



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

**Tuesday, January 25, 2022 – 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: 926-4933-5460#. 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>information<br/>5:33 – 5:34</b>         |
| <b>4. PUBLIC COMMUNICATION</b><br>a. Oral Comments<br><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><br>b. Written Correspondence  | Julia Miller, Board Chair  |                           | <b>information<br/>5:34 – 5:37</b>         |
| <b>5. CONSENT CALENDAR</b><br><i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i><br><b>Approval</b><br>a. <a href="#">Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings</a><br>b. <a href="#">Minutes of the Open Session of the District Board Meeting (12/01/21)</a><br><b>Information</b><br>c. <a href="#">Community Benefit Sponsorships</a><br>d. <a href="#">FY22 Pacing Plan</a> | Julia Miller, Board Chair  | <i>public<br/>comment</i> | <b>motion<br/>required<br/>5:37 – 5:38</b> |
| <b>6. <a href="#">COVID-19 TESTING AND VACCINATION PROGRAM REPORT</a></b>   | Omar Chughtai,<br>Vice President of<br>Operations  |                           | <b>information<br/>5:38 – 5:48</b>         |
| <b>7. <a href="#">COMMUNITY BENEFIT SPOTLIGHT: MOUNTAIN VIEW POLICE DEPARTMENT'S YOUTH SERVICES UNIT DREAMS &amp; FUTURES CAMP Resolution 2022-01</a></b>   | Jon Cowan, Senior<br>Director, Government<br>Relations & Community<br>Partnerships<br>Sergeant Scott Thomas,<br>Youth Services Unit,<br>Mountain View Police<br>Department | <i>public<br/>comment</i> | <b>motion<br/>required<br/>5:48 – 5:58</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) 988-8254 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                  |
|--|---|----------------|----------------------------------|
| 8. <a href="#"><u>COMMUNITY BENEFIT STRATEGIC UPDATE</u></a>   | Jon Cowan, Senior Director, Government Relations & Community Partnerships |                | information<br>5:58 – 6:08       |
| 9. <a href="#"><u>ECHD FY22 YTD FINANCIALS</u></a>   | Carlos Bohorquez, Chief Financial Officer                                 | public comment | motion required<br>6:08 – 6:18   |
| 10. <a href="#"><u>EL CAMINO HEALTHCARE DISTRICT BOARD HEALTH AND SAFETY CODE RESOLUTION: Resolution 2022-02</u></a>   | Julia Miller, Board Chair<br>Alison S. Bassett, BBK Law                   | public comment | motion required<br>6:18 – 6:28   |
| 11. <a href="#"><u>EL CAMINO HEALTHCARE DISTRICT BOARD MEMBERS TRANSITION TO W-2 EMPLOYEES &amp; WORKERS' COMPENSATION INSURANCE: Resolution 2022-03</u></a>   | Greg Souza, Interim Chief Human Resources Officer                         | public comment | motion required<br>6:28 – 6:38   |
| 12. <a href="#"><u>FY22 EL CAMINO HOSPITAL BOARD MEMBER ELECTION AD HOC COMMITTEE RECOMMENDATION</u></a>   | Julia Miller, Board Chair   | public comment | motion required<br>6:38 – 6:48   |
| 13. <a href="#"><u>FY22 EL CAMINO HEALTHCARE DISTRICT POLICY BYLAW REVIEW AD HOC COMMITTEE RECOMMENDATIONS</u></a>   | Julia Miller, Board Chair   | public comment | motion required<br>6:48 – 7:13   |
| 14. <b>ADJOURN TO CLOSED SESSION</b>   | Julia Miller, Board Chair   | public comment | motion required<br>7:13 – 7:14   |
| 15. <b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>  | Julia Miller, Board Chair   |                | information<br>7:14 – 7:15       |
| 16. <b>CONSENT CALENDAR</b><br><i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i><br><br><b>Approval</b><br><i>Gov't Code Section 54957.2:</i><br>– Minutes of the Closed Session of the District Board Meeting (12/01/21) | Julia Miller, Board Chair   |                | motion required<br>7:15 – 7:16   |
| 17. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – Senior Management:<br><b>EXECUTIVE SESSION</b>  | Julia Miller, Board Chair   |                | information<br>7:16 – 7:26       |
| 18. <b>ADJOURN TO OPEN SESSION</b>   | Julia Miller, Board Chair   |                | information<br>7:26 – 7:27       |
| 19. <b>RECONVENE OPEN SESSION / REPORT OUT</b>   | Julia Miller, Board Chair   |                | information<br>7:27 – 7:28       |
| To report any required disclosures regarding permissible actions taken during Closed Session.  |   |                |                                  |
| 20. <b>BOARD COMMENTS</b>  | Julia Miller, Board Chair   |                | information<br>7:28 – 7:29       |
| 21. <b>ADJOURNMENT</b>   | Julia Miller, Board Chair   | public comment | motion required<br>7:29 – 7:30pm |

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

**Special Meetings:** Board Retreat - February 23, 2022, Joint Board & Committee Education - April 27, 2022



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District (ECHD) Board of Directors  
**From:** Mary Rotunno, General Counsel  
**Date:** January 25, 2022  
**Subject:** Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings

**Recommendation:** To continue the determination made by the Board of Directors at its meeting on October 19, 2021 in Resolution 2021-10 acknowledging that there still exists a state of emergency due to the COVID-19 pandemic and to continue the 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:** At the October 19, 2021 Board Meeting, the Board of Directors adopted Resolution 2021-10, which made findings to continue holding virtual public meetings under the Ralph M. Brown Act based on the continued 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.

This Resolution relies on the September 21, 2021 recommendation by the Health Officer of the County of Santa Clara 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. **Background:** ECH outside counsel at Best Best & Krieger, LLP ("BB&K"), reviewed the legislation and prepared Resolution 2021-10.

### **List of Attachments:**

AB 361 - Continuation of Resolution 2021-10  
January 25, 2022

1. Resolution 2021-10 - Resolution of the Board of Directors of El Camino Health District  
Making Findings and Determinations Under AB 361 for Teleconference Meetings

**Suggested Board Discussion Questions:**

1. None

**RESOLUTION 2021-10**

**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 19, 2021 by the following vote:


AYES:

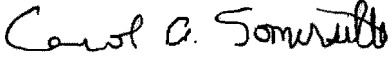
NOES:

ABSENT:

ABSTAIN:

ATTEST:

DocuSigned by:  
  
306E6DD0439C4ED...  
El Camino Healthcare District,  
Chair

DocuSigned by:  
  
A56D6F7947A1406...  
El Camino Healthcare District,  
Secretary



**Minutes of the Open Session of the  
El Camino Healthcare District Board of Directors  
Wednesday, December 1, 2021**

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:

**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**

**Members Excused**

None

| Agenda Item   | Comments/Discussion   | Approvals/<br>Action   |
|---|---|--|
| <b>1. CALL TO ORDER/<br/>ROLL CALL</b>  | Chair Miller called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 7:10 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<br/>at 7:10 pm</i></b>                                       |
| <b>2. SALUTE TO THE<br/>FLAG</b>  | Chair Miller asked Dan Woods, CEO to lead all present in the Pledge of Allegiance.  |  |
| <b>3. POTENTIAL<br/>CONFLICT OF<br/>INTEREST<br/>DISCLOSURES</b>  | Chair Miller asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.   |  |
| <b>4. PUBLIC<br/>COMMUNICATION</b>  | There was no public communication.  |  |
| <b>5. CONSENT<br/>CALENDAR</b>  | <p>Chair Miller asked if any member of the Board or the public wished to remove an item from the consent calendar.</p> <p><b>Motion:</b> To approve the consent calendar to include: the Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings and the Open Session Minutes of the District Board Meeting (10/19/21).</p> <p><b>Movant:</b> Fung<br/><b>Second:</b> Somersille<br/><b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin<br/><b>Noes:</b> None<br/><b>Abstentions:</b> None<br/><b>Absent:</b> None<br/><b>Recused:</b> None</p> | <b><i>Consent<br/>calendar<br/>approved</i></b>                                  |
| <b>6. APPOINTMENT OF<br/>FY22 EL CAMINO<br/>HOSPITAL BOARD<br/>MEMBER<br/>ELECTION AD HOC<br/>COMMITTEE</b> | <p><b>Motion:</b> To approve the appointment of the FY22 El Camino Hospital Board Member Election Ad Hoc Committee Member and Advisors to include Julia Miller, John Zoglin, Bob Rebitzer, and Mike Kasperzak.</p> <p><b>Movant:</b> Fung<br/><b>Second:</b> Somersille</p>   | <b><i>Appointment<br/>of FY22<br/>ECHB<br/>Hospital<br/>Board<br/>Member</i></b> |



|  |  |  |
|--|--|--|
| <b>MEMBERS AND ADVISORS</b>  | <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin<br><b>Noes:</b> None<br><b>Abstentions:</b> None<br><b>Absent:</b> None<br><b>Recused:</b> None  | <b>Election Ad Hoc Committee approved</b>                              |
| <b>7. APPOINTMENT OF FY22 EL CAMINO POLICY &amp; BYLAW REVIEW AD HOC COMMITTEE MEMBERS</b> | <p>Chair Miller shared that she had appointed herself as the FY22 El Camino Hospital Board Member Ad Hoc Committee Chair to review all El Camino Health Care District Bylaws and Policies, and asked for other Directors to express their interest in serving on the committee. Vice-Chair Fung expressed his interest.</p> <p>A brief discussion ensued regarding clarification on the wording and purpose of the memo and the authority to appoint the Chair of Special Board Committees. Ms. Mary Rotunno, General Counsel, responded that the memo met the guidelines to appoint Chair Miller as the Chair of the Ad Hoc Committee and for an appointment of an Ad Hoc Committee Members.</p> <p><b>Motion:</b> To approve the appointment of the FY22 El Camino Policy &amp; Bylaw Review Ad Hoc Committee Members to include Directors Julia Miller and Peter Fung.</p> <p><b>Movant:</b> Fung<br/> <b>Second:</b> Somersille<br/> <b>Ayes:</b> Fung, Miller, Somersille, Ting<br/> <b>Noes:</b> Zoglin<br/> <b>Abstentions:</b> None<br/> <b>Absent:</b> None<br/> <b>Recused:</b> None</p> | <b>Appointment of FY22 ECHD Bylaws &amp; Policy Committee Approved</b> |
| <b>8. 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<br/> <b>Second:</b> Ting<br/> <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin<br/> <b>Noes:</b> None<br/> <b>Abstentions:</b> None<br/> <b>Absent:</b> None<br/> <b>Recused:</b> None</p>   | <b>Adjourned to closed session at 7:22 pm</b>                          |
| <b>9. AGENDA ITEM 12: RECONVENE TO OPEN SESSION/ REPORT OUT</b>                            | The open session of the El Camino Healthcare District Board of Directors was reconvened at 7:23 pm. The closed session minutes of the 10/19/2021 El Camino Healthcare District Board of Directors were approved.   | <b>Open Session reconvened at 7:23 pm</b>                              |
| <b>10. AGENDA ITEM 13: BOARD COMMENTS</b>  | None were noted.   |  |
| <b>11. AGENDA ITEM 14: ADJOURNMENT</b>   | <p><b>Motion:</b> To adjourn at 7:25 pm.</p> <p><b>Movant:</b> Fung<br/> <b>Second:</b> Somersille<br/> <b>Ayes:</b> Fung, Miller, Somersille, Ting, Zoglin<br/> <b>Noes:</b> None<br/> <b>Abstentions:</b> None<br/> <b>Absent:</b> None<br/> <b>Recused:</b> None</p>  | <b>Meeting adjourned at 7:57 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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Julia E. Miller  
Chair, ECHD Board

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Carol Somersille, MD  
Secretary/Treasurer, ECHD Board

Prepared by: Stephanie Iljin, Manager of Administration

DRAFT



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Jon Cowan, Senior Director Government Relations & Community Partnerships  
**Date:** January 25, 2022  
**Subject:** Community Benefit Sponsorships

### **Purpose:**

To provide the Board with FY22 ECHD Sponsorships October 2021 – December 2021.

### **Summary:**

1. Situation: Community Benefit Staff was asked to keep the Board informed regarding Community Benefit Sponsorships YTD.
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 **October 1- December 31, 2021** totaled **\$4,000** for the following agencies:
    - o Pancreatic Cancer Action Network
    - o Sunnyvale Senior Center
4. Assessment: N/A
5. Other Reviews: N/A
6. Outcomes: N/A

**List of Attachments:** N/A

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

**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>• COVID-19 Testing and Vaccination Program Report</li> <li>• Community Benefit Spotlight</li> <li>• Community Benefit Strategic Update</li> <li>• Health and Safety Code Resolution</li> <li>• District Board Members transition to W-2 Employees &amp; Workman's Comp Insurance</li> <li>• FY22 El Camino Hospital Board Member Election Committee Recommendation</li> <li>• FY22 Bylaw and Policy Ad Hoc Committee Recommendations</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 South Drive Property</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>• <u>Community Benefit Spotlight</u></li> <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>• COVID-19 Testing and Vaccination Program Report</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>• <del>Elect District Board Officers</del></li> </ul> |

**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>• COVID-19 Testing and Vaccination Program Report</li> <li>• CBAC Policy – Annual Approval</li> </ul> | No Meeting             | No Meeting              |



## 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:** January 25, 2022  
**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:**

1. **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 requested approval of the reallocation of unused FY20 & FY21 COVID-19 funds totaling \$2.4 million through FY22 for the use of either COVID-19 testing or vaccination programs.
2. **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.
3. **Background:** Pursuant to the Agreement with El Camino Health, COVID-19 tests have been collected 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 January 10, 2022, we have provided 44,798 tests and 58,004 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

Status Report on District Funded Community COVID-19 Testing Program  
January 25, 2022

guarantee immunity. Finally, to increase testing availability, El Camino Health has invested in antigen self-testing kits to be distributed through the El Camino Healthcare District testing program located at the El Camino Health outpatient lab at the Sobrato Pavilion. Updated information around antigen tests kits will be available by the end of January at <https://www.elcaminohealth.org/covid-19-resource-center/testing-locations>.

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.

Appointments through El Camino Health, Mountain View Hospital Outpatient Pharmacy are available to schedule by visiting: <https://www.elcaminohealth.org/covid-19-resource-center/vaccine-information>.

Program Expenses in FY22 Period 4

COVID-19 Tests: \$0.00

COVID-19 Vaccines: \$26.73

Labor: \$15,048

Marketing: \$0.00

**Total: \$17,721**

Since Inception through FY22 Period 4 (October 31, 2021)

**Total: \$1,137,404**

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.

Status Report on District Funded Community COVID-19 Testing Program  
January 25, 2022

**Suggested Board Discussion Questions:**

- Will we anticipate increase testing and vaccine spend in FY22?
- Will current allocated funds last through FY22?





## EL CAMINO HEALTHCARE DISTRICT

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

- ❖ **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. At end of FY21 approved funds available funds through FY22.

# June 10, 2020 to January 13, 2022

## Daily testing

**44,798**  
Tests completed  
through 1/10/22

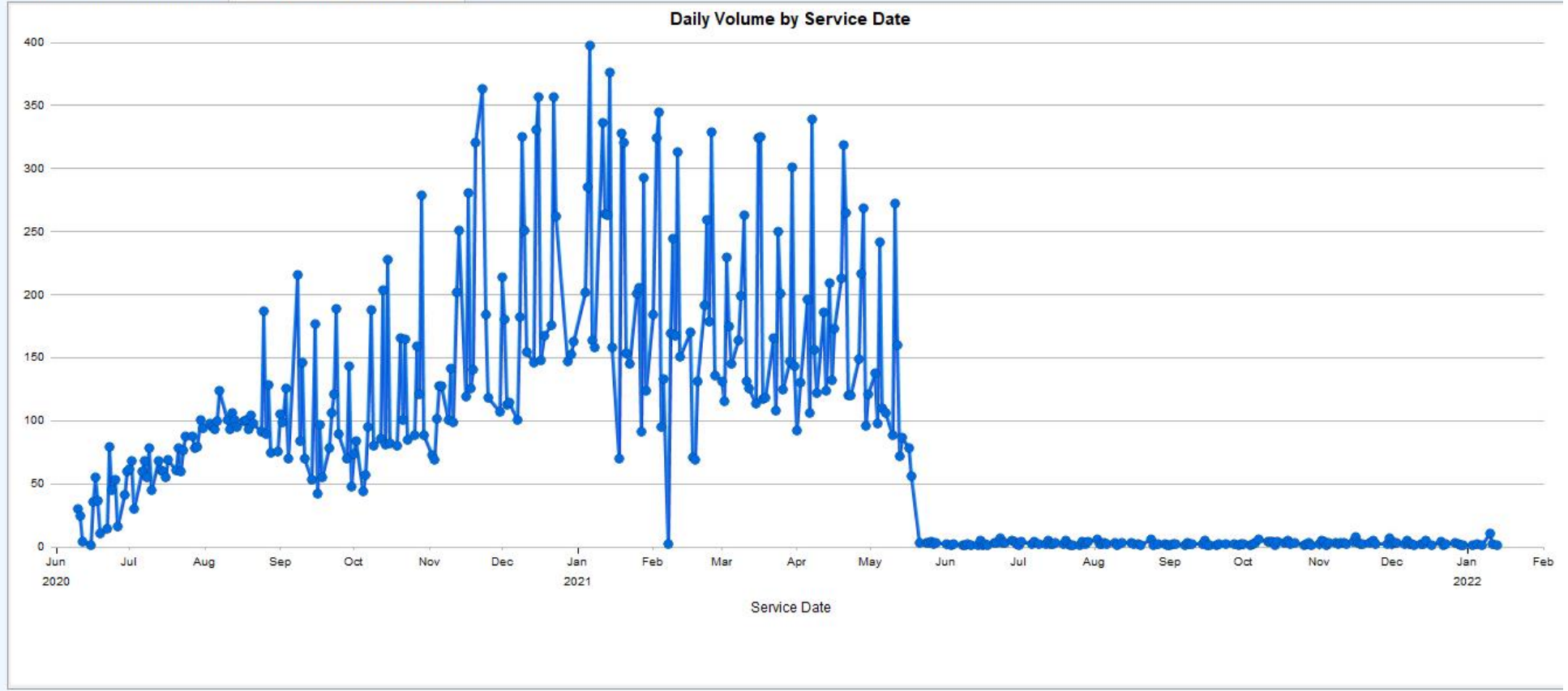
**4.8%**  
COVID+ rate  
1/7/22 YTD

**\$1.137k**  
District Funds  
used as of 10/31/21

ECH HB - DISTRICT COMMUNITY COVID TESTING [19982915] as of Fri 1/14/2022 4:15 PM

Filters Options Hospital Account Transaction Actions

Detail District Funded Tests Daily Volume by Service Date Plan

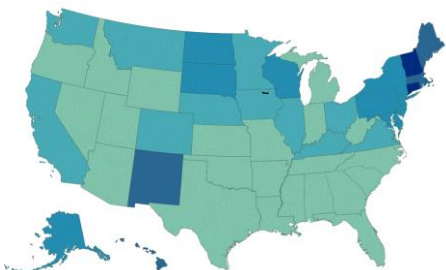


## Vaccine & Testing Program Expenses (as of 10/31/2021)

|  | Number<br>of C-19<br>tested | Vaccine<br>administe<br>red | Cost for<br>testing<br>and<br>vaccine | Labor<br>Cost | Market<br>cost | Monthly<br>Total              |              |
|--|-----------------------------|-----------------------------|---------------------------------------|---------------|----------------|-------------------------------|--------------|
|  | 2,501                       | 1,277                       | \$ 264,021                            | \$ 821,225    | \$ 52,158      | \$ 1,137,404                  |              |
|  |                             |                             |                                       |               |                | Average monthly burn<br>rate: | \$ 75,827    |
| Remaining dollars from original funding of \$2,400,000 |                             |                             |                                       |               |                | Remaining:                    | \$ 1,262,596 |

# Santa Clara County Vaccination ahead of CA and the US

Data as of 1/13/2022



*1 Dose*

**79%**

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



**83%**

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-California/7pid-y24r> as of 1/7/2022



**88%**

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

*Fully Vaccinated*

**67%**

**67%**

**83%**



**58,004**  
Total Doses  
delivered  
by ECH

## El Camino Healthcare District Board – Next Steps

- ❖ El Camino Health has invested in antigen self-testing kits to be distributed through the El Camino Healthcare District testing program located at the El Camino Health outpatient lab inside of the Sobrato Pavilion. Updated information around antigen tests kits will be available by the end of January at <https://www.elcaminohealth.org/covid-19-resource-center/testing-locations>.

# Questions?

# EL CAMINO HEALTHCARE DISTRICT

RESOLUTION 2022-01

## RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HEALTHCARE DISTRICT REGARDING RECOGNITION OF SERVICE TO THE COMMUNITY

**WHEREAS**, the Board of Directors of the El Camino Healthcare District values and wishes to recognize the contribution of individuals who serve the District's community as well as individuals who exemplify the El Camino Healthcare District's mission and values.

**WHEREAS**, the Board wishes to honor and recognize Mountain View Police Department's Youth Services Unit Dreams & Futures Summer Camp for partnering with El Camino Healthcare District to provide a safe environment for low-income, at-risk youth in Mountain View by offering a summer enrichment program.

The El Camino Healthcare District and Mountain View Police Department began a partnership in fiscal year 2017 to serve at-risk youth within the community by promoting healthy nutrition, physical activity, and healthy minds through positive interactions between police and youth, as well as other community partners. The Dreams & Futures Summer Camp provides two-week summer sessions to at-risk 4<sup>th</sup> to 8<sup>th</sup> grade youth, including nutritious breakfast and lunch meals, physical activity sessions, and educational presentations on various topics. This partnership has served more than 440 at-risk youth during these important summer months when school is out of session.

**WHEREAS**, the Board would like to acknowledge the Mountain View Police Department's Youth Services Unit Dreams & Future Summer Camp for its commitment to providing enriching summer programming, physical activity, nutritious meals, and a safe environment for low-income, at-risk youth.

**NOW THEREFORE BE IT RESOLVED** that the Board does formally and unanimously pay tribute to:

### MOUNTAIN VIEW POLICE DEPARTMENT YOUTH SERVICES UNIT DREAMS & FUTURES SUMMER CAMP

**IN WITNESS THEREOF**, I have here unto set my hand this **25 DAY OF JANUARY, 2022**.

**EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:**

Peter C. Fung, MD • Julia E. Miller • Carol A. Somersille, MD

George O. Ting, MD • John Zoglin

---

**CAROL A. SOMERSILLE, MD**  
**SECRETARY/TREASURER**  
**EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS**







## 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:** January 25, 2022  
**Subject:** FY22 Community Benefit Strategic Assessment

### **Purpose:**

To update the Board on planned strategic assessment actions that were shared at the September 14, 2021 study session as planned to begin in January 2022. To provide an opportunity for the Board to provide policy feedback on the planned assessment.

### **Summary:**

1. **Situation:** Management and staff pledged to return to the Board on January 25, 2022 with an overview of the planned strategic assessment. This was shared at the September 14, 2021 study session as necessary to guide future direction of the program.
2. **Background:**
  - Strategy activities were shared at the September 14, 2021 study session and were divided between interim state activities that would happen in 1Q and 2Q FY2022 and future state activities that would begin in 3Q FY2022
  - In October 2021, the District Board approved "Guiding Principles" and "Ranked and Prioritized Health Needs" to implement changes in FY2022 to inform the FY2023 grant allocations
  - The strategic assessment beginning in 3Q FY2022 includes a more robust community benefit implementation strategy that connects the strategy to goals, initiatives, and measurement
  - The IRS requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA
  - A community benefit implementation strategy is defined as a written plan which describes how the organization plans to address the selected health needs and the anticipated impact of these actions
  - The five health needs 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)
  - The other component of the strategic assessment is to define a comparison set of health systems and healthcare districts for reference purposes for the community benefit program
3. **Assessment:**
  - A more robust community benefit implementation strategy that links the strategy to goals, initiatives, and measurement can allow for greater clarity of the program's focus and an understanding of outcomes



- Using a framework for year-over-year comparisons for each initiative can inform what is more impactful in how the program is addressing each health need
- Having a comparison set of health systems and healthcare districts can help stay current on best practice and innovations within community benefit and community health

4. Outcomes:

- Management and staff will execute the strategic assessment after incorporating any policy direction or feedback from the Board.

**Suggested Board Discussion Questions:**

1. Does the Board have any policy feedback on the implementation framework strategy presented in the slides?
2. What is important to the Board as management and staff work through developing the implementation strategy?
3. Are there any other critical items the Board would like us to consider as management and staff develop the implementation strategy?



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

## **Community Benefit Strategic Assessment**

January 25, 2022

Jon Cowan

Senior Director, Government Relations & Community Partnerships

# Timeline for District Community Benefit

October 2021

January 2022

April 2022

July 2022

Deliverable

**Board  
(Approve)**

- Guiding Principles
- Ranked Health Needs
- Strategic Assessment
- FY23 Grants

Oct. 19

Jan. 25  
(Overview)

Mar. 15  
(Update)

May 17

(Plan & Impl.  
Strategy)  
Jun. 14

**CBAC  
(Review)**

- Guiding Principles
- Ranked Health Needs
- Strategic Assessment
- FY23 Grants

Oct. 15

Feb.  
(Overview)

Apr.

**Management  
& Staff  
(Execute)**

- Guiding Principles
- Ranked Health Needs
- Strategic Assessment
- FY23 Grants



# Terminology

1. At a high-level, what is a Community Benefit Implementation Strategy?
  - a. The IRS requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA
  - b. An implementation strategy must be a written plan which describes how the organization plans to address the health needs and the anticipated impact of these actions

Important Note: Each three-year cycle there is a gap between completion of the full CHNA report / implementation strategy and the ECHD/ECH grant proposal evaluation timeline. This means that the new implementation strategy will more heavily impact the FY24 and FY25 grants.



# Strategic Assessment to Reach Future State

1. More Robust Community Benefit Implementation Strategy
  - a. To conduct research to inform an effective implementation strategy
  - b. To use a framework that connects the strategy to goals, initiatives, and measurement
  - c. To use the framework for year-over-year comparisons for each initiative
2. Defined Comparison Set of Health Systems and Healthcare Districts
  - a. For reference purposes as ECHD and ECH don't exactly have "peers"
  - b. For staying current on best practice and innovations within community benefit and community health



# Robust Implementation Strategy (for each health need)

## 1 Strategy

- Narrative of what we're trying to do to impact each health need
- Explanation of why the goals were chosen, why they are meaningful, and why they will lead to positive impact

## 4 Anticipated Impact

- Explains what impact(s) we expect to see from each initiative

## 2 Goals

- 2-5 per health need
- Allows for focus areas within each health need

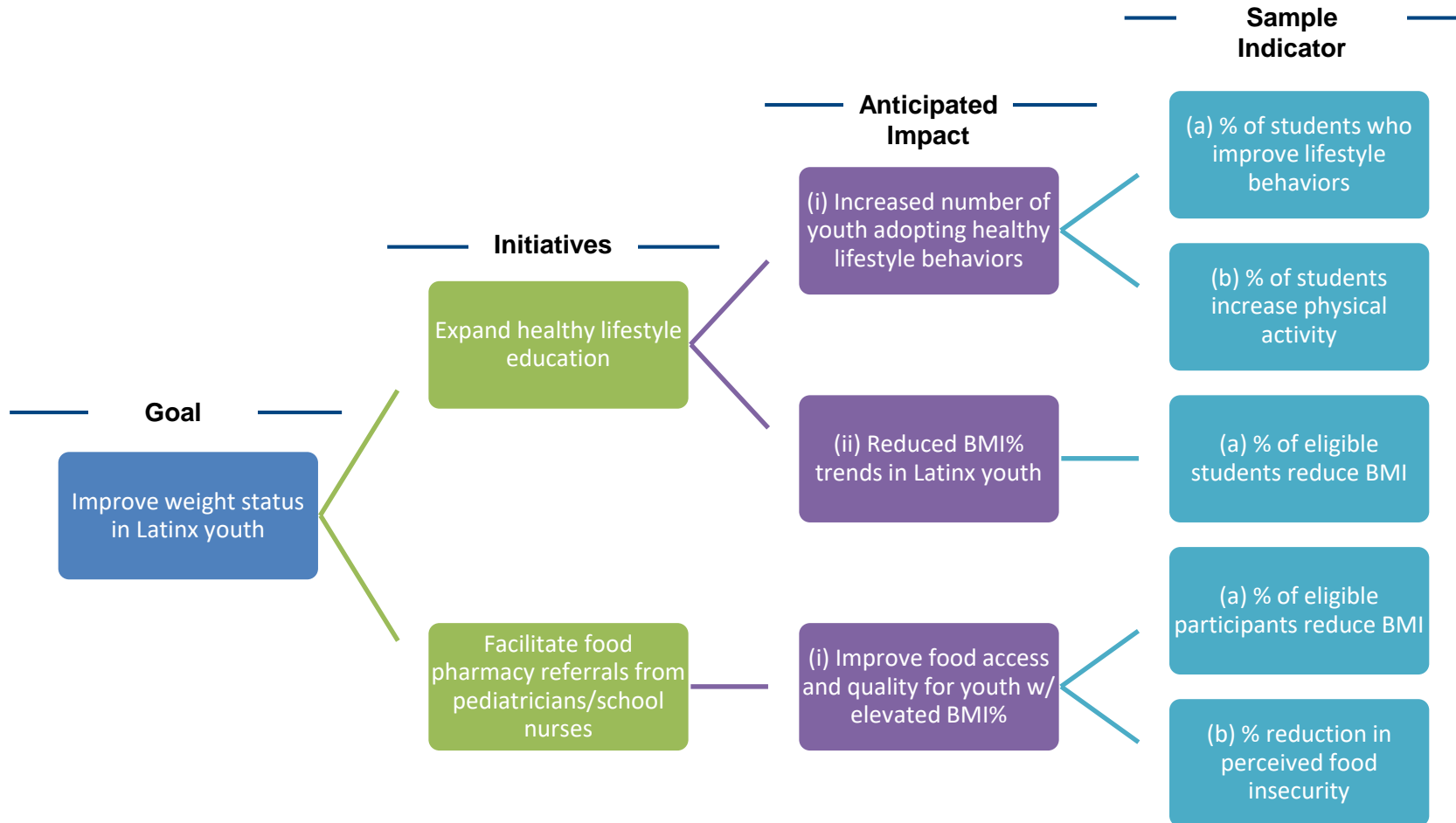
## 5 Sample Indicator

- Sample impact indicators that can be shared with our grant partners to measure the impact of an initiative

## 3 Initiatives

- 1-4 per goal
- Explains “how” the Community Benefit program will attempt to achieve the goal

# Illustrative Sample: Diabetes & Obesity Health Need





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

**Board Finance Presentation  
Fiscal Year 2022  
7/1/2021-11/30/2021**

Carlos Bohorquez, CFO  
El Camino Healthcare District Board of Directors Meeting  
January 25, 2022



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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)

|   | Nov 30,<br>2021 | June 30,<br>2021<br>Audited w/o<br>Eliminations |   | Nov 30,<br>2021 | June 30,<br>2021<br>Audited w/o<br>Eliminations |
|---|-----------------|---|---|-----------------|---|
| <b>ASSETS</b>                                     |                 |   | <b>LIABILITIES &amp; FUND BALANCE</b>         |                 |   |
| <b>Current Assets</b>                             |                 |   | <b>Current Liabilities</b>                    |                 |   |
| Cash & Investments                                | \$388           | \$457   | Accounts Payable & Accrued Exp <sup>(5)</sup> | \$150           | \$154   |
| Patient Accounts Receivable, net                  | 206             | 166   | Bonds Payable - Current                       | 15              | 14  |
| Other Accounts and Notes Receivable               | 24              | 28  | Bond Interest Payable                         | 8               | 10  |
| Inventories and Prepaids                          | 31              | 23  | Other Liabilities                             | 15              | 19  |
| <b>Total Current Assets</b>                       | <b>649</b>      | <b>674</b>                                      | <b>Total Current Liabilities</b>              | <b>189</b>      | <b>198</b>                                      |
| <b>Board Designated Assets</b>                    |                 |   | <b>Deferred Revenue</b>                       | <b>45</b>       | <b>67</b>                                       |
| Foundation Reserves                               | 21              | 21  | <b>Deferred Revenue Inflow of Resources</b>   | <b>46</b>       | <b>46</b>                                       |
| Community Benefit Fund                            | 25              | 21  | <b>Long Term Liabilities</b>                  |                 |   |
| Operational Reserve Fund <sup>(1)</sup>           | 184             | 125   | Bond Payable                                  | 588             | 595   |
| Workers Comp, Health & PTO Reserves               | 82              | 80  | Benefit Obligations                           | 48              | 48  |
| Facilities Replacement Fund <sup>(2)</sup>        | 347             | 313   | Other Long-term Obligations                   | 6               | 6   |
| Catastrophic & Malpractice Reserve <sup>(3)</sup> | 27              | 27  | <b>Total Long Term Liabilities</b>            | <b>642</b>      | <b>649</b>                                      |
| <b>Total Board Designated Assets</b>              | <b>687</b>      | <b>587</b>                                      | <b>Fund Balance</b>                           |                 |   |
| <b>Non-Designated Assets</b>                      |                 |   | Unrestricted                                  | 2,218           | 2,157   |
| Funds Held By Trustee <sup>(4)</sup>              | 29              | 37  | Board Designated & Restricted                 | 159             | 147   |
| Long Term Investments                             | 555             | 603   | Capital & Retained Earnings                   | 0               | 0   |
| Other Investments                                 | 35              | 35  | <b>Total Fund Balance</b>                     | <b>2,377</b>    | <b>2,304</b>                                    |
| Net Property Plant & Equipment                    | 1,180           | 1,160   | <b>TOTAL LIAB. &amp; FUND BAL.</b>            | <b>\$3,299</b>  | <b>\$3,264</b>                                  |
| Deferred Outflows of Resources                    | 20              | 20  |   |                 |   |
| Other Assets                                      | 145             | 148   |   |                 |   |
| <b>Total Non-Designated Assets</b>                | <b>1,964</b>    | <b>2,003</b>                                    |   |                 |   |
| <b>TOTAL ASSETS</b>                               | <b>\$3,299</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 November 30, 2021

(Includes El Camino Hospital)

|   | <u>Actual</u> | <u>Budget</u> | <u>Fav (Unfav)<br/>Variance</u> | <u>Prior YTD FY<br/>Actual</u> |
|---|---------------|---------------|---------------------------------|--------------------------------|
| Net Patient Revenue <sup>(6)</sup>            | 525           | 472           | 53                              | 441                            |
| Other Operating Revenues                      | 18            | 18            | 0                               | 20                             |
| <b>Total Operating Revenues</b>               | <b>543</b>    | <b>491</b>    | <b>53</b>                       | <b>461</b>                     |
| Wages and Benefits                            | 270           | 256           | -14                             | 239                            |
| Supplies                                      | 74            | 72            | -2                              | 70                             |
| Purchased Services                            | 74            | 73            | -1                              | 70                             |
| Other   | 18            | 22            | 4                               | 19                             |
| Depreciation                                  | 30            | 28            | -2                              | 28                             |
| Interest                                      | 7             | 7             | 0                               | 7                              |
| <b>Total Operating Expense <sup>(7)</sup></b> | <b>473</b>    | <b>459</b>    | <b>(14)</b>                     | <b>432</b>                     |
| <b>Operating Income</b>                       | <b>70</b>     | <b>32</b>     | <b>38</b>                       | <b>29</b>                      |
| Non-Operating Income <sup>(8)</sup>           | 2             | 44            | (42)                            | 91                             |
| <b>Net Income</b>                             | <b>72</b>     | <b>76</b>     | <b>(4)</b>                      | <b>120</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 FY2022 Actual to Budget (Includes El Camino Hospital)

- 1) 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.) | \$298        |
| ECHD Appropriation Fund (fka: Capital Outlay)    | 19           |
| ECH Women's Hospital Expansion                   | <u>30</u>    |
|  | <u>\$347</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*

|   | November 30,<br>2021 | June 30,<br>2021 |   | November 30,<br>2021 | June 30,<br>2021  |
|---|----------------------|------------------|---|----------------------|-------------------|
| <b>ASSETS</b>                             |                      |                  | <b>LIABILITIES &amp; FUND BALANCE</b>   |                      |                   |
| Cash & cash equiv                         | \$10,402             | \$8,662          | Accounts payable                        | \$0                  | \$2               |
| Short term investments <sup>(1)</sup>     | 7,825                | 12,042           | Current portion of bonds                | 5,760                | 5,050             |
| Due fm Retiree Health Plan <sup>(2)</sup> | 36                   | 21               | Bond interest payable <sup>(10)</sup>   | 1,051                | 1,419             |
| S.C. M&O Taxes Receivable <sup>(3)</sup>  | 4187                 | 0                | Other Liabilities                       | 335                  | 1,871             |
| Other current assets <sup>(3a)</sup>      | 55                   | 3061             |   |                      |                   |
| <b>Total current assets</b>               | <b>\$22,505</b>      | <b>\$23,786</b>  | <b>Total current liabilities</b>        | <b>\$7,146</b>       | <b>\$8,342</b>    |
| Operational Reserve Fund <sup>(4)</sup>   | 1,500                | 1,500            |   |                      |                   |
| Capital Appropriation Fund <sup>(5)</sup> | 18,673               | 18,657           |   |                      |                   |
| Capital Replacement Fund <sup>(6)</sup>   | 5,615                | 5,646            | Deferred income                         | 9                    | 51                |
| Community Benefit Fund <sup>(7)</sup>     | 7,144                | 3,030            | Bonds payable - long term               | 105,662              | 111,422           |
| <b>Total Board designated funds</b>       | <b>\$32,932</b>      | <b>\$28,834</b>  | <b>Total liabilities</b>                | <b>\$112,817</b>     | <b>\$119,815</b>  |
| Funds held by trustee <sup>(8)</sup>      | <b>\$28,754</b>      | <b>\$31,245</b>  | <b>Fund balance</b>                     |                      |                   |
| <b>Capital assets, net <sup>(9)</sup></b> | <b>\$10,650</b>      | <b>\$10,657</b>  | Unrestricted fund balance               | \$65,829             | \$61,513          |
|   |                      |                  | Restricted fund balance <sup>(11)</sup> | (83,805)             | (86,806)          |
|   |                      |                  | <b>Total fund balance</b>               | <b>(\$17,976)</b>    | <b>(\$25,293)</b> |
| <b>TOTAL ASSETS</b>                       | <b>\$94,841</b>      | <b>\$94,522</b>  | <b>TOTAL LIAB &amp; FUND BALANCE</b>    | <b>\$94,841</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 November 30, 2021

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

|  | Actual          | Current Year<br>Budget | Variance        | Prior Full Year<br>Actual |
|--|-----------------|------------------------|-----------------|---------------------------|
| <b>REVENUES</b>  |                 |                        |                 |                           |
| (A) Ground Lease Revenue <sup>(12)</sup>               | \$ 42           | 42                     | \$ -            | \$ 101                    |
| (B) Redevelopment Taxes <sup>(13)</sup>                | 3               | -                      | 3               | 310                       |
| (B) Unrestricted M&O Property Taxes <sup>(13)</sup>    | 5,447           | 5,447                  | -               | 9,221                     |
| (B) Restricted M&O Property Taxes <sup>(13)</sup>      | 3,632           | 3,632                  | -               | 11,129                    |
| (B) G.O. Taxes Levied for Debt Service <sup>(13)</sup> | 4,250           | 4,250                  | -               | 11,803                    |
| (B) IGT/PRIME Medi-Cal Program <sup>(14)</sup>         | (428)           | (2,000)                | 1,572           | (4,460)                   |
| (B) Investment Income (net)                            | (171)           | 295                    | (466)           | (23)                      |
| (B) Other income                                       | -               | 135                    | (135)           | 0                         |
| <b>TOTAL NET REVENUE</b>                               | <b>12,775</b>   | <b>11,801</b>          | <b>974</b>      | <b>28,081</b>             |
| <b>EXPENSES</b>  |                 |                        |                 |                           |
| (A) Wages & Benefits <sup>(15)</sup>                   | -               | -                      | -               | 0                         |
| (A) Professional Fees & Purchased Svcs <sup>(16)</sup> | 167             | 226                    | 59              | 849                       |
| (A) Supplies & Other Expenses <sup>(17)</sup>          | 6               | 13                     | 7               | 82                        |
| (B) G.O. Bond Interest Expense (net) <sup>(18)</sup>   | 1,250           | 1,236                  | (14)            | 3,082                     |
| (B) Community Benefit Expenditures <sup>(19)</sup>     | 4,472           | 4,649                  | 177             | 7,196                     |
| (A) Depreciation / Amortization                        | 7               | 7                      | -               | 53                        |
| <b>TOTAL EXPENSES</b>                                  | <b>5,902</b>    | <b>6,131</b>           | <b>229</b>      | <b>11,262</b>             |
| <b>NET INCOME</b>                                      | <b>\$ 6,873</b> | <b>\$ 5,670</b>        | <b>\$ 1,203</b> | <b>\$ 16,820</b>          |

(A) Operating Revenues & Expenses

(B) Non-operating Revenues & Expenses

#### **RECAP STATEMENT OF REVENUES & EXPENSE**

|   |                 |
|---|-----------------|
| (A) Net Operating Revenues & Expenses     | \$ (138)        |
| (B) Net Non-Operating Revenues & Expenses | 7,011           |
| <b>NET INCOME</b>                         | <b>\$ 6,873</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>November 30, 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                        | \$ 6,873                         | \$ 16,820                        |
| Transfers (to)/from ECH:                       |                                  |                                  |
| IGT/PRIME Funding <sup>(20)</sup>              | \$ 434                           | \$ 4,460                         |
| Capital Appropriation projects <sup>(21)</sup> | \$ 10                            | (7,839)                          |
| <b>Fiscal year ending balance</b>              | <b><u><u>\$ (17,976)</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 decrease is due to transfer to Community Benefit Fund for 2022.
- (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 or others.
- (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<br>(54% of SW&B) | \$ 159        |
| • Legal Fees  | <u>7</u>      |
| • Miscellaneous                                       | 1             |
|   | <u>\$ 167</u> |

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

|                           |             |
|---------------------------|-------------|
| • Marketing / Advertising | \$ 4        |
| • Bank Fees               | <u>1</u>    |
| • Board Stipends          | 1           |
|                           | <u>\$ 6</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 January 2022.



# 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>  | 11/30/21        |
|---|-----------------|
| (1) Maintenance and Operation and Government Obligation Taxes                         | \$13,329        |
| (2) Redevelopment Agency Taxes  | 3               |
| <b>Total District Tax Receipts</b>  | <b>\$13,332</b> |
| <u>Uses Required Obligations / Operations</u>   |                 |
| (3) Government Obligation Bond  | 4,250           |
| <b>Total Cash Available for Operations, CB Programs, &amp; Capital Appropriations</b> | <b>9,082</b>    |
| (4) Capital Appropriation Fund – Excess Gann Initiative Restricted*                   | 3,632           |
| <b>Subtotal</b>   | <b>5,450</b>    |
| (5) Operating Expenses (Net)  | 138             |
| <b>Subtotal</b>   | <b>5,312</b>    |
| (6) Capital Replacement Fund (Park Pavilion)  | 9               |
| <b>Funds Available for Community Benefit Programs</b>                                 | <b>\$5,303</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 FY2022 Budget

*Information excludes El Camino Hospital & its affiliates*

(\$000s)

| Revenues                                       | FY2020 Actual | FY2021 Actual | FY 2022 Budget | Change<br>Favorable /<br>(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> |



# FY2022 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<br>Ending<br>(August 1) | Principal            | Interest             | Total Debt<br>Service | Principal            | Accreted<br>Interest | Total Debt<br>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 COVER MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Julia Miller, Chair  
**Date:** January 25, 2022  
**Subject:** Compliance with California Health and Safety Code § 32103

### **Purpose:**

El Camino Healthcare District ("District") is currently in compliance with the California Health and Safety Code § 32103 by adopting a resolution authorizing board member compensation of \$100 per meeting. The purpose today is to propose being in complete compliance with the California Health and Safety Code § 32103 which allows an increase in compensation and the number of meetings in a calendar month.

### **Possible Motion:**

To direct staff to (1) work with District counsel to draft a resolution, (2) publish a notice of public hearing in a newspaper of general circulation, and (3) set a date for the Board to conduct the public hearing to adopt a resolution in accordance with the procedures for being compliant with California Health and Safety Code § 32103(b).

### **Summary:**

1. **Situation:** Effective January 1, 2019, California Health and Safety Code § 32103 was amended to permit, but not require, healthcare districts to increase the number of meetings in a calendar month to a maximum of six, the amount of compensation received by district board members for attending meetings of the board of directors by no more than five percent (5%) annually. The code continues to permit allowed necessary traveling and incidental expenses incurred in the performance of official business of the district as approved by the board
2. **Authority:** The District Board has the obligation to be in compliance with the California Health and Safety Code.
3. **Background:** In accordance with the District's Compensation and Reimbursement Policy, District Board members are currently eligible to receive a stipend in the amount of One Hundred Dollars (\$100) for attendance at District Board and District Board committee meetings for up to five (5) meeting per month. Assembly Bill 2329 (2018) amended California Health and Safety Code § 32103 to allow the Board, by resolution adopted pursuant to the procedure set forth in the Water Code, to increase the stipend by up to five percent (5%) annually. The Water Code procedures require that the Board authorize staff to circulate notice of a public hearing in a newspaper of general circulation once a week for two successive weeks, with at least five (5) days intervening between publication dates. The resolution can be adopted following the newspaper notices and a public hearing and will become effective sixty (60) days after it passes, assuming that the voters have not petitioned for referendum.

4. Assessment: Below please find a summary of the steps to be completed if the Board votes to increase compensation or meetings in accordance with the California Health and Safety Code § 32103:
- Future Board meeting – The Board reviews a draft resolution and draft notice of public hearing and approves for the notice to be published once a week for two successive weeks in a newspaper of general circulation. If approved, the notice of public hearing is published.
  - Future Board meeting – The public meeting takes place and, if approved, the Board passes the resolution. The resolution (and pay increase) becomes effective sixty (60) days thereafter.
  - Within that sixty (60) day period, the voters have the right to petition for a referendum of the resolution. If a petition is presented to the Board prior to the sixtieth (60<sup>th</sup>) day, the resolution is suspended and the Board will need reconsider it. The Board can either repeal the resolution or submit the resolution to the voters at a regular or special election. The resolution will pass if it receives a majority vote in favor of it.
  - The district currently compensates its members for more than five meetings in a calendar month. Moving forward, the board of directors shall annually adopt a written policy describing, based on a finding supported by substantial evidence, why more than five meetings per month are necessary for the effective operation of the district.
5. Other Reviews: None.
6. Outcomes: If the resolution increasing the meeting stipend is adopted and becomes effective as described above, we will ask staff to bring further revisions to the El Camino Healthcare District Board Director Compensation and Reimbursement Policy to a future meeting.

**List of Attachments:**

- Attachment A – Sample form of Notice of Public Hearing Regarding Board Compensation
- Attachment B - Sample Resolution of the Board of Directors Regarding Increasing Compensation for Members of the Board of Directors

**Suggested Board Discussion Questions:** Should the Board direct staff as described above?



Attachment A

**NOTICE OF PUBLIC HEARING**

**EL CAMINO HEALTHCARE DISTRICT**

**REGARDING BOARD MEMBER COMPENSATION**

Pursuant to California Health and Safety Code Section 32103, the Board of Directors of El Camino Healthcare District will hold a Public Hearing to receive public comment and consider adoption of a resolution increasing Board member compensation from One Hundred Dollars (\$100) per day to One Hundred Five Dollars (\$105) per day for attendance at a meeting of the Board.

The Public Hearing will be held on **[\*\*INSERT DATE\*\*]**, 2022 at **[\*\*INSERT TIME OF MEETING AND TELECONFERENCE DETAILS\*\*]**.

The public is invited to attend and provide oral and/or written comments. Written comments must be received at or prior to the meeting time and date. A copy of the proposed resolution is available for review in the **[\*\*INSERT OFFICE\*\*]** located at **[\*\*INSERT LOCATION\*\*]** or by accessing the District's website at <https://www.elcaminohealthcaredistrict.org/>.

Published pursuant to California Government Code Section 6066.



Attachment B

**RESOLUTION NO. 2022-02**

**RESOLUTION OF EL CAMINO HEALTHCARE DISTRICT  
BOARD OF DIRECTORS REGARDING INCREASING  
COMPENSATION FOR MEMBERS OF THE BOARD OF  
DIRECTORS**

**WHEREAS**, Health and Safety Code Section 32103(b) authorizes the Board of Directors of El Camino Healthcare District to increase the amount of compensation received for attending meetings of the Board of Directors by no more than five percent (5%) annually by a resolution adopted pursuant to Chapter 2 (commencing with Section 20200) of Division 10 of the Water Code (Wat. Code, §§ 20200 et seq.); and

**WHEREAS**, Water Code Section 20200 et seq. sets forth the authority and procedure for establishing compensation for the Board of Directors;

**WHEREAS**, Water Code Section 20202 authorizes an increase in the amount of compensation that may be received by Directors by no more than five percent (5%) annually following a public hearing;

**WHEREAS**, Water Code Section 20203 requires that notice of the public hearing be published in a newspaper of general circulation pursuant to Section 6066 of the Government Code;

**WHEREAS**, Government Code Section 6066 requires that notice of the public hearing be published once a week for two (2) successive weeks, with at least five (5) days intervening between publication dates;

**WHEREAS**, pursuant to Water Code Section 20204, a resolution adopted pursuant to Chapter 2 of Division 10 of the Water Code shall become effective sixty (60) days from the date of its final passage;

**WHEREAS**, pursuant to Water Code Section 20204, the voters of El Camino Healthcare District shall have the right, as provided in Chapter 2 of Division 10 of the Water Code, to petition for referendum on any resolution adopted pursuant to such chapter;

**WHEREAS**, pursuant to Water Code Section 20205, if a petition protesting against the adoption of the resolution is presented to the Board of Directors prior to the effective date of the resolution, the resolution shall be suspended and the Board of Directors shall reconsider the resolution;

**WHEREAS**, pursuant to Water Code Section 20206, if the Board of Directors does not repeal the resolution against which a petition is filed, the Board of Directors shall submit the resolution to the voters at a regular election or a special election called for the purpose, and the

resolution shall not become effective unless and until a majority of the votes cast at the election are cast in favor of it;

**WHEREAS**, the compensation for the Board of Directors is currently One Hundred Dollars (\$100.00) per day of service for each Director; and

**WHEREAS**, the Board of Directors desires to increase the amount of compensation for Directors by five percent (5%) in accordance with the provisions of the Chapter 2 of Division 10 of the Water Code.

**WHEREAS**, in accordance with Section 20203 of the Water Code and Section 32103(b) of the Health and Safety Code, a public hearing was held on **[\*\*INSERT DATE\*\*]**, 2022 at **[\*\*INSERT TIME OF MEETING AND TELECONFERENCE DETAILS\*\*]**, and a notice of said hearing was duly published in the **[\*\*NEWSPAPER\*\*]**, a newspaper of general circulation, once a week for two weeks as follows: on **[\*\*INSERT DATE\*\*]**, 2022 and **[\*\*INSERT DATE\*\*]**, 2022.

**NOW, THEREFORE, THE BOARD OF DIRECTORS OF EL CAMINO HEALTHCARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:**

**Section 1.** The above recitals are true and correct and are hereby incorporated herein by this reference.

**Section 2.** The amount of compensation to be received by Directors for each day's attendance at meetings of the Board of Directors, or for each day's service rendered by a Director by request of the Board of Directors, shall be in the amount of One Hundred and Five Dollars (\$105) per day for as many days per month as is lawful.

**Section 3.** All resolutions, or administrative actions by the Board of Directors, or parts thereof, that are inconsistent with any provision of this resolution are hereby superseded only to the extent of such inconsistency.

**Section 4.** The Chairperson of the Board of Directors shall sign this resolution and the Secretary of the Board of Directors shall attest thereto, and pursuant to Section 20204 of the Water Code, this resolution shall take effect sixty (60) days from the date of adoption.

**PASSED, APPROVED, AND ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by the Board of Directors of El Camino Healthcare District.

\_\_\_\_\_  
Julia E. Miller  
Chairperson of the Board of Directors of  
El Camino Healthcare District

*[Continued on the following page]*

Compliance with Health and Safety Code § 32103  
January 25, 2022

ATTEST:

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Carol A. Somersille, MD, FACOG  
Secretary/Treasurer of the Board of Directors  
of El Camino Healthcare District

I, Carol A. Somersille, MD, FACOG, Secretary/Treasurer of the Board of Directors of El Camino Healthcare District, DO HEREBY CERTIFY that the foregoing resolution regarding compensation for members of the Board of Directors of El Camino Healthcare District, was adopted at a regular meeting on [\*\*INSERT DATE\*\*], 2022 of said District by the following vote:

AYES:

NOES:

ABSTAIN:

ABSENT:

---

Secretary/Treasurer

(Seal)



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District Board of Directors  
**From:** Greg Souza, Interim CHRO  
**Date:** January 25, 2022  
**Subject:** Resolution 2022-3 Regarding Providing Workers' Compensation Insurance

### **Recommendation:**

To approve the attached Resolution authorizing purchase of workers' compensation insurance on behalf of each and every Board member of the District.

### **Summary:**

1. **Situation:** The California Labor Code requires that all employees of a public district must be covered under workers' compensation insurance. The California Labor Code provides that all elected and appointed public officers who receive a stipend for their service to a public district are treated as employees of a public district for purposes of workers' compensation coverage.

2. **Authority:**

Section 3401(c) of the Internal Revenue Code states that "the term "employee" includes an officer, employee, or elected official of the United States, a State, or any political subdivision thereof, or the District of Columbia, or any agency or instrumentality of any one or more of the foregoing.

Division 4 of the California Labor Code requires that all employees of a public district must be covered under workers' compensation insurance.

California Labor Code section 3351(b) provides that for purposes of Division 4, all elected and appointed public officers who receive a stipend for their service to the District are treated as employees of a public district for purposes of workers' compensation coverage.

3. **Background:**

Elected and appointed officials are considered employees of the District and should be issued a W-2 and not a 1099. As result of the change in the treatment of Board members who receive a stipend, it is now required that the Board members be covered by workers' compensation. The District's workers' compensation insurance is requiring a Board resolution to add coverage for Board members.

4. **Assessment:**

In order to comply with the California Labor Code requiring that Board members be covered under workers' compensation, the District must provide coverage to all Board members. However, a Board resolution requiring the addition of such coverage is required by the District's insurance carrier. If the Board does not adopt such a resolution, the District's insurance carrier will not add coverage for the Board members. The failure to secure workers' compensation coverage is a misdemeanor punishable by either a fine of not less than

Resolution 2022-3 Regarding Providing Workers' Compensation Insurance  
January 25, 2022

\$10,000 or imprisonment in the county jail for up to one year, or both. (Section 3700.5 of the California Labor Code)

5. Other Reviews:

Outside legal counsel has reviewed and approves the coverage of Board members by worker's compensation.

**List of Attachments:**

1. Resolution 2022-3 Regarding Providing Workers' Compensation Insurance

**Suggested Board Discussion Questions:**

1. What are the risks of not complying (e.g., large fines, imprisonment)?
2. What concerns does this raise and how can those concerns be addressed?



**EL CAMINO HEALTHCARE DISTRICT  
RESOLUTION 2022-03  
RESOLUTION OF THE BOARD OF DIRECTORS  
OF EL CAMINO HEALTHCARE DISTRICT  
REGARDING PROVIDING WORKERS' COMPENSATION INSURANCE  
TO THE BOARD OF DIRECTORS OF THE EL CAMINO HEALTHCARE DISTRICT**

**WHEREAS**, each of the members of the Board of Directors (the "Board") of the El Camino Healthcare District (the "District") receive a stipend for their service to the District.

**WHEREAS**, Division 4 of the California Labor Code requires that all employees of a public district must be covered under workers' compensation insurance.

**WHEREAS**, California Labor Code section 3351(b) provides that for purposes of Division 4, all elected and appointed public officers who receive a stipend for their service to the District are treated as employees of a public district for purposes of workers' compensation coverage.

**WHEREAS**, in accordance with the provisions of California Labor Code section 3351(b) it is hereby recommended that Board members of the District be covered under workers' compensation insurance.

**NOW THEREFORE BE IT RESOLVED** that the Board hereby authorizes and instructs the District to purchase workers' compensation insurance on behalf of each and every Board member of the District.

**IN WITNESS THEREOF**, I have hereunto set my hand this  
**25TH DAY OF JANUARY 2022.**

**EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:**

Peter C. Fung, MD    Julia E. Miller    Carol A. Somersille, MD

George O. Ting, MD    John Zoglin

**CAROL A. SOMERSILLE, MD**  
**SECRETARY/TREASURER**  
**EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS**



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District (ECHD) Board of Directors  
**From:** Julia Miller, Board Chair  
**Date:** January 25, 2022  
**Subject:** Consideration of Re- Election of Jack Po, MD, PhD, to the El Camino Hospital Board of Directors and Foregoing All Further Steps Related to the "Process For Re-Election and Election of Non-District Board Members to the El Camino Hospital Board of Directors" ("the Process") for FY22.

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

To consider re-electing Jack Po, MD, PhD, to the El Camino Hospital ("ECH") Board of Directors immediately and foregoing all further steps related to the Process for FY22. Should the Board decide to continue with the Process, we would begin with Section A3.

### **Summary:**

1. **Situation:** One of the current ECH Board Members, Jack Po, PhD, has a term expiring on June 30, 2022, and is interested in being re-elected to the ECH Board for another 3-year term.
2. **Authority:** Pursuant to the Process, each year the ECHD Board has appointed an Ad Hoc Committee to consider the re-election of ECH Board members whose terms are set to expire at the end of the fiscal year. However, the Board has the authority to simply re-elect Director Po to the ECH Board and forego any remaining steps in the process for this year.
3. **Background:** Director Po currently serving his first term as an ECH Director and as Chair of the ECH Compliance and Audit Committee and a member of the ECH Quality Committee. I see Director Po as a valuable contributor, and I do not perceive an area we need to strengthen in subject matter expertise. Foregoing the additional steps in the Process will save the ECHD Board time, staff time, and consultant fees associated with conducting and compiling results for the surveys provided for in Section A3 of the Process.
4. **Assessment:** N/A
5. **Other Reviews:** None
6. **Outcomes:** The possible re-election of Jack Po, MD, PhD, to the El Camino Hospital ("ECH") Board of Directors and foregoing all further steps related to the Process for FY22.

### **List of Attachments:**

1. Process For Re-Election and Election of Non-District Board Members to the El Camino Hospital Board of Directors
2. Board Terms

**Suggested Board Discussion Questions:** Shall the Board forego additional steps in the Process this year?



2500 Grant Road  
Mountain View, CA 94040  
Phone: 650-940-7300  
[www.elcaminohealthcaredistrict.org](http://www.elcaminohealthcaredistrict.org)

**BOARD OF DIRECTORS**

*Peter C. Fung, MD*  
*Gary Kalbach*  
*Julia E. Miller*  
*George O. Ting, MD*  
*John L. Zoglin*

**Process for Re- Election and Election  
of Non-District Board Members  
to the El Camino Hospital Board of Directors.\***

**A. Timeline**

**1. Previous FYQ4 –**

- a. The District Board Chair shall appoint a District Director as Chair of an Ad Hoc Committee. In addition to serving as a member of the Ad Hoc Committee, the Ad Hoc Committee Chair's role shall be to set the Ad Hoc Committee's meeting agendas, work with staff to set meeting dates and facilitate the meetings.
- b. The Board shall approve the appointment of one additional District Director as a member of the Committee.
- c. The Board shall also approve the appointment of up to two advisors to the Ad Hoc Committee. One advisor should be a Non Hospital Director member of the El Camino Hospital Governance Committee (who has been referred by the Chair of the Governance Committee) and the other should be a Hospital Director who is not a member of the District Board (who has been referred by the Chair of the El Camino Hospital Board).
- d. The District Board, on the recommendation of the Hospital Board and Hospital Governance Committee, shall approve a Hospital Board Competency Matrix and a Hospital Non District Board Member ("NDBM") Position Description for the upcoming fiscal year.

**2. FYQ1 –** The District Board Chair (i) asks the El Camino Hospital Director(s), who is an NDBM whose term is next to expire to declare interest and (ii) informs the Chair of the Ad Hoc Committee of intent.

**3. FYQ1/Q2 – Regular District Board Meeting:**

- a. Prior to the Meeting:
  - i. District and Hospital Board Members: Complete the ECH Board Competency Matrix Survey and, unless the Ad Hoc Committee votes not to use it in a given year, ECH Board Member Re-Election Report Survey.
  - ii. Ad Hoc Committee analyzes survey results, interviews the NDBM, reviews candidate profile (updated resume, candidate questionnaire and attendance report), and develops a recommendation regarding re-election of the NDBM to the Hospital Board

4. **FYQ2** – Regular District Board Meeting:
  - a. District Board considers re-election of NDBM.
  - b. If NDBM is re-elected, the Hospital Board shall be notified.
  - c. If NDBM is not re-elected, the District Board will authorize external recruitment of a new NDBM.
  - d. If there are any mid-term vacancies or other open seats on the Hospital Board the District Board will authorize a timeline for recruitment to fill those seats. Any individual may apply and staff shall solicit applications from the public, the ECH Board, the ECH Foundation Board, ECH Board Advisory Committees and the Executive Leadership Team.
5. **FYQ2 or Q3** – Begin external search as authorized in Section 4(c) and (d).
6. **FYQ2 or Q3** – Regular District Board Meeting:
  - a. Ad Hoc Committee to present an interim update to the District Board.
    - i. Incorporate Board feedback into further recruitment efforts.
    - ii. Plan for interviews – direct staff to schedule.
7. **FYQ3 or Q4** – Regular District Board Meeting:
  - a. Prior to the Meeting: Ad Hoc Committee to summarize interviews for the Board packet and make a recommendation to the District Board
  - b. District Board Considers AD Hoc Committee recommendation and votes to elect new NDBM(s) to the Hospital Board.
8. This process to be confirmed by the District Board annually when the process is complete.
9. The following matters are delegated to the El Camino Hospital Board Governance Committee:
  - a. **FYQ3** – Review and recommend changes to the survey tools identified in section 3(a)(i).
  - b. **FYQ3** – Review and recommend changes to this process.
  - c. **FYQ3** – Review and recommend changes to NDBM Position Specification and Job Description.
  - d. Participate in the recruitment effort of new NDBM by referring a member to advise the Ad Hoc Committee as described in #1 above.

**B. General (Primary) Competencies**

1. Understanding of the vital role El Camino Hospital plays in the broader region.
2. Loyalty to El Camino Hospital's charitable purposes.
3. Ability to understand and monitor the following:
  - a. Diverse portfolio of businesses and programs
  - b. Complex partnerships with clinicians
  - c. Programs to create a continuum of care
  - d. Investment in technology

- e. Assumption of risk for population health
- f. Resource allocation
- g. Quality metrics
- 4. Commitment to continuing learning.
- 5. Demonstrated strategic thinking.
- 6. Understanding and support of the role the District Board plays in Governance of the 501(c)(3) corporation.

C. Portfolio Skill Set

- 1. Complementary to skill sets of other Board members (gap-filling).
- 2. Applicable to the then current market. (See, Competency Matrix)

D. Other (Secondary) Criteria

- 1. Positive working relationship with other Board members.
- 2. Productive working relationship with the El Camino Hospital CEO.
- 3. Attendance at Board and Committee meetings.

*\*Approved 12/9/2014; revised 3/17/2015; revised 6/14/2016; revised 1/25/2017, revised 10/17/2017; 5/15/2018; 1/28/2020*

## Board Terms - January 2022

### District Board

| Board Member     | Joined ECHD Board* | Curent Term Expires | Hospital Board Term #** |
|------------------|--------------------|---------------------|-------------------------|
| Peter Fung       | 2014               | Dec-22              | 2                       |
| Julia Miller     | 2012               | Dec-24              | 2                       |
| Carol Somersille | 2020               | Dec-24              | 1                       |
| George Ting      | 2018               | Dec-22              | 1                       |
| John Zoglin      | 2007               | Dec-24              | 2                       |

### Hospital Board

| Board Member | Joined ECH Board | Curent Term Expires | Hospital Board Term #*** |
|--------------|------------------|---------------------|--------------------------|
| Lanhee Chen  | 2015             | Jun-24              | 3                        |
| Julie Kliger | 2017             | Jun-23              | 2                        |
| Jack Po      | 2019             | Jun-22              | 1                        |
| Bob Rebitzer | 2017             | Jun-23              | 2                        |
| Don Watters  | 2020             | Jun-24              | 1                        |

\* No Term Limits for ECHD Board

\*\*Maximum 3 consecutive - 4 year terms - grandfathered beginning 2014

\*\*\* Minimum 4 consecutive 3 year terms



## EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

**To:** El Camino Healthcare District Board (ECHD) of Directors  
**From:** Julia E. Miller, Chair  
**Date:** January 25, 2022  
**Subject:** FY22 El Camino Healthcare District Policy Bylaw Review Ad Hoc Committee Recommendations

**Purpose:** To inform the Board of FY22 El Camino Health Care District Policy Bylaw Review Ad Committee recommendations.

**Recommendation:** To approve the proposed revisions to the El Camino Healthcare Bylaws and Policies as attached.

### **Summary:**

1. **Situation:** The El Camino Health Care District Board is required to periodically review its Bylaws and Policies.
2. **Authority:** None
3. **Background:** None
4. **Assessment:** None
5. **Other Reviews:** None
6. **Outcomes:** The El Camino Health Care District Board approves the proposed bylaws and policies revisions.

### **List of Attachments:**

1. The attached coversheet, revised bylaws, and policies.

### **Suggested Board Discussion Questions:**

1. None



**EL CAMINO HEALTHCARE DISTRICT  
AD HOC COMMITTEE  
BYLAWS AND POLICY REVIEW  
January 25, 2022**

Outlined below are all Bylaws and Policies for the El Camino Healthcare District. All policies were moved to a new template.

| ID #   | ITEM  | CATEGORY           | LAST UPDATED      | RECOMMENDED CHANGES   |
|--------|---|--------------------|-------------------|---|
| Bylaws | <a href="#">Bylaws of El Camino Healthcare District</a>                           | Bylaws             | March 20, 2018    | <ul style="list-style-type: none"> <li>• Revisions to Article III: Officer job descriptions</li> <li>• Revisions to Article VII: Special Committees</li> <li>• If approved, will also update Certificate of Secretary</li> </ul>    |
| J.1    | <a href="#">District Board Chair (includes Board Chair Assessment Tool)</a>       | Job Description    | March 5, 2014     | <ul style="list-style-type: none"> <li>• Added ECHD mission and clarifying language for various duties.</li> </ul>  |
| -      | <a href="#">District Secretary / Treasurer</a>                                    | Job Description    | June 17, 2014     | <ul style="list-style-type: none"> <li>• Recommend deletion. Adjusted bylaws to cover all aspects of role.</li> </ul>   |
| -      | <a href="#">District Vice-Chair</a>   | Job Description    | March 5, 2014     | <ul style="list-style-type: none"> <li>• Recommend deletion. Adjusted bylaws cover all aspects of role.</li> </ul>  |
| J.2    | <a href="#">Hospital Board Member</a>   | Job Description    | FY 2020           | <ul style="list-style-type: none"> <li>• Removed requirement to physically attend meetings.</li> <li>• Adjusted expectations for committee participation.</li> </ul>  |
| O.1    | <a href="#">Standards of Conduct</a>  | Other - Code       | March 17, 2015    | <ul style="list-style-type: none"> <li>• No substantive changes. Updates to grammar.</li> </ul>   |
| O.2    | <a href="#">Conflict of Interest</a>  | Other - Resolution | November 20, 2018 | <ul style="list-style-type: none"> <li>• No changes</li> </ul>  |
| P.1    | <a href="#">Community Benefits Grant</a>  | Policy             | October 19, 2021  | <ul style="list-style-type: none"> <li>• No changes</li> </ul>  |
| P.2    | <a href="#">Compliance Issues Review Process</a>                                  | Policy             | March 25, 2014    | <ul style="list-style-type: none"> <li>• Adjusted Ad Hoc Review Committee process to allow the subject Board Member the same resources for support.</li> <li>• Adjusted Ad Hoc Review Committee recommendation criteria.</li> </ul> |
| P.4    | <a href="#">Guidelines for Communication with the CEO and Other Staff Members</a> | Policy             | June 19, 2018     | <ul style="list-style-type: none"> <li>• Added phone number for House Supervisor (section 3)</li> <li>• Adjusted staff job titles and expectations of board member requests for staff work</li> </ul>                               |
| P.5    | <a href="#">Media Guidelines</a>  | Policy             | January 20, 2016  | <ul style="list-style-type: none"> <li>• Added District Board Chair as official spokesperson for ECHD</li> </ul>  |



|     |   |        |                  |   |
|-----|---|--------|------------------|---|
| P.6 | <a href="#">Re-Election and Election of Non-District Board Members to the El Camino Hospital Board of Directors</a> | Policy | January 28, 2020 | <ul style="list-style-type: none"> <li>No changes. Will be reviewed after re-appointment process for FY 2022 is completed.</li> </ul> |
|-----|---|--------|------------------|---|



**AMENDED AND RESTATED  
BYLAWS  
OF  
EL CAMINO HEALTHCARE DISTRICT  
ADOPTED**

**March 20, 2018**

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**AMENDED AND RESTATED  
BYLAWS  
of  
EL CAMINO HEALTHCARE DISTRICT  
Santa Clara County, California**

**PREAMBLE**

These Bylaws are adopted by the Board of Directors (the “District Board”) of the El Camino Healthcare District (the “District”), pursuant to Section 32104 of the Health and Safety Code of the State of California, for the purpose of establishing such rules and regulations, not inconsistent with law, as, in the opinion of the District Board, are necessary for the exercise of the powers conferred and the performance of the duties imposed upon it by the Local Health Care District Law and related statutes. In the event of any conflict between these Bylaws and the Local Health Care District Law, the latter shall prevail.

**ARTICLE I  
PURPOSE**

The purpose of the District shall be to establish, maintain and operate, or provide assistance in the operation of one or more health facilities (as that term is defined in the 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, and to do any and all other acts and things necessary to carry out the provisions of the District’s Bylaws and the Local Health Care District Law.

**ARTICLE II  
PRINCIPAL OFFICE**

The principal office for the transaction of the business of the District and for the preservation of District records is hereby fixed and located at 2500 Grant Road, Mountain View, California 94040.

**ARTICLE III  
OFFICERS**

Section 1 CHAIRPERSON. The Chairperson shall conduct all District Board meetings, regularly lead the evaluation of the role and performance of the chairperson of the Board of Directors of El Camino Hospital, and the performance of the Board of Directors of El Camino Hospital in carrying out the purpose and mission of the District, and lead the evaluation annually of the performance of the District Chief Executive Officer and District Chief Financial Officer in each case in collaboration with the District Board. The Chairperson shall coordinate an annual self-evaluation of the District Board’s performance, assure the orientation of new District Directors, perform all other executive functions required by the District Board and consult with the District Directors regarding each of the foregoing evaluations and executive functions performed by the Chairperson.

Section 2 VICE CHAIRPERSON. The Vice Chairperson may assume and perform the duties of the Chairperson in the absence or disability of the Chairperson or whenever the office of the Chairperson of the District Board is vacant. The Vice Chairperson will lead the periodic review of ECHD bylaws and policies as well as ~~shall have such titles, perform such~~ other duties, and have such other powers as the District Board or the Chairperson shall designate from time to time.

Section 3 SECRETARY/TREASURER. The Secretary/Treasurer shall (i) ensure that the CEO has assigned staff to ~~keep~~ take the minutes of all meetings of the District Board, send or cause to be sent appropriate notices and agendas for all meetings of the District Board, publicly post agendas and open session minutes, and ~~and~~ act as custodian of all records and reports; (ii) attest in writing to the minutes of all District Board meetings and to the Resolutions of the District Board, (iii) ensure that the CEO has assigned staff to keep ~~correct and~~ accurate accounts of ~~the property, and~~ financial records, and transactions of the District, (iv) shall in general ~~supervise or~~ perform all duties incident to the office of Treasurer and (v) have such other powers and perform such other duties as may be prescribed by the District Board, the Chairperson or by these Bylaws.

Section 4 ELECTION AND TERM OF OFFICERS. Before July 1<sup>st</sup> of every odd-numbered year, the District Board shall elect officers from the District Directors then in office. The officers shall be elected by a majority vote of the District Directors. The District Board shall elect officers to serve for a term of two (2) years. Each officer shall hold office for such two (2) year term or until ~~his or her~~ their successor is elected and qualified.

Section 5 RESIGNATION OR REMOVAL. Any officer may resign at any time. Any officer may be removed by the majority vote of the District Directors then in office (other than the officer himself or herself) at any regular or special meeting of the District Board.

Section 6 VACANCIES IN OFFICES. Any vacancy which shall occur in the offices shall be filled in the following manner:

(a) The Chairperson of the District Board may appoint persons from the District Board to fill such vacancy until ~~his or her~~ their successor is elected and qualified. Said appointment shall be subject to confirmation by the District Board.

(b) In the event a vacancy occurs in the office of the Chairperson, the Vice Chairperson shall automatically succeed to the office of the Chairperson for the remainder of the former Chairperson's term of office.

#### **ARTICLE IV DISTRICT DIRECTORS AND VACANCIES**

Section 1 NUMBER OF DISTRICT DIRECTORS AND QUALIFICATIONS. The District Board shall consist of five (5) directors ("District Directors"). Each District Director shall be a registered voter who is a resident of the District.

Section 2 TERM OF OFFICE. Each District Director shall serve for a term of four (4) years, unless (a) such term is sooner terminated by such District Director's death, resignation or removal, or (b) a District Director is appointed or elected to fill an unexpired term.

Section 3 DISTRICT DIRECTOR COMPENSATION. District Directors shall serve with compensation to the extent permitted by applicable law and in accordance with any policy adopted by the District Board. Each District Director shall be allowed reimbursement of ~~his or her~~their actual necessary travel and incidental expenses incurred in the performance of official business of the District in accordance with any policy approved by the District Board.

Section 4 VACANCIES. The vacancy of a District Director position on the District Board shall be filled in accordance with applicable law, including as applicable, the California Health and Safety Code Section 32100 *et seq.*, Elections Code Section 1000 *et seq.*, and Government Code Section 1780 *et seq.*, as amended. The procedure for filling a vacancy occurring on the District Board shall be according to District policy for filling such vacancy. The District policy shall include procedures for notification of the public of the vacancy, in accordance with applicable law, establishing deadlines for receipt of applications from persons interested in filling the vacancy, and setting interviews of qualified persons by the District Board.

## **ARTICLE V BYLAWS**

Section 1 INSPECTION OF BYLAWS. The Bylaws shall be kept at the principal office of the District and shall be open to public inspection.

Section 2 AMENDMENTS TO BYLAWS. Any provisions of the Bylaws may be amended by a vote of the majority of the entire District Board.

## **ARTICLE VI MEETINGS**

Section 1 PUBLIC. All meetings of the District Board shall be open to the public except that meetings of the District Board may be closed to the public by the District Board if allowed by California law.

Section 2 PLACE. All meetings of the District Board shall be called at any location within the District, unless otherwise permitted by applicable law. Meetings of the District Board may be called outside the District only as allowed by applicable law.

Section 3 TIME AND NOTICE.

(a) Regular Meetings. Regular meetings of the District Board shall be held without call on the date and at the time and place established, from time-to-time, by resolution of the District Board. The District Board may establish the date, time, and place of one (1) or more regular meetings in any such resolution.

(b) Special Meetings. Special meetings of the District Board may be held, provided that such meetings comply with all requirements established by California law.

(c) Emergency Meetings. Emergency Meetings of the District Board may be held when permitted and with such notice as mandated by law.

Section 4 AGENDA FOR MEETINGS. The order of business at the meetings of the District Board shall follow the agenda for the meeting, provided, however, that the order of business may be varied in the Chairperson's discretion. The agenda for District Board meetings shall be developed by the Chairperson with the District Chief Executive Officer acting as staff to the Chairperson for this purpose. Any District Director may request that a matter be added to a future District Board meeting agenda. If such a proposal is made between District Board meetings, the District Director shall communicate the substance of the proposed item to the Chairperson and the District Chief Executive Officer with sufficient detail so such item may be properly added to the agenda for a District Board meeting. Such item shall be added to the District Board agenda for the next meeting of the District Board for which there is sufficient time to fully comply with all notice and agenda posting requirements applicable to the District. Any such item so added to the District Board agenda may be removed from the District Board agenda by a motion made by any District Director at such meeting if such motion is approved by the District Board. If a District Director proposes that an item be added to the District Board agenda for a future District Board meeting during a District Board meeting, then such item shall be added to the District Board agenda unless the District Board adopts a resolution directing that such item not be added to the agenda.

Section 5 QUORUM. Three (3) District Directors shall constitute a quorum.

## **ARTICLE VII SPECIAL COMMITTEES**

Section 1 SPECIAL COMMITTEES. Special committees shall be created as the need may arise. The chairperson of the special committee must be a District Director appointed by the Chairperson of the District Board, who may self appoint, and all committees shall include up to (2) District Directors. All members of the committees, other than the chairperson of the committee, are subject to approval by the District Board. Fifty percent (50%) attendance shall represent a quorum. Written minutes of all meetings shall be kept. All special committees shall be advisory to the District Board unless otherwise specified by the District Board.

## **ARTICLE VIII DISTRICT CHIEF EXECUTIVE OFFICER**

Section 1 SELECTION, AUTHORITY AND TERM. The District Board (a) may select and employ a competent, experienced District Chief Executive Officer or (b) may enter into a management services agreement or other similar agreement for services under which a District Chief Executive Officer may be provided. Such District Chief Executive Officer shall be the District Board's direct executive representative in the management of the District. The District Chief Executive Officer shall be given the necessary authority and held responsible for the administration of the District in all its activities and departments subject only to such policies as may be adopted, and such orders as may be issued by the District Board or by any of its committees to which it has delegated power for such action. He or she shall act as the "duly authorized representative" of the District Board in all matters in which the District Board has not

formally designated some other person for that specific purpose. However, nothing in this section is to be construed as depriving or delegating from the District Board to the District Chief Executive Officer any of the powers and duties imposed upon the District Board by the Local Health Care District Law, Division 23, or Chapter 1 of the Health and Safety Code of the State of California, or related statutes. The District Chief Executive Officer shall hold office from the date of engagement until the end of ~~his or her~~their term in office or sooner at the sole discretion of the District Board, subject to any employment or other agreement approved by the District Board.

Section 2 PERFORMANCE REVIEW. The District Board shall regularly review the performance of the District Chief Executive Officer and (a) if directly employed, provide counseling in areas where improvement is needed or (b) if provided under a management contract, then provide the evaluation to the other party to such contract.

Section 3 AUTHORITY AND DUTIES. The authority and duties of the District Chief Executive Officer shall be as follows:

- (a) To prepare an annual budget showing the expected receipts and expenditures of the District as required by the District Board.
- (b) To select, engage, employ, manage and discharge all employees serving in positions as authorized by the District Board or those providing services pursuant to a management services agreement approved by the District Board.
- (c) To attend all meetings of the District Board and, if appropriate, District Board Committees.
- (d) To submit regularly to the District Board or its authorized committees, periodic reports showing the professional service and financial activities of the District and to prepare and submit such special reports as may be required by the District Board and/or its functioning committees.
- (e) To serve as the liaison officer and channel of communications for all official communications between the District Board or any of its committees, and its adjunct organizations.
- (f) To perform any other duty that may be necessary in the best interest of the District.

**ARTICLE IX  
EXECUTION OF CORPORATE INSTRUMENTS,  
AND VOTING OF STOCKS AND MEMBERSHIPS  
HELD BY THE DISTRICT**

Section 1 EXECUTION OF CORPORATE INSTRUMENTS. The District Board may, in its discretion, determine the method and designate the signatory officer or officers or other person or persons, to execute any corporate instrument or document, or to sign the corporate



name without limitation, except when otherwise provided by law, and such execution or signature shall be binding upon the District.

Unless otherwise specifically determined by the District Board or otherwise required by law, formal contracts of the District, promissory notes, deeds of trust, mortgages and other evidences of indebtedness of the District, and other corporate instruments or documents, and certificates of shares of stock owned by the District, shall be executed, signed, or endorsed by the Chairperson.

All checks and drafts drawn on banks or other depositories on funds to the credit of the District, or in special accounts of the District, shall be signed by such person or persons as the District Board shall authorize to do so.

Section 2 VOTING OF STOCKS OWNED BY DISTRICT. All stock of other corporations or memberships in other corporations owned or held by the District for itself, or for other parties in any capacity, shall be voted, and all proxies with respect to such stock or memberships shall be executed, by the person authorized to do so by resolution of the District Board, or in the absence of such authorization, by the Chairperson of the District Board, or Vice Chairperson or by any other person authorized to do so by the Chairperson or the Vice Chairperson of the District Board.

## **ARTICLE X MAINTENANCE AND INSPECTION OF REPORTS AND RECORDS**

The District shall keep at its principal office the original or a copy of its charter and these Bylaws as amended from time to time. Each District Director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every kind and the physical properties of the District. This inspection by a District Director may be made in person or by the agent or attorney. The right of inspection includes the right to copy and make abstract of documents.

### **ADOPTION OF AMENDED AND RESTATED BYLAWS**

Approved and adopted by motion at a meeting of the Board of Directors of El Camino Healthcare District, duly held on March 20, 2018.

### **CERTIFICATE OF SECRETARY**

I, the undersigned, certify that I am the currently elected and acting Secretary of El Camino Healthcare District, a public hospital district, and the above Amended and Restated Bylaws, consisting of 7 pages, are the Bylaws of the El Camino Healthcare District as adopted pursuant to the required affirmative vote of the Board of Directors of El Camino Healthcare District on December 7, 2005 and as amended and restated pursuant to the required affirmative vote of the Board of Directors of El Camino Healthcare District on March 1, 2006, on January 17, 2012, on May 1, 2013, on June 17, 2014, on January 20, 2015, and on March 20, 2018.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Secretary on ~~March 20, 2018~~January, 25<sup>th</sup>, 2022.

Carol A. Somersille, ~~John Zoglin~~, Secretary



ID #: J.1  
Adopted: 03/05/2014  
Last Approved: XX/XXXX  
Last Revised: XX/XXXX01/25/  
2022  
Next Review: 01/2022xx/xxxx  
Area: District Board  
Category: Job Description

**EL CAMINO HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
BOARD-CHAIR JOB DESCRIPTION**

PREAMBLE: *In the event of a conflict between this document and the Bylaws of the El Camino Healthcare District, the Bylaws shall prevail.*

MISSION: *The purpose of the District shall be 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 the District's Bylaws and the Local Health Care District Law.*

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1. Leadership: Guides and directs the governance process, centering the work of the Board on the District's mission. ~~while attending to risk mitigation.~~
2. Agendas and Pacing Plan: Formulates an annual pacing ~~work~~ plan for the Board and establishes agendas, effectively pacing of topics, for Board meetings in collaboration with the Chief Executive Officer of El Camino Hospital provided to the District under contract relating to services to the District (hereafter "CEO") and the District Vice-Chair.
3. Meeting Management: Presides over Board meetings to encourage participation and information sharing and maximize in a manner that encourages participation and information sharing, and maximizes effectiveness and efficiency.
4. Committee Direction: Appoints Ad Hoc District Board Committee Chairs and, if required, District Board Committee members, subject to Board approval. Serves as a resource to District Board Committee chairs.
- 5.4. Partners with the CEO: Develops a positive collaborative relationship with the CEO, including acting as a sounding Board-board for the CEO on emerging issues, sensitive matters, and alternative courses of action. Serves as the Board's central point of official communication with the CEO.

~~6-5.~~ Collaboration with the El Camino Hospital Board: Develops and maintains a mechanism for ongoing and regular communication with the El Camino Hospital Board Chair. Guides periodic evaluation of those members of the El Camino Hospital Board ~~who are~~ appointed by the ECHD Board, but are not publically elected.

~~7-6.~~ Board Conduct: Sets a high standard for Board conduct by modeling, articulating, and upholding rules of conduct set out in Board Bylaws and policies; intervenes when necessary in instances involving conflict of interest, confidentiality, and other Board policies.

~~8-7.~~ Board Learning and Development: Plays a central role in ~~the orientation of~~ orienting new Board members and mentors the Chair-Elect.

~~9-8.~~ Representative to the Public: Serves as the public persona of the ~~District District and as~~ its spokesperson to the Media with regards to official matters, ~~in cooperation with the CEO or designee.~~

~~10-9.~~ Self-Evaluation: Objectively and effectively self-evaluates. Seeks feedback on ~~his or her~~ their performance as Chairperson.

**EL CAMINO HEALTHCARE DISTRICT BOARD  
CHAIR ASSESSMENT TOOL**

1. Effectively guides the governance process.
2. Formulates a pacing ~~a annual work~~ plan for the Board, focusing the work of the Board on the District's mission.
- ~~3. Carefully attends to risk mitigation.~~
- ~~5-4.~~ Presides over Board meetings in a manner that encourages participation and information sharing.
- ~~6-5.~~ Presides over Board meetings in a manner that maximizes effectiveness and efficiency.
- ~~7-6.~~ Has a collaborative and constructive relationship with the CEO.
- ~~8-7.~~ Has a collaborative and collegial working style.
- ~~9-8.~~ Regularly communicates with the El Camino Hospital Board Chair.
- ~~10-9.~~ Effectively communicates with ~~the~~ El Camino Hospital Board members.
- ~~11-10.~~ Leads periodic evaluation of those appointed, non-elected El Camino Hospital Board members. ~~members of the El Camino Hospital Board who are appointed by the ECHD Board, but are not publically elected.~~
- ~~12-11.~~ Sets a high standard for the Board's general conduct, especially in areas ~~such as~~ conflicts of interest and confidentiality.
- ~~13-12.~~ Provides effective mentoring for new District Board members.
- ~~14-13.~~ Enhances the public's perception of the District through his or her role as representative to the public.
14. Seeks and reacts positively to feedback on his or her performance as Chairperson.

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Adopted: 06/17/2014  
Last Approved: 02/2018XX/XX  
XX  
Last Revised: 03/11/2019XX/  
XXXX  
Next Review: 01/2022  
Area: District Board  
Category: Job Description

## EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS SECRETARY/TREASURER JOB DESCRIPTION

PREAMBLE: *In the event of a conflict between this document and the Bylaws of the El Camino Healthcare District, the Bylaws shall prevail.*

1. Ensure that the CEO has assigned appropriate staff to:
  - a. Prepare agendas for all Board meetings:
  - ~~a.b. Keep~~ Take the minutes of all Board meetings ~~of the Board;~~
  - ~~b.c. Send or cause to be sent~~ appropriate notices ~~and agendas~~ for all meetings of the Board;
  - ~~c.d. Act~~ as custodian of all records and reports;
  - ~~e. Keep correct and~~ accurate accounts of ~~the~~ property, ~~and~~ financial records, and transactions of the District;
  - ~~d.f. Ensure all agendas and open minutes are posted to the website in a timely matter.~~
2. ~~Attest in writing Sign to the all Board meeting minutes of all Board meetings, and to the Resolutions of the Board, and other documents as necessary.~~
3. Have such other powers and perform such other duties as may be prescribed by the Board, ~~the Chairperson, or by these Bylaws.~~



Adopted: 03/05/2014  
Last Approved: XX/XXXX  
Last Revised: XX/XXXX  
Next Review: 01/2022  
Area: District Board  
Category: Job Description

**EL CAMINO HEALTHCARE DISTRICT  
BOARD OF DIRECTORS  
VICE-CHAIR JOB DESCRIPTION**

**PREAMBLE:** *In the event of a conflict between this document and the Bylaws of the El Camino Healthcare District, the Bylaws shall prevail.*

1. **Leadership:** Assumes and performs the duties of the Chairperson in the absence or disability of the Chairperson or whenever the office of the Chairperson of the Board is vacant through election or unexpected circumstances.
2. **Governing Documents:** Leads the periodic review of ECHD bylaws and policies.
3. **Other duties:** Performs such other duties as the Board or the Chairperson shall designate from time to time.



Adopted: 12/09/2011  
Last Approved: FY2020  
Last Revised: XX/XXXX  
Next Review: 01/25/2022  
Area: Hospital Board  
Category: Job Description

**EL CAMINO HOSPITAL  
BOARD OF DIRECTORS  
BOARD MEMBER ~~JOB DESCRIPTION~~ EXPECTATIONS**

1. ~~Physically a~~Attend at least two-thirds of all assigned meetings. ~~\*\* Notice for absence be given, to comply with Brown Act requirements, to the Manager of Administration at least five business days before the meeting, except for emergencies.~~

~~4.~~

2. Serve, preferably, on at least two ~~Standing ECH~~ Board Advisory Committees (~~credit will be given for assignment to other Board obligations, including but not limited to the El Camino Hospital Foundation Board, Chair of the Board, Ad Hoc Committees, and the Community Benefit Advisory Council~~ CBAC).

3. ~~May be required to Offer to~~ Chair ~~at least~~ one of the ~~Standing~~ Board Advisory Committees.

~~— Notice (in accordance with policy) for inability to attend a meeting in person or via teleconference, except in the case of emergency, shall be given to the Director of Governance Services at least five business days prior to a meeting.~~

~~5-4.~~ Agrees to abide by the "El Camino Hospital Board Management Compact" (dated December, 2012).

\*Approved by the El Camino Healthcare District Board of Directors on December 9, 2014

\*\*Meetings are defined as Hospital Board meetings and Standing Committee ~~meeting~~ meetings (s) to which the Board member has been appointed. Attendance guidelines will be considered met if the Board member physically attends two-thirds of all Hospital Board meetings and two-thirds of the meetings of each Standing Board Advisory Committee to which the member is appointed.

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Adopted: xx/xx/xxxx  
Last Approved: 01/25/2022

## EL CAMINO HEALTHCARE DISTRICT BOARD STANDARDS OF CONDUCT

PREAMBLE: The proper operation of democratic government requires that decision-makers be independent, impartial, and accountable to the community they serve. The El Camino Healthcare District ("District") has adopted these Standards of Conduct to promote and maintain the highest standards of personal and professional behavior in the conduct of the District's business. Each District Board member is required to subscribe to these standards, understand them, apply them to ~~his or her~~their work as a Board member, and commit to them in writing annually. As a member of the District Board of Directors, I agree to the following commitments while serving the District:

1. To place the community's best interests above my own; to positively promote the purpose of the District as stated in the Bylaws; to forego personal interests when making decisions as a Board member; to act as a fiduciary of the District in financial matters and decisions that may have material effect; to comply with the District's Conflict of interest Code as amended biennially.
2. To engage in lawful acts to the best of my ability and comply with the District's governing documents and the law.
3. To maintain a high standard of conduct that is above reproach and to avoid the appearance of impropriety.
4. To demonstrate mutual respect for my fellow Board members and respect decisions passed by the required number of votes of the Board. If I disagree with the board's vote, I will communicate with respect and behave professionally.
5. To prepare for, attend, and participate thoughtfully in all meetings of the Board to the best of my ability; to allow the Chair of the meeting to do so and refrain from interrupting.
6. To communicate professionally and respectfully, whether in person, by telephone, electronic mail, or writing, with the other Directors, community members, and District and El Camino Hospital staff.
7. To maintain confidentiality with respect to all closed session Board meeting discussions and materials.

\_\_\_\_\_  
Peter Fung, MD (Date)

\_\_\_\_\_  
Julia Miller (Date)

\_\_\_\_\_  
Carol Somersille, MD (Date)

\_\_\_\_\_  
George Ting, MD (Date)

\_\_\_\_\_  
John Zoglin (Date)

**El Camino Healthcare  
District**

**Conflict of Interest Code**

Approved: 11/20/2018

RESOLUTION OF THE BOARD OF DIRECTORS OF  
THE EL CAMINO HEALTHCARE DISTRICT ADOPTING BY  
REFERENCE THE MODEL CONFLICT OF INTEREST CODE  
SET FORTH IN TITLE 2, SECTION 18730 OF THE  
CALIFORNIA CODE OF REGULATIONS

RESOLUTION 2018-13

As Amended October 16, 2018

**WHEREAS**, pursuant to Section 87300 *et. seq.* of the California Government Code, the El Camino Healthcare District is required to adopt and promulgate a Conflict of Interest Code;

**WHEREAS**, the El Camino Healthcare District previously adopted a Conflict of Interest Code on August 25, 2014;

**WHEREAS**, The El Camino Healthcare District desires now to update its formal Conflict of Interest Code so as to comply with changes to the applicable provisions of Section 87300 *et. seq.* of the California Government Code and Title 2, Section 18730 of the California Code of Regulations;

**WHEREAS**, pursuant to Government Code Section 87302, the Conflict of Interest Code must specifically enumerate the positions within the District, other than those specified in Government Code Section 87200, that involve making or participating in making decisions that may have a reasonably foreseeable material effect upon any financial interest, and, for each such enumerated position, the Conflict of Interest Code must state the specific types of investments, business positions, interests in real property and sources of income that are reportable;

**WHEREAS**, Title 2, Section 18730 of the California Code of Regulations contains the terms of a Model Conflict of Interest Code developed by the Fair Political Practices Commission ("FPPC") that agencies can adopt by reference, which may be amended from time to time by the FPPC after public notice and hearing to conform to amendments in the Political Reform Act; and,

**WHEREAS**, adopting by reference the terms of the FPPC's Model Conflict of Interest Code set forth in the California Code of Regulations, and amendments thereto, as the Conflict of Interest Code of the El Camino Healthcare District will meet the statutory requirements for adopting such a code and save the District the time and resources by minimizing the actions required to keep the Code in conformity with the Political Reform Act;

**NOW THEREFORE**, the Board of Directors of the El Camino Healthcare District resolves as follows:

1.0 The Model Conflict of Interest Code set forth in Title 2, Section 18730 of the California Code of Regulations, which is incorporated herein by reference, and any amendments to the Model Conflict of Interest Code subsequently adopted by the FPPC, are hereby adopted by the El Camino Healthcare District as its Conflict of Interest Code. The full text of 2, CCR Section 18730 may be found at: <http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/Legal/Div/ZRegulations/Index/Chapter7/Article2/18730.pdf>

2.0 **Exhibit A**, which is attached hereto and incorporated herein, enumerates the positions within the District (in addition to any of those set forth in Government Code Section 87200) that are subject to the provisions of the Conflict of Interest Code and their respective disclosure categories. This

Resolution and the attached Exhibit A together constitute the Conflict of Interest Code of the El Camino Healthcare District.

3.0 Pursuant to Section 4 of the Model Conflict of Interest Code adopted hereby, public officials and designated employees shall file Statements of Economic Interests with the Clerk of the Board of Directors of the El Camino Healthcare District, who shall be the district's filing official. If a statement is received in signed paper format, the district's filing official shall make and retain a copy and forward the original of this statement to the filing officer, the County of Santa Clara Clerk of the Board of Supervisors. If a statement is electronically filed using the County of Santa Clara's Form 700 e-filing system, both the district's filing official and the County of Santa Clara Clerk of the Board of Supervisors will receive access to the e-filed statement simultaneously. Statements of Economic Interests shall be made on forms prescribed by the FPPC. The district shall make the statements available for public inspection and reproduction pursuant to Government Code Section 81008.

4.0 No Conflict of Interest Code shall be effective until it has been approved by the code reviewing body. Notwithstanding this effective date, the adoption of this Conflict of Interest Code shall not be considered an original adoption as to those designated officials or employees who have already been filing annual statements of economic interest. Those persons shall not be required to file again this year. Newly designated officials or employees who were not already required to file by law shall file statements within 30 days of the effective date of this Code, and all designated officials and employees shall continue to file statements upon assuming or leaving office as directed in Sections of the Model Conflict of Interest Code.

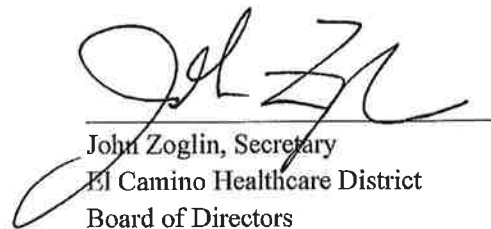
Passed and adopted at a Regular Meeting of the Board of Directors of the El Camino Healthcare District held on the 16<sup>th</sup> of October of 2018, by the following vote:

AYES: FLIGOR, FUNG, MILLER, REEDER, ZOGLIN

NOES: NONE

ABSENT: NONE

ABSTAIN: NONE



John Zoglin, Secretary  
El Camino Healthcare District  
Board of Directors

## EXHIBIT A

### DESIGNATED POSITIONS AND DISCLOSURE CATEGORIES

| <u>Designated Positions:</u>     | <u>Disclosure Categories:</u> |
|----------------------------------|-------------------------------|
| MEMBER OF THE BOARD OF DIRECTORS | 1                             |
| CHIEF EXECUTIVE OFFICER          | 1                             |
| CHIEF FINANCIAL OFFICER          | 1                             |
| CHIEF OPERATING OFFICER          | 2                             |
| CONSULTANT                       | 3 <sup>1</sup>                |
| NEWLY CREATED POSITION*          |                               |

#### \* Newly Created Positions

A newly created position that makes or participates in the making of decisions that may foreseeably have a material effect on any financial interest of the position-holder, and which specific position title is not yet listed in the district's conflict of interest code is included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation: The CEO may determine in writing that a particular newly created position, although a "designated position," is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the broadest disclosure requirements, but instead must comply with more tailored disclosure requirements specific to that newly created position. Such written determination shall include a description of the newly created position's duties and, based upon that description, a statement of the extent of disclosure requirements. The district's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

As soon as the district has a newly created position that must file statements of economic interests, the district shall contact the County of Santa Clara Clerk of the Board of Supervisors Form 700 division to notify it of the new position title to be added in the County's electronic Form 700 record management system, known as eDisclosure. Upon this notification, the Clerk's office shall enter the actual position title of the newly created position into eDisclosure and the district shall ensure that the name of any individual(s) holding the newly created position is entered under that position title in eDisclosure.

Additionally, within 90 days of the creation of a newly created position that must file statements of economic interests, the district shall update this conflict-of-interest code to add the actual position title in its list of designated positions, and submit the amended conflict of interest code to the County of Santa Clara Office of the County Counsel for code-reviewing body approval by the County Board of Supervisors. (Govt. Code Sec. 87306.)

#### Disclosure Categories:

<sup>1</sup> In general, unless outside legal counsel engaged to represent the District participate in making governmental decisions as defined in regulation 18704, they shall not be deemed to be "consultants" for purposes of the District's Conflict of Interest Code.

**Category 1:** A Fiduciary in this category must report all investments and business positions related to the health care industry, which shall include but not be limited to medical equipment suppliers, pharmaceutical companies, insurance companies, and any other entities related to the health care industry. A Fiduciary in this category must also report all interests in real property located entirely or partly within the boundaries of the District, or within two miles of District boundaries, or of any land owned or used by the District, and sources of income (including gifts, loans and travel payments) in the manner set forth under Section VII of 2 Cal. Code of Regulations 18730.

**Category 2:** A Fiduciary in this category must report investments and business positions in business entities, and income (including gifts, loans and travel payments) from sources that are of the type which within the previous two years has provided services, equipment, leased space, materials, or supplies to the District, in the manner set forth under Section VII of 2 Cal. Code of Regulations 18730.

**Category 3:** Consultants, as defined for purposes of the Political Reform Act, shall disclose pursuant to the broadest disclosure category in the conflict of interest code subject to the following limitation: The CEO may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements of the broadest disclosure category, but instead must comply with more tailored disclosure requirements specific to that consultant. Such a determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. All such determinations are public records and shall be retained for public inspection along with this conflict of interest code. A "consultant" is an individual who, pursuant to a contract with the District, makes a governmental decision as defined in regulation 18700.3, or serves in a staff capacity with the district and in that capacity participates in making a governmental decision as defined in regulation 18704 or performs the same or substantially all the same duties for the District that would otherwise be performed by an individual holding a position specified in the District's Conflict of Interest Code under Government Code section 87302.



ID #: P.1  
Adopted: 03/05/2014  
Last Approved: 10/19/2021  
Area: District Board  
Category: Policy

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

### **I. COVERAGE: Community Benefit program**

### **II. PROCEDURE:**

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 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 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



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**EL CAMINO HEALTHCARE DISTRICT BOARD**  
**ADMINISTRATIVE POLICIES AND PROCEDURES COMPLIANCE ISSUE REVIEW**  
**PROCESS**

- I. COVERAGE: All Members of the El Camino Healthcare District Board of Directors~~Community Benefit program~~
- II. POLICY STATEMENT: This policy ("Policy") establishes a procedure for addressing compliance issues raised by members of the Board of Directors of the District ("Board of Directors" or "Board"), by a member of the public or by other third parties. The procedure is to be used to identify a compliance issue and to determine the appropriate response. This Policy applies to all Board members.
- III. PROCEDURE:

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**Identification of the Issue**

A Board member ("reporting Board member"), a member of the public or another third party may question whether another Board member (or members) ("subject Board member") or the District has acted contrary to law, contrary to the duties of a Director, the District Bylaws or the District Conflict of Interest Code or contrary to other similar requirements ("Compliance Issues"). The reporting Board member shall bring the issue to the attention of the Board Chair. (If the Board Chair is the subject Board member, all references to the "Board Chair" in this Policy shall be deemed references to the "Board ~~Vice-Chair~~Vice-Chair".) The Board Chair may contact the District's legal counsel after learning of the reported Compliance Issue.

**Appointment of Ad Hoc Committee**

Following notice of any such event, a Board meeting shall be scheduled to consider whether to appoint an ad hoc committee as described below. If the Board (excluding any subject Board member) approves an ad hoc committee, the Board Chair shall appoint the members of the ad hoc committee ("Ad Hoc Committee"). The Ad Hoc Committee shall review the report regarding the Compliance Issue and determine whether it raises a Compliance Issue. The Ad Hoc Committee shall ~~also determine whether at the appropriate~~ response is warranted and, if so, recommend an appropriate response.

The Ad Hoc Committee shall be comprised of no more than two (2) Board members. The Ad Hoc Committee may not include the reporting Board member or the subject Board

member. The Board Chair shall appoint one of the Ad Hoc Committee members as chairperson of the Ad Hoc Committee ("Committee Chair"). The Board Chair may serve on the Ad Hoc Committee and may be the Committee Chair.

~~Only the Ad Hoc Committee may review the Compliance Issue on behalf of the Board and only the Ad Hoc Committee may engage any staff member of the District or otherwise expend District resources to conduct a review of the Compliance Issue.~~

~~The Ad Hoc Committee shall, with the assistance of outside resources, as necessary, investigate (as appropriate in the circumstances in the Ad Hoc Committee's determination) whether a Compliance Issue exists.~~ Only the Ad Hoc Committee can review the compliance issue on behalf of the District Board.

The Ad Hoc Committee may engage external resources, e.g., ~~District~~, contractors or other individuals who are not employed by the District. Such external resources may include the District's ~~counsel, as well as outside~~ legal counsel.

~~The Ad Hoc Committee shall, with the assistance of outside resources, as necessary, investigate (as appropriate in the circumstances in the Ad Hoc Committee's determination) whether a Compliance Issue exists.~~ The Ad Hoc Committee's investigation shall include at least one interview ~~by a member of~~ by the Ad Hoc Committee with the subject Board member, ~~if any~~. The Ad Hoc Committee may ask that such investigation be conducted ~~by or~~ under the supervision of counsel.

Within forty-five (45) days of the Ad Hoc Committee's appointment, the Ad Hoc Committee shall complete its investigation, prepare written findings and determine the recommended action which may include finding that the questioned conduct was not a Compliance Issue. The Ad Hoc Committee may extend the time period to sixty (60) days if more time is needed.

The Ad Hoc Committee shall recommend, among other things, taking specific action, no action, or no action at the current time. The Ad Hoc Committee's findings shall include a summary of the investigation process. The Ad Hoc Committee's recommendation shall include the basis for the recommendation and shall be consistent with applicable duties and legal principles. ~~The Ad Hoc Committee may recommend recusal by particular Board members from any Board vote as it deems appropriate.~~

After the Ad Hoc Committee completes its work, the Board Chair shall place the recommended action on the agenda of the next Board meeting for discussion. The vote of Board members on the recommended action shall comply with the District Bylaws and applicable law.

After the Board has voted on the Ad Hoc Committee's recommendation, the Ad Hoc Committee shall be disbanded, unless the Board recommends further steps to be taken by the Ad Hoc Committee.

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## EL CAMINO HEALTHCARE DISTRICT BOARD GUIDELINES FOR COMMUNICATION WITH THE CEO AND OTHER STAFF MEMBERS

- I. COVERAGE: All Members of the El Camino Healthcare District Board of Directors
- II. PURPOSE: To provide an efficient process for individual Board members to request or share information and obtain staff assistance with research or projects.
- III. POLICY STATEMENT: It is the policy of the El Camino Healthcare District Board of Directors that staff be available to individual Board members (1) pursuant to reasonable requests to obtain or share information and (2) for assistance with research or projects, and that the Board Chair be kept informed of such requests.
- IV. PROCEDURE:
  - A. **Communication Generally:** The Director ~~to the Office of the CEO of Governance Services~~ or, in the prolonged absence of the Director ~~to the Office of the CEO of Governance Services, the Manager of Administration a specific designee~~, shall serve as the first and primary point of contact between the Board and staff. The Director ~~of Governance Services to the Office of the CEO~~, when at all possible, is expected to (1) return phone calls and e-mails within 2-2 business days and (2) notify Board Members in advance of planned absences greater than two business days. Exceptions include:
    1. Board Members may contact the CEO directly.
    2. For routine clerical matters, Board members should ~~first~~ contact the ~~Board Services Coordinator~~ Manager of Administration, ~~but may always refer a matter to the Director of Governance Services at their discretion.~~
    3. To schedule a 1:1 appointment with the CEO, Board members should contact the ~~El Camino Hospital employee who manages the CEO's calendar, but may always refer a matter to the Director of Governance Services at their discretion~~ Manager of Administration.
    4. In the case of an extreme emergency after business hours or on a holiday or weekend, Board members should contact the House Supervisor at (650) 940-7000 to be directed to the Administrator on Call (AOC). A copy of the by calling AOC the House Supervisor at (###) ###-#### schedule will be Contact information for the AOC will also be maintained in the Board Portal.
  - ~~0. When acting as a member of the public, and not in their role as a member of the Board, Board members may interact with Hospital staff directly. For~~

~~example, if a member is a patient, or has a family member who is a patient, the Board member should interact with staff as necessary and appropriate related to patient care.~~

1. If a request for staff work is made to the CEO by a Board member other than the Chair, the Board member shall communicate that request via e-mail to the CEO, ~~the Director of Governance Services,~~ and the Board Chair. The CEO will evaluate the staff time required to comply with the request. ~~If the CEO estimates that a request will require more than 2.5 hours of staff work, the CEO will inform the Board Chair prior to beginning the work.~~ The Chair-CEO will either authorize the work or agendize the topic for the next meeting. ~~Each Board member may make one such request between Board meetings.~~

2. If a request for staff work on an item is made to the CEO by two or more Board members, those Board members shall communicate that request via e-mail to the CEO, ~~the Director of Governance Services,~~ and the Board Chair. The CEO will evaluate the staff time required to comply with the request. If the CEO estimates that a request will require more than 5 hours of staff work, the CEO will inform the Board Chair prior to beginning the work. The Chair will either authorize the work or agendize the topic for the next meeting. Each Board member may initiate one such request between Board meetings.

- ~~2.3.~~ 3. The CEO ~~shall~~will not honor requests for staff work from individual or groups of two Board members on matters that the Board has considered and voted not to approve or pursue.

4. The CEO will keep the Board Chair informed in regards to all requests for staff work from Board members other than the Board Chair.

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Category: Policy

## EL CAMINO HEALTHCARE DISTRICT BOARD MEDIA ~~POLICY~~ GUIDELINES

- I. COVERAGE: All Members of the El Camino Healthcare District Board of Directors
- II. PURPOSE: Effective media relations are important to the El Camino Healthcare District and the community we serve.
- III. POLICY STATEMENT: The CEO, or -District Board Chair in the CEO's absence, shall serve as the official ECHD spokesperson. The CEO or designee will convey the official ECHD position on all issues regarding District activities and ECHD Board actions. Depending on the specific circumstances, the CEO may designate El Camino Hospital's Vice President Marketing and Communications or Director of Government and Community Relations to serve as District spokesperson on a particular issue. ~~Notwithstanding the above, If the ECHD-El Camino Hospital Board of Directors votes in conflict on any topic with the El Camino Hospital Board Healthcare of Districtrectors, then in that instance, the the ECHDDistrict~~ Board Chair shall act as spokesperson for the District.
- IV. PROCEDURE:
  - A. ECHD Board Members should refer all media inquiries regarding District activities and ECHD Board actions to the CEO's office. CEO will inform the ECHD Board Chair of media inquiries related to the District ~~Board~~. ECHD Board members may respond to media inquiries for an individual opinion as an elected official, ~~taking care not to represent ensuring~~ their ~~individual~~ opinion ~~as is not~~ representative of the ECHD Board or the District.
  - B. Distribution of information to the media regarding the El Camino Healthcare District or about Board Member activities shall be approved by the CEO or designee, in conjunction with the Board Chair. ~~-~~ Distribution of information should align with these criteria:
    1. Be related to efforts or recognition that occur on behalf of El Camino Healthcare District.
    2. Involve efforts or recognition related to the healthcare industry.
    3. Be in compliance with California Fair Political Practices Commission regulations.
    4. Be distributed in the manner Marketing & Communications recommends as being most effective.



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**RE-ELECTION AND ELECTION  
OF NON-DISTRICT BOARD MEMBERS  
TO THE EL CAMINO HOSPITAL BOARD OF DIRECTORS.\***

I. COVERAGE: All Members of the El Camino Hospital Board of Directors

II. TIMELINE:

1. **Previous FYQ4 –**

- a. The District Board Chair shall appoint a District Director as Chair of an Ad Hoc Committee. In addition to serving as a member of the Ad Hoc Committee, the Ad Hoc Committee Chair's role shall be to set the Ad Hoc Committee's meeting agendas, work with staff to set meeting dates and facilitate the meetings.
- b. The Board shall approve the appointment of one additional District Director as a member of the Committee.
- c. The Board shall also approve the appointment of up to two advisors to the Ad Hoc Committee. One advisor should be a Non Hospital Director member of the El Camino Hospital Governance Committee (who has been referred by the Chair of the Governance Committee) and the other should be a Hospital Director who is not a member of the District Board (who has been referred by the Chair of the El Camino Hospital Board).
- d. The District Board, on the recommendation of the Hospital Board and Hospital Governance Committee, shall approve a Hospital Board Competency Matrix and a Hospital Non District Board Member ("NDBM") Position Description for the upcoming fiscal year.

2. **FYQ1 –** The District Board Chair (i) asks the El Camino Hospital Director(s), who is an NDBM whose term is next to expire to declare interest and (ii) informs the Chair of the Ad Hoc Committee of intent.

3. **FYQ1/Q2 –** Regular District Board Meeting:

- a. Prior to the Meeting:
  - i. District and Hospital Board Members: Complete the ECH Board Competency Matrix Survey and, unless the Ad Hoc Committee votes not to use it in a given year, ECH Board Member Re-Election Report Survey.
  - ii. Ad Hoc Committee analyzes survey results, interviews the NDBM, reviews candidate profile (updated resume, candidate questionnaire and attendance report), and develops a recommendation regarding re-election of the NDBM to the Hospital Board

4. **FYQ2 –** Regular District Board Meeting:

- a. District Board considers re-election of NDBM.
- b. If NDBM is re-elected, the Hospital Board shall be notified.
- c. If NDBM is not re-elected, the District Board will authorize external recruitment of a new NDBM.



- d. If there are any mid-term vacancies or other open seats on the Hospital Board the District Board will authorize a timeline for recruitment to fill those seats. Any individual may apply and staff shall solicit applications from the public, the ECH Board, the ECH Foundation Board, ECH Board Advisory Committees and the Executive Leadership Team.
5. **FYQ2 or Q3** – Begin external search as authorized in Section 4(c) and (d).
6. **FYQ2 or Q3** – Regular District Board Meeting:
  - a. Ad Hoc Committee to present an interim update to the District Board.
    - i. Incorporate Board feedback into further recruitment efforts.
    - ii. Plan for interviews – direct staff to schedule.
7. **FYQ3 or Q4** – Regular District Board Meeting:
  - a. Prior to the Meeting: Ad Hoc Committee to summarize interviews for the Board packet and make a recommendation to the District Board
  - b. District Board Considers AD Hoc Committee recommendation and votes to elect new NDBM(s) to the Hospital Board.
8. This process to be confirmed by the District Board annually when the process is complete.
9. The following matters are delegated to the El Camino Hospital Board Governance Committee:
  - a. **FYQ3** – Review and recommend changes to the survey tools identified in section 3(a)(i).
  - b. **FYQ3** – Review and recommend changes to this process.
  - c. **FYQ3** – Review and recommend changes to NDBM Position Specification and Job Description.
  - d. Participate in the recruitment effort of new NDBM by referring a member to advise the Ad Hoc Committee as described in #1 above.

### III. GENERAL (PRIMARY) COMPETENCIES:

1. Understanding of the vital role El Camino Hospital plays in the broader region.
2. Loyalty to El Camino Hospital's charitable purposes.
3. Ability to understand and monitor the following:
  - a. Diverse portfolio of businesses and programs
  - b. Complex partnerships with clinicians
  - c. Programs to create a continuum of care
  - d. Investment in technology
  - e. Assumption of risk for population health
  - f. Resource allocation
  - g. Quality metrics
4. Commitment to continuing learning.
5. Demonstrated strategic thinking.
6. Understanding and support of the role the District Board plays in Governance of the 501(c)(3) corporation.

### IV. PORTFOLIO SKILL SET:

1. Complementary to skill sets of other Board members (gap-filling).
2. Applicable to the then current market. (See, Competency Matrix)

### V. OTHER (SECONDARY) CRITERIA:

1. Positive working relationship with other Board members.
2. Productive working relationship with the El Camino Hospital CEO.
3. Attendance at Board and Committee meetings.