



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

Tuesday, June 19, 2018 – 5:30pm

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

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER/ROLL CALL	Peter C. Fung, MD, Board Chair		5:30 – 5:32pm
2. SALUTE TO THE FLAG	Peter C. Fung, MD, Board Chair		5:32 – 5:34pm
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter C. Fung, MD, Board Chair		5:34 – 5:35
4. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Peter C. Fung, MD, Board Chair		information 5:35 – 5:38
5. COMMUNITY BENEFIT SPOTLIGHT: REBUILDING TOGETHER <i>Resolution 2018-08</i> ATTACHMENT 5	Barbara Avery, Director, Community Benefit	<i>public comment</i>	motion required 5:38 – 5:48
6. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the District Board Meeting (May 15, 2018) b. Resolution 2018-09: Establishing Tax Appropriation Limit for FY19 c. Resolution 2018-10: Appointment of Advisor to ECH Board Member Election Ad Hoc Committee d. Proposed Revised Guidelines for Communication with the CEO and Other Staff Members Information e. Community Benefit Audit	Peter C. Fung, MD, Board Chair	<i>public comment</i>	motion required 5:48 – 5:53
7. PROPOSED FY19 COMMUNITY BENEFIT PLAN ATTACHMENT 7	Peter C. Fung, MD, Board Chair	<i>public comment</i>	motion required 5:53 – 5:58

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
8. FINANCIAL REPORT a. ECHD FY18 Period 10 Financials b. FY19 ECH Capital and Operating Budget c. FY19 ECHD Consolidated and Stand-Alone Budget d. Allocation of Capital Outlay Funds	Iftikhar Hussain, CFO Ken King, CASO	<i>public comment</i>	possible motion(s) 5:58 – 6:23
9. DRAFT DISTRICT DIRECTOR VACANCY POLICY ATTACHMENT 9	Cindy Murphy, Director of Governance Services	<i>public comment</i>	possible motion 6:23 – 6:43
10. ECH BOARD AND BOARD CHAIR ASSESSMENT ATTACHMENT 10	Peter C. Fung, MD, Board Chair		discussion 6:43 – 6:58
11. APPOINTMENT OF LIAISON TO COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC)	Peter C. Fung, MD, Board Chair	<i>public comment</i>	possible motion 6:58 – 7:03
12. PROCESS FOR ANNUAL PERFORMANCE REVIEW OF DISTRICT CEO AND CFO ATTACHMENT 12	Peter C. Fung, MD, Board Chair	<i>public comment</i>	possible motion 7:03 – 7:13
13. ADJOURN TO CLOSED SESSION	Peter C. Fung, MD, Board Chair	<i>public comment</i>	motion required 7:13 – 7:14
14. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Peter C. Fung, MD, Board Chair		7:14 – 7:15
15. CONSENT CALENDAR <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the District Board Meeting (May 15, 2018)	Peter C. Fung, MD, Board Chair		motion required 7:15 – 7:16
16. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – Senior Management: - Executive Session	Peter C. Fung, MD, Board Chair		discussion 7:16 – 7:21
17. ADJOURN TO OPEN SESSION	Peter C. Fung, MD, Board Chair		motion required 7:21 – 7:22
18. RECONVENE OPEN SESSION/ REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Peter C. Fung, MD, Board Chair		7:22 – 7:23
19. FY19 PACING PLAN ATTACHMENT 19	Peter C. Fung, MD, Board Chair		discussion 7:23 – 7:29
20. ADJOURNMENT	Peter C. Fung, MD, Board Chair		motion required 7:29 – 7:30pm

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

RESOLUTION 2018-08

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

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

WHEREAS, the Board wishes to honor and recognize Rebuilding Together Peninsula for partnering with the El Camino Healthcare District to deliver the Safe at Home Falls Prevention for Seniors Program that aims to address fall risk factors through repairs and modifications in and around the homes of at-risk, vulnerable older adults.

The El Camino Healthcare District and Rebuilding Together Peninsula began a partnership in Fiscal Year 2017 in an effort dedicated to provide no-cost home safety modifications and repairs for low-income, at-risk older adults to reduce the risk of falls and allow residents to age in place. The Safe at Home Program for Seniors has provided services to 40 households. The services provided to the community include administering environmental fall risk assessments, developing customized home safety plans and follow-ups with older adults.

WHEREAS, the Board would like to acknowledge Rebuilding Together Peninsula for its commitment to providing the Safe at Home Program for Seniors.

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

Rebuilding Together Peninsula

IN WITNESS THEREOF, I have here unto set my hand this **19TH DAY OF JUNE, 2018**.

EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:

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

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





**Minutes of the Open Session of the
Meeting of the El Camino Healthcare District Board of Directors
Tuesday, May 15, 2018**
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)

Board Members Present

Neysa Fligor
Peter C. Fung, MD, Chair
Julia E. Miller, Vice Chair
David Reeder
John Zoglin, Secretary/Treasurer

Board Members Absent

None

Members Excused

None

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the El Camino Healthcare District Board of Directors (the “Board”) was called to order at 5:32pm by Chair Fung. A silent roll call was taken. All Board members were present.	
2. SALUTE TO THE FLAG	Chair Fung led the Board members, staff, and members of the public present in the Pledge of Allegiance.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Fung asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	There were no comments from the public.	
5. CONSENT CALENDAR	<p>Chair Fung asked if any member of the Board or the public wished to remove an item from the consent calendar. No items were removed.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the District Board Meeting (March 20, 2018); Draft Revised ECH Bylaws Sections 5.1 and 5.2; and Draft Revised Process for Election and Re-Election of Non-District Board Members.</p> <p>Movant: Zoglin Second: Fligor Ayes: Fligor, Reeder, Fung, Miller, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Consent calendar approved</i>
6. COMMUNITY BENEFIT SPOTLIGHT: SUNNYVALE COMMUNITY SERVICES	<p>Motion: To approve <i>Resolution 2018-06</i>.</p> <p>Movant: Reeder Second: Miller Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Barbara Avery, Director, Community Benefit, introduced Marie Bernard, Executive Director of Sunnyvale Community Services.</p> <p>Ms. Bernard thanked the Board for their support and provided an overview of Sunnyvale Community Services’ work preventing homelessness and hunger through their programs (comprehensive emergency financial and food assistance, intensive social work case</p>	<i>Resolution 2018-06 approved</i>

	<p>management) and advocacy efforts.</p> <p>The Board thanked Ms. Bernard and staff for their work.</p>	
<p>7. DRAFT REVISED ECHD COMMUNITY BENEFIT GRANTS POLICY</p>	<p>Director Fligor proposed a series of semantic and grammatical changes and the following revision to the policy:</p> <p>Include a provision (which would be “Number 9” in the policy) where, “All CBAC members are required to comply with this policy and to conduct themselves in a manner consistent with certain standards of conduct.”</p> <p>She suggested that the CBAC members comply with values like those articulated in the District Board’s Standards of Conduct.</p> <p>Cecile Currier, VP, Corporate and Community Health Services, reported that all CBAC members sign a Confidentiality Agreement, but do not currently sign any Standards of Conduct.</p> <p>The Board discussed approving the policy pending legal review.</p> <p>Colin Coffey, outside counsel from Archer Norris, noted that it was his understanding that the Board wants CBAC to remain a staff committee and explained that including that kind of requirement in the policy might change the characterization of CBAC. He commented that the entity that operates a Committee would be the entity that should install Standards of Conduct for its members.</p> <p>Motion: To approve the Proposed ECHD Community Benefit Grants Policy, incorporating all proposed edits from Director Fligor, subject to review and approval from counsel.</p> <p>Movant: Fligor Second: Reeder</p> <p>The Board further discussed the advice from counsel.</p> <p>Friendly Amendment (Miller): To approve the policy with grammatical edits, but omitting the proposed Number 9.</p> <p>The Board and Ms. Currier discussed presenting a Code or Standards of Conduct to the CBAC for consideration at their next meeting rather than incorporating those standards in the policy.</p> <p>Director Fligor accepted the friendly amendment.</p> <p>Second: Zoglin</p> <p>Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Revised ECHD Community Benefit Grants Policy approved</i></p>
<p>8. FY18 COMMUNITY BENEFIT MID-YEAR METRICS</p>	<p>Barbara Avery, Director of Community Benefit, summarized the midterm status of the FY18 grantees’ metrics. There were 58 grant programs for FY18, with 72% of grant programs meeting at least 80% of their program’s metrics.</p> <p>In response to Director Reeder’s question, Ms. Avery explained that the application forms are adjusted annually and now require grantees to include targets and outcomes from prior years. Grantees who are not meeting metrics are evaluated on a case-by-case basis and are asked to provide explanations for missed metrics in their reports.</p>	

	<p>Several Board members discussed various reviewing various areas of interest about grantees and grant allocation: 1) geographic breakdown of grant allocations based on each grantee’s physical location; 2) geographic breakdown of grant allocations based on the population served by District grant funds (percentages by city); and 3) verification of District residency of grantee program participants. Ms. Currier commented that it would be unduly burdensome for staff and/or grantees to compile that information. She also noted that all District grantees must use grant funds to provide services to people who live, work, or go to school in the District. Chair Fung noted that he will discuss the matter further with staff.</p> <p>In response to Director Fligor’s question, Ms. Avery explained that the CBAC reviews historical performance, including the failure to meet metrics, when considering funding for the next year.</p>	
<p>9. PROPOSED FY19 COMMUNITY BENEFIT GRANTS</p>	<p>Ms. Avery provided an overview of the grant application process and evaluation of grants (release of application, submission, review by staff, CBAC, and District Board approval). She also described the new online platform used for grant submissions and the FY19 grant guidebook. She highlighted the expertise of the members of the Community Benefit Advisory Council (CBAC).</p> <p>She described historical funding requests and funding approvals and a summary of the FY19 proposals. Ms. Avery reported that ECHD received 58 proposals, with a total of \$8,316,105 in requested funding.</p> <p>Ms. Avery thanked Anne Boyd Rabkin and Sharan Johal, Sr. Community Benefit Specialists for their work.</p> <p>Director Reeder commended staff and the CBAC for their diligent work in developing recommendations.</p> <p>In response to Director Fligor and Director Zoglin’s questions, Ms. Avery described the work with the Controller to develop the amount of total funding that can be allocated to Community Benefit in each fiscal year, including funding held in reserve (about 26% of the plan).</p> <p>In response to Director Miller’s questions, Ms. Currier described the partnership between the Hospital and Lyft and Roadrunner’s door-to-door services to support seniors with mobility issues.</p> <p>In response to Director Fligor, Ms. Avery described the feedback that Community Benefit staff provides to grantees when grant applications are denied.</p> <p>Cindy Murphy, Director of Governance Services, noted that the FY19 Community Benefit Plan will be a motion item at the June 19, 2018 District Board meeting.</p>	
<p>10. RESOLUTION 2018-07</p>	<p>Director Fung announced the appointment of Director Miller as the Chair and Director Fligor as the second member of the District’s El Camino Hospital Board Member Election Ad Hoc Committee. Director Fung, as Governance Committee Chair, recommended appointment of Governance Committee member Christina Lai as an advisor to the Ad Hoc Committee.</p> <p>Director Fung reported that he is waiting for a nomination from the Chair of the Hospital Board for an El Camino Hospital Director who is not a member of the District Board to serve as an advisor.</p> <p>Motion: To approve <i>Resolution 2018-07</i>, appointing the individuals mentioned above.</p>	<p><i>Resolution 2018-07 approved</i></p>

	<p>Movant: Fung Second: Miller Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>11. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:55pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of Minutes of the Closed Session of the District Board Meeting (March 20, 2018); pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p>Movant: Miller Second: Fligor Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Adjourned to closed session at 6:55pm</i></p>
<p>12. AGENDA ITEM 16: RECONVENE OPEN SESSION/REPORT OUT</p>	<p>Open session was reconvened at 7:28pm. Agenda items 12-15 were addressed in closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the District Board Meeting (March 20, 2018) by a unanimous vote in favor of all members present (Directors Fligor, Fung, Miller, Reeder, and Zoglin).</p> <p>Director Fligor requested one blank field in the approved revisions to the Community Benefit Grants policy from earlier in the meeting be filled in as follows, “New grants up to \$50,000 must be approved by the CEO and new grants in excess of \$50,000 require the approval of the ECHD Board.”</p> <p>Motion: To amend the draft policy to include the individual, the CEO, to approve new grants up to \$50,000.</p> <p>Movant: Fligor Second: Zoglin</p> <p>The Board discussed whether the VP, Corporate & Community Health Services or the CEO should be the individual to approve new grants up to \$50,000.</p> <p>Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>13. AGENDA ITEM 17: FY18 PACING PLAN</p>	<p>Director Fung reported that the District Board will review the ECH Board and Board Chair Assessment recently completed by the Hospital Board members (including all five District Directors) and ECH staff. He explained that Nygren Consulting will separate out the District Board members’ responses and provide a summary report of that information to the District Board for review.</p> <p>There were no additional comments from the Board.</p>	

14. AGENDA ITEM 18: ADJOURNMENT	Motion: To adjourn at 7:36pm. Movant: Zoglin Second: Reeder Ayes: Fligor, Fung, Miller, Reeder, Zoglin Noes: None Abstentions: None Absent: None Recused: None	Meeting adjourned at 7:36pm.
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Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Healthcare District:

Peter C. Fung, MD
Chair, ECHD Board

John Zoglin
Secretary, ECHD Board

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

DRAFT

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Resolution 2018-09 - Tax Appropriation for Fiscal Year 2019 El Camino Healthcare District Board of Directors June 19, 2018
Responsible party:	Matt Harris, Controller
Action requested:	For Approval
<p>Background: Every May 1st, 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.</p> <p>http://www.dof.ca.gov/budgeting/documents/Pricet-Population_2018.pdf</p> <p>1. <u>Cost of Living Category:</u></p> <ul style="list-style-type: none"> • The change in California per capita personal income from the preceding year was a positive 3.67% • The percentage change in local assessment due to nonresidential new construction from the previous year. This change is no longer provided. <p>We selected the % change in per capita personal income of a positive 3.67% (1.0367)</p> <p>2. <u>Change in Population:</u></p> <ul style="list-style-type: none"> • The population change within the District was a positive 0.0133% • The population change within the County was a positive 0.0099% <p>We selected the District: 0.0133% (1.0133)</p> <p>3. <u>Calculation:</u> Change in Per Capita Income of 1.0367 x Change in District Population of 1.0133 = 1.0504 (multiplier); Last Year's Limit of \$8,024,670 x multiplier of 1.0504 = FY 18/19 Appropriation Limit of \$8,429,113.00</p>	
Board Advisory Committees that reviewed the issue and recommendation, if any: None	
<p>Summary and session objectives: To obtain approval of Resolution 2018-09 setting a Tax Appropriation Limit of \$8,429,113.00 for FY19.</p>	
Suggested discussion questions: None. This is a consent item.	
Proposed Board motion, if any: To approve Resolution 2018-09.	
<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none"> 1. Draft Resolution 2018-09 	

ECHD RESOLUTION 2018-09

**RESOLUTION OF THE BOARD OF DIRECTORS OF
EL CAMINO HEALTHCARE DISTRICT
ESTABLISHING THE APPROPRIATIONS LIMIT FOR FISCAL YEAR 2018 -19
IN ACCORDANCE WITH ARTICLE XIIB OF THE CONSTITUTION OF
THE STATE OF CALIFORNIA**

WHEREAS, El Camino Healthcare District (“District”) has completed its budget analysis and preparation for fiscal year 2018-19 and, pursuant to Article XIIB of the California Constitution and S7900 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 XIIB 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 2018-19, 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 (3.67%).

2. For fiscal year 2018-19, the District hereby elects to use the following measurement to calculate the change in population:

The change in population within the District of 1.0133%.

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 2018-19, the District's total annual appropriations subject to limitation are \$8,429,113.00 calculated as follows.
 - a. $1.037 \times 1.0133 = 1.0504$ (multiplier)
 - b. $1.0504 \times \$8,024,670$ (FY 2018 limit) = \$8,429,113.00
5. As required by Article XIII B S1, the District's total annual appropriations subject to limitation for fiscal year 2017-18 should not exceed the District's appropriations limit for fiscal year 2018-19.

DULY PASSED AND ADOPTED at a Regular Meeting held on the 19th day of June 2018 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

John Zoglin, Secretary
El Camino Healthcare District Board of Directors

DRAFT

**EL CAMINO HEALTH CARE DISTRICT
RESOLUTION 2018-10**

WHEREAS, the Board of Directors (ECHD Board) has previously adopted Resolution 2018-07 providing for the appointment of the El Camino Hospital Board Member Election Ad Hoc Committee for FY19 (“Ad Hoc Committee”);

WHEREAS, the ECHD Board appointed two members, but only one Advisor to the Ad Hoc Committee when it adopted Resolution 2018-07 on May 15, 2018;

RESOLVED, that Julia E. Miller and Neysa Fligor are the sole members of the Ad Hoc Committee and Christina Lai is an Advisor to the Ad Hoc Committee; be it further

RESOLVED, that Julie Kliger shall also serve as Advisor to the Committee pursuant to a designation by the Chair of El Camino Hospital Board of Directors to be Advisor consistent with the applicable District Policy.

DULY PASSED AND ADOPTED at a Regular Meeting held on June 19, 2018 by the following votes:

AYES:

NOES:

ABSTENTIONS:

ABSENT:

John Zoglin
Secretary, El Camino Healthcare District

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Proposed Revised Guidelines for Communication with the CEO and Other Staff Members El Camino Healthcare District Board of Directors June 19, 2018
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	For Approval
Background:	<p>At its June 13, 2018 meeting, the El Camino Hospital Board of Directors (“Hospital Board”) approved revised Guidelines for Board Communication with the CEO and Other El Camino Hospital Staff Members. The revised Guidelines codify the existing practices that staff has, at least over the last several years, been asked to implement. An issue was raised as to whether the District has similar Guidelines or if the Guidelines approved by the Hospital Board would also apply to District Board members in their roles as District Board members.</p> <p>A revision to the District Board’s Guidelines is presented here for the Board’s approval. The only difference between the version presented here and the Guidelines adopted by the Hospital Board is removal of the reference to Advisory Committee members since District Board Committees do not have any members who are not Board Members.</p>
Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives:	To review the proposed revisions and approve.
Suggested discussion questions:	None. This is a consent calendar item.
Proposed Board motion, if any:	To approve the Revised Guidelines for Communication with the CEO and other El Camino Hospital Staff
LIST OF ATTACHMENTS:	<ol style="list-style-type: none"> 1. [Draft Revised] Guidelines for Communication with the CEO [and other El Camino Hospital Staff] (redline) 2. [Draft Revised] Guidelines for Communication with the CEO [and other El Camino Hospital Staff] (clean)



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BOARD OF DIRECTORS

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

Guidelines for Communication with the CEO and Other Staff Members
Board Members Request for Staff Work
Revised for District Board consideration June 19, 2018

Purpose: To provide an efficient process for individual Board members to request or share information and obtain staff assistance with research or projects.

Policy Statement: It is the policy of the El Camino Healthcare District Board of Directors that staff be available to individual Board members (1) pursuant to reasonable requests to obtain or share information and (2) for assistance with research or projects, and that the Board Chair be kept informed of such requests.

A. Communication Generally: The Director of Governance Services or, in the prolonged absence of the Director of Governance Services, a specific designee, shall serve as the first and primary point of contact between the Board and staff. The Director of Governance Services, when at all possible, is expected to (1) return phone calls and e-mails within 2 business days and (2) notify Board Members in advance of planned absences greater than two business days. Exceptions include:

1. Board Members may contact the CEO directly.
2. For routine clerical matters, Board members should first contact the Board Services Coordinator, but may always refer a matter to the Director of Governance Services at their discretion.
3. To schedule a 1:1 appointment with the CEO, Board members should contact the El Camino Hospital employee who manages the CEO's calendar, but may always refer a matter to the Director of Governance Services at their discretion.
4. In the case of an extreme emergency after business hours or on a holiday or weekend, Board members should contact the Administrator on Call (AOC) by calling the House Supervisor at (###) ###-####. Contact information for the AOC will also be maintained in the Board Portal.
5. When acting as a member of the public, and not in their role as a member of the Board, Board members may interact with Hospital staff directly. For example, if a member is a patient, or has a family member who is a patient, the Board member should interact with staff as necessary and appropriate related to patient care.

4.—

B. Board Member Requests for Staff Work

1. If a request for staff work is made to the CEO by a Board member other than the Chair, the Board member shall communicate that request via e-mail to ~~both~~ the CEO, the Director of Governance Services, and the Board Chair. The CEO will evaluate the staff time required to comply with the request. If the CEO estimates that a request will require more than 2.5 hours of staff work, the CEO will inform the Board Chair prior to beginning the work. The Chair will either authorize the work or agendaize the topic for the next meeting. Each Board member may make one such request between Board meetings.
2. If a request for staff work on an item is made to the CEO by two or more Board members, those Board members shall communicate that request via e-mail to ~~both~~ the CEO, the Director of Governance Services, and the Board Chair. The CEO will evaluate the staff time required to comply with the request. If the CEO estimates that a request will require more than 5 hours of staff work, the CEO will inform the Board Chair prior to beginning the work. The Chair will either authorize the work or agendaize the topic for the next meeting. Each Board member may initiate one such request between Board meetings.
3. The CEO shall not honor requests for staff work from individual or groups of two Board members on matters that the Board has considered and voted not to approve or pursue.
4. The CEO will keep the Board Chair informed in regards to all requests for staff work from Board members other than the Board Chair.



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

BOARD OF DIRECTORS

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Guidelines for Communication with the CEO and Other Staff Members

Revised for District Board consideration June 19, 2018

Purpose: To provide an efficient process for individual Board members to request or share information and obtain staff assistance with research or projects.

Policy Statement: It is the policy of the El Camino Healthcare District Board of Directors that staff be available to individual Board members (1) pursuant to reasonable requests to obtain or share information and (2) for assistance with research or projects, and that the Board Chair be kept informed of such requests.

A. **Communication Generally:** The Director of Governance Services or, in the prolonged absence of the Director of Governance Services, a specific designee, shall serve as the first and primary point of contact between the Board and staff. The Director of Governance Services, when at all possible, is expected to (1) return phone calls and e-mails within 2 business days and (2) notify Board Members in advance of planned absences greater than two business days. Exceptions include:

1. Board Members may contact the CEO directly.
2. For routine clerical matters, Board members should first contact the Board Services Coordinator, but may always refer a matter to the Director of Governance Services at their discretion.
3. To schedule a 1:1 appointment with the CEO, Board members should contact the El Camino Hospital employee who manages the CEO's calendar, but may always refer a matter to the Director of Governance Services at their discretion.
4. In the case of an extreme emergency after business hours or on a holiday or weekend, Board members should contact the Administrator on Call (AOC) by calling the House Supervisor at (###) ###-####. Contact information for the AOC will also be maintained in the Board Portal.
5. When acting as a member of the public, and not in their role as a member of the Board, Board members may interact with Hospital staff directly. For example, if a member is a patient, or has a family member who is a patient, the Board member should interact with staff as necessary and appropriate related to patient care.

B. **Board Member Requests for Staff Work**

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

1. If a request for staff work is made to the CEO by a Board member other than the Chair, the Board member shall communicate that request via e-mail to the CEO, the Director of Governance Services, and the Board Chair. The CEO will evaluate the staff time required to comply with the request. If the CEO estimates that a request will require more than 2.5 hours of staff work, the CEO will inform the Board Chair prior to beginning the work. The Chair will either authorize the work or agendaize the topic for the next meeting. Each Board member may make one such request between Board meetings.
2. If a request for staff work on an item is made to the CEO by two or more Board members, those Board members shall communicate that request via e-mail to the CEO, the Director of Governance Services, and the Board Chair. The CEO will evaluate the staff time required to comply with the request. If the CEO estimates that a request will require more than 5 hours of staff work, the CEO will inform the Board Chair prior to beginning the work. The Chair will either authorize the work or agendaize the topic for the next meeting. Each Board member may initiate one such request between Board meetings.
3. The CEO shall not honor requests for staff work from individual or groups of two Board members on matters that the Board has considered and voted not to approve or pursue.
4. The CEO will keep the Board Chair informed in regards to all requests for staff work from Board members other than the Board Chair.

Memo

To: Board of Directors, El Camino Healthcare District
From: Jane Conklin, Conklin Consulting
Date: June 19, 2018
Subject: Community Benefit Grant Program Audit Report

Audit Overview

The El Camino Healthcare District (ECHD) contracted with Jane Conklin, an independent consultant, to conduct program audits of three Community Benefit grantees: a dementia program for the Asian community, a school district nurse program, and a physical activity and positive school climate program. The primary purpose of the audits is to assess the reliability of reported metrics and budget information for FY17 programming of these grants. Additionally, audits are intended to offer constructive feedback to partner agencies on how to improve grant reporting procedures, if needed.

The audits supplement routine monitoring and quality assurance procedures. Examples of other oversight measures already in place are:

- Grant applications include audited financial statements and evaluation and survey tools
- Engagement of agency partner leadership in the Community Benefit program by requiring executive director/chief executive officer sign-off on grantee agreements and mid-year and year-end reports
- Staff review and provision of feedback on grantee mid-year and year-end reports
- ECHD Board of Directors review of proposed grant programming and dashboards of grantee progress

The report below describes audit summary conclusions, consultant background, methods, common findings across grantees, and individual grantee findings and recommendations.

Summary Conclusion

The audit process confirmed that all audited agencies had procedures in place to collect and manage data for program metrics and expenditures. In addition, review of source data confirmed agencies had records to support program activities and associated metrics and expenditures. The audit also found partner agencies may benefit from fine-tuning their processes to minimize minor reporting challenges.

Community Benefit staff will debrief with each audited grantee to confirm plans to address specific recommendations and respond to any additional questions. Staff will monitor individual agency progress and incorporate relevant audit findings into overall process improvements within the Community Benefit program.

Consultant Background

Jane Conklin has more than twenty years' experience administering and evaluating public health programs. Her background includes overseeing grant programs for the Community Foundation of Southern Arizona and State of Michigan. In these roles Ms. Conklin conducted monitoring and evaluation site visits for programs implemented by community based organizations, federally qualified health centers, university hospitals, and city and county health agencies. Ms. Conklin began her consulting practice in 2012 and works both locally and nationally. She recently completed a mixed-methods evaluation of a Centers for Disease Control and Prevention nationwide

public health informatics fellowship program and supported a planning process with the Democratic Republic of Congo's Ministry of Health to develop a national public health institute. From 2012–16, Ms. Conklin provided grants coordination services to the El Camino Hospital and El Camino Healthcare District Community Benefit program.

Methods

The audit protocol included a site visit with two main components: 1) a series of structured questions to review the procedures grantees use to collect and report on data for program metrics and expenditures, and, 2) a review of program and financial data to confirm consistency with reported metrics and expenditures.

Structured questions addressed three primary areas:

- Processes used to collect data, including data quality assurance and security and confidentiality
- Methods used to evaluate program outcomes
- Procedures used to track and report on grant expenditures

Program data review followed a multi-step process:

1. Review of tools used to aggregate data, e.g., spreadsheets, worksheets, and reports from databases.
2. Confirmation of any formulas used to calculate program metrics.
3. Verification that reported metrics and expenditures were supported by source documentation, e.g., sign-in sheets, medical records, and/or databases and reports for information collected electronically.

For metrics with large sample sizes (defined as more than 25 records), verification included confirming the total numbers of program records and scanning records for completeness and consistency. For larger metrics that aggregated data across sources or calculated percentages for outcome measures a subset of records was sampled. For example, if an agency reported providing several thousand total services that aggregated multiple service types, the consultant reviewed any formulas used to calculate that number, then randomly selected several sub-components (either by service type or location) and confirmed supporting paper or electronic files. Similarly, for outcome metrics, the consultant sampled a subset of records to confirm that results corresponded with the proportions reported in year-end reports to ECHD. For metrics with smaller sample sizes of less than 25 records, each individual record was reviewed.

As source data were reviewed, the consultant also considered several aspects of data quality, including organization, clarity/legibility, verifiability, completeness, representativeness (for outcomes), and accuracy.

After the site visit, the consultant prepared individual agency reports that have been shared with Community Benefit staff and will be shared with the agencies. Community Benefit staff will debrief with each audited grantee to confirm plans to address specific recommendations and respond to any additional questions. Staff will monitor individual agency progress and incorporate relevant audit findings into overall process improvements within the Community Benefit program.

Common Findings Across Grant Programs

Although each grantee operates in a unique context, several themes emerged across audits. Strengths and challenges common to all three agencies are presented below.

Strengths

- Agencies demonstrated clear commitment to the program audit process. Staff were well prepared for the site visits, often assembling documents in advance and independently identifying areas for process improvement. Staff were highly engaged and displayed clear knowledge of grant objectives, program delivery, and procedures related to data collection and management. All grantees expressed appreciation for the opportunity to discuss and think critically about programming and for ongoing support from ECHD.
- Program records supported reported metrics and expenditures. Agencies had sign-in sheets, evaluation forms, completed referral forms with provider signatures and/or representations of such data collected electronically that supported program activities and associated program metrics and expenditures.
- Well-established procedures were in place to collect and manage data. Although individual approaches differed and agencies demonstrated individual strengths and challenges, all agencies had procedures in place that allowed them to manage and monitor grant data.

Challenges

- All agencies have some opportunity to improve precision in year-end reporting. While the data review confirmed program reports aligned with program data, several minor, non-material differences in year-end reporting were found at each agency. Most variances related to under-reporting volume metrics. Reasons for variances included clerical error, procedural errors where some program activities were undercounted, and end-of-year data lags where data were not fully entered when year-end reports were compiled.
- Tracking and aggregating data can be challenging for agencies that provide multiple types of services as part of their ECHD programming. While agencies use supplemental data management tools, e.g., spreadsheets or worksheets to aggregate data across multiple sources, such procedures can be administratively burdensome and may be more likely to introduce clerical errors or data inaccuracies in reported data.

Individual Grantee Audit Summaries

In addition to common findings presented above, background on the agencies receiving program audits and high-level individual agency findings and recommendations are presented below. Agencies will receive individual detailed reports and debriefing from Community Benefit staff.

Dementia Program for the Asian Community

Grant Overview

FY17 Funding	\$70,000 (funds two part-time education staff, oversight, print materials and advertising)
Purpose	Increase awareness of Alzheimer’s Disease and related dementias in Asian communities and provide culturally and linguistically competent services. Activities include outreach, large-scale community awareness forums, smaller group education, ongoing support groups, intensive small-group interventions, and one-on-one consultations for families and caregivers in Chinese and Korean communities.

Program Metrics Tracked

- Individuals served (over 1,900) Encounters provided (over 2,300)
- Forum/educational participants who agree programs met expectations (99%)
- Caregiver class attendees who agree they know more about managing dementia (100%)

Audit Participants

Chief Program Officer*
Chinese Outreach Manager*
Data Specialist
Director of Diversity and Inclusion*
Grants Program Administrator

*position at least partly supported by ECHD grant

Summary of Findings

As noted above, all audited agencies, including this agency's program, had procedures to collect and manage program data, appropriately supportive source documentation, and some opportunities to fine tune year-end data quality assurance.

In addition to these commonalities, agency-specific findings and observations are summarized below:

- The agency's administrative structure provides in-kind support for data collection, management, analysis, and reporting. In addition to staff paid by the grant, the program receives active support from the agency's Data Specialist, Grants Program Administrator, Program Assistant and others. The agency's national office infrastructure provides strong systems for data security and confidentiality, staff training, and database support.
- Several small, non-material differences were noted in the data review; with the agency providing slightly more services and incurring slightly more expenses than reported in the final grant report. For metric differences, staff acknowledged clerical error and that additional program records may have been entered after the report was prepared. For expenditures, staff indicate it is challenging to receive full expenditure data from the national organization at the time final grant reports are due; staff report final expenditures conservatively, based on preliminary data and available receipts.
- The agency's FY17 year-end ECHD report included the total number of clients and encounters provided by the Asian dementia program in the healthcare district, while ECHD funded only a portion of the program. Community Benefit staff have had an on-going dialogue with the agency to ensure FY18 reporting and FY19 proposal reflects the proportion of programming supported by ECHD and respond to any additional questions.

Recommendations

1. Emphasize program data cleaning in the time leading up to final report preparation. Alert the national organization to the need and timing of expenditure reporting to maximize precision of those data.
2. Work with Community Benefit staff to resolve any remaining reporting issues.

School District Nurse Program

Grant Overview

FY17 Funding

\$220,321 (two full-time nurses and one part-time health assistant)

Purpose

Provide health services to students in the school system. Activities include vision and hearing screenings, oral health exam review, immunization review; Child Health and

Disability Prevention exams; one-on-one health care for students with chronic health conditions such as diabetes; GoNoodle classroom engagement sessions, staff training/education. Students requiring medical follow-up with a provider will receive assistance accessing appropriate healthcare services.

Program Metrics Tracked

- Students served (over 3,400) Services provided (over 8,100)
- Students with failed screenings who saw a provider (74%)
- Students needing a Child Health and Disability Program exam who saw a provider (48%)
- Students needing an oral health exam who saw a provider (66%)
- Students who report decreased anxiety levels (77%)

Audit Participants

Chief Human Relations Officer
Program Assistant
Three District School Nurses*

*positions at least partly supported by ECHD grant

Summary of Agency-Specific Findings

As noted above, all audited agencies, including this school district nurse program, had procedures to collect and manage program data, appropriately supportive source documentation, and some opportunities to fine tune year-end data quality assurance.

In addition to these commonalities, agency-specific findings and observations are summarized below:

- The school district collects a high volume of complex data. In FY17, three nurses and a health aide provided 11 different types of services at 11 different schools in the district, logging more than 8,000 service encounters for the ECHD grant. This volume and diversity of sites and service types can create special administrative challenges for the school district team.
- School district staff used the audit visit as an opportunity to review past program data and data management procedures. Staff organized data from multiple locations and assembled program binders in advance of the visit. During this process, they discovered they had under-counted some FY17 program service encounters. These data gaps have since been remedied.
- While school district data systems capture complete program data, they have limitations sorting and aggregating data for grant metrics. To compensate, staff have implemented supplemental mechanisms including worksheets, whiteboards, spreadsheets, and binders to track data for ECHD metrics. While these mechanisms permit tracking program activities, they can be administratively burdensome and manual calculations increase the likelihood of reporting error.

Recommendations

1. Continue to explore ways to simplify and automate data collection, management, and analysis.
2. Develop formal data quality protocols that describe data quality procedures, responsible parties, and timelines.
3. If not feasible to obtain full program and expenditure data by the report deadline, work with Community Benefit staff to request a report extension or opportunity to provide supplemental data.

Physical Activity and Positive School Climate Program

Grant Overview

FY17 Funding \$270,000 (partial funding for seven program coordinators (Coaches), a program manager, and two site coordinators; program and training supplies)

Purpose Establish play and recess as a core strategy for improving children’s health and well-being. Activities include placing coaches full-time at seven elementary schools to implement the five-component program and placing a site-coordinator to implement the Team Up model at four schools. The coordinator conducts professional development training with recess staff, administrative staff and teachers at all schools.

Program Metrics Tracked

- Students served (over 5,900)
- Teachers and administrators who agree the program helps...
 - Increase physical activity (97%)
 - Reduce bullying at recess (89%)
 - Increase number of students engaged in healthy play (98%)
 - Improve overall school climate (98%)

Audit Participants Director of Evaluation, National Office
Finance Manager, National Office (by phone, after visit)
Executive Director, Silicon Valley Chapter

Summary of Findings

As noted above, all audited agencies, including this agency, had procedures to collect and manage program data, appropriately supportive source documentation, and some opportunities to fine tune year-end data quality assurance.

In addition to these commonalities, agency-specific findings and observations are summarized below:

- The agency has a strong evaluation capacity, with a dedicated national evaluation team that conducts formal evaluation of this program as well as collects and analyzes data for ECHD outcomes.
- All data are collected electronically and were easily available for review, which minimizes data-entry and analysis errors.
- Tracking of ECHD program expenditures at the national level provided a different level of detail than presented in ECHD program budgets and reports. The agency’s national office divides expenses between personnel costs and school fee subsidies; whereas the ECHD grant budget and year-end report reflect how those school fee subsidies further break into ECHD budget line items. The agency and Community Benefit staff has discussed these issues historically; however, capturing greater detail in the budget narrative and final reports will further support transparency between the agency local and national offices and the Community Benefit program.

Recommendations

1. Work with Community Benefit staff to make sure future grant applications and reports clearly reflect the ways in which the program tracks and expends its funds at national and local levels.

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	FY19 Community Benefit Plan El Camino Healthcare District Board June 19, 2018
Responsible party:	Cecile Currier, VP Corporate and Community Health Services and President, CONCERN:EAP; Barbara Avery, Director, Community Benefit
Action requested:	For approval
<p>Background:</p> <p><u>FY19 El Camino Healthcare District Community Benefit Plan</u></p> <ol style="list-style-type: none"> 1. The Community Benefit Advisory Council (CBAC) met on April 24, 2018 to discuss and determine the recommendations for the FY19 El Camino Healthcare District Community Benefit Plan. They provided an insightful community voice and engaged in a rich discussion of community need and gaps in services. The Council reviewed all grant proposal summaries received for FY19 and provided guidance and grant funding recommendations for the FY19 Plan. 2. The ECHD Board of Directors held a study session on May 15, 2018 to review and discuss the proposal summaries. 3. The Plan contains the following components: <ul style="list-style-type: none"> ○ Overview of Community Health Needs Assessment (CHNA) process ○ Grant proposal summaries, organized by the three health priority areas, which include information such as program services, metrics, funding and if applicable, historical performance ○ Proposed Financial Summary 	
Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
<p>Summary and session objectives:</p> <ul style="list-style-type: none"> ● Present FY19 El Camino Healthcare District Community Benefit Plan ● Plan proposes to fund 54 grants for a total of \$7,199,335. The full plan, which includes Placeholder and Sponsorships, is being recommended at a total of \$7,499,335. <ul style="list-style-type: none"> ○ ECHD received 58 proposals. There was a 5% increase in ECHD and ECH combined requests: 121, compared to the prior year of 115 proposals. ○ Seven of the District’s proposals were for new programs and 16 of the 58 proposals were for Support Grant requests (\$25,000 or less). ○ Requested funding totaled \$8,316,105; recommended/available grant funding was \$7,199,335; the variance between requested and recommended was 	

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	<p>\$1,116,770.</p> <ul style="list-style-type: none">• FY19 Community Benefit proposals were received in mid-February. Staff conducted an in-depth assessment of all requests over two and half months culminating in the development of a grant summary and funding recommendation for each proposal.• Required grant documents include: grant application, cover letter, audited financials, evaluation tools/surveys, IRS Determination Letter, Board of Directors roster, and MOUs for delivery site, if applicable.• The FY19 Plan reflects the recommendations from the CBAC and the May 15th Board Study Session.
	<p>Suggested discussion questions: None.</p>
	<p>Proposed board motion, if any:</p> <p>To approve the FY19 El Camino Healthcare District Community Benefit Plan.</p>
	<p>LIST OF ATTACHMENTS:</p> <ol style="list-style-type: none">1. Proposed FY19 ECHD Community Benefit Plan



Community Benefit Plan

Fiscal Year 2019



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

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Introduction

El Camino Hospital is an independent, nonprofit hospital with two campuses located in Mountain View and Los Gatos, California. El Camino Hospital's patients come from most of the cities in Santa Clara County, but primarily from Mountain View, Sunnyvale, Los Altos, Los Altos Hills, Santa Clara, Los Gatos, Cupertino, Campbell, Saratoga, and San Jose.

Per state and federal law, a Community Health Needs Assessment must be conducted every three years by nonprofit hospitals. In 2016, El Camino Hospital Community Benefit staff 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 Hospital 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 Hospital's 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.

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 El Camino Hospital 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, CBAC members were 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 Hospital.

ASR distributed an electronic survey to CBAC members 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 below in these three areas:



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 Hospital 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 following:

- The health needs identified through the CHNA process that El Camino Hospital **will** address (below) and how it plans to meet the health needs.
- The health needs identified through the CHNA process that El Camino Hospital does **not** intend to address and why (page 5).

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.

Health Needs Not Addressed

The El Camino Hospital Community Benefit program addresses 12 of the 18 identified health needs through its health priority areas, strategies, and partners. The six health conditions that will not be addressed by the community benefit program either did not meet the selection criteria described above, or met them to a lesser degree than the chosen conditions. They are: ADD/ADHD and learning disabilities, birth outcomes, housing, infectious diseases, sexual health, and tobacco use.

FY19 Plan & Implementation Strategy Overview

Overview

Grant Proposals Received: 58

New Program Applicants: 7

Grant Proposals Recommended for Funding: 54

Total Requested Grant Funding: \$8,316,105

Total Recommended Grant Funding: \$7,199,335

Recommended Plan Total (including Placeholder and Sponsorships): \$7,499,335

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

1. Blossom Birth Services – Relocation Assistance
2. Hand in Hand Parenting – Expansion of Hand in Hand Parenting Program
3. Healthier Kids Foundation – 10 Steps to a Healthier You Program
4. RotaCare Bay Area – Strategic Planning and Organizational Development

Acknowledgement

Acknowledgement

El Camino Healthcare District especially recognizes the critical contribution of the Community Benefit Advisory Council (CBAC) for its guidance with the FY18 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

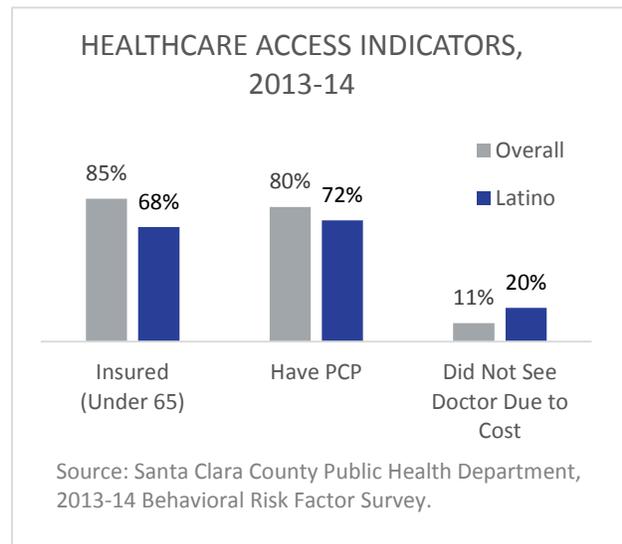
The maintenance of healthy bodies is affected by a variety of factors including the environment in which we live, social and economic factors, and personal choices and health behaviors. Poor health can be experienced as diseases and conditions such as stroke or diabetes, and their related drivers such 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:

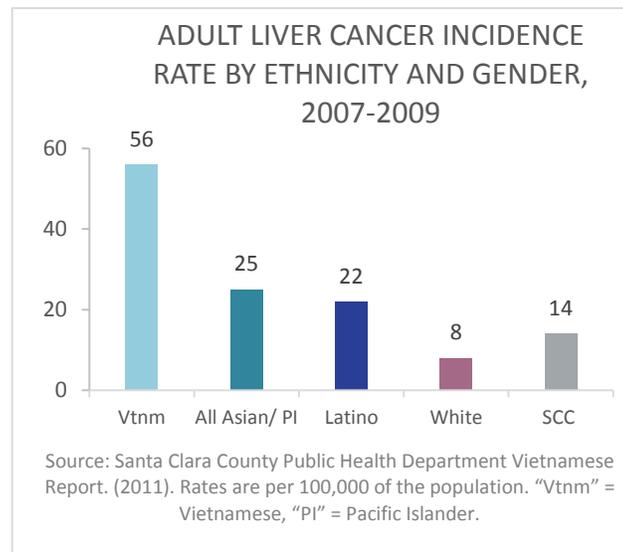
- Access to Healthcare & Healthcare Delivery** is a need in Santa Clara County as demonstrated by the proportion of Latinos who are insured, who see a primary care physician, and who go without healthcare due to cost. For example, only 68% of Latinos in Santa Clara County are insured compared to 85% 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, as displayed in Figure 2.

Figure 2 Adult liver cancer incidence rate

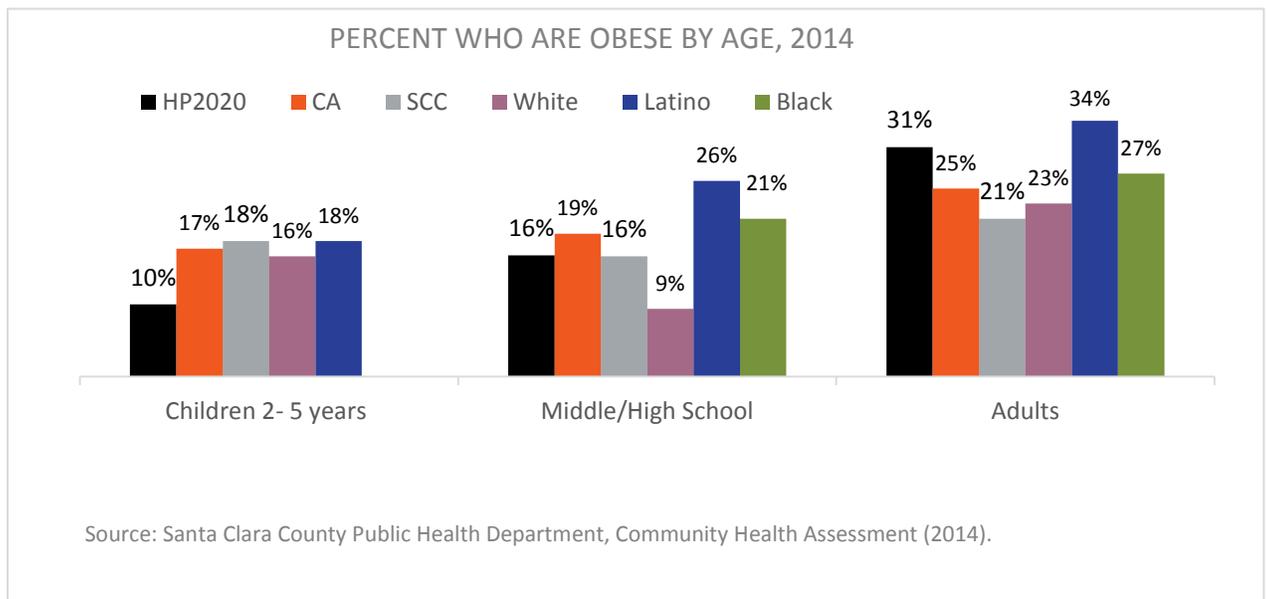


- Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases** are responsible for 26% of all deaths in the county. In addition, ethnic disparities exist in mortality rates of heart disease and stroke. Poor nutrition is a driver of cardiovascular diseases. Youth consumption of fruits and vegetables 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. Increase access to primary care services and health related social services, especially those integrated with behavioral health, by supporting mobile programs and local safety-net clinics
2. Increase access to dental services including general, specialty and urgent care
3. Increasing access to health services, screenings and health related social service navigation for youth including dental and vision screenings through staffing of school nurses and health liaisons
4. Increase youth health through physical activity programs, nutrition education and healthy living initiatives
5. Increase access to medical services and related resources such as a medical home, affordable or free medications and health related social services for vulnerable community members (homeless, at-risk, low-income, uninsured)

HEALTHY BODY PROPOSALS

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HEALTHY BODY RECOMMENDED FUNDING: \$4,350,861

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.

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





Cupertino Union School District

Program Title	School Nurse Program
Grant Goal	The Cupertino Union School District is requesting \$87,842 (50% of \$175, 684 total forecasted program budget) to provide extra nursing and clerical support to schools serving the more underserved populations within the Cupertino Union School District. These schools include Nimitz and Stockelmeir Elementary. The additional nursing and clerical support allows for extensive follow-up for health screening failures, additional staff trainings for Epi-Pen administration in response to allergic reactions, and assistance with access to healthcare services through community resources. School nurses also promote and market health literacy through programs provided by El Camino Hospital, provide health education to families, and provide attention to the health needs of students and staff in the school communities.
Community Need	There are significant barriers in accessing healthcare for students in our target schools. Data from Lucile Packard Foundation for Children’s Health 2016 indicates that 23.3% of students in public schools within Santa Clara County are English Learners compared to 22.1% statewide. These students are more likely to have difficulty accessing quality health care which may result in health disparities for these students as adults compared to children whose households speak English primarily. Additionally, the target school sites have a greater percentage of minority students in comparison with other district school sites. Santa Clara County Measures of Economic Security Report (2014) indicates ethnic disparities in Santa Clara with minorities having greater rates of unemployment and poverty which ultimately contribute to poor health outcomes. Furthermore, the school nurse serves a population of students who have a greater truancy rate, in comparison to other school sites in the district. Analysis of absenteeism in students who took the National Assessment of Educational Progress (NAEP) in 2011 and 2013 showed that high absenteeism is associated with lower test scores in every state and city that was tested. Attendance concerns are often attributed to unmanaged chronic health conditions or students receiving medical treatment outside of school. Case management by the School Nurse can help lower rates of truancy which will ultimately increase the child’s class time and improve their access to education. The Grant staff will offer additional follow-ups for health screening failures, case management services, and offer resources to families who may have difficulty navigating the healthcare system.
Agency Description & Address	10301 Vista Drive, Cupertino The Cupertino Union School District is a TK-8 school district serving over 18,000 students across 25 schools within Santa Clara County. The Cupertino Union School District has been known for its academic excellence and commitment to the organization’s mission since its inception. The mission of the district is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity. District families, community, and staff join as partners to develop creative, exemplary learners with the skills and enthusiasm to contribute to a constantly changing global society.
Program Delivery Site(s)	Nimitz Elementary and Stockelmeir Elementary Schools
Services Funded By Grant/How Funds Will Be Spent	Activities and services include: <ul style="list-style-type: none"> • Extensive follow-up and case management at target schools following health screenings; follow-up will include additional written referrals and phone calls, referrals to health care resources, and detailed data tracking

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	<ul style="list-style-type: none"> Promotion of dental health through on-site dental screenings at target school sites. School nurses will organize screenings at target schools and follow-up with students who were identified with having dental health concerns Promotion of health literacy and physical activity through marketing and presentation of Go Noodle health curricula. Promotion will include email blasts to educators, Go Noodle flyers, and presentation of Go Noodle health resources during staff meetings Intensive training for staff at target schools to understand severe food allergies, anaphylaxis response, and EpiPen usage <p>Full requested funding would support the partial salaries of a credentialed school nurse, LVN and health clerk.</p>			
FY19 Funding	FY19 funding requested: \$87,842	FY19 funding recommended: \$87,842		
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$72,481 FY18 Approved: \$72,481 FY18 6-month metrics met: 100%	FY17 Approved: \$68,997 FY17 Spent: \$68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$34,411 FY16 Spent: \$34,411 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%	
FY19 Dual Funding	FY19 funding requested: \$87,842	FY19 funding recommended: \$76,000		
Dual Funding History	FY18	FY17	FY16	
	FY18 Requested: \$72,481 FY18 Approved: \$72,481 FY18 6-month metrics met: 100%	FY17 Approved: \$68,997 FY17 Spent: \$68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$103,233 FY16 Spent: \$103,233 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		900	1,850
	Students who failed a mandated health screening who saw a healthcare provider.		50%	82%
	Students in Kindergarten who were identified as needing early intervention or urgent dental care who saw a dentist		N/A	85%
	Teachers accessing Go Noodle health education curricula and activities		75%	90%
	Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage		65%	70%



Fresh Approach

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

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	<p>and nutrition. Fresh Approach offers food access, nutrition and garden education, and healthy food incentive programs. Strong partnerships with farmers’ markets, community organizations, libraries, schools, health departments, and clinics are essential to Fresh Approach’s years of success. In collaboration with these partners, Fresh Approach serves six Bay Area counties. Fresh Approach’s VeggieRx nutrition education and Collective Roots Gardening Network (CRGN) programs offer practical skills for low-income residents to grow and prepare healthy foods; and the Freshest Cargo Mobile Farmers’ Market program and East Palo Alto Community Farmers’ Market, a traditional farmers’ market, improve direct access to affordable California-grown produce.</p>			
Program Delivery Site(s)	Columbia Neighborhood Center and Valley Health Center, Sunnyvale			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Two series of VeggieRx nutrition classes (16 group nutrition education classes, lasting 1.5 hours each); one series for adults and one series for youth and families. • Class series includes participants BMI monitoring, healthy cooking demonstrations and vouchers to spend on fruits and vegetables at local farmers’ markets and mobile farmers’ markets. • Fruit and vegetable vouchers provided to class participants, benefiting their entire household. Vouchers are provided proportional to their attendance, as an incentive. • 40 weeks of Freshest Cargo Mobile Farmers’ Market service in the Sunnyvale area. One day per week of service at two different locations in Sunnyvale, equating to a total of 80 stops offering over 160 hours of increased access to low-cost, high-quality, local fresh produce. • Mobile farmers’ market provides discount prices on fresh produce and further savings to low-income families by providing 50% discounts on fresh fruits and vegetables to those who receive CalFresh, WIC, MediCal, SSI, or SSDI benefits as well as to residents who access local food pantries but do not receive the benefits mentioned. <p>Full requested funding would support partial staff salaries, such as Nutrition Educators and Program Managers, supplies and administrative costs.</p>			
FY19 Funding	FY19 funding requested: \$92,704 FY19 funding recommended: \$92,704			
Funding History and Metric Performance		FY18	FY17	
		FY18 Requested: \$100,000 FY18 Approved: \$70,000 FY18 6-month metrics met: 50%	FY17 Approved: \$97,017 FY17 Spent: \$35,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 50%	FY16 New in FY17
Rationale for Recommended Funding	Where metrics have been unmet, they were narrowly missed and/or due to staff vacancy causing two classes to run during second half of year versus one in the Fall. Agency expects to meet annual targets.			
FY19 Proposed Metrics		Metrics	6-month Target	Annual Target
		Individuals served	170	430
		Freshest Cargo customer transactions	100	200
		Individuals participating in VeggieRx classes	70	140
		VeggieRx nutrition education class sessions provided	110	330
		Freshest Cargo customers who complete surveys will report increasing their	N/A	65%

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



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GoNoodle, Inc.

Program Title	GoNoodle Movement Videos and Games – Brain Breaks
Grant Goal	GoNoodle, Inc. is requesting \$36,000 to continue providing GoNoodle movement videos and games to school districts in El Camino Healthcare District service area. GoNoodle's internal and external teams of product and content experts, user engagement specialist, regional community managers, and contracted event squad members will provide the on-going engagement, professional development, and outreach to all covered schools and elementary teachers.
Community Need	<p>According to a CDC and USDA study of WIC participants (2014), California ranked 6th highest in the nation for obese, low-income two to four-year-olds (16.6%). In 2016, 31.2% of California children aged 10-17 were either overweight or obese. A study completed in 2015 by the Youth Risk Behavior Surveillance System (YRBSS) showed 13.9% of California high school students were obese. Additionally, California currently has no laws requiring schools to provide physical activity or recess during the school day. These alarming facts exemplify the need for early intervention to promote health and provide opportunities for physical activity for California’s children.</p> <p>Sources: https://stateofobesity.org/states/ca/#policies https://stateofobesity.org/high-school-obesity/</p>
Agency Description & Address	<p>209 10th Ave. South, Suite 350, Nashville, TN</p> <p>GoNoodle gets kids moving to be their smartest, strongest, bravest, silliest, best selves. Short, interactive movement and social-emotional videos make it awesomely simple and fun to incorporate movement into every part of the day with dancing, stretching, running and mindfulness activities. At school, teachers use GoNoodle to keep students energized, engaged, and active inside the classroom. At home, GoNoodle turns screen time into active time, so families can have fun and get moving together. Currently, 14 million kids use GoNoodle each month, in all 50 states and 185 countries.</p>
Program Delivery Site(s)	25 Schools in the El Camino Healthcare District.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECH sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECHD name and logo on the GoNoodle site and on materials sent to teachers, administrators, and parents • ECHD name and logo extended to GoNoodle home usage, on-going platform enhancements and new games or videos added regularly • Direct mail and email campaigns designed to promote new and ongoing usage to principals and teacher champions • Social media activity (Twitter, Facebook, and Instagram posts to engage with users) • On-site GoNoodle demonstrations or webinars as requested • GoNoodle monthly reporting to the partner, and to schools <p>Full requested funding would support for program license and the partial salary of the school engagement coordinator.</p>

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FY19 Funding	FY19 funding requested: \$36,000		FY19 funding recommended: \$36,000	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$35,000 FY18 Approved: \$35,000 FY18 6-month metrics met: 100%	FY17 Approved: \$35,000 FY17 Spent: \$35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$21,000 FY16 Spent: \$21,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
	FY19 Dual Funding		FY19 funding requested: \$113,000	
Dual Funding History	FY18	FY17	FY16	
	FY18 Requested: \$110,000 FY18 Approved: \$110,000 FY18 6-month metrics met: 50%	FY17 Approved: \$110,000 FY17 Spent: \$110,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
	FY19 Proposed Metrics		6-month Target	Annual Target
Metrics				
Schools Served		25	25	
Student physical activity minutes achieved		861,000	1,900,000	
GoNoodle physical activity breaks played		16,000	36,000	
Teachers who believe GoNoodle benefits their students' focus and attention in the classroom.		N/A	90%	
Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects.		N/A	90%	
Teachers who are satisfied with GoNoodle physical activity breaks.		N/A	90%	





Health Mobile

Program Title	Onsite Dental Care for Homeless and Low-income Families in Mountain View and Sunnyvale			
Grant Goal	This program will provide free, comprehensive dental care services to low-income families and the homeless population.			
Community Need	Access to dental care for low income residents is extremely limited in Santa Clara County. The 2014 Santa Clara County Health Assessment found that only 26% of low income respondents had dental coverage. CHIS reported that 16.3% of low income adults had not received dental care in the past five years. According to Health Trust reports, one-third of low income adults in Santa Clara County had lost a tooth due to decay. There is a severe lack of affordable providers to deliver dental care services. Medi-Cal and its dental arm, Denti-Cal, cannot always provide adequate coverage.			
Agency Description & Address	1659 Scott Boulevard, Suite #4, Santa Clara Health Mobile is a non-profit organization providing onsite dental care since 1999. In 2008, the agency added primary medical care to the services and changed our name from Tooth Mobile to Health Mobile. In 2015, the agency obtained two new mobile clinics with a financial support of a HRSA grant. Health Mobile currently owns and operates seven mobile clinics and one “fixed” clinic, making them the largest mobile clinic health care provider in the state.			
Program Delivery Site(s)	Program services will be delivered at Community Services Agency, Mountain View and MayView Community Health Center in Mountain View and Sunnyvale.			
Services Funded By Grant/How Funds Will Be Spent	<p>Provide staffing to deliver free services:</p> <ul style="list-style-type: none"> • Dental exams • X-Rays, cleanings, and fillings • Root canal referrals and extractions <p>Full requested funds would support clinic staffing including dentist and dental assistants, lab expenses, dental supplies and program supplies.</p>			
FY19 Funding	FY19 funding requested: \$150,000 FY19 funding recommended: \$150,000			
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$148,832 FY18 Approved: \$148,832 FY18 6-month metrics met: 75%	FY17 Approved: \$148,832 FY17 Spent: \$148,832 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	New in FY17	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Low-income and homeless individuals served		200	500
	Dental procedures provided		1,200	2,500
	Patients who report increased knowledge about their oral health		90%	90%
	Patients who report no pain after their first visit		90%	90%



Healthier Kids Foundation – 10 Steps Program

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

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Program Delivery Site(s)	Mountain View Whisman School District Sunnyvale School District Fremont Union High School District Adult School			
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • 10 steps three-series class in English and Spanish Fully requested amount funds partial salaries of seven program staff, contractors, facilitators, child supervision and materials.			
FY19 Funding	FY19 funding requested: \$35,000	FY19 funding recommended:	Do not fund	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$45,000 FY18 Approved: \$30,000 FY18 6-month metrics met: 25%	FY17 Approved: \$100,000 FY17 Spent: \$30,000 FY17 6-month metrics met: 33% FY17 annual metrics met: 67%	New in FY17	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		100	235
	10 Steps Series of classes		7	15
	Participant class attendance		175	411
	Increase in parents/caregivers, who have room to improve, who serve vegetables 5 or more days per week		25%	25%
	Decrease in parents/caregivers, who have room to improve, who serve juice 2 or more days per week		25%	25%
	Increase in parents/caregivers, who have room to improve, who strongly agree that they should fill their homes only with foods they want their family to eat		25%	25%
	Increase in parents/caregivers, who have room to improve, who always or almost always put away screens at mealtime		25%	25%





Healthier Kids Foundation – DentalFirst and HearingFirst

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

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	joyfully climbing the ladder of life.			
Program Delivery Site(s)	Mountain View Whisman and Sunnyvale School Districts			
Services Funded By Grant/How Funds Will Be Spent	<p>DentalFirst services will provide:</p> <ul style="list-style-type: none"> • Dentists screen children for dental-related issues and recommend follow up care • Dentists provide oral hygiene education to the children and literature for parents • Parents receive a copy of the child’s screening result • Case management for families with child whose screening result has indicated a dental issue(s) and for those without insurance <p>HearingFirst services will provide:</p> <ul style="list-style-type: none"> • Hearing screening to children and appropriate follow up, as needed • Parents of children screened with their child’s screening results • Case management as needed, including bilingual case managers <p>Full requested funding would support partial salaries of 23 program staff and administrative costs.</p>			
FY19 Funding	FY19 funding requested: \$40,000	FY19 funding recommended: \$40,000		
Funding History and Metric Performance	FY18	FY17	FY16	
	<p>Two grants in FY18 merged to one for FY19:</p> <p><u>DentalFirst:</u> FY18 Requested: \$20,000 FY18 Approved: \$10,000 FY18 6-month metrics met: 100%</p> <p><u>HearingFirst:</u> FY18 Requested: \$20,000 FY18 Approved: \$10,000 FY18 6-month metrics met: 50%</p>	New in FY18	New in FY18	
FY19 Dual Funding	FY19 funding requested: \$50,000	FY19 funding recommended: \$30,000		
Dual Funding History	FY18	FY17	FY16	
	<p>Two applications in FY18 merged to one for FY19:</p> <p><u>DentalFirst:</u> FY18 Requested: \$20,000 FY18 Approved: \$20,000</p> <p><u>HearingFirst:</u> FY18 Requested \$20,000 FY18 Approved: Did not fund</p>	New in FY18	New in FY18	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		225	450
	Of children hearing screened, those who received a referral after initial screening		7%	7%
	Of children hearing screened who received a referral, those that received and completed appropriate hearing services		20%	35%
	Of children dental screened, those who received a referral		20%	20%
	Of children dental screened who received a referral, those that received and completed appropriate dental services		75%	75%



Living Classroom

Program Title	Garden-Based Nutrition Program in Sunnyvale School District
Grant Goal	To inspire children in the Mountain View Whisman School District to learn and value the natural world through the creation of student gardens and garden-based education while also increasing the amount of fruits and vegetables they eat and providing outdoor physical activity. This grant will continue the garden-based nutrition education program in K-5 schools and propose to expand with two new programs. The first new element will provide garden-based nutrition, outdoor education in middle schools. The second new element in elementary schools will provide more cooking and food preparation activities for students to show them how fun it can be to prepare healthy dishes, and also tie with their memorable standards-aligned lessons.
Community Need	The Santa Clara County Public Health 2016 Study on City and Small Area/Neighborhood Profile for Mountain View shows that only 23% of adults ate 3 or more servings of vegetables per day in the past 30 days and only 27% ate 2 or more servings. The study showed that 25% of adults ate fast food at least weekly. In addition, the obesity rate in Santa Clara County as a whole amongst Latino students is the highest of all ethnic groups with 26% obese on average for 5th, 7th and 9th graders and 18% for 2-5 year olds. Many students in the Mountain View Whisman School District (MVWSD) have related unmet health needs. By the 5th grade, only 30 percent of MVWSD students meet the statewide fitness standards. In six of seven MVWSD grade schools, 25 percent or more of the students have been designated “at risk” due to poor scores in body composition on their CA Physical Fitness Test. Based on the latest information from the MVWSD 2016-17 California Physical Fitness Report, among 5 th graders, 24% of students fall outside the Healthy Fitness Zone for aerobic capacity, 34% for body composition, and an average of 31% for Abdominal strength, Trunk Extension Strength, Upper Body Strength and Flexibility. For seventh graders, 16% of students fall outside the Healthy Fitness Zone in Aerobic capacity, 39% for body composition, and an average of 15% for strength and flexibility. The Healthy Fitness Zone Standards were established by The Cooper Institute and represent levels of fitness that offer some degree of protection against diseases that can result from sedentary living. Living Classroom addresses inadequate nutrition, obesity, unhealthy eating and lack of physical fitness through its continuous T/K-8th grade garden-based school-day, after school, and summer school programs.
Agency Description & Address	P.O. Box 4121, Los Altos Living Classroom provides health oriented garden-based education programs to local public school districts. Our mission is to inspire children to learn and value our natural world through garden-based education. Our goals are to connect students to the sources of their food and healthy eating, instill environmental stewardship, and make science learning relevant to their lives.
Program Delivery Site(s)	Mountain View Whisman School District: <ul style="list-style-type: none"> • Graham Middle • Crittenden Middle • Theuerkauf Elementary • Mariano Castro Elementary • Gabriela Mistral Elementary • Monta Loma Elementary

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	<ul style="list-style-type: none"> • Edith Landels Elementary • Benjamin Bubb Elementary • Frank L. Huff Elementary • Stevenson Elementary 																		
Services Funded By Grant/How Funds Will Be Spent	<p>Services will include:</p> <ul style="list-style-type: none"> • Nutrition-related lessons that integrate required state standards in science, math, nutrition and social studies standards and interspersed with health and nutrition topics • A garden-to-cafeteria component in coordination with food services at the schools • Outdoor physical activity that combines with health education content standards in the Nutrition Education Resource Guide for California Public Schools • Expand the Farm to Lunch after-school program • New edible garden-enrichment lessons at Crittenden and Graham Middle Schools • New lesson extension activities for Kindergarten, 3rd and 4th grade students elaborating on nutrition education with healthy cooking opportunities. <p>Full requested funding would support partial salaries of several program staff roles, including instructor and garden manager, as well as supplies and other administrative costs.</p>																		
FY19 Funding	FY19 funding requested: \$100,000 FY19 funding recommended: \$88,000																		
Funding History and Metric Performance	<table border="1"> <thead> <tr> <th>FY18</th> <th>FY17</th> <th>FY16</th> </tr> </thead> <tbody> <tr> <td>FY18 Requested: \$100,000 FY18 Approved: \$78,000 FY18 6-month metrics met: 50%</td> <td>FY17 Approved: \$98,959 FY17 Spent: \$78,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%</td> <td>FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 33%</td> </tr> </tbody> </table>	FY18	FY17	FY16	FY18 Requested: \$100,000 FY18 Approved: \$78,000 FY18 6-month metrics met: 50%	FY17 Approved: \$98,959 FY17 Spent: \$78,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 33%												
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Rationale for Recommended Funding	Expansion will offer the program to middle school students in two new schools. Agency narrowly missed targets of unmet midyear metrics and expects to meet annual targets.																		
FY19 Dual Funding	FY19 funding requested: \$40,000 FY19 funding recommended: Do not fund																		
Dual Funding History	<table border="1"> <thead> <tr> <th>FY18</th> <th>FY17</th> <th>FY16</th> </tr> </thead> <tbody> <tr> <td>New in FY19</td> <td>New in FY19</td> <td>New in FY19</td> </tr> </tbody> </table>	FY18	FY17	FY16	New in FY19	New in FY19	New in FY19												
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FY19 Proposed Metrics	<table border="1"> <thead> <tr> <th>Metrics</th> <th>6-month Target</th> <th>Annual Target</th> </tr> </thead> <tbody> <tr> <td>Students served</td> <td>3,000</td> <td>5,100</td> </tr> <tr> <td>Students receiving Living Classroom school-day lessons which include nutrition/edible garden and outdoor/physically active elements</td> <td>2,600</td> <td>4,000</td> </tr> <tr> <td>Students reporting a change in eating habits or behavior that includes more fresh fruits and vegetables based on their writing</td> <td>25%</td> <td>50%</td> </tr> <tr> <td>Teachers rating the program an average of "4" or greater (out of a 5 point scale) for lesson content and delivery</td> <td>75%</td> <td>90%</td> </tr> <tr> <td>Teachers and student who report significant new learning about healthy foods, healthy living, and/or healthy environments and enthusiasm for this new learning and experiences.</td> <td>50%</td> <td>60%</td> </tr> </tbody> </table>	Metrics	6-month Target	Annual Target	Students served	3,000	5,100	Students receiving Living Classroom school-day lessons which include nutrition/edible garden and outdoor/physically active elements	2,600	4,000	Students reporting a change in eating habits or behavior that includes more fresh fruits and vegetables based on their writing	25%	50%	Teachers rating the program an average of "4" or greater (out of a 5 point scale) for lesson content and delivery	75%	90%	Teachers and student who report significant new learning about healthy foods, healthy living, and/or healthy environments and enthusiasm for this new learning and experiences.	50%	60%
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Lucile Packard Foundation for Children's Health

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

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	improve the health of children and expectant mothers, locally and worldwide.			
Program Delivery Site(s)	Mountain View-Los Altos Union High School District: <ul style="list-style-type: none"> Los Altos High School, 201 Almond Avenue, Los Altos Alta Vista High School, 1325 Bryant Avenue, Mountain View 			
Services Funded By Grant/How Funds Will Be Spent	Comprehensive services include: <ul style="list-style-type: none"> Provide staff of a doctor, nurse practitioner, social worker, and dietician Provide comprehensive medical care including complete physicals Provide social services assessments Provide immunizations Provide substance abuse, mental health, HIV testing and referral Provide nutrition counseling Provide medications Provide lab tests on site Provide Mindfulness training for stress reduction Full requested funding would support the partial salaries of the Medical Director, Dietitian, Social Worker, Nurse Practitioner, Medical Assistant and Registrar/driver, as well as medical supplies and pharmaceuticals.			
FY19 Funding	FY19 funding requested: \$104,457	FY19 funding recommended: \$95,000		
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$97,667 FY18 Approved: \$92,000 FY18 6-month metrics met: 66%	FY17 Approved: \$78,000 FY17 Spent: \$78,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY16 6-month metrics met: 75% FY16 annual metrics met: 67%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Patients served		55	110
	Services provided		200	400
	Patients who receive necessary vaccinations to complete the three-part Hepatitis B series (the entire series requires three shots over six months, so we will not have a completion rate available at six months)		N/A*	95%
	Patients who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications, after screening positive for depression		95%	95%
	Patients who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management (requires assessments at six month follow-up visits; visits will not occur in time to provide a six month metric given the varied appointment dates throughout the grant period)		N/A**	60%
	Patients who use alcohol or drugs and decrease their frequency by 1 level out of 5 (requires assessments at six month follow-up visits; visits will not occur in time to provide a six month metric given the varied appointment dates throughout the grant period)		N/A**	55%

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

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



Magical Bridge Foundation NEW

Program Title	Magical Bridge Playgrounds in Mountain View and Sunnyvale
Grant Goal	<p>In partnership with the cities of Mountain View and Sunnyvale, the Magical Bridge Foundation is requesting a total of \$150,000 to support the creation of Magical Bridge Playgrounds at Rengstorff Park in Mountain View and Fair Oaks Park in Sunnyvale.</p> <p>In a society and economy that leaves far too many people on the sideline, the Magical Bridge Foundation stands for a new vision of inclusion that truly benefits everyone. Through innovative, creative, and compassionate design, a Magical Bridge Playground creates great play experiences that are simply better than conventional playgrounds (even for the "able bodied"). The fact that those with and without special needs can spin, swing, laugh and play alongside each other as peers creates meaningful connections and lasting changes in how children see themselves and "others" in society. Building upon ten years of inclusive design research and the success of the original Playground in Palo Alto, the Magical Bridge Foundation will provide the design, community engagement, and fundraising for the Sunnyvale and Mountain View projects. The respective cities will own the playgrounds and be responsible for the construction and maintenance.</p>
Community Need	<p>The CDC estimates that 20% of the US population has a disability. This means roughly 1 in 3 families have one or more family members special needs whether visible or invisible. Conventional playgrounds, whether ADA compliant or not, have simply failed to address the needs of these families. Lack of a safe and fun place to play can decrease physical activity while increasing the risk of obesity and social isolation. Research on human physiology identifies several modalities of play and sensory experiences as critical to promoting the development and maintenance of physical and cognitive functions. These include swinging, swaying, spinning, sliding, climbing, touch, music, jumping, and imaginative play. Working with inclusion experts from Stanford University, The Lighthouse Foundation, The Autism Society, and other leading support groups, the Magical Bridge team designed each zone to establish predictability of the play types in the zone and create opportunities for fun cooperative play experiences from each of the many different perspectives. The layouts and equipment for each section have been carefully chosen to create a variety of experiences for different abilities to enjoy the true magic of play. Throughout the Playground, quiet spaces and Hideaway Huts allow individuals to observe the play, engage, and disengage as they see fit. While enjoyed by everyone, these features are especially important for those with Autism Spectrum Disorder or sensory sensitivities.</p> <p>Additional design considerations of Magical Bridge Playground</p> <ul style="list-style-type: none"> • There is no sand, tan bark, or other loose material parts that could pose a danger to medically fragile individuals or those with open tubes, etc. • All ground floor and second level play elements, including slide mound and treehouse, are reachable via ADA compliant ramps. • All elements outside the Tot Zone are sized to accommodate adults so that disabled adults, seniors, parents or guardians, including those in wheelchairs or with other limitations, can play alongside their children and others.

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Agency Description & Address	654 Gilman Street, Palo Alto The Magical Bridge Foundation partners with cities to create truly inclusive playgrounds that give everyone a safe and fun place to play regardless of ability, disability, size or age.		
Program Delivery Site(s)	Mountain View and Sunnyvale		
Services Funded By Grant/How Funds Will Be Spent	<p>A Project Completion Milestone is a key step on path to completing playground and includes: Concept Design, Final Design, Fundraising complete, Groundbreaking, and Opening Ceremony. Once completed the playground will serve all individuals and families, regardless of income, ability, age, or size, with a special emphasis on families with special needs including:</p> <ul style="list-style-type: none"> • Autism Spectrum Disorder and sensory sensitivities • Mobility and physical impairments • Cognitive and Developmental disabilities • Visual and hearing impairments • Seniors and adults with disabilities <p>Full requested funding would be held in a restricted account to be used for the construction of each park.</p>		
FY19 Funding	FY19 funding requested: \$150,000		FY19 funding recommended: \$150,000
Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19
Rationale for Recommended Funding	This would be a one-time grant that will serve the local communities for decades. The budget for the two park project is over \$8M. Both cities and the Santa Clara County AIPG (All Inclusive Playground Grant) have committed funds. Other funding will come from individual donors, foundations and corporations. The Magical Bridge playground in Palo Alto has an estimate 20,000 visitors per month.		
FY19 Proposed Metrics	Metrics		6-month Target
	Individual donors		400
	Project completion progress		40%
Annual Target			
1,000			
80%			



MayView Community Health Center, Inc.

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

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	community (UDS Mapper data, 2016; udsmapper.org).			
Agency Description & Address	<p>270 Grant Avenue, Palo Alto</p> <p>Founded in 1972, MayView's three clinic sites care for patients in need in our communities. MayView's mission is to provide high quality primary health care to low-income individuals and families from all cultural and ethnic backgrounds, regardless of their ability to pay. MayView offers affordable access to health care services to vulnerable communities in northern Santa Clara County. Basic medical care is out of reach for many low-income patients who are uninsured or isolated by language, education or immigration status. MayView provides primary medical care, behavioral health, and dental care for patients from diverse cultural and linguistic backgrounds. MayView's wide range of primary medical care includes preventive care, prenatal care, chronic disease care management, women's health integrated behavioral health, and pediatrics. In 2016, MayView served 6,629 patients through more than 25,000 patient services.</p>			
Program Delivery Site(s)	MayView Clinic sites			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Provision of primary health care services to 1,695 uninsured patients residing in the ECHD service area • At least 3,388 qualified visits (medical and Integrated Behavioral Health) to uninsured patients • At least 4,114 lab services to uninsured patients. (Lab Services happen more often than qualified visits to monitor chronic disease). <p>Full requested funding would support 1FTE Physician, 2FTE Nurse Practitioners, 3FTE Medical Assistants, 2FTE Medical Scribes, 1FTE Lab Tech, 1.5FTE front desk support and Lab fees.</p>			
FY19 Funding	FY19 funding requested: \$1,184,644 FY19 funding recommended: \$1,007,000			
Funding History and Metric Performance	FY18	FY17	FY16	
	<p>FY18 Requested: \$799,871</p> <p>FY18 Approved: \$775,000/\$82,500</p> <p>FY18 6-month metrics met: 86%</p>	<p>FY17 Approved: \$700,000</p> <p>FY17 Spent: \$700,000</p> <p>FY17 6-month metrics met: 86%</p> <p>FY17 annual metrics met: 100%</p>	<p>FY16 Approved: \$437,320</p> <p>FY16 Spent: \$437,320</p> <p>FY16 6-month metrics met: 75%</p> <p>FY16 annual metrics met: 75%</p>	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Patients served		845	1,695
	Encounters		1,694	3,388
	Lab services		2,057	4,114
	Diabetic patients with LDL <130 mg/dl		65%	67%
	Diabetic patients with HbA1c levels <9%		72%	75%
	Hypertension patients whose blood pressure is under control (<140/90)		78%	78%
	Patients Age 51-75 with appropriate colorectal cancer screening		37%	38%





Medical Respite - Healthcare Foundation of Northern & Central California

Program Title	Medical Respite Program
Grant Goal	<p>The Medical Respite Program (MRP) is designed as a community resource that provides a clean, safe place for homeless patients to live when they are discharged from the hospital. The MRP supports homeless patients as they recuperate and receive on-going medical and psychosocial services. The objective of the program is to link the homeless patient to a primary care home, to help them access entitled benefits, and to provide psycho-social support and services. The program is located at the Boccardo Reception Center (a local shelter) in San Jose. The staff includes a medical director, 2 RNs, 2 social workers, a psychologist, a post-doc psychologist, and a community health worker. The program also provides access to an adjacent clinic, psychiatric care, and drug and alcohol services.</p>
Community Need	<p>According to the Santa Clara County 2014 Health Assessment “a total of 7,631 homeless individuals were counted during the Santa Clara County Homeless Census and Survey. Of these, two-thirds (5,674, 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas). The Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year. Additional findings include:</p> <ul style="list-style-type: none"> • Of homeless individuals who needed medical care in the past year, 4 in 10 (39%) reported they were unable to access needed care. • Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions (including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions). • Sixty-eight percent reported currently experiencing mental health conditions. <p>When homeless individuals are hospitalized and discharged to the streets they are usually unable to consistently follow physician’s orders, take their medications, do wound care, etc. This often results in re-admissions to the hospital and/or frequent emergency room visits. The Medical Respite Program provides a clean, safe place for recuperation where support is provided to follow through on physician orders and treatments. Additional psycho-social support is provided to begin stabilizing the lives of the homeless.</p>
Agency Description & Address	<p>1215 K Street, Suite 800, Sacramento</p> <p>The Healthcare Foundation of Northern and Central California’s purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve. The Foundation was formed in 2006 and funds a number of projects for the hospitals it serves.</p>
Program Delivery Site(s)	Boccardo Reception Center (a local shelter) in San Jose
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • A semi-private room and 3 meals are provided for each patient while they are in Medical Respite • A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs • Patients are thoroughly assessed for medical and psychosocial needs

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

Full requested funds will support the partial salaries of staff medical director, case manager, medical social worker, psychologist, RN, medical assistant and supplies.

FY19 Funding	FY19 funding requested: \$80,000		FY19 funding recommended: \$80,000	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$80,000 FY18 Approved: \$80,000 FY18 6-month metrics met: 100%	FY17 Approved: \$55,000 FY17 Spent: \$55,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$55,000 FY16 Spent: \$55,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Dual Funding	FY19 funding requested: \$ 13,500		FY19 funding recommended: \$13,500	
Dual Funding History	FY18	FY17	FY16	
	FY18 Requested: \$13,500 FY18 Approved: \$13,500, FY18 6-month metrics met: 100%	FY17 Approved: \$13,500 FY17 Spent: \$13,500 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$13,500 FY16 Spent: \$13,500 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served – full program		110	220
	Hospital days avoided – full program		420	840
	Additional individuals served with overflow beds		18	36
	Individuals linked to Primary Care home		92%	92%





Mountain View Whisman School District

Program Title	Health Services Grant
Grant Goal	Mountain View Whisman School District is requesting funding to employ two full-time registered nurses and a full time LVN to provide health services to students from preschool through 8th grade. Students will receive direct healthcare services through treatment of minor illnesses and injuries occurring at school, management of chronic illness requiring direct nursing intervention, assessment of health histories, and state mandated health screenings. Students requiring medical follow-up with a provider will receive assistance in accessing appropriate healthcare services. This will help to ensure that they are healthy and learning at school throughout the school year.
Community Need	The school district is experiencing an increased percentage of absenteeism related to uncontrolled chronic illness and untreated acute illness. Statistics indicate a correlation between high absenteeism and school dropout. Increased access to healthcare within the community can address these concerns. In addition, staff and students alike are experiencing increased stress associated with rising demands to meet the extensive changes in education. The support for two nurses and a LVN allows the district to provide outreach to families who are under and uninsured and who need assistance navigating available resources within our community. By requesting health examination reports, which include vision and hearing screenings, child health and disability prevention and oral health, the health staff is able to identify students who do not access healthcare services and work with their families to align them with appropriate resources. Nurses dedicate a large amount of time to following up with families to ensure that care has been received. This grant also provides the opportunity to introduce students to self-care techniques that they are otherwise unexposed to. In order to address this, we have implemented GoNoodle into some of the classrooms.
Agency Description & Address	750-A San Pierre Way, Mountain View Mountain View Whisman School District (MVWSD) serves a diverse student population in preschool through eighth grade representing a wide range of ethnicities, languages, cultures, and economic status. Mountain View Whisman School District’s mission is to demonstrate a relentless commitment to the success of every child on a daily basis. District priorities are academic excellence, strong community, and a broad worldview.
Program Delivery Site(s)	All schools in the Mountain View Whisman School District
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Vision and Hearing Screenings and follow-up • Oral Health exam and follow-up • Child Health and Disability Prevention Exam follow-up and referral • One-on-one health care for students with chronic health conditions such as Diabetes, Spina bifida, trach care • Immunization Review • GoNoodle (breathing, yoga, mindfulness) classroom engagement • Staff Training/Education, i.e. CPR, First Aid, Medication Administration, GoNoodle <p>Full requested funding would support two full time school nurses and one LVN.</p>

FY19 Healthy Body Proposal Summary

HEALTHY
BODY



FY19 Funding	FY19 funding requested: \$206,777		FY19 funding recommended: \$206,777	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$190,488 FY18 Approved: \$190,488 FY18 6-month metrics met: 100%	FY17 Approved: \$220,322 FY17 Spent: \$196,285 FY17 6-month metrics met: 100% FY17 annual metrics met: 80%	FY16 Approved: \$227,238 FY16 Spent: \$227,238 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		1,700	3,400
	Students who failed a hearing or vision screening who saw a provider		N/A	78%
	Students needing a Child Health and Disability exam who saw a provider		30%	55%
	Students needing a oral health exam who saw a provider		30%	70%
	Students who reported decreased anxiety levels post intervention		N/A	80%
	Staff Training/Education, i.e. CPR, First Aid, Medication Administration, GoNoodle		25%	40%





New Directions

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

FY19 Healthy Body Proposal Summary



Program Delivery Site(s)	Services are provided at agency site			
Services Funded By Grant/How Funds Will Be Spent	<p>Includes the following intensive case management services and access to:</p> <ul style="list-style-type: none"> • Primary and specialty care • Permanent/appropriate housing for vulnerable adults living on the streets or in shelters • Mental health and substance abuse treatment • Financial assistance • Transportation <p>Full requested amount fund salaries of 1.5 FTE social work case managers and part of other staff time as well as some administrative costs.</p>			
FY19 Funding	FY19 funding requested: \$180,038	FY19 funding recommended: \$180,038		
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$140,000 FY18 Approved: \$140,000 FY18 6-month metrics met: 100%	FY17 Approved: \$140,000 FY17 Spent: \$140,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$140,000 FY16 Spent: \$140,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		26	36
	Services/Encounters Provided		520	900
	Enrolled patients will be referred to and seen by a primary medical care provider within three months of enrollment.		95%	100%
	Enrolled patients in need of mental health or substance use treatment or services will be referred to and seen by a treatment provider.		50%	70%
	Enrolled patients will complete services with New Directions within twelve months or less.		N/A	95%
Enrolled clients will be connected to and establish services with a minimum of one basic needs benefits program.		75%	75%	





Pathways Home Health & Hospice

Program Title	Pathways Un/Underinsured Care Program
Grant Goal	<p>This program provides high-quality home health and hospice services to un/under-insured individuals living in the El Camino Healthcare District. This grant will provide health care services (home health and/or hospice) to low-income individuals who are recovering from illness or surgery, managing a chronic disease, or coping with life-threatening conditions. The goal is to ensure that this vulnerable population receives the home health or hospice care prescribed by their doctors which allows them to remain in their homes as healthy as possible, to avoid re-hospitalization and emergency room visits, and to reconnect patients back to their primary care physicians for ongoing health management. Service are provided by physicians, licensed RN's, physical, speech and occupational therapists, social workers, bereavement counselors, and home health aides.</p>
Community Need	<p>Low-income individuals who are uninsured or underinsured are generally unable to pay for the home health services prescribed by their physician. According to El Camino Hospital's 2016 Community Health Needs Assessment, based on community input and secondary data:</p> <ul style="list-style-type: none"> • Patients who are unable to afford the home health care prescribed by a physician often choose to end care before it is medically desirable. This not only jeopardizes patient health, it puts further strain on emergency health care services. • Despite increased availability under the ACA, 15% of the overall population and 32% Latino population are still without health insurance; • 11% of the overall population and 20% Latino population did not see a doctor when sick due to healthcare costs; • With the repeal of healthcare mandate signed into law in late 2017, there will be more individuals that will choose not carry health insurance thus exacerbating the need.
Agency Description & Address	<p>585 North Mary Avenue, Sunnyvale</p> <p>Pathways Home Health and Hospice provides high-quality home health, hospice, private duty and geriatric care management with kindness and respect, promoting comfort, independence and dignity. Pathways has been a pioneer in home health, hospice and palliative care since 1977. With offices in Sunnyvale, South San Francisco and Oakland, Pathways serves more than 5,000 families annually in five Bay Area counties. The community-based organization cares for patients wherever they live – at home, in nursing homes, hospitals and assisted living communities.</p>
Program Delivery Site(s)	Patient homes within the El Camino Healthcare District.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <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 personal care • Medication management with Pharmacist oversight and consultation • Uncompensated room and board for MediCal recipients on hospice • Spiritual and bereavement counselors <p>Full requested amount funds partial salaries for a nurse, physical therapist, social worker and other staff time as well as administrative costs.</p>

FY19 Healthy Body Proposal Summary

HEALTHY
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FY19 Funding	FY19 funding requested: \$70,000		FY19 funding recommended: \$55,000		
Funding History and Metric Performance	FY18	FY17		FY16	
	FY18 Requested: \$50,000 FY18 Approved: \$50,000 FY18 6-month metrics met: 100%	FY17 Approved: \$70,000 FY17 Spent: \$70,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 50%		FY16 Approved: \$45,000 FY16 Spent: \$45,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
	Metrics			6-month Target	Annual Target
FY19 Proposed Metrics	Individuals served			20	41
	Number of services units provided			160	328
	Home Health 30-day rehospitalization rate			12%	12%
	Percentage of hospice patients who got as much help with pain as needed			78%	78%
	Percentage of hospice family caregivers likely to recommend this hospice to other friends or family			81%	81%





Planned Parenthood Mar Monte

Program Title	Increasing Access to Essential Healthcare at the PPMM Mountain View Health Center
Grant Goal	Provide essential, needed healthcare, largely to underserved, high poverty populations in the El Camino Healthcare District at the Mountain View Health Center. Services will include pediatric and adult preventative care, treatment for episodic illness and referrals to specialty care as needed. This program will also provide reproductive healthcare and cancer screening.
Community Need	<p>As described in the El Camino Hospital 2016 Community Health Needs Assessment, healthcare access and delivery are high priority needs for Santa Clara County. Latinos, in particular, are less likely to be insured (68% versus 85% of residents countywide,) less likely to see a primary care physician, and more likely to go without healthcare due to cost (20% versus 11% for residents countywide.) The shortage of general and specialty practitioners, especially in community clinics, results in long wait times for appointments. The community lacks health system literacy and is in need of patient navigators and advocates (especially immigrants.) Certain populations, including those experiencing homelessness, linguistically isolated groups, and LGBTQ and black communities, were also identified as lacking access, in part due to the need for culturally competent providers. The 2014 Santa Clara County Community Health Needs Assessment similarly found a need for increased healthcare access and delivery. They found those most likely to report being unable to receive healthcare include:</p> <ul style="list-style-type: none"> • Those without insurance (36%) • Latinos/Hispanics (20%) • Lower income groups (29% of those with incomes less than \$25,000, 21% of those with incomes between \$25,000 and \$50,000) • Unemployed residents (16%) • Less educated residents (39% of those with less than high school education) • Foreign born residents (15%) <p>In addition, the report identifies an opportunity to increase the role of community health professionals and promotores to focus on prevention. The recently issued Joint Venture 2018 Silicon Valley Index cites the increasing cost of living and the pressure this puts on those in lower income brackets, with health metrics focused on those who are overweight or obese (54% of Silicon Valley adults) and poverty levels among pregnant women, among other factors.</p> <p>Sources: https://www.sccgov.org/sites/phd/collab/chip/Documents/chachip/SCC_Community_Health_Assessment-2014.pdf https://jointventure.org/images/stories/pdf/index2018.pdf</p>
Agency Description & Address	<p>Local headquarters: 1605 The Alameda, San Jose</p> <p>Planned Parenthood Mar Monte (PPMM) provides reproductive, primary, and behavioral health care, delivers sexual education and outreach, and conducts local advocacy to increase access to services in 42 counties in mid-California and northern Nevada. PPMM serves a highly diverse and largely lower income and underserved population.</p>
Program Delivery Site(s)	PPMM Mountain View Health Center, 225 San Antonio Road, Mountain View



FY19 Healthy Body Proposal Summary



<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>This grant will support a broad range of pediatric and adult preventative primary care services including:</p> <ul style="list-style-type: none"> • Well child checks and well woman exams • Episodic illness care for pediatrics and adults • Appropriate education and counseling • Annual preventative visits • Preventative screenings, as appropriate, for diabetes, colon cancer, high cholesterol, hypertension, cervical and breast cancer and other medical issues • Immunizations, including vaccines for children • Management of complex chronic medical conditions, such as hypertension, diabetes, chronic obstructive pulmonary disease, depression, and anxiety • Assessments of social determinants of health • Behavioral health assessments and referrals <p>Full requested amount funds will support the partial salaries of a center manager, check-out specialist, clinician, physician, health service specialist along with supplies and administrative expenses.</p>			
<p>FY19 Funding</p>	<p>FY19 funding requested: \$125,000.00 FY19 funding recommended: \$125,000.00</p>			
<p>Funding History and Metric Performance</p>	<p>FY18 FY18 Requested: \$100,000 FY18 Approved: \$100,000 FY18 6-month metrics met: 100%</p>	<p>FY17 New in FY18</p>	<p>FY16 New in FY18</p>	
<p>FY19 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	Individuals served		137	274
	Total visits		257	514
	Primary Care visits		51	102
	Reproductive Care visits		206	412
	Primary care patients referred to specialists who receive care within 90 days		50%	50%
	Third Next Available appointment (TNA) within 5 days		70%	70%
	Hemoglobin A1c of less than 8 for diabetes patients		412%	60%
	Colon cancer screening completed as appropriate for target age group		50%	50%



Playworks, Education Energized

Program Title	Playworks - Sunnyvale and Mountain View
Grant Goal	<p>Playworks respectfully requests \$242,500 from El Camino Healthcare District. With this support, Playworks will facilitate and inspire safe, healthy play by delivering Playworks Coach program to 5 low-income elementary schools in Sunnyvale School District and Playworks TeamUp program to 6 elementary schools in Mountain View Whisman and Sunnyvale School Districts. Along with providing services to the Coach schools every school day and to the TeamUp schools at least one out of every four weeks, we propose to provide professional development available to all adults on campus. These services will be delivered by a well-trained cadre of Program staff and will benefit more than 5,700 students K-6 in schools with an average FRL of >60%.</p> <p>Playworks is scaling safe, healthy play through a menu of services that support schools for the long term. A combination of direct service (Coach), professional development, and digital tools will grow children’s social and emotional skills throughout the Mountain View and Sunnyvale Districts. All Playworks services are designed to help schools and school districts build a sustainable program for long-term change. Key to that change is providing expert training to school personnel so they can model and teach the social/emotional skills students need.</p>
Community Need	<p>Elementary students with strong social competencies are 54 percent more likely to earn a high school diploma, twice as likely to attain a college degree, and 46 percent more likely to have a full-time job by age 25, a longitudinal study published in the American Journal of Public Health (2015) reports. (http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630) Social and emotional skills include demonstrating empathy and a sense of fairness, cooperating, and treating others with respect. These competencies are significant to Whole Child development/21st Century Skills/character and are essential for helping children succeed. Unfortunately, numerous Silicon Valley schoolchildren are not gaining these skills. In Santa Clara County, only one quarter (27%) of children ages 5 to 11 in Santa Clara County were physically active at least 60 minutes per day on 7 days in the past week. The percentage is slightly lower for females than males (26% vs. 29%). The percentage for Asian/Pacific Islanders (20%) and Latinos (27%) is lower than for Whites (40%) (https://www.sccgov.org/sites/phd/hi/hd/Pages/physical-activity.aspx). Playworks aims to move towards a solution to this problem by introducing and nurturing the love of play and physical activity, in a safe, healthy, inclusive environment.</p> <p>Playworks randomized control study data reports that at Playworks' schools, children are getting significantly increased vigorous physical activity. We want to keep children healthy, while also building positive connections and leadership at school.</p>
Agency Description & Address	<p>2155 South Bascom Ave #201, Campbell</p> <p>Playworks is a national nonprofit. Our vision is that one day every child in the U.S. will have access to safe, healthy play at school every day. Our goal is to establish play and recess as a core strategy for improving children’s health and social emotional skills. Playworks’ theory of change embraces the notion that a high functioning recess climate and caring adults on campus lead to a positive recess climate, which therefore positively affects the entire school climate. We develop student leaders and create a caring environment on the playground, in the classroom and in the community.</p>
Program Delivery Site(s)	<p>Eleven schools in the Mountain View Whisman and Sunnyvale School Districts.</p> <ul style="list-style-type: none"> • Ellis Elementary • Lakewood Elementary

FY19 Healthy Body Proposal Summary

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	<ul style="list-style-type: none"> • Vargas Elementary • San Miguel Elementary • Bishop Elementary • Cumberland Elementary • Cherry Chase Elementary • Fairwood Elementary • Mistral Elementary • Castro Elementary • Theuerkauf Elementary 															
<p><i>Services Funded By Grant/How Funds Will Be Spent</i></p>	<p>Services include:</p> <ul style="list-style-type: none"> • Playworks full-time Coach Program will place a highly trained program coordinator on campus to implement a multi-component program that includes: before school recess and recess, class game time for social-emotional learning and learning rules to games, leadership program, and interscholastic developmental sports leagues. The coach will be on campus every day and will get to know every child by name. • Playworks TeamUp will place a highly trained Site Coordinator on campus one out of every four weeks, to deliver class game time, recess and to support a school recess team with consultation and training. During the off weeks, Playworks Program Manager will be available for consultation and support. School recess teams will have the opportunity to join Playworks coaches at Preservice, for our week of intensive training. • Offer training in Playworks techniques and strategies to yard duty, administrative staff and teachers in each of the schools served. • Continue to collect data on the efficacy of the TeamUp, as well as the Coach program • Offer Junior Coach Leadership programs, class game time, and recess leadership. Leagues are optional, and they are offered at all Sunnyvale and Mountain View schools. <p>Full requested funding would support staff, equipment and training.</p>															
<p>FY19 Funding</p>	<p>FY19 funding requested: \$242,500 FY19 funding recommended: \$242,500</p>															
<p>Funding History and Metric Performance</p>	<table border="1"> <thead> <tr> <th>FY18</th> <th>FY17</th> <th>FY16</th> </tr> </thead> <tbody> <tr> <td>FY18 Requested: \$289,000</td> <td>FY17 Approved: \$317,000</td> <td>FY16 Approved: \$261,000</td> </tr> <tr> <td>FY18 Approved: \$278,000</td> <td>FY17 Spent: \$270,000</td> <td>FY16 Spent: \$261,000</td> </tr> <tr> <td>FY18 6-month metrics met: 100%</td> <td>FY17 6-month metrics met: 100%</td> <td>FY16 6-month metrics met: 100%</td> </tr> <tr> <td></td> <td>FY17 annual metrics met: 100%</td> <td>FY16 annual metrics met: 100%</td> </tr> </tbody> </table>	FY18	FY17	FY16	FY18 Requested: \$289,000	FY17 Approved: \$317,000	FY16 Approved: \$261,000	FY18 Approved: \$278,000	FY17 Spent: \$270,000	FY16 Spent: \$261,000	FY18 6-month metrics met: 100%	FY17 6-month metrics met: 100%	FY16 6-month metrics met: 100%		FY17 annual metrics met: 100%	FY16 annual metrics met: 100%
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FY18 6-month metrics met: 100%	FY17 6-month metrics met: 100%	FY16 6-month metrics met: 100%														
	FY17 annual metrics met: 100%	FY16 annual metrics met: 100%														



FY19 Healthy Body Proposal Summary

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





Santa Clara Valley Medical Center

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

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	<p>Valley Health Center Sunnyvale Dental Clinic is available to homeless patients five days a week including urgent care dental and specialty dental care three evenings a week to increase accessibility to oral health care for homeless patients.</p>
<p>Agency Description & Address</p>	<p>777 Turner Drive, Suite 220, San Jose</p> <p>Since 2003, the Santa Clara Valley Medical Center (SCVMC) Valley Homeless Healthcare Program (VHHP) has served as the “safety net for the safety net,” providing comprehensive healthcare and enabling services for persons experiencing or at-risk for homelessness. Front-line mobile services at locations homeless people visit provide convenient access to integrated primary medical, behavioral health, and enabling services. Care coordination connects homeless patients to comprehensive services at Valley Health Centers, including services specifically designed to meet the needs of people experiencing and at risk for homelessness. VHHP engages hard-to-reach homeless patients who lack access to healthcare which often leads them to rely on hospital emergency rooms as a source for routine medical care for conditions that are managed in a primary care setting. In 2017, SCVMC delivered healthcare services for 7,237 homeless people, including 243 homeless individuals whose place of residence is in Sunnyvale and Mountain View.</p>
<p>Program Delivery Site(s)</p>	<p>Community Services Agency - Mountain View</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Mobile homeless healthcare: The VHHP North County multi-disciplinary care team (Physician, RN, LVN, Psychiatrist, Psychologist, Social Worker, and Outreach Driver) will provide primary care, integrated behavioral health services, and enabling services weekly to local agencies serving homeless. • Services for homeless adults and children will include physical exams, immunizations, cancer screenings, treatment for illnesses and minor injuries, chronic disease diagnosis and management, mental health interventions, and mental health medication management. Patients will be scheduled for appointments and seen on a walk-in basis. • A Registered Nurse/Care Coordinator will assist patients with complex or serious conditions to access all needed primary, specialty and behavioral healthcare services and facilitate communication among physicians providing care for patients. • A Social Worker will actively assist patients to connect to housing, food, substance abuse recovery, and other community services. • Dental Services – Expanded dental clinic hours: addition of Dentists, Registered Dental Assistants, a Senior Health Services Representative, and a Medical Translator will allow the VHC Sunnyvale dental clinic to meet the needs of low income, underserved patients living in the ECHD area, including homeless people with serious, painful oral health conditions that require services the clinic does not now provide, i.e. endodontics and oral surgery. Additionally, the dental clinic will schedule three weekly evening clinics to increase access to oral healthcare for patients, including homeless patients. <p>Full requested funding would support a .5FTE RN, Provider, Psychologist, Psychiatrist, Licensed Vocational Nurse, RN Coordinator, Social Worker and Mobile Outreach Driver. Dental funding would support 1.5 FTE Dentists, 3 FTE Registered Dental Assistants, .5 Medical Translator, and 1.5 Senior Health Services Representatives. The coordinator, all supplies and medications will be provided in-kind.</p>

FY19 Healthy Body Proposal Summary

HEALTHY
BODY



FY19 Funding	FY19 funding requested: \$1,343,874.00		FY19 funding recommended: \$1,075,000		
Funding History and Metric Performance	FY18	FY17		FY16	
	FY18 Requested: \$1,295,311	FY17 Approved: \$968,000		FY16 Approved: \$1,039,000	
	FY18 Approved: \$1,000,000	FY17 Spent: \$968,000		FY16 Spent: \$850,031	
	FY18 6-month metrics met: 100%	FY17 6-month metrics met: 83%		FY16 6-month metrics met: 56%	
		FY17 annual metrics met: 100%		FY16 annual metrics met: 83%	
FY19 Proposed Metrics	Metrics			6-month Target	Annual Target
	Patients served with primary care and behavioral health			100	200
	Primary care and Behavioral Health encounters			300	800
	Dental patients			530	1,240
	Dental Encounters			1,410	3,480
	Behavioral health patients who adhere to treatment plans after receiving neuropsychological testing and motivational interviews.			50%	85%
	Patients whose blood pressure is less than 140/90			56%	66%
	Patients screened for housing and placement using the Vulnerability Index-Service Prioritization Decision Assistance Tool			55%	65%
	Dental patients who have at least one dental health maintenance procedure completed within three months of examination			70%	70%
	Emergency or urgent dental patients who return for maintenance exam within 6 months.			40%	40%
	Dental or emergency dental patients that requires oral surgery treatment and has the treatment completed in a specialty dental clinic.			25%	40%





Sunnyvale School District

Program Title	Healthcare Grant
Grant Goal	Sunnyvale School District is requesting \$291,325 to continue funding two full time school nurses and one full time equivalent health assistant position to allow us to provide comprehensive school health services. All services will be provided year-round and as needed, such as case management, assessments, implementation of care plans and staff training. Daily services include direct medical services, such as management of students with diabetes and asthma.
Community Need	<ul style="list-style-type: none"> • Implement health care plans and manage students with special health care needs or chronic illnesses, such as diabetes, asthma, severe allergies, ADHD/ ADD and seizures. In the ECH 2016 Community Health Needs Assessment (CHNA), learning disabilities, including ADHD and ADD, and obesity and diabetes were identified as health needs. According to the CHNA, “children with ADHD are at increased risk for antisocial disorders, drug abuse and other risky behaviors”. The report also indicates that Santa Clara County’s Latino and Black youth are more likely to be overweight and therefore failing the Healthy 2020 targets for this population (1)Five of Sunnyvale School Districts Schools are located within Sunnyvale neighborhoods where the teen obesity rate is 22%-26%, which is more than twice the rate in Santa Clara County (10%). (2) Provide assessment or screening and referral for health conditions, such as vision, hearing and dental problems. • Connect students and families to a medical home and other community resources when necessary to make sure their health needs are met. We can provide access to the following resources for families who do not have insurance: Healthier Kids Foundation, Santa Clara County Dental Society, VSP Sight for Students Program and the Sunnyvale Lions Club. • Assist our families navigate the health care system and advocate for them, helping them access healthcare, another community health need identified by the ECH 2016 CHNA. According to the report, “Latinos are less likely to be insured, less likely to see a primary care physician, and more likely to go without healthcare due to cost.” <p>(1)El Camino Hospital 2016 Community Health Needs Assessment: https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf</p> <p>(2) Santa Clara County Public Health Department, Sunnyvale Neighborhood Profiles: https://www.sccgov.org/sites/phd/hi/hd/Pages/sunnyvale.aspx</p>
Agency Description & Address	<p>819 W. Iowa Ave, Sunnyvale, CA</p> <p>The Sunnyvale School District's mission is to prepare each and every one of our students with a strong foundation of skills and knowledge to succeed in their educational pursuits. The goals are to deepen students learning across all content areas in engaging 21st century classrooms; ensure school and classroom environments; promote social-emotional wellbeing; emphasize standards-aligned literacy instruction for all students and specifically for English Learners to further develop student skills in reading, writing, spelling and listening; increase and deepen parent education and community engagement; promote collaboration, transparency and communication with students, parents, staff and the broader community; extended learning opportunities to continue to meet the need of all students; manage district finances and resources effectively to support and sustain our mission.</p>
Program Delivery Site(s)	All Sunnyvale School District schools
Services Funded By Grant/How Funds	<p>Services include:</p> <ul style="list-style-type: none"> • Collaborate with health care providers and parents to create and implement individualized

FY19 Healthy Body Proposal Summary



Will Be Spent	<p>health care plans for students with chronic medical conditions, such as severe allergies, asthma, diabetes and seizures.</p> <ul style="list-style-type: none"> • Inform school staff of students' medical conditions and provide appropriate training based on individualized needs of students, such as epipen administration training, diabetes, asthma and seizure management. • Provide vision screening for all students in Transitional Kindergarten/Kindergarten, second grade, fifth grade and eighth grade. • Provide individual vision and hearing screenings and / or health assessments for students in special education and contribute nursing assessment information to the assessment team. • Follow up on all students who failed vision or hearing screenings with letters, emails and phone calls to determine whether student was seen by their provider and what the outcome was. • Refer students who are uninsured or underinsured to the VSP Sight for Student program or the local Lions Club in order to receive free eye exams and free glasses. • Provide case management for students with attendance issues where the barrier for attending school is health related. • Participate in IEP (individual educational program) meetings, RTI (Response to Intervention) meetings, 504 Plan (Accommodation Plan) meetings and SARB (Student Attendance Review Board) meetings as needed to provide medical expertise to the team. • Collaborate with the CNC (Columbia Neighborhood Center) to offer an after school Fitness class in the CNC Fitness room to students from Columbia Middle School twice a week for 1 hour. The classes are on a drop in first-come first serve basis and led by a professional trainer. <p>Full requested funding would support two full time Nurses, one Health Clerk and After school Fitness program.</p>			
FY19 Funding	FY19 funding requested: \$291,325		FY19 funding recommended: \$287,000	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$293,465 FY18 Approved: \$275,000 FY18 6-month metrics met: 75%	FY17 Approved: \$275,000 FY17 Spent: \$275,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$265,000 FY16 Spent: \$265,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		2,205	4,410
	Students who failed vision or hearing screenings and saw their health care provider		51%	76%
	Students chronically absent due to illness (>10% of school days) who improved attendance		66%	67%
	Kindergarten students who received a well child exam as measured by the receipt of a complete CHDP (Child Health and Disability Prevention Program) "Health Exam for School Entry" Form.		36%	71%
Staff who received CPR/AED training during Staff development days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED.		80%	90%	



The Health Trust

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

FY19 Healthy Body Proposal Summary



	agency, or other referral.			
Agency Description & Address	<p>3180 Newberry Drive Suite 200, San Jose</p> <p>The Health Trust is a charitable 501(c)(3) nonprofit operating foundation serving Santa Clara and northern San Benito Counties. Our vision is a healthier Silicon Valley for everyone – and a place where every resident can achieve optimal health throughout their lifetime, irrespective of their background, income, race, ethnicity, or age. Services offered by The Health Trust are aimed at improving the well-being of vulnerable populations.</p>			
Program Delivery Site(s)	Not Applicable			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Provide twenty minute daily visit that includes a brief social interaction, visual wellness check and one meal • Administer three initial assessments to measure nutritional risk, social isolation and episodes of hospitalization • Provide reassessments; if needed, a trained staff member makes referrals to outside health or social service professionals <p>Full requested funding would support partial staffing for six positions and program supplies such as food.</p>			
FY19 Funding	FY19 funding requested: \$100,000.00 FY19 funding recommended: \$78,000			
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$150,000 FY18 Approved: \$100,000 FY18 6-month metrics met: 20%	New in FY18	New in FY18	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		65	75
	Meals Delivered		5,200	11,200
	Wellness Checks		3,380	7,200
	Clients will show an increase in food security after 6 months in the program as captured in the Food Insecurity Screen.		25%	25%
	Clients will show an increase in their overall score for social isolation, indicating the client is less socially isolated. LSNS-6 or similar evidenced based tool will be used. (We are currently researching other validated tools to use and would submit for approval prior to the start of the grant if LSNS-6 is not used.)		25%	25%
	Decrease in the number of emergency room visits reported by clients and decrease in the number of hospitalizations reported by clients		25%	25%
	Clients responding to Client Satisfaction Survey who indicate that the MOW program is very important or somewhat important to helping them remain independent in their homes		95%	95%



YMCA of Silicon Valley

Program Title	YMCA Summer Camp			
Grant Goal	This program aims to promote physical activity and healthier food choices amongst youth. The Y is committed to fostering health and well-being practices in out-of-school time programs, using science-based standards for healthy eating, physical activity, screen time, and social supports for these behaviors including staff, family and youth engagement.			
Community Need	The City of Mountain View struggles with one of the highest income disparities in the country. Youth from low-income families often experience stress that can lead to low self-esteem, low academic performance and higher risk behaviors. The Y is committed to closing the achievement gap in the Silicon Valley by providing enriching experiences for those families that are struggling just to find care during the summer months. Most children—particularly children at high risk of obesity— gain weight more rapidly when they are out of school during summer break (von Hippel et al. 2007). Parents consistently cite summer as the most difficult time to ensure that their children have productive things to do (Duffett et al. 2004).			
Agency Description & Address	80 Saratoga Avenue, Santa Clara The YMCA’s mission is to strengthen the community by improving the quality of life and inspiring individuals and families to develop their fullest potential in spirit, mind and body by focusing on three core areas: youth development, healthy living, and social responsibility.			
Program Delivery Site(s)	The program will be delivered in Mountain View, CA			
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Providing summer camps to low-income youth that focus on physical activity and fitness, healthy meals, healthy lifestyles, water safety, caring adult role models and leadership for youth Full requested funding would support staffing for camp leaders, camper admission fees and program supplies.			
FY19 Funding	FY19 funding requested: \$75,000 FY19 funding recommended: \$75,000			
Funding History and Metric Performance	FY18		FY16	
	FY18 Requested: \$77,131 FY18 Approved: \$70,000 FY18 6-month metrics met: 100%	FY17 FY17 Approved: \$70,000 FY17 Spent: \$70,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	New in FY17	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Youth Served		280	420
	Camp hours attended by all youth		16,800	25,200
	Families who agree or strongly agree that their child eats more fruits or vegetables after attending camp		52%	52%
	Families who agree or strongly agree that their children were more physically active after attending camp		83%	83%



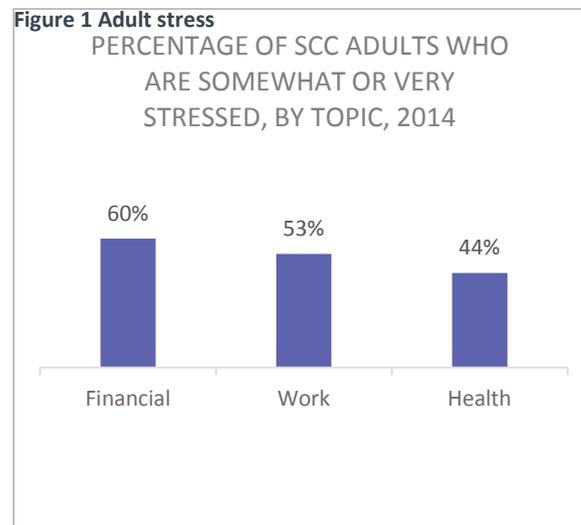
To improve the mental health and wellbeing of the community by providing services and increasing access to services that address serious mental illness, depression, and anxiety related to issues such as dementia, domestic violence, substance use, and bullying.

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



Source: Santa Clara County Public Health Department. (2014). Behavioral Risk Factor Survey.

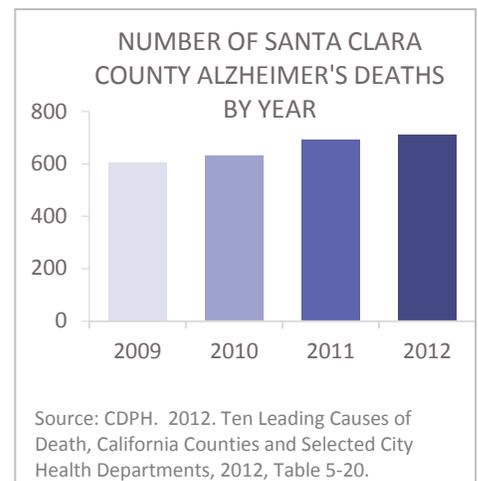
¹ Alzheimer’s Association. <https://www.alz.org/care/alzheimers-dementia-depression.asp>.

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

months. Through focus groups and key informant interviews, the community discussed the stigma that persists for those who experience mental 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.

Figure 2 Alzheimer’s deaths



STRATEGIES TO IMPROVE HEALTHY MINDS

1. Increase access to psychiatric services, peer-mentoring, case management and medication management for at-risk adults
2. Increase access to individual/group counseling, crisis intervention and addiction prevention education for youth through staffing of school-based services
3. Promote developmental assets and skill-building for youth
4. Increase access to programs and services for patients and families coping with Alzheimer’s Disease and Dementia through culturally relevant efforts to mitigate stigma and encourage early diagnosis
5. Reduce isolation and depression amongst seniors

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.

HEALTHY MIND PROPOSALS

1. Acknowledge Alliance – page 58
2. Alzheimer’s Association – Asian Dementia Initiative – page 60
3. Avenidas – page 62
4. CHAC (Community Health Awareness Council) – page 64
5. Hand in Hand Parenting – page 66
6. Law Foundation of Silicon Valley – page 68
7. Los Altos School District – School Mental Health Counseling – page 70
8. Momentum for Mental Health – page 72
9. Mountain View Los Altos High School District – Mental Health Counseling – page 74
10. NAMI Santa Clara County – page 76

HEALTHY MIND RECOMMENDED FUNDING: \$1,133,000

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



Acknowledge Alliance

<i>Program Title</i>	Project Resilience and Social Emotional Learning (SEL) Program
<i>Grant Goal</i>	Social Emotional Learning (SEL) services for students, teachers and administrators at schools in the Sunnyvale and Mountain View school districts. This program promotes lifelong resilience and sound mental health in youth by strengthening the social and emotional skills of children/youth and the caring capacity of the adults who influence their lives.
<i>Community Need</i>	<p>Students, especially those from marginalized communities, are facing adversities that hinder success, both in and out of school. Early intervention and preventative and can address student issues before they worsen and become severe and chronic. Those from homes that are not safe or lack support and love are more likely to be unprepared to learn effectively and are at-risk for negative life events, depression and academic failure. Teachers can become burned out from the stressors they face- especially around academic performance— and many lack the skills, training and resources to effectively support the social emotional needs of students.</p> <p>Reports abound of teacher shortages, and many of those already in the profession struggle. A survey by the American Federation of Teachers -) found that 78% are often physically and emotionally exhausted at the end of the day and 87% say the demands of their job are at least sometimes interfering with their family life. Numerous other surveys have found low morale among teachers. In addition, according to the Handbook of Social and Emotional Learning, today's schools are increasingly multicultural and multilingual with students from diverse social and economic backgrounds. Educators and community agencies serve students with different motivation for engaging in learning, behaving positively, and performing academically. Social and emotional learning (SEL) provides a foundation for safe and positive learning, and enhances students' ability to succeed in school, careers, and life." A recent study by the Robert Wood Johnson Foundation and the Pennsylvania State University found that "when teachers are highly stressed, children show lower levels of both social adjustment and academic performance." High levels of stress negatively affect teacher wellness, causing burnout, lack of engagement, job dissatisfaction, poor performance and high turnover rates. These factors hinder teaching and learning, lower student-achievement and increase financial costs for schools.</p> <p>Sources: Survey by American Federation of Teachers: https://www.aft.org/periodical/psrp-reporter/fall-2015/stressed-out Handbook of Social and Emotional Learning, Edited by Joseph A. Durlak, Celene E. Domitrovich, Roger P. Weissberg, and Thomas P. Gullotta</p>
<i>Agency Description & Address</i>	2483 Old Middlefield Way, Suite 201, Mountain View Acknowledge Alliance was founded in 1994 as The Cleo Eulau Center to help children rebound from adversity by nurturing their individual strengths and resilience. The mission is to promote lifelong resilience in children and youth and strengthen the caring capacity of the adults who influence their lives. Acknowledge Alliance serves K-12 public and private schools in San Mateo and Santa Clara Counties, impacting over 300 educators and nearly 4500 students annually. Their services consist of a three-tier Continuum of Support: Lifelong resilience, social emotional wellness and academic success for teachers, students and administrators.
<i>Program Delivery Site(s)</i>	Sunnyvale School District sites: <ul style="list-style-type: none"> • Bishop Elementary • Cherry Chase Elementary



FY19 Healthy Mind Proposal Summary

HEALTHY MIND



	<ul style="list-style-type: none"> • Fairwood Elementary • San Miguel Elementary • Columbia Middle School • Sunnyvale Middle School • Lakewood Elementary • Mountain View Whisman School District sites (TBD, likely Monta Loma Elementary) 																					
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<p>Social and Emotional Learning (SEL) services include:</p> <ul style="list-style-type: none"> • SEL lessons to 3-7th grade students in identified Sunnyvale and Mountain View Whisman School District schools • One-on-one student counseling • Parent workshops • Resilience Consultation and Coaching: • SEL training and professional development for teachers • Individual and Group Consultations/Coaching Sessions • Classroom observations • Resilience Groups for Teachers, Staff, and Administrators - Focused on building the resilience of educational staff, with content based on input from participants <p>Full requested amount funds partial salaries of program director and consultants as well as administrative costs.</p>																					
<i>FY19 Funding</i>	<p>FY19 funding requested: \$50,000 FY19 funding recommended: \$50,000</p>																					
<i>Funding History and Metric Performance</i>	<table border="1"> <thead> <tr> <th>FY18</th> <th>FY17</th> <th>FY16</th> </tr> </thead> <tbody> <tr> <td> FY18 Requested: \$60,000 FY18 Approved: \$35,000 FY18 6-month metrics met: 0% </td> <td> FY17 Approved: \$35,000 FY17 Spent: \$35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 75% </td> <td> New in FY17 </td> </tr> </tbody> </table>	FY18	FY17	FY16	FY18 Requested: \$60,000 FY18 Approved: \$35,000 FY18 6-month metrics met: 0%	FY17 Approved: \$35,000 FY17 Spent: \$35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 75%	New in FY17															
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<i>Rationale for Recommended Funding</i>	<p>Only two of four metrics could be evaluated at midyear; school administrative changes led to delay in program start. Agency expects to meet targets. Additional funds will allow the program to expand into Mountain View Whisman School District.</p>																					
<i>FY19 Proposed Metrics</i>	<table border="1"> <thead> <tr> <th><i>Metrics</i></th> <th><i>6-month Target</i></th> <th><i>Annual Target</i></th> </tr> </thead> <tbody> <tr> <td>Individuals served</td> <td>335</td> <td>1,341</td> </tr> <tr> <td>SEL Lessons for students</td> <td>89</td> <td>356</td> </tr> <tr> <td>Teachers and school administrators served</td> <td>65</td> <td>169</td> </tr> <tr> <td>Teachers will report an increase in positive educator/student relationships</td> <td>N/A</td> <td>80%</td> </tr> <tr> <td>Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.</td> <td>N/A</td> <td>90%</td> </tr> <tr> <td>Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"</td> <td>N/A</td> <td>50%</td> </tr> </tbody> </table>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>	Individuals served	335	1,341	SEL Lessons for students	89	356	Teachers and school administrators served	65	169	Teachers will report an increase in positive educator/student relationships	N/A	80%	Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.	N/A	90%	Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"	N/A	50%
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Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.	N/A	90%																				
Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"	N/A	50%																				





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

Program Title	Asian Dementia Initiative		
Grant Goal	This program will increase public awareness about Alzheimer’s Disease and Related Dementias (ADRD) in Asian communities and link families with culturally and linguistically competent services.		
Community Need	<p>There are 5.5 million Americans now living with Alzheimer's disease (AD). The CDC has recently declared that mortality rate due to Alzheimer's in California has moved from 5th to 3rd place. Santa Clara County (SCC) is estimated to have 36,000 persons age 55+ with the disease and there are an estimated 6,000 Asians now living with the disease in the county. The California report estimates the number of Asians who develop Alzheimer's will triple between 2008 and 2030. This represents a heavy burden for those who develop Alzheimer's and for their caregivers, let alone the impacts on society. Caregivers must help those with Alzheimer's with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), experiencing increased stress and depression as the disease progresses which can lead to exacerbated health problems.</p> <p>Sources: https://www.alz.org/documents_custom/2017-facts-and-figures.pdf https://www.cdc.gov/nchs/pressroom/states/california/california.htm https://www.alz.org/CAdata/FullReport2009.pdf</p>		
Agency Description & Address	2290 North 1 st Street, Suite 101, San Jose The Alzheimer’s Association works on a global, national, and local level to enhance care and support for all those affected by Alzheimer’s and related dementias.		
Program Delivery Site(s)	Services will be provided in San Jose, CA and other community sites, including the District, to community members who live, work, or go to school in the District’s boundaries.		
Services Funded By Grant/How Funds Will Be Spent	<p>Services will include:</p> <ul style="list-style-type: none"> • Providing program staffing, including part-time Community Outreach Manager and Community Outreach Specialist • Improving awareness and understanding of Alzheimer’s disease within Asian communities by providing linguistically and culturally appropriate outreach • Linking families and caregivers to services available through the Alzheimer's Association and other related resources <p>Full requested funding would support partial staffing to provide services and conduct community outreach, and program supplies.</p>		
FY19 Funding	FY19 funding requested: \$70,000		FY19 funding recommended: \$70,000
Funding History and Metric Performance	FY18	FY17	FY16
	<p><u>Asian Dementia Initiative:</u> FY18 Requested: \$70,000 FY18 Approved: \$70,000 FY18 6-month metrics met: 100%</p> <p><u>Latino Family Connections:</u> FY18 Requested: \$70,000 FY18 Approved: \$70,000 FY18 6-month metrics met: 100%</p>	<p><u>Asian Dementia Initiative:</u> FY17 Approved: \$70,000 FY17 Spent: \$70,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%</p> <p><u>Latino Family Connections</u> FY17 Approved: \$70,000 FY17 Spent: \$70,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%</p>	<p><u>Asian Dementia Initiative:</u> FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY16 6-month metrics met: 80% FY16 annual metrics met: 100%</p> <p><u>Latino Family Connections</u> FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%</p>

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<i>FY19 Dual Funding</i>	FY19 funding requested: \$70,000 (Latino Family Connections Program)		FY19 funding recommended: \$70,000 (Latino Family Connections Program)	
<i>Dual Funding History</i>	FY18	FY17	FY16	
	New in FY19	New in FY19	New in FY19	
<i>FY19 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		570	900
	Encounters provided		810	1,575
	Participants in Educational Sessions and Forums/Conference who agree or strongly agree that they learned material to help them better care for their loved one with ADRD		98%	98%
	Care consultation, support group referral recipients who agree or strongly agree that they know about how family, friends and others can assist them with care and support		N/A	96%





Avenidas

Program Title	Avenidas Rose Kleiner Adult Day Health Program		
Grant Goal	To fund a full-time Social Worker’s position to help provide integrated daily support services at Avenidas Rose Kleiner Center (AKRC), our adult day health program.		
Community Need	In response to federal and state policy initiatives authorized by the Affordable Care Act and the Coordinated Care Initiative (CCI), Santa Clara County health and social service departments, health plans, health care institutions and providers are working together to integrate health care and supportive social services with an eye toward reducing rising health care costs. Meeting this goal must include recognition of the vital role that Long- Term Support Services, such as those provided by Avenidas Rose Kleiner Center, play in helping adults with multiple chronic conditions maintain daily functioning, manage complex needs and continue to live in the community and “age in place.”		
Agency Description & Address	4000 Middlefield Road, Building 1 – 2, Palo Alto Founded in 1969, Avenidas is a multi-service senior services agency whose mission is to preserve the dignity and independence of members to help participants meet transitions in life due to aging, illness and cognitive decline. Avenidas serves over 7,500 older adults and their family members each year in the mid-peninsula area with an extensive array of programs and services to keep older adults healthy, engaged, and active so they can live as independently as possible. Over 40 years ago, Avenidas started the Rose Kleiner Center (ARKC). It is a state licensed adult day health center designed to serve the dependent and medically high-risk segment of the elderly population, many with Alzheimer’s Disease and dementia, while supporting their efforts, and those of their family, to remain in their own homes.		
Program Delivery Site(s)	Program services will be delivered at the agency site.		
Services Funded By Grant/How Funds Will Be Spent	<p>Services will include:</p> <ul style="list-style-type: none"> • Daily case Management including a) personal check-in with each participant, b) review of daily psychosocial progress in Care Plan, c) as needed, link/coordinate internal support services for participant with agency’s Interdisciplinary Team including registered nurses, physical, occupational and speech therapists, d) as needed, link/coordinate external support services with community-based service providers and e) complete Care Plan notes and updates • Assessments and psychosocial evaluations conducted by the Interdisciplinary Team, which includes the Social Worker, every 2 months to ensure that Care Plans meet participants' ongoing needs • Family support including one hour monthly meetings to provide information, referrals, etc., allowing the family to maintain a supportive home environment for their frail senior and to obtain vital ongoing support and self-care. <p>Full requested funding would support 90% of a full-time Social Worker position.</p>		
FY19 Funding	FY19 funding requested: \$50,000		FY19 funding recommended: \$50,000
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: \$50,000 FY18 Approved: \$45,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18



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





CHAC (Community Health Awareness Council)

<i>Program Title</i>	School Intervention and Prevention Program
<i>Grant Goal</i>	<p>This grant support for CHAC’s comprehensive, school-based mental health service program in the Sunnyvale School District that includes individual, group, and family therapy and a Social-Emotional Learning program offered to all third, fifth and middle school students. The program promotes student well-being through intervention of social, emotional and mental health issues to enhance success in the classroom, improve behavior, raise achievement, increase attendance, reduce violence and substance abuse. The intervention program will also engage family members in the treatment goals to improve efficacy of treatment and school integration. The grant also covers assessment and treatment of symptoms for students in all grade levels or provide appropriate referral to qualified outside resources for those students where the family’s or the child’s needs are beyond the scope of practice for school-based counseling services. In addition to the Intervention/Prevention Program previously funded, CHAC is requesting an additional \$108,000 to expand the number of days of intern presence on campus to 3 days a week for 5 interns as opposed to the current 2 days a week. This is to ensure continuity of care and engagement with school personnel and administration and enable proper assessment of needs for students and families.</p>
<i>Community Need</i>	<p>Child and adolescent mental health disorders are the most common illnesses that children will experience under the age of 18. Examples include anxiety, depression, sadness, lack of self-worth, alcohol and substance abuse or addiction, violence, and suicide. Untreated, any of these issues can impact overall health and well-being, create an enormous burden for them and their families, and may significantly affect their chances for success in life. According to the National Association for Mental Illness (NAMI):</p> <ul style="list-style-type: none"> • 20% of youth ages 13-18 live with a mental health condition • 11% of youth have a mood disorder • 10% of youth have a behavior or conduct disorder • 8% of youth have an anxiety disorder <p>Recent research indicates that serious depression is worsening in teens, especially in girls. The suicide rate among girls reached a 40 year high in 2015, according to a CDC report released in August 2017. Suicide is the second leading cause of death for children, adolescents, and young adults (CDC 2017). Most children and adolescents who attempt suicide have an underlying mental health disorder, usually depression. While depression is a serious illness, it can be successfully treated. Early diagnosis and treatment are essential. Social-emotional issues including bullying, self-harm behavior in teens, defiant behavior, acting out in class, alcohol and prescription drug abuse are also prevalent and impactful.</p> <p>Locally, CHAC staff report an increase in social-emotional issues in our students, including bullying, self-harm behavior in teens, defiant behavior and acting out in class, alcohol and prescription drug abuse. Many families may be unable to afford transportation to access low-cost mental health options which are available at some distance. In addition, cultural factors may inhibit parents from going outside their family for help. The availability of therapy within the school setting can be a critical and life-changing option for these students. A 2013-2015 California Healthy Kids Survey reinforces this: In school connectedness, academic motivation, perceived school safety, the overall prevalence of harassment and mental health - underscore the need for educators, prevention specialists, youth service providers, ad health agencies to</p>



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	collaboratively focus more attention on better meeting the needs of our youth and helping them thrive in school, career, and life.			
Agency Description & Address	590 W. El Camino Real, Mountain View CHAC (Community Health Awareness Council) is a nonprofit mental health services agency located in Mountain View. It offers counseling, therapy, support groups, classes, and psycho-educational programs to local children, adults, and families.			
Program Delivery Site(s)	The following 10 schools in the Sunnyvale School District: <ul style="list-style-type: none"> Elementary Schools: Bishop, Cherry Chase, Cumberland, Ellis, Fairwood, Lakewood, San Miguel and Vargas schools Middle schools: Columbia Middle and Sunnyvale Middle 			
Services Funded by Grant/How Funds Will Be Spent	<p>The following six services will be provided:</p> <ul style="list-style-type: none"> Individual therapy Group therapy Collateral therapy – meetings with parent/guardian focused on need of the student Check-ins – one-on-one, typically following a hospitalization or student with anxiety Crisis intervention Case management Social-Emotional Learning - curriculum delivered during lunch; weekly for 6 – 8 sessions. <p>Full requested amount funds partial salaries of clinical supervisor, MFT Intern stipends, senior MFT associates and social-emotional learning program staff as well as administrative costs. Request includes funds to increase services for additional day per week at five high need schools, from 2 days/week to 3 days/week.</p>			
FY19 Funding	FY19 funding requested: \$320,447		FY19 funding recommended: \$280,000	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$200,000 FY18 Approved: \$181,000 FY18 6-month metrics met: 50%	FY17 Approved: \$181,000 FY17 Spent: \$181,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 80%	FY16 Approved: \$192,700 FY16 Spent: \$192,700 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		265	835
	Service hours provided		2,600	8,250
	50% of students will show improvement by at least 3 points from pre-test to post test on the 40-point scale Strengths and Difficulties Questionnaire based on teacher report for ages 10 and under.		N/A	50%
	50% of students will show improvement by at least 3 points from pre-test to post test on the 40-point scale Strengths and Difficulties Questionnaire based on self-report for students aged 11-17.		N/A	50%
	Outcome Questionnaire for Youth Therapeutic Alliance (Y – OQ 2.01 TA): 50% of students will show improvement by at least a 10% decrease from pre-test to post test on Intrapersonal Distress, Somatic Symptoms, Interpersonal Relations, Critical Items, Social Problems, and Behavioral Dysfunction.		N/A	50%
	Tween Talk students who will show an improvement in social emotional behaviors.		20%	25%





Hand in Hand Parenting NEW

Program Title	Expansion of Hand and Hand Parenting Program
Grant Goal	To provide well-trained instructors to teach parenting classes to parents, grandparents, and caretakers of children of all ages. The class participants will learn practical, effective tools that strengthen the parent-child relationship. Our tools empower parents to lift difficult behaviors from their child’s life without rewards or punishment and give parents the satisfaction of truly helping their children. The result is parents who feel rewarded in their parenting, and children who feel closer to their parents. A happier family results in healthier people and communities. The program encourages listening partnerships between parents and parents can benefit from an improved personal support network long after our classes have ended.
Community Need	<p>The Center for Disease Control and Prevention states that Adverse Childhood Experiences (ACEs) or traumatic events in childhood, large or small, have a significant impact on future violence, victimization, and perpetration, lifelong health, and opportunity. ACEs can be prevented, and even healed, with programs like Hand in Hand Parenting. Studies show there are links between ACEs and chronic illnesses, diagnosed mental health conditions, lower income and shortened lifespan. CDC studies show that we can address ACEs with five simple strategies: changing social norms; creating communities that provide supportive parenting; enhancing parenting skills to promote healthy child development; intervening to reverse harm, and intervening to prevent future risk. Hand in Hand’s programs cover several of these strategies. They address parental stress with Listening Partnerships and Parent Support Groups, where parents learn to exchange listening time with one another, offload tension, and gain personal insight into their parenting. Listening Partnerships, one-on-one or in a group, give parents a healthy, confidential outlet for their frustrations and fears, thus lowering stress and improving their relationships with their children and other loved ones.</p> <p>Citations: www.cdc.gov/nccdphp/ace/ www.avahealth.org www.acestoohigh.com/resources/ https://www.cdc.gov/violenceprevention/acestudy/about.html https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html https://www.youtube.com/watch?v=8gm-INpzU4g</p>
Agency Description & Address	<p>555 Waverley St #25, Palo Alto</p> <p>Hand in Hand Parenting supports parents with the insights, skills, and tools necessary to build the meaningful connections parents and children need to thrive. Providing this connection helps create healthier communities, children, and adults.</p>
Program Delivery Site(s)	At Hand in Hand Parenting office: 555 Waverley St #25, Palo Alto
Services Funded by Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Instructor-led small-group 6-week 120-minute Parenting Classes including take-home materials, Parent Support Group, and Q&A time for each parent • Instructor-led three-week toddler-focused Parenting Classes with take-home materials, Parent Support Group and Q&A time for each parent

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	<ul style="list-style-type: none"> 90-minute Parent Education Talks with open Q&A for parents, grandparents, childcare and Early Childhood Education professionals. Parent Podcasts in English and Spanish Three Parent Education Blog Posts published weekly and the book, <i>Listen: Five Simple Tools to Meet Your Everyday Parenting Challenges</i>, available in multiple languages One-on-one consulting matching parents with Certified Hand in Hand Instructors Listening Partnerships - Training that provides parents a no-cost process for reducing stress, building confidence, engaging in community with other parents, and working through challenges <p>Full requested amount funds partial salary of five staff positions and some administrative costs.</p>		
FY19 Funding	FY19 funding requested: \$100,000.00	FY19 funding recommended:	Do not fund
Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19
Rationale for Recommended Funding	Service location is not in the District.		
FY19 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	350	625
	Individuals attending a Hand in Hand Parenting Activity	125	200
	Individuals attending an in-person classes	75	125
	Individual attending Parent Support Group	25	50
	Parents who report an increase of satisfaction in their parenting relationship after attending a Hand in Hand parenting activity	75%	140%
	Parents who report a decrease of at least 3 points after a listening partnership session	10%	20%
	Parents who report a decrease of at least 6 points after a listening partnership session	50%	30%





Law Foundation of Silicon Valley

<i>Program Title</i>	Removing Legal Barriers to Mental Health Access
<i>Grant Goal</i>	<p>To increase stability and improve mental health by increasing access to mental health services. This program provides legal services to people with mental health disabilities living in the El Camino Healthcare District. Attorneys provide legal counsel and advice, extended legal representation, referrals to other community-based organizations and more, in an effort to ensure that people with mental health or developmental disabilities have access to services and public benefits that are critical to their health and well-being. The Law Foundation will also conduct outreach and educational presentations to providers at medical and safety-net facilities in an effort to expand services for people with mental health disabilities.</p>
<i>Community Need</i>	<p>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.</p> <ul style="list-style-type: none"> • As stated in El Camino Hospital’s 2016 Community Health Needs Assessment (CHNA), 38% of Santa Clara County residents reported poor mental health on at least one day in the last 30 days, while six in ten County residents reported being somewhat or very stressed about financial concerns. • In 2017, there were 7,394 homeless people living in Santa Clara County, with 64 percent of those individuals living in vehicles, structures not meant for human habitation, or on the streets. The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Fifty percent of individuals experiencing homelessness reported living with a psychiatric or mental health condition. (Santa Clara County Homeless Census & Survey, 2017). • For people living with mental illness, access to public benefits, such as income and health insurance coverage, can be a critical factor in achieving stability and maintaining good health and self-sufficiency. • To qualify for disability benefits, an individual must be able to provide medical records documenting the severity and extent of the disability. Yet, many individuals living with mental health disabilities have difficulty accessing health insurance in the first place, making it difficult or impossible for them to access medical care and provide documentation of their disabilities. • Most applications for Social Security disability benefits are denied, with fewer than four in ten approved, even after all stages of appeal. (Consortium for Citizens with Disabilities, “Just the Facts on Social Security’s Disability Programs,” June 2014). • Further, many insured individuals are unable to enjoy a full array of mental health care and substance abuse treatment benefits available, despite state and federal parity laws, due to lack of available services or providers.
<i>Agency Description & Address</i>	<p>152 N 3rd St 3rd Floor, San Jose</p> <p>The Law Foundation of Silicon Valley advances the rights of under-represented individuals and families in our diverse community through legal services, strategic advocacy, and educational outreach. The Law Foundation has three (3) core programs: housing, children and youth, and</p>



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	health (which include mental health). Each program consists of a team of attorneys and other legal advocates that work directly with low income clients and the wider community to craft inventive solutions to the life-changing legal issues facing low-income people in Silicon Valley.			
Program Delivery Site(s)	Provided at the Law Foundation’s office plus monthly clinics at Community Services Agency Mountain View			
Services Funded By Grant/How Funds Will Be Spent	<p>Services provided:</p> <ul style="list-style-type: none"> • 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 <p>Full requested amount funds partial salaries of three staff attorneys, intake worker and other administrative staff roles as well as some administrative costs.</p>			
FY19 Funding	FY19 funding requested: \$68,000	FY19 funding recommended: \$65,000		
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$62,250 FY18 Approved: \$62,000 FY18 6-month metrics met: 75%	FY17 Approved: \$61,919 FY17 Spent: \$61,919 FY17 6-month metrics met: 50% FY17 annual metrics met: 75%	FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		93	186
	Individuals served through representation		31	62
	Individuals Served through educational presentations (healthcare providers)		62	124
	Providers receiving educational presentations who increase their understanding of their patients' rights to medical benefits and other forms of public assistance		75%	75%
	Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits		75%	75%
Clients receiving services for benefits issues who increase their knowledge regarding available health and income benefits.		85%	85%	



EL CAMINO
HEALTHCARE
DISTRICT



Los Altos School District

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





Services Funded By Grant/How Funds Will Be Spent

Therapeutic services include:

- Individual therapy - 1:1 therapy, therapeutic check-ins, classroom observations
- Group Counseling
- Family therapy – meetings with parent/guardian focused on the individual needs of the student and family diagnosis
- Crisis intervention – suicide assessments, creating circle of care for student, preventing contagion, de-escalation of students in crisis and problem solving, and CPS reporting
- Case Management-checking in on students with teachers, parents and school administration, connecting with outside providers regarding student
- Classroom Interventions-Outreach to general student population to teach emotional regulation and resiliency strategies through lunch time clubs
- Classroom Interventions-Partner with general education electives (PE/Health and Art) to collaborate on general mental health wellness education

Social Emotional Learning (SEL) Counselor services include:

- Classroom Interventions-Partner with 9 school psychologists to teach pilot SEL curriculum in 6th-8th grade classrooms
- Classroom Interventions-Model instruction in classrooms
- Research, evaluation and reporting on effectiveness of SEL program pilot
- Coach teachers on implementation of pilot SEL curriculum

Full requested amount funds the salaries of 1.5 FTE Therapeutic Specialists and 1 FTE Social Emotional Learning Counselor.

FY19 Funding

FY19 funding requested: \$235,000 FY19 funding recommended: \$100,000

Funding History and Metric Performance

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

FY19 Proposed Metrics

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





Momentum for Mental Health

Program Title	Mental Health Community Clinic
Grant Goal	Provide mental health services to those who do not have access to treatment because they cannot afford to pay for services and those who are uninsured. This grant will continue to help La Selva Community Clinic provide mental health services for clients who are uninsured; the majority is referred from Mayview Community Health Clinic, El Camino Hospital as well as the general community. The service address language barriers to access to care and provides an, for Medi-Cal recipients, provides quick access to treatment and essential supportive services as they often manage complex and ongoing mental health and medical conditions on a daily basis.
Community Need	Many individuals who suffer from mental health do not have access to mental health services due to lack of healthcare insurance or their inability to pay. Consequently, these individuals tend to remain untreated, utilize hospital emergency rooms when in crisis, and risk losing employment. In Primary care clinics typically lack mental health services and most mental health clinics locally have a wait list. According to the 2016 CHNA, close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days and six in ten county residents report being somewhat or very stressed about financial concerns. Further, some clients are not currently working and lack insurance to cover for mental health services and others cannot afford their medication fee. Momentum serves clients who are undocumented and have a difficulties in finding jobs with benefits to provide mental health services. More than half of clients are monolingual Spanish speakers and in many cases this is the first time they are seeking mental health services.
Agency Description & Address	438 N. White Road, San Jose Momentum for Mental Health is an independent, non-profit corporation that provides comprehensive programs and services in Santa Clara County for youth and adults who have a severe mental illness. The staff and volunteers at Momentum believe that people with a mental illness can, and do, recover to lead productive lives and become contributing members of our community. Helping clients reach this goal informs planning and daily operations. Momentum's treatment approach focuses on building on clients' strengths to help them achieve and sustain mental health. The staff at Momentum delivers services in 37 different languages – reflecting the linguistic and cultural diversity of this region. During fiscal year 2016-17 a total of 4,124 individuals were served across Momentum's 10 locations and 11 supportive housing sites throughout Santa Clara County.
Program Delivery Site(s)	Services will be provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Provide 60 – 90 minute psychiatry assessments • Deliver 30 minute treatment and medication management sessions • Provide 60 minute case management sessions • Provide 50 – 90 minute short-term and crisis counseling • For some clients in need of more intensive services, provide no-cost intensive outpatient program and crisis residential care <p>Full requested amount funds partial salaries for staff including a psychiatrist, registered nurse, a lead clinical, a program manager and other staff.</p>



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FY19 Funding	FY19 funding requested: \$268,140		FY19 funding recommended: \$268,000		
Funding History and Metric Performance	FY18		FY17		
	FY18 Requested: \$241,000		FY17 Approved: \$241,000		
	FY18 Approved: \$241,000		FY17 Spent: \$241,000		
	FY18 6-month metrics met: 100%		FY17 6-month metrics met: 50%		
			FY17 annual metrics met: 100%		
			FY16 Approved: \$236,000		
			FY16 Spent: \$236,000		
			FY16 6-month metrics met: 100%		
			FY16 annual metrics met: 100%		
FY19 Dual Funding	FY19 funding requested: \$58,860		FY19 funding recommended: \$50,860		
Dual Funding History	FY18		FY17		
	FY18 Requested: \$26,000		FY17 Approved: \$26,000		
	FY18 Approved: \$26,000		FY17 Spent: \$26,000		
	FY18 6-month metrics met: 100%		FY17 6-month metrics met: 100%		
			FY17 annual metrics met: 100%		
			FY16 Approved: \$26,000		
			FY16 Spent: \$26,000		
			FY16 6-month metrics met: 100%		
			FY16 annual metrics met: 100%		
FY19 Proposed Metrics	Metrics			6-month Target	Annual Target
	Individuals served			58	118
	Services Provided			858	1,715
	Patients who report a reduction of 2 points or more in the PHQ-9 measure severity of depression (repeat for FY19)			75%	85%
	Patients who report a reduction of 2 points or more in the GAD-7 measure severity of anxiety (repeat for FY19)			85%	85%
	Patients who avoid psychiatric hospitalization for 12 months after beginning services with Momentum's LSCC (repeat for FY18)			95%	95%





Mountain View - Los Altos High School District (MVLAHSD)

<i>Program Title</i>	School-Based Mental Health and Support Team
<i>Grant Goal</i>	Students in the Mountain View - Los Altos High School District who receive mental health and emotional support services will have improved educational outcomes, helping them to succeed in school. The services will entail: crisis management, individual therapy, group therapy, collateral therapy, check-ins, and case management services.
<i>Community Need</i>	<p>Students with mental health issues have difficulty listening, learning, and making good choices. Left unattended, academic progress may be slowed or derailed, truancy may increase, and students may drop-out of school. Unattended mental health issues make it difficult for students to establish relationships and successfully transition to adulthood. Students with unattended mental health issues are at greater risk of suicide. According to the CA Healthy Kids Survey 2013 – 2015, chronic sadness occurred in around 33% of 9th/11th graders within past year. Suicide is second leading cause of death for 0 – 19 year olds in CA and nationally (Epicenter database). Additionally, truancy can be indicative of social maladjustment (e.g., drugs use, theft), and the vast majority of these students appear to have worsening treated and untreated depression/anxiety. One in five youth ages 13-18 suffer from a diagnosable mental health condition. Further, suicide is the 2nd leading cause of death among 10-24 year-olds (behind accidents) in the US according to the CDC. The vast majority of cases - 90% of teens who complete suicide -have at least one diagnosable psychiatric disorder at the time of their death. Mental health services are needed because mental health issues have widespread consequences for students:</p> <ul style="list-style-type: none"> • Mental health issues impede a student's ability to engage their school work. • Mental health issues increase the chances that students will engage in risky behaviors. • Mental health issues make it difficult to establish healthy relationships. • Mental health is important to successfully transition to adulthood. <p>Sources: 20% of youth ages 13-18 suffer from a diagnosable mental health condition: https://www.nami.org/getattachment/learn-more/mental-health-by-the-numbers/childrenmhfacts.pdf CDC, 2016 stat on suicide among 10-24 year-olds: https://www.cdc.gov/nchs/fastats/adolescent-health.htm). diagnosable psychiatric disorder among teen suicides: http://www.apa.org/research/action/suicide.aspx</p>
<i>Agency Description & Address</i>	1299 Bryant Avenue, Mountain View The Mountain View Los Altos Union High School District is a culturally diverse district composed of three high schools serving the communities of Mountain View, Los Altos and Los Altos Hills.
<i>Program Delivery Site(s)</i>	Mountain View High School and Los Altos High School
<i>Services Funded By Grant/How Funds Will Be Spent</i>	Services include: <ul style="list-style-type: none"> • Individual and family therapy, crisis intervention, truancy intervention and case management. Bilingual services, available in English and Spanish, include: <ul style="list-style-type: none"> • Individual therapy • Group therapy • Collateral therapy



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	<ul style="list-style-type: none"> • Check-ins • Crisis management • Case management • Support to educators in effective management of students with mental health issues <p>Full requested amount funds salaries for two licensed therapists who are bilingual and able to provide services in English and Spanish.</p>			
FY19 Funding	FY19 funding requested: \$160,000	FY19 funding recommended: \$160,000		
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$160,000 FY18 Approved: \$160,000 FY18 6-month metrics met: 100%	FY17 Approved: \$170,000 FY17 Spent: \$160,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$160,000 FY16 Spent: \$160,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 83%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		75	150
	Individual Therapy/Group Therapy/Collateral Therapy/Check-ins (75% of total service hours)		945	1,890
	Total services provided/encounter hours		1,260	2,520
	Students who reduce frequency/quantity of high risk behavior by greater than or equal to 25%		N/A	75%
	Students who decrease exposure to violence by greater than or equal to 25%		N/A	75%
	Students who increase use of coping skills for trauma/depression/anxiety by greater than or equal to 25%		N/A	75%
Students who decrease suicidal thoughts and feelings by greater than or equal to 25%		N/A	75%	





National Alliance for Mental Illness (NAMI) Santa Clara County

<i>Program Title</i>	Community Peer Mentor Program
<i>Grant Goal</i>	Connect individuals with severe mental illnesses to peers who engage in their recovery. This grant will continue peer support and mentoring to community members who suffer from severe and persistent mental illness. NAMI SCC will partner with inpatient psychiatric units, outpatient programs, locked facilities and intensive treatment programs to identify Participants for the Community Peer Mentor Program. This type of peer support complements and enhances treatment by mental health professionals and makes more efficient use of scarce mental health resources.
<i>Community Need</i>	Mental illness poses a significant burden to the affected individual both in terms of their physical health and their ability to function in the community. They are more susceptible to chronic diseases like diabetes or heart disease. They live, on average, 10 to 20 years less than non-affected individuals and have a higher risk of suicide (https://www.mqmentalhealth.org/posts/4-ways-our-physical-health-could-be-impacted-by-our-mental-health). Having a mental illness interferes with relationships, education and ability to find employment. This is partly due to the stigma that having a mental illness carries and that discourages someone from getting help. While twelve percent of Santa Clara County residents say they need help for a mental health condition, only about one-third of these will actually seek it. (2016 California Health Interview Survey: http://healthpolicy.ucla.edu/chis/Pages/default.aspx). Individuals with untreated mental illness will get sicker leading to greater disability, more suicidal/homicidal or otherwise erratic behaviors and increased encounters with law enforcement, which frequently have fatal consequences. The cost to treat those with mental illness is higher compared to those with regular access to healthcare. Peer support is an evidence-based practice and is included in SAMHSA’s National Registry of Evidence-Based Programs and Practices (https://nrepp.samhsa.gov/ProgramProfile.aspx?id=38).
<i>Agency Description & Address</i>	1150 S Bascom Avenue #24, San Jose, CA NAMI Santa Clara County offers practical experience, support, education, comfort and understanding to anyone concerned about mental illness, primarily schizophrenia, bipolar disorder, clinical depression, and obsessive compulsive disorder. NAMI provides resources and referrals to treatment and services in Santa Clara County.
<i>Program Delivery Site(s)</i>	Services are provided at several community locations and by phone: <ul style="list-style-type: none"> • El Camino Hospital, 2500 Grant Road, Mountain View • Kaiser Permanente Santa Clara Behavioral Health Center, 3840 Homestead Road, Santa Clara • Good Samaritan Hospital Mission Oaks, 15891 Los Gatos Almaden Rd. Los Gatos • Stanford Hospital, 300 Pasteur Drive, Palo Alto
<i>Services Funded by Grant/How Funds Will Be Spent</i>	Services include: <ul style="list-style-type: none"> • Weekly face-to-face meeting peer mentor sessions for up to four months • Twice weekly phone call check-ins • Linkages to services: referrals from Mentors for a range of community services that promote and maintain recovery, alleviate loneliness and isolation and enhance quality of life • Identification of participation for Peer Mentor program Full requested amount funds partial salary of program staff, Mentors as well as administrative costs.



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FY19 Funding	FY19 funding requested: \$100,000		FY19 funding recommended: \$90,000	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$100,000 FY18 Approved: \$80,000 FY18 6-month metrics met: 100%	FY17 Approved: \$100,000 FY17 Spent: \$100,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$100,000 FY16 Spent: \$88,794 FY16 6-month metrics met: 67% FY16 annual metrics met: 83%	
	Metrics		6-month Target	Annual Target
FY19 Proposed Metrics	Unique participants		35	70
	Number of visits		560	1,120
	Number of phone calls		1,120	2,240
	Participants will feel less isolated.		80%	80%
	Participants will feel more hopeful about future and recovery.		70%	70%
	Participants will be more cooperative with their treatment plan.		2,240%	80%
	Peer Mentors will feel increased meaning and feel greater self confidence		83%	83%





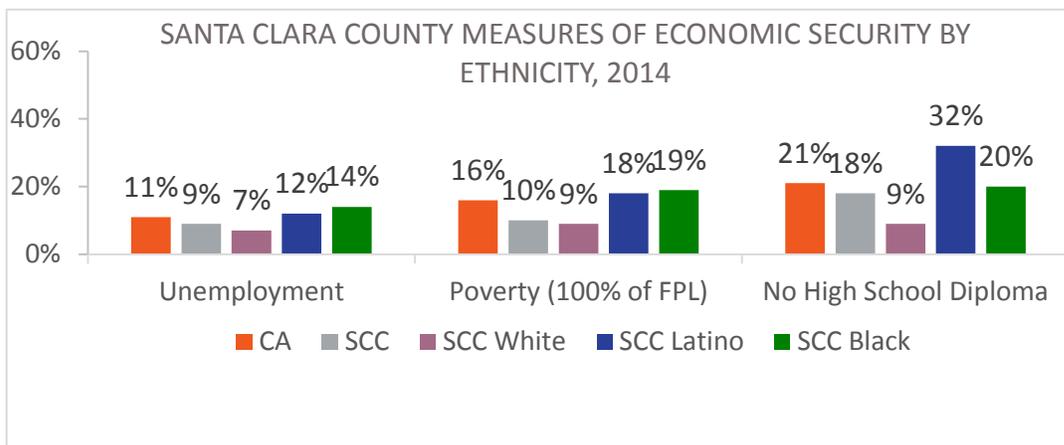
To improve the overall health of the community by providing services and increasing access to services that improve safety, provide transportation, and educate the community about health and wellbeing.

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.



- 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. Reduce fall risks for older adults
2. Promote access to medical searches and improve health literacy
3. Increase self-sufficiency amongst vulnerable families and older adults through social work case management and emergency assistance
4. Reduce incidence of chronic diseases such as heart disease, hypertension and diabetes through culturally relevant programs, screenings and expanded access to medical devices
5. Provide domestic violence survivor services

HEALTHY COMMUNITY PROPOSALS

1. American Heart Association – Hypertension Initiative – page 80
2. Caminar (Family & Children Services) – Domestic Violence Victim Support – page 83
3. Chinese Health Initiative – page 85
4. Farewell to Falls – Stanford Health Care – Trauma, Injury Prevention – page 87
5. Health Library and Resource Center, Mountain View – page 88
6. Maitri – Domestic Violence Victim Support – page 90
7. Rebuilding Together Peninsula – page 92
8. RoadRunners Transportation – page 93
9. South Asian Heart Center – page 94
10. Sunnyvale Community Services – Safety Net Services – page 96
11. Sunnyvale Community Services – Social Work Case Management – page 98

HEALTHY COMMUNITY RECOMMENDED FUNDING: \$1,410,353

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



American Heart Association – Hypertension Initiative

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



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	<p>healthcare improvement efforts. AHA’s goal is to improve the cardiovascular health of all Americans by 20 percent and reduce deaths from cardiovascular diseases and stroke by 20 percent by the year 2020. To help achieve this ambitious goal, AHA's community-based programs, like Check.Change.Control., target local high risk groups to promote healthy lifestyle changes such as diet, physical activity, and smoking cessation to ultimately reduce risk factors for heart disease and stroke.</p>		
<p>Program Delivery Site(s)</p>	<p>Screening events (Hubs) will be hosted at various places throughout the healthcare district. Past Hubs have been hosted in front of grocery stores, large shopping centers and within existing events such as the Farmers Market in Mountain View & Los Altos. For FY 19 we propose hosting in front of grocery stores, community partner locations and within existing community events. CHW Training will be held at the Neighborhood Columbia Center in Sunnyvale.</p> <ul style="list-style-type: none"> • Check.Change.Control Program locations will be hosted at: • Columbia Neighborhood Center in Sunnyvale • MayView Community Health Clinic in Mountain View • MayView Community Hypertension Clinics will be hosted at the MayView Clinic in Mountain View and Sunnyvale 		
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services and programs include:</p> <ul style="list-style-type: none"> • 8 Community Screenings Heart Health Hubs: <ul style="list-style-type: none"> ○ Heart Health Screening & referrals provided to adults ○ Community outreach to promote events • Check.Change.Control 4-month intervention and hypertension management program: <ul style="list-style-type: none"> ○ Four 2-hour sessions provided by RN & Health Educators ○ Blood pressure screening provided by RN • Community Health Worker recruitment and training • MayView Community Health Center – High Blood Pressure Clinics • Use of Portable Blood Pressure tracking technology (5 PortableBP stations operated in partnership with TupeloLife) at screening events and with Hypertension Collaborative partners <p>Full requested amount funds partial staff and community health worker roles, RNs for screenings, screening events trainings, Portable BP technology and other administrative costs.</p>		
<p>FY19 Funding</p>	<p>FY19 funding requested: \$153,302 FY19 funding recommended: \$103,000</p>		
<p>Funding History and Metric Performance</p>	<p>FY18</p> <p>FY18 Requested: \$82,682 FY18 Approved: \$71,000 FY18 6-month metrics met: 40% (Unmet metrics due to delay in part of program. Expect to meet targets).</p>	<p>FY17</p> <p>FY17 Approved: \$66,500 FY17 Spent: \$66,500 FY17 6-month metrics met: 100% FY17 annual metrics met: 90%</p>	<p>FY16</p> <p>New in FY17</p>



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





Family & Children Services (a division of Caminar)

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



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	<p>behavioral health and supportive services for individuals and families living in Santa Clara, San Mateo, San Francisco, Solano, and Butte counties. The nonprofit organization was founded by families, social workers, and mental health providers in fulfillment of their shared a vision of providing cutting-edge, community-based social rehabilitation programs for adults. In January 2017, Family & Children Services of Silicon Valley, founded in 1948 in San Jose, merged with Caminar. Now operating as a division of Caminar, FCS continues to deliver its portfolio of behavioral health, family violence prevention, trauma reduction, and youth development programs. Caminar works to empower and inspire individuals and families to move toward wellness, independence, and resilience.</p>			
<p>Program Delivery Site(s)</p>	<ul style="list-style-type: none"> • FCS’s office in Palo Alto at 375 Cambridge Avenue, Palo Alto, CA • MayView Community Health Center, 900 Miramonte Ave, Mountain View, CA • Case management services are delivered throughout the community as case manager accompanies survivors to court, police departments, the Family Justice Center, law offices, and other appointments 			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Bi-lingual services are individualized to the needs of each survivor and provided trained Domestic Violence Advocates/Case Managers, Clinical Case Managers, and Therapists including:</p> <ul style="list-style-type: none"> • Information and referral assistance and safety planning assistance • Individual/family advocacy and counseling services, including new client intakes, case management, clinical case management, therapy, and crisis support, and coordination with other provides involved in a client’s case • Support groups, including educational presentation by a clinician • Community outreach and education <p>Full requested amount funds partial salaries for a case manager, therapist and other staff positions as well as administrative costs.</p>			
<p>FY19 Funding</p>	<p>FY19 funding requested: \$50,000 FY19 funding recommended: \$50,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY18</p> <p>FY18 Requested: \$50,000 FY18 Approved: \$50,000 FY18 6-month metrics met: 75%</p>	<p>FY17</p> <p>FY17 Approved: \$50,000 FY17 Spent: \$50,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%</p>	<p>FY16</p> <p>FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY16 6-month metrics met: 83% FY16 annual metrics met: 60%</p>	
<p>FY19 Proposed Metrics</p>	<p>Metrics</p> <p>Individuals served</p> <p>Services provided (hours of advocacy/counseling services)</p> <p>Number of support group sessions</p> <p>Participants in supportive services (case management, advocacy, counseling, and/or support group services) who report services are helpful to their healing process.</p> <p>Callers to the support line who will have safety plans in place by the end of the interaction with the advocate/case manager.</p> <p>Counseling/advocacy beneficiaries who will report achieving the goal(s) for which they sought assistance</p> <p>Counseling/advocacy beneficiaries who will report increased knowledge of DV and safety strategies</p>		<p>6-month Target</p> <p>40</p> <p>450</p> <p>44</p> <p>80%</p> <p>85%</p> <p>80%</p> <p>90%</p>	<p>Annual Target</p> <p>85</p> <p>900</p> <p>90</p> <p>85%</p> <p>90%</p> <p>85%</p> <p>90%</p>



Chinese Health Initiative (CHI)

Program Title	Chinese Health Initiative		
Grant Goal	This program addresses the unique health needs of the Chinese community. The four focus areas of the program include: health disparities, health literacy, community wellness and culturally competent patient care. CHI provides free health screenings, workshops, dietitian consults and resources to members of the Chinese community.		
Community Need	<p>According to the National Institute of Health, about 21% of Asians have diabetes but more than half are undiagnosed. Hypertension is also a disease of high prevalence among the Chinese population and a lot can be done to educate this group on this disease and its prevention. There are also language and cultural barriers to access care and medical resource as two third of Chinese community members in the Bay Area were born outside of the United States and many of them speak limited English.</p> <p>Sources: https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-are-undiagnosed</p>		
Agency Description & Address	2500 Grant Road, Mountain View Chinese Health Initiative at El Camino Hospital addresses the unique health disparities in the growing Chinese population, and accommodates cultural preferences in education, screening, and the delivery of healthcare.		
Program Delivery Site(s)	The program services will be delivered at various community sites including senior centers and community centers.		
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Conducting educational workshops to raise awareness of health disparities • Providing screenings • Producing newspaper articles and print material addressing health concerns specific to the Chinese community Full requested funding would support partial staffing and program materials for screenings and outreach.		
FY19 Funding	FY19 funding requested: \$283,510		FY19 funding recommended: \$250,000
Funding History and Metric Performance		FY18	FY17
		FY18 Requested: \$239,000 FY18 Approved: \$234,000 FY18 6-month metrics met: 75%	FY17 Approved: \$215,200 FY17 Spent: \$210,235 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%
FY19 Dual Funding	FY19 funding requested: \$45,750		FY19 funding recommended: \$40,000
Dual Funding History		FY18	FY17
		FY18 Requested: \$30,000 FY18 Approved: \$30,000 FY18 6-month metrics met: 100%	FY17 Approved: \$30,000 FY17 Spent: \$30,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%

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





Farewell to Falls

Fiscal Agent: Stanford Health Care

Program Title	Farewell to Falls			
Grant Goal	This evidence-based program aims to reduce falls by providing home visits to older, at-risk adults.			
Community Need	<p>One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. The Center for Disease Control estimates medical costs for fall-related injuries nationally to be an estimated \$31 billion. With the aging population, National Council on Aging reports the financial toll is expected to reach \$67.7 billion by 2020. Annual cost of falls in Santa Clara County, including ED visits, hospitalizations and deaths is estimated to be \$265 million/year. In 2014, 2,981 older adults were hospitalized in Santa Clara County after a fall and 8,432 older Santa Clara County residents were seen in emergency departments. A study published in 1999 from Sydney Australia (Cumming, et al.) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third.</p>			
Agency Description & Address	<p>300 Pasteur Drive, MC 5898, Stanford The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.</p>			
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District's boundaries.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing three home visits by an Occupational Therapist who reviews home safety, assesses the older adult's strength and balance, medications, home safety, and other factors that contribute to fall risk and provide a return visit at one year for reevaluation • Conducting a monthly phone call to check on fall status and reinforce recommendations <p>Full requested funding would support staffing for an Occupational Therapist and program supplies such as grab bars.</p>			
FY19 Funding	FY19 funding requested: \$26,600		FY19 funding recommended: \$26,600	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$38,349 FY18 Approved: \$35,000 FY18 6-month metrics met: 100%	FY17 Approved: \$29,160 FY17 Spent: \$19,510 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Older adults served		25	55
	Older adults who report doing recommended exercises at least twice a week		17%	36%
	Older adults who do not require a 911 call, or visit to Emergency Department or doctor		18%	48%



Health Library & Resource Center, Mountain View

Program Title	El Camino Hospital, Mountain View Health Library & Resource Center		
Grant Goal	The Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families and caregivers.		
Community Need	<p>Individuals want and need accurate information to make the best possible healthcare and medical decisions. Without such information, they may undergo unnecessary treatment, fail to understand the impact of diet and exercise, ignore important warning signs, and waste healthcare dollars. Studies indicate that many Americans have low health literacy which adversely impacts their ability to understand health information and make informed decisions about health issues and lifestyle choices that affect their lives. Individuals with low health literacy are likely to report poor health outcomes. The inability to understand Health Information can lead to undesirable lifestyle choices leading to poor health outcomes and an increase in National Healthcare expenditures. Individuals want and need accurate information to help them make the best possible lifestyle decisions and to effectively partner with their physician to obtain optimal healthcare outcomes. They often lack the time and skills needed to sort through the myriad of information that is available and then assess its quality and accuracy. The library can direct patrons to information sources suitable to their individual needs, interests, and abilities. The assistance received helps our patrons in making informed decisions regarding procedures, treatments, and lifestyle issues. The library provides current healthcare resources, including evidenced based materials, tailored to each patron's information needs and desires.</p> <p>Sources: https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483 ; https://nces.ed.gov/pubs2006/2006483.pdf ; https://health.gov/communication/literacy/issuebrief/ ; https://health.gov/communication/literacy/quickguide/factsbasic.htm</p>		
Agency Description & Address	<p>530 South Drive, Mountain View</p> <p>El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos.</p>		
Program Delivery Site(s)	The services will be delivered at the Health Library and Resource Center at El Camino Hospital, Mountain View and open to all members of the local community.		
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources • Conducting outreach to local senior centers • Providing eldercare consultations and assist community members with developing a long-range care plan based on their personal family situation <p>Full requested funding would support partial staffing for a Librarian and supplies such as books and subscriptions.</p>		
FY19 Funding	FY19 funding requested: \$308,547		FY19 funding recommended: \$250,000
Funding History and Metric Performance	FY18		FY17
	FY18 Requested: \$393,491 FY18 Approved: \$373,491 FY18 6-month metrics met: 83%		FY17 Approved: \$393,491 FY17 Spent: \$388,874 FY17 6-month metrics met: 75% FY17 annual metrics met: 80%
			FY16
			FY16 Approved: \$393,491 FY16 Spent: \$393,491 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%



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FY19 Dual Funding	FY19 funding requested: \$63,672		FY18 funding recommended: \$63,672	
Dual Funding History	FY18	FY17	FY16	
	FY18 Requested: \$69,702 FY18 Approved: \$69,702 FY18 6-month metrics met: 100%	FY17 Approved: \$63,672 FY17 Spent: \$63,672 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$63,672 FY16 Spent: \$63,672 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		12,015	23,900
	Health Consultations provided		140	280
	Eldercare contacts provided to link community members to resources		540	1,080
	Community members who strongly agree or agree that eldercare referrals are appropriate to their needs		95%	95%
	Community members who strongly agree or agree that eldercare increases their knowledge of care options		95%	95%
	Community members who strongly agree or agree that library services have been valuable in helping them manage my health or that of a friend or family member		65%	65%





Maitri

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



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	and cultural isolation. Recognizing the impact of social and cultural alienation on its clients, Maitri helps empower them to integrate into mainstream society.			
Program Delivery Site(s)	Most services are provided at Maitri’s office in San Jose. This and other addresses where services provided are not published for the safety of clients and staff.			
Services Funded By Grant/How Funds Will Be Spent	<p>Provide South Asian immigrants and citizens impacted by domestic violence and human trafficking with linguistically and culturally specific legal services:</p> <ul style="list-style-type: none"> • Legal advocacy sessions • Transitional housing, case management • Immigration services • Legal representation • Services available in multiple languages <p>Full requested amount funds partial salaries for program staff and administrative costs.</p>			
FY19 Funding	FY19 funding requested: \$50,000 FY19 funding recommended: \$50,000			
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$40,000 FY18 Approved: \$40,000 FY18 6-month metrics met: 100 %	FY17 Approved: \$30,000 FY17 Spent: \$30,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals (adults) served		12	30
	Total services		45	90
	Legal clients surveyed will report increased awareness of legal rights in their situations		70%	75%
	Peer counseling clients surveyed will report increased emotional well-being due peer counseling		70%	75%
	Adult residents surveyed who exit the TH will state that they moved to safe and/or permanent housing		80%	80%
70% of EEP clients will achieve their economic security goals, which may include finding a job, taking educational courses, or becoming more financially literate;		70%	70%	





Rebuilding Together Peninsula

Program Title	Safe at Home Program for Older Adults			
Grant Goal	This program targets fall risk factors in and around the home through home repairs and/or modifications for low-income, older adults. These at-risk adults are identified as “fall risks” by a formal fall risk assessment tool or by referring agencies and institutions.			
Community Need	Home safety modifications are a common recommendation for people at risk of falls, but these repairs are rarely performed, due to limited income or the inability of finding a trustworthy contractor. According to the American Academy of Orthopedic Surgeons, unintentional injuries in the home are responsible for more than 21 million medical visits per year at a cost of more than \$222 billion per year. Falls in the home account for \$100 billion to the country’s medical system per year alone; and each broken hip costs \$37,000 on average. For the cost of one broken hip, 1,000 grab bars/handrails can be installed in homes to help prevent falls and injuries, allowing seniors to remain safe and independent in their own homes.			
Agency Description & Address	841 Kaynyne Street, Redwood City Rebuilding Together Peninsula (RTP) has provided critical health and safety repairs for over 26 years. RTP envisions a safe and healthy home for every person, with repair programs serving seniors, people with disabilities, veterans, and families with children. RTP’s free repair services ensure that neighbors without financial resources can live independently in warmth and safety in their own home.			
Program Delivery Site(s)	The program will be delivered at the homes of community members who live, work or go to school in the District’s boundaries.			
Services Funded by Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing staffing, including full-time program manager and part-time repair technician • Administering Weill Medical College of Cornell University environmental fall risk assessment and developing a customized home safety plan • Reducing risks through no cost home repairs and home modification <p>Full requested funding would support partial staffing and program materials such as grab bars and ramps.</p>			
FY19 Funding	FY19 funding requested: \$75,000 FY19 funding recommended: \$75,000			
Funding History and Metric Performance	FY18		FY16	
	FY18 Requested: \$100,000 FY18 Approved: \$65,000 FY18 6-month metrics met: 100%	FY17 FY17 Approved: \$50,000 FY17 Spent: \$50,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Homes modified for older adults or individuals at higher risk of falls		10	25
	Recipients who report feeling safer in their homes after completed home repairs		80%	100%
	Recipients who would recommend or highly recommend this program to a friend		80%	100%
	Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs		80%	100%



RoadRunners Transportation Program

Program Title	RoadRunners Patient Transportation			
Grant Goal	Ensure that seniors and disabled community members have access to medical care by providing safe, timely and compassionate transport. To provide a service that helps seniors maintain independence.			
Community Need	Transportation issues are one of the greatest concerns for elders. One out of six older adults report having difficulty getting to their medical/doctor appointment and other services needed to maintain independence.			
Agency Description & Address	530 South Drive, Mountain View El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. RoadRunners is a transportation service provided by employees and dedicated El Camino Hospital Auxiliary volunteers.			
Program Delivery Site(s)	Delivery sites include physician offices, clinics, pharmacies, grocery stores, among other sites.			
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Transporting individuals to medical appointments and other necessary services (i.e. banking, grocery shopping, pharmacy etc.) • Recruiting volunteer drivers to transport community members • Conducting outreach to inform seniors and disabled individuals about RoadRunners' services Full requested funding would support staffing, rides and program supplies.			
FY19 Funding	FY19 funding requested: \$275,353 FY19 funding recommended: \$250,353			
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$333,353 FY18 Approved: \$275,353 FY18 6-month metrics met: 100%	FY17 Approved: \$313,353 FY17 Spent: \$288,361 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$313,353 FY16 Spent: \$313,353 FY16 6-month metrics met: 75% FY16 annual metrics met: 75%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Older adults served		575	1,150
	Rides provided		4,519	9,038
	Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence		90%	90%
	Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments		95%	95%



South Asian Heart Center, El Camino Hospital

Program Title	AIM to Prevent Program
Grant Goal	The South Asian Heart Center is seeking funding in the amount of \$360K to enroll, screen, and coach participants in its AIM to Prevent program, a specialized, evidence based, three phase prevention program: 1) Assess with advanced and comprehensive screening to uncover hidden risks, 2) Intervene with culturally-appropriate Lifestyle MEDS™ counseling and 3) Manage with personalized, heart health coaching.
Community Need	<p>South Asians have at least a two-fold increased risk for cardiovascular disease (CVD) and four- to six-fold increased risk for diabetes (1,2) compared to other ethnic groups (3) and suffer CVD and its risk factors at an earlier age (3,4). Coronary artery disease (CAD) is the leading cause of death (5) and hospitalizations among South Asians in California (6,7). Since traditional CV risk factors do not fully explain the marked disparity in the incidence of heart disease among South Asians (1), additional risk factors have been investigated, albeit inconclusively: fibrinogen, insulin resistance and metabolic syndrome, low high-density lipoprotein (HDL), HDL2b, high triglycerides, small dense low-density lipoprotein (LDL), homocysteine and lipoprotein(a) (8,9). Despite this higher risk, South Asians in the US are still understudied, and little research is available on culturally appropriate treatment strategies to treat them. Despite comprehensive guidelines on appropriate prevention and management strategies for cardiovascular disease (CVD), implementation of such risk-reducing practices remains poor among South Asians in the U.S. (10).</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. McKeigue P, Ferrie J, Pierpoint T, Marmot M. Association of early-onset coronary heart disease in South Asian men with glucose intolerance and hyperinsulinemia. <i>Circulation</i>. 1993;87(1):152-161. 2. Barnett AH, Dixon AN, Bellary S, et al. Type 2 diabetes and cardiovascular risk in the UK south Asian community. <i>Diabetologia</i>. Oct 2006;49(10):2234-2246. 3. Palaniappan L, Wang Y, Fortmann SP. Coronary heart disease mortality for six ethnic groups in California, 1990-2000. <i>Annals of epidemiology</i>. Aug 2004;14(7):499-506. 4. Narayan KM, Aviles-Santa L, Oza-Frank R, et al. Report of a National Heart, Lung, And Blood Institute Workshop: heterogeneity in cardiometabolic risk in Asian Americans In the U.S. Opportunities for research. <i>Journal of the American College of Cardiology</i>. Mar 9 2010;55(10):966-973. 5. Palaniappan L, Mukherjea A, Holland A, Ivey SL. Leading causes of mortality of Asian Indians in California. <i>Ethnicity & disease</i>. Winter 2010;20(1):53-57. 6. Klatsky AL, Armstrong MA. Cardiovascular risk factors among Asian Americans living in northern California. <i>American Journal of Public Health</i>. 1991;81(11):1423-1428. 7. Klatsky AL, Tekawa I, Armstrong M, Sidney S. The risk of hospitalization for ischemic heart disease among Asian Americans in northern California. <i>American Journal of Public Health</i>. 1994;84(10):1672-1675. 8. Enas EA, Kannan S. How to beat the heart disease epidemic among South Asians: a prevention and management guide for Asian Indians and their doctors: Advanced Heart Lipid Clinic; 2005. 9. Rather MA, Bhat BA, Qurishi MA. Multicomponent phytotherapeutic approach gaining momentum: Is the "one drug to fit all" model breaking down? <i>Phytomedicine: international journal of phytotherapy and phytopharmacology</i>. Sep 11 2013. 10. Azar KM, Jose PO, Kang JB, et al. Culturally-tailored heart health coaching (in press). <i>Journal of Immigrant and Minority Health</i>. 2013.
Agency Description & Address	<p>2480 Grant Road, Mountain View</p> <p>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.</p>



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Program Delivery Site(s)	Program services will be delivered at agency sites and online through webinars.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting health assessment and development of risk reduction plan for participants • Engaging participants in the AIM to Prevent Program • Providing outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling, and grocery store tours • Delivering trainings that provide Continued Medical Education (CME) units for physicians <p>Full requested funding would support partial staffing and program supplies.</p>			
FY19 Funding	FY19 funding requested: \$180,000	FY19 funding recommended: \$180,000		
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$180,000 FY18 Approved: \$160,000 FY18 6-month metrics met: 100%	FY17 Approved: \$180,000 FY17 Spent: \$180,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$180,000 FY16 Spent: \$180,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 83%	
FY19 Dual Funding	FY19 funding requested: \$360,000	FY19 funding recommended: \$170,000		
Dual Funding History	FY18	FY17	FY16	
	FY18 Requested: \$360,000 FY18 Approved: \$240,000 FY18 6-month metrics met: 100%	FY17 Approved: \$360,000 FY17 Spent: \$360,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 83%	FY16 Approved: \$400,000 FY16 Spent: \$400,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		97	198
	Services provided		528	1,078
	Improvement in average level of weekly physical activity from baseline		20%	21%
	Improvement in average levels of daily servings of vegetables from baseline		19%	20%
	Improvement in levels of HDL-C as measured by follow-up lab test		5%	6%
	Improvement in cholesterol ratio as measured by follow-up lab test		6%	7%





Sunnyvale Community Services – Safety Net Services

<i>Program Title</i>	Comprehensive Safety Net Services
<i>Grant Goal</i>	<p>The Comprehensive Safety Net Services program supports low-income families, seniors, and veterans. This grant aims to prevent and alleviate homelessness, hunger, and food insecurity in our local community. Homelessness and hunger impact the physical and mental wellbeing of individuals and the community so this program prevents food insecurity and the many negative effects of homelessness and eviction. Funding will help medically fragile families and seniors remain housed, and provide supplemental, nutritious food so that low-income families and seniors can be stably sheltered and housed with food on their tables. As part of the Emergency Assistance Network (EAN) in Santa Clara County, SCS shares resources and best practices with dozens of partner agencies.</p>
<i>Community Need</i>	<p>Nothing is more basic than the need for food, shelter, and medical care. Keeping families in their homes with food on their table and access to healthcare is more cost effective, both in dollars and human lives, than the costs of homelessness, malnutrition, or forgone medical care. Poverty and the growing income divide are affecting the mental and physical health of seniors as well as children in Sunnyvale. The most recent 2013 report by Santa Clara County Behavioral Health Services showed a dramatic jump since 2010 in the behavioral health risk for children in three Sunnyvale zip codes (94085, 94086, 94089).[1] Factors included poverty, low birth rates, low test scores, and drop-out rates. Feeding America reported that 8% of households with seniors age 65+ experienced food insecurity in 2016, with 9% of seniors living alone experiencing food insecurity. Food insecure seniors are at increased risk for chronic health conditions: 60% more likely to experience depression, 53% more likely to report a heart attack, 52% more likely to develop asthma, 40% more likely to report an experience of congestive heart failure. The number of food insecure seniors is projected to increase by 50% in 2025 nationwide.[2]</p> <p>Inadequate health care and health information impacting the most vulnerable, especially seniors and children. Access to basic health care is necessary for individuals’ physical, mental, and economic health. Lack of health care access is also recognized as a leading cause of poverty for all ages. In 2017, over 80% of SCS’ clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the Area Median Income (AMI) for Santa Clara county and well under 200% of the Federal Poverty Level (FPL). SCS serves Sunnyvale’s highest poverty areas, including Title I elementary schools and low-income middle schools in Sunnyvale where a majority of the children qualify for free or reduced cost meals. 36% of SCS clients are children, even though children represent only 22% of the population of Sunnyvale. 14% of clients are seniors, up from 9% in 2010. Sunnyvale’s 2015-2020 Consolidated Plan [3] shows that 28% of City households (15,375 households) are lower-income with incomes ranging from 0% to 80% of AMI. After paying for housing, low-income families and seniors have little money left to cover the costs of medicine or food.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Risk Area Map, County General Fund Children and Families Safety Net Services (SSA-FY17-0108) 2. www.feedingamerica.org 3. https://sunnyvale.ca.gov/civicax/filebank/blobdload.aspx?BlobID=23237
<i>Agency Description & Address</i>	<p>725 Kifer Road, Sunnyvale</p> <p>The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance</p>

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	Network (EAN) agency for all Sunnyvale zip codes and San Jose’s Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.			
Program Delivery Site(s)	Sunnyvale Community Services			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Screening and eligibility for comprehensive emergency assistance (food and financial aid) as well as outreach for CalFresh and MediCal/Medicare. • Financial Aid for medically-related bills. • Purchase of healthy, protein-rich food for families and seniors, and year-round nutritional education, demonstrations, and recipes. • Purchase of grocery script to close the food gap. <p>Full requested amount funds support partial salaries for two food program staff and expenses for medically-related bills and food purchases.</p>			
FY19 Funding	FY19 funding requested: \$100,000 FY19 funding recommended: \$100,000			
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$100,000 FY18 Approved: \$100,000 FY18 6-month metrics met: 100%	FY17 Approved: \$85,000 FY17 Spent: \$85,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	FY16 Approved: \$75,000 FY16 Spent: \$75,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 66%	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		2,000	3,000
	Food program distribution participation (average = 12 visits/year/individual)		2,020	3,000
	Financial Assistance (one time per individual, average household size= 1.5)		20	45
	Individuals (3000) who receive Safeway script to supplement food needs.		90%	90%
	Seniors/homebound clients (110 individuals out of 2,600) who receive at least six monthly visits and food deliveries by volunteers and one or more visits by SCS case workers throughout the year.		90%	90%
	Financial Aid for medically related bills: Individuals receiving financial aid for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted.		80%	80%
	Individuals who rate their overall satisfaction with our agency a 4 or 5 on a 5-point scale.		N/A	80%





Sunnyvale Community Services – Social Work Case Management

Program Title	Social Work Case Management
Grant Goal	<p>The Social Work Case Management program focuses on stabilizing the lives and improving the health and wellness of the most vulnerable low-income community members. This grant aims to prevent and alleviating the effects of homelessness. SCS finds that a growing number of low-income clients require more intensive assistance to become stabilized in housing and health needs – people who are falling through the safety net. SCS staff identifies clients who lack self-sufficiency, often due to chronic physical or mental health conditions, inadequate healthcare and lack of access to health and wellness programs. Services include assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services required to meet client’s health and human service needs. SCS Case Management staff provides advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes. As part of the Emergency Assistance Network (EAN) in Santa Clara County, SCS shares resources and best practices with dozens of partner agencies.</p>
Community Need	<p>This program will reach underserved individuals and families, help reduce health disparities and address complex issues that cause and protract poverty. Access to basic health care is necessary for individuals’ physical, mental, and economic health. Lack of health care access is also recognized as a leading cause of poverty for all ages. In 2016, over 80% of SCS clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the area median income (AMI) for Santa Clara county and well under 200% of the federal poverty level (FPL). SCS serves Sunnyvale’s highest poverty areas, including Title I elementary schools and low-income middle schools in Sunnyvale, where a majority of the children qualify for free or reduced cost meals. Among SCS clients, 36% are children, even though children represent only 22% of the population of Sunnyvale, and 14% of are seniors, up from 9% in 2010. Sunnyvale’s most recent 2015-2020 Consolidated Plan [1] shows that 28% of City households (15,375 households) are lower-income with incomes. After paying for housing, low-income families and seniors have little money left to cover the costs of medicine or food. According to a report from St. Michael’s Hospital Centre for Research on Inner City Health, 85% of homeless people “have at least one chronic health condition and more than half have a mental health problem. People who are ‘vulnerably housed’ – meaning they live in unsafe, unstable or unaffordable housing – had equally poor, and in some cases worse, health, the survey found.”[2] According to The Lancet, “The right to a home is not just a matter of social cohesion and justice. Providing stable housing in an important upstream intervention to reduce avoidable deaths and improve health and well-being”. [3] The El Camino Hospital 2016 Community Health Needs Assessment focus group participants identified housing and homelessness as a top concern and noted that income inequality and the wage gap contribute to poor health outcomes.[4]</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://sunnyvale.ca.gov/civicax/filebank/blobdload.aspx?BlobID=23237 2. https://www.sciencedaily.com/releases/2011/08/110824122906.htm 3. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30086-2/fulltext 4. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf
Agency Description & Address	<p>725 Kifer Road, Sunnyvale</p> <p>The mission of Sunnyvale Community Services (SCS) is to prevent homelessness and hunger for low-income families and seniors facing temporary crises. SCS is the Emergency Assistance</p>



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HEALTHY
COMMUNITY



	<p>Network (EAN) agency for all Sunnyvale zip codes and San Jose’s Alviso neighborhood, and is funded by the VA to assist homeless veterans in Santa Clara County. As the local safety net agency, SCS addresses basic needs to help families and seniors gain and retain housing with food on the table, utilities turned on. SCS provides financial aid (e.g. rent, deposits, medical bills), year-round nutrition, intensive case management, and referrals to benefits. Last year SCS helped 8,300 neighbors stay housed and fed, and assisted hundreds of individuals to move from homelessness to housing.</p>			
Program Delivery Site(s)	Sunnyvale Community Services			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Initial client assessment and case planning. • Case Management for three or more months. • Initial monthly meeting, with follow-on monthly meetings and one or more quarterly assessments. • Assistance and advocacy with applications, access to health care, nutrition programs, affordable housing, education, job training, employment, child care, financial education, budgeting and resource referrals. • Access to other SCS safety net services (food, financial aid, referrals) services. • Access to low-cost monthly bus passes for medical appointments, jobs, and education. • Access to financial management and health- and nutrition-related programs and services. <p>Full requested amount funds partial salaries of two case management staff.</p>			
FY19 Funding	<p>FY19 funding requested: \$85,400 FY19 funding recommended: \$85,400</p>			
Funding History and Metric Performance	FY18	FY17	FY16	
	<p>FY18 Requested: \$85,400 FY18 Approved: \$85,400 FY18 6-month metrics met: 50%</p>	<p>FY17 Approved: \$75,000 FY17 Spent: \$75,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%</p>	<p>FY16 Approved: \$65,000 FY16 Spent: \$65,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 100%</p>	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
			45	105
	Meetings to implement Case Plan and measure progress (Minimum of 3 meetings as part of family case plan).Meetings to implement Case Plan and measure progress (Minimum of 3 meetings as part of family case plan).		135	315
	Participation in health and nutrition related programs including food distributions during case management (minimum of 2 or more per individual).		90	100
	Participants whose self-sufficiency scores improve 6 months after entering Case Management to an average of 3.0 or higher across 5 Dimensions (Housing, Food, Health, Income, Education).		90%	90%
	Housing Stabilization: Sheltered participants who maintain housing for 60 days after receiving financial assistance and referrals.		90%	90%
	Rapid Re-Housing: Homeless participants who are moved to temporary or permanent housing within 6 months of case plan.		%	80%
	Participants who rank SCS staff and services "4" or higher on a 5-point satisfaction scale (annual survey).		80%	80%

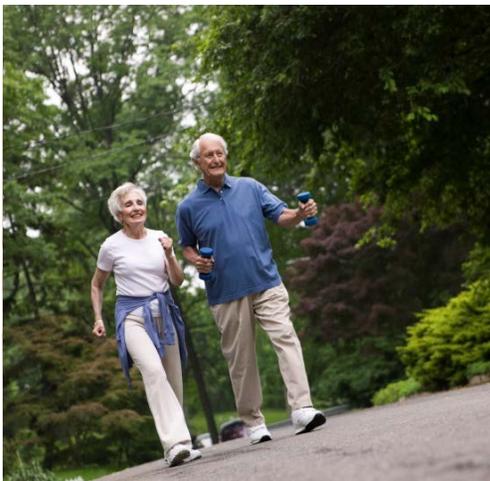




Community Benefit Support Grant Summaries

Fiscal Year 2019

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



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

SUPPORT GRANT PROPOSALS

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

1. Palo Alto Medical Foundation - 5210 Health Awareness Program- page 102
2. Bay Area Women's Sports Initiative - BAWSI Girls - page 104
3. Bay Area Women's Sports Initiative - BAWSI Rollers- page 106
4. Breathe California of the Bay Area- page 108
5. Day Worker Center of Mountain View- page 110
6. Hope's Corner - page 111
7. Reach Potential Movement - page 112
8. RotaCare Bay Area - page 113
9. Vista Center for the Blind and Visually Impaired - page 115
10. Blossom Birth Services - page 117
11. Center for Age-Friendly Excellence (CAFE)/ Senior Inclusion and Participation Project (SIPP) - page 118
12. Eating Disorders Resource Center - page 120
13. Friends for Youth - page 121
14. Mission Be- page 122
15. Matter of Balance - Stanford Health Care - Trauma Injury Prevention - page 124
16. Mountain View Police Department - Youth Services Unit - page 125

SUPPORT GRANT RECOMMENDED FUNDING: \$305,121

Detailed descriptions of recommended support grant partner programs in the Healthy Body, Healthy Mind and Healthy Community priority areas follow. The Community Benefit Advisory Council (CBAC) consensus guided the funding recommendations found in the Plan.



Palo Alto Medical Foundation (Support Grant)

Program Title	5210 Program- Numbers to Live By!
Grant Goal	<p>The Palo Alto Medical Foundation 5210 Program is requesting \$15,000 to offer nutrition lessons and wellness education provided by a Health Educator who will support the Program Specialist. Elementary school-aged children, parents, school staff and administrators will benefit from the services provided to promote ongoing health and wellness messages. Services include over 140 nutrition lessons during the school year, as well as physical activity contests during school and after-school, lunch tastings of fruits and vegetables for the entire student population, and parenting classes. In addition, we partner with community organizations to provide additional education during the summer and educational presentations to staff and administrators throughout the school year. We will provide 5210 programming in 11 school sites during the school year. Services help encourage an environment of health for the school communities and education to prevent chronic diseases such as diabetes and obesity.</p>
Community Need	<p>California created an Obesity Prevention Plan in order to meet the national goal of reducing adolescent obesity to 14.5% or below. However, in Santa Clara County as of 2015, 34.5% of 5th graders were overweight or obese. (1) Only 26.6% of the same cohort meets all fitness standards. (1) In addition, according to health data in 2013, only 36% of adolescents ate 5 or more servings of fruits and vegetables daily. (2) Although Santa Clara County strives to reduce overweight and obesity in our children, changes in health are still unseen. The 5210 Program aims to reduce childhood obesity through community-based intervention as well as create environmental change. These evidence-based methods were adopted from the original Let's Go! 5-2-1-0 which began in Portland, Maine in 2008. (3) Not only do we educate students and their parents in nutrition and health, but we also provide support to their school administration and staff to promote health messages throughout the school year. By reaching multiple avenues within and around the school communities, we can promote a healthy environment. In doing so, students will have an easier time making healthy choices and reduce their risk of obesity.</p> <p>Sources:</p> <p>(1): http://www.kidsdata.org/topic/310/fitnessstandards/</p> <p>(2): https://www.sccgov.org/sites/phd/hi/hd/Documents/obesity-reports/obesity-facts.pdf</p> <p>(3): Journal of Pediatric Psychology, Vol 38, Issue 9, 1 October 2013, Pages 1010-1020. Impact of Let's Go! 5-2-1-0: A Community-Based, Multisetting Childhood Obesity Prevention Program.</p>
Agency Description & Address	<p>701 E. El Camino Real, Mountain View</p> <p>The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization dedicated to enhancing the health of people in our communities. PAMF serves more than 100 communities in Northern California. The purpose of the 5210 program is to increase nutritional awareness and competency among youth within our service area and to create environments that make healthy choices easier for families to make.</p>
Program Delivery Site(s)	<p>Sunnyvale School District:</p> <ul style="list-style-type: none"> • Bishop Elementary • Cherry Chase Elementary • Columbia Middle • Cumberland Elementary • Ellis Elementary • Fairwood Elementary

FY19 Healthy Body Proposal Summary



	<ul style="list-style-type: none"> Lakewood Elementary Sunnyvale Middle San Miguel Elementary <p>Cupertino Union School District:</p> <ul style="list-style-type: none"> Vargas Elementary Nimitz Elementary 															
Services Funded By Grant/How Funds Will Be Spent	<p>5210 Program Activities:</p> <ul style="list-style-type: none"> Students will be engaged through introductory assemblies, social marketing, poster and activity contests, and goal setting behaviors for each of the 5210 messages. Fifth graders will receive three 50-minute nutrition lessons At least 10 lunchroom tastings introducing new fruits or vegetables will be held each month 5210 staff will partner with community groups, like Safe Routes to School and UC extension, to provide education and outreach to the broader community audience Over 600 students participating in nutrition and health lessons After-school programming implemented at all Kids Learning After School sites in Sunnyvale Elementary School District (6 of 10 schools) Sunnyvale Collaborative organized and lead for community partners <p>Full requested funding would support a partial instructor salary and program supplies.</p>															
FY19 Funding	FY19 funding requested: \$15,000 FY19 funding recommended: \$15,000															
Funding History and Metric Performance	<table border="1"> <thead> <tr> <th>FY18</th> <th>FY17</th> <th>FY16</th> </tr> </thead> <tbody> <tr> <td>FY18 Requested: \$25,000</td> <td>FY17 Approved: \$30,000</td> <td>FY16 Approved: \$30,150</td> </tr> <tr> <td>FY18 Approved: \$25,000</td> <td>FY17 Spent: \$12,809</td> <td>FY16 Spent: \$9,478</td> </tr> <tr> <td>FY18 6-month metrics met: 100%</td> <td>FY17 6-month metrics met: 100%</td> <td>FY16 6-month metrics met: 0%</td> </tr> <tr> <td></td> <td>FY17 annual metrics met: 100%</td> <td>FY16 annual metrics met: 100%</td> </tr> </tbody> </table>	FY18	FY17	FY16	FY18 Requested: \$25,000	FY17 Approved: \$30,000	FY16 Approved: \$30,150	FY18 Approved: \$25,000	FY17 Spent: \$12,809	FY16 Spent: \$9,478	FY18 6-month metrics met: 100%	FY17 6-month metrics met: 100%	FY16 6-month metrics met: 0%		FY17 annual metrics met: 100%	FY16 annual metrics met: 100%
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FY18 6-month metrics met: 100%	FY17 6-month metrics met: 100%	FY16 6-month metrics met: 0%														
	FY17 annual metrics met: 100%	FY16 annual metrics met: 100%														
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target												
	Students served		5,000	7,135												
	Total Encounters		5,000	10,000												



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

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

FY19 Healthy Body Proposal Summary

HEALTHY
BODY



	Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.		
Program Delivery Site(s)	Bishop Elementary School, Sunnyvale School District		
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting weekly after school sessions where female collegiate and high school student athletes serve as positive female role models • Providing program staff to oversee volunteer student athletes • Providing supplies, including equipment and participant materials such as t-shirts, journals and pedometers <p>Full requested funding would support staffing and program supplies.</p>		
FY19 Funding	FY19 funding requested: \$20,667		FY19 funding recommended: \$19,000
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: \$19,200 FY18 Approved: \$16,605 FY18 6-month metrics met: 100%	FY17 Approved: \$16,000 FY17 Spent: \$16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 0%	FY16 Approved: \$15,000 FY16 Spent: \$15,000 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A
FY19 Dual Funding	FY19 funding requested: \$20,667		FY19 funding recommended: \$16,500
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: \$19,200 FY18 Approved: \$16,000 FY18 6-month metrics met: 100%	FY17 Approved: \$16,000 FY17 Spent: \$16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$15,000 FY16 Spent: \$15,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%
FY19 Proposed Metrics	Metrics		6-month Target
	Youth served		60
			Annual Target
			120





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

Program Title	BAWSI Rollers in Sunnyvale
Grant Goal	This program provides adaptive physical activities for girls and boys with physical, cognitive, and hearing disabilities. Weekly sessions include activities focused on goal setting, teamwork and healthy competition, as well as self-respect, responsibility and leadership.
Community Need	<p>In the state of California, 34% of children with special needs are overweight or obese, 5% higher than the general population of California children. Lower physical activity levels are a major reason for the higher incidence of obesity. The barriers to participation in sports and physical activity for children with disabilities in Santa Clara County include access, cost, and transportation. Furthermore, the Santa Clara County Office of Education’s 2015-2016 SARC (School Accountability Report) shows one in four special education students come from low-income families. Reasons for lack of physical activity among disabled children include a lack of access to programs, low motor function that hinders the ability and confidence to participate, and the heavy burden of special needs child-rearing that adds to parents’ time and resource constraints. A 2017 report from the Aspen Institute’s Project Play cites children with disabilities as one of the most under-served groups in the United States for physical literacy interventions.</p> <p>Sources: http://www.kidsdata.org/topic/489/overweight-obese-special-needs-status/table#fmt=643&loc=1,2&tf=77&ch=172,173 https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/aboutdhprogram508.pdf https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf</p>
Agency Description & Address	<p>1922 The Alameda, Suite 420, San Jose</p> <p>BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.</p>
Program Delivery Site(s)	Vargas Elementary School, Sunnyvale School District
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting weekly after school sessions where collegiate and high school student athletes serve as positive role models • Providing program staff to deliver services and oversee student athletes • Providing supplies, including participant materials such as t-shirts <p>Full requested funding would support staffing and program supplies.</p>

FY19 Healthy Body Proposal Summary

HEALTHY
BODY



<i>FY19 Funding</i>	FY19 funding requested: \$17,502		FY19 funding recommended: \$17,500	
<i>Funding History and Metric Performance</i>	FY18	FY17	FY16	
	FY18 Requested: \$16,300 FY18 Approved: \$16,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18	
<i>FY19 Dual Funding</i>	FY19 funding requested: \$17,502		FY19 funding recommended: \$10,000	
<i>Dual Funding History</i>	FY18	FY17	FY16	
	FY18 Requested: \$16,300 FY18 Approved: \$16,300 FY18 6-month metrics met: 33%	New in FY18	New in FY18	
<i>FY19 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Youth served		25	25





Breathe California of the Bay Area (Support Grant)

Program Title	Seniors Breathe Easy
Grant Goal	To provide senior-focused professional health education to residents aged sixty or older. These services will support health and wellness programs at senior centers and other community locations in Mountain View, Los Altos, Los Altos Hills, Sunnyvale, Cupertino, Santa Clara, and Palo Alto. The goals are to increase seniors understanding of health risks; improve access to prevention services; increase the level of safety in seniors’ homes; increase access to smoking cessation assistance for seniors, and increase competence/confidence of caregivers serving our seniors.
Community Need	Seniors are a growing population, comprising 11% of the County’s population (13% in Mountain View) and expected to double by 2050. Asians have the highest life expectancy, and the geographic area with the highest life expectancy is Mountain View/Los Altos at 86.7%. The senior sector in our communities has serious health literacy needs that are not being met, especially in seniors whose native language is not English. (The Aging Services Collaborative reports that Mountain View has the highest percentage of seniors living in “linguistic isolation” at 40%.) All seniors need up-to-date information on lung disease: how to prevent it, recognize symptoms; get care; avoid scams; maximize relationships with one’s physician; comply with complex medication regimens.
Agency Description & Address	1469 Park Avenue, San Jose Breathe California of the Bay Area (BCBA) is a 107-year-old grassroots, community-based, voluntary 501(c) 3 non- profit that is committed to achieving clean air and healthy lungs. Our Mission: As the local Clean Air and Healthy Lungs Leader, BCBA fights lung disease in all its forms and works with its communities to promote lung health. Our key roles have been to establish tobacco-free communities, achieve healthy air quality, and fight lung diseases such as TB, asthma, influenza, and COPD. We serve over 100,000 individuals per year with programs in the areas of education, public policy initiatives, research, and patient services. Because lung disease impacts minority and poor communities disproportionately, we work to build capacity and end health disparities in these populations.
Program Delivery Site(s)	Senior and community centers in the El Camino Healthcare District, such as the City of Mountain View Senior Center.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Health Education Presentations • Health Screenings • Caregiver training for health personnel and families • Home visits for assessment/education of environmental lung health risks and fall prevention. <p>Full requested amount funds partial salaries for a health educator, outreach specialist and program administrator as well as administrative costs.</p>

FY19 Healthy Body Proposal Summary

HEALTHY
BODY



FY19 Funding	FY19 funding requested: \$25,000		FY19 funding recommended: \$25,000	
Funding History and Metric Performance	FY18	FY17	FY16	
	FY18 Requested: \$25,000 FY18 Approved: \$25,000 FY18 6-month metrics met: 100 %	FY17 Approved: \$25,000 FY17 Spent: \$25,000 FY17 6-month metrics met: N/A FY17 annual metrics met: 100%	New in FY17	
FY19 Dual Funding	FY19 funding requested: \$50,000 (Children's Asthma Program)		FY19 funding recommended: \$50,000	
Dual Funding History	FY18	FY17	FY16	
	FY18 Requested: \$50,000 FY18 Approved: \$50,000 FY18 6-month metrics met: 33%	FY17 Approved: \$50,000 FY17 Spent: \$49,995 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Older adults served		400	1,000
	Health education presentation attendees		200	350
	Participants receiving health screenings		100	250





Day Worker Center of Mountain View (Support Grant)

Program Title	Engaging Day Workers in Healthy Living			
Grant Goal	To help Latino day workers and their families reduce their risk of being overweight/obese, pre-diabetic, and at high risk for chronic diseases.			
Community Need	There are 16,300 Latinos in Mountain View (21 percent of the population). Latino men, women and children have some of the highest rates of overweight/obesity, pre-diabetes and unhealthy food consumption in the U.S. This is the profile of day workers who are also often food insufficient.			
Agency Description & Address	113 Escuela Avenue, Mountain View The agency's three primary goals are to 1) connect day worker men and women with employers in a safe and supportive environment, 2) empower day workers to improve their socio-economic conditions through fair employment, education, and job skills training, and 3) participate in advocacy efforts that support the day labor community.			
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.			
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Providing and preparing fresh produce and nutritious foods produce and serving nearly 10,000 breakfast and lunch meals annually • Conducting training workshops and weekly fitness classes Full requested funding would support partial staffing and fresh fruits, vegetables, and salads.			
FY19 Funding	FY19 funding requested: \$25,000 FY19 funding recommended: \$25,000			
Funding History and Metric Performance		FY18	FY17	FY16
		FY18 Requested: \$25,000 FY18 Approved: \$25,000 FY18 6-month metrics met: 100%	FY17 Approved: \$25,000 FY17 Spent: \$25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$15,768 FY16 Spent: \$15,768 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served with nutritious meals		350	525



Hope's Corner (Support Grant)

Program Title	Healthy Food for Hope			
Grant Goal	Hope's Corner is dedicated to providing nourishing meals in a warm and welcoming atmosphere to people who live in their cars, are homeless, and low-income to address food scarcity in the community.			
Community Need	With rising costs of rental apartments it may be difficult for those with low-wage jobs to afford both housing and food. Additionally, one in five adults is obese and the proportion is higher in the LGBTQ, Latino, and Black populations. In the 2013 Santa Clara County Homeless Census, two-thirds of homeless individuals reported one or more chronic and/or disabling conditions, including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions. According to the "2017 Santa Clara County Homeless Point in Time Census and Survey", the number of homeless people in Mountain View increased from 276 to 416 between 2015 and 2017, an increase of 51% in just two years. At the same time, many who have been able to rent are now being displaced or having to use more of their income to pay higher rents. The Zumper SF Bay Area Metro Report for October 2017 found that rents rose by 15.6% year-over-year in Mountain View, with a median rent for a one-bedroom apartment at \$3,110. https://www.mercurynews.com/2017/10/25/report-bay-area-rents-rising-fastest-in-mountain-view-petaluma-and-walnut-creek/			
Agency Description & Address	748 Mercy Street, Mountain View Hope's Corner is a joint ministry of Trinity United Methodist Church and Los Altos United Methodist Church. The volunteer-run organization provides breakfast and a bag lunch every Saturday at Trinity United Methodist Church at the corner of Hope and Mercy Streets.			
Program Delivery Site(s)	Program services will be delivered at agency site in Mountain View.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing individually packaged salads to improve the nutritional quality of meals by adding more fresh vegetables • Distributing health education materials <p>Full requested funds would support the purchase of nutritious foods and educational materials on healthy eating.</p>			
FY19 Funding	FY19 funding requested: \$25,000 FY19 funding recommended: \$25,000			
Funding History and Metric Performance		FY18	FY17	FY16
		FY18 Requested: \$25,000 FY18 Approved: \$25,000 FY18 6-month metrics met: 100%	FY17 Approved: \$25,000 FY17 Spent: \$25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$15,768 FY16 Spent: \$15,768 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		250	275



Reach Potential Movement (RPM) (Support Grant)

Program Title	Gateway Neighborhood Center Programs		
Grant Goal	This program will provide Latino youth between the ages of 4-17 with Folkloric Dance classes and Summer Sports Camp.		
Community Need	In the Gateway neighborhood, 15%-21% of children below the age of 11 are overweight, and 22%-26% of the teenagers are overweight or obese, which is double the county average. In addition, recent research from kidsdata.org shows that in Grade 5, only 15.2% of Latin students "Meet all Fitness Standards" which is less than half the rate of White or Asian American students. The Johns Hopkins's National Summer Learning Association reports that, "on average, youth from lower-income families...are also more likely to experience negative health outcomes, such as obesity, over summer break. On average, weight gain is three times faster during summer months".		
Agency Description & Address	Gateway Neighborhood Center, P.O. Box 2625, Sunnyvale, CA Reach Potential Movement (RPM) is passionate about equipping under-resourced youth and families with leadership, learning and life skills to strengthen the community and reach their fullest potential.		
Program Delivery Site(s)	Program services will be delivered to families who reside in North Sunnyvale at Gateway Neighborhood Center, Sunnyvale.		
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Providing a one-week summer sports camp and three, ten-week sessions of folkloric dance classes to promote physical fitness Full requested funding would support staffing and program supplies such as equipment and dance floor rental.		
FY19 Funding	FY19 funding requested: \$25,000		FY19 funding recommended: \$25,000
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: \$25,000 FY18 Approved: \$20,000 FY18 6-month metrics met: 100%	New Program in FY18	New Program in FY18
FY19 Proposed Metrics	Metrics		6-month Target
	Youth served		125
			Annual Target
			125

FY19 Healthy Body Proposal Summary



RotaCare Bay Area (Support Grant) NEW

Program Title	Strategic Planning and Organizational Development 2018
Grant Goal	RotaCare Bay Area request \$25,000 for its 2018 Strategic Planning and Organizational Development program. These monies will help facilitate RBA administration in the execution of its mission: to provide free medical care in the Bay Area and surrounding communities for those who have the greatest need and the least access. This means we target people generally pushed to the margins: the unemployed, the undocumented, the uninsured, and provide them with high quality medical services, provided by certified medical personnel free of charge. RBA offers a wide range of services, from mammograms, and diabetes/obesity services, to cancer screenings and influenza examinations at the hospitals, medical clinics and school health offices. Despite the implementation of the Affordable Care Act (ACA) and Covered California, many Californians remain uninsured. Over 90% of RBA patients live at or below the 200% federal poverty level. Lack of access to health care can have devastating consequences to the health, well-being and economic security of children, individuals and families. RBA plays a critical role in our regional Safety Net, and is poised to grow to serve more of the 3 to 4 million low-income Californians who remain uninsured.
Community Need	The San Jose Mercury News indicates that 7.1% of Californians are left uninsured (https://www.mercurynews.com/2017/02/14/obamacare-californias-uninsured-rate-drops-to-new-record-low/) Despite the implementation of the Affordable Care Act (ACA) and Covered California, many Californians remain unprotected. Consistent with free clinic populations nationwide, the vast majority of the patients we serve are the uninsured working poor. The Open Data Network states the amount of uninsured in Santa Clara County is 10.4% (https://www.opendatanetwork.com/entity/0500000US06085/Santa_Clara_County_CA/health.health_insurance.pctui?year=2014&age=18%20to%2064&race=All%20races&sex=Both%20sexes&income=All%20income%20levels), which means there are almost 200,000 uninsured in Santa Clara county alone. It is well known that those with no access to health care will not act proactively, and instead of going to the doctor immediately will wait, and the implications of waiting, in some instances can lead to impacts as deleterious effects long term. Sick parents can't work and make money for the family, sick children can't go to school, lest they make an entire classroom sick and everyone is less effective- at their job or in the classroom, when they're not feeling well.
Agency Description & Address	514 Valley Way, Milpitas RotaCare Bay Area, Inc. (RBA) was formed in 1989 with a single clinic in Santa Clara, by Dr. Mark Campbell and the Campbell Rotary Club out of their concern for low income residents with limited access to primary healthcare. Since then, RBA has grown to encompass 11 free clinics operating across eight Bay Area counties, mobilizing over 1,500 volunteer medical and support personnel. RBA is unique in that clinics are operated primarily through the mobilizing of local physicians, nurses, and many others to volunteer their time to provide basic primary health services free of charge to patients.
Program Delivery Site(s)	N/A
Services Funded By Grant/How Funds Will Be Spent	Services listed on application below: However funding is being requested for strategic planning and organizational development. <ul style="list-style-type: none"> • Weekly Walk-in Clinic for Medical Evaluation and Treatment

FY19 Healthy Body Proposal Summary

HEALTHY
BODY



	<ul style="list-style-type: none"> Spanish speaking interpreters On-site monthly Healthy Eating Class with a Registered Dietitian (4th Wednesday of the month) Screening for diabetes, hypertension <p>Full requested funding will pay for partial staff time to conduct strategic planning and organizational development.</p>		
FY19 Funding	FY19 funding requested: \$25,000		FY19 funding recommended: Do not fund
Funding History and Metric Performance	FY18	FY17	FY16
	N/A	N/A	N/A
Rationale for Recommended Funding	No metrics for strategic planning or organizational development were provided. There are no RotaCare Clinics in the El Camino Healthcare District.		
FY19 Dual Funding	FY19 funding requested: \$30,000		FY19 funding recommended: Do not fund
Dual Funding History	FY18	FY17	FY16
	N/A	N/A	N/A
FY19 Proposed Metrics	Metrics		6-month Target
	Individuals served		2,600
	Visits for all clinics		5,000
			Annual Target
			5,500
			10,000





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



Program Title	Vision Rehabilitation Program
Grant Goal	<p>Vista Center is requesting \$24,921 to support our Vision Rehabilitation Program for blind and visually impaired adults. The Master’s prepared instructions are credentialed in their field of specialty. The Low Vision Optometrists are Board Certified by the American Board of Optometry. Initial Assessments are provided by a Licensed Clinical Social Worker/Social Worker/Case Worker. A blind/visually impaired individual may have any combination of any of the following services based on their individual needs: Intake Assessment/Case Management, Individual Counseling/Support Group, Information and Referral, Orientation & Mobility training, Daily Living Skills training, Low Vision Exam and Assistive Technology. With the exception of the Low Vision Exam, all other services may be provided in the individual's home or community at a time that is agreed to by our staff and the individual. The program is effective in helping adults care for themselves safely and effectively in their home environment, travel confidently in the community and access community resources, and maintain a level of adjustment to disability which will prevent isolation and depression. These skills are taught in a supportive environment and are necessary to remain independent.</p>
Community Need	<p>According to the World Health Organization’s updated Fact Sheet dated October 2017 (http://www.who.int/mediacentre/factsheets/fs282/en/), “an estimated 253 million people live with vision impairment: 36 million are blind and 217 million have moderate to severe vision impairment. 81% of people who are blind or have moderate or severe vision impairment are aged 50 years and above.” The National Federation for the Blind reports that in 2015, 768,267 Californians had vision loss, 17% ages 18-64 years and 43% ages 65-74 years old. http://www.afb.org/info/blindness-statistics/state-specific-statistical-information/california/235</p> <p>“Seniors who have a visual trouble or deficit are 1.5-2.0 times more likely to fall than those who do not. Visual impairment adversely affects perception of environmental elements that can cause a fall. By also interfering with perception and use of static and dynamic visual information, it compromises balance and posture and increases risk of falls. Seniors with a visual impairment are generally less active, which may cause a reduction in functional abilities and, in return, a sensory loss. This closed loop may cause degradation in efficiency of the anticipatory process and postural regulation, a reduction of dynamic balance and increased risk of falls. In addition, fear of falling, common in older persons with VI, is a significant predictor of a future fall. It can lead to a reduction in self-confidence and activities and, consequently, deterioration in physical capabilities and quality of life.”</p> <p>http://www.inlb.qc.ca/wp-content/uploads/2015/01/Prevention-of-falls-among-seniors-with-VI-Final.pdf</p>
Agency Description & Address	<p>2500 El Camino Real, Suite 100, Palo Alto</p> <p>Vista Center for the Blind and Visually Impaired's mission is to empower individuals who are blind or visually impaired to embrace life to the fullest through evaluation, counseling, education and training. We know that individuals who have significant vision loss can utilize resources and learn new ways of doing the tasks of daily living, thereby regaining their independence.</p>
Program Delivery Site(s)	N/A
Services Funded By Grant/How Funds	<p>Services include:</p> <ul style="list-style-type: none"> • One hour Initial Assessments (one session)



FY19 Healthy Body Proposal Summary



Will Be Spent	<ul style="list-style-type: none"> • One hour Individual or Group Counseling (average 4 sessions) • One hour Daily Living Skills (average 2 sessions) • 1.5 hours Orientation & Mobility (average 2 sessions) • One hour Assistive Technology (average 1-2 session) • 75 minute Low Vision Exams (one session) <p>Full requested funding would support partial staff salaries and facilities.</p>			
FY19 Funding	FY19 funding requested: \$24,921 FY19 funding recommended: \$24,921			
Funding History and Metric Performance	FY18	FY17	FY16	
	New in FY19	New in FY19	New in FY19	
FY19 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		15	36
	1:1 Vision Rehabilitation Sessions		30	62
	Support Group Sessions		2	5
	Participants in a support group session		15	30



Blossom Birth Services (Support Grant) NEW

Program Title	Organizational Relocation Assistance		
Grant Goal	Support moving and relocation expenses for Blossom Birth Services, such as replacing old deteriorating furniture, pay for movers and to complete the renovations to make the building ready for the public. Expectant and new families use the facility.		
Community Need	<p>NOTE: The follow describes the health need the organization addresses, however the grant request is to support the organization's moving expenses.</p> <p>Maternal health outcomes remain poor for many women, globally and in the United States. Also, maternal mental health disorders like postpartum depression are the number one complication of childbirth. Maternal mortality is the second leading cause of death among women age 15-49. The current global maternal mortality rate (MMR) is 216 maternal deaths per 100,000 live births (UNICEF, 2017). According to the World Health Organization (WHO) (2015), women face a 1 in 180 lifetime risk of dying from pregnancy- and childbirth-related causes, including hypertension, hemorrhage, and sepsis. The consequence of not providing women a community where they feel safe and welcomed increases the chances of severe maternal morbidity. By supporting Blossom financially, this will help secure a physical community gather place</p>		
Agency Description & Address	<p>Current location before move: 505 Barron Ave, Palo Alto</p> <p>Blossom's mission is to provide services, resources and support for a healthy, informed, and confident birth and parenting journey. Since 1999, Blossom has been a community based 501c(3) non-profit education and resource center serving families in the San Francisco Peninsula/South Bay area. The three cities where the majority of our clientele live are Palo Alto, Mountain View, and Menlo Park. The organization meets the needs of new and expectant families by providing education and community through yoga, childbirth and parenting classes, support groups, lectures, a specialized lending library, a resale and retail store, professional development and support, and community events.</p>		
Program Delivery Site(s)	The new site location will be at 290 California Ave., Palo Alto		
Services Funded By Grant/How Funds Will Be Spent	This is a one-time request for funds to help cover moving expenses and does not include services to community members. The proposed budget includes furniture, movers and a small amount of staff time.		
FY19 Funding	FY19 funding requested: \$25,000	FY19 funding recommended:	Do not fund
Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19
FY19 Proposed Metrics	Metrics		6-month Target
	N/A Grant request is for moving expense; does not include services.		N/A
			Annual Target
			N/A



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

Fiscal Agent: Los Altos Community Foundation

Program Title	Senior Inclusion and Participation Project (SIPP)
Grant Goal	SIPP is a tested pilot project attempting address isolation and loneliness among older adults. Experienced Gerontologists deploy a variety of best practices such as recruiting 'befrienders', organizing specialized intergenerational socials, teaching communication techniques, building individual relationships and following up with individual participants. The objective is to test interventions, collect data, publish outcomes and attempt to prevent negative health outcomes and human suffering amongst isolated and lonely elders.
Community Need	An important challenge of our work on isolation and loneliness is that very little is known regarding demographics and negative health outcomes. Few older persons will describe themselves as lonely, and isolated persons are extremely difficult to locate. We have instituted a creative partnership with the Block Action Teams (BATs) in Los Altos to identify isolated elders block by block. Our target audience for isolation are persons of old age, with chronic illness, lower income, female, and living alone. We are applying the relatively small amount of evidence and best practice interventions developed by Age U.K. in London and health and human services providers in the Netherlands (see below the instruments we plan to use). According to AARP approx. one third of older adults are lonely. According to US 2010 Census population estimates, 42.6 million older adults are suffering from chronic loneliness. This problem is so pervasive that U.K. Prime Minister, Theresa May, has just appointed a Minister for Loneliness. The Surgeon General in the Obama Administration described loneliness as an epidemic in America.
Agency Description & Address	183 Hillview Avenue, Los Altos The Center for Age-Friendly Excellence (CAFE) is a project of the Los Altos Community Foundation (LACF). CAFE is advancing our understanding of Age-Friendly cities and communities, using the World Health Organization's (WHO) model of eight domains of livability. CAFE drives transformational change in creating healthy, active, sustainable, and engaged intergenerational communities by providing technical assistance, consultation, applied research access and community organizing synergy to assist communities to become intentional about the global Age-Friendly initiative and develop plans, infrastructure and programs to successfully implement the WHO's eight domains. CAFE promotes policies, programs and services that improve quality of life as we age, and enhance respect, understanding and engagement in our diverse, multigenerational communities.
Program Delivery Site(s)	Services will be provided in community settings in Mountain View, Los Altos and Los Altos Hills.
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Coordinating intergenerational events to reduce isolation among older adults including Befrienders' Dinners, Senior Brunches, Senior Tech Events, Creativity Events, Educational sessions on the nature of isolation and loneliness to community organizations, and individual contacts for socio-emotional support Full requested funding would support partial staffing, including a Project Director, and marketing expenses.

FY19 Healthy Mind Proposal Summary



<i>FY19 Funding</i>	FY19 funding requested: \$25,000		FY19 funding recommended: \$25,000	
<i>Funding History and Metric Performance</i>	FY18	FY17	FY16	
	New in FY19	New in FY19	New in FY19	
<i>FY19 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Older adults served		150	250





Eating Disorders Resource Center (EDRC) (Support Grant)

Program Title	Getting Connected and Support Toward Recovery programs		
Grant Goal	This program will provide and improve upon current support groups, raise awareness on availability of support groups and services, and respond to calls, in person visits, and emails from individuals, family members, and community members to help connect them with resources, information about treatment, and support toward recovery.		
Community Need	<p>According to the National Eating Disorders Association, up to 30 million Americans will suffer from an eating disorder during their lives [1]. Due to lack of awareness, stigma, shame, and lack of access to care, eating disorders often go unrecognized, undiagnosed, and untreated. As a result, only 1 in 10 people receive treatment for their eating disorder. Eating disorders are almost always comorbid with other disorders like anxiety, OCD, and bipolar disorder. Eating disorders have been frequently under-treated and cases that have been treated continue to remain in the minority [2]. According to the National Association of Anorexia Nervosa and Associated Disorders, 20% of people with serious eating disorders die without treatment. With treatment, the mortality rate falls to 3%.</p> <p>Sources:</p> <ol style="list-style-type: none"> National Eating Disorders Association. (2016). "What Are Eating Disorders?" https://www.nationaleatingdisorders.org/learn/general-information/what-are-eating-disorders Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The Prevalence and Correlates of Eating Disorders in the National Comorbidity Survey Replication. <i>Biological Psychiatry</i>, 61(3), 348–358. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1892232/ 		
Agency Description & Address	15891 Los Gatos Almaden Road, Los Gatos EDRC is the only nonprofit in Santa Clara County addressing the need for education and awareness about eating disorders. The agency provides assistance to clients through monthly support groups and phone/email resource assistance.		
Program Delivery Site(s)	Services will be provided to community members who live, work or go to school in the District's boundaries.		
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> Providing program staff to coordinate and conduct ongoing support groups for eating disorder sufferers and their families Raising awareness of support groups through education of healthcare professionals, school staff, and the community <p>Full requested funding would support partial staffing of a Program Manager and Administrative Assistant.</p>		
FY19 Funding	FY19 funding requested: \$20,000		FY19 funding recommended: \$20,000
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: \$20,000 FY18 Approved: \$20,000 FY18 6-month metrics met: 100%	FY17 Approved: \$20,000 FY17 Spent: \$20,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$17,600 FY16 Spent: \$17,600 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A
FY19 Proposed Metrics	Metrics		6-month Target
	Individuals served		119
			Annual Target 237





Friends for Youth (Support Grant)

Program Title	Why Mentoring? Whole Health for Youth		
Grant Goal	To provide long term, high quality one-to-one adult mentoring and supporting activities for at-risk and disadvantaged youth who lack a positive adult in their lives.		
Community Need	<p>Students who fail to graduate from high school are then at even higher risk for future health problems throughout adulthood. Mentoring has been proven positively impact behavioral and emotional health. A 2016 study on “The Role of Program-Supported Mentorship Relationships in Promoting Youth Mental Health, Behavioral, and Developmental Outcomes” (Dewit, Dubois, Erdern, Larose, Lipman 2016) found that mentored youths, especially those in a mentoring relationship lasting 12+ months, reported “significantly fewer behavioral problems and fewer symptoms of depression and anxiety that did non-mentored youths”. Further, a study funded by the Bill and Melinda Gates Foundation found that having the guidance of a caring adult mentor could help overcome the symptoms of depression in at-risk youth (The Role of Risk; Herrera, DuBois, Grossman 2013).</p> <p>Sources: http://all4ed.org/reports-factsheets/saving-futures-saving-dollars-the-impact-of-education-on-crime-reduction-and-earnings-2/ http://www.cjci.org/news/11554 https://www.ncbi.nlm.nih.gov/pubmed/27194480 https://www.mdrc.org/publication/role-risk</p>		
Agency Description & Address	<p>1741 Broadway, Redwood City</p> <p>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.</p>		
Program Delivery Site(s)	Program services will be delivered to youth who live, work or go to school in the District’s boundaries.		
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> Providing staffing for program to serve disadvantaged and at-risk youth Coordinate supporting workshops, activities, and materials <p>Full requested funding would support partial staffing, mentor background screenings and program supplies.</p>		
FY19 Funding	FY19 funding requested: \$20,000		FY19 funding recommended: \$20,000
Funding History and Metric Performance	FY18		FY16
	FY18 Requested: \$20,000 FY18 Approved: \$15,000 FY18 6-month metrics met: 100%	FY17 Approved: \$20,000 FY17 Spent: \$20,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: \$20,000 FY16 Spent: \$20,000 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A
FY19 Proposed Metrics	Metrics		6-month Target
	Youth served		40
			Annual Target
			60



Mission Be, Inc. (Support Grant) NEW

Program Title	Mindfulness Training for Students
Grant Goal	Provide mindfulness training to students, parents and teachers, particularly for higher risk high school students at Mountain View High School and higher risk elementary students at Stevens Creek Elementary School in Cupertino.
Community Need	<p>Many children and youth, specifically underserved, minority and low-income youth, report chronic academic and social pressures at school and home, which can undermine learning, and increase wear and tear on areas of the brain associated with executive control, decreasing a child’s ability to martial attention, use working memory, and exercise inhibition. Stress also undermines language and other cognitive and behavioral functions. Mission Be’s mindfulness training mitigates the impact of this stress and gives children the tools to self-regulate, allowing them to enhance their self-confidence and wellbeing.</p> <p>U.S. students are stressed and experience chronic academic, social and emotional pressure and stress that undermines their wellbeing and learning (Caine & Caine, 2013), and impacts emotional regulation, as well as their ability to maintain attention, and support language, and other cognitive and behavioral functions (Gianaros & Hackman, 2013). Many children report chronic academic and social pressures at school and home. A survey conducted by the American Psychological Association in 2009, for example, found that 45% of US teens were stressed by school pressures. Students, moreover, who are part of an ethnic minority may experience low academic achievement, and experience isolation that prevents them from successful participation in school. And, those students who have experienced Adverse Childhood Experiences are at even greater risk of decreased resilience and coping skills and future negative health consequences (Ortiz, Sabinga, 2017, https://www.ncbi.nlm.nih.gov/pubmed/28264496). Additionally, According to an August 2016 article, there is a wide gap in performance between Asian and white students on one hand and African American and Latino students on the other. Scores were dismal for black and Latino children, even in otherwise high-achieving districts (such as those in Mountain View and Cupertino). In Alameda, Contra Costa, San Mateo and Santa Clara counties, for example, only about one-quarter of Latinos met math standards. Among African-Americans, the figure was 31% in Santa Clara County (mercurynews.com/2016/08/24/california-school-test-scores-amid-gains-in-english-and-math-ethnic-gap-widens).</p>
Agency Description & Address	<p>240 Monroe Drive #307, Mountain View</p> <p>Mission Be implements mindfulness-based social emotional learning (SEL) programs in Northern California, New York City and Long Island schools and communities, aligned with Common Core Learning Standards, SEL, and anti-bullying legislation. Its mission is to increase the number of thriving, happy and peaceful communities through mindfulness. Mission Be believes that equipping children with key mindfulness-based social emotional skills will not only help them perform better academically and in their careers, but also help them become more compassionate, empathetic, caring members of society. Since launching in 2013 in New York, Mission Be has successfully implemented its mindfulness education curriculum in more than 28 schools reaching over 7,000 students in New York and California. Mission Be has also trained 600 educators in New York and California.</p>
Program Delivery Site(s)	<p>Two schools:</p> <ul style="list-style-type: none"> • Stevens Creek Elementary School in Cupertino • Mountain View High School in Mountain View

FY19 Healthy Mind Proposal Summary

HEALTHY
MIND



<p><i>Services Funded By Grant/How Funds Will Be Spent</i></p>	<p>Eight sets of 8 weekly in-classroom lessons at each of two schools. Lessons cover the following topics:</p> <ul style="list-style-type: none"> • Be Wise: Understanding the Neuroscience of the Brain • Be Present: Mindful Listening and Focusing • Be Mindful: Mindful Eating and Walking • Be Positive and Accepting: Positive Thinking • Be Responsive: Learning to Pause • Be Empathetic: The Practice of Empathy • Be Compassionate: Practicing acts of compassion and kindness • Be Courageous: Overcoming Fears and setting boundaries • Be Grateful: the Practice of Gratefulness <p>Full requested amount funds partial salaries of mindfulness instructors and other staff roles as well as administrative costs.</p>			
<p><i>FY19 Funding</i></p>	<p>FY19 funding requested: \$25,000</p>		<p>FY19 funding recommended: \$25,000</p>	
<p><i>Funding History and Metric Performance</i></p>	<p>FY18</p>	<p>FY17</p>	<p>FY16</p>	
	<p>New in FY19</p>	<p>New in FY19</p>	<p>New in FY19</p>	
<p><i>FY19 Proposed Metrics</i></p>	<p><i>Metrics</i></p>		<p><i>6-month Target</i></p>	<p><i>Annual Target</i></p>
	<p>Individuals served</p>		<p>64</p>	<p>128</p>
	<p>Services or encounters provided: Number of 50-minute mindfulness classes provided for students</p>		<p>64</p>	<p>128</p>
	<p>Parent and Faculty workshops</p>		<p>4</p>	<p>8</p>





Matter of Balance (Support Grant)

Fiscal Agent: Stanford Health Care

Program Title	Matter of Balance Classes		
Grant Goal	This evidence-based program reduces the fear of falling and other risk factors that contribute to falls through a series of educational and movement classes.		
Community Need	One in four older adults fall each year and 1 in 5 falls cause serious injury requiring medical attention such as broken bones or a head injury. Older adults who fall are two to three times more likely to fall again. The Center for Disease Control estimates medical costs for fall-related injuries nationally to be an estimated \$31 billion. With the aging population, National Council on Aging reports the financial toll is expected to reach \$67.7 billion by 2020. Annual cost of falls in Santa Clara County, including ED visits, hospitalizations and deaths is estimated to be \$265 million/year. In 2014, 2,981 older adults were hospitalized in Santa Clara County after a fall and 8,432 older Santa Clara County residents were seen in emergency departments. A study published in 1999 from Sydney Australia (Cumming, et al) showed that home visits by an occupational therapist looking at home safety, medication and behavior change reduced falls by one third.		
Agency Description & Address	300 Pasteur Drive, MC 5898, Stanford The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. The Trauma Center is a verified Level 1 Trauma Center for both adults and children.		
Program Delivery Site(s)	The program will be delivered at: <ul style="list-style-type: none"> Sunnyvale Senior Center, Sunnyvale Columbia Neighborhood Center, Sunnyvale Los Altos Senior Center, Los Altos El Camino YMCA, Mountain View Mountain View Senior Center, Mountain View Cupertino Senior Center, Cupertino 		
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> Conducting 13 evidence-based Matter of Balance classes at various senior centers and sites for older adults at-risk for falls Full requesting funding would support staffing for an Occupational Therapist and an Occupational Health Professional to deliver the classes and program supplies.		
FY19 Funding	FY19 funding requested: \$14,330 FY19 funding recommended: \$14,330		
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: \$17,508 FY18 Approved: \$14,000 FY18 6-month metrics met: 100%	FY17 Approved: \$10,628 FY17 Spent: \$10,032 FY17 6-month metrics met: 0% FY17 annual metrics met: 100%	New in FY17
FY19 Proposed Metrics	Metrics		6-month Target
	Older adults served		50
			Annual Target
			165





Mountain View Police Department Youth Services Unit (Support Grant)

Program Title	Dreams and Futures Summer Camps		
Grant Goal	This program will provide a safe and educational environment for at-risk youth living in the Mountain View community by offering a summer enrichment program for at-risk youth.		
Community Need	Student participants often come from homes where there is food insufficiency and do not often eat nutrient dense foods, leading to a risk of obesity and pre-diabetes in youth. These youth are exposed to daily stressors because of the financial strains on their families, with resulting anxiety and depression. Summer is a time when they fall behind in academic achievement and are exposed to the dangers of gangs and youth violence.		
Agency Description & Address	1000 Villa Street, Mountain View The Mountain View Police Youth Services Division sponsors the Dreams and Futures Summer Program. The Dreams and Futures Program was created as a gang prevention program. The program services kids within the community and promotes healthy nutrition, physical activity, and healthy minds through various educational blocks of instruction. The Dreams and Future program promotes education to prevent summer learning loss and promotes positive interactions between police and youth as well as other community partners.		
Program Delivery Site(s)	The program services will provided to youth in the Mountain View Whisman School District.		
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Providing two-week summer sessions to serve at-risk youth from 4th to 8th grade • Providing nutritious breakfast and lunch meals, field trips, physical activity sessions, conduct presentations on various topics Full requested funding would support partial staffing for High School and Community College Leaders and program supplies.		
FY19 Funding	FY19 funding requested: \$25,000		FY19 funding recommended: \$25,000
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: \$25,000 FY18 Approved: \$25,000 FY18 6-month metrics met: 100%	FY17 Approved: \$25,000 FY17 Spent: \$25,000 FY17 6-month metrics met: 0% FY17 annual metrics met: 0%	New in FY17
FY19 Proposed Metrics	Metrics		6-month Target
	Youth served		40
			Annual Target
			80

Financial Summary

Requested Grant Funding: \$8,316,105

Sponsorship funding: \$200,000

Placeholder: \$100,000

Total: \$8,616,105

Recommended Grant Funding: \$7,199,335

Sponsorship funding: \$200,000

Placeholder: \$100,000

Total: \$7,499,335

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 District.



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

**Board Finance Presentation
Fiscal Year 2018
7/1/2017- 4/30/2018**

Iftikhar Hussain, CFO

El Camino Healthcare District Board of Directors Meeting
June 19, 2018

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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, 2017			June 30, 2017
	Apr 30, 2018	Audited w/o Eliminations		Apr 30, 2018	Audited w/o Eliminations
ASSETS			LIABILITIES & FUND BALANCE		
Current Assets			Current Liabilities		
Cash & Investments	\$301	\$287	Accounts Payable & Accrued Exp	\$87	\$105
Patient Accounts Receivable, net	\$116	\$110	Bonds Payable - Current	7	7
Other Accounts and Notes Receivable	\$5	\$4	Bond Interest Payable	8	13
Inventories and Prepays	<u>\$53</u>	<u>\$51</u>	Other Liabilities	<u>8</u>	<u>5</u>
Total Current Assets	475	453	Total Current Liabilities	110	130
Board Designated Assets			Deferred Revenue	1	1
Foundation Reserves	16	15	Deferred Revenue Inflow of Resources	14	14
Community Benefit Fund	21	19	Long Term Liabilities		
Operational Reserve Fund	129	102	Bond Payable	648	657
Workers Comp, Health & PTO Reserves	66	63	Benefit Obligations	39	37
Facilities Replacement Fund ⁽¹⁾	180	159	Other Long-term Obligations	<u>4</u>	<u>4</u>
Catastrophic & Malpractice Reserve ⁽²⁾	<u>20</u>	<u>18</u>	Total Long Term Liabilities	691	698
Total Board Designated Assets	433	376	Fund Balance		
Non-Designated Assets			Unrestricted	1,252	1,150
Funds Held By Trustee	237	305	Board Designated & Restricted	341	274
Long Term Investments	315	257	Capital & Retained Earnings	<u>16</u>	<u>15</u>
Other Investments	35	34	Total Fund Balance	1,609	1,439
Net Property Plant & Equipment	880	810	TOTAL LIAB. & FUND BAL.	\$2,425	\$2,282
Deferred Outflows of Resources	28	30			
Other Assets	<u>22</u>	<u>18</u>			
Total Non-Designated Assets	1,516	1,454			
TOTAL ASSETS	\$2,425	\$2,282			



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, 2018

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue ⁽³⁾	738	695	43	675
Other Operating Revenues ⁽⁴⁾	37	35	3	34
Total Operating Revenues	776	730	46	709
Wages and Benefits	398	399	1	378
Supplies	105	102	-3	97
Purchased Services	94	93	-1	89
Other	24	26	2	24
Depreciation	41	44	3	40
Interest	5	7	2	4
Total Operating Expense ⁽⁵⁾	668	671	3	632
Operating Income	107	58	49	77
Non-Operating Income ⁽⁶⁾	61	21	39	57
Net Income	168	80	88	134



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 2018 Actual to Budget

(Includes El Camino Hospital)

- 1) The current period Facilities Replacement Fund is comprised of (\$ Millions):

ECHD Appropriation Fund (fka: Capital Outlay)	\$13
ECHD Capital Replacement Fund (i.e. Funded Depr.)	5
ECH Capital Replacement Fund (i.e. Funded Depr.)	139
ECH BHS Replacement Building Fund	14
ECH Women’s Hospital Expansion	9
	\$180

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

ECH Catastrophic Fund (aka: Earthquake Fund)	\$18
ECH Malpractice Reserve	2
	\$20

- 3) Net Patient Revenue is ahead of budget due to: 1) Beginning in Period 4 Gross Revenues were significantly above budget in numerous departments resulting in the net patient revenues in exceeding budget by \$43.0M; 2) On a quarterly basis management has begun accruing for net late patient charges that are not captured until the following month of a quarter end, this created a one-time increase in net patient revenues of approximately \$4M, which will be recalculated each subsequent quarter; and 3) Medicare OP Deductions from Gross Revenues were budgeted at 93% but currently running at 87% resulting in a \$3M positive variance.
- 4) Other Operating Revenues exceeding budget due to primarily a PRIME payment of \$3M that was not anticipated in the budget and back billing for dietary services provided the LPCH patients on their 4th floor unit (\$700k). Those billings have been paid and the account remains current.
- 5) The positive variance of approximately \$3M remains in the areas of Bond Interest (net) expense as a significant portion of the interest qualifies to be capitalized into those four (4) major construction projects under way funded by the 2017 bond issue; within Purchased Services outside provider expense in CONCERN continues to run less than budget; and in Other Expense a placeholder was budgeted for strategic initiatives that hasn’t been used at this point in time. These positive variances are being somewhat offset by increased patient volumes over budget causing negative variances for wages and benefits in nursing and other clinical departments, along with the increased medical supply cost given the increased patient load.
- 6) The \$39M positive variance to budget is driven by the unrealized gains on investments thus far in the fiscal year.



El Camino Healthcare District

Stand-Alone Comparative Balance Sheet (\$ Thousands)

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

	April 30, 2018	June 30, 2017		April 30, 2018	June 30, 2017
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Cash & cash equiv	\$4,984	\$2,960	Accounts payable ⁽⁸⁾	\$0	\$0
Short term investments	10,682	1,710	Current portion of bonds	3,310	3,570
Due fm Retiree Health Plan ⁽¹⁾	70	30	Bond interest payable	1,426	2,152
S.C. M&O Taxes Receivable	0	0	Other Liabilities	161	161
Other current assets	0	0			
Total current assets	<u>\$15,736</u>	<u>\$4,700</u>	Total current liabilities	<u>\$4,897</u>	<u>\$5,883</u>
Operational Reserve Fund ⁽²⁾	1,500	1,500			
Capital Appropriation Fund ⁽³⁾	13,133	13,133			
Capital Replacement Fund ⁽⁴⁾	5,249	4,998	Deferred income	62	46
Community Benefit Fund ⁽⁵⁾	2,728	7,011	Bonds payable - long term	126,333	129,642
Total Board designated funds	<u>\$22,610</u>	<u>\$26,642</u>	Total liabilities	<u>\$131,292</u>	<u>\$135,571</u>
Funds held by trustee ⁽⁶⁾	<u>\$20,105</u>	<u>\$18,363</u>	Fund balance		
Capital assets, net ⁽⁷⁾	<u>\$11,017</u>	<u>\$11,209</u>	Unrestricted fund balance	\$48,933	\$42,344
			Restricted fund balance ⁽⁹⁾	(110,757)	(117,001)
			Total fund balance	<u>(\$61,824)</u>	<u>(\$74,657)</u>
TOTAL ASSETS	<u>\$69,468</u>	<u>\$60,914</u>	TOTAL LIAB & FUND BALANCE	<u>\$69,468</u>	<u>\$60,914</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, 2018

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

	Actual	Current Year Budget	Variance	Prior Full Year Actual
REVENUES				
(A) Ground Lease Revenue ⁽¹⁰⁾	\$ 77	\$ 76	\$ 1	\$ 90
(B) Redevelopment Taxes ⁽¹¹⁾	152	117	35	244
(B) Unrestricted M&O Property Taxes ⁽¹¹⁾	8,025	6,573	1,452	7,658
(B) Restricted M&O Property Taxes ⁽¹¹⁾	6,148	4,683	1,465	6,959
(B) G.O. Taxes Levied for Debt Service ⁽¹¹⁾	8,597	8,500	97	10,679
(B) IGT/PRIME Medi-Cal Program ⁽¹²⁾	(2,739)	-	(2,739)	(10,328)
(B) Investment Income (net)	(99)	130	(229)	(17)
(B) Other income	0	0	-	0
TOTAL NET REVENUE	20,161	20,079	82	16,267
EXPENSES				
(A) Wages & Benefits ⁽¹³⁾	0	0	-	0
(A) Professional Fees & Purchased Svcs ⁽¹⁴⁾	336	399	63	456
(A) Supplies & Other Expenses	138	139	1	187
(B) G.O. Bond Interest Expense (net) ⁽¹⁵⁾	2,569	3,256	687	4,333
(B) Donations to Outside Organizations ⁽¹⁶⁾	6,716	5,833	(883)	6,484
(A) Depreciation / Amortization	192	192	-	240
TOTAL EXPENSES	9,951	9,819	(132)	12,682
NET INCOME	\$ 10,210	\$ 10,260	\$ (50)	\$ 3,585

(A) Operating Revenues & Expenses

(B) Non-operating Revenues & Expenses

RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	\$ (589)
(B) Net Non-Operating Revenues & Expenses	10,799
NET INCOME	\$ 10,210



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, 2018</u>	<u>June 30, 2017</u>
Fiscal year beginning balance	\$ (74,657)	\$ (79,881)
Net income year-to-date	\$ 10,094	\$ 3,585
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽¹⁷⁾	\$ 2,739	\$ 10,912
Capital Appropriation projects ⁽¹⁸⁾	\$ -	(9,274)
Fiscal year ending balance	<u><u>\$ (61,824)</u></u>	<u><u>\$ (74,657)</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) **Operational 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 year ended 2017. 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 19 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/PRIME Expense – Which returned to the Hospital approximately double this amount.

(13) Wages & Benefits – The District employs no employees. Employees are based at the Hospital, CONCERN, or SVMD entities. The District does contract with the Hospital and outside professional and general services organizations (see item 14).

(14) Professional Fees & Services – Detailed below:

• Community Benefit/Admin Support from ECH	\$ 309
• Legal	25
• Other	<u>2</u>
	<u>\$ 336</u>

(15) G.O. Bond Interest Expense – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.

(16) Donations to Outside Organizations – Starting in FY 2014, the District is directly operating its Community Benefit Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year . Note the major payments to recipients are made in August and February of the fiscal year.

(17) IGT/PRIME Funding – Transfers from ECH for participation in the two programs thus far in FY 2017.

(18) Capital Appropriation Projects Transfer – This amount for FY2017 was the approved amount at the Board's June 2016 meeting to be transferred to the Hospital during FY2017 for the future renovation of the Women's Hospital after the IMOB is completed in the Spring 2019.



El Camino Healthcare District

Sources & Uses of Tax Receipts (\$Thousands)

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

<u>Sources of District Taxes</u>	<u>4/30/2018</u>
(1) Maintenance and Operation and Government Obligation Taxes	\$22,770
(2) Redevelopment Agency Taxes	152
Total District Tax Receipts	\$22,922
 <u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	8,597
Total Cash Available for Operations, CB Programs, & Capital Appropriations	14,325
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	6,148
Subtotal	8,177
(5) Operating Expenses	533
Subtotal	7,644
(6) Capital Replacement Fund (Park Pavilion)	244
Funds Available for Community Benefit Programs	\$7,400

*Gann Limit Calculation for FY2018 \$8,024

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





El Camino Hospital[®]

THE HOSPITAL OF SILICON VALLEY

**El Camino Hospital and Affiliates
FY19 Operating & Capital Budget**

El Camino Hospital Board

June 13, 2018

Iftikhar Hussain, CFO

Contents

- Strategic Framework
- Organizational Goals and Tactics
- Operating Budget
 - Consolidated Hospital and Affiliates
 - Hospital
- Capital Budget
- Board Designated Community Benefit
- Appendix
 - Affiliates
 - Capital Budget Detail
 - Sensitivity Analysis, Benchmarks and Historical Trends

Strategic Goals and Objectives

Themes *Differentiators*

1
**High-Performance
Operating Model**

2
**Consumer, Payer,
Employer Alignment**

3
**Physician
Integration**

Goals *What you will achieve to make strategy a success*

1.
Create
innovative
sites of care
across Silicon
Valley

2.
Create
Operational
Efficiency to
manage cost
and increase
scale

3.
Enable a
value based
network of
care in Silicon
Valley

4.
Exceed
patient,
payer and
employer
expectations

5.
Provide
world class
programs and
physician
support

6.
Align with a
clinically and
financially
integrated
physician
network

Objectives *Specific outcomes with targets and deadlines*

1.1a Facility Plan
1.1b Ambulatory / Clinic Plan
1.2a Embed Lean Management
1.2b Reduce preventable
admissions, readmissions

2.1a Know consumer, payers, employers
2.1b Silicon Valley Post Acute Network
2.2a Best patient centered quality, safety
& experience
2.2b Nationally renowned innovative
care delivery

3.1a Centers of Excellence
3.1b Best environment for
physicians
3.2a ECH employed network
3.2b Aligned diverse network

High-Performing Operating Model

1.1

Create innovative sites of care across Silicon Valley

Initiative 1.1a: Execute campus plan for all three sites and beyond, within the context of growth and informed by rationalization of services

FY19 Tactics

1. Achieve Heart Valve Center of Excellence designation from American College of Cardiology by year end
2. Increase patient capacity through cardiac cath and electrophysiology lab equipment & facilities to allow growth/new physicians in Mountain View, phased throughout year
3. Implement Comprehensive Spine Program in Mountain View
4. Open expanded Behavioral Health Services facility by year end
5. Expand pre-/post-surgical services at Los Gatos by year-end to accommodate more growth
6. Assess opportunity to develop medical oncology program development at Los Gatos by end of FY19

Initiative 1.1b: Create a beyond-campus provider network of at least four ambulatory care sites supporting population health management, digital channels and the delivery of care at the right place and time

FY19 Tactics

1. Operate six (6) ambulatory locations by year end, including SVMD and Urgent Care centers

High-Performing Operating Model

1.2

Create operational efficiency to manage cost and increase scale

Initiative 1.2a: Embed a Lean management culture that focuses on performance analytics and accountability

FY19 Tactics

1. Align work of organization to achieve strategic goals
2. Demonstrate improvement on patient Emergency Department throughput, facilities/equipment, operating room efficiency value streams
3. Use focused Lean Management System training/"Train-the-Trainer" for future facilitators
4. Execute leader Standard Work at all levels of leadership (Managers -> Executives)

Initiative 1.2b: Reduce preventable admissions and readmissions, and support effective, efficient care transitions along the continuum

FY19 Tactics

1. Continue Clinical Documentation Improvement (CDI) initiative
2. Assess clinical variation opportunities and execute to reduce cost and improve outcomes

Consumer, Payer & Employer Alignment

2.1

Enable a value-based network of care in Silicon Valley

Initiative 2.1a: Know our employers, payers, and consumers better than any other health system in Silicon Valley

FY19 Tactics

1. Address 1-2 operational concerns from payers
2. Address 1-2 concerns of employers found in the employer preference study
3. Conduct 1-2 additional focus groups to better understand our consumers

Initiative 2.1b: Establish a Silicon Valley post-acute care network along the continuum capable of supporting value-based payment (VBP) arrangements

FY19 Tactics

1. Align additional post-acute providers to increase percent of eligible patients discharged to a network provider to 58%

Consumer, Payer & Employer Alignment

2.2

Exceed patient, payer & employer expectations

Initiative 2.2a: Provide Silicon Valley's best patient centered experience via high quality, convenient care across the entire care continuum

FY19 Tactics

1. Develop ECH's 3-year Patient Experience Roadmap
2. Execute on Patient Experience Roadmap priorities for FY19 to improve HCAHPS performance
3. Improve participation in MyChart to 50% by December 31, 2018
4. Implement MyChart Bedside in specified units by December 31, 2018
5. Integrate 1-2 technologies (e.g., Chatbot or app) to support patient experience
6. Attain improvement on quality metrics (mortality AMI, CABG and readmission AMI, HF)
7. Implement navigation system in pilot Center(s) of Excellence

Initiative 2.2b: Create and support a nationally renowned innovation center focused on bringing Silicon Valley's innovation to clinical processes and care delivery

FY19 Tactics

1. Use design thinking processes to develop and test "Patient Room of the Future"

Physician Integration

3.1

Provide world-class programs and physician support

Initiative 3.1a: Invest in and expand Centers of Excellence to foster ECH's market distinction and deliver standard of care

FY19 Tactics

1. Establish 1-2 partnerships with local health systems that achieve retention and growth for key service lines and support Initiatives 1.1a and 1.1b

Initiative 3.1b: Offer physicians the best health care environment in which to work

FY19 Tactics

1. Implement focused operations plans based on input from physicians and demonstrate improvement
2. Implement voice recognition software for physician staff
3. Establish a highly effective Medical Staff onboarding and credentialing process
4. Improve Medical Staff engagement through exceptional physician relations

Physician Integration

3.2

Align with a clinically and financially integrated physician network

Initiative 3.2a: Invest in and expand ECH's own physician network via 1206(g), evolving to 1206(l)

FY19 Tactics

1. Establish medical group and practice management infrastructure
2. Growth to 25 providers by the end of FY19

Initiative 3.2b: Align with a distributed, clinically integrated physician network and Foundation with one or more partners

FY19 Tactics

1. Add El Camino Hospital and members of its independent Medical Staff to 1-2 payer networks and/or products

FY19 Organizational Goals: Draft

Organizational Goals FY19	Benchmark	Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe
Organizational Goals							
Patient Throughput ED Door to Patient Floor - LG & MV	Internal Benchmark <i>Based on CMS Core Measure Data</i>	Minutes - 339	306	280	270	30%	Q4
HCAHPS Service Metric Nurse Communication 10% Responsiveness 10% Cleanliness 10%	External Benchmark <i>PG-HCAHPS Adjusted/Received</i>	Nurse Comm - 80 Responsiveness - 65.1 Cleanliness - 74.5	80.5 65.6 75	81 67 76	82 68.5 77	30%	Q4
Quality Metrics Mortality Index - All Patients 10% Readmissions Index - All Patients 10%	External Benchmark <i>Premier Quality Advisor Top Quartile</i>	Mortality 1.02 Readmission 1.08	1.00 1.07	0.95 1.05	0.90 1.03	20%	FY
People Employee Engagement	External Benchmark <i>Press Ganey</i>	4.09	4.09	4.14	4.17	20%	FY
Threshold Goals							
Budgeted Operating Margin	Internal <i>95% Threshold</i>	Achieved FY18 Budget	95% of Budgeted Operating Margin		Threshold		FY

FY19 Proposed Operating Budget

FY19 Revenue, Volume and Expense Inflation Assumptions

Category	Description
Charges	5% increase. Combined IP and OP prices are at 35 th percentile based on OSHPD data
Net Revenue	Medicare 1.4% increase Average commercial 3% to maintain mid market position.
Growth	2.5% measured in adjusted discharges
Commercial Payer Mix	Increase by 1.6% to 42.8%
Wages	Non contractual at 3%
Pharmacy	3.5%
Supplies	3%
All other	2 - 3%

Proposed Hospital & Affiliates Consolidated Budget

	2015	2016	2017	2018 Ann	BUD 2019		Bud19 vs 18	% Var
Revenue								
Total Gross Revenue	2,573,881	2,755,722	3,020,408	3,300,093	3,564,266		264,173	8.0%
Deductions	1,827,236	1,983,549	2,187,761	2,414,245	2,647,094		232,849	9.6%
Net Patient Revenue	746,645	772,173	832,647	885,848	917,172		31,324	3.5%
Other Operating Revenue	34,805	39,407	42,910	44,737	51,621		6,884	15.4%
Total Revenue	781,451	811,580	875,556	930,586	968,793		38,208	4.1%
Expenses								
Salaries, Contract Labor	319,671	339,551	346,486	369,813	401,610		31,797	8.6%
Benefits	97,387	103,707	106,879	107,833	114,958		7,125	6.6%
Drugs	24,181	28,797	31,623	34,355	45,751		11,395	33.2%
Supplies	85,962	89,386	90,358	93,342	95,385		2,043	2.2%
Professional Fees	30,417	32,124	37,693	38,071	45,856		7,785	20.4%
Purchased Services	69,936	75,093	74,340	75,968	85,508		9,540	12.6%
Other Operating Expenses	28,146	36,057	28,490	28,937	31,813		2,875	9.9%
Depreciation	44,707	48,803	47,970	49,478	53,244		3,766	7.6%
Interest Expense	5,256	7,193	1,709	5,831	7,686		1,855	31.8%
Total Operating Expense	705,663	760,712	765,548	803,630	881,811		78,181	9.7%
Operating Income	75,788	50,869	110,008	126,956	86,982		(39,973)	-31.5%
Investments	19,020	1,094	64,035	56,433	30,064		(26,369)	-46.7%
Community Benefit	(2,397)	(2,724)	(3,076)	(3,412)	(3,600)		(188)	5.5%
Other	4,355	(3,517)	2,688	7,113	(981)		(8,094)	-113.8%
Non-Operating	20,979	(5,147)	63,648	60,134	25,484		(34,651)	-57.6%
Net Income	96,766	45,722	173,656	187,090	112,466		(74,624)	-39.9%
EBIDTA	125,751	106,865	159,688	182,265	147,913		(34,353)	-18.8%
EBIDTA Margin %	16.1%	13.2%	18.2%	19.6%	15.3%			
Operating Margin %	9.7%	6.3%	12.6%	13.6%	9.0%			
Net Margin %	12.4%	5.6%	19.8%	20.1%	11.6%			

Proposed Hospital Budget

	2015	2016	2017	2018 Ann	BUD 2019	Bud19 vs 18	% Var
Revenue							
Total Gross Revenue	2,573,881	2,755,387	3,019,083	3,299,422	3,558,402	258,981	7.8%
Deductions	1,827,236	1,983,367	2,186,820	2,413,746	2,643,492	229,746	9.5%
Net Patient Revenue	746,645	772,020	832,263	885,675	914,910	29,235	3.3%
Other Operating Revenue	21,105	23,636	26,085	28,562	36,360	7,798	27.3%
Total Revenue	767,751	795,657	858,347	914,237	951,269	37,032	4.1%
Expenses							
Salaries, Contract Labor & P	314,406	334,140	341,137	364,273	396,612	32,339	8.9%
Benefits	95,666	101,849	104,948	105,860	113,297	7,437	7.0%
Drugs	24,136	28,770	31,617	34,349	45,689	11,340	33.0%
Supplies	85,825	89,218	90,209	93,172	94,970	1,797	1.9%
Professional Fees	29,721	31,421	36,845	36,769	38,239	1,470	4.0%
Purchased Services	62,653	66,597	64,277	66,124	67,502	1,378	2.1%
Other Operating Expenses	27,340	35,109	27,503	27,752	29,079	1,327	4.8%
Depreciation	44,627	48,748	47,925	49,284	52,857	3,572	7.2%
Interest Expense	5,256	7,193	1,709	5,831	7,686	1,855	31.8%
Total Operating Expense	689,629	743,044	746,171	783,414	845,930	62,517	8.0%
Operating Income	78,122	52,613	112,176	130,823	105,339	(25,484)	-19.5%
Non Operating							
Investments	18,194	(155)	62,259	55,451	29,072	(26,379)	-47.6%
Community Benefit	(2,397)	(2,716)	(3,076)	(3,431)	(3,600)	(169)	4.9%
Other	871	(6,699)	(1,783)	247	(20,655)	(20,903)	-8452.9%
Non-Operating Revenue and I	16,668	(9,570)	57,400	52,267	4,817	(47,450)	-90.8%
Net Income	94,790	43,043	169,576	183,091	110,156	(72,935)	-39.8%
EBIDTA	128,005	108,554	161,811	185,939	165,882	(20,057)	(0)
EBIDTA Margin %	16.7%	13.6%	18.9%	20.3%	17.4%	-2.9%	
Operating Margin %	10.2%	6.6%	13.1%	14.3%	11.1%	-3.2%	
FTEs	2,451	2,510	2,507	2,579	2,709	130	5.0%
FTEs per AOB	5.85	6.14	6.09	6.07	6.24		
Adj Discharges	32,507	31,379	33,052	34,888	35,771	883	2.5%

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Reconciliation FY18 to Hospital Budget FY19 (000's)

	FY 2018 Projected/ Actual	Volume & Access	Inflation	Strategic	Operations Improvement	Other	Increase / (Decrease)	FY 2019 Budget
Collectible Patient Revenue:	885,675	16,312	22,108			-9,186	29,235	914,910
Yield	26.8%						-1.1%	25.7%
Other Revenue:	28,562	7,100			500	198	7,798	36,360
TOTAL NET OPERATING REVENUE	914,237	23,412	22,108		500	-8,989	37,032	951,269
Salaries, Contract Labor & PTO	364,273	7,276	17,236	2,781	4,546	500	32,339	396,612
Total Benefits:	105,860	1,673	3,964	640	1,046	114	7,437	113,297
DRUGS	34,349	10,044	1,202			94	11,340	45,689
SUPPLIES	93,172	1,324	2,795	309	-2,200	-432	1,797	94,970
PROFESSIONAL FEES	36,769			2,128	363	-1,021	1,470	38,239
PURCHASED SERVICES	66,124	616		2,743	-1,306	-674	1,378	67,502
OTHER OPERATING EXPENSE	27,752	750		120	-507	965	1,327	29,079
DEPRECIATION	49,284					3,572	3,572	52,857
INTEREST EXPENSE	5,831					1,855	1,855	7,686
TOTAL OPERATING EXPENSE	783,414	21,683	25,198	8,720	1,942	4,973	62,517	845,930
OPERATING MARGIN	130,823	1,730	-3,090	-8,720	-1,442	-13,962	-25,484	105,339

- Strategic items mapped to strategy on the following page
- Operations improvement includes staffing to improve quality and safety funded with offsetting efficiencies

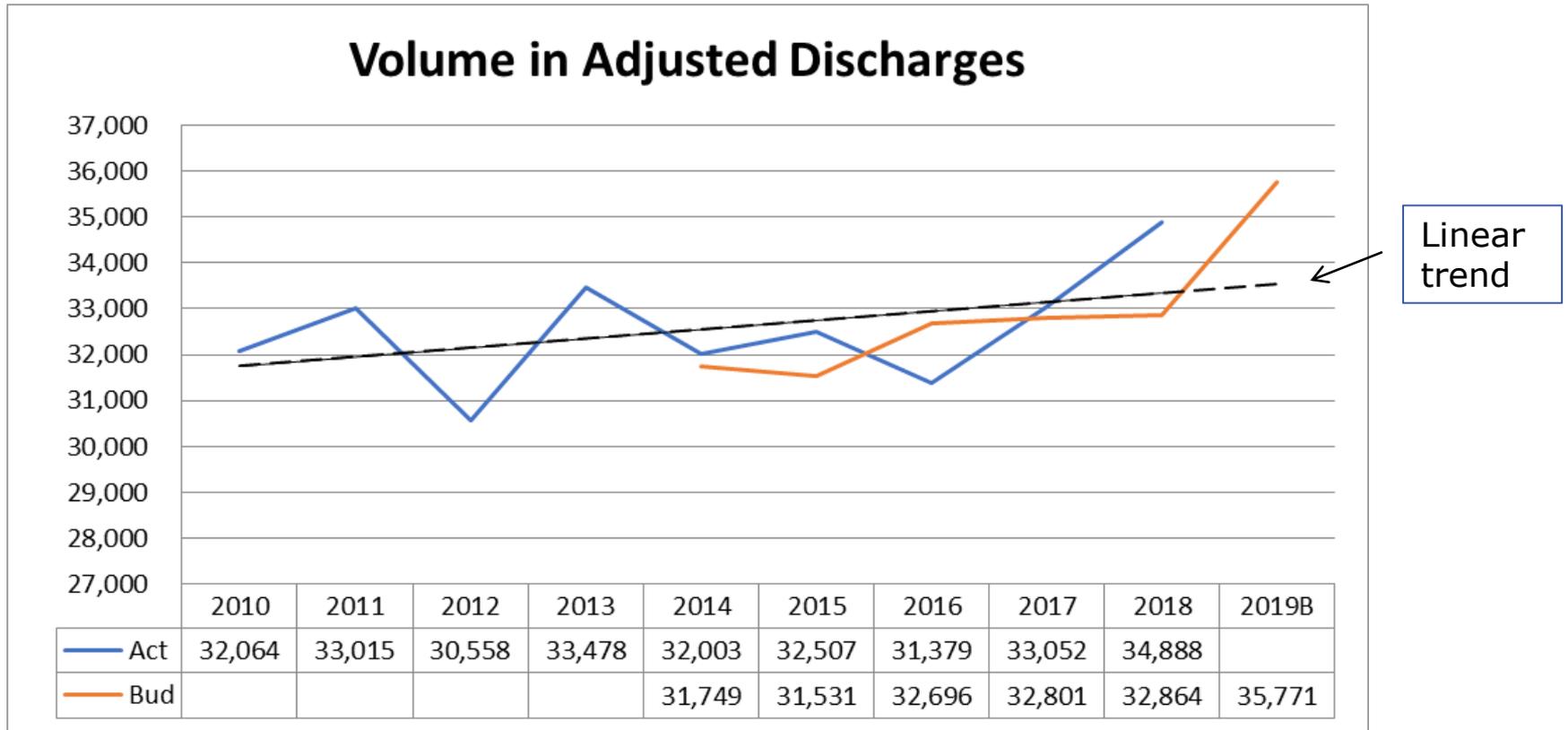
Funding for Strategic Initiatives

\$ in 000's

	Strategic Costs	Strategic Initiative(s)
Salaries, Contract Labor & PTO	2,781	
Strategic Programs	987	1.2a, 1.2b, 2.2a, 2.1b
Physician Integration	1,794	3.2a
Total Benefits:	640	
Benefit costs driven by increase in salaries	640	Various
SUPPLIES	309	
8330 Retail Café Supplies	309	2.2a
PROFESSIONAL FEES	2,128	
iCare Strategic Objective iCare Voice Recognition Dictation & Transcription project	1,000	3.1b
Consulting Engagements: - LEAN Culture - Market Surveys - Digital Technologies	828	1.2a, 2.1a
Guest Services Implement Patient Experience Roadmap	300	2.2a
PURCHASED SERVICES	2,743	
IS SW CONTRACT - New ERP	987	1.2a
IS Business Systems - New ERP Training	683	1.2a
Marketing Strategic Initiatives	833	2.1a
Press Gainey Culture of Safety engagement	240	2.2a
OTHER OPERATING EXPENSE	120	
Marketing Strategic Initiatives	120	2.1a
TOTAL OPERATING EXPENSE	8,720	

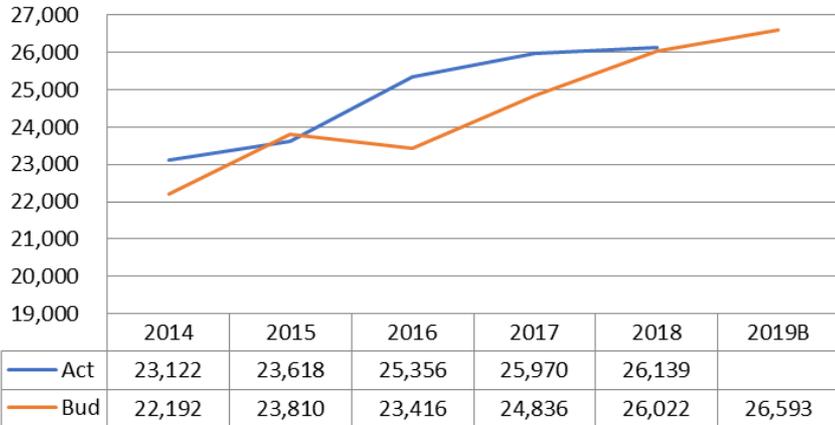
Patient Volume

Adjusted Discharges metric measures combined inpatient and outpatient volume

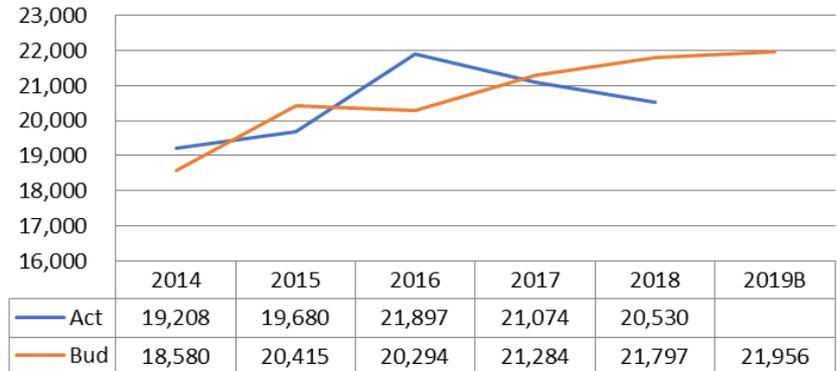


Revenues and Expenses: Historical Performance

Revenue per Adjusted Discharge

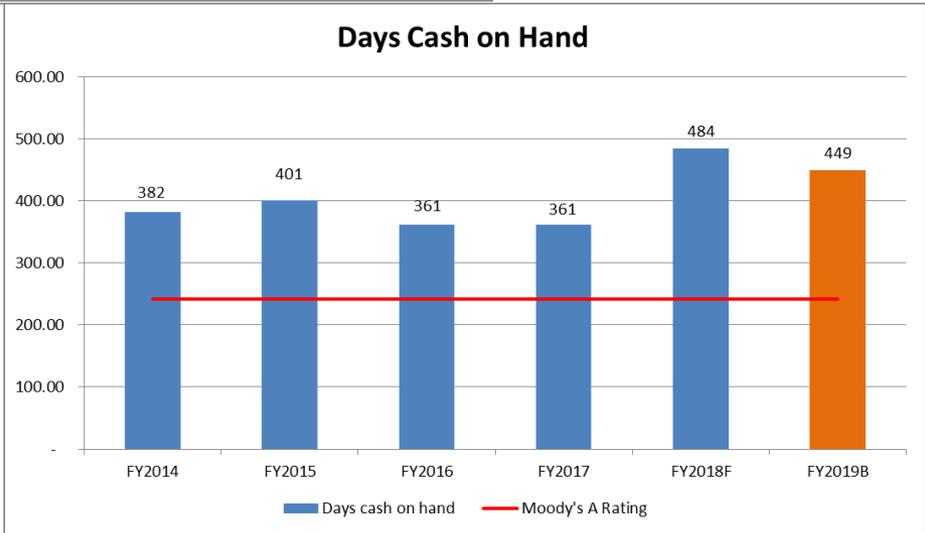
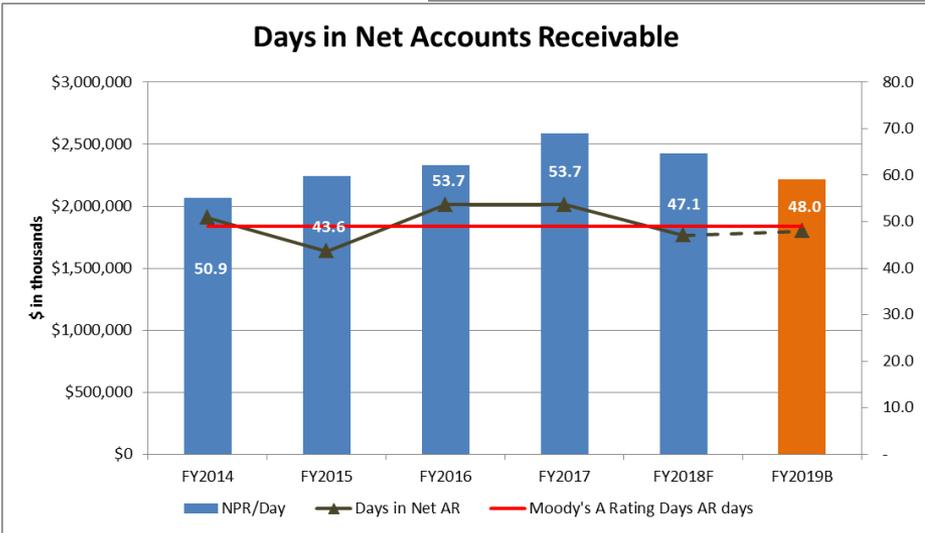
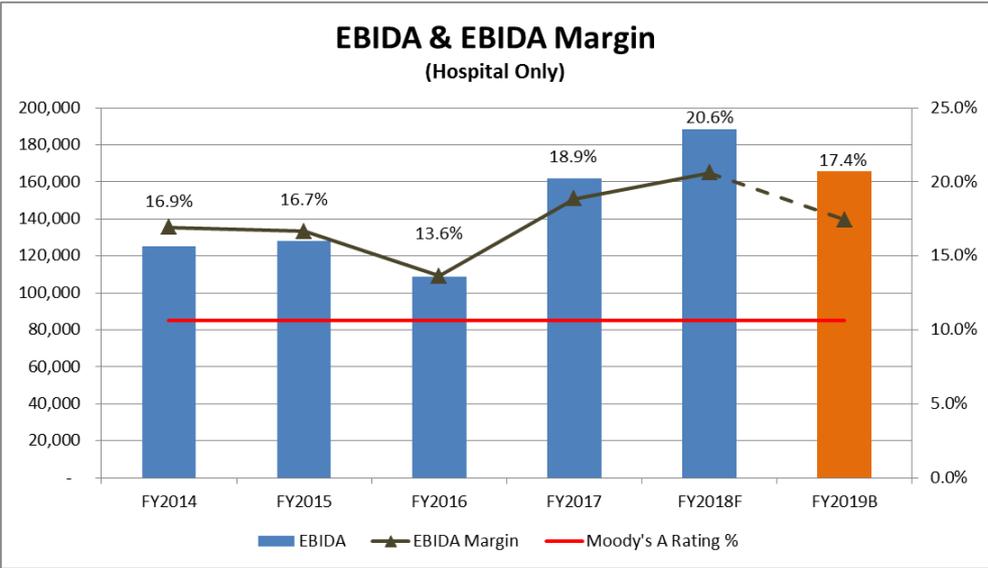


Expenses per Adjusted Discharge excluding Depreciation and Interest



- Revenue per adjusted discharge climbed in 2016 due to revenue cycle improvements as a result of EPIC.
- Post implementation, Revenue per adjusted discharge has grown modestly: 2.4% in FY17 and 0.7% in FY18. FY18 revenue per adjusted discharge is at budget.
- Expenses per adjusted discharge declined in FY17 and FY18 due to patient volume increase and leveraging fixed cost structure.

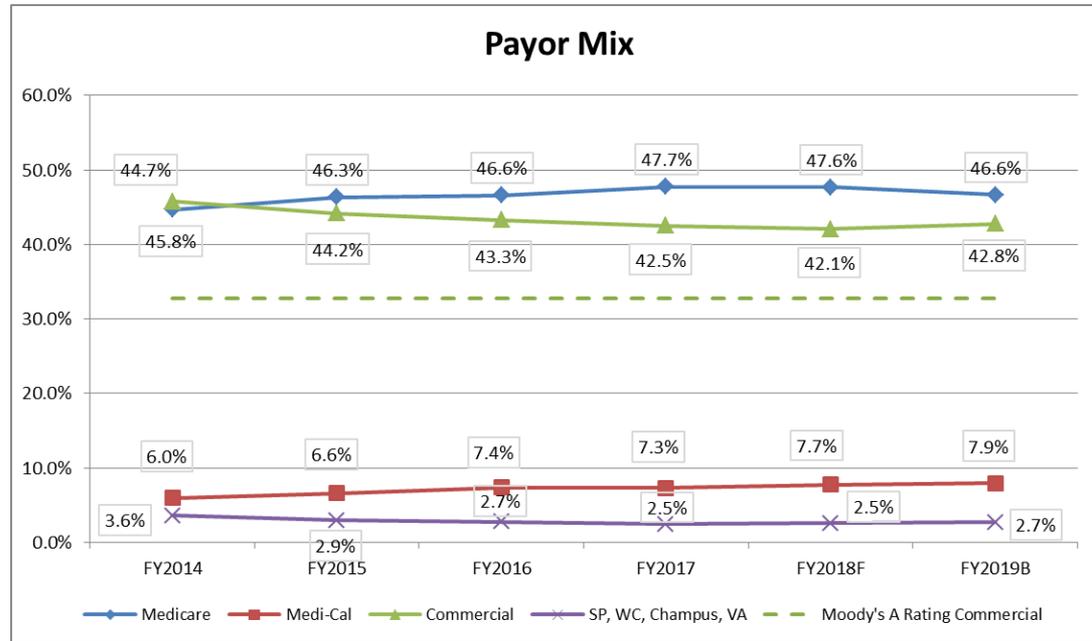
Key Financial Metrics



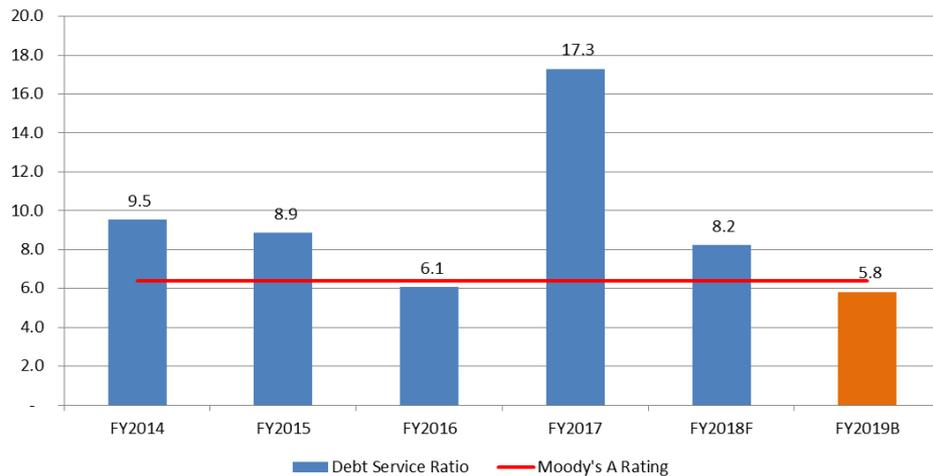
Target source: S&P 2014 A Rated Stand-Alone Hospital Median Ratio (last published 9/1/2015)
MOUNTAIN VIEW | LOS GATOS

Key Financial Metrics

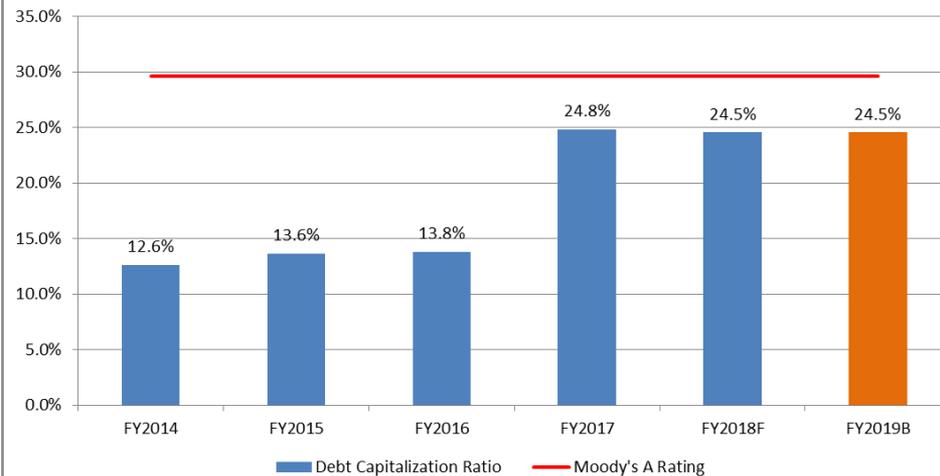
- Payer mix trend shows growth in Medicare and Medi-Cal
- FY 19 growth initiative provide the commercial volume to stabilize the payer mix
- Commercial mix is above Moody's median



Debt Service Ratio



Debt Capitalization Ratio



Proposed Capital Budget FY19

FY19 Capital Spending Trend by Category

Capital Spending (in 000's)	Actual FY2014	Actual FY2015	Actual FY2016	Actual FY2017	Budget FY2018	Projected FY2018	Budget FY2019
EPIC	6,838	29,849	20,798	2,755	1,922	1,922	-
IT Hardware / Software Equipment	2,788	4,660	6,483	2,659	12,238	12,238	19,732
Medical / Non Medical Equipment*	12,891	13,340	17,133	9,556	5,635	14,275	11,206
Facilities	36,044	38,940	52,326	82,953	211,886	128,030	279,450
GRAND TOTAL	58,561	86,789	96,740	97,923	231,681	156,465	310,388

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- FY19 Facility plan includes completion of IMOB and Behavioral projects
- IT budget includes ERP project
- Detail of IT and Equipment presented in appendix

FY 2019 Capital Request Detail (in thousands)

Facilities MV – Page 1/2

	Total Project Cost	Spent Through FY18	FY -19 Proj Spend	Cumulative thru FY 19
Mountain View Campus Master Plan Projects				
Integrated Medical Office Building	302,100	110,279	150,000	260,279
North Dr Parking Structure Expansion	24,500	23,937		23,937
BHS Replacement	96,100	43,081	45,000	88,081
Womens Hosp Expansion	135,000	3,371	10,000	13,371
Demo Old Main & Related Site Work	30,000		2,000	2,000
CUP Upgrades	9,000	8,170	800	8,970
Sub-Total Mountain View Master Plan Projects	596,700	188,839	207,800	396,639
Mountain View Other Capital Projects				
Womens Hosp NPC Closeout	627	585		585
Patient Family Residence	6,500	500	6,000	6,500
Imaging Equipment Replacement (Imaging Dept. Only)	20,700		6,000	6,000
IR / Cath Lab Equipment Replacement (5 or 6 Rooms)	19,400		5,000	5,000
Facilities Planning Allowance	500			
ED Remodel Triage / Psych Observation	5,000	249	4,600	4,849
Nurse Call System Upgrade	2,400		2,400	2,400
Workstation Inventory replacement	2,000		2,000	2,000
Flooring Replacement	1,600	100	1,500	1,600
Emergency Sanitary & Water Storage	1,500	223	1,250	1,473
Willow Pavilion FA Sys and Equip Upgrades	1,000		1,000	1,000
Site Signage & Other Improvements	1,250	250	1,000	1,250
Various Relocation Projects	800		800	800
CT Equipment Replacement @ Radiation Oncology	815	20	780	800
MOB Upgrades (MV Campus) FY-19	1,000		700	700
New Main Lab Upgrades	3,100	2,800	300	3,100
MV Equipment & Infrastructure Upgrades (19)	600		250	250
Sub-Total Mountain View Other Capital Projects	68,793	4,727	33,580	38,307

FY 2019 Capital Request Detail (in thousands)

Facilities LG – Page 2/2

	Total Project Cost	Spent Through FY18	FY -19 Proj Spend	Cumulative thru FY 19
Los Gatos Capital Projects				
LG Cancer Center	5,000	243	4,750	4,993
LG Modular MRI & Awning	3,900	400	3,500	3,900
LG Undefined Annual Forecast			2,000	2,000
LG MOB Improvements (17)	5,000	5,036		5,036
LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	8,990	8,965		8,965
LG IR Upgrades	1,250		1,250	1,250
LG Upgrades - Major	19,300	18,490	800	19,290
LG Nurse Call System Upgrade	800		500	500
MOB Upgrades (LG Campus) FY-19	800		500	500
LG Men's Health Clinic	480	10	470	480
LG Facilities Planning Allowance	600		400	400
LG Security System	400		400	400
LG Equipment & Infrastructure Upgrades	600		300	300
Sub-Total Los Gatos Projects	52,120	33,144	14,870	48,014
Other Strategic Capital Facility Projects				
Primary Care Clinic Development (2 @ \$3 Million Ea.) FY-19	6,000		5,000	5,000
Other Strategic Capital FY-19	15,000		15,000	15,000
Willow SC Upgrades (35,000 @ \$50)	1,750		1,750	1,750
New 28k MOB (Courthouse Prop)	22,400		1,200	1,200
Primary Care Clinic (TI's Only) FY 17 (828 Winchester)	3,600	3,201	250	3,451
Sub-Total Other Strategic Projects	48,750	3,201	23,200	26,401
Total Facilities Projects	766,362	229,910	279,450	509,360

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Board Designated Community Benefit Endowment Fund

- In FY16, 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
 - Endowment funding earnings available for FY19 community benefit to be \$900k increasing from \$500K in FY18
 - Endowment fund balance to remain \$15 million since FY19 capital plan exceeds EBITDA by \$164 million

Appendix

Affiliates

CONCERN

	2015	2016	2017	2018 Ann	BUD 2019	Bud19 vs 18	% Var 19 vs 18
Other Operating Revenue	13,690	15,755	16,825	16,126	13,025	(3,101)	-19.2%
Total Revenue	13,690	15,755	16,825	16,126	13,025	(3,101)	-19.2%
Expenses							
Salaries, Contract Labor & P	4,004	4,266	3,887	3,966	3,659	(307)	-7.8%
Benefits	1,332	1,488	1,422	1,408	1,249	(159)	-11.3%
Drugs	45	27	-	0	-	(0)	
Supplies	96	104	75	61	79	18	29.8%
Professional Fees	566	554	672	486	441	(45)	-9.3%
Purchased Services	6,115	7,271	8,573	8,261	6,386	(1,875)	-22.7%
Other Operating Expenses	504	731	705	678	782	103	15.3%
Depreciation	67	42	30	33	33	(0)	-0.6%
Total Operating Expense	12,730	14,483	15,363	14,894	12,629	(2,265)	-15.2%
Operating Income	960	1,273	1,462	1,232	396	(836)	-67.9%
Investments	249	593	54	(217)	500	717	-330.3%
Community Benefit	-	(8)	-	19	-	(19)	-100.0%
Other	(7)	(35)	40	-	(3)	(3)	0.0%
Non-Operating Revenue and	242	550	94	(198)	497	694	-351.3%
Net Income	1,202	1,823	1,556	1,035	893	(142)	-13.7%
EBIDTA	1,027	1,315	1,492	1,266	429	(836)	-66.1%
EBIDTA Margin %	7.5%	8.3%	8.9%	7.8%	3.3%		
Operating Margin %	7.0%	8.1%	8.7%	7.6%	3.0%		
Net Margin %	8.8%	11.6%	9.2%	6.4%	6.9%		

CONCERN Commentary – 1/2

Revenue Changes

- FY 18 was budgeted before we knew about the loss of a large customer in January 2018. The customer went out to bid and another EAP under bid us by 42%.
 - This represented a loss in headcount of 81,000 Domestic and 52,000 headcount for International
 - This created a loss in revenue for several line items, the most significant reflected in Per Employee Per Month (PEPM) which includes domestic and international lives, enhanced support and onsite counseling.
 - 598-593 = PEPM and International
 - Projected Revenue in FY 18 of \$3,159,000 for PEPM
 - Projected Revenue in FY 18 of \$1,778,400 for International – this is a “pass through” because we paid a global partner for the services.
- This is why revenue went down from the FY 18 budget of \$15,537,828 to the FY19 budget of \$10,853,198

CONCERN Commentary – 2/2

Expense Changes

- Reduced Payroll in FY19 by 5.5 positions from FY18
 - 4 admin support positions (3 did not replace, 1 to reduce)
 - 1 senior clinical manager (retired, did not replace)
 - .5 clinical supervisor (left, did not replace)
- Variable Expenses
 - Reduced Medical Outside line item 716-610 by \$1,477,530 in FY19 from FY18
 - Reduced Other Purchased Services line item 716-660 by \$2,013,735 in FY19 from FY18
- FY18 Overall Budget reduced by \$4,223,959 in FY19 with a 5.1% Operating Margin

Foundation - FY18 Budget Financial

	2015	2016	2017	2018 P	BUD 2019	Bud19 vs 18
Expenses						
Salaries, Contract Labor & PT	1,076	1,071	1,171	1,273	1,339	67
Benefits	342	359	400	337	407	71
Supplies	41	45	60	63	83	20
Professional Fees	92	72	52	74	58	(16)
Purchased Services	1,084	1,133	1,060	1,183	1,246	64
Other Operating Expenses	292	240	222	347	341	(6)
Depreciation	13	13	13	13	13	-
Total Operating Expense	2,939	2,933	2,977	3,289	3,488	199
Operating Income	(2,939)	(2,933)	(2,977)	(3,289)	(3,488)	(199)
Investments	577	655	1,722	1,197	492	(705)
Other	3,072	3,260	3,675	4,463	4,413	(50)
Non-Operating Revenue and	3,650	3,915	5,397	4,102	4,905	803
Net Income	710	982	2,420	813	1,417	605
EBIDTA	(2,926)	(2,920)	(2,964)	(3,276)	(3,475)	(199)

FY18 fundraising goal is low pending organizational strategic plan

Foundation Budget Highlights – 1/2

FUNDRAISING EVENTS: Budget increase of \$85,000

- South Asian Heart Center Ball – annual fundraising event
 - At the onset of an event for the SAHC, the expenses were set up to be reflected and managed by the Center’s executive director
 - Now the Center’s event has become one of the four signature fundraising events for the foundation and the financial model should mirror the other events that the Foundation supports
 - Expense budget transitioned from the Center to the Foundation

ANNUAL AUDIT: Budget decrease of \$17,500

- 2017 stand-alone audit for the Foundation was \$51,000 which would have increased to \$52,500 for this year.
- With the approval to move away from doing a standalone audit for the Foundation, the new audit expense will be \$32,500 per Moss Adams
- The Foundation will be part of the Hospital’s annual consolidated audit.

Foundation Budget Highlights - 2/2

STEWARDSHIP EVENTS: Budget neutral

- Program-focused salon series
- With our ongoing strategy to cultivate new prospects and steward current donors, the Foundation budget has included an expense line for these events. Due to the generosity of the salon hosts, we have had to now pay for the majority of salon expenses. For FY19, we will revamp the focus of these salons to creating more of a Salon Series that would highlight 3-4 clinical programs with dates throughout the year to engage donor interest.
- Behavior Health Pavilion Ribbon-cutting
- With the opening of the mental health pavilion in Q3 of 2019, the Foundation will be allocating a portion of its major gift cultivation/salon budget for a special donor event around the opening

ANNUAL GIVING: Budget neutral

- Focus on personalized message to support mid-level donor program
- More segmentation by clinical program for targeted message to acquire new donors/grateful patients
- I.e. message to give to HVI targeted to all TAVR, MitraClip, Watchman patients who feel immediately better after the procedure and one day inpatient; this is a more timely approach to capture gratefulness

Foundation – FY19 Fundraising Detail

FY19 ECH Foundation		FY19 Goals	Unrestricted	Restricted	Gift Focus
Major & Planned Gifts		\$3,750,000	\$1,500,000	\$2,250,000	Restricted outright gifts; restricted irrevocable planned gift commitments; unrestricted gifts from matured estates; APS sponsorships
Special Events	Spring Forward	\$450,000	\$300,000	\$150,000	Event Expense; beneficiary: Mental Health & Addiction Services
	Golf	\$300,000	\$260,000	\$40,000	Event Expense; beneficiary: Norma Melchor Heart & Vascular Institute
	SAHC	\$300,000	\$200,000	\$100,000	9858 SAHC Event then transfer proceeds to SAHC Restricted Fund
	NLL	\$150,000	\$150,000	\$0	9860 Special Events Expense then transfer net proceeds to determined beneficiary
Annual Giving		\$550,000	\$220,000	\$330,000	El Camino Fund (unrestricted gifts) and restricted gifts for specific service line/departmental needs
Investment Income		\$500,000	\$500,000	\$0	El Camino Fund (unrestricted)
TOTAL		\$6,000,000	\$3,130,000	\$2,870,000	

Foundation - Fundraising Trend

ECH FOUNDATION		FY19 Goal	FY18 as of 3/31	FY17 Actual	FY16 Actual	FY15 Actual
Major & Planned Gifts		3,750,000	3,056,296	4,213,319	4,059,779	6,402,194
Special Events	Spring Forward	450,000	26,000	788,360	936,240	627,386
	Golf Tournament	300,000	353,650	273,100	326,205	326,650
	Scarlet Ball	300,000	271,071	315,295	292,180	283,776
	Norma's Luncheon	150,000	209,075	153,300	245,106	126,577
Annual Giving		550,000	546,595	587,582	507,745	567,820
Grants					64,833	514,080
Investment Income		500,000	496,478	1,138,296	1,319,905	1,067,770
TOTAL			4,959,165	7,469,252	7,751,993	9,916,253
Annual Goal		6,000,000	6,150,000	6,170,000	7,300,000	6,690,000
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Capital Budget Detail

FY19 Capital Request Detail Information Technology

Facility	Cost Center	Cost Center_1 Desc	Request Item Name	Amount
1	8480	INFO SVS AND TELECOMM	IS Baseline: Network - Baseline Replacement and Maint. Parts	6,331,620
			IS Baseline: Storage - Baseline Primary & Backup Storage Replacement and Growth	1,408,380
			IS Baseline: Server - Baseline Replacement, Upgrades & Growth	715,000
			IS Baseline: Software Upgrades - Existing Systems	400,000
			IS Baseline: Devices - Baseline Cart Replacements & Growth and eTime Badge Readers	295,000
			PROJECT: Mobility for Care Providers	250,000
			IS Baseline: Telecom - Baseline Replacement, Growth, and Maint. Parts	200,000
			8485	IT SECURITY
	1 Total			
Grand Total				10,100,000
ERP Implementation				9,632,000
TOTAL Information Technology				19,732,000

FY19 Capital Request Detail

Medical/Non-Medical Equipment Items > \$25K

MV – Page 1/2

Facility	Cost Center	Cost Center_1 Desc	Request Item Name	Amount
1	6015	CCU 3A; ICU	Cardiac Output Monitor - Vigilance	151,580
			Zolls Defibrillator	107,919
			Ultrasound	100,000
			X2 Transport Monitor	52,568
	6150	PROGRESSIVE CARE UNIT-PCU 3A	Intellivue Multi Measurement Server X2 (transport monitor)	26,284
	6175	SURG PEDS 4A; ORTHO SPINE	Bedside vital sign monitoring	291,232
			New Bariatric Beds(Mattresses & Pumps purch. FY18)	168,100
	6176	MEDICAL - 2C	Philips NIBP	291,253
	6900	PRE-OP SHORT STAY; OPS	B450 + Networking	374,587
	7400	LABOR DELIVERY	Gurneys that can weigh patients	57,000
			GE Anesthesia Patient monitoring module	29,013
			Valley Lab Bovie	500,000
	7420	OPERATING ROOM	EPIQ 7C Ultrasound System	203,484
			HEMOSPHERE ADVANCED MONITORING PLATFORM	151,580
			Cell Saver	58,605
			GE Carescape Patient Data Module	48,355
			Data Management System - Perfusion	44,882
			Microdebrider(inst) and Endoscrub(console)	41,162
			LCD MONITOR 55 INCH W/O CABLES	40,214
	Cyberwand (shockpulse)	39,900		

FY19 Capital Request Detail

Medical/Non-Medical Equipment Items > \$25K

MV – Page 2/2

Facility	Cost Center	Cost Center_1 Desc	Request Item Name	Amount
	7501	CLIN LAB-HEMATOLOGY	Vitek II Microbiology System w/ Interface	187,675
			Blood Bank System w/ Interface	113,000
			Coagulation Instruments w/ interface x2	101,800
			BioMerieux BioFire PCR system	90,000
	7520	ANATOMIC PATHOLOGY	Tissue Processor	154,500
			Cryostat	73,000
	7570	INTERVENTIONAL SERVICES	Valley Lab Bovie	50,000
	7590	ECG	Replace EKG Fleet	197,200
	7720	RESPIRATORY CARE SVCS	ERBE Cart Cryo	45,000
			ERBE Cart for Argon Plasma	45,000
			High Definition Medical Grade Monitors (21)"	44,000
	7761	ENDOSCOPY	Endo flip Manometry	57,500
			Olympus Pedi Scope Trade In	32,113
			Glide Scope Endf of Life Replacements	26,420
	8340	NUTRITION SERVICES	CBORD Room Service Choice Upgrade	41,000
	8370	ANCILLARY UNIT SUPPORT	Staxi Wheelchairs	30,846
	8380	STERILE PROCESSING	Amsco Prevacuum Steam Sterilizer	148,007
			Reliance Vision Washer/Disinfectior	120,458
	8381	CENTRAL DISTRIBUTION	Equipment Tracking System (Aero Scout, Stanley Healthcare	150,000
	8440	ENVIRONMENTAL SVCS	Xenex Refurbished UV Disinfection Robot	85,000
	8484	EPIC PATHWAYS	MyChart Bedside	500,000
	8514	REVENUE INTEGRITY	Denial Management Reporting System (Implementation Fee)	60,000
1 Total				5,130,236

FY19 Capital Request Detail

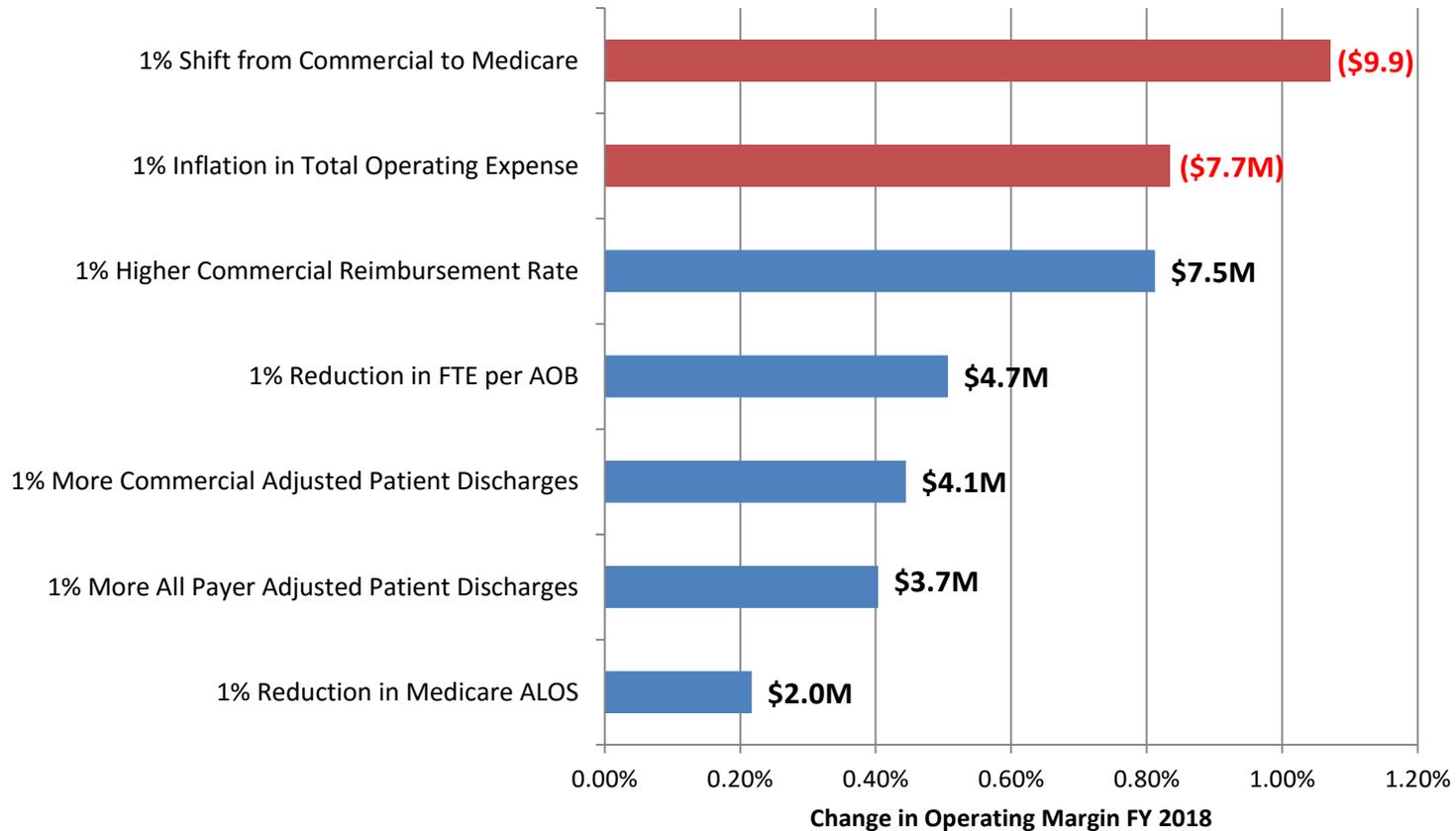
Medical/Non-Medical Equipment Items > \$25K LG & Total

Facility	Cost Center	Cost Center_1 Desc	Request Item Name	Amount
11	6015	CCU 3A; ICU	MindRay Ultrasound (ICU)	49,500
	6177	MED SURG ONC 4B; MED SURG	Supply Room Shelving/Cart	32,000
	6900	PRE-OP SHORT STAY; OPS	Prime Electric Big Wheel gurney	27,957
	7400	LABOR DELIVERY	Anesthesia carts	102,034
			Surgical lights	25,867
	7420	OPERATING ROOM	Medtronic O-arm/Stealth/Midas	1,372,632
			Stryker Video Upgrade	1,284,474
			GE Module Upgrade for Anesthesia Machines	696,318
			NuVasive LessRay	232,230
			AquaBeam System	192,000
			Dornier MedTech Table (Urology)	64,987
			Storz Cysto/Resection Set	44,307
			ConMed AirSeal	35,235
			Storz Monopolar/Bipolar Generator	27,656
	7501	CLIN LAB-HEMATOLOGY	Coagulation Instrument	90,875
	7520	ANATOMIC PATHOLOGY	Renovate LG Histology Lab	100,000
	7639	IMAGING - MAMMOGRAPHY	Hologic Tomosynthesis with Affirm Biopsy	539,050
			SaviScout Wire-Free Technology for Breast	81,850
	7650	IMAGING - NUC MED	Nuclear Medicine Equipment Replacement, Siemens Evo	293,992
	7761	ENDOSCOPY	olympus dual chamber gastroscope	43,401
	7770	THERAPY SERVICES - IP	BTE Upper Extremity	42,000
	8381	CENTRAL DISTRIBUTION	LogicQuip Shelving	32,044
	8440	ENVIRONMENTAL SVCS	Xenex Refurbished Robot	85,000
11 Total				5,495,409
Grand Total				10,625,645
				Items < \$25K
				580,082
TOTAL Medical & Non-Medical Equipment				11,205,727

Sensitivity Analysis, Benchmarks, and Historical Trends

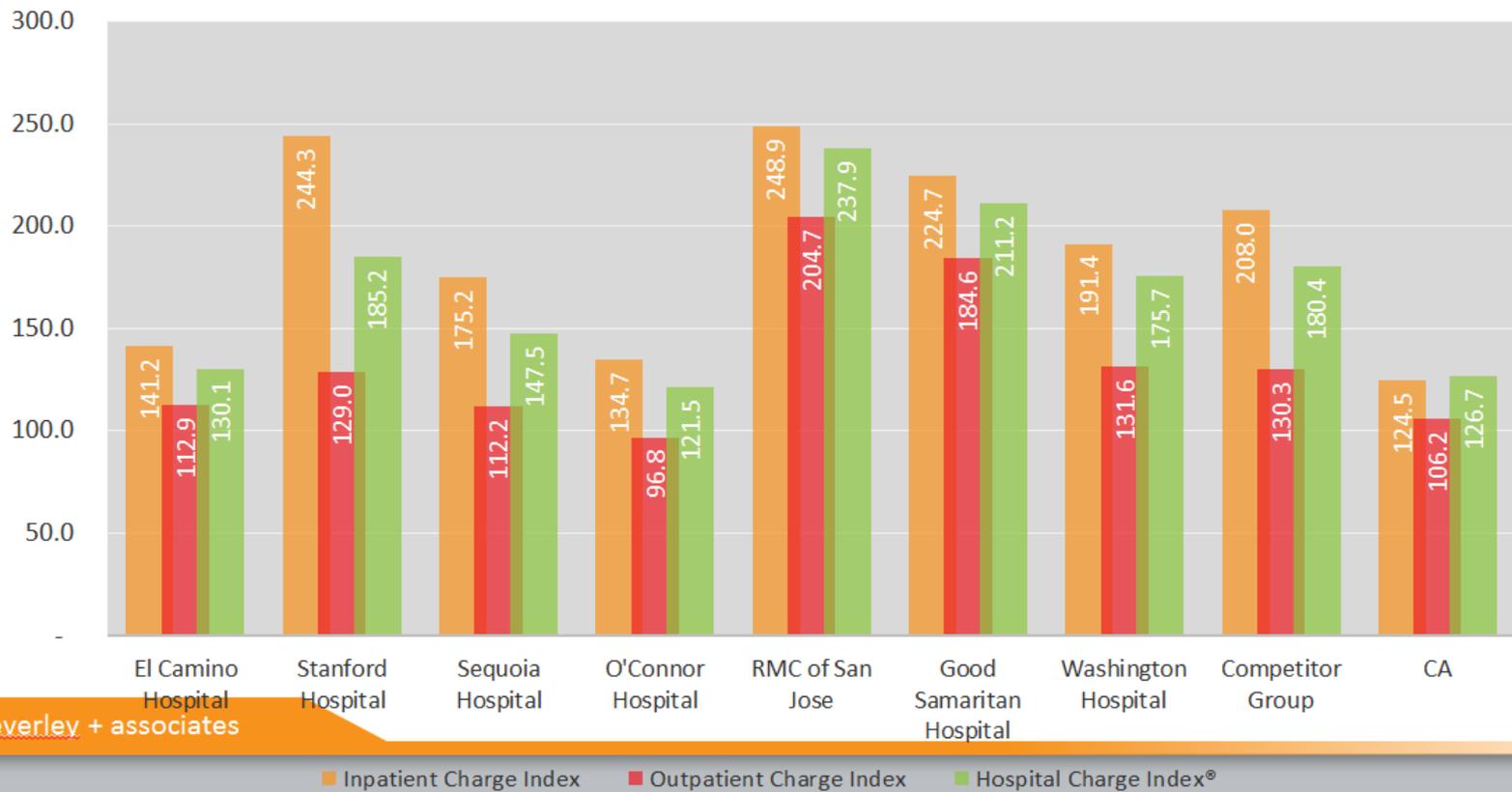
Sensitivity Analysis

Single Year Change in Operating Margin



Charge Master Pricing Comparison with Benchmark Data

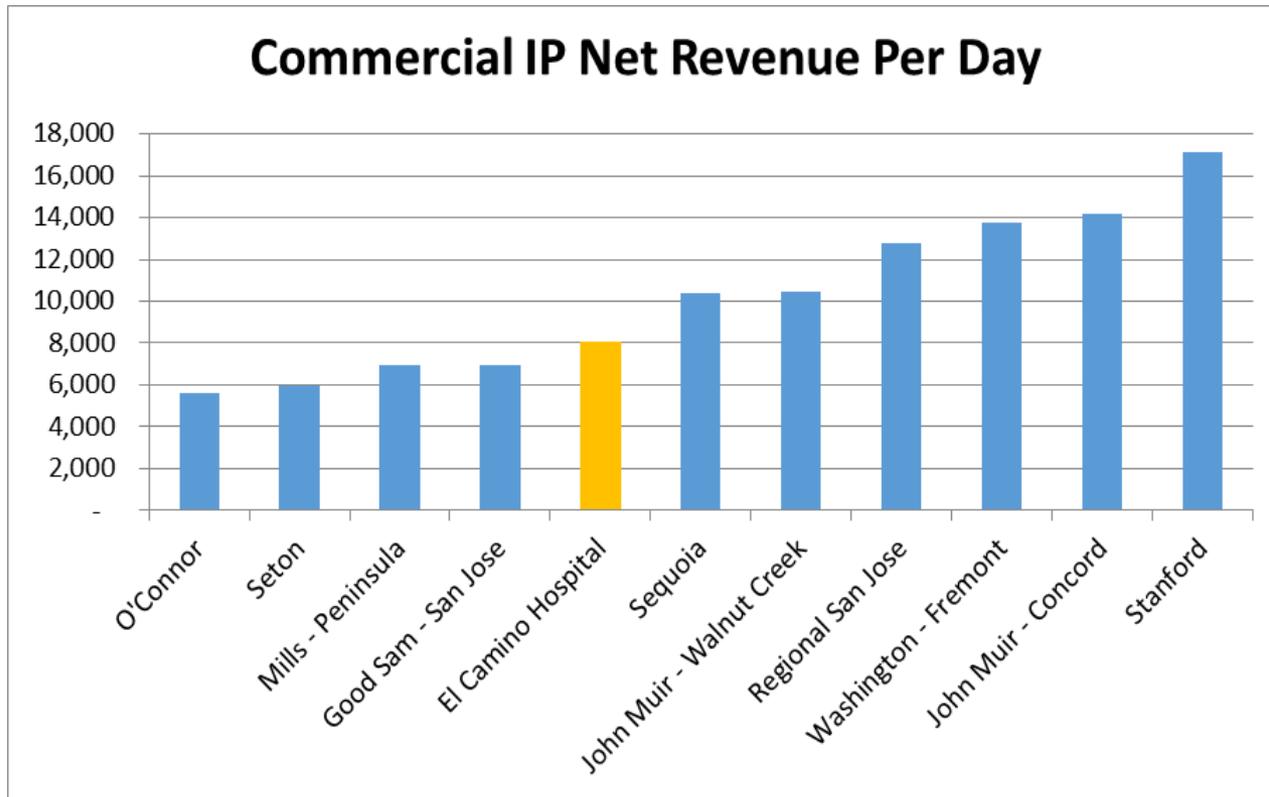
Hospital Charge Index®



Charge Master Pricing Comparison with Benchmark Data (cont.)

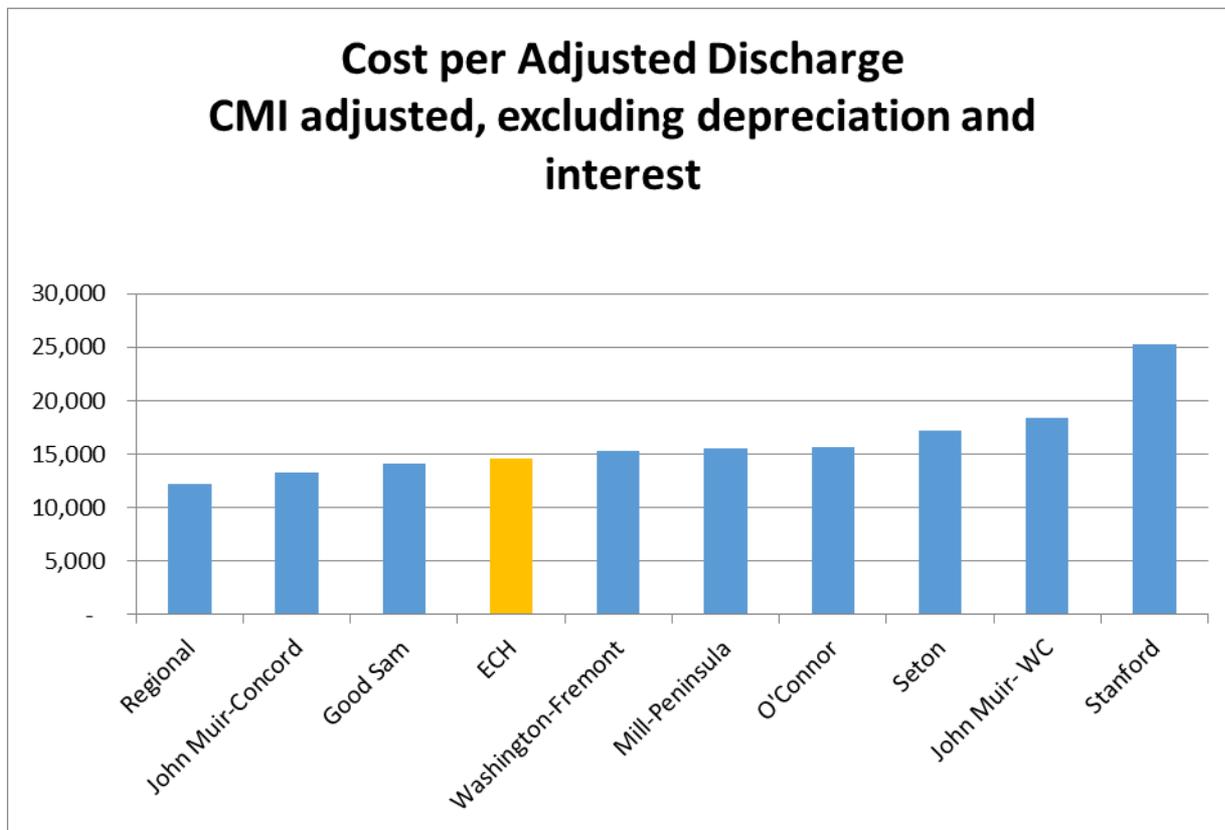
- According to hospital industry pricing experts at Cleverley & Associates, Medicare claims level data shows El Camino Hospital prices below mid-market level compared to its local peer group, which includes Good Samaritan Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, Sequoia Hospital, and Washington Hospital.
- A score of 100 on the Hospital Charge Index represents the national average. Our local peer (“competitor”) group’s blended Hospital Charge Index is 180.4 (i.e. 80.4% higher than the national average) – a reflection of the higher cost of living and prices in the Bay Area.
- In comparison, El Camino Hospital’s blended Hospital Charge Index is much lower at 130.1.
- Even with the 5.0% price increase in FY18, our overall charges remain below the mid-market level of our peer group.
- 5.0% charge increase is proposed in the FY19 budget

Commercial Rates



- ECH Commercial contract rates are mid market

Cost Benchmarks



ECH costs are mid market

Source: 2017 OSHPD data

Historical Performance and Budget Variances

	2014	2015	2016	2017	2018	CAGR	Change from PY						
							2015	2016	2017	2018			
Actual													
Gross Charges	2,504,515	2,573,881	2,755,387	3,019,083	3,302,261	7.2%	2.8%	7.1%	9.6%	9.4%			
Charges per AD	78,258	79,179	87,809	91,344	94,319	4.8%	1.2%	10.9%	4.0%	3.3%			
Total operating Revenue	739,985	767,751	795,657	858,347	915,155	5.5%	3.8%	3.6%	7.9%	6.6%			
Rev per AD	23,122	23,618	25,356	25,970	26,139	3.1%	2.1%	7.4%	2.4%	0.7%			
Expenses	669,680	689,629	743,044	746,171	773,191	3.7%	3.0%	7.7%	0.4%	3.6%			
Exp per AD	20,925	21,215	23,679	22,576	22,084	1.4%	1.4%	11.6%	-4.7%	-2.2%			
Expenses ex Depr and Int	614,730	639,746	687,103	696,537	718,782	4.0%	4.1%	7.4%	1.4%	3.2%			
Exp ex Depr and int per AD	19,208	19,680	21,897	21,074	20,530	1.7%	2.5%	11.3%	-3.8%	-2.6%			
Operating margin	70,305	78,122	52,613	112,176	141,964	19.2%	11.1%	-32.7%	113.2%	26.6%			
IP Discharges	18,567	19,081	18,618	19,205	20,010	1.9%	2.8%	-2.4%	3.2%	4.2%			
OP cases	na	na	148,528	145,958	150,588	0.7%			-1.7%	3.2%			
Adj Discharges	32,003	32,507	31,379	33,052	35,012	2.3%	1.6%	-3.5%	5.3%	5.9%			
Charge price increase	1%	5%	6%	5%	5%								
Salaries and benefits	395,286	410,072	435,988	446,085	468,551	4.3%	3.7%	6.3%	2.3%	5.0%			
Interest and Depreciation	54,949	54,949	55,941	49,634	54,409	-0.2%	0.0%	1.8%	-11.3%	9.6%			
Other Exp	219,445	224,608	251,115	250,452	250,231	3.3%	2.4%	11.8%	-0.3%	-0.1%			
Budget													
Gross Charges	2,455,800	2,536,132	2,713,439	2,900,812	3,193,505								
Charges per AD	77,350	80,432	82,991	88,436	97,173								
Total operating Revenue	704,587	750,748	765,618	814,645	855,195								
Rev per AD	22,192	23,810	23,416	24,836	26,022								
Expenses	647,944	697,728	715,481	756,360	778,105								
Exp per AD	20,408	22,128	21,883	23,059	23,676								
Expenses ex Depr and Int	589,898	643,726	663,544	698,134	716,333								
Exp ex Depr and int per AD	18,580	20,415	20,294	21,284	21,797								
Operating margin	56,642	53,020	50,138	58,285	77,090								
IP Discharges	19,512	18,771	19,262	19,271	19,003								
OP cases					146,306								
Adj Discharges	31,749	31,531	32,696	32,801	32,864								
Charge price increase	1%	5%	6%	5%	5%								
Salaries and benefits	377,614	413,521	432,011	459,163	470,357								
Interest and Depreciation	58,047	54,002	51,936	58,226	61,772								
Other Exp	212,284	230,204	231,534	238,971	245,976								
Bud to Act Variance - Fav/(unfav)													
Gross Charges	48,715	37,749	41,948	118,271	108,755								
Charges per AD	908	(1,253)	4,818	2,908	(2,854)								
Total operating Revenue	35,398	17,003	30,039	43,703	59,960								
Rev per AD	930	(192)	1,940	1,134	117								
Expenses	(21,735)	8,099	(27,563)	10,189	4,914								
Exp per AD	(517)	913	(1,796)	483	1,593								
Expenses ex Depr and Int	(24,833)	3,980	(23,559)	1,597	(2,449)								
Exp ex Depr and int per AD	(629)	735	(1,602)	210	1,267								
Operating margin	13,663	25,102	2,475	53,892	64,875								
IP Discharges	(945)	310	(644)	(66)	1,007								
OP cases					4,282								
Adj Discharges	254	976	(1,316)	251	2,147								
Charge price increase													
Salaries and benefits	(17,672)	3,449	(3,978)	13,078	1,806								
Interest and Depreciation	3,098	(947)	(4,005)	8,592	7,364								
Other Exp	(7,161)	5,597	(19,581)	(11,481)	(4,255)								



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

**El Camino Healthcare District
Fiscal Year 2019 Budget**

Iftikhar Hussain, CFO
June 19, 2018

Basis of the El Camino Healthcare District FY 2019 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 29th. 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 – El Camino Healthcare District

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.
- Community Benefit Support fee for Fiscal Year 2019 was negotiated on June 1, pursuant to the Statement of Work approved by ECHD Board on May 1, 2013 (see page 4 for recap of payments).
- Supplies and Other Expenses includes modest increases for Direct Mail material, website development, advertising and postage. The District's association dues expect to remain constant (ACHD at \$25,000; CA Special Districts and SC County Special Districts at \$7,000).
- Depreciation is based on assets (YMCA/Park Pavilion) currently in service, as there is no new capital spending expected at the District level in Fiscal Year 2019. The YMCA/Park Pavilion will be fully depreciated at the end of Fiscal Year 2019.
- Expenses related to the G.O. bonds are based on the 2017 G.O. Refunding outcomes and required payment schedules.
- Investment income is based on the expected short-term rate of return for those funds.
- Community Benefit expenditures are based on the Community Benefit plan.
- IGT – Medi-Cal (PRIME) program - It is expected that the District/Hospital will participate in the program again this year.



El Camino Healthcare District

MANAGEMENT SERVICES AGREEMENT PAYMENTS FROM ECHD TO ECH FY2012 - FY2018

FISCAL YEAR	ADMINISTRATIVE FEE	COMMUNITY BENEFIT FEE
FY2012	\$ 10,000.00	\$ -
FY2013	\$ 10,000.00	\$ -
FY2014	\$ 10,000.00	\$ 248,000.00
FY2015	\$ 10,000.00	\$ 296,000.00
FY2016	\$ 10,000.00	\$ 312,286.00
FY2017	\$ 10,000.00	\$ 370,140.00
FY2018	\$ 10,000.00	\$ 370,140.00



El Camino Healthcare District

Information excludes El Camino Hospital & its affiliates

(In 000s)

Revenues	FY2017 Actual	FY2018		Change Favorable / (Unfavorable)	% Change
		Annualized	FY 2019 Budget		
(A) Other Operating Revenue	90	92	96	4	4.1%
(B) Unrestricted M&O Property Taxes	7,658	8,025	8,429	404	5.0%
(B) Restricted M&O Taxes	6,959	7,547	8,300	753	10.0%
(B) Taxes Levied for Debt Service	10,679	10,316	10,200	(116)	-1.1%
(B) Investment Income	911	604	929	325	-253.8%
(B) Other	244	183	156	(27)	-14.7%
Total Net Revenue	26,541	26,768	28,111	1,343	5.0%
Expenses					
(A) Salaries & Benefits	-	-	-	-	0.0%
(A) Community Benefit Support	370	374	397	(23)	6.2%
(A) Management Services	10	10	10	-	0.0%
(A) Supplies & Other Expenses	273	245	326	(81)	-24.9%
(A) Depreciation/Amortization/Interest Expense	240	231	225	6	2.7%
(B) G.O. Interest Expense (net)	5,261	3,806	3,738	67	1.8%
(B) Community Benefit Program	6,484	6,900	7,000	(100)	-1.4%
(B) IGT Medi-Cal Program Expense	10,328	3,286	2,351	936	39.8%
Total Expenses	22,965	14,852	14,047	805	5.7%
NET INCOME	3,575	11,916	14,064	2,147	18.0%
<i>Operating EBIDA</i>	<i>(553)</i>	<i>(527)</i>	<i>(627)</i>	<i>(101)</i>	<i>19.1%</i>
<i>Operating Margin Expense</i>	<i>-7219.2%</i>	<i>-8748.0%</i>	<i>-7296.2%</i>		

FY19 BUDGET RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	(862)
(B) Net Non-Operating Revenues & Expenses	14,925
NET INCOME	14,064



El Camino Healthcare District
Statement of Fund Balance Activity for Budget 2019
Information excludes El Camino Hospital & its affiliates

(In 000s)

UNRESTRICTED FUND ACTIVITY BALANCE

Projected Opening Balance at 7/1/2018	\$50,332
Budgeted Net Income for FY2019	14,064
Transfer to ECH for Capital Outlay Projects (Women's Hospital)	(13,133)

PROJECTED ENDING BALANCE @ 6/30/2019	\$51,263
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El Camino Healthcare District

Sources & Uses of Tax Receipts (\$Thousands)

Budget for 2019

Sources of District Taxes

(1) Maintenance and Operation and Government Obligation Taxes	\$26,929
(2) Redevelopment Agency Taxes	156
Total District Tax Receipts	\$27,085

Uses Required Obligations / Operations

(3) Government Obligation Bond (Principal & Interest & Surplus)	\$10,200
Total Cash Available for Operations, CB Programs, & Capital Appropriations	16,885
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	8,300
Subtotal	8,585
(5) Operating Expenses	733
Subtotal	7,852
(6) Capital Replacement Fund (Park Pavilion)	300
Funds Available for Community Benefit Program	\$7,552

*Gann Limit Calculation for FY2019 \$8,429

- | | |
|---------------------------------------|---|
| (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	\$914,910	\$2,263	\$917,172
Other Operating Revenue	96	36,360	15,261	51,717
Total Net Revenue	96	951,269	17,524	968,889
EXPENSES				
Salaries & Benefits	0	509,909	6,659	516,568
Supplies & Other Expenses	733	275,479	28,834	305,046
Interest	0	7,686	0	7,686
Depreciation/Amortization	225	52,857	387	53,469
TOTAL EXPENSES	958	845,930	35,881	882,769
OPERATING INCOME	(\$862)	\$105,339	(\$18,357)	\$86,121
Non Operating Income	14,925	4,817	20,667	40,409
NET INCOME	\$14,064	\$110,156	\$2,311	\$126,530
<i>Operating EBIDA</i>	<i>(637.2)</i>	<i>165,882</i>	<i>(17,969)</i>	<i>147,276</i>
<i>EBIDA Margin Percentage</i>	<i>(664.2%)</i>	<i>17.4%</i>	<i>(102.5%)</i>	<i>15.2%</i>
<i>Operating Margin Percentage</i>	<i>(898.4%)</i>	<i>11.1%</i>	<i>(104.8%)</i>	<i>8.9%</i>



El Camino Healthcare District - CONSOLIDATED

(In 000s)

	FY2017 Actual	FY2018 Annualized	FY2019 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	832,647	885,848	917,172	31,324	3.5%
Other Operating Revenue	42,999	44,829	51,717	6,888	15.4%
Total Net Revenue	875,646	930,678	968,889	38,211	4.1%
EXPENSES					
Salaries & Benefits	453,365	477,646	516,568	(38,922)	(7.5%)
Supplies & Other Expenses	263,157	271,303	305,046	(33,742)	(11.1%)
Interest	1,709	5,831	7,686	(1,855)	(24.1%)
Depreciation/Amortization	48,210	49,709	53,469	(3,760)	(7.0%)
TOTAL EXPENSES	766,441	804,490	882,769	(78,279)	(8.9%)
OPERATING INCOME	109,205	126,188	86,120	(40,068)	46.5%
Non Operating Income	68,026	72,818	40,409	32,409	(44.5%)
NET INCOME	177,232	199,006	126,529	(72,476)	(36.4%)
Operating EBIDA	159,124	181,728	147,275	(34,453)	(19.0%)
EBIDA Margin Percentage	18.2%	19.5%	15.2%		
Operating Margin Percentage	12.5%	13.6%	8.9%		



El Camino Healthcare District Consolidated Capital Budget

Note: There are no plans to expend capital at the District level in Fiscal Year 2019. All capital spending is budgeted to occur at El Camino Hospital and its affiliates



FY 2019 Capital Spending Trend

(In 000s)

Capital Spending (in 000's)	Actual FY2014	Actual FY2015	Actual FY2016	Actual FY2017	Projected FY2018	Budget FY2019
EPIC	6,838	29,849	20,798	2,755	1,922	-
IT Hardware / Software Equipment	2,788	4,660	6,483	2,659	12,238	19,732
Medical / Non Medical Equipment*	12,891	13,340	17,133	9,556	14,275	11,206
Facilities	36,044	38,940	52,326	82,953	128,030	279,450
GRAND TOTAL	58,561	86,789	96,740	97,923	156,465	310,388

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- FY 19 Facility plan includes completion of IMOB and Behavioral projects
- IT budget includes ERP project



FY 2019 Capital Request Detail (in thousands)

Facilities MV – Page 1/2

	Total Project Cost	Spent Through FY18	FY -19 Proj Spend	Cumulative thru FY 19
Mountain View Campus Master Plan Projects				
Integrated Medical Office Building	302,100	110,279	150,000	260,279
North Dr Parking Structure Expansion	24,500	23,937		23,937
BHS Replacement	96,100	43,081	45,000	88,081
Womens Hosp Expansion	135,000	3,371	10,000	13,371
Demo Old Main & Related Site Work	30,000		2,000	2,000
CUP Upgrades	9,000	8,170	800	8,970
Sub-Total Mountain View Master Plan Projects	596,700	188,839	207,800	396,639
Mountain View Other Capital Projects				
Womens Hosp NPC Closeout	627	585		585
Patient Family Residence	6,500	500	6,000	6,500
Imaging Equipment Replacement (Imaging Dept. Only)	20,700		6,000	6,000
IR / Cath Lab Equipment Replacement (5 or 6 Rooms)	19,400		5,000	5,000
Facilities Planning Allowance	500			
ED Remodel Triage / Psych Observation	5,000	249	4,600	4,849
Nurse Call System Upgrade	2,400		2,400	2,400
Workstation Inventory replacement	2,000		2,000	2,000
Flooring Replacement	1,600	100	1,500	1,600
Emergency Sanitary & Water Storage	1,500	223	1,250	1,473
Willow Pavilion FA Sys and Equip Upgrades	1,000		1,000	1,000
Site Signage & Other Improvements	1,250	250	1,000	1,250
Various Relocation Projects	800		800	800
CT Equipment Replacement @ Radiation Oncology	815	20	780	800
MOB Upgrades (MV Campus) FY-19	1,000		700	700
New Main Lab Upgrades	3,100	2,800	300	3,100
MV Equipment & Infrastructure Upgrades (19)	600		250	250
Sub-Total Mountain View Other Capital Projects	68,793	4,727	33,580	38,307



FY 2019 Capital Request Detail (in thousands)

Facilities LG – Page 2/2

	Total Project Cost	Spent Through FY18	FY -19 Proj Spend	Cumulative thru FY 19
Los Gatos Capital Projects				
LG Cancer Center	5,000	243	4,750	4,993
LG Modular MRI & Awning	3,900	400	3,500	3,900
LG Undefined Annual Forecast			2,000	2,000
LG MOB Improvements (17)	5,000	5,036		5,036
LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	8,990	8,965		8,965
LG IR Upgrades	1,250		1,250	1,250
LG Upgrades - Major	19,300	18,490	800	19,290
LG Nurse Call System Upgrade	800		500	500
MOB Upgrades (LG Campus) FY-19	800		500	500
LG Men's Health Clinic	480	10	470	480
LG Facilities Planning Allowance	600		400	400
LG Security System	400		400	400
LG Equipment & Infrastructure Upgrades	600		300	300
Sub-Total Los Gatos Projects	52,120	33,144	14,870	48,014
Other Strategic Capital Facility Projects				
Primary Care Clinic Development (2 @ \$3 Million Ea.) FY-19	6,000		5,000	5,000
Other Strategic Capital FY-19	15,000		15,000	15,000
Willow SC Upgrades (35,000 @ \$50)	1,750		1,750	1,750
New 28k MOB (Courthouse Prop)	22,400		1,200	1,200
Primary Care Clinic (TI's Only) FY 17 (828 Winchester)	3,600	3,201	250	3,451
Sub-Total Other Strategic Projects	48,750	3,201	23,200	26,401
Total Facilities Projects	766,362	229,910	279,450	509,360

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ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Allocation Of Capital Outlay Funds El Camino Healthcare District Board of Directors June 19, 2018
Responsible party:	Ken King, CASO
Action requested:	Approval
Background:	
<p>The El Camino Healthcare District has \$6,174,291 of Capital Outlay Funds from fiscal year 2016 that must be allocated for use within a two-year period. Note that expenditure from the Capital Outlay 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.</p> <p>As identified in the El Camino Hospital Mountain View Campus Development Plan, the Women’s Hospital Expansion meets requirements for use of the above Capital Outlay Funds. The Women’s Hospital Expansion Plan provides for conversion of floors 2 and 3 from Medical Office space to private post-partum patient rooms, expansion of the NICU capacity in a private and semi-private configuration, and an increase in the number of Labor & Delivery rooms, all designed to the latest codes and clinical standards.</p> <p>Attached for reference is the history of how El Camino Healthcare District Capital Outlay Funds have been allocated since FY10.</p>	
Board Advisory Committees that reviewed the issue and recommendation, if any: None.	
Summary and session objectives :	
To obtain approval to allocate \$6,174,291 of Capital Outlay Funds to the Women’s Hospital Expansion Project.	
Suggested discussion questions: None.	
Proposed Board motion, if any:	
To allocate \$6,174,291 of Capital Outlay Funds to the Women’s Hospital Expansion Project.	
LIST OF ATTACHMENTS:	
1. Allocation History	

ECH District Capital Outlay Funds -Use History

FY	Fund Amount	Fund Allocation	Allocation Date	Fund Description
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			
2016	6,174,291	6,174,291	June-18	Women's Hospital Expansion
	Total	15,471,942		

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	Draft District Director Vacancy Policy (Deferred From January 16, 2018 Meeting) El Camino Healthcare District Board of Directors June 19, 2018
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	Possible Motion
<p>Background:</p> <p>Article IV, Section 4 of the El Camino Healthcare District Bylaws states that:</p> <p>“ . . . the procedure for filling a vacancy occurring on the District Board shall be according to District policy for filling such vacancy. The District policy shall include procedures for notification of the public of the vacancy, in accordance with applicable law, establishing deadlines for receipt of applications from persons interested in the vacancy, and setting interviews of qualified persons by the District Board.”</p> <p>Currently the District does not have such a policy. When a mid-term vacancy was created in June 2017, the Board adopted Resolution 2017-08 to fill the vacancy by appointment and delegated authority to Board Chair Fung to appoint an Ad Hoc Committee, the purpose of which was to work with staff on the process issues related to the appointment. At the direction of the Ad Hoc Committee, staff developed and implemented the notice, application, and interview process, and the Board appointed Neysa Fligor at its August 16, 2017 meeting to fill the vacancy.</p> <p>Subsequently, the Board asked staff to draft a formal written policy to codify a process to address potential future mid-term vacancies on the District Board. We have provided sample policies from seven other Special Districts including five Healthcare Districts. Aside from compliance with <i>California Government Code Section 1780</i>, the sample policies demonstrate no consistency among the approaches.</p> <p>Two alternatives for this policy are included for the Board’s consideration. Both alternatives outline the detailed process in accordance with <i>California Government Code §1780</i> for filling a vacancy by appointment or by calling an election:</p> <ol style="list-style-type: none"> 1. Alternative A provides for an Ad Hoc Committee to (1) oversee staff’s implementation of the process and (2) provides that the full District Board would interview <i>all</i> applicants. It also provides for more limited contact between District Board members (including those appointed to the Ad Hoc Committee) and applicants than does Alternative B. 2. Alternative B provides for an Ad Hoc Committee to (1) oversee staff’s implementation of the process and (2) to conduct a preliminary round of interviews to narrow the field of applicants. The full Board would potentially interview fewer than all applicants. <p>Legal counsel has reviewed and both options. Staff recommends that the Board adopt Version</p>	

ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	A which more closely resembles a public election process by providing an opportunity for all applicants to interview before the deciding body.
	Board Committees that reviewed the issue and recommendation, if any: None.
	Summary and session objectives: To discuss any feedback on and obtain approval of a Mid-Term Vacancy Policy.
	Suggested discussion questions: <ol style="list-style-type: none">1. Should an Ad Hoc Committee pre-interview all applicants, thus narrowing the field for full Board consideration?
	Proposed Board motion, if any: To approve the ECHD Mid-Term Vacancy Policy Alternative A.
	LIST OF ATTACHMENTS: <ol style="list-style-type: none">1. Sample Policies2. Draft ECHD Mid-Term Vacancy Policy (Alternative A)3. Draft ECHD Mid-Term Vacancy Policy (Alternative B)4. Application to Serve as and El Camino Healthcare District Director

Sequoia Healthcare District

POLICY NO. 13 APPOINTMENTS TO THE DISTRICT BOARD

13.1 When the Board is notified of a vacancy or upcoming vacancy on the District Board, the Board shall determine at a regular or special meeting whether to fill the vacancy by election or appointment. Policy Nos. 13.2 through 13.7 shall apply if the Board decides to fill the vacancy by appointment.

13.2 The person appointed shall be a registered voter residing in the District (required by law) and be experienced in healthcare and/or in local community matters and be committed to and have an understanding of the mission, vision, values, and corporate purpose of the District.

13.3 The District shall advertise and fill the vacancy according to the procedures set forth in applicable law (currently Health and Safety Code Section 32100 and Government Code Section 1780).

13.4 Notice of the vacancy shall be posted for at least 10 days in at least three conspicuous places in the District, including in the District's offices. The notice of vacancy shall also be posted on the District's website and published in one or more daily newspapers circulated in the District.

13.5 The Board shall appoint an Ad Hoc committee of two Board members to interview all applicants and bring a recommendation to the full Board for consideration. Board members (including members of the Ad Hoc committee) and the Chief Executive Officer of the District may submit to the Ad Hoc committee names of persons to be considered for the vacancy, and the Ad Hoc committee shall contact any such persons and invite them to apply.

13.6 Persons interested in the position shall submit a resume, a statement explaining their interest in the position, and an acknowledgement that they will be subject to the District's conflict of interest policy and will be required to file Statements of Economic Interests.

13.7 Per State Law, the Board shall appoint a replacement within 60 days after the later of the date on which the Board is notified of the vacancy or the date on which the vacancy becomes effective. If necessary, the Board shall call a special meeting to make the appointment within the 60-day deadline.



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POLICY TITLE: FILLING A VACANCY ON THE BOARD
POLICY NUMBER: 2060

COMMITTEE APPROVAL DATE: 09/20/2017 **WRITTEN/REVISED BY:** S.BURDEN / M. RAFKIN
BOARD APPROVAL DATE: 09/27/2017 **SUPERSEDES:** 11/19/2014

POLICY:

2060 It is the policy of the Beach Cities Health District ("District") to fill a vacancy on the Board of Directors by appointment or special election until the next election.

GUIDELINES:

2060.1 In accordance with the Local Health Care District Law and Section 1780 of the Government Code, the Board of Directors has the authority to fill a vacancy on the Board created by a director not completing his/her term of office.

2060.2 The Board also has the authority to hold a special election to fill a vacancy on the Board or appoint a new director. If the Board elects to appoint a new director this must be completed within sixty (60) days of the notice of termination by the outgoing director. If the Board fails to fill the vacancy within this time frame, the Los Angeles County Board of Supervisors shall appoint a new director.

2060.3 The District's Bylaws (Article II, Section 4) dictate that vacancies on the Board shall be filled in accordance with Section 1780 of the Government Code of the State of California. No more than two members appointed by the remaining Directors shall serve at any one time.

2060.4 The District shall post public notices of a vacancy on the Board of Directors in three or more conspicuous locations within the District.

2060.5 At the first Regular or Special Board meeting following the properly noticed announcement of the vacancy, the Board shall vote on candidates nominated by the Board of Directors.

2060.6 Guidelines:

2060.6.1 The Board shall take action at a publicly noticed meeting to determine if the vacancy is to be filled by appointment or special election.

2060.6.2 If the vacancy is to be filled by appointment, the law requires that the appointment be made within 60 days of the date of resignation.

2060.6.3 The law requires that a public notice be posted at least 15 days prior to the appointment of a new board member in three or more conspicuous locations within the District. It has been the policy of the District to post the notice at the Hermosa Beach, Manhattan Beach and Redondo Beach City Halls as well as the bulletin board



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at the Beach Cities Health District Health Center. Although it is not required by law, the District also places a public notice in a newspaper of general circulation in the District and on the District website. A sample of the public notice is attached to this guideline. In addition, the District will send press releases to all local newspapers announcing the vacancy and the nomination process.

2060.6.4 An application, resumé, and two letters of recommendation, one for professional experience and one for community involvement, will be solicited from all applicants. Applicants are free to contact Board Members individually before the Board meeting to introduce themselves.

2060.6.5 Board members may request copies of all applications for review and interview applicants as desired.

2060.6.6 Board action to appoint a new member is as follows:

2060.7 Nomination Process

2060.7.1 President opens the floor for nominations. Each board member may make only one nomination. A Roll Call Nominating System will be used. The order of nominations is determined by lot with the Chief Executive Officer picking the names of the Board members.

2060.7.2 Nominations need not be seconded.

2060.7.3 President entertains a motion to close the nominations.

2060.7.4 Motion is seconded.

2060.7.5 Discussion and vote on the motion to close nominations.

2060.7.6 President opens the floor for discussion on the nominations.

2060.8 Voting Process

2060.8.1 President calls for vote for each nominee in the order they have been nominated. Each Board member casts one or two votes with not more than one vote per nominee.

2060.8.2 After the votes are counted, the President announces results of the vote. Any nominee who receives a majority vote of the Directors is appointed.

2060.9 If no nominee receives a majority of the votes present, the nominee(s) with the least number of votes is/are eliminated and the vote begins again. If there is no clear nominee to eliminate, the President will entertain a motion to reopen the nominations and Board Members may withdraw their original nomination and may submit a new nominee. This motion should be seconded, and if passed, repeat 2060.7 and 2060.8 until a nominee is



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elected.

PUBLIC NOTICE

Pursuant to Government Code Section 1780, notice is hereby given that effective (date) there exists a vacancy on the Board of Directors of the Beach Cities Health District, a local governmental entity. Pursuant to California law, the remaining District Board members may fill the vacancy by appointment or by holding a special election.



Filling Mid-Term Board Seat Vacancy

Policy: A mid-term Board vacancy will be filled in full compliance with Government Code, Section 1780 and Health and Safety Code 32100.

Procedure:

When a vacancy becomes known, the Board will determine, at a regular or special meeting, whether to fill the vacancy by appointment or call for a special election.

Appointment to Fill Vacancies:

1. The District Staff will notify the county elections official of the vacancy no later than 15 days after either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later.
2. The District Staff will post the Notice of Vacancy at least 15 days before the Board makes the appointment. The notice shall be posted in three conspicuous places; the District office, the District's website, and in one or more daily newspapers circulated in the District.
3. Persons interested in the position will fill out an application, submit a resume, and a statement explaining their interest in the position. The candidate will also sign an acknowledgement that they will be subject to the District's Conflict of Interest Policy and required to file Statements of Economic Interest.
4. The Board Chair shall appoint an Ad Hoc Nominating Committee of two Board members and the CEO (non-voting) with the charge of reviewing all applications, interviewing all applicants, and bringing a recommendation to the full Board for consideration.
5. The Board will appoint a replacement within 60 days either after the date on which the Board is notified of the vacancy or the date which the vacancy becomes effective; whichever is later. If necessary, the Board will call a special meeting to make the

appointment within the 60-day deadline.

6. The person appointed shall be a registered voter residing in the District with experience in either healthcare or local community matters and be committed to and have an understanding of the State's legislated mandate for healthcare districts, and PHCD's mission, vision, values, and strategic priorities.

Elections to Fill Vacancies:

1. The District Staff will notify the county elections official of the vacancy no later than 15 days after either the date on which the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later.
2. In lieu of making an appointment the Board shall within 60 days of the date the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later, call an election to fill the vacancy.
3. The Board of Directors will approve a resolution within 60 days of the date the District Board is notified of the vacancy or the effective date of the vacancy, whichever is later to establish the following:
 - To call for a special election
 - Whether the candidate's statement will be limited to 200 words or 400 words,
 - Whether the candidate or the district will pay for the candidate's statement.
4. The District CEO or his/her designated elections liaison will be responsible for receiving, completing and delivering all necessary documentation to the County Elections Office.
5. The District CEO or his/her designated elections liaison will contact the Elections Office to determine the cost per voting constituent. Election costs will be added to the Operating Budget.
6. The election shall be held on the next established election date that is 130 or more days after the date the district board calls the election. In accordance with Chapter 1 (commencing with section 1000) of Division 1 of the Elections Code, a regular election is defined as:
 - a) The second Tuesday of April in each even-numbered year
 - b) The first Tuesday after the first Monday in March of each odd-numbered year.
 - c) The first Tuesday after the first Monday in June of each year.
 - d) The first Tuesday after the first Monday in November of each year.

MAYERS MEMORIAL HOSPITAL DISTRICT
BOARD POLICY AND PROCEDURE
BOARD MEMBER APPOINTMENT PROCESS

ORIGINATING DATE: 03/98
EFFECTIVE DATE:
REVISION DATE: 12/18/07, 3/8/10-BQC
MANUAL(S): Board, Administration, Medical Staff

Page 1 of 2 plus the following Attachment(s)
CERTIFICATE OF APPOINTMENT

POLICY:

Appointment of board members shall take place in open meetings per the Brown Act and Health Care District Law. The remaining members of the district board shall make the appointment within 60 days after either the date on which the district board is notified of the vacancy or the effective date of the vacancy, whichever is later.

PROCEDURE:

The district shall notify the Shasta County Elections office and the Board of Supervisor's Clerk's office of the vacancy no later than 15 days after either the date on which the District board is notified of the vacancy or the effective date of the vacancy, whichever is later.

A "Notice of Vacancy" is prepared and posted in at least three conspicuous places for at least 15 days including information required by Election Code 10515.

A regular or special board meeting is scheduled to conduct interview of all applicants. All interviews will be conducted according to a pre-set list of questions established by Board.

The selection process is as follows:

1. Printed ballots will be distributed to board members. The ballots should be retained (in an envelope, one for each separate vote) in the event of questions or validation is necessary at a later time.
2. Board secretary (or Clerk to the Board) is to collect written ballots. (Note: The purpose of written ballots vs. oral is so that board members do not influence each other.)
3. Board secretary (or Clerk to the Board) reads the votes aloud, stating the board member's name and candidate name.

4. A majority vote of the board (not quorum) confirms one candidate. If vote does not result in a majority, only the top two vote-getters are advanced to a second vote. Board must keep balloting until one candidate receives a majority vote.
5. The newly-appointed board member is announced.
6. The district's Clerk to the Board will prepare the Affidavit/Oath of Office form.
7. The newly-appointed board member must sign the form in the presence of a Notary Public who will provide the oath of office.
8. The new board member is considered a voting member of the Mayers Memorial Hospital District Board of Directors.

REFERENCES:

Election Code (California Law)
MMHD Bylaws (District)
Ralph M. Brown Act
Shasta County Elections Department

COMMITTEE APPROVALS:

BQC: 3/8/10
BOD: 3/29/10

Author: Marlene McArthur
File/Path Name: P:\Policies and Procedures\Administration

Alta Healthcare District

POLICY NO. XIII –ELECTION PROCEDURES, CANDIDATE FILINGS & REPLACING VACANCIES

ELECTION PROCEDURES.

A. Board Seats/Zones: The District is governed by a Board made up of five (5) citizens who are registered to vote living within the District. The District is divided into five (5) separate Zones. One Board member residing in each Zone is elected to represent that Zone.

B. Election Dates: The District shall hold its general elections consolidated with the statewide general election on the first Tuesday after the first Monday in November of each even-numbered year.

C. Plurality Election: The candidate receiving the most votes in each Zone, even if not a majority, shall be elected. If a tie is the result, the election shall be decided by a coin toss at the next following Board meeting.

D. Term: Unless a result of filling a vacancy, all Board terms shall be four (4) years.

E. Term Conclusion: Terms for those Board members whose term in office has concluded shall run out on the later of either when a successor qualifies or the first Thursday in December following the election.

CANDIDATE FILINGS

A. Qualified Candidate: All registered voters within in each Zone are qualified to run for a Board seat within their particular Zone.

B. Rules and Regulations for Running for Office: Interested candidates for Board positions are directed to the Tulare County Elections Office for information and materials regarding the rules and regulations related to running for a Board seat.

REPLACING VACANCIES

A. Creation of Vacancies: Vacancies can be created in one of the following manners:

- i. A Board member missing three (3) consecutive meetings;
- ii. A Board member misses three (3) of five (5) consecutive meetings and the Board declares the seat “vacant”;

iii. The Board member resigns;

iv. No candidate is elected to fill the particular seat representing the Zone.

v. The candidate is recalled by electors in their Zone.

vi. The Board member is removed for cause by the remainder of the Board

No vacancy is official until acknowledged by a resolution of the remainder of the Board.

B. Methods of Filing Vacancies: There are three methods of filling a vacancy on the Board:

i. Call a special election;

ii. The Board selects a qualified candidate to fill the seat from the Zone which is now vacant; or,

- iii. Allow the Tulare County Board of Supervisors to fill the seat.

C. Call a Special Election: Within sixty (60) days of confirming the vacancy by resolution, the remaining Board may decide to call a special election. The resolution shall inform the Tulare County Election Department of the decision to call the special election. The election will be held on next available of the following dates (as long as they are at least one hundred thirty (130) days prior to that election date):

- i. The second Tuesday of April in even-numbered years.
- ii. The first Tuesday after the first Monday in March of each odd-numbered year.
- iii. The first Tuesday after the first Monday in June in each year.
- iv. The first Tuesday after the first Monday in November of each year.

Any expenses related to the special election incurred by the Tulare County Elections Office shall be reimbursed by the District.

D. To appoint a new Board member, the Board shall do the following:

- i. The resolution declaring the seat vacant shall state that it is its intent to appoint a replacement Board member from the Zone which now has the vacancy.
- ii. The Board shall have sixty (60) days from the date of the vacancy resolution to appoint a new Board member.
- iii. The resolution shall direct the Board clerk to do the following:
 - a. Within fifteen (15) days of the resolution inform the Tulare County Election's Department of the vacancy and the Board's intent to fill the vacancy.
 - b. To have posted a notice in at least three conspicuous public places within the particular Zone informing the public of the following:
 - 1. The name of the District.
 - 2. The fact that a position is vacant and will be filled by the Board.
 - 3. The length of the term (see subsection d. below).
 - 4. A map showing the location of Zone.
 - 5. The qualifications to serve on the Board.
 - 6. The time, date and location of the meeting when the new representative of the Zone will be named.
 - 7. The name of a person that can be contacted with questions along with contact information.
 - 8. The notice must be posted at least fifteen (15) days prior to the meeting at which the new Board member will be appointed.
 - c. To notify the Tulare County Elections Department not later than fifteen (15) days after the appointment of the new Board member.
 - d. The appointed Board member shall have the following term in office:

1. If the vacancy occurs in the first two years of the term in office and more than one hundred thirty (130) days before the regularly scheduled Board election, then the term will conclude with the election of a new Board member at the next general election.

2. If the vacancy occurs at any time within one hundred thirty (130) days of the next regularly scheduled Board election, then the person shall serve the full remainder of the person they are replacing's term.

The County of Tulare Board of Supervisors appoints a new Board member: If the board fails to either call an election or appoint a new Board member as set forth above then the Tulare County Board of Supervisors shall either fill the vacant position or call an election as set forth above to fill the vacancy.

Placentia Library District

POLICY MANUAL

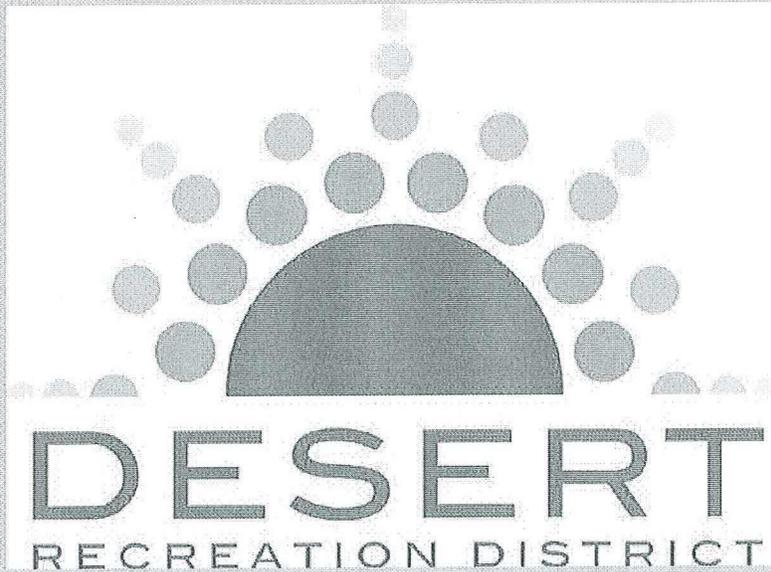
POLICY TITLE: Selection & Appointment of Library Trustees
POLICY NUMBER: 4018

4018.1 Elections are governed by Section 27601 of the California Education Code.

4018.1.1 Elections will be held biennially, in the even numbered years, at the General Election.

4018.1.2 The Trustees will hold office for a term of four (4) years beginning on the first Friday in December after their election, or in the case of names not appearing on the ballot, appointment by the Orange County Board of Supervisors.

4018.2 Vacancies of Unexpired Term – Notice of Vacancy is announced to the local newspapers and posted in three (3) conspicuous locations. Applications are available in the Library Director's Office. The Library Board will screen all applications and notify the Orange County Board of Supervisors of the recommended candidate. The new Trustee will take office following his/her appointment by the Orange County Board of Supervisors. (California Government Code 1780)



POLICIES AND PROCEDURES

OF

DESERT RECREATION DISTRICT

BOARD OF DIRECTORS

All expense reports are subject to audit and verification of compliance with this policy. Inability to verify expenses will result in the expense being borne by the individual.

Section 2.12 Ethics Training. Board members subject to this Policy shall attend Ethics Training as required by the Fair Political Practices Commission regulations, as those may be amended from time to time and pursuant to Government Code Section 53235.

A Director shall not attend a conference or training event for which there is an expense to the District if it occurs after they have announced their pending resignation, or if it occurs after an election in which it has been determined that they will not retain their seat on the Board.

ARTICLE IX

VACANCIES AND ELECTIONS

Section 1. Board Vacancies. Filling vacancies in the office of Director shall be in accordance with Govt. Code Section 1780 as those may be amended from time to time.

Section 2. Board Elections. Board elections shall be in accordance with the provisions of the California Elections code and enabling legislation.

ARTICLE X

AMENDMENTS TO POLICIES AND PROCEDURES

Section 1. Amendments to Policies and Procedures. The policies and procedures shall be amended only with the approval of at least a majority of the members of the District Board at a District Board meeting.

DRAFT ECHD MID TERM VACANCY POLICY

Alternative A

(In accordance with ECHD Bylaws Article IV, Section 4)

1. In the event of a mid-term vacancy on the El Camino Healthcare District Board (“Board”) of Directors, the Board shall schedule a meeting at least 10 days prior to the effective date of the vacancy to determine whether the vacancy shall be filled by election or by appointment. If the Board is notified of the vacancy less than 10 days prior to the effective date of the vacancy, the meeting shall be scheduled as soon as practicable.
2. If the Board determines the vacancy is to be filled by appointment, the Board shall:
 - a. Schedule a meeting, in accordance California Government Code § 1780 and other applicable law, during which the Board will interview all applicants, and
 - b. Appoint an Ad Hoc Committee to ensure the following:
 - i. All notices are given and all actions are taken as are required by or appropriate to comply with California Government Code §1780 with respect to filling a vacancy by appointment;
 - ii. The notice of vacancy specifies (1) the deadline for submitting an application to fill the vacancy and (2) the date, time and location of the Board meeting during which the Board will conduct applicant interviews; and
 - iii. Interested applicants have access to the attached “Application to Serve as an El Camino Healthcare District Director.”
3. Although individual sitting Board Directors may respond to communication initiated by any applicant, Board Directors shall not initiate contact with any applicant to discuss the Board vacancy and the Ad Hoc Committee shall not conduct pre-interviews of any applicant.
4. If the Board determines a vacancy is to be filled by election, the Board shall call an election in accordance with California Government Code § 1780 and other applicable law.

DRAFT ECHD MID TERM VACANCY POLICY

Alternative B

(In accordance with ECHD Bylaws Article IV, Section 4)

1. In the event of a mid-term vacancy on the El Camino Healthcare District Board (“Board”) of Directors, the Board shall schedule a meeting at least 10 days prior to the effective date of the vacancy to determine whether the vacancy shall be filled by election or by appointment. If the Board is notified of the vacancy less than 10 days prior to the effective date of the vacancy, the meeting shall be scheduled as soon as practicable.
2. If the Board determines the vacancy is to be filled by appointment, the Board shall:
 - a. Schedule a meeting, in accordance California Government Code § 1780 and other applicable law, during which the Board will interview applicants recommended by the Ad Hoc Committee (below), and
 - b. Appoint an Ad Hoc Committee to ensure the following:
 - i. All notices are given and all actions are taken as are required by or appropriate to comply with California Government Code §1780 with respect to filling a vacancy by appointment;
 - ii. The notice of vacancy specifies (1) the deadline for submitting an application to fill the vacancy and (2) the date, time and location of the Board meeting during which the Board will conduct applicant interviews; and
 - iii. Interested applicants have access to the attached “Application to Serve as an El Camino Healthcare District Director.”
3. The Ad Hoc Committee shall review materials submitted by all applicants, select applicants to interview, and recommend a final slate of applicants for interview by the full Board.
4. Individual sitting Board Directors may respond to communication initiated by any applicant, but individual Board Directors shall not initiate contact with any applicant to discuss the Board vacancy except if appointed to the Ad Hoc Committee.
5. If the Board determines a vacancy is to be filled by election, the Board shall call an election in accordance with California Government Code § 1780 and other applicable law.



Application to Serve as an El Camino Healthcare District Director

Instructions: The El Camino Healthcare District Board of Directors will hold a meeting to interview applicants on August 16, 2017 beginning at 5:30 pm. Applicants will have the opportunity to make a verbal statement no longer than 10 minutes, and will be asked to answer questions from sitting Board Members as well as any questions from the public at the meeting. Applicants must be registered to vote and a resident of the El Camino Healthcare District. This appointment will expire after the General District Board Election in November 2018.

Applicants must complete* the following application and submit it to:

El Camino Healthcare District
2500 Grant Road
Administration C131
Mountain View, CA 94040

Or by e-mail: nominations@elcaminohospital.org

Applicants may submit up to 6 additional pages (8 single-sided pages total) of supporting materials, including extended answers to questions contained in the application. Any materials in excess of this page limit will not be provided to the District Board. **All applications and supporting materials must be received in our office not later than August 1, 2017 and will be made publicly available.**

**** Items 1, 2 and 4 are required***

1. *Name _____

2. *Residence address _____

3. Phone _____ E-mail address _____

4. *Are you registered to vote in the El Camino Healthcare District? _____ (Y/N)

5. Reasons for interest in serving: _____

6. Educational background (Please list diplomas/degrees received and institutions attended):

7. Employment history (last 15 years):

8. Relevant experience including public offices held:

9. Please list professional and civic organization memberships:



NYGREN CONSULTING
GOVERNANCE STRATEGY LEADERSHIP

El Camino Hospital

FY2018 Board Assessment Summary Report

District Board Comments Only



Submitted on: May 29, 2018
Prepared for: ECH Governance Committee
Prepared by: JoAnn McNutt, PhD, and Zach Morfín, PhD

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Introduction

Background

In keeping with the El Camino Hospital (ECH) Hospital Board's commitment to effective governance, Nygren Consulting was re-engaged to conduct the annual performance assessment of the hospital board during the Fiscal Year 2017-2018. The board took a hiatus from the standard survey this year, and instead was asked to respond to the following four open-ended questions:

1. *As you reflect on the past fiscal year, what has the board done well?*
2. *What could the board have done better? What are the lessons learned, if any?*
3. *In what ways can we further improve our governance practices and principles?*
4. *What advice do you have for the board chair?*

Participation

The District Board, Hospital Board, Executive Leadership Team and Chiefs of Staff were invited to complete the questionnaire. We received 22 out of 23 possible responses, for a completion rate of 96%. **This report only contains the comments from the District Board members.**

Interpreting the Results

Given that the survey was entirely open-ended, only qualitative feedback was provided. In the following pages, we developed thematic summaries of the written survey comments, along with verbatim quotes (with no attribution to the source) to further illustrate each theme.

Qualitative Feedback Summary

Thematic summaries of the survey comments are provided, along with verbatim quotes to further illustrate each theme. Each verbatim comment next to each summary statement come from a different individual.

Thematic Summaries of the Qualitative Feedback

Theme	Verbatim Comments
Strengths	
One of the board's main accomplishments over the past year was recruiting and integrating the new board members.	<ul style="list-style-type: none">▪ <i>The expansion of the Hospital Board by the District Board and the excellent candidates for the two new seats have resulted in a much more competency based board, which will serve ECH very well. (District Board)</i>▪ <i>Adding additional qualified board members will be value added. (District Board)</i>▪ <i>The Hospital Board has successfully expanded by two members, both chosen via competency based selection. There are now more multiple area experts on the board than ever before to help manage the ever changing healthcare market. (District Board)</i>▪ <i>We integrated the new members well. (District Board)</i>▪ <i>We have added expertise to the board to give us a more well rounded and experienced board. (District Board)</i>
Board members have also shown improvement in their interaction with each other.	<ul style="list-style-type: none">▪ <i>The group self-disciplining conversations is going pretty well. (District Board)</i>

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Opportunities for Improvement	
By far, the most frequently mentioned opportunity for improvement was the need for greater strategic focus and dialogue.	<ul style="list-style-type: none">▪ <i>Focus more on the key issues of strategy and quality of care and less on individual board member personal issues. We still at times cross the boundary between governance and management and bring up issues that are not really governance related. (District Board)</i>▪ <i>I would still like more time socializing with the new members, both to engage and to ensure they receive and internalize the strategy. We need more time talking strategy. (District Board)</i>▪ <i>Focus more on our purpose and goals and provide more long term strategic thinking vs. giving input/feedback on day-to-day operations. (District Board)</i>▪ <i>Board meetings are still too long, inundated with long routine reporting without having enough time dedicated to discussion and decisions on strategic goals. Board members are frequently opinionated and can be biased in certain areas. Some members like to speak and were making essentially no contribution to the subjects. A more cohesive board should make the best decision with pin point discussion and consensus without much argument. (District Board)</i>▪ <i>We have shortened the length of meetings but it's difficult to say whether this is value added. Sometimes, we don't spend sufficient discussion on the important issues. With a time limit listed on the agenda items, it inhibits appropriate discussion to meet an arbitrary deadline. (District Board)</i>

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Opportunities for Improvement	
The board must continue its efforts to stay at the governing level and avoid interfering in operations.	<ul style="list-style-type: none">▪ <i>We have had specific meetings on improving governance, and will need further improvement on this very important area. It is difficult to not step into micromanagement. (District Board)</i>
The board is not delegating sufficient authority to committees to make decisions, and instead is rehashing committee recommendations in board meetings.	<ul style="list-style-type: none">▪ <i>Continue to be open to giving our board committees more responsibility in a careful and thoughtful way that maintains our commitment to our patients and the community. (District Board)</i>▪ <i>Hone our focus on the board's role and identify ways the committees can better help us. (District Board)</i>▪ <i>I don't think we have figured out the balance at meetings in terms of committee communications. There were lower scores for most committees on communicating issues to the board but we have less time to do those communications. (District Board)</i>

Feedback to the Board Chair

This section contains thematic summaries specific of the advice given to the Board Chair.

Feedback to the Board Chair

Theme	Verbatim Comments
One district board member shared appreciation for Lanhee’s collegiality, intelligence, and facilitation skills.	<ul style="list-style-type: none">▪ <i>He runs meetings well, is pleasant to interface with, is very smart with a good presence. (District Board)</i>
Many recommended that Lanhee work on creating board meeting agendas that focus on strategic priorities and governance, and actively facilitate the discussion away from issues that are not pertinent.	<ul style="list-style-type: none">▪ <i>Build a shorter agenda so the board has time to discuss issues in depth. (District Board)</i>▪ <i>Please help to keep the board from digging down into the nitty gritty and keep us focused on strategy and quality. (District Board)</i>▪ <i>Selecting and highlighting the important areas will stimulate more strategic discussion. Routine reporting can be attached, and questions about them may be able to be individually answered without having any Brown Act violations. For areas of importance, allow members to express their opinions equally rather than having one or two prominent voices repeat their comments. (District Board)</i>

Feedback to the Board Chair (continued)

Theme	Verbatim Comments
Lanhee is also encouraged to reinforce the norms articulated in the board compact and hold directors accountable.	<ul style="list-style-type: none">▪ <i>Reiterate the importance of members abiding by the code of conduct, e.g., respecting each other and the administration. (District Board)</i>
Actively facilitating the conversation to give everyone a voice but avoiding redundancy would hopefully make discussions more efficient.	<ul style="list-style-type: none">▪ <i>I'm still a little fuzzy on dialog with 10 people and people's desire to talk multiple times on the same issue. We may need to take some votes on strategy to get clarity for the executive team on any open issues. (District Board)</i>



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ECHD BOARD MEETING AGENDA ITEM COVER SHEET

Item:	<p>Process for Annual Evaluation of the District CEO and District CFO</p> <p>El Camino Healthcare District Board of Directors</p> <p>June 19, 2018</p>
Responsible party:	Cindy Murphy, Director of Governance Services
Action requested:	Possible Motion
Background:	<p>Article III, Section 1 of the District Bylaws provides that “The Chairperson shall “. . . Lead the evaluation annually of the performance of the District Chief Executive Officer and the Chief Financial Officer in each case in collaboration with the District Board.”</p> <p>Staff was asked to provide information to the Board regarding the District CEO’s and District CFO’s responsibilities. Per the attached document, the District Bylaws outline the District CEO’s responsibilities, but are silent with respect to the CFO.</p>
Board Advisory Committees that reviewed the issue and recommendation, if any:	None.
Summary and session objectives :	For the Board to discuss a possible process for the annual evaluation of the District CEO and District CFO.
Suggested discussion questions:	None.
Proposed Board motion, if any:	None suggested. At the discretion of the Board.
LIST OF ATTACHMENTS:	<ol style="list-style-type: none"> 1. District CEO Responsibilities

District CEO Responsibilities

Outlined in the District Bylaws:

Article VIII, Section 1:

- Responsible for the administration of the District
- Act as the duly authorized representative of the District

Article VIII, Section 2:

- Prepare an Annual Budget
- Select, engage, employ, manage and discharge all employees serving in positions as authorized by the District Board or those providing services pursuant to a management services agreement approved by the District
- To attend all meetings of the District Board
- To regularly submit periodic reports showing the professional service and financial activities of the District
- To serve as the liaison officer and channel of communications for all official communications between the District Board or any of its committees, and its adjunct organizations.
- To perform any other duty that may be necessary in the best interest of the District.

From the Job Description:

- Inspire the Trust of the District Board
- Contribute to careful shepherding of the District's resources to ensure that investments are carefully assessed and results evaluated as programs are reviewed, measured, enhanced and expanded upon.

EL CAMINO HEALTHCARE DISTRICT BOARD

Draft FY2019 PACING PLAN

June 19, 2018

FY19 Q1		
JULY 2018	AUGUST 2018	SEPTEMBER 2018
No Meeting	No Meeting	No Meeting
FY19 Q2		
OCTOBER 16, 2018	NOVEMBER 2018	DECEMBER 5, 2018
<ul style="list-style-type: none"> ▪ FY19 YTD ECHD Financials ▪ Community Benefit Spotlight (BAWSI) ▪ FY18 Community Benefit Year End Report ▪ FY18 Stand-Alone Financials ▪ FY18 Financial Audit Presentation – Consolidated ECH District Financials ▪ Approve FY18 Hospital Audit ▪ Adopt Resolution Setting Calendar Year 2019 Meeting Dates ▪ Hospital Board Member Election Ad Hoc Committee Report ▪ Pacing Plan ▪ Approval of Minutes 	No Meeting	<ul style="list-style-type: none"> ▪ Administration of Oath of Office ▪ Affirm/Sign Standards of Conduct ▪ Election of El Camino Hospital Board Member(s) ▪ Approval of Minutes

FY19 Q3		
JANUARY 22, 2019	FEBRUARY 2019	MARCH 20, 2019
<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY19 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Pacing Plan ▪ Approval of Minutes 	<p>No Meeting</p>	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY19 YTD ECHD Financials ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Pacing Plan ▪ Approval of Minutes
FY19 Q4		
APRIL 2019	MAY 21, 2019	JUNE 18, 2019
<p>No Meeting</p>	<ul style="list-style-type: none"> ▪ FY 20 Community Benefit Plan Study Session ▪ Community Benefit Mid-Year Metrics ▪ Appoint FY 20 Hospital Board Member Election Ad Hoc Committee and Advisors ▪ Approval of Minutes 	<ul style="list-style-type: none"> ▪ Recognition (As Needed) ▪ Community Benefit Spotlight (If Time Allows) ▪ FY19 YTD ECHD Financials ▪ Tax Appropriation for FY20 ▪ District Capital Outlay Fund ▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary) ▪ Review and Approve FY20 Pacing Plan ▪ Approval of FY20 Community Benefit Plan ▪ Approve ECH FY20 Budget ▪ Approve ECHD FY20 Budget ▪ CEO and CFO Review ▪ ECH Board and Board Chair Assessment ▪ Appointment of Liaison to the Community Benefit Advisory Council ▪ Approval of Minutes ▪ FY20 Pacing Plan