



AGENDA
FINANCE COMMITTEE OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Thursday, June 4, 2026 – 3:00 pm

El Camino Health | 2500 Grant Road Mountain View, CA 94040 | Sobrato Boardroom 1

Bill Hooper will be participating via teleconference from 180 West Lake Blvd, Tahoe City, CA 96145

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT: **1-669-900-9128, MEETING CODE: 972 0976 8178 #. No participant code.**
Just press #

To watch the meeting, please visit: [Finance Committee Meeting Link](#)

Please note that the livestream is for meeting viewing only and there is a slight delay; to provide public comment, please use the phone number listed above.

NOTE: In the event that there are technical problems or disruptions that prevent remote public participation, the Chair has the discretion to continue the meeting without remote public participation options, provided that no Committee member is participating in the meeting via teleconference.

TIME ESTIMATES: Except where noted as TIME CERTAIN, listed times are estimates only and are subject to change at any time, including while the meeting is in progress. The Committee reserves the right to use more or less time on any item, to change the order of items and/or to continue items to another meeting. Particular items may be heard before or after the time estimated on the agenda. This may occur in order to best manage the time at a meeting.

A copy of the agenda for the Special Finance Committee Meeting will be posted and distributed at least twenty-four (24) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650) 988-3218** 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	ACTION	ESTIMATED TIMES
1.	CALL TO ORDER / ROLL CALL	Don Watters, Chair	Information	3:00 pm
2.	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Don Watters, Chair	Information	3:00
3.	PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons to address the Committee on any matter within the subject matter jurisdiction of the Committee that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Correspondence <i>Comments may be submitted by mail to the Finance Committee of the El Camino Hospital Board of Directors at 2500 Grant Avenue, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted on the agenda.</i>	Don Watters, Chair	Information	3:00
4.	CONSENT CALENDAR a. Approve Minutes of the Open Session of the Special Finance Committee Meeting (04/29/2026) b. Receive FY2026 FC Pacing Plan c. Receive Progress Against FY2026 FC Goals	Don Watters, Chair	Motion Required	3:00 – 3:05
5.	<u>FY27 COMMUNITY BENEFIT GRANT PROGRAM</u>	Jon Cowan, Executive Director, Government Relations and Community Partnerships	Motion Required	3:05 – 3:20
6.	RECESS TO CLOSED SESSION	Don Watters, Chair	Motion Required	3:15

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	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7.	FY27 BUDGET: FINAL OPERATING AND CAPITAL BUDGET <i>Health and Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets regarding new services or programs</i>	Raju Iyer, CFO	Information	3:20 – 3:50
8.	LOS GATOS REDEVELOPMENT PROJECT STRATEGY <i>Health and Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets regarding new services or programs</i>	Tracey Lewis Taylor, COO Jeff Missad, VP, Facilities, Design & Real Estate	Discussion	3:50 – 4:20
9.	PHYSICIAN AGREEMENTS - ENT/Facial Plastic Surgery Call Panel (LG) - Psychiatric Telehealth PSA (MV and LG) <i>Health and Safety Code Section 32106(b) – for a report and discussion involving healthcare facility trade secrets.</i>	Mark Adams, MD, CMO	Discussion	4:20 – 4:25
10.	APPROVE MINUTES OF THE CLOSED SESSION OF THE FINANCE COMMITTEE a. 04/29/2026 – Special Finance Committee Meeting <i>Report involving Gov't Code Section 54957.2 for closed session minutes</i>	Don Watters, Chair	Motion Required	4:25 – 4:30
11.	RECONVENE TO OPEN SESSION	Don Watters, Chair	Motion Required	4:30 – 4:31
12.	CLOSED SESSION REPORT OUT To report any required disclosures regarding permissible actions taken during Closed Session.	Gabe Fernandez, Governance Services Coordinator	Information	4:31 – 4:32
13.	FY27 FINAL OPERATING AND CAPITAL BUDGET - Recommend for Board Approval	Don Watters, Chair	Motion Required	4:32 – 4:35
14.	RECOMMEND BOARD APPROVAL FOR ADDITIONAL FUNDING FOR LOS GATOS REDEVELOPMENT PROJECT	Don Watters, Chair	Motion Required	4:35 – 4:38
15.	PHYSICIAN AGREEMENT: ENT/FACIAL PLASTIC SURGERY CALL PANEL (LG) - Recommend Board of Directors Approval for Chief Executive Officer Execution of Agreement	Don Watters, Chair	Motion Required	4:38 – 4:40
16.	PHYSICIAN AGREEMENT 2: PSYCHIATRIC TELEHEALTH PSA (MV and LG) - Recommend Board of Directors Approval for Chief Executive Officer Execution of Agreement	Don Watters, Chair	Motion Required	4:40 – 4:42
17.	COMMITTEE ANNOUNCEMENTS	Don Watters, Chair	Information	4:42 – 4:45
18.	ADJOURNMENT	Don Watters, Chair	Motion Required	4:45 pm

Upcoming Meetings: August 10, 2026; November 9, 2026; February 8, 2027; Joint FC-IC March 22, 2027; May 10, 2027



**Minutes of the Open Session of the
Special Finance Committee Meeting
Wednesday, April 29, 2026**

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040 | Sobrato 1

FC Members Present

Don Watters, Chair
Wayne Doiguchi
Peter Fung, MD
Christina Lai
Cynthia Stewart

FC Members Absent

Bill Hooper

Staff Present

Raju Iyer, Chief Financial Officer
Dan Woods, Chief Executive Officer
Theresa Fuentes, Chief Legal Officer
Tracy Lewis Taylor, Chief Operating Officer
Jeff Missad, VP of Facilities
AJ Reall, VP of Strategy
Michael Walsh, Controller
Victor Cabrera, Senior Director, Decision Support & Business Analytics
Alan Muster, MD, President of ECHMN **
Anne Yang, Executive Director, Governance Services
Gabriel Fernandez, Coordinator, Governance Services

**via teleconference

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. AGENDA ITEM 1: CALL TO ORDER/ ROLL CALL</p>	<p>The meeting of the Special Finance Committee of El Camino Hospital (the "Committees") was called to order at 4:02 p.m. by Chair Don Watters. A verbal roll call was taken. Mr. Hooper was absent from the Finance Committee at the time of roll call. A quorum was present.</p>	<p><i>The meeting was called to order at 4:02 p.m.</i></p>
<p>2. AGENDA ITEM 2: POTENTIAL CONFLICT OF INTEREST</p>	<p>Chair Watters asked whether any Committee member had a conflict of interest regarding any item on the agenda. No conflicts were disclosed.</p>	
<p>3. AGENDA ITEM 3: PUBLIC COMMUNICATION</p>	<p>Chair Watters called for public comment on matters not listed on the agenda. No public comments were made, and no written correspondence was received.</p>	
<p>4. AGENDA ITEM 4: CONSENT CALENDAR</p>	<p>Chair Watters asked whether there were any items that the members wanted to discuss further.</p> <p>Motion: To approve the consent calendar items.</p> <p>Movant: Doiguchi Second: Lai Ayes: Doiguchi, Fung, Lai, Stewart, Watters Noes: None Abstentions: None Absent: Hooper Recused: None</p>	
<p>5. AGENDA ITEM 5: FY26 PERIOD 9 FINANCIAL REPORT</p>	<p>Mr. Iyer presented a financial overview, highlighting strong performance for the year primarily driven by increased revenue, with \$50M of the revenue increase attributed to higher volume, and \$4M interdepartmental (government) transfer, originally anticipated in March, was instead received in April.</p>	

	During the discussion, Chair Watters raised a question regarding interdepartmental transfers (IDTs). Mr. Iyer provided an explanation of the matching process used for various programs to help offset Medicare losses. Additionally, Dr. Fung asked for clarification on the waterfall chart, specifically the direction of the bars. Mr. Iyer responded by detailing the respective impacts of rate and volume on revenue.	
6. AGENDA ITEM 8: RECESS TO CLOSED SESSION	Motion: To recess to closed session. Movant: Lai Second: Stewart Ayes: Doiguchi, Fung, Lai, Stewart, Watters Noes: None Abstentions: None Absent: Hooper Recused: None	<i>Recessed to closed session at 5:36 p.m.</i>
7. AGENDA ITEM 11-12: RECONVENE OPEN SESSION/ REPORT OUT	Mr. Fernandez reported that the Finance Committee approved the closed session minutes from the prior meetings during the closed session.	<i>Reconvened to Open Session at 5:36 p.m.</i>
8. AGENDA ITEM 13: COMMITTEE COMMENTS	There were no additional comments from the Committees.	
9. AGENDA ITEM 16: ADJOURNMENT	Motion: To adjourn at 5:39 pm. Movant: Stewart Second: Lai Ayes: Doiguchi, Fung, Lai, Stewart, Watters Noes: None Abstentions: None Absent: Hooper Recused: None	<i>Meeting adjourned at 5:39 pm.</i>

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

Anne Yang
Executive Director, Governance Services

Prepared by: Anne Yang, Executive Director, Governance Services
 Reviewed by: Raju Iyer, Chief Financial Officer; Theresa Fuentes, Chief Legal Officer



FY26 Pacing Plan - Finance Committee

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG 8/25	SEP	OCT	NOV 11/7	DEC	JAN	FEB 2/2	MAR 3/23	APR	MAY	JUN 6/4
CONSENT CALENDAR ITEMS												
Prior Meeting Minutes		✓			✓			✓	✓	✓		✓
Period Financials		✓			✓			✓	✓	✓		✓
Progress Against Goals		✓			✓			✓	✓	✓		✓
Pacing Plan		✓			✓			✓	✓	✓		✓
Article(s) of Interest		✓			✓			✓	✓	✓		✓
APPROVAL/RECOMMENDATION FOR BOARD APPROVAL ITEMS												
Physician Contracts		✓			✓			✓	✓	✓		✓
Prior FY Results		✓										
Next FY Community Benefit Grant Program												✓
Next FY Committee Governance: Goals, Dates, Pacing Plan									✓			✓
Next FY Organization Finance Goals									✓			✓
DISCUSSION ITEMS												
Financial Report (Pre-Audit Year-End Results)		✓										
Financial Performance JVs/ Business Affiliates		✓										
Progress on Opportunities/ Risks					✓							
Medical Staff Development Plan (odd years)												
Impact of Strategic Initiatives/Market Share								✓		✓		
Foundation Strategic Update								✓				
ECHMN Financials*		✓			✓			✓				✓
Community Benefit Grant Application Process					✓				✓			
Progress Against FY Strategic Plan								✓				✓
Managed Care Update									✓			
Long-Range Financial Forecast (Joint FC / IC Meeting)									March 23 Mtg	✓		
Next FY Budget and Preliminary Assumptions										✓		
Review FY Operational / Capital Budget for Recommendation to Board										✓		✓
Summary Physician Financial Arrangements									✓			

*Included in Quarterly Enterprise Financials



FY2026 FINANCE COMMITTEE GOALS

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: Raju Iyer, 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	STATUS
1. Summary of Physician Financial Agreements	Q3	March 2026	Completed
2. Review Progress on Opportunities / Risks identified by Management for FY2025 and Managed Care Update	Q2, Q3	Progress on Opportunities / Risks (November 2025), Managed Care update (March 2026)	Completed Completed
3. Review Strategy, Goals and Performance of ECHMN, Joint Ventures / Business Affiliates, Impact of Strategic Initiatives on Market Share and progress on Implementation of 2027 Strategic Plan	Q1	Overview & Financial Performance JVs / Business Affiliates (August 2025)	Completed
	Q3	Progress on 2027 Strategic Plan (February 2026), Foundation – Strategic Update (February 2026)	Completed
	Q3	Impact of Strategic Initiatives – Market Share Update (February 2026), ECHMN (February 2026), Hospital Community Benefits Program (February 2026),	Completed
	Q4	Progress on 2027 Strategic Plan (May 2026)	In progress
4. Fiscal Year End Performance Review	Q1	FYE 2025 Review of Operating, Financial and Balance Sheet Performance and KPIs (August 2025)	Completed

SUBMITTED BY: Chair: Don Watters | **Executive Sponsor:** Raju Iyer, Chief Financial Officer



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

To: ECH Finance Committee
From: Jon Cowan, Executive Director, Government Relations & Community Partnerships
Date: June 4, 2026
Subject: FY2027 El Camino Health Implementation Strategy Report and Community Benefit Plan

Recommendation:

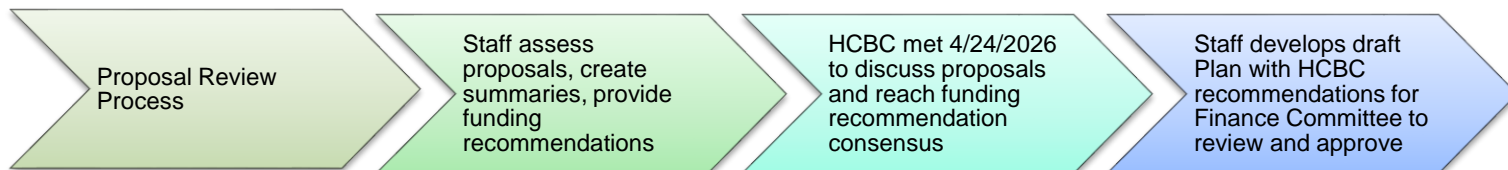
To review and recommend board approval of the FY2027 El Camino Health (ECH) Implementation Strategy Report and Community Benefit Plan (Plan). To recommend approval of authority for Jon Cowan, Executive Director of Government Relations & Community Partnerships, to execute all grant agreements specified in the Plan.

Summary:

1. **Situation:** The Plan reflects a total request of \$3,650,000 and includes funding recommendations for grants, sponsorships and placeholder.
 - The Plan outlines strategies to address the top unmet health needs identified in the 2025 ECH Community Health Needs Assessment (CHNA)
 - Grant proposals in the Plan set metrics aimed at reducing these unmet health needs
 - Sponsorships and placeholder funds are separate from grants and approved in aggregate amounts
2. **Authority:** Per the Community Benefit Grants Policy approved by the ECH Board of Directors, the Finance Committee is to review and recommend approval of the annual Plan.
3. **Background:** Plan includes grant proposals, sponsorships and placeholder.

Grant proposals review process:

- December 2025: Community Benefit (CB) FY2027 Application and Grant Guide released online with announcement to community and current grantees.
- February 27, 2026: Submission Deadline



- Funding overview (see *Community Benefit Plan Appendix: FY2027 ECH Proposal Index Attachment 2*):

FY2027 El Camino Health Implementation Strategy Report and Community Benefit Plan
June 4, 2026 | pg. 2

Grant Proposals: 45 recommended at \$3,310,000

- Total Proposals: **97** (26% increase over prior year)
- Total Requested: \$9,435,963 (48% increase over prior year)
- Total Funded: **\$3,310,000**
 - Total Unfunded: \$6,125,963 (99.7% increase over prior year)
- Note, some programs apply to both ECH and the El Camino Healthcare District (see *Attachment 3*)

Sponsorships: Recommended = \$290,000

- For FY2027, the Sponsorships budget includes an increase of \$205,000 from FY2026 to support two **Regional Strategic Sponsorships** (National Fitness Campaign & Girls On The Run Silicon Valley).

Placeholder: Recommended = \$50,000

- **Placeholder process:** Designated funds to be used in accordance with the ECH Community Benefit Grants Policy/Placeholder

FY2027 ECH Total Plan Request: \$3,650,000

4. Assessment: N/A
5. Other Reviews: Hospital Community Benefit Committee (HCBC) reviewed proposals and provided funding recommendations.
6. Outcomes: Committee reviews and approves Plan, which includes funding for grants, sponsorships and placeholder. Committee votes to fund original Plan or Plan with approved amendments.
7. **List of Attachments:**
 1. Community Benefit Plan Appendix: FY2027 ECH Proposal Index
 2. Dual Funded Programs Summary
 3. [Appendix: FY2027 ECH Implementation Strategy Report and Community Benefit Plan](#)



FY2027 El Camino Health Implementation Strategy Report and Community Benefit Plan

Finance Committee

*Jon Cowan, Executive Director, Government Relations and
Community Partnerships*

June 4, 2026

Recommendation

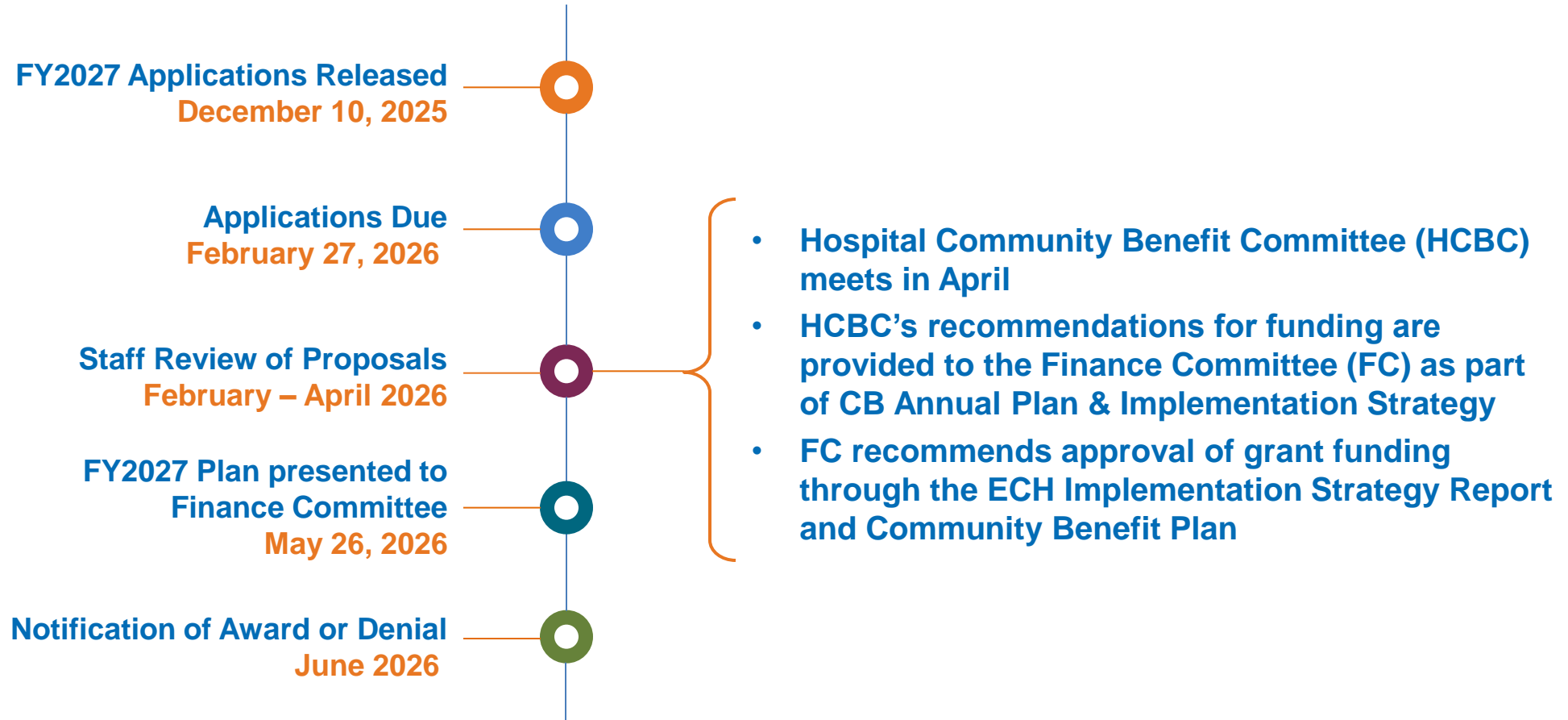
To recommend approval of the FY2027 El Camino Health Implementation Strategy Report and Community Benefit Plan

Currently recommending a total of **\$3,650,000**, including Grants (\$3,310,000), Sponsorships (\$290,000) and Placeholder (\$50,000)

or

An amended Plan per Committee motions up to available funds of \$3,650,000

Timeline & Process



Guiding Principles for Evaluating and Prioritizing Appropriateness of Grant Proposals

Required

1. Serve those who live, work, or go to school in El Camino Health's targeted geography
2. Demonstrate a competence and capacity to address at least one of the identified health needs
3. Focus primarily, but not exclusively, on the results of increasing access to healthcare services, behavioral health services, as well as the management of rising risk chronic health conditions (diabetes, obesity, cardiovascular disease, cancer, and respiratory conditions)
4. Have an emphasis on populations that are underserved, experiencing health disparities, and/or facing health challenges

Preferred

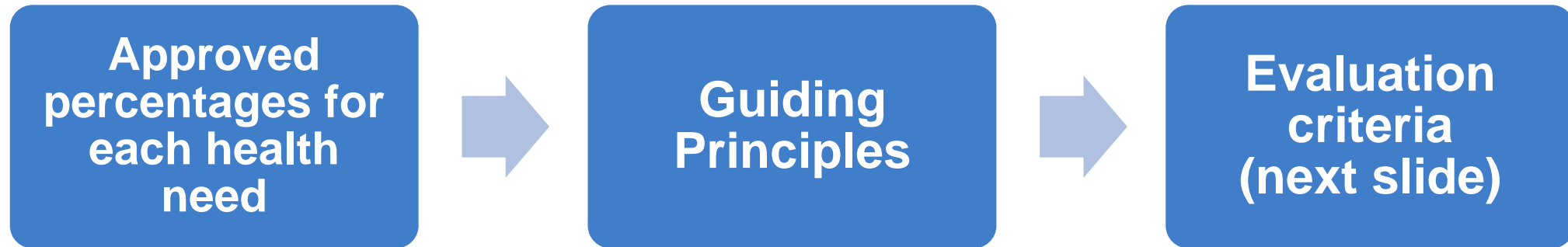
5. Aim to reflect the diversity of El Camino Health's targeted geography
6. Focus on operational programmatic costs for service delivery, over capital campaigns
7. Emphasize locally focused vs. national organizations
8. Emphasize the most effective and impactful programs while welcoming new and innovative applicants

ECH Ranked & Prioritized Health Needs

Health Need	FY2025 Approved	FY2026 Approved	FY2027 Target
Healthcare Access & Delivery (including oral health)	30%	30%	~30%
Behavioral Health (including domestic violence & trauma)	31%	31%	~30%
Diabetes & Obesity	29%	29%	~30%
Chronic Conditions (other than diabetes & obesity)	5%	5%	~5%
Economic Stability (including housing and food)	5%	6%	~5%

Proposal Evaluation Process

Top three factors that are referenced during the grant evaluation process



Proposal Evaluation Process (continued)

Proposal evaluation criteria

- Alignment with ECH priorities
- Addressing community needs
- Applicant capability
- Proposal quality
- Impact and evaluation plan
- Budget request
- Evidence-based programming
- Financial need of applicant
- Brand alignment (i.e., will not reflect negatively on reputation, brand)

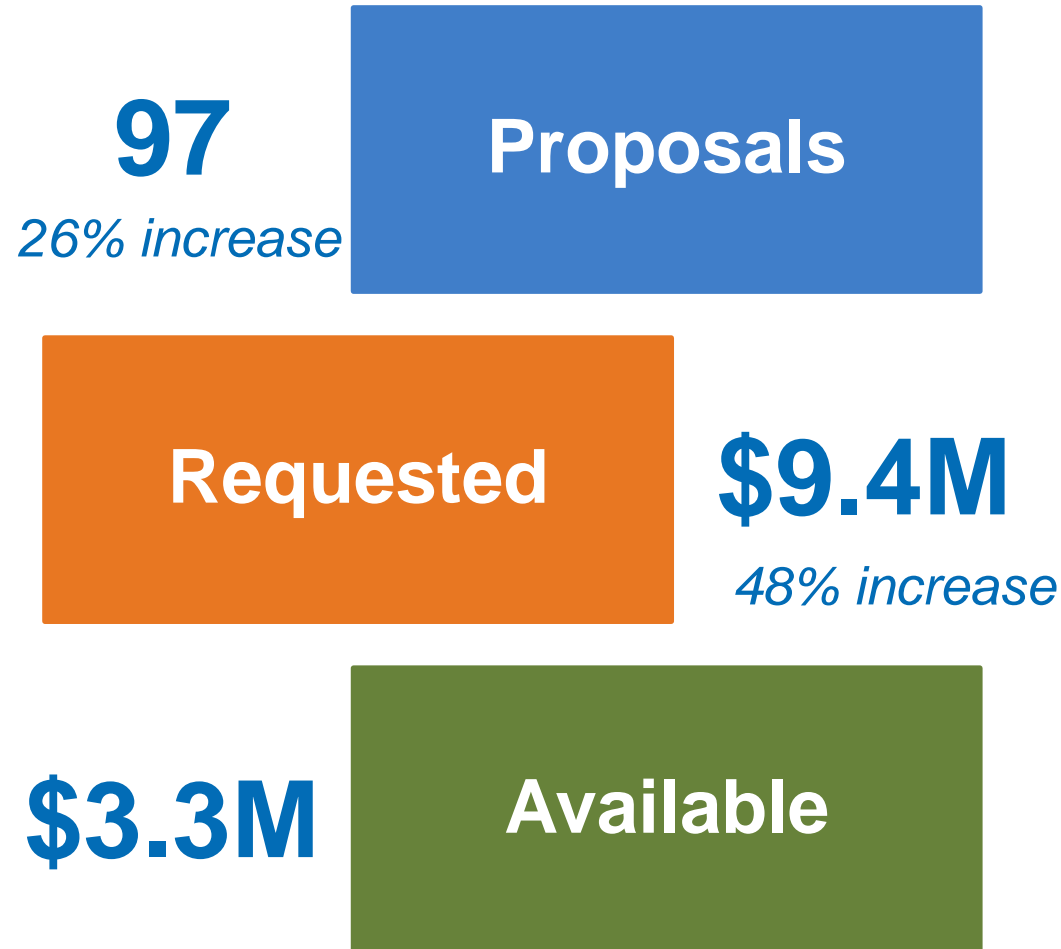
Proposals were also evaluated in context of those in each health need, then grouped by their proximity to the median for review in the grant index.

FY2027 Community Benefit Proposed Budget - Detail

	FY2026 Approved	FY2027 Proposed
Grants	\$3,310,000	\$3,310,000
Sponsorships	\$85,000	\$290,000
Placeholder	\$15,000	\$50,000
TOTAL	\$3,410,000	\$3,650,000

- Proposed FY2027 Community Benefit budget increases Sponsorships by \$205,000 to account for two new Regional Strategic Sponsorships.
- Additionally, increases placeholder by \$35,000 to accommodate for potential new Regional Strategic Sponsorships that may arise in FY2027
- Grants budget will remain flat at \$3,310,000

FY2027 Summary of Proposal Portfolio



ECH Grants Grouped by Health Need*

*Percentages may not sum to 100% due to rounding. Total approved presented is rounded total

Health Need	FY2026 Approved	FY2026 %	FY2027 Proposed	FY2027 %
Healthcare Access & Delivery (including oral health)	\$986,000	30%	\$981,000	30%
Behavioral Health (including domestic violence & trauma)	\$1,027,000	31%	\$967,000	29%
Diabetes & Obesity	\$945,000	29%	\$975,000	29%
Chronic Conditions (other than diabetes & obesity)	\$155,000	5%	\$165,000	5%
Economic Stability (including housing and food)	\$197,000	6%	\$222,000	7%
Total	\$3,310,000		\$3,310,000	

FY2027 | Key Themes in Grant Applications

- **Broad increase in applications across health needs**
 - Applications increased by 26% and dollars requested increased by 48% compared to FY2026. There was similar growth across most categories, though Economic Stability saw a larger increase than others.
 - This likely reflects increased demand for funding overall, potentially driven by rising need, changing priorities, or other funders cutting back. (Also, likely received some increased volume due to ECHD messaging bleeding into ECH application approach)
- **Behavioral Health continues to have the highest application volume**

Behavioral Health received the most applications, consistent with prior years, but grew more modestly than other health needs in FY2027.
- **Application trends highlight strong demand for safety-net and chronic condition services**

Basic needs such as food, housing, and employment, as well as chronic disease prevention and management, are consistently highlighted across program proposals.

FY2027 | Strategic Investment Priorities



Targeted investments to address gaps in ECH portfolio and ISR priorities

- Address **housing instability** among highly vulnerable foster youth. The only FY26 ECH grant addressing this need moved their application to the District, which created a gap. We aim to have our portfolio reach known vulnerable populations, and foster youth is one of these as supported by CHNA findings.
 - Strengthen mental and **behavioral health** supports for youth and adults, including evidence-based substance use initiatives
 - Expand prevention and early intervention efforts for **chronic conditions** such as heart disease and stroke
-



Continued focus on older adults

Support programs addressing worsening isolation and loneliness among older adults since the COVID-19 pandemic, which are linked to increased mental health challenges and cognitive decline



Responding to increased demand for safety-net services

Strategic funding increases for high impact programs to address rising demand for safety-net services amid funding uncertainty

FY2027 | Other Strategy Highlights

- **Maintained level funding for majority of existing grants**
Recommended flat funding across majority of the existing ECH portfolio, while focusing the allocation of limited available funds on new grant investments or intentional targeted increases
- **Intentionally phased out grants**
Phased out grants not aligned with the Implementation Strategy and that serve populations outside of ECH geography. Continued FY2026 strategy to discontinue funding for *To be Empowered* and *Vista Center for the Blind* grant programs. Decreased programs' funding in FY2026 to allow organizations time to adjust programming and identify other funding sources.
- **Staff Innovation Grant: Economic Opportunity Program**
Maintained the internship program in the ECH portfolio (the program is also seeking dual funding in ECHD). The grant addresses economic security and helps build a diverse healthcare workforce through internship and mentorship opportunities for local young adults.

FY2027 | Applications Recommended for New Programs

6 applications recommended for ECH funding
out of **56** new program applications

- American Heart Association (CC)
- AnewVista Community Services (HA)
- Cancer CAREpoint (ES)
- Recovery Cafe San Jose Inc. (BH)
- Saratoga Area Senior Coordination Council (BH)
- Unity Care Group (ES)

FY2027 | Applications Recommended for New Programs, con't.

Organization	Program	Recommended Funding Amount
American Heart Association	<i>Healthy Hearts Initiative</i> - The program builds capacity for community organizations to incorporate evidence-based blood pressure screening and referral systems. The program uses a "train the trainer" model whereby the AHA trains staff at partner organizations to serve as "community health workers"	\$30,000
AnewVista Community Services	<i>Equal access to Information & Resources; Enhancing Seniors' Quality of Life</i> - Tech Class Teachers, Marketing / Community Engagement, Operations and Website managers will deliver free, accessible technology education and support for older adults, both online and in-person.	\$20,000
Cancer CAREpoint	<i>Urgent CARE Fund</i> - Trained case managers, oncology social workers and nurse navigators deliver housing and financial stabilization services that provide one-time rent and utility assistance, resource navigation, and case management to help cancer patients remain housed and continue treatment. The program serves low-income individuals with cancer in Santa Clara County (majority ≤200% FPL) who are experiencing treatment-related financial hardship and are at risk of housing instability, food insecurity, and disrupted care.	\$25,000
Recovery Cafe San Jose Inc.	<i>Community-Based Behavioral Health & Recovery Services</i> - Program Manager, Behavioral Health Manager, Mental Health Peer Specialist, Systems Navigation Specialist, Two Peer Support Interns will deliver integrated Mental Health and substance use disorder (SUD) recovery support through a non-clinical, relationship-based model that addresses the interconnected impacts of trauma, mental illness, substance use, and social isolation for low incomes, histories of trauma, substance use, incarceration, or housing instability individuals.	\$25,000
Saratoga Area Senior Coordination Council	<i>Saratoga Adult Care Center Behavioral Health and Caregiver Support Program</i> - Licensed Clinical Social Worker (LCSW) and Adult Care Center (ACC) manager provide community-based behavioral health and caregiver support services, including screenings, care coordination, caregiver consultation, and support groups. The program serves older adults in adult day services and their family caregivers with a focus on low-income and high-need populations (e.g., majority below 275% FPL, many with multiple chronic conditions, and those connected to Medi-Cal/Medicare, PACE, subsidized housing, or veteran communities) in Saratoga, Los Gatos, and nearby cities.	\$30,000
Unity Care Group	<i>Preventing Homelessness among Youth Aging out of Foster Care</i> - Program Manager, Case Manager and Communications Specialist provide trauma-responsive, transcultural engagement support through a proven Five Pillars of Support: Housing, Education, Employment, Well-being, and Unconditional Care to foster youth about to age out of the foster program.	\$25,000

FY2027 | Applications Not Recommended for Funding

52 applications not recommended for funding

(50 new programs, 2 current programs)

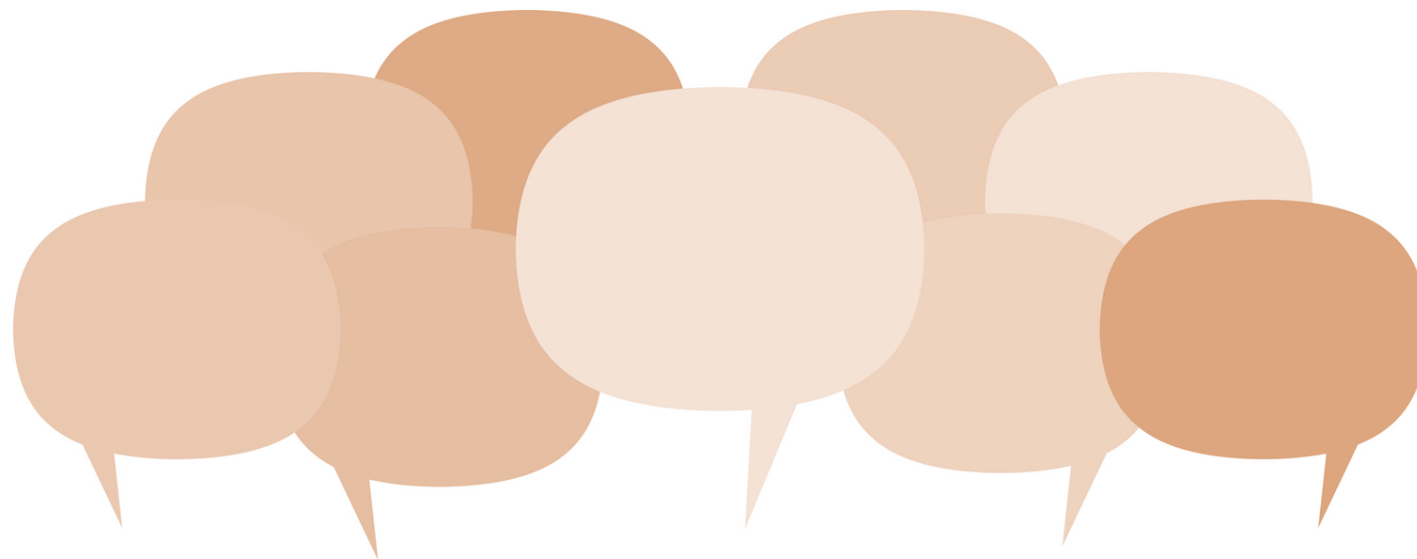
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- AIM Youth Mental Health
 - Alzheimer's Disease and Related Disorders Association, Inc
 - APPNA Community Health Center
 - Bay Area Community Health
 - Bible Way Christian Center
 - Bill Wilson Center
 - California University-Silicon Valley
 - Cambrian School District (3)
 - Catholic Charities of Santa Clara County
 - Coastal Kids Home Care
 - Counseling and Support Services for Youth
 - Eating Disorders Resource Center (EDRC)
 - Elysian Fields Transformational Community
 - Girls On The Run Of Silicon Valley
 - Heart of the Valley, Services For Seniors, Inc. (Hov)
 - Homefirst Services Of Santa Clara County
 - Kids in Common
 - Kyle J. Taylor Foundation
 - LifeMoves
 - Logos Christian Fellowship
 - Los Gatos Thrives Foundation
 - Mama D 2nd Chance
 - Mindful Life Project
 - Neighborhood Hands
 - New Beginnings Family Services
 - Nightingale Foundation
 - No Time To Waste
 - Older Adults Technology Services, Inc.
 - Operation Access
 - Pivotal
 - Positive Alternative Recreation Teambuilding Impact
 - Rebuilding Together Silicon Valley
 - Red-White and Blue Charity
 - Roots Community Health
 - RotaCare Bay Area
 - San Jose Japanese American Citizens League
 - San Jose Mothers' Milk Bank DBA Mothers' Milk Bank California
 - SHEKonnnect
 - South Bay Kidpower Teenpower Fullpower ('Kidpower')
 - Sunday Friends Foundation
 - To Be Empowered
 - Union Elementary School District
 - Upper Room Rehabilitation Services
 - Valley Health Foundation
 - Veggielution
 - Vehicles for Veterans
 - Vista Center for the Blind and Visually Impaired
 - Women of Color On the Move
 - Working Partnerships USA
 - YWCA Golden Gate Silicon Valley

New Applications: Not Recommended for Funding Rationale

In addition to key factors such as availability of funds, approved percentage allocations by health need, and our desire to maintain support for key existing organizations, some other recurring themes arose for reasons why new applicants were not recommended for funding:

1. Lack of alignment with the Implementation Strategy and selected health needs
2. Lack of clarity on how the proposed program will impact health outcomes for targeted populations
3. Budget not aligned with stated goals, not clear on proposed use of funds, or requested amount is not reasonable
4. Service limited to a low number of people and high cost per person/service
5. Poor performance history
6. Program ineligibility due to program type, or geographic presence
7. Duplicative program already funded

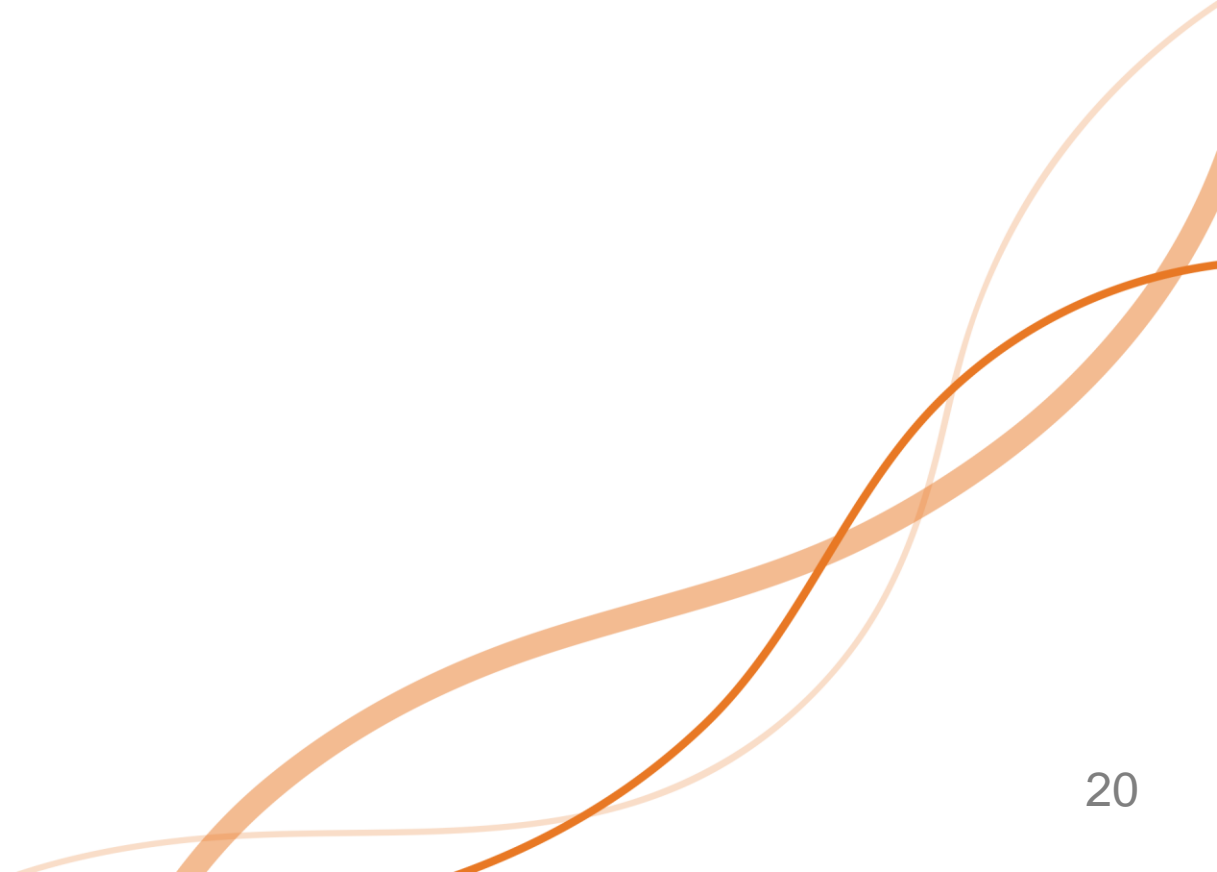
Finance Committee Discussion





Strong Partnerships for a
Healthy Community

Appendix





Shifts in FY2027 ECH Grant Applications

FY2027 ECH Grant Shift	Agency
<p>FY2026 ECH → FY2027 ECHD</p>	<ul style="list-style-type: none"> • Adolescent Counseling Services (BH) • Cancer CAREpoint (CC) • Child Advocates of Silicon Valley (BH) • Hope Services (ES)
<p>FY2026 ECHD → FY2027 ECH</p>	<ul style="list-style-type: none"> • American Heart Association (CC)
<p>FY2026 ECH Grants that applied with a new program / health need in FY2027</p>	<ul style="list-style-type: none"> • Bill Wilson Center (BH to ES) • Cancer CAREpoint (BH to ES) • Hearts & Minds Activity Center (CC to BH)
<p>FY2026 ECH Grants that did not reapply in FY2027</p>	<ul style="list-style-type: none"> • Abode (ES)
<p>FY2026 ECH Grants not recommended for funding in FY2027</p>	<ul style="list-style-type: none"> • To Be Empowered (BH) • Vista Services for the Blind and Visually Impaired (HA)

FY2027 ECH Grant Application Index

Total Requested: \$9,435,963 | Total Funded: \$3,310,000 | Total Unfunded: \$6,125,963

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 <p>Healthcare Access & Delivery</p> <p>Goal % ~30%</p> <p>Recommended% ~ 30%</p>	Asian Americans for Community Involvement (AACI)				\$ 138,750	\$ 128,000	\$ 128,000
	Campbell Union School District				\$ 260,000	\$ 235,000	\$ 235,000
	Cupertino Union School District			X	\$ 211,000	\$ 110,000	\$ 110,000
	Health Mobile			X	\$ 150,000	\$ 60,000	\$ 60,000
	Healthier Kids Foundation			X	\$ 156,000	\$ 70,000	\$ 70,000
	Mount Pleasant School District				\$ 128,000	\$ 122,000	\$ 122,000
	AINAK				\$ 70,000	\$ 11,000	\$ 11,000
	Anewvista Community Services	X		X	\$ 20,000	\$ -	\$ 20,000
	APPNA Community Health Center	X	X		\$ 48,000	\$ -	\$ -
	Cambrian School District				\$ 357,271	\$ 135,000	\$ 135,000
	Heart of the Valley, Services for Seniors, Inc. (HOV)	X	X		\$ 20,200	\$ -	\$ -
	Kyle J. Taylor Foundation	X	X	X	\$ 68,840	\$ -	\$ -
	San Jose Mothers' Milk Bank DBA Mothers' Milk Bank California	X	X		\$ 27,504	\$ -	\$ -
	Santa Clara County Public Health Department				\$ 100,000	\$ 60,000	\$ 60,000
	Union Elementary School District	X	X		\$ 87,711	\$ -	\$ -
	Via Services (DBA Camp Via West)				\$ 40,224	\$ 30,000	\$ 30,000
	Vista Center for the Blind and Visually Impaired		X	X	\$ 77,000	\$ 25,000	\$ -
	AIM Youth Mental Health	X	X		\$ 45,000	\$ -	\$ -
	Kids in Common	X	X		\$ 30,000	\$ -	\$ -
	Los Gatos Thrives Foundation	X	X		\$ 25,000	\$ -	\$ -
Operation Access	X	X		\$ 50,000	\$ -	\$ -	
RotaCare Bay Area	X	X	X	\$ 97,000	\$ -	\$ -	
San Jose Japanese American Citizens League	X	X		\$ 75,000	\$ -	\$ -	
					\$ 2,282,500		\$ 981,000
 <p>Behavioral Health</p> <p>Goal % ~30%</p> <p>Recommended% ~ 29%</p>	Almaden Valley Counseling Service				\$ 50,000	\$ 20,000	\$ 20,000
	Cupertino Union School District			X	\$ 155,600	\$ 130,000	\$ 130,000
	Hearts & Minds Activity Center				\$ 52,440	\$ 20,000	\$ 20,000
	Los Gatos Saratoga Community Education and Recreation				\$ 67,515	\$ 30,000	\$ 30,000
	Momentum for Health			X	\$ 40,000	\$ 40,000	\$ 40,000
	Next Door Solutions to Domestic Violence				\$ 90,000	\$ 90,000	\$ 90,000
	Pacific Clinics				\$ 297,000	\$ 200,000	\$ 200,000
	Peninsula Healthcare Connection				\$ 94,896	\$ 92,000	\$ 92,000
	YWCA Golden Gate Silicon Valley	X	X	X	\$ 100,401	\$ -	\$ -
	Bay Area Community Health	X	X		\$ 70,000	\$ -	\$ -
	Cambrian School District	X	X		\$ 275,600	\$ -	\$ -
	Counseling and Support Services for Youth	X	X	X	\$ 50,000	\$ -	\$ -
	Eating Disorders Resource Center (EDRC)	X	X	X	\$ 25,000	\$ -	\$ -
	Girls On The Run Of Silicon Valley	X	X		\$ 30,000	\$ -	\$ -
	Jewish Family Service Silicon Valley				\$ 292,040	\$ 75,000	\$ 75,000
	LifeMoves			X	\$ 100,000	\$ 50,000	\$ 50,000
	Los Gatos Education Foundation				\$ 390,000	\$ 120,000	\$ 120,000
	Parents Helping Parents Inc				\$ 121,864	\$ 45,000	\$ 45,000
	Recovery Cafe San Jose Inc.	X			\$ 66,000	\$ -	\$ 25,000
	Saratoga Area Senior Coordination Council	X			\$ 100,000	\$ -	\$ 30,000
South Bay Kidpower Teenpower Fullpower ('Kidpower')	X	X		\$ 30,000	\$ -	\$ -	

DNF: Do Not Fund recommendation

New: New program to Community Benefit FY2027

Dual Request: Program requested dual funding from ECH + ECHD




*Indicates program is a dual request that is not eligible for dual funding and is currently recommended for funding in ECHD or agency already has two grants recommended for funding.

Green represents higher proposal strength
 Blue represents medium proposal strength
 Grey represents lower proposal strength

Proposal summary sheets are organized alphabetically within each health need and do not necessarily correspond with the index order.

FY2027 ECH Grant Application Index

Total Requested: \$9,435,963 | Total Funded: \$3,310,000 | Total Unfunded: \$6,125,963

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 Behavioral Health	Bible Way Christian Center	X	X		\$ 30,000	\$ -	\$ -
	LifeMoves	X	X		\$ 55,000	\$ -	\$ -
	Mindful Life Project	X	X		\$ 50,000	\$ -	\$ -
	Positive Alternative Recreation Teambuilding Impact	X	X		\$ 92,000	\$ -	\$ -
	Red-White and Blue Charity	X	X		\$ 47,300	\$ -	\$ -
	SHEKonnnect	X	X		\$ 28,175	\$ -	\$ -
	To Be Empowered		X		\$ 53,000	\$ 15,000	\$ -
	Women of Color On the Move	X	X		\$ 30,000	\$ -	\$ -
				\$ 2,883,831		\$ 967,000	
 Diabetes & Obesity Goal % ~30% Recommended% ~ 29%	Bay Area Women's Sports Initiative				\$ 45,565	\$ 20,000	\$ 20,000
	Chinese Health Initiative (CHI)			X	\$ 31,905	\$ 30,000	\$ 30,000
	Gardner Family Health Network, Inc. doing business as Gardner Health Services				\$ 702,031	\$ 320,000	\$ 320,000
	Playworks, Northern California			X	\$ 42,228	\$ 40,000	\$ 40,000
	West Valley Community Services				\$ 60,204	\$ 60,000	\$ 60,000
	West Valley Community Services				\$ 340,861	\$ 210,000	\$ 240,000
	African American Community Service Agency				\$ 70,000	\$ 40,000	\$ 40,000
	Cambrian School District - Obesity Prevention Initiative	X	X		\$ 273,979	\$ -	\$ -
	Indian Health Center of Santa Clara Valley				\$ 150,000	\$ 95,000	\$ 95,000
	Roots Community Health	X	X	X	\$ 30,000	\$ -	\$ -
	South Asian Heart Center			X	\$ 60,000	\$ 60,000	\$ 60,000
	Valley Verde				\$ 93,424	\$ 70,000	\$ 70,000
	California University-Silicon Valley	X	X	X	\$ 12,856	\$ -	\$ -
	Cambrian School District - Diabetes Program	X	X		\$ 152,222	\$ -	\$ -
Logos Christian Fellowship	X	X		\$ 42,000	\$ -	\$ -	
				\$ 2,107,275		\$ 975,000	
 Chronic Conditions Goal % ~5% Recommended% ~ 5%	Latinas Contra Cancer				\$ 149,925	\$ 55,000	\$ 55,000
	Pink Ribbon Good, Inc.				\$ 30,000	\$ 30,000	\$ 30,000
	Alzheimer's Disease and Related Disorders Association, Inc	X	X		\$ 70,000	\$ -	\$ -
	American Heart Association	X			\$ 111,518	\$ -	\$ 30,000
	Breathe California of the Bay Area				\$ 66,000	\$ 50,000	\$ 50,000
	Older Adults Technology Services, Inc.	X	X		\$ 249,349	\$ -	\$ -
	Coastal Kids Home Care	X	X		\$ 30,000	\$ -	\$ -
	Valley Health Foundation	X	X		\$ 110,000	\$ -	\$ -
	Veggielution	X	X		\$ 70,000	\$ -	\$ -
				\$ 886,792		\$ 165,000	

DNF: Do Not Fund recommendation

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Dual Request: Program requested dual funding from ECH + ECHD


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FY2027 ECH Grant Application Index

Total Requested: \$9,435,963 | Total Funded: \$3,310,000 | Total Unfunded: \$6,125,963

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 <p>Economic Stability</p> <p>Goal % ~5%</p> <p>Recommended% ~ 7%</p>	Cancer CAREpoint	X			\$ 35,000	\$ -	\$ 35,000
	El Camino Health - Economic Internship			X	\$ 83,934	\$ 67,000	\$ 67,000
	Loaves & Fishes Family Kitchen				\$ 50,000	\$ 25,000	\$ 35,000
	Midtown Family Services				\$ 86,340	\$ 30,000	\$ 30,000
	School of Arts and Culture at MHP				\$ 60,000	\$ 30,000	\$ 30,000
	Bill Wilson Center	X	X		\$ 25,000	\$ 25,000	\$ -
	HomeFirst Services of Santa Clara County	X	X		\$ 100,000	\$ -	\$ -
	Neighborhood Hands	X	X		\$ 24,000	\$ -	\$ -
	New Beginnings Family Services	X	X		\$ 75,000	\$ -	\$ -
	Pivotal	X	X		\$ 102,784	\$ -	\$ -
	Rebuilding Together Silicon Valley*	X	X	X	\$ 100,000	\$ -	\$ -
	Sunday Friends Foundation	X	X		\$ 74,602	\$ -	\$ -
	Unity Care Group	X			\$ 131,905	\$ -	\$ 25,000
	Working Partnerships USA	X	X		\$ 50,000	\$ -	\$ -
	Catholic Charities of Santa Clara County	X	X		\$ 85,000	\$ -	\$ -
	Elysian Fields Transformational Community	X	X		\$ 45,000	\$ -	\$ -
	Mama D 2nd Chance	X	X		\$ 57,000	\$ -	\$ -
	Nightingale Foundation	X	X		\$ 25,000	\$ -	\$ -
	No Time To Waste	X	X		\$ 25,000	\$ -	\$ -
	Upper Room Rehabilitation Services	X	X		\$ 5,000	\$ -	\$ -
Vehicles for Veterans	X	X		\$ 35,000	\$ -	\$ -	
					\$ 1,275,565		\$ 222,000

DNF: Do Not Fund recommendation

New: New program to Community Benefit FY2027

Dual Request: Program requested dual funding from ECH + ECHD

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Proposal summary sheets are organized alphabetically within each health need and do not necessarily correspond with the index order.

El Camino Health and El Camino Healthcare District Dual-Funded Community Benefit Programs: FY2025, FY2026 & FY2027

El Camino Health FY2025: \$530,000 (16% of ECH grants)* | FY2026: \$565,000 (17% of ECH grants)

FY2027(Recommended): \$627,000 (19% of ECH grants)*

El Camino Healthcare District FY2025: \$1,585,500 (20% of ECHD grants)* | FY2026: \$1,674,000 (20% of ECHD grants)

FY2027 (Recommended): \$2,208,500 (22% of ECHD grants)*

Combined Total FY2025: \$2,115,500 (19% of all grants)* | FY2026: \$2,239,000 (19% of all grants)

FY2027(Recommended): \$2,835,500 (21% of all grants)*

**FY2025 & FY2026 dual request totals reflect accurate totals, only programs that are also a dual request for FY2027 are presented below.*

<p>AnewVista FY2027 – \$50,000 (Recommended) ECH – \$20,000 ECHD – \$30,000</p> <p>Bay Area Women's Sports Initiative Program (BAWSI) FY2025 – \$59,000 ECH – \$20,000 ECHD – \$39,000 FY2026 – \$59,000 ECH – \$20,000 ECHD – \$39,000 FY2027 – \$65,000 (BAWSI Girls - Recommended) ECH – \$20,000 ECHD – \$45,000 <i>(BAWSI Rollers - Not a Dual Applicant)</i></p> <p>California University-Silicon Valley FY2027 – DNF ECH – DNF ECHD – DNF</p> <p>Chinese Health Initiative (ECH) FY2025 – \$305,000 ECH – \$30,000 ECHD – \$275,000 FY2026 – \$305,000 ECH – \$30,000 ECHD – \$275,000 FY2027 – \$315,000 (Recommended) ECH - \$30,000 ECHD – \$285,000</p> <p>Counseling and Support Services for Youth (CASSY) FY2027 – DNF ECH – DNF ECHD – DNF</p>	<p>Cupertino Union School District – Mental Health Counseling FY2025 – \$232,500 ECH – \$130,000 ECHD – \$102,500 FY2026 – \$232,500 ECH – \$130,000 ECHD – \$102,500 FY2027 – \$232,500 (Recommended) ECH – \$130,000 ECHD – \$102,500</p> <p>Cupertino Union School District – School Nurse Program FY2025 – \$215,000 ECH – \$110,000 ECHD – \$105,000 FY2026 – \$220,000 ECH – \$110,000 ECHD – \$110,000 FY2027 – \$220,000 (Recommended) ECH – \$110,000 ECHD – \$110,000</p> <p>Eating Disorder Resource Center (EDRC) FY2027 – \$25,000 (Recommended) ECH – DNF ECHD – \$25,000</p> <p>El Camino Health: Economic Opportunity Internship Program FY2027 – \$133,000 (Recommended) ECH – \$67,000 ECHD – \$66,000</p> <p>Health Mobile FY2026 – \$110,000 ECH – \$60,000 ECHD – \$50,000 FY2027 – \$160,000 (Recommended) ECH – \$60,000 ECHD – \$100,000</p> <p>Healthier Kids Foundation FY2027 – \$70,000 (Recommended) ECH – \$70,000 ECHD – DNF</p>	<p>Kyle J. Taylor Foundation FY2027 – DNF (Recommended) ECH – DNF ECHD – DNF</p> <p>LifeMoves FY2025 – \$210,000 ECH – \$50,000 ECHD – \$160,000 FY2026 – \$210,000 ECH – \$50,000 ECHD – \$160,000 FY2027 – \$260,000 (Recommended) ECH – \$50,000 ECHD – \$210,000</p> <p>Momentum for Mental Health FY2025 – \$330,000 ECH – \$40,000 ECHD – \$290,000 FY2026 – \$330,000 ECH – \$40,000 ECHD – \$290,000 FY2027 – \$330,000 (Recommended) ECH – \$40,000 ECHD – \$290,000</p> <p>Playworks FY2025 – \$240,000 ECH – \$40,000 ECHD – \$200,000 FY2026 – \$268,800 ECH – \$40,000 ECHD – \$228,800 FY2027 – \$310,000 (Recommended) ECH – \$40,000 ECHD – \$270,000</p> <p>Rebuilding Together Silicon Valley FY2026 – \$30,000 ECH – DNF ECHD – \$30,000 FY2027 – \$30,000 (Recommended) ECH – DNF ECHD – \$30,000</p>
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El Camino Health and El Camino Healthcare District Dual-Funded Community Benefit Programs: FY2025, FY2026 & FY2027

Roots Community Health

FY2027 – \$70,000 (Recommended)
ECH – DNF
ECHD – \$70,000

RotaCare Bay Area

FY2027 – \$30,000 (Recommended)
ECH – DNF
ECHD – \$30,000

South Asian Heart Center

FY2025 – \$370,000
ECH – \$60,000
ECHD – \$310,000
FY2026 – \$370,000
ECH – \$60,000
ECHD – \$310,000
FY2027 – \$390,000 (Recommended)
ECH – \$60,000
ECHD – \$330,000

**Vista Center for the Blind and Visually
Impaired**

FY2026 – \$25,000
ECH – \$25,000
ECHD – DNF
FY2027 – DNF (Recommended)
ECH – DNF
ECHD – DNF

YWCA Golden Gate Silicon Valley

FY2027 – \$145,000 (Recommended)
ECH – DNF
ECHD – \$145,000



Agenda Item 13 – Recommend for Board Approval the Final FY27 Operating and Capital Budget

Materials will be forthcoming



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

To: El Camino Hospital Board Finance Committee
From: Tracey Lewis Taylor, COO
Jeff Missad, VP Facilities Development & Real Estate
Date: June 4, 2026
Subject: Recommend Board Approval for Additional Funding for Los Gatos
Redevelopment Project

Recommendation:

Management requests Finance Committee review and recommend for Board approval for incremental funding for Los Gatos redevelopment contracts not to exceed **\$75M**.

Summary:

The Los Gatos Campus Redevelopment Project is progressing on schedule and within budget, within the anticipated range and consistent with the September 2025 estimate. The project will deliver a new seismically compliant replacement hospital.

Finance Committee approval of **\$75M in incremental funding** is required in June 2026 to authorize new contractual commitments and maintain uninterrupted project delivery. This approval grants commitment authority only — it is not a mandate to spend. All proposed contracts include termination-for-convenience provisions.

Why budget authority must precede commitments: Contracts cannot be executed against unapproved budget — this creates unauthorized financial obligations. ECH financial policy requires funding approval before contract execution. The \$75M request grants commitment authority up to an approved ceiling; actual spend is controlled through commitment management, change order approvals, and ongoing finance reporting.

Next Steps:

Following Finance Committee review and any recommendation for approval, management anticipates presenting the funding request to the Hospital Board on June 17, 2026, with subsequent District Board consideration anticipated on June 23, 2026.



**EL CAMINO HEALTH BOARD OF DIRECTORS
FINANCE COMMITTEE MEMO**

To: ECH Finance Committee
From: Mark Adams, MD, FACS, Chief Medical Officer
Date: June 4, 2026
Subject: LG Otolaryngology / Facial Plastic Surgery Per Activation PSA Renewal and Rate Increase

Recommendation: Finance Committee to recommend that Board of Directors approve delegating to the Chief Executive Officer the authority to execute a PSA for Otolaryngology and Facial Plastic Surgery professional services two year term renewal at a new increased per activation rate.

Background: ECH Los Gatos has contracted with two Otolaryngology and Facial Plastic Surgery physicians to provide on-call coverage since February 2023. The current agreement expires October 1, 2026.

Board Authority: Board of Directors approval is required because the proposed compensation exceeds the 90th percentile of fair market value per the Physician Financial Arrangement Policy.



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

To: ECH Finance Committee
From: Mark Adams, MD, FACS, Chief Medical Officer
Date: June 4, 2026
Subject: MV and LG Psychiatric Telehealth Services Contract Renewal

Recommendation: Finance Committee to recommend that the Board of Directors approve delegating to the Chief Executive Officer the authority to execute an Enterprise Psychiatric Telehealth Services two-year renewal agreement at the increased rate.

Background: ECH has contracted with a psychiatric telehealth group since 2017 to provide 24/7 emergency psychiatry consultation services via video for the Mountain View and Los Gatos Emergency Departments. The current agreement expires June 30, 2026. The renewed agreement will be for a two-year term.

Board Authority: Board of Directors approval is required because the proposed compensation exceeds the 90th percentile of fair market value per Administrative Policies and Procedures 51.00.

Implementation Strategy Report

and

Community Benefit Plan

FY 2027

June 2026



El Camino
Health

El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

I. GENERAL INFORMATION

Contact Person: Tim Daubert

Years the Plan Refers to: Fiscal year 2027

Date Written Plan Was Adopted by Authorized Governing Body: June 17, 2026

Authorized Governing Body that Adopted the Written Plan: El Camino Hospital Board of Directors

Name and EIN of Hospital Organization Operating Hospital Facility: El Camino Hospital
EIN 94-3167314

Address of Hospital Organization: El Camino Hospital
2500 Grant Road
Mountain View, CA 94040-4302

El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

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II. ABOUT EL CAMINO HEALTH

El Camino Health has served the communities of Silicon Valley and the South Bay for more than 60 years, with nationally recognized physicians and nurses at two not-for-profit acute care hospitals in Los Gatos and Mountain View, and 21 care locations across Santa Clara County, which includes primary care, multi-specialty care, and urgent care. Across the organization, El Camino Health has over 4,300 employees, over 1,500 physicians, and 466 patient beds. Key service lines include cancer care, cardiovascular care, maternity care, mental health and addiction services, orthopedics, pulmonology, urology, and women's health. Affiliated partners include El Camino Health Medical Network, El Camino Health Foundation and Concern.

MISSION

It is the mission of El Camino Health to heal, relieve suffering and advance wellness.

COMMUNITY BENEFIT PROGRAM

For more than 60 years, El Camino Health has provided healthcare services beyond its walls — crossing barriers of age, education and income level — to serve the people of its region, because a healthier community benefits everyone.

Building a healthier community requires a combined effort. El Camino Health collaborates with community members who have expertise in understanding health disparities in local cities, as well as organizations with similar missions. Working together has vastly multiplied El Camino Health's ability to make a difference.

El Camino Health, in partnership with El Camino Healthcare District, provides funding through the Community Benefit Program in the form of grants and sponsorships to organizations that demonstrate an ability to impact the health needs of vulnerable, underserved and at-risk community members.

Every year, El Camino Health publishes the Community Benefit Annual Report to inform the community about Community Benefit Program financials, the grant programs and how these funded services improve the health of vulnerable populations both through direct services and prevention initiatives.^a

^a <https://www.elcaminohealth.org/about-us/community-benefit>

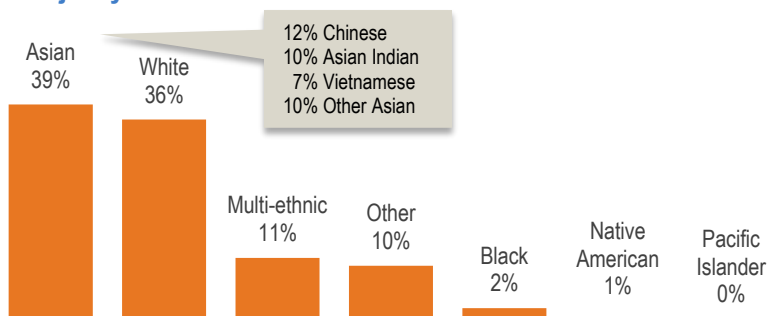
El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

III. EL CAMINO HEALTH'S SERVICE AREA

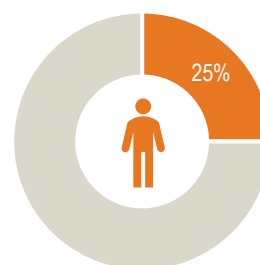
El Camino Health is located in Santa Clara County, and its community encompasses most of the cities in that county, including Cupertino, Los Altos, Los Altos Hills, Los Gatos, Mountain View, San José, Santa Clara, and Sunnyvale. Santa Clara County comprises 18 cities and large areas of unincorporated rural land. In 2023, close to 1.9 million people lived here, making it the sixth largest county in California by population. San José is its largest city, with almost 970,000 residents (52% of the total).

SANTA CLARA COUNTY DEMOGRAPHICS

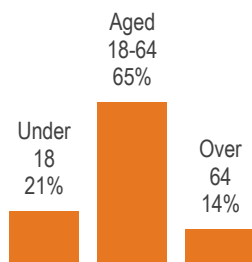
A majority of residents are non-White.



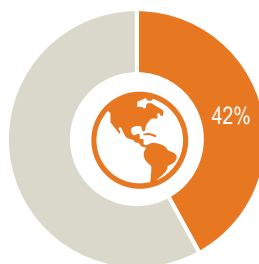
One-quarter are Hispanic.



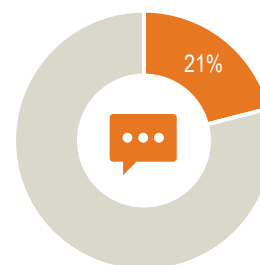
About one in five residents are children.



Over two in five residents are foreign-born.



About one in five over age 5 speak limited English.



\$128,176

4-person household
Real Cost Measure (RCM)



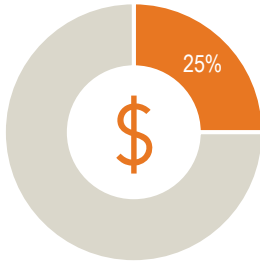
\$1.7M

median home sale price

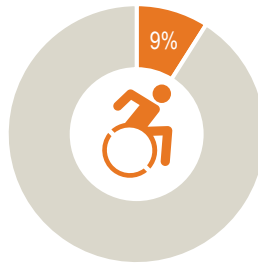
Sources: United Way: Real Cost Measure, 2021. Redfin.com: Median home sale price, 2024. U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023.

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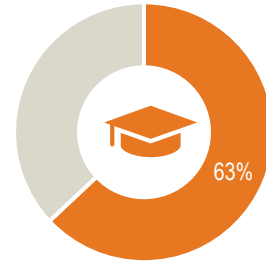
On average, one in four households lives below the Real Cost Measure.



Almost one in ten residents lives with a disability.



Over three in five residents aged 25+ have earned at least a Bachelor's degree.



Source: U.S. Census Bureau: race and age, 2017-2022, other demographics, 2023.

In our assessment of the health needs in our community, we focused particularly on disparities and inequities within our community rather than simply in comparison to California or the nation as a whole.

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IV. PURPOSE OF IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

Per state and federal law, a Community Health Needs Assessment (CHNA) must be conducted every three years by nonprofit hospitals. In 2025, El Camino Health Community Benefit staff conducted a Community Health Needs Assessment in collaboration with the Santa Clara County Community Benefit Coalition. This assessment resulted in the identification of community health needs. The 2025 CHNA serves as a tool for guiding policy and program planning efforts and is available to the public. For information about El Camino Health's 2025 CHNA process and for a copy of the 2025 CHNA report, please visit <https://www.elcaminohospital.org/about-us/community-benefit>.

IRS regulations mandate that all nonprofit hospitals develop and adopt an implementation strategy to address community needs every three years. Section 1.501(r)(3)(c) of the IRS regulations pertains to implementation strategy specifically, and its requirements include a description of the health needs that the hospital will address and a description of the health needs that the hospital will not address.

This Implementation Strategy Report (IS Report) and Community Benefit Plan (CB Plan) describes El Camino Health's planned response to the needs identified through the 2025 CHNA process. Per IRS requirements, the following descriptions of the actions (strategies) El Camino Health intends to take include the anticipated impact of the strategies, the resources the hospital facility plans to commit to address the health needs, and any planned collaboration between the hospital facility and other facilities or organizations in addressing the health needs.

This 2027 IS Report and CB Plan is based on the 2025 CHNA and outlines El Camino Health's funding for fiscal year 2027. It will be updated annually based on the most recently conducted CHNA.

Financial Summary

FY 2027 El Camino Health Community Benefit Plan:

- 45 Grants: \$3,310,000
 - Requested Grant Funding: \$9,435,963
- Sponsorships: \$290,000
- Placeholder: \$50,000
- Plan Total: \$3,650,000

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V. LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2025 CHNA

The 2025 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. This primary qualitative input was used to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, health disparities, and health trends. Statistical data were compiled and compared against statewide rates and averages.

To be considered a health need for the purposes of the 2025 CHNA, the need had to fit a standard definition, be present in at least two data sources, and either prioritized by key informants or focus groups, or suggested by direct statistical indicators that fail benchmarks or exhibit documented inequities by race.^b A total of 14 health needs were identified in the 2025 CHNA. The health need selection process is described in Section VI of this report.

2025 Community Health Needs List

1. Housing
2. Economic Stability
3. Behavioral Health
4. Diabetes & Obesity
5. Respiratory Health
6. Unintended Injuries/Accidents
7. Healthcare Access & Delivery
8. Heart Disease & Stroke
9. Maternal & Infant Health
10. Education
11. Cancer
12. Communicable Diseases
13. Community Safety
14. Sexual Health

^b The definition of a health need is a poor health outcome and its health driver, or a health driver associated with a poor health outcome that has not yet arisen as a need. Further definitions of terms and specific criteria for health needs identification may be found in El Camino Health's 2025 CHNA report.

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VI. THOSE INVOLVED IN THE IMPLEMENTATION STRATEGY (IS) & COMMUNITY BENEFIT PLAN DEVELOPMENT

El Camino Health selected the health needs to address. Actionable Insights, LLC, provided guidance and expertise for this process and conducted research on evidence-based and promising practices for each selected health initiative. Actionable Insights is a consulting firm whose principals have experience conducting CHNAs and providing expertise on implementation strategy development and IRS reporting for hospitals.

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VII. HEALTH NEEDS THAT EL CAMINO HEALTH PLANS TO ADDRESS

PROCESS AND CRITERIA USED TO SELECT HEALTH NEEDS

In October 2024, the Hospital Community Benefit Committee (HCBC) met to review the information collected for the 2025 CHNA. The purpose of the meeting was to help select the needs El Camino Health would address, which would form the basis for its FY2027 community benefit plan and implementation strategies. The HCBC, by consensus, selected the following needs to address:

- Healthcare Access & Delivery (including oral health)
- Behavioral Health (including domestic violence and trauma)
- Diabetes & Obesity
- Other Chronic Conditions (other than Diabetes & Obesity)
- Economic Stability (including food insecurity, housing, and homelessness)

DESCRIPTION OF HEALTH NEEDS EL CAMINO HEALTH PLANS TO ADDRESS

Healthcare Access and Delivery (including oral health)

Healthcare Access and Delivery, which affects various other community health needs, was identified as a top health need by two-thirds (67%) of focus groups and key informants combined. CHNA participants highlighted high copays and lack of insurance coverage among community residents (e.g., high deductibles, lapsed coverage among Medi-Cal-eligible individuals) as barriers to healthcare access. Statistical data show that Santa Clara County's proportion of uninsured residents is low, yet it is slightly higher (worse) than San Mateo County's. Many key informants and focus group participants connected healthcare access with economic instability, noting that people are less likely to seek care if they cannot pay for it.

Participants felt there were significant issues with access to preventive care (e.g., colonoscopies, mammograms), including long wait times for such appointments, which could lead to worsened health outcomes. Some professionals specifically noted that the healthcare system is under such strain that some preventable issues become acute due to the consequent long waits for these appointments.

CHNA participants indicated that community-based clinics and programs providing direct healthcare services are beneficial but underfunded. In particular, participants focused on difficulties in accessing dental care, especially for low-income individuals and those on Medi-Cal. They explained that there is a significant lack of providers who actually accept Denti-Cal. Participants noted that even basic dental care can be prohibitively expensive, leading patients to delay or forego treatment altogether.

Participants said migrant and undocumented communities struggle greatly with access to healthcare due to high costs, lack of insurance, and difficulty navigating the medical system.

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Many community members have challenges understanding medical terminology and knowing what questions to ask providers. Participants also mentioned access barriers for individuals with disabilities or special needs and those with poor transportation options.

“Most nurses or medical practitioners do not know ASL [American Sign Language]... I do not feel good always going with the translator or having to write [things] down or wait longer periods just to be attended to.”

—Participant, Community Focus Group

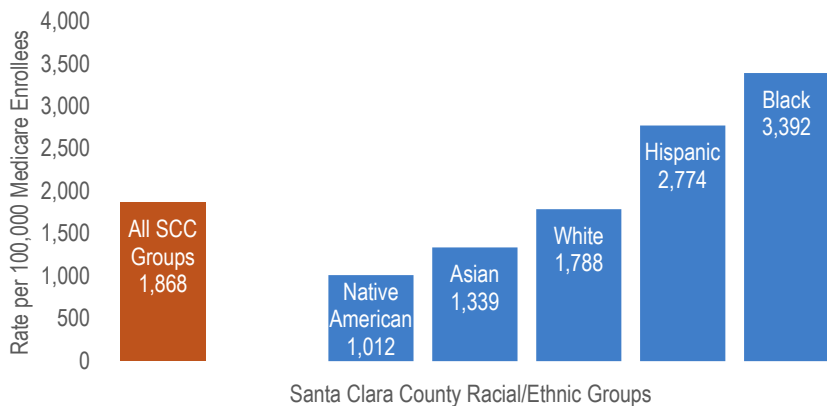
CHNA participants described the lack of cultural concordance, or at least cultural competence, as a significant issue in healthcare delivery, with certain populations experiencing discrimination and language barriers that hinder access to care. Close to 9% of the county’s population is not proficient in English. In particular, over 9% of children in Santa Clara County live in a limited English-speaking household, a higher proportion than in neighboring San Mateo County or California overall (both around 7%). In addition to limited English-speaking households, participants also recognized the LGBTQ+ community as a group that faces significant disparities across health indicators. One local expert noted that stigmas and historical mistreatment make it difficult to gather data on the LGBTQ+ population’s specific needs.

“I’m seeing folks who are not aware of resources, if they’re aware of resources they don’t know how to access, or they have apprehensive thoughts or actions about accessing those resources for a variety of reasons.”

— Service Provider, Health Equity Focus Group

CHNA participants described systemic inequalities resulting in higher rates of chronic illnesses and lower quality of care for Black, Indigenous, and people of color (BIPOC) groups. For example, preventable hospital stays, which are higher among Black and Hispanic populations compared to Whites and Asians in Santa Clara County, may be a sign of inequitable access to high-quality care.

Black and Hispanic Medicare enrollees have significantly higher rates of preventable hospital stays than other groups.



Source: Center for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

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Several CHNA participants specifically mentioned inequities in care provided to Black people, including inadequate maternal care. Access to critical maternal health services, including perinatal care, was a recurring issue among participants consulted during the CHNA as well. Certain maternal and infant health statistics are worse in East San José than in the county overall, including the proportion of premature births, low birthweight births, and infant mortality. Infant mortality and pre-term births in Santa Clara County are highest for Black and Hispanic babies. The county's low birthweight babies are disproportionately born to Black mothers. Teen births are highest among the county's Latinas (16 per 1,000 females aged 15-19) compared to their peers of other ethnicities (most fewer than 6 per 1,000).^c Of all teen births, nearly 84% are to Santa Clara County Latinas. Maternal morbidity in Santa Clara County is highest among the Black population (193.9 per 10,000 delivery hospitalizations) compared to the overall rate (136.7 per 10,000), including issues such as preeclampsia, hypertension at delivery, and postpartum depression.^c Young mothers and mothers of color who participated in the CHNA reported feeling judged and stereotyped by healthcare providers, which affected their general care experience and the quality of the care they received.

CHNA participants also spoke at length about issues of access to mental healthcare and substance use treatment, which is covered in the Behavioral Health need description, below.

Behavioral Health (including domestic violence and trauma)

Behavioral Health, which includes mental health and trauma as well as consequences such as substance use and domestic violence, ranked high as a health need, being prioritized by more than three-quarters (77%) of the CHNA's focus groups and key informants combined.

CHNA participants frequently noted increases in feelings of loneliness and isolation among community members of all ages, including older adults and youth. Participants emphasized that isolation and loneliness among older adults has worsened since the COVID-19 pandemic, exacerbating mental health issues. One expert highlighted the connection between loneliness, lack of social engagement, and cognitive decline in geriatric populations. Participants also expressed great concern regarding youth mental health. They mentioned high levels of anxiety and depression among youth and young adults, with particular emphasis on students of color and English language learners. Based on public health statistics, mental diseases/disorders are the primary reason for child hospitalizations in Santa Clara County.

Many participants suggested that economic stressors and structural inequities, such as those created by systemic discrimination, have heightened poor mental health overall. One of the common barriers identified was insufficient support systems. In particular, postpartum depression and anxiety were common issues among participants who were mothers, with many feeling they did not receive adequate mental health support.

^c Rates are not age-adjusted.

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Mental healthcare access is somewhat worse overall in Santa Clara County than in San Mateo County, and especially poor for youth: there are far more students per school psychologist in the county (1199:1) compared to the state ratio (1041:1) or that of San Mateo County (994:1). Specific populations that CHNA participants identified as disproportionately affected by access to mental/behavioral healthcare included the unhoused, rural, and limited-mobility populations, who have issues with physical access; low- and middle-income populations, whose challenges are primarily economic access; and English learners, people of color (Asian and Pacific Islander, Black, and Hispanic populations), and LGBTQ+ populations, who experience care delivery issues including linguistic and cultural mismatches. Concerns also arose over low utilization related to the stigma of poor mental health among low-income communities and Asian and Pacific Islander communities, to name a few.

There are also geographic differences to consider. Although self-harm hospitalizations are not worse for the county overall (27.2 per 100,000 population) compared to state or local benchmarks, the rate is significantly higher in the Mountain View area (32.9). Similarly, while Santa Clara County's overall suicide rate (7.7 per 100,000) is not as high as the state rate, the suicide rate in East San José (8.4) surpasses the county's rate. Overall, deaths of despair (deaths due to alcohol, drug use, or suicide) are also higher in East San José (44.8 per 100,000) compared to the county overall (30.8).

“You have individual trauma, you have community trauma, familial, you have generational trauma. ... I also think addiction thrives in isolation and loneliness and disconnection. And when I think about this huge spike we saw of overdose deaths being driven by fentanyl and methamphetamines, I think that is a huge part of it as well. It [the combination of issues] makes it hard for folks, even when they're seeking treatment, to stay healthy and well.”

—Behavioral Health Expert

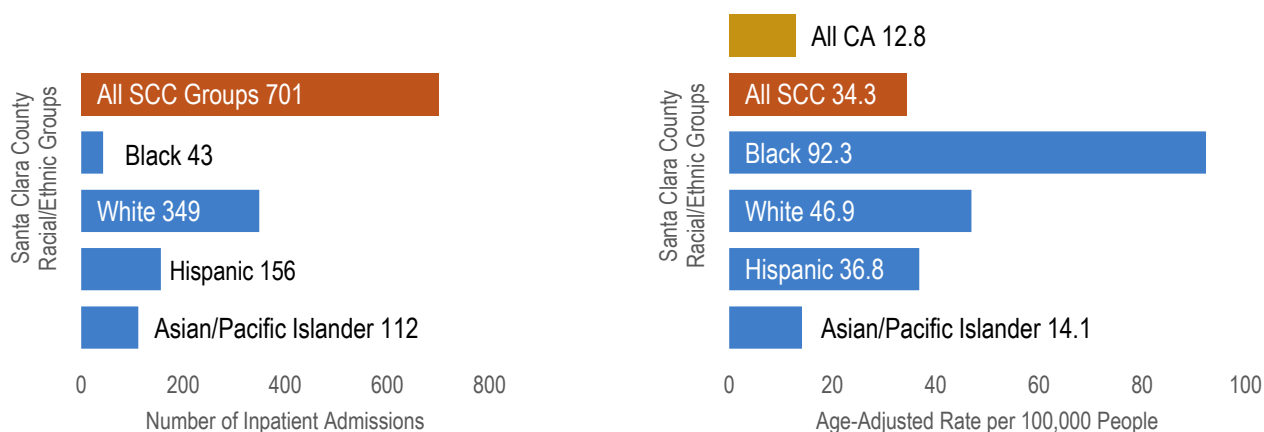
Trauma was frequently cited as a root cause of substance use, mental health issues, and subsequent community violence.

Key informants and focus group attendees spoke about countywide increases in substance use, which they said was often employed as a coping behavior in situations when individuals experience social isolation, high stress, and/or discrimination (e.g., racism). Additionally, participants expressed concern about levels of use of various substances in the county (e.g., higher rates of cannabis and alcohol use among youth and LGBTQ+ populations; greater methamphetamine use among the unhoused and justice-involved populations). They reported that there is a lack of accessible substance use treatment programs (inpatient/residential), and long waiting lists for the few programs that do exist. The rise in drug potency continues to lead to higher levels of accidental fentanyl-related and other opioid-related overdoses and deaths, and was referenced multiple times among CHNA participants. Participants described Santa Clara County's low-income population as being the first in the county affected by rising opioid overdoses, followed by more affluent populations.

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Among all ages, opioid overdose hospitalization rates in the county (34.3 per 100,000 people) and, specifically, in the Mountain View area (34.2), are close to triple California’s rate (12.8). Although excessive alcohol use is no worse in the county than at the state level, the proportion of driving deaths with alcohol involvement is still higher in Santa Clara County than in neighboring San Mateo County (though trending down). Recent alcohol use by youth (measured as use within the past month) appears to be highest among the county’s Black and Pacific Islander populations, compared to their peers of other ethnicities. Santa Clara County’s American Indian/Alaskan Native population had the highest proportion of youth across all ethnic groups who tried alcohol more than seven times in their lifetime.^d

The number of opioid hospitalizations is highest among White residents, but the rate per 100,000 population is highest for Black residents.



Source: California Department of Health Care Access & Information (HCAI), Patient Discharge Data, 2017-21.

Finally, close to two in five focus groups and interviews prioritized community and family safety. Some CHNA participants noted an increase in domestic violence cases following the COVID-19 pandemic, with cases becoming more complex and requiring more individual-level support. Statistics show that domestic violence-related 911 calls are higher in Santa Clara County (4.7 per 1,000 people aged 18–69) than in neighboring San Mateo County (4.0).^e In addition, the rate of substantiated child abuse/neglect cases in the county is more than double that of San Mateo County. CHNA participants linked family safety concerns to economic instability and housing issues. They noted that financial stress and lack of stable housing contribute to unsafe environments. Participants identified immigrant communities and low-income families as particularly vulnerable to these issues. They said the stress from unsafe environments affects family dynamics and overall well-being.

^d Note that of the youth in Santa Clara County’s public schools (7th, 9th, 11th, and non-traditional students, aligning with the indicators shown), Black students are 1.9%, Pacific Islander students 0.5%, and Native students 0.2% of all enrolled students in those grades. Therefore, alcohol use proportions should be treated with caution.

^e Rates are not age-adjusted.

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Diabetes and Obesity

Just over one-third (35%) of key informants and focus group discussions identified Diabetes and Obesity as a top health need. Among discussion participants, there was a shared emphasis on the need for care focused on prevention through education, nutrition support, and lifestyle changes. Likewise, the importance of culturally competent health initiatives was mentioned in this context (i.e., programs that are accessible and relevant to diverse populations). Structural inequities were also seen as fundamental to the origins of diabetes and obesity; for example, some participants discussed the need for continued efforts to improve local food systems in places where diabetes is particularly prevalent.

Economic insecurity and poverty along with the high cost of living were frequently mentioned as underlying factors that exacerbate diabetes and obesity. For example, some indicated that inflation has made it more difficult for low-income families to afford nutritious food and the lack of healthy alternatives diminishes the ability of families to sustain healthy lifestyles.

“How do you promote healthy eating when all you have is McDonald's and Taco Bell on every corner? You have liquor stores that sell food, but it's all just processed foods. ...I've had diabetics who were homeless, but they could only eat what was given to them. These shelters[,] the food banks... a lot of the times it's just carbs after carbs, or it's canned food. And I mean, I know it's something. But ...it's like this terrible cycle. How do we get better nutrition to our community?”

—Healthcare Provider

Some participants further linked the experience of chronic stress to poor management of diabetes and obesity, highlighting the need for integrated care approaches.

Participants noted that high copays and lack of insurance coverage for effective diabetes medications are significant barriers. They also said that access to nutritionists and proper dietary guidance is limited, making it more difficult for patients to manage chronic conditions like diabetes effectively. One participant emphasized the challenge of underdiagnosis of prediabetes among Hispanic community members despite high diabetes rates.

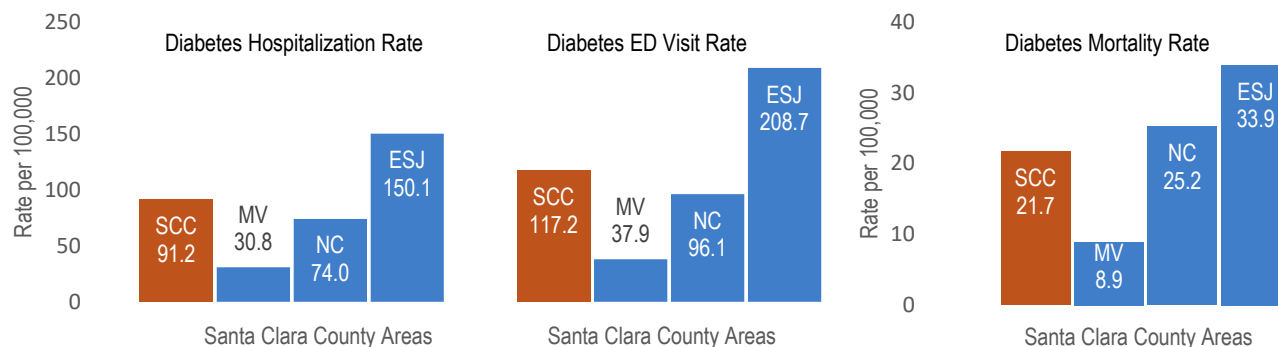
Diabetes mortality is 50% higher in Santa Clara County (21.7 per 100,000) compared to the state rate (14.4). It is highest in East San José (33.9), and also high in the northern part of the county (25.2). Deaths from diabetes are much higher among both the Black (41.0) and Hispanic (37.0) communities in Santa Clara County compared to other ethnic populations in the county. Tracking with the mortality rate, emergency department visit rates and hospitalizations for diabetes are also highest in East San José and among both Black and Hispanic residents of Santa Clara County. The Silicon Valley Latino Report Card states that over 20% of Hispanic children are overweight.^f Supporting these data, some CHNA participants noted that diabetes is

^f Hispanic Foundation of Silicon Valley. (2023). *2023 Silicon Valley Latino Report Card*.

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a significant issue in East San José, with high rates of both diabetes and prediabetes, particularly among Hispanic and Asian populations.

Diabetes morbidity and mortality rates (per 100,000) are worse in East San José than Santa Clara County overall and worse than the other sub-county target areas of Mountain View and North County.



Source: Santa Clara County Public Health Department. ED Visits and Hospitalizations are 2017-21; Mortality 219-23. SCC=Santa Clara County; MV=Mountain View Corridor; SC=South County; NC=North County; ESJ=East San José.

While low overall, child diabetes hospitalizations are higher in Santa Clara County compared to San Mateo County. Physical fitness, one of the drivers of diabetes and obesity, is also lower (worse) for elementary and middle-schoolers in Santa Clara County than in San Mateo County. Although high-schoolers appear to be faring better, physical fitness among the county’s ninth graders is declining, while Hispanic and Pacific Islander children are performing considerably worse than their peers of other ethnicities when it comes to physical fitness.

None of the other available statistics (e.g., adult physical activity, child diet, food environment, exercise opportunities) are worse for the county overall compared to either neighboring San Mateo County or the state as a whole. However, these state and local benchmarks are not considered particularly healthy. For example, over 20% of Santa Clara County adults are obese, compared to 21% of San Mateo County adults and 30% of CA adults. Similar proportions among adults who are physically inactive can also be found in each geography. One CHNA participant noted that physical activity is hindered by safety concerns in certain neighborhoods, making it difficult for residents to exercise freely outdoors, while others mentioned the lack of access to exercise facilities in certain areas.

Chronic Conditions (other than diabetes and obesity)

Santa Clara County generally fares well with respect to chronic conditions other than diabetes and obesity: overall mortality rates for Alzheimer’s disease and other dementias, cancer, chronic liver disease/cirrhosis, heart disease, and stroke are all better than state benchmarks. For that reason, most of these chronic conditions were not identified as health needs in the 2025 Community Health Needs Assessment (CHNA). However, health conditions such as cancer, cardiovascular disease, and respiratory problems are among the top 10 causes of death in

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Santa Clara County.⁹ In addition, there are some concerning statistics and data that show significant racial/ethnic disparities for cancer and respiratory conditions. Finally, El Camino Health has a commitment to continuing to address chronic conditions as a health need, given its specific expertise and long-standing work on this issue.

About one-third (35%) of key informants and focus groups combined named a chronic condition (e.g., cancer, heart disease) as a top health need. Below are the common themes related to chronic conditions that arose during CHNA discussions.

- **Respiratory health:** Some participants described an increase in asthma cases, particularly among children. The importance of a healthy environment and climate was mentioned, with some participants mentioning that climate change and poor air quality can negatively impact respiratory health. Experts participating in the CHNA noted a significant increase in tuberculosis (TB) rates, particularly among individuals who have been in the country for over 10 years. They said the pandemic made this issue worse due to reduced testing and diagnosis.
- **Cancer:** A professional noted that the pandemic led to a decrease in routine screenings like mammograms, which may have resulted in missed or delayed cancer diagnoses. Community members' stories also illustrated potential gaps in timely and comprehensive cancer screening.
- **Cardiovascular health:** Economic instability and poverty were frequently mentioned as factors that limit access to healthy food and healthcare services, which are crucial for preventing and managing heart disease. Some participants also highlighted the high cost of accessing healthcare, including insurance and prescriptions, as a significant barrier to managing cardiovascular health.
- **Alzheimer's disease and dementias:** Many participants highlighted the issue of social isolation among older adults, which plays a factor in cognitive decline and dementias. One professional in particular described long waitlists for nursing facilities and challenges accessing in-home care, made more problematic by the general absence of family support that is often due to the economic migration of younger generations.

“When we're talking about the older adult population that is most likely to develop, say, dementia, there's usually some other kind of chronic condition that goes along with that. It's mainly manageable, but it gets more complicated by the overlay of dementia. So access to care and follow-up care is really important.”

— Service Provider

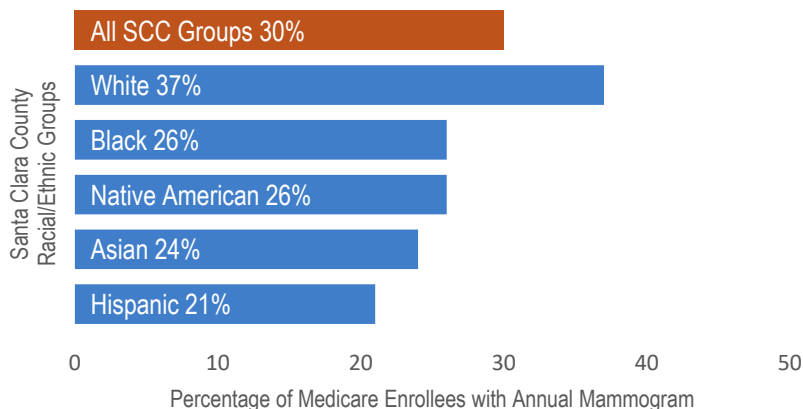
Although Santa Clara County's overall cancer mortality (112.0 per 100,000) is on par or better than the state (119.8), mortality by race/ethnicity indicates substantial disparities. For example, overall cancer mortality among Santa Clara County's Black population is much higher (143.5) compared to other ethnic groups. Similarly, the county's Black population has higher rates of mortality for female breast, colorectal, and prostate cancers. While the county's White

⁹ Silicon Valley Institute for Regional Studies. (2022). *Silicon Valley Indicators*. Deaths, by Cause: Santa Clara and San Mateo Counties.

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population also has cancer incidence and mortality rates that exceed benchmarks, these rates are generally lower than those of the county’s Black population. Mammography screening among older adults in the county is highest for White women, and lowest for Latinas.

Hispanic older adults are the least likely to have had a mammogram (breast cancer screening) compared to their peers from other racial/ethnic groups.



Source: Centers for Medicare & Medicaid Services Mapping Medicare Disparities Tool, 2020. Retrieved from County Health Rankings, June 2024.

In addition, some Santa Clara County cancer incidence rates are of marked concern. The county’s liver cancer incidence rate is 10.5 per 100,000 people, higher than in neighboring San Mateo County (9.1) or statewide (9.9). The county also has a higher colorectal cancer incidence rate compared to San Mateo County. Finally, Santa Clara County has a higher overall cancer incidence rate for youth aged 15-19 compared to San Mateo County.

Mortality rates for both heart disease and stroke are much higher among the county’s Black and Hispanic populations than other ethnic groups. Although Santa Clara County Whites also have a high CVD mortality rate, it is not as high as the rates for certain BIPOC populations.

With regard to respiratory health, Santa Clara County has historically had a higher TB case rate compared to California overall. The most recent data show that TB is still an issue. Asthma is also a concern, especially for children: the overall rate of all Santa Clara County children who were hospitalized for asthma is higher than the asthma hospitalization rate of all children in San Mateo County. However, Santa Clara County children aged 5-17 were hospitalized for asthma at nearly twice the rate (4.0 per 10,000 hospitalizations) of their San Mateo County counterparts (2.1). East San José has disproportionately high child hospitalizations for asthma (5.5 per 10,000 aged 0-17), and the county’s Black population has an even higher rate (12.6). Child emergency department visits for asthma are similarly disproportionate.

Given these quantitative and qualitative data, El Camino Health has grouped cancer, cardiovascular disease, respiratory problems, Alzheimer’s and dementia, and other chronic

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conditions into an overall category that it will address called “Chronic Conditions (other than Diabetes and Obesity),” as indicated above.

El Camino Health is dedicated to contributing to its community’s good health. We will continue to monitor and share these data indicators (and others) to increase awareness of chronic conditions in Santa Clara County.

Economic Stability (including food insecurity, housing, and homelessness)

The vast majority (84%) of all focus groups and key informants identified economic stability and/or housing and homelessness as a top community priority. CHNA participants focused on the high cost of living in Santa Clara County, describing how cost is implicated in interrelated issues:

- Participants said housing market prices remain extremely high, making it difficult for many to afford housing. The data indicate that home ownership is lower in Santa Clara County (56%) than in San Mateo County (60%). Participants described how economic instability forces people to move out of the area or live in overcrowded and/or unsafe conditions (e.g., poorly maintained housing, vehicles, makeshift shelters). Housing quality is still a concern in Santa Clara County; for example, the data show that a small fraction of the county’s children and young adults aged 6-20 have very high blood lead levels (at least 9.5 mcg/dL), while San Mateo County has eradicated this issue entirely.

"We are seeing multi-generational families living in one home. They might not have access to a kitchen. We are seeing a lot of families living in a garage with a microwave."

"People are cutting costs on their medication, not going to the doctor's, nothing, ...and then also living in situations which [are] uninhabitable or not recommended, where there are three families, five families, people are huddled together, couch surfing and sleeping in their cars."

— Service Providers’ Focus Group

- Participants said wages do not keep pace with the cost of living. They explained that low wages and high living costs compel individuals as well as families to make difficult choices between essential needs like food, rent, and healthcare. The data show that the proportion of people experiencing food insecurity in Santa Clara County is higher than in San Mateo County. Participants also indicated that economic insecurity especially affected certain job sectors due to high living costs (e.g., janitorial services). And data show there is a greater gender pay gap in Santa Clara County (\$0.73 to the dollar) than there is statewide (\$0.86) or in San Mateo County (\$0.90).

"Economic security here is bad. The reason is that the salary is very low. Every time you go to Cárdenas, to any grocery store, the groceries are through the roof. You have to decide whether you eat or pay the rent."

— Spanish-speaking Community Member

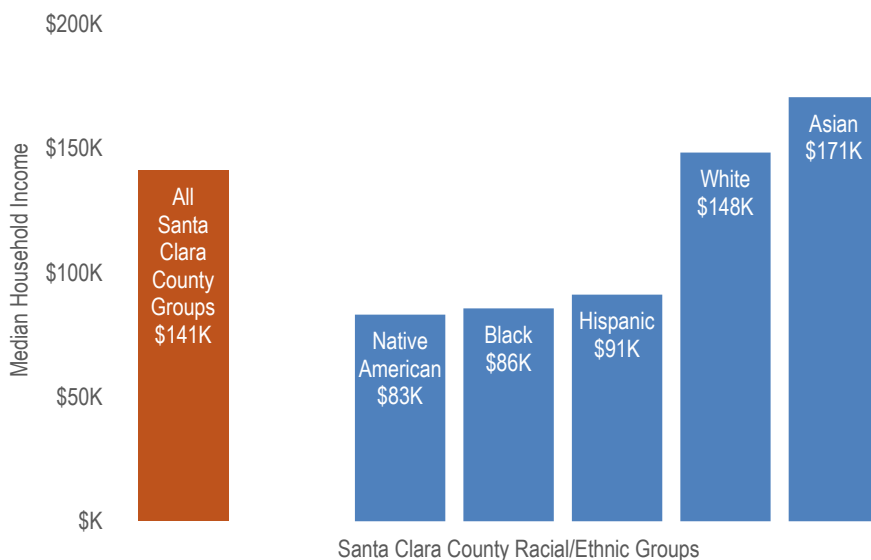
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Santa Clara County’s percentage of households with children below the Federal Poverty Level is higher than neighboring San Mateo County’s, and is rising. In Santa Clara County, Black, Hispanic, and Native American families with children are disproportionately more likely to be in poverty than their Asian or White peers.

The data indicate that childcare costs in Santa Clara County have more than doubled in the past 10 years outpacing median family income, which rose 64% over the same time period. Adequate childcare and preschool were identified by CHNA participants as crucial for economic mobility and foundational learning. Spending per pupil is lower in Santa Clara County (\$14,733) compared to San Mateo County (\$17,293). Research found that educational inequities, often related to neighborhood segregation^h, lead to educational disparities that begin at an early age.

CHNA participants also identified socioeconomic disadvantages and language barriers as significant inequities affecting educational attainment. Household income inequality by race/ethnicity reached an all-time high in 2022, and there are substantial disparities in median income by race/ethnicity within the county.

Median household income in Santa Clara County varies substantially by race/ethnicity, with BIPOC households earning the least.



Source: US Census Bureau Small Area Income and Poverty Estimates. Retrieved from County Health Rankings, June 2024.

Santa Clara County’s high school graduation rate was lower (83%) than the state rate (88%) in 2022, with the county’s Hispanic students more likely than students of other ethnic groups to drop out before graduation. Education has generally and historically correlated directly with

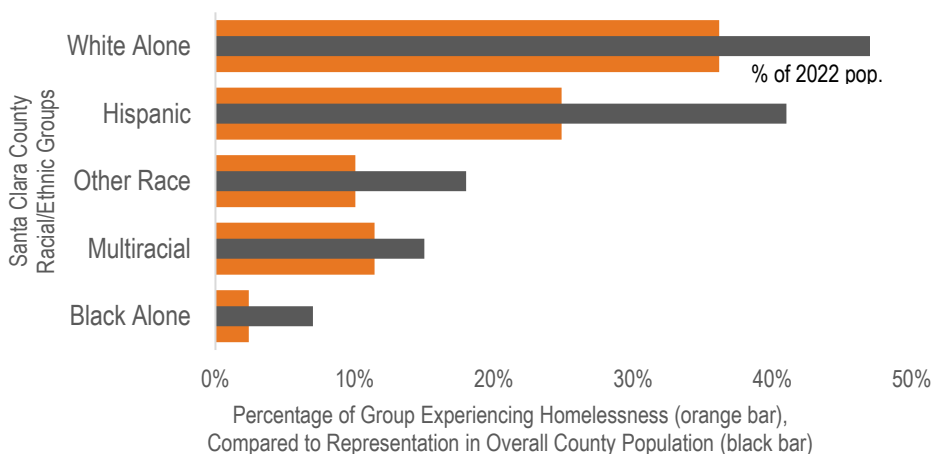
^h Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA.

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income, so educational statistics that differ by race/ethnicity are particularly concerning to CHNA participants.

Specifically with regard to unhoused populations, CHNA participants indicated that mental health issues and substance use disorders can be both causes and consequences of homelessness. Participants also mentioned that parents experiencing homelessness fear losing custody of children because of their unhoused status. Participants enumerated the groups that are most vulnerable to housing instability in Santa Clara County: Black and Hispanic community members, LGBTQ+ community members, single mothers, and foster youth. Black and multiracial people are the most overrepresented in the unhoused population relative to their proportions in the county’s overall population. Finally, older adults (aged 65+) and other individuals on fixed incomes can also be vulnerable. Local older adults in Santa Clara County who participated in the Community Assessment Survey of Older Adults give a “Livability Score” of 19 out of 100 for housing.ⁱ

Among those experiencing homelessness, Black people are the most overrepresented compared to their proportion of Santa Clara County’s population.



Source: 2023 Santa Clara County Point-in-Time Count public Tableau dashboard. Population: U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2022.

ⁱ Polco, formerly the National Research Center. (2023). *Community Assessment Survey for Older Adults: Avenidas, September 2022*.

El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

VIII. EL CAMINO HEALTH'S IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

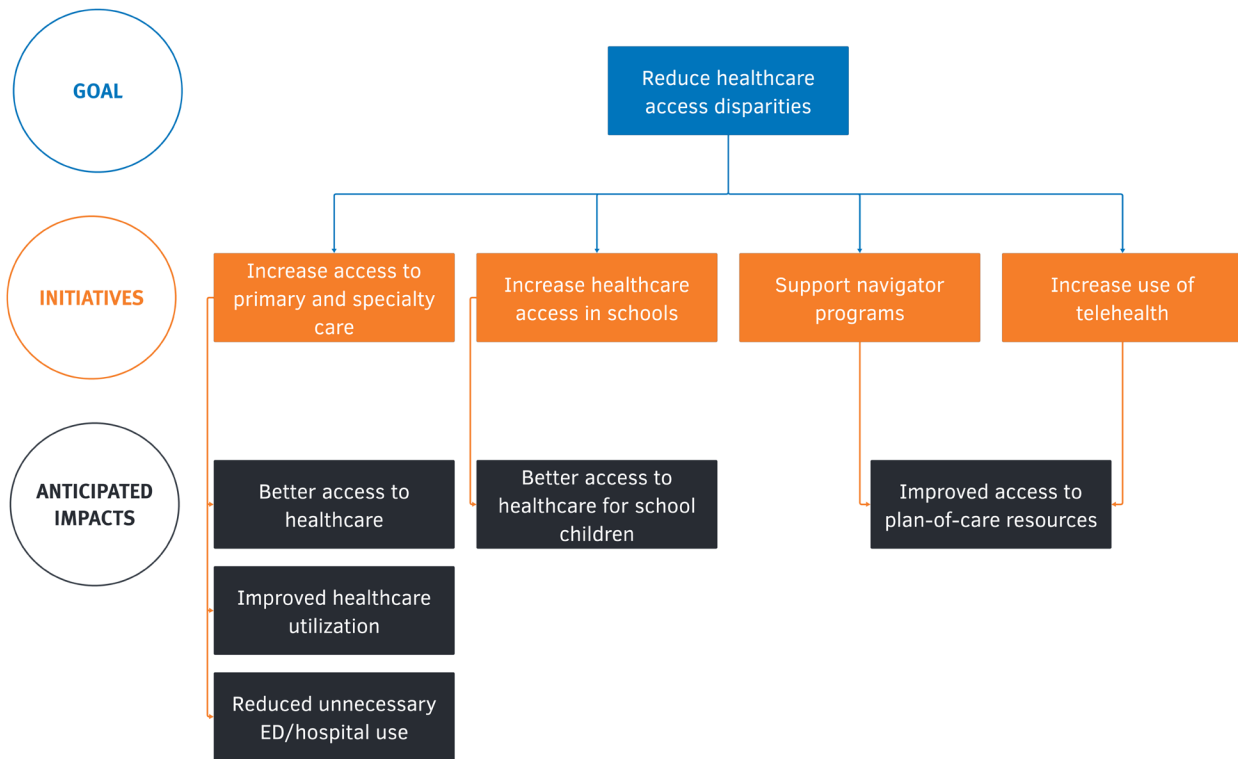
El Camino Health's annual community benefit investment focuses on improving the health of our community's most vulnerable populations, including the medically underserved, low-income, and populations affected by health disparities. To accomplish this goal, our community health investment for FY 2027 will be directed to improve healthcare access & delivery (including oral health), behavioral health (including domestic violence and trauma), economic security (including food insecurity, housing, and homelessness), diabetes and obesity, and other chronic conditions (other than diabetes & obesity) through community and hospital-based programs and partnerships.

El Camino Health believes that long-term funding of proven community partners yields greater success than short-term investments in improving the health and well-being of community members. The plan continues to be based on documented community health needs. Modifications to the plan are the result of new data and information collected during the 2025 CHNA process.

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HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH)

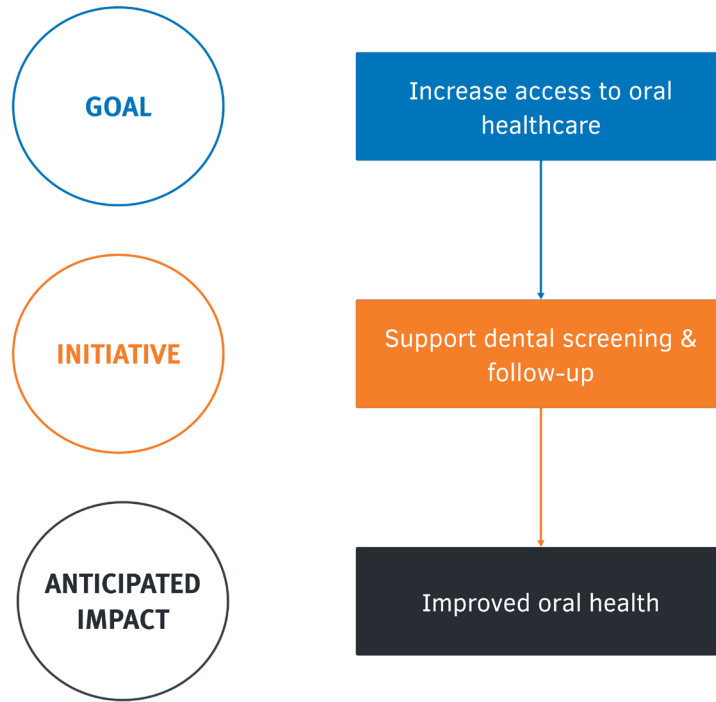
El Camino Health views efforts to ensure equitable access to high-quality healthcare and respectful, compassionate, culturally competent delivery of healthcare services as a top priority for its community benefit investments. Given the community’s identification of issues of healthcare access and delivery during the 2025 CHNA, El Camino Health selected goals that support initiatives to reduce disparities in access to and delivery of primary and specialty care for community members in its service area. The goals also include improvements in access to and delivery of oral healthcare and maternal/infant healthcare based on statistical data and information provided by experts interviewed during the CHNA. The hospital expects to make a positive impact by improving healthcare access and utilization, reducing unnecessary emergency department visits and hospitalizations, and reducing disparities in health outcomes. Below and on the following pages, see diagrams for summaries and tables for details.



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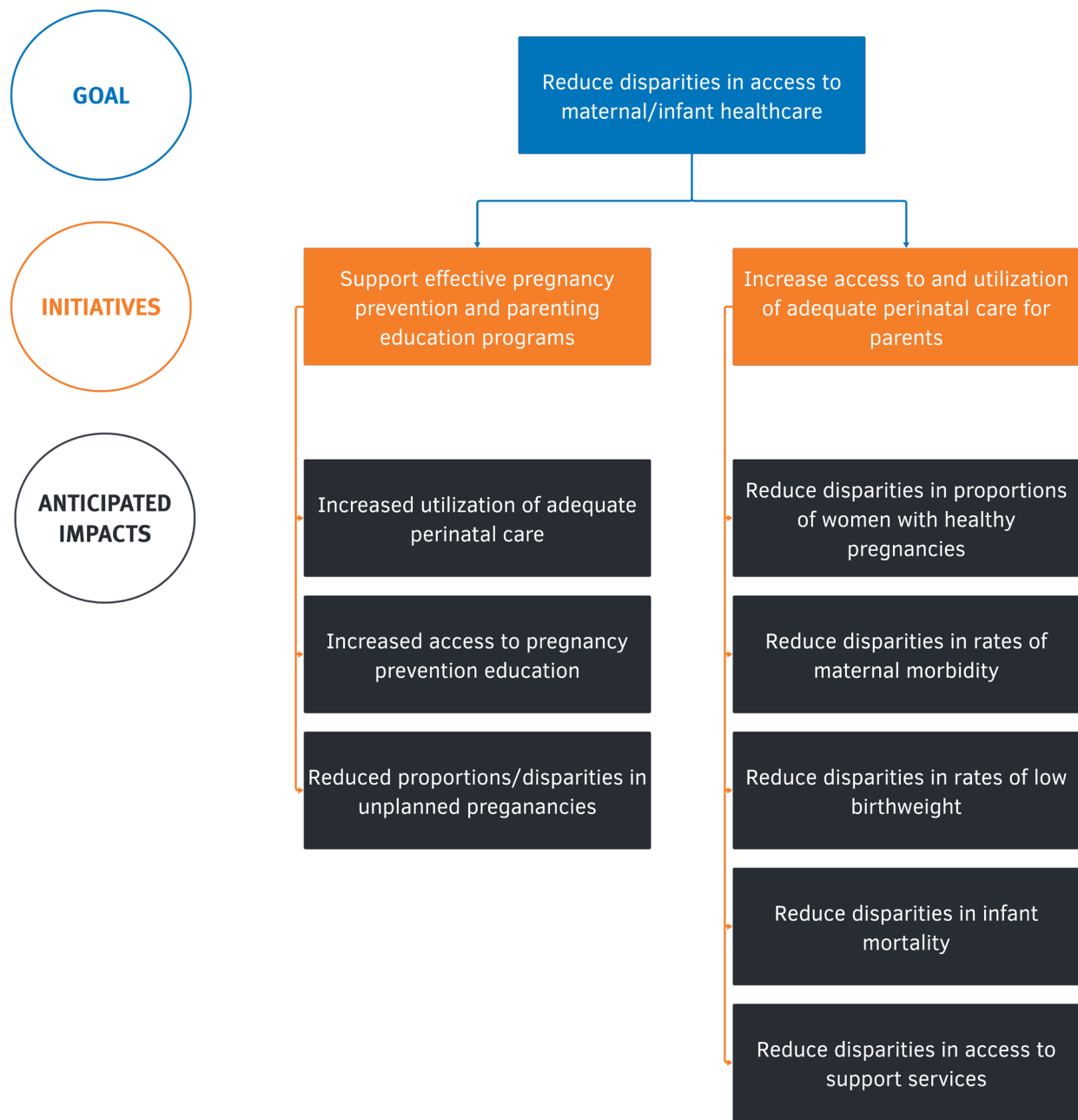
Goal	Initiative	Anticipated Impact
1. Reduce disparities in access to high-quality care	A. Support increased access to primary care and specialty care services for vulnerable individuals ^{1, 2, 3, 4, 5, 6, 7, 8, 9, 10}	(i) Individuals experience better access to healthcare (ii) Improved healthcare utilization (iii) Reduced unnecessary ED visits and preventable hospitalizations
	B. Support greater access to healthcare in schools ¹¹	(i) Improved access to healthcare for school-aged children and youth
	C. Support clinical and community health navigator programs ^{12, 13, 14}	(i) Community members access clinical and community resources that support their plan of care
	D. Support increased use of telehealth and other technology solutions ^{15, 16, 17}	

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Goal	Initiative	Anticipated Impact
2. Increase access to oral healthcare for underserved community members	A. Support school- and community-based programs that offer dental screenings and care, including tele-dentistry ^{18, 19, 20, 21}	(i) Improved oral health among community members

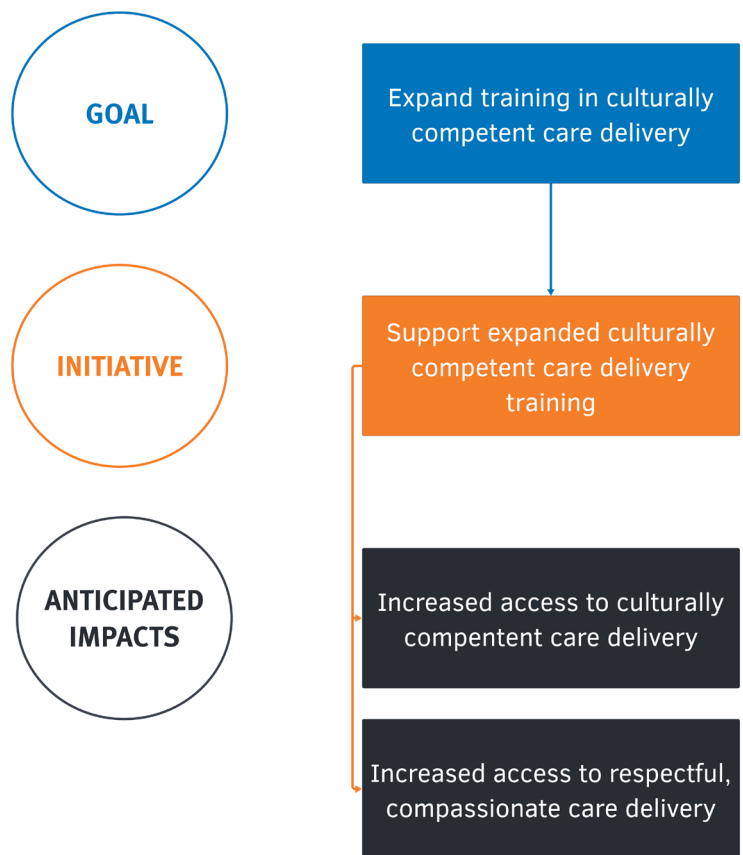
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El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

Goal	Initiative	Anticipated Impact
<p>3. Reduce disparities and inequitable access to maternal/infant healthcare for community members</p>	<p>A. Support effective pregnancy prevention and parenting education programs^{22, 23, 24}</p>	<p>(i) Increased utilization of adequate perinatal care</p> <p>(ii) Increased access to pregnancy prevention education</p> <p>(iii) Reduced proportions/ disparities in unplanned pregnancies</p>
	<p>B. Increase access to and utilization of adequate perinatal care for parents^{25, 26, 27, 28, 29, 30}</p>	<p>Reduced disparities in:</p> <p>(i) Proportions of women with healthy pregnancies</p> <p>(ii) Rates of maternal morbidity</p> <p>(iii) Rates of low birthweight</p> <p>(iv) Rates of infant mortality</p> <p>(v) Access to support services</p>


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Goal	Initiative	Anticipated Impact
4. Provide/expand workforce training in cultural competence, and compassionate and respectful care delivery	A. Support workforce training in cultural competence, and compassionate and respectful care delivery ^{31, 32, 33, 34}	(i) Increased access to culturally competent healthcare services among underserved community members, including LGBTQ+ and community members with limited English proficiency (ii) Increased access to compassionate and respectful healthcare among underserved community members, including LGBTQ+ and community members with limited English proficiency

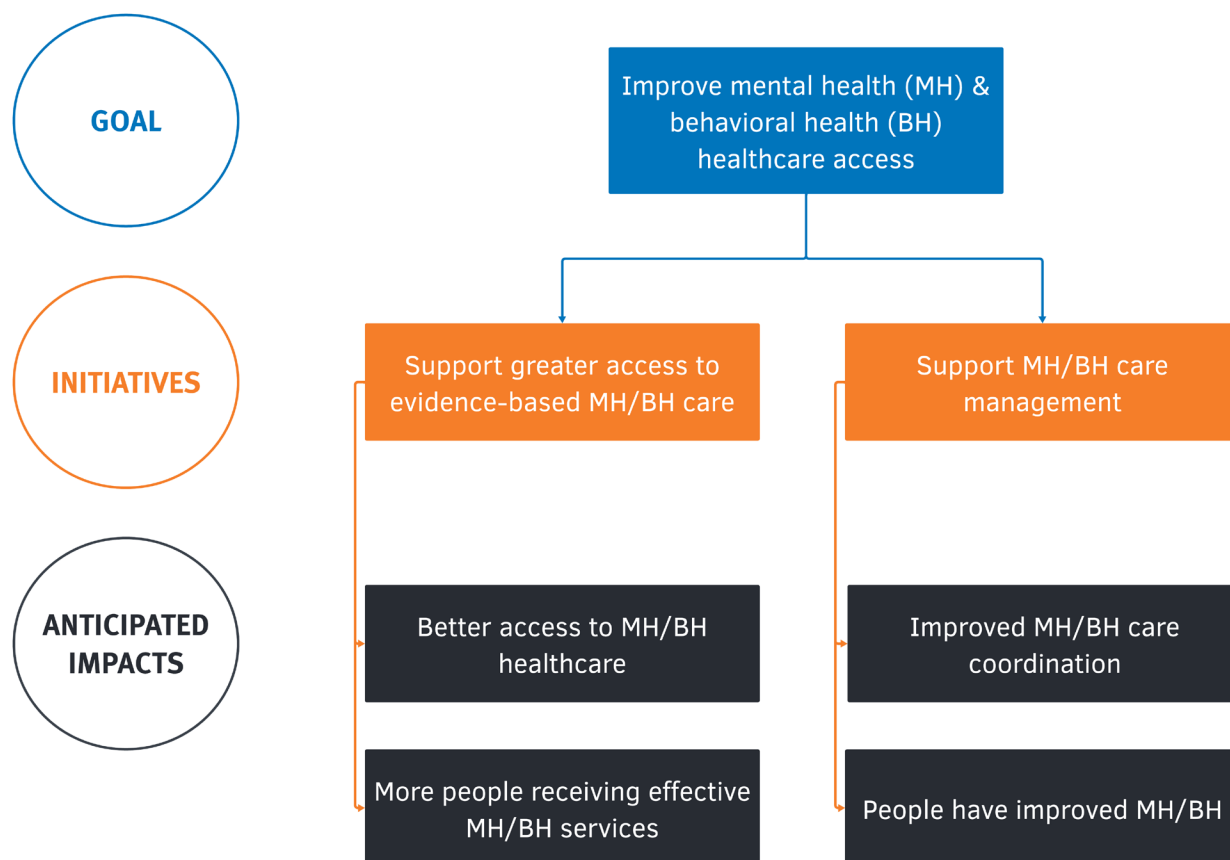
El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH) PROPOSAL RECOMMENDATIONS

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 <p>Healthcare Access & Delivery</p> <p>Goal % ~30%</p> <p>Recommended% ~30%</p>	Asian Americans for Community Involvement (AACI)				\$ 138,750	\$ 128,000	\$ 128,000
	Campbell Union School District				\$ 260,000	\$ 235,000	\$ 235,000
	Cupertino Union School District			X	\$ 211,000	\$ 110,000	\$ 110,000
	Health Mobile			X	\$ 150,000	\$ 60,000	\$ 60,000
	Healthier Kids Foundation			X	\$ 156,000	\$ 70,000	\$ 70,000
	Mount Pleasant School District				\$ 128,000	\$ 122,000	\$ 122,000
	AINAK				\$ 70,000	\$ 11,000	\$ 11,000
	Anewvista Community Services	X		X	\$ 20,000	\$ -	\$ 20,000
	APPNA Community Health Center	X	X		\$ 48,000	\$ -	\$ -
	Cambrian School District				\$ 357,271	\$ 135,000	\$ 135,000
	Heart of the Valley, Services for Seniors, Inc. (HOV)	X	X		\$ 20,200	\$ -	\$ -
	Kyle J. Taylor Foundation	X	X	X	\$ 68,840	\$ -	\$ -
	San Jose Mothers' Milk Bank DBA Mothers' Milk Bank California	X	X		\$ 27,504	\$ -	\$ -
	Santa Clara County Public Health Department				\$ 100,000	\$ 60,000	\$ 60,000
	Union Elementary School District	X	X		\$ 87,711	\$ -	\$ -
	Via Services (DBA Camp Via West)				\$ 40,224	\$ 30,000	\$ 30,000
	Vista Center for the Blind and Visually Impaired		X	X	\$ 77,000	\$ 25,000	\$ -
	AIM Youth Mental Health	X	X		\$ 45,000	\$ -	\$ -
	Kids in Common	X	X		\$ 30,000	\$ -	\$ -
	Los Gatos Thrives Foundation	X	X		\$ 25,000	\$ -	\$ -
Operation Access	X	X		\$ 50,000	\$ -	\$ -	
RotaCare Bay Area	X	X	X	\$ 97,000	\$ -	\$ -	
San Jose Japanese American Citizens League	X	X		\$ 75,000	\$ -	\$ -	
				\$ 2,282,500		\$ 981,000	

BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA)

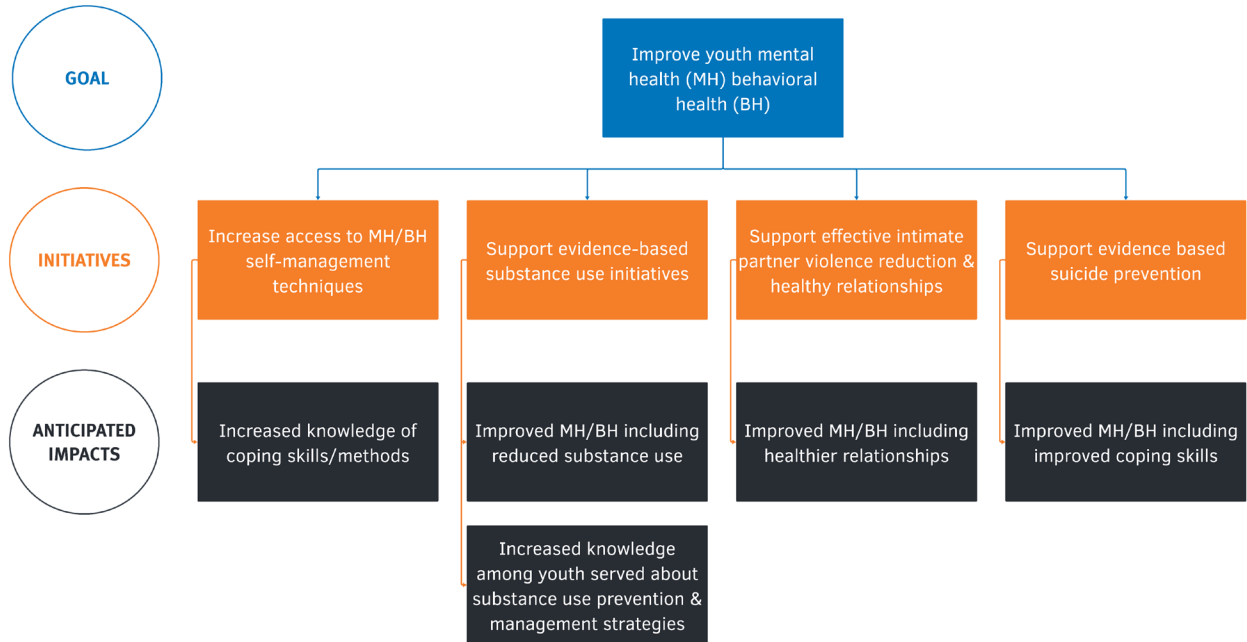
Data indicates that behavioral health (including mental health, trauma, and substance use) continues to be a significant health need, especially with respect to the supply of providers. Community input during the 2025 CHNA emphasized how much worse and more widespread behavioral health issues have become, in part due to the pandemic. Therefore, in addition to supporting initiatives to improve community members’ access to mental and behavioral healthcare, El Camino Health chose goals that support more direct approaches to improving the mental and behavioral health of both youth and adult community members. By using a two-pronged approach, addressing access to care as well as care itself, El Camino Health expects to be able to make a positive impact by improving community members’ mental and behavioral health, including contributing to improved coping skills, healthier relationships, and reduced substance use. Below and on the following pages, see diagrams for summaries and tables for details.



El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

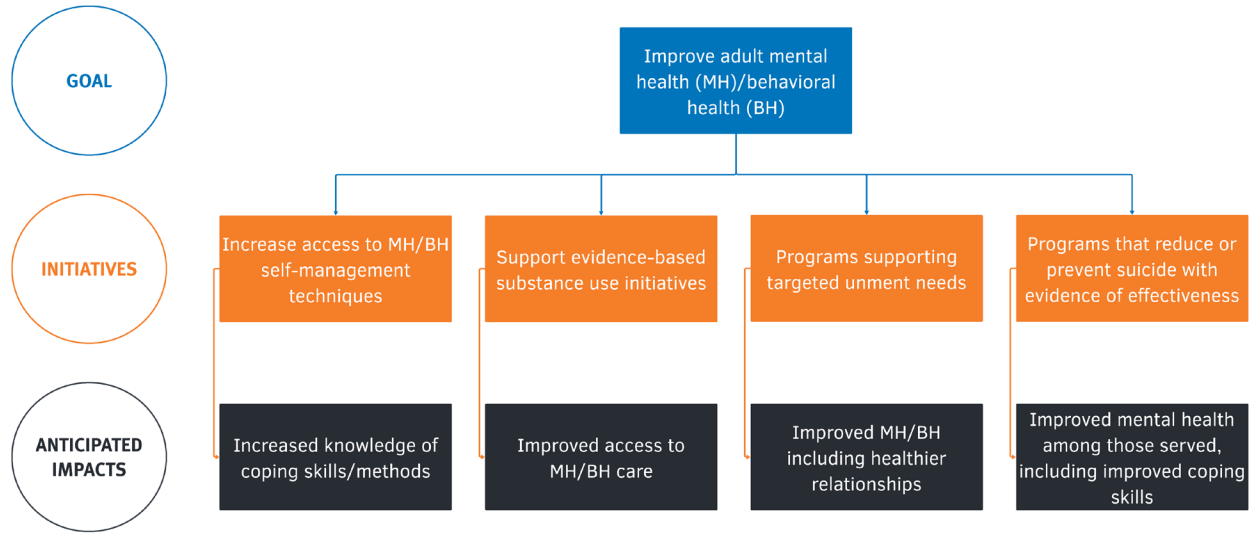
Goal	Initiative	Anticipated Impact
1. Improve behavioral healthcare access for community members	A. Support in-person and virtual expanded access to evidence-based counseling, addiction treatment, behavioral health case management, etc. ^{35, 36, 37, 38, 39}	(i) Improved access to mental/behavioral health programs and services (ii) More community members receiving effective mental/behavioral health services
	B. Care management to support community members' self-management and mental health ^{40, 41}	(i) Improved coordination of mental/behavioral services (ii) Improved mental/behavioral health among those served

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Goal	Initiative	Anticipated Impact
2. Improve behavioral health of youth in the community	A. In-person or virtual programs for assisting youth in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience ^{42, 43}	(i) Increased knowledge among youth served about methods of coping with stress and depression
	B. Support for substance use prevention and intervention initiatives with evidence of effectiveness ^{44, 45, 46}	(i) Improved mental health among those served, including reduced substance use (ii) Increased knowledge among youth served about substance use prevention and management strategies
	C. Programs that prevent or reduce youth and young adult intimate partner and sexual violence and promote healthier relationships ^{47, 48}	(i) Improved mental health among those served, including healthier relationships
	D. Programs that reduce or prevent suicide with evidence of effectiveness ^{49, 50}	(i) Improved mental health among those served, including improved coping skills


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Goal	Initiative	Anticipated Impact
3. Improve behavioral health of adults in the community	A. In-person or virtual programs for assisting community members in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience ^{51, 52, 53}	(i) Increased knowledge among those served about methods of coping with depression, anxiety, and stress
	B. Support for screening, accurate diagnosis, effective treatment, and follow-up for behavioral health and substance use/addiction treatment services ^{54, 55, 56}	(i) Improved access to mental and behavioral health services among those served
	C. Programs that support targeted unmet needs such as supporting expectant parents and parents of infants, isolated older adults, individuals experiencing or at risk of homelessness or intimate partner violence ^{57, 58, 59, 60}	(i) Improved mental health among those served (ii) Improved utilization of clinical and community resources among those served
	D. Programs that reduce or prevent suicide with evidence of effectiveness ^{61, 62, 63}	(i) Improved mental health among those served, including improved coping skills

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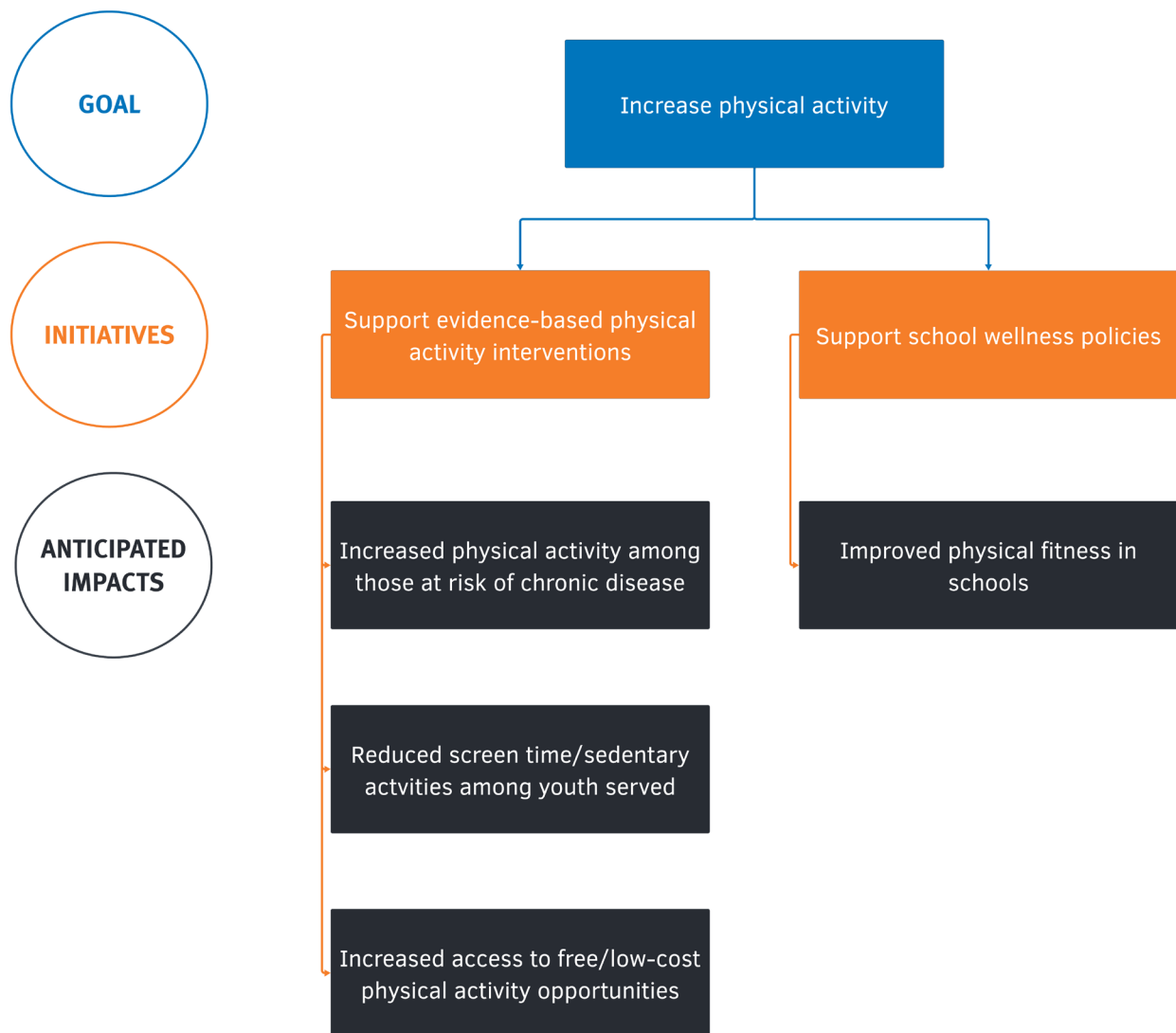
**BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA)
PROPOSAL RECOMMENDATIONS**

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 <p>Behavioral Health</p> <p>Goal % ~30%</p> <p>Recommended% ~ 29%</p>	Almaden Valley Counseling Service				\$ 50,000	\$ 20,000	\$ 20,000
	Cupertino Union School District			X	\$ 155,600	\$ 130,000	\$ 130,000
	Hearts & Minds Activity Center				\$ 52,440	\$ 20,000	\$ 20,000
	Los Gatos Saratoga Community Education and Recreation				\$ 67,515	\$ 30,000	\$ 30,000
	Momentum for Health			X	\$ 40,000	\$ 40,000	\$ 40,000
	Next Door Solutions to Domestic Violence				\$ 90,000	\$ 90,000	\$ 90,000
	Pacific Clinics				\$ 297,000	\$ 200,000	\$ 200,000
	Peninsula Healthcare Connection				\$ 94,896	\$ 92,000	\$ 92,000
	YWCA Golden Gate Silicon Valley	X	X	X	\$ 100,401	\$ -	\$ -
	Bay Area Community Health	X	X		\$ 70,000	\$ -	\$ -
	Cambrian School District	X	X		\$ 275,600	\$ -	\$ -
	Counseling and Support Services for Youth	X	X	X	\$ 50,000	\$ -	\$ -
	Eating Disorders Resource Center (EDRC)	X	X	X	\$ 25,000	\$ -	\$ -
	Girls On The Run Of Silicon Valley	X	X		\$ 30,000	\$ -	\$ -
	Jewish Family Service Silicon Valley				\$ 292,040	\$ 75,000	\$ 75,000
	LifeMoves			X	\$ 100,000	\$ 50,000	\$ 50,000
	Los Gatos Education Foundation				\$ 390,000	\$ 120,000	\$ 120,000
	Parents Helping Parents Inc				\$ 121,864	\$ 45,000	\$ 45,000
	Recovery Cafe San Jose Inc.	X			\$ 66,000	\$ -	\$ 25,000
	Saratoga Area Senior Coordination Council	X			\$ 100,000	\$ -	\$ 30,000
	South Bay Kidpower Teenpower Fullpower ('Kidpower')	X	X		\$ 30,000	\$ -	\$ -
	Bible Way Christian Center	X	X		\$ 30,000	\$ -	\$ -
	LifeMoves	X	X		\$ 55,000	\$ -	\$ -
	Mindful Life Project	X	X		\$ 50,000	\$ -	\$ -
	Positive Alternative Recreation Teambuilding Impact	X	X		\$ 92,000	\$ -	\$ -
	Red-White and Blue Charity	X	X		\$ 47,300	\$ -	\$ -
	SHEKconnect	X	X		\$ 28,175	\$ -	\$ -
	To Be Empowered		X		\$ 53,000	\$ 15,000	\$ -
Women of Color On the Move	X	X		\$ 30,000	\$ -	\$ -	
				\$ 2,883,831		\$ 967,000	

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DIABETES & OBESITY

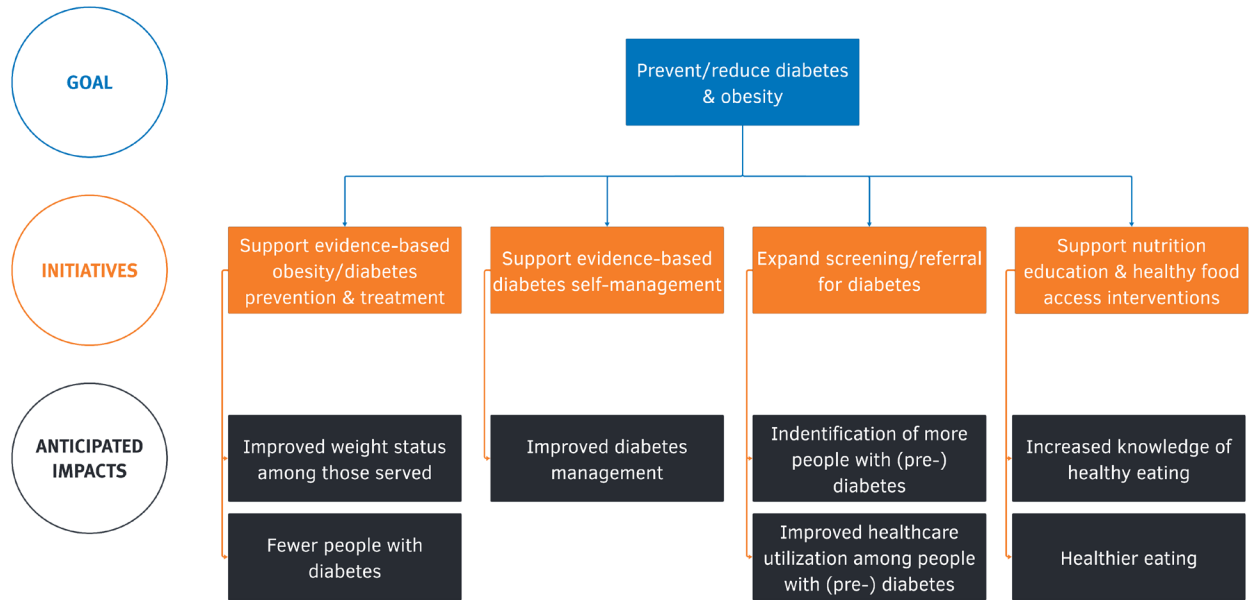
During the 2025 CHNA, community members provided input on prediabetes and the lack of access to safe spaces for physical activity, both of which are related to diabetes and obesity. Additionally, CHNA data indicated issues with diabetes, as well as both ethnic and geographic disparities in diabetes statistics, and youth physical fitness including ethnic disparities, among other factors. To address these issues, El Camino Health chose goals that support initiatives that prevent or reduce obesity and diabetes, as well as those that increase physical activity, reduce food insecurity, and increase healthy food access among community members. The hospital expects these efforts will make a positive impact by contributing to improved weight status, improved diabetes management, and reduced rates of obesity & diabetes in the community. Below and on the following pages, see diagrams for summaries and tables for details.



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Goal	Initiative	Anticipated Impact
1. Increase physical activity among community members	A. Support physical activity interventions shown to contribute to weight loss and reduced screen time among youth and adults ^{64, 65, 66, 67}	(i) Increase in physical activity among youth and adults at elevated risk of chronic health conditions (ii) Reduced screen time & time on sedentary activities among youth served (iii) Increased access to and utilization of free/low-cost opportunities for physical activity
	B. Support implementation of school wellness policies for promoting physical activity ⁶⁸	(i) Improved physical fitness among students in schools served

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Goal	Initiative	Anticipated Impact
2. Prevent/reduce obesity & diabetes among community members	A. Support obesity/diabetes prevention and obesity treatment programs with evidence of effectiveness ^{69, 70, 71, 72, 73, 74, 75, 76, 77}	(i) Improved weight status in youth and adults served (ii) Long-term reduction in the number of community members with diabetes
	B. Support diabetes treatment/self-management programs with evidence of effectiveness ^{78, 79, 80, 81, 82}	(i) Improved diabetes management in participants served
	C. Expand screening and referral for abnormal blood glucose/pre-diabetes and type 2 diabetes ^{83, 84}	(i) Identification of more individuals with diabetes and pre-diabetes (ii) Improved healthcare utilization for individuals with diabetes and pre-diabetes

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Goal	Initiative	Anticipated Impact
	D. Support community and school-based nutrition education and healthy food access interventions (i.e. school/ community gardening interventions, healthy cooking curricula, food resource management, community health workers, etc.) ^{85, 86, 87, 88}	(i) Increased knowledge and understanding about healthy eating among people served (ii) Healthier eating among community members receiving interventions

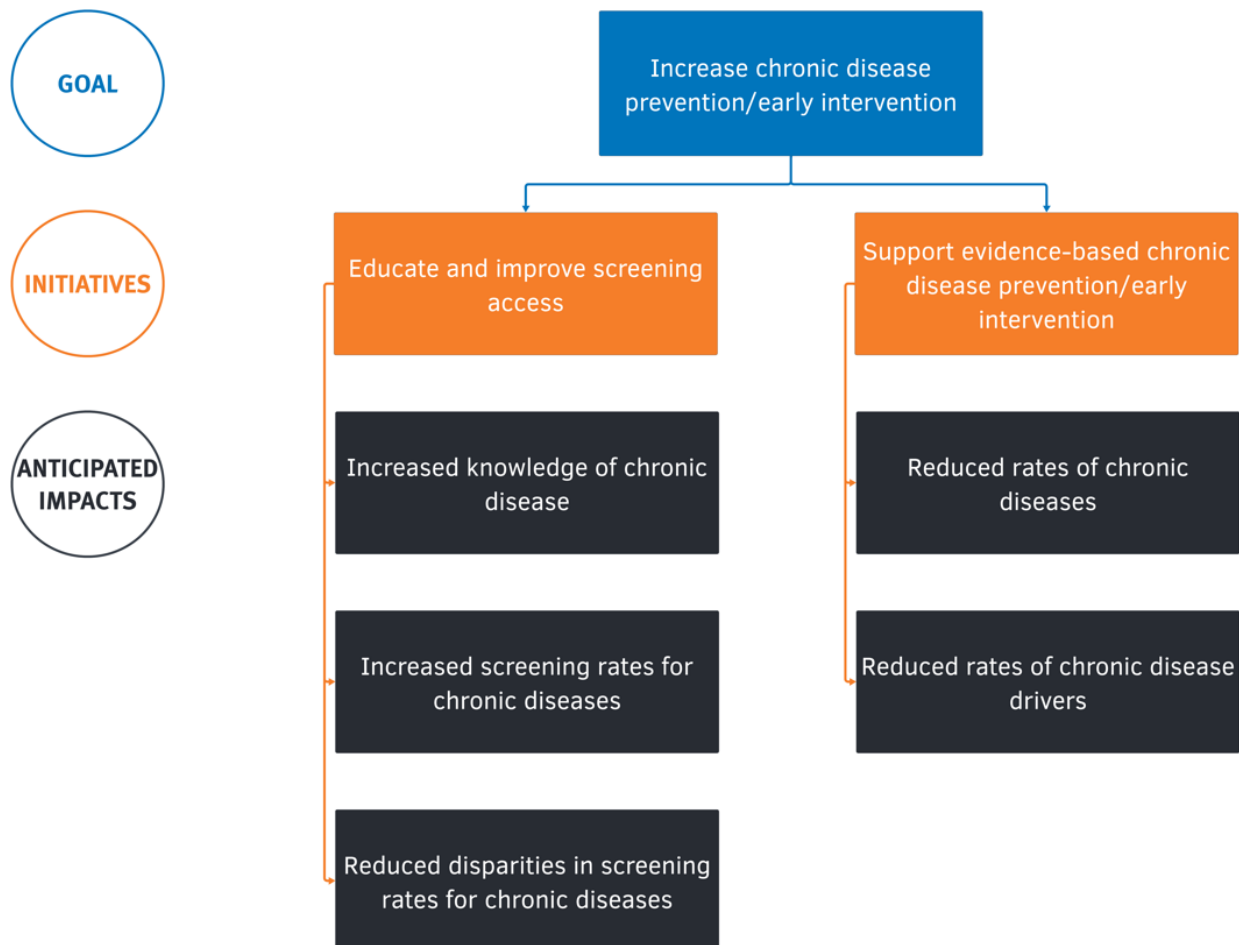
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DIABETES & OBESITY PROPOSAL RECOMMENDATIONS

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 <p>Diabetes & Obesity</p> <p>Goal % ~30%</p> <p>Recommended% ~29%</p>	Bay Area Women's Sports Initiative				\$ 45,565	\$ 20,000	\$ 20,000
	Chinese Health Initiative (CHI)			X	\$ 31,905	\$ 30,000	\$ 30,000
	Gardner Family Health Network, Inc. doing business as Gardner Health Services				\$ 702,031	\$ 320,000	\$ 320,000
	Playworks, Northern California			X	\$ 42,228	\$ 40,000	\$ 40,000
	West Valley Community Services				\$ 60,204	\$ 60,000	\$ 60,000
	West Valley Community Services				\$ 340,861	\$ 210,000	\$ 240,000
	African American Community Service Agency				\$ 70,000	\$ 40,000	\$ 40,000
	Cambrian School District - Obesity Prevention Initiative	X	X		\$ 273,979	-	-
	Indian Health Center of Santa Clara Valley				\$ 150,000	\$ 95,000	\$ 95,000
	Roots Community Health	X	X	X	\$ 30,000	-	-
	South Asian Heart Center			X	\$ 60,000	\$ 60,000	\$ 60,000
	Valley Verde				\$ 93,424	\$ 70,000	\$ 70,000
	California University-Silicon Valley	X	X	X	\$ 12,856	-	-
	Cambrian School District - Diabetes Program	X	X		\$ 152,222	-	-
	Logos Christian Fellowship	X	X		\$ 42,000	-	-
					\$ 2,107,275		\$ 975,000

OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY)

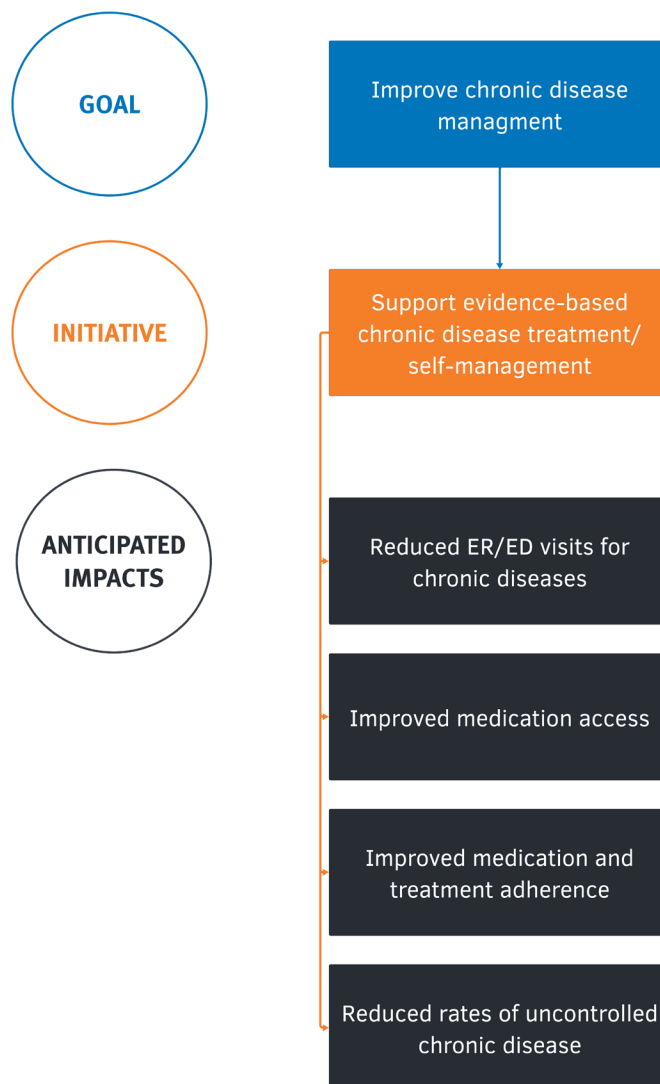
Many chronic diseases are among the top causes of death in Santa Clara County. CHNA data show there are disparities in chronic conditions such as cancer, asthma, heart disease, and stroke. Therefore, El Camino Health chose goals that support initiatives to increase prevention and early intervention of chronic diseases and to improve chronic disease management among community members. By addressing these issues, El Camino Health believes it will make a positive impact through improved screening for chronic conditions, reduced rates of uncontrolled chronic diseases, lower levels of the drivers of chronic conditions, and, in the long term, reduced rates of chronic diseases. Below and on the following pages, see diagrams for summaries and tables for details.



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Goal	Initiative	Anticipated Impact
1. Increase prevention and early intervention of chronic diseases in the community	A. Provide education and improve access to screenings ^{89, 90, 91, 92, 93, 94, 95}	(i) Increased knowledge of chronic disease among community members (ii) Increased rates of screening for chronic disease (iii) Reduced disparities in chronic disease screening rates
	B. Support evidence-based chronic disease prevention and early intervention programs ^{96, 97, 98}	(i) Reduced rates of chronic diseases (ii) Reduced rates of drivers of chronic diseases, such as physical inactivity, poor nutrition, tobacco and excessive alcohol use, etc.

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Goal	Initiative	Anticipated Impact
2. Improve chronic disease management among community members	A. Support evidence-based chronic disease treatment and self-management programs ^{99, 100, 101}	(i) Reduced rates of ER/ED visits for chronic diseases (ii) Improved medication access (iii) Improved medication and treatment adherence (iv) Reduced rates of uncontrolled chronic disease

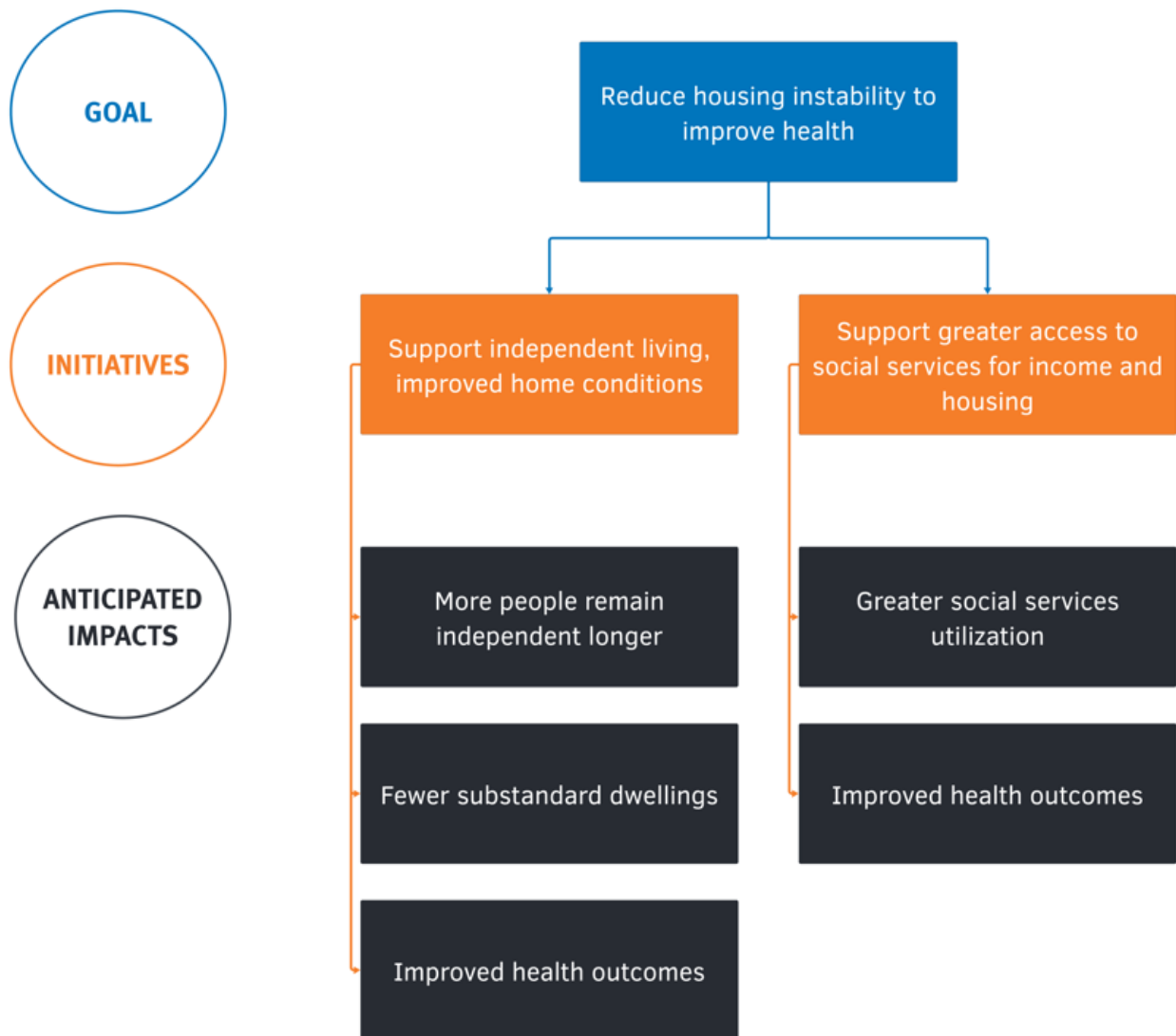
El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027

**OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY)
PROPOSAL RECOMMENDATIONS**

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 <p>Chronic Conditions</p> <p>Goal % ~5% Recommended% ~5%</p>	Latinas Contra Cancer				\$ 149,925	\$ 55,000	\$ 55,000
	Pink Ribbon Good, Inc.				\$ 30,000	\$ 30,000	\$ 30,000
	Alzheimer's Disease and Related Disorders Association, Inc	X	X		\$ 70,000	\$ -	\$ -
	American Heart Association	X			\$ 111,518	\$ -	\$ 30,000
	Breathe California of the Bay Area				\$ 66,000	\$ 50,000	\$ 50,000
	Older Adults Technology Services, Inc.	X	X		\$ 249,349	\$ -	\$ -
	Coastal Kids Home Care	X	X		\$ 30,000	\$ -	\$ -
	Valley Health Foundation	X	X		\$ 110,000	\$ -	\$ -
	Veggjelution	X	X		\$ 70,000	\$ -	\$ -
						\$ 886,792	

ECONOMIC STABILITY (INCLUDING FOOD SECURITY, HOUSING, AND HOMELESSNESS)

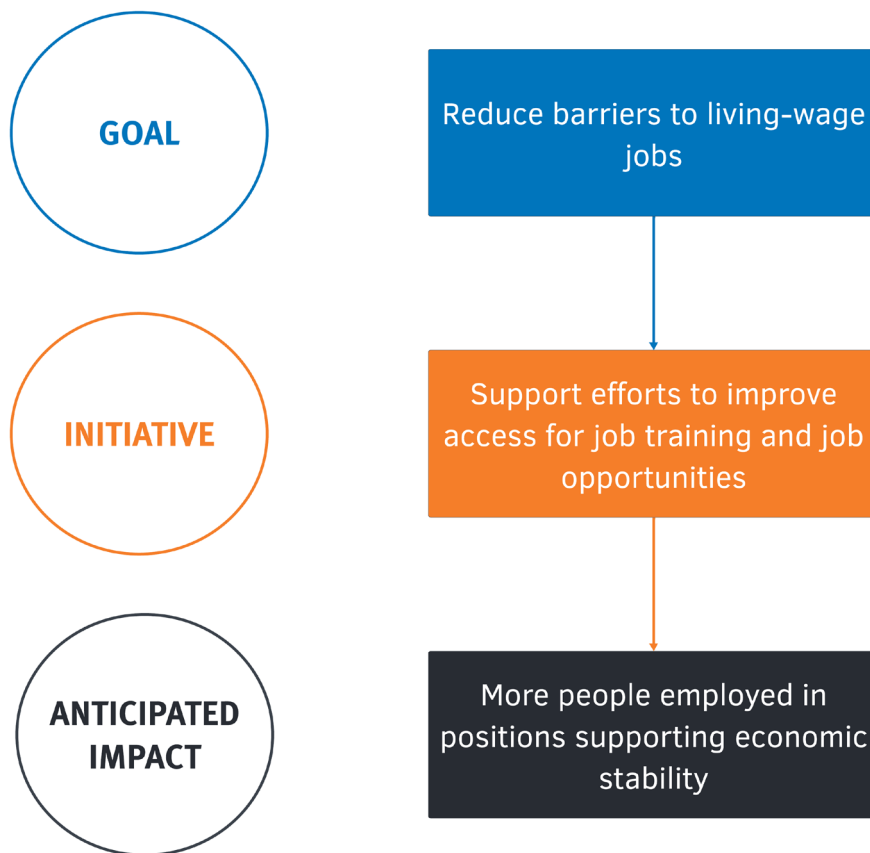
Economic stability was a top priority for the community in the 2025 CHNA, supported by data showing inequities in income, education, housing affordability, and job opportunities. When food, housing, and healthcare are difficult to afford, health outcomes are likely to suffer. Therefore, El Camino Health chose goals that support initiatives to reduce housing instability, food insecurity, and barriers to living-wage employment. Through efforts to address community members’ basic needs, El Camino Health believes it will make a positive impact via increased utilization of social services and improved well-being and health outcomes among community members. Below and on the following pages, see diagrams for summaries and tables for details.



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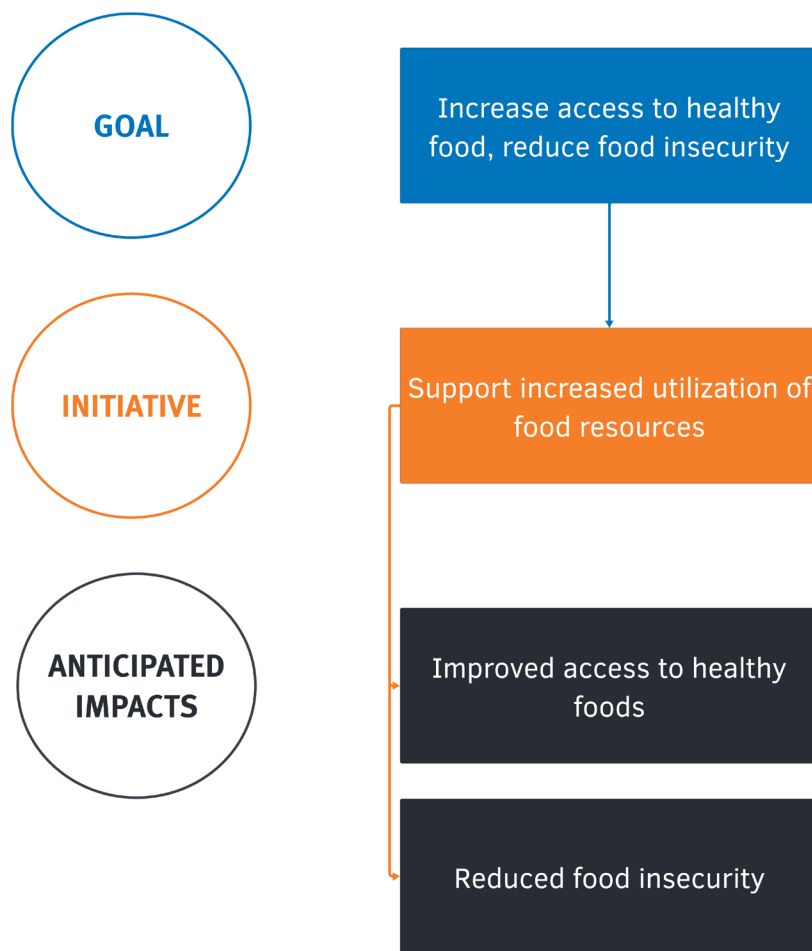
Goal	Initiative	Anticipated Impact
1. Reduce housing instability among community members	A. Support independent living and efforts to improve substandard living conditions ^{102, 103, 104}	(i) More community members remain independent longer (ii) Reduced number of sub-standard dwellings (iii) Improved health outcomes for those at-risk of and/or experiencing homelessness
	B. Support efforts to improve access to social services that address income and housing insecurity ^{105, 106, 107}	(i) Increase in social services utilization (ii) Improved health outcomes for those at-risk of and/or experiencing homelessness

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Goal	Initiative	Anticipated Impact
2. Reduce barriers to employment/ careers that provide community members with a living wage	A. Support efforts to improve access to workforce training and employment opportunities for underrepresented populations ^{108, 109, 110, 111}	(i) More community members employed in positions that support economic stability


El Camino Health • Implementation Strategy Report and Community Benefit Plan, FY 2027



Goal	Initiative	Anticipated Impact
3. Reduce food insecurity and increase healthy food access for low-income community members	A. Support increased utilization of healthy/ culturally appropriate food through CalFresh/SNAP enrollment, existing food banks, and other sites ^{112, 113}	(i) Improved access to healthy food options (ii) Reduced food insecurity

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ECONOMIC STABILITY (INCLUDING FOOD INSECURITY, HOUSING, AND HOMELESSNESS) PROPOSAL RECOMMENDATIONS

Health Need	Agency	New	DNF	Dual Request	Requested	FY2026 Approved (if applicable)	HCBC Recommendation
 <p>Economic Stability</p> <p>Goal % ~5%</p> <p>Recommended% ~7%</p>	Cancer CAREpoint	X			\$ 35,000	\$ -	\$ 35,000
	El Camino Health - Economic Internship			X	\$ 83,934	\$ 67,000	\$ 67,000
	Loaves & Fishes Family Kitchen				\$ 50,000	\$ 25,000	\$ 35,000
	Midtown Family Services				\$ 86,340	\$ 30,000	\$ 30,000
	School of Arts and Culture at MHP				\$ 60,000	\$ 30,000	\$ 30,000
	Bill Wilson Center	X	X		\$ 25,000	\$ 25,000	\$ -
	HomeFirst Services of Santa Clara County	X	X		\$ 100,000	\$ -	\$ -
	Neighborhood Hands	X	X		\$ 24,000	\$ -	\$ -
	New Beginnings Family Services	X	X		\$ 75,000	\$ -	\$ -
	Pivotal	X	X		\$ 102,784	\$ -	\$ -
	Rebuilding Together Silicon Valley*	X	X	X	\$ 100,000	\$ -	\$ -
	Sunday Friends Foundation	X	X		\$ 74,602	\$ -	\$ -
	Unity Care Group	X			\$ 131,905	\$ -	\$ 25,000
	Working Partnerships USA	X	X		\$ 50,000	\$ -	\$ -
	Catholic Charities of Santa Clara County	X	X		\$ 85,000	\$ -	\$ -
	Elysian Fields Transformational Community	X	X		\$ 45,000	\$ -	\$ -
	Mama D 2nd Chance	X	X		\$ 57,000	\$ -	\$ -
Nightingale Foundation	X	X		\$ 25,000	\$ -	\$ -	
No Time To Waste	X	X		\$ 25,000	\$ -	\$ -	
Upper Room Rehabilitation Services	X	X		\$ 5,000	\$ -	\$ -	
Vehicles for Veterans	X	X		\$ 35,000	\$ -	\$ -	
					\$ 1,275,565		\$ 222,000

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IX. EVALUATION PLANS

As part of El Camino Health's ongoing community health improvement efforts, we partner with local safety net providers and community-based nonprofit organizations to fund programs and projects that address health needs identified through our triennial CHNA. Community partnership grant funding supports organizations and programs with a demonstrated ability to improve the health status of the selected health needs through data-driven solutions and results. Grantees are asked to explain the data and/or information that justifies the need for and effectiveness of the proposed program strategies.

El Camino Health will monitor and evaluate the strategies described above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor activities will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served. In addition, El Camino Health will require grantees to track and report outcomes/impact, including behavioral and physical health outcomes as appropriate. Grantees report mid-year and year-end performance on annual outcomes metrics, which are shared broadly with the public as well as state and federal regulatory bodies.

X. HEALTH NEEDS THAT EL CAMINO HEALTH DOES NOT PLAN TO ADDRESS

Cancer: El Camino Health merged the Cancer health need into the “Other Chronic Conditions” health need and will address cancer through addressing other chronic conditions.

Communicable Diseases: Issues related to Communicable Diseases issues were entirely contained within Respiratory Health and Sexual Health. See Respiratory Health and Sexual Health justifications below.

Community Safety (i.e., violence): This need was of lower priority to the community than those selected by El Camino Health. While El Camino Health lacks the expertise necessary to address this health need, behavioral health issues such as substance abuse, stress, and anxiety have been shown to be drivers of violence. El Camino Health believes that initiatives intended to address the community’s behavioral health need have the potential to increase community safety as well.

Education: This topic is outside of El Camino Health’s core competencies (i.e., El Camino Health has little expertise in this area) and the hospital feels it cannot make a significant impact on this need through community benefit investment. Additionally, this need was of lower priority to the community than the needs that El Camino Health selected.

Heart Disease & Stroke: El Camino Health merged the Heart Disease & Stroke health need into the “Other Chronic Conditions” health need and will address these issues through addressing other chronic conditions.

Maternal & Infant Health: El Camino Health merged the Maternal & Infant Health need into the “Healthcare Access & Delivery” health need and will address maternal and infant health through healthcare access and delivery initiatives.

Respiratory Health: El Camino Health merged the Respiratory Health need into the “Other Chronic Conditions” health need and will address respiratory health through addressing other chronic conditions.

Sexual Health: This need was of lower priority to the community than the needs that El Camino Health selected. Moreover, El Camino Health is better positioned to address this need via healthcare access and delivery.

Unintended Injuries/Accidents: This need was of lower priority to the community than the needs that El Camino Health selected. Moreover, El Camino Health is better positioned to address this need via initiatives related to education about healthy lifestyles (i.e., physical fitness) and healthcare access and delivery.

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APPENDIX A: IRS IMPLEMENTATION STRATEGY CHECKLIST

IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
(1) Implementation Strategy	The implementation strategy is a written plan that, with respect to each significant health need identified through the CHNA, either: (i) describes how the hospital facility plans to address the health need; or (ii) identifies the health need as one it does not intend to address and explains why the hospital facility does not intend to address the health need (Treas. Reg. § 1.501(r)-3(c)(1)).		
	A hospital facility will have described a plan to address a significant health need identified through a CHNA if the implementation strategy: (i) describes the actions the hospital facility intends to take to address the health need and the anticipated impact of these actions;	Y	Section VIII
	(ii) identifies the resources the hospital facility plans to commit to address the health need; and	Y	Section VIII
	(iii) describes any planned collaboration between the hospital facility and other facilities or organizations in addressing the health need (Treas. Reg. § 1.501(r)-3(c)(2)).	Y	Section VIII
	In explaining why the hospital facility does not intend to address a significant health need, a brief explanation for the hospital facility's reason for not addressing the need is sufficient. Under	Y	Section X

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IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
	<p>the final regulations, such reasons may include, for example, resource constraints, other facilities or organizations in the community addressing the need, a relative lack of expertise or competency to effectively address the need, the need being a relatively low priority and/or a lack of identified effective interventions to address the need (Treas. Reg. § 1.501(r)-3(c)(3)).</p>		
(2) Joint implementation strategies	<p>A hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations, including, but not limited to, related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report (described in Checklist § 3(9), above) may also adopt a joint implementation strategy that, with respect to each significant health need identified through the joint CHNA, either describes how one or more of the collaborating facilities or organizations plan to address the health need or identifies the health need as one the</p>		

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IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
	<p>collaborating facilities or organizations do not intend to address and explains why they do not intend to address the health need.</p> <p>For a collaborating hospital facility to meet the implementation strategy adoption requirement, such a joint implementation strategy adopted for the hospital facility must—</p>		
	(i) Be clearly identified as applying to the hospital facility;	N/A	N/A
	(ii) Clearly identify the hospital facility's particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and	N/A	N/A
	(iii) Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility. (Treas. Reg. § 1.501(r)-(3)(c)(4))	N/A	N/A
(3) Adoption of the implementation strategy	Under the final regulations, an implementation strategy must be adopted by an "authorized body of the hospital facility" (see Checklist § 3(1), above) on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA, regardless of whether the hospital facility	Y	Section I

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IRS Requirement	Information Request/ Regulatory Language and Section References	IS Report Complies with Requirement (Y/N)	Report Section
	began working on the CHNA in a prior taxable year (Treas. Reg. § 1.504(r)-3(a)(2) and (c)(5)(i)).		

Additional regulations not applicable to this hospital:

- Section 6: Exception for acquired, new, and terminated hospital facilities (Treas. Reg. § 1.501(r)-3(d))

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