throughout Northern California and around the world. Lucile Packard Foundation for Children's Health is the fundraising entity for the hospital; philanthropy supports clinical care, research, and education to improve the health of

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	children and expectant mothers, locally and worldwide.
Program Delivery Site(s)	Mountain View Los Altos Union High School District: • Los Altos High School, 201 Almond Avenue, Los Altos • Alta Vista High School, 1325 Bryant Avenue, Mountain View • Mountain View High students receive transportation to be seen at either school above
Services Funded By Grant/How Funds Will Be Spent	Comprehensive services include: • Provide staff of a doctor, nurse practitioner, social worker, and dietician • Provide comprehensive medical care including complete physicals • Provide social services assessments • Provide immunizations • Provide substance abuse, mental health, HIV testing and referral • Provide nutrition counseling • Provide medications • Provide lab tests on site • Provide Mindfulness training for stress reduction Full requested funding would support the partial salaries of the Medical Director, Dietitian, Social Worker, Nurse Practitioner, Medical Assistant and Registrar/driver, as well as medical supplies and pharmaceuticals.
FY20 Funding	FY20 funding requested: $118,098 FY20 funding recommended: $95,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $104,457 FY19 Approved: $95,000 FY19 6-month metrics met: 100%	FY18 Approved: $92,000 FY18 Spent: $92,000 FY18 6-month metrics met: 66% FY18 annual metrics met: 100%	FY17 Approved: $85,000 FY17 Spent: $85,000 FY17 6-month metrics met: 100% FY17 annual metrics met:100%

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	55	110
Services provided	220	440
Students who receive necessary vaccinations to complete the three-part Hepatitis B series	N/A*	95%
Students who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications, after screening positive for depression	95%	95%
Students who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A**	60%
Students who use alcohol or drugs and decrease their frequency by 1 level out of 5	N/A**	55%

** All students/patients will be screened for completion of the full Hepatitis series. However, since the entire series requires three shots over six months, agency will not have a completion rate available at six months.*

*** These two impact metrics require assessments at six month follow-up visits. These visits will not occur in time to provide an interim metric given the varied appointment dates throughout the grant period.*

Vista Center for the Blind and Visually Impaired

Program Title and Requested Amount	Vision Loss Rehabilitation / $40,642
Grant Goal	Vista Center is requesting $40,642 to support our Vision Rehabilitation Program for blind and visually impaired adults. A blind/visually impaired individual may have any combination of any of the following services based on their individual needs: Intake Assessment/Case Management, Individual Counseling/Support Group, Information and Referral, Orientation & Mobility training, Daily Living Skills training, Low Vision Exam and Assistive Technology. With the exception of the Low Vision Exam, all other services may be provided in the individual's home or community at a time that is agreed to by our staff and the individual. Vista's program is effective in helping adults care for themselves safely and effectively in their home environment, travel confidently in the community and access community resources, and maintain a level of adjustment to disability which will prevent isolation and depression. These skills are taught in a supportive environment and are necessary to remain independent.
Community Need	According to the World Health Organization's Fact Sheet dated October 2018, it states that globally it is estimated that approximately 1.3 billion people live with some form of vision impairment. The majority of people with vision impairment are over the age of 50 years. Population growth and ageing will increase the risk that more people acquire vision impairment [1]. The National Federation [2] for the Blind reports that in 2015, 768,267 Californians had vision loss, 17% ages 18-64 years and 43% ages 65-74 years old. Vision loss negatively impacts the health and well-being of adults and especially seniors leading to increased risk of falls and fractures; premature institutionalization; greater risk of depression and isolation; difficulty identifying medication, which can lead to medication mismanagement resulting in injury or death; difficulty in bathing, dressing , cooking, cleaning, managing bills, paperwork and other activities of daily living. Without support, knowledge and skills needed to adapt to life with limited or no vision, it becomes nearly impossible for adults/seniors to live independently and safely in their own homes, often resulting in an expensive alternative living situation. Our Vision Loss Rehabilitation Program is proven effective in helping visually impaired clients maintain their independence, with dignity and confidence. Sources: 1. http://www.who.int/mediacentre/factsheets/fs282/en/ 2. http://www.afb.org/info/blindness-statistics/state-specific-statisticalinformation/california/235
Agency Description & Address	2500 El Camino Real, Suite 100, Palo Alto https://www.vistacenter.org/index.html Vista Center for the Blind and Visually Impaired mission is to empower individuals who are blind or visually impaired to embrace life to the fullest through evaluation, counseling, education and training. We know that individuals who have significant vision loss can utilize resources and learn new ways of doing the tasks of daily living, thereby regaining their independence. We provide comprehensive vision loss rehabilitation services and resources to individuals who are blind or visually impaired in Santa Clara, San Mateo, Santa Cruz, and San Benito Counties regardless of ability to pay. In FY18, we served over 2800 families and individuals.
Program Delivery Site(s)	Services will be delivered at the agency or in the patient's home.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Services Funded By Grant/How Funds Will Be Spent	Services include: • One hour Initial Assessments (one session) • One hour Individual or Group Counseling (average 8 sessions) • One hour Daily Living Skills (average 4 sessions) • 1.5 hours Orientation & Mobility (average 4 sessions) • One hour Assistive Technology (average 3-4 session) • 75 minute Low Vision Exams (one session) • Full funding will support the partial salaries of staff and program expenses.
FY20 Funding	FY20 funding requested: $40,642 FY20 funding recommended: $30,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $24,921 FY19 Approved: $24,921 FY19 6-month metrics met: 100%	New in FY19	New in FY19

FY20 Dual Funding	FY20 funding requested: $71,819	FY20 funding recommended: $40,000

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $52,957 FY19 Approved: $40,000 FY19 6-month metrics met: 100%	New in FY19	New in FY19

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	21	45
	Services provided	125	280
	Clients who improve at least one level from Not Confident to Somewhat Confident to Confident in their ability to prepare a simple meal	90%	90%
	Clients who improve at least one level from Not Confident to Somewhat Confident to Confident in their ability to safely move within their residence or community	90%	90%
	Client who indicate that they are able to read printed material after program participation	70%	70%

FY20 Healthy Mind Proposal Summary

Acknowledge Alliance

Program Title and Requested Amount	Project Resilience and Social Emotional Learning (SEL) Program / $60,000
Grant Goal	Social Emotional Learning (SEL) services for students, teachers and administrators at schools in the Sunnyvale and Mountain View school districts. This program promotes lifelong resilience and sound mental health in youth by strengthening the social and emotional skills of children/youth and the caring capacity of the adults who influence their lives.
Community Need	Students, especially those who are disenfranchised and from marginalized communities, are facing adversities that hinder success, both in and out of school. Without their social and emotional needs addressed, these students can become disengaged, disruptive and detrimental to the learning environment. Unfortunately, Teachers lack the training on how to address students' social emotional needs, as well as their own. When Teachers lack SEL knowledge and concrete strategies, teachers feel ineffective and struggling students are left behind. Reports abound of teacher shortages, and many of those already in the profession struggle. A survey[1] found that 78% are often physically and emotionally exhausted at the end of the day and 87% say the demands of their job are at least sometimes interfering with their family life. Numerous other surveys have found low morale among teachers. In addition, according to [2] today's schools are increasingly multicultural and multilingual with students from diverse social and economic backgrounds. Educators and community agencies serve students with different motivation for engaging in learning, behaving positively, and performing academically. Social and emotional learning (SEL) provides a foundation for safe and positive learning, and enhances students' ability to succeed in school, careers, and life. [3]High levels of stress negatively affect teacher wellness, causing burnout, lack of engagement, job dissatisfaction, poor performance and high turnover rates. These factors hinder teaching and learning, lower student-achievement and increase financial costs for schools. These SEL services are grounded in evidence-based frameworks and best practices, including resilience theory and the SEL research of the Collaborative for Academic Social and Emotional Learning (CASEL), a national organization that provides research and helps set educational policy. Following CASEL's SAFE approach in our SEL curriculum[4.] Sources: 1. American Federation of Teachers - https://www.aft.org/periodical/psrp-reporter/fall-2015/stressed-out 2. Handbook of Social and Emotional Learning, (Edited by Joseph A. Durlak, Celene E. Domitrovich, Roger P. Weissberg, and Thomas P. Gullotta) 3. " A recent study by the Robert Wood Johnson Foundation and the Pennsylvania State University found that "when teachers are highly stressed, children show lower levels of both social adjustment and academic performance." 4. (CASEL, 2008; Zins & Elias, 2004).
Agency Description & Address	2483 Old Middlefield Way, Suite 201, Mountain View https://www.acknowledgealliance.org/ Acknowledge Alliance was founded in 1994 as The Cleo Eulau Center to help children rebound from adversity by nurturing their individual strengths and resilience. The mission is to promote lifelong resilience in children and youth and strengthen the caring capacity of the adults who influence their lives. Acknowledge Alliance serves K-12 public and private schools in San Mateo and Santa Clara Counties, impacting over 300 educators and nearly 4500 students annually. Their services consist of a three-tier Continuum of Support: Lifelong resilience, social emotional wellness and academic success for teachers, students and administrators.

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

Program Delivery Site(s)	Sunnyvale School District: • Bishop Elementary • Cherry Chase Elementary • Fairwood Elementary • San Miguel Elementary • Columbia Middle School • Sunnyvale Middle School • Lakewood Elementary Mountain View Whisman School District: • Monta Loma Elementary • Other MVWSD school sites TBD
Services Funded By Grant/How Funds Will Be Spent	Social and Emotional Learning (SEL) services include: • SEL lessons to 3-7th grade students in identified Sunnyvale and Mountain View schools • One-on-one student counseling • Parent workshops • Resilience Consultation and Coaching: • SEL training and professional development for teachers • Individual and Group Consultations/Coaching Sessions • Classroom observations • Resilience Groups for Teachers, Staff, and Administrators - Focused on building the resilience of educational staff, with content based on input from participants Full requested amount funds partial salaries of program director and consultants as well as administrative costs.
FY20 Funding	FY20 funding requested: $60,000 FY20 funding recommended: $50,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $50,000 FY19 Approved: $50,000 FY19 6-month metrics met: 100%	FY18 Approved: $35,000 FY18 Spent: $35,000 FY18 6-month metrics met: 0% FY18 annual metrics met: 100%	FY17 Approved: $35,000 FY17 Spent: $35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 75%

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	335	1,440
SEL Lessons for students	89	400
Teachers and principals served through resilience groups	40	137
Teachers will report an increase in positive educator/student relationships	N/A	80%
Teachers and administrators will increase their use of strategies to promote personal and professional resilience.	N/A	70%
Teachers and administrators will report that the Acknowledge Alliance Resilience Staff worked to promote a positive school climate.	N/A	75%

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

Avenidas

Program Title and Requested Amount	Avenidas Rose Kleiner Adult Day Health Program / $52,000
Grant Goal	To fund a full-time Social Worker's position to help provide integrated daily support services at Avenidas Rose Kleiner Center (AKRC), our adult day health program.
Community Need	In response to federal and state policy initiatives authorized by the Affordable Care Act and the Coordinated Care Initiative (CCI), Santa Clara County health and social service departments, health plans, health care institutions and providers are working together to integrate health care and supportive social services with an eye toward reducing rising health care costs. Meeting this goal must include recognition of the vital role that Long- Term Support Services, such as those provided by Avenidas Rose Kleiner Center, play in helping adults with multiple chronic conditions maintain daily functioning, manage complex needs and continue to live in the community and "age in place."
Agency Description & Address	270 Escuela Avenue, Mountain View Founded in 1969, Avenidas is a multi-service senior services agency whose mission is to preserve the dignity and independence of members to help participants meet transitions in life due to aging, illness and cognitive decline. Avenidas serves over 7,500 older adults and their family members each year in the mid-peninsula area with an extensive array of programs and services to keep older adults healthy, engaged, and active so they can live as independently as possible. Over 40 years ago, Avenidas started the Rose Kleiner Center (ARKC). It is a state licensed adult day health center designed to serve the dependent and medically high-risk segment of the elderly population, many with Alzheimer's Disease and dementia, while supporting their efforts, and those of their family, to remain in their own homes.
Program Delivery Site(s)	Program services will be delivered at the agency site in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Daily case Management including a) personal check-in with each participant, b) review of daily psychosocial progress in Care Plan, c) as needed, link/coordinate internal support services for participant with agency's Interdisciplinary Team including registered nurses, physical, occupational and speech therapists, d) as needed, link/coordinate external support services with community-based service providers and e) complete Care Plan notes and updates • Assessments and psychosocial evaluations conducted by the Interdisciplinary Team, which includes the Social Worker, every 2 months to ensure that Care Plans meet participants' ongoing needs • Family support including one hour monthly meetings to provide information, referrals, etc., allowing the family to maintain a supportive home environment for their frail senior and to obtain vital ongoing support and self-care. Full requested funding would support 86% of a full-time Social Worker position

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

FY20 Funding	FY20 funding requested: $52,000	FY20 funding recommended: $52,000	
Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $50,000 FY19 Approved: $50,000 FY19 6-month metrics met: 100%	FY18 Approved: $45,000 FY18 Spent: $45,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	New in FY18

	Metrics	***6-month Target***	***Annual Target***
FY20 Proposed Metrics	Older adults served	83	103
	Case management service units provided	585	1,175
	Family caregiver support units provided	305	560
	Older adults who maintain at least three Activities of Daily Living	93%	93%

CHAC (Community Health Awareness Council)

Program Title and Requested Amount	School Intervention/Prevention Program /$285,755
Grant Goal	To continue CHAC's school-based Intervention/Prevention program, a comprehensive, school-based mental health service program at 10 Schools within the Sunnyvale Elementary School District. This includes individual, group, and family therapy and Social-Emotional Learning (SEL) programs offered to third grade, fifth grade and middle school students. On school campuses, student individual therapy services are provided as classroom "pull-outs" during the school day; SEL programs are conducted at lunch time. The program address child and adolescent mental health disorders including anxiety, depression, sadness, lack of self-worth, alcohol and substance abuse or addiction, violence, and suicide. Providing these services in the school setting allows children who may not otherwise be able to access mental health services to receive the emotional support they need to succeed in school and in life.
Community Need	Child and adolescent mental health disorders are the most common illnesses that children will experience under the age of 18. Examples include anxiety, depression, sadness, lack of self-worth, alcohol and substance abuse or addiction, violence, and suicide. Untreated, any of these issues can impact overall health and well-being, create an enormous burden for them and their families, and may significantly affect their chances for success in life. The facts are sobering at the national and local levels [1]: • 20% of school-aged children are affected by a mental health condition • 50% of all mental health conditions begin by age 14 • 11% of youth have a mood disorder • 10% of youth have a behavior or conduct disorder • 8% of youth have an anxiety disorder The Santa Clara County Children's Agenda 2018 Data book cited a 2014 UCLA study that found 75% of children with mental health needs in California do not receive treatment. Kidsdata.org reports the following information about Santa Clara County (SCC) Youth based on 2013-2015 surveys: • 33% of SCC children who needed mental health services did not receive treatment. • 203 youth in SCC, ages 10-24, took their own lives between 2005 and 2015. • 20% of high school students taking the 2015 California Health Kids Survey reported that they had seriously considered suicide in the past 12 months. • 15.8% of SCC students, grades 7, 9, 11, reported depression related feelings between 2013 and 2015. For Sunnyvale only 7th grade data is available, with 21.8% of these students reporting depression related feelings between 2013 and 2015. 33.3% of 7th graders of multiracial origin, 27.8% of Latino origin and 11.9% of white origin report depression related feelings. In the 2018-2019 school years, CHAC clinicians and school administrators identified a significant rise in non-suicidal self-harming behaviors among Sunnyvale Elementary School District (SESD) fifth graders and middle school students. These behaviors include cutting, copy-cat cutting, biting, burning, Trichotillomania, carving, and scratching. A recent study highlighting the need for Social Emotional learning concluded[4]: "Children who are emotionally healthy have acquired

	skills that enable them to learn from teachers, make friends, cope with frustration, and express thoughts and feelings. Children with poor social-emotional skills often display difficult or disruptive behavior when they enter school making it more difficult for teachers to teach them and ultimately to categorize them as less socially and academically competent. Consequently, as they move through school, teachers may provide less positive feedback, peers may reject them resulting in even less emotional support and few opportunities for learning from their classmates." Sources: 1. http://www.nami.org 2. http://www.kidsdata.org 3. "Non-suicidal self-injury (NSSI) is defined as: the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned" (Bubrick, K., Goodman, J. & Whitlock, J., 2010 http://www.selfinjury.bctr.cornell.edu/about-self-injury.html#tab1 4. The Santa Clara County Children's Agenda 2018 Data Book, www.kidsincommon.org/storage/3283/Data-Book-2018.pdf
Agency Description & Address	590 W El Camino Real, Mountain View http://www.chacmv.org/ CHAC serves the elementary and high school districts of Mountain View, Los Altos, Los Altos Hills and Sunnyvale and draws individual and family counseling clients to its Mountain View clinic from many Santa Clara County mid-Peninsula communities. CHAC provides clinic services to its clients regardless of ability to pay using an income-based sliding fee schedule where a client may pay as little as $1 per visit. CHAC's provides clinical training, in the form of apprenticeships to between 70 and 80 Marriage and Family Therapists (MFT), Clinical Psychology Doctoral students and interns annually. CHAC's full-time Doctoral Internship Program is accredited by the American Psychological Association.
Program Delivery Site(s)	The following 10 schools in the Sunnyvale School District: • Bishop Elementary • Cherry Chase Elementary • Cumberland Elementary • Ellis Elementary • Fairwood Elementary • Lakewood Elementary • San Miguel Elementary • Vargas Elementary • Columbia Middle • Sunnyvale Middle

Services Funded By Grant/How Funds Will Be Spent	Services include:
	• Intervention Services:
	  ○ Individual counseling
	  ○ Counseling in dyad and triad small groups of similar diagnosis
	  ○ Collateral counseling-related assessment
	  ○ Crisis intervention
	  ○ Case management
	• Prevention Services: Social-emotional learning programs (Just for Kids; Tween Talk)

FY20 Healthy Mind Proposal Summary

	Full requested amount funds 1.9 FTE clinical supervisors and partial salaries for MFT Intern stipends, senior MFT associates and social-emotional learning program staff as well as administrative costs.
FY20 Funding	FY20 funding requested: $285,755 FY20 funding recommended: $280,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $320,447 FY19 Approved: $280,000 FY19 6-month metrics met: 100%	FY18 Approved: $181,000 FY18 Spent: $181,000 FY18 6-month metrics met: 50% FY18 annual metrics met: 50%	FY17 Approved: $181,000 FY17 Spent: $181,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 80%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	400	1,150
	Service hours provided	4,050	9,000
	Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students 11-17)	N/A	40%
	Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students 10 and under)	N/A	50%
	Just for Kids program students who will show a 15% improvement in their level of Social Emotional Learning (SEL) knowledge of core concepts from the pretest to the post test.	N/A	70%
	Tween Talk program students will show a 15% improvement in their level of Social Emotional Learning (SEL) knowledge of core concepts from the pretest to the post test	N/A	70%

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

Law Foundation of Silicon Valley

Program Title and Requested Amount	Removing Legal Barriers to Mental Health Access/ $70,000
Grant Goal	To increase stability and improve mental health by increasing access to mental health services. This program provides legal services to people with mental health disabilities living in the El Camino Healthcare District. Attorneys provide legal counsel and advice, extended legal representation, referrals to other community-based organizations and more, in an effort to ensure that people with mental health or developmental disabilities have access to services and public benefits that are critical to their health and well-being. The Law Foundation will also conduct outreach and educational presentations to providers at medical and safety-net facilities in an effort to expand services for people with mental health disabilities. This program helps people living with mental health disabilities gain access to healthcare and other support they need to improve their overall quality of life.
Community Need	For people living with mental health disabilities, there is a gap in meeting basic needs and accessing appropriate mental health care and benefits. Many insured individuals are unable to enjoy a full array of mental health care and substance abuse treatment benefits available, despite state and federal parity laws, due to lack of available services or providers. Santa Clara County has a significant population that has mental health and financial support needs. El Camino Hospital's most recent 2016 Community Health Needs Assessment (CHNA) states that 38% of Santa Clara County residents reported poor mental health on at least one day in the last 30 days, while 6 in 10 county residents reported being somewhat or very stressed about financial concerns. Homelessness is another significant factor that impacts people in our county. In 2017, there were 7,394 people experiencing homelessness in our county and 64% of those individuals live on the streets or in vehicles, structures not meant for human habitation. The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Fifty percent of individuals experiencing homelessness reported living with a psychiatric or mental health condition[1]. Our program addresses the needs of people living with mental illness by increasing their access to public benefits, such as income and health insurance coverage. These benefits can be a critical factor in achieving stability and maintaining good health. For example, to qualify for disability benefits, an individual must be able to provide medical records documenting the severity and extent of the disability. Yet, many individuals living with mental health disabilities have trouble accessing health insurance in the first place, making it difficult or impossible for them to access medical care and provide documentation of their disabilities. Most applications for Social Security disability benefits are denied, with fewer than 4 in 10 approved, even after all stages of appeal. (Consortium for Citizens with Disabilities, "Just the Facts on Social Security's Disability Programs," June 2014). Statistically, in past studies, about 40% of unrepresented (no attorney representation) applicants are successful when their case is heard by an administrative law judge. A lawyer can improve applicants' chances at winning since represented applicants showed a 60% success rate [2]. For Social Security disability benefits appeals, the Law Foundation's success rate is 83%. Sources: 1. (Santa Clara County Homeless Census & Survey, latest report 2017). 2. https://www.ssdrc.com/state-california-ca-12.html
Agency Description	4 North Second Street, San Jose

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

& Address	http://www.lawfoundation.org/ The Law Foundation of Silicon Valley advances the rights of under-represented individuals and families in our diverse community through legal services, strategic advocacy, and educational outreach. The Law Foundation has three core programs: housing, children and youth, and health (which include mental health). Each program consists of a team of attorneys and other legal advocates that work directly with clients and the wider community to craft inventive solutions to the life-changing legal issues facing low-income people in Silicon Valley. Our health program consists of 19 staff and focuses on economic security and access to healthcare services.
Program Delivery Site(s)	At the Law Foundation's office and monthly clinics at Community Services Agency Mountain View
Services Funded By Grant/How Funds Will Be Spent	Services provided: • Outreach and advocacy services for residents to improve access to mental health care and other safety-net benefits • Provide patients' rights advocacy and other legal information from on-site legal advisors • Training health care providers about benefits eligibility and other legal issues commonly faced by mental health consumers and people living in poverty Full requested amount funds partial salaries of three staff attorneys, intake worker and other administrative staff roles as well as some administrative costs.
FY20 Funding	FY20 funding requested: $70,000 FY20 funding recommended: $60,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $68,000 FY19 Approved: $65,000 FY19 6-month metrics met: 100%	FY18 Approved: $62,000 FY18 Spent: $62,000 FY18 6-month metrics met: 75% FY18 annual metrics met: 100%	FY17 Approved: $61,919 FY17 Spent: $61,919 FY17 6-month metrics met: 50% FY17 annual metrics met: 75%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	93	186
Individuals served through representation (Service provided: individual representation by an attorney)	31	62
Individuals served through educational presentations (service provided: educational presentations to providers and community partners)	62	124
Providers receiving educational presentations who increase their understanding of their patients' rights to medical benefits and other forms of public assistance	90%	90%
Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	80%	80%
Clients receiving services for benefits issues who increase their knowledge regarding available health and income benefits	90%	90%

FY20 Healthy Mind Proposal Summary

Los Altos School District

Program Title and Requested Amount	School Mental Health Team / $150,000
Grant Goal	To continue mental health services at Los Altos School District to middle school students. These therapists will partner with district Psychologists and Behaviorists to implement individual therapy, group therapy, family therapy, and crisis management interventions, which have been demonstrated to increase wellness and academic progress. Providing counseling services in schools has been related to student achieving better success and high engagement at school, reducing the rate of high risk and delinquent behaviors, and reducing the risk of future mental health disorders. This is a continuation of a program that has been proven to be successful at treating mental health at risk students, and increasing their success in school and beyond. This program has dramatically reduced the need for more intensive treatments by being responsive at the school site level to the student and family needs.
Community Need	According to Stanford's School of Psychiatry [1], nearly 50% of all mental health disorders have their onset by the age of 14, and half of adolescents meet the criteria for a mental disorder at some point. The need for a strong, school based mental health team has increased as evidenced by the increase in suicide risk assessments our schools are completing (2017-2018 school year our psychologists completed over 30 suicide risk assessments and by October 2018 LASD staff had already completed 10 risk assessments) the amount of students who have been hospitalized (2017-2018 school year 5 students were directly hospitalized from school) and the increased numbers of students participating in local intensive treatment programs like Aspire. The unmet need has dire implications for our youth and could result in increased school refusal behavior (absenteeism), increased mental health disorders, and increased self-harm. Our middle schools are staffed with one principal, a part time teacher in charge (who supports discipline mainly), and a school psychologist (whose primary role is assessment) to support the entire student body (500-600 students per school). They are unable to support this higher level of mental health needs that our students are exhibiting. This grant has been able to establish LASD's school mental health team, where both teachers and students have access to support at each middle school. The therapists utilize best practices in the field for anxiety and depression, including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Mindfulness. Sources: 1. https://med.stanford.edu/psychiatry/special-initiatives/headspace.html
Agency Description & Address	201 Covington Ave, Los Altos https://www.lasdschools.org/ Los Altos School District operates seven elementary and two junior high schools and is a top-rated school district in the State of California. LASD serves K-8 students from portions of Los Altos, Los Altos Hills, Mountain View and Palo Alto. All nine schools in the district have been California Distinguished Schools and/or National Blue Ribbon Schools. LASD is nationally recognized for its many educational innovations and awards.
Program Delivery Site(s)	Los Altos School District middle schools
Services Funded By Grant/How Funds Will Be Spent	Therapeutic services include: • Individual therapy - 1:1 therapy, therapeutic check-ins, classroom observations • Group Counseling

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

	• Family therapy – meetings with parent/guardian focused on the individual needs of the student and family diagnosis • Crisis intervention – suicide assessments, creating circle of care for student, preventing contagion, de-escalation of students in crisis and problem solving, and CPS reporting • Case Management-checking in on students with teachers, parents and school administration, connecting with outside providers regarding student • Classroom Interventions-Outreach to general student population to teach emotional regulation and resiliency strategies through lunch time clubs • Classroom Interventions-Partner with general education electives (PE/Health and Art) to collaborate on general mental health wellness education Full requested amount funds the salaries of 1 Full-time and one half-time (1.5FTE) Therapeutic Specialists.
FY20 Funding	FY20 funding requested: $150,000 FY20 funding recommended: $100,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $235,000 FY19 Approved: $100,000 FY19 6-month metrics met: 100%	FY18 Approved: $100,000 FY18 Spent: $100,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $100,000 FY17 Spent: $100,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 75%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	50	100
	Services provided (in hours)	250	500
	Classroom Interventions-mental health Target is number of students served	20	40
	Students who improved from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report	N/A	50%
	Parents who reported increased knowledge of how to support their adolescent by at least one point on a 1-5 pt. scale	15%	30%

FY20 Healthy Mind Proposal Summary

Mission Be

Program Title and Requested Amount	Mindfulness Training for Students / $40,000
Grant Goal	To continue provide mindfulness training to students, parents and teachers at Mountain View High School, Stevens Creek Elementary School in Cupertino and, new in this proposal is the addition of Blach Intermediate School in Los Altos. Mindfulness training consists of 8-Week Mindfulness Program for PreK-12 designed to improve student wellbeing and school climate.
Community Need	There is an unmet need in target population, U.S students are stressed and experience chronic academic, social and emotional pressure and stress that undermines their wellbeing[1], and impacts emotional regulation, as well as their ability to maintain attention, and support language, and other cognitive and behavioral functions [1]. Many children report chronic academic and social pressures at school and home. A survey conducted by the American Psychological Association in 2009, for example, found that 45% of US teens were stressed by school pressures. Students, moreover, who are part of an ethnic minority may experience low academic achievement, and experience isolation that prevents them from successful participation in school. And, those students who have experienced Adverse Childhood Experiences are at even greater risk of decreased resilience and coping skills and future negative health consequences [1]. Additionally, according to an August 2016 article, there is a wide gap in performance between Asian and white students on one hand and African American and Latino students on the other. Scores were dismal for black and Latino children, even in otherwise high-achieving districts (such as those in Mountain View and Cupertino). In Alameda, Contra Costa, San Mateo and Santa Clara counties, for example, only about one-quarter of Latinos met math standards. Among African-Americans, the figure was 31% in Santa Clara County[2]. Consequences if not addressed may cause chronic stress in children and youth (and specifically in those that have experience Adverse Childhood Experiences), if not addressed, can result in a myriad of negative health and developmental impacts, including: depression and anxiety; decreased resilience and self-efficacy; school bullying and violence; teen suicide; addiction and substance abuse, including non-medical use of prescription drugs; decreased self-confidence; decreased empathy; and decreased self-regulation. Ethnic minorities, English language learners, foster youth, and others who exhibit disruptive behaviors are at further risk of exacerbated emotional and behavioral challenges, as well as low academic achievement. The program addresses needs with Mindfulness-based programs have emerged as an effective intervention for stress-management [3] and for increasing emotional literacy and self-regulation. Equipping children with key mindfulness-based social emotional skills will not only help them perform better academically and in their careers but also help they become more compassionate, empathetic, caring members of society. Sources: 1. Oritz, Sabinga, 2017, https://www.ncbi.nlm.nih.gov/pubmed/28264496 2. https://mercurynews.com/2016/08/24/california-school-test-scores-amid-gains-in-english-and-math-ethnic-gap-widens 3. Patrick K. Hyland, R. Andrew Lee, and Maura J. Mills, 2014, http://www.siop.org/journal/8.4/hyland.pdf 4. Schonert-Reichl, et al, 2015, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4323355/ 5. Oritz, Sabinga, 2017, https://www.ncbi.nlm.nih.gov/pubmed/28264496
Agency Description & Address	240 Monroe Drive #307, Mountain View https://missionbe.org/

FY20 Healthy Mind Proposal Summary

	Mission Be implements mindfulness-based social emotional learning (SEL) programs in Northern California, New York City and Long Island schools and communities, aligned with Common Core Learning Standards, SEL, and anti-bullying legislation. Its mission is to increase the number of thriving, happy and peaceful communities through mindfulness. Mission Be believes that equipping children with key mindfulness-based social emotional skills will not only help them perform better academically and in their careers but also help become more compassionate, empathetic, caring members of society. Since launching in 2013 in New York, Mission Be has successfully implemented its mindfulness education curriculum in more than 28 schools reaching over 7,000 students in New York and California. Mission Be has also trained 600 educators in New York and California.
Program Delivery Site(s)	At three schools in three different school Districts: • Stevenson Elementary School, Cupertino Union School District • Mountain View High School, Mountain View Los Altos High School District • Georgina P. Blach Intermediate School, Los Altos School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Eight sets of 8 weekly in-classroom mindfulness lessons at each schools • Teacher and parent workshops Full requested amount funds partial salaries of mindfulness instructors and other staff roles as well as administrative costs.
FY20 Funding	FY20 funding requested: $40,000 FY20 funding recommended: $25,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $25,000 FY19 Approved: $25,000 FY19 6-month metrics met: 100% (*Support grant)*	New in FY19	New in FY19

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	237	711
Number of 50-minute mindfulness classes provided for students	64	192
Students will report that they are less stressed in school	70%	70%
Students will report that they get less angry in school	70%	70%
Students will report that they are less worried in school	70%	70%

Momentum for Mental Health - La Selva Community Clinic

Program Title and Requested Amount	La Selva Community Clinic / $268,140
Grant Goal	To provide mental health services to those who do not have access to treatment because they cannot afford to pay for services and those who are uninsured. This grant will continue to help La Selva Community Clinic (LSCC) provide mental health services for clients who are uninsured; the majority is referred from Mayview Community Health Clinic, El Camino Hospital as well as the general community. The service address language barriers to access to care and provides an, for Medi-Cal recipients, provides quick access to treatment and essential supportive services as they often manage complex and ongoing mental health and medical conditions on a daily basis.
Community Need	Many individuals who suffer from mental health do not have access to mental health services due to lack of healthcare insurance or their inability to pay. According to El Camino Hospital 2016 Community Health Needs Assessment (CHNA), close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days and six in ten county residents report being somewhat or very stressed about financial concerns[1]. According to the Latino Report Card, a lack of health insurance coverage is a significant barrier to accessing health services. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventive services, suffer delays in receiving appropriate care and experience more hospitalizations [2]. Also, noting Spanish is the second most commonly spoken language in Silicon Valley, after English. Less than half (42%) of Spanish speakers in Silicon Valley reported speaking English less than "very-well" in [4] 2016.,[2,3]. Nearly half of Latino survey respondents reported those concerns prevented them from obtaining healthcare (47%), health insurance (46%), or using social services or public benefits (40%) [4]. Momentum's La Selva Community Clinic (LSCC) serves clients who are undocumented and have a difficulties in finding jobs with benefits to provide mental health services. 74% of clients are monolingual Spanish speakers who often are seeking mental health services for the first time. Momentum's own organizational data for fiscal year 2017-18 shows that among Medi-Cal recipients served in our outpatient services (a total of 1,894), the most common diagnosis are psychosis (46%) and depression (25%), and a third (33%) have a co-occurring mental health and substance use disorder. Many of them (77%) also have one or more medical conditions that require specialty care and coordination among providers. Due to these complex factors, these clients often require intensive, long-term case management and treatment delivered by a multidisciplinary team that is carefully coordinated to better address their needs. Sources: 1. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 2. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 9. 3. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 7. 4. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 8.
Agency Description & Address	438 N. White Road, San Jose https://www.momentumformentalhealth.org/ Momentum for Mental Health is a non-profit corporation that provides comprehensive programs and services in Santa Clara County for youth and adults who have a mental illness. The staff and volunteers at Momentum believe that people with a mental illness can, and do, recover to lead productive lives and become contributing members of our community. Helping clients reach this goal informs planning and daily operations. Momentum's treatment approach focuses on

	building on clients' strengths to help them achieve and sustain mental health. The staff at Momentum delivers services in 20 different languages – reflecting the linguistic and cultural diversity of this region. During fiscal year 2017-18 a total of 3,133 individuals were served across Momentum's 10 locations and 11 supportive housing sites throughout Santa Clara County.
Program Delivery Site(s)	Services will be provided at the agency site

Services Funded By Grant/How Funds Will Be Spent	Services include:
	• Psychiatry assessment, 60-90 minutes
	• Treatment and medication management, 30 minutes
	• Case management, 30 minutes
	• Short-term (individual and family counseling) and crisis counseling, 50-90 minutes
	• For some clients in need of more intensive services, these services are available at no cost to this grant request and free of charge to clients:
	  ○ Intensive outpatient program
	  ○ Crisis residential care
	  ○ Supportive housing for women
	Full requested amount funds partial salaries for staff including a psychiatrist, a clinician, a program manager and administrative staff as well as administrative costs.

FY20 Funding	FY20 funding requested: $268,140 FY20 funding recommended: $268,140

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $268,140 FY19 Approved: $268,000 FY19 6-month metrics met: 75%	FY18 Approved: $241,000 FY18 Spent: $241,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $241,000 FY17 Spent: $241,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 100%

FY20 Dual Funding FY20 funding requested: $58,860 FY20 funding recommended: $ 50,000

Dual Funding History

FY19	FY18	FY17
FY19 Requested: $58,860 FY19 Approved: $50,860 FY19 6-month metrics met: 100%	FY18 Approved: $26,000 FY18 Spent: $26,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $26,000 FY17 Spent: $26,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	65	118
Services provided	858	1,715
Patients who report a reduction of 2 points or more in PHQ-9 measure severity of depression	75%	85%
Patients who report a reduction of two points or more in GAD-7 measure severity of anxiety	70%	80%
Patients who avoid psychiatric hospitalization for 12 months after beginning services with Momentum's LSCC	97%	97%

FY20 Healthy Mind Proposal Summary

Mountain View - Los Altos High School District

Program Title and Requested Amount	School-Based Mental Health and Support / $160,000
Grant Goal	To provide mental health services to 150 high school students in the Mountain View - Los Altos High School District. The services will entail: crisis management, individual therapy, group therapy, collateral therapy, check-ins, and case management services. The services will be provided at Mountain View High School and Los Altos High School during the school day. Mental health services are needed because mental health issues have widespread consequences for students.
Community Need	Students with mental health issues have difficulty listening, learning, and making good choices. Left unattended, academic progress may be slowed or derailed, truancy may increase, and students may drop-out of school. Unattended mental health issues make it difficult for students to establish relationships and successfully transition to adulthood. Students with unattended mental health issues are at greater risk of suicide. The district fulfills its responsibility of suicide prevention and mental health promotion through an array of on-site therapy resources (e.g., MVLA licensed therapists, Community Health Awareness Council (CHAC) interns, Children's Health Council interns (through School Linked Services and Preventative Early Intervention grants), a Stanford Psychiatric Fellow Consult, and the Lucille Packard Health Van. As appropriate, therapists refer students to outside providers. Nevertheless, hundreds of students' mental health needs continue to be unmet. This grant partially funds two licensed therapists for these students, many of whom are students of color from families with significant economic challenge who suffer from anxiety/depression, are having suicidal thoughts, and are at risk of academic failure or not completing high school. Mental health services are needed because mental health issues have widespread consequences for students: • Mental health issues impede a student's ability to engage their school work. • Mental health issues increase the chances that students will engage in risky behaviors. • Mental health issues make it difficult to establish healthy relationships. • Mental health is important to successfully transition to adulthood. The ECHD therapists will utilize evidence-based programs and best practices including Cognitive Behavior Therapy; Brief Intervention Therapy; MVLAHSD suicide prevention, intervention, and postvention procedures; and, curriculum such as Break Free from Depression and Linehan's Dialectical Behavior Therapy (DBT) skills workbook for adolescents [1-7]. Sources: 1. Suicide is the 2nd leading cause of death among 10-24 year-olds (behind accidents) in the US (CDC, 2016, https://www.cdc.gov/nchs/fastats/adolescent-health.htm). 2. 90% of teens who complete suicide have at least one diagnosable psychiatric disorder at the time of their death (http://www.apa.org/research/action/suicide.aspx). 3. 20% of youth ages 13-18 suffer from a diagnosable mental health condition (https://www.nami.org/getattachment/learn-more/mental-health-by-the-numbers/childrenmhfacts.pdf). 4. 12.8% of the U.S. population aged 12-17 had at least one major depressive episode. (NIMH, 2016, https://www.nimh.nih.gov/health/statistics/major-depression.shtml). 5. Approximately 50% of students age 14 and older with a mental illness drop out of high school (https://www.nami.org/getattachment/learn-more/mental-health-by-the-numbers/childrenmhfacts.pdf). 6. According to findings of the 2017-18 California Healthy Kids Survey (CHKS), MVLAHSD students reported the following (Mountain View-Los Altos Union High School District. California Healthy Kids Survey, 2017-18: Main

	Report. San Francisco: WestEd Health & Human Development Program for the California Department of Education):Frequency of sad or hopeless feelings in the past 12 months (yes response) 11th 34%, 9th 23% Seriously considered attempting suicide in the past 12 months (yes response)11th 18%, 9th 14% 7. According to findings of the 2017-2018 California School Staff Survey, MVLAHSD staff reported (Mountain View-Los Altos Union High School District. California School Staff Survey, 2017-2018: Main Report. San Francisco: WestEd Health & Human Development Program for the California Department of Education):
Agency Description & Address	1299 Bryant Avenue, Mountain View https://www.mvla.net/site/Default.aspx?PageID=3458 The Mountain View Los Altos Union High School District is a culturally diverse district composed of three high schools serving the communities of Mountain View, Los Altos and Los Altos Hills. The mission of the School-Based Mental Health and Support Team is to protect and cultivate a culture of wellness by supporting the health, emotional well-being, educational outcomes, and self-advocacy of all students and staff.
Program Delivery Site(s)	Mountain View High School and Los Altos High School
Services Funded By Grant/How Funds Will Be Spent	Bilingual services, available in English and Spanish, include: • Individual therapy • Group therapy • Collateral therapy • Check-ins • Crisis management • Case management • Support to educators in effective management of students with mental health issues Full requested amount funds partial salaries for two licensed therapists.
FY20 Funding	FY20 funding requested: $160,000 FY20 funding recommended: $160,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $160,000 FY19 Approved: $160,000 FY19 6-month metrics met: 50%	FY18 Approved: $160,000 FY18 Spent: $160,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $160,000 FY17 Spent: $160,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	945	1,890
Services provided/encounter hours	1,260	2,520
Reduce frequency/quantity of high risk behavior by greater than or equal to 25%	N/A	75%
Decrease suicidal thoughts and feelings by greater than or equal to 25%	N/A	75%
Increase use of coping skills for trauma/depression/anxiety by greater than or equal to 25%	N/A	75%
Decrease suicidal thoughts and feelings by greater than or equal to 25%	N/A	75%

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

NAMI Santa Clara County

Program Title and Requested Amount	Community Peer Mentor Program/ $100,000
Grant Goal	To connect individuals with severe mental illnesses to peers who engage in their recovery. This grant will continue peer support and mentoring to community members who suffer from severe and persistent mental illness. NAMI SCC will partner with inpatient psychiatric units, outpatient programs, locked facilities and intensive treatment programs to identify Participants for the Community Peer Mentor Program. This type of peer support complements and enhances treatment by mental health professionals and makes more efficient use of scarce mental health resources.
Community Need	Santa Clara County is in the midst of a mental health care crisis. With a population of 1,919,402, the County has only 246 psychiatric beds. According to the California Hospital Association, Santa Clara County needs another 960 beds [1.] By mentoring Santa Clara County residents who suffer from severe mental illnesses such as schizophrenia, bipolar disorder, major depressive disorder, anxiety disorders, and PTSD, NAMI-SCC's Peer Mentors can in the words of SAMHSA: "help people become and stay engaged in the recovery process and reduce the likelihood of relapse" [2.] Community Peer Mentors can help keep individuals from a revolving door of hospitalizations, thereby reducing some of the strain on the precious few hospital beds that are available in Santa Clara County. Sources: 1. https://www.calhospital.org/sites/main/files/file-attachments/psychbeddata.pdf 2. https://www.dropbox.com/s/l45v0xstt85vhd2/SAMHSA%20What%20Are%20Peer%20Oriented%20Recovery%20Services.pdf?dl=0
Agency Description & Address	1150 S. Bascom Ave, Suite 24, San Jose https://namisantaclara.org/ NAMI-SCC has a goal to support, educate and provide direction for self-advocacy for those living with mental health conditions and their families. Having knowledge and finding resources provides the ability to do this. It also helps to eliminate the stigma and discrimination that still exists on many levels. NAMI-SCC is a Community Resource Center for Santa Clara County residents since 1975.
Program Delivery Site(s)	Services are provided at several community locations and by phone: • El Camino Hospital, 2500 Grant Road, Mountain View • Kaiser Permanente Santa Clara Behavioral Health Center, 3840 Homestead Road, Santa Clara • Stanford Hospital, 300 Pasteur Drive, Palo Alto
Services Funded By Grant/How Funds Will Be Spent	Services include: • Weekly face-to-face meeting peer mentor sessions for up to four months • Twice weekly phone call check-ins • Linkages to services: referrals from Mentors for a range of services that promote and maintain recovery, alleviate loneliness and isolation and enhance quality of life • Identification of participation for Peer Mentor program Full requested amount funds partial salary of program staff, Mentors as well as administrative costs.

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

FY20 Funding	FY20 funding requested: $100,000	FY20 funding recommended: $75,000	
Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $100,000 FY19 Approved: $90,000 FY19 6-month metrics met: 100%	FY18 Approved: $80,000 FY18 Spent: $80,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $100,000 FY17 Spent: $100,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	35	70
	Peer PALS and Peer Mentors visits	595	1,190
	Peer PALS and Peer Mentors phone calls	1,190	2,380
	Participants will feel less isolated	80%	80%
	Participants will feel more hopeful about future and recovery	75%	75%
	Participants will be more cooperative with their treatment plan	80%	80%
	Peer Mentors will feel increased meaning and greater self-confidence	90%	90%

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

National Center for Equine Facilitated Therapy (NCEFT) NEW

Program Title and Requested Amount	NCEFT Financial Assistance Program/ $40,000
Grant Goal	This grant would offset scholarship costs for low to very-low income patients/clients to continue receiving treatment and services.
Community Need	Census data indicates that over 85,000 children and adults with disabilities reside in Santa Clara County alone. Additionally, more than 290,000 military Veterans call the Bay Area home. According to the U.S. Department of Veteran Affairs, between 11-30% of Veterans suffer from PTSD from military service. Furthermore, studies indicate that as many as 20% of First Responders are experiencing PTSD and that they are ten times more likely to attempt suicide than the general population. According to the U.S. Department of Agriculture, it costs approximately $240,000 to raise a typical child from birth to age 18. For a special needs child, those expenses can quadruple. Autism Speaks estimates that the lifetime cost for an individual with autism and/or intellectual disability averages $1.4 -$2.4 million. Sources: https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045218 https://www.ptsd.va.gov/understand/common/common_veterans.asp https://americanhippotherapyassociation.org/
Agency Description & Address	880 Runnymede Rd, Woodside http://www.nceft.org/ For 48 years, NCEFT has harnessed the power of the human-horse relationship to bring healing to thousands with cognitive and physical disabilities. NCEFT provides equine-assisted therapy (medically-prescribed physical, occupational, and speech therapy conducted on horseback by licensed therapists). NCEFT also offers adaptive riding, equine-assisted mental health and wellness programs, summer camp, and free programs for Veterans, First Responders, and children in special-education school classes.
Program Delivery Site(s)	Services will be provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Equine-Assisted Therapy (EAT), medically-prescribed physical, occupational, or speech therapy conducted on horseback by licensed physical therapists, occupational therapists, or speech language pathologists. • Equine-Assisted Mental Health & Wellness sessions conducted by a licensed mental health professional (marriage and family therapist, licensed social worker or psychologist) • Adaptive Riding (AR) sessions are conducted by PATH-certified riding instructors and focus on horsemanship and horseback riding, adapted to meet the needs of someone with a mental or physical disability Full requested funding would support the financial assistance program for low-income and very low-income individuals.

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

FY20 Funding	FY20 funding requested: $40,000		FY20 funding recommended: DNF
Funding History and Metric Performance	FY19	FY18	FY17
	New in FY20	New in FY20	New in FY20

	Metrics	***6-month Target***	***Annual Target***
FY20 Proposed Metrics	Individuals served	7	9
	Financial Assistance for Physical Therapy, Occupational Therapy, and Speech Language Pathology	N/A	2
	Financial Assistance for Adaptive Riding	2	2
	Financial Assistance for Mental Health & Wellness	5	5
	Enabling of NCEFT patients to receive continued treatment at NCEFT by providing fully-funded financial assistance to all low to very low income patients/clients in the El Camino Hospital District who qualify for support	100%	100%
	Endorsement of program efficacy by medical professionals as evidenced by prescription renewals for ongoing physical, occupational, and/or speech language pathology	100%	100%
	Achievement of Physical Therapist, Occupational Therapist, Speech Language Pathologist patient therapeutic goals as monitored in NCEFT EMR system	85%	85%

FY20 Healthy Mind Proposal Summary

YWCA Silicon Valley

Program Title and Requested Amount	Arise / $75,000
Grant Goal	YWCA Silicon Valley respectfully requests $75,000 to scale its Arise Program in north Santa Clara County. Arise, launched in 2017, addresses a current gap in services by bringing much-needed trauma-informed counseling services to affordable housing sites, domestic violence shelters, and at-risk youth centers and schools. The program's primary goal is to enable children, youth and families to heal from complex trauma (resulting from domestic violence, sexual assault and/or human trafficking) through specialized therapy. Arise reduces two key barriers to accessing counseling (including cost and proximity) by providing free, easy-to-access "mobile" counseling. YWCA's Healing Center provides intensive, supervised training for Master's level Marriage and Family Therapist (MFT) trainees and registered associates. YWCA Healing Center's interns provide Arise clients with culturally-appropriate, trauma-focused therapy services that are both client-driven and strength-based. YWCA proposes piloting delivery of Arise services at two City of Sunnyvale locations: North County Family Justice Center, operated by YWCA, and Columbia Neighborhood Center, a YWCA partner.
Community Need	In 2017, 5,524 intimate partner violence (IPV) case referrals were received by the County District Attorney's Office and the 24-hour domestic violence crisis hotlines answered more than 20,000 calls. As reported by local shelter-based programs, 6,479 IPV survivors and their children were served, but the shelters had to turn away 2,151 people who were seeking shelter due to lack of capacity. In Santa Clara County, nearly half of victims accessing emergency violence shelters are children, and only approximately half of these children have access to therapy. While there is limited data to conclude the total number of children impacted and the gap in services, it can be estimated that in our community there are at least 3,000 children annually experiencing complex trauma and in need of specialized therapy--just among the population served at domestic violence shelters. Exposure to IPV has been linked to homelessness, poor mental or physical health, inability to work or economic instability, and other negative consequences. Recent research suggests that the influence of abuse can persist long after the violence has stopped, both for the partner experiencing the violence and their children, in the form of depression, anxiety, poor school or work performance, and negative health outcomes[1]. According to the National Coalition Against Domestic Violence[2], “Witnessing violence between one’s parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next.” And females who experienced domestic violence as children are much more likely to be abused as adults, and males who experienced domestic violence as children are twice as likely to become abusers themselves. Disrupting the cycle of family violence is imperative. According to the Family Justice Center Alliance, victims are often required to travel from location to location to seek services that are scattered through a community or region. Californians for Safety and Justice, in a first-of-its-kind 2013 survey on California crime victims, found that 38 percent of victims said free or low-cost mental health counseling was difficult to access[3]. , The report makes the following recommendation/conclusion "Streamlined victims' services could address findings in the survey that show the difficulty many victims experienced when accessing services. California should review the obstacles to accessing services and design supports that are easier for victims and survivors to use. Reducing barriers to victims' access include considerations such as location–or co-location–of services and proximity of different types of

	services". Current systems unintentionally leave victims unaware of existing services or so overwhelmed and frustrated by the lack of accessibility that they ultimately stop seeking help. By providing mobile services, at sites already providing co-located services, the Arise Program removes barriers that are inherent to victims seeking critical mental health support from resources that are dispersed and unconnected. Sources: 1. "Violence by Intimate Partners," by Heise L. and Garcia-Moreno C. at https://www.popline.org/node/233489 2. https://ncadv.org/statistics 3. "California Crime Victims' Voices" at https://safeandjust.org/resources/ 4. "Social & Emotional Well-Being" Conceptual Framework for Domestic Violence Services at www.dvevidenceproject.org
Agency Description & Address	375 S. Third Street, San Jose https://ywca-sv.org/ YWCA Silicon Valley is a multi-service organization founded in 1905 in Santa Clara County, with a mission to eliminate racism and empower women. For over 110 years YWCA has identified the unique needs of Santa Clara County women and families, delivering innovative programs to meet those needs. Services include: counseling; childcare; domestic violence, human trafficking and sexual support services and advocacy; housing for survivors; and youth education, including violence prevention and STEM. YWCA serves over 18,000 people throughout Santa Clara County at over 25 community-based locations.
Program Delivery Site(s)	YWCA Silicon Valley • North County Family Justice Center, Sunnyvale • Columbia Neighborhood Center, Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	60-minute individual or family counseling sessions; no limit on total number or frequency of sessions per client/family. Full funding will support the partial salaries of the clinical staff and program expenses.
FY20 Funding	FY20 funding requested: $75,000 FY20 funding recommended: $65,000

Funding History and Metric Performance

FY19	FY18	FY17
New in FY20	New in FY20	New in FY20

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	15	40
Counseling sessions	60	160
Individuals who receive (3) or more counseling sessions increase their knowledge of trauma and the effects of trauma on their lives, as measured by client survey.	80%	80%
Individuals who receive (3) or more counseling sessions experience a reduction of trauma symptoms, as measured by pre-/post-test.	60%	60%
Individuals who receive (3) or more counseling sessions report they would be willing to seek counseling in the future, as measured by client survey.	60%	60%

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

American Heart Association

Program Title and Requested Amount	Healthy Hearts Initiative / $161,251
Grant Goal	To implement year four of the American Heart Association (AHA) and El Camino Healthcare District Healthy (ECHD) Healthy Hearts Initiative (formerly the Hypertension Initiative). Since 2016, this program has focused on raising awareness and improving hypertension among underserved adults in the ECHD. AHA will continue to partner with MayView Community Health Center (MCHC), Community Based Organizations and Community Health Workers (CHWs). This year, the project will continue addressing the urgency of high blood pressure and add a component for prediabetes and adopting healthy lifestyles. AHA continue to provide screening events and the four-month Check.Change.Control (CCC) intervention program, train and equip Community Health Workers. This proposal also includes implementing new technology, the Portable BP Station, to best engage, monitor and improve participant blood pressure control.
Community Need	Each year, 600,000 Americans die from heart disease and stroke. High blood pressure, diabetes, obesity, poor diet, and physical inactivity are key risk factors for heart disease. Hypertension, or high blood pressure, is a deadly disease afflicting nearly half of American adults and is the single most significant risk factor for cardiovascular disease and stroke. Cardiovascular and cerebrovascular diseases are responsible for 26 percent of all deaths in Santa Clara County. Per the Centers for Disease Control and Prevention (CDC), [1,2] the percentage of hypertensive Santa Clara County adults increased from 19 percent in 2000 to 27 percent in 2014. One quarter were Latinos. To compound the problem, approximately 13 percent of Santa Clara County's population is uninsured. Left untreated, high blood pressure can damage the brain, heart, and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure, stroke, and death. High blood pressure has no symptoms so many high-risk people don't even know they have it. Less than half of all hypertensive patients have their blood pressure maintained at a healthy level. High blood pressure and prediabetes together may do more harm to the body than either one alone. In 2018, the AHA [3-6] and American Diabetes Association reported that cardiovascular disease is the leading cause of death for people living with type 2 diabetes. It's also a major cause of heart attacks, strokes, and disability for people with diabetes. In Santa Clara County, 69 percent of adults are eating inadequate fruits and vegetables, 52 percent are overweight or obese, and 15 percent are inactive. Adults with diabetes are two to four times more likely to have cardiovascular disease than people without diabetes. But only half recognize their risk or have discussed their risks with a healthcare provider, according to a recent study by The Harris Poll[5]. Hypertension and prediabetes together elevate cardiovascular risk. For people over age 60, having type 2 diabetes and cardiovascular disease shortens life expectancy by an average of 12 years[7]. Sources: 1. American Diabetes Association. "What is Cardiovascular Disease?" Updated May 2017. 2. American Diabetes Association. "Cardiovascular Disease & Diabetes." Published August 2015. 3. Grau, María, et. al. Risk of Cause-Specific Death in Individuals With Diabetes: A Competing Risks Analysis; http://care.diabetesjournals.org/content/39/11/1987 Diabetes Care 2016 Nov; 39(11): 1987-1995; 4. The Lancet: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60484-9/fulltext 5. https://news.heart.org/study-high-blood-pressure-and-prediabetes-together-increases-risk-to-heart/ 6. American Heart Association. "About Diabetes." Published August 2015. Centers for Disease Control and Prevention. National Diabetes Statistics Report. Published 2017.
Agency Description	1 Almaden Blvd, Suite 500, San Jose

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

& Address	https://www.heart.org/en/affiliates/california/silicon-valley The American Heart Association (AHA) helps millions of people get their blood pressure managed across the country. Our work in this area is critical because high blood pressure puts people in danger of heart disease and stroke, the leading causes of death in the world. AHA is a leading authority on heart health and has been for nearly a century. We work to improve everyone's health through a wide variety of approaches including developing and funding groundbreaking science, providing public education, advocating for public health policies, improving the quality of health care and teaching CPR.
Program Delivery Site(s)	Screening events will be hosted at various places such as the front of grocery stores, faith-based organizations, and within existing community events. CCC classes and trainings will be held at: • Columbia Neighborhood Center in Sunnyvale • MayView Community Health Clinic in Mountain View and Sunnyvale • Mountain View Community Center

Services Funded By Grant/How Funds Will Be Spent	Services and programs include:
	• 8 Community Screenings Heart Health Hubs (screenings, referrals and outreach)
	• Check.Change.Control 4-month intervention and hypertension management program:
	  ○ Four 2-hour sessions provided by RN & Health Educators
	  ○ Blood pressure screening and A1C test for diabetes provided by RN
	  ○ Classes provided in English, Spanish and Mandarin
	• Community Health Worker recruitment and training
	• MayView Community Health Center – High Blood Pressure Clinics
	• Portable BP Station (PortableBP): contained in a suitcase, this technology uploads blood pressure numbers directly into the CCC Tracker and enables easily tracked over time
	• Blood Pressure Mapping through Google Maps
	Full requested amount funds the Healthy Hearts Project Coordinator, RNs for screenings, community health worker stipends, screening events and CCC workshop costs, 3 Portable BP Stations (suitcases) and other administrative costs.

FY20 Funding	FY20 funding requested: $161,251 FY20 funding recommended: $110,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $153,000 FY19 Approved: $103,000 FY19 6-month metrics met:100%	FY18 Approved: $76,734 FY18 Spent: $76,734 FY18 6-month metrics met: 100% FY18 annual metrics met: 80%	FY17 Approved: $66,500 FY17 Spent: $66,500 FY17 6-month metrics met: 100% FY17 annual metrics met : 83%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	400	1,000
Check.Change.Control Intervention Workshop participants (unduplicated)	100	180
CCC Participants will improve blood pressure by 10mm	30%	30%
CCC Participants will measure 8 BP reading within 4 months	50%	50%
CCC Participants self-monitor and adopt health behaviors to improve BP including increased fruit and vegetables consumption and physical activity.	30%	30%
Prediabetes participants (A1c above 5.7) of the CCC Program will improve an average A1c by half a percent (.5%) over four months.	30%	30%

Caminar (Family & Children Services)

Program Title and Requested Amount	Domestic Violence Survivor Services Program / $50,000
Grant Goal	To continue to deliver bilingual (English/Spanish), culturally competent, and trauma-informed services for local survivors of domestic violence. These person-centered services increase personal and community safety, break cycles of violence and abuse, promote healing from the effects of trauma, and empower survivors to access local resources that promote health, stability, and self-sufficiency. Survivors will have access to a menu of services, which will be tailored to each survivor's present needs, strengths, and goals and adjusted in intensity as a survivor's circumstances change
Community Need	According to Centers for Disease Control and Prevention, "IPV [Intimate Partner Violence] is connected to other forms of violence, and causes serious health and economic consequences. Apart from deaths and injuries, physical violence by an intimate partner is associated with a number of adverse health outcomes. Several health conditions associated with IPV may be a direct result of the physical violence. Other conditions are the result of the impact of IPV on the cardiovascular, gastrointestinal, endocrine and immune systems through chronic stress or other mechanisms." – "Intimate Partner violence: Consequences."[1] According to data collected by Kidsdata from the California Department of Justice, Criminal Justice Statistics Center's Domestic Violence-Related Calls for Assistance Database (1998-2003) and Online Query System Aug. 2015, the cities of Cupertino, Los Altos, Los Altos Hills, Mountain View, and Sunnyvale reported 472 calls for assistance related to domestic violence in 2014. Over the 10-year period of 2005 to 2014, the cities had an average of 570 calls annually. As fits their larger population sizes, Mountain View and Sunnyvale reported the highest rates of calls[2]. The cities of Mountain View and Sunnyvale also have far higher percentages of children and families living below the Federal Poverty Line than the other cities in the area, contributing to health disparities and increased overall health and well-being risk factors. According to data provided by the County of Santa Clara Public Health Department, 12 percent of families and 19 percent of children in Sunnyvale are living below the poverty line. [3]In Mountain View 15% of families and 23% of children live below the poverty line[4]. The County of Santa Clara Public Health Department reports in "Sunnyvale profile 2016" that the city experienced an average of 20.3 violent crimes within one mile, which is higher than the county average of 16.04, and then 10 percent of adults reported having been "hit, slapped, pushed, kicked, or hurt in any way by an intimate partner" at some time in their lives[3]. According to the Public Health Department's "Mountain View profile 2016," 11 percent of Mountain View residents have been "hit, slapped, pushed, kicked, or hurt in any way by an intimate partner," yet notes that this estimate statistically unstable[4]. The well-being of children in the home also suffers. The landmark Adverse Childhood Experiences Study (ACES) conducted by the CDC and Kaiser Permanente found the effects of traumatic events, such as exposure to family violence, in a child's life may be wide-ranging and lasting [5]. Sources: 1. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html) 2. http://www.kidsdata.org/topic/11/domesticviolence-number/table#fmt=26&loc=105,98,99,112,96&tf=79&sortType=asc 3. https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/Sunnyvale_final.pdf 4. https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/MountainView_final.pdf 5. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/consequences.html
Agency Description	2600 S. El Camino Real Ste 200, San Mateo

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

& Address	https://www.caminar.org/ Established in 1964 in San Mateo, Caminar provides evidence based culturally competent behavioral health and supportive services for individuals and families living in Santa Clara, San Mateo, San Francisco, Solano, and Butte counties. In January 2017, Family & Children Services of Silicon Valley (FCS), founded in 1948 in San Jose, merged with Caminar. Now operating as a division of Caminar, FCS continues to deliver its portfolio of mental health care, substance use prevention and treatment, family violence prevention, youth development, and peer support programs, which reached more than 19,000 local residents in FY 2018. As an organization, Caminar works to advance its mission for the community: To empower and inspire individuals and families to move toward wellness, independence, and resilience.
Program Delivery Site(s)	• FCS's office in Palo Alto at 375 Cambridge Avenue, Palo Alto, CA • MayView Community Health Center, 900 Miramonte Ave, Mountain View, CA • At community venues that are convenient to the client: case management services are delivered throughout the community as case manager accompanies survivors to court, police departments, the Family Justice Center, law offices, and other appointments
Services Funded By Grant/How Funds Will Be Spent	Bi-lingual services are individualized to the needs of each survivor and provided trained Domestic Violence Advocates/Case Managers, Clinical Case Managers, and Therapists including: • Information and referral assistance and safety planning assistance • Individual/family advocacy and counseling services, including new client intakes, case management, clinical case management, therapy, and crisis support, and coordination with other provides involved in a client's case • Support groups, including educational presentation by a clinician • Community outreach and education Full requested amount funds partial salaries for a case manager, therapist and other staff positions as well as administrative costs.
FY20 Funding	FY20 funding requested: $50,000 FY20 funding recommended: $50,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $50,000 FY19 Approved: $50,000 FY19 6-month metrics met: 100%	FY18 Approved: $50,000 FY18 Spent: $50,000 FY18 6-month metrics met: 75% FY18 annual metrics met: 75%	FY17 Approved: $50,000 FY17 Spent: $50,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	40	90
Services provided (hours of advocacy/counseling services)	355	810
Support group sessions	20	44
Participants in supportive services who report feeling more hopeful about their futures.	80%	85%
Participants in supportive services who report knowing more about community resources they may need in the future.	80%	85%
Participants in supportive services) who report that services are helpful to their healing process.	80%	85%
Counseling/advocacy beneficiaries who will report increased knowledge of DV and safety strategies.	90%	90%

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Chinese Health Initiative

Program Title and Requested Amount	Chinese Health Initiative / $294,132
Grant Goal	This program addresses the unique health needs of the Chinese community. The four focus areas of the program include: health disparities, health literacy, community wellness and culturally competent patient care. CHI provides free health screenings, workshops, dietitian consults and resources to members of the Chinese community.
Community Need	According to the National Institutes of Health; about 21% of Asian Americans have diabetes, with more than half going undiagnosed. One out of three Asian Americans has prediabetes; without intervention, 15-30% of these individuals will develop type 2 diabetes within 5 years.[1] Multiple studies show that Chinese Americans are more likely to develop type 2 diabetes than their White American counterparts, despite having lower body weight. At the same BMI, Chinese Americans are at least 60% more likely to develop type 2 diabetes than White Americans.[2] Additionally, two-thirds of the Chinese communities in the Bay Area were born outside of the United States, with many having limited English proficiency. Significant language and cultural barriers impact their ability to access appropriate medical care and health resources. Sources: 1. https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-areundiagnosed 2. https://www.ncbi.nlm.nih.gov/pubmed/23545465
Agency Description & Address	2500 Grant Road, Mountain View https://www.elcaminohospital.org/services/chinese-health-initiative Chinese Health Initiative at El Camino Hospital addresses the unique health disparities in the growing Chinese population, and accommodates cultural preferences in education, screening, and the delivery of healthcare.
Program Delivery Site(s)	The program services will be delivered at various community sites including senior centers and community centers.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting educational workshops to raise awareness of health disparities • Providing screenings • Producing newspaper articles and print material addressing health concerns specific to the Chinese community Full requested funding would support partial staffing and program materials for screenings and outreach.
FY20 Funding	FY20 funding requested: $294,132 FY20 funding recommended: $235,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $283,510 FY19 Approved: $250,000 FY19 6-month metrics met: 100%	FY18 Approved: $234,000 FY18 Spent: $234,000 FY18 6-month metrics met: 75% FY18 annual metrics met: 100%	FY17 Approved: $215,200 FY17 Spent: $210,235 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

FY20 Dual Funding	FY20 funding requested: $51,907	FY20 funding recommended: $35,000	
Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $45,750 FY19 Approved: $40,000 FY19 6-month metrics met: 100%	FY18 Approved: $30,000 FY18 Spent: $30,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $30,000 FY17 Spent: $30,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	540	1,140
	Services provided	1,020	2,100
	Individuals who receive assistance to help them better access care such as referrals to physicians, getting connected to services and providing healthcare resources	85%	85%
	Participants who strongly agree or agree that our education or screening help them better manage their health	N/A	92%
	Participants who complete the one- year Diabetes Prevention & Management Program	N/A	70%

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Farewell to Falls

Program Title and Requested Amount	Farewell to Falls / $31,800
Grant Goal	This evidence-based program aims to reduce falls by providing no-cost home visits to older, at-risk adults from Occupational Therapist (OT), medication review report from a pharmacist and check-in phone calls from volunteers regarding fall status and implementation of exercise, home safety and other recommendations.
Community Need	One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. Total medical costs for falls in 2015 are estimated to be over $50 billion. Nearly 75,000 older adults were hospitalized in California and 2,981 older adults in Santa Clara County required hospitalization after a fall. In California, 208,564 older adults in California visited emergency departments (ED) in 2014 and 8,432 of those ED visits were in Santa Clara County. The Community Health Needs Assessment of 2016 reported that the annual costs of falls in Santa Clara County were estimated at $265 million/year. A study published in 1999 from Sydney Australia (Cumming, et al.) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third. Sources: http://www.CDC.gov http://www.epicenter.cdph.ca.gov Am J Prev Med 2018;55(3):290–297
Agency Description & Address	300 Pasteur Drive, MC 5898, Stanford The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing two home visits by an Occupational Therapist who reviews home safety, assesses the older adult's strength and balance, medications, home safety, and other factors that contribute to fall risk and provide a return visit at one year for reevaluation • Providing a pharmacy review and medication report from a pharmacist • Conducting a monthly phone call to check on fall status and reinforce recommendations Full requested funding would support staffing for an Occupational Therapist and program supplies such as grab bars.
FY20 Funding	FY20 funding requested: $31,800 FY20 funding recommended: $31,800

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $26,600 FY19 Approved: $26,600 FY19 6-month metrics met: 100%	FY18 Approved: $35,000 FY18 Spent: $24,899 FY18 6-month metrics met: 100% FY18 annual metrics met: 67%	FY17 Approved: $29,160 FY17 Spent: $19,510 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Healthy Community Proposal Summary

FY20 Proposed Metrics	Metrics	6-month Target	Annual Target
	Older adults served	28	70
	Older adults who made modifications in their home to complying with Occupational Therapist recommendations	40%	75%
	Older adults who report doing recommended exercises as least twice weekly	60%	50%

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Health Library & Resource Center, Mountain View

Program Title and Requested Amount	El Camino Hospital, Mountain View Health Library & Resource Center / $270,000
Grant Goal	The Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families and caregivers.
Community Need	Individuals want and need accurate information to make the best possible healthcare and medical decisions. Without such information, they may undergo unnecessary treatment, fail to understand the impact of diet and exercise, ignore important warning signs, and waste healthcare dollars. Studies indicate that many Americans have low health literacy which adversely impacts their ability to understand health information and make informed decisions about health issues and lifestyle choices that affect their lives. Individuals with low health literacy are likely to report poor health outcomes. The inability to understand Health Information can lead to undesirable lifestyle choices leading to poor health outcomes and an increase in National Healthcare expenditures. Individuals want and need accurate information to help them make the best possible lifestyle decisions and to effectively partner with their physician to obtain optimal healthcare outcomes. They often lack the time and skills needed to sort through the myriad of information that is available and then assess its quality and accuracy. The library can direct patrons to information sources suitable to their individual needs, interests, and abilities. The assistance received helps our patrons in making informed decisions regarding procedures, treatments, and lifestyle issues. The library provides current healthcare resources, including evidenced based materials, tailored to each patron's information needs and desires. As of 2016, adults age 60 and older account for nearly 17% of the county population. The U.S. Census Bureau projects that by 2060, individuals 65 and older will account for 25% of total county population, as compared to 24% in California and the United States. This older adult population and their caregivers need support in identifying and accessing services in order to remain healthy. Overall, the population age 65 and older will present health-related challenges for the County, in terms of health care costs and mobility. As seniors living in automobile dominated areas lose their ability to drive, they will become increasingly reliant on alternatives, such as public transportation and friends and family, to access the necessities of life (such as food and health care). A 2013 report shows more than 55% of the County's adults and 25% of its middle school students are overweight or obese, and the proportion of adults with diabetes has increased from 5% to 8% in less than 10 years. Sources: https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483 https://nces.ed.gov/pubs2006/2006483.pdf https://health.gov/communication/literacy/issuebrief/ https://health.gov/communication/literacy/quickguide/factsbasic.htm
Agency Description & Address	530 South Drive, Mountain View El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos.
Program Delivery Site(s)	The services will be delivered at the Health Library and Resource Center at El Camino Hospital, Mountain View and open to all members of the local community.

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources • Conducting outreach to local senior centers • Providing no-cost access to blood pressure screenings and consultations with a dietitian and pharmacist Full requested funding would support partial staffing for a Librarian and supplies such as books and subscriptions.
FY20 Funding	FY20 funding requested: $270,000 FY20 funding recommended: $210,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $308,547 FY19 Approved: $250,000 FY19 6-month metrics met: 50%	FY18 Approved: $373,491 FY18 Spent: $364,891 FY18 6-month metrics met: 83% FY18 annual metrics met: 100%	FY17 Approved: $393,491 FY17 Spent: $388,874 FY17 6-month metrics met: 75% FY17 annual metrics met: 80%

FY20 Dual Funding	FY20 funding requested: $71,000 FY20 funding recommended: DNF

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $63,672 FY19 Approved: $63,672 FY19 6-month metrics met: 50%	FY18 Approved: $69,702 FY18 Spent: $54,883 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $63,672 FY17 Spent: $63,672 FY17 6-month metrics met: 100% FY17 annual metrics met :100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	10,500	21,000
	Health screenings and consultations provided	140	280
	Community members who strongly agree or agree that library services have been valuable in helping me manage my health or that of a friend or family member	57%	57%
	Community members who strongly agree or agree that library information is appropriate for my needs	80%	80%

FY20 Healthy Community Proposal Summary

Maitri

Program Title and Requested	South Asian Domestic Violence Program / $60,000
Grant Goal	Provide comprehensive services for South Asian and immigrant survivors of domestic violence, helping them overcome the effects of violence so that they may achieve self-sufficiency and improved wellness Services include: transitional housing, case management, legal and immigration services, peer counseling, economic empowerment services and outreach services at community events.
Community Need	Incidences of domestic violence (DV)—and related deaths—continue to rise in Santa Clara County. In 2017 (the most recent year for which data are available), there were 5,524 DV cases referred to the SCC District Attorney's Office, an increase of 413 cases from 2016. In 2017 there were 13 DV related deaths, an increase from 2016 when 7 deaths occurred[1]. Research shows that 62% of immigrant women are subjected to weekly physical and emotional abuse [2]. Studies also indicate that up to 81% of DV survivors suffer from PTSD [3]. South Asian women immigrants, specifically, who report DV is more likely than those who do not experience DV to report poor mental and physical health: in seven of the previous 30 days, 19.5% reported poor physical health (vs. 6.7% among non-DV experiencers); 31.8% (vs. 10.2%) reported depression and 34.1% reported anxiety (vs. 20%) [4]. South Asian victims have additional barriers. Many have cultural and linguistic barriers to services and/or come to the US on a dependent visa through their partners, which prevents them from working. As a result, if a survivor seeks safety through a restraining order, they may be on their own with no source of income, risk deportation or may lose custody of children. Moreover, as many DV survivors move from shelter to shelter, public benefits that can help them regain safety and security become difficult to obtain without longer-term residency and a qualifying immigration status. SCC's high cost of housing presents further challenges for a low-income victim attempting to separate from her batterer. With housing costs among the highest in the country, there is a distinct lack of affordable housing options in SCC, increasing the risk of homelessness if a victim leaves a batterer who may be her sole income source. Recent studies have shown the direct correlation between DV and negative health consequences, specifically one that shows that physical violence against women by male partners disrupts a key steroid hormone that opens the door potentially to a variety of negative health effects[5]. If this need is not addressed, DV survivors are at risk of returning to violent environments if their needs are not addressed in a holistic, culturally specific, and coordinated way. Without services, survivors may experience continued negative health impacts of DV, be deported, become homeless, lose custody of children, remain unemployed or underemployed, or experience unintended victimization by agencies designed to help them (due to a lack of cultural competency and hence responsiveness). Given those alternatives, going back to the batterer may seem to be the only option. Sources: 1. https://www.sccgov.org/sites/da/newsroom/newsreleases/Documents/2018NRDocs/2017%20DVDRT%20Report.pdf 2. http://library.niwap.org/wp-content/uploads/2015/Somewhere-to-Turn-2011.pdf 3. https://www.cdc.gov/violenceprevention/pdf/nisvs_factsheet-a.pdf 4. https://s3.amazonaws.com/gbv-wp-uploads/wp-content/uploads/2019/02/01204358/Facts-Stats-Report-DV-API-Communities-2015-formatted2019.pdf 5. Physical violence linked to stress hormone in women, University of Oregon, 2014.

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Agency Description & Address	PO Box 697, Santa Clara https://maitri.org/ Maitri is a nonprofit organization located in Santa Clara County that serves survivors of domestic violence (DV) and human trafficking. Maitri seeks to foster self-reliance and self-confidence in South Asian survivors and their children in San Mateo, Santa Clara, and Alameda counties who are dealing with domestic violence (DV), human trafficking, family conflict, and cultural isolation. Maitri provides a helpline, transitional housing, legal advocacy, peer counseling, outreach, an economic empowerment program, a recently established individual (therapeutic) and group counseling program, and other vital services for its clients. Recognizing the impact of social and cultural alienation on its clients, Maitri provides pathways to self-sufficiency that address homelessness, economic security, and overall wellness, which in turn positively impacts the overall community. Maitri is in the process of refining its mission to include prevention of DV along with the core services it already provides to DV survivors.
Program Delivery Site(s)	Most services are provided at Maitri's office in San Jose. This and other addresses where services provided are not published for the safety of clients and staff.
Services Funded By Grant/How Funds Will Be Spent	Provide South Asian immigrants and citizens impacted by domestic violence and human trafficking with linguistically and culturally specific legal services: • Legal advocacy sessions and legal representation • Transitional housing, case management • Peer counseling sessions • Economic Empowerment (EEP) workshops and individual EEP sessions • Immigration services • Job skills training at the Maitri Boutique and/or with other partnerships Full requested amount funds partial salaries for program staff and administrative costs.
FY20 Funding	FY20 funding requested: $60,000 FY20 funding recommended: $50,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $50,000 FY19 Approved: $50,000 FY19 6-month metrics met: 100%	FY18 Approved: $40,000 FY18 Spent: $40,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $30,000 FY17 Spent: $30,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	22	42
Total Services	55	106
Legal clients surveyed will report increased awareness of legal rights in their situations	75%	75%
Crisis callers will benefit from a safety plan to increase their safety	75%	75%
Adult residents surveyed who exit the Transitional House will state that they moved to safe and/or permanent housing	80%	80%
Economic Empowerment Program (EEP) clients will achieve a key economic security goal, which may include finding a job, taking educational courses, or becoming more financially literate	70%	70%

Next Door Solutions to Domestic Violence (Support Grant)

Program Title and Requested Amount	Comprehensive Services for Survivors of Domestic Violence / $25,000
Grant Goal	To support the provision of a continuum of comprehensive intervention and support services that address the unique needs adult victims/survivors of Domestic/intimate partner violence in the El Camino Healthcare District. Services assist the client in navigating their individual path from crisis to safety, stability, and greater self-sufficiency. Bilingual (English/Spanish) services include Support Groups, Self-Sufficiency Program, and Community & Systems Advocacy.
Community Need	Domestic violence violates the human rights of women and girls limiting their opportunities, full participation, and advancement in society. It is gender based violence, and requires specific efforts of women's equity, empowerment, and advancement. Domestic/intimate partner violence (DV/IVP) is prevalent in every community, affecting all people regardless of age, socioeconomic status, sexual orientation, gender, race, culture, religion, or nationality. Those directly impacted by DV comprise an isolated and extremely underserved - almost invisible – population in need of a distinctive approach that includes providing support and resources for safe housing and other crisis services, peer counseling, support groups, and self-sufficiency services. Those whose lives are characterized by DV face very unique and difficult obstacles to achieving safety, stability, and greater self-sufficiency. And there are significant impacts to the overall community due to severe financial and economic burden that DV imposes on victims, households, the public sector, private businesses, and society as a whole – it significantly impedes economic growth and development [1]. Per the Centers for Disease Control and Prevention (CDC), "intimate partner violence is a preventable health epidemic", with data showing that 1 in 3 women, and 1 in 4 men, have been physically abused by an intimate partner; and that 1 in 4 women and 1 in 7 men have been severely physically abused by an intimate partner in their lifetime [2]. A 2013-14 Santa Clara County Public Health Department report stated [3]: One in ten adults in Santa Clara County (SCC) have ever been threatened with physical violence by an intimate partner, with the percentage being higher among females than males (12% vs. 7%) and highest amongst African Americans (17%) followed by White (14%) and Latino (12%). Young adults, 18-24 years, and those 65 years and older are at 3% and 8% respectively. The 2017 SCC DV Death Review Team report noted that "for the fourth year in a row we saw murder/suicide involving long-married elderly couples. In each of the past three years there was one such incident. In 2017 there were two. These five incidents resulted in a total of 10 deaths"[4]. DV/IPV continues to impact tens of thousands of Santa Clara County residents - and can have serious consequences; between years 2000 – 2017, there have been 191 DV/IVP related deaths, an average of 11 per year [4,5]. Sources: 1. http://www.stopvaw.org/community_costs_of_domestic_violence 2. https://www.cdc.gov/violenceprevention/nisvs/infographic.html 3. https://www.sccgov.org/sites/phd/hi/hd/Pages/violence.aspx 4. https://www.sccgov.org/sites/da/newsroom/newsreleases/Documents/2018NRDocs/2017%20DVDRT%20Report.pdf 5. https://harderco.com/...work/working-together-promote-healthy-safe-relationships-san
Agency Description & Address	234 E. Gish Road, Suite 200, San Jose http://www.nextdoor.org/ Next Door Solutions to Domestic Violence (NDS), an autonomous nonprofit based in San Jose, is

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

	entirely dedicated to addressing the impact of domestic violence – at the individual and community level. Its mission is "to end domestic violence in the moment and for all time" – creating paths for survivors from crisis to safety, stability, and self-sufficiency. Core programs are Shelter & Housing Services, Community & Systems Advocacy, Support Services, and Community Partnerships. Governed by a board of 15 community members, NDS provides a continuum of services to nearly 3,000 adults and children annually. NDS' Theory of Change sets a long-range goal of decreasing the number of women and girls in Santa Clara County who will experience abusive relationships in their lifetime (current baseline 1 in 3).
Program Delivery Site(s)	At NDS' Community Office in San Jose plus additional services are provided at: • St. Mary's Church; 219 Bean Street; Los Gatos • San Miguel Family Resource Center, Sunnyvale • Palo Alto Medical Foundation, Mountain View Center • Amigos de Guadalupe; Center of Justice & Employment, San Jose • SOMOS Mayfair – Family Resource Center, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • 2.5 Hour Support Group sessions/encounters (72 Sessions) • 60-minute Community & Systems Support counseling encounter (77 Sessions) • 60-minute Self-Sufficiency Case Management session/encounter (38 Sessions) Full requested amount supports partial salaries of several staff positions, including Self-Sufficiency Advocates, a Crisis & Community Support Advocate and a Support Group Facilitator, and administrative costs.
FY20 Funding	FY20 funding requested: $25,000 FY20 funding recommended: DNF

Funding History and Metric Performance	FY19	FY18	FY17
	New in FY20	New in FY20	FY17 Approved: $6,773 FY17 Spent: $1,306 FY17 6-month metrics met: N/A FY17 annual metrics met: 0%

FY20 Dual Funding	FY20 funding requested: $75,000 FY20 funding recommended: $75,000

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $75,000 FY19 Approved: $75,000 FY19 6-month metrics met: 100%	FY18 Approved: $75,000 FY18 Spent: $75,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $75,000 FY17 Spent: $75,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	25	49
	Services (Community & Systems Advocacy (C&SA) Sessions)	38	77
	Support Group Sessions: clients will access services through any one, or more, of the 15 Support Groups conducted throughout the county	36	72
	Self-Sufficiency Case Management Sessions (CM): clients will receive CM and other support services that assist them in maintaining or increasing level of self-sufficiency	19	38

FY20 Healthy Community Proposal Summary

Rebuilding Together Peninsula

Program Title and Requested Amount	Safe at Home Program for Older Adults/ $100,000
Grant Goal	This program targets fall risk factors in and around the home through home repairs and/or modifications for low-income, older adults. These at-risk adults are identified as "fall risks" by age, formal fall risk assessment tool or by referring agencies and institutions.
Community Need	According to the Centers for Disease Control and Prevention, treating fall injuries is very costly. In 2015, total medical costs for falls totaled more than $50 billion. Each year, millions of people 65 and older are treated in emergency departments because of falls. Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a broken hip or head injury. Fall injuries are among the 20 most expensive medical conditions. The average hospital cost for a fall injury is over $30,000. The costs of treating fall injuries go up with age[1]. More locally, the San Mateo County Fall Prevention Task Force found that the economic cost of falls, including loss of work, hospitalizations, and ED visits, among residents over 65 years old amounted to more than $130 million. The Task Force[2] also found that falls account for 80% of accidental injury deaths in individuals over the age of 85, and 20% in ages 75 to 84. The Center for Disease Control outlines things that can minimize the risk of falls, which includes the following recommendations: 1) Eliminate tripping hazards in and around the home; 2) Add grab bars inside and outside the tub or shower and next to the toilet; 3) Put railings on both sides of stairs; and 4) Make sure the home has plenty of light by adding more or brighter light bulbs. With seniors spending more than 90% of their time in their homes, it is critical to address the in-home hazards and dangers that surround them. Sources: 1. https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html 2. http://www.smcfallprevention.org
Agency Description & Address	841 Kaynyne Street, Redwood City Rebuilding Together Peninsula (RTP) has provided critical health and safety repairs for over 26 years. RTP envisions a safe and healthy home for every person, with repair programs serving seniors, people with disabilities, veterans, and families with children. RTP's free repair services ensure that neighbors without financial resources can live independently in warmth and safety in their own home.
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing, including full-time program manager and part-time repair technician • Administering Weill Medical College of Cornell University environmental fall risk assessment and developing a customized home safety plan • Reducing risks through no cost home repairs and home modification Full requested funding would support partial staffing and program materials such as grab bars and ramps.

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FY20 Funding	FY20 funding requested: $100,000	FY20 funding recommended: $78,000	
Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $75,000 FY19 Approved: $75,000 FY19 6-month metrics met: 100%	FY18 Approved: $65,000 FY18 Spent: $65,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $50,000 FY17 Spent: $50,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

	Metrics	***6-month Target***	***Annual Target***
FY20 Proposed Metrics	Older adults served	10	28
	Services provided	30	84
	Service recipients who report feeling at least somewhat safer in their homes after repairs	85%	85%
	Service recipients who report not having an unintentional injury resulting from a fall in their home	85%	85%

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HEALTHY COMMUNITY

RoadRunners Transportation Program

Program Title and Requested Amount	RoadRunners Patient Transportation / $275,000
Grant Goal	This program ensures seniors and disabled community members have access to medical care by providing safe, timely and compassionate transport. To provide a service that helps seniors maintain independence.
Community Need	Transportation issues are one of the greatest concerns for elders. One out of six older adults report having difficulty getting to their medical/doctor appointment and other services needed to maintain independence. Over the past few years, the County's Outreach Paratransit service has changed eligibility standards and now serves only those designated disabled by a physician. Even if eligible for Outreach, some seniors need assistance from door to the car. It is also critical that clients arrive at medical appointments on time and their scheduled ride be adjusted if the appointment runs late, which is not typically feasible in the Outreach Paratransit model.
Agency Description & Address	530 South Drive, Mountain View https://www.elcaminohospital.org/services/roadrunners-transportation El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. RoadRunners is a transportation service provided by employees and dedicated El Camino Hospital Auxiliary volunteers.
Program Delivery Site(s)	Delivery sites within the District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Transporting individuals to medical appointments and other necessary services (i.e. banking, pharmacy etc.) • Recruiting volunteer drivers to transport community members • Conducting outreach to inform seniors and disabled individuals about RoadRunners' services Full requested funding would support staffing, rides and program supplies.
FY20 Funding	FY20 funding requested: $275,000 FY20 funding recommended: $230,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $275,353 FY19 Approved: $250,353 FY19 6-month metrics met: 100%	FY18 Approved: $275,353 FY18 Spent: $275,353 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $313,353 FY17 Spent: $288,361 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	575	1,150
Rides provided	4,519	9,038
Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence	90%	90%
Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments	95%	95%

South Asian Heart Center

Program Title and Requested Amount	AIM to Prevent Heart Attacks and Diabetes/ $200,000
Grant Goal	The South Asian Heart Center is seeking funding to enroll, screen, and coach participants in its AIM to Prevent program, a specialized, evidence based, three phase prevention program: 1) Assess with advanced and comprehensive screening to uncover hidden risks, 2) Intervene with culturally-appropriate Lifestyle MEDS™ counseling and 3) Manage with personalized, heart health coaching.
Community Need	South Asians have at least a two-fold increased risk for cardiovascular disease (CVD) and four- to six-fold increased risk for diabetes [1,2] compared to other ethnic groups [3] and suffer CVD and its risk factors at an earlier age [3,4]. Coronary artery disease (CAD) is the leading cause of death[5] and hospitalizations among South Asians in California [6,7]. Since traditional CV risk factors do not fully explain the marked disparity in the incidence of heart disease among South Asians[1], additional risk factors have been investigated, albeit inconclusively: fibrinogen, insulin resistance and metabolic syndrome, low high-density lipoprotein (HDL), HDL2b, high triglycerides, small dense low-density lipoprotein (LDL), homocysteine and lipoprotein(a)[8,9]. Despite this higher risk, South Asians in the US are still understudied, and little research is available on culturally appropriate treatment strategies to treat them. Despite comprehensive guidelines on appropriate prevention and management strategies for cardiovascular disease (CVD), implementation of such risk-reducing practices remains poor among South Asians in the U.S.[10]. Sources: 1. McKeigue P, Ferrie J, Pierpoint T, Marmot M. Association of early-onset coronary heart disease in South Asian men with glucose intolerance and hyperinsulinemia. Circulation. 1993;87(1):152-161. 2. Barnett AH, Dixon AN, Bellary S, et al. Type 2 diabetes and cardiovascular risk in the UK south Asian community. Diabetologia. Oct 2006;49(10):2234-2246. 3. Palaniappan L, Wang Y, Fortmann SP. Coronary heart disease mortality for six ethnic groups in California, 1990-2000. Annals of epidemiology. Aug 2004;14(7):499-506. 4. Narayan KM, Aviles-Santa L, Oza-Frank R, et al. Report of a National Heart, Lung, And Blood Institute Workshop: heterogeneity in cardiometabolic risk in Asian Americans In the U.S. Opportunities for research. Journal of the American College of Cardiology. Mar 9 2010;55(10):966-973. 5. Palaniappan L, Mukherjea A, Holland A, Ivey SL. Leading causes of mortality of Asian Indians in California. Ethnicity & disease. Winter 2010;20(1):53-57. 6. Klatsky AL, Armstrong MA. Cardiovascular risk factors among Asian Americans living in northern California. American Journal of Public Health. 1991;81(11):1423-1428. 7. Klatsky AL, Tekawa I, Armstrong M, Sidney S. The risk of hospitalization for ischemic heart disease among Asian Americans in northern California. American Journal of Public Health. 1994;84(10):1672-1675. 8. Enas EA, Kannan S. How to beat the heart disease epidemic among South Asians: a prevention and management guide for Asian Indians and their doctors: Advanced Heart Lipid Clinic; 2005. 9. Rather MA, Bhat BA, Qurishi MA. Multicomponent phytotherapeutic approach gaining momentum: Is the "one drug to fit all" model breaking down? Phytomedicine: international journal of phytotherapy and phytopharmacology. Sep 11 2013. 10. Azar KM, Jose PO, Kang JB, et al. Culturally-tailored heart health coaching (in press). Journal of Immigrant and Minority Health. 2013.
Agency Description & Address	2480 Grant Road, Mountain View https://southasianheartcenter.org/ The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management.

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HEALTHY COMMUNITY

Program Delivery Site(s)	Services will be provided at agency site and online webinars.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting health assessment and engaging participants in the AIM to Prevent Program • Providing outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling • Delivering trainings that provide Continued Medical Education (CME) units for physicians Full requested funding would support partial staffing and program supplies.
FY20 Funding	FY20 funding requested: $200,000 FY20 funding recommended: $160,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $180,000 FY19 Approved: $180,000 FY19 6-month metrics met: 100%	FY18 Approved: $160,000 FY18 Spent: $160,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $180,000 FY17 Spent: $180,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Dual Funding FY20 funding requested: $200,000 FY20 funding recommended: $110,000

Dual Funding History

FY19	FY18	FY17
FY19 Requested: $360,000 FY19 Approved: $170,000 FY19 6-month metrics met: 100%	FY18 Approved: $240,000 FY18 Spent: $240,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $360,000 FY17 Spent: $360,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 83%

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	105	220
Encounters	585	1,198
Improvement in average level of weekly physical activity from baseline	20%	21%
Improvement in average levels of daily servings of vegetables from baseline	19%	20%
Improvement in levels of HDL-C as measured by follow-up lab test	5%	5%
Improvement in cholesterol ratio as measured by follow-up lab test	6%	6%

Sunnyvale Community Services

Program Title and Requested Amount	Social Work Case Management / $87,100
Grant Goal	The Social Work Case Management program focuses on improving the health and wellness of our most vulnerable clients by preventing or alleviating homelessness. A growing number of low-income Sunnyvale residents require more intensive assistance to stabilize their lives than is provided through our basic safety-net services. SCS case workers identify clients who need case management because they lack self-sufficiency, often due to chronic physical or mental health conditions, inadequate healthcare, and/or lack of access to health and wellness programs. SCS Case Management staffs possess in-depth knowledge of available services for health and housing, and use their expertise and empathy to help families move through crisis towards stability. It is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet each client's health and human service needs. Case Managers provide advocacy, communication, and resource management, and promote high-quality and cost-effective interventions and outcomes.
Community Need	According to the Census Bureau, 8% of Sunnyvale children and adults and 11% of seniors live at or below 125% of the Federal Poverty Level (FPL), which qualifies them for SNAP (food stamps). HUD's Area Median Income (AMI) benchmarks are a more accurate indicator of financial insecurity in Silicon Valley than the nationwide FPLs. "Low income" is defined as 80% or less of AMI, which in this area is $85,050 for a three-person household and $94,450 for a four-person household. Over one-fourth of Sunnyvale families with at least three people earn below $75,000[1]. According to RentJungle.com, as of January 2019 the average rent for a two-bedroom apartment in Sunnyvale was $3,306/month (without utilities). That's 46% of the gross pay of a family earning $85,050/year. It is common here for families to double or triple up in one apartment—often with children sleeping in the living room and sometimes with parents sleeping in their car[2]. Seniors on fixed incomes are also suffering from skyrocketing housing prices in this area—and not just those who live in apartments. As housing has become increasingly tight, the market rate for spaces has increased, jeopardizing this option for those with low or even moderate incomes[3]. Access to basic health care is necessary for individuals' physical, mental, and economic health. Lack of health care access is also recognized as a leading cause of poverty for all ages. In 2016, over 80% of SCS clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the area median income (AMI) for Santa Clara county and well under 200% of the federal poverty level (FPL). SCS serves Sunnyvale's highest poverty areas, including Title I elementary schools and low-income middle schools in Sunnyvale, where a majority of the children qualify for free or reduced cost meals. Among SCS clients, 36% are children, even though children represent only 22% of the population of Sunnyvale, and 14% of are seniors, up from 9% in 2010. Sunnyvale's most recent 2015-2020 Consolidated Plan[4] shows that 28% of City households (15,375 households) are lower-income with incomes. After paying for housing, low-income families and seniors have little money left to cover the costs of medicine or food. According to a report from St. Michael's Hospital Centre for Research on Inner City Health, 85% of homeless people "have at least one chronic health condition and more than half have a mental health problem. People who are 'vulnerably housed' – meaning they live in unsafe, unstable or unaffordable housing – had equally poor, and in some cases worse, health, the survey found."[5] According to The Lancet, "The right to a home is not just a matter of social

	cohesion and justice. Providing stable housing in an important upstream intervention to reduce avoidable deaths and improve health and well-being"[6]. The El Camino Hospital 2016 Community Health Needs Assessment focus group participants identified housing and homelessness as a top concern and noted that income inequality and the wage gap contribute to poor health outcomes[7]. Sources: 1. https://factfinder.census.gov 2. https://mhphoa.com/ca/mhp/statistics 3. https://www.rentjungle.com/average-rent-in-sunnyvale-rent-trends/ 4. https://sunnyvale.ca.gov/civicax/filebank/blobdload.aspx?BlobID=23237 5. https://www.sciencedaily.com/releases/2011/08/110824122906.htm 6. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30086-2/fulltext 7. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf
Agency Description & Address	725 Kifer Road, Sunnyvale https://sunnyvale.ca.gov/community/centers/commcenter.htm The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance Network (EAN) agency for all Sunnyvale zip codes and San Jose's Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.
Program Delivery Site(s)	Sunnyvale Community Services
Services Funded By Grant/How Funds Will Be Spent	Services include: • Initial client assessment and case planning • Case management for three or more months and follow up meetings and assessments • Assistance and advocacy with applications, access to health care, nutrition programs, affordable housing, education, job training, employment, child care, financial education, budgeting and resource referrals • In-home wellness checks as needed • Access to other SCS safety net services (food, financial aid, referrals) services • Access to low-cost monthly bus passes for medical appointments, jobs, and education • Access to financial management and health- and nutrition-related programs and services Full requested amount funds a social work case manager and partial salary of a second caseworker.
FY20 Funding	FY20 funding requested: $87,100 FY20 funding recommended: $85,400

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $85,400 FY19 Approved: $85,400 FY19 6-month metrics met: 100%	FY18 Approved: $85,400 FY18 Spent: $85,400 FY18 6-month metrics met: 50% FY18 annual metrics met: 100%	FY17 Approved: $75,000 FY17 Spent: $75,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

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HEALTHY COMMUNITY

FY20 Multiple Funding Requests	• Coordinated Services for Homebound Clients $67,944 • Comprehensive Safety Net Services $100,000		
Multiple Funding History	FY19	FY18	FY17
	• Comprehensive Safety Net Services $100,000 FY19 Requested: $100,000 FY19 Approved: $100,000 FY19 6-month metrics met: 100%	• Comprehensive Safety Net Services $100,000 FY18 Approved: $100,000 FY18 Spent: $100,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	• Comprehensive Safety Net Services $85,000 FY17 Approved: $85,000 FY17 Spent: $85,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	70	110
	Case management meetings (minimum 3 meetings per client)	210	330
	Case management client visits for health- and nutrition-related programs (minimum 6 visits per client)	420	660
	Self-Sufficiency: Participants whose scores on the Step Up Silicon Valley Self-Sufficiency Measure improve to an average of 3.0 or higher six months after entering Case Management	90%	90%
	Housing Stabilization: Sheltered participants who maintain housing for 60 days after receiving financial assistance and referrals	90%	90%
	Rapid RehHousing: Homeless participants who are moved to temporary or permanent housing within six months of case plan.	80%	80%
	Satisfaction: Participants who rank SCS staff and services at least "8" out of 10 on the Listen4Good standardized survey question, “How likely is it that you would recommend Sunnyvale Community Services to a friend or family member?”	80%	80%

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Sunnyvale Community Services

Program Title and Requested Amount	Comprehensive Safety Net Services / $100,000
Grant Goal	The Comprehensive Safety Net Services program supports low-income families, seniors, and veterans. This grant aims to prevent and alleviate homelessness, hunger, and food insecurity in our local community. Homelessness and hunger impact the physical and mental wellbeing of individuals and the community so this program prevents food insecurity and the many negative effects of homelessness and eviction. Funding will help medically fragile families and seniors remain housed, and provide supplemental, nutritious food so that low-income families and seniors can be stably sheltered and housed with food on their tables. As part of the Emergency Assistance Network (EAN) in Santa Clara County, SCS shares resources and best practices with dozens of partner agencies.
Community Need	The housing affordability crisis in Silicon Valley and the increasing difficulty that low-income families have in buying food when they have to spend an outsized portion of their income on rent and utilities is impact community members health and wellbeing. The consequences of having insufficient food, or food that doesn't provide proper nutrition, are well documented. The wrong foods can engender or exacerbate chronic diseases such as diabetes and heart disease. Hunger can prevent a child from focusing in school. Less obvious, but increasingly being discussed in the healthcare community, is the link between proper housing and health. Here are a few examples of the agencies and healthcare leaders who are calling for greater attention to stable, safe housing as a vital foundation for health [1.] The 2016 "Housing as Health Care" guide from the National Governors Association emphasized the health benefits of stable housing, such as the Housing First model that stabilizes people's living situations before addressing their chronic health issues, addictions, etc[2]. In 2017, [3] the Centers for Medicare & Medicaid Services (CMS) released the Health-Related Social Needs Screening Tool. This 10-item questionnaire helps clinicians determine whether patients are subject to any social challenges that may negatively affect their health. The tool includes housing-related questions such as whether the patient has stable housing, working cooking appliances, and uninterrupted utility services. The Enterprise Community Partners report "Health in Housing: Exploring the Intersection Between Housing and Health Care" describes a study in Oregon where costs to healthcare systems decreased after people moved into affordable housing. Primary care visits went up, while emergency department visits went down[4]. As the cost of housing in Silicon Valley soars because of the latest tech boom, many families and seniors have little money left over to buy food. Traditional estimates of food insecurity have resulted in artificially low measures of hunger, because those models have not accounted for the high cost of living in Silicon Valley, especially for housing. Families who have to spend an outsized portion of their income on rent—then more for utilities, transportation, and medical costs—often don't have enough money left to buy sufficient food. No wonder that SHFB's 2017 Food Insecurity Study showed that despite Santa Clara County being one of the wealthiest areas in the country[6], 27% of its residents are at risk of hunger. The Census Bureau says that 8% of Sunnyvale children and adults and 11% of seniors live at or below 125% of the Federal Poverty Level (FPL), which qualifies them for SNAP (food stamps). HUD's Area Median Income (AMI) benchmarks are a more accurate indicator of financial insecurity in Silicon Valley than the nationwide FPLs. "Low income" is defined as 80% or less of AMI, which in this area is $85,050 for a three-person household and $94,450 for a four-person household. Over one-fourth of Sunnyvale families with

	at least three people earn below $75,000—a statistic that aligns with SHFB's estimates of local residents who are food insecure[7]. Sources: 1. A 2018 JAMA Network article titled "Housing as Health" noted, "More professionals and national organizations recognize housing as a key driver and major social determinant of health." (JAMA. 2018;319(1):12-13. doi:10.1001/jama.2017.20081) 2. https://www.nga.org/center/publications/housing-as-health-care-a-road-map-for-states/ 3. https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf 4. https://www.enterprisecommunity.org/resources/health-housing-exploring-intersection-between-housing-and-health-care-13360 5. https://www.shfb.org/docs/news/release/20171212_FundingGap.pdf 6. https://factfinder.census.gov 7. https://www.rentjungle.com/average-rent-in-sunnyvale-rent-trends/
Agency Description & Address	725 Kifer Road, Sunnyvale https://svcommunityservices.org/ The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance Network (EAN) agency for all Sunnyvale zip codes and San Jose's Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.
Program Delivery Site(s)	Sunnyvale Community Services as well as food pantries at Sunnyvale elementary schools and Columbia Neighborhood Center
Services Funded By Grant/How Funds Will Be Spent	Services include: • Screening and eligibility for comprehensive emergency assistance (food and financial aid) as well as outreach for CalFresh and MediCal/Medicare. • Financial Aid for medically-related bills. • Purchase of healthy, protein-rich food for families and seniors, and year-round nutritional education, demonstrations, and recipes. • Purchase of grocery script to close the food gap. Full requested amount funds partial salaries for a food/nutrition program coordinator and expenses for medically-related bills and food purchases.
FY20 Funding	FY20 funding requested: $100,000 FY20 funding recommended: $65,000

	FY19	FY18	FY17
Funding History and Metric Performance	FY19 Requested: $100,000 FY19 Approved: $100,000 FY19 6-month metrics met: 100%	FY18 Approved: $100,000 FY18 Spent: $100,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $85,000 FY17 Spent: $85,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%

FY20 Multiple Funding Requests	• Coordinated Serviced for Homebound Clients $67,944 • Social Work Case Management $87,100

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Multiple Funding History	FY19	FY18	FY17
	• Social Work Case Management $85,400 FY19 Requested: $85,400 FY19 Approved: $85,400 FY19 6-month metrics met: 100%	• Social Work Case Management $85,400 FY18 Approved: $85,400 FY18 Spent: $85,400 FY18 6-month metrics met: 50% FY18 annual metrics met: 100%	• Social Work Case Management $75,000 FY17 Approved: $75,000 FY17 Spent: $75,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

	Metrics	***6-month Target***	***Annual Target***
FY20 Proposed Metrics	Food Pantry clients	2,000	3,000
	Financial Aid clients	25	40
	Clients who receive Safeway scrip to supplement their food needs	90%	90%
	Homebound clients (senior and disabled persons) who receive at least six monthly food deliveries by volunteers and one visit by an SCS case worker	90%	90%
	Clients receiving financial aid who are still housed 60 days after assistance (Does not include clients who were already homeless when they received financial aid)	80%	80%
	Participants who rank SCS staff and services at least "8" out of 10 on the Listen4Good standardized survey question, "How likely is it that you would recommend Sunnyvale Community Services to a friend or family member?"	N/A	80%

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Sunnyvale Community Services

Program Title and Requested Amount	Coordinated Services for Homebound Clients / $67,944
Grant Goal	To provide increased support for fragile seniors and disabled persons who receive home-delivered food from Sunnyvale Community Services (SCS). This program will help these Sunnyvale residents stay in their own homes by connecting them to vital support services. Funds would be used to hire a Homebound Services Coordinator (HSC), a case-worker-level staff member who would both provide direct support and link clients with other SCS and non-SCS programs for additional services. The proposed program, which will be conducted primarily at clients' homes, will have the HSC visit each client to perform a needs assessment, recommend services and referrals as appropriate, monitor clients on an ongoing basis, and work with SCS's Operations Department to strengthen and streamline the Home Food Delivery program.
Community Need	Homebound people face the constant challenge of staying healthy and financially secure enough to keep living independently. Aging in place for as long as possible is now recognized as the preferred situation for older adults. A 2013 article in the U.S. Department of Housing and Urban Development's (HUD) Evidence Matters journal noted[1]. The proposed resources and support can make the difference between a senior or disabled person staying in his/her own home or requiring institutionalization, which has multiple consequences for both the individual and the community. The 2016 CHNA also noted the vital roles of economic security and safe, stable housing in individuals' health. The report notes that overall, 23% of Santa Clara County residents are living below the self-sufficiency level. (2016 CHNA, page 40) This aligns with Second Harvest Food Bank's 2017 report that nearly 27% of people in Santa Clara and San Mateo Counties are food insecure[2]. Seniors and homebound disabled people are especially vulnerable to economic insecurity because they are likely to be on fixed incomes. According to the U.S. Census Bureau's 2017 American Community Survey (ACS), while the average household income in Sunnyvale is $157,775, for senior households it is only $86,926.[4] ACS statistics indicate that nearly 9% of Sunnyvale seniors (65+) are living below the federal poverty level (FPL), and another 6% are below 150% of the FPL. However, the FPL is a very conservative measure of economic insecurity; based on the HUD Area Median Income guidelines, a one-person household in this area is considered low income if their annual income is $66,150 or less, and a two-person household $75,600 or less. Economic insecurity directly affects health in many ways, including cutting into people's budgets for food and medicines. Therefore, it is imperative to catch financial problems before they become serious enough to jeopardize someone's health. The currently available resources at SCS not only preclude helping these clients receive the support they need, but also prevent SCS from taking nutritious food to more homebound Sunnyvale residents. Sources: 1. El Camino Hospital 2016 Community Health Needs Assessment (2016 CHNA, page 38). 2. https://www.huduser.gov/portal/periodicals/em/fall13/highlight2.html 3. https://www.shfb.org/docs/news/release/20171212_FundingGap.pdf 4. https://factfinder.census.gov
Agency Description & Address	725 Kifer Road, Sunnyvale https://sunnyvale.ca.gov/community/centers/commcenter.htm The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance

FY20 Healthy Community Proposal Summary

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	Network (EAN) agency for all Sunnyvale zip codes and San Jose's Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, and medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.
Program Delivery Site(s)	In clients homes and at Sunnyvale Community Services
Services Funded By Grant/How Funds Will Be Spent	Services include: • Initial needs assessment by the Homebound Services Coordinator (possibly in conjunction with another SCS case worker) • Referrals to SCS and outside services as appropriate • Monthly monitoring checks (by telephone or in person) Full requested funds support the salary of the Homebound Services Coordinator.
FY20 Funding	FY20 funding requested: $67,944 FY20 funding recommended: $67,944

Funding History and Metric Performance

FY19	FY18	FY17
New in FY20	New in FY20	New in FY20

FY20 Multiple Funding Requests

- Social Work Case Management $87,100
- Comprehensive Safety Net Services $100,000

Multiple Funding History

FY19	FY18	FY17
• Social Work Case Management $85,400 • Comprehensive Safety Net Services $100,000	• Social Work Case Management $85,400 • Comprehensive Safety Net Services $100,000	• Social Work Case Management $75,000 • Comprehensive Safety Net Services $85,000

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	50	86
Needs assessment	50	86
Services (monitoring call or visit)	150	408
Housing stability: Participants receiving financial aid who are still housed 60 days after assistance	80%	80%
Enrollments and referrals: Participants who are connected to appropriate benefits programs, support programs, and resources	70%	70%
Participants who rank SCS staff and services at least "8" out of 10 on the Listen4Good standardized survey question, "How likely is it that you would recommend Sunnyvale Community Services to a friend or family member?"	N/A	80%

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

The Health Trust

Program Title and Requested Amount	Meals On Wheels / $120,000
Grant Goal	Providing adults who are low income, homebound and elderly with valuable health and social services enables them to live independently as healthy, contributing members of their communities. To increase food security and empower older adults to age in place, The Health Trust requests $120,000 to partially fund Meals On Wheels services for 60 older adults (age 60+) in Mountain View and Sunnyvale who are very-low income. Program components include hot, home-delivered meals delivered daily (with chilled weekend meals delivered on Friday), Wellness Checks and social visits, and referral resources to expand seniors' support network. Program impact on client social isolation, food security, and hospital and ER utilization is measured using industry-standard methods, and is regularly evaluated to address performance.
Community Need	Despite being in one of the wealthiest regions in America, significant disparities in wealth - and in health - exist throughout the Cities of Mountain View and Sunnyvale. In these cities, there are nearly 1,200 seniors who are low-income, nutritionally at-risk and have limited mobility [1,2] (2016 American Community Survey); fewer than 460 are currently receiving food assistance through either The Health Trust Meals On Wheels or the County-sponsored weekly frozen meal delivery program. These senior residents are at significant risk of losing their independence due to poor health. Results from Alley et al. (2009) suggest that increased food insecurity can influence heart disease, cancer, stroke, pulmonary disease, and diabetes. In addition to their physical health needs, seniors who live alone and do not have family or friends nearby are at risk for social isolation and depression. A 2016 study [3] published in Psychosomatic Medicine (Teguo, et al.) found that loneliness and living alone were both associated with a higher risk of mortality. For Mountain View and Sunnyvale seniors who cannot afford their basic needs, who are unable to leave their homes to shop or eat, who cannot prepare meals for themselves at home, and who are without a social support network, increased food security through prepared meals home-delivered by a friendly visitor are key to maintaining health and independence. A report from Brown University verifies that, nationally, Meals on Wheels [4, 5] participants who receive daily meals were more likely to report an improvement in their mental and overall health, as well as a reduction in the number of falls. A 2017 follow up to the report reinforces these findings, and suggests that Meals on Wheels clients across the country experience fewer hospitalizations and lower healthcare costs after program enrollment. Sources: 1. https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml 2. https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.161877 3. https://journals.lww.com/psychosomaticmedicine/Abstract/2016/10000/Feelings_of_Loneliness_and_Living_Alone_as.4.aspx 4. https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6 5. https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/medicare-claims-analyses
Agency Description & Address	3180 Newberry Drive, Suite 200, San Jose https://healthtrust.org/ The Health Trust is a charitable 501(c)(3) nonprofit operating foundation serving Santa Clara and northern San Benito Counties. Our Mission is to build Health Equity in Silicon Valley, with a vision of a healthier Silicon Valley for everyone – because everyone's health matters. In the face of growing health disparities in our region, we believe that every resident can and should achieve

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

	optimal health throughout their lifetime. The Health Trust combines policy advocacy, direct service, and grant making to support families and individuals who are low income and disenfranchised.
Program Delivery Site(s)	Services will be provided at the homes of Mountain View and Sunnyvale clients supported by funding from ECHD.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Home-deliver 15,530 meals, including hot meals delivered daily and chilled sandwiches and salads for the weekend • Provide 9,500 Wellness Checks and social visits • Perform intake assessments for new clients as needed • Conduct follow up assessments for new clients, including: 3 month reassessments for hospitalization and emergency room admissions and 6 month reassessments of social isolation and food insecurity • Collect and analyze qualitative data through a semi-annual Client Satisfaction Survey • Provide referrals for additional supportive services, such as MediCal or falls prevention sessions, as needed Full requested funding will support partial staff and cost of meals.
FY20 Funding	FY20 funding requested: $120,000 FY20 funding recommended: $60,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $100,000 FY19 Approved: $78,000 FY19 6-month metrics met:75%	FY18 Approved: $100,000 FY18 Spent: $100,000 FY18 6-month metrics met: 20% FY18 annual metrics met: 80%	New in FY18

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	50	60
	Meals Delivered	6,935	15,530
	Wellness Checks	2,400	9,500
	Clients will show an increase in food security after 6 months in the program as measured by the Food Insecurity Screen at initial assessment and after 6 months of service.	25%	25%
	Clients will show an increase in their overall score for social isolation, indicating the client is less socially isolated, as measured by the LSNS-6 at intake assessment and every 6 months thereafter, for 12 months after enrollment.	40%	40%
	Decrease in the number of emergency room visits reported by clients at intake assessment and measured every 3 months thereafter, for 12 months after enrollment.	40%	40%
	Decrease in the number of hospitalizations reported by clients at intake assessment and measured every 3 months thereafter, for 12 months after enrollment.	40%	50%

FY20 Healthy Community Proposal Summary

YMCA of Silicon Valley

Program Title and Requested Amount	YMCA Summer Camp / $75,000
Grant Goal	This program aims to promote physical activity and healthier food choices amongst youth and is committed to fostering health and well-being practices in out-of-school time programs, using science-based standards for healthy eating, physical activity, screen time, and social supports for these behaviors including staff, family and youth engagement.
Community Need	The City of Mountain View struggles with one of the highest income disparities in the country, where 30% of all Silicon Valley households do not earn enough money to meet their basic needs and more than 45,000 Silicon Valley children live below the federal poverty line [1]. Youth from low-income families often experience stress that can lead to low self-esteem, low academic performance and higher risk behaviors. Most children—particularly children at high risk of obesity— gain weight more rapidly when they are out of school during summer break. Parents consistently cite summer as the most difficult time to ensure that their children have productive things to do. Sources: 1. https://siliconvalleyindicators.org/data/economy/income/poverty-self-sufficiency/percentage-of-households-living-in-poverty-and-below-self-sufficiency-standards/ 2. https://siliconvalleyindicators.org/snapshot/
Agency Description & Address	80 Saratoga Avenue, Santa Clara https://www.ymcasv.org/ The YMCA's mission is to strengthen the community by improving the quality of life and inspiring individuals and families to develop their fullest potential in spirit, mind and body by focusing on three core areas: youth development, healthy living, and social responsibility.
Program Delivery Site(s)	The program will be delivered in Mountain View, CA
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing summer camps to low-income youth that focus on physical activity and fitness, healthy meals, healthy lifestyles, water safety, caring adult role models and leadership for youth Full requested funding would support staffing for camp leaders, camper admission fees and program supplies.
FY20 Funding	FY20 funding requested: $75,000 FY20 funding recommended: $70,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $75,000 FY19 Approved: $75,000 FY19 6-month metrics met: 100%	FY18 Approved: $70,000 FY18 Spent: $70,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%

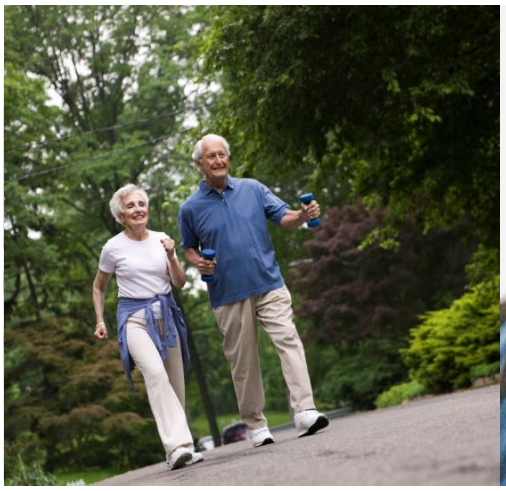
FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	330	465
Families who report that their children were moderately or significantly more physically active after attending camp	95%	95%
Families who agree or strongly agree that their child eats at least an additional serving of fruits and vegetables, after attending camp	85%	85%

Community Benefit Support Grant Summaries

Fiscal Year 2020

The purpose of the Support Grants Program is to support small- to mid-size nonprofit organizations (with annual operating budgets of less than $1 million) that provide vital health services to individuals who live, work, or go to school in the District. Grants of up to $25,000 will be awarded with fewer reporting requirements. Grant funds may be used for programmatic and operational needs.



Dedicated to improving the health and well-being of the people in our community.

5210 Health Awareness Program (Support Grant)

Program Title and Requested Amount	5210 Program- Numbers to Live By! / $25,000
Grant Goal	The Palo Alto Medical Foundation/El Camino Hospital District, 5210 Program is requesting $25,000 to offer nutrition lessons and wellness education provided by Health Educators who will support the Program Specialist. Elementary school-aged children, parents, school staff and administration will benefit from the services provided to promote ongoing health and wellness messages. Services include over 140 nutrition lessons during the school year as well as physical activity and lunch tastings and after school programming. 5210 partners with community organizations to provide additional education during the school year. Services help encourage an environment of health for the school communities and education to prevent chronic conditions such as diabetes and obesity.
Community Need	According to the State of Obesity report 2018, 25.1% of adults in California are obese. Children ages 10 - 17 years old have the 20th highest obesity percentage in the nation at 15.6%.[1] In Santa Clara County as of 2015, 34.5% of 5th graders were overweight or obese.[2] Only 26.6% of the same cohort meets all fitness standards.[2] In addition, according to health data in 2013, only 36% of adolescents ate 5 or more fruits and vegetables daily.[3] Although Santa Clara County strives to reduce overweight and obesity in our children, changes in health are still unseen. The 5210 Program aims to reduce childhood obesity through community-based intervention as well as create environmental change. These evidence-based methods were adopted from the original Let's Go! 5-2-1-0 which began in Portland, Maine in 2008.[4] Not only do we educate students and their parents in nutrition and health, but we also provide support to their school administration and staff to promote health messages throughout the school year. By reaching multiple avenues within and around the school communities, we can promote a healthy environment. In doing so, students will have an easier time making healthy choices and reduce their risk of obesity. Sources: 1. Trust for America's Health and the Robert Wood Johnson Foundation. State of Obesity 2018. Washington, D.C.: 2018. 2. http://www.kidsdata.org/topic/310/fitnessstandards/ 3. https://www.sccgov.org/sites/phd/hi/hd/Documents/obesity-reports/obesity.facts.pdf 4. Journal of Pediatric Psychology, Vol 38, Issue 9, 1 October 2013, Pages 1010-1020. Impact of Let's Go! 5-2-1-0: A Community Based, Multisetting Childhood Obesity Prevention Program.
Agency Description & Address	701 E. El Camino Real, Mountain View http://www.pamf.org/ynp/5210/ The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization dedicated to enhancing the health of people in our communities. The purpose of the 5210 program is to increase nutritional awareness and competency among youth within our service area and to create environments that make healthy choices easier for families to practice.
Program Delivery Site(s)	Sunnyvale School District: • Bishop Elementary • Cherry Chase Elementary • Columbia Middle School • Cumberland Elementary

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	• Ellis Elementary • Fairwood Elementary • Lakewood Elementary • Sunnyvale Middle School • San Miguel Elementary • Vargas Elementary • Nimitz Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • Classroom nutrition and health lessons • Over 6 hours of community outreach including health fairs and presentations • Over 500 students grades K-5 receive nutrition and activity lessons through the 7 after-school sites in Sunnyvale • Four ninety-minute meetings facilitated for the Sunnyvale Collaborative with community partners Funds will support partial instructor salary and program supplies.
FY20 Funding	FY20 funding requested: $25,000 FY20 funding recommended: $25,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $15,000 FY19 Approved: $15,000 FY19 6-month metrics met: 0% (only one metric at midterm, narrowly missed)	FY18 Approved: $25,000 FY18 Spent: $25,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $30,000 FY17 Spent: $12,809 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Dual Funding FY20 funding requested: $25,000 FY20 funding recommended: $20,000

Dual Funding History

FY19	FY18	FY17
FY19 Requested: $25,000 FY19 Approved: $25,000 FY19 6-month metrics met: 100%	FY18 Approved: $15,000 FY18 Spent: $10,396 FY18 6-month metrics met: 100% FY18 annual metrics met: 67%	FY17 Approved: $20,000 FY17 Spent: $15,181 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	3,500	7,000

Bay Area Women's Sports Initiative (BAWSI) (Support Grant)

Program Title and Requested Amount	BAWSI Girls Program in Sunnyvale / $21,000
Grant Goal	To generate positive attitudes towards rigorous exercise and active play and improve social-emotional behavior and attitudes in elementary aged girls in under-served communities. During weekly after-school sessions in the fall and spring semesters, coaches will engage young girls in fun games that build fitness and motor coordination. Using pedometers to track their steps, girls will race, jump, and hula-hoop through stations of high-energy activities focused on goal setting, body awareness, teamwork, and healthy competition. Coaches will also create opportunities for leadership conversations featuring a word of the week and interweave the program's overarching themes of respect and responsibility throughout sessions. Staff will teach basic mindfulness techniques to help pave the way for a lifetime of wellness. All BAWSI Girls will be invited to a BAWSI Game Day where they attend a local college women's sporting event, thus planting the seeds for a future that includes college. The intent is to expose the girls to healthy, active role models competing in rigorous activity, and to receive exposure to a college campus.
Community Need	While it is widely recognized that increased physical activity lowers obesity rates and positively impacts social-emotional wellbeing, studies show that girls are physically less active than boys. The Santa Clara County 2010 Health Profile lists obesity and associated chronic health conditions such as heart disease and diabetes as a major concern, citing a 25% obesity rate among middle school and high school children. Moreover the report finds the highest rates of obesity in low-income adult populations and Hispanic adult populations. The factors contributing to obesity include (among young girls) a sedentary lifestyle that correlates with low incomes, race/ethnicity, and lack of access to recreational opportunities. In a 2015 report, the [1] Aspen Institute's Project Play cited girls as having the greatest need for physical literacy interventions. The report shared that across genders, girls are less physically active than boys and that the gender gap emerges by age 9[2]. "Girls of color are more sedentary than their white peers, where African Americans and Asian Americans are most sedentary, with 49.5 percent and 44.1 percent of them, respectively, engaging in physical activity no more than two times a week (followed by Hispanic girls at 41.6 percent and white girls at 37.2 percent)." Research from the [3] Women's Sports Foundation (WSF) shows that girls who are physically active and/or involved in sports have lower risks of heart disease, type 2 diabetes, higher self-esteem, lower rates of depression, more positive body image, are more likely to graduate from high school, and are less likely to engage in sexually risky behaviors and substance abuse. Further research from WSF indicates that early exposure to sports and physical activity increases the likelihood of continued participation. Sources: 1. https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf 2. https://www.sccgov.org/sites/phd/hi/hd/Documents/Health%20Profile%20Report%202010/scc_health_profile_ex_summary_final_092410.pdf 3. https://www.womenssportsfoundation.org/research/article-and-report/recent-research/her-life-depends-on-it-iii/
Agency Description & Address	1922 The Alameda, Suite 420, San Jose https://bawsi.org/programs/bawsi-girls/ BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity

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	and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.
Program Delivery Site(s)	Sunnyvale School District - Bishop Elementary School
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting weekly after school sessions where female collegiate and high school student athletes serve as positive female role models • Providing program staff to oversee volunteer student athletes • Providing supplies, including equipment and participant materials such as t-shirts, journals and pedometers Full requested funding would support staffing and program supplies.
FY20 Funding	FY20 funding requested: $21,000 FY20 funding recommended: $19,500

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $20,667 FY19 Approved: $19,000 FY19 6-month metrics met: 100%	FY18 Approved: $16,605 FY18 Spent: $16,605 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $16,000 FY17 Spent: $16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 0%

FY20 Dual Funding	FY20 funding requested: $21,000 FY20 funding recommended: $16,500

Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $20,667 FY19 Approved: $16,500 FY19 6-month metrics met: 100%	FY18 Approved: $16,000 FY18 Spent: $16,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $16,000 FY17 Spent: $16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	60	120

FY20 Healthy Body Proposal Summary

Bay Area Women's Sports Initiative (BAWSI) (Support Grant)

Program Title and Requested Amount	BAWSI Rollers in Sunnyvale / $19,000
Grant Goal	This program provides adaptive physical activities for girls and boys with physical, cognitive, and hearing disabilities. Weekly sessions include activities focused on goal setting, teamwork and healthy competition, as well as self-respect, responsibility and leadership.
Community Need	In the state of California, 34% of children with special needs are overweight [1]or obese, 5% higher than the general population of California children. Lower physical activity levels are a major reason for the higher incidence of obesity. The barriers to participation in sports and physical activity for children with disabilities in Santa Clara County[2] include access, cost, and transportation. Furthermore, the Santa Clara County Office of Education's 2015-2016 SARC (School Accountability Report) shows one in four special education students come from low-income families. Reasons for lack of physical activity among disabled children include a lack of access to programs, low motor function that hinders the ability and confidence to participate, and the heavy burden of special needs child-rearing that adds to parents' time and resource constraints. A 2017 report from the [3] Aspen Institute's Project Play cites children with disabilities as one of the most under-served groups in the United States for physical literacy interventions. Sources: 1. http://www.kidsdata.org/topic/489/overweight-obese-special-needs-status/table#fmt=643&loc=1,2&tf=77&ch=172,173 2. https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/aboutdhprogram508.pdf 3. https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf
Agency Description & Address	1922 The Alameda, Suite 420, San Jose https://bawsi.org/programs/bawsi-rollers/ BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.
Program Delivery Site(s)	Vargas Elementary School, Sunnyvale School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting weekly after school sessions where collegiate and high school student athletes serve as positive role models • Providing program staff to deliver services and oversee student athletes • Providing supplies, including participant materials such as t-shirts Full requested funding would support staffing and program supplies.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

FY20 Funding	FY20 funding requested: $19,000	FY20 funding recommended: $15,000	
Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $17,502 FY19 Approved: $17,500 FY19 6-month metrics met: 0%	FY18 Approved: $16,000 FY18 Spent: $16,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	New in FY18
FY20 Dual Funding	FY20 funding requested: $19,000	FY20 funding recommended: DNF	
Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $17,502 FY19 Approved: $10,000 FY19 6-month metrics met: 100%	FY18 Approved: $16,300 FY18 Spent: $16,300 FY18 6-month metrics met: 33% FY18 annual metrics met: 67%	New in FY18

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	15	15

Breathe California of the Bay Area (Support Grant)

Program Title and Requested Amount	Seniors Breathe Easy / $25,000
Grant Goal	To provide senior-focused professional health education to residents aged sixty or older. These services will support health and wellness programs at senior centers and other community locations in the El Camino Healthcare District. The project goals are to increase seniors' understanding of health risks; improve access to prevention services; increase the level of safety in seniors' homes; increase access to smoking cessation assistance for seniors, and increase competence/confidence of caregivers serving our seniors.
Community Need	Seniors are a growing population, comprising 11% of the County's population (13% in Mountain View) and expected to double by 2050. Asians have the highest life expectancy, and the geographic area with the highest life expectancy is Mountain View/Los Altos at 86.7%. The senior sector in our communities has serious health literacy needs that are not being met, especially in seniors whose native language is not English. (The Aging Services Collaborative reports that Mountain View has the highest percentage of seniors living in "linguistic isolation" at 40%.) All seniors need up-to-date information on lung disease: how to prevent it, recognize symptoms; get care; avoid scams; maximize relationships with one's physician; comply with complex medication regimens, etc. This program delivers this information in several languages, raising health literacy, as well as offering services such as health screenings and other patient supports at convenient locations seniors already frequent. Transportation is another senior barrier to care.
Agency Description & Address	1469 Park Ave, San Jose https://www.breathebayarea.org Breathe California of the Bay Area (BCBA) is a 108-year-old grassroots, community-based, voluntary 501(c) 3 non- profit that is committed to achieving clean air and healthy lungs. Our Mission: As the local Clean Air and Healthy Lungs Leader, BCBA fights lung disease in all its forms and works with its communities to promote lung health. Our key roles have been to establish tobacco-free communities, achieve healthy air quality, and fight lung diseases such as TB, asthma, influenza, and COPD. We serve over 100,000 individuals per year with programs in the areas of education, public policy initiatives, research, and patient services. Because lung disease impacts minority and poor communities disproportionately, we work to build capacity and end health disparities in these populations.
Program Delivery Site(s)	Senior and community centers in the El Camino Healthcare District, such as: • City of Mountain View Senior Center • Villa Siena • MidPen Resident Services in Mountain View and Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	Services include: • Health Education Presentations • Health Screenings • Caregiver training for health personnel and families • Home visits for assessment/education of environmental lung health risks and fall prevention. Full requested amount funds partial salaries for a health educator, outreach specialist and program administrator as well as administrative costs.

FY20 Healthy Body Proposal Summary

HEALTHY BODY

FY20 Funding	FY20 funding requested: $25,000	FY20 funding recommended: $20,000	
Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $25,000 FY19 Approved: $25,000 FY19 6-month metrics met: 0%* *staffing and program delays; program being executed in second half of grant year.	FY18 Approved: $20,000 FY18 Spent: $20,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: N/A FY17 annual metrics met: 100%
FY20 Dual Funding	FY20 funding requested: $50,000 (Children's Asthma Program)	FY20 funding recommended: $45,000	
Dual Funding History	FY19	FY18	FY17
	FY19 Requested: $50,000 FY19 Approved: $50,000 FY19 6-month metrics met: 67%	FY18 Approved: $60,000 FY18 Spent: $50,000 FY18 6-month metrics met: 33% FY18 annual metrics met: 100%	FY17 Approved: $50,000 FY17 Spent: $49,995 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	400	1,000
	Health education presentations attendees (averaging 30 minutes each)	200	300
	Participants receiving health screenings (such as pulse oximetry, lung health, blood pressure) and/or respiratory therapy /medical equipment.	80	180

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Columbia Neighborhood Center (Support Grant) NEW

Program Title and Requested Amount	Healthy Habits and Practices: A Fitness and Cooking Program for Low-income Families and Youth / $24,945
Grant Goal	This grant will help expand the Teen Fitness Challenge program for middle and high school youth and pilot the Family Fitness and Cooking Program aimed to promote fitness activities and healthy cooking classes for Spanish-speaking and low-income families.
Community Need	In 2017, 47.8% of Sunnyvale's Latino 5th graders were overweight or obese, and 52.6% of Sunnyvale's Latino 7th graders were overweight or obese. By contrast, 22% of Sunnyvale's white 5th graders were overweight or obese, and 18.1% of Sunnyvale's white 7th graders were overweight or obese. Sunnyvale's Asian American students showed the lowest overweight and obesity rates amongst all racial groups[1]. Being overweight and obese increase one's odds of developing diabetes, heart disease, and certain cancers [2]. Youth that are overweight and obese are far more likely to have poor self-esteem and to become victims of bullying [3]. The 2014 Packard Foundation study found that Latino children, especially Latino children in primarily Spanish speaking households, experience home environments that can promote children's health. For example, 80% of Latino children from Spanish speaking homes eat family meals together at least four days a week, and 58% eat meals every day together. Sources: 1. https://www.kidsdata.org/region/112/sunnyvale/results#ind=&say=&cat=6,44 2. https://www.niddk.nih.gov/health-information/weight-management/health-risks-overweight 3. https://www.karger.com/Article/Fulltext/338333
Agency Description & Address	785 Morse Ave, Sunnyvale https://sunnyvale.ca.gov/community/centers/neighborhood/default.htm Columbia Neighborhood Center (CNC) supports and empowers youth and families so that the children of the community will develop the life skills necessary to be successful in school and beyond. The Centers' priorities are to serve: a) at-risk, limited income Sunnyvale youth as defined by their ability to qualify for Free and Reduced-Price School meals and/or the City's fee waiver program, and b) families in Sunnyvale with limited access to basic services. CNC is a partnership between the Sunnyvale Elementary School District and the City of Sunnyvale.
Program Delivery Site(s)	Services will be provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Expanding the Teen Fitness Challenge program from a single, four-week session of physical fitness and cooking classes to four multi-week sessions • Engaging youth through social media and one-way texting program • Providing Family Fitness and Cooking pilot program, taught by nutritionist and a personal trainer Full requested funding would support partial personnel and program supplies.
FY20 Funding	FY20 funding requested: $24,945 FY20 funding recommended: $24,500

Funding History and Metric Performance	FY19	FY18	FY17
	New in FY20	New in FY20	New in FY20

FY20 Healthy Body Proposal Summary

	Metrics	6-month Target	Annual Target
FY20 Proposed Metrics	Individuals served	57	124
	Youth who complete the Teen Fitness Challenge	35	57
	Participants who complete the Family Fitness and Cooking Program	22	67
	Social media posts and text messages delivered	24	72
	Participants who report at least a 20-minute weekly increase in moderate to strenuous physical activity	85%	85%
	Participants who demonstrate competency with one weight training skill and one bodyweight movement	85%	85%
	Participants who report eating at least one additional home prepared healthy meal per week	85%	85%
	Participants who report a significant decrease in the amount of sugary drinks consumed per week	85%	85%

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Day Worker Center of Mountain View (Support Grant)

Program Title and Requested Amount	Engaging Day Workers in Healthy Living / $25,000
Grant Goal	To help Latino day workers and their families reduce their risk of being overweight/obese, pre-diabetic, and at high risk for chronic diseases.
Community Need	There are 16,300 Latinos in Mountain View (21 percent of the population). Latino men, women and children have some of the highest rates of overweight/obesity, pre-diabetes and unhealthy food consumption in the U.S. This is the profile of day workers who are also often food insufficient.
Agency Description & Address	113 Escuela Avenue, Mountain View https://www.dayworkercentermv.org/ The agency's three primary goals are to 1) connect day worker men and women with employers in a safe and supportive environment, 2) empower day workers to improve their socio-economic conditions through fair employment, education, and job skills training, and 3) participate in advocacy efforts that support the day labor community.
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing and preparing fresh produce and nutritious foods produce and serving nearly 200 healthy meals each week • Conducting training workshops and weekly fitness classes Full requested funding would support partial staffing and fresh fruits, vegetables, and salads.
FY20 Funding	FY20 funding requested: $25,000 FY20 funding recommended: $25,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $25,000 FY19 Approved: $25,000 FY19 6-month metrics met: 100%	FY18 Approved: $25,000 FY18 Spent: $25,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	350	525

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Hope's Corner (Support Grant)

Program Title and Requested Amount	Healthy Food for Hope / $25,000
Grant Goal	Agency is dedicated to providing nourishing meals in a warm, welcoming atmosphere to people who live in their cars, are homeless, and low-income to address food scarcity in the community.
Community Need	Santa Clara County has the sixth highest income disparity in the country. The region's highest earners [1]make 10.5 times more than its lowest earners. With rising costs of rental apartments it may be difficult for those with low-wage jobs to afford both housing and food. According to the most recent Santa Clara County Homeless Point in Time Census and Survey, the number of homeless people in Mountain View increased from 276 to 416 between 2015 and 2017, an increase of 51% in just two years[2]. At the same time, many who have been able to rent are now being displaced or having to use more of their income to pay higher rents. The Zumper SF Bay Area Metro Report for October 2017 found that rents rose[3]by 15.6% year-over-year in Mountain View, with a median rent for a one bedroom apartment at $3,110. Additionally, one in five adults is obese and the proportion is higher in the LGBTQ, Latino, and Black populations. In the 2013 Santa Clara County Homeless Census, two-thirds of homeless individuals reported one or more chronic and/or disabling conditions, including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions. Sources: 1. https://www.mercurynews.com/2018/02/15/income-inequality-in-the-bay-area-is-among-nations-highest/ 2. http://www.sanjoseca.gov/DocumentCenter/View/70103 3. https://www.mercurynews.com/2017/10/25/report-bay-area-rents-rising-fastest-in-mountain-view-petaluma-and-walnut-creek/
Agency Description & Address	748 Mercy Street, Mountain View http://www.hopes-corner.org/ Hope's Corner is a joint ministry of Trinity United Methodist Church and Los Altos United Methodist Church. The volunteer-run organization provides breakfast and a bag lunch every Saturday at Trinity United Methodist Church at the corner of Hope and Mercy Streets.
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing individually packaged salads to improve the nutritional quality of meals • Distributing health education materials Full requested funds would support the purchase of nutritious foods and distribution of educational materials on healthy eating.
FY20 Funding	FY20 funding requested: $25,000 FY20 funding recommended: $25,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $25,000 FY19 Approved: $25,000 FY19 6-month metrics met: 100%	FY18 Approved: $25,000 FY18 Spent: $25,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	275	290

Parkinson's Institute and Clinical Center (Support Grant) NEW

Program Title and Requested Amount	Community Outreach and Education / $25,000
Grant Goal	Parkinson's Institute and Clinical Center (PICC) is requesting a grant for a community outreach and education program about Parkinson disease and other movement disorders. The education and outreach will be provided by Movement Disorder Neurologists of the PICC to reach current patients and other people with movement disorders, caregivers, clinicians, and those wishing to learn more. The programs will include monthly educational talks and semi-annual support group presentations. These services are needed to raise awareness about Parkinson disease and increase utilization of neurology care and community resources.
Community Need	There is an unmet need for movement disorders specialists (the sub-specialty of Neurology that includes Parkinson's disease, tremor, etc.) in Santa Clara county and across the country. As a referral center for Parkinson's disease is located at the El Camino Hospital campus in Mountain View, the Parkinson's Institute frequently receives referrals for newly diagnosed Parkinson's patients living in Santa Clara county. However, there are many more patients that we are not reaching who do not have access to a Parkinson's disease or movement disorder specialist. A seminal study of Medicare patients with Parkinson's showed that only 58% received care from a neurologist. Importantly, those who were treated by a neurologist had a lower risk of being placed in a skilled nursing facility, hip fracture, and death. However, patients treated by a neurologist had improved outcomes and survival [1]. Based on this research, for people with Parkinson's, Neurologist-based treatment is now considered best practice. Community members need proper resources and tools to connect with local services such as certified physical and speech therapists, exercise classes, support groups, and open enrolling research studies that they would be good candidates for. Patients appropriately want an integrated, team-based approach to their care. This provides a community of providers, researchers, and patients all working together to improve their quality of life. Integrated models of patient care have evidence of marked improvement in patient outcomes [2]. Sources: 1. (Willis, et al., 2011), Willis, A. W., et al. "Neurologist care in Parkinson disease: a utilization, outcomes, and survival study" Neurology vol. 77,9 (2011): 851-7. 2. (Prizer and Browner, 2012), Prizer, LP and Browner, N. The integrative care of Parkinson's disease: a systematic review. J Parkinsons Dis. 2012;2(2):79-86.
Agency Description & Address	2500 Hospital Drive, Bldg 10, suite 1, Mountain View http://www.thepi.org/ The mission of the Parkinson's Institute and Clinical Center (PICC) is to provide comprehensive patient care while discovering new treatment options to improve the quality of life for all Parkinson's patients. As America's only independent non-profit organization combining clinical research and patient care for Parkinson's under one roof, we are committed to changing the landscape of movement disorder treatment and research. Since its founding, PICC has helped thousands of Parkinson's patients better manage their disease, develop new therapies for Parkinson's, and publish groundbreaking research aimed to close the gap between science and practical care. By focusing on all three avenues of Parkinson's – cause, care, and cure - PICC is a powerful force in Parkinson's neurodegenerative disease research.
Program Delivery Site(s)	At the Parkinson's Institute and Clinical Center in Mountain View, located at El Camino Hospital, and at venues specific to each support group in Santa Clara County

FY20 Healthy Body Proposal Summary

HEALTHY BODY

Services Funded By Grant/How Funds Will Be Spent	Services include: • One-hour of multiple educational sessions for small group of audience with a physician • Large audience one-hour support group talks by a physician Full requested funding would support partial salaries of the Medical Director, Movement Disorder Specialist and other staff positions and administrative costs.
FY20 Funding	FY20 funding requested: $25,000 FY20 funding recommended: DNF

Funding History and Metric Performance

FY19	FY18	FY17
New in FY20	New in FY20	New in FY20

FY20 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	80	150
Encounters (support group or educational session) provided	5	12

FY20 Healthy Mind Proposal Summary

HEALTHY MIND

Eating Disorders Resource Center (Support Grant)

Program Title and Requested Amount	Getting Connected and Support Toward Recovery / $20,000
Grant Goal	This program will provide and improve upon current support groups, raise awareness on availability of support groups and services, and respond to calls, in person visits, and emails from individuals, family members, and community members to help connect them with resources, information about treatment, and support toward recovery.
Community Need	At least 30 million women and one million men in the United States suffer from an eating disorder[1]. According to the Public Health Service's Office in Women's Health, the third most common chronic illness among adolescents nationwide is anorexia.[2] Eating disorders are almost always comorbid with other diagnostic disorders like anxiety, Obsessive Compulsive Disorder, and bipolar disorder. They are the deadliest of all mental illnesses, with at least one person dying every 62 minutes as a direct result from an eating disorder[1]. Early detection, intervention and treatment are essential for successful treatment and full recovery. A recent survey conducted by Project Cornerstone and the Santa Clara County Office of Education found that among 43,000 youth from 180 schools in our county, 16% reported engaging in eating disorder behaviors - including restricting, binging, and purging. Of the 14 risk factors studied, eating disorders were the third highest reported, after only alcohol use at 17% and depression at 19%. [3] Sources: 1. https://anad.org/education-and-awareness/about-eating-disorders/eating-disorders-statistics/ 2. https://www.bulimia.com/topics/young-people/ 3. https://www.ymcasv.org/projectcornerstone/html/SCC_HighSchool_Report_2017.pdf
Agency Description & Address	15891 Los Gatos Almaden Road, Los Gatos EDRC is the only nonprofit in Santa Clara County addressing the need for education and awareness about eating disorders. The agency provides assistance to clients through monthly support groups and phone/email resource assistance.
Program Delivery Site(s)	Services will be provided to community members who live, work or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing program staff to coordinate and conduct ongoing support groups for eating disorder sufferers and their families • Raising awareness of support groups through education of healthcare professionals, school staff, and the community Full requested funding would support partial staffing of a Program Manager and Administrative Assistant.
FY20 Funding	FY20 funding requested: $20,000 FY20 funding recommended: $20,000

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $20,000 FY19 Approved: $20,000 FY19 6-month metrics met: 0%	FY18 Approved: $20,000 FY18 Spent: $20,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $20,000 FY17 Spent: $20,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Healthy Mind Proposal Summary

FY20 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	90	180

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Friends for Youth (Support Grant)

Program Title and Requested Amount	Whole Health for Youth Mentoring/ $25,000
Grant Goal	To provide long term, high quality one-to-one adult mentoring and supporting activities for at-risk and disadvantaged youth who lack a positive adult in their lives.
Community Need	Students who fail to graduate from high school are then at even higher risk for future health problems throughout adulthood. Mentoring has been proven positively impact behavioral and emotional health. A 2016 study found that mentored youths, especially those in a mentoring relationship lasting 12+ months, reported "significantly fewer behavioral problems and fewer symptoms of depression and anxiety that did non-mentored youths". Further, a study funded by the Bill and Melinda Gates Foundation found that having the guidance of a caring adult mentor could help overcome the symptoms of depression in at-risk youth. Depression is linked to long term problems including suicide, academic and social difficulties, increased risk of substance abuse and teen pregnancy. Bullying/cyber-bullying is a significant concern. Of particular concern is the 31% of local Latino youth who reported having significant depressive symptoms. Another indicator of the challenges youth are facing is that in recent years 22.6% of students have requested help, versus 9.6% in 2005. When tied with the 33% of students who have had suicidal ideation, the severity of the challenges this population is facing is very clear. This is particularly relevant among the adult Latino community where 34% experience long-lasting depression, and excessive alcohol consumption is at 21%. It is well known that parental alcohol use increases the risk of initiation and the intensity of adolescent alcohol use. It also should be noted that the Health Assessment Report identified violence and abuse as another top priority need, which is particularly prevalent among high risk, low income, and marginalized communities. The SMC Adolescent Report 2014-15 also confirms these concerns with an alarming statistic: 70% of student survey respondents reported feelings of depression, nervousness, or emotional stress of varying degrees. Sources: http://all4ed.org/reports-factsheets/saving-futures-saving-dollars-the-impact-of-education-on-crime-reduction-and-earnings-2/ http://www.cjcj.org/news/11554 https://www.gethealthysmc.org/sites/main/files/file-attachments/adolescent_report_-_youth_and_adults_working_together_for_a_healthy_future.pdf https://www.kidsdata.org/region/59/santa-clara-county/results#cat=27 https://www.researchgate.net/publication/319535528_Parental_influences_on_adolescents'_alcohol_use https://www.ncbi.nlm.nih.gov/pubmed/27194480 The Role of Program-Supported Mentorship Relationships in Promoting Youth Mental Health, Behavioral, and Developmental Outcomes, Dewit, Dubois, Erdern, Larose, Lipman, 2016. The Role of Risk; Herrera, DuBois, Grossman, 2013.
Agency Description & Address	1741 Broadway, Redwood City Friends for Youth was established in 1979 to serve severely distressed, low-income, diverse, at-risk youth who are exposed to, or are involved in, unhealthy behaviors including substance abuse, violence, gang involvement, bullying, depression, low self-esteem, and poor fitness and nutrition.
Program Delivery Site(s)	Program services will be delivered to youth who live, work or go to school in the District's boundaries.

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for program to serve disadvantaged and at-risk youth Coordinate supporting workshops, activities, and materials Full requested funding would support partial staffing, mentor background screenings and program supplies.
FY20 Funding	FY20 funding requested: $25,000 FY20 funding recommended: DNF

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $20,000 FY19 Approved: $20,000 FY19 6-month metrics met: 100%	FY18 Approved: $15,000 FY18 Spent: $15,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $20,000 FY17 Spent: $20,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	40	70

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Matter of Balance (Support Grant)

Program Title and Requested Amount	Matter of Balance Classes / $17,054
Grant Goal	This evidence-based program reduces the fear of falling and other risk factors that contribute to falls through a series of educational and movement classes for older adults who are at risk for falling or who have a fear of falling.
Community Need	A report to Congress by the Office of Medicaid and Medicare stated that those who enrolled in a Matter of Balance program showed a reduction in medical costs by $938 per participant. One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. The Center for Disease Control estimates medical costs for fall-related injuries nationally to be an estimated $31 billion. With the aging population, National Council on Aging reports the financial toll is expected to reach $67.7 billion by 2020. Annual cost of falls in Santa Clara County, including ED visits, hospitalizations and deaths is estimated to be $265 million/year. In 2014, 2,981 older adults were hospitalized in Santa Clara County after a fall and 8,432 older Santa Clara County residents were seen in emergency departments. A study published in 1999 from Sydney Australia (Cumming, et al) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third.
Agency Description & Address	300 Pasteur Drive, MC 5898, Stanford The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.
Program Delivery Site(s)	The program will be delivered at: • Sunnyvale Senior Center, Sunnyvale • Columbia Neighborhood Center, Sunnyvale • Mountain View Senior Center, Mountain View • El Camino YMCA , Mountain View • Community Services Agency, Mountain View • Cupertino Senior Center, Cupertino
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting eight evidence-based Matter of Balance classes at various senior centers and sites for older adults at-risk for falls Full requesting funding would support staffing for an Occupational Therapist and a health professional to deliver the classes and program supplies.
FY20 Funding	FY20 funding requested: $17,054 FY20 funding recommended: $15,500

Funding History and Metric Performance	FY19	FY18	FY17
	FY19 Requested: $14,330 FY19 Approved: $14,330 FY19 6-month metrics met: 100%	FY18 Approved: $14,000 FY18 Spent: $14,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $10,628 FY17 Spent: $10,032 FY17 6-month metrics met: 0% FY17 annual metrics met: 100%

FY20 Healthy Community Proposal Summary

FY20 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	45	165

FY20 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Mountain View Police Department Youth Services Unit (Support Grant)

Program Title and Requested Amount	Dreams and Futures Summer Camps/ $25,000
Grant Goal	This program will provide a safe and educational environment for at-risk youth living in the Mountain View community by offering a summer enrichment program for at-risk youth.
Community Need	Student participants often come from homes where there is food insufficiency and do not often eat nutrient dense foods, leading to a risk of obesity and pre-diabetes in youth. These youth are exposed to daily stressors because of the financial strains on their families, with resulting anxiety and depression. Summer is a time when they fall behind in academic achievement and are exposed to the dangers of gangs and youth violence.
Agency Description & Address	1000 Villa Street, Mountain View https://www.mountainview.gov/depts/police/youth/dreams.asp The Mountain View Police Youth Services Division sponsors the Dreams and Futures Summer Program. The Dreams and Futures Program was created as a gang prevention program. The program services kids within the community and promotes healthy nutrition, physical activity, and healthy minds through various educational blocks of instruction. The Dreams and Future program promotes education to prevent summer learning loss and promotes positive interactions between police and youth as well as other community partners.
Program Delivery Site(s)	The program services will provided to youth in the Mountain View Whisman School District.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing two-week summer sessions to serve at-risk youth from 4th to 8th grade • Providing nutritious breakfast and lunch meals, field trips, physical activity sessions, conduct presentations on various topics Full requested funding would support partial staffing for High School and Community College Leaders and program supplies.
FY20 Funding	FY20 funding requested: $25,000 FY20 funding recommended: $25,000

Funding History and Metric Performance

FY19	FY18	FY17
FY19 Requested: $25,000 FY19 Approved: $25,000 FY19 6-month metrics met: 100%	FY18 Approved: $25,000 FY18 Spent: $25,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 0% FY17 annual metrics met: 0%

FY20 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	40	80

EL CAMINO HEALTHCARE DISTRICT BOARD

FY2019 PACING PLAN

Updated 4/17/19

FY19 Q1		
JULY 2018	**AUGUST 2018**	**SEPTEMBER 2018**
No Meeting	No Meeting	No Meeting
FY19 Q2		
OCTOBER 16, 2018	**NOVEMBER 2018**	**DECEMBER 2018**
▪ FY19 YTD ECHD Financials ▪ Community Benefit Spotlight (BAWSI) ▪ FY18 Community Benefit Year End Report ▪ FY18 Stand-Alone Financials ▪ FY18 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY18 Hospital Audit ▪ Adopt Resolution Setting Calendar Year 2019 Meeting Dates ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ Pacing Plan ▪ Approval of Minutes ▪ FY18 CEO and CFO Performance Review	No Meeting	December 5th ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ Re- Election of Non-District Board Member to the El Camino Hospital Board of Directors ▪ Draft Revised Community Benefit Grants Policy ▪ Recognition of Outgoing District Board Members ▪ Approval of Minutes ▪ Appoint of Members to the Ad hoc Committee and to the CBAC ▪ Pacing Plan December 7th ▪ Administration of Oath of Office ▪ Affirm/Sign Standards of Conduct ▪ Election of Board Members to the El Camino Hospital Board of Directors ▪ Pacing Plan

FY19 Q3		
JANUARY 22, 2019	**FEBRUARY 2019**	**MARCH 19, 2019**
▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY19 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Process for Election and Re-Election of NDBM's ▪ Pacing Plan ▪ Approval of Minutes (12/5 and 12/11) ▪ Delegation of Authority to El Camino Hospital Board Advisory Committees and El Camino Hospital Board Advisory Committee Structure ▪ ▪ Real Estate Update	No Meeting	▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY19 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Pacing Plan ▪ Approval of Minutes ▪ District Board Compensation Policy
FY19 Q4		
APRIL 2019	**MAY 21, 2019**	**JUNE 18, 2019**
No Meeting	▪ FY 20 Community Benefit Plan Study Session ▪ Community Benefit Mid-Year Metrics ▪ ~~Appoint FY 20 Hospital Board Member Election Ad Hoc Committee and Advisors~~ ▪ ~~Possible Revision to El Camino Hospital Bylaws~~ ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ Election of El Camino Hospital Board Member(s) ▪ Approval of Minutes	▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY19 YTD ECHD Financials ▪ Tax Appropriation for FY20 ▪ District Capital Outlay Fund ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ ~~Review and Approve FY20 Pacing Plan~~ ▪ Approval of FY20 Community Benefit Plan ▪ Approve ECH FY20 Budget ▪ Approve ECHD FY20 Budget ▪ ~~CEO and CFO Review~~ ▪ ~~ECH Board and Board Chair Assessment~~ ▪ Appointment of Liaison to the Community Benefit Advisory Council ▪ Appoint FY20 Hospital Board Member Election Ad Hoc Committee ▪ Approval of Minutes and FY 20 Pacing Plan ▪ Election of Board Officers