



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

**Tuesday, October 19, 2021 – 5:30pm**

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO GOVERNMENT CODE SECTION 54953(e)(1), EL CAMINO HEALTH **WILL NOT BE PROVIDING A PHYSICAL LOCATION TO THE PUBLIC FOR THIS MEETING**. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

**1-669-900-9128, MEETING CODE: 993-2732-1361#. No participant code. Just press #.**

To watch the meeting livestream, please visit: <http://www.elcaminohealthcaredistrict.org/meetingstream>

Please note that the livestream is for **meeting viewing only** and there is a slight delay; to provide public comment, please use the phone number listed above.

**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
<b>1. CALL TO ORDER/ROLL CALL</b>	Julia Miller, Board Chair		<b>5:30 – 5:31pm</b>
<b>2. SALUTE TO THE FLAG</b>	Julia Miller, Board Chair		<b>5:31 – 5:33pm</b>
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Julia Miller, Board Chair		<b>5:33 – 5:34</b>
<b>4. <a href="#">AB 361 RESOLUTION ADOPTING FINDINGS TO CONTINUE VIRTUAL PUBLIC MEETINGS DURING STATE OF EMERGENCY</a></b>	Julia Miller, Board Chair	<i>public comment</i>	<b>motion required 5:34 – 5:35</b>
<b>5. PUBLIC COMMUNICATION</b> a. Oral Comments <i>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.</i> b. Written Correspondence	Julia Miller, Board Chair		<b>information 5:35 – 5:38</b>
<b>6. CONSENT CALENDAR</b> <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> <b>Approval</b> a. <a href="#">Minutes of the Open Special Study Session of the District Board Meeting (06/17/21)</a> b. <a href="#">Minutes of the Open Session of the District Board Meeting (06/29/21)</a> c. <a href="#">Minutes of the Open Special Study Session of the District Board Meeting (09/14/21)</a> d. <a href="#">FY21 Year-End Consolidated Financials</a> e. <a href="#">FY21 Year-End Community Benefit Report</a> f. <a href="#">Annual Adoption of Community Benefit Grants Policy</a> <b>Information</b> g. <a href="#">Community Benefit Sponsorship Report</a> h. <a href="#">FY22 Pacing Plan</a>	Julia Miller, Board Chair	<i>public comment</i>	<b>motion required 5:38 – 5:40</b>

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.

In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
7. <a href="#"><u>FY21 YEAR END ECHD STANDALONE FINANCIALS</u></a>	Carlos Bohorquez, CFO	<i>public comment</i>	<b>motion required</b> <b>5:40 – 5:50</b>
8. <a href="#"><u>FY21 AUDITED FINANCIAL REPORT</u></a>	Carlos Bohorquez, CFO Joelle Pulver, Moss Adams		<b>discussion</b> <b>5:50 – 6:00</b>
9. <a href="#"><u>ECHD FY22 YTD FINANCIALS (PERIOD 02)</u></a>	Carlos Bohorquez, CFO	<i>public comment</i>	<b>motion required</b> <b>6:00 – 6:109</b>
10. <a href="#"><u>FY22 COMMUNITY BENEFIT BOARD POLICY GUIDANCE</u></a>	Jon Cowan, Senior Director, Government Relations and Community Partnerships	<i>public comment</i>	<b>motion required</b> <b>6:10 – 6:40</b>
11. <a href="#"><u>REPORT ON COVID-19 COMMUNITY TESTING PROGRAM</u></a>	Omar Chughtai, VP of Operations; Deb Muro, CIO		<b>information</b> <b>6:40 - 6:50</b>
12. <a href="#"><u>APPOINTMENT OF EL CAMINO HOSPITAL BOARD MEMBER ELECTION ADHOC COMMITTEE CHAIR</u></a>	Julia Miller, Board Chair		<b>information</b> <b>6:50– 6:55</b>
13. <b>ADJOURN TO CLOSED SESSION</b>	Julia Miller, Board Chair	<i>public comment</i>	<b>motion required</b> <b>6:55 – 6:65</b>
14. <b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Julia Miller, Board Chair		<b>information</b> <b>6:56 – 6:57</b>
15. <b>CONSENT CALENDAR</b> <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>  <b>Approval</b> <i>Gov't Code Section 54957.2:</i> - Minutes of the Closed Session of the District Board Meeting (06/29/21)	Julia Miller, Board Chair		<b>motion required</b> <b>6:57 – 6:58</b>
16. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: a. FY21 Audited Financial Report	Carlos Bohorquez, CFO Joelle Pulver, Moss Adams		<b>discussion</b> <b>6:58 – 7:08</b>
17. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – CEO: - FY21 CEO Performance Review	Julia Miller, Board Chair		<b>discussion</b> <b>7:08 – 7:18</b>
18. Report involving <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: - Executive Session	Julia Miller, Board Chair		<b>discussion</b> <b>7:18 – 7:23</b>
19. <b>ADJOURN TO OPEN SESSION</b>	Julia Miller, Board Chair		<b>motion required</b> <b>7:23– 7:24</b>
20. <b>RECONVENE OPEN SESSION/ REPORT OUT</b>  <i>To report any required disclosures regarding permissible actions taken during Closed Session.</i>	Julia Miller, Board Chair		<b>information</b> <b>7:24 – 7:25</b>
21. <b>FY21 AUDITED FINANCIAL REPORT</b>	Julia Miller, Board Chair	<i>public comment</i>	<b>motion required</b> <b>7:25– 7:27</b>
22. <b>BOARD COMMENTS</b>	Julia Miller, Board Chair		<b>discussion</b> <b>7:27 – 7:29</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
23. ADJOURNMENT	Julia Miller, Board Chair	<i>public comment</i>	<b>motion required 7:29 – 7:30pm</b>

**Regular Meetings:** January 25, 2022; March 15, 2022; May 17, 2022; June 14, 2022

**Special Meetings:** Board Education-October 27, 2021; Joint Board & Committee Education- December 1, 2021;  
Board Retreat- February 23, 2022, Joint Board & Committee Education- April 27, 2022



## EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS BOARD MEETING MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Mary Rotunno, General Counsel  
**Date:** October 19, 2021  
**Subject:** Resolution of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings

### **Recommendation:**

To adopt a resolution acknowledging that there still exists a state of emergency due to the COVID-19 pandemic and findings by the Board of Directors to allow continued public participation by teleconference in Board and Advisory Committee meetings in accordance with the recommendation of the Santa Clara County Health Officer.

### **Summary:**

1. **Situation:** To be able to continue holding virtual meetings under the Ralph M. Brown Act, the Board of Directors needs to make findings that there still exists a state of emergency due to the COVID-19 pandemic and that either (a) the state of emergency continues to directly impact the ability to meet safely in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing.

On September 21, 2021, the Health Officer of the County of Santa Clara issued a recommendation that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings.

2. **Authority:**

On March 17, 2020, in response to the COVID-19 pandemic, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Brown Act in order to allow local legislative bodies to conduct meetings telephonically or by other means.

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which placed an end date of September 30, 2021, for agencies to meet remotely.

On September 16, 2021, Governor Newsom signed Assembly Bill 361 (2021) ("AB 361") which allows for local legislative and advisory bodies to continue to conduct meetings via teleconferencing if the Board of Directors, by majority vote, make the findings set forth in paragraph 1 above, not later than thirty (30) days after teleconferencing for the first time under the AB 361 rules, and every 30 days thereafter.

3. **Legal and Compliance Review:** ECH outside counsel at Best Best & Krieger, LLP ("BB&K"), reviewed the legislation and prepared the proposed resolution for your consideration.

**Attachment:** Resolution 2021-11 - Resolution of the Board of Directors of El Camino Hospital Making Findings and Determinations Under AB 361 for Teleconference Meetings.



## **RESOLUTION 2021-11**

### **RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HEALTHCARE DISTRICT MAKING FINDINGS AND DETERMINATIONS UNDER AB 361 FOR TELECONFERENCE MEETINGS**

WHEREAS, all meetings of the El Camino Hospital's Board of Directors are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and watch the Board of Directors conduct their business;

WHEREAS, such meetings ordinarily take place on the campus of El Camino Hospital, located at 2500 Grant Road, Mountain View, California, 94040, in the County of Santa Clara;

WHEREAS, ordinarily, the Ralph M. Brown Act imposes certain requirements on local agencies meeting via teleconference;

WHEREAS, the Legislature recently enacted Assembly Bill 361 (AB 361), which amended Government Code section 54953 to allow local agencies to use teleconferencing without complying with the requirements of paragraph (3) of subdivision (b) of section 54953 of the Government Code if the legislative body holds a meeting during a proclaimed state of emergency and determines by majority vote that, as a result of the emergency, either (a) meeting in person would present imminent risks to the health and safety of attendees, or (b) state or local official continue to impose or recommend measures to promote social distancing;

WHEREAS, the Governor issued a proclamation declaring a state of emergency on March 4, 2020 due to the COVID-19 pandemic, pursuant to section 8625 of the California Emergency Services Act, and this proclaimed state of emergency currently remains in effect;

WHEREAS, on August 2, 2021, in response to the Delta variant, the Health Officer of the County of Santa Clara ordered all individuals to wear face coverings when inside public spaces;

WHEREAS, on September 21, 2021, the Health Officer of the County of Santa Clara issued a recommendation that public bodies continue to meet remotely due to their unique characteristics, such as the increased mixing associated with bringing together people from across the community, the need to enable those who are immunocompromised or unvaccinated to be able to safely continue to fully participate in public governmental meetings, and the challenges with fully ascertaining and ensuring compliance with vaccination and other recommendations at such meetings;

WHEREAS, AB 361 requires compliance with separate procedures for teleconference meetings during a state of emergency, found in subdivision (e) of Government Code section 54953;

WHEREAS, AB 361 requires that the legislative body using the teleconferencing procedures of AB 361 make renewed findings by majority vote, not later than every thirty (30) days, that the legislative body has reconsidered the circumstances of the state of emergency, and that either (a) the state of emergency continues to directly impact the ability of the members to

meet safety in person, or (b) state or local officials continue to impose or recommend measures to promote social distancing;

WHEREAS, the Board of Directors of the District desires to make findings and determinations consistent with AB 361 to utilize the special procedures for teleconferencing provided by AB 361 due to imminent risks to the health and safety of attendees, as well as Hospital staff and patients;

WHEREAS, in response to the COVID-19 pandemic, District staff has set up hybrid in-person/teleconference public meetings, whereby members of the Board of Directors and certain staff that can attend the meeting in-person on the campus of the Hospital can do so, while members of the public have the full ability to observe and comment on the meetings off-campus through the District's virtual meeting platforms;

WHEREAS, the Board of Directors fully supports the public's right to participate in all Board meetings, but acknowledges that it cannot require members of the public who wish to attend meetings in-person to submit proof of vaccination or negative test results; and

WHEREAS, it is important that the Board of Directors ensure that Board members and District staff have a safe workplace and Hospital patients have a safe environment to receive care, to the maximum extent possible; and

WHEREAS, the Board of Directors desires to balance the rights of members of the public to participate in all Board meetings with the rights of the Board of Directors and District staff to conduct the meetings in a safe environment.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of El Camino Healthcare District, that:

1. The Board of Directors finds and determines that, as a result of the COVID-19 pandemic emergency, meetings in which the public attends in-person on the campus of the Hospital would present imminent risks to the health and safety of the Board of Directors, District staff, members of the public, Hospital staff and patients of the Hospital.
2. The Board of Directors finds and determines that conducting meetings in a hybrid in-person/teleconference model provides the safest environment for the Board of Directors and District staff to conduct business, while allowing for maximum public participation.
3. The Board of Directors finds and determines that the Health Officer of the County of Santa Clara has recommended measures to promote social distancing as one means to reduce the risk of COVID-19 transmission.
4. The Board of Directors shall conduct teleconference meetings under AB 361 in accordance with the requirements of AB 361, found in subdivision (e) of Government Code section 54953.

5. Through the duration of the state of emergency, if the Board of Directors desires to continue utilizing teleconferencing meetings under the special provisions of AB 361, the Board of Directors will make findings by majority vote not later than thirty (30) days after this meeting (or, if there is no meeting within thirty (30) days of this meeting, at the start of the next meeting), and not later than every thirty (30) days thereafter (or, if there is no meeting within thirty (30) days thereafter, at the start of the next meeting), that the Board of Directors has reconsidered the circumstances of the state of emergency and that either (a) the state of emergency continues to directly impact the ability of the public to meet safely in person, or (b) that state or local officials continue to impose or recommend measures to promote social distancing.

PASSED AND ADOPTED at the regular meeting of the Board of Directors of El Camino Healthcare District held on October \_\_, 2021 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

ATTEST:

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El Camino Healthcare District,  
Chair

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El Camino Healthcare District,  
Secretary



**Minutes of the Open Session of the  
Special Meeting of the  
El Camino Healthcare District Board of Directors  
Thursday, June 17, 2021**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

**Board Members Present**

**Peter C. Fung, MD\*\***  
**Julia E. Miller**, Vice-Chair and  
 Secretary/Treasurer  
**Carol A. Somersille, MD**  
**George O. Ting, MD**, Chair  
**John Zoglin**

**Board Members Absent**

None  
 \*\*via teleconference

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	Chair Ting called to order the open session of the Special Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 6:00 pm. Chair Ting reviewed the logistics for the meeting. A verbal roll call was taken. All Board members were present at roll call and participated via videoconference pursuant to Santa Clara County's shelter in place order. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020, and N-29-20 dated March 18, 2020.	<b><i>Call to Order at 6:00 pm</i></b>
<b>2. PUBLIC COMMUNICATION</b>	Chair Ting asked if any members of the public would like to address the Board regarding matters not listed on the agenda. A public member voiced concern regarding virtual participation during the meeting. Specifically, being left in the waiting room during the closed session and not returned to the second open session.  Chair Ting stated that management would make certain changes were made to ensure the public would be let back into Open Session over Zoom.	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Ting asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
<b>4. FY22 COMMUNITY BENEFIT PLAN STUDY SESSION</b>	Dan Woods, CEO, opened the discussion with the Board of Directors and noted the intent to solicit feedback on policy, the Board's role in exercising oversight over the Community Benefit grants, perspective on guiding principles for Community Benefit, and visioning of the future ideal state of the District Community Benefit program. Mr. Woods reviewed the materials as further detail in the packet, and discussion ensued.  The Board requested that management analyze and revise the current CB planning process considering the suggestions listed below.  1. Codify an organized, meaningful, and complete CB planning process that clearly outlines the Board's role vs. management/Community Benefit Advisory Council's (CBAC) role.	

	<ol style="list-style-type: none"> <li>2. The revised process should include opportunities for the Board to play a more direct role in setting strategy around CB and ensure there is greater integration of the CB strategy with the district's overall strategy.</li> <li>3. Research best practices around CB planning and bring back recommendations to the Board on enhancing the district's process.</li> <li>4. Consider whether Community Health Needs Assessment (CHNA) data provides enough specificity around the health needs of the district and whether a more targeted assessment might be necessary to identify district-specific needs or issues.</li> <li>5. Consider whether assessing community needs every three years is adequate.</li> <li>6. Provide greater visibility into how management and the CBAC identify funding priorities and determine the amount to be allocated or adjusted year over year.</li> <li>7. Consider streamlining the process and application for "legacy" grantees.</li> <li>8. Consider adding a requirement that ECHD branding is associated with all dollars invested.</li> <li>9. Develop a set of clear metrics (possibly a dashboard) that the Board could regularly review to determine/demonstrate the impact of CB investment.</li> <li>10. Revisit decision-making criteria. Consider the following: <ul style="list-style-type: none"> <li>• Is the geographic spread of investment appropriate?</li> <li>• Should priority be given to new grantees?</li> <li>• What communities are not currently being funded? What could be done to better support vulnerable populations not currently being served?</li> <li>• Is there an opportunity to assist agencies in developing capacity and promote greater collaboration among community agencies?</li> </ul> </li> <li>11. Create more significant alignment and collaboration between the district and hospital CB processes and timeline.</li> </ol>	
<b>5. ROUNDTABLE/ CLOSING COMMENTS</b>	None.	
<b>6. AGENDA ITEM 19: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 7:50 pm.</p> <p><b>Movant:</b> Miller</p> <p><b>Second:</b> Fung</p> <p><b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> None</p> <p><b>Recused:</b> None</p>	<b>Meeting adjourned at 7:50 pm</b>

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

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George Ting, MD  
Chair, ECHD Board

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Julia Miller  
Vice-Chair/Secretary/Treasurer, ECHD Board

Prepared by: Stephanie Iljin, Supervisor of Executive Administration

DRAFT



**Minutes of the Open Session of the  
El Camino Healthcare District Board of Directors  
Tuesday, June 29, 2021**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

**Board Members Present**

**Peter C. Fung, MD\*\***  
**Julia E. Miller**, Vice-Chair and  
 Secretary/Treasurer\*\*  
**Carol A. Somersille, MD\*\***  
**George O. Ting, MD**, Chair\*\*  
**John Zoglin\*\***

**Board Members Absent**

None  
 \*\*via teleconference

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/ Action
<b>1. CALL TO ORDER/ ROLL CALL</b>	Chair Ting called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 5:30 pm and reviewed the logistics for the meeting. A verbal roll call was taken; all Board members were present at roll call, and a quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020, and N-29-20 dated March 18, 2020.	<b><i>Call to Order at 5:30 pm</i></b>
<b>2. SALUTE TO THE FLAG</b>	Chair Ting led all present in the Pledge of Allegiance.	
<b>3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Ting asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
<b>4. PUBLIC COMMUNICATION</b>	There was no public communication.	
<b>5. CONSENT CALENDAR</b>	<p>Chair Ting asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p><b>Motion:</b> To approve the consent calendar to include: Minutes of the Open Session of the District Board Meeting (05/18/2021), Resolution 2021-08 FY22 Regular Meeting Dates, ECH FY22 Budget, and ECHD FY22 Budget.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Fung  <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<b><i>Consent calendar approved</i></b>
<b>6. FY21 YTD ECHD FINANCIAL REPORT</b>	<p>Carlos Bohorquez reviewed the FY21 YTD ECHD Financials results further detailed in the distributed materials and asked for feedback. A brief discussion ensued.</p> <p><b>Motion:</b> To approve the FY21 YTD ECHD Financial Report.</p> <p><b>Movant:</b> Fung  <b>Second:</b> Somersille</p>	<b><i>FY21 YTD ECHD Financial Report approved</i></b>



	<p><b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	
<b>7. DISTRICT CAPITAL OUTLAY FUNDS</b>	<p>Ken King, CASO, reported that The El Camino Hospital District has \$8,988,967 of Capital Outlay Funds from the fiscal year 2019 that must be allocated for use within a two-year period, and asked to gain approval to reallocate the FY-19 District Capital Outlay Funds to support the Mountain View Campus Completion Project.</p> <p><b>Motion:</b> To approve the District Capital Outlay Funds.</p> <p><b>Movant:</b> Zoglin  <b>Second:</b> Fung  <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<b><i>District Outlay Funds reallocation approved</i></b>
<b>8. GRANTING UTILITY EASEMENT FOR EV CHARGING STATIONS/ RESOLUTION 2021-09</b>	<p>Ken King, CASO, asked to gain approval of Board Resolution 2021-09 to grant a Utility Easement to PG&amp;E for a new electrical service, which will be dedicated to electric vehicle (EV) charging stations (56) to be installed in surface parking lots.</p> <p><b>Motion:</b> To approve Resolution 2021-09.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Zoglin  <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<b><i>Resolution 2021-09 approved</i></b>
<b>9. ECHD COVID-19 COMMUNITY TESTING PROGRAM</b>	<p>Omar Chughtai, Vice President of Operations Los Gatos, updated the Board of Directors on the current efforts and statistics of the ECHD COVID-19 Community Testing &amp; Vaccination Program, as further detailed in the packet.</p> <p>Mr. Chughtai concluded by asking for the approval of the reallocation of unused FY20 &amp; FY21 COVID-19 funds totaling \$2.4 million through FY22 for the use of either COVID-19 testing or vaccination programs.</p> <p><b>Motion:</b> To approve the reallocation of unused FY20 &amp; FY21 COVID-19 funds totaling \$2.4 million for the use of either COVID-19 testing or vaccination programs.</p> <p><b>Movant:</b> Fung  <b>Second:</b> Miller  <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<b><i>Reallocation of unused FY20 &amp; FY21 COVID-19 funds approved</i></b>

<b>10. ESTABLISHING TAX APPROPRIATION LIMIT FOR FY22 (GANN LIMIT) RESOLUTION 2021-10)</b>	<p>Carlos Bohorquez, CFO, reported that annually, the District Board must set the Tax Appropriation Limit (Gann Limit) for the following fiscal year and asked for approval of Resolution 2021-10 to the following measurements:</p> <ol style="list-style-type: none"><li>For FY22, use the following measurement to calculate the District's change in the cost of living:<ol style="list-style-type: none"><li>The percentage change in the California per capita personal income from the preceding year (5.73%).</li></ol></li><li>For FY22, use the following measurement to calculate the change in population:<ol style="list-style-type: none"><li>The change in population within the County of 0.0056%.</li></ol></li></ol> <p><b>Motion:</b> To approve Resolution 2021-10.</p> <p><b>Movant:</b> Zoglin <b>Second:</b> Fung <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<b>Resolution 2021-10 approved</b>																																				
<b>11. FY22 COMMUNITY BENEFITS PLAN</b>	<p>Cecile Currier, Vice President of Corporate &amp; Community Health Services, reviewed the FY22 Community Benefits Plan with the Board of Directors, as further detailed in the distributed materials.</p> <p>Discussion ensued, and Directors Miller and Somersille asked for the following requested revisions:</p> <table><tr><th><u>Reductions</u></th><th><u>Amount of Reduction</u></th><th><u>Increases</u></th><th><u>Amount of Increase</u></th></tr><tr><td>RoadRunners</td><td>\$ (40,000)</td><td>Sunnyvale Community Svcs.</td><td>\$ 22,000</td></tr><tr><td>Library</td><td>\$ (10,000)</td><td>BAWSI</td><td>\$ 6,000</td></tr><tr><td>Playworks</td><td>\$ (18,000)</td><td>NAMI</td><td>\$ 20,000</td></tr><tr><td>GoNoodle</td><td>\$ (36,000)</td><td>Momentum</td><td>\$ 20,000</td></tr><tr><td>Placeholder</td><td>\$ (24,000)</td><td>Kara</td><td>\$ 20,000</td></tr><tr><td></td><td></td><td>Project Safety Net</td><td>\$ 20,000</td></tr><tr><td></td><td></td><td>Virtual Prep</td><td>\$ 20,000</td></tr><tr><td>Total:</td><td>\$ (128,000)</td><td>Total:</td><td>\$ 128,000</td></tr></table> <p><b>Motion:</b> To approve FY22 Community Benefits Plan with the above amendments.</p> <p><b>Movant:</b> Miller <b>Second:</b> Somersille <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<u>Reductions</u>	<u>Amount of Reduction</u>	<u>Increases</u>	<u>Amount of Increase</u>	RoadRunners	\$ (40,000)	Sunnyvale Community Svcs.	\$ 22,000	Library	\$ (10,000)	BAWSI	\$ 6,000	Playworks	\$ (18,000)	NAMI	\$ 20,000	GoNoodle	\$ (36,000)	Momentum	\$ 20,000	Placeholder	\$ (24,000)	Kara	\$ 20,000			Project Safety Net	\$ 20,000			Virtual Prep	\$ 20,000	Total:	\$ (128,000)	Total:	\$ 128,000	<b>FY22 Community Benefits Plan with amendments approved</b>
<u>Reductions</u>	<u>Amount of Reduction</u>	<u>Increases</u>	<u>Amount of Increase</u>																																			
RoadRunners	\$ (40,000)	Sunnyvale Community Svcs.	\$ 22,000																																			
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		Project Safety Net	\$ 20,000																																			
		Virtual Prep	\$ 20,000																																			
Total:	\$ (128,000)	Total:	\$ 128,000																																			
<b>12. FY22 COMMUNITY BENEFITS</b>	<p><b>Motion:</b> To approve the appointment of Director Carol Somersille as FY22 Community Benefits Advisory Liaison.</p>	<b>FY22 Community</b>																																				

<p><b>ADVISORY LIAISON APPOINTMENT</b></p>	<p><b>Movant:</b> Fung <b>Second:</b> Miller <b>Ayes:</b> Fung, Miller, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> Somersille <b>Absent:</b> None <b>Recused:</b> None</p>	<p><b>Benefits Liaison Appointment approved</b></p>
<p><b>13. DISTRICT BOARD OFFICERS ELECTION</b></p>	<p>Chair Ting reviewed the logistics of the election process to include reporting declaration of interest, taking nominations from the floor, and paper ballot votes. He further clarified that the following Directors had declared their interest in advance of the meeting:</p> <ol style="list-style-type: none"> <li>1. District Board Chair: Current Chair George Ting, MD, and Director Julia Miller</li> <li>2. District Board Vice-Chair: Director Peter Fung, MD</li> </ol> <p>Chair Ting called for a paper ballot vote regarding the selection of Board Chair for the upcoming term, and the Directors responded as follows:</p> <p><b>Fung:</b> Miller <b>Miller:</b> Miller <b>Somersille:</b> Miller <b>Ting:</b> Ting <b>Zoglin:</b> Ting</p> <p><b>Motion:</b> To elect Julia E. Miller as ECHD Board Chair for a term of two years effective July 1, 2021.</p> <p><b>Movant:</b> Fung <b>Second:</b> Somersille <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p> <p>Chair Ting requested nominations from the floor for the position of Vice-Chair.</p> <p>Chair Ting nominated Director Zoglin.</p> <p>Chair Ting called for a paper ballot vote regarding the selection of Board Vice-Chair for the upcoming term, and the Directors responded as follows:</p> <p><b>Fung:</b> Fung <b>Miller:</b> Fung <b>Somersille:</b> Fung <b>Ting:</b> Zoglin <b>Zoglin:</b> Zoglin</p> <p><b>Motion:</b> To elect Peter Fung, MD, as ECHD Board Vice-Chair for a term of two years, effective July 1, 2021.</p> <p><b>Movant:</b> Miller <b>Second:</b> Somersille <b>Ayes:</b> Miller, Somersille, Ting, Zoglin <b>Noes:</b> None</p>	

	<p><b>Abstentions:</b> Fung <b>Absent:</b> None <b>Recused:</b> None</p> <p>Director Ting requested nominations from the floor for the position of Secretary/Treasurer.</p> <p>Director Fung nominated Director Zoglin. Director Zoglin declined the nomination.</p> <p>Director Miller nominated Director Somersille.</p> <p><b>Motion:</b> To elect Carol Somersille, MD, as ECHD Board Secretary/Treasurer for a term of two years, effective July 1, 2021.</p> <p><b>Movant:</b> Miller <b>Second:</b> Fung <b>Ayes:</b> Fung, Miller, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> Somersille <b>Absent:</b> None <b>Recused:</b> None</p>	
<b>14. ADJOURN TO CLOSED SESSION</b>	<p><b>Motion:</b> To approve to adjourn to closed session at 7:22 pm.</p> <p><b>Movant:</b> Fung <b>Second:</b> Somersille <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<b><i>Adjourned to closed session at 7:22 pm</i></b>
<b>15. AGENDA ITEM 17: RECONVENE TO OPEN SESSION/ REPORT OUT</b>	<p>The open session of the El Camino Healthcare District Board of Directors was reconvened at 7:40 pm.</p>	<b><i>Open Session reconvened at 7:40 pm</i></b>
<b>16. AGENDA ITEM 18: BOARD COMMENTS</b>	<p>None were noted.</p>	
<b>17. AGENDA ITEM 19: ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 7:41 pm.</p> <p><b>Movant:</b> Miller <b>Second:</b> Fung <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	<b><i>Meeting adjourned at 7:41 pm</i></b>

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

\_\_\_\_\_  
George O. Ting, MD  
Chair, ECHD Board

\_\_\_\_\_  
Julia E. Miller  
Secretary, ECHD Board



**Minutes of the Open Session of the  
El Camino Healthcare District Board of Directors Special Study Session  
Tuesday, September 14, 2021**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

**Board Members Present**

**Peter C. Fung, MD, Vice Chair\*\***  
**Julia E. Miller, Chair\*\***  
**Carol A. Somersille, MD,**  
 Secretary/Treasurer \*\*  
**George O. Ting, MD\*\***  
**John Zoglin\*\***

**Board Members Absent**

None

\*\*via teleconference

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/ Action
1. <b>CALL TO ORDER/ ROLL CALL</b>	Chair Miller called to order the open session of the Special Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 5:30 pm. Chair Miller reviewed the logistics for the meeting, and a verbal roll call was taken. All Board members were present at roll call and participated via videoconference pursuant to Santa Clara County's shelter in place order. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020, and N-29-20 dated March 18, 2020.	<b><i>Call to Order at 5:30 pm</i></b>
2. <b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Chair Miller asked if any Board members may have a conflict of interest with any of the items on the agenda, and no conflicts were noted.	
3. <b>PUBLIC COMMUNICATION</b>	There was no public communication.	
4. <b>COMMUNITY BENEFIT STUDY SESSION</b>	<p>Dan Woods, CEO, opened the discussion with the Board of Directors and noted that this Study Session continued the June 17, 2021 discussion. Therefore, management and staff wished to socialize proposed actions and changes with the Board to solicit their input.</p> <p>Jon Cowan, Senior Director Government Relations and Community Partnerships, reviewed the materials as further detailed in the packet and noted the proposed actions:</p> <ul style="list-style-type: none"> <li>• Management and staff reviewed comments from the June 17, 2021 discussion and developed a list of proposed actions to address them</li> <li>• An assessment of current state strategy, governance, and operations was conducted by management and staff</li> <li>• Interim state steps were identified which can be implemented in FY22 for the FY23 grant application</li> <li>• A strategic assessment process is proposed in 3QFY22 to assess and guide future direction, define a peer comparison set for benchmarking, and refine the structure of the annual community benefit implementation strategy</li> <li>• A governance structure that allows the ECHD Board to shape policy by approving guiding principles, vetting roles</li> </ul>	

	<p>and responsibilities, and giving input during the strategic assessment process is proposed</p> <ul style="list-style-type: none"><li>• A series of operational steps will support objective evaluation and continued process improvement</li><li>• Management and staff will execute proposed actions and changes after incorporating any policy direction or feedback from the Board</li></ul> <p>The Board expressed appreciation for applying their feedback with the above changes, and a discussion ensued regarding the guiding principles for evaluating and prioritizing the appropriateness of grant proposals.</p>	
<b>5. BOARD COMMENTS</b>	Chair Miller reiterated the Board of Directors' appreciation for applying their feedback within the El Camino Healthcare District Community Benefit Program.	
<b>6. ADJOURNMENT</b>	<p><b>Motion:</b> To adjourn at 7:13 pm.</p> <p><b>Movant:</b> Fung</p> <p><b>Second:</b> Ting</p> <p><b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin</p> <p><b>Noes:</b> None</p> <p><b>Abstentions:</b> None</p> <p><b>Absent:</b> None</p> <p><b>Recused:</b> None</p>	<p><b>Meeting adjourned at 7:13 pm</b></p>

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

\_\_\_\_\_  
Julia E. Miller  
Chair, ECHD Board

\_\_\_\_\_  
Carol Somersille, MD  
Secretary/Treasurer, ECHD Board

Prepared by: Stephanie Iljin, Supervisor Executive Administration



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

**Board Finance Presentation – Consolidated Statement  
Fiscal Year 2021  
7/1/2020- 6/30/2021**

Carlos Bohorquez, CFO

El Camino Healthcare District Board of Directors Meeting  
October 19, 2021



# Contents

## **ECHD Consolidated Financial Statements (Includes El Camino Hospital)**

<b>Comparative Balance Sheet as of June 30, 2021 .....</b>	<b>Page 3</b>
<b>Statement of Revenues &amp; Expenses Year to Date thru June 30, 2021 .....</b>	<b>Page 4</b>
<b>Notes to Financial Statements ... ..</b>	<b>Page 5</b>

**NOTE: Accounting standards require that audited financial statements for El Camino Healthcare District be presented in consolidated format, including El Camino Hospital and its controlled affiliates. In an effort to help ensure public accountability and further ensure the transparency of the District’s operations, the District also prepares internal, “Stand-Alone” financial statements which present information for the District by itself.**



# El Camino Healthcare District

## Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

	June 30, 2021 Pre-audit w/o Eliminations	June 30, 2020 Audited w/o Eliminations		June 30, 2021 Pre-audit w/o Eliminations	June 30, 2020 Audited w/o Eliminations
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash & Investments	\$457	\$461	Accounts Payable & Accrued Exp <sup>(5)</sup>	\$154	\$183
Patient Accounts Receivable, net	166	129	Bonds Payable - Current	14	13
Other Accounts and Notes Receivable	28	87	Bond Interest Payable	10	10
Inventories and Prepaids	23	22	Other Liabilities	19	18
<b>Total Current Assets</b>	<b>674</b>	<b>699</b>	<b>Total Current Liabilities</b>	<b>198</b>	<b>224</b>
<b>Board Designated Assets</b>			<b>Deferred Revenue</b>	<b>68</b>	<b>77</b>
Foundation Reserves	21	15	<b>Deferred Revenue Inflow of Resources</b>	<b>46</b>	<b>31</b>
Community Benefit Fund	21	20			
Operational Reserve Fund <sup>(1)</sup>	125	150	<b>Long Term Liabilities</b>		
Workers Comp, Health & PTO Reserves	80	75	Bond Payable	595	615
Facilities Replacement Fund <sup>(2)</sup>	313	222	Benefit Obligations	48	47
Catastrophic & Malpractice Reserve <sup>(3)</sup>	27	20	Other Long-term Obligations	6	7
<b>Total Board Designated Assets</b>	<b>587</b>	<b>502</b>	<b>Total Long Term Liabilities</b>	<b>649</b>	<b>669</b>
<b>Non-Designated Assets</b>			<b>Fund Balance</b>		
Funds Held By Trustee <sup>(4)</sup>	37	51	Unrestricted	2,159	1,812
Long Term Investments	603	372	Board Designated & Restricted	147	138
Other Investments	35	30	Capital & Retained Earnings	0	0
Net Property Plant & Equipment	1,161	1,166			
Deferred Outflows of Resources	20	18	<b>Total Fund Balance</b>	<b>2,306</b>	<b>1,950</b>
Other Assets	148	115			
<b>Total Non-Designated Assets</b>	<b>2,004</b>	<b>1,751</b>			
<b>TOTAL ASSETS</b>	<b>\$3,265</b>	<b>\$2,952</b>	<b>TOTAL LIAB. &amp; FUND BAL.</b>	<b>\$3,265</b>	<b>\$2,952</b>



*Note: Totals may not agree due to rounding. See page 5 for footnotes.*

# El Camino Healthcare District

## Consolidated Comparative Statement of Revenues & Expenses (\$ Millions)

Year-to-Date through June 30, 2021

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue <sup>(6)</sup>	1,108	893	215	983
Other Operating Revenues <sup>(7)</sup>	49	55	-6	56
<b>Total Operating Revenues</b>	<b>1,156</b>	<b>948</b>	<b>208</b>	<b>1,039</b>
Wages and Benefits	588	540	-49	542
Supplies	172	136	-36	152
Purchased Services	182	174	-8	175
Other	45	44	-1	49
Depreciation	67	69	2	54
Interest	17	11	-6	9
<b>Total Operating Expense <sup>(8)</sup></b>	<b>1,070</b>	<b>973</b>	<b>(97)</b>	<b>982</b>
<b>Operating Income</b>	<b>86</b>	<b>(25)</b>	<b>111</b>	<b>56</b>
Non-Operating Income <sup>(9)</sup>	259	52	207	69
<b>Net Income</b>	<b>345</b>	<b>27</b>	<b>318</b>	<b>125</b>



Note: Totals or variances may not agree due to rounding. See page 5 for footnotes.

**El Camino Healthcare District**  
**Notes to Consolidated Financial Statements**  
**Current FY 2021 Actual to Budget**  
**(Includes El Camino Hospital)**

- 1) The decrease is due to the annual resetting of a 60 day reserve of expenses based on the current fiscal year's Hospital budget.
- 2) The current period Facilities Replacement Fund is comprised of (\$ Millions):

ECH Capital Replacement Fund (i.e. Funded Depr.)	\$264
ECHD Appropriation Fund (fka: Capital Outlay)	19
ECH Women's Hospital Expansion	<u>30</u>
	<u>\$313</u>

- 3) The current period Catastrophic & Malpractice Fund is comprised of (\$ Millions):

ECH Catastrophic Fund (aka: Earthquake Fund)	\$25
ECH Malpractice Reserve	<u>2</u>
	<u>\$27</u>

- 4) The decrease is due to the Bond Project Fund disbursements for the IMOB and BHS construction, and most recently the Women's Hospital Expansion.
- 5) The decrease is primarily due to construction retentions accrued at fiscal year end for the Behavioral Health and the IMOB buildings that have been subsequently paid down.
- 6) Strong volumes recovery from the first wave of COVID-19 continues to be the primary driver to such a favorable performance to budget.
- 7) The decrease is due to ECHMN no longer providing Hospitalists services to O'Connor Hospital.
- 8) Higher operating expenses are due to the increased volumes and expenses associated with the COVID-19 pandemic.
- 9) The positive variance is due to increased cash/investments and the outstanding performance in the investment returns.





## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Jon Cowan, Senior Director of Government Relations and Community Partnerships  
**Date:** October 19, 2021  
**Subject:** FY21 Year-End Community Benefit (CB) Report

**Purpose:** To provide the FY21 Community Benefit Annual Report and the Year-end Grants Performance

### **Summary:**

1. **Situation:** At the conclusion of each fiscal year, CB staff review year-end grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges and trends. Staff prepares an annual report and year-end dashboard (Attachments 1 and 2). Due to COVID-19 and budgetary factors, an online only report was produced, available at:  
[www.elcaminohealthcaredistrict.org/communitybenefit2021](http://www.elcaminohealthcaredistrict.org/communitybenefit2021).
2. **Authority:** The report is prepared by CB staff and approved by the Senior Director of Government Relations and Community Partnerships prior to presentation to the Board.
3. **Background:** In FY21, El Camino Healthcare District invested \$8,329,457 in Community Benefit grants and sponsorships to address unmet local health needs. The framework for the grant funding priorities is the most recent El Camino Hospital Community Health Needs Assessment (CHNA), which is conducted every three years, as required by state and federal regulations.
  - A. **Grants** = \$7,191,317 for 57 grants:
    - 14 Healthcare access & delivery grants at \$ \$3,259,172
    - 13 Behavioral health grants at \$1,452,910
    - 4 Oral health grants at \$821,190
    - 12 Diabetes & obesity grants at \$572,833
    - 6 Chronic conditions treatment and prevention (other than diabetes and obesity) grants at \$369,050
    - 5 Economic stability grants at \$307,586
    - 6 Violence & injury prevention grants at \$243,576
    - 2 Cognitive decline grants at \$85,000
    - 2 Housing and homelessness grants at \$80,000
    - \*Note: sum of grant programs greater than 57 because seven programs address two health needs
  - B. **Sponsorships** = \$55,000 for 11 sponsorships
  - C. **COVID-19 testing and vaccinations** = \$1,087,170 (included in \$8,329,457 total) which enabled the following:
    - Administering more than 45,000 community vaccinations, which involved launching a vaccination center in Sunnyvale and mobile vaccine clinics.
    - Nearly 38,000 community tests administered at El Camino Hospital in Mountain View and at 129 pop-up testing clinics.
  - D. **Grants Performance** is reflected in the year-end dashboard (Attachment 2):
    - 63% of grants met 80% or more of their metrics (FY20 = 47%)

FY21 Year-End Community Benefit (CB) Report  
October 19, 2021

- 78% of metrics achieved their annual targets

4. Assessment: N/A
5. Other Reviews: N/A
6. Outcomes: N/A

**List of Attachments:**

1. FY21 Community Benefit Annual Report Executive Summary for the Board with full online report at: [www.elcaminohealthcaredistrict.org/communitybenefit2021](http://www.elcaminohealthcaredistrict.org/communitybenefit2021)
2. FY21 El Camino Healthcare District Community Benefit Grants Year-end Dashboard

**Suggested Board Discussion Questions:** N/A- This is an informational item.



Community Health Investment  
El Camino Healthcare District  
**\$8.3M** Grants & Sponsorships

El Camino Hospital  
**\$87.1M** Total Community Benefit

**\$3.4M** Grants & Sponsorships

## El Camino Healthcare District | El Camino Health Community Benefit Annual Report FY 2021 — Executive Summary

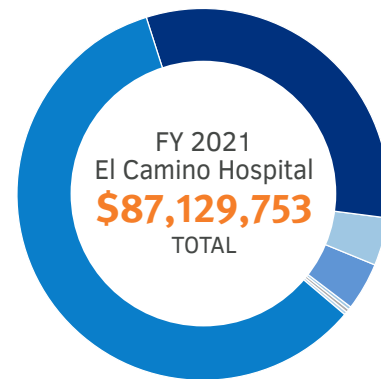
### Supporting Our Community Needs During the Ongoing Pandemic

As the continuing pandemic has increased need and hardship, the programs funded through our community benefit grants are a vital lifeline to basic needs and health resources for our neighbors. The [Community Benefit FY 2021 online report](#) highlights our investments including:

- **The Hospital's Total Community Benefit commitment of \$87.1 Million — \$14.4 Million more than last year — serving 142,082 people.** This includes charity care, community grants and more to serve vulnerable and underserved community members. [See the financial report.](#)
- **\$11.7 Million combined total for 132 grants and sponsorships.** The District and the Hospital work with community partners to prevent disease, improve mental health, and make healthcare and healthy choices more accessible. [See our community partners.](#)
- **We invested \$1.1 million in COVID-19 testing and vaccination,** including a vaccination center in Sunnyvale and mobile vaccine clinics, administering more than 45,000 community vaccinations. [Learn how we and our partners responded.](#)

### Financial Report

**\$87.1M** El Camino Hospital  
TOTAL COMMUNITY BENEFIT



**\$50,764,715** Government-Sponsored Healthcare (Unreimbursed Medi-Cal)

**\$27,323,560** Subsidized Health Services

**\$3,691,859** Financial Assistance (Charity Care)

**\$3,430,207** Grants and Sponsorships

**\$1,192,946** Health Professions Education

**\$289,614** Clinical Research

**\$288,218** Community Benefit Operations

**\$148,634** Community Health Improvement Services

**+\$124M** in Uncompensated Medicare  
(Not Included in Community Benefit Total)

Please take a moment to visit [elcaminohealthcaredistrict.org/CommunityBenefit2021](http://elcaminohealthcaredistrict.org/CommunityBenefit2021) and learn more about how we are addressing unmet health needs in our community.



EL CAMINO HEALTHCARE DISTRICT



Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: <span>● = 90%+</span> <span>● = 0% - 89%</span>							Performance against target: <span>● = 90%+</span> <span>● = 75% - 89%</span> <span>● = 0% - 74%</span>																
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	<div><div></div></div>	FY19 6-month Metrics Met <i>Column G</i>	FY19 Annual Target <i>Column H</i>	FY19 Annual Actual <i>Column I</i>	<div><div></div></div>	FY19 Annual Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	<div><div></div></div>	FY20 6-month Metrics Met <i>Column O</i>	FY20 Annual Target <i>Column P</i>	FY20 Annual Actual <i>Column Q</i>	<div><div></div></div>	FY20 Annual Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	<div><div></div></div>	FY21 6-month Metrics Met <i>Column W</i>	FY21 Annual Target <i>Column X</i>	FY21 Annual Actual <i>Column Y</i>	<div><div></div></div>	FY21 Annual Metrics Met <i>Column AA</i>
<div>HEALTHY BODY</div>	<b>CSA-MV Senior Intensive Case Management</b>  FY21 Approved: \$210,000 FY21 Spent: \$210,000 FY20 Approved: \$235,000 FY20 Spent: \$218,623 FY19 Approved: \$200,000 FY19 Spent: \$200,000  New Metrics: 0 of 5	Older adults served	52	53	●	100%	80	77	●	100%	52	74	●	100%	85	86	●	100%	50	69	●	100%	77	81	●	100%
		Services provided	2,050	2,456	●		4,532	5,052	●		2,250	2,804	●		4,750	5,322	●		2,250	4,194	●		4,500	9,853	●	
		Clients who were not re-hospitalized within 1 - 30 days for reasons related to a chronic health condition	90%	87%	●		90%	92%	●		90%	99%	●		90%	98%	●		90%	100%	●		90%	99%	●	
		Clients who were not re-hospitalized within 31 - 90 days for reasons related to a chronic health condition	85%	83%	●		85%	100%	●		85%	99%	●		85%	98%	●		85%	100%	●		85%	100%	●	
		Patients with hypertension who attained or maintained blood pressure <140/90 mmHg or blood pressure goal recommended by physician	61%	75%	●		61%	89%	●		65%	72%	●		65%	75%	●		70%	74%	●		70%	76%	●	
	<b>Cupertino Union School District School Nurse Program</b>  FY21 Approved: \$100,000 FY21 Spent: \$100,000 FY20 Approved: \$81,921 FY20 Spent: \$81,921 FY19 Approved: \$87,842 FY19 Spent: \$87,842  New Metrics: 5 of 6	Students served	900	867	●	100%	1,850	1,734	●	100%	885	889	●	100%	1,770	1,640	●	100%	800	746	●	80%	1,550	1,454	●	100%
		First grade students out of compliance with required physicals who become compliant	-	-			-	-			-	-			-	-			N/A	N/A			15%	62%	●	
		Students in TK, Kindergarten & 7th grade non-compliant with required vaccines who become compliant	-	-			-	-			-	-			-	-			25%	57%	●		50%	87%	●	
		Students who are out compliance with TB testing who become compliant	-	-			-	-			-	-			-	-			15%	40%	●		30%	88%	●	
		Families of students who suffer from heart disease, diabetes, respiratory conditions and other serious illnesses who respond to nursing staff inquiries	-	-			-	-			-	-			-	-			60%	47%	●		80%	86%	●	
		Students who receive a flu vaccine, post RN dissemination of flu vaccine information to families	-	-			-	-			-	-			-	-			15%	43%	●		20%	59%	●	
	<b>Fresh Approach</b>  FY21 Approved: \$93,000 FY21 Spent: \$93,000 FY20 Approved: \$93,000 FY20 Spent: \$93,000 FY19 Approved: \$92,704 FY19 Spent: \$92,704  New Metrics: 2 of 4	Individuals served	100	302	●	100%	340	908	●	80%	1,070	1,749	●	100%	2,240	2,359	●	25%	451	558	●	100%	1,602	1,917	●	50%
		Mobile Farmers’ Market clients who report increasing their fruits and vegetable consumption by 1 serving per day since starting to shop with this program	N/A	N/A			65%	62%	●		N/A	N/A			70%	N/A	●		N/A	N/A			70%	50%	●	
		Participants who attended six or more classes will report regularly eating two additional servings of fruits and vegetables	N/A	N/A			85%	48%	●		N/A	N/A			85%	71%	●		-	-			-	-		
		VeggieRx participants who attend 6 or more classes will report an increase of 1 additional serving of fruits and vegetables per day at the end of the program	-	-			-	-			-	-			-	-			N/A	N/A			85%	93%	●	
		Mobile Farmers’ Market clients who complete surveys will report that they purchase at least 50% of their weekly fruits and vegetables from this mobile market	-	-			-	-			-	-			-	-			N/A	N/A			75%	60%	●	
	<b>GoNoodle</b>  FY21 Approved: \$36,000 FY21 Spent: \$36,000 FY20 Approved: \$36,000 FY20 Spent: \$36,000 FY19 Approved: \$36,000 FY19 Spent: \$36,000  New Metrics: 0 of 4	Schools served	25	26	●	67%	25	27	●	100%	25	27	●	50%	25	25	●	50%	27	28	●	100%	27	28	●	100%
		GoNoodle physical activity breaks played	20,000	19,139	●		34,000	36,090	●		21,000	15,084	●		35,000	27,812	●		22,000	28,404	●		36,000	59,127	●	
		Teachers who believe GoNoodle benefits their students’ focus and attention in the classroom	N/A	N/A			90%	93%	●		N/A	N/A			92%	N/A			N/A	N/A			93%	N/A		
		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			60%	80%	●		N/A	N/A			75%	N/A			N/A	N/A			98%	N/A		
	<b>Health Mobile Dental Services</b>  FY21 Approved: \$75,000 FY21 Spent: \$75,000 FY20 Approved: \$150,000 FY20 Spent: \$150,000 FY19 Approved: \$150,000 FY19 Spent: \$150,000  New Metrics: 0 of 4	Low-income and homeless individuals served	150	143	●	100%	400	369	●	100%	150	148	●	100%	380	230	●	50%	56	34	●	50%	200	195	●	100%
		Dental procedures provided	600	610	●		2,600	2,460	●		610	614	●		2,280	1,290	●		224	150	●		1,200	1210	●	
		Patients who report increased knowledge about their oral health	85%	86%	●		85%	80%	●		90%	89%	●		90%	89%	●		90%	90%	●		90%	90%	●	
		Patients who report no pain after their first visit	85%	84%	●		85%	83%	●		90%	89%	●		90%	91%	●		90%	90%	●		90%	90%	●	
	<b>Healthier Kids Foundation HearingFirst &amp; DentalFirst</b>  FY21 Approved: \$40,000 FY21 Spent: \$37,380 FY20 Approved: \$40,000 FY20 Spent: \$40,000 FY19 Approved: \$40,000 FY19 Spent: \$40,000  New Metrics: 0 of 4	Children dental screened	225	222	●	75%	450	495	●	100%	225	322	●	75%	450	385	●	50%	225	0	●	0%	450	170	●	25%
		Children hearing screened	225	329	●		450	518	●		225	399	●		450	417	●		N/A	N/A			226	164	●	
		Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	20%	14%	●		35%	28%	●		20%	0%	●		35%	41%	●		N/A	N/A			30%	0%	●	
		Of children dental screened who received a referral, the percent that received and completed appropriate dental services	75%	95%	●		75%	80%	●		75%	77%	●		75%	60%	●		60%	0%	●		62%	75%	●	
	<b>Living Classroom</b>  FY21 Approved: \$ 60,000 FY21 Spent: \$60,000 FY20 Approved: \$78,000 FY20 Spent: \$78,000 FY19 Approved: \$88,000 FY19 Spent: \$88,000  New Metrics: 0 of 4	Students served	2,900	3,800	●	50%	4,800	4,367	●	100%	3,300	3,600	●	50%	4,200	4,092	●	50%	2,500	2,814	●	100%	3,600	3,176	●	25%
		Students eating produce grown in school gardens	1,600	1285	●		3,500	3,400	●		1,200	1,200	●		2,500	2,355	●		N/A	N/A			1,000	0	●	
		Students involved in planting and harvesting fruits and vegetables for Farm-to-Lunch Program	145	180	●		235	276	●		145	120	●		235	122	●		N/A	N/A			120	0	●	
		Classroom lessons given across all grades T/K - 5	348	248	●		600	646	●		290	257	●		630	400	●		N/A	N/A			3,100	3,213	●	

Community Benefit Dashboard Notes

FY20 and FY21

FY19

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● A metric receives a "purple" indicator if performance against target is 75% - 89%

● A metric receives a "blue" indicator if performance against target is 0% - 74%

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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

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<div>HEALTHY BODY</div>	Medical Respite  FY21 Approved: \$80,000 FY21 Spent: \$80,000 FY20 Approved: \$80,000 FY20 Spent: \$80,000 FY19 Approved: \$80,000 FY19 Spent: \$80,000  New Metrics: 0 of 3	Patients served in full program	110	105	●	75%	220	191	●	50%	105	94	●	100%	190	183	●	100%	105	88	●	33%	190	188	●	100%
		Hospital days avoided for total program (based on full Medical Respite program)	420	420	●		840	764	●		400	376	●		760	732	●		400	352	●		760	752	●	
		Patients linked to Primary Care home	92%	91%	●		92%	91%	●		92%	93%	●		92%	93%	●		92%	93%	●		92%	93%	●	
	Mountain View Whisman School District School Nurse Program  FY21 Approved: \$275,000 FY21 Spent: \$275,000 FY20 Approved: \$240,000 FY20 Spent: \$227,614 FY19 Approved: \$206,777 FY19 Spent: \$206,777  New Metrics: 1 of 6	Students served	1,700	2,006	●	100%	3,400	4,012	●	80%	1,950	2,010	●	100%	3,900	4,019	●	25%	1,985	1,811	●	100%	3,970	3,622	●	67%
		Students with failed screenings who saw a provider	N/A	N/A			78%	67%	●		N/A	N/A			70%	37%	●		N/A	N/A			45%	0%	●	
		Students needing an oral health exam who saw a provider	30%	30%	●		70%	71%	●		30%	31%	●		70%	42%	●		10%	16%	●		40%	53%	●	
		Students needing a Child Health and Disability Program exam who saw a provider	30%	45%	●		55%	59%	●		40%	43%	●		60%	53%	●		10%	39%	●		35%	49%	●	
		Students who report decreased anxiety levels	N/A	N/A			70%	100%	●		N/A	N/A			70%	N/A			N/A	N/A			60%	0%	●	
		Students who are out compliance with required immunizations who become compliant	-	-			-	-			-	-			-	-			N/A	N/A			70%	90%	●	
	New Directions Coordination of care and connection to safety-net services for homeless and at-risk individuals  FY21 Approved: \$220,000 FY21 Spent: \$220,000 FY20 Approved: \$180,000 FY20 Spent: \$180,000 FY19 Approved: \$180,038 FY19 Spent: \$180,038  New Metrics: 0 of 5	Individuals served	26	17	●	33%	36	36	●	80%	26	27	●	100%	36	40	●	100%	30	24	●	50%	44	47	●	80%
		Services provided	520	323	●		900	837	●		520	717	●		900	1,375	●		1,000	772	●		1,400	1,256	●	
		Enrolled patients will complete treatment within twelve months or less	N/A	N/A			95%	91%	●		N/A	N/A			95%	93%	●		N/A	N/A			95%	93%	●	
		Enrolled clients will be connected to and establish services with a minimum of one basic needs benefits program	N/A	N/A			75%	81%	●		75%	93%	●		80%	90%	●		75%	71%	●		90%	85%	●	
		Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider	50%	81%	●		70%	61%	●		55%	88%	●		75%	81%	●		60%	67%	●		75%	62%	●	
	On-Site Dental Mobile Dental Services  FY21 Approved: \$90,000 FY21 Spent: \$90,000  New Metrics: N/A	Individuals served	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	-	-		100%	60	110	●	100%	120	190	●	
		Services provided, including periodontal and oral cancer screening, dentures, etc.	-	-			-	-			-	-			-	-			300	320	●		625	729	●	
		Patients who agree or strongly agree accessing oral health services improved their oral health	-	-			-	-			-	-			-	-			90%	93%	●		90%	90%	●	
		Patients missing multiple teeth who agree or strongly agree they experienced improved functionality when treatment was completed	-	-			-	-			-	-			-	-			90%	91%	●		90%	95%	●	
	Pathways  FY21 Approved: \$60,000 FY21 Spent: \$60,000 FY20 Approved: \$60,000 FY20 Spent: \$60,000 FY19 Approved: \$55,000 FY19 Spent: \$55,000  New Metrics: 0 of 4	Patients served	20	50	●	100%	41	68	●	100%	23	38	●	100%	45	71	●	100%	30	35	●	100%	45	87	●	
		Services provided	160	391	●		328	555	●		173	331	●		338	871	●		225	586	●		340	1,312	●	
		Home Health 30-day re-hospitalization rates* <i>*Lower percentage desired</i>	12%	11%	●		12%	12%	●		11%	10%	●		11%	11%	●		12%	11%	●		12%	14%	●	
		Hospice patients who report getting as much help with pain as they needed	78%	84%	●		78%	85%	●		83%	84%	●		83%	81%	●		75%	82%	●		75%	83%	●	
	Planned Parenthood Mar Monte Mountain View Health Center  FY21 Approved: \$225,000 FY21 Spent: \$225,000 FY20 Approved: \$225,000 FY20 Spent: \$131,446 FY19 Approved: \$125,000 FY19 Spent: \$125,000  New Metrics: 0 of 5	Patients served	137	149	●	40%	274	247	●	75%	137	127	●	80%	274	179	●	40%	150	198	●	80%	350	370	●	100%
		Visits provided	257	208	●		514	372	●		332	166	●		964	272	●		250	270	●		525	711	●	
		Primary care patients referred to specialists who receive care within 90 days	-	-			-	-			50%	48%	●		50%	69%	●		45%	38%	●		45%	70%	●	
		Hemoglobin A1c of less than 9 for diabetes patients	-	-			-	-			60%	79%	●		60%	68%	●		55%	66%	●		55%	99%	●	
		Annual colon cancer screening completed as appropriate for target age group	50%	44%	●		50%	57%	●		50%	57%	●		50%	34%	●		50%	47%	●		50%	52%	●	
	Playworks  FY21 Approved: \$218,000 FY21 Spent: \$191,841 FY20 Approved: \$216,034 FY20 Spent: \$216,034 FY19 Approved: \$242,500 FY19 Spent: \$242,500  New Metrics: 1 of 5	Students served	5,900	5,603	●	100%	5,900	5,603	●	100%	5,600	5,273	●	100%	5,600	5,172	●	100%	5,150	4,467	●	0%	5,150	4,204	●	80%
Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity		N/A	N/A		95%		98%	●	N/A		N/A		95%		100%	●	N/A		N/A		96%		100%	●		
Teacher/administrators who agree or strongly agree that Playworks helps increase social awareness and self-regulation		-	-		-		-		-		-		-		-		N/A		N/A		85%		85%	●		
Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class		N/A	N/A		80%		100%	●	N/A		N/A		90%		100%	●	N/A		N/A		97%		89%	●		
Teachers/administrators reporting that Playworks positively impacts school climate		N/A	N/A		96%		100%	●	N/A		N/A		95%		100%	●	N/A		N/A		95%		100%	●		

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FY20 and FY21

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FY19

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N/A

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<div>HEALTHY BODY</div>	Ravenswood Family Health Center/MayView Community Health Center  FY21 Approved: \$1,200,000 FY21 Spent: \$1,200,000 FY20 Approved: \$1,700,000 FY20 Spent: \$1,700,000 FY19 Approved: \$1,007,000 FY19 Spent: \$1,007,000  New Metrics: 1 of 7	Uninsured patients served	845	946	●	86%	1,695	1,741	●	86%	1,260	1,631	●	86%	2,520	2,487	●	100%	1,200	1,708	●	43%	1,575	1,652	●	71%
		Patient visits provided (medical and behavioral health)	1,695	1,742	●		3,388	3,484	●		2,681	3,041	●		5,362	5,239	●		1,560	1,953	●		3,420	3,800	●	
		Insurance enrollment encounters	-	-			-	-			-	-			-	-			450	186	●		900	1,200	●	
		Patients age 50-75 with appropriate Breast Cancer Screening	-	-			-	-			48%	47%	●		50%	45%	●		45%	39%	●		45%	39%	●	
		Diabetic patients with HbA1c Levels less than 9 points	72%	66%	●		74%	71%	●		-	-			-	-			-	-			-	-		
		Diabetic patients with HbA1c Levels less than 8 points	-	-			-	-			61%	63%	●		61%	59%	●		59%	54%	●		59%	63%	●	
		Hypertension patients whose blood pressure is less than 140/90 mmHg	78%	76%	●		78%	80%	●		80%	71%	●		80%	72%	●		72%	57%	●		72%	48%	●	
		Patients aged 51-75 years with completed annual colorectal screening	70%	34%	●		72%	55%	●		40%	54%	●		45%	48%	●		48%	42%	●		48%	51%	●	
	Santa Clara Valley Medical Center - Mountain View & Sunnyvale  FY21 Approved: \$750,000 FY21 Spent: \$750,000 FY20 Approved: \$700,000 FY20 Spent: \$700,000 FY19 Approved: \$1,075,000 FY19 Spent: \$1,075,000  New Metrics: 1 of 10	Individuals served	650	909		100%	1,460	1,471		100%	470	617		80%	870	859		38%	740	818	●	50%	1,170	1,081	●	60%
		Primary Care and Behavioral Health patients	100	180	●		220	328	●		70	113	●		130	168	●		500	538	●		720	654	●	
		Dental Clinic patients	550	729	●		1,240	1,143	●		400	504	●		740	691	●		240	336	●		450	469	●	
		Encounters provided	1,710	2,165			4,370	4,377			1,375	1,343			2,630	2,073			2,660	2,481	●		4,800	5,259	●	
		Primary Care and Behavioral Health encounters	300	462	●		820	975	●		275	260	●		500	437	●		2,000	1,735	●		3,600	4,120	●	
		Dental Clinic encounters	1,410	1,703	●		3,550	3,402	●		1,100	1,083	●		2,130	1,636	●		660	747	●		1,200	1,139	●	
		Patients screened for clinical depression	-	-			-	-			65%	43%	●		70%	37%	●		40%	21%	●		45%	38%	●	
		Dental patients who will receive prophylactic cleaning	-	-			-	-			35%	31%	●		40%	31%	●		35%	21%	●		40%	21%	●	
		Overall decrease in percentage of emergency dental visits* *Lower percentage desired	-	-			-	-			15%	13% Lower percentage desired	●		12%	17% Lower percentage desired	●		15%	21%	●		12%	23%	●	
		Patients screened positive for depression who will receive follow up after referral to behavior health services	-	-			-	-			-	-			-	-			35%	29%	●		40%	31%	●	
	Sunnyvale School District  FY21 Approved: \$285,000 FY21 Spent: \$285,000 FY20 Approved: \$282,000 FY20 Spent: \$282,000 FY19 Approved: \$287,000 FY19 Spent: \$287,000  New Metrics: 1 of 5	Students served	2,205	2,245	●	100%	4,410	4,442	●	100%	2,243	2,252	●	80%	4,450	4,386	●	40%	2,006	2,079	●	100%	4,002	3,979	●	100%
		Students with failed vision or hearing screenings who saw their health care provider	50%	53%	●		70%	66%	●		52%	28%	●		72%	53%	●		N/A	N/A			30%	75%	●	
		Kindergarten students who received a well-child exam as measured by the receipt of a completed Child Health and Disability Prevention Program (CHDP) Health Exam for School Entry" Form	32%	34%	●		65%	63%	●		33%	45%	●		66%	55%	●		20%	28%	●		40%	59%	●	
		Students who were assessed for potential not yet identified health needs based upon parent reporting health problem at point of registration	-	-			-	-			30%	32%	●		60%	54%	●		75%	79%	●		90%	87%	●	
		Students out of compliance with required immunizations become compliant	-	-			-	-			-	-			-	-			30%	82%	●		70%	96%	●	
		Teen Health Van  FY21 Approved: \$97,000 FY21 Spent: \$97,000 FY20 Approved: \$95,000 FY20 Spent: \$95,000 FY19 Approved: \$95,000 FY19 Spent: \$92,559  New Metrics: 2 of 6	Students served	52	57		●	100%	104		103	●	80%		52	58	●		67%	104	92		●	75%	52	
	Services provided		215	207	●	430	280		●	209	183	●		418	419	●	225	217		●	450	537	●			
	Students who receive recommended vaccines (including influenza and HPV)		-	-		-	-			-	-			-	-		30%	32%		●	75%	75%	●			
	Students screened for depression who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications		95%	98%	●	95%	95%		●	95%	95%	●		95%	95%	●	90%	90%		●	90%	90%	●			
	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			30%	30%	●			
	Unduplicated patients who undergo a social determinants of health assessment at least once annually		-	-		-	-			-	-			-	-		50%	60%		●	75%	60%	●			
<div>HEALTHY MIND</div>	Acknowledge Alliance  FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,000 FY19 Spent: \$50,000  New Metrics: 0 of 4	Individuals served (students and educators)	335	511	●	100%	1,341	1,181	●	75%	335	271	●	50%	1,200	598	●	75%	300	448	●	50%	600	1,302	●	75%
		Educators who receive resilience support services through one-on-one training, classroom observations, professional development, and/or teacher support groups	33	80	●		100	206	●		33	94	●		100	180	●		75	43	●		125	396	●	
		Teachers and administrators will increase their use of strategies to promote personal and professional resilience	-	-			-	-			N/A	N/A			70%	64%	●		N/A	N/A			75%	94%	●	
		Teachers and administrators will report that the Acknowledge Alliance Resilience Staff worked to promote a positive school climate	-	-			-	-			N/A	N/A			75%	75%	●		N/A	N/A			75%	65%	●	

Community Benefit Dashboard Notes

FY20 and FY21

● A metric receives a "green" indicator if performance against target is 90% - 100%

● A metric receives a "purple" indicator if performance against target is 75% - 89%

● A metric receives a "blue" indicator if performance against target is 0% - 74%

FY19

● A metric receives a "green" indicator if performance against target is 90% - 100%

● A metric receives a "red" indicator if performance against target is 0% - 89%

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

Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: 🟢 = 90%+ 🟡 = 75% - 89% 🔴 = 0% - 89%							Performance against target: 🟢 = 90%+ 🟡 = 75% - 89% 🔴 = 0% - 74%																
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	🟢 🔴 FY19 6-month Metrics Met <i>Column G</i>	FY19 Annual Target <i>Column H</i>	FY19 Annual Actual <i>Column I</i>	🟢 🟡 🔴 FY19 Annual Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	🟢 🟡 🔴 FY20 6-month Metrics Met <i>Column O</i>	FY20 Annual Target <i>Column P</i>	FY20 Annual Actual <i>Column Q</i>	🟢 🟡 🔴 FY20 Annual Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	🟢 🟡 🔴 FY21 6-month Metrics Met <i>Column W</i>	FY21 Annual Target <i>Column X</i>	FY21 Annual Actual <i>Column Y</i>	🟢 🟡 🔴 FY21 Annual Metrics Met <i>Column AA</i>						
<div>HEALTHY MIND</div> 	Avenidas  FY21 Approved: \$55,000 FY21 Spent: \$55,000 FY20 Approved: \$52,000 FY20 Spent: \$52,000 FY19 Approved: \$50,000 FY19 Spent: \$50,000  New Metrics: 2 of 5	Older adults and family members served	76	74	🟢	100%	96	98	🟢	100%	83	92	🟢	100%	103	114	🟢	100%	75	82	🟢	100%	92	94	🟢	100%
		Services provided	975	923	🟢		1,950	1,962	🟢		1,035	1,201	🟢		1,997	2,181	🟢		922	904	🟢		1,801	1,820	🟢	
		Older adults who maintain at least 3 essential Activities of Daily Living	90%	92%	🟢		90%	91%	🟢		93%	92%	🟢		93%	93%	🟢		90%	92%	🟢		90%	85%	🟢	
		Older adults with a history of multiple ER visits do not experience any emergency room visits	-	-			-	-			-	-			-	-			82%	97%	🟢		82%	91%	🟢	
		Older adults who do not experience a hospital admission	-	-			-	-			-	-			-	-			80%	92%	🟢		80%	88%	🟢	
	CHAC  FY21 Approved: \$280,000 FY21 Spent: \$280,000 FY20 Approved: \$280,000 FY20 Spent: \$280,000 FY19 Approved: \$280,000 FY19 Spent: \$280,000  New Metrics: 0 of 6	Students served through counseling	350	442	🟢	100%	1,150	874	🔴	67%	350	494	🟢	100%	975	761	🟡	50%	165	169	🟢	50%	438	300	🔴	50%
		Services hours provided	2,800	4,411	🟢		8,600	10,655	🟢		4,050	3,724	🟢		9,000	7,400	🟡		2,000	1,630	🟡		6,000	4,379	🔴	
		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			40%	47%	🟢		N/A	N/A			40%	36%	🟢		N/A	N/A			40%	40%	🟢	
		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%	41%	🔴		N/A	N/A			50%	38%	🟡		N/A	N/A			40%	50%	🟢	
		JFK students served who showed a 15% or better improvement on the JFK Survey	N/A	N/A			70%	76%	🟢		N/A	N/A			70%	75%	🟢		N/A	N/A			70%	N/A		
		Tween Talk students served who show a 15% or better improvement on the Tween Talk Survey	N/A	N/A			70%	78%	🟢		N/A	N/A			70%	89%	🟢		N/A	N/A			70%	N/A		
	Cupertino Union School District - Mental Health Program  FY21 Approved: \$90,000 FY21 Spent: \$90,000  New Metrics: N/A	Students served	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	50	61	🟢	100%	122	125	🟢	100%
		Service hours provided	-	-			-	-			-	-			-	-			530	647	🟢		1,305	1,522	🟢	
		Students who improved by at least 3 points 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%	50%	🟢	
		Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report	-	-			-	-			-	-			-	-			60%	65%	🟢		80%	80%	🟢	
	Law Foundation - Mental Health Advocacy Project  FY21 Approved: \$60,000 FY21 Spent: \$60,000 FY20 Approved: \$60,000 FY20 Spent: \$60,000 FY19 Approved: \$65,000 FY19 Spent: \$65,000  New Metrics: 0 of 5	Individuals served	93	115		100%	186	168		75%	81	102	🟢	100%	161	172	🟢	100%	90	65	🔴	60%	140	123	🟡	40%
		Individuals served through representation	31	49	🟢		62	74	🟢		27	27			54	50	🟢		30	33	🟢		60	57	🟢	
		Healthcare providers served through educational presentation	62	66	🟢		124	94	🔴		54	75			107	122	🟢		60	32	🔴		80	66	🟡	
		Providers receiving training who increase their understanding of their patients' rights to medical benefits and other forms of public assistance	75%	100%	🟢		75%	91%	🟢		90%	86%	🟢		90%	90%	🟢		90%	100%	🟢		90%	100%	🟢	
		Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	75%	80%	🟢		75%	85%	🟢		80%	97%	🟢		80%	89%	🟢		85%	97%	🟢		85%	69%	🟡	
	Los Altos School District  FY21 Approved: \$100,000 FY21 Spent: \$100,000 FY20 Approved: \$100,000 FY20 Spent: \$100,000 FY19 Approved: \$100,000 FY19 Spent: \$100,000  New Metrics: 1 of 4	Students served	45	54	🟢	100%	100	126	🟢	100%	50	78	🟢	100%	100	101	🟢	50%	50	32	🔴	0%	100	56	🔴	33%
		Services hours provided	250	359	🟢		500	1,047	🟢		250	409	🟢		500	629	🟢		250	193	🟡		500	505	🟢	
		Parents who report improvement in their child by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report for students age 10 and under	-	-			-	-			-	-			-	-			N/A	N/A			50%	N/A		
		Students who improve by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report for students age 11-17	N/A	N/A			50%	66%	🟢		N/A	N/A			50%	21%	🔴		N/A	N/A			50%	12%	🔴	
Momentum for Mental Health  FY21 Approved: \$270,000 FY21 Spent: \$270,000 FY20 Approved: \$268,140 FY20 Spent: \$268,140 FY19 Approved: \$268,000 FY19 Spent: \$268,000  New Metrics: 1 of 5	Patients served	58	69	🟢	75%	118	112	🟢	100%	65	88	🟢	100%	118	107	🟢	100%	70	71	🟢	100%	118	86	🔴	40%	
	Services provided	858	565	🔴		1,715	1,875	🟢		858	842	🟢		1,715	1,754	🟢		858	817	🟢		1,735	1,524	🟡		
	Patients who avoid psychiatric hospitalization for 12 months after admission	97%	99%	🟢		97%	99%	🟢		97%	100%	🟢		97%	100%	🟢		97%	100%	🟢		97%	100%	🟢		
	Patients who report a reduction of two points or more in PHQ-9 measure severity of depression	-	-			-	-			-	-			-	-			75%	80%	🟢		85%	70%	🟡		
	Patients who report a reduction of two points or more in Generalized Anxiety Disorder-7 (GAD-7) to measure severity of anxiety	70%	73%	🟢		80%	74%	🟢		70%	78%	🟢		80%	72%	🟢		70%	75%	🟢		80%	80%	🟢		
Mountain View Los Altos High School District  FY21 Approved: \$160,000 FY21 Spent: \$160,000 FY20 Approved: \$160,000 FY20 Spent: \$160,000 FY19 Approved: \$160,000 FY19 Spent: \$160,000  New Metrics: 1 of 5	Students served	75	118	🟢	50%	150	192	🟢	100%	75	144	🟢	100%	150	200	🟢	100%	75	94	🟢	100%	150	169	🟢	100%	
	Hours of services provided	1,260	1,083	🔴		2,520	2,319	🟢		1,260	1,192	🟢		2,520	2,196	🟡		1,200	1,323	🟢		2,400	2,522	🟢		
	Reduced frequency/quantity of high risk behavior by at least 25% on the CANS 50 assessment, among students with high risk behaviors	N/A	N/A			60%	96%	🟢		N/A	N/A			75%	19%	🔴		N/A	N/A			25%	33%	🟢		
	Decreased suicidal thoughts and feelings by at least 25% on the CANS 50 assessment, among students served with suicidal thoughts and feelings	N/A	N/A			80%	100%	🟢		N/A	N/A			75%	80%	🟢		-	-			-				
	Decrease the interference of psychosis/impulsivity/ depression / anxiety / opposition / conduct / anger / substance abuse / or trauma on functioning by more than or equal to 25%	-	-			-	-			-	-			-	-			N/A	N/A			60%	66%	🟢		
	Increased use of coping skills for trauma/ depression/anxiety/anger by at least 25% on the CANS 50 assessment, among students served with trauma, depression, anxiety, and/or anger	N/A	N/A			80%	79%	🟢		N/A	N/A			75%	54%	🔴		N/A	N/A			50%	50%	🟢		

Community Benefit Dashboard Notes

FY20 and FY21

🟢 A metric receives a "green" indicator if performance against target is 90% - 100%

🟡 A metric receives a "purple" indicator if performance against target is 75% - 89%

🔴 A metric receives a "red" indicator if performance against target is 0% - 74%

FY19



🟢 A metric receives a "green" indicator if performance against target is 90% - 100%

🔴 A metric receives a "red" indicator if performance against target is 0% - 89%

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



Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: 🟢 = 90%+ 🟡 = 0% - 89%								Performance against target: 🟢 = 90%+ 🟡 = 75% - 89% 🟠 = 0% - 74%															
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	🟢 🟡 🟠 FY19 6-month Metrics Met <i>Column G</i>	FY19 Annual Target <i>Column H</i>	FY19 Annual Actual <i>Column I</i>	🟢 🟡 🟠 FY19 Annual Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	🟢 🟡 🟠 FY20 6-month Metrics Met <i>Column O</i>	FY20 Annual Target <i>Column P</i>	FY20 Annual Actual <i>Column Q</i>	🟢 🟡 🟠 FY20 Annual Metrics Met <i>Column S</i>	FY20 Annual Target <i>Column T</i>	FY20 Annual Actual <i>Column U</i>	🟢 🟡 🟠 FY20 Annual Metrics Met <i>Column W</i>	FY21 6-month Target <i>Column X</i>	FY21 6-month Actual <i>Column Y</i>	🟢 🟡 🟠 FY21 6-month Metrics Met <i>Column AA</i>	FY21 Annual Target <i>Column X</i>	FY21 Annual Actual <i>Column Y</i>	🟢 🟡 🟠 FY21 Annual Metrics Met <i>Column AA</i>			
	NAMI SCC (National Alliance on Mental Illness)  FY21 Approved: \$75,000 FY21 Spent: \$73,165 FY20 Approved: \$75,000 FY20 Spent: \$65,376 FY19 Approved: \$90,000 FY19 Spent: \$90,000  New Metrics: 0 of 5	Participants	32	35	🟢	100%	63	68	🟢	100%	31	27	🟡	40%	62	51	🟡	40%	27	18	🟠	40%	55	60	🟢	100%
		Peer PALS and Peer Mentors visits	512	513	🟢		1,008	965	🟢		527	450	🟡		1,054	907	🟡		467	301	🟠		935	1,005	🟢	
		Peer PALS and Peer Mentors phone calls	1,024	1,030	🟢		2,016	1,865	🟢		1,054	912	🟡		2,108	1,814	🟡		935	625	🟠		1,870	2,065	🟢	
		Participants reporting that the program helped them feel more hopeful about their futures and their recovery	70%	77%	🟢		70%	80%	🟢		75%	75%	🟢		75%	83%	🟢		75%	90%	🟢		75%	84%	🟢	
		Participants reporting that the program helped them be more compliant with their treatment plan	80%	80%	🟢		80%	87%	🟢		80%	85%	🟢		80%	93%	🟢		80%	98%	🟢		80%	95%	🟢	
	YWCA <i>Trauma-informed Counseling for Victims of Domestic Violence and At-risk Youth</i>  FY21 Approved: \$75,000 FY21 Spent: \$75,000 FY20 Approved: \$65,000 FY20 Spent: \$65,000  New Metrics: 0 of 5	Individuals served	-	-		New Program in FY20	-	-		New Program in FY20	14	13	🟢	100%	37	33	🟡	80%	10	21	🟢	40%	33	28	🟡	20%
Counseling sessions provided		-	-		-		-		56		93	🟢	148		212	🟢	40		157	🟢	132		266	🟢		
Individuals who increase their knowledge of trauma and the effects of trauma on their lives		-	-		-		-		80%		84%	🟢	80%		99%	🟢	80%		0%	🟠	80%		14%	🟠		
Individuals who experience a reduction of trauma symptoms		-	-		-		-		60%		62%	🟢	60%		79%	🟢	60%		0%	🟠	60%		12%	🟠		
Individuals who report they would be willing to seek counseling in the future		-	-		-		-		60%		77%	🟢	60%		79%	🟢	60%		0%	🟠	60%		15%	🟠		
	Abode Services  FY21 Approved: \$50,000 FY21 Spent: \$50,000  New Metrics: N/A	Individuals served	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	326	229	🟠	0%	651	651	🟢	100%
		Services provided	-	-			-	-			-	-			-	-			978	721	🟠		1,953	1,953	🟢	
		Clients who maintain stable housing	-	-			-	-			-	-			-	-			N/A	N/A			90%	92%	🟢	
		Clients who report being satisfied or very satisfied with housing navigation	-	-			-	-			-	-			-	-			N/A	N/A			75%	82%	🟢	
	American Heart Association <i>Health Screenings and Check-Change. Control Program</i>  FY21 Approved: \$110,000 FY21 Spent: \$101,113 FY20 Approved: \$110,000 FY20 Spent: \$94,825 FY19 Approved: \$103,000 FY19 Spent: \$103,000  New Metrics: 0 of 6	Participants reached through education and community screenings	400	440	🟢	100%	1,000	1,010	🟢	100%	400	504	🟢	67%	1,100	809	🟠	50%	200	3,465	🟢	40%	900	4,498	🟢	50%
		Individuals served through Check.Change.Control blood pressure program	90	120	🟢		180	210	🟢		100	85	🟡		200	180	🟢		200	138	🟠		400	299	🟡	
		Participants who improve blood pressure by 10mmHg	30%	31%	🟢		30%	35%	🟢		30%	33%	🟢		30%	33%	🟢		30%	25%	🟡		30%	26%	🟡	
		Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program	50%	50%	🟢		50%	45%	🟢		50%	40%	🟡		50%	40%	🟡		50%	43%	🟡		50%	66%	🟢	
		Participants who report adopting healthy behaviors to improve blood pressure by self-reporting increased fruits and vegetables consumption	30%	N/A	🟢		30%	32%	🟢		30%	27%	🟢		30%	27%	🟢		30%	68%	🟢		30%	84%	🟢	
		Heart Health Hub events coordinated	4	4	🟢		8	8	🟢		4	5	🟢		8	7	🟡		N/A	N/A			4	0	🟠	
	Caminar (Family & Children Services)  FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,000 FY19 Spent: \$18,130  New Metrics: 0 of 5	Individuals served	40	41	🟢	100%	85	55	🟠	75%	40	33	🟡	80%	90	50	🟠	80%	25	47	🟢	100%	50	57	🟢	100%
		Service units provided (counseling, support groups, advocacy, and education)	275	297	🟢		628	859	🟢		375	351	🟢		700	708	🟢		200	377	🟢		453	586	🟢	
		Participants who report that services are helpful to their healing process	-	-			-	-			80%	95%	🟢		80%	94%	🟢		N/A	N/A			85%	82%	🟢	
		Participants will maintain or improve their economic security	-	-			-	-			55%	60%	🟢		60%	94%	🟢		N/A	N/A			60%	54%	🟢	
		Counseling/advocacy beneficiaries who will report increased knowledge of domestic violence and safety strategies	90%	100%	🟢		90%	100%	🟢		90%	98%	🟢		90%	100%	🟢		N/A	N/A			90%	90%	🟢	
	Chinese Health Initiative  FY21 Approved: \$269,030 FY21 Spent: \$248,831 FY20 Approved: \$235,000 FY20 Spent: \$178,402 FY19 Approved: \$250,000 FY19 Spent: \$250,000  New Metrics: 2 of 5	Individuals served	400	430	🟢	100%	865	1,060	🟢	100%	375	339	🟢	67%	922	939	🟢	100%	410	522	🟢	100%	1,025	1,192	🟢	100%
		Services provided	800	976	🟢		1,815	2,157	🟢		700	584	🟡		1,666	1,674	🟢		760	1,779	🟢		1,900	3,248	🟢	
		Participants who strongly agree or agree that the program’s health education or screening helps them better manage their health	N/A	N/A			92%	94%	🟢		N/A	N/A			92%	91%	🟢		N/A	N/A			92%	94%	🟢	
		Diabetes Learning Series participants who achieve the target goal of Body Mass Index (BMI) at or below 23	-	-			-	-			-	-			-	-			60%	74%	🟢		60%	71%	🟢	
		Participants who strongly agree or agree that dietitian consultations help them improve their eating habits	-	-			-	-			-	-			-	-			85%	98%	🟢		85%	96%	🟢	
Farewell to Falls  FY21 Approved: \$35,000 FY21 Spent: \$23,076 FY20 Approved: \$31,800 FY20 Spent: \$24,294 FY19 Approved: \$26,600 FY19 Spent: \$25,737  New Metrics: 0 of 3	Older adults served	25	25	🟢	100%	60	69	🟢	67%	28	33	🟢	67%	73	57	🟡	33%	30	18	🟠	67%	65	43	🟠	67%	
	Older adults who are compliant with exercise recommendations	60%	63%	🟢		50%	74%	🟢		60%	83%	🟡		50%	43%	🟡		55%	75%	🟢		55%	59%	🟢		
	Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor’s visit	80%	75%	🟢		90%	79%	🟠		75%	92%	🟢		75%	86%	🟢		75%	85%	🟢		75%	90%	🟢		
HLRC - MV  FY21 Approved: \$210,000 FY21 Spent: \$211,853 FY20 Approved: \$210,000 FY20 Spent: \$159,286 FY19 Approved: \$250,000 FY19 Spent: \$250,000  New Metrics: 0 of 4	Individuals served	10,500	10,034	🟢	50%	21,000	18,954	🟢	100%	8,428	9,161	🟢	100%	15,899	14,911	🟢	100%	4,000	5,876	🟢	75%	8,000	10,321	🟢	75%	
	Health consultations provided	140	138	🟢		280	309	🟢		112	125	🟢		212	258	🟢		43	17	🟠		86	41	🟠		
	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%	64%	🟢		57%	78%	🟢		65%	95%	🟢		65%	77%	🟢		
	Community members who strongly agree or agree that library information is appropriate for my needs	-	-			-	-			80%	73%	🟢		80%	94%	🟢		80%	98%	🟢		80%	97%	🟢		

Community Benefit Dashboard Notes

FY20 and FY21

FY19

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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

Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: <span>● = 90%+</span> <span>● = 0% - 89%</span>								Performance against target: <span>● = 90%+</span> <span>● = 75% - 89%</span> <span>● = 0% - 74%</span>															
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	<div><div></div></div>	FY19 6-month Metrics Met <i>Column G</i>	FY19 Annual Target <i>Column H</i>	FY19 Annual Actual <i>Column I</i>	<div><div></div></div>	FY19 Annual Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	<div><div></div></div>	FY20 6-month Metrics Met <i>Column O</i>	FY20 Annual Target <i>Column P</i>	FY20 Annual Actual <i>Column Q</i>	<div><div></div></div>	FY20 Annual Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	<div><div></div></div>	FY21 6-month Metrics Met <i>Column W</i>	FY21 Annual Target <i>Column X</i>	FY21 Annual Actual <i>Column Y</i>	<div><div></div></div>	FY21 Annual Metrics Met <i>Column AA</i>
<div><div>HEALTHY COMMUNITY</div></div>	<b>Maitri</b>  FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,000 FY19 Spent: \$50,000  New Metrics: 0 of 5	Adults served	11	22	●	100%	30	32	●	100%	12	13	●	100%	30	32	●	100%	22	24	●	80%	45	45	●	100%
		Services provided	45	47	●		90	122	●		47	48	●		90	95	●		48	53	●		95	100	●	
		Crisis callers will benefit from a safety plan to increase their safety	-	-			-	-			75%	72%	●		75%	90%	●		75%	74%	●		75%	74%	●	
		Clients will achieve their economic security goals, which may include finding a job, taking educational courses, or becoming more financially literate	70%	80%	●		70%	77%	●		70%	75%	●		70%	76%	●		70%	57%	●		70%	65%	●	
		Legal clients who report increased awareness of their legal rights	70%	81%	●		75%	77%	●		75%	75%	●		75%	80%	●		75%	80%	●		75%	80%	●	
	<b>Rebuilding Together</b>  FY21 Approved: \$75,000 FY21 Spent: \$75,000 FY20 Approved: \$78,000 FY20 Spent: \$78,000 FY19 Approved: \$75,000 FY19 Spent: \$75,000  New Metrics: 0 of 3	Homes assessed and modifications planned for seniors aged 62+ or individuals at higher risk of fall (i.e. disability or illness)	10	13	●	100%	28	27	●	100%	11	10	●	100%	28	24	●	67%	11	26	●	100%	22	22	●	100%
		Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs	85%	100%	●		85%	94%	●		90%	95%	●		90%	93%	●		90%	100%	●		90%	91%	●	
		Recipients who report feeling safer in their homes after completed home repairs	85%	100%	●		85%	100%	●		90%	100%	●		90%	90%	●		90%	100%	●		90%	100%	●	
	<b>RoadRunners - MV</b>  FY21 Approved: \$240,000 FY21 Spent: \$199,629 FY20 Approved: \$230,000 FY20 Spent: \$204,760 FY19 Approved: \$250,353 FY19 Spent: \$250,353  New Metrics: 0 of 4	Individuals served	575	730	●	100%	1,150	1,511	●	100%	575	614	●	100%	1,150	904	●	75%	300	439	●	50%	600	543	●	75%
		Services provided	4,519	4,939	●		9,038	9,917	●		4,519	5,821	●		9,038	8,590	●		3,500	2,549	●		7,000	5,898	●	
		Older adults who strongly agree or agree that services helped in maintaining their independence	90%	96%	●		90%	93%	●		90%	95%	●		90%	94%	●		91%	90%	●		91%	91%	●	
		Older adults who strongly agree or agree that services made it possible to get to their medical appointments	95%	97%	●		95%	94%	●		95%	93%	●		95%	91%	●		95%	84%	●		95%	95%	●	
	<b>South Asian Heart Center</b>  FY21 Approved: \$210,000 FY21 Spent: \$210,001 FY20 Approved: \$140,000 FY20 Spent: \$116,669 FY19 Approved: \$180,000 FY19 Spent: \$180,000  New Metrics: 0 of 6	Individuals served	97	106	●	100%	198	204	●	100%	77	84	●	100%	154	192	●	100%	125	136	●	100%	280	322	●	67%
		Services provided	528	512	●		1,078	1,081	●		420	459	●		840	1,056	●		680	738	●		1,450	1,639	●	
		Improvement in average level of weekly physical activity from baseline	20%	22%	●		21%	22%	●		20%	19%	●		21%	21%	●		21%	20%	●		21%	20%	●	
		Improvement in average levels of daily servings of vegetables from baseline	19%	19%	●		20%	20%	●		19%	20%	●		20%	19%	●		20%	19%	●		20%	20%	●	
		Improvement in levels of HDL-C as measured by follow-up lab test	5%	5%	●		6%	6%	●		5%	5%	●		5%	5%	●		5%	5%	●		6%	5%	●	
		Improvement in cholesterol ratio as measured by follow-up lab test	6%	6%	●		7%	7%	●		6%	7%	●		6%	6%	●		6%	6%	●		7%	6%	●	
	<b>Sunnyvale Community Services Social Work Case Mgmt. &amp; Homebound Client Services</b>  FY21 Approved: \$154,000 FY21 Spent: \$154,000 FY20 Approved: \$153,344* FY20 Spent: \$153,344 FY19 Approved: \$85,400 FY19 Spent: \$85,400  New Metrics: 1 of 5  *FY20 funding included the addition of Homebound Client Services combined with Social Work Case Management	Individuals served	-	-		100%	-	-		80%	120	76	●	50%	196	215	●	100%	120	108	●	75%	196	205	●	100%
		Services provided (case management and homebound client services)	-	-			-	-			410	277	●		824	833	●		410	303	●		824	843	●	
		Homebound client participants who are connected to appropriate benefits programs, support programs and resources	-	-			-	-			70%	75%	●		70%	90%	●		70%	74%	●		70%	85%	●	
		Sheltered clients who maintain housing for 60 days after financial assistance and referrals	90%	93%	●		90%	96%	●		90%	100%	●		90%	90%	●		90%	100%	●		90%	96%	●	
		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	-	-			-	-			-	-			-	-			80%	N/A			80%	80%	●	
	<b>Sunnyvale Community Services Emergency Assistance</b>  FY21 Approved: \$65,000 FY21 Spent: \$65,000 FY20 Approved: \$65,000 FY20 Spent: \$65,000 FY19 Approved: \$100,000 FY19 Spent: \$100,000  New Metrics: 1 of 3	Individuals served	20	33	●	100%	45	36	●	50%	18	18	●	100%	30	27	●	100%	60	38	●	50%	100	90	●	100%
		Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	80%	100%	●		80%	100%	●		80%	100%	●		80%	89%	●		80%	100%	●		80%	94%	●	
		Homebound recipients of ECHD financial aid who are able to continue living independently	-	-			-	-			-	-			-	-			N/A	N/A			85%	100%	●	
	<b>The Health Trust Meals on Wheels</b>  FY21 Approved: \$70,000 FY21 Spent: \$53,386 FY20 Approved: \$60,000 FY20 Spent: \$60,000 FY19 Approved: \$78,000 FY19 Spent: \$78,000  New Metrics: 1 of 5	Individuals served	45	54	●	75%	58	55	●	100%	30	33	●	100%	40	33	●	75%	30	29	●	40%	40	37	●	60%
		Meals delivered	2,808	6,986	●		6,864	12,043	●		3,714	4,847	●		7,428	8,288	●		4,000	3,811	●		8,000	8,063	●	
		Wellness checks administered	1,750	4,122	●		4,460	7,186	●		2,414	2,812	●		4,828	4,344	●		1,100	669	●		2,250	1,962	●	
		New 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%	0%	●		35%	0%	●	
		Clients will show an increase in their socialization, indicating the client is less socially isolated	25%	50%	●		25%	52%	●		40%	50%	●		40%	50%	●		40%	0%	●		50%	50%	●	
	<b>YMCA</b>  FY21 Approved: \$65,000 FY21 Spent: \$65,000 FY20 Approved: \$70,000 FY20 Spent: \$70,000 FY19 Approved: \$75,000 FY19 Spent: \$75,000  New Metrics: 0 of 3	Youth served (K-8)	295	327	●	100%	460	616	●	100%	330	328	●	33%	600	605	●	33%	275	227	●	67%	400	447	●	100%
		Families who agree or strongly that their children were more physically active after attending camp	87%	94%	●		87%	94%	●		95%	82%	●		95%	83%	●		85%	83%	●		85%	83%	●	
Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp		55%	85%	●	55%		85%	●	85%		71%	●	85%		66%	●	85%		81%	●	85%		81%	●		

Community Benefit Dashboard Notes

FY20 and FY21

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FY19

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Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: <div><div></div> = 90%+ <div><div></div></div> = 0% - 89%</div>								Performance against target: <div><div></div> = 90%+ <div><div></div></div> = 75% - 89% <div><div></div></div> = 0% - 74%</div>															
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	<div><div></div><div></div></div> FY19 6-month Metrics Met <i>Column G</i>	FY19 Annual Target <i>Column H</i>	FY19 Annual Actual <i>Column I</i>	<div><div></div><div></div></div> FY19 Annual Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	<div><div></div><div></div><div></div></div> FY20 6-month Metrics Met <i>Column O</i>	FY20 Annual Target <i>Column P</i>	FY20 Annual Actual <i>Column Q</i>	<div><div></div><div></div><div></div></div> FY20 Annual Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	<div><div></div><div></div><div></div></div> FY21 6-month Metrics Met <i>Column W</i>	FY21 Annual Target <i>Column X</i>	FY21 Annual Actual <i>Column Y</i>	<div><div></div><div></div><div></div></div> FY21 Annual Metrics Met <i>Column AA</i>						
Support Grants																										
<div>HEALTHY BODY</div>	<div>5-2-1-0 (Small Grant)</div> <div>FY21 Approved: \$30,000 FY21 Spent: \$14,885 FY20 Approved: \$25,000 FY20 Spent: \$22,942 FY19 Approved: \$15,000 FY19 Spent: \$4,589</div>	Students served	5,000	3,913	<div><div></div></div>	0%	7,135	6,212	<div><div></div></div>	0%	3,500	3,211	<div><div></div></div>	100%	6,000	3,429	<div><div></div></div>	0%	2,750	598	<div><div></div></div>	0%	4,750	517	<div><div></div></div>	0%
	<div>BAWSI BAWSI Girls (Small Grant)</div> <div>FY21 Approved: \$19,500 FY21 Spent: \$19,500 FY20 Approved: \$19,500 FY20 Spent: \$19,500 FY19 Approved: \$19,000 FY19 Spent: \$19,000</div>	Youth served	60	62	<div><div></div></div>	100%	120	130	<div><div></div></div>	100%	60	51	<div><div></div></div>	0%	125	83	<div><div></div></div>	0%	45	8	<div><div></div></div>	0%	90	11	<div><div></div></div>	0%
	<div>BAWSI BAWSI Rollers (Small Grant)</div> <div>FY21 Approved: \$15,000 FY21 Spent: \$15,000 FY20 Approved: \$15,000 FY20 Spent: \$15,000 FY19 Approved: \$17,500 FY19 Spent: \$17,500</div>	Youth served	25	19	<div><div></div></div>	0%	25	18	<div><div></div></div>	0%	18	14	<div><div></div></div>	0%	18	19	<div><div></div></div>	100%	20	12	<div><div></div></div>	0%	20	12	<div><div></div></div>	0%
	<div>Breathe California Seniors Breathe Easy (Small Grant)</div> <div>FY21 Approved: \$25,000 FY21 Spent: \$23,077 FY20 Approved: \$20,000 FY20 Spent: \$20,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000</div>	Older adults served	400	143	<div><div></div></div>	0%	1,000	2,095	<div><div></div></div>	100%	320	423	<div><div></div></div>	100%	800	559	<div><div></div></div>	0%	150	506	<div><div></div></div>	100%	500	1,457	<div><div></div></div>	100%
	<div>Day Worker Center (Small Grant)</div> <div>FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000</div>	Individuals served with nutritious meals	350	327	<div><div></div></div>	100%	525	481	<div><div></div></div>	100%	350	283	<div><div></div></div>	0%	500	455	<div><div></div></div>	100%	147	183	<div><div></div></div>	100%	221	205	<div><div></div></div>	100%
	<div>Hope's Corner (Small Grant)</div> <div>FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000</div>	Low-income and homeless individuals served	250	260	<div><div></div></div>	100%	275	300	<div><div></div></div>	100%	275	275	<div><div></div></div>	100%	290	450	<div><div></div></div>	100%	425	886	<div><div></div></div>	100%	425	934	<div><div></div></div>	100%
	<div>Vista Center (Small Grant)</div> <div>FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$30,000 FY20 Spent: \$30,000 FY19 Approved: \$24,921 FY19 Spent: \$23,882</div>	Individuals served	15	17	<div><div></div></div>	100%	36	42	<div><div></div></div>	100%	16	19	<div><div></div></div>	100%	40	41	<div><div></div></div>	100%	18	22	<div><div></div></div>	100%	38	39	<div><div></div></div>	100%
<div>HEALTHY MIND</div>	<div>EDRC (Small Grant)</div> <div>FY21 Approved: \$22,500 FY21 Spent: \$22,500 FY20 Approved: \$20,000 FY20 Spent: \$20,000 FY19 Approved: \$20,000 FY19 Spent: \$20,000</div>	Individuals served	212	187	<div><div></div></div>	0%	424	410	<div><div></div></div>	100%	148	135	<div><div></div></div>	100%	296	267	<div><div></div></div>	100%	143	138	<div><div></div></div>	100%	286	363	<div><div></div></div>	100%
	<div>Hearts &amp; Minds Activity Center (Small Grant)</div> <div>FY21 Approved: \$30,000 FY21 Spent: \$30,000</div>	Older adults served	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	11	12	<div><div></div></div>	100%	15	16	<div><div></div></div>	100%
	<div>Mission Be (Small Grant)</div> <div>FY21 Approved: \$29,989 FY21 Spent: \$29,989 FY20 Approved: \$25,000 FY20 Spent: \$25,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000</div>	Individuals served	238	288	<div><div></div></div>	100%	475	577	<div><div></div></div>	100%	240	200	<div><div></div></div>	0%	475	619	<div><div></div></div>	100%	245	560	<div><div></div></div>	100%	540	782	<div><div></div></div>	100%
	<div>Sunnyvale Police and Fire Foundation (Small Grant)</div> <div>FY21 Approved: \$25,000 FY21 Spent: \$12,915</div>	Individuals served	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	-	-		New Program in FY21	56	0	<div><div></div></div>	0%	112	115	<div><div></div></div>	100%

Community Benefit Dashboard Notes

FY20 and FY21

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FY19

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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



Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: <span>🟢 = 90%+</span> <span>🔴 = 0% - 89%</span>							Performance against target: <span>🟢 = 90%+</span> <span>🟡 = 75% - 89%</span> <span>🔴 = 0% - 74%</span>																
			FY19 6-month Target <i>Column D</i>	FY19 6-month Actual <i>Column E</i>	<div><div>🟢</div><div>🔴</div></div> FY19 6-month Metrics Met <i>Column G</i>	FY19 Annual Target <i>Column H</i>	FY19 Annual Actual <i>Column I</i>	<div><div>🟢</div><div>🔴</div></div>	FY19 Annual Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	<div><div>🟢</div><div>🟡</div><div>🔴</div></div>	FY20 6-month Metrics Met <i>Column O</i>	FY20 Annual Target <i>Column P</i>	FY20 Annual Actual <i>Column Q</i>	<div><div>🟢</div><div>🟡</div><div>🔴</div></div>	FY20 Annual Metrics Met <i>Column S</i>	FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	<div><div>🟢</div><div>🟡</div><div>🔴</div></div>	FY21 6-month Metrics Met <i>Column W</i>	FY21 Annual Target <i>Column X</i>	FY21 Annual Actual <i>Column Y</i>	<div><div>🟢</div><div>🟡</div><div>🔴</div></div>	FY21 Annual Metrics Met <i>Column AA</i>	
Support Grants (Continued)																										
<div>HEALTHY COMMUNITY</div> <div></div>	<div>Columbia Neighborhood Center (Small Grant)</div> <div>Healthy Habits &amp; Practices: A Fitness &amp; Cooking Program for Low-Income Families and Youth</div> <div>FY21 Approved: \$25,000 FY21 Spent: \$25,000 FY20 Approved: \$24,500 FY20 Spent: \$16,206</div>	Individuals served	-	-	<div><div></div><div></div></div>	New Program in FY20	-	-	<div><div></div><div></div></div>	New Program in FY20	57	41	<div><div>🔴</div><div></div><div></div></div>	0%	124	66	<div><div>🔴</div><div></div><div></div></div>	0%	20	25	<div><div>🟢</div><div></div><div></div></div>	100%	65	104	<div><div>🟢</div><div></div><div></div></div>	100%
	<div>Matter of Balance (Small Grant)</div> <div>FY21 Approved: \$15,500 FY21 Spent: \$15,500 FY20 Approved: \$15,500 FY20 Spent: \$13,399 FY19 Approved: \$14,330 FY19 Spent: \$14,330</div>	At-risk older adults served	50	66	<div><div>🟢</div><div></div><div></div></div>	100%	165	189	<div><div>🟢</div><div></div><div></div></div>	100%	50	60	<div><div>🟢</div><div></div><div></div></div>	100%	165	129	<div><div>🟡</div><div></div><div></div></div>	0%	24	42	<div><div>🟢</div><div></div><div></div></div>	100%	92	113	<div><div>🟢</div><div></div><div></div></div>	100%
	<div>MVPD - Dreams and Futures Camp (Small Grant)</div> <div>FY21 Approved: \$25,000 FY21 Spent: \$7,676 FY20 Approved: \$25,000 FY20 Spent: \$25,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000</div>	Youth served	40	40	<div><div>🟢</div><div></div><div></div></div>	100%	80	97	<div><div>🟢</div><div></div><div></div></div>	100%	40	40	<div><div>🟢</div><div></div><div></div></div>	100%	85	102	<div><div>🟢</div><div></div><div></div></div>	100%	40	83	<div><div>🟢</div><div></div><div></div></div>	100%	85	83	<div><div>🟢</div><div></div><div></div></div>	100%
	<div>WomenSV (Small Grant)</div> <div>FY21 Approved: \$30,000 FY21 Spent: \$30,000</div>	Individuals served	-	-	<div><div></div><div></div></div>	New Program in FY21	-	-	<div><div></div><div></div></div>	New Program in FY21	-	-	<div><div></div><div></div><div></div></div>	New Program in FY21	-	-	<div><div></div><div></div><div></div></div>	New Program in FY21	20	29	<div><div>🟢</div><div></div><div></div></div>	100%	40	53	<div><div>🟢</div><div></div><div></div></div>	100%

Community Benefit Dashboard Notes

FY20 and FY21

●

●

A metric receives a "green" indicator if performance against target is 90% - 100%+

●

●

A metric receives a "purple" indicator if performance against target is 75% - 89%

●

●

A metric receives a "blue" indicator if performance against target is 0% - 74%

FY19

●

●

A metric receives a "green" indicator if performance against target is 90% - 100%+

●

●

A metric receives a "red" indicator if performance against target is 0% - 89%

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



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

## **FY2021 Year-End Community Benefit Report**

Jon Cowan, Senior Director of Government Relations &  
Community Partnerships

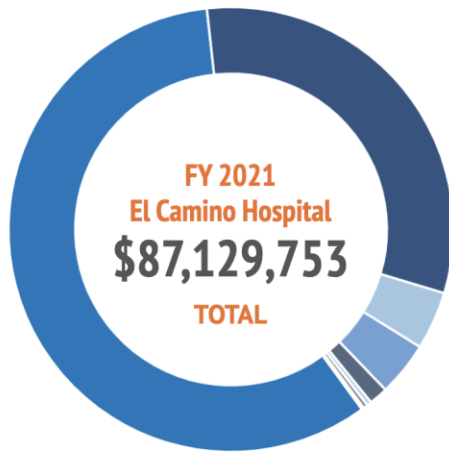
October 19, 2021

## Financial Report FY 2021

**El Camino Healthcare District**  
**\$8,329,457 GRANTS & SPONSORSHIPS**

**El Camino Hospital**  
**\$3,430,207 GRANTS & SPONSORSHIPS**

### **\$87.1M** El Camino Hospital TOTAL COMMUNITY BENEFIT



**\$50,764,715** Government-Sponsored Healthcare  
(Unreimbursed Medi-Cal)

**\$27,323,560** Subsidized Health Services

**\$3,691,859** Financial Assistance (Charity Care)

**\$3,430,207** Grants and Sponsorships

**\$1,192,946** Health Professions Education

**\$289,614** Clinical Research

**\$288,218** Community Benefit Operations

**\$148,634** Community Health Improvement Services

**+ \$124M** in Uncompensated Medicare  
(Not Included in Community Benefit Total)



# FY2021 Community Benefit Investment

**12.5% increase** over  
FY20 from \$7.4M to  
\$8.3M in FY21



## COMMUNITY BENEFIT ANNUAL REPORT FY 2021

El Camino Healthcare District | El Camino Hospital



**Improving** Health  
Changing **Lives**

### Community Health Investment

El Camino Healthcare District

**\$8.3M** Grants  
& Sponsorships

El Camino Hospital

**\$87.1M** Total  
Community Benefit

**\$3.4M** Grants  
& Sponsorships



# Grant Funding by Health Need

CHNA Identified Health Need	Funding Amount
<b>Healthcare Access &amp; Delivery</b>	\$3,259,172 (45%)
<b>Behavioral Health</b>	\$1,452,910 (20%)
<b>Oral Health</b>	\$821,190 (11%)
<b>Diabetes &amp; Obesity</b>	\$572,833 (8%)
<b>Chronic Conditions Treatment &amp; Prevention (other than diabetes &amp; obesity)</b>	\$369,050 (5%)
<b>Economic Stability</b>	\$307,586 (4%)
<b>Violence &amp; Injury Prevention</b>	\$243,576 (3%)
<b>Cognitive Decline</b>	\$85,000 (1%)
<b>Housing &amp; Homelessness</b>	\$80,000 (1%)
<b>Total:</b>	<b>\$7,191,317 (100%)</b>

\* Percentages do not sum to 100% due to rounding



## Grant Funding for Legacy Grants vs. New Grants

CHNA Identified Health Need	Legacy Grants	New Grants
<b>Healthcare Access &amp; Delivery</b>	\$3,259,172 (45%)	\$0 (0%)
<b>Behavioral Health</b>	\$1,349,995 (19%)	\$102,915 (1%)
<b>Oral Health</b>	\$731,190 (10%)	\$90,000 (1%)
<b>Diabetes &amp; Obesity</b>	\$572,833.50 (8%)	\$0 (0%)
<b>Chronic Conditions Treatment &amp; Prevention (other than diabetes &amp; obesity)</b>	\$369,049.50 (5%)	\$0 (0%)
<b>Economic Stability</b>	\$307,586 (4%)	\$0 (0%)
<b>Violence &amp; Injury Prevention</b>	\$213,576 (3%)	\$30,000 (less than 1%)
<b>Cognitive Decline</b>	\$55,000 (1%)	\$30,000 (less than 1%)
<b>Housing &amp; Homelessness</b>	\$30,000 (less than 1%)	\$50,000 (1%)
<b>Total:</b>	<b>\$6,888,402 (96%)</b>	<b>\$302,915 (4%)</b>



# Grant Funding by El Camino Healthcare District (ECHD) City

ECHD City	Number of Programs	Amount Spent	Percentage of Grants Funding	Number of People Served	Number of Services Provided
Cupertino	25	\$434,063	6%	6,430	26,357
Los Altos	33	\$489,713	7%	6,462	28,895
Los Altos Hills	17	\$134,154	2%	4,643	16,084
Mountain View	43	\$2,575,658	36%	17,243	108,914
Sunnyvale	51	\$3,557,729	49%	23,159	87,866
<b>Totals:</b>	<b>57</b>	<b>\$7,191,317</b>	<b>100%</b>	<b>57,937</b>	<b>268,116</b>



## Year-Over-Year Dashboard Summary

Grants that met their metrics (80% +)	63%
Total metrics across all 57 grants	210
Average metrics for 42 Program Grants <i>15 Support Grants have one Volume Metric each</i>	4.64
Metrics that achieved annual targets	78%
Year-over-year (trending) metrics	89%
Net Metrics	11%





# COVID-19 Testing & Vaccination in the Community

- ECHD and ECH together invested \$1.1 million in COVID-19 testing and vaccination
- Administered more than 45,000 community vaccinations, which involved launching a vaccination center in Sunnyvale and mobile vaccine clinics
- ECHD and ECH provided 38,000 COVID-19 tests, which were administered at El Camino Hospital Mountain View and 129 pop-up testing clinics



## In the Words of Our Partners & Grant Program Participants

“Funding for two high school therapists and the Teen Health Van have offered our most vulnerable students access to essential resources. Thank you for your continued support to foster the well-being of our community.”

*William Blair, Wellness Coordinator, Mountain View Los Altos High School District*

“I am so grateful to have the support of my peer group and my case manager, especially when the world seems so hopeless.”

*Client of domestic violence survivor services, Caminar*



Please visit the FY21 Community Benefit Microsite



**The Community  
Thanks You!**



[www.ElCaminoHealthcareDistrict.org/CommunityBenefit2021](http://www.ElCaminoHealthcareDistrict.org/CommunityBenefit2021)



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Jon Cowan, Senior Director Government Relations and Community Partnerships  
**Date:** October 19, 2021  
**Subject:** Annual Adoption of Community Benefit Grants Policy

### **Recommendation(s):**

To approve annual adoption of the Community Benefit Grants Policy

### **Summary:**

1. **Situation:** California Assembly Bill 2019 ("AB 2019") was approved by Governor Brown on September 5, 2018. The Bill, among other things, amended California Health and Safety Code Section 32139 ("Section 32139"). The amendments expanded what Healthcare Districts were required to include in their community benefit policy by January 1, 2019. Pursuant to those requirements, this Board adopted a revised policy on December 5, 2018. AB 2019 also amended Section 32139 providing for additional requirements [See, Section 32139(c)(6)] that are effective January 1, 2020. The Community Benefit Policy was subsequently revised on December 11, 2019 to address these additional requirements. The amendments to the California Health and Safety Code Section 32139(c) also require an annual adoption of the Community Benefit Grants Policy. This annual adoption was last completed on October 20, 2020.
2. **Authority:** To comply with the amended law, ECHD must annually adopt the Community Benefit Grants Policy.
3. **Background:** As amended, Section 32139(c)(6)(A-H) provides that a Healthcare District's policy for providing assistance or grant funding, if the district provides assistance or grants pursuant to California Health and Safety Code Section 32126.5 or any other law, shall include guidelines for all of the following:
  - (A) Awarding grants to underserved individuals and communities, and to organizations that meet the needs of underserved individuals and communities.
  - (B) Considering the circumstances under which grants may be awarded to multiple or single recipients, and exceptions to these circumstances.
  - (C) Evaluating the financial need of grant applicants.
  - (D) Considering the types of programs eligible for grant funding, including direct patient care, preventive care, and wellness programs.
  - (E) Considering the circumstances under which grants may be provided to prior grant recipients, and exceptions to these circumstances.
  - (F) Considering sponsorships of charitable events.
  - (G) Funding other government agencies.

(H) Awarding grants to, and limiting funds for, foundations that are sponsored or controlled by,  
or associated with, a separate grant recipient.

4. Assessment:

- The earlier approved policies were reviewed by outside counsel to confirm that they met the requirements under Section 32139 (c)(6) for what must be contained in policy.
- The only proposed changes at this time are two title edits to reflect the current reporting relationship for the Community Benefit program.

5. Outcomes:

- This policy will be brought back to the Board for review and approval on an annual basis as required by law.
- The planned strategic assessment for 3Q FY2022 will inform any subsequent changes to the Community Benefit Grants Policy.

**List of Attachments:**

1. Draft Community Benefit Grants Policy (redline)

**Suggested Board Discussion Questions:** None





## EL CAMINO HEALTHCARE DISTRICT COMMUNITY BENEFIT GRANTS POLICY

Proposed Revised October 19, 2021

### **2.00 EL CAMINO HEALTHCARE DISTRICT COMMUNITY BENEFIT GRANTS POLICY**

#### **A. Coverage:**

Community Benefit Program

#### **B. Adopted:**

March 5, 2014; Revised May 15, 2018; December 5, 2018, December 11, 2019;  
October 20, 2020; October 19, 2021

#### **C. Policy:**

The El Camino Healthcare District (“ECHD or “District”) recognizes that the health of the community is improved by the efforts of many different organizations, and the District has a history of supporting those organizations by making grants to them. The grant making process includes soliciting applications, evaluating the proposed use of the funds, and including the advice of a Community Benefit Advisory Council (“CBAC”). The District annually approves a plan, which includes a provisional list of organizations and the amount of the expected grants to each.

To ensure that the ECHD can be responsive to the changing health needs in the District during a fiscal year, the Community Benefit staff will follow the guidelines below:

1. The total annual Community Benefit expenditures, as authorized by the ECHD Board of Directors’ approval of the District’s annual Community Benefit Plan, cannot exceed the total aggregate amount approved by the ECHD Board.
2. Approved individual grant amounts, as stated in the Community Benefit Plan, may be increased after need is demonstrated. Grant metrics must be revised to reflect the additional resources. Any grant increases must be within the total aggregate amount of the annual Community Benefit Plan approved by the ECHD Board. Increases to these previously awarded grants up to \$50,000 must be approved by the ~~VP of Corporate and Community Health Services~~ Senior Director of Government Relations and Community Partnerships and increases in excess of \$50,000 up to \$150,000 require the approval by the CEO. Increases to these previously awarded grants in excess of \$150,000 must be presented to the CBAC, receive their recommendation for support, and be approved by the ECHD Board.
3. New grants may be added during the fiscal year if need is demonstrated. Proposals with detailed budgets and metrics must be presented to the CBAC and receive their recommendation for support. Any new grants must be within the total aggregate amount of the annual Community Benefit Plan approved by

the ECHD Board. New grants up to \$50,000 must be approved by the CEO, and new grants in excess of \$50,000 require the approval of the ECHD Board.

4. There are times when an individual grant award is not needed to the extent it was in the original plan. In these cases, the funds not needed may be used to fund the grant increases detailed in paragraphs 2 and 3 above.
5. The CBAC and the ECHD Board will receive a report identifying all grant funding changes at the end of the fiscal year.
6. Three year grant funding may be awarded to selected grantees. The total amount of funding for multi-year grants may not exceed 30% of the total aggregate amount of annual Community Benefit Plan approved by the ECHD Board. Grantees will be required to submit mid-term and annual reports and must demonstrate success meeting outcome metrics and budgetary goals.
7. ECHD-funded community benefit grants shall be allocated in support of ECHD's mission and purpose which is "to establish, maintain and operate, or provide assistance in the operation of, one or more health facilities 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 and to do any and all other acts and things necessary to carry out the provisions of ECHD's Bylaws and the Local Health District Law." Applications that do not establish a nexus to ECHD's mission, purpose and healthcare will not be awarded funding.
8. To ensure that El Camino Healthcare District allocated grant funding is spent consistently with the grant application and ECHD's mission and purpose, all ECHD grantees must adhere to the following:
  - a. Grantees must submit a signed grant agreement and, if the actual requested amount differs from the awarded amount, grantees must submit a revised budget.
  - b. Community Benefit staff shall ensure that Grantees submit mid-year and annual reports which include actual and line item expenses against the budgeted expenses in the approved application.
  - c. Grantees may not adjust approved itemized spending without the approval of ECHD's ~~Director of Community Benefit~~Senior Director of Government Relations and Community Partnerships.
  - d. All unused funds must be returned to the District.
9. Grant Application Process
  - a. In December of the preceding fiscal year, the District will announce the open application period and post a timeline and a grant guidebook on its website and via direct communication to current grantees.

- b. In January of the preceding fiscal year, the District will post applications on its website. The timeline will include a specified due date in February.
  - c. Applications must include an itemized budget and will be evaluated by staff and then reviewed for recommendation to the ECHD Board by CBAC.
  - d. To evaluate the financial need of applicants, agencies are required to provide the most recent audited financials and a line item budget for requested funding which includes other sources of support.
  - e. Grant proposals should focus on the underserved consistent with the definition from the Department of Health and Human Services, which characterizes the underserved, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities.
  - f. Grants must provide direct healthcare service, preventive care or wellness/health information oriented programs.
  - g. Grants will be awarded to multiple recipients. Individual grant recipients may apply for and be awarded more than one grant.
  - h. Prior or existing recipients may apply for funding. Significant attention will be given to prior program performance.
  - i. Other government agencies may be eligible for funding and are evaluated under the same process as all other applicants.
  - j. Awarding of grants to foundations that are sponsored by, or associated with, a separate grant recipient shall be considered on a case by case basis
  - k. CBAC's recommendations will be brought forward to the ECHD Board for review at a Study Session in May and then to the ECHD Board for approval in June. CB staff will notify applicants following ECHD Board approval.
  - l. Individual meetings regarding grant applications between a grant applicant and a district board member, officer, or staff are prohibited outside of this established process. Notwithstanding the above, individual meetings regarding grant applications between a staff member and a grant applicant are permissible, but only for the purpose of clarifying information submitted on the application documents.
10. The District will distribute grant funds as follows:
- a. Grants greater than or equal to \$100,000 will be disbursed in two installments. The first installment will be disbursed upon receipt of the



signed grant agreement. The second installment will be disbursed upon receipt of mid-year reporting.

- b. Grants less than \$100,000 will be disbursed in one lump sum upon receipt of the signed grant agreement.
11. District funds may also provide sponsorships of charitable events. Requests must meet the following criteria:
- a. Recipients must be a non-profit organization or government agency improving the health and well-being of individuals who live, work or go to school in the District.
  - b. The District will place emphasis on organizations that address the needs of the underserved or reduce or prevent adverse health related conditions or address health disparities.
  - c. Exclusions include but are not limited to:
    - i. Political campaigns
    - ii. Contributions for individual entry fees to charitable races, conferences, etc.
    - iii. Requests that benefit an individual family or group
    - iv. Religious activities
    - v. Travel expenses
    - vi. Athletic programs such as sports teams or leagues
    - vii. Research



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Jonathan Cowan, Senior Director Government Relations & Community Partnerships  
**Date:** October 19, 2021  
**Subject:** Community Benefit Sponsorship Report

### **Purpose:**

To provide the Board with FY22 ECHD Sponsorships.

### **Summary:**

1. **Situation:** Community Benefit Staff was asked to keep the Board informed regarding Community Benefit Sponsorships.
2. **Authority:** Board reviewed and approved \$85,000 for Sponsorships in the FY22 Community Benefit Plan in June 2021.
3. **Background:**
  - Sponsorship information and instructions are available on the District website.
  - Requests include sponsorship packets that outline event date, purpose, levels of sponsorship and requirements for sponsor acknowledgement. These requests are reviewed throughout the year as they come in by Community Benefit Staff and the other designated departments that provide community sponsorships (*e.g.*, Marketing & Communications and Government & Community Relations).
  - Community Benefit-funded Sponsorships provide general support for health-related agencies improving the well-being of the community.
  - Community Benefit Sponsorships from July 2021 – September 2021 totaled **\$32,000** for the following:
    - o Healthier Kids Foundation, \$3,000
    - o HomeFirst, \$5,000
    - o NAMI, \$4,000
    - o Pathways Home Health & Hospice, \$15,000
    - o Sunnyvale Community Services, \$5,000
4. **Assessment:** N/A
5. **Other Reviews:** N/A
6. **Outcomes:** N/A

**List of Attachments:** N/A

**Suggested Board Discussion Questions:** N/A

**EL CAMINO HEALTHCARE DISTRICT BOARD  
FY22 PACING PLAN**

<b>FY22 Q1</b>		
<b>JULY 2021</b>	<b>AUGUST 12, 2021</b>	<b>SEPTEMBER 2021</b>
No Meeting	No Meeting	No Meeting
<b><u>Standing Items</u></b> <ul style="list-style-type: none"> <li>• Approval of Minutes</li> <li>• Recognition (as needed)</li> <li>• Community Benefit Spotlight</li> <li>• Sponsorship Report</li> <li>• Pacing Plan</li> </ul>		
<b>FY22 Q2</b>		
<b>OCTOBER 19, 2021</b>	<b>NOVEMBER 2021</b>	<b>DECEMBER 8, 2021</b>
<ul style="list-style-type: none"> <li>• FY22 YTD ECHD Financials</li> <li>• FY21 Financial Audit Presentation – Consolidated ECH District Financials</li> <li>• FY21 Year End Community Benefit Year-End Report</li> <li>• Approve FY21 Hospital Audit</li> <li>• Appointment of FY22 El Camino Hospital Board Member Election Ad Hoc Committee Chair</li> <li>• FY21 CEO Performance Review</li> <li>• Update on COVID-19 Community Testing Program</li> <li>• CBAC Policy – Annual Approval</li> </ul>	No Meeting	No Meeting

**EL CAMINO HEALTHCARE DISTRICT BOARD  
FY22 PACING PLAN**

<b>FY22 Q3</b>		
<b>JANUARY 25, 2022</b>	<b>FEBRUARY 10, 2022</b>	<b>MARCH 15, 2022</b>
<ul style="list-style-type: none"> <li>• FY22 YTD ECHD Financials</li> <li>• Appointment of FY22 El Camino Hospital Board Member Election Ad Hoc Committee Member and Advisors</li> <li>• COVID-19 Testing and Vaccination Program Report</li> <li>• Development of Patient and Family Residence</li> <li>• Policy Updates</li> <li>• Review Officer Job Descriptions</li> </ul>	<p style="text-align: center;">No Meeting</p>	<ul style="list-style-type: none"> <li>• FY22 YTD ECHD Financials</li> <li>• El Camino Hospital Board Member Election Ad Hoc Committee Report</li> <li>• Possible Election of El Camino Hospital Board Member</li> <li>• COVID-19 Testing and Vaccination Program Report</li> <li>• Development of Patient and Family Residence</li> </ul>
<b>FY22 Q4</b>		
<b>APRIL 2022</b>	<b>MAY 17, 2022</b>	<b>JUNE 14, 2022</b>
<p style="text-align: center;">No Meeting</p>	<ul style="list-style-type: none"> <li>• FY23 Community Benefit Plan Study Session</li> <li>• Community Benefit Mid-Year Metrics</li> <li>• FY23 ECHD Standalone Budget Allocations Preview (CB and Fees)</li> <li>• Confirm Process for Board Officer Election</li> <li>• Report -- Covid-19 Testing and Vaccination Program</li> <li>• Capital Building Expense Approval Process</li> <li>• Spotlight Recognition</li> </ul>	<ul style="list-style-type: none"> <li>• FY22 YTD ECHD Financials</li> <li>• District Capital Outlay Funds</li> <li>• Tax Appropriation for FY23</li> <li>• Approval of FY22 Community Benefit Plan</li> <li>• Approval of ECH FY23 Budget</li> <li>• Approval of ECHD FY23 Budget</li> <li>• Appointment of Liaison to the Community Benefit Advisory Council</li> <li>• Appoint FY23 Hospital Board Member Election Ad Hoc Committee</li> <li>• Approval of FY23 Pacing Plan</li> <li>• Resolution – FY23 Regular Meeting Dates</li> <li>• Elect District Board Officers</li> </ul>



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

**Board Finance Presentation – ECHD Stand-Alone  
Fiscal Year 2021  
7/1/2020- 6/30/2021**

Carlos Bohorquez, CFO  
El Camino Healthcare District Board of Directors Meeting  
October 19, 2021

# Contents

## **ECHD **Stand-Alone** Financial Statements**

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**NOTE: Accounting standards require that audited financial statements for El Camino Healthcare District be presented in consolidated format, including El Camino Hospital and its controlled affiliates. In an effort to help ensure public accountability and further ensure the transparency of the District’s operations, the District also prepares internal, “Stand-Alone” financial statements which present information for the District by itself.**



# El Camino Healthcare District

## Stand-Alone Comparative Balance Sheet (\$ Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	June 30, 2021 Pre-audit w/o Eliminations	June 30, 2020		June 30, 2021 Pre-audit w/o Eliminations	June 30, 2020
<b><u>ASSETS</u></b>			<b><u>LIABILITIES &amp; FUND BALANCE</u></b>		
Cash & cash equiv	\$8,662	\$5,443	Accounts payable	\$2	\$79
Short term investments <sup>(1)</sup>	12,042	5,710	Current portion of bonds	5,050	4,400
Due fm Retiree Health Plan <sup>(2)</sup>	21	30	Bond interest payable <sup>(10)</sup>	1,419	1,852
S.C. M&O Taxes Receivable <sup>(3)</sup>	0	0	Other Liabilities	1,871	1,295
Other current assets <sup>(3a)</sup>	3061	268			
<b>Total current assets</b>	<b>\$23,786</b>	<b>\$11,451</b>	<b>Total current liabilities</b>	<b>\$8,342</b>	<b>\$7,626</b>
Operational Reserve Fund <sup>(4)</sup>	1,500	1,500			
Capital Appropriation Fund <sup>(5)</sup>	18,657	26,495			
Capital Replacement Fund <sup>(6)</sup>	5,646	5,741	Deferred income	51	50
Community Benefit Fund <sup>(7)</sup>	3,030	2,349	Bonds payable - long term	111,422	116,651
<b>Total Board designated funds</b>	<b>\$28,834</b>	<b>\$36,085</b>	<b>Total liabilities</b>	<b>\$119,815</b>	<b>\$124,327</b>
Funds held by trustee <sup>(8)</sup>	<b>\$31,245</b>	<b>\$27,347</b>	<b>Fund balance</b>		
<b>Capital assets, net <sup>(9)</sup></b>	<b>\$10,657</b>	<b>\$10,710</b>	Unrestricted fund balance	\$61,513	\$56,814
			Restricted fund balance <sup>(11)</sup>	(86,806)	(95,548)
			<b>Total fund balance</b>	<b>(\$25,293)</b>	<b>(\$38,734)</b>
<b>TOTAL ASSETS</b>	<b>\$94,522</b>	<b>\$85,593</b>	<b>TOTAL LIAB &amp; FUND BALANCE</b>	<b>\$94,522</b>	<b>\$85,593</b>



*Note: Totals may not agree due to rounding. See page 9 for footnotes.*

# El Camino Healthcare District

## YTD **Stand-Alone** Stmt of Revenue and Expenses (\$ Thousands)

### Comparative Year-to-Date June 30, 2021

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	Actual	Current Year Budget	Variance	Prior Full Year Actual
<b>REVENUES</b>				
(A) Ground Lease Revenue <sup>(12)</sup>	\$ 101	103	\$ (2)	\$ 91
(B) Redevelopment Taxes <sup>(13)</sup>	310	300	10	325
(B) Unrestricted M&O Property Taxes <sup>(13)</sup>	9,221	9,221	-	8,845
(B) Restricted M&O Property Taxes <sup>(13)</sup>	11,129	9,300	1,829	9,706
(B) G.O. Taxes Levied for Debt Service <sup>(13)</sup>	11,803	10,200	1,603	10,493
(B) IGT/PRIME Medi-Cal Program <sup>(14)</sup>	(4,460)	(2,603)	(1,857)	(4,048)
(B) Investment Income (net)	(23)	359	(382)	1,444
(B) Other income	-	-	-	0
<b>TOTAL NET REVENUE</b>	<b>28,081</b>	<b>26,880</b>	<b>1,201</b>	<b>26,856</b>
<b>EXPENSES</b>				
(A) Wages & Benefits <sup>(15)</sup>	-	-	-	0
(A) Professional Fees & Purchased Svcs <sup>(16)</sup>	849	863	14	553
(A) Supplies & Other Expenses <sup>(17)</sup>	82	113	31	90
(B) G.O. Bond Interest Expense (net) <sup>(18)</sup>	3,082	2,771	(311)	2,474
(B) Community Benefit Expenditures <sup>(19)</sup>	7,196	7,665	469	7,544
(A) Depreciation / Amortization	53	53	-	57
<b>TOTAL EXPENSES</b>	<b>11,262</b>	<b>11,464</b>	<b>203</b>	<b>10,718</b>
<b>NET INCOME</b>	<b>\$ 16,819</b>	<b>\$ 15,416</b>	<b>\$ 1,404</b>	<b>\$ 16,138</b>
 (A) Operating Revenues & Expenses (B) Non-operating Revenues & Expenses				
<b>RECAP STATEMENT OF REVENUES &amp; EXPENSE</b>				
(A) Net Operating Revenues & Expenses	\$ (883)			
(B) Net Non-Operating Revenues & Expenses	17,703			
<b>NET INCOME</b>	<b>\$ 16,820</b>			



Note: Totals may not agree due to rounding. See page 9 for footnotes.



# El Camino Healthcare District

## Comparative YTD **Stand-Alone** Stmt of Fund Balance Activity (\$ Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	<u>June 30, 2021</u>	<u>June 30, 2020</u>
<b>Fiscal year beginning balance</b>	<b>\$ (38,734)</b>	<b>\$ (48,009)</b>
Net income year-to-date	\$ 16,820	\$ 16,138
Transfers (to)/from ECH:		
IGT/PRIME Funding <sup>(20)</sup>	\$ 4,460	\$ 360
Capital Appropriation projects <sup>(21)</sup>	\$ (7,839)	(7,223)
<b>Fiscal year ending balance</b>	<b><u><u>\$ (25,293)</u></u></b>	<b><u><u>\$ (38,734)</u></u></b>



*Note: Totals may not agree due to rounding. See page 10 for footnotes.*

# El Camino Healthcare District

## Notes to Stand-Alone Financial Statements

*These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates*

- (1) **Short term investments** – The increase is due to the buildup of the monies that will become this year's Gann Limit (Restricted Taxes) that as the fiscal year ends will fund the Community Benefits disbursements in FY2022.
- (2) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (3) **S.C. M&O Taxes Receivable** – No receivables outstanding at fiscal year ends.
- (3a) **Other Current Assets** – This increase is due to Healthcare District paying for an IGT refund to the State that was to be paid by the Hospital.
- (4) **Operational Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (5) **Capital Appropriation Fund** – Decrease is due to funding of the commitment to the Women's Hospital renovation project to commence soon.
- (6) **Capital Replacement Fund** – Formerly known as the Plant Facilities Fund (AKA - Funded Depreciation) which reserves monies for the major renovation or replacement of the portion of the YMCA (Park Pavilion) owned by the District.
- (7) **Community Benefit Fund** – This fund retains unrestricted (Gann Limit) funds to support the District's operations and primarily to support its Community Benefit Programs
- (8) **Funds Held by Trustee** – Funds from General Obligation tax monies, being held to make the debt payments when due.
- (9) **Capital Net Assets** - The land on which the Mountain View Hospital resides, a portion of the YMCA building, property at the end of South Drive (currently for the Road Runners operations), and a vacant lot located at El Camino Real and Phyllis.
- (10) **Bond Interest Payable** – The decrease is due to semi-annual payment made on 8/01/20.
- (11) **Fund Balance** – The negative fund balance is a result of the General Obligation bonds which assisted in funding the replacement hospital facility in Mountain View. Accounting rules required the District to recognize the obligation in full at the time the bonds were issued ; receipts from taxpayers will be recognized in the year they are levied, slowly reducing the negative fund balance over the next 16 years.



# El Camino Healthcare District

## Notes to Stand-Alone Financial Statements

*These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates*

**(12) Other Operating Revenue** – Lease income from El Camino Hospital for its ground lease with the District.

**(13) Taxes: Redevelopment, M&O, G.O.** – Tax receipts (either received or to be received) during the period. Note amount for the G.O. Taxed Levied for Debt will come in less than prior year mostly due to the March 2017 G.O. Refunding that the District did that reduced the previously \$12.90 of assessed property valuation per \$100,000 to a current \$10.00 per \$100,000.

**(14) IGT/PRIME Expense** – Payments in support of the PRIME or IGT programs.

**(15) Wages & Benefits** – The District employs no employees. Employees are based at the Hospital, CONCERN, or SVMD entities. The District does contract with the Hospital and outside professional and general services organizations (see item 17).

**(16) Professional Fees & Services** – Actual detailed below:

• Community Benefit Support from ECH (54% of SW&B)	\$ 417
• Registrar of Voters	337
• Legal Fees	64
• Consulting	13
• Other	<u>18</u>
	<u>\$ 849</u>

**(17) Supplies & Other Expenses** – Actual detailed below:

• Marketing / Advertising	\$ 52
• Dues & Subscriptions	23
• Bank Fees	1
• Other	<u>6</u>
	<u>\$ 82</u>

**(18) G.O. Bond Interest Expense** – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.

**(19) Community Benefit Expenditures** – Starting in FY2014, the District is directly operating its Community Benefit Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year. Note the major payments to recipients are made in August & January of the fiscal year.

**(20) IGT/PRIME Funding** – Transfers from ECH for participation in the PRIME or IGT program thus far in FY 2021.

**(21) Capital Appropriation Projects Transfer** – This amount for FY2021 was the approved amount at the Board's June 2020 meeting to be transferred to the Hospital in FY2021 for the future renovation of the Women's Hospital.



# El Camino Healthcare District

## Sources & Uses of Tax Receipts (\$Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

<u>Sources of District Taxes</u>	6/30/21
(1) Maintenance and Operation and Government Obligation Taxes	\$32,153
(2) Redevelopment Agency Taxes	310
<b>Total District Tax Receipts</b>	<b>\$32,463</b>
<u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	11,803
<b>Total Cash Available for Operations, CB Programs, &amp; Capital Appropriations</b>	<b>20,660</b>
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	11,129
<b>Subtotal</b>	<b>9,531</b>
(5) Operating Expenses (Net)	883
<b>Subtotal</b>	<b>8,648</b>
(6) Capital Replacement Fund (Park Pavilion)	69
<b>Funds Available for Community Benefit Programs</b>	<b>\$8,579</b>

\*Gann Limit Calculation for FY2021

\$9,221

(1) M&O and G.O. Taxes	• Cash receipts from the 1% ad valorem property taxes and Measure D taxes
(2) Redevelopment Agency Taxes	• Cash receipts from dissolution of redevelopment agencies
(3) Government Obligation Bond	• Levied for debt service
(4) Capital Appropriation Fund	• Excess amounts over the Gann Limit are restricted for use as capital
(5) Operating Expenses	• Expenses incurred in carrying out the District's day-to-day activities
(6) Capital Replacement Fund	• Fund to ensure that the District has adequate resources to fund repair and replacement of its capital assets (Park Pavilion)





# 2021 Audit Results – El Camino Healthcare District

Prepared by the Moss Adams Health Care Group

June 30, 2021





# Agenda

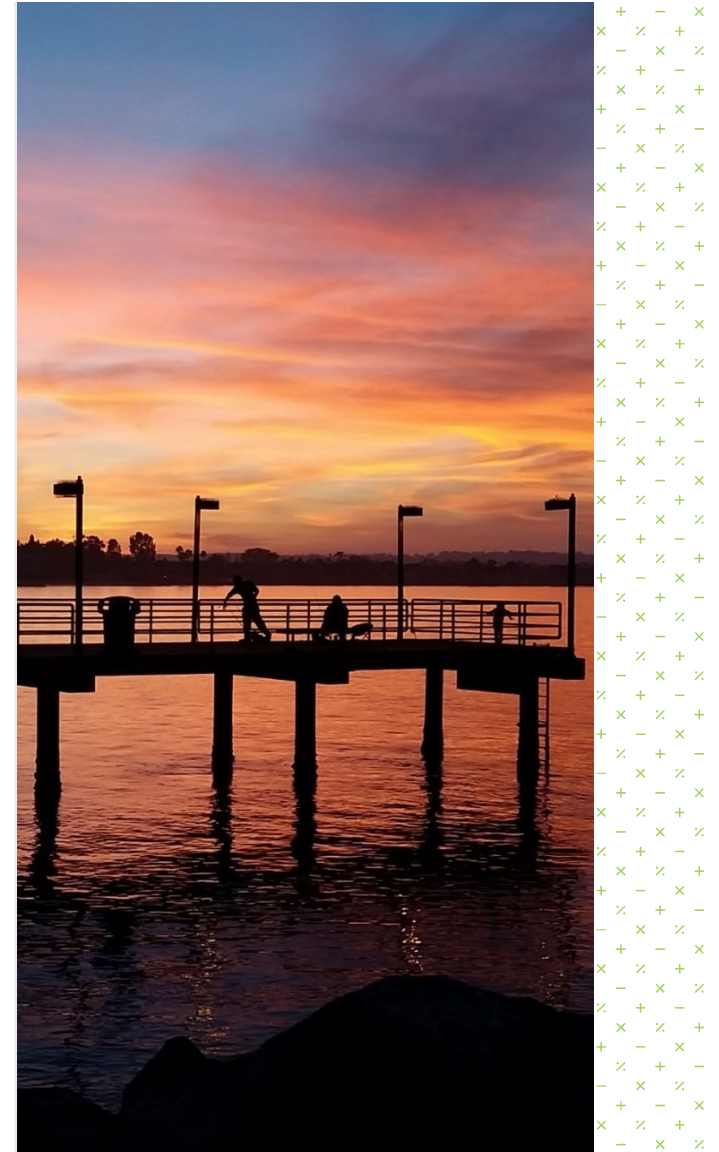
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1. Auditor Opinion and Reports
2. Statements of Net Position
3. Operations
4. Communication with Those Charged with Governance



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# Auditor Opinion and Reports



# Scope of Services

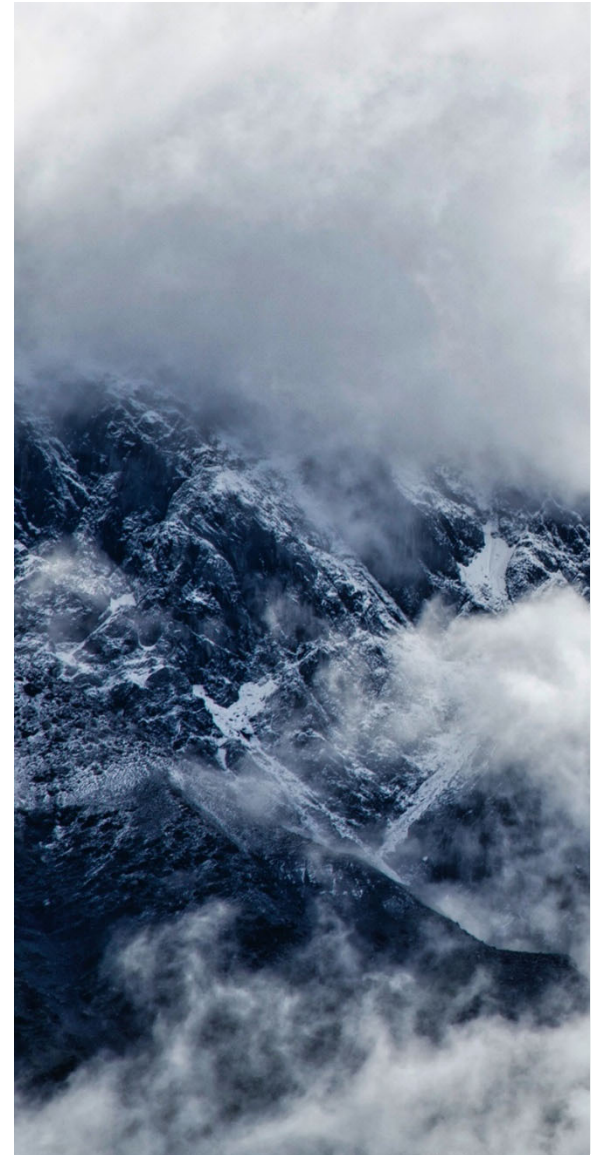
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**We have performed the following services for El Camino Healthcare District:**

- Annual consolidated financial statement audit as of and for the year ended June 30, 2021

**We will also perform the following nonattest services:**

- Assist you in drafting the consolidated financial statements and related footnotes as of and for the year ended June 30, 2021, and the auditee portion of the Data Collection Form





# Auditor Report on the Consolidated Financial Statements

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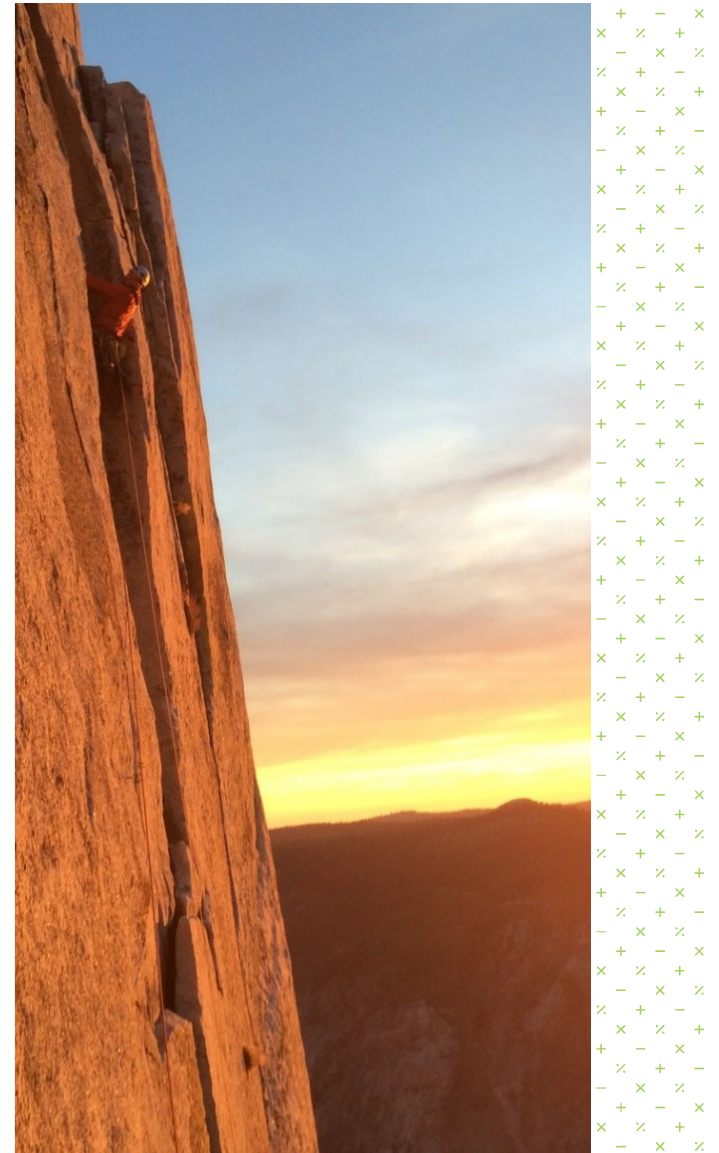
## Unmodified Opinion

- Consolidated financial statements are presented fairly and in accordance with U.S. GAAP

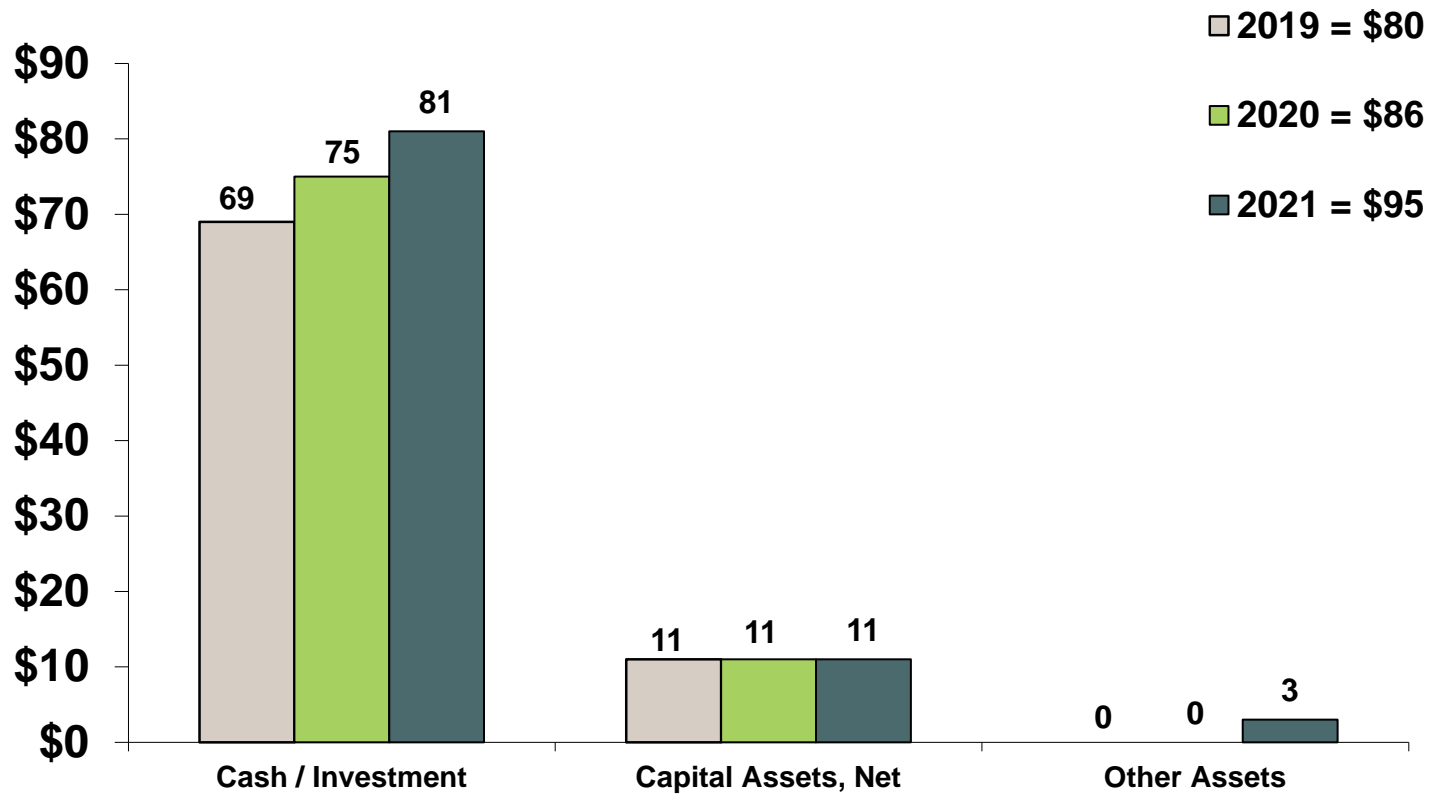




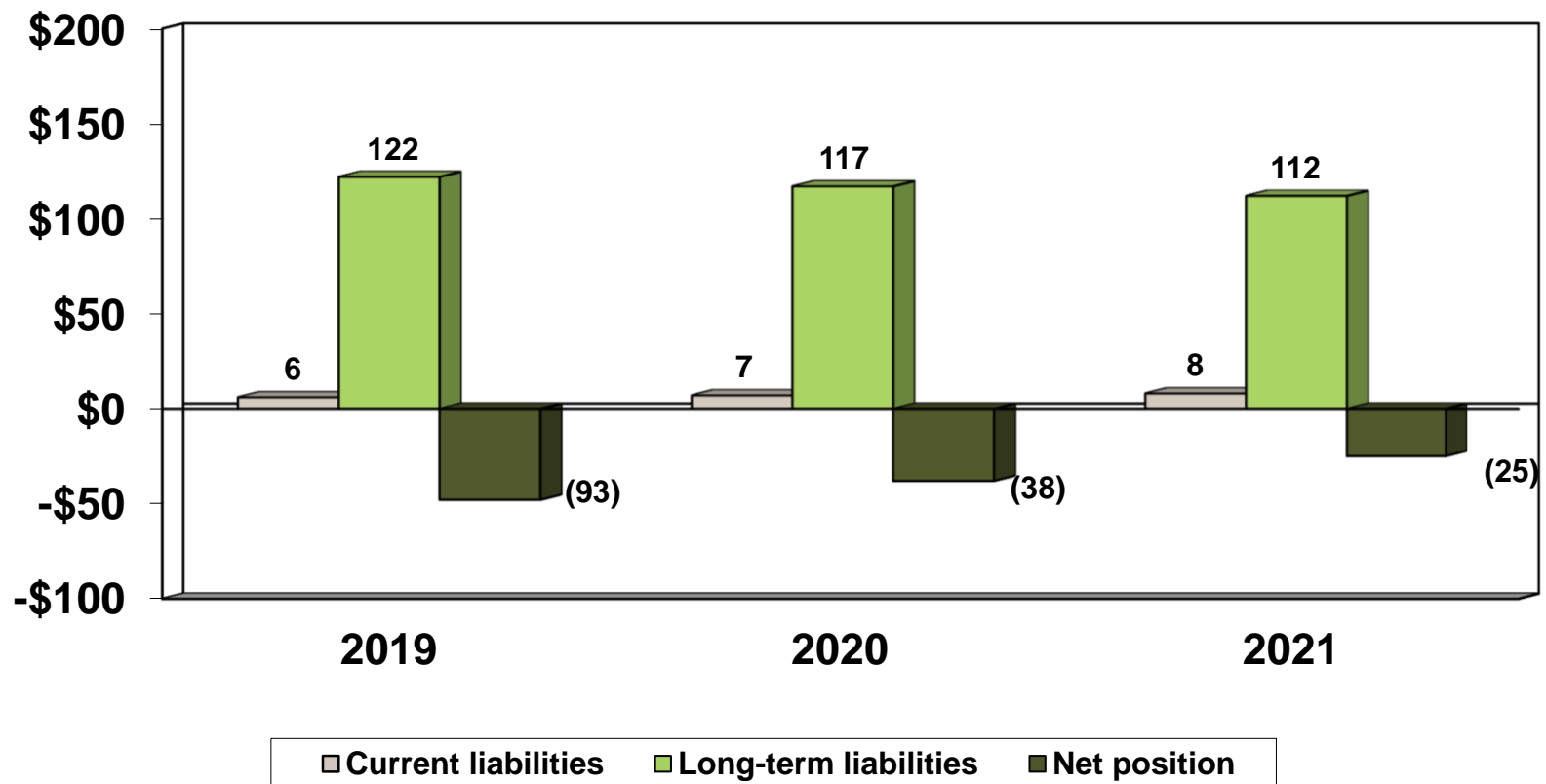
# Statements of Net Position



## Assets and Deferred Outflows (in millions)

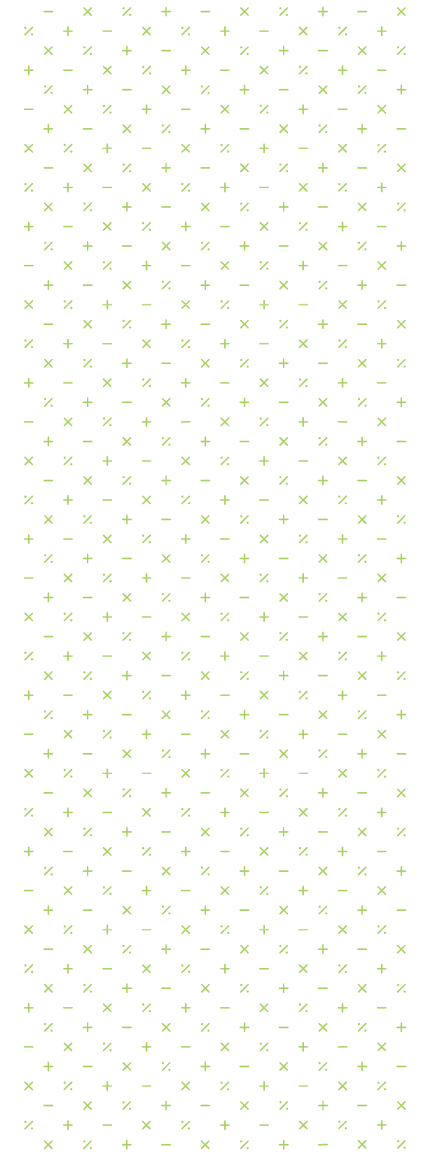


## Liabilities, Deferred Inflows, and Net Position (in millions)





# Operations

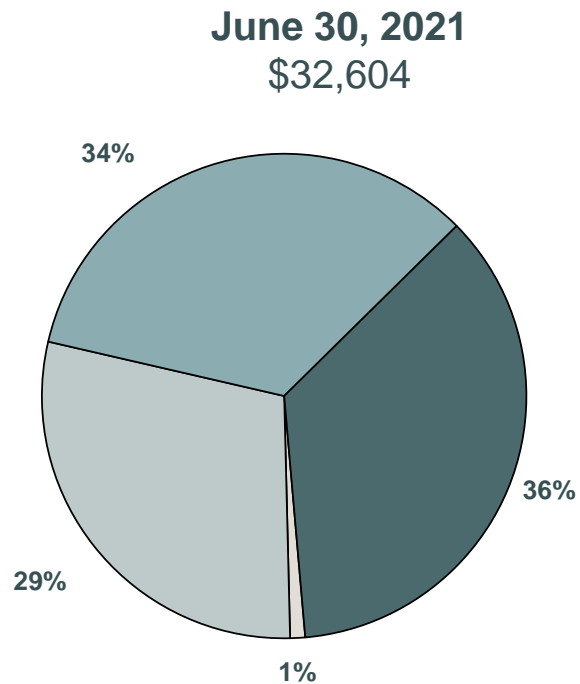


# Income Statement Year to Year Comparison

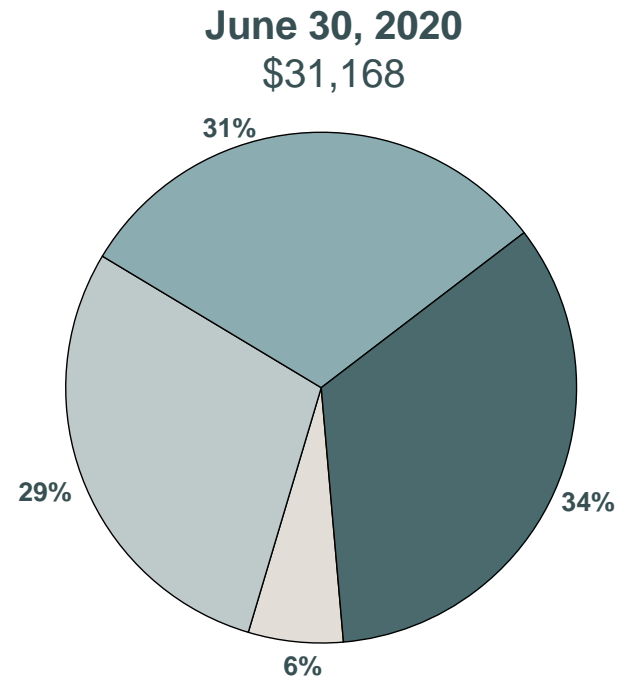
Sources of Nonoperating Revenues (in thousands)



9

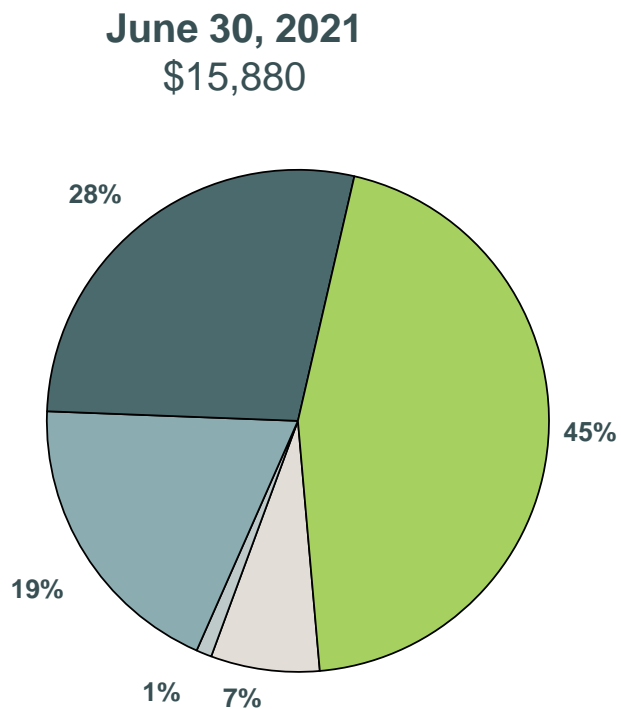


- Investment income, net
- Property tax revenue - designated for community benefit programs & operating expenses
- Property tax revenue - designated for capital expenditures
- Property tax revenue - levied for debt services

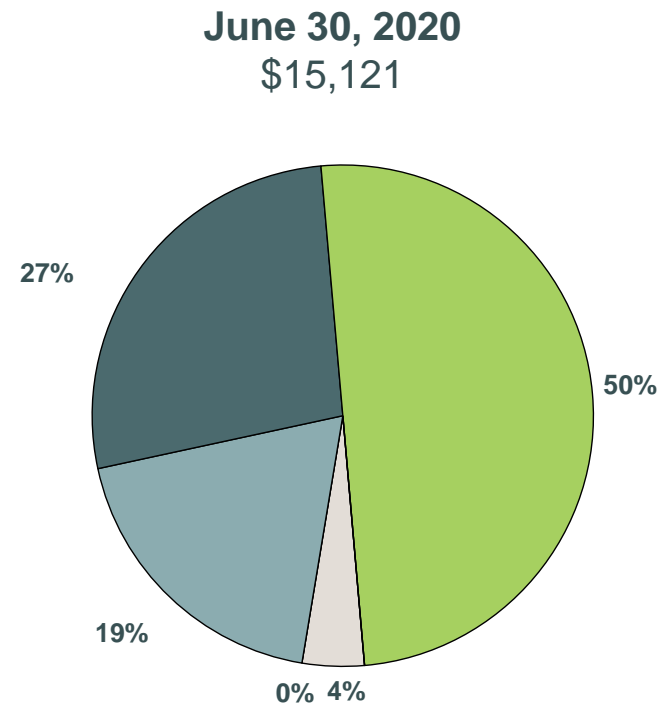


# Income Statement Year to Year Comparison

Outflow of Expenses (in thousands)

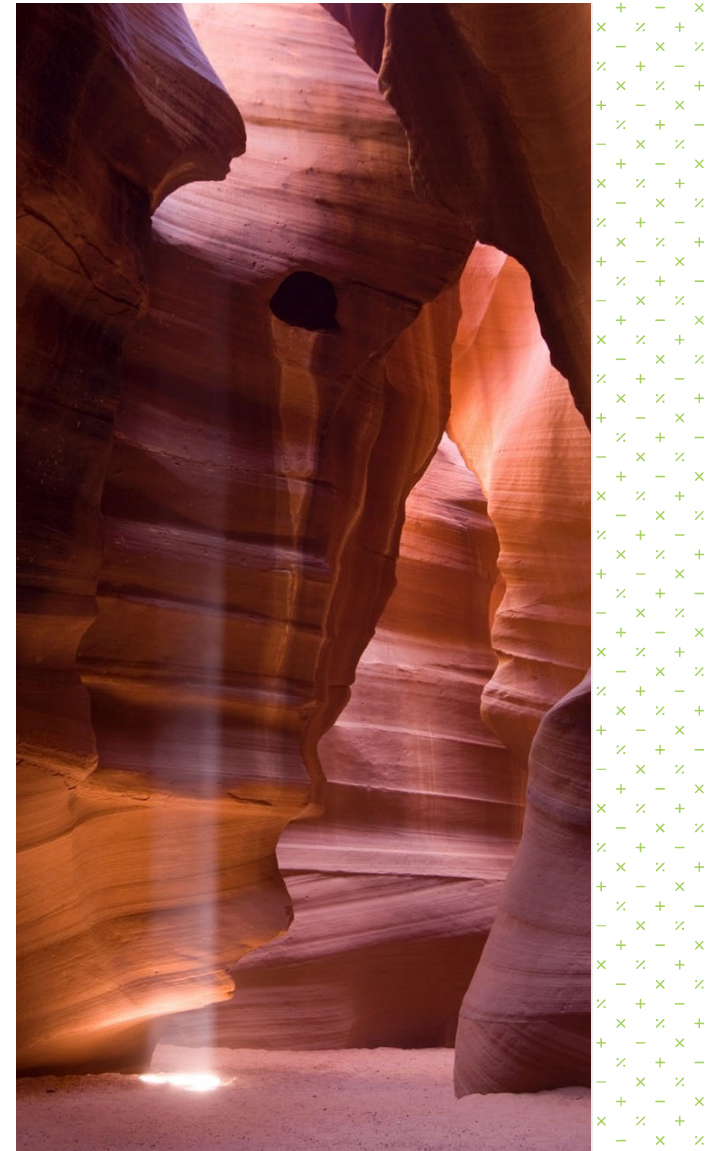


- Operating expenses - professional fees and purchased services
- Operating expenses - depreciation and amortization
- Nonoperating expenses - GO bond interest expenses
- Nonoperating expenses - IGT expense
- Nonoperating expenses - Community Benefit







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# Communication with Those Charged with Governance





# Our Responsibility

			
<p>To express our opinion on whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, and in accordance with U.S. GAAP. However, our audit does not relieve you or management of your responsibilities.</p>	<p>To perform an audit in accordance with generally accepted auditing standards issued by the AICPA, Government Auditing Standards issued by the Comptroller General of the United States, and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts, and design the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free of material misstatement.</p>	<p>To consider internal control over financial reporting as a basis for designing audit procedures but not for the purpose of expressing an opinion on its effectiveness or to provide assurance concerning such internal control.</p>	<p>To communicate findings that, in our judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.</p>

# Significant Accounting Policies & Unusual Transactions

---

The auditor should determine that the Board of Directors is informed about the initial selection of and changes in significant accounting policies or their application. The auditor should also determine that the Board of Directors is informed about the methods used to account for significant unusual transactions and the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

## Our Comments

Management has the responsibility for selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in the footnotes to the consolidated financial statements. Throughout the course of an audit, we review changes, if any, to significant accounting policies or their application, and the initial selection and implementation of new policies. During the year, the District adopted GASB Statement No. 84 and No. 97. There were no other changes to significant accounting policies for the year ended June 30, 2021.

We believe management has selected and applied significant accounting policies appropriately and consistent with those of the prior year.



# Management Judgments & Accounting Estimates

---

The Board of Directors should be informed about the process used by management in formulating particularly sensitive accounting estimates and about the basis for the auditor's conclusions regarding the reasonableness of those estimates.

## Our Comments

Management's judgments and accounting estimates are based on knowledge and experience about past and current events and assumptions about future events. We apply audit procedures to management's estimates to ascertain whether the estimates are reasonable under the circumstances and do not materially misstate the consolidated financial statements.

- Significant management estimates impacted the consolidated financial statements including the following:
  - net patient service revenue
  - provision for uncollectible accounts
  - fair market values of investments
  - uninsured losses for professional liability
  - prepaid pension asset
  - liability for workers' compensation claims
  - liability for post-retirement medical benefits
  - valuation of gift annuities and beneficial interest in charitable remainder unitrusts
  - useful life of capital assets

We deem them to be reasonable.



# Management Judgements & Accounting Estimates

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Our views about the quantitative aspects of the entity's significant accounting policies, accounting estimates, and financial statement disclosures.

## Our Comments

The disclosures in the consolidated financial statements are clear and consistent. Certain financial statement disclosures are particularly sensitive because of their significance to financial statements users; however, we do not believe any of the footnotes are particularly sensitive. We call your attention to the following notes:

- Note 1 – Significant concentration of net patient accounts receivable
- Note 5 – Fair value of investments
- Note 6 – Capital assets
- Note 7 – Employee benefit plans
- Note 8 – Post-retirement medical benefits
- Note 10 – Long-term debt
- Note 13 – Related-party transactions



# Significant Audit Adjustments & Unadjusted Differences Considered by Management to Be Immaterial

The Board of Directors should be informed of all significant audit adjustments arising from the audit. Consideration should be given to whether an adjustment is indicative of a significant deficiency or a material weakness in the District's internal control over financial reporting, or in its process for reporting interim financial information, that could cause future consolidated financial statements to be materially misstated.

The Board of Directors should also be informed of uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented that were determined by management to be immaterial, both individually and in the aggregate, to the consolidated financial statements as a whole.

## Our Comments

### CORRECTED ADJUSTMENTS

- None noted

### UNCORRECTED ADJUSTMENTS

- None noted



# Deficiencies in Internal Control

---

Any material weaknesses and significant deficiencies in the design or operation of internal control that came to the auditor's attention during the audit must be reported to the Board of Directors.

## Our Comments

### **MATERIAL WEAKNESS**

- None noted

### **SIGNIFICANT DEFICIENCIES**

- None noted





**THANK  
YOU**





*Report of Independent Auditors and  
Consolidated Financial Statements with  
Supplementary Information*

**El Camino Healthcare District**

*June 30, 2021 and 2020*



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## **Management's Discussion and Analysis**

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# **El Camino Healthcare District**

## **Management's Discussion and Analysis**

### **For the Years Ended June 30, 2021, 2020, and 2019**

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El Camino Healthcare District (the "District") is comprised of five entities: the District, El Camino Hospital (the "Hospital"), El Camino Hospital Foundation (the "Foundation"), CONCERN: Employee Assistance Program ("CONCERN"), and Silicon Valley Medical Development, LLC ("SVMD").

Effective July 26, 2019, El Camino Hospital bought out the partnership that El Camino Surgery Center ("ECSC") had with El Camino Ambulatory Surgery Center ("ECASC"), which operated an outpatient surgery center on the Mountain View campus. ECASC sold many of its capital assets to El Camino Hospital ("ECH") and ECSC received its share of equity in partnership. ECASC completed its business unwinding during the fiscal year and distributed any remaining proceeds to ECSC. The Hospital renovated the former ECASC surgery center building and acquired new equipment that was put into place, and reopened the surgery center as an outpatient hospital department on June 29, 2020.

SVMD was organized as a California Limited Liability Corporation ("LLC") that was formed in 2008. Starting in fiscal year 2019 and continuing into the current fiscal year, SVMD has expanded to 14 clinic and urgent care sites that included certain assets of five clinics acquired through bankruptcy of Verity Health System in April 2019.

#### ***Overview of the Consolidated Financial Statements***

This annual report consists of the consolidated financial statements and notes to those statements. These statements are organized to present the District as a whole, including all the entities it controls. Financial information for each separate entity is shown in the supplemental schedules on the last pages of the report. In accordance with the Governmental Accounting Standards Board ("GASB") Codification Section 2200, *Comprehensive Annual Financial Report*, the District presents comparative financial highlights for the fiscal years ended June 30, 2021, 2020, and 2019. This discussion and analysis should be read in conjunction with the consolidated financial statements in this report.

The consolidated statements of net position, the consolidated statements of revenues, expenses, and changes in net position, and the consolidated statements of cash flows provide an indication of the District's financial health. The consolidated statements of net position include all the District's assets and liabilities, using the accrual basis of accounting. The consolidated statements of revenues, expenses, and changes in net position report all of the revenues and expenses during the time periods indicated. The consolidated statements of cash flows report the cash provided by the operating activities, as well as other cash sources such as investment income and cash payments for capital additions and improvements.

#### **Consolidated Financial Highlights**

##### ***Year Ended June 30, 2021***

For fiscal year ending June 30, 2021, the District increased its net position by \$355 million. In 2021, operating revenues increased by \$119 million over 2020; this was the result of increased volume.

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

---

***Year Ended June 30, 2020***

For fiscal year ending June 30, 2020, the District increased its net position by \$130 million. In 2020, operating revenues increased by \$35 million over 2019; this was the result of an improved payer mix over FY 2019, Inter-Governmental Transfer ("IGT") / cost report settlements of \$14.9 million, and Health and Human Services stimulus funds of \$19.0 million. In April 2020 the organization received \$75.8 million in advance Medicare payments, which will be withheld from future Medicare services starting 120 days after receipt.

***Year Ended June 30, 2019***

For fiscal year ending June 30, 2019, the District increased its net position by \$178 million. In 2019, operating revenues increased by \$53 million over 2018; this was the result of good volume, an increase in the commercial payer mix of 1%, and IGT / cost report settlements of \$20.4 million.

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

Summary of Assets, Deferred Outflows, Liabilities, Deferred Inflows, and Net Position  
As of June 30, 2021, 2020 and 2019

(In Thousands)

	2021	2020	2019
<b>Assets:</b>			
Current assets	\$ 676,761	\$ 653,665	\$ 578,195
Board designated and restricted funds, net of current portion	1,198,200	872,034	786,202
Funds held by trustee, net of current portion	36,939	50,825	107,101
Capital assets, net	1,160,286	1,166,036	1,096,493
Other assets	151,294	114,359	78,841
<b>Total assets</b>	<b>3,223,480</b>	<b>2,856,919</b>	<b>2,646,832</b>
<b>Deferred outflows:</b>			
Loss on defeasance of bond payable	11,761	12,361	12,962
Deferred outflow of resources	9,324	6,532	7,436
Deferred outflow - actuarial	1,005	1,861	10,546
<b>Total deferred outflows</b>	<b>22,090</b>	<b>20,754</b>	<b>30,944</b>
<b>Total assets and deferred outflows</b>	<b>\$ 3,245,570</b>	<b>\$ 2,877,673</b>	<b>\$ 2,677,776</b>
<b>Liabilities:</b>			
Current liabilities	\$ 247,521	\$ 221,415	\$ 161,709
Bonds payable, net of current portion	589,909	607,953	625,443
Other long-term liabilities	59,834	69,886	59,437
<b>Total liabilities</b>	<b>897,264</b>	<b>899,254</b>	<b>846,589</b>
<b>Deferred inflows:</b>			
Deferred inflow of resources	4,522	3,893	3,893
Deferred inflow - actuarial	41,339	26,806	9,375
<b>Total deferred inflows</b>	<b>45,861</b>	<b>30,699</b>	<b>13,268</b>
<b>Net position:</b>			
Unrestricted and invested in capital assets, net	2,271,363	1,919,091	1,793,704
Restricted by donors - charity and other	22,960	20,606	16,759
Restricted - endowments	8,122	8,023	7,456
<b>Total net position</b>	<b>2,302,445</b>	<b>1,947,720</b>	<b>1,817,919</b>
<b>Total liabilities, deferred inflows, and net position</b>	<b>\$ 3,245,570</b>	<b>\$ 2,877,673</b>	<b>\$ 2,677,776</b>
<b>Operating cash equivalents and short-term investments</b>	<b>\$ 456,605</b>	<b>\$ 461,221</b>	<b>\$ 393,519</b>
<b>Board designated, funds held by trustee, and restricted funds</b>	<b>1,253,796</b>	<b>949,354</b>	<b>917,081</b>
<b>Total available cash &amp; investments</b>	<b>\$ 1,710,401</b>	<b>\$ 1,410,575</b>	<b>\$ 1,310,600</b>

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

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***Investments***

The District maintains sufficient cash balances to pay daily operational expenses and all short term liabilities. In late fiscal year 2012, the Hospital (exclusive of the District) selected an Investment Consultant to assist the Hospital and its subsidiaries in managing its investments, and both the investment policies for Surplus Cash and Cash Balance Plan were updated and approved by the Hospital Board of Directors (the "Board"). The policies allow for greater diversification in the investment portfolios to balance the need for liquidity with a long-term investment focus in order to improve investment returns and the organization's financial strength.

***Capital Assets***

In February 2021, the Board of Directors approved the Women's Hospital Expansion Project at a budget of \$149 million. A key driver in this expansion was the development of the newly completed Integrated Medical Office Building, known as the Sobrato Pavilion, which opened at the end of June 2020. This allowed for the relocation of physician offices on the 2nd and 3rd floors of the Women's Hospital to the Sobrato Pavilion for then will allow the expansion of Mother/Baby Health Services housed within the Women's Hospital. This project was an element of the Mountain View Campus Development Master Plan that was approved in 2014.

During fiscal year 2021, there was continued work on the final Mountain View Campus Completion Project, that will be done in three (3) phases, with phases 1 and 2 being a temporary shipping and receiving yard, and the demolition of the original hospital that was completed in the early 1960s. A budget of \$24.9 million was approved in October 2019 to complete phase 1 and 2. The demolition is to start October 2021 with a completion date of December 2024. Phase 3 is in development, and will include replacement of Lab/Laundry building structure, construction of a corridor link between the new Main Hospital and the recently completed Behavior Health Building, a new service yard with access to shipping and receiving dock at the new Main Hospital, new waste and recycle storage areas, water storage tanks to meet 2030 seismic requirements.

During fiscal year 2021, ongoing general contractor construction payments and holdback retentions were paid out on the major projects of the Sobrato Pavilion and Behavioral Health Building, known as the Taube Pavilion, that were partially financed by the 2017 bond proceeds. Total paid during fiscal year 2021 was \$28.8 million.

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

***Revenues and Expenses***

The following table displays revenues and expenses for 2021, 2020, and 2019:

Revenues & Expenses Years Ended June 30, 2021, 2020 and 2019 (In Thousands)			
	2021	2020	2019
Operating revenues:			
Net patient service revenue net of bad debt of \$26,370, \$15,925, and \$13,293, in 2021, 2020, and 2019, respectively	\$ 1,107,912	\$ 982,697	\$ 951,610
Other revenue	42,221	48,440	45,064
Total operating revenues	1,150,133	1,031,137	996,674
Operating expenses:			
Salaries, wages and benefits	574,797	541,009	510,178
Professional fees and purchased services	177,981	170,994	133,807
Supplies	171,720	152,466	147,284
Depreciation	67,688	54,038	52,437
Rent and utilities	27,600	26,815	20,414
Other	15,140	22,167	14,265
Total operating expenses	1,034,926	967,489	878,385
Operating income	115,207	63,648	118,289
Nonoperating revenue (expense) items:			
Bond interest expense, net	(20,031)	(12,879)	(8,024)
Intergovernmental transfer expense	(4,460)	(4,048)	(7,262)
Realized investment income	79,736	43,085	34,671
Unrealized investment gains (losses)	151,188	(2,231)	19,598
Property tax revenues	32,464	29,369	27,675
Restricted gifts, grants and other net of contributions to related parties	2,868	8,412	5,816
Unrealized gain (loss) on interest rate swaps	1,883	(3,366)	(2,598)
Community benefit expense	(11,297)	(12,091)	(11,971)
Provider Relief Fund revenue	-	19,000	-
Other, net	7,167	902	2,027
Total nonoperating revenues and expenses	239,518	66,153	59,932
Increase in net position	354,725	129,801	178,221
Total net position, beginning of year	1,947,720	1,817,919	1,639,698
Total net position, end of year	\$ 2,302,445	\$ 1,947,720	\$ 1,817,919

# El Camino Healthcare District Management's Discussion and Analysis For the Years Ended June 30, 2021, 2020, and 2019

## Fiscal Year 2021 Consolidated Financial Analysis

### Net Patient Services Revenues

Net patient services revenue in fiscal year 2021 increased by \$125.2 million, or 12.7% over fiscal year 2020. This increase was consistent with adjusted patient days increasing by 9.5% and surgical volume increasing by 10.8%.

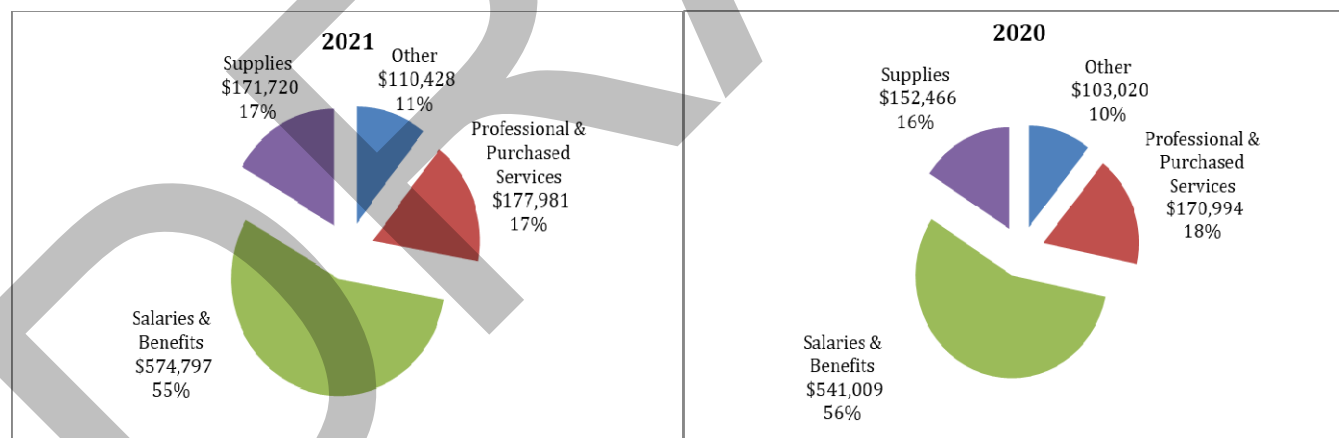
Specialty	2021 Days	2020 Days
Total days	98,386	92,714
Specialty	2021 LOS	2020 LOS
Average Length of Stay ("LOS")	4.3	4.0

The overall case mix index, which is an indicator of patient acuity, was 1.62 in fiscal year 2021, and 1.54 in fiscal year 2020.

### Other Revenue

Other revenues decreased by \$6.2 million in fiscal year 2021 over the prior 2020 fiscal year. The primary decrease was due to the termination of a Hospitalist services agreement with the county hospitals.

### Operating Expenses



### Salaries and Wages

It is to be noted that the District as a stand-alone entity has no employees. All employees are at the Hospital and its related corporations.



# **El Camino Healthcare District**

## **Management's Discussion and Analysis**

### **For the Years Ended June 30, 2021, 2020, and 2019**

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Total salaries and wages (including employee benefits) increased by \$33.8 million in fiscal year 2021 over 2020, which is 55% of total operating expenses and 1% less than fiscal year 2020. SVMD saw a 35.7 reduction in full-time equivalents ("FTEs") due to reorganization of the workforce during the fiscal year. Other areas within the Hospital also increased due to salary increases and volumes and activities. In total the FTE grew by 81 FTEs over fiscal year 2020.

#### ***Employee Benefits***

Aggregate employee benefits, including accrued Paid Time Off ("PTO") and Extended Sick Leave, increased by \$6.0 million.

Significant changes were as follows:

- PTO accrued expense increased by \$5.1 million over the 2020 fiscal year
- Healthcare (medical, dental, and vision) increased by \$4.2 million in fiscal year 2021 over 2020.
- Employer match of 7403B increased \$2.0 million in 2021 over 2020.
- Workers Compensation Expense increased by \$1.5 million in 2021 over 2020.
- Employer FICA (Social Security and Medicare) taxes increased by \$1.3 million in the current fiscal year.
- Pension expense decreased by \$9.4 million, primarily by increased investment returns on the Plan's investment in the past year.

#### ***Professional and Purchased Services***

Total professional and purchased services increased by \$7 million over the prior fiscal year, mainly due to cost associated with COVID-19 testing and consulting fees for major projects (Workday and Construction).

#### ***Supplies***

Total supplies increased by \$19.3 million or 12.6% in fiscal year 2021 over 2020. This was mainly due to an \$8.1 million increase in Other Medical Supplies due to COVID-19, including Personal Protective Equipment and testing supplies, \$10.7 million in Implants, and \$5.7 million in Surgical Supplies.

#### ***Depreciation***

Depreciation expense this fiscal year increased by \$13.7 million over fiscal year 2020. Increases were primarily due to the opening of the Integrated Medical Office Building, Sobrato Pavillion, in June 2020.

#### ***Rent and Utilities***

Rent and utilities this fiscal year decreased by \$0.8 million over fiscal year 2020.

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

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***Other Expense***

Other expense decreased in the current fiscal year by \$7.0 million over the prior year, due to an decrease in reserve settlement account.

***Nonoperating Revenue (Expense) Items:***

***Bond Interest Expense, net***

The increase of \$7.2 million in fiscal year 2021 over the prior year was due to tentative completion of the Integrated Medical Office Building and the Behavioral Health Building in January 2020 that was being partially financed by the 2017 Bond issue.

***Change in Net Unrealized Gains and Losses on Investments***

The Hospital experienced a change in net unrealized gains and losses on investments of \$151.2 million during fiscal year 2021 and the change in net unrealized gains and losses for fiscal year 2021 was a year-over-year ("YOY") increase of \$153.4 million. The change in net unrealized gains and losses in 2021 was a result of strong investment results across all asset classes with the largest gains generated from equity and hedge fund investments. Equities and mutual funds-equity experienced a change in net unrealized gains and losses of \$17.2 million and \$95.0 million, respectively. Global equities as represented by the MSCI AC World Index gained 39.9% during fiscal year 2021. Hedge funds experienced a change in net unrealized gains and losses of \$22.0 million during fiscal year 2021 as equity long/short, credit oriented, and macro hedge fund strategies performed well. The change in net unrealized gains and losses for fixed income was modest at \$2.0 million as the Bloomberg U.S. Aggregate Index experienced a loss of 0.3% during the same time-period; however, the Hospital's active managers were able to add value in relation to the benchmark.

The year-over-year increase in net unrealized gains and losses was broad-based across asset classes, with the most significant increases resulting from equities, mutual funds-equity, hedge fund investments, and collective funds. Equities and mutual funds-equity combined to experience modest net unrealized gains in fiscal year 2020, while net unrealized gains in fiscal year 2021 were large. Hedge funds and collective funds experienced net unrealized losses in fiscal year 2020, while fiscal year 2021 saw solid net unrealized gains.

***Economic Factors and Next Year's Budget***

The Board approved the fiscal year 2022 budget at the June 2021 meeting. For the fiscal year 2022, budgeted patient days are projected to increase 4% over FY2021 actuals.

# **El Camino Healthcare District** **Management's Discussion and Analysis** **For the Years Ended June 30, 2021, 2020, and 2019**

## **Fiscal Year 2020 Consolidated Financial Analysis**

### ***Net Patient Services Revenues***

Net patient services revenue in fiscal year 2020 increased by \$31.1 million, or 3.3% over fiscal year 2019. This increase was consistent with cost of inflation.

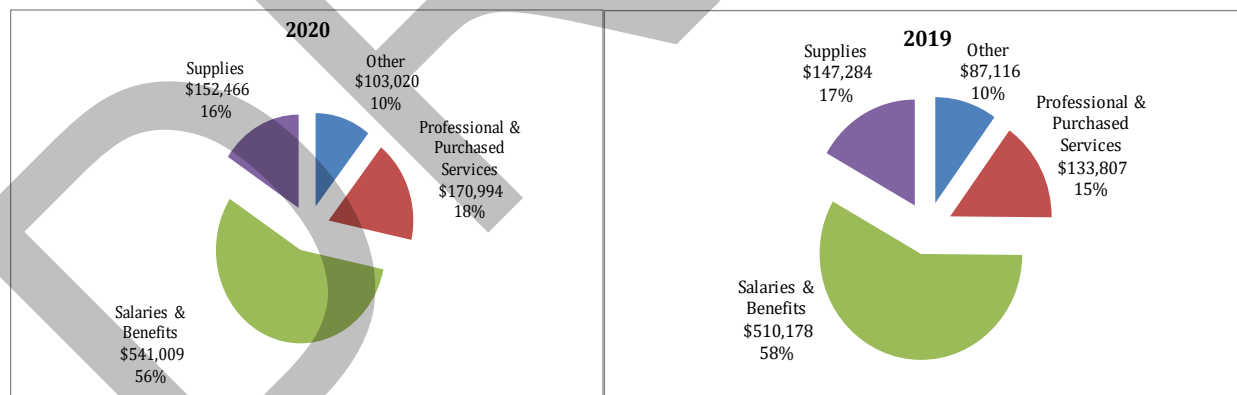
Specialty	2020 Days	2019 Days
Total days	92,714	98,061
Specialty	2020 LOS	2019 LOS
Average LOS	4.0	4.3

The overall case mix index, which is an indicator of patient acuity, was 1.54 in fiscal year 2020, and 1.52 in fiscal year 2019.

### ***Other Revenue***

Other revenues increased by \$3.4 million in fiscal year 2020 over the prior 2019 fiscal year. The primary increase of \$8.7 million was due to new payer capitation contracts that were assumed with the acquisition of San Jose Medical Group, along with an agreement to continue to provide Hospitalist services to the county hospitals for one year. This increase was offset by a loss of revenue in the Employee Assistance Program ("EAP"). In addition, there was a reduction of \$2.1 million in retail operations due to COVID-19.

### ***Operating Expenses***



### ***Salaries and Wages***

It is to be noted that the District as a stand-alone entity has no employees. All employees are at the Hospital and its related corporations.

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

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Total salaries and wages (including employee benefits) increased by \$30.8 million in fiscal year 2020 over 2019, which is 56% of total operating expenses and a reduction of 2% from fiscal year 2019, which was 58% of total operating expenses. Salaries and wages (exclusive of employee benefits) increased by \$29.3 million over fiscal year 2019. Registered Nurses' ("RN"), including registries, payroll salaries increased by \$19.5 million in fiscal year 2020 compared to 2019 primarily driven by contractual increase that occurred September 22, 2019, for Hospital RNs, along with additional increases for longevity at years of service of 10 and 25. Another area that saw growth in salary expense was in SVMD as it began operations supporting the San Jose Medical Group and other physician initiatives in April 2019, thus salaries within SVMD grew by \$9.6 million in fiscal year 2020 over fiscal year 2019. Other areas within the Hospital also increased due to salary increases and volumes and activities. In total the FTE grew by 81 FTEs over fiscal year 2019. Again a significant portion of the FTE increase was the employee growth in SVMD given the support of the San Jose Medical Group that began in April 2019.

***Employee Benefits***

Aggregate employee benefits, including accrued Paid Time Off ("PTO") and Extended Sick Leave, increased by \$1.4 million.

Significant changes were as follows:

- Pension expense decreased by \$4.2 million, primarily by increased investment returns on the Plan's investment in the past year.
- PTO accrued expense increased by \$2.5 million over the 2019 fiscal year.
- Employer FICA (Social Security and Medicare) taxes increased by \$3.0 million in the current fiscal year.
- Healthcare (medical, dental, and vision) increased by \$1.3 million in fiscal year 2020 over 2019.
- Worker's Compensation expense decreased \$2.2 million in fiscal year 2020 over 2019.
- Other employee benefits increased \$1.0 million in fiscal year 2020 over 2019.

***Professional and Purchased Services***

Total professional and purchased services increased by \$37.2 million over the prior fiscal year.

The significant increases were as follows:

- Professional Service Agreements and Purchased Services associated with SVMD increased by \$26.5 million over prior year, mainly due to the acquisition of the San Jose Medical Group in April 2019.
- Purchases Services increased by \$7.1 million over prior year at the Hospital due to cost associated with COVID-19 testing and consulting fee for major projects (Workday and Construction).

# **El Camino Healthcare District**

## **Management's Discussion and Analysis**

### **For the Years Ended June 30, 2021, 2020, and 2019**

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#### ***Supplies***

Total supplies increased by \$5.2 million or 3.5% in fiscal year 2020 over 2019. Volume at the Cancer Infusion Center increased by 11% along with higher acuity patients. The retail pharmacy volume increased by 26%, and normal inflation factors accounted for the remaining variance.

#### ***Depreciation***

Depreciation expense this fiscal year increased by \$1.6 million over fiscal year 2019. Increases were in the areas of a full year of depreciation on a Central Utility Plant upgrade at the Mountain View campus that came on-line the later part of fiscal year 2019 and various structure upgrades at the Los Gatos campus.

#### ***Rent and Utilities***

Rent and utilities this fiscal year was increased by \$6.4 million over fiscal year 2019, and was primarily driven by leased building cost, of which \$4.0 million was attributable to new leases of properties by SVMD for its various San Jose Medical Group sites that began in April 2019.

#### ***Other Expense***

Other expense increased in the current fiscal year by \$7.9 million over the prior year, principally for annual dues and subscription fees and offsite seminars and associated travel expense, with a \$5.0 million increase in legal reserve.

#### ***Nonoperating Revenue (Expense) Items:***

##### ***Bond Interest Expense, net***

The increase of \$4.9 million in fiscal year 2020 over the prior year was due to tentative completion of the Integrated Medical Office Building and the Behavioral Health Building in January 2020 that was being partially financed by the 2017 Bond issue.

##### ***Change in Net Unrealized Gains and Losses on Investments***

The Hospital experienced a change in net unrealized gains and losses on investments of -\$2.2 million during fiscal year 2020 and the change in net unrealized gains and losses for fiscal year 2020 was a year-over-year ("YOY") decrease of \$21.8 million. The change in net unrealized gains and losses in 2020 were a result of poor investment results primarily from hedge fund and private real estate investments. Hedge funds experienced a change in net unrealized gains and losses of -\$11.1 million during fiscal year 2020 as distressed credit-oriented strategies lagged broader markets. The positive change in net unrealized gains and losses from equity and fixed income investments helped offset the impact of hedge fund and private real estate investments. Global equities as represented by the MSCI AC World Index gained 2.6% during fiscal year 2020, while fixed income as represented by the Bloomberg Barclays U.S. Aggregate Index gained 8.7% during the same time-period.

# El Camino Healthcare District

## Management's Discussion and Analysis

### For the Years Ended June 30, 2021, 2020, and 2019

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The YOY decrease in net unrealized gains and losses was broad-based across asset classes, with the most significant declines resulting from fixed income and hedge fund investments. Fixed income investments experienced larger net unrealized gains in fiscal year 2019 in comparison to fiscal year 2020, while hedge fund investments experienced modest net unrealized losses in fiscal year 2019 in relation to larger net unrealized losses in fiscal year 2020.

#### ***FIDUCIARY MD&A***

##### Overview

The El Camino Hospital Cash Balance Plan (the "Cash Balance Plan") was established on July 1, 1963, by El Camino Hospital (the "Hospital") and has been amended from time to time since that date.

The Hospital also provides healthcare benefits and life insurance under the El Camino Hospital Postretirement Health and Life Insurance Benefit Plan (the "OPEB Plan"), a single-employer defined benefit Postretirement Benefits Plan, for retired employees who meet eligibility requirements as outlined in the plan document, as approved by the board of directors of the Hospital.

##### Financial Highlights – 2021

Cash Balance Plan – During the year ended June 30, 2021, the net position held in trust for pension benefits increased by approximately 14%. Employer contributions were \$10.5 million in 2021 compared to \$13.0 million in 2020. Benefit payments were \$12.2 million in 2021 compared to \$14.7 million in 2020. Net investment income was \$43.8 million in 2021 compared to \$45.7 million in 2020, which was the primary reason for the overall 14% increase in net position as of June 30, 2021.

OPEB Plan – Benefit payments were \$0.9 million in 2021 compared to \$0.8 million in 2020.

##### Financial Highlights – 2020

Cash Balance Plan – During the year ended June 30, 2020, the net position held in trust for pension benefits increased by approximately 17%. Employer contributions were \$13.0 million in 2020 compared to \$12.2 million in 2019. Benefit payments were \$14.7 million in 2020 compared to \$13.7 million in 2019. Net investment income was \$45.7 million in 2020 compared to a loss of \$6.9 million in 2019, which was the primary reason for the overall 17% increase in net position as of June 30, 2020.

OPEB Plan – Benefit payments were \$0.8 million in 2020 compared to \$0.7 million in 2019.

##### Overview of the Fiduciary Financial Statements

The basic financial statements present information about the Cash Balance Plan and OPEB Plan's fiduciary net position and changes in fiduciary net position for the respective years. The basic financial statements also include notes to explain some of the information in the financial statements and to provide more details. The statement of fiduciary net position displays the assets and liabilities and resulting net position of the Plan as of the end of the year. All assets are valued at fair value.

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

The following is the abbreviated statement of fiduciary net position and statement of changes in fiduciary net position (in thousands):

CASH BALANCE PLAN			
	2021	2020	2019
<b>ASSETS</b>			
Investments, at fair value	\$ 336,548	\$ 294,470	\$ 250,733
Receivables	3,557	3,385	3,278
Net pending trades	-	-	(94)
<b>NET POSITION RESTRICTED FOR PENSIONS</b>	<b>\$ 340,105</b>	<b>\$ 297,855</b>	<b>\$ 253,917</b>
<b>ADDITIONS</b>			
Investments income (loss)	\$ 43,836	\$ 45,683	\$ (6,921)
Contributions	10,636	13,042	12,210
<b>Total additions</b>	<b>54,472</b>	<b>58,725</b>	<b>5,289</b>
<b>DEDUCTIONS</b>			
Deductions	12,222	14,787	13,988
<b>INCREASE (DECREASE) IN NET POSITION RESTRICTED FOR PENSIONS</b>	<b>\$ 42,250</b>	<b>\$ 43,938</b>	<b>\$ (8,699)</b>
OPEB PLAN			
	2021	2020	2019
<b>ASSETS</b>			
Investments, at fair value	-	-	-
Receivables	-	-	-
<b>NET POSITION RESTRICTED FOR PENSIONS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>ADDITIONS</b>			
Contributions	881	820	748
<b>Total additions</b>	<b>881</b>	<b>820</b>	<b>748</b>
<b>DEDUCTIONS</b>			
Deductions	881	820	748
<b>INCREASE (DECREASE) IN NET POSITION RESTRICTED FOR PENSIONS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**El Camino Healthcare District**  
**Management's Discussion and Analysis**  
**For the Years Ended June 30, 2021, 2020, and 2019**

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Cash Balance Plan – During the year ended June 30, 2021, the Cash Balance Plan's fiduciary net position increased by 14%. The Cash Balance Plan's policies allow investments consisting of fixed income and equity marketable securities, alternatives, and cash. During the year ended June 30, 2020, the Cash Balance Plan's fiduciary net position increased by 17%. The Cash Balance Plan's policies allow investments consisting of fixed income and equity marketable securities, alternatives, and cash.

The statement of changes in fiduciary net position reflects the employer contributions and investment return, net of investment expenses, less benefits paid.

The decrease in investment income during the year ended June 30, 2021, compared to 2020, is due to a decrease in the net appreciation of fair value of investments due to smaller returns in global security markets and on the Cash Balance Plan's investments during the year. Benefit payments decreased from the prior year due to a decrease in the number of retirees and beneficiaries receiving benefits. The increase in investment income during the year ended June 30, 2020, compared to 2019, is due to an increase in the net appreciation of fair value of investments due to positive returns in global security markets and increased returns on the Cash Balance Plan's investments during the year. Benefit payments continue to increase each year due to the increased number of retirees and beneficiaries receiving benefits.

OPEB Plan – Benefit payments were \$0.9 million in 2021 compared to \$0.8 million in 2020.



# **Report of Independent Auditors**

To the Board of Directors  
El Camino Healthcare District

## **Report on the Financial Statements**

We have audited the accompanying consolidated financial statements of the business-type activities and the aggregate remaining fund information of El Camino Healthcare District (the "District"), as of and for the years ended June 30, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the District's basic consolidated financial statements as listed in the table of contents.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the District as of June 30, 2021 and 2020, and the consolidated results of operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## ***Other Matters***

### ***Required Supplementary Information***

The accompanying Management's Discussion and Analysis on pages 1 through 14, and the accompanying supplemental pension and post-retirement benefit information on pages 65 and 66, are not required parts of the consolidated financial statements but are supplementary information required by the Governmental Accounting Standards Board, who considers them to be an essential part of financial reporting for placing the consolidated financial statements in an appropriate operational economic or historical context. This supplementary information is the responsibility of the District's management. We have applied certain limited procedures in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the consolidated financial statements, and other knowledge we obtained during our audit of the consolidated financial statements. We do not express an opinion or provide any assurance on the supplementary information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### ***Other Information***

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements that collectively comprise the District's consolidated financial statements. The accompanying consolidating statement of net position and consolidating statement of revenues, expenses, and changes in net position, on pages 62 through 64, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of the District's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements that collectively comprise the District's consolidated financial statements. The accompanying supplemental schedule of community benefit on page 67 is presented for purpose of additional analysis and is not a required part of the consolidated financial statements. This supplementary information is the responsibility of the District's management. Such information has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

San Francisco, California  
[REDACTED], 2021

## **Consolidated Financial Statements**

DRAFT

**El Camino Healthcare District**  
**Consolidated Statements of Net Position**  
**June 30, 2021 and 2020**  
**(In Thousands)**

	2021	2020
<b>ASSETS AND DEFERRED OUTFLOWS</b>		
Current assets		
Cash and cash equivalents	\$ 161,915	\$ 235,381
Short-term investments	294,690	225,840
Current portion of board-designated funds	18,657	26,495
Patient accounts receivable, net of allowances for doubtful accounts of \$81,194 and \$60,439 in 2021 and 2020, respectively	169,289	129,485
Prepaid expenses and other current assets	32,210	36,464
Total current assets	676,761	653,665
Non-current cash and investments		
Board-designated funds	1,197,550	871,384
Restricted funds	650	650
Funds held by trustee	36,939	50,825
	1,235,139	922,859
Capital assets		
Nondepreciable	164,226	582,752
Depreciable, net	996,060	583,284
Total capital assets	1,160,286	1,166,036
Pledges receivable, net of current portion	3,053	4,402
Prepaid pension asset	111,162	78,615
Investments in healthcare affiliates	32,557	27,449
Beneficial interest in charitable remainder unitrusts	4,522	3,893
Total assets	3,223,480	2,856,919
Deferred outflows of resources		
Loss on defeasance of bonds payable	11,761	12,361
Deferred outflows of resources	9,324	6,532
Deferred outflows - actuarial	1,005	1,861
Total deferred outflows of resources	22,090	20,754
Total assets and deferred outflows of resources	\$ 3,245,570	\$ 2,877,673

**El Camino Healthcare District**  
**Consolidated Statements of Net Position (continued)**  
**June 30, 2021 and 2020**  
**(In Thousands)**

	2021	2020
<b>LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b>		
Current liabilities		
Accounts payable and accrued expenses	\$ 39,788	\$ 35,465
Salaries, wages, and related liabilities	83,236	63,333
Medicare accelerated payments	65,635	75,076
Other current liabilities	31,392	23,165
Estimated third-party payor settlements	12,990	10,956
Current portion of bonds payable	14,480	13,420
Total current liabilities	247,521	221,415
Bonds payable, net of current portion	589,909	607,953
Other long-term obligations	12,175	22,674
Workers' compensation, net of current portion	17,002	16,482
Post-retirement medical benefits, net of current portion	30,657	30,730
Total liabilities	897,264	899,254
Deferred inflow of resources		
Deferred inflow of resources	4,522	3,893
Deferred inflow of resources - actuarial	41,339	26,806
Total deferred inflow of resources	45,861	30,699
Net position		
Invested in capital assets, net of related debt	592,836	595,488
Restricted - expendable	22,960	20,606
Restricted - nonexpendable	8,122	8,023
Unrestricted	1,678,527	1,323,603
Total net position	2,302,445	1,947,720
Total liabilities, deferred inflows of resources, and net position	\$ 3,245,570	\$ 2,877,673

**El Camino Healthcare District**  
**Consolidated Statements of Revenues, Expenses, and Changes in Net Position**  
**Years Ended June 30, 2021 and 2020**  
**(In Thousands)**

	2021	2020
<b>OPERATING REVENUES</b>		
Net patient service revenue (net of provision for bad debts of \$26,370 and \$15,925 in 2021 and 2020, respectively)	\$ 1,107,912	\$ 982,697
Other revenue	42,221	48,440
Total operating revenues	1,150,133	1,031,137
<b>OPERATING EXPENSES</b>		
Salaries, wages, and benefits	574,797	541,009
Professional fees and purchased services	177,981	170,994
Supplies	171,720	152,466
Depreciation	67,688	54,038
Rent and utilities	27,600	26,815
Other	15,140	22,167
Total operating expenses	1,034,926	967,489
Income from operations	115,207	63,648
<b>NONOPERATING REVENUES (EXPENSES)</b>		
Investment income, net	230,924	40,854
Property tax revenue		
Designated to support community benefit programs and operating expenses	9,532	9,170
Designated to support capital expenditures	11,129	9,706
Levied for debt service	11,803	10,493
Bond interest expense, net	(20,031)	(12,879)
Intergovernmental transfer expense	(4,460)	(4,048)
Restricted gifts, grants and bequests, and other, net of contributions to related parties	2,868	8,412
Unrealized gain (loss) on interest rate swaps	1,883	(3,366)
Community benefit expense	(11,297)	(12,091)
Provider Relief Fund revenue	-	19,000
Other, net	7,167	902
Total nonoperating revenues	239,518	66,153
Increase in net position	354,725	129,801
TOTAL NET POSITION, beginning of year	1,947,720	1,817,919
TOTAL NET POSITION, end of year	\$ 2,302,445	\$ 1,947,720

**El Camino Healthcare District**  
**Consolidated Statements of Cash Flows**  
**Years Ended June 30, 2021 and 2020**  
**(In Thousands)**

	2021	2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from and on behalf of patients	\$ 1,056,241	\$ 979,666
Other cash receipts	42,221	67,613
Medicare accelerated payments	-	75,076
Cash payments to employees	(555,737)	(534,911)
Cash payments to suppliers	(413,412)	(431,515)
Net cash provided by operating activities	129,313	155,929
<b>CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES</b>		
Property taxes	20,661	18,876
Restricted contributions and investment income	2,868	8,412
Net cash provided by noncapital financing activities	23,529	27,288
<b>CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES</b>		
Purchases of property, plant, and equipment	(67,965)	(107,239)
Payments on bonds payable	(13,420)	(12,430)
Interest paid on General Obligation bonds payable	(3,071)	(2,829)
Tax revenue related to General Obligation bonds payable	11,803	10,493
Net cash used in capital and related financing activities	(72,653)	(112,005)
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchases of investments	(2,061,579)	(1,257,978)
Sales of investments	1,674,401	1,205,746
Investment income, net	230,924	40,854
Community benefit and other investing activities	(11,297)	(12,091)
Change in funds held by trustee, net	13,886	56,276
Net cash (used in) provided by investing activities	(153,665)	32,807
Net (decrease) increase in cash and cash equivalents	(73,466)	104,019
<b>CASH AND CASH EQUIVALENTS at beginning of year</b>	235,381	131,362
<b>CASH AND CASH EQUIVALENTS at end of year</b>	\$ 161,915	\$ 235,381
<b>RECONCILIATION OF INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES</b>		
Income from operations	\$ 115,204	\$ 63,648
Adjustments to reconcile income from operations to net cash		
net cash from operating activities		
Amortization of bond premium and bond issuance costs	(3,564)	(4,070)
Depreciation	67,688	54,038
Provision for bad debts	26,370	15,925
Changes in assets and liabilities		
Patient accounts receivable, net	(66,174)	(14,708)
Prepaid expenses and other current assets	(34,244)	(40,281)
Medicare accelerated payments	(9,441)	75,076
Current liabilities	24,220	(26,698)
Other long-term obligations	(6,062)	5,633
Deferred inflows/outflows of resources - actuarial	15,389	26,116
Post-retirement medical benefits	(73)	1,250
Net cash provided by operating activities	\$ 129,313	\$ 155,929
<b>SUPPLEMENTAL DISCLOSURE OF NONCASH INVESTING ACTIVITIES</b>		
Noncash purchase of property, plant, and equipment	\$ 5,848	\$ 11,875
Change in fair value of beneficial interest in charitable remainder unitrusts, and deferred inflow of resources, net	\$ 629	\$ -

See accompanying notes.



**El Camino Healthcare District**  
**Statements of Fiduciary Net Position**  
**June 30, 2021 and 2020**  
**(In Thousands)**

	CASH BALANCE PLAN		OPEB PLAN		TOTAL	
	2021	2020	2021	2020	2021	2020
<b>ASSETS</b>						
Investments						
Mutual funds	\$ 230,806	\$ 200,645	\$ -	\$ -	\$ 230,806	\$ 200,645
Limited liability companies	49,390	39,023	-	-	49,390	39,023
Common stock	23,649	21,921	-	-	23,649	21,921
Partnerships	11,044	12,682	-	-	11,044	12,682
Pooled, common and collective trusts	9,158	8,008	-	-	9,158	8,008
Corporate bonds	5,304	5,119	-	-	5,304	5,119
U.S. government securities	3,310	3,954	-	-	3,310	3,954
Cash and cash equivalents	3,887	3,118	-	-	3,887	3,118
Total investments, at fair value	336,548	294,470	-	-	336,548	294,470
Receivables						
Employer contributions	3,500	3,300	-	-	3,500	3,300
Interest and dividends	57	85	-	-	57	85
Total receivables	3,557	3,385	-	-	3,557	3,385
Net pending trades	-	-	-	-	-	-
<b>NET POSITION RESTRICTED FOR PENSIONS</b>	<b>\$ 340,105</b>	<b>\$ 297,855</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 340,105</b>	<b>\$ 297,855</b>

**El Camino Healthcare District**  
**Statements of Changes in Fiduciary Net Position**  
**June 30, 2021 and 2020**  
**(In Thousands)**

	EL CAMINO HOSPITAL CASH BALANCE PLAN		EL CAMINO HOSPITAL POSTRETIREMENT HEALTH AND LIFE INSURANCE BENEFIT PLAN		TOTAL	
	2021	2020	2021	2020	2021	2020
<b>ADDITIONS</b>						
Investments income						
Net appreciation in fair value of investments	\$ 39,954	\$ 40,512	\$ -	\$ -	\$ 39,954	\$ 40,512
Dividends	3,635	4,592	-	-	3,635	4,592
Interest	247	579	-	-	247	579
Total investment income	43,836	45,683	-	-	43,836	45,683
Contributions						
Employer contributions	10,500	13,000	881	820	11,381	13,820
Pending investment settlements	136	42	-	-	136	42
Total contributions	10,636	13,042	881	820	11,517	13,862
Total additions	54,472	58,725	881	820	55,353	59,545
<b>DEDUCTIONS</b>						
Benefits paid to participants	12,167	14,687	881	820	13,048	15,507
Administrative expenses	55	100	-	-	55	100
Total deductions	12,222	14,787	881	820	13,103	15,607
<b>INCREASE IN NET POSITION</b>	42,250	43,938	-	-	42,250	43,938
<b>NET POSITION RESTRICTED FOR PENSIONS</b>						
Beginning of year	297,855	253,917	-	-	297,855	253,917
End of year	\$ 340,105	\$ 297,855	\$ -	\$ -	\$ 340,105	\$ 297,855

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

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### NOTE 1 – ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Organization** – The El Camino Healthcare District (the “District”) includes the following component units, which are included as blended component units of the District’s consolidated financial statements: El Camino Hospital (the “Hospital”), El Camino Hospital Foundation (the “Foundation”), CONCERN: Employee Assistance Program (“CONCERN”), and Silicon Valley Medical Development, LLC (“SVMD”).

The District is organized as a political subdivision of the State of California and was created for the purpose of operating an acute care hospital and providing management services to certain related corporations. The District is the sole member of the Hospital, and the Hospital is the sole corporate member of the Foundation and CONCERN. As sole member, the District (with respect to the Hospital) and the Hospital (with respect to the Foundation and CONCERN) have certain powers, such as the appointment and removal of the boards of directors and approval of changes to the articles of incorporation and bylaws.

SVMD was organized as a California Limited Liability Corporation (“LLC”) that was formed in 2008. Starting in fiscal year 2019 and continuing into the current fiscal year, SVMD has expanded to 14 clinic and urgent care sites that included certain assets of five clinics acquired through bankruptcy of Verity Health System in April 2019.

All significant inter-entity accounts and transactions have been eliminated in the consolidated financial statements.

The District utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis and consolidated financial statements are prepared using the economic resources measurement focus.

The District has fiduciary responsibility for the El Camino Hospital Cash Balance Plan and El Camino Hospital Postretirement Health and Life Insurance Benefit Plan. See Notes 7 and 8.

**El Camino Hospital Cash Balance Plan** – The Plan was originally adopted as a defined benefit plan and was amended and restated in its entirety to a cash-balance formula effective January 1, 1995. Effective January 1, 2014, the Plan was restated and amended. The Plan is administered by the sponsor, El Camino Hospital (the “Hospital”), and Plan assets are held by the custodian of the Plan, Wells Fargo Bank, N.A. (“Wells Fargo”). The Plan is a noncontributory defined benefit plan intended to qualify under Section 401(a) of the Internal Revenue Code (“IRC”). At December 31, 2020, there were 4,389 Plan participants consisting of 2,824 active participants and 1,565 inactive or separated participants, and at December 31, 2019, there were 4,283 Plan participants consisting of 2,735 active participants and 1,548 inactive or separated participants.

**El Camino Hospital Postretirement Health and Life Insurance Benefit Plan** – The Hospital also provides healthcare benefits and life insurance under the El Camino Hospital Postretirement Health and Life Insurance Benefit Plan (the “OPEB Plan”), a single-employer defined benefit Postretirement Benefits Plan, for retired employees who meet eligibility requirements as outlined in the plan document, as approved by the board of directors of the Hospital.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

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**Accounting standards** – Pursuant to Governmental Accounting Standards Board (“GASB”) Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*, the District's proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements as well as codified pronouncements issued on or before November 30, 1989, and the California Code of Regulations, Title 2, Section 1131, State Controller's *Minimum Audit Requirements* for California Special Districts and the State Controller's Office prescribed reporting guidelines.

**Use of estimates** – The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Estimates include contractual allowances related to net patient service revenue, provision for uncollectible accounts, fair market values of investments, uninsured losses for professional liability, minimum pension liability, workers' compensation liability, post-retirement medical benefits liability, valuation of gift annuities and beneficial interest in charitable remainder unitrusts, and useful lives of capital assets. Actual results could differ from those estimates.

**Cash and cash equivalents** – Cash and cash equivalents include deposits with financial institutions, and investments in highly liquid debt instruments with an original maturity of three months or less. In addition, in fiscal years 2021 and 2020, cash and cash equivalents include repurchase agreements, which consist of highly liquid obligations of U.S. governmental agencies. Cash and cash equivalents exclude amounts whose use is limited by board designation or by legal restriction.

**Investments** – Investments consist primarily of highly liquid debt instruments and other short-term interest-bearing certificates of deposit, U.S. Treasury bills, U.S. government obligations, hedge funds, hedge fund of funds, and corporate debt, excluding amounts whose use is limited by board designation or other arrangements under trust agreements.

Board-designated and restricted funds include assets set aside by the Board of Directors (the “Board”) for future capital improvements and other operational reserves, over which the Board retains control and may at its discretion use for other purposes; assets set aside for qualified capital outlay projects in compliance with state law; and assets restricted by donors or grantors.

Investment income, realized gains and losses, and unrealized gains and losses on investments are reflected as nonoperating revenue or expense.

**Funds held by trustee** – According to the terms of both indenture agreements (General Obligation and Revenue Bonds), these amounts are held by the bond trustee and paying agent and are maintained and managed by an investment manager or the trustee. These assets are available for the settlement of future current bond obligations and capital expenditures.

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

**Capital assets** – Capital asset acquisitions are recorded at cost. Donated property is recorded at its fair market value on the date of donation. All purchases over \$2,500 are capitalized. Equipment under capital lease is amortized on the straight-line basis over the shorter of the lease term or the estimated useful life of the equipment. Leasehold improvements are amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the related assets. Depreciation is computed using the straight-line method over the estimated useful lives of the assets as follows:

Land improvements	16 years
Buildings and fixtures	25 to 47 years
Equipment	3 to 16 years

The District evaluates prominent events or changes in circumstances affecting capital assets to determine whether impairment of a capital asset has occurred. Impairment losses on capital assets are measured using the method that best reflects the diminished service utility of the capital asset.

Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

**Prepaid expenses and other current assets** – Prepaid expenses and other current assets consist primarily of premiums paid in advance, inventories, dues, and other receivables related to new capitation and hospitalist contracts associated with Silicon Valley Medical Development. Prepaid expenses and other current assets consisted of the following at June 30:

	2021	2020
Inventory	\$ 13,765	\$ 13,690
County of Santa Clara receivable	-	7,478
Prepaid expense and other deposits	9,920	8,876
Other receivables	8,525	6,420
	<u>\$ 32,210</u>	<u>\$ 36,464</u>

**Investments in healthcare affiliates** – The Hospital holds an interest in Pathways Home Health & Hospice (“Pathways”), and five Satellite Dialysis Centers, which are reported using the equity method of accounting.

Affiliate	Percent interest
Pathways	50%
Satellite Dialysis	30%

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

**Deferred outflows and inflows** – The District records deferred outflows or inflows of resources in its consolidated financial statements for consumption or acquisition of its consolidated net position that is applicable to a future reporting period. These financial statement elements are distinct from assets and liabilities.

	2021	2020
Deferred outflows of resources as of June 30:		
Loss on defeasance of bonds payable	\$ 11,761	\$ 12,361
Deferred outflows of resources - employee benefit plan contribution	7,000	3,300
Deferred outflows of resources - goodwill	2,324	3,232
Deferred outflows - actuarial, employee benefit plan	915	1,244
Deferred outflows - actuarial, post-retirement medical benefit	90	617
<b>Total</b>	<b>\$ 22,090</b>	<b>\$ 20,754</b>
Deferred inflows of resources as of June 30:		
Deferred inflows of resources - charitable remainder unitrusts	\$ 4,522	\$ 3,893
Deferred inflows - actuarial, employee benefit plan	41,141	26,456
Deferred inflows - actuarial, post-retirement medical benefit	198	350
<b>Total</b>	<b>\$ 45,861</b>	<b>\$ 30,699</b>

**Risk management** – The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

**Self-insurance plans** – The Hospital maintains professional liability insurance on a claims-made basis, with liability limits of \$40,000,000 in aggregate, which is subject to a \$50,000 deductible. Additionally, the Hospital is self-insured for workers' compensation benefits. The Hospital purchases a Workers' Compensation Excess Policy that insures claims greater than \$1,000,000 with a limit of statutory and a \$1,000,000 deductible. Actuarial estimates of uninsured losses for professional liability and workers' compensation have been accrued as other current liabilities and workers' compensation, net of current portion, respectively, in the accompanying consolidated financial statements.

The following is a summary of changes in workers' compensation liabilities for the years ended June 30 (in thousands):

	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2021	\$ 18,782	\$ 2,827	\$ 2,307	\$ 19,302	\$ 2,300
	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2020	\$ 20,732	\$ 893	\$ 2,843	\$ 18,782	\$ 2,300

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

**Compensated absences** – Vested or accumulated vacation and sick leave are recorded as an expense and liability of the Hospital as the benefits accrue to employees. For most employees, the maximum accumulated vacation is 400 hours. Sick leave is accumulated indefinitely at a maximum of 40 hours for a full-time employee per year, and is not vested with the employee upon termination. The following is a summary of changes in compensated absences transactions for the years ended June 30, (in thousands):

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>	<u>Current Portion</u>
2021	\$ 28,124	\$ 52,815	\$ 47,742	\$ 33,197	\$ 33,197
	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>	<u>Current Portion</u>
2020	\$ 26,502	\$ 51,435	\$ 49,813	\$ 28,124	\$ 28,124

**Medicare accelerated payments and CARES Act grant** – On March 11, 2020, the World Health Organization officially declared COVID-19, the disease caused by the novel coronavirus, a pandemic. Management is closely monitoring the evolution of this pandemic, including how it may affect operations and the general population. Management has not yet determined the full financial impact of these events. Centers for Medicare & Medicaid Services (“CMS”) distributed \$50 billion of the \$100 billion in the form of grants to hospitals. The Hospital received approximately \$19.0 million of provider relief funds for the year ended June 30, 2020, included as “Provider Relief Fund revenue” (nonoperating revenue) in the consolidated statement of revenues, expenses, and changes in net position, and will have to submit reports documenting lost revenue and expenses incurred to support the grant funds, among other terms and conditions. There were no additional funds received for the year ended June 30, 2021.

Separately, CMS initiated an Accelerated Payment Program to hospitals. The Accelerated Payments represent advance payments for services to be provided and were based on a hospital’s historical Medicare volume. In April 2020, the Hospital received approximately \$75.1 million in Accelerated Payments. CMS began recoupment of these accelerated payments in April 2021 and will continue to recoup the accelerated payments from billings for services rendered until they are fully repaid. Any accelerated payments still open after 29 months from receipt will be charged interest at 4%. As of June 30, 2021 and 2020, the Hospital had \$65.6 million and \$75.1 million, respectively, in accelerated payments, included in Medicare accelerated payments in the consolidated statement of financial position as of June 30, 2021. During the year ended June 30, 2021, approximately \$9.5 million had been recouped.

**Interest rate swap agreements** – During the fiscal year ended June 30, 2007, the Hospital entered into derivative instruments in the form of three swap agreements to hedge variable interest rate exposure. During the fiscal year ended June 30, 2008, the underlying variable rate debt was refunded for fixed rate debt, leaving the Hospital with speculative derivative instruments that largely offset the variable rate debt issued in 2009. Two of these swaps were terminated in the fiscal year ended June 30, 2010. Refer to Note 10 for a full description of the interest rate swap agreements.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

**Net position** – Net position of the District is classified as invested in capital assets, restricted-expendable, restricted-nonexpendable, and unrestricted net position.

**Invested in capital assets, net of related debt** – Invested in capital assets of \$592,836,000 and \$595,488,000 at June 30, 2021 and 2020, respectively, represent investments in all capital assets (building and building improvements, furniture and fixtures, and information and technology equipment), net of depreciation less any debt issued to finance those capital assets.

**Restricted-expendable** – The restricted-expendable net position is restricted through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, laws or regulations of other governments, or constraints imposed by law through constitutional provisions or enabling legislation and includes assets in self-insurance trust funds, revenue bond reserve fund assets, and net position restricted to use by donors.

**Restricted-nonexpendable** – The restricted-nonexpendable net position is equal to the principal portion of permanent endowments.

**Unrestricted net position** – Unrestricted net position consists of net position that does not meet the definition of invested in capital assets, net of related debt, or restricted.

**Statements of revenues, expenses, and changes in net position** – For purposes of presentation, transactions deemed by management to be ongoing, major, or central to the provisions of healthcare services are reported as revenues and expenses. Peripheral or incidental transactions are reported as gains and losses. These peripheral activities include investment income, property tax revenue, gifts, grants and bequests, change in net unrealized gains and losses on short-term investments, unrealized losses or gains on interest rate swaps, and nonexchange contributions received from the Foundation's fundraising activities and are reported as nonoperating. Investments in Pathways Home Health & Hospice and Satellite Dialysis of Mountain View, LLC, are accounted for under the equity method. The Hospital's share of the operating income of these entities is included as other, net in the consolidated financial statements.

**Net patient service revenue and patient accounts receivable** – Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined. The distribution of net patient accounts receivable by payor is as follows:

	June 30,	
	2021	2020
Medicare	13%	14%
Medi-Cal	3%	2%
Commercial and other	83%	83%
Self pay	1%	1%
	<u>100%</u>	<u>100%</u>



## El Camino Healthcare District

### Notes to Consolidated Financial Statements

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**Provision for uncollectible accounts** – The Hospital provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. A provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible.

**Charity care** – The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The amount of estimated costs for services and supplies furnished under the Hospital's charity care policy aggregated approximately \$2,586,000 and \$2,362,000 for the years ended June 30, 2021 and 2020, respectively.

**Property tax revenue** – The District received approximately 9% in 2021 and 23% in 2020 of its total increase in net position from property taxes. These funds were designated as follows (in thousands):

	2021	2020
Designated to support community benefit programs and operating expenses	\$ 9,532	\$ 9,170
Designated to support capital expenditures	\$ 11,129	\$ 9,706
Levied for debt service	\$ 11,803	\$ 10,493

Property taxes are levied by the County of Santa Clara on the District's behalf on January 1 and are intended to finance the District's activities of the same calendar year. Amounts levied are based on assessed property values as of the preceding July 1. Property taxes are considered delinquent on the day following each payment due date. Property taxes are recorded as nonoperating revenue by the District when they are earned.

**Grants and contributions** – From time to time, the District receives grants as well as contributions from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues.

**Income taxes** – The District operates under the purview of the Internal Revenue Code (the "Code"), Section 115, and corresponding California Revenue and Taxation Code provisions. As such, it is not subject to state or federal taxes on income. CONCERN has also been granted tax-exempt status. However, income from the unrelated business activities of the Hospital and the Foundation is subject to income taxes. ECSC and SVMD are limited liability companies and are treated as pass-through entities for federal income tax purposes. Accordingly, no recognition has been given to federal income taxes in the accompanying consolidated financial statements.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

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**New accounting pronouncements** – The GASB issued Statement No. 84, *Fiduciary Activities* (“GASB No. 84”), which provides improved guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported. The statement also provides for recognition of a liability to the beneficiaries in a fiduciary fund when an event has occurred that compels the government to disburse fiduciary resources. The GASB also issued Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation* (“GASB No. 97”). GASB 97 amends the criteria for reporting governmental fiduciary component units – separate legal entities included in a government’s financial statements. GASB 97 clarifies rules related to reporting of fiduciary activities under Statements No. 14 and No. 84 for defined contribution plans and to enhance the relevance, consistency, and comparability of the accounting and financial reporting of IRC Code section 457 plans that meet the definition of a pension plan. The District adopted GASB No. 84 and GASB No. 97 in the current fiscal year and has reflected the activities of the Cash Balance Plan and OPEB Plan funds in the accompanying statements of fiduciary net position and statements of changes in fiduciary net position.

The GASB also issued GASB Statement No. 87, *Leases* (“GASB No. 87”), which intends to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. GASB No. 87 increases the usefulness of governments’ financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. The statement establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments’ leasing activities. GASB No. 95 extended the effective date for GASB No. 87 to reporting periods beginning July 1, 2021. The District is currently assessing the impact of this standard on the District’s consolidated financial statements.

The GASB also issued GASB Statement No. 89, *Accounting for Interest Cost Incurred Before the End of a Construction Period* (“GASB No. 89”). GASB No. 89 establishes accounting requirements for interest cost incurred before the end of a construction period. This statement requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost is incurred for financial statements prepared using the economic resources measurement focus. As a result, interest cost incurred before the end of a construction period will not be included in the historical cost of a capital asset reported in a business-type activity or enterprise fund. GASB No. 95 extended the effective date for GASB No. 89 to reporting periods beginning July 1, 2021. The District is currently assessing the impact of this standard on the District’s consolidated financial statements.

The GASB also issued GASB Statement No. 91, *Conduit Debt Obligation* (“GASB No. 91”). GASB No. 91 provides a single method of reporting conduit debt obligations by issuers and eliminate diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. This Statement achieves those objectives by clarifying the existing definition of a conduit debt obligation; establishing that a conduit debt obligation is not a liability of the issuer; establishing standards for accounting and financial reporting of additional commitments and voluntary commitments extended by issuers and arrangements associated with conduit debt obligations; and improving required note disclosures. GASB No. 95 extended the effective date for GASB No. 91 to reporting periods beginning July 1, 2022. The District is currently assessing the impact of this standard on the District’s consolidated financial statements.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

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The GASB also issued Statement No. 93, *Replacement of Interbank Offered Rates* ("GASB No. 93"). GASB No. 93 establishes accounting and reporting requirements related to the replacement of Interbank Offered Rates such as the London Interbank Offered Rate ("LIBOR") for hedging derivative instruments. As a result of global reference rate reform, LIBOR is expected to cease to exist in its current form after December 31, 2021. The requirements of this statement, except for paragraphs 11b, 13, and 14, are effective for reporting periods beginning after June 15, 2020. The requirement in paragraph 11b is effective for reporting periods ending after December 31, 2021. GASB No. 95 extended the effective date for paragraphs 13 and 14 to fiscal years beginning after June 15, 2021. The District is currently assessing the impact of this standard on the District's consolidated financial statements.

#### NOTE 2 – OPERATING REVENUES

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, fee schedules, prepaid payments per member, and per diem payments or a combination of these methods. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated settlements under reimbursement agreements with third-party payors.

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system based on clinical, diagnostic, and other factors. Inpatient services are paid at prospectively determined rates per discharge. Payments for outpatient services are based on a stipulated amount per procedure. The Hospital is reimbursed for cost reimbursable items at a tentative rate, with final settlements determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The effect of updating prior-year estimates for Medicare and other liabilities was to decrease 2021 income from operations by \$5,519,000, and increase 2020 income from operations by \$2,068,000. The Hospital's cost reports have been audited by the Medicare fiscal intermediary through June 30, 2017.

Non-Designated Public Hospitals ("NDPHs"), including the Hospital, were authorized, in 2011's Assembly Bill ("AB") 113, to use intergovernmental transfers ("IGTs") to obtain federal supplemental funds for Medi-Cal inpatient fee-for-service. The IGTs are used to bring NDPHs, in the aggregate, up to their upper payment limit ("UPL"). The UPL is the federal maximum available under the Medicaid program, as calculated based on the actual costs of providing care. For the years ended June 30, 2021 and 2020, the Hospital recognized amounts under the IGT program of \$12,974,000 and \$9,615,000, respectively, which have been reported as net patient service revenue.

Medi-Cal and contracted rate payors are paid on a percentage of charges, per diem, per discharge, fee schedule, or a combination of these methods.

Laws and regulations governing the Medicare and Medi-Cal programs are complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term.

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

Other revenues for the year ended June 30, consisted of the following:

	2021	2020
Rental income	\$ 13,496	\$ 13,242
Prime IGT	3,616	5,244
SVMD other revenue	9,043	14,095
Concern & SVMD capitated revenue	11,843	11,565
Other operating revenue	4,223	4,294
	<u>\$ 42,221</u>	<u>\$ 48,440</u>

### NOTE 3 – CASH DEPOSITS

At June 30, 2021 and 2020, District cash deposits had carrying amounts of \$161,915,000 and \$235,381,000, respectively, and bank balances of \$167,845,000 and \$242,759,000, respectively. All of these funds were held in cash deposits, which are collateralized with the California Government Code ("CGC"), except for \$250,000 per account that is federally insured by the Federal Deposit Insurance Corporation ("FDIC").

The District participated in a cash management program provided by its primary depository institution that allows cash in District concentration accounts to be swept daily and invested overnight in reverse agreements that are not exposed to custodial credit risk because the underlying securities are held by the buyer-lender.

### NOTE 4 – BOARD-DESIGNATED FUNDS, FUNDS HELD BY TRUSTEE, RESTRICTED FUNDS, AND INVESTMENTS

Board-designated funds, funds held by trustee, restricted funds, and short-term investments, collectively, as of June 30, 2021 and 2020, comprised the following (in thousands):

	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Carrying Value
2021				
Cash and cash equivalents	\$ 106,812	\$ -	\$ -	\$ 106,812
Mutual funds	299,020	190,509	-	489,529
Real estate funds	60,736	17,824	(23)	78,537
Hedge funds	180,072	36,628	(4,102)	212,598
Equities	57,211	20,811	(327)	77,695
Fixed income securities	561,274	23,931	(1,890)	583,315
	<u>\$ 1,265,125</u>	<u>\$ 289,703</u>	<u>\$ (6,342)</u>	<u>\$ 1,548,486</u>

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

2020

Cash and cash equivalents	\$ 104,578	\$ 2	\$ (2)	\$ 104,578
Mutual funds	282,569	109,503	(13,980)	378,092
Real estate funds	26,302	2,815	-	29,117
Hedge funds	147,707	16,899	(6,370)	158,236
Equities	35,062	6,350	(3,047)	38,365
Fixed income securities	446,802	22,975	(2,971)	466,806
	<u>\$ 1,043,020</u>	<u>\$ 158,544</u>	<u>\$ (26,370)</u>	<u>\$ 1,175,194</u>

At June 30, 2021, investment balances and average maturities were as follows:

Investment Type	Fair Value (in thousands)	Investment Maturities (in years)			
		Less than 1	1 to 5	6 to 10	More than 10
Short-term money market	\$ 107,614	\$ 107,614	\$ -	\$ -	\$ -
Government and agencies	383,153	52,241	165,644	32,733	132,535
Corporate bonds	157,451	19,499	73,689	25,560	38,703
Domestic fixed income	41,909	528	21,470	11,380	8,531
	690,127	<u>\$ 179,882</u>	<u>\$ 260,803</u>	<u>\$ 69,673</u>	<u>\$ 179,769</u>
Equities	77,695				
Mutual funds	489,529				
Real estate funds	78,537				
Hedge funds	212,598				
Total	<u>\$ 1,548,486</u>				

At June 30, 2020, investment balances and average maturities were as follows:

Investment Type	Fair Value (in thousands)	Investment Maturities (in years)			
		Less than 1	1 to 5	6 to 10	More than 10
Short-term money market	\$ 105,885	\$ 105,885	\$ -	\$ -	\$ -
Government and agencies	213,760	17,446	66,665	8,379	121,270
Corporate bonds	196,925	20,720	95,372	21,120	59,713
Domestic fixed income	54,814	20,085	12,431	12,197	10,101
	571,384	<u>\$ 164,136</u>	<u>\$ 174,468</u>	<u>\$ 41,696</u>	<u>\$ 191,084</u>
Equities	38,365				
Mutual funds	378,092				
Real estate funds	29,117				
Hedge funds	158,236				
Total	<u>\$ 1,175,194</u>				

**Interest rate risk** – Through its investment policies, the District manages its exposure to fair value losses arising from increasing interest rates by limiting duration of fixed-income securities in its portfolio to no more than 30% of the designated benchmark.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

**Credit risk** – District investment policies require fixed income investments to have a minimum of 85% of a money manager's assets in investment grade assets. The investment policy requires investment managers maintain an average of A- or higher ratings as issued by a nationally recognized rating organization. Additionally, the investment policy requires no more than 5% of a money manager's portfolio at the time of purchase shall be invested in the securities of any one issuer, with the exception of a United States government agency, agency MBS, or other Sovereign issues rated AAA or Aaa.

**Foreign currency risk** – The District's investment policy permits it to invest up to 30% of total investments in foreign currency denominated investments.

**Alternative investments risk** – The District's alternative investments include ownership interest in a wide variety of partnership and fund structures that may be domestic or offshore. Generally, there is little or no regulation of these investments by the Securities and Exchange Commission or U.S. state attorneys general. These investments employ a wide variety of strategies including absolute return, hedge, venture capital, private equity, and other strategies. Investments in this category may employ leverage to enhance the investment return. The District's holdings can include financial assets such as marketable securities, nonmarketable securities, derivatives, and synthetic and structured instruments; real assets; tangible and intangible assets; and other funds and partnerships. Generally, these investments do not have a ready market. Interest in these investments may not be traded without approval of the general partner or fund management.

Alternative investments are subject to all of the risks described previously relating to equities and fixed-income instruments. In addition, alternative strategies and their underlying assets and rights are subject to a broad array of economic and market vagaries that can limit or erode value. The underlying assets may not be held by a custodian either because they cannot be, or because the entity has chosen not to hold them in this form. Valuations determined by the investment manager, who has a conflict of interest in that he or she is compensated for performance, are considered and reviewed by the District's Investment Committee and the Board of Directors. Real assets may be subject to physical damage from a variety of means, loss from natural causes, theft of assets, lawsuits involving rights, and other loss and damage including mortgage foreclosure risk. These risks may not be insured or insurable. Tangible assets are subject to loss from theft and other criminal actions and from natural causes. Intangible assets are subject to legal challenge and other possible impairment.

The carrying amount of deposits and investments are included in the District's consolidated statements of net position as follows (in thousands):

	2021	2020
Included in the following consolidated statement of net position captions:		
Short-term investments	\$ 294,690	\$ 225,840
Current portion of board designated and funds held by trustee	18,657	26,495
Board designated, funds held by trustee, and restricted funds, less current portion	<u>1,235,139</u>	<u>922,859</u>
Total carrying amount of deposits and investments	<u><u>\$ 1,548,486</u></u>	<u><u>\$ 1,175,194</u></u>

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

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#### NOTE 5 – FAIR VALUE

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value hierarchy is also established which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

**Level 1** – Quoted prices in active markets for identical assets or liabilities.

**Level 2** – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

**Level 3** – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the consolidated statements of net position at June 30, 2021 and 2020, as well as the general classification of such instruments pursuant to the valuation hierarchy:

*Mutual funds:* Shares of mutual funds are valued at the net asset value (“NAV”) of shares held by the District and are valued at the closing price reported on the active market on which the individual securities are traded.

*Common stock:* Common stock is valued at the closing price reported on the active market on which the individual securities are traded.

*Asset-backed securities:* Asset-backed securities are valued via model using various inputs such as but not limited to daily cash flow, U.S. Treasury market, floating rate indices such as LIBOR and Prime as a benchmark yield, spread over index, periodic and life caps, next coupon adjustment date, and convertibility of the bond.

*Corporate bonds, foreign bonds, and municipal bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*U.S. government securities:* Fixed income funds are valued at the NAV of shares held by the District and are valued at the closing price reported on the active market on which the individual securities are traded.

*Pooled, common & collective trusts:* Investments are valued using the NAV of the fund. The NAV of a pooled or collective investment fund is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund.

*Hedge funds:* The fair value of the investments is recorded at the investment manager's net asset values, as determined by the fund administrator and subsequently audited by an external third party. The administrator has the appropriate expertise to determine the NAV. The District assesses the NAV and takes into consideration events such as suspended redemptions, restructuring, secondary sales, and investor defaults to determine if an adjustment is necessary. Additionally, asset holdings are reviewed within investment managers' audited financial statements.

*Limited Liability Company and Limited Partnership Interests:* The valuation of partnership interests may require significant management judgement. The District's ownership is based upon their percentage of limited partnership interests divided by the total commitment of the fund. Specifically, inputs used to determine fair value include financial statements provided by the investment partnerships, which typically include fair market value capital account balances.

*Interest rate swaps:* The fair value is estimated by a third party using inputs that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

*Beneficial interest in charitable remainder unitrusts:* The beneficial interest in charitable remainder unitrusts is measured at fair value, which is estimated as the present value of the expected future cash flows from trusts.



# El Camino Healthcare District

## Notes to Consolidated Financial Statements

The following table presents the fair value measurements of financial instruments for the consolidated District financials, recognized in the accompanying consolidated statements of net position measured at fair value on a recurring basis and the level within the GASB No. 72 fair value hierarchy in which the fair value measurements fall at June 30 (in thousands):

Description	Level 1	Level 2	Level 3	2021
Investments by fair value level				
Asset backed securities				
Corporate backed obligations	\$ -	\$ 17,317	\$ -	\$ 17,317
Mortgage backed obligations	-	30,013	-	30,013
Mutual funds - taxable	-	24,248	-	24,248
U.S. Government Mortgage Pool	-	75,847	-	75,847
Common stock				
ADR & U.S. foreign stock	-	6,217	-	6,217
Consumer discretionary	15,566	-	-	15,566
Consumer staples	3,791	-	-	3,791
Energy	7,255	-	-	7,255
Financial services industry	15,024	-	-	15,024
Healthcare industry	6,474	-	-	6,474
Industrials	10,992	-	-	10,992
Information Technology	8,554	-	-	8,554
Other	3,821	-	-	3,821
Corporate, municipal and foreign bonds				
Corporate bonds	-	157,451	-	157,451
Private placements	41,909	-	-	41,909
Municipal taxable	-	4,239	-	4,239
Preferred stocks	1,378	-	-	1,378
Mutual funds				
Mutual funds - equity	489,529	-	-	489,529
U.S. Government securities				
U.S. Treasury notes and bonds	246,022	-	-	246,022
Limited Partnership Interests	-	-	30,128	30,128
Total investments by fair value level	<u>\$ 850,315</u>	<u>\$ 315,332</u>	<u>\$ 30,128</u>	<u>1,195,775</u>
Cash equivalents				<u>106,576</u>
Investments measured at NAV				
Pooled, common & collective trusts				37,609
Equity hedge funds				66,641
Credit hedge funds				26,116
Macro hedge funds				24,164
Relative value hedge funds				89,266
Fixed income limited partnership				2,339
Total investments measured at NAV				<u>246,135</u>
Total investments				<u>\$ 1,548,486</u>
Beneficial interest in charitable remainder unitrusts	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,522</u>	<u>\$ 4,522</u>
Interest rate swap	<u>\$ -</u>	<u>\$ (7,923)</u>	<u>\$ -</u>	<u>\$ (7,923)</u>

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

Description	Level 1	Level 2	Level 3	2020
Investments by fair value level				
Asset backed securities				
Corporate backed obligations	\$ -	\$ 15,013	\$ -	\$ 15,013
Mortgage backed obligations	-	35,070	-	35,070
Mutual funds - taxable	-	18,886	-	18,886
U.S. Government Mortgage Pool	-	80,653	-	80,653
Common stock				
ADR & U.S. foreign stock	-	3,401	-	3,401
Customer discretionary	6,990	-	-	6,990
Energy	3,225	-	-	3,225
Financial services industry	7,745	-	-	7,745
Healthcare industry	2,877	-	-	2,877
Information Technology	4,608	-	-	4,608
Other	9,518	-	-	9,518
Corporate, municipal and foreign bonds				
Corporate bonds	-	180,833	-	180,833
Private placements	-	36,277	-	36,277
Municipal taxable	-	5,071	-	5,071
Mutual funds				
Mutual funds - equity	378,092	-	-	378,092
U.S. Government securities				
U.S. Treasury notes and bonds	95,005	-	-	95,005
Limited Partnership Interests	-	-	22,778	22,778
Total investments by fair value level	<u>\$ 508,060</u>	<u>\$ 375,204</u>	<u>\$ 22,778</u>	<u>906,042</u>
Cash equivalents				<u>104,781</u>
Investments measured at NAV				
Pooled, common & collective trusts				18,117
Equity hedge funds				63,696
Credit hedge funds				15,667
Macro hedge funds				20,411
Relative value hedge funds				43,834
Fixed income limited partnership				2,646
Total investments measured at NAV				<u>164,371</u>
Total investments				<u>\$ 1,175,194</u>
Beneficial interest in charitable remainder unitrusts	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,893</u>	<u>\$ 3,893</u>
Interest rate swap	<u>\$ -</u>	<u>\$ (10,862)</u>	<u>\$ -</u>	<u>\$ (10,862)</u>

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

The following table provides the fair value and redemption terms and restrictions for investments redeemable NAV at June 30 (in thousands):

	2021 Fair Value	2020 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice
Pooled, common & collective trusts	\$ 37,609	\$ 18,117	\$ -	Monthly	30 days
Equity hedge funds	66,641	63,696	-	Quarterly	90 days
Credit hedge funds	26,116	15,667	-	Monthly, Quarterly	15 to 60 days
Macro hedge funds	24,164	20,411	-	Monthly, Quarterly	5 to 90 days
Relative value hedge funds	89,266	43,834	-	Quarterly, Annually	45 days
Fixed income limited partnership	2,339	2,646	-	Monthly	1 day
Total investments measured at NAV	<u>\$ 246,135</u>	<u>\$ 164,371</u>	<u>\$ -</u>		
Limited Partnership Interests	<u>\$ 30,128</u>	<u>\$ 22,778</u>	<u>\$ 29,531</u>	n/a	n/a

*Pooled, common & collective trusts* – includes investments that invest in domestic equity. Investments are valued using the NAV per share of the fund. The NAV per share is based on the value of the underlying assets owned by the fund, minus its liabilities, divided by the number of shares outstanding.

*Equity hedge funds* – includes investments that employ both long and short strategies primarily in common stocks. Equity hedge strategies typically have a directional bias (long or short) and trade in equities and equity related derivatives. The fair values of the investments in this type have been determined using the NAV per share of the investments. Investments representing approximately 18% of the value of the investments in this type include restrictions such as certain classes with side pocket investments which may only be redeemed upon realization of the underlying investments.

*Credit hedge funds* – includes investments that is comprised of distressed securities, credit long/short, emerging market debt and credit event driven. Credit hedge strategies typically have a directional bias and involve the purchase of various types of debt, equity, trade claims and fixed income securities. The fair values of the investments in this type have been determined using the NAV per share of the investments. All of the investments in this type include restrictions that do not allow for redemptions in the first year after acquisition and other imposed gates.

*Macro hedge funds* – includes investments that invests in global macro, managed futures, commodities and currencies. Macro hedge strategies typically have a directional bias and involve the purchase of a variety of securities and/or derivatives related to major markets. Managed future strategies trade similar instruments but are typically implemented by computerized system. The fair values of the investments in this type have been determined using the NAV per share of the investments. Investments representing approximately 47% of the value of the investments in this type include restrictions such as certain classes with side pocket investments which may only be redeemed upon realization of the underlying investments.

*Relative value hedge funds* – includes investments that typically does not display a distinct directional bias. Relative value encompasses a range of strategies covering different asset classes. The fair values of the investments in this type have been determined using the NAV per share (or its equivalent) of the investments. Less than 1% of the value of the investments may include lock up, imposed gates, and other restrictions that preclude them from redeeming their share or ownership interest for an uncertain or extended period of time from the measurement date.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

*Fixed-income limited partnership* – includes investments in a limited partnership fund of funds that invest primarily in investment grade non-U.S. dollar denominated fixed income securities. The fund may enter into swap agreements, forward settlement agreements, futures, contracts, and options on future contracts as well as purchase and sell covered put and call options. Investments are valued using the NAV per share of the fund. There is a provision in the limited partnership agreement that allows the general partner to limit redemption under certain circumstances.

*Limited partnership interests* – investments in closed-end, commitment based private equity real estate partnerships. The valuation of partnership interests in these funds may require significant management judgement. The District's ownership is based upon their percentage of limited partnership interests divided by the total commitment of the fund. Inputs used to determine fair value include financial statements provided by the investment partnerships, which typically include fair market value capital account balances. These investments can never be redeemed with the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund.

The following table presents the fair value measurements of financial instruments recognized in the accompanying fiduciary statements of net position measured at fair value on a recurring basis and the level within the GASB No. 72 fair value hierarchy in which the fair value measurements fall at June 30 (in thousands):

2021				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 3,887	\$ -	\$ -	\$ 3,887
Common stock	23,649	-	-	23,649
Corporate bonds	-	5,304	-	5,304
Mutual funds	230,806	-	-	230,806
U.S. government securities	3,310	-	-	3,310
Total assets in the fair value hierarchy	<u>\$ 261,652</u>	<u>\$ 5,304</u>	<u>\$ -</u>	266,956
Investments measured at NAV practical expedient				69,592
Total assets, at fair value				<u>\$ 336,548</u>
2020				
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 3,118	\$ -	\$ -	\$ 3,118
Common stock	21,921	-	-	21,921
Corporate bonds	-	5,119	-	5,119
Mutual funds	200,645	-	-	200,645
U.S. government securities	3,954	-	-	3,954
Total assets in the fair value hierarchy	<u>\$ 229,638</u>	<u>\$ 5,119</u>	<u>\$ -</u>	234,757
Investments measured at NAV practical expedient				59,713
Total assets, at fair value				<u>\$ 294,470</u>

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

The following table provides the fair value and redemption terms and restrictions for investments redeemable NAV at June 30 (in thousands), for the fiduciary funds investments:

	Fair value June 30, 2021	Fair value June 30, 2020	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Liability Company	\$ 49,391	\$ 39,023	\$ -	Monthly/Semi-Annual	90 days
Common Collective Trust	9,158	8,008	-	Daily	Quarterly
Partnerships	11,043	12,682	9,981	No redemptions	N/A
	<u>\$ 69,592</u>	<u>\$ 59,713</u>			

### NOTE 6 – CAPITAL ASSETS

Capital assets activity for the year ended June 30, 2021, was as follows (in thousands):

	Balance June 30, 2020	Increases	Decreases	Balance June 30, 2021
Capital assets not being depreciated				
Land	\$ 92,904	\$ 1,821	\$ -	\$ 94,725
Construction in progress	489,848	-	420,347	69,501
	<u>582,752</u>	<u>1,821</u>	<u>420,347</u>	<u>164,226</u>
Capital assets being depreciated				
Land improvement	15,768	3,433	-	19,201
Buildings	850,756	449,725	-	1,300,481
Capital equipment	399,247	27,306	42	426,511
	<u>1,265,771</u>	<u>480,464</u>	<u>42</u>	<u>1,746,193</u>
Less accumulated depreciation for				
Land improvement	11,891	670	-	12,561
Buildings	358,983	39,080	-	398,063
Capital equipment	311,613	27,938	42	339,509
	<u>682,487</u>	<u>67,688</u>	<u>42</u>	<u>750,133</u>
Total capital assets being depreciated, net	<u>583,284</u>	<u>412,776</u>	<u>-</u>	<u>996,060</u>
Total capital assets, net	<u>\$ 1,166,036</u>	<u>\$ 414,597</u>	<u>\$ 420,347</u>	<u>\$ 1,160,286</u>

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

Capital assets activity for the year ended June 30, 2020, was as follows (in thousands):

	Balance June 30, 2019	Increases	Decreases	Balance June 30, 2020
Capital assets not being depreciated				
Land	\$ 92,904	\$ -	\$ -	\$ 92,904
Construction in progress	391,005	98,843	-	489,848
	483,909	98,843	-	582,752
Capital assets being depreciated				
Land improvement	15,768	-	-	15,768
Buildings	836,052	14,704	-	850,756
Capital equipment	389,595	9,997	345	399,247
	1,241,415	24,701	345	1,265,771
Less accumulated depreciation for				
Land improvement	10,639	1,252	-	11,891
Buildings	332,947	26,036	-	358,983
Capital equipment	285,245	26,750	382	311,613
	628,831	54,038	382	682,487
Total capital assets being depreciated, net	612,584	(29,337)	(37)	583,284
Total capital assets, net	\$ 1,096,493	\$ 69,506	\$ (37)	\$ 1,166,036

Construction contracts of approximately \$741,000,000 was approved for various projects, including the construction of the four major projects at the Mountain View campus of the Integrated Medical Office Building ("IMOB"), Behavior Health Services replacement building, North Drive parking structure expansion, and Women's Hospital Expansion, as well as continued improvements at the Los Gatos site for the Imaging department, medical office building, and seismic upgrades. At June 30, 2021, the remaining commitment on these contracts approximated \$193,000,000.

Capitalized interest was \$0 and \$7,528,000 for the years ended June 30, 2021 and 2020, respectively.

#### NOTE 7 – EMPLOYEE BENEFIT PLANS

The Hospital sponsors a cash-balance pension plan (the "Cash Balance Plan"), which has been in effect since January 1, 1995. The Plan covers employees who are 21 years of age and have completed one year of credited service. Participants are entitled to a lump-sum distribution or monthly benefits at age 65 based on a predetermined formula that considers years of service and compensation. Effective July 1, 1999, employer benefits are calculated as 5% of a participant's annual plan compensation, and the annual interest is an indexed rate based on the return on 10-year U.S. Treasury securities. Participants are fully vested in their account balances after five pension years.

**Participant accounts** – The Cash Balance Plan maintains "participant account balances" equal to a participant's account balance established as of January 1, 1995, upon the conversion to the cash-balance formula, plus subsequent contribution credits and interest credits related to the participant's accumulated cash balance, participant match contribution credits, and participant match interest credits.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

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Contribution credits of 5% of eligible compensation for the year are credited to a participant's account as of the last day of the Cash Balance Plan year. Each year, interest credits related to a participant's cash balance are credited to the participant's account in an amount that is equal to a percentage of a participant's account balance at the beginning of the Cash Balance Plan year. The percentage rate used is the annual rate of return on 10-year treasury securities in effect for the third month (October) immediately preceding the first day of the applicable Cash Balance Plan year. The rates credited were 3.15% and 2.36% for the years beginning January 1, 2020 and 2019, respectively.

**Employee contributions** – Contributions by participants are not required or permitted by the Cash Balance Cash Balance Plan.

**Employer contributions** – The Hospital's funding policy is to contribute amounts to the Cash Balance Plan necessary to meet minimum funding requirements. The Hospital's contributions for 2019 and 2018 exceeded the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Although it has not expressed any intention to do so, the Hospital has the right under the Cash Balance Plan to discontinue its contributions at any time and to terminate the Cash Balance Plan subject to the provisions set forth in ERISA.

**Eligibility** – Hospital employees are eligible to participate on the first day of the month succeeding the later of the date on which they complete one year of service, which is defined as working 12 months for a minimum of 1,000 hours, and they reach age 21.

**Funding policy** – The amount of employer contributions is determined based on actuarial valuations and recommendations as to the amounts required to fund benefits. Contributions are made by the Hospital based on the results of the actuarial recommendations. The Hospital intends to make contributions in amounts not less than the minimum required by the funding standards of ERISA and is required to keep the Cash Balance Plan qualified under Section 401(a) of the IRC. Participants are not permitted to contribute to the Cash Balance Plan.

**Vesting** – Participants are fully vested with their third year of service.

**Pension benefits** – Monthly benefit payments, based upon a formula described in the Cash Balance Plan document, commence within 30 days of the normal retirement date, early retirement date, or deferred retirement date. A participant may elect to defer retirement past the normal retirement age, which will result in benefits greater than 100%, based on a published scale. The eligibility requirement for early retirement is age 55. Early retirement benefits are calculated by multiplying the accrued benefit as of the early retirement date by a percentage defined in the Cash Balance Plan document.

Benefit terms provide for annual cost-of-living adjustments to each member's retirement allowance subsequent to the member's retirement date. The annual adjustments are 2.00% compounded annually.

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance or annuity payments based upon formulas described in the Cash Balance Plan document.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

**Death benefits** – The Cash Balance Plan provides death benefits in the form of a qualified pre-retirement survivor annuity for life equal to the annuity that would have been payable to the spouse if the participant had retired on the day preceding the participant's death. At the option of the beneficiary, the benefit may be paid in a lump-sum.

**Basis of accounting** – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") as applied to governmental units, using the accrual method of accounting. The Governmental Accounting Standards Board ("GASB") is the accepted standard setting body for establishing governmental accounting and financial reporting principles.

**Use of estimates** – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated Cash Balance Plan benefits, at the date of the financial statements. Actual results could differ from those estimates.

**Investment valuation** – The Cash Balance Plan's investments are stated at fair value, as certified by the Cash Balance Plan's custodian, based generally on quoted market prices.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

**Income recognition** – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation or depreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation (depreciation) of those investments.

**Benefits paid to participants** – Benefit payments to participants are recorded upon distribution.

**Administrative expenses** – Administrative fees, such as custodian, actuarial, and certain other administrative expenses, may be paid by the Cash Balance Plan or the Hospital.

The Hospital's net pension asset was measured as of June 30, 2021 and 2020, as determined by an actuarial valuation as of December 31, 2020 and 2019, rolled forward to June 30, 2021 and 2020, respectively.

Certain retired and terminated employees and certain participants covered by a collective bargaining agreement continue to participate under provisions of a defined-benefit retirement plan in effect prior to January 1, 1995. Participant data for the Plan, as of the measurement date January 1 for the indicated years is as follows:

	2021	2020
Active	3,001	2,824
Retirees and beneficiaries	600	592
Vested terminated	982	973
Total participants	4,583	4,389



# El Camino Healthcare District

## Notes to Consolidated Financial Statements

Components of pension cost and deferred outflows and inflows of resources as calculated under the requirements of GASB No. 68 are as follows (in thousands):

	2021	2020
Deferred outflows of resources as of June 30:		
Difference between expected and actual experience	\$ 915	\$ 1,244
Total	<u>\$ 915</u>	<u>\$ 1,244</u>
Deferred inflows of resources as of June 30:		
Difference between expected and actual experience	\$ (2,930)	\$ (2,834)
Changes in assumptions	(3,732)	(4,885)
Difference between projected and actual investment earnings	<u>(34,479)</u>	<u>(18,737)</u>
Total	<u>\$ (41,141)</u>	<u>\$ (26,456)</u>
Contributions between the measurement date and fiscal year end recognized as a deferred outflow of resources	<u>\$ 7,000</u>	<u>\$ 3,300</u>

Amounts reported as deferred outflows and inflows of resources to pensions will be recognized in pension expense are as follows (in thousands):

2022	\$ (12,855)
2023	(8,711)
2024	(12,156)
2025	(5,813)
2026	(465)
Thereafter	<u>(226)</u>
	<u>\$ (40,226)</u>

The following table summarizes changes in pension liability for fiscal years ended June 30, 2021 and 2020, with a measurement date of December 31, 2020 and 2019, respectively, (in thousands):

	2021	2020
Service cost	\$ 10,166	\$ 9,675
Interest	13,206	12,744
Differences between expected and actual experience	(1,152)	(1,095)
Changes of assumptions	(550)	(652)
Benefit payments	<u>(12,167)</u>	<u>(14,687)</u>
Net change in total pension liability	9,503	5,985
Total pension liability beginning of fiscal year	<u>215,940</u>	<u>209,955</u>
Total pension liability end of fiscal year	<u>\$ 225,443</u>	<u>\$ 215,940</u>

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

	2021 with Measurement Date of December 31, 2021	2020 with Measurement Date of December 31, 2019
Total pension liability	\$ 225,443	\$ 215,940
Plan fiduciary net position	336,605	294,555
Net pension asset	<u>\$ (111,162)</u>	<u>\$ (78,615)</u>
Plan's fiduciary net position as a percentage of total pension liability	149.31%	136.41%
Covered payroll	\$ 359,322	\$ 335,696
Net pension asset as a percentage of covered payroll	-30.94%	-23.42%
Contributions between the measurement date and year ended June 30, as deferred outflow of resources	\$ 7,000	\$ 3,300

The following table summarizes the actuarial assumptions used to determine net pension asset and plan fiduciary net position as of June 30, 2021 and 2020:

Valuation Date	January 1, 2021 Actuarially determined contribution rates are calculated as of January 1.
Actuarial Cost Method	Entry Age Normal Method as a level percent of pay in accordance with GASB
Asset Valuation Method	Market Value
Actuarial Assumptions	
Projected Salary Increases	4.00%
Mortality	Based on the Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2020, except for current and future beneficiaries of deceased participants. For current and future beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale MP-2020.
Discount Rate	6.00%

Sensitivity of net pension asset (in thousands):

	1% Decrease 5%	Current Discount Rate 6%	1% Increase 7%
Net pension asset as of June 30, 2021	\$ (88,863)	\$ (111,162)	\$ (130,388)
Net pension asset as of June 30, 2020	\$ (57,180)	\$ (78,615)	\$ (97,090)

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

The following table summarizes target asset class for the plan fiduciary net position as of June 30, 2021 and 2020:

Asset Class	Neutral	Asset Rebalancing Range	Expected Long-Term Real Rate of Return
Domestic Equities	32%	27% to 37%	8.69%
International Equities	18%	15% to 21%	7.66%
Alternatives	20%	17% to 23%	5.38%
Broad Fixed Income	25%	20% to 30%	2.86%
Cash	5%	0% to 8%	1.04%
Total	100%		6.00%

Eligible employees of the Hospital may also elect to participate in a separate deferred compensation plan (the 403(b) plan) pursuant to Section 403(b) of the Code. The Hospital acts as the administrator and sponsor, and the 403(b) plan's assets are held by trustees designated by the Hospital's management. Employees are eligible to participate upon employment, and participants are immediately vested in their elective contributions plus actual earnings thereon. The Hospital will match employee contributions to the 403(b) plan, subject to a maximum of 4% of each participant's annual plan compensation. Participants are eligible for employer match in the second plan year in which they work at least 1,000 hours, and they must be on the payroll at the end of the plan year (December 31). Employer matching contributions under the 403(b) plan are made to the cash-balance pension plan and earn interest as defined by that plan. Employer matching contributions to the 403(b) plan of \$13,373,000 and \$12,289,000 in 2021 and 2020, respectively, are included in benefits expense. Participants are immediately vested in the employer contributions included in the cash-balance pension plan.

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and the healthcare cost trend. Amounts determined regarding the funded status of the plan and the annual required contributions of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The schedule of funding progress, presented as required supplementary information following the notes to the consolidated financial statements, presents multiyear trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and the plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the employer and plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

### NOTE 8 – POST-RETIREMENT MEDICAL BENEFITS

The Hospital provides healthcare benefits and life insurance for retired employees who meet eligibility requirements as outlined in the plan document, as approved by the board of directors of the Hospital. All employees who attain age 55 with a minimum of 20 years of enrollment in the Hospital's healthcare program and are enrolled in one of the plans upon retirement, and who were hired prior to July 1, 1994, are eligible. Under the plan, employees are credited with employment history accumulated under a prior Hospital plan.

Benefits are funded by the Hospital on a pay-as-you go basis. If a participant terminates from the Hospital after 20 years of enrollment but before reaching age 62, he or she can choose to contribute to the plan between ages 55 and 61 to retain the plan's benefits. At age 62, eligible retirees are given an annual credit based on years of service to pay for health benefits.

Employees covered – At June 30, the following employees were covered by the Hospital:

	2021	2020
Active	250	250
Inactive plan members or beneficiaries currently receiving benefits	327	327
Total participants	<u>577</u>	<u>577</u>

Components of post-retirement medical benefits expense and deferred inflows and outflows of resources as calculated under the requirements of GASB No. 75 are as follows (in thousands) as of June 30:

	2021	2020
Service cost	\$ 255	\$ 254
Interest	852	874
Differences between expected and actual experience	(284)	(66)
Changes of assumptions	107	531
Current period recognition of prior years' deferred inflows and outflows of	253	(506)
Total post-retirement medical benefits expense	<u>\$ 1,183</u>	<u>\$ 1,087</u>

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

	2021	2020
Deferred outflows of resources as of June 30:		
Changes in benefit terms	\$ -	\$ -
Difference between expected and actual experience	-	-
Changes in assumptions	90	617
Total	<u>\$ 90</u>	<u>\$ 617</u>
Deferred inflows of resources as of June 30:		
Changes in benefit terms	\$ -	\$ -
Difference between expected and actual experience	(198)	(189)
Changes in assumptions	-	(161)
Total	<u>\$ (198)</u>	<u>\$ (350)</u>

Amounts reported as deferred outflows and inflows of resources to post-retirement medical benefits will be recognized in post-retirement medical benefits expense are as follows (in thousands):

2022	\$ (108)
2023	-
2024	-
2025	-
2026	-
Thereafter	-
	<u>\$ (108)</u>

The following table summarizes changes in post-retirement medical benefits liability for fiscal year ended June 30, 2021 and 2020, with a measurement date of July 1, 2020 and 2019, respectively (in thousands):

	2021	2020
Service cost	\$ 255	\$ 254
Interest	852	874
Differences between expected and actual experience	(479)	(133)
Changes in assumptions or other input	181	1,076
Benefit payments	<u>(881)</u>	<u>(821)</u>
Net changes	(72)	1,250
Net post-retirement medical benefits liability at beginning of year	<u>30,730</u>	<u>29,480</u>
Net post-retirement medical benefits liability at end of year	<u>\$ 30,658</u>	<u>\$ 30,730</u>

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

The following table summarizes the actuarial assumptions used to determine net post-retirement medical benefits as of June 30, 2021 and 2020:

Valuation Date	June 30, 2019; measurement date of June 30, 2020
Actuarial Cost Method	Entry Age Normal, level percent of pay
Asset Valuation Method	Not applicable
Actuarial Assumptions	
Projected Salary Increases	4.00%
	RP-2014 Healthy Annuitant and Employee tables for males and females scaled back to 2006 using scale MP-2014, and then projected generationally using projection scale MP-2018 to the Pri-2012 Total Employee and Retiree Mortality Tables projected generationally using projection scale MP-2019. For current beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor
Mortality	Mortality Tables projected generationally using projection scale MP-2019.
Discount Rate	2.66%
Healthcare cost trend rates:	8% for 2019, graded to 4.5% for year 2027 and beyond for ages pre-65; and 6% for 2018, graded to 4.50% for year 2027 and beyond for ages post-65.

Sensitivity of post-retirement medical benefits liability (in thousands) due to change in discount rates as of June 30:

	2021		
	1% Decrease 1.66%	Current Discount Rate 2.66%	1% Increase 3.66%
Net post-retirement medical benefits liability	\$ 34,399	\$ 30,658	\$ 27,508

	2020		
	1% Decrease 1.79%	Current Discount Rate 2.79%	1% Increase 3.79%
Net post-retirement medical benefits liability	\$ 34,587	\$ 30,730	\$ 27,492

Sensitivity of post-retirement medical benefits liability (in thousands) due to change in healthcare cost trend:

	1% Decrease	Current Trend Rate	1% Increase
June 30, 2021	\$ 30,141	\$ 30,658	\$ 31,278
June 30, 2020	\$ 30,234	\$ 30,730	\$ 31,328

# El Camino Healthcare District

## Notes to Consolidated Financial Statements

### NOTE 9 – INSURANCE PLANS

The Hospital purchases professional, general, automobile, and directors and officers liability insurance from BETA Healthcare Group (“BHG”), and also purchases all-risk property insurance (including limited flood), fiduciary, crime, cyber, and excess workers’ compensation coverage needs from Alliant Insurance Services (“Alliant”). The Hospital’s coverage is under a claims-made policy with limits of \$30 million per occurrence, \$40 million in the annual aggregate, and with a self-insured retention level of \$50,000 per claim.

There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted from services provided to patients. The Hospital has actuarial estimates performed annually on its self-insurance plans of professional liability and workers’ compensation benefits. Estimated liabilities (which have not been discounted) have been actuarially determined at an expected 75% confidence level and include an estimate of incurred, but not reported, claims. The balances are included in salaries and wages payable, workers’ compensation, and other long-term liabilities in the accompanying consolidated statements of net position.

### NOTE 10 – BONDS PAYABLE

Bonds payable consists of the following obligations (in thousands):

	June 30,	
	2021	2020
El Camino Hospital District		
2006 General Obligation Bonds		
Principal	\$ 32,335	\$ 32,335
Unamortized premium	178	341
2017 General Obligation Bonds		
Principal	83,955	88,355
Unamortized premium	183	361
El Camino Hospital Revenue Bonds		
Series 2009		
Principal	50,000	50,000
Series 2015A		
Principal	135,670	139,795
Unamortized premium	8,070	9,416
Series 2017A		
Principal	282,875	287,770
Unamortized premium	11,123	13,000
Total long-term debt	604,389	621,373
Less current maturities	14,480	13,420
Maturities due after one year	\$ 589,909	\$ 607,953

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

2021			
	Balance at June 30, 2020	Increases	Decreases
General obligation bonds	\$ 121,392	\$ -	\$ 4,741
Revenue bonds	499,981	-	12,243
	<u>\$ 621,373</u>	<u>\$ -</u>	<u>\$ 16,984</u>
			Balance at June 30, 2021
			\$ 116,651
			487,738
			<u>\$ 604,389</u>
2020			
	Balance at June 30, 2019	Increases	Decreases
General obligation bonds	\$ 125,687	\$ -	\$ 4,295
Revenue bonds	512,186	-	12,205
	<u>\$ 637,873</u>	<u>\$ -</u>	<u>\$ 16,500</u>
			Balance at June 30, 2020
			\$ 121,392
			499,981
			<u>\$ 621,373</u>

**2006 General Obligation Bonds** – Upon voter approval, in November 2003, the District issued in 2006, \$148,000,000 principal amount of 2006 General Obligation Bonds, which consists of \$115,665,000 of Current Interest Bonds. Interest on the Current Interest Bonds is payable semiannually at rates ranging from 4% to 5% and principal maturities ranging from \$2,065,000 in 2016 to \$18,050,000 in 2036 are due annually on August 1. Interest at rates ranging from 4.38% to 4.48% and principal of the Capital Appreciation Bonds are payable only at maturity. In March 2017, the District advanced refunded a portion of the 2006 General Obligation Bonds, through the issuance of the 2017 General Obligation Refunding Bonds.

The Current Interest Bonds maturing on or after August 1, 2017, may be redeemed prior to their respective stated maturity dates, at the option of the District, from any source of available funds, as a whole or in part on any date on or after February 1, 2017, at a redemption price equal to the principal amount of the Current Interest Bonds called for redemption, together with interest accrued thereon to the date of redemption, without premium.

**2017 General Obligation Bonds** – Upon voter approval, in March 2017, the District advanced refunded a portion of the 2006 General Obligation Bonds, through the issuance of the \$99,035,000 2017 General Obligation Refunding Bonds, which consists of \$115,665,000 of Current Interest Bonds, and \$32,335,000 of Capital Appreciation Bonds. Interest on the 2017 General Obligation Refunding Bonds is payable semiannually at rates ranging from 2% to 5% and principal maturities ranging from \$3,570,000 in 2017 to \$17,480,000 in 2036 are due annually on August 1. This refinancing resulted in a reduction of future interest payments with a present value of approximately \$7,000,000.

Both the 2006 and 2017 G.O. Bonds are general obligations of the District payable from ad valorem taxes. Payment of principal, interest and maturity value of the Bonds, when due, is insured by a municipal bond insurance policy.

**Revenue Bonds, Series 2009** – In April 2009, the Hospital issued \$50,000,000 of Santa Clara County Financing Authority Insured Revenue Bonds, Series 2009A, to fund completion of the Hospital replacement construction project. Interest on the bonds is payable on the business day immediately following the applicable remarketing period. Principal maturities on the bonds range from \$100,000 in 2025 to \$10,920,000 in 2044, and are due annually on February 1.



## El Camino Healthcare District

### Notes to Consolidated Financial Statements

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The 2009 Series Revenue bond agreement contains various restrictive covenants which include, among other things, minimum debt service coverage, maintenance of minimum liquidity, and requirement to maintain certain financial ratios.

The bonds are secured by a pledge of gross revenues to an Indenture of Trust ("Indenture") dated March 16, 2007. The Indenture contains certain covenants that, among other things, require the District to deposit all gross revenues of the Hospital as soon as practicable upon receipt. The Indenture also requires the Hospital to maintain a long-term debt service coverage ratio of 1.15 to 1.00. Failure to comply with the restrictive covenants of the Indenture could result in all of the unpaid principal and accrued interest of the bonds becoming due immediately, at the option of the trustee.

**Revenue Bonds, Series 2015A** – In May 2015, the Hospital advance refunded its Series 2007 Santa Clara County Financing Authority Insured Revenue Bonds ("Series 2007") through the issuance of the \$160,455,000 of Santa Clara County Financing Authority Insured Revenue Bonds ("Series 2015A"). The issuance of the Series 2015A is to (i) finance and refinance certain capital expenditures owned by the Hospital (the Project – \$40,300,000), (ii) advance refund (\$120,100,000) the Santa Clara County Financing Authority Insured Revenue Bonds of the Hospital Series 2007A, 2007B, and 2007C, and (iii) pay costs incurred in the connection of the issuance of the Bonds.

**Revenue Bonds, Series 2017A** – In February 2017, the Hospital issued \$292,435,000 of California Health Facilities Financing Authority Revenue Bonds ("Series 2017") to finance certain capital expenditures at facilities owned or operated by the Hospital, to finance a portion of the interest payable of the Series 2017 through January 31, 2019, and to pay costs incurred in connection with the issuance of the Series 2017. The Series 2017 consists of \$130,660,000 Serial Bonds and \$161,775,000 Term Bonds. Principal maturities for the Serial Bonds range from \$4,665,000 in 2020 to \$10,565,000 in 2037, and are due annually on February 1. Principal maturities for the Term Bonds range from \$60,710,000 in 2042 to \$101,065,000 in 2047, and are due annually on February 1.

**Letter of credit** – In March 2009, in connection with the issuance of the 2009 Series Revenue bonds, the Hospital obtained an irrevocable Letter of Credit issued by a bank for \$50,000,000. This Letter of Credit expires October of 2022 and requires the Hospital to maintain a long-term debt service coverage ratio of 1.20 to 1.00.

Management believes all financial debt covenants were met for the years ended June 30, 2021 and 2020.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

Debt service requirements for bonds payable are as follows (in thousands):

Year Ending June 30,	General Obligation Bonds		Revenue Bonds	
	Principal	Interest	Principal	Interest
2022	\$ 5,050	\$ 3,406	\$ 9,430	\$ 19,902
2023	5,760	3,154	9,905	19,431
2024	3,293	6,343	10,400	18,935
2025	3,398	6,788	10,920	18,415
2026	-	2,866	11,460	17,874
2027 to 2031	17,977	41,017	66,430	80,368
2032 to 2036	47,382	26,086	84,000	63,360
2037 to 2041	33,430	699	58,535	42,526
2042 to 2046	-	-	106,400	22,165
2047 to 2051	-	-	101,065	1,398
	<u>\$ 116,290</u>	<u>\$ 90,359</u>	<u>\$ 468,545</u>	<u>\$ 304,374</u>

**Interest rate swap** – On March 7, 2007, the Hospital entered into three interest rate swap agreements in connection with the issuance of the Series 2007 Revenue Bonds. The intention of the swap is to create debt with a synthetic, fixed interest rate on the variable-rate Revenue Bonds. The swaps were effective March 23, 2007, with a termination date of February 1, 2041, and notional amounts of \$50 million each; these terms match the terms of the underlying Series 2007 Revenue Bonds. Under each swap transaction, the Hospital pays a fixed rate of interest of 3.204% and the counterparty pays a variable rate of interest equal to the sum of (i) 56% of USD-LIBOR-BBA plus (ii) 0.23%. In March 2008, the Hospital Board directed management to terminate the floating to fixed interest rate swap when economically prudent in connection with the refunding of their Series 2007 Revenue Bonds. In December 2009, two of the three swaps were terminated. The fair value of the remaining swap is a liability of \$7,923,000 at June 30, 2021, and \$10,862,000 at June 30, 2020, included in other long-term obligations in the consolidated statements of net position.

**Risks associated with the swap agreements** – From the Hospital's perspective, the following risks are generally associated with swap agreements:

**Credit risk** – The counterparty becomes insolvent or is otherwise not able to perform its financial obligations. In the event the counterparty becomes insolvent or their credit rating falls below BBB-/Baa2, the Hospital has the right to terminate the swap. Upon exercise of early termination, the amounts due from or to the counterparty will be determined by the market pricing of the swaps at the time of termination.

**Termination risk** – The Hospital or counterparty may terminate the swap if the other party fails to perform under the terms of the contract. If, at the time of the termination, the swap has a negative fair value, the Hospital would be liable to the counterparty for that payment.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

#### NOTE 11 – RESTRICTED NET POSITION

Restricted net position consists of donor-restricted contributions and grants and cash restricted for regulatory requirements, which are to be used as follows (in thousands):

	2021	2020
Charity and other	\$ 22,960	\$ 20,606
Endowments	7,472	7,373
Restricted by donor for specific uses	30,432	27,979
Restricted by Department of Managed Health Care	650	650
Total restricted net position	\$ 31,082	\$ 28,629

Permanently restricted contributions (“endowments”) remain intact, with the earnings on such funds providing an ongoing source of revenue to be used primarily for education.

#### NOTE 12 – CHARITABLE REMAINDER UNITRUSTS

The Foundation is the beneficiary of several irrevocable charitable remainder unitrusts in which the gift assets are held by trustees and administered for the benefit of the Foundation and other beneficiaries. The assets are held under trust agreements with an outside trustee. The donors maintain the right to income earned on the assets during their lifetime and, in some cases, during the lifetime of their survivors.

Pursuant to GASB No. 81, the Foundation recognizes an asset and a deferred inflow of resources when it becomes aware of the agreements and has sufficient information to measure the beneficial interest, in accordance with the asset recognition criteria in GASB No. 81. The beneficial interest asset is measured at fair value, which is estimated as the present value of the expected future cash flows from trusts. The applicable federal discount rate for June 2021 and June 2020 of 2.5% and 2.4% per annum, respectively, and The Standard Ordinary Mortality Rate Table were used to arrive at the present value. Change in the fair value of the beneficial interest asset is recognized as an increase or decrease in the related deferred inflow of resources. As the remainder interest beneficiary, the Foundation recognizes revenue for the beneficial interest at the termination of the agreement, as stipulated in the agreements.

**NOTE 13 – RELATED-PARTY TRANSACTIONS**

The Hospital pays vendor-related expenses on behalf of the Foundation and is reimbursed for these costs incurred. The Hospital also pays employee-related expenses, which are reimbursed by the Foundation. The Foundation's employees also participate in the cash-balance pension plan, sponsored by the Hospital. Full footnote disclosures relating to the cash-balance pension plan is included in the consolidated financial statements. The Hospital performs certain administrative functions on behalf of the Foundation for which no amounts are charged to the Foundation. As of June 30, 2021 and 2020, the Foundation has a payable to the Hospital in the amount of \$191,000 and \$595,000, respectively. During the fiscal years 2021 and 2020, the Foundation paid the Hospital \$3,629,000 and \$3,522,000 for such expenses, respectively, which included amounts for operations, but also disbursements from Donor Restricted Funds in support of Hospital operations and capital acquisitions.

In June 2012, the Hospital Board approved the funding of the Foundation's salaries, wages, benefits, and rent for a maximum of \$1,783,000 annually on an ongoing basis. All related-party transactions are eliminated upon consolidation.

As of June 30, 2021 and 2020, CONCERN has a payable to the Hospital in the amount of \$2,543,000 and \$3,603,000, respectively. During the fiscal years ended June 30, 2021 and 2020, CONCERN paid the Hospital \$7,041,000 and \$5,786,000 for these expenses, respectively. All related party transactions are eliminated upon consolidation.

As of June 30, 2021 and 2020, SVMD has a payable to the Hospital of \$8,400,000 and \$43,664,000, respectively. During fiscal years ended June 30, 2021 and 2020, SVMD paid the Hospital \$22,688,000 and \$14,945,000 for its expenses, respectively. All related-party transactions are eliminated upon consolidation.

The Hospital leases the space to ECASC and provides certain services, such as utilities and building/equipment maintenance. There was \$0 of rental income recorded for the year ended June 30, 2021, and \$64,000 of rental income recorded for the year ended June 30, 2020, related to the lease.

**NOTE 14 – COMMITMENTS AND CONTINGENCIES**

**Litigation** – The District is a defendant in various legal proceedings arising out of the normal conduct of its business. In the opinion of management and its legal representatives, the District has valid and substantial defenses, and settlements or awards arising from legal proceedings, if any, will not exceed existing insurance coverage, nor will they have a material adverse effect on the financial position, results of operations, or liquidity of the District.

## El Camino Healthcare District

### Notes to Consolidated Financial Statements

**Lease commitments** – The District is obligated for land and office rental under the terms of various operating lease agreements. Following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2021 (in thousands):

	Operating Lease Commitments	Lease Income	Net Lease Benefit (Expense)
2022	\$ 5,304	\$ 13,278	\$ 7,974
2023	4,647	11,572	6,925
2024	4,464	10,803	6,339
2025	4,358	9,710	5,352
2026	2,409	6,493	4,084
Thereafter	22,757	20,804	(1,953)
	<u>\$ 43,939</u>	<u>\$ 72,660</u>	<u>\$ 28,721</u>

Total rental expense in 2021 and 2020 for all operating leases was approximately \$11,432,000 and \$11,004,000, respectively.

**Regulatory environment** – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. The District is subject to routine surveys and reviews by federal, state and local regulatory authorities. The District has also received inquiries from healthcare regulatory authorities regarding its compliance with laws and regulations. Although the District management is not aware of any violations of laws and regulations, it has received corrective action requests as a result of completed and ongoing surveys from applicable regulatory authorities. Management continually works in a timely manner to implement operational changes and procedures to address all corrective action requests from regulatory authorities. Breaches of these laws and regulations and noncompliance with survey corrective action requests could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

**Hospital Seismic Safety Act** – In the 2010 fiscal year, the Mountain View campus completed its three-year construction of the Hospital Replacement Project with the opening of its new five story, 450,000-square-foot, state-of-the-art hospital facility on November 15, 2009. This completion made the Mountain View hospital campus in compliance with the State of California's Senate Bill ("SB") 1953 in meeting all requirements of the Hospital Seismic Safety Act of 1994.

At the Los Gatos campus, where most of the buildings were constructed in the 1960s, the campus has been going through a seismic compliance review. During 2015, all required seismic upgrades were made to the Los Gatos site for seismic compliance up to 2030.

**Collective bargaining agreement** – Approximately 78.8% of the Hospital's employees are covered by collective bargaining agreements. These employees are members of three unions.

**NOTE 15 – SUBSEQUENT EVENTS**

Subsequent events are events or transactions that occur after the consolidated statement of net position date but before the consolidated financial statements are available to be issued. The District recognizes in the consolidated financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the consolidated statement of net position date, including the estimates inherent in the process of preparing the consolidated financial statements. The District's consolidated financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the consolidated statement of net position date but arose after the consolidated statement of net position date and before consolidated financial statements are available to be issued.

## **Supplementary Information**

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**El Camino Healthcare District**  
**Consolidating Statement of Net Position**  
**June 30, 2021**  
**(In Thousands)**

	El Camino Healthcare District	El Camino Hospital	El Camino Hospital Foundation	CONCERN	Silicon Valley Medical Development	Eliminations	El Camino Healthcare District and Affiliates
<b>ASSETS AND DEFERRED OUTFLOWS</b>							
Current assets							
Cash and cash equivalents	\$ 8,662	\$ 141,504	\$ 4,236	\$ 1,539	\$ 5,974	\$ -	\$ 161,915
Short-term investments	12,042	266,278	1,841	14,529	-	-	294,690
Current portion of board designated funds	18,657	-	-	-	-	-	18,657
Patient accounts receivable, net of allowances for doubtful accounts of \$81,194	-	158,552	-	-	10,737	-	169,289
Prepaid expenses and other current assets	3,082	41,001	531	662	3,312	(16,378)	32,210
Total current assets	42,443	607,335	6,608	16,730	20,023	(16,378)	676,761
Non-current cash and investments							
Board-designated funds	10,177	1,140,542	46,831	-	-	-	1,197,550
Restricted funds	-	-	-	650	-	-	650
Funds held by trustee	31,245	5,694	-	-	-	-	36,939
	41,422	1,146,236	46,831	650	-	-	1,235,139
Capital assets							
Nondepreciable	10,657	153,569	-	-	-	-	164,226
Depreciable, net	-	979,419	112	1,487	15,042	-	996,060
Total capital assets	10,657	1,132,988	112	1,487	15,042	-	1,160,286
Pledges receivable, net of current portion	-	-	3,053	-	-	-	3,053
Prepaid pension asset	-	111,162	-	-	-	-	111,162
Investments in healthcare affiliates	-	34,170	-	-	-	(1,613)	32,557
Beneficial interest in charitable remainder unitrust	-	-	4,522	-	-	-	4,522
Total assets	94,522	3,031,891	61,126	18,867	35,065	(17,991)	3,223,480
Deferred outflows of resources							
Loss on defeasance of bonds payable	-	11,761	-	-	-	-	11,761
Deferred outflows of resources	-	8,815	-	-	509	-	9,324
Deferred outflows - actuarial	-	1,005	-	-	-	-	1,005
Total deferred outflows of resources	-	21,581	-	-	509	-	22,090
Total assets and deferred outflows of resources	\$ 94,522	\$ 3,053,472	\$ 61,126	\$ 18,867	\$ 35,574	\$ (17,991)	\$ 3,245,570



**El Camino Healthcare District**  
**Consolidating Statement of Net Position (continued)**  
**June 30, 2021**  
**(In Thousands)**

	El Camino Healthcare District	El Camino Hospital	El Camino Hospital Foundation	CONCERN	Silicon Valley Medical Development	Eliminations	El Camino Healthcare District and Affiliates
<b>LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b>							
Current liabilities							
Accounts payable and accrued expenses	\$ 1,690	\$ 41,825	\$ 192	\$ 2,946	\$ 9,513	(16,378)	\$ 39,788
Salaries, wages, and related liabilities	-	81,455	-	615	1,166	-	83,236
Medicare accelerated payments	-	65,635	-	-	-	-	65,635
Other current liabilities	1,471	23,810	472	220	5,419	-	31,392
Estimated third-party payor settlements	-	12,990	-	-	-	-	12,990
Current portion of bonds payable	5,050	9,430	-	-	-	-	14,480
Total current liabilities	8,211	235,145	664	3,781	16,098	(16,378)	247,521
Bonds payable, net of current portion	111,600	478,309	-	-	-	-	589,909
Other long-term obligations	-	12,136	-	-	39	-	12,175
Workers' compensation, net of current portion	-	17,002	-	-	-	-	17,002
Post-retirement medical benefits, net of current portion	-	30,657	-	-	-	-	30,657
Total liabilities	119,811	773,249	664	3,781	16,137	(16,378)	897,264
Deferred inflows of resources							
Deferred inflows of resources	-	-	4,522	-	-	-	4,522
Deferred inflows of resources - actuarial	-	41,339	-	-	-	-	41,339
Total deferred inflows of resources	-	41,339	4,522	-	-	-	45,861
Net position							
Invested in capital assets, net of related debt	(74,748)	650,943	112	1,487	15,042	-	592,836
Restricted - expendable	-	-	22,960	-	-	-	22,960
Restricted - nonexpendable	-	-	7,472	650	-	-	8,122
Unrestricted	49,459	1,587,941	25,396	12,949	4,395	(1,613)	1,678,527
Total net position	(25,289)	2,238,884	55,940	15,086	19,437	(1,613)	2,302,445
Total liabilities, deferred inflows of resources, and net position	\$ 94,522	\$ 3,053,472	\$ 61,126	\$ 18,867	\$ 35,574	\$ (17,991)	\$ 3,245,570

**El Camino Healthcare District**  
**Consolidating Statement of Revenues, Expenses, and Changes in Net Position**  
**For the Year Ended June 30, 2021**  
**(In Thousands)**

	El Camino Healthcare District	El Camino Hospital	El Camino Hospital Foundation	CONCERN	Silicon Valley Medical Development	Eliminations	El Camino Healthcare District and Affiliates
Operating revenues							
Net patient service revenue (net of provision for bad debts of \$26,370)	\$ -	\$ 1,071,177	\$ -	\$ -	\$ 36,735	\$ -	\$ 1,107,912
Other revenue	101	24,112	-	10,178	14,141	(6,311)	42,221
Total operating revenues	101	1,095,289	-	10,178	50,876	(6,311)	1,150,133
Operating expenses							
Salaries, wages and benefits	-	550,865	1,575	2,241	20,116	-	574,797
Professional fees and purchased services	850	126,643	156	5,502	48,320	(3,490)	177,981
Supplies	4	166,452	130	24	5,110	-	171,720
Depreciation	53	64,493	13	141	2,988	-	67,688
Rent and utilities	-	20,024	134	29	8,205	(792)	27,600
Other	74	13,750	54	375	1,971	(1,084)	15,140
Total operating expenses	981	942,227	2,062	8,312	86,710	(5,366)	1,034,926
(Loss) income from operations	(880)	153,062	(2,062)	1,866	(35,834)	(945)	115,207
Nonoperating revenues (expenses):							
Investment income, net	140	224,664	5,908	212	-	-	230,924
Property tax revenue							
Designated for community benefit programs and operating expenses	9,532	-	-	-	-	-	9,532
Designated for capital expenditures	11,129	-	-	-	-	-	11,129
Levied for debt service	11,803	-	-	-	-	-	11,803
Bond interest expense, net	(3,071)	(16,960)	-	-	-	-	(20,031)
Intergovernmental transfer expense	(4,460)	-	-	-	-	-	(4,460)
Restricted gifts, grants and bequests, and other, net of contributions to related parties	-	-	4,651	-	-	(1,783)	2,868
Unrealized gain on interest rate swaps	-	1,883	-	-	-	-	1,883
Community benefit expense	(7,189)	(3,415)	-	(1,638)	-	945	(11,297)
Other, net	(179)	4,455	-	7	229	2,655	7,167
Total nonoperating revenues (expenses)	17,705	210,627	10,559	(1,419)	229	1,817	239,518
Excess (deficit) of revenues over expenses before capital transfers	16,825	363,689	8,497	447	(35,605)	872	354,725
Capital transfers	(3,378)	(48,528)	-	(724)	52,630	-	-
Increase (decrease) in net position	13,447	315,161	8,497	(277)	17,025	872	354,725
Total net (deficit) position, beginning of year	(38,736)	1,923,723	47,443	15,363	2,412	(2,485)	1,947,720
Total net (deficit) position, end of year	\$ (25,289)	\$ 2,238,884	\$ 55,940	\$ 15,086	\$ 19,437	\$ (1,613)	\$ 2,302,445

**El Camino Healthcare District**  
**Supplemental Pension and Post-Retirement Benefit Information**  
**For the Years Ended June 30, 2021 and 2020**

**Supplemental pension information** – The following tables summarize changes in net pension asset (in thousands):

	2021	2020
Service cost	\$ 10,166	\$ 9,675
Interest	13,206	12,744
Differences between expected and actual experience	(1,152)	(1,095)
Changes of assumptions	(550)	(652)
Benefit payments	(12,167)	(14,687)
Net change in total pension liability	9,503	5,985
Total pension liability beginning of fiscal year	215,940	209,955
Total pension liability end of fiscal year	\$ 225,443	\$ 215,940
	2021	2020
Contributions	\$ 10,300	\$ 12,900
Net investment income	43,917	45,625
Benefit payments, including refunds of member contributions	(12,167)	(14,687)
Net change in Plan fiduciary net position	42,050	43,838
Plan fiduciary net position beginning of fiscal year	294,555	250,717
Plan fiduciary net position end of fiscal year	336,605	294,555
Plan's net pension asset end of the fiscal year	\$ (111,162)	\$ (78,615)
Covered payroll	\$ 359,322	\$ 335,696
Net pension asset as a percentage of covered payroll	-30.94%	-23.42%
Contributions	\$ 7,000	\$ 3,300

# El Camino Healthcare District

## Supplemental Pension and Post-Retirement Information

### For the Years Ended June 30, 2021 and 2020

The following table summarizes the contribution status of the Hospital's cash-balance pension plan (in thousands) over the last 10 years:

	FY2021	FY2020	FY2019	FY2018	FY2017
Actuarially determined contribution	\$ -	\$ 7,801	\$ 10,888	\$ 10,154	\$ 8,445
Contributions related to actuarially determined contribution	\$ 7,000	\$ 10,300	\$ 12,900	\$ 11,600	\$ 10,900
Contribution deficiency (excess)	(7,000)	(2,499)	(2,012)	(1,446)	(2,455)
Covered payroll	359,322	335,696	\$ 315,317	\$ 297,737	\$ 283,435
Contribution as % of covered payroll	1.95%	3.07%	4.09%	3.90%	3.85%
Contributions made during the fiscal year	\$ 14,000	\$ 9,800	\$ 12,800	\$ 10,400	\$ 10,900

	FY2016	FY2015	FY2014	FY2013	FY2012
Actuarially determined contribution	\$ 2,735	\$ -	\$ 8,463	\$ 7,613	\$ 1,400
Contributions related to actuarially determined contribution	\$ 10,500	\$ 10,800	\$ 14,400	\$ 12,000	\$ 11,005
Contribution deficiency (excess)	(7,765)	(10,800)	(5,937)	(4,387)	(9,605)
Covered payroll	\$ 283,776	\$ 266,844	\$ 242,343	\$ 223,754	\$ 208,910
Contribution as % of covered payroll	3.70%	4.05%	5.94%	5.36%	5.27%
Contributions made during the fiscal year	\$ 9,900	\$ 14,400	\$ 12,600	\$ 23,610	\$ 11,249

Actuarially determined contributions are calculated as of January 1 and are based on the IRS minimum funding requirement. The contributions related to the actuarially determined contributions are amounts made for the plan year January 1 to December 31. Contributions made during the fiscal year are contribution amounts made during July 1 and June 30.

**Supplemental post-retirement benefit information** – As of June 30, 2020 and 2021, post-retirement medical benefits plan's fiduciary net position as a percentage of the total OPEB liability is 0%.

The 2020 and 2019 covered payroll for the active population eligible to participate in the post-retirement medical benefits plan is \$29,963,700. The net post-retirement medical benefits liability as of July 1, 2020 and 2019, is \$30,658,400 and \$30,731,400, respectively. The net post-retirement medical benefits liability as a percentage of covered-employee payroll, as of the same time period, was 102.32% and 102.56%, respectively.

**El Camino Healthcare District**  
**Supplemental Schedule of Community Benefit (unaudited)**  
**For the Years Ended June 30, 2021 and 2020**

The District and the Hospital maintain records to identify and monitor the level of direct community benefit it provides. These records include the charges foregone for providing the patient care furnished under its charity care policy. For the years ended June 30, 2021 and 2020, the estimated costs of providing community benefit in excess of reimbursement from governmental programs were as follows (in thousands):

	2021	2020
Unpaid costs of Medi-Cal & Indigent programs	\$ 51,224	\$ 39,891
Other community-based programs		
Psychiatric	12,880	8,621
Clinical trial	290	309
Ambulatory care	11,659	12,501
Psychiatric outpatient	2,785	2,650
Total other community-based programs	27,614	24,081
Total community benefits	\$ 78,838	\$ 63,972

In furtherance of its purpose to benefit the community, the Hospital provides numerous other services to the community for which charges are not generated and revenues have not been accounted for in the accompanying consolidated financial statements. These services include providing access to healthcare through interpreters, referral and transport services, healthcare screening, community support groups and health educational programs, and certain home care and hospice programs. The estimated costs of Medicare programs in excess of reimbursement from Medicare were \$123,810,000 and \$118,139,000 for the years ended June 30, 2021 and 2020, respectively.

The Hospital also provides services to the community through the operations of the El Camino Hospital Auxiliary, Inc. (the "Auxiliary"). Services provided by volunteers of the Auxiliary, free of charge to the community, include assistance and counseling to patients and visitors, provision of scholarship awards to qualifying paramedical students, and daily personal contact with members of the community who are living alone. In 2021 and 2020, these volunteers contributed approximately 12,000 hours and 50,000 hours, in providing these services, the value of which is not recorded in the accompanying consolidated financial statements.

FINAL DRAFT

*Communication with  
Those Charged with Governance*

**El Camino Healthcare District**

*June 30, 2021*

## **Communications with Those Charged with Governance**

To the Board of Directors  
El Camino Healthcare District

We have audited the consolidated financial statements of El Camino Healthcare District (the "District"), its aggregate discretely presented component units, the El Camino Hospital Cash Balance Plan, and the El Camino Hospital Postretirement Health and Life Insurance Benefit Plan, as of and for the year ended June 30, 2021, and have issued our report thereon dated [REDACTED], 2021. Professional standards require that we provide you with the following information related to our audit.

### **Our Responsibility Under Auditing Standards Generally Accepted in the United States of America**

As stated in our engagement letter dated March 5, 2021, our responsibility, as described by professional standards, is to form and express an opinion about whether the consolidated financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts. We will also report on whether the consolidating statement of net position, consolidating statement of revenues, expenses, and changes in net position, and supplemental pension and postretirement benefit information, are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole. Our audit of the consolidated financial statements does not relieve you or management of your responsibilities.

Our responsibility is to plan and perform the audit in accordance with *Government Auditing Standards*, and auditing standards generally accepted in the United States of America and the California Code of Regulations, Title 2 Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts, and to design the audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free from material misstatement. An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we considered the District's internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

We are also responsible for communicating significant matters related to the consolidated financial statement audit that, in our professional judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

## **Planned Scope and Timing of the Audit**

We performed the audit according to the planned scope and timing we previously communicated to you in the Compliance Committee meeting on March 5, 2021, and the engagement letter dated March 5, 2021.

## **Significant Audit Findings and Issues**

### ***Qualitative Aspects of Accounting Practices***

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 1 to the consolidated financial statements. During the year ended June 30, 2021, management adopted GASB Statement No. 84, *Fiduciary Activities*, and GASB Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*. There have been no other new accounting policies adopted and there were no changes in the application of existing policies during fiscal year 2021. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the consolidated financial statements in a different period than when the transaction occurred.

### ***Significant Accounting Estimates***

Accounting estimates are an integral part of the consolidated financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the consolidated financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the District's consolidated financial statements were:

- Management's estimate of net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. We evaluated the key factors and assumptions used to develop the estimated net realizable amounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible. El Camino Hospital provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. We evaluated the key factors and assumptions used to develop the provision for uncollectible accounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.



- Management's estimate of the fair market values of investments in the absence of readily-determinable fair values is based on information provided by the fund managers. We have gained an understanding of management's estimate methodology and examined the documentation supporting this methodology. We evaluated the key factors and assumptions used to develop the fair market value of investments. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of uninsured losses for professional liability is recognized based on management's estimate of historical claims experience. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the minimum pension liability is actuarially determined using assumptions on the long-term rate of return on pension plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimated liability for workers' compensation claims is recognized based on management's estimate of historical claims experience and known activity subsequent to year-end. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimated liability for post-retirement medical benefits is actuarially determined using assumptions on the long-term rate of return on plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimates of useful lives of capital assets are based on the intended use and are within accounting principles generally accepted in the United States of America. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts have been estimated based on certain variables related to specific donor information. We evaluated key factors and assumptions used to develop the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts in determining that they are reasonable in relation to the consolidated financial statements taken as a whole.

Actual results could differ from these estimates. In accordance with accounting principles generally accepted in the United States of America, any change in these estimates is reflected in the consolidated financial statements in the year of change.

### ***Consolidated Financial Statement Disclosures***

The disclosures in the consolidated financial statements are consistent, clear, and understandable. Certain consolidated financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the District's consolidated financial statements were those surrounding related-party transactions, significant concentration of net patient accounts receivable, investments and fair value of investments, capital assets, employee benefit plans, post-retirement medical benefits, insurance plans, long-term debt, and commitment and contingencies.

### ***Significant Difficulties Encountered in Performing the Audit***

We encountered no significant difficulties in dealing with management in performing and completing our audit.

### ***Corrected and Uncorrected Misstatements***

Professional standards require us to accumulate all factual and judgmental misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no corrected and uncorrected misstatements, whose effects, as determined by management, both individually or in the aggregate, to the consolidated financial statements taken as a whole

### ***Disagreements with Management***

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, which could be significant to the District's consolidated financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

### ***Management Representations***

We have requested certain representations from management that are included in the management representation letter dated [REDACTED], 2021

### ***Management Consultation with Other Independent Accountants***

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's consolidated financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

***Other Significant Audit Findings or Issues***

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the District's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the Board of Directors and management of the District, and is not intended to be, and should not be, used by anyone other than these specified parties.

San Francisco, California

, 2021

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

**Board Finance Presentation**

**Fiscal Year 2022**

**7/1/2021-8/31/21**

Carlos Bohorquez, CFO

El Camino Healthcare District Board of Directors Meeting

October 19, 2021

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## **ECHD Stand-Alone Financial Statements**

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**NOTE:** Accounting standards require that audited financial statements for El Camino Healthcare District be presented in consolidated format, including El Camino Hospital and its controlled affiliates. In an effort to help ensure public accountability and further ensure the transparency of the District’s operations, the District also prepares internal, “Stand-Alone” financial statements which present information for the District by itself.



# El Camino Healthcare District

## Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

	Aug 31, 2021	June 30, 2021 UnAudited w/o Eliminations		Aug 31, 2021	June 30, 2021 UnAudited w/o Eliminations
<b><u>ASSETS</u></b>			<b><u>LIABILITIES &amp; FUND BALANCE</u></b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash & Investments	\$431	\$457	Accounts Payable & Accrued Exp <sup>(5)</sup>	\$138	\$154
Patient Accounts Receivable, net	186	166	Bonds Payable - Current	15	14
Other Accounts and Notes Receivable	23	28	Bond Interest Payable	2	10
Inventories and Prepays	27	23	Other Liabilities	19	19
<b>Total Current Assets</b>	<b>666</b>	<b>674</b>	<b>Total Current Liabilities</b>	<b>174</b>	<b>198</b>
<b>Board Designated Assets</b>			<b>Deferred Revenue</b>	<b>58</b>	<b>67</b>
Foundation Reserves	21	21	<b>Deferred Revenue Inflow of Resources</b>	<b>46</b>	<b>46</b>
Community Benefit Fund	19	21	<b>Long Term Liabilities</b>		
Operational Reserve Fund <sup>(1)</sup>	125	125	Bond Payable	589	595
Workers Comp, Health & PTO Reserves	81	80	Benefit Obligations	48	48
Facilities Replacement Fund <sup>(2)</sup>	326	313	Other Long-term Obligations	6	6
Catastrophic & Malpractice Reserve <sup>(3)</sup>	27	27	<b>Total Long Term Liabilities</b>	<b>643</b>	<b>649</b>
<b>Total Board Designated Assets</b>	<b>599</b>	<b>587</b>	<b>Fund Balance</b>		
<b>Non-Designated Assets</b>			Unrestricted	2,195	2,157
Funds Held By Trustee <sup>(4)</sup>	26	37	Board Designated & Restricted	146	147
Long Term Investments	609	603	Capital & Retained Earnings	0	0
Other Investments	35	35	<b>Total Fund Balance</b>	<b>2,341</b>	<b>2,304</b>
Net Property Plant & Equipment	1,161	1,160			
Deferred Outflows of Resources	20	20			
Other Assets	146	148			
<b>Total Non-Designated Assets</b>	<b>1,997</b>	<b>2,003</b>			
<b>TOTAL ASSETS</b>	<b>\$3,262</b>	<b>\$3,264</b>	<b>TOTAL LIAB. &amp; FUND BAL.</b>	<b>\$3,262</b>	<b>\$3,264</b>



*Note: Totals may not agree due to rounding. See page 5 for footnotes.*

# El Camino Healthcare District

## Consolidated Comparative Statement of Revenues & Expenses (\$ Millions)

Year-to-Date through August 31, 2021

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue <sup>(6)</sup>	206	188	18	172
Other Operating Revenues	<u>7</u>	<u>7</u>	<u>0</u>	<u>9</u>
<b>Total Operating Revenues</b>	<b>213</b>	<b>195</b>	<b>18</b>	<b>181</b>
Wages and Benefits	107	103	-4	94
Supplies	30	28	-1	30
Purchased Services	29	29	1	27
Other	7	9	2	7
Depreciation	12	11	0	11
Interest	<u>3</u>	<u>3</u>	<u>0</u>	<u>3</u>
Total Operating Expense <sup>(7)</sup>	<b>187</b>	<b>184</b>	<b>(3)</b>	<b>172</b>
<b>Operating Income</b>	<b>26</b>	<b>11</b>	<b>15</b>	<b>9</b>
Non-Operating Income <sup>(8)</sup>	<u>11</u>	<u>15</u>	<u>(4)</u>	<u>56</u>
<b>Net Income</b>	<b>37</b>	<b>26</b>	<b>11</b>	<b>65</b>



Note: Totals or variances may not agree due to rounding. See page 5 for footnotes.

**El Camino Healthcare District**  
**Notes to Consolidated Financial Statements**  
**Current FY 2022 Actual to Budget**  
**(Includes El Camino Hospital)**

- 1) A 60 day reserve of expenses based on the current fiscal year's Hospital budget, which will be re-set in September.
- 2) The current period Facilities Replacement Fund is comprised of (\$ Millions):

ECH Capital Replacement Fund (i.e. Funded Depr.)	\$277
ECHD Appropriation Fund (fka: Capital Outlay)	19
ECH Women's Hospital Expansion	<u>30</u>
	<u>\$326</u>

- 3) The current period Catastrophic & Malpractice Fund is comprised of (\$ Millions):

ECH Catastrophic Fund (aka: Earthquake Fund)	\$25
ECH Malpractice Reserve	<u>2</u>
	<u>\$27</u>

- 4) The decrease is due to the Bond Project Fund final disbursements for the IMOB and BHS construction, and most recently the Women's Hospital Expansion.
- 5) The decrease is primarily due to construction retentions accrued at fiscal year end for the Behavioral Health and the IMOB buildings that have been subsequently paid down.
- 6) Strong volumes recovery from COVID-19 continues to be the primary driver to such a favorable performance to budget.
- 7) Higher operating expenses are due to the increased volumes and expenses associated with the COVID-19 pandemic.
- 8) The variance is due to decreased investment returns.





# El Camino Healthcare District

## Stand-Alone Comparative Balance Sheet (\$ Thousands)

*These financial statements exclude the District's El Camino Hospital Corporation and its controlled affiliates*

	August 31, 2021	June 30, 2021		August 31, 2021	June 30, 2021
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
Cash & cash equiv	\$4,607	\$8,662	Accounts payable	\$0	\$2
Short term investments <sup>(1)</sup>	12,323	12,042	Current portion of bonds	5,760	5,050
Due fm Retiree Health Plan <sup>(2)</sup>	21	21	Bond interest payable <sup>(10)</sup>	263	1,419
S.C. M&O Taxes Receivable <sup>(3)</sup>	3561	0	Other Liabilities	472	1,871
Other current assets <sup>(3a)</sup>	1392	3061			
<b>Total current assets</b>	<b>\$21,904</b>	<b>\$23,786</b>	<b>Total current liabilities</b>	<b>\$6,495</b>	<b>\$8,342</b>
Operational Reserve Fund <sup>(4)</sup>	1,500	1,500			
Capital Appropriation Fund <sup>(5)</sup>	18,657	18,657			
Capital Replacement Fund <sup>(6)</sup>	5,647	5,646	Deferred income	34	51
Community Benefit Fund <sup>(7)</sup>	2,807	3,030	Bonds payable - long term	105,662	111,422
<b>Total Board designated funds</b>	<b>\$28,611</b>	<b>\$28,834</b>	<b>Total liabilities</b>	<b>\$112,191</b>	<b>\$119,815</b>
Funds held by trustee <sup>(8)</sup>	<b>\$26,203</b>	<b>\$31,245</b>	<b>Fund balance</b>		
<b>Capital assets, net <sup>(9)</sup></b>	<b>\$10,652</b>	<b>\$10,657</b>	Unrestricted fund balance	\$60,791	\$61,513
			Restricted fund balance <sup>(11)</sup>	(85,612)	(86,806)
			<b>Total fund balance</b>	<b>(\$24,821)</b>	<b>(\$25,293)</b>
<b>TOTAL ASSETS</b>	<b>\$87,371</b>	<b>\$94,522</b>	<b>TOTAL LIAB &amp; FUND BALANCE</b>	<b>\$87,371</b>	<b>\$94,522</b>



*Note: Totals may not agree due to rounding. See page 9 for footnotes.*

# El Camino Healthcare District

## YTD **Stand-Alone** Stmt of Revenue and Expenses (\$ Thousands)

### Comparative Year-to-Date August 31, 2021

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	Actual	Current Year Budget	Variance	Prior Full Year Actual
<b><u>REVENUES</u></b>				
(A) Ground Lease Revenue <sup>(12)</sup>	\$ 17	17	\$ -	\$ 101
(B) Redevelopment Taxes <sup>(13)</sup>	-	-	-	310
(B) Unrestricted M&O Property Taxes <sup>(13)</sup>	3,879	3,879	-	9,221
(B) Restricted M&O Property Taxes <sup>(13)</sup>	1,453	1,453	-	11,129
(B) G.O. Taxes Levied for Debt Service <sup>(13)</sup>	-	-	-	11,803
(B) IGT/PRIME Medi-Cal Program <sup>(14)</sup>	(73)	(2)	(71)	(4,460)
(B) Investment Income (net)	40	200	(160)	(23)
(B) Other income	-	-	-	0
<b>TOTAL NET REVENUE</b>	<b>5,316</b>	<b>5,547</b>	<b>(231)</b>	<b>28,081</b>
<b><u>EXPENSES</u></b>				
(A) Wages & Benefits <sup>(15)</sup>	-	-	-	0
(A) Professional Fees & Purchased Svcs <sup>(16)</sup>	65	91	26	849
(A) Supplies & Other Expenses <sup>(17)</sup>	4	5	1	82
(B) G.O. Bond Interest Expense (net) <sup>(18)</sup>	507	490	(17)	3,082
(B) Community Benefit Expenditures <sup>(19)</sup>	4,263	4,280	17	7,196
(A) Depreciation / Amortization	5	5	-	53
<b>TOTAL EXPENSES</b>	<b>4,844</b>	<b>4,871</b>	<b>27</b>	<b>11,262</b>
<b>NET INCOME</b>	<b>\$ 472</b>	<b>\$ 676</b>	<b>\$ (204)</b>	<b>\$ 16,820</b>
 (A) Operating Revenues & Expenses (B) Non-operating Revenues & Expenses				
<b><u>RECAP STATEMENT OF REVENUES &amp; EXPENSE</u></b>				
(A) Net Operating Revenues & Expenses	\$ (57)			
(B) Net Non-Operating Revenues & Expenses	529			
<b>NET INCOME</b>	<b>\$ 472</b>			



Note: Totals may not agree due to rounding. See page 10 for footnotes.

# El Camino Healthcare District

## Comparative YTD **Stand-Alone** Stmt of Fund Balance Activity (\$ Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

	<u>August 31, 2021</u>	<u>June 30, 2021</u>
<b>Fiscal year beginning balance</b>	<b>\$ (25,293)</b>	<b>\$ (38,734)</b>
Net income year-to-date	\$ 472	\$ 16,820
Transfers (to)/from ECH:		
IGT/PRIME Funding <sup>(20)</sup>		\$ 4,460
Capital Appropriation projects <sup>(21)</sup>		(7,839)
<b>Fiscal year ending balance</b>	<b><u><u>\$ (24,821)</u></u></b>	<b><u><u>\$ (25,293)</u></u></b>



*Note: Totals may not agree due to rounding. See page 10 for footnotes.*

# El Camino Healthcare District

## Notes to Stand-Alone Financial Statements

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

- (1) **Short term investments** – The difference is immaterial.
- (2) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (3) **S.C. M&O Taxes Receivable** – The increase is due to the accruals for the current year's Unrestricted (Gann Limit) and Restricted (Capital Appropriation) Funds, actual cash receipts normally begin in December and the following months.
- (3a) **Other Current Assets** – This decrease is due to Healthcare District paying for IGT refund to the State that was to be paid by the Hospital.
- (4) **Operational Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (5) **Capital Appropriation Fund** – Commitment to the Women's Hospital renovation project.
- (6) **Capital Replacement Fund** – Formerly known as the Plant Facilities Fund (AKA - Funded Depreciation) which reserves monies for the major renovation or replacement of the portion of the YMCA (Park Pavilion) owned by the District.
- (7) **Community Benefit Fund** – This fund retains unrestricted (Gann Limit) funds to support the District's operations and primarily to support its Community Benefit Programs
- (8) **Funds Held by Trustee** – Funds from General Obligation tax monies, being held to make the debt payments when due.
- (9) **Capital Net Assets** - The land on which the Mountain View Hospital resides, a portion of the YMCA building, property at the end of South Drive (currently for the Road Runners operations), and a vacant lot located at El Camino Real and Phyllis.
- (10) **Bond Interest Payable** – The decrease is due to semi-annual payment made on 8/01/21, which also explains the decrease in long term bonds payable.
- (11) **Fund Balance** – The negative fund balance is a result of the General Obligation bonds which assisted in funding the replacement hospital facility in Mountain View. Accounting rules required the District to recognize the obligation in full at the time the bonds were issued ; receipts from taxpayers will be recognized in the year they are levied, slowly reducing the negative fund balance over the next 16 years.



# El Camino Healthcare District

## Notes to Stand-Alone Financial Statements

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

**(12) Other Operating Revenue** – Lease income from El Camino Hospital for its ground lease with the District.

**(13) Taxes: Redevelopment, M&O, G.O.** – Tax receipts (either received or to be received) during the period. Note amount for the G.O. Taxed Levied for Debt will come in less than prior year mostly due to the March 2017 G.O. Refunding that the District did that reduced the previously \$12.90 of assessed property valuation per \$100,000 to a current \$10.00 per \$100,000.

**(14) IGT/PRIME Expense** – Payments in support of the PRIME or IGT programs.

**(15) Wages & Benefits** – The District employs no employees. Employees are based at the Hospital, CONCERN, or SVMD entities. The District does contract with the Hospital and outside professional and general services organizations (see item 17).

**(16) Professional Fees & Services** – Actual detailed below:

• Community Benefit Support from ECH (54% of SW&B)	\$ 64
• Legal Fees	<u>1</u>
	<u>\$ 65</u>

**(17) Supplies & Other Expenses** – Actual detailed below:

• Marketing / Advertising	<u>\$ 4</u>
	<u><u>\$ 4</u></u>

**(18) G.O. Bond Interest Expense** – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.

**(19) Community Benefit Expenditures** – Starting in FY2014, the District is directly operating its Community Benefit Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year. Note the major payments to recipients are made in August & January of the fiscal year.

**(20) IGT/PRIME Funding** – Transfers from ECH for participation in the PRIME or IGT program thus far in FY 2022.

**(21) Capital Appropriation Projects Transfer** – The allocation for FY2022 will be made in September of this year.



# El Camino Healthcare District

## Sources & Uses of Tax Receipts (\$Thousands)

*These financial statements **exclude** the District's El Camino Hospital Corporation and its controlled affiliates*

<b>Sources of District Taxes</b>	<b>8/31/21</b>
(1) Maintenance and Operation and Government Obligation Taxes	\$5,332
(2) Redevelopment Agency Taxes	0
<b>Total District Tax Receipts</b>	<b>\$5,332</b>
<b>Uses Required Obligations / Operations</b>	
(3) Government Obligation Bond	0
<b>Total Cash Available for Operations, CB Programs, &amp; Capital Appropriations</b>	<b>5,332</b>
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	1,453
<b>Subtotal</b>	<b>3,879</b>
(5) Operating Expenses (Net)	472
<b>Subtotal</b>	<b>3,407</b>
(6) Capital Replacement Fund (Park Pavilion)	7
<b>Funds Available for Community Benefit Programs</b>	<b>\$3,400</b>

\*Gann Limit Calculation for FY2022

\$9,804

(1) M&O and G.O. Taxes	• Cash receipts from the 1% ad valorem property taxes and Measure D taxes
(2) Redevelopment Agency Taxes	• Cash receipts from dissolution of redevelopment agencies
(3) Government Obligation Bond	• Levied for debt service
(4) Capital Appropriation Fund	• Excess amounts over the Gann Limit are restricted for use as capital
(5) Operating Expenses	• Expenses incurred in carrying out the District's day-to-day activities
(6) Capital Replacement Fund	• Fund to ensure that the District has adequate resources to fund repair and replacement of its capital assets (Park Pavilion)



## **Appendix: Major Budget Assumptions for FY2022**

1. Pages 13 and 14: Are the pages 6 and 7 of the FY22 ECHD Stand-Alone Budget presented to the ECHD Board and approved on June 29, 2021.

2. Page 15: Additional detail about Community Benefit SW&B allocation process

## **Appendix: General Obligation Bond of the District**

1. Pages 16 and 17: Description of the Bonds and annual debt service requirements grid.



# Major Budget Assumptions – El Camino Healthcare District

## *Excludes El Camino Hospital & its affiliates*

- Other Operating Revenue is based on the existing ground lease agreement.
- The Unrestricted M&O Property Taxes are budgeted at the FY2022 Gann Limit calculation as directed by the Finance Department of the State of California.
- This year the Redevelopment Agency revenues were once again budgeted as they continue to be distributed by the County without any lapse in payments in the past years. The decrease in these expenses is attributable, in a large part, that in fiscal year 2021 it had a projected budget of \$250,000 for the November 2020 District Board election.
- Operating Expenses are based on historical payment information with adjustments made for non-recurring expenses.
- Community Benefit Support fee based on the cost of services as follows:

Community Benefit Staff FY2022	Total Paid FTEs
VP Corp Comm Hlth Svcs	0.25
Director Community Benefit	0.75
Administrative Assistant	1.00
Sr Community Benefit Spec	2.00
Business Coordinator	0.20
Total	4.20
Total Salaries, Wages & Benefits	\$ 705,558
Estimated allocation of time at 54% =	\$ 381,001

- Supplies and Other Expenses includes modest increases for Direct Mail material, website development, advertising and postage. The District's budgeted dues are expected to remain a constant of LAFCO at an amount of \$18,000 and \$7,000 for California Special Districts Association.
- Expenses related to the G.O. bonds are based on the 2017 G.O. Refunding outcomes and required payment schedules.
- Investment income is based on the expected return rate provided by our Investment Consultant of on an average cash balance of \$40M.
- Community Benefit expenditures are based on the Community Benefit plan.
- IGT – Medi-Cal (PRIME) program - It is expected that the District/Hospital will participate in the program again this year.





# El Camino Healthcare District FY 22 Budget

*Information excludes El Camino Hospital & its affiliates*

(in 000s)

Revenues	FY2020 Actual	FY2021 Actual	FY 2022 Budget	Change Favorable / (Unfavorable)	% Change
(A) Other Operating Revenue	91	101	102	1	1.0%
(B) Unrestricted M&O Property Taxes	8,845	9,221	9,804	583	6.3%
(B) Restricted M&O Taxes	9,706	11,129	8,717	(2,412)	-21.7%
(B) Taxes Levied for Debt Service	10,493	11,803	10,200	(1,603)	-13.6%
(B) Investment Income (net)	1,444	(23)	848	871	3587.0%
(B) Other - Redevelopment Agency	325	310	300	(10)	-3.2%
<b>Total Net Revenue</b>	<b>30,904</b>	<b>32,541</b>	<b>29,971</b>	<b>(2,570)</b>	<b>-7.9%</b>
<b>Expenses</b>					
(A) Community Benefit Support	397	416	381	35	-8.4%
(A) Fees & Purchased Services	156	432	162	270	166.7%
(A) Supplies & Other Expenses	90	82	32	50	156.3%
(A) Depreciation/Amortization/Interest Expense	57	53	9	44	488.9%
(B) G.O. Interest Expense (net)	2,474	3,082	2,656	426	16.0%
(B) Community Benefit Program	7,544	7,196	7,665	(469)	-6.1%
(B) IGT Medi-Cal Program Expense	4,048	4,460	4,000	460	11.5%
<b>Total Expenses</b>	<b>14,766</b>	<b>15,721</b>	<b>14,905</b>	<b>816</b>	<b>5.5%</b>
<b>NET INCOME</b>	<b>16,138</b>	<b>16,820</b>	<b>15,066</b>	<b>(1,754)</b>	<b>-10.4%</b>

## FY22 BUDGET RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	(482)
(B) Net Non-Operating Revenues & Expenses	15,548
<b>NET INCOME</b>	<b>15,066</b>



## **FY 22 Budget - Community Benefit SW&B Allocation**

- Community Benefit staff are El Camino Hospital (ECH) employees who provide services to the District and to the Hospital Corporation.
- Pursuant to a Statement of Work (SOW) between El Camino Hospital and the District, Community Benefit Staff SW&B are allocated between the Hospital and the District.
- Per the SOW, the allocation is to be negotiated between the District Board Chair and the ECH Controller each spring for the coming fiscal year.
- For FY21, the total SW&B for the Community Benefit staff is budgeted at \$771,414 with 54% (\$416,564) allocated to the District. The Board Chair Gary Kalbach reviewed this allocation with Controller, Michael Walsh, and approved the allocation.
- For FY22, the total SW&B for the Community Benefit staff came in lower than FY21 at \$705,558 with no change in the allocation percentage of 54%. Thus the allocation for FY22 will be a reduced amount of \$381,001.



## **El Camino Healthcare District General Obligation Bonds of the District**

- 2006 General Obligation Bonds - Upon voter approval, in November 2003, the District issued in 2006, \$148,000,000 principle amount of 2006 General Obligation Bonds, which consists of \$115,665,000 of Current Interest Bonds. Interest on the Current Interest Bonds is payable semiannually at rates ranging from 4% to 5% and principal maturities ranging from \$2,065,000 in 2016 to \$18,050,000 in 2036 are due annually on August 1. Interest at rates ranging from 4.38% to 4.48% and principal of the Capital Appreciation Bonds are payable only at maturity. In March 2017, the District advanced refunded a portion of the 2006 General Obligation Bonds, through the issuance of the 2017 General Obligation Refunding Bonds.
- The Bonds are general obligations of the District payable from ad valorem taxes. Payment of principal, interest and maturity value of the Bonds, when due, is insured by a municipal bond insurance policy.
- 2017 General Obligation Bonds - Upon Board approval, in March 2017, the District advanced refunded a portion of the 2006 General Obligation Bonds, through the issuance of the \$99,035,000 2017 General Obligation Refunding Bonds, which consists of \$115,665,000 of Current Interest Bonds, and \$32,335,000 of Capital Appreciation Bonds. Interest on the 2017 General Obligation Refunding Bonds is payable semiannually at rates ranging from 2% to 5% and principal maturities ranging from \$3,570,000 in 2017 to \$17,480,000 in 2036 are due annually on August 1. This refinancing resulted in a reduction of future interest payments with a present value of approximately \$7,000,000.



# Annual Debt Service Requirements

As of August 1, 2021

2017 G.O Refunding Bonds

Series 2006 Capital Appreciation Bonds (1)

Aggregate Annual  
Debt Service on all  
general  
obligation  
bonds

Year Ending (August 1)	Principal	Interest	Total Debt Service	Principal	Accreted Interest	Total Debt Service	
2017	\$ 3,570,000	\$ 1,428,675	\$ 4,998,675				\$ 4,998,675
2018	3,310,000	3,915,600	7,225,600				7,225,600
2019	3,800,000	3,816,300	7,616,300				7,616,300
2020	4,400,000	3,626,300	8,026,300				8,026,300
2021	5,050,000	3,406,300	8,456,300				8,456,300
2022	5,760,000	3,153,800	8,913,800				8,913,800
2023		2,865,800	2,865,800	3,293,063	3,476,937	6,770,000	9,635,800
2024		2,865,800	2,865,800	3,397,871	3,922,129	7,320,000	10,185,800
2025		2,865,800	2,865,800	3,411,361	4,278,639	7,690,000	10,555,800
2026		2,865,800	2,865,800	3,551,505	4,843,495	8,395,000	11,260,800
2027		2,865,800	2,865,800	3,598,421	5,306,579	8,905,000	11,770,800
2028		2,865,800	2,865,800	3,673,863	5,846,137	9,520,000	12,385,800
2029		2,865,800	2,865,800	3,741,914	6,413,086	10,155,000	13,020,800
2030		2,865,800	2,865,800	3,802,634	7,007,366	10,810,000	13,675,800
2031		2,865,800	2,865,800	3,864,367	7,645,633	11,510,000	14,375,800
2032	12,000,000	2,865,800	14,865,800				14,865,800
2033	13,190,000	2,445,800	15,635,800				15,635,800
2034	14,525,000	1,918,200	16,443,200				16,443,200
2035	15,950,000	1,337,200	17,287,200				17,287,200
2036	17,480,000	699,200	18,179,200				18,179,200
<b>Total</b>	<b>\$ 99,035,000</b>	<b>\$ 54,405,375</b>	<b>\$ 153,440,375</b>	<b>\$ 32,335,000</b>	<b>\$ 48,740,000</b>	<b>\$ 81,075,000</b>	<b>\$ 234,515,375</b>

Blue highlighted items are paid down

2017 Outstanding Principle \$78,905,000. 2006 Outstanding Principle \$32,335,000.

(1) The Series 2006 Capital Appreciation Bonds are payable only at maturity on August 1 of each year, and interest on the series 2006 Capital Appreciation Bonds is compounded semiannually on each February 1 and August 1





## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Jon Cowan, Senior Director Government Relations and Community Partnerships  
**Date:** October 19, 2021  
**Subject:** FY22 Community Benefit Board Policy Guidance

### **Recommendations:**

To endorse or to modify via a motion the proposed “Guiding Principles” as well as the El Camino Health Care District “Ranked & Prioritized Health Needs,” including approximate grant funding percentages for each of the five health needs.

### **Summary:**

1. **Situation:** Management and staff pledged to return to the Board following the September 14, 2021 study session with “Guiding Principles” as well as “Ranked & Prioritized Health Needs” with approximate grant funding percentages to provide policy direction. This policy direction is to be implemented in FY22 for the FY23 grant cycle.
2. **Background:**
  - The proposed “Guiding Principles” are grouped as either required or preferred to address the feedback from the last study session that it would be beneficial to prioritize them
  - Feedback from the September 14, 2021 discussion of the draft “Guiding Principles” is incorporated into the current draft
  - The FY 2022 Community Health Needs Assessment (CHNA) identified 12 health needs for El Camino Health
  - The definition of a health need is a health issue that has health outcomes or is a driver of health outcomes, and for which there were at least two data sources available to be consulted
  - El Camino Health’s health needs were a top community priority (for at least 1/3 of focus groups or key informant interviews), fail statistical benchmarks (two or more direct indicators are worse than California by 5% or more), or represent documented inequities
  - El Camino Health then selected which health needs to focus on by assessing whether a health need aligns with El Camino Health expertise and capabilities, whether El Camino Health has a commitment to addressing this need, and if the community prioritizes the health need over other health needs
  - The five health needs El Camino Health selected to focus on are Healthcare Access & Delivery (including oral health), Behavioral Health (including domestic violence trauma), Diabetes & Obesity, Economic Stability (including food insecurity, housing & homelessness), and Chronic Conditions (other than Diabetes & Obesity)
3. **Assessment:**
  - Narrowing the health needs to five will maintain a comprehensive program as additional health needs were able to be mapped to these five
  - All health needs identified as a top community priority are incorporated into the selected needs to focus on

FY22 Community Benefit Board Policy Guidance  
October 19, 2021

- The selected health needs maintain El Camino Health and the El Camino Healthcare District's commitment to addressing domestic violence as well as chronic conditions other than diabetes & obesity
- Cancer, oral health, and maternal/infant health which were identified as historic inequities were mapped to the five selected needs
- The Board's approval of "Guiding Principles" as well as "Ranked & Prioritized Health Needs" with approximate grant funding percentages will allow the Board to set policy direction for the El Camino Healthcare District Community Benefit program

**4. Outcomes:**

- Management and staff will execute the FY23 grant cycle incorporating the "Guiding Principles" and the "Ranked & Prioritized Health Needs" with approximate grant funding percentages approved by the Board.

**List of Attachments:**

1. Community Benefit Guiding Principles and Ranked & Prioritized Health Needs Presentation

**Suggested Board Discussion Questions:**

1. Does the Board have any modifications or changes to the "Guiding Principles?"\*
2. Does the Board have any modifications or changes to the El Camino Healthcare District "Ranked & Prioritized Health Needs," including the approximate grant funding percentages for each of the five health needs?

\* "Guiding Principles" are a list of 6-10 policy statements that set the parameters and guardrails which guide Community Benefit's philosophy for health improvement. An example is "emphasize locally focused vs. national organizations."



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## **Community Benefit Guiding Principles and Ranked & Prioritized Health Needs**

October 19, 2021

Jon Cowan

Senior Director, Government Relations & Community Partnerships

# Guiding Principles





## Guiding Principles: Definition

“Guiding Principles” are a list of 6-10 policy statements that set the parameters and guardrails which guide Community Benefit’s philosophy for health improvement. An example is “emphasize locally focused vs. national organizations.”



# Discussion Draft: Guiding principles for evaluating and prioritizing appropriateness of grant proposals

## Required

1. Serve those who live, work or go to school in the El Camino Healthcare District
2. Demonstrate a competence and capacity to address at least one of the identified health needs
3. Focus primarily, but not exclusively, on the results of increasing access to healthcare services, behavioral health services, as well as the management of rising risk chronic health conditions (diabetes, obesity, cardiovascular disease, cancer, and respiratory conditions)
4. Have an emphasis on populations that are underserved, experiencing health disparities, and/or facing health challenges

## Preferred

5. Aim to reflect the diversity of the District
6. Focus on operational programmatic costs for service delivery, over capital campaigns. Do not fund drives or political initiatives
7. Emphasize locally focused vs. national organizations
8. Fund the most effective and impactful programs



## Ranked and Prioritized Health Needs



# Current Health Needs Come from 2019 Community Health Needs Assessment (CHNA)



- Diabetes & Obesity
- Chronic Conditions (other than Diabetes & Obesity)
- Healthcare Access & Delivery
- Oral/Dental Health



- Behavioral Health
- Cognitive Decline



- Violence & Injury Prevention
- Economic Stability
- Housing & Homelessness

# Process for Reaching the Proposed Ranked and Prioritized Health Needs

## 2022 CHNA

- **Focus:**
  - Led by Actionable Insights (AI) with input from participating health systems (El Camino Health (ECH), Stanford Medicine, Palo Alto Medical Foundation/Sutter Health)
  - Extensive qualitative and quantitative analysis informs health need identification and ranked order
  - Process shaped by IRS requirements and consultant expertise
- **Key Outcomes:**
  - Health needs list for ECH's CHNA report which is listed in ranked order

## Mgmt. & Staff

- **Focus:**
  - Utilizing criteria to inform the health needs for ECH's focus
  - Soliciting input from management & staff stakeholders
- **Key Outcomes:**
  - Proposed prioritized health needs for ECH's focus

## District Board

- **Focus:**
  - Input on approximate percentages for the ECHD CB Program's focus
- **Key Outcomes:**
  - Motion to endorse or to modify the approximate percentages for each of the 5 health needs



# Health Needs Identification

Which criteria did ECH use to decide which health issues were identified as health “needs”?



# Health Needs Identification Criteria

## Filter 1:

- Indicator meets the definition of a health need (health issue that has health outcomes or is a driver of health outcomes)
- There were at least two data sources available to be consulted

## Filter 2:

- And then meets any of these conditions
  - Top community priority (for at least 1/3 of focus groups or key informant interviews)
  - Fails statistical benchmarks (two or more direct indicators are worse than California by 5% or more)
  - Documented inequities (issue shows persistent inequities by race/ethnicity)



# How ECH considered which health needs to focus on?

- Addressing this need aligns with ECH expertise and capabilities
- ECH has a commitment to addressing this need
- The community prioritizes the health need over other health needs





## ECH's Selected Health Needs To Focus On

Health Need	Key Considerations
Healthcare Access & Delivery (including oral health)	<ul style="list-style-type: none"><li>• Availability and access to primary care, oral healthcare, specialty care, maternal/infant health, etc.</li></ul>
Behavioral Health (including domestic violence trauma)	<ul style="list-style-type: none"><li>• Mental health services for depression, anxiety, substance abuse, senior isolation, and domestic violence trauma, etc.</li></ul>
Diabetes & Obesity	<ul style="list-style-type: none"><li>• Relates to contributing factors which include healthy eating and active living, etc.</li></ul>
Economic Stability (including food insecurity, housing & homelessness)	<ul style="list-style-type: none"><li>• Key driver of poor health outcomes</li></ul>
Chronic Conditions (other than Diabetes & Obesity)	<ul style="list-style-type: none"><li>• Cardiovascular disease, cancer, respiratory conditions, long-term effects from COVID-19, and other chronic conditions</li></ul>



## Discussion Draft: ECHD Ranked & Prioritized Health Needs

Health Need	FY21 Approved	FY22 Approved	FY23 Proposed
Healthcare Access & Delivery (including oral health)	56%	56%	~50%
Behavioral Health (including domestic violence trauma)	23%	23%	~25%
Diabetes & Obesity	8%	9%	~15%
Chronic Conditions (other than Diabetes & Obesity)	5%	5%	~5%
Economic Stability (including food insecurity, housing & homelessness)	5%	5%	~5%

\*Dropped health needs include cognitive decline, unintended injury prevention (1% each in FY21 and FY22)



## ECHD Grants Grouped by Health Need\*

	Health Need	FY21 Approved	FY21 %	FY22 Approved	FY22 %
Healthcare Access & Delivery (including oral health)	Healthcare Access & Delivery	\$3.299 million	45%	\$3.378 million	45%
	Oral Health	\$823,000	11%	\$850,000	11%
Behavioral Health (including domestic violence trauma)	Behavioral Health	\$1.493 million	20%	\$1.524 million	20%
	Domestic Violence	\$205,000	3%	\$215,000	3%
Diabetes & Obesity	Diabetes & Obesity	\$620,000	8%	\$694,000	9%
Chronic Conditions (other than Diabetes & Obesity)	Chronic Conditions (other than Diabetes & Obesity)	\$386,000	5%	\$394,000	5%
Economic Stability (including food insecurity, housing & homelessness)	Economic Stability	\$324,000	4%	\$296,000	4%
	Housing & Homelessness	\$80,000	1%	\$90,000	1%
Proposed for Removal	Cognitive Decline	\$85,000	1%	\$60,000	1%
	Unintended Injury Prevention	\$51,000	1%	\$46,000	1%
<b>Total</b>		<b>\$7.365 million</b>		<b>\$7.546 million</b>	

\* Percentages do not sum to 100% due to rounding. Total approved presented is rounded total.



# Staff-initiated community benefit grant proposals being investigated (Draft)

1. Better follow-up with discharged patients
2. Helping unhoused community members manage their chronic conditions
3. Psychiatric social worker for the emergency department
4. Food pharmacy to tackle healthy eating to prevent/manage chronic conditions
5. Healthcare mentorship/training program



# Appendix



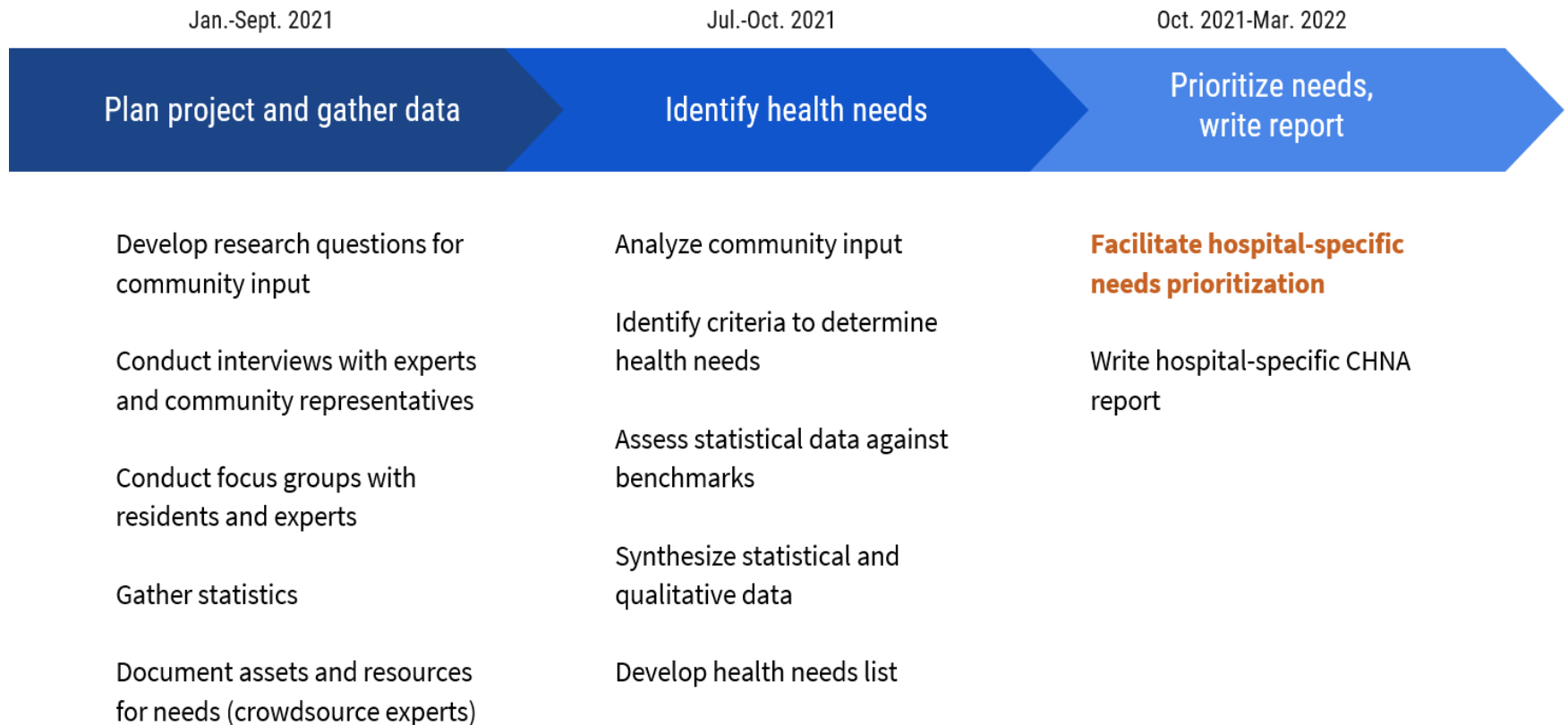
# The Community Health Needs Assessment (CHNA) Process

To conduct a CHNA, a hospital facility must complete the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

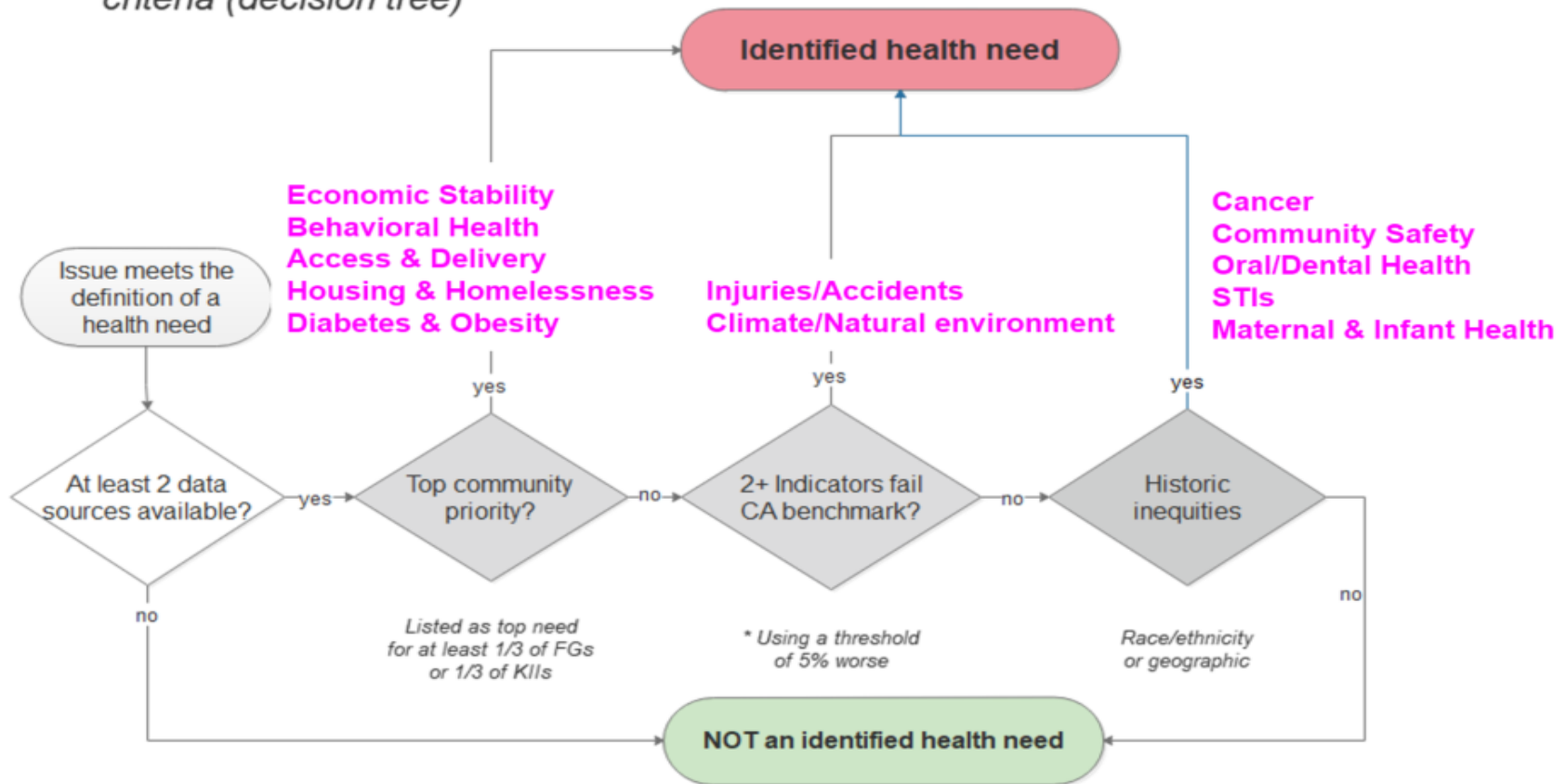


# CHNA Process Map



# Identified Health Needs

**What goes on the list?**  
*El Camino's health needs criteria (decision tree)*





# The Ranked Order Health Needs\*

1. Economic Security
2. Behavioral Health
3. Housing & Homelessness
4. Healthcare Access & Delivery
5. Diabetes & Obesity
6. Cancer
7. Maternal & Infant Health
8. Oral/Dental Health
9. Climate & Natural Environment
10. Unintended Injuries/Accidents
11. Community Safety
12. Sexually Transmitted Infections

\*This Ranked Order is required by the IRS for the CHNA



# What ECHD grants might be dropped due to the proposed 5 Health Needs?

## FY22

1. Falls Prevention Program: \$46,100

## FY21

1. Farewell to Falls: \$35,000
2. Matter of Balance: \$15,500
3. Hearts & Minds Activity Center program for dementia specific adult social day care: \$30,000





## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District Board (“Board”) of Directors  
**From:** Dan Woods, CEO; Deb Muro, CIO; Omar Chughtai, Vice President of Operations  
**Date:** October 19, 2021  
**Subject:** Status Report on the El Camino Healthcare District Community COVID-19 Testing and Vaccination Program (the “District Program”)

**Recommendation:** Status update on current program. No recommendations at this time.

### **Summary:**

- Situation:** On May 19, 2020, the Board approved funding and operations of a no-cost Community COVID-19 testing program for asymptomatic individuals who live, work, or go to school in the District. Thereafter, on June 16, 2020, the Board modified the approval to authorize (1) prepaying of \$1.2 million in FY20 to El Camino Health to implement and manage the District Program in FY20 and FY21 and (2) distribution of \$1.2 million in FY21 to provide ongoing services to the District Program in FY21. On December 29, 2020, the Board authorized the reallocation of \$100,000,000 of the funds to provide COVID-19 vaccinations. Subsequently, on June 29, 2021, ECH is requesting to approve reallocation of, and make available the remainder of unused FY20 & FY21 COVID-19 funds totaling \$2.4 million through FY22 for the use of either COVID-19 testing or vaccination programs.
- Authority:** The District Board has authority to authorize the District CEO to distribute funding and manage public health initiatives in furtherance of its purpose, which includes providing assistance in the operation of health care services for the benefit of the District and the people served by the District. Pursuant to this authorization, the District entered into a Services Agreement with El Camino Health to operate the District Program.
- Background:** Pursuant to the Agreement with El Camino Health, COVID-19 tests are currently being performed at a number of locations through the District including (1) the El Camino Health Mountain View hospital campus, (2) public school sites in the Mountain View-Whisman, Sunnyvale, Los Altos and Mountain View/Los Altos High School Districts, (3) downtown retail districts in Mountain View, Los Altos and Sunnyvale and St. Francis High School. The mobile testing sites within the District’s business districts were initially focused on serving employees of small businesses who are less likely to have insurance and whose work schedules make traveling to the El Camino Hospital campus impractical. However, due to low demand, we opened those sites to other members of the public. To provide good stewardship of the District’s tax revenues, El Camino Health is successfully billing third party insurance and reserving District funds to cover the costs of testing when insurance is not available. As of October 4, 2021, we have provided 42,148 tests and 55,401 vaccine doses in our testing sites and vaccine clinics.

The testing program is patient centered to facilitate quick-prescheduled appointments, online scheduling, extended hours for appointments, electronic results, e-mail notification when results, including negative results, are available in MyChart. Testing is currently being offered at the Hospital Monday through Friday. El Camino Health continues to rely on PCR (polymerase chain reaction) testing as this is the most sensitive and accurate mode. We do have antibody testing available in house but this has limited applicability because it does not guarantee lack of infectivity and does not guarantee immunity.

Status Report on District Funded Community COVID-19 Testing Program  
June 29, 2021

On January 19, 2021, El Camino Health rolled out its community vaccination program at our First Street Clinic for Tier 1a individuals as well as those 75 years of age and over in accordance with state and county guidelines. Reallocated funds are being used to provide vaccinations for people who live, work or go to school in the District. On March 15, 2021 we opened our second site to vaccinate in Sunnyvale with a primary focus of vaccinating individuals who live, work or go to school in the District as they become eligible per state and county guidelines and as Santa Clara County allocates vaccine supply to El Camino Health. On June 8, 2021 we began a mobile vaccination program.

On June 29, 2021 the El Camino Healthcare District Board approved the reallocation of, and made available the remainder of unused FY20 & FY21 COVID-19 funds totaling \$2.4 million through FY22 for the use of either COVID-19 testing or vaccination programs. We began administering 3<sup>rd</sup> dose booster for qualified individuals at El Camino Health Outpatient Pharmacy after September 24, 2021.

Program Expenses in FY22 Period 2

COVID-19 Tests: \$175.00

COVID-19 Vaccines: \$3,012

Labor: \$0.00

Marketing: \$0.00

**Total: \$3,187**

Since Inception through FY22 Period 2 (August 31, 2021)

**Total: \$1,125,944**

4. Assessment: The District Program operations are in place for testing and the vaccination.
5. Other Reviews: N/A
6. Outcomes: Addressing the COVID-19 pandemic through providing community testing and vaccination to decrease spread of COVID-19 in the community.

**Suggested Board Discussion Questions:**

Will we anticipate increase testing and vaccine spend in FY22 as compared to FY22 period 2?



## EL CAMINO HEALTHCARE DISTRICT

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- ❖ **Purpose:** To maximize COVID-19 testing for asymptomatic individuals who live, work, or go to school within the District. To remove barriers 1) need of physician orders and 2) testing costs 3) vaccinations.
- ❖ **Scope:** \$2.4 million committed through FY21 from the Healthcare District – a Services Agreement was signed June 7, 2020. Reallocation of a combined \$1 million for vaccinations during December 2020 and January 2021 Healthcare District Board Meeting. In June funds were extended through FY22.



# June 10<sup>th</sup> to October 4<sup>th</sup> Daily testing

**42,148**

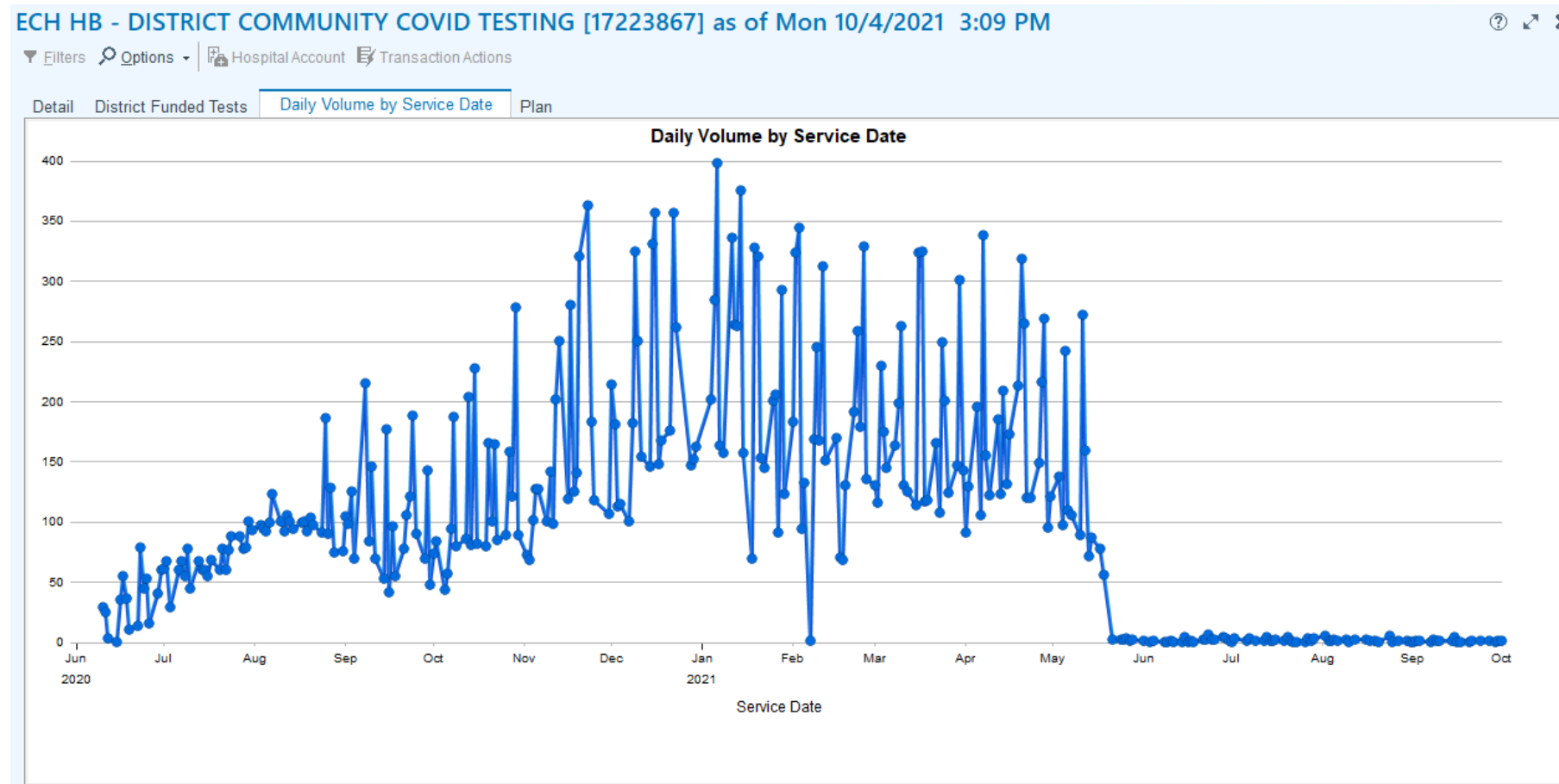
District tests  
completed through  
10/4/21

**.5%**

COVID+ rate  
5/1/20 – 9/30/21

**\$1,125,944**

District Funds  
used as of 8/31/21

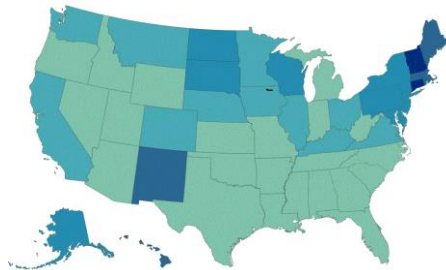


## Vaccine & Testing Program Expenses (through 8/31/2021)

	Number of C-19 tested	Vaccine administe red	Cost for testing and vaccine	Labor Cost	Market cost	Monthly Total
	2,497	1,111	\$ 259,431	\$ 814,354	\$ 52,158	\$ 1,125,944
						Average monthly burn rate: \$98,004
Remaining dollars from original funding of \$2,400,000						Remaining: \$ 1,274,056

# Santa Clara County Vaccination ahead of CA and the US

Data as of 10/3/2021



*Fully vaccinated ages 12+*  
**76%**

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>



**59%**

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-California/7pid-y24r> as of 9/24/2021



**89%**

<https://covid19.sccgov.org/dashboard-vaccinations>



**55,401**  
Total Doses  
delivered  
by ECH



# ECH Vaccination Clinics

## Next Steps:

- ❖ Self-testing options for schools
- ❖ Expand clinic capacity with demands

## Key Achievements:

- ❖ OP Pharmacy vaccinating immunocompromised and 3<sup>rd</sup> dose 65+
- ❖ Mobile Vaccination with 21 days planned completed
- ❖ Employees & Physicians now vaccinated at clinics
- ❖ Vaccinations open to ages 12+
- ❖ Additional funds approved by ECH Foundation for those outside of the district

## Vaccine equity:

- ❖ Direct line with language translation **408-871-7460**
- ❖ ***Partnered with local*** FQHC/Community Service Agencies

## Multiple Vaccine Clinic Innovations:

- ❖ ***Same day*** appointments
- ❖ ***Automated*** Standby appointments
- ❖ Clinic documentation on **iPhones**
- ❖ **Best in-class** open scheduler platform





# Questions?



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Julia Miller, Board Chair  
**Date:** October 19, 2021  
**Subject:** Appointment of FY22 El Camino Hospital Board Member Election Ad Hoc Committee Chair

### **Purpose:**

To inform the Board of the appointment of myself, Julia Miller, as the FY22 El Camino Hospital Board Member Election Ad Hoc Committee Chair

### **Summary:**

1. Situation: Annually, usually in June, pursuant to our Process for Election and Re-Election of Non-District Board Members (NDBM's) to the El Camino Hospital Board of Directors, we appoint an Ad Hoc Committee to evaluate and make recommendations regarding the election and re-election of NDBM's to the ECH Board.
2. Authority: Article VII, Section 1 of our Bylaws gives the Board Chair the authority to appoint the Chair of Special Board Committees.
3. Background: N/A
4. Assessment: N/A
5. Other Reviews: None.
6. Outcomes: N/A
7. List of Attachments: None.

**Suggested Board Discussion Questions**: None. This is an informational item.