



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

Tuesday, May 17, 2022 – 5:30 pm

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: 922-9843-7971#. 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 Local Health District Law.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Julia Miller, Board Chair		5:30 – 5:31pm
2. SALUTE TO THE FLAG	Peter Fung, MD, Vice Chair		information 5:31 – 5:34
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Julia Miller, Board Chair		information 5:34 – 5:35
4. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Julia Miller, Board Chair		information 5:35 – 5:38
5. <u>COMMUNITY BENEFIT SPOTLIGHT: WOMEN SV Resolution 2022-06</u>	Jonathan Cowan, Senior Director, Relations and Community Partnerships Karen Scussel, Women SV	<i>public comment</i>	motion required 5:38 – 5:48
6. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. <u>Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings</u> b. <u>Minutes of the Open Session of the District Board Meeting (03/15/2022)</u> c. <u>Community Benefits Mid-Year Update</u> Information d. <u>FY22 Pacing Plan</u> e. <u>Community Benefits Sponsorship Report</u>	Julia Miller, Board Chair	<i>public comment</i>	motion required 5:48 – 5:51
7. <u>FY23 COMMUNITY BENEFIT PLAN STUDY SESSION</u>	Jonathan Cowan, Senior Director, Relations and Community Partnerships		discussion 5:51 – 6:21
8. <u>FY23 STANDALONE BUDGET ALLOCATION PREVIEW</u>	Carlos Bohorquez, Chief Financial Officer		discussion 6:21 – 6:31

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
9. REPORT ON COVID-19 COMMUNITY PROGRAM	Omar Chughtai, Vice President of Operations		information 6:31 – 6:41
10. FY23 PACING PLAN	Julia Miller, Board Chair	<i>public comment</i>	possible motion 6:41 – 6:46
11. EL CAMINO HEALTH DISTRICT MISSION STATEMENT REVIEW AD HOC COMMITTEE FORMATION Resolution 2022-04	Julia Miller, Board Chair	<i>public comment</i>	motion required 6:46 – 6:51
12. DISTRICT BOARD MEMBER HEALTH BENEFITS DISCUSSION	Tamara Stafford, Executive Director of Human Resources		discussion 6:51 – 7:06
13. FY23 EL CAMINO HEALTHCARE DISTRICT POLICY BYLAW REVIEW AD-HOC COMMITTEE RECOMMENDATION P.2 Compliance Review Process	Julia Miller, Board Chair	<i>public comment</i>	motion required 7:06 – 7:16
14. FY23 EL CAMINO HEALTHCARE DISTRICT POLICY BYLAW REVIEW AD-HOC COMMITTEE RECOMMENDATION P.3 Director Compensation Policy	Julia Miller, Board Chair	<i>public comment</i>	motion required 7:16 – 7:26
15. FY23 EL CAMINO HEALTHCARE DISTRICT POLICY BYLAW REVIEW AD-HOC COMMITTEE RECOMMENDATION P.6 Appointment of Board Members to El Camino Hospital Board	Julia Miller, Board Chair	<i>public comment</i>	motion required 7:26 – 7:36
16. ADJOURN TO CLOSED SESSION	Julia Miller, Board Chair	<i>public comment</i>	motion required 7:36 – 7:37
17. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Julia Miller, Board Chair		information 7:37 – 7:38
18. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval Gov't Code Section 54957.2: Minutes of the Closed Session of the District Board Meeting (03/15/2022)	Julia Miller, Board Chair		motion required 7:38 – 7:39
19. DISTRICT REAL ESTATE STRATEGY	Ken King, Chief Administrative Services Officer		discussion 7:39 – 7:59
20. EXECUTIVE SESSION	Julia Miller, Board Chair		discussion 7:59 – 8:09
21. ADJOURN TO OPEN SESSION	Julia Miller, Board Chair		motion required 8:09 – 8:10
22. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Julia Miller, Board Chair		information 8:10 – 8:13
23. BOARD COMMENTS	Julia Miller, Board Chair		discussion 8:13 – 8:19
24. ADJOURNMENT	Julia Miller, Board Chair	<i>public comment</i>	motion required 8:19 – 8:20pm

EL CAMINO HEALTHCARE DISTRICT

RESOLUTION 2022-06

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 WomenSV's Domestic Violence Survivor Support Program for empowering victims of domestic violence with case management, support groups, and advocacy.

The El Camino Healthcare District and WomenSV began a partnership in fiscal year 2021 to help often overlooked middle-income survivors of domestic violence with a range of support services to help them address and leave abusive relationships and access resources and referrals.

WHEREAS, the Board would like to acknowledge WomenSV for its commitment to providing case management, customized safety plans, support groups, a helpline, client accompaniment to court, and other appointments and referrals to other services. Through this grant program, WomenSV has served more than 70 individuals in the community.

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

WomenSV Domestic Violence Survivor Support Program

IN WITNESS THEREOF, I have hereunto set my hand this **17 DAY OF MAY, 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: 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:

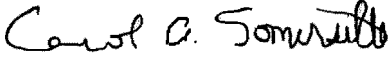
NOES:

ABSENT:

ABSTAIN:

ATTEST:

DocuSigned by:

306E6DD0439C4ED...
El Camino Healthcare District,
Chair

DocuSigned by:

A56D6F7947A140G...
El Camino Healthcare District,
Secretary



**Minutes of the Open Session of the
El Camino Healthcare District Board of Directors
Tuesday, March 15, 2022**

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/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Miller called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 5:33 pm and reviewed the logistics for the meeting. A verbal roll call was taken; all Board members were present at the 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.	<i>Call to Order at 5:33 pm.</i>
2. SALUTE TO THE FLAG	Chair Miller asked Dan Woods, CEO, to lead all present in the Pledge of Allegiance.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Miller asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	There was no public communication.	
5. CONSENT CALENDAR	<p>Chair Miller asked if any member of the Board or the public wished to remove an item from the consent calendar.</p> <p>Director Zoglin requested to remove 5c – Minutes of the Open Session of the District Board Meeting (1/25/22) for discussion.</p> <p>Motion: To approve the consent calendar excluding item 5b to include:</p> <ul style="list-style-type: none"> a. Continuation of Resolution 2021-10 of the Board of Directors Making Findings and Determinations Under AB 361 for Teleconference Meetings c. Minutes of the Open Session of the El Camino Healthcare District Board Meeting (12/01/2021) <p>Movant: Fung Second: Somersille Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Director Zoglin requested that the phrasing on page 16, section 13 of the minutes and policy be revised to reflect what was voted on, specifically "and share the information with the full district board." Discussion ensued.</p> <p>Motion: To approve the consent calendar to include:</p> <ul style="list-style-type: none"> b. Open Minutes of January 25, 2022, El Camino Healthcare District Board Meeting, with requested revisions. 	<i>The consent calendar was approved.</i>

	<p>Movant: Zoglin Second: Somersille Ayes: Fung, Somersille, Ting, Zoglin Noes: None Abstentions: Miller Absent: None Recused: None</p>	
<p>6. EL CAMINO HEALTHCARE DISTRICT BOARD HEALTH AND SAFETY CODE RESOLUTION: <i>Resolution 2022-02</i></p>	<p>Motion: To conduct a public hearing to adopt Resolution 2022-02 Health and Safety Code</p> <p>Movant: Fung Second: Miller Ayes: Fung, Miller, Somersille, Ting Noes: Zoglin Abstentions: None Absent: None Recused: None</p>	<p>A public hearing was held, and Resolution 2022-02 was approved.</p>
<p>7. ENTERPRISE STRATEGY</p>	<p>Dan Woods presented the Enterprise Strategic Plan.</p> <p>Motion: To approve the Enterprise Strategy</p> <p>Movant: Fung Second: Somersille Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Enterprise Strategy was approved.</p>
<p>8. COMPLIANCE ISSUE REVIEW PROCESS POLICY <i>D&O Insurance Coverage</i></p>	<p>Carlos Bohorquez, CFO, summarized and reviewed the current Directors and Officers Insurance Policy, detailed in the packet materials. Director Miller asked how the D&O liability insurance affects the District Board Members now that they are employees. Mary Rotunno, General Counsel, explained that District Board Members are employees of the District for tax purposes only.</p>	
<p>9. COMPLIANCE ISSUE REVIEW PROCESS POLICY <i>Reimbursement of Board Member Legal Expenses</i></p>	<p>Mary Rotunno, General Counsel, asked the Board of Directors for any questions or feedback on the memo prepared by Alison Bassett from BBK Law. Discussion ensued regarding the reimbursement of legal fees for the defense of a Board member being investigated.</p> <p>Director Fung asked for clarification and guidance on page 31, line1, regarding the governing body adopting a written policy.</p> <p>Ms. Bassett stated that a policy must be in place for reimbursement to occur, and each reimbursement has specific requirements, which are further explained in the Tort Claims Act.</p> <p>Director Fung further inquired about the process, in which case a board member may need legal help.</p> <p>Ms. Bassett confirmed there should be a discussion of whether or not the board member was acting within or contrary to the scope of their duties.</p> <p>Ms. Bassett reiterated that reimbursement of legal fees outside of the civil action under the Tort Claims Act should not be included in any policy because it is not allowed under the law. The Board decides whether they will retain outside counsel for the defense of the board member.</p> <p>Director Somersille asked how a board member would know they can have a defense if they are not aware that an investigation is a civil action until after the fact.</p> <p>In Conclusion, Ms. Bassett summarized that the District could authorize the reimbursement of legal fees but only under certain circumstances, where the district is bringing a civil action or proceeding against a board</p>	

	<p>member to suspend, remove or penalize them. Then the District may engage outside counsel directly to allow that board member to have a defense for that civil proceeding. That is the situation where the defense in the outside counsel is permitted. Still, it is not permitted to determine if the board member engaged in misconduct under the policy. It is also not allowed to reimburse a board member for hiring outside counsel directly.</p>	
<p>10. EL CAMINO HEALTHCARE DISTRICT BOARD MEMBER TRANSITION TO W-2 EMPLOYEES <i>W2 or 1099 Requirement</i></p>	<p>Mary Rotunno, General Counsel, asked the Board of Directors if they had any further concerns on the memo prepared to address previous issues regarding the transition to W-2 employees.</p> <p>Director Fung asked if a W-2 is required if a board member does not want a stipend but does want to be covered by workman's compensation.</p> <p>Ms. Rotunno explained that the District provides workman's compensation benefits under the labor code requirement that only applies to W-2 employees receiving compensation. If you are a volunteer, meaning declining compensation, there is no requirement for workman's compensation coverage under the labor code. Ms. Rotunno further explained that if a board member was injured in a meeting, the hospital has general liability insurance that would cover anyone on the hospital premises.</p> <p>Director Miller asked Ms. Rotunno to explore options where a board member could donate their stipend and still receive workman's compensation benefits.</p>	
<p>11. EL CAMINO HEALTHCARE DISTRICT BOARD MEMBER TRANSITION TO W-2 EMPLOYEES <i>Health Benefits Discussion</i></p>	<p>As previously discussed, Greg Souza, Interim CHRO, explained that District Board members are not an employee of the hospital; therefore, hospital policy that governs who is eligible for benefits does not apply.</p> <p>From an advisory perspective, Mr. Souza advised the board to potentially seek legal counsel or advice regarding establishing a benefit plan for board members, legal advice can explain how that would be done, and implications for the hospital will flow in that direction.</p> <p>Dr. Somersille asked for clarification on what other districts are doing.</p> <p>Mr. Souza agreed to explore other district hospital data and bring it back to the next meeting.</p>	
<p>12. REVIEW EL CAMINO HEALTHCARE DISTRICT MISSION STATEMENT AND POSSIBLE ADHOC COMMITTEE FORMATION</p>	<p>Chair Miller informed the Board of the appointment of Director Carol Somersille as the FY22 El Camino Healthcare District Board Ad Hoc Committee Chair to review the Healthcare District Mission and Purpose. Chair Miller called for a motion to approve the appointment of an additional member.</p> <p>Motion: To form an Ad Hoc Committee to review the district mission statement and purpose and approve the appointment of an additional member</p> <p>Movant: Somersille Second: Miller Ayes: Fung, Miller, Somersille Noes: Zoglin Abstentions: Ting Absent: None Recused: None</p> <p>The Board of Directors discussed the formation of the Ad Hoc committee. Director Fung volunteered to serve. Director Zoglin asked Director Ting if he would consider serving on the committee, and Director Ting declined. Chair Miller stated it would be nice if Director Zoglin would consider serving on the Committee. Director Zoglin noted that he would be okay with the recommendation of himself or Director Fung. Director Somersille stated that she would prefer Director Zoglin as the additional member as</p>	<p>Resolution 2022-04 was approved.</p>

	Director Fung is already serving on the Bylaws and Policies AdHoc Committee.	
13. COMMUNITY BENEFIT STRATEGIC UPDATE	<p>Jon Cowan presented the Community Benefit Strategic Update and asked the Board of Directors for their feedback.</p> <p>Director Ting asked how the Community Health Needs Assessment data would be used and interpreted.</p> <p>Mr. Cowan explained that the Community Health Needs Assessment data could be used and interpreted in many ways as the results are broad. He further disclosed that the results from the last needs assessment were used to determine how funds were allocated to each community health need. There was a discussion regarding allocating funding for branding and marketing so that the efforts made by El Camino Health are more visible to the community.</p>	
14. ECHD FY22 YTD FINANCIALS	<p>Carlos Bohorquez, Chief Financial Officer, presented the FY22 YTD Financials and highlighted the following:</p> <ul style="list-style-type: none"> • \$3.269B in total Assets as of January 31, 2022 • \$2.226B in total Fund Balance as of January 31, 2022 • Cash and investments decreased by 61 million dollars • Board Designated Assets increased by 116 million dollars • Deferred Revenue decreased by 30 million • Total operating revenues are favorable to budget by 11%. • Year over Year, increased by about 19%, mainly driven by a strong rebound in volume. <p>Mr. Bohorquez concluded that from an operational standpoint, we are doing much better than budget and significantly better than last fiscal year. A brief discussion ensued.</p> <p>Motion: To approve FY22 YTD Financials</p> <p>Movant: Zoglin Second: Fung Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	ECHD FY22 YTD Financials were approved.
15. ADJOURN TO CLOSED SESSION	<p>To adjourn to closed session at 7:23 pm pursuant to Gov't Code Section 54957.2 for approval of the Minutes of the Closed Session of the District Board Meeting (01/25/22), pursuant to Gov't Code Section 54957 for discussion on personnel performance matters, an Executive Session with the CEO.</p> <p>Motion: To approve to adjourn to closed session at 7:23 pm.</p> <p>Movant: Somersille Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	Adjourned to closed session at 7:23 pm.
16. AGENDA ITEM 19: RECONVENE TO OPEN SESSION/ REPORT OUT	<p>The open session of the El Camino Healthcare District Board of Directors was reconvened at 7:48 pm. Agenda items 16-18 were addressed in the closed session.</p> <p>During the closed session, the Board approved the closed session minutes of the 01/25/22 El Camino Healthcare District Board of Directors</p>	Open Session reconvened at 7:48 pm.

	by all Board Members present. (Directors Fung, Miller, Somersille, Ting, and Zoglin).	
17. AGENDA ITEM 20: BOARD COMMENTS	None were noted.	
18. AGENDA ITEM 21: ADJOURNMENT	Motion: To adjourn at 7:51 pm. Movant: Somersille Second: Fung Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 7:51 pm.</i>

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

Julia E. Miller
Chair, ECHD Board

Carol Somersille, MD
Secretary/Treasurer, ECHD Board

Prepared by: Stephanie Iljin, Manager, Administration
Jennifer Bettendorf, Executive Assistant II



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: May 17, 2022
Subject: FY22 Community Benefit Midyear Update

Purpose: To inform the Board of the midyear progress of the Community Benefit grant programs.

Summary:

1. **Situation:** 57 grant partners reported on midyear metrics, budget, and program successes, challenges and trends on January 15, 2022.
2. **Authority:** Board request for update on midyear grant performance.
3. **Background:**
 - The El Camino Healthcare District Board of Directors approved investing \$7,546,000 in 57 Community Benefit grants to address unmet local health needs. The framework for the District's grant funding priorities is the 2019 Community Health Needs Assessment (CHNA), which is conducted every three years as required by state and federal regulations. Health needs are determined through the CHNA process and inform the grantmaking strategy.
 - Community Benefit goal: to provide a diverse range of services and activities that address identified health needs.
 - Priority health needs include: Healthcare Access & Delivery, Behavioral Health, Diabetes & Obesity, Chronic Conditions, and Economic Stability.
 - FY22 is the last year that grants will be categorized by Healthy Body, Healthy Mind, and Healthy Community.
4. **Assessment:** N/A
5. **Other Reviews:** N/A
6. **Outcomes:** Midyear Performance:
 - **Grant Programs:**
 - All Programs:
 - 57 programs = \$7,546,000
 - 64% met 80%+ of metrics (FY21: 54% met 80%+ of metrics)
 - Over 29,000 community members served (7/1 – 12/31) – 19% over target (FY21: 31,000 served)
 - Largest grant programs (\$200k+):
 - 15 programs = \$5,007,000 (66% of total grant funding)
 - Over half (10 programs) met 80%+ of program metrics; of those 8 programs met 100% of metrics (FY21: Half (7 programs) met 80%+ of program metrics; of those 6 met 100% of metrics)
 - Over 17,600 community members served (7/1 – 12/31) (FY21: 18,500 served)

FY22 Community Benefit Midyear Update
May 17, 2022

Themes from midyear reports include:

- Volume and acuity of mental health challenges have increased across all populations, but especially in schools as students returned to in-person learning.
- There has been a rebounding demand for basic care, e.g., immunization, dental, routine check-ups and screenings.
- Food and housing insecurity was consistently identified by partners.
- There is ongoing concern about increased domestic violence.

List of Attachments:

1. FY22 Year-over-Year Midyear Dashboard

Suggested Board Discussion Questions: N/A



Community Benefit FY22 Midyear Grant Metrics Dashboard

- In June 2021, the ECHD Board of Directors approved \$7,546,000 for 57 grants for FY22
- This Dashboard reflects FY22 midyear and two prior years' grant performance
- Grants are organized by three priority areas: Healthy Body, Healthy Mind & Healthy Community; Support Grants (\leq \$30k) are in the second section
- FY22 Metric Data: Columns T – X
- Historical performance: Columns D – S
- See legend in footer for metric performance indicators
 - A dash “ – ” represents either 1) Program is new so no metrics from prior year(s), or 2) New metric, no historical data

Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY22 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																				
			FY20 6-month Target <i>Column D</i>	FY20 6-month Actual <i>Column E</i>	<div><div></div></div>	FY20 6-month Metrics Met <i>Column G</i>	FY20 Annual Target <i>Column H</i>	FY20 Annual Actual <i>Column I</i>	<div><div></div></div>	FY20 Annual Metrics Met <i>Column K</i>	FY21 6-month Target <i>Column L</i>	FY21 6-month Actual <i>Column M</i>	<div><div></div></div>	FY21 6-month Metrics Met <i>Column O</i>	FY21 Annual Target <i>Column P</i>	FY21 Annual Actual <i>Column Q</i>	<div><div></div></div>	FY21 Annual Metrics Met <i>Column S</i>	FY22 6-month Target <i>Column T</i>	FY22 6-month Actual <i>Column U</i>	<div><div></div></div>	FY22 6-month Metrics Met <i>Column W</i>	FY22 Annual Target <i>Column X</i>
<div>HEALTHY BODY</div>	CSA-MV <i>Senior Intensive Case Management</i> FY22 Approved: \$228,000 FY21 Approved: \$210,000 FY21 Spent: \$210,000 FY20 Approved: \$235,000 FY20 Spent: \$218,623 New Metrics: 0 of 5	Older adults served	52	74	<div><div></div></div>	100%	85	86	<div><div></div></div>	100%	50	69	<div><div></div></div>	100%	77	81	<div><div></div></div>	100%	54	85	<div><div></div></div>	100%	88
		Services provided	2,250	2,804	<div><div></div></div>		4,750	5,322	<div><div></div></div>		2,250	4,194	<div><div></div></div>		4,500	9,853	<div><div></div></div>		2,400	5,191	<div><div></div></div>		4,800
		Clients who were not re-hospitalized within 1 - 30 days for reasons related to a chronic health condition	90%	99%	<div><div></div></div>		90%	98%	<div><div></div></div>		90%	100%	<div><div></div></div>		90%	99%	<div><div></div></div>		92%	96%	<div><div></div></div>		92%
		Clients who were not re-hospitalized within 31 - 90 days for reasons related to a chronic health condition	85%	99%	<div><div></div></div>		85%	98%	<div><div></div></div>		85%	100%	<div><div></div></div>		85%	100%	<div><div></div></div>		90%	96%	<div><div></div></div>		90%
		Patients with hypertension who attained or maintained blood pressure <140/90 mmHg or blood pressure goal recommended by physician	65%	72%	<div><div></div></div>		65%	75%	<div><div></div></div>		70%	74%	<div><div></div></div>		70%	76%	<div><div></div></div>		70%	80%	<div><div></div></div>		70%
		Cupertino Union School District <i>School Nurse Program</i> FY22 Approved: \$100,000 FY21 Approved: \$100,000 FY21 Spent: \$100,000 FY20 Approved: \$81,921 FY20 Spent: \$81,921 New Metrics: 2 of 6	Students served	885	889		<div><div></div></div>	100%	1,770		1,640	<div><div></div></div>	100%		800	746	<div><div></div></div>		80%	1,550	1,454	<div><div></div></div>	100%
	Students who failed a health screening who saw a healthcare provider		-	-		-	-			-	-			-	-		25%	27%		<div><div></div></div>	35%		
	Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage		-	-		-	-			-	-			-	-		15%	16%		<div><div></div></div>	30%		
	First grade students out of compliance with required physicals who become compliant		-	-		-	-			N/A	N/A			15%	62%	<div><div></div></div>	N/A	N/A			20%		
	Students in TK, Kindergarten & 7th grade non-compliant with required vaccines who become compliant		-	-		-	-			25%	57%	<div><div></div></div>		50%	87%	<div><div></div></div>	35%	79%		<div><div></div></div>	50%		
	Students who are out compliance with TB testing who become compliant		-	-		-	-			15%	40%	<div><div></div></div>		30%	88%	<div><div></div></div>	20%	80%		<div><div></div></div>	35%		
	Fresh Approach FY22 Approved: \$93,000 FY21 Approved: \$93,000 FY21 Spent: \$93,000 FY20 Approved: \$93,000 FY20 Spent: \$93,000 New Metrics: 1 of 5	Individuals served	1,070	1,749	<div><div></div></div>	100%	2,240	2,359	<div><div></div></div>	25%	451	558	<div><div></div></div>	100%	1,602	1,917	<div><div></div></div>	50%	1,100	301	<div><div></div></div>	0%	2,401
		Mobile Farmers’ Market clients who report increasing their fruits and vegetable consumption by 1 serving per day since starting to shop with this program	N/A	N/A			70%	N/A	<div><div></div></div>		N/A	N/A			70%	50%	<div><div></div></div>		N/A	N/A			70%
		Mobile Farmers’ Market clients who complete surveys will report that they purchase at least 50% of their weekly fruits and vegetables from this mobile market	-	-			-	-			N/A	N/A			75%	60%	<div><div></div></div>		N/A	N/A			75%
		VeggieRx participants who attend 6 or more classes will lose 2% or more of their original body weight	-	-			-	-			-	-			-	-			N/A	N/A			20%
		VeggieRx participants who attend 6 or more classes will report an increase of 1 additional serving of fruits and vegetables per day at the end of the program	-	-			-	-			N/A	N/A			85%	93%	<div><div></div></div>		N/A	N/A			75%
	Healthier Kids Foundation <i>HearingFirst & DentalFirst</i> FY22 Approved: \$40,000 FY21 Approved: \$40,000 FY21 Spent: \$37,380 FY20 Approved: \$40,000 FY20 Spent: \$40,000 New Metrics: 0 of 4	Children dental screened	225	322	<div><div></div></div>	75%	450	385	<div><div></div></div>	50%	225	0	<div><div></div></div>	0%	450	170	<div><div></div></div>	25%	100	203	<div><div></div></div>	75%	450
		Children hearing screened	225	399	<div><div></div></div>		450	417	<div><div></div></div>		N/A	N/A			226	164	<div><div></div></div>		100	199	<div><div></div></div>		450
		Of children dental screened who received a referral, the percent that received and completed appropriate dental services	75%	77%	<div><div></div></div>		75%	60%	<div><div></div></div>		60%	0%	<div><div></div></div>		62%	75%	<div><div></div></div>		60%	17%	<div><div></div></div>		60%
		Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	20%	0%	<div><div></div></div>		35%	41%	<div><div></div></div>		N/A	N/A			30%	0%	<div><div></div></div>		21%	45%	<div><div></div></div>		21%
	Living Classroom FY22 Approved: \$60,000 FY21 Approved: \$ 60,000 FY21 Spent: \$60,000 FY20 Approved: \$78,000 FY20 Spent: \$78,000 New Metrics: 4 of 5	Students served	3,300	3,600	<div><div></div></div>	50%	4,200	4,092	<div><div></div></div>	50%	2,500	2,814	<div><div></div></div>	100%	3,600	3,176	<div><div></div></div>	25%	2,460	2,204	<div><div></div></div>	100%	3,000
		Encounters (Number of student attendance encounters with school-day lessons)	-	-			-	-			-	-			-	-			2460	3724	<div><div></div></div>		8750
		Pounds of produce grown in school gardens for school lunches	-	-			-	-			-	-			-	-			250	259	<div><div></div></div>		1200
		Teacher evaluations that average 4 or higher	-	-			-	-			-	-			-	-			80%	98%	<div><div></div></div>		95%
		Student journaling work that demonstrates a change in eating habits or behavior that shows liking fresh fruits or vegetables more	-	-			-	-			-	-			-	-			N/A	N/A			50%
	Medical Respite FY22 Approved: \$50,000 FY21 Approved: \$80,000 FY21 Spent: \$80,000 FY20 Approved: \$80,000 FY20 Spent: \$80,000 New Metrics: 0 of 3	Patients served in full program	105	94	<div><div></div></div>	100%	190	183	<div><div></div></div>	100%	105	88	<div><div></div></div>	33%	190	188	<div><div></div></div>	100%	90	67	<div><div></div></div>	67%	180
		Hospital days avoided for total program (based on full Medical Respite program)	400	376	<div><div></div></div>		760	732	<div><div></div></div>		400	352	<div><div></div></div>		760	752	<div><div></div></div>		360	268	<div><div></div></div>		720
		Patients linked to Primary Care home	92%	93%	<div><div></div></div>		92%	93%	<div><div></div></div>		92%	93%	<div><div></div></div>		92%	93%	<div><div></div></div>		92%	91%	<div><div></div></div>		92%

Community Benefit Dashboard Notes

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

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

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

N/A

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

Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY22 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																				
			FY20 6-month Target <i>Column D</i>	FY20 6-month Actual <i>Column E</i>	<div><div></div></div>	FY20 6-month Metrics Met <i>Column G</i>	FY20 Annual Target <i>Column H</i>	FY20 Annual Actual <i>Column I</i>	<div><div></div></div>	FY20 Annual Metrics Met <i>Column K</i>	FY21 6-month Target <i>Column L</i>	FY21 6-month Actual <i>Column M</i>	<div><div></div></div>	FY21 6-month Metrics Met <i>Column O</i>	FY21 Annual Target <i>Column P</i>	FY21 Annual Actual <i>Column Q</i>	<div><div></div></div>	FY21 Annual Metrics Met <i>Column S</i>	FY22 6-month Target <i>Column T</i>	FY22 6-month Actual <i>Column U</i>	<div><div></div></div>	FY22 6-month Metrics Met <i>Column W</i>	FY22 Annual Target <i>Column X</i>
<div>HEALTHY BODY</div>	Mountain View Whisman School District <i>School Nurse Program</i> FY22 Approved: \$280,000 FY21 Approved: \$275,000 FY21 Spent: \$275,000 FY20 Approved: \$240,000 FY20 Spent: \$227,614 New Metrics: 0 of 5	Students served	1,950	2,010	●	100%	3,900	4,019	●	25%	1,985	1,811	●	100%	3,970	3,622	●	67%	1,800	1,762	●	100%	3,600
		Students with failed screenings who saw a provider	N/A	N/A			70%	37%	●		N/A	N/A			45%	0%	●		N/A	N/A			45%
		Students needing a Child Health and Disability Program exam who saw a provider	40%	43%	●		60%	53%	●		10%	39%	●		35%	49%	●		30%	36%	●		55%
		Students needing an oral health exam who saw a provider	30%	31%	●		70%	42%	●		10%	16%	●		40%	53%	●		30%	29%	●		60%
		Students who report decreased anxiety levels	N/A	N/A			70%	N/A			N/A	N/A			60%	0%	●		N/A	N/A			75%
	New Directions <i>Coordination of care and connection to safety-net services for homeless and at-risk individuals</i> FY22 Approved: \$220,000 FY21 Approved: \$220,000 FY21 Spent: \$220,000 FY20 Approved: \$180,000 FY20 Spent: \$180,000 New Metrics: 0 of 5	Individuals served	26	27	●	100%	36	40	●	100%	30	24	●	50%	44	47	●	80%	50	95	●	75%	79
		Services provided	520	717	●		900	1,375	●		1,000	772	●		1,400	1,256	●		1,060	798	●		1,700
		Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider	55%	88%	●		75%	81%	●		60%	67%	●		75%	62%	●		70%	71%	●		75%
		Enrolled clients will be connected to and establish services with a minimum of one basic needs benefits program	75%	93%	●		80%	90%	●		75%	71%	●		90%	85%	●		75%	93%	●		95%
		Enrolled patients will complete treatment within twelve months or less	N/A	N/A			95%	93%	●		N/A	N/A			95%	93%	●		N/A	N/A			95%
	On-Site Dental <i>Mobile Dental Services</i> FY22 Approved: \$200,000 FY21 Approved: \$90,000 FY21 Spent: \$90,000 New Metrics: 0 of 4	Individuals served	-	-		New Program in FY21	-	-		New Program in FY21	60	110	●	100%	120	190	●	100%	137	193	●	75%	275
		Services provided, including periodontal and oral cancer screening, dentures, etc.	-	-			-	-			300	320	●		625	729	●		687	552	●		1375
		Patients missing multiple teeth who agree or strongly agree they experienced improved functionality when treatment was completed	-	-			-	-			90%	91%	●		90%	95%	●		91%	100%	●		91%
		Patients who agree or strongly agree accessing oral health services improved their oral health	-	-			-	-			90%	93%	●		90%	90%	●		92%	99%	●		92%
	Pathways FY22 Approved: \$60,000 FY21 Approved: \$60,000 FY21 Spent: \$60,000 FY20 Approved: \$60,000 FY20 Spent: \$60,000 New Metrics: 1 of 4	Patients served	23	38	●	100%	45	71	●	100%	30	35	●	100%	45	87	●	100%	30	43	●	100%	45
		Services provided	173	331	●		338	871	●		225	586	●		340	1,312	●		300	563	●		450
		Home Health 60-day re-hospitalization rate* *Lower percentage desired	-	-			-	-			-	-			-	-			14%	14%	●		
		Hospice patients who report getting as much help with pain as they needed	83%	84%	●		83%	81%	●		75%	82%	●		75%	83%	●		72%	85%	●		75%
	Planned Parenthood Mar Monte - Mountain View Health Center FY22 Approved: \$225,000 FY21 Approved: \$225,000 FY21 Spent: \$225,000 FY20 Approved: \$225,000 FY20 Spent: \$131,446 New Metrics: 0 of 5	Patients served	137	127	●	80%	274	179	●	40%	150	198	●	80%	350	370	●	100%	175	158	●	40%	350
		Visits provided	332	166	●		964	272	●		250	270	●		525	711	●		325	245	●		650
		Primary care patients referred to specialists who receive care within 90 days	50%	48%	●		50%	69%	●		45%	38%	●		45%	70%	●		70%	48%	●		70%
		Hemoglobin A1c of less than 9 for diabetes patients	60%	79%	●		60%	68%	●		55%	66%	●		55%	99%	●		90%	55%	●		90%
		Annual colon cancer screening completed as appropriate for target age group	50%	57%	●		50%	34%	●		50%	47%	●		50%	52%	●		50%	57%	●		50%
	Playworks FY22 Approved: \$200,000 FY21 Approved: \$218,000 FY21 Spent: \$191,841 FY20 Approved: \$216,034 FY20 Spent: \$216,034 New Metrics: 0 of 5	Students served	5,600	5,273	●	100%	5,600	5,172	●	100%	5,150	4,467	●	0%	5,150	4,204	●	80%	4,450	4,467	●	100%	4,450
		Teachers/administrators reporting that Playworks positively impacts school climate	N/A	N/A			95%	100%	●		N/A	N/A			95%	100%	●		N/A	N/A			95%
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	N/A	N/A			90%	100%	●		N/A	N/A			97%	89%	●		N/A	N/A			97%
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	N/A	N/A			95%	100%	●		N/A	N/A			96%	100%	●		N/A	N/A			96%
		Teacher/administrators who agree or strongly agree that Playworks helps increase social awareness and self-regulation	-	-			-	-			N/A	N/A			85%	85%	●		N/A	N/A			88%



Community Benefit Dashboard Notes

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

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

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

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<div>HEALTHY BODY</div> 	Ravenswood Family Health Center/MayView Community Health Center FY22 Approved: \$1,300,000 FY21 Approved: \$1,200,000 FY21 Spent: \$1,200,000 FY20 Approved: \$1,700,000 FY20 Spent: \$1,700,000 New Metrics: 0 of 7	Uninsured patients served	1,260	1,631	●	86%	2,520	2,487	●	100%	1,200	1,708	●	43%	1,575	1,652	●	71%	1,300	1,300	●	57%	1,900
		Patient visits provided (medical and behavioral health)	2,681	3,041	●		5,362	5,239	●		1,560	1,953	●		3,420	3,800	●		2,020	2,160	●		5,650
		Insurance enrollment encounters	-	-			-	-			450	186	●		900	1,200	●		300	142	●		600
		Patients age 50-75 with appropriate Breast Cancer Screening	48%	47%	●		50%	45%	●		45%	39%	●		45%	39%	●		45%	42%	●		45%
		Diabetic patients with HbA1c Levels less than 8 points	61%	63%	●		61%	59%	●		59%	54%	●		59%	63%	●		65%	81%	●		65%
		Patients aged 51-75 years with completed annual colorectal screening	40%	54%	●		45%	48%	●		48%	42%	●		48%	51%	●		55%	47%	●		55%
		Hypertension patients whose blood pressure is less than 140/90 mmHg	80%	71%	●		80%	72%	●		72%	57%	●		72%	48%	●		60%	36%	●		60%
	Santa Clara Valley Medical Center - Mountain View & Sunnyvale FY22 Approved: \$530,000 FY21 Approved: \$750,000 FY21 Spent: \$750,000 FY20 Approved: \$700,000 FY20 Spent: \$700,000 New Metrics: 1 of 5	Individuals served	470	617		80%	870	859		38%	740	818	●	50%	1,170	1,081	●	60%	468	530	●	80%	866
		Encounters provided	1,375	1,343			2,630	2,073			2,660	2,481	●		4,800	5,259	●		1,287	1,147	●		2,457
		Dental patients who will receive prophylactic cleaning	35%	31%	●		40%	31%	●		35%	21%	●		40%	21%	●		20%	30%	●		25%
		Overall decrease in percentage of emergency dental visits* *Lower percentage desired	15%	13% Lower percentage desired	●		12%	17% Lower percentage desired	●		15%	21% Lower percentage desired	●		12%	23% Lower percentage desired	●		21%	16% Lower percentage desired	●		20%
		Reduce no show rate* *Lower percentage desired	-	-			-	-			-	-			-	-			8%	9% Lower percentage desired	●		8%
	Sunnyvale School District FY22 Approved: \$287,000 FY21 Approved: \$285,000 FY21 Spent: \$285,000 FY20 Approved: \$282,000 FY20 Spent: \$282,000 New Metrics: 0 of 5	Students served	2,243	2,252	●	80%	4,450	4,386	●	40%	2,006	2,079	●	100%	4,002	3,979	●	100%	2,069	1,925	●	60%	4,139
		Students with failed vision or hearing screenings who saw their health care provider	52%	28%	●		72%	53%	●		N/A	N/A			30%	75%	●		20%	20%	●		50%
		Students out of compliance with required immunizations become compliant	-	-			-	-			30%	82%	●		70%	96%	●		80%	95%	●		90%
		Kindergarten students who received a well-child exam as measured by the receipt of a completed Child Health and Disability Prevention Program (CHDP) Health Exam for School Entry" Form	33%	45%	●		66%	55%	●		20%	28%	●		40%	59%	●		30%	26%	●		60%
		Students who were assessed for potential not yet identified health needs based upon parent reporting health problem at point of registration	30%	32%	●		60%	54%	●		75%	79%	●		90%	87%	●		80%	25%	●		80%
	Teen Health Van FY22 Approved: \$98,000 FY21 Approved: \$97,000 FY21 Spent: \$97,000 FY20 Approved: \$95,000 FY20 Spent: \$95,000 New Metrics: 2 of 6	Students served	52	58	●	67%	104	92	●	75%	52	110	●	100%	104	106	●	83%	50	141	●	100%	100
		Services provided	209	183	●		418	419	●		225	217	●		450	537	●		200	181	●		400
		Patients receiving catch up vaccinations to be able to enroll in school	-	-			-	-			-	-			-	-			35%	33%	●		75%
		Students who receive recommended vaccines (including influenza and HPV)	-	-			-	-			30%	32%	●		75%	75%	●		30%	30%	●		60%
		Patients who receive social worker consultation, treatment by the medical team, including a psychiatrist, and/or medications, after screening positive for depression	-	-			-	-			-	-			-	-			90%	90%	●		90%
		Students who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A	N/A			60%	62%	●		N/A	N/A			30%	30%	●		N/A	N/A			20%
<div>HEALTHY MIND</div> 	Acknowledge Alliance FY22 Approved: \$50,000 FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 New Metrics: 0 of 4	Individuals served (students and educators)	335	271	●	50%	1,200	598	●	75%	300	448	●	50%	600	1,302	●	75%	300	386	●	100%	600
		Educators who receive resilience support services through one-on-one training, classroom observations, professional development, and/or teacher support groups	33	94	●		100	180	●		75	43	●		125	396	●		81	116	●		162
		Teachers and administrators will increase their use of strategies to promote personal and professional resilience	N/A	N/A			70%	64%	●		N/A	N/A			75%	94%	●		N/A	N/A			80%
		Teachers and administrators will report that the Acknowledge Alliance Resilience Staff worked to promote a positive school climate	N/A	N/A			75%	75%	●		N/A	N/A			75%	65%	●		N/A	N/A			75%
	Avenidas FY22 Approved: \$60,000 FY21 Approved: \$55,000 FY21 Spent: \$55,000 FY20 Approved: \$52,000 FY20 Spent: \$52,000 New Metrics: 0 of 5	Older adults and family members served	83	92	●	100%	103	114	●	100%	75	82	●	100%	92	94	●	100%	81	79	●	100%	100
		Services provided	1,035	1,201	●		1,997	2,181	●		922	904	●		1,801	1,820	●		999	1,004	●		1,950
		Older adults with a history of multiple ER visits do not experience any emergency room visits	-	-			-	-			82%	97%	●		82%	91%	●		85%	78%	●		85%
		Older adults who maintain at least 3 essential Activities of Daily Living	93%	92%	●		93%	93%	●		90%	92%	●		90%	85%	●		90%	81%	●		90%
		Older adults who do not experience a hospital admission	-	-			-	-			80%	92%	●		80%	88%	●		80%	72%	●		80%

Community Benefit Dashboard Notes

●

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

●

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

●

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

N/A

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

Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY22 Metrics <i>Column C</i>	FY20 6-month Target <i>Column D</i>	FY20 6-month Actual <i>Column E</i>	<div><div></div></div>	FY20 6-month Metrics Met <i>Column G</i>	FY20 Annual Target <i>Column H</i>	FY20 Annual Actual <i>Column I</i>	<div><div></div></div>	FY20 Annual Metrics Met <i>Column K</i>	Performance against target: <div><div></div></div> = 90%+ <div><div></div></div> = 75% - 89% <div><div></div></div> = 0% - 74%												
											FY21 6-month Target <i>Column L</i>	FY21 6-month Actual <i>Column M</i>	<div><div></div></div>	FY21 6-month Metrics Met <i>Column O</i>	FY21 Annual Target <i>Column P</i>	FY21 Annual Actual <i>Column Q</i>	<div><div></div></div>	FY21 Annual Metrics Met <i>Column S</i>	FY22 6-month Target <i>Column T</i>	FY22 6-month Actual <i>Column U</i>	<div><div></div></div>	FY22 6-month Metrics Met <i>Column W</i>	FY22 Annual Target <i>Column X</i>
<div></div>	CHAC FY22 Approved: \$280,000 FY21 Approved: \$280,000 FY21 Spent: \$280,000 FY20 Approved: \$280,000 FY20 Spent: \$280,000 New Metrics: 1 of 5	Students served through counseling	350	494	<div><div></div></div>	100%	975	761	<div><div></div></div>	50%	165	169	<div><div></div></div>	50%	438	300	<div><div></div></div>	50%	276	479	<div><div></div></div>	100%	744
		Services hours provided	4,050	3,724	<div><div></div></div>		9,000	7,400	<div><div></div></div>		2,000	1,630	<div><div></div></div>		6,000	4,379	<div><div></div></div>		2,480	4,980	<div><div></div></div>		7,500
		Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	N/A			40%	36%	<div><div></div></div>		N/A	N/A			40%	40%	<div><div></div></div>		N/A	N/A			40%
		Students who improve by at least 3 points from pre-test to post test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report for ages 10 and under	N/A	N/A			50%	38%	<div><div></div></div>		N/A	N/A			40%	50%	<div><div></div></div>		N/A	N/A			40%
		Students served who showed a 15% or better improvement in their level of Social Emotional Learning (SEL) knowledge on survey	-	-			-	-			-	-			-	-			N/A	N/A			70%
	Cupertino Union School District - Mental Health Program FY22 Approved: \$90,000 FY21 Approved: \$90,000 FY21 Spent: \$90,000 New Metrics: 1 of 5	Students served	-	-		New Program in FY21	-	-		New Program in FY21	50	61	<div><div></div></div>	100%	122	125	<div><div></div></div>	100%	45	37	<div><div></div></div>	33%	98
		Service hours provided	-	-			-	-			530	647	<div><div></div></div>		1,305	1,522	<div><div></div></div>		480	594	<div><div></div></div>		1,070
		Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report	-	-			-	-			60%	65%	<div><div></div></div>		80%	80%	<div><div></div></div>		60%	47%	<div><div></div></div>		80%
		Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			N/A	N/A			50%	50%	<div><div></div></div>		N/A	N/A			50%
		Students who improved by at least 3 points from pre-test to post-test on the 40 point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	-	-			-	-			-	-			-	-			N/A	N/A			50%
<div>HEALTHY MIND</div> <div></div>	Law Foundation - Mental Health Advocacy Project FY22 Approved: \$60,000 FY21 Approved: \$60,000 FY21 Spent: \$60,000 FY20 Approved: \$60,000 FY20 Spent: \$60,000 New Metrics: 0 of 5	Individuals served	81	102	<div><div></div></div>	100%	161	172	<div><div></div></div>	100%	90	65	<div><div></div></div>	60%	140	123	<div><div></div></div>	40%	82	59	<div><div></div></div>	50%	165
		Individuals served through representation	27	27			54	50	<div><div></div></div>		30	33	<div><div></div></div>		60	57	<div><div></div></div>		27	34	<div><div></div></div>		55
		Healthcare providers served through educational presentation	54	75			107	122	<div><div></div></div>		60	32	<div><div></div></div>		80	66	<div><div></div></div>		55	25	<div><div></div></div>		110
		Providers receiving training who increase their understanding of their patients' rights to medical benefits and other forms of public assistance	90%	86%	<div><div></div></div>		90%	90%	<div><div></div></div>		90%	100%	<div><div></div></div>		90%	100%	<div><div></div></div>		N/A	N/A			90%
		Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	80%	97%	<div><div></div></div>		80%	89%	<div><div></div></div>		85%	97%	<div><div></div></div>		85%	69%	<div><div></div></div>		90%	100%	<div><div></div></div>		90%
	Los Altos School District FY22 Approved: \$100,000 FY21 Approved: \$100,000 FY21 Spent: \$100,000 FY20 Approved: \$100,000 FY20 Spent: \$100,000 New Metrics: 0 of 4	Students served	50	78	<div><div></div></div>	100%	100	101	<div><div></div></div>	50%	50	32	<div><div></div></div>	0%	100	56	<div><div></div></div>	33%	25	17	<div><div></div></div>	50%	65
		Services hours provided	250	409	<div><div></div></div>		500	629	<div><div></div></div>		250	193	<div><div></div></div>		500	505	<div><div></div></div>		250	257	<div><div></div></div>		500
		Students who improve by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report for students age 11-17	N/A	N/A			50%	21%	<div><div></div></div>		N/A	N/A			50%	12%	<div><div></div></div>		N/A	N/A			50%
		Parents who report improvement in their child by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report for students age 10 and under	-	-			-	-			N/A	N/A			50%	N/A			N/A	N/A			50%
	Momentum for Mental Health FY22 Approved: \$290,000 FY21 Approved: \$270,000 FY21 Spent: \$270,000 FY20 Approved: \$268,140 FY20 Spent: \$268,140 New Metrics: 0 of 5	Patients served	65	88	<div><div></div></div>	100%	118	107	<div><div></div></div>	100%	70	71	<div><div></div></div>	100%	118	86	<div><div></div></div>	40%	71	67	<div><div></div></div>	80%	120
		Services provided	858	842	<div><div></div></div>		1,715	1,754	<div><div></div></div>		858	817	<div><div></div></div>		1,735	1,524	<div><div></div></div>		870	550	<div><div></div></div>		1,764
		Patients who report a reduction of two points or more in PHQ-9 measure severity of depression	-	-			-	-			75%	80%	<div><div></div></div>		85%	70%	<div><div></div></div>		75%	100%	<div><div></div></div>		85%
		Patients who report a reduction of two points or more in Generalized Anxiety Disorder-7 (GAD-7) to measure severity of anxiety	70%	78%	<div><div></div></div>		80%	72%	<div><div></div></div>		70%	75%	<div><div></div></div>		80%	80%	<div><div></div></div>		70%	100%	<div><div></div></div>		80%
		Patients who avoid psychiatric hospitalization for 12 months after admission	97%	100%	<div><div></div></div>		97%	100%	<div><div></div></div>		97%	100%	<div><div></div></div>		97%	100%	<div><div></div></div>		97%	100%	<div><div></div></div>		97%
	Mountain View Los Altos High School District FY22 Approved: \$160,000 FY21 Approved: \$160,000 FY21 Spent: \$160,000 FY20 Approved: \$160,000 FY20 Spent: \$160,000 New Metrics: 0 of 6	Students served	75	144	<div><div></div></div>	100%	150	200	<div><div></div></div>	40%	75	94	<div><div></div></div>	100%	150	169	<div><div></div></div>	100%	50	38	<div><div></div></div>	0%	100
		Hours of services provided	1,260	1,192	<div><div></div></div>		2,520	2,196	<div><div></div></div>		1,200	1,323	<div><div></div></div>		2,400	2,522	<div><div></div></div>		600	519	<div><div></div></div>		1,200
		Decrease the interference of psychosis/impulsivity/ depression / anxiety / opposition / conduct / anger / substance abuse / or trauma on functioning by more than or equal to 25%	-	-			-	-			N/A	N/A			60%	66%	<div><div></div></div>		N/A	N/A			50%
		Reduced frequency/quantity of high risk behavior by at least 25% on the CANS 50 assessment, among students with high risk behaviors	N/A	N/A			75%	19%	<div><div></div></div>		N/A	N/A			25%	33%	<div><div></div></div>		N/A	N/A			50%
		Decreased suicidal thoughts and feelings by at least 25% on the CANS 50 assessment, among students served with suicidal thoughts and feelings	N/A	N/A			75%	80%	<div><div></div></div>		-	-			-	-			N/A	N/A			50%
		Increased use of coping skills for trauma/ depression/anxiety/anger by at least 25% on the CANS 50 assessment, among students served with trauma, depression, anxiety, and/or anger	N/A	N/A			75%	54%	<div><div></div></div>		N/A	N/A			50%	50%	<div><div></div></div>		N/A	N/A			50%

Community Benefit Dashboard Notes



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Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY22 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																				
			FY20 6-month Target <i>Column D</i>	FY20 6-month Actual <i>Column E</i>	<div><div></div><div></div><div></div></div>	FY20 6-month Metrics Met <i>Column G</i>	FY20 Annual Target <i>Column H</i>	FY20 Annual Actual <i>Column I</i>	<div><div></div><div></div><div></div></div>	FY20 Annual Metrics Met <i>Column K</i>	FY21 6-month Target <i>Column L</i>	FY21 6-month Actual <i>Column M</i>	<div><div></div><div></div><div></div></div>	FY21 6-month Metrics Met <i>Column O</i>	FY21 Annual Target <i>Column P</i>	FY21 Annual Actual <i>Column Q</i>	<div><div></div><div></div><div></div></div>	FY21 Annual Metrics Met <i>Column S</i>	FY22 6-month Target <i>Column T</i>	FY22 6-month Actual <i>Column U</i>	<div><div></div><div></div><div></div></div>	FY22 6-month Metrics Met <i>Column W</i>	FY22 Annual Target <i>Column X</i>
<div><div>HEALTHY MIND</div></div>	NAMI SCC (National Alliance on Mental Illness) FY22 Approved: \$100,000 FY21 Approved: \$75,000 FY21 Spent: \$73,165 FY20 Approved: \$75,000 FY20 Spent: \$65,376 New Metrics: 0 of 5	Participants	31	27	●	40%	62	51	●	40%	27	18	●	40%	55	60	●	100%	35	34	●	60%	70
		Peer PALS and Peer Mentors visits	527	450	●		1,054	907	●		467	301	●		935	1,005	●		595	476	●		1,190
		Peer PALS and Peer Mentors phone calls	1,054	912	●		2,108	1,814	●		935	625	●		1,870	2,065	●		1,190	988	●		2,380
		Participants reporting that the program helped them feel more hopeful about their futures and their recovery	75%	75%	●		75%	83%	●		75%	90%	●		75%	84%	●		75%	89%	●		75%
		Participants reporting that the program helped them be more compliant with their treatment plan	80%	85%	●		80%	93%	●		80%	98%	●		80%	95%	●		80%	95%	●		80%
		Individuals served	-	-			New Program in FY22	-	-			New Program in FY22	-		-		New Program in FY22		-	-			New Program in FY22
	Encounters provided	-	-		-	-			-	-			-	-		150		292	●	288			
	Participants report therapist was knowledgeable and communicated effectively	-	-		-	-			-	-			-	-		80%		94%	●	80%			
	Participants who would recommend the workshop to a friend	-	-		-	-			-	-			-	-		80%		96%	●	80%			
	Participants who learn anything useful that help them as a parent of a child with special needs	-	-		-	-			-	-			-	-		80%		95%	●	80%			
	Individuals served	14	13	●	100%	37		33	●	80%	10		21	●	40%	33		28	●	20%	15	15	
	Counseling sessions provided	56	93	●		148	212	●	40		157	●	132	266		●	75	103	●		75		
	Individuals who increase their knowledge of trauma and the effects of trauma on their lives	80%	84%	●		80%	99%	●	80%		0%	●	80%	14%		●	80%	93%	●		80%		
	Individuals who experience a reduction of trauma symptoms	60%	62%	●		60%	79%	●	60%		0%	●	60%	12%		●	70%	87%	●		70%		
	Individuals who report they would be willing to seek counseling in the future	60%	77%	●		60%	79%	●	60%		0%	●	60%	15%		●	70%	100%	●		70%		
Individuals served	-	-		New Program in FY21		-	-		New Program in FY21		326	229	●	0%		651	651	●	100%		300	289	●
Services provided	-	-			-	-		978		721	●	1,953	1,953		●	599	601	●		1,797			
Participants who retain stable housing for at least 6-months	-	-			-	-		-		-		-	-			N/A	N/A			90%			
Clients who report being satisfied or very satisfied with housing navigation	-	-			-	-		N/A		N/A		75%	82%		●	N/A	N/A			75%			
<div><div>HEALTHY COMMUNITY</div></div>	American Heart Association <i>Health Screenings and Check-Change. Control Program</i> FY22 Approved: \$110,000 FY21 Approved: \$110,000 FY21 Spent: \$101,113 FY20 Approved: \$110,000 FY20 Spent: \$94,825 New Metrics: 0 of 6	Participants reached through education and community screenings	400	504	●	67%	1,100	809	●	50%	200	3,465	●	40%	900	4,498	●	50%	130	124	●	80%	730
		Individuals served through Check.Change.Control blood pressure program	100	85	●		200	180	●		200	138	●		400	299	●		120	124	●		210
		Heart Health Hub events coordinated	4	5	●		8	7	●		N/A	N/A			4	0	●		N/A	N/A			4
		Participants who improve blood pressure by 10mmHg	30%	33%	●		30%	33%	●		30%	25%	●		30%	26%	●		40%	34%	●		40%
		Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program	50%	40%	●		50%	40%	●		50%	43%	●		50%	66%	●		60%	70%	●		60%
		Participants who report adopting healthy behaviors to improve blood pressure by self-reporting increased fruits and vegetables consumption	30%	27%	●		30%	27%	●		30%	68%	●		30%	84%	●		40%	68%	●		40%
	Caminar (Family & Children Services) FY22 Approved: \$60,000 FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 New Metrics: 0 of 5	Individuals served	40	33	●	80%	90	50	●	80%	25	47	●	100%	50	57	●	100%	30	46	●	100%	60
		Service units provided (counseling, support groups, advocacy, and education)	375	351	●		700	708	●		200	377	●		453	586	●		350	516	●		700
		Participants will maintain or improve their economic security	55%	60%	●		60%	94%	●		N/A	N/A			60%	54%	●		60%	75%	●		60%
		Participants who report that services are helpful to their healing process	80%	95%	●		80%	94%	●		N/A	N/A			85%	82%	●		85%	95%	●		85%
		Counseling/advocacy beneficiaries who will report increased knowledge of domestic violence and safety strategies	90%	98%	●		90%	100%	●		N/A	N/A			90%	90%	●		90%	97%	●		90%
	Columbia Neighborhood Center <i>Healthy Habits & Practices: A Fitness & Cooking Program for Low-Income Families and Youth</i> FY22 Approved: \$35,000 FY21 Approved: \$25,000 FY21 Spent: \$25,000 FY20 Approved: \$24,500 FY20 Spent: \$16,206 New Metrics: 3 of 4	Individuals served	57	41	●	0%	124	66	●	0%	20	25	●	100%	65	104	●	100%	20	27	●	100%	57
		Services provided (fitness and cooking classes)	-	-			-	-			-	-			-	-			200	246	●		684
		Participants who report at least a 45 minute weekly increase in moderate to strenuous physical activity as assessed by pre/post survey.	-	-			-	-			-	-			-	-			75%	75%	●		80%
		Participants who report increasing their home cooked meals/snacks by at least two per week for a month.	-	-			-	-			-	-			-	-			60%	89%	●		80%

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Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY22 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%																				
			FY20 6-month Target <i>Column D</i>	FY20 6-month Actual <i>Column E</i>	<div><div></div></div>	FY20 6-month Metrics Met <i>Column G</i>	FY20 Annual Target <i>Column H</i>	FY20 Annual Actual <i>Column I</i>	<div><div></div></div>	FY20 Annual Metrics Met <i>Column K</i>	FY21 6-month Target <i>Column L</i>	FY21 6-month Actual <i>Column M</i>	<div><div></div></div>	FY21 6-month Metrics Met <i>Column O</i>	FY21 Annual Target <i>Column P</i>	FY21 Annual Actual <i>Column Q</i>	<div><div></div></div>	FY21 Annual Metrics Met <i>Column S</i>	FY22 6-month Target <i>Column T</i>	FY22 6-month Actual <i>Column U</i>	<div><div></div></div>	FY22 6-month Metrics Met <i>Column W</i>	FY22 Annual Target <i>Column X</i>
<div>HEALTHY COMMUNITY</div> 	Chinese Health Initiative FY22 Approved: \$267,000 FY21 Approved: \$269,030 FY21 Spent: \$248,831 FY20 Approved: \$235,000 FY20 Spent: \$178,402 New Metrics: 1 of 5	Individuals served	375	339	<div><div></div></div>	67%	922	939	<div><div></div></div>	100%	410	522	<div><div></div></div>	100%	1,025	1,192	<div><div></div></div>	100%	553	808	<div><div></div></div>	100%	1,335
		Services provided	700	584	<div><div></div></div>		1,666	1,674	<div><div></div></div>		760	1,779	<div><div></div></div>		1,900	3,248	<div><div></div></div>		1,275	1,946	<div><div></div></div>		2,857
		Healthy Habits, Healthy Lifestyle participants who are very motivated or motivated to make lifestyle change on exercise, diet, sleep or stress-reduction	-	-			-	-			-	-			-	-			80%	95%	<div><div></div></div>		80%
		Participants who strongly agree or agree that dietitian consultations help them improve their eating habits	-	-			-	-			85%	98%	<div><div></div></div>		85%	96%	<div><div></div></div>		95%	96%	<div><div></div></div>		95%
		Participants who strongly agree or agree that the program’s health education or screening helps them better manage their health	N/A	N/A			92%	91%	<div><div></div></div>		N/A	N/A			92%	94%	<div><div></div></div>		94%	94%	<div><div></div></div>		94%
	Falls Prevention Program <i>Farewell to Falls and Matter of Balance programs combined into this single grant in FY22</i> FY22 Approved: \$46,100 Farewell to Falls FY21 Approved: \$35,000 FY21 Spent: \$23,076 FY20 Approved: \$31,800 FY20 Spent: \$24,294 Matter of Balance FY21 Approved: \$15,500 FY21 Spent: \$15,500 FY20 Approved: \$15,500 FY20 Spent: \$13,399 New Metrics: 4 of 6	Older adults served	28	33	<div><div></div></div>	67%	73	57	<div><div></div></div>	33%	30	18	<div><div></div></div>	67%	65	43	<div><div></div></div>	67%	59	57	<div><div></div></div>	83%	128
		Services provided	-	-			-	-			-	-			-	-			424	411	<div><div></div></div>		1298
		Older adults who make home modifications as recommended by Occupational Therapist during appointment	-	-			-	-			-	-			-	-			57%	55%	<div><div></div></div>		57%
		Older adults participants who feel more comfortable talking to family or friends about falling after having completed the Bingocize class	-	-			-	-			-	-			-	-			65%	77%	<div><div></div></div>		65%
		Older adult participants who feel more comfortable talking to family or friends about falling after completing the a Matter of Balance program	-	-			-	-			-	-			-	-			75%	100%	<div><div></div></div>		75%
		Older adults who did not have an injurious fall requiring medical attention	75%	92%	<div><div></div></div>		75%	86%	<div><div></div></div>		75%	85%	<div><div></div></div>		75%	90%	<div><div></div></div>		75%	55%	<div><div></div></div>		75%
	HLRC - MV FY22 Approved: \$200,000 FY21 Approved: \$210,000 FY21 Spent: \$211,853 FY20 Approved: \$210,000 FY20 Spent: \$159,286 New Metrics: 0 of 4	Individuals served	8,428	9,161	<div><div></div></div>	100%	15,899	14,911	<div><div></div></div>	100%	4,000	5,876	<div><div></div></div>	75%	8,000	10,321	<div><div></div></div>	75%	3,000	5,237	<div><div></div></div>	100%	6,000
		Health consultations provided	112	125	<div><div></div></div>		212	258	<div><div></div></div>		43	17	<div><div></div></div>		86	41	<div><div></div></div>		25	37	<div><div></div></div>		50
		Community members who strongly agree or agree that library services have been valuable in helping me manage my health or that of a friend or family member	57%	64%	<div><div></div></div>		57%	78%	<div><div></div></div>		65%	95%	<div><div></div></div>		65%	77%	<div><div></div></div>		65%	96%	<div><div></div></div>		65%
		Community members who strongly agree or agree that library information is appropriate for my needs	80%	73%	<div><div></div></div>		80%	94%	<div><div></div></div>		80%	98%	<div><div></div></div>		80%	97%	<div><div></div></div>		80%	96%	<div><div></div></div>		80%
	LifeMoves FY22 Approved: \$160,000 New Metrics: N/A	Individuals served	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	75	82	<div><div></div></div>	100%	160
		Services provided	-	-			-	-			-	-			-	-			365	346	<div><div></div></div>		820
		Clients who attend at least three individual therapy sessions who report improved functioning and well-being	-	-			-	-			-	-			-	-			N/A	N/A			85%
		Clients who learned how trauma affects themselves and their family	-	-			-	-			-	-			-	-			N/A	N/A			75%
		LVN clients will report feeling improved health due to medication management and other support with health care services	-	-			-	-			-	-			-	-			N/A	N/A			75%
	Maitri FY22 Approved: \$50,000 FY21 Approved: \$50,000 FY21 Spent: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 New Metrics: 0 of 5	Adults served	12	13	<div><div></div></div>	100%	30	32	<div><div></div></div>	100%	22	24	<div><div></div></div>	80%	45	45	<div><div></div></div>	100%	22	35	<div><div></div></div>	100%	50
		Services provided	47	48	<div><div></div></div>		90	95	<div><div></div></div>		48	53	<div><div></div></div>		95	100	<div><div></div></div>		45	45	<div><div></div></div>		95
		Legal clients who report increased awareness of their legal rights	75%	75%	<div><div></div></div>		75%	80%	<div><div></div></div>		75%	80%	<div><div></div></div>		75%	80%	<div><div></div></div>		75%	92%	<div><div></div></div>		75%
		Crisis callers will benefit from a safety plan to increase their safety	75%	72%	<div><div></div></div>		75%	90%	<div><div></div></div>		75%	74%	<div><div></div></div>		75%	74%	<div><div></div></div>		75%	69%	<div><div></div></div>		75%
		Clients will achieve their economic security goals, which may include finding a job, taking educational courses, or becoming more financially literate	70%	75%	<div><div></div></div>		70%	76%	<div><div></div></div>		70%	57%	<div><div></div></div>		70%	65%	<div><div></div></div>		70%	75%	<div><div></div></div>		70%
	RoadRunners - MV FY22 Approved: \$200,000 FY21 Approved: \$240,000 FY21 Spent: \$199,629 FY20 Approved: \$230,000 FY20 Spent: \$204,760 New Metrics: 0 of 4	Individuals served	575	614	<div><div></div></div>	100%	1,150	904	<div><div></div></div>	75%	300	439	<div><div></div></div>	50%	600	543	<div><div></div></div>	75%	200	286	<div><div></div></div>	100%	450
		Services provided	4,519	5,821	<div><div></div></div>		9,038	8,590	<div><div></div></div>		3,500	2,549	<div><div></div></div>		7,000	5,898	<div><div></div></div>		1,600	4,061	<div><div></div></div>		5,300
		Older adults who strongly agree or agree that services helped in maintaining their independence	90%	95%	<div><div></div></div>		90%	94%	<div><div></div></div>		91%	90%	<div><div></div></div>		91%	91%	<div><div></div></div>		91%	94%	<div><div></div></div>		91%
Older adults who strongly agree or agree that services made it possible to get to their medical appointments		95%	93%	<div><div></div></div>	95%		91%	<div><div></div></div>	95%		84%	<div><div></div></div>	95%		95%	<div><div></div></div>	95%		100%	<div><div></div></div>	95%		

Community Benefit Dashboard Notes


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

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

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

N/A

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Health Priority Area <i>Column A</i>	Partner <i>Column B</i>	FY22 Metrics <i>Column C</i>	Performance against target: 🟢 = 90%+ 🟡 = 75% - 89% 🔴 = 0% - 74%																				
			FY20 6-month Target <i>Column D</i>	FY20 6-month Actual <i>Column E</i>	<div><div></div><div></div><div></div></div>	FY20 6-month Metrics Met <i>Column G</i>	FY20 Annual Target <i>Column H</i>	FY20 Annual Actual <i>Column I</i>	<div><div></div><div></div><div></div></div>	FY20 Annual Metrics Met <i>Column K</i>	FY21 6-month Target <i>Column L</i>	FY21 6-month Actual <i>Column M</i>	<div><div></div><div></div><div></div></div>	FY21 6-month Metrics Met <i>Column O</i>	FY21 Annual Target <i>Column P</i>	FY21 Annual Actual <i>Column Q</i>	<div><div></div><div></div><div></div></div>	FY21 Annual Metrics Met <i>Column S</i>	FY22 6-month Target <i>Column T</i>	FY22 6-month Actual <i>Column U</i>	<div><div></div><div></div><div></div></div>	FY22 6-month Metrics Met <i>Column W</i>	FY22 Annual Target <i>Column X</i>
<div>HEALTHY COMMUNITY</div> <div></div>	Second Harvest Food Bank FY22 Approved: \$90,000 New Metrics: N/A	Individuals served (unduplicated)	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	720	3,496		100%	1,440
		Food distribution to food insecure clients	-	-			-	-			-	-			-	-			256,500	597,287			513,000
		Food insecure clients who report preparing at least one new recipe using the nutritious foods from the distribution	-	-			-	-			-	-			-	-			15%	65%			15%
		Food insecure clients who report trying at least one new produce item from the distribution	-	-			-	-			-	-			-	-			35%	59%			35%
	South Asian Heart Center FY22 Approved: \$300,000 FY21 Approved: \$210,000 FY21 Spent: \$210,001 FY20 Approved: \$140,000 FY20 Spent: \$116,669 New Metrics: 0 of 6	Individuals served	77	84		100%	154	192		100%	125	136		100%	280	322		67%	180	208		100%	450
		Services provided	420	459			840	1,056			680	738			1,450	1,639			975	1,086			2,075
		Improvement in average level of weekly physical activity from baseline	20%	19%			21%	21%			21%	20%			21%	20%			21%	20%			21%
		Improvement in average levels of daily servings of vegetables from baseline	19%	20%			20%	19%			20%	19%			20%	20%			20%	18%			20%
		Improvement in levels of HDL-C as measured by follow-up lab test	5%	5%			5%	5%			5%	5%			6%	5%			5%	5%			5%
		Improvement in cholesterol ratio as measured by follow-up lab test	6%	7%			6%	6%			6%	6%			7%	6%			6%	6%			6%
	Sunnyvale Community Services <i>Social Work Case Mgmt. & Homebound Client Services</i> FY22 Approved: \$187, 000 FY21 Approved: \$154,000 FY21 Spent: \$154,000 FY20 Approved: \$153,344* FY20 Spent: \$153,344 New Metrics: 0 of 5 *FY20 funding included the addition of Homebound Client Services combined with Social Work Case Management	Individuals served	120	76		50%	196	215		100%	120	108		75%	196	205		100%	75	130		100%	197
		Services provided (case management and homebound client services)	410	277			824	833			410	303			824	843			348	577			846
		Participants whose scores on the Step Up Silicon Valley Self-Sufficiency Measure improve to an average of 3.0 or higher six months after entering Case Management	-	-			-	-			80%	N/A			80%	80%			80%	77%			80%
		Sheltered clients who maintain housing for 60 days after financial assistance and referrals	90%	100%			90%	90%			90%	100%			90%	96%			90%	97%			90%
		Homebound client participants who are connected to appropriate benefits programs, support programs and resources	70%	75%			70%	90%			70%	74%			70%	85%			70%	77%			70%
	Sunnyvale Community Services <i>Emergency Assistance</i> FY22 Approved: \$75,000 FY21 Approved: \$65,000 FY21 Spent: \$65,000 FY20 Approved: \$65,000 FY20 Spent: \$65,000 New Metrics: 0 of 3	Individuals served	18	18		100%	30	27		100%	60	38		50%	100	90		100%	60	31		67%	100
		Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	80%	100%			80%	89%			80%	100%			80%	94%			80%	88%			80%
		Homebound recipients of ECHD financial aid who are able to continue living independently	-	-			-	-			N/A	N/A			85%	100%			85%	100%			85%
	YMCA FY22 Approved: \$65,000 FY21 Approved: \$65,000 FY21 Spent: \$65,000 FY20 Approved: \$70,000 FY20 Spent: \$70,000 New Metrics: 0 of 3	Youth served (K-8)	330	328		33%	600	605		33%	275	227		67%	400	447		100%	275	259		100%	405
		Families who agree or strongly that their children were more physically active after attending camp	95%	82%			95%	83%			85%	83%			85%	83%			85%	83%			85%
		Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp	85%	71%			85%	66%			85%	81%			85%	81%			85%	81%			85%

Community Benefit Dashboard Notes

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Support Grants ≤ \$30,000																							
<div>HEALTHY BODY</div>	5-2-1-0 (Small Grant) FY22 Approved: \$25,000 FY21 Approved: \$30,000 FY21 Spent: \$14,885 FY20 Approved: \$25,000 FY20 Spent: \$22,942	Students served	3,500	3,211	<div><div></div><div></div><div></div></div>	100%	6,000	3,429	<div><div></div><div></div><div></div></div>	0%	2,750	598	<div><div></div><div></div><div></div></div>	0%	4,750	517	<div><div></div><div></div><div></div></div>	0%	1,120	543	<div><div></div><div></div><div></div></div>	0%	2,240
	BAWSI BAWSI Girls (Small Grant) FY22 Approved: \$17,000 FY21 Approved: \$19,500 FY21 Spent: \$19,500 FY20 Approved: \$19,500 FY20 Spent: \$19,500	Youth served	60	51	<div><div></div><div></div><div></div></div>	0%	125	83	<div><div></div><div></div><div></div></div>	0%	45	8	<div><div></div><div></div><div></div></div>	0%	90	11	<div><div></div><div></div><div></div></div>	0%	40	52	<div><div></div><div></div><div></div></div>	100%	80
	BAWSI BAWSI Rollers (Small Grant) FY22 Approved: \$18,000 FY21 Approved: \$15,000 FY21 Spent: \$15,000 FY20 Approved: \$15,000 FY20 Spent: \$15,000	Youth served	18	14	<div><div></div><div></div><div></div></div>	0%	18	19	<div><div></div><div></div><div></div></div>	100%	20	12	<div><div></div><div></div><div></div></div>	0%	20	12	<div><div></div><div></div><div></div></div>	0%	15	13	<div><div></div><div></div><div></div></div>	0%	15
	Breathe California Seniors Breathe Easy (Small Grant) FY22 Approved: \$25,000 FY21 Approved: \$25,000 FY21 Spent: \$23,077 FY20 Approved: \$20,000 FY20 Spent: \$20,000	Older adults served	320	423	<div><div></div><div></div><div></div></div>	100%	800	559	<div><div></div><div></div><div></div></div>	0%	150	506	<div><div></div><div></div><div></div></div>	100%	500	1,457	<div><div></div><div></div><div></div></div>	100%	400	190	<div><div></div><div></div><div></div></div>	0%	1,000
	Day Worker Center (Small Grant) FY22 Approved: \$30,000 FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000	Individuals served with nutritious meals	350	283	<div><div></div><div></div><div></div></div>	0%	500	455	<div><div></div><div></div><div></div></div>	100%	147	183	<div><div></div><div></div><div></div></div>	100%	221	205	<div><div></div><div></div><div></div></div>	100%	200	206	<div><div></div><div></div><div></div></div>	100%	205
	Hope's Corner (Small Grant) FY22 Approved: \$30,000 FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000	Low-income and homeless individuals served	275	275	<div><div></div><div></div><div></div></div>	100%	290	450	<div><div></div><div></div><div></div></div>	100%	425	886	<div><div></div><div></div><div></div></div>	100%	425	934	<div><div></div><div></div><div></div></div>	100%	900	991	<div><div></div><div></div><div></div></div>	100%	950
	Virtual PrEP (Small Grant) FY22 Approved: \$20,000 New Metrics: N/A	Individuals served	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	4	2	<div><div></div><div></div><div></div></div>	0%	8
	Vista Center (Small Grant) FY22 Approved: \$30,000 FY21 Approved: \$30,000 FY21 Spent: \$30,000 FY20 Approved: \$30,000 FY20 Spent: \$30,000	Individuals served	16	19	<div><div></div><div></div><div></div></div>	100%	40	41	<div><div></div><div></div><div></div></div>	100%	18	22	<div><div></div><div></div><div></div></div>	100%	38	39	<div><div></div><div></div><div></div></div>	100%	20	20	<div><div></div><div></div><div></div></div>	100%	38

Community Benefit Dashboard Notes



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Support Grants ≤ \$30,000 (Continued)																							
<div>HEALTHY MIND</div> <div></div>	<div>EDRC (Small Grant)</div> <div>FY22 Approved: \$25,000 FY21 Approved: \$22,500 FY21 Spent: \$22,500 FY20 Approved: \$20,000 FY20 Spent: \$20,000</div>	Individuals served	148	135	<div><div></div></div>	100%	296	267	<div><div></div></div>	100%	143	138	<div><div></div></div>	100%	286	167	<div><div></div></div>	100%	85	77	<div><div></div></div>	100%	170
	<div>Kara (Small Grant)</div> <div>FY22 Approved: \$20,000 New Metric: N/A</div>	Individuals served	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	45	35	<div><div></div></div>	0%	95
	<div>Mission Be (Small Grant)</div> <div>FY22 Approved: \$29,900 FY21 Approved: \$29,989 FY21 Spent: \$29,989 FY20 Approved: \$25,000 FY20 Spent: \$25,000</div>	Individuals served	240	200	<div><div></div></div>	0%	475	619	<div><div></div></div>	100%	245	560	<div><div></div></div>	100%	540	782	<div><div></div></div>	100%	250	485	<div><div></div></div>	100%	631
	<div>Project Safety Net (Small Grant)</div> <div>FY22 Approved: \$20,000 New Metric: N/A</div>	Individuals served	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	N/A	N/A			25
	<div>MVPD - Dreams and Futures Camp (Small Grant)</div> <div>FY22 Approved: \$25,000 FY21 Approved: \$25,000 FY21 Spent: \$7,676 FY20 Approved: \$25,000 FY20 Spent: \$25,000</div>	Youth served	40	40	<div><div></div></div>	100%	85	102	<div><div></div></div>	100%	40	83	<div><div></div></div>	100%	85	83	<div><div></div></div>	100%	85	88	<div><div></div></div>	100%	85
<div>HEALTHY COMMUNITY</div> <div></div>	<div>Silicon Valley Bicycle Coalition (Small Grant)</div> <div>FY22 Approved: \$25,000 New Metric: N/A</div>	Individuals served	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	-	-		New Program in FY22	75	48	<div><div></div></div>	0%	250
	<div>WomenSV (Small Grant)</div> <div>FY22 Approved: \$30,000 FY21 Approved: \$30,000 FY21 Spent: \$30,000</div>	Individuals served	-	-		New Program in FY21	-	-		New Program in FY21	20	29	<div><div></div></div>	100%	40	53	<div><div></div></div>	100%	20	20	<div><div></div></div>	100%	40

Community Benefit Dashboard Notes

●

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

●

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

●

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

N/A

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

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

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

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

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



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: May 17, 2022
Subject: Community Benefit Sponsorships

Purpose:

To provide the Board with FY22 ECHD Sponsorships April 2022 – May 2022.

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 Relations & Community Partnerships).
 - Community Benefit-funded Sponsorships provide general support for health-related agencies improving the well-being of the community.
 - Community Benefit Sponsorships from **April 1, 2022- May 31, 2022** totaled **\$17,000** for the following agencies:
 - o Pacific Stroke Association
 - o Healthier Kids Foundation
 - o Mountain View Senior Center
 - o Community Services Association of Mountain View & Los Altos
 - o BAWSI
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 MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Jon Cowan, Senior Director, Government Relations & Community Partnerships
Date: May 17, 2022
Subject: FY23 Community Benefit Plan Study Session

Purpose: To provide the Board with an opportunity to discuss Community Benefit grant processes.

Summary:

1. **Situation:** To provide 1) additional information about the FY23 Community Benefit grant recommendation process for Board discussion and 2) an opportunity to provide staff with full Board direction.
2. **Authority:** Board requested a Study Session to further focus on next fiscal year's grant portfolio and grant recommendation process.
3. **Background:** Board requested additional information on decision-making process for funding recommendations.

FY23 Summary:

- 68 proposals requested: \$10,669,165
- 57 proposals recommended for funding: \$7,640,000
 - Total unfunded: \$3,029,165

Grant Proposal Timeline:

- 12/14/21: ECHD CB Grant Guide and FY23 application released online with community/grantee notification; submission deadline: 2/25/22
- March – April: Staff proposal assessment and summary development (*see FY23 Proposal Index and Summaries*) with funding recommendations
- 4/13/22: Community Benefit Advisory Council (CBAC) proposal meeting

4. **Assessment:** N/A
5. **Other Reviews:** CBAC provided funding recommendation consensus reflected on the Proposal Index and Summaries.
6. **Outcomes:** N/A

List of Attachments:

1. FY23 Proposal Index and Summaries
2. Dual Funded Programs Summary

Suggested Board Discussion Questions: N/A



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

Study Session: FY23 ECHD Community Benefit Plan

Jon Cowan

Senior Director, Government Relations & Community Partnerships

May 17, 2022

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



Guiding Principles for Evaluating and Prioritizing Appropriateness of Grant Proposals

Required

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

Preferred

5. Aim to reflect the diversity of El Camino Healthcare District's targeted geography
6. Focus on operational programmatic costs for service delivery, over capital campaigns. Do not fund drives or political initiatives
7. Emphasize locally focused vs. national organizations
8. Emphasize the most effective and impactful programs while welcoming new and innovative applicants



ECHD Ranked & Prioritized Health Needs

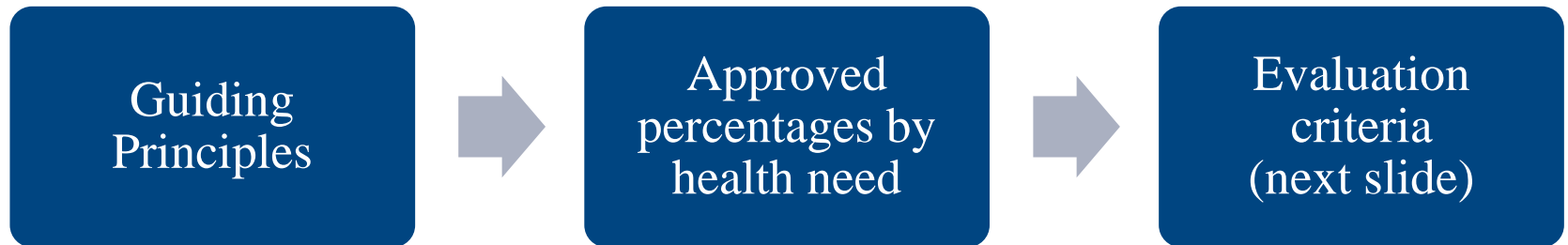
Health Need	FY21 Approved	FY22 Approved	FY23 Approved
Healthcare Access & Delivery (including oral health)	56%	56%	~50%
Behavioral Health (including domestic violence trauma)	23%	23%	~25%
Diabetes & Obesity	8%	9%	~15%
Chronic Conditions (other than Diabetes & Obesity)	5%	5%	~5%
Economic Stability (including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

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



Proposal Evaluation Process

Top three factors that are referenced during the grant evaluation process



Proposal Evaluation Criteria

Proposals are evaluated by:

- Alignment with ECHD priorities
- Addressing community needs
- Applicant capability
- Proposal quality
- Impact and evaluation plan
- Budget request
- Evidence-based programming
- Financial need of applicant
- Brand alignment (i.e. will not reflect negatively on reputation, brand)

Proposals are also evaluated in context of those in each health need, then grouped by their proximity to the median for review in the grant index.



FY23 Summary of Proposal Portfolio

68

Proposals

Requested

\$10.7M

14% increase

\$7.6M

Available



FY23 Proposals by Health Need

	Health Need	FY22 Approved	FY22 %	FY23 Proposed	FY23 %
Healthcare Access & Delivery (including oral health)	Healthcare Access & Delivery	\$3.378 million	45%	\$3.124 million	41%
	Oral Health	\$850,000	11%	\$756,200	10%
Behavioral Health (including domestic violence trauma)	Behavioral Health	\$1.524 million	20%	\$1.635 million	22%
	Domestic Violence	\$215,000	3%	\$245,000	3%
Diabetes & Obesity	Diabetes & Obesity	\$694,000	9%	\$1.089 million	14%
Chronic Conditions (other than Diabetes & Obesity)	Chronic Conditions (other than Diabetes & Obesity)	\$394,000	5%	\$393,000	5%
Economic Stability (including housing & food)	Economic Stability	\$386,000	5%	\$397,000	5%
Total		\$7.546 million		\$7.640 million	

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



FY23 Strategy Highlights

- **Diabetes and Obesity-** Categorical funding increase approved due to demonstrated need in the CHNA
- **School Behavioral Health-** Programs received increases in response to the high volume and acuity of needs in their student populations
- **Community Service Agencies-** Continued investment as they fill significant community needs in response to the pandemic
- **Staff Innovation Grants-** A solution for addressing community needs as they are identified in the hospital, and for providing a framework for improved coordination between the hospital and community organizations



FY23 Strategy Highlights (continued)

- Applications for new programs- 15

Recommended for funding

- Caminar – LGBTQ+
- City of Sunnyvale/Sunnyvale Senior Center
- El Camino Health – Behavioral Health Navigator
- El Camino Health – Post Discharge Navigator
- Friends for Youth
- My Digital TAT2
- Via Services

Not recommended for funding

- AbilityPath
- El Camino Hospital - Prenatal Diagnostic Center
- Emotions in Harmony
- Family Alliance for Counseling Tools & Resolution
- Health Mobile (recommending funding in ECH)
- Senior Inclusion and Participation Project
- The Health Trust
- The Sunnyvale Police & Fire Foundation



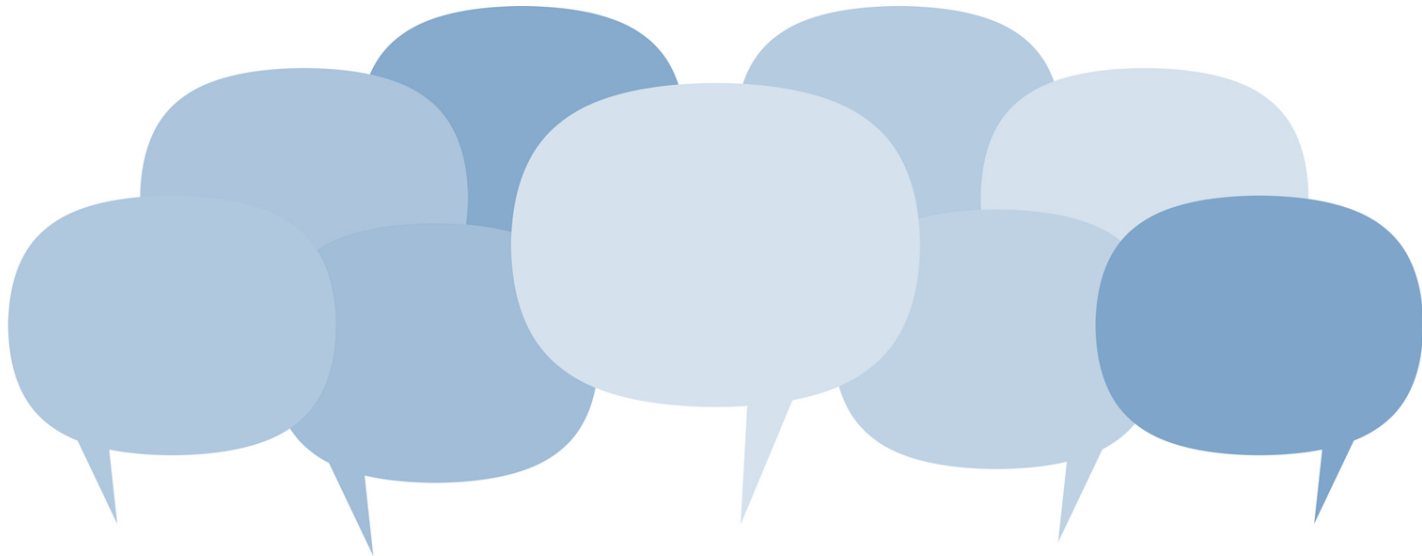
FY23 Acknowledgement of Funds Process Update

Grant partners will be asked to acknowledge ECHD's contribution through the following channels.

- a. Building signage: For programs receiving grants \geq \$200,000
- b. Mobile van signage: For programs receiving grants \geq \$50,000
- c. Email signatures: For grants that fund \geq 0.75 FTE in program personnel
- d. Annual reports: All funded programs
- e. Website partnership pages: All funded programs
- f. Social media when posting about the grant program: All funded programs
- g. Printed collateral about the grant program: All funded programs
- h. Media coverage about the grant program: All funded programs



Board Discussion



El Camino Health and El Camino Healthcare District Dual-Funded Community Benefit Programs: FY21, FY22 & FY23

El Camino Health FY21: \$800,000 (23% of ECH grants) | FY22: \$907,000 (28% of ECH grants)

FY23 (Recommended): \$610,000 (18% of ECH grants)

El Camino Healthcare District FY21: \$1,667,530 (23% of ECHD grants) | FY22: \$1,714,000 (23% of ECHD grants)

FY23 (Recommended): \$1,579,500 (21% of ECHD grants)

Combined Total FY21: \$2,467,530 (23% of all grants) | FY22: \$2,621,000 (24% of all grants)

FY23 (Recommended): \$2,189,500 (20% of all grants)

5210 Health Awareness Program	Chinese Health Initiative (ECH)	Health Mobile
FY21 - \$55,000	FY21 - \$269,030	FY21 - \$150,000
ECH - \$25,000	ECH - DNF	ECH - \$75,000
ECHD - \$30,000	ECHD - \$269,030	ECHD - \$75,000
FY22 - \$45,000	FY22 - \$309,000	FY22 - \$55,000
ECH - \$20,000	ECH - \$42,000	ECH - \$55,000
ECHD - \$25,000	ECHD - \$267,000	ECHD - DNF
FY23 - DNF (Recommended)	FY23 - \$287,000 (Recommended)	FY23 - \$75,000 (Recommended)
ECH - DNF	ECH - \$20,000	ECH - \$75,000
ECHD - DNF	ECHD - \$267,000	ECHD - DNF
American Heart Association	Cupertino Union School District – School Nurse Program	Healthier Kids Foundation
FY21 - \$160,000	FY21 - \$190,000	FY21 - \$70,000
ECH - \$50,000	ECH - \$90,000	ECH - \$30,000
ECHD - \$110,000	ECHD - \$100,000	ECHD - \$40,000
FY22 - \$160,000	FY22 - \$200,000	FY22 - \$70,000 (Recommended)
ECH - \$50,000	ECH - \$100,000	ECH - \$30,000
ECHD - \$110,000	ECHD - \$100,000	ECHD - \$40,000
FY23 - \$160,000 (Recommended)	FY23 - \$200,000 (Recommended)	FY23 - Not a Dual Applicant
ECH - \$60,000	ECH - \$100,000	LifeMoves
ECHD - \$100,000	ECHD - \$100,000	FY21 - Not a Dual Applicant
Bay Area Women's Sports Initiative Program (BAWSI)	Cupertino Union School District – Mental Health Counseling	FY22 - \$220,000
FY21 - \$49,500	FY21 - \$210,000	ECH - \$60,000
ECH - \$15,000 (BAWSI Girls)	ECH - \$120,000	ECHD - \$160,000
ECH - DNF (BAWSI Rollers)	ECHD - \$90,000	FY23 - \$210,000 (Recommended)
ECHD - \$19,500 (BAWSI Girls)	FY22 - \$210,000	ECH - \$50,000
ECHD - \$15,000 (BAWSI Rollers)	ECH - \$120,000	ECHD - \$160,000
FY22 - \$32,000 (BAWSI Girls)	ECHD - \$90,000	Medical Respite
ECH - \$15,000 (BAWSI Girls)	FY23 - \$213,000 (Recommended)	FY21 - \$80,000
ECHD - \$17,000 (BAWSI Girls)	ECH - \$120,000	ECH - DNF
(BAWSI Rollers - Not a Dual Applicant)	ECHD - \$93,000	ECHD - \$80,000
FY23 - \$41,000 (BAWSI Girls - Recommended)	GoNoodle	FY22 - Not a Dual Applicant
ECH - \$15,000 (BAWSI Girls)	FY21 - \$149,000	FY23 - Did not Apply
ECHD - \$26,000 (BAWSI Girls)	ECH - \$113,000	Momentum for Mental Health
(BAWSI Rollers - Not a Dual Applicant)	ECHD - \$36,000	FY21 - \$321,000
	FY22 - \$113,000	ECH - \$51,000
	ECH - \$113,000	ECHD - \$270,000
	ECHD - DNF	FY22 - \$336,000
	FY23 - Not a Dual Applicant	ECH - \$46,000
		ECHD - \$290,000
		FY23 - \$330,000 (Recommended)
		ECH - \$40,000
		ECHD - \$290,000



El Camino Health and El Camino Healthcare District Dual-Funded Community Benefit Programs: FY21, FY22 & FY23

Playworks

FY21 - \$304,000

ECH - \$86,000

ECHD - \$218,000

FY22 – \$286,000

ECH - \$86,000

ECHD - \$200,000

FY23 – \$240,000 (Recommended)

ECH - \$40,000

ECHD - \$200,000

Rebuilding Together

FY21 - \$105,000

ECH - \$30,000 (Silicon Valley)

ECHD - \$75,000 (Peninsula)

FY22 – \$30,000

ECH - \$30,000 (Silicon Valley)

ECHD – DNF (Peninsula)

FY23 – Not a Dual Applicant

South Asian Heart Center

FY21 - \$285,000

ECH - \$75,000

ECHD - \$210,000

FY22 – \$400,000

ECH - \$100,000

ECHD - \$300,000

FY23 – \$350,000 (Recommended)

ECH - \$50,000

ECHD - \$300,000

Vista Center for the Blind

FY21 - \$70,000

ECH - \$40,000

ECHD - \$30,000

FY22 – \$70,000

ECH - \$40,000

ECHD - \$30,000

FY23 – \$40,000 (Recommended)

ECH - \$40,000

ECHD - DNF



EL CAMINO HEALTHCARE DISTRICT





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

**Board Finance Presentation
Fiscal Year 2022
7/1/2021-3/31/2022**

Carlos Bohorquez, CFO
El Camino Healthcare District Board of Directors Meeting
May 17, 2022

Table of Contents

ECHD Consolidated Financial Statements (Includes El Camino Hospital)

Comparative Balance Sheet as of March 31, 2022	Page 3
Statement of Revenues & Expenses Year to Date thru March 31, 2022	Page 4
Notes to Financial Statements	Page 5

ECHD Stand-Alone Financial Statements

Comparative Balance Sheet as of March 31, 2022	Page 6
Statement of Revenues & Expenses Year to Date thru March 31, 2022	Page 7
Statement of Fund Balance Activity as of March 31, 2022	Page 8
Notes to Financial Statements	Pages 9-10
Sources & Uses of Property Taxes	Page 11
Appendix – Major Assumptions for FY2022 Budget	Pages 12-15
Appendix – General Obligation Bonds of the District	Pages 16-17

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)

	Mar 31, 2022	June 30, 2020 Audited w/o Eliminations		Mar 31, 2022	June 30, 2020 Audited w/o Eliminations
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Current Assets			Current Liabilities		
Cash & Investments	\$370	\$457	Accounts Payable & Accrued Exp ⁽⁵⁾	\$136	\$154
Patient Accounts Receivable, net	201	166	Bonds Payable - Current	16	14
Other Accounts and Notes Receivable	22	28	Bond Interest Payable	4	10
Inventories and Prepaids	30	23	Other Liabilities	17	19
Total Current Assets	624	674	Total Current Liabilities	172	198
Board Designated Assets			Deferred Revenue	37	67
Foundation Reserves	23	21	Deferred Revenue Inflow of Resources	46	46
Community Benefit Fund	22	21	Long Term Liabilities		
Operational Reserve Fund ⁽¹⁾	184	125	Bond Payable	576	595
Workers Comp, Health & PTO Reserves	82	80	Benefit Obligations	48	48
Facilities Replacement Fund ⁽²⁾	359	313	Other Long-term Obligations	6	6
Catastrophic & Malpractice Reserve ⁽³⁾	29	27	Total Long Term Liabilities	631	649
Total Board Designated Assets	701	587	Fund Balance		
Non-Designated Assets			Unrestricted	2,230	2,157
Funds Held By Trustee ⁽⁴⁾	32	37	Board Designated & Restricted	170	147
Long Term Investments	538	603	Capital & Retained Earnings	0	0
Other Investments	34	35	Total Fund Balance	2,400	2,304
Net Property Plant & Equipment	1,195	1,160			
Deferred Outflows of Resources	19	20			
Other Assets	143	148			
Total Non-Designated Assets	1,961	2,003			
TOTAL ASSETS	\$3,285	\$3,264	TOTAL LIAB. & FUND BAL.	\$3,285	\$3,264



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 March 31, 2022

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue ⁽⁶⁾	976	858	118	805
Other Operating Revenues	32	34	-1	35
Total Operating Revenues	1,009	892	117	840
Wages and Benefits	501	469	-32	442
Supplies	139	131	-8	127
Purchased Services	137	130	-7	130
Other	34	38	4	31
Depreciation	55	51	-4	50
Interest	13	13	0	13
Total Operating Expense ⁽⁷⁾	879	832	(47)	793
Operating Income	130	60	71	47
Non-Operating Income ⁽⁸⁾	(35)	82	(117)	189
Net Income	95	142	(46)	236



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.)	\$311
ECHD Appropriation Fund (fka: Capital Outlay)	18
ECH Women's Hospital Expansion	<u>30</u>
	<u>\$359</u>

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

ECH Catastrophic Fund (aka: Earthquake Fund)	\$27
ECH Malpractice Reserve	<u>2</u>
	<u>\$29</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. This amount now reflects the GO Funds only.
- 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

	March 31, 2022	June 30, 2021		March 31, 2022	June 30, 2021
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Cash & cash equiv ⁽¹⁾	\$15,941	\$8,662	Accounts payable	\$0	\$2
Short term investments ⁽¹⁾	2,392	12,042	Current portion of bonds	5,760	5,050
Due fm Retiree Health Plan ⁽²⁾	36	21	Bond interest payable ⁽¹⁰⁾	526	1,419
S.C. M&O Taxes Receivable ⁽³⁾	1814	0	Other Liabilities	269	1,871
Other current assets ^(3a)	74	3061			
Total current assets	\$20,257	\$23,786	Total current liabilities	\$6,555	\$8,342
Operational Reserve Fund ⁽⁴⁾	1,500	1,500			
Capital Appropriation Fund ⁽⁵⁾	17,500	18,657			
Capital Replacement Fund ⁽⁶⁾	5,017	5,646	Deferred income	79	51
Community Benefit Fund ⁽⁷⁾	4,492	3,030	Bonds payable - long term	105,662	111,422
Total Board designated funds	\$28,509	\$28,834	Total liabilities	\$112,296	\$119,815
Funds held by trustee ⁽⁸⁾	\$31,683	\$31,245	Fund balance		
Capital assets, net ⁽⁹⁾	\$10,649	\$10,657	Unrestricted fund balance	\$59,072	\$61,513
			Restricted fund balance ⁽¹¹⁾	(80,270)	(86,806)
			Total fund balance	(\$21,198)	(\$25,293)
TOTAL ASSETS	\$91,098	\$94,522	TOTAL LIAB & FUND BALANCE	\$91,098	\$94,522



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 March 31, 2022

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

	Actual	Current Year Budget	Variance	Prior Full Year Actual
<u>REVENUES</u>				
(A) Ground Lease Revenue ⁽¹²⁾	\$ 77	76	\$ 1	\$ 101
(B) Redevelopment Taxes ⁽¹³⁾	212	150	62	310
(B) Unrestricted M&O Property Taxes ⁽¹³⁾	9,804	9,804	-	9,221
(B) Restricted M&O Property Taxes ⁽¹³⁾	6,538	6,538	-	11,129
(B) G.O. Taxes Levied for Debt Service ⁽¹³⁾	8,737	7,650	1,087	11,803
(B) IGT/PRIME Medi-Cal Program ⁽¹⁴⁾	(1,819)	(2,012)	193	(4,460)
(B) Investment Income (net)	(1,073)	636	(1,709)	(23)
(B) Other income	-	244	(244)	0
TOTAL NET REVENUE	22,476	23,086	(610)	28,081
<u>EXPENSES</u>				
(A) Wages & Benefits ⁽¹⁵⁾	-	-	-	0
(A) Professional Fees & Purchased Svcs ⁽¹⁶⁾	354	408	54	849
(A) Supplies & Other Expenses ⁽¹⁷⁾	29	24	(5)	82
(B) G.O. Bond Interest Expense (net) ⁽¹⁸⁾	2,223	2,225	2	3,082
(B) Community Benefit Expenditures ⁽¹⁹⁾	7,221	7,296	75	7,196
(A) Depreciation / Amortization	8	8	-	53
TOTAL EXPENSES	9,835	9,961	126	11,262
NET INCOME	\$ 12,640	\$ 13,125	\$ (485)	\$ 16,820
 (A) Operating Revenues & Expenses (B) Non-operating Revenues & Expenses				
<u>RECAP STATEMENT OF REVENUES & EXPENSE</u>				
(A) Net Operating Revenues & Expenses	\$ (314)			
(B) Net Non-Operating Revenues & Expenses	12,954			
NET INCOME	\$ 12,640			



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>March 31, 2022</u>	<u>June 30, 2021</u>
Fiscal year beginning balance	\$ (25,293)	\$ (38,734)
Net income year-to-date	\$ 12,640	\$ 16,820
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽²⁰⁾	\$ 434	\$ 4,460
Capital Appropriation projects ⁽²¹⁾	\$ (8,979)	(7,839)
Fiscal year ending balance	<u><u>\$ (21,198)</u></u>	<u><u>\$ (25,293)</u></u>



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) **Cash & 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 the semi-annual interest payment paid on 2/1/2022.
- (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 15 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 – Due to a new IRS reg that board stipends previously paid as reportable 1099 transactions are now considered to be W-2 reportable transactions, and reported in this section, where previously reported in the “Supplies & Other Expenses.” There will continue to be no other “employees” of the District. This change will start to take placed in April.

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

• Community Benefit Support from ECH (54% of SW&B)	\$ 286
• Legal Fees	55
• Miscellaneous	13
	<u>\$ 354</u>

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

• Marketing / Advertising	\$ 27
• Board Stipends	2
	<u>\$ 29</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 – This years transfer is in support of MV Hospital's Campus Completion Project.



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>	03/31/22
(1) Maintenance and Operation and Government Obligation Taxes	\$25,079
(2) Redevelopment Agency Taxes	212
Total District Tax Receipts	\$25,291
<u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	8,737
Total Cash Available for Operations, CB Programs, & Capital Appropriations	16,554
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	6,538
Subtotal	10,016
(5) Operating Expenses (Net)	314
Subtotal	9,702
(6) Capital Replacement Fund (Park Pavilion)	10
Funds Available for Community Benefit Programs	\$9,692
*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 Favorable / (Unfavorable)	% Change
(A) Other Operating Revenue	91	101	102	1	1.0%
(B) Unrestricted M&O Property Taxes	8,845	9,221	9,804	583	6.3%
(B) Restricted M&O Taxes	9,706	11,129	8,717	(2,412)	-21.7%
(B) Taxes Levied for Debt Service	10,493	11,803	10,200	(1,603)	-13.6%
(B) Investment Income (net)	1,444	(23)	848	871	3587.0%
(B) Other - Redevelopment Agency	325	310	300	(10)	-3.2%
Total Net Revenue	30,904	32,541	29,971	(2,570)	-7.9%
Expenses					
(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%
Total Expenses	14,766	15,721	14,905	816	5.5%
NET INCOME	16,138	16,820	15,066	(1,754)	-10.4%

FY22 BUDGET RECAP STATEMENT OF REVENUES & EXPENSE

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



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

Blue highlighted items are paid down

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

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





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board (“Board”) of Directors
From: Dan Woods, CEO; Deb Muro, CIO; Omar Chughtai, Vice President of Operations
Date: May 17, 2022
Subject: Status Report on the El Camino Healthcare District Community COVID-19 Testing and Vaccination Program (the “District Program”)

Recommendation: For the El Camino Healthcare District to approve extending the use of the remaining FY22 approved COVID-19 funds totaling \$2.4 million through FY23 for El Camino Healthcare District COVID-19 vaccine and testing programs.

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 is requesting to approve reallocation of, and make available the remainder of unused FY20 & FY21 COVID-19 funds totaling \$2.4 million through FY22 for the use of either COVID-19 testing or vaccination programs.
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 guarantee immunity. Finally, to increase testing availability, El Camino

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

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 3rd dose booster for qualified individuals at El Camino Health, Outpatient Pharmacy after September 24, 2021. In March & April 2022 El Camino Health conducted mobile vaccinations clinics, distribution of 4,440 at-home test kits, and distribution of 5,040 N95 masks to schools and Federally Qualified Healthcare Clinics within the El Camino Healthcare District.

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 9

COVID-19 Tests & Vaccines: \$41,263

Labor: \$45,193

Marketing: \$0.00

Total: \$86,456

Since Inception through FY22 Period 9 (March 31, 2022)

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.

Suggested Board Discussion Questions:

Will we anticipate increase testing and vaccine spend in FY23?

Will current allocated funds last through FY23?



EL CAMINO HEALTHCARE DISTRICT
Dedicated to improving the health and well-being of the people in our community

Vaccinations and Testing Update

Omar Chughtai, MHA, FACHE

May 17, 2022



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.

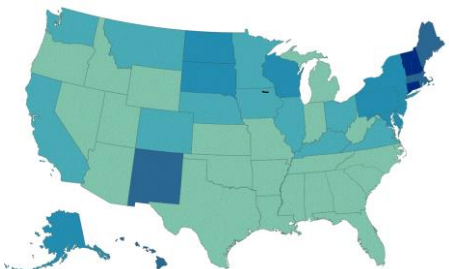
Vaccine & Testing Program Expenses (as of 03/31/2022)

35,085 Tests completed	Number of C-19 tested	Vaccine administe red	Cost for testing and vaccine	Labor Cost	Market cost	Monthly Total
\$1.137k District Funds	2,501	1,277	\$ 264,021	\$ 821,225	\$ 52,158	\$ 1,137,404
						Average monthly burn rate: \$ 75,827
						Remaining: \$ 1,262,596

Remaining dollars from original funding of \$2,400,000

Santa Clara County Vaccination ahead of CA and the US

Data as of 4/19/2022 for ages 5+



1 Dose

82%

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

Fully Vaccinated

70%



83%

<https://healthdata.gov/Community/COVID-19-State-Profile-Report-California/7pid-y24r> as of 4/15/2022

72%



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

91%



59,496
Total Doses
delivered
by ECH

Additional Efforts in March & April

- **4,440** at-home test kits and **5,040** N95 provided to:
 - Day Workers Center, MV
 - Community Services Agency, MV & LA
 - Sunnyvale Community Services
 - Los Altos School District
 - Mountain View Wishman School District
 - Sunnyvale Elementary School District
 - MVLA School District

- Mobile Vaccine Clinics
 - Santa Rita Elementary
 - Graham Middle School
 - Fremont High School



El Camino Healthcare District Board – Next Steps

- ❖ Vaccines and Testing are widespread, however demand is unpredictable. To support surges in the near future, it is recommended to support a motion to extend remaining funds for FY22 into FY23 for use for healthcare district vaccinations and testing.

Questions?



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board (ECHD) of Directors
From: Julia E. Miller, Chair
Date: May 17, 2022
Subject: FY23 El Camino Healthcare District Board Pacing Plan

Recommendation: To discuss and possibly approve the FY23 El Camino Healthcare District Board of Directors (ECHD) Pacing Plan

Summary:

1. **Situation:** The El Camino Hospital Board recently revamped the Pacing Plans for the Hospital Board of Directors and its Advisory Committees. To ensure consistency, the El Camino Health District Pacing Plan was transferred to a similar format while maintaining the content of the original.
2. **Authority:** None
3. **Background:** None
4. **Assessment:** None.
5. **Other Reviews:** None.
6. **Outcomes:** None

List of Attachments:

1. FY23 Pacing Plan for El Camino Healthcare District Board

Suggested Committee Discussion Questions:

1. Does the FY23 ECHD Pacing Plan need any strategic adjustments?



EL CAMINO HEALTHCARE DISTRICT PACING PLAN / MASTER CALENDAR

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
STANDARD												
Public Communication				✓			✓		✓		✓	✓
Spotlight Recognition				✓			✓				✓	
FINANCE⁴												
Financials				✓			✓		✓			✓
Budget											✓	✓
Tax Appropriation												✓
COMPLIANCE												
Financial Audit – Consolidated ECH District Financials				✓								
Approve Hospital Audit				✓								
COMMUNITY BENEFIT												
CB Year-End Report				✓								
CBAC Policy – Annual Approval				✓								
CB Plan Study Session											✓	
CB Mid-Year Metrics											✓	
Approval of CB Plan												✓
GOVERNANCE												
Appointment of El Camino Hospital Board Member Election Ad Hoc Committee & Advisors				✓								
El Camino Hospital Board Member Election Ad Hoc Committee Update							✓		✓			
Possible Election of El Camino Hospital Board Member									✓			
Review Process for Board Officer Election											✓	
Appointment of Liaison to the Community Benefit Advisory Council												✓
Approval of Pacing Plan & Meeting Dates												✓
EXECUTIVE PERFORMANCE												
CEO Performance Review				✓								



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board (ECHD) of Directors
From: Julia E. Miller, Chair
Date: May 17, 2022
Subject: Appointment of FY21 El Camino Healthcare District ("ECHD") Ad Hoc Committee

Purpose: To approve the appointment of Director Carol Somersille as the FY22 El Camino Hospital Board Member Ad Hoc Committee Chair and Director John Zoglin as a ECHD Board Member to the Ad Hoc Committee to review all El Camino Health Care District Mission & Purpose.

Summary:

1. **Situation:** The El Camino Health Care District Board is reviewing its mission & purpose.
2. **Authority:** Article VII, Section 1 of our Bylaws gives the Board Chair the authority to appoint the Chair of Special Board Committees.
3. **Background:** Provided below is the ECHD mission & purpose and its foundational elements derived from California Health District Law.
 - El Camino Healthcare District (ECHD) Mission & 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.
 - El Camino Healthcare District's (ECHD) Mission & Purpose is derived from the definition of powers of the Board of Directors as defined in Chapter 2 Article 2 of [California Health Care District Law – California Health and Safety Code](#). This definition of the powers of a health care district is based on language from section 32121.j of California Health Care District Law. This section states as follows:
 - "To establish, maintain, and operate, or provide assistance in the operation of, one or more health facilities or health services, including, but not limited to, outpatient programs, services, and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities and activities at any location within or without the district for the benefit of the district and the people served by the district. "Health care facilities," as used in this subdivision, means those facilities defined in subdivision (b) of Section 32000.1 and specifically includes freestanding chemical dependency recovery units. "Health facilities," as used in this subdivision, may also include those facilities defined in subdivision (d) of Section 15432 of the Government Code."
4. **Assessment:** None
5. **Other Reviews:** None

Ad Hoc Committee Appointment
May 17, 2022

6. Outcomes: Appointment of an Ad Hoc Committee led by Dr. Carol Somersille, consisting of one additional District Board member John Zoglin.

List of Attachments:

1. Resolution 2002-04

Suggested Board Discussion Questions:

1. None

**EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2022-04
APPOINTMENT OF SPECIAL ADVISORY COMMITTEE FOR
LIMITED PURPOSE AND LIMITED DURATION**

WHEREAS, the Board of Directors has determined it is necessary to carefully review and revise El Camino Healthcare District Bylaws and Policies,

WHEREAS, such work can be undertaken by a special advisory committee for presentation to and consideration by the Board of Directors at a future meeting; now, therefore, be it

RESOLVED, that a temporary advisory special committee (the “El Camino Healthcare District Mission Review Ad Hoc Committee”), consisting of two members is hereby established pursuant to Article VII, Section 1 of the Bylaws of the El Camino Healthcare District, to carefully review and revise El Camino Healthcare District Mission and Purpose.

RESOLVED, that the Director Carol Somersille of the temporary advisory special committee shall determine the time, place, date, and frequency of such committee meetings; be it further

RESOLVED, that, John Zoglin is appointed as a member of the temporary advisory special committee; be it further.

DULY PASSED AND ADOPTED at a meeting held on May 17, 2022, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Carol Somersille, MD, Secretary/Treasurer
ECHD Board of Directors



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board (ECHD) of Directors
From: Greg Souza, Interim Chief Human Resource Officer
Date: May 17, 2022
Subject: El Camino Health District Board Member Health Benefits

Purpose: To inform the El Camino Health District Board on health benefits for Members of the Board through guidance from California Special District Association and examples from other healthcare districts.

Summary:

1. **Situation:** Recently, in January 2022, El Camino Health District Board Members were established as W-2 employees for tax reporting purposes. The question was raised by the District Board, as to whether or not these Board members are eligible for employer paid Health Benefits.
2. **Authority:** None.
3. **Background:** On December 14, 2021 all Hospital District Board Members were notified of the recommendation of outside counsel that "public officials" should be treated as employees for purposes of withholding income tax from the stipends they are paid. At the June 23, 2021 Hospital Board Meeting the question of providing Health Benefits to Board Members was discussed.
4. **Assessment:** None.
5. **Other Reviews:** Staff have researched, and provided for discussion, a compensation guide from the California Special Districts Association, and policies from Sequoia Healthcare District and Grossmont Healthcare District that address health benefits.
6. **Outcomes:** None.

List of Attachments:

1. California Special Districts Association - Compensation Guide
2. Sequoia Healthcare District - Remuneration and Reimbursement Policy
3. Grossmont Healthcare District - Compensation and Reimbursement Policy

Suggested Board Discussion Questions:

1. Are/Is there action(s) or next step(s) we (the Board) want the staff to take (e.g., conduct further analysis, research additional information, procure further data)?

**California Special
Districts Association***Districts Stronger Together*

UNDERSTANDING SPECIAL DISTRICT BOARD MEMBER COMPENSATION

By: Richard D. Pio Roda and Anthony Felix, Meyers Nave

This paper is intended to help you understand compensation for special district board members in California. Specifically, it describes (1) the statutory authority behind board member compensation, (2) the maximum compensation board members can receive, (3) how board members can increase compensation, (4) board member reimbursements for job-related expenses, (5) the extent to which board members may receive benefits, and (6) how small community services districts typically compensate board members.

Under what authority can special districts compensate board members?

Typically, special district board member compensation is set by the Legislature. Special districts have the general authority to compensate board members for attendance at meetings under the California Government Code.¹ However, this general authority is limited by statutes specific to particular types of districts, which prescribe rates and conditions for board member compensation. Special districts are granted authority either under principal acts or special acts. Principal acts are codified in state laws and are generic statutes that apply to all special districts of a particular type. Special acts are often uncoded and are narrowly focused on governing one or a few special districts to fit the unique needs of those districts. A board member interested in learning more about their district's authority to compensate its board members should first reference their district's formation or enabling documents to determine whether the district is governed by a principal act or a special act. Identifying which statutes govern a district is important because such statutes often vary in provisions for the maximum amount of compensation a board member may receive, how and if board members can increase compensation, and provisions regarding reimbursements and board member benefits.

What is the maximum amount of compensation a special district board member may receive?

Principal act districts that have been codified in state law vary on the maximum amount a board member may be compensated. Most code sections set the maximum compensation rate at \$100 for each meeting attended by a board member or each day in which a board member is engaging in official duties. This includes special districts such as county water districts,² recreation and park districts,³ community services districts,⁴ public cemetery districts,⁵ and more. Other code sections explicitly provide that special district board members are to receive no compensation in their roles as board members. These

¹ Gov. Code § 53232.1(a).

² Water Code § 30507.

³ Pub. Res. Code § 5784.15(a).

⁴ Gov. Code § 61047(a).

⁵ Health and Safety Code § 9031(a).

districts include pest abatement districts,⁶ police protection districts,⁷ citrus pest control districts,⁸ port districts,⁹ river port districts,¹⁰ and memorial districts.¹¹ Many districts set maximum compensation rates at amounts smaller than \$100, such as \$10,¹² \$25,¹³ or \$50¹⁴ per meeting attended by the board member. Some code sections authorize a flexible compensation rate to be determined by the board members themselves. The California Water Code sections governing levee districts¹⁵ and reclamation districts¹⁶ provide that each board member shall receive compensation for their services "... as the board determines to be just and reasonable..." Generally, these districts still compensate board members at a rate under \$100 per meeting.

Can special district board members increase their compensation? If so, how can board members do so?

In addition to attending regularly scheduled board meetings, board members often must attend the meetings of other agencies or travel to conferences in order to better understand and fulfill their roles. In order to meet these often demanding and time-consuming duties, some special districts consider increasing the compensation of its board members. If a special district board is considering increasing the compensation of its board members it is important it starts by referencing its governing statutes or acts. A district's governing statutes or acts will determine whether board members can increase compensation, to what extent compensation can be increased, and how to increase compensation.

Many special districts can increase board member compensation pursuant to California Water Code section 20201, which both sets the maximum amount of compensation per meeting at \$100 but also authorizes board members to increase compensation above \$100.¹⁷ Although this may be welcome news to districts interested in increasing compensation, there are three notable restrictions on a district's ability to do so. If a special district board can increase compensation via section 20201: (1) it must do so via ordinance,¹⁸ (2) the increase may not exceed 5% for each calendar year,¹⁹ and (3) voters may petition for a referendum on the ordinance increasing compensation.²⁰ As part of the ordinance requirement, special district boards must hold a public hearing for discussion of the compensation increase and publish a notice of the hearing.²¹ Special districts should also note voter referendums may result in the ordinance appearing on a regular election or special election ballot for voter approval.²² If the ordinance is struck down by voters, the special district board will be prohibited from adopting a new compensation increase ordinance for at least one year.²³

⁶ Health and Safety Code § 2851

⁷ Health and Safety Code § 20069

⁸ Food and Ag. Code § 8508

⁹ Har. and Nav Code § 6251.

¹⁰ *Id.* at § 6836.

¹¹ Mil. and Vet Code § 1197.

¹² Wat. Code § 56031.

¹³ Pub. Res. Code § 13041(b).

¹⁴ Har. and Nav. Code § 7047.

¹⁵ Wat. Code § 70078.

¹⁶ *Id.* at § 50605(a).

¹⁷ *Id.* at § 20201.

¹⁸ *Id.*

¹⁹ *Id.* at § 20202.

²⁰ *Id.* at § 20204.

²¹ *Id.* at § 20203

²² Wat. Code § 20206.

²³ *Id.*

On the other hand, many statutes and acts governing special districts are silent on a district's authority to adjust board member compensation. As a result of lacking a statutory authority to adjust board member compensation, special districts falling into this category may be unable to do so. Therefore, it is important that special districts interested in increasing board member compensation reference its district's formation documents to identify if its governing statutes or acts allow such actions.

Can board members be reimbursed for job-related expenses?

Special district board members are often expected to attend a variety of events in the performance of their duties, including trainings, community outreach events, conferences, and local agency meetings. The expenses associated with these activities, including travel, lodging, and food costs, can be significant. Fortunately, the Legislature has recognized the costs associated with serving as a board member and granted special districts with the authority to provide reimbursements. In fact, the vast majority of special districts have the authority to reimburse board members for expenses related to fulfilling their duties as board members.

Again, the most important starting point to determine whether a special district may reimburse its board members is identifying the governing acts or statutes. Most districts have the statutory authority to reimburse board members but are required to abide by the reimbursement procedures set out in Government Code sections 53232.2- 53232.4. In order to comply with Government Code section 53232.2, special districts generally must only reimburse board members for actual and necessary expenses incurred in the performance of official duties and adopt a written policy that specifies the types of expenses that may be reimbursed. Other requirements on board members include the filing of expense reports with special district boards and providing brief reports on the meetings requiring reimbursement.²⁴ Special districts should note the misuse of reimbursement funds can result in the loss of reimbursement privileges, civil penalties, and even criminal penalties.²⁵ Therefore, special districts governed by Government Code sections 53232.2- 53232.4 should ensure its reimbursement policies are consistent with these sections and that board members are only being reimbursed for actual and necessary expenses.

Some districts are not directly governed by the statutory requirements of Government Code sections 53232.2- 53232.4 but instead follow a less stringent reimbursement procedure. For example, in reclamation districts a board member's claims for expenses incurred are to be presented to the board and then paid in the same manner as other indebtedness of the district.²⁶ Although citrus pest control district board members are not entitled to any compensation, they may be reimbursed for actual and necessary expenses when claims for those expenses have been approved by the board.²⁷ Still, other districts lack the statutory authority to provide any reimbursements for board members, including police protection districts.²⁸

To what extent can special district board members receive benefits?

Although only some special district board members may be entitled to compensation, all special district board members may receive group insurance benefits if the board elects to do so. Under Government Code section 53201 and 53205.1, a special district board may provide benefits to its board members,

²⁴ Gov. Code § 53232.3(a); Gov. Code § 53232.3(d).

²⁵ *Id.* at § 53232.4.

²⁶ Wat. Code § 50606.

²⁷ Food and Ag. Code § 8508.

²⁸ Health and Saf. Code § 20000 *et seq.*

retired board members, and the families of board members and retired board members. Benefits can include medical, dental, vision, and life insurance.²⁹

California state law is relatively silent on the procedures a special district must take to adopt a benefits policy for its board members. The Office of the Attorney General provides some guidance on the issue by declaring that no official declaration of policy is required for a special district to provide health benefits to its elective officers.³⁰ The Attorney General's opinion noted that no procedure or mode for providing the benefits is set forth in Government Code section 53201.³¹ The Attorney General concluded that a special district board may take action in any appropriate manner, whether by ordinance, resolution, motion, or otherwise.³² Therefore, whether a district must approve a benefits plan by ordinance or resolution comes down to what the enabling or principal act governing it requires. Beyond that, the Brown Act requires changes in compensation, including fringe benefits, to be made during an open meeting.³³

Special district boards should note that districts considering providing benefits to its board members have often received pushback from the community.³⁴ If a special district is considering providing a benefits program to its board members, it may be prudent for them to be transparent about the program's estimated costs and expected beneficiaries so the public is aware of the district's proposed expenditures.

With that being said, most of the principal acts governing special districts make no explicit mention of a board's authority to provide benefits to its board members. This is not to say these special districts may not provide benefits to its board members as Government Code section 53201, which grants districts the authority to provide benefits, still applies to them as well. The few special districts with principal acts that mention benefits separately (such as regional park and/or open space districts) note that board members are eligible for the same group medical or dental plans available to permanent employees of the district.³⁵

How do small community service districts typically compensate board members?

In addition to applicable statutory restrictions, board member compensation for a small district may also be restricted if the district has a small budget. If a particular community services district is governed by the principal act requirements set out in Government Code section 61047, it may provide its board members with \$100 each day for services provided. Community services districts may also increase board member compensation above \$100 in accordance with the authority and requirements set out in Water Code section 20201.

Most community services district do not compensate board members. Some community services districts compensate its board members as much as \$10,000 per year including the Phelan Pinon Hill Community

²⁹ Gov. Code § 53205.16.

³⁰ 86 Cal. Att'y Gen. Op. No. 92-1008 (May 5, 1993).

³¹ *Id.*

³² *Id.*

³³ Gov. Code § 5493(c)(3).

³⁴ Brad Branan, *Health benefits boost board compensation at Sacramento area special districts*, The Sacramento Bee (March 6, 2015, 6:20 PM), <https://www.sacbee.com/news/investigations/the-public-eye/article12892430.html>.; Paul Rogers, *Santa Clara Valley Water District considers idea for lifetime medical benefits for board members*, (August 27, 2012, 1:19PM), <https://www.mercurynews.com/2012/08/27/santa-clara-valley-water-district-considers-idea-for-lifetime-medical-benefits-for-board-members/>.

³⁵ Pub. Res. Code § 5536.

Services District³⁶ and the Rosamond Community Services District.³⁷ Many community services districts compensate board members at a rate consistent with Government Code section 61047, which amounts to \$4,800 a year assuming board members provide services or attend meetings four days a month.

How a small district compensates its board members will come down to what the district's budget and needs are. Although all community services districts have the statutory authority to compensate board members at a rate more than \$100 for each meeting attended, most small districts elect to compensate less than \$100 per meeting or not at all.

Moving Forward

The California Government Code, through principal or special acts, generally provides special districts with the authority to compensate its board members. Although most districts set the maximum board member compensation rate at \$100 for each meeting attended by a board member, some districts offer a flexible compensation rate, compensation under \$100, or no compensation at all. Many special districts can increase board member compensation pursuant to California Water Code section 20201, which both sets the maximum amount of compensation per meeting at \$100 but also authorizes board members to increase compensation above \$100. The vast majority of districts have the authority to reimburse board members for the actual and necessary expenses incurred on the job, subject to those districts and board members meeting certain requirements. All special districts board members may receive group insurance benefits, including medical, dental, vision, and life insurance. Lastly, most small community services districts compensate board members at a rate less than \$100 for each meeting attended or not at all, despite having the authority to compensate board members more than \$100. Moving forward, a special district interested in compensating its board members should reference its enabling statutes because such statutes will often determine the maximum amount of compensation a board member may receive, how and if board members can increase compensation, and whether board members may be provided reimbursements and benefits.

³⁶ Government Compensation in California,
<https://publicpay.ca.gov/Reports/PositionDetail.aspx?employeeid=19490354>, (last visited June 19, 2019).

³⁷ Government Compensation in California,
<https://publicpay.ca.gov/Reports/PositionDetail.aspx?employeeid=19955885>, (last visited June 19, 2019).

Richard D. Pio Roda is a Principal at the Meyers Nave law firm. Richard's legal practice is focused on strategic advice and counsel, and transactional legal services for municipalities and special districts throughout California. Richard is General Counsel to the Rodeo Hercules Fire Protection District, and the Mendocino County Community Development Commission. Richard also serves as Special Counsel to numerous special districts, including the West County Wastewater District, Rincon del Diablo Municipal Water District, San Ramon Valley Fire Protection District and the Twain Harte Community Services District. Richard frequently provides advice on a variety of issues that range from General Manager performance evaluation, negotiating all types of transactions from complex technology purchases to property leases, to emergency declarations, policies and procedures, to public official conflicts of interest. He can be contacted at 510.808.2000 or rpioroda@meyersnave.com

Anthony Felix is a second year law student at the University of California, Hastings College of the Law. During his second year at UC Hastings, Anthony will serve as the Admissions Chair for the UC Hastings La Raza Law Students Association and will be a staff editor of the Hastings Law Journal. Prior to attending law school, Anthony graduated from the University of California, Santa Barbara with a bachelor's degree in Political Science. Anthony is originally from National City, California and has interned at the City Attorney's office in National City. During the summer of 2019, Anthony was a Summer Fellow at Meyers Nave where he worked closely with Meyers Nave's Municipal and Special District Law Practice Group. He is interested in practicing municipal law after he graduates law school.



Book	POLICIES AND PROCEDURES
Section	Policy No. 15 REMUNERATION AND REIMBURSEMENT
Title	REMUNERATION AND REIMBURSEMENT
Code	
Status	Active
Adopted	August 6, 2014
Last Revised	October 2, 2019

15.1 Directors shall receive no fee for attending meetings of the District Board of Directors.

15.2 The District offers to pay a portion of the CalPers premiums for health care insurance for all participating Directors. As restated in Resolution 2019-02, dated October 2, 2019, the District will pay a portion of premiums for CalPers health care coverage for Directors and their dependents, to a maximum of \$1,500 per month, while Directors are on the District Board, and requires Directors to reimburse the District for 10% of their premium, in addition to covering the cost of coverage over the \$1,500 per month limit. Such payments shall cease effective at the end of the month the Director leaves the Board. *(Amended October 2, 2019)*

15.3 The District shall reimburse Directors for actual necessary traveling and incidental expenses incurred in the performance of official duties as Directors, subject to the requirements of these Policies and Procedures and the law.

15.4 The following types of occurrences qualify for reimbursement if attended in the performance of official duties as Directors of the board and if prior approval is obtained as set forth in Policy 16.2:

- a. Training workshops, seminars, and conferences.
- b. Educational workshops, seminars, and conferences.
- c. Meetings of or sponsored by ACHD (the Association of California Health Care Districts), by CSDA (the California Special Districts Association), and by other state or national organizations relevant to the purposes of the District.
- d. Meetings of local governmental entities and bodies and Ad Hoc committees thereof.
- e. Meetings of local nonprofit organizations.
- f. Meetings of community or civic groups or organizations.
- g. Meetings of advisory groups and Ad Hoc committees organized or conducted by District staff.
- h. Meetings with District consultants, advisors, and other professionals.
- i. Any other activity approved by the Board in advance of attendance, whether the request for attendance was initiated by the Board or by a Director.

15.5 Subject to Policies 15.7 and 15.8, reimbursement for travel, meals, lodging, and other expenses shall be made in accordance with Section 7.05 of the District's Employee Handbook, except as otherwise provided in Policy 16. (An excerpt of Section 7.05 is attached at the end of these policies.) The provisions of Policy 16.6 shall not be deemed to create any exception to this Policy 15.5.

15.6 Subject to Policy 15.5, if there is no Internal Revenue Service rate established for an expense and if such expense is not reimbursable under Policy 15.5, such expense shall not be reimbursed unless the District board approved such expense in a public meeting before the expense was incurred.

15.7 No expense shall be reimbursed except pursuant to an expense report meeting the requirements of this Policy and submitted by the Director to (and received by) District staff, within four weeks after the final date of the occurrence in connection with which the expense was incurred. The expense report shall document that the expenses meet the

requirements of Policies 15 and 16 and shall include receipts for all expenses for which reimbursement is being requested.

15.8 No reimbursement shall be paid unless, at the next regular meeting of the board following the occurrence for which the expense report was submitted, the Director submitting the expense report makes a brief report on the occurrence attended. If the Director is not in attendance at such next regular board meeting, a written report submitted by the Director and read aloud by staff or another Director shall suffice as the required brief report.

GROSSMONT HEALTHCARE DISTRICT	Section 19	Page 1 of 4
	Title: Meeting Compensation Guidelines	
	Policies and Procedures Manual	Latest Revision Date: 8/3/20

Section 19. Meeting Compensation Guidelines

The Local Healthcare District Law authorizes the payment to Board members of \$100 per meeting, or as may be adjusted annually by five percent (5%), not to exceed six (6) meetings per month, provided that if the District compensates its Board members for more than five (5) meetings per month, the Board must annually adopt a written policy based on findings supported by substantial evidence the reason more than five (5) meetings are necessary for the effective operation of the District. In accordance with Health & Safety Code section 32103, the Board makes the following findings based on substantial evidence to support the six (6) meeting compensation requirement:

1. The Grossmont Healthcare District is one of the largest health care districts in the State of California, serving a population of nearly 500,000 residents.
2. The Board members are responsible for assisting to address the unmet health care needs of the District’s residents, including in recent years providing over \$2.2 million annually in support of Sharp Grossmont Hospital and numerous non-profit, health-related programs and service provider organizations.
3. In addition to the two (2) regularly scheduled board meetings each month, each Board member serves on at least two (2) standing board committees, including Community Grants and Sponsorships, Facilities, Finance/Audit, Investment, Government & Legislative Relations, and Legal/Strategic & Risk Management.
4. Beside board and committee meetings, each Board member attends meetings or serves on the board and/or committees of organizations in which the District is involved or a member, including but not limited to the Association of California Healthcare Districts and the California Special District Association.
5. In addition to attendance at educational conference workshops that include curricula concerning district hospitals and special districts, Board members also attend meetings of non-political community groups that extend specific invitations to attend and at which Board members actively participate in the program.
6. Over the last 25 years, the Board members of the Grossmont Healthcare District have averaged well over six (6) meetings per month in the performance of their official business and have not been compensated for meetings over five (5) per month.

The following guidelines and criteria will be followed in determining when a meeting qualifies for compensation:

A) Compensable meetings shall include the following:

1. Board meetings.
2. Board committee meetings or advisory body meetings, not to exceed three (3) per month of any committee. Except in unusual circumstances, committee meetings should be held at the District office.
3. Attendance at training including ethics training (on-line training included, as pre-authorized by the Executive Director).
4. Meetings for which a District Board member serves on the Grossmont Hospital Corporation (GHC) Board and GHC or Sharp HealthCare committees, regardless of the topic(s) addressed.
5. Attendance at meetings of organizations which are pre-designated by the Board of Directors as occasions that constitute the performance of official duties and include the following:
 - a) Meetings of organizations in which the District is a member (e.g., East County Regional Chamber of Commerce, Association of California Healthcare Districts, California Special Districts Association).
 - b) Meetings directly related to the conduct of District business.
 - c) Meetings of non-political community groups that extend a specific invitation to attend and at which the Board member actively participates in the program.
 - d) Attendance at symposia and conventions, the primary purpose of which is to discuss or demonstrate health care issues or matters relating to special districts.
 - e) Attendance at educational conference workshops which include curricula concerning district hospitals, special districts, or board administration.
6. Attendance at meetings which the Board of Directors approves as noticed action items at a regular meeting of the Board, and which the Board determines as occasions that constitute the performance of official duties.

GROSSMONT HEALTHCARE DISTRICT	Section 19	Page 3 of 4
	Title: Meeting Compensation Guidelines	
	Policies and Procedures Manual	Latest Revision Date: 8/3/20

B) Board Members may receive a stipend for attendance at multiple meetings in the same day, up to a limit of three meetings per day, provided the meetings have a healthcare nexus or are related to the District’s Strategic & Risk Management Plan, specifically:

1. District Board and Board committee meetings.
2. Meetings for which a District Board member serves on the Grossmont Hospital Corporation (GHC) Board and GHC or Sharp HealthCare committees.
3. Attendance at ethics training.
4. Conferences and seminars held by organizations in which the District is a member, and for which the conference/seminar has a clear health care or District Strategic & Risk Management Plan nexus.
5. Community meetings and events within the District, for which the meeting/event has a clear health care and District Strategic & Risk Management Plan nexus, specifically:
 - a) Board, policy committee, and formal business meetings of organizations in which the District is a member, including area Chambers of Commerce, East County Economic Development Council, and San Diego County Taxpayers Association.
 - b) Meetings with other government agencies or officials in which the subject involves health care or District business (e.g., State and local legislative officials, County Health & Human Services).
 - c) Health fairs sponsored by the District or to which the District has been invited to attend.
 - d) Meetings or visits with organizations that receive direct District financial support.

C) Non-compensable meetings shall include the following:

1. Informal meetings with other Board members or with District staff members, regardless of the topic(s) addressed.
2. Meetings of a political nature, whether partisan or non-partisan, regardless of the topic(s) addressed.

GROSSMONT HEALTHCARE DISTRICT	Section 19	Page 4 of 4
	Title: Meeting Compensation Guidelines	
	Latest Revision Date: 8/3/20	
Policies and Procedures Manual		

3. Meetings for which payment of a stipend or honorarium is provided by the host organization.

4. Committee meetings attended as a non-member.

5. Meetings of other public bodies, unless invited as a participant by the host body or sent as a delegate by the District Board.

6. Meetings of organizations in which the member holds an individual membership or the primary purpose of which is to receive continuing professional educational credits.

7. Charity fund raising events.

In addition, each member of the Board shall be allowed his or her actual necessary traveling and incidental expenses in the performance of official business of the District in accordance with Government Code section 53232.2.

Board members shall have an opportunity to report on meetings attended at District expense at the next regularly scheduled Board meeting following the meeting for which the reimbursement is received.

In accordance with Government Code section 53234, Board members and any designated employees shall have at least two (2) hours of ethics training every two (2) years and harassment-free work environment training every two (2) years. Certificates of completion of ethics and harassment-free work environment training shall be maintained for at least five (5) years.

Any questions regarding interpretations of these guidelines should be addressed to the District’s General Counsel.



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board (ECHD) of Directors
From: Julia E. Miller, Chair
Date: May 17, 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 every three years.
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. Policy
2. Memo - Reimbursement of Legal Expenses Related to Board Member Investigations of Misconduct

Suggested Board Discussion Questions:

1. None



ID #: 2.00
Adopted: 03/25/2014
Last Approved: 03/25/2014
Last Revised: 01/25/2022

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16/22

Category: Policy

EL CAMINO HEALTHCARE DISTRICT BOARD COMPLIANCE ISSUE REVIEW PROCESS

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- I. COVERAGE: All Members of the El Camino Healthcare District Board of Directors
- 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~~ another party. The procedure is to be used to identify and verify a compliance issue and to determine the appropriate ~~response~~ outcome. This Policy applies to all Board members.

Identification of the Issue

A District Board member, ~~(the~~ "reporting Board member"), a member of the public or ~~another her third~~ party may question whether ~~a another~~ Board member ~~(or members)~~ (the "subject Board member") ~~of~~ the District ~~has~~ yes 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 (in each case, referred to herein as contrary to other similar requirements ("othera "Compliance Issue")s-"). 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.")~~)-I- The Board Chair may contact the District's CEO and legal counsel after learning of the reported Compliance Issue.

Appointment of Ad Hoc Committee

Following notice of any such ~~event~~ Compliance Issue, a Board meeting shall be scheduled to consider whether to appoint an ~~ad-Ad Hhoc~~ Committee, as described below and as permitted by Article VII of the District Bylaws. If the Board ~~(excluding any subject Board member(s))~~ approves of the appointment of an Ad Hhoc Committee, the Board Chair shall appoint ~~the members of the~~ Chair of the Aad Hhoc committee ~~("Ad Hoc Committee")~~. The Board Chair may serve on the Ad Hoc Committee and may chair be the Committee. CHAIR The Ad Hoc Committee shall be comprised of no more than two (2) Board member and the District Board ~~The District Board shall ratify the second member.~~ The Ad Hoc Committee shall review the ~~report complaint regarding the eCompliance Issue~~ and determine whether it raises a Compliance Issue. The subject Board member who is the center of the review shall also be notified of the complaint. The Ad Hoc Committee shall determine the appropriate response to recommend to the Board.-

Only the Ad Hoc Committee can review the ~~compliance-Compliance~~ Issue on behalf of the District Board.

The Ad Hoc Committee may engage external resources to assist in its review of the Compliance Issue, e.g., 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's investigation shall include at least a minimum of one interview by the Ad Hoc Committee with the subject Board member. The Ad Hoc Committee or the subject Board member may ask that such investigation be conducted under the supervision of counsel or an non-biased independent person (e.g., the Chief Compliance Officer or as assigned by the CEO).

Within forty-five (45)(30-thirty (30)) 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 written summary of the investigation process and such summary shall be provided to the Board. should be provided to all parties.—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's work is complete and the Committee shall be disbanded. ~~shall be disbanded,~~ unless the Board recommends further steps to be taken by the Ad Hoc Committee.

The subject Board member being investigated may be reimbursed legal fees in the event there is an administrative or civil proceeding which may lead to removing, suspending, or penalizing the subject Board member for misconduct, and the District (as opposed to the Board member) engages outside counsel to defend the Board member, in accordance with Government Code sections 995 – 996.6 and applicable case law.

ID #: 2.00
Adopted: 03/25/2014
Last Approved: 03/25/2014
Last Revised: 05/16/22
Area: District Board
Category: Policy

EL CAMINO HEALTHCARE DISTRICT BOARD COMPLIANCE ISSUE REVIEW PROCESS

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

Identification of the Issue

A District Board member (the "reporting Board member"), a member of the public or another party may question whether a Board member or members (the "subject Board member") of the District have 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 (in each case, referred to herein as a "Compliance Issue"). 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.") The Board Chair may contact the District's CEO and legal counsel after learning of the reported Compliance Issue.

Appointment of Ad Hoc Committee

Following notice of any such Compliance Issue, a Board meeting shall be scheduled to consider whether to appoint an Ad Hoc Committee, as described below and as permitted by Article VII of the District Bylaws. If the Board approves of the appointment of an Ad Hoc Committee, the Board Chair shall appoint the Chair of the Ad Hoc committee. The Board Chair may serve on the Ad Hoc Committee and may chair the Committee. The Ad Hoc Committee shall be comprised of no more than two (2) Board member and the District Board shall ratify the second member. The Ad Hoc Committee shall review the complaint and determine whether it raises a Compliance Issue. The subject Board member shall also be notified of the complaint. The Ad Hoc Committee shall determine the appropriate response to recommend to the Board.

The Ad Hoc Committee may not include the reporting Board member or the subject Board member.

Ad Hoc Review Committee Process

Only the Ad Hoc Committee can review the Compliance Issue on behalf of the District Board.

The Ad Hoc Committee may engage external resources to assist in its review of the Compliance Issue, e.g., 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's investigation shall include a minimum of one interview with the subject Board member. The Ad Hoc Committee or the subject Board member may ask that such investigation be conducted under the supervision of counsel or an independent person (e.g., the Chief Compliance Officer or as assigned by the CEO).

Within thirty (30) 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, taking specific action, no action, or no action at the current time. The Ad Hoc Committee's findings shall include a written summary of the investigation process and such summary shall be provided to the Board. The Ad Hoc Committee's recommendation shall include the basis for the recommendation and shall be consistent with applicable duties and legal principles.

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's work is complete and the Committee shall be disbanded, unless the Board recommends further steps to be taken by the Ad Hoc Committee.

The subject Board member being investigated may be reimbursed legal fees in the event there is an administrative or civil proceeding which may lead to removing, suspending, or penalizing the subject Board member for misconduct, and the District (as opposed to the Board member) engages outside counsel to defend the Board member, in accordance with Government Code sections 995 – 996.6 and applicable case law.



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board (ECHD) of Directors
From: Julia E. Miller, Chair
Date: May 17, 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 every three years.
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. Policy

Suggested Board Discussion Questions:

1. None

ID #: 3.00
Adopted: 05/01/2013
Last Revised: ~~01/25/2022~~
~~16-22~~
Last Approved: 03/11/2019
Effective: 03/16/2019
Area: District Board
Category: Policy

**EL CAMINO HEALTHCARE DISTRICT BOARD ~~POLICY FOR~~
~~DIRECTOR DIRECTOR~~ COMPENSATION, AND REIMBURSEMENT ~~POLICY~~**

**~~PAYMENT OF BOARD MEMBER STIPEND AND REIMBURSEMENT
FOR OF MEETINGS BUSINESS, EDUCATION, AND TRAVEL AND OTHER APPROVED
EXPENSES~~**

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

II. ~~PROCEDURE~~**POLICY STATEMENT:**

The El Camino Healthcare District shall pay ~~District Board members stipends~~, in compliance with California Health and Safety Code Section 32103 and other applicable laws. ~~Reimbursement to Board~~ members of its Board of Directors \$10~~50~~ per meeting (pre-tax) ~~including an annual 5% increase authorized by H&S code and ratified by the Board annually~~, not to exceed six meetings per month.

Members of the Board of Directors who do not wish to receive ~~such payments~~ compensation may ~~“Opt P-Out” and may reverse this “Opt-Out” policy at any time in the future. Thenotify the Manager of Administration by submitting a “Board of Directors’ Compensation will be notified~~ notified by the Board member-Op-Out” form. ~~Reimbursement to Board members will be made from operational funds for business, educational and associated travel expenses~~

~~Board members must submit a completed request (form #2085) for educational seminars and conferences, or necessary off-site business expenses incurred on behalf of the District.~~

~~1. Board members are expected to use prudent judgment in selecting their travel accommodations and otherwise incurring expenses which will be reimbursed by the District. Any member not receiving compensation may request to receive such compensation for attendance at future events by notifying the Manager of Administration. Such meetings shall include:~~

~~2. Regular, Special, and Emergency Meetings of the El Camino Healthcare District Board of Directors.~~

~~3. Meetings of the El Camino Healthcare District Board Committees. Travel expenses, and mileage for educational events on behalf of El Camino Health.~~

~~The El Camino Healthcare District shall also pay, in compliance with California Health and Safety Code Section 32103 and other applicable laws, members of its Board of Directors who request such payment, reimbursement for actual necessary traveling and incidental expenses, including but not limited to travel,~~

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~~lodging, hotel internet, and meals incurred on behalf of the El Camino Healthcare District. However, Board members will not be reimbursed for travel mileage to attend meetings or events held at El Camino Hospital.~~
~~Board members who have chosen to "Opt-Out" of all compensation, there is no need to submit any forms.~~

~~A.~~

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~~III. POLICY SUMMARY~~

~~A. It is the policy of the El Camino Healthcare District (the "District") to pay Board members stipends in accordance California Health and Safety Code Section 32103, other applicable laws, and to reimburse Board members from operational funds for business, educational and associated travel expenses. The District will also pay Board members for attendance at meetings, as follows: \$100.00 per event up to 6 events per month.~~

~~Board members must submit a completed request (form #2085) for educational seminars and conferences, or necessary off-site business expenses incurred on behalf of the District.~~

~~Board members are expected to use prudent judgment in selecting their travel accommodations and otherwise incurring expenses which will be reimbursed by the District.~~

~~Board members can opt-out of all compensation, if they choose to do so, and would not submit any forms for reimbursement.~~

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~~IV. ELIGIBILITY FOR PAYMENT OR REIMBURSEMENT~~

~~III.~~

~~1. Meetings: Staff will track Board members with a "Meeting Attendance Report Confirmation" form, on a monthly basis, for their signature and payment. Stipends: Compensable meetings, for which Board members will receive stipends, include:~~

~~1.1. Meetings of the El Camino Healthcare District Board: Regular, Committee, Special, Emergency, and Ad Hoc meetings and others as approved by the District Board, not to exceed six (6) per month of any combinations.~~

~~1.2. Attendance at meetings of organizations that constitute the performance of official duties and include the following:~~

~~1.2.1. Meetings of organizations in which the District is a member (e.g., Santa Clara County, Chamber of Commerce within the District, and the California Special Districts Association).~~

~~1.2.2. Meetings directly related to the conduct of District business.~~

~~1.2.3. Meetings of non-political community or civic groups, that extend a specific invitation to attend and at which the Board member actively participates in the program.~~

~~1.2.4. Attendance at symposia and conventions, the primary purpose of which is to discuss or demonstrate health care issues or matters relating to special districts.~~

- 1.3. Attendance at training including ethics and sexual harassment training (on-line).
- 1.4. Attendance at educational conference workshops which include curricula concerning district hospitals, special districts, or board administration.
2. Transportation:
- 2.1. Personal Vehicle: Use of Personal Vehicle for attendance at educational or other events on behalf of the District.
- 2.1.1. The District will pay the current IRS mileage rate for miles actually traveled, but not more than, from the Board member's home or usual place of business within California when traveling on behalf of the District. However, the District shall not reimburse Directors for miles traveled to meetings or events at El Camino Hospital.
- 2.1.2. To be reimbursed, the Board member must complete the Mileage Reimbursement form provided by the Manager, Administration. The form must be signed by the Board Chair (or the Vice Chair in the case of the Chair's reimbursement) and returned to the Director of Administration.
- 2.2. Air travel will be reimbursed at "coach" airfare rates. No reimbursement should be claimed for personal convenience fees such as those associated with priority boarding or seating upgrades.
- 2.3. Ground travel to a seminar or other event, with the exception of events at El Camino Hospital, using the Board member's personal vehicle will be reimbursed as noted in item D.1., at the current IRS mileage rate per mile. Taxi, or rental car service, if required at the destination, may be reimbursed (with receipts) by the District if necessary for business purposes.
- 2.4. Reimbursement for car rental expenses will be for a standard "intermediate" car rate unless there is a business need for a larger vehicle (ECH travelers with luggage, for example). If the requester requests a larger automobile than is necessary to meet the business need, Director is to request rental agency to document the price difference between that and the standard "intermediate" vehicle. The owner rate will be reimbursed. If a larger vehicle is required to meet a business need, this need must be documented on the "Business-Education-Travel Reimbursement Authorization".
- 2.5. Non-Reimbursable Items include:
- 2.5.1. Any expenses of a spouse or other individual who accompanies the Board member on travel.
- 2.5.2. Any additional expenses for travel by business or first class, or any charges for special boarding privileges or seats.
3. Lodging:
- 3.1. Lodging will be reimbursed at the standard room rate.
- 3.2. Non-Reimbursable items include lodging amenities such as subscription television, valet service, cleaning/pressing of clothes (if the function is greater than one week, this

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service is allowed), concierge, etc. In-room meal service is subject to the \$130 per diem.

3.3. If an offsite event is within a reasonable radius of the Board member's home or usual place of business and the function is starting after 7:30 a.m. and/or will be ending before 11:30 p.m., the District will not pay for overnight accommodations, as it is expected that the Board member will commute that distance to and from the function within that business day.

4. Meals

4.1. Meals will be reimbursed at actual cost plus tip (normally 15%). The maximum average reimbursement per day is \$130.00. It is the responsibility of the Board Director to decide how the per diem maximum allowable amount is allocated. Detailed receipts indicating the items purchased must be submitted.

4.2. Alcohol will not be reimbursed unless approved by the Board Chair. The maximum average reimbursement of \$130.00 per diem includes any approved expenses for alcohol.

4.3. Internet Service, during travel, required for necessary District business will be reimbursed at cost. These expenses should be itemized on the statement.

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IV. REPORTING PROCEDURE

1. All expenses of \$40.00 or greater must be supported with receipts.

2. All Board members must complete the "Business-Education-Travel Reimbursement Authorization" form (Form 2085). Local business mileage reimbursement may be requested

3. Where receipts are given that include non-reimbursable expenses, these expenses must be marked as personal and deducted from the total for eligible expenses to be reimbursed.

4. When travel advances are provided, the Director must submit a final accounting of their expenses on the Business, Education, and Travel Expense form no later than 30 days from the date of the event. In addition, any undocumented advance will be considered additional income to the Director and reported as a W-2 transaction.

a. Meetings of the El Camino Healthcare District Board: Regular, Special, Emergency and Ad Hoc meetings and others as approved by the District Board

Staff will track Board members's who have "Opted In" to the policy with a "Meeting Attendance Report Confirmation" form, on a monthly basis, for their signature and payment.

~~attendance at meetings and, on a monthly basis, provide Board members who have not opted out of the policy with a "Meeting Attendance Report Confirmation" form for signature. All approved B, six combinations ECH facilities.~~

~~and sexual harassment Meetings for which a District Board member serves on the Board and Committees, regardless of the topic(s) addressed.~~

1. ~~Santa Clara, within the District and the or civic groups, g.~~

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2. ~~Upon receipt of the signed Meeting Attendance Report Confirmation and following approval of the Board Chair, (or the Vice Chair, in the case of the Chair's compensation) staff will forward the document to accounting.~~

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2. ~~Stipends paid to Directors are IRS Form 1099 W-2 Miscellaneous reportable. Directors who have not "Opted out" of participation and are accepting stipend payments must submit IRS FORM W-9 to ECH Accounting before receiving payment. Annually, ECH will provide IRS Form m 1099 Miscellaneous to Directors receiving stipend compensation in excess of \$600.00 in a calendar year.~~

3. ~~Use of Personal Vehicle for attendance at educational or other events on behalf of the District.~~

1. ~~The District will pay the current IRS mileage rate for miles actually traveled, but not more than, from the Board member's home or usual place of business within California when traveling on behalf of the District. However, the District shall not reimburse Directors for miles traveled to meetings or events at El Camino Hospital.~~

~~To be reimbursed, the Board member must complete the Mileage Reimbursement form provided by the Director of Governance Services. The form must be signed by the Board Chair (or the Vice Chair in the case of the Chair's reimbursement) and sent to accounting (OAK200) for processing returned to the Director of Administration.~~

2.

4. ~~Educational seminars, conferences, events, etc. attended for the benefit of the District.~~

1. ~~Seminar/conference fees will be reimbursed in full or at a pro-rated actual amounts~~

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2. ~~Air travel will be reimbursed at "coach" airfare rates. No reimbursement should be claimed for personal convenience fees such as those associated with priority boarding or seating upgrades.~~

3. ~~Ground travel to a seminar or other event, with the exception of events at El Camino Hospital, using the Board member's personal vehicle will be reimbursed as noted in item D.1., at the current IRS mileage rate per mile. Board members should consider use of a rental car in cases where the expenses are expected to be less than the reimbursement for a personal vehicle.~~

4. ~~—— Taxi, bus, rail, limo or rental car service, if required at the destination, may be reimbursed (with receipts) by the District if necessary for business purposes, as follows:~~

a. ~~—— Reimbursement for car rental expenses incurred by the Board member will be limited to the amount charged for a standard "intermediate" car rate unless there is a business need for a larger vehicle (multiple ECH travelers with luggage, for example). If the requester requests a larger automobile than is necessary to meet the business need, he/she Director is to have the rental request rental agency to document what the price difference would have been between for that and the standard "intermediate" vehicle. The lower rate will be reimbursed, and seek reimbursement for only the lower amount. If a larger vehicle is required to meet a business need, this need must be documented on the "Business Education Travel Reimbursement Authorization" form.~~

b. ~~—— Limousine service is permitted if it is no more expensive than available alternatives.~~

c. ~~—— Board members should choose the least expensive available alternative suitable for the purpose and situation.~~

5. ~~—— Lodging will be reimbursed at the standard private room rate at the selected motel/hotel.~~

6. ~~—— Meals will be reimbursed at actual cost plus tip (normally 15%). The maximum average reimbursement per day is \$130.00. It is the responsibility of the Board member Director to decide how he/she spends the per diem maximum allowable amount for meals is allocated. Detailed receipts indicating the items purchased must be submitted.~~

7. ~~—— Alcohol will not be reimbursed unless approved by the Board Chair. Because approval will only be granted in unusual circumstances, it is recommended that Board members request approval in advance of the expenditure. The maximum average reimbursement of \$130.00 per day diem includes any approved expenses for alcohol.~~

8. ~~—— Telephone calls and Internet Service, during travel, required for necessary District business will be reimbursed at cost. These expenses should be itemized on the statement. The District will also reimburse expenses for a personal telephone call home each day while on District business. The conversation should be kept to a reasonable length and will be reimbursed at cost.~~

9. ~~The District will not advance or reimburse for the following NON-REIMBURSEABLE ITEMS:~~

- a. ~~Any expenses of a spouse or other individual who accompanies the Board member on travel.~~
- b. ~~Any additional expenses for travel by business or first class, or any charges for special boarding privileges or seats.~~
- c. ~~Lodging amenities such as subscription television, valet service, cleaning/pressing of clothes (if the function is greater than one week, this service is allowed), concierge, etc. In room meal service is subject to the normal meal reimbursement rates detailed in D.2.f above. \$130 per diem.~~

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- d. ~~If an offsite event is within a reasonable radius of the Board member's home or usual place of business and the function is starting after 7:30 a.m. and/or will be ending before 11:30 p.m., the Hospital District will not pay for overnight accommodations, as it is expected that the Board member will commute that distance to and from the function within that business day.~~
- e. ~~Car rental fees on an individual basis where there is the opportunity to share a rental car for a group of participants.~~
- f. ~~Car rental fees on an individual basis, if other eCH MEMBERS ARE PRESENT. Additional per mileage charge or gasoline expense by a car rental agency used for personal pleasure driving.~~
- g. ~~Any entertainment such as theater, tours, nightclubs, etc.~~
 - ~~Discretionary expenses for another Board member or staff, such as a birthday, holidays (e.g. Christmas), weddings, child birth, special days (i.e., Administrative Day), or some other life events.~~
 - ~~Meetings with other District Directors or staff members regardless of topics.~~
- h. ~~Meetings of a political nature, regardless of the topic.~~
- i. ~~Professional memberships are generally not reimbursable.~~

5. ~~Travel Reservations~~

~~When booking accommodations and/or air travel, the following points should be noted:~~

- ~~1. If a deposit is required to be made by the District, prior approval of the travel request must be received in sufficient time for Accounting to process the request and ensure that the payment reaches its destination by the required date.~~
- ~~2. When booking air travel utilizing a travel agency, the District's current travel agency must be used. Board members may book airfares over the Internet using the employee's personal credit card. The Board member must then seek reimbursement from the District.~~
- ~~3. In most cases, air travel should be booked as a non-refundable fare. The much-lower cost of these non-refundable fares is normally so great that the extra cost, should a trip be re-scheduled, is still much less than paying a full-price fare.~~

6. ~~Expense Reporting~~

~~Expense reporting must be in conformity with minimum IRS standards and all expenses of \$4025.00 or greater must be supported by detailed receipts. Expense reports must indicate as a minimum all of the following:~~

- ~~• Business purpose~~
- ~~• Date and location~~
- ~~• Name and position of Board member~~

~~Noncompliance with the above requirements could cause the reimbursement to be considered as additional compensation to the Board member and thus would become taxable (via a W-2 or Form 1099). To avoid this potential problem, the Board member must complete the "Business Education Travel Reimbursement Authorization" form and attach all supporting documentation.~~

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~~7. Procedure for Completing Form~~

- ~~1. All Board members must complete the "Business Education Travel Reimbursement Authorization" form (Form 2085). Local business mileage reimbursement may be requested via the use of the Mileage Reimbursement form (form #54.00a).~~
- ~~2. Form #2085 is self-explanatory, but listed and covers below are the following key points for supporting documents, points to remember.~~

~~3. All supporting documents must be attached to the request form. Examples of supporting documents include:~~

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~~• Copy of registration form~~

- ~~• Lodging receipts~~
- ~~• Detailed meal receipts over per diem~~
- ~~• Car rental receipt gasoline and parking receipts~~
- ~~• Parking fee receipt~~

~~In circumstances where a receipt is not obtainable (or lost), the Board member must attach a statement detailing the expense as to date, place, reason for expense, and amount. All reports with missing receipts require approval by the Board Chair.~~

- ~~4. Where receipts are given that include non-reimbursable expenses, these expenses must be marked in some as personal fashion and deducted from the total so that only for eligible expenses are to be reimbursed.~~
- ~~5. When travel advances are provided, the recipient Director must submit a final accounting of his/her expenses on the Business, Education, and Travel Expense form and return any excess advance, no later than 120 30 days from the date of the event. If this is not done, disciplinary action may be taken. In addition, any undocumented advance will be considered additional income to the recipient Director and reported as a W-2 or Form 1099 transaction.~~
 - ~~• The CEO shall have signature Authority (approval) for the completed form, as well as travel agency invoices.~~

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~~8. Exceptions~~

~~Because it is impossible to foresee every possible situation, it is recognized that exceptions may sometimes be appropriate. As a result, expenses which are not generally reimbursed under this policy may be reimbursed by the District upon determination of the appropriateness and reasonableness of the expenses by the Board Chair (or the Vice Chair in the case of the board Chair's expenses). Any such All exceptions will, including the justification for the exception, shall be and attached to the request for reimbursement.~~

ID #: 3.00
Adopted: 05/01/2013
Last Revised: 4-16-22
Last Approved: 03/11/2019
Effective: 03/16/2019
Area: District Board
Category: Policy

EL CAMINO HEALTHCARE DISTRICT BOARD POLICY FOR DIRECTOR COMPENSATION AND REIMBURSEMENT

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

II. POLICY STATEMENT:

The El Camino Healthcare District shall pay District Board members a stipend for attending meetings of the Board in the amount of One Hundred and Five Dollars (\$105.00) per meeting (pre-tax), not to exceed six (6) meetings per month, in accordance with California Health and Safety Code Section 32103 and other applicable laws. Such stipend may be increased up to five percent (5%) per year in accordance with the procedures set forth in California Health and Safety Code Section 32103(b).

Board members who do not wish to receive such stipend may "Opt-Out" and may reverse this "Opt-Out" policy at any time in the future. The Manager of Administration will be notified by the Board member.

The District shall also reimburse Board members from operational funds for business, educational and associated travel expenses, in accordance with this Policy.

III. ELIGIBILITY FOR PAYMENT OR REIMBURSEMENT

1. Meetings: Staff will track Board members with a "Meeting Attendance Report Confirmation" form, on a monthly basis, for their signature and payment. Compensable meetings may not exceed more than six (6) meetings per month, regardless of the type of meeting attended. Compensable meetings for which Board members will receive stipends include:

1.1. Meetings of the El Camino Healthcare District Board: Regular, Committee, Special, Emergency, and Ad Hoc meetings and others as approved by the District Board.

1.2. Attendance at meetings of organizations that constitute the performance of official duties and include the following:

1.2.1. Meetings of organizations in which the District is a member (e.g., Santa Clara County, Chamber of Commerce within the District, and the California Special Districts Association).

1.2.2. Meetings directly related to the conduct of District business.

- 1.2.3. Meetings of non-political community or civic groups, that extend a specific invitation to attend and at which the Board member's participation is necessary in the performance of official duties.
 - 1.2.4. Attendance at symposia and conventions, the primary purpose of which is to discuss or demonstrate health care issues or matters relating to special districts.
 - 1.3. Attendance at training including ethics and sexual harassment training (in-person or online).
 - 1.4. Attendance at educational conference workshops which include curricula concerning district hospitals, special districts, or board administration.
2. Transportation:
- 2.1. Personal Vehicle: Use of Personal Vehicle for attendance at educational or other events on behalf of the District.
 - 2.1.1. The District will pay the current IRS mileage rate for miles actually traveled, but not more than, from the Board member's home or usual place of business within California when traveling on behalf of the District. However, the District shall not reimburse Board members for miles traveled to meetings or events at El Camino Hospital.
 - 2.1.2. To be reimbursed, the Board member must complete the Mileage Reimbursement form provided by the Manager, Administration. The form must be signed by the Board Chair (or the Vice Chair in the case of the Chair's reimbursement) and returned to the Director of Administration.
 - 2.2. Air travel will be reimbursed at "coach" airfare rates. No reimbursement should be claimed for personal convenience fees such as those associated with priority boarding or seating upgrades.
 - 2.3. Ground travel to a seminar or other event, with the exception of events at El Camino Hospital, using the Board member's personal vehicle will be reimbursed at the current IRS mileage rate per mile, as noted in Section 2.1. above. Taxi, or rental car service, if required at the destination, may be reimbursed (with receipts) by the District if necessary for business purposes.
 - 2.4. Reimbursement for car rental expenses will be for a standard "intermediate" car rate unless there is a business need for a larger vehicle (travelers with luggage, for example). If the requester requests a larger automobile than is necessary to meet the business need, the Board member is to request that the rental agency document the price difference between that and the standard "intermediate" vehicle. The owner rate will

be reimbursed. If a larger vehicle is required to meet a business need, this need must be documented on the "Business-Education-Travel Reimbursement Authorization".

2.5. Non-Reimbursable Items include:

2.5.1. Any expenses of a spouse or other individual who accompanies the Board member on travel.

2.5.2. Any additional expenses for travel by business or first class, or any charges for special boarding privileges or seats.

3. Lodging:

3.1. Lodging will be reimbursed at the standard room rate.

3.2. Non-reimbursable items include lodging amenities such as subscription television, valet service, cleaning/pressing of clothes (if the function is greater than one week, this service is allowed), concierge, etc. In-room meal service is subject to the One Hundred and Thirty Dollars (\$130.00) per diem.

3.3. If an offsite event is within a reasonable radius of the Board member's home or usual place of business and the function is starting after 7:30 a.m. and/or will be ending before 11:30 p.m., the District will not pay for overnight accommodations, as it is expected that the Board member will commute that distance to and from the function within that business day.

4. Meals

4.1. Meals will be reimbursed at actual cost plus tip (normally 15%). The maximum average reimbursement per day is One Hundred and Thirty Dollars (\$130.00). It is the responsibility of the Board member to decide how the per diem maximum allowable amount is allocated. Detailed receipts indicating the items purchased must be submitted.

4.2. Alcohol will not be reimbursed unless approved by the Board Chair. The maximum average reimbursement of One Hundred and Thirty Dollars (\$130.00) per diem includes any approved expenses for alcohol.

4.3. Internet service, during travel, required for necessary District business will be reimbursed at cost. These expenses should be itemized on the statement.

IV. REPORTING PROCEDURE

1. All expenses of Forty Dollars (\$40.00) or greater must be supported with receipts.

2. All Board members must complete the "Business-Education-Travel Reimbursement Authorization" form (Form 2085). Local business mileage reimbursement may be requested
3. Where receipts are given that include non-reimbursable expenses, these expenses must be marked as personal and deducted from the total for eligible expenses to be reimbursed.
4. When travel advances are provided, the Board member must submit a final accounting of their expenses on the Business, Education, and Travel Expense form no later than thirty (30) days from the date of the event. In addition, any undocumented advance will be considered additional income to the Board member and reported as a W-2 transaction.



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board (ECHD) of Directors
From: Julia E. Miller, Chair
Date: May 17, 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 every three years.
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. Policy

Suggested Board Discussion Questions:

1. None



ID #: P.6
Adopted: 12/09/2014
Last Revised: 01/28/2020
Last Approved: 01/28/2020
Next Reviewed: 05/17/22
Area: Board
Category: Policy

**APPOINTMENT AND RE-APPOINTMENT
OF ~~NON-ELECTED~~ APPOINTED BOARD MEMBERS (ABM)
TO THE EL CAMINO HOSPITAL BOARD OF DIRECTORS**

I. COVERAGE: All appointed members of the El Camino Hospital Board

II. COMPETENCY CONSIDERATIONS:

1. A member of the El Camino Hospital Board (ECHB) should exhibit the following characteristics:

- Understanding ~~of~~ the vital role El Camino Hospital plays in the ~~broader~~ region.
- Loyalty to El Camino Hospital's charitable (~~Community~~ Community Benefits) purposes ~~ss~~.
- Ability to understand and monitor the following:
 - Diverse portfolio of businesses and programs
 - Complex partnerships with clinicians
 - Programs to create a continuum of care
 - Investments ~~s~~ in technology
 - Assumption of risk for population health
 - Resource allocation
 - Quality metrics
- Commitment to continu~~ing~~ learning.
- ~~Demonstrated strategic thinking.~~

2. Engaged attendance at Board and Committee meetings.

- Appropriate business attire at ECH meetings and functions.
- Understanding and support of the role the District Board plays in Governance of the 501(c)(3) corporation.

2-3. Additionally, appointment or re-appointment should be based on contributing a complementary skill set to other Board members (gap filling) and demonstrate a:

—Positive working relationship with other Board members ~~REMOVE SEE BELOW.~~

- ~~Productive working relationship with the El Camino Hospital CEO; hospital staff and other board members. and and other staff members delete~~

~~Engaged attendance at Board and Committee meetings. REMOVE SEE ABOVE~~

If there are 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 qualified 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 or local businesses.

3-4. Preferably the candidate ~~a~~ lives in the District or Santa Clara County.

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III. TIMELINE:

Time Period	Action to be Performed
Previous FYQ4	<ul style="list-style-type: none"> The District Board Chair shall convene an Ad Hoc committee by appointing a Chair from the also a District Board member, which may be themselves, for the Ad Hoc Committee. The second member will also be a District Board member, ratified by the full Board. The Ad Hoc Committee Chair's role shall be to set meeting agendas, work with staff to set meeting dates and facilitate the meetings. The District Board shall also approve the appointment of up to two advisors to the Ad Hoc Committee. Both advisors should be Hospital Directors who are not members of the District Board (one of the advisors should be a ABM Hospital Director from on the Governance Committee Committee e and B both should be referred by the Chair of the El Camino Hospital Board Chair).
FYQ1	<ul style="list-style-type: none"> The District Board Chair asks the El Camino Hospital Appointed Board Member (ABM), whose term is next to expire, to declare interest in continuing to serve. The Chair of the Hospital Board and Ad Hoc committee are and informs the Chair of the Ad Hoc Committee of this intent. The Ad Hoc Committee would conduct an interview of the El Camino Hospital Appointed Board Member (ABM), including review of attendance report. The Ad Hoc Committee considers this re-appointment of the ABM El Camino Hospital Director(s) and makes a recommendation to the District Board. At the next District Board Meeting, the District Board may considers re-appointment of ABM. Once a decision is made, the Chair of the Hospital Board and the Hospital Appointed Board Member (ABM) shall be notified. If re-appointment is not recommended, the District Board authorizes the Ad Hoc Committee to pursue external recruitment.
FYQ2	<ul style="list-style-type: none"> Ad Hoc Committee completes and reviews competency matrix, position specification and job description. Ad Hoc Committee will consult with the CEO, Hospital Board Chair and Governance Committee Chair to update documents. The CEO is responsible for the employment of outside consultant(s) to support the Ad Hoc Committee. Ad Hoc Committee analyzes ECH Board Competency Matrix survey results, reviews candidate profiles (updated resume, candidate questionnaire and attendance report), interviews potential candidates, and develops a recommendation to the CEO, District Board Chair and Hospital Board Chair.
FYQ3	<ul style="list-style-type: none"> Ad Hoc Committee presents an interim update to the District Board and incorporates feedback into further recruitment efforts.
FYQ4	<ul style="list-style-type: none"> Prior to the Meeting: Ad Hoc Committee to summarize interviews for the Board packet and make a recommendation to the District Board. District Board considers Ad Hoc Committee recommendation and votes to appoint ABM(s) to the Hospital Board.

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ID #: P.6
Adopted: 12/09/2014
Last Revised: 01/28/2020
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Area: Board
Category: Policy

APPOINTMENT AND RE-APPOINTMENT OF NON-ELECTED/APPOINTED BOARD MEMBERS (ABM) TO THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

- I. COVERAGE: All appointed members of the El Camino Hospital Board
- II. COMPETENCY CONSIDERATIONS:
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 - Investments in technology
 - Assumption of risk for population health
 - Resource allocation
 - Quality metrics
 - Commitment to continue learning.
 - Demonstrated strategic thinking.
 2. Engaged attendance at Board and Committee meetings.
 - Appropriate business attire at ECH meetings and functions.
 - Understanding and support of the role the District Board plays in Governance of the 501(c)(3) corporation.
 3. Additionally, appointment or re-appointment should be based on contributing a complementary skill set to other Board members (gap filling) and demonstrate a:
 - Positive working relationship with other Board members
 - Productive working relationship with the El Camino Hospital CEO, hospital staff and other board members.

If there are 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 qualified 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 or local businesses.

4. Preferably the candidate lives in the District or Santa Clara County.



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Time Period	Action to be Performed
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FYQ1	<ul style="list-style-type: none"> The District Board Chair asks the El Camino Hospital Appointed Board Member (ABM), whose term is next to expire, to declare interest in continuing to serve. The Chair of the Hospital Board and Ad Hoc committee are informed of this intent. The Ad Hoc Committee would conduct an interview of the El Camino Hospital Appointed Board Member (ABM), including review of attendance report. The Ad Hoc Committee considers this re-appointment of the ABM Director(s) and makes a recommendation to the District Board. At the next District Board Meeting, the District Board may consider re-appointment of ABM. Once a decision is made, the Chair of the Hospital Board and the Hospital Appointed Board Member (ABM) shall be notified. If re-appointment is not recommended, the District Board authorizes the Ad Hoc Committee to pursue external recruitment.
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