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

Tuesday, May 15, 2018 – 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**	Peter Fung, MD, Board Chair		**5:30 – 5:32pm**
2.	**SALUTE TO THE FLAG**	Peter Fung, MD, Board Chair		**5:32 – 5:34pm**
3.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Peter 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 three (3) minutes on issues or concerns not covered by the agenda.* b. Written Correspondence	Peter Fung, MD, Board Chair		**information 5:35 – 5:38**
5.	**CONSENT CALENDAR** *Any Board Member or member of the public may remove an item for discussion before a motion is made.* ***Approval*** a. Minutes of the Open Session of the District Board Meeting (March 20, 2018) b. Draft Revised ECH Bylaws Sections 5.1 and 5.2 c. Draft Revised Process for Election and Re-Election and Re-Election of Non-District Board Members	Peter Fung, MD, Board Chair	*public comment*	**motion required 5:38 – 5:41**
6.	**COMMUNITY BENEFIT SPOTLIGHT** **Sunnyvale Community Services** *Resolution 2018-05* **ATTACHMENT 6**	Barbara Avery, Director, Community Benefit	*public comment*	**motion required 5:41 – 5:56**
7.	**DRAFT REVISED ECHD COMMUNITY BENEFIT GRANTS POLICY** **ATTACHMENT 7**	Cindy Murphy, Director of Governance Services	*public comment*	**possible motion 5:56 – 6:01**
8.	**FY18 COMMUNITY BENEFIT MID-YEAR METRICS** **ATTACHMENT 8**	Barbara Avery, Director, Community Benefit		**information 6:01 – 6:21**
9.	**PROPOSED FY19 COMMUNITY BENEFIT GRANTS** **ATTACHMENT 9**	Barbara Avery, Director, Community Benefit		**discussion 6:21 – 7:11**

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.
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	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
10.	**RESOLUTION 2018-06** Appointment of El Camino Hospital Board Member Election Ad Hoc Committee Members and Advisors **ATTACHMENT 10**	Peter Fung, MD, Board Chair	*public comment*	**possible motion 7:11 – 7:21**
11.	**ADJOURN TO CLOSED SESSION**	Peter Fung, MD, Board Chair		**motion required 7:21 – 7:22**
12.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Peter Fung, MD, Board Chair		**7:22 – 7:23**
13.	**CONSENT CALENDAR** *Any Board Member or member of the public may remove an item for discussion before a motion is made.* ***Approval*** *Gov't Code Section 54957.2:* a. Minutes of the Closed Session of the District Board Meeting (March 20, 2018)	Peter Fung, MD, Board Chair		**motion required 7:23 – 7:24**
14.	Report involving *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: - Executive Session	Peter Fung, MD, Board Chair		**discussion 7:24 – 7:29**
15.	**ADJOURN TO OPEN SESSION**	Peter Fung, MD, Board Chair		**motion required 7:29 – 7:30**
16.	**RECONVENE OPEN SESSION/ REPORT OUT** To report any required disclosures regarding permissible actions taken during Closed Session.	Peter Fung, MD, Board Chair		**7:30 – 7:31**
17.	**FY18 PACING PLAN** **ATTACHMENT 17**	Peter Fung, MD, Board Chair		**discussion 7:31 – 7:34**
18.	**ADJOURNMENT**	Peter Fung, MD, Board Chair		**motion required 7:34 – 7:35pm**

Upcoming Meetings: June 19, 2018; October 16, 2018; December 5, 2018

Minutes of the Open Session of the
Meeting of the El Camino Healthcare District Board of Directors
Tuesday, March 20, 2018
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)

Board Members Present	Board Members Absent	Members Excused
Neysa Fligor	None	None
Peter Fung, MD, Chair		
Julia Miller		
David Reeder		
John Zoglin, Vice Chair		

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 5:30pm by Chair Fung. A silent roll call was taken. All Board members were present.	
2. SALUTE TO THE FLAG	Chair Fung led the Board members, staff, and members of the public present in the Pledge of Allegiance.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Fung asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	There were no comments from the public.	
5. CONSENT CALENDAR	Chair Fung asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Fligor requested that Agenda Item 5c: Draft Revised ECHD Community Benefit Grants Policy and Director Miller requested that Agenda Item 5b: *Resolution 2018-03:* Resolution and Order Calling a District General Election and *Resolution 2018-04*: Request for Consent to Consolidation of Elections be pulled for discussion. **Motion:** To approve the consent calendar: Minutes of the Open Session of the District Board Meeting (January 16, 2018). **Movant**: Miller **Second**: Zoglin **Ayes:** Fligor, Reeder, Fung, Miller, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None ***Resolution 2018-03*: Resolution and Order Calling a District General Election and *Resolution 2018-04*: Request for Consent to Consolidation of Elections** In response to Director Miller and Chair Fung's questions, Cindy Murphy, Director of Governance Services, explained that the resolution used the same language as the prior resolutions for election years. She noted that the only difference is that one of the terms is for two years (due to the appointment to fill a vacancy) and the rest are for four years. Ms. Murphy explained that the resolutions were reviewed by outside legal counsel. Mary Rotunno, General Counsel, noted that the language in the resolution "or until his or her successor is elected and has qualified" could be earlier than the last Friday of November referenced in the	***Consent calendar approved; CB Grants Policy approval paced for May meeting***

	Resolution. Ms. Murphy also explained that the Resolution provided an alternative procedure for conducting the election if it was not consolidated with the statewide election. **Draft Revised ECHD Community Benefit Grants Policy** In response to Director Fligor's questions, Ms. Rotunno explained that outside counsel provided an opinion on the new requirements of the Health & Safety Code and recommended changes to the policy to meet statutory requirement. She noted that current practice already met the requirements. The original document was adopted in March 2014, and was drafted by Barbara Avery, Director of Community Benefit, and Cecile Currier, VP of Corporate and Community Health Services. Director Fligor requested that the policy be revised to include a section that outlines the Board's expectations and the responsibilities of the independent body administering the Community Benefit program, the Community Benefit Advisory Council (CBAC). She also requested the following clarifications: - **C (Policy), Section 2**: Increases to previously awarded grants below $50,000 are approved by the VP of Corporate and Community Health Services and that these increases are within the approved total Community Benefit annual budget. - Any references to Board say "ECHD Board." - **C (Policy), Section 3**: New grants are also within the approved total Community Benefit annual budget. **Motion:** To approve the consent calendar: *Resolution 2018-03:* Resolution and Order Calling a District General Election and *Resolution 2018-04*: Request for Consent to Consolidation of Elections. **Movant**: Reeder **Second**: Fligor **Ayes:** Fligor, Reeder, Fung, Miller, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None The Board deferred Approval of Agenda Item 5c: Draft Revised ECHD Community Benefit Grants Policy to the Board's next meeting.	
6. COMMUNITY BENEFIT SPOTLIGHT: HYPERTENSION INITIATIVE	Barbara Avery, Director, Community Benefit, and Anne Boyd Rabkin, Sr. Community Benefit Specialist, recognized the American Heart Association for its commitment to providing multilingual blood pressure screenings and hypertension management classes to community members. Ms. Rabkin described the performance of the public awareness campaign of the District's Hypertension Initiative. Mike Gonzalez, Senior Director of Community Health thanked the Board for their partnership, and provided an overview of Community Heart Health Hubs (screening events), the Check.Change.*Control* treatment program, and their work in creating Northern Santa Clara County Collaborative. The Board thanked Mr. Gonzalez and staff for their work. Chair Fung highlighted the prevalence of hypertension and the importance of this work. Director Reeder and Mr. Gonzalez discussed the need to increase	***Resolution 2018-05 approved***

	accessibility to blood pressure screening technologies and AHA's work in this area. Director Reeder commented that there is a unique opportunity to check blood pressure at libraries and noted that free blood pressure screenings are offered at El Camino Hospital's Library and Resource Center. **Motion**: To approve *Resolution 2018-05*. **Movant:** Fligor **Second:** Miller **Ayes:** Fligor, Fung, Miller, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None	
7. ECHD FY18 FINANCIALS YTD	Iftikhar Hussain presented the FY18 YTD consolidated and standalone Financials for the District highlighting the following: - Consolidated results are favorable compared to budget and to last year, especially in revenues (Hospital operations: 5% growth in volume, good revenue cycle operations, and unusual, non-recurring items) and expenses are close to budget; - On the consolidated, non-operating side, there is $32m in investment income, which is ahead of plan; - For the District's standalone financials, he noted that the fund balance will increase as tax levies are made for debt service. He also explained that the variance is due to M&O taxes coming in higher than expected, and timing of Community Benefit donations, which are paid primarily in August and February, but spread out evenly in the budget. In response to Chair Fung's question, Mr. Hussain described several IGT programs and the expectations for funding this year, which is approved by CMS each year. **Motion**: To approve the ECHD FY18 Year-to-Date Financials. **Movant:** Zoglin **Second:** Reeder **Ayes:** Fligor, Fung, Miller, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None	***FY18 ECHD YTD Financials approved***
8. ECH BOARD CHAIR ASSESSMENT AND ECH BOARD EVALUATION	Chair Fung requested feedback from the Board about the process the District Board would prefer to use to conduct an evaluation of the ECH Board Chair and the Hospital Board. Ms. Murphy described the Hospital Board's abbreviated process for evaluating itself this year. She noted that the survey will be launched in April, will go to the Governance Committee and the Hospital Board at their June meetings and can be brought to the District Board if requested. Director Zoglin commented that, in the past, the District Board Chair has had a discussion with the Hospital Board Chair about the Chair's and the Hospital Board's performance. The Board discussed methods of reviewing the Hospital Board and whether or not that process should be independent from the Hospital	

	Board's assessment of itself and its Chair. Director Fligor suggested not relying solely on the Hospital Board's assessment, but rather to add questions from District perspective. Directors Reeder and Zoglin suggested breaking out the opinions of the 5 District Board members from the already written, soon to be deployed Hospital Board assessment. Chair Fung instructed staff not to take any action at this time and to await further direction from the Board Chair.	
9. El CAMINO HEALTHCARE DISTRICT BYLAWS REVIEW	Director Miller reviewed the proposed changes to the bylaws: - Review CEO and CFO; - Clarification of the Board officers (Secretary/Treasurer); - CEO attendance at District Board Committee meetings; and - Voting of stocks owned by the District. The Board discussed whether or not the provision in the bylaws regarding "Voting of Stocks owned by District" should be removed. Chair Fung noted that the District does not own stocks. In response to Director Reeder's questions, Mr. Hussain explained that the bylaws provision is related to the purchase or sale of individual stocks, but that all of the District's investments are managed through pool funds. Director Fligor commented that if it is possible for the District to own individual stocks, she would prefer to keep the provision in the bylaws and requested clarification of the words "stocks." Mr. Hussain noted that there are investment rules and laws that apply to the District, so it can only invest in debt instruments (*i.e.*, treasuries). Ms. Rotunno reported that she reviewed the language with outside counsel, Mitch Olejko, and that he noted that it was boilerplate language found in bylaws and has not been applicable to the District. **Motion:** To approve the proposed revisions to the bylaws, with the exception of the proposal to remove Article 9, Section 2 (Voting of Stocks Owned by District). **Movant:** Reeder **Second:** Miller **Formal Amendment (Fligor)**: Instead of combining the sections on the Board Office roles of Secretary and Treasurer, to add a sentence along the lines of "To the extent that the District Board has a person serving in both roles of Secretary of Treasurer, that individual would have the combined responsibilities." There was no second to the amendment. The Board discussed the process to direct that an item requested by one Board member not be added to an agenda as detailed in Article 6, Section 4. In response to Director Fligor's question, Ms. Rotunno clarified that a resolution is a vote of the Board. **Friendly Amendment (Fligor)**: To state that Special Committees of the District Board shall have up to 2 District Board members, so as not to have a quorum of the Board. Directors Reeder (Movant) and Miller (Second) accepted the amendment. **Ayes:** Fligor, Fung, Miller, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: None	

	Recused: None Director Miller thanked staff for their help in preparing the proposed revisions.	
10. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 6:47pm pursuant to *Gov't Code Section 54957.2* for approval of Minutes of the Closed Session of the District Board Meeting (January 16, 2018); pursuant to *Gov't Code Section 54956.9(d)(2)* – conference with legal counsel – pending or threatened litigation: Compliance Matter; pursuant to *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: Executive Session. **Movant**: Zoglin **Second:** Fligor **Ayes:** Fligor, Fung, Miller, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None	***Adjourned to closed session at 6:47pm***
11. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT	Open session was reconvened at 7:16pm. Agenda items 11-15 were addressed in closed session. During the closed session, the Board approved the Minutes of the Closed Session of the District Board Meeting (January 16, 2018) by a unanimous vote in favor of all members present (Directors Fligor, Fung, Miller, Reeder, and Zoglin).	
12. AGENDA ITEM 17: FY18 PACING PLAN	Director Reeder expressed concerns about the delay in the pacing of the District Director Vacancy policy. Director Zoglin requested confirmation about the scheduling of the May District Board meeting. Ms. Murphy discussed that 1) the meeting was scheduled per Chair Fung's direction on May 15th, 2) with the Board's permission, the agenda can include review of the Community Benefit Grants Policy, and 3) the materials will be provided to the Board one week ahead of the meeting.	
13. AGENDA ITEM 18: ADJOURNMENT	**Motion**: To adjourn at 7:25pm. **Movant**: Fligor **Second:** Zoglin **Ayes:** Fligor, Fung, Miller, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None	***Meeting adjourned at 7:25pm.***

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

_____ _____

Peter C. Fung, MD
Chair, ECHD Board

John Zoglin
Secretary, ECHD Board

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

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Draft Revised El Camino Hospital Bylaws El Camino Healthcare District Board of Directors May 15, 2018
	Responsible party:	Mary Rotunno, General Counsel
	Action requested:	Possible Motion
	Background: At its April 18th meeting, the El Camino Hospital Board of Directors approved the attached proposed revisions to the El Camino Hospital Bylaws to remove Sections 5.1 and 5.2 regarding Certain Director Election Procedures. The intent is to reflect the El Camino Healthcare District Board's current practice of using an Election Ad Hoc Committee in the ECH Bylaws. The attached proposed revisions reflect this practice. The proposed revisions will take effect upon approval by The El Camino Healthcare District Board of Directors pursuant to Article 18, Section 18.1 of the ECH Bylaws.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: The ECH Governance Committee voted to recommend that the ECH Board approve the proposed revisions.	
	Summary and session objectives: To obtain the Board's approval of the Draft ECH Bylaws Revisions.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve the Draft Proposed Revised ECH Bylaws.	
	LIST OF ATTACHMENTS: 1. Draft Revised ECH Bylaws (redline)	

AMENDED AND RESTATED BYLAWS

OF

EL CAMINO HOSPITAL

ADOPTED

DECEMBER 7, 2005

AS AMENDED AND RESTATED

[excerpt]

_____, ~~2017~~2018

(d) Election Following Term Limit. Any person who has left the Board due to the application of Section 4.6(a) or (b) may be elected to serve as a Director after two (2) years from the date such Director left the Board.

(e) New Term Limits. Any Director elected, as described in Section 4.6(d), after his or her term has been limited shall be subject to Section 4.6(a) beginning on the first day of such new term.

4.7 Vacancy.

(a) A vacancy in the Board of Directors shall be deemed to exist on the occurrence of the following: (i) the death, resignation, or removal of any Director; (ii) the declaration by the Board of a vacancy in the office of a Director who has been declared of unsound mind by a final order of court, or has been convicted of a felony, or has been found by a final order or judgment of any court to have breached any duty under Sections 5230-38 of the California Corporations Code dealing with standards of conduct for directors; (iii) an increase in the authorized number of Directors; (iv) the application or other request by a 2012 Director or 2017 Director seeking employment with the Corporation or seeking to provide contracted services to the Corporation, except in circumstances when a Director who is also a director of the sole Member may so serve; (v) the failure of the sole Member, at any annual or other regular meeting of Member at which any Director or Directors are elected, to elect the full authorized number of Directors to be voted for at that meeting; or (vi) the affirmative vote of the sole Member to remove a Director in accordance with the voting requirements of Section 5222 of the California Corporations Code as provided in Section 4.9 below.

(b) Vacancies in the Board may be filled only by the sole Member. Each Director appointed or elected to fill a vacancy shall hold office until his or her successor is elected at an annual or other regular meeting of the sole Member.

4.8 Resignation. Any Director may resign at any time by giving written notice to the Chairperson or the Secretary. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or at any later time specified in the resignation. If the resignation is effective at a future time, the successor may be elected to take office when the resignation becomes effective. Unless the California Attorney General is first notified, no Director may resign when the Corporation would then be left without a duly elected Director or Directors in charge of its affairs.

4.9 Removal. Any elected Director may be removed, with or without cause, at any time by the Member. No reduction of the authorized number of Directors shall have the effect of removing any Director prior to the expiration of his or her term of office. Each Director appointed or elected to fill a vacancy shall hold office until his or her successor is elected by the sole Member.

ARTICLE V
~~Certain~~ Director Election Procedures

~~5.1~~ Procedures. The sole Member shall elect the Directors using nomination and election procedures recommended by the Board and approved by the sole Member, and such

procedures shall allow application by any person.~~Nominating Committee. The Board shall appoint a Nominating Committee, a special committee, to select qualified candidates for election to the Board at least thirty (30) days before the date of any election of Directors. The committee shall make its report at least two (2) days before the date of the election, and the Secretary of the Corporation shall forward to the Member, with the notice of meeting required by Section 3.3 of these Bylaws, a list of candidates so nominated along with the names of any persons duly nominated by the Member as of that time.~~

~~5.3 Nominations by Member. The sole Member may nominate candidates for directorships at any time before the election. The Secretary shall cause the names of such candidates to be placed on the ballot along with those candidates named by the nominating committee. If there is a meeting to elect directors, the sole Member may place names in nomination.~~

ARTICLE VI
Board Meetings

6.1 Annual Meeting. An annual meeting of the Board shall be held each year, at which time officers of the Board shall be elected and such other business as is appropriate shall be transacted. Annual meetings shall be held at the location designated by the Board or at the principal office of the Corporation.

6.2 Regular Meetings. Meetings of the Board shall be held as directed by the Board, but at least quarterly at any place within or outside the State of California that has been designated by the Board. In the absence of such designation, regular meetings shall be held at the principal office of the Corporation. Regular meetings may be held without notice.

6.3 Special Meetings.

(a) Authority to Call. Special meetings of the Board may be called for any purpose and at any time by the Chairperson, the Secretary, or any two (2) Directors.

(b) Manner of Notice. Notice of the time and place of special meetings shall be given to each Director by one of the following methods: by personal delivery of written notice; by first-class mail, postage paid; by telephone communication, either directly to the Director or to a person at the Director's office who would reasonably be expected to communicate such notice promptly to the Director; by facsimile; or by telegram, charges prepaid. All such notices shall be addressed to or otherwise transmitted to the Director's address, facsimile number, or telephone number shown on the records of the Corporation. The notice shall specify the time and place of the meeting.

(c) Timing of Notice. Notices sent by first-class mail shall be deposited into a United States mail box at least four (4) days before the time set for the meeting. Notices given by personal delivery, telephone, facsimile or telegram shall be given at least forty-eight (48) hours before the time set for the meeting.

6.4 Meetings by Conference Telephone. Any meeting, regular or special, may be held by conference telephone or similar communication equipment, so long as all Directors

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Draft Revised Process for Election and Re-Election of NDBM's to the ECH Board of Directors El Camino Healthcare District Board of Directors May 15, 2018
	Responsible party:	Cindy Murphy, Director of Governance Services
	Action requested:	For Approval
	Background: At the El Camino Hospital ("ECH") Board's April 18, 2018 meeting, the ECH Board voted to recommend that the District Board approve the attached proposed revisions to the District Board's Process for Election and Re-Election of NDBM's to the ECH Board of Directors. This recommendation was made in alignment with the proposed amendments to Sections 5.1 and 5.2 of the ECH Bylaws, which the ECH Board also recommended that the District Board approve. The proposed revision ensures that staff continues to solicit nominations to fill ECH Board vacancies from the public, the ECH Board, the Foundation Board, Advisory Committee Members, and the Executive Leadership Team. The following revision is proposed to Section 4(b)(iv): "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."	
	Board Advisory Committees that reviewed the issue and recommendation, if any: At its April 3, 2018 meeting, the ECH Governance Committee voted to recommend that the ECH Board recommend that the District Board approve the "Draft Revised Process for Election and Re-Election of NDBM's to the ECH Board of Directors."	
	Summary and session objectives : To review and approve the proposed revisions.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve the "Draft Revised Process for Election and Re-Election of NDBMs to the ECH Board of Directors."	
	LIST OF ATTACHMENTS: 1. Draft Revised Process for Election and Re-Election of NDBMs to the ECH Board of Directors	

2500 Grant Road
Mountain View, CA 94040
Phone: 650-940-7300
www.elcaminohealthcaredistrict.org

Process for Re- Election and Election
Of Non-District Board Members
To The El Camino Hospital Board of Directors.*

A. Timeline

1. Previous FYQ4: The District Board Chair shall appoint a District Director as Chair of an Ad Hoc Committee and the Board shall approve the appointment of one additional District Director as a member of the Committee. 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).
2. FYQ1 – Regular District Board Meeting:
   Prior to Meeting, District Board Chair (i) asks the El Camino Hospital Director, who is 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 District Board of intent (via Board packet).
3. FYQ2 – 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.
   b. At the Meeting: Discuss portfolio of skills needs.
4. FYQ2 – Regular District Board Meeting:
   a. Prior to the Meeting:
      i. Ad Hoc committee analyzes evaluations, (3) (a) above, interviews the NDBM, and develops recommendation regarding re-election of NDBM to the Hospital Board.
      ii. Hospital Board, on the recommendation of the Governance Committee proposes a revised Position Description to the District Board.
   b. At the Meeting:
      i. District Board considers re-election of NDBM.
      ii. If NDBM is re-elected, the Hospital Board shall be notified.

iii. If NDBM is not re-elected, the District Board will authorize external recruitment of a new NDBM.

iv. 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(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 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 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*

RESOLUTION 2018 – 05

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 Sunnyvale Community Services for providing Comprehensive Safety Net Services and Social Work Case Management.

A Community Benefit partner since fiscal year 2010, Sunnyvale Community Services provides essential services meeting basic needs of underserved community members. The Comprehensive Safety Net Services support low-income families, seniors and veterans, preventing and alleviating homelessness, hunger and food insecurity. Emergency services include financial aid for medically-related bills and access to healthy food and nutrition education. The Social Work Case Management program focuses on stabilizing lives and improving the wellness of vulnerable community members through advocacy, assistance with accessing social benefits, transportation, financial management and other critical support. Through these programs, Sunnyvale Community Services has provided services to more than 14,000 community members.

WHEREAS, the Board would like to acknowledge Sunnyvale Community Services for its commitment to preventing homelessness and hunger among low-income families, seniors and other underserved community members.

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

Sunnyvale Community Services

IN WITNESS THEREOF, I have here unto set my hand this **15TH DAY OF MAY, 2018.**

EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:

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

JOHN ZOGLIN
SECRETARY/TREASURER
EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Draft Revised ECHD Community Benefit Grants Policy El Camino Healthcare District Board of Directors May 15, 2018
	Responsible party:	Mary Rotunno, General Counsel
	Action requested:	For Approval
	Background: At its March 20, 2018 meeting, the District Board reviewed proposed revisions to the Community Benefit Grants Policy, a policy that sets the guidelines to be used in implementing grants to community organizations under the Community Benefit Program. The proposed revisions were suggested by outside counsel to ensure that policy to meets statutory requirements in Health & Safety Code Section 32139(c). Director Fligor proposed clarifying revisions to the policy, which are reflected in the attached redline and summarized below: 1. Section C(2): Explicitly stating that grant increases and new grants added during the fiscal year must be within the approved Plan, and the VP of Corporate & Community Health Services approves grant increases up to $50,000; 2. Section C(8): Noting Community Benefit staff's responsibility to ensure that Grantees submit mid-year and annual reports; and 3. Throughout the policy, any reference to a Board of Directors is standardized to specify the "ECHD Board."	
	Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
	Summary and session objectives : To obtain the Board's approval of the Draft Revised ECHD Community Benefit Grants Policy.	
	Suggested discussion questions: 1. Are there any additional changes any Board member would like to propose?	
	Proposed board motion, if any: To approve the proposed revisions to the ECHD Community Benefit Grants Policy.	
	LIST OF ATTACHMENTS: 1. Draft Revised ECHD Community Benefit Grants Policy (redline)	

EL CAMINO HEALTHCARE DISTRICT
COMMUNITY BENEFIT GRANTS POLICY

2.00 EL CAMINO HEALTHCARE DISTRICT COMMUNITY BENEFIT GRANTS POLICY

A. Coverage:

Community Benefit Program

B. Adopted:

March 5, 2014 (Draft Revised for ECHD Board Consideration on May 15, 2018)

C. Policy:

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

To ensure that the El Camino Healthcare District ("ECHD") can be responsive to the changing health needs in the District during a fiscal year, the senior Community Benefit staff (VP of Corporate and Community Health Services and Director of Community Benefit) will follow the guidelines below:

1. The total annual Community Benefit expenditures, as authorized by the ECHD Board of Directors approval of the District's annual Community Benefit Plan, cannot exceed the approved aggregate amount.

2. Approved individual grant amounts, as stated in the annual Plan, may be increased after need is demonstrated. Grant metrics must be revised to reflect the additional resources. Any grant increases must be within the total aggregate amount of the annual Community Benefit Plan approved by the ECHD Board. Increases to these previously awarded grants up to $50,000 must be approved by the VP of Corporate and Community Health Services and increases in excess of $50,000 up to $150,000 require the approval by the CEO. Increases to these previously awarded grants in excess of $150,000 must be presented to the Community Benefit Advisory Council ("CBAC"), receive their recommendation for support and be approved by the ECHD Board.

3. New grants may be added during the fiscal year if need is demonstrated. Proposals with detailed budgets and metrics must be presented to the CBAC and receive their recommendation for support. Any new grants must be within the total aggregate amount of the annual Community Benefit Plan approved by the ECHD Board. New grants in excess of $50,000 require the approval of the ECHD Board.

4. There are times when an individual grant award is not needed to the extent it was in the original plan. In these cases, the funds not needed may be used to fund the grant increases detailed in paragraphs 2 and 3 above.
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5. The CBAC and the ECHD Board will receive a report identifying all grant funding changes at the end of the fiscal year.

6. Three year grant funding may be awarded to selected grantees. The total amount of funding for multi-year grants may not exceed 30% of the total aggregate amount of annual Community Benefit Plan approved by the ECHD Board. Grantees will be required to submit mid-term and annual reports and must demonstrate success meeting outcome metrics and budgetary goals.

7. ECHD-funded community benefit grants shall be allocated in support of ECHD's mission and purpose which is "to establish, maintain and operate, or provide assistance in the operation of, one or more health facilities or health services at any location within or without the territorial limits of the District, for the benefit of the District and the people served by the District and to do any and all other acts and things necessary to carry out the provisions of ECHD's Bylaws and the Local Health District Law." Applications that do not establish a nexus to ECHD's mission, purpose and healthcare will not be awarded funding.

8. To ensure that El Camino Healthcare District allocated grant funding is spent consistently with the grant application and ECHD's mission and purpose, all ECHD grantees must adhere to the following:
    a. Applications must be completed as directed and include an itemized budget.
    b. Community Benefit staff shall ensure that Grantees ~~must~~ submit mid-year and annual reports which include actual and line item expenses against the budgeted expenses in the approved application.
    c. Grantees may not adjust approved itemized spending without the approval of ECHD's Director of Community Benefit.
    d. All unused funds must be returned to the District.

Community Benefit
FY18 Midterm Summary

"Thank you for helping me. I never thought I would be in this situation. You were very kind and patient. I would be homeless without your assistance. You helped me keep my home. I really appreciate your help."

61-year-old senior client with 24-year-old disabled son, Sunnyvale Community Services

"It is truly amazing to have the physician and his Teen Van staff visit our school monthly, providing students access to a medical doctor, a nutritionist, and other services. Many students also have severe trust issues as a result of repeated disappointments from the adults in their lives. The connection with a trusted adult means almost as much as the medical care they receive through the Teen Health Van."

Bill Pierce, Principal, Alta Vista High School, where the Teen Health Van visits monthly

Community Benefit
FY18 Midterm Summary

Grant Program & Metric Performance Summary

Grant programs that met at least 80% of their program's metrics (see column W of Dashboard)	72%
Total individual metrics across all 58 grant programs (see column C of Dashboard)	214
Individual metrics that achieved annual targets (see column V of Dashboard)	84%
Individual metrics that were new or revised to be more robust	23%
Individual year-over-year (trending) metrics	66%

Individual trending metric targets that:

Increased **57%**

Decreased **18%**

Remained the same **25%**

Community Benefit
FY18 Midterm Summary

FY18 Expanded Dashboard Guide

The FY18 Expanded Annual Dashboard provides data for programs funded in FY18, FY17, and/or FY16.

Column C: All FY18 metrics

Columns D – X: 6-month and annual targets and actuals, and percent of all metrics achieved by grant

- FY16 6-month target and actual (Columns D & E)
- FY16 annual target and actual (Columns H & I)
- FY17 6-month target and actual (Columns L & M)
- FY17 annual target and actual (Columns P & Q)
- FY18 6-month target and actual (Columns T & U)
- FY18 annual target (Column X)
- FY16, FY17 and FY18 6-month & annual percent of metrics met (Columns G, K, O , S, & W)

Note: Only those with FY18 trending metrics appear on this dashboard

A dash "– " represents either 1) agency is a new FY18 partner so no metrics from prior years, or 2) new metric with no previous data

- A metric receives a "green dot" if the target was met, exceeded or within 10% of the target goal
- A metric receives a "red dot" if the target was not met in excess of 10% of the target goal

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

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
HEALTHY BODY	**CSA-MV: Senior Intensive Case Management** FY18 Requested: $221,401 FY18 Approved: $221,401 FY17 Approved: $151,551 FY17 Spent: $116,894 FY16 Approved: $133,500 FY16 Spent: $122,188 New Metrics: 2 of 5	Clients served	85	75		25%	98	98		83%	62	58		100%	90	71		83%	97	64		40%	142	Agency experienced a decline in referrals from what has historically been the primary source in the first half of the grant, but expects referrals to increase in the second half of the year. Although on average, each patient seen received 27 services, unable to meet target for services delivered due to decline in referrals.
		Services provided	1,703	1,468			2,898	2,917			1,181	1,220			2,362	3,042			2,249	1,753			4,532	
		Clients who were re-hospitalized within 30 days for reasons related to a chronic health condition* ***Lower percentage desired***	-	-			-	-			-	-			-	-			1%	1.5% Lower percentage desired			1%	
		Clients who were re-hospitalized within 90 days for reasons related to a chronic health condition* ***Lower percentage desired***	-	-			-	-			-	-			-	-			4%	0% Lower percentage desired			4%	Agency exceeded target as no patients had to be re-hospitalized at 90-days related to a chronic health condition.
		Patients with hypertension who attained or maintained blood pressure <140/90 mm Hg or blood pressure goal recommended by physician	85%	37%			85%	83%			35%	67%			80%	86%			60%	67%			60%	
	Cupertino Union School District *School Nurse Program* FY18 Requested: $72,481 FY18 Approved: $72,481 FY17 Approved: $68,997 FY17 Spent: $68,997 FY16 Approved: $34,411 FY16 Spent: $34,411 New Metrics: 0 of 4	Students served	350	433		67%	740	671		100%	578	821		100%	1,458	1,848		100%	850	930		100%	1,848	Trending on this metric is not applicable as school district requested changes in the schools served by grant to reflect the shifting demographics.
		Students who failed a mandated health screening who saw a healthcare provider	35%	22%			72%	74%			22%	54%			74%	91%			45%	61%			80%	Follow-ups were more successful than projected due to the ability to schedule screenings in the grant schools earlier in the year.
		Students in Kindergarten who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	N/A			55%	79%			N/A	N/A			75%	92%			N/A	N/A			82%	
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	-	-			-	-			20%	70%			20%	72%			60%	72%			65%	Nursing staff was able to provide more trainings earlier in the year than in previous years. One school is working to achieve 100% participation for this voluntary training.
	Fresh Approach FY18 Requested: $100,000 FY18 Approved: $70,000 FY17 Approved: $35,000 FY17 Spent: $29,572 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 2 of 4	Individuals participating in VeggieRX classes	-	-		N/A	-	-		N/A	120	113		50%	120	113		50%	70	0		50%	105	Agency experienced staff vacancy resulting in the delay of the Fall VeggieRX class. Two class series began in January with full enrollment and the program will exceed year-end targets with 117 people participating.
		Mobile farmer's market community site visits in Sunnyvale																	25	44			76	
		Participants who attend 6 or more classes will lose 2% or more of their original body weight and/or improve their BMI																	N/A	N/A			30%	
		Participants who attended 6 or more classes will report regularly eating 2 additional servings of fruits and vegetables at the end of the program than they did at the beginning of the program	-	-			-	-			N/A	N/A			80%	89%			N/A	N/A			82%	
	GoNoodle FY18 Requested: $35,000 FY18 Approved: $35,000 FY17 Approved: $35,000 FY17 Spent: $35,000 FY16 Approved: $21,000 FY16 Spent: $21,000 New Metrics: 0 of 5	Schools served	26	26		100%	26	26		100%	25	25		100%	25	25		100%	25	27		100%	25	
		GoNoodle physical activity breaks played	10,000	18,265			20,000	36,847			15,000	14,652			30,000	34,000			15,000	18,354			30,000	
		Student physical activity minutes achieved	400,000	904,100			1,000,000	1,995,165			800,000	833,546			1,600,000	1,987,357			820,000	995,635			1,640,000	
		Teachers who believe GoNoodle benefits their students' focus and attention in the classroom	N/A	N/A			80%	96%			N/A	N/A			90%	96%			N/A	N/A			90%	
		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			80%	98%			N/A	N/A			90%	90%			N/A	N/A			90%	
	Health Mobile FY18 Requested: $148,832 FY18 Approved: $148.832 FY17 Approved: $148,832 FY17 Spent: $148,832 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 0 of 4	Low-income and homeless individuals served	-	-		N/A	-	-		N/A	250	149		75%	500	451		100%	145	152		75%	500	
		Dental procedures provided	-	-			-	-			510	690			1,152	3,126			725	619			2,500	Agency provides four dental service days per month. In the first half of the grant period, two of the service days coincided with holidays and agency unable to provide follow-up services. Agency is on target for the number of individuals served.
		Patients who report increased knowledge about their oral health	-	-			-	-			80%	86%			80%	86%			83%	91%			83%	
		Patients who report no pain after their first visit	-	-			-	-			80%	87%			80%	88%			83%	92%			83%	

Community Benefit Dashboard Notes

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- A metric receives a "red" dot if the target was not met by an excess of 10% of the target goal
- **N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
	Healthier Kids Foundation *DentalFirst* FY18 Requested: $20,000 FY18 Approved: $10,000 New Metrics: N/A	Children screened	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	110	100		100%	225	
		Case managers who confirm that those children who received a referral received appropriate services by a dentist	-	-			-	-			-	-			-	-			75%	71%			75%	
	Healthier Kids Foundation *HearingFirst* FY18 Requested: $20,000 FY18 Approved: $10,000 New Metrics: N/A	Children screened	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	110	256		50%	225	Agency was able to conduct more of the initial screenings in the early part of the year than anticipated.
		Case managers confirmed that those children who received a referral accessed services	-	-			-	-			-	-			-	-			35%	10%			35%	At midyear, half of cases remain open and case managers are still working with families.
	Healthier Kids Foundation *10 Steps Program* FY18 Requested: $45,000 FY18 Approved: $30,000 FY17 Approved: $30,000 FY17 Spent: $30,000 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 3 of 4	Individuals served: Parents	-	-		N/A	-	-		N/A	90	69		33%	180	289		67%	100	64		25%	200	Program struggled to recruit targeted number of parents; because encounters are tied to the number of parents, program also did not meet encounters target.
		Encounters provided	-	-			-	-			-	-			-	-			175	98			350	
		Increase in participants who serve vegetables 5 or more days per week	-	-			-	-			-	-			-	-			25%	38%			25%	
		Decrease in participants who serve juice 2 or more days per week	-	-			-	-			-	-			-	-			25%	17%			25%	
	Living Classroom FY18 Requested: $100,000 FY18 Approved: $78,000 FY17 Approved: $78,000 FY17 Spent: $78,000 FY16 Approved: $74,000 FY16 Spent: $74,000 New Metrics: 0 of 4	Students served	3,700	2,885		50%	4,500	3,950		33%	2,500	2,830		75%	4,300	4,834		100%	2,610	2,795		75%	4,500	
		Students eating vegetables and fruits grown in school gardens during lunch-time taste testing days	1,900	1,670			3,500	2,914			1,500	2000			3,200	3,987			2,000	1,650			3,800	Agency narrowly missed target due to change in program delivery. Program is adjusting and expects to meet annual target.
		Students involved in planting and harvesting fruits and vegetables for Farm-to-Lunch Program	1,500	2,066			2,700	2,650			75	75			150	150			145	135			250	
		Living Classroom lessons given to classroom across all grades T/K - 5	-	-			-	-			250	222			570	564			190	170			330	
	LPFCH - TeenVan FY18 Requested: $97,667 FY18 Approved: $92,000 FY17 Approved: $85,000 FY17 Spent: $85,000 FY16 Approved: $82,000 FY16 Spent: $82,000 New Metrics: 0 of 5	Students served	45	38		75%	90	63		67%	45	104		100%	90	135		100%	55	46		66%	110	The physician was on a leave of absence, reducing the number of students seen. Expect to meet annual target.
		Services provided	182	163			365	281			182	382			365	523			200	248			400	Students demonstrated more need for services from social worker and registered dietitian than anticipated, resulting in additional services provided.
		Students screened for depression who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications	95%	96%			95%	96%			95%	95%			95%	95%			95%	95%			95%	
		Students who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A	N/A			60%	40%			N/A	N/A			60%	60%			N/A	N/A			60%	
		Students who decrease their use of alcohol or drugs by 1 level out of 5	N/A	N/A			55%	55%			N/A	N/A			55%	60%			N/A	N/A			55%	
HEALTHY BODY	**MayView Community Health Center** FY18 Requested: $799,871 FY18 Approved: $775,600 + $82,800 FY17 Approved: $700,000 FY17 Spent: $700,000 FY16 Approved: $437,320 FY16 Spent: $437,320 New Metrics: 7 of 7	Uninsured patients served	-	-		N/A	-	-		N/A	-	-		N/A	-	-		-	425	983		86%	850	This year, funding is focused solely on uninsured patients rather than a mix of Medi-Cal and uninsured patients resulting in non-trending metrics. Agency experienced a higher demand for services among uninsured than in previous years and used temporary locums to provide care.
		Patient visits provided	-	-			-	-			-	-			-	-			1,125	1,813			2,250	Increased patient volume resulted in a larger number of visits.
		Lab services for uninsured	-	-			-	-			-	-			-	-			1,125	1,210			2,250	
		Diabetic patients with LDL less than 130 mg/dL	-	-			-	-			-	-			-	-			71%	64%			71%	
		Diabetic patients with HbA1c Levels less than 9 points	-	-			-	-			-	-			-	-			72%	77%			72%	
		Hypertension patients whose blood pressure is less than 140/90 mm Hg	-	-			-	-			-	-			-	-			78%	80%			78%	
		Patients aged 51-75 years with completed annual colorectal screening	-	-			-	-			-	-			-	-			48%	36%			48%	The clinic continues to work on improving this important metric. Often patients do not follow-up on referrals to County specialists in San Jose due to transportation barriers.
	Medical Respite FY18 Requested: $80,000 FY18 Approved: $80,000 FY17 Approved: $80,000 FY17 Spent: $80,000 FY16 Approved: $55,000 FY16 Spent: $55,000 New Metrics: 0 of 4	Patients served	70	71		100%	145	250		100%	70	111		100%	145	221		100%	100	134		100%	200	Decreased length of stay resulted in additional beds for new patients.
		Program patients linked to Primary Care home	92%	93%			92%	87%			92%	91%			92%	90%			92%	90%			92%	
		Patients served with overflow beds program	-	-			-	-			18	17			36	33			18	19			36	
		Hospital days avoided for total program (based on full Medical Respite program)	250	260			530	1,025			275	444			550	884			400	536			800	The increase in number of patients is reflected in hospital days saved.
	Mountain View Whisman School District FY18 Requested: $190,488 FY18 Approved: $190,488 FY17 Approved: $220,321 FY17 Spent: $196,285 FY16 Approved: $227,238 FY16 Spent: $227,238 New Metrics: 0 of 5	Students served	1,600	1,757		100%	3,500	3,404		100%	1,700	1,544		100%	3,400	3,459		60%	1,700	1,730		100%	3,400	
		Students with failed screenings who saw a provider	30%	1%			85%	77%			N/A	N/A			78%	74%			N/A	N/A			78%	
		Students needing a Child Health and Disability Program exam who saw a provider	30%	30%			70%	63%			30%	27%			64%	48%			30%	33%			55%	
		Students needing an oral health exam who saw a provider	30%	27%			70%	69%			30%	27%			70%	66%			N/A	N/A			80%	
		Students who report decreased anxiety levels	N/A	N/A			80%	80%			N/A	N/A			80%	67%			N/A	N/A			80%	

Community Benefit Dashboard Notes

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- A metric receives a "red" dot if the target was not met by an excess of 10% of the target goal
- **N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
HEALTHY BODY	**New Directions** FY18 Requested: $140,000 FY18 Approved: $140,000 FY17 Approved: $140,000 FY17 Spent: $140,000 FY16 Approved: $140,000 FY16 Spent: $140,000 New Metrics: 0 of 3	Individuals served	15	18	●	100%	22	25	●	100%	18	20	●	100%	25	33	●	100%	20	22	●	100%	28	
		Services provided	262	485	●		525	994	●		300	368	●		660	938	●		400	510	●		700	
		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%	●		65%	67%	●		40%	50%	●		65%	67%	●		45%	75%	●		65%	Program received more referrals than in prior years, increasing the connection to mental health services to established treatment providers.
	Pathways FY18 Requested: $50,000 FY18 Approved: $50,000 FY17 Approved: $70,000 FY17 Spent: $70,000 FY16 Approved: $45,000 FY16 Spent: $45,000 New Metrics: 2 of 4	Patients served	15	30	●	100%	30	45	●	100%	20	12	●	50%	40	39	●	50%	15	28	●	100%	30	Program experienced increased referrals with many uninsured patients from Valley Health Plan living in the District; services are tied to the number of patients.
		Services provided	95	255	●		190	405	●		256	81	●		512	291	●		105	261	●		210	
		Home Health 30-day re-hospitalization rates* ***Lower percentage desired***																	12%	12.7% Lower percentage desired	●		12%	
		Hospice patients who report getting as much help with pain as they needed																	78%	79%	●		78%	
	Planned Parenthood FY18 Requested: $100,000 FY18 Approved: $100,000 New Metrics: N/A	Patients served	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	120	159	●	100%	240	
		Visits provided	-	-			-	-			-	-			-	-			225	227	●		450	
		Patients who are able to get appointments within three days	-	-			-	-			-	-			-	-			70%	65%	●		70%	
		Hemoglobin A1c of less than 8 for diabetes patients	-	-			-	-			-	-			-	-			60%	63%	●		70%	
		Annual colon cancer screening completed as appropriate for target age group	-	-			-	-			-	-			-	-			50%	50%	●		80%	
	Playworks FY18 Requested: $289,000 FY18 Approved: $278,000 FY17 Approved: $270,000 FY17 Spent: $270,000 FY16 Approved: $261,000 FY16 Spent: $261,000 New Metrics: 3 of 4	Students served	6,260	6,310	●	100%	6,260	6,300	●	100%	6,950	6,300	●	100%	6,950	6,400	●	100%	5,916	5,948	●	100%	5,916	
		School staff who report Playworks helps teach students cooperation and respect	-	-			-	-			-	-			-	-			N/A	N/A			90%	Organization developed new national metrics.
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	-	-			-	-			-	-			-	-			N/A	N/A			75%	
		Teachers/administrators reporting that Playworks positively impacts school climate	-	-			-	-			-	-			-	-			N/A	N/A			90%	
	Santa Clara Valley Health Center - Sunnyvale FY18 Requested: $1,295,311 FY18 Approved: $1,000,000 FY17 Approved: $968,000 FY17 Spent: $968,000 FY16 Approved: $1,039,000 FY16 Spent: $850,031 New Metrics: 8 of 10	Primary Care and Behavioral Health patients				56%				78%				83%				100%	100	95	●	100%	200	
		Primary Care and Behavioral Health encounters																	300	309	●		800	
		Dental Clinic patients	700	608	●		1,100	979	●		450	485	●		1,000	941	●		530	693	●		1,240	New oral health specialty services were added this year making forecasting challenging.
		Dental Clinic encounters	1,500	1,408	●		3,000	3,367	●		1,600	1,640	●		3,000	3,155	●		1,410	1,338	●		3,480	
		Behavioral health patients who adhere to treatment plans after receiving neuropsychological testing and motivational interviews.	-	-			-	-			-	-			-	-			50%	60%	●		85%	
		Patients whose blood pressure is less than 140/90 mmHg	-	-			-	-			-	-			-	-			56%	60%	●		66%	
		Patients screened for housing and placement using the Vulnerability Index-Service Prioritization Decision Assistance Tool	-	-			-	-			-	-			-	-			55%	84%	●		65%	Agency adopted new survey instrument making target setting challenging.
		Dental patients who have at least one dental health maintenance procedure completed within 3 months of examination	-	-			-	-			-	-			-	-			70%	79%	●		70%	
		Emergency/urgent dental patients who return for maintenance exam within 6-months	-	-			-	-			-	-			-	-			40%	66%	●		40%	Improvements in scheduling and workflow allowed for returning patients to be seen despite the overall increase in new patients.
		Dental or emergency dental patients that requires oral surgery treatment of a wisdom tooth/surgical extraction and has the treatment completed in specialty dental clinic	-	-			-	-			-	-			-	-			25%	24%	●		40%	
	Sunnyvale School District FY18 Requested: $293,465 FY18 Approved: $275,000 FY17 Approved: $275,000 FY17 Spent: $275,000 FY16 Approved: $265,000 FY16 Spent: $265,000 New Metrics: 2 of 5	Students served	2,259	2,235	●	100%	4,517	4,488	●	100%	2,230	2,200	●	100%	4,450	4,395	●	100%	2,216	2,206	●	75%	4,432	
		Students with failed vision or hearing screenings who saw their health care provider	42%	0%	●		77%	72%	●		43%	50%	●		74%	73%	●		50%	45%	●		75%	
		Students chronically absent due to illness (> 10% of school days) who improved attendance	62%	63%	●		62%	64%	●		64%	60%	●		65%	66%	●		65%	61%	●		66%	
		Kindergarten students who received a well-child exam as measured by the receipt of a completed CHDP (Child Health and Disability Prevention Program) "Health Exam for School Entry" Form	-	-			-	-			-	-			-	-			35%	30%	●		70%	First year for this metric, forecasting was challenging. Nurses are conducting a bigger outreach campaign to parents in second half of the grant year.
		Staff who received CPR/AED training during Staff Development Days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED	-	-			-	-			-	-			-	-			80%	N/A			90%	Trainings needed to be moved to second half of the grant year.

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

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
HEALTHY BODY	**The Health Trust** *Meals on Wheels* FY18 Requested: $150,000 FY18 Approved: $100,000 New Metrics: N/A	Individuals served	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	55	28		20%	75	More extensive outreach efforts are underway. Agency expects to meet annual target.
		Meals delivered	-	-			-	-			-	-			-	-			3,600	1,048			8,800	Since fewer homebound seniors were enrolled, the number of meals delivered also failed to meet target. One issue was the difficultly in reaching some eligible clients who desired the service but could not be accessed due to corporate landlords. Increased efforts by the agency have improved this issue.
		Wellness checks administered	-	-			-	-			-	-			-	-			2,340	681			5,720	Wellness Checks are directly tied to the number of meals delivered thus lower than targeted. Expect to meet annual target.
		Decrease in clients who are "Socially Isolated" as measured on the Lubbens Social Network Scale-6	-	-			-	-			-	-			-	-			20%	0%			30%	Small sample size with only three individuals due for the scheduled 6 month reassessment. Agency taking a number of steps to ensure clients get help accessing the many resources available.
		Decrease in the number of emergency room visits and hospitalizations reported by clients	-	-			-	-			-	-			-	-			25%	100%			25%	Of the five seniors who had been reassessed, three had been to the ER in the three months prior to enrolling in the program. None have required a return visit to the ER.
	Vision to Learn FY18 Requested: $17,124 FY18 Approved: $17,124 FY17 Approved: $31,979 FY17 Spent: $16,633 FY16 Approved: N/A FY16 Spent: N/A New Metrics: N/A	Free eye exams provided	-	-		N/A	-	-		N/A	100	24		0%	411	209		0%	100	247		100%	224	Program completed full grant goals in first half of the year.
		Free eyeglasses provided	-	-			-	-			100	17			329	180			80	198			177	
	YMCA FY17 Requested: $77,131 FY17 Approved: $70,000 FY17 Approved: $70,000 FY17 Spent: $70,000 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 0 of 3	Campers served (K-8)	-	-		N/A	-	-		N/A	200	227		75%	400	408		100%	225	277		100%	420	
		Families who agree or strongly that their children were more physically active after attending camp	-	-			-	-			70%	83%			70%	70%			75%	83%			75%	
		Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp	-	-			-	-			40%	49%			40%	49%			50%	51%			50%	
	Acknowledge Alliance FY18 Requested: $60,000 FY18 Approved: $35,000 FY17 Approved: $35,000 FY17 Spent: $35,000 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 0 of 4	Students who receive direct social emotional learning lessons and/or classroom resilience support	-	-		N/A	-	-		N/A	250	240		100%	946	955		75%	240	0		0%	950	School administrative changes led to delay in program start. Services began in January and agency expects to meet target.
		Teachers who receive resilience support services through: one on one training, classroom observations, professional development, and/or teacher support groups	-	-			-	-			50	101			101	101			50	33			100	Agency adjusted to schools' need for more administrator coaching sessions instead of teaching trainings in first half of year, lowering the number of education professionals participating. However program anticipates meeting year-end metrics.
		Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.	-	-			-	-			N/A	N/A			80%	93%			N/A	N/A			90%	
		Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"	-	-			-	-			N/A	N/A			60%	53%			N/A	N/A			50%	
HEALTHY MIND	**Alzheimer's Association: Asian Dementia Initiative** FY18 Requested: $70,000 FY18 Approved: $70,000 FY17 Approved: $70,000 FY17 Spent: $70,000 FY16 Approved: $60,000 FY16 Spent: $60,000 New Metrics: 2 of 4	Individual served	410	338		80%	820	899		100%	500	513		100%	830	1,869		100%	520	532		100%	850	
		Encounters provided	825	881			1700	1844			830	837			1,720	2,307			850	884			1,740	
		Participants in Educational Sessions/Forums who indicated they agree or strongly agree that they learned material to help them better care for their loved one with ADRD	-	-			-	-			-	-			-	-			95%	98%			95%	
		Participants in Support Groups who agree or strongly agree that they know about how family, friends and others can assist them with care and support	-	-			-	-			-	-			-	-			N/A	N/A			95%	
	Alzheimer's Association: Latino Family Connections FY18 Requested: $70,000 FY18 Approved: $70,000 FY17 Approved: $70,000 FY17 Spent: $70,000 FY16 Approved: $60,000 FY16 Spent: $60,000 New Metrics: 2 of 4	Individual served	250	260		100%	500	508		100%	252	292		100%	503	757		100%	300	326		100%	600	
		Encounters provided	50	55			100	103			514	622			1,116	1,180			980	965			1,580	
		Participants in Educational Sessions/Forums who agree or strongly agree that they learned material to help them better care for their loved one with ADRD	-	-			-	-			-	-			-	-			95%	99%			95%	
		Participants in Support Groups who said they agree or strongly agree that they know how family, friends and others can assist them with care and support	-	-			-	-			-	-			-	-			N/A	N/A			N/A	
	Avenidas FY18 Requested: $50,000 FY18 Approved: $45,000 New Metrics: N/A	Older adults and family members served	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	75	78		100%	98	
		Services provided	-	-			-	-			-	-			-	-			955	1,012			1,910	
		Older adults who maintain at least 3 essential Activities of Daily Living	-	-			-	-			-	-			-	-			90%	88%			90%	
		Family members/caregivers who report an increase in their knowledge of successful self-help strategies	-	-			-	-			-	-			-	-			90%	95%			90%	

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

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
HEALTHY MIND	**CHAC** FY18 Requested: $200,000 FY18 Approved: $181,000 FY17 Approved: $181,000 FY17 Spent: $181,000 FY16 Approved: $192,700 FY16 Spent: $192,700 New Metrics: 4 of 6	Students served through counseling	-	-		N/A	-	-		N/A	250	353	●	75%	700	561	●	80%	314	364	●	50%	786	
		Services hours provided	-	-			-	-			2,180	3,179	●		6,008	6,380	●		2,808	2,210	●		7,040	As of March, agency was at 66% of annual targeted hours provided and expects to meet yearend target. Only two metrics eligible for reporting at midyear, resulting in 50% of metrics met.
		Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	-	-			-	-			-	-			-	-			N/A	N/A			50%	
		Students who improve by at least 3 points from pre-test to post test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report for ages 10 and under	-	-			-	-			-	-			-	-			N/A	N/A			50%	
		JFK students served who showed a 15% or better improvement on the JFK Survey	-	-			-	-			-	-			-	-			N/A	N/A			80%	
		Tween Talk students served who show a 15% or better improvement on the Tween Talk Survey	-	-			-	-			-	-			-	-			N/A	N/A			80%	
	Law Foundation - Mental Health Advocacy Project FY18 Requested: $62,250 FY18 Approved: $62,000 FY17 Approved: $61,919 FY17 Spent: $61,919 FY16 Approved: $50,000 FY16 Spent: $50,000 New Metrics: 0 of 4	Individuals served through representation	-	-		100%	-	-		100%	31	37	●	50%	62	65	●	75%	31	34	●	75%	62	
		Healthcare providers served through educational presentation	-	-			-	-			62	0	●		124	85	●		62	43	●		124	Agency expects meeting annual target as multiple physician presentations are scheduled for second half of grant year.
		Providers receiving training who increase their understanding of their patients' rights to medical benefits and other forms of public assistance	75%	100%	●		75%	100%	●		75%	0%	●		75%	80%	●		75%	100%	●		75%	
		Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	75%	100%	●		75%	82%	●		75%	83%	●		75%	68%	●		75%	80%	●		75%	
	Los Altos School District FY18 Requested: $200,000 FY18 Approved: $100,000 FY17 Approved: $100,000 FY17 Spent: $100,000 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 2 of 4	Students served	-	-		N/A	-	-		N/A	20	42	●	100%	50	74	●	75%	45	50	●	100%	90	There was an increase in short-term individual sessions at the start of school year. Program plans to serve more parent, group and classroom interventions in the second half of the year.
		Services provided/encounters (in hours)	-	-			-	-			280	386	●		1,180	1,162	●		201	393	●		403	
		Students who improved from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report for students age 11-17	-	-			-	-			-	-			-	-			N/A	N/A			50%	
		Students who improved from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report for students age 10 and under	-	-			-	-			-	-			-	-			N/A	N/A			50%	
	Momentum for Mental Health FY18 Requested: $241,000 FY18 Approved: $241,000 FY17 Approved: $241,000 FY17 Spent: $241,000 FY16 Approved: $236,000 FY16 Spent: $236,000 New Metrics: 1 of 4	Patients served	100	94	●	100%	118	118	●	100%	100	81	●	50%	118	114	●	100%	100	91	●	100%	118	
		Services provided	808	820	●		1,615	1,635	●		808	690	●		1,615	1,541	●		808	859	●		1,615	
		Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	90%	100%	●		95%	99%	●		95%	100%	●		95%	99%	●		97%	99%	●		97%	
		Patients who report a reduction of two points or more in Generalized Anxiety Disorder-7 (GAD-7) to measure severity of anxiety	-	-			-	-			-	-			-	-			85%	85%	●		85%	
	Mountain View Los Altos High School District FY18 Requested: $160,000 FY18 Approved: $160,000 FY17 Approved: $160,000 FY17 Spent: $160,000 FY16 Approved: $160,000 FY16 Spent: $160,000 New Metrics: 4 of 6	Students served	75	135	●	100%	150	199	●	83%	75	96	●	100%	150	150	●	100%	75	87	●	100%	150	
		Hours of services provided	1,260	1,512	●		2,520	3,157	●		1,260	1,591	●		2,520	3,137	●		1,260	1,405	●		2,520	
		Students who reduce high risk behaviors by at least 25%	-	-			-	-			-	-			-	-			5%	N/A			10%	Data unavailable at mid-year; insufficient number of students completed counseling in order take post-evaluation due to more students requiring longer-term counseling past mid-year. Data will be available at end of year.
		Students who decrease exposure to violence by at least 25%	-	-			-	-			-	-			-	-			5%	N/A			10%	
		Students who increase use of coping skills for trauma, depression, anxiety and/or anger by at least 25%	-	-			-	-			-	-			-	-			18%	N/A			25%	
		Students who decrease suicidal thoughts and feelings by at least 25%	-	-			-	-			-	-			-	-			18%	N/A			25%	
	NAMI SCC FY18 Requested: $100,000 FY18 Approved: $80,000 FY17 Approved: $100,000 FY17 Spent: $100,000 FY16 Approved: $100,000 FY16 Spent: $88,794 New Metrics: 0 of 5	Participants	-	-		N/A	-	-		N/A	36	43	●	100%	71	79	●	100%	31	38	●	100%	62	
		Peer PALS and Peer Mentors visits	-	-			-	-			450	477	●		900	868	●		388	410	●		776	
		Peer PALS and Peer Mentors phone calls	-	-			-	-			901	1,105	●		1,801	1,887	●		782	830	●		1,563	
		Participants reporting that the program helped them feel more hopeful about their futures and their recovery	-	-			-	-			70%	78%	●		70%	76%	●		70%	75%	●		70%	
		Participants reporting that the program helped them be more cooperative with their treatment plan	-	-			-	-			65%	94%	●		65%	93%	●		80%	80%	●		80%	

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HEALTHY COMMUNITY	**Caminar (Family & Children Services)** FY18 Requested: $50,000 FY18 Approved: $50,000 FY17 Approved: $50,000 FY17 Spent: $50,000 FY16 Approved: $50,000 FY16 Spent: $50,000 New Metrics: 0 of 4	Individuals served	50	16		60%	104	100		83%	30	69		100%	66	112		100%	32	52		75%	69	
		Service units provided (counseling, support groups, advocacy, and education)	552	80			1,210	604			96	139			230	248			257	220			628	
		Counseling/advocacy beneficiaries who will report achieving the goal(s) for which they sought assistance	-	-			-	-			75%	100%			80%	99%			80%	100%			85%	
		Counseling/advocacy beneficiaries who will report increased knowledge of DV and safety strategies	75%	100%			80%	100%			80%	100%			90%	100%			90%	100%			90%	
	CHI FY18 Requested: $239,000 FY18 Approved: $234,000 FY17 Approved: $215,200 FY17 Spent: $210,235 FY16 Approved: $190,200 FY16 Spent: $190,200 New Metrics: 1 of 4	Individuals served	300	413		67%	625	864		100%	300	326		100%	625	706		100%	400	419		75%	800	
		Services provided	700	519			1,450	1,541			700	638			1,450	1,785			800	706			1,700	Agency expects this number to increase in the second half of the year as participants return for more diabetes related services such as workshops and the health fair.
		World Journal impressions from hypertension awareness campaign	-	-			-	-			-	-			-	-			N/A	N/A			925,000	
		Individuals who received assistance from CHI to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)	80	87			160	144			80	85			165	205			83	82			165	
		Participants who strongly agree or agree that the program's health education or screening helps them better manage their health	N/A	N/A			95%	96%			N/A	N/A			85%	86%			N/A	N/A			90%	
	Farewell to Falls FY18 Requested: $38,349 FY18 Approved: $35,000 FY17 Approved: $29,160 FY17 Spent: $19,510 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 0 of 3	Older adults served	-	-		N/A	-	-		N/A	20	20		100%	60	57		100%	22	29		100%	68	
		Older adults who are compliant with exercise recommendations	-	-			-	-			50%	55%			50%	81%			60%	62%			60%	
		Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor's visit	-	-			-	-			80%	100%			70%	92%			80%	87%			80%	
	HLRC - MV FY18 Requested: $393,491 FY18 Approved: $373,491 FY17 Approved: $393,491 FY17 Spent: $388,874 FY16 Approved: $393,491 FY16 Spent: $393,491 New Metrics: 1 of 6	Individuals served	12,000	12,310		100%	24,000	21,985		100%	12,015	10,768		75%	24,030	21,149		80%	12,015	11,198		83%	23,900	
		New members registered	325	358			650	628			328	306			656	631			328	289			656	
		Health consultations provided	-	-			-	-			-	-			-	-			140	212			280	
		Individuals who strongly agree or agree that eldercare referrals appropriate to their needs	N/A	N/A			95%	100%			95%	83%			95%	87%			95%	100%			95%	
		Individuals who strongly agree or agree that eldercare consultations increased their knowledge of care options	N/A	N/A			95%	94%			95%	100%			95%	100%			95%	100%			95%	
		Individuals who strongly agree or agree that the library has proven valuable in helping them manage their health or the health of a family member	N/A	N/A			75%	74%			N/A	N/A			75%	85%			65%	100%			65%	
	Hypertension Initiative - American Heart Association *Health Screenings and Check. Change. Control Program* FY18 Requested:$82,682 FY18 Approved: $76,734 FY17 Requested: $66,500 FY17 Approved: $66,500 New Metrics: 0 of 6	Participants reached through education and community screenings	-	-		N/A	-	-		N/A	250	351		N/A	1,000	1,023		N/A	400	443		100%	1,000	
		Individuals served through Check.Change.Control blood pressure program	-	-			-	-			50	54			100	105			50	85			150	
		Participants who improve blood pressure by 5mmHg	-	-			-	-			N/A	N/A			30%	41%			N/A	N/A			30%	The four month Check.Change.Control. program concluded in February so post-survey results were not available in December.
		Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program	-	-			-	-			N/A	N/A			50%	58%			N/A	N/A			50%	
		Participants who report adopting healthy behaviors to improve blood pressure (including increasing intake of fruits and vegetables to 4 servings/day and increasing exercise to 30 minutes/day)	-	-			-	-			N/A	N/A			30%	25%			N/A	N/A			30%	
		Heart Health Hub events coordinated	-	-			-	-			2	2			4	6			4	5			8	
	Hypertension Initiative - Know Your Blood Pressure Awareness Campaign FY18 Requested:$60,280 FY18 Approved: $60,280 FY17 Requested: $95,127 FY17 Approved: $85,127 New Metrics: 0 of 4	District population reached through views of bus shelter ads	-	-			-	-			N/A	N/A			25%	25%			20%	20%		100%	20%	
		Impressions from local newspaper print ads									N/A	N/A			347,000	347,448			200,000	194,184			500,000	
		Impressions from Mercury News digital banner ads	-	-			-	-			N/A	N/A			200,000	300,004			150,000	150,000			300,000	
		Impressions from social media campaign	-	-			-	-			N/A	N/A			36,000	340,368			100,000	204,159			200,000	The new video utilizing the campaign images performed well and was a new addition to the campaign not calculated when targets were set.
	Hypertension Initiative - Text-based Program FY18 Requested:$30,000 FY18 Approved: $25,000 New Metrics: N/A	Participants	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	150	150		100%	150	
		Participants who report an increase in their basic knowledge of hypertension	-	-			-	-			-	-			-	-			10%	12%			10%	

Community Benefit Dashboard Notes

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- A metric receives a "red" dot if the target was not met by an excess of 10% of the target goal
- **N/A** There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
HEALTHY COMMUNITY	**Maitri** FY18 Requested: $40,000 FY18 Approved: $40,000 FY17 Approved: $30,000 FY17 Spent: $30,000 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 2 of 4	Adults served	-	-		N/A	-	-		N/A	5	14		100%	10	26		100%	10	30		100%	20	There was an upward trend in clients learning about Maitri services and reaching out through social media and other online resources. New and changing immigration issues led to an increase in request for services.
		Helpline clients who report receiving emotional support after they call the crisis line seeking help	-	-			-	-			80%	88%			80%	82%			-	-			-	
		Services provided	-	-			-	-			-	-			-	-			45	64			91	
		Peer counseling clients surveyed will report increased emotional well being due peer counseling	-	-			-	-			-	-			-	-			70%	80%			70%	
		Legal clients who report increased awareness of their legal rights	-	-			-	-			70%	88%			75%	89%			70%	69%			75%	
	Rebuilding Together FY18 Requested: $100,000 FY18 Approved: $65,000 FY17 Approved: $50,000 FY17 Spent: $50,000 FY16 Approved: N/A FY16 Spent: N/A New Metrics: 0 of 4	Homes assessed and modification planned for seniors aged 62+ or individuals at higher risk of fall (i.e. disability or illness)	-	-		N/A	-	-		N/A	5	6		100%	14	14		100%	6	7		100%	28	
		Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs	-	-			-	-			N/A	N/A			80%	100%			N/A	N/A			85%	
		Recipients who report feeling safer in their homes after completed home repairs	-	-			-	-			80%	100%			80%	100%			N/A	N/A			80%	
		Recipients who would recommend or highly recommend this program to a friend	-	-			-	-			80%	100%			80%	100%			N/A	N/A			80%	
	RoadRunners - MV FY18 Requested: $333,353 FY18 Approved: $275,353 FY17 Approved: $313,353 FY17 Spent: $288,361 FY16 Approved: $313,353 FY16 Spent: $313,353 New Metrics: 0 of 4	Older adults served	500	732		75%	1,000	1,528		75%	532	727		100%	1,200	1,272		100%	727	856		100%	1,200	
		Rides provided	5,000	4,230			10,000	8,237			4,230	4,322			8,460	8,223			4,322	4,703			8,460	
		Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence	90%	99%			90%	92%			90%	96%			92%	92%			96%	96%			95%	
		Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments	95%	96%			95%	92%			95%	96%			95%	93%			96%	88%			95%	
	South Asian Heart Center FY18 Requested: $180,000 FY18 Approved: $160,000 FY17 Approved: $180,000 FY17 Spent: $180,000 FY16 Approved: $180,000 FY16 Spent: $180,000 New Metrics: 0 of 6	Individuals served	275	301		100%	550	858		83%	220	231		100%	440	471		100%	73	79		100%	147	Agency migrated from an inquiry driven model to a facilitation and dialog based model, providing more frequent touch-points and increasing services per participant.
		Services provided	1,500	1,612			3,000	2,804			950	921			2,600	2,600			295	321			798	
		Improvement in average level of weekly physical activity from baseline	-	-			-	-			14%	18%			16%	17%			19%	21%			20%	
		Improvement in average levels of daily servings of vegetables from baseline	-	-			-	-			11%	18%			13%	14%			18%	20%			20%	
		Improvement in levels of HDL-C as measured by follow-up lab test	-	-			-	-			3%	5%			4%	4%			4%	5%			4%	
		Improvement in cholesterol ratio as measured by follow-up lab test	-	-			-	-			5%	6%			6%	6%			7%	7%			7%	
	Sunnyvale Community Services *Social Work Case Mgmt.* FY18 Requested: $85,400 FY18 Approved: $85,400 FY17 Approved: $75,000 FY17 Spent: $75,000 FY16 Approved: $65,000 FY16 Spent: $65,000 New Metrics: 0 of 4	Individuals enrolled in Comprehensive Case Management	60	30		50%	100	101		100%	45	46		100%	100	93		100%	40	50		50%	105	
		Services provided	-	-			-	-			270	292			600	590			240	298			630	
		Sheltered clients who maintain housing for 60 days after financial assistance and referrals	-	-			-	-			90%	100%			90%	90%			90%	0%			90%	Increased need for crisis intervention delayed case management and securing housing. As of midyear reporting, all families were receiving case management so 60 day and 6 month thresholds did not yet apply. Grantee is confident in meeting annual goals.
		Homeless clients who are moved to temporary/permanent housing within 6 months of case plan	-	-			-	-			80%	81%			80%	81%			80%	0%			80%	
	Sunnyvale Community Services *Emergency Assistance* FY18 Requested: $100,000 FY18 Approved: $100,000 FY17 Approved: $85,000 FY17 Spent: $85,000 FY16 Approved: $75,000 FY16 Spent: $75,000 New Metrics: 0 of 4	Individuals served	750	2,480		50%	780	981		66%	2,450	2,384		75%	2,600	2,600		100%	2,000	2,476		100%	3,000	
		Individuals receiving financial assistance	30	18			60	59			16	10			33	30			20	59			45	
		Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	-	-			-	-			75%	100%			75%	100%			75%	100%			75%	
		Individuals who rate emergency assistance service as effective in meeting their needs as 4 or 5 on a 5-point scale	-	-			-	-			N/A	N/A			80%	95%			N/A	N/A			80%	
	Working Partnerships USA FY18 Requested: $100,000 FY18 Approved: $65,000 FY17 Approved: $65,000 FY17 Spent: $65,000 FY16 Approved: $100,000 FY16 Spent: $83,706 New Metrics: 2 of 5	Individuals served	1,800	5,242		25%	2,700	4,313		100%	693	1,546		100%	2,079	3,970		100%	800	677		40%	3,200	Metrics not fully met were narrowly missed. Program plans to focus the bulk of its outreach efforts in the second half of the year because the canvassing team will be more robustly staffed this Spring. Staffing changes prevented midyear metrics from being fully met but agency anticipates meeting year-end targets.
		Encounters provided	4,000	5,242			6,000	8,890			2,100	2,004			6,300	9,029			2,000	1,520			8,000	
		Residents contacted who accept information about available coverage programs	-	-			-	-			-	-			-	-			40%	45%			40%	
		Residents contacted who accept/provide referral information	-	-			-	-			-	-			-	-			13%	15%			13%	
		Individuals directly connected to enrollment entities for processing	600	0			900	1,527			231	1,134			693	1,220			260	225			1,040	

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EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
Small Grants																								
HEALTHY BODY	**5-2-1-0** FY18 Requested: $25,000 FY18 Approved: $25,000 FY17 Approved: $30,000 FY17 Spent: $12,809 FY16 Approved: $30,150 FY16 Spent: $9,478	Students served	-	-		N/A	-	-		N/A	5,000	6,627	●	100%	7,000	7,500	●	100%	5,000	4,943	●	100%	7,000	
	BAWSI BAWSI Girls **(Small Grant)** FY18 Requested: $19,200 FY18 Approved: $16,605 FY17 Approved: $16,000 FY17 Spent: $16,000 FY16 Approved: $15,000 FY16 Spent: $15,000	Youth served	-	-		N/A	-	-		N/A	60	60	●	100%	112	98	●	0%	60	65	●	100%	120	
	BAWSI BAWSI Rollers **(Small Grant)** FY18 Requested: $16,300 FY18 Approved: $16,000	Youth served	-	-		N/A	-	-		N/A	-	-		N/A	-	5,000		N/A	25	23	●	100%	25	
	Breathe California **(Small Grant)** FY18 Requested: $25,000 FY18 Approved: $20,000 FY17 Approved: $25,000 FY17 Spent: $25,000 FY16 Approved: N/A FY16 Spent: N/A	Older adults served	-	-		N/A	-	-		N/A	N/A	N/A		N/A	1,000	1,045	●	100%	400	373	●	100%	1,000	
	Day Worker Center **(Small Grant)** FY18 Requested: $25,000 FY18 Approved: $25,000 FY17 Approved: $25,000 FY17 Spent: $25,000 FY16 Approved: $20,000 FY16 Spent: $20,000	Individuals served with nutritious meals	-	-		N/A	-	-		N/A	300	431	●	100%	460	535	●	100%	325	302	●	100%	475	
	Hope's Corner **(Small Grant)** FY18 Requested: $25,000 FY18 Approved: $25,000 FY17 Approved: $25,000 FY17 Spent: $25,000 FY16 Approved: $15,768 FY16 Spent: $15,768	Individuals served	-	-		N/A	-	-		N/A	325	350	●	100%	325	327	●	100%	350	350	●	100%	350	
	Reach Potential Movement FY18 Requested: $25,000 FY18 Approved: $20,000	Youth served	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	125	119	●	100%	150	

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

EL CAMINO HEALTHCARE DISTRICT

Health Priority Area *(Column A)*	Partner *(Column B)*	FY18 Metrics *(Column C)*	FY16 6-month target *(Column D)*	FY16 6-month actual *(Column E)*		FY16 %of ALL 6-month metrics met *(Column G)*	FY16 Annual target *(Column H)*	FY16 Annual Actual *(Column I)*		FY16 % of ALL annual metrics met *(Column K)*	FY17 6-month target *(Column L)*	FY17 6-month actual *(Column M)*		FY17 % 6-month metrics met *(Column O)*	FY17 Annual Target *(Column P)*	FY17 Annual Actual *(Column Q)*		FY17 % Annual metrics met *(Column S)*	FY18 6-month target *(Column T)*	FY18 6-month actual *(Column U)*		FY18 % 6-month metrics met *(Column W)*	FY18 Annual Target *(Column X)*	Supporting Details for Variance and Trending *(Column Y)*
Small Grants (Continued)																									
HEALTHY MIND	**EDRC (Small Grant)** FY18 Requested: $20,000 FY18 Approved: $20,000 FY17 Approved: $20,000 FY17 Spent: $20,000 FY16 Approved: $17,600 FY16 Spent: $17,6000	Individuals served	-	-		N/A	-	-		N/A	196	265		100%	350	335		100%	78	78		100%	99	
	Friends for Youth (Small Grant) FY18 Requested: $20,000 FY18 Approved: $15,000 FY17 Approved: $20,000 FY17 Spent: $20,000 FY16 Approved: $20,000 FY16 Spent: $20,000	Youth served	-	-		N/A	-	-		N/A	25	37		100%	47	60		100%	35	40		100%	40	
	Prevention Partnership, Int. (Small Grant) FY18 Requested: $25,000 FY18 Approved: $18,000 FY17 Approved: $22,500 FY17 Spent: $22,500 FY16 Approved: N/A FY16 Spent: N/A	Individuals trained	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	10	12		100%	10	
HEALTHY COMMUNITY	**Matter of Balance (Small Grant)** FY18 Requested: $17,508 FY18 Approved: $14,000 FY17 Approved: $10,628 FY17 Spent: $ 10,032 FY16 Approved: N/A FY16 Spent: N/A	At-risk older adults served	-	-		N/A	-	-		N/A	50	35		0%	120	117		100%	40	41		100%	135	
	MVPD - Dreams and Futures Camp (Small Grant) FY18 Requested: $25,000 FY18 Approved: $25,000 FY17 Approved: $25,000 FY17 Spent: $25,000 FY16 Approved: N/A FY16 Spent: N/A	Youth served	-	-		N/A	-	-		N/A	40	32		0%	95	64		0%	40	49		100%	80	

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ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	FY19 Community Benefit Grant Proposals El Camino Healthcare District Board of Directors May 15, 2018
	Responsible party:	Cecile Currier, VP Corporate and Community Health Services and President, CONCERN, EAP Barbara Avery, Director, Community Benefit
	Action requested:	None – For Information and Discussion Only
	Background: None.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
	Summary and session objectives: To present FY19 grant application summaries and respond to Board questions. Overview: • The El Camino Healthcare District received 58 FY19 Community Benefit grant proposals in mid-February.* Over the next two and one-half months, staff conducted an in-depth assessment of all proposals culminating in the development of a comprehensive summary of and funding recommendation for each proposal. • Seven of the District's proposals were for new programs and 16 of the 58 proposals were for Support (small) Grant requests. • Proposals included: grant application, signed cover letter, audited financials, evaluation tools/surveys, IRS Determination Letter, Board of Directors roster, and MOUs for delivery site, if applicable. • On April 24, 2018, The Community Benefit Advisory Council (CBAC) met and reviewed the staff summaries and funding recommendations. The CBAC members provided an insightful community voice and engaged in a rich discussion of community need and gaps in services. • The CBAC reached consensus on recommended funding (some variance from the initial staff recommendations) which is reflected on each Proposal Summary and Proposal Snapshot. • Requested funding totaled $8,316,105; recommended grant funding is $7,199,335, with a variance of $1,116,770. * In total, El Camino Hospital and the El Camino Healthcare District received 121 proposals	
	Suggested discussion questions: None.	
	Proposed board motion, if any: None. This is a discussion item.	
	LIST OF ATTACHMENTS: 1. FY19 ECHD Community Benefit Program Proposal Snapshot and Proposal Summaries	

Community Benefit
FY19 Proposal Summaries

The FY19 Community Benefit Proposal Summaries include:

Proposal Snapshot:

- Submitted proposals listed alphabetically by agency and health priority area
- Page number for each Summary
- Program new to District versus existing program
- Dual-funding requested (ECHD and ECH)
- Requested Amount/CBAC Recommended Amount
- FY18 grant amount for current grantees

Staff prepared individual Proposal Summaries for all submitted applications containing:

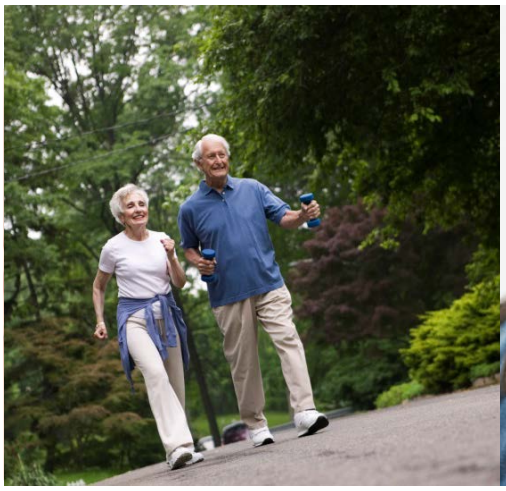
- Program title
- Grant goal
- Community need addressed
- Agency description & address
- Program delivery site(s)
- Services funded by grant/how funds will be spent
- FY19 funding requested and CBAC recommendation
- Funding history and metric performance, if applicable
- Dual funding information, if applicable
- FY19 proposed metrics

El Camino Healthcare District FY19 Proposal Snapshot

Priority Area	Agency	Page Number	New	Dual Funding Requested	Request/ CBAC Recommendation	FY18 Approved
HB	Community Services Agency	2			$229,295/$200,000	$ 221,401
HB	Cupertino Union School District - School Nurse	4		X	$87,842/$87,842	$ 72,481
HB	Fresh Approach	6			$92,704/$92,704	$ 70,000
HB	GoNoodle, Inc.	9		X	$36,000/$36,000	$ 35,000
HB	Health Mobile - Dental Services	11			$150,000/$150,000	$ 148,832
HB	Healthier Kids Foundation - 10 Steps Program	12			$35,000/Do Not Fund	$ 30,000
HB	Healthier Kids Foundation - DentalFirst and Hearing First	14		X	$40,000/$40,000	$ 20,000
HB	Living Classroom	16		X	$100,000/$88,000	$ 78,000
HB	Lucile Packard Foundation - Teen Health Van	18			$104,457/$95,000	$ 92,000
HB	Magical Bridge Foundation	20	X		$150,000/$150,000	N/A
HB	MayView Community Health Center	22			$1,184,644/$1,007,000	$ 857,500
HB	Medical Respite	24		X	$80,000/$80,000	$ 80,000
HB	Mountain View Whisman School District - School Nurse	26			$206,777/$206,777	$ 190,488
HB	New Directions	28			$180,038/$180,038	$ 140,000
HB	Pathways Home Health & Hospice	30			$70,000/$55,000	$ 50,000
HB	Planned Parenthood Mar Monte	32			$125,000/$125,000	$ 100,000
HB	Playworks, Education Energized	34		X	$242,500/$242,500	$ 278,000
HB	Santa Clara Valley Medical Center - Homesless Health Van & Adult Dental	37			$1,343,874/$1,075,000	$ 1,000,000
HB	Sunnyvale School District	40			$291,325/$287,000	$ 275,000
HB	The Health Trust	42			$100,000/$78,000	$ 100,000
HB	YMCA of Silicon Valley	44			$75,000/$75,000	$ 70,000
HM	Acknowledge Alliance	45			$50,000/$50,000	$ 35,000
HM	Alzheimer's Association - Asian Dementia Initiative	47		X	$70,000/$70,000	$ 70,000
HM	Avenidas	49			$50,000/$50,000	$ 45,000
HM	CHAC (Community Health Awareness Council)	51			$320,447/$280,000	$ 181,000
HM	Hand in Hand Parenting	53	X		$100,000/Do Not Fund	N/A
HM	Law Foundation of Silicon Valley	55			$68,000/$65,000	$ 62,000
HM	Los Altos School District - School Mental Health Counseling	57			$235,000/$100,000	$ 100,000
HM	Momentum for Mental Health	59		X	$268,140/$268,000	$ 241,000
HM	Mountain View Los Altos High School District - Mental Health Counseling	61			$160,000/$160,000	$ 160,000
HM	NAMI Santa Clara County	63			$100,000/$90,000	$ 80,000
HC	American Heart Association - Hypertension Initiative	65			$153,302/$103,000	$ 76,734
HC	Caminar (Family & Children Services) - Domestic Violence Victim Support	68			$50,000/$50,000	$ 50,000
HC	Chinese Health Initiative	70		X	$283,510/$250,000	$ 234,000
HC	Farewell to Falls - Stanford Health Care - Trauma Injury Prevention	72			$26,600/$26,600	$ 35,000
HC	Health Library & Resource Center, Mountain View	73		X	$308,547/$250,000	$ 373,491
HC	Maitri - Domestic Violence Victim Support	75			$50,000/$50,000	$ 40,000
HC	Rebuilding Together Peninsula	77			$75,000/$75,000	$ 65,000
HC	RoadRunners Transportation	78			$275,353/$250,353	$ 275,353
HC	South Asian Heart Center, El Camino Hospital	79		X	$180,000/$180,000	$ 160,000
HC	Sunnyvale Community Services - Comprehensive Safety Net Services	81			$100,000/$100,000	$ 100,000
HC	Sunnyvale Community Services - Social Work Case Management	83			$85,400/$85,400	$ 85,400
SUPPORT (SMALL) GRANTS ($25,000 or less)						
HB	5210 Program	86		X	$15,000/$15,000	$ 25,000
HB	Bay Area Women's Sports Initiative - BASWI Girls	88		X	$26,667/$19,000	$ 16,605
HB	Bay Area Women's Sports Initiative -BASWSI Rollers	90		X	$17,502/$17,500	$ 16,000
HB	Breathe California of the Bay Area	92		X	$25,000/$25,000	$ 25,000
HB	Day Worker Center of Mountain View	94			$25,000/$25,000	$ 25,000
HB	Hope's Corner, Inc.	95			$25,000/$25,000	$ 25,000
HB	Reach Potential Movement	96			$25,000/$25,000	$ 20,000
HB	RotaCare Bay Area	98	X	X	$25,000/Do Not Fund	N/A
HB	Vista Center for the Blind and Visually Impaired	99	X	X	$24,921/$24,921	N/A
HM	Blossom Birth Services	101	X		$25,000/Do Not Fund	N/A
HM	Center for Age-Friendly Excellence (CAFE)/Senior Inclusion and Participation Project (SIPP)	102	X	X	$25,000/$25,000	N/A
HM	Eating Disorders Resource Center	104			$20,000/$20,000	$ 20,000
HM	Friends for Youth	105			$20,000/$20,000	$ 15,000
HM	Mission Be, Inc.	106	X		$25,000/$25,000	N/A
HC	Matter of Balance - Stanford Health Care - Trauma Injury Prevention	108			$14,330/$14,330	$ 14,000
HC	Mountain View Police-Youth Services	109			$25,000/$25,000	$ 25,000

Community Benefit Proposal Summaries

Fiscal Year 2019



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

FY19 Healthy Body Proposal Summary

Community Services Agency

Program Title	Senior Intensive Case Management
Grant Goal	This program will reduce the rate of re-hospitalizations of seniors within 30-days of discharge and optimize functioning to avoid premature institutionalization by providing case management. Case management services will be provided in the client's home, at medical facilities, and at other community service providers, helping vulnerable seniors better manage their health conditions so that they can keep living independently in their own homes.
Community Need	Eighteen percent of Medicare patients are readmitted to the hospital within 30-days of discharge, adding billions to healthcare costs and anxiety to patients and their families. A 2015 report from the federal Agency for Healthcare Research and Quality (AHRQ) states that hospitals face significant consequences when patients are readmitted. Medicare is pressuring hospitals to reduce readmissions because "readmissions are a significant portion of Medicare spending...In 2013, there were about 500,000 readmissions totaling $7 billion in aggregate hospital costs for four high-volume conditions—acute myocardial infarction (AMI), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and pneumonia." Furthermore, "repeat hospitalizations place patients at greater risk for complications, hospital acquired infections, and stress." Hospitalization also interrupts normal social activities, which are vital to the mental and physical health of older adults. Sources: https://www.hcup-us.ahrq.gov/reports/statbriefs/sb196-Readmissions-Trends-High-Volume-Conditions.jsp https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026506/
Agency Description & Address	204 Stierlin Road, Mountain View Community Services Agency provides vital social services for residents of Mountain View, Los Altos and Los Altos Hills.
Program Delivery Site(s)	Services will be delivered at agency site in Mountain View, clients' homes and medical offices and hospitals.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Providing staffing for social worker case manager, RN case manager, and licensed vocational nurse (LVN) to provide intensive case management for low-income seniors with chronic conditions being released from hospital • Providing seniors with tools to better manage their health conditions, resulting in the reduction potential hospital readmissions, and increase the likelihood for them to live independently in their own homes Full requested funding would support staffing of a social worker case manager, RN, and LVN, and program materials.
FY19 Funding	FY19 funding requested: $229,225 FY19 funding recommended: $200,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $221,401 FY18 Approved: $221,401 FY18 6-month metrics met: 40%	FY17 Approved: $151,551 FY17 Spent: $116,894 FY17 6-month metrics met: 100% FY17 annual metrics met: 83%	FY16 Approved: $133,500 FY16 Spent: $122,188 FY16 6-month metrics met: 25% FY16 annual metrics met: 83%

FY19 Healthy Body Proposal Summary

	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Clients served	65	80
	Services provided by LVN, RN, and social worker case managers	2,229	4,532
	Clients who were re-hospitalized within 30 days for reasons related to a chronic health condition* Lower percentage desired	1%	1%
	Clients who were re-hospitalized within 90 days for reasons related to a chronic health condition* Lower percentage desired	4%	4%
	Patients with hypertension who attained or maintained a blood pressure of <140/90 mm Hg	60%	60%

FY19 Healthy Body Proposal Summary

Cupertino Union School District

Program Title	School Nurse Program
Grant Goal	The Cupertino Union School District is requesting $87,842 (50% of $175, 684 total forecasted program budget) to provide extra nursing and clerical support to schools serving the more underserved populations within the Cupertino Union School District. These schools include Nimitz and Stockelmeir Elementary. The additional nursing and clerical support allows for extensive follow-up for health screening failures, additional staff trainings for Epi-Pen administration in response to allergic reactions, and assistance with access to healthcare services through community resources. School nurses also promote and market health literacy through programs provided by El Camino Hospital, provide health education to families, and provide attention to the health needs of students and staff in the school communities.
Community Need	There are significant barriers in accessing healthcare for students in our target schools. Data from Lucile Packard Foundation for Children's Health 2016 indicates that 23.3% of students in public schools within Santa Clara County are English Learners compared to 22.1% statewide. These students are more likely to have difficulty accessing quality health care which may result in health disparities for these students as adults compared to children whose households speak English primarily. Additionally, the target school sites have a greater percentage of minority students in comparison with other district school sites. Santa Clara County Measures of Economic Security Report (2014) indicates ethnic disparities in Santa Clara with minorities having greater rates of unemployment and poverty which ultimately contribute to poor health outcomes. Furthermore, the school nurse serves a population of students who have a greater truancy rate, in comparison to other school sites in the district. Analysis of absenteeism in students who took the National Assessment of Educational Progress (NAEP) in 2011 and 2013 showed that high absenteeism is associated with lower test scores in every state and city that was tested. Attendance concerns are often attributed to unmanaged chronic health conditions or students receiving medical treatment outside of school. Case management by the School Nurse can help lower rates of truancy which will ultimately increase the child's class time and improve their access to education. The Grant staff will offer additional follow-ups for health screening failures, case management services, and offer resources to families who may have difficulty navigating the healthcare system.
Agency Description & Address	10301 Vista Drive, Cupertino The Cupertino Union School District is a TK-8 school district serving over 18,000 students across 25 schools within Santa Clara County. The Cupertino Union School District has been known for its academic excellence and commitment to the organization's mission since its inception. The mission of the district is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity. District families, community, and staff join as partners to develop creative, exemplary learners with the skills and enthusiasm to contribute to a constantly changing global society.
Program Delivery Site(s)	Nimitz Elementary and Stockelmeir Elementary Schools
Services Funded By Grant/How Funds Will Be Spent	Activities and services include: • Extensive follow-up and case management at target schools following health screenings; follow-up will include additional written referrals and phone calls, referrals to health care resources, and detailed data tracking

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	• Promotion of dental health through on-site dental screenings at target school sites. School nurses will organize screenings at target schools and follow-up with students who were identified with having dental health concerns • Promotion of health literacy and physical activity through marketing and presentation of Go Noodle health curricula. Promotion will include email blasts to educators, Go Noodle flyers, and presentation of Go Noodle health resources during staff meetings • Intensive training for staff at target schools to understand severe food allergies, anaphylaxis response, and EpiPen usage Full requested funding would support the partial salaries of a credentialed school nurse, LVN and health clerk.
FY19 Funding	FY19 funding requested: $87,842 FY19 funding recommended: $87,842

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $72,481 FY18 Approved: $72,481 FY18 6-month metrics met: 100%	FY17 Approved: $68,997 FY17 Spent: $68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $34,411 FY16 Spent: $34,411 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%

FY19 Dual Funding	FY19 funding requested: $87,842 FY19 funding recommended: $76,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $72,481 FY18 Approved: $72,481 FY18 6-month metrics met: 100%	FY17 Approved: $68,997 FY17 Spent: $68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $103,233 FY16 Spent: $103,233 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	900	1,850
	Students who failed a mandated health screening who saw a healthcare provider.	50%	82%
	Students in Kindergarten who were identified as needing early intervention or urgent dental care who saw a dentist	N/A	85%
	Teachers accessing Go Noodle health education curricula and activities	75%	90%
	Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	65%	70%

Fresh Approach

Program Title	VeggieRx Nutrition Education & Freshest Cargo Mobile Farmers' Market
Grant Goal	Increase access to nutritious and affordable food and nutrition education in underserved communities in the District and help reduce low income resident's risk for developing Type II Diabetes and other diet-related illnesses. Both VeggieRx and Freshest Cargo target low income District residents who are in need of increased access to affordable fresh produce, and VeggieRx more specifically targets low income District residents who struggle with overweight/obesity or other diet-related health conditions. The program includes monitoring BMI and providing 50% discounts on produce to those who receive CalFresh, WIC, MediCal, SSI, or SSDI benefits, as well as to residents who access local food pantries but do not receive those public benefits. These two programs operate in tandem to increase access to and knowledge about locally grown fruits and vegetables in Sunnyvale. By providing this discount for the most food insecure residents, Freshest Cargo helps the most vulnerable residents increase fruit and vegetable consumption.
Community Need	The consumption of nutrient rich fresh fruits and vegetables is widely known in scientific literature to be beneficial to overall health, yet diet-related diseases are disproportionately prevalent in low-income populations. Significant barriers prevent lower income populations from consuming sufficient quantities and an adequate diversity of fruits and vegetables. These barriers include: lack of access (distance and transportation), lack of income, gentrification and lack of nutrition knowledge. The 2016 California Health Interview Survey (CHIS 2016) revealed that 45% of adults in Santa Clara County who live below 200% FPL are overweight or obese and 16% have been diagnosed with Diabetes. Youth data show a similar trend, where 9% of those living below 200% FPL are overweight and they are 2.5 times more likely than their peers living above 200% FPL to be overweight. Low income populations are more likely to be food insecure, meaning they lack reliable access to a sufficient quantity of affordable, nutritious food – in Santa Clara County, 51% of those living at or below 200% FPL are food insecure (CHIS 2016). These vulnerable populations often lack basic cooking skills and nutrition knowledge to make informed choices. Research has shown that interventions, such as nutrition classes, based on increasing fruit and vegetable intake, regularly meet the aim of increasing consumption in the short-term (Neville et al 2015); and tailored nutrition classes are more effective in motivating people to make dietary changes than general nutritional information (Pomerleau et al 2005). Tailored nutrition education programs have shown to be particularly effective at increasing fruit and vegetable consumption in communities where low consumption results from not just a knowledge gap but also because of barriers such as cost and access (Neville et al 2015). Studies have also examined voucher supplements aimed at increasing fruit and vegetable consumption in low-income communities and seen that vouchers help families increase the quantity and range of fruit and vegetables they use, improve the quality of family diets, and help establish good habits for the future (Bihan et al 2012; McFadden et al 2014). **Sources:** Neville et al 2015: https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-015-0311-4 Pomerleau et al 2005: https://www.ncbi.nlm.nih.gov/pubmed/16177217 Bihan et al 2012: https://www.ncbi.nlm.nih.gov/pubmed/21989324 McFadden et al 2014: https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-148
Agency Description & Address	5060 Commercial Circle, Suite C, Concord Fresh Approach creates long-term changes in local food systems by connecting Bay Area communities with healthy food from California farmers, and expanding knowledge about food

	and nutrition. Fresh Approach offers food access, nutrition and garden education, and healthy food incentive programs. Strong partnerships with farmers' markets, community organizations, libraries, schools, health departments, and clinics are essential to Fresh Approach's years of success. In collaboration with these partners, Fresh Approach serves six Bay Area counties. Fresh Approach's VeggieRx nutrition education and Collective Roots Gardening Network (CRGN) programs offer practical skills for low-income residents to grow and prepare healthy foods; and the Freshest Cargo Mobile Farmers' Market program and East Palo Alto Community Farmers' Market, a traditional farmers' market, improve direct access to affordable California-grown produce.
Program Delivery Site(s)	Columbia Neighborhood Center and Valley Health Center, Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	Services include: • Two series of VeggieRx nutrition classes (16 group nutrition education classes, lasting 1.5 hours each); one series for adults and one series for youth and families. • Class series includes participants BMI monitoring, healthy cooking demonstrations and vouchers to spend on fruits and vegetables at local farmers' markets and mobile farmers' markets. • Fruit and vegetable vouchers provided to class participants, benefiting their entire household. Vouchers are provided proportional to their attendance, as an incentive. • 40 weeks of Freshest Cargo Mobile Farmers' Market service in the Sunnyvale area. One day per week of service at two different locations in Sunnyvale, equating to a total of 80 stops offering over 160 hours of increased access to low-cost, high-quality, local fresh produce. • Mobile farmers' market provides discount prices on fresh produce and further savings to low-income families by providing 50% discounts on fresh fruits and vegetables to those who receive CalFresh, WIC, MediCal, SSI, or SSDI benefits as well as to residents who access local food pantries but do not receive the benefits mentioned. Full requested funding would support partial staff salaries, such as Nutrition Educators and Program Managers, supplies and administrative costs.
FY19 Funding	FY19 funding requested: $92,704 FY19 funding recommended: $92,704

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $100,000 FY18 Approved: $70,000 FY18 6-month metrics met: 50%	FY17 Approved: $97,017 FY17 Spent: $35,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 50%	New in FY17

Rationale for Recommended Funding	Where metrics have been unmet, they were narrowly missed and/or due to staff vacancy causing two classes to run during second half of year versus one in the Fall. Agency expects to meet annual targets.

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	170	430
Freshest Cargo customer transactions	100	200
Individuals participating in VeggieRx classes	70	140
VeggieRx nutrition education class sessions provided	110	330
Freshest Cargo customers who complete surveys will report increasing their	N/A	65%

	fruit and vegetable consumption since starting to shop at Freshest Cargo		
	Freshest Cargo customers who complete surveys will report that Freshest Cargo helps their family afford more fresh fruits and vegetables	N/A	65%
	VeggieRx participants who attend 6 or more classes will lose 2% or more of their original body weight and/or improve their BMI	N/A	30%
	VeggieRx participants who attend 6 or more classes will report regularly eating 2 additional servings of fruits and vegetables at the end of the program than they did at the beginning of the program	N/A	85%

FY19 Healthy Body Proposal Summary

GoNoodle, Inc.

Program Title	GoNoodle Movement Videos and Games – Brain Breaks
Grant Goal	GoNoodle, Inc. is requesting $36,000 to continue providing GoNoodle movement videos and games to school districts in El Camino Healthcare District service area. GoNoodle's internal and external teams of product and content experts, user engagement specialist, regional community managers, and contracted event squad members will provide the on-going engagement, professional development, and outreach to all covered schools and elementary teachers.
Community Need	According to a CDC and USDA study of WIC participants (2014), California ranked 6th highest in the nation for obese, low-income two to four-year-olds (16.6%). In 2016, 31.2% of California children aged 10-17 were either overweight or obese. A study completed in 2015 by the Youth Risk Behavior Surveillance System (YRBSS) showed 13.9% of California high school students were obese. Additionally, California currently has no laws requiring schools to provide physical activity or recess during the school day. These alarming facts exemplify the need for early intervention to promote health and provide opportunities for physical activity for California's children. Sources: https://stateofobesity.org/states/ca/#policies https://stateofobesity.org/high-school-obesity/
Agency Description & Address	209 10th Ave. South, Suite 350, Nashville, TN GoNoodle gets kids moving to be their smartest, strongest, bravest, silliest, best selves. Short, interactive movement and social-emotional videos make it awesomely simple and fun to incorporate movement into every part of the day with dancing, stretching, running and mindfulness activities. At school, teachers use GoNoodle to keep students energized, engaged, and active inside the classroom. At home, GoNoodle turns screen time into active time, so families can have fun and get moving together. Currently, 14 million kids use GoNoodle each month, in all 50 states and 185 countries.
Program Delivery Site(s)	25 Schools in the El Camino Healthcare District.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECH sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECHD name and logo on the GoNoodle site and on materials sent to teachers, administrators, and parents • ECHD name and logo extended to GoNoodle home usage, on-going platform enhancements and new games or videos added regularly • Direct mail and email campaigns designed to promote new and ongoing usage to principals and teacher champions • Social media activity (Twitter, Facebook, and Instagram posts to engage with users) • On-site GoNoodle demonstrations or webinars as requested • GoNoodle monthly reporting to the partner, and to schools Full requested funding would support for program license and the partial salary of the school engagement coordinator.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

FY19 Funding	FY19 funding requested: $36,000	FY19 funding recommended: $36,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $35,000 FY18 Approved: $35,000 FY18 6-month metrics met: 100%	FY17 Approved: $35,000 FY17 Spent: $35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $21,000 FY16 Spent: $21,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%
FY19 Dual Funding	FY19 funding requested: $113,000	FY19 funding recommended: $113,000	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $110,000 FY18 Approved: $110,000 FY18 6-month metrics met: 50%	FY17 Approved: $110,000 FY17 Spent: $110,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $74,000 FY16 Spent: $74,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Schools Served	25	25
	Student physical activity minutes achieved	861,000	1,900,000
	GoNoodle physical activity breaks played	16,000	36,000
	Teachers who believe GoNoodle benefits their students' focus and attention in the classroom.	N/A	90%
	Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects.	N/A	90%
	Teachers who are satisfied with GoNoodle physical activity breaks.	N/A	90%

FY19 Healthy Body Proposal Summary

Health Mobile

Program Title	Onsite Dental Care for Homeless and Low-income Families in Mountain View and Sunnyvale
Grant Goal	This program will provide free, comprehensive dental care services to low-income families and the homeless population.
Community Need	Access to dental care for low income residents is extremely limited in Santa Clara County. The 2014 Santa Clara County Health Assessment found that only 26% of low income respondents had dental coverage. CHIS reported that 16.3% of low income adults had not received dental care in the past five years. According to Health Trust reports, one-third of low income adults in Santa Clara County had lost a tooth due to decay. There is a severe lack of affordable providers to deliver dental care services. Medi-Cal and its dental arm, Denti-Cal, cannot always provide adequate coverage.
Agency Description & Address	1659 Scott Boulevard, Suite #4, Santa Clara Health Mobile is a non-profit organization providing onsite dental care since 1999. In 2008, the agency added primary medical care to the services and changed our name from Tooth Mobile to Health Mobile. In 2015, the agency obtained two new mobile clinics with a financial support of a HRSA grant. Health Mobile currently owns and operates seven mobile clinics and one "fixed" clinic, making them the largest mobile clinic health care provider in the state.
Program Delivery Site(s)	Program services will be delivered at Community Services Agency, Mountain View and MayView Community Health Center in Mountain View and Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Provide staffing to deliver free services: • Dental exams • X-Rays, cleanings, and fillings • Root canal referrals and extractions Full requested funds would support clinic staffing including dentist and dental assistants, lab expenses, dental supplies and program supplies.
FY19 Funding	FY19 funding requested: $150,000 FY19 funding recommended: $150,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $148,832 FY18 Approved: $148,832 FY18 6-month metrics met: 75%	FY17 Approved: $148,832 FY17 Spent: $148,832 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Low-income and homeless individuals served	200	500
Dental procedures provided	1,200	2,500
Patients who report increased knowledge about their oral health	90%	90%
Patients who report no pain after their first visit	90%	90%

Healthier Kids Foundation – 10 Steps Program

Program Title	10 Steps to a Healthier You
Grant Goal	Implement the 10 Steps program, a free series of classes for parents and caregivers that offer the education and tools to live a healthier lifestyle. The program aims to enhance parental skills for implementing healthy lifestyle behaviors among upstream audiences, or populations that have not yet developed BMIs >85%. The class will be offered to the parents of children in preschool, charter school, public school, and community organization settings primarily in Sunnyvale and Mountain View Whisman School Districts.
Community Need	Childhood obesity is defined as a Body Mass Index (BMI) greater than the 95% for gender and age. A BMI of greater than 85% for gender and age is considered overweight. According to the 2014 Obesity, Physical Activity, and Nutrition in Santa Clara County Report, 18-28% of children ages 5-11 in Santa Clara County using the Children Healthy and Disability Prevention program have BMIs > 85%, with higher rates among Latino children for that age group. Childhood obesity is associated with multiple co-morbidities including, but not limited to, hyperlipidemia, hypertension, cardiovascular disease, Type II diabetes, and more (Banerjee & Schuster, 2012). Nationally, Non-Type I diabetes in children is 45% of cases of diabetes (D'Adamo & Caprio, 2011). Type II diabetes disproportionately impacts the Latino population. The lifetime risk of developing diabetes for a Hispanic female born in the United States in the year 2000 until her death is one in two. This may be the first generation of children who may not live as long as their parents as a result of the consequences of being overweight and having Type II diabetes (Virginia, 2014). Recent research indicates that individual's education and nutritional knowledge has more of an impact on their food choices than their proximity to grocery stores, suggesting that the concept of "food deserts" is misleading (Walsh, 2018). As a result, it has become imperative that our community develop systems that emphasize the importance of prevention and education as a step toward addressing this epidemic. Sources: Banerjee, A., & Schuster, D. (2012). Comorbidities of Childhood Obesity, Childhood Obesity. InTech, Open Science, Open Minds. http://www.intechopen.com/books/childhood-obesity/childhood-obesity-and-it-s-co-morbidities. D'Adamo, E., & Caprio, S. (2011). Type 2 Diabetes in Youth: Epidemiology and Pathophysiology. Diabetes Care May 2011, 34 (Supplement 2) S161-S165; DOI: 10.2337/dc11-s212. http://care.diabetesjournals.org/content/34/Supplement_2/S161. Santa Clara County Public Health Department. (2014). Obesity, Physical Activity & Nutrition In Santa Clara County. https://www.sccgov.org/sites/phd/hi/hd/Documents/obesity-reports/obesity.pdf. Virginia, A. (2014). Diabetes Among Hispanics: All Are Not Equal. American Diabetes Association. http://www.diabetes.org/newsroom/press-releases/2014/diabetes-among-hispanics-all-are-not-equal.html?referrer=https://www.google.com/. Walsh, D. (2018). The roots of Nutritional Inequality: Why Do Wealthy People Eat Healthier?. Stanford School of Business. https://www.gsb.stanford.edu/insights/roots-nutritional-inequality.
Agency Description & Address	4010 Moorpark Avenue, Suite 118, San Jose Healthier Kids Foundation (HKF) is a family forward health agency that gives children and those who love them the education and cutting edge tools they rightfully deserve to live a healthy life. HKF believes preventative care at an early age makes things fair. Every day, we work side-by-side with families to identify and eliminate kids' health issues before they even begin.

FY19 Healthy Body Proposal Summary

Program Delivery Site(s)	Mountain View Whisman School District Sunnyvale School District Fremont Union High School District Adult School
Services Funded By Grant/How Funds Will Be Spent	Services include: • 10 steps three-series class in English and Spanish Fully requested amount funds partial salaries of seven program staff, contractors, facilitators, child supervision and materials.
FY19 Funding	FY19 funding requested: $35,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $45,000 FY18 Approved: $30,000 FY18 6-month metrics met: 25%	FY17 Approved: $100,000 FY17 Spent: $30,000 FY17 6-month metrics met: 33% FY17 annual metrics met: 67%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	100	235
	10 Steps Series of classes	7	15
	Participant class attendance	175	411
	Increase in parents/caregivers, who have room to improve, who serve vegetables 5 or more days per week	25%	25%
	Decrease in parents/caregivers, who have room to improve, who serve juice 2 or more days per week	25%	25%
	Increase in parents/caregivers, who have room to improve, who strongly agree that they should fill their homes only with foods they want their family to eat	25%	25%
	Increase in parents/caregivers, who have room to improve, who always or almost always put away screens at mealtime	25%	25%

Healthier Kids Foundation – DentalFirst and HearingFirst

Program Title	DentalFirst and HearingFirst
Grant Goal	Through the DentalFirst and HearingFirst programs, Healthier Kids Foundation program staff will provide dental and hearing screenings and appropriate follow up to children in preschool, charter school, public school and community organization settings primarily in Sunnyvale and Mountain View Whisman School Districts.
Community Need	Not all families can afford to put health first. Parents need a resource that not only helps them learn how to raise healthy kids, but makes sure they can understand health challenges so that their children get the care they need to thrive socially and academically. Dental caries, or cavities, is the single most common chronic childhood disease in the United States (CDC, 2016). Childhood caries cause intense pain, difficulty eating, speaking and sleeping. Children who have pain in their mouth because of dental caries have more frequent school absences, trouble concentrating, and poorer academic performance (Jackson et al.,2011). Dental caries affect a child's nutrition, sleep and development (Acharya & Tandon, 2011); ultimately limiting long term productivity and success. The DentalFirst program screens children for undetected dental issues and makes sure they get the follow up care they need, because when kids have healthy teeth and gums they avoid developing caries or other dental issues that may hinder their performance in the classroom and in life. Hearing loss affects two in every 100 children under the age of 18 in varying degrees (Healthier Kids Foundation, 2018). Hearing loss can be devastating when it goes undetected. If a child has a hearing issue that goes undetected and untreated, they will miss learning from the speech and language that is happening around them and may result in delayed language and speech development, trouble concentrating, and behavioral and academic challenges. The most effective treatment for varying hearing problems is early intervention. Early diagnosis, hearing aid fittings, and an early start with special education programs maximizes a child's hearing potential and gives the child a strong pathway to successful speech and language development (CDC, 2017). The HearingFirst program screens children for undetected hearing issues and assists them in any follow up care they need, because when kids can hear clearly, they are able to pay attention and flourish in the classroom and in life. Sources: Acharya, S., & Tandon, S. (2011). The effect of early childhood caries on the quality of life of children and their parents. Contemporary Clinical Dentistry, 2(2), 98–101. http://doi.org/10.4103/0976-237X.83069. Center for Disease Control and Prevention. (2017). Hearing Loss in Children. https://www.cdc.gov/ncbddd/hearingloss/index.html. Center for Disease Control and Prevention. (2016). Hygiene-related Diseases: Dental Caries (Tooth Decay). Water, Sanitation & Environmentally Related Hygiene. https://www.cdc.gov/healthywater/hygiene/disease/dental_caries.html. Jackson, S. L., Vann, W. F., Kotch, J. B., Pahel, B. T., & Lee, J. Y. (2011). Impact of Poor Oral Health on Children's School Attendance and Performance. American Journal of Public Health, 101(10), 1900–1906. http://doi.org/10.2105/AJPH.2010.200915.
Agency Description & Address	4010 Moorpark Avenue, Suite 118, San Jose Healthier Kids Foundation is a family forward health agency that gives children and those who love them the education and cutting edge tools they rightfully deserve to live a healthy life. At Healthier Kids Foundation, we believe preventative care at an early age makes things fair. Every day, we work side-by-side with families to identify and eliminate kids' health issues before they even begin. Because without us, barriers that could be corrected may stand in the way of kids

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	joyfully climbing the ladder of life.
Program Delivery Site(s)	Mountain View Whisman and Sunnyvale School Districts
Services Funded By Grant/How Funds Will Be Spent	DentalFirst services will provide: • Dentists screen children for dental-related issues and recommend follow up care • Dentists provide oral hygiene education to the children and literature for parents • Parents receive a copy of the child's screening result • Case management for families with child whose screening result has indicated a dental issue(s) and for those without insurance HearingFirst services will provide: • Hearing screening to children and appropriate follow up, as needed • Parents of children screened with their child's screening results • Case management as needed, including bilingual case managers Full requested funding would support partial salaries of 23 program staff and administrative costs.
FY19 Funding	FY19 funding requested: $40,000 FY19 funding recommended: $40,000

Funding History and Metric Performance	FY18	FY17	FY16
	Two grants in FY18 merged to one for FY19: <u>DentalFirst:</u> FY18 Requested: $20,000 FY18 Approved: $10,000 FY18 6-month metrics met: 100% <u>HearingFirst:</u> FY18 Requested: $20,000 FY18 Approved: $10,000 FY18 6-month metrics met: 50%	New in FY18	New in FY18

FY19 Dual Funding	FY19 funding requested: $50,000	FY19 funding recommended: $30,000

Dual Funding History	FY18	FY17	FY16
	Two applications in FY18 merged to one for FY19: <u>DentalFirst:</u> FY18 Requested: $20,000 FY18 Approved: $20,000 <u>HearingFirst:</u> FY18 Requested $20,000 FY18 Approved: Did not fund	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	225	450
	Of children hearing screened, those who received a referral after initial screening	7%	7%
	Of children hearing screened who received a referral, those that received and completed appropriate hearing services	20%	35%
	Of children dental screened, those who received a referral	20%	20%
	Of children dental screened who received a referral, those that received and completed appropriate dental services	75%	75%

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Living Classroom

Program Title	Garden-Based Nutrition Program in Sunnyvale School District
Grant Goal	To inspire children in the Mountain View Whisman School District to learn and value the natural world through the creation of student gardens and garden-based education while also increasing the amount of fruits and vegetables they eat and providing outdoor physical activity. This grant will continue the garden-based nutrition education program in K-5 schools and propose to expand with two new programs. The first new element will provide garden-based nutrition, outdoor education in middle schools. The second new element in elementary schools will provide more cooking and food preparation activities for students to show them how fun it can be to prepare healthy dishes, and also tie with their memorable standards-aligned lessons.
Community Need	The Santa Clara County Public Health 2016 Study on City and Small Area/Neighborhood Profile for Mountain View shows that only 23% of adults ate 3 or more servings of vegetables per day in the past 30 days and only 27% ate 2 or more servings. The study showed that 25% of adults ate fast food at least weekly. In addition, the obesity rate in Santa Clara County as a whole amongst Latino students is the highest of all ethnic groups with 26% obese on average for 5th, 7th and 9th graders and 18% for 2-5 year olds. Many students in the Mountain View Whisman School District (MVWSD) have related unmet health needs. By the 5th grade, only 30 percent of MVWSD students meet the statewide fitness standards. In six of seven MVWSD grade schools, 25 percent or more of the students have been designated "at risk" due to poor scores in body composition on their CA Physical Fitness Test. Based on the latest information from the MVWSD 2016-17 California Physical Fitness Report, among 5th graders, 24% of students fall outside the Healthy Fitness Zone for aerobic capacity, 34% for body composition, and an average of 31% for Abdominal strength, Trunk Extension Strength, Upper Body Strength and Flexibility. For seventh graders, 16% of students fall outside the Healthy Fitness Zone in Aerobic capacity, 39% for body composition, and an average of 15% for strength and flexibility. The Healthy Fitness Zone Standards were established by The Cooper Institute and represent levels of fitness that offer some degree of protection against diseases that can result from sedentary living. Living Classroom addresses inadequate nutrition, obesity, unhealthy eating and lack of physical fitness through its continuous T/K-8th grade garden-based school-day, after school, and summer school programs.
Agency Description & Address	P.O. Box 4121, Los Altos Living Classroom provides health oriented garden-based education programs to local public school districts. Our mission is to inspire children to learn and value our natural world through garden-based education. Our goals are to connect students to the sources of their food and healthy eating, instill environmental stewardship, and make science learning relevant to their lives.
Program Delivery Site(s)	Mountain View Whisman School District: • Graham Middle • Crittenden Middle • Theuerkauf Elementary • Mariano Castro Elementary • Gabriela Mistral Elementary • Monta Loma Elementary

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	• Edith Landels Elementary • Benjamin Bubb Elementary • Frank L. Huff Elementary • Stevenson Elementary
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Nutrition-related lessons that integrate required state standards in science, math, nutrition and social studies standards and interspersed with health and nutrition topics • A garden-to-cafeteria component in coordination with food services at the schools • Outdoor physical activity that combines with health education content standards in the Nutrition Education Resource Guide for California Public Schools • Expand the Farm to Lunch after-school program • New edible garden-enrichment lessons at Crittenden and Graham Middle Schools • New lesson extension activities for Kindergarten, 3rd and 4th grade students elaborating on nutrition education with healthy cooking opportunities. Full requested funding would support partial salaries of several program staff roles, including instructor and garden manager, as well as supplies and other administrative costs.
FY19 Funding	FY19 funding requested: $100,000 FY19 funding recommended: $88,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $100,000 FY18 Approved: $78,000 FY18 6-month metrics met: 50%	FY17 Approved: $98,959 FY17 Spent: $78,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	FY16 Approved: $74,000 FY16 Spent: $74,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 33%

Rationale for Recommended Funding	Expansion will offer the program to middle school students in two new schools. Agency narrowly missed targets of unmet midyear metrics and expects to meet annual targets.
FY19 Dual Funding	FY19 funding requested: $40,000 FY19 funding recommended: Do not fund

Dual Funding History	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	3,000	5,100
	Students receiving Living Classroom school-day lessons which include nutrition/edible garden and outdoor/physically active elements	2,600	4,000
	Students reporting a change in eating habits or behavior that includes more fresh fruits and vegetables based on their writing	25%	50%
	Teachers rating the program an average of "4" or greater (out of a 5 point scale) for lesson content and delivery	75%	90%
	Teachers and student who report significant new learning about healthy foods, healthy living, and/or healthy environments and enthusiasm for this new learning and experiences.	50%	60%

Lucile Packard Foundation for Children's Health

Program Title	Lucile Packard Children's Hospital's Mobile Adolescent Health Services Program (the "Teen Van") at Los Altos High School (LAHS), Alta Vista High School (AVHS), and Mountain View High School (MVHS)
Grant Goal	Referred to as the "Teen Van," the program consists of a medical team and mobile clinic that travels regularly to Alta Vista High School and Los Altos High School to address the unmet health needs of the most underserved pediatric population in our community: at-risk, uninsured, underinsured, and homeless patients, ages 10 to 25 years. The Van's multi-disciplinary staff (MD, NP, LCSW, and RD) provides comprehensive primary health care services to pre-teens, teens, and young adults. Mountain View High School students can receive care at either of the schools. Services include medical exams, medications, laboratory work, nutrition/fitness counseling, psychosocial and mental health counseling. Additionally, the LCSW and RD offer group sessions on an as-needed basis on a variety of adolescent issues, including self-esteem, body image, mental health, substance use, and acculturation issues for new refugees/immigrants. Patients who require specialty care, dental, or vision care are provided a referral and often receive treatment at no cost.
Community Need	Adolescents and young adults are one of the most medically underserved populations in the San Francisco Bay Area. According to kidsdata.org (http://www.kidsdata.org/topic/337/healthinsurance-age/table#fmt=393&loc=59&tf=84&ch=1109,551,1115&sortColumnId=0&sortType=asc), 28% of children ages 6-17 who live in Santa Clara County are uninsured or rely on public insurance. Of the homeless youth population in Santa Clara County, 46% are in grades 6-12 (http://www.kidsdata.org/topic/794/homeless-students-grade/table#fmt=1209&loc=59&tf=79&ch=1129,1130&sortColumnId=0&sortType=asc). This population often has complex unaddressed health problems, which include lack of immunizations and medications; high-risk sexual activity leading to elevated rates of sexually transmitted disease and unintended pregnancies; tobacco, alcohol, and other substance abuse; malnutrition and eating disorders; poor performance in school; family problems including abuse and neglect; relationship problems including domestic abuse; and mental health issues such as anxiety and depression. Because homelessness can cause severe trauma, children and teens that experience short or long-term homelessness are more likely than others to suffer from physical and mental health problems. These youth generally do not know how to access services available to them and wait to seek treatment until their condition requires a costly emergency room visit. Relying on the emergency department for medical care also often means that important physical and mental health conditions are not diagnosed until they are very serious, and otherwise preventable complications have developed. For many patients, the Van serves as their single point of healthcare access. It is estimated that every dollar invested in the Teen Van leads to a savings of $10 because of its success in prevention and early treatment. The staff builds trust within this typically slow-to-trust population by spending dedicated time with each patient and keeping a reliable schedule. The majority of patients suffer from multiple health-related problems, including mental health issues such as anxiety and depression, and require ongoing care.
Agency Description & Address	400 Hamilton Avenue, Suite 340, Palo Alto Lucile Packard Children's Hospital Stanford is a nonprofit hospital based in Palo Alto, devoted exclusively to the health care needs of children and expectant mothers throughout Northern California and around the world. Lucile Packard Foundation for Children's Health is the fundraising entity for the hospital; philanthropy supports clinical care, research, and education to

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	improve the health of children and expectant mothers, locally and worldwide.
Program Delivery Site(s)	Mountain View-Los Altos Union High School District: • Los Altos High School, 201 Almond Avenue, Los Altos • Alta Vista High School, 1325 Bryant Avenue, Mountain View
Services Funded By Grant/How Funds Will Be Spent	Comprehensive services include: • Provide staff of a doctor, nurse practitioner, social worker, and dietician • Provide comprehensive medical care including complete physicals • Provide social services assessments • Provide immunizations • Provide substance abuse, mental health, HIV testing and referral • Provide nutrition counseling • Provide medications • Provide lab tests on site • Provide Mindfulness training for stress reduction Full requested funding would support the partial salaries of the Medical Director, Dietitian, Social Worker, Nurse Practitioner, Medical Assistant and Registrar/driver, as well as medical supplies and pharmaceuticals.
FY19 Funding	FY19 funding requested: $104,457 FY19 funding recommended: $95,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $97,667 FY18 Approved: $92,000 FY18 6-month metrics met: 66%	FY17 Approved: $78,000 FY17 Spent: $78,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $74,000 FY16 Spent: $74,000 FY16 6-month metrics met: 75% FY16 annual metrics met: 67%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Patients served	55	110
Services provided	200	400
Patients who receive necessary vaccinations to complete the three-part Hepatitis B series (the entire series requires three shots over six months, so we will not have a completion rate available at six months)	N/A*	95%
Patients who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications, after screening positive for depression	95%	95%
Patients who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management (requires assessments at six month follow-up visits; visits will not occur in time to provide a six month metric given the varied appointment dates throughout the grant period)	N/A**	60%
Patients who use alcohol or drugs and decrease their frequency by 1 level out of 5 (requires assessments at six month follow-up visits; visits will not occur in time to provide a six month metric given the varied appointment dates throughout the grant period)	N/A**	55%

** All patients will be screened for completion of the full Hepatitis series. However, since the entire series requires three shots over six months, agency will not have a completion rate available at six months.*

*** These two impact metrics require assessments at six month follow-up visits. These visits will not occur in time to provide an interim metric given the varied appointment dates throughout the grant period.*

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Magical Bridge Foundation NEW

Program Title	Magical Bridge Playgrounds in Mountain View and Sunnyvale
Grant Goal	In partnership with the cities of Mountain View and Sunnyvale, the Magical Bridge Foundation is requesting a total of $150,000 to support the creation of Magical Bridge Playgrounds at Rengstorff Park in Mountain View and Fair Oaks Park in Sunnyvale. In a society and economy that leaves far too many people on the sideline, the Magical Bridge Foundation stands for a new vision of inclusion that truly benefits everyone. Through innovative, creative, and compassionate design, a Magical Bridge Playground creates great play experiences that are simply better than conventional playgrounds (even for the "able bodied"). The fact that those with and without special needs can spin, swing, laugh and play alongside each other as peers creates meaningful connections and lasting changes in how children see themselves and "others" in society. Building upon ten years of inclusive design research and the success of the original Playground in Palo Alto, the Magical Bridge Foundation will provide the design, community engagement, and fundraising for the Sunnyvale and Mountain View projects. The respective cities will own the playgrounds and be responsible for the construction and maintenance.
Community Need	The CDC estimates that 20% of the US population has a disability. This means roughly 1 in 3 families have one or more family members special needs whether visible or invisible. Conventional playgrounds, whether ADA compliant or not, have simply failed to address the needs of these families. Lack of a safe and fun place to play can decrease physical activity while increasing the risk of obesity and social isolation. Research on human physiology identifies several modalities of play and sensory experiences as critical to promoting the development and maintenance of physical and cognitive functions. These include swinging, swaying, spinning, sliding, climbing, touch, music, jumping, and imaginative play. Working with inclusion experts from Stanford University, The Lighthouse Foundation, The Autism Society, and other leading support groups, the Magical Bridge team designed each zone to establish predictability of the play types in the zone and create opportunities for fun cooperative play experiences from each of the many different perspectives. The layouts and equipment for each section have been carefully chosen to create a variety of experiences for different abilities to enjoy the true magic of play. Throughout the Playground, quiet spaces and Hideaway Huts allow individuals to observe the play, engage, and disengage as they see fit. While enjoyed by everyone, these features are especially important for those with Autism Spectrum Disorder or sensory sensitivities. Additional design considerations of Magical Bridge Playground • There is no sand, tan bark, or other loose material parts that could pose a danger to medically fragile individuals or those with open tubes, etc. • All ground floor and second level play elements, including slide mound and treehouse, are reachable via ADA compliant ramps. • All elements outside the Tot Zone are sized to accommodate adults so that disabled adults, seniors, parents or guardians, including those in wheelchairs or with other limitations, can play alongside their children and others.

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Agency Description & Address	654 Gilman Street, Palo Alto The Magical Bridge Foundation partners with cities to create truly inclusive playgrounds that give everyone a safe and fun place to play regardless of ability, disability, size or age.
Program Delivery Site(s)	Mountain View and Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	A Project Completion Milestone is a key step on path to completing playground and includes: Concept Design, Final Design, Fundraising complete, Groundbreaking, and Opening Ceremony. Once completed the playground will serve all individuals and families, regardless of income, ability, age, or size, with a special emphasis on families with special needs including: • Autism Spectrum Disorder and sensory sensitivities • Mobility and physical impairments • Cognitive and Developmental disabilities • Visual and hearing impairments • Seniors and adults with disabilities Full requested funding would be held in a restricted account to be used for the construction of each park.
FY19 Funding	FY19 funding requested: $150,000 FY19 funding recommended: $150,000

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

Rationale for Recommended Funding	This would be a one-time grant that will serve the local communities for decades. The budget for the two park project is over $8M. Both cities and the Santa Clara County AIPG (All Inclusive Playground Grant) have committed funds. Other funding will come from individual donors, foundations and corporations. The Magical Bridge playground in Palo Alto has an estimate 20,000 visitors per month.

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individual donors	400	1,000
	Project completion progress	40%	80%

MayView Community Health Center, Inc.

Program Title	Uninsured Patient Primary Health Care & Lab Services
Grant Goal	MayView is requesting $1,184,644 to support costs for delivering medical and laboratory services related to providing affordable, culturally competent, general medical care, prenatal care, pediatric care, chronic disease case management, cancer screening, family planning, and other preventive services to uninsured residents of the target service area. The services under this proposal will benefit low-income, uninsured residents of Cupertino, Los Altos, Los Altos Hills, Mountain View, and Sunnyvale. Uninsured patients are able to access affordable care based on MayView's Sliding Fee Scale policy. The fees do not cover the actual costs incurred by MayView for delivering high quality care. Grant funds will support the differential between fees collected and actual cost of care delivered. Licensed primary care physicians, nurse practitioners, and physician assistants will provide the health care services, which will address the primary health needs of 1,695 unduplicated, uninsured patients with 3,388 qualified visits and 4,114 lab services. In particular, MayView's services greatly facilitate patients receiving necessary care with minimal inconvenience. For instance, its onsite laboratory services enable a patient to have an essential blood draw as well as meet with her/his primary care physician in one office visit. This project will decrease the number of persons with unmet health needs, particularly related to management of chronic disease including hypertension, diabetes, cardiovascular disease, and obesity. Through the provision of primary care services, MayView will significantly reduce the suffering of patients, minimize the risk for disabilities and chronic conditions, and support their ability to gain or maintain their livelihood and productivity. The provision of basic and essential health care services will directly support the health of low-income and uninsured individuals in the El Camino Healthcare District.
Community Need	Poor access to health care compromises the physical and financial health of families. For the primary target population served by MayView, major barriers include lack of health coverage, under-insurance, socioeconomic status, lack of proficiency in English, lack of documentation or immigration status, disability and homelessness. These factors exert powerful influences on health and health outcomes, as described in the ECHD 2016 Community Health Needs Assessment. Within MayView's target service area there are approximately 16,067 individuals living below the federal poverty level representing about 15.5% of the area's population. The neighborhood profiles prepared by Santa Clara County show that the communities served by MayView have a higher proportion of low-income children. In the Sunnyvale neighborhood of West Murphy served by MayView's Sunnyvale clinic 41% of children ages 0-17 live in poverty (income below 185% FPL). In the Central Neighborhoods of Mountain View 35% of children live in poverty. These rates are higher than the rate for the County overall at 25% (https://www.sccgov.org/sites/phd/hi/hd/Pages/city-profiles.aspx). Approximately 8.6% of the population residing in MayView's target service area is uninsured (American Community Survey, 2012-2016; https://factfinder.census.gov). The need for access to affordable health care services in the ECHD service area is growing. MayView is experiencing growing demand for affordable health care services as evidenced by the growth in total patients served. Between 2015 and 2016 the number of patients served increased by 19.8% to a total of 6,629 served in 2016. More than one-quarter (26.4%) of patients served were uninsured (Uniform Data System, 2015 and 2016; https://bphc.hrsa.gov/uds).Within MayView's service area, which includes Cupertino, Los Altos, Los Altos Hills, Mountain View, and Sunnyvale, there are approximately 5,000 uninsured individuals not currently being served by health centers, representing additional need in the

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	community (UDS Mapper data, 2016; udsmapper.org).
Agency Description & Address	270 Grant Avenue, Palo Alto Founded in 1972, MayView's three clinic sites care for patients in need in our communities. MayView's mission is to provide high quality primary health care to low-income individuals and families from all cultural and ethnic backgrounds, regardless of their ability to pay. MayView offers affordable access to health care services to vulnerable communities in northern Santa Clara County. Basic medical care is out of reach for many low-income patients who are uninsured or isolated by language, education or immigration status. MayView provides primary medical care, behavioral health, and dental care for patients from diverse cultural and linguistic backgrounds. MayView's wide range of primary medical care includes preventive care, prenatal care, chronic disease care management, women's health integrated behavioral health, and pediatrics. In 2016, MayView served 6,629 patients through more than 25,000 patient services.
Program Delivery Site(s)	MayView Clinic sites
Services Funded By Grant/How Funds Will Be Spent	Services include: • Provision of primary health care services to 1,695 uninsured patients residing in the ECHD service area • At least 3,388 qualified visits (medical and Integrated Behavioral Health) to uninsured patients • At least 4,114 lab services to uninsured patients. (Lab Services happen more often than qualified visits to monitor chronic disease). Full requested funding would support 1FTE Physician, 2FTE Nurse Practitioners, 3FTE Medical Assistants, 2FTE Medical Scribes, 1FTE Lab Tech, 1.5FTE front desk support and Lab fees.
FY19 Funding	FY19 funding requested: $1,184,644 FY19 funding recommended: $1,007,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $799,871 FY18 Approved: $775,000/$82,500 FY18 6-month metrics met: 86%	FY17 Approved: $700,000 FY17 Spent: $700,000 FY17 6-month metrics met: 86% FY17 annual metrics met: 100%	FY16 Approved: $437,320 FY16 Spent: $437,320 FY16 6-month metrics met: 75% FY16 annual metrics met: 75%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Patients served	845	1,695
Encounters	1,694	3,388
Lab services	2,057	4,114
Diabetic patients with LDL <130 mg/dl	65%	67%
Diabetic patients with HbA1c levels <9%	72%	75%
Hypertension patients whose blood pressure is under control (<140/90)	78%	78%
Patients Age 51-75 with appropriate colorectal cancer screening	37%	38%

Medical Respite - Healthcare Foundation of Northern & Central California

Program Title	Medical Respite Program
Grant Goal	The Medical Respite Program (MRP) is designed as a community resource that provides a clean, safe place for homeless patients to live when they are discharged from the hospital. The MRP supports homeless patients as they recuperate and receive on-going medical and psychosocial services. The objective of the program is to link the homeless patient to a primary care home, to help them access entitled benefits, and to provide psycho-social support and services. The program is located at the Boccardo Reception Center (a local shelter) in San Jose. The staff includes a medical director, 2 RNs, 2 social workers, a psychologist, a post-doc psychologist, and a community health worker. The program also provides access to an adjacent clinic, psychiatric care, and drug and alcohol services.
Community Need	According to the Santa Clara County 2014 Health Assessment "a total of 7,631 homeless individuals were counted during the Santa Clara County Homeless Census and Survey. Of these, two-thirds (5,674, 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas). The Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year. Additional findings include: • Of homeless individuals who needed medical care in the past year, 4 in 10 (39%) reported they were unable to access needed care. • Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions (including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions). • Sixty-eight percent reported currently experiencing mental health conditions. When homeless individuals are hospitalized and discharged to the streets they are usually unable to consistently follow physician's orders, take their medications, do wound care, etc. This often results in re-admissions to the hospital and/or frequent emergency room visits. The Medical Respite Program provides a clean, safe place for recuperation where support is provided to follow through on physician orders and treatments. Additional psycho-social support is provided to begin stabilizing the lives of the homeless.
Agency Description & Address	1215 K Street, Suite 800, Sacramento The Healthcare Foundation of Northern and Central California's purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve. The Foundation was formed in 2006 and funds a number of projects for the hospitals it serves.
Program Delivery Site(s)	Boccardo Reception Center (a local shelter) in San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • A semi-private room and 3 meals are provided for each patient while they are in Medical Respite • A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs • Patients are thoroughly assessed for medical and psychosocial needs

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	• Referrals and coordination with specialty care is provided as needed
	• Supervision and education regarding medications is provided by the RN manager
	• Mental health services are provided at the on-site clinic
	• Counseling and group sessions are held on site by the County Drug & Alcohol Services
	• Support groups are led by the staff psychologist for patients during and after their MRP
	• Respite stay to help patients establish their goals and to make progress toward them
	  o Social workers and case managers assist the patient in obtaining identification, birth certificates, and documents needed to apply for benefits
	  o Social work and case management assist the patient in applying for entitled benefits, such as MediCal, food stamps, and SSI (income)
	  o Assistance with job searches and training is provided for those who are able to work
	• Applications for housing and housing subsidies are made for eligible patients
	Full requested funds will support the partial salaries of staff medical director, case manager, medical social worker, psychologist, RN, medical assistant and supplies.

FY19 Funding	FY19 funding requested: $80,000 FY19 funding recommended: $80,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $80,000 FY18 Approved: $80,000 FY18 6-month metrics met: 100%	FY17 Approved: $55,000 FY17 Spent: $55,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $55,000 FY16 Spent: $55,000 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Dual Funding	FY19 funding requested: $ 13,500 FY19 funding recommended: $13,500

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $13,500 FY18 Approved: $13,500, FY18 6-month metrics met: 100%	FY17 Approved: $13,500 FY17 Spent: $13,500 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $13,500 FY16 Spent: $13,500 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served – full program	110	220
	Hospital days avoided – full program	420	840
	Additional individuals served with overflow beds	18	36
	Individuals linked to Primary Care home	92%	92%

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Mountain View Whisman School District

Program Title	Health Services Grant
Grant Goal	Mountain View Whisman School District is requesting funding to employ two full-time registered nurses and a full time LVN to provide health services to students from preschool through 8th grade. Students will receive direct healthcare services through treatment of minor illnesses and injuries occurring at school, management of chronic illness requiring direct nursing intervention, assessment of health histories, and state mandated health screenings. Students requiring medical follow-up with a provider will receive assistance in accessing appropriate healthcare services. This will help to ensure that they are healthy and learning at school throughout the school year.
Community Need	The school district is experiencing an increased percentage of absenteeism related to uncontrolled chronic illness and untreated acute illness. Statistics indicate a correlation between high absenteeism and school dropout. Increased access to healthcare within the community can address these concerns. In addition, staff and students alike are experiencing increased stress associated with rising demands to meet the extensive changes in education. The support for two nurses and a LVN allows the district to provide outreach to families who are under and uninsured and who need assistance navigating available resources within our community. By requesting health examination reports, which include vision and hearing screenings, child health and disability prevention and oral health, the health staff is able to identify students who do not access healthcare services and work with their families to align them with appropriate resources. Nurses dedicate a large amount of time to following up with families to ensure that care has been received. This grant also provides the opportunity to introduce students to self-care techniques that they are otherwise unexposed to. In order to address this, we have implemented GoNoodle into some of the classrooms.
Agency Description & Address	750-A San Pierre Way, Mountain View Mountain View Whisman School District (MVWSD) serves a diverse student population in preschool through eighth grade representing a wide range of ethnicities, languages, cultures, and economic status. Mountain View Whisman School District's mission is to demonstrate a relentless commitment to the success of every child on a daily basis. District priorities are academic excellence, strong community, and a broad worldview.
Program Delivery Site(s)	All schools in the Mountain View Whisman School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Vision and Hearing Screenings and follow-up • Oral Health exam and follow-up • Child Health and Disability Prevention Exam follow-up and referral • One-on-one health care for students with chronic health conditions such as Diabetes, Spina bifida, trach care • Immunization Review • GoNoodle (breathing, yoga, mindfulness) classroom engagement • Staff Training/Education, i.e. CPR, First Aid, Medication Administration, GoNoodle Full requested funding would support two full time school nurses and one LVN.

FY19 Healthy Body Proposal Summary

FY19 Funding	FY19 funding requested: $206,777	FY19 funding recommended: $206,777	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $190,488 FY18 Approved: $190,488 FY18 6-month metrics met: 100%	FY17 Approved: $220,322 FY17 Spent: $196,285 FY17 6-month metrics met: 100% FY17 annual metrics met: 80%	FY16 Approved: $227,238 FY16 Spent: $227,238 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	1,700	3,400
	Students who failed a hearing or vision screening who saw a provider	N/A	78%
	Students needing a Child Health and Disability exam who saw a provider	30%	55%
	Students needing a oral health exam who saw a provider	30%	70%
	Students who reported decreased anxiety levels post intervention	N/A	80%
	Staff Training/Education, i.e. CPR, First Aid, Medication Administration, GoNoodle	25%	40%

New Directions

Program Title	New Directions
Grant Goal	Stabilize the health status and improve the quality of life of vulnerable adults by providing intensive and personalized case management services to patients with complex medical and psychosocial needs. New Directions provides community-based case management services by MSW and LCSW level Social Work Case Managers to individuals in the El Camino Healthcare District with complex medical and psychosocial needs. Intensive case management has been shown to be an effective intervention for reducing Emergency Department visits, hospital admissions, length of stay and provides overall improvement to quality of life for patients served. Services are provided wherever a patient is located in the community at a frequency and duration appropriate for each individual. New Directions supports the most vulnerable individuals in our community, who have been unsuccessful linking to appropriate supports and services independently, to connect and engage with necessary health, mental health and basic needs services.
Community Need	Services provided by New Directions directly address the need for access to healthcare and healthcare delivery, behavioral health and economic security, prioritized needs in Santa Clara County as identified in the 2016 Health Needs Assessment. The intensive case management intervention utilized by New Directions has proven effectiveness in reducing emergency room visits, acute care days, and assisting vulnerable populations to obtain needed benefits and services, including connection to ongoing health and mental health services. As part of the statewide Frequent Users Initiative, New Directions demonstrated consistent improvement in patient outcomes and reductions in the use of high-cost services throughout the Initiative program's populations. Outcomes tracked since conclusion of the Frequent Users Initiative demonstrate the continued effectiveness of an intensive case management intervention for reduction of hospital utilization and linkage to healthcare and related supports and services. Patients served by New Directions exhibit a need for intensive assistance with linkage to and engagement with critical supports and services after an acute care stay. Case management is targeted toward overall stabilization and prevention of unnecessary subsequent visits to the Emergency Department and/or inpatient readmissions. Intensive case management is an intervention of choice for many programs serving individuals experiencing homelessness (National Healthcare for the Homeless Council) and individuals with serious mental health issues. **Sources:** https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf https://www.chcf.org/wp-content/uploads/2017/12/PDF-FUHSIEvaluationReport.pdf https://www.nhchc.org/wp-content/uploads/2016/05/in-focus-case-management-hrsa-approved-final-version.pdf
Agency Description & Address	1671 The Alameda, Suite 304 San Jose Since 2006, Peninsula Healthcare Connection (fiscal agent of New Directions) has been providing comprehensive health, mental health and case management services to homeless and low-income residents of Santa Clara County, free of charge, through our state licensed medical clinic located within the Opportunity Center in Palo Alto. The goal of PHC is to improve the health and well-being of our patients, and by doing so, improve the overall quality of life, livability, and safety for all local residents.

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Program Delivery Site(s)	Services are provided at agency site
Services Funded By Grant/How Funds Will Be Spent	Includes the following intensive case management services and access to: • Primary and specialty care • Permanent/appropriate housing for vulnerable adults living on the streets or in shelters • Mental health and substance abuse treatment • Financial assistance • Transportation Full requested amount fund salaries of 1.5 FTE social work case managers and part of other staff time as well as some administrative costs.
FY19 Funding	FY19 funding requested: $180,038 FY19 funding recommended: $180,038

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $140,000 FY18 Approved: $140,000 FY18 6-month metrics met: 100%	FY17 Approved: $140,000 FY17 Spent: $140,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $140,000 FY16 Spent: $140,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	26	36
Services/Encounters Provided	520	900
Enrolled patients will be referred to and seen by a primary medical care provider within three months of enrollment.	95%	100%
Enrolled patients in need of mental health or substance use treatment or services will be referred to and seen by a treatment provider.	50%	70%
Enrolled patients will complete services with New Directions within twelve months or less.	N/A	95%
Enrolled clients will be connected to and establish services with a minimum of one basic needs benefits program.	75%	75%

Pathways Home Health & Hospice

Program Title	Pathways Un/Underinsured Care Program
Grant Goal	This program provides high-quality home health and hospice services to un/under-insured individuals living in the El Camino Healthcare District. This grant will provide health care services (home health and/or hospice) to low-income individuals who are recovering from illness or surgery, managing a chronic disease, or coping with life-threatening conditions. The goal is to ensure that this vulnerable population receives the home health or hospice care prescribed by their doctors which allows them to remain in their homes as healthy as possible, to avoid re-hospitalization and emergency room visits, and to reconnect patients back to their primary care physicians for ongoing health management. Service are provided by physicians, licensed RN's, physical, speech and occupational therapists, social workers, bereavement counselors, and home health aides.
Community Need	Low-income individuals who are uninsured or underinsured are generally unable to pay for the home health services prescribed by their physician. According to El Camino Hospital's 2016 Community Health Needs Assessment, based on community input and secondary data: • Patients who are unable to afford the home health care prescribed by a physician often choose to end care before it is medically desirable. This not only jeopardizes patient health, it puts further strain on emergency health care services. • Despite increased availability under the ACA, 15% of the overall population and 32% Latino population are still without health insurance; • 11% of the overall population and 20% Latino population did not see a doctor when sick due to healthcare costs; • With the repeal of healthcare mandate signed into law in late 2017, there will be more individuals that will choose not carry health insurance thus exacerbating the need.
Agency Description & Address	585 North Mary Avenue, Sunnyvale Pathways Home Health and Hospice provides high-quality home health, hospice, private duty and geriatric care management with kindness and respect, promoting comfort, independence and dignity. Pathways has been a pioneer in home health, hospice and palliative care since 1977. With offices in Sunnyvale, South San Francisco and Oakland, Pathways serves more than 5,000 families annually in five Bay Area counties. The community-based organization cares for patients wherever they live – at home, in nursing homes, hospitals and assisted living communities.
Program Delivery Site(s)	Patient homes within the El Camino Healthcare District.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Provide subsidized home health, palliative and restorative care • Provide nursing visits and 24-hour, on-call nursing service • Provide physical, occupational, and speech therapies, medical social workers and home health aides for personal care • Medication management with Pharmacist oversight and consultation • Uncompensated room and board for MediCal recipients on hospice • Spiritual and bereavement counselors Full requested amount funds partial salaries for a nurse, physical therapist, social worker and other staff time as well as administrative costs.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

FY19 Funding	FY19 funding requested: $70,000	FY19 funding recommended: $55,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $50,000 FY18 Approved: $50,000 FY18 6-month metrics met: 100%	FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 50%	FY16 Approved: $45,000 FY16 Spent: $45,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	20	41
	Number of services units provided	160	328
	Home Health 30-day rehospitalization rate	12%	12%
	Percentage of hospice patients who got as much help with pain as needed	78%	78%
	Percentage of hospice family caregivers likely to recommend this hospice to other friends or family	81%	81%

FY19 Healthy Body Proposal Summary

Planned Parenthood Mar Monte

Program Title	Increasing Access to Essential Healthcare at the PPMM Mountain View Health Center
Grant Goal	Provide essential, needed healthcare, largely to underserved, high poverty populations in the El Camino Healthcare District at the Mountain View Health Center. Services will include pediatric and adult preventative care, treatment for episodic illness and referrals to specialty care as needed. This program will also provide reproductive healthcare and cancer screening.
Community Need	As described in the El Camino Hospital 2016 Community Health Needs Assessment, healthcare access and delivery are high priority needs for Santa Clara County. Latinos, in particular, are less likely to be insured (68% versus 85% of residents countywide,) less likely to see a primary care physician, and more likely to go without healthcare due to cost (20% versus 11% for residents countywide.) The shortage of general and specialty practitioners, especially in community clinics, results in long wait times for appointments. The community lacks health system literacy and is in need of patient navigators and advocates (especially immigrants.) Certain populations, including those experiencing homelessness, linguistically isolated groups, and LGBTQ and black communities, were also identified as lacking access, in part due to the need for culturally competent providers. The 2014 Santa Clara County Community Health Needs Assessment similarly found a need for increased healthcare access and delivery. They found those most likely to report being unable to receive healthcare include: • Those without insurance (36%) • Latinos/Hispanics (20%) • Lower income groups (29% of those with incomes less than $25,000, 21% of those with incomes between $25,000 and $50,000) • Unemployed residents (16%) • Less educated residents (39% of those with less than high school education) • Foreign born residents (15%) In addition, the report identifies an opportunity to increase the role of community health professionals and promotores to focus on prevention. The recently issued Joint Venture 2018 Silicon Valley Index cites the increasing cost of living and the pressure this puts on those in lower income brackets, with health metrics focused on those who are overweight or obese (54% of Silicon Valley adults) and poverty levels among pregnant women, among other factors. **Sources:** https://www.sccgov.org/sites/phd/collab/chip/Documents/chachip/SCC_Community_Health_Assessment-2014.pdf https://jointventure.org/images/stories/pdf/index2018.pdf
Agency Description & Address	Local headquarters: 1605 The Alameda, San Jose Planned Parenthood Mar Monte (PPMM) provides reproductive, primary, and behavioral health care, delivers sexual education and outreach, and conducts local advocacy to increase access to services in 42 counties in mid-California and northern Nevada. PPMM serves a highly diverse and largely lower income and underserved population.
Program Delivery Site(s)	PPMM Mountain View Health Center, 225 San Antonio Road, Mountain View

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Services Funded By Grant/How Funds Will Be Spent	This grant will support a broad range of pediatric and adult preventative primary care services including: • Well child checks and well woman exams • Episodic illness care for pediatrics and adults • Appropriate education and counseling • Annual preventative visits • Preventative screenings, as appropriate, for diabetes, colon cancer, high cholesterol, hypertension, cervical and breast cancer and other medical issues • Immunizations, including vaccines for children • Management of complex chronic medical conditions, such as hypertension, diabetes, chronic obstructive pulmonary disease, depression, and anxiety • Assessments of social determinants of health • Behavioral health assessments and referrals Full requested amount funds will support the partial salaries of a center manager, check-out specialist, clinician, physician, health service specialist along with supplies and administrative expenses.
FY19 Funding	FY19 funding requested: $125,000.00 FY19 funding recommended: $125,000.00

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $100,000 FY18 Approved: $100,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	137	274
Total visits	257	514
Primary Care visits	51	102
Reproductive Care visits	206	412
Primary care patients referred to specialists who receive care within 90 days	50%	50%
Third Next Available appointment (TNA) within 5 days	70%	70%
Hemoglobin A1c of less than 8 for diabetes patients	412%	60%
Colon cancer screening completed as appropriate for target age group	50%	50%

FY19 Healthy Body Proposal Summary

Playworks, Education Energized

Program Title	Playworks - Sunnyvale and Mountain View
Grant Goal	Playworks respectfully requests $242,500 from El Camino Healthcare District. With this support, Playworks will facilitate and inspire safe, healthy play by delivering Playworks Coach program to 5 low-income elementary schools in Sunnyvale School District and Playworks TeamUp program to 6 elementary schools in Mountain View Whisman and Sunnyvale School Districts. Along with providing services to the Coach schools every school day and to the TeamUp schools at least one out of every four weeks, we propose to provide professional development available to all adults on campus. These services will be delivered by a well-trained cadre of Program staff and will benefit more than 5,700 students K-6 in schools with an average FRL of >60%. Playworks is scaling safe, healthy play through a menu of services that support schools for the long term. A combination of direct service (Coach), professional development, and digital tools will grow children's social and emotional skills throughout the Mountain View and Sunnyvale Districts. All Playworks services are designed to help schools and school districts build a sustainable program for long-term change. Key to that change is providing expert training to school personnel so they can model and teach the social/emotional skills students need.
Community Need	Elementary students with strong social competencies are 54 percent more likely to earn a high school diploma, twice as likely to attain a college degree, and 46 percent more likely to have a full-time job by age 25, a longitudinal study published in the American Journal of Public Health (2015) reports.(http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630) Social and emotional skills include demonstrating empathy and a sense of fairness, cooperating, and treating others with respect. These competencies are significant to Whole Child development/21st Century Skills/character and are essential for helping children succeed. Unfortunately, numerous Silicon Valley schoolchildren are not gaining these skills. In Santa Clara County, only one quarter (27%) of children ages 5 to 11 in Santa Clara County were physically active at least 60 minutes per day on 7 days in the past week. The percentage is slightly lower for females than males (26% vs. 29%). The percentage for Asian/Pacific Islanders (20%) and Latinos (27%) is lower than for Whites (40%) (https://www.sccgov.org/sites/phd/hi/hd/Pages/physical-activity.aspx) . Playworks aims to move towards a solution to this problem by introducing and nurturing the love of play and physical activity, in a safe, healthy, inclusive environment. Playworks randomized control study data reports that at Playworks' schools, children are getting significantly increased vigorous physical activity. We want to keep children healthy, while also building positive connections and leadership at school.
Agency Description & Address	2155 South Bascom Ave #201, Campbell Playworks is a national nonprofit. Our vision is that one day every child in the U.S. will have access to safe, healthy play at school every day. Our goal is to establish play and recess as a core strategy for improving children's health and social emotional skills. Playworks' theory of change embraces the notion that a high functioning recess climate and caring adults on campus lead to a positive recess climate, which therefore positively affects the entire school climate. We develop student leaders and create a caring environment on the playground, in the classroom and in the community.
Program Delivery Site(s)	Eleven schools in the Mountain View Whisman and Sunnyvale School Districts. • Ellis Elementary • Lakewood Elementary

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	• Vargas Elementary • San Miguel Elementary • Bishop Elementary • Cumberland Elementary • Cherry Chase Elementary • Fairwood Elementary • Mistral Elementary • Castro Elementary • Theuerkauf Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • Playworks full-time Coach Program will place a highly trained program coordinator on campus to implement a multi-component program that includes: before school recess and recess, class game time for social-emotional learning and learning rules to games, leadership program, and interscholastic developmental sports leagues. The coach will be on campus every day and will get to know every child by name. • Playworks TeamUp will place a highly trained Site Coordinator on campus one out of every four weeks, to deliver class game time, recess and to support a school recess team with consultation and training. During the off weeks, Playworks Program Manager will be available for consultation and support. School recess teams will have the opportunity to join Playworks coaches at Preservice, for our week of intensive training. • Offer training in Playworks techniques and strategies to yard duty, administrative staff and teachers in each of the schools served. • Continue to collect data on the efficacy of the TeamUp, as well as the Coach program • Offer Junior Coach Leadership programs, class game time, and recess leadership. Leagues are optional, and they are offered at all Sunnyvale and Mountain View schools. Full requested funding would support staff, equipment and training.
FY19 Funding	FY19 funding requested: $242,500 FY19 funding recommended: $242,500

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $289,000 FY18 Approved: $278,000 FY18 6-month metrics met: 100%	FY17 Approved: $317,000 FY17 Spent: $270,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $261,000 FY16 Spent: $261,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Dual Funding	FY19 funding requested: $102,000 FY19 funding recommended: $102,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $112,000 FY18 Approved: $112,000 FY18 6-month metrics met: 100%	FY17 Approved: $110,000 FY17 Spent: $110,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $105,000 FY16 Spent: $105,000 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

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FY19 Proposed Metrics	*Metrics*	*6-month Target*	*Annual Target*
	Students served	5,796	5,796
	Great Recess Framework Average Percentage Empowerment Score	65%	85%
	Great Recess Framework Average Percentage Engagement Score	75%	90%
	Teachers reporting that overall engagement increased use of positive language, attentiveness and participation in class	N/A	80%
	Teachers/administrators reporting that Playworks positively impacts school climate	N/A	95%

FY19 Healthy Body Proposal Summary

Santa Clara Valley Medical Center

Program Title	Homeless Healthcare and Dental Services in Sunnyvale and Mountain View
Grant Goal	VHHP is requesting $1,343,874 to increase access to healthcare services for residents of ECHD experiencing or at risk for homelessness. Funds will support two days per week, Mondays and Thursdays, VHHP medical mobile unit visits to Community Services Agency -Mountain View and Sunnyvale Cold Winter Shelter to receive medical and behavioral health services. VHHP's front-line mobile services linked to Santa Clara Valley Health and Hospital System of care, engages and serves homeless people who often do not seek services in conventional settings. This model emphasizes accessibility, affordability and relationship-building to counter the practical, cultural/linguistic and attitudinal barriers that impede access to healthcare. VHHP staff including medical provider, psychologist, psychiatrist, and nursing staff will collaborate with city agencies, local faith communities and other community agencies to actively assist homeless patients to access housing, food, and other basic needs services. In addition, funds will support dental services at Valley Health Center Sunnyvale Dental Clinic five days a week and three evenings, including urgent care dental and specialty dental care on Mondays, Wednesdays and Thursdays.
Community Need	Access to Care: The Healthcare Cost and Utilization Project (HCUP) statistical brief released in October 2017 by AHRQ states homeless people frequently use the emergency room as their primary or only source of health care and when they do seek medical care, 3/4 of homeless visits were to teaching hospitals. https://hcup-us.ahrq.gov/reports/statbriefs/sb229-Homeless-ED-Visits-2014.pdf VHHP's front-line mobile medical unit provide comprehensive services that reach homeless people "where they are" and without regard to ability to pay. This contributes to reducing barriers that impede access to care and provide services for conditions that primary care could prevent or manage. Patients are seen on a walk-in basis and by appointments which allows flexibility and accessibility to health care services. Health Conditions: According to 2017 survey, 70% of homeless respondents reported having one or more health conditions, including chronic physical illness, chronic substance abuse and severe mental illness. http://www.sanjoseca.gov/index.aspx?nid=1289 VHHP address these health conditions through an integrated model of care that incorporates primary care, mental health and substance abuse services. VHHP's approach builds trusting relationships which is necessary to promote utilization of healthcare services. Behavioral Health Disorders: In the 2017 Santa Clara County Homeless Survey, 48% reported substance abuse, 38% reported a mental health disorder. https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Pages/HomelessnessCensusandSurvey.aspx VHHP's multi-disciplinary team provides primary care and integrated behavioral health services including physical exams, chronic disease management, mental health interventions and mental health medication management and substance abuse services. Our care coordination connects homeless patients to comprehensive services including Valley Health Centers and Valley Specialty Centers. Oral Health: According to the Health Resources and Services Administration (HRSA), a national survey of homeless people found that dental care was the most commonly reported unmet health need (Baggett et, 2010) https://www.hrsa.gov/sites/default/files/publichealth/clinical/oralhealth/improvingaccess.pdf

	Valley Health Center Sunnyvale Dental Clinic is available to homeless patients five days a week including urgent care dental and specialty dental care three evenings a week to increase accessibility to oral health care for homeless patients.
Agency Description & Address	777 Turner Drive, Suite 220, San Jose Since 2003, the Santa Clara Valley Medical Center (SCVMC) Valley Homeless Healthcare Program (VHHP) has served as the "safety net for the safety net," providing comprehensive healthcare and enabling services for persons experiencing or at-risk for homelessness. Front-line mobile services at locations homeless people visit provide convenient access to integrated primary medical, behavioral health, and enabling services. Care coordination connects homeless patients to comprehensive services at Valley Health Centers, including services specifically designed to meet the needs of people experiencing and at risk for homelessness. VHHP engages hard-to reach homeless patients who lack access to healthcare which often leads them to rely on hospital emergency rooms as a source for routine medical care for conditions that are managed in a primary care setting. In 2017, SCVMC delivered healthcare services for 7,237 homeless people, including 243 homeless individuals whose place of residence is in Sunnyvale and Mountain View.
Program Delivery Site(s)	Community Services Agency - Mountain View
Services Funded By Grant/How Funds Will Be Spent	Services include: • Mobile homeless healthcare: The VHHP North County multi-disciplinary care team (Physician, RN, LVN, Psychiatrist, Psychologist, Social Worker, and Outreach Driver) will provide primary care, integrated behavioral health services, and enabling services weekly to local agencies serving homeless. • Services for homeless adults and children will include physical exams, immunizations, cancer screenings, treatment for illnesses and minor injuries, chronic disease diagnosis and management, mental health interventions, and mental health medication management. Patients will be scheduled for appointments and seen on a walk-in basis. • A Registered Nurse/Care Coordinator will assist patients with complex or serious conditions to access all needed primary, specialty and behavioral healthcare services and facilitate communication among physicians providing care for patients. • A Social Worker will actively assist patients to connect to housing, food, substance abuse recovery, and other community services. • Dental Services – Expanded dental clinic hours: addition of Dentists, Registered Dental Assistants, a Senior Health Services Representative, and a Medical Translator will allow the VHC Sunnyvale dental clinic to meet the needs of low income, underserved patients living in the ECHD area, including homeless people with serious, painful oral health conditions that require services the clinic does not now provide, i.e. endodontics and oral surgery. Additionally, the dental clinic will schedule three weekly evening clinics to increase access to oral healthcare for patients, including homeless patients. Full requested funding would support a .5FTE RN, Provider, Psychologist, Psychiatrist, Licensed Vocational Nurse, RN Coordinator, Social Worker and Mobile Outreach Driver. Dental funding would support 1.5 FTE Dentists, 3 FTE Registered Dental Assistants, .5 Medical Translator, and 1.5 Senior Health Services Representatives. The coordinator, all supplies and medications will be provided in-kind.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

FY19 Funding	FY19 funding requested: $1,343,874.00 FY19 funding recommended: $1,075,000		
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $1,295,311 FY18 Approved: $1,000,000 FY18 6-month metrics met: 100%	FY17 Approved: $968,000 FY17 Spent: $968,000 FY17 6-month metrics met: 83% FY17 annual metrics met: 100%	FY16 Approved: $1,039,000 FY16 Spent: $850,031 FY16 6-month metrics met: 56% FY16 annual metrics met:83%

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Patients served with primary care and behavioral health	100	200
	Primary care and Behavioral Health encounters	300	800
	Dental patients	530	1,240
	Dental Encounters	1,410	3,480
	Behavioral health patients who adhere to treatment plans after receiving neuropsychological testing and motivational interviews.	50%	85%
	Patients whose blood pressure is less than 140/90	56%	66%
	Patients screened for housing and placement using the Vulnerability Index-Service Prioritization Decision Assistance Tool	55%	65%
	Dental patients who have at least one dental health maintenance procedure completed within three months of examination	70%	70%
	Emergency or urgent dental patients who return for maintenance exam within 6 months.	40%	40%
	Dental or emergency dental patients that requires oral surgery treatment and has the treatment completed in a specialty dental clinic.	25%	40%

FY19 Healthy Body Proposal Summary

Sunnyvale School District

Program Title	Healthcare Grant
Grant Goal	Sunnyvale School District is requesting $291,325 to continue funding two full time school nurses and one full time equivalent health assistant position to allow us to provide comprehensive school health services. All services will be provided year-round and as needed, such as case management, assessments, implementation of care plans and staff training. Daily services include direct medical services, such as management of students with diabetes and asthma.
Community Need	• Implement health care plans and manage students with special health care needs or chronic illnesses, such as diabetes, asthma, severe allergies, ADHD/ ADD and seizures. In the ECH 2016 Community Health Needs Assessment (CHNA), learning disabilities, including ADHD and ADD, and obesity and diabetes were identified as health needs. According to the CHNA, "children with ADHD are at increased risk for antisocial disorders, drug abuse and other risky behaviors". The report also indicates that Santa Clara County's Latino and Black youth are more likely to be overweight and therefore failing the Healthy 2020 targets for this population (1)Five of Sunnyvale School Districts Schools are located within Sunnyvale neighborhoods where the teen obesity rate is 22%-26%, which is more than twice the rate in Santa Clara County (10%). (2) Provide assessment or screening and referral for health conditions, such as vision, hearing and dental problems. • Connect students and families to a medical home and other community resources when necessary to make sure their health needs are met. We can provide access to the following resources for families who do not have insurance: Healthier Kids Foundation, Santa Clara County Dental Society, VSP Sight for Students Program and the Sunnyvale Lions Club. • Assist our families navigate the health care system and advocate for them, helping them access healthcare, another community health need identified by the ECH 2016 CHNA. According to the report, "Latinos are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost." (1)El Camino Hospital 2016 Community Health Needs Assessment: https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf (2) Santa Clara County Public Health Department, Sunnyvale Neighborhood Profiles: https://www.sccgov.org/sites/phd/hi/hd/Pages/sunnyvale.aspx
Agency Description & Address	819 W. Iowa Ave, Sunnyvale, CA The Sunnyvale School District's mission is to prepare each and every one of our students with a strong foundation of skills and knowledge to succeed in their educational pursuits. The goals are to deepen students learning across all content areas in engaging 21st century classrooms; ensure school and classroom environments; promote social-emotional wellbeing; emphasize standards-aligned literacy instruction for all students and specifically for English Learners to further develop student skills in reading, writing, spelling and listening; increase and deepen parent education and community engagement; promote collaboration, transparency and communication with students, parents, staff and the broader community; extended learning opportunities to continue to meet the need of all students; manage district finances and resources effectively to support and sustain our mission.
Program Delivery Site(s)	All Sunnyvale School District schools
Services Funded By Grant/How Funds	Services include: • Collaborate with health care providers and parents to create and implement individualized

Will Be Spent	health care plans for students with chronic medical conditions, such as severe allergies, asthma, diabetes and seizures. • Inform school staff of students' medical conditions and provide appropriate training based on individualized needs of students, such as epipen administration training, diabetes, asthma and seizure management. • Provide vision screening for all students in Transitional Kindergarten/Kindergarten, second grade, fifth grade and eighth grade. • Provide individual vision and hearing screenings and / or health assessments for students in special education and contribute nursing assessment information to the assessment team. • Follow up on all students who failed vision or hearing screenings with letters, emails and phone calls to determine whether student was seen by their provider and what the outcome was. • Refer students who are uninsured or underinsured to the VSP Sight for Student program or the local Lions Club in order to receive free eye exams and free glasses. • Provide case management for students with attendance issues where the barrier for attending school is health related. • Participate in IEP (individual educational program) meetings, RTI (Response to Intervention) meetings, 504 Plan (Accommodation Plan) meetings and SARB (Student Attendance Review Board) meetings as needed to provide medical expertise to the team. • Collaborate with the CNC (Columbia Neighborhood Center) to offer an after school Fitness class in the CNC Fitness room to students from Columbia Middle School twice a week for 1 hour. The classes are on a drop in first-come first serve basis and led by a professional trainer. Full requested funding would support two full time Nurses, one Health Clerk and After school Fitness program.
FY19 Funding	FY19 funding requested: $291,325 FY19 funding recommended: $287,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $293,465 FY18 Approved: $275,000 FY18 6-month metrics met: 75%	FY17 Approved: $275,000 FY17 Spent: $275,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $265,000 FY16 Spent: $265,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	2,205	4,410
	Students who failed vision or hearing screenings and saw their health care provider	51%	76%
	Students chronically absent due to illness (>10% of school days) who improved attendance	66%	67%
	Kindergarten students who received a well child exam as measured by the receipt of a complete CHDP (Child Health and Disability Prevention Program) "Health Exam for School Entry" Form.	36%	71%
	Staff who received CPR/AED training during Staff development days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED.	80%	90%

The Health Trust

Program Title	Meals On Wheels
Grant Goal	Among the 1900 seniors known to be low-income and homebound and residing in the cities of Mountain View and Sunnyvale, most struggle to meet their basic daily needs of food, social support and health care. The Health Trust Meals On Wheels program ensures a daily visit to these seniors in their homes. We request $100,000 for one year to provide regular nutrition and social assessments, daily delivery of a fresh meal, and routine wellness checks to 75 elderly, low-income residents of these two cities. Experienced program staff work as a team with trained drivers, a social worker, registered dietitian, and volunteers to ensure that every senior is visited in his home five days per week, assessed for risk of nutritional deficiency and social isolation, and provided with support if risk is detected.
Community Need	Nearly half of Santa Clara County's low-income, aged residents have ambulatory difficulty, vision loss or another disability that makes it difficult to obtain food and stay healthy. Using data from the US Census and American Community Survey, The Health Trust published estimates of the number of seniors in need of home-delivered food in a 2016 report entitled Food for Everyone. Based on the number of individuals who are 65 years or older, reported they had ambulatory difficulty, are low-income, live alone, and are NOT receiving Meals On Wheels, we estimate that in the City of Mountain View 550 seniors are in need, and in the City of Sunnyvale, 1050. Poor access to food and resulting inadequate nutrition can have tremendous health consequences for older people. This is particularly true for people of color who unequally experience a lack of basic needs compared to whites. Results from Alley et al. (2009) suggest that increased food insecurity can influence heart disease, cancer, stroke, pulmonary disease and diabetes. A recent study by RTI International (2014) identifies poor nutrition as a source of chronic illness which can contribute to emotional distress, particularly depression. Ambulatory difficulty among seniors can also result in social isolation. Multiple research studies show a direct link between social isolation and increased rates of disease and death among the elderly. Lonely adults are more likely to experience a decline in mobility, developing difficulties in performing daily tasks, such as bathing, dressing and eating. Loneliness is also associated with an increased risk of death (Perissinotto et al, 2012). The Robert Wood Johnson Foundation's publication, County Health Rankings, cites that the risks associated with social isolation are similar to the health risks associated with smoking. (House, 2001). To measure social isolation locally, The Health Trust conducts surveys semi-annually among Meals On Wheels clients. Over 700 responses have been logged in the past three years: 70% of clients live alone, and over 50% have no family or friends nearby. Social isolation places these seniors at risk for loneliness, depression and increased health ailments. The Health Trust Meals On Wheels program addresses these needs by delivering fresh, healthy meals to each client's home five days a week, and providing a friendly visit and wellness check at the time of delivery. Employees and volunteers have been trained to deliver the warm, fresh meals safely and timely, and to conduct wellness checks with every client. During the check, they note changes in clients' cognitive awareness, potential safety hazards in the home, and whether meals are being eaten. The meal deliveries ensure that a minimum nutritional level will be maintained for these residents, and also lessens the economic burden of buying food. Of the 55,000 wellness checks conducted each year, about 3000 require a follow-up contact. The following types of contacts are made: home visit by a social worker, a call to a relative or caregiver, contact with a government

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	agency, or other referral.
Agency Description & Address	3180 Newberry Drive Suite 200, San Jose The Health Trust is a charitable 501(c)(3) nonprofit operating foundation serving Santa Clara and northern San Benito Counties. Our vision is a healthier Silicon Valley for everyone – and a place where every resident can achieve optimal health throughout their lifetime, irrespective of their background, income, race, ethnicity, or age. Services offered by The Health Trust are aimed at improving the well-being of vulnerable populations.
Program Delivery Site(s)	Not Applicable
Services Funded By Grant/How Funds Will Be Spent	Services include: • Provide twenty minute daily visit that includes a brief social interaction, visual wellness check and one meal • Administer three initial assessments to measure nutritional risk, social isolation and episodes of hospitalization • Provide reassessments; if needed, a trained staff member makes referrals to outside health or social service professionals Full requested funding would support partial staffing for six positions and program supplies such as food.
FY19 Funding	FY19 funding requested: $100,000.00 FY19 funding recommended: $78,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $150,000 FY18 Approved: $100,000 FY18 6-month metrics met: 20%	New in FY18	New in FY18

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	65	75
Meals Delivered	5,200	11,200
Wellness Checks	3,380	7,200
Clients will show an increase in food security after 6 months in the program as captured in the Food Insecurity Screen.	25%	25%
Clients will show an increase in their overall score for social isolation, indicating the client is less socially isolated. LSNS-6 or similar evidenced based tool will be used. (We are currently researching other validated tools to use and would submit for approval prior to the start of the grant if LSNS-6 is not used.)	25%	25%
Decrease in the number of emergency room visits reported by clients and decrease in the number of hospitalizations reported by clients	25%	25%
Clients responding to Client Satisfaction Survey who indicate that the MOW program is very important or somewhat important to helping them remain independent in their homes	95%	95%

FY19 Healthy Body Proposal Summary

YMCA of Silicon Valley

Program Title	YMCA Summer Camp
Grant Goal	This program aims to promote physical activity and healthier food choices amongst youth. The Y is committed to fostering health and well-being practices in out-of-school time programs, using science-based standards for healthy eating, physical activity, screen time, and social supports for these behaviors including staff, family and youth engagement.
Community Need	The City of Mountain View struggles with one of the highest income disparities in the country. Youth from low-income families often experience stress that can lead to low self-esteem, low academic performance and higher risk behaviors. The Y is committed to closing the achievement gap in the Silicon Valley by providing enriching experiences for those families that are struggling just to find care during the summer months. Most children—particularly children at high risk of obesity— gain weight more rapidly when they are out of school during summer break (von Hippel et al. 2007). Parents consistently cite summer as the most difficult time to ensure that their children have productive things to do (Duffett et al. 2004).
Agency Description & Address	80 Saratoga Avenue, Santa Clara The YMCA's mission is to strengthen the community by improving the quality of life and inspiring individuals and families to develop their fullest potential in spirit, mind and body by focusing on three core areas: youth development, healthy living, and social responsibility.
Program Delivery Site(s)	The program will be delivered in Mountain View, CA
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing summer camps to low-income youth that focus on physical activity and fitness, healthy meals, healthy lifestyles, water safety, caring adult role models and leadership for youth Full requested funding would support staffing for camp leaders, camper admission fees and program supplies.
FY19 Funding	FY19 funding requested: $75,000 FY19 funding recommended: $75,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $77,131 FY18 Approved: $70,000 FY18 6-month metrics met: 100%	FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Youth Served	280	420
Camp hours attended by all youth	16,800	25,200
Families who agree or strongly agree that their child eats more fruits or vegetables after attending camp	52%	52%
Families who agree or strongly agree that their children were more physically active after attending camp	83%	83%

FY19 Healthy Mind Proposal Summary

Acknowledge Alliance

Program Title	Project Resilience and Social Emotional Learning (SEL) Program
Grant Goal	Social Emotional Learning (SEL) services for students, teachers and administrators at schools in the Sunnyvale and Mountain View school districts. This program promotes lifelong resilience and sound mental health in youth by strengthening the social and emotional skills of children/youth and the caring capacity of the adults who influence their lives.
Community Need	Students, especially those from marginalized communities, are facing adversities that hinder success, both in and out of school. Early intervention and preventative and can address student issues before they worsen and become severe and chronic. Those from homes that are not safe or lack support and love are more likely to be unprepared to learn effectively and are at-risk for negative life events, depression and academic failure. Teachers can become burned out from the stressors they face- especially around academic performance— and many lack the skills, training and resources to effectively support the social emotional needs of students. Reports abound of teacher shortages, and many of those already in the profession struggle. A survey by the American Federation of Teachers -) found that 78% are often physically and emotionally exhausted at the end of the day and 87% say the demands of their job are at least sometimes interfering with their family life. Numerous other surveys have found low morale among teachers. In addition, according to the Handbook of Social and Emotional Learning, today's schools are increasingly multicultural and multilingual with students from diverse social and economic backgrounds. Educators and community agencies serve students with different motivation for engaging in learning, behaving positively, and performing academically. Social and emotional learning (SEL) provides a foundation for safe and positive learning, and enhances students' ability to succeed in school, careers, and life." A recent study by the Robert Wood Johnson Foundation and the Pennsylvania State University found that “when teachers are highly stressed, children show lower levels of both social adjustment and academic performance.” High levels of stress negatively affect teacher wellness, causing burnout, lack of engagement, job dissatisfaction, poor performance and high turnover rates. These factors hinder teaching and learning, lower student-achievement and increase financial costs for schools. **Sources:** Survey by American Federation of Teachers: https://www.aft.org/periodical/psrp-reporter/fall-2015/stressed-out Handbook of Social and Emotional Learning, Edited by Joseph A. Durlak, Celene E. Domitrovich, Roger P. Weissberg, and Thomas P. Gullotta
Agency Description & Address	2483 Old Middlefield Way, Suite 201, Mountain View Acknowledge Alliance was founded in 1994 as The Cleo Eulau Center to help children rebound from adversity by nurturing their individual strengths and resilience. The mission is to promote lifelong resilience in children and youth and strengthen the caring capacity of the adults who influence their lives. Acknowledge Alliance serves K-12 public and private schools in San Mateo and Santa Clara Counties, impacting over 300 educators and nearly 4500 students annually. Their services consist of a three-tier Continuum of Support: Lifelong resilience, social emotional wellness and academic success for teachers, students and administrators.
Program Delivery Site(s)	Sunnyvale School District sites: • Bishop Elementary • Cherry Chase Elementary

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HEALTHY MIND

	• Fairwood Elementary • San Miguel Elementary • Columbia Middle School • Sunnyvale Middle School • Lakewood Elementary • Mountain View Whisman School District sites (TBD, likely Monta Loma Elementary)
Services Funded By Grant/How Funds Will Be Spent	Social and Emotional Learning (SEL) services include: • SEL lessons to 3-7th grade students in identified Sunnyvale and Mountain View Whisman School District schools • One-on-one student counseling • Parent workshops • Resilience Consultation and Coaching: • SEL training and professional development for teachers • Individual and Group Consultations/Coaching Sessions • Classroom observations • Resilience Groups for Teachers, Staff, and Administrators - Focused on building the resilience of educational staff, with content based on input from participants Full requested amount funds partial salaries of program director and consultants as well as administrative costs.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $50,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $60,000 FY18 Approved: $35,000 FY18 6-month metrics met: 0%	FY17 Approved: $35,000 FY17 Spent: $35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 75%	New in FY17

Rationale for Recommended Funding	Only two of four metrics could be evaluated at midyear; school administrative changes led to delay in program start. Agency expects to meet targets. Additional funds will allow the program to expand into Mountain View Whisman School District.

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	335	1,341
SEL Lessons for students	89	356
Teachers and school administrators served	65	169
Teachers will report an increase in positive educator/student relationships	N/A	80%
Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.	N/A	90%
Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"	N/A	50%

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Alzheimer's Disease and Related Disorders Association, Inc. (Alzheimer's Association)

Program Title	Asian Dementia Initiative
Grant Goal	This program will increase public awareness about Alzheimer's Disease and Related Dementias (ADRD) in Asian communities and link families with culturally and linguistically competent services.
Community Need	There are 5.5 million Americans now living with Alzheimer's disease (AD). The CDC has recently declared that mortality rate due to Alzheimer's in California has moved from 5th to 3rd place. Santa Clara County (SCC) is estimated to have 36,000 persons age 55+ with the disease and there are an estimated 6,000 Asians now living with the disease in the county. The California report estimates the number of Asians who develop Alzheimer's will triple between 2008 and 2030. This represents a heavy burden for those who develop Alzheimer's and for their caregivers, let alone the impacts on society. Caregivers must help those with Alzheimer's with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), experiencing increased stress and depression as the disease progresses which can lead to exacerbated health problems. Sources: https://www.alz.org/documents_custom/2017-facts-and-figures.pdf https://www.cdc.gov/nchs/pressroom/states/california/california.htm https://www.alz.org/CAdata/FullReport2009.pdf
Agency Description & Address	2290 North 1st Street, Suite 101, San Jose The Alzheimer's Association works on a global, national, and local level to enhance care and support for all those affected by Alzheimer's and related dementias.
Program Delivery Site(s)	Services will be provided in San Jose, CA and other community sites, including the District, to community members who live, work, or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Providing program staffing, including part-time Community Outreach Manager and Community Outreach Specialist • Improving awareness and understanding of Alzheimer's disease within Asian communities by providing linguistically and culturally appropriate outreach • Linking families and caregivers to services available through the Alzheimer's Association and other related resources Full requested funding would support partial staffing to provide services and conduct community outreach, and program supplies.
FY19 Funding	FY19 funding requested: $70,000 FY19 funding recommended: $70,000

Funding History and Metric Performance	FY18	FY17	FY16
	Asian Dementia Initiative: FY18 Requested: $70,000 FY18 Approved: $70,000 FY18 6-month metrics met: 100% Latino Family Connections: FY18 Requested: $70,000 FY18 Approved: $70,000 FY18 6-month metrics met: 100%	Asian Dementia Initiative: FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100% Latino Family Connections FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	Asian Dementia Initiative: FY16 Approved: $60,000 FY16 Spent: $60,000 FY16 6-month metrics met: 80% FY16 annual metrics met: 100% Latino Family Connections FY16 Approved: $60,000 FY16 Spent: $60,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

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FY19 Dual Funding	FY19 funding requested:	$70,000 (Latino Family Connections Program)	FY19 funding recommended:	$70,000 (Latino Family Connections Program)

	FY18	FY17	FY16
Dual Funding History	New in FY19	New in FY19	New in FY19

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Individuals served	570	900
	Encounters provided	810	1,575
	Participants in Educational Sessions and Forums/Conference who agree or strongly agree that they learned material to help them better care for their loved one with ADRD	98%	98%
	Care consultation, support group referral recipients who agree or strongly agree that they know about how family, friends and others can assist them with care and support	N/A	96%

FY19 Healthy Mind Proposal Summary

Avenidas

Program Title	Avenidas Rose Kleiner Adult Day Health Program
Grant Goal	To fund a full-time Social Worker's position to help provide integrated daily support services at Avenidas Rose Kleiner Center (AKRC), our adult day health program.
Community Need	In response to federal and state policy initiatives authorized by the Affordable Care Act and the Coordinated Care Initiative (CCI), Santa Clara County health and social service departments, health plans, health care institutions and providers are working together to integrate health care and supportive social services with an eye toward reducing rising health care costs. Meeting this goal must include recognition of the vital role that Long- Term Support Services, such as those provided by Avenidas Rose Kleiner Center, play in helping adults with multiple chronic conditions maintain daily functioning, manage complex needs and continue to live in the community and "age in place."
Agency Description & Address	4000 Middlefield Road, Building 1 – 2, Palo Alto Founded in 1969, Avenidas is a multi-service senior services agency whose mission is to preserve the dignity and independence of members to help participants meet transitions in life due to aging, illness and cognitive decline. Avenidas serves over 7,500 older adults and their family members each year in the mid-peninsula area with an extensive array of programs and services to keep older adults healthy, engaged, and active so they can live as independently as possible. Over 40 years ago, Avenidas started the Rose Kleiner Center (ARKC). It is a state licensed adult day health center designed to serve the dependent and medically high-risk segment of the elderly population, many with Alzheimer's Disease and dementia, while supporting their efforts, and those of their family, to remain in their own homes.
Program Delivery Site(s)	Program services will be delivered at the agency site.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Daily case Management including a) personal check-in with each participant, b) review of daily psychosocial progress in Care Plan, c) as needed, link/coordinate internal support services for participant with agency's Interdisciplinary Team including registered nurses, physical, occupational and speech therapists, d) as needed, link/coordinate external support services with community-based service providers and e) complete Care Plan notes and updates • Assessments and psychosocial evaluations conducted by the Interdisciplinary Team, which includes the Social Worker, every 2 months to ensure that Care Plans meet participants' ongoing needs • Family support including one hour monthly meetings to provide information, referrals, etc., allowing the family to maintain a supportive home environment for their frail senior and to obtain vital ongoing support and self-care. Full requested funding would support 90% of a full-time Social Worker position.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $50,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $50,000 FY18 Approved: $45,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

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	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Older adults served	75	95
	Services provided	955	1,910
	Older adults who maintain at least 3 essential Activities of Daily Living	90%	90%
	Family members/caregivers who agree or strongly agree that they experienced an increase in their knowledge of effective caring techniques	90%	90%

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CHAC (Community Health Awareness Council)

Program Title	School Intervention and Prevention Program
Grant Goal	This grant support for CHAC's comprehensive, school-based mental health service program in the Sunnyvale School District that includes individual, group, and family therapy and a Social-Emotional Learning program offered to all third, fifth and middle school students. The program promotes student well-being through intervention of social, emotional and mental health issues to enhance success in the classroom, improve behavior, raise achievement, increase attendance, reduce violence and substance abuse. The intervention program will also engage family members in the treatment goals to improve efficacy of treatment and school integration. The grant also covers assessment and treatment of symptoms for students in all grade levels or provide appropriate referral to qualified outside resources for those students where the family's or the child's needs are beyond the scope of practice for school-based counseling services. In addition to the Intervention/Prevention Program previously funded, CHAC is requesting an additional $108,000 to expand the number of days of intern presence on campus to 3 days a week for 5 interns as opposed to the current 2 days a week. This is to ensure continuity of care and engagement with school personnel and administration and enable proper assessment of needs for students and families.
Community Need	Child and adolescent mental health disorders are the most common illnesses that children will experience under the age of 18. Examples include anxiety, depression, sadness, lack of self-worth, alcohol and substance abuse or addiction, violence, and suicide. Untreated, any of these issues can impact overall health and well-being, create an enormous burden for them and their families, and may significantly affect their chances for success in life. According to the National Association for Mental Illness (NAMI): • 20% of youth ages 13-18 live with a mental health condition • 11% of youth have a mood disorder • 10% of youth have a behavior or conduct disorder • 8% of youth have an anxiety disorder Recent research indicates that serious depression is worsening in teens, especially in girls. The suicide rate among girls reached a 40 year high in 2015, according to a CDC report released in August 2017. Suicide is the second leading cause of death for children, adolescents, and young adults (CDC 2017). Most children and adolescents who attempt suicide have an underlying mental health disorder, usually depression. While depression is a serious illness, it can be successfully treated. Early diagnosis and treatment are essential. Social-emotional issues including bullying, self-harm behavior in teens, defiant behavior, acting out in class, alcohol and prescription drug abuse are also prevalent and impactful. Locally, CHAC staff report an increase in social-emotional issues in our students, including bullying, self-harm behavior in teens, defiant behavior and acting out in class, alcohol and prescription drug abuse. Many families may be unable to afford transportation to access low-cost mental health options which are available at some distance. In addition, cultural factors may inhibit parents from going outside their family for help. The availability of therapy within the school setting can be a critical and life-changing option for these students. A 2013-2015 California Healthy Kids Survey reinforces this: In school connectedness, academic motivation, perceived school safety, the overall prevalence of harassment and mental health - underscore the need for educators, prevention specialists, youth service providers, ad health agencies to

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	collaboratively focus more attention on better meeting the needs of our youth and helping them thrive in school, career, and life.
Agency Description & Address	590 W. El Camino Real, Mountain View CHAC (Community Health Awareness Council) is a nonprofit mental health services agency located in Mountain View. It offers counseling, therapy, support groups, classes, and psycho-educational programs to local children, adults, and families.
Program Delivery Site(s)	The following 10 schools in the Sunnyvale School District: • Elementary Schools: Bishop, Cherry Chase, Cumberland, Ellis, Fairwood, Lakewood, San Miguel and Vargas schools • Middle schools: Columbia Middle and Sunnyvale Middle
Services Funded By Grant/How Funds Will Be Spent	The following six services will be provided: • Individual therapy • Group therapy • Collateral therapy – meetings with parent/guardian focused on need of the student • Check-ins – one-on-one, typically following a hospitalization or student with anxiety • Crisis intervention • Case management • Social-Emotional Learning - curriculum delivered during lunch; weekly for 6 – 8 sessions. Full requested amount funds partial salaries of clinical supervisor, MFT Intern stipends, senior MFT associates and social-emotional learning program staff as well as administrative costs. Request includes funds to increase services for additional day per week at five high need schools, from 2 days/week to 3 days/week.
FY19 Funding	FY19 funding requested: $320,447 FY19 funding recommended: $280,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $200,000 FY18 Approved: $181,000 FY18 6-month metrics met: 50%	FY17 Approved: $181,000 FY17 Spent: $181,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 80%	FY16 Approved: $192,700 FY16 Spent: $192,700 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	265	835
	Service hours provided	2,600	8,250
	50% of students will show improvement by at least 3 points from pre-test to post test on the 40-point scale Strengths and Difficulties Questionnaire based on teacher report for ages 10 and under.	N/A	50%
	50% of students will show improvement by at least 3 points from pre-test to post test on the 40-point scale Strengths and Difficulties Questionnaire based on self-report for students aged 11-17.	N/A	50%
	Outcome Questionnaire for Youth Therapeutic Alliance (Y – OQ 2.01 TA): 50% of students will show improvement by at least a 10% decrease from pre-test to post test on Intrapersonal Distress, Somatic Symptoms, Interpersonal Relations, Critical Items, Social Problems, and Behavioral Dysfunction.	N/A	50%
	Tween Talk students who will show an improvement in social emotional behaviors.	20%	25%

FY19 Healthy Mind Proposal Summary

Hand in Hand Parenting NEW

Program Title	Expansion of Hand and Hand Parenting Program
Grant Goal	To provide well-trained instructors to teach parenting classes to parents, grandparents, and caretakers of children of all ages. The class participants will learn practical, effective tools that strengthen the parent-child relationship. Our tools empower parents to lift difficult behaviors from their child's life without rewards or punishment and give parents the satisfaction of truly helping their children. The result is parents who feel rewarded in their parenting, and children who feel closer to their parents. A happier family results in healthier people and communities. The program encourages listening partnerships between parents and parents can benefit from an improved personal support network long after our classes have ended.
Community Need	The Center for Disease Control and Prevention states that Adverse Childhood Experiences (ACEs) or traumatic events in childhood, large or small, have a significant impact on future violence, victimization, and perpetration, lifelong health, and opportunity. ACEs can be prevented, and even healed, with programs like Hand in Hand Parenting. Studies show there are links between ACEs and chronic illnesses, diagnosed mental health conditions, lower income and shortened lifespan. CDC studies show that we can address ACEs with five simple strategies: changing social norms; creating communities that provide supportive parenting; enhancing parenting skills to promote healthy child development; intervening to reverse harm, and intervening to prevent future risk. Hand in Hand's programs cover several of these strategies. They address parental stress with Listening Partnerships and Parent Support Groups, where parents learn to exchange listening time with one another, offload tension, and gain personal insight into their parenting. Listening Partnerships, one-on-one or in a group, give parents a healthy, confidential outlet for their frustrations and fears, thus lowering stress and improving their relationships with their children and other loved ones. Citations: www.cdc.gov/nccdphp/ace/ www.avahealth.org www.acestoohigh.com/resources/ https://www.cdc.gov/violenceprevention/acestudy/about.html https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html https://www.youtube.com/watch?v=8gm-lNpzU4g
Agency Description & Address	555 Waverley St #25, Palo Alto Hand in Hand Parenting supports parents with the insights, skills, and tools necessary to build the meaningful connections parents and children need to thrive. Providing this connection helps create healthier communities, children, and adults.
Program Delivery Site(s)	At Hand in Hand Parenting office: 555 Waverley St #25, Palo Alto
Services Funded By Grant/How Funds Will Be Spent	Services include: • Instructor-led small-group 6-week 120-minute Parenting Classes including take-home materials, Parent Support Group, and Q&A time for each parent • Instructor-led three-week toddler-focused Parenting Classes with take-home materials, Parent Support Group and Q&A time for each parent

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	• 90-minute Parent Education Talks with open Q&A for parents, grandparents, childcare and Early Childhood Education professionals. • Parent Podcasts in English and Spanish • Three Parent Education Blog Posts published weekly and the book, *Listen: Five Simple Tools to Meet Your Everyday Parenting Challenges*, available in multiple languages • One-on-one consulting matching parents with Certified Hand in Hand Instructors • Listening Partnerships - Training that provides parents a no-cost process for reducing stress, building confidence, engaging in community with other parents, and working through challenges Full requested amount funds partial salary of fives staff positions and some administrative costs.
FY19 Funding	FY19 funding requested: $100,000.00 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

Rationale for Recommended Funding	Service location is not in the District.

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	350	625
Individuals attending a Hand in Hand Parenting Activity	125	200
Individuals attending an in-person classes	75	125
Individual attending Parent Support Group	25	50
Parents who report an increase of satisfaction in their parenting relationship after attending a Hand in Hand parenting activity	75%	140%
Parents who report a decrease of at least 3 points after a listening partnership session	10%	20%
Parents who report a decrease of at least 6 points after a listening partnership session	50%	30%

FY19 Healthy Mind Proposal Summary

Law Foundation of Silicon Valley

Program Title	Removing Legal Barriers to Mental Health Access
Grant Goal	To increase stability and improve mental health by increasing access to mental health services. This program provides legal services to people with mental health disabilities living in the El Camino Healthcare District. Attorneys provide legal counsel and advice, extended legal representation, referrals to other community-based organizations and more, in an effort to ensure that people with mental health or developmental disabilities have access to services and public benefits that are critical to their health and well-being. The Law Foundation will also conduct outreach and educational presentations to providers at medical and safety-net facilities in an effort to expand services for people with mental health disabilities.
Community Need	People with mental health disabilities often have legal issues that prevent them from accessing health insurance, appropriate healthcare, and other safety-net services. Lack of health insurance is a barrier to obtaining regular mental health care, which makes it more difficult for individuals to successfully apply for disability benefits because they lack the medical records to document the severity and extent of their disabilities. • As stated in El Camino Hospital's 2016 Community Health Needs Assessment (CHNA), 38% of Santa Clara County residents reported poor mental health on at least one day in the last 30 days, while six in ten County residents reported being somewhat or very stressed about financial concerns. • In 2017, there were 7,394 homeless people living in Santa Clara County, with 64 percent of those individuals living in vehicles, structures not meant for human habitation, or on the streets. The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Fifty percent of individuals experiencing homelessness reported living with a psychiatric or mental health condition. (Santa Clara County Homeless Census & Survey, 2017). • For people living with mental illness, access to public benefits, such as income and health insurance coverage, can be a critical factor in achieving stability and maintaining good health and self-sufficiency. • To qualify for disability benefits, an individual must be able to provide medical records documenting the severity and extent of the disability. Yet, many individuals living with mental health disabilities have difficulty accessing health insurance in the first place, making it difficult or impossible for them to access medical care and provide documentation of their disabilities. • Most applications for Social Security disability benefits are denied, with fewer than four in ten approved, even after all stages of appeal. (Consortium for Citizens with Disabilities, "Just the Facts on Social Security's Disability Programs," June 2014). • Further, many insured individuals are unable to enjoy a full array of mental health care and substance abuse treatment benefits available, despite state and federal parity laws, due to lack of available services or providers.
Agency Description & Address	152 N 3rd St 3rd Floor, San Jose The Law Foundation of Silicon Valley advances the rights of under-represented individuals and families in our diverse community through legal services, strategic advocacy, and educational outreach. The Law Foundation has three (3) core programs: housing, children and youth, and

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	health (which include mental health). Each program consists of a team of attorneys and other legal advocates that work directly with low income clients and the wider community to craft inventive solutions to the life-changing legal issues facing low-income people in Silicon Valley.
Program Delivery Site(s)	Provided at the Law Foundation's office plus monthly clinics at Community Services Agency Mountain View
Services Funded By Grant/How Funds Will Be Spent	Services provided: • Outreach and advocacy services for residents to improve access to mental health care and other safety-net benefits • Provide patients' rights advocacy and other legal information from on-site legal advisors Full requested amount funds partial salaries of three staff attorneys, intake worker and other administrative staff roles as well as some administrative costs.
FY19 Funding	FY19 funding requested: $68,000 FY19 funding recommended: $65,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $62,250 FY18 Approved: $62,000 FY18 6-month metrics met: 75%	FY17 Approved: $61,919 FY17 Spent: $61,919 FY17 6-month metrics met: 50% FY17 annual metrics met: 75%	FY16 Approved: $50,000 FY16 Spent: $50,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	93	186
Individuals served through representation	31	62
Individuals Served through educational presentations (healthcare providers)	62	124
Providers receiving educational presentations who increase their understanding of their patients' rights to medical benefits and other forms of public assistance	75%	75%
Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	75%	75%
Clients receiving services for benefits issues who increase their knowledge regarding available health and income benefits.	85%	85%

EL CAMINO HEALTHCARE DISTRICT

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Los Altos School District

Program Title	School Mental Health Team
Grant Goal	This grant will continue mental health services at Los Altos School District to middle school students and proposes the additional of a Social Emotional Learning (SEL) pilot program to support the overall climate and social-emotional needs for students and identify best practices to expand in the future. Providing counseling services in schools supports student achieving better success and high engagement at school, reducing the rate of high risk and delinquent behaviors, and reducing the risk of future mental health disorders. The SEL Counselor would research a universal SEL screening tool for students, a SEL curriculum for the target grade levels, as well as coach teachers to implement the curriculum in their classrooms.
Community Need	For a many reasons, students who struggle with mental health needs often do not receive special education intervention services. These students would remain untreated without this program. Data from our larger Santa Clara County Community Health Assessment (2016) states that 29% of adolescents report symptoms of depression in the past year, and our school sites report the incidents of acute mental health needs rising each year. The Healthy Kids Survey administered to students in Los Altos School District middle school campus every other year indicated in 2017 that approximately 30% of students have experienced harassment at school (up from 26%) and 16% of students expressed they experience chronic sadness or hopelessness (up from 11% from the 2015 survey available at: https://drive.google.com/file/d/1n2dFXGI5AwsQFFqvRw8E2vQ5iPNgkDp6/view?usp=sharing) Over the past eight years, there has been a dramatic increase of students refusing to attend school due to anxiety and depression. All nine campuses have had experiences with students refusing to attend school, but our middle schools see the largest impact, often with students completely refusing to come to school. A November 2016 survey of Los Altos School District middle school students done by Search Institute for Developmental Assets, titled Profiles of Student Life: Attitudes and Behaviors reported that only 50%(Egan)/53%(Balch) of students felt that the school provided a caring, encouraging community. This result was one of the lowest reported by students, second only to parent involvement in their schooling (32%/38%). It is widely documented that when youth begin to struggle with mental health issues, they often look to a caring adult outside of their household for support. Best practice and current research shows that by targeting the Social Emotional Learning needs of all students, there is a reduced need for more intensive supports in the future. **Sources:** http://healthyamericans.org/assets/files/Health_in_Mind_Report.pdf https://casel.org/research/
Agency Description & Address	201 Covington Ave, Los Altos, CA Los Altos School District serves more than 4,470 students in Preschool-8th grade. The district boundaries include most of the City of Los Altos, half of the town of Los Altos Hills, parts of the cities of Mountain View and Palo Alto, and some unincorporated county lands. LASD has earned many awards that document the high achievement of its student population.
Program Delivery Site(s)	Los Altos School District middle schools

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Services Funded By Grant/How Funds Will Be Spent	Therapeutic services include: • Individual therapy - 1:1 therapy, therapeutic check-ins, classroom observations • Group Counseling • Family therapy – meetings with parent/guardian focused on the individual needs of the student and family diagnosis • Crisis intervention – suicide assessments, creating circle of care for student, preventing contagion, de-escalation of students in crisis and problem solving, and CPS reporting • Case Management-checking in on students with teachers, parents and school administration, connecting with outside providers regarding student • Classroom Interventions-Outreach to general student population to teach emotional regulation and resiliency strategies through lunch time clubs • Classroom Interventions-Partner with general education electives (PE/Health and Art) to collaborate on general mental health wellness education Social Emotional Learning (SEL) Counselor services include: • Classroom Interventions-Partner with 9 school psychologists to teach pilot SEL curriculum in 6th-8th grade classrooms • Classroom Interventions-Model instruction in classrooms • Research, evaluation and reporting on effectiveness of SEL program pilot • Coach teachers on implementation of pilot SEL curriculum Full requested amount funds the salaries of 1.5 FTE Therapeutic Specialists and 1 FTE Social Emotional Learning Counselor.
FY19 Funding	FY19 funding requested: $235,000 FY19 funding recommended: $100,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $200,000 FY18 Approved: $100,000 FY18 6-month metrics met: 100%	FY17 Approved: $206,000 FY17 Spent: $100,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 75%	New in FY17

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served through counseling services	45	90
Number of students served by Social Emotional Learning (SEL) classroom Interventions	30	200
Services provided (hours)	250	500
Students who improved by at least 3 points from pre-test to post-test on the 40 pt. scale (Strengths and Difficulties Questionnaire and Impact Assessment) based upon self-report (for students 11-14)	N/A	50%
Parents who report increased knowledge of how to support their adolescent by at least one point on a 1-5 pt. scale	40%	60%
Students who report reduced stress level by at least two points on a 1-10 point scale after participating in classroom based stress reduction strategy instruction	50%	50%
Teachers who report increased knowledge of how to support their student's mental health needs by at least one point on a 5 pt. scale	50%	50%

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Momentum for Mental Health

Program Title	Mental Health Community Clinic
Grant Goal	Provide mental health services to those who do not have access to treatment because they cannot afford to pay for services and those who are uninsured. This grant will continue to help La Selva Community Clinic provide mental health services for clients who are uninsured; the majority is referred from Mayview Community Health Clinic, El Camino Hospital as well as the general community. The service address language barriers to access to care and provides an, for Medi-Cal recipients, provides quick access to treatment and essential supportive services as they often manage complex and ongoing mental health and medical conditions on a daily basis.
Community Need	Many individuals who suffer from mental health do not have access to mental health services due to lack of healthcare insurance or their inability to pay. Consequently, these individuals tend to remain untreated, utilize hospital emergency rooms when in crisis, and risk losing employment. In Primary care clinics typically lack mental health services and most mental health clinics locally have a wait list. According to the 2016 CHNA, close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days and six in ten county residents report being somewhat or very stressed about financial concerns. Further, some clients are not currently working and lack insurance to cover for mental health services and others cannot afford their medication fee. Momentum serves clients who are undocumented and have a difficulties in finding jobs with benefits to provide mental health services. More than half of clients are monolingual Spanish speakers and in many cases this is the first time they are seeking mental health services.
Agency Description & Address	438 N. White Road, San Jose Momentum for Mental Health is an independent, non-profit corporation that provides comprehensive programs and services in Santa Clara County for youth and adults who have a severe mental illness. The staff and volunteers at Momentum believe that people with a mental illness can, and do, recover to lead productive lives and become contributing members of our community. Helping clients reach this goal informs planning and daily operations. Momentum's treatment approach focuses on building on clients' strengths to help them achieve and sustain mental health. The staff at Momentum delivers services in 37 different languages – reflecting the linguistic and cultural diversity of this region. During fiscal year 2016-17 a total of 4,124 individuals were served across Momentum's 10 locations and 11 supportive housing sites throughout Santa Clara County.
Program Delivery Site(s)	Services will be provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Provide 60 – 90 minute psychiatry assessments • Deliver 30 minute treatment and medication management sessions • Provide 60 minute case management sessions • Provide 50 – 90 minute short-term and crisis counseling • For some clients in need of more intensive services, provide no-cost intensive outpatient program and crisis residential care Full requested amount funds partial salaries for staff including a psychiatrist, registered nurse, a lead clinical, a program manager and other staff.

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FY19 Funding	FY19 funding requested: $268,140	FY19 funding recommended: $268,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $241,000 FY18 Approved: $241,000 FY18 6-month metrics met: 100%	FY17 Approved: $241,000 FY17 Spent: $241,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 100%	FY16 Approved: $236,000 FY16 Spent: $236,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%
FY19 Dual Funding	FY19 funding requested: $58,860	FY19 funding recommended: $50,860	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $26,000 FY18 Approved: $26,00 FY18 6-month metrics met: 100%	FY17 Approved: $26,000 FY17 Spent: $26,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $26,000 FY16 Spent: $26,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	58	118
	Services Provided	858	1,715
	Patients who report a reduction of 2 points or more in the PHQ-9 measure severity of depression (repeat for FY19)	75%	85%
	Patients who report a reduction of 2 points or more in the GAD-7 measure severity of anxiety (repeat for FY19)	85%	85%
	Patients who avoid psychiatric hospitalization for 12 months after beginning services with Momentum's LSCC (repeat for FY18)	95%	95%

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Mountain View - Los Altos High School District (MVLAHSD)

Program Title	School-Based Mental Health and Support Team
Grant Goal	Students in the Mountain View - Los Altos High School District who receive mental health and emotional support services will have improved educational outcomes, helping them to succeed in school. The services will entail: crisis management, individual therapy, group therapy, collateral therapy, check-ins, and case management services.
Community Need	Students with mental health issues have difficulty listening, learning, and making good choices. Left unattended, academic progress may be slowed or derailed, truancy may increase, and students may drop-out of school. Unattended mental health issues make it difficult for students to establish relationships and successfully transition to adulthood. Students with unattended mental health issues are at greater risk of suicide. According to the CA Healthy Kids Survey 2013 – 2015, chronic sadness occurred in around 33% of 9th/11th graders within past year. Suicide is second leading cause of death for 0 – 19 year olds in CA and nationally (Epicenter database). Additionally, truancy can be indicative of social maladjustment (e.g., drugs use, theft), and the vast majority of these students appear to have worsening treated and untreated depression/anxiety. One in five youth ages 13-18 suffer from a diagnosable mental health condition. Further, suicide is the 2nd leading cause of death among 10-24 year-olds (behind accidents) in the US according to the CDC. The vast majority of cases - 90% of teens who complete suicide -have at least one diagnosable psychiatric disorder at the time of their death. Mental health services are needed because mental health issues have widespread consequences for students: • Mental health issues impede a student's ability to engage their school work. • Mental health issues increase the chances that students will engage in risky behaviors. • Mental health issues make it difficult to establish healthy relationships. • Mental health is important to successfully transition to adulthood. **Sources:** 20% of youth ages 13-18 suffer from a diagnosable mental health condition: https://www.nami.org/getattachment/learn-more/mental-health-by-the-numbers/childrenmhfacts.pdf CDC, 2016 stat on suicide among 10-24 year-olds: https://www.cdc.gov/nchs/fastats/adolescent-health.htm). diagnosable psychiatric disorder among teen suicides: http://www.apa.org/research/action/suicide.aspx
Agency Description & Address	1299 Bryant Avenue, Mountain View The Mountain View Los Altos Union High School District is a culturally diverse district composed of three high schools serving the communities of Mountain View, Los Altos and Los Altos Hills.
Program Delivery Site(s)	Mountain View High School and Los Altos High School

Services Funded By Grant/How Funds Will Be Spent	Services include:
	• Individual and family therapy, crisis intervention, truancy intervention and case management. Bilingual services, available in English and Spanish, include:
	  • Individual therapy
	  • Group therapy
	  • Collateral therapy

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	• Check-ins • Crisis management • Case management • Support to educators in effective management of students with mental health issues Full requested amount funds salaries for two licensed therapists who are bilingual and able to provide services in English and Spanish.
FY19 Funding	FY19 funding requested: $160,000 FY19 funding recommended: $160,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $160,000 FY18 Approved: $160,000 FY18 6-month metrics met: 100%	FY17 Approved: $170,000 FY17 Spent: $160,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $160,000 FY16 Spent: $160,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 83%

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Students served	75	150
Individual Therapy/Group Therapy/Collateral Therapy/Check-ins (75% of total service hours)	945	1,890
Total services provided/encounter hours	1,260	2,520
Students who reduce frequency/quantity of high risk behavior by greater than or equal to 25%	N/A	75%
Students who decrease exposure to violence by greater than or equal to 25%	N/A	75%
Students who increase use of coping skills for trauma/depression/anxiety by greater than or equal to 25%	N/A	75%
Students who decrease suicidal thoughts and feelings by greater than or equal to 25%	N/A	75%

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National Alliance for Mental Illness (NAMI) Santa Clara County

Program Title	Community Peer Mentor Program
Grant Goal	Connect individuals with severe mental illnesses to peers who engage in their recovery. This grant will continue peer support and mentoring to community members who suffer from severe and persistent mental illness. NAMI SCC will partner with inpatient psychiatric units, outpatient programs, locked facilities and intensive treatment programs to identify Participants for the Community Peer Mentor Program. This type of peer support complements and enhances treatment by mental health professionals and makes more efficient use of scarce mental health resources.
Community Need	Mental illness poses a significant burden to the affected individual both in terms of their physical health and their ability to function in the community. They are more susceptible to chronic diseases like diabetes or heart disease. They live, on average, 10 to 20 years less than non-affected individuals and have a higher risk of suicide (https://www.mgmentalhealth.org/posts/4-ways-our-physical-health-could-be-impacted-by-our-mental-health). Having a mental illness interferes with relationships, education and ability to find employment. This is partly due to the stigma that having a mental illness carries and that discourages someone from getting help. While twelve percent of Santa Clara County residents say they need help for a mental health condition, only about one-third of these will actually seek it. (2016 California Health Interview Survey: http://healthpolicy.ucla.edu/chis/Pages/default.aspx). Individuals with untreated mental illness will get sicker leading to greater disability, more suicidal/homicidal or otherwise erratic behaviors and increased encounters with law enforcement, which frequently have fatal consequences. The cost to treat those with mental illness is higher compared to those with regular access to healthcare. Peer support is an evidence-based practice and is included in SAMHSA's National Registry of Evidence-Based Programs and Practices (https://nrepp.samhsa.gov/ProgramProfile.aspx?id=38).
Agency Description & Address	1150 S Bascom Avenue #24, San Jose, CA NAMI Santa Clara County offers practical experience, support, education, comfort and understanding to anyone concerned about mental illness, primarily schizophrenia, bipolar disorder, clinical depression, and obsessive compulsive disorder. NAMI provides resources and referrals to treatment and services in Santa Clara County.
Program Delivery Site(s)	Services are provided at several community locations and by phone: • El Camino Hospital, 2500 Grant Road, Mountain View • Kaiser Permanente Santa Clara Behavioral Health Center, 3840 Homestead Road, Santa Clara • Good Samaritan Hospital Mission Oaks, 15891 Los Gatos Almaden Rd. Los Gatos • Stanford Hospital, 300 Pasteur Drive, Palo Alto
Services Funded By Grant/How Funds Will Be Spent	Services include: • Weekly face-to-face meeting peer mentor sessions for up to four months • Twice weekly phone call check-ins • Linkages to services: referrals from Mentors for a range of community services that promote and maintain recovery, alleviate loneliness and isolation and enhance quality of life • Identification of participation for Peer Mentor program Full requested amount funds partial salary of program staff, Mentors as well as administrative costs.

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FY19 Funding	FY19 funding requested: $100,000	FY19 funding recommended: $90,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $100,000 FY18 Approved: $80,000 FY18 6-month metrics met: 100%	FY17 Approved: $100,000 FY17 Spent: $100,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $100,000 FY16 Spent: $88,794 FY16 6-month metrics met: 67% FY16 annual metrics met: 83%

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Unique participants	35	70
	Number of visits	560	1,120
	Number of phone calls	1,120	2,240
	Participants will feel less isolated.	80%	80%
	Participants will feel more hopeful about future and recovery.	70%	70%
	Participants will be more cooperative with their treatment plan.	2,240%	80%
	Peer Mentors will feel increased meaning and feel greater self confidence	83%	83%

American Heart Association – Hypertension Initiative

Program Title	Check.Change.Control. Hypertension Initiative
Grant Goal	This grant will implement year three of the American Heart Association – El Camino Healthcare District Check. Change. Control. (CCC) Hypertension Initiative. Since 2016, the Initiative has focused on improving hypertension among the underserved adult population in the El Camino Healthcare District (ECHD). AHA will continue to strategically partner with MayView Community Health Center (MCHC), Community Based Organizations and Community Health Workers. This year, the project will continue the success from the previous two years while aiming to improve opportunities to increase engagement, self-monitoring, and data capturing via innovative technology. Additionally, this grant seeks to improve medical adherence and management though the use of pharmacy technicians. Pharmacy Techs will support participants enrolled in the 4-month blood pressure improvement program.
Community Need	Each year, 800,000 Americans die from heart disease and stroke, and the Bay Area is not exempt. Hypertension, or high blood pressure, is a deadly disease afflicting 76.4 million Americans and is the single most significant risk factor for cardiovascular disease and stroke. Left untreated, high blood pressure can damage the brain, heart and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure, stroke, and death. Known as the "silent killer," high blood pressure has no symptoms, so many high-risk residents don't even know they have it. Less than half of all hypertensive patients have their blood pressure maintained at a healthy level and uncontrolled high blood pressure can injure or kill. The cost of treating these diseases is mounting. By 2030, the cost to treat heart disease and stroke is projected to reach $818 billion a year. Most of that cost comes from treating high blood pressure, which is a staggering $389 billion. CVD and Cerebrovascular disease are responsible for 26% of all deaths in Santa Clara County. Per the CDC, the percentage of hypertensive Santa Clara County adults increased from 19% in 2000 to 26% in 2009. In 2013-14, the percentage was 27%. This includes 24.3% of Latinos. In addition, 69% are eating inadequate fruit and vegetables, 15% are inactive, and 52% are overweight or obese. To compound the problem, approximately 13% of Santa Clara County's population is uninsured. There is a clear need for innovative approaches to reaching these communities and teaching skills for combatting risk factors. In November of 2017, the AHA and the American College of Cardiology set new blood pressure guidelines, establishing 130/80 as high blood pressure, replacing 140/80 as established in 2003. This new definition will result in 46% of the U.S. adult population having high blood pressure with greatest changes with men and women under the age of 45. It is important to share that 80 percent of blood pressure control can be done through healthy lifestyle modifications. Improving hypertension will prevent cardiovascular disease and stroke. Per the American Heart Association, a 5mmg reduction in systolic blood pressure can reduce an event of stroke by 14%, heart disease by 9% and reduce overall death by 7%. Reducing 5mmg systolic can easily be achieved by adding physical activity, limiting processed food or through medication adherence.
Agency Description & Address	1 Almaden Blvd., Suite 500, San Jose The American Heart Association (AHA) is the nation's oldest and largest voluntary health organization dedicated to fighting heart disease and stroke nationwide. For over 90 years, AHA has strived to improve the health of communities across the nation, actively advocating for health-conscious legislation, implementing community-based programs, and assisting with

	healthcare improvement efforts. AHA's goal is to improve the cardiovascular health of all Americans by 20 percent and reduce deaths from cardiovascular diseases and stroke by 20 percent by the year 2020. To help achieve this ambitious goal, AHA's community-based programs, like Check.Change.Control., target local high risk groups to promote healthy lifestyle changes such as diet, physical activity, and smoking cessation to ultimately reduce risk factors for heart disease and stroke.
Program Delivery Site(s)	Screening events (Hubs) will be hosted at various places throughout the healthcare district. Past Hubs have been hosted in front of grocery stores, large shopping centers and within existing events such as the Farmers Market in Mountain View & Los Altos. For FY 19 we propose hosting in front of grocery stores, community partner locations and within existing community events. CHW Training will be held at the Neighborhood Columbia Center in Sunnyvale. • Check.Change.Control Program locations will be hosted at: • Columbia Neighborhood Center in Sunnyvale • MayView Community Health Clinic in Mountain View • MayView Community Hypertension Clinics will be hosted at the MayView Clinic in Mountain View and Sunnyvale
Services Funded By Grant/How Funds Will Be Spent	Services and programs include: • 8 Community Screenings Heart Health Hubs: o Heart Health Screening & referrals provided to adults o Community outreach to promote events • Check.Change.Control 4-month intervention and hypertension management program: o Four 2-hour sessions provided by RN & Health Educators o Blood pressure screening provided by RN • Community Health Worker recruitment and training • MayView Community Health Center – High Blood Pressure Clinics • Use of Portable Blood Pressure tracking technology (5 PortableBP stations operated in partnership with TupeloLife) at screening events and with Hypertension Collaborative partners Full requested amount funds partial staff and community health worker roles, RNs for screenings, screening events trainings, Portable BP technology and other administrative costs.
FY19 Funding	FY19 funding requested: $153,302 FY19 funding recommended: $103,000

	FY18	FY17	FY16
Funding History and Metric Performance	FY18 Requested: $82,682 FY18 Approved: $71,000 FY18 6-month metrics met: 40% (Unmet metrics due to delay in part of program. Expect to meet targets).	FY17 Approved: $66,500 FY17 Spent: $66,500 FY17 6-month metrics met: 100% FY17 annual metrics met: 90%	New in FY17

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	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Individuals served (total screened)	400	1,000
	50% of participants screened & enrolled into CCC tracker via BP mobile suitcase	200	400
	Individuals served through Check. Change.Control blood pressure program	60	150
	Participants who improve blood pressure by 10mmHg	30%	30%
	Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program	50%	50%
	Participants who report adopting healthy behaviors to improve blood pressure (including increasing intake of fruits and vegetables to 4 servings/day and increasing exercise to 30 minutes/day)	30%	30%
	CCC participants to be enrolled into CCC tracker via Tupelo BP mobile suitcase	75%	75%
	CCC participants to input 4 readings or more into the Tupelo BP mobile suitcase	50%	50%

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Family & Children Services (a division of Caminar)

Program Title	Domestic Violence Survivor Services
Grant Goal	Enable more victims of domestic violence to receive help earlier and provide professional services to support victims. This grant will continue Caminar's delivery of bilingual (English/Spanish), culturally competent, and trauma-informed services for local survivors of domestic violence. These services increase personal and community safety, break cycles of violence and abuse, promote healing from the effects of trauma, and empower survivors to connect with local resources that promote health, stability, and self-sufficiency. Survivors will have access to a menu of services, which will be tailored to each survivor's present needs, strengths, and goals and adjusted in intensity as a survivor's circumstances change: individualized case management and advocacy services, including safety planning, linkages and system navigation assistance, skill-building in self-care and managing the effects of trauma, follow-up and check-ins, and accompaniment to court, police, and attorney appointments; weekly support groups; and individual and family clinical case management and therapy.
Community Need	While domestic violence does not discriminate by race, income, education level, place of residence, sexual orientation, gender, or other personal factors, people with limited resources, who often also are dealing with economic and health disparities, are most reliant on community-based programs. The cities of Mountain View and Sunnyvale also have far higher percentages of children and families living below the Federal Poverty Line than the other cities in the area, contributing to health disparities and increased overall health and well-being risk factors. In Sunnyvale, 12 percent of families and 19 percent of children are living below the poverty line, and in Mountain View 15% of families and 23% of children live below the poverty line. (Sources: https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/Sunnyvale_final.pdf, https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/MountainView_final.pdf) Domestic violence is a persistent community issue, with long-term effects on the physical and mental health of survivors and their children across the socioeconomic spectrum. The Centers for Disease Control and Prevention estimates that 31.5 percent of women experience physical violence from an intimate partner in their lifetime. According to data collected by Kidsdata from the California Department of Justice, Criminal Justice Statistics Center's Domestic Violence-Related Calls for Assistance Database (1998-2003) and Online Query System (August 2015), the cities of Cupertino, Los Altos, Los Altos Hills, Mountain View, and Sunnyvale had 472 calls for assistance related to domestic violence in 2014. Over the 10-year period of 2005 to 2014, the cities had an average of 570 calls annually. As fits their larger population sizes, Mountain View and Sunnyvale reported the highest rates of calls. (Source Kidsdata.org: http://www.kidsdata.org/topic/11/domesticviolence-number/table#fmt=26&loc=105,98,99,112,96&tf=79&sortType=asc) The majority of government dollars for domestic violence are invested in the San Jose area, creating gaps in services for domestic violence survivors living, working, or attending school within the El Camino Health Care District, especially for survivors' whose preferred language is Spanish.
Agency Description & Address	2600 S. El Camino Real, Suite# 200, San Mateo, Established in 1964 in San Mateo, Caminar provides evidence-based, culturally competent

	behavioral health and supportive services for individuals and families living in Santa Clara, San Mateo, San Francisco, Solano, and Butte counties. The nonprofit organization was founded by families, social workers, and mental health providers in fulfillment of their shared a vision of providing cutting-edge, community-based social rehabilitation programs for adults. In January 2017, Family & Children Services of Silicon Valley, founded in 1948 in San Jose, merged with Caminar. Now operating as a division of Caminar, FCS continues to deliver its portfolio of behavioral health, family violence prevention, trauma reduction, and youth development programs. Caminar works to empower and inspire individuals and families to move toward wellness, independence, and resilience.
Program Delivery Site(s)	• FCS's office in Palo Alto at 375 Cambridge Avenue, Palo Alto, CA • MayView Community Health Center, 900 Miramonte Ave, Mountain View, CA • Case management services are delivered throughout the community as case manager accompanies survivors to court, police departments, the Family Justice Center, law offices, and other appointments
Services Funded By Grant/How Funds Will Be Spent	Bi-lingual services are individualized to the needs of each survivor and provided trained Domestic Violence Advocates/Case Managers, Clinical Case Managers, and Therapists including: • Information and referral assistance and safety planning assistance • Individual/family advocacy and counseling services, including new client intakes, case management, clinical case management, therapy, and crisis support, and coordination with other provides involved in a client's case • Support groups, including educational presentation by a clinician • Community outreach and education Full requested amount funds partial salaries for a case manager, therapist and other staff positions as well as administrative costs.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $50,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $50,000 FY18 Approved: $50,000 FY18 6-month metrics met: 75%	FY17 Approved: $50,000 FY17 Spent: $50,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $50,000 FY16 Spent: $50,000 FY16 6-month metrics met: 83% FY16 annual metrics met: 60%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	40	85
Services provided (hours of advocacy/counseling services)	450	900
Number of support group sessions	44	90
Participants in supportive services (case management, advocacy, counseling, and/or support group services) who report services are helpful to their healing process.	80%	85%
Callers to the support line who will have safety plans in place by the end of the interaction with the advocate/case manager.	85%	90%
Counseling/advocacy beneficiaries who will report achieving the goal(s) for which they sought assistance	80%	85%
Counseling/advocacy beneficiaries who will report increased knowledge of DV and safety strategies	90%	90%

FY19 Healthy Community Proposal Summary

Chinese Health Initiative (CHI)

Program Title	Chinese Health Initiative
Grant Goal	This program addresses the unique health needs of the Chinese community. The four focus areas of the program include: health disparities, health literacy, community wellness and culturally competent patient care. CHI provides free health screenings, workshops, dietitian consults and resources to members of the Chinese community.
Community Need	According to the National Institute of Health, about 21% of Asians have diabetes but more than half are undiagnosed. Hypertension is also a disease of high prevalence among the Chinese population and a lot can be done to educate this group on this disease and its prevention. There are also language and cultural barriers to access care and medical resource as two third of Chinese community members in the Bay Area were born outside of the Unites States and many of them speak limited English. Sources: https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-are-undiagnosed
Agency Description & Address	2500 Grant Road, Mountain View Chinese Health Initiative at El Camino Hospital addresses the unique health disparities in the growing Chinese population, and accommodates cultural preferences in education, screening, and the delivery of healthcare.
Program Delivery Site(s)	The program services will be delivered at various community sites including senior centers and community centers.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting educational workshops to raise awareness of health disparities • Providing screenings • Producing newspaper articles and print material addressing health concerns specific to the Chinese community Full requested funding would support partial staffing and program materials for screenings and outreach.
FY19 Funding	FY19 funding requested: $283,510 FY19 funding recommended: $250,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $239,000 FY18 Approved: $234,000 FY18 6-month metrics met: 75%	FY17 Approved: $215,200 FY17 Spent: $210,235 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $190,200 FY16 Spent: $190,200 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%

FY19 Dual Funding	FY19 funding requested: $45,750 FY19 funding recommended: $40,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $30,000 FY18 Approved: $30,000 FY18 6-month metrics met: 100%	FY17 Approved: $30,000 FY17 Spent: $30,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $30,000 FY16 Spent: $30,000 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Individuals served	400	850
	Services Provided	800	1,785
	World Journal impressions	N/A	925,000
	Individuals who received assistance from CHI to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)	85%	85%
	Participants who strongly agree or agree that the program's health education or screening helps them better manage their health	N/A	90%

FY19 Healthy Community Proposal Summary

Farewell to Falls

Fiscal Agent: Stanford Health Care

Program Title	Farewell to Falls
Grant Goal	This evidence-based program aims to reduce falls by providing home visits to older, at-risk adults.
Community Need	One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. The Center for Disease Control estimates medical costs for fall-related injuries nationally to be an estimated $31 billion. With the aging population, National Council on Aging reports the financial toll is expected to reach $67.7 billion by 2020. Annual cost of falls in Santa Clara County, including ED visits, hospitalizations and deaths is estimated to be $265 million/year. In 2014, 2,981 older adults were hospitalized in Santa Clara County after a fall and 8,432 older Santa Clara County residents were seen in emergency departments. A study published in 1999 from Sydney Australia (Cumming, et al.) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third.
Agency Description & Address	300 Pasteur Drive, MC 5898, Stanford The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing three home visits by an Occupational Therapist who reviews home safety, assesses the older adult's strength and balance, medications, home safety, and other factors that contribute to fall risk and provide a return visit at one year for reevaluation • Conducting a monthly phone call to check on fall status and reinforce recommendations Full requested funding would support staffing for an Occupational Therapist and program supplies such as grab bars.
FY19 Funding	FY19 funding requested: $26,600 FY19 funding recommended: $26,600

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $38,349 FY18 Approved: $35,000 FY18 6-month metrics met: 100%	FY17 Approved: $29,160 FY17 Spent: $19,510 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Older adults served	25	55
	Older adults who report doing recommended exercises at least twice a week	17%	36%
	Older adults who do not require a 911 call, or visit to Emergency Department or doctor	18%	48%

FY19 Healthy Community Proposal Summary

Health Library & Resource Center, Mountain View

Program Title	El Camino Hospital, Mountain View Health Library & Resource Center
Grant Goal	The Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families and caregivers.
Community Need	Individuals want and need accurate information to make the best possible healthcare and medical decisions. Without such information, they may undergo unnecessary treatment, fail to understand the impact of diet and exercise, ignore important warning signs, and waste healthcare dollars. Studies indicate that many Americans have low health literacy which adversely impacts their ability to understand health information and make informed decisions about health issues and lifestyle choices that affect their lives. Individuals with low health literacy are likely to report poor health outcomes. The inability to understand Health Information can lead to undesirable lifestyle choices leading to poor health outcomes and an increase in National Healthcare expenditures. Individuals want and need accurate information to help them make the best possible lifestyle decisions and to effectively partner with their physician to obtain optimal healthcare outcomes. They often lack the time and skills needed to sort through the myriad of information that is available and then assess its quality and accuracy. The library can direct patrons to information sources suitable to their individual needs, interests, and abilities. The assistance received helps our patrons in making informed decisions regarding procedures, treatments, and lifestyle issues. The library provides current healthcare resources, including evidenced based materials, tailored to each patron's information needs and desires. Sources: https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483 ; https://nces.ed.gov/pubs2006/2006483.pdf ; https://health.gov/communication/literacy/issuebrief/ ; https://health.gov/communication/literacy/quickguide/factsbasic.htm
Agency Description & Address	530 South Drive, Mountain View El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos.
Program Delivery Site(s)	The services will be delivered at the Health Library and Resource Center at El Camino Hospital, Mountain View and open to all members of the local community.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources • Conducting outreach to local senior centers • Providing eldercare consultations and assist community members with developing a long-range care plan based on their personal family situation Full requested funding would support partial staffing for a Librarian and supplies such as books and subscriptions.
FY19 Funding	FY19 funding requested: $308,547 FY19 funding recommended: $250,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $393,491 FY18 Approved: $373,491 FY18 6-month metrics met: 83%	FY17 Approved: $393,491 FY17 Spent: $388,874 FY17 6-month metrics met: 75% FY17 annual metrics met: 80%	FY16 Approved: $393,491 FY16 Spent: $393,491 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

FY19 Dual Funding	FY19 funding requested: $63,672	FY18 funding recommended: $63,672	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $69,702 FY18 Approved: $69,702 FY18 6-month metrics met: 100%	FY17 Approved: $63,672 FY17 Spent: $63,672 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $63,672 FY16 Spent: $63,672 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	12,015	23,900
Health Consultations provided	140	280
Eldercare contacts provided to link community members to resources	540	1,080
Community members who strongly agree or agree that eldercare referrals are appropriate to their needs	95%	95%
Community members who strongly agree or agree that eldercare increases their knowledge of care options	95%	95%
Community members who strongly agree or agree that library services have been valuable in helping them manage my health or that of a friend or family member	65%	65%

Maitri

Program Title	South Asian Domestic Violence Program
Grant Goal	Provide comprehensive services for South Asian and immigrant survivors of domestic violence, helping them overcome the effects of violence so that they may achieve self-sufficiency and improved wellness.
Community Need	The Centers for Disease Control and Prevention estimates that 31.5% of women experience physical violence from an intimate partner in their lifetime. Domestic violence persists as an under-reported crime, in which shame, stigma, and fear keep women from making police reports or seeking services. In 2016, there were 5,101 domestic violence cases referred to the Santa Clara County District Attorney's Office, an increase of 815 cases from 2015. In 2015 and 2016 there were 22 DV related deaths (SCC DV Death Review Team 22nd Annual Report; 2016). Long-term effects of DV on victims include: anxiety, depression, pain, substance abuse, eating disorders, malnutrition, panic attacks, poverty, self-injury and neglect, suicide attempts, and an inability to respond to the needs of children. In Santa Clara County, there is also a distinct lack of affordable housing options that increase risk of homelessness should a low-income victim seek to separate from her batterer (who often may be her sole income source). For victims who come to the U.S. on a dependent visa which does not allow them to work, when a victim leaves her batterer, she is likely to have no income, may lose custody of her children, face possible deportation if they divorce, or must pay for legal fees and living expenses without income. A batterer may use a victim's immigration status, lack of knowledge of her rights under U.S. law, her perceived risk of homelessness, and cultural/linguistic isolation as tools of control to force a victim to remain in an abusive relationship. Once a victim leaves violence, she may lack affordable housing and/or employment options, making survival challenging without culturally specific help, job training, and longer term transitional housing. Their lack of employable skills may also exacerbate the impacts that DV has on them, increasing risk of homelessness, poverty, and continued unemployment, as well as reducing economic security. Recent studies have shown the direct correlation between DV and negative health consequences, specifically one that shows that physical violence against women by male partners disrupts a key steroid hormone that opens the door potentially to a variety of negative health effects (Physical violence linked to stress hormone in women, University of Oregon, 2014). For survivors who have experienced long-term acute stress due to DV, they may experience even greater risk of long-term chronic physical and mental health impacts (Algren, 2013). Moreover, numerous epidemiological studies have reported that poor social support [isolation] is associated with the onset and relapse of depression, seasonality of mood disorder, and the presence of depression co-morbid in several medical illnesses, such as multiple sclerosis, cancer, and rheumatoid arthritis (Johnson, et al., 2007).
Agency Description & Address	PO Box 697, Santa Clara, CA 95052 Maitri is a nonprofit organization located in Santa Clara County that serves survivors of domestic violence (DV) and human trafficking. Maitri provides a helpline, transitional housing, legal advocacy, peer counseling, an economic empowerment program, an innovative boutique, a recently established individual (therapeutic) and group counseling program, and other vital services for South Asians survivors of DV and their children in San Mateo, Santa Clara, and Alameda counties. The organization's mission is to foster self-reliance and self-confidence in survivors and their children who have been impacted by DV, human trafficking, family conflict,

	and cultural isolation. Recognizing the impact of social and cultural alienation on its clients, Maitri helps empower them to integrate into mainstream society.
Program Delivery Site(s)	Most services are provided at Maitri's office in San Jose. This and other addresses where services provided are not published for the safety of clients and staff.
Services Funded By Grant/How Funds Will Be Spent	Provide South Asian immigrants and citizens impacted by domestic violence and human trafficking with linguistically and culturally specific legal services: • Legal advocacy sessions • Transitional housing, case management • Immigration services • Legal representation • Services available in multiple languages Full requested amount funds partial salaries for program staff and administrative costs.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $50,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $40,000 FY18 Approved: $40,000 FY18 6-month metrics met:100 %	FY17 Approved: $30,000 FY17 Spent: $30,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals (adults) served	12	30
Total services	45	90
Legal clients surveyed will report increased awareness of legal rights in their situations	70%	75%
Peer counseling clients surveyed will report increased emotional well-being due peer counseling	70%	75%
Adult residents surveyed who exit the TH will state that they moved to safe and/or permanent housing	80%	80%
70% of EEP clients will achieve their economic security goals, which may include finding a job, taking educational courses, or becoming more financially literate;	70%	70%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Rebuilding Together Peninsula

Program Title	Safe at Home Program for Older Adults
Grant Goal	This program targets fall risk factors in and around the home through home repairs and/or modifications for low-income, older adults. These at-risk adults are identified as "fall risks" by a formal fall risk assessment tool or by referring agencies and institutions.
Community Need	Home safety modifications are a common recommendation for people at risk of falls, but these repairs are rarely performed, due to limited income or the inability of finding a trustworthy contractor. According to the American Academy of Orthopedic Surgeons, unintentional injuries in the home are responsible for more than 21 million medical visits per year at a cost of more than $222 billion per year. Falls in the home account for $100 billion to the country's medical system per year alone; and each broken hip costs $37,000 on average. For the cost of one broken hip, 1,000 grab bars/handrails can be installed in homes to help prevent falls and injuries, allowing seniors to remain safe and independent in their own homes.
Agency Description & Address	841 Kaynyne Street, Redwood City Rebuilding Together Peninsula (RTP) has provided critical health and safety repairs for over 26 years. RTP envisions a safe and healthy home for every person, with repair programs serving seniors, people with disabilities, veterans, and families with children. RTP's free repair services ensure that neighbors without financial resources can live independently in warmth and safety in their own home.
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing, including full-time program manager and part-time repair technician • Administering Weill Medical College of Cornell University environmental fall risk assessment and developing a customized home safety plan • Reducing risks through no cost home repairs and home modification Full requested funding would support partial staffing and program materials such as grab bars and ramps.
FY19 Funding	FY19 funding requested: $75,000 FY19 funding recommended: $75,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $100,000 FY18 Approved: $65,000 FY18 6-month metrics met: 100%	FY17 Approved: $50,000 FY17 Spent: $50,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Homes modified for older adults or individuals at higher risk of falls	10	25
Recipients who report feeling safer in their homes after completed home repairs	80%	100%
Recipients who would recommend or highly recommend this program to a friend	80%	100%
Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs	80%	100%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

RoadRunners Transportation Program

Program Title	RoadRunners Patient Transportation
Grant Goal	Ensure that seniors and disabled community members have access to medical care by providing safe, timely and compassionate transport. To provide a service that helps seniors maintain independence.
Community Need	Transportation issues are one of the greatest concerns for elders. One out of six older adults report having difficulty getting to their medical/doctor appointment and other services needed to maintain independence.
Agency Description & Address	530 South Drive, Mountain View El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. RoadRunners is a transportation service provided by employees and dedicated El Camino Hospital Auxiliary volunteers.
Program Delivery Site(s)	Delivery sites include physician offices, clinics, pharmacies, grocery stores, among other sites.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Transporting individuals to medical appointments and other necessary services (i.e. banking, grocery shopping, pharmacy etc.) • Recruiting volunteer drivers to transport community members • Conducting outreach to inform seniors and disabled individuals about RoadRunners' services Full requested funding would support staffing, rides and program supplies.
FY19 Funding	FY19 funding requested: $275,353 FY19 funding recommended: $250,353

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $333,353 FY18 Approved: $275,353 FY18 6-month metrics met: 100%	FY17 Approved: $313,353 FY17 Spent: $288,361 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $313,353 FY16 Spent: $313,353 FY16 6-month metrics met: 75% FY16 annual metrics met: 75%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Older adults served	575	1,150
Rides provided	4,519	9,038
Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence	90%	90%
Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments	95%	95%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

South Asian Heart Center, El Camino Hospital

Program Title	AIM to Prevent Program
Grant Goal	The South Asian Heart Center is seeking funding in the amount of $360K to enroll, screen, and coach participants in its AIM to Prevent program, a specialized, evidence based, three phase prevention program: 1) Assess with advanced and comprehensive screening to uncover hidden risks, 2) Intervene with culturally-appropriate Lifestyle MEDS™ counseling and 3) Manage with personalized, heart health coaching.
Community Need	South Asians have at least a two-fold increased risk for cardiovascular disease (CVD) and four- to six-fold increased risk for diabetes (1,2) compared to other ethnic groups (3) and suffer CVD and its risk factors at an earlier age (3,4). Coronary artery disease (CAD) is the leading cause of death (5) and hospitalizations among South Asians in California (6,7). Since traditional CV risk factors do not fully explain the marked disparity in the incidence of heart disease among South Asians (1), additional risk factors have been investigated, albeit inconclusively: fibrinogen, insulin resistance and metabolic syndrome, low high-density lipoprotein (HDL), HDL2b, high triglycerides, small dense low-density lipoprotein (LDL), homocysteine and lipoprotein(a) (8,9). Despite this higher risk, South Asians in the US are still understudied, and little research is available on culturally appropriate treatment strategies to treat them. Despite comprehensive guidelines on appropriate prevention and management strategies for cardiovascular disease (CVD), implementation of such risk-reducing practices remains poor among South Asians in the U.S. (10). Sources: 1. McKeigue P, Ferrie J, Pierpoint T, Marmot M. Association of early-onset coronary heart disease in South Asian men with glucose intolerance and hyperinsulinemia. Circulation. 1993;87(1):152-161. 2. Barnett AH, Dixon AN, Bellary S, et al. Type 2 diabetes and cardiovascular risk in the UK south Asian community. Diabetologia. Oct 2006;49(10):2234-2246. 3. Palaniappan L, Wang Y, Fortmann SP. Coronary heart disease mortality for six ethnic groups in California, 1990-2000. Annals of epidemiology. Aug 2004;14(7):499-506. 4. Narayan KM, Aviles-Santa L, Oza-Frank R, et al. Report of a National Heart, Lung, And Blood Institute Workshop: heterogeneity in cardiometabolic risk in Asian Americans In the U.S. Opportunities for research. Journal of the American College of Cardiology. Mar 9 2010;55(10):966-973. 5. Palaniappan L, Mukherjea A, Holland A, Ivey SL. Leading causes of mortality of Asian Indians in California. Ethnicity & disease. Winter 2010;20(1):53-57. 6. Klatsky AL, Armstrong MA. Cardiovascular risk factors among Asian Americans living in northern California. American Journal of Public Health. 1991;81(11):1423-1428. 7. Klatsky AL, Tekawa I, Armstrong M, Sidney S. The risk of hospitalization for ischemic heart disease among Asian Americans in northern California. American Journal of Public Health. 1994;84(10):1672-1675. 8. Enas EA, Kannan S. How to beat the heart disease epidemic among South Asians: a prevention and management guide for Asian Indians and their doctors: Advanced Heart Lipid Clinic; 2005. 9. Rather MA, Bhat BA, Qurishi MA. Multicomponent phytotherapeutic approach gaining momentum: Is the "one drug to fit all" model breaking down? Phytomedicine: international journal of phytotherapy and phytopharmacology. Sep 11 2013. 10. Azar KM, Jose PO, Kang JB, et al. Culturally-tailored heart health coaching (in press). Journal of Immigrant and Minority Health. 2013.
Agency Description & Address	2480 Grant Road, Mountain View The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management.

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Program Delivery Site(s)	Program services will be delivered at agency sites and online through webinars.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting health assessment and development of risk reduction plan for participants • Engaging participants in the AIM to Prevent Program • Providing outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling, and grocery store tours • Delivering trainings that provide Continued Medical Education (CME) units for physicians Full requested funding would support partial staffing and program supplies.
FY19 Funding	FY19 funding requested: $180,000 FY19 funding recommended: $180,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $180,000 FY18 Approved: $160,000 FY18 6-month metrics met: 100%	FY17 Approved: $180,000 FY17 Spent: $180,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $180,000 FY16 Spent: $180,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 83%

FY19 Dual Funding	FY19 funding requested: $360,000 FY19 funding recommended: $170,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $360,000 FY18 Approved: $240,000 FY18 6-month metrics met: 100%	FY17 Approved: $360,000 FY17 Spent: $360,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 83%	FY16 Approved: $400,000 FY16 Spent: $400,000 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	97	198
	Services provided	528	1,078
	Improvement in average level of weekly physical activity from baseline	20%	21%
	Improvement in average levels of daily servings of vegetables from baseline	19%	20%
	Improvement in levels of HDL-C as measured by follow-up lab test	5%	6%
	Improvement in cholesterol ratio as measured by follow-up lab test	6%	7%

Sunnyvale Community Services – Safety Net Services

Program Title	Comprehensive Safety Net Services
Grant Goal	The Comprehensive Safety Net Services program supports low-income families, seniors, and veterans. This grant aims to prevent and alleviate homelessness, hunger, and food insecurity in our local community. Homelessness and hunger impact the physical and mental wellbeing of individuals and the community so this program prevents food insecurity and the many negative effects of homelessness and eviction. Funding will help medically fragile families and seniors remain housed, and provide supplemental, nutritious food so that low-income families and seniors can be stably sheltered and housed with food on their tables. As part of the Emergency Assistance Network (EAN) in Santa Clara County, SCS shares resources and best practices with dozens of partner agencies.
Community Need	Nothing is more basic than the need for food, shelter, and medical care. Keeping families in their homes with food on their table and access to healthcare is more cost effective, both in dollars and human lives, than the costs of homelessness, malnutrition, or forgone medical care. Poverty and the growing income divide are affecting the mental and physical health of seniors as well as children in Sunnyvale. The most recent 2013 report by Santa Clara County Behavioral Health Services showed a dramatic jump since 2010 in the behavioral health risk for children in three Sunnyvale zip codes (94085, 94086, 94089).[1] Factors included poverty, low birth rates, low test scores, and drop-out rates. Feeding America reported that 8% of households with seniors age 65+ experienced food insecurity in 2016, with 9% of seniors living alone experiencing food insecurity. Food insecure seniors are at increased risk for chronic health conditions: 60% more likely to experience depression, 53% more likely to report a heart attack, 52% more likely to develop asthma, 40% more likely to report an experience of congestive heart failure. The number of food insecure seniors is projected to increase by 50% in 2025 nationwide.[2] Inadequate health care and health information impacting the most vulnerable, especially seniors and children. Access to basic health care is necessary for individuals' physical, mental, and economic health. Lack of health care access is also recognized as a leading cause of poverty for all ages. In 2017, over 80% of SCS' clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the Area Median Income (AMI) for Santa Clara county and well under 200% of the Federal Poverty Level (FPL). SCS serves Sunnyvale's highest poverty areas, including Title I elementary schools and low-income middle schools in Sunnyvale where a majority of the children qualify for free or reduced cost meals. 36% of SCS clients are children, even though children represent only 22% of the population of Sunnyvale. 14% of clients are seniors, up from 9% in 2010. Sunnyvale's 2015-2020 Consolidated Plan [3] shows that 28% of City households (15,375 households) are lower-income with incomes ranging from 0% to 80% of AMI. After paying for housing, low-income families and seniors have little money left to cover the costs of medicine or food. Sources: 1. Risk Area Map, County General Fund Children and Families Safety Net Services (SSA-FY17-0108) 2. www.feedingamerica.org 3. https://sunnyvale.ca.gov/civicax/filebank/blobdload.aspx?BlobID=23237
Agency Description & Address	725 Kifer Road, Sunnyvale The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

	Network (EAN) agency for all Sunnyvale zip codes and San Jose's Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.
Program Delivery Site(s)	Sunnyvale Community Services
Services Funded By Grant/How Funds Will Be Spent	Services include: • Screening and eligibility for comprehensive emergency assistance (food and financial aid) as well as outreach for CalFresh and MediCal/Medicare. • Financial Aid for medically-related bills. • Purchase of healthy, protein-rich food for families and seniors, and year-round nutritional education, demonstrations, and recipes. • Purchase of grocery script to close the food gap. Full requested amount funds support partial salaries for two food program staff and expenses for medically-related bills and food purchases.
FY19 Funding	FY19 funding requested: $100,000 FY19 funding recommended: $100,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $100,000 FY18 Approved: $100,000 FY18 6-month metrics met: 100%	FY17 Approved: $85,000 FY17 Spent: $85,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	FY16 Approved: $75,000 FY16 Spent: $75,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 66%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	2,000	3,000
Food program distribution participation (average = 12 visits/year/individual)Food program distribution participation (average = 12 visits/year/individual)	2,020	3,000
Financial Assistance (one time per individual, average household size= 1.5)	20	45
Individuals (3000) who receive Safeway script to supplement food needs.	90%	90%
Seniors/homebound clients (110 individuals out of 2,600) who receive at least six monthly visits and food deliveries by volunteers and one or more visits by SCS case workers throughout the year.	90%	90%
Financial Aid for medically related bills: Individuals receiving financial aid for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted.	80%	80%
Individuals who rate their overall satisfaction with our agency a 4 or 5 on a 5-point scale.	N/A	80%

Sunnyvale Community Services – Social Work Case Management

Program Title	Social Work Case Management
Grant Goal	The Social Work Case Management program focuses on stabilizing the lives and improving the health and wellness of the most vulnerable low-income community members. This grant aims to prevent and alleviating the effects of homelessness. SCS finds that a growing number of low-income clients require more intensive assistance to become stabilized in housing and health needs – people who are falling through the safety net. SCS staff identifies clients who lack self-sufficiency, often due to chronic physical or mental health conditions, inadequate healthcare and lack of access to health and wellness programs. Services include assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services required to meet client's health and human service needs. SCS Case Management staff provides advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes. As part of the Emergency Assistance Network (EAN) in Santa Clara County, SCS shares resources and best practices with dozens of partner agencies.
Community Need	This program will reach underserved individuals and families, help reduce health disparities and address complex issues that cause and protract poverty. Access to basic health care is necessary for individuals' physical, mental, and economic health. Lack of health care access is also recognized as a leading cause of poverty for all ages. In 2016, over 80% of SCS clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the area median income (AMI) for Santa Clara county and well under 200% of the federal poverty level (FPL). SCS serves Sunnyvale's highest poverty areas, including Title I elementary schools and low-income middle schools in Sunnyvale, where a majority of the children qualify for free or reduced cost meals. Among SCS clients, 36% are children, even though children represent only 22% of the population of Sunnyvale, and 14% of are seniors, up from 9% in 2010. Sunnyvale's most recent 2015-2020 Consolidated Plan [1] shows that 28% of City households (15,375 households) are lower-income with incomes. After paying for housing, low-income families and seniors have little money left to cover the costs of medicine or food. According to a report from St. Michael's Hospital Centre for Research on Inner City Health, 85% of homeless people "have at least one chronic health condition and more than half have a mental health problem. People who are 'vulnerably housed' – meaning they live in unsafe, unstable or unaffordable housing – had equally poor, and in some cases worse, health, the survey found."[2] According to The Lancet, "The right to a home is not just a matter of social cohesion and justice. Providing stable housing in an important upstream intervention to reduce avoidable deaths and improve health and well-being".[3] The El Camino Hospital 2016 Community Health Needs Assessment focus group participants identified housing and homelessness as a top concern and noted that income inequality and the wage gap contribute to poor health outcomes.[4] Sources: 1. https://sunnyvale.ca.gov/civicax/filebank/blobdload.aspx?BlobID=23237 2. https://www.sciencedaily.com/releases/2011/08/110824122906.htm 3. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30086-2/fulltext 4. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf
Agency Description & Address	725 Kifer Road, Sunnyvale The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

	Network (EAN) agency for all Sunnyvale zip codes and San Jose's Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.
Program Delivery Site(s)	Sunnyvale Community Services
Services Funded By Grant/How Funds Will Be Spent	Services include: • Initial client assessment and case planning. • Case Management for three or more months. • Initial monthly meeting, with follow-on monthly meetings and one or more quarterly assessments. • Assistance and advocacy with applications, access to health care, nutrition programs, affordable housing, education, job training, employment, child care, financial education, budgeting and resource referrals. • Access to other SCS safety net services (food, financial aid, referrals) services. • Access to low-cost monthly bus passes for medical appointments, jobs, and education. • Access to financial management and health- and nutrition-related programs and services. Full requested amount funds partial salaries of two case management staff.
FY19 Funding	FY19 funding requested: $85,400 FY19 funding recommended: $85,400

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $85,400 FY18 Approved: $85,400 FY18 6-month metrics met: 50%	FY17 Approved: $75,000 FY17 Spent: $75,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $65,000 FY16 Spent: $65,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 100%

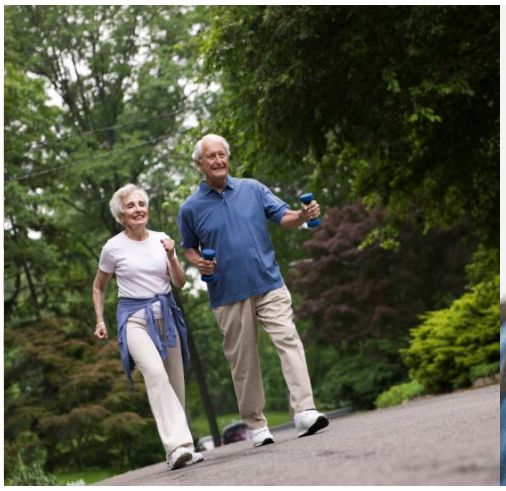
FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
	45	105
Meetings to implement Case Plan and measure progress (Minimum of 3 meetings as part of family case plan).Meetings to implement Case Plan and measure progress (Minimum of 3 meetings as part of family case plan).	135	315
Participation in health and nutrition related programs including food distributions during case management (minimum of 2 or more per individual).	90	100
Participants whose self-sufficiency scores improve 6 months after entering Case Management to an average of 3.0 or higher across 5 Dimensions (Housing, Food, Health, Income, Education).	90%	90%
Housing Stabilization: Sheltered participants who maintain housing for 60 days after receiving financial assistance and referrals.	90%	90%
Rapid Re-Housing: Homeless participants who are moved to temporary or permanent housing within 6 months of case plan.	%	80%
Participants who rank SCS staff and services "4" or higher on a 5-point satisfaction scale (annual survey).	80%	80%

Community Benefit Support Grant Summaries

Fiscal Year 2019

The purpose of the Support Grants Program is to support small- to mid-size nonprofit organizations (with annual operating budgets of less than $1 million) that provide vital health services to individuals who live, work, or go to school in the District. Grants of up to $25,000 will be awarded with fewer reporting requirements. Grant funds may be used for programmatic and operational needs.



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

FY19 Healthy Body Proposal Summary

Palo Alto Medical Foundation (Support Grant)

Program Title	5210 Program- Numbers to Live By!
Grant Goal	The Palo Alto Medical Foundation 5210 Program is requesting $15,000 to offer nutrition lessons and wellness education provided by a Health Educator who will support the Program Specialist. Elementary school-aged children, parents, school staff and administrators will benefit from the services provided to promote ongoing health and wellness messages. Services include over 140 nutrition lessons during the school year, as well as physical activity contests during school and after-school, lunch tastings of fruits and vegetables for the entire student population, and parenting classes. In addition, we partner with community organizations to provide additional education during the summer and educational presentations to staff and administrators throughout the school year. We will provide 5210 programming in 11 school sites during the school year. Services help encourage an environment of health for the school communities and education to prevent chronic diseases such as diabetes and obesity.
Community Need	California created an Obesity Prevention Plan in order to meet the national goal of reducing adolescent obesity to 14.5% or below. However, in Santa Clara County as of 2015, 34.5% of 5th graders were overweight or obese. (1) Only 26.6% of the same cohort meets all fitness standards. (1) In addition, according to health data in 2013, only 36% of adolescents ate 5 or more servings of fruits and vegetables daily. (2) Although Santa Clara County strives to reduce overweight and obesity in our children, changes in health are still unseen. The 5210 Program aims to reduce childhood obesity through community-based intervention as well as create environmental change. These evidence-based methods were adopted from the original Let's Go! 5-2-1-0 which began in Portland, Maine in 2008. (3) Not only do we educate students and their parents in nutrition and health, but we also provide support to their school administration and staff to promote health messages throughout the school year. By reaching multiple avenues within and around the school communities, we can promote a healthy environment. In doing so, students will have an easier time making healthy choices and reduce their risk of obesity. Sources: (1): http://www.kidsdata.org/topic/310/fitnessstandards/ (2): https://www.sccgov.org/sites/phd/hi/hd/Documents/obesity-reports/obesity-facts.pdf (3): Journal of Pediatric Psychology, Vol 38, Issue 9, 1 October 2013, Pages 1010-1020. Impact of Let's Go! 5-2-1-0: A Community-Based, Multisetting Childhood Obesity Prevention Program.
Agency Description & Address	701 E. El Camino Real, Mountain View The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization dedicated to enhancing the health of people in our communities. PAMF serves more than 100 communities in Northern California. The purpose of the 5210 program is to increase nutritional awareness and competency among youth within our service area and to create environments that make healthy choices easier for families to make.
Program Delivery Site(s)	Sunnyvale School District: • Bishop Elementary • Cherry Chase Elementary • Columbia Middle • Cumberland Elementary • Ellis Elementary • Fairwood Elementary

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	• Lakewood Elementary • Sunnyvale Middle • San Miguel Elementary Cupertino Union School District: • Vargas Elementary • Nimitz Elementary
Services Funded By Grant/How Funds Will Be Spent	5210 Program Activities: • Students will be engaged through introductory assemblies, social marketing, poster and activity contests, and goal setting behaviors for each of the 5210 messages. • Fifth graders will receive three 50-minute nutrition lessons • At least 10 lunchroom tastings introducing new fruits or vegetables will be held each month • 5210 staff will partner with community groups, like Safe Routes to School and UC extension, to provide education and outreach to the broader community audience • Over 600 students participating in nutrition and health lessons • After-school programming implemented at all Kids Learning After School sites in Sunnyvale Elementary School District (6 of 10 schools) • Sunnyvale Collaborative organized and lead for community partners Full requested funding would support a partial instructor salary and program supplies.
FY19 Funding	FY19 funding requested: $15,000 FY19 funding recommended: $15,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	FY17 Approved: $30,000 FY17 Spent: $12,809 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $30,150 FY16 Spent: $9,478 FY16 6-month metrics met: 0% FY16 annual metrics met:100%

FY19 Dual Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $15,000 FY18 Approved: $15,000 FY18 6-month metrics met: 100%	FY17 Approved: $20,000 FY17 Spent: $15,181 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $29,500 FY16 Spent: $2,636 FY16 6-month metrics met: 0% FY16 annual metrics met:100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	5,000	7,135
	Total Encounters	5,000	10,000

Bay Area Women's Sports Initiative (BAWSI) (Support Grant)

Program Title	BAWSI Girls Program in Sunnyvale
Grant Goal	To generate positive attitudes towards rigorous exercise and active play and improve social-emotional behavior and attitudes in elementary aged girls in under-served communities. During weekly after-school sessions in the fall and spring semesters, coaches will engage young girls in fun games that build fitness and motor coordination. Using pedometers to track their steps, girls will race, jump, and hula-hoop through stations of high-energy activities focused on goal setting, body awareness, teamwork, and healthy competition. Coaches will also create opportunities for leadership conversations featuring a word of the week and interweave the program's overarching themes of respect and responsibility throughout sessions. Staff will teach basic mindfulness techniques to help pave the way for a lifetime of wellness. All BAWSI Girls will be invited to a BAWSI Game Day where they attend a local college women's sporting event, thus planting the seeds for a future that includes college. The intent is to expose the girls to healthy, active role models competing in rigorous activity, and to receive exposure to a college campus.
Community Need	While it is widely recognized that increased physical activity lowers obesity rates and positively impacts social-emotional wellbeing, studies show that girls are physically less active than boys. The Santa Clara County 2010 Health Profile lists obesity and associated chronic health conditions such as heart disease and diabetes as a major concern, citing a 25% obesity rate among middle school and high school children. Moreover the report finds the highest rates of obesity in low-income adult populations and Hispanic adult populations. The factors contributing to obesity include (among young girls) a sedentary lifestyle that correlates with low incomes, race/ethnicity, and lack of access to recreational opportunities. In a 2015 report, the Aspen Institute's Project Play cited girls as having the greatest need for physical literacy interventions. The report shared that across genders, girls are less physically active than boys and that the gender gap emerges by age 9. "Girls of color are more sedentary than their white peers, where African Americans and Asian Americans are most sedentary, with 49.5 percent and 44.1 percent of them, respectively, engaging in physical activity no more than two times a week (followed by Hispanic girls at 41.6 percent and white girls at 37.2 percent)." Research from the Women's Sports Foundation (WSF) shows that girls who are physically active and/or involved in sports have lower risks of heart disease, type 2 diabetes, higher self-esteem, lower rates of depression, more positive body image, are more likely to graduate from high school, and are less likely to engage in sexually risky behaviors and substance abuse. Further research from WSF indicates that early exposure to sports and physical activity increases the likelihood of continued participation. Sources: https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf https://www.sccgov.org/sites/phd/hi/hd/Documents/Health%20Profile%20Report%202010/scc_health_profile_ex_summary_final_092410.pdf https://www.womenssportsfoundation.org/research/article-and-report/recent-research/her-life-depends-on-it-iii/
Agency Description & Address	1922 The Alameda, Suite 420, San Jose BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.
Program Delivery Site(s)	Bishop Elementary School, Sunnyvale School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting weekly after school sessions where female collegiate and high school student athletes serve as positive female role models • Providing program staff to oversee volunteer student athletes • Providing supplies, including equipment and participant materials such as t-shirts, journals and pedometers Full requested funding would support staffing and program supplies.
FY19 Funding	FY19 funding requested: $20,667 FY19 funding recommended: $19,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $19,200 FY18 Approved: $16,605 FY18 6-month metrics met: 100%	FY17 Approved: $16,000 FY17 Spent: $16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 0%	FY16 Approved: $15,000 FY16 Spent: $15,000 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A

FY19 Dual Funding FY19 funding requested: $20,667 FY19 funding recommended: $16,500

Dual Funding History

FY18	FY17	FY16
FY18 Requested: $19,200 FY18 Approved: $16,000 FY18 6-month metrics met: 100%	FY17 Approved: $16,000 FY17 Spent: $16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $15,000 FY16 Spent: $15,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Youth served	60	120

Bay Area Women's Sports Initiative (BAWSI) (Support Grant)

Program Title	BAWSI Rollers in Sunnyvale
Grant Goal	This program provides adaptive physical activities for girls and boys with physical, cognitive, and hearing disabilities. Weekly sessions include activities focused on goal setting, teamwork and healthy competition, as well as self-respect, responsibility and leadership.
Community Need	In the state of California, 34% of children with special needs are overweight or obese, 5% higher than the general population of California children. Lower physical activity levels are a major reason for the higher incidence of obesity. The barriers to participation in sports and physical activity for children with disabilities in Santa Clara County include access, cost, and transportation. Furthermore, the Santa Clara County Office of Education's 2015-2016 SARC (School Accountability Report) shows one in four special education students come from low-income families. Reasons for lack of physical activity among disabled children include a lack of access to programs, low motor function that hinders the ability and confidence to participate, and the heavy burden of special needs child-rearing that adds to parents' time and resource constraints. A 2017 report from the Aspen Institute's Project Play cites children with disabilities as one of the most under-served groups in the United States for physical literacy interventions. Sources: http://www.kidsdata.org/topic/489/overweight-obese-special-needs-status/table#fmt=643&loc=1,2&tf=77&ch=172,173 https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/aboutdhprogram508.pdf https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf
Agency Description & Address	1922 The Alameda, Suite 420, San Jose BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.
Program Delivery Site(s)	Vargas Elementary School, Sunnyvale School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting weekly after school sessions where collegiate and high school student athletes serve as positive role models • Providing program staff to deliver services and oversee student athletes • Providing supplies, including participant materials such as t-shirts Full requested funding would support staffing and program supplies.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

FY19 Funding	FY19 funding requested: $17,502	FY19 funding recommended: $17,500	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $16,300 FY18 Approved: $16,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18
FY19 Dual Funding	FY19 funding requested: $17,502	FY19 funding recommended: $10,000	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $16,300 FY18 Approved: $16,300 FY18 6-month metrics met: 33%	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	25	25

EL CAMINO HEALTHCARE DISTRICT

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Breathe California of the Bay Area (Support Grant)

Program Title	Seniors Breathe Easy
Grant Goal	To provide senior-focused professional health education to residents aged sixty or older. These services will support health and wellness programs at senior centers and other community locations in Mountain View, Los Altos, Los Altos Hills, Sunnyvale, Cupertino, Santa Clara, and Palo Alto. The goals are to increase seniors understanding of health risks; improve access to prevention services; increase the level of safety in seniors' homes; increase access to smoking cessation assistance for seniors, and increase competence/confidence of caregivers serving our seniors.
Community Need	Seniors are a growing population, comprising 11% of the County's population (13% in Mountain View) and expected to double by 2050. Asians have the highest life expectancy, and the geographic area with the highest life expectancy is Mountain View/Los Altos at 86.7%. The senior sector in our communities has serious health literacy needs that are not being met, especially in seniors whose native language is not English. (The Aging Services Collaborative reports that Mountain View has the highest percentage of seniors living in "linguistic isolation" at 40%.) All seniors need up-to-date information on lung disease: how to prevent it, recognize symptoms; get care; avoid scams; maximize relationships with one's physician; comply with complex medication regimens.
Agency Description & Address	1469 Park Avenue, San Jose Breathe California of the Bay Area (BCBA) is a 107-year-old grassroots, community-based, voluntary 501(c) 3 non- profit that is committed to achieving clean air and healthy lungs. Our Mission: As the local Clean Air and Healthy Lungs Leader, BCBA fights lung disease in all its forms and works with its communities to promote lung health. Our key roles have been to establish tobacco-free communities, achieve healthy air quality, and fight lung diseases such as TB, asthma, influenza, and COPD. We serve over 100,000 individuals per year with programs in the areas of education, public policy initiatives, research, and patient services. Because lung disease impacts minority and poor communities disproportionately, we work to build capacity and end health disparities in these populations.
Program Delivery Site(s)	Senior and community centers in the El Camino Healthcare District, such as the City of Mountain View Senior Center.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Health Education Presentations • Health Screenings • Caregiver training for health personnel and families • Home visits for assessment/education of environmental lung health risks and fall prevention. Full requested amount funds partial salaries for a health educator, outreach specialist and program administrator as well as administrative costs.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

FY19 Funding	FY19 funding requested: $25,000	FY19 funding recommended: $25,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100 %	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: N/A FY17 annual metrics met: 100%	New in FY17
FY19 Dual Funding	FY19 funding requested: $50,000 (Children's Asthma Program)	FY19 funding recommended: $50,000	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $50,000 FY18 Approved: $50,000 FY18 6-month metrics met: 33%	FY17 Approved: $50,000 FY17 Spent: $49,995 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Older adults served	400	1,000
	Health education presentation attendees	200	350
	Participants receiving health screenings	100	250

FY19 Healthy Body Proposal Summary

Day Worker Center of Mountain View (Support Grant)

Program Title	Engaging Day Workers in Healthy Living
Grant Goal	To help Latino day workers and their families reduce their risk of being overweight/obese, pre-diabetic, and at high risk for chronic diseases.
Community Need	There are 16,300 Latinos in Mountain View (21 percent of the population). Latino men, women and children have some of the highest rates of overweight/obesity, pre-diabetes and unhealthy food consumption in the U.S. This is the profile of day workers who are also often food insufficient.
Agency Description & Address	113 Escuela Avenue, Mountain View The agency's three primary goals are to 1) connect day worker men and women with employers in a safe and supportive environment, 2) empower day workers to improve their socio-economic conditions through fair employment, education, and job skills training, and 3) participate in advocacy efforts that support the day labor community.
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing and preparing fresh produce and nutritious foods produce and serving nearly 10,000 breakfast and lunch meals annually • Conducting training workshops and weekly fitness classes Full requested funding would support partial staffing and fresh fruits, vegetables, and salads.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $15,768 FY16 Spent: $15,768 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served with nutritious meals	350	525

FY19 Healthy Body Proposal Summary

Hope's Corner (Support Grant)

Program Title	Healthy Food for Hope
Grant Goal	Hope's Corner is dedicated to providing nourishing meals in a warm and welcoming atmosphere to people who live in their cars, are homeless, and low-income to address food scarcity in the community.
Community Need	With rising costs of rental apartments it may be difficult for those with low-wage jobs to afford both housing and food. Additionally, one in five adults is obese and the proportion is higher in the LGBTQ, Latino, and Black populations. In the 2013 Santa Clara County Homeless Census, two-thirds of homeless individuals reported one or more chronic and/or disabling conditions, including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions. According to the "2017 Santa Clara County Homeless Point in Time Census and Survey", the number of homeless people in Mountain View increased from 276 to 416 between 2015 and 2017, an increase of 51% in just two years. At the same time, many who have been able to rent are now being displaced or having to use more of their income to pay higher rents. The Zumper SF Bay Area Metro Report for October 2017 found that rents rose by 15.6% year-over-year in Mountain View, with a median rent for a one-bedroom apartment at $3,110. https://www.mercurynews.com/2017/10/25/report-bay-area-rents-rising-fastest-in-mountain-view-petaluma-and-walnut-creek/
Agency Description & Address	748 Mercy Street, Mountain View Hope's Corner is a joint ministry of Trinity United Methodist Church and Los Altos United Methodist Church. The volunteer-run organization provides breakfast and a bag lunch every Saturday at Trinity United Methodist Church at the corner of Hope and Mercy Streets.
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing individually packaged salads to improve the nutritional quality of meals by adding more fresh vegetables • Distributing health education materials Full requested funds would support the purchase of nutritious foods and educational materials on healthy eating.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $15,768 FY16 Spent: $15,768 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	250	275

FY19 Healthy Body Proposal Summary

Reach Potential Movement (RPM) (Support Grant)

Program Title	Gateway Neighborhood Center Programs
Grant Goal	This program will provide Latino youth between the ages of 4-17 with Folkloric Dance classes and Summer Sports Camp.
Community Need	In the Gateway neighborhood, 15%-21% of children below the age of 11 are overweight, and 22%-26% of the teenagers are overweight or obese, which is double the county average. In addition, recent research from kidsdata.org shows that in Grade 5, only 15.2% of Latin students "Meet all Fitness Standards" which is less than half the rate of White or Asian American students. The Johns Hopkins's National Summer Learning Association reports that, "on average, youth from lower-income families…are also more likely to experience negative health outcomes, such as obesity, over summer break. On average, weight gain is three times faster during summer months".
Agency Description & Address	Gateway Neighborhood Center, P.O. Box 2625, Sunnyvale, CA Reach Potential Movement (RPM) is passionate about equipping under-resourced youth and families with leadership, learning and life skills to strengthen the community and reach their fullest potential.
Program Delivery Site(s)	Program services will be delivered to families who reside in North Sunnyvale at Gateway Neighborhood Center, Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing a one-week summer sports camp and three, ten-week sessions of folkloric dance classes to promote physical fitness Full requested funding would support staffing and program supplies such as equipment and dance floor rental.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $20,000 FY18 6-month metrics met: 100%	New Program in FY18	New Program in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	125	125

RotaCare Bay Area (Support Grant) NEW

Program Title	Strategic Planning and Organizational Development 2018
Grant Goal	RotaCare Bay Area request $25,000 for its 2018 Strategic Planning and Organizational Development program. These monies will help facilitate RBA administration in the execution of its mission: to provide free medical care in the Bay Area and surrounding communities for those who have the greatest need and the least access. This means we target people generally pushed to the margins: the unemployed, the undocumented, the uninsured, and provide them with high quality medical services, provided by certified medical personnel free of charge. RBA offers a wide range of services, from mammograms, and diabetes/obesity services, to cancer screenings and influenza examinations at the hospitals, medical clinics and school health offices. Despite the implementation of the Affordable Care Act (ACA) and Covered California, many Californians remain uninsured. Over 90% of RBA patients live at or below the 200% federal poverty level. Lack of access to health care can have devastating consequences to the health, well-being and economic security of children, individuals and families. RBA plays a critical role in our regional Safety Net, and is poised to grow to serve more of the 3 to 4 million low-income Californians who remain uninsured.
Community Need	The San Jose Mercury News indicates that 7.1% of Californians are left uninsured (https://www.mercurynews.com/2017/02/14/obamacare-californias-uninsured-rate-drops-to-new-record-low/) Despite the implementation of the Affordable Care Act (ACA) and Covered California, many Californians remain unprotected. Consistent with free clinic populations nationwide, the vast majority of the patients we serve are the uninsured working poor. The Open Data Network states the amount of uninsured in Santa Clara County is 10.4% (https://www.opendatanetwork.com/entity/0500000US06085/Santa_Clara_County_CA/health.health_insurance.pctui?year=2014&age=18%20to%2064&race=All%20races&sex=Both%20sexes&income=All%20income%20levels), which means there are almost 200,000 uninsured in Santa Clara county alone. It is well known that those with no access to health care will not act proactively, and instead of going to the doctor immediately will wait, and the implications of waiting, in some instances can lead to impacts as deleterious effects long term. Sick parents can't work and make money for the family, sick children can't go to school, lest they make an entire classroom sick and everyone is less effective- at their job or in the classroom, when they're not feeling well.
Agency Description & Address	514 Valley Way, Milpitas RotaCare Bay Area, Inc. (RBA) was formed in 1989 with a single clinic in Santa Clara, by Dr. Mark Campbell and the Campbell Rotary Club out of their concern for low income residents with limited access to primary healthcare. Since then, RBA has grown to encompass 11 free clinics operating across eight Bay Area counties, mobilizing over 1,500 volunteer medical and support personnel. RBA is unique in that clinics are operated primarily through the mobilizing of local physicians, nurses, and many others to volunteer their time to provide basic primary health services free of charge to patients.
Program Delivery Site(s)	N/A
Services Funded By Grant/How Funds Will Be Spent	Services listed on application below: However funding is being requested for strategic planning and organizational development. • Weekly Walk-in Clinic for Medical Evaluation and Treatment

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	• Spanish speaking interpreters • On-site monthly Healthy Eating Class with a Registered Dietitian (4th Wednesday of the month) • Screening for diabetes, hypertension Full requested funding will pay for partial staff time to conduct strategic planning and organizational development.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	N/A	N/A	N/A

Rationale for Recommended Funding	No metrics for strategic planning or organizational development were provided. There are no RotaCare Clinics in the El Camino Healthcare District.
FY19 Dual Funding	FY19 funding requested: $30,000 FY19 funding recommended: Do not fund

Dual Funding History	FY18	FY17	FY16
	N/A	N/A	N/A

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	2,600	5,500
	Visits for all clinics	5,000	10,000

FY19 Healthy Body Proposal Summary

Vista Center for the Blind and Visually Impaired (Support Grant) NEW

Program Title	Vision Rehabilitation Program
Grant Goal	Vista Center is requesting $24,921 to support our Vision Rehabilitation Program for blind and visually impaired adults. The Master's prepared instructions are credentialed in their field of specialty. The Low Vision Optometrists are Board Certified by the American Board of Optometry. Initial Assessments are provided by a Licensed Clinical Social Worker/Social Worker/Case Worker. A blind/visually impaired individual may have any combination of any of the following services based on their individual needs: Intake Assessment/Case Management, Individual Counseling/Support Group, Information and Referral, Orientation & Mobility training, Daily Living Skills training, Low Vision Exam and Assistive Technology. With the exception of the Low Vision Exam, all other services may be provided in the individual's home or community at a time that is agreed to by our staff and the individual. The program is effective in helping adults care for themselves safely and effectively in their home environment, travel confidently in the community and access community resources, and maintain a level of adjustment to disability which will prevent isolation and depression. These skills are taught in a supportive environment and are necessary to remain independent.
Community Need	According to the World Health Organization's updated Fact Sheet dated October 2017 (http://www.who.int/mediacentre/factsheets/fs282/en/), "an estimated 253 million people live with vision impairment: 36 million are blind and 217 million have moderate to severe vision impairment. 81% of people who are blind or have moderate or severe vision impairment are aged 50 years and above." The National Federation for the Blind reports that in 2015, 768,267 Californians had vision loss, 17% ages 18-64 years and 43% ages 65-74 years old. http://www.afb.org/info/blindness-statistics/state-specific-statistical-information/california/235 "Seniors who have a visual trouble or deficit are 1.5-2.0 times more likely to fall than those who do not. Visual impairment adversely affects perception of environmental elements that can cause a fall. By also interfering with perception and use of static and dynamic visual information, it compromises balance and posture and increases risk of falls. Seniors with a visual impairment are generally less active, which may cause a reduction in functional abilities and, in return, a sensory loss. This closed loop may cause degradation in efficiency of the anticipatory process and postural regulation, a reduction of dynamic balance and increased risk of falls. In addition, fear of falling, common in older persons with VI, is a significant predictor of a future fall. It can lead to a reduction in self-confidence and activities and, consequently, deterioration in physical capabilities and quality of life." http://www.inlb.qc.ca/wp-content/uploads/2015/01/Prevention-of-falls-among-seniors-with-VI-Final.pdf
Agency Description & Address	2500 El Camino Real, Suite 100, Palo Alto Vista Center for the Blind and Visually Impaired's mission is to empower individuals who are blind or visually impaired to embrace life to the fullest through evaluation, counseling, education and training. We know that individuals who have significant vision loss can utilize resources and learn new ways of doing the tasks of daily living, thereby regaining their independence.
Program Delivery Site(s)	N/A
Services Funded By Grant/How Funds	Services include: • One hour Initial Assessments (one session)

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Will Be Spent	• One hour Individual or Group Counseling (average 4 sessions) • One hour Daily Living Skills (average 2 sessions) • 1.5 hours Orientation & Mobility (average 2 sessions) • One hour Assistive Technology (average 1-2 session) • 75 minute Low Vision Exams (one session) Full requested funding would support partial staff salaries and facilities.
FY19 Funding	FY19 funding requested: $24,921 FY19 funding recommended: $24,921

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	15	36
	1:1 Vision Rehabilitation Sessions	30	62
	Support Group Sessions	2	5
	Participants in a support group session	15	30

EL CAMINO HEALTHCARE DISTRICT

FY19 Healthy Mind Proposal Summary

Blossom Birth Services (Support Grant) NEW

Program Title	Organizational Relocation Assistance
Grant Goal	Support moving and relocation expenses for Blossom Birth Services, such as replacing old deteriorating furniture, pay for movers and to complete the renovations to make the building ready for the public. Expectant and new families use the facility.
Community Need	***NOTE:*** *The follow describes the health need the organization addresses, however the grant request is to support the organization's moving expenses.* Maternal health outcomes remain poor for many women, globally and in the United States. Also, maternal mental health disorders like postpartum depression are the number one complication of childbirth. Maternal mortality is the second leading cause of death among women age 15-49. The current global maternal mortality rate (MMR) is 216 maternal deaths per 100,000 live births (UNICEF, 2017). According to the World Health Organization (WHO) (2015), women face a 1 in 180 lifetime risk of dying from pregnancy- and childbirth-related causes, including hypertension, hemorrhage, and sepsis. The consequence of not providing women a community where they feel safe and welcomed increases the chances of severe maternal morbidity. By supporting Blossom financially, this will help secure a physical community gather place
Agency Description & Address	Current location before move: 505 Barron Ave, Palo Alto Blossom's mission is to provide services, resources and support for a healthy, informed, and confident birth and parenting journey. Since 1999, Blossom has been a community based 501c(3) non-profit education and resource center serving families in the San Francisco Peninsula/South Bay area. The three cities where the majority of our clientele live are Palo Alto, Mountain View, and Menlo Park. The organization meets the needs of new and expectant families by providing education and community through yoga, childbirth and parenting classes, support groups, lectures, a specialized lending library, a resale and retail store, professional development and support, and community events.
Program Delivery Site(s)	The new site location will be at 290 California Ave., Palo Alto
Services Funded By Grant/How Funds Will Be Spent	This is a one-time request for funds to help cover moving expenses and does not include services to community members. The proposed budget includes furniture, movers and a small amount of staff time.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
N/A Grant request is for moving expense; does not include services.	N/A	N/A

FY19 Healthy Mind Proposal Summary

Center for Age-Friendly Excellence (CAFE)/ Senior Inclusion and Participation Project (SIPP) (Support Grant) NEW

Fiscal Agent: Los Altos Community Foundation

Program Title	Senior Inclusion and Participation Project (SIPP)
Grant Goal	SIPP is a tested pilot project attempting address isolation and loneliness among older adults. Experienced Gerontologists deploy a variety of best practices such as recruiting 'befrienders', organizing specialized intergenerational socials, teaching communication techniques, building individual relationships and following up with individual participants. The objective is to test interventions, collect data, publish outcomes and attempt to prevent negative health outcomes and human suffering amongst isolated and lonely elders.
Community Need	An important challenge of our work on isolation and loneliness is that very little is known regarding demographics and negative health outcomes. Few older persons will describe themselves as lonely, and isolated persons are extremely difficult to locate. We have instituted a creative partnership with the Block Action Teams (BATs) in Los Altos to identify isolated elders block by block. Our target audience for isolation are persons of old age, with chronic illness, lower income, female, and living alone. We are applying the relatively small amount of evidence and best practice interventions developed by Age U.K. in London and health and human services providers in the Netherlands (see below the instruments we plan to use). According to AARP approx. one third of older adults are lonely. According to US 2010 Census population estimates, 42.6 million older adults are suffering from chronic loneliness. This problem is so pervasive that U.K. Prime Minister, Theresa May, has just appointed a Minister for Loneliness. The Surgeon General in the Obama Administration described loneliness as an epidemic in America.
Agency Description & Address	183 Hillview Avenue, Los Altos The Center for Age-Friendly Excellence (CAFE) is a project of the Los Altos Community Foundation (LACF). CAFE is advancing our understanding of Age-Friendly cities and communities, using the World Health Organization's (WHO) model of eight domains of livability. CAFE drives transformational change in creating healthy, active, sustainable, and engaged intergenerational communities by providing technical assistance, consultation, applied research access and community organizing synergy to assist communities to become intentional about the global Age-Friendly initiative and develop plans, infrastructure and programs to successfully implement the WHO's eight domains. CAFE promotes policies, programs and services that improve quality of life as we age, and enhance respect, understanding and engagement in our diverse, multigenerational communities.
Program Delivery Site(s)	Services will be provided in community settings in Mountain View, Los Altos and Los Altos Hills.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Coordinating intergenerational events to reduce isolation among older adults including Befrienders' Dinners, Senior Brunches, Senior Tech Events, Creativity Events, Educational sessions on the nature of isolation and loneliness to community organizations, and individual contacts for socio-emotional support Full requested funding would support partial staffing, including a Project Director, and marketing expenses.

FY19 Healthy Mind Proposal Summary

HEALTHY MIND

FY19 Funding	FY19 funding requested: $25,000	FY19 funding recommended: $25,000	
Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Older adults served	150	250

EL CAMINO HEALTHCARE DISTRICT

FY19 Healthy Mind Proposal Summary

Eating Disorders Resource Center (EDRC) (Support Grant)

Program Title	Getting Connected and Support Toward Recovery programs
Grant Goal	This program will provide and improve upon current support groups, raise awareness on availability of support groups and services, and respond to calls, in person visits, and emails from individuals, family members, and community members to help connect them with resources, information about treatment, and support toward recovery.
Community Need	According to the National Eating Disorders Association, up to 30 million Americans will suffer from an eating disorder during their lives [1]. Due to lack of awareness, stigma, shame, and lack of access to care, eating disorders often go unrecognized, undiagnosed, and untreated. As a result, only 1 in 10 people receive treatment for their eating disorder. Eating disorders are almost always comorbid with other disorders like anxiety, OCD, and bipolar disorder. Eating disorders have been frequently under-treated and cases that have been treated continue to remain in the minority [2]. According to the National Association of Anorexia Nervosa and Associated Disorders, 20% of people with serious eating disorders die without treatment. With treatment, the mortality rate falls to 3%. Sources: 1. National Eating Disorders Association. (2016). "What Are Eating Disorders?" https://www.nationaleatingdisorders.org/learn/general-information/what-are-eating-disorders 2. Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication. Biological Psychiatry, 61(3), 348–358. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1892232/
Agency Description & Address	15891 Los Gatos Almaden Road, Los Gatos EDRC is the only nonprofit in Santa Clara County addressing the need for education and awareness about eating disorders. The agency provides assistance to clients through monthly support groups and phone/email resource assistance.
Program Delivery Site(s)	Services will be provided to community members who live, work or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing program staff to coordinate and conduct ongoing support groups for eating disorder sufferers and their families • Raising awareness of support groups through education of healthcare professionals, school staff, and the community Full requested funding would support partial staffing of a Program Manager and Administrative Assistant.
FY19 Funding	FY19 funding requested: $20,000 FY19 funding recommended: $20,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $20,000 FY18 Approved: $20,000 FY18 6-month metrics met: 100%	FY17 Approved: $20,000 FY17 Spent: $20,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $17,600 FY16 Spent: $17,600 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	119	237

FY19 Healthy Mind Proposal Summary

Friends for Youth (Support Grant)

Program Title	Why Mentoring? Whole Health for Youth
Grant Goal	To provide long term, high quality one-to-one adult mentoring and supporting activities for at-risk and disadvantaged youth who lack a positive adult in their lives.
Community Need	Students who fail to graduate from high school are then at even higher risk for future health problems throughout adulthood. Mentoring has been proven positively impact behavioral and emotional health. A 2016 study on "The Role of Program-Supported Mentorship Relationships in Promoting Youth Mental Health, Behavioral, and Developmental Outcomes" (Dewit, Dubois, Erdern, Larose, Lipman 2016) found that mentored youths, especially those in a mentoring relationship lasting 12+ months, reported "significantly fewer behavioral problems and fewer symptoms of depression and anxiety that did non-mentored youths". Further, a study funded by the Bill and Melinda Gates Foundation found that having the guidance of a caring adult mentor could help overcome the symptoms of depression in at-risk youth (The Role of Risk; Herrera, DuBois, Grossman 2013). Sources: http://all4ed.org/reports-factsheets/saving-futures-saving-dollars-the-impact-of-education-on-crime-reduction-and-earnings-2/ http://www.cjcj.org/news/11554 https://www.ncbi.nlm.nih.gov/pubmed/27194480 https://www.mdrc.org/publication/role-risk
Agency Description & Address	1741 Broadway, Redwood City Friends for Youth was established in 1979 to serve severely distressed, low-income, diverse, at-risk youth who are exposed to, or are involved in, unhealthy behaviors including substance abuse, violence, gang involvement, bullying, depression, low self-esteem, and poor fitness and nutrition.
Program Delivery Site(s)	Program services will be delivered to youth who live, work or go to school in the District's boundaries.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for program to serve disadvantaged and at-risk youth Coordinate supporting workshops, activities, and materials Full requested funding would support partial staffing, mentor background screenings and program supplies.
FY19 Funding	FY19 funding requested: $20,000 FY19 funding recommended: $20,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $20,000 FY18 Approved: $15,000 FY18 6-month metrics met: 100%	FY17 Approved: $20,000 FY17 Spent: $20,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $20,000 FY16 Spent: $20,000 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	40	60

FY19 Healthy Mind Proposal Summary

Mission Be, Inc. (Support Grant) NEW

Program Title	Mindfulness Training for Students
Grant Goal	Provide mindfulness training to students, parents and teachers, particularly for higher risk high school students at Mountain View High School and higher risk elementary students at Stevens Creek Elementary School in Cupertino.
Community Need	Many children and youth, specifically underserved, minority and low-income youth, report chronic academic and social pressures at school and home, which can undermine learning, and increase wear and tear on areas of the brain associated with executive control, decreasing a child's ability to martial attention, use working memory, and exercise inhibition. Stress also undermines language and other cognitive and behavioral functions. Mission Be's mindfulness training mitigates the impact of this stress and gives children the tools to self-regulate, allowing them to enhance their self-confidence and wellbeing. U.S. students are stressed and experience chronic academic, social and emotional pressure and stress that undermines their wellbeing and learning (Caine & Caine, 2013), and impacts emotional regulation, as well as their ability to maintain attention, and support language, and other cognitive and behavioral functions (Gianaros & Hackman, 2013). Many children report chronic academic and social pressures at school and home. A survey conducted by the American Psychological Association in 2009, for example, found that 45% of US teens were stressed by school pressures. Students, moreover, who are part of an ethnic minority may experience low academic achievement, and experience isolation that prevents them from successful participation in school. And, those students who have experienced Adverse Childhood Experiences are at even greater risk of decreased resilience and coping skills and future negative health consequences (Oritz, Sabinga, 2017, https://www.ncbi.nlm.nih.gov/pubmed/28264496). Additionally, According to an August 2016 article, there is a wide gap in performance between Asian and white students on one hand and African American and Latino students on the other. Scores were dismal for black and Latino children, even in otherwise high-achieving districts (such as those in Mountain View and Cupertino). In Alameda, Contra Costa, San Mateo and Santa Clara counties, for example, only about one-quarter of Latinos met math standards. Among African-Americans, the figure was 31% in Santa Clara County (mercurynews.com/2016/08/24/california-school-test-scores-amid-gains-in-english-and-math-ethnic-gap-widens).
Agency Description & Address	240 Monroe Drive #307, Mountain View Mission Be implements mindfulness-based social emotional learning (SEL) programs in Northern California, New York City and Long Island schools and communities, aligned with Common Core Learning Standards, SEL, and anti-bullying legislation. Its mission is to increase the number of thriving, happy and peaceful communities through mindfulness. Mission Be believes that equipping children with key mindfulness-based social emotional skills will not only help them perform better academically and in their careers, but also help them become more compassionate, empathetic, caring members of society. Since launching in 2013 in New York, Mission Be has successfully implemented its mindfulness education curriculum in more than 28 schools reaching over 7,000 students in New York and California. Mission Be has also trained 600 educators in New York and California.
Program Delivery Site(s)	Two schools: • Stevens Creek Elementary School in Cupertino • Mountain View High School in Mountain View

FY19 Healthy Mind Proposal Summary

Services Funded By Grant/How Funds Will Be Spent	Eight sets of 8 weekly in-classroom lessons at each of two schools. Lessons cover the following topics: • Be Wise: Understanding the Neuroscience of the Brain • Be Present: Mindful Listening and Focusing • Be Mindful: Mindful Eating and Walking • Be Positive and Accepting: Positive Thinking • Be Responsive: Learning to Pause • Be Empathetic: The Practice of Empathy • Be Compassionate: Practicing acts of compassion and kindness • Be Courageous: Overcoming Fears and setting boundaries • Be Grateful: the Practice of Gratefulness Full requested amount funds partial salaries of mindfulness instructors and other staff roles as well as administrative costs.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	64	128
Services or encounters provided: Number of 50-minute mindfulness classes provided for students	64	128
Parent and Faculty workshops	4	8

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Matter of Balance (Support Grant)

Fiscal Agent: Stanford Health Care

Program Title	Matter of Balance Classes
Grant Goal	This evidence-based program reduces the fear of falling and other risk factors that contribute to falls through a series of educational and movement classes.
Community Need	One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. The Center for Disease Control estimates medical costs for fall-related injuries nationally to be an estimated $31 billion. With the aging population, National Council on Aging reports the financial toll is expected to reach $67.7 billion by 2020. Annual cost of falls in Santa Clara County, including ED visits, hospitalizations and deaths is estimated to be $265 million/year. In 2014, 2,981 older adults were hospitalized in Santa Clara County after a fall and 8,432 older Santa Clara County residents were seen in emergency departments. A study published in 1999 from Sydney Australia (Cumming, et al) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third.
Agency Description & Address	300 Pasteur Drive, MC 5898, Stanford The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.
Program Delivery Site(s)	The program will be delivered at: • Sunnyvale Senior Center, Sunnyvale • Columbia Neighborhood Center, Sunnyvale • Los Altos Senior Center, Los Altos • El Camino YMCA, Mountain View • Mountain View Senior Center, Mountain View • Cupertino Senior Center, Cupertino
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting 13 evidence-based Matter of Balance classes at various senior centers and sites for older adults at-risk for falls Full requesting funding would support staffing for an Occupational Therapist and an Occupational Health Professional to deliver the classes and program supplies.
FY19 Funding	FY19 funding requested: $14,330 FY19 funding recommended: $14,330

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $17,508 FY18 Approved: $14,000 FY18 6-month metrics met: 100%	FY17 Approved: $10,628 FY17 Spent: $10,032 FY17 6-month metrics met: 0% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Older adults served	50	165

EL CAMINO HEALTHCARE DISTRICT

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Mountain View Police Department Youth Services Unit (Support Grant)

Program Title	Dreams and Futures Summer Camps
Grant Goal	This program will provide a safe and educational environment for at-risk youth living in the Mountain View community by offering a summer enrichment program for at-risk youth.
Community Need	Student participants often come from homes where there is food insufficiency and do not often eat nutrient dense foods, leading to a risk of obesity and pre-diabetes in youth. These youth are exposed to daily stressors because of the financial strains on their families, with resulting anxiety and depression. Summer is a time when they fall behind in academic achievement and are exposed to the dangers of gangs and youth violence.
Agency Description & Address	1000 Villa Street, Mountain View The Mountain View Police Youth Services Division sponsors the Dreams and Futures Summer Program. The Dreams and Futures Program was created as a gang prevention program. The program services kids within the community and promotes healthy nutrition, physical activity, and healthy minds through various educational blocks of instruction. The Dreams and Future program promotes education to prevent summer learning loss and promotes positive interactions between police and youth as well as other community partners.
Program Delivery Site(s)	The program services will provided to youth in the Mountain View Whisman School District.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing two-week summer sessions to serve at-risk youth from 4th to 8th grade • Providing nutritious breakfast and lunch meals, field trips, physical activity sessions, conduct presentations on various topics Full requested funding would support partial staffing for High School and Community College Leaders and program supplies.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 0% FY17 annual metrics met: 0%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	40	80

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Resolution 2018-06: Appointing Special Advisory Committee El Camino Healthcare District Board of Directors May 15, 2018
	Responsible party:	Peter Fung, MD, Board Chair
	Action requested:	For Approval
	Background: Pursuant to the Board's Process for considering the election and re-election of Non-District Board Members to the El Camino Hospital Board of Directors, it is time to appoint an "El Camino Hospital Board Member Election Ad hoc Committee" for FY19. The process provides that the Committee will consist of two members of the District Board, and that the Board will appoint a member of the El Camino Hospital Governance Committee recommended by the Chair of the Governance Committee as an advisor to the Ad Hoc Committee as well as an Advisor who is an El Camino Hospital Director, but not a member of the El Camino District Board of Directors who has been referred to by the El Camino Hospital Board Chair. Article VII, Section 1 of the El Camino Healthcare District Bylaws provides for the Board Chair to appoint the Chairperson of the Committee and for the Board to approve the other member. At the meeting: 1. I will announce the appointment of a Chairperson of the Committee. 2. As Chair of the El Camino Hospital Governance Committee, I will recommend appointment of a member of the El Camino Hospital Governance Committee member to serve as an advisor to the Ad hoc Committee. 3. I will recommend appointment of El Camino Hospital Board Chair Lanhee Chen's nomination of an El Camino Hospital Director who is not a member of the El Camino District Board of Directors to serve as an Advisor to the Ad Hoc Committee 4. I will also I suggest the Board take nominations from the floor with respect to appointment of the second member of the Committee.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
	Summary and session objectives : To appoint an El Camino Hospital Board Member Election Ad Hoc Committee for FY19.	
	Suggested discussion questions: None.	
	Proposed Board motion, if any: To approve Draft Resolution 2018-06 appointing _____ as Chairperson, _____ as the second member, and _____ and _____ as an advisor to the El Camino Hospital Board Member Election Ad Hoc Committee for FY18.	
	LIST OF ATTACHMENTS: 1. Draft Resolution 2018 - 06	

EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2018-06

APPOINTMENT OF SPECIAL ADVISORY COMMITTEE FOR LIMITED PURPOSE AND LIMITED DURATION

WHEREAS, the Board of Directors has determined it is necessary to carefully consider and prepare for the re-election or election of Directors to the El Camino Hospital Board,

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

RESOLVED, that a temporary advisory special committee ("The El Camino Hospital Board Member Election Ad Hoc Committee"), consisting of two members is hereby established pursuant to Article VII, Section 1 of the Bylaws of the El Camino Healthcare District, to carefully consider and prepare for the FY 2019 election or re-election of one or more Directors to the El Camino Hospital Board.

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

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

RESOLVED, that _____ shall also serve as a member of the committee having been appointed as Chairperson of the committee by the Board Chairperson; be it further

RESOLVED, that _____ shall serve as an advisor to the Committee having been recommended by the Chair of the El Camino Hospital Board's Governance Committee; be it further

RESOLVED, that _____ shall also serve as an advisor to the Committee having been recommended by the Chair of the El Camino Hospital Board of Directors.

DULY PASSED AND ADOPTED at a regular meeting held on May 15, 2018, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____
John Zoglin, Secretary
ECHD Board of Directors

EL CAMINO HEALTHCARE DISTRICT BOARD

FY2018 PACING PLAN

Updated May 3, 2018

FY18 Q1		
JULY 2017	**AUGUST 2017**	**SEPTEMBER 2017**
No Meeting	**August 16, 2017** – District Director Applicant Interviews and Appointment **August 23, 2017** – District Director Administration of Oath, ECH Board Member Election	No Meeting
FY18 Q2		
OCTOBER 17, 2017	**NOVEMBER 2017**	**DECEMBER 2017**
▪ FY18 YTD ECHD Financials ▪ FY17 Community Benefit Year End Report ▪ FY17 Stand-Alone Financials ▪ FY17 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY17 Hospital Audit ▪ Adopt Resolution Setting Calendar Year 2018 Meeting Dates ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ District Director Vacancy Policy ▪ CBAC Structure ▪ Pacing Plan ▪ Minutes: 6/20 (closed) 8/16 and 8/23 ▪ Approval of Revised Budgets for ECH Major Capital Projects	No Meeting	No meeting

FY18 Q3		
JANUARY 16, 2018	**FEBRUARY 2018**	**MARCH 20, 2018**
▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY18 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Pacing Plan ▪ District Director Vacancy Policy ▪ Signing of Standards of Conduct ▪ ECH Board Director Candidate Interviews ▪ Election of El Camino Hospital Board Director(s) ▪ Presentation of Certificate of Transparency	No Meeting	▪ Recognition (As Needed) ▪ Community Benefit Spotlight (HTN Initiative) ▪ FY18 YTD ECHD Financials ▪ Prepare for November Election ▪ ECH Board Chair Assessment and ECH Board Evaluation ▪ Pacing Plan ▪ ECHD Bylaws Review ▪ Community Benefit Guiding Principles ▪ Draft Revised ECHD CB Policy
FY18 Q4		
APRIL 2018	**MAY 15, 2018**	**JUNE 19, 2018**
No Meeting	▪ FY 19 Community Benefit Plan Study Session ▪ Community Benefit Mid-Year Metrics ▪ Draft Revised Community Benefit Policy ▪ Appoint FY 19 Hospital Board Member Election Ad Hoc Committee ▪ Approval of Revised ECH Bylaws ▪ Approval of Revised Process for Election and Re-Election of NDBM's to the ECH Board of Directors ▪ Community Benefit Spotlight	▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY18 YTD ECHD Financials ▪ Tax Appropriation for FY19 ▪ District Capital Outlay Fund ▪ Review and Approve FY19 Pacing Plan ▪ Approval of FY19 Community Benefit Plan ▪ Approve ECH FY19 Budget ▪ Approve ECHD FY19 Budget ▪ Vacancy Policy ▪ CEO and CFO Review ▪ ECH Board and Board Chair Assessment ▪ Appointment of Liaison to the Community Benefit Advisory Council