



AGENDA

REGULAR MEETING OF THE EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS

Tuesday, January 28, 2020 – 5:30pm

El Camino Hospital | Conference Rooms EF&G (ground floor)
2500 Grant Road Mountain View, CA 94040

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Gary Kalbach, Board Chair		5:30 – 5:31pm
2. SALUTE TO THE FLAG	Gary Kalbach, Board Chair		5:31 – 5:33pm
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Gary Kalbach, Board Chair		5:33 – 5:34
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	Gary Kalbach, Board Chair		information 5:34 – 5:37
5. 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. Minutes of the Open Session of the District Board Meeting (12/11/2019) Information b. Sponsorships (11/2019 – 01/2020)	Gary Kalbach, Board Chair	<i>public comment</i>	motion required 5:37 – 5:39
6. COMMUNITY BENEFIT SPOTLIGHT <i>Resolution 2020-01</i> ATTACHMENT 6	Barbara Avery, Director, Community Benefit; Marsha Deslauries, Executive Director, Community Health Awareness Council (CHAC)	<i>public comment</i>	motion required 5:39 – 5:49
7. FY20 YTD FINANCIALS ATTACHMENT 7	Iftikhar Hussain, CFO	<i>public comment</i>	possible motion 5:49 – 6:04
8. EXISTING MAYVIEW COMMUNITY CLINIC GRANT FUNDING TRANSFER TO RAVENSWOOD ATTACHMENT 8	Barbara Avery, Director, Community Benefit	<i>public comment</i>	possible motion 6:04 – 6:34
9. COMMUNITY BENEFIT AD HOC COMMITTEE REPORT ATTACHMENT 9	Julia E. Miller, Ad Hoc Committee Chair; Peter C. Fung, MD, Ad Hoc Committee Member	<i>public comment</i>	possible motion 6:34 – 6:59

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10. DRAFT REVISED PROCESS FOR ELECTION OF NON-DISTRICT BOARD MEMBERS TO THE ECH BOARD ATTACHMENT 10	Gary Kalbach, Board Chair	<i>public comment</i>	possible motion 6:59 – 7:09
11. FY20 PACING PLAN ATTACHMENT 11	Gary Kalbach, Board Chair		discussion 7:09 – 7:14
12. ADJOURN TO CLOSED SESSION	Gary Kalbach, Board Chair	<i>public comment</i>	motion required 7:14 – 7:15
13. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Gary Kalbach, Board Chair		information 7:15 – 7:16
14. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the District Board Meeting (10/22/2019)	Gary Kalbach, Board Chair		motion required 7:16 – 7:18
15. Gov't Code Section 54956.9(d)(2) - conference with legal counsel – pending or threatened litigation: - CEO Report	Dan Woods, CEO; Mary Rotunno, General Counsel		discussion 7:18 – 7:33
16. Health & Safety Code Section 32106(b) for a report and discussion involving health care facility trade secrets: - Real Estate Update	Gary Kalbach, Board Chair		discussion 7:33 – 7:48
17. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – Senior Management: - Executive Session	Gary Kalbach, Board Chair		discussion 7:48 – 7:53
18. ADJOURN TO OPEN SESSION	Gary Kalbach, Board Chair		motion required 7:53 – 7:54
19. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Gary Kalbach, Board Chair		information 7:54 – 7:55
20. BOARD COMMENTS	Gary Kalbach, Board Chair		discussion 7:55 – 7:59
21. ADJOURNMENT	Gary Kalbach, Board Chair	<i>public comment</i>	motion required 7:59 – 8:00pm

Upcoming Meetings: March 17, 2020; May 19, 2020; June 16, 2020



**Minutes of the Open Session of the
Meeting of the El Camino Healthcare District Board of Directors
Wednesday, December 11, 2019**
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)

Board Members Present

Peter C. Fung, MD
Gary Kalbach, Chair
Julia E. Miller, Secretary/Treasurer

Board Members Absent

George O. Ting, MD, Vice Chair
John Zoglin

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the El Camino Healthcare District Board of Directors (the “Board”) was called to order at 8:45pm by Chair Kalbach. A silent roll call was taken. Directors Ting and Zoglin were absent. All other Board members were present.	
2. SALUTE TO THE FLAG	Chair Kalbach led the Board members, staff, and members of the public present in the Pledge of Allegiance.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Kalbach 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	None.	
5. CONSENT CALENDAR	<p>Chair Kalbach asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the District Board Meeting (10/22/2019).</p> <p>Movant: Fung Second: Miller Ayes: Fung, Kalbach, Miller Noes: None Abstentions: None Absent: Ting, Zoglin Recused: None</p>	<i>Consent calendar approved</i>
6. REVISED COMMUNITY BENEFIT POLICY	<p>Mary Rotunno, General Counsel, explained that the proposed revisions are to comply with a new California law going into effect January 1, 2020.</p> <p>Director Miller commended staff for the revisions, commenting that the process will be streamlined. She also commented that these edits answer some of the questions posed by the Board that the recently appointed Ad Hoc Committee is considering.</p> <p>Motion: To approve the Draft Revised Community Benefit Grant’s Policy.</p> <p>Movant: Miller Second: Fung Ayes: Fung, Kalbach, Miller Noes: None Abstentions: None Absent: Ting, Zoglin Recused: None</p>	<i>Revised CB Grant Policy Approved</i>
7. ADJOURNMENT	<p>Motion: To adjourn at 8:49pm.</p> <p>Movant: Fung</p>	<i>Meeting adjourned at</i>

	Second: Miller Ayes: Fung, Kalbach, Miller Noes: None Abstentions: None Absent: Ting, Zoglin Recused: None	8:49pm
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Healthcare District:

Gary Kalbach
Chair, ECHD Board

Julia E. Miller
Secretary, ECHD Board

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



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Cecile Currier, VP Corp. & Comm. Health Svcs and President, CONCERN:EAP
Barbara Avery, Director Community Benefit
Date: January 28, 2020
Subject: Community Benefit Sponsorships

Purpose:

To provide the Board with FY20 ECHD Sponsorships November 2019 – January 2020.

Summary:

1. **Situation:** Community Benefit Staff was asked to keep the Board informed regarding Community Benefit Sponsorships YTD.
2. **Authority:** Board reviewed and approved \$200,000 for Sponsorships in the FY20 Community Benefit Plan in June 2019.
3. **Background:**
 - Sponsorship information and instructions are available on the District website.
 - Requests include sponsorship packets that outline event date, purpose, levels of sponsorship and requirements for sponsor acknowledgement. These requests are reviewed throughout the year as they come in by Community Benefit Staff and the other designated departments that provide community sponsorships (*e.g.*, Marketing & Communications and Government & Community Relations).
 - Community Benefit-funded Sponsorships provide general support for health-related agencies improving the well-being of the community.
 - Community Benefit Sponsorships from November 2019 – January 2020 total **\$11, 250** for the following agencies:
 - o Pancreatic Cancer Action Network
 - o Habitat for Humanity
 - o City of Sunnyvale Senior Center
4. **Assessment:** N/A
5. **Other Reviews:** N/A
6. **Outcomes:** N/A

List of Attachments: N/A

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

EL CAMINO HEALTHCARE DISTRICT

RESOLUTION 2020-01

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

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

WHEREAS, the Board wishes to honor and recognize CHAC (Community Health Awareness Council) for partnering with El Camino Healthcare District to deliver mental health counseling and prevention services to elementary and middle school students at local public schools.

El Camino Healthcare District and CHAC began a partnership in 2012 to provide a comprehensive school-based mental health program including individual, group, and family therapy and Social-Emotional Learning services. The partnership aims to address child and adolescent mental health disorders including anxiety, depression, lack of self-esteem, alcohol and substance abuse or addiction, violence, and suicide. CHAC's program has served nearly 10,000 children and their families at schools in the El Camino Healthcare District. Providing these services at schools allows children who may not otherwise be able to access mental health services to receive the emotional support they need.

WHEREAS, the Board would like to acknowledge CHAC for its commitment to providing the School Mental Health Intervention & Prevention Program.

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

CHAC (Community Health Awareness Council)

IN WITNESS THEREOF, I have here unto set my hand this **28TH DAY OF JANUARY, 2020**.

EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:

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

JULIA E. MILLER
SECRETARY/TREASURER
EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS





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

**Board Finance Presentation
Fiscal Year 2020
7/1/2019- 12/31/2019**

Iftikhar Hussain, CFO

El Camino Healthcare District Board of Directors Meeting

January 28, 2020

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



El Camino Healthcare District

Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

	Dec 31, 2019	June 30, 2019 Audited w/o Eliminations		Dec 31, 2019	June 30, 2019 Audited w/o Eliminations
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Current Assets			Current Liabilities		
Cash & Investments	\$332	\$314	Accounts Payable & Accrued Exp ⁽⁵⁾	\$171	\$125
Patient Accounts Receivable, net	\$139	\$132	Bonds Payable - Current	13	12
Other Accounts and Notes Receivable	\$44	\$14	Bond Interest Payable	11	15
Inventories and Prepays	\$68	\$73	Other Liabilities	4	12
Total Current Assets	583	533	Total Current Liabilities	199	165
Board Designated Assets			Deferred Revenue	1	1
Foundation Reserves	18	17	Deferred Revenue Inflow of Resources	13	14
Community Benefit Fund	24	20	Long Term Liabilities		
Operational Reserve Fund ⁽¹⁾	150	141	Bond Payable	625	629
Workers Comp, Health & PTO Reserves	75	76	Benefit Obligations	50	48
Facilities Replacement Fund ⁽²⁾	222	216	Other Long-term Obligations	14	4
Catastrophic & Malpractice Reserve ⁽³⁾	23	22	Total Long Term Liabilities	689	681
Total Board Designated Assets	513	492	Fund Balance		
Non-Designated Assets			Unrestricted	1,775	1,405
Funds Held By Trustee ⁽⁴⁾	77	107	Board Designated & Restricted	149	412
Long Term Investments	394	376	Capital & Retained Earnings	0	17
Other Investments	36	47	Total Fund Balance	1,924	1,834
Net Property Plant & Equipment	1,162	1,081	TOTAL LIAB. & FUND BAL.	\$2,826	\$2,695
Deferred Outflows of Resources	30	30			
Other Assets	32	29			
Total Non-Designated Assets	1,730	1,670			
TOTAL ASSETS	\$2,826	\$2,695			



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 December 31, 2019

(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⁾	508	495	12	453
Other Operating Revenues ⁽⁷⁾	28	27	1	22
Total Operating Revenues	535	522	13	475
Wages and Benefits	275	276	1	251
Supplies	80	72	-8	66
Purchased Services	85	79	-6	62
Other	23	25	2	16
Depreciation	26	28	2	26
Interest	1	3	2	2
Total Operating Expense ⁽⁸⁾	490	483	(7)	422
Operating Income	45	39	6	53
Non-Operating Income ⁽⁹⁾	56	19	37	(23)
Net Income	101	59	42	30



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

El Camino Healthcare District
Notes to Consolidated Financial Statements
Current FY 2020 Actual to Budget
(Includes El Camino Hospital)

FY20 P5 and P6 El Camino Hospital and Affiliates Financials presented to the El Camino Hospital Board Finance Committee on January 27, 2020 and will be presented to the El Camino Hospital Board of Directors for approval on February 12, 2020.

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

ECH Capital Replacement Fund (i.e. Funded Depr.)	\$172
ECHD Appropriation Fund (fka: Capital Outlay)	15
ECH Women's Hospital Expansion	15
ECH BHS Replacement Building Fund	14
ECHD Capital Replacement Fund (i.e. Funded Depr.)	<u>6</u>
	<u>\$222</u>

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

ECH Catastrophic Fund (aka: Earthquake Fund)	\$21
ECH Malpractice Reserve	<u>2</u>
	<u>\$23</u>

- 4) The decrease is due to the Bond Project Fund disbursements for the IMOB and BHS construction.
- 5) The increase is due to the significant construction and facilities accruals booked.
- 6) The increase in Net Patient Revenue due to growth in oncology, general medicine and surgical procedures.
- 7) Not used
- 8) Higher expenses related to volume growth.
- 9) Positive variance is primarily due to strong performance in our investment returns this year.



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*

	<u>Dec 31, 2019</u>	<u>June 30, 2019</u>		<u>Dec 31, 2019</u>	<u>June 30, 2019</u>
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Cash & cash equiv	\$2,379	\$3,679	Accounts payable ⁽¹⁰⁾	\$1	\$0
Short term investments ⁽¹⁾	8,504	8,523	Current portion of bonds	4,400	3,800
Due fm Retiree Health Plan ⁽²⁾	0	30	Bond interest payable ⁽¹¹⁾	2,105	2,403
S.C. M&O Taxes Receivable ⁽³⁾	1,803	0	Other Liabilities	388	102
Other current assets	248	17			
Total current assets	<u>\$12,934</u>	<u>\$12,249</u>	Total current liabilities	<u>\$6,894</u>	<u>\$6,305</u>
Operational Reserve Fund ⁽⁴⁾	1,500	1,500			
Capital Appropriation Fund ⁽⁵⁾	16,952	23,778			
Capital Replacement Fund ⁽⁶⁾	5,346	5,592	Deferred income	8	49
Community Benefit Fund ⁽⁷⁾	5,208	1,822	Bonds payable - long term	116,992	121,392
Total Board designated funds	<u>\$29,006</u>	<u>\$32,693</u>	Total liabilities	<u>\$123,894</u>	<u>\$127,746</u>
Funds held by trustee ⁽⁸⁾	<u>\$23,631</u>	<u>\$24,028</u>	Fund balance		
Capital assets, net ⁽⁹⁾	<u>\$10,736</u>	<u>\$10,766</u>	Unrestricted fund balance	\$52,275	\$55,558
			Restricted fund balance ⁽¹²⁾	(99,862)	(103,567)
			Total fund balance	<u>(\$47,587)</u>	<u>(\$48,009)</u>
TOTAL ASSETS	<u>\$76,307</u>	<u>\$79,736</u>	TOTAL LIAB & FUND BALANCE	<u>\$76,307</u>	<u>\$79,736</u>



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 December 31, 2019

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

	Actual	Current Year Budget	Variance	Prior Full Year Actual
REVENUES				
(A) Ground Lease Revenue ⁽¹³⁾	\$ 49	\$ 48	\$ 1	\$ 96
(B) Redevelopment Taxes ⁽¹⁴⁾	7	-	7	268
(B) Unrestricted M&O Property Taxes ⁽¹⁴⁾	5,900	5,900	-	8,429
(B) Restricted M&O Property Taxes ⁽¹⁴⁾	3,827	3,827	-	8,989
(B) G.O. Taxes Levied for Debt Service ⁽¹⁴⁾	5,100	5,100	-	9,989
(B) IGT/PRIME Medi-Cal Program ⁽¹⁵⁾	(1,332)	(1,671)	339	(6,829)
(B) Investment Income (net)	403	270	133	1,307
(B) Other income	-	-	-	0
TOTAL NET REVENUE	13,954	13,474	480	22,249
EXPENSES				
(A) Wages & Benefits ⁽¹⁶⁾	-	-	-	0
(A) Professional Fees & Purchased Svcs ⁽¹⁷⁾	181	326	145	629
(A) Supplies & Other Expenses ⁽¹⁸⁾	22	84	62	62
(B) G.O. Bond Interest Expense (net) ⁽¹⁹⁾	1,565	1,894	329	2,805
(B) Donations to Outside Organizations ⁽²⁰⁾	4,505	4,057	(448)	7,337
(A) Depreciation / Amortization	30	30	-	212
TOTAL EXPENSES	6,303	6,391	88	11,045
NET INCOME	\$ 7,651	\$ 7,083	\$ 569	\$ 11,204
(A) Operating Revenues & Expenses				
(B) Non-operating Revenues & Expenses				
RECAP STATEMENT OF REVENUES & EXPENSE				
(A) Net Operating Revenues & Expenses	\$ (184)			
(B) Net Non-Operating Revenues & Expenses	7,835			
NET INCOME	\$ 7,651			



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>Dec 31, 2019</u>	<u>June 30, 2019</u>
Fiscal year beginning balance	\$ (48,009)	\$ (59,866)
Net income year-to-date	\$ 7,651	\$ 11,204
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽²¹⁾	\$ 1,332	\$ 6,829
Capital Appropriation projects ⁽²²⁾	\$ (8,561)	(6,176)
Fiscal year ending balance	<u><u>\$ (47,587)</u></u>	<u><u>\$ (48,009)</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) **Short term investments** – No material difference.
- (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 accrued anticipated property taxes to be received in the new fiscal year.
- (4) **Operational Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (5) **Capital Appropriation Fund** – Decrease is due to funding of the commitment to the Women's Hospital renovation project to commence after the IMOB is completed.
- (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) **Accounts Payable and Accrued Expenses** – Expenses due which have not yet been paid.
- (11) **Bond Interest Payable** – The decrease is due to the semi-annual payment to G.O. bondholders made in August.
- (12) **Fund Balance** – The negative fund balance is a result of the General Obligation bonds which assisted in funding the replacement hospital facility in Mountain View. Accounting rules required the District to recognize the obligation in full at the time the bonds were issued ; receipts from taxpayers will be recognized in the year they are levied, slowly reducing the negative fund balance over the next 16 years.



El Camino Healthcare District

Notes to Stand-Alone Financial Statements

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

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

(14) 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.

(15) IGT/PRIME Expense – A payment in support of the PRIME or IGT programs.

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

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

• Community Benefit Support from ECH	\$ 165
• Legal Fees	12
• Digital Website Development	<u>4</u>
	<u>\$ 181</u>

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

• Board Education / Travel	\$ 3
• Board Meeting Stipends	1
• Postage	<u>18</u>
	<u>\$ 22</u>

(19) 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.

(20) Donations to Outside Organizations – Starting in FY 2014, 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 and February of the fiscal year.

(21) IGT/PRIME Funding – Transfers from ECH for participation in the PRIME or IGT program thus far in FY 2020.

(22) Capital Appropriation Projects Transfer – This amount for FY2020 was the approved amount at the Board's June 2019 meeting to be transferred to the Hospital during FY2020 for the future renovation of the Women's Hospital after the IMOB is completed in late 2019.



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*

Sources of District Taxes

12/31/2019

(1) Maintenance and Operation and Government Obligation Taxes	\$14,827
(2) Redevelopment Agency Taxes	7
Total District Tax Receipts	\$14,834

Uses Required Obligations / Operations

(3) Government Obligation Bond	5,100
Total Cash Available for Operations, CB Programs, & Capital Appropriations	9,734
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	3,827
Subtotal	5,907
(5) Operating Expenses	203
Subtotal	5,704
(6) Capital Replacement Fund (Park Pavilion)	39
Funds Available for Community Benefit Programs	\$5,665

*Gann Limit Calculation for FY2020

\$8,845

(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 FY2020

1. Pages 13 and 14: Are the pages 3 and 4 of the FY20 ECHD Stand-Alone Budget presented to the ECHD Board and approved on June 18, 2019.

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



Major Budget Assumptions – El Camino Healthcare District

Excludes El Camino Hospital & its affiliates

- Other Operating Revenue is based on the existing ground lease agreement.
- Redevelopment Agency revenues were not budgeted for in FY2020 as it is anticipated that the County may cease these allocations.
- Operating Expenses are based on historical information with adjustments made for non-recurring events.
- Community Benefit Support fee based on the cost of services as follows:

Community Benefit Staff FY2020		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		0.21
Total		4.21
Total Salaries, Wages & Benefits	\$	660,275
Estimated allocation of time at 60% =	\$	397,138

- Supplies and Other Expenses includes modest increases for Direct Mail material, website development, advertising and postage. The District's association dues expect to remain constant (ACHD at \$25,000; CA Special Districts and SC County Special Districts at \$7,000).
- Depreciation on the YMCA building is projected to end approximately September as the District's portion of the building will be full depreciated and reserved.
- 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 short-term rate of return for those funds.
- Community Benefit expenditures are based on the Community Benefit plan.
- IGT – Medi-Cal (PRIME) program - It is expected that the District/Hospital will participate in the program again this year.



El Camino Healthcare District FY 20 Budget

Information excludes El Camino Hospital & its affiliates

(in 000s)

Revenues	FY2018 Actual	FY2019 Annualized	FY 2020 Budget	Change Favorable / (Unfavorable)	% Change
Other Operating Revenue	92	95	96	1	0.7%
Unrestricted M&O Property Taxes	8,025	8,429	8,845	416	4.9%
Restricted M&O Taxes	7,831	7,990	7,654	(336)	-4.2%
Taxes Levied for Debt Service	9,266	10,036	10,200	164	1.6%
Investment Income	753	1,452	897	(556)	-161.7%
Other - Redevelopment agency	256	197	-	(197)	-100.0%
Total Net Revenue	26,222	28,199	27,692	(508)	-1.8%
Expenses					
Community Benefit Support	370	397	397	(0)	0.0%
Management Services	10	10	10	-	0.0%
Supplies & Other Expenses	202	298	322	(25)	-7.6%
Depreciation/Amortization/Interest Expense	231	226	57	170	299.9%
G.O. Interest Expense (net)	3,761	3,469	3,320	149	4.5%
Community Benefit Program	6,847	7,300	7,800	(500)	-6.4%
IGT Medi-Cal Program Expense	6,469	2,967	3,342	(374)	-11.2%
Total Expenses	17,889	14,668	15,248	(580)	-3.8%
NET INCOME	8,333	13,531	12,444	(1,088)	-8.0%

FY20 BUDGET RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	(690)
(B) Net Non-Operating Revenues & Expenses	13,134
NET INCOME	12,444



FY 20 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 FY19, the allocation (60%) was based on the percentage of grant funds for each entity. Then Board Chair Fung and Board Vice Chair Miller participated in the negotiations with then Controller, Matt Harris.
- For FY20, the same percentage allocation (60%) was negotiated even though the percentage of District grant funds increased. Then Board Chair Fung and Board Vice Chair Miller participated in the negotiations with Controller, Michael Walsh.
- For FY20, The total SW&B for Community Benefit staff is budgeted at \$660, 275 with 60% (\$397,138) allocated to the District.





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District ("ECHD") Board of Directors
From: Cecile Currier, VP, Corporate and Community Health Services
Barbara Avery, Director, Community Benefit
Date: January 28, 2020
Subject: MayView Community Health Center Grant Funds Transfer

Recommendation(s):

To authorize the CEO to execute a Consent to Assignment of Grant Agreement transferring the remaining FY20 ECHD Community Benefit Funds (as of April 1, 2020) granted to the MayView Community Health Center ("MayView") to Ravenswood Family Health Center ("Ravenswood") to be used for the provision of care to patients who (1) live, work or go to school in the El Camino Healthcare District and (2) receive services at what are currently MayView's Mountain View and Sunnyvale clinics.

Summary:

1. **Situation:** On June 18, 2019, the ECHD Board approved a \$1.7 million grant to MayView that funds services provided to 2520 patients (5362 encounters) for medical and behavioral health. After 47 years of not-for-profit service, increased clinical demand and limited revenue sources, MayView's Board approved a transaction through which Ravenswood will acquire MayView's clinics in early April 2020. After the acquisition, the MayView entity will no longer exist and we expect there will be approximately \$300,000 in unspent FY20 ECHD MayView grant funds.
2. **Authority:** Mid-year changes in ECHD grant funding of this amount require Board approval.
3. **Background:** MayView's administrative office is located in Palo Alto and the organization provides primary care services at three clinics, one each in Palo Alto, Mountain View and Sunnyvale. Ravenswood, headquartered and providing primary care services at a clinic in East Palo Alto, is a Federally Qualified Health Center ("FQHC") and therefore qualifies for enhanced reimbursement from The Health Resources and Services Administration (HRSA) beyond Medicare and Medicaid benefits. As a nonprofit and tax-exempt organization, a FQHC can receive grants from the government, the private sector, and donations in addition to Medicare and Medicaid funding.

Following the transaction, all four primary care sites will continue to operate with the same staff, serving the same patients and with a single mission: ***To improve the health of the community by providing culturally sensitive integrated primary and preventive health care to all, regardless of ability to pay or immigration status, and collaborating with community partners to address the social determinants of health.***

4. **Assessment:** Transfer of ECHD's grant funds will provide for continued access to care for patients who live, work or go to school in the District.
5. **Other Reviews:** Legal counsel has reviewed, and will ensure that the Consent to Assignment of Grant Agreement requires that ECHD funds be used to provide services to patients who live, work or go to school in the District.

MayView Transfer to Ravenswood
January 28, 2020

6. Outcomes: The expected acquisition date is April 1, 2020. The three involved parties, MayView, Ravenswood and ECHD would agree to transfer the remaining ECHD grant funds to Ravenswood in April and patients will benefit from continuity of care. Ravenswood would be required to submit the final ECHD Community Benefit grant report due July 17, 2020.

List of Attachments: None.

Suggested Board Discussion Questions: None.



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Julia Miller, Community Benefit Ad Hoc Committee Chair;
Peter C. Fung, MD, Community Benefit Ad Hoc Committee Member
Date: January 28, 2020
Subject: Community Benefit Ad Hoc Committee Report

Purpose:

To provide the Board with the findings of the Community Benefit Ad Hoc Committee's review and suggestions for improvement.

Summary:

1. **Situation:** To review the oversight, accountability, transparency, efficiency, and effectiveness of the existing community benefit program, and the relevance to the health of the members of the District.
2. **Authority:** Board discussed during its October meeting and recommended the formation and role of the Ad Hoc Committee.
3. **Background:**
 - CBAC staff presented to the Board the grant application review, approval process, and methodology to identify top unmet health needs.
 - The Board discussed the issues of "social determinants," District versus hospital funding, categorization of grants, appropriate metrics, and lack of public input.
 - The Board discussed the role of CBAC and the balance of District Board input and accountability.
 - The Board also discussed utilization of "small grants."
 - CBAC staff asked for Board's guidance, support, and suggestion for improvement.
 - The Board concurred with the need of next steps to enhance the program, and then moved and approved the formation of the Ad Hoc committee for further review of the above areas, to solicit public input, and for crafting suggestions for improvement.
4. **Assessment:** To be further discussed in the meeting.
5. **Other Reviews:** None.
6. **Outcome:** For the Board to discuss possible improvements to the community benefit granting process and obtain public input for the ultimate goal of:
 - Becoming a center of excellence for Community Benefit for the health and wellness of the District.
 - Assuring adequate Board supervision and accountability
 - Assure transparency for the grant selection, review, and approval process.

List of Attachments:

1. CBAC Ad Hoc Committee Report PowerPoint Presentation

Community Benefit Ad Hoc Committee Report
January 28, 2020

2. Principles of a Successful Community Benefit Program

Suggested Board Discussion Questions:

1. Does this help to meet the community health need?
2. Does this help to assure our fiduciary duties as elected Board members?
3. Does this help to improve, simplify, and streamline our sponsorship process and be data-driven?
4. Does this improve the transparency of the grant and sponsorship approval and process and help the buy-in from our community partners?
5. What concerns does this raise and how can those concerns be addressed?
6. What is/are the action(s) or next step(s) for the Board and staff? It appears that further work by the Ad Hoc Committee would be necessary after the Board's directives and public input.



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

Community Benefit Ad Hoc Committee Report

Date JANUARY 28, 2020

Name Julia Miller, Committee Chair;
Peter C. Fung, MD, Board and Committee
Member

Ad Hoc Community Benefit Committee

Next Steps:

- 1. Improve Board oversight and accountability.**
- 2. Improve Public Transparency.**
- 3. Improve Effectiveness:**

Annual and multiyear strategic planning;

**Well-demonstrable annual assessment of impact to
community wellness;**

Increase community partnership and buy-ins; and

Develop and use of intelligent and optimal metrics.



Ad Hoc Community Benefit Committee

Suggestions for Improvement:

(Improve Board oversight and accountability):

Options:

- 1. CBAC to be a District Board committee; with its charter to include 2 District Board members, community members and staff.**
- 2. More frequent CBAC presentations to the District Board.**
- 3. CBAC to continue as a staff committee with 2 District Board liaisons (versus 1 at present.)**



Ad Hoc Community Benefit Committee

Suggestions for Improvement:

(Improve public transparency):

- 2. CBAC (whether a Board or staff committee) meetings to have regular public notices, disclosures, and input.**



Ad Hoc Community Benefit Committee

Suggestions for Improvement:

(Enhanced Effectiveness):

- 3. Establishment of intelligent and effective dashboards with**
 - a. annual and multiyear strategic plans;**
 - b. annual assessment of impact to community wellness; and**
 - c. development and co-development of intelligent and optimal metrics**



Principles of a Successful Community Benefit Program

A: General Principles:

- I. “The conduct of a community benefit program’s business must be entirely for the benefit of the community.” There can be no alternative or secondary purposes, including any that may preferentially benefit the members.
- II. It is imparted to us as elected members of the El Camino Healthcare District Board to oversee and ensure a successful health system with important services to treat life-threatening injuries and illnesses. Equally important is for us to assure optimal utilization of the tax dollars in the community benefit programs – so as to promote health and wellness, prevent chronic conditions, tackle social detriments of health and disparities in care, and to address identified community health needs.

B: Definition of Community Benefits:

- Improve access to health care services.
- Enhance the health of the community.
- Advance medical or health knowledge.
- Relieve or reduce the burden of government or other community health efforts.

These can be in the form of:

- Financial Assistance
- Government-sponsored means-tested programs — unpaid costs of public programs
- Other Community Benefit Services
 - Community Health Improvement Services
 - Health Professions Education
 - Subsidized Health Services
 - Research
 - Cash and In-Kind Contributions
 - Community-Building Activities
 - Community Benefit Operations

C: Elements and Standards of a Successful Community Benefit Program:

1. Transparency and Accountability

- Be **Accountable** to the Community.
- **Adequate oversight** by the District Board.
- **Publicly disclose information** about health care organization’s services, financial status, community benefit activities and charity care.
- **Invite and respond to community input and involvement** in the planning and review of organizational activities. Open doors for community residents and organizations.

- **Form a volunteer governing board** composed of members of the community.

2. Evidence Commitment to Community Benefit

- **Embrace a mission and vision statement and by-laws** that reflect a commitment to a charitable purpose and community benefit.
- Integrate into your organization's overall strategic plan **an annual community benefit plan** based on assessments of community health needs.
- Formal organizational structure while also conversely being able to anticipate, respond and quickly adapt to evolving community needs and shifting regulations.
- Advocates health improvement efforts through policy, systemic and environmental change.
- **Identify best practices** to improve quality of life and reduce health disparities in the community.
- Creates, integrates, or fund programs that implement community benefit priorities

3. Demonstrate Efficiency/Effectiveness as a Charitable Institution

- Analyzes the health care environment based on Community Health Needs Assessment (CHNA) and other sources to identify and lead opportunities for the advancement of community benefit.
- Establish and regularly reassess **annual strategy of community benefit planning.**
- Integrate strategic planning methodologies and benchmarking and performance improvement tools into the program planning, priority setting and evaluation.
- Ability to demonstrate and measure **positive impact to community wellness and improvement of disparity of care.**

4. Provide Essential Health Care Services - Partnership

- Cooperate with other community health care providers/grantees to optimally meet essential community health needs.
- Render health care and educational services specifically designed to meet assessed community needs and improve community health status.
- **Coaching and technical assistance** of grantees on policy, strategy, and data collection.
- Develop and collect **useful metrics and performance measurement.**
- Co develop training crucial for coalition parties

5. Operate Free From Private Profit

- Maintain a corporate and legal structure that meets all requirements for not-for-profit status.

- Ensure that affiliated business enterprises serve the health care organization's charitable purpose and present no conflicts of interest with its not-for-profit, charitable mission.
- Employ financial surpluses to further the institution's charitable purposes.

D. Dashboards - Data collection, reporting and evaluation

- Align definitions of success across the organization;
- Encourage dialogue about progress toward goals;
- Facilitate timely identification of successes and challenges;
- Ground decisions in concrete data and evidence; and
- Illuminate relationships between different activities.

Successful dashboards also do the following:

- Effectively communicate strategic-level results;
- Present data in a user-friendly visual format;
- Create a snapshot of current status as well as trends over time;
- Clearly show performance against defined targets;
- Highlight out-of-the-ordinary results; and
- Include a manageable set of key performance indicators (KPIs) –
 - **to be chosen in a deliberate, thoughtful and team-based process;**
 - **to reflect progress towards intended outcomes; and**
 - **to guide priorities and decisions;**
 - **limited to a number that can be reasonably monitored and periodically reassessed.**



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Gary Kalbach, Board Chair
Date: January 28, 2020
Subject: Revised Process for Election and Re-Election of Non District Board Members (NDBMs) to the El Camino Hospital Board of Directors ("Process")

Recommendation(s): To approve the Revised Process for Election and Re-Election of Non District Board Members (NDBMs) to the El Camino Hospital Board of Directors ("Process").

Summary:

1. **Situation:** The Process has been in place since December 2014 with a number of minor revisions, most recently in May 2018.
2. **Authority:** Each year, the El Camino Hospital ("ECH") Board's Governance Committee is asked to review the Process and associated surveys and propose any possible changes to them. (*See*, Process, Section 9) At its August 13, 2019 meeting, the Committee asked members Gary Kalbach and Christina Lai to work with staff to propose some revisions to address concerns expressed by Board and Committee members. At its October 15, 2019 meeting, the Governance Committee voted to recommend the attached revisions and, on November 6, 2019, the ECH Board voted to recommend that the District Board adopt those revisions.
3. **Background:** The current Process (un-modified) was used by the District Board as it recently considered the re-appointment of Directors Kliger and Rebitzer.
4. **Assessment:** The Process has generally worked well. One challenge can be dealing with non-alignment of Ad Hoc Committee members when there is no way to break a tie vote. Another challenge has been determining how much weight to assign to the various competency criteria. Also, the general competencies outlined in Section B3-6 are essentially duplicative of or conflict with those set forth in the Competency Matrix. The proposed revisions are designed to address these concerns. In addition, the Governance Committee, and subsequently the Hospital Board, voted to recommend some revisions [replace sections A(4)(a) (i) and (ii) with added section A(1) (d) and revised section (A(3)(a)(ii)] to address timing issues and improve the flow of the process.
5. **Other Reviews:** As noted above, both the ECH Board's Governance Committee and the ECH Board voted to recommend that the District Board of Directors adopt the revisions.
6. **Outcomes:** N/A

List of Attachments:

1. Draft Revised Process for Election and Re-Election of Non District Board Members (NDBMs) to the El Camino Hospital Board of Directors

Suggested Board Discussion Questions:

1. Should weighting be assigned to any of the competencies in Sections B, C, or D?
2. Should there be any additional provisions for communication with current Board members whose terms are expiring other than those identified in Section A(2)(i) [Conversation with District Board Chair] and Section A(4)(a)(i) [Interview with Ad Hoc Committee and Advisors].
3. Should Section B items 3-6 be eliminated?
4. Are any other changes to the Process warranted?



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**Process for Re- Election and Election
Of Non-District Board Members
To The El Camino Hospital Board of Directors.***
Draft Revised For Discussion 10_15_19

BOARD OF DIRECTORS

Neysa Fligor
Peter C. Fung, MD
Julia E. Miller
David Reeder
John L. Zoglin

A. Timeline

1. Previous FYQ4:

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

2. FYQ1 – ~~Regular District Board Meeting:~~

~~Prior to Meeting, The~~ District Board Chair (i) asks the El Camino Hospital Director(s), who is ~~an NDBM~~ not also a member of the District Board whose term is next to expire ~~(Non District Board Member "NDBM")~~ to declare interest and (ii) informs the ~~Chair of the Ad Hoc Committee~~ District Board of intent ~~(via Board packet).~~

3. FY Q1/Q2 – Regular District Board Meeting:

- a. Prior to the Meeting:**
 - i.** District and Hospital Board Members: Complete the ECH Board Competency Matrix Survey and, unless the Ad Hoc Committee votes not to use it in a given year, ECH Board Member Re-Election Report Survey.
 - ii.** ~~District Board Members: Review Position Specification in place at time of election to the Hospital Board and the ECH Board Member NDBM~~

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

B. General (Primary) Competencies

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

C. Portfolio Skill Set

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

D. Other (Secondary) Criteria

1. Positive working relationship with other Board members.
2. Productive working relationship with the El Camino Hospital CEO.
3. Attendance at Board and Committee meetings.
4. ~~See, Competency Matrix.~~

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

**EL CAMINO HEALTHCARE DISTRICT BOARD
FY2020 PACING PLAN**

FY20 Q1		
JULY 2019	AUGUST 2019	SEPTEMBER 2019
No Meeting	No Meeting	No Meeting
FY20 Q2		
OCTOBER 22, 2019	NOVEMBER 2019	DECEMBER 11, 2019
<ul style="list-style-type: none"> ▪ FY20 YTD ECHD Financials ▪ Community Benefit Spotlight ▪ FY19 Community Benefit Year End Report ▪ FY19 Stand-Alone Financials ▪ FY19 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY19 Hospital Audit ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ Pacing Plan ▪ Approval of Minutes ▪ FY19 CEO and CFO Performance Review ▪ ▪ Re- Election of El Camino Hospital Board Members ▪ Community Benefit Process 	No Meeting	<p>No Meeting</p> <ul style="list-style-type: none"> ▪ Approval of Revised Community Benefit Policy

**EL CAMINO HEALTHCARE DISTRICT BOARD
FY2020 PACING PLAN**

FY20 Q3		
JANUARY 28, 2020	FEBRUARY 2020	MARCH 17, 2020
<ul style="list-style-type: none"> Recognition (As Needed) Community Benefit Spotlight (If Time Allows) FY20 YTD ECHD Financials Hospital Board Member Election Ad Hoc Committee Report (if necessary) Pacing Plan Approval of Minutes <u>Draft Revised Process For Election of Non-District Board Members to the ECH Board</u> <u>CB Ad Hoc Committee Report</u> <u>Existing MayView Community Clinic Grant Funding Transfer to Ravenswood</u> 	No Meeting	<ul style="list-style-type: none"> Recognition (As Needed) Community Benefit Spotlight (If Time Allows) FY20 YTD ECHD Financials Hospital Board Member Election Ad Hoc Committee Report (if necessary) Approve Resolution Calling for November 2020 Election Pacing Plan Approval of Minutes
FY20 Q4		
APRIL 2020	MAY 19, 2020	JUNE 16, 2020
No Meeting	<ul style="list-style-type: none"> FY 21 Community Benefit Plan Study Session Community Benefit Mid-Year Metrics Hospital Board Member Election Ad Hoc Committee Report (if necessary) 	<ul style="list-style-type: none"> Recognition (As Needed) Community Benefit Spotlight (If Time Allows) FY20 YTD ECHD Financials Tax Appropriation for FY21 District Capital Outlay Fund Hospital Board Member Election Ad Hoc Committee Report (if necessary) Approval of FY21 Community Benefit Plan Approve ECH FY21 Budget Approve ECHD FY21 Budget Appointment of Liaison to the Community Benefit Advisory Council Appoint FY21 Hospital Board Member Election Ad Hoc Committee Approval of Minutes and FY21 Pacing Plan Resolution Setting FY21 Regular Meeting Dates