



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

Tuesday, June 14, 2016 – 5:40 pm

El Camino Hospital, Conference Rooms E, F & 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	Peter Fung, MD, Board Chair		5:40 – 5:41 pm
2. SALUTE TO THE FLAG	Peter Fung, MD, Board Chair		5:41 – 5:42
3. ROLL CALL	Peter Fung, MD, Board Chair		5:42 – 5:43
4. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Peter Fung, MD, Board Chair		information 5:43 – 5:46
5. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter Fung, MD, Board Chair		5:46 – 5:47
6. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Peter Fung, MD, Board Chair	<i>public comment</i>	motion required 5:47 – 5:50
Approval a. Meeting Minutes of the Open Session of the District Board (March 15, 2016) b. Resolution 2016-05: To approve proposed amendments to ECH Bylaws Article IV, Section 4.3(c) and 4.7 c. Resolution 2016-06: To establish tax appropriation limit for FY17 d. Draft Revised Process for Re-election and Election of Non-District Board Members to the El Camino Hospital Board of Directors			

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
7. FINANCIAL REPORT a. ECHD FY16 Period 10 Financials b. FY17 El Camino Hospital Capital and Operating Budget c. ECHD FY17 Standalone & Consolidated Budget d. Capital Appropriation Fund	Iftikhar Hussain, CFO	<i>public comment</i>	motion(s) required 5:50 – 6:10
8. FY17 COMMUNITY BENEFIT PLAN ATTACHMENT 8	Cecile Currier, Corporate and Community Health Services		6:10 – 6:25
9. MOUNTAIN VIEW CAMPUS DEVELOPMENT PLAN APPROVAL ATTACHMENT 9	Ken King, CASO		6:25 – 6:40
10. RESOLUTION 2016-07: REVISING REGULAR MEETING DATES FOR CALENDAR YEAR 2016 ATTACHMENT 10	Cindy Murphy, Board Liaison		6:40 – 6:45
11. RESOLUTION 2016-08: APPOINTMENT OF EL CAMINO HOSPITAL BOARD MEMBER ELECTION AD HOC COMMITTEE a. Appointment of Committee Chair b. Appointment of Members ATTACHMENT 11	Peter Fung, MD, Board Chair	<i>public comment</i>	motion required 6:45 – 6:50
12. VOLUNTARY CAMPAIGN SPENDING LIMITS ATTACHMENT 12	Dave Reeder, Board Member; Cindy Murphy, Board Liaison	<i>public comment</i>	possible motion 6:50 – 7:00
13. DISTRICT PARTICIPATION IN VOLUNTARY ASSOCIATIONS ATTACHMENT 13	Tomi Ryba, President and CEO; Julia Miller, Board Member		discussion 7:00 – 7:10
14. DRAFT REVISED MEDIA POLICY ATTACHMENT 14	Kelsey Martinez, Interim Director of Marketing & Communications	<i>public comment</i>	possible motion 7:10 – 7:20
15. BOARD COMMENTS	Peter Fung, MD, Board Chair		information 7:20 – 7:25
16. ADJOURN TO CLOSED SESSION	Peter Fung, MD, Board Chair		motion required 7:25 – 7:26
17. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter Fung, MD, Board Chair		7:26 – 7:27

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<p>18. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i></p> <p><i>Gov't Code Section 54957.2</i> a. Meeting Minutes of the Closed Session of the District Board (March 15, 2016)</p>	Peter Fung, MD, Board Chair		motion required 7:27 – 7:28
<p>19. Report involving <i>Gov't Code Section 54956.9(d)(2)</i> conference with legal counsel – pending or threatened litigation and <i>Health and Safety Code Section 32106(b)</i> for a report involving health care facility trade secrets: - Review of Annual El Camino Hospital Board Self-Assessment</p>	Peter Fung, MD, Board Chair; David Nygren, Nygren Consulting; Mary Rotunno, General Counsel		discussion 7:28 – 8:27
<p>20. Report involving <i>Gov't Code Section 54957</i> for discussion on personnel performance matters: - Executive Session</p>	Peter Fung, MD, Board Chair		discussion 8:27 – 8:32
<p>EXECUTIVE SESSION</p>			
<p>21. ADJOURN TO OPEN SESSION</p>	Peter Fung, MD, Board Chair		motion required 8:32 – 8:33
<p>22. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.</p>	Peter Fung, MD, Board Chair		8:33 – 8:34
<p>23. FY17 PACING PLAN <u>ATTACHMENT 23</u></p>	Peter Fung, MD, Board Chair		discussion 8:34 – 8:39
<p>24. ADJOURNMENT</p>	Peter Fung, MD, Board Chair		motion required 8:39 – 8:40 pm

**a. Meeting Minutes of the Open Session of the District
Board (March 15, 2016)**



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

Board Members Present

Dennis Chiu
 Peter Fung
 Julia Miller
 David Reeder
 John Zoglin

Board Members Absent

AGENDA ITEM	Comments/Discussion	Approvals/Action
1. CALL TO ORDER	Board Chair Peter C. Fung, MD, called to order the Open Session meeting of the El Camino Healthcare District Board of Directors at 5:30 pm.	
2. SALUTE TO THE FLAG	Director Zoglin led the Board members, staff and members of the public present in the Pledge of Allegiance.	
3. ROLL CALL	Silent roll call was taken. All Board members were present.	
4. PUBLIC COMMUNICATION	None.	
5. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Fung asked if any Board member may have a conflict of interest with any of the items on the agenda. No conflict of interest was reported.	
6. COMMUNITY BENEFIT SPOTLIGHT: THE LIVING CLASSROOM RESOLUTION 2016-02	<p>Barbara Avery, Director of Community Benefit introduced Vicki Moore, Executive Director of the Living Classroom.</p> <p>Ms. Moore reported that the Living Classroom is a garden based academic educational program, partially funded by an ECHD grant, which helps children connect to the outdoors and develop healthy eating habits. She reported that the program, currently in Transitional Kindergarten through 4th grade in the Mountain View - Whisman school district, will be extended to 5th grade next year. Ms. Moore described the Farm to Lunch program, a new component this year, which has served 1500 students this year and produced over 140 pounds of produce to date. She also explained that due to media publicity, the community has become increasingly aware of the program.</p> <p>In response to Director Miller’s question, Ms. Moore reported that they are considering expanding into the MV-Whisman middle schools and down the road into other school districts within the ECHD.</p> <p>Ms. Avery presented Resolution 2016-02 to Ms. Moore.</p>	<i>Resolution 2016-02 was approved.</i>

AGENDA ITEM	Comments/Discussion	Approvals/Action
	<p>Motion: To Approve Resolution 2016-02 recognizing the Living Classroom for its service to the Farm to Lunch Program Movant: Reeder Second: Miller Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>7. CONSENT CALENDAR ITEMS:</p>	<p>Motion: To Approve the Consent Calendar: Minutes of the Regular Meeting of the District Board of January 19, 2016; Resolution 2016-03: Calling General Election on November 8, 2016; Resolution 2016-04: Request for and Consent to Consolidation of November 8, 2016 Election; Specification of the Election Order; and Community Benefit Mid-Year Metrics. Movant: Miller Second: Zoglin Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Tomi Ryba, CEO, reported that going forward the staff will provide not only year over year trending of the Community Benefit Grant Metrics, but also year to date. She also asked the Board if it would be helpful to provide the Board with information about how the Community Benefit staff might enhance the validation of Community Benefit partners' outcome metrics.</p> <p>Director Reeder commented that he did not perceive a need to generate more data. Director Zoglin commented that additional validation data might be helpful. Ms. Ryba agreed to bring back additional information about how outcome measures might be audited to the June meeting.</p>	<p><i>Consent Calendar Approved</i></p>
<p>8. ECHD FINANCIALS FY2016 YTD</p>	<p>Iftikhar Hussain, Chief Financial Officer, reported that the consolidated results for all entities is \$1 million behind budget, and El Camino Hospital is \$2.9 million behind target through the end of January, but is offset by favorable results at CONCERN.</p> <p>With respect to the District Stand-Alone Financials, Mr. Hussain explained some changes in the format of the report to enhance its readability. He also explained that the District currently has a negative fund balance because as the levies are made the fund balance comes down. He</p>	<p><i>Financial Report approved</i></p>

AGENDA ITEM	Comments/Discussion	Approvals/Action
	<p>also explained how tax funds are allocated.</p> <p>In response to Chair Fung’s question, Mr. Hussain explained that the \$24 million non-operating loss is due to short term investment losses but that since inception the fund has gained 4.4%.</p> <p>Chair Fung requested further detail on the purchased services and professional fees at a future meeting.</p> <p>In response to Director Miller’s question, Mr. Hussain explained that the District’s practice has been to allocate excess funds over Gann limit to Capital projects and recently those funds have been allocated to the El Camino Hospital’s planned new Behavioral Health Service building.</p> <p>Motion: To approve the ECHD Financial Report YTD. Movant: Zoglin Second: Chiu Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>9. ECH BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT</p>	<p>Director Miller deferred making the report to Director Zoglin who reported that he, Director Miller and Gary Kalbach of the El Camino Hospital Governance Committee interviewed two new candidates for the position of El Camino Hospital Board Director. He also reported that it is the Ad Hoc Committee’s unanimous recommendation to re-elect Jeffrey Davis, MD, to the El Camino Hospital Board of Directors.</p> <p>Director Miller stated that the Committee followed the Board’s established policy and process.</p>	
<p>10. POSSIBLE ELECTION OF ECH BOARD MEMBER</p>	<p>Motion: To elect Dr. Jeffrey Davis, MD to the El Camino Hospital Board of Directors. Movant: Miller Second: Reeder Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Jeffrey Davis, MD was elected to the El Camino Hospital Board of Directors</i></p>
<p>11. APPOINTMENT OF CBAC LIAISON</p>	<p>Chair Fung noted that the District Board appointed Director Miller to the Community Benefit Advisory Council (“CBAC”) on March 19, 2013 and that her 3-year term will be ending this month. Director Zoglin expressed interest in serving as the liaison, but noted that he had</p>	<p><i>Director Miller appointed as CBAC Liaison</i></p>

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	<p>served on the CBAC in 2011 and if there was another Board member such as Director Chiu or Reeder who has not served recently and would be interested that should be considered as well.</p> <p>Director Reeder requested that the CBAC Charter be updated to reflect that the CBAC is a staff Committee and that Board members serve as liaisons not committee members, and asked staff to work on that over the coming year. Tomi Ryba, CEO, agreed to do so.</p> <p>In response to Chair Fung’s questions Cecile Currier, VP of Corporate and Community Giving, explained (1) that the three year term in the Charter was derived from what other similar councils do, but that some use 2 year terms as well and (2) that it takes a year (one grant cycle) to become familiar with the grant making process, and perhaps longer to become familiar with the grantees.</p> <p>Director Chiu thanked Director Zoglin for suggesting he might be appointed but commented that he did not believe it appropriate for him to serve on a committee that is advisory to staff. He also noted Director Miller had expressed interest in serving as the liaison.</p> <p>The Board discussed whether the term of service as liaison to the Community Benefit Advisory Council (“CBAC”) should be two or three years. The Board members also discussed whether it would be beneficial to rotate the appointment rather than re-appointing the same Director for a second term.</p> <p>Director Miller expressed her interest in serving as the liaison and noted that she has time to serve as she is only serving on one Hospital Board Committee at this time.</p> <p>Director Chiu nominated Director Miller (2nd by Chair Fung). Director Reeder nominated Director Zoglin (2nd by Director Zoglin). The Board voted as follows: Chiu: Miller Fung: Miller Miller: Miller Reeder: Zoglin Zoglin: Zoglin</p> <p>Director Miller was appointed to serve as the Board’s Liaison to the CBAC.</p>	
<p>12. PACING PLAN</p>	<p>The Board directed staff to cancel and remove the May17, 2016 meeting from the Pacing Plan.</p>	
<p>13. BOARD COMMENTS</p>	<p>Director Reeder commented that the Board has had a norm that sitting Board members not endorse candidates running</p>	

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	<p>for the ECHD Board and he requested that none of the sitting Board members endorse candidates running for the District Board in the November 2016 election. Director Reeder expressed concern with the way elections are run in this country as a result of the U.S. Supreme Court decision in <i>Citizens United</i> and requested that an agenda item to discuss and possibly take action on a voluntary spending limit for the November 2016 District Board election be added to the June meeting. He noted he would propose some ideas and asked to work with the Board Liaison and General Counsel before the next meeting to determine whether it would require a Bylaws amendment or Board approval of a Resolution.</p> <p>Director Fung commented that he believed the Board members are entitled to endorse candidates and that it would be difficult to define reasonable spending limits in light of Super PAC expenditures to oppose candidates.</p> <p>Director Chiu commented that he also disagrees with the decision in <i>Citizens United</i>. He also described the expenses associated with running a campaign and noted that a limit on spending in the 2016 election could make it very difficult for ECHD candidates to get their message to the public given the large number of other local and state offices up for election.</p> <p>Director Miller commented that she would like to have a discussion about voluntary spending limits, and noted that it costs a candidate \$3000 to have his or her name placed on the ballot. Director Zoglin commented that he would like to see the topic on June's agenda and Chair Fung commented that it would be a good discussion.</p>	
<p>14. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:44 pm Movant: Miller Second: Chiu Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Adjourned to Closed Session at 6:44 p.m.</i></p>
<p>15. RECONVENE OPEN SESSION</p>	<p>Open Session was reconvened at 7:03 pm. Chair Fung reported that the Minutes of the Closed Session Meeting of January 19, 2016 were approved by a vote of 5 directors in favor (Chiu, Fung, Miller, Reeder, Zoglin).</p> <p>Chair Fung requested that staff place the signed District Standards of Conduct on the District's website. Cindy Murphy, Board Liaison, confirmed it had already been done.</p>	

AGENDA ITEM	Comments/Discussion	Approvals/Action
16. ADJOURNMENT	Motion: To adjourn the meeting at 7:05 pm Movant: Reeder Second: Zoglin Ayes: Chiu, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 7:05 pm.</i>

Peter Fung, MD
Chair, ECHD Board of Directors

Julia Miller
Secretary, ECHD Board of Directors

Prepared by: Cindy Murphy, Board Liaison

b. Resolution 2016-05: To approve proposed amendments to ECH Bylaws Article IV, Section 4.3(c) and 4.7

Att. 06b 01 REDLINE Resolution 2016-05

EL CAMINO HEALTHCARE DISTRICT

DRAFT RESOLUTION 2016-05

Resolution of the Board of Directors of El Camino Healthcare District Amending Article IV of the Bylaws of El Camino Hospital by amending Section 4.3c and 4.7.

WHEREAS, pursuant to Article XVIII, Section 18.1 of the Articles of Incorporation of El Camino Hospital, El Camino Healthcare District, as the sole voting member of El Camino Hospital, may adopt, repeal, amend and restate the Bylaws of El Camino Hospital without any action by El Camino Hospital or it may approve an amendment and restatement of the Bylaws of El Camino Hospital following approval of the Board of El Camino Hospital;

WHEREAS, the Board of Directors of El Camino Hospital adopted a resolution approving the amendment to its Bylaws set forth below and the restatement of such Bylaws at The Hospital Board meeting held on May 11, 2016;

WHEREAS, the Board of Directors of El Camino Healthcare District believes that it is in the best interests of El Camino Hospital and El Camino Healthcare District to so amend and restate the Bylaws of El Camino Hospital; now therefore, be it

RESOLVED, that Section 4.3c and 4.7 of Article IV of the amended and restated Bylaws of El Camino Hospital is hereby amended in its entirety to read as follows:

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

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 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 ~~(v)~~(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.

RESOLVED, that the Bylaws of El Camino Hospital shall be restated to include the foregoing amendments; be it further,

RESOLVED, that a certified copy of this Resolution shall be sent to the Secretary of El Camino Hospital for filing in El Camino Hospital's corporate records.

DULY PASSED AND ADOPTED at a Regular Meeting held on June 14, 2016 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Julia Miller, Secretary
ECHD Board of Directors

Att. 06b 02 CLEAN Resolution 2016-05

EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2016-05

Resolution of the Board of Directors of El Camino Healthcare District Amending Article IV of the Bylaws of El Camino Hospital by amending Section 4.3c and 4.7.

WHEREAS, pursuant to Article XVIII, Section 18.1 of the Articles of Incorporation of El Camino Hospital, El Camino Healthcare District, as the sole voting member of El Camino Hospital, may adopt, repeal, amend and restate the Bylaws of El Camino Hospital without any action by El Camino Hospital or it may approve an amendment and restatement of the Bylaws of El Camino Hospital following approval of the Board of El Camino Hospital;

WHEREAS, the Board of Directors of El Camino Hospital adopted a resolution approving the amendment to its Bylaws set forth below and the restatement of such Bylaws at The Hospital Board meeting held on May 11, 2016;

WHEREAS, the Board of Directors of El Camino Healthcare District believes that it is in the best interests of El Camino Hospital and El Camino Healthcare District to so amend and restate the Bylaws of El Camino Hospital; now therefore, be it

RESOLVED, that Section 4.3c and 4.7 of Article IV of the amended and restated Bylaws of El Camino Hospital is hereby amended in its entirety to read as follows:

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

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(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 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.

RESOLVED, that the Bylaws of El Camino Hospital shall be restated to include the foregoing amendments; be it further,

RESOLVED, that a certified copy of this Resolution shall be sent to the Secretary of El Camino Hospital for filing in El Camino Hospital's corporate records.

DULY PASSED AND ADOPTED at a Regular Meeting held on June 14, 2016 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Julia Miller, Secretary
ECHD Board of Directors

**Att. 06b 03 REDLINE Amended and Restated Bylaws of
El Camino Hospital**

**AMENDED AND RESTATED BYLAWS
OF
EL CAMINO HOSPITAL
ADOPTED
DECEMBER 7, 2005
AS AMENDED AND RESTATED**

~~OCTOBER 21, JUNE 14, 2014~~6

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ARTICLE I
Corporate Offices

1.1 Principal Office. The principal office of El Camino Hospital, a nonprofit public benefit corporation (the “Corporation”), is located in Mountain View, California. The Corporation may have such other offices as the Board of Directors of Corporation (the “Board”) may determine from time to time.

1.2 Registered Office. The address of the registered office of the Corporation is 2500 Grant Road, Mountain View, California 94040.

ARTICLE II
Purposes, Powers and Membership

2.1 Purposes. The purposes of the Corporation are set forth in its Articles of Incorporation (the “Articles”).

2.2 Powers. The Corporation may engage in any activity consistent with the Articles and these Bylaws.

2.3 Membership Corporation. The Corporation shall have one voting Member: El Camino Healthcare District, a political subdivision of the State of California (the “Member”). The Corporation shall have no other voting members.

2.4 Exempt Activities. Notwithstanding any other provision of these Bylaws, no director, officer, employee, or representative of the Corporation shall take any action or carry on any activity by or on behalf of the Corporation not permitted to be taken or carried on by an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and regulations promulgated thereunder as they now exist or as they hereafter may be amended, or by an organization contributions to which are deductible under Section 170(c) of such Code and Regulations as they now exist or as they hereafter may be amended.

2.5 Termination of Membership. The membership of the sole Member shall terminate upon the resignation of the sole Member.

ARTICLE III
Meetings of Members

3.1 Place of Meetings. Meetings of the sole Member shall be held at any place within or outside the State of California designated by the Board of Directors. In the absence of any such designation, meetings of the sole Member shall be held at the principal executive office of the Corporation.

3.2 Annual Meeting. There shall be an annual meeting of the sole Member held each year. The Board shall provide for the time and place of holding the annual meeting and notify the sole Member as provided in Section 3.3. At the annual meeting, directors shall be elected as

required by these Bylaws, reports of the affairs of the Corporation shall be considered, and any other business may be transacted that is within the power of the sole Member.

3.3 Notice of Annual Meeting. Written notice of each annual meeting shall be given to the sole Member entitled to vote, either personally, or by mail, or by other means of written communication, with charges prepaid, addressed to the sole Member at the sole Member's address appearing on the books of the Corporation or given by the sole Member to the Corporation for the purpose of notice.

All such notices shall be given to the sole Member entitled to the notice by mail or other means of written communication not less than ten (10) days (or, if sent by mail other than first-class, registered, or certified mail, twenty (20) days) nor more than ninety (90) days before each annual meeting. Any such notice shall be deemed to have been given at the time when delivered personally or deposited in the mail or sent by other means of written communication. An affidavit of giving of any such notice in accordance with the foregoing provisions, executed by the Secretary or any transfer agent of the Corporation, shall be *prima facie* evidence of the giving of the notice.

The notice of the meeting shall specify:

- (a) the place, date, and hour of the meeting;
- (b) those matters which the Board, at the time the notice is given, intends to present for action by the sole Member;
- (c) if directors are to be elected, the names of all those who are nominees at the time the notice is given;
- (d) the general nature of a proposal, if any, to take action when approval of the sole Member is required with respect to (i) removal of directors without cause; (ii) the filling of vacancies on the Board; (iii) amendment of the Articles or these Bylaws; (iv) voluntary merger or dissolution of the Corporation; or (v) disposition of all or substantially all of the assets of the Corporation; and
- (e) such other matters, if any, as may be expressly required by law.

3.4 Special Meetings. A special meeting of the sole Member for any lawful purpose or purposes may be called at any time by the Chairperson of the Board or by the Board. In addition, a special meeting of the sole Member for the purpose of removal of directors and election of their replacements may be called by the sole Member.

3.5 Notice of Special Meetings. Upon request in writing that a special meeting of the sole Member be called, directed to the Chairperson, Vice Chairperson, or Secretary, by any person (other than the Board of Directors) entitled to call a special meeting of the sole Member, the officer forthwith shall cause notice to be given to the sole Member that a meeting will be held at a time fixed by the Board, not less than thirty-five (35) nor more than ninety (90) days after the receipt of the request. If the notice is not given within twenty (20) days after the receipt of the request, the persons entitled to call the meeting may give the notice. Notice of any special

meeting of the sole Member shall be given in the same manner as for annual meetings of the sole Member. In addition to the matters required by Section 3.3(a) and, if applicable, Section 3.3(c) of these Bylaws, notice of any special meeting shall specify the general nature of the business to be transacted, and the fact that no other business may be transacted at the meeting.

3.6 Quorum. The presence in person or by proxy of the sole Member shall constitute a quorum for the transaction of business. Any meeting of the sole Member may be adjourned from time to time by the sole Member.

3.7 Adjourned Meeting and Notice. Except as provided below, when the sole Member's meeting, either regular or special is adjourned to another time or place, notice need not be given of the adjourned meeting if the time and place are announced at the meeting at which the adjournment is taken. At the adjourned meeting the Corporation may transact any business that might have been transacted at the original meeting. However, no meeting may be adjourned for more than forty-five (45) days. If after adjournment a new record date is fixed for notice or voting, notice of the adjourned meeting shall be given to the sole Member.

3.8 Voting.

(a) Except as may be otherwise provided in the Articles or these Bylaws, the sole Member shall be entitled to one vote on each matter being considered.

(b) Voting at a meeting of the sole Member may be by voice vote or by ballot.

3.9 Proxies.

(a) The sole Member may authorize another person or persons to act by proxy with respect to such membership. "Proxy" means a written authorization signed by the sole Member giving another person or persons power to vote on behalf of the sole Member. "Signed" for the purpose of this section means the placing of the sole Member's name on the proxy (whether by manual signature, typewriting, telegraphic transmission, or otherwise) by the sole Member. Any proxy duly executed is not revoked and continues in full force and effect until (i) a written instrument revoking it is filed with the Secretary of the Corporation prior to the vote pursuant to the proxy, (ii) a subsequent proxy executed by the person executing the prior proxy is presented to the meeting, or (iii) the person executing the proxy attends the meeting and votes in person; provided that no such proxy shall be valid after the expiration of eleven (11) months from the date of its execution, unless otherwise provided in the proxy, except that the maximum term of any proxy shall be three (3) years from the date of execution. The dates contained on the forms of proxy presumptively determine the order of execution, regardless of the postmark dates on the envelopes in which they are mailed. No proxy may be irrevocable.

(b) In any election of directors, any form of proxy in which the directors to be voted upon are named as candidates and which is marked by the sole Member "withhold" or otherwise marked in a manner indicating that the authority to vote for the election of directors is withheld shall not be voted either for or against the election of a director.

3.10 Validation of Defectively Called or Noticed Meetings. The transactions of any meeting of the sole Member, however called and noticed, and wherever held, are as valid as

though had at a meeting duly held after regular call and notice, if a quorum is present either in person or by proxy. Attendance of a person at a meeting shall constitute a waiver of notice of and presence at such meeting, except when the person objects, at the beginning of the meeting, to the transaction of any business because the meeting is not lawfully called or convened and except that attendance at a meeting is not a waiver of any right to object to the consideration of matters required by these Bylaws or by the California Nonprofit Corporation Law to be included in the notice if such objection is expressly made at the meeting. Neither the business to be transacted at nor the purpose of any regular or special meeting of the sole Member need be specified in any written waiver of notice, consent to the holding of the meeting, or approval of the minutes of the meeting, unless otherwise provided in the Articles or these Bylaws, except the general nature of the proposals listed in Section 3.3(d) of these Bylaws must be specified, to the extent applicable, in any such waiver, consent, or approval.

3.11 Action Without a Meeting. Any action required or permitted to be taken by the sole Member may be taken without a meeting, if the sole Member consents in writing to the action. The written consent shall be filed with the minutes of the proceedings of the sole Member. The action by written consent shall have the same force and effect as the vote of the sole Member.

3.12 Rights of the Member. The Member shall have all rights granted to a member under the California Nonprofit Corporation Law. Without limiting the generality of the foregoing, the Member shall have the right to approve the election of directors, to approve the disposition of all or substantially all of the assets of the Corporation or to approve a merger and dissolution of the Corporation and the other rights set forth in the articles of incorporation and bylaws. In addition to the foregoing, the Member shall have the right to require the Corporation to provide to Member any financial information requested by the Member and to approve the following actions authorized by the Board of Directors of the Corporation:

1. To approve the selection of the Corporation's Chief Executive Officer;
2. To approve the annual budget of the Corporation;
3. To approve capital expenditures by the Corporation of more than \$25 million dollars in a single transaction;
4. To approve any expenditures or transfers by the Corporation in a single transaction apparent or a series of related transaction (in excess of 5% of the assets of the Corporation as determined based on last annual audit of the Corporation preceding the approval date of the proposed transaction);
5. To approve the overall strategy adopted by the Corporation.

ARTICLE IV

Board of Directors

4.1 Management by Board of Directors. The business and affairs of the Corporation shall be managed by the Board, except as otherwise provided by law, the Articles, these Bylaws or a Board resolution.

4.2 Number of Voting Directors. The number of voting directors (“Directors”) of the Corporation shall not be less than five (5) nor more than nine (9) until changed by amendment of the Articles or by a bylaw amending this Section 4.2 duly adopted by the sole Member. The exact number of Directors shall be fixed from time to time, within the limit specified in the Articles or in this Section 4.2, by the sole Member.

4.3 Qualifications of Voting Directors.

(a) Commitment. Directors must be committed to the furtherance of health care delivery in the communities served by the Corporation, and must be willing to devote the necessary time and energy for self-education, corporate functions and other activities necessary to fulfill this commitment.

(b) Fiduciary Duty. Directors shall have a fiduciary duty to the Corporation, and shall make all decisions in a manner that is in the best interests of the Corporation and the communities served by the Corporation. Directors shall not advocate or act in the interests of any private person, group or entity unless such action is also in the best interests of the Corporation or the communities served by the Corporation.

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

(d) Financial Interest. Except as permitted by the California Nonprofit Corporation Law, the California Health and Safety Code and any other provisions of law, Directors shall not have a “financial interest” in any transactions or contracts of the Corporation.

4.4 Appointment and Selection of Directors.

(a) Ex Officio Director. The Chief Executive Officer of this Corporation shall serve as an ex officio Director, with full voting rights; the voting right of the ex officio Director shall be suspended when the number of Directors in office is less than nine (9) except to the extent that the vacant positions are entirely among the 2012 Directors. The term of such Director shall end when his or her term of office as the Chief Executive Officer of this Corporation expires or terminates.

(b) Vacancies. In the event of a vacancy on the Board because no person holds the position designated in Section 4.4(a), such position on the Board shall remain vacant

until a successor is appointed to the office described in Section 4.4(a). In the event that the office described in Section 4.4(a) no longer exists, the Member shall have the exclusive power to appoint a person to serve as a Director with respect to such position.

(c) Other Directors. All Directors, other than the ex officio Director, shall be nominated and elected by the Member.

(d) Replacement Directors. A Director, if any, who fills the unexpired term of a vacant Director position shall serve until the end of that unexpired term.

4.5 Term.

(a) Years.

(i) The term of an ex officio Director described in Section 4.4 shall be the period of time such an ex officio Director holds the office described in Section 4.4.

(ii) A Director first elected by the Member pursuant to Section 4.4(c) effective September 1, 2012 shall serve a staggered term ending June 30, 2013, June 30, 2014 or June 30, 2015 as designated by a resolution of the Board. Any Director who is later appointed to such position or who is later appointed to a new term for such a position after the initial term expires shall serve a term of three (3) years. The Directors described in this subparagraph (ii) are referred to in these Bylaws as “2012 Directors.”

(iii) All other Directors not listed in Section 4.5(a)(i) or (ii) shall hold office as a Director for a term of four (4) years from the date of election.

(iv) Any Director, other than a Director serving ex officio, shall serve for such Director’s stated term and until his or her successor is duly elected and qualified, unless the Director resigns or is removed as provided in these Bylaws.

4.6 Term Limits.

(a) New Members.

(i) Any Director described in Section 4.5(a)(ii) who first takes office during calendar year 2014, or any time thereafter, may only serve four (4) complete three (3) year terms as a Director.

(ii) Any Director described in Section 4.5(a)(iii) who first takes office during calendar year 2014, or any time thereafter, may only serve three (3) complete four (4) year terms as a Director.

(b) Current Members.

(i) Any Director described in Section 4.5(a)(ii) who is serving as a Director as of January 1, 2014 may only serve four (4) complete three (3) year

terms as a Director beginning with such Director's next term of office that commences after January 1, 2014.

(ii) Any Director described in Section 4.5(a)(iii) who is serving as a Director as of January 1, 2014 may only serve three (3) complete four (4) year terms as a Director beginning with such Director's next term of office that commences after January 1, 2014.

(c) Effect of Term Limit. The office of any Director subject to the limitation set forth in Section 4.6(a) or Section 4.6(b) shall terminate on the last day of the period described in Section 4.6(a) or Section 4.6(b) that is applicable to such Director.

(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 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 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.

5.2 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 participating in the meeting can hear one another. All such Directors shall be deemed to be present in person at any such meeting.

6.5 Waiver of Notice. The transaction of business at any meeting of the Board, however called and noticed or wherever held, shall be valid as though held at a meeting that was duly held after regular call and notice, but only if a quorum is present and if, either before or after the meeting, each of the Directors not present signs and files with the Secretary a written waiver of notice or a consent to holding such meeting or an approval of the minutes thereof, or such Director attends the meeting without protesting, prior to the meeting or at its commencement, the lack of notice to such Director, provided that no Director present at the meeting objected, prior to the transaction of any business, to the holding of the meeting because of a lack of prior notice. All such waivers, consents or approvals shall be filed with the corporate records or made a part of the minutes of the meeting.

6.6 Unanimous Action Without Meeting. Any action required or permitted to be taken by the Board under the Articles, these Bylaws or any provision of law may be taken by the Board without a meeting, if the Directors unanimously consent in writing to such action. Such unanimous written consent or consents shall be filed with the minutes of the proceedings of the Board. Such action by unanimous written consent shall have the same force and effect as the unanimous vote of the Directors at a duly called and noticed meeting. Such unanimous written consent or consents may be signed in counterpart and may be submitted to the individual Directors, and returned to the Corporation by mail or by facsimile transmission. For purposes of this section only, "all members of the Board" does not include any "interested directors" as defined in Section 5233 of the California Corporations Code.

6.7 Quorum. A majority of the number of existing Directors (excluding vacancies) shall constitute a quorum for the transaction of business, except to adjourn. A meeting at which a quorum is initially present may continue to transact business, notwithstanding the withdrawal of Directors from the meeting, if any action taken is approved by at least a majority of the required quorum for that meeting, subject to any applicable requirements for approval by a greater number or a disinterested majority.

6.8 Agenda for Meetings. The agenda for Board meetings shall be developed by the Chairperson with the Chief Executive Officer acting as staff to the Chairperson for this purpose. The Chairperson shall prepare a calendar of expected agenda items that will be communicated regularly at Board meetings. Any Director may ask that a matter be added to a future Board meeting agenda by written notification to the Chairperson and the Chief Executive Officer. The

Chairperson will determine, considering all other matters to be addressed by the Board, whether and when to add the matter to a Board agenda. If the matter will not be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the request, the Chief Executive Officer will notify the Director making the request of the Chairperson's decision; the person making the request may ask that the questions of whether such matter should be considered by the Board and the timing of such consideration be addressed during the discussion of the calendar of expected agenda items during the next meeting of the Board that occurs more than ten (10) days thereafter. Notwithstanding the foregoing, any request to add a matter to the Board agenda made by three (3) directors shall be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the last request.

6.9 Board Action. Every act done or decision made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board of Directors, unless a greater number, or the same number after disqualifying one or more Directors from voting, is required by the Articles, these Bylaws, or the California Nonprofit Corporation Law. Provided however, amendments to the Articles or these Bylaws and approval of certain transactions must be approved by the vote of a majority of the Directors in office, excluding interested directors as defined in Section 5233 of the California Corporations Code.

6.10 Adjournment. A majority of the Directors present, whether or not constituting a quorum, may adjourn any meeting to another time and place.

6.11 Notice of Adjournment. Notice of the time and place of holding an adjourned meeting need not be given, unless the meeting is adjourned for more than twenty-four (24) hours, in which case notice of the time and place shall be given before the time of the adjourned meeting to the Directors who were not present at the time of the adjournment.

ARTICLE VII

Board Committees and Advisory Committees

7.1 Establishment of Committees. The Board of Directors may, by resolution adopted by a majority of the Directors then in office, provided that a quorum is present, designate one or more committees, each consisting of two (2) or more Directors, to serve at the pleasure of the Board. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent member at any meeting of the committee. The provisions of Section 7.1 through 7.5 of these Bylaws do not apply to any advisory committee established under Section 7.6. The appointment of members or alternate members of a committee requires the vote of a majority of the Directors then in office, provided that a quorum is present. Any such committee, to the extent provided in the resolution of the Board of Directors or in these Bylaws, shall have all the authority of the Board of Directors, except that no committee, regardless of Board resolution, may:

(a) Approve any action that, under the California Nonprofit Corporation Law, also requires the affirmative vote of the members of a public benefit corporation.

- (b) Fill vacancies on the Board or in any committee that has the authority of the Board.
- (c) Fix compensation of the Directors for serving on the Board or on any committee.
- (d) Amend or repeal Bylaws or adopt new bylaws.
- (e) Amend or repeal any resolution of the Board that by its express terms is not so amendable or repealable.
- (f) Appoint any other committees of the Board or the members of such committees.
- (g) Expend corporate funds to support a nominee for Director after there are more people nominated for Director than can be elected.
- (h) Approve any transaction between the Corporation and one or more of its Directors in which the Director or Directors have a material financial interest, except as provided by Section 5233 of the California Corporations Code.

7.2 Special Committees. From time to time the Board may establish special committees. Special Board committees shall exist to perform specific tasks identified by the Board, and shall cease to exist upon completion of the task. The Board may by resolution establish special committees for such purposes as the Board deems appropriate. Members of such committees shall be appointed and removed at the Board's discretion, with or without cause.

7.3 Authority to Act. The committee may take action on behalf of the Corporation only if specifically authorized to take a Board action by resolution of the Board.

7.4 Appointment. The Chairperson of the Board shall appoint committee chairperson(s) and the committee chairperson(s) shall appoint members of committee(s) subject to approval by the Board.

7.5 Meetings and Actions of Committees. Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of these Bylaws, concerning meetings and actions of Directors, with such changes in the context of those Bylaws as are necessary to substitute the committee and its members for the Board and its members, except that the time for regular meetings of committees may be determined either by resolution of the Board or by resolution of the committee. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the committee. Minutes shall be kept of each meeting of any committee and shall be filed with the corporate records. The Board may adopt rules not inconsistent with the provisions of these Bylaws for the governance of any committee.

7.6 Advisory Committees. Notwithstanding any other provision of this Article VII or

these Bylaws, the Board may by resolution establish advisory committees to the Board. No advisory committee shall have or exercise any of the authority of the Board but shall advise the Board of Directors on matters within the advisory committee's charter as adopted by the Board. An advisory committee shall be composed of at least two members of the Board and persons who are not members of the Board. The Board, by resolution, shall adopt an advisory committee charter which shall establish the committee, state whether the advisory committee is temporary (ad hoc) or standing, the total number of members of such committee, the number of Board members to be appointed to such committee, and the subject matter to be considered by such advisory committee. The time and place of meetings of the advisory committee shall be determined by the committee chair. The charter shall designate the members of the advisory committee or designate the process by which members of the advisory committee are selected. The Chairperson may serve as chair or a member of any advisory committee except the Governance Committee. The Board may, at any time, amend the resolution establishing the advisory committee to change the members, to change the scope of delegation, or to terminate the existence of the advisory committee.

ARTICLE VIII Officers and Employees

8.1 Officers. The officers of the Corporation shall consist of the Chairperson, the Vice Chairperson, the Secretary and the Treasurer and such other persons who are specifically designated as officers by the Board. The offices of Secretary and Treasurer shall be held by the same person.

8.2 Election of Board Officers. All officers shall be elected by a majority vote of the Board.

8.3 Term of Board Officers. Each officer shall hold office for a two (2) year term or until his or her successor is elected and qualified, subject to any employment agreement; provided that a Director may not serve more than two (2) consecutive terms as Chairperson.

8.4 Resignation. Any officer may resign at any time by giving written notice to the Board of Directors, the Chairperson or to the Secretary, without prejudice, however, to the rights, if any, of the Corporation under any contract to which such officer is a party. 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 specified time.

8.5 Removal. Any officer may be removed at any time by a majority vote of the Board.

8.6 Vacancies. Upon the removal, resignation, death, or incapacity of any officer, the Board may declare such office vacant and fill such vacancy by the majority vote of the Board.

8.7 Compensation. The salary and other compensation of the officers shall be fixed from time to time by resolution of, or in the manner determined by, the Board.

8.8 Duties and Qualifications of Officers. The officers shall have such duties, in addition to those set forth below, as the Board shall specify by resolution from time to time.

(a) Chairperson. The Chairperson shall preside at all meetings of the Board. Except as provided in Section 13.1, the Chairperson shall have authority to execute in the name of the Corporation all bonds, contracts, deeds, leases, and other written instruments to be executed by the Corporation, and shall perform such other powers and duties as may be from time to time assigned to him or her by the Board or set forth in these Bylaws.

(b) Vice Chairperson. The Vice Chairperson shall assume and perform the duties of the Chairperson in the absence or disability of the Chairperson or whenever the office of Chairperson is vacant. The Vice Chairperson shall have such titles, perform such other duties, and have such other powers as the Board or the Chairperson shall designate from time to time.

(c) Secretary. The Secretary shall record or cause to be recorded, and shall keep or cause to be kept, at the principal executive office and such other place as the Board may order, a book of minutes of actions taken at all meetings of Directors, committees, and Member, with the time and place of holding, whether regular or special, and, if special, how authorized, the notice given, the names of those present at such Directors, committees and Member meetings, and the proceedings of all such meetings.

The Secretary shall give, or cause to be given, notice of all the meetings of the members of the Board of Directors, and of the committees of this Corporation required by these Bylaws or by law to be given, shall keep the seal of the Corporation (if any) in safe custody, and shall have such other powers and perform such other duties as may be prescribed by the Board, the Chairperson or by these Bylaws.

(d) Treasurer. The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of the Corporation, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital, retained earnings, and other matters customarily included in financial statements.

The Treasurer shall deposit all moneys and other valuables in the name and to the credit of the Corporation with such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Corporation as may be ordered by the Board, shall render to the Chairperson and Directors, whenever they request it, an account of all of the Treasurer's transactions as Treasurer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as may be prescribed by the Board, the Chairperson or these Bylaws.

ARTICLE IX

Chief Executive Officer

9.1 Selection, Authority and Term. The Board may select and employ a competent, experienced Chief Executive Officer who shall be its direct executive representative in the management of the Hospital. This Chief Executive Officer shall be given the necessary authority and held responsible for the administration of the Hospital in all its activities and departments subject only to such policies as may be adopted, and such orders as may be issued by the Board or by any of its committees to which it has delegated power for such action. He or she shall act as the "duly authorized representative" of the Board in all matters in which the governing Board

has not formally designated some other person for that specific purpose. However, nothing in this section is to be construed as depriving or delegating from the Board to the Chief Executive Officer any of the powers and duties imposed upon the Board by the Local Hospital District Law, Division 23, or Chapter 1 of the Health and Safety Code of the State of California, or related statutes. The Chief Executive Officer shall hold office from the date of hire until the end of his or her term in office or sooner at the sole discretion of the Board, subject to any employment agreement.

9.2 Performance Review. The Board shall continually review the performance of the Chief Executive Officer and provide counseling in areas where improvement is needed.

9.3 Authority and Duties. The authority and duties of the Chief Executive Officer shall be as follows:

(a) To perfect and submit to the Board for approval a plan of organization of the personnel and others concerned with the operation of the Hospital; and also to establish methods of procedures concerning the internal operation of the Hospital.

(b) To prepare an annual budget showing the expected receipts and expenditures of the Hospital as required by the Board of Directors.

(c) To prepare and submit capital budget of the Hospital to the Board for approval.

(d) To select, employ, and discharge all employees serving in positions as authorized by the Board of Directors.

(e) To see that all physical properties are kept in good state of repair and operating condition.

(f) To attend all meetings of the Board of Directors.

(g) To supervise all business affairs, such as the records of financial transactions, collection of accounts and purchase and issuance of supplies, and to ensure that all funds are collected and expended to the best possible advantage.

(h) To explore and develop strategic opportunities for the Hospital and propose such opportunities to the Board.

(i) To exercise his or her professional abilities in such a manner that those concerned with the rendering of professional service at the Hospital cooperate to the end that the best possible care may be rendered to all patients.

(j) To submit regularly to the Board or its authorized committees, periodic reports showing the professional service and financial activities of the Hospital and to prepare and submit such special reports as may be required by the Board and/or its functioning committees.

(k) To serve as the liaison officer and channel of communications for all official communications between the Board of Directors or any of its committees, and its adjunct organizations.

(l) To act as an ex-officio member of all Board committees.

(m) To support such volunteer services as are necessary to carry out the purpose of the Hospital.

(n) To assist in providing an orientation program for new Board members.

(o) To perform any other duty that may be necessary in the best interest of the Hospital.

ARTICLE X Contracts and Financial Matters

10.1 Loans. No loans shall be contracted on behalf of the Corporation and no evidence of indebtedness shall be issued in its name unless authorized by a resolution of the Board. Such authority may be general or confined to specific instances.

10.2 Deposits. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation in such banks, trust companies or other depository as the Board may select.

10.3 Compensation of Directors. Directors and members of committees may receive such compensation, if any, for their services, and such reimbursement of expenses, as may be determined by resolution of the Board to be just and reasonable; provided, however, that any such compensation must be commercially reasonable.

ARTICLE XI Conflicts of Interest and Indemnification

11.1 Conflict of Interest. The Board shall adopt, by resolution, a conflict of interest policy which shall be attached to these Bylaws.

11.2 Indemnification.

(a) For the purposes of this article, “agent” means any person who is or was a Director, officer, employee, or other agent of the Corporation, or is or was serving at the request of the Corporation as a Director, officer, employee, or agent of another foreign or domestic corporation, partnership, joint venture, trust, or other enterprise, or was a Director, officer, employee, or agent of a foreign or domestic corporation that was a predecessor corporation of the Corporation or of another enterprise at the request of such predecessor corporation; “proceeding” means any threatened, pending, or completed action or proceeding, whether civil, criminal, administrative, or investigative; and “expenses” include without limitation attorneys’ fees and any expenses of establishing a right to indemnification under paragraph (d) or paragraph (e)(iii) of this Section 11.2.

(b) The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any proceeding (other than an action by or in the right of the Corporation to procure a judgment in its favor, an action brought under Section 5233 of the California Corporations Code, or an action brought by the Attorney General for any breach of duty relating to assets held in charitable trust) by reason of the fact that such person is or was an agent of the Corporation, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if such person acted in good faith and in a manner such person reasonably believed to be in the best interests of the Corporation and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of such person was unlawful. The termination of any proceeding by judgment, order, settlement, conviction or upon a plea of *nolo contendere* or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in the best interests of the Corporation or that the person had reasonable cause to believe that the person's conduct was unlawful.

(c) The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action by or in the right of the Corporation to procure a judgment in its favor, or brought under Section 5233, or brought by the Attorney General for breach of duty relating to assets held in charitable trust, by reason of the fact that such person is or was an agent of the Corporation, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of such action if such person acted in good faith, in a manner such person believed to be in the best interests of the Corporation, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. No indemnification shall be made under this paragraph (c):

(i) In respect of any claim, issue, or matter as to which such person shall have been adjudged to be liable to the Corporation in the performance of such person's duty to the Corporation, unless and only to the extent that the court in which such proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses that such court shall determine;

(ii) Of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval; or

(iii) Of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval unless it is settled with the approval of the Attorney General.

(d) To the extent that an agent of the Corporation has been successful on the merits in defense of any proceeding referred to in paragraph (b) or (c) or in defense of any claim, issue, or matter in the proceeding, the agent shall be indemnified against expenses actually and reasonably incurred by the agent in connection with the proceeding.

(e) Except as provided in paragraph (d), any indemnification under this Section 11.2 shall be made by the Corporation only if authorized in the specific case, upon a

determination that indemnification of the agent is proper in the circumstances because the agent has met the applicable standard of conduct set forth in paragraph (b) or (c), by:

(i) A majority vote of a quorum consisting of Directors who are not parties to such proceeding;

(ii) Approval or ratification by the affirmative vote of a majority of the votes represented and voting at a duly held membership meeting at which a quorum is present (which affirmative votes also constitute a majority of the required quorum); for such purpose, any membership held by the person to be indemnified shall not be considered outstanding or entitled to vote on the matter; or

(iii) The court in which such proceeding is or was pending upon application made by the Corporation, the agent, or the attorney or other person rendering services in connection with the defense, whether or not such application by the agent, attorney, or other person is opposed by the Corporation.

(f) Expenses incurred in defending any proceeding may be advanced by the Corporation prior to the final disposition of such proceeding upon receipt of an undertaking by or on behalf of the agent to repay such amount unless it shall be determined ultimately that the agent is entitled to be indemnified as authorized in this Section 11.2.

(g) Nothing contained in this article shall affect any right to indemnification to which persons other than Directors and officers of the Corporation or any subsidiary of the Corporation may be entitled by contract or otherwise.

(h) No indemnification or advance shall be made under this article, except as provided in paragraph (d) or paragraph (e)(iii), in any circumstance when it appears:

(i) That it would be inconsistent with a provision of the Articles, a resolution of the sole Member, or an agreement in effect at the time of the accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

(ii) That it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

(i) Upon and in the event of a determination by the Board of Directors of the Corporation to purchase indemnity insurance, the Corporation shall purchase and maintain insurance on behalf of any agent of the Corporation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such whether or not the Corporation would have the power to indemnify the agent against such liability under the provisions of this Section 11.2; provided, however, that the Corporation shall have no power to purchase and maintain such insurance to indemnify any agent of the Corporation for a violation of Section 5233.

(j) This Section 11.2 does not apply to any proceeding against any trustee, investment manager, or other fiduciary of an employee benefit plan in such person's capacity as such, even though such person may also be an agent of the Corporation as defined in paragraph (a). The Corporation shall have the power to indemnify such trustee, investment manager, or other fiduciary to the extent permitted by subdivision (f) of Section 207 of the California Corporations Code.

ARTICLE XII Medical Staff

12.1 Organization. A medical staff organization has been created for the acute care hospital that is owned by El Camino Hospital, and this medical staff is known as the El Camino Hospital Medical Staff (the "Medical Staff").

12.2 Membership. Membership in the Medical Staff shall be comprised of all physicians, dentists and podiatrists who are duly licensed, competent in their respective fields, worthy in character and in professional ethics and privileged to attend to patients in the Hospital. The term "physicians" shall include physicians licensed in the State of California, regardless of whether they hold an M.D. or D.O. degree. Membership in the Medical Staff shall be a prerequisite to the exercise of any clinical privileges except as otherwise expressly provided in the Medical Staff Bylaws.

12.3 Medical Staff Bylaws, Rules and Regulations.

(a) Purpose. Medical Staff Bylaws, rules and regulations shall be adopted by the Medical Staff for its internal governance, subject to the Board's approval (the "Medical Staff Bylaws"). The Medical Staff Bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staff. The Medical Staff Bylaws, rules and regulations shall also state the purposes, functions and organization of the Medical Staff, and set forth the policies and procedures by which the Medical Staff exercises and accounts for its delegated authority and responsibilities.

(b) Procedure to Adopt or Amend.

(i) Preparation and Adoption. The Medical Staff shall have the initial responsibility to formulate, revise and adopt the Medical Staff Bylaws, rules and regulations.

(ii) Review and Approval. After the above action by the Medical Staff, such Medical Staff Bylaws, rules or regulations, or amendments thereto, shall be forwarded to the Board for its review and approval, which approval shall not be unreasonably withheld.

(iii) Separate Action. If the Medical Staff fails to exercise its responsibility hereunder and in a reasonable, timely and responsible manner, and after written notice from the Board to such effect, including a reasonable period of time for response, the Board may formulate or amend the Medical Staff Bylaws,

rules and regulations. Any Medical Staff recommendations and views shall be carefully considered during the Board's deliberations and actions.

12.4 Credentialing and Clinical Privileges.

(a) Delegation to Medical Staff. The Board delegates to the Medical Staff responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership and clinical privileges, including appointment, reappointment and corrective action.

(b) Initial Decision. Initial action with respect to membership on the Medical Staff and clinical privileges shall be taken by the Medical Staff in accordance with the Medical Staff Bylaws, rules and regulations. Thereafter, a recommendation shall be made to the Board.

(c) Review and Approval. The Board shall review and act upon recommendations of the Medical Staff, and shall give careful consideration to the Medical Staff's expertise in peer review matters.

(d) Separate Action. If the Medical Staff fails to exercise its responsibility hereunder in a reasonable, timely and responsible manner, and after written notice from the Board to such effect, including a reasonable period of time for response, the Board may take actions regarding medical staff membership and clinical privileges. In so doing, the Board shall carefully consider any Medical Staff recommendations and views during its deliberations and actions. In situations involving corrective action, the Board shall not initiate such action unless the Medical Staff's failure to do so is contrary to the weight of the evidence under consideration.

(e) Fair Hearing Procedure. The procedural rules to be followed by the Medical Staff and the Board in acting on matters of Medical Staff membership and clinical privileges, including such matters as appointment, reappointment and corrective action, shall be as more particularly specified in the Medical Staff Bylaws. The Medical Staff Bylaws shall provide for a procedure pursuant to which disagreements between the Medical Staff and the Board may be resolved.

(f) Standards of Decision and Review. In taking the actions referred to in this Article XII, the relevant decision-making body shall consider the supporting information and the purposes, needs and capabilities of the hospital, the health and welfare of the community, and such relevant criteria as are set out in the Medical Staff Bylaws, rules and regulations. In taking such action, no aspect of Medical Staff membership or privileging shall be limited or denied on the basis of sex, age, race, creed, color, or national origin, or on the basis of any other criterion unrelated to those set out in the preceding sentence.

(g) Duration. Appointments to the Medical Staff shall be for a maximum term of two (2) years.

(h) Terms and Conditions. The terms and conditions of Medical Staff membership and of the exercise of clinical privileges shall be as specified in the Medical Staff Bylaws, rules and regulations, or as more specifically defined in the notice of an individual appointment or privileges.

12.5 Allied Health Professionals. The categories of allied health professionals eligible to hold specific practice privileges to perform services within the scope of their licensure, certification or other legal authorization, and the corresponding privileges, prerogatives, terms and conditions for each such allied health professional category or practitioner shall be determined by the Board upon recommendations received from the Medical Staff executive committee. The Medical Staff shall have the responsibility and authority to investigate and evaluate each application by an allied health professional for satisfaction of relevant eligibility requirements in accordance with the Medical Staff Bylaws, rules and regulations.

12.6 Contract Physicians. A physician engaged as an independent contractor by the Corporation to provide medical-administrative services must obtain appropriate Medical Staff membership and privileges through the procedure outlined in the Medical Staff Bylaws, rules and regulations. Restriction or termination of such physician's Medical Staff membership or clinical privileges for reasons related to professional competence shall also be accomplished through the procedures contained in the Medical Staff Bylaws, rules and regulations. All other matters, including termination of Medical Staff membership or clinical privileges on grounds not related to professional competence, shall be governed by the terms of such physician's contracts or agreements with the Corporation.

12.7 Accountability. The Medical Staff shall be accountable to the Board for conducting activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided at the Corporation. These activities shall include:

- (a) Standard of Care. Ensuring that a comparable standard of care, as determined by the Medical Staff, is provided to all patients with similar needs;
- (b) Monitor Quality. Ongoing monitoring and evaluation of patient care to solve problems and identify other opportunities to improve quality.
- (c) Clinical Privileges. Delineation of clinical privileges for members of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment.
- (d) Continuing Education. Provision of continuing professional education, guided by the needs identified through the review and evaluation activities, as well as other perceived needs and interests.
- (e) Resource Allocation. Review of utilization of the Corporation's resources to provide for their allocation to patients in need of them.
- (f) Medical Records. Ensuring the preparation and maintenance of adequate and accurate medical records for all patients; and
- (g) Other Matters. Such other measures as the Board may, after considering the advice of the Medical Staff and the Corporation's administration, deem necessary for the preservation and improvement of the quality and efficiency of patient care.

ARTICLE XIII
**Execution of Corporate Instruments,
and Voting of Stocks and Memberships
Held by the Corporation**

13.1 Execution of Corporate Instruments. The Board may, in its discretion, determine the method and designate the signatory officer or officers or other person or persons, to execute any corporate instrument or document, or to sign the corporate name without limitation, except when otherwise provided by law, and such execution or signature shall be binding upon the Corporation.

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

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

13.2 Ratification by Member. The Board may, in its discretion, submit any contract or act for approval or ratification of the Member at any regular meeting of Member, or at any special meeting of Member called for that purpose.

13.3 Voting of Stocks Owned by Corporation. All stock of other corporations or memberships in other corporations owned or held by the Corporation for itself, or for other parties in any capacity, shall be voted, and all proxies with respect to such stock or memberships shall be executed, by the person authorized to do so by resolution of the Board of Directors, or in the absence of such authorization, by the Chairperson of the Board, or Vice Chairperson or by any other person authorized to do so by the Chairperson or the Vice Chairperson of the Board.

ARTICLE XIV
Annual Report

Except as provided below, the Corporation shall cause to be sent to its Member and Directors no later than 120 days after the close of its fiscal year, a report containing the following information in appropriate detail:

- (a) The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year.
- (b) The principal changes in assets and liabilities, including trust funds, during the fiscal year.
- (c) The revenue or receipts of the Corporation, both unrestricted and restricted to particular purposes, for the fiscal year.

(d) The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year.

(e) Any information required by Section 6322 of the California Corporations Code.

The report shall be accompanied by any pertinent report of independent accountants, or, if there is no such report, the certificate of an authorized officer of the Corporation that such statements were prepared without audit from the books and records of the Corporation.

This article does not apply to the Corporation when it receives less than twenty-five thousand dollars (\$25,000) in gross revenues or receipts during the fiscal year, with the exceptions that a report meeting the above requirements must be furnished annually to all Directors and to the Member who requests it in writing and that the information referred to in paragraph (e) above must be furnished to the Member and Directors within 120 days after the close of the Corporation's fiscal year.

If the Corporation solicits in writing contributions from five hundred (500) or more persons, it need not send the report described above to the Member, with the exception of the information referred to in paragraph (e) above, if it:

(i) Includes with any written material used to solicit contributions a written statement that its latest annual report will be mailed upon request and that such request may be sent to the Corporation at a name and address which is set forth in the statement;

(ii) Promptly mails a copy of its latest annual report to any person who requests a copy; and

(iii) Causes its annual report to be published not later than 120 days after the close of its fiscal year in a newspaper of general circulation in the county in which its principal office is located.

ARTICLE XV Standard of Care

A Director shall perform the duties of a director, including duties as a member of any Board committee on which the Director may serve, in good faith, in a manner such Director believes to be in the best interest of this Corporation and with such care, including reasonable inquiry, as an ordinarily prudent person in a like situation would use under similar circumstances.

In performing the duties of a Director, a Director shall be entitled to rely on information, opinions, reports, or statements, including financial statements and other financial data, in each case prepared or presented by:

(a) one or more officers or employees of the Corporation whom the Director believes to be reliable and competent as to the matters presented;

(b) counsel, independent accountants, or other persons as to matters which the Director believes to be within such person's professional or expert competence; or

(c) a Board committee upon which the Director does not serve, as to matters within its designated authority, provided that the Director believes such committee merits confidence; so long as in any such case, the Director acts in good faith after reasonable inquiry when the need therefor is indicated by the circumstances and without knowledge that would cause such reliance to be unwarranted.

Except as provided in Article XVI below, a person who performs the duties of a Director in accordance with this Article XV shall have no liability based upon any failure or alleged failure to discharge that person's obligations as a Director, including, without limiting the generality of the foregoing, any actions or omissions which exceed or defeat a public or charitable purpose to which a corporation, or assets held by it, are dedicated.

ARTICLE XVI

Prohibited Transactions

16.1 Loans. Except as permitted by Section 5236 of the California Corporations Code, this Corporation shall not make any loan of money or property to, or guarantee the obligation of, any Director or officer; provided, however, that this Corporation may advance money to a Director or officer of this Corporation or any subsidiary for expenses reasonably anticipated to be incurred in performance of the duties of such officer or Director so long as such individual would be entitled to be reimbursed for such expenses absent that advance.

16.2 Self-Dealing Transactions. Except as provided in Section 16.3 below, the Board of Directors shall not approve or permit the Corporation to engage in any self-dealing transaction. A self-dealing transaction is a transaction to which this Corporation is a party and in which one or more of its Directors has a material financial interest, unless the transaction is described in California Corporations Code Section 5233(b).

16.3 Approval. This Corporation may engage in a self-dealing transaction if the transaction is approved by a court or by the Attorney General. This Corporation also may engage in a self-dealing transaction if the Board determines, before the transaction, that (1) this Corporation is entering into the transaction for its own benefit; (2) the transaction is fair and reasonable to this Corporation at the time; and (3) after reasonable investigation, the Board determines that it could not have obtained a more advantageous arrangement with reasonable effort under the circumstances. Such determinations must be made by the Board in good faith, with knowledge of the material facts concerning the transaction and the interest of the Director or Directors in the transaction, and by a vote of a majority of the Directors then in office, without counting the vote of the interested Director or Directors.

ARTICLE XVII
Miscellaneous

17.1 Records and Reports.

(a) Maintenance and Inspection of Articles and Bylaws. This Corporation shall keep at its principal office the original or a copy of its Articles and these Bylaws as amended from time to time which shall be open to inspection by the Directors and the Member at any reasonable time during business hours.

(b) Maintenance and Inspection of Other Corporate Documents. The accounting books, records, and minutes of proceedings of the Member, the Board and any committee of the Board shall be kept at such place or places designated by the Board or, in the absence of such designation, at the principal office of the Corporation. The minutes shall be kept in written or typed form, and the accounting books and records shall be kept either in written or typed form or in any other form capable of being converted into written, typed or printed form. The minutes and accounting books and records shall be open to inspection on the written demand of any Member, at any reasonable time during usual business hours for a purpose reasonably related to the Member's interests as a Member. Inspection may be made in person or by an agent or any attorney, and shall include the right to copy and make abstracts.

(c) Inspection by Directors. Each Director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every kind and the physical properties of the Corporation. This inspection by a Director may be made in person or by the agent or attorney. The right of inspection includes the right to copy and make abstracts of documents.

17.2 Corporate Seal. The Board shall provide a suitable seal for the Corporation.

17.3 Construction and Definitions. Unless the context requires otherwise, the general provisions, rules of construction, and definitions in the California Nonprofit Corporation Law shall govern the construction of these Bylaws. Without limiting the generality of the above, singular numbers include the plural, plural numbers include the singular, and the term "person" includes both corporations and natural persons. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

ARTICLE XVIII
Amendments

18.1 Amendments. The Articles or these Bylaws may be adopted, repealed, amended or restated or new Articles or Bylaws may be adopted upon a majority vote of the authorized number of Directors (excluding vacancies and Directors with a conflict of interest). No such adoption, repeal, amendment, restatement or new Articles or Bylaws shall be effective until approved by the Member. Moreover, the Articles and Bylaws may be adopted, repealed, amended or restated or new Bylaws adopted upon the vote of the Member.

CERTIFICATE OF SECRETARY

I, the undersigned, certify that I am the currently elected and acting Secretary of El Camino Hospital, a California nonprofit public benefit corporation, and the above Amended and Restated Bylaws, consisting of 24 pages, are the Bylaws of this Corporation as adopted pursuant to the required affirmative vote of the Board, December 7, 2005 and the Member, the El Camino Healthcare District, on December 7, 2005 pursuant to the required affirmative vote of the District Board, as amended and restated pursuant to the required affirmative vote of the Board on August 10, 2011 and the Member, the El Camino Healthcare District, on August 10, 2011 pursuant to the required affirmative vote of the District Board ~~and~~ as further amended and restated by the Member, El Camino Healthcare District, on March 20, 2012 pursuant to the required affirmative vote of the District Board ~~and~~ as further amended and restated by the Member, El Camino Healthcare District, on May 12, 2012, May 1, 2013, June 18, 2013, and March 5, 2014 pursuant to the required affirmative vote of the District Board, ~~and as~~ as further amended and restated pursuant to the required affirmative vote of the Board on May 14, 2014 (Section 6.8) and May 14, 2014 (Article VII) and of the Member, the El Camino Healthcare District, on ~~June 17, 2014~~ ~~and~~ as further amended and restated pursuant to the required affirmative vote of the Board on October 8, 2014 (Section 7.6) and of the Member, the El Camino Healthcare District, on October 21, 2014 and as further amended and restated pursuant to the required affirmative vote of the Board on May 11, 2016 and of the Member, the El Camino Healthcare District, on June 14, 2016.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Secretary on ~~October 21, June~~ _____, 2014~~6~~.

~~Patricia A. Einarson~~Peter Fung, M.D.
El Camino Hospital Secretary

Comparison Details	
Title	pdfDocs compareDocs Comparison Results
Date & Time	05/16/16 12:14:14 PM
Comparison Time	1.24 seconds
compareDocs version	v4.1.500.11

Sources	
Original Document	[#14234236] [v4] Amended and Restated Bylaws of El Camino Hospital June 18, 2014.docx
Modified Document	[#14234236] [v5] Amended and Restated Bylaws of El Camino Hospital June 18, 2014.docx

Comparison Statistics	
Insertions	11
Deletions	4
Changes	17
Moves	0
TOTAL CHANGES	32

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Deletions	
<u>Moves / Moves</u>	
Inserted cells	
Deleted cells	
Merged cells	
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Changed lines	Mark left border.
Comments color	By Author.
Balloons	False

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Open Comparison Report after Saving	General	Always
Report Type	Word	Formatting
Character Level	Word	True
Include Headers / Footers	Word	True
Include Footnotes / Endnotes	Word	True
Include List Numbers	Word	True
Include Tables	Word	True
Include Field Codes	Word	True
Include Moves	Word	False
Show Track Changes Toolbar	Word	True
Show Reviewing Pane	Word	True
Update Automatic Links at Open	Word	False
Summary Report	Word	End
Include Change Detail Report	Word	Separate
Document View	Word	Print
Remove Personal Information	Word	False
Flatten Field Codes	Word	True

Att. 06b 04 CLEAN Amended and Restated Bylaws of El Camino Hospital

AMENDED AND RESTATED BYLAWS

OF

EL CAMINO HOSPITAL

ADOPTED

DECEMBER 7, 2005

AS AMENDED AND RESTATED

JUNE 14, 2016

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ARTICLE I
Corporate Offices

1.1 Principal Office. The principal office of El Camino Hospital, a nonprofit public benefit corporation (the “Corporation”), is located in Mountain View, California. The Corporation may have such other offices as the Board of Directors of Corporation (the “Board”) may determine from time to time.

1.2 Registered Office. The address of the registered office of the Corporation is 2500 Grant Road, Mountain View, California 94040.

ARTICLE II
Purposes, Powers and Membership

2.1 Purposes. The purposes of the Corporation are set forth in its Articles of Incorporation (the “Articles”).

2.2 Powers. The Corporation may engage in any activity consistent with the Articles and these Bylaws.

2.3 Membership Corporation. The Corporation shall have one voting Member: El Camino Healthcare District, a political subdivision of the State of California (the “Member”). The Corporation shall have no other voting members.

2.4 Exempt Activities. Notwithstanding any other provision of these Bylaws, no director, officer, employee, or representative of the Corporation shall take any action or carry on any activity by or on behalf of the Corporation not permitted to be taken or carried on by an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code and regulations promulgated thereunder as they now exist or as they hereafter may be amended, or by an organization contributions to which are deductible under Section 170(c) of such Code and Regulations as they now exist or as they hereafter may be amended.

2.5 Termination of Membership. The membership of the sole Member shall terminate upon the resignation of the sole Member.

ARTICLE III
Meetings of Members

3.1 Place of Meetings. Meetings of the sole Member shall be held at any place within or outside the State of California designated by the Board of Directors. In the absence of any such designation, meetings of the sole Member shall be held at the principal executive office of the Corporation.

3.2 Annual Meeting. There shall be an annual meeting of the sole Member held each year. The Board shall provide for the time and place of holding the annual meeting and notify the sole Member as provided in Section 3.3. At the annual meeting, directors shall be elected as

required by these Bylaws, reports of the affairs of the Corporation shall be considered, and any other business may be transacted that is within the power of the sole Member.

3.3 Notice of Annual Meeting. Written notice of each annual meeting shall be given to the sole Member entitled to vote, either personally, or by mail, or by other means of written communication, with charges prepaid, addressed to the sole Member at the sole Member's address appearing on the books of the Corporation or given by the sole Member to the Corporation for the purpose of notice.

All such notices shall be given to the sole Member entitled to the notice by mail or other means of written communication not less than ten (10) days (or, if sent by mail other than first-class, registered, or certified mail, twenty (20) days) nor more than ninety (90) days before each annual meeting. Any such notice shall be deemed to have been given at the time when delivered personally or deposited in the mail or sent by other means of written communication. An affidavit of giving of any such notice in accordance with the foregoing provisions, executed by the Secretary or any transfer agent of the Corporation, shall be *prima facie* evidence of the giving of the notice.

The notice of the meeting shall specify:

- (a) the place, date, and hour of the meeting;
- (b) those matters which the Board, at the time the notice is given, intends to present for action by the sole Member;
- (c) if directors are to be elected, the names of all those who are nominees at the time the notice is given;
- (d) the general nature of a proposal, if any, to take action when approval of the sole Member is required with respect to (i) removal of directors without cause; (ii) the filling of vacancies on the Board; (iii) amendment of the Articles or these Bylaws; (iv) voluntary merger or dissolution of the Corporation; or (v) disposition of all or substantially all of the assets of the Corporation; and
- (e) such other matters, if any, as may be expressly required by law.

3.4 Special Meetings. A special meeting of the sole Member for any lawful purpose or purposes may be called at any time by the Chairperson of the Board or by the Board. In addition, a special meeting of the sole Member for the purpose of removal of directors and election of their replacements may be called by the sole Member.

3.5 Notice of Special Meetings. Upon request in writing that a special meeting of the sole Member be called, directed to the Chairperson, Vice Chairperson, or Secretary, by any person (other than the Board of Directors) entitled to call a special meeting of the sole Member, the officer forthwith shall cause notice to be given to the sole Member that a meeting will be held at a time fixed by the Board, not less than thirty-five (35) nor more than ninety (90) days after the receipt of the request. If the notice is not given within twenty (20) days after the receipt of the request, the persons entitled to call the meeting may give the notice. Notice of any special

meeting of the sole Member shall be given in the same manner as for annual meetings of the sole Member. In addition to the matters required by Section 3.3(a) and, if applicable, Section 3.3(c) of these Bylaws, notice of any special meeting shall specify the general nature of the business to be transacted, and the fact that no other business may be transacted at the meeting.

3.6 Quorum. The presence in person or by proxy of the sole Member shall constitute a quorum for the transaction of business. Any meeting of the sole Member may be adjourned from time to time by the sole Member.

3.7 Adjourned Meeting and Notice. Except as provided below, when the sole Member's meeting, either regular or special is adjourned to another time or place, notice need not be given of the adjourned meeting if the time and place are announced at the meeting at which the adjournment is taken. At the adjourned meeting the Corporation may transact any business that might have been transacted at the original meeting. However, no meeting may be adjourned for more than forty-five (45) days. If after adjournment a new record date is fixed for notice or voting, notice of the adjourned meeting shall be given to the sole Member.

3.8 Voting.

(a) Except as may be otherwise provided in the Articles or these Bylaws, the sole Member shall be entitled to one vote on each matter being considered.

(b) Voting at a meeting of the sole Member may be by voice vote or by ballot.

3.9 Proxies.

(a) The sole Member may authorize another person or persons to act by proxy with respect to such membership. "Proxy" means a written authorization signed by the sole Member giving another person or persons power to vote on behalf of the sole Member. "Signed" for the purpose of this section means the placing of the sole Member's name on the proxy (whether by manual signature, typewriting, telegraphic transmission, or otherwise) by the sole Member. Any proxy duly executed is not revoked and continues in full force and effect until (i) a written instrument revoking it is filed with the Secretary of the Corporation prior to the vote pursuant to the proxy, (ii) a subsequent proxy executed by the person executing the prior proxy is presented to the meeting, or (iii) the person executing the proxy attends the meeting and votes in person; provided that no such proxy shall be valid after the expiration of eleven (11) months from the date of its execution, unless otherwise provided in the proxy, except that the maximum term of any proxy shall be three (3) years from the date of execution. The dates contained on the forms of proxy presumptively determine the order of execution, regardless of the postmark dates on the envelopes in which they are mailed. No proxy may be irrevocable.

(b) In any election of directors, any form of proxy in which the directors to be voted upon are named as candidates and which is marked by the sole Member "withhold" or otherwise marked in a manner indicating that the authority to vote for the election of directors is withheld shall not be voted either for or against the election of a director.

3.10 Validation of Defectively Called or Noticed Meetings. The transactions of any meeting of the sole Member, however called and noticed, and wherever held, are as valid as

though had at a meeting duly held after regular call and notice, if a quorum is present either in person or by proxy. Attendance of a person at a meeting shall constitute a waiver of notice of and presence at such meeting, except when the person objects, at the beginning of the meeting, to the transaction of any business because the meeting is not lawfully called or convened and except that attendance at a meeting is not a waiver of any right to object to the consideration of matters required by these Bylaws or by the California Nonprofit Corporation Law to be included in the notice if such objection is expressly made at the meeting. Neither the business to be transacted at nor the purpose of any regular or special meeting of the sole Member need be specified in any written waiver of notice, consent to the holding of the meeting, or approval of the minutes of the meeting, unless otherwise provided in the Articles or these Bylaws, except the general nature of the proposals listed in Section 3.3(d) of these Bylaws must be specified, to the extent applicable, in any such waiver, consent, or approval.

3.11 Action Without a Meeting. Any action required or permitted to be taken by the sole Member may be taken without a meeting, if the sole Member consents in writing to the action. The written consent shall be filed with the minutes of the proceedings of the sole Member. The action by written consent shall have the same force and effect as the vote of the sole Member.

3.12 Rights of the Member. The Member shall have all rights granted to a member under the California Nonprofit Corporation Law. Without limiting the generality of the foregoing, the Member shall have the right to approve the election of directors, to approve the disposition of all or substantially all of the assets of the Corporation or to approve a merger and dissolution of the Corporation and the other rights set forth in the articles of incorporation and bylaws. In addition to the foregoing, the Member shall have the right to require the Corporation to provide to Member any financial information requested by the Member and to approve the following actions authorized by the Board of Directors of the Corporation:

1. To approve the selection of the Corporation's Chief Executive Officer;
2. To approve the annual budget of the Corporation;
3. To approve capital expenditures by the Corporation of more than \$25 million dollars in a single transaction;
4. To approve any expenditures or transfers by the Corporation in a single transaction apparent or a series of related transaction (in excess of 5% of the assets of the Corporation as determined based on last annual audit of the Corporation preceding the approval date of the proposed transaction);
5. To approve the overall strategy adopted by the Corporation.

ARTICLE IV Board of Directors

4.1 Management by Board of Directors. The business and affairs of the Corporation shall be managed by the Board, except as otherwise provided by law, the Articles, these Bylaws or a Board resolution.

4.2 Number of Voting Directors. The number of voting directors (“Directors”) of the Corporation shall not be less than five (5) nor more than nine (9) until changed by amendment of the Articles or by a bylaw amending this Section 4.2 duly adopted by the sole Member. The exact number of Directors shall be fixed from time to time, within the limit specified in the Articles or in this Section 4.2, by the sole Member.

4.3 Qualifications of Voting Directors.

(a) Commitment. Directors must be committed to the furtherance of health care delivery in the communities served by the Corporation, and must be willing to devote the necessary time and energy for self-education, corporate functions and other activities necessary to fulfill this commitment.

(b) Fiduciary Duty. Directors shall have a fiduciary duty to the Corporation, and shall make all decisions in a manner that is in the best interests of the Corporation and the communities served by the Corporation. Directors shall not advocate or act in the interests of any private person, group or entity unless such action is also in the best interests of the Corporation or the communities served by the Corporation.

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

(d) Financial Interest. Except as permitted by the California Nonprofit Corporation Law, the California Health and Safety Code and any other provisions of law, Directors shall not have a “financial interest” in any transactions or contracts of the Corporation.

4.4 Appointment and Selection of Directors.

(a) Ex Officio Director. The Chief Executive Officer of this Corporation shall serve as an ex officio Director, with full voting rights; the voting right of the ex officio Director shall be suspended when the number of Directors in office is less than nine (9) except to the extent that the vacant positions are entirely among the 2012 Directors. The term of such Director shall end when his or her term of office as the Chief Executive Officer of this Corporation expires or terminates.

(b) Vacancies. In the event of a vacancy on the Board because no person holds the position designated in Section 4.4(a), such position on the Board shall remain vacant

until a successor is appointed to the office described in Section 4.4(a). In the event that the office described in Section 4.4(a) no longer exists, the Member shall have the exclusive power to appoint a person to serve as a Director with respect to such position.

(c) Other Directors. All Directors, other than the ex officio Director, shall be nominated and elected by the Member.

(d) Replacement Directors. A Director, if any, who fills the unexpired term of a vacant Director position shall serve until the end of that unexpired term.

4.5 Term.

(a) Years.

(i) The term of an ex officio Director described in Section 4.4 shall be the period of time such an ex officio Director holds the office described in Section 4.4.

(ii) A Director first elected by the Member pursuant to Section 4.4(c) effective September 1, 2012 shall serve a staggered term ending June 30, 2013, June 30, 2014 or June 30, 2015 as designated by a resolution of the Board. Any Director who is later appointed to such position or who is later appointed to a new term for such a position after the initial term expires shall serve a term of three (3) years. The Directors described in this subparagraph (ii) are referred to in these Bylaws as “2012 Directors.”

(iii) All other Directors not listed in Section 4.5(a)(i) or (ii) shall hold office as a Director for a term of four (4) years from the date of election.

(iv) Any Director, other than a Director serving ex officio, shall serve for such Director’s stated term and until his or her successor is duly elected and qualified, unless the Director resigns or is removed as provided in these Bylaws.

4.6 Term Limits.

(a) New Members.

(i) Any Director described in Section 4.5(a)(ii) who first takes office during calendar year 2014, or any time thereafter, may only serve four (4) complete three (3) year terms as a Director.

(ii) Any Director described in Section 4.5(a)(iii) who first takes office during calendar year 2014, or any time thereafter, may only serve three (3) complete four (4) year terms as a Director.

(b) Current Members.

(i) Any Director described in Section 4.5(a)(ii) who is serving as a Director as of January 1, 2014 may only serve four (4) complete three (3) year

terms as a Director beginning with such Director's next term of office that commences after January 1, 2014.

(ii) Any Director described in Section 4.5(a)(iii) who is serving as a Director as of January 1, 2014 may only serve three (3) complete four (4) year terms as a Director beginning with such Director's next term of office that commences after January 1, 2014.

(c) Effect of Term Limit. The office of any Director subject to the limitation set forth in Section 4.6(a) or Section 4.6(b) shall terminate on the last day of the period described in Section 4.6(a) or Section 4.6(b) that is applicable to such Director.

(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 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 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.

5.2 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 participating in the meeting can hear one another. All such Directors shall be deemed to be present in person at any such meeting.

6.5 Waiver of Notice. The transaction of business at any meeting of the Board, however called and noticed or wherever held, shall be valid as though held at a meeting that was duly held after regular call and notice, but only if a quorum is present and if, either before or after the meeting, each of the Directors not present signs and files with the Secretary a written waiver of notice or a consent to holding such meeting or an approval of the minutes thereof, or such Director attends the meeting without protesting, prior to the meeting or at its commencement, the lack of notice to such Director, provided that no Director present at the meeting objected, prior to the transaction of any business, to the holding of the meeting because of a lack of prior notice. All such waivers, consents or approvals shall be filed with the corporate records or made a part of the minutes of the meeting.

6.6 Unanimous Action Without Meeting. Any action required or permitted to be taken by the Board under the Articles, these Bylaws or any provision of law may be taken by the Board without a meeting, if the Directors unanimously consent in writing to such action. Such unanimous written consent or consents shall be filed with the minutes of the proceedings of the Board. Such action by unanimous written consent shall have the same force and effect as the unanimous vote of the Directors at a duly called and noticed meeting. Such unanimous written consent or consents may be signed in counterpart and may be submitted to the individual Directors, and returned to the Corporation by mail or by facsimile transmission. For purposes of this section only, "all members of the Board" does not include any "interested directors" as defined in Section 5233 of the California Corporations Code.

6.7 Quorum. A majority of the number of existing Directors (excluding vacancies) shall constitute a quorum for the transaction of business, except to adjourn. A meeting at which a quorum is initially present may continue to transact business, notwithstanding the withdrawal of Directors from the meeting, if any action taken is approved by at least a majority of the required quorum for that meeting, subject to any applicable requirements for approval by a greater number or a disinterested majority.

6.8 Agenda for Meetings. The agenda for Board meetings shall be developed by the Chairperson with the Chief Executive Officer acting as staff to the Chairperson for this purpose. The Chairperson shall prepare a calendar of expected agenda items that will be communicated regularly at Board meetings. Any Director may ask that a matter be added to a future Board meeting agenda by written notification to the Chairperson and the Chief Executive Officer. The

Chairperson will determine, considering all other matters to be addressed by the Board, whether and when to add the matter to a Board agenda. If the matter will not be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the request, the Chief Executive Officer will notify the Director making the request of the Chairperson's decision; the person making the request may ask that the questions of whether such matter should be considered by the Board and the timing of such consideration be addressed during the discussion of the calendar of expected agenda items during the next meeting of the Board that occurs more than ten (10) days thereafter. Notwithstanding the foregoing, any request to add a matter to the Board agenda made by three (3) directors shall be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the last request.

6.9 Board Action. Every act done or decision made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board of Directors, unless a greater number, or the same number after disqualifying one or more Directors from voting, is required by the Articles, these Bylaws, or the California Nonprofit Corporation Law. Provided however, amendments to the Articles or these Bylaws and approval of certain transactions must be approved by the vote of a majority of the Directors in office, excluding interested directors as defined in Section 5233 of the California Corporations Code.

6.10 Adjournment. A majority of the Directors present, whether or not constituting a quorum, may adjourn any meeting to another time and place.

6.11 Notice of Adjournment. Notice of the time and place of holding an adjourned meeting need not be given, unless the meeting is adjourned for more than twenty-four (24) hours, in which case notice of the time and place shall be given before the time of the adjourned meeting to the Directors who were not present at the time of the adjournment.

ARTICLE VII

Board Committees and Advisory Committees

7.1 Establishment of Committees. The Board of Directors may, by resolution adopted by a majority of the Directors then in office, provided that a quorum is present, designate one or more committees, each consisting of two (2) or more Directors, to serve at the pleasure of the Board. The Board may designate one or more Directors as alternate members of any committee, who may replace any absent member at any meeting of the committee. The provisions of Section 7.1 through 7.5 of these Bylaws do not apply to any advisory committee established under Section 7.6. The appointment of members or alternate members of a committee requires the vote of a majority of the Directors then in office, provided that a quorum is present. Any such committee, to the extent provided in the resolution of the Board of Directors or in these Bylaws, shall have all the authority of the Board of Directors, except that no committee, regardless of Board resolution, may:

(a) Approve any action that, under the California Nonprofit Corporation Law, also requires the affirmative vote of the members of a public benefit corporation.

- (b) Fill vacancies on the Board or in any committee that has the authority of the Board.
- (c) Fix compensation of the Directors for serving on the Board or on any committee.
- (d) Amend or repeal Bylaws or adopt new bylaws.
- (e) Amend or repeal any resolution of the Board that by its express terms is not so amendable or repealable.
- (f) Appoint any other committees of the Board or the members of such committees.
- (g) Expend corporate funds to support a nominee for Director after there are more people nominated for Director than can be elected.
- (h) Approve any transaction between the Corporation and one or more of its Directors in which the Director or Directors have a material financial interest, except as provided by Section 5233 of the California Corporations Code.

7.2 Special Committees. From time to time the Board may establish special committees. Special Board committees shall exist to perform specific tasks identified by the Board, and shall cease to exist upon completion of the task. The Board may by resolution establish special committees for such purposes as the Board deems appropriate. Members of such committees shall be appointed and removed at the Board's discretion, with or without cause.

7.3 Authority to Act. The committee may take action on behalf of the Corporation only if specifically authorized to take a Board action by resolution of the Board.

7.4 Appointment. The Chairperson of the Board shall appoint committee chairperson(s) and the committee chairperson(s) shall appoint members of committee(s) subject to approval by the Board.

7.5 Meetings and Actions of Committees. Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of these Bylaws, concerning meetings and actions of Directors, with such changes in the context of those Bylaws as are necessary to substitute the committee and its members for the Board and its members, except that the time for regular meetings of committees may be determined either by resolution of the Board or by resolution of the committee. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the committee. Minutes shall be kept of each meeting of any committee and shall be filed with the corporate records. The Board may adopt rules not inconsistent with the provisions of these Bylaws for the governance of any committee.

7.6 Advisory Committees. Notwithstanding any other provision of this Article VII or

these Bylaws, the Board may by resolution establish advisory committees to the Board. No advisory committee shall have or exercise any of the authority of the Board but shall advise the Board of Directors on matters within the advisory committee's charter as adopted by the Board. An advisory committee shall be composed of at least two members of the Board and persons who are not members of the Board. The Board, by resolution, shall adopt an advisory committee charter which shall establish the committee, state whether the advisory committee is temporary (ad hoc) or standing, the total number of members of such committee, the number of Board members to be appointed to such committee, and the subject matter to be considered by such advisory committee. The time and place of meetings of the advisory committee shall be determined by the committee chair. The charter shall designate the members of the advisory committee or designate the process by which members of the advisory committee are selected. The Chairperson may serve as chair or a member of any advisory committee except the Governance Committee. The Board may, at any time, amend the resolution establishing the advisory committee to change the members, to change the scope of delegation, or to terminate the existence of the advisory committee.

ARTICLE VIII

Officers and Employees

8.1 Officers. The officers of the Corporation shall consist of the Chairperson, the Vice Chairperson, the Secretary and the Treasurer and such other persons who are specifically designated as officers by the Board. The offices of Secretary and Treasurer shall be held by the same person.

8.2 Election of Board Officers. All officers shall be elected by a majority vote of the Board.

8.3 Term of Board Officers. Each officer shall hold office for a two (2) year term or until his or her successor is elected and qualified, subject to any employment agreement; provided that a Director may not serve more than two (2) consecutive terms as Chairperson.

8.4 Resignation. Any officer may resign at any time by giving written notice to the Board of Directors, the Chairperson or to the Secretary, without prejudice, however, to the rights, if any, of the Corporation under any contract to which such officer is a party. 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 specified time.

8.5 Removal. Any officer may be removed at any time by a majority vote of the Board.

8.6 Vacancies. Upon the removal, resignation, death, or incapacity of any officer, the Board may declare such office vacant and fill such vacancy by the majority vote of the Board.

8.7 Compensation. The salary and other compensation of the officers shall be fixed from time to time by resolution of, or in the manner determined by, the Board.

8.8 Duties and Qualifications of Officers. The officers shall have such duties, in addition to those set forth below, as the Board shall specify by resolution from time to time.

(a) Chairperson. The Chairperson shall preside at all meetings of the Board. Except as provided in Section 13.1, the Chairperson shall have authority to execute in the name of the Corporation all bonds, contracts, deeds, leases, and other written instruments to be executed by the Corporation, and shall perform such other powers and duties as may be from time to time assigned to him or her by the Board or set forth in these Bylaws.

(b) Vice Chairperson. The Vice Chairperson shall assume and perform the duties of the Chairperson in the absence or disability of the Chairperson or whenever the office of Chairperson is vacant. The Vice Chairperson shall have such titles, perform such other duties, and have such other powers as the Board or the Chairperson shall designate from time to time.

(c) Secretary. The Secretary shall record or cause to be recorded, and shall keep or cause to be kept, at the principal executive office and such other place as the Board may order, a book of minutes of actions taken at all meetings of Directors, committees, and Member, with the time and place of holding, whether regular or special, and, if special, how authorized, the notice given, the names of those present at such Directors, committees and Member meetings, and the proceedings of all such meetings.

The Secretary shall give, or cause to be given, notice of all the meetings of the members of the Board of Directors, and of the committees of this Corporation required by these Bylaws or by law to be given, shall keep the seal of the Corporation (if any) in safe custody, and shall have such other powers and perform such other duties as may be prescribed by the Board, the Chairperson or by these Bylaws.

(d) Treasurer. The Treasurer shall keep and maintain, or cause to be kept and maintained, adequate and correct accounts of the properties and business transactions of the Corporation, including accounts of its assets, liabilities, receipts, disbursements, gains, losses, capital, retained earnings, and other matters customarily included in financial statements.

The Treasurer shall deposit all moneys and other valuables in the name and to the credit of the Corporation with such depositories as may be designated by the Board. The Treasurer shall disburse the funds of the Corporation as may be ordered by the Board, shall render to the Chairperson and Directors, whenever they request it, an account of all of the Treasurer's transactions as Treasurer and of the financial condition of the Corporation, and shall have such other powers and perform such other duties as may be prescribed by the Board, the Chairperson or these Bylaws.

ARTICLE IX

Chief Executive Officer

9.1 Selection, Authority and Term. The Board may select and employ a competent, experienced Chief Executive Officer who shall be its direct executive representative in the management of the Hospital. This Chief Executive Officer shall be given the necessary authority and held responsible for the administration of the Hospital in all its activities and departments subject only to such policies as may be adopted, and such orders as may be issued by the Board or by any of its committees to which it has delegated power for such action. He or she shall act as the "duly authorized representative" of the Board in all matters in which the governing Board

has not formally designated some other person for that specific purpose. However, nothing in this section is to be construed as depriving or delegating from the Board to the Chief Executive Officer any of the powers and duties imposed upon the Board by the Local Hospital District Law, Division 23, or Chapter 1 of the Health and Safety Code of the State of California, or related statutes. The Chief Executive Officer shall hold office from the date of hire until the end of his or her term in office or sooner at the sole discretion of the Board, subject to any employment agreement.

9.2 Performance Review. The Board shall continually review the performance of the Chief Executive Officer and provide counseling in areas where improvement is needed.

9.3 Authority and Duties. The authority and duties of the Chief Executive Officer shall be as follows:

(a) To perfect and submit to the Board for approval a plan of organization of the personnel and others concerned with the operation of the Hospital; and also to establish methods of procedures concerning the internal operation of the Hospital.

(b) To prepare an annual budget showing the expected receipts and expenditures of the Hospital as required by the Board of Directors.

(c) To prepare and submit capital budget of the Hospital to the Board for approval.

(d) To select, employ, and discharge all employees serving in positions as authorized by the Board of Directors.

(e) To see that all physical properties are kept in good state of repair and operating condition.

(f) To attend all meetings of the Board of Directors.

(g) To supervise all business affairs, such as the records of financial transactions, collection of accounts and purchase and issuance of supplies, and to ensure that all funds are collected and expended to the best possible advantage.

(h) To explore and develop strategic opportunities for the Hospital and propose such opportunities to the Board.

(i) To exercise his or her professional abilities in such a manner that those concerned with the rendering of professional service at the Hospital cooperate to the end that the best possible care may be rendered to all patients.

(j) To submit regularly to the Board or its authorized committees, periodic reports showing the professional service and financial activities of the Hospital and to prepare and submit such special reports as may be required by the Board and/or its functioning committees.

(k) To serve as the liaison officer and channel of communications for all official communications between the Board of Directors or any of its committees, and its adjunct organizations.

(l) To act as an ex-officio member of all Board committees.

(m) To support such volunteer services as are necessary to carry out the purpose of the Hospital.

(n) To assist in providing an orientation program for new Board members.

(o) To perform any other duty that may be necessary in the best interest of the Hospital.

ARTICLE X Contracts and Financial Matters

10.1 Loans. No loans shall be contracted on behalf of the Corporation and no evidence of indebtedness shall be issued in its name unless authorized by a resolution of the Board. Such authority may be general or confined to specific instances.

10.2 Deposits. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation in such banks, trust companies or other depository as the Board may select.

10.3 Compensation of Directors. Directors and members of committees may receive such compensation, if any, for their services, and such reimbursement of expenses, as may be determined by resolution of the Board to be just and reasonable; provided, however, that any such compensation must be commercially reasonable.

ARTICLE XI Conflicts of Interest and Indemnification

11.1 Conflict of Interest. The Board shall adopt, by resolution, a conflict of interest policy which shall be attached to these Bylaws.

11.2 Indemnification.

(a) For the purposes of this article, “agent” means any person who is or was a Director, officer, employee, or other agent of the Corporation, or is or was serving at the request of the Corporation as a Director, officer, employee, or agent of another foreign or domestic corporation, partnership, joint venture, trust, or other enterprise, or was a Director, officer, employee, or agent of a foreign or domestic corporation that was a predecessor corporation of the Corporation or of another enterprise at the request of such predecessor corporation; “proceeding” means any threatened, pending, or completed action or proceeding, whether civil, criminal, administrative, or investigative; and “expenses” include without limitation attorneys’ fees and any expenses of establishing a right to indemnification under paragraph (d) or paragraph (e)(iii) of this Section 11.2.

(b) The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any proceeding (other than an action by or in the right of the Corporation to procure a judgment in its favor, an action brought under Section 5233 of the California Corporations Code, or an action brought by the Attorney General for any breach of duty relating to assets held in charitable trust) by reason of the fact that such person is or was an agent of the Corporation, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if such person acted in good faith and in a manner such person reasonably believed to be in the best interests of the Corporation and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of such person was unlawful. The termination of any proceeding by judgment, order, settlement, conviction or upon a plea of *nolo contendere* or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in the best interests of the Corporation or that the person had reasonable cause to believe that the person's conduct was unlawful.

(c) The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action by or in the right of the Corporation to procure a judgment in its favor, or brought under Section 5233, or brought by the Attorney General for breach of duty relating to assets held in charitable trust, by reason of the fact that such person is or was an agent of the Corporation, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of such action if such person acted in good faith, in a manner such person believed to be in the best interests of the Corporation, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. No indemnification shall be made under this paragraph (c):

(i) In respect of any claim, issue, or matter as to which such person shall have been adjudged to be liable to the Corporation in the performance of such person's duty to the Corporation, unless and only to the extent that the court in which such proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses that such court shall determine;

(ii) Of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval; or

(iii) Of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval unless it is settled with the approval of the Attorney General.

(d) To the extent that an agent of the Corporation has been successful on the merits in defense of any proceeding referred to in paragraph (b) or (c) or in defense of any claim, issue, or matter in the proceeding, the agent shall be indemnified against expenses actually and reasonably incurred by the agent in connection with the proceeding.

(e) Except as provided in paragraph (d), any indemnification under this Section 11.2 shall be made by the Corporation only if authorized in the specific case, upon a

determination that indemnification of the agent is proper in the circumstances because the agent has met the applicable standard of conduct set forth in paragraph (b) or (c), by:

(i) A majority vote of a quorum consisting of Directors who are not parties to such proceeding;

(ii) Approval or ratification by the affirmative vote of a majority of the votes represented and voting at a duly held membership meeting at which a quorum is present (which affirmative votes also constitute a majority of the required quorum); for such purpose, any membership held by the person to be indemnified shall not be considered outstanding or entitled to vote on the matter; or

(iii) The court in which such proceeding is or was pending upon application made by the Corporation, the agent, or the attorney or other person rendering services in connection with the defense, whether or not such application by the agent, attorney, or other person is opposed by the Corporation.

(f) Expenses incurred in defending any proceeding may be advanced by the Corporation prior to the final disposition of such proceeding upon receipt of an undertaking by or on behalf of the agent to repay such amount unless it shall be determined ultimately that the agent is entitled to be indemnified as authorized in this Section 11.2.

(g) Nothing contained in this article shall affect any right to indemnification to which persons other than Directors and officers of the Corporation or any subsidiary of the Corporation may be entitled by contract or otherwise.

(h) No indemnification or advance shall be made under this article, except as provided in paragraph (d) or paragraph (e)(iii), in any circumstance when it appears:

(i) That it would be inconsistent with a provision of the Articles, a resolution of the sole Member, or an agreement in effect at the time of the accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

(ii) That it would be inconsistent with any condition expressly imposed by a court in approving a settlement.

(i) Upon and in the event of a determination by the Board of Directors of the Corporation to purchase indemnity insurance, the Corporation shall purchase and maintain insurance on behalf of any agent of the Corporation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such whether or not the Corporation would have the power to indemnify the agent against such liability under the provisions of this Section 11.2; provided, however, that the Corporation shall have no power to purchase and maintain such insurance to indemnify any agent of the Corporation for a violation of Section 5233.

(j) This Section 11.2 does not apply to any proceeding against any trustee, investment manager, or other fiduciary of an employee benefit plan in such person's capacity as such, even though such person may also be an agent of the Corporation as defined in paragraph (a). The Corporation shall have the power to indemnify such trustee, investment manager, or other fiduciary to the extent permitted by subdivision (f) of Section 207 of the California Corporations Code.

ARTICLE XII Medical Staff

12.1 Organization. A medical staff organization has been created for the acute care hospital that is owned by El Camino Hospital, and this medical staff is known as the El Camino Hospital Medical Staff (the "Medical Staff").

12.2 Membership. Membership in the Medical Staff shall be comprised of all physicians, dentists and podiatrists who are duly licensed, competent in their respective fields, worthy in character and in professional ethics and privileged to attend to patients in the Hospital. The term "physicians" shall include physicians licensed in the State of California, regardless of whether they hold an M.D. or D.O. degree. Membership in the Medical Staff shall be a prerequisite to the exercise of any clinical privileges except as otherwise expressly provided in the Medical Staff Bylaws.

12.3 Medical Staff Bylaws, Rules and Regulations.

(a) Purpose. Medical Staff Bylaws, rules and regulations shall be adopted by the Medical Staff for its internal governance, subject to the Board's approval (the "Medical Staff Bylaws"). The Medical Staff Bylaws shall create an effective administrative unit to discharge the functions and responsibilities assigned to the Medical Staff. The Medical Staff Bylaws, rules and regulations shall also state the purposes, functions and organization of the Medical Staff, and set forth the policies and procedures by which the Medical Staff exercises and accounts for its delegated authority and responsibilities.

(b) Procedure to Adopt or Amend.

(i) Preparation and Adoption. The Medical Staff shall have the initial responsibility to formulate, revise and adopt the Medical Staff Bylaws, rules and regulations.

(ii) Review and Approval. After the above action by the Medical Staff, such Medical Staff Bylaws, rules or regulations, or amendments thereto, shall be forwarded to the Board for its review and approval, which approval shall not be unreasonably withheld.

(iii) Separate Action. If the Medical Staff fails to exercise its responsibility hereunder and in a reasonable, timely and responsible manner, and after written notice from the Board to such effect, including a reasonable period of time for response, the Board may formulate or amend the Medical Staff Bylaws,

rules and regulations. Any Medical Staff recommendations and views shall be carefully considered during the Board's deliberations and actions.

12.4 Credentialing and Clinical Privileges.

(a) Delegation to Medical Staff. The Board delegates to the Medical Staff responsibility and authority to investigate and evaluate all matters relating to Medical Staff membership and clinical privileges, including appointment, reappointment and corrective action.

(b) Initial Decision. Initial action with respect to membership on the Medical Staff and clinical privileges shall be taken by the Medical Staff in accordance with the Medical Staff Bylaws, rules and regulations. Thereafter, a recommendation shall be made to the Board.

(c) Review and Approval. The Board shall review and act upon recommendations of the Medical Staff, and shall give careful consideration to the Medical Staff's expertise in peer review matters.

(d) Separate Action. If the Medical Staff fails to exercise its responsibility hereunder in a reasonable, timely and responsible manner, and after written notice from the Board to such effect, including a reasonable period of time for response, the Board may take actions regarding medical staff membership and clinical privileges. In so doing, the Board shall carefully consider any Medical Staff recommendations and views during its deliberations and actions. In situations involving corrective action, the Board shall not initiate such action unless the Medical Staff's failure to do so is contrary to the weight of the evidence under consideration.

(e) Fair Hearing Procedure. The procedural rules to be followed by the Medical Staff and the Board in acting on matters of Medical Staff membership and clinical privileges, including such matters as appointment, reappointment and corrective action, shall be as more particularly specified in the Medical Staff Bylaws. The Medical Staff Bylaws shall provide for a procedure pursuant to which disagreements between the Medical Staff and the Board may be resolved.

(f) Standards of Decision and Review. In taking the actions referred to in this Article XII, the relevant decision-making body shall consider the supporting information and the purposes, needs and capabilities of the hospital, the health and welfare of the community, and such relevant criteria as are set out in the Medical Staff Bylaws, rules and regulations. In taking such action, no aspect of Medical Staff membership or privileging shall be limited or denied on the basis of sex, age, race, creed, color, or national origin, or on the basis of any other criterion unrelated to those set out in the preceding sentence.

(g) Duration. Appointments to the Medical Staff shall be for a maximum term of two (2) years.

(h) Terms and Conditions. The terms and conditions of Medical Staff membership and of the exercise of clinical privileges shall be as specified in the Medical Staff Bylaws, rules and regulations, or as more specifically defined in the notice of an individual appointment or privileges.

12.5 Allied Health Professionals. The categories of allied health professionals eligible to hold specific practice privileges to perform services within the scope of their licensure, certification or other legal authorization, and the corresponding privileges, prerogatives, terms and conditions for each such allied health professional category or practitioner shall be determined by the Board upon recommendations received from the Medical Staff executive committee. The Medical Staff shall have the responsibility and authority to investigate and evaluate each application by an allied health professional for satisfaction of relevant eligibility requirements in accordance with the Medical Staff Bylaws, rules and regulations.

12.6 Contract Physicians. A physician engaged as an independent contractor by the Corporation to provide medical-administrative services must obtain appropriate Medical Staff membership and privileges through the procedure outlined in the Medical Staff Bylaws, rules and regulations. Restriction or termination of such physician's Medical Staff membership or clinical privileges for reasons related to professional competence shall also be accomplished through the procedures contained in the Medical Staff Bylaws, rules and regulations. All other matters, including termination of Medical Staff membership or clinical privileges on grounds not related to professional competence, shall be governed by the terms of such physician's contracts or agreements with the Corporation.

12.7 Accountability. The Medical Staff shall be accountable to the Board for conducting activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided at the Corporation. These activities shall include:

- (a) Standard of Care. Ensuring that a comparable standard of care, as determined by the Medical Staff, is provided to all patients with similar needs;
- (b) Monitor Quality. Ongoing monitoring and evaluation of patient care to solve problems and identify other opportunities to improve quality.
- (c) Clinical Privileges. Delineation of clinical privileges for members of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment.
- (d) Continuing Education. Provision of continuing professional education, guided by the needs identified through the review and evaluation activities, as well as other perceived needs and interests.
- (e) Resource Allocation. Review of utilization of the Corporation's resources to provide for their allocation to patients in need of them.
- (f) Medical Records. Ensuring the preparation and maintenance of adequate and accurate medical records for all patients; and
- (g) Other Matters. Such other measures as the Board may, after considering the advice of the Medical Staff and the Corporation's administration, deem necessary for the preservation and improvement of the quality and efficiency of patient care.

ARTICLE XIII
Execution of Corporate Instruments,
and Voting of Stocks and Memberships
Held by the Corporation

13.1 Execution of Corporate Instruments. The Board may, in its discretion, determine the method and designate the signatory officer or officers or other person or persons, to execute any corporate instrument or document, or to sign the corporate name without limitation, except when otherwise provided by law, and such execution or signature shall be binding upon the Corporation.

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

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

13.2 Ratification by Member. The Board may, in its discretion, submit any contract or act for approval or ratification of the Member at any regular meeting of Member, or at any special meeting of Member called for that purpose.

13.3 Voting of Stocks Owned by Corporation. All stock of other corporations or memberships in other corporations owned or held by the Corporation for itself, or for other parties in any capacity, shall be voted, and all proxies with respect to such stock or memberships shall be executed, by the person authorized to do so by resolution of the Board of Directors, or in the absence of such authorization, by the Chairperson of the Board, or Vice Chairperson or by any other person authorized to do so by the Chairperson or the Vice Chairperson of the Board.

ARTICLE XIV
Annual Report

Except as provided below, the Corporation shall cause to be sent to its Member and Directors no later than 120 days after the close of its fiscal year, a report containing the following information in appropriate detail:

- (a) The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year.
- (b) The principal changes in assets and liabilities, including trust funds, during the fiscal year.
- (c) The revenue or receipts of the Corporation, both unrestricted and restricted to particular purposes, for the fiscal year.

(d) The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year.

(e) Any information required by Section 6322 of the California Corporations Code.

The report shall be accompanied by any pertinent report of independent accountants, or, if there is no such report, the certificate of an authorized officer of the Corporation that such statements were prepared without audit from the books and records of the Corporation.

This article does not apply to the Corporation when it receives less than twenty-five thousand dollars (\$25,000) in gross revenues or receipts during the fiscal year, with the exceptions that a report meeting the above requirements must be furnished annually to all Directors and to the Member who requests it in writing and that the information referred to in paragraph (e) above must be furnished to the Member and Directors within 120 days after the close of the Corporation's fiscal year.

If the Corporation solicits in writing contributions from five hundred (500) or more persons, it need not send the report described above to the Member, with the exception of the information referred to in paragraph (e) above, if it:

(i) Includes with any written material used to solicit contributions a written statement that its latest annual report will be mailed upon request and that such request may be sent to the Corporation at a name and address which is set forth in the statement;

(ii) Promptly mails a copy of its latest annual report to any person who requests a copy; and

(iii) Causes its annual report to be published not later than 120 days after the close of its fiscal year in a newspaper of general circulation in the county in which its principal office is located.

ARTICLE XV Standard of Care

A Director shall perform the duties of a director, including duties as a member of any Board committee on which the Director may serve, in good faith, in a manner such Director believes to be in the best interest of this Corporation and with such care, including reasonable inquiry, as an ordinarily prudent person in a like situation would use under similar circumstances.

In performing the duties of a Director, a Director shall be entitled to rely on information, opinions, reports, or statements, including financial statements and other financial data, in each case prepared or presented by:

(a) one or more officers or employees of the Corporation whom the Director believes to be reliable and competent as to the matters presented;

(b) counsel, independent accountants, or other persons as to matters which the Director believes to be within such person's professional or expert competence; or

(c) a Board committee upon which the Director does not serve, as to matters within its designated authority, provided that the Director believes such committee merits confidence; so long as in any such case, the Director acts in good faith after reasonable inquiry when the need therefor is indicated by the circumstances and without knowledge that would cause such reliance to be unwarranted.

Except as provided in Article XVI below, a person who performs the duties of a Director in accordance with this Article XV shall have no liability based upon any failure or alleged failure to discharge that person's obligations as a Director, including, without limiting the generality of the foregoing, any actions or omissions which exceed or defeat a public or charitable purpose to which a corporation, or assets held by it, are dedicated.

ARTICLE XVI

Prohibited Transactions

16.1 Loans. Except as permitted by Section 5236 of the California Corporations Code, this Corporation shall not make any loan of money or property to, or guarantee the obligation of, any Director or officer; provided, however, that this Corporation may advance money to a Director or officer of this Corporation or any subsidiary for expenses reasonably anticipated to be incurred in performance of the duties of such officer or Director so long as such individual would be entitled to be reimbursed for such expenses absent that advance.

16.2 Self-Dealing Transactions. Except as provided in Section 16.3 below, the Board of Directors shall not approve or permit the Corporation to engage in any self-dealing transaction. A self-dealing transaction is a transaction to which this Corporation is a party and in which one or more of its Directors has a material financial interest, unless the transaction is described in California Corporations Code Section 5233(b).

16.3 Approval. This Corporation may engage in a self-dealing transaction if the transaction is approved by a court or by the Attorney General. This Corporation also may engage in a self-dealing transaction if the Board determines, before the transaction, that (1) this Corporation is entering into the transaction for its own benefit; (2) the transaction is fair and reasonable to this Corporation at the time; and (3) after reasonable investigation, the Board determines that it could not have obtained a more advantageous arrangement with reasonable effort under the circumstances. Such determinations must be made by the Board in good faith, with knowledge of the material facts concerning the transaction and the interest of the Director or Directors in the transaction, and by a vote of a majority of the Directors then in office, without counting the vote of the interested Director or Directors.

ARTICLE XVII
Miscellaneous

17.1 Records and Reports.

(a) Maintenance and Inspection of Articles and Bylaws. This Corporation shall keep at its principal office the original or a copy of its Articles and these Bylaws as amended from time to time which shall be open to inspection by the Directors and the Member at any reasonable time during business hours.

(b) Maintenance and Inspection of Other Corporate Documents. The accounting books, records, and minutes of proceedings of the Member, the Board and any committee of the Board shall be kept at such place or places designated by the Board or, in the absence of such designation, at the principal office of the Corporation. The minutes shall be kept in written or typed form, and the accounting books and records shall be kept either in written or typed form or in any other form capable of being converted into written, typed or printed form. The minutes and accounting books and records shall be open to inspection on the written demand of any Member, at any reasonable time during usual business hours for a purpose reasonably related to the Member's interests as a Member. Inspection may be made in person or by an agent or any attorney, and shall include the right to copy and make abstracts.

(c) Inspection by Directors. Each Director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every kind and the physical properties of the Corporation. This inspection by a Director may be made in person or by the agent or attorney. The right of inspection includes the right to copy and make abstracts of documents.

17.2 Corporate Seal. The Board shall provide a suitable seal for the Corporation.

17.3 Construction and Definitions. Unless the context requires otherwise, the general provisions, rules of construction, and definitions in the California Nonprofit Corporation Law shall govern the construction of these Bylaws. Without limiting the generality of the above, singular numbers include the plural, plural numbers include the singular, and the term "person" includes both corporations and natural persons. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

ARTICLE XVIII
Amendments

18.1 Amendments. The Articles or these Bylaws may be adopted, repealed, amended or restated or new Articles or Bylaws may be adopted upon a majority vote of the authorized number of Directors (excluding vacancies and Directors with a conflict of interest). No such adoption, repeal, amendment, restatement or new Articles or Bylaws shall be effective until approved by the Member. Moreover, the Articles and Bylaws may be adopted, repealed, amended or restated or new Bylaws adopted upon the vote of the Member.

CERTIFICATE OF SECRETARY

I, the undersigned, certify that I am the currently elected and acting Secretary of El Camino Hospital, a California nonprofit public benefit corporation, and the above Amended and Restated Bylaws, consisting of 24 pages, are the Bylaws of this Corporation as adopted pursuant to the required affirmative vote of the Board, December 7, 2005 and the Member, the El Camino Healthcare District, on December 7, 2005 pursuant to the required affirmative vote of the District Board, as amended and restated pursuant to the required affirmative vote of the Board on August 10, 2011 and the Member, the El Camino Healthcare District, on August 10, 2011 pursuant to the required affirmative vote of the District Board, as further amended and restated by the Member, El Camino Healthcare District, on March 20, 2012 pursuant to the required affirmative vote of the District Board, as further amended and restated by the Member, El Camino Healthcare District, on May 12, 2012, May 1, 2013, June 18, 2013, and March 5, 2014 pursuant to the required affirmative vote of the District Board, as further amended and restated pursuant to the required affirmative vote of the Board on May 14, 2014 (Section 6.8) and May 14, 2014 (Article VII) and of the Member, the El Camino Healthcare District, on June 17, 2014, as further amended and restated pursuant to the required affirmative vote of the Board on October 8, 2014 (Section 7.6) and of the Member, the El Camino Healthcare District, on October 21, 2014 and as further amended and restated pursuant to the required affirmative vote of the Board on May 11, 2016 and of the Member, the El Camino Healthcare District, on June 14, 2016.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Secretary on June ____, 2016.

Peter Fung, M.D.
El Camino Hospital Secretary

**c. Resolution 2016-06: To establish tax appropriation
limit for FY17**



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

Date: El Camino Healthcare District Board Meeting – June 14, 2016

To: El Camino Healthcare District (“ECHD”) Board

From: Matt Harris, Controller

Subject: Draft Resolution 2016-06 – Tax Appropriation Limit for FY 2016-2017: Alternatives for Establishing Tax Appropriation Limit for Fiscal Year 2016/2017

Board Action: **Possible Motion: To Approve Resolution 2016 -06**

BOARD OF DIRECTORS

*Dennis W. Chiu, JD
Peter C. Fung, MD
Julia E. Miller
David Reeder
John L. Zoglin*

1. Background:

Every May 1, the Department of Finance of the State of California sends a letter to all Fiscal officers regarding “Price and Population Information.” Since FY 08/09 we have been required to use the following website link which provides the variables for cost-of-living factors and population changes from the prior year from which we select to calculate the Prop 13 Tax Appropriation Limit. Our selections are made to maximize the funds available for Community Benefit Programs and the operational expenses of the District.

http://www.dof.ca.gov/budgeting/documents/Pricet-Population_2015.pdf

2. Cost of Living Category:

- The change in California per capita personal income from the preceding year was a positive 5.37%
- The percentage change in local assessment due to nonresidential new construction from the previous year. This change is no longer provided

We selected the % change in per capita personal income of a positive 5.37% (1.0537)

3. Change in Population:

- The population change within the District was a positive 0.0147%
- The population change within the County was a positive 0.0126%

We selected the District: 0.0147% (1.0147)

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

4. Calculation:

Change in Per Capita Income of 1.0537 x Change in District Population of 1.0147 =
1.0692 (multiplier)

Last Year's Limit of \$7,162,434.00 x multiplier of 1.0692 = FY 16/17 Appropriation
Limit of \$7,658,014.00

5. Attachment: Draft Resolution 2016-06

ECHD RESOLUTION 2016-06

**RESOLUTION OF THE BOARD OF DIRECTORS OF
EL CAMINO HEALTHCARE DISTRICT
ESTABLISHING THE APPROPRIATIONS LIMIT FOR FISCAL YEAR 2016 -17
IN ACCORDANCE WITH ARTICLE XIII B OF THE CONSTITUTION OF
THE STATE OF CALIFORNIA**

WHEREAS, El Camino Healthcare District (“District”) has completed its budget analysis and preparation for fiscal year 2016-17 and, pursuant to Article XIII B of the California Constitution and SS7900 et seq of the California Government Code, has computed its appropriations limit for such fiscal year; and

WHEREAS, S7910 requires the District to establish by resolution its appropriations limit for the upcoming fiscal year; and

WHEREAS, Article XIII B S8 (e)(2) directs the District to select its change in the cost of living annually by using either of the following two measurements and to record the vote of the District Board in making this choice:

- a) the percentage change in California per capita personal income from the preceding year, or
- b) the percentage change in the local assessment roll from the preceding year for the District due to the addition of local nonresidential new construction; and

WHEREAS, Article XIII S8 (f) and S790 (b) directs the District to select its change in the population annually by using either of the following two measurement(s) and to record the vote of the District Board in making this choice:

- a) change in population within the District, or
- b) change in population within Santa Clara County

NOW, THEREFORE BE IT RESOLVED that:

1. For fiscal year 2016-17, the District hereby elects to use the following measurement to calculate the District’s change in the cost of living:

The percentage change in the California per capita personal income from the preceding year (5.37%).

2. For fiscal year 2016-17, the District hereby elects to use the following measurement to calculate the change in population:

The change in population within the District of 1.47%.

3. The Secretary of the District is hereby directed to include in the minutes a record of the vote of each member of the District Board as to the choices set forth in paragraphs 1 and 2.
4. For fiscal year 2016-17, the District's total annual appropriations subject to limitation are \$7,658,014.00 calculated as follows.
 - a. $1.0537 \times 1.0147 = 1.0692$ (multiplier)
 - b. $1.0692 \times \$7,162,434.00$ (FY 2016 limit) = \$7,658,014.00
5. As required by Article XIII B S1, the District's total annual appropriations subject to limitation for fiscal year 2015-16 should not exceed the District's appropriations limit for fiscal year 2016-17.

DULY PASSED AND ADOPTED at a Regular Meeting held on the 14th day of June 2016 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Julia Miller, Secretary
El Camino Healthcare District Board of Directors

**d. Draft Revised Process for Re-election and Election of
Non-District Board Members to the El Camino Hospital
Board of Directors**

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>Draft Revised Process for Election and Re- Election of Non District Board Members to the El Camino Hospital Board of Directors</p> <p>El Camino Healthcare District Board of Directors</p> <p>June 14, 2016</p>
Responsible party:	Cindy Murphy, Board Liaison
Action requested:	For Approval
Background:	<p>The El Camino Healthcare District (“District”) Board has engaged in the attached Process for Election and Re-election of Non-District Board Members to the El Camino Hospital Board of Directors (the “Process”) as described in the attached document for the last two years. As set forth in Section 8, the District Board has requested that the ECH Governance Committee review and recommend changes to the Process and associated documents (ECH Board Competency Matrix, ECH Board Member Position Description, ECH Board Member Evaluation Survey and ECH Board Member Job Description).</p> <p>Following recommendation by the ECH Governance Committee, the El Camino Hospital Board of Directors voted to recommend that the District Board adopt the proposed revisions to the Process, but did not recommend any changes to the associated documents.</p> <p style="padding-left: 40px;">Article VII, Section 1 of the District By-laws provides in part:</p> <p style="padding-left: 40px;">“Special Committees shall be created as the need may arise. The chairperson of the committee must be a District Director appointed by the Chairperson of the District Board, and all committees shall include one (1) or more District Directors. All members of the committees, other than the chairperson of the committee, are subject to approval by the District Board.”</p> <p>ECH Governance Committee member Gary Kalbach has participated in the Ad Hoc Committee meetings and candidate interviews for the past two years, though the District Board technically appointed only District Directors Zoglin and Miller by Resolution in June 2014 and 2015. The District Board Chair did not appoint a Chairperson in 2014 or 2015.</p>
Committees that reviewed the issue and recommendation, if any:	<p>At its March 29, 2016 meeting, the ECH Governance Committee voted to recommend that the Process document be revised to call for appointment of a Committee Chair and to clarify that a member of the Governance Committee shall be appointed as a member of the Committee. No other changes to the Process or associated documents were specifically recommended.</p>

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	Summary and Session Objectives: For the Board to approve the Draft Revised Non-District Board Member Election and Re-Election Process.
	Suggested discussion questions: None.
	Proposed Board motion, if any: To approve the Draft Revised "Process for Re- Election and Election Of Non-District Board Members To The El Camino Hospital Board of Directors."
	LIST OF ATTACHMENTS: 1. Draft Revised Process for Re-Election and Election Of Non-District Board Members To The El Camino Hospital 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.***
DRAFT REVISED 3/29/16

BOARD OF DIRECTORS

*Dennis W. Chiu, JD
Patricia A. Einarson, MD
Julia E. Miller
David Reeder
John L. Zoglin*

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 a member of the El Camino Hospital Governance Committee (who has been referred by the Chair of the Governance Committee) to the Ad Hoc Committee.

2. FYQ1 - Regular District Board Meeting –

a. 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).

~~b. District Board appoints an Ad Hoc Committee composed of two District Board member(s).~~

32. FYQ2 - Regular District Board Meeting

a. Prior to the Meeting, District Board Members:
i. Complete the ECH Board Competency Matrix and ECH Board Member Re-Election Report Surveys
ii. 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.

43. FYQ2 – Regular District Board Meeting –

a. Prior to the Meeting:
i. Ad Hoc committee analyzes evaluations, (~~32~~) (a) above, interviews the NDBM, and develops recommendation regarding re-election of NDBM to the Hospital Board.

ii. Hospital Board develops revised recommended Position Description if the District Board requests it to do so.

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.

54. FYQ3 - Begin external search if necessary.

| 65. FYQ3 - 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.

| 76. FYQ4 - 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 to the Hospital Board.

| 87. This process to be confirmed by the District Board annually when the process is complete.

| 98. 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 32(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 serve on the Ad Hoc Committee as described in #1-as described in item-4 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. Complimentary 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 12/9/14; Revised 3/17/15

ECHD FY16 Period 10 Financials



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

Board Finance Presentation
Fiscal Year 2016
7/1/2015 - 4/30/2016

Iftikhar Hussain, CFO

El Camino Healthcare District Board of Directors Meeting
June 14, 2016

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ECHD Stand-Alone Financial Statements

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



El Camino Healthcare District

Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

		June 30, 2015		June 30, 2015
	Apr 30, 2016	Audited w/o Eliminations		Apr 30, 2016
ASSETS			LIABILITIES & FUND BALANCE	
Current Assets			Current Liabilities	
Cash & Investments	\$165	\$221	Accounts Payable & Accrued Exp	\$71
Patient Accounts Receivable, net	\$107	\$96	Bonds Payable - Current	4
Other Accounts and Notes Receivable	\$5	\$5	Bond Interest Payable	6
Inventories and Prepays	\$47	\$44	Other Liabilities	3
Total Current Assets	324	366	Total Current Liabilities	84
Board Designated Assets			Deferred Revenue	1
Foundation Reserves	14	15		1
Community Benefit Fund	16	5	Long Term Liabilities	
Operational Reserve Fund	102	102	Bond Payable	361
Workers Comp, Health & PTO Reserves	66	64	Benefit Obligations	40
Other Board Designated Reserves	147	148	Other Long-term Obligations	4
Total Board Designated Assets	344	333	Total Long Term Liabilities	405
Funds Held By Trustee	45	50	Fund Balance	
Long Term Investments	204	207	Unrestricted	985
Other Investments	33	34	Board Designated & Restricted	234
Net Property Plant & Equipment	734	698	Capital & Retained Earnings	15
Other Assets	39	35	Total Fund Balance	1,233
Total Non-Designated Assets	1,055	1,025		1,198
TOTAL ASSETS	\$1,723	\$1,724	TOTAL LIAB. & FUND BAL.	\$1,723
				\$1,724



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

El Camino Healthcare District

Consolidated Comparative Statement of Revenues & Expenses (\$ Millions)

Year-to-Date through April 30, 2016

(Includes El Camino Hospital)

	Current Fiscal Year			Prior Year <u>Actual</u>
	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	
Net Patient Revenue ⁽¹⁾	630	616	13	610
Other Operating Revenues	31	30	2	29
Total Operating Revenues	661	646	15	638
Wages and Benefits	364	365	1	347
Supplies	96	94	(3)	91
Purchased Services	95	91	-4	78
Other	27	17	(9)	30
Depreciation	41	39	(2)	37
Interest	5	4	0	6
Total Operating Expense ⁽²⁾	628	610	(17)	589
Operating Income	33	35	(2)	49
Non-Operating Income ⁽³⁾	(2)	32	(33)	33
Net Income	31	67	(36)	82



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

El Camino Healthcare District

Notes to Consolidated Financial Statements

Current FY 2016 Actual to Budget

(Includes El Camino Hospital)

- (1) Net patient revenue was above budget by approximately \$13.4M due primarily to reduced denials, cost report settlements and higher oncology center revenue. Acute inpatient discharges were less than budget by 3.2%, Emergency Room visits were less than budget by 3.1%, and deliveries were less than budget by 9.5%.
- (2) The negative variance of approximately \$17M is primarily due to: 1) labor RN registry expenses associated with the go-live of EPIC on November 7; 2) pharmacy costs related to the infusion center that are offset by higher revenues; 3) the EPIC related costs associated in training employees/physicians on the use of the EPIC system, and 4) other purchased services variances in IS and Marketing/Communications departments, and 5) not achieving budget cost reduction targets in other expenses.
- (3) The \$33.4M negative variance is due to losses on investments. YTD investment loss is \$7.8 million. Our cash position remains strong versus rating agency benchmarks.



El Camino Healthcare District

Stand-Alone Comparative Balance Sheet (\$ Thousands)

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

	Apr 30, 2016	June 30, 2015		Apr 30, 2016	June 30, 2015
<u>ASSETS</u>			<u>LIABILITIES AND FUND BALANCE</u>		
Cash & cash equiv	\$ 1,576	\$ 2,320	Accounts payable ⁽⁸⁾	\$ 186	\$ 171
Short term investments	10,672	4,402	Current portion of bonds	140	2,065
Due from Retiree Health Plan ⁽¹⁾	33	3	Bond interest payable	3,937	2,559
S.C. M&O Taxes Receivable	0	0	Other Liabilities	0	0
Total current assets	<u>\$ 12,281</u>	<u>\$ 6,725</u>	Total current liabilities	<u>\$ 4,263</u>	<u>\$ 4,795</u>
Operational Reserve Fund ⁽²⁾	1,500	1,500	Deferred income	59	44
Capital Appropriation Fund ⁽³⁾	9,298	9,298	Bonds payable - long term	133,975	136,460
Capital Replacement Fund ⁽⁴⁾	4,668	4,367	Total liabilities	<u>\$ 138,297</u>	<u>\$ 141,299</u>
Community Benefit Fund ⁽⁵⁾	3,723	3,021	Fund balance		
Total Board designated funds	<u>\$ 19,189</u>	<u>\$ 18,186</u>	Unrestricted fund balance	\$ 42,716	\$ 36,397
Funds held by trustee ⁽⁶⁾	<u>\$ 13,587</u>	<u>\$ 12,405</u>	Restricted fund balance ⁽⁹⁾	(124,465)	(128,679)
Capital assets, net ⁽⁷⁾	<u>\$ 11,491</u>	<u>\$ 11,700</u>	Total fund balance	<u>\$ (81,749)</u>	<u>\$ (92,282)</u>
TOTAL ASSETS	<u><u>\$ 56,548</u></u>	<u><u>\$ 49,016</u></u>	TOTAL LIAB & FUND BAL	<u><u>\$ 56,548</u></u>	<u><u>\$ 49,016</u></u>



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

El Camino Healthcare District

YTD **Stand-Alone** Stmt of Revenue and Expenses (\$ Thousands)

Comparative Year-to-Date April 30, 2016

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

	Actual	Current Year Budget	Variance	April 30, 2015 Actual
REVENUES				
(A) Ground Lease Revenue ⁽¹⁰⁾	\$ 73	\$ 74	\$ (1)	\$ 72
(B) Redevelopment Taxes ⁽¹¹⁾	379	192	187	134
(B) Unrestricted M&O Property Taxes ⁽¹¹⁾	7,162	5,728	1,435	5,715
(B) Restricted M&O Property Taxes ⁽¹¹⁾	4,738	4,208	530	4,107
(B) G.O. Taxes Levied for Debt Service ⁽¹¹⁾	7,974	7,667	307	7,149
(B) IGT Medi-Cal Program ⁽¹²⁾	(217)	-	(217)	(6,759)
(B) Investment Income (net)	237	88	150	(172)
(B) Other income	176	168	9	169
TOTAL NET REVENUE	20,524	18,124	2,400	10,414
EXPENSES				
(A) Professional Fees & Purchased Svcs ⁽¹³⁾	321	612	291	494
(A) Supplies & Other Expenses	59	73	14	8
(B) G.O. Bond Interest Expense (net) ⁽¹⁴⁾	3,914	3,914	(0)	3,981
(B) Donations to Outside Organizations ⁽¹⁵⁾	5,703	5,190	(514)	5,475
(A) Depreciation / Amortization	211	208	(2)	208
TOTAL EXPENSES	10,208	9,997	(211)	10,166
NET INCOME	\$ 10,316	\$ 8,127	\$ 2,189	\$ 248
(A) Operating Revenues & Expenses				
(B) Non-operating Revenues & Expenses				

RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	\$ (517)
(B) Net Non-Operating Revenues & Expenses	10,833
NET INCOME	\$ 10,316



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

El Camino Healthcare District

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

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

	<u>April 30, 2016</u>	<u>June 30, 2015</u>
Fiscal year beginning balance	\$ (92,282)	\$ (94,161)
Net income year-to-date	\$ 10,317	\$ 3,137
Transfers (to)/from ECH:		
IGT Funding ⁽¹⁶⁾	\$ 216	6,759
Capital Appropriation projects ⁽¹⁷⁾	-	\$ (8,017)
Fiscal year ending balance	<u><u>\$ (81,749)</u></u>	<u><u>\$ (92,282)</u></u>



Note: Totals may not agree due to rounding. See page 10 for footnotes.

El Camino Healthcare District

Notes to Stand-Alone Financial Statements

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

- (1) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (2) **Operating Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (3) **Capital Appropriation Fund** – Formerly known as the Capital Outlay Fund, which accumulates at the end of each fiscal year those M&O property taxes that are over the Gann limit and thus become restricted for plant and equipment projects. This amount reflects the accumulation of the fiscal years ended 2014 and 2015. Note, at each fiscal year end the amount placed into this fund must be board designated for a capital project (must be a value greater than \$100,000 and a minimum life of 10 years) within the next two fiscal years.
- (4) **Capital Replacement Fund** – Formerly known as the Plant Facilities Fund (AKA - Funded Depreciation) which reserves monies for the major renovation or replacement of the portion of the YMCA (Park Pavilion) owned by the District.
- (5) **Community Benefit Fund** – Newly established fund at the District in FY 2014, as the District retains its unrestricted M&O property taxes to pay for its operations and support its Community Benefit Program.
- (6) **Funds Held by Trustee** – Funds from General Obligation tax monies, being held to make the debt payments when due.
- (7) **Capital Net Assets** - The land on which the Mountain View Hospital resides, a portion of the YMCA building, and a vacant lot located at El Camino Real and Phyllis.
- (8) **Accounts Payable and Accrued Expenses** – Expenses due which have not yet been paid.
- (9) **Fund Balance** – The negative fund balance is a result of the General Obligation bonds which assisted in funding the replacement hospital facility in Mountain View. Accounting rules required the District to recognize the obligation in full at the time the bonds were issued ; receipts from taxpayers will be recognized in the year they are levied, slowly reducing the negative fund balance over the next 20 years.



El Camino Healthcare District

Notes to Stand-Alone Financial Statements

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

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

(11) Taxes: Redevelopment, M&O, G.O. – Tax receipts (either received or to be received) during the period.

(12) IGT Expense – Participation thus far in Inter Governmental Transfer program for FY 2016.

(13) Professional Fees & Services – Detailed below:

• Community Benefit/Admin Support from ECH	\$280
• Legal	22
• Direct Mail / Website	15
• Other	<u>4</u>
	<u>\$321</u>

(14) G.O. Bond Interest Expense – Expense includes bond interest expense accruing on the District's debt and other related bond expense.

(15) Donations to Outside Organizations – Starting in FY 2014, the District is directly operating its Community Benefit Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year .

(16) IGT Funding – Transfers from ECH for participation in program thus far in FY 2016.

(17) Capital Appropriation Projects Transfer – Formerly known as Capital Outlay Projects, this was the FY 2012 and 2013 amount set aside for major plant and equipment projects. By Board action at the end of the FY 2014, this amount was transferred in early FY 2015 to the Hospital in support of its Behavioral Health Services replacement building project that is currently being designed.



El Camino Healthcare District

Sources & Uses of Tax Receipts (\$Thousands)

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

<u>Sources of District Taxes</u>	<u>4/30/2016</u>
(1) Maintenance and Operation and Government Obligation Taxes	\$19,875
(2) Redevelopment Agency Taxes	379
Total District Tax Receipts	\$20,254
 <u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	7,974
Total Cash Available for Operations, CB Programs, & Capital Appropriations	12,280
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	4,738
Subtotal	7,542
(5) Operating Expenses	380
Subtotal	7,162
(6) Capital Replacement Fund (Park Pavilion)	274
Funds Available for Community Benefit Programs	\$6,888

*Gann Limit Calculation for FY2016 \$7,162

(1) M&O and G.O. Taxes	• Cash receipts from the 1% ad valorem property taxes and Measure D taxes
(2) Redevelopment Agency Taxes	• Cash receipts from dissolution of redevelopment agencies
(3) Government Obligation Bond	• Levied for debt service
(4) Capital Appropriation Fund	• Excess amounts over the Gann Limit are restricted for use as capital
(5) Operating Expenses	• Expenses incurred in carrying out the District's day-to-day activities
(6) Capital Replacement Fund	• Fund to ensure that the District has adequate resources to fund repair and replacement of its capital assets (Park Pavilion)



b. FY17 El Camino Hospital Capital and Operating Budget



El Camino Hospital[®]

THE HOSPITAL OF SILICON VALLEY

**Meeting of the El Camino Healthcare District
Board of Directors**

June 14, 2016

El Camino Hospital and Affiliates
FY2017 Operating & Capital Budget
Tomi Ryba, CEO
Iftikhar Hussain, CFO

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Strategic Goal

El Camino Hospital Strategy

Strategy

El Camino Hospital will be a **locally controlled leader** in **optimizing the health and wellness** of our communities in Silicon Valley, differentiated by **innovative continuum of care** developed in partnership with physicians, businesses, and payers.

Positioning Statement

El Camino Hospital will first be a **value-based healthcare** provider offering **top decile**, acute care quality at mid-level pricing, moving toward **continuum partnerships** that integrate care coordination and delivery strategies focused on the **Triple Aim of quality, service and affordability**.

Strategic Themes - Proposed for FY17

Quality Aim
Integrated Care
Smart Volume Growth
High Performance Organization

FY 17 Strategic Priorities

Strategic Themes

Priorities

Quality Aim

- Build Patient & Family Centered Care roadmap with assistance from Planetree
- Leverage iCare to improve our Pain Management, a patient centric quality driver
- Begin process to improve peer review and Medical Staff quality oversight

Integrated Care

- Continue participation in Bundled Payment Program
- Collaborate with PAMF on quality and cost related to Medicare Advantage
- Actuarial study for Medicare three-year forecast
- Launch Urgent Care
- Develop clinic plan with PMG
- Recruit physicians to PCMH and build Palliative Care

FY 17 Strategic Priorities

Strategic Themes

Priorities

Smart Growth

- Physician Development
 - Implement primary care center strategy (1 new center, 4 physicians)
 - CIN Development
 - Update physician community needs assessment
 - Identify & implement new recruitment targets
 - Implement Community Connect (10 physicians)
- Program Service Line Development
 - OB – LG expansion
 - Minimally invasive program
 - Wound care
 - Women’s CV services
 - Achieve budgeted IP & OP cases for surgeries & Procedures
- Other
 - Santa Teresa development
 - Market partner evaluation

FY 17 Strategic Priorities

Strategic Themes

Priorities

HPO

- Integrated Performance Improvement (IPI) monthly process focused on the triple aim, specifically:
 - Productivity, HPPD, Labor Management
 - OR, ED efficiencies
 - Revenue Cycle, Clinical Documentation Improvement
 - Quality, Service KPI's
- Achieve LOS reduction of .23 days
- Maintain FY16 Medicare readmissions rates
- Achieve \$6.7M budgeted cost reductions

Proposed Organizational Goals – FY2017

Organizational Goals FY17: Draft		Benchmark	2016 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe
Threshold Goals								
Budgeted Operating Margin		90% threshold <i>[Recommended by Exec Comp Consultant (FY16)]</i>	TBD	90% of Budgeted			Threshold	FY 17
Quality, Patient Safety & iCare								
Quality Pain Management	Pain Reassessment (% Pain Reassessment Documented within 60 min on RN Flowsheet)	Internal Improvement	76.19% Nov 2015 (post iCare go-live) to Apr 2016 <i>[6-month measurement]</i>	76.19%	77.71%	79.24%	34%	Q4 FY 2017
	Pain Patient Satisfaction (CMS HCAPHS Pain Management % Scored Top Box)	Internal Improvement	72.9% FY 2016 Q1 - Q3 <i>[9-month measurement]</i>	73%	74%	76%		
LOS & Readmission	Achieve Medicare Length of Stay Reduction while Maintaining Current Readmission Rates for Same Population	Internal Improvement	FY16 Max Goal 4.86 LOS Readmission Target 12.39%	4.81 .05 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.76 .10 Day Reduction from FY16 Max, Readmission at or below FY16 Target	4.66 .20 Day Reduction from FY16 Max, Readmission at or below FY16 Target	33%	FY17
Smart Growth								
Achieve budgeted inpatient growth (surgical and procedural cases plus Deliveries and NICU), and budgeted outpatient growth (surgical and procedural cases plus infusion).		Internal Documentation	TBD	99% of Budgeted Volume	100% of budgeted Volume	102% of Budgeted Volume	33%	FY 17

***This was revised following the Quality Committee meeting on June 1, 2016 and the ELT Retreat on June 3, 2016.**

FY2017 Operating Budget: Summary

FY2017 Budget Overview

	FY16 Actual to FY17 Budget	Percent Change
Total Net Revenue	Increase of \$37 M	4.8%
Total Expenses	Increase of \$24 M	3.1%

FY2017 Budget Overview: Revenue

Category	Budget Assumptions
Pricing	<p>Prices to increase 6.0%</p> <p>* Overall charges based on OSHPD charge per case review, ECH pricing remains at 35th percentile.</p> <p>* inpatient charges were at 25th percentile; and</p> <p>* outpatient charges were at 50th percentile.</p>
Reimbursement	<p>4.9% rate increase in commercial payers which accounts for 72% of the net revenue</p> <p>-9.4% rate decrease in Medicare accounts, which accounts for 45% of our payer mix but 23% of the net revenue</p> <p>Expecting a 22% increase in Medi-Cal (MCAL) reimbursement due to the last transition year of the APR DRG payment method. MCAL payer mix account for 7.4% of ECH patient population</p>
Other Payment	<p>\$2.34M Other Operating Revenue from the PRIME Project</p> <p>\$1.5M net revenue from the HPO CDI initiative</p>
Volume	<p>Inpatient volume increase by 1.3% and Outpatient volume increase by 2.4%</p>

FY2017 Budget Overview: Revenue

Key Factors Impacting Net Revenue in FY2017

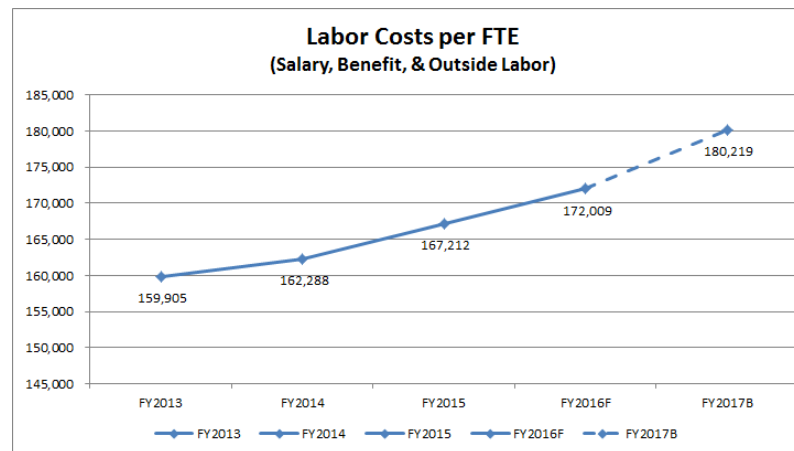
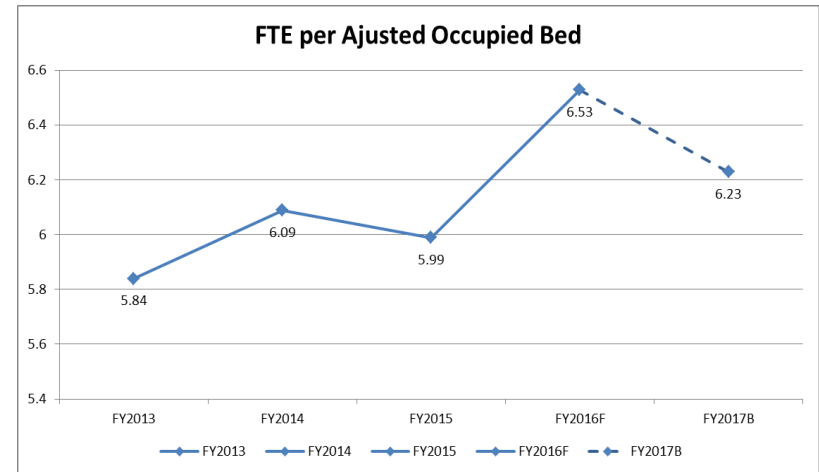
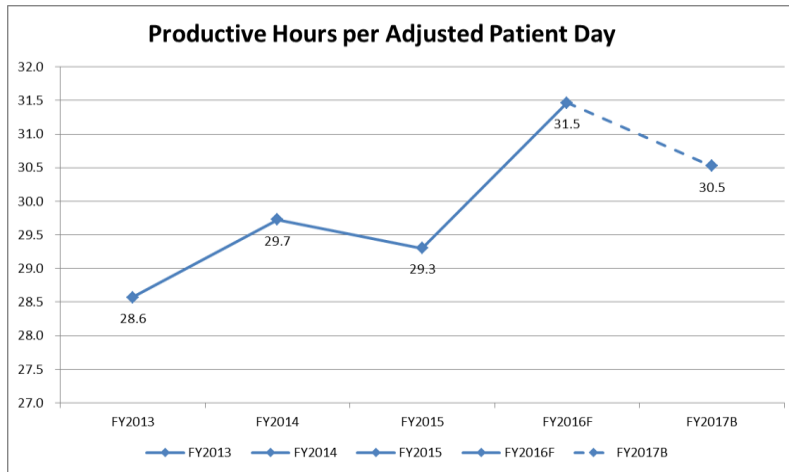
\$ in Thousands (000s)		Detail
Net Revenue		
	Revenue from Growth & Price Changes	22,871
	New PRIME Program Participation	2,341
	Inter-governmental Transfer	6,317
	Medi-CAL additional revenue due to APR DRG transition	4,848
	Other Oper Revenue (Facility Leases \$500K; \$474K Survivorship)	974

FY2017 Budget Overview: Expenses

Expense Assumptions

Category	Inflation & Other Expense Assumptions
Group Health	6.0% increase for 2nd half of FY17
Dental	3.0% increase for 2nd half of FY17
Pharmaceutical	7.2% inflation on drug cost
Medical Supplies	~3.0% overall inflation
Other	3-5% inflation
New Land	+ \$354K property tax

FY2017 Budget Overview: Expenses



FY2017 Operating Budget Detail

Volume Assumptions

Volume Assumptions - Inpatient

Service Line Inpatient Volume Trend

Service Line Volume Trend & FY17 Volume Projection

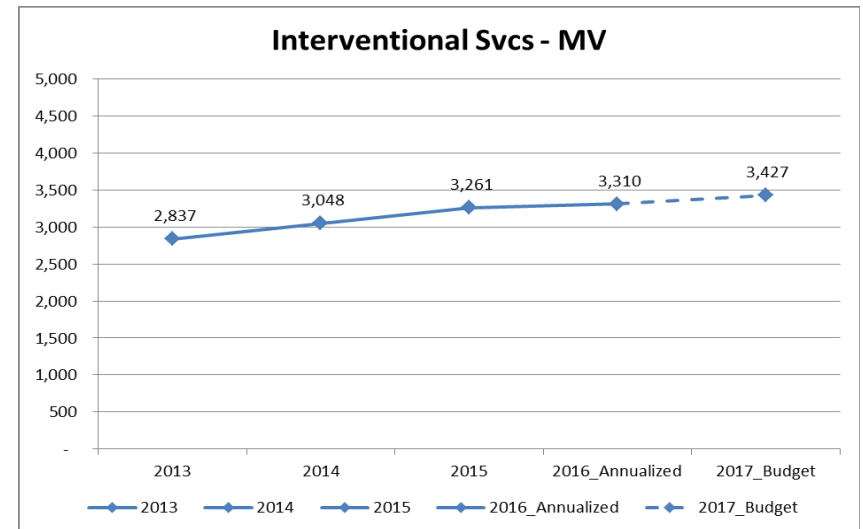
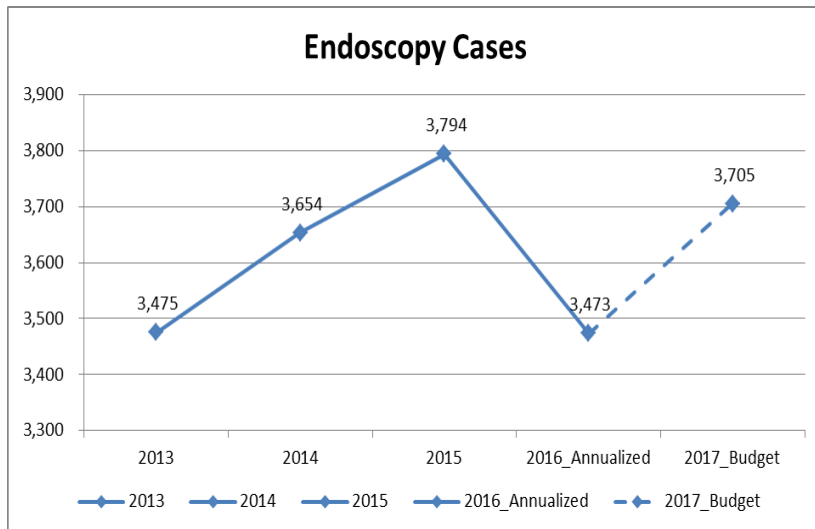
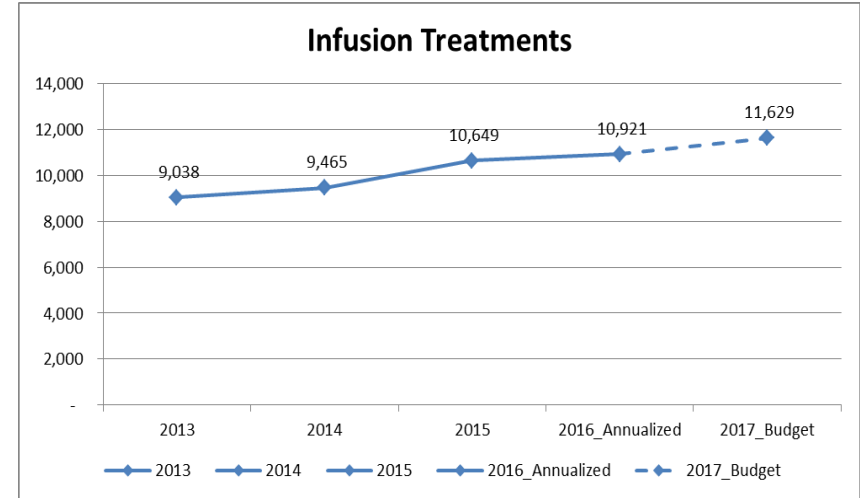
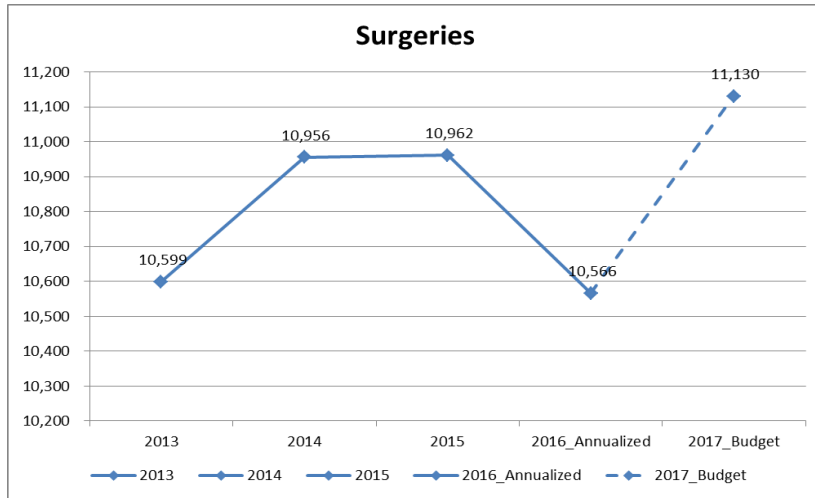
PT	ServiceLine	FY2013	FY2014	FY2015	FY2016P	FY2017B	FY 2017 Change	Notes
IP	Behavioral Health	987	998	1,030	976	910	-6.8%	Due to construction in FY17 and longer length of stay cases
IP	General Medicine	4,383	4,154	4,581	4,690	4,751	1.3%	Projected 1.3% population growth in nearby county.
IP	General Surgery	1,244	1,243	1,153	1,266	1,270	0.3%	1.9% expected growth in robotic surgery cases
IP	Heart and Vascular	2,054	1,859	1,997	1,948	2,027	4.1%	A 31% volume increase due to additional surgeon recruit and additional EP Ablation cases in FY17. Additional 48 Watchman cases in FY17.
IP	MCH	6,723	6,696	6,380	6,021	6,119	1.6%	Projected a slight increase in IP Antepartum Non-Delivery cases and additional 2% increase in Vaginal deliveries.
IP	Neurosciences	606	669	672	687	694	1.0%	1% growth in NICU cases with commitment from PAMF.
IP	Oncology	772	692	654	651	651	0.0%	Extending 5 year growth trend
IP	Orthopedics	1,580	1,696	1,774	1,803	1,832	1.6%	Continued recruitment of physician & splitters
IP	Other	3	9	18	61	61	0.0%	
IP	Rehab Services	525	547	555	542	570	5.2%	Rehab Unit close for 6 months in FY16; volume is expected to get back to normal run rate in FY17.
IP	Spine Surgery	471	377	428	425	421	-0.9%	
IP	Urology	180	172	169	225	244	8.4%	Increase in Robotic Surgery from two key physicians.
IP	Womens Non-MCH	444	320	240	236	238	0.8%	
Total Cases		19,972	19,432	19,651	19,531	19,788	1.3%	
% change from PY		5.1%	-2.7%	1.1%	-0.6%	1.3%		

Volume Assumptions - Outpatient

Service Line Outpatient Volume Trend

Service Line Volume Trend & FY17 Volume Projection								
PT	ServiceLine	FY2013	FY2014	FY2015	FY2016P	FY2017B	FY 2017 Change	Notes
OP	Behavioral Health	14,697	14,866	16,218	17,451	19,817	13.6%	800 additional OP Adolsecent Behavioral Health cases from the new APSIRE program.
OP	Dialysis	2,006	1,059	154	-	-		
OP	Emergency	45,490	46,025	49,106	49,516	50,044	1.1%	Projected 1.3% population growth in nearby county.
OP	General Medicine	5,921	6,684	6,734	6,768	6,807	0.6%	Additional 60 cases (2.5% increase) of OP ENDO procedure at MV and 66 cases (42% increase) at LG due to new physician recruit and the effort of Minimally Invasive Program.
OP	General Surgery	1,317	1,464	1,359	1,342	1,351	0.7%	
OP	Heart and Vascular	8,973	10,427	10,890	11,648	11,715	0.6%	Additional 60 cases of OP EP cases due to the effort of Minimally Invasive Program.
OP	Imaging Services	17,794	19,025	19,480	18,730	18,964	1.2%	3% growth in Pulmonary & Interventional Bronchoscopy cases - effort of the Minimally Invasive Program; 5% growth in OP CT Guided procedures
OP	Laboratory Services	30,857	30,411	29,482	29,541	29,541	0.0%	
OP	MCH	4,137	5,042	4,831	5,469	5,436	-0.6%	Based on feedback from PAMF & Independent physicians
OP	Neurosciences	116	131	130	156	156	0.0%	
OP	Oncology	12,729	21,248	23,153	23,386	24,191	3.4%	2% increase in Cancer Center cases and 4% increase in Infusion Center volume
OP	Orthopedics	806	863	791	729	729	0.0%	
OP	Other	467	656	632	640	640	0.0%	
OP	Outpatient Clinics		1,198	1,706	1,749	1,749	0.0%	
OP	Rehab Services	12,006	12,684	13,800	13,626	13,787	1.2%	Additional 410 new OP Rehab vistic as a result of the new NICU Therapy program
OP	Sleep Center	132	160	223	377	500	32.6%	Additional room for Sleep Study; expect volume to increase with OSA Perioperative & Employers cases in FY17
OP	Spine Surgery	261	283	330	307	307	0.0%	
OP	Urology	1,821	1,867	1,860	1,907	1,930	1.2%	
OP	Womens Non-MCH	1,327	1,551	1,739	1,656	1,698	2.5%	Commitment from surgeons to bring Robotic Surgery cases back close of FY15 level.
Total OP Cases		160,857	175,644	182,618	184,998	189,362	2.4%	
% change from PY		4.5%	9.2%	4.0%	1.3%	2.4%		

Volume Assumptions – Ancillary & Procedural



FY2017 Operating Budget Detail

Revenue Assumptions

Revenue Assumptions

Category	Budget Assumptions
Pricing	<p>Prices to increase 6.0%</p> <p>* Overall charges based on OSHPD charge per case review, ECH pricing remains at 35th percentile.</p> <p>* inpatient charges were at 25th percentile; and</p> <p>* outpatient charges were at 50th percentile.</p>
Reimbursement	<p>4.9% rate increase in commercial payers which accounts for 72% of the net revenue</p> <p>-9.4% rate decrease in Medicare accounts, which accounts for 45% of our payer mix but 23% of the net revenue</p> <p>Expecting a 22% increase in Medi-Cal (MCAL) reimbursement due to the last transition year of the APR DRG payment method. MCAL payer mix account for 7.4% of ECH patient population</p>
Other Payment	<p>\$2.34M Other Operating Revenue from the PRIME Project</p> <p>\$1.5M net revenue from the HPO CDI initiative</p>
Volume	<p>Inpatient volume increase by 1.3% and Outpatient volume increase by 2.4%</p>

Pricing Changes with Benchmark Data

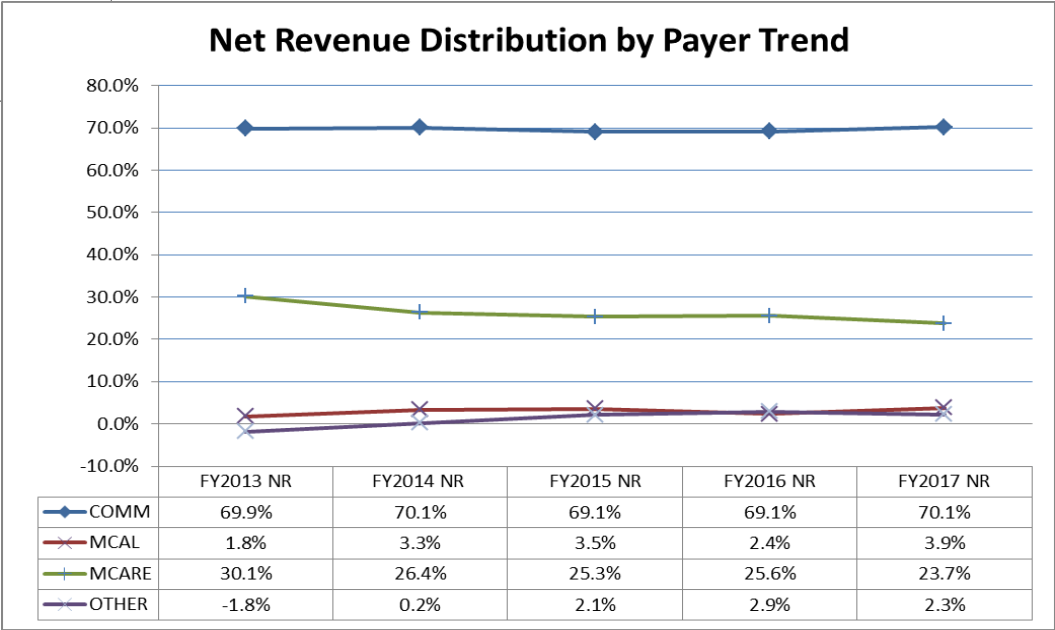
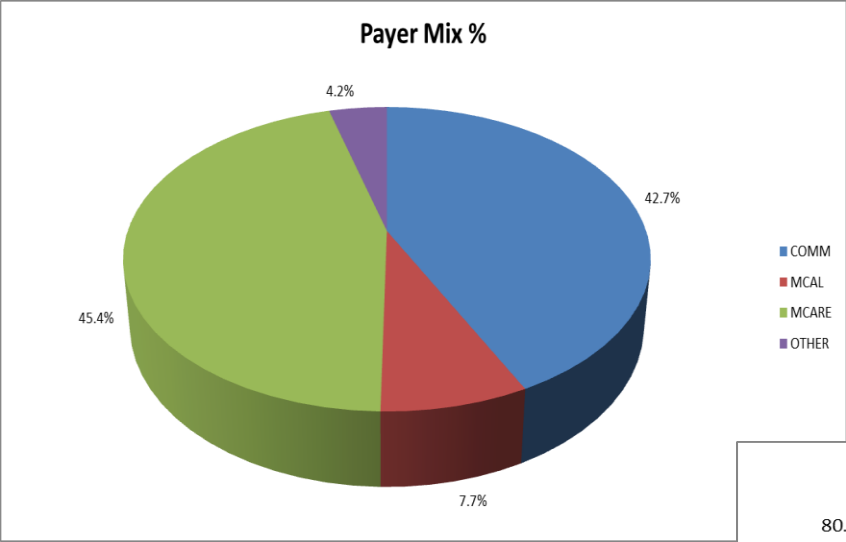
- CMS/OSHPD claim level data shows El Camino Hospital prices below mid-market level compared to the local peer group including Good Samaritan Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, Sequoia Hospital and Washington Hospital.
- Even with the 5% price increase in FY16, our overall charges remain at the 35th percentile based on OSHPD charge per caser review (inpatient @ 25th percentile / outpatient @ 50th percentile)
- To catch up with the market pricing, a 6% charge increase is proposed in the FY17 budget

Hospital	2012	2013	2014	2015	4 Yr Average
EL CAMINO HOSPITAL	0.89%	0.06%	0.90%	5.00%	1.71%
STANFORD UNIVERSITY HOSPITAL	9.60%	7.20%	6.90%	6.90%	7.65%
REGIONAL MEDICAL CENTER OF SAN JOSE	10.60%	1.36%	5.28%	-1.32%	3.98%
SEQUOIA HOSPITAL	5.40%	3.10%	0.00%	2.70%	2.80%
WASHINGTON HOSPITAL - FREMONT	0.56%	9.71%	0.97%	2.12%	3.34%
GOOD SAMARITAN HOSPITAL- SAN JOSE	9.90%	12.80%	7.10%	4.70%	8.63%
O'CONNOR HOSPITAL **	0.20%	0.13%	1.02%	NA	0.45%
* Data Source: OSHPD					

Key Factors impacting Net Revenue in FY17

\$ in Thousands (000s)		Detail
Net Revenue		
	Revenue from Growth & Price Changes	22,871
	New PRIME Program Participation	2,341
	Inter-governmental Transfer	6,317
	Medi-CAL additional revenue due to APR DRG transition	4,848
	Other Oper Revenue (Facility Leases \$500K; \$474K Survivorship)	974

Payer Mix and Net Revenue Distribution by Payer



FY2017 Operating Budget Detail

Expense Assumptions

Operating Expense - Assumptions

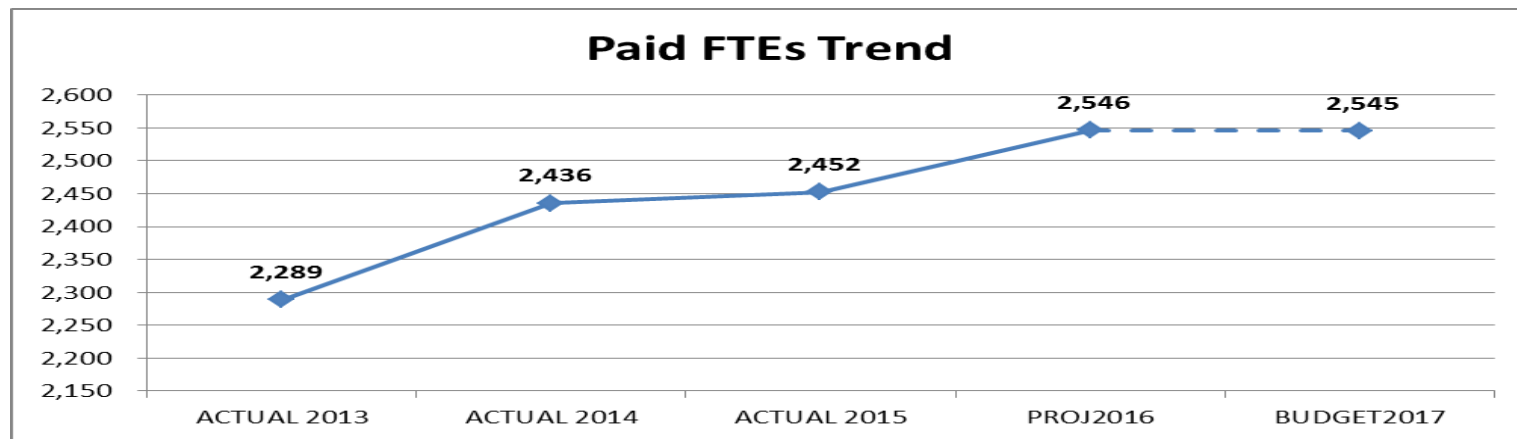
Category	Inflation & Other Expense Assumptions
Group Health	6.0% increase for 2nd half of FY17
Dental	3.0% increase for 2nd half of FY17
Pharmaceutical	7.2% inflation on drug cost
Medical Supplies	~3.0% overall inflation
Other	3-5% inflation
New Land	+ \$354K property tax

Key Drivers of FY17 Budget Operating Margin

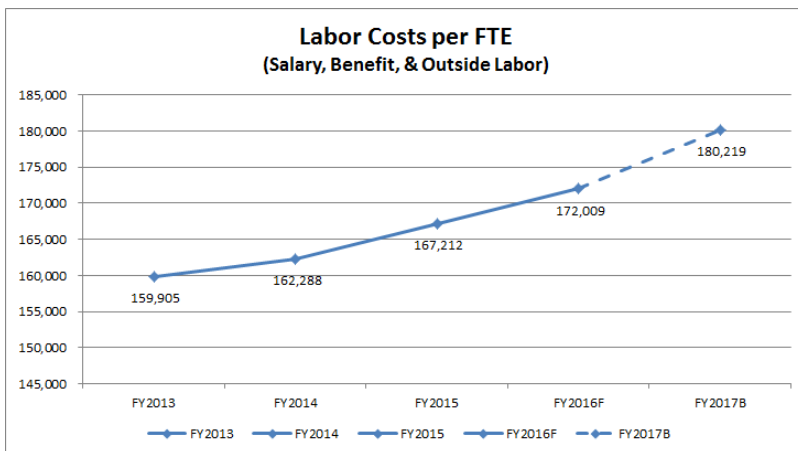
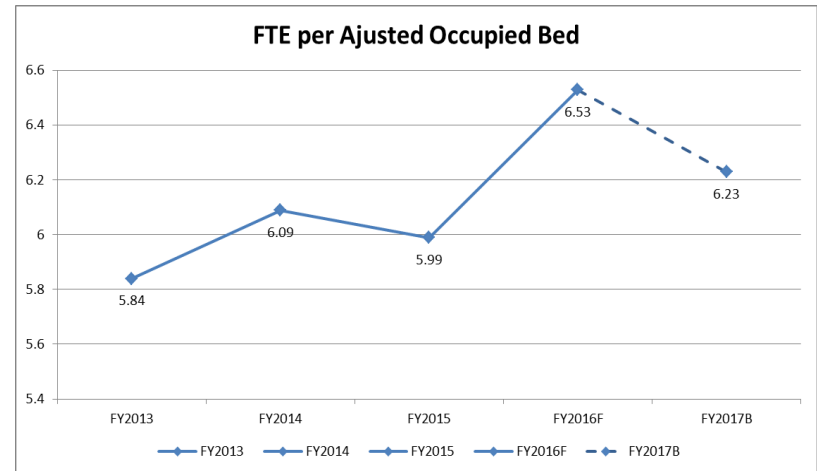
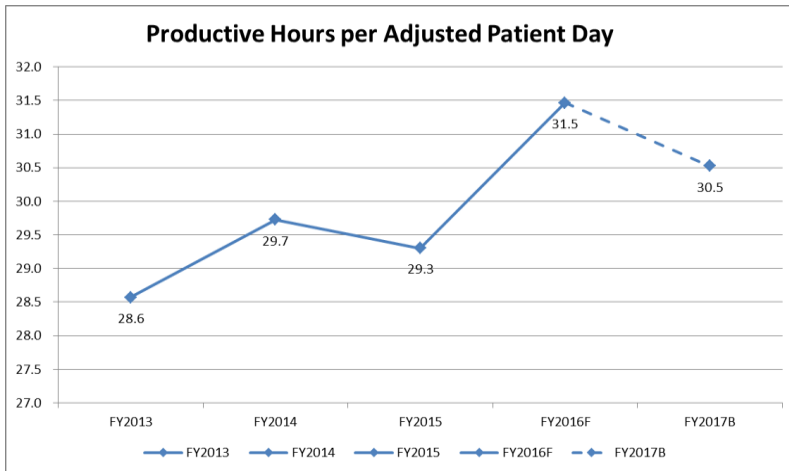
\$ in Thousands (000s)		Detail	Net Income	% Net Revenue
Expected Hospital Operations FY2016			42,120	5.4%
Net Revenue			37,351	4.6%
Labor Expense Change			(27,074)	-3.3%
	* Salary, Wage Expense Increase (incl HPO reduction)	(7,122)		
	* 1.6% volume increase	(3,476)		
	* Salary rate increase	(9,493)		
	* Post EPIC FTE Increase	(1,973)		
	* Benefit Expense Increase	(9,363)		
	* Workers Compensation	(3,280)		
	* Outside Labor Reduction	7,634		
Professional Fees & Purchased Services			5,394	0.7%
	* Physician Fees: Increase in fees; New Medical Directors	(1,064)		
	* Marketing	1,611		
	* Medical Outside Services	454		
	* Administrative Savings (Premier + Valence)	903		
	* iCare EPIC Backfill	1,806		
	* IT Security	993		
	* Other	691		
Supplies			(3,191)	-0.4%
	* Central Supply - volumes & Inflation	(3,380)		
	* New Programs: Minimally Invasive/Wound Care	(823)		
	* Drugs & Endo Mechanical HPO Reduction	1,012		
Other Expenses			7,061	0.9%
	* ICARE EPIC Training	8,133		
	* Coding Support Project	308		
	* Utilities/Leases	(349)		
	* Leadership Education/Recognition	(296)		
	* Insurance/Bond	(502)		
	* Other	(233)		
Depreciation & Interest			(5,824)	-0.7%
	* Interest Expense, full year	(1,371)		
	* EPIC (CC 8486)	(3,143)		
	* Facilities completed projects	(1,310)		
Expected Hospital Operations FY2017			55,837	6.9%

FY17 Budgeted Hospital FTE

Hospital Paid FTE						
		Productivity	New Program	EPIC	Volume Increase	Other
Starting FTE based on FY2016 YTD April Actual	2,546					
Improved Productivity in Operational Department after EPIC go-live	(44.49)	(44.49)				
ASPIRE Adolsecent Psych Program	2.03		2.03			
Wound Care Clinic	5.00		5.00			
Minimally Invasive Program	2.50		2.50			
PRIME Program	2.30		2.30			
CDI	3.00		3.00			
HPO Resources Utilization Management	1.29					1.29
Projected Volume Increase	16.35				16.35	
EPIC Training	(75.11)			(75.11)		
ISD after EPIC go-live	77.00			77.00		
Budgeted Vacant Position	9.24	9.24				
Ending Budget FY17 Paid FTE	2,545.28	(35.25)	14.83	1.89	16.35	1.29



Key Operational Metrics



- Productivity improvement in Productive hours per Adjusted Patient Day & FTE per Adjusted Occupied Bed
- Due to operationalized IT EPIC FTE and investment in new programs, higher cost professional staff (ENDO tech, Respiratory tech, RN, PT, OT), total labor cost is budgeted to increase by 4.7% from YTD FY16 actual

High Performance Organization (HPO) Initiatives

Work Stream	FY2017 Budget
Patient Flow and Capacity Management	\$ 1,665,628
Variation	\$ 2,637,667
Workflow and Workforce Optimization	\$ 1,123,160
Revenue Cycle Enhancement	\$ 308,000
Supply Chain	\$ 1,012,000
Total	\$ 6,746,455

Impact of iCare (EPIC) FY16 to FY17

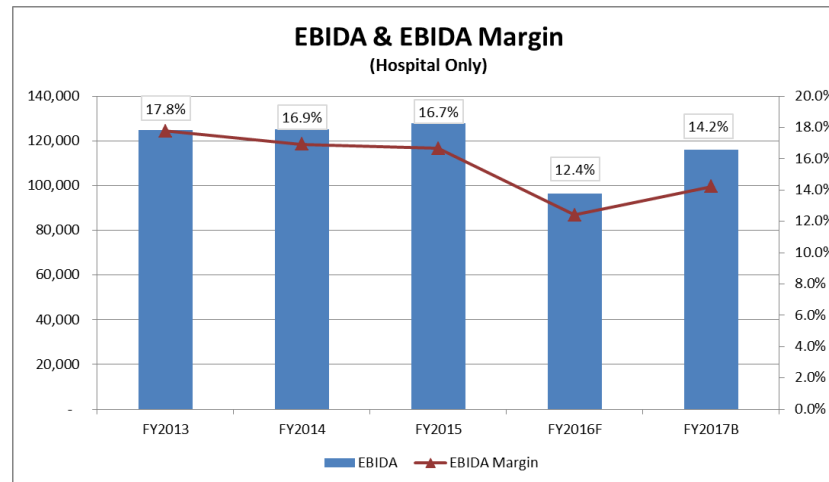
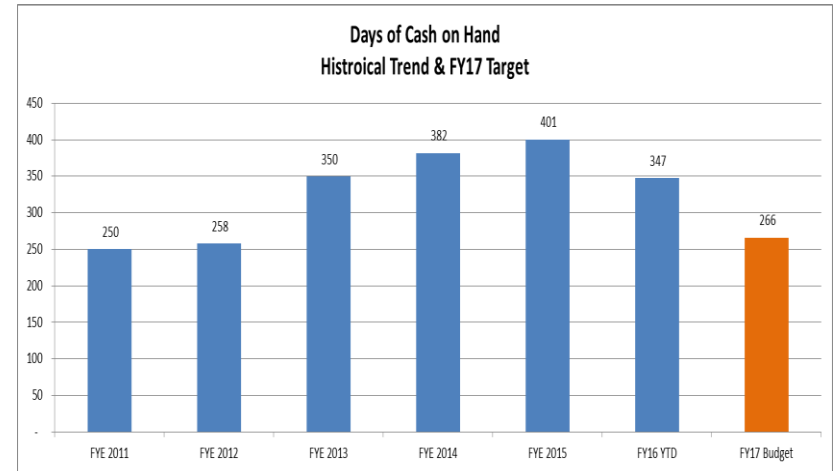
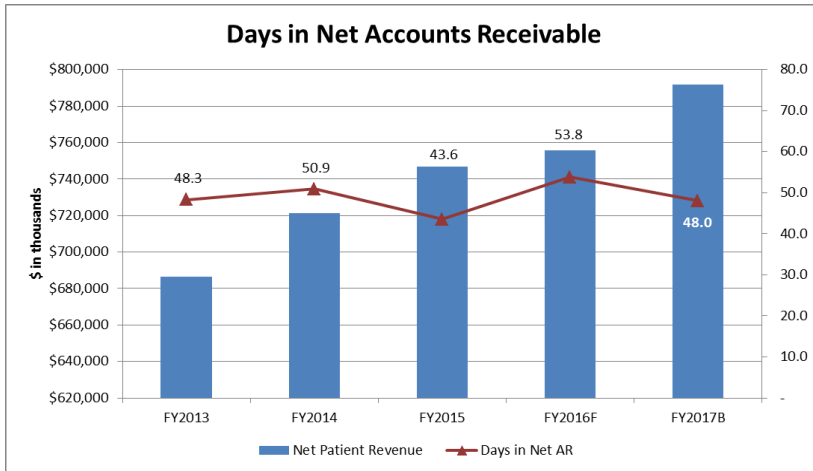
New iCare operational expenses for FY17

Category	Description	Incremental Change
Labor	Capital to Operating expense: ongoing	1,973,039
Depreciation	Depreciation expense: ongoing	1,150,335
	Increased Ongoing Expenses	3,123,374

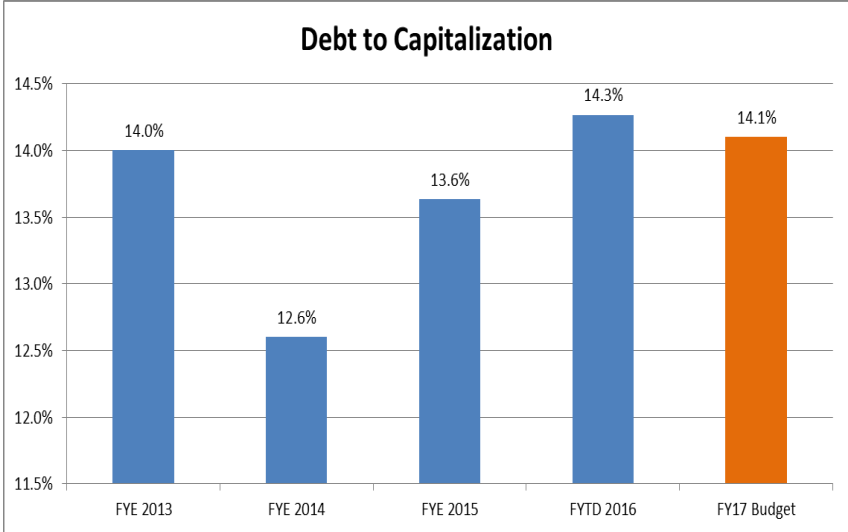
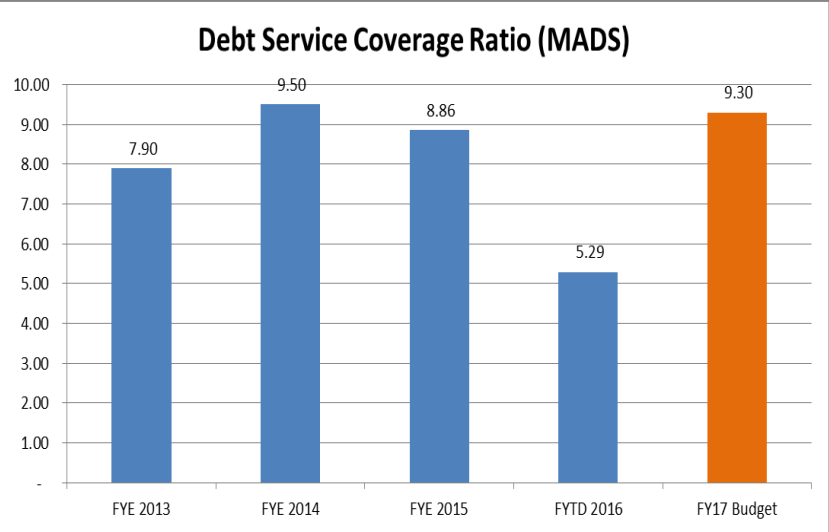
One time expenses incurred in FY16

Category	Description	Incremental Change
Consulting	Eliminate one-time consulting expense	3,423,297
EPIC Training	Eliminate one-time training to staff and physicians	8,132,701
	One-Time Expense Reduction	11,555,998

Key Financial Metrics



Key Financial Metrics



FY2017 Operating Budget Detail

Alignment with Marketing

FY17 Marketing & Communications Plan: Strategic Alignment



FY17 Marketing & Communications Plan: Major Marketing Priorities

FY17 SMART GROWTH (<u>N</u>)	FY17 SMART GROWTH (<u>M</u>)	FY17 INTEGRATED CARE
BHS – ADDICTION, SENIORS, PERINATAL, YOUTH/YA	MEN'S HEALTH & UROLOGY	URGENT & PRIMARY CARE*
URGENT & PRIMARY CARE	SLEEP DISORDERS	WOUND CARE*
ONCOLOGY	ORTHOPEDICS	REHABILITATION (M)
OUTPATIENT SERVICES	EP & WOMEN'S HEART	OUTPATIENT SERVICES*
WOUND CARE	BREAST HEALTH	
MOTHER-BABY	LUNG	
COMPREHENSIVE SPINE	SAHC/CHI	PATIENT – FAMILY CENTERED CARE

*Denotes supports of smart growth and integrated care strategic themes; N = new, M = maintenance

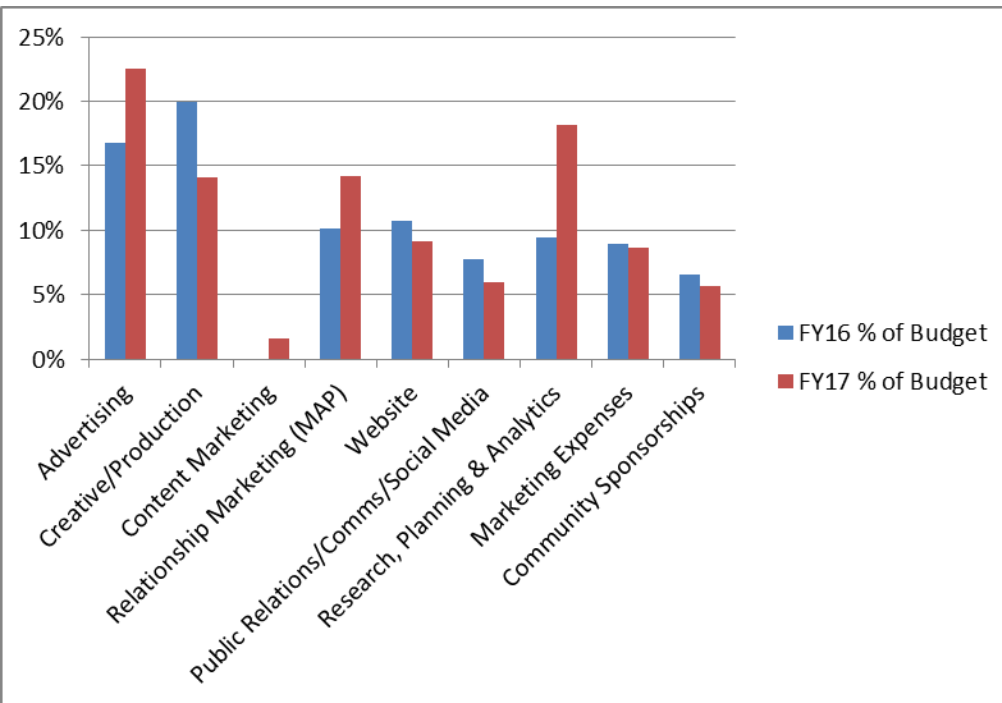
Source: ECH strategic planning

FY17 Marketing & Communications Plan: Major Marketing Priorities Funding

Core Marketing Strategies	Allocation	Strategic Themes		
		Smart Growth	Integrated Care	Quality Aim
POSITIONING + DIFFERENTIATION: Increase awareness and understanding of uniqueness of El Camino Hospital among target audiences across the region	\$2.44M	X		
ELEVATE COMMUNITY PURPOSE & ENGAGEMENT: Engage targets to create loyalty, affinity and relationships that drive positive behaviors	\$1.33M	X	X	
PERSONALIZED MARKETING: Provide value to consumer audiences by maximizing relevant messaging and content across interactions	\$720k	X		X
FACILITATE POSITIVE CULTURE: Increase employee and physician engagement through community building	\$148K	X		X

**Does not include Labor Costs*

FY17 Marketing & Communications Plan: Budget Assumptions & Trends



- Budget aligned with recommendations and efforts are tiered to support “new” versus “maintenance” initiatives
- FY17 budget reduced from FY16 to support reduction in use of outside purchased services
- Increased allocation for content marketing and relationship marketing to support online healthcare consumer experience and personalized communications
- Increased allocation for research, analytics and planning for more consistent tracking and reporting of metrics
- Integrated advertising efforts with increased efficiency through capability to target audiences via digital channels
- Reduced PR social media expenses as tactical work is brought in-house
- Maintain level of community sponsorship spend and refine alignment with clinical and community health priorities
- Digital strategy no longer separate as digital thinking is integrated across marketing efforts

Board Designated Community Benefit Endowment

Board Designated Community Benefit Endowment Fund

- In FY 2016 the Board established an endowment to provide investment income to fund community benefit.
- We agreed to evaluate whether the fund should be increased during the annual budget cycle.
- Recommendation
 - No increase in endowment fund at this time, due to market losses.
 - Despite market losses, \$3.4 million (\$500k > than FY16) budgeted for Community Benefit Plan for FY17 due to community benefit planning cycle.
 - Evaluate funding from endowment fund earnings in Q2 2017 to coincide with community benefit planning cycle.

El Camino Hospital & Affiliates

El Camino Hospital & Affiliates FY17 Budget

Consolidated Revenue and Expense Budget (\$ in thousands)					
	El Camino Hospital	Concern	Foundation	SVMD	Total
REVENUES					
Net Patient Service Revenue	\$789,585	\$0	\$0	\$2,871	\$792,457
Other Operating Revenue	25,059	17,077	0	0	42,136
Total Net Revenue	814,645	17,077	0	2,871	834,593
EXPENSES					
Salaries & Benefits	458,713	5,474	1,553	1,066	466,805
Supplies & Other Expenses	240,022	9,466	1,660	3,451	254,599
Interest	7,225	0	0	0	7,225
Depreciation/Amortization	52,848	29	13	0	52,890
TOTAL EXPENSES	758,807	14,969	3,227	4,516	781,520
OPERATING INCOME	\$55,837	\$2,108	(\$3,227)	(\$1,645)	\$53,073
Non Operating Income	11,194	497	2,777	1,645	16,113
NET INCOME	\$67,032	\$2,604	(\$450)	(\$0)	\$69,186
<i>Operating EBIDA</i>	<i>\$115,910</i>	<i>\$2,137</i>	<i>(\$3,214)</i>	<i>(\$1,645)</i>	<i>\$113,188</i>
<i>Operating Margin Percentage</i>	<i>6.9%</i>	<i>12.3%</i>	<i>0.0%</i>	<i>-57.3%</i>	<i>6.4%</i>

El Camino Hospital & Affiliates

El Camino Hospital & Affiliates (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	\$746,645	\$755,550	\$792,457	\$36,906	4.9%
Other Operating Revenue	34,805	37,450	42,136	4,686	12.5%
Total Net Revenue	781,451	793,001	834,593	41,592	5.2%
EXPENSES					
Salaries & Benefits	417,058	439,003	466,805	(27,802)	-6.0%
Supplies & Other Expenses	238,649	258,657	254,599	4,058	1.6%
Interest	5,256	5,855	7,225	(1,371)	-19.0%
Depreciation/Amortization	44,707	48,451	52,890	(4,439)	-8.4%
TOTAL EXPENSES	705,670	751,966	781,520	(29,554)	-3.8%
OPERATING INCOME	\$75,780	\$41,035	\$53,073	\$12,038	-22.7%
Non Operating Income	20,984	(15,109)	16,113	(31,223)	
NET INCOME	\$96,764	\$25,926	\$69,186	\$43,261	166.9%
<i>Operating EBIDA</i>	<i>\$125,743</i>	<i>\$95,341</i>	<i>\$113,188</i>	<i>\$17,848</i>	<i>18.7%</i>
<i>Operating Margin Percentage</i>	<i>9.7%</i>	<i>5.2%</i>	<i>6.4%</i>		

Prior years includes El Camino Surgery Center (ECSC)

Capital Budget

FY 2017 Capital Spending Trend

	Actual	Actual	Actual	Proj	Budget
Capital Spending	FY2013	FY2014	FY2015	FY2016	FY2017
EPIC			\$36,187	\$23,743	\$6,137
IT Hardware/Software Equipment	\$8,019	\$2,788	\$4,660	\$6,850	\$5,391
Medical/Non Medical Equipment	\$10,284	\$12,891	\$13,340	\$14,700	\$10,254
Facilities	\$9,294	\$36,045	\$38,940	\$66,543	\$204,477
Grand Total	\$27,597	\$51,724	\$93,127	\$111,836	\$226,259

FY17 Facility Project Request with Details

(in 000s)

		Budgeted Commitment		Budgeted Spend
Mountain View Campus Master Plan Projects				
BHS Replacement	MV	\$55,500	**	\$30,000
North Dr Parking Structure Expansion	MV	\$0	*	\$20,500
Integrated Medical Office Building	MV	\$220,500	**	\$101,500
CUP Upgrades	MV	\$7,000	**	\$5,000
Womens Hosp Expansion	MV	\$10,000		\$5,500
Sub-Total Mountain View Campus Master Plan		\$293,000		\$162,500
Mountain View Capital Projects				
Womens Hosp NPC Closeout	MV	\$0	*	\$327
IMOB Preparation Project - Old Main	MV	\$0	*	\$1,000
Cabling and Wireless upgrades	MV	\$0	*	\$400
Histology Fume Hood Upgrades	MV	\$1,200		\$1,200
ED Remodel Triage / Psych Observation	MV	\$1,600		\$1,400
Signage & Wayfinding	MV	\$0	*	\$300
Breast Imaging Tomography	MV	\$0	*	\$300
Willow Pavilion FA Sys and Equip Upgrades	MV	\$800		\$800
Furniture Systems Inventory	MV	\$500		\$250
Site Signage & Other Improvements	MV	\$1,000		\$200
MV Equipment & Infrastructure Upgrades	MV	\$600		\$300
IR Room #6 Development	MV	\$2,600		\$500
JW House (Patient Family Residence)	MV	\$2,500		\$500
Facilities Planning Allowance	MV	\$600		\$300
Sub-Total Mountain View Projects		\$11,400		\$7,777

*Board approved from prior years

**Board approved; partially funded from prior years

FY17 Facility Project Request with Details

(in 000s)

		Budgeted Commitment	Budgeted Spend
Los Gatos Capital Projects			
LG Spine Room Expansion - OR 4	LG	\$0 *	\$3,100
LG Rehab HVAC Upgrades	LG	\$0 *	\$400
LG Imaging Phase II (CT & Gen Rad)	LG	\$0 *	\$7,250
LG Upgrades - Major	LG	\$0 *	\$7,300
LG Rehab Building Upgrades	LG	\$600	\$500
LG IR Upgrades	LG	\$1,100	\$800
LG NICU 4 Bed Expansion	LG	\$6,500	\$5,000
LG Building Infrastructure Improvements	LG	\$1,500	\$1,200
LG MOB Improvements (17)	LG	\$5,000	\$4,000
LG Facilities Planning	LG	\$800	\$500
LG MOB Improvements	LG	\$0 *	\$150
Sub-Total Los Gatos Projects		\$15,500	\$30,200
Other Strategic Capital Projects			
Primary Care Clinic (TI's Only)		\$1,600	\$1,600
Urgent Care Clinics (Tis Only)		\$2,400	\$2,400
Sub-Total Other Strategic Capital Projects		\$4,000	\$4,000
Grand Total Facilities Projects		\$323,900	\$204,477

*Board approved from prior years

**Board approved; partially funded from prior years

FY 2017 IT Capital Request

(in 000s)

Capital Project Description	Budgeted Commitment	Budgeted Spend
iCare Program/Annual Upgrade	\$8,016	\$6,137
EPIC Total	\$8,016	\$6,137
RSA 2-Factor Authentication	\$1,250	\$1,250
IS Baseline-Storage Primary/Backup	\$790	\$790
IS Baseline-Server Replacement/Maint	\$706	\$706
IS Baseline-Network Replacement/Maint	\$675	\$675
Secure Texting Solution	\$400	\$400
Soft Bank Software	\$300	\$300
IS Baseline-Devices Cart Replacement/Growth	\$250	\$250
IS Baseline-Software Upgrades	\$250	\$250
All Other*	\$770	\$770
IT Hardware/Software Equipment	\$5,391	\$5,391

Capital over \$250k itemized

*All Other includes all items less than \$250k

FY17 Equipment Capital Request

(in 000s)

FY17 Equipment Requested Capital	Budgeted Spend
PB840 Ventilators - 28	\$1,394
IR Room Replacement (LG)	\$1,250
Stryker 1588 AIM CCU and Laparoscopes	\$871
Intra-Vascular Ultrasound Replacement (Cath Lab)	\$700
C-Arm Replacement (2 at LG)	\$531
Electrosurgical Units Forcetriad 2/FT10	\$460
OH6 Microscope (Spine, LG)	\$427
Bed Mattresses	\$380
Alaris Infusion Pump/Modules (MV)	\$250
Alaris Infusion Pump/Modules (LG)	\$250
All Other*	\$3,741
Total	\$10,254

Capital over \$250k itemized

*All Other includes all items less than \$250k

Appendix

El Camino Hospital – FY17 Budget Financial

El Camino Hospital (\$ in thousands)

	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	\$746,645	\$755,550	\$789,585	\$34,035	4.5%
Other Operating Revenue	21,105	21,743	25,059	3,316	15.3%
Total Net Revenue	767,751	777,294	814,645	37,351	4.8%
EXPENSES					
Salaries & Benefits	410,072	431,639	458,713	(27,074)	-5.9%
Supplies & Other Expenses	229,677	249,286	240,022	9,264	3.9%
Interest	5,256	5,855	7,225	(1,371)	-19.0%
Depreciation/Amortization	44,627	48,395	52,848	(4,453)	-8.4%
TOTAL EXPENSES	689,631	735,174	758,807	(23,634)	-3.1%
OPERATING INCOME	\$78,120	\$42,120	\$55,837	\$13,717	-24.6%
Non Operating Income	16,668	(18,836)	11,194	(30,030)	
NET INCOME	\$94,787	\$23,284	\$67,032	\$43,748	187.9%
<i>Operating EBIDA</i>	<i>\$128,002</i>	<i>\$96,369</i>	<i>\$115,910</i>	<i>\$19,541</i>	20.3%
<i>Operating Margin Percentage</i>	<i>10.2%</i>	<i>5.4%</i>	<i>6.9%</i>		
KEY HOSPITAL INDICATORS					
Hospital Discharges, excl normal newborns	19,081	18,608	19,271	663	3.6%
Total Hospital Patient Days	89,787	87,985	89,574	1,589	1.8%
Acute Length of Stay	4.71	4.73	4.65	(0.08)	-1.7%
Hospital Average Daily Census	246	240	245	5	2.1%

Non-Operating Revenue Detail

Non-Operating Revenue/<Expense> Detail (\$ in thousands)

	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
Non Operating Revenue Detail					
Investments	\$17,955	(\$10,785)	\$18,100	\$28,885	-267.8%
Swap Adjustments	(1,009)	(2,550)	0	2,550	-100.0%
Bond Amortization	360	1,604	1,871	266	16.6%
Community Benefit	(2,397)	(3,104)	(3,400)	(296)	9.5%
Support for Foundation	(1,783)	(1,783)	(1,783)	0	0.0%
Support for SVMD	(286)	(25)	(1,645)	(1,620)	6475.9%
Investment in Satellite Dialysis	4,809	(457)	152	609	-133.2%
Gain/<Loss> on Pathways	2,513	(191)	500	691	-361.2%
Other	(3,493)	(1,545)	(2,599)	(1,055)	68.3%
	\$16,668	(\$18,836)	\$11,194	\$30,030	-159.4%

CONCERN – FY17 Budget Financial

CONCERN (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Other Operating Revenue	\$13,690	\$15,689	\$17,077	\$1,387	8.8%
Total Net Revenue	13,690	15,689	17,077	1,387	8.8%
EXPENSES					
Salaries & Benefits	5,336	5,884	5,474	410	7.5%
Supplies & Other Expenses	7,332	8,057	9,466	(1,409)	-14.9%
Interest	0	0	0	0	0.0%
Depreciation/Amortization	67	43	29	14	48.7%
TOTAL EXPENSES	12,735	13,984	14,969	(985)	-6.6%
OPERATING INCOME	\$955	\$1,706	\$2,108	\$402	-19.1%
Non Operating Income	247	463	497	(33)	
NET INCOME	\$1,202	\$2,169	\$2,604	\$435	20.1%
Operating EBIDA	\$1,022	\$1,749	\$2,137	\$388	22.2%
Operating Margin Percentage	7.0%	10.9%	12.3%		

Foundation - FY17 Budget Financial

FOUNDATION (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Other Operating Revenue	\$0	\$0	\$0	\$0	\$0
Total Net Revenue	0	0	0	0	0%
EXPENSES					
Salaries & Benefits	1,418	1,453	1,553	(100)	-6%
Supplies & Other Expenses	1,508	1,216	1,660	(445)	-27%
Interest	0	0	0	0	0%
Depreciation/Amortization	13	13	13	(0)	0%
TOTAL EXPENSES	2,939	2,682	3,227	(545)	-17%
OPERATING INCOME	(\$2,939)	(\$2,682)	(\$3,227)	(\$545)	-17%
Non Operating Income	3,650	3,319	2,777	541	
NET INCOME	\$710	\$636	(\$450)	(\$1,086)	-171%
Operating EBIDA	(\$2,926)	(\$2,669)	(\$3,214)	(\$545)	20%

SVMD – FY17 Budget Financial

SVMD (\$ in thousands)					
	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	\$0	\$0	\$2,871	\$2,871	100%
Total Net Revenue	0	0	2,871	2,871	0%
EXPENSES					
Salaries & Benefits	227	27	1,066	(1,039)	-97%
Supplies & Other Expenses	67	69	3,451	(3,382)	-98%
Interest	0	0	0	0	0%
Depreciation/Amortization	0	0	0	0	0%
TOTAL EXPENSES	294	95	4,516	(4,421)	-98%
OPERATING INCOME	(\$294)	(\$95)	(\$1,645)	(\$1,550)	-94%
Non Operating Income	400	300	1,645	(1,345)	
NET INCOME	\$106	\$205	(\$0)	(\$205)	-100%
<i>Operating EBIDA</i>	<i>(\$294)</i>	<i>(\$95)</i>	<i>(\$1,645)</i>	<i>(\$1,550)</i>	1624%
<i>Operating Margin Percentage</i>	<i>0.0%</i>	<i>0.0%</i>	<i>-57.3%</i>		

SVMD New Programs

New Program	Description
1. Primary Care Clinic	- Recruit 4 primary care physicians for the first year of operations
2. Urgent Care Clinic	- Target to have ~10,000 visits in the first year of operation.
3. Women's Cardiovascular Health Clinic	<ul style="list-style-type: none">- Clinic will begin operation 2.5 days/week: 1 day a week operation at LG and 1.5 days a week at MV.- It is budgeted with ~1300 visits in first year of operation.

c. ECHD FY17 Standalone & Consolidated Budget



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

**El Camino Hospital District
Fiscal Year 2017 Budget**

Iftikhar Hussain, CFO
June 14, 2016

Basis of the El Camino Healthcare District FY 2017 Budget

- *The District budget is first shown in “stand-alone” format, including those transactions which occur at the District level.*
 - This presentation will cover the assumptions driving the District’s budget and will provide information on District–level revenues and expenditures.
 - The budget for El Camino Hospital and its affiliates was reviewed at the hospital’s joint finance committee meeting and special board meeting on May 26th. Those meetings were both noticed on the hospital’s website and were open to the public. Additional information on the budget for El Camino Hospital and its affiliates is available on the hospital’s website (www.elcaminohospital.org).
- *The District budget is also shown in consolidated format in this presentation as it is the District’s responsibility to approve the consolidated budget.*



Major Assumptions

Information excludes El Camino Hospital & its affiliates

- Other Operating Revenue is based on the existing ground lease agreement.
- Operating Expenses are based on historical information with adjustments made for non-recurring events.
- Supplies and other expenses have been increased in FY 2017 to cover upcoming expenses for the November election of board members.
- Depreciation is based on assets currently in service, as there is no new capital spending expected at the District level in Fiscal Year 2017.
- Expenses related to the G.O. bonds are based on history and required payment schedules.
- Investment income is based on the expected short-term rate of return for those funds.
- Community Benefit expenditures are based on the Community Benefit plan.
- IGT – Medi-Cal program - It is expected that the District/Hospital will participate in the program again this year to customary amount.
- Other Non-Operating income deducted income principally due to termination of BMW lease on El Camino Real due to its use for the staging for construction projects at Mountain View Campus.



El Camino Healthcare District

Information excludes El Camino Hospital & its affiliates

(In 000s)

	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable / (Unfavorable)	% Change
REVENUES					
(A) Other Operating Revenue	\$ 87	\$ 88	\$ 90	\$ 2	0%
(B) Unrestricted M&O Property Taxes	6,822	7,162	7,658	496	7%
(B) Restricted M&O Taxes	5,152	5,686	5,050	(636)	-11%
(B) Taxes Levied for Debt Service	8,845	9,569	9,200	(369)	-4%
(B) Investment Income	(139)	285	240	(44)	-16%
(B) Other	309	488	230	(258)	-53%
TOTAL NET REVENUE	21,076	23,278	22,468	(809)	-3%
EXPENSES					
(A) Salaries & Benefits	0	0	0	0	0%
(A) Community Benefit Support	296	312	312	0	0%
(A) Supplies & Other Expenses	404	202	496	(293)	-59%
(A) Depreciation/Amortization	250	252	240	12	5%
(B) G.O. Bond Interest Expense (net)	4,603	4,519	4,523	(5)	0%
(B) Community Benefit Program	5,626	6,844	6,725	119	2%
(B) IGT Medi-Cal Program Expense	6,759	260	3,158	(2,898)	-1115%
TOTAL EXPENSES	17,938	12,389	15,454	(3,065)	-25%
NET INCOME	\$ 3,138	\$ 10,889	\$ 7,014	\$ (3,875)	-36%
<i>Operating EBIDA</i>	<i>(10)</i>	<i>(8)</i>	<i>(11)</i>	<i>(115)</i>	<i>39%</i>
<i>Operating Margin Expense</i>	<i>-995.4%</i>	<i>-769.8%</i>	<i>-1069.1%</i>		

RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	\$ (958)
(B) Net Non-Operating Revenues & Expenses	7,972
NET INCOME	\$ 7,014



El Camino Healthcare District
Statement of Fund Balance Activity for Budget 2017
Information excludes El Camino Hospital & its affiliates

(In 000s)

UNRESTRICTED FUND ACTIVITY BALANCE

Projected Opening Balance at 7/1/2016	\$43,716
Budgeted Net Income for FY2017	7,014
Transfer to ECH for Capital Outlay Projects (BHS/IMOB)	(15,016)

PROJECTED ENDING BALANCE @ 6/30/2017	\$35,714
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El Camino Healthcare District

Sources & Uses of Tax Receipts (\$Thousands)

Budget for 2017

Sources of District Taxes

(1) Maintenance and Operation and Government Obligation Taxes	\$21,908
(2) Redevelopment Agency Taxes	0
Total District Tax Receipts	\$21,908
 <u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	\$4,523
Total Cash Available for Operations, CB Programs, & Capital Appropriations	17,385
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	5,050
Subtotal	12,335
(5) Operating Expenses	808
Subtotal	11,527
(6) Capital Replacement Fund (Park Pavilion)	312
Funds Available for Community Benefit Programs & Capital Appropriation	\$11,215

*Gann Limit Calculation for FY2017

\$7,658

(1) M&O and G.O. Taxes	• Cash receipts from the 1% ad valorem property taxes and Measure D taxes
(2) Redevelopment Agency Taxes	• Cash receipts from dissolution of redevelopment agencies
(3) Government Obligation Bond	• Levied for debt service
(4) Capital Appropriation Fund	• Excess amounts over the Gann Limit are restricted for use as capital
(5) Operating Expenses	• Expenses incurred in carrying out the District’s day-to-day activities
(6) Capital Replacement Fund	• Fund to ensure that the District has adequate resources to fund repair and replacement of its capital assets (Park Pavilion at 130% of original cost)



El Camino Healthcare District - CONSOLIDATED

(In 000s)

	Standalone	El Camino Hospital	El Camino Hospital Affiliates	Total
REVENUES				
Net Patient Service Revenue	\$0	\$789,585	\$2,871	\$792,457
Other Operating Revenue	90	25,059	17,077	42,226
Total Net Revenue	90	814,645	19,948	834,682
EXPENSES				
Salaries & Benefits	0	458,713	8,092	466,805
Supplies & Other Expenses	808	240,022	14,579	255,408
Interest	0	7,225	0	7,225
Depreciation/Amortization	240	52,848	42	53,130
TOTAL EXPENSES	1,047	758,807	22,713	782,568
OPERATING INCOME	(\$958)	\$55,837	(\$2,765)	\$52,114
Non Operating Income	7,972	11,194	4,919	24,085
NET INCOME	\$7,014	\$67,032	\$2,154	\$76,199
<i>Operating EBIDA</i>	<i>(\$718)</i>	<i>\$115,910</i>	<i>(\$2,723)</i>	<i>\$112,469</i>
<i>Operating Margin Percentage</i>	<i>-1069.1%</i>	<i>6.9%</i>	<i>0.0%</i>	<i>6.2%</i>



El Camino Healthcare District - CONSOLIDATED

(In 000s)

	FY2015 Actual	FY2016 Projection	FY2017 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	\$746,645	\$755,550	\$792,457	\$36,906	4.9%
Other Operating Revenue	34,892	37,539	42,226	4,687	12.5%
Total Net Revenue	781,537	793,089	834,682	41,593	5.2%
EXPENSES					
Salaries & Benefits	417,058	439,003	466,805	(27,802)	-6.0%
Supplies & Other Expenses	239,349	259,172	255,408	3,764	1.5%
Interest	5,256	5,855	7,225	(1,371)	-19.0%
Depreciation/Amortization	44,957	48,703	53,130	(4,427)	-8.3%
TOTAL EXPENSES	706,620	752,733	782,568	(29,835)	-3.8%
OPERATING INCOME	\$74,917	\$40,356	\$52,114	\$11,758	-22.6%
Non Operating Income	24,984	(3,542)	24,085	(27,627)	
NET INCOME	\$99,901	\$36,814	\$76,199	\$39,385	107.0%
<i>Operating EBIDA</i>	<i>\$125,130</i>	<i>\$94,914</i>	<i>\$112,469</i>	<i>\$17,556</i>	<i>18.5%</i>
<i>Operating Margin Percentage</i>	<i>9.6%</i>	<i>5.1%</i>	<i>6.2%</i>		



El Camino Healthcare District Consolidated Capital Budget

Note: There are no plans to expend capital at the District level in Fiscal Year 2017. All capital spending is budgeted to occur at El Camino Hospital and its affiliates



FY 2017 Capital Spending Trend

(In 000s)

Capital Spending	Actual FY2013	Actual FY2014	Actual FY2015	Proj FY2016	Budget FY2017
EPIC			\$36,187	\$23,743	\$6,137
IT Hardware/Software Equipment	\$8,019	\$2,788	\$4,660	\$6,850	\$5,391
Medical/Non Medical Equipment	\$10,284	\$12,891	\$13,340	\$14,700	\$10,254
Facilities	\$9,294	\$36,045	\$38,940	\$66,543	\$204,477
Grand Total	\$27,597	\$51,724	\$93,127	\$111,836	\$226,259



FY2017 Facilities Project Detail

(In 000s)

		Budgeted Commitment		Budgeted Spend
Mountain View Campus Master Plan Projects				
BHS Replacement	MV	\$55,500	**	\$30,000
North Dr Parking Structure Expansion	MV	\$0	*	\$20,500
Integrated Medical Office Building	MV	\$220,500	**	\$101,500
CUP Upgrades	MV	\$7,000	**	\$5,000
Womens Hosp Expansion	MV	\$10,000		\$5,500
Sub-Total Mountain View Campus Master Plan		\$293,000		\$162,500
Mountain View Capital Projects				
Womens Hosp NPC Closeout	MV	\$0	*	\$327
IMOB Preparation Project - Old Main	MV	\$0	*	\$1,000
Cabling and Wireless upgrades	MV	\$0	*	\$400
Histology Fume Hood Upgrades	MV	\$1,200		\$1,200
ED Remodel Triage / Psych Observation	MV	\$1,600		\$1,400
Signage & Wayfinding	MV	\$0	*	\$300
Breast Imaging Tomography	MV	\$0	*	\$300
Willow Pavilion FA Sys and Equip Upgrades	MV	\$800		\$800
Furniture Systems Inventory	MV	\$500		\$250
Site Signage & Other Improvements	MV	\$1,000		\$200
MV Equipment & Infrastructure Upgrades	MV	\$600		\$300
IR Room #6 Development	MV	\$2,600		\$500
JW House (Patient Family Residence)	MV	\$2,500		\$500
Facilities Planning Allowance	MV	\$600		\$300
Sub-Total Mountain View Projects		\$11,400		\$7,777



FY2017 Facilities Project Detail

(In 000s)

		Budgeted Commitment	Budgeted Spend
Los Gatos Capital Projects			
LG Spine Room Expansion - OR 4	LG	\$0 *	\$3,100
LG Rehab HVAC Upgrades	LG	\$0 *	\$400
LG Imaging Phase II (CT & Gen Rad)	LG	\$0 *	\$7,250
LG Upgrades - Major	LG	\$0 *	\$7,300
LG Rehab Building Upgrades	LG	\$600	\$500
LG IR Upgrades	LG	\$1,100	\$800
LG NICU 4 Bed Expansion	LG	\$6,500	\$5,000
LG Building Infrastructure Improvements	LG	\$1,500	\$1,200
LG MOB Improvements (17)	LG	\$5,000	\$4,000
LG Facilities Planning	LG	\$800	\$500
LG MOB Improvements	LG	\$0 *	\$150
Sub-Total Los Gatos Projects		\$15,500	\$30,200
Other Strategic Capital Projects			
Primary Care Clinic (TI's Only)		\$1,600	\$1,600
Urgent Care Clinics (Tis Only)		\$2,400	\$2,400
Sub-Total Other Strategic Capital Projects		\$4,000	\$4,000
Grand Total Facilities Projects		\$323,900	\$204,477



Capital Appropriation Fund



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

Date: June 03, 2016
To: El Camino Healthcare District Board of Directors
From: Ken King, Chief Administrative Services Officer,
El Camino Hospital
Re: FY-2014 & FY-2015 District Capital Appropriation Fund
Request

BOARD OF DIRECTORS

Dennis W. Chiu, JD
Peter C. Fung, MD
Julia E. Miller
David Reeder
John L. Zoglin

El Camino Healthcare District has \$9,297,651 of Capital Appropriation Funds from its fiscal years 2014 and 2015 that must be allocated for use within a two-year period. Note that expenditure from the Capital Appropriation Fund must be for a capital land/building project or equipment that has a cost of greater than \$100,000 and a useful life of 10 years or more.

As identified in the El Camino Hospital Mountain View Campus Development Plan, the Women's Hospital Expansion (*Current Estimated Cost \$91 million*) meets requirements for use of the above Capital Appropriation Funds. The Women's Hospital Expansion will convert floors 2 and 3 from Medical Office space to private room post-partum patient rooms, expand the NICU capacity in a private and semi-private configuration and increase the number of Labor & Delivery Rooms, all designed to the latest codes and clinical standards.

For reference see below how the El Camino Healthcare District Capital Appropriation Funds have been allocated over the past 15 years.

Page 2
 FY 2014 & 2015 District Capital Appropriation Fund Request

ECH District Capital Outlay Funds -Use History				
2000				
2001	3,857,142	3,857,142	June-03	El Camino Real / Phyllis Property
2002	1,773,350	1,773,350	June-04	New Main Hospital Building
2003	4,459,586	4,459,586	March-05, May-06	New Oak Pavilion transferred to New Main Hospital Building
2004				
2005	2,478,519	2,478,519	June-07	New Main Hospital Building
2006	6,223,452	6,223,452	June-09	New Main Hospital Building
2007				
2008				
2009	3,540,205	3,540,205	June-10	New Main Hospital Building
	Total	18,475,112		
2010	2,830,419	2,830,419	June-12	Replacement BHS Building
2011	3,368,342	3,368,342	June-13	Replacement BHS Building
2012	3,609,640	8,093,042	June-14	Replacement BHS Building
2013	4,483,402			
	Total	14,291,803		
2014	4,145,422	9,297,651	June-16	Women's Hospital Expansion
2015	5,152,229			

Current Request

I am recommending the District Board designate the FY-2014 and FY-2015 funds totaling \$9,297,651 in its Capital Appropriation Fund in support of the Women's Hospital Expansion renovation/reconstruction project.

ATTACHMENT 8

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	FY17 El Camino Healthcare District Community Benefit Plan Board Meeting Date: June 14, 2016
Responsible party:	Cecile Currier, VP of Corporate & Community Health Services
Action requested:	For approval
Background:	
<p>Per the Affordable Care Act, El Camino Hospital conducted a community health needs assessment from Spring 2015 through Spring of 2016. The needs assessment process benefitted from the active participation of the Community Benefit Advisory Council (CBAC).</p> <p>Twelve health needs were identified and mapped to three priority areas: Healthy Body, Healthy Mind, and Healthy Community. The documented health needs identified in the triennial assessment serve to inform the development of El Camino Healthcare District's annual Community Benefit Plan.</p> <p>The CBAC was actively engaged in determining the recommendations for the FY17 El Camino Healthcare District Community Benefit Plan.</p> <p>The Plan contains the following components:</p> <ul style="list-style-type: none"> • Overview of CHNA process • Grant proposals, organized by the three health priority areas, which include information on services, metrics, and funding • Financial Summary 	
Committees that reviewed the issue and recommendation, if any:	
<p>Community Benefit Advisory Council (CBAC)</p> <ul style="list-style-type: none"> • The Council reviewed all grant proposals received for FY17. • The Council provided guidance and grant funding recommendations for the FY17 Plan. 	
Summary and session objectives :	
<ul style="list-style-type: none"> • Provide an overview of the FY17 El Camino Healthcare District Community Benefit Plan, as informed by the 2016 El Camino Hospital Community Health Needs Assessment • Plan proposes to fund 53 grants for a total of \$6,406,331. The total plan, which includes the placeholder and sponsorships, is for \$7,006,331. 	
Suggested discussion questions: None.	
Proposed board motion, if any:	
To approve the FY17 El Camino Healthcare District Community Benefit Plan.	
LIST OF ATTACHMENTS:	
FY17 El Camino Healthcare District Community Benefit Plan	



Community Benefit Plan

Fiscal Year 2017



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

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Introduction

The El Camino Healthcare District (ECHD) Board of Directors has formalized its commitment to the health of the community it serves by establishing designated funding for the District's Community Benefit investment. In Fiscal Year 2017, the ECHD Community Benefit Program will invest over \$7 million in the El Camino Healthcare District. This plan details how ECHD will allocate these monies to improve the health and wellness of District residents.

In 2016, El Camino Hospital conducted a Community Health Needs Assessment (CHNA) in collaboration with the Santa Clara County Community Benefit Coalition. This assessment resulted in the identification of 18 significant community health needs. The 2016 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For a copy of the full CHNA, see www.elcaminohospital.org/CommunityBenefit.

The documented needs in the 2016 CHNA served El Camino Healthcare District in developing this Community Benefit Plan for establishing Implementation Strategies pursuant to the Affordable Care Act of 2010 and California State Senate Bill 697. This plan outlines El Camino Healthcare District funding for fiscal year 2017.

The main steps of this planning process are:

1. Conduct a countywide Community Health Needs Assessment (CHNA)
2. Engage stakeholders to review the CHNA findings and prioritize health needs
3. Engage stakeholders to select the health needs for El Camino Hospital
4. Establish community benefit health need priority areas
5. Grants process. Development of Annual Plan and Implementation Strategy.
6. These steps are further described below.

Step 1 — Conduct a Countywide Community Health Needs Assessment.

El Camino Hospital is a member of the Santa Clara County Community Benefit Coalition ("the Coalition"), a group of organizations that includes seven nonprofit hospitals, the Hospital Council of Northern and Central California, a nonprofit multispecialty medical group, and the Santa Clara County Public Health Department. The Coalition began the 2016 CHNA planning process in Fall 2014. The Coalition's goal for the CHNA was to collectively gather community feedback and existing data about health status to inform the member hospitals' respective community health needs prioritization and selection. Since its formation in 1995, the Coalition has worked together to conduct regular, extensive Community Health Needs Assessments (CHNA) to identify and address critical health needs of the community. This 2016 CHNA builds upon those earlier assessments.



The Coalition obtained community input during the first nine months of 2015 via key informant interviews with local health experts, focus groups with community leaders and representatives, and resident focus groups. The Coalition obtained secondary data from a variety of sources, including the public Community Commons data platform and the Santa Clara County Public Health Department. (See CHNA for details.) Applied Survey Research (ASR) conducted this data collection on behalf of the Coalition. Prior to data collection, the Coalition identified criteria that would be used to define the list of health needs, using the 2013 CHNA criteria list as a basis.

In September 2015, ASR synthesized primary qualitative research and secondary data and then applied those criteria to the list of all possible health needs. The criteria were applied in the order found below.

1. The issue fits the definition of a health need: A poor health outcome and its associated health driver, or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need. Social determinants of health are also considered health needs. They are described as conditions in which people are born, grow, live, work, and age. The distribution of money, power, and resources at global, national, and local levels shaped these circumstances.
2. More than one source of secondary and/or primary data suggests or confirms the issue.
3. It meets either qualitative or quantitative data criteria:
 - At least one related indicator performed poorly against the Healthy People 2020 (“HP2020”) benchmark or against the state average if there was no HP2020 benchmark.
 - The community prioritized it in three of the ten focus groups or a key informant identified it. To obtain information on community priorities for this assessment, the Coalition asked professionals and residents who participated in focus groups and key informant interviews to identify the top health needs of their clients and/or communities, drawing on their own perceptions and experiences.

Based on community input and secondary data, the Coalition generated a list of 18 health needs that reflect the community’s priorities.

Step 2 — Engage Stakeholders to Review the Assessment Findings and Prioritize Health Needs.

ASR facilitated a meeting with the Community Benefit Advisory Council (CBAC), which includes an El Camino Hospital Board Liaison, El Camino Healthcare District Liaison, community leaders, physicians, and senior management. During the session, the CBAC was presented with the CHNA findings and were asked to prioritize the identified health needs for Santa Clara County using a set of criteria. The results of this prioritization are displayed in Table 1.



Table 1 Health Needs Identified by 2016 CHNA

Health Needs Identified by 2016 CHNA Listed by Priority Ranking		
1. Economic security	2. Obesity/diabetes	3. Housing
4. Behavioral health	5. Healthcare access & delivery	6. Oral & dental health
7. Heart disease and stroke	8. Hypertension	9. Tobacco use
10. Violence & abuse	11. Cancer	12. Birth outcomes
13. Dementia & Alzheimer's	14. Infectious diseases	15. Unintentional
16. ADD/ADHD, learning	17. Respiratory conditions	18. Sexual health

Step 3 — Engage Stakeholders to Select the Health Needs for El Camino Healthcare District

ASR distributed an electronic survey to the CBAC and asked them to recommend the health needs El Camino Hospital should address based on the previous prioritization results and the criteria displayed below. The results of the survey informed the selection of 12 of the 18 identified health needs to address.

Criteria for Recommending Health Needs for Selection

1. A needs assessment process has identified the issue as significant and important to a diverse group of community stakeholders.
2. The issue affects a relatively large number of individuals.
3. The issue has serious impact at the individual, family, or community level.
4. El Camino Hospital has the required knowledge, expertise, and/or human and financial resources to make an impact.

Step 4 — Establish Community Benefit Health Need Priority Areas.

The El Camino Hospital Community Benefit staff mapped the selected health needs identified by the CBAC to three health priority areas: Healthy Body, Healthy Mind, and Healthy Community. The health needs that El Camino Hospital will address are listed in Table 2 by priority area.





Cancer
Healthcare access &
delivery
Heart disease & stroke
Hypertension
Obesity & diabetes
Oral & dental health
Respiratory conditions

Behavioral health
Alzheimer's disease &
Dementia

Economic security
Unintentional
injuries/falls
Violence & abuse

Step 5 — Grants process. Development of Annual Plan and Implementation Strategy.

Based on the top health needs identified by the community that were prioritized and recommended for selection by the CBAC, El Camino Healthcare District released the 2016 – 2017 grant application. These proposals addressed needs in the three health priority areas. The CBAC met twice in April 2016 to assess and discuss all grant proposals. Staff provided additional information requested by the Council. The Council provided funding recommendations, which are described for each proposal in the Plan's health priority areas. The Plan also contains the health needs identified through the CHNA process that El Camino Healthcare District will address (below) and how it plans to meet the health needs.

The next sections of the Plan further explain the three health priority areas, and describe the strategies and programs that will be funded to impact these areas. Findings from the CHNA are provided to illustrate the status of health needs and related disparities in Santa Clara County. El Camino Hospital used comparisons to Healthy People 2020 objectives (HP2020) where available, and state data where they were not.



FY17 Plan Overview

Overview

Proposals Received: 54

Proposals Recommended for Funding: 53

Total Requested Funding: \$6,865,329

Total Recommended Funding: \$6,406,331

Recommended Plan Total (including Placeholder and Sponsorships): \$7,006,331

The following grant proposals are not recommended for funding per the consensus of the Community Benefit Advisory Council (CBAC):

1. Bay Area Association of Kidney Patients (page 12)

Acknowledgement

Acknowledgement

El Camino Healthcare District especially recognizes the critical contribution of the Community Benefit Advisory Council (CBAC) for its guidance with the FY17 Plan. The CBAC is comprised of Board members, physicians, and representatives from the community who have knowledge about local disparate health needs.





To improve health and prevent the onset of disease in the community through enhanced access to primary care, chronic disease management, and oral health.

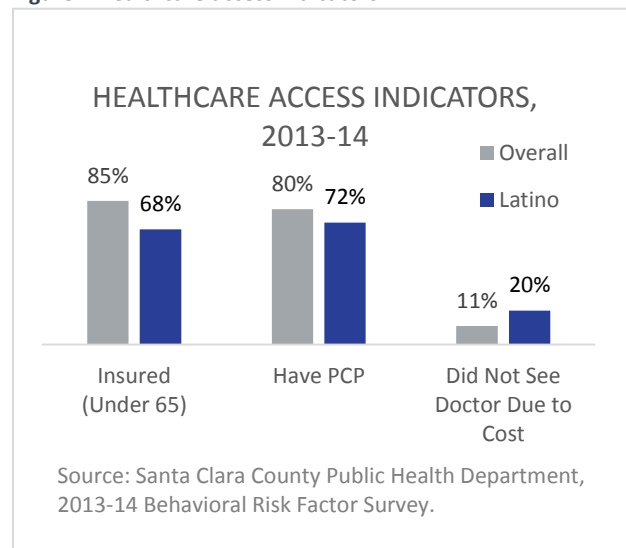
The maintenance of healthy bodies is affected by a variety of factors including the environment in which we live, social and economic factors, and personal choices and health behaviors. Poor health can be experienced as diseases and conditions such as stroke or diabetes, and their related drivers such as hypertension or lack of adequate nutrition. Access to comprehensive, quality healthcare services is important for the achievement of health equity, to improve health, and to enhance quality of life for all. Healthcare access requires gaining entry into the healthcare system, accessing a healthcare location where needed services are provided, and finding a medical provider with whom the patient can communicate and trust.

DATA FINDINGS

Services to address the needs in the Healthy Body priority area are demonstrated by the following statistics:

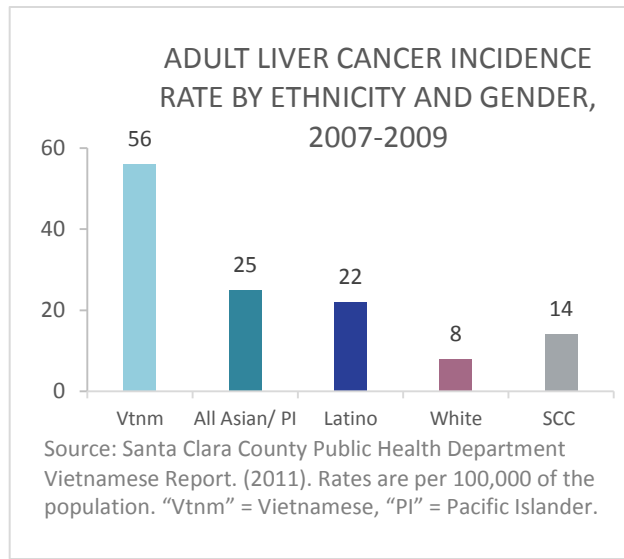
- Access to Healthcare & Healthcare Delivery** is a need in Santa Clara County as demonstrated by the proportion of Latinos who are insured, who see a primary care physician, and who go without healthcare due to cost. For example, only 68% of Latinos in Santa Clara County are insured compared to 85% of residents countywide. The need is a top priority for the community because of persistent barriers, such as lack of affordable healthcare, linguistic isolation, and a perceived lack of both medical providers and culturally competent care.

Figure 1 Healthcare access indicators



- **Cancer** was the leading cause of death in Santa Clara County in 2013, accounting for 2,372 deaths. Data show that colorectal and prostate cancer prevalence rates are higher than both the HP2020 target and the state average. Breast and cervical cancers disproportionately affect Whites; lung cancer disproportionately affects Blacks, and a high proportion of Vietnamese residents have liver cancer.

Figure 2 Adult liver cancer incidence rate



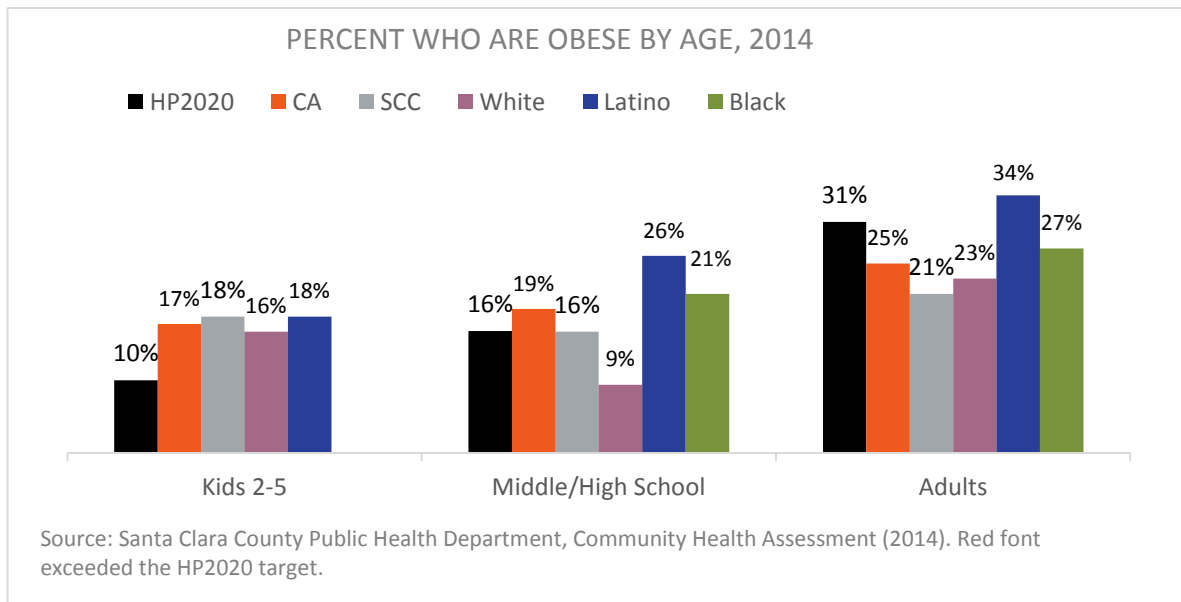
- **Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases** are responsible for 26% of all deaths in the county. In addition, ethnic disparities exist in mortality rates of heart disease and stroke. Poor nutrition is a driver of cardiovascular diseases. Youth consumption of fruits and vegetables is worse in Santa Clara County compared with California. Compared with California overall, Santa Clara County has more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores per capita.
- **Hypertension** (abnormally high blood pressure) can lead to heart disease and stroke, which are among the leading causes of death in the county. More than a quarter (27%) of county residents have been diagnosed with high blood pressure. Blacks, men, and older adults are most likely to be diagnosed.
- **Oral & Dental Health** is a need in Santa Clara County illustrated by nearly two thirds (64%) of adults lacking dental insurance. One in three adults have had tooth loss, and the statistics are worse for Black adults (49%). Additionally, youth dental care utilization rates in the county (15%) are worse than the state (19%). The community expressed concern about the proportion of adults who lack dental insurance, the lack of providers who accept Denti-Cal, and the costs of dental care for those who do not have coverage for it.
- **Respiratory Conditions** are a health need in Santa Clara County as marked by racial and ethnic, economic, and geographic disparities in asthma prevalence and hospitalization rates. For example, those with household incomes of \$50,000-\$74,999 (25%), multiracial adults (22%), and Blacks (19%)



all have a higher prevalence of asthma than the county overall (14%). The health need is likely impacted by the physical environment (such as air quality levels), and by health behaviors such as smoking.

- **Obesity & Diabetes** are health needs because of the proportions of Santa Clara County children and adolescents who are overweight and/or obese. Moreover, one in five adult residents are obese and the proportion is higher in the LGBTQ, Latino, and Black populations. Racial and ethnic disparities exist across all age groups in overweight and obesity rates. Rates of overweight and obesity for Latinos and Blacks fail HP2020 targets. (See Figure 3.)

Figure 3 Obesity prevalence



STRATEGIES TO IMPROVE HEALTHY BODIES

1. Health outreach to build awareness
2. School-based interventions including staffing of school nurses and health workers, school garden to cafeteria program, health education, and physical education coaches
3. Medical services, dental services and connection to resources for low-income and homeless residents
4. Mobile health van services and vision services for youth
5. Provide healthy food and healthy eating information to vulnerable populations
6. Home health care and hospice
7. Case management for adults with chronic conditions



HEALTHY BODY PROPOSALS

1. 5210
2. Bay Area Association of Kidney Patients
3. Bay Area Women’s Sports Initiative (BAWSI)
4. Breathe California
5. Community Services Agency - Senior Intensive Case Management
6. Cupertino Union School District – School Nurse Program
7. Day Worker Center
8. Fresh Approach
9. Health Mobile
10. Healthier Kids Foundation
11. Hope's Corner
12. Living Classroom
13. Lucile Packard Children’s Hospital – Teen Health Van
14. MayView Community Health Center
15. Medical Respite
16. Mountain View Whisman School District – School Nurse Program
17. New Directions
18. Pathways Home Health & Hospice
19. Playworks
20. Sunnyvale School District – School Nurse Program
21. Valley Health Center Sunnyvale
22. Vision to Learn

HEALTHY BODY RECOMMENDED FUNDING: \$3,473,680

Detailed descriptions of recommended partner programs in the Healthy Body priority area follow. The Community Benefit Advisory Council (CBAC) consensus guided the funding recommendations found in the Plan.



HEALTHY BODY



5210 HEALTH AWARENESS PROGRAM

<i>Program Name</i>	5210 Health Awareness Program		
<i>Grant Goal</i>	Improve children’s health knowledge and behaviors including physical activity and nutrition.		
<i>Community Need</i>	Due to obesity-related illnesses, this generation of children may be the first to have a shorter lifespan than their parents.		
<i>Agency Description</i>	The Palo Alto Medical Foundation provides healthcare services in the Bay Area. El Camino Hospital is a 443-bed hospital based in Mountain View, California.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Promote awareness of desirable health behaviors to improve the culture of health ▪ Provide health information specifically eating fruits and vegetables, reducing screen time, exercising and not consuming sugared beverages ▪ Organize contests with incentives to promote student involvement ▪ Engage teachers to become positive role models regarding health behaviors 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$30,000	ECH: \$20,000
	FY17 recommended funding:	ECHD: \$30,000	ECH: \$20,000
	FY16 approved funding: FY16 6-month metrics met: 0%	\$30,150	ECH: \$29,500
	FY15 approved funding: FY15 annual metrics met: 100%	\$30,000	ECH: \$15,000
<i>Goals/Metrics</i>		6 month Target	Annual Target
Students served		5,200	7,403
Students who report being active one or more hours per day after 5210 engagement		N/A	55%
Students who report the knowledge to limit sweetened beverage to 0 per day after 5210 engagement		N/A	75%
Students who report the knowledge that a balanced diet includes eating 5 fruits and vegetables per day after 5210 engagement		N/A	80%





BAY AREA ASSOCIATION OF KIDNEY PATIENTS

NEW

<i>Program Name</i>	Bay Area Association of Kidney Patients
<i>Grant Goal</i>	To fund a portion for the total cost of securing an Executive Director who will manage day-to-day operations throughout the nine Bay Area counties.
<i>Community Need</i>	The lifetime risk for all Americans to develop chronic kidney disease is 59%. Most kidney patients are adults; many of them are senior citizens.
<i>Agency Description</i>	The Bay Area Association of Kidney Patients (BAAKP) was founded in 2007 as an all-volunteer group of kidney patients, their supporters, and medical personnel. The agency's mission is to educate and support Bay Area kidney patients, and their supporters, during all stages of kidney disease.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide partial funding to hire a full-time Executive Director to serve nine California counties
<i>Funding</i>	FY17 requested funding: \$11,800 (Small Grant) FY17 recommended funding: \$0

<i>Goals/Metrics*</i>	6 month Target	Annual Target
Individuals served	N/A	1,172

*Small grants are only required to report volume metrics





BAY AREA WOMEN'S SPORTS INITIATIVE (BAWSI)

<i>Program Name</i>	BAWSI Girls		
<i>Grant Goal</i>	Increase physical activity and self-esteem in elementary school girls.		
<i>Community Need</i>	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.		
<i>Agency Description</i>	The Bay Area Women's Sports Initiative is a non-profit agency that provides programs and partnerships through which women athletes bring health and self-esteem to young girls.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Conduct weekly after school sessions where female collegiate and high school student athletes serve as positive female role models ▪ Provide part-time program staff to oversee volunteer student athletes ▪ Provide supplies, including equipment and participant materials such as t-shirts and pedometers 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$18,500 (Small Grant)	ECH: \$18,500
	FY17 recommended funding:	ECHD: \$16,000	ECH: \$16,000
	FY16 approved funding: FY16 6-month metrics met: 100%	ECHD: \$15,000	ECH: \$15,000
	FY15 approved funding: FY15 annual metrics met: 100%	ECHD: \$11,000	ECH: \$11,000
<i>Goals/Metrics*</i>		6 month Target	Annual Target
Individuals served		60	120

*Small grants are only required to report volume metrics



HEALTHY BODY



BREATHE CALIFORNIA

NEW

<i>Program Name</i>	Seniors Breathe Easy
<i>Grant Goal</i>	To provide health and wellness programs that address lung disease at senior centers.
<i>Community Need</i>	Lung disease is the number three killer in the US and dramatically decreases quality of life for seniors. The senior sector of the community has serious health literacy needs that are not being met, especially for seniors whose native language is not English. All seniors clearly need up-to-date information on lung disease: how to prevent it, recognize symptoms, get care, avoid scams, maximize relationships with one's physician, and comply with complex medication regimens.
<i>Agency Description</i>	Breathe California of the Bay Area (Breathe California) is a 105-year-old grassroots, community-based, voluntary 501(c)3 nonprofit that is committed to achieving clean air and healthy lungs.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide health education presentations, caregiver trainings, health screenings, smoking cessation assistance, and environmental health risk assessments
<i>Funding</i>	Small Grant FY17 requested funding: \$25,000 FY17 recommended funding: \$25,000

<i>Goals/Metrics*</i>	6 month Target	Annual Target
Older adults served	N/A	1,000

*Small grants are only required to report volume metrics





COMMUNITY SERVICE AGENCY MOUNTAIN VIEW LOS ALTOS

<i>Program Name</i>	Senior Intensive Case Management
<i>Grant Goal</i>	Reduce the rate of re-hospitalizations of seniors within 30-days of discharge and optimize functioning to avoid premature institutionalization by providing case management.
<i>Community Need</i>	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.
<i>Agency Description</i>	Community Services Agency provides vital social services for residents of Mountain View, Los Altos and Los Altos Hills.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staffing for a full-time social worker case manager and full-time RN case manager to provide intensive case management for low-income seniors with chronic conditions being released from hospital ▪ Provide 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
<i>Funding and Performance</i>	FY17 requested funding: \$151,551 FY17 recommended funding: \$151,551 <hr/> FY16 approved funding: \$133,500 (FY16 6-month metrics met: 25%) <hr/> FY15 approved funding: \$146,282 (FY15 annual metrics met: 83%)

<i>Goals/Metrics</i>	6 month Target	Annual Target
Clients served	85	90
Services provided	1,703	2,898
Hospital readmission rate at one year for reasons related to a chronic health condition	N/A	10%
Clients able to maintain independent living outside institutional setting	N/A	90%
Patients with hypertension who attained or maintained blood pressure <140/90 mm Hg	85%	90%
Patients who scored at a “high-risk” for falling who reduced their fall level to moderate-risk based on 21 point Fall Assessment tool	30%	40%



HEALTHY BODY



CUPERTINO UNION SCHOOL DISTRICT

<i>Program Name</i>	School Nurse Program		
<i>Grant Goal</i>	Promote optimal student health by decreasing barriers to health services.		
<i>Community Need</i>	In the last decade, the Cupertino Union School District has increased by over 3,000 students without subsequent increases in credentialed school nurses. Consequently, there is insufficient capacity to identify, monitor, and assist students with special health needs and connect children and families to vital health services.		
<i>Agency Description</i>	Cupertino Union School District includes elementary and middle schools in Cupertino, Los Altos, San Jose, Saratoga and Sunnyvale. Several schools within the district have high proportions of underserved students		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide part-time school nurse, LVN, and health clerk ▪ Case manage students with chronic disease and the medically fragile ▪ Connect families of students with failed health screenings to a health provider ▪ Increase GoNoodle utilization in identified schools 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$68,997	ECH: \$68,997
	FY17 recommended funding:	ECHD: \$68,997	ECH: \$68,997
	FY16 approved funding: FY16 6-month metrics met: 67%	ECHD: \$34,411	ECH: \$103,233
	FY15 approved funding: FY15 annual metrics met: 100%	ECHD: \$33,990	ECH: \$101,969

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served	578	1,458
Students who failed a mandated health screening who saw a healthcare provider	35%	75%
Students in Kindergarten who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	80%
Teachers accessing Go Noodle health education curricula and activities as a result of school nurse encouragement	30%	65%
Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	50%	75%





DAY WORKER CENTER

<i>Program Name</i>	Day worker Center of Mountain View	
<i>Grant Goal</i>	To help Latino day workers and their families reduce their risk of being overweight/obese, pre-diabetic, and at high risk for chronic diseases.	
<i>Community Need</i>	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.	
<i>Agency Description</i>	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.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide approximately 300 breakfast and lunch meals each week, six days a week 	
<i>Funding and Performance</i>	Small Grant FY17 requested funding: \$25,000 FY17 recommended funding: \$25,000 <hr/> FY16 approved funding: \$20,000	
<i>Goals/Metrics*</i>	6 month Target	Annual Target
Individuals served	500	500

*Small grants are only required to report volume metrics



HEALTHY BODY



FRESH APPROACH

NEW

<i>Program Name</i>	VeggieRx
<i>Grant Goal</i>	Increase access to nutritious and affordable food and nutrition education in underserved communities.
<i>Community Need</i>	Diet-related diseases are prevalent among 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 (significant distance from home to healthy food, and often lack of transportation), lack of income (inability to afford healthier choices), and lack of nutrition knowledge.
<i>Agency Description</i>	Pacific Coast Farmers' Market Association formed Fresh Approach to respond to a community need for access to nutritious food and health education.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide two series of VeggieRx classes at two community sites ▪ Distribute fruit and vegetable vouchers for participants and the members of their household
<i>Funding</i>	FY17 requested funding: \$97,017 FY17 recommended funding: \$35,000

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals participating in VeggieRx classes	70	70
Individuals receiving fruit and vegetable vouchers	140	280
Participants attending 6 or more classes who lose weight and/or improve their BMI	20%	40%
Participants attending 6 or more classes who report eating more fruits and vegetables at the end of the program than they did at the beginning of the program	44%	90%



HEALTHY BODY



HEALTH MOBILE

NEW

<i>Program Name</i>	Onsite Dental Care for Homeless and Low-income Families
<i>Grant Goal</i>	Provide free, comprehensive dental care services to low-income families and the homeless population.
<i>Community Need</i>	Low-income families and adults are in great need of dental care services. 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.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<p>Provide free services:</p> <ul style="list-style-type: none"> ▪ Dental exams and cleanings ▪ X-Rays, cleanings, and fillings ▪ Root Canals and extractions ▪ Full and partial dentures
<i>Funding</i>	<p>FY17 requested funding: \$148,832 FY17 recommended funding: \$148,832</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Low- and homeless individuals served	250	500
Dental procedures provided	510	1,152
Patients who report increased knowledge about their oral health	80%	80%
Patients who report no pain after their first visit	80%	80%



HEALTHY BODY



HEALTHIER KIDS FOUNDATION

NEW

<i>Program Name</i>	10 Steps to a Healthier You Program		
<i>Grant Goal</i>	Enhance parental skills for implementing healthy lifestyle behaviors among upstream audiences, or populations that have not yet developed BMIs >85%.		
<i>Community Need</i>	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 (CHDP) program have BMIs > 85%, with higher rates among Latino children (up to 32%) for that age group.		
<i>Agency Description</i>	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children’s Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide the 10 Steps three-class series 		
<i>Funding</i>	FY17 requested funding:	ECHD: \$100,000	ECH: \$100,000
	FY17 recommended funding:	ECHD: \$30,000	ECH: \$0
<i>Goals/Metrics</i>		6 month Target	Annual Target
Individuals served: Parents		180	360
Services: 10 Step Classes		26	51
Increase in parents who correctly identify that the daily recommended servings of fruits and vegetables is 5-9 (3 on a 3-point scale)		20%	20%
Increase in parents who are very or mostly confident that they can help their children set up bedtime routines (4 or 5 on a 5-point scale)		27%	27%
Increase in parents who follow an after-school routine that includes at least one hour of physical activity (4 on a 4-point scale)		25%	25%
Increase in parents who turn off the TV (if it is on) and put away screens (tablets, phones) at meal time (4 on a 4-point scale)		20%	20%





HOPE'S CORNER

<i>Program Name</i>	Hope's Corner
<i>Grant Goal</i>	Hope's Corner is dedicated to providing nourishing meals in a warm and welcoming atmosphere to people who otherwise would go hungry.
<i>Community Need</i>	With rising costs of rental apartments it may be difficult for those with low-wage jobs to afford both housing and food.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide individually packaged salads to improve the nutritional quality of meals by adding more fresh vegetables ▪ Distribute health education materials
<i>Funding and Performance</i>	<p>Small Grant FY17 requested funding: \$25,000 FY17 recommended funding: \$25,000</p> <hr/> <p>Small Grant FY16 approved funding: \$15,768</p>

<i>Goals/Metrics*</i>	6 month Target	Annual Target
Individuals served	325	325

*Small grants are only required to report volume metrics



HEALTHY BODY



LIVING CLASSROOM

<i>Program Name</i>	Garden Based Nutrition Program
<i>Grant Goal</i>	To inspire children to learn and value the natural world through the creation of student gardens and garden-based education.
<i>Community Need</i>	Over 38 percent of Santa Clara County’s Latino children ages 2 to 19 are considered overweight or obese. By the 5th grade, only 30 percent of Mountain View Whisman School District (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.
<i>Agency Description</i>	The agency is an award-winning outdoor education program, dedicated to children’s physical and emotional health and academic success, on school campuses in Santa Clara County.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Educate with nutrition-related lessons that seamlessly integrate required Common Core science, math, and social studies standards and interspersed with health and nutrition topics ▪ Provide a garden-to-cafeteria component in coordination with food services at the schools
<i>Funding and Performance</i>	<p>FY17 requested funding: \$98,959 FY17 recommended funding: \$78,000</p> <p>FY16 approved funding: \$74,000 (FY16 6-month metrics met: 50%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served through both nutrition/edible garden lessons and Farm-to-Lunch program	3,000	4,600
Students receiving nutrition/edible garden, outdoor/physically active lessons	1,800	3,600
Students eating vegetables and fruits grown in school gardens during lunch-time taste testing days	2,100	4,400
Students involved in edible garden club lunchtime and after-school programs	120	350
Living Classroom lessons given to classrooms across all grades	250	570
Lunchtime and afterschool students interviewed who report changes in eating habits to include more fresh produce and increased nutrition understanding	N/A	75%





LUCILE PACKARD CHILDREN’S HOSPITAL TEEN VAN

<i>Program Name</i>	Lucile Packard Children’s Hospital’s Mobile Adolescent Health Services Program
<i>Grant Goal</i>	Ensure that vulnerable youth have access to needed medical care before their health conditions become more serious.
<i>Community Need</i>	Vulnerable adolescents have particular medical, emotional, and social work needs that are not fully addressed by the medical services they have available.
<i>Agency Description</i>	Lucile Packard Children's Hospital is a world-class, non-profit hospital devoted entirely to the care of babies, children, adolescents and expectant mothers.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staff of a doctor, nurse practitioner, social worker, and dietician ▪ Provide comprehensive medical care ▪ Provide social services assessments ▪ Provide immunizations ▪ Provide substance abuse, mental health, and nutrition counseling
<i>Funding and Performance</i>	FY17 requested funding: \$90,944 FY17 recommended funding: \$85,000 <hr/> FY16 approved funding: \$82,000 (FY16 6-month metrics met: 75%) <hr/> FY15 approved funding: \$82,500 (FY15 annual metrics met: 100%)

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served	45	90
Services provided	182	365
Students who receive the three-part Hepatitis B series of vaccinations	N/A*	95%
Students screened for depression that receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications.	95%	95%
Students who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A**	60%
Students who decrease their use of alcohol or drugs by 1 level out of 5	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, we 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.





MAYVIEW COMMUNITY HEALTH CENTER

<i>Program Name</i>	Access to Primary Healthcare and Chronic Disease Management
<i>Grant Goal</i>	Ensure low-income individuals and families achieve the best health outcomes through timely access to medical services.
<i>Community Need</i>	Ninety-one percent of MayView patients have incomes below 200 percent of the federal poverty level. Sixty percent are insured through Medi-Cal.
<i>Agency Description</i>	MayView Community Health Center provides high quality primary healthcare to low-income people from all cultural and ethnic backgrounds, regardless of their ability to pay.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staffing of Physician, Nurse Practitioner, LCSW, Medical Assistant, RN, Volunteer Practice Coordinator, Patient Services Coordinator, Electronic Health Records Specialist ▪ Provide immunizations for adults and children ▪ Manage chronic diseases for children and adults, including diabetes and hypertension ▪ Provide comprehensive primary care
<i>Funding and Performance</i>	FY17 requested funding: \$700,000 FY17 recommended funding: \$700,000 <hr/> FY16 approved funding: \$437,320 (FY16 6-month metrics met: 75%) <hr/> FY15 approved funding: \$125,000 (FY15 annual metrics met: 100%)

<i>Goals/Metrics</i>	6 month Target	Annual Target
Patients served	1,850	3,700
Patient visits	2,000	4,000
Immunizations provided	1,900	3,000
Children by Age 3 with completed CDC recommended immunizations	50%	50%
Compliance with TB testing protocol	90%	90%
Diabetic patients with LDL <130 mg/dL	70%	70%
Diabetic patients with HbA1c Levels <9	70%	70%
Hypertension patients: high blood pressure control <140/90	75%	75%
Patients Age 51-75 with completed annual colorectal screening	55%	55%





MEDICAL RESPITE

FISCAL AGENT: HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA

<i>Program Name</i>	Medical Respite Program		
<i>Grant Goal</i>	Manage the medical needs of homeless patients upon discharge from the hospital and help link them to a medical home, benefits, and transitional or permanent housing.		
<i>Community Need</i>	According to the 2011 Santa Clara County Homeless Census and Survey, an estimated 7,045 homeless people reside in the county, and 20 percent of them have a physical disability and 14 percent have a chronic health problem. Once released from the hospital, homeless individuals have no place to recover and no place to obtain essential services they need post-discharge, thereby relying on hospitals to “house” them until they are able to care for themselves.		
<i>Agency Description</i>	The Hospital Council of Northern and Central California’s mission is to help its members provide high quality healthcare and to improve the health status of the communities they serve. They bring hospitals together to achieve excellent patient care and community health far beyond the capacity of individual hospitals.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide supervised medical care ▪ Provide assessment by case managers who link patients to Medi-Cal, food stamps, and Supplemental Security Income (SSI income), mental health and substance abuse treatment, permanent housing, assistance with job searches, and training provided for those who are able to work ▪ Provide a room and three meals a day while in medical respite 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$80,000	ECH: \$13,500
	FY17 recommended funding:	ECHD: \$80,000	ECH: \$13,500
	FY16 approved funding:	ECHD: \$55,000	ECH: \$13,500
	FY16 6-month metrics met: 100%		
<i>Funding and Performance</i>	FY15 approved funding:	ECHD: \$55,000	ECH: \$13,500
	FY15 annual metrics met: 100%		

<i>Goals/Metrics</i>	6 month Target	Annual Target
Patients served	7	14
Patients linked to Primary Care home*	92%	92%
Patients served with overflow beds program	18	36
Patients who complete the program that are discharged to interim or permanent housing rather than back to the streets*	72%	72%
Hospital days avoided for total program*	275	550

*Based on full Medical Respite program





MOUNTAIN VIEW WHISMAN SCHOOL DISTRICT

<i>Program Name</i>	School Nurse Program
<i>Grant Goal</i>	Promote optimal student health and improve attendance by decreasing health-related barriers.
<i>Community Need</i>	The Mountain View Whisman School District continues to experience an increased percentage of absenteeism related to uncontrolled chronic illness and treated acute illness, thereby impacting students' educational outcomes.
<i>Agency Description</i>	The Mountain View Whisman School District is comprised of seven elementary schools and two middle schools serving the community of Mountain View.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide funding for two full-time nurses and a part-time health assistant ▪ Ensure that students with failed health screenings see a health provider ▪ Conduct outreach to families about healthcare coverage options and link them to enrollment services ▪ Case manage chronically ill and medically fragile children ▪ Minimize anxiety experienced by students in the Special Education Program
<i>Funding and Performance</i>	<p>FY17 recommended funding: \$220,321 FY17 requested Funding: \$220,321</p> <hr/> <p>FY16 funding: \$227,238 (FY16 6-month metrics met: 100%)</p> <hr/> <p>FY15 funding: \$214,000 (FY15 annual metrics met: 83%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served	1,700	3,400
Services provided	3,650	7,300
Students with failed screenings who saw a provider	30%	85%
Students needing a Child Health and Disability Program exam who saw a provider	30%	75%
Students needing an oral health exam who saw a provider	30%	75%
Students who report decreased anxiety levels	80%	80%



HEALTHY BODY



NEW DIRECTIONS

<i>Program Name</i>	New Directions
<i>Grant Goal</i>	Stabilize the health status and improve the quality of life of vulnerable adults by providing intensive and personalized case management services.
<i>Community Need</i>	Without intensive case management intervention vulnerable patients with chronic disease, substance abuse and mental health issues will not access primary and specialty care, thereby becoming frequent users of emergency and acute care services.
<i>Agency Description</i>	The mission of Peninsula Healthcare Connection (fiscal agent) is to promote integrated primary, preventive and mental health care and advocacy for local community members who are homeless or at risk of becoming homeless.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staffing for one full-time social worker case manager to provide intensive case management services ▪ Provide access to primary and specialty care, permanent/appropriate housing for vulnerable adults living on the streets or in shelters ▪ Provide access to mental health and substance abuse treatment, financial assistance, and transportation ▪
<i>Funding and Performance</i>	<p>FY17 requested funding: \$140,000 FY17 recommended funding: \$140,000</p> <hr/> <p>FY16 approved funding: \$140,000 (FY16 6-month metrics met: 100%)</p> <hr/> <p>FY15 approved funding: \$140,000 (FY15 annual metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals served	18	25
Services provided	300	660
Enrolled patients will have a reduction in Emergency Room visits as compared to the year prior to enrollment	N/A	65%
Enrolled patients will have a reduction in inpatient admissions as compared to the year prior to enrollment	N/A	65%





PATHWAYS HOME CARE & HOSPICE

<i>Program Name</i>	Pathways Un/Underinsured Home Care Program
<i>Grant Goal</i>	Assist low-income patients in receiving prescribed home health services by providing affordable and high-quality home health services.
<i>Community Need</i>	Low-income individuals who are uninsured or underinsured are generally unable to pay for the home health services prescribed by their physician. They may choose to end the care before it is medically appropriate, jeopardizing their health and putting further demand on emergency healthcare services.
<i>Agency Description</i>	Pathways Home Health and Hospice provides a comprehensive array of health and supportive services: from home health to hospice care, from private duty non-medical attendant to personal care, from elder care to care for children with life-threatening illnesses, from grief support to community education.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ 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 person care
<i>Funding and Performance</i>	<p>FY17 requested funding: \$75,000 FY17 recommended funding: \$70,000</p> <hr/> <p>FY16 approved funding: \$45,000 (FY16 6-month metrics met: 100%)</p> <hr/> <p>FY15 approved funding: \$45,000 (FY15 annual metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Patients served	20	40
Services provided	256	512
Patients who improve their ability to take oral medication correctly	52%	54%
Patients not admitted to a hospital while receiving home health care services	78%	78%



HEALTHY BODY



PLAYWORKS

<i>Program Name</i>	Playworks		
<i>Grant Goal</i>	Improve physical activity through meaningful play while regaining classroom instruction time and reducing bullying.		
<i>Community Need</i>	<p>Recess and play, a critical part of childhood development, is at risk — particularly at low-income schools. The 2012 American Academy policy statement noted recess times are shorter among low-income and urban children. El Camino Hospital’s 2013 Community Health Needs Assessment shows only 37 percent of students attend daily physical education classes and 25 percent of middle and high school students are overweight or obese. According to the Health and Social Inequity in Santa Clara County 2011 Report, poor health is associated with poor academic achievement.</p>		
<i>Agency Description</i>	<p>Playworks is a national nonprofit organization that transforms schools by providing play and physical activity at recess and throughout the school day. Coaches also provide lessons on physical health, fitness, conflict resolution, principles of violence prevention, and safety.</p>		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staffing for multiple full time Program Coordinators (Coaches) ▪ Engage students during recess and before or after school sessions through inclusive play ▪ Coordinate interscholastic/developmental sports leagues to teach students the skills of games such as basketball, volleyball and soccer ▪ Recruit Junior Coaches to become recess leaders 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$317,000	ECH: \$122,000
	FY17 recommended funding:	ECHD: \$270,000	ECH: \$110,000)
	FY16 approved funding: FY16 6-month metrics met: 100%	ECHD: \$261,000	ECH: \$105,000
	FY15 approved funding: FY15 annual metrics met: 100%	ECHD: \$240,000	ECH: \$90,000
<i>Goals/Metrics</i>		6 month Target	Annual Target
Students served		3,336	3,336
Teachers/administrators who report increased physical activity at their schools		N/A	90%
Teachers/administrators who report a decrease in bullying		N/A	90%
Teachers/administrators who report an increased number of students engaged in healthy play		N/A	95%
Teachers/administrators who report an improvement in overall school climate		N/A	95%



HEALTHY BODY



SUNNYVALE SCHOOL DISTRICT

<i>Program Name</i>	School Nurse Program
<i>Grant Goal</i>	Promote optimal student health by decreasing health-related barriers.
<i>Community Need</i>	The academic success of students is strongly linked with their health. Students without insurance and a medical home are less likely to obtain the treatment they need to remain healthy and succeed in school.
<i>Agency Description</i>	The Sunnyvale School District is composed of eight elementary schools and two middle schools serving the community of Sunnyvale.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staffing for two school nurses and health assistants ▪ Assess identified health situations and needs through calls and home visits and link families to appropriate resources ▪ Connect parents of students who failed hearing or vision screenings with a health care provider ▪ Connect students who were identified as needing urgent dental care through on-site screenings with a dentist ▪
<i>Funding and Performance</i>	<p>FY17 requested funding: \$293,778 FY17 recommended funding: \$275,000</p> <hr/> <p>FY16 approved funding: \$265,000 (FY16 6-month metrics met: 100%)</p> <hr/> <p>FY15 approved funding: \$267,500 (FY15 annual metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served	2,235	4,470
Students with failed vision or hearing screenings who saw their health care provider	45%	80%
Students chronically absent due to illness (> 10% of school days) who improved attendance	70%	70%
Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	80%





VALLEY HEALTH CARE SUNNYVALE

<i>Program Name</i>	Express Care and Dental Services
<i>Grant Goal</i>	Improve access to care for underserved patients.
<i>Community Need</i>	As opposed to emergency departments, community-based Express Care Clinics offer a more appropriate environment and level of care for patients with episodic needs, such as fevers, flu/cold symptoms, minor physical injuries, rashes, eye infections, and the like. Increasing access to urgent care in community settings, particularly in evening hours, is a recognized strategy for reducing non-urgent use of emergency departments. Inadequate dental care is a major concern for low-income populations. CDC's 2008 oral health report found 49 percent of the lowest-income California residents had never visited a dentist, compared to 19 percent of upper-income residents. Worse, 50 percent of the lowest-income residents experienced multiple tooth loss, 20 percent experiencing complete tooth loss, due to decay and disease.
<i>Agency Description</i>	Valley Health Center (CHC) provides high quality, cost-effective medical care to all residents of Santa Clara County, regardless of their ability to pay.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Support Primary Care Express Care services by providing staff of two physicians at VHC Sunnyvale Express Care Clinic, Monday-Thursday, 5-9pm, who see patients for urgent, episodic health conditions ▪ Screen patients with ongoing medical needs and refer them for follow-up care by a Registered Nurse Care Coordinator to assess care plan ▪ Provide daily dental clinics and one evening dental clinic per week ▪ Provide initial dental evaluations and screenings, x-rays, procedures, patient education on oral hygiene care, and patient treatment plans
<i>Funding and Performance</i>	FY17 requested funding: \$968,000 FY17 recommended funding: \$968,000 <hr/> FY16 approved funding: \$1,039,000 (FY16 6-month metrics met: 44%) <hr/> FY15 approved funding: \$1,400,000 (FY15 annual metrics met: 94%)

<i>Goals/Metrics</i>	6 month Target	Annual Target
Express Care Clinic patients	700	1,400
Express Care Clinic encounters	900	2,400
Dental Clinic patients	600	1,000
Dental Clinic encounters	1,600	2,800
Patients receiving care coordination and/or patient navigation	20%	25%
Dental patients who return for maintenance exam within 9 months	65%	70%
Decrease in VMC ED/UC visits for Sunnyvale Clinic patients	7%	10%
Increase in patient satisfaction scores related to getting timely access to care as measured by the Clinician and Group Survey tool over 2015 baseline	8%	10%



HEALTHY BODY



VISION TO LEARN

NEW

<i>Program Name</i>	Free Eye Exams and Glasses for Students in Low-income Schools		
<i>Grant Goal</i>	To provide eye exams and glasses for students with vision problems at low-income schools.		
<i>Community Need</i>	Low-income minority youth appear to suffer from a disproportionately high prevalence of educationally relevant vision problems and are at high risk for inadequate treatment of vision problems. Students with uncorrected vision problems often avoid reading, suffer headaches, and have trouble focusing on class discussions. These symptoms make affected children less likely to reach the important educational milestone of reading proficiency by the end of third grade, which makes them more likely to fall behind and drop out of school.		
<i>Agency Description</i>	Founded in 2012 in Los Angeles, Vision To Learn seeks to solve a problem affecting as many as 250,000 children in California, including 15,000 in Santa Clara County, who lack the glasses they need to see the board, read a book, study math or participate in class. Kids in low-income communities and minorities are disproportionately affected. Vision To Learn solves addresses the issue by bringing the clinic to the kids at schools and community organizations and providing eye exams and glasses free of charge.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide free eye exams to students ▪ Provide free eyeglasses to every examined student who needs them ▪ Provide free replacement glasses to any student whose glasses are broken, lost, or stolen within 1 year 		
<i>Funding</i>	FY17 requested funding:	ECHD: \$31,979	ECH: \$34,226
	FY17 recommended funding:	ECHD: \$31,979	ECH: \$34,226
<i>Goals/Metrics</i>		6 month Target	Annual Target
Provide free eye exams to elementary schools students		225	411
Provide free eyeglasses to elementary students		180	329





To improve the mental health and wellbeing of the community by providing services and increasing access to services that address serious mental illness, depression, and anxiety related to issues such as dementia, domestic violence, substance use, and bullying.

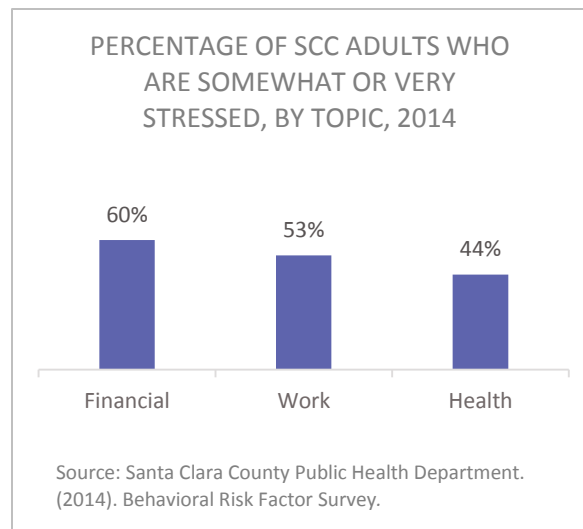
Healthy minds are essential to a person’s wellbeing, family functioning, and interpersonal relationships. Good brain function and mental health directly impact the ability to live a full and productive life. People of all ages with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide. Those affected by dementia experience a decline in mental ability, which affects memory, problem-solving, and perception. The resulting confusion often also leads to depression, aggression, and other mental health issues.¹ Caregivers of those with dementia also experience depression.² Mental health disorders can also impact physical health and are associated with the prevalence, progression, and onset of chronic diseases, including diabetes, heart disease, and cancer.

DATA FINDINGS

Services to address the needs in the Healthy Mind priority area are demonstrated by the following statistics:

- **Behavioral Health** was prioritized as a top need of the community. This need includes mental health, wellbeing (such as depression and anxiety), and substance use/abuse. Close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days. Six in ten county residents report being somewhat or very stressed about financial concerns. Notably, nearly one quarter (23%) of LGBTQ respondents have seriously considered attempting suicide or physically harming themselves within the past 12 months. Through focus groups and key informant interviews, the community discussed the stigma that persists for those who experience mental

Figure 4 Adult stress



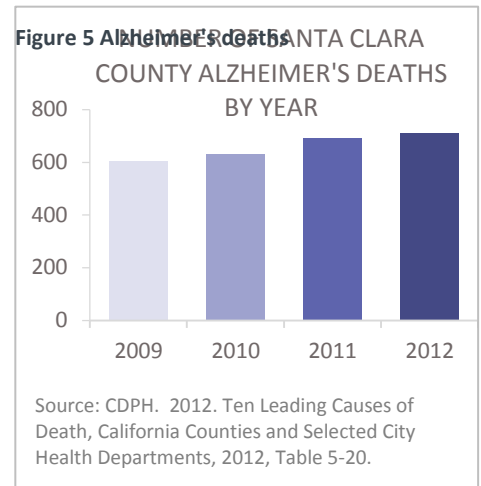
¹ Alzheimer’s Association. <https://www.alz.org/care/alzheimers-dementia-depression.asp>.

² Alzheimer’s Association. <https://www.alz.org/care/alzheimers-dementia-caregiver-depression.asp>



illness. They also expressed concern about behavioral health for older adults, LGBTQ residents, and those of particular ethnicities/cultures. Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do. Providers of behavioral health services cited poor access to such services when funding does not address the co-occurring conditions of addiction and mental illness. The community expressed concern about the documented high rates of youth marijuana use and rising youth methamphetamine use. While binge drinking among adults and youth is relatively low, it is a contributor to liver disease/cirrhosis, which is the ninth leading cause of death in the county.

- **Alzheimer’s Disease and Dementia:** Alzheimer’s disease was the third leading cause of death in 2012, accounting for 8% of all deaths.³ In California, it was the fifth leading cause. The age-adjusted death rate of Alzheimer’s disease in Santa Clara County in 2011 was 35.9 per 100,000, which was higher than the state overall in 2010 (30.1 per 100,000).⁴ In the next 10 years, nearly one in five local residents will be 65 years or older, which puts the population at higher risk for dementia and Alzheimer’s disease.⁵ Also, the county population is slightly older than the state overall. Local professionals who serve seniors expressed concern over the lack of dementia and Alzheimer’s diagnoses. There are a lack of countywide data on the prevalence of dementia and Alzheimer’s disease, which is a concern given the increasing proportion of older adults.



STRATEGIES TO IMPROVE HEALTHY MINDS

1. Outreach and advocacy services to improve access to mental health care
2. Targeted outreach to Asian and Latino communities about Alzheimer’s disease and dementia, and skill-building workshops for affected families
3. Helpline services for families impacted by Alzheimer’s disease/dementia (round-the-clock, multilingual telephone and online assistance, information, education, counseling, and follow up)
4. Support services for cancer survivors and caregivers (nutrition, exercise, mindfulness meditation, and mental health counseling)
5. School-based interventions including social/emotional learning including positive coping skills, and individual and group mental health counseling for students and their families
6. Services for those with severe mental illness, including psychiatric evaluation, and ongoing

³ CDPH, *Leading Causes of Death; California Counties and Selected City Health Department*, 2012. Note that 2013 death data show an anomaly for Alzheimer’s deaths, with 3% of deaths due to Alzheimer’s disease, which may reflect a change in how deaths were reported.

⁴ Centers for Disease Control and Prevention (CDC), *Community Health Status Indicators (CHSI)/National Center for Health Statistics, County Profile*, 2011; CDC, *National Center for Health Statistics (NCHS) Data Brief*, 2010; CDC, *Health Data Interactive for National Data*, 2011.

⁵ Silicon Valley Institute for Regional Studies, *Population Growth in Silicon Valley*, 2015.



7. Psychiatric care for adults, low-cost psychiatric medications, and support services (including peer groups) and follow-up
8. Services for those at high risk for substance use /addiction and co-occurring mental health disorders, child abuse and neglect, and family violence
9. Eating disorder treatment services
10. Domestic violence services and transitional housing for victims

HEALTHY MIND PROPOSALS

1. Acknowledge Alliance
2. Alzheimer's Association - Asian Dementia Initiative
3. Alzheimer's Association - Latino Family Connections
4. Cancer CAREpoint
5. Community Health Awareness Council (CHAC)
6. Eating Disorders Resource Center (EDRC)
7. Family and Children's Services
8. GoNoodle
9. International Assoc. for Human Values
10. Law Foundation of Silicon Valley
11. Los Altos School District
12. Maitri
13. Momentum for Mental Health
14. Mountain View Los Altos Union High School District
15. National Alliance for Mental Illness (NAMI) Santa Clara County
16. Next Door Solutions
17. Prevention Partnership, Int.
18. Seniors Council

HEALTHY MIND RECOMMENDED FUNDING: \$1,239,192

Detailed descriptions of recommended partner programs in the Healthy Body priority area follow. The Community Benefit Advisory Council (CBAC) consensus guided the funding recommendations found in the Plan.



HEALTHY MIND



ACKNOWLEDGE ALLIANCE

NEW

<i>Program Name</i>	Resilience Program and Social Emotional Learning Lessons
<i>Grant Goal</i>	Promote lifelong resilience in youth by strengthening the caring capacity of the adults who influence their lives.
<i>Community Need</i>	Students, especially those from marginalized communities, are facing adversities that hinder success, both in and out of school. 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.
<i>Agency Description</i>	The work of Acknowledge Alliance is based on the Theory of Resilience and was implemented to support vulnerable youth through cultivating the wellness and social emotional learning of educators and other caring adults in their lives.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide social emotional learning lessons to students in identified Sunnyvale and Mountain View Whisman School District schools ▪ Provide one on one student counseling ▪ Provide educator training and professional development
<i>Funding</i>	FY17 requested funding: \$35,000 FY17 recommended Funding: \$35,000

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students who receive direct social emotional learning lessons and/or classroom resilience support	1,893	1,893
Teachers who receive resilience support services through: one on one training, classroom observations, professional development, and/or teacher support groups	101	101
Teachers who report an increased awareness of student social and emotional issues	N/A	90%
Teachers who report increased empathy and understanding in the lives of their students	N/A	85%





ALZHEIMER’S ASSOCIATION - ASIAN DEMENTIA INITIATIVE

<i>Program Name</i>	Asian Dementia Initiative
<i>Grant Goal</i>	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.
<i>Community Need</i>	It is estimated that 35% of the population of Santa Clara County is of Asian descent and over 6,000 have ADRD. The number of those with ADRD in Santa Clara County is expected to increase by 44% between 2015 and 2030. Studies suggest that Asian Americans may not report symptoms of dementia to medical professionals unless family caregivers require assistance with behavior issues.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide two part-time Chinese and Korean outreach specialists ▪ Improve awareness and understanding of Alzheimer’s disease within Asian communities by providing linguistically and culturally appropriate outreach ▪ Link families and caregivers to services available through the Alzheimer's Association and other related resources
<i>Funding and Performance</i>	FY17 requested funding: \$80,000 FY17 recommended funding: \$70,000 <hr/> FY16 approved funding: \$60,000 (FY16 6-month metrics met: 80%) <hr/> FY15 approved funding: \$60,000 (FY15 annual metrics met: 100%)

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals Served	412	825
Services Provided	825	1,500
Forum and educational presentation participants who agree that the forums/sessions met their expectations	90%	90%
SAVVY CAREGIVER who “Agree” or “Strongly Agree” that they know more about how to manage the symptoms of dementia	90%	90%





ALZHEIMER’S ASSOCIATION - LATINO FAMILY CONNECTIONS

<i>Program Name</i>	Latino Family Connections
<i>Grant Goal</i>	This program will provide culturally and linguistically relevant services to Latino residents dealing with Alzheimer’s Disease and Related Dementias (ADRD).
<i>Community Need</i>	In Santa Clara County, data analysis shows that by 2030, there will be 8,500 persons with Alzheimer’s. Data suggests that the Latino population may be at greater risk of developing ADRD than any other ethnic or cultural group due to evidence that indicates that vascular disease risk factors—including diabetes—may also be risk factors for ADRD incidence. Data suggests that Latino/Hispanics with dementia are low users of formal health care services.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staff of two part-time Family Care and Latino outreach specialists ▪ Provide outreach and educational programs to improve awareness and understanding of Alzheimer’s disease within Latino communities ▪ Conduct culturally appropriate education and skill-building workshops to caregivers ▪ Provide Helpline services to Latino families by offering round-the-clock, multilingual telephone and online assistance, information, education, counseling, and follow up ▪ Provide linguistically and culturally appropriate media outreach and promotional materials
<i>Funding and Performance</i>	<p>FY17 requested funding: \$70,000 FY17 recommended funding: \$70,000</p> <hr/> <p>FY16 approved funding: \$60,000 (FY16 6-month metrics met: 100%)</p> <hr/> <p>FY15 approved funding: \$50,000 (FY15 annual metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals served	276	577
Services provided	550	1,150
Participants who agree that the program met their expectations	90%	90%
Participants of Cuidando con Respeto who agree that they know more about how to manage the symptoms of dementia	90%	90%
Care Consultation participants who agree that they know ways to better cope with their situations	85%	85%





CANCER CAREPOINT

<i>Program Name</i>	Cancer Survivorship Program		
<i>Grant Goal</i>	This program will improve health-related quality of life for cancer survivors post cancer treatment.		
<i>Community Need</i>	In Santa Clara County, approximately 7,270 cancer patients are diagnosed each year and 66,000 are living with cancer. According to the Centers for Disease Control, cancer survivors often face physical, emotional, social, and financial challenges as a result of their diagnosis and treatment.		
<i>Agency Description</i>	Cancer CAREpoint is the only local organization in the South Bay that provides free, non-medical support services to cancer patients and their families regardless of their cancer type, where they receive medical care, or their insurance status. This support includes counseling, classes in nutrition and movement, educational workshops, support groups for patients and caregivers, a wig bank, survivorship workshops, and access to a variety of integrative healing modalities such as yoga and massage.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide workshops, classes, and counseling sessions on nutrition, exercise, mindfulness meditation, and mental health for survivors and caregivers 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$20,000 (Small Grant)	ECH: \$20,000
	FY17 recommended funding:	ECHD: \$20,000	ECH: \$20,000
	FY16 approved funding:	ECHD: \$20,000 (Small Grant)	N/A

<i>Goals/Metrics*</i>	6 month Target	Annual Target
Individuals served (may be duplicated)	N/A	388

*Small grants are only required to report volume metrics





COMMUNITY HEALTH AWARENESS COUNCIL (CHAC)

<i>Program Name</i>	Prevention Plus and Just for Kids
<i>Grant Goal</i>	The goal of this program is early identification and intervention for mental health issues in order to reduce violence and substance abuse, reduce emotional symptoms, improve behavior, raise achievement, increase attendance and provide assessment, case management and treatment for students in all grade levels.
<i>Community Need</i>	According to the California Healthy Kids Survey (CHKS), 39 percent of 7th graders in local schools reported being bullied in 2013-14 and 19 percent of 7th graders were afraid of being beaten up. Counseling that directly addresses these behaviors can reduce their present and future costs to society. Depression and suicide are also serious issues in children and youth.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staffing for clinical supervisor to oversee the work of master's and doctoral level graduate interns ▪ Provide individual school based counseling ▪ Provide crisis intervention ▪ Conduct Just for Kids groups, a social skills and emotional intelligence training for 3rd graders
<i>Funding and Performance</i>	<p>FY17 requested funding: \$181,000 FY17 recommended funding: \$181,000</p> <p>FY16 approved funding: \$192,700 (FY 16 6-month metrics met: 100%)</p> <p>FY15 approved funding: \$192,700 (FY15 annual metrics met: 80%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served through counseling	250	700
Students served: Just for Kids	140	400
Hours of individual/family sessions	1,900	5,200
Hours of Just for Kids group sessions	280	808
Students served through individual counseling who show a 20% or more improvement on the Issue-focused Assessment Scale	80%	80%
Percent of Just for Kids students served who show a 15% or more improvement on the Devereaux Students Strengths Assessment-Mini	70%	70%





EATING DISORDERS RESOURCE CENTER (EDRC)

<i>Program Name</i>	Support Toward Recovery & Getting Connected	
<i>Grant Goal</i>	To 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.	
<i>Community Need</i>	According to the National Association of Anorexia Nervosa & Associated Disorders, 20% of people with serious eating disorders die without treatment. With treatment, the mortality rate falls to 3%. As a result, only 1 in 10 people receive treatment for their eating disorder. Early detection, intervention and treatment are essential for successful treatment and full recovery.	
<i>Agency Description</i>	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.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide program staff to coordinate and conduct ongoing support groups for eating disorder sufferers and their families ▪ Raise awareness of support groups through education of healthcare professionals, school staff, and the community 	
<i>Funding and Performance</i>	Small Grant FY17 requested funding: \$20,000 FY17 recommended funding: \$20,000	
	Small Grant FY16 approved funding: \$17,600	
	FY15 approved funding (ECHD): \$15,000	
<i>Goals/Metrics*</i>	6 month Target	Annual Target
Individuals served	100	350

*Small grants are only required to report volume metrics





FAMILY & CHILDREN'S SERVICES

<i>Program Name</i>	Domestic Violence Survivor Services/Servicios Para Sobrevivientes
<i>Grant Goal</i>	Enable more victims of domestic violence to receive help earlier and provide professional services to support victims
<i>Community Need</i>	The Centers for Disease Control and Prevention estimates that 31.5 percent 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. Researchers at the University of Pennsylvania found that while nearly 80 percent of female victims of intimate partner violence visit emergency departments for medical concerns, as many as 72 percent are not identified as victims of abuse.
<i>Agency Description</i>	Family & Children Services of Silicon Valley strengthens families and increases health and wellbeing through counseling, prevention, and support services.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staffing for a half-time clinical case manager and part-time mental health and outreach specialists ▪ Provide trauma-informed individual and family counseling services ▪ Provide advocacy assistance, phone-based support, community outreach and education, and weekly support groups
<i>Funding and Performance</i>	<p>FY17 requested funding: \$50,000 FY17 recommended funding: \$50,000</p> <hr/> <p>FY16 approved funding: \$50,000 FY16 6-month metrics met: 60%</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals served	90	200
Service units provided (counseling, support groups, advocacy, and education)	291	694
Counseling/advocacy beneficiaries who will report achieving the goal(s) for which they sought assistance	75%	80%
Clinical counseling clients attending more than 1 session who will report improvement in their mental health	75%	80%



HEALTHY MIND



GoNOODLE

<i>Program Name</i>	GoNoodle - Brain Breaks for Youth		
<i>Grant Goal</i>	Increase students' physical activity and learning engagement by providing classroom Brain Breaks.		
<i>Community Need</i>	Healthy children make better students, and better students make healthier communities. Unfortunately, teachers often lack resources necessary to promote wellness in the classroom, and schools are finding it increasingly difficult to ensure sufficient opportunities for physical activity during school.		
<i>Agency Description</i>	GoNoodle provides teachers with educational games, apps, and resources that address student health literacy, and promote physical activity and other important health skills in the classroom.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> GoNoodle is a suite of web-based games and videos designed to bring physical activity breaks into K-5 elementary classrooms The games were built on research that shows short bursts of physical activity positively impacts academic achievement, cognitive skills and behavior as well as overall health. Short games serve as brain-break transitions between subjects; teachers can easily integrate physical activity into the instructional day. 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$35,000	ECH: \$110,000
	FY17 recommended funding	ECHD: \$35,000	ECH: \$110,000
	FY16 approved funding: FY16 6-month metrics met: 100%	ECHD: \$21,000	ECH: \$74,000
	FY15 approved funding: FY15 annual metrics met: 100%	ECHD: \$27,000	ECH: \$63,000

<i>Goals/Metrics</i>	6 month Target	Annual Target
Schools served	25	25
GoNoodle physical activity breaks played	15,000	30,000
Active GoNoodle users as a percentage of school staff	50%	70%
Student physical activity minutes achieved	800,000	1,600,000
Teachers who believe GoNoodle benefits their students' focus and attention in the classroom	N/A	80%
Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	N/A	80%





INTERNATIONAL ASSOCIATION FOR HUMAN VALUES (IAHV)

NEW

<i>Program Name</i>	Youth Empowerment Seminar (YES!)
<i>Grant Goal</i>	This program will teach positive coping skills and stress reducing techniques to decrease violent and high-risk behaviors.
<i>Community Need</i>	Fremont High School, like many high schools, has a blend of students who face the stress of being from low-income families, as well as students who are high achievers and face stress factors related to that. To cope with stress, students often engage in risky behaviors like substance abuse, withdrawn or aggressive behavior, overeating and/or self-starvation, and using weapons to perpetrate violence.
<i>Agency Description</i>	The International Association for Human Values (IAHV) conducts service projects and raises funds for humanitarian and disaster relief initiatives throughout the world. IAHV holds special consultative status with the United Nations Economic and Social Council. IAHV offers programs to reduce stress and develop leaders so that human values can flourish in people and communities.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide workshops that teach skills on stress management, emotion regulation, conflict resolution, and attentional focus on impulsive behavior to all freshmen at Fremont High School
<i>Funding</i>	<p>Small Grant</p> <p>FY17 requested funding: \$15,000</p> <p>FY17 recommended funding: \$11,000</p>

<i>Goals/Metrics*</i>	6 month Target	Annual Target
Individuals served	N/A	450

*Small grants are only required to report volume metrics





LAW FOUNDATION OF SILICON VALLEY

<i>Program Name</i>	Removing Legal Barriers to Mental Health Access
<i>Grant Goal</i>	To increase stability and improve mental health by increasing access to mental health services.
<i>Community Need</i>	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.
<i>Agency Description</i>	The Law Foundation serves to advance the rights of under-represented individuals and families in our diverse community through legal services, strategic advocacy, and educational outreach.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Expand 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
<i>Funding and Performance</i>	<p>FY17 requested funding (ECHD): \$61,919 FY17 recommended funding: \$61,919</p> <p>FY16 approved funding: \$50,000 (FY16 6-month metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals served	93	186
Services provided	93	186
Providers receiving training 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 mental health parity issues who successfully obtain or increase their mental health benefits and/or increase their understanding of mental health parity rights	75%	75%



HEALTHY MIND



LOS ALTOS SCHOOL DISTRICT

NEW

<i>Program Name</i>	School Mental Health Team
<i>Grant Goal</i>	To provide mental health services to 7th and 8th grade students.
<i>Community Need</i>	One in ten youth have serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. Roughly half of all lifetime mental health disorders start by the mid-teens. The need for school-based mental health services has been well documented over the last 15 years.
<i>Agency Description</i>	LASD serves 4,700 students from preschool through eighth grade. LASD has earned many awards that document the high achievement of its student population.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide staffing for a licensed therapist who will partner with district psychologist and behaviorists to implement individual, group therapy, family therapy and crisis management interventions
<i>Funding</i>	FY17 requested funding (ECHD): \$206,000 FY17 recommended funding: \$100,000

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served	50	100
Services provided	1,080	2,160
Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year	60%	90%
Students who improve on the Strength and Difficulties Questionnaire and Impact Assessment by 50%	50%	75%



HEALTHY MIND



MAITRI

NEW

<i>Program Name</i>	Domestic Violence Program for South Asian Community Members
<i>Grant Goal</i>	To help South Asian and immigrant survivors of domestic violence overcome the effects of violence so that they may achieve self-sufficiency and improved wellness.
<i>Community Need</i>	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. Researchers at the University of Pennsylvania found that while nearly 80 percent of female victims of intimate partner violence visit emergency departments for medical concerns, as many as 72 percent are not identified as victims of abuse.
<i>Agency Description</i>	Maitri is a non-profit community-based organization located in Santa Clara County that provides services to a distinct population of survivors of domestic violence and human trafficking. Maitri is the only domestic violence agency in the County that holds accreditation from the Bureau of Immigration Appeals to provide direct legal representation to immigrant survivors.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide helpline services in English, Hindi, and Telegu ▪ Provide peer counseling, transitional housing, case management, legal advocacy, immigration services, and legal representation
<i>Funding</i>	FY17 requested funding: \$30,000 FY17 recommended funding: \$30,000

<i>Goals/Metrics</i>	6 month Target	Annual Target
Adults served	5	10
Clients who report receiving emotional support after they call the crisis line	80%	80%
Legal clients who report increased awareness of their legal rights	70%	75%
Peer counseling clients who report significant improvement in independent decision making	70%	70%





MOMENTUM FOR MENTAL HEALTH

<i>Program Name</i>	La Selva Community Clinic		
<i>Grant Goal</i>	To improve the mental health of uninsured individuals by increasing access to mental health services.		
<i>Community Need</i>	Many individuals who suffer from mental illness do not have access to mental health services, due to the 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.		
<i>Agency Description</i>	Momentum for Mental Health is the largest private non-profit agency providing mental health services to adults in Santa Clara County.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide partial funding for staff of three psychiatrists, a licensed marriage and family therapist, lead clinician, registered nurse, and team of therapist in the adult day program ▪ Provide comprehensive psychiatric evaluation and crisis intervention ▪ Provide ongoing psychiatric care, medication management, and low-cost psychotropic medications ▪ Provide case management and links to social services and public benefits 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$266,000	ECH: \$26,000
	FY17 recommended funding:	ECHD: \$241,000	ECH: \$26,000
	FY16 approved funding: FY16 6-month metrics met: 100%	ECHD: \$236,000	ECH: \$26,000
	FY15 approved funding FY15 annual metrics met: 100%	ECHD: \$236,000	ECH: \$26,000

<i>Goals/Metrics</i>	6 month Target	Annual Target
Patients served	100	118
Services provided	808	1,615
Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	95%	95%
Patients demonstrating an improved functioning level as evidenced by an increase in the Global Assessment Functioning score of 2 points or more	95%	95%
Patients demonstrating a decrease in depression as evidenced by a drop of two points or more on the Patient Health Questionnaire-9 Depression scale	95%	95%





MOUNTAIN VIEW LOS ALTOS UNION HIGH SCHOOL DISTRICT

<i>Program Name</i>	School Mental Health and Behavior Support Team
<i>Grant Goal</i>	Students who receive mental health services and emotional support will have improved educational outcomes that will help them succeed in school.
<i>Community Need</i>	Academic success is linked to students' health and general sense of wellbeing. When mental health needs are not addressed, academic progress is at risk and students may not graduate from high school. Additionally, an increasing number of students are failing to attend school. Truancy can be indicative of social maladjustment (e.g., drug use, theft), and the vast majority of these students appear to have worsening treated and untreated depression/anxiety.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide staff for two licensed therapists ▪ Provide individual and family therapy, crisis intervention, truancy intervention, and case management ▪ Support educators in effective management of students with mental health issues
<i>Funding and Performance</i>	<p>FY17 requested funding: \$170,000 FY17 recommended funding: \$160,000</p> <p>FY16 approved funding: \$160,000 (FY16 6-month metrics met: 100%)</p> <p>FY15 approved funding: \$160,000 (FY15 annual metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Students served	75	150
Hours of services provided	1,260	2,520
Increase in the number of students whose GPA is 2.5 or above	N/A	5%
Increase in the number of students who feel safe on campus	N/A	40%
Reduction in high risk behavior that may result in suspension	N/A	25%





NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI) SANTA CLARA COUNTY

<i>Program Name</i>	Peer PALS and Peer Mentors Program
<i>Grant Goal</i>	Individuals with severe mental illnesses will become connected to peers who engage in their recovery.
<i>Community Need</i>	Individuals suffering from severe and persistent mental illnesses are at high risk of relapsing, being re-hospitalized and/or becoming homeless partly due to isolation and the lack of contact with others.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide support to individuals who suffer from severe and persistent mental illness ▪ Identify participants for Peer PALS and Peer Mentors ▪ Provide services to promote and maintain recovery, alleviate loneliness and isolation, enhance life in the community, and build self-esteem
<i>Funding and Performance</i>	<p>FY17 requested funding (ECHD): \$100,000 FY17 recommended funding: \$100,000</p> <p>FY16 approved funding: \$100,000 (FY16 6-month metrics met: 67%)</p> <p>FY15 approved funding: \$10,000 (FY15 annual metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Participants	36	71
Peer PALS and Peer Mentors visits	450	900
Peer PALS and Peer Mentors phone calls	901	1,801
Participant reporting that the program helped them feel less isolated.	80%	80%
Participants reporting that the program helped them feel more hopeful about their futures and their recovery.	70%	70%
Participants reporting that the program helped them be more cooperative with their treatment plan	65%	65%





NEXT DOOR SOLUTIONS

<i>Program Name</i>	Next Door Solutions to Domestic Violence		
<i>Grant Goal</i>	To address the emotional health needs of survivors of domestic violence.		
<i>Community Need</i>	All forms of domestic violence (physical, sexual, and psychological) have been linked to a range of negative mental health outcomes. Specifically, strong correlations have been established between violence and depression, anxiety, post-traumatic stress disorder (PTSD), and suicide ideation and action. If intervention does not come in time, consequences could include long-term or permanent depression, memory loss, and personality changes.		
<i>Agency Description</i>	Next Door Solutions (NDS) helps women and children living with domestic violence transition from crisis to stability and self-sufficiency.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Conduct a community assessment and provide support groups based on findings 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$6,773 (Small Grant)	ECH: \$75,000
	FY17 recommended funding:	ECHD: \$6,773	ECH: \$75,000
	FY16 approved funding: FY16 6-month metrics met: 80%	N/A	ECH: \$50,000
	FY15 Approved funding: FY15 Annual metrics met: 66%	ECHD: \$50,000	N/A
<i>Goals/Metrics</i>		6 month Target	Annual Target
Individuals served		N/A	24

*Small grants are only required to report volume metrics





PREVENTION PARTNERSHIP, INTERNATIONAL

NEW

<i>Program Name</i>	Celebrating Families
<i>Grant Goal</i>	To develop a multi-generational, culturally competent version of Celebrating Families!™ (CF!) for adolescents dealing with behavioral health issues such as substance use and mental health disorders.
<i>Community Need</i>	Prevention programs that target the whole family are most efficacious, yet no family-intervention programs currently exist for the adolescents. CF! is aimed for adolescents dealing with behavioral health issues (substance use and mental health disorders).
<i>Agency Description</i>	The agency’s mission is to increase knowledge and use of healthy living skills leading to improved mental and physical health due to decreased adverse childhood experiences (ACEs) in families.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Develop evidence-based curriculum based on the CF! model which will be tailored for families currently dealing with or who are at high risk for substance use /addiction and co-occurring mental health disorders, child abuse and neglect, and family violence
<i>Funding</i>	Small Grant FY17 requested funding: \$22,500 FY17 recommended funding: \$22,500

<i>Goals/Metrics*</i>	6 month Target	Annual Target
Complete curriculum development	50%	100%

*Small grants are only required to report volume metrics





SENIORS COUNCIL

NEW

<i>Program Name</i>	Senior Companion Program		
<i>Grant Goal</i>	Provide companionship and peer support services to older adults.		
<i>Community Need</i>	A major factor associated with risk of illness, injury, and premature institutionalization is living arrangement, particularly living alone. As the number of seniors living alone increases, outreach services, transportation, case management, and respite services will be key to assist this segment of the population maintain their independence.		
<i>Agency Description</i>	Founded in Santa Cruz County in 1979, the mission of the Seniors Council is to enable older persons to function with independence and dignity in their homes and in the community to their fullest capacity. Since 1980 the Seniors Council has served as the Area Agency on Aging for San Benito and Santa Cruz Counties		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Place Senior Companions with clients who are seniors living at home ▪ Encourage social interaction, promote physical activity and exercise, and assist with arts and crafts activities 		
<i>Funding</i>	FY17 requested funding:	ECHD: \$50,000	N/A
	FY17 recommended funding:	ECHD: \$25,000	
	FY16 approved funding:	N/A	ECH: \$50,000
	FY16 6-month metrics met: 0%		
<i>Goals/Metrics*</i>		6 month Target	Annual Target
Older adults served		15	30

*Small grants are only required to report volume metrics





To improve the overall health of the community by providing services and increasing access to services that improve safety, provide transportation, and educate the community about health and wellbeing.

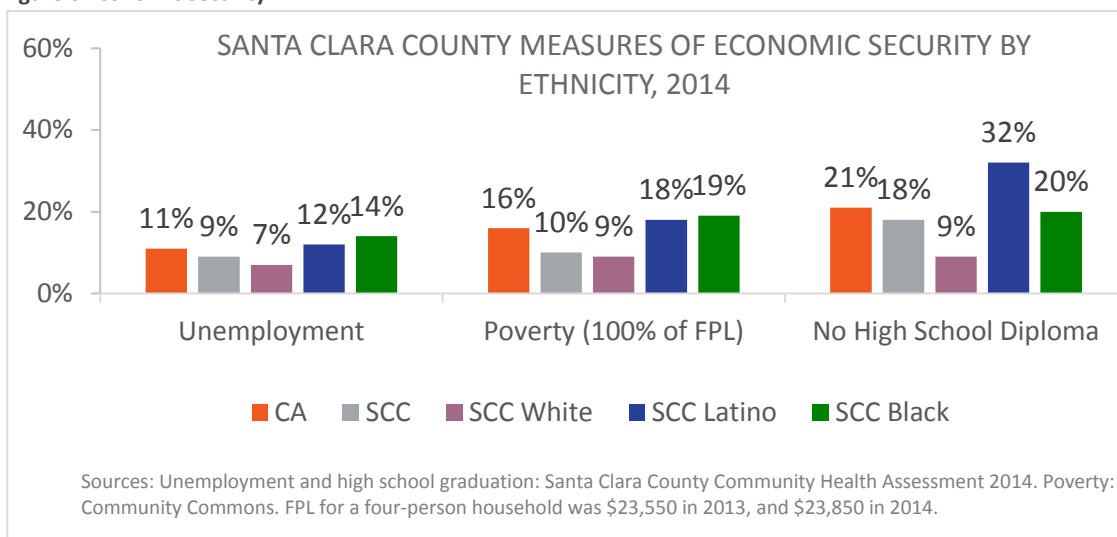
A healthy community can impact health positively by providing safe places to live, work, and be educated. When a community lacks affordable and sufficient transportation, lacks awareness of health issues and risk for chronic diseases, and is not able to access culturally competent services, its residents experience poor health.

DATA FINDINGS

Services to address the needs in the Healthy Community priority area are demonstrated by the following statistics:

- Economic Security** is a need in Santa Clara County because of the ethnic disparities seen in rates of poverty, unemployment, and lack of a high school education. In 2014, 32% of Latinos in Santa Clara County did not graduate from high school, compared to 18% of residents countywide. In terms of poverty, 10% of Santa Clara County residents live below the Federal Poverty Level (FPL). However, the percentage living below the self-sufficiency standard, which is a more comprehensive measure of poverty, is higher (23%). The community expressed concern that income inequality and the wage gap contribute to poor health outcomes.

Figure 6 Economic security



- **Unintentional Injuries** are a concern in Santa Clara County because rates of deaths due to falls and adult drowning in the overall population are higher than HP2020 targets. In addition, rates for some ethnic/racial groups in the county exceed HP2020 targets in various injury categories. For example, death rates from pedestrian accidents among Latinos (2.2 per 100,000) and Asians (1.6 per 100,000) exceed the HP2020 objective of 1.3 per 100,000.
- **Violence & Abuse** in the county is a problem that disproportionately affects people of color, including adult homicide and domestic violence deaths. Also, a majority of youth reports having been victims of physical, psychological, and/or cyber bullying. The community indicated that the health need is also affected by the following factors: the cost and/or lack of activity options for youth, financial stress, dysfunctional family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, linguistic isolation, and lack of awareness of support and services for victims.

STRATEGIES TO IMPROVE COMMUNITY HEALTH

1. Consumer health library
2. Health insurance enrollment assistance
3. General mentorship programs
4. Provide staffing for a half-time clinical case manager and part-time mental health and outreach specialists
5. Physical activities to stimulate brain function for elementary students
6. Awareness and public education about hypertension
7. Community health screenings
8. Classes for seniors to decrease the risk of falls
9. Summer activities for youth at risk for poor health outcomes and/or violence
10. Free home repairs and modifications for seniors at risk for falls
11. Transportation services
12. Emergency housing, food, case management, and financial assistance for those lacking basic needs



HEALTHY COMMUNITY PROPOSALS

1. Chinese Health Initiative
2. Farewell to Falls
3. Friends for Youth
4. Health Library & Resource Center Mountain View
5. Hypertension Initiative
6. Matter of Balance
7. Mountain View Police Department Youth Services Unit
8. Rebuilding Together
9. RoadRunners
10. South Asian Heart Center
11. Sunnyvale Community Services - Case Management
12. Sunnyvale Community Services - Emergency Assistance
13. Working Partnerships USA
14. YMCA

HEALTHY COMMUNITY RECOMMENDED FUNDING: \$1,693,459

Detailed descriptions of recommended partner programs in the Healthy Body priority area follow. The Community Benefit Advisory Council (CBAC) consensus guided the funding recommendations found in the Plan.





CHINESE HEALTH INITIATIVE

<i>Program Name</i>	Chinese Health Initiative		
<i>Grant Goal</i>	Increase awareness and identification of health disparities including hepatitis B, liver cancer, and hypertension among the Chinese community.		
<i>Community Need</i>	The incidence and mortality rates of liver cancer in the Chinese community are three times more than those of whites.		
<i>Agency Description</i>	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.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Conduct educational workshops to raise awareness of health disparities ▪ Provide screenings ▪ Produce newspaper articles and print material addressing health concerns specific to the Chinese community 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$215,200	ECH: \$30,000
	FY17 recommended funding:	ECHD: \$215,200	ECH: \$30,000
	FY16 approved funding: FY16 6-month metrics met: 67%	ECHD: \$190,200	ECH: \$30,000
	FY15 approved funding: FY15 annual metrics met: 100%	ECHD: \$190,000	ECHD: \$30,000
<i>Goals/Metrics</i>		6 month Target	Annual Target
Individuals served		60	125
Services provided		125	250
Participants who strongly agree or agree that the program's health education or screening helps them better manage their health		NA	85%



HEALTHY COMMUNITY



FAREWELL TO FALLS

NEW

FISCAL AGENT: STANFORD HEALTH CARE

<i>Program Name</i>	Farewell to Falls
<i>Grant Goal</i>	This evidence-based program aims to reduce falls by providing home visits to older, at-risk adults.
<i>Community Need</i>	Falls are a significant health care concern for older adults. The CDC estimates that at least one in three older adults fall each year, costing an estimated \$34 billion per year nationally. In 2014 in Santa Clara County, 8,432 older adults were seen in emergency departments and an additional 2,941 older adults were hospitalized that same year.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide 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 Conduct a monthly phone call to check on fall status and reinforce recommendations
<i>Funding</i>	FY17 requested funding: \$29,160 FY17 recommended funding: \$29,160

<i>Goals/Metrics</i>	6 month Target	Annual Target
Older adults served	20	60
Older adults who are compliant with home safety recommendations	40%	70%
Older adults who are compliant with exercise recommendations	50%	50%
Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor's visit	80%	70%





FRIENDS FOR YOUTH

<i>Program Name</i>	Friends for Youth
<i>Grant Goal</i>	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.
<i>Community Need</i>	All youth served by Friends for Youth Inc. are living in poverty, 61% in extreme poverty with a family income below \$16,000. Research links poverty with a higher likelihood of dropping out of school and exposure to drugs and violence. Forty percent of Friends for Youth, Inc.'s clients are either bullied or involved in bullying.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide staffing for program to serve disadvantaged and at-risk youth Coordinate supporting workshops, activities, and materials
<i>Funding and Performance</i>	<p>Small Grant</p> <p>FY17 requested funding: \$20,000</p> <p>FY17 recommended funding: \$20,000</p> <hr/> <p>FY16 approved funding: \$20,000</p>

<i>Goals/Metrics*</i>	6 month Target	Annual Target
Youth served	N/A	12

*Small grants are only required to report volume metrics





HEALTH LIBRARY & RESOURCE CENTER MOUNTAIN VIEW

<i>Program Name</i>	Health Library & Resource Center Mountain View		
<i>Grant Goal</i>	This Health Library and Resource Center aims to improve health literacy and knowledge of care options for patients, families and caregivers.		
<i>Community Need</i>	Individuals need accurate information to make the best possible healthcare and health behavior decisions. The library provides access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources. Families can receive assistance in caring for their aging parents through the resource center’s eldercare consultation service. Eldercare consultants assist community members in developing a long range care plans and educate them about based on their personal family situation and can locate resources locally and nationwide if needed.		
<i>Agency Description</i>	El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Develop and maintain specialized print, journal, and electronic collections ▪ Provide satellite libraries at senior centers in Mountain View and Sunnyvale ▪ Help community members use library resources such as professional medical searches ▪ Provide information at health-related events ▪ Help family members in developing long range care plans, via eldercare consultants 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$393,491	ECH: \$63,672 (HLRC-LG)
	FY17 recommended funding:		
	FY16 approved funding: FY16 6-month metrics met: 100%	ECHD: \$393,491	ECH: \$63,672 (HLRC-LG)
	FY15 approved funding: FY15 annual metrics met: 100%	ECHD: \$453,616	ECH: \$63,672 (HLRC-LG)
<i>Goals/Metrics</i>		6 month Target	Annual Target
Individuals served		12,015	24,030
New members registered		328	656
Community members who strongly agree or agree that eldercare referrals are appropriate to my needs		95%	95%
Community members who strongly agree or agree that eldercare increases my knowledge of care options		95%	95%
Community members who agree that library services have been valuable in helping me manage my health or that of a friend or family member		N/A	75%



HEALTHY COMMUNITY



HYPERTENSION INITIATIVE

NEW

<i>Program Name</i>	Hypertension Initiative
<i>Grant Goal</i>	The goal of this initiative is to increase awareness about hypertension risk and management and provide education and support to reduce blood pressure among low-income, at-risk community members.
<i>Community Need</i>	The percentage of Santa Clara County hypertensive adults was 27% in 2013-14. Of those, 24.3% are Latino. Left untreated, high blood pressure can damage the brain, heart and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure and death. To compound the problem, approximately 13% of Santa Clara County's population is uninsured.
<i>Agency Description</i>	Partnership with the American Heart Association, Mayview Community Health Center, and other agencies.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Increase public awareness about the risks associated with hypertension ▪ Conduct community screenings ▪ Provide blood pressure treatment and blood pressure control program through clinic partnership
<i>Funding</i>	FY17 requested funding: \$161,627 FY17 recommended funding: \$161,627

<i>Goals/Metrics</i>	6 month Target	Annual Target
Participants reached through education and community screenings	400	1,000
Individuals served through Check.Change.Control blood pressure program	50	100
Participants who improve blood pressure by 5mm	15%	30%
Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program	25%	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)	15%	30%



EL CAMINO HEALTHCARE DISTRICT

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

HEALTHY COMMUNITY



MATTER OF BALANCE

NEW

FISCAL AGENT: STANFORD HEALTH CARE

<i>Program Name</i>	Matter of Balance Classes
<i>Grant Goal</i>	This evidence-based program will deliver Matter of Balance, an evidence based program that reduces the fear of falling and other risk factors that contribute to falls.
<i>Community Need</i>	Falls are a significant health care concern for older adults. The CDC estimates that at least one in three older adults fall each year, costing an estimated \$34 billion per year nationally. In 2014 in Santa Clara County, 8,432 older adults were seen in emergency departments and an additional 2,941 older adults were hospitalized that same year.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Conduct 10 evidence-based Matter of Balance classes at various senior centers and sites for older adults at-risk for falls
<i>Funding</i>	<p>Small Grant</p> <p>FY17 requested funding: \$10,628</p> <p>FY17 recommended funding: \$10,628</p>

<i>Goals/Metrics*</i>	6 month Target	Annual Target
At-risk older adults served	50	120

*Small grants are only required to report volume metrics



HEALTHY COMMUNITY



MOUNTAIN VIEW POLICE DEPARTMENT YOUTH SERVICES UNIT

NEW

<i>Program Name</i>	Dreams and Futures Summer Camps	
<i>Grant Goal</i>	Provide a safe and educational summer environment for at-risk youth living in the Mountain View community, with a focus on violence prevention.	
<i>Community Need</i>	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.	
<i>Agency Description</i>	The Mountain View Police Department began Dreams and Futures in the summer of 1996, recognizing the risk during summer months of low income elementary and middle school youth.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide two-week summer sessions to serve at-risk youth from 4th to 7th grade 	
<i>Funding</i>	Small Grant FY17 requested funding: \$25,000 FY17 recommended funding: \$25,000	
<i>Goals/Metrics*</i>	6 month Target	Annual Target
Youth served	40	95

*Small grants are only required to report volume metrics





REBUILDING TOGETHER

NEW

<i>Program Name</i>	Safe at Home
<i>Grant Goal</i>	This pilot 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.
<i>Community Need</i>	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. 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.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Administer Weill Medical College of Cornell University falls risk assessment ▪ Reduce risks through no cost home repairs and home modifications
<i>Funding</i>	<p>FY17 requested funding: \$50,000</p> <p>FY17 recommended funding: \$50,000</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Homes assessed and modified for seniors aged 62+ or individuals at higher risk of fall (i.e. disability or illness)	5	14
Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs	80%	80%
Recipients who report feeling safer in their homes after completed home repairs	80%	80%
Recipients who would recommend or highly recommend this program to a friend	80%	80%





ROADRUNNERS

<i>Program Name</i>	RoadRunners Patient Transportation		
<i>Grant Goal</i>	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.		
<i>Community Need</i>	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.		
<i>Agency Description</i>	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.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Transport individuals to medical appointments and other necessary services (i.e. banking, grocery shopping, pharmacy etc.) ▪ Recruit volunteer drivers to transport community members ▪ Outreach to inform seniors and disabled individuals about RoadRunners' services 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$313,353	ECH: \$81,462 (LG)
	FY17 recommended funding:	ECHD: \$313,353	ECH: \$81,462 (LG)
	FY16 approved funding:	ECHD: \$313,353	ECH: \$81,462 (LG)
	FY16 6-month metrics met: 75%		
<i>Goals/Metrics</i>	FY15 approved funding:	ECHD: \$311,631	ECH: \$80,000 (LG)
	FY15 annual metrics met: 100%		
<i>Goals/Metrics</i>		6 month Target	Annual Target
Individuals served		532	1,064
Rides provided		4,230	8,460
Clients who strongly agree or agree that having RoadRunners services helped in maintaining their independence		90%	90%
Clients who strongly agree or agree that having RoadRunners services made it possible to get to their medical appointments		95%	95%





SOUTH ASIAN HEART CENTER

<i>Program Name</i>	South Asian Heart Center		
<i>Grant Goal</i>	Increase awareness of heart disease risk in South Asians and engage participants in a therapeutic lifestyle program.		
<i>Community Need</i>	South Asians have a disproportionate burden of heart disease and diabetes at younger ages, and suffer two-times the rate of mortality from cardiac events compared to the general population.		
<i>Agency Description</i>	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.		
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Health assessment and development of risk reduction plan for participants ▪ Engage participants in the AIM to Prevent Program ▪ Offer webinar based outreach opportunities for community members to better understand the health disparity, and for them to become active in their health engagement. ▪ Train primary care physicians 		
<i>Funding and Performance</i>	FY17 requested funding:	ECHD: \$180,000	ECH: \$360,000
	FY17 recommended funding:	ECHD: \$180,000	ECH: \$360,000
	FY16 approved funding: FY16 6-month metrics met: 100%	ECHD: \$180,000	ECH: \$400,000
	FY15 approved funding: FY15 annual metrics met: 75%	ECHD: \$200,000	ECH: \$400,000
<i>Goals/Metrics</i>		6 month Target	Annual Target
Individuals served		220	440
Services provided/encounters		950	2,600
Increase in average level of weekly physical activity from baseline		14%	16%
Increase in average levels of daily servings of vegetables from baseline		11%	13%
Improvement in levels of HDL-C as measured by follow-up lab test		3%	4%
Improvement in cholesterol ratio as measured by follow-up lab test		5%	6%





SUNNYVALE COMMUNITY SERVICES—CASE MANAGEMENT

<i>Program Name</i>	Case Management Services
<i>Grant Goal</i>	Provide wrap-around assistance in addressing a multitude of issues, including health problems, lack of affordable housing, backbreaking low-paying jobs, lack of education, and inadequate access to healthy foods.
<i>Community Need</i>	With average rents in Sunnyvale now over \$2,850 for a two bed-bedroom apartment, basic health needs and nutrition are luxuries for the working poor and seniors living on fixed incomes. Families will sacrifice all other necessities – food, medical care, clothing, utilities, and transportation – to pay rent and stay housed. Low-income residents suffer from preventable health issues because they cannot afford or easily access basic health care and basic nutrition.
<i>Agency Description</i>	Sunnyvale Community Services helps families and individuals living in Sunnyvale who are in need of emergency assistance, such as financial aid, food, and other support.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide a full-time case manager to provide comprehensive case management, advocacy, and assist in benefit applications ▪ Conduct educational workshops and provide access to nutritious food
<i>Funding and Performance</i>	<p>FY17 requested funding: \$75,000 FY17 recommended funding: \$75,000</p> <p>FY16 approved funding: \$65,000 (FY16 6-month metrics met: 50%)</p> <p>FY15 approved funding: \$65,000 (FY15 annual metrics met: 100%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals enrolled in comprehensive Case Management	45	100
Services provided	270	600
Sheltered clients who maintain housing for 60 days after financial assistance and referrals	90%	90%
Homeless clients who are moved to temporary/permanent housing within 6 months of case plan	80%	80%





SUNNYVALE COMMUNITY SERVICES—COMPREHENSIVE EMERGENCY ASSISTANCE

<i>Program Name</i>	Comprehensive Emergency Assistance	
<i>Grant Goal</i>	Provide low-income families with financial assistance for medically-related bills and nutritious food.	
<i>Community Need</i>	According to the Santa Clara County 2010 Health Profile Report, nearly two out of 10 Sunnyvale residents and one out of five children under the age of 18 live below 200 percent of the Federal Poverty Level.	
<i>Agency Description</i>	Sunnyvale Community Services helps families and individuals who are in need of emergency assistance, such as financial aid, food, and other support.	
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Provide financial assistance for medically-related bills ▪ Provide healthy, protein-rich food to reduce food insecurity 	
<i>Funding and Performance</i>	FY17 requested funding: \$85,000	
	FY17 recommended funding: \$85,000	
	FY16 approved funding: \$75,000 (FY16 6-month metrics met: 50%)	
	FY15 approved funding: \$75,000 (FY15 annual metrics met: 67%)	
<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals served	2,450	2,600
Individuals receiving financial assistance	16	33
Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	75%	75%
Individuals who rate emergency assistance service as effective in meeting their needs as 4 or 5 on a 5-point scale	N/A	80%
Individuals who rate their overall satisfaction with the agency as a 4 or 5 on a 5-point scale	N/A	80%





WORKING PARTNERSHIP USA

<i>Program Name</i>	Coverage Initiative for the Remaining Uninsured
<i>Grant Goal</i>	Enroll the remaining uninsured in El Camino Healthcare District in a high quality health coverage plan.
<i>Community Need</i>	Low-income families and undocumented immigrants make up the largest portion of the uninsured in Santa Clara County. Currently, only 64 percent of low-income Latinos and 56 percent of low-income African-Americans are insured. Within the Bay Area, adults living below 200 percent of the FPL are more likely to have diabetes, serious psychological distress, and high blood pressure. In particular, Latino adults in Santa Clara County have higher rates of high blood pressure and/or being overweight (44 percent) and being obese (24 percent).
<i>Agency Description</i>	Working Partnerships USA’s mission is to bring together the power of grassroots organizing and public policy innovation to drive the movement for a just economy. We build the capacity of workers, low-income neighborhoods and communities of color. The agency’s on-the-ground outreach and education efforts to identify uninsured residents, educate them about the coverage plan, and refer them to enrollment entities will focus on the El Camino Healthcare District.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> ▪ Educate and enroll eligible individuals and families into health coverage options ▪ Partner with the County Health and Hospital System and the Community Health Partnership’s consortium of community clinics to ensure new enrollees are established in their medical home with a physician they can trust
<i>Funding and Performance</i>	<p>FY17 requested funding: \$100,000 FY17 recommended funding: \$65,000</p> <p>FY16 approved funding: \$100,000 (FY16 6-month metrics met: 25%)</p>

<i>Goals/Metrics</i>	6 month Target	Annual Target
Individuals served	1,750	3,500
Encounters provided	5,200	10,200
Individuals identified likely uninsured	1,750	3,500
Individuals directly connected to enrollment entities for processing	700	1,200
Households/individuals contacted and identified likely uninsured	1,750	3,500
Likely uninsured households/individuals educated about coverage options	1,750	3,500
Likely uninsured households/individuals who were connected directly to enrollment entity	700	1,200



HEALTHY COMMUNITY



YMCA

NEW

<i>Program Name</i>	Challenger Camp
<i>Grant Goal</i>	This program aims to promote physical activity and healthier food choices amongst youth.
<i>Community Need</i>	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.
<i>Agency Description</i>	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.
<i>Services Funded by This Grant</i>	<ul style="list-style-type: none"> Provide Challenger 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
<i>Funding</i>	FY17 requested funding: \$50,000 FY17 recommended funding: \$50,000

<i>Goals/Metrics</i>	6 month Target	Annual Target
Campers Served (K – 8th)	200	300
Families who agree or strongly that their children were more physically active after attending camp	70%	70%
Families who state that the healthy meals/snacks served in camp were good or excellent	70%	70%
Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp	40%	40%



FY17 Financial Summary

Requested Funding: \$6,865,329

Sponsorship funding: \$200,000

Placeholder: \$400,000

Total: \$7,465,329

Recommended grant funding: \$6,406,331

Sponsorship funding: \$200,000

Placeholder: \$400,000

Total: \$7,006,331

Conclusion

The community health needs assessment revealed three significant areas of health needs in El Camino Healthcare District's target communities: healthy bodies, healthy minds, and healthy communities. These needs overlap with one another, in that persons having one of these health needs are likely to face challenges in another. El Camino Healthcare District's Community Benefit grant portfolio is targeted to address the needs in and across each of the three health priority areas through integrated and coordinated funding.

The grants proposed in this plan have been carefully screened based on their ability to impact at least one of the three priority areas. The Board of Directors' support of this Community Benefit plan will allow El Camino Healthcare District to continue responding to the most pressing needs faced by the most vulnerable residents in our communities.

The premise — and the promise — of community benefit investments is the chance to extend the reach of hospital resources beyond the patient community, and address the suffering of our most underserved, at-risk community members. These annual community grants provide an essential, potentially life-saving resource to people who do not have access to healthcare. Community Benefit dollars fill important gaps by funding critical, innovative services that would otherwise not be supported. The Community Benefit Plan helps El Camino Healthcare District fulfill its mission of improving the health and wellness of the community.



ATTACHMENT 9



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

Date: June 03, 2016
To: El Camino Healthcare District Board of Directors
From: Ken King, Chief Administrative Services Officer,
El Camino Hospital
Re: Mountain View Campus Development
Plan Approval Request

BOARD OF DIRECTORS

Dennis W. Chiu, JD
Peter C. Fung, MD
Julia E. Miller
David Reeder
John L. Zoglin

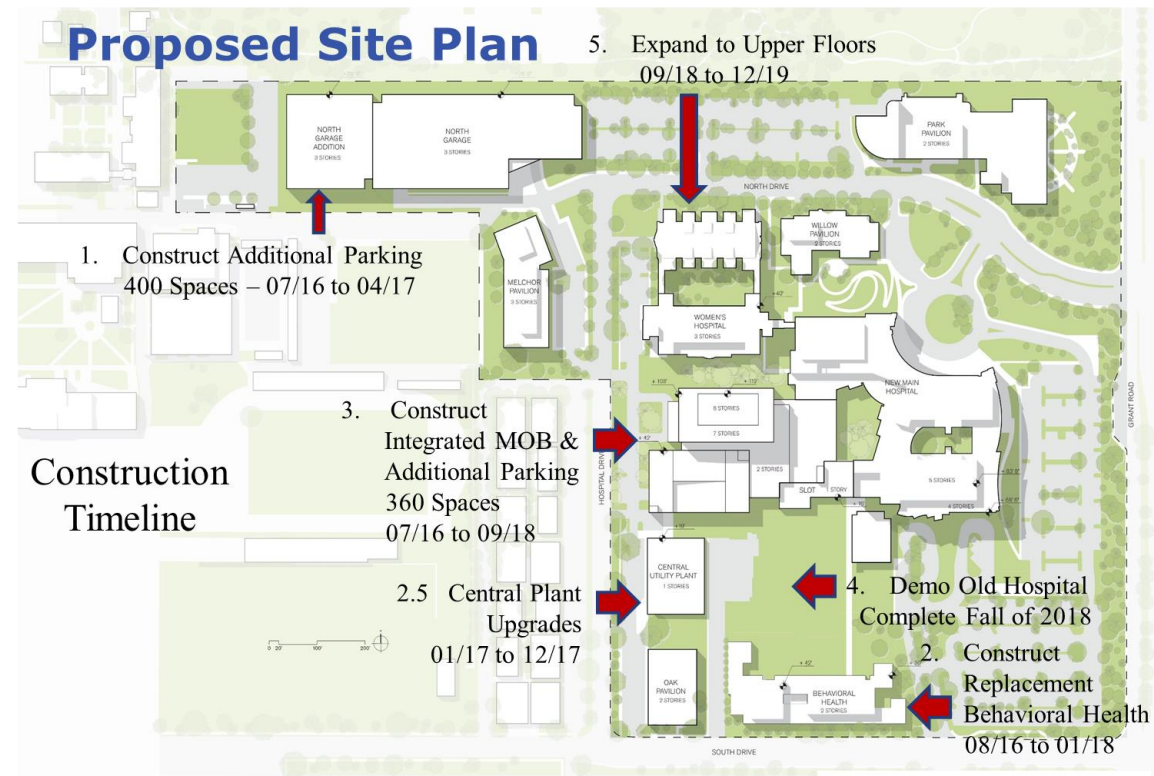
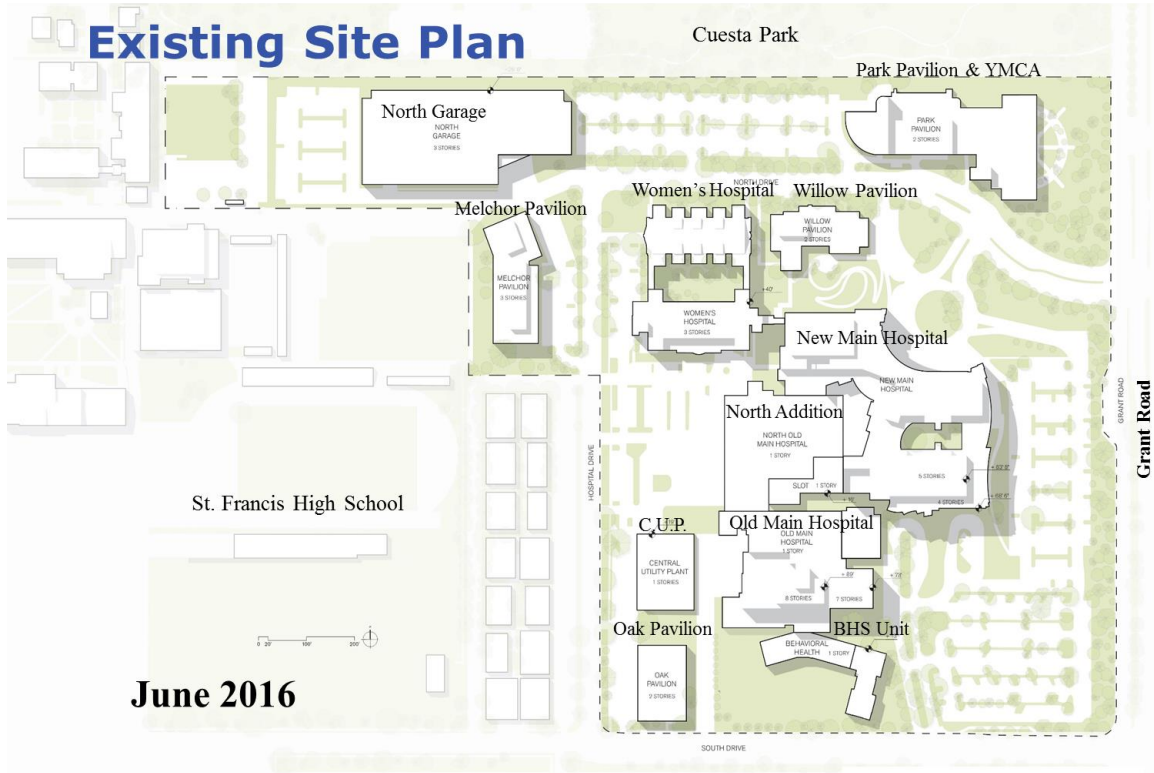
For the past two years El Camino Hospital has been working to complete the planning for the Development of the Mountain View Campus in accordance with the Master Facilities Plan adopted by the Hospital in 2008. In accordance with the terms and conditions of the Ground Lease El Camino Hospital is requesting the El Camino Healthcare District to authorize the proposed development projects listed below:

- **North Parking Garage Expansion**
 - A 4 level, 430-stall addition to the existing 4-level parking structure, including the installation of a one-megawatt solar panel system.
- **Behavioral Health Services Building**
 - Partial demolition of the existing BHS Building and construction of a 2-story, 56,000 square foot replacement building
- **Integrated Medical Office Building & Parking Structure**
 - Partial demolition of the existing Old Main Hospital Building (specifically the North Addition) and construction of a 7-story, 265,000 Integrated Medical Office Building that will house hospital based services on the Ground, First and Second Floors, with Floors 3 through 6 being leased medical office space. Along with an adjacent 5 level, 390 stall
- **Central Utility Plant Upgrades**
 - Equipment and system upgrades to support the utility needs of the new BHS and IMOB buildings.
- **Women's Hospital Expansion**
 - Conversion of floors 2 and 3 from Medical Office space to private room post-partum patient rooms, expansion of the NICU and Labor & Delivery functions, designed to the current codes and clinical standards.
- **Demolition of Old Main Hospital and Related Site Work**
 - Complete demolition of Old Main Hospital building, construction of connecting corridor between New Main Hospital and New BHS building, construction of service yard and related landscaping.

The Existing and Proposed Site Plans are included.

Recommended Action: Authorization to proceed with the Mountain View Campus Development Plan Projects as indicated.

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ATTACHMENT 10

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Resolution 2016-07 Revising Meeting Dates for Calendar Year 2016 El Camino Healthcare District Board of Directors June 14, 2016
Responsible party:	Cindy Murphy, Board Liaison
Action requested:	For Approval
<p>Background:</p> <p>On October 20, 2015, the Board adopted Resolution 2015-08 setting meetings of the District Board in January, March, May, June and October 2016. It has come to the attention of staff that additional meetings are required as follows:</p> <ol style="list-style-type: none"> 1. August 2016 <ol style="list-style-type: none"> a. Proposed Date: Tuesday, August 16, 2016 b. Purpose of Meeting: On August 10, 2016, El Camino Hospital (“ECH”) management intends to seek funding approval from the ECH Board of Directors for approximately \$242 million and \$75 million for construction costs for Mountain View Campus projects (an Integrated Medical Office Building and a Behavioral Health Services Building). Pursuant to The El Camino Hospital Bylaws Article III Section 3.12, the District has the right to approve capital expenditures authorized by the El Camino Hospital Corporation in excess of \$25 million in a single transaction. Since these projects will include single transactions in excess of \$25 million, and assuming the ECH Board approves the funding requests on August 10th, the Hospital will need to obtain the District Board’s approval thereafter. c. Justification for date selection: <ol style="list-style-type: none"> i. August 16th is the third Tuesday of the month, the Board’s usual meeting day. ii. Delaying approval until the Board’s scheduled October meeting will cause disruption to the construction schedule and increase costs of construction. iii. For convenience, the Board could schedule a District Board meeting on August 10, 2016 following the Hospital Board’s meeting. However, this would likely be late in the evening and negatively impact the public’s ability to attend and comment on the funding requests. 2. December 2016 <ol style="list-style-type: none"> a. Proposed Date: Tuesday, December 6, 2016 	

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	<p>b. Purpose of Meeting: Swearing in of newly elected or re-elected Board members following the November 8, 2016 public election. The Board may also want to consider elections to the El Camino Hospital Board of Directors.</p> <p>c. Justification for date selection: This is the first Tuesday following the election that it will be permissible to swear in newly elected or re-elected Board members.</p>
	<p>Board Advisory Committees that reviewed the issue and recommendation, if any: None.</p>
	<p>Summary and session objectives : To obtain approval of Draft Resolution 2016-07, the effect of which will be to add Regular District Board meetings on August 16, 2016 and December 6, 2016.</p>
	<p>Suggested discussion questions: None.</p>
	<p>Proposed board motion, if any: To approve Draft Resolution 2016-07</p>
	<p>LIST OF ATTACHMENTS: Draft Resolution 2016-07</p>

Resolution 2016-07

Resolution of the Board of Directors of El Camino Healthcare District Revising Regular Meeting Dates and Time for Calendar Year 2016

RESOLVED, Article VI, Section 3(a) of the Bylaws of El Camino Healthcare District requires the Board to adopt a resolution setting meeting dates; be it further,

RESOLVED, that the regular meeting dates of the District Board for the remaining portion of Calendar Year 2016 shall be August 16, 2016, October 18, 2016 and December 6, 2016 at 5:30 P.M.; be it further,

RESOLVED, that the regular meeting dates shall be posted at El Camino Hospital, on the El Camino Healthcare District website and shall be mailed or e-mailed to all persons who have requested notice of EL Camino Healthcare District meetings.

DULY PASSED AND ADOPTED at a Regular Meeting held on the 14th day of June, 2016 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

By: _____
Name: Julia E. Miller
Title: Secretary, ECHD Board of Directors

ATTACHMENT 11

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Resolution 2016-08 Appointing Special Advisory Committee El Camino Healthcare District Board of Directors June 14, 2016
Responsible party:	Peter C. Fung, MD, Board Chair
Action requested:	For Approval
Background:	<p>Pursuant to the Board’s (Draft) Revised Process (on the Board’s consent calendar for approval) 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 FY17. The process provides that the Committee will consist of two members of the District Board and a member of the El Camino Hospital Governance Committee recommended by the Chair of the Governance Committee.</p> <p>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 two members.</p> <p>At the meeting, I will announce the appointment of District Director David Reeder as Chairperson of the Committee, and as Chair of the El Camino Hospital Governance Committee I will recommend appointment of El Camino Governance Committee member Gary Kalbach to the Ad hoc Committee. I suggest the Board take nominations from the floor with respect to appointment of the third member of the Committee.</p>
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 FY17
Suggested discussion questions:	None.
Proposed Board motion, if any:	To approve Draft Resolution 2016-08 appointing David Reeder as Chairperson and Gary Kalbach and _____ as members of the El Camino Hospital Board Member Election Ad hoc Committee for FY17.
LIST OF ATTACHMENTS:	Draft Resolution 2016-08

**EL CAMINO HEALTHCARE DISTRICT
RESOLUTION 2016-08**

**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 three 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 2017 election or re-election of a Director 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 _____ and _____ are appointed members 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.

DULY PASSED AND ADOPTED at a regular meeting held on June 14, 2016, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

Julia Miller, Secretary
ECHD Board of Directors

ATTACHMENT 12

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Voluntary Campaign Spending Limits El Camino Healthcare District Board of Directors Board Meeting Date: June 14, 2016
Responsible party:	Cindy Murphy, Board Liaison
Action requested:	Discussion
<p>Background:</p> <p>To encourage candidates to control campaign expenditures in their pursuit of a local publicly elected seat, city councils have implemented voluntary campaign spending limits. Staff reviewed the current campaign finance laws and spoke with the City Clerk's offices in Sunnyvale, Mountain View, Los Altos, and Los Altos Hills to find potential comparable ordinances for the District. Only the City of Mountain View has a Voluntary Expenditure Limit (VEL) program.</p> <p>In 2000, the Mountain View City Council adopted Ordinance No. 4-06, which set a voluntary campaign spending limit at \$15,000, to be increased 3% per year to keep pace with cost-of-living changes. When candidates file nomination papers with the City Clerk, they are advised of the voluntary campaign spending limits for that year and file a statement of acceptance or rejection of those limits.</p> <p>If a candidate accepts the spending limit for a particular election, the City will pay for a portion of the cost of the candidate statement published in the County voter pamphlet. The City covers approximately \$1,500 of a \$2,000 candidate statement fee for each candidate. These subsidies are incorporated into the City's budget, and the ordinance provides flexibility for the Council to adjust the amount or percentage of the subsidy.</p> <p>To track adherence to the ordinance, the City Clerk maintains records of expenditures. Per the Mountain View City Clerk's office, candidates who accept spending limits comply with them. If a candidate goes over an accepted voluntary spending limit, within 72 hours of the City's knowledge of a violation, the violation is circulated to media outlets for publication and posted on the City's website and at City Hall. The candidate must reimburse the City for the candidate statement subsidy on a sliding scale according to the severity/amount of the violation. Failure to repay the City as required by the ordinance is considered a debt owed to the City, and the City may use any or all remedies available to collect that debt, including deducting fees owed from councilmember-elect's city paychecks and refusing to accept nomination papers for future elections until all penalties are paid in full.</p> <p>Recently, the Mountain View City Council has discussed campaign reform to increase transparency in contributions (money spent by the community endorsing a particular candidate rather than money spent by a candidate and/or their committees). Council requested a draft ordinance to enhance disclosure requirements in advertisements paid for by independent groups: identifying donors that contribute over \$2,500 and naming the top five contributors on</p>	

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	<p>any mailings distributed to the community.</p> <p>A possible amendment to Mountain View’s Voluntary Expenditure Limit Program is set for a second reading on June 14, 2016. The City Council is considering whether or not to count in-kind contributions toward the VEL. Currently, in-kind contributions have not been counted, but City staff and candidates would like clarification.</p> <p>The attached report from the League of Women voters from December 20, 2015 provides a summary of California and local Bay Area campaign finance measures, including voluntary campaign spending limits.</p> <p>If the Board chooses to adopt voluntary spending limits staff will work with outside counsel to determine what the mechanism would be and next steps.</p>
	<p>Board Advisory Committees that reviewed the issue and recommendation, if any:</p> <p>None.</p>
	<p>Summary and session objectives :</p> <ul style="list-style-type: none"> • To discuss whether or not the District Board should implement voluntary spending limits.
	<p>Suggested discussion questions:</p> <ol style="list-style-type: none"> 1. Does the Board want to adopt voluntary spending limits? 2. If so, what would the limit be?
	<p>Proposed board motion, if any:</p> <p>At the discretion of the Board</p>
	<p>LIST OF ATTACHMENTS:</p> <p>Summary of City Campaign Regulations from the League of Women Voters</p>

TABLE 3 identifies Santa Clara County and several cities that have set voluntary campaign funding and expenditures limits. These do not alter the FPPC requirements established by the State. All election filings and annual forms are coordinated by the local agencies, but must also be filed with the FPPC. There are new County and State requirements for electronic filing. This will facilitate ease of timely public access to funding activity that must be reported.

TABLE 3 Santa Clara County and Cities Campaign Regulations

Disclosure (see links below from state web page for specific city ordinances)	Campaign finance regulations beyond state reporting rules	Min. \$\$ reporting with name & company	Voluntary Campaign Expenditure limits	Maximum donation	Public disclosure for elected officials?	Notes
California State-wide	--	YES	See Table 1	See Table 1	Per state	
County of Santa Clara	YES	YES	\$250K BoS \$500K others	\$1000 w limit \$500 w/o limit	Per state	Finance rule apply to all candidates including incumbent elected officials Donation limits per calendar year
Campbell	No	Per state	No	No	Per state	Discussed in 2015, 3-2 vote to not proceed with reforms
Cupertino	YES	Per state	\$28,000	\$150	Per state	2011 \$\$; No escalation factor noted
Gilroy	YES	All to be listed	YES	\$250 voluntary \$100 w/o	Per state plus 7 days pre-election report	Does not include own \$\$s Per person Independ./controlled committee: no expenditure max, but has \$250 max donation or \$100 \$100 max if not accept expenditure ceiling Ceiling is \$.50/resident
Los Altos	No	Per state	No	No	Per state	
Los Altos Hills	No	Per state	No	No	Per state	
Los Gatos	No	Per state	No	No	Per state	
Milpitas	YES	Per state	No	\$250	Per state	Per separate election Does not include own funds Aggregate of all donations
Monte Sereno	No	Per state	No	No	Per state	
Morgan Hill	No	Per state	No	No	Per state	
Mountain View	YES	Per state	\$15,000	None	Per state	Non-candidate groups must file No \$\$s after Tuesday before election until Wednesday after election 2000 indexed 3% with except. \$500 statement; rest by city

Palo Alto	YES	\$50	No	No	Per state	\$50 min reporting \$1,000 reporting Once electronic filing all electronic Rescinded expenditure ceiling in June '99
San Jose	YES	Per state	YES	\$1,000 to all committees	Per state	Ceiling is \$.75/resident for Mayor Ceiling is \$1.25/resident for council Per election Aggregate amount List of prohibited donors Retire debt in 6 months 2010 \$\$, CPI in 2013
Santa Clara	YES	Per state	\$38,300	\$520 voluntary \$260 w/o	Per state	2000; numerous amendments Starting 2014, adjust to CPI City pays ½ of cand. ballot statement
Saratoga	No	Per state	No	No	Per state	
Sunnyvale	No	Per state	No	No	Per state	Topic has been revisited many time including 2012, no resolution

Source: <http://www.fppc.ca.gov/learn/campaign-rules/local-campaign-ordinances.html>

The above Study information on State and Local election regulations has been compiled by Liz Gibbons as part of the SWSCV League of Women Voters, Money in Politics Study Committee. Members are Danice and Tom Picraux (co-chairs), Eileen Barnes, Liz Gibbons, Meg Giberson, Dale Hill, Emily Lo, Cherri Nelson, Gail Pedersen, Marico Sayoc, and Patty Weber.

ATTACHMENT 13

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	District Participation in Voluntary Associations El Camino Healthcare District Board of Directors Board Meeting Date: June 14, 2016
Responsible party:	Brenda Taussig Director of Government & Community Relations
Action requested:	For Discussion
Background:	ECHD is a member of several organizations which provide professional education and advocacy services on behalf of special districts: the California Special Districts Association (CSDA), the Santa Clara County Special Districts Association (SCCSDA) and Association of California Healthcare Districts (ACHD). In addition, ECH is a member of the District Hospital Leadership Forum, and well as other professional organizations which provide services to hospitals. A board member has requested an update on ECHD membership in these organizations.
Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives :	<ul style="list-style-type: none"> • Provide information on the mission, services and cost of membership in each organization. • Provide information on our engagement with each organization.
Suggested discussion questions:	<ol style="list-style-type: none"> 1. What value does each organization bring to ECHD? 2. What, if any, changes should be made to ECHD memberships and engagement with these organizations?
Proposed board motion, if any:	None. This is a discussion item.
LIST OF ATTACHMENTS:	Memo on mission statements and cost of CSDA, SCCSDA, ACHD and DHLF.

Attachment to "ECHD participation in Voluntary Associations"

ECHD Board Agenda Item, June 14, 2016

Brenda Taussig, Director of Government & Community Relations

<u>Association Name</u>	<u>Mission/Services</u>	<u>Annual Cost</u>
California Special District Association (CSDA) www.csda.net	Legislative & Regulatory Advocacy Training & Education Certification through Special District Leadership Foundation, incl "District Transparency Certificate of Excellence"	\$ 6,089
Santa Clara County Special District Association (SCCSDA) www.sccsda.net	Local affiliate of CSDA; 19 special districts in Santa Clara County Information sharing between districts Elected official & public awareness Elects two members to LAFCO Board	\$ 100
Association of California Healthcare Districts (ACHD) www.achd.org	Training & Education of members Legislative Advocacy Public awareness Financial issues deferred to DHLF	\$45,000

Other Organizations

Local Area Formation Commission (LAFCO)	Independent government agency created by the Legislature; county wide jurisdiction, oversight of special districts related to boundaries, open space, and efficient delivery of services	\$10,829 Dues; not voluntary
District Hospital Leadership Forum (DHLF)	Focused on state and federal financial issues & reimbursement: Medicaid 1115 waiver, MediCal, Intergovernmental Transfers, PRIME projects, etc. Expert guidance on navigating state and federal funding processes Legislative & Regulatory Advocacy	\$74,000 Paid by ECH

ATTACHMENT 14

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Draft Revised Media Policy El Camino Healthcare District Board of Directors June 14, 2016
Responsible party:	Kelsey Martinez, Interim Director of Marketing and Communications
Action requested:	For Approval
Background:	It was brought to our attention that since the District's recently adopted Media Policy does not have content guidelines for distribution of information to the media, it would be useful to revise the Media Policy to provide guidelines and set expectations.
Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives :	To get the Board's feedback on the proposed revisions and obtain approval.
Suggested discussion questions:	Are the guidelines overly restrictive? Does the Board have any additional guidelines it would like to include?
Proposed Board motion, if any:	To approve the Draft Revised Media Policy
LIST OF ATTACHMENTS:	Draft Revised Media Policy (REDLINES) Draft Revised Media Policy (CLEAN)

Att. 14 02 CLEAN ECHD Media Policy



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

BOARD OF DIRECTORS

Dennis W. Chiu, JD
Peter C. Fung, MD
Julia E. Miller
David Reeder
John L. Zoglin

MEDIA POLICY (Draft Revised June 14, 2016)

Adopted by the ECHD Board of Directors January 20, 2016

Effective media relations are important to the El Camino Healthcare District and the residents we serve.

The CEO shall serve as the official ECHD spokesperson. The CEO or designee will convey the official ECHD position on all issues regarding District activities and ECHD Board actions. Depending on the specific circumstances, the CEO may designate El Camino Hospital's Vice President Marketing and Communications or Director of Government and Community Relations to serve as District spokesperson on a particular issue. Notwithstanding the above, if the ECHD Board votes in conflict on any topic with the El Camino Hospital Board of Directors, then in that instance the ECHD Board Chair shall act as spokesperson for the District.

ECHD Board Members should refer all media inquiries regarding District activities and ECHD Board actions to the CEO's office. CEO will inform the ECHD Board Chair of media inquiries related to the District Board. ECHD Board members may respond to media inquiries for an individual opinion as an elected official, taking care not to represent their individual opinion as representative of the ECHD Board or the District.

Distribution of information to the media regarding the El Camino Healthcare District or about Board Member activities shall be approved by the CEO or designee in conjunction with the Board Chair. Distribution of information should align with these criteria:

- Be related to efforts or recognition that occur on behalf of El Camino Healthcare District
- Involve efforts or recognition related to the healthcare industry
- Be in compliance with California Fair Political Practices Commission regulations
- Be distributed in the manner Marketing & Communications recommends as being most effective

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

Att. 14 03 REDLINE ECHD Media Policy



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

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~~Press releases regarding the El Camino Healthcare District shall be approved by the CEO or designee. Distribution of information to the media regarding the El Camino Healthcare District or about Board Member activities shall be approved by the CEO or designee in conjunction with the Board Chair. Distribution of information should align with these criteria:~~

- Be related to efforts or recognition that occur on behalf of El Camino Healthcare District
- Involve efforts or recognition related to the healthcare industry

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

- Be in compliance with California Fair Political Practices Commission regulations
- Be distributed in the manner Marketing & Communications recommends as being most effective

ATTACHMENT 23

**DISTRICT BOARD
DRAFT FY2017 PACING PLAN (June 14, 2016)**

FY2017: Q1		
JULY 2016	AUGUST 16, 2016	SEPTEMBER 2016
No Meeting	Approval of Campus Development Funding	No meeting
FY2017: Q2		
OCTOBER 18, 2016	NOVEMBER 2016	DECEMBER 6, 2016
<ul style="list-style-type: none"> ▪ FY 2017 YTD ECHD Financials ▪ FY 2016 Community Benefit Year End Report ▪ FY 2016 Stand-Alone Financials ▪ FY 2016 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY2016 Hospital Audit ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ Consider Re- Election of ECH Board Member with term expiring on June 30, 2017 ▪ Pacing Plan 	No Meeting	<ul style="list-style-type: none"> ▪ Swearing in of District Board Members ▪ Election of El Camino Hospital Board Directors ▪ Affirm and Sign Code of Conduct

FY2017: Q3		
JANUARY 17, 2017	FEBRUARY 2017	MARCH 21, 2017
<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY 2017 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Pacing Plan ▪ Bi Annual By-Laws Review (done last in FY15) ▪ Bi-Annual Reserve Powers Review (done last in FY15) ▪ Tobacco Securitization Authority Report 	No Meeting	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY 2017 YTD ECHD Financials ▪ Hospital Board member Election Ad Hoc Committee Report (if necessary). ▪ Affirm Process for Board Officer Election ▪ Pacing Plan
FY2017: Q4		
APRIL 2016	MAY 2017	JUNE 20, 2017
No Meeting	No Meeting	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ 2017 YTD ECHD Financials ▪ Tax Appropriation for FY2018 ▪ District Capital Outlay Fund ▪ Review and Approve FY 2018 Pacing Plan ▪ Approval of FY 2018 Community Benefit Plan ▪ Approve ECH FY 2018 Budget ▪ Approve ECHD FY 2018 Budget ▪ Appoint Hospital Board Member Election Ad Hoc Committee ▪ Biennial Board Officer Election