

AGENDA
FINANCE COMMITTEE MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Monday, March 29, 2021 – 5:30 pm

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

PURSUANT TO STATE OF CALIFORNIA EXECUTIVE ORDER N-29-20 DATED MARCH 18, 2020, EL CAMINO HEALTH WILL NOT BE PROVIDING A PHYSICAL LOCATION FOR THIS MEETING. INSTEAD, THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION MEETING VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 760-083-0558#. No participant code. Just press #.

MISSION: To provide oversight, information sharing and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for the El Camino Hospital Board of Directors. In carrying out its review, advisory and oversight responsibilities, the Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1. CALL TO ORDER / ROLL CALL	John Zoglin, Chair		5:30-5:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair		information 5:31-5:32
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	John Zoglin, Chair		information 5:32-5:35
4. CONSENT CALENDAR <i>Any Committee Member may remove an item for discussion before a motion is made.</i> Approval a. Minutes of the Open Session of the Finance Committee (1/25/2021) b. Minutes of the Open Session of the Joint Finance and Investment Committees (1/25/2021) c. FY21 Period 7 Financial Report d. FY22 Committee Meeting Dates e. Progress Against FY21 Committee Goals f. FY21 Pacing Plan Information g. Article of Interest	John Zoglin, Chair	<i>public comment</i>	motion required 5:35-5:38
5. REPORT ON BOARD ACTIONS ATTACHMENT 5	John Zoglin, Chair		information 5:38-5:43
6. FY21 PERIOD 8 FINANCIALS ATTACHMENT 6	Carlos Bohorquez, CFO	<i>public comment</i>	possible motion 5:43-6:03
7. COVID-19 RECOVERY PLAN	Carlos Bohorquez, CFO		discussion 6:03-6:18
8. ECH COMMUNITY BENEFIT MID-YEAR METRICS ATTACHMENT 8	Barbara Avery, Director, Community Benefit		discussion 6:18-6:38

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
9. PROPOSED NEW FY21 COMMUNITY BENEFIT GRANT ATTACHMENT 9	Barbara Avery, Director, Community Benefit	<i>public comment</i>	possible motion 6:38-6:53
10. ADJOURN TO CLOSED SESSION	John Zoglin, Chair		motion required 6:53-6:54
11. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	John Zoglin, Chair		information 6:54-6:55
12. CONSENT CALENDAR <i>Any Committee Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> <ul style="list-style-type: none"> - Minutes of the Closed Session of the Finance Committees (1/25/2021) - Minutes of the Closed Session of the Joint Finance and Investment Committees (1/25/2021) Information <i>Health and Safety Code Section 32106(b):</i> <ul style="list-style-type: none"> - Physician Contracts <ul style="list-style-type: none"> a. LG Urology Call Panel Renewal b. LG Acute Rehab Professional Services Agreement Renewal 	John Zoglin, Chair		motion required 6:55-6:56
13. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: PREVIEW FY22 BUDGET PART #1 PROCESS AND ASSUMPTION	Carlos Bohorquez, CFO Victor Cabrera, Director Decision Support & Business Analytics		discussion 6:56-7:21
14. Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets: ECHMN QUARTERLY REPORT	Carlos Bohorquez, CFO Vince Manoogian, Interim President of ECHMN David Neapolitan, VP of Finance, ECHMN		discussion 7:21-7:46
15. Gov't Code Section 54956.9(d)(2) – conference with legal counsel – pending or threatened litigation: SUMMARY OF PHYSICIAN FINANCIAL ARRANGEMENTS (YEAR-END)	Diane Wigglesworth, Senior Director of Corporate Compliance; Mary Rotunno, General Counsel		discussion 7:46-8:01
16. Gov't Code Sections 54957 for report and discussion on personnel matters – Senior Management: <ul style="list-style-type: none"> - Executive Session 	John Zoglin, Chair		information 8:01-8:06
17. ADJOURN TO OPEN SESSION	John Zoglin, Chair		motion required 8:06-8:07
18. RECONVENE OPEN SESSION / REPORT OUT	John Zoglin, Chair		information 8:07-8:08
To report any required disclosures regarding permissible actions taken during Closed Session.			

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
19. PHYSICIAN CONTRACTS <i>Recommendation For Approval:</i> a. LG Urology Call Panel Renewal <i>Approval:</i> b. LG Acute Rehab Professional Services Agreement Renewal	Mark Adams, MD, CMO	<i>public comment</i>	Motion(s) required 8:08-8:10
20. CLOSING COMMENTS	John Zoglin, Chair		information 8:10-8:14
21. ADJOURNMENT	John Zoglin, Chair	<i>public comment</i>	motion required 8:14-8:15pm

Upcoming Meetings:

Regular Meetings: April 26, 2021, May 24, 2021 (Joint with ECHB)



**Minutes of the Open Session of the
Finance Committee of the
El Camino Hospital Board of Directors
Monday, January 25, 2021**

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040

Members Present

John Zoglin, Chair**
Boyd Faust**
Gary Kalbach**
Wayne Doiguchi**
Joseph Chow**

Members Absent

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair John Zoglin called the open session meeting of the Finance Committee of El Camino Hospital (the Committee”) to order at 6:30 pm. A verbal roll call was taken. All members were present and participated telephonically. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICT OF INTEREST	Chair Zoglin asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	There were no comments from the public.	
4. CONSENT CALENDAR	<p>Chair Zoglin asked if any member of the Committee wished to remove an item from the consent calendar. None were noted.</p> <p>Motion: To approve the consent calendar: (a) Minutes of the Open Session of the Finance Committee Meeting (11/23/20) and (b) FY2021 Period 5 Financial Report, and for information: (c) FY2021 Committee Pacing Plan, (d) Progress Against FY2021 Committee Goals, (e) Article of Interest, and (f) Major Capital Projects in Process</p> <p>Movant: Kalbach Second: Doiguchi Ayes: Chow, Doiguchi, Faust, Kalbach, and Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<i>Consent Calendar was approved</i>
5. REPORT ON BOARD ACTIONS	Chair Zoglin asked the Committee for any questions or feedback on the Report on Board Actions as further detailed in the packet. Mr. Woods stated that management had engaged with the consulting firm McKinsey & Company to assist with the development of a strategic plan for ECH.	
6. FY21 PERIOD 6 FINANCIALS	Carlos Bohorquez, CFO presented the FY2021 Period 6 Financials. He stated December was strong month as reflected with in increase of 13.5% in gross charges over same period last year . Given the on-going impact of the Covid-19 pandemic, management is pleased with the level of recovery over the past six months and how the team worked together to ensure patients, staff and physicians have access to safe and quality care in this time of crisis. Total operating revenue increased by 3.9% over last December. From an expense standpoint, Mr. Bohorquez stated ECH is incurring approximately \$900,000 per month in additional expenses	

	<p>associated with the pandemic. These expenses are mostly attributed to higher use of PPE, significantly unit costs for PPE, costs for testing staff / patient / community members and additional staff costs associated with patient care and screenings. He stated that operating performance remains strong as demonstrated by December's Operating EBIDA margin of 14.6%</p> <p>YTD results demonstrate a similar trend as indicated by a 9.0% year-over-year increase in gross charges and Operating EBIDA margin of 14.1% Mr. Bohorquez stated that given the challenges associated with the pandemic, management is pleased with the operating and financial results for Q1 and Q2 of the fiscal year.</p> <p>Nevertheless, he stated that January will be a challenging month from a revenue and expense standpoint due to the current wave of Covid patients and impact on operations at the Mountain View campus. Dan Woods, CEO commented that it was intentional to keep the Los Gatos campus COVID free by transferring all inpatient COVID patients to Mountain View and some non-COVID patients to Los Gatos. This has allowed Los Gatos to operate with minimal disruptions and absorb some of the surgical volume from Mountain View.</p> <p>Mr. Bohorquez noted that the shift to the outpatient setting as demonstrated by the increase in outpatient surgical cases. In discussing payor mix, Mr. Bohorquez indicated that payor mix remains strong and has not been impacted by higher unemployment rates in the county. Management will continue to monitor payor mix very closely to be able to react in the event it begins to deteriorate.</p> <p>Mr. Faust commented that 20-30% of patients have opted to go to urgent cares instead of hospital ED's.</p> <p>In response to a committee member's question, Jim Griffith, COO stated that December was the first full 9 months from the first shelter in place, which has had a material impact on ED volume and a few other service lines.</p> <p>Motion: To recommend Board approval of the FY2021 Period 6 Financials</p> <p>Movant: Faust Second: Doiguchi Ayes: Chow, Doiguchi, Faust, Kalbach, and Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>7. REVISED FY21 FINANCIAL FORECAST (INCLUDING COVID-19 RECOVERY PLAN)</p>	<p>Carlos Bohorquez, CFO, presented the Revised FY2021 Financial Forecast (including COVID-19 recovery plan). He stated the materials included in the packet is the forecast for Q3 and Q4 of FY2021. It shows FY2020 performance and actual FY2021 vs. budget. He stated the organization was favorable vs. budget in all categories operating and financial indicators. .</p>	

	<p>Mr. Bohorquez noted that prior to developing the Q3/Q4 forecast, he asked his team to develop comparative analysis of Q2 actual vs. the forecast presented at the November 2020 Finance Committee. He stated that management is pleased that actual net patient revenue total operating revenue, operating expense and operating income were all within 2.6% was less of the forecast. This demonstrates that the team development or thoughtful and reasonable assumptions.</p> <p>The updated Q3 forecast projects total operating income of \$8.6 million which is significantly lower than Q1/Q2. Mr. Bohorquez advised the finance committee that financial performance for January and potentially February will be lower than expected given the need to reduce surgical cases at Mountain View and significant additional staffing expenses for treatment of Covid patients. Management has a plan to resume normal operations in Mountain View as soon as appropriate and is confident that March will show strong rebounds as restrictions start to lift and vaccines become more readily available. Mr. Bohorquez stated that having to reduce elective surgical cases is beyond management's control. Mr. Bohorquez stated that he's confident the organization is prepared for the rebound in volumes and will have a strong March and Q4 with the expectation that fiscal year end results will exceed FY2020.</p> <p>In response to committee members' questions, Mr. Woods stated the budget was prepared in the early stages of the pandemic at which time the impact and the length of the pandemic was unknown. In an effort to understand the impact, management delayed the submission and approval as late as possible. Mr. Woods stated that the organization is has regulatory requirement to develop and approve an annual budget and it's also used to establish the threshold for incentive compensation.</p> <p>The committee all agreed that these numbers will need to be presented and discussed by the committee.</p> <p>Chair Zoglin suggested that the discussion of adjusting the incentive threshold should be sent to the Executive Compensation Committee.</p>	
<p>8. POST IMPLEMENTATION REVIEW</p>	<p>Ken King, CASO, presented the Post Implementation Review for the Emergency Department Remodel. He stated that the project was completed a couple of few months ago. The project started in 2019 and was completed 4 months late due to the Covid pandemic. He commented that the triage area was more open and working well which has improved patient throughput.</p> <p>In response to committee members' questions, Mr. King stated that the OSHPD requirements involve more people that a non-OSHPD project which in many cases leads to varying interpretations at different points in a project. He stated that he understands no work can proceed that varies from the approved plans. Mr. King also stated that the approval process could take two or more weeks.</p>	
<p>9. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 7:28pm.</p> <p>Movant: Kalbach Second: Doiguchi Ayes: Chow, Doiguchi, Faust, Kalbach, and Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Adjourned to closed session at 7:28 pm</i></p>

<p>10. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>The open session reconvened at 8:55 pm. Agenda Items 10-17 were covered in closed session. During the closed session, the Committee approved Meeting Minutes of the Closed Session of the Finance Committee (11/23/20) by a unanimous vote of all members present (Chow, Doiguchi, Faust, Kalbach, and Zoglin).</p>	
<p>11. AGENDA ITEM 19: PHYSICIAN CONTRACTS</p>	<p>Motion: To approve the (a) LG Interventional Radiology Call Panel Renewal and the (b) LG Hospitalists Services, and to recommend approval to the board the (c) Enterprise Tele-psychiatric Telehealth Services Renewal and the (d) Enterprise Mental Health and Addiction Aspire Program Physician Psychiatric Contract with SVMd.</p> <p>Movant: Faust Second: Chow Ayes: Chow, Doiguchi, Faust, Kalbach, and Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>12. AGENDA ITEM 20: CAPITAL FUNDING REQUESTS</p>	<p>Ken King, CASO, presented the Capital Funding Requests for Women’s Hospital Expansion, Real Estate Transaction (APN 406-27-002), and Cardiopulmonary, and Wellness Center Facility Move. Mr. King reported that in 2014 the Board identified the Women’s Hospital Expansion Project as a necessity for the organization to update the mother-baby inpatient rooms, the NICU, provide an antepartum area and enable an LDRP care model. Mr. King also explained that, with the Sobrato building construction complete allowing for the movement of medical offices from the Women’s Hospital to Sobrato, management is ready to begin work on the Women’s Hospital Project</p> <p>Motion: To recommend the Board approve funding not to exceed \$149,000,000 for the Women’s Hospital Expansion Project</p> <p>Movant: Kalbach Second: Doiguchi Ayes: Chow, Doiguchi, Faust, Kalbach, and Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Mr. King also explained the opportunity to purchase a residential property in Los Gatos to provide temporary housing for employees relocating to the area. Also requested approval to relocate the Cardiopulmonary and Wellness Center to prepare for the demolition of the old main hospital on the Mountain View campus.</p> <p>Motion: To approve funding for (1) a Real Estate Transaction involving the purchase of APN 406-27-002 not to exceed \$1,875,000 and (2) relocation of the Cardiopulmonary and Wellness Center Facility not to exceed \$5,000,000.</p> <p>Movant: Kalbach Second: Chow Ayes: Chow, Doiguchi, Faust, Kalbach, and Zoglin Noes: None Abstentions: None</p>	

	Absent: None Recused: None	
13. AGENDA ITEM 21: CLOSING COMMENTS	There were no closing comments.	
14. AGENDA ITEM 22: ADJOURNMENT	Motion: To adjourn at 9:05 pm Movant: Faust Second: Kalbach Ayes: Chow, Doiguchi, Faust, Kalbach, and Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 9:05 pm.</i>

Attest as to the approval of the foregoing minutes by the Finance Committee of El Camino Hospital:

John Zoglin
Chair, Finance Committee

DRAFT



**Minutes of the Open Session of the
 Special Joint Meeting of the Finance Committee and the Investment Committee
 of the El Camino Hospital Board of Directors
 Monday, January 25, 2021
 El Camino Hospital, 2500 Grant Road, Mountain View, California**

Members Present

Finance Committee

- John Zoglin, Chair****
- Gary Kalbach****
- Joseph Chow****
- Boyd Faust****
- Wayne Doiguchi****

Investment Committee

- Brooks Nelson, Chair****
- Nicola Boone****
- John Conover****
- Peter Fung, MD****
- Richard Juelis****

Members Absent

**via teleconference

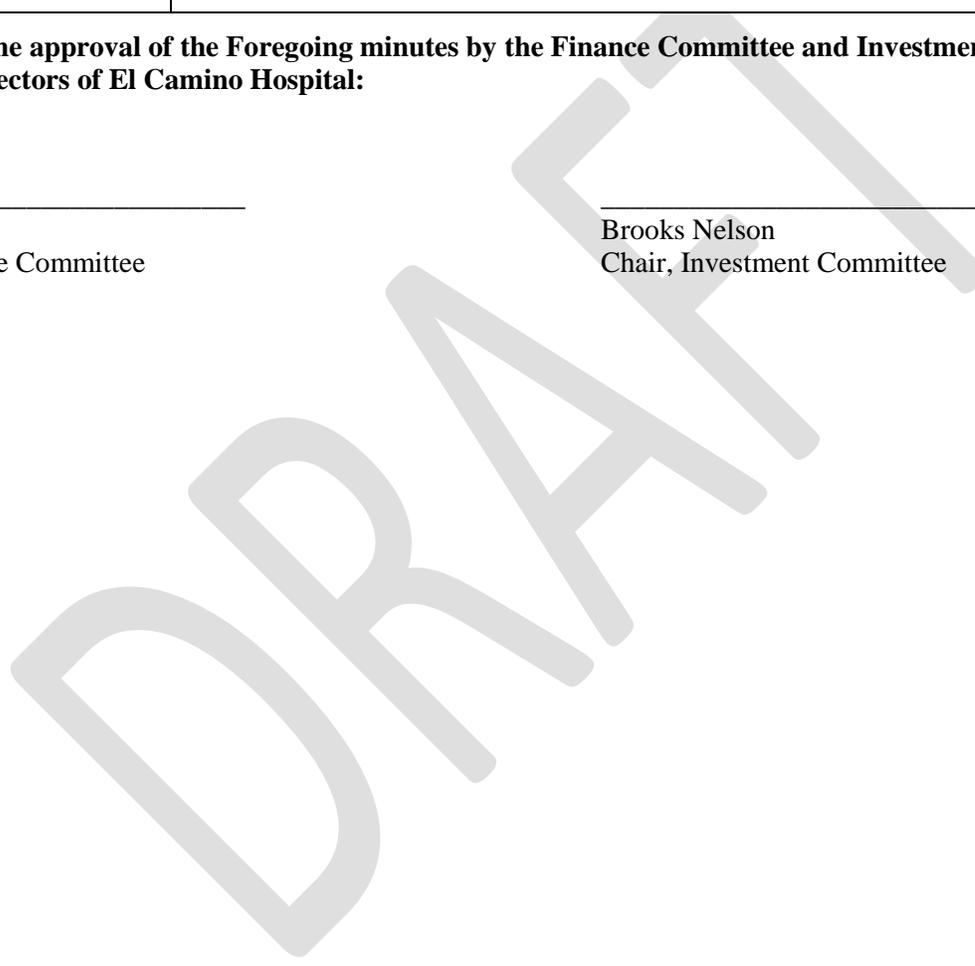
Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER	The open session meeting of the Special Joint Meeting of the Finance Committee and Investment Committee of the El Camino Hospital Board of Directors (the “Committee”) was called to order at 5:30 pm by Chair John Zoglin. A verbal roll call was taken. All members were present and participated telephonically. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Zoglin asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	There were no comments from the public.	
4. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 5:36 pm. Movant: Kalbach Second: Nelson Ayes: Boone, Conover, Fung, Juelis, Nelson, Chow, Doiguchi, Faust, Kalbach, Zoglin Noes: None Abstentions: None Absent: None Recused: None	Adjourned to closed session at 5:36 pm
5. AGENDA ITEM 8: RECONVENE OPEN SESSION/REPORT OUT	The open session reconvened at 6:25 pm. Agenda Items 5-7 were covered in closed session.	

Agenda Item	Comments/Discussion	Approvals/ Action
6. AGENDA ITEM 9: CLOSING COMMENTS	There were no closing comments.	
7. AGENDA ITEM 10: ADJOURNMENT	Motion: To adjourn at 6:26 pm. Movant: Kalbach Second: Conover Ayes: Boone, Conover, Fung, Juelis, Nelson, Chow, Doiguchi, Faust, Kalbach, Zoglin Noes: None Abstentions: None Absent: None Recused: None	Meeting adjourned at 6:26 pm

Attest as to the approval of the Foregoing minutes by the Finance Committee and Investment Committee of the Board of Directors of El Camino Hospital:

John Zoglin
Chair, Finance Committee

Brooks Nelson
Chair, Investment Committee





El Camino Health

Summary of Financial Operations

*Fiscal Year 2021 – Period 7
7/1/2020 to 01/31/2021*

Operational / Financial Results: Period 7 – January 2021 (as of 1/31/2021)

PERIOD 7 - RESULTS

(\$ thousands)		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	Moody's Medians		Performance to 'A1' Medians
									'A1'	'Aa3'	
Activity / Volume	ADC	269	209	60	28.7%	264	5	1.9%	---	---	---
	Total Discharges	1,948	1,806	142	7.9%	2,128	(180)	-8.5%	---	---	---
	Adjusted Discharges	2,743	2,710	33	1.2%	3,294	(551)	-16.7%	---	---	---
	Emergency Room	2,957	2,901	56	1.9%	4,405	(1,448)	-32.9%	---	---	---
	OP Procedural Cases	16,474	10,897	5,577	51.2%	14,956	1,518	10.1%	---	---	---
	Gross Charges (\$)	335,788	288,598	47,190	16.4%	346,412	(10,624)	-3.1%	---	---	---
Operations	Total FTEs	2,896	2,869	27	0.9%	2,840	56	2.0%	---	---	---
	Productive Hrs. / APD	32.5	34.0	(1.5)	-4.4%	28.9	3.6	12.5%	---	---	---
	Cost Per Adjusted Discharge	16,256	18,412	(2,155)	-11.7%	15,286	971	6.3%	---	---	---
	Net Days in A/R	49.1	49.0	0.1	0.2%	51.6	(3)	-4.8%	47.7	47.1	
Financial Performance	Net Patient Revenue (\$)	89,795	75,762	14,033	18.5%	89,972	(177)	-0.2%	106,723	257,000	
	Total Operating Revenue (\$)	94,222	80,801	13,421	16.6%	94,280	(58)	-0.1%	116,864	314,648	
	Operating Income (\$)	(62)	(1,121)	1,059	94.5%	8,362	(8,424)	-100.7%	3,948	10,135	
	Operating EBIDA (\$)	7,055	5,459	1,596	29.2%	14,974	(7,919)	-52.9%	11,301	27,969	
	Net Income (\$)	(23)	2,213	(2,236)	-101.0%	12,872	(12,895)	-100.2%	8,219	18,726	
	Operating Margin (%)	-0.1%	-1.4%	1.3%	95.3%	8.9%	-8.9%	-100.7%	2.9%	3.6%	
	Operating EBIDA (%)	7.5%	6.8%	0.7%	10.8%	15.9%	-8.4%	-52.9%	9.7%	8.9%	
	DCOH (days)	544	435	109	25.1%	465	79	17.0%	254	264	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2020. Dollar amounts have been adjusted to reflect month averages.

Operational / Financial Results: YTD FY2021 (as of 1/31/2021)

YTD FY2021 - RESULTS

(\$ thousands)		YTD FY2021 - RESULTS				YTD FY2020 - RESULTS			Moody's Medians		
		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	'A1'	'Aa3'	Performance to 'A1' Medians
Activity / Volume	ADC	244	198	46	23.2%	237	7	3.0%	---	---	---
	Total Discharges	13,287	12,006	1,281	10.7%	14,443	(1,156)	-8.0%	---	---	---
	Adjusted Discharges	20,299	17,947	2,352	13.1%	22,540	(2,241)	-9.9%	---	---	---
	Emergency Room	21,466	18,192	3,274	18.0%	28,923	(7,457)	-25.8%	---	---	---
	OP Procedural Cases	112,170	72,213	39,957	55.3%	96,588	15,582	16.1%	---	---	---
	Gross Charges (\$)	2,441,571	1,903,822	537,749	28.2%	2,277,920	163,651	7.2%	---	---	---
Operations	Total FTEs	2,803	2,845	(41)	-1.5%	2,788	15	0.5%	---	---	---
	Productive Hrs. / APD	31.1	34.9	(3.8)	-10.9%	30.9	0.2	0.6%	---	---	---
	Cost Per Adjusted Discharge	16,875	18,844	(1,969)	-10.5%	15,724	1,151	7.3%	---	---	---
	Net Days in A/R	49.1	49.0	0.1	0.2%	51.6	(2.5)	-4.8%	47.7	47.1	
Financial Performance	Net Patient Revenue (\$)	622,784	496,101	126,683	25.5%	597,545	25,239	4.2%	747,058	1,798,999	
	Total Operating Revenue (\$)	650,542	528,948	121,594	23.0%	629,659	20,883	3.3%	818,048	2,202,537	
	Operating Income (\$)	35,822	(32,371)	68,193	210.7%	53,657	(17,835)	-33.2%	27,639	70,942	
	Operating EBIDA (\$)	85,321	14,850	70,471	474.6%	87,572	(2,251)	-2.6%	79,104	195,781	
	Net Income (\$)	177,489	(11,713)	189,202	1615.3%	106,542	70,947	66.6%	57,530	131,081	
	Operating Margin (%)	5.5%	-6.1%	11.6%	190.0%	8.5%	-3.0%	-35.4%	2.9%	3.6%	
	Operating EBIDA (%)	13.1%	2.8%	10.3%	367.2%	13.9%	-0.8%	-5.7%	9.7%	8.9%	
	DCOH (days)	544	435	109	25.1%	465	79	17.0%	254	264	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2020. Dollar amounts have been adjusted to reflect 7 month totals.

Executive Dashboard (as of 01/31/2021)

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Consolidated Financial Perf.								
Total Operating Revenue	94,280	94,222	80,801	13,421	629,659	650,542	528,948	121,593
Operating Expenses	85,918	94,284	81,922	(12,362)	576,003	614,720	561,319	(53,401)
Operating Margin \$	8,362	(62)	(1,121)	1,059	53,657	35,822	(32,371)	68,193
Operating Margin %	8.9%	(0.1%)	(1.4%)	1.3%	8.5%	5.5%	(6.1%)	11.6%
EBIDA \$	14,974	7,055	5,459	1,596	87,572	85,321	14,850	70,471
EBIDA %	15.9%	7.5%	6.8%	0.7%	13.9%	13.1%	2.8%	10.3%
Hospital Volume								
Licensed Beds	443	454	454	-	443	454	454	-
ADC	264	269	209	60	237	244	198	46
Utilization MV	74%	71%	55%	15.8%	65%	64%	52%	12.0%
Utilization LG	29%	34%	27%	7.3%	30%	32%	27%	5.9%
Utilization Combined	60%	59%	46%	13.2%	54%	54%	44%	10.1%
Adjusted Discharges	3,294	2,743	2,710	32	22,540	20,299	17,947	2,352
Total Discharges (Excl NNB)	1,783	1,649	1,460	189	11,957	10,986	9,658	1,328
Total Discharges	2,128	1,948	1,806	142	14,443	13,287	12,006	1,281
Inpatient Cases								
MS Discharges	1,259	1,165	913	252	8,302	7,470	5,999	1,471
Deliveries	376	329	365	(36)	2,633	2,468	2,481	(13)
BHS	111	114	138	(24)	716	725	872	(147)
Rehab	37	41	44	(3)	306	323	305	18
Outpatient Cases								
ED	4,405	2,957	2,901	56	28,923	21,466	18,192	3,274
Procedural Cases								
OP Surg	482	394	343	51	3,453	3,571	2,332	1,239
Endo	226	90	155	(65)	1,624	1,444	996	448
Interventional	176	142	121	21	1,261	1,189	725	464
All Other	9,667	12,891	7,377	5,514	61,327	84,500	49,968	34,532
Hospital Payor Mix								
Medicare	49.9%	51.0%	48.7%	2.3%	49.0%	48.5%	48.5%	0.0%
Medi-Cal	6.6%	10.7%	7.5%	3.2%	7.5%	8.2%	7.5%	0.8%
Commercial IP	20.7%	19.6%	20.4%	(0.8%)	19.3%	19.8%	20.5%	(0.7%)
Commercial OP	20.6%	17.3%	21.2%	(3.9%)	21.8%	21.3%	21.1%	0.2%
Total Commercial	41.3%	36.8%	41.5%	(4.7%)	41.1%	41.1%	41.6%	(0.5%)
Other	2.3%	1.6%	2.3%	(0.8%)	2.4%	2.2%	2.4%	(0.2%)
Hospital Cost								
Total FTE ¹	2,839.7	2,896.2	2,869.2	(27.0)	2,788.4	2,803.3	2,844.6	41.3
Productive Hrs/APD	28.9	32.5	34.0	1.5	30.9	31.1	34.9	3.8
Consolidated Balance Sheet								
Net Days in AR	51.6	49.1	49.0	(0.1)	51.6	49.1	49.0	(0.1)
Days Cash	465	544	435	109	465	544	435	109

¹ Paid FTE; Budget in this case is using the Flex Budget instead of Fixed Budget

Overall Commentary for Period 7 - January 2021

Period ending 1/31/20201

- January operations and financial performance was significantly impacted by a 5X increase in Covid-19 patients over the prior three month averages. As a result of this increase, the organization incurred an additional \$4.0M in SWB and had to reduce OR block times at the MV campus for 3 weeks of the month which resulted in a loss of revenue of approximately \$7.0M.
- Due to an increase in the case mix index (CMI) total average length of stay (ALOS) has increased by 0.5 days which has resulted in ADC is 3.4% higher year-over-year
- Total gross charges, a surrogate for volume, were favorable to budget by \$40.2M / 16.4% and \$10.6M / 3.0% lower than the same period last year
- Net patient revenue was favorable to budget by \$14.0M / 14.5% and \$177K / 0.0% better than the same period last year
- Operating expenses were \$12.4M / 15.1% unfavorable to budget, which is primarily attributed to higher than expected volume versus budget and the significant increase in Covid-19 patients in January
- Operating margin was favorable to budget by \$1.1M / 94.5% and \$8.4M / 101% lower than the same period last year
- Operating EBIDA was favorable to budget by \$1.6M / 29.2% and \$7.9M / 52.9% lower than the same period last year

Financial Overview: Period 7 - January 2021

Period ending 1/31/2021

Financial Performance

- January operating loss was \$62K compared to a budgeted loss of \$1.1M, resulting in a favorable variance of \$1M. The primary drivers are due primarily to volumes which have significantly exceeded budget.
- Volumes and Revenues continue to be stronger than budget as demonstrated by:
 - Adjusted discharges were favorable to budget by 32 cases / 1% and 551 / 16.7% lower than the same period last year
 - Favorable variance gross charges of \$47.2M due primarily to inpatient services:
 - Inpatient gross charges: Favorable to budget by \$46M / 31% variance primarily driven by lab, pharmacy, and critical care
 - Outpatient gross charges: Favorable to budget by \$1M / 1% variance primarily impacted by lower than budgeted Operating Room and Interventional services activity at Mt View
 - Operating Expenses were unfavorable to budget by \$12.4M / 15.1%, primarily due to increased patient activity, increased use / cost of PPE associated with Covid-19 and other Covid-19 associated expenses
 - SWB were unfavorable by \$7.6M / 16.6%
 - Supplies were unfavorable by \$1.4M / 18%
 - All other discretionary non-volume driven expenses were unfavorable to budget by \$3.4M
 - Additional expenses attributed to Covid-19 were \$2.4M in January and an average of approx. \$1.6M per month for the first seven months of FY2021
- Non Operating Income includes:
 - Unfavorable variance of \$3.1M primarily due to unrealized losses on investments

Financial Overview: Period 7 – January 2021 (cont.)

Period ending 1/31/2021

Financial Performance

Hospital Operations:

- Adjusted Discharges (AD): Favorable to budget by 56 ADs / 2% and below prior year by 526 ADs / 16%:
 - Mountain View: Unfavorable to budget by 128 ADs / 6% and below prior year by 675 / 25%
 - Los Gatos: Favorable to budget by 184 ADs / 32% and above than prior year by 149 / 25%
- Operating Expense Per Adjusted Discharge: \$29,029 which is 4% unfavorable to budget

Note: Excludes depreciation and interest

El Camino Health Medical Network (ECHMN) Operations:

- January total visits of 22,802 was 3.9% above prior month and 11.0% favorable to budget and included 2,551 COVID vaccination visits
- Operating income was unfavorable to budget by \$235K / (8.5%) in January. YTD ECHMN is slightly unfavorable to budget by \$268K / (1.3%) but remains favorable to prior year by \$1.3M / (5.5%)

Financial Overview: YTD FY2021 (as of 1/31/2021)

Consolidated Financial Performance

- YTD FY2021 net operating margin of \$35.8M is favorable to budgeted by \$32.4M
- Year-over-year operating margin is \$17.8M lower than the same period last year, which directly due to an increase in depreciation and interest of \$15.6M expenses associated with recently completed capital projects at the Mountain View campus
- Strong volume recovery from the first wave of Covid-19, continues to be the primary driver of favorable performance to budget
 - Adjusted discharges are 2,342 /13% favorable to budget and 2,235 / 9.8% lower than the same period last year
- Operating expenses are \$53.4M / 9.5% unfavorable to budget
 - Unfavorability driven higher than budgeted volumes and expenses associated with Covid-19 pandemic
 - Operating expense per adjusted discharge of \$25,164 is 1% favorable to budget which demonstrates consistent management of variable expenses

Note: Excludes depreciation and interest expense

Consolidated Statement of Operations (\$000s)

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
346,412	335,788	288,598	47,190	16.4%	Gross Revenue	2,277,920	2,441,571	1,903,822	537,749	28.2%
(256,441)	(245,993)	(212,836)	(33,157)	(15.6%)	Deductions	(1,680,375)	(1,818,787)	(1,407,721)	(411,066)	(29.2%)
89,972	89,795	75,762	14,033	18.5%	Net Patient Revenue	597,545	622,784	496,101	126,683	25.5%
4,309	4,427	5,039	(612)	(12.2%)	Other Operating Revenue	32,114	27,758	32,848	(5,090)	(15.5%)
94,280	94,222	80,801	13,421	16.6%	Total Operating Revenue	629,659	650,542	528,948	121,593	23.0%
					OPERATING EXPENSE					
48,046	53,636	46,005	(7,631)	(16.6%)	Salaries & Wages	323,325	340,999	310,273	(30,726)	(9.9%)
12,923	13,888	11,390	(2,498)	(21.9%)	Supplies	93,337	98,055	76,858	(21,197)	(27.6%)
14,682	15,825	14,434	(1,391)	(9.6%)	Fees & Purchased Services	99,004	99,339	101,088	1,749	1.7%
3,655	3,819	3,513	(306)	(8.7%)	Other Operating Expense	26,421	26,829	25,880	(949)	(3.7%)
1,552	1,428	926	(502)	(54.2%)	Interest	2,769	10,000	6,480	(3,520)	(54.3%)
5,059	5,689	5,653	(35)	(0.6%)	Depreciation	31,146	39,499	40,740	1,241	3.0%
85,918	94,284	81,922	(12,362)	(15.1%)	Total Operating Expense	576,003	614,720	561,319	(53,401)	(9.5%)
8,362	(62)	(1,121)	1,059	(94.5%)	Net Operating Margin	53,657	35,822	(32,371)	68,193	(210.7%)
4,510	39	3,334	(3,295)	(98.8%)	Non Operating Income	52,885	141,667	20,658	121,009	585.8%
12,872	(23)	2,213	(2,236)	(101.1%)	Net Margin	106,542	177,489	(11,713)	189,202	(1615.3%)
14,974	7,055	5,459	1,596	29.2%	Operating EBIDA	87,572	85,321	14,850	70,471	474.6%
15.9%	7.5%	6.8%	0.7%		Operating EBIDA Margin	13.9%	13.1%	2.8%	10.3%	
8.9%	-0.1%	-1.4%	1.3%		Operating Margin	8.5%	5.5%	-6.1%	11.6%	
13.7%	0.0%	2.7%	(2.8%)		Net Margin	16.9%	27.3%	-2.2%	29.5%	

Consolidated Balance Sheet (as of 01/31/2021)

(\$ thousands) ASSETS

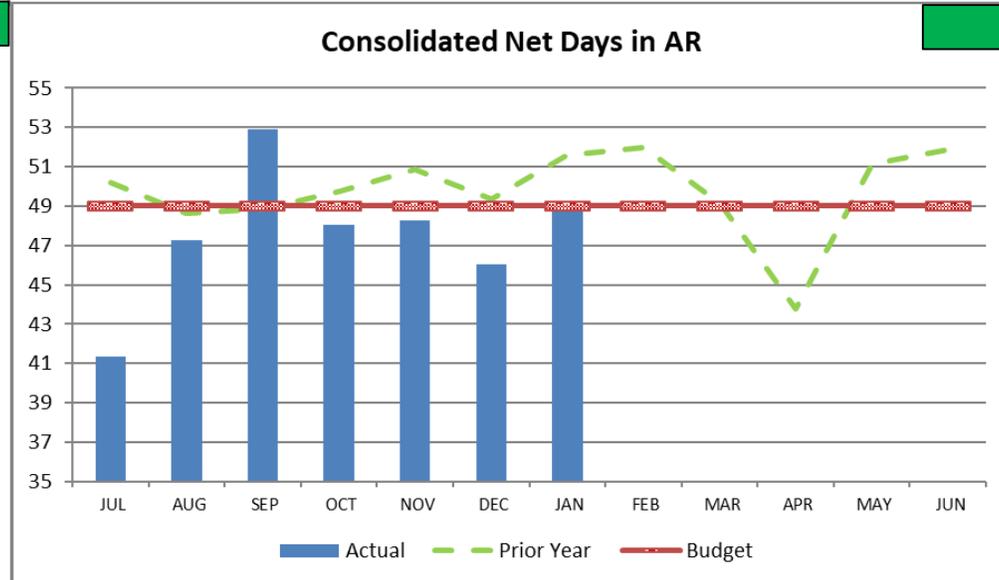
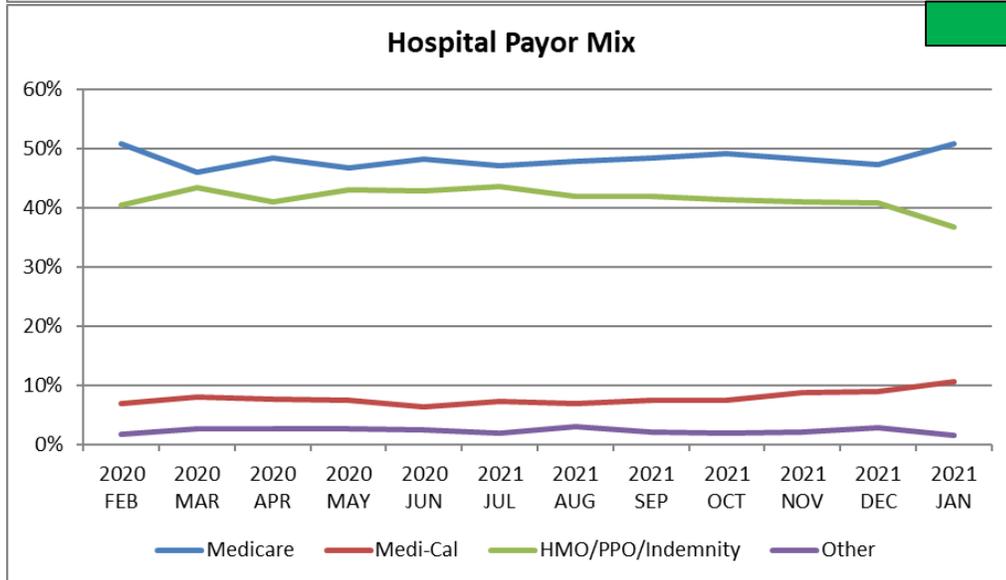
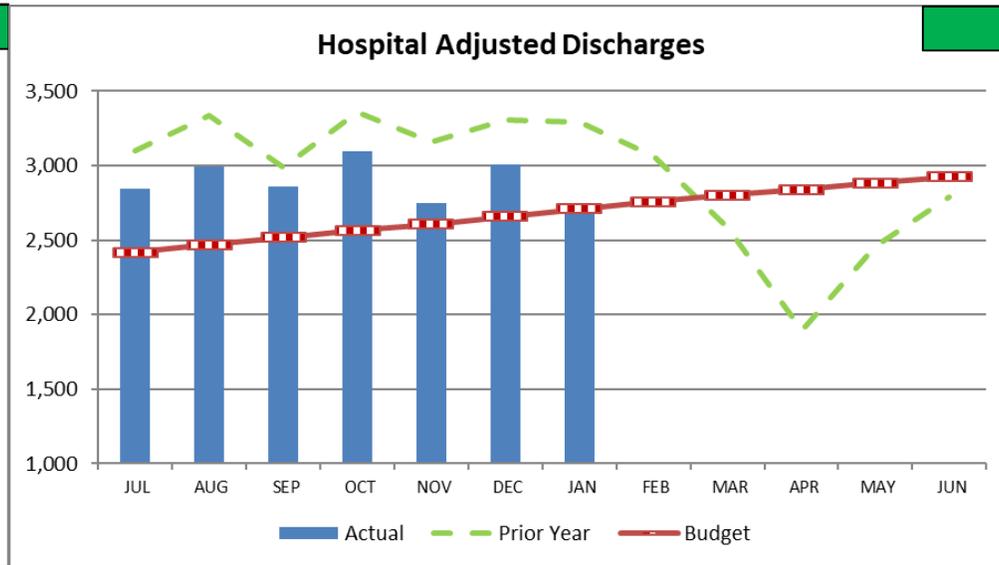
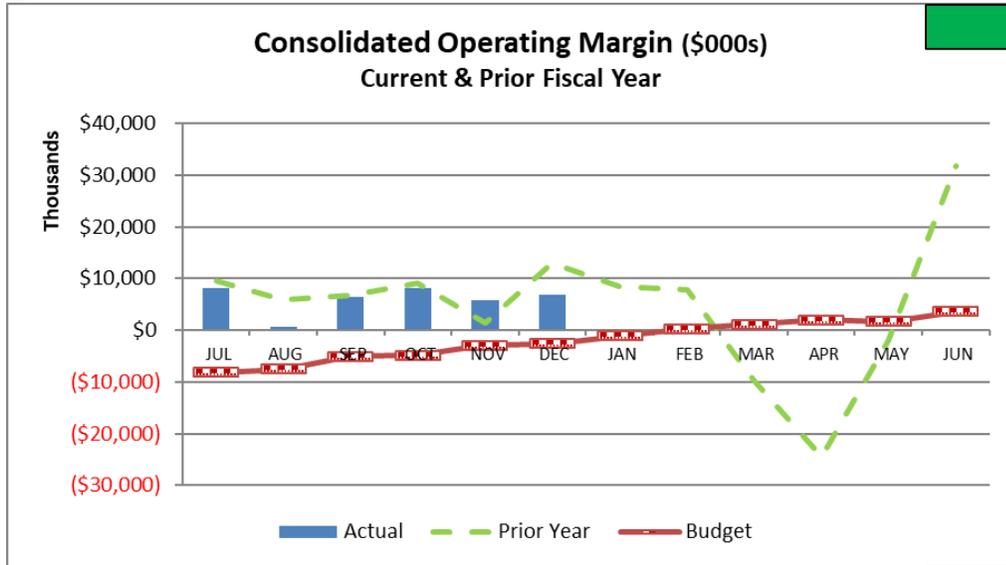
	Audited	
	January 31, 2021	June 30, 2020
CURRENT ASSETS		
Cash	166,105	228,464
Short Term Investments	273,609	221,604
Patient Accounts Receivable, net	147,540	128,564
Other Accounts and Notes Receivable	3,048	13,811
Intercompany Receivables	28,346	72,592
Inventories and Prepaids	25,252	101,267
Total Current Assets	643,899	766,303
BOARD DESIGNATED ASSETS		
Foundation Board Designated	17,108	15,364
Plant & Equipment Fund	224,324	166,859
Women's Hospital Expansion	30,401	22,563
Operational Reserve Fund	160,838	148,917
Community Benefit Fund	17,895	17,916
Workers Compensation Reserve Fund	16,482	16,482
Postretirement Health/Life Reserve Fund	31,365	30,731
PTO Liability Fund	30,394	27,515
Malpractice Reserve Fund	1,976	1,919
Catastrophic Reserves Fund	20,816	17,667
Total Board Designated Assets	551,599	465,933
FUNDS HELD BY TRUSTEE	9,684	23,478
LONG TERM INVESTMENTS	453,156	372,175
CHARITABLE GIFT ANNUITY INVESTMENTS	480	680
INVESTMENTS IN AFFILIATES	33,223	29,065
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,365,986	1,342,012
Less: Accumulated Depreciation	(715,961)	(676,535)
Construction in Progress	498,832	489,848
Property, Plant & Equipment - Net	1,148,857	1,155,326
DEFERRED OUTFLOWS	21,375	21,416
RESTRICTED ASSETS	29,277	28,547
OTHER ASSETS	87,405	3,231
TOTAL ASSETS	2,978,955	2,866,153

LIABILITIES AND FUND BALANCE

	Audited	
	January 31, 2021	June 30, 2020
CURRENT LIABILITIES		
Accounts Payable	24,377	35,323
Salaries and Related Liabilities	28,835	35,209
Accrued PTO	31,006	28,124
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	13,285	10,956
Intercompany Payables	28,173	70,292
Malpractice Reserves	1,560	1,560
Bonds Payable - Current	9,430	9,020
Bond Interest Payable	-	8,463
Other Liabilities	14,263	3,222
Total Current Liabilities	153,229	204,469
LONG TERM LIABILITIES		
Post Retirement Benefits	31,365	30,731
Worker's Comp Reserve	16,482	16,482
Other L/T Obligation (Asbestos)	6,124	4,094
Bond Payable	487,193	513,602
Total Long Term Liabilities	541,164	564,908
DEFERRED REVENUE-UNRESTRICTED	77,185	77,133
DEFERRED INFLOW OF RESOURCES	31,009	30,700
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	1,951,116	1,771,854
Board Designated	194,139	188,457
Restricted	31,113	28,631
Total Fund Bal & Capital Accts	2,176,368	1,988,942
TOTAL LIABILITIES AND FUND BALANCE	2,978,955	2,866,153

APPENDIX

YTD FY2021 Financial KPIs – Monthly Trends



Investment Scorecard (as of 12/31/2020)

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY21 Budget	Expectation Per Asset Allocation
Investment Performance		CY 4Q 2020 / FY 2Q 2021		Fiscal Year-to-Date 2021		8y 2m Since Inception (annualized)		FY 2021	2019
Surplus cash balance*		\$1,302.1	--	--	--	--	--	--	--
Surplus cash return		8.5%	8.0%	13.0%	12.2%	6.6%	6.4%	4.0%	5.6%
Cash balance plan balance (millions)		\$336.2	--	--	--	--	--	--	--
Cash balance plan return		11.2%	9.2%	17.1%	14.3%	8.9%	7.9%	6.0%	6.0%
403(b) plan balance (millions)**		\$581.5	--	--	--	--	--	--	--
Risk vs. Return		3-year			8y 2m Since Inception (annualized)				2019
Surplus cash Sharpe ratio		0.69	0.67	--	--	0.93	0.93	--	0.34
Net of fee return		7.8%	7.3%	--	--	6.6%	6.4%	--	5.6%
Standard deviation		9.0%	8.6%	--	--	6.3%	6.1%	--	8.7%
Cash balance Sharpe ratio		0.73	0.64	--	--	1.00	0.96	--	0.32
Net of fee return		9.8%	8.0%	--	--	8.9%	7.9%	--	6.0%
Standard deviation		11.4%	10.3%	--	--	8.1%	7.4%	--	10.3%
Asset Allocation		CY 4Q 2020 / FY 2Q 2021							
Surplus cash absolute variances to target		9.4%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		7.9%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		CY 4Q 2020 / FY 2Q 2021							
Surplus cash manager flags		16	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		19	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~\$12 mm), District assets (~\$34 mm), and balance sheet cash not in investable portfolio (\$214 mm). Includes Foundation (~\$39 mm) and Concern (~\$15 mm) assets.

**As of September 30, 2020 as more recent data not yet available.

YTD FY2021 and January Operating Margin, Non-Operating Income and Net Margin by Affiliate (as of 1/31/2021)

(\$ in thousands)

	Period 7- Month			Period 7- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	(862)	405	(1,267)	40,940	(18,814)	59,754
Los Gatos	3,924	1,511	2,412	17,564	9,564	7,999
Sub Total - El Camino Hospital, excl. Affilates	3,062	1,916	1,146	58,504	(9,249)	67,753
Operating Margin %	3.4%	2.5%		9.5%	-1.9%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	316	3,028	(2,712)	137,408	18,537	118,870
El Camino Hospital Net Margin	3,378	4,945	(1,566)	195,911	9,288	186,623
ECH Net Margin %	3.8%	6.6%		31.8%	1.9%	
Concern	(104)	25	(129)	267	194	72
ECSC	0	0	0	(3)	0	(3)
Foundation	(328)	(21)	(306)	2,518	(30)	2,548
El Camino Health Medical Network	(2,970)	(2,735)	(235)	(21,205)	(21,165)	(40)
Net Margin Hospital Affiliates	(3,402)	(2,732)	(670)	(18,423)	(21,001)	2,578
Total Net Margin Hospital & Affiliates	(23)	2,213	(2,236)	177,489	(11,713)	189,202

El Camino Hospital – Mountain View (\$000s)

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
276,262	249,332	221,659	27,673	12.5%	Gross Revenue	1,810,470	1,871,988	1,448,077	423,912	29.3%
(203,698)	(183,291)	(163,698)	(19,594)	(12.0%)	Deductions	(1,333,059)	(1,391,404)	(1,072,235)	(319,169)	(29.8%)
72,564	66,041	57,961	8,080	13.9%	Net Patient Revenue	477,411	480,584	375,842	104,742	27.9%
1,446	2,249	2,106	143	6.8%	Other Operating Revenue	13,085	10,733	12,317	(1,585)	(12.9%)
74,011	68,290	60,067	8,223	13.7%	Total Operating Revenue	490,496	491,317	388,159	103,158	26.6%
					OPERATING EXPENSE					
38,210	42,250	36,603	(5,647)	(15.4%)	Salaries & Wages	255,812	268,535	245,354	(23,181)	(9.4%)
10,154	10,166	8,557	(1,609)	(18.8%)	Supplies	74,439	74,461	57,508	(16,953)	(29.5%)
7,467	8,277	6,740	(1,537)	(22.8%)	Fees & Purchased Services	48,067	47,817	47,535	(282)	(0.6%)
2,434	2,503	2,275	(229)	(10.1%)	Other Operating Expense	18,600	17,870	17,018	(852)	(5.0%)
1,554	1,428	926	(502)	(54.2%)	Interest	2,769	10,000	6,480	(3,520)	(54.3%)
4,226	4,527	4,561	34	0.7%	Depreciation	25,211	31,695	33,078	1,384	4.2%
64,043	69,151	59,662	(9,489)	(15.9%)	Total Operating Expense	424,898	450,377	406,973	(43,404)	(10.7%)
9,968	(862)	405	(1,267)	(312.8%)	Net Operating Margin	65,598	40,940	(18,814)	59,754	(317.6%)
5,156	316	3,028	(2,712)	(89.6%)	Non Operating Income	48,257	137,408	18,537	118,870	641.3%
15,124	(545)	3,433	(3,979)	(115.9%)	Net Margin	113,856	178,348	(276)	178,624	(64624.9%)
15,747	5,094	5,893	(799)	(13.6%)	Operating EBIDA	93,578	82,635	20,744	61,890	298.3%
					Operating EBIDA Margin	19.1%	16.8%	5.3%	11.5%	
					Operating Margin	13.4%	8.3%	-4.8%	13.2%	
					Net Margin	23.2%	36.3%	-0.1%	36.4%	

El Camino Hospital – Los Gatos (\$000s)

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
61,662	77,828	57,869	19,959	34.5%	Gross Revenue	416,169	509,665	397,443	112,222	28.2%
(46,773)	(56,856)	(43,051)	(13,805)	(32.1%)	Deductions	(311,192)	(386,879)	(296,179)	(90,700)	(30.6%)
14,889	20,972	14,818	6,154	41.5%	Net Patient Revenue	104,977	122,787	101,264	21,523	21.3%
374	257	272	(15)	(5.5%)	Other Operating Revenue	2,686	2,526	1,899	627	33.0%
15,264	21,229	15,090	6,139	40.7%	Total Operating Revenue	107,663	125,312	103,163	22,149	21.5%
					OPERATING EXPENSE					
7,598	9,355	7,258	(2,097)	(28.9%)	Salaries & Wages	52,495	58,235	49,760	(8,476)	(17.0%)
2,418	3,372	2,419	(953)	(39.4%)	Supplies	15,901	20,536	16,317	(4,219)	(25.9%)
2,572	3,324	2,676	(648)	(24.2%)	Fees & Purchased Services	19,173	20,257	18,693	(1,564)	(8.4%)
285	333	397	64	16.2%	Other Operating Expense	2,341	2,646	3,013	367	12.2%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
780	922	828	(93)	(11.3%)	Depreciation	5,557	6,074	5,816	(258)	(4.4%)
13,652	17,305	13,579	(3,727)	(27.4%)	Total Operating Expense	95,467	107,748	93,599	(14,150)	(15.1%)
1,612	3,924	1,511	2,412	159.6%	Net Operating Margin	12,195	17,564	9,564	7,999	83.6%
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
1,612	3,924	1,511	2,412	159.6%	Net Margin	12,195	17,564	9,564	7,999	83.6%
2,391	4,846	2,340	2,506	107.1%	Operating EBIDA	17,752	23,638	15,380	8,257	53.7%
					Operating EBIDA Margin	16.5%	18.9%	14.9%	4.0%	
					Operating Margin	11.3%	14.0%	9.3%	4.7%	
					Net Margin	11.3%	14.0%	9.3%	4.7%	

El Camino Health Medical Network (\$000s)

Period ending 01/31/2021

Period 7 FY 2020	Period 7 FY 2021	Period 7 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
8,488	8,628	9,070	(442)	(4.9%)	OPERATING REVENUE					
(5,970)	(5,846)	(6,088)	242	4.0%	Gross Revenue	51,281	59,917	58,302	1,615	2.8%
2,518	2,782	2,983	(200)	(6.7%)	Deductions	(36,124)	(40,504)	(39,307)	(1,197)	(3.0%)
1,815	1,122	1,938	(815)	(42.1%)	Net Patient Revenue	15,157	19,413	18,994	419	2.2%
4,333	3,904	4,920	(1,016)	(20.6%)	Other Operating Revenue	11,390	9,196	13,565	(4,369)	(32.2%)
					Total Operating Revenue	26,547	28,609	32,559	(3,951)	(12.1%)
					OPERATING EXPENSE					
1,826	1,623	1,622	(0)	(0.0%)	Salaries & Wages	11,863	11,238	11,596	358	3.1%
350	348	403	55	13.6%	Supplies	2,916	2,969	2,955	(14)	(0.5%)
4,300	3,727	4,597	870	18.9%	Fees & Purchased Services	29,117	28,228	31,982	3,754	11.7%
936	950	772	(178)	(23.1%)	Other Operating Expense	4,976	5,967	5,362	(605)	(11.3%)
(1)	0	0	0	0.0%	Interest	0	0	0	0	0.0%
52	226	261	35	13.4%	Depreciation	362	1,641	1,829	188	10.3%
7,463	6,874	7,655	781	10.2%	Total Operating Expense	49,234	50,042	53,724	3,682	6.9%
(3,131)	(2,970)	(2,735)	(235)	8.6%	Net Operating Margin	(22,687)	(21,434)	(21,165)	(269)	1.3%
0	0	0	0	0.0%	Non Operating Income	0	229	0	229	0.0%
(3,131)	(2,970)	(2,735)	(235)	8.6%	Net Margin	(22,687)	(21,205)	(21,165)	(40)	0.2%
(3,080)	(2,744)	(2,474)	(270)	10.9%	Operating EBIDA	(22,325)	(19,793)	(19,336)	(457)	2.4%
					Operating EBIDA Margin	-84.1%	-69.2%	-59.4%	(9.8%)	
					Operating Margin	-85.5%	-74.9%	-65.0%	(9.9%)	
					Net Margin	-85.5%	-74.1%	-65.0%	(9.1%)	
-71.1%	-70.3%	-50.3%	(20.0%)							
-72.3%	-76.1%	-55.6%	(20.5%)							
-72.3%	-76.1%	-55.6%	(20.5%)							



Finance Committee Meetings
Proposed FY22 Dates

RECOMMENDED FC DATE MONDAYS	CORRESPONDING HOSPITAL BOARD DATE
Monday, August 9, 2021	Wednesday, August 18, 2021
Monday, September 27, 2021	Wednesday, October 13, 2021
Monday, November 22, 2021	Wednesday, December 8, 2021
Monday, January 31, 2022 (Plus Joint with IC)	Wednesday, February 9, 2022
Monday, March 28, 2022	Wednesday, April 13, 2022
Monday, April 25, 2022	Wednesday, May 11, 2022
Monday, May 23, 2022	Wednesday, June 8, 2022

FY21 COMMITTEE GOALS

Finance Committee

PURPOSE

The purpose of the Finance Committee (the “Committee”) is to provide oversight, information sharing, and financial reviews related to budgeting, capital budgeting, long-range financial planning and forecasting, and monthly financial reporting for the El Camino Hospital (ECH) Hospital Board of Directors (“Board”). In carrying out its review, advisory, and oversight responsibilities, the Finance Committee shall remain flexible in order to best define financial strategies that react to changing conditions.

STAFF: **Carlos Bohorquez**, Chief Financial Officer (Executive Sponsor)

The CFO shall serve as the primary staff to support the Committee and is responsible for drafting the Committee meeting agenda for the Committee Chair’s consideration. Additional members of the Executive Team may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Evaluate and monitor COVID-19 Recovery Plan	Q1, Q2, Q3 and Q4	Presentations in July (2020), September (2020) Included in Financial Reporting , November (2020, January (2021) and March (2021)
2. Capital Deployment Methodology & Reporting	Q1	Receive project completion reports on Taube and Sobrato Pavilions including performance against budget in July Provided in September
	Q1 and Q3	Review (September) and approve (November) a revised policy and procedure regarding an enterprise wide capital deployment and reporting. Delayed until November
3. Review strategy, goals, and performance of business affiliates and service lines: 1) Oncology, 2) Behavioral Health, 3) MCH, 4) SVMD	Q1	SVMD (July), Oncology Service Line (September) On Track
	Q2	Maternal Child Health Service Line and SVMD (November)
	Q3	Behavioral Health Service Line (April), SVMD (March)
	Q4	SVMD (May)
4. Review and evaluate ongoing customer service/patient experience tactics and metrics for the Revenue Cycle – possibly combined statements for SVMD & ECH	Q2 and Q4	Monitor customer service and patient satisfaction metrics

SUBMITTED BY: Chair: John Zoglin | Executive Sponsor: Carlos Bohorquez, CFO

FY21 Finance Committee Pacing Plan

FY21 FC Pacing Plan – Q3

January 25, 2021	February 2021	March 29, 2021
<p>5:30pm Joint Meeting with the Investment Committee: Topic: Long Term Financial Forecast</p> <p>6:30pm Approval Items</p> <ul style="list-style-type: none"> • Financial Report (FY21 Periods 5 and 6) <p>Discussion</p> <ul style="list-style-type: none"> • Revised Financial Forecast - COVID-19 Recovery Plan • PIR <ul style="list-style-type: none"> ○ ED Remodel ○ ECHMN 	<p>No Scheduled Finance Committee Meeting</p>	<p>Approval Items</p> <ul style="list-style-type: none"> • Financial Report (FY21 Periods 7 and 8) • FY22 Committee Planning <ul style="list-style-type: none"> ○ Meeting Dates ○ Committee Goals ○ FY22 Pacing Plan • New FY21 Community Benefit Grant – City of Mountain View (Cuesta Park Project) <p>Discussion Items</p> <ul style="list-style-type: none"> • Preview FY22 Budget Part # 1 Process and Assumptions) • COVID 19 Recovery Plan • ECHMN Quarterly Report • Summary of Physician Financial Arrangements (Year-End) • PIR Mountain View Campus Completion

FY20 FC Pacing Plan – Q4

April 26, 2021	May 24, 2021	June 2021
<p>Discussion Items</p> <ul style="list-style-type: none"> • FY22 Budget Preview Part 2 • Revenue Cycle Overview and Update • Service Line Report – Behavioral Health • Revised Policy and Procedure for Enterprise Wide Capital Deployment and Reporting • Medical Staff Development Plan <p>April 28, 2021 Joint Board/Committee Educational Session</p>	<p>5:30pm Joint Meeting with the Hospital Board: FY22 Operating & Capital Budget</p> <p>6:30pm Approval Items</p> <ul style="list-style-type: none"> • Financial Report (FY21 Periods 9 and 10) • Review and Recommend FY22 Capital and Operating Budget • FY22 Organizational Goals • FY22 Committee Goals, Pacing Plan and Meeting Dates (If Necessary) • FY22 El Camino Hospital Community Benefit Grant Program <p>Discussion Items</p> <ul style="list-style-type: none"> • (Push to August or September) • ECHMN Quarterly Financial Report • PIR Mountain View Campus Completion 	<p>No Scheduled Finance Committee Meeting</p>

BofA Weekly Healthcare Update

Week of March 15, 2021



Tax-Exempt Market Overview – 30 Year MMD Increases Sharply ⁽¹⁾

- Following a couple weeks of stability, MMD rates moved sharply higher in lockstep with treasuries following comments by Fed Chair Powell. 30 year MMD increased 14 basis points this week. - See page 2
- Tax-exempt bond funds saw \$1.267 billion of inflows. There have been inflows in 42 out of the past 45 weeks
- Tax-exempt municipal money market fund assets decreased by \$363.1 million, bringing total net assets to \$101.2 billion
- One tax-exempt municipal healthcare deal priced this week for BJC HealthCare

Taxable Market Overview – Treasuries Remain Stable ⁽¹⁾

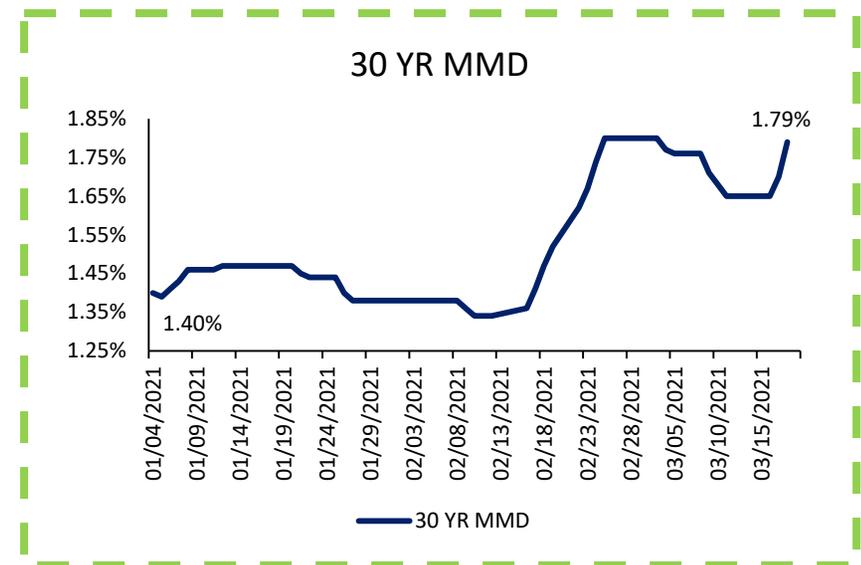
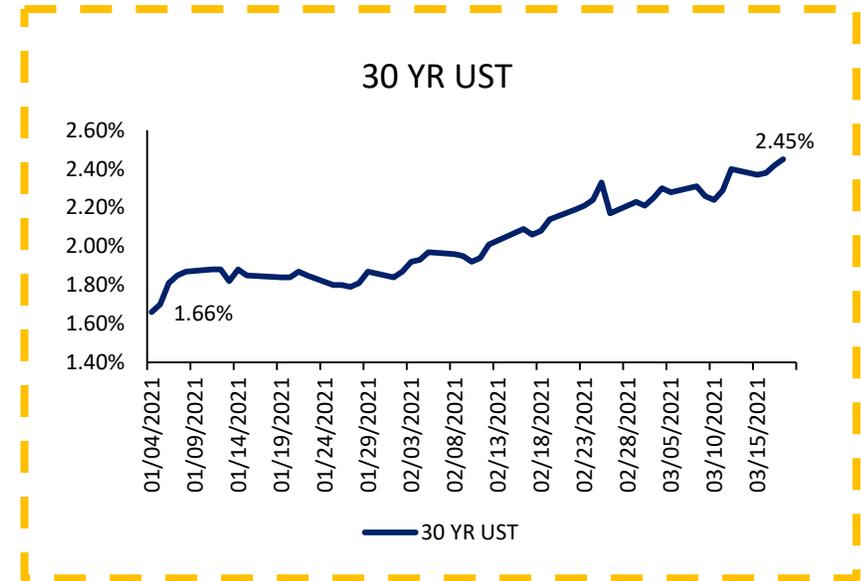
- 30 Year UST increased by five basis point this week to 2.45%
- Corporate Investment Grade funds increased by \$5.430 billion this week
- One taxable healthcare deal priced this week for Little Company of Mary Hospital of Indiana

Macro Overview ⁽²⁾

- Weekly initial jobless claims rose to 770,000, above expectations of 700,000
- The Fed voted unanimously to leave the target fed funds rate unchanged at 0-0.25% and repeated its stance that it remained committed to using the full range of its tools to support the economy
- The committee increased its GDP projection for the year to 6.5% from 4.2%
- Fed Chair Powell commented that the economic recovery has progressed faster than expected, but it remains uneven and incomplete, depending mainly on the course of the virus

Market Update

30 Year MMD Increased by 14 Basis Points this Week



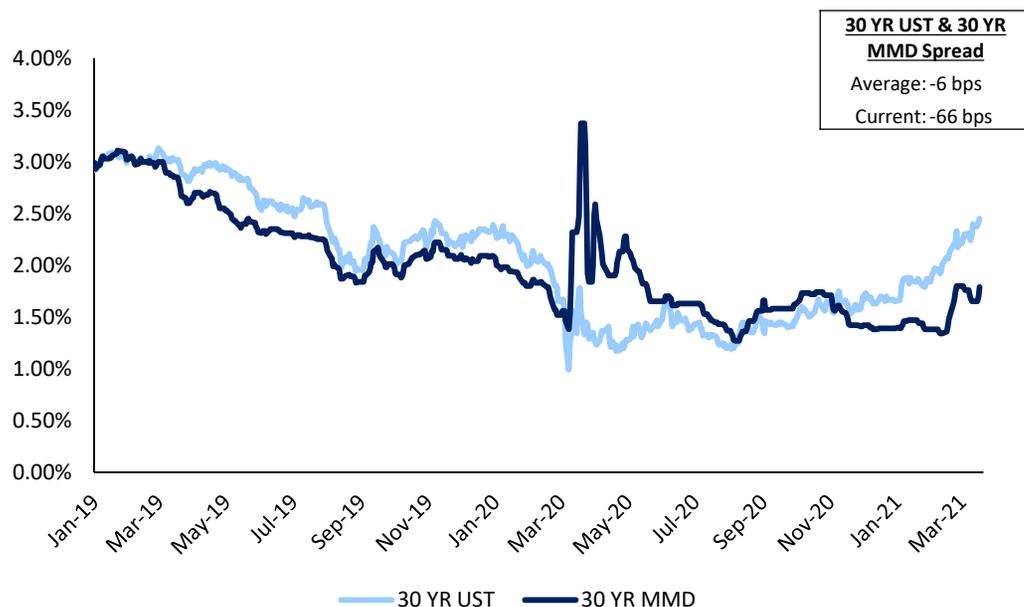
- UST Rates have moved sharply higher since January 1st as the market becomes more optimistic about the economic outlook with COVID cases decreasing and the continued vaccination rollout
 - 30 year UST has increased by 79 basis points since January 1st
- Tax-exempt rates (MMD) outperformed UST significantly until the week of February 15th
 - 30 year MMD has increased by 39 basis points since January 1st

BofA Weekly Healthcare Update

Tax-Exempt and Taxable – Fixed Rates



MMD & UST Fixed Rates (1)



Rate Trends and Ratios (1)

	Current	Change Over the Last Week	Change YTD	10 Year Average
10 Year UST	1.71%	0.07%	0.78%	1.18%
30 Year UST	2.45%	0.05%	0.79%	1.80%
10 Year MMD	1.16%	0.14%	0.44%	1.09%
30 Year MMD	1.79%	0.14%	0.39%	1.78%
10 Year MMD / UST	67.84%	62.20%	77.42%	93.10%
30 Year MMD / UST	73.06%	68.75%	84.34%	98.90%

Tax-Exempt Healthcare Yields (2)

YRS	TE Healthcare Aa/AA	Spread to Benchmark MMD	TE Healthcare A2/A	Spread to Benchmark MMD	TE Healthcare Baa2/BBB	Spread to Benchmark MMD	Benchmark MMD
1	0.28%	10 bps	0.38%	20 bps	0.73%	55 bps	0.18%
2	0.36%	15 bps	0.51%	30 bps	0.86%	65 bps	0.21%
3	0.53%	20 bps	0.68%	35 bps	1.03%	70 bps	0.33%
4	0.71%	25 bps	0.86%	40 bps	1.21%	75 bps	0.46%
5	0.85%	28 bps	1.00%	43 bps	1.35%	78 bps	0.57%
6	0.99%	30 bps	1.14%	45 bps	1.49%	80 bps	0.69%
7	1.14%	33 bps	1.29%	48 bps	1.64%	83 bps	0.81%
8	1.30%	35 bps	1.45%	50 bps	1.80%	85 bps	0.95%
9	1.46%	38 bps	1.61%	53 bps	1.96%	88 bps	1.08%
10	1.56%	40 bps	1.71%	55 bps	2.06%	90 bps	1.16%
20	2.04%	45 bps	2.19%	60 bps	2.54%	95 bps	1.59%
30	2.24%	45 bps	2.39%	60 bps	2.74%	95 bps	1.79%

Index Eligible Taxable Healthcare Yields (3)

YRS	Taxable Healthcare Aa/AA	Spread to Benchmark UST	Taxable Healthcare A2/A	Spread to Benchmark UST	Benchmark US Treasury
1	0.28%	20 bps	0.63%	55 bps	0.08%
2	0.41%	25 bps	0.76%	60 bps	0.16%
3	0.73%	40 bps	1.08%	75 bps	0.33%
4	1.36%	50 bps	1.71%	85 bps	
5	1.46%	60 bps	1.81%	95 bps	0.86%
6	2.00%	65 bps	2.35%	100 bps	
7	2.05%	70 bps	2.40%	105 bps	1.35%
8	2.41%	70 bps	2.76%	105 bps	
9	2.46%	75 bps	2.86%	115 bps	
10	2.51%	80 bps	2.86%	115 bps	1.71%
20	3.35%	90 bps	3.70%	125 bps	
30	3.45%	100 bps	3.85%	140 bps	2.45%

1) Source: Thomson Reuters as of 3/18/2021

2) Indicative as of 3/18/2021 Assumes 5% coupons and yields reflect yields to call. Rates displayed are not specific to any borrower. Actual rates will depend on many variables including notch-specific credit rating, size, call provisions, state of issuance and other factors.

3) Indicative as of 3/18/2021 Yields for non-index eligible bonds would be approximately 25 basis points higher. Make whole call is assumed. Rates are not specific to any borrower. Actual rates will depend on many variables including notch-specific credit rating, size, call provisions and other factors.

BofA Weekly Healthcare Update



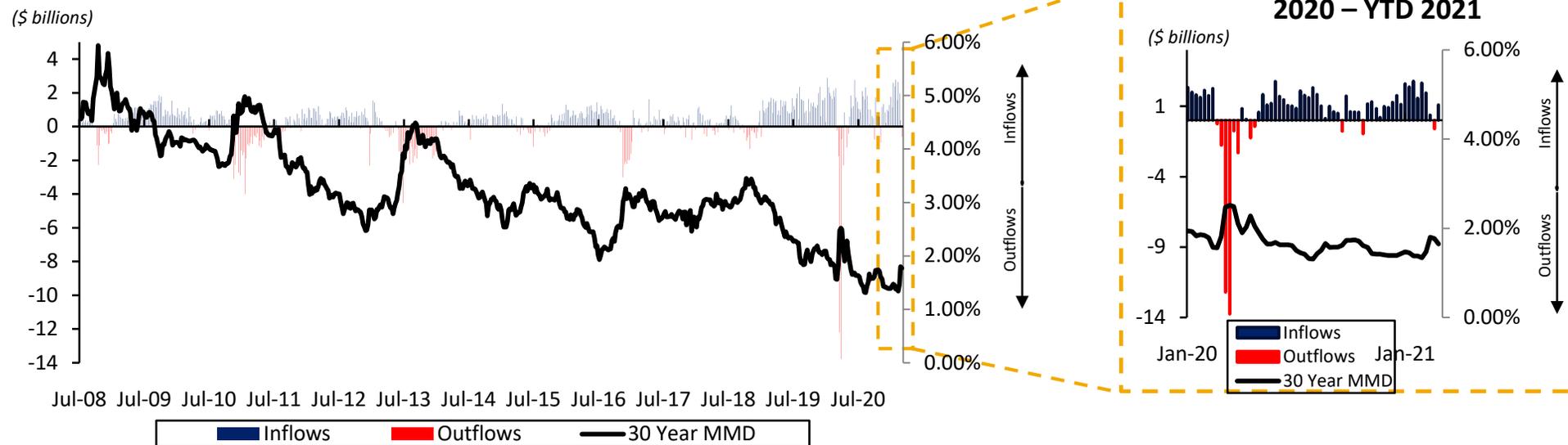
Tax-Exempt Bond Funds experienced inflows of \$1.267 billion this week

Economic Data: Upcoming Reports and Forecasts ⁽¹⁾

BOFA INTEREST RATE FORECAST				
	1Q21	2Q21	3Q21	4Q21
Fed Funds	0.00-0.25	0.00-0.25	0.00-0.25	0.00-0.25
3M LIBOR (%)	0.18	0.15	0.18	0.20
2Y UST (%)	0.12	0.12	0.15	0.20
5Y UST (%)	0.45	0.55	0.65	0.75
10Y UST (%)	1.10	1.30	1.50	1.75
30Y UST (%)	1.80	2.00	2.25	2.60

SELECTED ECONOMIC DATA REPORTS			
Date	Economic Event	Date	Economic Event
03/22/2021	Existing Home Sales	03/30/2021	Board Confidence
03/23/2021	New Homes Sales	03/31/2021	ADP Employment
03/24/2021	Durable Goods Orders	03/31/2021	Chicago PMI
03/26/2021	Personal Income & Outlays	03/31/2021	Pending Home Sales
03/26/2021	Advanced Goods Trade Balance	04/01/2021	Construction Spending
03/26/2021	U of Mich Sentiment	04/01/2021	Wards Auto Sales

Municipal Bond Fund Inflows and Outflows ⁽²⁾



Tax-exempt bond funds have experienced \$39.3 billion of net inflows since January 1st 2020

4 ¹⁾ Source: BofA US Economic Weekly 3/18/2021
²⁾ Lipper U.S. Fund Flows as of 3/18/2021; data includes weekly and monthly reporting funds

BofA Weekly Healthcare Update

Short-Term Market Update: Current Environment



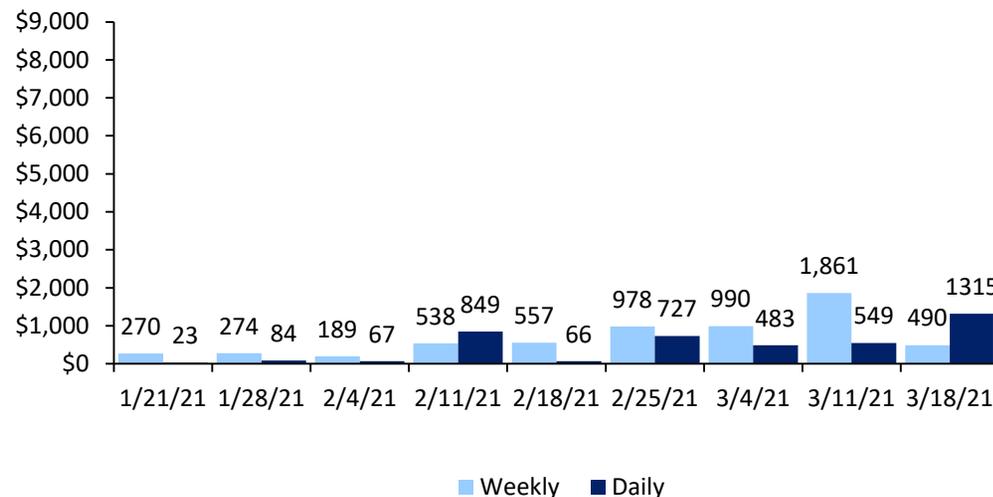
Recent SIFMA Index Resets

Reset Date	2/11/21	2/18/21	2/25/21	3/4/21	3/11/21	3/18/21
SIFMA	0.03%	0.03%	0.03%	0.03%	0.04%	0.04%
Trend (wk/wk)	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%
SIFMA/1M LIBOR (%)	27%	27%	26%	29%	38%	36%

Weekly Observations

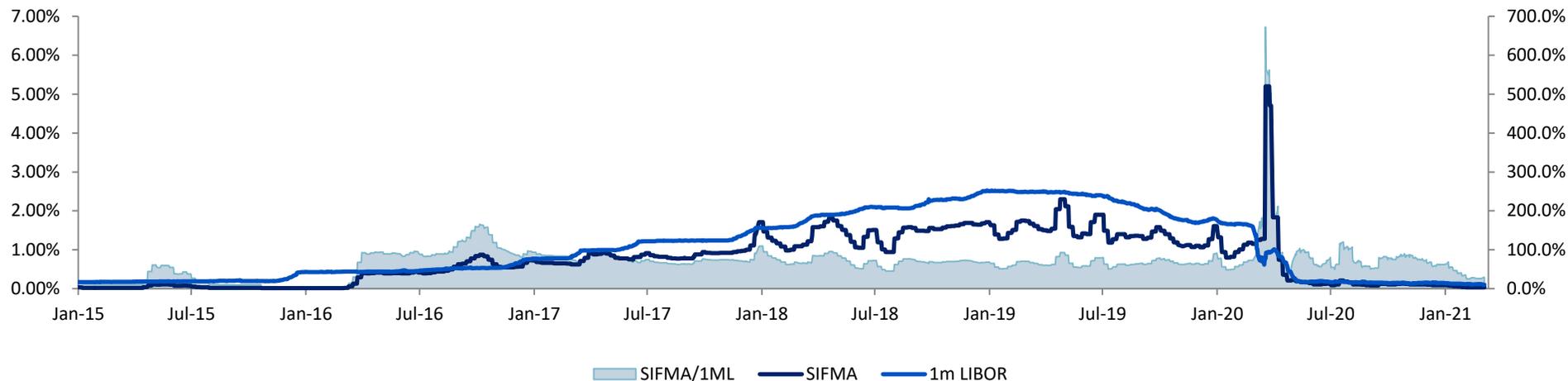
- SIFMA remained at 0.04% this week
- Weekly dealer VRDO inventory decrease by \$1,371 million
- Daily dealer VRDO inventory increased by \$766 million

BOOM Reported Dealer VRDO Inventory (\$MM)



Index Resets and SIFMA/1M LIBOR Ratio (Past 5 Years)

	SIFMA	LIBOR	S/L Ratio
Current	0.04%	0.11%	36%
3 Month Avg.	0.05%	0.12%	41%
6 Month Avg.	0.08%	0.13%	60%



Pricing Comparables and Calendars

Recent Healthcare Deals



Tax-Exempt Deals Priced

Issuer	State	Rating ⁽¹⁾	Tax Status/Structure	Final Maturity/ Put Period	Coupon ⁽²⁾	Yield ⁽³⁾	Spread to MMD	Managers	Total Par	Timing
BJC HealthCare	MO	Aa2/AA/NR	TE Fixed	2051	3.000%	2.740%	104 bps	RBC/BofA	\$796,120,000	3/18/2021
			Put ⁽⁴⁾	5 Year	4.000%	0.840%	27 bps			
			Put ⁽⁵⁾	7 Year	5.000%	1.170%	30 bps			

Tax-Exempt Deals in the Pipeline

Issuer	State	Rating ⁽¹⁾	Tax Status/Structure	Final Maturity/ Put Period	Coupon ⁽²⁾	Yield ⁽³⁾	Spread to MMD	Managers	Total Par	Timing
Penn Medicine	PA	Aa3/AA/NR	TE Fixed / Forward	TBD	TBD	TBD	TBD	BofA	\$190,000,000	3/24/2021
University of Pittsburgh Medical Center	PA	A2/A/A	TE Fixed / Forward ⁽⁶⁾	TBD	TBD	TBD	TBD	RBC/PNC	\$275,000,000	3/25/2021

Taxable Deals Priced

Issuer	State	Rating ⁽¹⁾	Tax Status/Structure	Final Maturity	Yield	Spread to Benchmark UST	Managers	Total Par	Timing
Little Company of Mary Hospital of Indiana	IN	NR/A-/NR	TX Corp	2040	3.871%	225 bps	Piper	\$63,630,000	3/17/2021

Taxable Deals in the Pipeline

Issuer	State	Rating ⁽¹⁾	Tax Status/Structure	Final Maturity	Yield	Spread to Benchmark UST	Managers	Total Par	Timing
Mayo Clinic	MN	Aa2/AA/NR	TX Corp	2051-2061	TBD	TBD	BofA/GS	\$500,000,000	3/24/2021
Ascension	Multi	Aa2/AA+/AA+	TX Corp: Tap	2029/2039	TBD	TBD	MS/JPM/BofA	\$442,710,000	3/25/2021

(1) Ratings are displayed in the following order: Moody's/S&P/Fitch

(2) Coupon of final maturity

(3) Premium bonds priced to call, discount bonds priced to maturity if applicable

(4) BJC HealthCare's 5 year put bond has a final maturity of 5/1/2051 and a mandatory tender date of 5/1/2026

(5) BJC HealthCare's 7 year put bond has a final maturity of 5/1/2050 and a mandatory tender date of 5/1/2028

(6) University of Pittsburgh Medical Center Series 2021B is to be issued as a forward delivery managed by PNC; University of Pittsburgh Medical Center Series 2021A is managed by RBC

BofA Weekly Healthcare Update

Recent Industry Rating Actions



Date	Health System	State	Action	New		Prior	
				Rating	Outlook	Rating	Outlook
3/18/2021	Parkview Health System	IN	Affirmed	Aa3	Negative	Aa3	Negative
3/17/2021	University of Pittsburgh Medical Center	PA	Affirmed	A2	Stable	A2	Stable
3/17/2021	NorthShore University Health System	IL	Affirmed	Aa3	Stable	Aa3	Stable
3/16/2021	Mayo Clinic	MN	Affirmed	Aa2	Stable	Aa2	Stable
3/16/2021	Berkshire Health System	MA	Affirmed	A3	Stable	A3	Stable
3/12/2021	Mass General Brigham	MA	Affirmed	Aa3	Stable	Aa3	Stable
3/12/2021	University of Pennsylvania Health System	PA	Affirmed	Aa3	Stable	Aa3	Stable



Date	Health System	State	Action	New		Prior	
				Rating	Outlook	Rating	Outlook
3/19/2021	Saint Francis Healthcare	MO	Affirmed	AA-	Stable	AA-	Stable
3/17/2021	Genesis Healthcare System	OH	Outlook Revised	BB+	Stable	BB+	Negative
3/16/2021	Mayo Clinic	MN	Affirmed	AA	Stable	AA	Stable
3/12/2021	University of Pennsylvania Health System	PA	Affirmed	AA	Stable	AA	Stable



Date	Health System	State	Action	New		Prior	
				Rating	Outlook	Rating	Outlook
3/19/2021	Saint Francis Healthcare	MO	Outlook Revised	A+	Positive	A+	Stable
3/18/2021	SSM Health	MO	Affirmed	AA-	Stable	AA-	Stable
3/18/2021	University of Chicago Medical Center	IL	Affirmed	AA-	Stable	AA-	Stable
3/18/2021	Memorial Health Services	CA	Affirmed	AA-	Stable	AA-	Stable
3/17/2021	University of Pittsburgh Medical Center	PA	Affirmed	A	Stable	A	Stable
3/16/2021	King's Daughters Medical Center	IN	Affirmed	A	Stable	A	Stable
3/12/2021	Guadalupe Regional Medical Center	TX	Affirmed	BB	Stable	BB	Stable



South Dakota Based Sanford Health Signs LOI with the City of Williston in North Dakota to Build a New Hospital and Clinic ⁽¹⁾

- **Announcement Details:** Sioux Falls, SD based Sanford Health signed a non-binding letter of intent (“LOI”) with the City of Williston, ND to build a new hospital and clinic
- The new clinic and hospital contemplated in the North Dakota city would be located in Williston Square, an 800-acre development on the site of the former Soudan International Airport
- Sanford Health and the City of Williston, ND plan to have an agreement finalized by August 31st
- Financial terms of the agreement have not been disclosed
- The deal is subject to regulatory review and approvals
- Sanford Health has also confirmed that the system does not plan to resume merger discussions with Salt Lake City, UT based Intermountain Healthcare

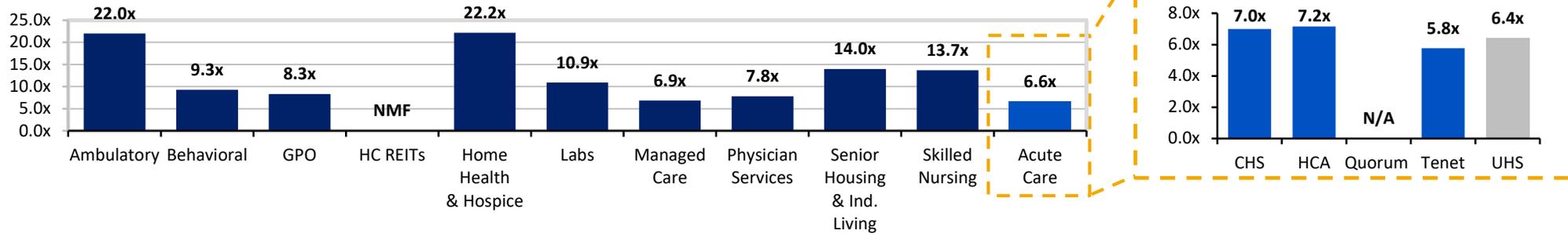
- About Sanford Health: \$7 billion 46-hospital not-for-profit health system with more than 48,757 employees 2,633 physicians
 - January 2019: Merger with Evangelical Lutheran Good Samaritan Society was completed
 - Senior care provider with over 19,000 employees across 26 states and nine countries
 - November 2019: Merger with UnityPointHealth was called off
 - October 2020: Sanford Health and Intermountain Healthcare signed a LOI to merge systems, expecting the deal to close in 2021
 - The combined entity would have been a 70-hospital \$15 billion healthcare system
 - November 2020: Kelby Krabbenhoft stepped down as CEO and was replaced by Bill Gassen
 - December 2020: Sanford Health and Intermountain healthcare announced that merger discussions would be indefinitely postponed
 - Sanford Health cited focusing on the pandemic as a priority and main reason to terminate merger discussions
 - According to the press release, Sanford Health plans to focus on growth in the states where the health system already operates: North Dakota, South Dakota, Minnesota and Iowa

BofA Weekly Healthcare Update

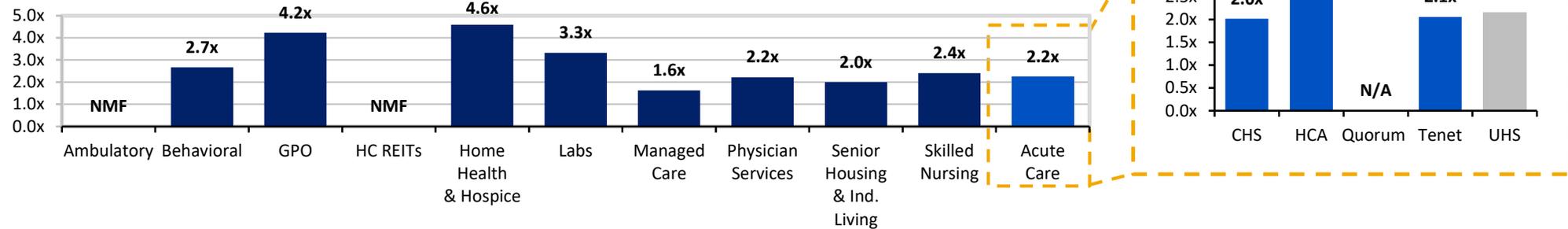
Strategic Advisory



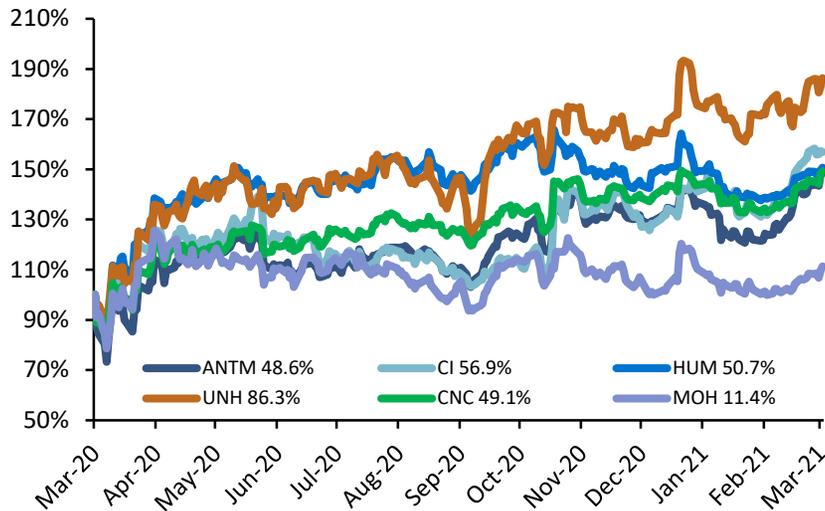
Enterprise Value / EBITDA



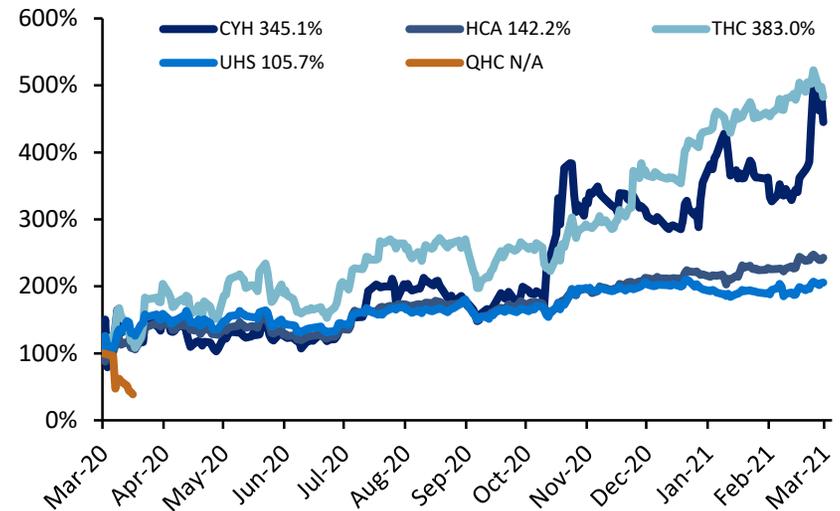
Enterprise Value / Revenue



Indexed Managed Care Stock Price Performance



Indexed Healthcare Stock Price Performance



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**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO**

To: Finance Committee
From: Cindy Murphy, Director of Governance Services
Date: March 29, 2021
Subject: Report on Board Actions

Purpose: To keep the Committee informed with regards to actions taken by the El Camino Hospital and El Camino Healthcare District Boards.

Summary:

1. **Situation:** It is important to keep the Committees informed about Board activity to provide context for Committee work. The list below is not meant to be exhaustive, but includes agenda items the Board voted on that are most likely to be of interest to or pertinent to the work of El Camino Hospital's Board Advisory Committees.
2. **Authority:** This is being brought to the Committees at the request of the Board and the Committees.
3. **Background:** Since the last time we provided this report to the Finance Committee, the Hospital Board has met twice and the District Board has met three times. In addition, since the Board has delegated certain authority to the Executive Compensation Committee, the Compliance and Audit Committee and the Finance Committee, those approvals are also noted in this report.

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
ECH Board	February 10, 2021	<ul style="list-style-type: none"> - FY21 Period 5 and 6 Financials - Delegated Authority to the Finance Committee to Approve the Annual Community Benefit Fund - Revised Community Benefit Grants Policy - Revised Finance Committee Charter - \$149,000,000 in Funding for ECH Women's Hospital Expansion Project - Hospital Board Member Competencies - Appointed Director Carol Somersille to the Finance and Investment Committees - LPCH NICU PSA Payment - Enterprise Telepsychiatry Services Renewal - Medical Staff Bylaws Revisions

Report on Board Actions
 March 29, 2021

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)
	March 10, 2021	<ul style="list-style-type: none"> - Closed Session Quality Committee Report including Credentials and Privileges Report - PBX Operator Scope of Service - Enterprise Mental Health and Addiction Aspire Program Physician Psychiatric Contract with ECMA
ECHD Board	January 26, 2021	<ul style="list-style-type: none"> - Elected Lanhee J. Chen to 3rd Term as a Member of the El Camino Hospital Board of Directors - Appointed ECH Board Member Election Ad Hoc Committee - Approved Reallocation of \$900,000 in funding for COVID-19 Vaccinations
	February 10, 2021	<ul style="list-style-type: none"> - Approved \$149,000,000 in funding for ECH Women’s Hospital Funding
	March 16, 2021	<ul style="list-style-type: none"> - Approved FY21 Period 7 ECHD Consolidated and ECHD Stand-Alone Financials - Elected Don Watters to serve on the El Camino Hospital Board of Directors to fill a vacancy expiring on June 30, 2021 and for a new term expiring on July 1, 2024
Executive Compensation Committee	N/A	
Compliance and Audit Committee	N/A	
Finance Committee	January 25, 2021	<ul style="list-style-type: none"> - Interventional Radiology Call Panel – Los Gatos - Hospitalist Contract – Los Gatos - Relocation of Cardiopulmonary Wellness Center – NTE \$1.875 million

Report on Board Actions
March 29, 2021

Board/Committee	Meeting Date	Actions (Approvals unless otherwise noted)

List of Attachments: None.

Suggested Committee Discussion Questions: None.



El Camino Health

Summary of Financial Operations

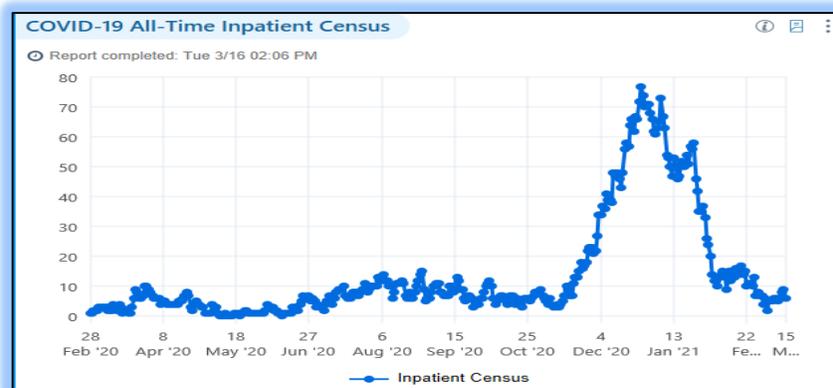
Fiscal Year 2021 – Period 8

7/1/2020 to 02/28/2021

Executive Summary - Overall Commentary for Period 8

- Credit Agency Update: Ratings Affirmed
 - Moody's Investor Services (3/8)
 - Revenue Bonds: 'A1' rating with a Stable outlook
 - General Obligation Bonds: 'Aa1' rating with a 'Stable' outlook
 - Standard & Poor's (3/15)
 - Revenue and General Obligation Bonds: 'AA' rating with a 'Stable' outlook
- Spike of Covid-19 patients has significantly impacted operations and resulted in lower than expected financial results:

ECH - Covid-19 Inpatient Census



- As a result of this increase, the organization incurred an additional \$1.6M in SWB and had to reduce OR block times at the MV campus for the first two weeks of the month which resulted in a loss of revenue of approximately \$5.2M.

Executive Summary - Overall Commentary for Period 8 (continued)

- Total gross charges, a surrogate for volume, were favorable to budget by \$20.5M / 7.0% and \$11.3M / 3.5% lower than the same period last year
- Net patient revenue was favorable to budget by \$10.5M / 14.2% and \$177K and \$1.2M / 1.4% lower than the same period last year
- Operating expenses were \$6.5M / 8.3% unfavorable to budget, which is primarily attributed to higher than expected volume versus budget and the significant increase in Covid-19 patients in February
- Operating margin was favorable to budget by \$3.0M / 1245.2% and \$4.5M / 57.8% lower than the same period last year
- Operating EBIDA was favorable to budget by \$3.8M / 56.4% and \$3.4M / 24.6% lower than the same period last year

Operational / Financial Results: Period 8 – February 2021 (as of 2/28/2021)

PERIOD 8 - RESULTS

(\$ thousands)									Moody's Medians		Performance to 'A1' Medians
		Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	'A1'	'Aa3'	
Activity / Volume	ADC	229	237	(8)	-3.3%	259	(31)	-11.8%	---	---	---
	Total Discharges	1,705	1,840	(135)	-7.3%	1,904	(199)	-10.5%	---	---	---
	Adjusted Discharges	2,713	2,758	(44)	-1.6%	3,059	(346)	-11.3%	---	---	---
	Emergency Room	3,663	3,957	(294)	-7.4%	5,309	(1,646)	-31.0%	---	---	---
	OP Procedural Cases	13,213	8,068	5,145	63.8%	9,739	3,474	35.7%	---	---	---
	Gross Charges (\$)	314,620	294,152	20,468	7.0%	325,932	(11,312)	-3.5%	---	---	---
Operations	Total FTEs	2,868	2,795	72	2.6%	2,894	(27)	-0.9%	---	---	---
	Productive Hrs. / APD	33.6	31.2	2.4	7.6%	29.6	3.9	13.2%	---	---	---
	Cost Per Adjusted Discharge	17,528	17,147	381	2.2%	15,887	1,641	10.3%	---	---	---
	Net Days in A/R	51.3	49.0	2.3	4.7%	52.0	(0.7)	-1.3%	47.7	47.1	
Financial Performance	Net Patient Revenue (\$)	85,273	74,702	10,571	14.2%	86,443	(1,170)	-1.4%	106,723	257,000	
	Total Operating Revenue (\$)	88,625	79,050	9,575	12.1%	91,172	(2,546)	-2.8%	116,864	314,648	
	Operating Income (\$)	3,285	243	3,042	1252.4%	7,783	(4,499)	-57.8%	3,948	10,135	
	Operating EBIDA (\$)	10,580	6,763	3,817	56.4%	14,023	(3,443)	-24.6%	11,301	27,969	
	Net Income (\$)	17,633	1,755	15,878	904.6%	(20,641)	38,274	-185.4%	8,219	18,726	
	Operating Margin (%)	3.7%	0.3%	3.4%	1106.3%	8.5%	-4.8%	-56.6%	2.9%	3.6%	
	Operating EBIDA (%)	11.9%	8.6%	3.4%	39.5%	15.4%	-3.4%	-22.4%	9.7%	8.9%	
	DCOH (days)	552	435	116	26.7%	452	100	22.1%	254	264	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2020. Dollar amounts have been adjusted to reflect month averages.

Operational / Financial Results: YTD FY2021 (as of 2/28/2021)

YTD FY2021 - RESULTS

(\$ thousands)

	Current Year	Budget	Variance to Budget	Performance to Budget	Prior Year	Variance to Prior Year	Variance to Prior Year	
Activity / Volume	ADC	242	203	40	19.5%	240	3	1.1%
	Total Discharges	14,985	13,846	1,139	8.2%	16,347	(1,362)	-8.3%
	Adjusted Discharges	22,993	20,697	2,295	11.1%	25,578	(2,585)	-10.1%
	Emergency Room	32,644	28,168	4,476	15.9%	42,085	(9,441)	-22.4%
	OP Procedural Cases	103,890	62,089	41,801	67.3%	77,404	26,486	34.2%
	Gross Charges (\$)	2,756,191	2,197,973	558,217	25.4%	2,603,852	152,338	5.9%
Operations	Total FTEs	2,811	2,836	(25)	-0.9%	2,802	10	0.3%
	Productive Hrs. / APD	31.4	34.4	(3.0)	-8.8%	30.8	0.6	2.0%
	Cost Per Adjusted Discharge	17,295	18,534	(1,239)	-6.7%	15,806	1,489	9.4%
	Net Days in A/R	51.3	49.0	2.3	4.7%	52.0	(0.7)	-1.3%
Financial Performance	Net Patient Revenue (\$)	708,057	570,803	137,255	24.0%	683,988	24,069	3.5%
	Total Operating Revenue (\$)	739,167	607,998	131,169	21.6%	720,831	18,336	2.5%
	Operating Income (\$)	39,107	(32,128)	71,234	221.7%	61,440	(22,333)	-36.3%
	Operating EBIDA (\$)	95,900	21,613	74,288	343.7%	101,595	(5,694)	-5.6%
	Net Income (\$)	195,122	(9,957)	205,080	2059.6%	85,901	109,221	127.1%
	Operating Margin (%)	5.3%	-5.3%	10.6%	200.1%	8.5%	-3.2%	-37.9%
	Operating EBIDA (%)	13.0%	3.6%	9.4%	265.0%	14.1%	-1.1%	-7.9%
	DCOH (days)	552	435	116	26.7%	452	100	22.1%

Moody's Medians		Performance to 'A1' Medians
'A1'	'Aa3'	
---	---	---
---	---	---
---	---	---
---	---	---
---	---	---
---	---	---
---	---	---
47.7	47.1	
853,780	2,055,999	
934,912	2,517,185	
31,587	81,076	
90,404	223,749	
65,748	149,807	
2.9%	3.6%	
9.7%	8.9%	
254	264	

Moody's Medians: Not-for-profit and public healthcare annual report; September 9, 2020. Dollar amounts have been adjusted to reflect 8 month totals.

Executive Dashboard (as of 02/28/2021)

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Consolidated Financial Perf.								
Total Operating Revenue	91,172	88,625	79,050	9,575	720,831	739,167	607,998	131,169
Operating Expenses	83,388	85,341	78,807	(6,534)	659,391	700,060	640,126	(59,934)
Operating Margin \$	7,783	3,285	243	3,042	61,440	39,107	(32,128)	71,234
Operating Margin %	8.5%	3.7%	0.3%	3.4%	8.5%	5.3%	(5.3%)	10.6%
EBIDA \$	14,023	10,580	6,763	3,817	101,595	95,900	21,613	74,288
EBIDA %	15.4%	11.9%	8.6%	3.4%	14.1%	13.0%	3.6%	9.4%
Hospital Volume								
Licensed Beds	443	454	454	-	443	454	454	-
ADC	259	229	237	(8)	240	242	203	39
Utilization MV	71%	60%	62%	(2.3%)	66%	63%	53%	10.2%
Utilization LG	33%	29%	30%	(0.5%)	30%	32%	27%	5.1%
Utilization Combined	59%	50%	52%	(1.7%)	54%	53%	45%	8.6%
Adjusted Discharges	3,061	2,715	2,759	(44)	25,601	23,014	20,706	2,308
Total Discharges (Excl NNB)	1,609	1,433	1,491	(58)	13,566	12,419	11,149	1,270
Total Discharges	1,904	1,707	1,840	(133)	16,347	14,994	13,846	1,148
Inpatient Cases								
MS Discharges	1,139	1,010	933	77	9,441	8,480	6,932	1,548
Deliveries	312	294	369	(75)	2,945	2,762	2,849	(87)
BHS	101	109	145	(36)	817	834	1,018	(184)
Rehab	57	20	44	(24)	363	343	349	(6)
Outpatient Cases								
ED	4,081	2,645	3,001	(356)	33,004	24,111	21,193	2,918
Procedural Cases								
OP Surg	545	441	347	94	3,998	4,012	2,680	1,332
Endo	185	190	159	31	1,809	1,634	1,155	479
Interventional	180	152	127	25	1,441	1,341	852	489
All Other	8,829	12,430	7,434	4,996	70,156	96,903	57,402	39,501
Hospital Payor Mix								
Medicare	50.8%	47.1%	48.7%	(1.5%)	49.3%	48.3%	48.5%	(0.2%)
Medi-Cal	7.0%	8.6%	7.5%	1.1%	7.4%	8.3%	7.5%	0.8%
Commercial IP	19.0%	20.1%	20.4%	(0.3%)	19.2%	19.8%	20.5%	(0.7%)
Commercial OP	21.5%	21.9%	21.1%	0.9%	21.8%	21.4%	21.1%	0.2%
Total Commercial	40.5%	42.0%	41.5%	0.5%	41.0%	41.2%	41.6%	(0.4%)
Other	1.7%	2.3%	2.4%	(0.1%)	2.3%	2.2%	2.4%	(0.2%)
Hospital Cost								
Total FTE ¹	2,894.4	2,867.7	2,795.4	(72.3)	2,801.7	2,811.3	2,836.3	25.0
Productive Hrs/APD	29.6	33.6	31.2	(2.4)	30.8	31.4	34.4	3.0
Consolidated Balance Sheet								
Net Days in AR	52.0	51.3	49.0	(2.3)	52.0	51.3	49.0	(2.3)
Days Cash	452	552	435	116	452	552	435	116

Financial Overview: Period 8 - February 2021

Period ending 2/28/2021

Financial Performance

- February operating income was \$3.2M compared to a budgeted \$243K, resulting in a favorable variance of \$1M. The primary drivers are favorable outpatient activity and payer mix.
- February volumes were challenged, but revenues continue to be stronger than budget as demonstrated by:
 - IP discharges were unfavorable to budget by 60 cases / 4% and 179 cases / 11.1% lower than the same period last year while Adjusted Discharges (OP impact included) were unfavorable to budget by 44 cases / 1.6% and 346 cases / 11.3% lower than same period last year
 - Favorable variance gross charges of \$21.3M due primarily to inpatient services:
 - Inpatient gross charges: Favorable to budget by \$14M / 11% variance primarily driven by c
 - Cath lab, Operating Room, and Laboratory Services
 - Operating Expenses were unfavorable to budget by \$6.5M / 8.3%, primarily due to patient activity, increased use / cost of PPE associated with Covid-19 and other Covid-19 associated expenses
 - SWB were unfavorable by \$5.2M / 12%
 - Supplies were unfavorable by \$1.7M / 22%
 - All other discretionary non-volume driven expenses were favorable to budget by \$400K
 - Additional expenses attributed to Covid-19 have been \$1.2M per month for the first eight months of FY2021
- Non Operating Income includes:
 - Favorable variance of \$12.8M primarily due to unrealized gains on investments

Financial Overview: Period 8 – February 2021 (cont.)

Period ending 2/28/2021

Financial Performance

Hospital Operations:

- Adjusted Discharges (AD): Unfavorable to budget by 44 ADs / 1.6% and below prior year by 346 ADs / 11%:
 - Mountain View: Unfavorable to budget by 97 ADs / 4.5% and below prior year by 358 ADs/ 14.6%
 - Los Gatos: Favorable to budget by 56 ADs / 10% and above than prior year by 8 ADs / 1%
- Operating Expense Per CMI Adjusted Discharge: \$17,527 which is 2.2% unfavorable to budget
Note: Excludes depreciation and interest

El Camino Health Medical Network (ECHMN) Operations:

- February's total visits of 26,454 was 16% above prior month and 25.2% favorable to budget and included 7,972 COVID vaccination visits
- Net Income was unfavorable to budget by \$760K in February, but was \$661K favorable to February of 2020
- YTD February ECHMN Net Income is slightly unfavorable to budget by \$800K / 3.4%, but remains favorable to prior year by \$2.1M / 8.1%

Financial Overview: YTD FY2021 (as of 2/28/2021)

Consolidated Financial Performance

- YTD FY2021 net operating margin of \$39.1M compared to the budget of -\$32.1M
- Year-over-year operating margin is \$22.3M lower than the same period last year, which is primarily due to an increase in depreciation and interest of \$16.7M expenses associated with recently completed capital projects at the Mountain View campus
- Strong volume recovery from the first wave of Covid-19, continues to be the primary driver of favorable performance to budget
 - Adjusted discharges are 2,295 /11% favorable to budget and 2,585 / 10.1% lower than the same period last year
- Operating expenses are \$59.9M / 9.4% unfavorable to budget
 - Unfavorability driven higher than budgeted volumes and expenses associated with Covid-19 pandemic
 - Operating expense per CMI adjusted discharge of \$17,295 is 6% favorable to budget which demonstrates consistent management of variable expenses

Note: Excludes depreciation and interest expense

Consolidated Statement of Operations (\$000s)

Period ending 02/28/2021

Period 8 FY 2020	Period 8 FY 2021	Period 8 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
325,932	314,620	294,152	20,468	7.0%	Gross Revenue	2,603,852	2,756,191	2,197,973	558,217	25.4%
(239,489)	(229,347)	(219,450)	(9,897)	(4.5%)	Deductions	(1,919,864)	(2,048,133)	(1,627,171)	(420,963)	(25.9%)
86,443	85,273	74,702	10,571	14.2%	Net Patient Revenue	683,988	708,057	570,803	137,255	24.0%
4,729	3,352	4,348	(996)	(22.9%)	Other Operating Revenue	36,843	31,110	37,196	(6,086)	(16.4%)
91,172	88,625	79,050	9,575	12.1%	Total Operating Revenue	720,831	739,167	607,998	131,169	21.6%
					OPERATING EXPENSE					
46,497	48,592	43,397	(5,195)	(12.0%)	Salaries & Wages	369,822	389,591	353,670	(35,921)	(10.2%)
12,903	13,587	11,392	(2,195)	(19.3%)	Supplies	106,240	111,641	88,249	(23,392)	(26.5%)
14,080	14,770	13,927	(843)	(6.1%)	Fees & Purchased Services	113,084	114,109	115,015	907	0.8%
3,669	1,097	3,571	2,474	69.3%	Other Operating Expense	30,090	27,926	29,451	1,526	5.2%
1,458	1,392	916	(477)	(52.1%)	Interest	4,227	11,392	7,396	(3,997)	(54.0%)
4,781	5,903	5,605	(298)	(5.3%)	Depreciation	35,928	45,402	46,345	943	2.0%
83,388	85,341	78,807	(6,534)	(8.3%)	Total Operating Expense	659,391	700,060	640,126	(59,934)	(9.4%)
7,783	3,285	243	3,042	1252.4%	Net Operating Margin	61,440	39,107	(32,128)	71,234	(221.7%)
(28,424)	14,349	1,512	12,836	848.7%	Non Operating Income	24,461	156,016	22,170	133,845	603.7%
(20,641)	17,633	1,755	15,878	904.6%	Net Margin	85,901	195,122	(9,957)	205,080	(2059.6%)
14,023	10,580	6,763	3,817	56.4%	Operating EBIDA	101,595	95,900	21,613	74,288	343.7%
					Operating EBIDA Margin	14.1%	13.0%	3.6%	9.4%	
					Operating Margin	8.5%	5.3%	-5.3%	10.6%	
					Net Margin	11.9%	26.4%	-1.6%	28.0%	

Consolidated Balance Sheet (as of 02/28/2021)

(\$ thousands) ASSETS

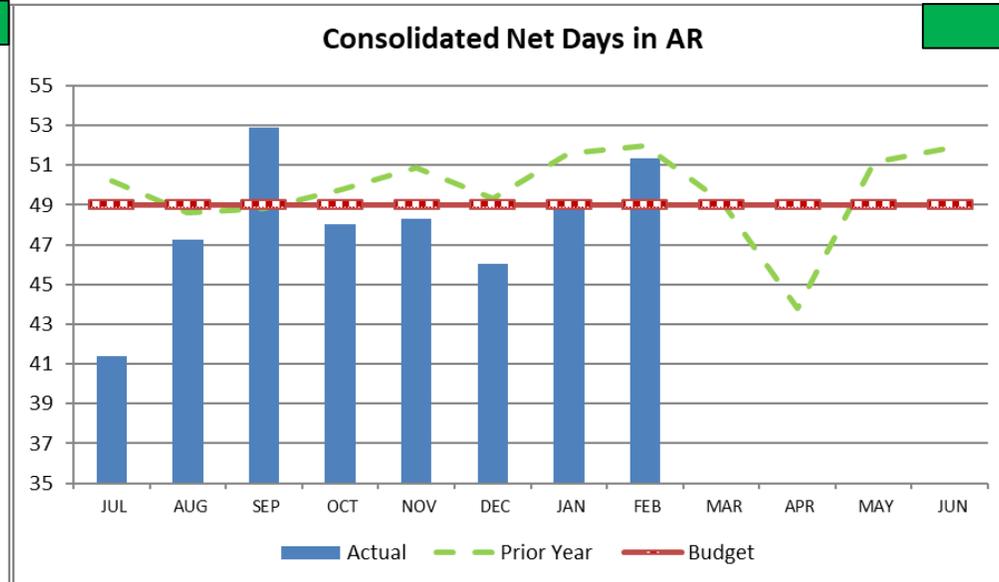
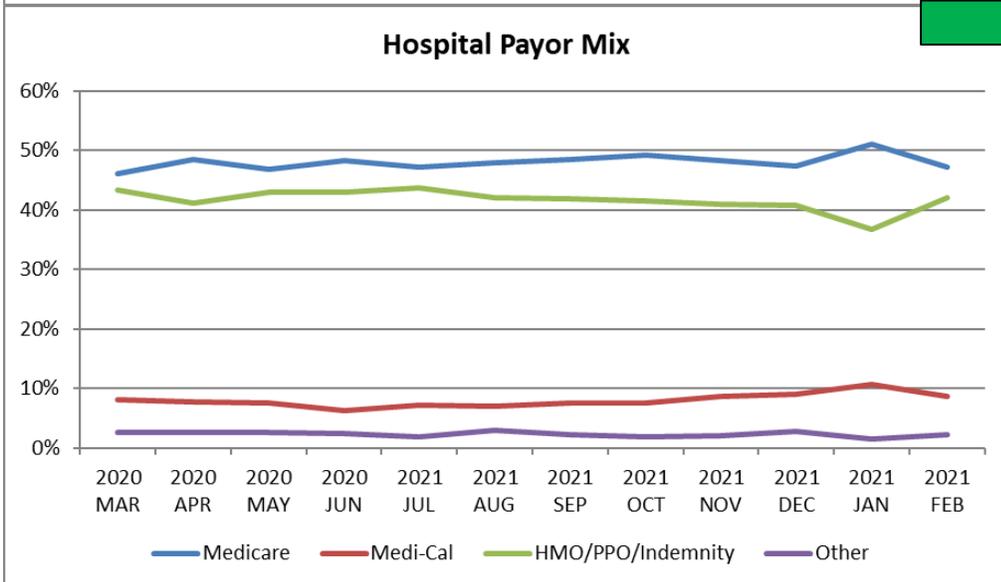
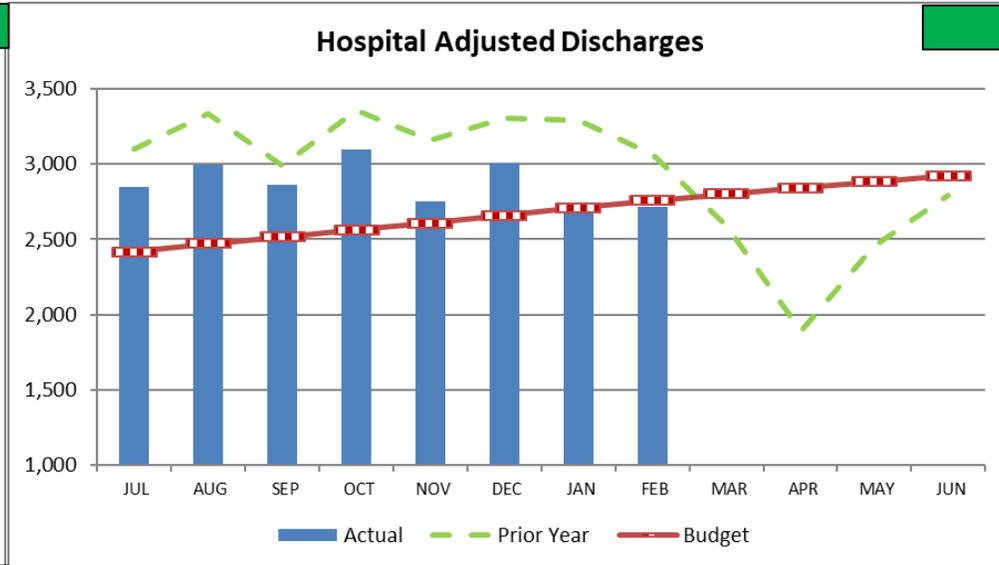
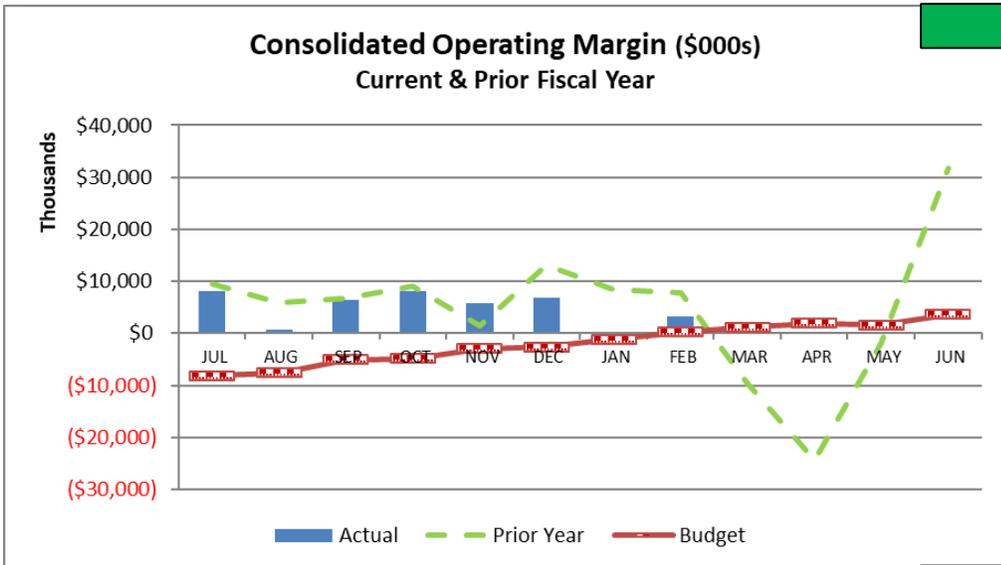
	Audited	
	February 28, 2021	June 30, 2020
CURRENT ASSETS		
Cash	170,588	228,464
Short Term Investments	277,226	221,604
Patient Accounts Receivable, net	152,444	128,564
Other Accounts and Notes Receivable	1,136	13,811
Intercompany Receivables	28,719	72,592
Inventories and Prepays	26,558	101,267
Total Current Assets	656,671	766,303
BOARD DESIGNATED ASSETS		
Foundation Board Designated	18,082	15,364
Plant & Equipment Fund	224,270	166,859
Women's Hospital Expansion	30,401	22,563
Operational Reserve Fund	160,838	148,917
Community Benefit Fund	18,413	17,916
Workers Compensation Reserve Fund	16,482	16,482
Postretirement Health/Life Reserve Fund	31,456	30,731
PTO Liability Fund	30,333	27,515
Malpractice Reserve Fund	1,975	1,919
Catastrophic Reserves Fund	22,325	17,667
Total Board Designated Assets	554,576	465,933
FUNDS HELD BY TRUSTEE	8,828	23,478
LONG TERM INVESTMENTS	459,006	372,175
CHARITABLE GIFT ANNUITY INVESTMENTS	716	680
INVESTMENTS IN AFFILIATES	33,795	29,065
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,369,794	1,342,012
Less: Accumulated Depreciation	(721,794)	(676,535)
Construction in Progress	497,702	489,848
Property, Plant & Equipment - Net	1,145,701	1,155,326
DEFERRED OUTFLOWS	21,325	21,416
RESTRICTED ASSETS	29,235	28,547
OTHER ASSETS	88,406	3,231
TOTAL ASSETS	2,998,259	2,866,153

LIABILITIES AND FUND BALANCE

	Audited	
	February 28, 2021	June 30, 2020
CURRENT LIABILITIES		
Accounts Payable	27,837	35,323
Salaries and Related Liabilities	30,325	35,209
Accrued PTO	30,960	28,124
Worker's Comp Reserve	2,300	2,300
Third Party Settlements	13,300	10,956
Intercompany Payables	28,890	70,292
Malpractice Reserves	1,560	1,560
Bonds Payable - Current	9,430	9,020
Bond Interest Payable	1,659	8,463
Other Liabilities	11,328	3,222
Total Current Liabilities	157,587	204,469
LONG TERM LIABILITIES		
Post Retirement Benefits	31,456	30,731
Worker's Comp Reserve	16,482	16,482
Other L/T Obligation (Asbestos)	6,118	4,094
Bond Payable	486,242	513,602
Total Long Term Liabilities	540,298	564,908
DEFERRED REVENUE-UNRESTRICTED	76,983	77,133
DEFERRED INFLOW OF RESOURCES	31,009	30,700
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	1,967,157	1,771,854
Board Designated	194,108	188,457
Restricted	31,117	28,631
Total Fund Bal & Capital Accts	2,192,382	1,988,942
TOTAL LIABILITIES AND FUND BALANCE	2,998,259	2,866,153

APPENDIX

YTD FY2021 Financial KPIs – Monthly Trends



Investment Scorecard (as of 12/31/2020)

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY21 Budget	Expectation Per Asset Allocation
Investment Performance		CY 4Q 2020 / FY 2Q 2021		Fiscal Year-to-Date 2021		8y 2m Since Inception (annualized)		FY 2021	2019
Surplus cash balance*		\$1,302.1	--	--	--	--	--	--	--
Surplus cash return		8.5%	8.0%	13.0%	12.2%	6.6%	6.4%	4.0%	5.6%
Cash balance plan balance (millions)		\$336.2	--	--	--	--	--	--	--
Cash balance plan return		11.2%	9.2%	17.1%	14.3%	8.9%	7.9%	6.0%	6.0%
403(b) plan balance (millions)**		\$581.5	--	--	--	--	--	--	--
Risk vs. Return		3-year				8y 2m Since Inception (annualized)			2019
Surplus cash Sharpe ratio		0.69	0.67	--	--	0.93	0.93	--	0.34
Net of fee return		7.8%	7.3%	--	--	6.6%	6.4%	--	5.6%
Standard deviation		9.0%	8.6%	--	--	6.3%	6.1%	--	8.7%
Cash balance Sharpe ratio		0.73	0.64	--	--	1.00	0.96	--	0.32
Net of fee return		9.8%	8.0%	--	--	8.9%	7.9%	--	6.0%
Standard deviation		11.4%	10.3%	--	--	8.1%	7.4%	--	10.3%
Asset Allocation		CY 4Q 2020 / FY 2Q 2021							
Surplus cash absolute variances to target		9.4%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target		7.9%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		CY 4Q 2020 / FY 2Q 2021							
Surplus cash manager flags		16	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		19	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~\$12 mm), District assets (~\$34 mm), and balance sheet cash not in investable portfolio (\$214 mm). Includes Foundation (~\$39 mm) and Concern (~\$15 mm) assets.

**As of September 30, 2020 as more recent data not yet available.

YTD FY2021 and January Operating Margin, Non-Operating Income and Net Margin by Affiliate (as of 2/28/2021)

(\$ in thousands)

	Period 8- Month			Period 8- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	443	678	(235)	41,383	(18,135)	59,518
Los Gatos	5,777	2,006	3,771	23,341	11,571	11,770
Sub Total - El Camino Hospital, excl. Affilates	6,220	2,685	3,536	64,724	(6,565)	71,289
Operating Margin %	7.5%	3.7%		9.2%	-1.2%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	13,099	1,207	11,892	150,506	19,744	130,762
El Camino Hospital Net Margin	19,319	3,892	15,427	215,230	13,180	202,051
ECH Net Margin %	23.2%	5.3%		30.7%	2.3%	
Concern	21	54	(32)	288	248	40
ECSC	0	0	0	(3)	0	(3)
Foundation	1,276	33	1,243	3,795	3	3,792
El Camino Health Medical Network	(2,983)	(2,223)	(760)	(24,188)	(23,388)	(800)
Net Margin Hospital Affiliates	(1,686)	(2,137)	451	(20,108)	(23,137)	3,029
Total Net Margin Hospital & Affiliates	17,633	1,755	15,878	195,122	(9,957)	205,080

El Camino Hospital – Mountain View (\$000s)

Period ending 02/28/2021

Period 8 FY 2020	Period 8 FY 2021	Period 8 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
259,677	238,441	226,781	11,660	5.1%	Gross Revenue	2,070,147	2,110,429	1,674,858	435,571	26.0%
(188,013)	(177,534)	(169,992)	(7,543)	(4.4%)	Deductions	(1,521,073)	(1,568,939)	(1,242,226)	(326,712)	(26.3%)
71,664	60,906	56,790	4,117	7.2%	Net Patient Revenue	549,075	541,491	432,632	108,859	25.2%
1,494	1,081	1,501	(420)	(28.0%)	Other Operating Revenue	14,579	11,814	13,818	(2,004)	(14.5%)
73,158	61,988	58,291	3,697	6.3%	Total Operating Revenue	563,654	553,304	446,450	106,855	23.9%
					OPERATING EXPENSE					
36,982	38,395	34,593	(3,802)	(11.0%)	Salaries & Wages	292,794	306,930	279,947	(26,983)	(9.6%)
10,083	10,099	8,585	(1,514)	(17.6%)	Supplies	84,523	84,560	66,093	(18,467)	(27.9%)
6,926	7,225	6,646	(579)	(8.7%)	Fees & Purchased Services	54,993	55,042	54,181	(861)	(1.6%)
2,560	(134)	2,347	2,481	105.7%	Other Operating Expense	21,160	17,736	19,365	1,629	8.4%
1,458	1,392	916	(477)	(52.1%)	Interest	4,227	11,392	7,396	(3,997)	(54.0%)
3,725	4,567	4,526	(41)	(0.9%)	Depreciation	28,935	36,261	37,604	1,343	3.6%
61,734	61,544	57,612	(3,932)	(6.8%)	Total Operating Expense	486,632	511,921	464,585	(47,336)	(10.2%)
11,424	443	678	(235)	(34.7%)	Net Operating Margin	77,022	41,383	(18,135)	59,518	(328.2%)
(28,834)	13,099	1,207	11,892	985.1%	Non Operating Income	19,423	150,506	19,744	130,762	662.3%
(17,411)	13,542	1,885	11,656	618.2%	Net Margin	96,445	191,889	1,609	190,280	11825.3%
16,607	6,402	6,119	282	4.6%	Operating EBIDA	110,184	89,036	26,864	62,173	231.4%
					Operating EBIDA Margin	19.5%	16.1%	6.0%	10.1%	
22.7%	10.3%	10.5%	(0.2%)		Operating Margin	13.7%	7.5%	-4.1%	11.5%	
15.6%	0.7%	1.2%	(0.4%)		Net Margin	17.1%	34.7%	0.4%	34.3%	
-23.8%	21.8%	3.2%	18.6%							

El Camino Hospital – Los Gatos (\$000s)

Period ending 02/28/2021

Period 8 FY 2020	Period 8 FY 2021	Period 8 Budget 2021	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2020	YTD FY 2021	YTD Budget 2021	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
59,023	67,718	57,996	9,722	16.8%	Gross Revenue	475,192	577,384	455,439	121,945	26.8%
(45,714)	(46,631)	(43,162)	(3,469)	(8.0%)	Deductions	(356,906)	(433,509)	(339,341)	(94,168)	(27.8%)
13,310	21,088	14,834	6,254	42.2%	Net Patient Revenue	118,286	143,874	116,098	27,776	23.9%
377	257	271	(14)	(5.2%)	Other Operating Revenue	3,063	2,783	2,170	613	28.2%
13,687	21,345	15,105	6,240	41.3%	Total Operating Revenue	121,349	146,657	118,268	28,389	24.0%
					OPERATING EXPENSE					
7,479	8,033	6,864	(1,168)	(17.0%)	Salaries & Wages	59,974	66,268	56,624	(9,644)	(17.0%)
2,360	3,058	2,394	(664)	(27.7%)	Supplies	18,261	23,594	18,711	(4,883)	(26.1%)
2,711	2,958	2,639	(319)	(12.1%)	Fees & Purchased Services	21,885	23,215	21,332	(1,883)	(8.8%)
359	422	386	(36)	(9.4%)	Other Operating Expense	2,700	3,068	3,399	331	9.7%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
769	1,097	815	(282)	(34.6%)	Depreciation	6,326	7,171	6,632	(539)	(8.1%)
13,679	15,568	13,099	(2,469)	(18.8%)	Total Operating Expense	109,146	123,316	106,697	(16,619)	(15.6%)
8	5,777	2,006	3,771	187.9%	Net Operating Margin	12,203	23,341	11,571	11,770	101.7%
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
8	5,777	2,006	3,771	187.9%	Net Margin	12,203	23,341	11,571	11,770	101.7%
777	6,874	2,822	4,052	143.6%	Operating EBIDA	18,529	30,512	18,202	12,309	67.6%
					Operating EBIDA Margin	15.3%	20.8%	15.4%	5.4%	
					Operating Margin	10.1%	15.9%	9.8%	6.1%	
					Net Margin	10.1%	15.9%	9.8%	6.1%	

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO**

To: El Camino Hospital Board of Directors
From: Cecile Currier, VP Corporate and Community Health Services and President, CONCERN, EAP and Barbara Avery, Director, Community Benefit
Date: March 29, 2021
Subject: ECH Community Benefit Midyear Metrics

Purpose: To provide a) an overview of ECH Community Benefit and b) information regarding midyear grant performance.

Summary:

1. **Situation:** To inform the Finance Committee about the Community Benefit process to assist its new role in assessing Hospital Community Benefit and provide an update on Midyear FY21 grant performance.

2. **Authority:**

Community Benefit Process:

In February 2021, the Hospital Board of Directors approved revisions to the Community Benefit Policy to (1) replace the Community Benefit Advisory Council (CBAC) review with review by the Hospital Community Benefit Committee (HCBC)* and (2) delegate approval of the El Camino Hospital Annual Community Benefit Plan and certain midyear grant funding changes to the Finance Committee.

Midyear Grant Update:

Midyear performance is provided through the Metric Dashboard.

3. **Background:**

Community Benefit Process:

- Community Benefit goal: to provide a diverse range of services and activities that address identified health needs.
 - Strategies include prevention and direct services (e.g., chronic disease management, access to primary and integrated mental health care).
- Funding framework: Community Health Needs Assessment (CHNA), conducted every three years as required by state and federal regulations, determines health needs.
- Grant Process overview: 1. Staff assessment of grant proposals → 2. Hospital Community Benefit Committee (HCBC) review and recommendations → 3. Development of Annual Community Benefit Plan including HCBC grant recommendations → 4. Finance Committee review and approval (May) → 5. Agreements developed for approved grant partners → 6. Partners submit Midyear and Yearend Reports.
- If Community Benefit Grant partners are unable to provide funded services (e.g. unable to hire staff to provide services), funds are returned to ECH.

FY21 Midyear Grant Performance Update:

- In June 2020, the ECH Board of Directors approved \$3,446,000 for 48 grants.
- Midyear reports have historically been requested by the Board to provide an update on budget, metrics and challenges/successes.

FY21 Community Benefit Midterm Report
March 29, 2021

4. Assessment: N/A
5. Other Reviews: N/A
6. Outcomes:
 - Due to the COVID pandemic fewer targets were met than typical at midyear: 51% of grants met all of their metrics and 60% of programs met 80%+ metrics
 - Staff engaged in on-going communication with grant partners to understand challenges/ service delivery adaptations; continuation of virtual services was generally successful despite changing guidelines.
 - Yearend performance often improves over midyear

List of Attachments:

1. FY21 El Camino Hospital & El Camino Healthcare District Community Benefit Grant Portfolio
2. FY21 El Camino Hospital Community Benefit Midyear Metrics Dashboard

Suggested Committee Discussion Questions:

1. What additional background information do committee members need to satisfy their fiduciary duty related to approval of the Annual Community Benefit Plan?

*Note: “CEO’s Committee” referred to in previous material is now entitled Hospital Community Benefit Committee “HCBC”.

Community Benefit Grant Funding



\$7.7 Million invested to address unmet health needs and improve the health of the people in the District.

Healthy Body Program Partners

- 5210 Health Awareness Program** — School-based nutrition and health program at Cupertino Union and Sunnyvale School Districts
- Bay Area Women's Sports Initiative** — Physical activity and self-esteem program for girls at Sunnyvale School District
- Breathe California of the Bay Area** — Education, screening and training for older adults with respiratory conditions
- Community Services Agency Mountain View** — Intensive case management for older adults with chronic disease
- Cupertino Union School District** — School nurse program
- Day Worker Center of Mountain View** — Promoting wellness and nutrition among the underserved
- Fresh Approach** — Mobile farmers market and nutrition education for low-income community members
- GoNoodle** — Movement and mindfulness programs for youth in Los Altos, Mountain View Whisman and Sunnyvale School Districts
- Health Mobile** — Mobile dental services for homeless and low-income community members
- Healthier Kids Foundation** — Dental and hearing screenings for children
- Hope's Corner** — Nutritious meals for homeless and the food insecure
- Living Classroom** — Garden-based school nutrition program at Mountain View Whisman and Sunnyvale School Districts
- Medical Respite** — Medical care and psychosocial services for homeless patients
- Mountain View Whisman School District** — School nurse program
- New Directions** — Coordination of care and connection to safety-net services for homeless and at-risk community members
- On-site Dental Care Foundation** — Mobile dental services and education for low-income and homeless community members
- Pathways Home Health & Hospice** — Compassionate care for the uninsured and underinsured
- Planned Parenthood Mar Monte Mountain View Health Center** — Primary care services for the underserved
- Playworks** — Physical activity and positive school climate program at Mountain View Whisman and Sunnyvale School Districts
- Ravenswood Family Health Center** — Primary care, behavioral health and preventive services for the uninsured
- Santa Clara Valley Medical Center** — Integrated behavioral health and dental services for at-risk adults
- Sunnyvale School District** — School nurse program
- Teen Health Van** — Mobile primary care and psychosocial services at Mountain View Los Altos High School District for at-risk youth
- Vista Center for the Blind and Visually Impaired** — Vision rehabilitation program

Some program activities may be adjusted to address COVID-19 circumstances.

Healthy Mind Program Partners

- Acknowledge Alliance** — Resilience and social-emotional learning lessons for students in elementary schools
- Avenidas** — Supporting older adults with chronic conditions and mental impairments through day health program
- CHAC** — Mental health counseling at Sunnyvale School District
- Cupertino Union School District** — Mental health counseling
- Eating Disorders Resource Center** — Access to services and support for recovery
- Hearts and Minds Center** — Dementia-specific day health program for older adults
- Law Foundation of Silicon Valley** — Removing legal barriers to mental health services
- Los Altos School District** — Mental health counseling program
- Mission Be** — Mindfulness training for elementary and high school students
- Momentum for Mental Health** — Psychiatric services and medication management for underinsured and uninsured
- Mountain View Los Altos High School District** — Mental health counseling program
- National Alliance on Mental Illness (NAMI) Santa Clara County** — Peer support for mental illness
- Sunnyvale Police and Fire Foundation** — Support groups for active and retired public safety workers
- YWCA Silicon Valley** — Trauma-informed counseling services for victims of domestic violence and at-risk youth

Healthy Community Program Partners

- Abode** — Housing navigation and case management
- American Heart Association** — Community screenings for blood pressure and pre-diabetes and multilingual hypertension management classes
- Caminar** — Case management, support groups and advocacy for victims of domestic violence
- Chinese Health Initiative** — Health screenings and education
- Columbia Neighborhood Center** — Fitness and nutrition education program for low-income families and youth
- Farewell to Falls** — Falls prevention through in-home assessment, education and exercise recommendations for older adults
- Health Library & Resource Center, Mountain View** — Eldercare support, health information and medical literature searches
- Maitri** — Culturally-focused crisis counseling and legal representation for domestic violence victims
- Matter of Balance** — Falls prevention classes for older adults
- Mountain View Police Department, Youth Services Unit** — Programs for at-risk youth
- Rebuilding Together Peninsula** — Home repair program for low-income older adults at risk for falls
- RoadRunners** — Patients and older adults transportation program
- South Asian Heart Center** — Screenings and education to prevent heart disease and diabetes
- Sunnyvale Community Services** — Emergency assistance, case management and services for homebound community members
- The Health Trust** — Meals on Wheels program for older adults
- WomenSV** — Case management, support groups and advocacy for victims of domestic violence
- YMCA of Silicon Valley** — Programs for low-income youth

FISCAL YEAR 2021

Community Benefit Grant Funding



\$3.7 Million invested to address unmet health needs and improve the health of the people in our community.



Healthy Body Program Partners

- 5210 Health Awareness Program** — School-based nutrition and health programs at Campbell Union, Cupertino Union and San Jose Unified School Districts
- African American Community Service Agency** — Family health services outreach program for low-income children and families
- Asian Americans for Community Involvement** — Primary care services in East San Jose
- Bay Area Women's Sports Initiative** — Physical activity and self-esteem program for girls at Campbell Union School District
- Better Health Pharmacy, Santa Clara County Public Health Department** — No-cost medication program for low-income individuals
- Breathe California of the Bay Area** — Screenings, education and home assessment for families of children with asthma
- Cambrian School District** — School nurse program
- Campbell Union School District** — School nurse program
- Challenge Diabetes Program** — Pre-diabetes education and support provided at community service agencies
- Community Health Partnership** — Safety-net clinics capacity building, learning collaborative and training
- Cupertino Union School District** — School nurse program
- Gardner Family Health Network** — Clinical services and healthy behavior change program for patients with pre-diabetes and diabetes
- GoNoodle** — Movement and mindfulness programs for youth at K-8 schools
- Health Mobile** — Mobile dental services for homeless and low-income community members
- Healthier Kids Foundation** — Dental and hearing screenings for children
- Indian Health Center of Santa Clara Valley** — Clinical services and healthy behavior change program for young people at risk for or who have pre-diabetes or diabetes
- Latinas Contra Cancer** — Cancer prevention and early detection services
- Mount Pleasant School District** — School nurse program
- Playworks** — Physical activity and positive school climate program at Campbell Union School District
- Pre-diabetes Awareness Initiative (Hill & Company)** — Awareness, screening and chronic disease management resources for pre-diabetes
- Vista Center for the Blind and Visually Impaired** — Vision rehabilitation program

Some program activities may be adjusted to address COVID-19 circumstances.

Healthy Mind Program Partners

- Almaden Valley Counseling Service** — School-based social-emotional skill building in elementary and middle schools
- Alzheimer's Association Latino Family Connections** — Culturally based services for patients and caregivers
- Bill Wilson Center** — Psychotherapy for victims of child abuse
- Cancer CAREpoint** — Counseling for cancer patients, survivors, family members and caregivers
- Child Advocates of Silicon Valley** — Advocacy and support services for foster teens
- Counseling and Support Services for Youth (CASSY)** — Mental health counseling at Campbell Union School District
- Cupertino Union School District** — Mental health counseling
- Jewish Family Services of Silicon Valley** — Mental health support for low-income older adults
- LifeMoves** — Mental health counseling at homeless shelters
- Los Gatos Union School District** — Mental health counseling
- Momentum for Mental Health** — Psychiatric services and medication management for underinsured and uninsured
- Peninsula Healthcare Connection** — Psychiatric services and medication management for homeless and at-risk community members
- Teen Success** — Promoting self-sufficiency and health education for teen mothers
- Uplift Family Services** — Mental health counseling and addiction prevention services at Campbell Union High School District

Healthy Community Program Partners

- American Heart Association** — Multilingual hypertension management classes
- Los Gatos-Saratoga Recreation** — Addressing social isolation among older adults through guided activities and support groups
- Midtown Family Services** — Navigation support for accessing public housing assistance
- Next Door Solutions to Domestic Violence** — Crisis counseling, shelter services and advocacy for victims of domestic violence
- Pacific Hearing Connection** — Screening and access to free or reduced-cost hearing aids for children and adults
- Rebuilding Together Silicon Valley** — Home repair program for seniors at risk for falls
- Sacred Heart Community Service** — Addressing food insecurity through nutrition education and home gardens
- South Asian Heart Center** — Screenings and education to prevent heart disease and diabetes
- Valley Verde** — Home gardens and nutrition education for low-income households
- Veggielution** — Nutrition education and access to fresh produce for low-income households
- West Valley Community Services** — Case management, assistance accessing benefits and nutrition workshops for at-risk families and older adults

Community Benefit FY21 Midyear Grant Metrics Dashboard

- In June 2020, the ECH Board of Directors approved \$3,446,000 for 48 grants for FY21
- This Dashboard reflects FY21 midyear and prior year grant performance
- Grants are organized by three priority areas: Healthy Body, Healthy Mind & Healthy Community; Support Grants (\leq \$30k) are in the second section
- FY21 Metric Data: Columns T – X
- Variance: Supporting details for actuals performing significantly above/below target: Column Y
- Historical performance: Columns D – S
- See legend in footer for metric performance indicators
 - A dash “ – ” represents either 1) program is new so no metrics from prior year(s), or 2) new metric with no historical data

Health Priority Area Column A	Agency/Program Column B	FY21 Metrics Column C	Performance against target: ● = 90%+ ● = 0% - 89%						Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%						Variance: supporting details for actuals significantly above/below target Column Y					
			FY19 6-month target Column D	FY19 6-month actual Column E	FY19 % 6-month metrics met Column G	FY19 Yearend Target Column H	FY19 Yearend Actual Column I	FY19 % Yearend Metrics Met Column K	FY20 6-month Target Column L	FY20 6-month Actual Column M	FY20 % 6-month Metrics Met Column O	FY20 Yearend Target Column P	FY20 Yearend Actual Column Q	FY20 % Yearend Metrics Met Column S		FY21 6-month Target Column T	FY21 6-month Actual Column U	FY21 % 6-month Metrics Met Column W	FY21 Yearend Target Column X	
HEALTHY BODY	Asian Americans for Community Involvement (AACI) Primary Care/Safety Net Clinic FY21 Approved: \$85,000 New Metrics: N/A	Individuals served	-	-		-	-		-	-		-	-		350	359	●	700	Due to the COVID pandemic fewer targets were met than typical at midyear. Staff engaged in on-going communication with grantees to understand challenges/service delivery adaptations. Continuation of virtual service was generally successful, however due to on-going uncertainties and changing guidelines, some programs missed targets, as would be expected. In some cases, virtual services reached more people than expected. *For school-based programs, the continually changing landscape of remote learning vs on-site school due to COVID created tremendous uncertainty for programs and their targets. School Boards made varying decisions throughout July-Dec, compounded by evolving County guidelines. The virtual environment sometimes accelerated program reach/services and in other cases hampered service delivery.	
		Medical appointments	-	-		-	-		-	-		-	-		500	830	●	1000		
		Patients screened for depression with a positive result who are offered integrated behavioral health services	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	40%	44%	●	100%		80%
		Female patients receiving a cervical cancer screening	-	-		-	-		-	-		-	-		34%	35%	●	68%		
		Adult patients with a Body Mass Index (BMI) measured outside the normal parameters who receive follow-up care	-	-		-	-		-	-		-	-		28%	29%	●	55%		
	Better Health Pharmacy Free Medication for Uninsured and Underserved FY21 Approved: \$50,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,000 FY19 Spent: \$50,000 New Metrics: 0 of 5	Patients served (full program)	1,250	1,919	●	2,500	3,040	●	1,500	2,303	●	2,800	3,520	●	2,000	1,937	●	3,000		
		Prescriptions filled (full program)	10,000	12,780	●	20,000	25,456	●	11,000	16,416	●	22,000	32,767	●	14,000	17,485	●	28,000		
		Patients who reported that they are very satisfied with the time waited for services	-	-	100%	-	-	100%	97%	94%	●	100%	97%	91%	●	97%	96%	●	97%	
		Patients who reported that they are very satisfied with the time waited for medication information	-	-		-	-		97%	92%	●		97%	88%	●	97%	96%	●	97%	
		Patients who report that they are very satisfied with the quality of service	-	-		-	-		97%	98%	●		97%	97%	●	97%	100%	●	97%	
	Breathe California Children's Asthma Program FY21 Approved: \$40,000 FY20 Approved: \$50,000 FY20 Spent: \$36,681 FY19 Approved: \$50,000 FY19 Spent: \$42,587 New Metrics: 0 of 3	Individuals served (children, parents, teachers and care providers) through air quality assessment and asthma management training	225	103	●	800	3,344	●	225	580	●	800	630	●	100	87	●	350	Target narrowly missed at 87%. COVID caused many changes throughout schools, daycare centers, and community organizations where agency provides services. Also, target lower than prior year due to reduced funding.	
		Children with asthma receiving multi-session asthma education who show an increase in knowledge/skills	50%	70%	●	70%	70%	●	50%	65%	●	70%	65%	●	N/A	N/A		0%		50%
		Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by assessments of respiratory hazards using the EPA's best-practice environmental checklist	50%	45%	●	50%	73%	●	50%	100%	●	60%	100%	●	N/A	N/A		50%		
	Cambrian School District School Nurse Program FY21 Approved: \$125,000 FY20 Approved: \$128,000 FY20 Spent: \$128,000 FY19 Approved: \$129,500 FY19 Spent: \$129,500 New Metrics: 3 of 5	Students served	1,000	1,360	●	3,400	3,423	●	1,400	1,488	●	3,350	2,885	●	1,400	1,051	●	2,700	Under the stay at home orders, all work with families and student had to be done via Zoom conferencing in one on one meetings with families rather than mass communication and informational meetings. Families needed extra support during the pandemic to understand which services were still open and available for students. Program is working toward getting students in Transitional Kindergarten, Kindergarten and 7th grade who were out of compliance with required immunizations to become compliant was a metric that had tremendous success as it could be done remotely.	
		Staff who complete insulin administration training	-	-		-	-		-	-		-	-		35%	12%	●	50%		
Teachers/staff at target schools who complete training on severe allergies, anaphylaxis, and EpiPen usage		10%	31%	●	30%	100%	●	35%	25%	●	90%	88%	●	35%	12%	●	50%			
Students in Transitional Kindergarten, Kindergarten & 7th grade out of compliance with required immunizations who become compliant		-	-		-	-		-	-		-	-		5%	85%	●	30%			
Students at Bagby Elementary and Sartorette Elementary out of date for oral health screening, now up to date.		-	-		-	-		-	-		-	-		N/A	N/A		12%			
Campbell Union School District School Nurse Program FY21 Approved: \$215,000 FY20 Approved: \$215,000 FY20 Spent: \$215,000 FY19 Approved: \$215,000 FY19 Spent: \$215,000 New Metrics: 5 of 6	Students served	2,100	1,994	●	3,950	3,884	●	2,100	1,950	●	3,950	2,815	●	2,000	2,030	●	3,850	There was concern children may not get all of their mandated vaccinations so agency development new metric to track vaccinations. Fortunately, CUSD had a higher percentage of students than anticipated receiving their vaccinations which shows in the data. Epi-Pen training was challenging due to the inability to provide in-person demonstrations, staff were asked to engage in an Epi-Pen training video, and hybrid training program scheduled for spring 2021.		
	Kindergarten students enrolled in Rosemary and Lynhaven schools who are noncompliant with immunizations receive their required vaccinations by California School Immunization Law	-	-		-	-		-	-		-	-		10%	68%	●	18%			
	School staff (including teachers, psychologists, speech language pathologists and other staff members) who receive Epi-Pen Trainings	-	-	100%	-	-	100%	-	-	100%	-	-	60%	45%	37%	●	83%		65%	
	Classrooms participating in handwashing videos and teeth brushing videos among two Title 1 elementary schools	-	-		-	-		-	-		-	-		30%	30%	●	45%			
	Classrooms in elementary schools with a high percentage, of free reduced lunch participating in GoNoodle (movement and mindfulness videos) activities at least once a week, for 10 weeks sessions	-	-		-	-		-	-		-	-		25%	27%	●	75%			
Special education students who receive flu vaccinations (due to being a vulnerable population)	-	-		-	-		-	-		-	-		10%	13%	●	18%				

Community Benefit Dashboard Notes

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FY20

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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.

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	Challenge Diabetes Program FY21 Approved: \$80,000 FY20 Approved: \$195,000 FY20 Spent: \$157,664 FY19 Approved: \$196,468 FY19 Spent: \$129,367 New Metrics: 1 of 5	Clients served	450	396	●	450	427	●	426	321	●	426	321	●	150	158	●	150	Funding reduction in addition to programming adjustments due to COVID, resulted in lower targets than prior year.	
		Services provided	2,000	1,969	●	4,000	3,861	●	1,285	1,078	●	4,270	1,900	●	1,552	872	●	2,282	Agency reported older and/or lower income clients experienced challenges accessing services due to technology/ internet.	
		Participants who agree or strongly agree that they are confident in their ability to eat healthy food	-	-	50%	-	-	83%	75%	98%	●	50%	75%	97%	●	80%	96%	●	80%	
		Participants who agree or strongly agree that they are confident in their ability to get enough physical activity	-	-		-	-		75%	94%	●		75%	93%	●	80%	96%	●	80%	
		Participants who take the CDC Pre-diabetes Risk Assessment	-	-		-	-		-	-			-	-		80%	87%	●	80%	
	Community Health Partnership Patient Engagement Learning Collaborative of Safety-net Clinics FY21 Approved: \$61,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,000 FY19 Spent: \$50,000 New Metrics: 0 of 3	Clinic staff who attend Learning Collaborative training sessions on patient attribution and patient engagement	20	22	●	60	86	●	20	30	●	60	60	●	20	32	●	60	Virtual environment resulted in more safety net clinic staff participating, however the focus understandably shifted to patient needs during COVID instead of the Initial Health Assessment (IHA), therefore impacting workflow implementation. Additionally, some clinics had staff reductions, impacting efforts specific to IHA workflows.	
		Safety net clinics where Initial Health Assessment workflow is implemented to improve processing of member attribution lists, data and patient engagement	6	6	●	12	28	●	9	9	●	31	31	●	9	0	●	25		
		Increase in number of documented Initial Health Assessments (annual wellness exams or office visits) for previously unseen patients from baseline	1% (represents 844 patients)	6% (represents ~5,000 patients)	●	3%	7%	●	3%	N/A		6%	2%	●	N/A	N/A		5%		
	ECH COVID Community Testing & Vaccine Program FY21 Approved: \$50,000 New Metrics: N/A	Individuals served	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	200	217	●	400	100%	
	Cupertino Union School District School Nurse Program FY21 Approved: \$90,000 FY20 Approved: \$81,921 FY20 Spent: \$81,921 FY19 Approved: \$76,000 FY19 Spent: \$76,000 New metrics: 4 of 5	Students served	560	548	●	1,225	1,103	●	563	510	●	1,103	964	●	600	654	●	1,300		
		First grade students out of compliance with required physical who become compliant	-	-		-	-		-	-		-	-		N/A	N/A		15%		
		Students in TK, Kindergarten & 7th grade non-compliant with required vaccines who become compliant	-	-	100%	-	-	100%	-	-	100%	-	-	50%	25%	37%	●	50%	The health clerks developed a strong campaign about the importance of maintaining routine vaccinations during COVID which resulted in a positive response.	
		Families of students who suffer from heart disease, diabetes, respiratory conditions and other serious illnesses who respond to nursing staff update inquiries	-	-		-	-		-	-		-	-		60%	38%	●	80%	Staff utilized many strategies to engage with families of students with serious health conditions, but did not achieve the success anticipated. Staff continues to reach out to these families.	
	Gardner Family Health Network Prediabetes and Diabetes FY21 Approved: \$225,000 FY20 Approved: \$220,000 FY20 Spent: \$220,000 FY19 Approved: \$220,000 FY19 Spent: \$220,000 New Metrics: 0 of 4	Patients served	800	773	●	1,500	1,466	●	800	1,402	●	1,500	1,706	●	730	752	●	1,370		
		Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator	1,280	1,163	●	2,560	3,568	●	1,425	2,404	●	2,910	3,563	●	1,300	1,375	●	2,650		
Patients demonstrating a reduction in body weight		49%	44%	●	49%	48%	●	49%	48%	●	49%	42%	●	40%	46%	●	40%			
Patients demonstrating a reduction in HbA1c levels		65%	50%	●	65%	44%	●	44%	49%	●	44%	41%	●	40%	29%	●	40%	Telehealth appointments resulted in fewer patients receiving A1c testing at the clinic; agency is scheduling more patients for A1c testing for second half of the year.		
GoNoodle Youth Movement & Mindfulness FY21 Approved: \$113,000 FY20 Approved: \$113,000 FY20 Spent: \$113,000 FY19 Approved: \$113,000 FY19 Spent: \$113,000 New Metrics: 0 of 5	Students served	-	-		-	-		38,250	34,255	●	38,250	39,308	●	38,250	44,218	●	38,250	GoNoodle at Home, a program expanded by the agency in response to shelter-in-place to support children, families and teachers with physical activities and mindfulness, demonstrated a very high engagement rate.		
	Schools served	220	184	●	220	184	●	184	189	●	184	197	●	184	198	●	184			
	GoNoodle physical activity breaks played	150,000	134,146	●	245,000	251,691	●	120,000	96,472	●	238,000	218,924	●	100,000	137,591	●	238,000			
	Teachers who believe GoNoodle benefits their students' focus and attention in the classroom	N/A	N/A		90%	93%	●	N/A	N/A		92%	N/A		N/A	N/A		93%			
	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		60%	80%	●	N/A	N/A		75%	N/A		N/A	N/A		98%			

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FY20 and FY21

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FY20

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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.

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HEALTHY BODY	Health Mobile Dental Services FY21 Approved: \$75,000 New Metrics: N/A	Low-income and homeless individuals served	-	-		-	-		-	-		-	-		45	25	●	200	Due to pandemic, agency was only able to provide emergency dental care at clinic site which had limited capacity; anticipate meeting annual targets.
		Dental procedures provided	-	-		-	-		-	-		-	-		270	165	●	1,200	
		Patients who report increased knowledge about their oral health	-	-		-	-		-	-		-	-		90%	90%	●	90%	
		Patients who report no pain after their first visit	-	-		-	-		-	-		-	-		90%	90%	●	90%	
	Indian Health Center Youth Diabetes & Obesity FY21 Approved: \$80,000 FY20 Approved: \$74,000 FY20 Spent: \$73,528 FY19 Approved: \$74,000 FY19 Spent: \$74,000 New Metrics: 1 of 5	Youth patients served	100	145	●	185	235	●	130	143	●	200	216	●	125	140	●	230	*For school-based programs, the continually changing landscape of remote learning vs on-site school due to COVID created tremendous uncertainty for programs and their targets. School Boards made varying decisions throughout July-Dec, compounded by evolving County guidelines. The virtual environment sometimes accelerated program reach/services and in other cases hampered service delivery.
		Services provided	250	243	●	500	659	●	250	455	●	500	733	●	400	383	●	800	
		Patients who decrease their BMI percentile	15%	39%	●	30%	34%	●	20%	39%	●	30%	44%	●	20%	40%	●	30%	
		Patients who demonstrate retention of key health material through assessments	-	-		-	-		-	-		-	-		65%	95%	●	65%	
	Mt. Pleasant School District School Nurse Program FY21 Approved: \$125,000 FY20 Approved: \$125,000 FY20 Spent: \$97,983 FY19 Approved: \$124,000 FY19 Spent: \$81,841 New Metrics: 4 of 5	Students served	800	1,158	●	2,100	2,204	●	2,200	2,126	●	2,200	2,133	●	600	625	●	1,900	Although the nurse publicized and communicated with families regarding the flu vaccine, the District is in East Palo Alto, a high-risk area for COVID, and many parents feared taking children to doctors or hospitals due to the perceived risk of infection.
		Special education students who receive a flu vaccine (due to being a vulnerable population)	-	-		-	-		-	-		-	-		10%	5%	●	14%	
		Students in Kindergarten and 7th grade who are non-compliant with required vaccines who become compliant	-	-		-	-		-	-		-	-		30%	30%	●	45%	
		Staff completing health related trainings	-	-		-	-		-	-		-	-		60%	55%	●	75%	
	Playworks Physical Activity & Anti-bullying FY21 Approved: \$86,000 FY20 Approved: \$91,627 FY20 Spent: \$91,627 FY19 Approved: \$102,000 FY19 Spent: \$102,000 New Metrics: 1 of 5	Students served	2,328	2,332	●	2,328	2,300	●	2,332	2,195	●	2,332	1,953	●	1,950	N/A		1,950	While this program usually performs well, school district where services are delivered chose to temporarily reduce ancillary services, impacting programming in first half of year. Note, agency was able to operate in other school districts outside of the Hospital service area. No funds expended in first half of the year. *See school-based program COVID note in header of supporting details.
		Teachers/administrators surveyed who agree or strongly agree that Playworks helps increase physical activity	N/A	N/A		95%	100%	●	N/A	N/A		95%	100%	●	N/A	N/A		91%	
		Teacher/administrators who agree or strongly agree that Playworks helps increase social awareness and self-regulation	-	-		-	-		-	-		-	-		N/A	N/A		90%	
		Teachers reporting that overall student engagement increased use of positive language, attentiveness and participation in class	N/A	N/A		80%	100%	●	N/A	N/A		90%	100%	●	N/A	N/A		90%	
Pre-diabetes Screening Awareness Initiative FY21 Approved: \$100,000 FY20 Approved: \$122,800 FY20 Spent: \$122,800 FY19 Approved: \$140,000 FY19 Spent: \$140,000 New Metrics: 0 of 4	Individuals served	1,350	1,415	●	3,000	3,060	●	1,575	1,638	●	3,500	3,513	●	1,035	825	●	2,300	Agency experienced delay in starting program; reported annual metrics expected to be met.	
	CDC Pre-diabetes Risk Assessment Administered	1,080	1,149	●	2,400	2,554	●	1,260	1,346	●	2,800	2,267	●	517	155	●	1,150		
	Text messages delivered	15,700	15,987	●	44,856	44,909	●	16,709	17,679	●	47,740	46,723	●	10,850	4,660	●	31,000		
	Participants who report learning about pre-diabetes and its risks, without prior knowledge of the topic, after attending a presentation	-	-		-	-		70%	76%	●	70%	75%	●	70%	64%	●	70%		
Vista Center for the Blind and Visually Impaired FY21 Approved: \$40,000 FY20 Approved: \$40,000 FY20 Spent: \$40,000 FY19 Approved: \$40,000 FY19 Spent: \$40,000 New Metrics: 0 of 5	Individuals served	23	31	●	57	66	●	25	26	●	65	65	●	31	30	●	62		
	Services provided (information & referral, intake, counseling, support group, adapted daily living skills, orientation & mobility, assistive technology, low vision evaluation)	200	203	●	450	494	●	200	282	●	475	521	●	240	287	●	475		
	Clients who rate at least a 4 on a scale of 1 (unsatisfactory) to 5 (satisfactory) that they were informed about resources, community agencies and programs that are available to help live with vision loss	90%	100%	●	90%	98%	●	90%	100%	●	90%	100%	●	N/A	N/A		90%		
	Clients who report being somewhat confident to confident in their ability to safely move within their residence	80%	100%	●	80%	85%	●	85%	92%	●	85%	92%	●	N/A	N/A		85%		
	Clients who indicate that they are able to read printed material after program participation	70%	71%	●	70%	75%	●	70%	85%	●	70%	82%	●	N/A	N/A		70%		

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FY19

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HEALTHY MIND	Almaden Valley Counseling Services <i>School-based Mental Health Counseling</i> FY21 Approved: \$70,000 FY20 Approved: \$60,000 FY20 Spent: \$60,000 FY19 Approved: \$60,000 FY19 Spent: \$60,000 New Metrics: 0 of 4	Students served	30	169	●	280	438	●	60	83	●	280	222	●	90	131	●	240	Targets were set with the impact of COVID on services last spring, during which participation was lower, however by Fall students and families were more comfortable with virtual counseling and greater numbers participated than could be anticipated. Therapists also conducted greater outreach to encourage participation. *See school-based program COVID		
		Counseling sessions provided	400	374	●	1,700	3,330	●	300	391	●	1,755	1,501	●	500	1,132	●	1,000			
		Students who improved by at least 3 points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	N/A	100%	50%	100%	●	100%	N/A	N/A	100%	50%	N/A	0%	N/A	N/A	100%		50%	
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher or therapist report (for students age 10 and under)	N/A	N/A		50%	100%	●		N/A	N/A		50%	N/A		N/A	N/A			50%	
	Alzheimer's Association <i>Latino Family Connections</i> FY21 Approved: \$65,000 FY20 Approved: \$70,000 FY20 Spent: \$70,000 FY19 Approved: \$70,000 FY19 Spent: \$70,000 New Metrics: 0 of 5	Individuals served	238	316	●	475	568	●	275	162	●	530	305	●	150	100	●	300	Individuals served includes hotline clients and educational session participants. While fewer individuals accessed the hotline, the need for education sessions exceeded expectations.		
		Services provided	476	316	●	726	854	●	295	292	●	625	705	●	325	345	●	650			
		Information and Referral Services clients who agree or strongly agree they are able to find resources to utilize	-	-	67%	-	-		100%	N/A	N/A	50%	95%	93%	●	80%	N/A	N/A		50%	95%
		Educational Sessions or Caregiver Training recipients who agree or strongly agree they were satisfied with the services received	-	-		-	-			N/A	N/A		95%	96%	●		N/A	N/A			95%
		Care consultation participants who agree or strongly agree they are better informed of necessary steps to address identified needs	-	-		-	-			N/A	N/A		90%	92%	●		N/A	N/A			90%
	Counseling and Support Services for Youth (CASSY) <i>School-based Mental Health Counseling</i> FY21 Approved: \$120,000 FY20 Approved: \$100,000 FY20 Spent: \$100,000 FY19 Approved: \$100,000 FY19 Spent: \$100,000 New Metrics: 0 of 5	Students served	100	102	●	500	556	●	100	244	●	500	290	●	125	60	●	250	School district where services are delivered had to make adjustments impacting ancillary services, resulting in fewer referrals in first half of the year. Agency also provided more frequent services to the fewer students served based on acute need. *See school-based program COVID note in header of supporting details.		
		Service hours provided	200	209	●	680	798	●	221	224	●	575	441	●	110	155	●	250			
		Students who show an increase in pro-social behaviors and a decrease in antisocial behaviors, resulting in an increase of at least 5 points according to the CGAS or stabilization at a 71 or above	N/A	N/A	100%	85%	99%	●	100%	N/A	N/A	100%	85%	100%	●	33%	N/A	N/A		50%	85%
Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)		N/A	N/A		50%	N/A			N/A	N/A		50%	25%	●		N/A	N/A			50%	
Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)		N/A	N/A		50%	N/A			N/A	N/A		50%	19%	●		N/A	N/A			50%	
Cupertino Union School District <i>Mental Health Counseling</i> FY21 Approved: \$120,000 FY20 Approved: \$140,000 FY20 Spent: \$140,000 FY19 Approved: \$165,000 FY19 Spent: \$165,000 New Metrics: 0 of 5	Students served	195	258	●	395	403	●	150	181	●	395	230	●	63	92	●	157	Targets adjusted to reflect reduced funding and were set with the impact of COVID on services last spring, during which participation was lower, however by Fall students and families were more comfortable with virtual counseling and greater numbers participated than could be anticipated. *See school-based program COVID note in header of Supporting Details.			
	Service hours provided	1,470	2,001	●	4,251	4,486	●	1,175	2,435	●	4,251	5,284	●	730	963	●	1,750				
	Students who improved by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	N/A	N/A	100%	50%	56%	●	100%	N/A	N/A	100%	50%	50%	●	40%	N/A	N/A		100%	50%	
	Students who improved by at least 3 points from pre-test (at the beginning of counseling services) to post-test (prior to termination of services) on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	N/A		50%	59%	●		N/A	N/A		50%	42%	●		N/A	N/A			50%	
	Students who improve on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report	60%	61%	●	80%	82%	●		60%	57%	●	80%	70%	●		60%	76%		●	80%	
Jewish Family Services of Silicon Valley <i>Senior Case Management</i> FY21 Approved: \$80,000 FY20 Approved: \$75,000 FY20 Spent: \$75,000 FY19 Approved: \$75,000 FY19 Spent: \$75,000 New Metrics: 0 of 4	Older adults served	60	95	●	100	104	●	70	109	●	95	145	●	90	118	●	120	Due to the pandemic, more individuals than anticipated requested services to help manage their anxiety and fear.			
	Encounters	195	311	●	359	560	●	250	1,263	●	500	2,513	●	350	430	●	850				
	Clients who report utilization of at least two behavioral health services	70%	73%	●	95%	100%	●	80%	70%	92%	●	95%	94%	●	75%	50%	52%		●	100%	75%
	Clients who report decreased feelings of isolation due to the addition of one to three hours of planned weekly social engagement	35%	36%	●	60%	63%	●		35%	47%	●	60%	53%	●		35%	48%		●	60%	

Community Benefit Dashboard Notes

FY20 and FY21

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FY19

- A metric receives a "green" indicator if performance against target is 90% - 100%
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N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year.

Health Priority Area <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%						Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%						Variance: supporting details for actuals significantly above/below target <i>Column Y</i>					
			FY19 6-month target <i>Column D</i>	FY19 6-month actual <i>Column E</i>	FY19 % 6-month metrics met <i>Column G</i>	FY19 Yearend Target <i>Column H</i>	FY19 Yearend Actual <i>Column I</i>	FY19 % Yearend Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	FY20 % 6-month Metrics Met <i>Column O</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	FY20 % Yearend Metrics Met <i>Column S</i>		FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	FY21 % 6-month Metrics Met <i>Column W</i>	FY21 Yearend Target <i>Column X</i>	
HEALTHY MIND	LifeMoves Mental Health Counseling at Homeless Shelters FY21 Approved: \$60,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000 New Metrics: 2 of 5	Individuals served	25	29	●	80	122	●	50	116	●	150	187	●	55	60	●	160		
		Services provided (Individual, group and milieu therapy)	80	90	●	240	248	●	100	137	●	375	390	●	120	132	●	375		
		Clients who attend at least three individual therapy sessions who report improved functioning and well-being	85%	90%	●	85%	90%	●	80%	95%	●	85%	93%	●	N/A	N/A		85%		
		Clients who learned how trauma affects themselves and their family	-	-		-	-		-	-		-	-		N/A	N/A		75%		
		Practicum students who report that their experience will be useful in their future ability to serve the greater community	-	-		-	-		-	-		-	-		N/A	N/A		85%		
	Los Gatos Union School District Mental Health Counseling FY21 Approved: \$110,000 New Metrics: N/A	Individuals served	-	-		-	-		-	-		-	-		380	467	●	775	Due to remote learning, school districts set-up remote Social Emotional Learning (SEL) sessions resulting in reaching more students than the traditional model of teachers identifying students with needs first. At the same time, service hours were impacted by fewer 1:1 counseling and teacher support sessions than expected. *See school-based program COVID note in header of supporting details.	
		Services provided (in hours)	-	-		-	-		-	-		-	-		425	271	●	850		
		Teachers who participate in modeled lessons or other professional development will increase their self-reported competency ratings	-	-		-	-		-	-		-	-		30%	0%	●	60%		Teacher program postponed to spring due to COVID; agency intends to complete by yearend.
		Parents who participate in Parent Education Seminar will increase their self-reported readiness to support their student's mental health needs.	-	-		-	-		-	-		-	-		40%	86%	●	80%		Agency had stronger than anticipated parent engagement in this program. The online availability of the program likely promoted this engagement and outcome.
		Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (middle school for students age 11-17).	-	-		-	-		-	-		-	-		N/A	N/A		50%		50%
Momentum for Mental Health FY21 Approved: \$51,000 FY20 Approved: \$50,000 FY20 Spent: \$50,000 FY19 Approved: \$50,860 FY19 Spent: \$50,860 New Metrics: 0 of 3	Patients served	13	22	●	25	25	●	16	21	●	25	24	●	16	17	●	25			
	Services provided	165	168	●	330	383	●	165	217	●	330	438	●	165	231	●	350	During this reporting period there has been a number of clients whom are high users of counseling and case management services.		
	Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum	97%	100%	●	97%	100%	●	97%	95%	●	97%	95%	●	97%	94%	●	97%			
Peninsula HealthCare Connection FY21 Approved: \$90,000 FY20 Approved: \$90,000 FY20 Spent: \$90,000 FY19 Approved: \$90,000 FY19 Spent: \$90,000 New Metrics: 2 of 6	Patients served	100	98	●	200	302	●	100	87	●	200	257	●	130	281	●	260	The pandemic increased demand for mental health services.		
	Services provided (psychiatry, therapy, and case management)	322	268	●	645	402	●	322	293	●	645	397	●	300	365	●	600	Patients are now familiar with telehealth resulting in more frequent attendance.		
	Depression screenings provided	-	-		-	-		-	-		-	-		100	108	●	200			
	Psychiatry patients that attend scheduled follow up appointments	50%	50%	●	70%	100%	●	50%	65%	●	70%	60%	●	60%	68%	●	75%			
	Psychiatric patients not hospitalized in a 12-month period	85%	85%	●	85%	100%	●	85%	85%	●	90%	85%	●	85%	88%	●	90%			
Uplift Family Services School-based Mental Health Counseling FY21 Approved: \$230,000 FY20 Approved: \$230,000 FY20 Spent: \$230,000 FY19 Approved: \$230,000 FY19 Spent: \$230,000 New Metrics: 0 of 6	Students served in Campbell Union High School District with individual and/or group counseling and classroom presentations	1,125	2,252	●	2,900	2,790	●	1,125	1,015	●	2,900	1,496	●	500	552	●	1,650			
	Service hours provided	1,040	724	●	2,200	1,993	●	940	865	●	2,070	1,946	●	582	642	●	1,345			
	Students who increase their school attendance for pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues	N/A	N/A		20%	77%	●	N/A	N/A		30%	20%	●	N/A	N/A		20%			
	Students who decrease high risk behaviors from pre to post rating (defined as at least alone point change on the CANS 50 assessment), among students served who have high risk behaviors	N/A	N/A		60%	77%	●	N/A	N/A		60%	65%	●	N/A	N/A		60%			
	Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings	N/A	N/A		80%	100%	●	N/A	N/A		80%	80%	●	N/A	N/A		80%			
Students who increase coping skills from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with trauma, depression, anxiety, and/or anger	N/A	N/A		80%	79%	●	N/A	N/A		80%	80%	●	N/A	N/A		80%				

Community Benefit Dashboard Notes

FY20 and FY21

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FY20

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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 <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%						Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%						Variance: supporting details for actuals significantly above/below target <i>Column Y</i>					
			FY19 6-month target <i>Column D</i>	FY19 6-month actual <i>Column E</i>	FY19 % 6-month metrics met <i>Column G</i>	FY19 Yearend Target <i>Column H</i>	FY19 Yearend Actual <i>Column I</i>	FY19 % Yearend Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	FY20 % 6-month Metrics Met <i>Column O</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	FY20 % Yearend Metrics Met <i>Column S</i>		FY21 6-month Target <i>Column T</i>	FY21 6-month Actual <i>Column U</i>	FY21 % 6-month Metrics Met <i>Column W</i>	FY21 Yearend Target <i>Column X</i>	
HEALTHY COMMUNITY	American Heart Association <i>Hypertension Management</i> FY21 Approved: \$50,000 New Metrics: N/A	Individuals served	-	-		-	-		-	-		-	-		40	37	●	80	Agency reported addition of physical activity classes and home resources had a positive impact on participants' success in lowering blood pressure.	
		Hypertension class participants will improve blood pressure by 7mmHg	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	30%	56%	●	100%		
		Hypertension class participants will measure 8 BP readings within 4 months	-	-		-	-		-	-		-	-		50%	53%	●			
		Hypertension class participants adopt health behaviors to improve BP by self-reporting increased fruit and vegetable consumption	-	-		-	-		-	-		-	-		30%	35%	●			
	Next Door Solutions <i>Domestic Violence Services</i> FY21 Approved: \$85,000 FY20 Approved: \$75,000 FY20 Spent: \$75,000 FY19 Approved: \$75,000 FY19 Spent: \$75,000 New Metrics: 0 of 4	Adults served through the Comprehensive Services For Victims of Domestic Violence Program	66	78	●	132	132	●	66	66	●	132	123	●	73	73	●	146	Agency experienced significant increase in demand for self-sufficiency sessions (by 15%) and support group sessions (by 250%). Survey data will be reported at yearend.	
		Services provided	566	621	●	1,133	1,245	●	279	345	●	560	567	●	251	336	●	521		
		Surveyed participants who report that they have gained at least one strategy to increase their safety or their children's safety	80%	92%	●	80%	93%	●	80%	92%	●	80%	93%	●	80%	0%	●	80%		
		Clients engaged in Self-Sufficiency Case Management during the grant period will maintain the level of self-sufficiency	-	-		-	-		55%	55%	●	55%	49%	●	55%	50%	●	55%		
	South Asian Heart Center FY21 Approved: \$75,000 FY20 Approved: \$110,000 FY20 Spent: \$110,000 FY19 Approved: \$170,000 FY19 Spent: \$170,000 New Metrics: 0 of 6	Individuals served	92	102	●	187	193	●	61	66	●	121	151	●	45	49	●	100	This year's cohort of participating families included households with higher occupancy, considerably higher than previous cohorts. COVID also created uncertainty about participation levels at the time of target setting, however participation rates were normal and strong.	
		Services provided	499	510	●	1,018	1,021	●	330	361	●	659	827	●	243	264	●	518		
		Improvement in average level of weekly physical activity from baseline	20%	22%	●	21%	22%	●	20%	19%	●	21%	21%	●	21%	20%	●	21%		
		Improvement in average levels of daily servings of vegetables from baseline	19%	19%	●	20%	20%	●	19%	20%	●	20%	19%	●	20%	19%	●	20%		
		Improvement in levels of HDL-C as measured by follow-up lab test	5%	5%	●	6%	6%	●	5%	5%	●	5%	5%	●	5%	5%	●	6%		
		Improvement in cholesterol ratio as measured by follow-up lab test	6%	6%	●	7%	7%	●	6%	7%	●	6%	6%	●	6%	6%	●	7%		
	Valley Verde <i>Nutrition access/education for low-income households</i> FY21 Approved: \$45,000 FY20 Approved: \$45,000 FY20 Spent: \$45,000 FY19 Approved: \$45,000 FY19 Spent: \$45,000 New Metrics: 0 of 4	Individuals/households served	92	90	●	300	307	●	92	138	●	300	280	●	120	163	●	280	Fewer home visits were conducted due to COVID restrictions and concerns; agency plans more Home Garden program activities in the spring and is optimistic to meet yearend metrics.	
		Services provided	152	150	●	491	612	●	152	180	●	491	403	●	200	142	●	500		
		Participants reporting increased food security for themselves and their children by at least on level on the USDA range, as measured by pre- and post-participation surveys	80%	N/A		80%	22%	●	75%	91%	●	80%	91%	●	N/A	N/A		80%		
		Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group	80%	90%	●	80%	88%	●	80%	91%	●	80%	91%	●	N/A	N/A		80%		
West Valley Community Services <i>Social Work Case Management</i> FY21 Approved: \$153,000 FY20 Approved: \$153,000 FY20 Spent: \$153,000 FY19 Approved: \$150,000 FY19 Spent: \$150,000 New Metrics: 2 of 5	Households served	65	65	●	124	124	●	65	65	●	125	157	●	75	75	●	150	Grant funds support a portion of the total households enrolled in the total program.		
	Households that receive intensive Case Management services	10	10	●	20	20	●	10	10	●	20	50	●	10	10	●	20			
	Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A	100%	80%	80%	●	75%	N/A	N/A	100%	80%	91%	●	100%	N/A	N/A		100%	
	Clients will remain stably housed after 3 months of receiving emergency financial assistance	-	-		-	-		-	-		-	-		N/A	N/A		90%			
West Valley Community Services <i>Social Work Case Management for Older Adults</i> FY21 Approved: \$45,000 FY20 Approved: \$45,000 FY20 Spent: \$45,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000 New Metrics: 0 of 3	Clients who will receive resources related to health and benefits, who develop a saving plan	-	-		-	-		-	-		-	-		N/A	N/A		65%			
	Older adults served	15	20	●	35	42	●	25	25	●	45	45	●	35	35	●	45	Case managers provided older adult clients with greater than anticipated number of services due to increased needs resulting from pandemic.		
	Encounters provided	125	130	●	250	273	●	100%	130	139	●	100%	260	320	●	100%	150		250	●
Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index	N/A	N/A		90%	90%	●	N/A	N/A		90%	94%	●	N/A	N/A		90%				

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FY19

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Support Grants (≤\$30k)																										
5-2-1-0 Healthy Behavior Education for Youth FY21 Approved: \$25,000 FY20 Approved: \$20,000 FY20 Spent: \$20,000 FY19 Approved: \$25,000 FY19 Spent: \$24,450 New Metrics: 0 of 3	Students served	4,000	3,870	●	6,500	5,673	●	4,000	5,471	●	5,600	5,471	●	3,750	109	●	5,250	School district where services are delivered chose to temporarily reduce ancillary services, impacting programming. *See school-based program COVID note in header of supporting details.								
	Students who report being active one or more hours per day after program engagement	N/A	N/A	100%	56%	61%	●	67%	N/A	N/A	100%	56%	60%	●	67%	N/A	N/A	0%	58%							
	Students who report the knowledge to limit sweetened beverages to 0 per day after program engagement	N/A	N/A		75%	78%	●		N/A	N/A		75%	58%	●		N/A	N/A		75%							
African American Community Services Agency (AACSA) Screening/Referrals and Nutrition Education for Families FY21 Approved: \$25,000 FY20 Approved: \$20,000 FY20 Spent: \$20,000 New Metrics: 0 of 3	Individuals served	-	-		-	-		112	282	●	560	401	●	100	624	●	396	Actuals for some services far exceeded targets due to COVID and increased need, particularly in referring families to multiple relief services and emergency assistance. Additionally, online workshops enabled more parents to attend or view at a later time.								
	Encounters (screenings, workshops and class sessions)	-	-	New Program in FY20	-	-	New Program in FY20	112	325	●	100%	560	468	●	50%	150	770		●	100%						
	Parents will report that they have gained a better understanding of how to support their child's healthy development	-	-		65%	75%	●		65%	75%	●		65%	75%	●	N/A	N/A			65%						
BAWSI Girls Program Physical Activity & Self-esteem Program FY21 Approved: \$15,000 FY20 Approved: \$16,500 FY20 Spent: \$16,500 FY19 Approved: \$16,500 FY19 Spent: \$16,500 New Metrics: 0 of 3	Youth served	62	65	●	124	127	●	60	53	●	124	106	●	45	5	●	90	Agency developed virtual program components available online; reported recruiting challenges due to participant's families facing job, housing and food insecurity in addition to connectivity issues and inability to log-in due to competing household needs for devices.								
	Average weekly virtual participation	85%	84%	●	100%	85%	84%	●	100%	80%	83%	●	67%	80%	83%	●	67%		80%	70%	●	33%				
	Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program	75%	92%	●		75%	95%	●		85%	93%	●		85%	86%	●			85%	100%	●					
Healthier Kids Foundation Dental & Hearing Screening/Referrals FY21 Approved: \$30,000 FY20 Approved: \$30,000 FY20 Spent: \$30,000 FY19 Approved: \$30,000 FY19 Spent: \$30,000 New Metrics: 0 of 4	Children screened through DentalFirst	175	187	●	350	368	●	175	168	●	350	364	●	175	103	●	526	Agency was not able to conduct dental screenings when County was in a restricted tier.								
	Children screened through HearingFirst	175	190	●	100%	350	385	●	100%	175	200	●	75%	350	595	●	100%	N/A	N/A		50%	176	Agency set N/A target at midyear due to uncertainty about conducting hearing screenings in the Fall (initially projected hearing screenings would be less likely to occur than dental screening) but was able to complete 159 screenings. Total will be reported at yearend.			
	Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	35%	37%	●		35%	33%	●		35%	28%	●		35%	36%	●		35%	36%	●		60%	75%	●		62%
	Of children dental screened who received a referral, the percent that received and completed appropriate dental services	75%	73%	●		75%	70%	●		75%	74%	●		75%	69%	●		75%	69%	●		60%	75%	●		62%
Latinas Contra Cancer FY21 Approved: \$25,000 New Metrics: N/A	Individuals served	-	-		-	-		-	-		-	-		60	71	●	214	100%								
	Services provided	-	-		-	-		-	-		-	-		122	165	●	458									
	Clients who agree or strongly agree that they better understand key cancer prevention and health messages	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	70%	92%	●	70%									
	Navigation clients who demonstrate a better understanding of their health options by their ability to list two or more options to address their health concerns	-	-		-	-		-	-		-	-		90%	86%	●	90%									
	Health navigation participants who agree or strongly agree that they were overall satisfied with services received	-	-		-	-		-	-		-	-		85%	96%	●	85%									
Bill Wilson Center Psychotherapy for Child Abuse Victims FY21 Approved: \$25,000 FY20 Approved: \$25,000 FY20 Spent: \$25,000 FY19 Approved: \$25,000 FY19 Spent: \$25,000 New Metrics: 0 of 3	Youth served (abused children)	6	6	●	12	12	●	6	6	●	12	12	●	6	6	●	12	100%								
	Services provided	70	61	●	67%	140	151	●	100%	60	65	●	100%	120	133	●	100%		60	64	●	100%	120			
	Youth who report demonstrating improvement in their coping skills	80%	100%	●		90%	100%	●		80%	83%	●		90%	92%	●			80%	83%	●		90%			

Community Benefit Dashboard Notes

FY20 and FY21

● A metric receives a "green" indicator if performance against target is 90% - 100%
 ● A metric receives a "purple" indicator if performance against target is 75% - 89%
 ● A metric receives a "blue" indicator if performance against target is 0% - 74%

FY19

● A metric receives a "green" indicator if performance against target is 90% - 100%
 ● A metric receives a "red" indicator if performance against target is 0% - 89%

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 <i>Column A</i>	Agency/Program <i>Column B</i>	FY21 Metrics <i>Column C</i>	Performance against target: ● = 90%+ ● = 0% - 89%						Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%						Variance: supporting details for actuals significantly above/below target <i>Column Y</i>
			FY19 6-month target <i>Column D</i>	FY19 6-month actual <i>Column E</i>	FY19 % 6-month metrics met <i>Column G</i>	FY19 Yearend Target <i>Column H</i>	FY19 Yearend Actual <i>Column I</i>	FY19 % Yearend Metrics Met <i>Column K</i>	FY20 6-month Target <i>Column L</i>	FY20 6-month Actual <i>Column M</i>	FY20 % 6-month Metrics Met <i>Column O</i>	FY20 Yearend Target <i>Column P</i>	FY20 Yearend Actual <i>Column Q</i>	FY20 % Yearend Metrics Met <i>Column S</i>	

Support Grants (≤\$30k; continued)

	Sacred Heart Community Service <i>Nutrition access/education for low-income households</i> FY21 Approved: \$20,000 New Metrics: N/A	Individuals served	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	10	12	●	100%	31	
		Services provided	-	-		-	-		-	-		10	12		●	55				
		Participants will save an average of at least \$50 a week during harvest season	-	-		-	-		-	-		N/A	N/A			75%				
		Participants will feel a stronger sense of belonging in the community since they started gardening	-	-		-	-		-	-		N/A	N/A			80%				
	Participants will feel prepared to implement skills learned at educational workshops in their gardens	-	-	-	-	-	-	-	-		70%									
	Veggielution <i>Nutrition access/education for low-income households</i> FY21 Approved: \$20,000 New Metrics: N/A	Individuals served	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	88	268	●	67%	176	Pandemic presented a greater need for services and agency was able to successfully adapt systems for more rapid distribution.
		Services provided	-	-		-	-		-	-		-	-		176	446	●		252	
		Cooking class participants report an intention to eat more fresh, local produce	-	-		-	-		-	-		-	-		50%	0%	●		75%	Agency pivoted to online classes but unable to administer the survey typically used for on-site sessions; received hundreds of online views.

Community Benefit Dashboard Notes

FY20 and FY21

- A metric receives a "green" indicator if performance against target is 90% - 100%
- A metric receives a "purple" indicator if performance against target is 75% - 89%
- A metric receives a "blue" indicator if performance against target is 0% - 74%

FY20

- A metric receives a "green" indicator if performance against target is 90% - 100%
- A metric receives a "red" indicator if performance against target is 0% - 89%

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 Overview and Midyear Update

Finance Committee

Barbara Avery, Director Community Benefit

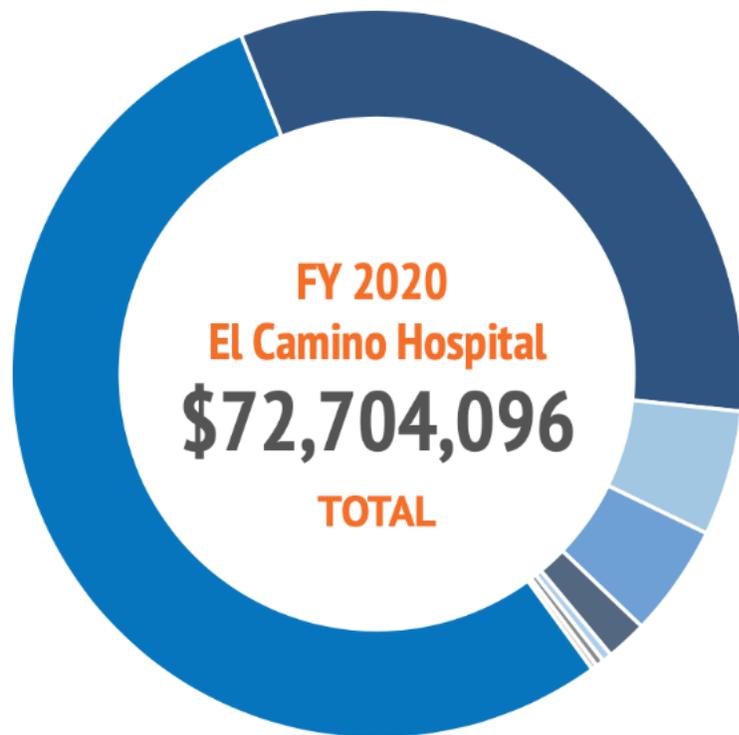
March 29, 2021

What is Community Benefit?

Community Benefit programs provide treatment, prevention or promotion of health as a response to identified community needs. Programs meet at least one of these objectives:



Total Hospital Community Benefit



\$39,218,773 Government-Sponsored Healthcare (Unreimbursed Medi-Cal)

\$23,772,792 Subsidized Health Services

\$4,038,282 Financial Assistance (Charity Care)

\$3,608,795 Grants and Sponsorships

\$1,323,172 Health Professions Education

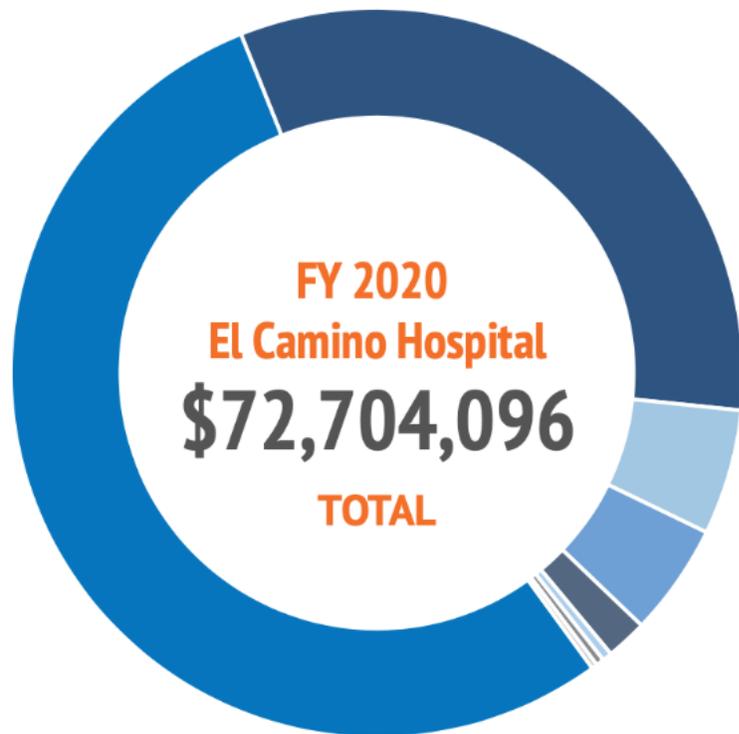
\$308,566 Clinical Research

\$258,109 Community Benefit Operations

\$175,607 Community Health Improvement Services

+ \$118M in Uncompensated Medicare
(Not Included in Community Benefit Total)

Total Hospital Community Benefit



\$39,218,773 Government-Sponsored Healthcare (Unreimbursed Medi-Cal)

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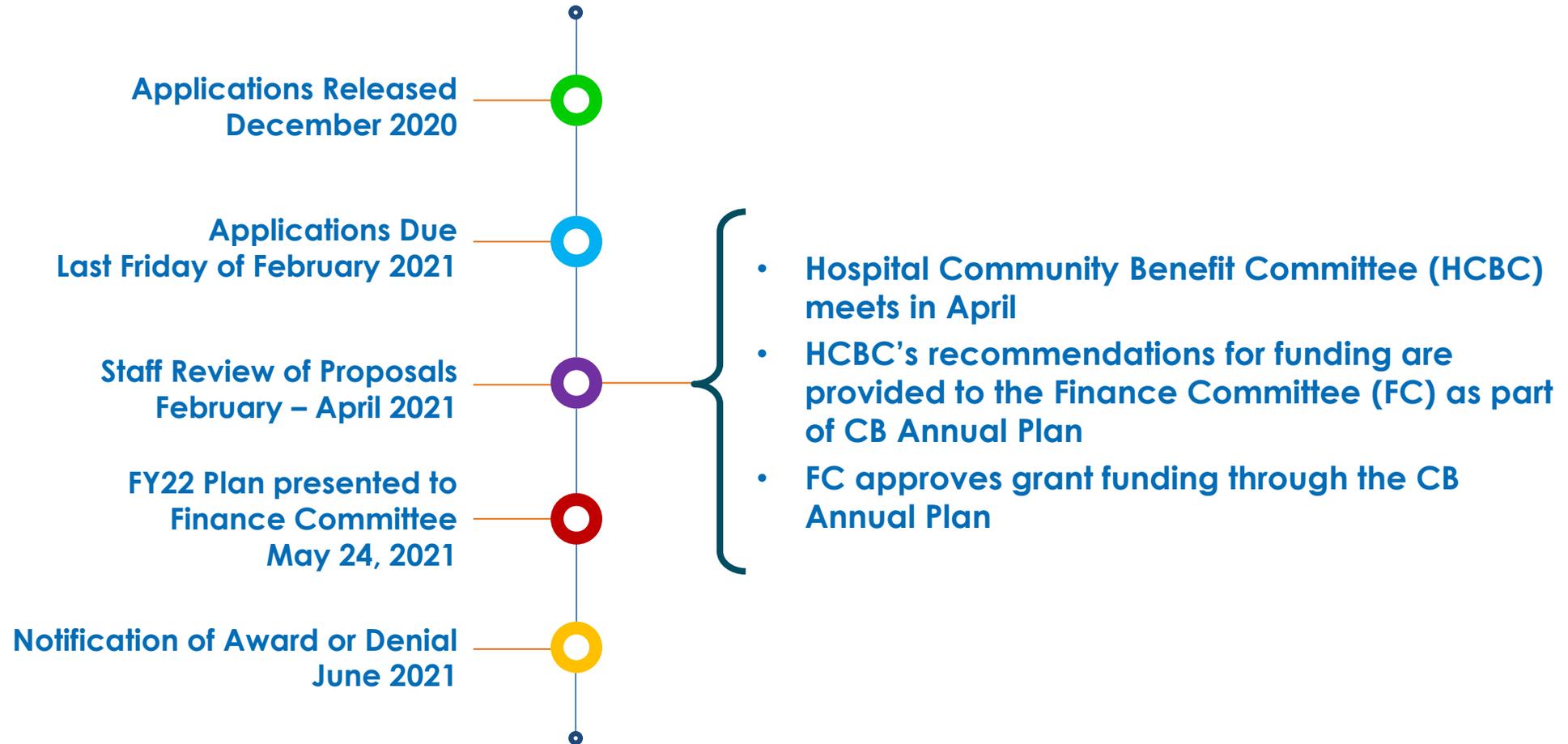
\$258,109 Community Benefit Operations

\$175,607 Community Health Improvement Services

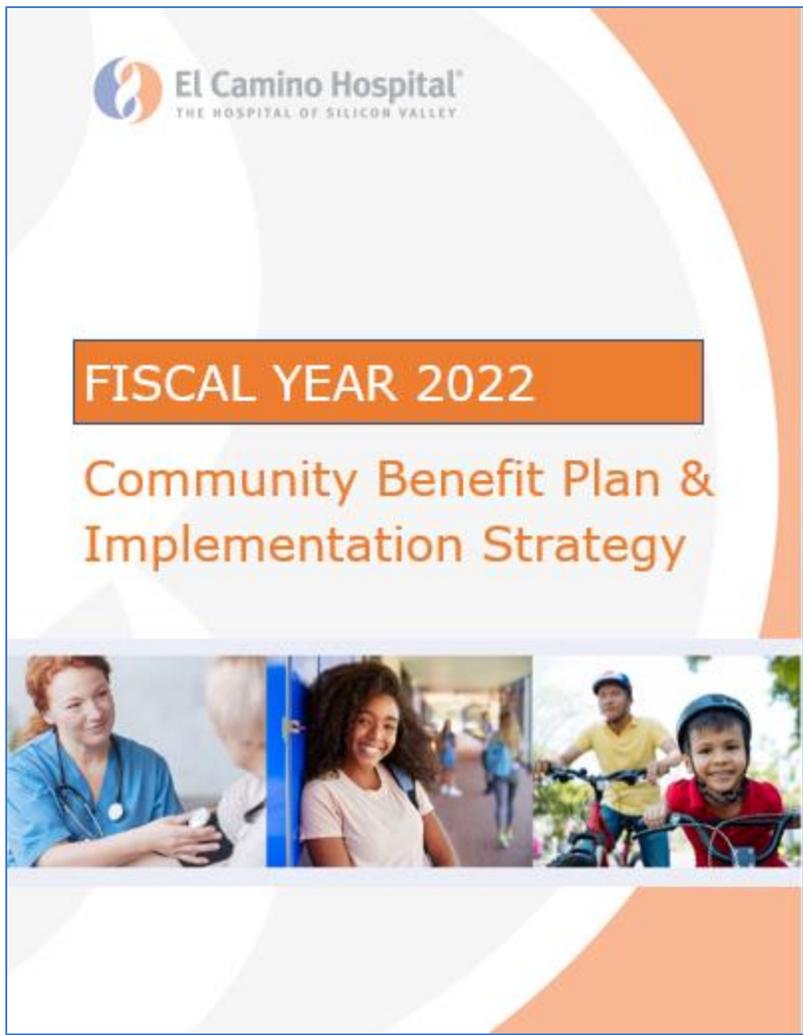
+ \$118M in Uncompensated Medicare
(Not Included in Community Benefit Total)

Timeline & Process

The FY22 grant cycle spans July 1, 2021 – June 30, 2022



Annual Community Benefit Plan



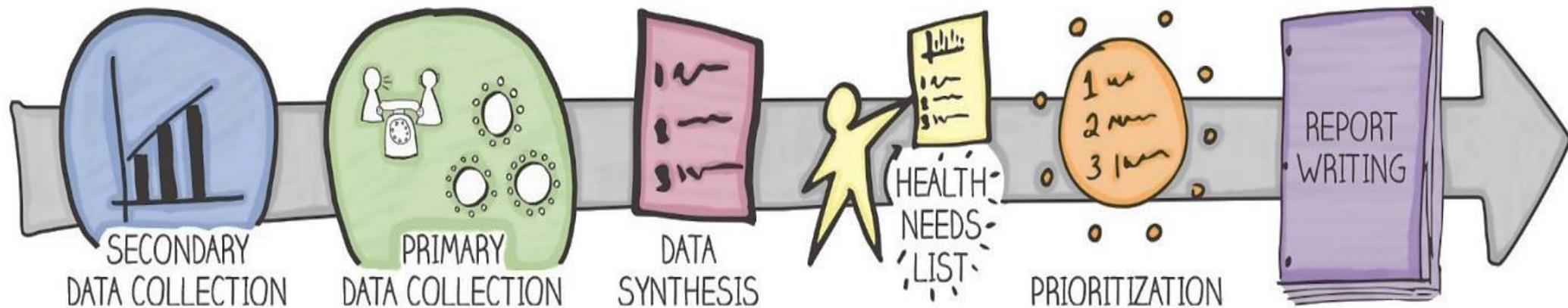
- Mechanism for approving funding – May 24th
- Includes:
 - Proposal Index: Requested and HCBC recommended amounts
 - Total Plan Recommendation for Grants, Sponsorships & Placeholder
 - Appendix: Proposal Summaries
 - Community Health Needs Assessment (CHNA) data and identified health needs

Placeholder Funds Policy

- Aggregate amount approved in Annual Plan
- Allows for:
 - **New Grants**
 - Recommendation by HCBC up to \$50k
 - In excess of \$50k requires Finance Committee approval
 - **Increasing Existing Grants**
 - Increase in excess of \$50k - \$150k require CEO approval
 - Increase in excess of \$150k require HCBC recommendation and Finance Committee approval

Community Health Needs Assessment (CHNA)

- Per the Affordable Care Act and California's SB697, El Camino Hospital conducts a triennial community health needs assessment in collaboration with SCC hospitals
- This is a comprehensive data collection and synthesis process for determining local unmet community health needs



Currently guided by 2019 CHNA, developing 2022 CHNA

FY20 – FY22 Health Priority Areas & Needs



- Diabetes & Obesity
- Chronic Conditions (other than Diabetes & Obesity)
- Healthcare Access & Delivery
- Oral Health



- Behavioral Health
- Cognitive Decline



- Economic Stability
- Housing & Homelessness
- Violence & Injury Prevention

FY21: 105 Grants

FISCAL YEAR 2021
Community Benefit Grant Funding

HEALTHY
BODY

HEALTHY
MIND

HEALTHY
COMMUNITY

\$7.7 Million invested to address unmet health needs and improve the health of the people in the District.

Healthy Body Program Partners

S210 Health Awareness Program — School-based nutrition and health program at Campbell Union and Sunnyvale School Districts

Bay Area Women's Sports Initiative — Physical activity and self-esteem program for girls at Sunnyvale School District

Breathe California of the Bay Area — Education, screening and training for older adults with respiratory conditions

Community Services Agency Mountain View — Intensive case management for older adults with chronic disease

Cupertino Union School District — School nurse program

Day Worker Center of Mountain View — Promoting wellness and nutrition among the underserved

Fresh Approach — Mobile farmers market and nutrition education for low-income community members

GoKoodie — Movement and mindfulness programs for youth in Los Altos, Mountain View, Whisman and Sunnyvale School District

Health Mobile — Mobile dental services for homeless and low-income community members

Healthier Kids Foundation — Dental and hearing screenings for children

Hope's Corner — Nutritious meals for homeless and the food insecure

Living Classroom — Garden-based school nutrition program at Mountain View, Whisman and Sunnyvale School Districts

Medical Respite — Medical care and psychosocial services for homeless patients

Mountain View Whisman School District — School nurse program

New Directions — Coordination of care and connection to safety-net services for homeless and at-risk community members

On-the-Dental Care Foundation — Mobile dental services and education for low-income and homeless community members

Pathways Home Health & Hospice — Compassionate care for the uninsured and underserved

Planned Parenthood Mar Monte Mountain View Health Center — Primary care services for the underserved

Playworks — Physical activity and positive school climate program at Mountain View, Whisman and Sunnyvale School Districts

Ravenwood Family Health Center — Primary care, behavioral health and preventive services for the uninsured

Santa Clara Valley Medical Center — Integrated behavioral health and dental services for at-risk adults

Sunnyvale School District — School nurse program

Teen Health Van — Mobile primary care and psychosocial services at Mountain View, Los Altos High School District for at-risk youth

Vista Center for the Blind and Visually Impaired — Vision rehabilitation program

Healthy Mind Program Partners

Acknowledge Alliance — Resilience and social-emotional learning lessons for students in elementary schools

Avenides — Supporting older adults with chronic conditions and mental impairments through day health program

CHAC — Mental health counseling at Sunnyvale School District

Cupertino Union School District — Mental health counseling

Eating Disorders Resource Center — Access to services and support for recovery

Hearts and Minds Center — Dementia-specific day health program for older adults

Law Foundation of Silicon Valley — Removing legal barriers to mental health services

Los Altos School District — Mental health counseling program

Mission Bc — Mindfulness training for elementary and high school students

Momentum for Mental Health — Psychiatric services and medication management for underserved and uninsured

Mountain View Los Altos High School District — Mental health counseling program

National Alliance on Mental Illness (NAMI) Santa Clara County — Peer support for mental illness

Sunnyvale Police and Fire Foundation — Support groups for active and retired public safety workers

YWCA Silicon Valley — Trauma-informed counseling services for victims of domestic violence and at-risk youth

Healthy Community Program Partners

Abode — Housing navigation and case management

American Heart Association — Community screenings for blood pressure and pre-diabetes and multilingual hypertension management classes

Cambrian — Case management, support groups and advocacy for victims of domestic violence

Chinese Health Initiative — Health screenings and education

Columbia Neighborhood Center — Fitness and nutrition education program for low-income families and youth

Fanwell to Falls — Fall prevention through in-home assessment, education and exercise recommendations for older adults

Health Library & Resource Center, Mountain View — Eldercare support, health information and medical literature searches

Hearts — Culturally-focused crisis counseling and legal representation for domestic violence victims

Harbor of Balance — Falls prevention classes for older adults

Mountain View Police Department, Youth Services Unit — Programs for at-risk youth at risk for falls

Rebuilding Together Peninsula — Home repair program for low-income older adults at risk for falls

RoadRunners — Patients and older adults transportation program

South Asian Heart Center — Screenings and education to prevent heart disease and diabetes

Sunnyvale Community Services — Emergency assistance, case management and services for homebound community members

The Health Trust — Heals on Wheels program for older adults

WomenSIV — Case management, support groups and advocacy for victims of domestic violence

YWCA of Silicon Valley — Programs for low-income youth

Some program activities may be adjusted to address COVID-19 circumstances.

El Camino Healthcare District | 2500 Grant Road, Mountain View CA 94040 | elcaminohealthcaredistrict.org

FISCAL YEAR 2021
Community Benefit Grant Funding

HEALTHY
BODY

HEALTHY
MIND

HEALTHY
COMMUNITY

\$3.7 Million invested to address unmet health needs and improve the health of the people in our community.

Healthy Body Program Partners

S210 Health Awareness Program — School-based nutrition and health program at Campbell Union, Cupertino Union and San Jose Unified School Districts

African American Community Service Agency — Family health services outreach program for low-income children and families

Asian Americans for Community Involvement — Primary care services in East San Jose

Bay Area Women's Sports Initiative — Physical activity and self-esteem program for girls at Campbell Union School District

Better Health Pharmacy, Santa Clara County Public Health Department — No-cost medication program for low-income individuals

Breathe California of the Bay Area — Screenings, education and home assessment for families of children with asthma

Cambrian School District — School nurse program

Campbell Union School District — School nurse program

Challenge Diabetes Program — Pre-diabetes education and support provided at community service agencies

Community Health Partnership — Safety-net clinic capacity building, learning collaborative and training

Cupertino Union School District — School nurse program

Gardner Family Health Network — Clinical services and healthy behavior change program for patients with pre-diabetes and diabetes

GoKoodie — Movement and mindfulness programs for youth at K-8 schools

Health Mobile — Mobile dental services for homeless and low-income community members

Healthier Kids Foundation — Dental and hearing screenings for children

Indian Health Center of Santa Clara Valley — Clinical services and healthy behavior change program for young people at risk for or who have pre-diabetes or diabetes

Lafree Contra Cancer — Cancer prevention and early detection services

Mount Pleasant School District — School nurse program

Playworks — Physical activity and positive school climate program at Campbell Union School District

Pre-Diabetes Awareness Initiative (Hill & Company) — Awareness, screening and chronic disease management resources for pre-diabetes

Vista Center for the Blind and Visually Impaired — Vision rehabilitation program

Healthy Mind Program Partners

Almaden Valley Counseling Service — School-based social-emotional skill building in elementary and middle schools

Alzheimer's Association Latino Family Connections — Culturally based services for patients and caregivers

Bill Wilson Center — Psychotherapy for victims of child abuse

Cancer CAREpoint — Counseling for cancer patients, survivors, family members and caregivers

Child Advocates of Silicon Valley — Advocacy and support services for foster teens

Counseling and Support Services for Youth (CASSY) — Mental health counseling at Campbell Union School District

Cupertino Union School District — Mental health counseling

Jewish Family Services of Silicon Valley — Mental health support for low-income older adults

LIFE Moves — Mental health counseling at homeless shelters

Los Gatos Union School District — Mental health counseling

Momentum for Mental Health — Psychiatric services and medication management for underserved and uninsured

Peninsula Healthcare Connection — Psychiatric services and medication management for homeless and at-risk community members

Teen Success — Promoting self-efficacy and health education for teen mothers

Uplift Family Services — Mental health counseling and addiction prevention services at Campbell Union High School District

Healthy Community Program Partners

American Heart Association — Multilingual hypertension management classes

Los Gatos-Saratoga Recreation — Addressing social isolation among older adults through guided activities and support groups

Midtown Family Services — Navigation support for accessing public housing assistance

Next Door Solutions to Domestic Violence — Crisis counseling, shelter services and advocacy for victims of domestic violence

Pacific Hearing Connection — Screening and access to free or reduced-cost hearing aids for children and adults

Rebuilding Together Silicon Valley — Home repair program for seniors at risk for falls

Secured Heart Community Service — Addressing food insecurity through nutrition education and home gardens

South Asian Heart Center — Screenings and education to prevent heart disease and diabetes

Valley Verde — Home gardens and nutrition education for low-income households

VeggieLution — Nutrition education and access to fresh produce for low-income households

West Valley Community Services — Case management, assistance accessing benefits and nutrition workshops for at-risk families and older adults

Some program activities may be adjusted to address COVID-19 circumstances.

El Camino Health | 2500 Grant Road, Mountain View CA 94040 | 815 Pollard Road, Los Gatos CA 95032 | elcaminohealth.org

FY21: Midyear Dashboard

FY21 El Camino Hospital Community Benefit Midyear Metrics Dashboard



Health Priority Area Column A	Agency/Program Column B	FY21 Metrics Column C	Performance against target: ≥ 90% = ● 75% - 89% = ● 60% - 74% = ●												FY21 Yearend Target Column X	FY21 Yearend Actual Column Y	FY21 % Metrics Met Column Z	Notes supporting details for actuals significantly above/below target Column T						
			FY19 6-month Target Column D	FY19 6-month Actual Column E	FY19 6-month metrics met Column F	FY19 Yearend Target Column G	FY19 Yearend Actual Column H	FY19 % Yearend Metrics Met Column I	FY20 6-month Target Column J	FY20 6-month Actual Column K	FY20 6-month metrics met Column L	FY20 Yearend Target Column M	FY20 Yearend Actual Column N	FY20 % Yearend Metrics Met Column O										
HEALTHY BODY	Asian Americans for Community Involvement (AAICI) Primary Care/Safety Net Clinic FY21 Approved: \$8,260 New Metric: N/A	Individuals served	-	-		-	-		-	-		-	-		850	359	●	700	Due to the COVID pandemic fewer targets were met than typical at midyear. Staff engaged in ongoing communication with providers to understand challenges/service delivery adaptations. Continuation of virtual service was generally successful, however due to on-going uncertainties and changing guidelines, some programs missed targets, or would be expected. In some cases, virtual services reached more people than expected.					
		Medical appointments	-	-		-	-		-	-		-	-		500	830	●	1000						
		Patients screened for depression with a positive result who are offered integrated behavioral health services	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	New Program in FY21	-	-	-	-		40%	44%	●	100%	80%
		Female patients receiving a cervical cancer screening	-	-		-	-		-	-		-	-		-	-		-		34%	35%	●	68%	
		Adult patients with a Body Mass Index (BMI) measured outside the normal parameters who receive follow-up care	-	-		-	-		-	-		-	-		-	-		-		28%	29%	●	55%	
	Better Health Pharmacy New Medication for Uninsured and Underinsured FY21 Approved: \$50,000 FY20 Approved: \$50,000 FY19 Approved: \$50,000 FY18 Approved: \$50,000 New Metric: C of B	Patients served (full program)	1,250	1,919	●	2,500	3,040	●	1,500	2,303	●	2,800	3,520	●	2,000	1,937	●	3,000	Some appointments were transitioned to telehealth visits due to COVID, which increased patient comfort with scheduling and attending appointments, more than was anticipated at the time of target setting.					
		Prescriptions filled (full program)	10,000	12,780	●	20,000	25,456	●	11,000	16,416	●	22,000	32,747	●	14,000	17,465	●	28,000						
		Patients who reported that they are very satisfied with the time waited for services	-	-	100%	-	-	100%	97%	94%	●	100%	97%	91%	●	100%	97%	90%		●	100%	97%		
		Patients who reported that they are very satisfied with the time waited for medication information	-	-		-	-		97%	92%	●	97%	88%	●	97%	90%	●	97%						
	Breathe California Children's Asthma Program FY21 Approved: \$6,000 FY20 Approved: \$6,000 FY19 Approved: \$6,000 FY18 Approved: \$6,000 New Metric: C of B	Individuals served (children, parents, teachers and care providers) through air quality assessment and asthma management training	225	103	●	800	3,344	●	225	580	●	800	630	●	300	87	●	350	Target narrowly missed at 67%. COVID caused many changes throughout school, daycare centers, and community organizations where agency provides service. Also, target lower than prior year due to reduced funding.					
		Children with asthma receiving multi-session asthma education who show an increase in knowledge/skills	50%	70%	●	67%	70%	●	100%	50%	65%	●	100%	70%	65%	●	67%	N/A		N/A	●	0%		
		Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by assessments of respiratory hazards using the EPA's best-practice environmental checklist	50%	45%	●	50%	73%	●	50%	100%	●	60%	100%	●	N/A	N/A	●	50%						
Cambrian School District School Nurse Program FY21 Approved: \$23,000 FY20 Approved: \$23,000 FY19 Approved: \$23,000 FY18 Approved: \$23,000 New Metric: C of B	Students served	1,000	1,360	●	3,400	3,423	●	1,400	1,488	●	3,350	2,885	●	1,400	1,051	●	2,700	Under the stay at home orders, all work with families and student had to be done via Zoom conferencing in one on one meetings with families rather than mass communication and informational meetings. Families needed extra support during the pandemic to understand which services were still open and available for students.						
	Staff who complete insulin administration training	-	-		-	-		-	-		-	-		35%	12%	●	50%							
	Teachers/staff at target schools who complete training on severe allergies, anaphylaxis, and EpiPen usage	10%	31%	●	30%	100%	●	35%	25%	●	33%	90%	88%	●	60%	35%	12%		●	25%				
	Students in Transitional Kindergarten, Kindergarten & 7th grade out of compliance with required immunizations who become compliant	-	-		-	-		-	-		-	-		5%	85%	●	30%							
Campbell Union School District School Nurse Program FY21 Approved: \$23,000 FY20 Approved: \$23,000 FY19 Approved: \$23,000 FY18 Approved: \$23,000 New Metric: C of B	Students at Eighth Elementary and Satorre Elementary out of date for oral health screening, now up to date.	-	-		-	-		-	-		-	-		N/A	N/A	●	12%							
	Students served	2,100	1,994	●	3,950	3,884	●	2,100	1,950	●	3,950	2,815	●	2,000	2,030	●	3,850	There was concern children may not get all of their mandated vaccinations so agency development new metric to track vaccinations. Fortunately, CUSD had a higher percentage of students than anticipated receiving their vaccinations which shows in the data.						
	Kindergarten students enrolled in Rosemary and Lynhaven schools who are noncompliant with immunizations receive their required vaccinations by California School Immunization Law	-	-		-	-		-	-		-	-		10%	68%	●	18%							
	School staff (including teachers, psychologists, speech language pathologists and other staff members) who receive Epi-Pen Trainings	-	-		-	-		-	-		-	-		45%	37%	●	65%							
	Classrooms participating in handwashing videos and tooth brushing videos among two Title I elementary schools	-	-		-	-		-	-		-	-		30%	30%	●	45%							
Classrooms in elementary schools with a high percentage, of free reduced lunch participating in GoNoodle (movement and mindfulness video) activities at least once a week, for 10 weeks sessions	-	-		-	-		-	-		-	-		25%	27%	●	75%								
Special education students who receive flu vaccinations (due to being a vulnerable population)	-	-		-	-		-	-		-	-		10%	13%	●	18%								

FY21 Midyear Update

\$3.4M

Board Approved
Funding

Grant Programs

48

60%

Grants that Met
Midyear Metrics

FY21: Top Investments

- ✓ Safety-net clinic
- ✓ Pre-diabetes Initiative
- ✓ Youth Mental Health Counseling
- ✓ School Nurse Programs
- ✓ Community Service Agency Social Work
Case Management

In Their Own Words: Impact of Grants



The only way I made it through the early months of COVID, when I couldn't leave the house at all, was because of help from my case manager coordinating home deliveries of food and other essentials.... The significance of this support for restoring my access to services cannot be overstated. It kept me alive and housed.

--Disabled client of Sunnyvale Community Services, providing emergency assistance with ECHD funding

During the pandemic I was able to learn from my group sessions to cope with my depression and deal with my abuser at home. I am taking care of myself.

--Participant of Caminar's Domestic Violence Victim Services

A student referred to us lost a parent to COVID. Devastated, he and his surviving parent mourned in isolation during shelter-in-place. Thanks to El Camino Health's funding, an Uplift counselor offered emotional support through virtual counseling, including stress management, grief counseling and daily check-ins to make sure their physical and emotional health needs were met.

--Toni Welch Torres, Program Manager at Uplift, providing mental health services at local high schools with ECH funding





Improving Health
Changing **Lives**

**EL CAMINO HOSPITAL BOARD OF DIRECTORS
COMMITTEE MEETING MEMO**

To: Finance Committee
From: Barbara Avery, Director Community Benefit
Date: March 29, 2021
Subject: Cuesta Park Community Fitness Court FY21 Grant Request

Recommendation:

To approve a \$150,000 grant request for the development of a Community Fitness Court in Cuesta Park. This free outdoor fitness area is designed to support the health of local community members.

Summary: The requested grant would be a partnership with the City of Mountain View to provide a state-of-the-art, free fitness court in Cuesta Park. Community Benefit staff and the Hospital Community Benefit Committee (HCBC)* reviewed and unanimously recommend this grant for support through FY21 Placeholder Funds. Grant features include:

- Nine, ADA-compliant and user-friendly physical activity units occupying 2,000 sq. ft.
- Accommodate 37 individuals at a time, for ages 14 plus, including older adults
- Longevity; equipment life projected at 30+ years
- Signage at each station provides information on safe and effective usage
- Signage with logo and brand recognition at the fitness court
- Fall area to prevent injury
- Equipment selection and maintenance have been vetted by city staff and discussed with ECH

1. **Situation:** According to Santa Clara County Public Health, only 61% of Mountain View residents meet CDC guidelines for physical activity. Furthermore, 17% of residents are obese. These factors can lead to the development or worsening of chronic medical conditions. To address these pressing health issues, more outdoor physical activity areas are needed. The fitness court would provide an important tool to improve physical and mental well-being, during the pandemic and for years to come. This is a partnership with the City of Mountain View; the city will be funding more than 50% of the project (\$351,500 total).

2. **Authority:** Per the Revised Community Benefit Grants Policy, which includes Community Benefit Placeholder Policy, approved by the ECH Board of Directors, the Hospital Community Benefit Committee (HCBC) reviewed and unanimously recommended approval of the request on March 10, 2021. Members of this Committee include:

- Jon Cowan, Director Government & Community Relations, Chair
- Andreu “A.J.” Reall, Senior Director of Strategy
- Bido Baines, Director Operations ECH, LG and Executive Director Urology, Men’s Health & Sleep Center
- Christine L. Cunningham, Chief Experience & Improvement Officer and Executive Director
- Grace Benlice, Enterprise Director, Care Coordination and Palliative Care

3. **Background:**

- This is a positive partnership opportunity brought to ECH by the City of Mountain View
- The project aligns with Community Benefit objectives to enhance the health of the community

Cuesta Park Community Fitness Court FY 21 Grant Application
March 29, 2021

- The City of Mountain View must receive all funding before they can move forward to complete the design and bid of the Cuesta Park Community Fitness Court
- The Mountain View City Council approved funding on December 8, 2020
- ECH's funding approval is required to move forward with the design and bid of the project
- Per the ECH Community Benefit Grants Policy, new grants may be added during the fiscal year. New grants in excess of \$50,000 require the approval of the Hospital Board Finance Committee
- ECH staff vetting of the requested grant included review of materials submitted by the City of Mountain View as well as a detailed interview and follow-up questions of city staff

4. Assessment:

ECH staff spoke with city staff in order to assess the following:

- Rationale for selection of this equipment and appropriateness for community members
- Useful life of the project
- Examples of similar projects in the City of Mountain View, which exist in Rengstorff and Del Medio parks
- ADA accessibility
- Signage and other recognition opportunities for ECH
- The City of Mountain View's intent to assume all liability risks for the project
- City staff's plan for measuring fitness court usage

5. Other Reviews: Reviewed by Community Benefit as well as Government and Community Relations

6. Outcomes: City of Mountain View to complete design and bid project by April/May 2021; construction to begin by summer 2021. Outcomes include:

- 10,000 community members projected to use fitness court annually
- Equipment longevity expected 30+ years
- Signage with partnership recognition at the fitness court
- Joint ribbon-cutting ceremony

List of Attachments:

1. Cuesta Park Community Fitness Court Grant Request Summary Sheet
2. Community Benefit Grants Policy

Suggested Committee Discussion Questions:

1. How does this help us achieve our mission, our vision?
2. How does this fit with our values?
3. Does this help to meet a community health need?
4. Do we approve grant request?

*Note: "CEO's Committee" referred in previous materials is now entitled Hospital Community Benefit Committee "HCBC".

FY21 Healthy Body Proposal Summary



Cuesta Park Community Fitness Court - City of Mountain View

Program Title and Requested Amount	Cuesta Park Community Fitness Court/ \$150,000			
Grant Goal	Create partnership with the City of Mountain View to provide access to a free fitness court in Cuesta Park to support the health of local community members. The ADA-compliant court includes nine multi-station strength-training/cardiovascular units for ages 14+ as well as seniors.			
Community Need	<p>According to Santa Clara County Public Health, only 61% of Mountain View residents meet CDC guidelines for physical activity. Furthermore, 17% of residents are obese. These factors can lead to the development or worsening of chronic medical conditions. To address these pressing health issues, more outdoor physical activity areas are needed in the community. The proposed fitness court would provide an important tool to improve physical and mental well-being, during the pandemic and for years to come.</p> <p>Source: https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/MountainView_final.pdf</p>			
Agency Description & Address	<p>500 Castro Street, Mountain View https://www.mountainview.gov/</p> <p>Mountain View is a diverse community, ideally located in the heart of the Silicon Valley. At just over 12 square miles, the City is home to approximately 75,000 residents, many nationally and internationally known corporations, and a thriving small business base.</p>			
Program Delivery Site(s)	The fitness court will be located in Cuesta Park, Mountain View.			
How Funds Will Be Spent	<p>Grant provides:</p> <ul style="list-style-type: none"> • Free access to a state-of-the-art fitness court which includes nine user-friendly units, accommodating up to 37 community members at a time; court will occupy 2,000 sq. ft. • Equipment life projected at 30+ years • Signage with partnership recognition at each station provides information on safe and effective equipment usage • Fall area to prevent injury <p>One-time request for funding is less than 50% of total cost (\$351,500), which supports design and construction of project.</p>			
FY21 Funding	FY21 funding requested: \$150,000 FY21 funding recommended: \$150,000			
Funding History and Metric Performance	FY20	FY19	FY18	
	New Program in FY21	New Program in FY21	New Program in FY21	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Complete the design and bid project by April/May 2021		N/A	100%
	Project construction targeted for Summer 2021		N/A	100%



Origination: 04/2014
Effective: 03/2021
Last Approved: 03/2021
Last Revised: 03/2021
Next Review: 03/2024
Owner: *Barbara Avery: Director
Community Benefit*
Area: *Finance*
Document Types: *Policy*

Community Benefits Grants Policy

COVERAGE:

El Camino Hospital Community Benefit Grantees

PURPOSE:

El Camino Hospital (the "Hospital") recognizes that the health of the community is improved by the efforts of many different organizations, and the Hospital has a history of supporting those organizations by making grants to them. The grant making process includes soliciting applications, evaluating the proposed use of the funds, and including the advice of a committee comprised of members of the executive team appointed by the CEO (CEO's Committee). The Hospital annually approves a plan that includes a provisional list of organizations and the amount of the expected grants to each sponsorships, and placeholder funds which shall be approved by the Hospital Board Finance Committee and included in the annual budget. The total amount approved by the Finance Committee shall not exceed \$5 million.

PROCEDURE:

- A. To ensure that the Hospital can be responsive to the changing health needs in the Hospital during a fiscal year, the senior Community Benefit staff (VP of Corporate and Community Health Services and Director of Community Benefit) will follow the guidelines below:
 1. The total annual Community Benefit expenditures, as authorized by the Hospital Board Finance Committee approval of the Hospital's annual Community Benefit Plan, cannot exceed the approved aggregate amount.
 2. Approved individual grant amounts, as stated in the annual Plan, may be increased after need is demonstrated. Grant metrics must be revised to reflect the additional resources. Increases to these previously awarded grants in excess of \$50,000 up to \$150,000 require the approval by the CEO. Increases to these previously awarded grants in excess of \$150,000 must be presented to the CEO's Committee, receive their recommendation for support and be approved by the Hospital Board Finance Committee and reported to the Hospital Board of Directors.
 3. New grants may be added during the fiscal year if need is demonstrated. Proposals with detailed budgets and metrics must be presented to the CEO's Committee and receive their recommendation for support. New grants in excess of \$50,000 require the approval of the Hospital Board Finance Committee.

4. There are times when an individual grant award is not needed to the extent it was in the original plan. In these cases, the funds not needed may be used to fund the grant increases detailed in paragraphs 2 and 3 above.
5. The Finance Committee will receive a report identifying all grant funding changes at the end of the fiscal year.
6. Three year grant funding may be awarded to selected grantees. The total amount of funding for multi-year grants may not exceed 30% of the total aggregate amount of annual Community Benefit Plan approved by the Finance Committee. Grantees will be required to submit mid-term and annual reports and must demonstrate success meeting outcome metrics and budgetary goals.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the electronic version prevails.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
ePolicy Committee	Jeanne Hanley: Policy and Procedure Coordinator	03/2021
Board	Jeanne Hanley: Policy and Procedure Coordinator	03/2021
	Barbara Avery: Director Community Benefit [JH]	03/2021



Community Benefit

Cuesta Park Community Fitness Court Request

Finance Committee

Barbara Avery, Director Community Benefit

March 29, 2021

Recommendation

To approve a \$150k grant request from the City of Mountain View for the development of a Community Fitness Court in Cuesta Park. This free outdoor fitness area is designed to support the health of local community members.

Background

- Positive partnership opportunity brought to ECH by the City of Mountain View
- Project aligns with Community Benefit objectives to enhance the health of the community
- City of Mountain View is prepared to move forward to complete the design and bid of the Cuesta Park Community Fitness Court in April/May 2021
- Approved funding is required to proceed
 - The Mountain View City Council approved funding on December 8, 2020
 - ECH approved funding is required

Community Need

- Only 61% of Mountain View residents meet CDC physical activity guidelines; 17% of residents are obese
- This can lead to the development or worsening of chronic medical conditions
- More free and accessible outdoor physical activity areas are needed
- Proposed fitness court would provide an important tool to improve physical and mental well-being for such issues as:
 - ✓ Hypertension
 - ✓ Obesity/diabetes
 - ✓ Bone health
 - ✓ Depression & Anxiety

Assessment

- Rationale for selection of this equipment and appropriateness for community members
- Useful life of the project
- Examples of similar projects in the City of Mountain View, which exist in Rengstorff and Del Medio parks
- ADA accessibility
- Signage and other partner recognition opportunities for ECH
- The City of Mountain View's intent to assume all liability risks for the project
- City staff's plan for measuring fitness court usage

Cuesta Park Community Fitness Court Grant



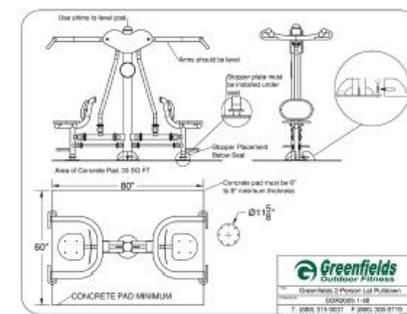
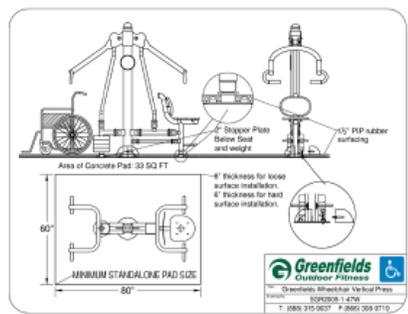
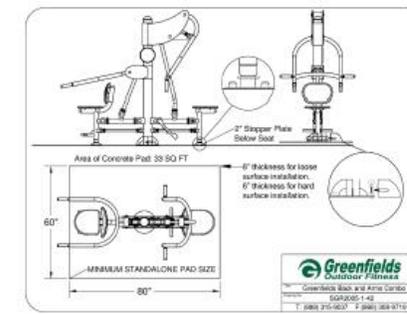
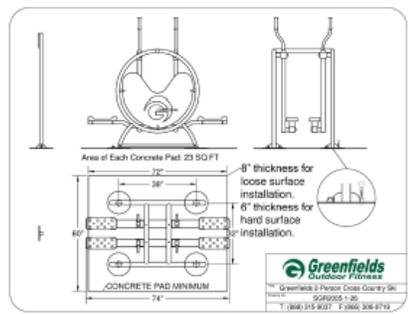
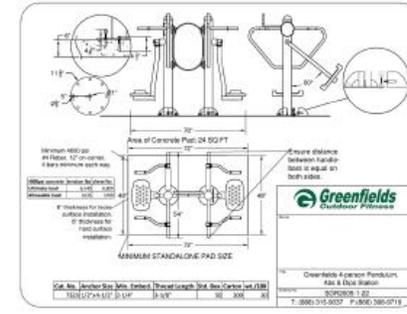
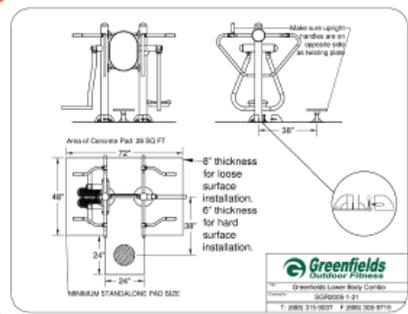
Digital rendering

Near Park Pavilion

Cuesta Park Community Fitness Court Grant

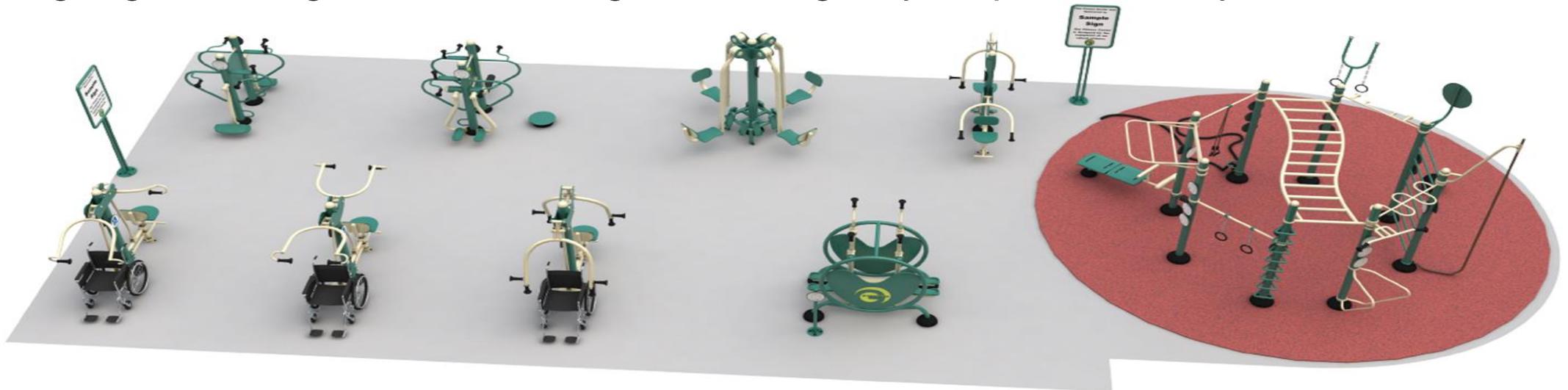


Cuesta Park Community Fitness Court Grant



Cuesta Park Community Fitness Court Grant

- ✓ Partnership with City of Mountain View
- ✓ One-time request of **\$150k for nine units of outdoor fitness equipment**
- ✓ Health needs addressed: Obesity, Chronic Conditions & Mental Health
- ✓ Up to 37 community members at a time; project 10k patrons/year
 - ✓ Designed for nearly all ages 14+, as well as older adults
 - ✓ ADA compliant
 - ✓ Fall zone to prevent injury
- ✓ Signage with logo + brand recognition; longevity: expected 30+ years



Request

The Finance Committee is requested to approve a motion for a \$150,000 grant to support the Community Fitness Court in Cuesta Park.