



# AGENDA

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

**Tuesday, June 20, 2017 – 5:30 pm**

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

Dennis Chiu will be participating via videoconference from 111 Western Avenue Boston, MA 02163.

**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
<b>1. CALL TO ORDER</b>	Peter Fung, MD, Board Chair		<b>5:30 – 5:31 pm</b>
<b>2. SALUTE TO THE FLAG</b>	Peter Fung, MD, Board Chair		<b>5:31 – 5:34</b>
<b>3. ROLL CALL</b>	Peter Fung, MD, Board Chair		<b>5:34 – 5:35</b>
<b>4. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Peter Fung, MD, Board Chair		<b>5:35 – 5:36</b>
<b>5. PUBLIC COMMUNICATION</b> a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed 3 minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Peter Fung, MD, Board Chair		<b>information</b> <b>5:36 – 5:39</b>
<b>6. RESOLUTION 2017-05 COMMUNITY BENEFIT SPOTLIGHT:</b> Mountain View Los Altos High School District <a href="#">ATTACHMENT 6</a>	Barbara Avery, Director, Community Benefit	<i>public comment</i>	<b>motion required</b> <b>5:39 – 5:49</b>
<b>7. CONSENT CALENDAR ITEMS:</b> <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i> <b>Approval</b> a. <a href="#">Minutes of the Open Session of the District Board Meeting (May 15, 2017)</a> b. <a href="#">Minutes of the Open Session of the District Board Meeting (May 22, 2017)</a> c. <a href="#">Minutes of the Open Session of the District Board Meeting (June 14, 2017)</a> d. <a href="#">Resolution 2017-06: To Approve Proposed Amendments to ECH Bylaws</a> e. <a href="#">Resolution 2017-07: To Establish Tax Appropriation Limit for FY18</a> <b>Information</b> f. <a href="#">Community Benefit Audit</a>	Peter Fung, MD, Board Chair	<i>public comment</i>	<b>motion required</b> <b>5:49 – 5:54</b>

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

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
g. <a href="#">ACHD Membership</a>			
<b>8. FINANCIAL REPORT</b> a. <a href="#">ECHD FY17 Period 10 Financials</a> b. <a href="#">FY18 El Camino Hospital Capital &amp; Operating Budget</a> c. <a href="#">ECHD FY18 Stand Alone and Consolidated Budget</a>	Iftikhar Hussain, CFO	<i>public comment</i>	<b>motion(s) required</b> <b>5:54 – 6:14</b>
<b>9. FY18 COMMUNITY BENEFIT PLAN ATTACHMENT 9</b>	Barbara Avery, Director, Community Benefit	<i>public comment</i>	<b>motion required</b> <b>6:14 – 6:29</b>
<b>10. RESOLUTION 2017-08</b> District Board Vacancy <a href="#">ATTACHMENT 10</a>	Peter Fung, MD, Board Chair	<i>public comment</i>	<b>possible motion</b> <b>6:29 – 6:49</b>
<b>11. SELECTION OF ADDITIONAL EL CAMINO HOSPITAL BOARD MEMBERS: IMPLEMENTATION AND COMMUNICATION PLAN</b> a. Implementation and Communication Plan b. Election of El Camino Hospital Board Member <a href="#">ATTACHMENT 11</a>	Peter Fung, MD, Board Chair		<b>possible motion(s)</b> <b>6:49 – 7:19</b>
<b>12. APPOINTMENT OF ECH BOARD MEMBER ELECTION AD HOC COMMITTEE CHAIR</b>	Peter Fung, MD, Board Chair		<b>information</b> <b>7:19 – 7:20</b>
<b>13. RESOLUTION 2017-09</b> Appointment of El Camino Hospital Board Member Election Ad Hoc Committee Member and Advisor <a href="#">ATTACHMENT 13</a>	Peter Fung, MD, Board Chair		<b>possible motion</b> <b>7:20 – 7:25</b>
<b>14. BIENNIAL BOARD OFFICER ELECTION ATTACHMENT 14</b>	Peter Fung, MD, Board Chair		<b>motion(s) required</b> <b>7:25 – 7:35</b>
<b>15. ADJOURN TO CLOSED SESSION</b>	Peter Fung, MD, Board Chair		<b>motion required</b> <b>7:35 – 7:36</b>
<b>16. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	Peter Fung, MD, Board Chair		<b>7:36 – 7:37</b>
<b>17. CONSENT CALENDAR</b> <i>Any Board Member may remove an item for discussion before a motion is made.</i> <i>Gov't Code Section 54957.2.</i> <b>Approval</b> a. Minutes of the Closed Session of the District Board Meeting (May 15, 2017) b. Minutes of the Closed Session of the District Board Meeting (May 22, 2017)	Peter Fung, MD, Board Chair		<b>motion required</b> <b>7:37 – 7:38</b>
<b>18. Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters:</b> - Executive Session	Peter Fung, MD, Board Chair		<b>discussion</b> <b>7:38 – 7:43</b>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
19. ADJOURN TO OPEN SESSION	Peter Fung, MD, Board Chair		<b>motion required 7:43 – 7:44</b>
20. RECONVENE OPEN SESSION / REPORT OUT	Peter Fung, MD, Board Chair		<b>7:44 – 7:45</b>
To report any required disclosures regarding permissible actions taken during Closed Session.			
21. PROPOSED FY18 PACING PLAN <a href="#">ATTACHMENT 21</a>	Peter Fung, MD, Board Chair	<i>public comment</i>	<b>possible motion 7:45 – 7:55</b>
22. BOARD COMMENTS	Peter Fung, MD, Board Chair		<b>information 7:55 – 7:59</b>
23. ADJOURNMENT	Peter Fung, MD, Board Chair		<b>motion required 7:59 – 8:00pm</b>

#### Upcoming Meetings

- June 28, 2017
- October 17, 2017

# EL CAMINO HEALTHCARE DISTRICT

RESOLUTION 2017 - 05

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

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**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 the Mountain View Los Altos High School District for partnering with the El Camino Healthcare District to deliver the School Mental Health and Support Team program that provides students with mental health and emotional support services to protect and cultivate a culture of wellness and improve the health, emotional well-being, educational outcomes and self-advocacy of all students.

The El Camino Healthcare District and Mountain View Los Altos High School District began a partnership in 2013 in an effort dedicated to provide licensed therapists to deliver mental health and emotional support services to high school students. The School Mental Health and Support Team at Mountain View Los Altos High School District has served nearly 4,000 individuals. The services provided to the community include individual therapy, crisis management, group therapy, collateral therapy and case management interventions for high school students as well as support to educators in effective management of students with mental health conditions.

**WHEREAS**, the Board would like to acknowledge the Mountain View Los Altos High School District for its commitment to providing mental health and emotional support services to improve educational outcomes and help students succeed in school and in life.

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

### **Mountain View Los Altos High School District**

**IN WITNESS THEREOF**, I have here unto set my hand this **20TH DAY OF JUNE, 2017**.

**EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:**

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

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







**Minutes of the Open Session of the  
Special Meeting of the El Camino Healthcare District Board of Directors  
Monday, May 15, 2017**  
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040  
Conference Rooms E, F & G (ground floor)

**Board Members Present**

Dennis Chiu, Vice Chair  
Peter Fung, MD, Chair  
Julia Miller  
David Reeder  
John Zoglin

**Board Members Absent**

None

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/Action
<b>1. CALL TO ORDER</b>	The open session meeting of the El Camino Healthcare District Board of Directors (the “Board”) was called to order at 5:29 pm by Chair Fung.	
<b>2. SALUTE TO THE FLAG</b>	Director Fung led the Board members, staff, and members of the public present in the Pledge of Allegiance.	
<b>3. ROLL CALL</b>	A silent roll call was taken. All Board members were present. Cindy Murphy, Board Liaison, noted that outside counsel, Mitchell J. Olejko of Buchalter Nemer, was participating via teleconference if the Board members required any legal advice.	
<b>4. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	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.	
<b>5. PUBLIC COMMUNICATION</b>	There were no comments from the public.	
<b>6. CONSENT CALENDAR</b>	<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><b>Motion:</b> To approve the consent calendar: Minutes of the Open Session of the Special District Board Meeting (March 8, 2017); Minutes of the Open Session of the District Board Meeting (March 14, 2017); Resolution 2017-03.</p> <p><b>Movant:</b> Reeder  <b>Second:</b> Chiu  <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<b><i>Consent calendar approved</i></b>
<b>7. EL CAMINO HOSPITAL GOVERNANCE: PRESENTATION OF BOARD STRUCTURE MODELS</b>	<p>JoAnn McNutt of Nygren Consulting presented an overview of the proposed El Camino Hospital Board structure models.</p> <p>She outlined the case for change (adapting to a rapidly evolving and increasingly complex healthcare market, serving the broader community, overseeing strategic initiatives) and three proposed models:</p> <p><b>Model A:</b> Current 5 District Director Model, where all 5 District Directors serve on the Hospital Board with 3 appointed subject matter experts.</p> <p><b>Model B:</b> Expanded 5 District Directors model, where all 5</p>	

	<p>District Directors serve on the Hospital Board with 5 appointed subject matter experts.</p> <p><b>Model C:</b> New 3 District Directors Model, where 3 District Directors serve on the Hospital Board with 5 appointed subject matter experts.</p> <p>In all three models, the CEO is ex-officio, with voting privileges to be determined.</p> <p>Ms. McNutt emphasized that none of the proposed changes would affect the reserved rights of the District or structure of the District Board.</p> <p>She reviewed the comparison of the models and how each would affect 1) the distinction between the District and Hospital Boards, 2) balance of influence and decision making, 3) competency basis for running a health system, and 4) clinician involvement in governance.</p>	
<p><b>8. EL CAMINO HOSPITAL GOVERNANCE: PUBLIC COMMENT</b></p>	<p>Chair Fung reported that all written public comments received by the District up until to 3pm were included in the written materials available to the Board and the public. Cindy Murphy, Board Liaison, reported that the Board members had been provided with all written public comments received up to 5pm. She explained that comments received were categorized by which proposed governance model, if any, they supported.</p> <p>A member of the public (a District resident and ECH employee) requested that the Board consider the input and knowledge of the ECH staff and voiced her support of Model A.</p> <p>Bruce Euzent spoke regarding qualifications to serve on the Board and commented that the Board should represent the local community.</p> <p>Kary Lynch spoke regarding the current Hospital Board's investments in behavioral health and expressed concerns that appointed Board members would not share these values, as behavioral health units often do not generate large profits.</p> <p>Paul Donahue spoke regarding accountability to the public and encouraged the Board to choose Model A and instead strengthen the advisory committees.</p> <p>Swamy Thangamuthu recommended that the Board explicitly refine the position descriptions have a prescribed number of physicians and those with expertise in strategic planning, finance, operations, etc. to have a good balance of skills on the Board.</p> <p>Bill James spoke regarding accountability to the public and requested that the Hospital remain under community control and that the Board choose Model A.</p> <p>Jim Abraham spoke regarding accountability to the public and requested that the Board choose Model A.</p> <p>Terry Sandoval spoke regarding open negotiations and good faith bargaining and requested that the Board choose Model A.</p> <p>Lynette Rodrigo expressed concerns about transparency and requested that competent candidates be selected from public elections.</p> <p>Patty Einarson spoke regarding her experience serving on the District and Hospital Boards and requested that the Board choose Model C.</p>	

	<p>Teri Eyre spoke regarding the viability of the Hospital and the Board composition at other local health care organizations and requested that the Board choose Model C.</p> <p>Chair Fung read written communication from Vivien D’Andrea, the Mountain View campus’ past Chief of Staff, which expressed her support for Model C.</p> <p>Manuel Masias spoke regarding the reasons for changing the Board structure and requested that the Board choose Model A.</p> <p>Carlos Urrutia spoke regarding past labor disputes and requested that the Board choose Model A.</p> <p>Carol Diamante spoke regarding accountability to the public and requested that the Board choose Model A.</p> <p>David Urhausen expressed concerns about a non-public entity being unjustly enriched by public monies.</p>	
<p><b>9. EL CAMINO HOSPITAL GOVERNANCE: BOARD DISCUSSION AND POSSIBLE ACTION</b></p>	<p>Director Chiu commented on questions raised by members of the public including those regarding ownership of the land and the Hospital. He expressed concerns about having a majority of appointed and not publicly elected Board members, especially how that might impact programs that benefit the community but are not necessarily profitable.</p> <p><b>Motion:</b> To approve Model A, to continue the governance structure as it is now.</p> <p><b>Movant:</b> Chiu <b>Second:</b> Miller</p> <p>Director Reeder thanked the members of the public attending the meeting. He discussed his background and service on the Board, the complexity and evolution of the healthcare industry, and the reserved powers of the District to represent the community.</p> <p>Director Zoglin discussed his background, improvements of the Board in the last five years, and the need to compete with for-profit entities while maintaining a forward-thinking, independent community institution. He noted that appointed Board members can be dismissed at any time by the District Board.</p> <p>Director Miller thanked the public for attending and submitting comments. She discussed her background, her support of Model A, and whether or not the CEO should have a voting role on the Board.</p> <p>Director Fung thanked Ms. McNutt and David Nygren, the Board members, staff for their help with the communications, and the members of the public for their comments. He discussed his service on the Hospital and District Boards, the viability of health care organizations in this challenging climate, and the transparency of both Boards.</p> <p>A member of the public commented that BPCI team has been cut while the delivery of healthcare is moving toward bundled payments; she requested that the Board keep the current structure as in Director Chiu’s motion.</p> <p><b>Ayes:</b> Chiu, Miller <b>Noes:</b> Fung, Reeder, Zoglin <b>Abstentions:</b> None <b>Absent:</b> None</p>	

**Recused:** None

The motion failed.

Director Reeder expressed concerns about the lack of subject matter experts running for elected office, citing past uncontested elections and his concerns about the role of money in elections.

In response to Director Fung's question, Mr. Olejko clarified the conflict of interest issue raised and the grand jury report referenced during the public comment. He noted that LAFCO staff and consultants suggested that there be a complete separation between the Hospital and District Boards.

**Motion:** To approve Model A, but modified to drop the CEO as a voting member and include an additional appointed voting member (4 appointed members, 5 elected members).

**Movant:** Miller

**Second:** Chiu

The Board discussed whether or not the proposal would provide sufficient expertise on the Board.

Bill James voiced his support of Director Miller's motion and its hybrid approach that would allow for an incremental step to include more expertise while maintaining public control.

Directors Miller and Chiu commented that the attendees who spoke in the public comment period support Model A.

**Ayes:** Chiu, Miller

**Noes:** Fung, Reeder, Zoglin

**Abstentions:** None

**Absent:** None

**Recused:** None

The motion failed.

**Motion:** To adopt Model C.

**Movant:** Reeder

**Second:** Fung

The Board discussed public opinion concerning Model C, reserved powers of the District, the voice of the community, and the balance of public and expert perspectives.

Bill James expressed concerns about Model C and conflict over which District Board members would sit on the Hospital Board.

Jim Abraham commented that an individual does not have to be an expert to serve on the Board.

Bruce Euzent commented the expertise is not needed on the Hospital Board; it is needed in the Hospital staff.

Manuel Masias expressed concern over whether the Board was taking public input seriously.

**Ayes:** Fung, Reeder

**Noes:** Chiu, Miller, Zoglin

**Abstentions:** None

**Absent:** None

	<p><b>Recused:</b> None</p> <p>The motion failed.</p> <p><b>Motion:</b> To adopt Model B.</p> <p><b>Movant:</b> Zoglin <b>Second:</b> Reeder</p> <p><b>Motion to Amend:</b> To modify Model B, to have the Hospital CEO be a non-voting member.</p> <p><b>Movant:</b> Fung <b>Second:</b> Miller</p> <p>Director Zoglin expressed concerns about precluding the option of a voting CEO on the Board in the middle of the recruitment of a new CEO. Director Miller noted that she did not believe this would create any difficulty with recruitment.</p> <p><b>Ayes:</b> Fung, Miller <b>Noes:</b> Chiu, Reeder, Zoglin <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p> <p>The motion failed.</p> <p>In consultation with outside counsel, Director Chiu requested to reconsider his vote.</p> <p>The vote was retaken on the motion to amend:</p> <p><b>Ayes:</b> Chiu, Fung, Miller <b>Noes:</b> Reeder, Zoglin <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p> <p>The motion passed.</p> <p><b>Motion:</b> To adopt Model B with the CEO as a non-voting member of the Hospital Board.</p> <p>Carol Diamante spoke regarding responses in favor of each model and consideration of the public present.</p> <p>Teri Eyre expressed concerns about a model with CEO as a non-voting member and the ability to attract top talent.</p> <p><b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p> <p>The motion passed.</p>	
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<b>10. APPOINTMENT TO INDEPENDENT SPECIAL DISTRICT SELECTION COMMITTEE OF THE SANTA CLARA COUNTY LAFCO</b>	Cindy Murphy, Board Liaison, explained that the Independent Special District Selection Committee of the Santa Clara County LAFCo will meet on May 16, 2017. Director Fung noted that he is unable to attend the meeting and asked if any of the other Board members would like to volunteer to be appointed to attend in his absence. All of the Board members reported that they are unable to attend. Staff will attend the meeting (in a non-voting capacity) and report back to the Board Chair.  Mr. Olejko discontinued participation in the meeting.	
<b>11. ADJOURN TO CLOSED SESSION</b>	<b>Motion:</b> To adjourn to closed session at 7:31 pm pursuant to <i>Gov't Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the District Board Meeting (March 14, 2017); pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.  <b>Movant:</b> Miller <b>Second:</b> Chiu <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<b>Meeting adjourned to closed session at 7:31pm.</b>
<b>12. AGENDA ITEM 16: RECONVENE OPEN SESSION/ REPORT OUT</b>	Open session was reconvened at 7:53 pm. Agenda items 12-15 were covered in closed session.  During the closed session, the Board approved the Minutes of the Closed Session of the District Board Meeting of March 14, 2017 by a unanimous vote in favor of all Directors present (Directors Chiu, Fung, Miller, Reeder, Zoglin).	
<b>13. AGENDA ITEM 17: PACING PLAN</b>	In response to Director Miller's question, Director Fung and staff clarified that the ACHD agenda item planned for the May 22, 2017 District Board meeting is for Director Miller's report; there will not be a request for a motion to decide on ACHD membership at that time.	
<b>14. AGENDA ITEM 18: BOARD COMMENTS</b>	Julia Miller reported that she attended a function for Community Benefit grantee Bay Area Women's Sports Initiative (BAWSI). She encouraged her fellow Board members to attend their future events.	
<b>15. AGENDA ITEM 21: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 7:56 pm.  <b>Movant:</b> Reeder <b>Second:</b> Miller <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<b>Meeting adjourned at 7:56 pm.</b>

**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

\_\_\_\_\_  
Julia Miller  
ECHD Board Secretary

Prepared by: Cindy Murphy, Board Liaison  
Sarah Rosenberg, Contracts & Board Services Coordinator



**Minutes of the Open Session of the  
Meeting of the El Camino Healthcare District Board of Directors  
Monday, May 22, 2017**  
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040  
Conference Rooms E&F (ground floor)

**Board Members Present**

**Dennis Chiu**, Vice Chair  
**Peter Fung, MD**, Chair  
**Julia Miller**  
**David Reeder**  
**John Zoglin**

**Board Members Absent**

None

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/Action
<b>1. CALL TO ORDER</b>	The open session meeting of the El Camino Healthcare District Board of Directors (the “Board”) was called to order at 3:30pm by Chair Fung.	
<b>2. SALUTE TO THE FLAG</b>	Director Fung led the Board members, staff, and members of the public present in the Pledge of Allegiance.	
<b>3. ROLL CALL</b>	A silent roll call was taken. All Board members were present.	
<b>4. POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	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.	
<b>5. PUBLIC COMMUNICATION</b>	There were no comments from the public.	
<b>6. EL CAMINO HOSPITAL BOARD MEMBER ELECTION AD HOC COMMITTEE REPORT, CANDIDATE INTERVIEWS, AND DISCUSSION</b>	<p>Director Reeder, Chair of the ECH Board Member Election Ad Hoc Committee, reported that with Neal Cohen, MD’s departure from the El Camino Hospital Board at the end of his term will create a vacancy on the Board effective July 1, 2017. He explained that the Ad Hoc Committee has brought forward two finalists to interview with the full Board.</p> <p>He noted that desired competencies for Hospital Board members include: 1) complex market partnerships, 2) long range strategic planning, 3) healthcare insurance payor background/experience, 4) finance/entrepreneurship, and 5) clinical integration/continuum of care.</p> <p>The Board interviewed two candidates: Robert Rebitzer and Gini Deshpande for a position on the El Camino Hospital Board of Directors. Each candidate gave a presentation and answered questions from the Board about their experience and interest in the role.</p> <p>Director Reeder explained that references were checked for both candidates and were extremely positive.</p> <p>The Board thanked Directors Reeder and Miller for their service on the Ad Hoc Committee and Mr. Gary Kalbach for his service as an advisor to the Committee.</p>	
<b>7. EL CAMINO HOSPITAL BOARD MEMBER ELECTION</b>	<p>The Directors cast the following votes by roll call:</p> <p><b>Director Fung:</b> Robert Rebitzer <b>Director Chiu:</b> Robert Rebitzer <b>Director Zoglin:</b> Robert Rebitzer</p>	



	<p><b>Director Reeder:</b> Robert Rebitzer <b>Director Miller:</b> Robert Rebitzer</p> <p>Director Reeder commented that Ms. Desphande is an excellent candidate and should be considered as the District Board appoints additional members to the newly expanded Hospital Board.</p> <p><b>Motion:</b> To approve Resolution 2017-04 electing Mr. Robert Rebitzer to the El Camino Hospital Board of Directors for a three year term, effective July 1, 2017.</p> <p><b>Movant:</b> Miller <b>Second:</b> Chiu <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None</p>	
<p><b>8. REVIEW FY18 COMMUNITY BENEFIT ADVISORY COUNCIL GRANT APPLICATION RECOMMENDATIONS</b></p>	<p>Barbara Avery, Director, Community Benefit, provided an overview of the timeline and process for the FY18 Community Benefit grant applications and health priority areas. She noted that the plan will be presented to the Board for approval in June.</p> <p>Ms. Avery reported that ECHD received 60 proposals, with a total of \$7,707,300 of requested funding. She noted that comments from staff would be generalized and not attributed to any particular CBAC member.</p> <p>Director Fung and staff discussed the possibility of staggering the grant review process for a deeper dive when evaluating grants. Cecile Currier, VP of Corporate &amp; Community Health and President, CONCERN: EAP, cautioned that breaking up the funding cycle into multiple phases would be very difficult to operationalize. She recommended including grant applicant leadership into the grant review meetings.</p> <p>Director Miller requested more time to review the data in the grant evaluation CBAC meetings and more active Committee member participation in site visits.</p> <p>Director Reeder commended staff for their hard work.</p> <p>In response to Director Zoglin's questions, the Board and staff discussed:</p> <ul style="list-style-type: none"> <li>- Verification and documentation that District residents receive services from grantees, especially those that are not located in the District</li> <li>- Food insecurity as a health issue and how it ties to the District's mission; Director Reeder requested more information from staff on emergency assistance.</li> <li>- Funding related to policy and advocacy-based organizations and separation from any political activity.</li> </ul> <p>In response to Director Miller's questions, Ms. Currier described the plans for the senior transportation program with Lyft, including work to develop call centers and door-to-door rather than curb-to-curb service to support seniors with mobility issues.</p> <p>Staff explained that the FY18 Community Benefit Plan will be a motion item at the June 20, 2017 District Board Meeting.</p>	

<p><b>9. ACHD REPORT</b></p>	<p>Director Miller referenced the materials in the packet regarding her ACHD report and summary of proposed changes to the ACHD Bylaws.</p> <p>In response to Director Zoglin's question, Brenda Taussig, Director of Government &amp; Community Relations, described the implications of AB1728, noting that ECH already complies with all of the requirements of the bill.</p> <p>Director Miller also noted the change in ACHD's fee structure.</p> <p><b>Motion:</b> To approve the revisions to the ACHD Bylaws.</p> <p><b>Movant:</b> Reeder  <b>Second:</b> Chiu  <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p> <p><b>Motion:</b> To appoint Director Miller as ECHD's delegate to sign the ACHD Ballot.</p> <p><b>Movant:</b> Reeder  <b>Second:</b> Chiu  <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p> <p>Director Miller thanked the Board for her appointment.</p>	
<p><b>10. ADJOURN TO CLOSED SESSION</b></p>	<p><b>Motion:</b> To adjourn to closed session at 5:10 pm pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters: Executive Session.</p> <p><b>Movant:</b> Miller  <b>Second:</b> Chiu  <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin  <b>Noes:</b> None  <b>Abstentions:</b> None  <b>Absent:</b> None  <b>Recused:</b> None</p>	<p><b>Meeting adjourned to closed session at 5:10pm.</b></p>
<p><b>11. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT</b></p>	<p>Open session was reconvened at 5:15 pm. Agenda items 11-13 were covered in closed session. Director Fung reported that there were no actions taken during the closed session.</p>	
<p><b>12. AGENDA ITEM 15: PACING PLAN</b></p>	<p>In response to the Board's questions Cindy Murphy, Board Liaison clarified that the purpose of the June 28<sup>th</sup> District Board meeting is to consider approval of the Hospital's strategic plan.</p> <p>She explained that revised bylaws to incorporate the District Board's changes from its May 15<sup>th</sup> meeting will be brought to the Hospital Board's Governance Committee on June 6<sup>th</sup>, the Hospital Board on June 14<sup>th</sup>, and the District Board on June 20<sup>th</sup>.</p> <p>She also noted that the appointment of the El Camino Hospital Board Member Election Ad Hoc Committee is paced for the June 20<sup>th</sup> District Board meeting.</p>	

<b>13. AGENDA ITEM 16: BOARD COMMENTS</b>	There were no additional comments from the Board.	
<b>14. AGENDA ITEM 17: ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 5:18 pm. <b>Movant:</b> Chiu <b>Second:</b> Miller <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<i>Meeting adjourned at 5:18 pm.</i>

**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

---

Julia Miller  
Secretary, ECHD Board

Prepared by: Cindy Murphy, Board Liaison  
Sarah Rosenberg, Contracts & Board Services Coordinator



**Minutes of the Open Session of the  
Meeting of the El Camino Healthcare District Board of Directors  
Wednesday, June 14, 2017**  
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040  
Conference Rooms E,F&G (ground floor)

**Board Members Present**

**Dennis Chiu**, Vice Chair  
(via videoconference)

**Peter Fung, MD**, Chair

**Julia Miller**

**David Reeder** (via teleconference)

**John Zoglin**

**Board Members Absent**

None

**Members Excused**

None

Agenda Item	Comments/Discussion	Approvals/Action
1. <b>CALL TO ORDER/ROLL CALL</b>	The open session meeting of the El Camino Healthcare District Board of Directors (the "Board") was called to order at 10:15pm by Chair Fung. A verbal roll call was taken. Directors Chiu and Reeder participated via videoconference. All other Board members were present.	
2. <b>POTENTIAL CONFLICT OF INTEREST DISCLOSURES</b>	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.	
3. <b>PUBLIC COMMUNICATION</b>	There were no comments from the public.	
4. <b>APPROVAL OF SELECTION OF EL CAMINO HOSPITAL CEO</b>	<b>Motion:</b> To approve the selection of Daniel Woods as El Camino Hospital's Chief Executive Officer. <b>Movant:</b> Miller <b>Second:</b> Zoglin <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<b><i>ECH CEO selection approved</i></b>
5. <b>ADJOURNMENT</b>	<b>Motion:</b> To adjourn at 10:18 pm. <b>Movant:</b> Zoglin <b>Second:</b> Miller <b>Ayes:</b> Chiu, Fung, Miller, Reeder, Zoglin <b>Noes:</b> None <b>Abstentions:</b> None <b>Absent:</b> None <b>Recused:</b> None	<b><i>Meeting adjourned at 10:18 pm.</i></b>

**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

\_\_\_\_\_  
Julia Miller  
Secretary, ECHD Board

Prepared by: Cindy Murphy, Board Liaison

## ECHD BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Draft Resolution 2017-06: Proposed El Camino Hospital Bylaws Revisions  El Camino Healthcare District Board of Directors  June 20, 2017
<b>Responsible party:</b>	Mary Rotunno, General Counsel; Cindy Murphy, Board Liaison
<b>Action requested:</b>	Approval on Consent Calendar
<b>Background:</b>	<p>At its May 15, 2017 meeting, the District Board of Directors voted to expand the El Camino Hospital Board of Directors to 10 members plus a non-voting ex-officio position on the Board for the CEO. The first step to implement the District Board's action is revision of the Hospital's Bylaws. Summary of proposed revisions:</p> <ol style="list-style-type: none"> <li>1. Section 4.4 – Delete reference to CEO as a Board Director. Pursuant to California Corporations Code Section 5047 (as amended January 1, 2016) CEO as an ex-officio member of the Board without a vote is not a Director. The revision is recommended to avoid confusion that could be created by referring to the CEO as a Director in the Bylaws when California law provides otherwise.</li> <li>2. Section 4.5 – Identifies the additional two Directors as “2017 Directors” and provides for staggered terms, ultimately of three years.</li> <li>3. Section 4.6 – Provides identical term limits for 2012 and 2017 Directors.</li> <li>4. Section 9.3(f) – Confirms that the CEO is expected to attend and participate in Board discussions, creating in effect a “non-voting ex-officio position.”</li> </ol>
<b>Board Committees that reviewed the issue and recommendation, if any:</b>	None.  However, at its June 14, 2017 meeting, the El Camino Hospital Board of Directors voted to approve the proposed revisions which are now presented to the District Board for approval.
<b>Summary and Session Objectives:</b>	To obtain the Board's approval of the Proposed ECH Bylaws Revisions.
<b>Suggested discussion questions:</b>	None. This is a consent calendar item.
<b>Proposed motion, if any:</b>	To approve the Draft Proposed Revised ECH Bylaws.
<b>LIST OF ATTACHMENTS:</b>	<ol style="list-style-type: none"> <li>1. Draft Resolution 2017-06</li> <li>2. Draft Revised ECH Bylaws (Redlines)</li> <li>3. Draft Revised ECH Bylaws (Clean)</li> </ol>

## **EL CAMINO HOSPITAL HEALTHCARE DISTRICT**

### **RESOLUTION 2017- 06**

RESOLUTION OF THE BOARD OF DIRECTORS OF EL CAMINO HEALTHCARE DISTRICT APPROVING THE AMENDMENT OF ARTICLE IV, SECTIONS 4.2, 4.3(C), 4.4, 4.5, 4.6, AND 4.7(a), AND ARTICLE IX, SECTION 9.3(F) OF THE AMENDED AND RESTATED BYLAWS (“BYLAWS”) OF EL CAMINO HOSPITAL

**WHEREAS**, pursuant to Article XVIII, Section 18.1 of the Bylaws of El Camino Hospital, El Camino Hospital may adopt, repeal, amend and restate its Bylaws effective upon approval of the sole voting member, El Camino Healthcare District;

**WHEREAS**, El Camino Hospital has adopted El Camino Hospital Resolution 2017-06 amending the Bylaws of El Camino Hospital as set forth therein and as set forth below;

**WHEREAS**, the Board of Directors of El Camino Healthcare District believes that it is in the best interests of El Camino Hospital to amend the Bylaws of El Camino Hospital as provided below; now therefore be it

**RESOLVED**, that the Board of Directors of El Camino Healthcare District hereby approves the adoption of the amendments to the Bylaws of El Camino Hospital as approved by the El Camino Hospital Board, amending Article IV, Sections 4.2, 4.3(c), 4.4, 4.5, 4.6, and 4.7(a), and Article IX, Section 9.3(f) of the amended and restated Bylaws of El Camino Hospital amended by deleting the current Sections 4.2, 4.3(c), 4.4, 4.5, 4.6, 4.7(a), and 9.3(f) and adding the following sections:

4.2     Number of Voting Directors. The number of voting directors (“Directors”) of the Corporation shall not be less than five (5) nor more than ten (10) until changed by amendment of the Articles or by a bylaw amending this Section 4.2 duly adopted by the sole Member. The exact number of Directors shall be fixed from time to time, within the limit specified in the Articles or in this Section 4.2, by the sole Member.

4.3     Qualifications of Voting Directors

(c)     Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors and 2017 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the

Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

4.4 Appointment and Selection of Directors. All Directors shall be nominated and elected by the Member.

4.5 Term.

(a) Years.

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

(ii) A Director first elected by the Member, as a result of the increase in the number of permitted directors to ten (10), effective June 20, 2017 shall serve a staggered term ending June 30, 2020 or June 30, 2021 as designated by a resolution of the Member. Any Director who is later appointed to such position or who is later appointed to a new term for such a position after the initial term expires shall serve a term of three (3) years. The Directors described in this subparagraph (ii) are referred to in these Bylaws as “2017 Directors.”

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

(iv) A Director who fills the unexpired term of a vacant Director position shall serve until the end of that unexpired term.

(v) A Director shall serve for such Director’s stated term and until his or her successor is duly elected and qualified, unless the Director resigns or is removed as provided in these Bylaws.



#### 4.6 Term Limits.

##### (a) New Members.

(i) Any 2012 Director or 2017 Director who first takes office during calendar year 2014, or any time thereafter, may only serve four (4) complete three (3) year terms as a Director.

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

##### (b) Current Members.

(i) Any 2012 Director who is serving as a Director as of January 1, 2014 may only serve four (4) complete three (3) year terms as a Director beginning with such Director's next term of office that commences after January 1, 2014.

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

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

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

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

#### 4.7 Vacancy.

(a) A vacancy in the Board of Directors shall be deemed to exist on the occurrence of the following: (i) the death, resignation, or removal of any Director; (ii) the declaration by the Board of a vacancy in the office of a Director who has been declared of unsound mind by a final order of court, or has been convicted of a

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

### 9.3 Authority and Duties.

(f) To attend all meetings of the Board of Directors and participate in all Board discussions except where the Chief Executive Officer has a conflict of interest or is otherwise recused and except for executive sessions of the Board of Directors.

be it further;

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

**RESOLVED**, that this amendment and restatement shall take effect immediately.

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

Duly passed and adopted at a regular meeting held on this \_\_\_\_ day of June, 2017, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

---

Julia Miller  
Secretary, ECHD Board of Directors

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

**~~JUNE 14, 2016~~**

**\_\_\_\_\_, 2017**

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## **ARTICLE I**

### **Corporate Offices**

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

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

## **ARTICLE II**

### **Purposes, Powers and Membership**

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

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

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

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

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

## **ARTICLE III**

### **Meetings of Members**

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

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



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

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

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

The notice of the meeting shall specify:

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

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

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

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

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

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

3.8 Voting.

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

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

3.9 Proxies.

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

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

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

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

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

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

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

## **ARTICLE IV**

### **Board of Directors**

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

4.2 Number of Voting Directors. The number of voting directors (“Directors”) of the Corporation shall not be less than five (5) nor more than ~~nine (9)~~ten (10) until changed by amendment of the Articles or by a bylaw amending this Section 4.2 duly adopted by the sole Member. The exact number of Directors shall be fixed from time to time, within the limit specified in the Articles or in this Section 4.2, by the sole Member.

4.3 Qualifications of Voting Directors.

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

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

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors and 2017 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

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

4.4 Appointment and Selection of Directors.

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

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

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

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

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

#### 4.5 Term.

##### (a) Years.

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

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

(ii) A Director first elected by the Member, as a result of the increase in the number of permitted directors to ten (10), effective [June 20, 2017] shall serve a staggered term ending June 30, 2020 or June 30, 2021 as designated by a resolution of the Member. Any Director who is later appointed to such position or who is later appointed to a new term for such a position after the initial term expires shall serve a term of three (3) years. The Directors described in this subparagraph (ii) are referred to in these Bylaws as “2017 Directors.”

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

(iv) A Director who fills the unexpired term of a vacant Director position shall serve until the end of that unexpired term.

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

#### 4.6 Term Limits.

##### (a) New Members.

(i) Any 2012 Director ~~described in Section 4.5(a)(ii) or 2017 Director~~ who first takes office during calendar year 2014, or any time thereafter, may only serve four (4) complete three (3) year terms as a Director.

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

(b) Current Members.

(i) Any 2012 Director ~~described in Section 4.5(a)(ii)~~ who is serving as a Director as of January 1, 2014 may only serve four (4) complete three (3) year terms as a Director beginning with such Director's next term of office that commences after January 1, 2014.

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

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

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

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

4.7 Vacancy.

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

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

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

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

## **ARTICLE V**

### **Certain Director Election Procedures**

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

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

## **ARTICLE VI**

### **Board Meetings**

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

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

6.3 Special Meetings.

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



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

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

6.4 Meetings by Conference Telephone. Any meeting, regular or special, may be held by conference telephone or similar communication equipment, so long as all Directors participating in the meeting can hear one another. All such Directors shall be deemed to be present in person at any such meeting.

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

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

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

6.8 Agenda for Meetings. The agenda for Board meetings shall be developed by the Chairperson with the Chief Executive Officer acting as staff to the Chairperson for this purpose. The Chairperson shall prepare a calendar of expected agenda items that will be communicated regularly at Board meetings. Any Director may ask that a matter be added to a future Board meeting agenda by written notification to the Chairperson and the Chief Executive Officer. The Chairperson will determine, considering all other matters to be addressed by the Board, whether and when to add the matter to a Board agenda. If the matter will not be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the request, the Chief Executive Officer will notify the Director making the request of the Chairperson's decision; the person making the request may ask that the questions of whether such matter should be considered by the Board and the timing of such consideration be addressed during the discussion of the calendar of expected agenda items during the next meeting of the Board that occurs more than ten (10) days thereafter. Notwithstanding the foregoing, any request to add a matter to the Board agenda made by three (3) directors shall be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the last request.

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

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

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

## **ARTICLE VII**

### **Board Committees and Advisory Committees**

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

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

(b) Fill vacancies on the Board or in any committee that has the authority of the Board.

(c) Fix compensation of the Directors for serving on the Board or on any committee.

(d) Amend or repeal Bylaws or adopt new bylaws.

(e) Amend or repeal any resolution of the Board that by its express terms is not so amendable or repealable.

(f) Appoint any other committees of the Board or the members of such committees.

(g) Expend corporate funds to support a nominee for Director after there are more people nominated for Director than can be elected.

(h) Approve any transaction between the Corporation and one or more of its Directors in which the Director or Directors have a material financial interest, except as provided by Section 5233 of the California Corporations Code.

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

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

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

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

the provisions of these Bylaws for the governance of any committee.

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

## **ARTICLE VIII**

### **Officers and Employees**

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

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

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

8.4 Resignation. Any officer may resign at any time by giving written notice to the Board of Directors, the Chairperson or to the Secretary, without prejudice, however, to the rights, if any, of the Corporation under any contract to which such officer is a party. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or at any later specified time.

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

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

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

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

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

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

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

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

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

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

## **ARTICLE IX**

### **Chief Executive Officer**

9.1 Selection, Authority and Term. The Board may select and employ a competent, experienced Chief Executive Officer who shall be its direct executive representative in the management of the Hospital. This Chief Executive Officer shall be given the necessary authority and held responsible for the administration of the Hospital in all its activities and departments subject only to such policies as may be adopted, and such orders as may be issued by the Board

or by any of its committees to which it has delegated power for such action. He or she shall act as the “duly authorized representative” of the Board in all matters in which the governing Board has not formally designated some other person for that specific purpose. However, nothing in this section is to be construed as depriving or delegating from the Board to the Chief Executive Officer any of the powers and duties imposed upon the Board by the Local Hospital District Law, Division 23, or Chapter 1 of the Health and Safety Code of the State of California, or related statutes. The Chief Executive Officer shall hold office from the date of hire until the end of his or her term in office or sooner at the sole discretion of the Board, subject to any employment agreement.

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

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

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

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

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

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

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

(f) To attend all meetings of the Board of Directors and participate in all Board discussions except where the Chief Executive Officer has a conflict of interest or is otherwise recused and except for executive sessions of the Board of Directors.

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

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

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

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

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

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

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

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

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

## **ARTICLE X**

### **Contracts and Financial Matters**

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

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

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

## **ARTICLE XI**

### **Conflicts of Interest and Indemnification**

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

11.2 Indemnification.

(a) For the purposes of this article, “agent” means any person who is or was a Director, officer, employee, or other agent of the Corporation, or is or was serving at the request of the Corporation as a Director, officer, employee, or agent of another foreign or domestic corporation, partnership, joint venture, trust, or other enterprise, or was a Director, officer, employee, or agent of a foreign or domestic corporation that was a predecessor corporation of the



Corporation or of another enterprise at the request of such predecessor corporation; “proceeding” means any threatened, pending, or completed action or proceeding, whether civil, criminal, administrative, or investigative; and “expenses” include without limitation attorneys’ fees and any expenses of establishing a right to indemnification under paragraph (d) or paragraph (e)(iii) of this Section 11.2.

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

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

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

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

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



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

(e) Except as provided in paragraph (d), any indemnification under this Section 11.2 shall be made by the Corporation only if authorized in the specific case, upon a determination that indemnification of the agent is proper in the circumstances because the agent has met the applicable standard of conduct set forth in paragraph (b) or (c), by:

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

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

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

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

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

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

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

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

(i) Upon and in the event of a determination by the Board of Directors of the Corporation to purchase indemnity insurance, the Corporation shall purchase and maintain

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

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

## **ARTICLE XII**

### **Medical Staff**

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

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

#### 12.3 Medical Staff Bylaws, Rules and Regulations.

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

#### (b) Procedure to Adopt or Amend.

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

(ii) Review and Approval. After the above action by the Medical Staff, such Medical Staff Bylaws, rules or regulations, or amendments thereto,

shall be forwarded to the Board for its review and approval, which approval shall not be unreasonably withheld.

(iii) Separate Action. If the Medical Staff fails to exercise its responsibility hereunder and in a reasonable, timely and responsible manner, and after written notice from the Board to such effect, including a reasonable period of time for response, the Board may formulate or amend the Medical Staff Bylaws, rules and regulations. Any Medical Staff recommendations and views shall be carefully considered during the Board's deliberations and actions.

#### 12.4 Credentialing and Clinical Privileges.

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

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

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

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

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

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

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

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

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

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

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

(a) Standard of Care. Ensuring that a comparable standard of care, as determined by the Medical Staff, is provided to all patients with similar needs;

(b) Monitor Quality. Ongoing monitoring and evaluation of patient care to solve problems and identify other opportunities to improve quality.

(c) Clinical Privileges. Delineation of clinical privileges for members of the Medical Staff commensurate with individual credentials and demonstrated ability and judgment.

(d) Continuing Education. Provision of continuing professional education, guided by the needs identified through the review and evaluation activities, as well as other perceived needs and interests.

(e) Resource Allocation. Review of utilization of the Corporation's resources to provide for their allocation to patients in need of them.

(f) Medical Records. Ensuring the preparation and maintenance of adequate and accurate medical records for all patients; and

(g) Other Matters. Such other measures as the Board may, after considering the advice of the Medical Staff and the Corporation's administration, deem necessary for the preservation and improvement of the quality and efficiency of patient care.

### **ARTICLE XIII**

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

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

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

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

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

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

### **ARTICLE XIV**

#### **Annual Report**

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

(a) The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year.

(b) The principal changes in assets and liabilities, including trust funds, during the fiscal year.

(c) The revenue or receipts of the Corporation, both unrestricted and restricted to particular purposes, for the fiscal year.

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

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

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

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

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

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

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

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

## **ARTICLE XV**

### **Standard of Care**

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

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

- (a) one or more officers or employees of the Corporation whom the Director believes to be reliable and competent as to the matters presented;
- (b) counsel, independent accountants, or other persons as to matters which the Director believes to be within such person's professional or expert competence; or
- (c) a Board committee upon which the Director does not serve, as to matters within its designated authority, provided that the Director believes such committee merits confidence; so long as in any such case, the Director acts in good faith after reasonable inquiry when the need therefor is indicated by the circumstances and without knowledge that would cause such reliance to be unwarranted.

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

## **ARTICLE XVI**

### **Prohibited Transactions**

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

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

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



## **ARTICLE XVII**

### **Miscellaneous**

#### **17.1 Records and Reports.**

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

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

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

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

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

## **ARTICLE XVIII**

### **Amendments**

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



## CERTIFICATE OF SECRETARY

I, the undersigned, certify that I am the currently elected and acting Secretary of El Camino Hospital, a California nonprofit public benefit corporation, and the above Amended and Restated Bylaws, consisting of 24 pages, are the Bylaws of this Corporation as adopted pursuant to the required affirmative vote of the Board, December 7, 2005 and the Member, the El Camino Healthcare District, on December 7, 2005 pursuant to the required affirmative vote of the District Board, as amended and restated pursuant to the required affirmative vote of the Board on August 10, 2011 and the Member, the El Camino Healthcare District, on August 10, 2011 pursuant to the required affirmative vote of the District Board, as further amended and restated by the Member, El Camino Healthcare District, on March 20, 2012 pursuant to the required affirmative vote of the District Board, as further amended and restated by the Member, El Camino Healthcare District, on May 12, 2012, May 1, 2013, June 18, 2013, and March 5, 2014 pursuant to the required affirmative vote of the District Board, as further amended and restated pursuant to the required affirmative vote of the Board on May 14, 2014 (Section 6.8) and May 14, 2014 (Article VII) and of the Member, the El Camino Healthcare District, on June 17, 2014, as further amended and restated pursuant to the required affirmative vote of the Board on October 8, 2014 (Section 7.6) and of the Member, the El Camino Healthcare District, on October 21, 2014 ~~and~~, as further amended and restated pursuant to the required affirmative vote of the Board on May 11, 2016 and of the Member, the El Camino Healthcare District, on June 14, 2016 and as further amended and restated by the Member, El Camino Healthcare District, on \_\_\_\_\_, 2017 pursuant to the required affirmative vote of the District Board.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Secretary on ~~June \_\_\_\_\_, 2016~~ \_\_\_\_\_, 2017.

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~~Peter Fung, M.D.~~

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El Camino Hospital Secretary

Comparison Details	
Title	<b>pdfDocs compareDocs Comparison Results</b>
Date & Time	05/30/17 1:23:16 PM
Comparison Time	1.35 seconds
compareDocs version	v4.1.500.11

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Modified Document	[#14234236] [v7] Amended and Restated Bylaws of El Camino Hospital 2017.docx

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Deletions	10
Changes	14
Moves	0
TOTAL CHANGES	39

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Deleted cells	
Merged cells	
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Changed lines	Mark left border.
Comments color	By Author.
Balloons	False

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Include Footnotes / Endnotes	Word	True
Include List Numbers	Word	True
Include Tables	Word	True
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Show Track Changes Toolbar	Word	True
Show Reviewing Pane	Word	True
Update Automatic Links at Open	Word	False
Summary Report	Word	End
Include Change Detail Report	Word	Separate
Document View	Word	Print
Remove Personal Information	Word	False
Flatten Field Codes	Word	True

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

\_\_\_\_\_, 2017

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## **ARTICLE I**

### **Corporate Offices**

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

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

## **ARTICLE II**

### **Purposes, Powers and Membership**

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

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

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

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

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

## **ARTICLE III**

### **Meetings of Members**

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

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

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

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

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

The notice of the meeting shall specify:

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

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

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



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

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

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

3.8 Voting.

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

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

3.9 Proxies.

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

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

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

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

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

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

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

## **ARTICLE IV**

### **Board of Directors**

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

4.2 Number of Voting Directors. The number of voting directors (“Directors”) of the Corporation shall not be less than five (5) nor more than ten (10) until changed by amendment of the Articles or by a bylaw amending this Section 4.2 duly adopted by the sole Member. The exact number of Directors shall be fixed from time to time, within the limit specified in the Articles or in this Section 4.2, by the sole Member.

4.3 Qualifications of Voting Directors.

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

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

(c) Restriction on Interested Directors. Not more than forty-nine percent (49%) of the persons serving on the Board of Directors at any time may be interested persons. An interested person is (i) any person being compensated by the Corporation for services rendered to it within the previous twelve (12) months, whether as a full-time or part-time employee, independent contractor, or otherwise, excluding any reasonable compensation paid to a Director as a Director; and (ii) any brother, sister, ancestor, descendant, spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law of any such person. In addition, 2012 Directors and 2017 Directors shall not be or seek to become an employee of the Corporation or an independent contractor receiving compensation from the Corporation while serving as a Director, except in the circumstances when a Director who is also a director of the sole Member may so serve. However, any violation of the provisions of this section shall not affect the validity or enforceability of any transaction entered into by the Corporation. Restrictions in addition to those set forth above may be imposed by applicable law.

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

4.4 Appointment and Selection of Directors. All Directors shall be nominated and elected by the Member.

4.5 Term.

(a) Years.

(i) A Director first elected by the Member pursuant to Section 4.4 effective September 1, 2012 shall serve a staggered term ending June 30, 2013, June 30, 2014 or June 30, 2015 as designated by a resolution of the Board. Any Director who is later appointed to such position or who is later appointed to a new term for such a position after the initial term

expires shall serve a term of three (3) years. The Directors described in this subparagraph (ii) are referred to in these Bylaws as “2012 Directors.”

(ii) A Director first elected by the Member, as a result of the increase in the number of permitted directors to ten (10), effective [June 20, 2017] shall serve a staggered term ending June 30, 2020 or June 30, 2021 as designated by a resolution of the Member. Any Director who is later appointed to such position or who is later appointed to a new term for such a position after the initial term expires shall serve a term of three (3) years. The Directors described in this subparagraph (ii) are referred to in these Bylaws as “2017 Directors.”

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

(iv) A Director who fills the unexpired term of a vacant Director position shall serve until the end of that unexpired term.

(v) A Director shall serve for such Director’s stated term and until his or her successor is duly elected and qualified, unless the Director resigns or is removed as provided in these Bylaws.

#### 4.6 Term Limits.

##### (a) New Members.

(i) Any 2012 Director or 2017 Director who first takes office during calendar year 2014, or any time thereafter, may only serve four (4) complete three (3) year terms as a Director.

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

##### (b) Current Members.

(i) Any 2012 Director who is serving as a Director as of January 1, 2014 may only serve four (4) complete three (3) year terms as a Director beginning with such Director’s next term of office that commences after January 1, 2014.

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

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

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

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

#### 4.7 Vacancy.

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

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

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

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

### **ARTICLE V**

#### **Certain Director Election Procedures**

5.1 Nominating Committee. The Board shall appoint a Nominating Committee, a special committee, to select qualified candidates for election to the Board at least thirty (30) days

before the date of any election of Directors. The committee shall make its report at least two (2) days before the date of the election, and the Secretary of the Corporation shall forward to the Member, with the notice of meeting required by Section 3.3 of these Bylaws, a list of candidates so nominated along with the names of any persons duly nominated by the Member as of that time.

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

## **ARTICLE VI**

### **Board Meetings**

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

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

6.3 Special Meetings.

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

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

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

6.4 Meetings by Conference Telephone. Any meeting, regular or special, may be held by conference telephone or similar communication equipment, so long as all Directors participating in the meeting can hear one another. All such Directors shall be deemed to be present in person at any such meeting.



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

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

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

6.8 Agenda for Meetings. The agenda for Board meetings shall be developed by the Chairperson with the Chief Executive Officer acting as staff to the Chairperson for this purpose. The Chairperson shall prepare a calendar of expected agenda items that will be communicated regularly at Board meetings. Any Director may ask that a matter be added to a future Board meeting agenda by written notification to the Chairperson and the Chief Executive Officer. The Chairperson will determine, considering all other matters to be addressed by the Board, whether and when to add the matter to a Board agenda. If the matter will not be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the request, the Chief Executive Officer will notify the Director making the request of the Chairperson's decision; the person making the request may ask that the questions of whether such matter should be considered by the Board and the timing of such consideration be addressed during the discussion of the calendar of expected agenda items during the next meeting of the Board that occurs more than ten (10) days thereafter. Notwithstanding the foregoing, any request to add a matter to the Board agenda made by three (3) directors shall be added to the Board meeting agenda at the next meeting to be held more than fourteen (14) days after the date of the last request.

6.9 Board Action. Every act done or decision made by a majority of the Directors

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

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

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

## **ARTICLE VII**

### **Board Committees and Advisory Committees**

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

- (a) Approve any action that, under the California Nonprofit Corporation Law, also requires the affirmative vote of the members of a public benefit corporation.
- (b) Fill vacancies on the Board or in any committee that has the authority of the Board.
- (c) Fix compensation of the Directors for serving on the Board or on any committee.
- (d) Amend or repeal Bylaws or adopt new bylaws.
- (e) Amend or repeal any resolution of the Board that by its express terms is not so amendable or repealable.
- (f) Appoint any other committees of the Board or the members of such committees.



(g) Expend corporate funds to support a nominee for Director after there are more people nominated for Director than can be elected.

(h) Approve any transaction between the Corporation and one or more of its Directors in which the Director or Directors have a material financial interest, except as provided by Section 5233 of the California Corporations Code.

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

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

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

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

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

advisory committee to change the members, to change the scope of delegation, or to terminate the existence of the advisory committee.

## **ARTICLE VIII**

### **Officers and Employees**

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

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

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

8.4 Resignation. Any officer may resign at any time by giving written notice to the Board of Directors, the Chairperson or to the Secretary, without prejudice, however, to the rights, if any, of the Corporation under any contract to which such officer is a party. Such resignation, which may or may not be made contingent on formal acceptance, shall take effect on the date of receipt or at any later specified time.

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

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

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

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

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

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

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

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

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

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

## **ARTICLE IX**

### **Chief Executive Officer**

9.1 Selection, Authority and Term. The Board may select and employ a competent, experienced Chief Executive Officer who shall be its direct executive representative in the management of the Hospital. This Chief Executive Officer shall be given the necessary authority and held responsible for the administration of the Hospital in all its activities and departments subject only to such policies as may be adopted, and such orders as may be issued by the Board or by any of its committees to which it has delegated power for such action. He or she shall act as the "duly authorized representative" of the Board in all matters in which the governing Board has not formally designated some other person for that specific purpose. However, nothing in this section is to be construed as depriving or delegating from the Board to the Chief Executive Officer any of the powers and duties imposed upon the Board by the Local Hospital District Law, Division 23, or Chapter 1 of the Health and Safety Code of the State of California, or related statutes. The Chief Executive Officer shall hold office from the date of hire until the end of his or her term in office or sooner at the sole discretion of the Board, subject to any employment agreement.

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

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

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

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

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

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

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

(f) To attend all meetings of the Board of Directors and participate in all Board discussions except where the Chief Executive Officer has a conflict of interest or is otherwise recused and except for executive sessions of the Board of Directors.

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

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

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

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

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

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

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

- (n) To assist in providing an orientation program for new Board members.
- (o) To perform any other duty that may be necessary in the best interest of the Hospital.

## **ARTICLE X**

### **Contracts and Financial Matters**

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

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

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

## **ARTICLE XI**

### **Conflicts of Interest and Indemnification**

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

11.2 Indemnification.

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

(b) The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any proceeding (other than an action by or in the right of the Corporation to procure a judgment in its favor, an action brought under Section 5233 of the California Corporations Code, or an action brought by the Attorney General for any breach of duty relating to assets held in charitable trust) by reason of the fact that such person is or was an agent of the Corporation, against expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with such proceeding if such person acted in good faith and in a manner such person reasonably believed to be in the best interests of the

Corporation and, in the case of a criminal proceeding, had no reasonable cause to believe the conduct of such person was unlawful. The termination of any proceeding by judgment, order, settlement, conviction or upon a plea of *nolo contendere* or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in the best interests of the Corporation or that the person had reasonable cause to believe that the person's conduct was unlawful.

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

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

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

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

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

(e) Except as provided in paragraph (d), any indemnification under this Section 11.2 shall be made by the Corporation only if authorized in the specific case, upon a determination that indemnification of the agent is proper in the circumstances because the agent has met the applicable standard of conduct set forth in paragraph (b) or (c), by:

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

(ii) Approval or ratification by the affirmative vote of a majority of the votes represented and voting at a duly held membership meeting at which a quorum is present (which affirmative votes also constitute a majority of the

required quorum); for such purpose, any membership held by the person to be indemnified shall not be considered outstanding or entitled to vote on the matter; or

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

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

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

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

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

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

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

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



## **ARTICLE XII**

### **Medical Staff**

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

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

#### 12.3 Medical Staff Bylaws, Rules and Regulations.

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

#### (b) Procedure to Adopt or Amend.

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

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

(iii) Separate Action. If the Medical Staff fails to exercise its responsibility hereunder and in a reasonable, timely and responsible manner, and after written notice from the Board to such effect, including a reasonable period of time for response, the Board may formulate or amend the Medical Staff Bylaws, rules and regulations. Any Medical Staff recommendations and views shall be carefully considered during the Board’s deliberations and actions.

#### 12.4 Credentialing and Clinical Privileges.

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



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

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

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

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

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

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

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

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

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

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

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

### **ARTICLE XIII**

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

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

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

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

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

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

#### **ARTICLE XIV**

##### **Annual Report**

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

- (a) The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year.
- (b) The principal changes in assets and liabilities, including trust funds, during the fiscal year.
- (c) The revenue or receipts of the Corporation, both unrestricted and restricted to particular purposes, for the fiscal year.
- (d) The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year.
- (e) Any information required by Section 6322 of the California Corporations Code.

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

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

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

- (i) Includes with any written material used to solicit contributions a written statement that its latest annual report will be mailed upon request and that such request may be sent to the Corporation at a name and address which is set forth in the statement;
- (ii) Promptly mails a copy of its latest annual report to any person who requests a copy; and
- (iii) Causes its annual report to be published not later than 120 days after the close of its fiscal year in a newspaper of general circulation in the county in which its principal office is located.

## **ARTICLE XV**

### **Standard of Care**

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

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

- (a) one or more officers or employees of the Corporation whom the Director believes to be reliable and competent as to the matters presented;
- (b) counsel, independent accountants, or other persons as to matters which the Director believes to be within such person's professional or expert competence; or
- (c) a Board committee upon which the Director does not serve, as to matters within its designated authority, provided that the Director believes such committee merits confidence; so long as in any such case, the Director acts in good faith after reasonable inquiry when the need therefor is indicated by the circumstances and without knowledge that would cause such reliance to be unwarranted.

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

## **ARTICLE XVI**

### **Prohibited Transactions**

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

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

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

## **ARTICLE XVII**

### **Miscellaneous**

#### 17.1 Records and Reports.

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

(b) Maintenance and Inspection of Other Corporate Documents. The accounting books, records, and minutes of proceedings of the Member, the Board and any committee of the Board shall be kept at such place or places designated by the Board or, in the absence of such designation, at the principal office of the Corporation. The minutes shall be kept in written or typed form, and the accounting books and records shall be kept either in written or

typed form or in any other form capable of being converted into written, typed or printed form. The minutes and accounting books and records shall be open to inspection on the written demand of any Member, at any reasonable time during usual business hours for a purpose reasonably related to the Member's interests as a Member. Inspection may be made in person or by an agent or any attorney, and shall include the right to copy and make abstracts.

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

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

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

## **ARTICLE XVIII**

### **Amendments**

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

## CERTIFICATE OF SECRETARY

I, the undersigned, certify that I am the currently elected and acting Secretary of El Camino Hospital, a California nonprofit public benefit corporation, and the above Amended and Restated Bylaws, consisting of 24 pages, are the Bylaws of this Corporation as adopted pursuant to the required affirmative vote of the Board, December 7, 2005 and the Member, the El Camino Healthcare District, on December 7, 2005 pursuant to the required affirmative vote of the District Board, as amended and restated pursuant to the required affirmative vote of the Board on August 10, 2011 and the Member, the El Camino Healthcare District, on August 10, 2011 pursuant to the required affirmative vote of the District Board, as further amended and restated by the Member, El Camino Healthcare District, on March 20, 2012 pursuant to the required affirmative vote of the District Board, as further amended and restated by the Member, El Camino Healthcare District, on May 12, 2012, May 1, 2013, June 18, 2013, and March 5, 2014 pursuant to the required affirmative vote of the District Board, as further amended and restated pursuant to the required affirmative vote of the Board on May 14, 2014 (Section 6.8) and May 14, 2014 (Article VII) and of the Member, the El Camino Healthcare District, on June 17, 2014, as further amended and restated pursuant to the required affirmative vote of the Board on October 8, 2014 (Section 7.6) and of the Member, the El Camino Healthcare District, on October 21, 2014, as further amended and restated pursuant to the required affirmative vote of the Board on May 11, 2016 and of the Member, the El Camino Healthcare District, on June 14, 2016 and as further amended and restated by the Member, El Camino Healthcare District, on \_\_\_\_\_, 2017 pursuant to the required affirmative vote of the District Board.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Secretary on \_\_\_\_\_, 2017.

\_\_\_\_\_  
El Camino Hospital Secretary



2500 Grant Road  
Mountain View, CA 94040  
Phone: 650-940-7300  
[www.elcaminohealthcaredistrict.org](http://www.elcaminohealthcaredistrict.org)

**Date:** El Camino Healthcare District Board Meeting –  
June 20, 2017

**BOARD OF DIRECTORS**

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

*Dennis W. Chiu, JD*

*Peter C. Fung, MD*

**From:** Matt Harris, Controller

*Julia E. Miller*

*David Reeder*

*John L. Zoglin*

**Subject:** Draft Resolution 2017-07 – Tax Appropriation Limit for FY 2017- 18:  
Alternatives for Establishing Tax Appropriation Limit for Fiscal Year  
2017/2018

**Board Action:** **Possible Motion: To Approve Resolution 2017-07**

**1. Background:**

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

[http://www.dof.ca.gov/budgeting/documents/Pricet-Population\\_2015.pdf](http://www.dof.ca.gov/budgeting/documents/Pricet-Population_2015.pdf)

**2. Cost of Living Category:**

- The change in California per capita personal income from the preceding year was a positive 3.69%
- The percentage change in local assessment due to nonresidential new construction from the previous year. This change is no longer provided.

**We selected the % change in per capita personal income of a positive 3.69% (1.0369)**

**3. Change in Population:**

- The population change within the District was a positive 0.0105%
- The population change within the County was a positive 0.0081%

**We selected the District: 0.0105% (1.0105)**

**4. Calculation:**

Change in Per Capita Income of 1.0369 x Change in District Population of 1.0105 = 1.0478 (multiplier)

Last Year’s Limit of \$7,658,014 x multiplier of 1.0478 = FY 17/18 Appropriation Limit of \$8,024,670.00

**5. Attachment: Draft Resolution 2017-07**

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



**ECHD RESOLUTION 2017-07**

**RESOLUTION OF THE BOARD OF DIRECTORS OF  
EL CAMINO HEALTHCARE DISTRICT  
ESTABLISHING THE APPROPRIATIONS LIMIT FOR FISCAL YEAR 2017 -18  
IN ACCORDANCE WITH ARTICLE XIIIB OF THE CONSTITUTION OF  
THE STATE OF CALIFORNIA**

WHEREAS, El Camino Healthcare District ("District") has completed its budget analysis and preparation for fiscal year 2017-18 and, pursuant to Article XIIIB of the California Constitution and SS7900 et seq of the California Government Code, has computed its appropriations limit for such fiscal year; and

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

WHEREAS, Article XIIIB 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 2017-18, 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 (3.69%).

2. For fiscal year 2017-18, the District hereby elects to use the following measurement to calculate the change in population:

The change in population within the District of 1.0105%.

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 2017-18, the District's total annual appropriations subject to limitation are \$8,024,670.00 calculated as follows.
  - a.  $1.0369 \times 1.0105 = 1.0478$  (multiplier)
  - b.  $1.0478 \times \$7,658,014.00$  (FY 2017 limit) = \$8,024,670.00
5. As required by Article XIIIB S1, the District's total annual appropriations subject to limitation for fiscal year 2016-17 should not exceed the District's appropriations limit for fiscal year 2017-18.

DULY PASSED AND ADOPTED at a Regular Meeting held on the 20<sup>th</sup> day of June 2017 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

---

Julia Miller, Secretary  
El Camino Healthcare District Board of Directors



## **El Camino Healthcare District**

Community Benefit Grant Process Monitoring Audit 2017

Executive Memo to the Board of Directors

March 6, 2017

### **About the audit**

El Camino Healthcare District contracted with Actionable Insights (AI) to conduct a process monitoring audit with three Community Benefit funded organizations. The grants were identified by the size of financial support. The purpose of the audit was to evaluate a sample of grantees to assess the reliability of the reported evaluation metrics and budget information. Specifically, the audit evaluated confidence in:

- Data and metrics reported
- Accuracy, accessibility and appropriateness of systems

The protocol used by AI focused on three main questions:

- What data collection process does the organization follow?
- What steps does the organization take for quality assurance of the data?
- What reporting process is used for the evaluation metrics and the budget report?  
*Includes reporting number served and impact metrics (measures of change).*

Melanie Espino, from Actionable Insights, served as the project lead. She was assisted by staff from her organization. AI spent approximately three hours on site with each of the three organizations. Multiple organization representatives were included in the audit process. AI conducted follow-up discussions with the grantees through phone calls and emails to complete the information gathering process.

### **About Actionable Insights**

Melanie Espino and Dr. Jennifer van Stelle have been partners for five years, and are the co-founders and principals of Actionable Insights, LLC. Melanie and Jen served El Camino Hospital and its partners in the Santa Clara County Community Benefit Coalition from 2012 to 2016, in addition to other county Community Benefit collaboratives. They each have

extensive program evaluation experience. This includes assisting organizations in measuring their impact, discovering key insights in their data, better telling the story of their work, and executing effective, data-driven action for those they serve. In previous experience as internal evaluators for funding organizations, the AI team conducted grantee monitoring and training to ensure data integrity and that grantees met their contracted obligations. Melanie and Jen also worked with the Santa Clara County Juvenile Probation grantees (under the auspices of another firm) for its annual program evaluation.

## Grantee audit summaries

### Safety Net Clinic | Access to Primary Care and Chronic Disease Management Program

#### Grant overview:

- **FY17 funding amount:** \$700,000
- **Purpose:** Ensure low-income individuals and families have access to immunization, comprehensive primary care and services to manage chronic diseases, including hypertension and diabetes. Grant also builds internal capacity to deliver primary and preventative health care for new patients at clinics in Mountain View and Sunnyvale.
- **Program metrics tracked:**
  - Total number of patients served
  - Number of patient visits
  - Percent of diabetic patients with LDL <130 mg/dL
  - Percent of diabetic patients with HbA1c Levels <9
  - Percent of hypertension patients with high blood pressure control
  - Percent of patients aged 51-75 with completed annual colorectal screening

#### Program staff who participated in audit:

- CEO
- Director of Clinic Operations
- Grants Manager

#### Findings:

This safety net clinic uses NextGen, an industry-standard electronic health record system (EHR), and Azara DRVS systems, a complementary software system for data reporting. The staff uses the EHR for client-level data collection done at the time of service. Staff involved in program reporting routinely checks the data reports for accuracy. As a result of using these systems, confidence in the reported metrics is high. The organization reports on indicators of how many patients are reaching health targets. The health center is not yet

prepared to report change (impact), but will use existing metrics to understand what the baseline is now so that appropriate targets are identified in future grant cycles.

### **Financial reporting**

The organization's expenses are all for personnel and direct fees for clinical care and services (including interpretation). Financial reporting is generated from the health clinic accounting system.

### **Conclusions & Recommendations:**

- The data systems in place are suitable and effective for the reporting requirements.
- The organization shows a strong dedication to understanding their program performance through data.
- It is recommended that they seek technical support from a NextGen EHR expert to generate a custom report with the required queries so that extracting the data is less time-consuming. This type of report may or may not be available in the NextGen system.

## **Ambulatory Clinic | Express Care and Dental Services**

### **Grant overview:**

- **FY17 funding amount:** \$968,000
- **Purpose:** Increase access to primary and dental care services (including emergency dental care) for the population in Mountain View, Sunnyvale, Los Altos and Los Altos Hills through extended clinic hours on weekdays and care coordination provided by a registered nurse.
- **Program metrics tracked:**
  - Number of patients served through express care
  - Number of encounters through express care services
  - Number of dental clinic patients
  - Number of dental clinic encounters
  - Percent of dental patients who return for maintenance exam within nine months
  - Percent increase in patient satisfaction scores related to getting timely access to care as measured by the Clinician and Group Survey tool over 2015 baseline

### **Program staff who participated in audit:**

- Director of Licensing and Regulatory Affairs
- Ambulatory Services Manager

### **Findings:**

As part of a county health and hospital system, this medical center has a set of stringent protocols, systems and support for data collection and reporting. Staff members who oversee the ECHD grant regularly review the data for quality assurance. The evaluation metrics and budget information provided to ECHD are based on solid data collection and analysis methods. The center was able to clarify during the audit that the metric for care coordination patients is relative to all primary care patients, not just patients receiving express care. The center has the capacity to report many useful metrics given the extensive dataset and EMR system capacity. The Health and Hospital System (HHS) and its clinics all use the same EMR system called ERIC.

### **Financial reporting**

The center's grant expenses are all for personnel. They have a team of accountants responsible for preparing the budget report who calculate the salaries and benefits related to the grant. The personnel expenses reported are capped at the amount ECHD approved.

### **Conclusions & Recommendations:**

- The center adheres to standard protocols regarding storage and protection of data and provides clinic staff with training on how to use data systems and protect patient confidentiality.
- AI recommends they update the care coordination metric to reflect the denominator (all primary care patients), since many patients receiving express care are seen during regular daytime primary care visit.
- Overall, the center has strong protocols and systems for data collection and reporting.

## **School District Nurse Program**

### **Grant overview:**

- **FY17 funding amount:** \$275,000
- **Purpose:** Enhance the health services to district students by funding two full-time school nurses and health assistant who provide critical resources to students and families. Among their many responsibilities is working with parents to ensure children who fail health screening see a provider.
- **Program metrics tracked:**
  - Number of individuals served (unduplicated)
  - Percent of students with failed vision or hearing screenings who saw a health care provider
  - Percent of students chronically absent due to illness who improved attendance

- Percent of students identified as needing urgent dental care through on-site screenings who saw a dentist

**Program staff who participated in audit:**

- Director of Special Education and Student Services
- District School Nurse Coordinator (RN)

**Findings:**

This school district uses PowerSchool, an industry-standard database, to collect student data including attendance and health information reported by parents. They also use CareDox, a software system designed for school health, to track the health screening results. The school nurses use MS Excel to track the outreach activities and results. As Excel is very straightforward for counting the number of students who received follow-up care, those overseeing the program do not recount the numbers on the spreadsheet. Since credentialed school nurses are trained to know how to track and follow up on health information, the supervisor did not find recounting necessary. Even though the nurses are trained on the school system, the audit found that this function would benefit from a shared spreadsheet that both supervisor and staff review. This change would result in an improvement in quality assurance for the grantee and grantor.

The school district reports the total number of students served at seven schools (proportionate to the number of school nurses which are funded by ECHD). In addition to health screening services for students in selected grades (K, 2<sup>nd</sup>, 5<sup>th</sup> and 8<sup>th</sup> this year), students at these schools may receive services such as medication administration, screenings, and case management. While nurses may not meet with every student personally within the grant year, they review all students profiles and the existence of these nurses allows the schools to offer other school-wide programs benefiting all students. However, the number reported served does not include students at a small program in one school.

School nurses keep separate spreadsheets for those who fail vision screenings and those who fail hearing screenings. Therefore, there may be minimal duplication between these sets of students (i.e., children who have failed both are counted twice, as expected). While there may be overlap between students who fail both, the goal is for students to get care for each screening, so reporting the percent of students who received care is an appropriate metric.

**Financial reporting**

Budget information is generated by the school district finance office and is easy to attribute to the ECHD grant for nurse salaries and nurse expenses.

### **Conclusions & Recommendations:**

- The data systems in place are suitable and effective for the reporting requirements.
- Program staff should do a review of the spreadsheets used by the school nurses to ensure data is being collected and aggregated consistently. They should also ensure MS Excel is being used efficiently (e.g., with formulas or pivot tables for aggregating totals).
- Update the metric related to failed hearing or vision screenings to say, “Percent of failed screenings which resulted in a follow-up with a health care provider” to avoid any expectation that the number is unduplicated.
- Provide a metric for the number of students served at the small school program not currently counted toward the total. Grantee will begin reporting on this small program in second half of FY17.
- These school nurses provide a value to the district that extends beyond the specific goals and metrics specified in the grant. Not all services supported by funding can be captured by the evaluation metrics. For example:
  - Direct nursing services for medically fragile children;
  - Individualized care plans for students with chronic diseases and other special needs.

## **Conclusion**

In early 2017 AI conducted an exploratory process audit with a sampling of ECHD grantees. Overall, the three district grantees have tools and systems in place that effectively support reporting requirements for collecting and reporting data. Key takeaways include:

- Reporting metrics for all three programs are very straight-forward and do not require advanced program evaluation expertise. AI has high confidence in the metrics reported based on the information provided about their systems and procedures for data collection and reporting.
- For all three grantees, actual program expenses for the grant amount are reported by their respective accounting/finance departments based on standard accounting practices. No concerns were found regarding expense reporting for these grant programs.

Community Benefit Program staff will meet with each grantee to debrief on the audit findings and ensure they understand AI’s recommendations for process improvements. Staff will also review the audit findings for process improvements within the Community Benefit program grant cycle and collaboration with grantee partners.



## ECHD BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Renewal of District membership in the Association of California Healthcare Districts (ACHD)  El Camino Healthcare District Board of Directors  June 20, 2017
<b>Responsible party:</b>	Don Sibery, Interim CEO; Brenda Taussig, Director of Government & Community Relations
<b>Action requested:</b>	For Information
<b>Background:</b>  ECHD is a member of several organizations which provide professional education and advocacy services on behalf of special districts: the California Special Districts Association (CSDA), the Santa Clara County Special Districts Association (SCCSDA) and Association of California Healthcare Districts (ACHD). In addition, ECH is a member of the District Hospital Leadership Forum, as well as other professional organizations which provide services to hospitals. In FY17, at the request of a board member, the Board received information about the services, level of engagement and cost of each association membership.	
<b>Board Advisory Committees that reviewed the issue and recommendation, if any:</b> None.	
<b>Summary:</b> <ul style="list-style-type: none"> <li>- In the past 18 months, the legislature and Little Hoover Commission have increased their scrutiny of healthcare districts in the state. ACHD has provided valuable leadership educating legislators and commissioners. This year, they will also work with Cal-LAFCO to improve service reviews for healthcare districts.</li> <li>- Director Miller currently serves as Vice-Chair of the ACHD board and has provided updates on ACHD activities to the ECHD board. In FY18, Director Miller will complete a three year term on the ACHD board.</li> <li>- ACHD dues are \$25,000 for FY18. This is a one-time reduction from \$45,000 in FY17.</li> <li>- Pursuant to delegated authority, staff will renew ACHD membership for FY18.</li> </ul>	
<b>Suggested discussion questions:</b> None	
<b>Proposed board motion, if any:</b> None. This item is for information only.	
<b>LIST OF ATTACHMENTS:</b> None.	



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

**Board Finance Presentation  
Fiscal Year 2017  
7/1/2016- 04/30/2017**

Iftikhar Hussain, CFO

El Camino Healthcare District Board of Directors Meeting  
June 20, 2017

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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)

	Apr 30, 2017	June 30, 2016 Audited w/o Eliminations		Apr 30, 2017	June 30, 2016 Audited w/o Eliminations
<b>ASSETS</b>			<b>LIABILITIES &amp; FUND BALANCE</b>		
<b>Current Assets</b>			<b>Current Liabilities</b>		
Cash & Investments	\$264	\$188	Accounts Payable & Accrued Exp	\$81	\$94
Patient Accounts Receivable, net	\$108	\$122	Bonds Payable - Current	7	6
Other Accounts and Notes Receivable	\$4	\$7	Bond Interest Payable	4	8
Inventories and Prepaids	\$44	\$40	Other Liabilities	5	8
<b>Total Current Assets</b>	<b>421</b>	<b>357</b>	<b>Total Current Liabilities</b>	<b>97</b>	<b>116</b>
<b>Board Designated Assets</b>			<b>Deferred Revenue</b>	1	1
Foundation Reserves	14	14	<b>Long Term Liabilities</b>		
Community Benefit Fund	14	16	Bond Payable	662	360
Operational Reserve Fund	102	102	Benefit Obligations	39	38
Workers Comp, Health & PTO Reserves	65	64	Other Long-term Obligations	4	4
Other Board Designated Reserves	163	156	<b>Total Long Term Liabilities</b>	<b>704</b>	<b>402</b>
<b>Total Board Designated Assets</b>	<b>358</b>	<b>351</b>	<b>Fund Balance</b>		
Funds Held By Trustee	314	46	Unrestricted	1,126	1,004
Long Term Investments	253	208	Board Designated & Restricted	254	242
Other Investments	35	34	Capital & Retained Earnings	15	14
Net Property Plant & Equipment	776	743	<b>Total Fund Balance</b>	<b>1,395</b>	<b>1,261</b>
Other Assets	48	48			
<b>Total Non-Designated Assets</b>	<b>1,426</b>	<b>1,079</b>			
<b>TOTAL ASSETS</b>	<b>\$2,204</b>	<b>\$1,786</b>	<b>TOTAL LIAB. &amp; FUND BAL.</b>	<b>\$2,204</b>	<b>\$1,786</b>



*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, 2017

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior Full Year Actual</u>
Net Patient Revenue <sup>(1)</sup>	675	654	20	630
Other Operating Revenues	34	35	-1	31
<b>Total Operating Revenues</b>	<b>709</b>	<b>689</b>	<b>20</b>	<b>661</b>
Wages and Benefits	378	388	10	364
Supplies	97	99	2	96
Purchased Services	89	89	0	91
Other	24	24	1	31
Depreciation	40	44	4	41
Interest	4	4	1	5
Total Operating Expense <sup>(2)</sup>	<b>632</b>	<b>649</b>	<b>17</b>	<b>628</b>
<b>Operating Income</b>	<b>77</b>	<b>41</b>	<b>36</b>	<b>33</b>
Non-Operating Income <sup>(3)</sup>	57	20	37	(2)
<b>Net Income</b>	<b>134</b>	<b>61</b>	<b>73</b>	<b>31</b>



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 2017 Actual to Budget**

**(Includes El Camino Hospital)**

- 1) Net Patient Revenue was above budget by approximately \$20M due to receipt of delayed (unbudgeted) IGT \$6.5M payment, \$3.5M from PRIME and improvements in rev cycle operations including improvements in charge capture and reduction in denials.
- 2) The positive expense variance of approximately \$17M is primarily due to improve productivity in labor resulting a favorable labor costs variance of \$10M. Other favor variances are in supplies (+\$2M ) and depreciation (+\$4M).
- 3) The \$37M Non-Operating Income positive variance is due to a \$35M favorable in investment income YTD at ECH Hospital.



# 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, 2017	June 30, 2016		April 30, 2017	June 30, 2016
<b><u>ASSETS</u></b>			<b><u>LIABILITIES &amp; FUND BALANCE</u></b>		
Cash & cash equiv	\$3,860	\$2,694	Accounts payable <sup>(8)</sup>	\$0	\$585
Short term investments	12,166	4,861	Current portion of bonds	3,570	2,485
Due fm Retiree Health Plan <sup>(1)</sup>	20	80	Bond interest payable	776	2,523
S.C. M&O Taxes Receivable	0	0	Other Liabilities	209	133
Other current assets	3	0			
<b>Total current assets</b>	<b>\$16,049</b>	<b>\$7,635</b>	<b>Total current liabilities</b>	<b>\$4,554</b>	<b>\$5,726</b>
Operational Reserve Fund <sup>(2)</sup>	1,500	1,500			
Capital Appropriation Fund <sup>(3)</sup>	6,174	15,472			
Capital Replacement Fund <sup>(4)</sup>	4,948	4,684	Deferred income	61	44
Community Benefit Fund <sup>(5)</sup>	2,037	3,495	Bonds payable - long term	131,113	133,797
<b>Total Board designated funds</b>	<b>\$14,659</b>	<b>\$25,151</b>	<b>Total liabilities</b>	<b>\$135,729</b>	<b>\$139,567</b>
<b>Funds held by trustee <sup>(6)</sup></b>	<b>\$16,744</b>	<b>\$15,452</b>	<b>Fund balance</b>		
<b>Capital assets, net <sup>(7)</sup></b>	<b>\$11,247</b>	<b>\$11,449</b>	Unrestricted fund balance	\$41,686	\$43,472
			Restricted fund balance <sup>(9)</sup>	(118,715)	(123,353)
			<b>Total fund balance</b>	<b>(\$77,029)</b>	<b>(\$79,881)</b>
<b>TOTAL ASSETS</b>	<b>\$58,700</b>	<b>\$59,686</b>	<b>TOTAL LIAB &amp; FUND BALANCE</b>	<b>\$58,700</b>	<b>\$59,686</b>



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, 2017

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

	Actual	Current Year Budget	Variance	Prior Full Year Actual
<b><u>REVENUES</u></b>				
(A) Ground Lease Revenue <sup>(10)</sup>	\$ 75	\$ 75	\$ -	\$ 88
(B) Redevelopment Taxes <sup>(11)</sup>	149	192	(43)	463
(B) Unrestricted M&O Property Taxes <sup>(11)</sup>	7,658	6,382	1,276	7,162
(B) Restricted M&O Property Taxes <sup>(11)</sup>	5,403	4,208	1,195	6,171
(B) G.O. Taxes Levied for Debt Service <sup>(11)</sup>	8,862	7,667	1,195	9,836
(B) IGT/PRIME Medi-Cal Program <sup>(12)</sup>	(5,855)	-	(5,855)	(802)
(B) Investment Income (net)	(31)	200	(231)	375
(B) Other income	223	144	79	239
<b>TOTAL NET REVENUE</b>	<b>16,484</b>	<b>18,868</b>	<b>(2,384)</b>	<b>23,532</b>
<b><u>EXPENSES</u></b>				
(A) Professional Fees & Purchased Svcs <sup>(13)</sup>	370	621	251	355
(A) Supplies & Other Expenses	153	110	(43)	58
(B) G.O. Bond Interest Expense (net) <sup>(14)</sup>	4,655	3,914	(741)	4,695
(B) Donations to Outside Organizations <sup>(15)</sup>	6,272	5,604	(668)	5,986
(A) Depreciation / Amortization	201	201	-	253
<b>TOTAL EXPENSES</b>	<b>11,651</b>	<b>10,450</b>	<b>(1,201)</b>	<b>11,347</b>
<b>NET INCOME</b>	<b>\$ 4,832</b>	<b>\$ 8,417</b>	<b>\$ (3,585)</b>	<b>\$ 12,185</b>
 (A) Operating Revenues & Expenses (B) Non-operating Revenues & Expenses				
<b><u>RECAP STATEMENT OF REVENUES &amp; EXPENSE</u></b>				
(A) Net Operating Revenues & Expenses	\$ (649)			
(B) Net Non-Operating Revenues & Expenses	5,482			
<b>NET INCOME</b>	<b>\$ 4,832</b>			



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, 2017</u>	<u>June 30, 2016</u>
<b>Fiscal year beginning balance</b>	\$ (79,881)	\$ (92,282)
Net income year-to-date	\$ 4,832	\$ 12,185
Transfers (to)/from ECH:		
IGT/PRIME Funding <sup>(16)</sup>	\$ 7,294	\$ 216
Capital Appropriation projects <sup>(17)</sup>	\$ (9,274)	-
<b>Fiscal year ending balance</b>	<u><u>\$ (77,029)</u></u>	<u><u>\$ (79,881)</u></u>



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

# El Camino Healthcare District

## Notes to Stand-Alone Financial Statements

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

- (1) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (2) **Operating Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (3) **Capital Appropriation Fund** – Formerly known as the Capital Outlay Fund, which accumulates at the end of each fiscal year those M&O property taxes that are over the Gann limit and thus become restricted for plant and equipment projects. This amount reflects the accumulation of the fiscal year ended 2016. 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** – Participation thus far in Inter Governmental Transfer program for FY 2017, not expected for this fiscal year. This program was extremely behind in being implemented for the fiscal year 2015/2016 by the State and finally occurred in August of the District's fiscal year 2017, thus causing it to be non-budgeted. Also participation began in the behavioral health PRIME program with an initial funding of \$1.7M, which returned \$3.5M to the Hospital.

**(13) Professional Fees & Services** – Detailed below:

• Community Benefit/Admin Support from ECH	\$308
• Legal	13
• Consulting & Recruitment	32
• Direct Mail / Website	0
• Other	17
	<u>\$ 370</u>

**(14) 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. This refunding did cost the District approximately \$900 thousand in cost of issuance expenses for professional fees and the underwriter that are included in the expense line.

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

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

**(17) Capital Appropriation Projects Transfer** – This amount was the approved amount at the Board's June 2016 meeting to be transferred to the Hospital for the future renovation of the Women's Hospital after the IMOB is completed in the Fall 2018.



# El Camino Healthcare District

## Sources & Uses of Tax Receipts (\$Thousands)

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

### Sources of District Taxes

4/30/2017

(1) Maintenance and Operation and Government Obligation Taxes \$21,923

(2) Redevelopment Agency Taxes 149

**Total District Tax Receipts 22,072**

### Uses Required Obligations / Operations

(3) Government Obligation Bond 8,862

**Total Cash Available for Operations, CB Programs, & Capital Appropriations 13,210**

(4) Capital Appropriation Fund – Excess Gann Initiative Restricted\* 5,403

**Subtotal 7,807**

(5) Operating Expenses 523

**Subtotal 7,284**

(6) Capital Replacement Fund (Park Pavilion) 261

**Funds Available for Community Benefit Programs 7,023**

\*Gann Limit Calculation for FY2017

\$7,658

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





**El Camino Hospital<sup>®</sup>**

THE HOSPITAL OF SILICON VALLEY

**El Camino Hospital and Affiliates  
FY18 Operating & Capital Budget**

El Camino Healthcare District  
Board of Directors

June 20, 2017

Don Sibery, Interim CEO

Mick Zdeblick, COO

Iftikhar Hussain, CFO

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Video clip will be shown  
at the meeting

# Context For The ECH Enterprise During FY18

- Consciously move from hospital centric to health centric
- Focus on Silicon Valley rather than just Mountain View, Los Gatos or Santa Teresa
- Preserve Values which exist and bring to life the Values which need support and development
- Act on the Engagement and Culture of Safety Survey Results
- On-board the permanent CEO and look forward to him putting his thumb print on the Strategic Plan initiatives
- Building contemporary HR, Supply Chain, Accounting systems
- Concentrate on preparing the organization for execution on the initiatives which are strategic priorities



# Context For The ECH Enterprise During FY 2018

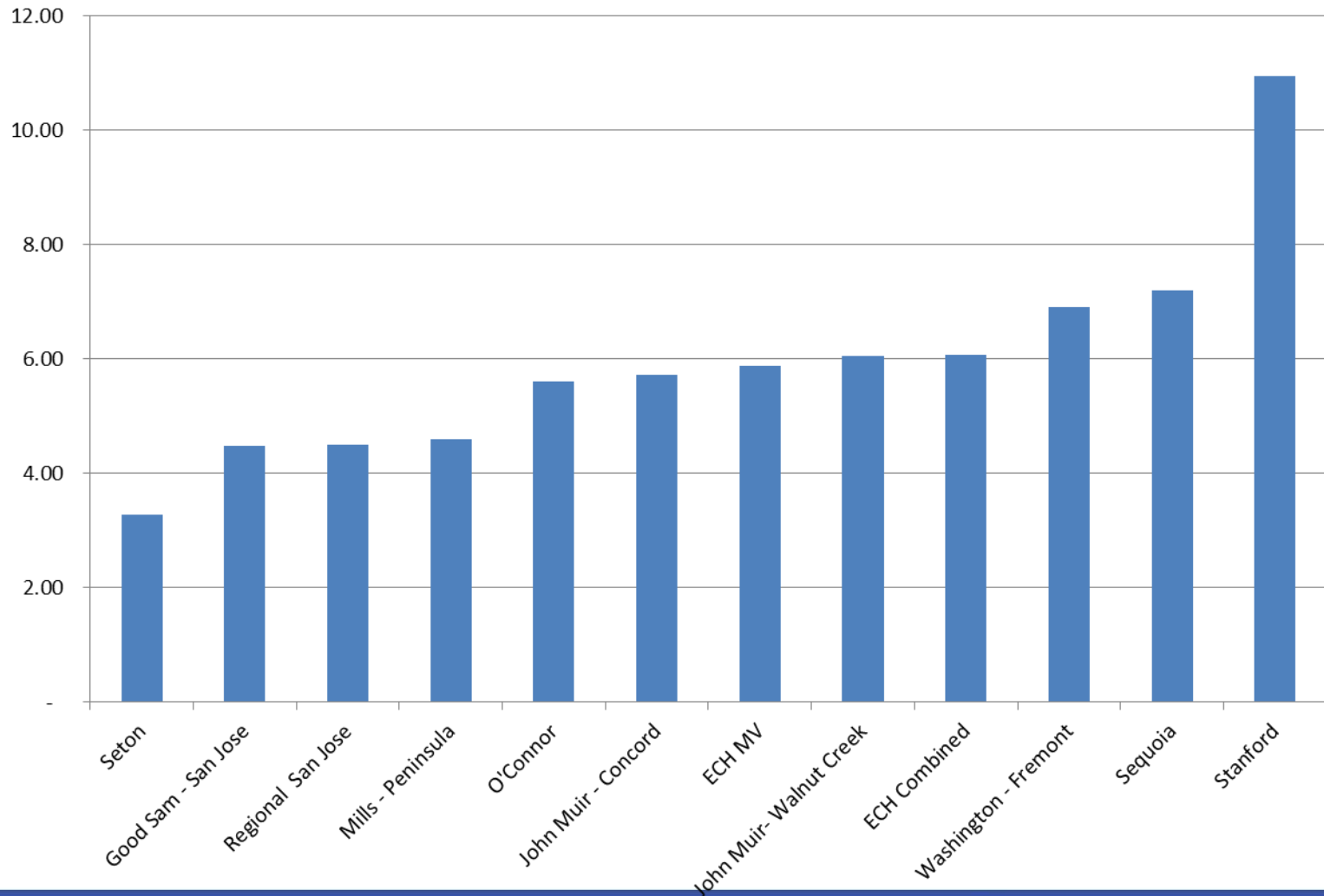
- The capital and operating budget supports clinical volume growth in MV, LG, and ambulatory sites
- Budgeted Operating Income and EBIDTA deserving of an A Bond Rating by Moody's
- Embed Lean principles at all levels of the organization
- Layoff savings, without eliminating or redesigning work, will creep back into the organization over time
- First quarter, identify overhead reductions and implement during the balance of the fiscal year simultaneous with the work redesign or work elimination

# Context For The ECH Enterprise During FY 2018

- All new FTEs have been paid for by:
  - New revenue to cover the position
  - Cost savings to pay for the position
  - Eliminating another position in order to fill the new position
- We have increased our bench strength with budgeted investments in compliance and legal

# Context For The ECH Enterprise During FY 2018

FTEs/AOB



# Context For The ECH Enterprise During FY 2018

Strategic Plan Fund of \$5,000,000

- How did we arrive at this number?
  - ✓ Felt it was a realistic first year amount to digest as an organization
  - ✓ In order to preserve our A Bond Rating this was the amount we could spend
- Why not \$10,000,000 or more?
  - ✓ It would impact the EBITDA and the operating margin
  - ✓ Other than capital investments, I felt we could not absorb more operating expenditures than \$5,000,000.

# Context For The ECH Enterprise During FY 2018

Strategic Plan Fund of \$5,000,000

- How will decisions be made as to its use?
  - ✓ The CEO will present the rational for use of the funds and will bring it forth to the Board or an appropriate Board Committee
- Is the Board restricted to the \$5m Fund amount?
  - ✓ The Board has full discretion as to how much to invest at any point in time. Return on the investment and impact on our A Bond Rating will need to be taken into consideration by the Board at the time

# Context for FY18 Goals

Organizational Goals must meet three tests:

1. Each employee must be able to contribute personally towards achieving the goal (Line of Sight)
2. Goal must be measurable and have an external benchmark
3. The goal must move the needle on one of the ECH strategic initiatives

# Finance Committee Suggestions

The Finance Committee, at the May 30, 2017 meeting, recommended that the Board approve the budget and made the following suggestions:

- Increase the threshold organizational goal to 95% of budgeted operating margin.
  - DONE: This change will be incorporated into the Organizational Goals presented later in today's agenda.
- Describe guidelines on spending the proposed \$5 million (or different amount approved by the Board) allocated to the CEO for advancing strategic initiatives.
  - See slide 8 for details
- Consider reducing FTEs per adjusted occupied bed.
  - We will use FY18 to rebuild the Lean structure. The changes from this process will be lasting and improve quality rather than making a rushed change in the FY18 budget.
  - See comments on slides 5.

# Finance Committee Suggestions

The Finance Committee, at the May 30, 2017 meeting, recommended that the Board approve the budget and made the following suggestions:

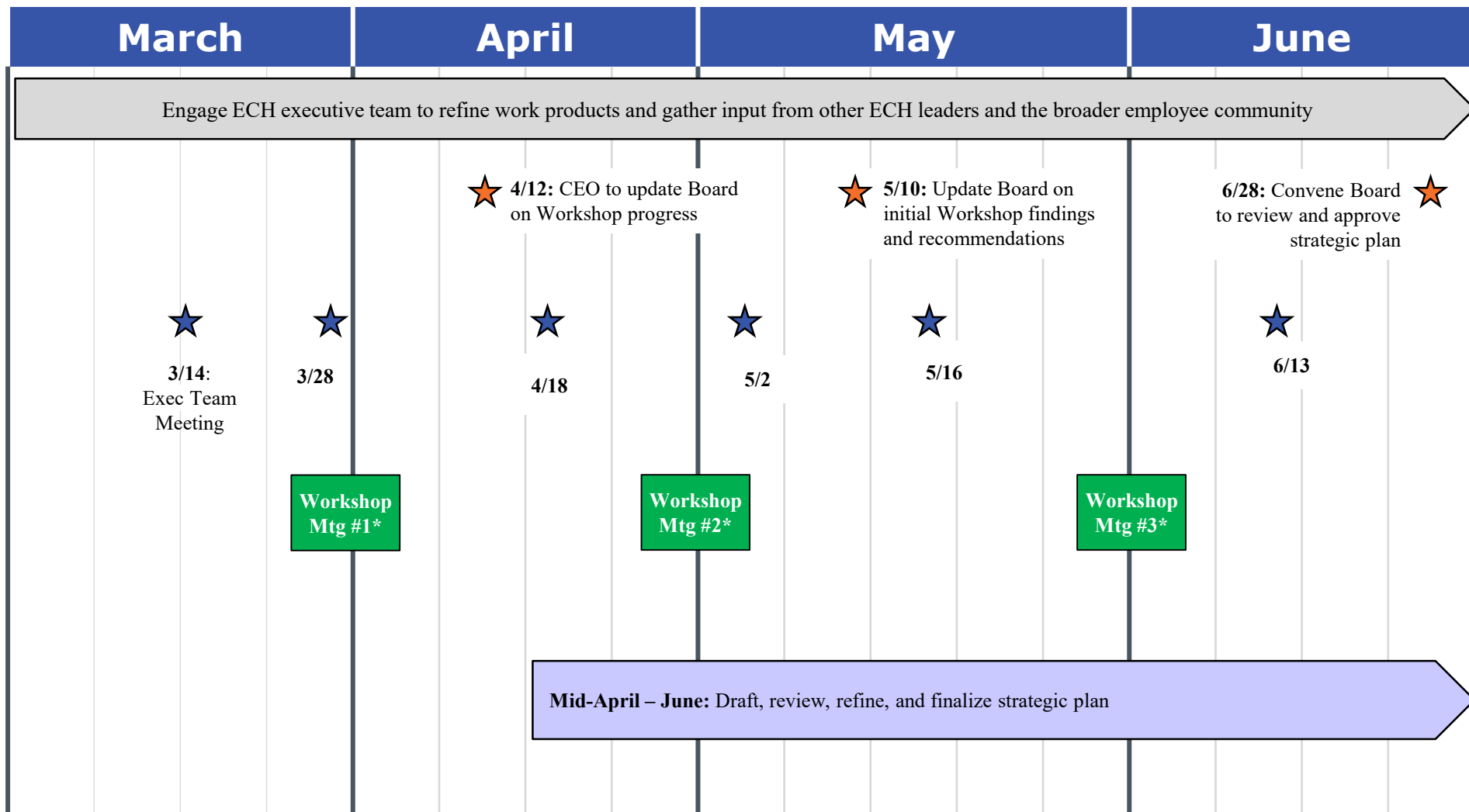
- Consider adequacy of the marketing budget by looking at benchmarks.
  - We have validated that the marketing budget is adequate. Truven Benchmarks show that the ECH marketing expenses at 84.6 percentile (e.g. only 14.4% percent of like organizations spend more than us).
- Consider loss of market share in imaging and outpatient laboratory.
  - An analysis by payer showed that the highest volume decreases correlated to payers that reimburse outpatient radiology services at fixed rates (i.e. Anthem Blue Cross, United Healthcare, Workers' Comp, and Medicare). The rates are assessed to be similar between free standing facilities and hospitals – with similar patient co payments. Thus, changes to pricing would have no impact to these payers and would provide no incentive for these payers to channel additional business to ECH.
  - We intend to remain competitive with free standing centers by implementing lower rates, offset by higher inpatient rates in our contracts. Mammo volume decline will recover after Tomo implementation.



# END of DOCUMENT

The rest of this document was presented at the Joint Finance and Board Meeting on May 30, 2017.

# Project Timeline



*\*Proposed Workshop meeting dates are contingent on member availability and may vary by Workshop*

# El Camino Hospital's Mission, Vision & Values

*drafted May 2017*

## Mission

**Our mission is to heal, relieve suffering and advance wellness as your publicly accountable health partner**

## Vision

**Our vision is to lead the transformation of healthcare delivery in Silicon Valley**

## Values

- **Quality.** We pursue excellence to deliver evidence based care in partnership with our patients and families.
- **Compassion.** We care for each individual uniquely with kindness, respect and empathy.
- **Community .** We partner with local organizations, volunteers and a philanthropic community to provide healthcare services across all stages of life.
- **Collaboration.** We partner for the best interests of our patients, their families and our community using a team approach.
- **Stewardship.** We carefully manage our resources to sustain, grow and enable services that meet the health needs of our community.
- **Innovation** We embrace solutions and forward thinking approaches that lead to better health.
- **Accountability.** We take responsibility for the impact our actions have on the community and each other.

# Strategic Focus

Strategic Focus	Strategic Building Blocks
<b>Physician Alignment</b>	<ul style="list-style-type: none"> <li>• <i>Physician Collaboration</i></li> <li>• <i>Destination Clinical Programs</i></li> <li>• <i>Preferred Physician Practice Environment</i></li> </ul>
<b>Consumer Alignment</b>	<ul style="list-style-type: none"> <li>• <i>Provide Patient- and Family-Centered Care</i></li> <li>• <i>Offer a Collaborative Physician Experience</i></li> <li>• <i>Deliver Value to Payers and Employers</i></li> <li>• <i>Engage Community</i></li> </ul>
<b>Operational Excellence</b>	<ul style="list-style-type: none"> <li>• <i>Lean Organization</i></li> <li>• <i>Financial Sustainability</i></li> <li>• <i>Leverage Assets</i></li> </ul>
<b>Cultural Foundation</b>	<ul style="list-style-type: none"> <li>• <i>Fostering Effective Teams</i></li> <li>• <i>Enabling and Expecting Excellence</i></li> <li>• <i>Seeking Out and Embracing Innovation</i></li> </ul>

## Proposed Next Steps

1. Revise building blocks per Board feedback.
2. Incorporate workshop #3 feedback into final presentation.
3. Convene Board to review and approve strategic plan on June 28<sup>th</sup>.

# FY18 Organizational Goals: For Discussion

- Format and framework of the organizational goals has been approved by the Executive Compensation Committee of the Board.
- Specifically:
  - a threshold goal based on financial performance to budget.
  - three goals that collectively impact the entire organization, generally focused on Quality, Service Affordability, and being Patient Centric.
  - ½X, X, 2x format for Minimum, Target and Maximum.
- The Quality Committee of the Board needs to review and recommend to the Board the three specific Quality, Service, Affordability, or Patient Centric goals.

# FY18 Organizational Goals: For Discussion and Approval

**[Update to change budget threshold to 95%]**

ECH FY18 Organizational Goals								
DRAFT								
Organizational Goals FY18		Benchmark	2017 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe
Threshold Goals								
Budgeted Operating Margin		90% threshold	Achieved Budget	90% of Budgeted			Threshold	FY 18
	Arithmetic Observed LOS Average / Geometric LOS Expected for Medicare population (ALOS / GMLOS)	External : Expected via Epic Methodology	FY2016: 1.21 (ALOS 4.86 / GMLOS 4.00) FY2017 YTD April: <b>1.18</b> (4.81/4.08)	1.12	1.11	1.08	34%	4Q FY18
	HCAHPS Service Metric: Rate Hospital	External Benchmark	HCAHPS Baseline: 10/2016 - 12/2016: <b>75.5</b> 1/2017 - 3/2017: <b>75.1</b>	77	78	80	33%	4Q FY18
	Standardized Infection Ratio (SIR) Observed HAIs / Predicted HAIs (Hospital Acquired Infections)	External Benchmark	July - Dec 2016: CAUTI 1.37, CLABSI .25, C.DIFF .59 <b>Avg of .738</b>	0.670	0.602	0.467	33%	FY18

# FY18 Organizational Goals: For Discussion and Approval

- For the last two years we have set internally focused LOS and Readmission goals, i.e. trend improvement. This year, we are advancing the concept via an external component, expected GMLOS.
- By using an Observed (actual ECH performance) over Expected (GMLOS) ratio, it captures both improvement in LOS management and better coding/documentation (CDI effort).

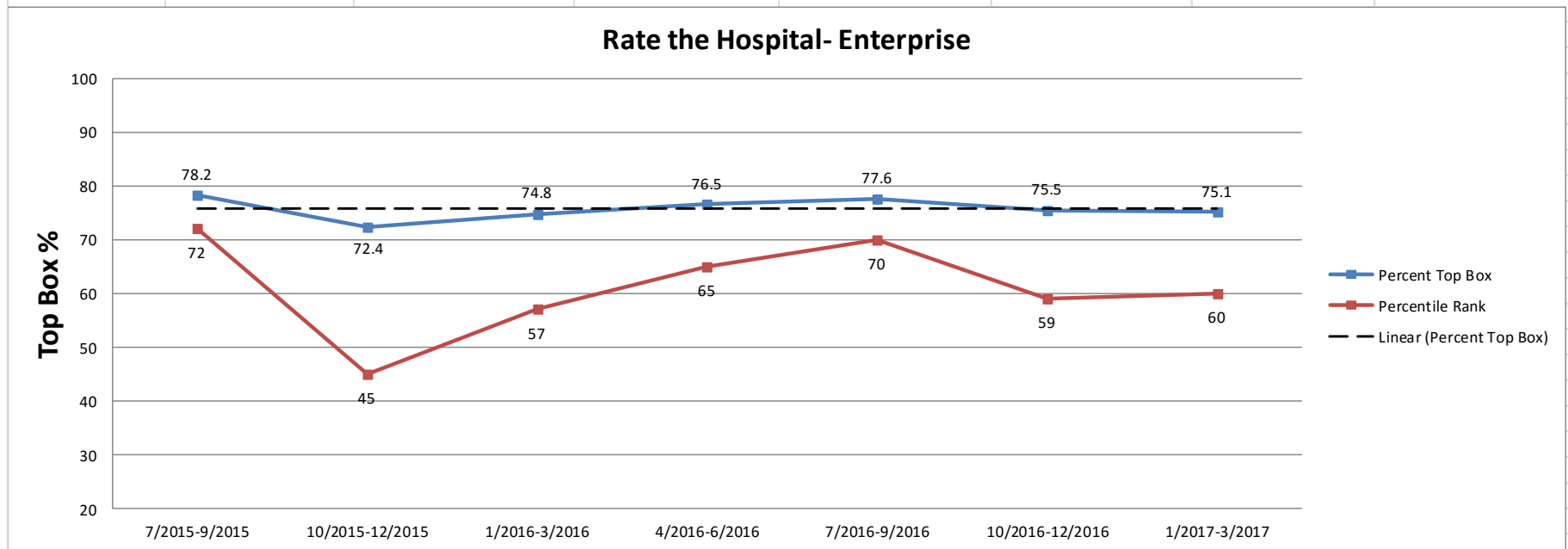
CMI impacting GMLOS	Baseline	4.08
	3.0%	4.20
	4.0%	4.25
	6.0%	4.33
ALOS impacted by day reduction	Baseline	4.81
	625	4.71
	750	4.72
	1000	4.67



# FY18 Organizational Goals: For Discussion and Approval

We are recommending “Rate the Hospital” CAHPS as the service goal, it allows for multiple interventions and is a very good capstone metric representing our consumers view of our service.

Rate hospital 0-10	7/2015-9/2015	10/2015-12/2015	1/2016-3/2016	4/2016-6/2016	7/2016-9/2016	10/2016-12/2016	1/2017-3/2017
Percent Top Box	78.2	72.4	74.8	76.5	77.6	75.5	75.1
Percentile Rank	72	45	57	65	70	59	60
n	660	543	810	918	866	803	635



# FY18 Organizational Goals: For Discussion and Approval

We discussed goal setting options with Press Gainey and they provided the following perspective:

## FY 18 HCAHPS Goal Setting Analysis

5/8/17

Top box score from 5/1/16 – 4/30/17

El Camino Hospital (Aggregate)

Service/Level	Peer Group	Score Type	Your Score	Your Rank	The top 50% of improvers' saw this much change:			The top 30% of improvers' saw this much change:			The top 10% of improvers' saw this much change:		
					Threshold Goal			Target Goal			Stretch Goal		
					Top Box Score Increase	Top Box Score Goal	Percentile Rank Goal	Top Box Score Increase	Top Box Score Goal	Percentile Rank Goal	Top Box Score Increase	Top Box Score Goal	Percentile Rank Goal
HCAHPS													
Rate hospital 0-10	All PG DB	Top Box	75.8	64	0.8	76.6	65	2.2	78.0	71	4.2	80.0	80

76.6      78.0      80.0

Top xx% of improvers saw this much change: 50%, 30%, 10%:

# FY18 Organizational Goals: For Discussion and Approval

After good discussion with the Quality Committee of the Board, we have revised our third Organizational Goal to be focused exclusively on quality. We are proposing SIR, specifically focused on CAUTI, CLABSI, and C-DIFF.

## *STANDARDIZED INFECTION RATIO (SIR)*

### *What is a standardized infection ratio (SIR)?*

The standardized infection ratio (SIR) is a summary measure used to track HAIs at a national, state, or local level over time. The SIR adjusts for patients of varying risk within each facility. The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a summary statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs reported with the baseline U.S. experience (i.e., NHSN aggregate data are used as the standard population), adjusting for several risk factors that have been found to be significantly associated with differences in infection incidence. In other words, an SIR greater than 1.0 indicates that more HAIs were observed than predicted, accounting for differences in the types of patients followed; conversely, an SIR less than 1.0 indicates that fewer HAIs were observed than predicted.

# FY18 Organizational Goals: For Discussion and Approval

HAI	Facility – MV	# of HAI	Facility- LG	# OF HAI	AVE SIR	Target SIR	
<b>CAUTI</b>	2016 H2 – 1.817	11	2016 H2 – 0.932	1	1.375		
HX 2015-2016	0.767	20	0.6385	3	0.703	1.039	
<b>CLABSI</b>	2016 H2 – 0.492	2	2016 H2 - 0	0	0.246		
HX 2015-2016	0.31	5	0	1	0.155	0.201	
<b>C.DIFF</b>	2016 Q4-1.185	2016 Q4 - 10	2016 - 0	2016 Q4 - 0	0.593		
HX 2016	0.753	23	0.331	1	0.542	0.567	
<b>AVE SIR CURRENT</b>					0.738		
AVE SIR HX					0.467		
Delta					0.271		
						Infection Rate Index: Target	
1/4 if Delta = Min					0.068	0.670	Minium
½ Delta = X					0.136	0.602	Target
Max = Delta					0.271	0.467	Max

# FY18 Organizational Goals: For Discussion and Approval

- Minimum is  $\frac{1}{4}$  to historical best (last 4 years)
- Target improvement is  $\frac{1}{2}$  to historical best
- Maximum is historical best on all three indicators
- An alternative would be 1 of 3, 2 of 3, 3 of 3 achievement of target SIR per each HAI

In raw numbers the occurrences are small, but the impact is significant.

HAI Type	Fiscal Yr 2016	Fiscal Yr 2017 to date (April 2017)
CAUTI	8	18
CLABSI	1	6
C.Diff	17	15

# FY18 Operating Budget Overview

# FY18 Budget and Organizational Priorities

Key Themes:

## **Invest in our Strategic Plan**

- We have established \$5M in budget “undesignated expenses” as a means of funding the initial priorities of the Strategic Plan.
- A portion of this \$5M is funded through a reduction of overhead expenses, both the overhead and release of any funding from the \$5M is at the discretion of the CEO.

## **Invest in Growth**

- Two new Xi Da Vinci Surgical Robots, one dedicated to Los Gatos. (Strategic Plan: Clinical Centers of Excellence)
- Physician Concierge Service in Los Gatos focused on “ease of interaction”, e.g. scheduling, preference cards, billing. (Strategic Plan: Physician Alignment)
- Los Gatos Infusion Center: continued growth of our Cancer Center. (Strategic Plan: Physician Alignment and Clinical Centers of Excellence)

# FY18 Budget and Organizational Priorities

Key Themes:

## **Invest in Growth**

- Spine Center: a comprehensive spine center in Mountain View  
(Strategic Plan: Clinical Centers of Excellence)
- Physician recruitments for Silicon Valley Medical Development (SVMD) –  
11 Primary Care Physicians and 4 Specialists  
(Strategic Plan: Physician Alignment)
- Winchester Primary Care Center: completion of build out and hiring of  
physicians and staff.  
(Strategic Plan: Physician Alignment and Land Assets)



# FY18 Budget and Organizational Priorities

Key Themes:

## **Invest in our Core Business**

- New RN Graduates Hiring and Training Program: training funds set aside to recruit and train over 20 new RN Grads.  
(Strategic Plan: Operational Excellence)
- Community Connect: investment in people and subsidy cost as we roll-out our instance of Community Connect to independent physicians.  
(Strategic Plan: Physician Alignment)
- IT Security: investment in both people and systems to enhance our IT security capabilities.
- Parking Management: investment in programs that enable and encourage staff to use alternative modes of transportation to our campus and comply with the parking plan required by the city of MV.
- Lastly, investment in our team to tackle clinical variation, budgeting for a net impact of \$2M.

# FY18 Strategic Initiatives –

Summary of FY18 Strategic Priorities		
Strategic Plan	Initiatives	Net Financial Result
<b>Growth</b>	General Surgeries @ LG - add 100 cases	664,806
	LG Infusion Program - begin in 4Q, FY18	13,808
	Robotic Surgeries @ LG - add 200 cases	2,552,647
	Sleep Disorder (OSA) - add 300 cases	27,966
	Spine Program - add 30 cases	647,965
	SVMD - recruit 11 PCP and 4 Specialist	(2,496,063)
<b>Growth Total</b>		<b>1,411,129</b>
<b>Investment in Core Business</b>	- Reduce Medicare Loss - CDI	3,500,000
	- Reduce Medicare Loss - Clinical Variation	2,000,000
	- Reduce Medicare Loss - Medicare ALOS reduction	875,000
	Community Connect	(2,000,000)
	IT Security	(1,200,000)
	Workforce Planning - New Grad Program	(1,600,000)
<b>Investment in Core Business Total</b>		<b>1,575,000</b>
<b>Strategic Plan</b>	Overhead Reduction	1,698,470
	Strategic Plan	(5,000,000)
<b>Strategic Plan Total</b>		<b>(3,301,530)</b>
<b>Grand Total</b>		<b>(315,401)</b>
* Number in ( ) is reducing revenue		

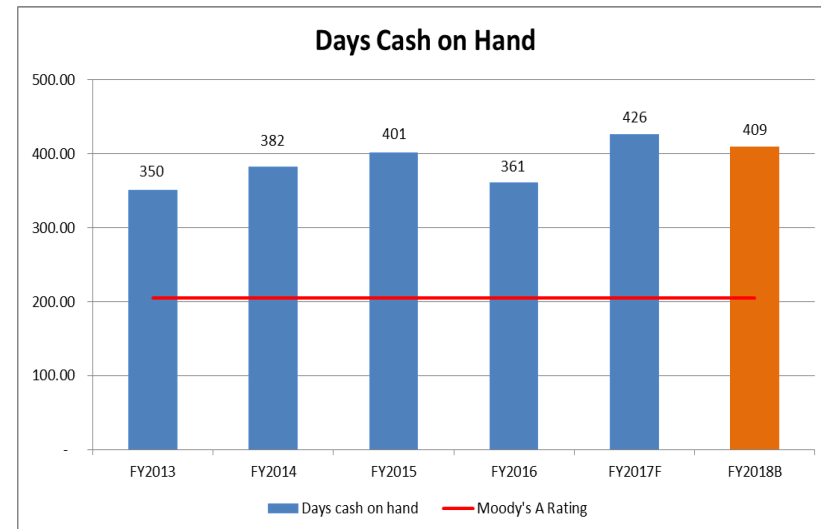
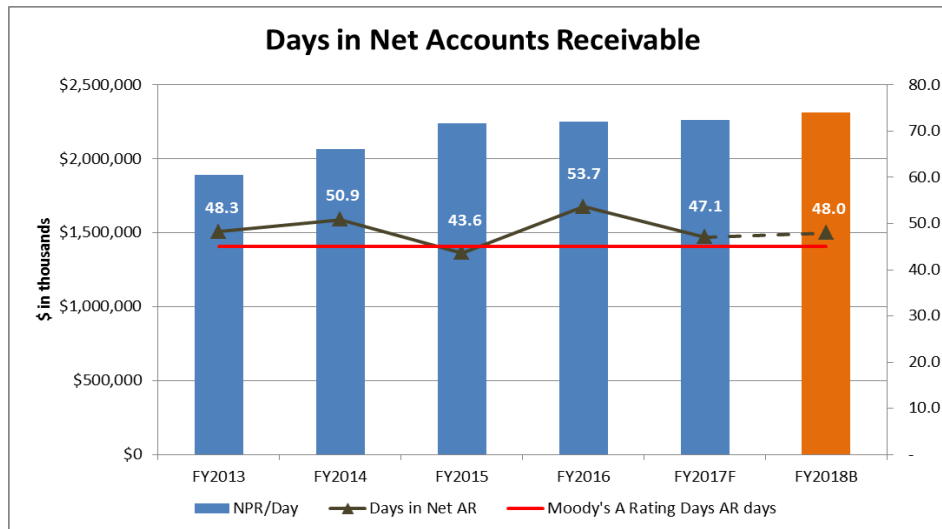
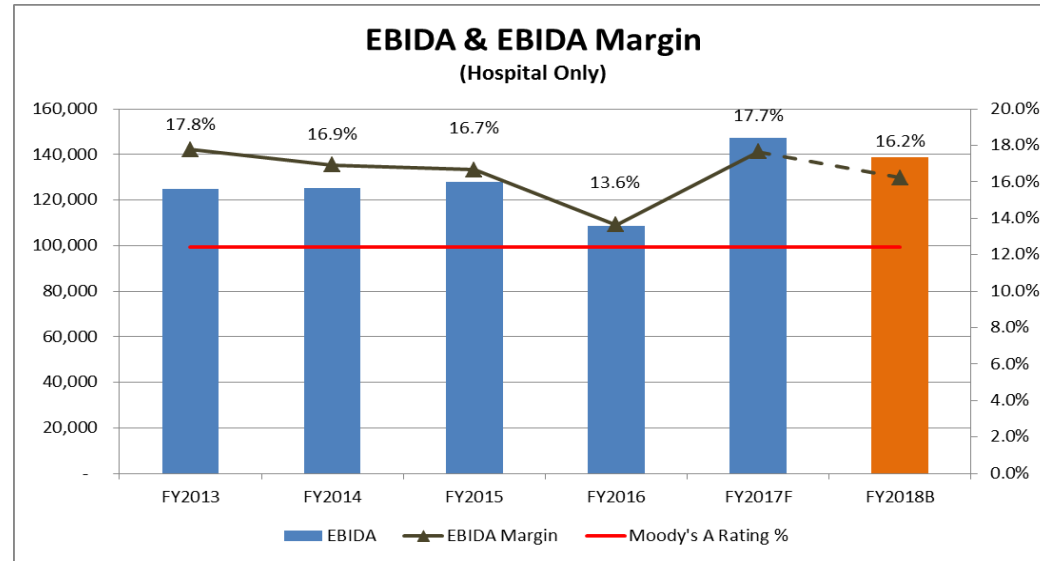
# El Camino Hospital & Affiliates

El Camino Hospital & Affiliates (\$ in thousands)					
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Net Patient Service Revenue	772,173	809,481	835,789	26,308	3.2%
Other Operating Revenue	39,407	41,133	41,322	189	0.5%
Total Net Revenue	811,580	850,614	877,111	26,497	3.1%
<b>EXPENSES</b>					
Salaries & Benefits	443,258	453,986	481,417	(27,431)	-5.7%
Supplies & Other Expenses	261,488	251,118	264,310	(13,192)	-5.0%
Interest	7,193	4,270	8,705	(4,435)	-50.9%
Depreciation/Amortization	48,803	48,170	53,442	(5,272)	-9.9%
TOTAL EXPENSES	760,746	757,544	807,874	(50,330)	-6.2%
<b>OPERATING INCOME</b>	<b>50,834</b>	<b>93,070</b>	<b>69,237</b>	<b>(23,833)</b>	<b>34.4%</b>
Non Operating Income	(5,112)	62,267	12,723	49,544	
<b>NET INCOME</b>	<b>45,722</b>	<b>155,337</b>	<b>81,960</b>	<b>(73,377)</b>	<b>-47.2%</b>
EBITDA	106,831	145,510	131,384	(14,126)	-9.7%
EBITDA Margin Percentage	13.2%	17.1%	15.0%	-2.1%	-12.4%
Operating Margin Percentage	6.3%	10.9%	7.9%	-3.0%	-27.9%

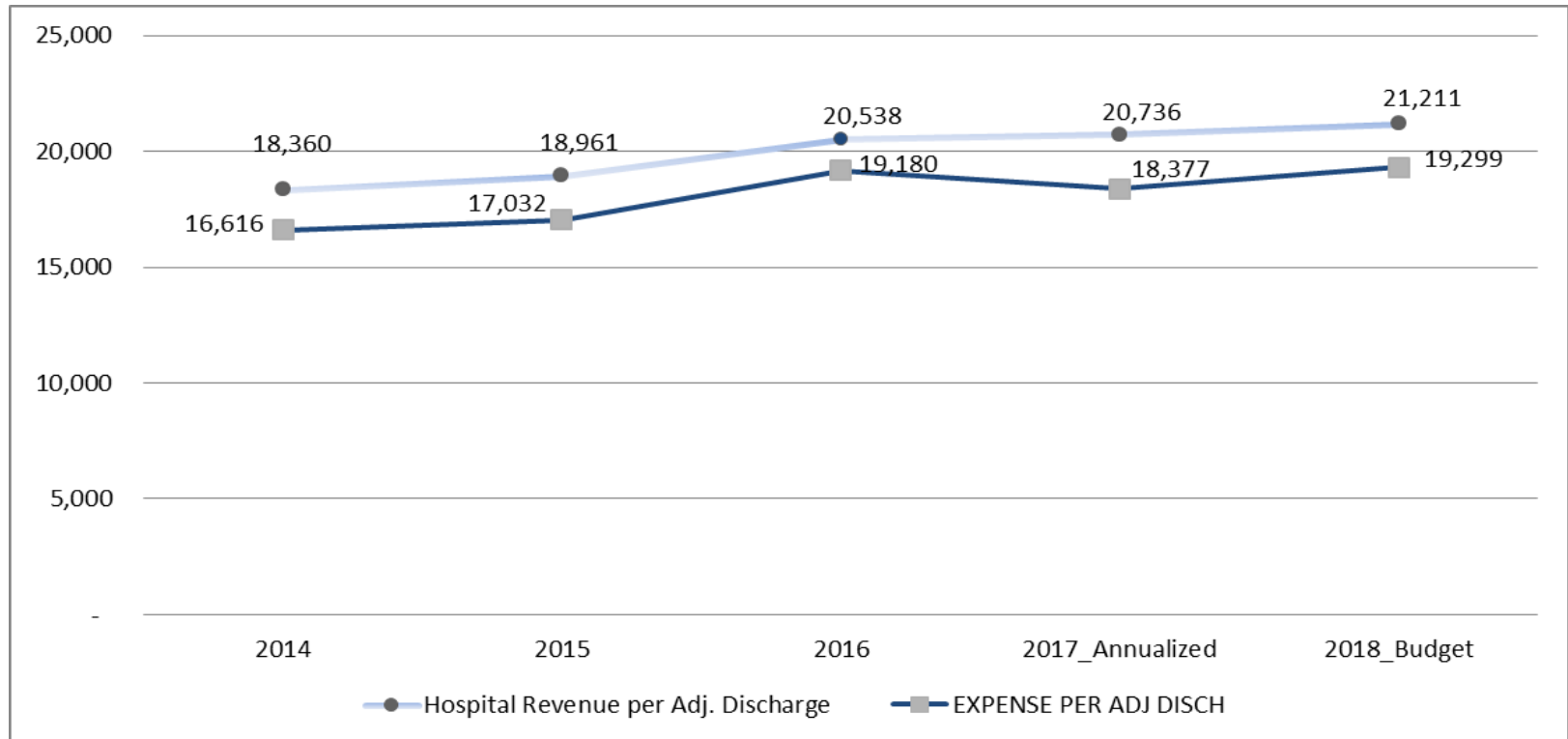
# El Camino Hospital FY18 Budget

El Camino Hospital (\$ in thousands)					
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Net Patient Service Revenue	772,020	809,104	832,066	22,962	2.8%
Other Operating Revenue	23,636	24,529	23,129	(1,400)	-5.7%
Total Net Revenue	795,657	833,633	855,195	21,562	2.6%
<b>EXPENSES</b>					
Salaries & Benefits	435,988	446,775	470,357	(23,581)	-5.0%
Supplies & Other Expenses	251,115	239,644	245,976	(6,332)	-2.6%
Interest	7,193	4,270	8,705	(4,435)	-50.9%
Depreciation/Amortization	48,748	48,125	53,067	(4,942)	-9.3%
TOTAL EXPENSES	743,044	738,815	778,105	(39,290)	-5.0%
<b>OPERATING INCOME</b>	<b>52,613</b>	<b>94,818</b>	<b>77,090</b>	<b>(17,729)</b>	<b>23.0%</b>
Non Operating Income	(9,570)	56,313	4,390	(51,923)	
<b>NET INCOME</b>	<b>43,043</b>	<b>151,131</b>	<b>81,480</b>	<b>(69,652)</b>	<b>-46.1%</b>
EBITDA	108,554	147,214	138,862	(8,352)	-5.7%
EBIDA Margin Percentage	13.6%	17.7%	16.2%	-1.4%	-8.1%
Operating Margin Percentage	6.6%	11.4%	9.0%	-2.4%	-20.7%
<b>KEY HOSPITAL INDICATORS</b>					
Hospital Discharges, excl normal newborns	19,401	19,580	19,705	125	0.6%
Total Hospital Patient Days	88,700	87,175	87,656	481	0.6%
Adjusted Discharges*	31,379	32,808	32,864	56.0	0.2%
Hospital Average Daily Census	243	239	240	1	0.6%
* Adjusted Discharges exclude New Born discharges					

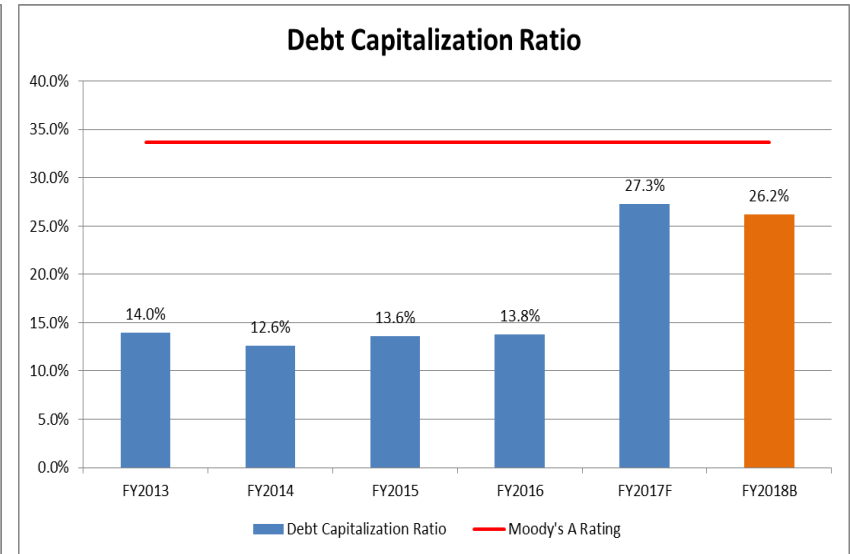
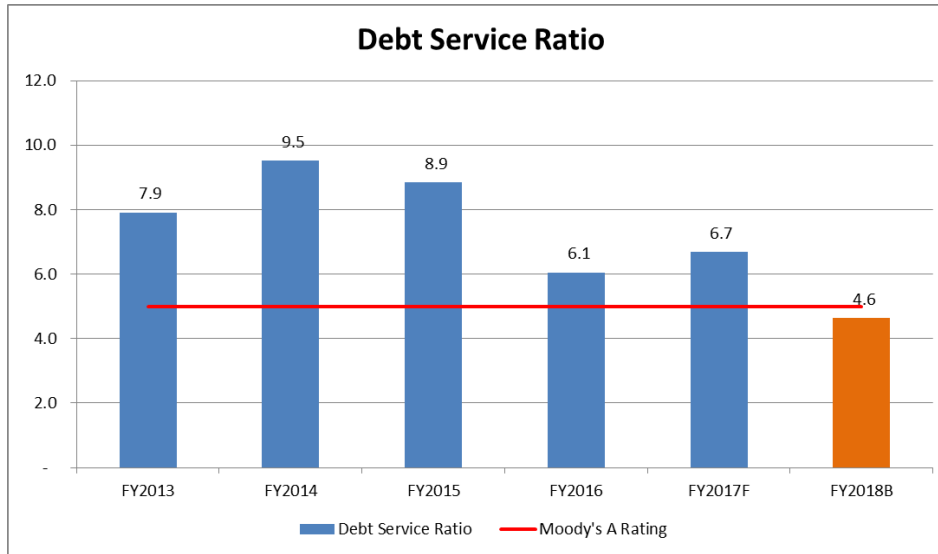
# Key Financial Metrics



# FY18: Revenue & Expense per Adj. Discharge Trend



# Key Financial Metrics



## Key Drivers of FY18 Budget Operating Margin

\$ in Thousands (000s) -- Favorable/(Unfavorable)		Detail	Net Income Impact	% Net Revenue
<b>Expected Hospital Operations FY2017</b>			<b>94,818</b>	<b>11.4%</b>
<b>Net Revenue</b>			21,562	2.5%
	* Revenue from Growth & Price Changes	23,773		
	* Non Recurring unusual items (IGT, AB915)	(1,205)		
	* PRIME project reduced	(3,479)		
	* Other Op Revenue	2,079		
	* Other	394		
<b>Labor Expense Change</b>			(23,581)	-2.8%
	* FY17 Vacancy Gap / FY18 New FTE	(16,276)		
	* Wage increases	(10,989)		
	* Volume Increase / New Program	(1,471)		
	* Nursing new grad. program	(1,217)		
	* Performance Bonus not in FY 18 budget	3,080		
	* Ratification Bonus - one time in FY 17	2,417		
	* Medicare LOS reduction	875		
<b>Professional Fees &amp; Purchased Services</b>			1,228	0.1%
	* Physician Fees: oncology recruitment, ortho co-management	(2,441)		
	* Bond Issuance	3,095		
	* Legal	(754)		
	* Administrative Savings (IT,EVS,Lab)	3,649		
	* Traffic mitigation -- Shuttle Service	(1,121)		
	* IT Security	(1,200)		
<b>Supplies</b>			(5,993)	-0.7%
	* Central Supply - volumes + Inflation	(1,661)		
	* Medical Gases Contract increase	(481)		
	* New Programs: IFC (MV/LG), Spine Program, Robotic Surgeries	(816)		
	* Drug Expenses: Infusion Volume increase + Inflation	(2,328)		
	* Other	(707)		
<b>Other Expenses</b>			(1,567)	-0.2%
	* Leases	769		
	* Utilities/Leases	(274)		
	* Strategic Planning	(5,000)		
	* Clinical Variation net savings	2,000		
	* Other	938		
<b>Depreciation &amp; Interest</b>			(9,377)	-1.1%
	* Interest Expense, full year	(4,435)		
	* New Contruction projects completing	(4,942)		
<b>Expected Hospital Operations FY2018</b>			<b>77,090</b>	<b>9.0%</b>



# **FY18 Operating Budget Detail Revenue Assumptions**

# FY18 Budget Overview: Revenue Rates

Category	Budget Assumptions
Pricing	Prices to increase to 5.0%
	Overall charges based on OSHPD per case review, ECH pricing remains at 35th percentile.
	Inpatient Charges were at 25th percentile
	Outpatient charges were at 50th percentile
Reimbursement	3% rate increase in commercial payors which accounts for 72% of the net revenue
	0% rate increase in Medicare accounts, which accounts for 48% of our payor mix but 25% of the net revenue; \$6.5M IGT discontinuance but expect CDI would improve Medicare payment by ~\$3.5M.
	0% rate increase in Medi-Cal accounts, which accounts for 7.2% payor mix of ECH patient population
Other Payment	\$733K Other Operating Revenue from the PRIME Project

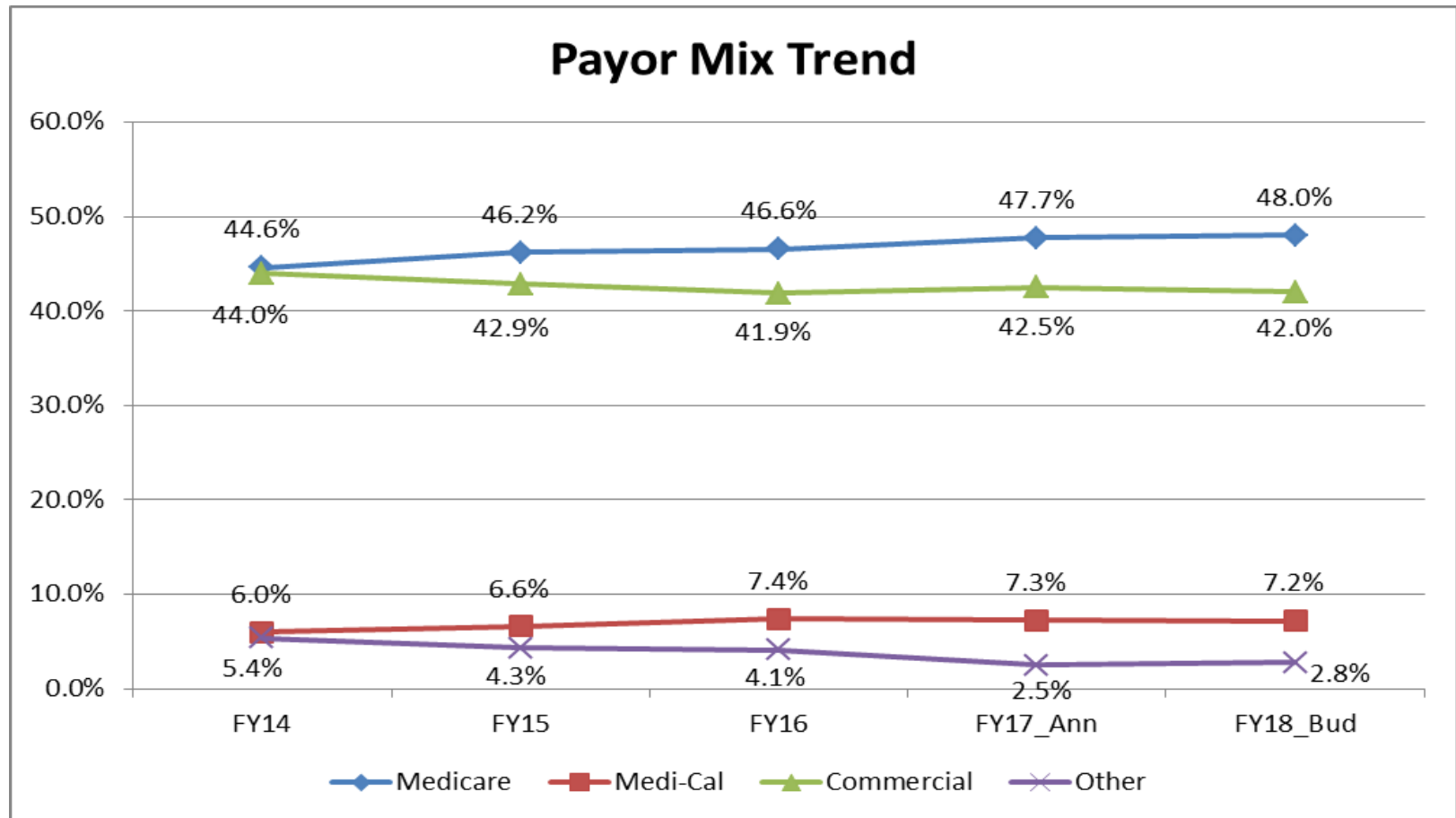
# Charge Master Pricing Changes with Benchmark Data

- CMS/OSHPD claim level data shows El Camino Hospital prices below mid-market level compared to the local peer group including Good Samaritan Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, Sequoia Hospital and Washington Hospital.
- Even with the 6.0% price increase in FY17, our overall charges remain at the 35th percentile based on OSHPD charge per case review (inpatient @ 25<sup>th</sup> percentile / outpatient @ 50<sup>th</sup> percentile).
- To catch up with the market pricing, a 5.0% charge increase is proposed in the FY18 budget

Hospital	2012	2013	2014	2015	2016	5-Year Average
EL CAMINO HOSPITAL	0.89%	0.06%	0.90%	5.00%	6.00%	2.57%
STANFORD UNIVERSITY HOSPITAL	9.60%	7.20%	6.90%	6.90%	6.80%	7.48%
REGIONAL MEDICAL CENTER OF SAN JOSE	10.60%	1.36%	5.28%	-1.32%	8.90%	4.96%
SEQUOIA HOSPITAL	5.40%	3.10%	0.00%	2.70%	3.10%	2.86%
WASHINGTON HOSPITAL - FREMONT	0.56%	9.71%	0.97%	2.12%	0.21%	2.71%
GOOD SAMARITAN HOSPITAL- SAN JOSE	9.90%	12.80%	7.10%	4.70%	2.40%	7.38%
O'CONNOR HOSPITAL	0.20%	0.13%	1.02%	0.06%	-19.79%	-3.68%

*\*Data Source: OSHPD*

# Payor Mix and Net Revenue Distribution by Payor



# FY2018 Operating Budget Detail - Volume

# Volume Assumptions - Inpatient

## Service Line Inpatient Volume Trend

Service Line Volume Trend & FY18 Volume Projection							
	FY2014	FY2015	FY2016	FY17_Proj	FY18_Budget	FY18 Change	Notes
I	19,430	19,643	19,401	19,580	19,705	0.6%	
Behavioral Health	1,012	1,052	929	912	912	0.0%	Increase operating beds from 18 to 21 after 1 phase construction
General Medicine	4,160	4,591	4,465	4,940	4,679	-5.3%	High volume due to outbreak of flu in FY17; not expecting the same in FY18
General Surgery	1,243	1,150	1,312	1,289	1,306	1.3%	Modest increase due to population growth
Heart and Vascular	1,859	1,998	2,008	2,170	2,082	-4.0%	High volume increase in HVI cases in FY17 related to outbreak of flu; not expecting the same in FY18
MCH	6,695	6,372	6,136	5,845	6,206	6.2%	Physician recruitment
Neurosciences	667	672	678	680	697	2.4%	Recruitment of Neuro Surgeon beginning in FY18
Oncology	606	564	652	587	572	-2.5%	
Orthopedics	1,695	1,773	1,750	1,700	1,762	3.6%	Increase cases due to recruitment of 2 new Orthopedic physicians at LG, increase of Shoulder Replacement and Co-Management at MV
Other	7	5	24	4	-	0.0%	
Rehab Services	547	555	501	469	497	5.9%	Plan to increase higher acute Rehab patients in FY18
Spine Surgery	377	429	418	462	478	3.5%	Recruitment of Spine Surgeon beginning in FY18
Urology	172	169	234	250	240	-3.8%	
Womens Non-MCH	390	313	294	272	275	0.8%	
<b>Grand Total</b>	<b>19,430</b>	<b>19,643</b>	<b>19,401</b>	<b>19,580</b>	<b>19,705</b>	<b>0.6%</b>	
% Change from PY		1.1%	-1.2%	0.9%	0.6%		

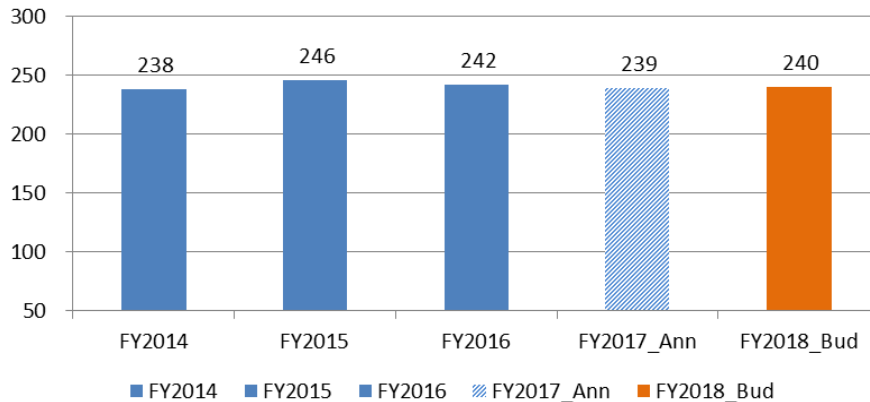
# Volume Assumptions - Outpatient

## Service Line Outpatient Volume Trend

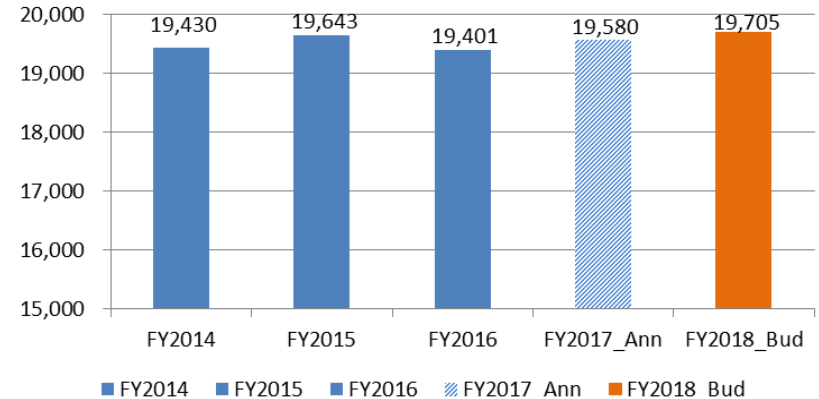
Service Line Volume Trend & FY18 Volume Projection							
	FY2014	FY2015	FY2016	FY17_Proj	FY18_Budget	FY18 Change	Notes
<b>O</b>	<b>136,309</b>	<b>140,516</b>	<b>143,859</b>	<b>145,228</b>	<b>147,484</b>	<b>1.6%</b>	
Behavioral Health	2,565	2,496	2,859	3,284	3,282	-0.1%	
Emergency	46,025	49,106	48,513	48,231	48,975	0.0%	
General Medicine	6,656	6,735	6,877	6,257	6,504	3.9%	Increase of 10% in Interventional Branch
General Surgery	1,785	1,866	1,857	2,051	2,049	-0.1%	
Heart and Vascular	3,474	3,749	4,239	4,440	4,392	-1.1%	
Imaging Services	19,025	19,480	17,535	17,248	17,597	2.0%	Projected increase in mammography volume with the install of Tomo.
Laboratory Services	30,413	29,488	28,810	29,165	28,741	-1.5%	
MCH	5,049	4,830	4,944	5,452	5,200	-4.6%	Less OP OB referrals due to one OB physicians retiring and 1 leaving the area.
Neurosciences	132	130	141	149	142	0.0%	
Oncology	10,462	11,673	17,251	18,348	19,438	5.9%	Projected 10% increase in MV Infusion Center and a new LG Infusion Center starting in the 4Q of FY18
Orthopedics	883	791	616	669	588	-12.2%	Lose of OP Orthopedic cases to surrounding ASC
Other	656	633	630	599	703	17.5%	Other Ancially Services (Dietary Theraypy, IV Therapy, EKG)
Outpatient Clinics	1,818	1,706	1,676	1,275	1,450	13.8%	2nd Year of Wound Care Operation projection
Rehab Services	3,878	4,223	4,372	4,396	4,326	-1.6%	
Sleep Center	160	223	498	403	720	78.8%	Recruit for new Sleep specialty physician, expect a 300 case volume increase in FY18
Spine Surgery	293	330	276	288	331	14.9%	New Spine Surgeon starting 2nd half of FY18
Urology	1,823	1,750	1,696	1,913	1,875	-2.0%	
Womens Non-MCH	1,212	1,307	1,069	1,060	1,171	10.5%	Part of the General Surgery and Robotic cases increase in LG and population growth.
<b>Grand Total</b>	<b>136,309</b>	<b>140,516</b>	<b>143,859</b>	<b>145,228</b>	<b>147,484</b>	<b>1.6%</b>	
% Change from PY		3.1%	2.4%	1.0%	1.6%		

# Key Hospital Volume Statistics Trend

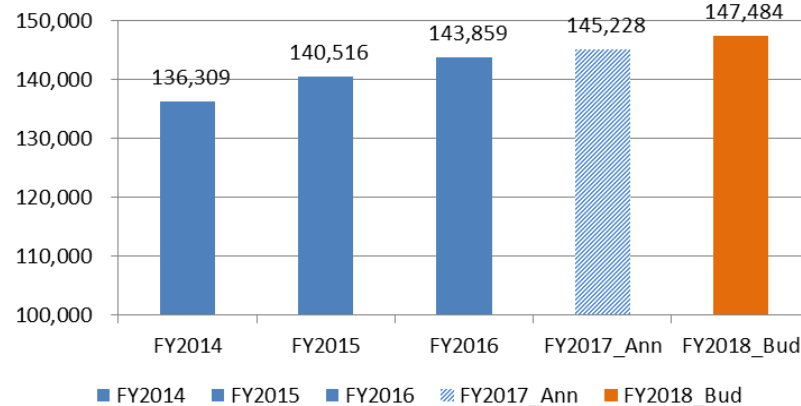
## Average Daily Census



## Discharges (excl. New Born)

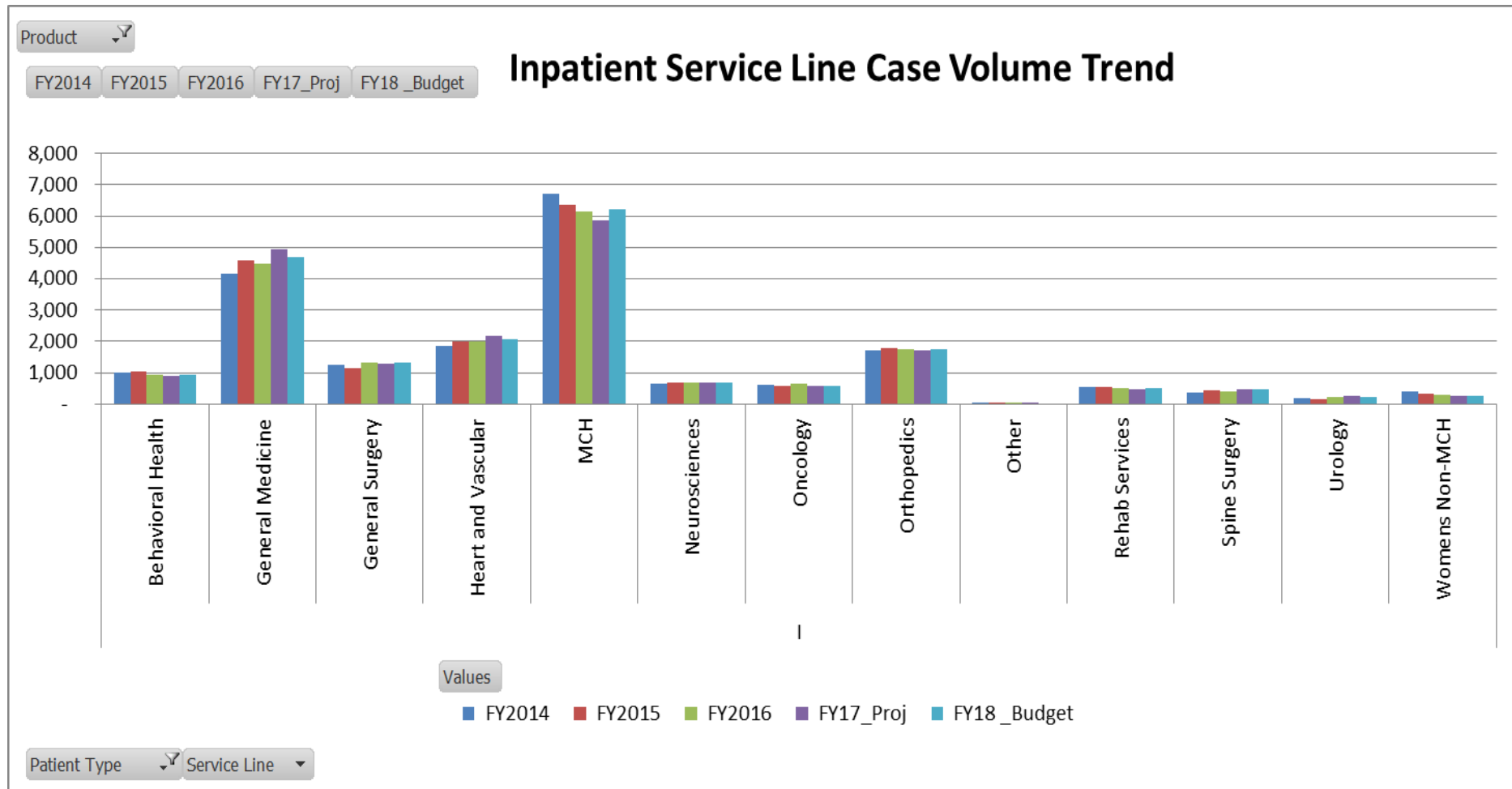


## Outpatient Cases

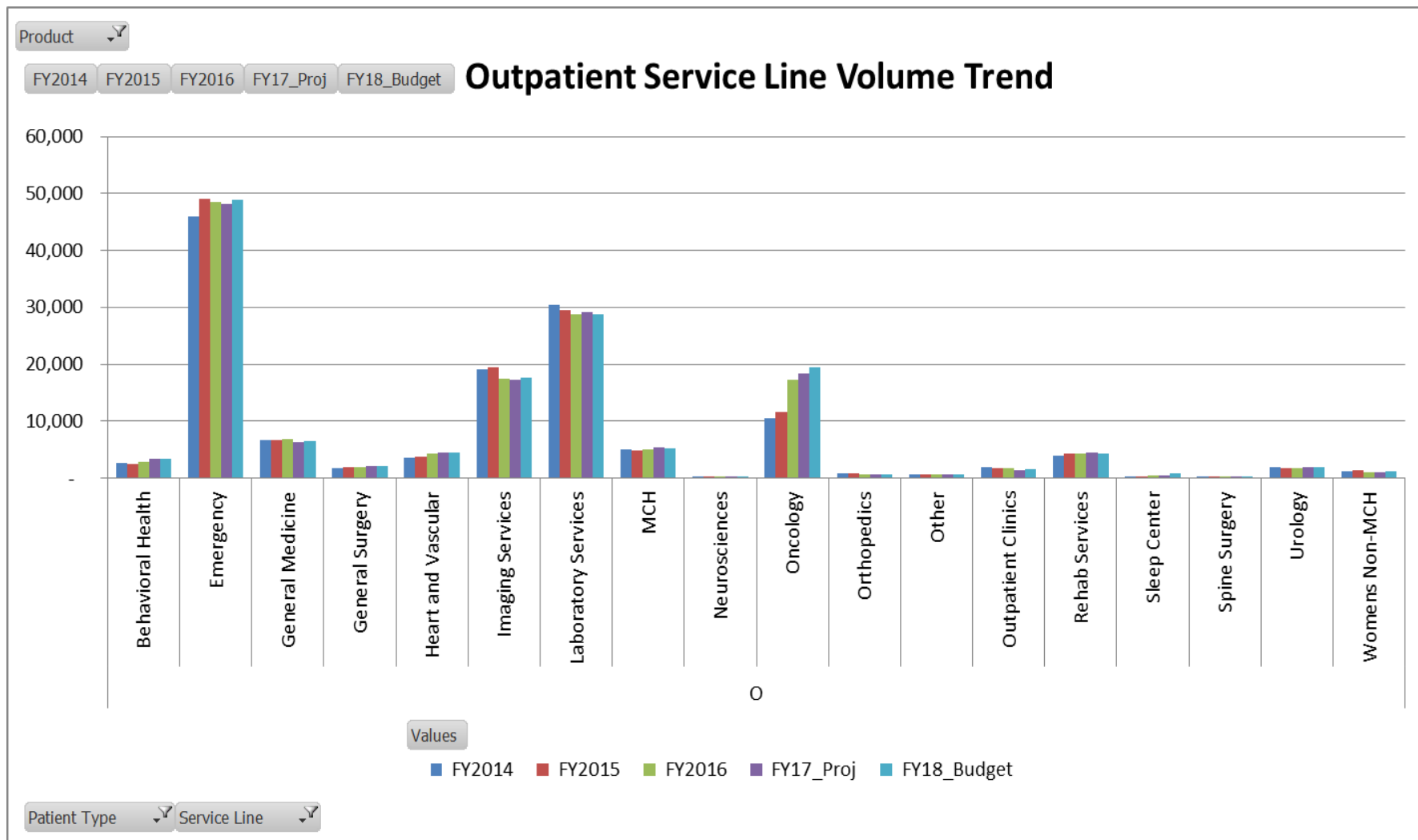




# Inpatient Service Line Volume Trend

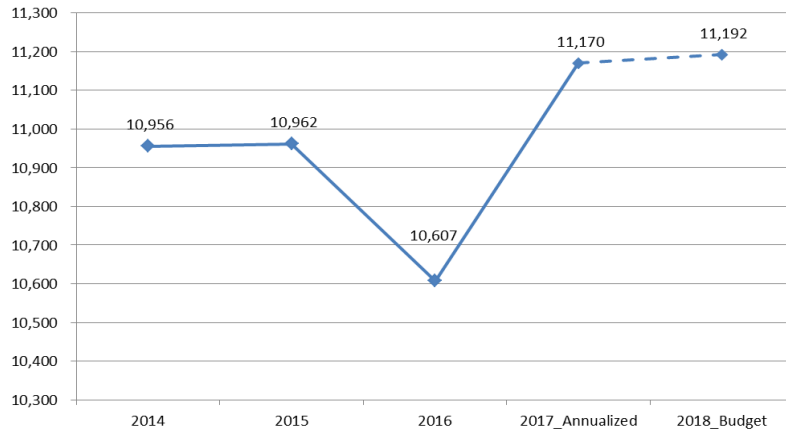


# Outpatient Service Line Volume Trend

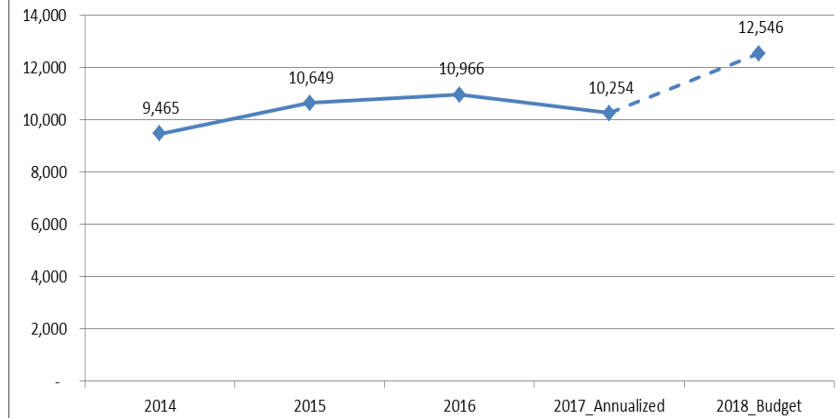


# Focus Volume Growth – Ancillary & Procedural Areas

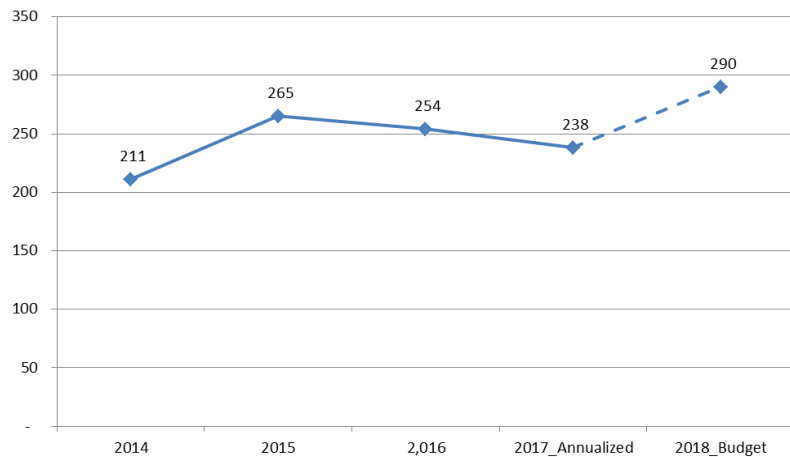
## Surgeries



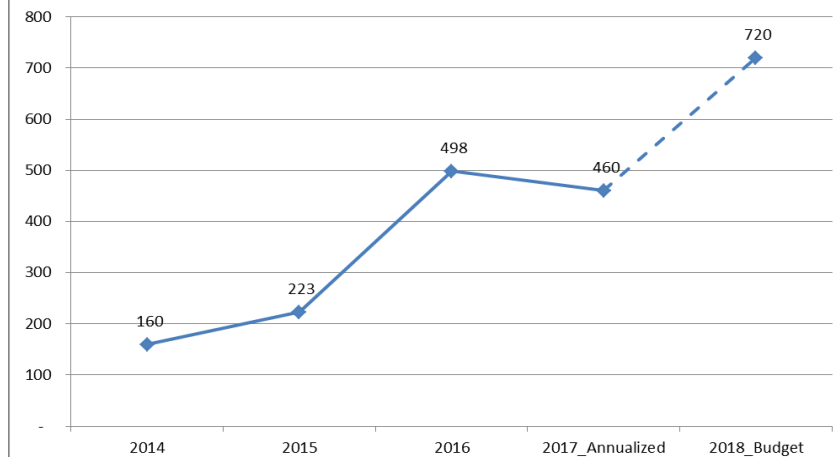
## Infusion Treatments



## Interventional Branch



## Sleep Center



# **FY18 Operating Budget Detail Expense Assumptions**

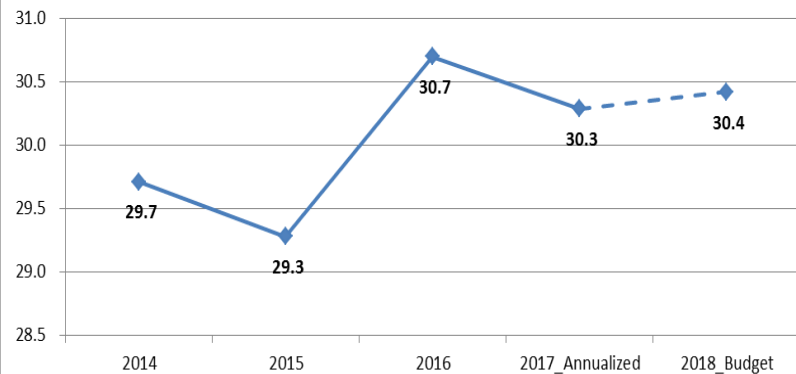
# FY18 Budget Overview: Expenses –

## Expense Assumptions

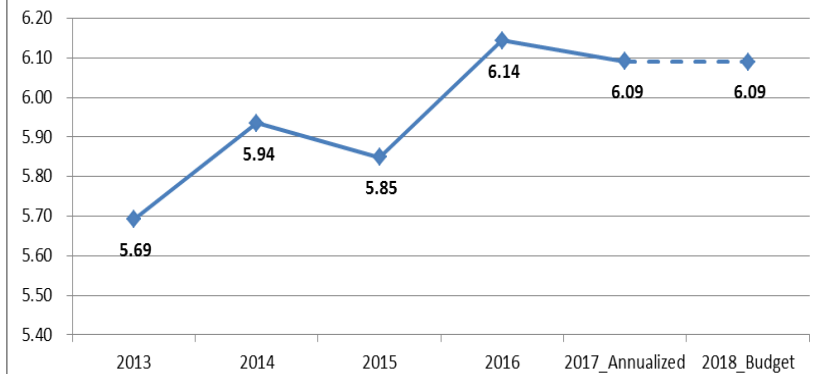
Category	Inflation & Other Expense Assumptions
Group Health	Low base in FY17 with 3% inflation resulting an overall reduction comparing to actual FY17
Dental	3.0% increase for 2nd half of FY18; 1.5% overall increase in FY18
Pharmaceutical	4.2% inflation on drug cost
Medical Supplies	1.0% overall inflation
Other	2.0% inflation

# Key Operational Metrics

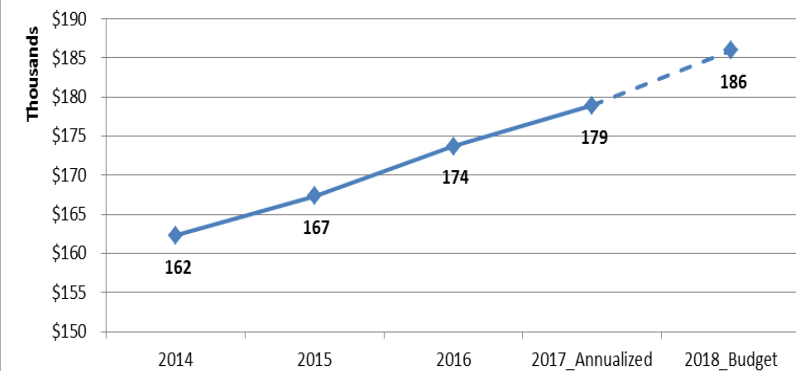
**Productive Hours per Adjusted Patient Day**



**FTE per Adjusted Occupied Bed**



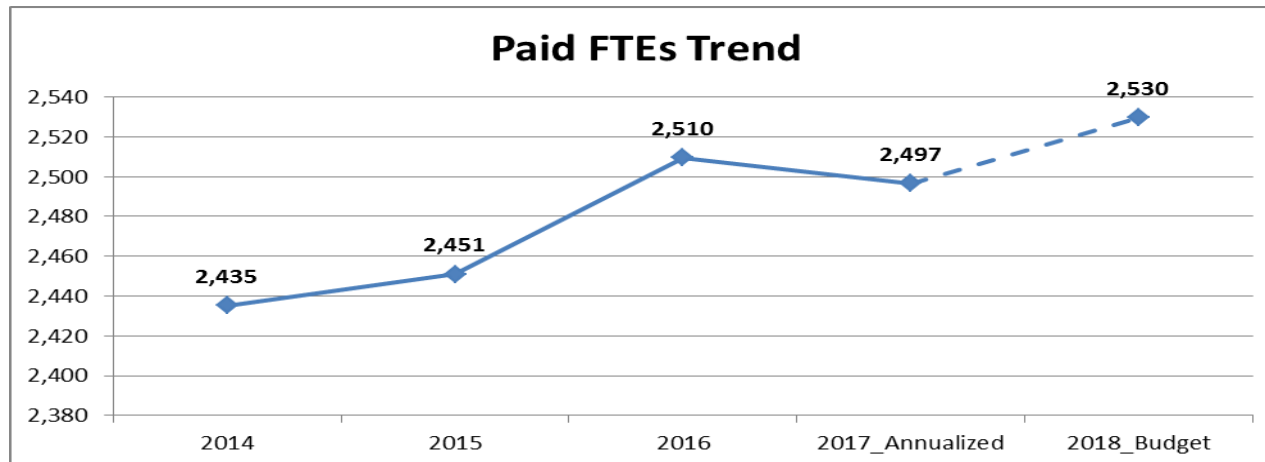
**Labor Costs per FTE**



- Productivity remains flat with the support of additional initiatives.
- The 3.9% increase in labor cost is primarily related to salary and benefit rate increase.

# FY18 Budgeted Hospital FTE

Hospital Paid FTE			
Starting FTE FY2017 YTD Apr Ann	2,496.64	Volume/New Program	Productivity
LG IFC	0.46	0.46	
OSA (Sleep Ctr)	0.81	0.81	
Spine	1.66	1.66	
LG Robotics 200 cases	5.00	5.00	
Strategic Workforce	6.00	6.00	
PSA (Video Monitoring Implementation)	(3.00)		(3.00)
ALOS Reduction	(4.04)		(4.04)
Other Volume Driven	2.97	2.97	
Change in Target (Run Rate vs BUD18)	(4.63)		(4.63)
Target Reduction (Overhead) Office of COO	(16.36)		(16.36)
Budgeted Vacant Position (Overhead):	30.37		30.37
- IT: 11.3 FTE (backfilled by Purchase Service)			
- CMO / Quality Svcs: 11.5 (partially backfilled by PS)			
Wound Care	2.40	2.40	
Approved FTEs:			
- CDI Manager; Pharmacy Tech (Stewardship); Compliance Manager; Jr. Attorney; Benefit Specialist	11.27		11.27
<b>Ending Budget FY18 Paid FTE</b>	<b>2,529.56</b>	<b>19.30</b>	<b>13.61</b>



# High Performance Organization (HPO) Initiatives

Work Stream	Focus Area	FY18 Budget
<b>Variation</b>	LOS Reduction (750 days)	875,000
	Resources Utilization Management	2,000,000
	Clinical Documentation	3,500,000
<b>Workflow and Workforce Optimization</b>		
	Productivity Target Reduction	1,505,000
	Incidental Overtime Management	425,000
<b>Supply Chain</b>	Pricing	1,300,000
<b>Total</b>		<b>9,605,000</b>



# High Performance Organization (HPO) Status Update

HPO Plan Reporting & Projection							
Work Stream	Focus Area	Total Identified	Confirmed Opportunities	FY 2016 Actual	FY17 Implemented - Achieved	FY18 Budget	Remaining HPO Opportunities
Patient Flow and Capacity Management	SPD	\$321,054	\$183,282	\$0	\$165,543		\$17,739
	<i>Emergency Department</i>	\$1,612,592	\$1,612,592	\$0	\$1,580,321		\$32,271
	<i>Periop MV / Endo / Cath</i>	\$1,226,234	\$576,202	\$35,000	\$541,202		\$0
	<i>Periop LG</i>	\$334,732	\$288,394	\$0	\$140,006		\$148,388
	<i>Laboratory</i>	\$1,882,000	\$1,113,782	\$82,068	\$1,031,714		\$0
	<i>Imaging</i>	\$451,000	\$334,200	\$183,000	\$151,200		\$0
Variation	Level and Duration of Care	\$2,367,600	\$2,367,600	\$1,483,445	\$529,273	\$875,000	-\$520,118
	RUM - Blood	\$378,000	\$378,000	\$46,000	\$332,000		\$0
	RUM - Inpatient	\$1,090,417	\$1,090,417	\$0			\$1,090,417
	RUM - Other Services	\$7,926,583	\$7,926,583	\$0	\$1,000,000	\$2,000,000	\$4,926,583
	Care Coordination	\$196,728	\$201,344	\$78,919	\$0		\$122,425
	Quality Cycle Management	\$0		\$0			\$0
Workflow and Workforce Optimization	Clinical Documentation	\$3,661,000	\$4,300,000	\$0	\$1,800,000	\$3,500,000	-\$1,000,000
	Benefits	\$4,070,000	\$900,000	\$0	\$900,000		\$0
	IP Nursing & MCH	\$6,320,152	\$1,967,175		\$376,414		\$1,590,761
	Productivity Improvement					\$1,505,000	-\$1,505,000
	Premium Pay	\$3,639,194	\$3,639,194	\$0	\$0	\$425,000	\$3,214,194
	Span of Control	\$31,000	\$0	\$0	\$0		\$0
Revenue Cycle Enhancement	Workforce Management	\$0	\$0	\$0			\$0
	HIM and Coding	\$356,096	\$356,096	\$0	\$308,000		\$48,096
	Revenue Cycle Staffing	\$614,788	\$0	\$0	\$0		\$0
Supply Chain	Revenue Cycle Enhancement*	\$3,222,000	\$3,222,000	\$7,360,000			-\$4,138,000
	PPI	\$2,652,120	\$2,652,120	\$1,955,957			\$696,163
	Pricing	\$0	\$0	\$0		\$1,300,000	-\$1,300,000
	Rx Best Practices	\$50,000	\$0	\$0			\$0
	Drugs	\$1,844,360	\$727,312	\$533,270	\$194,042		\$0
Endo-Mechanicals		\$658,501	\$658,501	\$0	\$512,000		\$146,501
Total		\$44,906,151	\$34,494,794	\$11,757,659	\$9,561,715	\$9,605,000	\$3,570,420

# Impact of IT Initiatives FY - 17 to FY18

## IT Initiatives for FY18

Description	Additional Operating Expense for FY18	Budgeted Capital Cost FY18 (Adjusted)
ERP (Enterprise Resource Planning System)	895,500	4,725,500
IS Baseline: Software, Devices, Network, Server, Storage & Telecom	-	3,069,650
PACS, VNA, Universal Viewer Enterprise Imaging IT	-	2,286,400
iCare Program	-	1,922,000
IS Secuirty Program	-	964,500
Community Connect (Company 91)	1,802,068	675,000
<b>Total FY18</b>	<b>2,697,568</b>	<b>13,643,050</b>

# Capital Budget FY18

## FY18 Capital Spending Trend

Capital Spending (in 000's)	Actual FY2014	Actual FY2015	Actual FY2016	Projected FY2017	Budget FY2018
EPIC	6,838	29,849	20,798	6,137	1,922
IT Hardware / Software Equipment	2,788	4,660	6,483	5,391	12,238
Medical / Non Medical Equipment*	12,891	13,340	17,133	18,185	5,635
Non CIP Land, Land I , BLDG, Additions	22,292	-	4,189	-	-
Facilities	13,753	38,940	48,137	170,763	211,886
<b>GRAND TOTAL</b>	<b>58,561</b>	<b>86,789</b>	<b>96,740</b>	<b>200,476</b>	<b>231,681</b>
*Includes 2 robot purchases in projected FY 2017 & FY16 Medical/Non Medical Equipment spent in FY17					

# FY18 IT / Imaging Capital Request (in 000s)

FY18 IT & Imaging Requested Capital	FY18 Budgeted Commitment	FY18 Budgeted Spend
iCare Program (EPIC)	1,922	1,922
<b>EPIC Total</b>	<b>1,922</b>	<b>1,922</b>
ERP	4,725	4,725
PACS, VNA, Universal Viewer Enterprise Imaging IT	2,286	2,286
IS Security Program	965	965
IS Baseline: Storage - Baseline Primary & Backup S	882	882
IS Baseline: Network - Baseline Replacement & Main	771	771
IS Baseline: Server - Baseline Replacement & Main	717	717
Community Connect (Company 91)	675	675
Convert all CR equipments to DR	357	357
IS Baseline: Software Upgrades: Existing Software	250	250
IS Baseline: Devices - Baseline Deviec Replacement	250	250
All Other*	361	361
<b>IT Hardware/Software Equipment/Imaging</b>	<b>12,238</b>	<b>12,238</b>

# FY18 Equipment Capital Request

(in 000s)

FY18 Medical / Non Medical Equipment Requested Capital	FY18 Budgeted Spend
Centralized ECG Monitoring	1,300
Siemens CT scanner	600
ARIA Optimization Solution	600
Navigation Unit (Electromagnetic Navigational Bronch Unit)	300
All Other*	2,835
<b>Total</b>	<b>5,635</b>

# FY18 Facility Project Request with Details

## (in 000s) 1 of 2

	FY18 Budgeted Commitment	FY18 Budgeted Spend
<b>Mountain View Campus Master Plan Projects</b>		
BHS Replacement	\$0 **	\$51,400
North Dr Parking Structure Expansion	\$0 **	\$3,354
Integrated Medical Office Building	\$0 **	\$130,100
CUP Upgrades	\$0 **	\$4,032
Womens Hosp Expansion	\$6,000 **	\$7,000
<b>Sub-Total Mountain View Campus Master Plan</b>	<b>\$6,000</b>	<b>\$195,886</b>
<b>Mountain View Capital Projects</b>		
New Main Lab Upgrades	\$0 *	\$500
ED Remodel Triage / Psych Observation	\$0 *	\$1,000
Willow Pavilion FA Sys and Equip Upgrades	\$800	\$700
Facilities Planning Allowance	\$600	\$0
Site Signage & Other Improvements	\$1,000	\$100
IR Room #6 Development	\$0 *	\$2,000
JW House (Patient Family Residence)	\$2,500	\$0
Nurse Call System Upgrades	\$2,400	\$0
Imaging Equipment Replacement (Imaging Dept. Only)	\$20,700	\$0
IR / Cath Lab Equipment Replacement (5 or 6 Rooms)	\$19,400	\$0
ED Remodel / CT - Triage - Other	\$5,000	\$0
MV Equipment & Infrastructure Upgrades (18)	\$600	\$0
Various Relocation Projects	\$800	\$0
Flooring Replacement	\$1,600	\$0
<b>Sub-Total Mountain View Projects</b>	<b>\$55,400</b>	<b>\$4,300</b>

\*Board approved from prior years  
 \*\* Board approved, partially funded from prior years

# FY18 Facility Project Request with Details

## (in 000s) 2 of 2

	FY18 Budgeted Commitment	FY18 Budgeted Spend
<b>Los Gatos Capital Projects</b>		
LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	\$0 **	\$700
LG Upgrades - Major	\$0 **	\$5,000
LG Rehab Building Upgrades	\$0 **	\$500
LG IR Upgrades	\$1,100	\$0
LG Facilities Planning	\$800	\$0
LG MOB Improvements (17)	\$0 *	\$3,500
LG Nurse Call System Replacement (M/S, Ortho, Women's, ED)	\$2,800	\$0
LG OPS Expansion & Physician Lounge	\$850	\$0
LG Observation Unit (Conversion of ICU 2)	\$1,800	\$0
LG Security System	\$460	\$0
LG Pharmacy USP800 Upgrades	\$400	\$0
LG Men's Health Clinic TI's	\$450	\$0
LG Cancer Center	\$1,900	\$0
<b>Sub-Total Los Gatos Projects</b>	<b>\$10,560</b>	<b>\$9,700</b>
<b>Other Strategic Capital Projects</b>		
Primary Care Clinic (TI's Only)	\$0 *	\$2,000
Urgent Care Clinics (Tis Only)	\$3,800	\$0
New 28K MOB (Courthouse Prop)	\$22,400	\$0
<b>Sub-Total Other Strategic Capital Projects</b>	<b>\$26,200</b>	<b>\$2,000</b>
<b>Grand Total Facilities Projects</b>	<b>\$98,160</b>	<b>\$211,886</b>

\*Board approved from prior years

\*\*Board approved, partially funded from prior years

MOUNTAIN VIEW | LOS GATOS



# 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 evaluation in FY17 Q3 determined the budgeted amount for FY18 Community Benefit to be \$500k.
  - Increase community benefit endowment fund by \$5 million – 50% increase over the amount established in 2016.

	<u>FY14</u>	<u>FY15</u>	<u>FY16</u>	<u>FY17 Ann</u>	<u>FY18 Bud</u>
Community Benefit	(1,477,050)	(2,397,226)	(2,716,041)	(3,586,367)	(3,400,000)

# Appendix

# CONCERN – FY18 Budget Financial

CONCERN (\$ in thousands)					
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Other Operating Revenue	15,755	16,604	18,090	1,486	9.0%
Total Net Revenue	15,755	16,604	18,090	1,486	9.0%
<b>EXPENSES</b>					
Salaries & Benefits	5,754	5,283	5,694	(411)	-7.2%
Supplies & Other Expenses	8,721	9,620	11,432	(1,813)	-15.9%
Interest	-	-	-	-	0.0%
Depreciation/Amortization	42	29	31	(1)	-3.7%
TOTAL EXPENSES	14,518	14,932	17,157	(2,225)	-13.0%
<b>OPERATING INCOME</b>	<b>1,238</b>	<b>1,672</b>	<b>934</b>	<b>(738)</b>	<b>79.1%</b>
Non Operating Income	585	(43)	497	539	
<b>NET INCOME</b>	<b>1,823</b>	<b>1,629</b>	<b>1,430</b>	<b>(199)</b>	<b>-12.2%</b>
Operating EBIDA	1,280	1,701	964	(737)	-43.3%
EBIDA Margin Percentage	8.1%	10.2%	5.3%	-4.9%	-48.0%
Operating Margin Percentage	7.9%	10.1%	5.2%	-4.9%	-48.7%

# CONCERN Commentary

## CONCERN Initiatives:

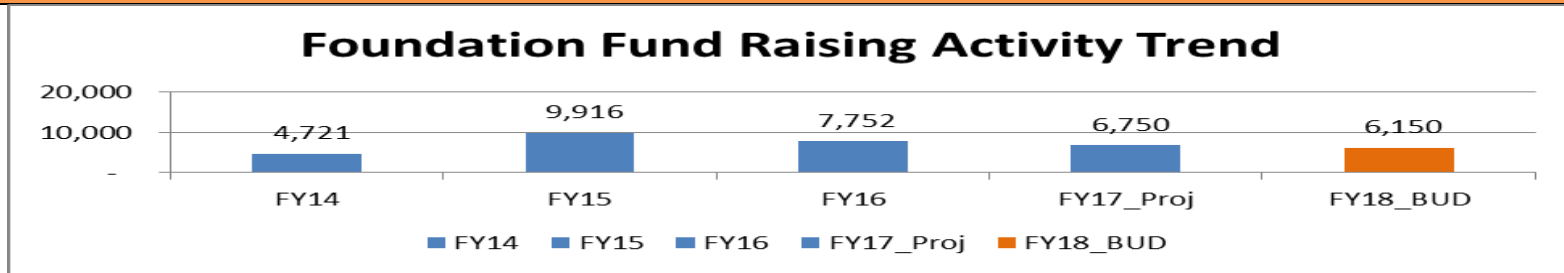
- Implement our Technology Roadmap required by our largest tech customers
  - Video Counseling
  - Texting for service requests
  - Company specific online portal
  - Digital therapeutics including online interventions for depression and anxiety
- Implement Phase II of EAPExpert CRM Platform to streamline claims payment, clinical documentation and employer customized reporting
- Increase the size of the provider network nationally by 10%
- Become licensed/certified in 6 states as required by the DMHC

## Margin

- Margin remains healthy but is declining due to price competition from national insurance companies and industry wide increase in utilization

# Foundation - FY18 Budget Financial

FOUNDATION (\$ in thousands)					
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Other Operating Revenue	-	-	-	-	\$0
Total Net Revenue	-	-	-	-	0%
<b>EXPENSES</b>					
Salaries & Benefits	1,430	1,579	1,686	(107)	-6%
Supplies & Other Expenses	1,489	1,228	1,667	(438)	-26%
Interest	-	-	-	-	0%
Depreciation/Amortization	13	13	13	-	0%
TOTAL EXPENSES	2,933	2,821	3,366	(545)	-16%
<b>OPERATING INCOME</b>	<b>(2,933)</b>	<b>(2,821)</b>	<b>(3,366)</b>	<b>(545)</b>	<b>-16%</b>
Non Operating Income	3,915	5,388	4,102	(1,286)	
<b>NET INCOME</b>	<b>982</b>	<b>2,568</b>	<b>737</b>	<b>(1,831)</b>	<b>-71%</b>
Operating EBIDA	(2,920)	(2,807)	(3,352)	(545)	19%



FY 18 fundraising goal is low pending organizational strategic plan

# SVMD – FY18 Budget Financial

SVMD (\$ in thousands)					
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Net Patient Service Revenue	153	377	3,723	3,346	100%
Othe Operating Revenue	-	-	102	102	
Total Net Revenue	153	377	3,826	3,346	0%
<b>EXPENSES</b>					
Salaries & Benefits	85	348	3,681	(3,333)	-91%
Supplies & Other Expenses	162	519	5,235	(4,716)	-90%
Interest	-	-	-	-	0%
Depreciation/Amortization	-	2	331	(329)	0%
TOTAL EXPENSES	247	869	9,247	(8,378)	-91%
<b>OPERATING INCOME</b>	<b>(94)</b>	<b>(491)</b>	<b>(5,421)</b>	<b>(4,930)</b>	<b>-91%</b>
Non Operating Income	250	600	3,735	3,135	
<b>NET INCOME</b>	<b>156</b>	<b>109</b>	<b>(1,686)</b>	<b>(1,795)</b>	<b>-1653%</b>
Operating EBIDA	(94)	(489)	(5,090)	(4,601)	940%
EBIDA Margin Percentage	-61.6%	-129.8%	-133.1%	-3.3%	2.5%
Operating Margin Percentage	-61.6%	-130.3%	-141.7%	-11.4%	8.8%

# SVMD – Primary Care Clinic

- Primary care physicians: Recruit 11 MDs (5 starting Oct and 6 starting Jan); total of 7.68 FTEs by end of the year.
- Specialists: Recruit 4 MDs (starting Jan); total of 2 FTEs by end of the year.

Primary Care Clinic	
	Total
<b>REVENUES</b>	
Net Patient Service Revenue	3,723,065
Total Net Revenue	3,723,065
<b>EXPENSES</b>	
Salaries & Benefits	3,415,750
Supplies	123,573
Purchased Services	2,090,901
Facility Expenses*	494,306
Other General and Administrative	91,845
Depreciation	2,753
TOTAL EXPENSES	6,219,128
<b>OPERATING INCOME</b>	<b>(\$2,496,063)</b>
<b>TOTAL FTEs</b>	<b>9.68</b>
<i>Loss per MD FTE</i>	<i>(\$257,783)</i>
<b>Primary Care Clinic Administration Expenses</b>	<b>1,238,667</b>

\*Facility Expenses: Lease/Repairs & Maintenance/Utilities

# Non-Operating Revenue Detail

Non-Operating Revenue/<Expense> Detail (\$ in thousands)					
	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
<b>Non Operating Revenue Detail</b>					
Investments	(1,710)	59,376	18,100	(41,277)	-69.5%
Swap Adjustments	(3,214)	4,537	-	(4,537)	-100.0%
Bond Amortization	1,611	266	70	(196)	-73.7%
Community Benefit	(2,716)	(3,586)	(3,400)	186	-5.2%
Support for Foundation	(1,783)	(1,783)	(1,783)	-	0.0%
Support for SVMMD	(213)	(459)	(5,380)	(4,921)	1072.8%
Investment in Satellite Dialysis	(434)	(573)	(425)	148	-25.9%
Gain/<Loss> on Community Connect	-	-	-	-	
Gain/<Loss> on Pathways	143	1,471	500	(971)	-66.0%
Other	(1,254)	(2,936)	(3,292)	(355)	12.1%
	(9,570)	56,313	4,390	(51,923)	-92%





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

**El Camino Healthcare District  
Fiscal Year 2018 Budget**

Iftikhar Hussain, CFO  
June 20, 2017

# Basis of the El Camino Healthcare District FY 2018 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 30<sup>th</sup>. 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](http://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.
- Supplies and Other Expenses are anticipated to be held at 2017 levels, includes legal, marketing/advertising and district association dues.
- Depreciation is based on assets currently in service, as there is no new capital spending expected at the District level in Fiscal Year 2018.
- Expenses related to the G.O. bonds are based on the anticipated 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

*Information excludes El Camino Hospital & its affiliates*

(In 000s)

Revenues	FY2016 Actual	FY2017 Annualized	FY 2018 Budget	Change Favorable / (Unfavorable)	% Change
(A) Other Operating Revenue	88	90	91	1	1.1%
(B) Unrestricted M&O Property Taxes	7,162	7,658	7,888	230	3.0%
(B) Restricted M&O Taxes	6,171	6,002	5,620	(382)	-6.4%
(B) Taxes Levied for Debt Service	9,836	9,676	10,200	524	5.4%
(B) Investment Income	375	(37)	156	193	321.6%
(B) Other	521	179	140	(39)	-21.8%
<b>Total Net Revenue</b>	<b>24,154</b>	<b>23,568</b>	<b>24,095</b>	<b>527</b>	<b>2.2%</b>
<b>Expenses</b>					
(A) Salaries & Benefits	-	-	-	-	0.0%
(A) Community Benefit Support	312	370	370	-	0.0%
(A) Supplies & Other Expenses	101	256	253	3	1.2%
(A) Depreciation/Amortization/Interest Expense	253	224	231	(7)	-3.0%
(B) G.O. Interest Expense (net)	4,515	5,319	3,908	1,411	36.1%
(B) Community Benefit Program	5,986	7,526	7,000	526	7.5%
(B) IGT Medi-Cal Program Expense	802	7,026	510	6,516	1277.6%
<b>Total Expenses</b>	<b>11,969</b>	<b>20,721</b>	<b>12,272</b>	<b>8,449</b>	<b>68.8%</b>
<b>NET INCOME</b>	<b>12,185</b>	<b>2,847</b>	<b>11,823</b>	<b>8,976</b>	<b>315.3%</b>
Operating EBIDA	(325)	(536)	(532)	4	-0.7%
Operating Margin Expense	-652.6%	-851.2%	-837.4%		

## FY18 BUDGET RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	(763)
(B) Net Non-Operating Revenues & Expenses	12,586
<b>NET INCOME</b>	<b>11,823</b>



**El Camino Healthcare District**  
**Statement of Fund Balance Activity for Budget 2018**  
*Information excludes El Camino Hospital & its affiliates*  
(In 000s)

**UNRESTRICTED FUND ACTIVITY BALANCE**

Projected Opening Balance at 7/1/2017	\$42,920
Budgeted Net Income for FY2018	11,823
Transfer to ECH for Capital Outlay Projects (Women's Hospital)	0

<b>PROJECTED ENDING BALANCE @ 6/30/2018</b>	<b>\$54,743</b>
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# El Camino Healthcare District

## Sources & Uses of Tax Receipts (\$Thousands)

### Budget for 2018

#### Sources of District Taxes

(1) Maintenance and Operation and Government Obligation Taxes	\$23,708
(2) Redevelopment Agency Taxes	140

<b>Total District Tax Receipts</b>	<b>\$23,848</b>
------------------------------------	-----------------

#### Uses Required Obligations / Operations

(3) Government Obligation Bond (Principal & Interest)	\$6,508
---	---------

<b>Total Cash Available for Operations, CB Programs, &amp; Capital Appropriations</b>	<b>17,340</b>
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(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	5,620
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<b>Subtotal</b>	<b>11,720</b>
-----------------	---------------

(5) Operating Expenses	623
------------------------	-----

<b>Subtotal</b>	<b>11,097</b>
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(6) Capital Replacement Fund (Park Pavilion)	300
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<b>Funds Available for Community Benefit Program</b>	<b>\$10,797</b>
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*Gann Limit Calculation for FY2018	\$8,025
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(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)

Consolidated Revenue and Expense Budget (\$ in thousands)				
	Standalone	El Camino Hospital	El Camino Hospital Affiliates	Total
<b>REVENUES</b>				
Net Patient Service Revenue	\$0	\$832,066	\$3,723	\$835,789
Other Operating Revenue	91	23,129	18,193	41,413
Total Net Revenue	91	855,195	21,916	877,202
<b>EXPENSES</b>				
Salaries & Benefits	0	470,357	11,061	481,417
Supplies & Other Expenses	624	245,976	18,335	264,935
Interest	0	8,705	0	8,705
Depreciation/Amortization	231	53,067	375	53,673
TOTAL EXPENSES	854	778,105	29,770	808,729
<b>OPERATING INCOME</b>	<b>(\$763)</b>	<b>\$77,090</b>	<b>(\$7,854)</b>	<b>\$68,473</b>
Non Operating Income	12,586	2,704	10,020	25,310
<b>NET INCOME</b>	<b>\$11,823</b>	<b>\$79,793</b>	<b>\$2,167</b>	<b>\$93,783</b>
Operating EBIDA	(532)	138,862	(7,479)	130,851
EBIDA Margin Percentage	-584.2%	16.2%	-34.1%	14.9%
Operating Margin Percentage	-837.4%	9.0%	-35.8%	7.8%



# El Camino Healthcare District - CONSOLIDATED

(In 000s)

	FY2016 Actual	FY2017 Annualized	FY2018 Budget	Change Favorable/ (Unfavorable)	% Change
<b>REVENUES</b>					
Net Patient Service Revenue	772,173	809,481	835,789	26,308	3.2%
Other Operating Revenue	39,495	41,223	41,413	190	0.5%
Total Net Revenue	811,669	850,704	877,202	26,498	3.1%
<b>EXPENSES</b>					
Salaries & Benefits	443,258	453,986	481,417	(27,431)	-5.7%
Supplies & Other Expenses	261,905	251,746	264,935	(13,189)	-5.0%
Interest	7,193	4,252	8,705	(4,453)	-51.2%
Depreciation/Amortization	49,056	48,412	53,673	(5,261)	-9.8%
TOTAL EXPENSES	761,412	758,396	808,729	(50,333)	-6.2%
<b>OPERATING INCOME</b>	<b>50,256</b>	<b>92,308</b>	<b>68,473</b>	<b>(23,834)</b>	<b>34.8%</b>
Non Operating Income	7,651	68,845	25,310	43,535	-63.2%
<b>NET INCOME</b>	<b>57,907</b>	<b>161,152</b>	<b>93,783</b>	<b>(67,369)</b>	<b>-41.8%</b>
Operating EBIDA	106,506	144,972	130,851	(14,120)	-9.7%
EBIDA Margin Percentage	13.1%	17.0%	14.9%		
Operating Margin Percentage	6.2%	10.9%	7.8%		





## **El Camino Healthcare District Consolidated Capital Budget**

**Note: There are no plans to expend capital at the District level in Fiscal Year 2018. All capital spending is budgeted to occur at El Camino Hospital and its affiliates**



## FY 2018 Capital Spending Trend

(In 000s)

Capital Spending (in 000's)	Actual FY2014	Actual FY2015	Actual FY2016	Projected FY2017	Budget FY2018
EPIC	6,838	29,849	20,798	6,137	1,922
IT Hardware / Software Equipment	2,788	4,660	6,483	5,391	12,238
Medical / Non Medical Equipment*	12,891	13,340	17,133	18,185	5,635
Non CIP Land, Land I , BLDG, Additions	22,292	-	4,189	-	-
Facilities	13,753	38,940	48,137	170,763	211,886
<b>GRAND TOTAL</b>	<b>58,561</b>	<b>86,789</b>	<b>96,740</b>	<b>200,476</b>	<b>231,681</b>

\*Includes 2 robot purchases in projected FY 2017 & FY16 Medical/Non Medical Equipment spent in FY17



# FY2018 Facilities Project Detail

(In 000s)

	FY18 Budgeted Commitment	FY18 Budgeted Spend
<b>Mountain View Campus Master Plan Projects</b>		
BHS Replacement	\$0 **	\$51,400
North Dr Parking Structure Expansion	\$0 **	\$3,354
Integrated Medical Office Building	\$0 **	\$130,100
CUP Upgrades	\$0 **	\$4,032
Womens Hosp Expansion	\$6,000 **	\$7,000
<b>Sub-Total Mountain View Campus Master Plan</b>	<b>\$6,000</b>	<b>\$195,886</b>
<b>Mountain View Capital Projects</b>		
New Main Lab Upgrades	\$0 *	\$500
ED Remodel Triage / Psych Observation	\$0 *	\$1,000
Willow Pavilion FA Sys and Equip Upgrades	\$800	\$700
Facilities Planning Allowance	\$600	\$0
Site Signage & Other Improvements	\$1,000	\$100
IR Room #6 Development	\$0 *	\$2,000
JW House (Patient Family Residence)	\$2,500	\$0
Nurse Call System Upgrades	\$2,400	\$0
Imaging Equipment Replacement (Imaging Dept. Only)	\$20,700	\$0
IR / Cath Lab Equipment Replacement (5 or 6 Rooms)	\$19,400	\$0
ED Remodel / CT - Triage - Other	\$5,000	\$0
MV Equipment & Infrastructure Upgrades (18)	\$600	\$0
Various Relocation Projects	\$800	\$0
Flooring Replacement	\$1,600	\$0
<b>Sub-Total Mountain View Projects</b>	<b>\$55,400</b>	<b>\$4,300</b>



# FY2018 Facilities Project Detail

(In 000s)

	FY18 Budgeted Commitment	FY18 Budgeted Spend
<b>Los Gatos Capital Projects</b>		
LG Imaging Phase II (CT & Gen Rad) & Sterile Processing	\$0 **	\$700
LG Upgrades - Major	\$0 **	\$5,000
LG Rehab Building Upgrades	\$0 **	\$500
LG IR Upgrades	\$1,100	\$0
LG Facilities Planning	\$800	\$0
LG MOB Improvements (17)	\$0 *	\$3,500
LG Nurse Call System Replacement (M/S, Ortho, Women's, ED)	\$2,800	\$0
LG OPS Expansion & Physician Lounge	\$850	\$0
LG Observation Unit (Conversion of ICU 2)	\$1,800	\$0
LG Security System	\$460	\$0
LG Pharmacy USP800 Upgrades	\$400	\$0
LG Men's Health Clinic TI's	\$450	\$0
LG Cancer Center	\$1,900	\$0
<b>Sub-Total Los Gatos Projects</b>	<b>\$10,560</b>	<b>\$9,700</b>
<b>Other Strategic Capital Projects</b>		
Primary Care Clinic (TI's Only)	\$0 *	\$2,000
Urgent Care Clinics (Tis Only)	\$3,800	\$0
New 28K MOB (Courthouse Prop)	\$22,400	\$0
<b>Sub-Total Other Strategic Capital Projects</b>	<b>\$26,200</b>	<b>\$2,000</b>
<b>Grand Total Facilities Projects</b>	<b>\$98,160</b>	<b>\$211,886</b>

\* Board approved from prior years

\*\* Board approved; partially funded from prior years



## ECHD BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	<p>FY18 Community Benefit Plan and Implementation Strategy</p> <p>El Camino Healthcare District Board of Directors</p> <p>June 20, 2017</p>
<b>Responsible party:</b>	Barbara Avery, Director, Community Benefit
<b>Action requested:</b>	For Approval
<p><b>Background:</b></p> <p><b><u>FY18 El Camino Healthcare District Community Benefit Plan</u></b></p> <p>The Plan includes:</p> <ul style="list-style-type: none"> <li>- Overview of Community Health Needs Assessment (CHNA) process</li> <li>- Grant proposal summaries, organized by the three health priority areas, which include information on services, metrics, and funding</li> <li>- The Community Benefit Advisory Council (CBAC) invested significant time in determining their grant funding recommendations for the FY18 El Camino Healthcare District Community Benefit Plan</li> <li>- Financial Summary</li> </ul>	
<p><b>Advisory Committee(s) that reviewed the issue and recommendation, if any:</b></p> <p>Community Benefit Advisory Council (CBAC)</p> <ul style="list-style-type: none"> <li>- The Council reviewed all grant proposals received for FY18.</li> </ul> <p>The Council provided guidance and grant funding recommendations for the FY18 Plan.</p>	
<p><b>Summary and session objectives :</b></p> <ul style="list-style-type: none"> <li>- Provide an overview of the FY18 El Camino Healthcare District Community Benefit Plan, as informed by the 2016 El Camino Hospital Community Health Needs Assessment</li> <li>- Plan proposes to fund 57 grants for a total of \$6,749,931. The full plan, which includes the placeholder and sponsorships, totals \$7,049,930.</li> <li>- FY18 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 grant summary and funding recommendation for each proposal.</li> <li>- Proposal summaries were provided to the CBAC to inform their guidance and funding recommendations.</li> <li>- ECHD received 60 proposals, a 11% increase over FY17. There was an 18% increase in ECH and ECHD combined requests: 113, compared to the prior year of 96 proposals.</li> </ul>	

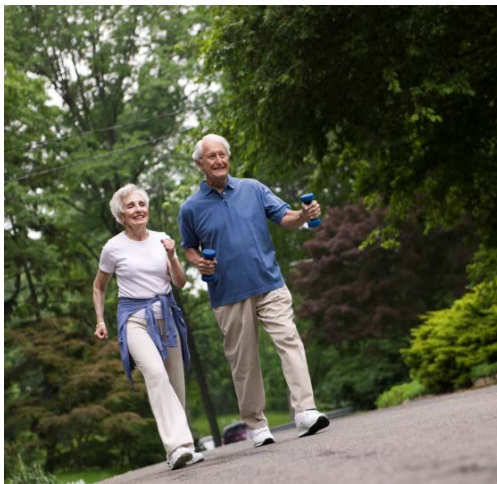
## ECHD BOARD MEETING AGENDA ITEM COVER SHEET

	<ul style="list-style-type: none"> <li>- 11 proposals were for new programs, and 13 of the 60 proposals were for Support (small) Grant requests.</li> <li>- Required funding request 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.</li> <li>- The CBAC met on 4/24. The excellent process created significant and effective discussion for over three hours. Consensus was reached on recommended funding for FY18.</li> <li>- Proposal summary sheets, revised to reflect the CBAC recommendations, were incorporated in the Plan.</li> </ul>
	<b>Suggested discussion questions:</b> None.
	<b>Proposed board motion, if any:</b> To approve the FY18 El Camino Healthcare District Community Benefit Plan.
	<b>LIST OF ATTACHMENTS:</b> <ol style="list-style-type: none"> <li>1. FY18 Community Benefit Plan</li> <li>2. FY17 Midterm Year-Over-Year Dashboard</li> <li>3. Community Benefit Follow Up to 5/22/2017 ECHD Study Session Questions</li> </ol>



# Community Benefit Plan

## Fiscal Year 2018



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

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## Introduction

The El Camino Healthcare District (ECHD) Board of Directors has formalized its commitment to the health of the community it serves by establishing designated funding for the District's Community Benefit investment. In Fiscal Year 2018, the ECHD Community Benefit Program will invest over \$7 million in the El Camino Healthcare District. This plan details how ECHD will allocate these monies to improve the health and wellness of District residents.

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

The documented needs in the 2016 CHNA served El Camino Healthcare District in developing this Community Benefit Plan for establishing Implementation Strategies pursuant to the Affordable Care Act of 2010 and California State Senate Bill 697. This plan outlines El Camino Healthcare District funding for fiscal year 2018.

The main steps of this planning process are:

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

### **Step 1 — Conduct a Countywide Community Health Needs Assessment.**

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



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

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

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

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

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

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



Table 1 Health Needs Identified by 2016 CHNA

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

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

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

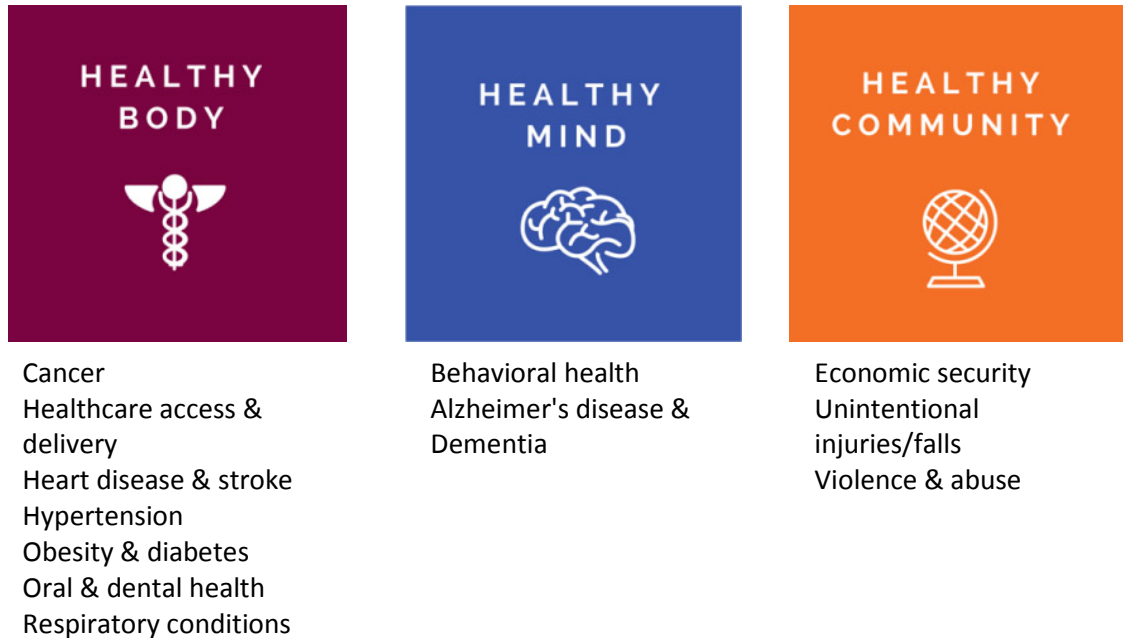
#### Criteria for Recommending Health Needs for Selection

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

### Step 4 — Establish Community Benefit Health Need Priority Areas.

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





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

Based on the top health needs identified by the community that were prioritized and recommended for selection by the CBAC, El Camino Healthcare District released the 2017 – 2018 grant application. These proposals addressed needs in the three health priority areas. The CBAC met twice in April 2016 to assess and discuss all grant proposals. Staff provided additional information requested by the Council. The Council provided funding recommendations, which are described for each proposal in the Plan's health priority areas. The Plan also contains the health needs identified through the CHNA process that El Camino Healthcare District will address (below) and how it plans to meet the health needs.

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



## FY18 Plan Overview

### Overview

Grant Proposals Received: 60

Program Support Grant Proposals Received: 47

Support Grant Proposals Received: 13

Grant Proposals Recommended for Funding: 57

Program Support Grant Proposals Recommended for Funding: 46

Support Grant Proposals Recommended for Funding: 11

Total Requested Grant Funding: \$7,707,300

Total Recommended Grant Funding: \$6,749,931

Recommended Plan Total (including Placeholder and Sponsorships): \$7,050,000

## 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.*

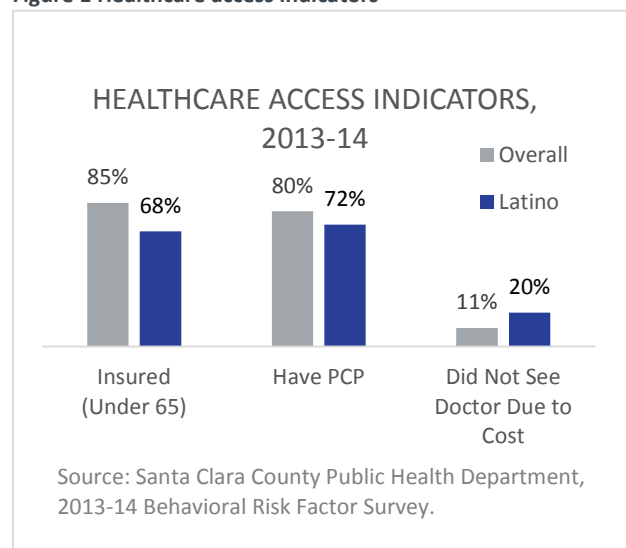
The maintenance of healthy bodies is affected by a variety of factors including the environment in which we live, social and economic factors, and personal choices and health behaviors. Poor health can be experienced as diseases and conditions such as stroke or diabetes, and their related drivers such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

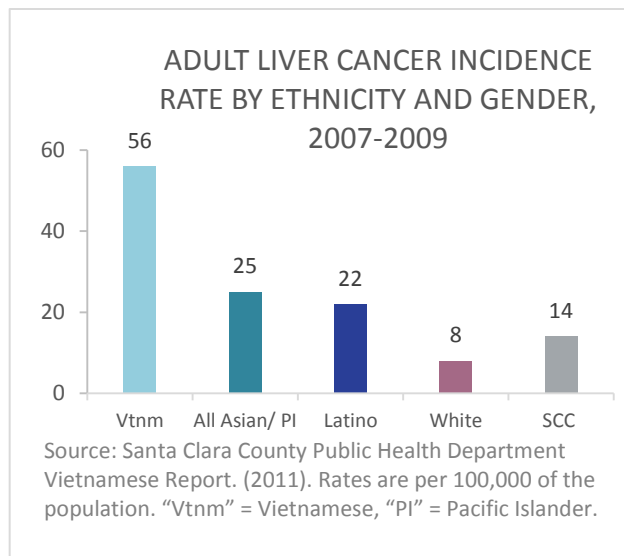
- **Access to Healthcare & Healthcare Delivery** is a need in Santa Clara County as demonstrated by the proportion of Latinos who are insured, who see a primary care physician, and who go without healthcare due to cost. For example, only 68% of Latinos in Santa Clara County are insured compared to 85%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

Figure 2 Adult liver cancer incidence rate



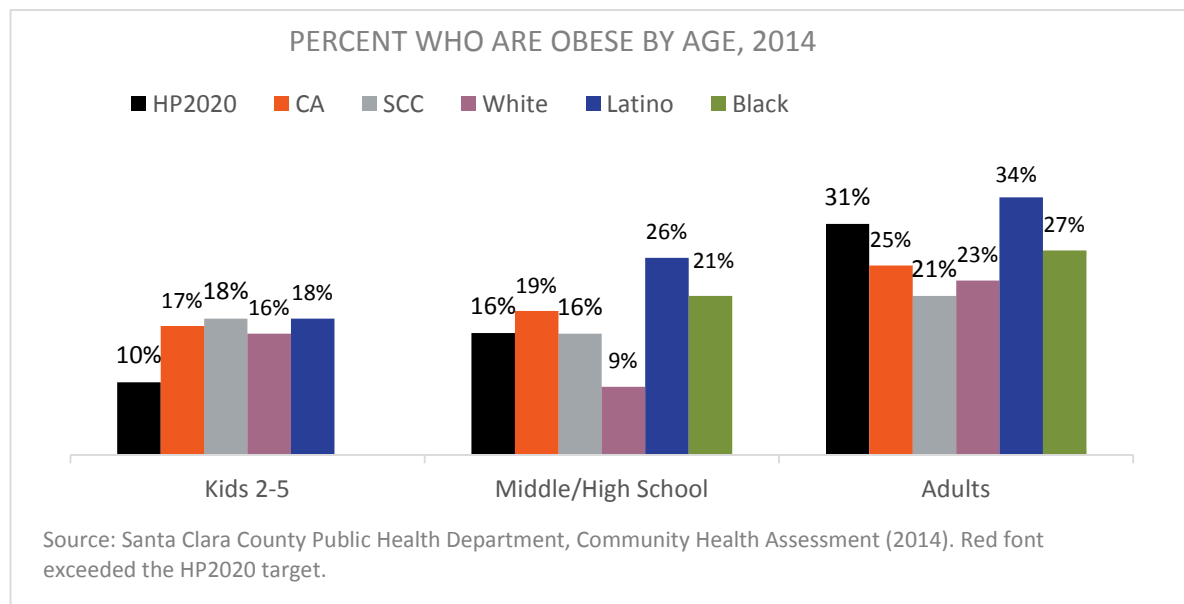
- **Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases** are responsible for 26% of all deaths in the county. In addition, ethnic disparities exist in mortality rates of heart disease and stroke. Poor nutrition is a driver of cardiovascular diseases. Youth consumption of fruits and vegetables 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



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## STRATEGIES TO IMPROVE HEALTHY BODIES

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





## HEALTHY BODY PROPOSALS

1. 5210 Health Awareness Program Partnership
2. Community Service Agency, MV – Intensive Clinical Case Management for Seniors
3. Cupertino Union School District – School Nurse Program
4. Fresh Approach – VeggieRX Nutrition Education and Freshest Cargo Mobile Farmers' Market – Increasing Knowledge and Access to Fresh Fruits & Vegetables
5. Health Mobile – Mobile Dental Services in Mountain View and Sunnyvale
6. Healthcare Foundation of Northern & Central California – Medical Respite
7. Healthier Kids Foundation – 10 Steps to a Healthier You Program
8. Healthier Kids Foundation – DentalFirst
9. Healthier Kids Foundation – HearingFirst
10. Living Classroom – Garden-Based Nutrition Program
11. Lucile Packard Foundation for Children's Health – Mobile Adolescent Health Services Program (TeenVan)
12. MayView Community Health Center – Uninsured Primary Healthcare and Lab Services
13. Mountain View Whisman School District – School Nurse Program
14. New Directions – New Directions Program
15. Pathways Home Health & Hospice – Pathways Un/Underinsured Care Program
16. Planned Parenthood Mar Monte – Access to Essential Healthcare Program
17. Playworks, Education Energized – Playworks Education Energized
18. Santa Clara Valley Medical Center – Homeless Healthcare and Dental Services in Mountain View and Sunnyvale
19. Sunnyvale School District – School Nurse Program

## HEALTHY BODY RECOMMENDED PROGRAM SUPPORT FUNDING: \$3,646,802

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.



# FY18 Healthy Body Proposal Summary



## 5210 – Health Awareness Program Partnership

<b>Program Title</b>	5210 Numbers to Live By!		
<b>Grant Goal</b>	Since 2010, PAMF and El Camino Healthcare District have provided a school based healthy lifestyle program known as 5210 Numbers to Live By. For FY18, the 5210 program aims to deliver the program at select preschool, elementary school, and afterschool program sites in the Sunnyvale School District and Fremont High School freshmen.		
<b>Community Need</b>	<p>Nearly 33% of Santa Clara County's children are overweight or obese, though this percentage is even greater among some subsets of young people.</p> <ul style="list-style-type: none"> <li>Latino/Hispanic children are the single largest ethnic group in the County's public schools, comprising nearly 37% of students, and they are more likely to be overweight or obese than their peers due to a variety of socioeconomic factors.</li> <li>Today, over 38% of Santa Clara County's Latino/Hispanic children ages 2 – 19 are considered overweight or obese. Overweight and obese children are at greater risk for high cholesterol, high blood pressure, Type II diabetes, and bone or joint conditions. Researchers have linked obesity to attention deficits, cognitive declines, as well as social and emotional disturbances that can negatively impact academic performance.</li> </ul>		
<b>Agency Description &amp; Address</b>	El Camino Healthcare District collaboration with Palo Alto Medical Foundation. 701 East El Camino Real, Mountain View, CA		
<b>Program Delivery Site(s)</b>	Sunnyvale School District, Columbia Neighborhood Center and 9 <sup>th</sup> graders at Fremont High School in Sunnyvale		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>Students will be engaged through introductory assemblies, social marketing, poster and activity contests, and goal setting behaviors for each of the 5210 health messages.</p> <ul style="list-style-type: none"> <li>Fifth graders will receive three 50-minute nutrition lessons</li> <li>At least 10 lunchroom tastings introducing new fruits or vegetables will be held each month. This will get students excited to try new healthy foods, taste them, and have an opportunity on the lunch line to explore more options. Information on the tastings will be sent home to encourage healthy eating behaviors.</li> <li>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.</li> </ul> <p>Funds will support partial instructor salary and program supplies.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000      FY18 funding recommended: \$25,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY17 6-month metrics met: 100%	FY16 Approved: \$30,150 FY16 Spent: \$9,478 FY16 6-month metrics met: 0% FY16 annual metrics met: 100%	FY15 Approved: \$30,000 FY15 Spent: \$18,704 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
<i>Note: Unanticipated funding received post-Board approval, offsetting total expenses.</i>			
<b>FY18 Dual Funding</b>	FY18 funding requested: \$15,000      FY18 funding recommended: \$15,000		
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$20,000 FY17 Approved: \$20,000	FY16 Approved: \$29,500 FY16 Spent: \$2,638	FY15 Approved: \$15,000 FY15 Spent: \$4,669

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# FY18 Healthy Body Proposal Summary



## 5210 – Health Awareness Program Partnership

*[Continued from previous page]*

<b><i>FY18 Proposed Metrics</i></b>	<b><i>Metrics</i></b>	<b><i>6-month Target</i></b>	<b><i>Annual Target</i></b>
	Students served	5,000	7,000
	Students who report being active one or more hours per day after 5210 engagement	N/A	55%
	Students who report the knowledge to limit sweetened beverages to 0 per day after 5210 engagement	N/A	80%



# FY18 Healthy Body Proposal Summary



## Community Service Agency Mountain View

<b>Program Title</b>	Intensive Clinical Case Management for Seniors			
<b>Grant Goal</b>	This program will reduce the rate of re-hospitalizations of seniors within 30-days of discharge and optimize functioning to avoid premature institutionalization by providing case management.			
<b>Community Need</b>	Eighteen percent of Medicare patients are readmitted to the hospital within 30-days of discharge, adding billions to healthcare costs and anxiety to patients and their families.			
<b>Agency Description &amp; Address</b>	Community Services Agency provides vital social services for residents of Mountain View, Los Altos and Los Altos Hills. 204 Stierlin Road, Mountain View, CA			
<b>Program Delivery Site(s)</b>	Services will be delivered at agency site in Mountain View, CA			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>Expanded clinical case manage to:</p> <ul style="list-style-type: none"><li>• Provide staffing for social worker case manager, RN case manager, and licensed vocational nurse (LVN) to provide intensive case management for low-income seniors with chronic conditions being released from hospital</li><li>• Provide seniors with tools to better manage their health conditions, resulting in the reduction potential hospital readmissions, and increase the likelihood for them to live independently in their own homes</li></ul> <p>Funds will support staffing of a social worker case manager, RN, and LVN, pharmaceuticals and program materials.</p>			
<b>FY18 Funding</b>	FY18 funding requested:   \$221,401                      FY18 funding recommended:   \$221,401 <i>Note: Agency is adopting a best practice model with input from ECH Care Coordination Department to increase efficiency of managing chronic diseases and increasing capacity to serve more at-risk older adults; model aligns with Hospital Readmissions Reduction Program (HRRP) which includes the addition of Licensed Vocational Nurse (LVN) position. FY18 request for clients served and services is proportional to increased request in funding compared to previous years.</i>			
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$151,551 FY17 Approved: \$151,551 FY17 6-month metrics met: 100%	FY16 Approved: \$133,500 FY16 Spent: \$122,188 FY16 6-month metrics met: 25% FY16 annual metrics met: 83%	FY15 Approved: \$146,282 FY15 Spent: \$112,113 FY15 6-month metrics met: 100% FY16 annual metrics met: 83%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Clients served		97	142
	Services provided by LVN, RN, and social worker case managers		2,249	4,532
	Clients who were re-hospitalized within 30 days for reasons related to a chronic health condition*		1%	1%
	Clients who were re-hospitalized within 90 days for reasons related to a chronic health condition*		4%	4%
	Clients who were able to maintain or improve their fall-risk score		50%	50%
	Patients with hypertension who attained or maintained a blood pressure of less than 140/90 mm Hg		60%	60%

\*Low percentage of re-hospitalization is desired



# FY18 Healthy Body Proposal Summary



## Cupertino Union School District

<b>Program Title</b>	School Nurse Program
<b>Grant Goal</b>	Provide additional nursing and clerical support to schools serving the more underserved populations within the Cupertino Union School District. The additional nursing and clerical support allows for extensive follow-up for health screening failures, additional staff trainings for EpiPen administration in response to allergic reactions, and assistance with access to healthcare services through community resources.
<b>Community Need</b>	There are significant barriers in accessing healthcare for students in the target schools. Data from Lucile Packard Foundation for Children's Health (2016) indicates that 23% of students in public schools within Santa Clara County are English Learners compared to 22% statewide. These students are more likely to have difficulty accessing quality healthcare, which may result in health disparities for these students as adults compared to children in English-speaking households. Additionally, the target school sites have a greater percentage of minority students compared to 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 high truancy rate. 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 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.
<b>Agency Description &amp; Address</b>	The Cupertino Union School District serves over 18,000 TK – 8 students across 25 schools. 10301 Vista Drive, Cupertino, CA
<b>Program Delivery Site(s)</b>	Nimitz and Stockelmeir Elementary Schools
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>The proposed activities and services are focused on increasing student and family access to health care services, health literacy, and health education. The grant nurse will work alongside the health clerk to focus on providing the following services:</p> <ul style="list-style-type: none"> <li>• Extensive follow-up and case management at target schools following state mandated health screenings. Follow-up will include additional written referrals and phone calls, referrals to health care resources, and detailed data tracking.</li> <li>• Promotion of dental health through on-site dental screenings at target school sites. Dental screenings will promote early detection and prevention of dental health problems. School nurses will organize screenings at target schools and follow-up with students who were identified with having dental health concerns.</li> <li>• 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.</li> <li>• Intensive training for as many staff as possible at target schools to understand severe food allergies, anaphylaxis response, and EpiPen usage.</li> </ul> <p>Funds will be used for the partial salaries of a credentialed school nurse, LVN and health clerk.</p>

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# FY18 Healthy Body Proposal Summary



## Cupertino Union School District

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<b>FY18 Funding</b>	FY18 funding requested:   \$72,481		FY18 funding recommended:   \$72,481	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$68,997 FY17 Approved: \$68,997 FY17 6-month metrics met: 100%	FY16 Approved: \$34,411 FY16 Spent: \$34,411 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%	FY15 Approved: \$33,990 FY15 Spent: \$33,990 FY15 6-month metrics met: 75% FY15 annual metrics met: 100%	
	<i>Note: Total grant funding has remained relatively flat. Proportion has changed to a 50/50 split between Hospital and District; this reflects the location of schools currently served.</i>			
<b>FY18 Dual Funding</b>	FY18 funding requested:   \$72,481		FY18 funding recommended:   \$72,481	
<b>Dual Funding History</b>	FY17	FY16	FY15	
	FY17 Requested: \$68,997 FY17 Approved: \$68,997	FY16 Approved: \$103,233 FY16 Spent: \$103,233	FY15 Approved: \$101,696 FY15 Spent: \$101,696	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served		924	1,848
	Students who failed a mandated health screening who saw a healthcare provider		40%	74%
	Students in Kindergarten who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist		N/A	75%
	Teachers accessing Go Noodle health education curricula and activities		50%	74%
	Teachers/staff at target schools who receive training on severe allergies, anaphylaxis, and EpiPen usage		45%	65%



# FY18 Healthy Body Proposal Summary



## Fresh Approach

<b>Program Title</b>	VeggieRx Nutrition Education and Freshest Cargo Mobile Farmers' Market – Increasing Knowledge and Access to Fresh Fruits & Vegetables
<b>Grant Goal</b>	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.
<b>Community Need</b>	Diet-related diseases are prevalent among low-income populations. Significant barriers prevent lower income populations from consuming sufficient quantities and an adequate diversity of fruits and vegetables. These barriers include lack of access (significant distance from home to healthy food, and often lack of transportation), lack of income (inability to afford healthier choices), and lack of nutrition knowledge. Fresh Approach's Freshest Cargo Mobile Farmers' Market program was developed to support healthy eating in areas where healthy foods are unavailable or unaffordable and communities are underserved. In Santa Clara County, 28% of the population lives at or below 200% FPL (CHIS 2015) and El Camino Hospital's 2016 Community Health Needs Assessment indicates that Latino and African American communities have higher incidences of overweight and obesity than White communities.
<b>Agency Description &amp; Address</b>	Fresh Approach was formed in 2008 by the Pacific Coast Farmers' Market Association to respond to a community need for access to nutritious food and health education. Fresh Approach improves access to healthy local food, offers nutrition education programs, and provides outreach to low-income communities about CalFresh acceptance at Bay Area farmers' markets. Fresh Approach partners with community-based organizations, public health departments, community clinics, and other groups in the communities it serves. Programs are operated in six Bay Area counties including Santa Clara County. 5060 Commercial Circle, Suite C, Concord, CA
<b>Program Delivery Site(s)</b>	<ul style="list-style-type: none"> <li>• Columbia Neighborhood Center, 789 Morse Ave, Sunnyvale, CA</li> <li>• Sunnyvale Public Library, 665 West Olive Ave, Sunnyvale, CA</li> <li>• Sunnyvale Elementary School District, 819 W Iowa Ave, Sunnyvale, CA</li> </ul>
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide two series of VeggieRx classes (16 group nutrition education classes, lasting 1.5 hours each) with cooking demonstrations that offer participants BMI monitoring and vouchers to spend on fruits and vegetables at local farmers' markets and mobile farmers' markets.</li> <li>• 45 weeks of Freshest Cargo Mobile Farmers' Market service in Sunnyvale. One day per week of service at two different locations in Sunnyvale, equating to a total of 90 stops offering over 180 hours of access to low-cost high-quality fresh produce (prices well below market prices).</li> <li>• Provide dollar-to-dollar matching funds for CalFresh and WIC shoppers up to \$20/day so \$20 in benefits equals \$40 worth of fresh produce.</li> </ul> <p>Funds cover part of program staff salaries as well as supplies and administrative costs.</p>

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# FY18 Healthy Body Proposal Summary



## Fresh Approach

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<b>FY18 Funding</b>	FY18 funding requested: \$100,000		FY18 funding recommended: \$70,000	
	(Veggie Rx Nutrition Education and Freshest Cargo Mobile Farmers’ Market)			
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$97,017 FY17 Approved: \$35,000 FY17 6-month metrics met: 50% (Unmet metric was close to target) (Veggie Rx Program)	N/A New program in FY17	N/A New program in FY17	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$90,000		FY18 funding recommended: Do not fund	
<b>Dual Funding History</b>	FY17	FY16	FY15	
	N/A New proposal FY18	N/A New proposal FY18	N/A New proposal in FY18	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served through VeggieRX classes		120	220
	Individuals served through fruit and vegetable vouchers		90	150
	Mobile Farmer’s provided in Sunnyvale		30	90
	Participants who attend at least 6 classes will lose 3% or more of their original body weight and/or improve their BMI		N/A	32%
	Participants who attend at least 6 classes will report regularly eating at least 2 additional servings of fruits and vegetables		N/A	82%
	Participants who report increasing fruit and vegetable consumption since starting to shop at Freshest Cargo		N/A	60%





# FY18 Healthy Body Proposal Summary



## Fresh Approach

<b>Program Title</b>	VeggieRx Nutrition Education and Freshest Cargo Mobile Farmers' Market – Increasing Knowledge and Access to Fresh Fruits & Vegetables
<b>Grant Goal</b>	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.
<b>Community Need</b>	Diet-related diseases are prevalent among low-income populations. Significant barriers prevent lower income populations from consuming sufficient quantities and an adequate diversity of fruits and vegetables. These barriers include lack of access (significant distance from home to healthy food, and often lack of transportation), lack of income (inability to afford healthier choices), and lack of nutrition knowledge. Fresh Approach's Freshest Cargo Mobile Farmers' Market program was developed to support healthy eating in areas where healthy foods are unavailable or unaffordable and communities are underserved. In Santa Clara County, 28% of the population lives at or below 200% FPL (CHIS 2015) and El Camino Hospital's 2016 Community Health Needs Assessment indicates that Latino and African American communities have higher incidences of overweight and obesity than White communities.
<b>Agency Description &amp; Address</b>	Fresh Approach was formed in 2008 by the Pacific Coast Farmers' Market Association to respond to a community need for access to nutritious food and health education. Fresh Approach improves access to healthy local food, offers nutrition education programs, and provides outreach to low-income communities about CalFresh acceptance at Bay Area farmers' markets. Fresh Approach partners with community-based organizations, public health departments, community clinics, and other groups in the communities it serves. Programs are operated in six Bay Area counties including Santa Clara County. 5060 Commercial Circle, Suite C, Concord, CA
<b>Program Delivery Site(s)</b>	<ul style="list-style-type: none"> <li>• Columbia Neighborhood Center, 789 Morse Ave, Sunnyvale, CA</li> <li>• Sunnyvale Public Library, 665 West Olive Ave, Sunnyvale, CA</li> <li>• Sunnyvale Elementary School District, 819 W Iowa Ave, Sunnyvale, CA</li> </ul>
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide two series of VeggieRx classes (16 group nutrition education classes, lasting 1.5 hours each) with cooking demonstrations that offer participants BMI monitoring and vouchers to spend on fruits and vegetables at local farmers' markets and mobile farmers' markets.</li> <li>• 45 weeks of Freshest Cargo Mobile Farmers' Market service in Sunnyvale. One day per week of service at two different locations in Sunnyvale, equating to a total of 90 stops offering over 180 hours of access to low-cost high-quality fresh produce (prices well below market prices).</li> <li>• Provide dollar-to-dollar matching funds for CalFresh and WIC shoppers up to \$20/day so \$20 in benefits equals \$40 worth of fresh produce.</li> </ul> <p>Funds cover part of program staff salaries as well as supplies and administrative costs.</p>

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# FY18 Healthy Body Proposal Summary



## Fresh Approach

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<b>FY18 Funding</b>	FY18 funding requested: \$100,000		FY18 funding recommended: \$70,000	
	(Veggie Rx Nutrition Education and Freshest Cargo Mobile Farmers’ Market)			
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$97,017 FY17 Approved: \$35,000 FY17 6-month metrics met: 50% (Unmet metric was close to target) (Veggie Rx Program)	N/A New program in FY17	N/A New program in FY17	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$90,000		FY18 funding recommended: Do not fund	
<b>Dual Funding History</b>	FY17	FY16	FY15	
	N/A New proposal FY18	N/A New proposal FY18	N/A New proposal in FY18	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served through VeggieRX classes		120	220
	Individuals served through fruit and vegetable vouchers		90	150
	Freshest Cargo route stops in Sunnyvale		30	90
	Participants who attend at least 6 classes will lose 3% or more of their original body weight and/or improve their BMI		N/A	32%
	Participants who attend at least 6 classes will report regularly eating at least 2 additional servings of fruits and vegetables		N/A	82%
	Participants who report increasing fruit and vegetable consumption since starting to shop at Freshest Cargo		N/A	60%



# FY18 Healthy Body Proposal Summary



## Health Mobile

<b>Program Title</b>	Mobile Dental Services in Mountain View and Sunnyvale		
<b>Grant Goal</b>	This program will provide free, comprehensive dental care services to low income families and the homeless population.		
<b>Community Need</b>	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% of low income adults had not received dental care in the past five years. According to Health Trust reports, 33% 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.		
<b>Agency Description &amp; Address</b>	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. 1659 Scott Boulevard, Suite #4, Santa Clara, CA		
<b>Program Delivery Site(s)</b>	Program services will be delivered in Mountain View and Sunnyvale		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Dental exams</li> <li>• X-Rays, cleanings, and fillings</li> <li>• Root canal referrals and extractions</li> </ul> Funds will support clinic staff, including dentist and dental assistants, as well as lab expenses, dental supplies, and other administrative costs.		
<b>FY18 Funding</b>	FY18 funding requested: \$148,832      FY18 funding recommended: \$148,832		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$148,832 FY17 Approved: \$148,832 FY17 6-month metrics met: 75% <i>(Unique number of patients served metric was close to achieving target but not met, whereas services provided greatly exceeded target. This was due to complexity of cases from years of oral hygiene neglect and lack of access to oral health insurance.)</i>	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Low-income and homeless individuals served		145
	Dental procedures provided		576
	Patients who report increased knowledge about their oral health		83%
	Patients who report no pain after their first visit		83%



# FY18 Healthy Body Proposal Summary



## Healthier Kids Foundation – 10 Steps Program

<b>Program Title</b>	10 Steps to a Healthier You Program		
<b>Grant Goal</b>	Enhance parental skills for implementing healthy lifestyle behaviors among upstream audiences, or populations that have not yet developed BMIs >85%.		
<b>Community Need</b>	Childhood obesity is defined as a Body Mass Index (BMI) greater than the 95% for gender and age. A BMI of greater than 85% for gender and age is considered overweight. According to the 2014 Obesity, Physical Activity, and Nutrition in Santa Clara County Report, 18-28% of children ages 5-11 in Santa Clara County using the Children Healthy and Disability Prevention (CHDP) program have BMIs > 85%, with higher rates among Latino children (up to 32%) for that age group.		
<b>Agency Description &amp; Address</b>	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children's Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured. 4010 Moorpark Avenue, Suite 118, San Jose, CA		
<b>Program Delivery Site(s)</b>	Schools in the following school districts: Sunnyvale, Mountain View Whisman and Santa Clara		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Provide the 10 Steps three-class series</li> </ul> Funds support partial program staff, contractors, facilitators, child supervision and materials.		
<b>FY18 Funding</b>	FY18 funding requested: \$45,000	FY18 funding recommended: \$30,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$100,000 FY17 Approved: \$30,000 FY17 6-month metrics met: 33% <i>(Examining survey questions is in process to address baseline data variance from predicted targets.)</i>	N/A New program in FY17	N/A New program in FY17
<b>FY18 Dual Funding</b>	FY18 funding requested: \$45,000	FY18 funding recommended: Do not fund	
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$100,000 FY17 Approved: \$0	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals served		135
	Classes provided (ten, three-class series)		15
	Encounters provided		203
	Average number of days per week that participants serve their children vegetables		6.25
	Increase in participants who serve vegetables 5 or more days per week		25%
	Average number of days per week that participants serve their children juice per week		2.5
	Decrease in participants who serve juice 2 or more days per week		25%



# FY18 Healthy Body Proposal Summary



## Healthier Kids Foundation – DentalFirst

NEW

<b>Program Title</b>	DentalFirst		
<b>Grant Goal</b>	Provide dental screening to children and follow up referrals and case management as needed for children without dental insurance.		
<b>Community Need</b>	Cavities are the single most common chronic childhood disease in the United States. Childhood cavities causes intense pain, difficulty eating, speaking and sleeping, which can lead to trouble concentrating, school absence and poor academic performance. Cavities adversely affect a child's nutrition, growth and development, ultimately limiting long term productivity and prospects. If a child does not learn and practice oral hygiene measures when they are young, they will have an increased risk for periodontal disease in adulthood. Research has shown links between periodontal disease and diabetes, cardiovascular disease, stroke, and pre-term labor.		
<b>Agency Description &amp; Address</b>	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children's Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured. 4010 Moorpark Avenue, Suite 118, San Jose, CA		
<b>Program Delivery Site(s)</b>	<ul style="list-style-type: none"> <li>Schools in the Mountain View Whisman and Sunnyvale school districts</li> <li>Preschools and other sites established through partnership with the City of Santa Clara</li> </ul>		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Screen children for dental-related issues and recommend follow up care</li> <li>Provide oral hygiene education and literature</li> <li>Provide parents with screening result</li> <li>Provide case management for families whose child showed a dental issue</li> </ul> Funds support part of program staff time and administrative costs.		
<b>FY18 Funding</b>	FY18 funding requested: \$20,000	FY18 funding recommended: \$10,000	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$20,000	FY18 funding recommended: \$20,000	
<b>Y18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Children screened	225	450
	Children who receive a referral	59	118
	Case managers who are able to reach the parents of children that receive a referral	85%	85%
	Case managers who confirm that those children who received a referral received appropriate services by a dentist	75%	75%
	Of those who received a referral, the percent who received dental treatment	55%	55%



# FY18 Healthy Body Proposal Summary



## Healthier Kids Foundation - HearingFirst

NEW

<b>Program Title</b>	HearingFirst		
<b>Grant Goal</b>	Detect undetected hearing issues in children and provide appropriate interventions early, so that children may become healthy and remain healthy.		
<b>Community Need</b>	Hearing loss, in varying degrees, affects two in every 100 children under the age of 18 and can be devastating when it goes undetected. If a child has hearing loss that is undetected and untreated they will miss learning from the speech and language that is happening around them, which may result in delayed language and speech development, trouble concentrating, 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.		
<b>Agency Description &amp; Address</b>	Healthier Kids Foundation (HKF), formerly Santa Clara Family Health Foundation, focused its first twelve years (since 2001) on raising funds for the Children's Health Initiative and the Healthy Kids program in Santa Clara County. Through its leadership in raising the funding to provide almost 1.9 million months of coverage to low-income children enrolled in the Healthy Kids program, HKF serves as a distinct advocate for children obtaining and retaining health coverage, as well as accessing health services once they are insured. 4010 Moorpark Avenue, Suite 118, San Jose, CA		
<b>Program Delivery Site(s)</b>	Preschool, charter school, public school, and community based organizations sites mainly in Sunnyvale area		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide hearing screening to children and appropriate follow up, as needed</li> <li>• Provide parents of children screened with their child's screening results</li> <li>• Provide case management (bilingual), as needed</li> </ul> Funds support part of program staff time and administrative costs.		
<b>FY18 Funding</b>	FY18 funding requested: \$20,000	FY18 funding recommended: \$10,000	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$20,000	FY18 funding recommended: Do not fund	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Children screened	225	450
	Children who receive a referral	29	58
	Case managers are able to reach the parents of children that receive a referral	65%	65%
	Case managers confirmed that those children who received a referral accessed services	35%	35%
	Of those who received a referral, the percent that received treatment	20%	20%





# FY18 Healthy Body Proposal Summary



## Living Classroom

<b>Program Title</b>	Garden-Based Nutrition Program			
<b>Grant Goal</b>	To inspire children 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.			
<b>Community Need</b>	Over 38% of Santa Clara County’s Latino children ages 2 to 19 are considered overweight or obese. By the 5th grade, only 30% of Mountain View Whisman School District (MVWSD) students meet the statewide fitness standards. In six of seven MVWSD grade schools, 25% or more of the students have been designated “at risk” due to poor scores in body composition on their CA Physical Fitness Test.			
<b>Agency Description &amp; Address</b>	Living Classroom is an award-winning outdoor education program, dedicated to children’s physical and emotional health and academic success, on school campuses in Santa Clara County. P.O. Box 3501, Los Altos, CA			
<b>Program Delivery Site(s)</b>	Ten schools in the Mountain View Whisman School District and Fairwood Explorer Elementary School in the Sunnyvale School District			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"><li>• Nutrition-related lessons that seamlessly integrate required Common Core science, math, and social studies standards and interspersed with health and nutrition topics</li><li>• Provide a garden-to-cafeteria component in coordination with food services at the schools</li><li>• Outdoor physical activity that combines with health education content standards in the Nutrition Education Resource Guide for California Public Schools</li><li>• Expand the Farm to Lunch Program</li><li>• Pilot K-5 Class-time lesson program at Fairwood Explorer Elementary School in Sunnyvale</li><li>• Summer program pilot at Crittenden Middle School in the Mountain View Whisman School District providing edible garden-enrichment activities to 1<sup>st</sup> – 6<sup>th</sup> grade students</li></ul> Funds support partial salaries of several program staff roles, including instructor and garden manager, as well as supplies and other administrative costs.			
<b>FY18 Funding</b>	FY18 funding requested: \$100,000		FY18 funding recommended: \$78,000	
<b>Funding History and Metric Performance</b>	FY17		FY15	
	FY17 Requested: \$98,959 FY17 Approved: \$78,000 FY17 6-month metrics met: 75%		FY16 FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 33%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Students served		2,743	4,730
	Students eating vegetables and fruits grown in school gardens during lunch-time taste testing days		2,000	3,800
	Students involved in planting and harvesting fruits and vegetables from Farm-to-Lunch programs		150	300
	Students increasing the amount of fresh produce intake by at least one serving on an average daily basis		20%	50%



# FY18 Healthy Body Proposal Summary



## Lucile Packard Foundation for Children's Health

<b>Program Title</b>	Mobile Adolescent Health Services Program (TeenVan)
<b>Grant Goal</b>	Funding being requested to continue the Mobile Adolescent Health Services Program (TeenVan) to Los Altos High School and Alta Vista High School and to serve students from Mountain View High School. The program consists of a medical team and mobile clinic to address the unmet medical needs of the most underserved pediatric population in the community. Services include medical exams, medications, laboratory work, nutrition counseling, psychosocial and mental health counseling. Patients who require specialty care, dental, or vision care are provided a referral and often receive treatment at no cost.
<b>Community Need</b>	According to kidsdata.org, 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 (kidsdata.org). 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.
<b>Agency Description &amp; Address</b>	The Mobile Adolescent Health Services Program is focused on making medical care accessible to the most underserved pediatric population in the community which includes homeless and low-income pre-teens, teens, and young adults. 400 Hamilton Ave. Suite 340, Palo Alto, CA
<b>Program Delivery Site(s)</b>	Los Altos High School and Alta Vista High School; Mountain View High School students access services at either school
<b>Services Funded By Grant/How Funds Will Be Spent</b>	Comprehensive services include: <ul style="list-style-type: none"> <li>• Provide staff of a doctor, nurse practitioner, social worker, and dietician</li> <li>• Provide comprehensive medical care</li> <li>• Provide social services assessments</li> <li>• Provide immunizations</li> <li>• Provide substance abuse, mental health, HIV testing and referral</li> <li>• Provide nutrition counseling</li> <li>• Provide medications</li> </ul>

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# FY18 Healthy Body Proposal Summary



## Lucile Packard Foundation for Children's Health

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<b>FY18 Funding</b>	FY18 funding requested: \$97,667		FY18 funding recommended: \$92,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$90,944 FY17 Approved: \$85,000 FY17 6-month metrics met: 100%	FY16 Approved: \$82,000 FY16 Spent: \$82,000 FY16 6-month metrics met: 75% FY16 annual metrics met: 67%	FY15 Approved: \$75,818 FY15 Spent: \$75,818 FY15 6-month metrics met: 67% FY15 annual metrics met: 100%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Students served		55	110
	Services provided		200	400
	Patients who receive necessary vaccinations to complete the three-part Hepatitis B series		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		N/A**	60%
	Patients who use alcohol or drugs and decrease their frequency by 1 level out of 5		N/A**	55%

\* All patients will be screened for completion of the full Hepatitis series. However, since the entire series requires three shots over six months, 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.



# FY18 Healthy Body Proposal Summary



## MayView Community Health Center

<b>Program Title</b>	Uninsured Primary Healthcare and Lab Services
<b>Grant Goal</b>	MayView is requesting funding to support medical/health staff costs 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. These services will address the primary health needs of 850 unduplicated patients with 2,250 qualified visits and 2,250 lab services. 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.
<b>Community Need</b>	This program addresses the health priority area of “Healthy Body” and specifically meets the health needs in the 2016 Community Health Needs Assessment: Access to Healthcare & Delivery, Cancer, Cardiovascular (Heart) and Cerebrovascular (Stroke) Diseases, Hypertension, Obesity & Diabetes, and Respiratory Conditions. Poor access to healthcare compromises the physical and financial health of families. For the primary service population, major barriers include lack of insurance, under-insurance, socioeconomic status, lack of proficiency in English, lack of documentation, disability and homelessness. These factors are often related to the social determinants of education and income, as described in the 2016 Community Health Needs Assessment. In 2016, 93% of patients had incomes under 200% of the federal poverty level, 65% had Medi-Cal coverage; 3% have Medicare coverage and 29% were uninsured/self-pay. With the team of bilingual clinic support staff who speak a variety of languages fluently (e.g., Spanish, Farsi, Hindi, and Russian) and through the utilization of language access services, MayView mitigates potential linguistic and/or cultural barriers to care for diverse patients and community members. MayView’s leadership formally adopted as policy the federal guidelines for culturally and linguistically appropriate services, thereby addressing a significant barrier for its patients.
<b>Agency Description &amp; Address</b>	The MayView Community Health Center is the only federally qualified health center (FQHC) community clinic in northern Santa Clara County. MayView provides affordable, culturally competent, general medical care, prenatal care, pediatric care, chronic disease case management, cancer screening, family planning, and other preventive services. MayView emphasizes early access to care and prevention, encourages patient self-responsibility by helping patients participate in decisions about their health, and addresses relevant psychosocial and economic issues. MayView clinics offer a comprehensive system of care that is responsive to the community’s identified healthcare needs. 270 Grant Road, Palo Alto; clinics sites also in Mountain View and Sunnyvale
<b>Program Delivery Site(s)</b>	MayView Clinics
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide 850 unduplicated uninsured patients with 2,250 face-to-face primary healthcare service encounters and 2,250 lab services</li> <li>• Address community-wide service gaps through the provision of preventive medical care, comprehensive perinatal services, and integrated behavioral health by MayView’s healthcare team of family practice, pediatrics, internal medicine, obstetrics/gynecology professionals and behavioral health clinicians as well as lab technicians</li> <li>• Provide on-site lab services to alleviate barriers to access and improve compliance</li> </ul> <p>Funds support lab fees for the uninsured, and full or partial salaries and benefits of a clinic physician, nurse practitioners, medical assistants, patient service coordinator, lab technicians and QI/EHR specialists.</p>

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# FY18 Healthy Body Proposal Summary



## MayView Community Health Center

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<b>FY18 Funding</b>	FY18 funding requested: \$799,871		FY18 funding recommended: \$775,600	
<b>Funding History and Metric Performance</b>	<b>FY17</b>	<b>FY16</b>	<b>FY15</b>	
	FY17 Requested: \$700,00 FY17 Approved: \$700,000 FY17 6-month metrics met: 86%	FY16 Approved: \$437,320 FY16 Spent: \$437,320 FY16 6-month metrics met: 75% FY16 annual metrics met: 75%	FY15 Approved: \$125,000 FY15 Spent: \$125,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Uninsured patients served		425	850
	Patient visits provided		1,125	2,250
	Lab services for uninsured		1,125	2,250
	Diabetic patients with LDL less than 130 mg/dL		71%	71%
	Diabetic patients with HbA1c Levels less than 9 points		72%	72%
	Hypertension patients whose blood pressure is less than 140/90 mm Hg		78%	78%
	Patients aged 51-75 years with completed annual colorectal screening		48%	48%



# FY18 Healthy Body Proposal Summary



## Medical Respite (Healthcare Foundation of Northern & Central California)

<b>Program Title</b>	The Medical Respite Program
<b>Grant Goal</b>	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 is to link the homeless patient to a primary care home, to help them access entitled benefits, and to house them when they leave the MRP.
<b>Community Need</b>	<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 or 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"> <li>• Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions</li> <li>• 68% reported currently experiencing mental health conditions</li> <li>• 75% of the population has mental health diagnoses or issues</li> </ul> <p>66% of the population is dual diagnosed with both mental health &amp; substance abuse issues</p>
<b>Agency Description &amp; Address</b>	<p>The Healthcare Foundation of Northern and Central California is a supporting organization of the Hospital Council of Northern and Central California. The Healthcare Foundation's purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve.</p> <p>1215 K Street Suite 800, Sacramento, CA</p>
<b>Program Delivery Site(s)</b>	EHC Lifebuilders in San Jose
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• A semi-private room and 3 meals are provided for each patient while they are in Medical Respite</li> <li>• A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs</li> <li>• Patients are thoroughly assessed for medical and psychosocial needs.</li> <li>• Referrals and coordination with specialty care is provided as needed</li> <li>• Supervision and education regarding medications is provided by the RN manager</li> </ul>

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# FY18 Healthy Body Proposal Summary



## Medical Respite (Healthcare Foundation of Northern & Central California)

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- 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 stay to help them 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 Medi-Cal, 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

Funds will be spent on the partial salaries of staff medical director, case manager, medical social worker, psychologist, RN, medical assistant and supplies.

<b>FY18 Funding</b>	FY18 funding requested: \$80,000		FY18 funding recommended: \$80,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$80,000 FY17 Approved: \$80,000 FY17 6-month metrics met: 100%	FY16 Approved: \$55,000 FY16 Spent: \$55,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$55,000 FY15 Spent: \$55,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$13,500		FY18 funding recommended: \$13,500	
<b>Dual Funding History</b>	FY17	FY16	FY15	
	FY17 Requested: \$13,500 FY17 Approved: \$13,500	FY16 Approved: \$13,500 FY16 Spent: \$13,500	FY15 Approved: \$13,500 FY15 Spent: \$13,500	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served (program total/ECHD funding)		100/6	200/13
	Hospital days avoided (program total)		400	800
	Patients linked to primary care home		92%	92%
	Patients completing the program who are discharged to transitional or permanent housing rather than back to the streets		72%	72%



# FY18 Healthy Body Proposal Summary



## Mountain View Whisman School District

<b>Program Title</b>	Mountain View Whisman Health Services (School Nurse Program)
<b>Grant Goal</b>	Mountain View Whisman School District is requesting funding to employ two full-time registered nurses and one part-time health assistant to provide health services to the students in the system. 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 accessing appropriate healthcare services to ensure that they are healthy and in school, learning, throughout the school year.
<b>Community Need</b>	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 addition of two nurses allows the district to provide outreach to families who are under and uninsured and who need assistance navigating available resources within the community. By requesting health examination reports, which include vision and hearing screenings, child health and disability prevention and oral health, nurses are able to identify students who do not access healthcare services and work with their families to connect them to appropriate resources. School nurses dedicate a large amount of time to following up with families to ensure care has been received. This grant also provides the opportunity to introduce students to self-care techniques, otherwise not available, by working with GoNoodle.
<b>Agency Description &amp; Address</b>	Mountain View Whisman School District's mission is to demonstrate a relentless commitment to the success of every child on a daily basis. The school district prepares all children for the world ahead by challenging, inspiring, and supporting the students to thrive in a world of constant change. The District has 10 schools, with approximately 5,000 students from preschool through 8th grade. 750-A San Pierre Way, Mountain View, CA
<b>Program Delivery Site(s)</b>	All 10 schools in the Mountain View Whisman School District
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Vision and hearing screenings</li> <li>• Oral health exam</li> <li>• Child Health and Disability Prevention exam</li> <li>• One-on-one health care for students with chronic health conditions such as diabetes, spina bifida, tracheotomy care</li> <li>• Immunization Review</li> <li>• GoNoodle (breathing, yoga, mindfulness) classroom engagement</li> <li>• Staff training/education - CPR, first aid, medication administration, GoNoodle</li> </ul> <p>Funds support two full time school nurses and one part-time health assistant.</p>

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# FY18 Healthy Body Proposal Summary



## Mountain View Whisman School District

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<b>FY18 Funding</b>	FY18 funding requested: \$ 190,488		FY18 funding recommended: \$190,488	
<b>Funding History and Metric Performance</b>	<b>FY17</b>	<b>FY16</b>	<b>FY15</b>	
	FY17 Requested: \$220,321 FY17 Approved: \$220,321 FY17 6-month metrics met: 100%	FY16 Approved: \$227,238 FY16 Spent: \$227,238 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$214,000 FY15 Spent: \$214,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 83%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Students served		1,700	3,400
	Services provided		5,000	7,300
	Students who failed a hearing or vision screening who saw a provider		N/A	78%
	Students needing a Child Health and Disability Prevention exam who saw a provider		30%	65%
	Students needing an oral health exam who saw a provider		N/A	80%
	Students in compliance with California immunization requirements		98%	100%



# FY18 Healthy Body Proposal Summary



## New Directions

Fiscal Agent: Peninsula HealthCare Connection

<b>Program Title</b>	New Directions		
<b>Grant Goal</b>	The intensive case management intervention will serve disenfranchised individuals with navigating complex systems to access healthcare services and other benefits. This program aims to 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.		
<b>Community Need</b>	New Directions directly addresses the need for access to healthcare and healthcare delivery, behavioral health and economic security, as identified in the 2016 Community Health Needs Assessment. Without intensive case management intervention, vulnerable patients with chronic disease, substance abuse and mental health issues will not access primary and specialty care. Consequently, these patients become frequent users of emergency and acute care services. Intensive case management has been shown to be an effective intervention that reduces the frequency of use of Emergency Departments, hospital admissions, length of stay and provides an overall improvement of the quality of life for patients served.		
<b>Agency Description &amp; Address</b>	The mission of Peninsula Healthcare Connection, New Direction's fiscal agent, is to promote integrated primary, preventive and mental health care and advocacy for local community members who are homeless or at risk of becoming homeless. As part of the statewide Frequent Users Initiative, New Directions demonstrated consistent improvement in the outcomes for patients and reductions in the use of high-cost services throughout the Initiative program's populations. 1671 The Alameda, Suite 304 San Jose, CA		
<b>Program Delivery Site(s)</b>	Services are provided at agency site		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide staffing for one full-time social worker case manager to provide intensive case management services</li> <li>• Provide access to primary and specialty care, permanent/appropriate housing for vulnerable adults living on the streets or in shelters</li> <li>• Provide access to mental health and substance abuse treatment, financial assistance, and transportation</li> </ul> <p>Funds support social work case manager and part of other staff time as well as administrative costs.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$140,000	FY18 funding recommended: \$140,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$140,000 FY17 Approved: \$140,000 FY17 6-month metrics met: 100%	FY16 Approved: \$140,000 FY16 Spent: \$140,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$140,000 FY15 Spent: \$140,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%

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# FY18 Healthy Body Proposal Summary



## New Directions

Fiscal Agent: Peninsula HealthCare Connection

*[Continued from previous page]*

<b><i>FY18 Proposed Metrics</i></b>	<b><i>Metrics</i></b>	<b><i>6-month Target</i></b>	<b><i>Annual Target</i></b>
	Individuals served	20	28
	Services provided	400	700
	Enrolled patients will have a reduction in Emergency Room visits and inpatient days six months after enrollment as compared to the six months prior to enrollment	N/A	65%
	Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider	45%	65%



# FY18 Healthy Body Proposal Summary



## Pathways Home Health & Hospice

<b>Program Title</b>	Pathways Un/Underinsured Care Program			
<b>Grant Goal</b>	Assist low-income patients in receiving prescribed home health services.			
<b>Community Need</b>	Low-income individuals who are uninsured or underinsured are generally unable to pay for the home health services prescribed by their physician. They may choose to end the care before it is medically appropriate, jeopardizing their health and putting further demand on emergency healthcare services.			
<b>Agency Description &amp; Address</b>	Pathways Home Health and Hospice provides a comprehensive array of health and supportive services: from home health to hospice care, from private duty non-medical attendant to personal care, from elder care to care for children with life-threatening illnesses, from grief support to community education.  585 North Mary Avenue, Sunnyvale, CA			
<b>Program Delivery Site(s)</b>	Patient homes within the El Camino Healthcare District.			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"><li>• Provide subsidized home health, palliative and restorative care</li><li>• Provide nursing visits and 24-hour, on-call nursing service</li><li>• Provide physical, occupational, and speech therapies, medical social workers and home health aides for personal care</li><li>• Medication management with pharmacist oversight and consultation</li><li>• Spiritual and bereavement counselors</li></ul> <p>Funds support partial salaries for a nurse, physical therapist, social worker and other staff as well as administrative costs.</p>			
<b>FY18 Funding</b>	FY18 funding requested:   \$50,000		FY18 funding recommended:   \$50,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$75,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 50% <i>(Unmet metrics due to fewer referrals, change in insurance status, and nature of disease. Agency adopted new EPIC iCare system to enhance identification of potential patients and referrals. Analysis is currently underway to determine if additional patients are eligible.)</i>	FY16 Approved: \$45,000 FY16 Spent: \$45,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$45,000 FY15 Spent: \$45,000 FY15 6-month metrics met: 75% FY15 annual metrics met: 100%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served		12	25
	Services provided		87	175
	Home Health 30-day re-hospitalization rates*		12%	12%
	Hospice patients who report getting as much help with pain as they needed		78%	78%

\*Low percentage of re-hospitalization is desired



# FY18 Healthy Body Proposal Summary



## Planned Parenthood Mar Monte

NEW

<b>Program Title</b>	Access to Essential Healthcare
<b>Grant Goal</b>	Funds are being requested to provide essential healthcare to underserved, high poverty populations in the El Camino Healthcare District at its 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 screenings.
<b>Community Need</b>	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. 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.
<b>Agency Description &amp; Address</b>	Planned Parenthood Mar Monte is committed to providing accessible, affordable, and compassionate primary healthcare and health information through education and outreach programs in the community. These services increase access to healthcare for underserved populations. Local headquarters: 1605 The Alameda, San Jose, CA
<b>Program Delivery Site(s)</b>	Planned Parenthood Mountain View Health Center, 225 San Antonio Road, Mountain, CA
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>This grant will support a broad range of pediatric and adult preventative primary care services including:</p> <ul style="list-style-type: none"> <li>• Well child checks and well woman exams</li> <li>• Episodic illness care for pediatrics and adults</li> <li>• Appropriate education and counseling</li> <li>• Annual preventative visits</li> <li>• Preventative screenings, as appropriate, for diabetes, colon cancer, high cholesterol, hypertension, cervical and breast cancer and other medical issues</li> <li>• Immunizations</li> <li>• Management of complex chronic medical conditions, such as hypertension, diabetes, chronic obstructive pulmonary disease, depression, and anxiety</li> <li>• Assessments of social determinants of health</li> <li>• Behavioral health assessments and referrals</li> </ul> <p>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>

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# FY18 Healthy Body Proposal Summary



## Planned Parenthood Mar Monte

NEW

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<b>FY18 Funding</b>	FY18 funding requested: \$100,000	FY18 funding recommended: \$100,000	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served	120	240
	Visits provided	225	450
	Newly assigned primary care patients seen for initial visit	60%	60%
	Patients identified with preventative and chronic care gaps, such as vision exams for diabetes, and Hepatitis C screenings as indicated, receive those services	70%	70%
	Primary care patients referred to specialists who receive care within 90 days	70%	70%
	Patients who are able to get appointments within three days	70%	70%
	Hemoglobin A1c of less than 8 for diabetes patients	70%	70%
	Annual colon cancer screening completed as appropriate for target age group	80%	80%



# FY18 Healthy Body Proposal Summary



## Playworks, Education Energized

<b>Program Title</b>	Playworks, Education Energized
<b>Grant Goal</b>	Playworks' vision is that one day every child in the U.S. will have access to safe, healthy play at school every day. The goal is to establish play and recess as a core strategy for improving children's health and well-being. Playworks' theory of change embraces the notion that a high functioning recess climate leads to a positive recess climate, which therefore positively affects the entire school climate, and surveys from schools across the nation indicate that this is true.
<b>Community Need</b>	<p>Participating in regular physical activity is tied to many positive outcomes among children and adolescents including: short- and long- term health benefits, improved performance at school and a decreased likelihood of engaging in risky behaviors. (Vigorous Physical Activity by Youth. Child Trends Databank 2014) The Centers for Disease Control and Prevention (CDC) recommends children ages 6-17 spend a minimum of 60 minutes each day engaged in moderate to vigorous physical activity. According to the 2016 report, "The Status of Children's Health in Santa Clara County," only 27% of children reported that they were active for 60 minutes in the last 7 days. The percentage is lower for females than for males. According to Project Cornerstone's 2011 Survey of Developmental Assets in Santa Clara County, less than 2/3 of children in elementary schools report they have a 'caring school climate.' Further, according to kidsdata.org:</p> <ul style="list-style-type: none"> <li>• 35% of Santa Clara County fifth graders are overweight or obese.</li> <li>• Less than 27% meet all 6 fitness standards on the California Fitness Test.</li> <li>• 81% of California elementary school staff surveyed reported that bullying is a minor to severe program.</li> </ul>
<b>Agency Description &amp; Address</b>	<p>Playworks, founded in 1996 in 2 schools, has grown to serving more than 900 schools in 23 US cities and reaching more than 900,000 students. Playworks coaches stop chaos, shift kids' behavior for the better, and accelerate classroom learning through a well-integrated, multi-component program.</p> <p>2155 S. Bascom Ave #201, Campbell, CA</p>
<b>Program Delivery Site(s)</b>	<ul style="list-style-type: none"> <li>• Provide full time coaching programs for elementary schools in: <ul style="list-style-type: none"> <li>Sunnyvale School District <ul style="list-style-type: none"> <li>○ Ellis</li> <li>○ Lakewood</li> <li>○ Vargas</li> <li>○ San Miguel</li> <li>○ Bishop</li> </ul> </li> <li>Mountain View Whisman School District <ul style="list-style-type: none"> <li>○ Monta Loma</li> <li>○ Theuerkauf</li> <li>○ Castro</li> </ul> </li> </ul> </li> <li>• Provide Team Up Program for elementary schools in Sunnyvale School District: <ul style="list-style-type: none"> <li>○ Cumberland</li> <li>○ Cherry Chase</li> <li>○ Fairwood</li> </ul> </li> </ul>

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# FY18 Healthy Body Proposal Summary



## Playworks, Education Energized

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<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"><li>• Playworks Coach Program places a well-trained coach full time at eight low-income elementary schools to implement the five-component program (before school time, recess, individual class professional development and learning time (class game time). Junior Coach leadership program with expanded opportunities and interscholastic leagues and a professional development conference.</li><li>• Playworks Team Up program will place a well-trained, experienced site coordinator at 3 campuses to work with a Recess Coach and team on site. The site coordinator will implement class game times, recruit junior coaches and work with the on-site.</li><li>• Conduct professional development training in Playworks techniques and strategies for recess staff, administrative staff and teachers at all schools.</li></ul> <p>Funding will support program staff, supplies and training.</p>			
<b>FY18 Funding</b>	FY18 funding requested:   \$289,000                      FY18 funding recommended:   \$278,000			
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$317,000 FY17 Approved: \$270,000 FY17 6-month metrics met: 100%	FY16 Approved: \$261,000 FY16 Spent: \$261,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$240,000 FY15 Spent: \$240,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
<b>FY18 Dual Funding</b>	FY18 funding requested:   \$112,000                      FY18 funding recommended:   \$112,000			
<b>Dual Funding History</b>	FY17	FY16	FY15	
	FY17 Requested: \$122,000 FY17 Approved: \$110,000	FY16 Approved: \$105,000 FY16 Spent: \$105,000	FY15 Approved: \$90,000 FY15 Spent: \$90,000	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Students served		5,916	5,916
	School staff who report Playworks helps teach students cooperation and respect		N/A	90%
	Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class		N/A	75%
	Great Recess Framework-Student Improvement percentage from baseline		20%	50%
	Teachers/administrators reporting that Playworks positively impacts school climate		N/A	90%



# FY18 Healthy Body Proposal Summary



## Santa Clara Valley Medical Center

NEW

<b>Program Title</b>	Homeless Healthcare and Dental Services in Sunnyvale and Mountain View
<b>Grant Goal</b>	Funding is requested to increase access to healthcare services experiencing or at risk for homelessness. Funds will support two and a half days per week Valley Homeless Healthcare Program (VHHP) medical mobile unit visits to locations homeless people regularly visit to receive basic needs services, and expanded hours and services at the Valley Health Center Sunnyvale dental clinic.
<b>Community Need</b>	<p>The homeless population in the El Camino Healthcare District lacks access to healthcare. According to the 2015 Santa Clara County Homeless Survey:</p> <ul style="list-style-type: none"> <li>• 42% of respondents relied on hospital emergency rooms as their only source of healthcare with many making frequent visits for health conditions that primary care could prevent or manage.</li> <li>• 65% of Homeless Survey respondents reported having one or more health conditions, including chronic medical illnesses (e.g., diabetes, asthma), chronic substance abuse, and serious mental illness. 52% said a health condition kept them from getting and keeping a job and/or stable housing.</li> <li>• 39% reported a mental health disorder and 38% reported substance abuse.</li> <li>• Homeless people identify dental care as a priority, unmet need.</li> </ul>
<b>Agency Description &amp; Address</b>	<p>Since 2003, the Santa Clara Valley Medical Center's (SCVMC) 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. 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 and over-rely on hospital emergency rooms for care for conditions that primary care prevents and manages.</p> <p>2325 Enborg Lane #320, San Jose, CA</p>
<b>Program Delivery Site(s)</b>	<p>Medical mobile unit will provide services at:</p> <ul style="list-style-type: none"> <li>• Community Services Agency in Mountain View</li> <li>• North County Winter Shelter in Sunnyvale during cold weather months</li> <li>• Our Daily Bread in Sunnyvale</li> <li>• Sunnyvale Community Services</li> </ul>
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Mobile homeless healthcare: A new 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 (nonclinical services such as case management, referrals, translation, transportation) to local agencies serving homeless.</li> <li>• 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.</li> <li>• Scheduled appointments and walk-in basis available.</li> </ul>

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# FY18 Healthy Body Proposal Summary



## Santa Clara Valley Medical Center

NEW

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	<ul style="list-style-type: none"><li>• An RN/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.</li><li>• A Social Worker will actively assist patients to connect to housing, food, substance abuse recovery, and other community services.</li><li>• Dental Services – Expanded dental clinic hours: addition of Dentists, Registered Dental Assistants, a Senior Health Services Representative, and a Medical Translator to meet the needs of low income, underserved patients living in the ECHD area, including homeless people with serious oral health conditions.</li><li>• Three weekly evening dental clinics to increase access to oral healthcare.</li></ul> <p>Funds will support an RN, provider, driver, social worker, psychologist, psychiatrist, RN coordinator, and licensed vocational nurse.</p>			
<b>FY18 Funding</b>	FY18 funding requested: \$1,295,311	FY18 funding recommended:	\$1,000,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$968,000 FY17 Approved: \$968,000 FY17 6-month metrics met: 83%	FY16 Approved: \$1,039,000 FY16 Spent: \$850,031 FY16 6-month metrics met: 56% FY16 annual metrics met: 78%	FY15 Approved: \$1,400,000 FY15 Spent: \$1,400,000 FY15 6-month metrics met: 88% FY16 annual metrics met: 94%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Primary care and behavioral health patients		100	200
	Primary care and behavioral health encounters		300	800
	Dental patients		450	1,000
	Dental encounters		1,250	3,000
	Behavioral health patients who adhere to treatment plans after receiving neuropsychological testing and motivational interviews		50%	85%
	Patients screened for clinical depression using Patient Health Questionnaire (PHQ) –9 assessment tool (If screened positive for depression, a follow-up plan is documented)		45%	55%
	Patients whose blood pressure is less than 140/90 mm Hg		56%	66%
	Patients screened for housing and placement using the Vulnerability Index- Service Prioritization Decision Assistance Tool		55%	65%
	Dental or emergency dental patients who require oral surgery treatment of a wisdom tooth/surgical extraction and has the treatment completed in specialty dental clinic		25%	40%
	Increase in patient satisfaction scores		8%	10%





# FY18 Healthy Body Proposal Summary



## Sunnyvale School District

<b>Program Title</b>	School Nurse Program
<b>Grant Goal</b>	Sunnyvale School District is requesting funding to continue the addition of two full time nurses and one full time equivalent health assistant position to provide comprehensive school health services for District students.
<b>Community Need</b>	<ul style="list-style-type: none"> <li>• Manage students with special health care needs or chronic illnesses, such as diabetes, asthma, severe allergies and seizures.</li> <li>• Provide assessment or screening and referral for health conditions, such as vision, hearing and dental problems.</li> <li>• Connect students and families to a medical home and other community resources when necessary to make sure their health needs are met.</li> <li>• Identify students, who chronically miss school due to illness, provide assessment and necessary interventions.</li> </ul>
<b>Agency Description &amp; Address</b>	<p>The Sunnyvale School District's mission is to prepare each and every one of their students with a strong foundation of skills and knowledge to succeed in their educational pursuits.</p> <p>819 W. Iowa Avenue, Sunnyvale, CA</p>
<b>Program Delivery Site(s)</b>	All schools in the Sunnyvale School District and health program at Columbia Neighborhood Center.
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Implement individualized health care plans for students with chronic medical conditions, such as severe allergies, asthma, diabetes and seizures.</li> <li>• Inform school staff of students' medical conditions and provide appropriate training.</li> <li>• Provide vision screening for all students in Transitional Kindergarten/Kindergarten, second grade, fifth grade and eighth grade.</li> <li>• Health assessments and screenings for students in special education.</li> <li>• Follow up on all students who failed vision or hearing screenings to determine whether student was seen by their provider and what the outcome was.</li> <li>• Refer students who are uninsured or underinsured to resources for free eye exams and free glasses.</li> <li>• Provide case management for students with attendance issues where the barrier for attending school is health related.</li> <li>• 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.</li> <li>• Collaborate with the CNC (Columbia Neighborhood Center) to offer an after school Fitness class in the fitness room.</li> </ul>

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# FY18 Healthy Body Proposal Summary



## Sunnyvale School District

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<b>FY18 Funding</b>	FY18 funding requested: \$293,465		FY18 funding recommended: \$275,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$293,778 FY17 Approved: \$275,000 FY17 6-month metrics met: 100%	FY16 Approved: \$265,000 FY16 Spent: \$265,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$267,500 FY15 Spent: \$267,500 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Students served		2,216	4,432
	Students who failed vision or hearing screenings and saw their health care provider		50%	75%
	Students chronically absent due to illness (>10% of school days) who improved attendance		65%	66%
	Kindergarten students who received a well-child exam as measured by the receipt of a completed CHDP (Child Health and Disability Prevention Program) "Health Exam for School Entry" Form		35%	70%
	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%





*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.*

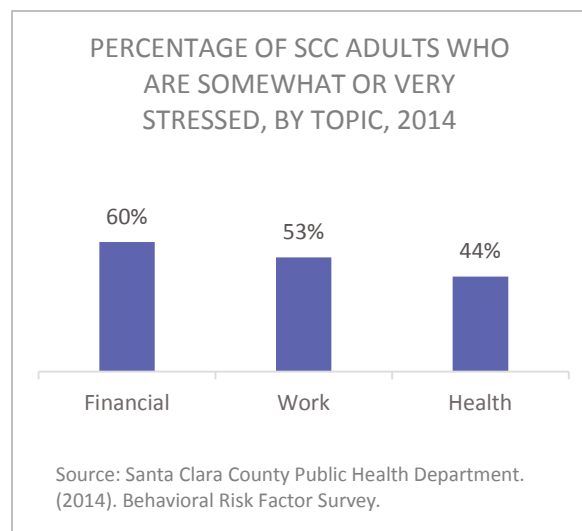
Healthy minds are essential to a person's wellbeing, family functioning, and interpersonal relationships. Good brain function and mental health directly impact the ability to live a full and productive life. People of all ages with untreated mental health disorders are at high risk for many unhealthy 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.<sup>1</sup> Caregivers of those with dementia also experience depression.<sup>2</sup> Mental health disorders can also impact physical health and are associated with the prevalence, progression, and onset of chronic diseases, including diabetes, heart disease, and cancer.

## DATA FINDINGS

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

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

Figure 1 Adult stress

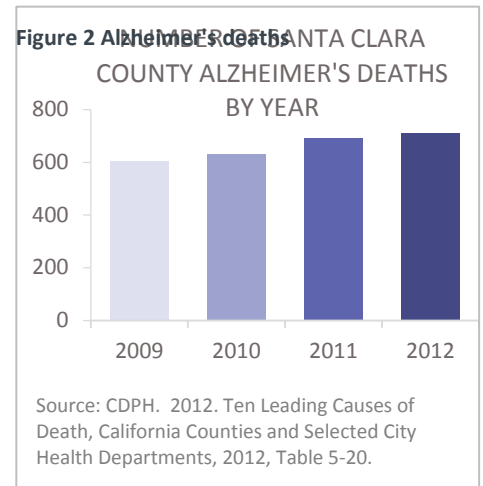


<sup>1</sup> Alzheimer's Association. <https://www.alz.org/care/alzheimers-dementia-depression.asp>.

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

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

- **Alzheimer's Disease and Dementia:** Alzheimer's disease was the third leading cause of death in 2012, accounting for 8% of all deaths.<sup>3</sup> 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).<sup>4</sup> 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.<sup>5</sup> Also, the county population is slightly older than the state overall. Local professionals who serve seniors expressed concern over the lack of dementia and Alzheimer's diagnoses. There are a lack of countywide data on the prevalence of dementia and Alzheimer's disease, which is a concern given the increasing proportion of older adults.



## STRATEGIES TO IMPROVE HEALTHY MINDS

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

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Silicon Valley Institute for Regional Studies, *Population Growth in Silicon Valley*, 2015.

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

## HEALTHY MIND PROPOSALS

1. Acknowledge Alliance – Resilience Program and Social Emotional Learning Lessons
2. Alzheimer’s Disease and Related Disorders Association, Inc. (Alzheimer’s Association) – Asian Dementia Initiative
3. Alzheimer’s Disease and Related Disorders Association, Inc. (Alzheimer’s Association) – Latino Family Connections
4. Avenidas – Avenidas Rose Kleiner Adult Day Health Program
5. CHAC – Prevention Plus
6. Family & Children Services (a division of Caminar) – Domestic Violence Survivor Services
7. GoNoodle – GoNoodle Brain Breaks Program
8. Law Foundation of Silicon Valley – Removing Legal Barriers to Mental Health Access
9. Los Altos School District – School Mental Health Team
10. Maitri – South Asian Domestic Violence Program
11. Momentum for Mental Health – Mental Health Community Clinic
12. Mountain View Los Altos Union High School District – School Mental Health and Support Team
13. National Alliance for Mental Illness (NAMI) Santa Clara County – Peer Mentors and Peer PALS Program

## HEALTHY MIND RECOMMENDED PROGRAM SUPPORT FUNDING: \$1,169,000

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.

# FY18 Healthy Mind Proposal Summary



## Acknowledge Alliance

<b>Program Title</b>	Resilience Program and Social Emotional Learning Lessons			
<b>Grant Goal</b>	Promote lifelong resilience in youth by strengthening the social and emotional skills of children/youth and the caring capacity of the adults who influence their lives.			
<b>Community Need</b>	Students, especially those from marginalized communities, are facing adversities that hinder success, both in and out of school. Those from homes that are not safe or lack support and love are more likely to be unprepared to learn effectively and are at-risk for negative life events, depression and academic failure. Teachers can become burned out from the stressors they face- especially around academic performance— and many lack the skills, training and resources to effectively support the social emotional needs of students.			
<b>Agency Description &amp; Address</b>	The work of Acknowledge Alliance is based on the Theory of Resilience and was implemented to support vulnerable youth through cultivating the wellness and social emotional learning of educators and other caring adults in their lives. 2483 Old Middlefield Way, Suite 208, Mountain View, CA			
<b>Program Delivery Site(s)</b>	Mountain View Whisman School District: <ul style="list-style-type: none"><li>Crittenden Middle School</li></ul> Sunnyvale School District: <ul style="list-style-type: none"><li>Bishop Elementary School</li><li>Cherry Chase Elementary School</li><li>Fairwood Elementary</li><li>San Miguel Elementary School</li><li>Columbia Middle School</li><li>Sunnyvale Middle School</li></ul>			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"><li>Provide social emotional learning lessons to students in identified Sunnyvale and Mountain View Whisman School District schools</li><li>Provide one-on-one student counseling</li><li>Provide social emotional training and professional development for teachers</li></ul> Funds support partial salaries of program director and consultants as well as administrative costs.			
<b>FY18 Funding</b>	FY18 funding requested: \$60,000FY18 funding recommended: \$35,000			
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Students served		189	573
	Educators served		27	81
	Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly		N/A	90%
	Students will report applying what they learned from the social emotional lessons during the school day sometimes or more often		N/A	50%



# FY18 Healthy Mind Proposal Summary



## Alzheimer's Disease and Related Disorders Association, Inc. (Alzheimer's Association) – Asian Dementia Initiative

<i>Program Title</i>	Asian Dementia Initiative			
<i>Grant Goal</i>	This program will increase public awareness about Alzheimer’s Disease and Related Dementias (ADRD) in Asian communities and link families with culturally and linguistically competent services.			
<i>Community Need</i>	It is estimated that 35% of the population of Santa Clara County is of Asian descent and over 6,000 have ADRD. The number of those with ADRD in Santa Clara County is expected to increase by 44% between 2015 and 2030. Studies suggest that Asian Americans may not report symptoms of dementia to medical professionals unless family caregivers require assistance with behavior issues.			
<i>Agency Description &amp; Address</i>	The Alzheimer’s Association works on a global, national, and local level to enhance care and support for all those affected by Alzheimer’s and related dementias. 2290 N. First Street, Suite 101, San Jose, CA			
<i>Program Delivery Site(s)</i>	Services will be delivered at a number of community sites including the Mountain View Senior Center and Sunnyvale Senior Center			
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none"><li>• Provide program staffing, including part-time Community Outreach Manager and Chinese Outreach Specialist</li><li>• Improve awareness and understanding of Alzheimer’s disease within Asian communities by providing linguistically and culturally appropriate outreach</li><li>• Link families and caregivers to services available through the Alzheimer's Association and other related resources</li></ul> Funds will support partial staffing who will provide services and community outreach.			
<i>FY18 Funding</i>	FY18 funding requested: \$ 70,000                      FY18 funding recommended: \$70,000			
<i>Funding History and Metric Performance</i>	FY17	FY16	FY15	
	FY17 Requested: \$80,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 100%	FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY16 6-month metrics met: 80% FY16 annual metrics met: 100%	FY15 Approved: \$60,000 FY15 Spent: \$60,000 FY15 6-month metrics met: 33% FY15 annual metrics met: 100%	
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		520	850
	Services provided		850	1,740
	Participants in Educational Sessions/Forums who indicated they agree or strongly agree that they learned material to help them better care for their loved one with ADRD		95%	95%
	Participants in Support Groups who agree or strongly agree that they know about how family, friends and others can assist them with care and support		N/A	95%





# FY18 Healthy Mind Proposal Summary



## Alzheimer's Disease and Related Disorders Association, Inc. (Alzheimer's Association) – Latino Family Connections

<b>Program Title</b>	Latino Family Connections – Dementia Support			
<b>Grant Goal</b>	This program will provide culturally and linguistically relevant services to Latino residents dealing with Alzheimer’s Disease and Related Dementias (ADRD).			
<b>Community Need</b>	In Santa Clara County, Latinos/Hispanics living with ADRD numbers over 5,000 community members. Data analysis shows that by 2030, there will be over 275,000 Latinos/Hispanics who will be living with ADRD in California. Data suggests that the Latino population may be at greater risk of developing ADRD than any other ethnic or cultural group due to evidence that indicates that vascular disease risk factors—including diabetes—may also be risk factors for ADRD incidence. Data also suggests that Latino/Hispanics with dementia are low users of formal health care services.			
<b>Agency Description &amp; Address</b>	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. 2290 N. First Street, Suite 101, San Jose, CA			
<b>Program Delivery Site(s)</b>	Services will be delivered at a number of community sites including the Mountain View Senior Center and Sunnyvale Senior Center			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"><li>• Provide program staffing, including a part-time Family Care Specialist and Community Relations Manager</li><li>• Improve awareness and understanding of Alzheimer’s disease within Latino communities by providing linguistically and culturally appropriate outreach and resources</li><li>• Link families and caregivers to services available through the Alzheimer’s Association and other related resources through 24/7 Helpline, care consultations, monthly support groups, and community education</li></ul> Funds will support partial staffing who will provide services, community outreach, and family medical respite.			
<b>FY18 Funding</b>	FY18 funding requested: \$70,000		FY18 funding recommended: \$70,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 100%	FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	N/A New program in FY16	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served		300	600
	Services provided		980	1,580
	Participants in Educational Sessions/Forums who agree or strongly agree that they learned material to help them better care for their loved one with ADRD		95%	95%
	Participants in Support Groups who said they agree or strongly agree that they know how family, friends and others can assist them with care and support		N/A	95%





# FY18 Healthy Mind Proposal Summary

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## Avenidas

NEW

<b>Program Title</b>	Avenidas Rose Kleiner Adult Day Health Program
<b>Grant Goal</b>	To fund a FT Social Worker's position to help provide integrated daily support services at Avenidas Rose Kleiner Center (AKRC), the adult day health program.
<b>Community Need</b>	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, 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."
<b>Agency Description &amp; Address</b>	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. 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. 450 Bryant Street, Palo Alto, CA
<b>Program Deliver Site(s)</b>	Rose Kleiner Adult Day Center, 270 Escuela Avenue, Mountain View, CA
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>The social worker will:</p> <ul style="list-style-type: none"> <li>• Conduct assessments and evaluate psychosocial needs</li> <li>• Work in close collaboration with an Interdisciplinary Team of Registered Nurses, physical, occupational and speech therapists to develop Plans of Care and act as a liaison to community agencies such a hospital discharge planners, community case management staff, IHSS and County Social Services Staff to obtain necessary support services</li> <li>• Support participants' family members to create a safe supportive home environment and strengthen family members' ability to develop robust coping strategies to safeguard their own health and well-being</li> </ul> <p>Funds will support a social worker.</p>

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## Avenidas NEW

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<b>FY18 Funding</b>		FY18 funding requested: \$50,000	FY18 funding recommended: \$45,000
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Individuals Served	75	95
	Older adults served	35	45
	Family members/caregivers served	40	50
	Services provided	1,060	2,120
	Older adults who maintain at least three essential Activities of Daily Living	90%	90%
	Individuals who report having increased their knowledge of effective caregiving techniques, and report that they have implemented successful self-help strategies	90%	90%



# FY18 Healthy Mind Proposal Summary



## CHAC

<b>Program Title</b>	Prevention Plus		
<b>Grant Goal</b>	This program seeks to achieve early identification and intervention for social and emotional issues and provide assessment, case management and treatment of symptoms for elementary and middle school students in order to improve behavior, raise achievement, increase attendance, and reduce violence and substance abuse.		
<b>Community Need</b>	Mental illness does not discriminate. Individuals of all ages can experience and suffer from mental illness throughout their life - be it anxiety, sadness or depression, lack of self-worth or feelings of abandonment, or more serious issues such as alcohol and substance abuse or addiction, violence, self-harming behaviors or suicide. CHAC staff is seeing an increase in social emotional issues in students, including: bullying, self-harm behavior in teens, defiant behavior and acting out in class, alcohol and prescription drug abuse. According to the California Healthy Kids Survey (CHKS), 39 percent of 7th graders in local schools reported being bullied in 2013-14 and 19 percent of 7th graders were afraid of being beaten up. Counseling that directly addresses these behaviors can reduce their present and future costs to society. Depression and suicide are also serious issues in children and youth.		
<b>Agency Description &amp; Address</b>	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. 590 W. El Camino Real, Mountain View, CA		
<b>Program Delivery Site(s)</b>	Schools in the Sunnyvale School District: <ul style="list-style-type: none"> <li>• Elementary Schools: Bishop, Cherry Chase, Cumberland, Ellis, Fairwood, Lakewood, San Miguel and Vargas schools</li> <li>• Middle school sites are Columbia Middle and Sunnyvale Middle</li> </ul>		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide individual school-based counseling</li> <li>• Provide social skills program in schools</li> <li>• Provide crisis intervention</li> <li>• Provide staffing for clinical supervisor to oversee the work of master's and doctoral level graduate interns</li> </ul> Funds support partial salaries of clinical supervisor, data analyst, program director and Marriage and Family Therapy (MFT) interns as well as administrative costs.		
<b>FY18 Funding</b>	FY18 funding requested: \$200,000      FY18 funding recommended: \$181,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$181,000 FY17 Approved: \$181,000 FY17 6-month metrics met: 75%	FY16 Approved: \$192,700 FY16 Spent: \$192,700 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$192,700 FY15 Spent: \$192,700 FY15 6-month metrics met: 100% FY15 annual metrics met: 80%

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# FY18 Healthy Mind Proposal Summary

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## CHAC

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	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY18 Proposed Metrics</i>	Individuals served	314	786
	Service hours provided	2,808	7,040
	Reduction in the symptoms of students presenting with depression accessing school-based counseling	20%	25%
	Reduction in the symptoms of students presenting with anxiety accessing school-based counseling	20%	25%
	Reduction in the symptoms of students presenting defiance and oppositional behavior accessing school based counseling	20%	25%
	Increase in pro-social behavior among 10% of students presenting with social skills difficulties accessing school based counseling	20%	25%



# FY18 Healthy Mind Proposal Summary



## Family & Children Services (a division of Caminar)

<i>Program Title</i>	Domestic Violence Survivor Services			
<i>Grant Goal</i>	Enable more victims of domestic violence to receive help earlier and provide professional services to support victims.			
<i>Community Need</i>	The Centers for Disease Control and Prevention estimates that 32% of women experience physical violence from an intimate partner in their lifetime. Domestic violence persists as an under-reported crime, in which shame, stigma, and fear keep women from making police reports or seeking services. Researchers at the University of Pennsylvania found that while nearly 80% of female victims of intimate partner violence visit emergency departments for medical concerns, as many as 72% are not identified as victims of abuse.			
<i>Agency Description &amp; Address</i>	Family & Children Services of Silicon Valley (FCS), now a division of Caminar, strengthens families and increases health and wellbeing through counseling, prevention, and support services. 2600 South El Camino Real, Suite# 200, San Mateo, CA			
<i>Program Delivery Site(s)</i>	<ul style="list-style-type: none"><li>• MayView Community Health Center, 900 Miramonte Ave, Mountain View, CA</li><li>• Case management services are delivered throughout the community as the case manager accompanies survivors to court, the police department, the Family Justice Center, law offices, and other appointments</li><li>• FCS’s office in Palo Alto at 375 Cambridge Avenue, Palo Alto, CA</li></ul>			
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none"><li>• Provide trauma-informed individual and family counseling services</li><li>• Provide advocacy assistance, phone-based support, community outreach and education, and weekly support groups</li></ul> Funds support partial salaries for a case manager, therapist and other staff positions as well as administrative costs.			
<i>FY18 Funding</i>	FY18 funding requested: \$50,000		FY18 funding recommended: \$50,000	
<i>Funding History and Metric Performance</i>	FY17	FY16	FY15	
	FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY17 6-month metrics met: 100%	FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY16 6-month metrics met: 60% FY16 annual metrics met: 83%	N/A New program in FY17	
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		32	69
	Services provided		257	628
	Participants who report after one month of participation feeling less isolated		75%	80%
	Participants who report after two contacts having a safety plan and feeling more knowledgeable about options and safety considerations		90%	90%



# FY18 Healthy Mind Proposal Summary

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## GoNoodle

<b>Program Title</b>	GoNoodle Brain Breaks Program
<b>Grant Goal</b>	GoNoodle is a suite of movement games and videos designed to bring mindfulness and physical activity breaks into K-5 elementary classrooms. The games were built on research that shows short bursts of physical activity positively impacts academic achievement, cognitive skills, behavior, as well as overall health. Short games serve as transitions between subjects and teachers can easily integrate physical activity into the instructional day.
<b>Community Need</b>	According to a CDC and USDA study of WIC participants (2014), California ranked 6 <sup>th</sup> highest in the nation for obese, low-income 2 to 4 year olds (17%). 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.
<b>Agency Description &amp; Address</b>	GoNoodle gets kids moving to be their smartest, strongest, bravest, best selves. Short, interactive movement videos make it 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, 12 million kids use GoNoodle each month, in all 50 states and 185 countries. Last year, GoNoodle received a Kids at Play Interactive Award for Best Product for Schools. 209 10th Avenue South Suite 350, Nashville, TN
<b>Program Delivery Site(s)</b>	Schools in the Los Altos, Sunnyvale and Mountain View Whisman School Districts, Los Altos Christian School and Saint Simon Parish School.
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>Services include:</p> <ul style="list-style-type: none"> <li>• Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECH sponsored schools</li> <li>• Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features</li> <li>• Placement of ECHD name and logo on the GoNoodle site, materials distributed to teachers, administrators, parents and extended to GoNoodle home usage; on-going platform enhancements and new games or videos added regularly to promote engagement</li> <li>• Direct mail and email campaigns designed to promote new and ongoing usage to principals and teacher champions; social media (Twitter, Facebook, and Instagram) posts to engage with users</li> <li>• On-site GoNoodle demonstrations or webinars, as requested</li> </ul> <p>Funds will support for program license and the partial salary of the school engagement coordinator.</p>

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# FY18 Healthy Mind Proposal Summary

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## GoNoodle

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<b>FY18 Funding</b>	FY18 funding requested: \$35,000		FY18 funding recommended: \$35,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY17 6-month metrics met: 100%	FY16 Approved: \$21,000 FY16 Spent: \$21,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$27,000 FY15 Spent: \$27,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$110,000		FY18 funding recommended: \$110,000	
<b>Dual Funding History</b>	FY17	FY16	FY15	
	FY17 Requested: \$110,000 FY17 Approved: \$110,000	FY16 Approved: \$74,000 FY16 Spent: \$74,000	FY15 Approved: \$63,000 FY15 Spent: \$63,000	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Schools served		25	25
	GoNoodle physical activity breaks		15,000	30,000
	Student physical activity minutes achieved		820,000	1,640,000
	Teachers who agree that GoNoodle benefits their students' classroom focus and attention		N/A	92%
	Teachers who agree that Go Noodle physical activity breaks are a valuable resource in helping students succeed in core subjects		N/A	92%
	Teachers who are satisfied with the GoNoodle physical activity breaks		N/A	92%



# FY18 Healthy Mind Proposal Summary



## Law Foundation of Silicon Valley

<b>Program Title</b>	Removing Legal Barriers to Mental Health Access			
<b>Grant Goal</b>	To increase stability and improve mental health by increasing access to mental health services.			
<b>Community Need</b>	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.			
<b>Agency Description &amp; Address</b>	The Law Foundation serves to advance the rights of under-represented individuals and families in a diverse community through legal services, strategic advocacy, and educational outreach. 152 North Third Street, 3 <sup>rd</sup> Floor, San Jose, CA			
<b>Program Delivery Site(s)</b>	Law Foundation's office and at monthly clinics held at Community Services Agency Mountain View			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Expand outreach and advocacy services for residents to improve access to mental health care and other safety-net benefits</li> <li>Provide patients' rights advocacy and other legal information from on-site legal advisors</li> </ul> Funds support partial salaries of three staff attorneys, intake worker and other administrative staff roles as well as some administrative costs.			
<b>FY18 Funding</b>	FY18 funding requested: \$62,250		FY18 funding recommended: \$62,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$61,919 FY17 Approved: \$61,919 FY17 6-month metrics met: 50% <i>(Target number of individuals served was met. Services rescheduled to second half of year impacted midyear metrics; anticipate achieving annual target.)</i>	FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	N/A New program in FY16	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>			<b>6-month Target</b>
	Individuals served through representation			31
	Healthcare providers served through educational presentation			62
	Providers receiving training who increase their understanding of their patients' rights to medical benefits and other forms of public assistance			75%
	Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits			75%





# FY18 Healthy Mind Proposal Summary

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## Los Altos School District

<b>Program Title</b>	School Mental Health Team		
<b>Grant Goal</b>	To provide mental health services to 7 <sup>th</sup> and 8 <sup>th</sup> grade students.		
<b>Community Need</b>	One in ten youth have serious mental health problems that are severe enough to impair how they function at home, in school, or in the community. Roughly half of all lifetime mental health disorders start by the mid-teens. The need for school-based mental health services has been well documented over the last 15 years.		
<b>Agency Description &amp; Address</b>	LASD serves 4,700 students from preschool through eighth grade. LASD has earned many awards that document the high achievement of its student population. 201 Covington Ave, Los Altos, CA		
<b>Program Delivery Site(s)</b>	Los Altos School District middle schools		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide staffing for a licensed therapist for:                             <ul style="list-style-type: none"> <li>• Individual therapy</li> <li>• Group Counseling</li> <li>• Family therapy</li> <li>• Crisis intervention</li> <li>• Case Management</li> <li>• Classroom Interventions</li> </ul> </li> </ul> Funds support the salaries of two licensed therapists.		
<b>FY18 Funding</b>	FY18 funding requested: \$200,000	FY18 funding recommended: \$100,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$206,000 FY17 Approved: \$100,000 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals served		110
	Services hours provided		413
	Students who improved from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment (SDQ) by 50%		50%
	Parents who report increased knowledge of how to support their adolescent by at least one point on a 1-5 point scale.		70%
	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%



# FY18 Healthy Mind Proposal Summary

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## 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>	The Centers for Disease Control and Prevention estimates that 32% of women experience physical violence from an intimate partner in their lifetime. Domestic violence persists as an under-reported crime, in which shame, stigma, and fear keep women from making police reports or seeking services. Researchers at the University of Pennsylvania found that while nearly 80% of female victims of intimate partner violence visit emergency departments for medical concerns, as many as 72% are not identified as victims of abuse.			
<i>Agency Description &amp; Address</i>	Maitri is a non-profit community-based organization located in Santa Clara County that provides services to a distinct population of survivors of domestic violence and human trafficking. Maitri is the only domestic violence agency in the County that holds accreditation from the Bureau of Immigration Appeals to provide direct legal representation to immigrant survivors. P.O. Box 697, Santa Clara, CA			
<i>Program Delivery Site(s)</i>	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.			
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none"><li>• Provide peer counseling, transitional housing, case management, legal advocacy, immigration services, and legal representation</li><li>• Provide South Asian immigrants and citizens impacted by domestic violence and human trafficking with linguistically and culturally specific legal services</li><li>• Services available in multiple languages</li></ul> Funds support partial salaries for program staff and administrative costs.			
<i>FY18 Funding</i>	FY18 funding requested:   \$ 40,000		FY18 funding recommended:   \$40,000	
<i>Funding History and Metric Performance</i>	FY17	FY16	FY15	
	FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17	
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		10	20
	Services provided		45	91
	Clients who report increased awareness of their legal rights		70%	75%
	Peer counseling clients surveyed will report increased emotional well-being due to counseling		70%	70%



# FY18 Healthy Mind Proposal Summary



## Momentum for Mental Health

<b>Program Title</b>	Mental Health Community Clinic		
<b>Grant Goal</b>	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.		
<b>Community Need</b>	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.		
<b>Agency Description &amp; Address</b>	Momentum for Mental Health is the largest private non-profit agency providing mental health services to adults in Santa Clara County. 652 Forest Ave, Palo Alto, CA		
<b>Program Delivery Site(s)</b>	Services will be provided at agency site.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>Services include:</p> <ul style="list-style-type: none"> <li>• Psychiatry assessments</li> <li>• Treatment and medication management sessions</li> <li>• Case management sessions</li> <li>• Short-term and crisis counseling</li> <li>• For some clients in need of more intensive services, provide no-cost intensive outpatient program and crisis residential care</li> </ul> <p>Funds partial funding for staff including a psychiatrist, registered nurse, a lead clinical, a program manager and other staff.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$241,000      FY18 funding recommended: \$241,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$266,000 FY17 Approved: \$241,000 FY17 6-month metrics met: 50% <i>(Unmet metric was close to target; greater than usual portion of established versus new patients resulted in less utilization of services.)</i>	FY16 Approved: \$236,000 FY16 Spent: \$236,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$236,000 FY15 Spent: \$236,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
<b>FY18 Dual Funding</b>	FY18 funding requested: \$26,000      FY18 funding recommended: \$26,000		
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$26,000 FY17 Approved: \$26,000	FY16 Approved: \$26,000 FY16 Spent: \$26,000	FY15 Approved: \$26,000 FY15 Spent: \$24,590

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# FY18 Healthy Mind Proposal Summary

HEALTHY  
MIND



## Momentum for Mental Health

*[Continued from previous page]*

<i><b>FY18 Proposed Metrics</b></i>	<i><b>Metrics</b></i>	<i><b>6-month Target</b></i>	<i><b>Annual Target</b></i>
	Individuals served	100	118
	Services provided	808	1,615
	Patients who return for follow up visit within 45-60 days after initial psychiatric assessment	85%	85%
	Patients who report a reduction of two points or more in Patient Health Questionnaire-9 (PHQ-9) to measure severity of depression	85%	85%
	Patients who report a reduction of two points or more in Generalized Anxiety Disorder-7 (GAD-7) to measure severity of anxiety	85%	85%



# FY18 Healthy Mind Proposal Summary



## Mountain View Los Altos Union High School District

<b>Program Title</b>	School Mental Health and Support Team		
<b>Grant Goal</b>	Students who receive mental health and emotional support services will have improved educational outcomes, helping them to succeed in school.		
<b>Community Need</b>	<p>Academic success is linked to students' health and general sense of wellbeing. When mental health needs are not addressed, academic progress is at risk and students may not graduate from high school. Long-term consequences include decreased likelihood of attending college, impaired ability to actualize goals, increased risk of substance abuse, anxiety and depression in adulthood.</p> <p>According to the CA Healthy Kids Survey 2013 – 2015, chronic sadness occurred in around 33% of 9<sup>th</sup>/11<sup>th</sup> 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.</p>		
<b>Agency Description &amp; Address</b>	<p>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.</p> <p>1299 Bryant Avenue, Mountain View, CA</p>		
<b>Program Delivery Site(s)</b>	Mountain View High School and Los Altos High School		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<p>Services include:</p> <ul style="list-style-type: none"> <li>• Individual therapy</li> <li>• Group therapy</li> <li>• Collateral therapy</li> <li>• Check-ins</li> <li>• Crisis management</li> <li>• Case management</li> <li>• Support educators in effective management of students with mental health issues</li> </ul> <p>Funds support staffing for two licensed therapists.</p>		
<b>FY18 Funding</b>	<p>FY18 funding requested:    \$160,000                      FY18 funding recommended:    \$160,000</p>		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	<p>FY17 Requested: \$170,000</p> <p>FY17 Approved: \$160,000</p> <p>FY17 6-month metrics met: 100%</p>	<p>FY16 Approved: \$160,000</p> <p>FY16 Spent: \$160,000</p> <p>FY16 6-month metrics met: 100%</p> <p>FY16 annual metrics met: 83%</p>	<p>FY15 Approved: \$160,000</p> <p>FY15 Spent: \$160,000</p> <p>FY15 6-month metrics met: 100%</p> <p>FY15 annual metrics met: 100%</p>

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# FY18 Healthy Mind Proposal Summary

HEALTHY  
MIND



## Mountain View Los Altos Union High School District

*[Continued from previous page]*

FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Students served	75	150
	Services hours provided	1,260	2,520
	Students who reduce unexcused absences to 10% or less	5%	10%
	Students who reduce high risk behaviors by at least 25%	5%	10%
	Students who decrease exposure to violence by at least 25%	5%	10%
	Students who increase use of coping skills for trauma, depression, anxiety and/or anger by at least 25%	18%	25%
	Students who decrease suicidal thoughts and feelings by at least 25%	18%	25%



# FY18 Healthy Mind Proposal Summary



## National Alliance for Mental Illness (NAMI) Santa Clara County

<b>Program Title</b>	Peer Mentors and Peer PALS Program		
<b>Grant Goal</b>	Individuals with severe mental illnesses will become connected to peers who engage in their recovery.		
<b>Community Need</b>	Individuals suffering from severe and persistent mental illnesses are at high risk of relapsing, being re-hospitalized and/or becoming homeless partly due to isolation and the lack of contact with others.		
<b>Agency Description &amp; Address</b>	<p>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.</p> <p>1150 S Bascom Avenue #24, San Jose, CA</p>		
<b>Program Delivery Site(s)</b>	Services include phone calls and meeting with clients at local community sites		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide support to individuals who suffer from severe and persistent mental illness</li> <li>• Identify participants for Peer PALS and Peer Mentors</li> <li>• Provide services to promote and maintain recovery, alleviate loneliness and isolation, enhance life in the community, and build self-esteem</li> </ul> <p>Funds support partial salaries of program staff, Mentors and Peer Pals as well as administrative costs, including overhead.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$100,000      FY18 funding recommended: \$80,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$100,000 FY17 Approved: \$100,000 FY17 6-month metrics met: 100%	FY16 Approved: \$100,000 FY16 Spent: \$88,794 FY16 6-month metrics met: 67% FY16 annual metrics met: 83%	FY15 Approved: \$10,000 FY15 Spent: \$10,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals served		35
	Peer PALS and Peer Mentors visits provided		441
	Peer PALS and Peer Mentors phone calls conducted		888
	Participants will feel more hopeful about future and recovery		70%
	Participants will be more cooperative with their treatment plans		70%





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

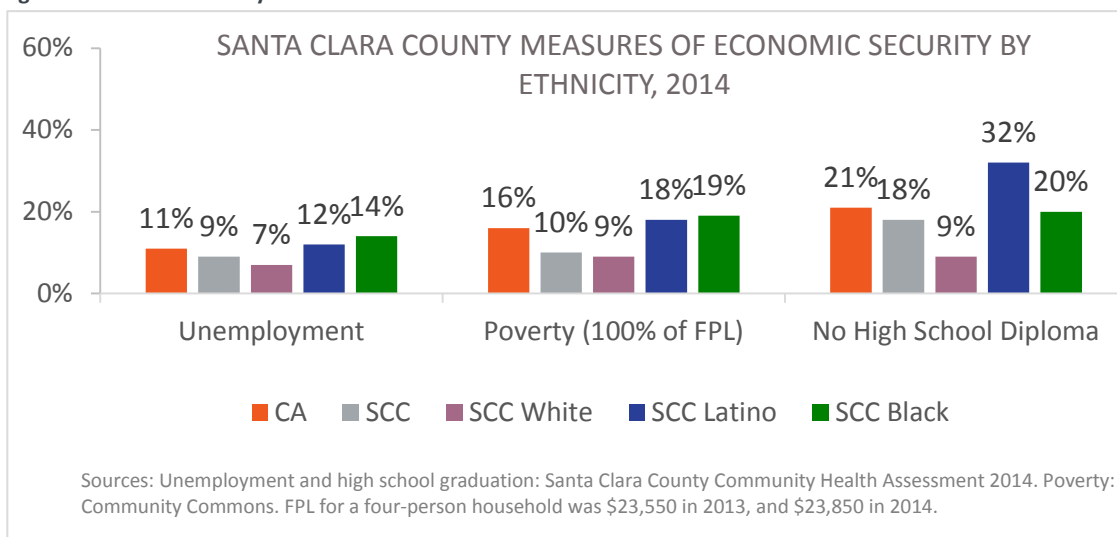
A healthy community can impact health positively by providing safe places to live, work, and be educated. When a community lacks affordable and sufficient transportation, lacks awareness of health issues and risk for chronic diseases, and is not able to access culturally competent services, its residents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

## DATA FINDINGS

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

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

Figure 1 Economic security





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

## STRATEGIES TO IMPROVE COMMUNITY HEALTH

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

## HEALTHY COMMUNITY PROPOSALS

1. Chinese Health Initiative
2. Farewell to Falls
3. Health Library & Resource Center – Mountain View
4. The Health Trust – Meals on Wheels Program
5. Hypertension Initiative: American Heart Association Silicon Valley – Check.Change.Control. Hypertension Initiative
6. Hypertension Initiative: Great NonProfits – Hypertension Awareness Text-Based Program
7. Hypertension Initiative: #KnowYourBP Public Awareness Campaign
8. Life Wellness Program - Pre-diabetes Initiative – Promotora Life Wellness Program
9. Rebuilding Together – Safe at Home - Seniors Fall Prevention Program
10. RoadRunners – RoadRunners Patient Transportation Program
11. South Asian Heart Center
12. Sunnyvale Community Services – Social Work Case Management
13. Sunnyvale Community Services – Comprehensive Emergency Assistance
14. Working Partnerships USA – Coverage Initiative for the Remaining Uninsured
15. YMCA – YMCA Summer Day Camp for Low-income Youth

## HEALTHY COMMUNITY RECOMMENDED PROGRAM SUPPORT FUNDING: \$1,719,524

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.

# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Chinese Health Initiative

<b>Program Title</b>	Chinese Health Initiative			
<b>Grant Goal</b>	Increase awareness and identification of health disparities including hepatitis B, liver cancer, and hypertension among the Chinese community.			
<b>Community Need</b>	The incidence and mortality rates of liver cancer in the Chinese community are three times more than those of whites.			
<b>Agency Description &amp; Address</b>	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. 2500 Grant Road, Mountain View, CA			
<b>Program Delivery Site(s)</b>	The program services will be delivered at various community sites including senior centers and community centers.			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Conduct educational workshops to raise awareness of health disparities</li> <li>Provide screenings for hepatitis B and hypertension</li> <li>Produce newspaper articles and print material addressing health concerns specific to the Chinese community</li> </ul> Funds will support partial staffing and program materials for screenings and outreach.			
<b>FY18 Funding</b>	FY18 funding requested: \$239,000		FY18 funding recommended: \$234,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$215,200 FY17 Approved: \$215,200 FY17 6-month metrics met: 100%	FY16 Approved: \$190,200 FY16 Spent: \$190,200 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%	FY15 Approved: \$190,000 FY15 Spent: \$190,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$30,000		FY18 funding recommended: \$30,000	
<b>Dual Funding History</b>	FY17	FY16	FY15	
	FY17 Requested: \$30,000 FY17 Approved: \$30,000	FY16 Approved: \$30,000 FY16 Spent: \$30,000	FY15 Approved: \$30,000 FY15 Spent: \$30,000	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>			<b>6-month Target</b>
	Individuals served			400
	Services provided			800
	World Journal impressions from hypertension awareness campaign			N/A
	Individuals who received assistance from CHI to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)			83
	Participants who strongly agree or agree that the program's health education or screening helps them better manage their health			N/A



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Farewell to Falls

Fiscal Agent: Stanford Health Care

<b>Program Title</b>	Farewell to Falls		
<b>Grant Goal</b>	This evidence-based program aims to reduce falls by providing home visits to older, at-risk adults.		
<b>Community Need</b>	Falls are a significant health care concern for older adults. The CDC estimates that at least one in three older adults fall each year, costing an estimated \$34 billion per year nationally. In 2014 in Santa Clara County, 8,432 older adults were seen in emergency departments and an additional 2,941 older adults were hospitalized that same year.		
<b>Agency Description &amp; Address</b>	The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. 300 Pasteur Drive, MC 5898, Stanford, CA		
<b>Program Delivery Site(s)</b>	The program will be delivered at the homes of community members who live, work or go to school in the District's boundaries.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Provide three home visits by an Occupational Therapist who reviews home safety, assesses the older adult's strength and balance, medications, home safety, and other factors that contribute to fall risk and provide a return visit at one year for reevaluation</li> <li>Conduct a monthly phone call to check on fall status and reinforce recommendations</li> </ul> Funds will support staffing for licensed, per diem Occupational Therapists and program supplies such as grab bars.		
<b>FY18 Funding</b>	FY18 funding requested: \$38,349      FY18 funding recommended: \$35,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$29,160 FY17 Approved: \$29,160 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Older adults served		75
	Older adults who are compliant with exercise recommendations		55%
	Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor's visit		75%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Health Library & Resource Center – Mountain View

<b>Program Title</b>	Health Library & Resource Center Mountain View		
<b>Grant Goal</b>	This Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families, and caregivers.		
<b>Community Need</b>	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.		
<b>Agency Description &amp; Address</b>	El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos. 2500 Grant Road, Mountain View, CA		
<b>Program Delivery Site(s)</b>	The program services will be delivered at agency site in Mountain View, CA		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources</li> <li>• Conduct outreach to local senior centers</li> <li>• Provide eldercare consultations and assist community members with developing a long-range care plan based on their personal family situation</li> <li>• Provide health insurance counseling and healthcare consultations that include Advance Health Care Directive assistance, nutrition counseling, and hypertension screening</li> </ul> <p>Funds support partial staffing for six positions including Librarian and Eldercare Consultant and supplies such as books and subscriptions.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$393,491      FY18 funding recommended: \$373,491		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$393,491 FY17 Approved: \$393,491 FY17 6-month metrics met: 75% (Unmet metric was close to target.)	FY16 Approved: \$393,491 FY16 Spent: \$393,491 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%	FY15 Approved: \$453,616 FY15 Spent: \$406,169 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
<b>FY18 Dual Funding</b>	FY18 funding requested: \$69,702      FY18 funding recommended: \$69,702		
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$63,672 FY17 Approved: \$63,672	FY16 Approved: \$63,672 FY16 Spent: \$63,672	FY15 Approved: \$61,500 FY15 Spent: \$57,956

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# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Health Library & Resource Center – Mountain View

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FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	12,015	23,900
	New members registered	328	656
	Eldercare contacts provided to link community members to resources	540	1,080
	Health consultations provided, including health insurance counseling, Advance Health Care Directive assistance, nutrition counseling, and hypertension screenings	180	360
	Individuals who strongly agree or agree that eldercare referrals are appropriate to their needs	95%	95%
	Individuals who strongly agree or agree that eldercare consultations increased their knowledge of care options	95%	95%
	Individuals who strongly agree or agree that the library has proven valuable in helping them manage their health or the health of a family member	75%	75%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## The Health Trust

NEW

<b>Program Title</b>	Meals on Wheels		
<b>Grant Goal</b>	This program ensures a daily visit to low-income, homebound seniors, where experienced program staff work as a team with trained drivers, a social worker, registered dietician and volunteers to ensure that every senior is visited five days per week, assessed for risk of nutritional deficiency and social isolation, and provided with support if risk is detected.		
<b>Community Need</b>	Among seniors aged 60 and over in the cities of Mountain View and Sunnyvale, nearly one in four live in poverty and many struggle to meet their basic daily needs of food, social support and health care. Multiple research studies show a direct link between social isolation and increased rates of disease and death among the elderly. Furthermore, nutritional risk is greatly elevated by poverty, a significant social determinant of health.		
<b>Agency Description &amp; Address</b>	The Health Trust is a charitable 501(c)(3) nonprofit operating foundation serving Santa Clara and northern San Benito Counties. Services offered by The Health Trust are aimed at improving the wellbeing of vulnerable populations in Santa Clara and northern San Benito counties. The agency helps older adults maintain their health and independence, care for people with HIV/AIDS, assist families in obtaining health insurance, educate adults in managing chronic disease, care for children's teeth, and provide opportunities for people of all ages to eat well and be active. 3180- Newberry Drive, Suite 200, San Jose, CA		
<b>Program Delivery Site(s)</b>	Services will be delivered in-home to older adults who reside in Mountain View and Sunnyvale, CA		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide twenty minute daily visit that includes a brief social interaction, visual wellness check and one meal</li> <li>• Administer three initial assessments to measure nutritional risk, social isolation and episodes of hospitalization</li> <li>• Provide reassessments; if needed, a trained staff member makes referrals to outside health or social service professionals</li> </ul> Funds will support partial staffing and partial program materials such as food.		
<b>FY18 Funding</b>	FY18 funding requested: \$150,000      FY18 funding recommended: \$100,000		
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served	70	100
	Meals delivered	5,200	13,200
	Wellness checks administered	1,820	8,060
	Clients who reduce their nutritional risk level by at least 3 points, Nutritional Risk Assessment (NRA)	40%	50%
	Decrease in clients who are "Socially Isolated" as measured on the Lubben Social Network Scale-6 (LSNS – 6)	20%	30%
	Clients who report the program is somewhat or very important to helping them remain independent in their homes	95%	95%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Hypertension Initiative – American Heart Association Silicon Valley

*Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.*

<b>Program Title</b>	Check.Change.Control. Hypertension Initiative
<b>Grant Goal</b>	Implement year two of the American Heart Association – El Camino Healthcare District Check.Change.Control. Hypertension Initiative to focus on reducing hypertension among the underserved adult population in the El Camino Healthcare District.
<b>Community Need</b>	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 more than 76 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. Per the CDC, the percentage of hypertensive Santa Clara County adults increased from 19% in 2000 to 26% in 2009 and was 27% in 2013-14, which includes 24% 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 reach these communities and teach skills for combatting risk factors. Preventing and managing hypertension will reduce cardiovascular disease and stroke.
<b>Agency Description &amp; Address</b>	The American Heart Association 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. The agency actively advocates for health-conscious legislation, implements community-based programs, and assists with healthcare improvement efforts. The goal is to improve the cardiovascular health of all Americans by 20% and reduce deaths from cardiovascular diseases and stroke by 20% 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. 1 Almaden Blvd, Suite 500, San Jose, CA
<b>Program Delivery Site(s)</b>	<ul style="list-style-type: none"> <li>Community Heart Health Hubs will be hosted at various places throughout the District: grocery stores, large shopping centers, at community partner sites and within existing events, such as the Sunnyvale Fun &amp; Fit Fair</li> <li>Columbia Neighborhood Center, Sunnyvale, CA</li> <li>MayView Community Health Clinic in Mountain View and Sunnyvale</li> </ul>
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Community Heart Health Hubs free screening events</li> <li>Training Community Health Workers – community member advocates to reach hard-to-reach and largely uninsured, Spanish-speaking population at-risk for hypertension</li> <li>Check.Change.Control. 4-month intervention and hypertension management program</li> <li>MayView Community Health Center – Hypertension Clinics</li> <li>Promotion of online Blood Pressure Tracker too: <a href="http://www.CCCtracker.org">www.CCCtracker.org</a></li> <li>Improve hypertension quality improvement: provide expertise and technical assistance through clinical partnerships with MayView and Planned Parenthood</li> </ul> <p>Funds support part of staff and community health worker roles, screening events, trainings and other administrative costs.</p>

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# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Hypertension Initiative – American Heart Association Silicon Valley

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

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<b>FY18 Funding</b>	FY18 funding requested: \$82,682		FY18 funding recommended: \$71,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$66,500 FY17 Approved: \$66,500 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17	
	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
<b>FY18 Proposed Metrics</b>	Participants screened through Community Heart Health Hubs		400	1,000
	Participants reached through Check.Change.Control. (CCC) program		50	150
	Community Heart Health Hub screening events		3	6
	CCC program participants who will take eight blood pressure readings during the four month program		50%	50%
	CCC program participants who will improve blood pressure by at least 5mm Hg		30%	30%
	CCC program participants who will report adopting healthy behaviors to improve blood pressure (including increasing intake of fruits and vegetables to four servings a day and increasing exercise to 30 minutes a day)		30%	30%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Hypertension Initiative – Great Nonprofits

NEW

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

<b>Program Title</b>	Hypertension Awareness Text-Based Program		
<b>Grant Goal</b>	To conduct a text-based Short Message Service (SMS) survey of low-income residents in El Camino Healthcare District's catchment area with three goals: 1) assess the state of public knowledge of hypertension in target communities, 2) provide participants with tailored information, as needed, about hypertension resources, and 3) understand the penetration of the #KnowYourBP public awareness campaign		
<b>Community Need</b>	The percentage of Santa Clara County hypertensive adults was 27% in 2013-14. Of those, 24% are Latino. Left untreated, high blood pressure can damage the brain, heart and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure and death. To compound the problem, approximately 13% of Santa Clara County's population is uninsured. The 2016 Community Health Needs Assessment (CHNA) identified hypertension as a critical public health issue in Santa Clara County and is already conducting a public awareness campaign surrounding these issues. This SMS campaign will assess awareness of hypertension, these resources and the awareness of the campaign.		
<b>Agency Description &amp; Address</b>	GreatNonprofits is the leading developer of tools to promote community engagement and feedback through nonprofit organizations. Their tool, Street Chats, is a culturally appropriate, text-based survey designed to quickly and confidentially gather insights from low-income communities to assist in informed health program planning. 330 Twin Dolphin Drive, Suite 131, Redwood City, CA		
<b>Program Delivery Site(s)</b>	SMS-based survey tool will be administered to individuals in the District's boundaries.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Implement innovative SMS-based survey and intervention to assess knowledge about hypertension and provide resources for blood pressure screening and management</li> <li>• Conduct in-person qualitative interviews through a focus group</li> <li>• Collect and report data on effectiveness the #KnowYourBP campaign</li> <li>• Collaborate with ECHD Hypertension Initiative partners</li> </ul> <p>Funds support part of program staff time and some administrative costs.</p>		
<b>FY18 Funding</b>	FY18 funding requested:	\$30,000	FY18 funding recommended: \$25,000
<b>FY18 Dual Funding</b>	FY18 funding requested: (Pre-diabetes Nudges Program)* <i>*Denotes a different program</i>	\$30,000	FY18 funding recommended: (Pre-diabetes Nudges Program)* Do not fund
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$53,360 (ECH) FY17 Approved: \$30,000 (ECH) (Pre-diabetes Nudges Program )	FY16 Approved: \$42,350 (ECH) FY16 Spent: \$42,350 (ECH) (Pre-diabetes Street Chats Program)	N/A New ECH program in FY16

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# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Hypertension Initiative – Great Nonprofits

NEW

*Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.*

*[Continued from previous page]*

FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Participants	150	150
	Participants who click-through to the resources about hypertension	10%	25%
	Participants who report an increase in their basic knowledge of hypertension	10%	20%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Hypertension Initiative – #KnowYourBP Public Awareness Campaign

Initiative includes support for the #KnowYourBP public awareness campaign, American Heart Association, MayView Community Health Center, Great NonProfits, and other community partners.

<b>Program Title</b>	Know Your Blood Pressure			
<b>Grant Goal</b>	Implement year two of the public awareness campaign, Know Your Blood Pressure. The goal is to increase awareness about hypertension risk and management and inform the community about screening and educational opportunities to check, know, manage and reduce blood pressure. Ultimately, the goal is to reduce the risks of hypertension among El Camino Healthcare District residents, especially low-income and at-risk community members.			
<b>Community Need</b>	The percentage of Santa Clara County hypertensive adults was 27% in 2013-14. Of those, 24% are Latino. Left untreated, high blood pressure can damage the brain, heart and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure and death. To compound the problem, approximately 13% of Santa Clara County’s population is uninsured. Hypertension is largely an asymptomatic disease and according to the CDC, 1 in 3 adults have hypertension and many don’t know it.			
<b>Agency Description &amp; Address</b>	El Camino Healthcare District campaign			
<b>Program Delivery Site(s)</b>	Geographically-targeted social media platforms (e.g., Facebook, Twitter), bus shelters, local newspapers, community organizations and other public locations displaying campaign materials around the District.			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"><li>• Inform community members about free screening events, hypertension management classes and other resources in Spanish and English to drive engagement</li><li>• Place public awareness ads in local newspapers, bus shelters and on social media with key messages that include:<ul style="list-style-type: none"><li>○ One out of three adults have high blood pressure, yet many don’t know it</li><li>○ The first sign of high blood pressure could be a stroke – but it doesn’t have to be</li><li>○ High blood pressure is preventable and treatable – find out what yours is today</li></ul></li><li>• Promote Check.Change.Control., AHA’s hypertension management program</li><li>• Promotion of the District campaign webpage <a href="http://www.KnowYourBP.org">www.KnowYourBP.org</a></li><li>• Promote online Blood Pressure Tracker too: <a href="http://www.CCCtracker.org">www.CCCtracker.org</a></li><li>• Other collaborations and opportunities for public awareness-raising within the campaign</li></ul> Funds support ad placements, media consultants and other administrative costs.			
<b>FY18 Funding</b>	FY18 funding requested:   \$60,280                      FY18 funding recommended:   \$60,280			
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$95,127 FY17 Approved: \$95,127 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	District population reached through views of bus shelter campaign ads		25%	25%
	District population reached through local newspaper ads		65%	65%
	Impressions from local newspaper print ads		250,000	500,000
	Impressions from social media		100,000	200,000



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Life Wellness Program – Pre-diabetes Initiative (Hill & Company)

NEW

<b>Program Title</b>	Promotora Life Wellness Program		
<b>Grant Goal</b>	This program will educate and promote healthy lifestyle choices so participants may better manage or prevent type 2 diabetes.		
<b>Community Need</b>	In Santa Clara County, 140,500 (10%) of adults reported having been diagnosed with pre-diabetes in 2013-14. According to the CDC, approximately 1 in 3 U.S. adults is pre-diabetic. Of these, 9 out of 10 are unaware of their risk. About 15% – 30% of people with pre-diabetes will develop type 2 diabetes within five years.		
<b>Agency Description &amp; Address</b>	Hill & Company specializes in the development and implementation of public relations initiatives and strategically focused health communication programs. 1290 B Street, Suite 201, Hayward CA		
<b>Program Delivery Site(s)</b>	The program will be delivered to community members in Mountain View and Sunnyvale		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Conduct 12, ninety-minute weekly classes that provide information on pre-diabetes, physical activity, cholesterol, and weight management and group physical activity sessions</li> </ul> Funds will support staffing to facilitate classes and program supplies.		
<b>FY18 Funding</b>	FY18 funding requested: \$30,000	FY18 funding recommended:	Do not fund
<b>FY18 Dual Funding</b>	FY18 funding requested: (Pre-diabetes Initiative)* \$207,288 <i>*Denotes a different program</i>	FY18 funding recommended: (Pre-diabetes Initiative)*	\$150,000
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$214,950 (ECH)	N/A	N/A
	FY17 Approved: \$200,000 (ECH)		
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Community Members served		30
	Participants who attend all 12, 90-minute sessions		70%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Rebuilding Together Peninsula

<b>Program Title</b>	Safe at Home - Seniors Fall Prevention Program		
<b>Grant Goal</b>	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.		
<b>Community Need</b>	According to the American Academy of Orthopedic Surgeons, unintentional injuries in the home are responsible for more than 21 million medical visits per year at a cost of more than \$222 billion. Falls in the home account for \$100 billion to the country’s medical system per year alone; and each broken hip costs \$37,000 on average.		
<b>Agency Description &amp; Address</b>	<p>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.</p> <p>841 Kaynyne Street, Redwood City, CA</p>		
<b>Program Delivery Site(s)</b>	The program will be delivered at community members’ homes in the District’s boundaries		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide staffing, including full-time program manager and part-time repair technician</li> <li>• Administer Cornell University environmental fall risk assessment</li> <li>• Develop a customized home safety plan</li> <li>• Reduce risks through no cost home repairs and home modification</li> </ul> <p>Funds will support partial staffing and program materials, such as grab bars and ramps.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$100,000      FY18 funding recommended: \$65,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Homes modified for older adults or individuals at higher risk of falls		6
	Services provided		50
	Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs		N/A
	Recipients who report feeling safer in their homes after completed home repairs		N/A

# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## RoadRunners

<b>Program Title</b>	RoadRunners Patient Transportation		
<b>Grant Goal</b>	Ensure 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.		
<b>Community Need</b>	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.		
<b>Agency Description &amp; Address</b>	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. 2500 Grant Road, Mountain View, CA		
<b>Program Delivery Site(s)</b>	Delivery sites include physician offices, clinics, pharmacies, grocery stores, among other sites		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Transport individuals to medical appointments and other necessary services (i.e., banking, grocery shopping, pharmacy, etc.)</li> <li>• Recruit volunteer drivers to transport community members</li> <li>• Outreach to inform seniors and disabled individuals about RoadRunners' services</li> </ul> Funds support staffing, rides and program supplies.		
<b>FY18 Funding</b>	FY18 funding requested: \$333,353      FY18 funding recommended: \$275,353		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$313,353 FY17 Approved: \$313,353 FY17 6-month metrics met: 100%	FY16 Approved: \$313,353 FY16 Spent: \$313,353 FY16 6-month metrics met: 75% FY16 annual metrics met: 75%	FY15 Approved: \$311,631 FY15 Spent: \$229,769 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Older adults served		727
	Rides provided		4,322
	Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence		95%
	Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments		95%





# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## South Asian Heart Center

<i>Program Title</i>	South Asian Heart Center			
<i>Grant Goal</i>	This program will increase awareness of heart disease risk in South Asians and engage participants in a therapeutic lifestyle program.			
<i>Community Need</i>	South Asians have a disproportionate burden of heart disease and diabetes at younger ages, and suffer two-times the rate of mortality from cardiac events compared to the general population.			
<i>Agency Description &amp; Address</i>	The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management.  2500 Grant Road, Mountain View, CA			
<i>Program Delivery Site(s)</i>	Services will be delivered at the agency office and various community sites in the District’s boundaries.			
<i>Services Funded By Grant/How Funds Will Be Spent</i>	<ul style="list-style-type: none"><li>• Conduct health assessment and development of risk reduction plan for participants</li><li>• Engage participants in the AIM to Prevent Program</li><li>• Provide outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling, and grocery store tours</li><li>• Deliver trainings that provide Continued Medical Education (CME) units for physicians</li></ul> Funds will support partial staffing and program supplies.			
<i>FY18 Funding</i>	FY18 funding requested: \$180,000      FY18 funding recommended: \$160,000			
<i>Funding History and Metric Performance</i>	FY17	FY16	FY15	
	FY17 Requested: \$180,000 FY17 Approved: \$180,000 FY17 6-month metrics met: 100%	FY16 Approved: \$180,000 FY16 Spent: \$180,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 83%	FY15 Approved: \$200,000 FY15 Spent: \$186,144 FY15 6-month metrics met: 100% FY15 annual metrics met: 75%	
<i>FY18 Dual Funding</i>	FY18 funding requested: \$360,000      FY18 funding recommended: \$240,000			
<i>Dual Funding History</i>	FY17	FY16	FY15	
	FY17 Requested: \$360,000 FY17 Approved: \$360,000	FY16 Approved: \$400,000 FY16 Spent: \$400,000	FY15 Approved: \$400,000 FY15 Spent: \$344,000	
<i>FY18 Proposed Metrics</i>	<i>Metrics</i>		<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served		230	460
	Services provided		925	2,500
	Improvement in average level of weekly physical activity from baseline		19%	20%
	Improvement in average levels of daily servings of vegetables from baseline		18%	20%
	Improvement in levels of HDL-C as measured by follow-up lab test		4%	5%
	Improvement in cholesterol ratio as measured by follow-up lab test		7%	7%





# FY18 Healthy Community Proposal Summary



## Sunnyvale Community Services Agency – Social Work Case Management

<b>Program Title</b>	Social Work Case Management		
<b>Grant Goal</b>	Stabilize the lives and improve the health and wellness of the most vulnerable low-income community members to prevent and alleviate homelessness and improve the health of those falling through the safety net.		
<b>Community Need</b>	Access to basic healthcare is necessary for individuals' physical, mental, and economic health. Lack of healthcare access is also recognized as a leading cause of poverty for all ages. In 2016, over 60% of Sunnyvale Community Services clients over the age of 60 had extremely low incomes, meaning they earned less than 30% of the area median income for Santa Clara county and well under 200% of the federal poverty level (FPL). SCS serves Sunnyvale's highest poverty areas. After paying for housing, low-income families and seniors have little left to pay for medicine or food. According to the Council on Aging Silicon Valley's "Area Plan on Aging," an elderly single renter would need an income of 2.5 times the FPL to meet her basic housing, medical, and nutritional needs." Poverty and the growing income divide are also affecting the mental and physical health of children in Sunnyvale.		
<b>Agency Description &amp; Address</b>	Sunnyvale Community Services helps families and individuals living in Sunnyvale who are in need of emergency assistance, such as financial aid, food and other support. 725 Kifer Road, Sunnyvale, CA		
<b>Program Delivery Site(s)</b>	Sunnyvale Community Services		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Assessment and case planning</li> <li>• Case management for 3 or more months</li> <li>• Initial monthly meeting and one or more quarterly assessments</li> <li>• Assistance and advocacy with applications, access to healthcare, nutrition programs, affordable housing, education, job training, employment, child care, financial education, budgeting and resource referrals</li> <li>• Access to safety net services including food, financial aid and referrals</li> <li>• Access to low-cost monthly bus passes for medical appointments, jobs and education</li> <li>• Access to Alzheimer's disease workshops</li> </ul> <p>Funds support partial salaries of case management staff and director of emergency services.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$85,400      FY18 funding recommended: \$85,400		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$75,000 FY17 Approved: \$75,000 FY17 6-month metrics met: 100%	FY16 Approved: \$65,000 FY16 Spent: \$65,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 100%	FY15 Approved: \$65,000 FY15 Spent: \$65,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 100%

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# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Sunnyvale Community Services – Social Work Case Management

*[Continued from previous page]*

FY18 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals enrolled in comprehensive Case Management	45	100
	Services provided	270	600
	Sheltered clients who maintain housing for 60 days after financial assistance and referrals	90%	90%
	Homeless clients who are moved to temporary or permanent housing within 6 months of case plan	80%	80%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Sunnyvale Community Services Agency – Emergency Assistance

<b>Program Title</b>	Comprehensive Emergency Assistance		
<b>Grant Goal</b>	Provide low-income families and seniors with financial assistance for medically-related bills and nutritious food.		
<b>Community Need</b>	Poverty and the growing income divide are affecting the mental and physical health of seniors as well as children in Sunnyvale. In 2015, Feeding America reported that 8% of households with seniors age 65+ experienced food insecurity, 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.		
<b>Agency Description &amp; Address</b>	Sunnyvale Community Services helps families and individuals living in Sunnyvale who are in need of emergency assistance, such as financial aid, food and other support. 725 Kifer Road, Sunnyvale, CA		
<b>Program Delivery Site(s)</b>	Sunnyvale Community Services		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Financial aid screening by caseworkers for medically-fragile persons</li> <li>Financial assistance for medically-related bills</li> <li>Planning and implementing daily, weekly, and monthly distribution of year-round healthy food and nutritional programs year</li> <li>Purchase of healthy food and grocery script to close the food gap during winter months</li> </ul> <p>Funds support partial salaries for two food program staff and expenses for medically-related bills and food purchases.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$100,000      FY18 funding recommended: \$100,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$85,000 FY17 Approved: \$85,000 FY17 6-month metrics met: 75%	FY16 Approved: \$75,000 FY16 Spent: \$75,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 66%	FY15 Approved: \$75,000 FY15 Spent: \$75,000 FY15 6-month metrics met: 100% FY15 annual metrics met: 67%
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals served		2,000
	Individuals receiving financial assistance (one time per individual)		20
	Individuals receiving financial aid for medically related bills who are still housed 60 days after assistance (those not homeless when assisted)		75%
	Individuals who rate comprehensive emergency assistance services as effective in meeting their needs a 4 or 5 on a 5-point scale		N/A
	Individuals who rate their overall satisfaction with the agency as a 4 or 5 on a 5-point scale		N/A

# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Working Partnerships USA

<b>Program Title</b>	Coverage Initiative for the Remaining Uninsured			
<b>Grant Goal</b>	Enroll the remaining uninsured in the District in a high quality health coverage plan.			
<b>Community Need</b>	Low-income families and undocumented immigrants make up the largest portion of the uninsured in Santa Clara County. Currently, only 64% of low-income Latinos and 56% of low-income African-Americans are insured. Within the Bay Area, adults living below 200% of the Federal Poverty Line are more likely to have diabetes, serious psychological distress, and high blood pressure. In particular, Latino adults in Santa Clara County have higher rates of high blood pressure and/or being overweight, at 44%, and being obese, at 24%.			
<b>Agency Description &amp; Address</b>	Working Partnerships USA’s mission is to bring together the power of grassroots organizing and public policy innovation to drive the movement for a just economy. The agency aims to build the capacity of workers, low-income neighborhoods and vulnerable communities. 2102 Almaden Road, Suite 112, San Jose, CA			
<b>Program Delivery Site(s)</b>	Outreach and educational services at the doors of client homes within targeted neighborhoods of the District.			
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"><li>• Educate and enroll eligible individuals and families into health coverage options</li><li>• In-person, in-language door-knocking to identify, educate, and connect the hardest-to-reach remaining uninsured to available coverage programs</li><li>• Employ phone-banking, a new multi-lingual texting platform to conduct outreach and education, and new NationBuilder database to track progress, ensure targeted in-person follow-up, and conduct deeper analysis of needs and impact geographically</li></ul> Funds support partial salaries of several staff positions, including civic engagement coordinator and community organizer, canvassing costs and other administrative costs.			
<b>FY18 Funding</b>	FY18 funding requested:    \$100,000		FY18 funding recommended:    \$65,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15	
	FY17 Requested: \$100,000 FY17 Approved: \$65,000 FY17 6-month metrics met: 100%	FY16 Approved: \$100,000 FY16 Spent: \$83,706 FY16 6-month metrics met: 25% FY16 annual metrics met: 100%	N/A New program in FY16	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served		2,600	4,500
	Encounters provided		5,777	10,000
	Individuals directly connected to enrollment entities		858	1,500
	Residents contacted who accept information about available coverage programs		45%	45%



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## YMCA

<b>Program Title</b>	YMCA Summer Day Camp		
<b>Grant Goal</b>	This program aims to promote physical activity and healthier food choices among underserved youth in Mountain View and Sunnyvale.		
<b>Community Need</b>	When children are out of school, the lack of access to school-year support has a detrimental impact on the overall well-being of children. During the summer months, many children struggle to access opportunities for physical activity, as well as basic needs such as adequate adult supervision and nutritious meals.		
<b>Agency Description &amp; Address</b>	<p>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 the three core areas of youth development, healthy living and social responsibility.</p> <p>80 Saratoga Avenue, Santa Clara, CA</p>		
<b>Program Delivery Site(s)</b>	Program services will be delivered to students in Mountain View Whisman, Los Altos, and Sunnyvale School Districts.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Provide Challenger Camps to low-income youth that focus on physical activity and fitness, healthy meals, healthy lifestyles, water safety, caring adult role models, and leadership for youth</li> </ul> <p>Funds will support staffing for camp leaders, camper admission fees and program supplies.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$77,131      FY18 funding recommended: \$70,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY17 6-month metrics met: 75% <i>(Unmet metric was close to target)</i>	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Youth served		225
	Camper hours provided		99
	Families who agree or strongly that their children were more physically active after attending camp		80%
	Families who state that the healthy meals/snacks served in camp were good or excellent		60%
	Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp		50%



## SUPPORT GRANT PROPOSALS

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

1. Breathe California – Seniors Breathe Easy
2. Day Worker Center of Mountain View – Health Programming at Day Worker Center
3. Hope’s Corner – Nutritious Meals Program
4. Eating Disorders Resource Center (EDRC) – Support Toward Recovery Program
5. Prevention Partnership, International – Celebrating Families Adolescent Supplement
6. Seniors Council – Senior Companion Program
7. Whole Brain Health Initiative – Dance to Remember
8. Bay Area Women’s Sports Initiative – BAWSI Girls Program
9. Bay Area Women’s Sports Initiative – BAWSI Rollers Program
10. Friends for Youth – WHY Mentoring? Whole Health for Youth
11. Matter of Balance - Matter of Balance Classes for Seniors
12. Mountain View Police Department Youth Services Unit – Dreams and Futures Camps
13. Reach Potential Movement – Gateway Neighborhood Center Programs, Sunnyvale

## SUPPORT GRANT RECOMMENDED FUNDING: \$214,605

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

# FY18 Healthy Body Proposal Summary



## Breathe California (Support Grant)

<b>Program Title</b>	Seniors Breathe Easy		
<b>Grant Goal</b>	To provide health and wellness programs that address lung disease at senior centers.		
<b>Community Need</b>	Lung disease is the number three killer in the US and dramatically decreases quality of life for seniors. The senior sector of the community has serious health literacy needs that are not being met, especially for seniors whose native language is not English. All seniors clearly need up-to-date information on lung disease: how to prevent it, recognize symptoms, get care, avoid scams, maximize relationships with one's physician, and comply with complex medication regimens.		
<b>Agency Description &amp; Address</b>	Breathe California of the Bay Area is a 105-year-old grassroots, community-based, voluntary 501(c)3 nonprofit that is committed to achieving clean air and healthy lungs. 1469 Park Avenue, San Jose CA		
<b>Program Delivery Site(s)</b>	Various senior centers and communities centers, such as: <ul style="list-style-type: none"> <li>• Avenidas Rose Kleiner Center, Mountain View</li> <li>• MidPen Resident Services, Mountain View and Sunnyvale</li> <li>• Cubberley Community Center, Palo Alto</li> <li>• Hillview Community Center, Los Altos</li> <li>• Oshman Family Jewish Community Center, Palo Alto</li> <li>• Silicon Valley Council of the Blind in Mountain View</li> </ul>		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Deliver health education presentations and smoking cessation education</li> <li>• Provide health screenings and conduct home visits for assessment and education on environmental lung health risks and fall prevention</li> </ul> Funds support partial salaries for a health educator, outreach specialist and program administrator as well as administrative costs.		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000	FY18 funding recommended: \$20,000	
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: N/A <i>(Agency will deliver services in second half of year)</i>	N/A New program in FY17	N/A New program in FY17
<b>FY18 Dual Funding</b>	FY18 funding requested: \$60,000 (Children's Asthma Program)* <i>*Denotes a different program</i>	FY18 funding recommended: \$50,000 (Children's Asthma Program)*	
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$50,000 FY17 Approved: \$50,000 (Children's Asthma Program)	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Seniors and caregivers served		400
	Starting in FY17, support grants are required to report on volume metrics		Annual Target 1,000



# FY18 Healthy Body Proposal Summary



## Day Worker Center (Support Grant)

<b>Program Title</b>	Health Programming at Day Worker Center of Mountain View		
<b>Grant Goal</b>	To provide Latino day workers and their families with services to reduce their risk of being overweight/obese, pre-diabetic, and at high-risk for chronic diseases.		
<b>Community Need</b>	There are 16,300 Latinos in Mountain View, which is 21% of the population. Latino men, women and children have some of the highest rates of being overweight or obese, pre-diabetes and unhealthy food consumption. According to Santa Clara County's 2013 –14 Latino Health Factsheet, almost 72% of Latinos were overweight or obese, a higher percentage than adults in the county at 54%. Additionally, 11% of Latino adults had been diagnosed with diabetes, compared to 8% of adults in the county overall. A higher percentage of Latino adults (8%) also reported that they were usually or always worried about having enough money to buy nutritious meals, compared to adults countywide (5%).		
<b>Agency Description &amp; Address</b>	<p>The agency's three primary goals are to connect day worker men and women with employers in a safe and supportive environment, empower day workers to improve their socio-economic conditions through fair employment, education, and job skills training, and participate in advocacy efforts that support the day labor community.</p> <p>113 Escuela Avenue, Mountain View, CA</p>		
<b>Program Delivery Site(s)</b>	Program services will be delivered at agency site in Mountain View		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide and prepare fresh produce to serve 10,400 breakfast and lunch meals annually</li> <li>• Conduct health-related workshops and weekly fitness classes</li> </ul> <p>Funds will support partial staffing and nutritious meals.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000      FY18 funding recommended: \$25,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: 100%	FY16 Approved: \$20,000 FY16 Spent: \$20,000*	N/A New program in FY16
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals served with nutritious meals		325
			<b>Annual Target</b>
			475

\*Starting in FY17, support grants are required to report on volume metrics





# FY18 Healthy Body Proposal Summary



## Hope's Corner (Support Grant)

<b>Program Title</b>	Hope's Corner		
<b>Grant Goal</b>	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.		
<b>Community Need</b>	With rising costs of rental apartments it may be difficult for those with low-wage jobs to afford both housing and food. Additionally, 20% of adults are obese and the proportion is even higher in the Latino population. 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.		
<b>Agency Description &amp; Address</b>	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. 748 Mercy Street, Mountain View, CA		
<b>Program Delivery Site(s)</b>	Program services will be delivered at agency site in Mountain View		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide nutritious breakfast and packed lunch full of fresh fruits and vegetables</li> <li>• Distribute health education materials</li> </ul> Funds will support the purchase of nutritious foods and educational materials on healthy eating.		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000      FY18 funding recommended: \$25,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: 100%	FY16 Approved: \$15,768 FY16 Spent: \$15,768*	N/A New program in FY16
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals served		350
	Meals served		6,500

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Mind Proposal Summary

HEALTHY  
MIND



## Eating Disorders Resource Center (EDRC) (Support Grant)

<b>Program Title</b>	Support Toward Recovery		
<b>Grant Goal</b>	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.		
<b>Community Need</b>	According to the National Association of Anorexia Nervosa & Associated Disorders, 20% of people with serious eating disorders die without treatment. With treatment, the mortality rate falls to 3%. As a result, only 1 in 10 people receive treatment for their eating disorder. Early detection, intervention and treatment are essential for successful treatment and full recovery.		
<b>Agency Description &amp; Address</b>	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. 15891 Los Gatos Almaden Road, Los Gatos, CA		
<b>Program Delivery Site(s)</b>	Services will be delivered in Mountain View		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide program staff to coordinate and conduct ongoing support groups for eating disorder sufferers and their families</li> <li>• Raise awareness of support groups through education of healthcare professionals, school staff, and the community</li> </ul> Funds will support partial staffing, stipends for event speakers and experts, and program materials.		
<b>FY18 Funding</b>	FY18 funding requested: \$20,000      FY18 funding recommended: \$20,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY17 6-month metrics met: 100%	FY16 Approved: \$17,600 FY16 Spent: \$17,600*	FY15 Approved: \$15,000 FY15 Spent: \$15,000
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals served		235
			<b>Annual Target</b> 475

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Mind Proposal Summary



## Prevention Partnership, International (Support Grant)

Fiscal Agent: Domestic Violence Intervention Collaborative

<b>Program Title</b>	Celebrating Families Adolescent Supplement		
<b>Grant Goal</b>	This program will finalize and deliver a multi-generational, culturally competent version of Celebrating Families!™ (CF!) for adolescents dealing with behavioral health issues such as substance use and mental health disorders.		
<b>Community Need</b>	Prevention programs that target the whole family are most efficacious, yet no family-intervention programs currently exist for the adolescents. CF! is aimed for adolescents dealing with behavioral health issues, substance use, and mental health disorders.		
<b>Agency Description &amp; Address</b>	The agency's mission is to increase knowledge and use of healthy living skills leading to improved mental and physical health due to decreased adverse childhood experiences in families. P.O. Box 1839, 97 East Saint James, San Jose, CA		
<b>Program Delivery Site(s)</b>	The program is proposing to deliver an evaluation of services for youth in the juvenile court system and high schools.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide a three-day training for staff who will be providing pilot groups</li> <li>• Conduct fidelity visits, pilot evaluation, focus groups, program finalization, and publication of curriculum</li> </ul> <p>Funds will support pilot groups training and the evaluation and modification of curriculum.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000      FY18 funding recommended: \$18,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$22,500 FY17 Approved: \$22,500 FY17 6-month metrics met: 100%	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Individuals trained		15
	Evaluation hours provided		52

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Mind Proposal Summary



## Seniors Council (Support Grant)

<b>Program Title</b>	Senior Companion Program		
<b>Grant Goal</b>	Provide companionship and peer support services to older adults.		
<b>Community Need</b>	A major factor associated with risk of illness, injury, and premature institutionalization is living arrangement, particularly living alone. As the number of seniors living alone increases, outreach services, transportation, case management, and respite services will be key to assist this segment of the population maintain their independence.		
<b>Agency Description &amp; Address</b>	<p>Founded in Santa Cruz County in 1979, the mission of the Seniors Council is to enable older persons to function with independence and dignity in their homes and in the community to their fullest capacity. Since 1980 the Seniors Council has served as the Area Agency on Aging for San Benito and Santa Cruz Counties.</p> <p>234 Santa Cruz Avenue, Aptos CA</p>		
<b>Program Delivery Site(s)</b>	The program will be delivered at the homes of older adults who live, work or go to school in the District's boundaries and Sunnyvale Senior Center.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Place Senior Companions with clients who are seniors living at home</li> <li>Encourage social interaction, promote physical activity and exercise, and assist with arts and crafts activities</li> </ul> <p>Funds will support partial staffing.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000	FY18 funding recommended:	Do not fund
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: 0% <i>(Required metric was close to being met)</i>	N/A New ECHD program in FY17	N/A New ECHD program in FY17
<b>FY18 Dual Funding</b>	FY18 funding requested: N/A	FY18 funding recommended:	N/A
<b>Dual Funding History</b>	FY17	FY16	FY15
	N/A	FY16 Approved: \$50,000 (ECH) FY16 Spent: \$34,741 (ECH) FY16 6-month metrics met: 0% FY16 annual metrics met: 50%	N/A New ECH program in FY16
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Older adults served		11
			24

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Mind Proposal Summary

HEALTHY  
MIND



## Whole Brain Health Initiative (Support Grant)

NEW

<b>Program Title</b>	Dance To Remember		
<b>Grant Goal</b>	Provide the Dance to Remember program, a community event about sustainable brain health, brain exercises, healthy food, and live music and dancing, to underserved and low-income seniors who have not reached any advanced stages of brain disease, including Alzheimer's.		
<b>Community Need</b>	It is estimated that half of all Alzheimer's cases are preventable with a healthy lifestyle and only 10% of seniors meet the CDC's recommendation for physical exercise.		
<b>Agency Description &amp; Address</b>	<p>The Whole Brain Health Initiative (WBHI) was founded to bridge the gap between knowing what's good for you and actually doing it. The WBHI initiative focuses on providing brain health programs that embed behavioral change elements geared towards helping seniors adopt a sustainable brain healthy lifestyle. Such lifestyle - rich in exercise, nutritious food, socialization, and other healthy lifestyle habits - leads to a higher quality of life and, for most people, will significantly reduce the risk of developing Alzheimer's.</p> <p>2248 Park Blvd, Palo Alto, CA</p>		
<b>Program Delivery Site(s)</b>	India Community Center, 20589 West Homestead Road, Cupertino, CA		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Dance To Remember Community Event</li> <li>• Group Brain Health Coaching sessions</li> </ul> <p>Funds support coaches and dance instructors, event costs and some administrative costs.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$12,840	FY18 funding recommended:	Do not fund
<b>FY18 Dual Funding</b>	FY18 funding requested: \$28,050	FY18 funding recommended:	Do not fund
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Individuals served	100	100

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



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

<b>Program Title</b>	BAWSI Girls Program in Sunnyvale		
<b>Grant Goal</b>	This program will increase physical activity and self-esteem in elementary school girls.		
<b>Community Need</b>	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.		
<b>Agency Description &amp; Address</b>	The Bay Area Women's Sports Initiative is a non-profit agency that provides programs and partnerships through which women athletes bring health and self-esteem to young girls. 1922 The Alameda, Suite 420, San Jose, CA		
<b>Program Delivery Site(s)</b>	San Miguel Elementary School, Sunnyvale School District		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Conduct weekly after school sessions where female collegiate and high school student athletes serve as positive female role models</li> <li>Provide part-time program staff to oversee volunteer student athletes</li> <li>Provide supplies, including equipment and participant materials such as t-shirts and pedometers</li> </ul> Funds will support partial staffing and program supplies.		
<b>FY18 Funding</b>	FY18 funding requested: \$19,200      FY18 funding recommended: \$16,605		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$18,500 FY17 Approved: \$16,000 FY17 6-month metrics met: 100%	FY16 Approved: \$15,000 FY16 Spent: \$15,000*	FY15 Approved: \$11,000 FY15 Spent: \$11,000
<b>FY18 Dual Funding</b>	FY18 funding requested: \$19,200      FY18 funding recommended: \$16,000		
<b>Dual Funding History</b>	FY17	FY16	FY15
	FY17 Requested: \$18,500 FY17 Approved: \$16,000	FY16 Approved: \$15,000 FY16 Spent: \$15,000	FY15 Approved: \$11,000 FY15 Spent: \$11,000
<b>FY18 Proposed Volume Metric</b>	<b>Metrics</b>		<b>6-month Target</b>
	Youth served		120

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



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

NEW

<b>Program Title</b>	BAWSI Rollers Program in Sunnyvale		
<b>Grant Goal</b>	This program will increase physical activity and self-esteem in girls and boys with physical, cognitive and hearing disabilities.		
<b>Community Need</b>	In the state of California, 34% of children with special needs are overweight or obese, 5% higher than the general population of California children. Less physical activity is 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.		
<b>Agency Description &amp; Address</b>	The Bay Area Women's Sports Initiative is a non-profit agency that provides programs and partnerships through which women athletes bring health and self-esteem to young girls. 1922 The Alameda, Suite 420, San Jose, CA		
<b>Program Delivery Site(s)</b>	Vargas Elementary School, Sunnyvale School District		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Conduct weekly after school sessions where collegiate and high school student athletes serve as positive role models</li> <li>Provide part-time program staff to deliver services and oversee student athletes</li> <li>Provide supplies, including equipment and participant materials such as t-shirts</li> </ul> Funds will support partial staffing and program supplies.		
<b>FY18 Funding</b>	FY18 funding requested: \$ 16,300	FY18 funding recommended: \$16,000	
<b>FY18 Dual Funding</b>	FY18 funding requested: \$16,300	FY18 funding recommended: \$16,300	
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Youth served	25	25

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Friends for Youth (Support Grant)

<b>Program Title</b>	WHY Mentoring? Whole Health for Youth		
<b>Grant Goal</b>	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.		
<b>Community Need</b>	All youth served by Friends for Youth Inc. are living in poverty, 61% in extreme poverty. Research links poverty with a higher likelihood of dropping out of school and exposure to drugs and violence. Forty percent of Friends for Youth, Inc.'s clients are either bullied or involved in bullying.		
<b>Agency Description &amp; Address</b>	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. 1741 Broadway, Redwood City, CA		
<b>Program Delivery Site(s)</b>	Mentors and youth determine meeting places in Mountain View and Sunnyvale for sessions. Community partners in the District refer youth to the program, such as local schools, mental health agencies and community centers.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Coordination of workshops, activities, and materials for at-risk youth</li> </ul> Funds will support partial staffing, mentor background screenings, and program supplies.		
<b>FY18 Funding</b>	FY18 funding requested: \$20,000      FY18 funding recommended: \$15,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY17 6-month metrics met: 100%	FY16 Approved: \$20,000 FY16 Spent: \$20,000*	N/A New program in FY16
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Youth served		35
			<b>Annual Target</b>
			48

\*Starting in FY17, support grants are required to report on volume metrics





# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Matter of Balance (Support Grant)

Fiscal Agent: Stanford Health Care

<b>Program Title</b>	Matter of Balance Classes		
<b>Grant Goal</b>	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.		
<b>Community Need</b>	Falls are a significant health care concern for older adults. The CDC estimates that at least one in three older adults fall each year, costing an estimated \$34 billion per year nationally. In 2014 in Santa Clara County, 8,432 older adults were seen in emergency departments and an additional 2,941 older adults were hospitalized that same year.		
<b>Agency Description &amp; Address</b>	The Trauma Center at Stanford Health Care provides specialized care to over 2,500 patients every year. 300 Pasteur Drive, MC 5898, Stanford, CA		
<b>Program Delivery Site(s)</b>	Program classes will delivered at various community sites such as senior centers, in Mountain View, Los Altos, and Sunnyvale, CA.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Conduct 12 evidence-based Matter of Balance classes at various senior centers and sites for older adults at-risk for falls</li> </ul> Funds will support staffing and training of two Occupational Therapists to deliver the classes and program supplies.		
<b>FY18 Funding</b>	FY18 funding requested: \$17,508      FY18 funding recommended: \$14,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$10,628 FY17 Approved: \$10,628 FY17 6-month metrics met: 0% <i>(Required metric was close to being met; anticipate achieving annual target)</i>	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	At-risk older adults served		40
			<b>Annual Target</b>
			135

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Mountain View Police Department Youth Services Unit (Support Grant)

<b>Program Title</b>	Dreams and Futures Summer Camps		
<b>Grant Goal</b>	Provide a safe and educational summer environment for at-risk youth living in the Mountain View community.		
<b>Community Need</b>	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.		
<b>Agency Description &amp; Address</b>	The Mountain View Police Department began Dreams and Futures in the summer of 1996, recognizing the risk during summer months of low income elementary and middle school youth. 1000 Villa Street, Mountain View, CA		
<b>Program Delivery Site(s)</b>	The services will be provided to youth in the Mountain View Whisman School District at Mountain View High School.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>• Provide 2 two-week summer sessions to serve at-risk youth from 4<sup>th</sup> to 7<sup>th</sup> grade</li> <li>• Provide nutritious breakfast and lunch meals, field trips, physical activity sessions, conduct presentations on various topics</li> <li>• Provide presentation from CHAC on body image and mental health</li> </ul> <p>Funds will support partial staffing for a program coordinator, stipends for youth leaders and program supplies.</p>		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000      FY18 funding recommended: \$25,000		
<b>Funding History and Metric Performance</b>	FY17	FY16	FY15
	FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY17 6-month metrics met: 0% <i>(Required metric was close to being met; anticipate achieving annual target)</i>	N/A New program in FY17	N/A New program in FY17
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>		<b>6-month Target</b>
	Youth served		40
			<b>Annual Target</b>
			80

\*Starting in FY17, support grants are required to report on volume metrics



# FY18 Healthy Community Proposal Summary

HEALTHY  
COMMUNITY



## Reach Potential Movement (Support Grant) NEW

<b>Program Title</b>	Gateway Neighborhood Center Programs - Sunnyvale		
<b>Grant Goal</b>	This program will provide middle school support groups using curriculum from One Circle Foundation, Folkloric Dance classes and summer sports camp.		
<b>Community Need</b>	According to the One Circle Foundation, support groups can “promote resiliency in children and youth and communities by offering circle program models that create, restore and sustain healthy relationships.” As evidence for the efficacy of Girls Circle support group, many studies have found significant increases resulting from social support including self-efficacy and reductions in risky behavior, such as self-harm and alcohol use.		
<b>Agency Description &amp; Address</b>	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. Gateway Neighborhood Center, P.O. Box 2625, Sunnyvale, CA		
<b>Program Delivery Site(s)</b>	Program services will be delivered to families who reside in North Sunnyvale at Gateway Neighborhood Center, Sunnyvale.		
<b>Services Funded By Grant/How Funds Will Be Spent</b>	<ul style="list-style-type: none"> <li>Conduct five, ten-week sessions of support group programs based on curricula from One Circle Foundation</li> <li>Provide a one-week summer sports camp and three, ten-week sessions of folkloric dance classes to promote physical fitness</li> </ul> Funds will support group curriculum training, partial staffing, and program supplies.		
<b>FY18 Funding</b>	FY18 funding requested: \$25,000      FY18 funding recommended: \$20,000		
<b>FY18 Proposed Metrics</b>	<b>Metrics</b>	<b>6-month Target</b>	<b>Annual Target</b>
	Youth served	125	150

\*Starting in FY17, support grants are required to report on volume metrics



## Financial Summary

Requested Funding: \$7,707,300

Sponsorship funding: \$200,000

Placeholder: \$100,000

Total: \$8,007,300

Recommended grant funding: \$6,749,931

Sponsorship funding: \$200,000

Placeholder: \$100,000

Total: \$7,049,930

## Conclusion

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

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

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





## FY17 Midterm Dashboard Overview

40 grants; 13 small grants

11 new program grants; 7 new small grants

70% of program grants met at least 80% of metrics

85% of metrics met

22% of metrics are new metrics

Target variance from FY16:  
29% flat, 32% decrease, 39% increase

## FY17 Expanded Midterm Dashboard Guide

The FY17 Expanded Midterm Dashboard provides data for programs funded in FY17, FY16, and/or FY15.

- ❑ Column C: All FY17 metrics
- ❑ Columns D – S: 6-month and annual targets and actuals, and percent of all metrics achieved by grant
  - FY15 6-month target and actual (Column D & E)
  - FY15 annual target and actual (Column H & I)
  - FY15 and FY16 6-month & annual percent of metrics met (Columns G, K, O & S)
    - *Note: Only those with FY17 trending metrics appear on this dashboard*
  - FY16 6-month target and actual (Column L & M)
  - FY16 annual target and actual (Column P & Q)
- ❑ A dash “–” represents either 1) agency is a new FY17 partner so no metrics from prior years, or 2) new metric with no previous data
- ❑ ● A metric receives a “green dot” if the target was met, exceeded or within 10% of the target goal
- ❑ ● A metric receives a “red dot” if the target was not met in excess of 10% of the target goal
- ❑ **N/A** There are some 6-month metric targets with “N/A” because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div></div> <div>FY15 % of ALL 6-month metrics met (Column G)</div>	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div></div> <div>FY15 % of ALL annual metrics met (Column K)</div>	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div></div> <div>FY16 %of ALL 6-month metrics met (Column O)</div>	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div></div> <div>FY16 % of ALL annual metrics met (Column S)</div>	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div></div> <div>FY17 Annual Target (Column W)</div>	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)					
Healthy Body	5-2-1-0 FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY16 Approved: \$30,150 FY16 Spent: \$9,478 FY15 Approved: \$30,000 FY15 Spent: \$18,704  New Metrics: 0 of 3	Students served	2,200	2,400	<div><div></div></div>	100%	5,720	6,027	<div><div></div></div>	5,200	4,066	<div><div></div></div>	0%	7,403	6,950	<div><div></div></div>	100%	5,000	6,627	<div><div></div></div>	7,000	100%	New program component was added at the beginning of the school year which increased the number of students served.	
		Students who report being active one or more hours per day after 5210 engagement	N/A	N/A			50%	60%	<div><div></div></div>	N/A	N/A			50%	55%	<div><div></div></div>		N/A	N/A		52%		Data is collected at the close of the school year. Grantee has met annual metrics in prior years.	
		Students who report the knowledge to limit sweetened beverage to 0 per day after 5210 engagement	N/A	N/A			70%	71%	<div><div></div></div>	N/A	N/A			70%	71%	<div><div></div></div>		N/A	N/A		70%			
	CSA-MV: Intensive Clinical Case Management for Seniors FY17 Requested: \$151,551 FY17 Approved: \$151,551 FY16 Approved: \$133,500 FY16 Spent: \$122,188 FY15 Approved: \$146,282 FY15 Spent: \$112,113  New Metrics: 0 of 6	Clients served	73	86	<div><div></div></div>	100%	96	102	<div><div></div></div>	85	75	<div><div></div></div>	25%	98	98	<div><div></div></div>	83%	62	58	<div><div></div></div>	90	100%	Vacant Social Worker Case Manager position; filled in December 2016. Grantee reports increasingly complex cases requiring additional time and resources to manage client needs.	
		Services provided	1,428	1,726	<div><div></div></div>		2,856	3,202	<div><div></div></div>	1,703	1,468	<div><div></div></div>		2,898	2,917	<div><div></div></div>		1,181	1,220	<div><div></div></div>	2,362			
		Hospital readmission rate at one year for reasons related to a chronic health condition	N/A	N/A			10%	11%	<div><div></div></div>	N/A	N/A			10%	17%	<div><div></div></div>		N/A	N/A		12%			
		Clients able to maintain independent living outside institutional setting	94%	97%	<div><div></div></div>		97%	92%	<div><div></div></div>	N/A	N/A			97%	96%	<div><div></div></div>		N/A	N/A		90%			
		Patients with hypertension who attained or maintained blood pressure <140/90 mm Hg or blood pressure goal recommended by physician	85%	88%	<div><div></div></div>		85%	68%	<div><div></div></div>	85%	37%	<div><div></div></div>		85%	83%	<div><div></div></div>		35%	67%	<div><div></div></div>	80%			
		Patients who scored at a "moderate" or "high-risk" for falling who reduced their fall level to moderate-risk based on 21 point Fall Assessment tool	30%	38%	<div><div></div></div>		40%	46%	<div><div></div></div>	30%	58%	<div><div></div></div>		40%	34%	<div><div></div></div>		15%	26%	<div><div></div></div>	37%		Note: in FY15 and FY16, metric qualifier was a 17-point scale; qualifier increased to 21-point scale to strengthen metric.	
	Cupertino Union School District School Nurse Program FY17 Requested: \$68,997 FY17 Approved: \$68,997 FY16 Approved: \$34,411 FY16 Spent: \$34,411 FY15 Approved: \$33,990 FY15 Spent: \$33,990  New Metrics: 1 of 4	Students served	375	362	<div><div></div></div>	75%	775	751	<div><div></div></div>	350	433	<div><div></div></div>	67%	740	671	<div><div></div></div>	100%	578	821	<div><div></div></div>	1,458	100%	Trending on this metric not applicable; school district requested changes in the schools served by grant to reflect the shifting needs.	
		Students who failed a mandated health screening who saw a healthcare provider	35%	22%	<div><div></div></div>		70%	79%	<div><div></div></div>	35%	22%	<div><div></div></div>		72%	74%	<div><div></div></div>		22%	54%	<div><div></div></div>	74%		With the change in schools, some health screenings could be done earlier in the year allowing nurses more time to work with families and ultimately have students seen by a provider.	
		Students in Kindergarten who were identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist	N/A	N/A			50%	80%	<div><div></div></div>	N/A	N/A			55%	79%	<div><div></div></div>		N/A	N/A		75%		This screening is always conducted in the second half of the year as part of the Dental Society's February program.	
		Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage	-	-			-	-		-	-			-	-			20%	70%	<div><div></div></div>	20%		This was a new metric being measured at two schools, one of which has not previously had the benefit of an ECHD funded RN. Adoption of grant funded activities usually take a couple of years in new schools. This experience informed target setting. The outcomes were much stronger than anticipated and will be reflected in future proposals.	
	Fresh Approach FY17 Requested: \$97,017 FY17 Approved: \$35,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A	Individuals participating in VeggieRX classes	-	-		N/A	-	-		-	-		N/A	-	-		N/A	120	113	<div><div></div></div>	120	50%	Participants had smaller household size than traditionally seen in VeggieRx programming. Average household size is usually 4; in this class it was 2.95.	
		Individuals served through fruit and vegetable vouchers	-	-			-	-		-	-			-	-			90	77	<div><div></div></div>	90			
		Participants who attend 6 or more classes will lose 3% or more of their original body weight and/or improve their BMI	-	-			-	-		-	-			-	-			N/A	N/A		30%			
		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	N/A		80%			
	Health Mobile FY17 Requested: \$148,832 FY17 Approved: \$148,832 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A	Low-income and homeless individuals served	-	-		N/A	-	-		-	-		N/A	-	-		N/A	250	149	<div><div></div></div>	500	75%	New program; forecasting challenging.The complexity of cases from years of oral hygiene neglect and lack of access to oral health insurance lead to a greater than anticipated number of services for fewer individuals. The typical ratio of services was two per patient, however, these patients required over four services per person.	
		Dental procedures provided	-	-			-	-		-	-			-	-			510	690	<div><div></div></div>	1,152			
		Patients who report increased knowledge about their oral health	-	-			-	-		-	-			-	-			80%	86%	<div><div></div></div>	80%			
		Patients who report no pain after their first visit	-	-			-	-		-	-			-	-			80%	87%	<div><div></div></div>	80%			

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A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal       A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

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



Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div></div> FY16 %of ALL 6 month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)				
Healthy Body	<b>Healthier Kids Foundation</b> <small>FY17 Requested: \$100,000 FY17 Approved: \$30,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A</small>	Individuals served: Parents	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	90	69	<div><div></div></div> 180	33%	Baseline data gathered from participants differed from levels anticipated when targets were set. Agency examining survey questions to better reflect baseline data.				
		Services: 10 Step Classes	-	-		-	-		-	-		27	25		<div><div></div></div> 54								
		Increase in parents who correctly identify that the daily recommended servings of fruits and vegetables is 5-9 (3 on a 3-point scale)	-	-		-	-		-	-		20%	19%		<div><div></div></div> 20%								
		Increase in parents who are very or mostly confident that they can help their children set up bedtime routines (4 or 5 on a 5-point scale)	-	-		-	-		-	-		27%	20%		<div><div></div></div> 27%								
		Increase in parents who follow an after-school routine that includes at least one hour of physical activity (4 on a 4-point scale)	-	-		-	-		-	-		25%	5%		<div><div></div></div> 25%								
		Increase in parents who turn off the TV (if it is on) and put away screens (tablets, phones) at meal time (4 on a 4-point scale)	-	-		-	-		-	-		20%	5%		<div><div></div></div> 20%								
	<b>Living Classroom</b> <small>FY17 Requested: \$98,959 FY17 Approved: \$78,000 FY16 Approved: \$74,000 FY16 Spent: \$74,000 FY15 Approved: N/A FY15 Spent: N/A  New Metrics: 1 of 4</small>	Students served	-	-	N/A	-	-	N/A	3,700	2,885	<div><div></div></div>	4,500	3,950	<div><div></div></div>	2,500	2,830	<div><div></div></div> 4,300	75%	Actual is close to target; anticipate meeting annual target.				
		Students eating vegetables and fruits grown in school gardens during lunch-time taste testing days	-	-		-	-		-	1,900	1,670	<div><div></div></div>	3,500	2,914	<div><div></div></div>	1,500	2000			<div><div></div></div> 3,200			
		Students involved in planting and harvesting fruits and vegetables for Farm-to-Lunch Program	-	-		-	-		-	1,500	2,066	<div><div></div></div>	2,700	2,650	<div><div></div></div>	75	75			<div><div></div></div> 150			
		Living Classroom lessons given to classroom across all grades T/K - 5	-	-		-	-		-	-	-	-	-	-	250	222	<div><div></div></div> 570						
	<b>LPFCH - TeenVan</b> <small>FY17 Requested: \$90,944 FY17 Approved: \$85,000 FY16 Approved: \$82,000 FY16 Spent: \$82,000 FY15 Approved: \$75,818 FY15 Spent: \$75,818  New Metrics: 0 of 5</small>	Students served	40	60	67%	80	138	100%	45	38	<div><div></div></div>	90	63	<div><div></div></div>	45	104	<div><div></div></div> 90	100%	Ability to move van away from central quad to side lot provided additional privacy for students which served to increase utilization. More students from the Mountain View campus have been coming to the Los Altos campus, where the van is located, for scheduling and other reasons. They are accessing the van's health services. Additionally more students are attending group sessions.				
		Services provided	182	88		<div><div></div></div>	365		224	<div><div></div></div>	182	163	<div><div></div></div>	365	281	<div><div></div></div>	182			382	<div><div></div></div> 365		
		Students screened for depression who receive social worker consultation, treatment by a Packard Hospital psychiatrist, and/or medications	95%	98%		<div><div></div></div>	95%		98%	<div><div></div></div>	95%	96%	<div><div></div></div>	95%	96%	<div><div></div></div>	95%			95%	<div><div></div></div> 95%		
		Students who receive nutrition consultations and demonstrate improvement in at least one lifestyle behavior related to weight management	N/A	N/A			55%		60%	<div><div></div></div>	N/A	N/A		60%	40%	<div><div></div></div>	N/A			N/A	<div><div></div></div> 60%		
		Students who decrease their use of alcohol or drugs by 1 level out of 5	N/A	N/A			55%		60%	<div><div></div></div>	N/A	N/A		55%	55%	<div><div></div></div>	N/A			N/A	<div><div></div></div> 55%		
	<b>MayView Community Health Center</b> <small>FY17 Requested: \$700,000 FY17 Approved: \$700,000 FY16 Approved: \$437,320 FY16 Spent: \$437,320 FY15 Approved: \$125,000 FY15 Spent: \$125,000  New Metrics: 4 of 7</small>	Patients served	-	-	100%	-	-	100%	-	-	75%	-	-	75%	1,200	1,202	<div><div></div></div> 2,400	86%	Funds now focused on supporting uninsured population, therefore volume metrics do not trend with prior years. Higher cost per patient as there is no government reimbursement. Additionally, funding level had changed.				
		Patient encounters	-	-		-	-		-	-		-	-		-	-	1,200			1,202	<div><div></div></div> 2,400		
		Immunization services provided	-	-		-	-		-	-		-	-		-	-	-		-	750	455	<div><div></div></div> 1,500	Target set prior to access program to assist with vaccine costs. With this program now in place, ECHD funds will not be used to the extent projected so grantee cannot take credit for targeted number of children, thus missing target.
		Diabetic patients with LDL <130 mg/dL	-	-		-	-		-	-		-	-		-	-	-		71%	71%	<div><div></div></div> 71%		
		Diabetic patients with HbA1c Levels <9	74%	77%		<div><div></div></div>	75%		69%	<div><div></div></div>		74%	65%		<div><div></div></div>	75%	63%		<div><div></div></div>	72%	73%	<div><div></div></div> 72%	
		Hypertension patients: high blood pressure control <140/90	73%	73%		<div><div></div></div>	80%		79%	<div><div></div></div>		73%	80%		<div><div></div></div>	80%	83%		<div><div></div></div>	72%	90%	<div><div></div></div> 72%	Target based on Jan-Jun 2016 outcome data. In partnership with the American Heart Association and via educational sessions on BP, staff and providers have been more aggressive in treating uncontrolled hypertension and educating pre-hypertensive patients.
		Patients Age 51-75 with completed annual colorectal screening	-	-			-		-			62%	43%		<div><div></div></div>	65%	41%		<div><div></div></div>	40%	56%	<div><div></div></div> 40%	Target based on January - Jun 2016 data. Enhanced efforts to screen uninsured patients. Additionally, deliberate efforts have been made to remind providers to improve on clinical quality measures, such as cancer screenings.
	<b>Medical Respite</b> <small>FY17 Requested: \$80,000 FY17 Approved: \$80,000 FY16 Approved: \$55,000 FY16 Spent: \$55,000 FY15 Approved: \$55,000 FY15 Spent: \$55,000  New Metrics: 1 of 4</small>	Patients served(based on full Medical Respite program/District supported)	70/6	79/6	100%	140/6	183/6	100%	70/6	71/6	<div><div></div></div>	145	250	<div><div></div></div>	70/7	111/7	<div><div></div></div> 145	100%	Exceeded the target due to a decrease in the length of stay that resulted in more beds available for admissions. Overflow beds were also used to make more regular beds available.				
		Program patients linked to Primary Care home (based on full Medical Respite program)	92%	93%		<div><div></div></div>	92%		91%	<div><div></div></div>	92%	87%	<div><div></div></div>	92%	91%	<div><div></div></div> 92%							
		Patients served with overflow beds program	-	-		-	-		-	-	-	-	-	-	18	17	<div><div></div></div> 36						
		Hospital days avoided for total program (based on full Medical Respite program)	250	270		<div><div></div></div>	500		584	<div><div></div></div>	250	260	<div><div></div></div>	530	1,025	<div><div></div></div>	275		444	<div><div></div></div> 550	Hospital days avoided is directly related to the number of admissions. Because the admissions were higher than projected, the avoided days increased by approximately 4 for every additional admission.		
	<b>Mountain View Whisman School District</b> <small>FY17 Requested: \$220,321 FY17 Approved: \$220,321 FY16 Approved: \$227,238 FY16 Spent: \$227,238 FY15 Approved: \$214,000 FY15 Spent: \$214,000  New Metrics: 0 of 5</small>	Students served	1,750	1,700	100%	3,500	3,500	83%	1,600	1,757	<div><div></div></div>	3,500	3,404	<div><div></div></div>	1,700	1,544	<div><div></div></div> 3,400	100%	Screenings were completed in first half of grant year. Usually the parent follow-ups start in that time frame but this year they will be conducted in second half of year due to difficulty in hiring a nurse .				
		Students with failed screenings who saw a provider	30%	35%		<div><div></div></div>	80%		86%	<div><div></div></div>	30%	1%	<div><div></div></div>	85%	77%	<div><div></div></div>	N/A			N/A	<div><div></div></div> 78%		
		Students needing a Child Health and Disability Program exam who saw a provider	30%	47%		<div><div></div></div>	75%		61%	<div><div></div></div>	30%	30%	<div><div></div></div>	70%	63%	<div><div></div></div>	30%		27%	<div><div></div></div> 64%	Metric is N/A for 6 months vs. prior years because program moved to second half of year. First half of school year is more heavily scheduled with new state mandates and managing the health needs of incoming students.		
		Students needing an oral health exam who saw a provider	30%	24%		<div><div></div></div>	75%		68%	<div><div></div></div>	30%	27%	<div><div></div></div>	70%	69%	<div><div></div></div>	30%		27%	<div><div></div></div> 70%			
		Students who report decreased anxiety levels	30%	62%		<div><div></div></div>	80%		83%	<div><div></div></div>	80%	0%		80%	80%	<div><div></div></div>	N/A		N/A	<div><div></div></div> 80%			

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Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 % of ALL 6-month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)	
Healthy Body	New Directions FY17 Requested: \$140,000 FY17 Approved: \$140,000 FY16 Approved: \$140,000 FY16 Spent: \$140,000 FY15 Approved: \$140,000 FY15 Spent: \$140,000  New Metrics: 0 of 4	Individuals served	15	22	<div><div></div><div></div></div>	22	34	<div><div></div><div></div></div>	15	18	<div><div></div><div></div></div>	22	25	<div><div></div><div></div></div>	18	20	<div><div></div><div></div></div>	25	100%	Due to partnership with a free clinic, agency was able to provide faster access to psychiatric services.
		Services provided	262	363	<div><div></div><div></div></div>	525	702	<div><div></div><div></div></div>	262	485	<div><div></div><div></div></div>	525	994	<div><div></div><div></div></div>	300	368	<div><div></div><div></div></div>	660		
		Enrolled patients will have a reduction in Emergency Room visits as compared to the year prior to enrollment	N/A	N/A	<div><div></div><div></div></div>	65%	91%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	65%	86%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	65%		
		Enrolled patients in need of mental health or substance abuse treatment or services will be referred to and seen by a treatment provider.	40%	63%	<div><div></div><div></div></div>	65%	64%	<div><div></div><div></div></div>	40%	42%	<div><div></div><div></div></div>	65%	67%	<div><div></div><div></div></div>	40%	50%	<div><div></div><div></div></div>	65%		
	Pathways FY17 Requested: \$75,000 FY17 Approved: \$70,000 FY16 Approved: \$45,000 FY16 Spent: \$45,000 FY15 Approved: \$45,000 FY15 Spent: \$45,000  New Metrics: 0 of 4	Patients served	12	15	<div><div></div><div></div></div>	24	28	<div><div></div><div></div></div>	15	30	<div><div></div><div></div></div>	30	45	<div><div></div><div></div></div>	20	12	<div><div></div><div></div></div>	40	50%	Fewer referrals and decreased enrollment due to change in insurance status; character of disease and diagnosis among enrollees called for lower than average number of visits needed. Agency adopted new EPIC iCare system to enhance identification of potential patients and referrals. Analysis is currently underway to determine if additional patients are eligible.
		Services provided	113	98	<div><div></div><div></div></div>	225	282	<div><div></div><div></div></div>	95	255	<div><div></div><div></div></div>	190	405	<div><div></div><div></div></div>	256	81	<div><div></div><div></div></div>	512		
		Patients who improve their ability to take oral medication correctly	50%	68%	<div><div></div><div></div></div>	50%	67%	<div><div></div><div></div></div>	50%	66%	<div><div></div><div></div></div>	50%	61%	<div><div></div><div></div></div>	52%	51%	<div><div></div><div></div></div>	54%		
		Patients not admitted to a hospital while receiving home health care services	83%	85%	<div><div></div><div></div></div>	83%	86%	<div><div></div><div></div></div>	83%	86%	<div><div></div><div></div></div>	83%	87%	<div><div></div><div></div></div>	78%	87%	<div><div></div><div></div></div>	78%		
	Playworks FY17 Requested: \$317,000 FY17 Approved: \$270,000 FY16 Approved: \$261,000 FY16 Spent: \$261,000 FY15 Approved: \$240,000 FY15 Spent: \$240,000  New Metrics: 0 of 5	Students served	4,300	4,577	<div><div></div><div></div></div>	4,300	4,567	<div><div></div><div></div></div>	6,260	6,310	<div><div></div><div></div></div>	6,260	6,300	<div><div></div><div></div></div>	6,950	6,300	<div><div></div><div></div></div>	6,950	100%	Data is collected at the close of the school year. Partner has been successful in meeting annual metrics for the past two years.
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	N/A	N/A	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	94%	93%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	90%		
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps reduce bullying during recess	N/A	N/A	<div><div></div><div></div></div>	85%	86%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%	89%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	90%		
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps increase the number of students engaged in healthy play	N/A	N/A	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	94%	93%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%		
		Teachers and administrators surveyed who agree or strongly agree that Playworks helps improve overall school climate	N/A	N/A	<div><div></div><div></div></div>	85%	93%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	90%	88%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%		
	Sunnyvale School District FY17 Requested: \$293,778 FY17 Approved: \$275,000 FY16 Approved: \$265,000 FY16 Spent: \$265,000 FY15 Approved: \$267,500 FY15 Spent: \$267,500  New Metrics: 0 of 4	Students served	2,257	2,257	<div><div></div><div></div></div>	4,575	4,558	<div><div></div><div></div></div>	2,259	2,235	<div><div></div><div></div></div>	4,517	4,488	<div><div></div><div></div></div>	2,230	2,200	<div><div></div><div></div></div>	4,450	100%	Dental screenings are always conducted in February.
		Students with failed vision or hearing screenings who saw their health care provider	40%	44%	<div><div></div><div></div></div>	75%	76%	<div><div></div><div></div></div>	42%	0%	<div><div></div><div></div></div>	77%	72%	<div><div></div><div></div></div>	43%	50%	<div><div></div><div></div></div>	74%		
		Students chronically absent due to illness (> 10% of school days) who improved attendance	60%	57%	<div><div></div><div></div></div>	60%	62%	<div><div></div><div></div></div>	62%	63%	<div><div></div><div></div></div>	62%	64%	<div><div></div><div></div></div>	64%	60%	<div><div></div><div></div></div>	65%		
		Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	N/A	<div><div></div><div></div></div>	75%	80%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	77%	75%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	77%		
	Valley Health Center - Sunnyvale FY17 Requested: \$968,000 FY17 Approved: \$968,000 FY16 Approved: \$1,039,000 FY16 Spent: \$850,031 FY15 Approved: \$1,400,000 FY15 Spent: \$1,400,000  New Metrics: 1 of 6	Express Care Clinic patients	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	300	405	<div><div></div><div></div></div>	1,300	1,091	<div><div></div><div></div></div>	600	712	<div><div></div><div></div></div>	1,400	83%	Increased efficiencies from enhanced utilization of non-physician care team to manage patient needs allowed for more provider visits.
		Express Care Clinic encounters	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	400	459	<div><div></div><div></div></div>	2,600	3,310	<div><div></div><div></div></div>	900	938	<div><div></div><div></div></div>	3,000		
		Dental Clinic patients	700	645	<div><div></div><div></div></div>	1,100	1,015	<div><div></div><div></div></div>	700	608	<div><div></div><div></div></div>	1,100	979	<div><div></div><div></div></div>	450	485	<div><div></div><div></div></div>	1,000		
		Dental Clinic encounters	1,500	1,653	<div><div></div><div></div></div>	3,000	3,204	<div><div></div><div></div></div>	1,500	1,408	<div><div></div><div></div></div>	3,000	3,367	<div><div></div><div></div></div>	1,600	1,640	<div><div></div><div></div></div>	3,000		
		Dental patients who return for maintenance exam within 9 months	35%	47%	<div><div></div><div></div></div>	60%	60%	<div><div></div><div></div></div>	60%	56%	<div><div></div><div></div></div>	60%	60%	<div><div></div><div></div></div>	65%	68%	<div><div></div><div></div></div>	70%		
		Increase in patient satisfaction scores related to getting timely access to care as measured by the Clinician and Group Survey tool over 2015 baseline	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	8%	7%	<div><div></div><div></div></div>	10%		
	Vision to Learn FY17 Requested: \$31,979 FY17 Approved: \$31,979 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A	Free eye exams provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	100	24	<div><div></div><div></div></div>	411	0%	Agency had scheduling challenges in the Fall but has mobile clinic visits scheduled at 7 schools across the District in the second half of the grant year and anticipate meeting year-end targets. Agency is dual-funded with ECH grant and has met midyear metrics for that grant.
		Free eyeglasses provided	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	100	17	<div><div></div><div></div></div>	329		

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N/A

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



Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 %of ALL 6 month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)			
Healthy Mind	Acknowledge Alliance FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A	Students who receive direct social emotional learning lessons and/or classroom resilience support	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	250	240	<div><div></div><div></div></div>	946	100%	Program enrolled 101 educators in training by mid-year and will continue training through second half of grant year.		
		Teachers who receive resilience support services through: one on one training, classroom observations, professional development, and/or teacher support groups	-	-		-	-		-	-		50	101		<div><div></div><div></div></div>	101						
		Teachers will report using at least one strength-based strategy to engage and reach their students at least monthly.	-	-		-	-		-	N/A		N/A			80%							
		Students who report applying the techniques learned from the social emotional lessons "sometimes" or "more often"	-	-		-	-		-	N/A		N/A			60%							
	Alzheimer's Association: Asian Dementia Initiative FY17 Requested: \$80,000 FY17 Approved: \$70,000 FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY15 Approved: \$60,000 FY15 Spent: \$60,000  New Metrics: 0 of 4	Individual served	-	-	N/A	-	-	N/A	410	338	<div><div></div><div></div></div>	820	899	<div><div></div><div></div></div>	500	513	<div><div></div><div></div></div>	830	100%			
		Encounters provided	-	-		-	-		825	881	<div><div></div><div></div></div>	1700	1844	<div><div></div><div></div></div>	830	837	<div><div></div><div></div></div>	1,720				
		Forum and educational presentation participants who agree or strongly agree that the forums/sessions met their expectations	-	-		-	-		90%	99%	<div><div></div><div></div></div>	90%	96%	<div><div></div><div></div></div>	90%	98%	<div><div></div><div></div></div>	90%				
		SAVVY CAREGIVER who agree or strongly agree that they know more about how to manage the symptoms of dementia	-	-		-	-		90%	100%	<div><div></div><div></div></div>	90%	100%	<div><div></div><div></div></div>	90%	100%	<div><div></div><div></div></div>	90%				
	Alzheimer's Association: Latino Family Connections FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY16 Approved: \$60,000 FY16 Spent: \$60,000 FY15 Approved: N/A FY15 Spent: N/A  New Metrics: 0 of 4	Individual served	-	-	N/A	-	-	N/A	250	260	<div><div></div><div></div></div>	500	508	<div><div></div><div></div></div>	252	292	<div><div></div><div></div></div>	503	100%			
		Encounters provided	-	-		-	-		50	55	<div><div></div><div></div></div>	100	103	<div><div></div><div></div></div>	514	622	<div><div></div><div></div></div>	1,116				
		Participants of Cuidando con Respeto who agree that they know more about how to manage the symptoms of dementia	-	-		-	-		90%	100%	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	90%	90%	<div><div></div><div></div></div>	90%				
		Participants of educational presentations who agree or strongly agree that the program met their expectations	-	-		-	-		90%	92%	<div><div></div><div></div></div>	90%	94%	<div><div></div><div></div></div>	90%	97%	<div><div></div><div></div></div>	90%				
	CHAC FY17 Requested: \$181,000 FY17 Approved: \$181,000 FY16 Approved: \$192,700 FY16 Spent: \$192,700 FY15 Approved: \$192,700 FY15 Spent: \$192,700  New Metrics: 5 of 5	Students served through counseling	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	250	567	<div><div></div><div></div></div>	700	75%	CHAC has been funded for several years; this FY, funded one of the two prior funded programs, therefore metrics are non-trending. CHAC experienced increased demand for counseling services in schools this year. To manage wait list, CHAC sees groups of children in dyads (2 students) and triads (3 students) where clinically indicated and appropriate.		
		Students served through psychoeducation program, Just for Kids	-	-		-	-		-	-		-	-		-	175	187	<div><div></div><div></div></div>				500
		Hours of services provided (individual/family and Just for psychoeducation, Just for Kids, sessions)	-	-		-	-		-	-		-	-		-	2,180	3,179	<div><div></div><div></div></div>				6,008
		Students served through individual counseling who show a 20% or more improvement on the Issue-focused Assessment Scale	-	-		-	-		-	-		-	-		-	N/A	N/A					80%
		Just for Kids students served who show a 15% or more improvement on the Just for Kids Survey	-	-		-	-		-	-		-	-		-	80%	53%	<div><div></div><div></div></div>				80%
	Family & Children's Services FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY15 Approved: N/A FY15 Spent: N/A  New Metrics: 1 of 4	Individuals served	-	-	N/A	-	-	N/A	50	16	<div><div></div><div></div></div>	104	100	<div><div></div><div></div></div>	90	209	<div><div></div><div></div></div>	200	100%	Exceeded target due to strengthened referral relationships, increased visibility (i.e.: first-time presentations for 26 therapists at JFK University's Sunnyvale Counseling Center)  Participants are accessing high levels of support to address complex and multiple needs. Average counseling and advocacy services per client is 4. Overall, the program is growing and reaching targets.  Participants feedback continues to be very high.		
		Service units provided (counseling, support groups, advocacy, and education)	-	-		-	-		552	80	<div><div></div><div></div></div>	1210	604	<div><div></div><div></div></div>	291	420	<div><div></div><div></div></div>	694				
		Counseling/advocacy beneficiaries who will report achieving the goal(s) for which they sought assistance	-	-		-	-		-	-	-	-	-	75%	100%	<div><div></div><div></div></div>	80%					
		Counseling/advocacy beneficiaries who will report increased knowledge of DV and safety strategies	-	-		-	-		75%	100%	<div><div></div><div></div></div>	80%	100%	<div><div></div><div></div></div>	80%	100%	<div><div></div><div></div></div>	90%				

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

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div>	FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div>	FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div>	FY16 %of ALL 6 month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div>	FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div>	FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)
Healthy Mind	<b>GoNoodle</b> <small>FY17 Requested: \$35,000 FY17 Approved: \$35,000 FY16 Approved: \$21,000 FY16 Spent: \$21,000 FY15 Approved: \$27,000 FY15 Spent: \$27,000  New Metrics: 0 of 5</small>	Schools served	41	53	<div><div></div><div></div></div>	100%	41	41	<div><div></div><div></div></div>	100%	26	26	<div><div></div><div></div></div>	100%	26	26	<div><div></div><div></div></div>	100%	25	25	<div><div></div><div></div></div>	25	100%	School volume changed from FY15 to FY16 and FY17 due to the discontinuation of a former K-12 program which was replaced by GoNoodle, an elementary school program.
		GoNoodle physical activity breaks played	2,000	14,574	<div><div></div><div></div></div>		4,381	39,469	<div><div></div><div></div></div>		10,000	18,265	<div><div></div><div></div></div>		20,000	36,847	<div><div></div><div></div></div>		15,000	14,652	<div><div></div><div></div></div>	30,000		
		Student physical activity minutes achieved									400,000	904,100	<div><div></div><div></div></div>		1,000,000	1,995,165	<div><div></div><div></div></div>		800,000	833,546	<div><div></div><div></div></div>	1,600,000		
		Teachers who believe GoNoodle benefits their students’ focus and attention in the classroom	N/A	N/A			90%	90%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>		80%	96%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>	90%		
		Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	-	-			-	-			N/A	N/A	<div><div></div><div></div></div>		80%	98%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>	90%		
	<b>Law Foundation - Mental Health Advocacy Project</b> <small>FY17 Requested: \$61,919 FY17 Approved: \$61,919 FY16 Approved: \$50,000 FY16 Spent: \$50,000 FY15 Approved: N/A FY15 Spent: N/A  New Metrics: 2 of 4</small>	Individuals served through representation	-	-		N/A	-	-		N/A	-	-		100%	-	-		100%	31	37	<div><div></div><div></div></div>	62	50%	Program had slow start to provider outreach due to necessary rescheduling, however anticipates catching up on year-end target and had two education presentations rescheduled in January and February, and served 32 providers. Individuals served includes individuals receiving representation and healthcare providers who receive educational presentations. Target for individuals represented was exceeded.
		Healthcare providers served through educational presentation	-	-			-	-			-	-			-	-			62	0	<div><div></div><div></div></div>	124		
		Providers receiving training who increase their understanding of their patients’ rights to medical benefits and other forms of public assistance	-	-			-	-			75%	100%	<div><div></div><div></div></div>		75%	100%	<div><div></div><div></div></div>		75%	0%	<div><div></div><div></div></div>	75%		
		Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	-	-			-	-			75%	100%	<div><div></div><div></div></div>		75%	82%	<div><div></div><div></div></div>		75%	83%	<div><div></div><div></div></div>	75%		Most cases are on-going and while sample size is relatively small, success rate is high in helping clients access to maintain health or safety net benefits.
	<b>Los Altos School District</b> <small>FY17 Requested: \$206,000 FY17 Approved: \$100,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A</small>	Students served	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	20	42	<div><div></div><div></div></div>	50	100%	
		Services provided/encounters (in hours)	-	-			-	-			-	-			-	-			280	386	<div><div></div><div></div></div>	1,180		
		Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year	-	-			-	-			-	-			-	-			N/A	N/A	<div><div></div><div></div></div>	50%		
		Students who improve on the Strength and Difficulties Questionnaire and Impact Assessment by 50%	-	-			-	-			-	-			-	-			N/A	N/A	<div><div></div><div></div></div>	55%		
	<b>Maitri</b> <small>FY17 Requested: \$30,000 FY17 Approved: \$30,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A</small>	Adults served	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	5	14	<div><div></div><div></div></div>	10	100%	Program served more individuals than anticipated. New grant, forecasting targets is challenging, performance will inform future targets.
		Helpline clients who report receiving emotional support after they call the crisis line seeking help	-	-			-	-			-	-			-	-			80%	88%	<div><div></div><div></div></div>	80%		
		Legal clients who report increased awareness of their legal rights	-	-			-	-			-	-			-	-			70%	88%	<div><div></div><div></div></div>	75%		
	<b>Momentum for Mental Health</b> <small>FY17 Requested: \$266,000 FY17 Approved: \$241,000 FY16 Approved: \$236,000 FY16 Spent: \$236,000 FY15 Approved: \$236,000 FY15 Spent: \$236,000  New Metrics: 1 of 4</small>	Patients served	100	104	<div><div></div><div></div></div>	100%	118	112	<div><div></div><div></div></div>	100%	100	94	<div><div></div><div></div></div>	100%	118	118	<div><div></div><div></div></div>	100%	100	81	<div><div></div><div></div></div>	118	50%	Patient composition showed more long-term clients requiring less frequent services (rather, maintenance services) and also had more clients discharged during this time period.
		Services provided	808	805	<div><div></div><div></div></div>		1615	1489	<div><div></div><div></div></div>		808	820	<div><div></div><div></div></div>		1,615	1,635	<div><div></div><div></div></div>		808	690	<div><div></div><div></div></div>	1,615		
		Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	90%	98%	<div><div></div><div></div></div>		90%	98%	<div><div></div><div></div></div>		90%	100%	<div><div></div><div></div></div>		95%	99%	<div><div></div><div></div></div>		95%	100%	<div><div></div><div></div></div>	95%		
		Patients demonstrating an improved functioning level as evidenced by an increase in the Global Assessment Functioning score of 2 points or more.	95%	92%	<div><div></div><div></div></div>		95%	95%	<div><div></div><div></div></div>		-	-			-	-			95%	93%	<div><div></div><div></div></div>	95%		
	<b>Mountain View Los Altos High School District</b> <small>FY17 Requested: \$170,000 FY17 Approved: \$160,000 FY16 Approved: \$160,000 FY16 Spent: \$160,000 FY15 Approved: \$160,000 FY15 Spent: \$160,000  New Metrics: 0 of 4</small>	Students served	65	97	<div><div></div><div></div></div>	100%	150	145	<div><div></div><div></div></div>	100%	75	135	<div><div></div><div></div></div>	100%	150	199	<div><div></div><div></div></div>	83%	75	96	<div><div></div><div></div></div>	150	100%	Volume of students served higher than expected because presidential election increased stress particularly for immigrant students, unaccompanied minors and Latino families. Therapists worked with 21 more students and their families than targeted. Consequently, therapists also provided more hours of service than targeted.
		Hours of services provided	1,190	1,197	<div><div></div><div></div></div>		2,520	2,843	<div><div></div><div></div></div>		1,260	1,512	<div><div></div><div></div></div>		2,520	3,157	<div><div></div><div></div></div>		1,260	1,591	<div><div></div><div></div></div>	2,250		
		Increase in the number of students whose GPA is 2.5 or above	-	-			-	-			N/A	N/A			10%	24%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>	12%		
		Reduction in high risk behavior that may result in suspension	N/A	N/A			53%	74%	<div><div></div><div></div></div>		N/A	N/A			74%	61%	<div><div></div><div></div></div>		N/A	N/A	<div><div></div><div></div></div>	60%		
	<b>NAMI SCC</b> <small>FY17 Requested: \$100,000 FY17 Approved: \$100,000 FY16 Approved: \$100,000 FY16 Spent: \$88,794 FY15 Approved: \$10,000 FY15 Spent: \$10,000  New Metrics: 5 of 5</small>	Participants	-	-		N/A	-	-		N/A	-	-		N/A	-	-		N/A	36	43	<div><div></div><div></div></div>	71	100%	Agency has been funded for several years; program shifted to serving both Peer PALS and Mentors, therefore metrics are non-trending.
		Peer PALS and Peer Mentors visits	-	-			-	-			-	-			-	-			450	477	<div><div></div><div></div></div>	900		
		Peer PALS and Peer Mentors phone calls	-	-			-	-			-	-			-	-			901	1,105	<div><div></div><div></div></div>	1,801		Agency had more participants than anticipated by midyear resulting in more phone calls.
		Participants reporting that the program helped them feel more hopeful about their futures and their recovery	-	-			-	-			-	-			-	-			70%	78%	<div><div></div><div></div></div>	70%		
		Participants reporting that the program helped them be more cooperative with their treatment plan	-	-			-	-			-	-			-	-			65%	94%	<div><div></div><div></div></div>	65%		Agency believes high result is because participants who complete the survey have stayed in the program at least 4 months and have both a higher success rate and a greater desire to be compliant. Agency plans to adjust the target higher in the future accordingly.

**Community Benefit Dashboard Notes:**

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

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

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 %of ALL 6-month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)			
Healthy Community	CHI <small>FY17 Requested: \$215,200 FY17 Approved: \$215,200 FY16 Approved: \$190,200 FY16 Spent: \$190,200 FY15 Approved:\$190,000 FY15 Spent: \$190,000  New Metrics: 0 of 4</small>	Individuals served	280	290	<div><div></div><div></div></div>	100%	625	793	<div><div></div><div></div></div>	300	413	<div><div></div><div></div></div>	625	864	<div><div></div><div></div></div>	300	326	<div><div></div><div></div></div>	625	100%		
		Services provided	540	550	<div><div></div><div></div></div>		1,296	1,539	<div><div></div><div></div></div>	700	519	<div><div></div><div></div></div>	1,450	1,541	<div><div></div><div></div></div>	700	638	<div><div></div><div></div></div>	1,450			
		Individuals who received assistance from CHI to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	80	87	<div><div></div><div></div></div>	160	144	<div><div></div><div></div></div>	80	85	<div><div></div><div></div></div>	165			
		Participants who strongly agree or agree that the program’s health education or screening helps them better manage their health	N/A	N/A	<div><div></div><div></div></div>		80%	99%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%	96%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	85%			
	Farewell to Falls <small>FY17 Requested: \$29,160 FY17 Approved: \$29,160 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A</small>	Older adults served	-	-	<div><div></div><div></div></div>	N/A	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	20	20	<div><div></div><div></div></div>	60	100%		
		Older adults who are compliant with exercise recommendations	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	50%	55%	<div><div></div><div></div></div>	50%			
		Older adults who decrease injurious falls that require a 911 call, Emergency Department, or doctor’s visit	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	80%	100%	<div><div></div><div></div></div>	70%			
	HLRC - MV <small>FY17 Requested: \$393,491 FY17 Approved: \$393,491 FY16 Approved: \$393,491 FY16 Spent: \$393,491 FY15 Approved: \$453,616 FY15 Spent: \$406,169  New Metrics: 0 of 5</small>	Individuals served	14,400	15,496	<div><div></div><div></div></div>	100%	28,800	31,691	<div><div></div><div></div></div>	12,000	12,310	<div><div></div><div></div></div>	24,000	21,985	<div><div></div><div></div></div>	12,015	10,768	<div><div></div><div></div></div>	24,030	75%		
		New members registered	375	400	<div><div></div><div></div></div>		750	930	<div><div></div><div></div></div>	325	358	<div><div></div><div></div></div>	650	628	<div><div></div><div></div></div>	328	306	<div><div></div><div></div></div>	656			
		Individuals who strongly agree or agree that eldercare referrals appropriate to their needs	N/A	N/A	<div><div></div><div></div></div>		95%	98%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%	100%	<div><div></div><div></div></div>	95%	83%	<div><div></div><div></div></div>	95%			
		Individuals who strongly agree or agree that eldercare consultations increased their knowledge of care options	N/A	N/A	<div><div></div><div></div></div>		95%	95%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%	94%	<div><div></div><div></div></div>	95%	100%	<div><div></div><div></div></div>	95%			
		Individuals who strongly agree or agree that the library has proven valuable in helping them manage their health or the health of a family member	N/A	N/A	<div><div></div><div></div></div>		65%	78%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	75%	74%	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	95%			
	Hypertension Initiative (American Heart Association, MayView Community Health Center, and Awareness Campaign Partners) <small>FY17 Requested: \$161,627 FY17 Approved: \$161,627 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A</small>	Health Screenings and Check.Change.Control. Program			<div><div></div><div></div></div>	N/A			<div><div></div><div></div></div>			<div><div></div><div></div></div>			<div><div></div><div></div></div>			<div><div></div><div></div></div>		100%		
		Participants reached through education and community screenings	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	250	351	<div><div></div><div></div></div>	1,000			
		Individuals served through Check.Change.Control blood pressure program	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	50	54	<div><div></div><div></div></div>	100			
		Participants who improve blood pressure by 5mm	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	30%			
		Participants who are compliant with measuring their blood pressure eight times within the four months of the Check.Change.Control program	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	50%		Pilot program, forecasting challenging. Classes started later than expected, therefore data unavailable in first half of grant year; four-month program scheduled for completion in second half of grant cycle.	
		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)	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	30%			
		Heart Health Hub events coordinated	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	2	2	<div><div></div><div></div></div>	4			
		Awareness Campaign			<div><div></div><div></div></div>				<div><div></div><div></div></div>			<div><div></div><div></div></div>			<div><div></div><div></div></div>			<div><div></div><div></div></div>				
		District population reached through views of bus shelter ads	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	25%			
		Impressions from local newspaper print ads			<div><div></div><div></div></div>				<div><div></div><div></div></div>			<div><div></div><div></div></div>			<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	347,000			
		Impressions from Mercury News digital banner ads	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	200,000			
		Impressions from social media	-	-	<div><div></div><div></div></div>		-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	-	-	<div><div></div><div></div></div>	N/A	N/A	<div><div></div><div></div></div>	36,000			

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

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 %of ALL 6 month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)				
Healthy Community	Rebuilding Together FY17 Requested: \$50,000 FY17 Approved: \$50,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A	Homes assessed and modification planned for seniors aged 62+ or individuals at higher risk of fall (i.e. disability or illness)	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	5	6	<div><div></div><div></div></div>	14	100%				
		Recipients who report not having an unintentional injury resulting from a fall in their home after completed home repairs	-	-		-	-		-	-		N/A	N/A		<div><div></div><div></div></div>	80%							
		Recipients who report feeling safer in their homes after completed home repairs	-	-		-	-		-	-		80%	100%		<div><div></div><div></div></div>	80%							
		Recipients who would recommend or highly recommend this program to a friend	-	-		-	-		-	-		80%	100%		<div><div></div><div></div></div>	80%							
	RoadRunners - MV FY17 Requested: \$313,353 FY17 Approved: \$313,353 FY16 Approved: \$313,353 FY16 Spent: \$313,353 FY15 Approved: \$311,631 FY15 Spent: \$229,769  New Metrics: 0 of 4	Older adults served	350	357	<div><div></div><div></div></div>	100%	700	1,190	<div><div></div><div></div></div>	500	732	<div><div></div><div></div></div>	75%	1,000	1,528	<div><div></div><div></div></div>	75%	532	727	<div><div></div><div></div></div>	1,200	100%	
		Rides provided	5,000	4,559	<div><div></div><div></div></div>		10,000	9,050	<div><div></div><div></div></div>	5,000	4,230	<div><div></div><div></div></div>	10,000	8,237	<div><div></div><div></div></div>	4,230	4,322	<div><div></div><div></div></div>	8,460				
		Older adults who strongly agree or agree that having RoadRunners services helped in maintaining their independence	N/A	N/A			90%	94%	<div><div></div><div></div></div>	90%	99%	<div><div></div><div></div></div>	90%	92%	<div><div></div><div></div></div>	90%	96%	<div><div></div><div></div></div>	92%				
		Older adults who strongly agree or agree with the statement that having RoadRunners services made it possible to get to their medical appointments	N/A	N/A			95%	95%	<div><div></div><div></div></div>	95%	96%	<div><div></div><div></div></div>	95%	92%	<div><div></div><div></div></div>	95%	96%	<div><div></div><div></div></div>	95%				
	South Asian Heart Center FY17 Requested: \$180,000 FY17 Approved: \$180,000 FY16 Approved: \$180,000 FY16 Spent: \$180,000 FY15 Approved: \$200,000 FY15 Spent: \$186,144  New Metrics: 4 of 6	Individuals served	250	250	<div><div></div><div></div></div>	100%	500	500	<div><div></div><div></div></div>	275	301	<div><div></div><div></div></div>	100%	550	858	<div><div></div><div></div></div>	83%	220	231	<div><div></div><div></div></div>	440	100%	Migrating from an inquiry driven model to a facilitation and dialog based model, providing more frequent touch-points and increasing services per participant.
		Services provided	1,250	1,350	<div><div></div><div></div></div>		2,500	2,585	<div><div></div><div></div></div>	1,500	1,612	<div><div></div><div></div></div>		3,000	2,804	<div><div></div><div></div></div>		950	921	<div><div></div><div></div></div>	2,600		
		Improvement in average level of weekly physical activity from baseline	-	-			-	-		-	-			-	-			14%	18%	<div><div></div><div></div></div>	16%		
		Improvement in average levels of daily servings of vegetables from baseline	-	-			-	-		-	-			-	-			11%	18%	<div><div></div><div></div></div>	13%		
		Improvement in levels of HDL-C as measured by follow-up lab test	-	-			-	-		-	-			-	-			3%	5%	<div><div></div><div></div></div>	4%		
		Improvement in cholesterol ratio as measured by follow-up lab test	-	-			-	-		-	-			-	-			5%	6%	<div><div></div><div></div></div>	6%		Adoption of metrics used in clinical studies as a best practice and assessing data from baseline in a different way as of FY17.
	Sunnyvale Community Services - Social Work Case Management FY17 Requested: \$75,000 FY17 Approved: \$75,000 FY16 Approved: \$65,000 FY16 Spent: \$65,000 FY15 Approved: \$65,000 FY15 Spent: \$65,000  New Metrics: 3 of 4	Individuals enrolled in Comprehensive Case Management	60	85	<div><div></div><div></div></div>	100%	100	116	<div><div></div><div></div></div>	60	30	<div><div></div><div></div></div>	50%	100	101	<div><div></div><div></div></div>	100%	45	46	<div><div></div><div></div></div>	100	100%	
		Services provided	-	-			-	-		-	-			-	-			270	292	<div><div></div><div></div></div>	600		
		Sheltered clients who maintain housing for 60 days after financial assistance and referrals	-	-			-	-		-	-			-	-			90%	100%	<div><div></div><div></div></div>	90%		
		Homeless clients who are moved to temporary/permanent housing within 6 months of case plan	-	-			-	-		-	-			-	-			80%	81%	<div><div></div><div></div></div>	80%		
	Sunnyvale Community Services - Emergency Assistance FY17 Requested: \$85,000 FY17 Approved: \$85,000 FY16 Approved: \$75,000 FY16 Spent: \$75,000 FY15 Approved: \$75,000 FY15 Spent: \$75,000  New Metrics: 3 of 5	Individuals served	300	346	<div><div></div><div></div></div>	100%	650	656	<div><div></div><div></div></div>	750	2,480	<div><div></div><div></div></div>	50%	780	981	<div><div></div><div></div></div>	66%	2,450	2,384	<div><div></div><div></div></div>	2,600	75%	
		Individuals receiving financial assistance	-	-			-	-		30	18	<div><div></div><div></div></div>		60	59	<div><div></div><div></div></div>		16	10	<div><div></div><div></div></div>	33		Agency plans to deploy funds in second half of year when anticipated need is the greatest; expect to meet annual target.
		Food program distribution participation	-	-			-	-		-	-			-	-			13,569	13,894	<div><div></div><div></div></div>	31,200		
		Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	-	-			-	-		-	-			-	-			75%	100%	<div><div></div><div></div></div>	75%		
		Individuals who rate emergency assistance service as effective in meeting their needs as 4 or 5 on a 5-point scale	N/A	N/A			90%	95%	<div><div></div><div></div></div>	-	-			-	-			N/A	N/A	<div><div></div><div></div></div>	80%		
	Working Partnerships, USA FY17 Requested: \$100,000 FY17 Approved: \$65,000 FY16 Approved: \$100,000 FY16 Spent: \$83,706 FY15 Approved: N/A FY15 Spent: N/A  New Metrics: 0 of 3	Individuals served	-	-		N/A	-	-		1,800	5,242	<div><div></div><div></div></div>	25%	2,700	4,313	<div><div></div><div></div></div>	100%	693	1,546	<div><div></div><div></div></div>	2,079	100%	Agency executed a new canvassing strategy with bilingual neighborhood action team that involved more in-depth conversation with community members, rather than quick, survey-style canvassing, resulting in higher than anticipated program engagement.
		Encounters provided	-	-			-	-		4,000	5,242	<div><div></div><div></div></div>		6,000	8,890	<div><div></div><div></div></div>		2,100	2,004	<div><div></div><div></div></div>	6,300		
Individuals directly connected to enrollment entities for processing		-	-		-		-		600	0	<div><div></div><div></div></div>	900		1,527	<div><div></div><div></div></div>	231		1,134	<div><div></div><div></div></div>	693			
YMCA FY17 Requested: \$70,000 FY17 Approved: \$70,000 FY16 Approved: N/A FY16 Spent: N/A FY15 Approved: N/A FY15 Spent: N/A  New Metrics: N/A	Campers served (K-8)	-	-		N/A	-	-		-	-		N/A	-	-		N/A	200	227	<div><div></div><div></div></div>	400	75%		
	Families who agree or strongly that their children were more physically active after attending camp	-	-			-	-		-	-			-	-			70%	83%	<div><div></div><div></div></div>	70%			
	Families who state that the healthy meals/snacks served in camp were good or excellent	-	-			-	-		-	-			-	-			70%	59%	<div><div></div><div></div></div>	70%		Agency working to better communicate nutrition information to parents.	
	Families who agree or strongly agree that their child eats more fruits and vegetables after attending camp	-	-			-	-		-	-			-	-			40%	49%	<div><div></div><div></div></div>	40%			

Community Benefit Dashboard Notes:

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

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 %of ALL 6-month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)	
Small Grants																				
Healthy Body Small Grants	<b>BAWSI (Small Grant)</b> FY17 Requested: \$18,500 FY17 Approved: \$16,000 FY16 Approved: \$15,000 FY16 Spent: \$15,000	Youth served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	60	60	<div><div></div><div></div></div>	112	100%	
	<b>Breathe California (Small Grant)</b> FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: N/A FY16 Spent: N/A	Older adults served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	N/A	N/A	<div><div></div><div></div></div>	1,000	N/A	Agency will conduct presentations in second half of year; expect to meet annual target.
	<b>Day Worker Center (Small Grant)</b> FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: \$20,000 FY16 Spent: \$20,000	Individuals served with nutritious meals	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	300	431	<div><div></div><div></div></div>	460	100%	
	<b>Hope's Corner (Small Grant)</b> FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: \$15,768 FY16 Spent: \$15,768	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	325	350	<div><div></div><div></div></div>	325	100%	
Healthy Mind Small Grants	<b>Cancer CAREpoint (Small Grant)</b> FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY16 Approved: \$20,000 FY16 Spent: \$20,000	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	45	48	<div><div></div><div></div></div>	90	100%	
	<b>EDRC (Small Grant)</b> FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY16 Approved: \$17,600 FY16 Spent: \$17,6000	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	196	265	<div><div></div><div></div></div>	350	100%	Agency conducted extensive outreach including print ads and flyer distribution.
	<b>IAHV - Youth Empowerment Seminar (Small Grant)</b> FY17 Requested: \$15,000 FY17 Approved: \$11,000 FY16 Approved: N/A FY16 Spent: N/A	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	450	600	<div><div></div><div></div></div>	450	100%	Program deployed at Fremont High School for freshmen, higher than anticipated student enrollment resulted in exceeded target.

Community Benefit Dashboard Notes:

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

 A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

N/A

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

Health Priority Area (Column A)	Partner (Column B)	FY17 Metrics (Column C)	FY15 6-month target (Column D)	FY15 6-month actual (Column E)	<div><div></div><div></div></div> FY15 % of ALL 6-month metrics met (Column G)	FY15 Annual target (Column H)	FY15 Annual actual (Column I)	<div><div></div><div></div></div> FY15 % of ALL annual metrics met (Column K)	FY16 6-month target (Column L)	FY16 6-month actual (Column M)	<div><div></div><div></div></div> FY16 % of ALL 6-month metrics met (Column O)	FY16 Annual target (Column P)	FY16 Annual Actual (Column Q)	<div><div></div><div></div></div> FY16 % of ALL annual metrics met (Column S)	FY17 6-month target (Column T)	FY17 6-month actual (Column U)	<div><div></div><div></div></div> FY17 Annual Target (Column W)	FY17 % 6-month metrics met (Column X)	Supporting Details for Variance and Trending (Column Y)	
Small Grants (Continued) ⓘ																				
Healthy Mind Small Grants	<b>Next Door Solutions (Small Grant)</b> FY17 Requested: \$6,773 FY17 Approved: \$6,773 FY16 Approved: \$50,000 (ECH) FY16 Spent: \$50,000 (ECH)	Individuals served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	N/A	N/A		24	N/A	Pilot program; first half of grant year dedicated to conducting an assessment to gauge the need and best location to establish a new support group for victims of domestic violence. Agency intends to provide support groups in the second half of the grant year.
	<b>Prevention Partnership, Int. (Small Grant)</b> FY17 Requested: \$22,500 FY17 Approved: \$22,500 FY16 Approved: N/A FY16 Spent: N/A	Complete curriculum development	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	50%	45%	<div><div></div><div></div></div>	100%	100%	
	<b>Seniors Council (Small Grant)</b> FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: N/A FY16 Spent: N/A	Older adults served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	16	14	<div><div></div><div></div></div>	24	0%	
Healthy Community Small Grants	<b>Friends for Youth (Small Grant)</b> FY17 Requested: \$20,000 FY17 Approved: \$20,000 FY16 Approved: \$20,000 FY16 Spent: \$20,000	Youth served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	25	37	<div><div></div><div></div></div>	47	100%	
	<b>Matter of Balance (Small Grant)</b> FY17 Requested: \$10,628 FY17 Approved: \$10,628 FY16 Approved: N/A FY16 Spent: N/A	At-risk older adults served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	50	35	<div><div></div><div></div></div>	120	0%	Agency will add fourth site to offer classes; expect to meet annual target.
	<b>MVPD - Dreams and Futures Camp (Small Grant)</b> FY17 Requested: \$25,000 FY17 Approved: \$25,000 FY16 Approved: N/A FY16 Spent: N/A	Youth served	-	-	N/A	-	-	N/A	-	-	N/A	-	-	N/A	40	32	<div><div></div><div></div></div>	95	0%	Agency experienced unanticipated scheduling conflict; expect to meet annual target.

**Community Benefit Dashboard Notes:**

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

A metric receives a “green dot” if the target was met, exceeded, or within 10% of the target goal

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

## **Community Benefit Follow up to 5/22/17 ECHD Board Study Session Questions**

**Note:** The following questions were raised during or before the 5/22/17 ECHD Board Study Session. Please see supplemental materials provided in attachments.

- 1. Sunnyvale Community Services – what is the process and criteria for eligibility for the Financial Assistance program?**

See attached Financial Assistance Guidelines and Procedures from Sunnyvale Community Services.

- 2. Working Partnerships: Can we see educational materials?**

See three flyers provided in two languages and a script used by agency in their outreach program to advance health care coverage among the remaining uninsured.

- 3. Working Partnerships: Define the job description of civic engagement coordinator and community organizer.**

Below are role descriptions from Working Partnerships for two positions funded partially by this grant:

**Senior Civic Engagement Coordinator** – The Senior Civic Engagement Coordinator will lead agency's on-the-ground outreach and education efforts. This position will also supervise the Organizer position (see below) and is responsible for troubleshooting/evaluating the outreach program.

**Organizer** – The Organizer will train and lead the team of on-the-ground canvassers for the duration of the project. This position will assist with the hiring process and participate in canvassing and educating uninsured individuals.





## Sunnyvale Community Services

725 Kifer Road, Sunnyvale, CA 94086 408.738.4321

Working to Prevent Homelessness and Hunger

### Sunnyvale Community Services (SCS) Report to El Camino Healthcare District (ECHD) Financial Assistance Guidelines and Procedures

All of these criteria and documentation procedures are long-standing elements in our Emergency Assistance for the most needy in our community. Over the decades, our Auditors and Board of Directors have verified that our practices follow these criteria and guidelines.

#### **Below is the following documentation:**

Pages 1-2: SCS Documentation Checklist and Criteria for Financial Assistance

Pages 2-5: Overview of SCS Financial Assistance Program

Page 6: SCS Documentation Process

Page 7: Two examples of recent cases funded by ECHD that followed these Guidelines and Procedures.

Pages 8-9: SCS Food, Script, and In-Kind Certification Procedures and Guidelines

NOTE: The following criteria and procedures are followed for ALL financial aid cases funded from all sources. **The specific criteria for eligibility for ECHD funds are highlighted in yellow.** No funds from ECHD are used unless the highlighted criteria are met.

### **SCS Emergency Financial Assistance Documentation Checklist**

#### **Initial Client Assessment:**

**The household must fall into one or more of these categories in order to be eligible:**

- Imminent danger of eviction
- Imminent danger of foreclosure
- Imminent danger of homelessness
- Currently homeless (third party verification)
- In transition from homelessness to permanent housing (intent to rent letter, new lease)
- **Unexpected medical emergency**

**The Household must document a temporary economic crisis beyond their control, evidenced by at least one of the following conditions:**

- Loss, or reduction in hours, of employment
- **Medical disability or emergency**
- Loss or delay of some form of public benefit
- Victim of natural disaster
- Victimization by criminal activity
- Action by landlord leading to displacement
- Some other condition which constitutes a hardship

#### **Income Verification:**

The household must be able to demonstrate an ability to meet its future expenses after the assistance has been granted based on documented current or anticipated income for all household members. Documentation methods:

- Employer verification/ copy of pay stubs (full month)
- Bank Statements (most recent)
- SSI/disability verification



- Unemployment verifications
- Verification of public benefits (e.g. CalWORKS, CalFresh, General Assistance)
- Self-Declaration of No Income
- Any other verification of tangible income

**Rental Documentation:**

- Landlord agreement/lease/rental contract including documentation of current rent amount
- Eviction notice/ past-due notice
- Mortgage documentation
- Rental ledgers
- Receipt of any partial move in payments
- Deposit/ holding deposit verification

**Bills:**

- Utility Bill
- PG&E Bill
- Phone Bills
- Insurance (medical, vehicle)
- Medical Expenses
- All other household bills

**Budget:**

- Three-month budget demonstrating self-sufficiency at third (following) month

**Follow up requirement:** Three months after assistance, the household must be contacted to follow up on their housing stability

## **Sunnyvale Community Services (SCS)**

### **Overview of Emergency Financial Assistance**

#### **Purpose:**

To set minimum eligibility criteria and standardized processes for distribution of multiple funding streams consistent with the guidelines established by those funding streams. It is at the discretion of the Program Manager of Client Services, along with the guidelines established by the funding streams, to determine which funding source will be used in providing financial assistance to the client.

#### **Policy:**

Sunnyvale Community Services receives funding from a variety of sources to assist low-income residents of Sunnyvale experiencing temporary crisis. The principal purpose of any financial assistance is to stabilize individuals and families in their current home and assist individuals and families to secure and maintain permanent housing. Sunnyvale Community Services funds are not intended to provide continuous long-term assistance. Funds are part of an “eligible based” assistance program. Assistance is considered short-term help that is intended to promote long term housing stability.

#### **Eligibility Criteria:**

1. Household is in imminent danger of eviction and/or
2. Household is in imminent danger of being homeless and/or
3. Household is currently homeless (note: household must be able to document the ability to pay for rent and other basic household expenses in the future without ongoing financial assistance)

**Households must be able to document a temporary economic crisis beyond their control, which includes:**

- Loss, or reduced hours, of employment
- **Medical disability or emergency**
- Loss or delay of public benefit
- Natural disaster (fire, flood, etc.)
- Substantial change in household composition
- Victim of criminal activity (including domestic violence)
- Household is moving from homelessness into permanent housing
- Client is moving to more affordable housing that promotes long term stability
- Action by landlord or property management leading to displacement

Program Manager of Client Services will determine, based on application (documentation) provided by Caseworker/ Case Manager the amount of assistance to be provided to household to address crisis. If household does not meet the necessary requirements for emergency financial assistance, client will be provided additional referrals for assistance.

#### **Process:**

- 1) All households interested in applying for emergency financial assistance must meet with a Caseworker/ Case Manager for initial eligibility screening. Caseworker/ Case Manager will work with client to identify and document economic crisis placing household at risk of homelessness.
- 2) Household is responsible for providing Caseworker/ Case Manager all documentation to demonstrate experience of a temporary economic crisis.
- 3) Caseworker/ Case Manager will complete a three-month budget to present alongside supporting documents to establish client’s self-sufficiency in the month following Emergency Financial Assistance.

- 4) Caseworker/ Case Manager will present completed budget and supporting documents for final consideration of emergency financial assistance. If supporting documents do not suffice to demonstrate self-sufficiency, Program Manager of Client Services will advise Caseworker/ Case Manager of documentation needed for financial assistance approval. Completion of budget is not a guarantee of approval of financial assistance.

**If client is not able to provide supporting documentation demonstrating an eligible temporary economic crisis, case must be closed and documented on Salesforce Database. Caseworker/ Case Manager must inform client of decision and encourage client to return with required documentation to open financial assistance reconsideration at a later time.**

**A dissatisfied client can request a follow up with the Program Manager of Client Services who will further explain the denial decision based on ineligibility criteria and/or lack of documentation(s).**

**Responsibilities of client/applicant:**

- 1) All applicants must be Sunnyvale residents or provide third party verification of homelessness. It is the client's responsibility to provide documentation to establish Sunnyvale residency.
- 2) All applicants are not to engage in physical and/or verbal threatening behavior toward their SCS Caseworker/ Case Manager at any time. Physical and/or verbal threats will result in immediate denial of emergency financial assistance.
- 3) All applicants must provide verifiable documentation of temporary financial crisis. Fraudulent documentation will result in immediate denial of emergency financial assistance.

**Caseworker/ Case Manager Responsibilities:**

- 1) Release of information (ROI) must be collected from all applicants
- 2) Caseworker/ Case Manager must enroll client to all other eligible SCS programs (MFP, SMFP)
- 3) Caseworker/ Case Manager will work with applicant to submit all required forms for financial assistance consideration.
- 4) If client is deemed eligible for emergency financial assistance, the caseworker/case manager will move forward with working with landlord/ property management or service manager to process disbursement of rent/mortgage/ deposit/utility assistance or payment of **medically related expenses**.
- 5) Check will be released to client/ landlord upon receipt of landlord forms and fraud disclaimer. Client must sign off on assistance (Affirmation of Need Document)

**Responsibilities of Sunnyvale Community Services:**

- 1) No payments will be made directly to the client; all payments will be made directly to third party/vendor (e.g., property Management Company, utility company, building owner or mortgage holder, or medically related businesses)
- 2) The Program Manager of Client Services will inform Caseworker/ Case Manager of the fund to be utilized for assistance. Copies of all checks and blue disbursement forms must be retained by caseworker/ case manager for attachment and auditing purposes.

## **Sunnyvale Community Services Year-Round Food Program Certification Guidelines**

SCS is one of the seven largest “Transformer” partners of Second Harvest Food Bank. Our food programs allow a family of four to receive healthy and nutritious food valued at \$462/month, along with health and nutrition tips and recipes. The year-round food program allows low-income families to save income for other basic necessities such as rent, medical bills, utilities, and transportation to work and school. Script distributed during the winter and holiday months help bridge the food gap when schools are closed and businesses cut back on hours of work.

Following Guidelines from Second Harvest Food Bank, and the U.S. Dept. of Agriculture, SCS conducts annual self-certifications for our comprehensive food programs. Families must self-certify their income.

Families must certify annually in writing that their income is below 250% of the Federal Poverty Level for our year-round Food Programs, and certify monthly in writing that their income is 130% or lower than the Federal Poverty Level to receive additional free USDA food.

SCS’s approved Guidelines for Income Levels for year-round food certification for 2016-17 are on page 8. Additional information regarding the 2016-17 USDA food monthly certification levels can be found at: <https://www.gpo.gov/fdsys/pkg/FR-2016-03-23/pdf/2016-06463.pdf>

Blue Card      Yellow Card      White Card

## Income Self-Certification, FY 2016-2017

Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Last First

☐ **No income OR Monthly Gross Income**  **x12 = Annual Gross Income**

Find the box for FAMILY SIZE. Circle the amount that is equal to or just above household annual gross income.

1		2		3		4	
100% FPL	\$11,880	100% FPL	\$16,020	100% FPL	\$20,160	100% FPL	\$24,300
Extr. Low (30% AMI)	\$23,450	Extr. Low (30% AMI)	\$26,800	Extr. Low (30% AMI)	\$30,150	Extr. Low (30% AMI)	\$33,500
200% FPL	\$23,760	200% FPL	\$32,040	200% FPL	\$40,320	200% FPL	\$48,600
250% FPL	\$29,700	250% FPL	\$40,050	Very Low (50% AMI)	\$50,250	Very Low (50% AMI)	\$55,800
Very Low (50% AMI)	\$39,100	Very Low (50% AMI)	\$44,650	250% FPL	\$50,400	250% FPL	\$60,750
Low (80% AMI)	\$55,500	Low (80% AMI)	\$63,400	Low (80% AMI)	\$71,350	Low (80% AMI)	\$79,250
5		6		7		8	
100% FPL	\$28,440	100% FPL	\$32,580	100% FPL	\$36,730	100% FPL	\$40,890
Extr. Low (30% AMI)	\$36,200	Extr. Low (30% AMI)	\$38,900	Extr. Low (30% AMI)	\$41,550	Extr. Low (30% AMI)	\$44,250
200% FPL	\$56,880	Very Low (50% AMI)	\$64,750	Very Low (50% AMI)	\$69,200	Very Low (50% AMI)	\$73,700
Very Low (50% AMI)	\$60,300	200% FPL	\$65,160	200% FPL	\$73,460	200% FPL	\$81,780
250% FPL	\$71,100	250% FPL	\$81,450	250% FPL	\$91,825	250% FPL	\$102,225
Low (80% AMI)	\$85,600	Low (80% AMI)	\$91,950	Low (80% AMI)	\$98,300	Low (80% AMI)	\$104,650

**I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS income listed above includes the income (including from assets) of all adults within the household. I am aware that there are penalties for willfully and knowingly giving false information on an application for federal funds. Penalties for falsifying information may include immediate repayment of all federal funds received and/or prosecution under the law. I understand that the information on this form is subject to verification.**

SIGNATURE \_\_\_\_\_

---

DATE



# YOU may qualify for new Santa Clara County Health Programs!



In this packet you'll find information about:

- A new program for free or low-cost health care for adults who don't qualify for Medi-Cal or Covered California
- The Medi-Cal KIDS Expansion, providing full Medi-Cal benefits to children who previously did not qualify
- Where to go to for help getting enrolled in these new programs

Information provided to you by:



**EL CAMINO HEALTHCARE DISTRICT**  
*Dedicated to improving the health and well-being of the people in our community*

[www.SiliconValleyRising.org](http://www.SiliconValleyRising.org) : 408-809-2120

# Podrías calificar para nuevos programas de salud de Santa Clara County!



En este paquete, se encuentra información para:

- Un programa nuevo gratis o de bajo costo de cuidado de salud para adultos quienes no califican para Medi-Cal o Covered California
- Medi-Cal completo para TODOS los niños, NO importa su estatus migratorio
- Donde puede ir para inscribirse en estos programas

Información es presentada por:



**EL CAMINO HEALTHCARE DISTRICT**  
*Dedicated to improving the health and well-being of the people in our community*

[www.SiliconValleyRising.org](http://www.SiliconValleyRising.org) : 408-809-2120



# DO YOU NEED HELP ENROLLING IN HEALTH COVERAGE PROGRAMS?



Contact  
**Community Health  
Partnership**  
Today!

**(408) 579-6026**

**healthcoverage@chpscc.org**

Community Health Partnership provides information and enrollment assistance for a variety of health coverage programs:

- Covered California
- Medi-Cal for children and adults
- Primary Care Access Program (PCAP) for low-income individuals not eligible for comprehensive health insurance
- Women's health programs

#HEALTH4ALL



**COVERED  
CALIFORNIA**



**EL CAMINO HEALTHCARE DISTRICT**  
Dedicated to improving the health and well-being of the people in our community



**Community Health Partnership, Inc.**  
1401 Parkmoor Ave. Ste. 200, San Jose,  
95126



# ¿NECESITA AYUDA PARA INSCRIBIRSE EN UNA COBERTURA DE SALUD?



¡Comuníquese con  
Community Health  
Partnership

**(408) 579-6026**

[healthcoverage@chpscc.org](mailto:healthcoverage@chpscc.org)

Community Health Partnership ofrece información y ayuda con la inscripción en varios programas de cobertura de salud:

- Covered California
- Medi-Cal para niños y adultos
- Primary Care Access Program (PCAP) para individuos de bajos ingresos que no son elegibles para ninguna otra cobertura de salud
- Programas de salud para mujeres

#HEALTH4ALL

niños



EL CAMINO HEALTHCARE DISTRICT

Ensuring the health and well-being of the people of our community



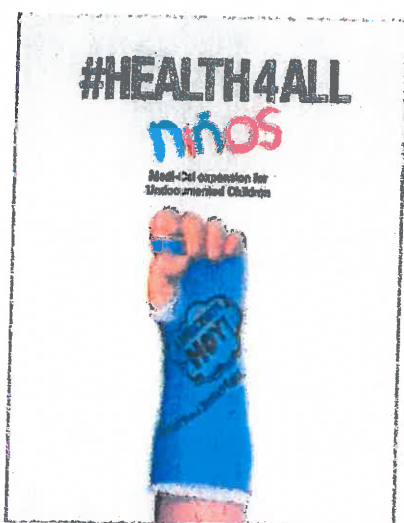
Community Health Partnership, Inc.  
1401 Parkmoor Ave. Ste. 200, San Jose,  
95126



# New Full-Scope Medi-Cal for ALL Children

Regardless of Immigration Status

**Sign up NOW** into restricted/ "emergency" Medi-Cal to start Full-Scope Medi-Cal in May 2016.



**Don't wait, apply TODAY!**

## Who is Eligible?

- Children younger than 19 years
- Low-income

*Most children enrolled in Healthy Kids Program will be eligible to apply for the new MediCal Program for All Children.*

For help with applying to this program and other health coverage programs for adults



**Call/Email Community Health Partnership's Health Coverage Team:**

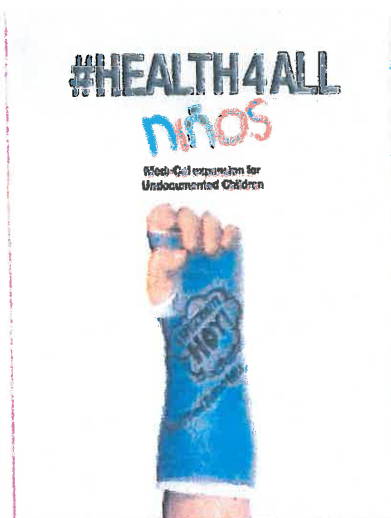
**(408) 579-6026/healthcoverage@chpscc.org**

# Nuevo

# Medi-Cal Completo para TODOS los Niños

NO Importa Su Estatus Migratorio

Inscríbase YA en Medi-Cal “de emergencia” para tener Medi-Cal Completo en Mayo 2016.



**¡No Espere! ¡Inscríbase HOY!**

## ¿Quién es Elegible?

- Niños menores de 19 años
- Bajos-ingresos

*La mayoría de los niños inscritos en el Programa de Healthy Kids serán elegibles para el Nuevo Programa de Medi-Cal para Niños*

Para inscribirse y/o recibir mas información sobre este programa y otros programas de salud para adultos



**Llame o envíe un correo al equipo de Cobertura de Salud de Community Health Partnership:**

**(408) 579-6026/healthcoverage@chpscc.org**

## Working Partnerships USA - Advancing Universal Coverage Among Remaining Uninsured

### Introduction/Getting in the Door

### Outreach Education Script

Hi, I'm \_\_\_\_\_. How are you?

Good to hear! We're a community organization of Silicon Valley residents making this Valley one that works for all of us. Thousands of people are struggling to make ends meet in an area where the economy is doing great, and our members think we can do better. We've been hearing a lot from your neighbors about access to health care. What have you heard about what could happen if there are changes to our healthcare system?

Yeah, there's a lot of confusion because no one is really sure what would happen to our health care. You know, there's a couple new health care programs here, one that opens up Medi-Cal to all kids regardless of documentation status, and one that covers adults regardless of documentation status—here's some information for you. How do you get health insurance? Tell me more about that.

*IF THEY GET THEIR INSURANCE THROUGH EMERGENCY MEDI-CAL:* How do you/your family go to the doctor? What do you do to keep from getting sick? Or to keep your kids from getting sick? What's that like for you/your family? How has that affected you? Your family? What would it mean to you and your family if you DID have health coverage?

Actually, these new healthcare programs make it possible for you and your family to have health coverage. If you're an adult who has only qualified for Emergency Medi-Cal, you can now get coverage through this new program, the Primary Care Access Program, so you can go to the doctor BEFORE you get sick. There's also Medi-Cal Kids, that's expanded to cover kids who didn't qualify for anything but Emergency Medi-Cal, too.

How will your life be impacted if you can go to the doctor through the new Primary Care Access Program?

Having access to healthcare BEFORE it's an emergency changes people's lives. If you call the number on the flier, they can help answer your questions and let you know how to get enrolled. Will you call them today?

Have a great rest of your day!



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## MEMORANDUM

BOARD OF DIRECTORS

June 20, 2017

To: El Camino Healthcare District Board of Directors

From: Mary Rotunno, General Counsel

Subject: **Process to fill vacancies on the El Camino Healthcare District Board of Directors**

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

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Dennis Chiu, a member of the El Camino Healthcare District Board ("District Board") has tendered his resignation effective June 30, 2017 ("Vacancy Date"). The vacancy on the District Board is filled in accordance with Government Code §1780. *See* Health & Safety Code §32100. Government Code §1780 provides as follows:

1. **15 Day Notice to County Elections Official.** The county elections official must be notified of the vacancy no later than 15 days after either the date the District Board was notified of the vacancy or the Vacancy Date, whichever is later. In this case, notification is due on July 14, 2017. *See* §1780(b).

2. **Appointment or Election.** The remaining members of the District Board have the option to fill the vacancy either by appointment pursuant to §1780(d) or by calling an election pursuant to §1780(e). Such action must be taken by August 29, 2017 or the Board of Supervisors may fill the vacancy.

a. **Appointment.** If the District Board decides to appoint a director to fill the vacancy, the appointment must be made within 60 days after the Vacancy Date or no later than August 29, 2017. *See* §1780(d)(1). The statute requires that a notice of the vacancy must be posted in three or more conspicuous places in the District at least 15 days before the District Board makes the appointment and the county elections official must be notified of the appointment no later than 15 days after appointment.

Since the vacancy occurred in the first half of a term of office and at least 130 days prior to the next general district election, the person appointed to fill the vacancy shall hold office until the next general district election in November 2018. *See* §1780(d)(2).

b. **Election.** If the District Board decides to call an election to fill the vacancy, it must call the election within 60 days of the Vacancy Date or August 29, 2017.

*See* §1780(e)(1). The election will be held on the next established general election date<sup>1</sup> that is 130 or more days after the date the District Board calls the election. The Santa Clara County Registrar of Voters estimates that the cost to the District to fill a vacant position with an election on November 7, 2017 or April 10, 2018 will be approximately between \$934,000 and \$1,343,000.

3. **Failure to Appoint or Call for Election.** If the District Board does not appoint a Director to fill the vacancy or call for an election on or before August 29, 2017, the Santa Clara County Board of Supervisors may, within 90 days of the Vacancy Date, (a) appoint a person to fill the vacancy or (b) order the District to call an election to fill the vacancy. *See* §1780(f)(1). If the vacancy has not been filled and no election has been called for by September 28, 2017, then the District Board must call an election to fill the vacancy. *See* §1780(g)(1).

#### **Attachments:**

1. Draft Resolution filling vacancy with an appointment
2. Draft Resolution filling vacancy with an election

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<sup>1</sup> If the District Board makes a decision to call an election on or before June 29, 2017, the election will be held on November 7, 2017. If the District Board makes a decision to call an election on or after June 30, 2017, the election will be held on April 10, 2018.

**EL CAMINO HEALTHCARE DISTRICT  
RESOLUTION 2017-  
[Appointment Process]**

**WHEREAS**, Dennis Chiu has tendered his resignation from the Board of Directors of the El Camino Healthcare District effective on June 30, 2017;

**WHEREAS**, on June 30, 2017, there will exist a vacancy on the Board of Directors of the El Camino Healthcare District as a result Mr. Chiu's resignation;

**WHEREAS**, pursuant to *Health & Safety Code § 32100* vacancies on Healthcare District boards are filled as provided by *Government Code § 1780*;

**WHEREAS**, Article IV, Section 4 of the El Camino Healthcare District bylaws describes the process to be followed to fill a vacancy by appointment; and

**WHEREAS**, it is the desire of the Board of Directors of the El Camino Healthcare District to fill the vacancy on the Board of Directors of El Camino Healthcare District by appointment in the manner provided by law and its bylaws.

**NOW, THEREFORE, BE IT RESOLVED:**

1. The Board of Directors of the El Camino Healthcare District hereby declares that a vacancy exists on the Board of Directors of El Camino Healthcare District as of June 30, 2017;
2. It is in the best interest of the El Camino Healthcare District to fill the vacancy by appointment within 60 days of the date of the vacancy;
3. The Board of Directors of El Camino Healthcare District hereby delegates to the Chairman (and his designees) to give such notices and take all actions as are required by or appropriate to comply with *Government Code § 1780* with respect to filling a vacancy by appointment; including delegation to appoint an ad hoc committee, to call one or more special meetings, to have posted a notice of such vacancy; and following such appointment, to give any required notice of the appointment filling such vacancy.

**DULY PASSED AND ADOPTED** at a Regular Meeting held on June 20, 2017, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

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Julia E. Miller  
Secretary, El Camino Healthcare District



**EL CAMINO HEALTHCARE DISTRICT  
RESOLUTION 2017-**

**WHEREAS**, Dennis Chiu has tendered his resignation from the Board of Directors of the El Camino Healthcare District effective on June 30, 2017;

**WHEREAS**, on June 30, 2017, there will exist a vacancy on the Board of Directors of the El Camino Healthcare District as a result Mr. Chiu's resignation;

**WHEREAS**, pursuant to *Health & Safety Code § 32100* vacancies on Healthcare District boards are filled as provided by *Government Code § 1780*;

**WHEREAS**, *Government Code § 1780* permits the El Camino Healthcare District, in lieu of making an appointment to fill the vacancy, to call an election to fill the vacancy; and

**WHEREAS**, it is the desire of the Board of Directors of the El Camino Healthcare District to fill the vacancy on the Board of Directors of El Camino Healthcare District by calling an election in the manner provided by law.

**NOW, THEREFORE, BE IT RESOLVED:**

1. The Board of Directors of the El Camino Healthcare District hereby declares that a vacancy exists on the Board of Directors of El Camino Healthcare District as of June 30, 2017;
2. It is in the best interest of the El Camino Healthcare District to, in lieu of filling the vacancy by appointment, to call an election to fill such vacancy at the next election to be held more than 130 days after the adoption of this resolution;
3. The Board of Directors of El Camino Healthcare District hereby calls for an election pursuant to *Elections Code § 1780(e)(2)*, and directs the Chairman (and his designees) to take any actions necessary or appropriate in connection therewith;
4. That in accordance with the provision of *Section 32100* and *32100.5* of the *Health & Safety Code* of the State of California, the Board of Directors of the El Camino Healthcare District, as a part of the General Election called to be held in Santa Clara County, State of California, on Tuesday, November 7, 2017, from the hour of 7:00 o'clock a.m., of said day until the hour of 8:00 o'clock p.m., of said day, the El Camino Healthcare District also calls for an election during which period of time electors of the El Camino Healthcare District may vote to fill the vacancy on the Board of Directors of El Camino Healthcare District of Santa Clara County, State of California to hold office for the unexpired term of office;
5. That all registered voters residing within El Camino Healthcare District of Santa Clara County, State of California, are qualified electors at said election, and the manner of voting, the form of ballot to be used, and in all other particulars said General Election shall be held in accordance with the general election laws of the State of California;

6. Not less than thirty (30) days prior to the date of said General Election, the Board of Directors of said District shall, (to the extent required by law) by resolution entered on its minutes, designate the precincts into which said District shall be divided for the conduct of said General Election and the polling place for each precinct and shall appoint for each precinct an election board consisting of at least one inspector, one Judge, and two (2) clerks, selected from the electors of said District, and shall provide for the giving of notice of said election pursuant to the law; and

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

**DULY PASSED AND ADOPTED** at a Regular Meeting held on June 20, 2017, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

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Julia E. Miller  
Secretary, El Camino Healthcare District



## ECHD BOARD MEETING AGENDA ITEM COVERSHEET

<b>Item:</b>	Selection of Additional El Camino Hospital Board Members: Implementation and Public Communication Plan El Camino Healthcare District Board of Directors June 20, 2017
<b>Responsible party:</b>	Peter Fung, MD, Board Chair
<b>Action requested:</b>	For Possible Motion
<p><b>Background:</b></p> <p>On May 22<sup>nd</sup> we interviewed two candidates to replace departing El Camino Hospital Board member Neal Cohen, MD. We found both to be very well qualified and selected Bob Rebitzer to serve as an El Camino Hospital Director for a term of three years effective July 1, 2017. Mr. Rebitzer's professional resume particularly highlighted his experience in strategic planning, continuum of care, and the healthcare payor industry – all competencies this Board had determined to be important in evaluating a future ECH Board member.</p> <p>Previously, on May 15, 2017, we voted to expand the ECH Board to 10 voting directors. Assuming we will have approved the proposed Bylaws revisions (Agenda Item 7c), the next step is for us to discuss and adopt an implementation and public communication plan for the selection and appointment of two additional Directors.</p> <p>I would like us to discuss the following two points:</p> <ol style="list-style-type: none"> <li>a. <u>Implementation and Communication Plan</u>: To determine the timeline of informing the community of the additional positions, interviewing and selecting the "2017 Directors." To charge the FY2018 Ad Hoc Committee with the task of assessment of competency gaps, public notification of openings, and use of a recruiting firm if necessary.</li> <li>b. <u>Option</u>: To elect the other finalist, Gini Deshpande, to the El Camino Hospital Board of Directors pursuant to the El Camino Hospital Bylaws Section 4.5(a)(ii) (as revised) for a term of 3 years effective July 1, 2017 (expiring June 30, 2020). Given the competencies we have identified, Ms. Deshpande's skill set will complement, rather than duplicate, Mr. Rebitzer's as a member of the El Camino Hospital Board of Directors. Ms. Deshpande appears to be very well qualified and has been fully vetted by this Board.</li> </ol>	
<b>Committees that reviewed the issue:</b> None.	
<p><b>Summary and Session Objectives:</b></p> <ul style="list-style-type: none"> <li>• To adopt an implementation plan for the recruitment of the new "2017 Directors."</li> <li>• To consider election of Gini Deshpande to the El Camino Hospital Board Directors.</li> </ul>	
<p><b>Suggested discussion questions:</b></p> <ol style="list-style-type: none"> <li>1. Will Ms. Deshpande's skills complement Mr. Rebitzer's as a member of the El Camino Hospital Board of Directors?</li> <li>2. What timeline should the Board adopt for the election of a second "2017 Director."</li> </ol>	

## ECHD BOARD MEETING AGENDA ITEM COVERSHEET

	<p><b>Proposed Board motion(s), if any:</b></p> <ol style="list-style-type: none"><li>1. To place consideration of the election of the “2017 Directors” for _____ 2018.</li><li>2. To elect Gini Deshpande to the El Camino Hospital Board of Directors pursuant to the El Camino Hospital Bylaws Section 4.5(a)(ii) (as revised) for a term of 3 years effective July 1, 2017 (expiring June 30, 2020)</li></ol>
	<p><b>LIST OF ATTACHMENTS:</b></p> <ol style="list-style-type: none"><li>1. Resume – Gini Deshpande</li><li>2. <i>See</i>, Resolution 2017 – 09 (Agenda Item 13)</li></ol>

# Tarangini (Gini) Deshpande, PhD.

Menlo Park, CA 94025

(650) 521-6363  
gini.deshpande@numedii.com

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## ENTREPRENEUR

High energy, hands-on entrepreneurial leader with track record for delivering results. Strong strategic thinker adept at turning cutting edge science into products for patient benefit. Proven success with global complex negotiations, team-building and project management. In-depth technical knowledge across life sciences.

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## CAREER ACCOMPLISHMENTS AND PROFESSIONAL EXPERIENCE

**NuMedii, Inc.** Mountain View, CA

2008-present

***Founder and CEO, Member Board of Directors***

- Incorporated the company and developed business strategy and financing plan.
- Raised \$5.5M in Series A from leading VC firms
- Built core team and recruited experts to the company's strategic and clinical advisory boards.
- Secured partnerships with large Pharma and specialty Pharma partners.
- Licensed core technology from Stanford University.
- Co-authored key publications highlighting components of core technology.
- Secured \$725K in non-dilutive grant funding for the company.

**Independent Consultant,** Menlo Park, CA

2007-2008

***5RiverBioMed Consulting***

***Stem Cell Startup***

- Evaluated market potential for a novel stem cell technology, conducted primary and secondary market research to identify most profitable market segments and made recommendations to the Board of Directors. Project completed on time and under budget. Recommendations resulted in the company obtaining \$20M in Series A financing from two top tier VC firms.

***Consumer Genomics Startup***

- Created a virtual ecosystem for R&D by evaluation of large network of service provider firms. Negotiated and structured pivotal agreements with 3 key service providers for key aspects of services needs. Agreements enabled the company to raise \$6M from private investors.

**Affymetrix, Inc.** Santa Clara, CA

2005 - 2007

***Senior Manager, Strategic Marketing and Market Development***

- Built and led global cross-functional team of 13 internal and external staff for complex market research project to evaluate key applications, market potential, and customer input for new platform. Project completed on time and under budget.
- Saved over \$12M in R&D expenses via recommendations to senior management to redirect investment away from new platform.
- Uncovered new microarray applications and products of interest to existing and new industry and academic customers from primary and secondary market research data. Presented findings to senior management, resulting in changes to product development prioritization.
- Created unique strategic sales-per-account predictive model for the U.S. microarray market and identified revenue opportunities of \$20M per year. Presented model to sales management and developed marketing campaign to increase revenues by \$1-2M per select account.
- Effectively restructured the Affymetrix Core Lab Program, increased membership by 25%, created a Core Lab specific website and organized the 2007 Core Lab Directors' Meeting.

## **Tarangini Deshpande, Ph.D.**

Provided unique hands-on data analysis workshops to overcome critical technology adoption bottlenecks for core labs.

- Spearheaded the development of a Scientific Advisory Council to formulate global marketing program for stem cell and regenerative medicine markets. Required understanding of the legal, ethical, scientific and funding issues involved.

**Intellectual Property Office, Children's Hospital, Boston, MA**

2001 – 2005

### ***Director, Pediatric Product Development Initiative 2004 – 2005***

- Recognized as "Best in Class" by senior management. Recruited to restructure and lead pediatric product development business unit, featured for its innovative work in the January 2005 issue of New Yorker magazine.
- Responsible for the profit and loss operations of business unit, with initial seed investment of \$300,000. Secured additional \$2.5M in federal grant funding for prototype development for 2 complex medical device projects.
- Successfully managed and grew productive relationships with 35 angel investors through provision of unprecedented access to inventors and projects.
- Initiated and managed collaborations between clinicians and engineering firms for medical device prototype development. Ensured success of collaborations through effective interactions with angel investors, hospital executives, legal counsel and business development counterparts.
- Productively structured, negotiated and closed pivotal prototype development agreements for 6 medical device products, with company while it was being acquired and restructured.

**Intellectual Property Office, Children's Hospital, Boston, MA**

2001 – 2005

### ***Licensing Manager 2001 – 2004***

- Simultaneously managed over 50 complex Intellectual Property and license portfolios worth over \$10M.
- Solely negotiated and closed 17 licensing and sponsored research deals worth over \$8M with assorted corporations.
- Independently performed all phases of technology licensing including assessment, patent firm selection and engagement negotiation, marketing, business term negotiations, contract development, and licensing of tissue engineering, diagnostic, therapeutic and software technologies.
- Effectively interfaced with technology transfer offices, research scientists, legal counsel, business developers and senior management to structure and manage inter-institutional and commercial partnership agreements.
- Initiated first of its kind partnerships with emerging country industry leaders to co-develop Children's Hospital's pediatric vaccine technologies.
- Led international team for a \$12M proposal to Bill and Melinda Gates Foundation. Aligned stakeholders at 10 Universities and 2 Corporations located in 6 countries to meet tight deadline through creation of "win-win" situation.
- Streamlined operations saving \$300,000 in patent expenses.

**Massachusetts General Hospital and Harvard Medical School, Boston, MA**

2000 – 2001

### ***Postdoctoral Research Fellow in Medicine***

- Characterized developmental defects of p190A Rho-GAP knockout mouse.

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## **EDUCATION**

- Ph.D., Biological Sciences, Purdue University, West Lafayette, IN
- National Science Foundation/Sloan Course in Applied Management Principles, Krannert School of Management, Purdue University

## Tarangini Deshpande, Ph.D.

- Master of Science, Molecular Biology, University of Poona, Pune, India
- Bachelor of Science, Zoology, University of Bombay, Mumbai, India

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### PROFESSIONAL AFFILIATIONS

- Member, Association of University Technology Manager (AUTM)
- Member, Licensing Executives Society (LES)
- Member, Women Entrepreneurs in Science and Technology (WEST)

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### HONORS AND AWARDS

- RSA for outstanding performance and contributions to Affymetrix
- Purdue Research Foundation Cancer Center Fellowship
- Outstanding Graduate Teaching Assistant Honor Roll
- CSIR (Indian National Science Foundation) Junior Research Fellow
- M.Sc. Program, Top of Class, University of Poona

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### PUBLICATIONS

[Exploiting drug-disease relationships for computational drug repositioning.](#) Dudley JT, Deshpande T, Butte AJ. Brief Bioinform. 2011 Jul;12(4):303-11. Epub 2011 Jun 20.

Disease signatures are robust across tissues and experiments. Dudley JT, Tibshirani R, Deshpande T, Butte AJ. Mol Syst Biol. 2009;5:307. Epub 2009 Sep 15.

Dynamism in Gene Expression Across Multiple Studies. Morgan AA, Dudley JT, Deshpande T, Butte AJ. Physiol Genomics. 2009 Nov 17. [Epub ahead of print]

FitSNPs: highly differentially expressed genes are more likely to have variants associated with disease. Chen R, Morgan AA, Dudley J, Deshpande T, Li L, Kodama K, Chiang AP, Butte AJ. Genome Biol. 2008;9(12):R170. Epub 2008 Dec 5.

Human PIR1 of the protein-tyrosine phosphatase superfamily has RNA 5'-triphosphatase and diphosphatase activities. Deshpande T, Takagi T, Hao L, Buratowski S, Charbonneau H. J Biol Chem. 1999 Jun 4;274(23):16590-4.

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### GRANTS

Qualifying Therapeutic Discovery Project, 2010. Amount of funding: \$240,329.25

## ECHD BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Resolution 2017-09 Appointing Special Advisory Committee  El Camino Healthcare District Board of Directors  June 20, 2017
<b>Responsible party:</b>	Peter Fung, MD, Board Chair
<b>Action requested:</b>	For Approval
<p><b>Background:</b></p> <p>Pursuant to the Board's Process for considering the election and re-election of Non-District Board Members to the El Camino Hospital Board of Directors, it is time to appoint an "El Camino Hospital Board Member Election Ad hoc Committee" for FY18. The process provides that the Committee will consist of two members of the District Board, and that the Board will appoint a member of the El Camino Hospital Governance Committee recommended by the Chair of the Governance Committee as an advisor to the Ad Hoc Committee.</p> <p>Article VII, Section 1 of the El Camino Healthcare District Bylaws provides for the Board Chair to appoint the Chairperson of the Committee and for the Board to approve the other member.</p> <p>At the meeting, I will announce the appointment of a Chairperson of the Committee, and as Chair of the El Camino Hospital Governance Committee I will recommend appointment of a member of the El Camino Hospital Governance Committee member to serve as an advisor the Ad hoc Committee. I suggest the Board take nominations from the floor with respect to appointment of the second member of the Committee.</p>	
<b>Board Advisory Committees that reviewed the issue and recommendation, if any:</b> None.	
<p><b>Summary and session objectives :</b></p> <p>To appoint an El Camino Hospital Board Member Election Ad hoc Committee for FY18</p>	
<b>Suggested discussion questions:</b> None.	
<p><b>Proposed Board motion, if any:</b></p> <p>To approve Draft Resolution 2017 – 09 appointing _____ as Chairperson, _____ as the second member, and _____ as an advisor to the El Camino Hospital Board Member Election Ad Hoc Committee for FY18.</p>	
<p><b>LIST OF ATTACHMENTS:</b></p> <p>1. Draft Resolution 2017 - 09</p>	

**EL CAMINO HEALTHCARE DISTRICT  
RESOLUTION 2017-09**

**APPOINTMENT OF SPECIAL ADVISORY COMMITTEE FOR  
LIMITED PURPOSE AND LIMITED DURATION**

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

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

**RESOLVED**, that a temporary advisory special committee (“The El Camino Hospital Board Member Election Ad Hoc Committee”), consisting of two members is hereby established pursuant to Article VII, Section 1 of the Bylaws of the El Camino Healthcare District, to carefully consider and prepare for the FY 2018 election or re-election of one or more Directors to the El Camino Hospital Board.

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

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

**RESOLVED**, that \_\_\_\_\_ shall also serve as a member of the committee having been appointed as Chairperson of the committee by the Board Chairperson.

**RESOLVED**, that \_\_\_\_\_ shall serve as an advisor to the Committee having been recommended by the Chair of the El Camino Hospital Board’s Governance Committee

**DULY PASSED AND ADOPTED** at a regular meeting held on June 20, 2017, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

\_\_\_\_\_  
Julia Miller, Secretary  
ECHD Board of Directors

## ECHD BOARD MEETING AGENDA ITEM COVER SHEET

<b>Item:</b>	Biennial Board Officer Election El Camino Healthcare District Board of Directors June 20, 2017
<b>Responsible party:</b>	Peter Fung, MD, Board Chair
<b>Action requested:</b>	For Action
<p><b>Background:</b></p> <p>The El Camino Healthcare District Bylaws Article III, provides as follows:</p> <p>“<u>Section 5</u> ELECTION AND TERM OF OFFICERS. Before July 1<sup>st</sup> of every odd-numbered year, the District Board shall elect officers from the District Directors then in office. The officers shall be elected by a majority vote of the District Directors. The District Board shall elect officers to serve for a term of two (2) years. Each officer shall hold office for such two (2) year term or until his or her successor is elected and qualified.”</p> <p>The current terms of myself as Chairperson, Director Chiu as Vice Chair, and Director Miller as Secretary will expire on June 30, 2017. The Bylaws do not specify a process for “end of term election”* or limit the number of consecutive or total terms a Director may serve as an Officer.</p> <p>In accordance with our discussion at our March 14, 2017 meeting, I would like to take nominations from the floor for the following offices (all for terms from July 1, 2017 – June 30, 2019):</p> <ol style="list-style-type: none"> <li>1. Board Chair</li> <li>2. Vice Chair</li> <li>3. Secretary/Treasurer</li> </ol> <p>*In contrast, the handling of mid-term Board Officer vacancies is specified in the ECHD Bylaws. The Vice Chair would automatically ascend to the Chair if the Chair were to leave office for any reason. If a mid-term vacancy were to occur in one of the other offices the Chair would appoint a successor, subject to confirmation of the Board (Article III, Section 7).</p>	
<b>Committees that reviewed the issue and recommendation, if any:</b> None.	
<b>Summary and Session Objectives:</b> To elect Board Officers.	
<b>Suggested discussion questions:</b> None.	
<b>Proposed Board motion(s), if any:</b> Election of Officers	
<b>LIST OF ATTACHMENTS:</b> None.	



**EL CAMINO HEALTHCARE DISTRICT BOARD**  
**DRAFT FY2018 PACING PLAN**

FY18 Q1		
JULY 2017	AUGUST 2017	SEPTEMBER 2017
No Meeting	No Scheduled Meeting  <b>Possible Meeting Dates:</b>  Wednesday, August 2 <sup>nd</sup> <b>Tuesday, August 8<sup>th</sup></b> <b>Thursday, August 10<sup>th</sup></b> Wednesday, August 16 <sup>th</sup> Tuesday, August 22 <sup>nd</sup>	No Meeting
FY18 Q2		
OCTOBER 17, 2017	NOVEMBER 2017	DECEMBER 2017
<ul style="list-style-type: none"> <li>▪ FY18 YTD ECHD Financials</li> <li>▪ FY17 Community Benefit Year End Report</li> <li>▪ FY17 Stand-Alone Financials</li> <li>▪ FY17 Financial Audit Presentation – Consolidated ECH District Financials</li> <li>▪ Approve FY16 Hospital Audit</li> <li>▪ Adopt Resolution Setting Calendar Year 2018 Meeting Dates</li> <li>▪ Hospital Board Member Election Ad Hoc Committee Report</li> <li>▪ CBAC Structure</li> <li>▪ Pacing Plan</li> </ul>	No Meeting	No meeting

FY18 Q3		
JANUARY 16, 2018	FEBRUARY 2018	MARCH 20, 2018
<ul style="list-style-type: none"> <li>▪ Recognition (As Needed)</li> <li>▪ Community Benefit Spotlight (If Time Allows)</li> <li>▪ FY18 YTD ECHD Financials</li> <li>▪ Hospital Board Member Election Ad Hoc Committee Report (if necessary)</li> <li>▪ Pacing Plan</li> </ul>	No Meeting	<ul style="list-style-type: none"> <li>▪ Recognition (As Needed)</li> <li>▪ Community Benefit Spotlight (If Time Allows)</li> <li>▪ FY18 YTD ECHD Financials</li> <li>▪ Hospital Board member Election Ad Hoc Committee Report (if necessary).</li> <li>▪ Pacing Plan</li> </ul>
FY18 Q4		
APRIL 2018	MAY 15, 2018	JUNE 19, 2018
No Meeting	FY 19 Community Benefit Plan Study Session	<ul style="list-style-type: none"> <li>▪ Recognition (As Needed)</li> <li>▪ Community Benefit Spotlight (If Time Allows)</li> <li>▪ FY18 YTD ECHD Financials</li> <li>▪ Tax Appropriation for FY19</li> <li>▪ District Capital Outlay Fund</li> <li>▪ Review and Approve FY19 Pacing Plan</li> <li>▪ Approval of FY19 Community Benefit Plan</li> <li>▪ Approve ECH FY19 Budget</li> <li>▪ Approve ECHD FY19 Budget</li> <li>▪ Appoint Hospital Board Member/ Election Ad Hoc Committee Report</li> <li>▪ Appoint FY 19 Hospital Board Member Election Ad Hoc Committee</li> </ul>