



AGENDA
REGULAR MEETING OF THE BOARD OF DIRECTORS
El Camino Healthcare District
Tuesday, March 15, 2016, 5:30 p.m.
 El Camino Hospital, Conference Rooms E, F & G (ground floor)
 2500 Grant Road, Mountain View, California

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		
1. CALL TO ORDER	Peter C. Fung, MD Board Chair		5:30 – 5:31 p.m.
2. SALUTE TO THE FLAG	Peter C. Fung, MD Board Chair		5:31 – 5:34
3. ROLL CALL	Peter C. Fung, MD Board Chair		5:34 – 5:35
4. PUBLIC COMMUNICATION a. Oral Comments This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda. b. Written Correspondence	Peter C. Fung, MD Board Chair		5:35 – 5:38
5. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter C. Fung, MD Board Chair		5:38 – 5:39
6. COMMUNITY BENEFIT SPOTLIGHT: The Living Classroom - Resolution 2016-02 ATTACHMENT 6	Barbara Avery, Director, Community Benefit	<i>public comment</i>	motion 5:39 – 5:49
7. CONSENT CALENDAR ITEMS: Any Board Member may remove an item for discussion before a motion is made.	Peter C. Fung, MD Board Chair	<i>public comment</i>	motion 5:49 – 5:54
Approval: a. Minutes of the Regular Meeting of the District Board (1-19-16) b. Resolution 2016-03: Calling General Election on November 8, 2016; Resolution 2016-04: Request for and Consent to Consolidation of November 8, 2016 Election; and Specification of the Election Order			

A copy of the agenda for the Regular 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		
<p>Information: c. Community Benefit Mid-Year Metrics ATTACHMENT 7</p>			
<p>8. ECHD FINANCIALS FY2016 YTD ATTACHMENT 8</p>	Iftikhar Hussain, CFO		<p>motion 5:54 – 6:04</p>
<p>9. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT ATTACHMENT 9</p>	John Zoglin, & Julia Miller, Board Members		<p>information 6:04 – 6:19</p>
<p>10. POSSIBLE ELECTION OF ECH BOARD MEMBER</p>	Peter C. Fung, MD Board	<i>public comment</i>	<p>possible motion 6:19 – 6:29</p>
<p>11. APPOINTMENT OF CBAC LIAISON ATTACHMENT 11</p>	Peter C. Fung, MD Board Chair	<i>public comment</i>	<p>motion 6:29 – 6:34</p>
<p>12. PACING PLAN ATTACHMENT 12</p>	Peter C. Fung, MD Board Chair		<p>information 6:39 – 6:44</p>
<p>13. BOARD COMMENTS</p>	Peter C. Fung, MD Board Chair		<p>information 6:44 – 6:59</p>
<p>14. ADJOURN TO CLOSED SESSION</p>			<p>6:59 – 6:50</p>
<p>15. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</p>	Peter C. Fung, MD Board Chair		<p>6:50 – 6:51</p>
<p>16. CONSENT CALENDAR Any Board Member may remove an item for discussion before a motion is made.</p>	Peter C. Fung, MD Board Chair		<p>motion 6:51 – 6:52</p>
<p>Approval: - Minutes of the Closed Session of the Regular District Board Meeting (January 19, 2016) <i>Gov't Code Section 54957.2</i></p>			
<p>17. Report involving <i>Gov't Code Sections 54957</i> for report and discussion on personnel matters - Executive Session</p>	Peter C. Fung, MD Board Chair		<p>discussion 6:51 – 6:57</p>
<p>18. Adjourn to Open Session</p>			<p>6:57 – 6:58</p>
<p>19. RECONVENE OPEN SESSION</p>	Peter C. Fung, MD Board Chair		<p>6:58 – 6:59</p>
<p>To report any required disclosures regarding permissible actions taken during Closed Session.</p>			
<p>20. ADJOURNMENT</p>	Peter C. Fung, MD Board Chair		<p>6:59 – 7:00 p.m.</p>

Upcoming Board Meetings in 2016:

- May 17, 2016
- June 14, 2016
- October 18, 2016

ATTACHMENT 6

RESOLUTION 2016 - 2

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 Living Classroom for partnering with El Camino Healthcare District to provide students with school gardens and garden-based education.

El Camino Healthcare District and Living Classroom began a partnership in 2015 in an effort dedicated to children's physical and emotional health and academic success in Santa Clara County.

Through an innovative program where children learn about the nutritional value of fresh fruits and vegetables with lessons that integrate common core science, math, and social studies standards, Living Classroom has served nearly 3,000 students in the District. Living Classroom works with school food service personnel to incorporate school-grown produce into the lunch menu, so that students can enjoy the fruits – and vegetables – of their labor. Over 2,000 elementary school students are involved in planting and harvesting produce from edible gardens. Children involved in Living Classroom develop healthier nutritional habits to share with their parents and siblings

WHEREAS, the Board would like to acknowledge Living Classroom for its commitment to improving access to nutrient dense, fresh, and healthy foods.

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

Living Classroom

IN WITNESS THEREOF, I have here unto set my hand this **15TH DAY OF MARCH, 2016**.

EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:

Dennis Chiu, JD • Peter Fung, MD • Julia Miller • David Reeder • John Zoglin

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



**a. Minutes of the Regular Meeting of the District Board
(1-19-16)**



**Minutes of the Open Session of the
 Regular Meeting of the Board of Directors
 El Camino Healthcare District
 Tuesday, January 19, 2016, 5:30 p.m.
 El Camino Hospital, Conference Room E, F & G (ground floor)
 2500 Grant Road, Mountain View California**

Members Present

Peter C. Fung, MD
 Dennis Chiu
 Julia Miller
 David Reeder
 John Zoglin

Members Absent

None

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	Board Chair Peter C. Fung, MD called to order the Open Session meeting of the El Camino Healthcare District Board of Directors at 5:30 pm.	
2. SALUTE TO THE FLAG	Director Chiu led the Board members, staff and members of the public present in the Pledge of Allegiance.	
3. ROLL CALL	Roll call was taken. All Board members were present.	
4. PUBLIC COMMUNICATION	None.	
5. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Fung asked if any Board member may have a conflict of interest with any of the items on the agenda. No conflict of interest was reported.	

<p>6. COMMUNITY BENEFIT SPOTLIGHT</p>	<p>Barbara Avery, Director of Community Benefit, introduced Seth Ammerman, MD, founder of the Packard Teen Health Van, and presented Resolution 2016-01 to him.</p> <p>Motion: To Approve Resolution 2016-01 recognizing the Packard Teen Health Van for its service to the community’s adolescents.</p> <p>Movant: Chiu Second: Miller Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstain: None Absent: None Recused: None</p> <p>Dr. Ammerman reported that the Teen Health Van is a health clinic on wheels with two complete examination rooms that provides comprehensive care to underserved children and adolescents with a focus on those age 10 – 25 years old. He explained that the Van provides free primary care, specialty care, medications and supplies to the uninsured, underinsured and homeless populations. He described the clinic’s focus as preventative and explained that it provides a wide range of services including sick care, well care, family planning services, STD testing, HIV counseling, immunizations and mental health care.</p> <p>Dr. Ammerman explained that the Van is staffed by a physician, nurse practitioner, social worker and dietician all of whom speak Spanish. He advised the Board that for every \$1 spent, \$10 is saved and expressed his gratitude for the District’s financial support.</p>	<p><i>Resolution 2016-01 Approved</i></p>
<p>7. CONSENT CALENDAR</p>	<p>Motion: To Approve Consent Calendar Item 7a (Minutes of the Regular Meeting of the District Board of October 20, 2015)</p> <p>Movant: Chiu Second: Reeder Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstain: None Absent: None Recused: None</p> <p>Agenda item 7b (Pacing Plan) was deferred until later in the meeting.</p>	<p><i>Consent Calendar Item 7a Approved</i></p>

<p>8. MAYVIEW COMMUNITY HEALTH CENTER GRANT</p>	<p>Barbara Avery reported that El Camino Hospital’s free Rota Care Clinic, which the El Camino Healthcare District provides funding for, has been seeing a much lower volume of patients over the last two years. The lower volumes are due primarily to patients becoming insured under the ACA or leaving the area due to the high cost of living. She also reported that the clinic experienced an interruption in staffing that caused it to temporarily stop seeing patients in late December and early January, but that it is now up and running as before.</p> <p>Ms. Avery explained that clinic management is faced with three choices, leave it running as it is now, but with many appointment slots left unfilled, reduce to fewer hours or partner with a third organization that would provide a Medical Home to the clinic’s remaining patients. She suggested that partnering with a third organization would be much a more efficient use of funds than continuing to run the clinic full time and would provide patients with better, more prompt access to care and better chronic disease management than running the clinic on a reduced schedule.</p> <p>Cecile Currier, VP, Corporate and Community Health Services commented that it has always been RotaCare’s mission to see its patients become insured and to only provide episodic care for uninsured patients. She suggested that ECHD has a great opportunity to partner with Mayview Community Health Center, a Federally Qualified Health Center (“FQHC”). Ms. Currier explained that Mayview provides primary, obstetric and pediatric care, chronic disease management and has a culturally competent staff. As an FQHC, Mayview must provide a sliding fee scale and can’t turn away patients for inability to pay. She also noted that Mayview is interested in developing a volunteer program that could incorporate the RotaCare providers who have been volunteering their time at the clinic. She requested that the Board approve a 3.5 year grant in the amount of \$2.4 million for Mayview Community Health Center.</p> <p>In response to the Board member’s questions, Ms. Currier and Kelvin Quan, CEO of the Mayview Community Health Center explained the following: 1) There has been no formal community outreach yet but both outreach and communication are planned and would include notifying local rotary groups pending Board</p>	<p><i>Approved 3.5 year 2.4 million grant for Mayview Community Health Center</i></p>
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	<p>approval of the grant funds; 2) The plan would be to transition all remaining RotaCare patients to Mayview by May or June 2016, 3) The grant funding would be adequate to cover current RotaCare patients and that Mayview is committed to doing outreach to find other uninsured patients living in the community; 4) Mayview refers patients to Valley Medical Center for specialty care; 5) Mayview’s current annual budget is \$6 million; 6) Reportable metrics would be incremental, not necessarily focused on just the RotaCare volume; 7) the length of the grant is necessary to support increasing staff levels at Mayview’s Mountain View and Sunnyvale locations; 8) there would not be enough volume to justify keeping ECH’s RotaCare clinic open until December; 9) Mayview will provide greater access to care than RotaCare would be able to; 10) Mayview is committed to both the uninsured and the underinsured and 11) Mayview will be able to accommodate District residents.</p> <p>Motion: To Approve a 3.5 year \$2.4 million grant to the Mayview Community Health Center.</p> <p>Movant: Reeder</p> <p>Second: Zoglin</p> <p>Director Chiu commented that he would not be voting in favor of the motion because he believes it is necessary to keep ECH’s RotaCare Clinic open until December 2016.</p> <p>Ayes: Fung, Miller, Reeder, Zoglin</p> <p>Noes: None</p> <p>Abstain: Chiu</p> <p>Absent: None</p> <p>Recused: None</p>	
<p>9. AMERICAN HEART ASSOCIATION: HYPERTENSION INITIATIVE FOR ECHD</p>	<p>Sang Mi Oh, VP of the Multicultural Initiative of the American Heart Association (“AHA”); Sharan Johal, ECHD Community Benefit Staff; and Kelvin Quan, CEO, Mayview Community Health Center, reported on the collaboration in concept for a hypertension initiative approved by the Board in October. They reported that staff for the three entities have met and discussed how Mayview and the AHA might partner to improve identification, treatment and management of hypertension in the District, and how the District might play a role in outreach and identification.</p> <p>Ms. Oh reported that the incidence of hypertension in the community is rising, but that it is preventable and can be controlled in a way that will mitigate the risks of stroke</p>	

	<p>and other cardiovascular disease. Ms. Johal described that both the District and the Hospital are already participating in events that could also provide blood pressure screening. Mr. Quan described 4 “pillars” of a program that might come out of the collaboration: (1) outreach and education, (2) screening, identification and stratification, (3) treatment and control, and (4) follow-up, management and data collection. Ms. Oh and Mr. Quan described how the four pillars might be addressed through a collaborative program.</p> <p>Ms. Johal explained that the AHA will submit a community benefit grant application and the funding request will come to the District Board for approval.</p> <p>Chair Fung commented that there would be an opportunity for the Board to learn more about the initiative at a future meeting.</p>	
<p>10. ECHD FINANCIALS FY 2016 YTD</p>	<p>Iftikhar Hussain, CFO, reported that the cash position for the consolidated entities (ECHD and El Camino Hospital) remains very strong with almost a year of cash on hand, but the operating margin through the end of November has fallen \$3 million behind plan. He reported that revenues are higher than expected, but expenses are also higher, primarily due to not making efficiency target plans due to going live with Epic.</p> <p>He also reported that the variances in the District Stand-Alone budget are primarily due to timing related to the Medi-Cal intergovernmental transfer program.</p> <p>Director Reeder requested that the Board be provided with a simple one page summary of how the District’s tax revenues are spent that Board members can provide to members of the public on request. Mr. Hussain agreed to do so.</p> <p>Motion: To Approve the FY 16 YTD Consolidated Financials Movant: Chiu Second: Miller Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	

<p>11. DRAFT MEDIA POLICY</p>	<p>Mary Rotunno, General Counsel, reported that the Draft Media Policy was brought forward at the Board’s request and explained that it was based on information she received from the Association of California Healthcare Districts.</p> <p>The Board members discussed the draft policy. Director Chiu suggested that the draft be amended by adding the following language at the end of the policy: “Notwithstanding the above, if the District votes in conflict on any topic with the ECH Board of Directors then in that instance the District Board Chair shall act as spokesperson.”</p> <p>Motion: To Approve the Draft Media Policy as amended Movant: Chiu Second: Zoglin Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	
<p>12. RESOLUTION 2016-02 – AMENDMENT TO ECH BYLAWS ARTICLE IV, SECTIONS 4.5 AND 4.6</p>	<p>Chair Fung described the proposed change to the El Camino Hospital Bylaws that would extend the term of service for Non-District Board members serving as members of the El Camino Hospital Board of Directors from 3 to 4 years. The Board members discussed whether the terms should remain shorter than the District Board member’s terms which are currently four years. Director Reeder noted that even if the terms are extended, the District Board still retains the authority to remove a Director from the Hospital Board for any reason.</p> <p>Motion: To Approve Resolution 2016-02 amending the El Camino Hospital Bylaws Article IV, Sections 4.5 and 4.6. Movant: Reeder Second: Fung Ayes: Fung, Reeder Noes: Chiu, Miller, Zoglin Abstain: None Absent: None Recused: None</p> <p>Motion Failed.</p>	

<p>13. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT</p>	<p>After noting that it been the District Board’s decision in October to delay a decision regarding re-electing Dr. Jeffrey Davis to the El Camino Hospital Board and seek potential candidates through advertising in local print media (“passive recruitment”), Cindy Murphy, Board Liaison, reported she was instructed by the Ad Hoc Committee to suspend that activity pending the District Board’s consideration of the Hospital Board’s action to amend its Bylaws to lengthen the term of service for Non-District Board Members serving on the Hospital Board from 3-4 years, as, had the District Board approved the amendment, this would have made Director Davis’ re-election moot this fiscal year.</p> <p>Director Reeder requested that the re-election of Director Davis be placed on the agenda for the March Board meeting. Director Zoglin suggested that the passive recruitment activity be undertaken in the meantime.</p> <p>Following discussion, Director Reeder moved to re-elect Director Davis to the Hospital Board. Mary Rotunno, General Counsel, advised the Board that the Ad Hoc committee report in the Board packet was not broad enough to have noticed there might be a motion to re-elect Director Davis to the Hospital Board at this time. Director Reeder withdrew his motion.</p> <p>Motion: To put passive recruitment activities for the Hospital Board seat that expires on June 30, 2016 on hold. Movant: Reeder Second: Zoglin Ayes: Fung, Reeder Noes: Chiu Abstain: Miller, Zoglin Absent: None Recused: None</p> <p>Motion Failed.</p> <p>The Board directed staff to go forward with the passive recruitment activities in accordance with its October 20, 2016 decision.</p>	
<p>14. AGENDA ITEM 7b – Pacing Plan</p>	<p>Chair Fung noted that an agenda item regarding the re-election of a Board member to the Hospital Board is already on the pacing plan for the March 17, 2016</p>	

	<p>meeting. Chair Fung noted that Director Zoglin would be able to advise Director Davis of the Board's action tonight.</p> <p>Motion: To approve the pacing plan Movant: Miller Second: Chiu Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	
15. TOBACCO SECURITIZATION AUTHORITY REPORT	<p>Director Miller explained the genesis and purpose of the Tobacco Securitization JPA and that funds from the sale of bonds were used to support the modernization of and seismic upgrades for Santa Clara Valley Medical Center. She reported that the JPA meets once a year to approve the annual audit reports and the JPA's financial statements.</p>	
16. REPORT ON ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS	<p>Director Miller commented that she will attend the ACHD's leadership academy this week. She commented that there will be an opportunity to nominate a District Trustee of the Year. She also commented that Chair Fung had agreed she and Tomi Ryba, CEO, should participate in a survey regarding governance practices being conducted by ACHD and requested that staff schedule this at Ms. Ryba's convenience.</p>	
17. BOARD COMMENTS	<p>None.</p>	
18. ADJOURN TO CLOSED SESSION	<p>Motion: To adjourn to closed session at 7:52pm. Movant: Chiu Second: Miller Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstain: None Absent: None Recused: None</p>	
19. AGENDA ITEM 22 RECONVENE OPEN SESSION	<p>Open Session was reconvened at 8:11 pm. The closed session minutes of the October 20, 2015 meeting were approved by a vote of 5 Directors in favor (Chiu, Fung, Miller, Reeder, Zoglin).</p>	
20. AGENDA ITEM 23 ADJOURNMENT	<p>Motion: To adjourn at 8:12 pm Movant: Reeder Second: Miller Ayes: Chiu, Fung, Miller, Reeder, Zoglin</p>	<i>Meeting Adjourned</i>

	Noes: None Abstain: None Absent: None Recused: None	
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital Healthcare District:

Peter Fung, MD
Chair, ECHD Board of Directors

Julia Miller
Secretary, ECHD Board of Directors

Prepared by: Cindy Murphy, Board Liaison

**b. Resolution 2016-03: Calling General Election on
November 8, 2016; Resolution 2016-04: Request for and
Consent to Consolidation of November 8, 2016 Election;
and Specification of the Election Order**

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Resolution 2016-03: Calling General Election on November 8, 2016; Resolution 2016-04 Request for and Consent to Consolidation of November 8, 2016 Election; and Specifications of the Election Order El Camino Healthcare District Board of Directors March 15, 2016
Responsible party:	Cindy Murphy, Board Liaison
Action requested:	Motion: To Approve Resolution 2016 – 03, Resolution 2016 -04 and Specifications
Background:	Since the 4 year terms of service of Directors Chiu, Miller and Zoglin will expire in November 2016, those seats will be up for election in November 2016. Staff has completed the Resolution Calling the Election as well as the Santa Clara County provided Resolution and Specifications of the Election Order templates in accordance with the District’s past practice.
Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives :	To obtain approval of Draft Resolution 2016 – 03, Draft Resolution 2016 -04 and Specifications of the Election Order
Suggested discussion questions:	None.
Proposed board motion, if any:	To approve Draft Resolution 2016 – 03, Draft Resolution 2016 -04 and Specifications of the Election Order
LIST OF ATTACHMENTS:	<ol style="list-style-type: none"> 1. Draft Resolution 2016 – 03 2. Draft Resolution 2016 - 04 3. Specifications of the Election Order

RESOLUTION AND ORDER OF THE BOARD OF DIRECTORS OF
EL CAMINO HEALTHCARE DISTRICT OF SANTA CLARA COUNTY,
STATE OF CALIFORNIA, CALLING A DISTRICT GENERAL ELECTION
TO BE HELD IN EL CAMINO HEALTHCARE DISTRICT ON

NOVEMBER 8, 2016

ECHD RESOLUTION No. 2016-03

WHEREAS, Section 32100 of the Health and Safety Code of the State of California provides that the elective officers of a local Hospital district shall be a board of Hospital directors consisting of five (5) members, each of whom shall be a registered voter residing in the District and whose term shall be four (4) years; and

WHEREAS, the term of three Directors shall expire on the last Friday in November of 2016; and

WHEREAS, Section 32100.5 of the Health and Safety Code provides that an election shall be known as the Hospital District General Election, shall be held in each local Hospital district on the first Tuesday after the first Monday in November of each even-numbered year, at which a successor shall be chosen for each officer whose term shall expire on the last Friday of November following such election; and

WHEREAS, the Hospital District General Election shall be consolidated with the statewide general election pursuant to Chapter 4 (commencing with Section 23300), Part 2, Division 14 of the Election Code, and the person receiving the highest number of votes for each office to be filled at such election shall be elected hereto; and

WHEREAS, the term of office of each of the two persons elected to fill those terms expiring on the last Friday of November, 2016 shall be four (4) years or until his or her successor is elected and has qualified, and

NOW, THEREFORE, BE IT RESOLVED AND ORDERED AS FOLLOWS:

1. That in accordance with the provision of Section 32100 and 32100.5 of the Health and Safety Code of the State of California, a Hospital District General election be and the same hereby is called and the same shall be held in said El Camino Healthcare District of Santa Clara County, State of California, on Tuesday, November 8, 2016, from the hour of 7:00 o'clock a.m., of said day until the hour of 8:00 o'clock p.m., of said day during which period of time electors of the said El Camino Healthcare District may vote for the successor of each of the two members of the Board of Directors of El Camino Healthcare District of Santa Clara County, State of California, whose terms are about to expire, to serve for terms of four (4) years; and
2. That all registered voters residing within El Camino Healthcare District of Santa Clara County, State of California, are qualified electors at said election, and the manner of voting, the form of ballot to be used, and in all other particulars said Hospital District General Election shall be held in accordance with the general election laws of the State of California;
3. Not less than thirty (30) days prior to the date of said Hospital District General Election, the Board of Directors of said District shall, (to the extent required by law) by resolution entered on its minutes, either a) designate the precincts into which said District shall be divided for the conduct of said Hospital District General Election and the polling place for each precinct and shall appoint for each precinct an election board

consisting of at least one inspector, one Judge, and two (2) clerks, selected from the electors of said District, and shall provide for the giving of notice of said election pursuant to the law *or* (b) request and consent to consolidation of the election with the statewide election and to hold and to conduct the election in accordance with Elections Code Section 10418.

4. That any candidate filing a candidate's statement of qualifications pursuant to Section 10012 of the California Elections Code shall pay the actual prorated costs of printing and handling said candidate's statement as provided therein. Said Candidate's statement shall contain no more than 200 words. Candidates will not be permitted to submit other materials to be sent with the sample ballot and voter's pamphlet.

Passed and adopted by the Board of Directors of El Camino Healthcare District this 15th day of March, 2016 by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Peter C. Fung, MD
Chairman, Board of Directors
El Camino Healthcare District

ATTEST: _____
Secretary of the Governing Board of the El Camino Healthcare District

SPECIFICATIONS OF THE ELECTION ORDER

Pursuant to Elections Code Sections 10509, 10522, and 13307

Notice is hereby given to the Santa Clara County Registrar of Voters that at the General District Election to be held November 8, 2016, there will be three (3) Offices of Director to be filled in the: _____ (number full terms/short terms)

El Camino Healthcare District

That said officers are to be selected at large ~~by division~~;

That the divisions, if any, from which said directors are to be elected, and the number of offices to be filled from each, are:

(Division)

(Number of Offices)

That the qualifications for election to said offices, as prescribed by the principal act, are:

Each candidate shall be a registered voter who is a resident of the District.

The method of determining the winner or winners in the event of a tie vote shall be by:

lot/runoff election.

That the candidates' statements of qualifications shall be limited to 200/400 words; that the cost of printing, translating and distributing said statements shall be borne by the district/candidates who file such statements, and that each candidate who files such a statement shall/shall not be required to pay in advance his or her pro rata share of the estimated costs of printing, handling, and mailing said candidate statement, such estimated costs to be determined by the Registrar of Voters.

A current map of the District, showing any existing division boundaries, is herewith submitted.

Dated this 15th day of March, 2016.

Signature: _____
(District Secretary)

SEAL

ATTACHMENT 7

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	FY16 Community Benefit Midterm Report Dashboards El Camino Healthcare District Board of Directors Date: March 15, 2016
Responsible Party:	Cecile Currier, VP Corporate and Community Health Services and President, CONCERN, EAP Barbara Avery, Director, Community Benefit
Action Requested:	None - Consent Item
Background:	As part of the application process, prospective grantees are required to establish relevant metrics that speak to the quality and quantity of services being provided. It is the role of Community Benefit staff to hold grantees accountable to these metrics and provide assistance wherever possible. We are pleased to present the midterm metric dashboards for District grantees in FY16. Overall, grantees performed well against established metric targets. Of the 130 midterm report metrics, 101 were either met or exceeded. Community Benefit staff will continue to monitor and work with underperforming grantees. The midterm report dashboard for El Camino Hospital grantees was included in the board materials for March 9, 2016.
Committees that reviewed the issue and recommendation, if any:	None
Summary and session objectives:	<ul style="list-style-type: none"> • N/A
Suggested discussion questions:	<ul style="list-style-type: none"> • N/A
Proposed board motion, if any:	N/A
LIST OF ATTACHMENTS:	FY16 Midterm Report Dashboard



Health Priority	Partner	Metrics	6 month target	6 month total	Comments
Health Care Access (Primary, Oral and Chronic Conditions Care)	Community Service Agency- Mountain View Senior Intensive Case Management Requested: \$133,500 Approved: \$133,500	Clients individuals served (unduplicated) Total services provided/encounters: Patients with hypertension who attained or maintained Blood pressure <140/90 mm Hg Patients who scored at a "high-risk" for falling who reduced their fall level to "moderate-risk" based on 17 point Fall Assessment tool	85 1,703 85% 30%	75 1,468 37% 58%	RN position was vacant for 3 months See above 10 out of 27 clients attained/maintained a blood pressure reading of <140/90mm Hg. RN working on medication compliance with clients failing to meet target.
	Cupertino Union School District CUSD School Nurse Program Requested: \$34,411 Approved: \$34,411	Students served (unduplicated) Students who failed a mandated health screening (hearing and vision) who saw a health provider Students in Kindergarten and 2nd grades who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist (screening takes place in February) Number of teachers accessing Health Teacher and Go Noodle health education curricula and activities.	350 35% N/A 20%	433 22% N/A 62%	Expect to meet their annual target Assessed at end of school year
	El Camino Hospital RoadRunners- Mountain View Requested: \$315,353 Approved: \$315,353	Individuals served (unduplicated) Services provided/encounters (rides) "Strongly agree" or "agree" with the statement, having RoadRunners (RR) services helped in maintaining my independence "Strongly agree" or "agree" with the statement, having RoadRunners (RR) made it possible to get to my medical appointments	500 5,000 90% 95%	732 4,230 99% 96%	Fewer than anticipated number of rides provided
	El Camino Hospital- RotaCare Clinic Mountain View Requested: \$819,781 Approved: \$819,781	Patients served (unduplicated) Services provided/encounters Diabetic patients with LDL <130 mg/dL Diabetic patients with HbA1c < 8 Diabetic patients with HbA1c < 9 Women referred for Gynecology services receive their consult within 30 days of referral	1,100 6,500 70% 63% 75% 92%	776 4,522 70% 60% 74% 90%	Reduced demand for services Reduced demand for services
	Healthcare Foundation of Northern & Central CA Medical Respite Requested: \$55,000 Approved: \$55,000	Clients served (unduplicated) Clients linked to primary care home Clients who complete the program and are discharged to interim or permanent housing Hospital days avoided (for all hospitals in the project)	70 92% 75% 250	71 93% 74% 260	
	El Camino Hospital- Immunizations Requested: \$171,851 Approved: \$171,851	Patients served (unduplicated) Services provided/encounters	1,200 3,500	1,017 3,027	Reduced demand for services Reduced demand for services

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



Health Priority	Partner	Metrics	6 month target	6 month total	Comments
Health Care Access (Primary, Oral and Chronic Conditions Care)	Lucile Packard Foundation for Children's Health Mobile Adolescent Health Services <i>Requested: \$93,152</i> <i>Approved: \$82,000</i>	Patients served (unduplicated)	45	38	Van required to move to a new location; more outreach being conducted to inform about new location Assessed at end of grant year Assessed at end of grant year
		Services provided/encounters	182	163	
		Patients who receive social worker consultation, treatment by a Packard psychiatrist, and/or medications, after screening positive for depression	95%	96%	
		Patients who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A	N/A	
		Patients who use alcohol or drugs and decrease their frequency by 1 level out of 5	N/A	N/A	
	Patients who take part in the "Learning to Breathe" mindfulness program	50%	50%		
	Mayview Community Health Center <i>Requested: \$137,320</i> <i>Approved: \$137,320</i>	Patients served (unduplicated)	610	479	Patients moving out of the area to more affordable locales
		Services provided/encounters	1342	1968	
		Diabetes registry patients with Chronic Disease Hypertension: high blood pressure control <140/90	73%	80%	
	Mountain View Whisman School District School Nurse Program <i>Requested: \$227,238</i> <i>Approved: \$227,238</i>	Children by age 3 with completed immunizations	80%	76%	
Students served (unduplicated)		1,600	1,757		
Students needing a Child Health and Disability Program examination who saw a provider		30%	30%		
Pathways Home Health & Hospice Pathways Un/Underinsured Home Care Program <i>Requested: \$45,000</i> <i>Approved: \$45,000</i>	Students needing an Oral Health Exam who saw a provider	30%	27%		
	Students in compliance with California immunization requirements	95%	99%		
	Students served (unduplicated)	15	30		
Peninsula Healthcare Connection New Directions Program <i>Requested: \$140,000</i> <i>Approved: \$140,000</i>	Services provided/encounters	95	255	Increased demand for services	
	Patients who got better at taking their drugs correctly by mouth	50%	66%		
	Patients not admitted to a hospital while receiving home health care services	83%	86%		
	Patients served (unduplicated)	15	18		
Sunnyvale Community Services Case Management <i>Requested: \$65,000</i> <i>Approved: \$65,000</i>	Services provided/encounters	262	485	Caseload is primarily individual senior households; families moving out of area due to housing costs See above	
	Enrolled patients will have a reduction in Emergency Room visits or inpatient admissions as compared to the year prior to enrollment	N/A	N/A		
	Enrolled patients will be referred to and seen by a primary medical care provider within three months of enrollment	50%	100%		
	Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider.	40%	42%		
Sunnyvale Community Services Case Management <i>Requested: \$65,000</i> <i>Approved: \$65,000</i>	Clients enrolled in comprehensive Case Management	60	30	Caseload is primarily individual senior households; families moving out of area due to housing costs See above	
	Individuals in case management whose families receive assistance in applying for Social Services Agency, CalFresh, and other government benefits	60	30		
	Individuals in case management who rank SCS staff and services "4" or higher on a 5-point satisfaction scale	90%	98%		
	Case managed individuals who increased in 3 of the 15 domains measured by the case management assessment tool	80%	97%		

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



Health Priority	Partner	Metrics	6 month target	6 month total	Comments
Health Care Access (Primary, Oral and Chronic Conditions Care)	Sunnyvale School District School Nurse Program <i>Requested: \$277,481</i> <i>Approved: \$265,000</i>	Students served (unduplicated) 2,259 Students chronically absent due to illness (> 10% of school days) who improved attendance 62% Students identified as needing urgent dental care through on-site screenings who saw a dentist N/A	2,259 62% N/A	2,235 63% N/A	Assessed at end of school year
	Santa Clara Valley Health and Hospital System <i>Requested: \$1,079,000</i> <i>Approved: \$1,039,000</i>	Patients served in Express Care Clinic 300 Patients served by RN Care Coordinator 50 Patients served by Financial Counselor 300 Express Care Clinic total encounters 400 Dental patients served 700 Dental encounters 1,500 Patients identified as high-risk that are contacted by the RN Care Coordinator within 3 business days of referral 50% Dental patients who have at least one dental health maintenance procedure completed within 3 months of examination 60% Emergency dental patients who return for a non-emergency maintenance appointment within 3 months 70%	300 50 300 400 700 1,500 50% 60% 70%	405 0 0 459 608 1,480 0% 56% 70%	RN Care Coordinator not hired until December Financial Counselor position has not been filled Higher than anticipated "no show" rate See above
	Working Partnerships USA Covered Initiative for the Residual Uninsured <i>Requested: \$100,000</i> <i>Approved: \$100,000</i>	Clients Served 4,000 Individuals identified uninsured and will work with you get insured 1,800 Individuals educated about coverage plan and given information 1,800 Uninsured who provided information and were connected directly to enrollment entity 6%	4,000 1,800 1,800 6%	5,242 187 0 0	Delay with the County Board of Supervisors passing a new coverage option for the residual uninsured; intensive outreach began in January See above See above
Mental Health Access	Community Health Awareness Council Prevention Plus <i>Requested: \$142,700</i> <i>Approved: \$142,700</i>	Students served (unduplicated) 216 Services provided/encounters 1,816 Breakdown of services provided/encounters: Hours of direct service (individual/family sessions) 1,560 Hours of direct service (Just for Kids group sessions) 120 Sunnyvale School District students served through individual counseling who show a 20% or more improvement on the Problem Focused Assessment Scale N/A Sunnyvale School District students served through Just for Kids groups who show a 20% or more improvement on the Just for Kids Survey N/A	216 1,816 1,560 120 N/A N/A	258 2,162 2,016 146 N/A N/A	Assessed at end of school year Assessed at end of school year
	Community Health Awareness Council Teen Talk <i>Requested: \$50,000</i> <i>Approved: \$50,000</i>	Youth served (unduplicated students) 200 8-week series provided 30 Students served through Teen Talk groups who show a 15% or more improvement on the Teen Talk Risk Behavior Survey N/A Teen/Tween Talk (TT) group participants who complete the 8-week TT series N/A	200 30 N/A N/A	238 37 N/A N/A	Assessed at end of school year Assessed at end of school year
	Mental Health Advocacy Project Removing Legal Barriers to Mental Health Access <i>Requested: \$50,000</i> <i>Approved: \$50,000</i>	Individuals served (unduplicated) 75 Providers receiving MHAP's training who increase their understanding of their patients' rights to medical benefits rights and other forms of public assistance 75% Clients receiving MHAP services for benefits issues who successfully access or maintain health benefits or other safety-net benefits 75%	75 75% 75%	69 100% 100%	

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



Health Priority	Partner	Metrics	6 month target	6 month total	Comments
Mental Health Access	Momentum for Mental Health La Selva Community Clinic <i>Requested: \$236,000</i> <i>Approved: \$236,000</i>	Clients served (unduplicated) 100 Services provided/encounters 808 820 Clients who had been hospitalized 12 months or less prior to admission avoiding re-hospitalization during the contracted year 90% 100% Clients showing improvement on the PHQ-9 from admission to discharge 95% 100%			
	Mountain View Los Altos Union High School District School Mental Health and Support Team <i>Requested: \$250,000</i> <i>Approved: \$160,000</i>	Students served (unduplicated) 75 135 Services provided/encounters (hours) 1,260 1,512 Individual therapy hours (60%) 756 850 Crisis management hours (12%) 151 185 Case management hours (13%) 164 316 Increased percentage of students showing reliable change in student life domain needs (abuse, gang, family, and legal issues) N/A N/A Reduction in high risk behavior that may result in suspension N/A N/A			Assessed at end of school year Assessed at end of school year
	NAMI Santa Clara County Peers on Discharge <i>Requested: \$100,000</i> <i>Approved: \$100,000</i>	Participants in Peers on Discharge (PoD) 40 19 Participants in informational presentations to patients 68 70 One-on-one PoD participant visits 510 75 Participants who feel decrease in level of isolation 80% 72% Participants who feel more hopeful about their future and recovery 70% 77% Participants who are cooperating with treatment plan 65% 100%			Difficulty gaining access to certain hospitals Fewer than anticipated number of participants
Healthy Eating, Physical Activity and Obesity Reduction	BAWSI BAWSI Girls <i>Requested: \$18,345</i> <i>Approved: \$15,000</i>	Students served 55 65 Afterschool sessions in the Fall & Spring season 8 8 Average weekly attendance 80% 92% Focus Girls who self-report at least 2 positive effects of program participation after each season. 80% 100% Focus Girls who are observed to have improved behavior or attitudes after each season. 80% 83%			
	GoNoodle <i>Requested: \$21,000</i> <i>Approved: \$21,000</i>	Schools served 26 26 Active GoNoodle users as percentage of school staff. 40% 100% GoNoodle physical activity breaks played. 10,000 18,265 Student physical activity minutes achieved 400,000 904,100 Teachers who believe GoNoodle benefits their students' focus and attention in the classroom. N/A N/A Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects. N/A N/A			Teachers utilizing program due to high satisfaction Teachers utilizing program due to high satisfaction Assessed at end of school year Assessed at end of school year
	Living Classroom MVWSD Garden Based Nutrition Program <i>Requested: \$83,540</i> <i>Approved: \$74,000</i>	Students served (unduplicated) 3,700 2,885 Students involved in planting and harvesting produce from edible gardens at elementary schools 1,500 2066 Students demonstrating significant increases (from pre to post survey results) in areas of nutrition knowledge and eating behavior N/A N/A			Delay with garden construction; anticipate reaching annual target Assessed at end of school year

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Health Priority	Partner	Metrics	6 month target	6 month total	Comments
Healthy Eating, Physical Activity and Obesity Reduction	Palo Alto Medical Foundation 5210 <i>Requested: \$30,150</i> <i>Approved: \$30,150</i>	Students served (unduplicated)	5,200	4,066	Staffing change resulted in fewer students served; anticipate reaching annual target
		Students who report being active one or more hours per day after 5210 engagement	N/A	N/A	Assessed at end of school year
		Students who limit sweetened beverage to 0-1 per day after 5210 engagement	N/A	N/A	Assessed at end of school year
		Students who report the knowledge that a balanced diet includes eating 5 fruit vegetables per day after 5210 engagement	N/A	N/A	Assessed at end of school year
		Difference between percentage of 9th grade students who limit consumption of sweetened beverages to 0-1 per day who attended a 5210 elementary school vs. attending a non- 5210 school	N/A	N/A	Assessed at end of school year
	Playworks <i>Requested: \$261,000</i> <i>Approved: \$261,000</i>	Teachers, students, and administrators served (unduplicated)	6,260	6,310	
		Services provided	612	612	
		Schools participating in teacher training	80%	85%	
		Teachers/ administrators reporting an increase in number of students who are physically active	N/A	N/A	
		Teachers/ administrators reporting an increase in level of student cooperation during recess	N/A	N/A	
Sunnyvale Community Services Comprehensive Emergency Assistance <i>Requested: \$75,000</i> <i>Approved: \$75,000</i>	Teachers/ administrators reporting a decrease in bullying incidents	N/A	N/A		
	Teachers/ administrators reporting improvement on overall school climate	N/A	N/A		
	Clients served (unduplicated)	750	2,480	Greater demand for food bank program; funds shifted accordingly	
	Individuals receiving one-time financial assistance for medically-related bills.	30	18	Greater demand for food bank program; funds shifted accordingly	
	Individuals who rate their overall satisfaction with agency a 4 or 5 on a 5-point scale	N/A	N/A	Assessed at end of grant year	
Community Health Education and Health Literacy	Alzheimer's Association Asian Dementia Initiative <i>Requested: \$60,000</i> <i>Approved: \$60,000</i>	Participants served (unduplicated)	410	338	Korean Forum was delayed until Spring
		Total number of services provided	825	881	
		Attendees in the Chinese Savvy Caregivers training classes	10	13	
		Participants of the Chinese Forum and other educational presentations who "agree" or "strongly agree" that the program met their expectations	90%	99%	
		Participants of the Chinese Savvy Caregiver classes who "agree" or "strongly agree" that they know more about how to manage the symptoms of dementia	90%	100%	
	South Asian Heart Center <i>Requested: \$200,000</i> <i>Approved: \$180,000</i>	Participants served (unduplicated)	275	301	
		Services provided	1,500	1,612	
		Increase in participants at optimal levels of physical activity (150 min/week)	10%	11%	
		Increase in participants at optimal levels of vegetable consumption (3+ servings/day)	12%	13%	
		Increase in participants with optimal HDL-C levels (≥40 mg/dL male, ≥50 mg/dL female)	6%	6%	
Increase in participants with optimal Cholesterol ratios (TC/HDL ≤ 3.5)	10%	11%			

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Health Priority	Partner	Metrics	6 month target	6 month total	Comments	
Community Health Education and Health Literacy	Chinese Health Initiative <i>Requested: \$190,200</i> <i>Approved: \$190,200</i>	Participants served (unduplicated)	300	413	•	Expect to meet their annual target
		Services provided	700	519	•	
		Chinese seniors who receive information, resources or referral that help their access to care through CHI outreach and CHI call center	80	87	•	
			Participants who strongly agree or agree that our education or screening help them better manage their health	N/A	N/A	
	Alzheimer's Association Latino Family Connections <i>Requested: \$62,000</i> <i>Approved: \$60,000</i>	Participants served (unduplicated)	250	260	•	
		Participants attending educational presentations targeting Latino communities	240	247	•	
		Attendees in the Cuidando con Respeto caregiving training classes	10	13	•	
		Services provided/encounters	50	55	•	
		Participants of educational presentations who "agree" or "strongly agree" that the program met their expectations	90%	92%	•	
		Participants of Cuidando con Respeto who "agree" or "strongly agree" that they know more about how to manage the symptoms of dementia	90%	100%	•	
		Callers of Helpline who "agree" or "strongly agree" that they know more about the disease	90%	93%	•	
	El Camino Hospital- Health Library and Resource Center- Mountain View <i>Requested: \$393,491</i> <i>Approved: \$393,491</i>	Patrons served	12,000	12,310	•	Assessed at end of grant year
Number of new members registered		325	358	•		
Community members who strongly agree or agree that eldercare referrals are appropriate to my needs		N/A	N/A			
	Community members who strongly agree or agree that library information is appropriate for my needs	N/A	N/A		Assessed at end of grant year	
Family & Children Services of Silicon Valley Survivor Services <i>Requested: \$85,000</i> <i>Approved: \$50,000</i>	Clients served (unduplicated)	50	16		Staffing vacancy resulted in fewer clients served	
	Services provided/encounters	552	80		See above	
	Case management clients who report increased feelings of safety	75%	100%	•		
	Support group clients who report feeling better able to cope with day-to-day life	75%	100%	•		
	Counseling services clients who report improved ability to manage their mental health needs (e.g., anxiety, stress, trauma)	75%	100%	•		

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ATTACHMENT 8



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

**Board Finance Presentation
Fiscal Year 2016
7/1/2015 - 1/31/2016**

Iftikhar Hussain, CFO

El Camino Healthcare District Board of Directors Meeting
March 16, 2016

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ECHD Stand-Alone Financial Statements

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



El Camino Healthcare District

Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

		June 30, 2015		June 30, 2015
	Jan 31, 2016	Audited w/o Eliminations		Jan 31, 2016
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>	
Current Assets			Current Liabilities	
Cash & Investments	\$170	\$221	Accounts Payable & Accrued Exp	\$87
Patient Accounts Receivable, net	\$117	\$96	Bonds Payable - Current	6
Other Accounts and Notes Receivable	\$5	\$5	Bond Interest Payable	3
Inventories and Prepays	\$49	\$44	Other Liabilities	3
Total Current Assets	341	366	Total Current Liabilities	99
Board Designated Assets			Deferred Revenue	1
Foundation Reserves	13	15		1
Community Benefit Fund	19	5	Long Term Liabilities	
Operational Reserve Fund	102	102	Bond Payable	361
Workers Comp, Health & PTO Reserves	67	64	Benefit Obligations	42
Other Board Designated Reserves	143	148	Other Long-term Obligations	4
Total Board Designated Assets	343	333	Total Long Term Liabilities	407
Funds Held By Trustee	48	50	Fund Balance	
Long Term Investments	197	207	Unrestricted	957
Other Investments	33	34	Board Designated & Restricted	231
Net Property Plant & Equipment	709	698	Capital & Retained Earnings	15
Other Assets	38	35	Total Fund Balance	1,203
Total Non-Designated Assets	1,025	1,025		1,198
TOTAL ASSETS	\$1,709	\$1,724	TOTAL LIAB. & FUND BAL.	\$1,709
				\$1,724



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 January 31, 2016

(Includes El Camino Hospital)

	Current Fiscal Year			Prior Year Actual
	Actual	Budget	Fav (Unfav) Variance	
Net Patient Revenue ⁽¹⁾	442	433	9	417
Other Operating Revenues	23	20	3	19
Total Operating Revenues	465	453	12	436
Wages and Benefits	256	255	(1)	242
Supplies	67	65	(2)	64
Purchased Services	65	63	-1	56
Other	21	14	(7)	14
Depreciation	28	26	(1)	26
Interest	3	3	0	4
Total Operating Expense ⁽²⁾	440	427	(13)	406
Operating Income	25	26	(1)	30
Non-Operating Income ⁽³⁾	(24)	22	(46)	9
Net Income	1	48	(47)	39



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 2016 Actual to Budget

(Includes El Camino Hospital)

- (1) Net patient revenue was above budget by approximately \$9.1M due primarily to primarily to \$8.6M positive variance in PPO revenue. Acute inpatient discharges were less than budget by 3.2%, Emergency Room visits were less than budget by 1.7%, and deliveries were less than budget by 8.9%.
- (2) The negative variance of approximately \$12.9M is primarily due to: 1) labor RN registry expenses associated with the go-live of EPIC on November 7; 2) pharmacy and general surgery supply expenses and 3) the EPIC related costs associated in training employees/physicians on the use of the EPIC system.
- (3) The \$46M negative variance is principally due to the unrealized losses on investments that incurred in the months of August, September, December, and January .



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

	Jan 31, 2016	June 30, 2015		Jan 31, 2016	June 30, 2015
<u>ASSETS</u>			<u>LIABILITIES AND FUND BALANCE</u>		
Cash & cash equiv	\$ 2,452	\$ 2,320	Accounts payable ⁽⁸⁾	\$ 152	\$ 171
Short term investments	5,448	4,402	Current portion of bonds	2,485	2,065
Due from Retiree Health Plan ⁽¹⁾	0	3	Bond interest payable	2,808	2,559
S.C. M&O Taxes Receivable	23	0	Other Liabilities	0	0
Total current assets	<u>\$ 7,924</u>	<u>\$ 6,725</u>	Total current liabilities	<u>\$ 5,445</u>	<u>\$ 4,795</u>
Operational Reserve Fund ⁽²⁾	1,500	1,500	Deferred income	-7	44
Capital Appropriation Fund ⁽³⁾	9,298	9,298	Bonds payable - long term	133,975	136,460
Capital Replacement Fund ⁽⁴⁾	4,635	4,367	Total liabilities	<u>\$ 139,413</u>	<u>\$ 141,299</u>
Community Benefit Fund ⁽⁵⁾	5,916	3,021	Fund balance		
Total Board designated funds	<u>\$ 21,349</u>	<u>\$ 18,186</u>	Unrestricted fund balance	\$ 40,681	\$ 36,397
Funds held by trustee ⁽⁶⁾	<u>\$ 13,628</u>	<u>\$ 12,405</u>	Restricted fund balance ⁽⁹⁾	(125,640)	(128,679)
Capital assets, net ⁽⁷⁾	<u>\$ 11,554</u>	<u>\$ 11,700</u>	Total fund balance	<u>\$ (84,958)</u>	<u>\$ (92,282)</u>
TOTAL ASSETS	<u><u>\$ 54,454</u></u>	<u><u>\$ 49,016</u></u>	TOTAL LIAB & FUND BAL	<u><u>\$ 54,454</u></u>	<u><u>\$ 49,016</u></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 January 31

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

	Actual	Current Year Budget	Variance	Last Year Actual
REVENUES				
(A) Ground Lease Revenue ⁽¹⁰⁾	\$ 52	\$ 52	\$ -	\$ 50
(B) Redevelopment Taxes ⁽¹¹⁾	379	134	245	134
(B) Unrestricted M&O Property Taxes ⁽¹¹⁾	4,731	4,010	721	4,010
(B) Restricted M&O Property Taxes ⁽¹¹⁾	2,912	2,946	(34)	2,875
(B) G.O. Taxes Levied for Debt Service ⁽¹¹⁾	5,674	5,367	307	5,115
(B) IGT Medi-Cal Program ⁽¹²⁾	(217)	-	(217)	-
(B) Investment Income (net)	187	61	126	(188)
(B) Other income	121	117	3	117
TOTAL NET REVENUE	13,839	12,687	1,152	12,113
EXPENSES				
(A) Professional Fees & Purchased Svcs ⁽¹³⁾	239	432	193	389
(A) Supplies & Other Expenses	103	51	(51)	7
(B) G.O. Bond Interest Expense (net) ⁽¹⁴⁾	2,742	2,740	(2)	2,788
(B) Donations to Outside Organizations ⁽¹⁵⁾	3,501	3,633	132	3,326
(A) Depreciation / Amortization	147	146	(1)	146
TOTAL EXPENSES	6,731	7,001	270	6,656
NET INCOME	\$ 7,108	\$ 5,686	\$ 1,422	\$ 5,457
(A) Operating Revenues & Expenses				
(B) Non-operating Revenues & Expenses				

RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	\$ (437)
(B) Net Non-Operating Revenues & Expenses	7,545
NET INCOME	\$ 7,108



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

El Camino Healthcare District

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

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

	<u>January 31, 2016</u>	<u>January 31, 2015</u>
Fiscal year beginning balance	\$ (92,282)	\$ (94,161)
Net income year-to-date	\$ 7,107	\$ 5,457
Transfers (to)/from ECH:		
IGT Funding ⁽¹⁶⁾	\$ 216	-
Capital Appropriation projects ⁽¹⁷⁾	-	\$ (8,093)
Fiscal year ending balance	<u><u>\$ (84,959)</u></u>	<u><u>\$ (96,797)</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) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (2) **Operating Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (3) **Capital Appropriation Fund** – Formerly known as the Capital Outlay Fund, which accumulates at the end of each fiscal year those M&O property taxes that are over the Gann limit and thus become restricted for plant and equipment projects. This amount reflects the accumulation of the fiscal years ended 2014 and 2015. Note, at each fiscal year end the amount placed into this fund must be board designated for a capital project (must be a value greater than \$100,000 and a minimum life of 10 years) within the next two fiscal years.
- (4) **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.
- (5) **Community Benefit Fund** – Newly established fund at the District in FY 2014, as the District retains its unrestricted M&O property taxes to pay for its operations and support its Community Benefit Program.
- (6) **Funds Held by Trustee** – Funds from General Obligation tax monies, being held to make the debt payments when due.
- (7) **Capital Net Assets** - The land on which the Mountain View Hospital resides, a portion of the YMCA building, and a vacant lot located at El Camino Real and Phyllis.
- (8) **Accounts Payable and Accrued Expenses** – Expenses due which have not yet been paid.
- (9) **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 20 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

- (10) **Other Operating Revenue** – Lease income from El Camino Hospital for its ground lease with the District.
- (11) **Taxes: Redevelopment, M&O, G.O.** – Tax receipts (either received or to be received) during the period.
- (12) **IGT Expense** – Participation thus far in Inter Governmental Transfer program for FY 2016.
- (13) **Professional Fees & Services** – District operating expenses, mostly services provided by El Camino Hospital and professional consulting fees.
- (14) **G.O. Bond Interest Expense** – Expense includes bond interest expense accruing on the District's debt and other related bond expense.
- (15) **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 .
- (16) **IGT Funding** – Transfers from ECH for participation in program thus far in FY 2016.
- (17) **Capital Appropriation Projects Transfer** – Formerly known as Capital Outlay Projects, this was the FY 2012 and 2013 amount set aside for major plant and equipment projects. By Board action at the end of the FY 2014, this amount was transferred in early FY 2015 to the Hospital in support of its Behavioral Health Services replacement building project that is currently being designed.



El Camino Healthcare District

Sources & Uses of Tax Receipts

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

Sources of District Taxes	1/31/2016
(1) Maintenance and Operation and Government Obligation Taxes	\$13,316
(2) Redevelopment Agency Taxes	<u>379</u>
Total District Tax Receipts	\$13,695
Uses Required Obligations / Operations	
(3) Government Obligation Bond	\$5,674
Total Cash Funds	7,921
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	2,911
Subtotal	5,010
(5) Operating Expenses	342
Subtotal	4,908
(6) Capital Replacement Fund (Park Pavilion)	<u>192</u>
Funds Available for Community Benefit Programs	<u>\$4,476</u>

*Gann Limit Calculation for FY2016

\$7,162,000

- | | |
|--------------------------------|--|
| (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) |



ATTACHMENT 9

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>El Camino Hospital Board Member Election Ad Hoc Committee Report</p> <p>El Camino Healthcare District Board of Directors</p> <p>March 15, 2016</p>
Responsible party:	John Zoglin, Ad Hoc Committee Member and Julia Miller, Ad Hoc Committee Member
Action requested:	For Discussion
<p>Background:</p> <p>Since his term expires on June 30 2016, beginning in September 2015, the Ad Hoc Committee and the Board began to consider the re-election of current El Camino Hospital Board Director Jeffrey Davis, MD in accordance with the “Process For Re-Election and Election of Non-District Board Members to the EL Camino Hospital Board of Directors” adopted by this Board in 2014. We used a detailed competency matrix survey administered by Nygren Consulting to assess both Director Davis’ and the Board’s overall strengths and competency gaps. The Committee determined that without Director Davis’ service the Board’s overall competency would suffer in critical, strategic areas. The Committee interviewed Director Davis and found that he is interested in and committed to serving on the Hospital Board for another three year term. Director Davis is very engaged with the Board as Chair of the Executive Compensation Committee and as a member of the Quality, Compliance and Investment Committees.</p> <p>In accordance with the Board’s direction, staff placed advertisements over a two week period in local newspapers serving District residents seeking additional candidates with experience in one or more of the following areas:</p> <ol style="list-style-type: none"> 1) “Volume to Value” thinking as well as considerations incorporating assumption of risk factors for population health; 2) Sectors across the continuum of care including but not limited to skilled nursing facilities or home healthcare; 3) Healthcare technology including electronic medical records. <p>We received responses from and interviewed two potential candidates, both with very impressive resumes. The first is a physician with deep experience in medical research (primarily oncology) and the biotech and pharma industries. He was also a Medical Staff leader at a prominent Los Angeles area hospital in 2001, but does not have any relevant Board experience.</p> <p>The second candidate has Foundation experience, extensive non-profit experience, community health experience, and some experience with primary care centers. He also ably articulated his thoughts about the changing healthcare environment.</p>	

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	<p>After comparing the two new candidates, and reconsidering the two alternative candidates from a year ago, the Ad Hoc Committee found Director Davis to be most qualified. His recent professional work history is in concert with the competency areas identified in need by the Board; he is committed, in fact, recommitted to active participation in Board activities; he has spent three years as a Board member and knows the hospital structure and governance; and, he is perceived by other Board members, as assessed by Nygren, as a contributor in areas not covered by other Board members.</p>
	<p>Board Advisory Committees that reviewed the issue and recommendation, if any:</p> <p>The El Camino Hospital Board Member Election Ad Hoc Committee most recently reviewed this matter at its February 26, 2016 and March 3, 2016 meetings and unanimously recommends that the Board re-elect Jeffrey Davis, MD to the El Camino Hospital Board of Directors for a term of three years effective July 1, 2016.</p>
	<p>Summary and session objectives :</p> <p>To update the Board on the work and recommendation of the Ad Hoc Committee.</p>
	<p>Suggested discussion questions:</p> <p>None.</p>
	<p>Proposed board motion, if any:</p> <p>None. The Board may choose to consider a motion to re-elect Dr. Davis during the next agenda item.</p>
	<p>LIST OF ATTACHMENTS:</p> <p>Resume - Jeffrey Davis, MD</p>

JEFFREY M. DAVIS, MD, MPH
519 W. PORTOLA DRIVE
LOS ALTOS, CA 94022
67JEFF@COMCAST.NET
650-291-8297

SUMMARY

Physician executive with twenty years of both academic and health care management experience focused around provider group practice/pharmacy management, physician IT decision support, patient education, quality improvement and the development/implementation of disease management/population health programs. Also possesses significant experience in leading national business development and consultative sales efforts.

Professional Experience

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

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

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

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

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

**Medical Director, National Consultant Relations
Kaiser Permanente National Accounts**

2011-2013

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

Additional new role created to:

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

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

Chief Medical Officer,

Responsible for development/implementation of all medical policies and procedures

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

Vice President, Medical Affairs and National Client Relations,

2004-2006

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

- Contributed to reorganization of company into major market segments: commercial and government
- Overviewed and supported four Regional Vice Presidents of Business Development across the country
- Provided medical/clinical program support for all client implementations
- Responsible for surveillance of national market trends/competitive products and identification of emerging customer need

- Contributed to development of new business markets: 1). Direct-to-employer and Taft Hartley union contracts in the commercial sector and 2). partnerships with Medicaid managed care organizations in the government sector
- Major contributor to doubling of revenue run rate in 2004 (23 million dollars to 45 million dollars) and 2005 (45 million dollars to 89 million dollars). Projected revenue run rate at end 2006 expected to be approximately 140 million dollars.

Chief Privacy Officer,

2000-2004

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

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

SANTA CLARA FAMILY HEALTH PLAN, San Jose, CA

1996-1997

Chief Medical Officer

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

SAN JOSE MEDICAL GROUP, SAN JOSE, CA

1995-1996

Senior Vice President and Chief Medical Officer

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

- Reported directly to CEO and Board of Directors
- Contributed to the strategic direction of the medical group as part of executive team
- Overlooked all medical management operations of group - utilization review, case management, pre-authorizations, pharmacy management, credentialing and quality
- Chaired P&T Committee
- Implemented an electronic pharmacy ordering system
- Responsible for all physician staffing and hiring
- Medical group generated a revenue run rate of approximately 15 million dollars and took medical/pharmacy delegated risk for over 140,000 commercial and senior members

METLIFE/METRAHEALTH/UNITED HEALTH CARE, Long Beach, CA

1993-1995

Senior Medical Director

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

- Overlooked day-to-day medical management activities of western region customers

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

FHP HEALTH PLAN, Anaheim, CA

1990-1992

Medical Director, FHP

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

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

UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE/ NEW MEXICO STATE HEALTH DEPARTMENT, Albuquerque, NM

1985-1989

Adjunct Associate Professor, Department of Pediatrics (Medical Genetics)

Responsible for statewide satellite genetics clinic program

Provided direct clinical genetics services in weekly, university-based genetics clinic as well as hospital-based consultation services

Bureau Chief, Family Health Services

Responsible for the public health/regulatory management of several statewide programs including maternal and child health, adolescent health, immunizations, chronic care and family planning. Awarded several, multi-year HHS SPRANS grants (Special Projects of Regional and National Significance) including a “University-State Health Department Model for Mental Retardation Services (MC135037)” and the “Development of a Model system of Nutrition Services for Children with Disabilities

EDUCATION

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

University of California, Berkeley, CA: MPH

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

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

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

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

Professional Certifications and Licensure

Active, unrestricted medical licensure: California, G34470

Specialty Board Certification: Pediatrics

Specialty Board Certification: Medical Genetics

Selected Presentations

Population-Based Diabetes Management: The Importance of Self-Monitoring in Improving Clinical and Financial Outcomes.

J.M. Davis and D. Newell. Presented at the AAHP Building Bridges VIII Conference, April 10-11, 2002, Long Beach, Calif.

The Management of Comorbidities in Disease Management

J.M. Davis. Presented at the 15th National Managed Health Care Congress, March 12-15, 2003, Washington, DC

The Importance of Participant Self-Reporting via the Web or IVR in Improving Clinical and Financial Outcomes for a Diabetes Population

D. Pyle, J.M. Davis, R.D. Newell et al. Presented at the 4th Diabetes Technology Conference, November 7-8, 2003, San Francisco, CA

Moving Medicine to Greater Improvements in Diabetes Care

J.M. Davis. Presented to the Diabetes Disease Management 2008 Conference, December 3-5, 2008, Orlando, FL.

Health and Productivity – A Kaiser Permanente Perspective

J.M.Davis. Presented to the 2010 Lockton Clients Conference, June 23-24, 2010, Kansas City, MO

Health and Productivity in the Workforce: Tips & Tools to Drive Measurable Results

J.M. Davis. Presented to the 2011 Conference Board Employee Health Care Conference meeting, March 3-4, 2011, New York City

The Metabolic Syndrome – What Employers Can Do to Reverse Decreased Productivity and Increasing Costs

J.M.Davis and C.Stenzel, Presented to the 2011 Annual Employer Benefits Forum, September, 25-27 2011, Dallas, TX

Moving to a Culture of Health

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

Publications

Comprehensive School-Based Teen Centers

Western Journal of Medicine 144.5:625-626, 1986, J.M. Davis and J.G. DeVaney

The New Mexico Sealant Program: A Progress Report

Journal of Public Health Dentistry 53:3: 145-149, 1986. J.J. Calderone and J.M. Davis

Coordinating an Effective Asthma Program

Continuing Care Jan/Feb, 2002, J.M.Davis, C.Gershtein and B. Zajac

Screening for Depression in Patients with Chronic Medical Illness.

Disease Management Health Outcomes 11(6):1, 375-379, 2003, JM Davis and CM Gershtein

Whole Person Health for the Whole Population – One Year Evaluation for Health Coaching.

The Permanente Journal. Volume 11, Number 4, 2007, M. Licht, JM Davis et al

Patent Pending

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

Professional Activities

Board Member, El Camino Hospital, Mountain View, CA

2012-present

Board Member, Care Continuum Alliance, Washington, DC

2010-2012

Member, Editorial Board of Population Health Journal, Philadelphia, PA

2008-present

Founding Fellow, American College of Medical Genetics,

1993-present

ATTACHMENT 11

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>Appointment of Community Benefit Advisory Council (“CBAC”) Liaison</p> <p>El Camino Healthcare District Board of Directors</p> <p>March 15, 2016</p>
Responsible party:	Peter C. Fung, MD, Board Chair
Action requested:	Motion: To appoint Director _____ as the District Board’s Liaison to the CBAC
Background:	<p>Per the CBAC Charter, the term of service for a Board Member Liaison to the CBAC is three years. However, there is no limit to the number of terms a Board member may serve as Liaison to the CBAC.</p> <p>Having served as the District’s Liaison since March 19, 2013, Director Miller’s term is expiring, though she has expressed interest in being reappointed.</p>
Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives :	To appoint a Board member as Liaison to the CBAC.
Suggested discussion questions:	What value might there be in rotating the assignment to the CBAC to (1) more fully acquaint all Board members with Community Benefit grant making process and (2) to provide new insights to the CBAC?
Proposed board motion, if any:	To appoint Director _____ to the CBAC.
LIST OF ATTACHMENTS:	None.

ATTACHMENT 12

DISTRICT BOARD
FY2016 PACING PLAN (Updated 3.3.16)

FY2016: Q1		
JULY 2015	AUGUST 2015	SEPTEMBER 2015
No Meeting	No Meeting	No meeting
FY2016: Q2		
OCTOBER 20, 2015	NOVEMBER 2014	DECEMBER 2015
<ul style="list-style-type: none"> ▪ FY 2016 YTD ECHD Financials ▪ FY 2015 Community Benefit Year End Report ▪ FY 2015 Stand-Alone ECHD Financials ▪ FY 2015 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY2015 Hospital Audit ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ Pacing Plan ▪ Strategy ▪ Board Processes ▪ American Heart Association Initiative 	No Meeting	No Meeting

FY2016: Q3		
JANUARY 19, 2016	FEBRUARY 2016	MARCH 15, 2016
<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY 2016 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Pacing Plan ▪ Bi Annual By-Laws Review (done in FY15) ▪ Bi-Annual Reserve Powers Review (done in FY15) ▪ Tobacco Securitization Authority Report ▪ AHA Initiative ▪ MayView Grant ▪ Media Policy 	<p style="text-align: center;">No Meeting</p>	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY 2016 YTD ECHD Financials ▪ Hospital Board member Election Ad Hoc Committee Report (if necessary) ▪ Consider Re-Election of ECH Board member with term expiring June 30, 2016. ▪ Prepare For November Election (Resolution) ▪ ECHD Board Chair Assessment (to be administered in late March) ▪ Appointment of Community Benefit Advisory Council Liaison. ▪ Pacing Plan
FY2016: Q4		
APRIL 2016	MAY 17, 2016	JUNE 14, 2016
<p style="text-align: center;">No Meeting</p>	<ul style="list-style-type: none"> ▪ Approval of Minutes ▪ Consider Re-Election of ECH Board member with term expiring June 30, 2016 	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ 2016 YTD ECHD Financials ▪ Tax Appropriation for FY2017 ▪ District Capital Outlay Fund ▪ Review and Approve FY 2017 Pacing Plan ▪ Approval of FY 2017 Community Benefit Plan ▪ Approve ECH FY 2017 Budget ▪ Approve ECHD FY 2017 Budget ▪ Appoint Hospital Board Member Election Ad Hoc Committee ▪ Report on ACHD and DHLF