El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

AGENDA
REGULAR MEETING OF THE EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, June 13, 2018 – 5:30pm
El Camino Hospital | Conference Rooms A&B, F&G (ground floor)
2500 Grant Road Mountain View, CA 94040

MISSION: To heal, relieve suffering, and advance wellness as your publicly accountable health partner.

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
1.	**CALL TO ORDER/ROLL CALL**	Lanhee Chen, Board Chair		**5:30 – 5:32pm**
2.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Lanhee Chen, Board Chair		**5:32 – 5:33**
3.	**QUALITY COMMITTEE REPORT** a. Proposed FY19 Quality Dashboard b. Performance Improvement Plan **ATTACHMENT 3**	David Reeder, Quality Committee Chair	*public comment*	**possible motion(s) 5:33 – 5:43**
4.	**FINANCE COMMITTEE REPORT** a. FY18 Period 10 Financials b. Proposed FY19 Capital and Operating Budget c. Proposed Enterprise Resource Planning (ERP) System Purchase	John Zoglin, Finance Committee Chair Iftikhar Hussain, CFO Deb Muro, CIO	*public comment*	**motion(s) required 5:43 – 6:08** **5:43 – 5:53** **5:53 – 6:03** **6:03 – 6:08**
5.	**GOVERNANCE COMMITTEE REPORT** a. Proposed Communication Protocol b. FY18 Annual Board Self-Assessment c. FY19 Board Goals	Peter C. Fung, MD, Governance Committee Chair; Gary Kalbach, Governance Committee Vice Chair	*public comment*	**possible motion(s) 6:08 – 6:38**
6.	**PROPOSED FY19 COMMUNITY BENEFIT PLAN** **ATTACHMENT 6**	Barbara Avery, Director, Community Benefit	*public comment*	**possible motion 6:38 – 6:53**
7.	**PUBLIC COMMUNICATION** a. Oral Comments *This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.* b. Written Correspondence	Lanhee Chen, Board Chair		**information 6:53 – 6:56**
8.	**ADJOURN TO CLOSED SESSION**	Lanhee Chen, Board Chair		**motion required 6:56 – 6:57**
9.	**POTENTIAL CONFLICT OF INTEREST DISCLOSURES**	Lanhee Chen, Board Chair		**6:57 – 6:58**
10.	**CONSENT CALENDAR** *Any Board Member may remove an item for discussion before a motion is made.* ***Approval*** *Gov't Code Section 54957.2:* a. Minutes of the Closed Session of the Hospital Board Meeting (May 9, 2018) b. Minutes of the Closed Session of the Joint Meeting of the Corporate Compliance/Privacy and Internal Audit Committee and the Hospital	Lanhee Chen, Board Chair		**motion required 6:58 – 7:00**

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy two (72) hours prior to the meeting.
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	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
	Board (May 9, 2018) c. Minutes of the Closed Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 29, 2018) d. Minutes of the Closed Session of the Executive Compensation Committee Meeting (March 22, 2018) ***Information*** *Health and Safety Code Section 32106(b)* for a report involving health care facility trade secrets and *Gov't Code Section 54957.6* for a conference with labor negotiator Dan Woods: e. Approved FY19 Individual Executive Incentive Goals			
11.	*Health and Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: - Medical Staff Report	Rebecca Fazilat, MD, Mountain View Chief of Staff; J. Augusto Bastidas, MD, Los Gatos Chief of Staff		**motion required 7:00 – 7:10**
12.	*Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trades secrets; *Health and Safety Code Section 32155* for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters*; Gov't Code Section 54956.9(d)(2)* – conference with legal counsel – pending or threatened litigation: - CEO Report on New Services and Programs, Quality Assurance Matters, and Legal Matters	Dan Woods, CEO		**discussion 7:10 – 7:46**
13.	Report involving *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: - Governance Committee Report	Gary Kalbach and Bob Rebitzer, Governance Committee Members		**discussion 7:46 – 8:11**
14.	Report involving *Gov't Code Section 54957.6* for conference with labor negotiator Bob Miller: - Proposed FY19 CEO Base Salary and Salary Range	Bob Miller, Executive Compensation Committee Chair		**discussion 8:11 – 8:21**
15.	Report involving *Gov't Code Section 54957* for discussion and report on personnel performance matters – Senior Management: - Executive Session	Lanhee Chen, Board Chair		**discussion 8:21 – 8:26**
16.	**ADJOURN TO OPEN SESSION**	Lanhee Chen, Board Chair		**motion required 8:26 – 8:27**
17.	**RECONVENE OPEN SESSION/ REPORT OUT** To report any required disclosures regarding permissible actions taken during Closed Session.	Lanhee Chen, Board Chair		**8:27 – 8:28**

	AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
18.	**CONSENT CALENDAR ITEMS:** *Any Board Member or member of the public may remove an item for discussion before a motion is made.*	Lanhee Chen, Board Chair	*public comment*	**motion required** **8:28 – 8:31**
	Approval a. Minutes of the Open Session of the Hospital Board Meeting (May 9, 2018) b. Minutes of the Open Session of the Joint Meeting of the Corporate Compliance/Privacy and Internal Audit Committee and the Hospital Board (May 9, 2018) c. Minutes of the Open Session of the Joint Meeting of the Finance Committee and the Hospital Board (May 29, 2018) d. FY19 Auxiliary Slate of Officers ***Reviewed and Recommended for Approval by the Executive Compensation and Quality, Patient Care and Patient Experience Committees; also Reviewed by the Finance Committee*** e. Proposed FY19 Organizational Goals ***Reviewed by the Finance Committee*** f. FY18 Period 9 Financials g. Medical Director, Stroke & Neurology (Enterprise) h. Medical Director, Cancer Center (Enterprise) i. Medical Director, Radiology Svcs & Breast Center j. Medical Director, Radiation Oncology (MV) k. Medical Director, Cardiac Catheterization Lab (MV) l. Medical Director, Respiratory Care Services (MV) m. Charity Care Policy ***Reviewed and Recommended for Approval by the Governance Committee*** n. Proposed FY19 Master Calendar o. Proposed FY19 Advisory Committee Goals p. Proposed FY19 Slate of Advisory Committee Chairs and Members q. Proposed Revisions to Advisory Committee Charters ***Reviewed and Recommended for Approval by the Executive Compensation Committee*** r. Minutes of the Open Session of the Executive Compensation Committee Meeting (March 22, 2018) s. Draft Revised Executive Compensation Policies ***Reviewed and Recommended for Approval by the Medical Executive Committee*** t. Medical Staff Report ***Information*** u. FY19 Executive Base Salaries and Salary Ranges (approved by the Executive Compensation Committee) v. Update on Major Construction Projects in Progress (MV campus) Progress Against FY18 Advisory Committee Goals			
19.	**APPROVAL OF FY19 CEO SALARY RANGE AND BASE SALARY**	Lanhee Chen, Board Chair	*public comment*	**motion required** **8:31 – 8:33**
20.	**CEO REPORT** **ATTACHMENT 20**	Dan Woods, CEO		**information** **8:33 – 8:36**
21.	**BOARD COMMENTS**	Lanhee Chen, Board Chair		**information** **8:36 – 8:39**

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
22. ADJOURNMENT	Lanhee Chen, Board Chair		**motion required 8:39 – 8:40 pm**

Upcoming Meetings (*pending Board approval*):

- August 15, 2018
- September 12, 2018
- October 10, 2018
- November 14, 2018
- December 12, 2018
- February 13, 2019
- March 13, 2019
- April 10, 2019
- May 8, 2019
- June 12, 2019

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Quality, Patient Care and Patient Experience Committee ("Quality Committee") Report El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	David Reeder, Quality Committee Chair
	Action requested:	For Approval
	Background: The Quality Committee meets 10 times per year. The Committee last met on June 4, 2018 and meets next on August 6, 2018.	
	Summary of June 4, 2018 Meeting: 1. Patient Story: A patient complaint from diagnostic imaging was reviewed and a detailed action plan to improve patient experience in that department was presented to the Committee. 2. FY18 Quality Dashboard: Q1, Q2, and Q3 data from the dashboard were reviewed. The CAUTI goal for FY18 will not be met, but the Q3 trend is significantly downward. The remaining HAI's are better than goal for the year so far. LOS index is declining. Sepsis core measure (SEP-1) is improving, mortality index is stable, and HCAHPS hospital rate top box is below goal, but recently trending positive toward goal. 3. LEAN Presentation: The principles of a LEAN management system were presented with examples of its application to healthcare systems. The importance of this approach in supporting a culture of safety was emphasized and how El Camino Hospital will implement and embrace lean management was discussed. 4. Proposed FY19 Organizational Goals: The proposed goals including patient throughput; HCAHPS service metric—nurse communication, responsiveness, and cleanliness; quality metrics—mortality and readmission index; and employee engagement were presented. After discussion, the Committee voted to recommend that the Board adopt the goals as proposed. 5. Proposed FY19 Quality Dashboard: The proposed quality dashboard for FY19 was reviewed, discussed, and adopted. 6. Performance Improvement and Patient Safety Plan(PIPS): The PIPS was reviewed and discussed thoroughly. A number of suggestions were made by committee members to fine tune the document and a robust discussion ensued regarding potential modifications to our next iteration for FY20. As this is a regulatory requirement for CMS, TJC, and CDPH, the committee voted to recommend that the board approve this plan for FY19.	
	Suggested discussion questions: None.	
	Proposed Board motion, if any: To approve the Draft FY19 Quality Dashboard and the Performance Improvement and Patient Safety Plan.	
	Attachments: 1. FY18 Quality Dashboard 2. Draft FY19 Quality Dashboard 3. Performance Improvement and Patient Safety Plan	

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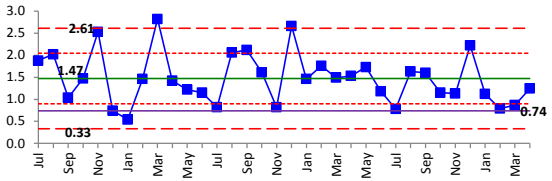
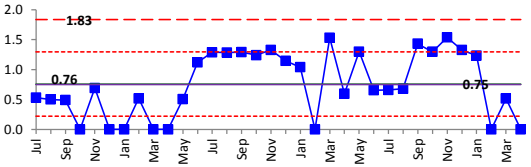
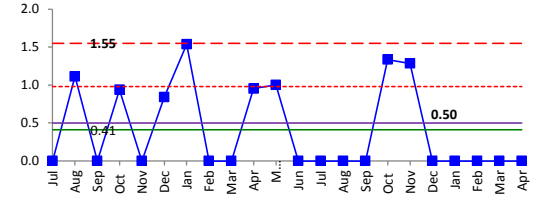
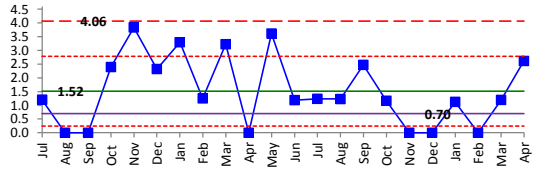
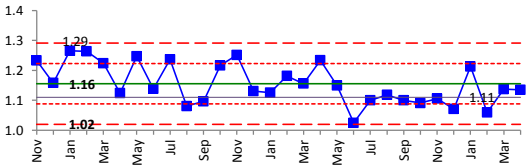
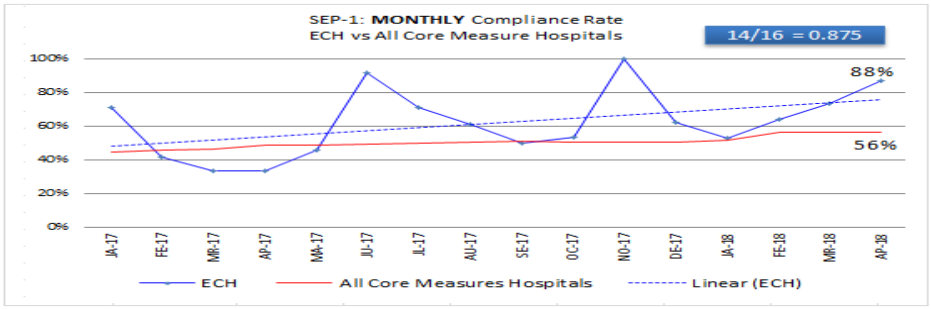
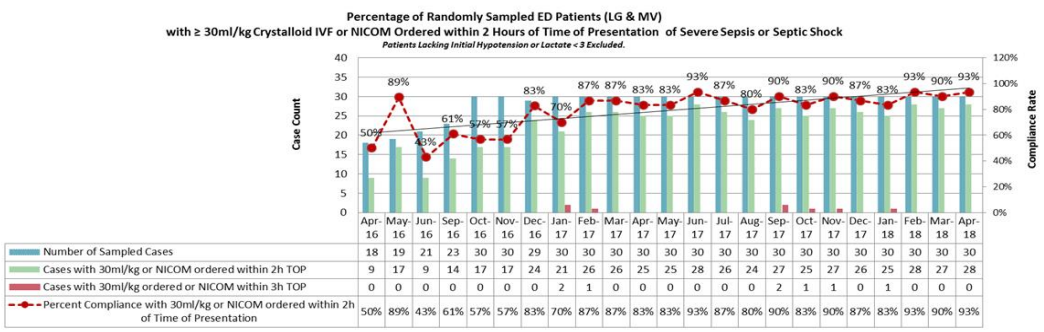
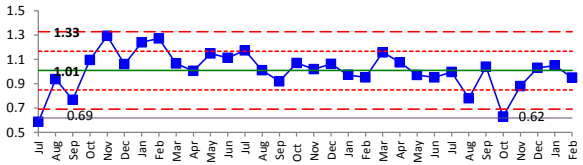
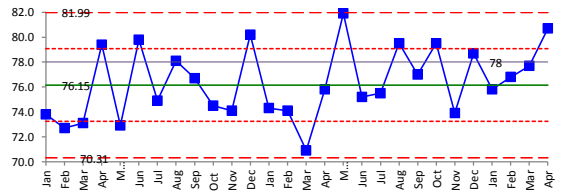
Quality and Safety Dashboard (Monthly) April 2018

		Performance		Baseline	FY18 Goal	Trend	Comments
SAFETY EVENTS		Month	FYTD	FY2017 Actual	FY2018 Goal		
1	**Patient Falls** *Med / Surg / CC Falls / 1,000 CALNOC Pt. Days* *Date Period: April 2018*	1.24 (6/4826)	1.26 (67/53226)	1.49	0.74 (Top decile CALNOC)		6 new falls in April : 2 pts. fell with dizziness/panic attack, could have utilized fall prevention chair while getting the pt. up, 2 falls related to failure to lock guerney or overbed table, 2 w/bed alarms not utilized.
2	*Organizational Goal **Hospital Acquired Infection (Infection rate)** *Catheter Associated Urinary Tract Infection (CAUTI)* *per 1,000 urinary catheter days* *Date Period: April 2018* *SIR Goal: <= 0.75*	0.0 (1/1186)	0.88 (13/14796)	1.09	SIR Goal: <= 0.75 SIR July-Dec.2017 = 1.459		No new CAUTI in April. Team addressing standardization of urine collection for culture using Lipponcott standard and RN education, request for change in EPIC documentation to provide for external catheters, "badge buddy" in print for CAUTI prevention and straight cath process.
3	*Central Line Associated Blood Stream Infection (CLABSI)* *per 1,000 central line days* *Date Period: April 2018* *SIR Goal: <= 0.50*	0.0 (0/739)	0.23 (2/8635)	0.56	SIR Goal: <= 0.50 SIR July-Dec.2017 = 0.423		5 consecutive months without a new CLABSI through April. Sage warmers for CHG bath cloths rolled out. Step by Step Central line dressing change kit being customized for ECH, 100% compliance with CLIP (central line insertion process) form in March, Peer support 1:1 RN education for central line dressing change initiated April 30th, blood culture draw competencies plan in process.
4	*Clostridium Difficile Infection (CDI)* *per 10,000 patient days* *Date Period: April 2018* *SIR Goal: <= 0.70*	2.62 (2/7641)	1.09 (9/81972)	1.89	SIR Goal: <= 0.70 SIR July-Dec.2017 = 0.30		2 new C. Diff cases in April: 1. Pos. c.diff antigen on day 5, though pt. had loose stools on Day 1-3. Opportunity for nursing to notifiy MD of loose stools & C.diff toxin to be drawn on day 2-3. 2. ICU pt. noted C.diff colonization on Day 2, ABX use appropriate, MD looking for infection source, C.Diff toxin anitgen positive on Day 11. Both rooms UV disinfection completed appropriately
Efficiency		Month	FYTD	FY17 Actual	FY 2018 Goal		
5	★Organizational Goal **Arithmetic Observed LOS Average/Geometric LOS Expected for Medicare Population (ALOS/Expected GMLOS)** *(Medicare definition, MS-CC, Inpatient)* *Date Period: April 2018*	1.13	1.11	1.16	1.11		April LOS at 4.71. Trend in ratio tightly clustered around goal in FY 18 as compared to FY 17.

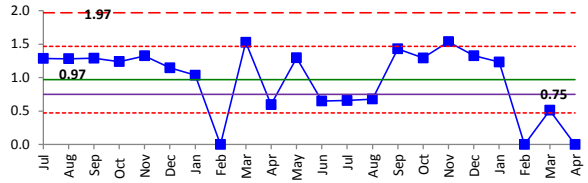
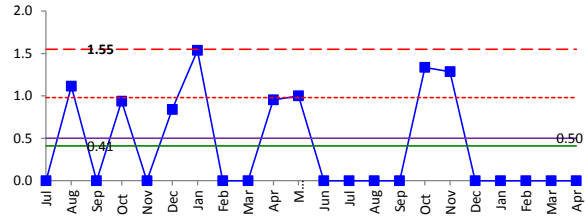
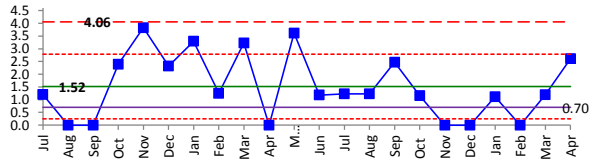
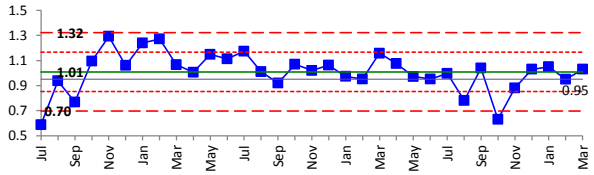
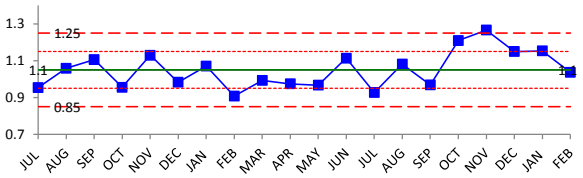
			Baseline	FY18 Goal	Trend	Comments
6	**Sepsis Core Measure** SEP-1 100% or O% *Date Period: April 2018*					Trend of improved compliance since Jan. 2018. April's rate of 88% with only 2 fallouts. Non-compliance related to missed blood culture collection in time frame and 3 minutes "late" for appropriate ABX delivery.
7	**IVF Bolus Ordered within 2 Hours of TOP of Severe Sepsis or Septic Shock** (Patients lacking initial hypotension or lactate <3 excluded) *Date Period: April 2018*					No date received for TJC Sepsis Certification visit. In 5 of last 7 months ED rate of compliance at 90% or greater, results becoming stable above 90%.

	Apr-16	May-16	Jun-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Number of Sampled Cases	18	19	21	23	30	30	29	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
Cases with 30ml/kg or NICOM ordered within 2h TOP	9	17	9	14	17	17	24	21	26	26	25	25	28	26	24	27	25	27	26	25	28	27	28
Cases with 30ml/kg ordered or NICOM within 3h TOP	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0	2	1	1	0	1	0	0	0
Percent Compliance with 30ml/kg or NICOM ordered within 2h of Time of Presentation	50%	89%	43%	61%	57%	57%	83%	70%	87%	87%	83%	83%	93%	87%	80%	90%	83%	90%	87%	83%	93%	90%	93%

Mortality	Performance Month	Performance FYTD	FY 2017	FY 2018 Goal	Trend	Comments
8 **Mortality Rate** ***Observed/Expected*** ***Premier Standard Risk Calculation Mode*** *Date Period: Feb 2018*	0.95(1.97%/2.07%)	0.93 (1.65%/1.77%)	1.02 (1.88%/1.83%)	0.62		Mortality O/E improved, to below 1.0, indicating more patients lived who were expected to die. CDI improved expected rate with physician documentation of co-morbidilties and complications.

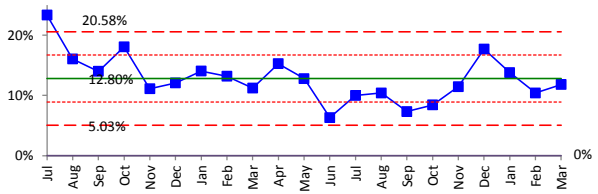
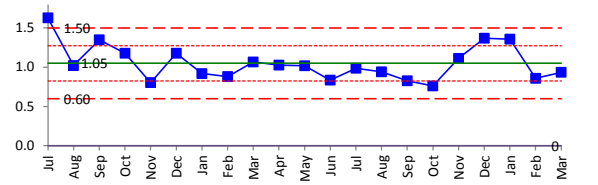
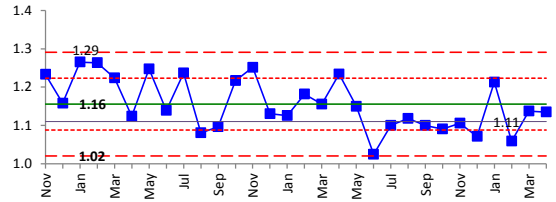
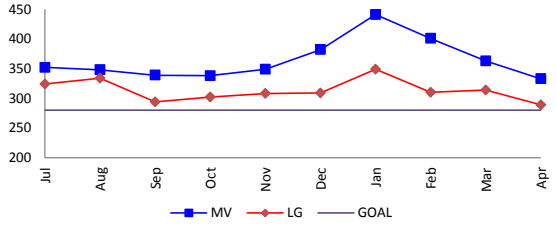
SERVICE	Performance Month	Performance FYTD	FY 2017 Actual	FY 2018 Goal	Trend	Comments
9 «Organizational Goal **HCAHPS Rate Hospital 0-10 Top Box Rating 9 and 10** *Date Period: April 2018*	80.7 (217/269)	77.5 (1878/2422)	76.30	78.0%		4 months of continuous improvement in score, related to focused action plans for Nurse Communications: Listening Carefully Tool Kit, Care Team Coaching, and Leader rounding.

Draft Quality and Safety Dashboard (Monthly)

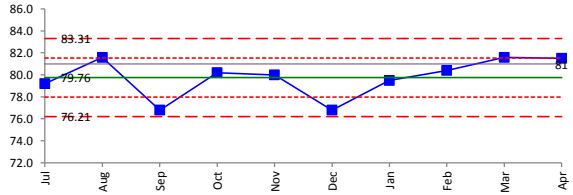
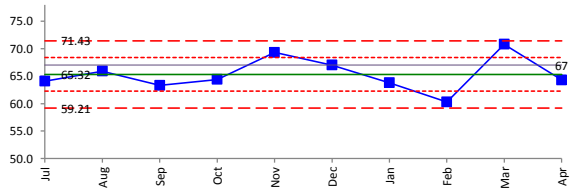
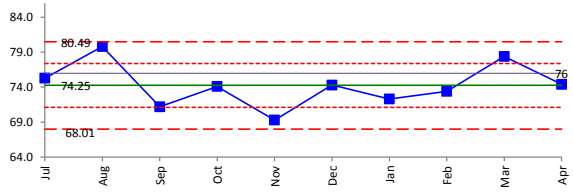
	Quality	Performance Month	Performance FYTD	Baseline FY2017 Actual	FY19 Goal FY2019 Goal	Trend	Comments
1	**Hospital Acquired Infection (Infection rate)** *Catheter Associated Urinary Tract Infection (CAUTI)* *per 1,000 urinary catheter days* *Date Period: April 2018* *SIR Goal: <= 0.75*	0.0 (1/1186)	0.88 (13/14796)	1.09	TBD		
2	*Central Line Associated Blood Stream Infection (CLABSI)* *per 1,000 central line days* *Date Period: April 2018* *SIR Goal: <= 0.50*	0.0 (0/739)	0.23 (2/8635)	0.56	TBD		
3	*Clostridium Difficile Infection (CDI)* *per 10,000 patient days* *Date Period: April 2018* *SIR Goal: <= 0.70*	2.62 (2/7641)	1.09 (9/81972)	1.89	TBD		
4	*Organizational Goal **Mortality Index** *Observed/Expected* ***Premier Standard Risk Calculation Mode*** *Date Period: Mar 2018*	1.03 (1.98%/1.92%)	0.94 (1.65%/1.77%)	1.02 (1.88%/1.83%)	0.95		
5	*Organizational Goal* **Readmission Index (All Patient, All Cause Redmit)** *Observed/Expected* ***Premier Standard Risk Calculation Mode*** Date Period: Feb 2018	0.98	1.10	1.02	1.05		

Definitions and Additional Information

Measure Name	Definition Owner	Work Group	FY 2018 Definition	FY 2019 Definition	Source
Hospital Acquired Infection (SIR Rate) CAUTI (Catheter-acquired Urinary Tract Infection)	Catherine Carson/Catherine Nalesnik		The standardized infection ratio (SIR) is a summary measure used to track HAIs over time at a national, state, local level. This is a summary statistic that compares the actual number of HAIs reported with the baseline US experience (NHSN aggregate data are used as the standard population), adjusting for several risk factors that are significantly associated with differences in infection incidence. An SIR greater than 1.0 indicates that more HAIS were observed than predicated, accounting for differences in types of patients followed, a SIR less than 1.0 indicates fewer HAIs were observed than predicated.		
Hospital Acquired Infection (SIR Rate) CLABSI (Central line associated blood stream infection)	Catherine Carson/Catherine Nalesnik				
Hospital Acquired Infection (SIR Rate) C. Diff (Clostridium Difficile Infection)	Catherine Carson/Catherine Nalesnik				
Mortality Index (Observed/Expected)	Catherine Carson				**Premier Quality Advisor**
Readmission Index (All Patient, All Cause Redmit) Observed/Expected	Catherine Carson				**Premier Quality Advisor**

				Baseline	FY19 Goal	Trend	Comments
Quality		Month	FYTD	FY 2017	FY 2019		
6	**Sepsis Mortality Rate Enterprise** *Date Period: March 2018*	11.82%	11.39%	13.66%	TBD		
7	**Sepsis Mortality Index** *(Observed over Expected)* *Date Period: March 2018*	0.93	1.03	1.05	TBD		
Efficiency		Performance Month	FYTD	FY17 Actual	FY 2019 Goal		
8	★Organizational Goal **Arithmetic Observed LOS Average/Geometric LOS Expected for Medicare Population (ALOS/Expected GMLOS)** *(Medicare definition, MS-CC, Inpatient)* *Date Period: April 2018*	1.13	1.11	1.16	1.09		
9	★Organizational Goal **Patient Throughput-Average minutes from ED Door to Patient Admitted** *(excludes Behavioral Health Inpatients)* *Date Period: April 2018*	MV: 333 mins LG: 289 mins			280 mins		

Measure Name	Definition Owner	Work Group	FY 2018 Definition	FY 2019 Definition	Source
Sepsis Mortality Rate Enterprise	Catherine Carson				**Premier Quality Advisor**
Sepsis Mortality Index Observed over Expected	Catherine Carson				**Premier Quality Advisor**
Arithmetic Observed LOS Average over Geometric LOS Expected.	Cheryl Reinking Catherine Carson (Jessica Hatala)		The Observed LOS over the Expected LOS Ratio is determined by calculating the average length of stay of all Medicare financial class divided by the GMLOS (geometric LOS associated with each patient's MD-DRG.		**Premier Quality Advisor**
Patient Throughput- Average Minutes from ED Door to Patient Admitted (excludes Behavioral Health Inpatients)	Catherine Carson				**EPIC**

	SERVICE	Performance Month	Performance FYTD	Baseline FY 2017 Actual	FY19 Goal FY 2019 Goal	Trend	Comments
10	«Organizational Goal **HCAHPS Nursing Communication Domain** **Top Box Rating of Always** *Date Period: April 2018*	81.5 (197/242)	79.8 (1875/2350)	76.30	81.0		
11	«Organizational Goal **HCAHPS Responsiveness of Staff Domain** **Top Box Rating of Always** *Date Period: April 2018*	64.3 (145/225)	71.2 (1596/2243)	76.30	67.0		
12	«Organizational Goal **HCAHPS Cleanliness of Hospital Environment Question** **Top Box Rating of Always** *Date Period: April 2018*	74.4 (198/266)	75.8 (1834/2418)	76.30	76.0		

Measure Name	Definition Owner	Work Group	FY 2018 Definition	FY 2019 Definition	Source
HCAHPS Nursing Communication Domain Top Box Rating of Always	Michelle Gabriel; Ashley Fontenot Cheryl Reinking	Patient Experience Committee	HCAHPS Rate Communication with Nurse Top Box Rating 9 and 10		**Press Ganey Tool**
HCAHPS Responsiveness of Staff Domain Top Box Rating of Always	Michelle Gabriel; Ashley Fontenot Cheryl Reinking	Patient Experience Committee	HCAHPS Rate Response of Hospital StaffTop Box Rating 9 and 10		**Press Ganey Tool**
HCAHPS Cleanliness of Hospital Environment Question Top Box Rating of Always	Michelle Gabriel; Ashley Fontenot Cheryl Reinking	Patient Experience Committee	HCAHPS Rate Cleanliness of Hospital Environment Top Box Rating 9 and 10		**Press Ganey Tool**

TITLE:	Performance Improvement & Patient Safety Plan
CATEGORY:	Administration
LAST APPROVAL:	
TYPE:	☐ Policy ☐ Protocol ☐ Practice Guideline ☐ Standardized ☐ Procedure ☑ Plan ☐ Scope of Service/ADT Procedure
SUB-CATEGORY:	Performance Improvement
OFFICE OF ORIGIN:	Clinical Effectiveness
ORIGINAL DATE:	5/2018

I. PURPOSE

The Performance Improvement & Patient Safety Plan describes the multidisciplinary, systematic performance improvement framework utilized by El Camino Hospital to improve patient outcomes and reduce the risks associated with healthcare in a manner that embraces the mission of the hospital.

II. ORGANIZATION OVERVIEW

El Camino Hospital (ECH) is a comprehensive health care institution that includes two hospital campuses; a 275-bed acute hospital with 25 acute psychiatric beds headquartered in Mountain View, California and a 143-bed acute hospital in Los Gatos, California. Both campuses have associated outpatient services and clinics. ECH in Mountain View has achieved Joint Commission certification as a Primary Stroke Center, in Joint Replacement for Hip and Knee, Hip Fracture and Spinal Fusion. The Los Gatos campus has been certified as a "baby friendly hospital" by WHO/UNICEF.

The ECH Medical Staff includes 1606 active, courtesy or provisional physicians/independent practitioners with representation covering nearly every clinical specialty (e.g., Anesthesiology, Cardiology, Emergency, Gastrointestinal, Family Practice, Neonatology, Obstetrics, Gynecology, Pediatrics, Pulmonary Medicine, Radiology, Ophthalmology, Orthopedics, Neurology, Endocrinology, Urology, General Surgery, Cardiovascular Surgery, Pediatrics, Pathology, Internal Medicine, and Neurosurgery. Performance Improvement activities are selected and prioritized based on the hospital's scope of service.

III. El CAMINO HOSPITAL MISSION

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

IV. El CAMINO HOSPITAL VISION

To lead the transformation of healthcare delivery in Silicon Valley.

TITLE:	Performance Improvement & Patient Safety Plan
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V. El CAMINO HOSPITAL VALUES

Quality: We pursue excellence to deliver evidence based care in partnership with our patients and families.

Compassion: We care for each individual uniquely with kindness, respect and empathy.

Community: We partner with local organizations, volunteers and philanthropic community to provide healthcare services across all stages of life.

Collaboration: We partner for the best interests for our patients, their families and our community using a team approach.

Stewardship: We carefully manage our resources to sustain, grow and enable services that meet the health needs of our community.

Innovation: We embrace solutions and forward thinking approaches that lead to better health.

Accountability: We take responsibility for the impact of our actions has on the community and each other.

VI. SERVICES/PROGRAMS

EMC provides a full continuum of inpatient and outpatient care including:

Acute Inpatient Services:	Emergency Services	Outpatient Services
Intensive & Critical Care Unit	Basic Emergency	Behavioral Services – Outpatient
Progressive Care Unit (PCU) (Step-		Cancer Center
Operating Room (OR)		Cardio Pulmonary Wellness Center
Post-Anesthesia Care Unit (PACU)		Outpatient Surgical Unity
Telemetry/Stroke		Endoscopy
Medical/Surgical/Ortho		Interventional Services
Pediatrics		Pre-op/ Short Stay Unit (2B)
Ortho Pavilion		Radiology Services (Imaging, Interventional,
Labor and Delivery (L&D)		Radiation Oncology
Mother/Baby		Rehabilitation
Neonatal Intensive Care Unit		Infusion Services
Behavioral Health Services		Nuclear Medicine
Acute Rehabilitation		Wound Care Clinic
Cardiac Catheterization Services		

VII. OBJECTIVES

1. Provide safe, effective, patient centered, timely, efficient, and equitable care.

2. Establish and maintain an ongoing, comprehensive and objective mechanism to improve performance, clinical outcomes, and patient safety.

3. Identify known, suspected or potential problems or hazards in patient care delivery, as well as opportunities for further improvement in currently acceptable care.

4. Establish priorities/goals for the investigation and resolution of concerns and problems by focusing on those with the greatest potential impact on patient care outcome, patient safety, and patient satisfaction.

5. Define corrective action and document resolution of known and potential problems and evidence of patient care improvement.

6. Communicate performance activities and findings to all pertinent Hospital and Administrative Staff, Medical Staff, and the Governing Board, as appropriate.

7. Identify continuing education needs of clinical, administrative, and support personnel relative to Quality and Patient Safety.

8. Coordinate Performance Improvement activities and findings with those of the facility's Management of the Environment, Surveillance, Prevention and Control of Infection, Information Management, Management of Human Resources, Ethics/Rights/Responsibilities, Provision of Care, Medication Management, and Leadership functions to the extent possible.

9. Monitor and comply with policies, standards, regulations and laws set by the Governing Board, Medical Staff, The Joint Commission, State and Federal governments and other regulating accrediting bodies.

10. Enhance uniform performance of patient care processes throughout the organization, reducing variability.

11. Provide a mechanism for integration of performance improvement activities throughout the hospital for colleagues, medical staff, leadership, volunteers and governance.

VIII. ACCOUNTABILITY FOR PERFORMANCE IMPROVEMENT and PATIENT SAFETY

A. Governing Board

As described in the Governing Board Rules and Regulations, the Governing Board of El Camino Hospital bears ultimate responsibility for the performance and safety of patient care services provided by its medical, other professional and support staff. The Governing Board shall ensure an ongoing, comprehensive and objective mechanism is in place to monitor and evaluate performance, to identify and resolve documented or potential problems/hazards,

and to identify further opportunities to improve patient care and safety. As appropriate, the Board shall delegate responsibility for implementing the Performance Improvement & Patient Safety Plan to the medical staff and hospital administration.

The Governing Board shall require, consider, and if necessary, act upon Medical Staff reports of medical care evaluation, utilization review, and other matters relating to the quality of care rendered in the Hospital. The executive committee of the Medical Staff shall, through its chairman or designee, cause the preparation and presentation of such required reports to the Governing Board at each Governing Board meeting or otherwise.

The Governing Board shall direct that all reasonable and necessary steps be taken by the Medical Staff and Hospital Administration for meeting the Joint Commission, College of American Pathology accreditation standards, California Code of Regulations; Title 22 and complying with applicable laws and regulations.

Other specific responsibilities with regard to performance improvement, patient safety, and risk management are delineated in the Governing Board Rules and Regulations, which shall be reviewed and approved by the Governing Board.

B. Medical Executive Committee (MEC)

According to the Bylaws of the Medical Staff, under Article 11.14, the Medical Executive Committee is responsible for the quality and efficiency of patient care rendered by members of the Medical Staff and for the medico-administrative obligations of the medical staff.

The functions of the MEC with respect to quality include, but are not limited, to the following:

1. Fulfill the Medical Staff's responsibility of accountability to the Board of Directors for medical care rendered to patients in the hospital;
2. Reviewing the qualifications, credentials, performance and professional competence, and character of applicants and staff members and making recommendations to the governing board regarding appointments/reappointments, clinical privileges, and corrective action; and
3. Assisting in obtaining and maintenance of accreditation.

C. Medical Staff Departments and Divisions

The unified El Camino Medical Staff is comprised of a combination of campus-specific departments and enterprise departments. Enterprise departments are those departments that serve constituency at all campuses (including Mountain View – MV and Los Gatos- LG). All departments report to a unified Medical Staff Executive Committee.

Other specific responsibilities with regard to performance improvement are delineated in the Medical Staff Bylaws. Refer to the Medical Staff Peer Review Policy for specific departmental responsibilities regarding ongoing professional practice evaluation and focused professional practice evaluation. See Appendix A.

D. Leadership and Support

The hospital and medical staff leaders have the responsibility to create an environment that promotes performance improvement through the safe delivery of patient care, quality outcomes and high customer satisfaction. The leaders promote a patient safety culture of internal and external transparency, and support the hospital's patient safety program, which seeks to create a culture that values safety, disclosure of errors, and provides for a non-punitive process. The leaders perform the following key functions:

1. Adopt an approach to performance improvement, set expectations, plan, and manage processes to measure, assess, and improve the hospital's governance, management, clinical, and support activities
2. Ensure that new or modified services or processes are designed well, measured, assessed, and improved systematically throughout the organization
3. Establish priorities for performance improvement and safety giving priority to high-volume, high-risk, or problem- prone processes for performance improvement activities and reprioritize performance improvement activities in response to changes in the internal and external environment
4. Participate in interdisciplinary and interdepartmental performance improvement and safety improvement activities in collaboration with the medical staff
5. Allocate adequate resources (i.e. staff, time, and information systems) for measuring, assessing, and improving the hospital's performance and improving patient safety; and assess the adequacy of resources allocated to support these improvement activities
6. Assure that staff is trained in performance improvement and safety improvement approaches and methods and receives education that focuses on safety and quality
7. Continuously measure and assess the effectiveness of performance improvement and safety improvement activities, and implement improvements for these activities

E. Medical Staff, Employees, and Contracted Services

1. Medical staff members, hospital employees and contracted services employees maintain active participation and involvement in organization-wide quality and patient safety initiatives and activities to include participating in identifying opportunities for improvement and data collection efforts, serving on

multidisciplinary teams, reporting adverse events, and implementing actions to sustainimprovements.

F. <u>Quality & Patient Safety Committees: Medical Staff Quality Council and Hospital Quality Improvement and Patient Safety Committees</u> <u>(See Flow of Information Appendix A)</u>

The Medical Staff Bylaws describe the composition and duties of the **Medical Staff Quality Council** as a medical staff committee that will provide to the Medical Executive Committee reports on the quality of medical care provided to patients at ECH. This Council receives reports from the vice chiefs of department and divisions and their improvement activities on an annual basis and information on medical record review, transfusion, tissue, and autopsy review.

The **Hospital Quality Improvement Committee** reports to the Medical Staff Quality Council which reviews and approve its minutes. The Committee provides oversight for the hospital's performance improvement activity and patient satisfaction data, coordinates and monitors departmental and service line performance improvement reports. It also receives reports and data regarding all regulatory reviews, surveys and accreditation activity. The Quality and Safety Dashboard reflects metrics of the organization's quality and safety goals and is reviewed monthly. The Committee may charter performance improvement teams to address multidisciplinary issues, hospital-wide process and system issues.

The **Patient Safety Committee** receives reports and monitors data from the following hospital committees and reports: Medication Safety, Falls, Pressure Ulcers, Hospital-acquired Infections A3 Teams (CAUTI, CLABSI, C. Diff, and Hygiene), National Patient Safety Goals, Safety/Security, Antibiotic Stewardship, Leapfrog Hospital Survey and Safety Grade, Hand Hygiene and the Grievance Committee. The Committee also reviews reports from Culture of Safety Surveys and works with the medical staff and hospital administration to develop action plans in response to the results. The Director of Risk Management also conducts risk assessments regarding the safety of patient care including Failure Mode Effects Analysis (FMEA) for new or changed hospital services. The Director of Risk Management/Patient Safety Officer provides data on the Quality Review Reports (QRR – Adverse Event Report) and the adequacy of the reporting process, including updates on the number and type of QRRs, serious safety events and RCAs (root cause analyses). Updates are also provided on the performance improvement teams that are chartered through this committee and as a result of RCAs or Intensive Analyses. This Committee uses the Management of Serious Safety Events policy to outline the process for categorizing patient safety events, including serious safety events, defining those events that reach the level of a Red Alert, ensuring compliance with all regulatory requirements for oversight of adverse events and to outline the procedure for notifying ECH leadership and the ECH Board of serious safety events.

The **Patient Safety Oversight Committee (PSOC)** is also a subcommittee of the Medical Staff Quality Committee and is described in the *Management of Serious Safety and Red Alert Procedure*

(Administrative). The Patient Safety Oversight Committee is a committee that meets weekly to review and categorize Quality Review Reports, serious patient safety events, behavior, safety and operational issues. The Committee is comprised of the Chief Medical Officer, Chief Operating Officer, Chief Nursing Officer, Medical Director for Quality Assurance, Associate Chief Medical Officer, Sr. Director/Chief Quality Officer, Director of Risk Management/Patient Safety Officer, Director of Accreditation/Public Reporting, Director of Medical Staff Services and a representative of the Medical Staff. These leaders provide direction to the organization and the Medical staff in addressing identified issues, problems and determine opportunities for improving patient safety.

G. Clinical Effectiveness Department

A responsibility of the Clinical Effectiveness Department is to coordinate and facilitate quality management and performance improvement throughout the hospital. While implementation and evaluation of quality improvement activities resides in each clinical department, the Clinical Effectiveness Department staff serves as an internal resource for the development and evaluation of performance improvement activities. Members of this department provide leadership of and participation in several multidisciplinary teams such as the Falls Team, and the Surgical Site Infection Task Force and all of the HAI Teams. The Clinical Effectiveness Department also serves as a resource for data collection, statistical analysis, and reporting functions.

The Clinical Effectiveness Department is also responsible for:

1. Managing the overall flow, presentation, and summarization of performance improvement activities from all sources
2. Assisting hospital leaders and the medical staff in maintaining accreditations and compliance with regulatory requirements
3. Managing the peer review process and the peer review data base for the medical staff and providing data and reports for the OPPE and FPPE process of the medical staff
4. Providing clinical and provider data from hospital and external registry data bases as needed for performance improvement
5. Maintaining a performance improvement and patient safety reporting calendar and communicating it to all groups responsible for performance improvement activities
6. Risk Management for the hospital and Quality Review Reporting System (QRR-adverse event reporting). This also includes conducting Root Cause Analyses and Intense Analyses as responses to adverse events and near misses
7. Facilitating a failure mode and effectiveness analysis (FMEA) at least every 18 months through the leadership of both the Director of Risk Management & Patient Safety and the Director of Accreditation & Public Reporting
8. Leading performance improvement teams that are commissioned as a result of findings of Root Cause Analyses or Intense Analyses
9. Working with the Medical Staff Department leaders to ensure effective use of resources through the identification and sharing of “best practices”
10. Supporting Infection Prevention efforts within the hospital, coordination with public health, on-going infection surveillance and reporting of hospital –acquired infections

and conditions

11. Managing data collection and reporting as required by regulatory agencies and the hospital's strategic plan
12. Providing data as requested to external organizations, see List with data provided in Appendix B
13. Providing oversight for the hospital's participation in Clinical Registries, see Appendix C for current list
14. Manages the data and reporting process for meeting the IQR CMS reporting requirements for Core Measures and eCQM measures, managing NSQIP Registry and quality improvement, the MBSAQIP, and all Transfusion review and data

H. <u>Improving Organizational Performance</u>

Improving performance, clinical outcomes, and Patient Safety is systematic and involves a collaborative approach focused on patient and organizational functions. Performance improvement is a continuous process which involves measuring the functioning of important processes and services, and when indicated, identifying changes that enhance performance. These changes are incorporated into new or existing work processes, products or services, and performance is monitored to ensure that the improvements are sustained. Performance improvement focuses on outcomes of treatment, care, and services. Senior Leaders, Directors and Managers establish a planned, systematic, and hospital-wide approach(s) to performance improvement. These leaders set priorities for performance improvement and ensure that the disciplines representing the scope of care and services across the organization work collaboratively to plan and implement improvement activities. Nursing performance improvement is conducted at both organizational and unit levels through Councils. See Appendix A.

Priorities are based on the organization's mission, vision and values, services provided, and populations served. Prioritization of performance improvement initiatives will be based upon the following criteria:

1. Serious Safety Events and severity of adverse events and trends of events reported in the electronic adverse event reporting system
2. Results of performance improvement, patient safety and risk reduction activities
3. Information from within the organization and from other organizations about potential/actual risks to patients. (e.g., Institute for Safe Medication Practices, CDPH, Joint Commission Sentinel Event Alerts)
4. Accreditation and/or regulatory requirement(s) of the Joint Commission, the California Department of Public Health (CDPH) and CMS Conditions of Participation.
5. Low volume, high risk processes and procedures
6. Resources required and/or available
7. External regulatory compliance indicators, i.e. CMS Core measures, etc. See Appendix B.

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

TITLE:	Performance Improvement & Patient Safety Plan
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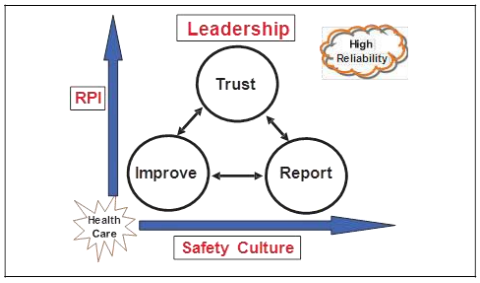
I. Performance Processes

1. Design

The design of processes should be in keeping with the organization's Strategic goals and is based on up-to-date sources of information and performance of these processes; their outcomes are evaluated on a regular basis. Design of new processes, extension of product lines, or significant change to existing functions or processes consider basic information sources. These activities are carried out collaboratively and include the appropriate departments and disciplines involved.

2. Patient Safety

ECH strives to prevent errors and adverse effects to patients that are associated with complex patient care. While patient safety events may not be completely eliminated, harm to patients can be reduced and our goal is always zero harm. To learn from and to make changes to reduce harm, all hospital-acquired conditions, infections and complications of care are reviewed and results shared with involved departments and providers. Root cause analyses and intense analyses are conducted to more clearly understand the factors involved in a near miss or untoward event. The purpose is to develop and sustain a culture of safety. The leadership, risk management and quality staff work to promote a "just culture" that focuses on the systems involved in care and to create a trust-report-improve cycle to promote reporting of all event and near misses.



3. Measurement

ECH collects measurement data on important processes and outcomes that have been prioritized and selected by leaders as part of the planning process. With input from senior leaders, the Board of Directors set organizational goals for quality, service and efficiency. The data collected for priority and required areas are used to monitor the stability of existing processes, identify opportunities for improvement, identify changes that lead to improvement, and to sustain improvement. All levels of the organization are responsible for reviewing measurable outcomes and acting on improvement opportunities.

Performance measures are structured to follow the Joint Commission dimensions of performance and are based on current evidenced-based information and clinical experience. Processes, functions, or services are designed/ redesigned well and are consistent with sound

business practices. They are:

a. Consistent with the organization's mission, vision, goals, objectives, and plans;
b. Meeting the needs of individuals served, staff and others;
c. Clinically sound and current;
d. Incorporating information from within the organization and from other organizations about potential/ actual risks to patients;
e. Analyzed and pilot tested to determine that the proposed design/redesign is an improvement;
f. Incorporated into the results of performance improvement activities.

Data collection includes process, outcome, and control measures as well as improvement initiatives. Data is collected and reported to appropriate committees in accordance with established reporting schedules. The processes measured on an ongoing basis are based on our mission, scope of care and service provided accreditation and licensure requirements, and priorities established by leadership. Data collection is systematic and is used to:

a. Establish a performance baseline;
b. Describe process performance or stability;
c. Describe the dimensions of performance relevant to functions, processes, and outcomes;
d. Identify areas for more focused data collection to achieve and sustain improvement.

4. Analysis

Data shall be analyzed on an ongoing basis to identify performance improvement opportunities. Statistical Quality Control Techniques shall be used as appropriate. The assessment process compares data over time, reflects evidenced-based best practices and to reference databases, both internal and external to the hospital system.

When findings relevant to provider's performance are identified, this information is referred to the medical staff's peer review process in accordance with the Medical Staff Peer Review Policy. Department Directors shall act in accordance with Human Resources policies regarding employee performance.

ECH requires an intense analysis of undesirable patterns or trends in performance when the following are identified, which includes, but is not limited to:

a. Performance varies significantly and undesirably from that of other organizations;
b. Performance varies significantly and undesirably from recognized standards;
c. When a sentinel event occurs;
d. Blood Utilization to include confirmed transfusion reactions;
e. Significant adverse events and drug reactions;
f. Significant medication errors, close calls, and hazardous conditions;
g. Significant adverse events related to using moderate or deep sedation or anesthesia;

El Camino Hospital
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J. Improvement Model And Methodology

MODEL FOR IMPROVEMENT: This is a simple yet powerful tool designed to accelerate improvement efforts and provide better focus on what it is we are trying to improve. The model is promoted by the Institute of Healthcare Improvement as a proven improvement model, and builds on theory developed by Juran and W. Edward Deming.

Once a decision has been made to implement an improvement strategy, the organization systematically improves its performance using the Model for Improvement. Multidisciplinary Performance Improvement (PI) Teams are commissioned and use the Model for Improvement to make improvements in a specific process. Unit based PI Teams and other PDSA Teams are utilized and can form on their own to address unit or department specific needs. Decisions to act upon opportunities for improvement in care or patient safety and/or investigate concerns shall be based on opportunities identified, factors involved in measurement, required resources, and the overall mission and priorities for the organization.

The model has two parts:

1. ***Three fundamental questions, which can be addressed in any order.***
   - What are we trying to accomplish?
   - How will we know that a change is an improvement?
   - What changes can we make that will result in improvement?

This model stresses learning by testing changes on a small scale rather than by studying problems before any changes are attempted. Testing a change is not always easy. There may be unwanted side effects. The Plan-Do-Study-Act (PDSA) Cycle provides an effective framework for developing tests and implementing changes as described next.

2. ***The Plan-Do-Study-Act (PDSA) Cycle***

The PDSA (Plan, Do, Study, Act) is a framework for an efficient trial-and-learning methodology. The cycle begins with a plan and ends with action based on the learning gained from the Plan, Do, and Study phases of the cycle. The purpose of this cycle is to test and implement changes, by planning it, trying it, observing the results, and acting on what is learned.

Step 1: Plan
Plan the test or observation, including a plan for collecting data. What is the objective of this improvement cycle?

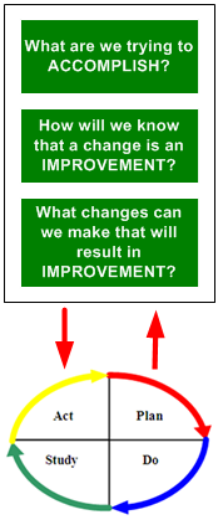
Step 2: Do
Try out the test on a small scale. What did we observe that was not a part of our plan?

Step 3: Study
Set aside time to analyze the data and study the results. Complete the analysis of the data. Compare the data to your predictions. How did or didn't the results of this cycle agree with the predictions that we made earlier?
Summarize and reflect on what was learned.

Step 4: Act
Refine the change, based on what was learned from the test. Determine what modifications should be made. List actions we will take as a result of this cycle. Prepare a plan for the next

cycle, if necessary. The cycle is ongoing and continuous.

In summary, combined, the three questions and the PDSA cycle form the basis of the Model for Improvement depicted below:



K. <u>Lean Improvement Methodology:</u>

ECH has applied the use of Lean methodology and principles to the process of performance improvement. The Performance Improvement Department provides resources to the organization in deploying Lean strategies and tools. This Department provides trained A3 team facilitators and education to the organization on Lean principles. For FY 2019, the Performance Improvement Department is focusing on using Lean tools to address Through-put involving patient flow beginning in the Emergency Departments. Patient Throughput (ED door to Patient floor) is the FY 2019 Efficiency Goal.

Lean is a set of concepts, principles, and tools used to create and deliver the most value from the customer's perspective while consuming the fewest resources. Lean organizations deliver exactly what is needed, at the right time, in the right quantity without defects, and at the lowest possible cost. The currency of lean is value. As you take out "muda" (i.e., waste) in the process, you take out time. Waste is anything other than the minimum amount of equipment, materials, technology, space, and a colleague's time that are essential to add value to the product or service. Lean is a long term strategy in that it takes time to change. Testing turnaround time and OR utilization are classic examples. Lean thinking specifies value from the standpoint of the customer.

Systems critical to the success of lean include reward and recognition, education and training, idea generation, communication, and engagement. Lean behaviors require everyone to be a problem-solver, managers solicit ideas from colleagues and encourage continuous improvement, everyone is treated with respect and challenged to grow professionally and personally, and everyone is

transparent about results and areas for improvement. Lean leadership guiding principles require a belief that problems are "treasures" and that you will go to the "gemba" (i.e., the actual workplace) to see the actual situation for understanding.

1. Lean Principles

The five-step thought process for guiding the implementation of lean techniques is easy to remember, but not always easy to achieve:

a. Specify value from the standpoint of the end customer by product family.
b. Identify all the steps in the value stream for each product family, eliminating whenever possible those steps that do not create value.
c. Make the value-creating steps occur in tight sequence so the product will flow smoothly toward the customer.
d. As flow is introduced, let customers pull value from the next upstream activity.
e. As value is specified, value streams are identified, wasted steps are removed, and flow and pull are introduced, begin the process again and continue it until a state of perfection is reached in which perfect value is created with no waste.

Lean practices are the actions that enable the lean process. They are tactical. Improvements are the result of their repeated execution. Examples of lean practices are many and include the 5S model, standardization, visual management, and problem solving.

L. Performance Improvement Link With Organizational Goals

ECH's Performance Improvement & Patient Safety Plan focuses on specific quality measures in three areas: quality/safety, service and efficiency. For FY 2018 and FY 2019 the Organizational Goals are:

FISCAL YEAR	QUALITY	SERVICE	EFFICENCY	PEOPLE
FY 2018	HAI's CAUTI,CLABI, C. Diff SIR (standardized infection ratio)	HCAHPS: Rate the Hospital	ALOS/GMLOS (Medicare)	N/A
FY 2019	Mortality Index (Observed/Expected Readmission Index (Observed/Expected)	HCAHPS: Nurse Communication Responsiveness Cleanliness	Patient Throughput ED Door to Patient Floor	Employee Engagement Press Ganey Overall Engagement Score

M. Commitment to Person-Centered Care

ECH has embraced Person-Centered Care and believes that its goal is to create partnerships among health care practitioners, patients and families that will lead to the best outcomes and enhance the quality and safety of health care. As a result, ECH has implemented a Patient and Family Advisory Council as a formal mechanism for involving patient and families in performance improvement efforts, policy and program decision making. The patient and family advisors act as champions of the ideal patient experience, and ensure its implementation across ECH. They are involved in reviewing communication to patients and families to ensure that it builds on patient and family strengths and engages them in a partnership in health care services and serve as members of some hospital committees. As needed, the advisors make recommendations to senior leaders for improvements in service quality.

N. Allocation of Resources

The CEO and the Executive Leadership Team provide sufficient qualified staff, time, training, and information systems to assist the Hospital Quality Council, the Medical Staff Quality Council, Medical Staff, Nursing, and Clinical Support Services in designing, implementing and maintaining effective performance improvement activities. The Directors/Managers of the organization shall allocate staff time to participate in performance improvement activities. Both external and internal education determined to be reflective of organizational priorities shall be supported through monies allocated for education. Budgetary planning shall include resources for effective information systems, when appropriate.

O. Confidentiality

The Performance Improvement & Patient Safety Program of El Camino Hospital has been designed to comply with all applicable confidentiality and privacy laws. All data, reports, and minutes are confidential and shall be respected as such by all participants in the Performance Improvement and Patient Safety Program. Confidential information may include, but is not limited to meeting minutes, electronic data gathering and reporting, serious safety event and adverse event reporting, and clinical profiling. Information shall be presented so as to not identify specific medical staff members, patients, or other health care practitioners. These protections are provided via the Health Care Quality Improvement Act of 1986 and when applicable, California's Evidence Code 1157.

Data, reports, and minutes of the Performance Improvement and Patient Safety Program are the property of ECH. This information is maintained in the Clinical Effectiveness Department and the Medical Office and in departmental or administrative offices, as appropriate. Quality review data, reports and minutes shall be accessible only to those participating in the program. All other requests for information from the program shall be in writing stating the purpose and intent of the request, and shall be addressed to the Sr. Director/Chief Quality Officer or the Compliance Officer.

P. Annual Evaluation

The Sr. Director/Chief Quality Officer shall coordinate the annual evaluation of the program and written plan for submission to the Medical Staff Quality Council, the Medical Executive Committee and the Governing Board. The annual appraisal shall address the program's effectiveness in improving patient care, patient safety, and clinical performance, resolving problems, and achieving program objectives. The adequacy of the program, including data and information effectiveness, structure, and cost-effectiveness of the program shall also be addressed.

Modifications shall be implemented as needed to assure that the program is effective and efficient in monitoring patient care and clinical performance. The written plan may be modified at any time with the approval of the Medical Staff Quality Council, Medical Executive Committee, and the Governing Board.

IX. Cross References:

1. Management of Serious Safety Events and Red Alert Procedure
2. Medical Staff Peer Review Policy

X. APPROVAL:

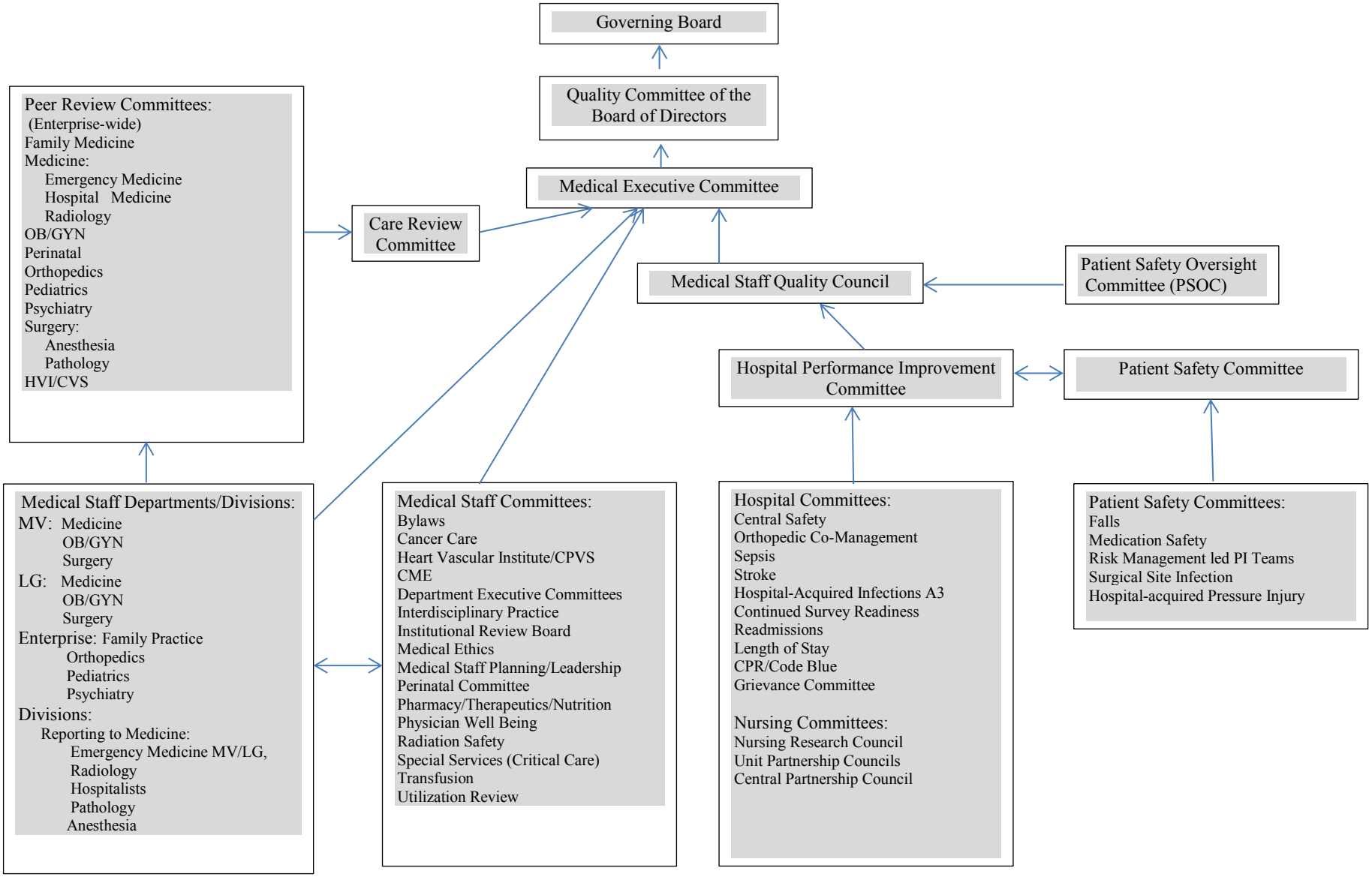
APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Performance Improvement/Patient Safety Committee:	5/2018
Medical Staff Leadership/Planning Committee:	5/2018
ePolicy Committee:	5/2018
Medical Executive Committee:	5/2018
Quality, Patient Care & Patient Experience Committee of the Board of Directors:	6/2018
Board of Directors:	
Historical Approvals:	N/A

XI. ATTACHMENTS:

Appendix A – Performance Improvement & Patient Safety Plan – Flow of Information
Appendix B – External Regulatory Compliance Indicators/Measures
Appendix C – El Camino Hospital Data Registries – May 2018

PERFORMANCE IMPROVEMENT & PATIENT SAFETY PLAN

APPENDIX A – Flow of Information



APPENDIX B

EXTERNAL REGULATORY COMPLIANCE INDICATORS/MEASURES

Indicator Name	Regulatory Source
Clinical Core Measures: Chart Abstracted and Electronic eCQMs • ED-1b- Median time ED arrival to ED Departure for admitted pts. • ED-2b – Admit decision time to ED Departure time for admitted pts. • IMM-2 – Influenza Immunization • PC-01 – Elective Delivery • PC-02 - Cesarean Section • PC-03 – Antenatal Steroids • PC-04 – Hospital-associated blood stream infection - newborn • PC-05 – Exclusive breast milk feeding • HBIPS-2 – Physical Restraints • HBIPS-3 - Seclusion • HBIPS-5- Pts. discharged on multiple antipsychotic medications • Sep-1 – Sepsis Perfect care • VTE-6 – Hospital-acquired preventable venous thromboembolism • VTE-1- VTE prophylaxis for adult patients • VTE-2 –VTE prophylaxis for critical care patients	CMS Hospital IQR Program
Use of Blood and Blood Components	TJC Medical Staff Standard 05.01.01 EP 5
Operative and other procedures	TJC Medical Staff Standard 05.01.01 EP 6
Appropriateness of clinical practice patterns	TJC Medical Staff Standard 05.01.01 EP 7
Review of Autopsies	TJC Medical Staff Standard 05.01.01 EP 9
Patient Perception of Quality of Care – via HCAHPS	TJC Performance Improvement Standard 01.01.01 EP 16 & Hospital Value Based-Purchasing Program (VBP)
Significant discrepancies between preop and postop diagnosis	TJC Performance Improvement Standard 01.01.01 EP 5
Transfusion Reactions	TJC Performance Improvement Standard 01.01.01 EP 8
Results of Resuscitation	TJC Performance Improvement Standard 01.01.01 EP 11
Significant medication errors and adverse drug reactions	TJC Performance Improvement Standard 01.01.01 EP 11 & 14
National Patient Safety Goals	TJC National Patient Safety Goals 01.01.01 – 1501.01 & UP standards
Hospital-acquired Infections and Conditions	CDC for National Safety Health Network, Hospital Value Based-Purchasing Program (VBP) and CDPH
Mortality	Hospital Value Based-Purchasing Program (VBP)
Patient Safety Indicators	AHRQ Patient Safety Indicators
Readmission	CMS Hospital Readmissions Reduction Program (HRRP)

El Camino Hospital Data Registries – May 2018			Appendix C			
#	Registry	Agency	Content	Focus (Measures)	Subject Matter Expert (SME)	Submission Interval
1	ICD RegistryTM	ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	CMS-mandated Registry. Establishes a national standard for understanding treatment patterns, clinical outcomes, device safety and the overall quality of care provided to implantable cardioverter defibrillator (ICD) patients.	Performance: Composite: Discharge Medications (ACE/ARB and beta blockers) in Eligible ICD Implant Patients; Indication: Proportion of patients that receive an ICD for class I, IIa, or IIb guideline indications; Outcome: Risk Adjusted Complications (All implants)	HVI	Quarterly
2	CathPCI Registry®	ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	Assesses the characteristics, treatments and outcomes of cardiac disease patients who receive diagnostic catheterization and/or percutaneous coronary intervention (PCI) procedures	Indication (appropriateness): Patients WITHOUT Acute Coronary Syndrome: Proportion of evaluated PCI procedures that were inappropriate. Process: Proportion of STEMI patients receiving immediate PCI w/in 90' . Outcome: PCI in-hospital risk adjusted mortality (all patients); Composite: Proportion of PCI patients with death, emergency CABG, stroke or repeat target vessel revascularization; PCI in-hospital risk adjusted rate of bleeding events (all patients)	HVI	Quarterly
3	ACTION Registry®–GWTG™	ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	Risk-adjusted, outcomes-based quality improvement program that focuses exclusively on high-risk STEMI/NSTEMI patients AMI process and patient care	AMI process performance: Overall AMI performance composite; STEMI performance composite; NSTEMI performance composite	HVI	Quarterly
4	ACC Patient Navigator Program Focus MI	ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	This is a national program specifically designed to enhance the care and outcomes for myocardial infarction patients.	National benchmarks, with comparison data to reduce AMI patient readmission for quality improvement project	HVI	Quarterly
5	STS/ACC TVT RegistryTM	STS (Society of Thoracic Surgeons) ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	CMS-mandated Registry. Monitors patient safety and real-world outcomes related to transcatheter valve replacement and repair procedures – emerging treatments for valve disease patients. With 30day and 1 year follow-up	Process: Length of Stay (TAVR & MitraClip)– Median Post Procedure (days) and outcome (TAVR & MitraClip): Mortality Rate – In Hospital Observed (UNADJUSTED)	HVI	Quarterly
6	LAAO RegistryTM	ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	CMS-mandated Registry. Captures data on left atrial appendage occlusion (LAAO) procedures to assess real-world procedural outcomes, short and long-term safety, comparative effectiveness and cost effectiveness.	Process: Proportion of patients undergoing a LAAO procedure per FDA indications; Proportion of LAAO procedures successful and outcome: Proportion of patients with a major complication either intra or post procedure and prior to discharge	HVI	Quarterly
7	AFib Ablation RegistryTM	ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	Assesses the prevalence, demographics, acute management and outcomes of patients undergoing atrial fibrillation (AFib) catheter ablation procedures.	Process: Proportion of patients undergoing procedure per indications; and outcome: complication rate	HVI	Quarterly
8	STS®- Adult cardiac Surgery	STS (Society of Thoracic Surgeons)	National quality measures and quality improvements with more than 5.8 million records.	Risk adjusted Mortality for isoCABG, isoAVR and MV repair. Composite quality rating (star rating) for isoCABG, and isoAVR	HVI	Quarterly
9	Centers for Medicare & Medicaid Services (CMS) Hospital IQR program	IBM Watson	CMS Required eCQM Core Measures	Quality indicators	Quality	Quarterly
10	National Healthcare Safety Network (NHSN)	CDC, CALNOC, CDPH, Leapfrog	Quality Measures, CDC's data registry for infection data	Quality indicators: Patient Safety Module: SSI Surveillance on 29 ICD10s Facwide/IRF Surveillance: MDRO's: CDIF; MRSA; CRE; VRE Device Associated Surveliace: CLABSI, CAUTI, CLIP Compliance Bundle Healthcare Personnel Safety Module: HCP Influenza Vaccination Data	Quality; Nursing EW&HS	monthly Yearly
11	Metabolic and Bariatric Surgery Quality Improvement Program (MBSAQIP)	American College of Surgeons	Nationwide accreditation and quality improvement program for metabolic and bariatric surgery. MBSAQIP centers are accredited in accordance with nationally recognized MBS standards.	Risk adjusted, mortality and complication based on 30-day, 6 month, and 1 year follow-up. Follow-up extends through 5 years.	Quality	Rolling continuous data abstraction
12	Get With The Guidelines (GWTG) - Heart Failure	American Heart Association	Promoting consistent adherence to the latest scientific treatment guidelines.	Heart failure education patient care: adherence to guideline rate and mortality	HVI	Yearly
13	PVI RegistryTM	ACC®(American College of Cardiology) NCDR® (National Cardiovascular Data Registries)	Provide national banchmarks and risk adjusted outcome of carotid artery stent, carotid endarterectomy and low extremity peripheral artery intervention procedures.	Assesses the prevalence, demographics, management and outcomes of patients undergoing lower extremity peripheral arterial catheter-based interventions and includes carotid artery stenting (CAS) and carotid	HVI	Quarterly
14	National Stroke Registry	Get with the Guidelines (GWTG)	Nationally all Primary Stroke Centers report data for comparisons	Quality Indicators	Quality; Neuro	Quarterly
15	EMS Quality Committee	Santa Clara County	Key Stroke data submitted by all county hospitals	Quality indicators	Quality; Neuro	quarterly
16	The Joint Commission Disease Specific Certification Primary Stroke	The Joint Commission	Recertification as a Primary Stroke Center		Quality; Neuro	PRN
17	Association for Behavioral Healthcare	AABH	Outpatient behavioral Health	Patient satisfaction	Behavioral Health	Quarterly
18	BASIS 24 BASC-3	MacLean	Outcomes behavioral Health	Outcomes	Behavioral Health	rolling submission
19	California Maternity Quality Care Collaborative (CMQCC)	Hospital Collaborative	Outcomes Obstetric; California Quality Maternal Child Collaborative (maternal and neonatal data)	Outcomes	Obstetrics	Monthly
20	California Alliance for Nursing Outcomes	CALNOC	Actionable information and reearch on nursing sensitive quality indicators	Nursing indicators	Nursing	Quarterly
21	National Database of Nursing Quality Indicators	NDNQI	National data base that provides quarterly and annual reporting of structure, process and outcome indicators to evaluate nursing care at the unit leel	Nursing indicators	Nursing	Quarterly
22	National Surgical Quality Improvement Program (NSQIP)	American College of Surgeons	Leading nationally validated program to measure and improve the quality of surgical care. Provides opportunity to prevent complications, save lives, and reduce costs.	Risk adjusted, case-mix adjusted mortality and complications based on 30 day outcomes.	Quality	Rolling continuous data abstraction

23	American Joint Replacement Registry	American Joint Replacement Registry	Outcomes Joint Replacement Surgery		Ortho	Monthly
24	The Joint Commission - Disease-Specific Certification for Total Joints, Hip Fracture, Spinal Fusion	The Joint Commission	Disease-specific (Total Joint, Hip Fracture, Spinal Fusion)		Ortho	Every two years
25	CCORP	CA state OSHA	California state mandated, any adult cardiac surgery related to CABG	outcome (part of STS, no dashboard)	HVI	biannually
26	Santa Clara County-AMI	Santa Clara County	Santa Clara county mandated. AMI and cardiac arrest patient	EMS process and outcome (part of ACTION, no dashboard)	HVI	Quarterly
27	CMS carotid stent	CMS	CMS mandate, carotid stent	indication (part of VQI-carotid stent, no dashboard)	HVI	biannually
28	National Cancer Data Base	American College of Surgeons and the American Cancer Society	Information on patients with malignant neoplastic diseases, their treatments, and outcomes. Data submitted for accreditation application and used for quality benchmarking	Outcomes	Cancer Date Center	Annually
29	State Registry/SEER	CA Cancer Registry	California state mandated, any reportable cancer cases.	New cancer cases	Cancer Date Center	Monthly
30	HCAHPS	Press Ganey	Patient satisfaction survey required by CMS	Patient satisfaction	Patient Experience	2X a week Mon and Thurs
31	Hospital Based Inpatient Psychiatrics Services Core Measures, Hospital IQR program	CMS	HBIPS is just one set of core measures for TJC and CMS	Psychiatric clinical measures	Quality	Quarterly
32	MIRCal for inpatient, emergency room and ambulatory surgery coded data	Office of Statewide Health Planning and Development (OSHPD)	OSHPD state mandated report for IP, ED and AD coded cases on semiannual and quarterly basis.	Data statistics for coded/reported diagnoses, procedures and associated charges.	HIMS Coding	Semiannual for inpatient data and quarterly for ED and ambulatory data
33	Parkinsons Registry	California Department of Public Health			HIMS Coding	Every month
34	Quarterly Tracking of Birth Defects - Neural Tube Defects and Chromosomal Abnormalities	California Department of Public Health Genetic Disease Screening Program	Coded cases for neural tube defects and/or chromosomal abnormalities found in fetus or infants less than one year of age.	Identifying fetus or infants less than one year with neural tube defects for clinical research.	HIMS Coding	Quarterly

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2018 – Period 10
7/1/2017 to 4/30/2018

Financial Overview

- Volume:

- For the year, overall volume, measured in adjusted discharges is 5.3% higher than budget.
- IP cases are 3.5% over budget, specifically Neurosciences, HVI, BHS, Oncology and General Medicine. Deliveries are lower to prior year and 4.5% below budget.
- OP cases are higher than budget in General Surgery, General Medicine, Lab, Imaging Services, MCH, Rehab, Outpatient Clinics and Emergency.

- Financial Performance:

- Operating income is $871K under budget. Revenue for the month include $169K in unusual items. For the year op margin is $45.6M ahead of target.
- Investments rebounded slightly during the month and for the year, investment earnings remain $31 million ahead of target.

- Payor Mix:

- Commercial insurance is a 3.6% decrease of the Payor Mix in April than budget where Medicare has increased 2.1%.

- Cost:

- Prod Hrs/APD for April is 1.8 unfavorable vs. target due to lower volume. YTD we are slightly ahead of budget.

- Balance Sheet:

- Net days in AR is 47.7 which is 0.3 days better than budget.

Dashboard - ECH combined as of April 30, 2018

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Volume								
Licenced Beds	443	443	443	-	443	443	443	-
ADC	241	226	242	(16)	239	242	240	2
Utilization MV	68%	62%	67%	-5%	66%	67%	66%	0%
Utilization LG	26%	28%	29%	-1%	30%	30%	29%	1%
Utilization Combined	54%	51%	55%	-4%	54%	55%	54%	0%
Total Discharges (Excl NNB)	1,642	1,581	1,603	(22)	16,300	16,973	16,405	568
Financial Perf.								
Total Operating Revenue	65,772	69,537	70,773	(1,236)	694,698	761,864	711,911	49,953
Operating Income $	4,086	5,109	5,980	(871)	79,019	111,150	65,534	45,616
Operating Margin	6.2%	7.3%	8.4%	-1.1%	11.4%	14.6%	9.2%	5.4%
EBITDA %	12.0%	14.2%	16.1%	-1.9%	17.7%	20.6%	16.4%	4.3%
Payor Mix								
Medicare	47.3%	49.7%	47.4%	2.3%	47.7%	47.6%	47.4%	0.3%
Medi-Cal	7.5%	6.9%	7.2%	-0.3%	7.3%	7.7%	7.2%	0.5%
Total Commercial	42.7%	40.7%	42.9%	-2.2%	42.5%	42.1%	42.9%	-0.8%
Other	2.5%	2.7%	2.5%	0.2%	2.5%	2.5%	2.5%	0.0%
Cost								
Total FTE	2,542.4	2,588.1	2,536.7	51	2,496.7	2,580.5	2,529.0	52
Productive Hrs/APD	31.5	32.2	30.4	2	30.3	30.2	30.5	(0)
Balance Sheet								
Net Days in AR	44.8	47.7	48.0	(0)	44.8	47.7	48.0	(0)
Days Cash	444	487	266	221	444	487	266	221
Affiliates - Net Income ($000s)								
Hosp	11,619	4,713	6,205	(1,492)	125,946	154,471	67,786	86,685
Concern	304	(66)	130	(196)	1,358	941	1,189	(248)
ECSC	(11)	(20)	0	(20)	(83)	(61)	0	(61)
Foundation	51	196	(52)	249	2,140	1,717	497	1,220
SVMD	(27)	494	(16)	510	91	840	31	809

Budget Variances

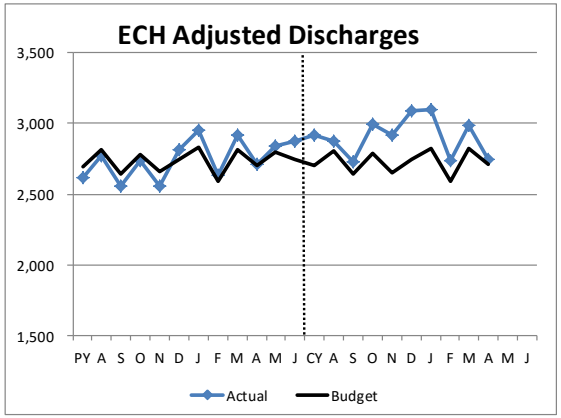
(in thousands; $000s)	Year to Date (YTD)	
	Net Income Impact	% Net Revenue
Budgeted Hospital Operations FY2018	**65,534**	**9.2%**
Net Revenue - Favorable due higher volume, revenue cycle operations and $14 million unusual items	49,953	6.6%
Labor and Benefit Expense Change - Labor favorable vs budget after adjusting for volume	(1,583)	-0.2%
Professional Fees & Purchased Services -Recruiting costs for several key positions in the organization and backfill for vacant positions, repairs for survey readiness	(5,639)	-0.7%
Supplies - unfavorable due to increase in surgical and other general supplies, offset by savings in Spine supplies as well as Drugs. Higher volumes also driving increase and net positive to volume adjusted budget	(3,496)	-0.5%
Other Expenses - primarily due strategic fund expenses not spent	1,325	0.2%
Depreciation & Interest - Favorable due to delay in Parking Structure as well as LG projects	5,056	0.7%
Actual Hospital Operations FY2018	**111,150**	**14.6%**

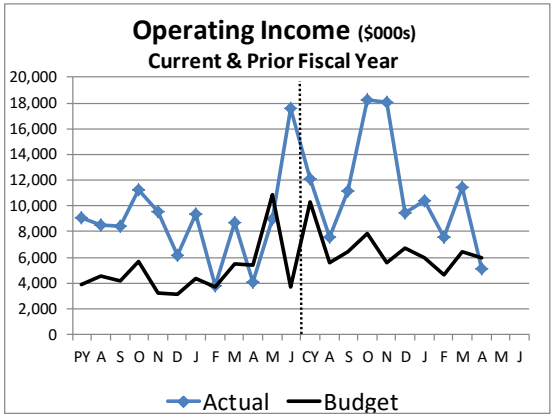
El Camino Hospital ($000s)

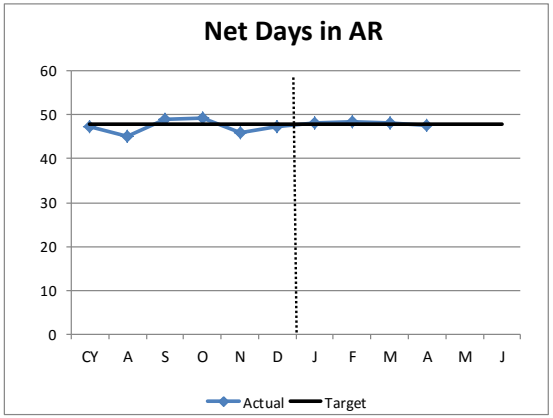
10 months ending 04/30/2018

Period 10 FY 2017	Period 10 FY 2018	Period 10 Budget 2018	Variance Fav (Unfav)	Var%	$000s	YTD FY 2017	YTD FY 2018	YTD Budget 2018	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
243,934	255,113	262,362	(7,249)	-2.8%	**Gross Revenue**	2,490,436	2,749,518	2,653,163	96,355	3.6%
(179,795)	(187,308)	(193,453)	6,145	1.0%	**Deductions**	(1,816,183)	(2,011,455)	(1,960,649)	(50,807)	2.6%
64,140	**67,804**	**68,908**	**(1,104)**	**-1.6%**	**Net Patient Revenue**	**674,253**	**738,063**	**692,514**	**45,548**	**6.6%**
1,632	1,732	1,865	(132)	-7.1%	**Other Operating Revenue**	20,445	23,802	19,397	4,405	22.7%
65,772	**69,537**	**70,773**	**(1,236)**	**-1.7%**	**Total Operating Revenue**	**694,698**	**761,864**	**711,911**	**49,953**	**7.0%**
					OPERATING EXPENSE					
38,255	38,208	39,211	1,002	2.6%	**Salaries & Wages**	372,313	391,777	390,194	(1,583)	-0.4%
10,015	10,262	10,075	(186)	-1.9%	**Supplies**	96,798	105,215	101,720	(3,496)	-3.4%
7,569	8,924	7,787	(1,136)	-14.6%	**Fees & Purchased Services**	80,108	84,895	79,256	(5,639)	-7.1%
2,044	2,268	2,302	34	1.5%	**Other Operating Expense**	22,797	22,897	24,222	1,325	5.5%
(129)	567	725	159	21.9%	**Interest**	3,558	4,859	7,254	2,395	33.0%
3,932	4,199	4,693	493	10.5%	**Depreciation**	40,104	41,070	43,731	2,661	6.1%
61,685	**64,428**	**64,793**	**366**	**0.6%**	**Total Operating Expense**	**615,679**	**650,715**	**646,378**	**(4,337)**	**-0.7%**
4,086	**5,109**	**5,980**	**(871)**	**-14.6%**	**Net Operating Income/(Loss)**	**79,019**	**111,150**	**65,534**	**45,616**	**69.6%**
7,532	(396)	225	(621)	-275.8%	**Non Operating Income**	46,927	43,322	2,253	41,069	1822.9%
11,619	**4,713**	**6,205**	**(1,492)**	**-24.0%**	**Net Income(Loss)**	**125,946**	**154,471**	**67,786**	**86,685**	**127.9%**
12.0%	14.2%	16.1%	-1.9%		**EBITDA**	17.7%	20.6%	16.4%	4.3%	
6.2%	7.3%	8.4%	-1.1%		**Operating Margin**	11.4%	14.6%	9.2%	5.4%	
17.7%	6.8%	8.8%	-2.0%		**Net Margin**	18.1%	20.3%	9.5%	10.8%	

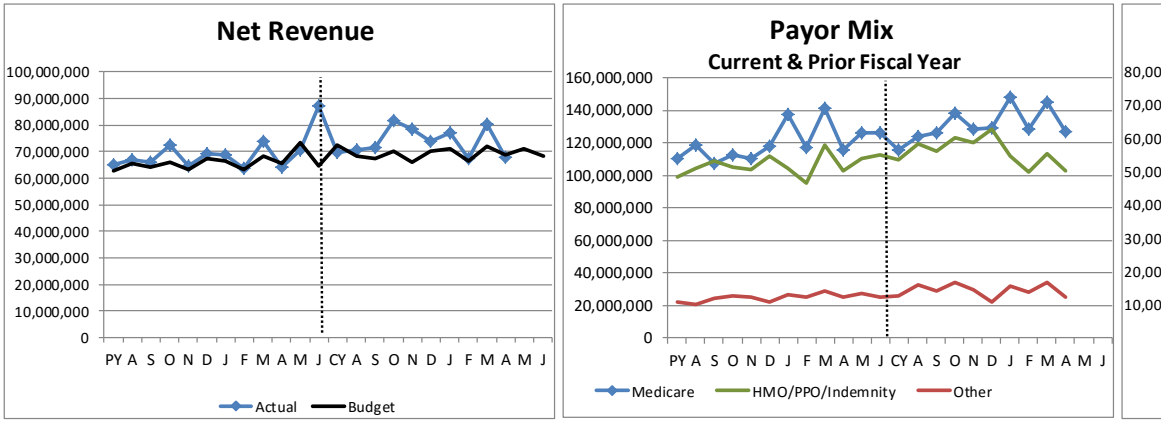
Monthly Financial Trends

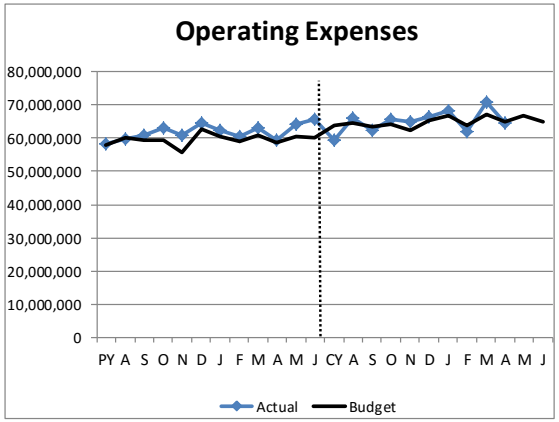






Volume is lower than budget for the month and higher for the year. High inpatient volume is in Inpatient Behavioral Health, HVI, Neurosciences, Oncology and General Medicine. High Outpatient volume is General Medicine, Imaging Services, MCH, Lab, Outpatient Clinics, General Surgery and Rehab.





ECH Operating Margin

Run rate is booked operating income adjusted for material non-recurring transactions

	CY	A	S	O	N	D	J	F	M	A	M	J
Reported	$12,143	$7,598	$11,148	$18,216	$18,081	$9,459	$10,397	$7,600	$11,398	$5,109	$0	$0
Run-rate (2)	$12,081	$7,407	$8,015	$13,550	$13,955	$8,702	$10,850	$7,395	$9,760	$5,278	$0	$0
Budget	$10,340	$5,622	$6,440	$7,820	$5,573	$6,750	$5,962	$4,630	$6,416	$5,980	$6,388	$5,169

FY 2018 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>

Revenue Adjustments	J	A	S	O	N	D	J	F	M	A	YTD
Insurance (Payment Variance)	-	-	-	611	-	669	28	-	603	-	1,912
Mcare Settlmt/Appeal/Tent Settlmt/PIP	54	155	905	54	184	81	396	92	92	(224)	1,789
AB 915	-	-	-	-	-	-	-	103	926	-	1,029
Hospital Fee	-	-	-	712	1,024	-	-	-	-	-	1,736
PRIME Incentive	-	-	-	-	2,902	-	-	-	-	-	2,902
Credit Balance Quarterly Review	-	-	2,201	-	-	-	-	-	-	-	2,201
Late Charge Accrual	-	-	-	3,283	-	-	-	-	-	-	3,283
Various Adjustments under $250k	9	36	27	6	16	8	(878)	10	17	56	(694)
Total	**63**	**191**	**3,134**	**4,667**	**4,126**	**757**	**(453)**	**205**	**1,638**	**(169)**	**14,158**

Updated Quarterly
Last update 03/31/18

El Camino Hospital Investment Committee Scorecard

March 31, 2018

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY18 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		1Q 2018		Fiscal Year-to-date		5y 5m Since Inception (annualized)			2018
Surplus cash balance*		$875.2	--	--	--	--	--	$926.1	--
Surplus cash return		0.1%	-0.6%	5.5%	4.9%	5.7%	5.5%	1.9%	5.3%
Cash balance plan balance (millions)		$260.0	--	--	--	--	--	$257.1	--
Cash balance plan return		0.4%	-0.7%	6.7%	6.0%	8.1%	7.4%	6.0%	5.7%
403(b) plan balance (millions)		$455.1	--	--	--	--	--	--	--
Risk vs. Return		3-year				5y 5m Since Inception (annualized)			2018
Surplus cash Sharpe ratio		0.93	0.91	--	--	1.29	1.26	--	0.43
Net of fee return		4.9%	4.7%	--	--	5.7%	5.5%	--	5.3%
Standard deviation		4.8%	4.7%	--	--	4.1%	4.1%	--	6.7%
Cash balance Sharpe ratio		0.95	0.92	--	--	1.39	1.32	--	0.40
Net of fee return		6.0%	5.6%	--	--	8.1%	7.4%	--	5.7%
Standard deviation		5.9%	5.6%	--	--	5.5%	5.3%	--	8.1%
Asset Allocation		1Q 2018							
Surplus cash absolute variances to target		6.4%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		4.9%	< 10%	--	--	--	--	--	--
Manager Compliance		1Q 2018							
Surplus cash manager flags		29	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		32	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~$223 mm), District assets (~$33 mm), and balance sheet cash not in investable portfolio (~$133 mm).
Includes Foundation (~$26 mm) and Concern (~$13 mm) assets. Budget adds back in current Foundation and Concern assets and backs out current debt reserve funds.

PAVILION

El Camino Hospital

Capital Spending (in millions)

	Category	Detail	Approved	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	2018 Current Proj Spend	FY18 Orig Proj Spend	Variance Between Current Proj Spend and Orig Proj Spend	FY 18 YTD Spent
CIP	EPIC Upgrade				1.9	1.0	1.9	1.9	0.0	1.0
IT Hardware, Software, Equipment & Imaging*					12.2	1.2	12.2	12.2	0.0	1.2
Medical & Non Medical Equipment FY 17 **					14.0	12.9	8.6	0.0	8.6 [2]	7.5
Medical & Non Medical Equipment FY 18*					5.6	4.5	5.6	5.6	0.0	4.5
Facility Projects										
	1245	Behavioral Health Bldg	FY16	96.1	96.1	37.5	27.0	51.4	-24.4 [1]	19.9
	1413	North Drive Parking Expansion	FY15	24.5	24.5	23.9	2.6	3.4	-0.8	4.1
	1414	Integrated MOB	FY15	302.1	302.1	95.1	72.0	130.1	-58.1 [1]	49.2
	1422	CUP Upgrade	FY16	9.0	9.0	6.4	5.5	4.0	1.5	4.2
	1430	Women's Hospital Expansion	FY16	120.0	6.0	3.0	3.6	7.0	-3.4	2.5
	1425	IMOB Preparation Project - Old Main	FY16	20.0	0.0	2.8	0.0	0.0	0.0	0.2
	1502	Cabling & Wireless Upgrades	FY16	0.0	0.0	2.6	0.0	0.0	0.0	0.2
	1525	New Main Lab Upgrades		3.1	3.1	2.2	2.5	0.0	2.5	1.7
	1515	ED Remodel Triage/Psych Observation	FY16	5.0	0.3	0.0	0.4	0.0	0.4	0.0
	1503	Willow Pavilion Tomosynthesis	FY16	0.8	0.0	0.3	0.0	0.0	0.0	0.0
	1602	JW House (Patient Family Residence)		6.5	0.5	0.2	0.5	0.5	0.0	0.2
		Site Signage and Other Improvements		1.0	0.0	0.0	0.3	1.0	-0.8	0.0
		Nurse Call System Upgrades		2.4	0.0	0.0	0.1	0.0	0.1	0.0
	1707	Imaging Equipment Replacement (5 or 6 rooms)		20.7	0.0	0.0	0.3	0.1	0.2	0.0
	1708	IR/ Cath Lab Equipment Replacement		19.4	0.0	0.0	0.3	2.0	-1.8	0.0
		Flooring Replacement		1.6	0.3	0.0	0.4	0.0	0.4	0.0
	1219	LG Spine OR	FY13	0.0	0.0	3.8	0.0	0.0	0.0	0.4
	1313	LG Rehab HVAC System & Structural	FY16	0.0	0.0	4.1	0.0	0.0	0.0	0.4
	1248	LG Imaging Phase II (CT & Gen Rad)	FY16	8.8	8.8	8.9	0.6	0.7	-0.1	1.6
	1307	LG Upgrades	FY13	19.3	19.3	17.5	4.9	5.0	-0.1	3.7
	1508	LG NICU 4 Bed Expansion	FY16	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1507	LG IR Upgrades		1.3	0.0	0.0	0.0	0.0	0.0	0.0
	1603	LG MOB Improvements (17)		5.0	5.0	5.0	3.5	3.5	0.0	4.7
	1711	Emergency Sanitary & Water Storage		1.4	0.3	0.1	0.2	3.2	-3.0	0.1
		LG Modular MRI & Awning		3.9	3.9	0.0	0.4	0.0	0.4	0.0
		LG Nurse Call System Upgrade		2.8	0.0	0.0	0.0	0.0	0.0	0.0
		LG Observation Unit (Conversion of ICU 2)		1.8	0.0	0.0	0.8	0.0	0.8	0.0
	1712	LG Cancer Center		2.4	0.3	0.2	0.4	0.0	0.4	0.2
		All Other Projects under $1M		5.6	0.4	57.1	1.8	0.0	1.8	4.0
				684.4	479.6	270.7	128.0	211.9	-83.9	97.2
GRAND TOTAL					**499.4**	**290.4**	**156.5**	**231.7**	**-75.2**	**111.4**

* Excluding EPIC

** Unspent Prior Year routine used as contingency

*** Includes 2 robot purchases

1 Variance due to delay in MV campus plan

2 Initial assumption was to spend all FY17 in FY17

Balance Sheet (in thousands)

ASSETS

		April 30, 2018	Audited June 30, 2017
	CURRENT ASSETS		
	Cash	115,213	125,551
	Short Term Investments	151,944	140,284
	Patient Accounts Receivable, net	115,311	109,089
	Other Accounts and Notes Receivable	2,713	2,628
	Intercompany Receivables	1,654	1,495
(1)	Inventories and Prepaids	53,338	50,657
	Total Current Assets	**440,174**	**429,705**
	BOARD DESIGNATED ASSETS		
(2)	Plant & Equipment Fund	152,742	131,153
	Women's Hospital Expansion	9,298	9,298
(3)	Operational Reserve Fund	127,908	100,196
(4)	Community Benefit Fund	18,631	12,237
	Workers Compensation Reserve Fund	21,793	20,007
	Postretirement Health/Life Reserve Fund	19,684	19,218
	PTO Liability Fund	24,428	23,409
	Malpractice Reserve Fund	1,634	1,634
	Catastrophic Reserves Fund	18,260	16,575
	Total Board Designated Assets	**394,378**	**333,727**
(5)	**FUNDS HELD BY TRUSTEE**	**216,581**	**287,052**
	LONG TERM INVESTMENTS	**314,542**	**256,652**
	INVESTMENTS IN AFFILIATES	**32,753**	**32,451**
	PROPERTY AND EQUIPMENT		
(6)	Fixed Assets at Cost	1,253,374	1,192,047
	Less: Accumulated Depreciation	(569,552)	(531,785)
	Construction in Progress	181,299	138,017
	Property, Plant & Equipment - Net	**865,122**	**798,279**
	DEFERRED OUTFLOWS	28,460	28,960
	RESTRICTED ASSETS - CASH	0	0
	TOTAL ASSETS	**2,292,009**	**2,166,825**

LIABILITIES AND FUND BALANCE

		April 30, 2018	Audited June 30, 2017
	CURRENT LIABILITIES		
(7)	Accounts Payable	25,747	38,457
(8)	Salaries and Related Liabilities	19,708	25,109
	Accrued PTO	24,428	23,409
	Worker's Comp Reserve	2,300	2,300
	Third Party Settlements	9,501	10,438
	Intercompany Payables	63	84
	Malpractice Reserves	1,634	1,634
	Bonds Payable - Current	3,850	3,735
(9)	Bond Interest Payable	6,477	11,245
	Other Liabilities	7,845	4,889
	Total Current Liabilities	**101,554**	**121,299**
	LONG TERM LIABILITIES		
	Post Retirement Benefits	19,684	19,218
	Worker's Comp Reserve	19,493	17,707
	Other L/T Obligation (Asbestos)	3,840	3,746
	Other L/T Liabilities (IT/Medl Leases)	-	-
	Bond Payable	521,452	527,371
	Total Long Term Liabilities	**564,469**	**568,042**
	DEFERRED REVENUE-UNRESTRICTED	218	567
	DEFERRED INFLOW OF RESOURCES	10,666	10,666
	FUND BALANCE/CAPITAL ACCOUNTS		
	Unrestricted	1,220,725	1,132,525
	Board Designated	394,378	333,726
	Restricted	0	0
(10)	**Total Fund Bal & Capital Accts**	**1,615,103**	**1,466,251**
	TOTAL LIABILITIES AND FUND BALANCE	**2,292,009**	**2,166,825**

APRIL 2018 El Camino Hospital Comparative Balance Sheet Variances and Footnotes

(1) The increase is due to two quarterly pension fundings of $2.6M in October and January.

(2) The increase is due to 10 months of funded depreciation contributions (130% of straight depreciation expense. Note this amount also contains $14M reserved for BHS replacement building currently under construction, in conjunction with bond proceeds, item (5).

(3) The increase here is to reset the Operational Reserve (to cover 60 days of operating expenses) for FY2018. The prior year balance hadn't been reset in a couple of years.

(4) The increase is due to an approved addition of $5 million to the Community Benefit Board Designated Endowment as an outcome of the FY2018 budget process to generate additional investment income for the Community Benefits program.

(5) The decrease is due to additional draws from the 2017 bond financing Project Funds in support of monthly payments to contractors involved with the construction projects at the Mountain View campus. As these projects are now in full progress greater amounts will be withdrawn in future periods.

(6) The increase is due to the capitalization of the Parking Structure expansion in August and CT upgrades at LG in September.

(7) The decrease is due to the significant General Contractor construction payments being accrued at year end, along with associated retentions and other general accounts payable activity that were subsequently relieved in this first quarter of fiscal year 2018.

(8) This decrease is primarily due to the annual 403B match funding that occurred in January

(9) The significant decrease is due to semi-annual 2015A and 2017 Bond interest payments having been paid in January.

(10) The increase is mostly attributable to the first ten periods of financial performance producing an operating income of $111 million and non-operating of $43 million (mostly from unrealized gains on investments).

(1) Hospital entity only, excludes controlled affiliates

EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (1 OF 2)

- Plant & Equipment Fund – original established by the District Board in the early 1960's to fund new capital expansion projects of building facilities or equipment (new or replacements). The funds came from the M&O property taxes being received and the funding depreciation expense at 100%. When at the end of 1992, the 501(c)(3) Hospital was performed by the District, the property tax receipts remained with the District. The newly formed Hospital entity continued on with funding depreciation expense, but did that funding at 130% of the depreciation expense to account for an expected replacement cost of current plant and property assets. It is to be noted that within this fund is an itemized amount of $14 million for the Behavioral Health Service building replacement project. This amount came from the District's Capital Appropriation Fund (excess Gann Limit property taxes) of the fiscal years of 2010 thru 2013 by various District board actions.
- **Women's Hospital Expansion –** established June 2016 by the District authorizing the amounts accumulated in its Capital Appropriation Fund (excess Gann Limit property taxes) for the fiscal years of 2014 and 2015 to be allocated for the renovation of the Women's Hospital upon the completion of Integrated Medical Office Building currently under construction.
- Operational Reserve Fund – originally established by the District in May 1992 to establish a fund equal to sixty (60) days of operational expenses (based on projected budget) and only be used in the event of a major business interruption event and/or cash flow.
- Community Benefit Fund – following in the footsteps of the District in 2008 of forming its Community Benefit Fund using Gann Limit tax receipts, the Hospital in 2010 after opening its campus outside of District boundaries in Los Gatos formed its own Community Benefit Fund to provide grants/sponsorships in Los Gatos and surrounding areas. The funds come from the Hospital reserving $1.5M a year from its operations, the entity of CONCERN contributing 40% of its annual income each year (an amount it would have paid in corporate taxes if it wasn't granted tax exempt status), that generates an amount of $800,000 or more a year. $15 million within this fund is a board designated endowment fund formed in 2015 with a $10 million contribution, and added to at the end of the 2017 fiscal year end with another $5 million contribution, to generate investment income to be used for grants and sponsorships, currently anticipated to generate $500,000 a year in investment income for the program.

EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (2 OF 2)

- Workers Compensation Reserve Fund – as the Hospital is self-insured for its workers compensation program (since 1978) this fund was originally formed in early 2000's by management to reserve cash equal to the yearly actuarially determined Workers Compensation amount. The thought being if the business was to terminate for some reason this is the amount in cash that would be needed to pay out claims over the next few years.
- Postretirement Health/Life Reserve Fund – following the same formula as the Workers Compensation Reserve Fund this fund was formed in the early 2000's by management to reserve cash equal to the yearly actuarially determined amount to fund the Hospital's postretirement health and life insurance program. Note this program was frozen in 1995 for all new hires after that date.
- PTO (Paid Time Off) Liability Fund – originally formed in 1993 as the new 501(c)(3) Hospital began operations, management thought as a business requirement of this vested benefit program that monies should be set aside to extinguish this employee liability should such a circumstance arise. This balance is equal to the PTO Liability on the Balance Sheet.
- Malpractice Reserve Fund – originally established in 1989 by the then District's Finance Committee and continued by the Hospital. The amount is actuarially determined each year as part of the annual audit to fund potential claims less than $50,000. Above $50,000 our policy with the BETA Healthcare Group kicks in to a $30 million limit per claim/$40 million in the aggregate.
- Catastrophic Loss Fund – was established in 1999 by the Hospital Board to be a "self-insurance" reserve fund for potential non-major earthquake repairs. Initially funded by the District transferring $5 million and has been added to by the last major payment from FEMA for the damage caused the Hospital by the October 1989 earthquake. It is to be noted that it took 10 years to receive final settlement from FEMA grants that totaled $6.8 million that did mostly cover all the necessary repairs.

APPENDIX

El Camino Hospital – Mountain View ($000s)

10 months ending 04/30/2018

Period 10 FY 2017	Period 10 FY 2018	Period 10 Budget 2018	Variance Fav (Unfav)	Var%	$000s	YTD FY 2017	YTD FY 2018	YTD Budget 2018	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
202,246	208,733	215,033	(6,300)	-2.9%	**Gross Revenue**	2,041,384	2,255,835	2,178,808	77,026	3.5%
(148,592)	(153,115)	(159,082)	5,967	-3.8%	**Deductions**	(1,485,712)	(1,647,073)	(1,616,157)	(30,916)	1.9%
53,654	**55,618**	**55,951**	**(333)**	**-0.6%**	**Net Patient Revenue**	**555,672**	**608,762**	**562,651**	**46,111**	**8.2%**
1,463	1,511	1,651	(140)	-8.5%	**Other Operating Revenue**	18,774	21,988	17,257	4,731	27.4%
55,116	**57,130**	**57,602**	**(473)**	**-0.8%**	**Total Operating Revenue**	**574,446**	**630,749**	**579,908**	**50,841**	**8.8%**
					OPERATING EXPENSE					
31,881	31,710	32,773	1,063	3.2%	**Salaries & Wages**	309,269	326,053	326,542	489	0.1%
8,307	8,704	8,109	(595)	-7.3%	**Supplies**	78,581	85,714	81,949	(3,765)	-4.6%
6,291	7,584	6,519	(1,065)	-16.3%	**Fees & Purchased Services**	66,570	71,576	66,461	(5,115)	-7.7%
502	749	766	17	2.2%	**Other Operating Expense**	6,743	7,305	8,693	1,388	16.0%
(129)	567	725	159	21.9%	**Interest**	3,558	4,859	7,254	2,395	33.0%
3,446	3,507	3,849	342	8.9%	**Depreciation**	34,966	34,970	36,286	1,316	3.6%
50,299	**52,819**	**52,740**	**(79)**	**-0.2%**	**Total Operating Expense**	**499,687**	**530,477**	**527,185**	**(3,292)**	**-0.6%**
4,817	**4,311**	**4,862**	**(552)**	**-11.3%**	**Net Operating Income/(Loss)**	**74,759**	**100,272**	**52,723**	**47,549**	**90.2%**
7,532	(396)	225	(621)	-275.8%	**Non Operating Income**	46,938	43,366	2,253	41,113	1824.9%
12,349	**3,914**	**5,088**	**(1,173)**	**-23.1%**	**Net Income(Loss)**	**121,697**	**143,638**	**54,976**	**88,663**	**161.3%**
14.8%	14.7%	16.4%	-1.7%		**EBITDA**	19.7%	22.2%	16.6%	5.6%	
8.7%	7.5%	8.4%	-0.9%		**Operating Margin**	13.0%	15.9%	9.1%	6.8%	
22.4%	6.9%	8.8%	-2.0%		**Net Margin**	21.2%	22.8%	9.5%	13.3%	

El Camino Hospital – Los Gatos($000s)

10 months ending 04/30/2018

Period 10 FY 2017	Period 10 FY 2018	Period 10 Budget 2018	Variance Fav (Unfav)	Var%	$000s	YTD FY 2017	YTD FY 2018	YTD Budget 2018	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
41,688	46,379	47,328	(949)	-2.0%	**Gross Revenue**	449,052	493,683	474,355	19,329	4.1%
(31,202)	(34,193)	(34,371)	178	-0.5%	**Deductions**	(330,471)	(364,382)	(344,491)	(19,891)	5.8%
10,486	**12,186**	**12,957**	**(771)**	**-6.0%**	**Net Patient Revenue**	**118,581**	**129,301**	**129,863**	**(562)**	**-0.4%**
169	221	214	7	3.5%	**Other Operating Revenue**	1,671	1,814	2,140	(326)	-15.2%
10,655	**12,407**	**13,171**	**(764)**	**-5.8%**	**Total Operating Revenue**	**120,252**	**131,115**	**132,003**	**(888)**	**-0.7%**
					OPERATING EXPENSE					
6,374	6,498	6,438	(60)	-0.9%	**Salaries & Wages**	63,044	65,724	63,652	(2,072)	-3.3%
1,707	1,558	1,967	408	20.8%	**Supplies**	18,218	19,501	19,771	269	1.4%
1,277	1,340	1,269	(71)	-5.6%	**Fees & Purchased Services**	13,538	13,319	12,796	(523)	-4.1%
1,541	1,520	1,536	17	1.1%	**Other Operating Expense**	16,054	15,592	15,529	(63)	-0.4%
0	0	0	0	0.0%	**Interest**	0	0	0	0	0.0%
486	692	843	151	17.9%	**Depreciation**	5,138	6,100	7,445	1,345	18.1%
11,386	**11,609**	**12,053**	**445**	**3.7%**	**Total Operating Expense**	**115,992**	**120,237**	**119,192**	**(1,045)**	**-0.9%**
(730)	**799**	**1,117**	**(319)**	**-28.5%**	**Net Operating Income/(Loss)**	**4,260**	**10,878**	**12,811**	**(1,933)**	**-15.1%**
0	0	0	0	0.0%	**Non Operating Income**	(10)	(45)	0	(45)	0.0%
(730)	**799**	**1,117**	**(319)**	**-28.5%**	**Net Income(Loss)**	**4,250**	**10,833**	**12,811**	**(1,978)**	**-15.4%**
-2.3%	12.0%	14.9%	-2.9%		**EBITDA**	7.8%	12.9%	15.3%	-2.4%	
-6.9%	6.4%	8.5%	-2.0%		**Operating Margin**	3.5%	8.3%	9.7%	-1.4%	
-6.9%	6.4%	8.5%	-2.0%		**Net Margin**	3.5%	8.3%	9.7%	-1.4%	

Non Operating Items and Net Income by Affiliate

$ in thousands

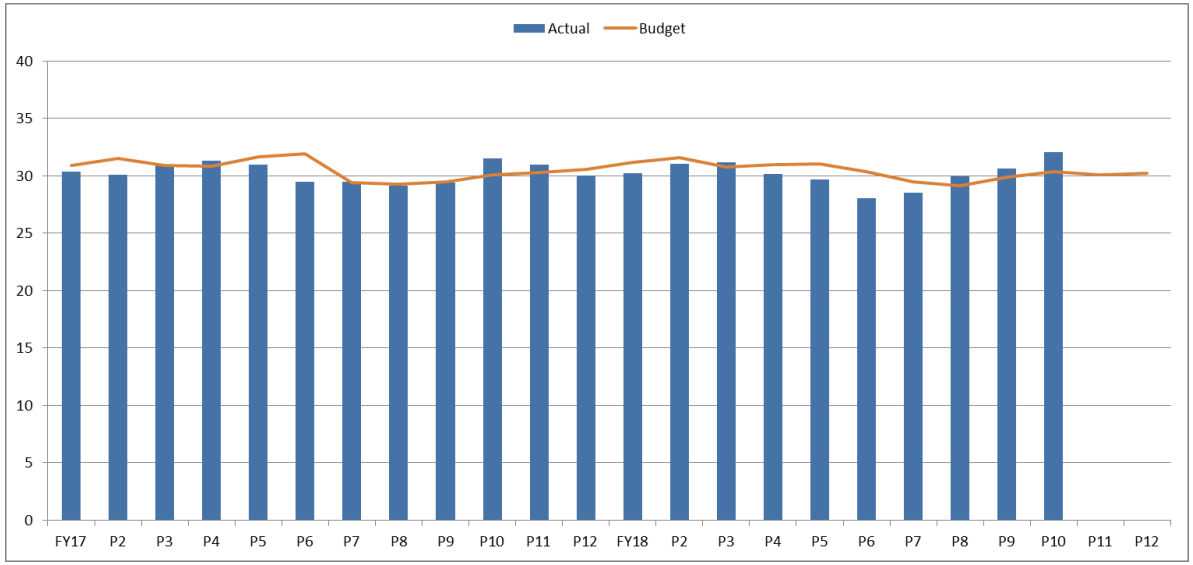
	Period 10 - Month			Period 10 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	4,311	4,862	(552)	100,272	52,723	47,549
Los Gatos	799	1,117	(319)	10,878	12,811	(1,933)
Sub Total - El Camino Hospital, excl. Afflilates	**5,109**	**5,980**	**(871)**	**111,150**	**65,534**	**45,616**
Operating Margin %	**7.3%**	**8.4%**		**14.6%**	**9.2%**	
El Camino Hospital Non Operating Income						
Investments	660	1,516	(855)	46,210	15,155	31,054
Swap Adjustments	519	0	519	2,069	0	2,069
Community Benefit	(31)	(283)	252	(3,094)	(2,833)	(261)
Pathways	67	42	25	(143)	417	(560)
Satellite Dialysis	0	(35)	35	(190)	(354)	164
Community Connect	0	(141)	141	0	(1,405)	1,405
SVMD Funding[1]	(376)	(448)	72	(1,741)	(4,483)	2,742
Premier Investment[2]	(833)	0	(833)	3,695	0	3,695
Other	(402)	(424)	23	(3,483)	(4,243)	760
Sub Total - Non Operating Income	**(396)**	**225**	**(621)**	**43,322**	**2,253**	**41,069**
El Camino Hospital Net Income (Loss)	**4,713**	**6,205**	**(1,492)**	**154,471**	**67,786**	**86,685**
ECH Net Margin %	**6.8%**	**8.8%**		**20.3%**	**9.5%**	
Concern	(66)	130	(196)	941	1,189	(248)
ECSC	(20)	0	(20)	(61)	0	(61)
Foundation	196	(52)	249	1,717	497	1,220
Silicon Valley Medical Development	494	(16)	510	840	31	809
Net Income Hospital Affiliates	**605**	**61**	**544**	**3,436**	**1,716**	**1,720**
Total Net Income Hospital & Affiliates	**5,318**	**6,267**	**(949)**	**157,907**	**69,503**	**88,405**

[1]Favorable variances for SVMD and Community Connect are due to delayed implementation

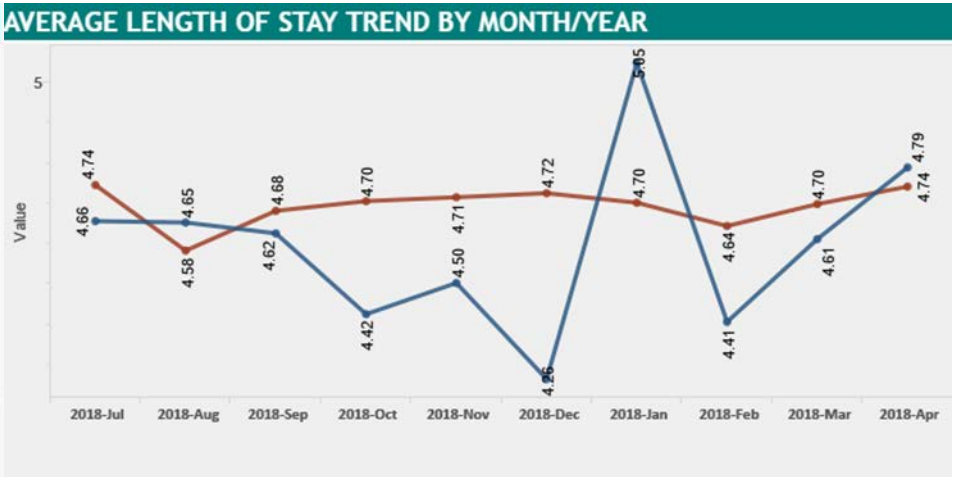
[2]Gain on Premier stock sale of shares eligible were sold with proceeds going to pooled investments. No impact on vendor relationships.

Productivity and Medicare Length of Stay

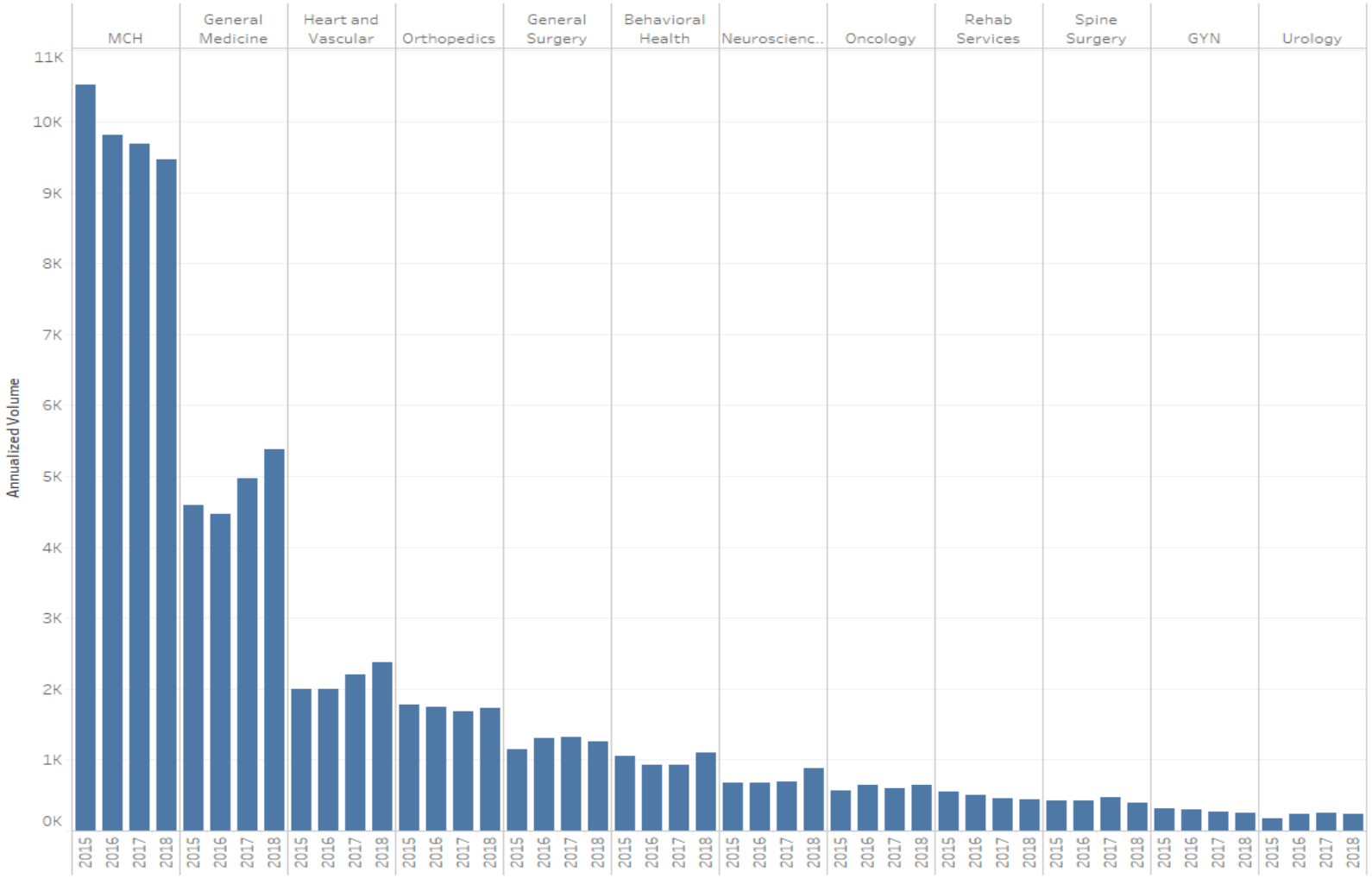
Work hours per adjusted patient day in April is over budget by 1.8. Overall the month of April is 32.2 worked hours per adjusted patient day



ALOS vs Milliman well-managed benchmark. Trend shows remarkable and steady improvement with FY 2018 at benchmark.
Increase in benchmark beginning in FY 2017 due to Clinical Documentation Improvement (CDI)

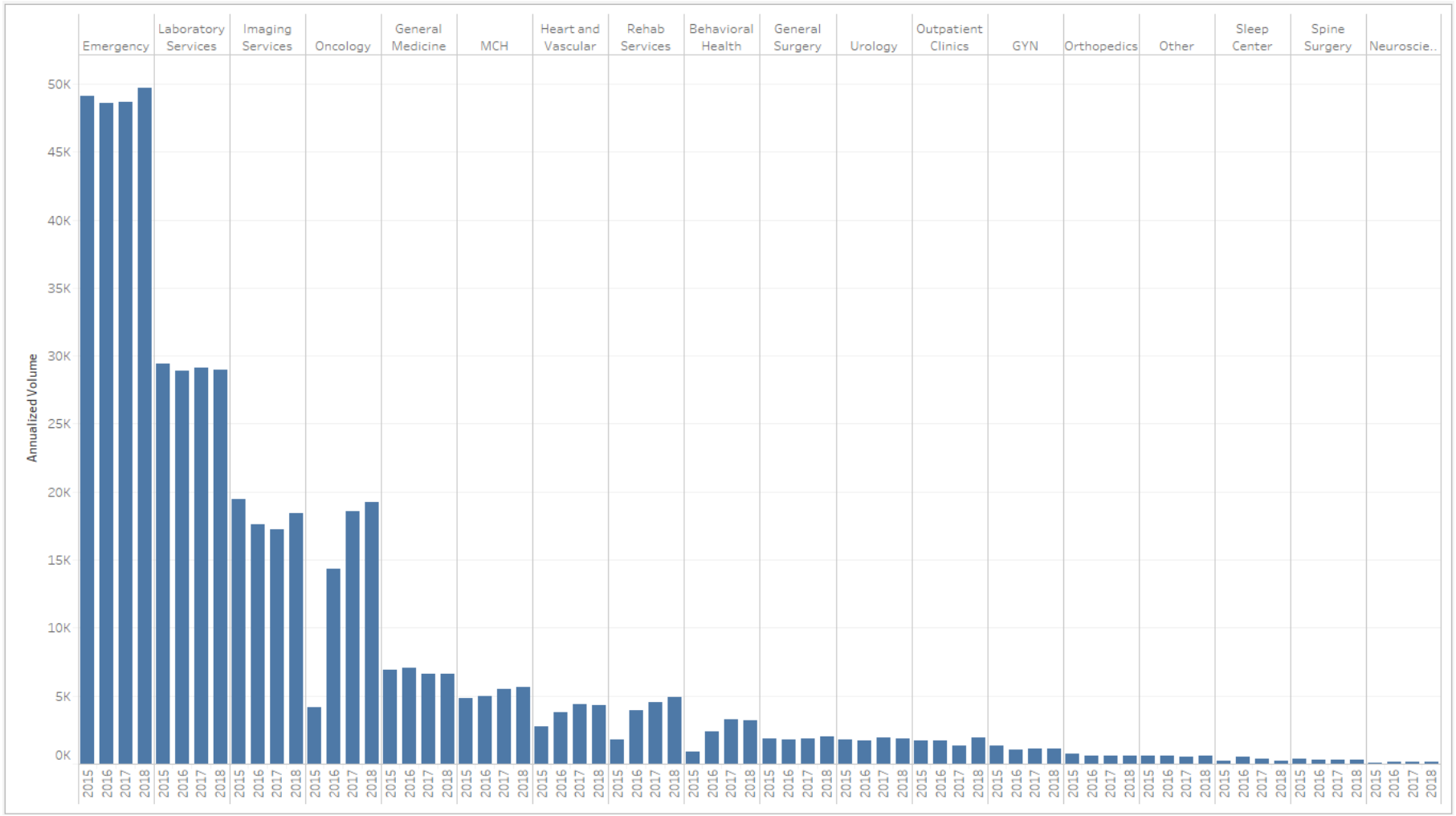


El Camino Hospital Volume Annual Trends – Inpatient
FY18 is annualized



- General Medicine, HVI, Behavioral Health, and Neuroscience display an increasing trend.
- Conversely, Rehab Services, MCH and GYN show a decreasing trend.
- The remaining service lines are staying flat.

El Camino Hospital Volume Annual Trends – Outpatient
FY18 is annualized



- Comparing year-over-year Oncology, MCH, Rehab Services, Emergency and Outpatient Clinics are all increasing in volume. All others are remaining flat or decreasing.

Medicare data excludes Medicare HMOs

Capital Spend Trend & FY18 Budget

Capital Spending (in 000's)	Actual FY2015	Actual FY2016	Actual FY2017	Projected FY2018
EPIC	29,849	20,798	2,755	1,922
IT Hardware / Software Equipment	4,660	6,483	2,659	12,238
Medical / Non Medical Equipment*	13,340	17,133	9,556	14,275
Non CIP Land, Land I , BLDG, Additions	-	4,189	-	-
Facilities	38,940	48,137	82,953	128,030
GRAND TOTAL	86,789	96,740	97,923	156,465
*Includes 2 robot purchases in FY2017				

El Camino Hospital Capital Spending (in thousands) FY12 – FY17

Category	2013	2014	2015	2016	2017
EPIC	**0**	**6,838**	**29,849**	**20,798**	**2,755**
IT Hardware/Software Equipment	**8,019**	**2,788**	**4,660**	**6,483**	**2,659**
Medical/Non Medical Equipment	**10,284**	**12,891**	**13,340**	**17,133**	**9,556**
Non CIP Land, Land I, BLDG, Additions	**0**	**22,292**	**0**	**4,189**	**0**
Land Acquisition (1550)	0	0	0	24,007	0
828 S Winchester Clinic TI (1701)	0	0	0	0	145
Facilities Projects CIP					
Mountain View Campus Master Plan Projects					
1245 - Behavioral Health Bldg Replace	0	1,257	3,775	1,389	10,323
1413 - North Drive Parking Structure Exp	0	0	167	1,266	18,120
1414 - Integrated MOB	0	0	2,009	8,875	32,805
1422 - CUP Upgrade	0	0	0	896	1,245
Sub-Total Mountain View Campus Master Plan	**0**	**1,257**	**5,950**	**12,426**	**62,493**
Mountain View Capital Projects					
9900 - Unassigned Costs	734	470	3,717	0	0
1108 - Cooling Towers	450	0	0	0	0
1120 - BHS Out Patient TI's	66	0	0	0	0
1129 - Old Main Card Rehab	9	0	0	0	0
0817 - Womens Hosp Upgrds	645	1	0	0	0
0906 - Slot Build-Out	1,003	1,576	15,101	1,251	294
1109 - New Main Upgrades	423	393	2	0	0
1111 - Mom/Baby Overflow	212	29	0	0	0
1204 - Elevator Upgrades	25	30	0	0	0
0800 - Womens L&D Expansion	2,104	1,531	269	0	0
1131 - MV Equipment Replace	216	0	0	0	0
1208 - Willow Pav. High Risk	110	0	0	0	0
1213 - LG Sterilizers	102	0	0	0	0
1225 - Rehab BLDG Roofing	7	241	4	0	0
1227 - New Main eICU	96	21	0	0	0
1230 - Fog Shop	339	80	0	0	0
1315 - 205 So. Drive TI's	0	500	2	0	0
0908 - NPCR3 Seismic Upgrds	1,302	1,224	1,328	240	342
1125 - Will Pav Fire Sprinkler	57	39	0	0	0
1211 - SIS Monitor Install	215	0	0	0	0
1216 - New Main Process Imp Office	19	1	16	0	0
1217 - MV Campus MEP Upgrades FY13	0	181	274	28	0
1224 - Rehab Bldg HVAC Upgrades	11	202	81	14	6
1301 - Desktop Virtual	0	13	0	0	0
1304 - Rehab Wander Mgmt	0	87	0	0	0
1310 - Melchor Cancer Center Expansion	0	44	13	0	0
1318 - Women's Hospital TI	0	48	48	29	2
1327 - Rehab Building Upgrades	0	0	15	20	0
1320 - 2500 Hosp Dr Roofing	0	75	81	0	0
1340 - New Main ED Exam Room TVs	0	8	193	0	0
1341 - New Main Admin	0	32	103	0	0
1344 - New Main AV Upgrd	0	243	0	0	0
1400 - Oak Pav Cancer Center	0	0	5,208	666	52

Category	2013	2014	2015	2016	2017
Facilities Projects CIP cont.					
1403 - Hosp Drive BLDG 11 TI's	0	86	103	0	0
1404 - Park Pav HVAC	0	64	7	0	0
1405 - 1 - South Accessibility Upgrades	0	0	0	168	95
1408 - New Main Accessibility Upgrades	0	0	7	46	501
1415 - Signage & Wayfinding	0	0	0	106	58
1416 - MV Campus Digital Directories	0	0	0	34	23
1423 - MV MOB TI Allowance	0	0	0	588	369
1425 - IMOB Preparation Project - Old Main	0	0	0	711	1,860
1429 - 2500 Hospital Dr Bldg 8 TI	0	0	101	0	0
1430 - Women's Hospital Expansion	0	0	0	0	464
1432 - 205 South Dr BHS TI	0	0	8	15	0
1501 - Women's Hospital NPC Comp	0	0	4	0	223
1502 - Cabling & Wireless Upgrades	0	0	0	1,261	367
1503 - Willow Pavillion Tomosynthesis	0	0	0	53	257
1504 - Equipment Support Infrastructure	0	0	61	311	0
1523 - Melchor Pavillion Suite 309 TI	0	0	0	10	59
1525 - New Main Lab Upgrades	0	0	0	0	464
1526 - CONCERN TI	0	0	0	37	99
Sub-Total Mountain View Projects	**8,145**	**7,219**	**26,744**	**5,588**	**5,535**
Los Gatos Capital Projects					
0904 - LG Facilities Upgrade	2	0	0	0	0
0907 - LG Imaging Masterplan	244	774	1,402	17	0
1005 - LG OR Light Upgrd	14	0	0	0	0
1122 - LG Sleep Studies	7	0	0	0	0
1210 - Los Gatos VOIP	147	89	0	0	0
1116 - LG Ortho Pavillion	177	24	21	0	0
1124 - LG Rehab BLDG	49	458	0	0	0
1247 - LG Infant Security	134	0	0	0	0
1307 - LG Upgrades	376	2,979	3,282	3,511	3,081
1308 - LG Infrastructure	0	114	0	0	0
1313 - LG Rehab HVAC System/Structural	0	0	0	1,597	1,904
1219 - LG Spine OR	0	214	323	633	2,163
1221 - LG Kitchen Refrig	0	85	0	0	0
1248 - LG - CT Upgrades	0	26	345	197	6,669
1249 - LG Mobile Imaging	0	146	0	0	0
1328 - LG Ortho Canopy FY14	0	255	209	0	0
1345 - LG Lab HVAC	0	112	0	0	0
1346 - LG OR 5, 6, and 7 Lights Replace	0	0	285	53	22
1347 - LG Central Sterile Upgrades	0	0	181	43	66
1421 - LG MOB Improvements	0	0	198	65	303
1508 - LG NICU 4 Bed Expansion	0	0	0	0	207
1600 - 825 Pollard - Aspire Phase II	0	0	0	0	80
1603 - LG MOB Improvements	0	0	0	0	285
Sub-Total Los Gatos Projects	**1,150**	**5,276**	**6,246**	**6,116**	**14,780**
Subtotal Facilities Projects CIP	**9,294**	**13,753**	**38,940**	**24,130**	**82,808**
Grand Total	**27,598**	**58,561**	**86,789**	**96,740**	**97,923**
Forecast at Beginning of year	70,503	70,037	101,607	114,025	212,000

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

El Camino Hospital and Affiliates FY19 Operating & Capital Budget

El Camino Hospital Board

June 13, 2018

Iftikhar Hussain, CFO

Contents

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

Strategic Goals and Objectives

	1 High-Performance Operating Model		2 Consumer, Payer, Employer Alignment		3 Physician Integration	
Themes *Differentiators*						
Goals *What you will achieve to make strategy a success*	1. Create innovative sites of care across Silicon Valley	2. Create Operational Efficiency to manage cost and increase scale	3. Enable a value based network of care in Silicon Valley	4. Exceed patient, payer and employer expectations	5. Provide world class programs and physician support	6. Align with a clinically and financially integrated physician network
Objectives *Specific outcomes with targets and deadlines*	1.1a Facility Plan 1.1b Ambulatory / Clinic Plan 1.2a Embed Lean Management 1.2b Reduce preventable admissions, readmissions		2.1a Know consumer, payers, employers 2.1b Silicon Valley Post Acute Network 2.2a Best patient centered quality, safety & experience 2.2b Nationally renowned innovative care delivery		3.1a Centers of Excellence 3.1b Best environment for physicians 3.2a ECH employed network 3.2b Aligned diverse network	

High-Performing Operating Model

1.1

Create innovative sites of care across Silicon Valley

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

FY19 Tactics

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

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

FY19 Tactics

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

High-Performing Operating Model

1.2

Create operational efficiency to manage cost and increase scale

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

FY19 Tactics

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

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

FY19 Tactics

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

Consumer, Payer & Employer Alignment

2.1

Enable a value-based network of care in Silicon Valley

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

FY19 Tactics

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

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

FY19 Tactics

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

Consumer, Payer & Employer Alignment

2.2

Exceed patient, payer & employer expectations

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

FY19 Tactics

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

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

FY19 Tactics

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

Physician Integration

3.1

Provide world-class programs and physician support

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

FY19 Tactics

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

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

FY19 Tactics

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

Physician Integration

3.2

Align with a clinically and financially integrated physician network

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

FY19 Tactics

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

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

FY19 Tactics

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

FY19 Organizational Goals: Draft

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

FY19 Proposed Operating Budget

FY19 Revenue, Volume and Expense Inflation Assumptions

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

Proposed Hospital & Affiliates Consolidated Budget

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

Proposed Hospital Budget

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

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Reconciliation FY18 to Hospital Budget FY19 **(000's)**

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

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

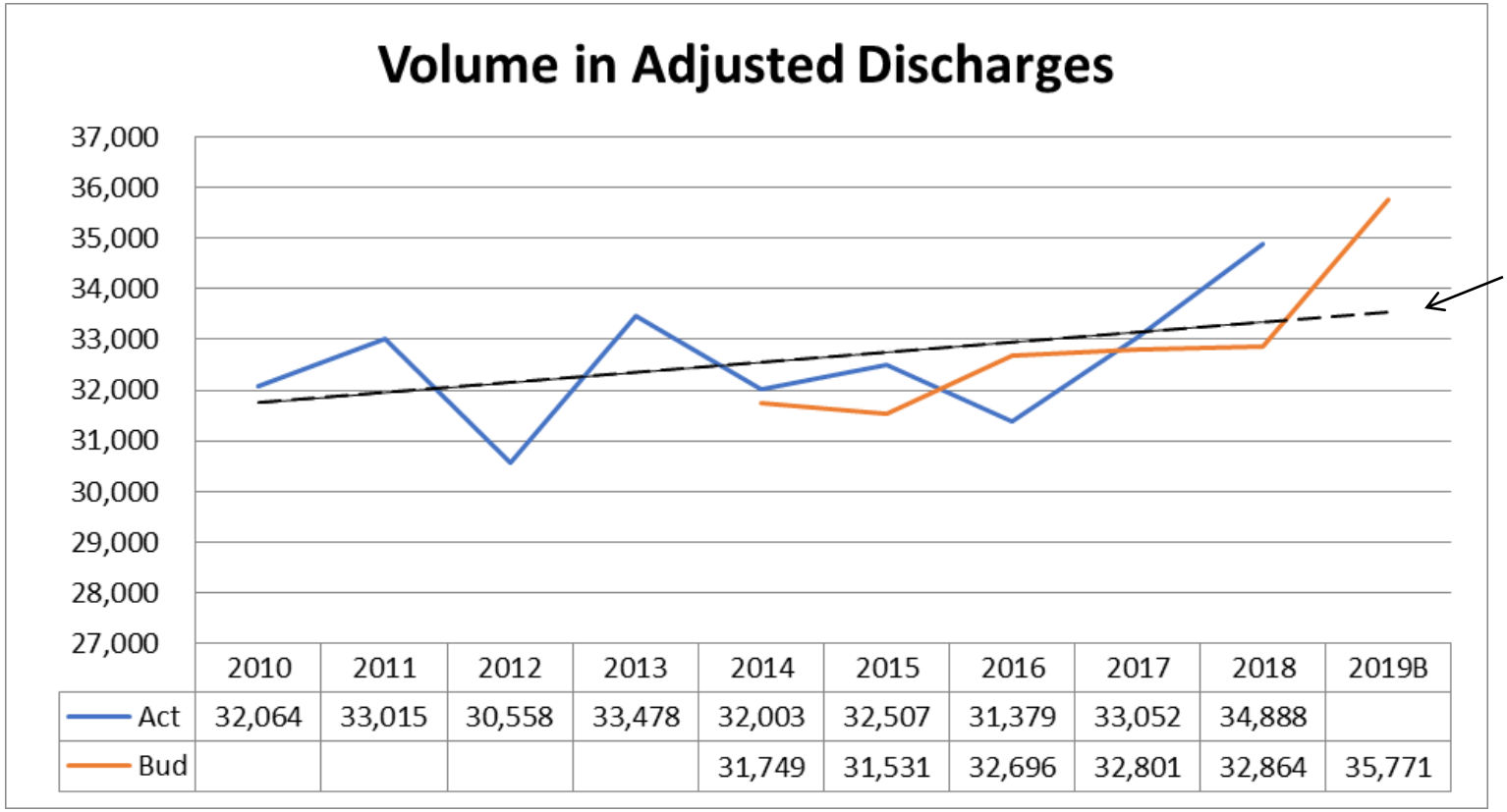
Funding for Strategic Initiatives

$ in 000's

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

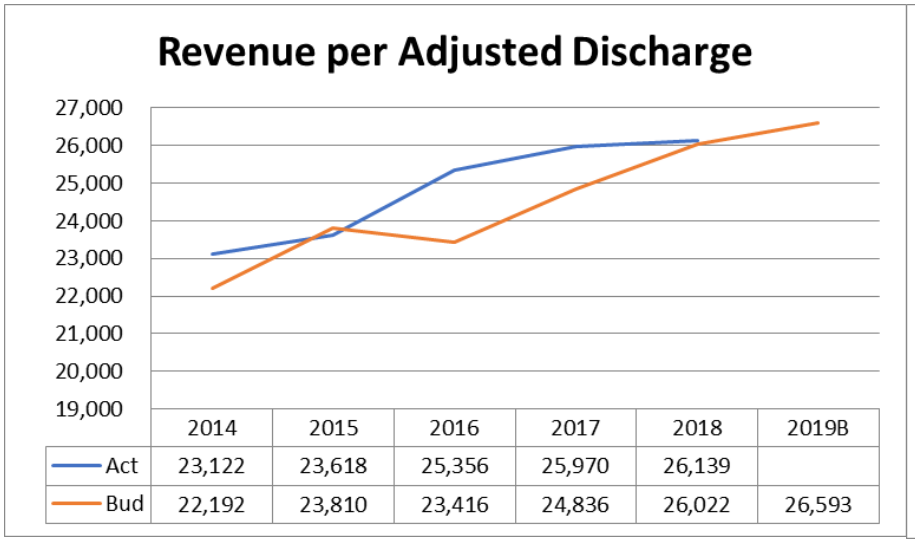
Patient Volume

Adjusted Discharges metric measures combined inpatient and outpatient volume

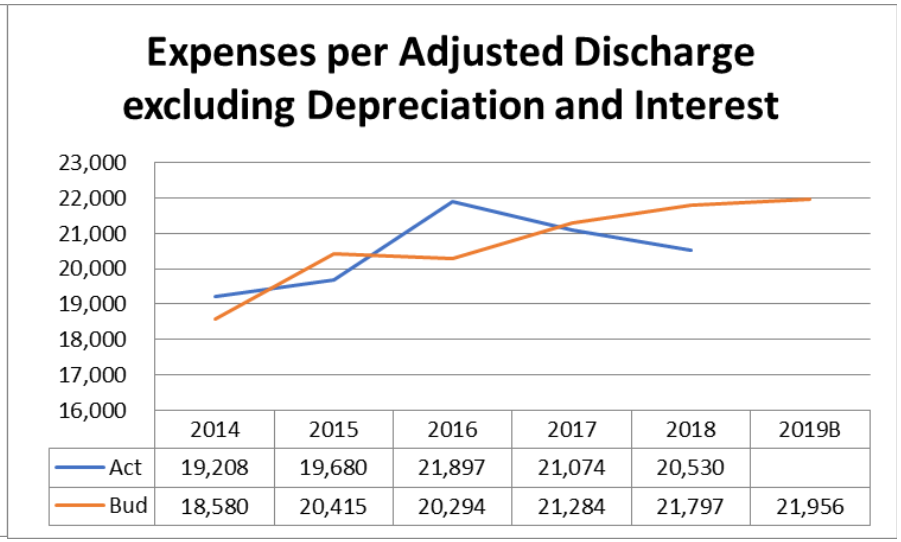


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019B
Act	32,064	33,015	30,558	33,478	32,003	32,507	31,379	33,052	34,888	
Bud					31,749	31,531	32,696	32,801	32,864	35,771

Revenues and Expenses: Historical Performance



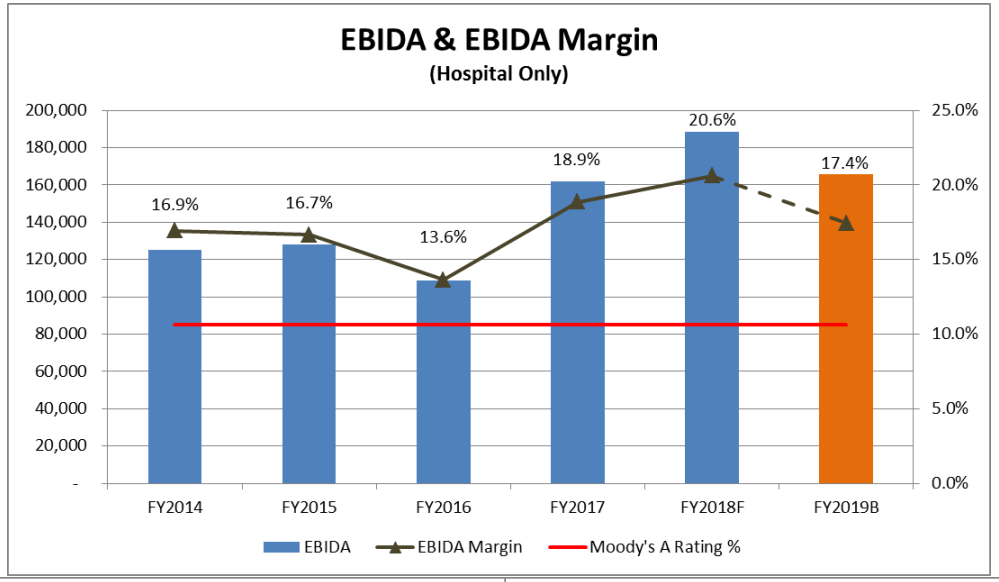
	2014	2015	2016	2017	2018	2019B
Act	23,122	23,618	25,356	25,970	26,139	
Bud	22,192	23,810	23,416	24,836	26,022	26,593

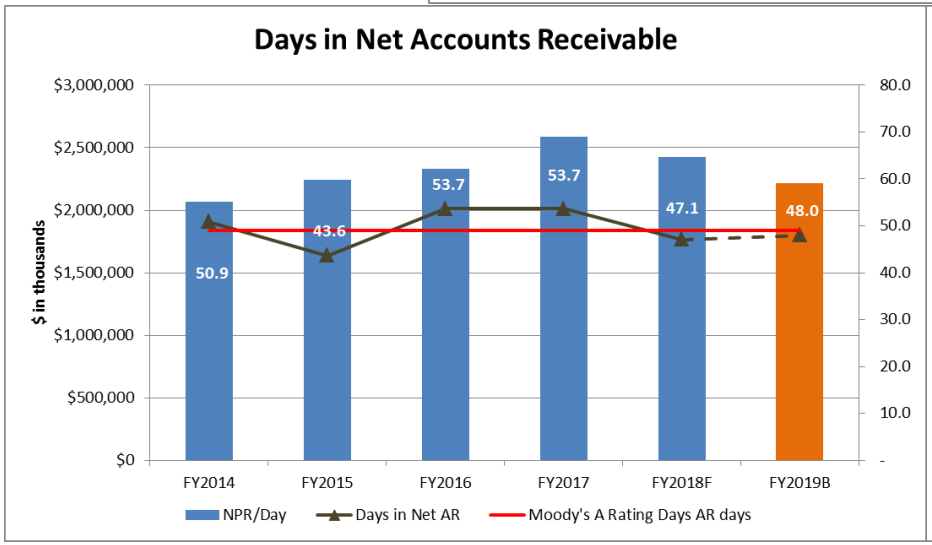


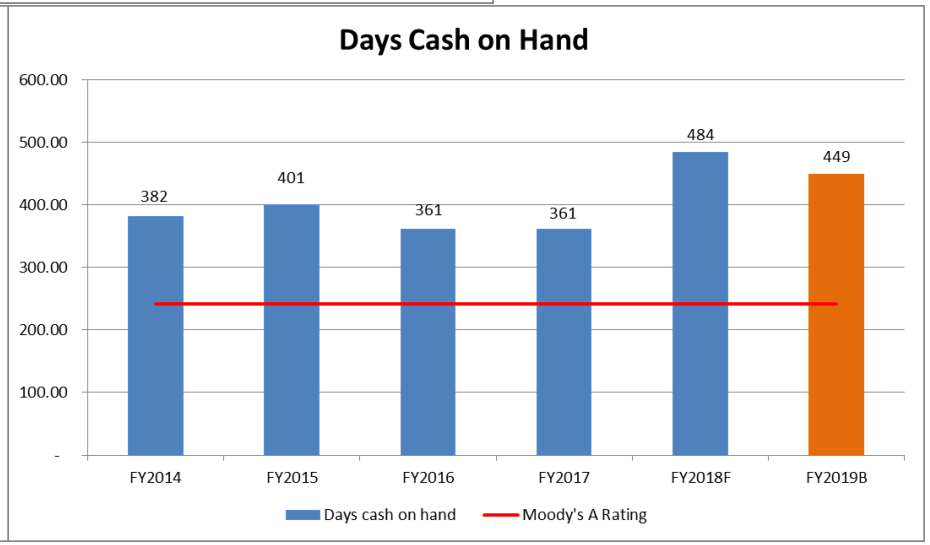
	2014	2015	2016	2017	2018	2019B
Act	19,208	19,680	21,897	21,074	20,530	
Bud	18,580	20,415	20,294	21,284	21,797	21,956

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

Key Financial Metrics



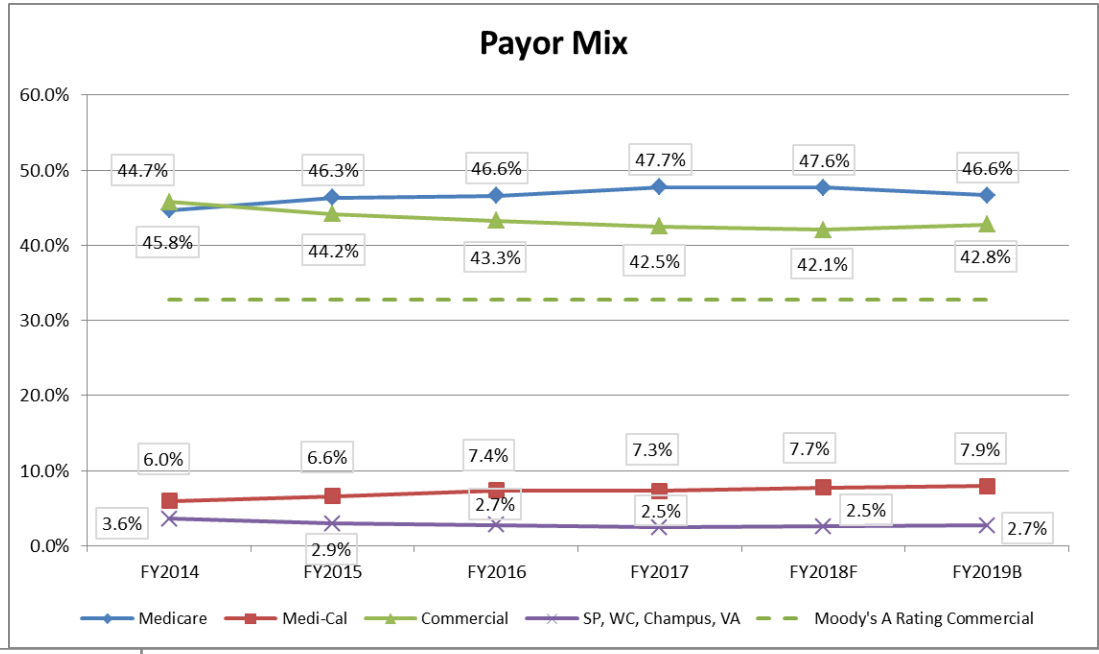


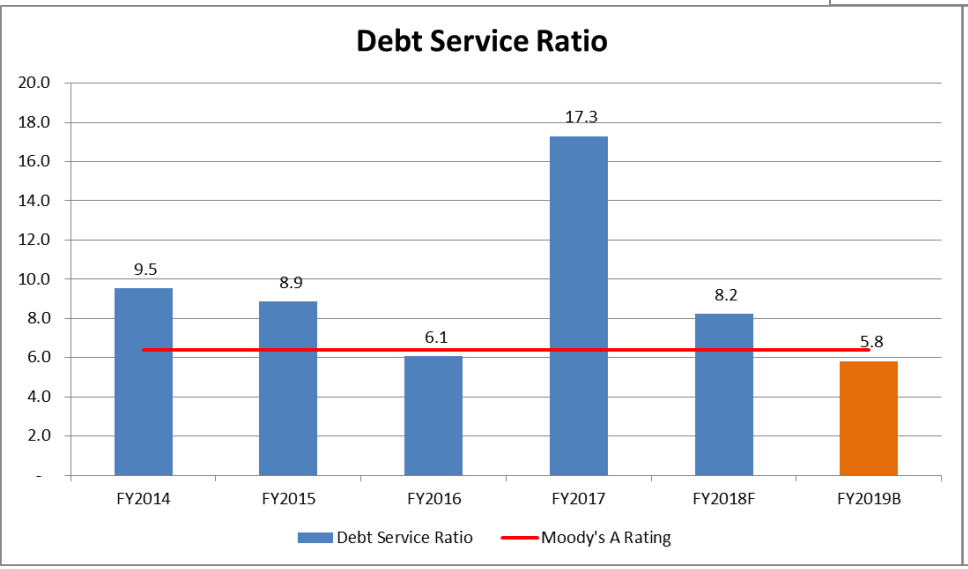


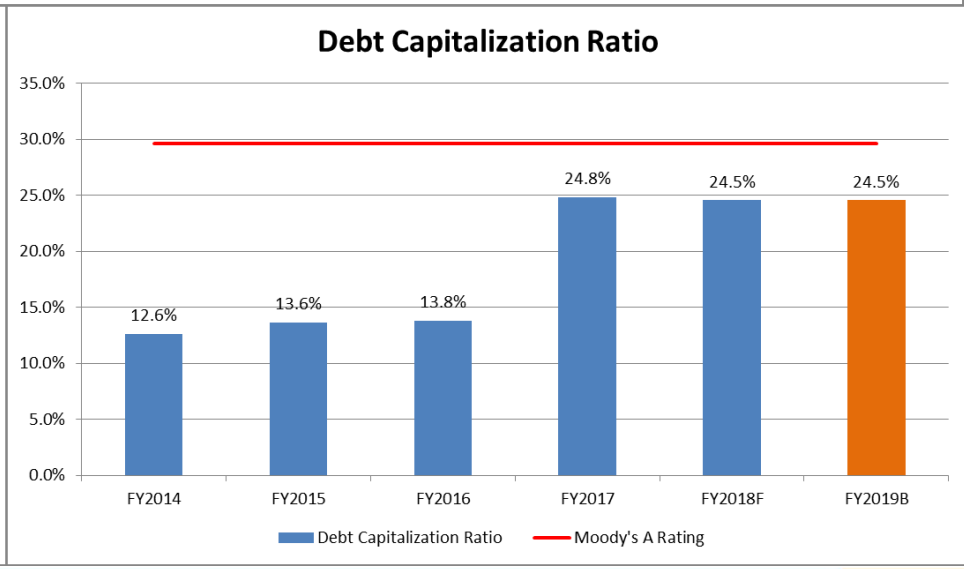
Target source: S&P 2014 A Rated Stand-Alone Hospital Median Ratio (last published 9/1/2015)

Key Financial Metrics

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







Proposed Capital Budget FY19

FY19 Capital Spending Trend by Category

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

K:\Finance\FMS_Dept\Common\BUDGET\BUD19\Capital\Presentations\[CIP Capital Spend Summary FY 11 through FY 17 FINAL_071717 for 05072018 MD Meeting v2.xlsx]FY18 CAPITAL TREND VC

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

FY 2019 Capital Request Detail (in thousands)
Facilities MV – Page 1/2

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

FY 2019 Capital Request Detail (in thousands)
Facilities LG – Page 2/2

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

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Board Designated Community Benefit Endowment Fund

- In FY16, the Board established an endowment to provide investment income to fund community benefit.
- We agreed to evaluate whether the fund should be increased during the annual budget cycle.
- Recommendation
  - Endowment funding earnings available for FY19 community benefit to be $900k increasing from $500K in FY18
  - Endowment fund balance to remain $15 million since FY19 capital plan exceeds EBITDA by $164 million

Appendix

Affiliates

CONCERN

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

CONCERN Commentary – 1/2

Revenue Changes

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

CONCERN Commentary – 2/2

Expense Changes

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

Foundation - FY18 Budget Financial

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

FY18 fundraising goal is low pending organizational strategic plan

Foundation Budget Highlights – 1/2

FUNDRAISING EVENTS: Budget increase of $85,000

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

ANNUAL AUDIT: Budget decrease of $17,500

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

Foundation Budget Highlights - 2/2

STEWARDSHIP EVENTS: Budget neutral

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

ANNUAL GIVING: Budget neutral

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

Foundation – FY19 Fundraising Detail

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

Foundation - Fundraising Trend

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

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Capital Budget Detail

FY19 Capital Request Detail
Information Technology

Facility	Cost Center	Cost Center_1 Desc	Request Item Name	Amount
1	8480	INFO SVS AND TELECOMM	IS Baseline: Network - Baseline Replacement and Maint. Parts	6,331,620
			IS Baseline: Storage - Baseline Primary & Backup Storage Replacement and Growth	1,408,380
			IS Baseline: Server - Baseline Replacement, Upgrades & Growth	715,000
			IS Baseline: Software Upgrades - Existing Systems	400,000
			IS Baseline: Devices - Baseline Cart Replacements & Growth and eTime Badge Readers	295,000
			PROJECT: Mobility for Care Providers	250,000
			IS Baseline: Telecom - Baseline Replacement, Growth, and Maint. Parts	200,000
	8485	IT SECURITY	IS Security Program	500,000
1 Total				**10,100,000**
Grand Total				**10,100,000**
			ERP Implementation	**9,632,000**
			TOTAL Information Technology	**19,732,000**

FY19 Capital Request Detail
Medical/Non-Medical Equipment Items > $25K
MV – Page 1/2

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

FY19 Capital Request Detail
Medical/Non-Medical Equipment Items > $25K
MV – Page 2/2

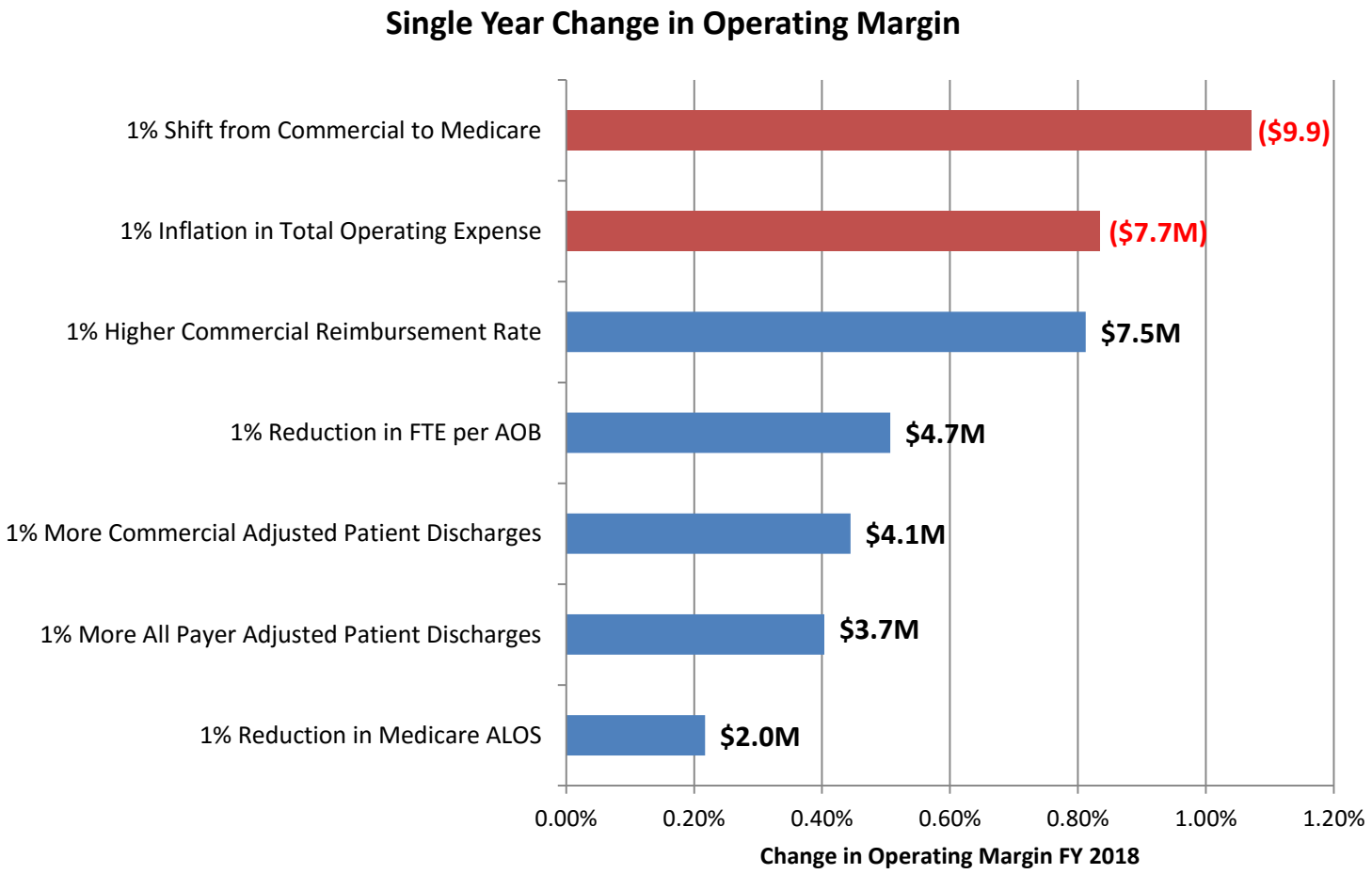
Facility	Cost Center	Cost Center_1 Desc	Request Item Name	Amount
	7501	CLIN LAB-HEMATOLOGY	Vitek II Microbiology System w/ Interface	187,675
			Blood Bank System w/ Interface	113,000
			Coagulation Instruments w/ interface x2	101,800
			BioMerieux BioFire PCR system	90,000
	7520	ANATOMIC PATHOLOGY	Tissue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

FY19 Capital Request Detail
Medical/Non-Medical Equipment Items > $25K
LG & Total

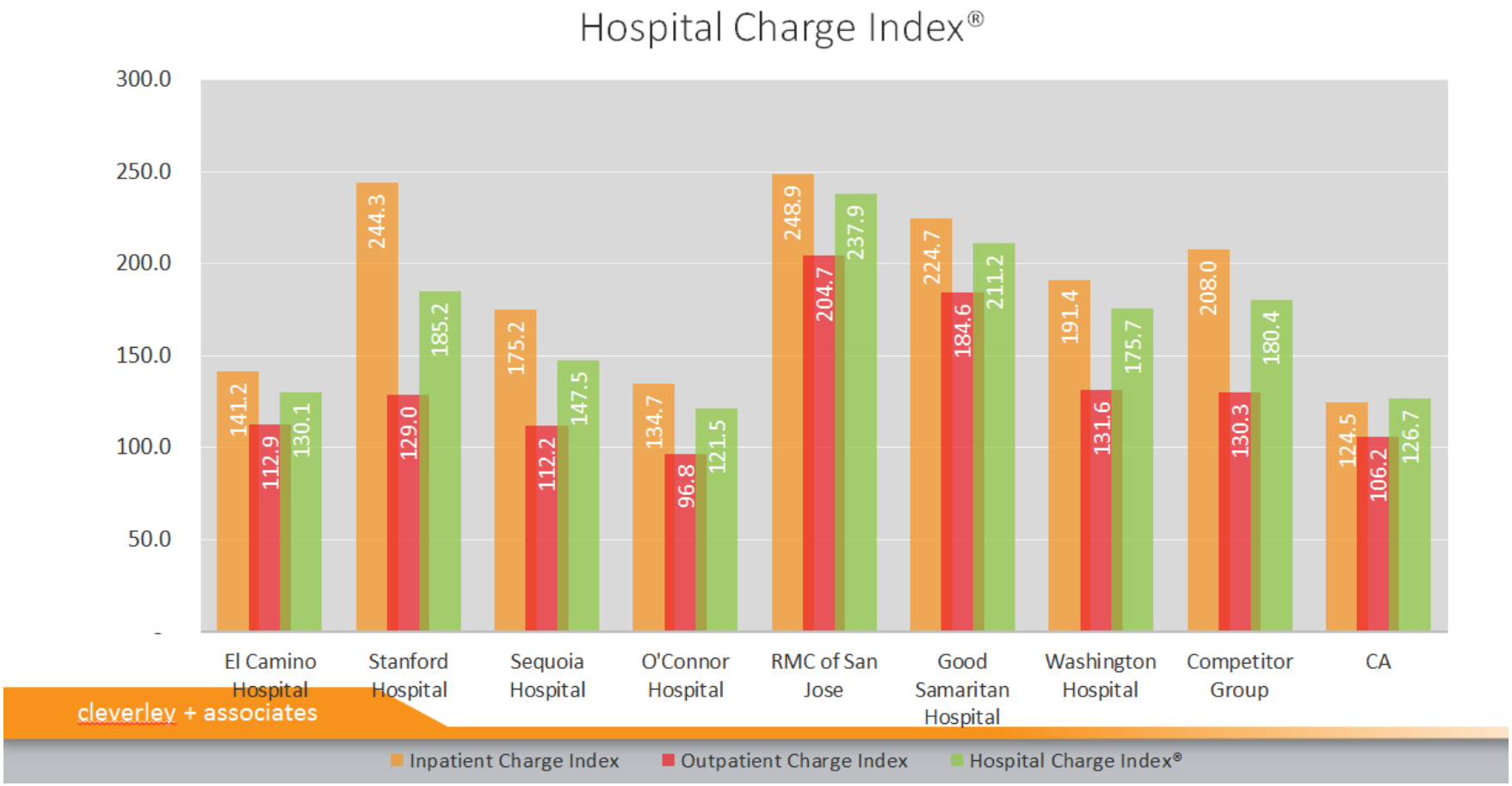
Facility	Cost Center	Cost Center_1 Desc	Request Item Name	Amount
11	6015	CCU 3A; ICU	MindRay Ultrasound (ICU)	49,500
	6177	MED SURG ONC 4B; MED SURG	Supply Room Shelving/Cart	32,000
	6900	PRE-OP SHORT STAY; OPS	Prime Electric Big Wheel gurney	27,957
	7400	LABOR DELIVERY	Anesthesia carts	102,034
			Surgical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

Sensitivity Analysis, Benchmarks, and Historical Trends

Sensitivity Analysis



Charge Master Pricing Comparison with Benchmark Data



Charge Master Pricing Comparison with Benchmark Data (cont.)

- According to hospital industry pricing experts at Cleverley & Associates, Medicare claims level data shows El Camino Hospital prices below mid-market level compared to its local peer group, which includes Good Samaritan Hospital, Regional Medical Center, O'Connor Hospital, Stanford Hospital, Sequoia Hospital, and Washington Hospital.

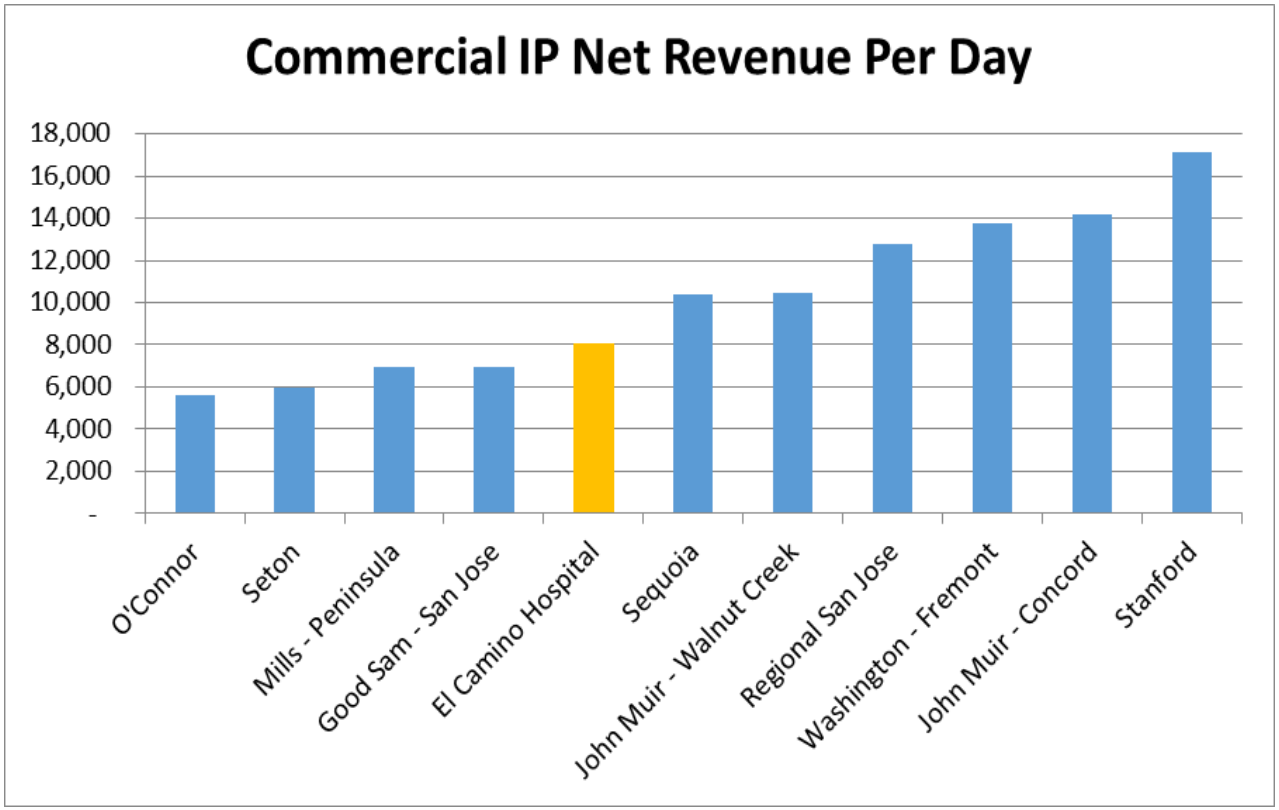
- A score of 100 on the Hospital Charge Index represents the national average. Our local peer ("competitor") group's blended Hospital Charge Index is 180.4 (i.e. 80.4% higher than the national average) – a reflection of the higher cost of living and prices in the Bay Area.

- In comparison, El Camino Hospital's blended Hospital Charge Index is much lower at 130.1.

- Even with the 5.0% price increase in FY18, our overall charges remain below the mid-market level of our peer group.

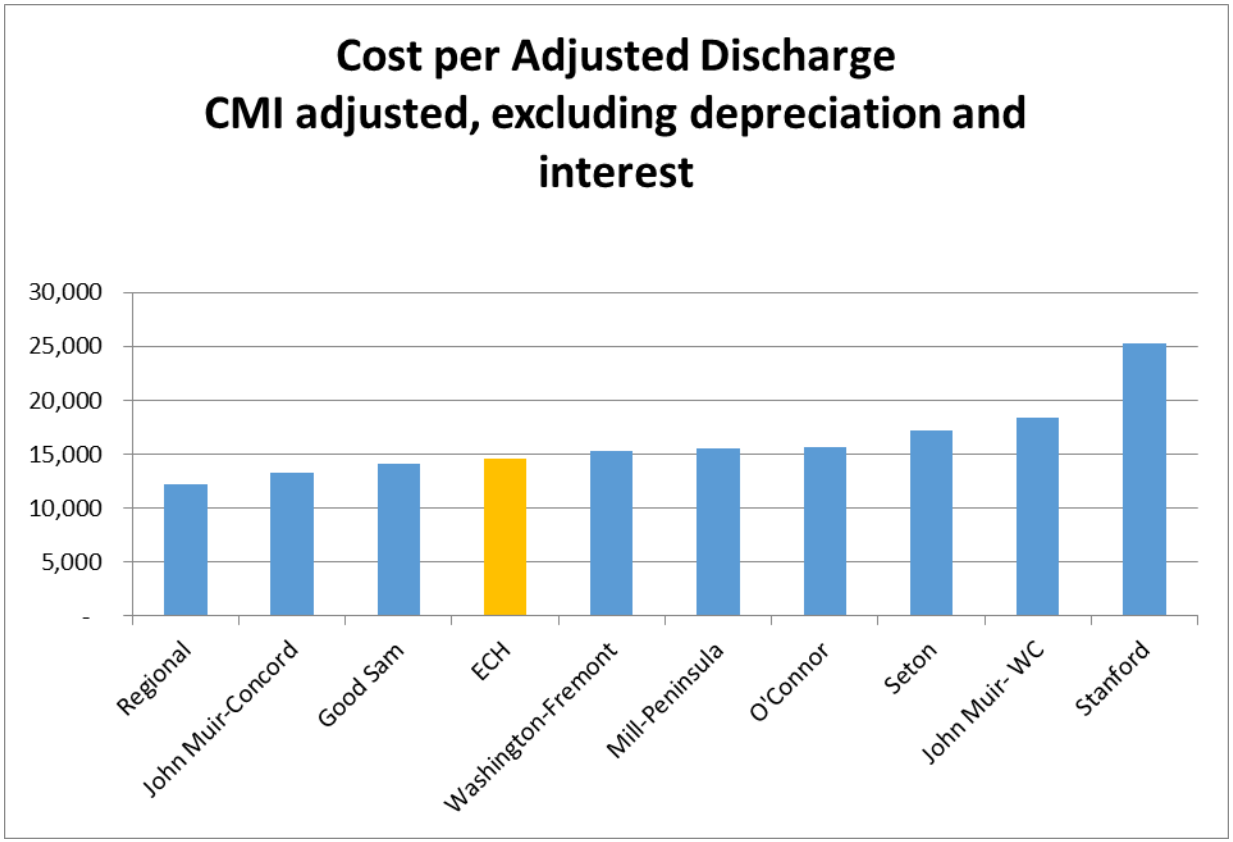
- 5.0% charge increase is proposed in the FY19 budget

Commercial Rates



- ECH Commercial contract rates are mid market

Cost Benchmarks



ECH costs are mid market

Source: 2017 OSHPD data

Historical Performance and Budget Variances

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

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

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June 13, 2018

To: El Camino Hospital Board of Directors

From: Iftikhar Hussain, CFO; Kathryn Fisk, CHRO; Deb Muro, CIO

Subject: **Capital Funding Request – Enterprise Resource Planning (ERP) System**

1. **Recommendation:** We request that the Board of Directors approve the purchase and installation of hardware, software, and services necessary to replace the existing Enterprise Resource Planning (ERP) system, at a one-time capital cost not to exceed $9.65 million.

2. **Problem/Opportunity Definition:** An ERP system is critical to running a healthcare organization and second only to the EMR in importance to support hospital operations. El Camino Hospital implemented Epic in 2016 and is now ready for the ERP software. In 1994, El Camino Hospital purchased the PeopleSoft ERP system, which supports Human Resources, Finance, and Supply-Chain Management. The El Camino-installed versions are 8.9 (HCM) and 9.0 (FM, and SCM). Oracle ended Premier support for these products in 2009 and 2011 and ended Extended Support in 2012 and 2015 respectively. Oracle Corp. acquired PeopleSoft in 2005, and reduced investment in the product to minor updates only with an announced end of support for PeopleSoft products by 2027.

   In recent years, the ERP industry has matured in its development of cloud-based solutions to replace the technology used in PeopleSoft, which lags industry standards and best practices. The new ERP functionality now available, especially in human resources management, will support El Camino Hospital's strategic goals of recruiting and retaining high-quality staff and operational efficiency. The ability of a single system to support Human Resources, Supply Chain, and Finance is a key goal for El Camino Hospital.

   Benefits of implementation a new ERP will include improved efficiency of El Camino's Human Resources, Finance, and Supply Chain functions, streamlined recruiting functions, an enhanced employee self-service function, an integrated view of operational data including business analytics and reporting, reduction in supplies expense, and the elimination of a variety of costly niche vendor solutions in place today.

3. **Authority:** Capital expenditures in excess of $1 million require approval by the Board of Directors.

4. **Process Description:** To lead the new ERP system-selection process, a Steering Committee, composed of the following Hospital executives was formed: Iftikhar Hussain, CFO; Kathryn Fisk, CHRO; Deb Muro, CIO; and David Clark; Interim COO with participation of stakeholders from Human Resources, Information Technology, Finance and Supply Chain.

   The Steering Committee engaged the services of an independent consulting firm, Healthlink Advisors, to guide the selection process using content expertise and industry best practices. Vendor solutions were evaluated in detail with stakeholder participation and feedback. The selection assessment criteria included: software solution (viability, maturity, vision, technology, security), functionality, total cost of ownership (TCO), client perceptions, and partnership. The work of the Steering Committee is well-documented, as evident in the RFP scorecard, selection assessment criteria, Steering Committee presentations, vendor proposal evaluations, references, and vendor due diligence. The final vendor selection is pending funding approval and contract negotiations.

5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** The Steering Committee also explored the option of upgrading PeopleSoft to the current available version. Besides the lack of

contemporary functionality and Oracle's movement of clients to its cloud solution, the cost to upgrade and support PeopleSoft resulted in a seven year net operating cost of ownership, which was higher than the new ERP system. Therefore, the Steering Committee does not recommend upgrading the existing PeopleSoft ERP system as a viable solution.

6. **Concurrence for Recommendation:** This recommendation is supported by Human Resources, Finance, Supply Chain, Information Services, IT Governance Decision Committees, and the Executive Team. The Finance Committee reviewed this at its May 29, 2018 meeting; there was not a quorum present in the El Camino Healthcare District, but there were no objections from the Committee.
7. **Outcome Measures/Deadlines:** Upon Board approval, next steps include the completion of negotiations and contracts, staffing for implementation, and implementation over the next 18 months, with activation of all systems by Q1 2020. Savings will begin immediately and increase over the first year following conversion, and continue to accrue for several years.
8. **Legal and Compliance Review:** Legal and compliance reviews of contracts and agreements will follow normal protocols.
9. **Financial Review:** The requested funding, not to exceed $9.65 million, will provide the necessary capital funds to install and implement the new full ERP suite to support Human Resources, Finance, and Supply Chain Management. The projected operating costs of the new system over the next 7 years is $13.1 million with a projected net savings of $10.35 million. The total increase in operating expense is $2.75 million over 7 years, which may be addressed by soft savings not included in the benefit calculation.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Protocol For Board Communication With Staff El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Gary Kalbach, Governance Committee Vice Chair
	Action requested:	For Approval

Background:

At the January 2018 Board Retreat, the Board asked to develop a Protocol for Board Communication with Staff. Several years ago, the Board approved a document titled "Guidelines for Communication with the CEO" which established a procedure for Board members to request staff work. Rather than create an additional protocol, it is suggested the Board review and approve a revision to the document that now includes a protocol for communication with staff.

The proposed revisions codify the existing practices that staff has, at least over the last several years, been asked to implement. Guy Masters, who facilitated the Board's January retreat and is an Advisor to the Governance Institute, reviewed the document and his comments are incorporated.

On the proposed revisions:

- Include the Advisory Committees as part of the coverage umbrella (sections I, II, III)
- Clear distinction made between a request when acting in a board role, or as a member of the public. The guideline and concept is respectful, and clear of appropriate requests and not.
- Outline validates the chain-of-contact as well as the chain-of-command for contacts, securing assistance, and approvals.

On the Existing Provisions:

- The timeframes regarding estimates of resources to be accessed are good; someone will have to think this through before making a request. (Often people have no idea what the "cost" is when making requests; their issues are "top priority" and there is an unseen domino effect that comes into play that is easy to be oblivious to.)
- The guidelines avoid redundancy, give clarity to priority, and identify levels of resources that can be asked for in what circumstances, and approvals required.

Board Advisory Committees that reviewed the issue and recommendation, if any:

At its April 3, 2018 meeting, the Governance Committee voted to recommend that the Board approve the Revised Proposed Guidelines. The document was originally on the Board's consent agenda in April but was removed so it could be discussed when all Board members are present. Having seen the document one Board member suggested further amendments which have been incorporated (blue highlights) but not reviewed by the Governance Committee.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Summary and session objectives : To review the proposed revisions and approve.
	Suggested discussion questions: None. This is a consent calendar item.
	Proposed Board motion, if any: To approve the Guidelines for Communication with the CEO and other El Camino Hospital Staff
	LIST OF ATTACHMENTS: 1. [Draft Revised] Guidelines for Communication with the CEO [and other El Camino Hospital Staff] (redline) 2. [Draft Revised] Guidelines for Communication with the CEO [and other El Camino Hospital Staff] (clean)

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TITLE:	**Guidelines for Communication with the CEO and Other El Camino Hospital Staff Members**
CATEGORY:	Administrative
LAST APPROVAL:	**January 14, 2015**

TYPE:	☑ Policy ☐ Protocol ☐ Scope of Service/ADT ☑ Procedure ☐ Standardized Process/Procedure
SUB-CATEGORY:	***Board***
OFFICE OF ORIGIN:	**Administration**
ORIGINAL DATE:	**January 14, 2015**

I. COVERAGE: Members of the El Camino Hospital Board of Directors

II. **PURPOSE:** To provide an efficient process for individual Board and Advisory Committee members to request or share information and for Board members to request and obtain staff assistance with research or projects.

III. POLICY STATEMENT: It is the policy of the El Camino Hospital Board of Directors that Board members that staff be available to (1) individual Board and Advisory Committee members pursuant to reasonable requests to obtain or share information and (2) to individual Board members for assistance with research or projects, and that the Board Chair be kept informed of such requests. This policy shall not apply to requests for staff work on behalf of a Board Advisory Committee made by the Committee or the Committee Chair.

IV. DEFINITIONS:
N/A

V. REFERENCES:
N/A

VI. PROCEDURE:

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

1. Board ~~and Advisory Committee~~ Members may contact the CEO directly. Regarding substantive matters related to committee work, Advisory Committee Members may contact their Committee Chair directly.

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

~~C.~~B. Board Member Requests for Staff Work:

1. If a request for staff work is made to the CEO by a Board member other than the Board Chair, the Board member shall communicate that request via e-mail to ~~both~~ the CEO, the Director of Governance Services, and the Board Chair. The CEO will evaluate the staff time required to fulfill the request. If the CEO estimates that a request will require more than 2.5 hours of staff work, the CEO will inform the Board Chair prior to beginning the work. The Chair will either authorize the work or add the request to the agenda for the next meeting. Each Board member may make one such request between Board meetings.
2. If a request for staff work on an item is made to the CEO by two or more Board members, those Board members shall communicate that request via email to both the CEO, the Director of Governance Services, and the Board Chair. The CEO shall evaluate the staff time required to comply with the request. If the CEO estimates that a request will require more than 5 hours of

staff work, the CEO will inform the Board Chair prior to beginning the work. The Chair will either authorize the work or agendize the topic for the next meeting. Each Board member may initiate one such request between Board meetings.

~~D.~~C. The CEO shall not honor requests for staff work from individual or groups of two Board members on matters that the Board has considered and voted not to approve or pursue.

~~E.~~D. The CEO will keep the Board Chair informed in regards to all requests for staff work from Board members other than the Board Chair.

VII. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	N/A
(name of) Medical Committee (if applicable):	N/A
ePolicy Committee:	N/A
Pharmacy and Therapeutics (if applicable):	N/A
Medical Executive Committee:	N/A
Board of Directors:	1/14/15
Historical Approvals:	*1/14/15*

VIII. ATTACHMENTS:

N/A

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V. **REFERENCES:**
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C. The CEO shall not honor requests for staff work from individual or groups of two Board members on matters that the Board has considered and voted not to approve or pursue.

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Medical Executive Committee:	N/A
Board of Directors:	1/14/15
Historical Approvals:	*1/14/15*

VIII. ATTACHMENTS:

N/A

NYGRENCONSULTING
GOVERNANCE STRATEGY LEADERSHIP

El Camino Hospital

FY18 Board Assessment Summary Report

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

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

Table of Contents

Introduction

Background

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

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

Participation

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

Interpreting the Results

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

Qualitative Feedback Summary

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

Thematic Summaries of the Qualitative Feedback

Theme	Verbatim Comments
Strengths	
One of the board's main accomplishments over the past year was recruiting and integrating the new board members.	▪ *The expansion of the Hospital Board by the District Board and the excellent candidates for the two new seats have resulted in a much more competency based board, which will serve ECH very well. (District Board)* ▪ *Adding additional qualified board members will be value added. (District Board)* ▪ *The Hospital Board has successfully expanded by two members, both chosen via competency based selection. There are now more multiple area experts on the board than ever before to help manage the ever changing healthcare market. (District Board)* ▪ *We integrated the new members well. (District Board)* ▪ *We have added expertise to the board to give us a more well rounded and experienced board. (District Board)* ▪ *The board has done a good job of incorporating the new members. (Hospital Board)* ▪ *The board has done an effective job of integrating new members. (Hospital Board)* ▪ *The board has done a good job of integrating its new members. The hospital board is a beneficiary of the district board's excellent selections with respect to all four new board members. (Management)* ▪ *The board added more subject matter experts. (Management)* ▪ *Expanding the board with more subject matter experts [is a strength]. (Management)* ▪ *The board added several new board members who have assimilated well. (Management)* ▪ *It seems to me the board is evolving. They have added more members to have a broader scope of expertise, which is helpful. (Management)*

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Strengths	
Several acknowledged the board's efforts to stay at the governing level, rather than dip into management's affairs.	▪ *The board has done an effective job of focusing more closely on governance and policy issues. (Hospital Board)* ▪ *Shortened board meetings are much better with a focus on governance. The board has attempted to stay at the governance level. (Management)* ▪ *Most of the board members have done a better job focusing more on governance and strategy and less on management and operations. (Management)* ▪ *The board contributed to the process for changing and revising the governance structure. (Management)*
Similarly, the board has increased its focus on the strategy.	▪ *The board has done a better job on staying focused on strategy. (Hospital Board)* ▪ *The board made important strategic decisions that will grow our market share both inside and outside of the District. (Management)* ▪ *With the expansion of the board, they have begun to focus more on the strategic direction of the organization. (Management)* ▪ *The board has revised the organization's mission, vision and values and created focus upon a new strategic plan. (Management)*
In addition, the board is engaging more responsibly and communicating more effectively with management.	▪ *The board has done an effective job working with the executive team to build trust and confidence. (Hospital Board)* ▪ *The board asks appropriate, challenging questions to ensure the organization is well managed. (Management)* ▪ *They have engaged the executive team in dialog and communications more effectively. (Management)*

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Strengths	
Board members have also shown improvement in their interaction with each other.	▪ *The group self-disciplining conversations is going pretty well. (District Board)* ▪ *The board is functioning more collegially and disagreements generally don't become personal conflicts. The Hospital Board Chair has set a professional and respectful tone that is an example to the rest of us. (Hospital Board)* ▪ *We developed opportunities to enhance relationships outside the board meetings. (Management)*
Several mentioned that meetings are more efficient.	▪ *The meetings are managed more efficiently. (Hospital Board)* ▪ *The board delegated authority to one of the committees to improve board efficiency. (Management)* ▪ *There is greater reliance on committees and use of consent agenda items to cover committee topics at the board meeting. (Management)*
The board was also effective in its selection of Dan Woods as CEO.	▪ *The board did an effective job working to select and onboard a new CEO. (Hospital Board)* ▪ *We have a new leadership team in place. (Management)* ▪ *The board selected a new CEO. (Management)*

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Opportunities for Improvement	
By far, the most frequently mentioned opportunity for improvement was the need for greater strategic focus and dialogue.	▪ *Focus more on the key issues of strategy and quality of care and less on individual board member personal issues. We still at times cross the boundary between governance and management and bring up issues that are not really governance related. (District Board)* ▪ *I would still like more time socializing with the new members, both to engage and to ensure they receive and internalize the strategy. We need more time talking strategy. (District Board)* ▪ *Focus more on our purpose and goals and provide more long term strategic thinking vs. giving input/feedback on day-to-day operations. (District Board)* ▪ *Board meetings are still too long, inundated with long routine reporting without having enough time dedicated to discussion and decisions on strategic goals. Board members are frequently opinionated and can be biased in certain areas. Some members like to speak and were making essentially no contribution to the subjects. A more cohesive board should make the best decision with pin point discussion and consensus without much argument. (District Board)* ▪ *We have shortened the length of meetings but it's difficult to say whether this is value added. Sometimes, we don't spend sufficient discussion on the important issues. With a time limit listed on the agenda items, it inhibits appropriate discussion to meet an arbitrary deadline. (District Board)* ▪ *I think our meetings are still too long and too filled with status updates. Despite their length, we don't focus enough time on the strategic issues and oversight. (Hospital Board)* ▪ *We could get more focused on agenda management and prioritization of time -- opportunities to improve in both areas. (Management)* ▪ *Reduce statement of personal opinions and views. Discussion should be focused on goals and strategic guidance. (Management)*

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Opportunities for Improvement	
(strategic focus continued…)	▪ *The board, speaking as a group, not as individuals, needs to define and communicate its expectations and the most important areas of focus for the CEO and leadership team. (Management)* ▪ *Although a marked improvement, streamlining the board meetings by having more succinct and thoughtful discussion and decision making is important for board engagement. (Management)* ▪ *Seek to understand at a deeper level the market conditions that require the organization to take actions to remain relevant in the market. (Management)* ▪ *The board should continue its efforts to focus its meeting time on ECH strategy and quality of care. (Management)*

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Opportunities for Improvement	
The board must continue its efforts to stay at the governing level and avoid interfering in operations.	▪ *We have had specific meetings on improving governance, and will need further improvement on this very important area. It is difficult to not step into micromanagement. (District Board)* ▪ *We must continue to ask ourselves of every agenda item at board meetings, and every discussion we have, whether the item truly relates to governance vs. process/management issues. I also hope that we can move away from some of the "rote" items that we have traditionally addressed at the board level, but probably ought not to be. (Hospital Board)* ▪ *Stay at the 5,000 foot level instead of going to the "one foot" level. If we don't trust a management team member, he/she should be augmented or replaced. Do not micromanage. (Hospital Board)* ▪ *My understanding is that the board wanted to move away from delving too deeply into operations and stay focused on strategy. The addition of the new hospital board members and the new dynamic that creates should help with this 'higher level' orientation. (Hospital Board)* ▪ *The board should avoid discussions of management details and remind board members who initiate such discussions of the board's governance role. (Management)* ▪ *The board should always ask themselves if they are providing "oversight and governance" versus providing operational direction. (Management)* ▪ *Continue to bring focused questions that pertain to strategic approaches to issues rather than focus on operational issues. (Management)* ▪ *Continue to support high level strategy rather than operational tasks. (Management)*

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Opportunities for Improvement	
The board is not delegating sufficient authority to committees to make decisions, and instead is rehashing committee recommendations in board meetings.	▪ *Continue to be open to giving our board committees more responsibility in a careful and thoughtful way that maintains our commitment to our patients and the community. (District Board)* ▪ *Hone our focus on the board's role and identify ways the committees can better help us. (District Board)* ▪ *I don't think we have figured out the balance at meetings in terms of committee communications. There were lower scores for most committees on communicating issues to the board but we have less time to do those communications. (District Board)* ▪ *The board is still not using its committees optimally. We still debate many issues already discussed at the committee level as opposed to trusting their expertise. We have discussed delegating decision functions to the committees in a case by case basis. I think that is definitely in the right direction. (Hospital Board)* ▪ *The board should explore further delegation of authority to committees to improve board efficiency. (Management)* ▪ *Define and clarify the role of the committees around decision-making, while also more effectively leveraging this expertise to strengthen the board. It appears that the committees make recommendations, but often times those recommendations are vetoed by the hospital board. One begins to wonder about the role of the committee and the experts that give of their time to serve on a committee that is intended to guide the board's decision making. (Management)* ▪ *Continue to review the delegation of authority and charters of the committees. (Management)*

Thematic Summaries of the Qualitative Feedback (continued)

Theme	Verbatim Comments
Opportunities for Improvement	
Maintaining positive board dynamics should be an ongoing focus and priority.	▪ *I believe that certain board dynamics and interpersonal issues continue to require additional work. (Hospital Board)* ▪ *Demonstrate more respect for each other and management. (Hospital Board)* ▪ *Review the board compact and continue to remind one another to live the spirit/intention of the stated commitment within this compact. (Management)* ▪ *Facilitate the transition of new board members through their initial year and onboarding process to enhance the dynamic and culture of the expanded board membership. (Management)*
Similarly, the board should continue to focus on communicating effectively with management.	▪ *The board members occasionally speak to staff disrespectfully. (Hospital Board)* ▪ *Feedback about how data is presented is best done outside the open board meeting setting. (Management)*

Feedback to the Board Chair

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

Feedback to the Board Chair

Theme	Verbatim Comments
One district board member shared appreciation for Lanhee's collegiality, intelligence, and facilitation skills.	▪ *He runs meetings well, is pleasant to interface with, is very smart with a good presence. (District Board)*
Many recommended that Lanhee work on creating board meeting agendas that focus on strategic priorities and governance, and actively facilitate the discussion away from issues that are not pertinent.	▪ *Build a shorter agenda so the board has time to discuss issues in depth. (District Board)* ▪ *Please help to keep the board from digging down into the nitty gritty and keep us focused on strategy and quality. (District Board)* ▪ *Selecting and highlighting the important areas will stimulate more strategic discussion. Routine reporting can be attached, and questions about them may be able to be individually answered without having any Brown Act violations. For areas of importance, allow members to express their opinions equally rather than having one or two prominent voices repeat their comments. (District Board)* ▪ *One of the most important functions of the Board Chair is setting the agendas of the board meeting so the "right" things are getting discussed (strategy, appropriate oversight issues, etc.). Focus on doing that function well. (Hospital Board)* ▪ *Continue to set meaningful agendas that are governance related. (Management)* ▪ *Lead board discussions at a governance level and continuously redirect board members who initiate discussions regarding management details. (Management)* ▪ *Hold the board accountable for speaking with one voice and keep the board focused on overseeing the implementation of defined strategic priorities. (Management)* ▪ *Continue momentum and laser focus upon the strategic plan which will differentiate El Camino in the market and healthcare community. (Management)*

Feedback to the Board Chair (continued)

Theme	Verbatim Comments
Lanhee is also encouraged to reinforce the norms articulated in the board compact and hold directors accountable.	▪ *Reiterate the importance of members abiding by the code of conduct, e.g., respecting each other and the administration. (District Board)* ▪ *Keep managing the meetings. (Hospital Board)* ▪ *Continue to model the way for the board members; deal immediately with negative, inappropriate behavior exhibited by board members toward each other and/or hospital staff. (Management)* ▪ *Continue to manage the individual behaviors of board members effectively. (Management)* ▪ *Caution board members who are not civil to one another or to management staff. (Management)*
Actively facilitating the conversation to give everyone a voice but avoiding redundancy would hopefully make discussions more efficient.	▪ *I'm still a little fuzzy on dialog with 10 people and people's desire to talk multiple times on the same issue. We may need to take some votes on strategy to get clarity for the executive team on any open issues. (District Board)* ▪ *Discussions can be long if each member of the expanded board speaks on every issue. Comments should be value added and not rhetorical or redundant. (Management)* ▪ *With the expanded board, it will be critical to leverage the expertise of those subject-matter experts, allow them a voice at the table and find a well-balanced conversation with now ten voices. (Management)*
Showing greater enthusiasm and ownership of the role in board meetings could help strengthen the board's culture.	▪ *Lanhee has a great countenance. Yet, he does not fully utilize all the gifts and talents he has within his capabilities. Perhaps a learning opportunity for him is to 'own' his leadership more so in the board meetings. I believe he is exercising strong leadership behind the scenes and I'd value seeing more leadership at the meetings. That would continue to build a culture oriented in sound decision making. (Hospital Board)*

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ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Proposed FY19 Board Goals El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Peter C. Fung, MD, Governance Committee Chair
	Action requested:	For Approval
	Background: At our January 2018 Board Retreat, we engaged in an exercise, facilitated by Guy Masters (advisor to the Governance Institute), intended to be an initial step in formulating Board Goals for FY19. Each Board member was asked to complete a worksheet proposing possible Board goals and tactics to achieve the goals. The two columns on the left side of the attached chart reflect the Board Members' proposed goals and tactics. Staff, with some input from Guy Masters, grouped those into Themes, Proposed Goals, and Proposed Tactics for the Governance Committee's consideration. The Governance Committee reviewed the proposed goals at its April 3rd meeting and directed staff to make some revisions. The Committee reviewed a revised draft at its June 5th meeting, made further revisions, and recommends approval of the attached Proposed FY19 Board Goals.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: The Governance Committee reviewed and voted to recommend approval of the Proposed FY19 Board Goals.	
	Summary and session objectives : 1. To approve the Proposed FY19 Board Goals.	
	Suggested discussion questions: 1. Are the proposed Goals appropriate for the El Camino Hospital Board of Directors?	
	Proposed Board motion, if any: To adopt the proposed FY19 Proposed Board Goals.	
	Attachments: 1. Proposed Board Goals and Tactics 2. El Camino Hospital Values as approved and defined by the Board in June 2017.	

BOARD MEMBER VERBATIM INPUT (from Board Retreat)		TRANSLATION TO THEME	GOVERNANCE COMMITTEE PROPOSAL	
Written Goals	Written Tactics		Proposed Goal	Proposed Tactics
• Ensure Board members are maximizing their contributions • Better understanding of Governance vs. Management • Protocol on Board and elected members • Review and reassess Board agendas • Streamline processes • Clarify processes and duties • Clarify Committee vs. Board work • Streamline meetings • Oversight instead of micromanagement • Fulfill Mission through policy • Ensure clarity of the function • Clarify right level of information provided to the Board and Committees • Involve Medical Staff in discussions	• Improve perception of Board by Management/fewer, shorter meetings/clearer policies and processes in key areas identified/Board-level documents	STRATEGIC GOVERNANCE	GOAL #1: The Board will function at a strategic governance level.	1. Meetings are conducted in accordance with issue focused agendas 2. Board Meetings are planned to last no more than two hours 3. Board packets are no longer than 50 pages with supplemental informational materials provided in an appendix 4. Board reviews adherence to core Board values at the conclusion of each meeting and implements changes based on review: - Value of agenda items - Appropriateness of Materials - Effective Discussions 5. Create a governance coaching program for the Board
• Enhance trust and respect • Communication • Improve Board relationship with ELT • Track rules of engagement to create system of accountability • To assess divergent ratings of Board and management	• Increase communication • Up and down equal please/notify Board when CEO and Board staff are off campus	BOARD CULTURE & DYNAMICS	GOAL #2: The Board will function in an environment that reflects collaboration, mutual respect, and accountability.	1. Create more social opportunities for Board members to establish and enhance relationships 2. Board reviews adherence to approved and defined core organizational values at the conclusion of each meeting and implements changes based on review: - Quality, Compassion, Community, Collaboration, Stewardship, Innovation, and Accountability
• Better Committee reports to the Board		EFFICIENT, EFFECTIVE USE OF COMMITTEES	GOAL #3: Board Committees will function effectively, efficiently, and communicate appropriately to the Board.	1. Committee members are given educational opportunities (internal and/or outside) that focus on effective governance at the Committee level 2. Create process for Committee members to give feedback on completeness and governance value of committee materials. 3. Establish criteria for Committee information to be reported to the Board 4. Enhance Standardization of Reports 5. Consider increasing representation of Board members on key Committees

BOARD MEMBER VERBATIM INPUT (from Board Retreat)		TRANSLATION TO THEME	GOVERNANCE COMMITTEE PROPOSAL	
Written Goals	Written Tactics		Proposed Goal	Proposed Tactics
• Streamline Succession Planning • Strategic Plan • Identify risk exposure (core priorities) • Marketing Plan • Improve media outreach and build physician network/relationships • Physician Alignment		MANAGEMENT RESPONSIBILITIES	N/A (not a Board Goal)	N/A (not a Board Goal)

Refined ECH Mission, Vision, and Values

Vision

To lead the transformation of healthcare delivery in Silicon Valley

Mission

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

Values

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

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	FY19 Community Benefit Plan and Implementation Strategy El Camino Hospital Board of Directors June 13 , 2018
	Responsible party:	Cecile Currier, VP Corporate and Community Health Services and President, CONCERN:EAP Barbara Avery, Director, Community Benefit
	Action requested:	For Approval
	Background: **<u>FY19 El Camino Hospital Community Benefit Plan & Implementation Strategy</u>** The Community Benefit Advisory Council (CBAC) was actively engaged in determining the recommendations for the FY19 El Camino Hospital Community Benefit Plan & Implementation Strategy. The Plan contains the following components: • Overview of Community Health Needs Assessment (CHNA) process • Grant proposal summaries, organized by the three health priority areas, which include information on services, metrics, and funding • Financial Summary	
	Staff Advisory Committee(s) that reviewed the issue and recommendation, if any: Community Benefit Advisory Council (CBAC) • The Council reviewed all grant proposal summaries received for FY19. • The Council provided guidance and grant funding recommendations for the FY19 Plan.	
	Summary and session objectives: • Provide an overview of the FY19 El Camino Hospital Community Benefit Plan & Implementation Strategy, as informed by the most recent El Camino Hospital Community Health Needs Assessment • Plan proposes to fund 49 grants for a total of $3,565,000. The full plan, which includes the placeholder and sponsorships, is being recommended at a total of $3,865,000. o ECH received 63 proposals, a 17% increase over FY18. There was a 5% increase in ECH and ECHD combined requests: 121, compared to the prior year of 115 proposals. o 25 of the 63 proposals (40%) were for new programs. In FY18, 25 of the 55 proposals (45%) were for new programs.	

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	• FY19 Community Benefit proposals were received in mid-February. Staff conducted an in-depth assessment of all requests over two and half months culminating in the development of a grant summary and funding recommendation for each proposal. • Required funding request documents include: grant application, cover letter, audited financials, evaluation tools/surveys, IRS Determination Letter, Board of Directors roster, and MOUs for delivery site, if applicable. • The CBAC met on 5/2/2018. The process created significant discussion for over three hours. A consensus was reached on recommended funding for FY19. • Proposal summary sheets, revised to reflect the CBAC recommendations, were prepared and used to develop the FY19 Plan.
	Suggested discussion questions: None.
	Proposed board motion, if any: To approve the FY19 El Camino Hospital Community Benefit Plan & Implementation Strategy.
	LIST OF ATTACHMENTS: 1. Plan Presentation 2. FY19 Community Benefit Plan and Implementation Strategy

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

FY19 Community Benefit Plan & Implementation Strategy

June 13, 2018

Barbara Avery
Director Community Benefit

FY19 Community Benefit Plan & Implementation Strategy

Summary of Proposals

FY17	FY18	FY19
42 proposals 37 funded	54 proposals 42 funded	63 proposals 49 recommended to be funded

29% increase in proposals from FY17 to FY18

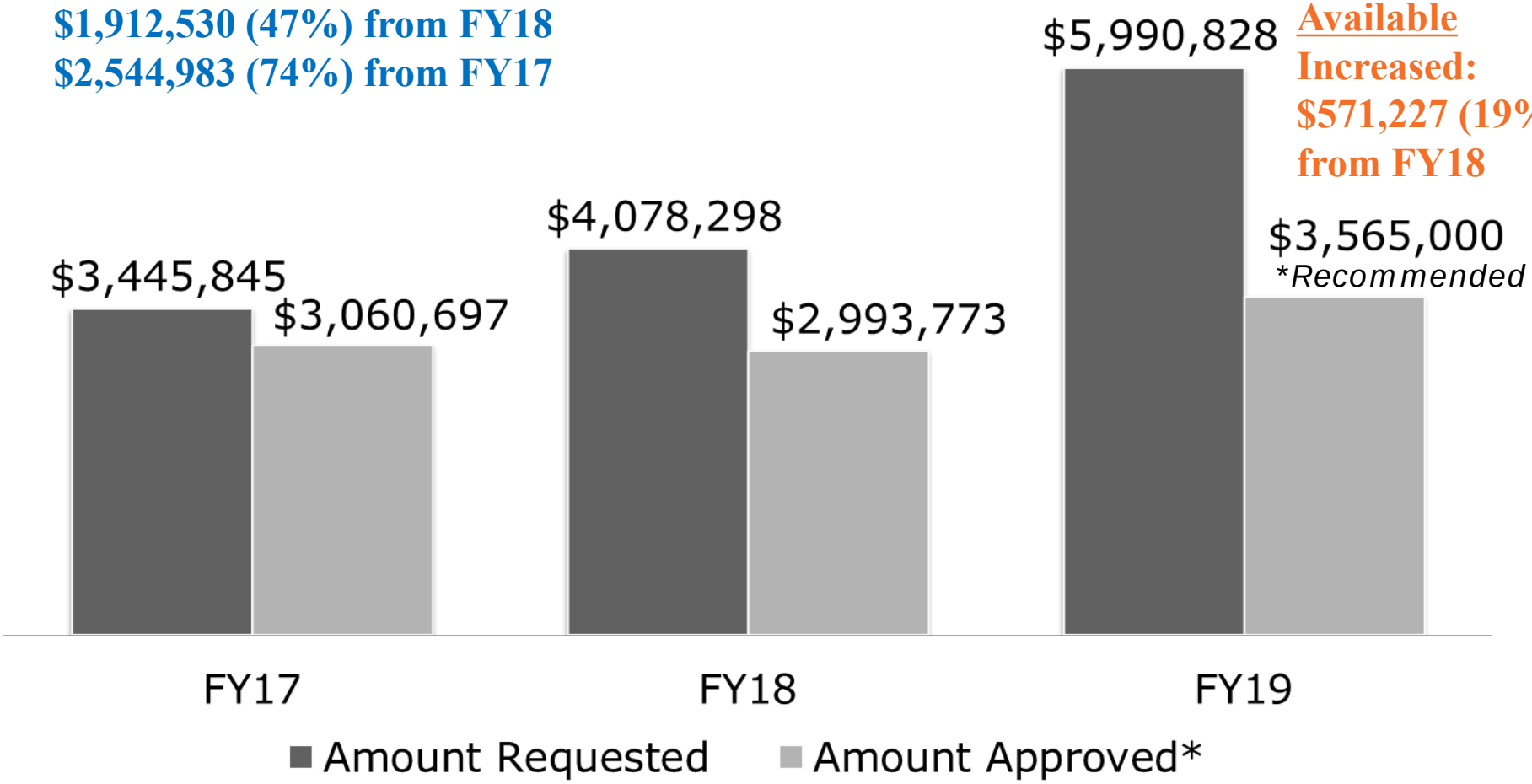
17% increase in proposals from FY18 to FY19

50% increase in proposals from FY17 to FY19

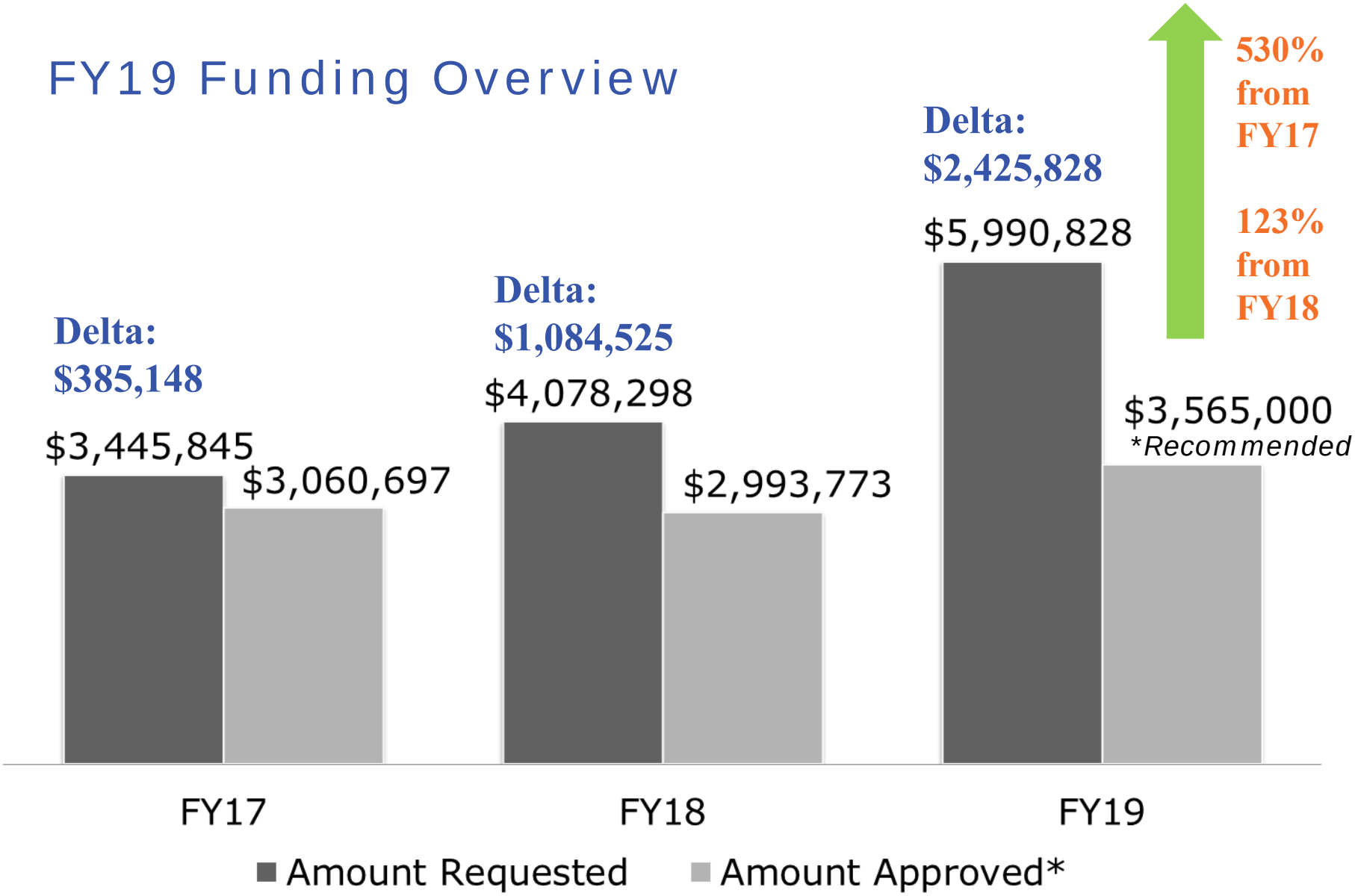
FY19 Funding Overview

Amount Requested Increased:
$1,912,530 (47%) from FY18
$2,544,983 (74%) from FY17

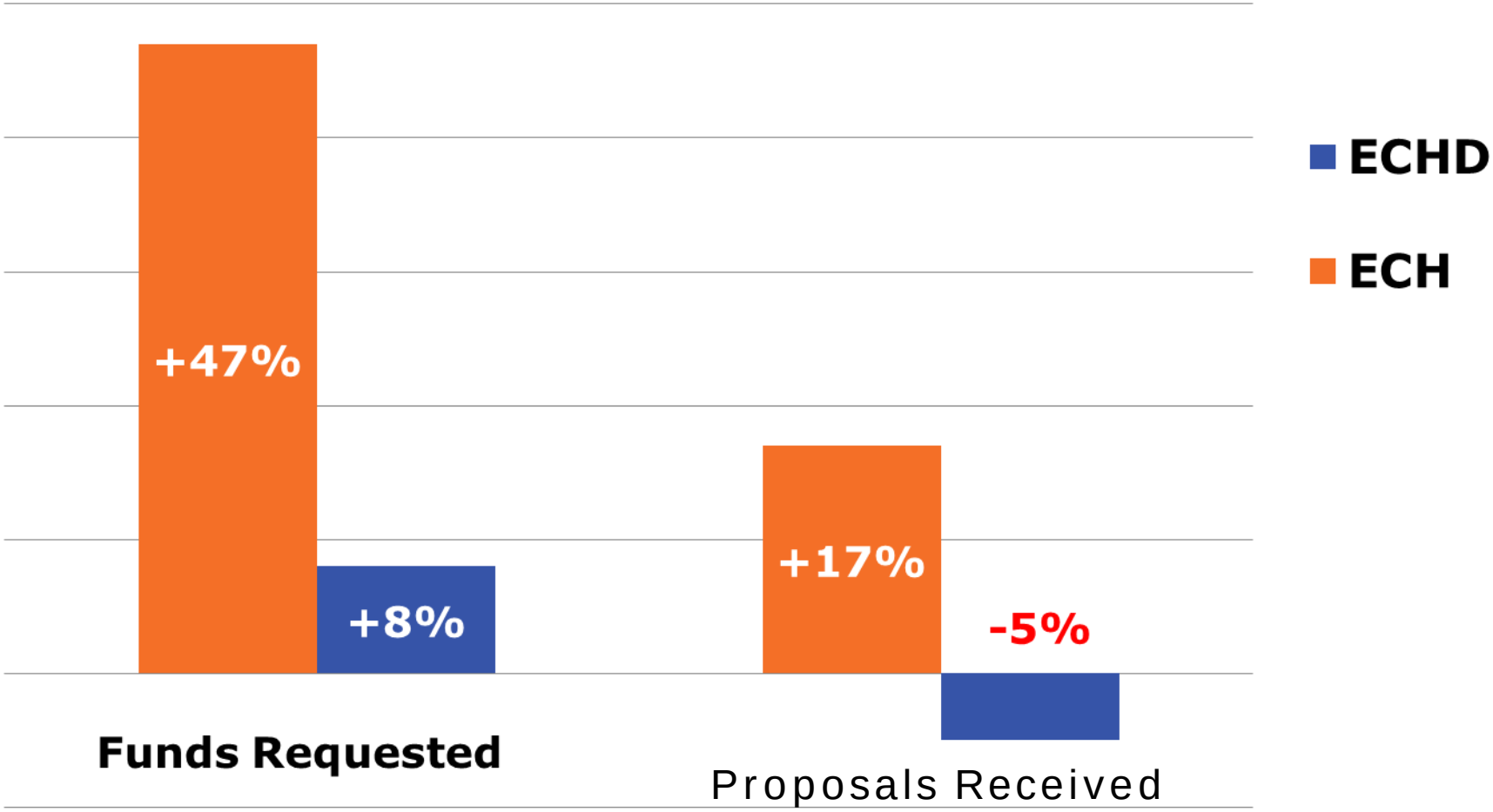
Amount Available Increased:
$571,227 (19%) from FY18

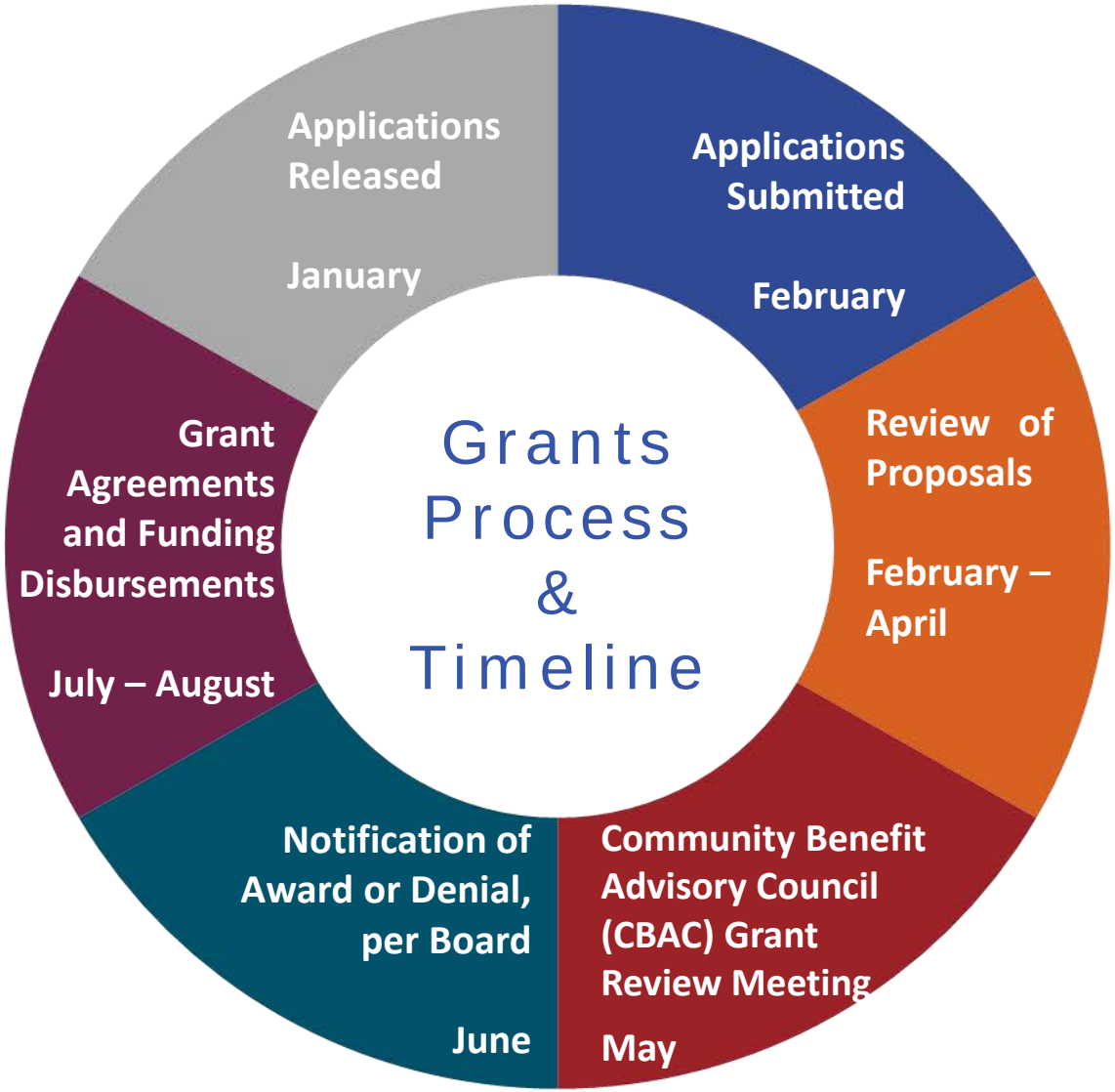


FY19 Funding Overview

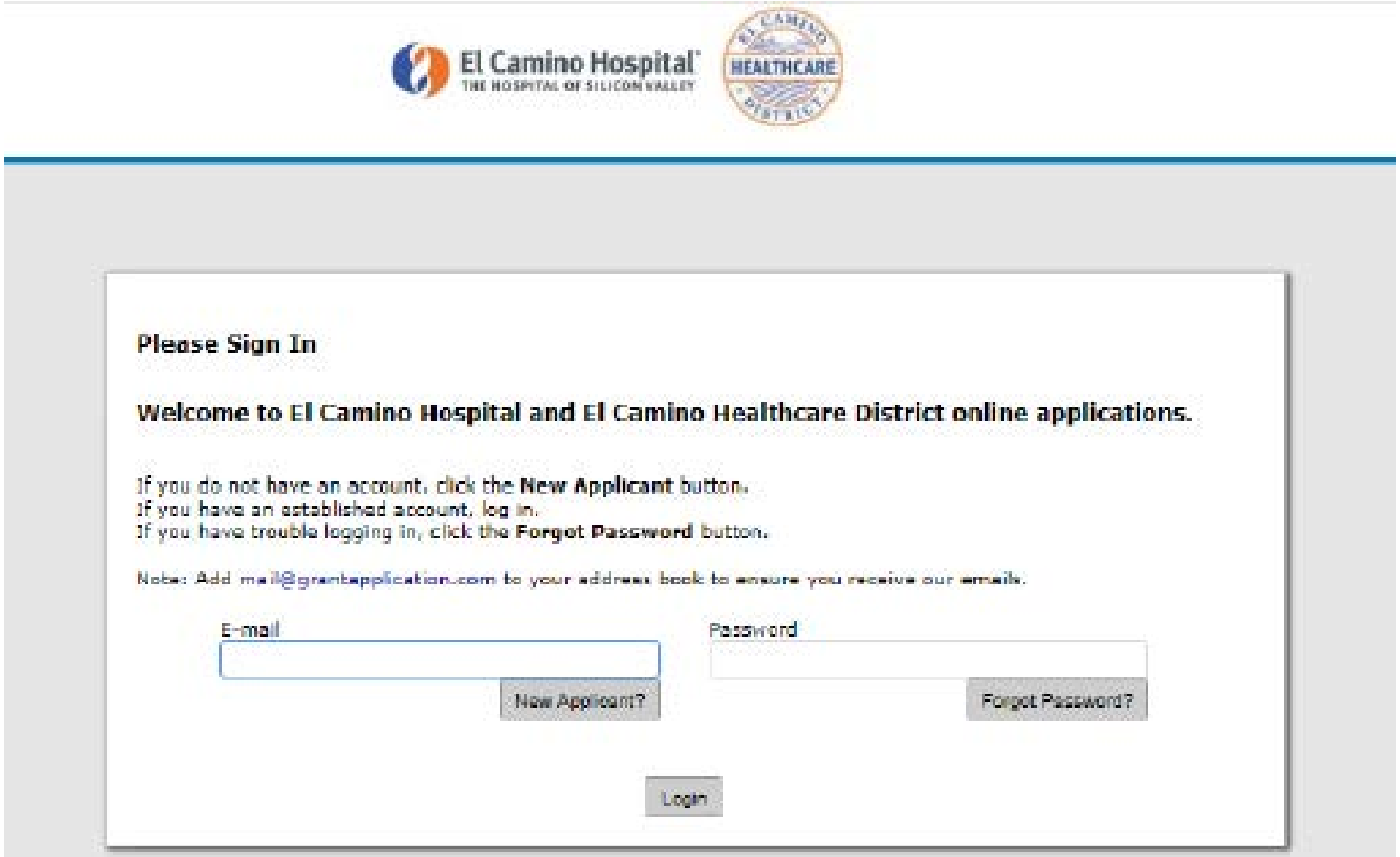


Year-to-Year (FY18 to FY19) ECH and ECHD Comparison




Grants Process & Timeline
Applications Released
January
Applications Submitted
February
Review of Proposals
February – April
Community Benefit Advisory Council (CBAC) Grant Review Meeting
May
Notification of Award or Denial, per Board
June
Grant Agreements and Funding Disbursements
July – August

New Online Platform



Grant Program Application

Application Components:

1. General Information Form
2. Proposal Narrative
   a. Organization's Overview
   b. Program Description
   c. Program Delivery Site
   d. Evaluation and Data Collection
   e. Additional Information
3. Program Metrics
   a. Volume metrics
   b. Impact Metrics
4. Grant Budget and Narrative
5. Attachments

Grant Applications Must be Submitted With:

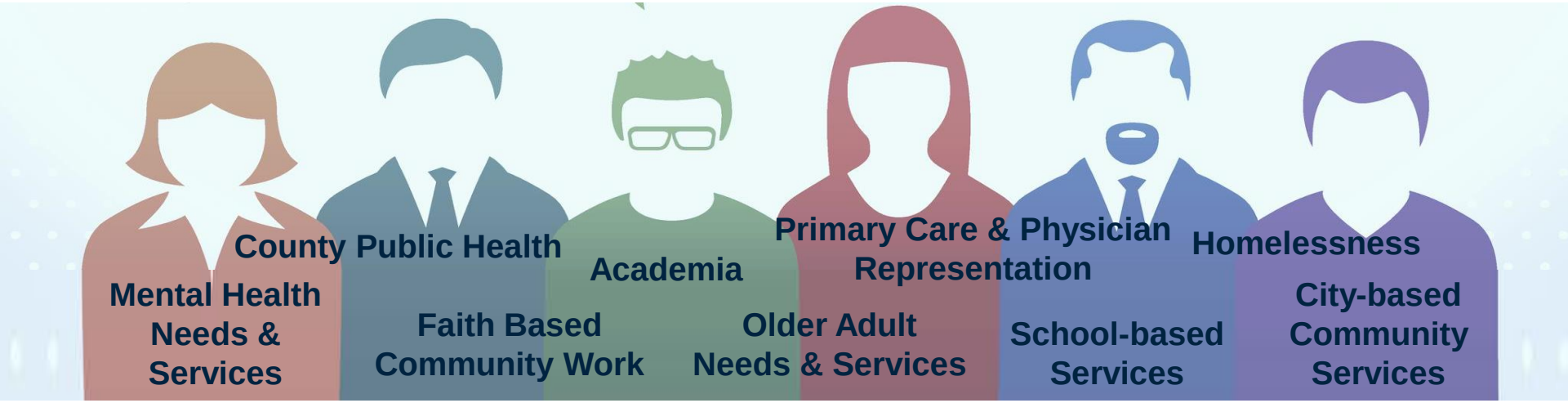
1. Cover Letter signed by agency lead
2. Organizational Budget
3. IRS Determination Letter
4. Audited Financials
5. Executive Director and Board of Directors Roster
6. Letter(s) of Commitment and/or Memorandum(s) of Understanding (if applicable)
7. Data collection tools (i.e., surveys)

Framework for Assessing Grant Proposals

Potential grantee must demonstrate:

- ✓Clear program design to impact identified health need(s)
- ✓Meaningful and achievable metrics
- ✓Performance history, if applicable
- ✓Appropriate program staff
- ✓Assess evaluation plan and tools
- ✓Clear and program-appropriate budget
- ✓Social Determinants of Health

Community Benefit Advisory Council: Community Input on Grant Proposals



Thank you!

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

Fiscal Year 2019

Community Benefit Plan & Implementation Strategy

June 2018



Table of Contents

Introduction

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

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

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

The main steps of this planning process are:

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

These steps are further described below.

Step 1 — Conduct a Countywide Community Health Needs Assessment.

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

regular, extensive Community Health Needs Assessments (CHNA) to identify and address critical health needs of the community. This 2016 CHNA builds upon those earlier assessments.

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

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

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

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

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

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

Table 1 Health needs Identified by 2016 CHNA

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

Step 3 — Engage Stakeholders to Select the Health Needs for El Camino Hospital.

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

Criteria for Recommending Health Needs for Selection

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

Step 4 — Establish Community Benefit Health Need Priority Areas.

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

Cancer
Healthcare Access & Delivery
Heart Disease & Stroke
Hypertension
Obesity & Diabetes
Oral & Dental health
Respiratory Conditions

Behavioral Health
Alzheimer's Disease & Dementia

Economic Security
Unintentional Injuries/Falls
Violence & Abuse

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

Based on the top health needs identified by the community that were prioritized and recommended for selection by the CBAC, El Camino Hospital released the 2016 – 2017 grant application. These proposals addressed needs in the three health priority areas. The CBAC met twice in April 2016 to assess and discuss all grant proposals. Staff provided additional information requested by the Council. The Council provided funding recommendations, which are described for each proposal in the Plan's health priority areas. The Plan also contains the following:

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

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

Health Needs Not Addressed

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

FY19 Plan & Implementation Strategy Overview

Overview

Grant Proposals Received: 63

New Program Applicants: 25

Grant Proposals Recommended for Funding: 49

Total Requested Grant Funding: $5,990,828

Total Recommended Grant Funding: $3,565,000

Recommended Plan Total (including Placeholder and Sponsorships): $3,865,000

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

1. Asian Americans for Community Involvement
2. Assyrian American Association of San Jose
3. College of Adaptive Arts
4. Fresh Lifelines for Youth
5. HealthRIGHT 360
6. Hope Services
7. International Association of Human Values
8. Living Classroom
9. Moreland School District
10. RotaCare Bay Area
11. Second Harvest Food Bank of Santa Clara and San Mateo Counties
12. Seneca Family of Agencies
13. Center for Age-Friendly Excellence (CAFE)/ Senior Inclusion and Participation Project (SIPP)
14. Touch 3 Volleyball LLC

Acknowledgement

Acknowledgement

El Camino Hospital especially recognizes the critical contribution of the Community Benefit Advisory Council (CBAC) for its guidance with the FY18 Plan. The CBAC is comprised of Board members, physicians, and representatives from the community who have knowledge about local disparate health needs.

HEALTHY BODY

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

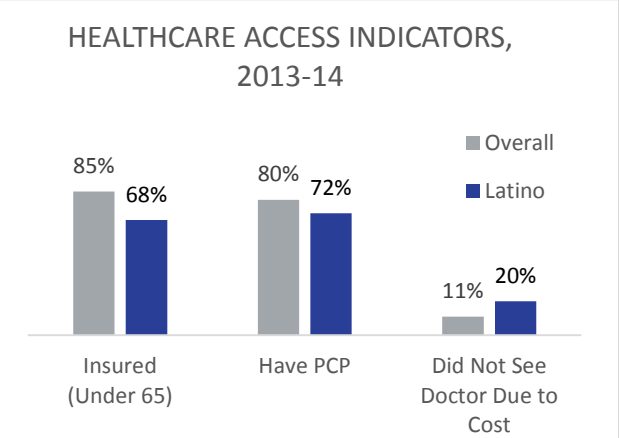
The maintenance of healthy bodies is affected by a variety of factors including the environment in which we live, social and economic factors, and personal choices and health behaviors. Poor health can be experienced as diseases and conditions such as stroke or diabetes, and their related drivers such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

DATA FINDINGS

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

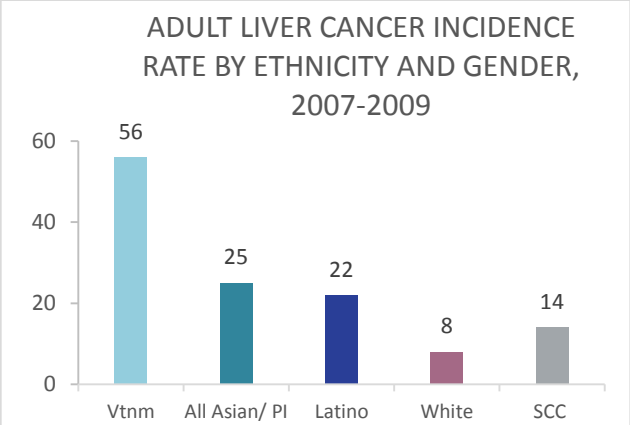
- **Access to Healthcare & Healthcare Delivery** is a need in Santa Clara County as demonstrated by the proportion of Latinos who are insured, who see a primary care physician, and who go without healthcare due to cost. For example, only 68% of Latinos in Santa Clara County are insured compared to 85%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

Figure 1 Healthcare access indicators



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

Figure 2 Adult liver cancer incidence rate



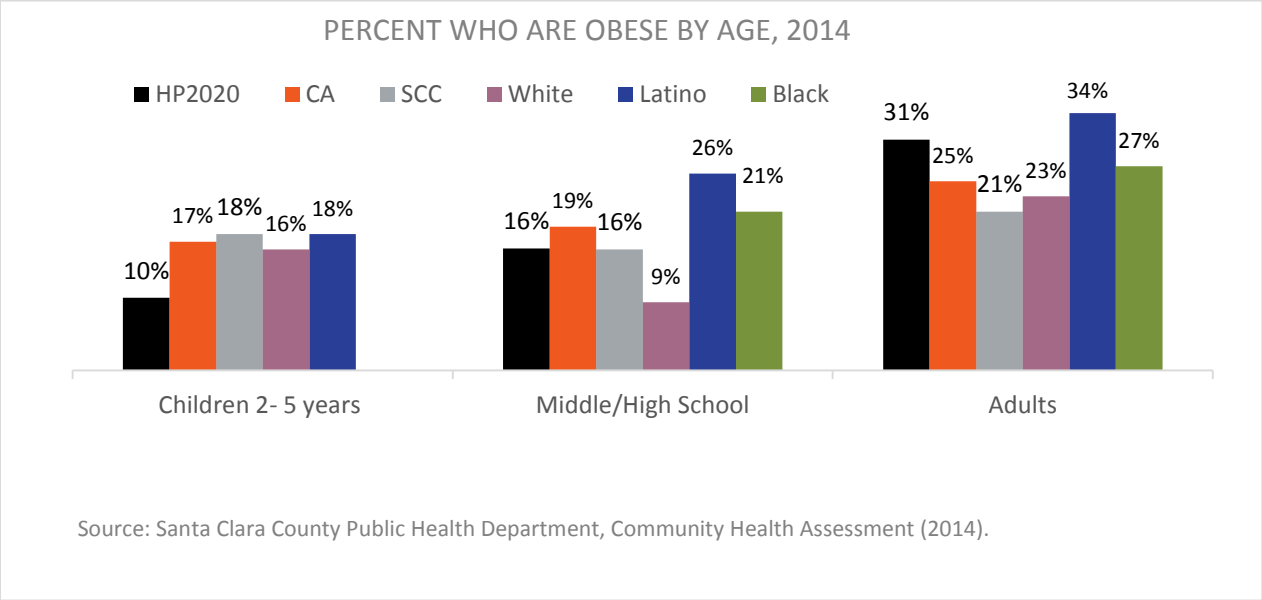
Source: Santa Clara County Public Health Department Vietnamese Report. (2011). Rates are per 100,000 of the population. "Vtnm" = Vietnamese, "PI" = Pacific Islander.

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

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

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

Figure 3 Obesity prevalence



Source: Santa Clara County Public Health Department, Community Health Assessment (2014).

STRATEGIES TO IMPROVE HEALTHY BODIES

1. Increasing access to health services, screenings and health related social service navigation for youth and their families including dental and vision screenings through staffing of school nurses and health liaisons
2. Increase youth health through physical activity programs, nutrition education and healthy living initiatives
3. Increase access to medical services and related resources such as a medical home, affordable or free medications and health related social services for vulnerable community members (homeless, at-risk, low-income, uninsured)
4. Address growing epidemic of diabetes through prevention and intervention for adults and youth
5. Provide systemic support for safety net clinics

HEALTHY BODY PROPOSALS

HEALTHY BODY RECOMMENDED FUNDING: $1,821,468

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

5210 Program - Palo Alto Medical Foundation

Program Title	5210 Program- Numbers to Live By!
Grant Goal	The Palo Alto Medical Foundation 5210 Program is requesting $25,000 to offer nutrition lessons and wellness education provided by a Health Educator who will support the Program Specialist. Elementary school-aged children, parents, school staff, and administrators will benefit from the services provided to promote ongoing health and wellness messages. Services nutrition lessons, physical activity contests during school and after-school, lunch tastings of fruits and vegetables for the entire student population, and parenting classes. In addition, we partner with community organizations to provide additional education during the summer and educational presentations to staff and administrators throughout the school year. Services help encourage an environment of health for the school communities and education to prevent chronic diseases such as diabetes and obesity.
Community Need	California created an Obesity Prevention Plan in order to meet the national goal of reducing adolescent obesity to 14.5% or below. However, in Santa Clara County as of 2015, 34.5% of 5th graders were overweight or obese. (1) Only 26.6% of the same cohort meets all fitness standards. (1) In addition, according to health data in 2013, only 36% of adolescents ate 5 or more servings of fruits and vegetables daily. (2) Although Santa Clara County strives to reduce overweight and obesity in our children, changes in health are still unseen. The 5210 Program aims to reduce childhood obesity through community-based intervention as well as create environmental change. These evidence-based methods were adopted from the original Let's Go! 5-2-1-0 which began in Portland, Maine in 2008. (3) Not only do we educate students and their parents in nutrition and health, but we also provide support to their school administration and staff to promote health messages throughout the school year. By reaching multiple avenues within and around the school communities, we can promote a healthy environment. In doing so, students will have an easier time making healthy choices and reduce their risk of obesity. Sources: (1): https://www.kidsdata.org/topic/58/physical-fitness/summary (2): https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/obesity-facts.pdf (3): Journal of Pediatric Psychology, Vol 38, Issue 9, 1 October 2013, Pages 1010-1020. Impact of Let's Go! 5-2-1-0: A Community-Based, Multisetting Childhood Obesity Prevention Program
Agency Description & Address	701 E. El Camino Real, Mountain View The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization dedicated to enhancing the health of people in our communities. PAMF serves more than 100 communities in Northern California. The purpose of the 5210 program is to increase nutritional awareness and competency among youth within our service area and to create environments that make healthy choices easier for families to make.
Program Delivery Site(s)	The following schools in the Campbell Union and Cupertino Union School Districts: • Blackford Elementary • Capri Elementary • Castlemont Elementary • De Vargas Elementary • Eisenhower Elementary • Forest Hill Elementary • Lynhaven Elementary • Marshall Lane Elementary

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	• Monroe Middle School • Rolling Hills Middle School • Rosemary Elementary • Sedgwick Elementary • Sherman Oaks Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • Students will be engaged through introductory assemblies, social marketing, poster and activity contests, and goal setting behaviors for each of the 5210 messages • Fifth graders will receive three 50-minute nutrition lessons • At least 10 lunchroom tastings introducing new fruits or vegetables will be held each month. This will get students excited to try new healthy foods, taste them, and have an opportunity on the lunch line to explore more options. Information on the tastings will be sent home to encourage healthy eating behaviors • 5210 staff will partner with community groups, like Safe Routes to School and UC extension, to provide education and outreach to the broader community audience Full requested funding would support partial instructor salary and program supplies.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $15,000 FY18 Approved: $15,00 FY18 6-month metrics met: 100%	FY17 Approved: $20,000 FY17 Spent: $15,181 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $29,500 FY16 Spent: $2,636 FY16 6-month metrics met: 0% FY16 annual metrics met: 100%

FY19 Dual Funding	FY19 funding requested: $ 15,000 FY19 funding recommended: $15,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	FY17 Approved: $30,000 FY17 Spent: $12,809 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $30,150 FY16 Spent: $9,478 FY16 6-month metrics met: 0% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Student served	4,000	6,500
	Students who report being active one or more hours per day after 5210 programming	N/A	56%
	Students who report knowledge to limit sugary beverages to zero drinks per day after 5210 programming	N/A	75%
	Students who report knowledge that a healthy diet has at least 5 servings of fruits and vegetables per day after 5210 programming	N/A	80%

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Asian Americans for Community Involvement (AACI)

NEW

Program Title	Golden Health Choices
Grant Goal	This program will provide four six-week workshops using the evidence-based Chronic Disease Self-Management Program (CDSMP) as part of AACI's Senior Wellness Program.
Community Need	Santa Clara County is home to over 280,000 adults over the age of 65, accounting for 15.7% of the population. The population of older adults will continue to grow over the next decade and by 2030, 27.6% of residents will be over age 60 (Census 2010). This is higher than the state or national average according to the Council on Aging Silicon Valley 2011. At AACI's Federally Qualified Health Center (FQHC), over 60% of patients are age 65 and older. Of these elderly patients, 89% are hypertensive and 35% are diabetic, with 74% reporting co-morbidity of both conditions. Within AACI's Senior Wellness Program, over 40% of participants are hypertensive, and 22% are diabetic, with 17% reporting co-morbidity of both conditions. "From 2012 to 2016, the top ten causes of death accounted for nearly 3 in 4 deaths among both Santa Clara County (74%) and Asian/Pacific Islander (76%) residents. During the past decade, cancer and heart disease were the leading causes of death among both the county total population and Asian/Pacific Islander residents. Together, cancer and heart disease deaths accounted for nearly 1 in 2 deaths among both the county (46%) and Asian/Pacific Islander (46%) residents" (Asian and Pacific Islander Health Assessment/Santa Clara County 2017).
Agency Description & Address	2400 Moorpark Avenue, Suite 300, San Jose Asian Americans for Community Involvement (AACI) was founded in 1973 to advocate for newly resettled Southeast Asian refugees whose culturally specific needs exceeded what was available in services at the time and is now the largest non-profit organization dedicated to providing culturally and linguistically appropriate services to Asians in Santa Clara County.
Program Delivery Site(s)	The program will be delivered at the agency's Moorpark and Story Road sites in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Training and certifying three AACI staff and one volunteer in the evidence-based Chronic Disease Self-Management evidence-based intervention • Providing four six-week workshop cycles in Mandarin and Vietnamese Full requested funding will support partial staffing, including a Senior Program Manager, a Program Manager and two Program Specialists, and program supplies, staff training and administrative overhead.
FY19 Funding	FY19 funding requested: $72,558 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $40,000 FY18 Approved: $40,000 FY18 6-month metrics met: 100% (Healthy IDEAS Program)	FY17 Approved: $50,000 FY17 Spent: $50,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100% (Healthy IDEAS Program)	FY16 Approved: $50,000 FY16 Spent: $50,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 80% (Healthy IDEAS Program)

FY19 Healthy Body Proposal Summary

	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Older adults served	14	56
	Services provided	12	36
	Participants who attend a 6 week workshop cycle will complete the entire workshop series	12	36
	Senior participants will report a one point increase on the post assessment, showing improved self-confidence with managing their fatigue caused by their chronic condition(s)	20%	80%
	Senior participants will report a one point increase on the post assessment, showing positive improvement of their emotional management/stress reduction	20%	80%
	Senior participants will report a one point increase on the post assessment, showing increased confidence in reducing the effects of their chronic condition(s) by other means besides medication	N/A	80%

Bay Area Women's Sports Initiative (BAWSI)

Program Title	BAWSI Girls Program in Campbell
Grant Goal	To generate positive attitudes towards rigorous exercise and active play and improve social-emotional behavior and attitudes in elementary aged girls in under-served communities. During weekly after-school sessions in the fall and spring semesters, coaches will engage young girls in fun games that build fitness and motor coordination. Using pedometers to track their steps, girls will race, jump, and hula-hoop through stations of high-energy activities focused on goal setting, body awareness, teamwork, and healthy competition. Coaches will also create opportunities for leadership conversations featuring a word of the week and interweave the program's overarching themes of respect and responsibility throughout sessions. Staff will teach basic mindfulness techniques to help pave the way for a lifetime of wellness. All BAWSI Girls will be invited to a BAWSI Game Day where they attend a local college women's sporting event, thus planting the seeds for a future that includes college. The intent is to expose the girls to healthy, active role models competing in rigorous activity, and to receive exposure to a college campus.
Community Need	While it is widely recognized that increased physical activity lowers obesity rates and positively impacts social-emotional wellbeing, studies show that girls are physically less active than boys. The Santa Clara County 2010 Health Profile lists obesity and associated chronic health conditions such as heart disease and diabetes as a major concern, citing a 25% obesity rate among middle school and high school children. Moreover the report finds the highest rates of obesity in low-income adult populations and Hispanic adult populations. The factors contributing to obesity include (among young girls) a sedentary lifestyle that correlates with low incomes, race/ethnicity, and lack of access to recreational opportunities. In a 2015 report, the Aspen Institute's Project Play cited girls as having the greatest need for physical literacy interventions. The report shared that across genders, girls are less physically active than boys and that the gender gap emerges by age 9. "Girls of color are more sedentary than their white peers, where African Americans and Asian Americans are most sedentary, with 49.5 percent and 44.1 percent of them, respectively, engaging in physical activity no more than two times a week (followed by Hispanic girls at 41.6 percent and white girls at 37.2 percent)." Research from the Women's Sports Foundation (WSF) shows that girls who are physically active and/or involved in sports have lower risks of heart disease, type 2 diabetes, higher self-esteem, lower rates of depression, more positive body image, are more likely to graduate from high school, and are less likely to engage in sexually risky behaviors and substance abuse. Further research from WSF indicates that early exposure to sports and physical activity increases the likelihood of continued participation. Sources: https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/health-profile-2010.pdf https://www.womenssportsfoundation.org/research/article-and-report/recent-research/her-life-depends-on-it-iii/
Agency Description & Address	1922 The Alameda, Suite 420, San Jose BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.
Program Delivery Site(s)	Rosemary Elementary, Campbell Union School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting weekly after school sessions where female collegiate and high school student athletes serve as positive female role models • Providing program staff to oversee volunteer student athletes • Providing supplies, including equipment and participant materials such as t-shirts, journals and pedometers Full requested funding would support staffing and program supplies.
FY19 Funding	FY19 funding requested: $20,667 FY19 funding recommended: $16,500

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $19,200 FY18 Approved: $16,000 FY18 6-month metrics met: 100%	FY17 Approved: $16,000 FY17 Spent: $16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $15,000 FY16 Spent: $15,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Dual Funding	FY19 funding requested: $20,667 FY19 funding recommended: $19,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $19,200 FY18 Approved: $16,605 FY18 6-month metrics met: 100%	FY17 Approved: $16,000 FY17 Spent: $16,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 0%	FY16 Approved: $15,000 FY16 Spent: $15,000 FY16 6-month metrics met: N/A FY16 annual metrics met: N/A

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	60	120
	Average weekly attendance	80%	80%
	Focus Girls who self-report at least two positive effects	90%	90%

Bay Area Women's Sports Initiative (BAWSI)

Program Title	BAWSI Rollers Program in Campbell
Grant Goal	This program provides adaptive physical activities for girls and boys with physical, cognitive, and hearing disabilities. Weekly sessions include activities focused on goal setting, teamwork and healthy competition, as well as self-respect, responsibility and leadership.
Community Need	In the state of California, 34% of children with special needs are overweight or obese, 5% higher than the general population of California children. Lower physical activity levels are a major reason for the higher incidence of obesity. The barriers to participation in sports and physical activity for children with disabilities in Santa Clara County include access, cost, and transportation. Furthermore, the Santa Clara County Office of Education's 2015-2016 SARC (School Accountability Report) shows one in four special education students come from low-income families. Reasons for lack of physical activity among disabled children include a lack of access to programs, low motor function that hinders the ability and confidence to participate, and the heavy burden of special needs child-rearing that adds to parents' time and resource constraints. A 2017 report from the Aspen Institute's Project Play cites children with disabilities as one of the most under-served groups in the United States for physical literacy interventions. Sources: https://www.kidsdata.org/topic/489/cshcn-overweight/table#fmt=643&loc=1,2&tf=139&ch=172,173 https://www.cdc.gov/cpr/readiness/phep-program-508.html https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf
Agency Description & Address	1922 The Alameda, Suite 420, San Jose BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.
Program Delivery Site(s)	Blackford Elementary School, Campbell Union School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting weekly after school sessions where collegiate and high school student athletes serve as positive role models • Providing program staff to deliver services and oversee student athletes • Providing supplies, including participant materials such as t-shirts Full requested funding would support staffing and program supplies.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

FY19 Funding	FY19 funding requested: $17,502	FY19 funding recommended: $10,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $16,300 FY18 Approved: $16,300 FY18 6-month metrics met: 33%	New in FY18	New in FY18
FY19 Dual Funding	FY19 funding requested: $17,502	FY19 funding recommended: $17,500	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $16,300 FY18 Approved: $16,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	15	15
	BAWSI Rollers sessions	8	16
	Attendance rate	80%	80%
	Students who report wanting to exercise more like they do at BAWSI	90%	90%

El Camino Hospital® THE HOSPITAL OF SILICON VALLEY

Breathe California of the Bay Area

Program Title	Children's Asthma Services
Grant Goal	To work with schools, child care centers, and clinic partners to provide culturally competent, best practice asthma management education and support services for under-served, low-income children and their parents/families and care providers thereby increasing access to appropriate care or treatment and management of the chronic condition of asthma. The goal of this program is to increase access to appropriate care or treatment and to increase better management of their chronic condition of asthma. The agency will also work to increase asthma-friendly environments by facilitating environmental changes that will reduce the respiratory hazards where children live, work, and play.
Community Need	Asthma is a chronic condition affecting 14.5% of Santa Clara County residents (California Breathing current county profile). This rate is higher than the last statewide prevalence report of 12%. Up to 20% of local children in low socioeconomic status areas may have asthma (agency double-blind three-school research in 2,000 when overall rates were lower). Asthma is the most common chronic disease of childhood and is the number one reason for school absences due to chronic conditions, which both handicaps children's learning and costs schools thousands of dollars in ADA funds. In Santa Clara County, there are about 64,000 children and youth with asthma, and it is estimated that only 20 percent of children with persistent asthma have a level of control that is optimal (Halterman, Jill, M.D., M.P.H., Ambulatory Pediatrics, 3/15/2007). Latest data (2014) from California Breathing shows 424 hospitalizations at an average rate of $26,973, and 1,898 emergency room visits take place for children under 18 years old annually in Santa Clara County due to asthma. A large percentage of these ER and hospital interventions could be prevented with proper asthma management, and Breathe CA has the experience, expertise, and community partners to help reduce this burden.
Agency Description & Address	1469 Park Ave, San Jose Breathe California of the Bay Area (Breathe CA) is a 107-year-old grassroots, community-based, voluntary 501(c)3 non-profit that is committed to achieving clean air and healthy lungs. As the local Clean Air and Healthy Lungs Leader, Breathe CA fights lung disease in all of its forms and works with its communities to promote lung health. The organization works to establish tobacco-free communities, achieve healthy air quality, and fight lung disease such as TB, asthma, influenza, and COPD. The agency serves over 100,000 individuals per year with programs in education, public policy, research, and patient services. Breathe CA provides prevention and intervention services to a wide range of population- from children to seniors in the community, focusing on those vulnerable populations and those with health disparities and inequities.
Program Delivery Site(s)	Program delivered at schools, childcare centers, community organizations with after school programs and even their homes. Specifically the program has partnerships to deliver services at: • San Jose Unified School District sites • Indian Health Center • Health Trust • Santa Clara Family Health Plan • 4C's Community Child Care Council in Santa Clara County • First 5 Santa Clara County
Services Funded By Grant/How Funds	Services include: • Multi-session (2-8 sessions) asthma management education for elementary/middle school-

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Will Be Spent	aged children on-site at their schools of 40-60 minutes average) classes, after-school programs, summer camps, and community programs • Training and technical assistance for nurses, health workers, school personnel, child care providers, and parents of 30 minutes -2 hours) • Environmental assessments of homes, child care facilities, and schools. • Assisting clients to approach landlords regarding respiratory hazards and infestations, including secondhand smoke (and operation of Secondhand Smoke Helpline); community advocacy efforts for creating asthma-friendly environments. • Provision of lung screenings, respiratory therapy equipment and supplies for uncovered clients • Information/referral to additional resources, including Covered California • All trainings meet National Asthma Education and Prevention Program (NAEPP) Guidelines and cover the basics: the respiratory system; identifying asthma symptoms and triggers; precautions to take; how to use medication/respiratory therapy and a peak flow meter Full requested amount funds partial staff salaries, such as for senior health educator, outreach specialist, program coordinator and other administrative costs.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $50,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $60,000 FY18 Approved: $50,000 FY18 6-month metrics met: 33%	FY17 Approved: $50,000 FY17 Spent: 49,995 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Dual Funding			
	FY19 funding requested:	$ 25,000 (Seniors Breathe Easy)	FY19 funding recommended: $25,000 (Seniors Breathe Easy)

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: N/A FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served (children, parents, teachers and care providers)	225	800
	Children with asthma who receive multi-session asthma education who have an increase in knowledge/skills, as measured by pre/post-tests, skills observation, and parent report	50%	70%
	Parents, teachers, and childcare providers trained who have an increase knowledge/skills/confidence handling of asthma management, environmental triggers for asthma, environmental remediation steps, and confidence in managing asthma, measured by pre/post-tests and skills observations	60%	75%
	Home, school, and childcare centers served that reduce environmental hazards/triggers for asthma, as measured by comparison of assessments and re-assessments of respiratory hazards using the EPA's best-practice environmental checklist	50%	50%

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Cambrian School District

Program Title	School Nursing Services as part of Multi-Tiered System of Supports School Health Services
Grant Goal	Cambrian School District is requesting funding in the amount of $214,700. Our district has the strong desire to continue to build the infrastructure for a Student Services Multi-Tiered System of Supports to support the whole child in a school health services model in our school district. The school nursing services support would be to maintain the first full time credentialed school nurse Cambrian has had which was established in May 2017 with the support of the El Camino Hospital Grant and seek an additional half-time nurse and/or support efforts to move our health clerk positions from a partial day (approx. 3 hours) to a full school day. Students in grades Preschool-8th grade will benefit from the direct services of the school health services team. The teacher, itinerant, clerical, and administrative staff will also benefit from the consultative/indirect services of the school health services team. The services will be delivered to all 6 schools (Bagby Elementary, Fammatre Elementary, Farnham Elementary, Price Middle, Sartorette Elementary, and Steindorf K-8 STEAM School) during the on school days during school instructional hours as well as before and after school. The school health services are needed to support required health screenings, crisis intervention and long-term intervention for student health needs, and staff professional development for district nurse, health clerks, secretaries, and administrative school office staff to keep up to date with compliance and preventative measures.
Community Need	The program will help address universal (Tier I) level needs for students in Cambrian schools by creating identification of basic health needs (hearing and vision) required for adequate learning accessibility for our students. To address our intervention (Tier II) and intensive (Tier III) student population our school nurse supports students with health care plans and in special education. The numbers of students with health care plan needs are increasing. More students have been identified with diabetes which requires immediate intervention on a school campus to train staff, students, and parents/guardians on the appropriate calculations and usage of equipment and medicinal needs. Additionally with the increasing success of medical technology there are more and more students with unique medical conditions that are able to survive, thrive, and attend our schools, but due to their medical complexities require medical interventions at school. Prior to receiving the grant funding for this year's current cycle Cambrian never had a full time credentialed school nurse on campus and relied on very part time contractors for support and basic needs. Without having the full time school nurse to assist our growing health care population needs our students would not be able to safely attend school on an immediate and consistent basis which impacts their attendance and long term learning outcomes. It is best practice for districts to have a full time school nurse on staff and given the size of Cambrian two school nurses would be appropriate.
Agency Description & Address	4115 Jacksol Drive, San Jose Cambrian School District is located in the Cambrian Park area and serves approximately 3,500 students in Preschool through 8th grade. All five of the district's traditional schools have been recognized as California Distinguished Schools. Cambrian opened a sixth school in Fall 2016: Steindorf K-8 STEAM Magnet school.
Program Delivery Site(s)	All six schools in the Cambrian School District
Services Funded By Grant/How Funds Will Be Spent	Services include: • Health screenings including vision and hearing • Crisis intervention (individual sessions when needed) and long-term intervention for

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	health needs such as diabetic, seizure, and cardiac care • Professional development for district nursing and health clerk staff to keep up to date with compliance and preventative measures. • Follow up with failed health screenings to confirm if a healthcare provider was seen, assisting with scheduling and/or physically attending the medical appointment. • Follow up with uninsured students to confirm if healthcare insurance has been obtained and/or assisting with the application to receive health care insurance Full requested funding would support 1.5 FTE School Nurses, a part time Health Clerk, equipment and professional development expenses.
FY19 Funding	FY19 funding requested: $214,700 FY19 funding recommended: $129,500

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $116,315 FY18 Approved: $116,315 FY18 6-month metrics met: 50%	New in FY18	New in FY18

Rationale for Recommended Funding	First year grantee met 50% of metrics. The two metrics not achieved were activities that needed to be scheduled for the second half of the school year. This is the first year Cambrian has had a staff nurse such that scheduling was not fully predictable.

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	1,010	1,520
	School staff who received CPR/AED training during Staff Development Days and who reported increased knowledge and confidence in the ability to perform CPR and use of an AED	10%	30%
	Teachers/staff at target schools who receive training on severe allergies, anaphylaxis, and EpiPen usage	15%	30%
	Students who have failed health screenings who saw a healthcare provider	20%	40%
	Uninsured students who have applied for health care insurance	20%	40%

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Campbell Union School District

Program Title	Supporting and Promoting Healthy Families and Communities – School Nurse Program
Grant Goal	This program will fund two full-time School Nurses and 300 hours of Community Liaison time to provide families with direct links to healthcare services including medical, dental, and vision services. Schools are hubs of the community where resources such as healthcare insurance enrollments centers, CalFresh services, and First Five services can be shared with families in school offices or at community events such as Fall Festivals, Parent University, and Multicultural celebrations. School-based dental screenings/fluoride varnish treatments will be scheduled at two Title One schools every Fall and Spring. A twelve-week series of brief classroom interventions, aimed at reducing stress and anxiety in students, will be piloted at one of our Title One schools. Campbell schools are known by the community to be "safe places" for families to seek assistance and guidance for a variety of services and resources.
Community Need	The following health needs will be addressed in the school community: *Lack of healthcare insurance for students and families:* Data from the 2013-2014 Santa Clara County Public Health Department Behavioral Risk Factor Survey (SCCPHD BRFS) states that over 90% of children from ethnicities including Latinos, African American Asian/Pacific Islander, and Whites have healthcare insurance. While parents have self-reported 1-3% of students do not have healthcare insurance, it is clear that every child needs access to healthcare. Optimal health is necessary for optimal learning. People with a usual source of care have better health outcomes and fewer disparities and costs (Healthy People 2020). A healthcare provider can assess school readiness as well as identify children at risk for conditions such as developmental and behavioral disorders, asthma and other chronic conditions, obesity, unintentional injuries and dental caries. (Healthy People 2020) The health program will continue to reach out to local healthcare insurance enrollment services in the community to provide opportunities for families to enroll in healthcare insurance services *Hearing Needs:* Students who fail a hearing screening may have a hearing loss. Without a resolution, a hearing loss can impact school performance. Packer (2015) states, "research shows anywhere from 25% to 35% of children with unilateral hearing loss are at risk of failing at least one grade". Development of speech, behavior problems, and school disengagement may be attributed to a student's hearing loss. *Vision Needs:* Students who fail a vision screening may have a vision deficit and need optometric services. Vision deficits can commonly be caused by myopia or other refractive errors, but visual deficits may also be due to a more serious condition that, without correction, could lead to a permanent loss of vision. S.A. Lyons et al (2015) have discovered that "forty to sixty-five percent of referred children do not access follow-up comprehensive vision care after school vision screening referral". Basch (2011) noted that low-income and minority youth may have "unmet need for vision care services" (p. 13) and suggested outreach of resources to parents, communication of vision results to teachers, and on-site vision services including eye exams to meet these unmet vision needs. *Dental Needs*: Untreated dental caries can cause pain, infection, and lead to a student not being attentive in the classroom as well as increased absenteeism. In 2008 across the U.S., 15,000 children were seen in the emergency rooms due to toothaches (Lewis, 2015). It remains difficult for publicly-insured children to access dental services; fewer dentists are accepting Medicaid (Medi-Cal) (Lewis, 2015). Low-income children experience more dental caries and more complications of caries, such as dental abscesses (Lewis, 2015). Hispanic children have a caries

	rate two to three times greater than their non-Hispanic White peers (Bright Futures Promoting Oral Health, 2015).The school health program participates in the Dentists With A Heart Give Kids A Smile program, supported by the Santa Clara County Dental Society (SCCDS) and volunteer dentists. In addition, the SCCDS and volunteer dentists will continue to provide applications of fluoride varnish for students at two Title One Schools, Lynhaven and Rosemary. Fluoride varnish may be used as a primary preventive measure and is recommended for children who are deemed to be at high risk of caries. *Stress reducing interventions for three classrooms, grades 3 - 5, using "Go Noodle" exercises (vignettes)*. Pre interventions and Post interventions to be recorded using SCARED survey to measure change. Rosemary school is a Title One school with 83.8% of students receiving free or reduced fees for meals in our district. With a majority of students' ethnicity designated as Latino, 76% of students are classified as English Learners (EL). Many members of the Rosemary School family are immigrants. With the current administration in Washington, DC's political agenda, these families experience the stressors of possible deportation. Research suggests that "stressors of poverty lead to impaired learning ability in children. "(NIH.gov news release dated 8/28/12). This theory also states that "finding ways to reduce stress in the home and school environment could improve children's well-being and allow them to be more successful academically." Sources: Healthy People 2020, https://www.healthypeople.gov; Santa Clara County Health Status and Quick Facts (SCCPHD BRFS). Link: https://publichealth.sccgov.org/health-information/health-data/behavioral-risk-factor-survey-brfs Packer, L. (2015). How hearing loss affect school performance. Link: www.HealthyHearing.com Basch, C. E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. Journal of School Health. Link:http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2011.00632.x/full; Lyons, S. A., Johnson, C, & Majzoub, K. (2009). School based vision centers: Striving to optimize learning. Work 39(1). (Milgrom, P. et al, 2011). Bright Futures: Promoting Oral Health (2015). Link: https://www.aap.org/en/practice-management/bright-futures Lewis, C. W. (2014). Fluoride and dental caries: Prevention in children. Pediatrics in Review, 35(1), p3-15. Milgrom, P., Weinstein, P., Hueber, C., Granes, J., Tut, O. (2011). Empowering Head Start to improve access to good oral health for children from low income families. Maternal & Child Health J., 15, p 876-882. Birmaher, B, MD, Khetarpa, S. MD, Cully, M, Brent, D. MD, and McKenzie, S. (1995). Screen for Child Anxiety Related Disorders (SCARED). Western Psychiatric Institute and Clinic, University of Pittsburgh
Agency Description & Address	155 North Third Street, Campbell Established in 1921, Campbell Union School District (CUSD) is a PreK-8 school district that includes parts of 6 cities in Santa Clara County. Our teachers educate more than 7,500 students at 9 elementary schools, 3 middle schools, a Home School Program, and district-operated preschools.
Program Delivery Site(s)	District schools, especially Title I schools.

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Services Funded By Grant/How Funds Will Be Spent	Services include: • Organize school health fairs • Participate in and provide healthcare resources and activities during Parent Resource Fairs and Cultural Awareness event. • Districtwide vision screenings • Connect students who have failed a health screening to a local healthcare provider • Dental Screening/Fluoride Varnish Program • Assist students and families who have been identified as not having healthcare insurance to obtain coverage • Districtwide Healthcare Insurance enrollment event • Organize and provide Bike Safety events at two schools • Student Attendance Review Board (SARB) team member • Train staff about student health needs and emergency procedures • Medication administration training and competency testing • Develop Emergency Health Care Plans for students with severe health concerns • Train and oversee unlicensed assistive personnel and school clerks who provide care for students with health needs. • Student Study Team (SST) member collaborating with educators and parents to remove or reduce students' health-related barriers to learning. • Liaison between CUSD and Santa Clara County Health Dept. Fully requested funding would support 2FTE credentialed School Nurses and 300 hours of the Community Liaison.
FY19 Funding	FY19 funding requested: $215,000 FY19 funding recommended: $215,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $225,000 FY18 Approved: $225,000 FY18 6-month metrics met: 66%	FY17 Approved: $215,000 FY17 Spent: $215,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 80%	FY16 Approved: $225,000 FY16 Spent: $225,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 80%

Rationale for Recommended Funding	The Campbell School Nurse grant is a consistently well executed program. They had three metrics available for midyear evaluation and met two. The third metric attained 83%, nearly missing 90% threshold for achievement designation.

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	2,100	4,200
	Uninsured students who have applied for healthcare insurance	40%	70%
	Students with a failed health screening who saw a healthcare provider	40%	75%
	Students identified as needing urgent dental care through on-site screenings who saw a dentist	N/A	60%
	Rosemary students grades 3, 4, 5 reporting at least a 5% reduction in stress/anxiety post intervention as measured by SCARED survey	N/A	75%

FY19 Healthy Body Proposal Summary

Cancer CAREpoint

Program Title	Nutrition Program for Cancer Patients
Grant Goal	This program will improve healing and quality of life following a cancer diagnosis by developing healthier eating habits among cancer patients.
Community Need	According to the National Cancer Institute, nutrition is a major issue facing cancer patients. Cancer and treatments can affect one's sense of taste, smell and appetite and can cause health problems such as anorexia, mouth sores, nausea, vomiting, diarrhea, constipation as well as depression and anxiety.
Agency Description & Address	2505 Samaritan Drive, Suite 402, San Jose Cancer CAREpoint is the only local organization in the South Bay that provides free, non-medical support services to cancer patients and their families regardless of their cancer type, where they receive medical care, or their insurance status. This support includes counseling, classes in nutrition and movement, educational workshops, support groups for patients and caregivers, a wig bank, survivorship workshops, and access to a variety of integrative healing modalities.
Program Delivery Site(s)	The program will be delivered at the agency site in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Providing cancer patients with private, individualized consults from a nutritionist • Conducting nutrition workshops on managing fatigue, immune boosting, eating for better sleep and benefits of balancing sugar Full requested funding will support nutritionists to provide nutrition classes and consultations, and program supplies.
FY19 Funding	FY19 funding requested: $21,500 FY19 funding recommended: $21,500

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $25,310 FY18 Approved: $22,000 FY18 6-month metrics met: 100 %	FY17 Approved: $20,000 FY17 Spent: $20,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	150	400
Nutrition services provided	300	830
Participants who report at least a moderate increase in understanding how nutrition may affect cancer treatments and medications	90%	90%

FY19 Healthy Body Proposal Summary

Challenge Diabetes Program

Collaborative organizations: Community Services Agency Mountain View, Sunnyvale Community Services, West Valley Community Services, and Second Harvest Food Bank

Program Title	Challenge Diabetes Program
Grant Goal	This program will identify community members with pre-diabetes and prevent type 2 diabetes and to help people with type II diabetes manage their diabetes more effectively.
Community Need	Thirty-seven percent of U.S. adults aged 20 years or older have pre-diabetes. In Santa Clara County, 8% of adults have ever been diagnosed with diabetes. Percentages are highest for Latinos (11%) and African Americans (10%), those ages 65 and older (18%), those with less than a high school education (16%), and adults with household incomes lower than $50,000. Food insecurity, which affects lower-income populations more, further increases the risk for chronic diseases like hypertension and Type 2 diabetes. Lower-income people may also face choices about paying for food or medication.
Agency Description & Address	Community Service Agency Mountain View: 204 Stierlin Road, Mountain View Sunnyvale Community Services: 725 Kifer Rd, Sunnyvale West Valley Community Services: 10104 Vista Drive, Cupertino Second Harvest Food Bank**:** 4001 North First Street, San Jose Community Service Agency Mountain View (fiscal agent) is a nonprofit organization that provides important social services for residents of Mountain View, Los Altos, and Los Altos Hills. Partner agencies include Sunnyvale Community Services, Second Harvest Food Bank, and West Valley Community Services.
Program Delivery Site(s)	Services will be provided in San Jose, Mountain View, Cupertino and Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for a coordinator to implement program offerings • Identify clients with diabetes or pre-diabetes through on-site screenings (CDC risk-assessment and HbA1c screening) • Preventing and/or managing clients' diabetes through education, and provision of gym memberships and healthier foods • Providing monthly food bags to families including nutritious foods and educational materials • Delivering lifestyle modification classes based on CDC's evidence-based on National Diabetes Prevention Program (DPP) • Conducting clinical screenings pre-screening and post-screenings to measure impact Full requested funding will support program staffing, clinical screenings, lifestyle modification classes, health education materials, gym memberships, outreach and program supplies.
FY19 Funding	FY19 funding requested: $196,468 FY19 funding recommended: $196,468

	FY18	FY17	FY16
Funding History and Metric Performance	FY18 Requested: $192,290 FY18 Approved: $192,290 FY18 6-month metrics met: 100%	FY17 Approved: $200,922 FY17 Spent: $200,922 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $168,953 FY16 Spent: $113,731 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

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	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Clients served	420	420
	Client post-screened for HbA1c	360	360
	Participants with elevated HbA1c who decrease HbA1C by at least of 0.10%	N/A	25%
	Participants who report exercising 15 – 30 minutes for 4 – 5 times a week	N/A	75%
	Participants who receive at least 70% on knowledge of risks and prevention questions	36%	68%

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College of Adaptive Arts NEW

Program Title	Get Fit
Grant Goal	The College of Adaptive Arts (CAA) is requesting $25,000 to fund a health and wellness program targeted at the Santa Clara County community at large with an emphasis on youth and adults with physical or intellectual special needs. The program will be created and managed by CAA's Dean of Instruction, Fitness Nutrition/Brain and Balance specialist, and the Director of the School of TV/Film. Our students will take part in the roles of actors, screen writers, camera people, and producers. Our program will benefit anybody with a health concern; for example, diabetes, cardiology, mobility. Initially, our program will use television as the platform for spreading the word about staying healthy and providing information and tips such as making a healthy plate and learning how to make wise decisions in the supermarket. To reach the younger set, our touring troupes will take the health message on the road with songs, dances, and poetry about eating right and keeping the feet moving. CAA will create four episodes per year for three years that will appear on CreatTV San Jose, a nonprofit, community public access station. We feel this service is needed because as the population ages, so do chronic health conditions.
Community Need	This program will address health areas such as mental health, nutrition, obesity, oral health, physical activity, and quality of life. According to a WHO fact sheet on disability and health, people with disabilities and those who are economically disadvantaged have less access to health care services. The consequences of this range from an increase in emergency room visits to a shorter life expectancy. Our program of disseminating information about health and wellness may empower people with disabilities to take charge of their own health issues. By including children and teens in our demographic, our program may prevent some of the health issues many adults are facing such as diabetes, obesity, or poor oral health. Because the message bearers are adults with disabilities, the target audience may be more inclined to listen and may feel supported. We will be using best practice-based programming using our copyrighted ARTS teaching and learning model that would be used to teach others and present materials in various formats.
Agency Description & Address	1401 Parkmoor Avenue, Suite 260, San Jose The mission of the College of Adaptive Arts (CAA) is to provide an equitable collegiate experience for adults with special needs who historically have not had access to college education. CAA's vision is to empower the student body to creatively transform perception of individuals with disabilities. The values of CAA include: • Believing in our student's competence and unique abilities • Fostering a culture of active engagement and high expectations • Empowering students and staff to expand their strengths • Celebrating diversity • Creating a safe space for creativity and expression • Building bridges for positive, successful community relationships
Program Delivery Site(s)	N/A

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Services Funded By Grant/How Funds Will Be Spent	Services include: • Structure class • Find and invite community guests involved in the health and wellness field • Research opportunities to tie classwork with community event • Planning what each episode will focus on and assisting our students to research the topics • Writing the script for each segment • Scouting locations • Filming • Renting cameras for field shots • Studio work, includes editing Full requested funding would support the partial salaries of a two professors (School of Health and Wellness and School of TV/Film), two program assistants, Cross Curricula Coordinator, studio rental, surveys and class materials.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	100	10,000
	Student encounters (class learning sessions)	18	36
	Community encounters (television show and planed events)	10	20
	Number of individual student and community encounters thorough specific and targeted channels (direct and indirect education experiences)	5,000	10,000
	Parent or caregiver reporting a change in the eating habits of their student	No targets provided	No targets provided
	Teacher evaluation of student applying learning to daily life	No targets provided	No targets provided
	Random community participant attending a Get Fit event reporting that they learned something	No targets provided	No targets provided

FY19 Healthy Body Proposal Summary

Community Health Partnership, Inc. NEW

Program Title	Learning Collaborative: Patient Attribution and Engagement Project
Grant Goal	To provide training and workflow development support through a regional learning collaborative for clinical staff (including nurses, QI staff, and care coordinators) at community clinics who are working to expand their care coordination processes. This project will assist care teams with managing their patient empanelment and patient engagement processes through the implementation of patient attribution and assignment workflows. These workflows will allow previously unseen patients to be actively engaged in a health home where their needs can be identified and addressed through an initial health assessment and annual wellness visit. In addition, the learning collaborative and project activities will incorporate existing clinic outreach and enrollment staff as part of the team to support the development and implementation of patient outreach and in-reach strategies to engage the patients who have not been seen for their risk assessments and annual wellness visit. Overall, the long-term goals of these strategies are to reduce hospitalizations and better manage the care of chronically ill patients.
Community Need	There is a great need for this project. In 2016, CHP member clinics were collectively assigned 84,480 MediCal patients, however only 25,434 of these patients (or 30% of the total) assigned to a primary care physician (PCP) visited their assigned PCP. Similarly, CHP member clinics are serving approximately 6,000 patients enrolled in the Santa Clara County's Primary Care Access Program (PCAP), a program that provides health coverage for uninsured patients. CHP estimates that there are similar rates of engagement among the PCAP patient population, resulting in a significant amount of missed opportunity to actively engage patients and better meet their health care needs. Currently, about 30% of these patients are actively seen by a PCP in the clinics, as reported to CHP clinics through quarterly and annual reports from Santa Clara County and Valley Health Plan. This lack of patient engagement results in poorer health outcomes for chronically ill patients and an increased use of emergency departments (ED). The proposed project will focus on closing clinical care gaps among MediCal and PCAP (Primary Care Access Program), patients in several clinical areas by expanding capacity to identify and engage patients that have been "attributed but not seen." Effective attribution and engagement practices are critical first steps in successful care coordination models. The clinical outcomes identified for this project align with the clinical outcomes prioritized by the County through both PCAP and the MediCal managed care contract with Valley Health Plan. Without engaging in these kinds of clinical activities with their PCPs, patient needs and care gaps go unaddressed leading to poorer health outcomes and higher costs. As noted, in 2016, CHP member clinics served 84,480 MediCal patients through 76,024 PCP visits, which represents an average of 0.9 visits/patient. This rate falls short of the expectations by MediCal and PCAP payers, who have set targets for community clinics with a minimum threshold of 1.8 visits/patients annually. Increased use of primary care leads to better management of chronic illness reduces ED use, and generally, lowers overall health care spend. In addition to these clinical utilization metrics, CHP and its member clinics anticipate self-reported increases in process improvements related to: 1) improved data exchange between payers and providers; 2) improved knowledge of patient attribution models; and 3) improved use of common workflows for patient identification and engagement based on principals of Patient Centered Medical Home.

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Agency Description & Address	1401 Parkmoor Avenue, Suite 200, San Jose Community Health Partnership (CHP) represents ten community health centers serving 40 sites in Santa Clara and San Mateo Counties, providing them with resources and expertise to deliver high quality, affordable care to our diverse community. CHP gives its members a collective voice to reach and educate policy makers, funders and community leaders – supporting local health centers' efforts to shape health policy, secure funds, and strengthen the health care safety net. CHP also collaborates with members to drive best practices for quality care, maximize resources, improve technology tools, and navigate the changing health care environment.
Program Delivery Site(s)	• Learning Collaborative trainings will take place at the Sobrato Center for Nonprofits at 1400 Parkmoor Avenue in San Jose or at CHP office in San Jose • Technical assistance sessions will occur on-site at community health clinics • Coaching sessions will take place by teleconference
Services Funded By Grant/How Funds Will Be Spent	Services include: • Convening three quarterly half-day in-person Learning Collaborative sessions and two individual "action period" conference calls with each participating Community Health Clinic (CHC) to provide one-on-one technical assistance to clinical teams • Developing common clinic workflows for utilizing patient attribution list to increase the number of patients seen for initial health risk assessment (IHA) and annual wellness exams • Providing technical assistance to clinic teams to document the completion of the IHA in the Electronic Medical Record and correctly code the initial well patient visit • Developing common clinic workflows to leverage existing outreach and enrollment staff to expand patient in-reach and outreach strategies • Establishing monthly data sharing processes between CHP, the clinics, and the health plans • Providing onsite technical assistance to clinic staff to assist them with accessing health plan attribution lists for empanelment and care planning • Creating a consortium-level dashboard to track and manage utilization and clinical quality measures across the eight participating clinics Full requested amount funds partial salaries for the Medical Director and Project Manager and a small amount of administrative costs.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $50,000

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served (trained community clinic staff)	20	45
Clinical increase in number of documented annual wellness exams for previously unseen patients	5%	8%
Clinical increase in number of documented risk assessment exams for previously unseen patients	5%	8%
Clinical increase in number of office visits to a primary care physician for assigned patients	5%	8%

FY19 Healthy Body Proposal Summary

Cristo Rey Network

Program Title	Cristo Rey San Jose Jesuit High School Health and Wellness Program
Grant Goal	This program will engage students in developing healthy habits. Students will improve heart rate and blood pressure, engage in new forms of exercise, and eat more healthfully.
Community Need	Many students struggle throughout the school day because of the lack of adequate nutrition, exercise, and mental health. Especially in low-income communities, the pull factors of unhealthy food and sedentary entertainment options are very strong. In the Mayfair neighborhood, where Cristo Rey San Jose (CRSJ) is located, a majority (69%) of the neighborhood's 11,427 residents are Latino/Hispanic and almost a third (31%) are under 18 years of age. CRSJ's student population is 95% Latino. In Mayfair, there are fewer healthy food retailers than the countywide average.
Agency Description & Address	1389 East Santa Clara Street, San Jose CRSJ is a Jesuit, Catholic high school whose mission is to empower students from underserved communities in San Jose to be men and women for others who are prepared spiritually, academically, and professionally to complete college and who will become accomplished leaders committed to a lifelong pursuit of learning, faith, and justice.
Program Delivery Site(s)	The program will be delivered in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting daily physical fitness sessions during school hours • Providing health statistics monitoring Full requested funding will support partial staffing and program materials such as equipment.
FY19 Funding	FY19 funding requested: $40,000 FY19 funding recommended: $10,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $32,076 FY18 Approved: $10,000 FY18 6-month metrics met: 100%	FY17 Approved: $27,402 FY17 Spent: $26,102 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	116	116
	Classes offered	160	320
	Students who show improvement in 5 out of 8 fitness tests	65%	65%
	Students who will be considered healthy according to the standardized FitnessGram performance standards for five out of the eight tests	50%	50%

FY19 Healthy Body Proposal Summary

Cupertino Union School District

Program Title	School Nurse Program
Grant Goal	The Cupertino Union School District is requesting $87,842 (50% of $175,684 total forecasted program budget) to provide extra nursing and clerical support to schools serving the more underserved populations within the Cupertino Union School District. These schools include DeVargas and Eisenhower Elementary. The additional nursing and clerical support allows for extensive follow-up for health screening failures, additional staff trainings for epi-pen administration in response to allergic reactions, and assistance with access to healthcare services through community resources. School nurses also promote and market health literacy through programs provided by El Camino Hospital, provide health education to families, and provide attention to the health needs of students and staff in the school communities.
Community Need	There are significant barriers in accessing healthcare for students in our target schools. Data from Lucile Packard Foundation for Children's Health 2016 indicates that 23.3% of students in public schools within Santa Clara County are English Learners compared to 22.1% statewide. These students are more likely to have difficulty accessing quality health care which may result in health disparities for these students as adults compared to children whose households speak English primarily. Additionally, the target school sites have a greater percentage of minority students in comparison with other district school sites. Santa Clara County Measures of Economic Security Report (2014) indicates ethnic disparities in Santa Clara with minorities having greater rates of unemployment and poverty which ultimately contribute to poor health outcomes. Furthermore, the school nurse serves a population of students who have a greater truancy rate, in comparison to other school sites in the district. Analysis of absenteeism in students who took the National Assessment of Educational Progress (NAEP) in 2011 and 2013 showed that high absenteeism is associated with lower test scores in every state and city that was tested. Attendance concerns are often attributed to unmanaged chronic health conditions or students receiving medical treatment outside of school. Case management by the School Nurse can help lower rates of truancy which will ultimately increase the child's class time and improve their access to education. The Grant staff will offer additional follow-ups for health screening failures, case management services, and offer resources to families who may have difficulty navigating the healthcare system.
Agency Description & Address	10301 Vista Drive, Cupertino The Cupertino Union School District is a TK-8 school district serving over 18,000 students across 25 schools within Santa Clara County. The Cupertino Union School District has been known for its academic excellence and commitment to the organization's mission since its inception. The mission of the district is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity. District families, community, and staff join as partners to develop creative, exemplary learners with the skills and enthusiasm to contribute to a constantly changing global society.
Program Delivery Site(s)	DeVargas and Eisenhower Elementary Schools

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Services Funded By Grant/How Funds Will Be Spent	Services include: • Extensive follow-up and case management at target schools following health screenings. Follow-up will include additional written referrals and phone calls, referrals to health care resources, and detailed data tracking • Promotion of dental health through on-site dental screenings at target school sites. School nurses will organize screenings at target schools and follow-up with students who were identified with having dental health concerns • Promotion of health literacy and physical activity through marketing and presentation of Go Noodle health curricula. Promotion will include email blasts to educators, Go Noodle flyers, and presentation of Go Noodle health resources during staff meetings • Intensive training for staff at target schools to understand severe food allergies, anaphylaxis response, and EpiPen usage Full requested funding would support the partial salaries of a credentialed school nurse, LVN and health clerk.
FY19 Funding	FY19 funding requested: $87,842 FY19 funding recommended: $76,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $72,481 FY18 Approved: $72,481 FY18 6-month metrics met: 100 %	FY17 Approved: $68,997 FY17 Spent: $68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $10,223 FY16 Spent: $103,223 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Dual Funding	FY19 funding requested: $87,842 FY19 funding recommended: $87,842

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $72,481 FY18 Approved: $72,481 FY18 6-month metrics met: 100%	FY17 Approved: $68,997 FY17 Spent: $68,997 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $34,411 FY16 Spent: $34,411 FY16 6-month metrics met: 67% FY16 annual metrics met:100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	560	1,225
	Student who failed a mandated health screening who saw a health care provider	62%	85%
	Kindergarten students identified as needing early intervention or urgent dental care through onsite screening who saw a dentist	N/A	82%
	Teachers accessing Go Noodle health education curricula and activities.	76%	88%
	Teachers/staff at target schools who received training on severe allergies, anaphylaxis and Epi-pen usage.	80%	85%

FY19 Healthy Body Proposal Summary

Gardner Family Health Network, Inc.

Program Title	Down with Diabetes
Grant Goal	This diabetes prevention program targets adults who are pre-diabetic as defined by HbA1c blood levels.
Community Need	Thirty-seven percent of U.S. adults aged 20 years or older have pre-diabetes. Low-income populations are at higher risk than the general population for developing type II diabetes, and food insecurity further increases risks for chronic diseases like hypertension and type II diabetes. In Santa Clara County, 8% of adults have ever been diagnosed with diabetes. Percentages are highest for Latinos (11%) and African Americans (10%), those ages 65 and older (18%), those with less than a high school education (16%), and adults with household incomes lower than $50,000. Food insecurity, which affects lower-income populations more, further increases the risk for chronic diseases like hypertension and Type 2 diabetes. Lower-income people may also face choices about paying for food or medication. In 2013, the Gardner Family Health Network treated over 2,500 patients (11 percent) who were pre-diabetic according to their HbA1c levels. It is essential that patients who have been identified as pre-diabetic be educated about proper nutrition and physical activity.
Agency Description & Address	160 E. Virginia Street, Suite 100, San Jose Gardner is dedicated to improving the health status of the disenfranchised, disadvantaged, and most vulnerable members of our community. Gardner provides medical, dental, vision, counseling, and substance abuse services to more than 60,000 Santa Clara and San Mateo County residents.
Program Delivery Site(s)	The program will be delivered in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for clinical staff and Wellness Coordinator who will facilitate visits with primary care providers and consults with Registered Dieticians • Providing HbA1c testing and one-on-one chronic disease management and counseling • Providing patients with access to gym memberships and fresh produce vouchers for fruits, vegetables, and healthier foods Full requested funds will support partial clinical staffing including bilingual Registered Dietitians and Health Coach, and program supplies such as gym memberships and fruit and vegetable vouchers.
FY19 Funding	FY19 funding requested: $259,139 FY19 funding recommended: $220,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $214,140 FY18 Approved: $185,000 FY18 6-month metrics met: 100%	FY17 Approved: $180,000 FY17 Spent: $180,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $160,600 FY16 Spent: $149,229 FY16 6-month metrics met: 25% FY16 annual metrics met: 40%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Patients served	800	1,500
Services provided, including patient visits with a Registered Dietitian and/or Health Coach	1,280	2,560
Patients who experience at least 5% weight loss	30%	40%
Patients who experience at least a 0.2 point reduction in HbA1c blood levels	35%	45%

FY19 Healthy Body Proposal Summary

HEALTHY BODY

GoNoodle, Inc.

Program Title	GoNoodle Movement Videos and Games – Brain Breaks
Grant Goal	GoNoodle, Inc. is requesting $113,000 to continue providing GoNoodle movement videos and games to school districts in El Camino Hospital's service area. In addition, we have added GoNoodle mindfulness videos that help children deal with anxiety and stress. GoNoodle will serve 183 schools. GoNoodle's internal and external teams of product and content experts, user engagement specialist, regional community managers, and contracted event squad members will provide the on-going engagement, professional development, and outreach to all covered schools and elementary teachers.
Community Need	According to a CDC and USDA study of WIC participants (2014), California ranked 6th highest in the nation for obese, low-income two to four-year-olds (16.6%). In 2016, 31.2% of California children aged 10-17 were either overweight or obese. California currently has no laws requiring schools to provide physical activity or recess during the school day. These alarming facts exemplify the need for early intervention to promote health and provide opportunities for physical activity for California's children. Sources: https://stateofobesity.org/states/ca/#policies https://stateofobesity.org/high-school-obesity/
Agency Description & Address	209 10th Ave. South, Suite 350, Nashville, TN GoNoodle gets kids moving to be their smartest, strongest, bravest, silliest, best selves. Short, interactive movement and social-emotional videos make it awesomely simple and fun to incorporate movement into every part of the day with dancing, stretching, running and mindfulness activities. At school, teachers use GoNoodle to keep students energized, engaged, and active inside the classroom. At home, GoNoodle turns screen time into active time, so families can have fun and get moving together. Currently, 14 million kids use GoNoodle each month, in all 50 states and 185 countries.
Program Delivery Site(s)	Schools in El Camino Hospital service area
Services Funded By Grant/How Funds Will Be Spent	Services include: • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECH sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECHD name and logo on the GoNoodle site and on materials sent to teachers, administrators, and parents • ECH name and logo extended to GoNoodle home usage, on-going platform enhancements and new games or videos added regularly • Direct mail and email campaigns designed to promote new and ongoing usage to principals and teacher champions • Social media activity (Twitter, Facebook, and Instagram posts to engage with users) • On-site GoNoodle demonstrations or webinars as requested • GoNoodle monthly reporting to the partner, and to schools Full requested funding will support for program license and the partial salary of the school engagement coordinator.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

FY19 Funding	FY19 funding requested: $113,000	FY19 funding recommended: $113,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $110,000 FY18 Approved: $110,000 FY18 6-month metrics met: 50%	FY17 Approved: $110,000 FY17 Spent: $110,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $74,000 FY16 Spent: $74,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%
	GoNoodle is highly valued by the schools it serves. They only had two metrics that could be evaluated at midyear. This year they over achieved on one and reached 87% on the other, just under the 90% threshold to reach the 'met' designation. They anticipate meeting annual targets.		
FY19 Dual Funding	FY19 funding requested: $ 36,000	FY19 funding recommended: $36,000	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $35,000 FY18 Approved: $35,000 FY18 6-month metrics met: 100%	FY17 Approved: $35,000 FY17 Spent: $35,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $21,000 FY16 Spent: $21,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Schools Served	183	183
	GoNoodle physical activity breaks played	122,500	245,000
	Teachers who believe GoNoodle benefits their students' focus and attention in the classroom	N/A	90%
	Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects	N/A	90%

Healthier Kids Foundation

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

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Program Delivery Site(s)	Healthier Kids Foundation will be delivering services to preschool, charter school, public school and community organization settings, such as Franklin McKinley School District and Alum Rock School District.
Services Funded By Grant/How Funds Will Be Spent	DentalFirst program will provide: • Dentists screen children for dental-related issues and recommend follow up care • Dentists provide oral hygiene education to the children and literature for parents • Parents receive a copy of the child's screening result • Case management for families with child whose screening result has indicated a dental issue(s) and for those without insurance HearingFirst program will provide: • Hearing screening to children and appropriate follow up, as needed • Parents of children screened with their child's screening results • Case management as needed, including bilingual case managers Full requested amount funds partial salaries of 23 staff positions and administrative costs.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $30,000

Funding History and Metric Performance	FY18	FY17	FY16
	Two applications in FY18 merged to one for FY19: DentalFirst: FY18 Requested: $20,000 FY18 Approved: $20,000 FY18 6-month metrics met: 100% HearingFirst:: FY18 Requested $20,000 FY18 Approved: Did not fund	New in FY18	New in FY18

FY19 Dual Funding	FY19 funding requested: $40,000 FY19 funding recommended: $40,000

Dual Funding History	FY18	FY17	FY16
	Two grants in FY18 merged to one for FY19: DentalFirst: FY18 Requested: $20,000 FY18 Approved: $10,000 FY18 6-month metrics met: 100% HearingFirst: FY18 Requested: $20,000 FY18 Approved: $10,000 FY18 6-month metrics met: 50%	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	285	570
	Of children hearing screened, the percentage of those who received a referral after initial screening	10%	10%
	Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services	35%	35%
	Of children dental screened, the percentage of those who received a referral	30%	30%
	Of children dental screened who received a referral, the percent that received and completed appropriate dental services	75%	75%

Indian Health Center of Santa Clara Valley

Program Title	Healthy Futures Program
Grant Goal	The Indian Health Centers (IHC) is requesting $74,000 to fund the Healthy Futures Program. The Healthy Futures Program will be entering into its second year. The Healthy Futures Program aims to decrease the number of Indian Health Center pediatric patients (ages 0-17) who are overweight, obese, or pre-diabetic by decreasing their BMI percentile. For the pre-diabetic and diabetic pediatric patients, the program will also aim to decrease A1c levels. Our multi-layered, patient-centered approach will include the efforts of primary care physicians, Registered Dietitians, Registered nurses, fitness instructors, health educators and diabetes prevention/management peer educators. Included in the Healthy Futures Program is a 5-day, 2 hours per day program during school break called Healthy Adventures. For pediatric patients who are pre-diabetic or diabetic, we will offer the Diabetes Education and Empowerment Program, which is a 6 week curriculum that meets one time per week for two hours. It is facilitated by trained peer educators and a registered nurse. Participants will receive nutrition services at all IHC medical clinic locations and the Wellness Center. Patients will also receive fitness services at the Wellness Center where the IHC fitness center is located. It is imperative that younger generations learn about essential health practices in ways that they can understand and relate to in order to prevent health complications. Because parents, siblings, and other family members play a significant role in the success and effectiveness of the program, they are included at every step of Healthy Futures. All of the services will be completely free of charge to the pediatric patients and families and will be available in both English and Spanish.
Community Need	According to the 2014 Santa Clara County Community Health Assessment, 16 percent of adolescents (ages 10-19) are obese. (https://www.sccgov.org/sites/phd/collab/chip/Documents/cha-chip/SCC_Community_Health_Assessment-2014.pdf) For adolescents who identify as Latino/Hispanic, 26 percent are reported to be obese. The data for the Latino/Hispanic adolescents living in Santa Clara County is higher than the national average, which according to the Centers for Disease Control and Prevention (CDC) is at 21.9%. (https://www.cdc.gov/obesity/data/childhood.html) Pre-diabetes and diabetes serve as a severe potential health consequence of prolonged overweight and obesity. The Indian Health Center of Santa Clara Valley is in constant communication with the County of Santa Clara's Public Health Department in promoting the Diabetes Prevention Initiative, where several hospitals, non-profits, and community organizations focus on preventing type 2 diabetes and raising general awareness levels among community members. Having a program that focuses on pediatric patients specifically would greatly benefit and be unique to our community. A healthy diet and staying physically active are essential in combating the conditions discussed above. According to the YMCA's Family Health Snapshots in 2015 (http://www.ymca.net/news-releases/national-survey-kids-healthy-habits-decline-during-summer) , about three-quarter of kids drink sugar-sweetened beverages at least weekly during the summer, and about a quarter of kids average one or more sweetened beverages daily or almost daily. The report also states that while food consumption rises in the summer months, many kids still do not consume the recommended amount of vegetables. As many working adults have limited time to prepare food for a family, the alternative of fast and inexpensive food may become an attractive idea. Parents may need more support and guidance to help facilitate feeding the family more healthy foods. It is important to have services that can work with the diverse and complex situations that families are facing and help find cost effective food alternatives and techniques that benefit the family

	unit. Furthermore, there is access to athletic programs and organized sports at local schools, but depending on the sport, there are oftentimes fees to purchase team merchandise or specific equipment. Athletic programs that are not affiliated with the schools can easily charge $75 and up for programs that last as little as one month. This is often is an economic barrier that families cannot take on, thus children are unable to participate in the activities. There are clear health consequences if the needs are not urgently addressed. According to the CDC, those who are obese are at an increased risk of developing high blood pressure, type 2 diabetes, coronary heart disease, stroke, Osteoarthritis, sleep apnea and breathing problems, clinical depression and body pain. (https://www.cdc.gov/healthyweight/effects/index.html) Aside from potential physical health consequences, the psychological well-being of our children is at risk. The CDC also states that children with obesity are bullied and teased more. Also, they are more likely to suffer from social isolation, depression, and lower self-esteem. (https://www.cdc.gov/healthyschools/obesity/facts.htm) The risk of developing pre-diabetes or type 2 diabetes in children and youth goes up significantly if the individual has a family history or is overweight. The CDC states that among the increasing trend of teens being diagnosed with pre-diabetes and diabetes, being overweight has been a significant risk factor. Some serious potential health complications for diabetes include neuropathy, hypertension, retinopathy, nephropathy, foot damage, and cardiovascular disease (https://www.cdc.gov/diabetes/prevent-type-2/index.html). Understanding the potential health consequences, the program will aim to affect pediatric patients and their parents in a prevention focused approach before any serious health complications can develop as a result of being overweight or obese.
Agency Description & Address	1211 Meridian Ave, San Jose The Indian Health Center (IHC) began operation in 1977. In 1993, IHC obtained Federally Qualified Health Center (FQHC) status to provide services to anyone in need of care. IHC offers medical, counseling, nutrition, WIC, dental and wellness services. In 2002, IHC started a wellness program to promote healthy living. The program has grown and IHC now operates a Wellness Center in downtown San Jose that houses a state-of-the-art fitness center, nutrition counseling, diabetes case management, health education, and traditional American Indian cultural activities. The Wellness Center is also home to a comprehensive, award winning diabetes management and prevention program. IHC has four medical sites, two dental sites, three WIC locations, and a wellness center that has wellness, counseling, substance abuse, and cultural services.
Program Delivery Site(s)	Services will be delivered at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Individual 30 - 60 minute Medical Nutrition Therapy appointments with a Registered Dietitian • 60 minute Personal Training sessions with the Fitness Coordinator. Children ages 6 and up are able to receive free personal training at the Wellness Center with their parent present. Exercises include body-weight exercises and cardio. 1 Hour Youth Exercise Group facilitated by the Fitness Coordinator. • Access to the fitness center equipment and classes • Healthy Adventures Summer Program: 3 cohorts of this 5-day/2 hour program are offered during school breaks. The program is for pediatric patients and their parents. • Services for pediatric patients diagnosed with pre-diabetes (HbA1c of 5.7% - 6.4%) or diabetes with the goal of decreasing the patient's HbA1c.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	• Diabetes Education and Empowerment Program - a 6 week curriculum program for both patient and the parents/guardian to help families become motivated and empowered together to make lifestyle changes. The Indian Health Center will host two cohorts of the Diabetes Education and Empowerment Program that will serve unduplicated patients for each cohort. • Case management services for high need pediatric patients includes health education, weekly follow up and coordination of care with specialists, Indian Health Center providers and services, and community resources. The case managers are health educators that are managed by a registered nurse and work in partnership with the patient's primary care provider. Full requested funding would support staffing for an RD, RN, Diabetes Prevention Manager, Health Educator, Fitness Coordinator, Outreach Coordinator and program supplies.
FY19 Funding	FY19 funding requested: $74,000 FY19 funding recommended: $74,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $70,000 FY18 Approved: $70,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	100	180
	Services provided	440	995
	Participants who decrease their BMI Percentile	15%	30%
	Participants who are diagnosed with pre-diabetes or diabetes that decrease their A1c by at least 0.10%	30%	70%
	Participants who have elevated total cholesterol (> 170 mg/dL) decrease their total cholesterol	30%	70%

FY19 Healthy Body Proposal Summary

Living Classroom NEW

Program Title	Garden Based Nutrition Program in Campbell Union Elementary School District
Grant Goal	To inspire children in the Campbell Union Elementary School District to learn and value the natural world through the creation of student gardens and garden-based education while also increasing the amount of fruits and vegetables they eat and providing outdoor physical activity. This grant will help launch the garden-based health program in the Campbell Union Elementary School District (CUSD). CUSD has requested Living Classroom services as the District has already made a commitment to have gardens in every school but does not have a consistent, standards-aligned instructional program that utilizes the existing and new gardens as the outdoor setting for the experiential lessons which make the direct and physical connection between the food they eat and where it comes from and what constitutes a healthy environment. CUSD has also committed to an Environmental Literacy Framework in which food systems and agriculture, along with watershed themes will be emphasized at each grade level. For the first year, Living Classroom staff and later, trained docents will offer 22 different lesson plans to teachers in grades K-3 in 6 schools with a first year goal of teaching approximately 1,700 students with an average of 4 lessons per class during the school year.
Community Need	According to the Santa Clara County Public Health City and Small Area/Neighborhood Profiles for Campbell, only 21% of adults at 2 or more servings of vegetables in the past 30 days and 40% at fast food at least weekly. In addition, according to the California Department of Healthcare Services, 2014 data, Latinos have the highest rates of obesity averaging 26% for 5th, 7th, and 9th graders and 34% for adults. These statistics can be extrapolated to apply to children as well. Additional statistics are available for other cities served by CUSD, but it is difficult to determine as only a small portion of those cities are within the CUSD boundaries. CUSD's Fifth Grade fitness test results from the 2016-17 school year shows that 40% of students met 3 (half) or less out of 6 fitness standards tested. This same fitness test also measured fitness tasks and found that 32% of fifth graders did not have aerobic capacity in the Healthy Fitness Zone, 38% did not have a body composition reading within the Healthy Fitness Zone, and averaging out abdominal strength, trunk extension, upper body strength, and flexibility, 38% of students did not fall within the Healthy Fitness Zone. Living Classroom addresses inadequate nutrition, obesity, unhealthy eating and lack of physical fitness through its continuous T/K-8th grade garden-based school-day, after school, and summer school programs for the MVWSD which provide healthy outdoor physical activity during the lessons and after school programs and directly engage students in growing healthy produce and grains and preparing and eating healthy produce and prepared dishes. These activities reflect both best practices and are evidence based.
Agency Description & Address	P.O. Box 4121, Los Altos Living Classroom provides health oriented garden-based education programs to local public school districts. Our mission is to inspire children to learn and value our natural world through garden-based education. Our goals are to connect students to the sources of their food and healthy eating, instill environmental stewardship, and make science learning relevant to their lives.
Program Delivery Site(s)	The program will be delivered at the following schools in the Campbell Union Elementary School District: • Castlemont Elementary School, Campbell • Forest Hill Elementary School, San Jose • Marshall Lane Elementary School, Saratoga

FY19 Healthy Body Proposal Summary

HEALTHY BODY

	• Lynnhaven Elementary School, San Jose • Rosemary Elementary School, Campbell • Capri Elementary School, Campbell Note: CUSD may revise this list of initially participating schools in the coming months based on further evaluation of their readiness to receive this program. CUSD provided a strong letter of support.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Launch of K-3 garden-based nutrition lessons that integrate required state standards in science, math, nutrition and social studies standards and interspersed with health and nutrition topics • Providing an average of four lessons for each participating class over the school year • Planning, designing and installing three new or expanded school gardens in this first year • Outdoor physical activity that combines with health education content standards in the Nutrition Education Resource Guide for California Public Schools Full requested amount supports partial salaries of several program staff roles, including instructor and garden manager, as well as supplies and other administrative costs.
FY19 Funding	FY19 funding requested: $40,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New to ECH in FY19	New to ECH in FY19	New to ECH in FY19

FY19 Dual Funding	FY19 funding requested: $100,000 FY19 funding recommended: $88,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $100,000 FY18 Approved: $78,000 FY18 6-month metrics met: 50%	FY17 Approved: $98,959 FY17 Spent: $78,000 FY17 6-month metrics met: 75% FY17 annual metrics met: 100%	FY16 Approved: $74,000 FY16 Spent: $74,000 FY16 6-month metrics met: 50% FY16 annual metrics met: 33%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	700	1,700
	Garden-Based Lessons involving edible gardens, tasting and/or preparing and fresh produce and physical outdoor activity given in Grades K-3Garden-Based Lessons involving edible gardens, tasting and/or preparing and fresh produce and physical outdoor activity given in Grades K-3	125	300
	Teachers rating the program an average of "4" or greater (out of a 5 point scale) for lesson content and delivery.	75%	90%
	Percentage of "In the Moment" teacher and student comments about lessons that reflect significant new learning about healthy foods, healthy living, and/or healthy environments and enthusiasm for this new learning and experiences.	50%	60%

Medical Respite - Healthcare Foundation of Northern & Central California

Program Title	Medical Respite Program
Grant Goal	The Medical Respite Program (MRP) is designed as a community resource that provides a clean, safe place for homeless patients to live when they are discharged from the hospital. The MRP supports homeless patients as they recuperate and receive on-going medical and psychosocial services. The objective of the program is to link the homeless patient to a primary care home, to help them access entitled benefits, and to provide psycho-social support and services. The program is located at the Boccardo Reception Center (a local shelter) in San Jose. The staff includes a medical director, 2 RNs, 2 social workers, a psychologist, a post-doc psychologist, and a community health worker. The program also provides access to an adjacent clinic, psychiatric care, and drug and alcohol services.
Community Need	According to the Santa Clara County 2014 Health Assessment "a total of 7,631 homeless individuals were counted during the Santa Clara County Homeless Census and Survey. Of these, two-thirds (5,674, 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas). The Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year. Additional findings include: • Of homeless individuals who needed medical care in the past year, 4 in 10 (39%) reported they were unable to access needed care. • Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions (including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions). - Sixty-eight percent reported currently experiencing mental health conditions. " When homeless individuals are hospitalized and discharged to the streets they are usually unable to consistently follow physician's orders, take their medications, do wound care, etc. This often results in re-admissions to the hospital and/or frequent emergency room visits. The Medical Respite Program provides a clean, safe place for recuperation where support is provided to follow through on physician orders and treatments. Additional psycho-social support is provided to begin stabilizing the lives of the homeless.
Agency Description & Address	1215 K Street Suite 800, Sacramento The Healthcare Foundation of Northern and Central California's purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve. The Foundation was formed in 2006 and has funded many projects for the hospitals it serves.
Program Delivery Site(s)	Boccardo Reception Center, a local shelter, in San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • A semi-private room and 3 meals are provided for each patient while they are in Medical Respite • A primary care home is established with the on-site clinic where they are seen for all outpatient medical needs • Patients are thoroughly assessed for medical and psychosocial needs • Referrals and coordination with specialty care is provided as needed

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	• Supervision and education regarding medications is provided by the RN manager • Mental health services are provided at the on-site clinic • Counseling and group sessions are held on site by the County Drug & Alcohol Services • Support groups are led by the staff psychologist for patients during and after their MRP stay to help them establish their goals and to make progress toward them • Social workers and case managers assist the patient in obtaining identification, birth certificates, and documents needed to apply for benefits • Social work and case management assist the patient in applying for entitled benefits, such as MediCal, food stamps, and SSI (income) • Assistance with job searches and training is provided for those who are able to work • Applications for housing and housing subsidies are made for eligible patients Full requested funding would support the partial salaries of staff and program supplies.
FY19 Funding	FY19 funding requested: $13,500 FY19 funding recommended: $13,500

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $13,500 FY18 Approved: $13,500 FY18 6-month metrics met: 100%	FY17 Approved: $13,500 FY17 Spent: $13,500 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $13,500 FY16 Spent: $13,500 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Dual Funding	FY19 funding requested: $80,000 FY19 funding recommended: $80,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $80,000 FY18 Approved: $80,000 FY18 6-month metrics met: 100 %	FY17 Approved: $80,000 FY17 Spent: $80,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $55,000 FY16 Spent: $55,000 FY16 6-month metrics met: % FY16 annual metrics met:%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served in full program	110	220
	Hospital days avoided in full program	420	840
	Individuals linked to a Primary Care home	92%	92%

FY19 Healthy Body Proposal Summary

Mount Pleasant School District NEW

Program Title	Mount Pleasant Healthy Students, Healthy Community Systems of Support- School Nurse
Grant Goal	Mount Pleasant School District is requesting $124,000, to provide direct services to students, professional development to staff on prevention and intervention, parent training on asthma, preventing obesity and diabetes and community outreach linking families to health resources and insurance programs. A credentialed nurse with the support of Health Assistants will provide the services. The entire Mt. Pleasant community will benefit from the services, especially students with current health conditions, students and staff with high absenteeism and at-risk families impacted by poverty and lacking resources. The services will entail further developing the infrastructure for a Student Services Multi-Tiered System of Support for social -emotional and behavioral health needs. The District has a high absenteeism rate, an increasing number of students with health conditions and serves a very at-risk population. Many of our parents have difficulty accessing services outside of the immediate area, are uninsured or under-insured and do not know how to navigate the system to help their children get the care they need.
Community Need	Mt. Pleasant is requesting funding support to hire 1 FTE district nurse. Mt. Pleasant has been unable to recruit a part-time nurse. The grant will allow us to hire a full time nurse to address the growing health concerns of our student population (75 student failed vision screenings, 5 students with Diabetes, 97 students with Asthma, six students with seizure disorders). Mt. Pleasant would like to hire a full time nurse to support our growing health services needs and to provide district wide solutions for outreach on nutrition, exercise, and health education. Mt. Pleasant continues to see gaps in service existing in three distinct areas: 1) data collection and compliance, 2) staff training on topics such as immunizations, epi-pens, AEDs and CPR, asthma, and seizure disorders, and 3) health education for our families, especially in the area of obesity and prevention. We wish to focus our efforts in these areas to help us remain compliant with our Local Wellness Policy, California education code 49431.5 nutritional standards and guidelines, and EC 51890 comprehensive health education. With a consistent, highly trained health professional we can increase our data collection and further fine tune our efforts to educate healthy children and support healthy families.
Agency Description & Address	3434 Marten Avenue, San Jose Mt. Pleasant Elementary School District serves a very diverse population in a high poverty area in the east side of San Jose. The District serves students in Preschool through 8th grade.
Program Delivery Site(s)	Mt. Pleasant School District schools: Mt. Pleasant Elementary, Valle Vista Elementary, Robert Sanders Elementary, August Boeger Middle School, and Ida Jew Intermediate School.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Health screenings including: vision, hearing, scoliosis • Crisis intervention and long-term intervention for students with identified health conditions • Professional development for staff in the areas of illness prevention, social emotional learning, mindfulness, trauma informed practices and health support for allergies, diabetes and seizure disorders • Professional development for district nursing and health clerk staff to keep up to date with compliance and preventative measures • Parent education on obesity prevention, asthma management, enrolling for insurance programs, and illness prevention

FY19 Healthy Body Proposal Summary

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	• Link families to medical appointments and insurance enrollment with follow up • Collaboration with School Linked Services Committee Full requested funding would support one school credentialed nurse and partial cost for professional development.
FY19 Funding	FY19 funding requested: $124,000 FY19 funding recommended: $124,000

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Students served	800	2,100
	Participants (staff, parents and students) in health related prevention and Intervention	400	800
	School staff who have received health training in CPR/AED, Epi-Pen, and seizure training who report an increased knowledge and confidence in the ability to respond using training on a four point rubric	40%	80%
	Increased attendance rates for students who have been absent more than five days of school due to health conditions	10%	30%
	Students who have seen a health provider after referral	40%	70%
	Increase in students with access to healthcare after referral	10%	20%

FY19 Healthy Body Proposal Summary

Playworks, Education Energized

Program Title	Playworks - Campbell Union School District
Grant Goal	Playworks will facilitate and inspire safe, healthy play to over 2,300 children by delivering Playworks Coach program to two low-income elementary schools and Playworks Team Up program to two elementary schools in Campbell Union School District. Along with providing services to the Coach schools every school day and to the TeamUp schools at least one out of every four weeks, we propose to provide professional development available to all adults on campus. Key to that change is providing expert training to school personnel so they can model and teach the social/emotional skills students need. School climate improves as a result because the interactions between adults and children have changed. At a Playworks school, students feel physically and emotionally safe, are focused on learning, and apply simple conflict resolution techniques to disagreements. The skills students learn on our playgrounds -- to establish positive relationships, demonstrate empathy and respect, and make responsible decisions -- are highly valued in the community and in the workplace.
Community Need	Elementary students with strong social competencies are 54% likely to earn a high school diploma, twice as likely to attain a college degree, and 46% more likely to have a full-time job by age 25, a longitudinal study published in the American Journal of Public Health (2015) reports.(http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630). Social and emotional skills include demonstrating empathy and a sense of fairness, cooperating, and treating others with respect. These competencies are significant to Whole Child development/21st Century Skills/character and are essential for helping children succeed. Unfortunately, numerous Silicon Valley schoolchildren are not gaining these skills. In Santa Clara County, only one quarter (27%) of children ages 5 to 11 in Santa Clara County were physically active at least 60 minutes per day on 7 days in the past week. The percentage is slightly lower for females than males (26% vs. 29%). The percentage for Asian/Pacific Islanders (20%) and Latinos (27%) is lower than for Whites (40%) (https://publichealthproviders.sccgov.org/schools/physical-activity-resources). A 2014 study published by kidsdata.org reported that in Campbell Union School District, 39.9% of 5th graders are overweight or obese 2014. This is compared to the (already high) 34.5% in Santa Clara County. According to the same study, 5th graders in Campbell Union School District meeting fitness standards numbered only 21.4%, compared to 26.6% in Santa Clara County overall. At Playworks, we aim to move towards a solution to this problem by introducing and nurturing the love of play and physical activity, in a safe, healthy, inclusive environment. Playworks randomized control study data reports that at Playworks' schools, children are getting significantly increased vigorous physical activity. We want to keep children healthy, while also building positive connections and leadership at school.
Agency Description & Address	2155 South Bascom Avenue, Suite 201, Campbell Playworks is a national nonprofit. Our vision is that one day every child in the U.S. will have access to safe, healthy play at school every day. Our goal is to establish play and recess as a core strategy for improving children's health and social emotional skills. Playworks' theory of change embraces the notion that a high functioning recess climate and caring adults on campus lead to a positive recess climate, which therefore positively affects the entire school climate. We develop student leaders and create a caring environment on the playground, in the classroom and in the community.

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Program Delivery Site(s)	Campbell Union District Schools: • Rosemary Elementary • Castlemont Elementary • Sherman Oaks Elementary • Lynhaven Elementary
Services Funded By Grant/How Funds Will Be Spent	Services include: • TeamUp Program to Rosemary, and Lynhaven Elementary Schools • The Coach program to Castlemont and Sherman Oaks Elementary Schools • Training in Playworks techniques and strategies to yard duty, administrative staff and teachers in each of the schools served. • Collect data on the efficacy of the team up (as well as our coach) program and work in consultation with the schools • TheTeamUp Program will offer the Junior Coach Leadership programs, class game time, and recess leadership. Leagues will be offered at all schools. Full requested funding would support staff and equipment
FY19 Funding	FY19 funding requested: $102,000 FY19 funding recommended: $102,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $112,000 FY18 Approved: $112,000 FY18 6-month metrics met: 100%	FY17 Approved: $110,000 FY17 Spent: $110,000 FY17 6-month metrics met:100% FY17 annual metrics met: 100%	FY16 Approved: $105,000 FY16 Spent: $105,000 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Dual Funding FY19 funding requested: $242,500 FY19 funding recommended: $242,500

Dual Funding History

FY18	FY17	FY16
FY18 Requested: $289,000 FY18 Approved: $278,000 FY18 6-month metrics met: 100%	FY17 Approved: $275,000 FY17 Spent: $275,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $261,000 FY16 Spent: $261,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Students served	2,328	2,328
Great Recess Framework Average Percentage Empowerment Score	65%	85%
Great Recess Framework Average Percentage Engagement Score	75%	90%
Student Engagement Survey-Teachers Reporting that overall engagement increased (use of positive language, increased attentiveness and participation in class)	N/A	80%

Pre-diabetes Initiative (Hill & Company)

Program Title	Preventing Diabetes in the Latino Community
Grant Goal	Promote awareness about diabetes and pre-diabetes in the Latino community.
Community Need	As of 2013-14, 11% of Latino adults had been diagnosed with diabetes, compared with 8% of adults in the county; 72% of Latinos were overweight or obese, a higher percentage than adults in the county as a whole (54%); only two-thirds (68%) of Latino adults ages 18 to 64 had healthcare coverage compared to 85% of adults countywide. A lower percentage of Latino adults (57%) had seen a doctor for a routine health checkup during the past year than adults in the county overall (68%), and a higher percentage of Latino adults (20%) reported that cost was a barrier to seeing a doctor when needed in the past year. In 2013-14, a higher percentage of Latino adults (8%) reported that they were usually or always worried or stressed about having enough money to buy nutritious meals in the past 12 months, compared to adults countywide (5%). 18.4% of Santa County Clara residents speak Spanish at home. Among the 324,236 Spanish-speakers, 40.6% report not being able to speak English well. According to the Public Policy Institute of California, in 2008, 180,000 undocumented immigrants lived in Santa Clara County, making up 10.2% of the county's total population. This share of unauthorized immigrants per capita was among the largest in the state. The Latino population is linguistically isolated, unhealthier than the rest of the population, financially challenged, and with higher rates of obesity and diabetes. In addition, being undocumented increases the stress of everyday life. The country's current political climate increases the levels of stress, as day-to-day survival becomes the priority. These factors make it more difficult to reach the Latino population. Sources: https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/latino-fact.pdf https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF http://www.ppic.org/content/pubs/report/R_711LHR.pdf
Agency Description & Address	1290 B Street, Suite 201, Hayward Hill & Company specializes in the development and implementation of public relations initiatives and strategically focused health communication programs.
Program Delivery Site(s)	The program's services will target Latino adults in San Jose, Sunnyvale, Santa Clara, Mountain View and Campbell.
Services Funded By Grant/How Funds Will Be Spent	Services include implementing promotoras (community health workers) to use several outreach strategies to reach the target audience including: • Administering the CDC Pre-diabetes Risk Assessment in-person and online, providing follow-up phone calls to ensure clinical HbA1c testing for individuals who opt-in and recruitment for an interactive texting program • Conducting one-on-one and community-based diabetes education presentations that include Question and & Answer sessions • Providing weekly information tables at health fairs and local sites, such as the Mexican Consulate Full requested funding would support program staffing for six positions, promotoras, implementation of texting program, microsite, media plan and program supplies.

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HEALTHY BODY

FY19 Funding	FY19 funding requested: $200,000	FY19 funding recommended: $140,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $207,288 FY18 Approved: $150,000 FY18 6-month metrics met: 100%	FY17 Approved: $204,596 FY17 Spent: $204,596 FY17 6-month metrics met: 67% FY17 annual metrics met: 100%	N/A

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Community members reached through Promotoras Outreach Program	1,800	4,000
	CDC Risk Assessment Tests completed	1,440	3,200
	Texting Program Enrollees	360	800
	Impressions generated by culturally relevant radio advertising	451,000	1,128,000
	Outreach participants who will complete the Risk Assessment Test	80%	80%
	Outreach participants who report learning about prediabetes and its risk, without prior knowledge of the topic, after attending a presentation	70%	70%

RotaCare Bay Area NEW

Program Title	Strategic Planning and Organizational Development 2018
Grant Goal	RotaCare Bay Area (RBA) requests $30,000 for its 2018 Strategic Planning and Organizational Development program. These monies will help facilitate RBA administration in the execution of its mission: to provide free medical care in the Bay Area and surrounding communities for those who have the greatest need and the least access. This means targeting people generally pushed to the margins: the unemployed, the undocumented, the uninsured, and provide them with high quality medical services, provided by certified medical personnel free of charge. RBA serves the poor and working poor: over 90% of RBA patients live at or below the 200% federal poverty level. Lack of access to health care can have devastating consequences to the health, well-being and economic security of children, individuals and families.
Community Need	The San Jose Mercury News indicates that 7.1% of Californians are left uninsured. (https://www.mercurynews.com/2017/02/14/obamacare-californias-uninsured-rate-drops-to-new-record-low/) Despite the implementation of the Affordable Care Act (ACA) and Covered California, many Californians remain unprotected. Consistent with free clinic populations nationwide, the vast majority of the patients we serve are the uninsured working poor. The Open Data Network states the number of uninsured in Santa Clara County is 10.4%. (https://www.opendatanetwork.com/entity/0500000US06085/Santa_Clara_County_CA/health.health_insurance.pctui?year=2014&age=18%20to%2064&race=All%20races&sex=Both%20sexes&income=All%20income%20levels) This means there are almost 200,000 uninsured in Santa Clara county alone. It is well known that those with no access to health care will not act proactively, and instead of going to the doctor immediately will wait, and the implications of waiting, in some instances can lead to impacts as deleterious effects long term. Sick parents can't work and make money for the family, sick children can't go to school, lest they make an entire classroom sick and everyone is less effective- at their job or in the classroom, when they're not feeling well.
Agency Description & Address	514 Valley Way, Milpitas RotaCare Bay Area, Inc. (RBA) was formed in 1989 with a single clinic in Santa Clara, by Dr. Mark Campbell and the Campbell Rotary Club out of their concern for low income residents with limited access to primary healthcare. Since then, RBA has grown to encompass 11 free clinics operating across eight Bay Area counties, mobilizing over 1,500 volunteer medical and support personnel. RBA is unique in that clinics are operated primarily through the mobilizing of local physicians, nurses, and many others to volunteer their time to provide basic primary health services free of charge to patients.
Program Delivery Site(s)	Services will be delivered at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services identified in the application are listed below; no activities were identified for strategic planning and organizational development for which the funding is being requested. • Weekly Walk-in Clinic for Medical Evaluation and Treatment • Spanish speaking interpreters • On-site monthly Healthy Eating Class with a Registered Dietitian • Screening for diabetes, hypertension Funds will pay for partial staff time to conduct strategic planning and organizational development.

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HEALTHY BODY

FY19 Funding	FY19 funding requested: $30,000		FY19 funding recommended: Do not fund
Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19
FY19 Dual Funding	FY19 funding requested: $25,000		FY18 funding recommended: Do not fund
Dual Funding History	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Individual served	2,550	5,200
	Visits for 11 clinics	4,500	9,500
	Patients who fill out a survey will provide feedback determine, including, but not limited to, the quality of their medical care to ideas for outreach- making sure others in need can be connected- to services we could offer for a more complete experience	65%	90%
	Volunteers for RotaCare Bay Area who fill out a survey will help the administration provide feedback regarding the overall volunteer experience, including, but not limited to, their ways to make the clinic experience more effective and beneficial to possible ideas to persuade more people to volunteer	65%	90%
	Clinic staff that fill out a survey will provide feedback, including but not limited to, regarding ways to most efficient ways for office management, the best tools to coordinate with RotaCare Bay Area administration, to the best way to execute any outreach activities attempted by RBA	65%	100%

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Santa Clara County Public Health Department

NEW

Program Title	Better Health Pharmacy
Grant Goal	This program will a) increase patient access to medication through a no-cost drug repository and redistribution pharmacy, b)increase patient awareness of hypertension, obesity, and diabetes by offering no-cost health screenings at community health fairs and c)minimize influenza infections by continuing to offer yearly, no-cost walk-in flu vaccinations. These services will be provided by public health pharmacy staff, intern pharmacists, and volunteer pharmacists. The target population is the under-insured and uninsured residents of Santa Clara County. Funding would help support Better Health Pharmacy's mission of "Medication Access for All", and allow for the provision of services to help improve medication adherence and provide access to preventative flu vaccinations.
Community Need	Santa Clara County has about 1.8 million residents. Many Santa Clara County residents, however, do not fill their prescriptions because they cannot afford the high out-of-pocket cost of medications or high copay, even when insured. The data below is from the Santa Clara County Public Health Department, 2013-2014 Behavioral Risk Factor Survey and the 2016 Community Health Needs Assessment in Santa Clara County: • 9% unemployment rate • 11% of adults could not see a doctor in past 12 months because of cost • 7% of adults could not take prescribed medication in past 12 months because of cost • 10% live below Federal Poverty Level (FPL) and 23% of live below 200% FPL • 23% living below self-sufficiency standard when adjusted for high living expenses in Santa Clara County • 15% residents still uninsured; for the Latino community 32% uninsured The resulting health complications due to under-treatment and lack of medication adherence have been shown as one of the greater challenges to the healthcare of the community. It is documented that nationally, up to 18 billion are spent annually in avoidable emergency room visits. A second health need that will be addressed is increasing access to yearly flu vaccinations. Reports from the National Institute of Health (NIH) and Centers for Disease Control (CDC) showed that 5% to 20% of the U.S. population gets the flu. This number equates to 200,000 hospitalizations and 36,000 deaths from the flu annually. In Santa Clara County, it is reported that up to 17% of adults stayed home from school or work because of the flu. Better Health Pharmacy would like to provide yearly flu vaccinations at no-cost to our patients. Lastly, agency would like to offer pharmacist-run, no-cost hypertension, BMI, and diabetes screenings at local health fairs to increase community awareness. In Santa Clara County cardiovascular diseases and diabetes continue to be health priority areas. Per SCCPHD BRFS 2013-2014 and the Santa Clara County Obesity Fact Sheet 2013 findings:

Disease Types Rates	Adults Rates in Santa Clara County	65 years or older
High Blood Pressure	27%	62%
Prediabetes	10%	16%
Diabetes	8%	18%
Overweight	38%	42%
Obese	17%	15%

Without proper screening and treatment, diabetes can lead to eye, nerve, kidney, and foot

	damage. Since many of our residents still lack health insurance, they may not be able to get screened for hypertension, obesity, and diabetes until it is too late. Sources: 1. Santa Clara County Public Health Department (SCCPHD) Behavioral Risk Factor Survey (BRFS) https:// publichealth.sccgov.org/health-information/health-data/behavioral-risk-factor-survey-brfs Accessed 1/27/18 2. El Camino Hospital Community Health Needs Assessment 2016. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf Accessed 1/27/18. 3. Choudhry et al. Natl Assoc Comm Health Centers. 2007: 1-18 4. CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2014-2015 Influenza Season. MMWR 2014; 63 (no. 32), 691-97. 5. Fast Facts: Influenza. National Institute of Health (NIH). https://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=133. Accessed 1/28/18. 6. Santa Clara County Public Health Department Epidemiology Department: Communicable Disease. https://publichealth.sccgov.org/health-information/health-data#3925188384-3624232. Accessed 1/28/18. 7. Santa Clara County Public Health Department Epidemiology Department: Chronic Disease. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/chronic-disease-plan.pdf. Accessed 1/27/18 8. Santa Clara County Public Health Department Epidemiology Department. Obesity Fact Sheet 2013. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/obesity-facts.pdf. Accessed 1/27/18.
Agency Description & Address	976 Lenzen Avenue, 2nd floor, San Jose The Santa Clara County Public Health Department (SCCPHD) focuses on protecting and improving the health of the community through education, promotion of healthy lifestyles, disease and injury prevention, and the promotion of sound health policy. The department is comprised of a highly diverse work force that encompasses many professional disciplines and several main areas of focus. The department includes over 30 programs and services organized across seven divisions and centers.
Program Delivery Site(s)	Better Health Pharmacy is the current location for no-cost prescription medications, and the location of no-cost, walk-in flu vaccinations. Health fairs are held throughout Santa Clara County throughout the year.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Increase patient access to no-cost prescription medications: o Purchase of generic drugs to supplement our current donated medications to treat common chronic conditions such as hypertension, hyperlipidemia, diabetes, rescue breathing medication such as albuterol inhalers, and other common chronic disease states. o Pharmacist volunteer recruitment campaign ▪ Purchase liability insurance for at least 20 new volunteer pharmacists ▪ Regular volunteer appreciation activities for over 30 volunteers • Increase hypertension, diabetes, and obesity awareness o No-cost blood pressure screening at local health fairs o No-cost finger stick blood sugar testing (hemoglobin A1c & random) at local health fairs o 170 Pharmacist hours dedicate to writing new protocols, training, and staffing health fairs • Minimize spread of communicable disease o No-cost walk-in flu vaccination clinic (12.5 hours/week) o 170 Pharmacist hours dedicate to training and staffing free flu clinic Full requested funding would support Public Health Pharmacist to train, staff and support no-cost flu clinics and develop protocols, conduct trainings and staff health screenings, the purchase of generic medications and other cost for liability and promotional materials.

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FY19 Funding	FY19 funding requested: $100,000	FY19 funding recommended: $50,000	
Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Individuals served	1,250	2,500
	Prescriptions filled	10,000	20,000
	Flu shots administered	200	450
	Health screenings administered	630	1,250
	Patients who reported that they agree or strongly agree that our no-cost pharmacy services are useful and that they would recommend it to a friend (through patient surveys).	80%	95%
	Patients who reported that our no-cost flu vaccinations are beneficial and that they would recommend to a friend (through patient surveys).	80%	95%
	Patients who agree or strongly agree that this service is useful and that they would recommend it to a friend (through patient surveys).	80%	95%
	Patients referred to community services and/or medical providers	2%	5%

FY19 Healthy Body Proposal Summary

Second Harvest Food Bank of Santa Clara & San Mateo Counties

NEW

Program Title	Wellness Pantry
Grant Goal	This program will pilot a Wellness Pantry in San Jose where Second Harvest will partner with hospitals and clinics and The Health Trust to increase access to healthy foods and nutrition education to address food related disease and illness that disproportionately affect 40 low-income, minority populations in San Jose.
Community Need	Nearly 30% of the region's population does not make enough money to meet their basic needs without public or private, informal assistance (Joint Venture Silicon Valley, 2016). Among Second Harvest Food Bank clients nationally, 67% report purchasing cheap, calorie-dense nutrient-poor food to feed their families, 35% report watering down food and drinks , 63% of households report a family member with high blood pressure and 33% of households report someone in the home with diabetes (Feeding America, Hunger In America Study 2014). In 2014, Second Harvest participated in a national hunger census to gather demographic data about the people who receive food from Second Harvest and some of the choices and challenges they face (https://www.shfb.org/docs/advocacy/HungerStudy2014.pdf). The national report is based on more than 60,000 face-to-face client interviews nationwide. In Santa Clara and San Mateo counties, 385 in-depth client interviews were conducted during the summer of 2013 and provided Second Harvest with the following client information: 63% of client households report a family member with high blood pressure – twice the national average, and 33% of client households report someone in the household with diabetes – three times the national average. The food-insecure households served are at greater risk for chronic diet-related diseases, such as diabetes and obesity, than the average American.
Agency Description & Address	4001 North 1st Street, San Jose Second Harvest Food Bank provides food for people in need. Since inception in 1974, Second Harvest has become one of the largest food banks in the nation, providing food to approximately a quarter of a million people each month. It is the primary non-government source of free food for individuals with limited incomes and few resources to access healthy food in our service area. Second Harvest's vision is a hunger-free community with a mission is to ensure that anyone who needs a healthy meal can get one.
Program Delivery Site(s)	The Wellness Pantry will be located at Jerry Larson FOODBasket in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Bi-monthly distribution of Wellness Pantry food and educational materials • Coordination of referral process with medical providers • Bi-annual train-the-trainer education • Providing 12 nutrition presentations, six demonstration/sampling opportunities and six nutrition workshops • Working with medical providers to develop an evaluation process that will accurately measure the impact of healthy foods in lifestyle trends that supports HIPPA regulations • Conducting a surveying and evaluation of the eating habits and influences on health changes three times during the grant year Full requested funding would support partial staffing for eight positions.

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HEALTHY BODY

FY19 Funding	FY19 funding requested: $50,000	FY19 funding recommended: Do not fund	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $40,000 FY18 Approved: $40,000 FY18 6-month metrics met: 100% (Eat Well, Be Well Program)	New in FY18	New in FY18

	Metrics	***6-month Target***	***Annual Target***
FY19 Proposed Metrics	Individuals served	6	6
	Food distribution events with nutrition education resources	12	24
	One-hour nutrition workshops offered	3	6
	Clients who report that they completely understand or somewhat understand what foods to eat to help improve their health conditions	35%	50%
	Clients who report that they rarely worry or never worry that they will run out of healthy food	20%	50%
	Clients who report that their health never or rarely keeps them from their normal social activities.	12%	50%
	Clients who report eating fruits and vegetables 2 or more times a day	30%	50%

Silicon Valley Bicycle Coalition

Program Title	Pedal2Health
Grant Goal	To continue working with underserved communities, providing the support they need in order to choose bikes over cars for transportation, gain more physical activity and avoid bicycle injuries. These efforts will be led by League Cycling Instructors (LCI's), in partnership with affordable housing developers with whom Pedal2Health has been collaborating in order to address the specific goals and concerns of the residents. Through this partnership, certain barriers to bicycle-centered transportation have emerged and will be addressed, such as lack of access to a bike and various concerns that are primarily affecting women, including personal safety while riding on the road; how to ride with their children; and how to transition from bike seat to office chair without sacrificing her personal appearance. The second year of Pedal2Health will address these areas of concern by partnering with groups who supply bicycles at no cost to low-income families, while teaching basic maintenance and repair skills so that these bicycles don't end up in the corner simply due to an easily-repairable flat tire. Pedal2Health will continue to offer bicycling safety education, with certain workshops dedicated to women in order to create a comfortable space for them to voice their interests and concerns. Group rides will continue, with a twist - "hidden gem" rides, where the group is led on a route that visits interesting murals, landmarks, and little-known points of interest in various San Jose neighborhoods. The fun will continue even outside Pedal2Health group rides, with an app that encourages participants to rack up those miles and earn rewards. All of these activities serve an urgent need - improving health through exercise, which reduces the risks of heart disease and obesity, and has the added benefit of fighting depression.
Community Need	There are several elements of the community health needs assessment that Pedal2Health addresses. Foremost among them are obesity and unintentional falls. While there is a countywide problem with both of these elements, it is especially pronounced in low income communities. With regard to obesity, this affects 49% of Santa Clara County adults making upwards of $70,000 annually, but the rate is higher - 68 percent - for adults making less than $20,000 annually (Santa Clara County Public Health Department, July 2010). When left unchecked, obesity can cause other health problems, including hypertension, heart disease, and diabetes. (Centers for Disease Control and Prevention (CDC), June 2015). Regular exercise is a well-established method of fighting obesity; the recommended amount for adults is 2.5 hours of moderate exercise per week (CDC, June 2015). Getting this exercise through bicycle-based transportation has been found to significantly reduce obesity and its related health problems (Archives of Internal Medicine, July 2009). Through education and encouragement activities, Pedal2Health will help residents of affordable housing developments use the bicycle to help them meet the recommended amount of exercise. While bicycling is a fun, effective way to meet the weekly recommended amount of exercise, it must be done safely. Many of the 14 “Priority Safety Corridors” identified by the City of San Jose as having a high number of injury traffic collisions pass through low income communities (Vision Zero San Jose Two-Year Action Plan, 2017-2018). SVBC is already working closely with several public and nonprofit agencies to address the road conditions that contribute to the injury rate. Pedal2Health will provide additional tools to reduce the risk of injury by educating the affected communities about safe bicycling practices and leading group rides, helping residents put what they learn about safe riding to practice. Santa Clara County Health Department, July 2010: https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/health-profile-2010.pdf

	CDC, June 2015 (The Health Effects of Overweight and Obesity): https://www.cdc.gov/healthyweight/effects/index.html CDC, June 2015 (How Much Physical Activity do Adults Need?): https://www.cdc.gov/physicalactivity/basics/adults/index.htm Archives of Internal Medicine, July 2009 (Active Commuting and Cardiovascular Disease Risk): https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/773531 Vision Zero San Jose: https://www.sanjoseca.gov/home/showpublisheddocument/2464
Agency Description & Address	96 N. 3rd Street Suite 375, San Jose Silicon Valley Bicycle Coalition (SVBC) was incorporated as a 501(c)(3) in 1993 to create a community that values, includes, and encourages bicycling for all purposes for all people in Santa Clara and San Mateo Counties. SVBC works with government partners, non-profit organizations, business partners, and community members to reach the overarching goal to have 10% of all trips taken by bike in 2025. The intention behind this is to address many of our society's most pressing problems, particularly human health.
Program Delivery Site(s)	Services will be delivered at affordable housing developments in East San Jose, in partnership with the NonProfit Housing Association.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Bike Ambassador Trainings: Pedal2Health's lasting effects rely upon residents of affordable housing developments who, upon program completion, continue to encourage a cycling culture. • Monthly Themed Bicycle Rides: Each ride will be designed in partnership with the resident Bike Ambassador and community nonprofits • Monthly Bicycling Workshops: 12 workshops that cover the basics of safe bicycle commuting • Bicycle Repair and Instruction: Basic bicycle repair or instruction will be part of each Pedal2Health event • "Earn A Bike" Bicycle Distribution: SVBC will partner with bicycle donation organizations, like Turning Wheels For Kids, to provide cost-free bicycles to low income individuals who do not own one • Ride Tracking Game: SVBC has partnered with Ride Report to develop a phone app that will allow users to track their bicycling miles and earn rewards and provide information on the success of Pedal2Health. Full requested funding would support partial salaries for staff and some supplies.
FY19 Funding	FY19 funding requested: $30,000 FY19 funding recommended: $30,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $30,000 FY18 Approved: $30,000 FY18 6-month metrics met: 0%	New in FY18	New in FY18

Rationale for Recommended Funding	In first half of first year of grant (FY18), hiring process delayed start of program, which is now well underway. Agency expects to meet annual targets.

FY19 Healthy Body Proposal Summary

	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Individuals served	165	500
	Services provided (community bike rides, bike safety workshops)	165	500
	Number of Bike Ambassadors trained to provide bicycling information and lead bike rides	4	12
	Increase in participants who report riding 6-10 times per year	5%	20%
	Increase in female participants who report riding 1-2 times a month	5%	10%

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Touch 3 Volleyball LLC

NEW

Program Title	Recreational Volleyball for Healthy Living
Grant Goal	Agency submitted an incomplete application.
Community Need	Agency submitted an incomplete application.
Agency Description & Address	7563 Hollanderry Place, Cupertino We are a Volleyball club with 300+ members. Our mission is to enable kids and adults to learn the basics of Volleyball and enable them to lead an active lifestyle.
Program Delivery Site(s)	To be determined.
Services Funded By Grant/How Funds Will Be Spent	Agency is requesting this fund to establish a gym as a temporary structure in a religious facility. Agency is in preliminary talks about this.
FY19 Funding	FY19 funding requested: $300,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	We will provide membership and activity details. We plan to conduct year-round league for adults at different levels to participate.	No target provided	No target provided

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Tower Foundation of San Jose State University

NEW

Program Title	Rehabilitation, Awareness, and Community Education for Stroke (RACES)
Grant Goal	The Rehabilitation, Awareness, and Community Education for Stroke (RACES) program will benefit adults (ages 18 and over) who have had a stroke or traumatic brain injury (BI), as well as community members who would will benefit from outreach and education about topics such as stroke prevention, risk reduction, and stroke warning signs. The program will provide multi-week clinics, individual speech-language therapy and functional cognitive training, group conversational coaching, and therapeutic choir sessions. In addition, quarterly community-based stroke outreach and education efforts will help to raise awareness and educate diverse groups about stroke prevention, risk reduction, and critical interventions necessary following a stroke.
Community Need	Whereas several agencies in Silicon Valley actively provide information about stroke (including the Pacific Stroke Association and Stroke Awareness Foundation), few programs provide sustained rehabilitation as recommended for patient improvement: after patients are discharged from an acute hospital stay, the recommended level of treatment is several hours of therapy each week. In part, this limited service availability is likely related to the national and state-wide shortage of qualified speech-language pathologists (https://www.amnhealthcare.com/latest-healthcare-news/speech-language-pathologists/). Most patients (with either Medicare or other insurance) have limited coverage in the first few months after a stroke or during the first year following a stroke. When patients have exhausted their insurance-approved number of treatments or if they do not have insurance coverage, the standard speech therapy rates of $150 to $180 per hour make the necessary level of aphasia treatment unaffordable for most patients. In addition to financial access, research by the RACES Program Director and her co-author have identified additional barriers to accessing speech therapy and other rehabilitation services, including physical access (getting to the therapy locations) and barriers for certain minority populations (Mahendra & Spicer, 2014). Only the aphasia treatment program at California State University East Bay and the aphasia center of Oakland provide services of similar intensity, so South Bay stroke/BI survivors have no other local support options. According to a report issued by the American Heart Association (Go et al., 2013), nearly 7 million Americans live with the long-term effects of a stroke. One of the most disabling consequences of a stroke is aphasia, a language disorder that severely impairs communication, despite the person's intellect being spared. Indeed, when researchers studied the impact of 75 conditions on quality of life in more than 66,000 adults, stroke and aphasia were found to have the largest negative impact on quality of life, exceeding that of cancer and Alzheimer's disease (Lam & Wodchis, 2010). Aphasia affects over 2 million Americans (Aphasia Access, 2017), including an estimated half a million U.S. veterans. Despite the significant adverse physical, cognitive, and communicative effects of stroke, much research shows that stroke survivors receive an insufficient dosing (amount/duration/intensity) of rehabilitation, contributing to decreased ability and wellbeing for stroke survivors as well as increased burden of care for family members. The RACES program has been designed so that the stroke rehabilitation services will be delivered only on campus at SJSU's Kay Armstead Center for Communicative Disorders (KACCD), part of the Department of Communicative Disorders and Sciences (where the Program Director is a tenured faculty member). The activities planned under the community education and awareness component may be delivered on campus or at off-campus community locations. Sources: Aphasia Access (2017). White paper on the state of aphasia https://aphasiaacc.memberclicks.net/assets/ACFrOgBVgzNeh7J7nOMZG3Uuhstzd-

	C3RK7qybKrmx6kDegF0jAI9FJh2iAco_WjynfI_LxJwt5Ay_3xwdhK0yqCAo7gSvX7H_IdXUQkBjo8hUabBiV7VFXCMtvCdc=.pdf Bernstein-Ellis, E. & Elman, R. J. (2007). Aphasia group communication treatment: The Aphasia Center of California approach. In R. J. Elman (Eds). Group treatment of neurologic communication disorders. San Diego, CA: Plural Publishing. Clark, I., & Harding, K. (2012). Psychosocial outcomes of active singing interventions for therapeutic purposes: a systematic review of the literature. Nordic Journal of Music Therapy, 21(1), 80-98. Go, A. S. et al., (2013). Heart disease and stroke statistics -2013 Update. Circulation, 127(1):e6-e245. DOI: 10.1161/CIR.0b013e31828124ad. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5408511/ Hartley, M. L., Turry, A., & Raghavan, P. (2010). The Role of Music and Music Therapy in Aphasia Rehabilitation. Music and Medicine, 2(4), 235-242. Hayashi et al. (2017). The influence of speech-language-hearing therapy duration on the degree of improvement in poststroke language impairment. Rehabilitation Research and Practice. https://doi.org/10.1155/2017/7459483 Hurkmans, J., de Bruijn, M., Boonstra, A. M., Jonkers, R., Bastiaanse, R., Arendzen, H., & Reinders-Messelink, H. A. (2011). Music in the treatment of neurological language and speech disorders: A systematic review. Aphasiology, 26(1), 1-19. Lam, J.M.C. & Wodchis, W. P. (2010) The relationship of 60 disease diagnoses and 15 conditions to preference-based health-related quality of life in Ontario hospital-based long-term care residents. Medical Care, 48, 380-387. Mahendra, N., & Spicer, J. (2014). Access to speech-language pathology services for African-American clients with aphasia: A qualitative study. Perspectives on Communication Disorders in Culturally and Linguistically Diverse Populations. 21(2), 53-62. doi:10.1044/cds21.2.53.
Agency Description & Address	One Washington Square, San Jose San Jose State University is a major, comprehensive public university located in the heart of Silicon Valley and serving more than 33,000 undergraduate and graduates students each year. The mission of SJSU is to enrich the lives of its students, to transmit knowledge to its students along with the necessary skills for applying it in the service of our society, and to expand the base of knowledge through research and scholarship. SJSU offers 145 areas of study across eight colleges. The Tower Foundation of SJSU is the entity responsible for stewarding philanthropic gifts to support the university and university-led projects such as the proposed activities to be offered through the Department of Communicative Disorders and Sciences in the College of Education.
Program Delivery Site(s)	• Clinical services provided at the Kay Armstead Center for Communicative Disorders (KACCD) on the SJSU campus at One Washington Square, San Jose. • The stroke awareness and community education services provided at the Center for Healthy Aging in Multicultural Populations at SJSU campus and at various locations to engage older adults include collaboration with Silicon Valley Healthy Aging Partnership, Community Ambassadors Program for Seniors, Senior Peer Advocate Program, Hospital to Home Transition (through Yu-Ai-Kai), Academic Nurse Managed Centers, and the Timpany Center.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Two (2) 12-week clinics and one 5-week (summer) clinic • Individual 1-hour speech-language therapy and functional cognitive training sessions • Group 1-hour conversation training sessions: 2 times each week during clinics • Group 1-hour aphasia choir designed to use music and choral singing to improve speech • Four (4) community events during the grant period • Bilingual education materials provided in English, Spanish, Hindi and Mandarin Full requested funding would support partial staff salaries and administrative costs.

FY19 Healthy Body Proposal Summary

FY19 Funding	FY19 funding requested: $47,000		FY19 funding recommended: $40,000	
Funding History and Metric Performance	FY18	FY17	FY16	
	New in FY19	New in FY19	New in FY19	
FY19 Proposed Metrics	***Metrics***		***6-month Target***	***Annual Target***
	Individuals served		210	430
	Clinical rehabilitation patients		15	30
	Community Education and Outreach Beneficiaries		195	400
	Rehabilitation component intervention services (hours)		600	1,440
	Participants who show a 10-point improvement in scores on the Western Aphasia Battery-Part 1		25%	75%
	Participants who show a 5-point improvement in scores on the Quality of Communication Life Scale/QCLS		25%	75%
	Participants who show improved ratings on the Communicative Effectiveness Index/CETI		25%	75%

FY19 Healthy Body Proposal Summary

Valley Verde

Program Title	San Jose Gardens for Health
Grant Goal	Improve the long-term health outcomes of low-income residents of San Jose through a home-based gardening program which provides raised-bed gardens, supplies and workshops about urban gardening, nutrition and healthy cooking. Valley Verde helps families improve their diet, physical activity, environmental sustainability, and economic self-sufficiency by growing fresh, organic vegetables at home and learning a variety of ways to enjoy them in healthy home-cooked meals. The skills and benefits that families gain from this "seed to table" approach carry forward far beyond the grant period.
Community Need	As described in the El Camino Hospital 2016 Community Health Needs Assessment, Santa Clara County's priority health needs include addressing cardiovascular health, obesity and diabetes, all of which are strongly correlated with diet. According to the report, youth consumption of fruits and vegetables is worse in Santa Clara County than in the state overall, and our county also has more fast food restaurants, fewer grocery stores, and fewer WIC-authorized stores per capita. (https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf) • Latinos, which comprise a high percentage of Valley Verde participants, have the highest rates of cardiovascular disease, obesity, and diabetes in our county and also some of the highest rates of poverty. These disparities have been confirmed in various reports, including the ECH 2016 Community Health Needs Assessment and the Santa Clara County Public Health Department's Latino Health Fact Sheet. (https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/latino-fact.pdf) • Valley Verde's San Jose program reaches the population most in need. Our participants are residents of the highest-need areas shown in the "Santa Clara County Vulnerability Footprint" map in the El Camino Hospital 2016 Community Health Needs Assessment. According to Valley Verde's 2018 intake survey of new participants, 100% of participants are low-income (based on HUD Income Limits for San Jose). 20% have less than a high school education. • Valley Verde's intake surveys also found that 80% of participants have one or more diet-related health conditions, such as diabetes, heart disease and obesity. Sixty-four percent said they faced challenges in obtaining and preparing healthy meals, and only 17% reported having eaten the USDA recommended servings of vegetables the prior day. • Without intervention, the families served will continue along a trajectory of poor diet and poor health outcomes, ultimately resulting in lower life expectancy, as shown by the Santa Clara County Public Health Department's community profile of San Jose. (https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/San%20Jose_final.pdf)
Agency Description & Address	376 West Virginia St., San Jose Valley Verde supports the health of Santa Clara County residents by empowering them with the knowledge and skills to grow healthy organic food for themselves and their communities. Since its founding in 2012, Valley Verde has helped low-income families learn to grow healthy food in their own backyards and share that knowledge with others. Programs include teaching gardening and healthy cooking skills to meet each family's cultural needs, encouraging outdoor physical activity, fostering a sense of community as gardeners, and raising awareness of health and environmental issues. Valley Verde also brings leadership and entrepreneurship opportunities to revitalize low-income communities.

FY19 Healthy Body Proposal Summary

HEALTHY BODY

Program Delivery Site(s)	• Participants' homes in the Seven Trees neighborhood of San Jose
	• Affordable housing apartment complexes in San Jose through a partnership with The Health Trust's "Food for Everyone" project including:
	  o Cambrian Center Apartments at 2360 Samaritan Place, San Jose
	  o El Rancho Verde Apartments at 303 Checkers Drive, San Jose
	• Community workshops and volunteer days take place at the Valley Verde greenhouse at 321 Gifford Avenue, San Jose

Services Funded By Grant/How Funds Will Be Spent	Services include: • Building of organic vegetable garden beds in low-income family homes, including necessary plants, infrastructure, and supplies for a year • Monthly 90-minute workshops where participants learn about nutrition, healthy cooking, and organic urban gardening techniques. • Monthly hour-long mentorship training classes for alumni of the home gardening program who serve as mentors for new families in the program (i.e. training the trainer) • Monthly in-home visits where mentors provide families with advice, encouragement, resources, and problem-solving about home gardening and healthy cooking • Providing organic seedlings twice a year and additional gardening and nutrition advice on an ongoing basis to families participating in the program for more than a year. • Growing 4,000 organic seedlings in the community greenhouse for use in the home gardens of program participants, with a focus on culturally preferred varieties of crops • Leading monthly public workshops and volunteer days at the community greenhouse Full requested funding would support partial salaries for two staff positions and supplies.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: $45,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $35,000 FY18 Approved: $35,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served (unduplicated, members of households served)	103	378
Households served (unduplicated)	17	72
Services provided	144	585
Participants reporting increased food security for themselves and their children by at least on level on the USDA range, as measured by pre- and post-participation surveys.	80%	80%
Participants reporting an increased consumption of organic vegetables since they became involved in the program, as measured by pre- and post-participation surveys and final focus group.	85%	85%
Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group.	80%	80%
Participants will report an increase in their physical activity levels, by pre- and post-participation surveys and final focus group.	75%	75%

FY19 Healthy Body Proposal Summary

Vista Center for the Blind and Visually Impaired

NEW

Program Title	Vision Rehabilitation Program
Grant Goal	Vista Center is requesting $52,957 to support our Vision Rehabilitation Program for blind and visually impaired adults. Program staff is credentialed in their field of specialty and the Low Vision Optometrists are Board Certified. Initial Assessments are provided by a Licensed Clinical Social Worker. A blind/visually impaired individual may have any combination of following services: Intake Assessment/Case Management, Individual Counseling/Support Group, Information and Referral, Orientation & Mobility training, Daily Living Skills training, Low Vision Exam and Assistive Technology. With the exception of the Low Vision Exam, all other services can be provided in the individual's home or community at a time that is agreed to by staff and the individual. Vista Care's program is effective in helping adults care for themselves safely and effectively in their home environment, travel confidently in the community and access community resources, and maintain a level of adjustment to disability which will prevent isolation and depression. These skills are taught in a supportive environment and are necessary to remain independent.
Community Need	According to the World Health Organization's updated Fact Sheet dated October 2017 (http://www.who.int/mediacentre/factsheets/fs282/en/), "an estimated 253 million people live with vision impairment: 36 million are blind and 217 million have moderate to severe vision impairment. 81% of people who are blind or have moderate or severe vision impairment are aged 50 years and above." The National Federation for the Blind reports that in 2015, 768,267 Californians had vision loss, 17% ages 18-64 years and 43% ages 65-74 years old. https://www.afb.org/research-and-initiatives/statistics/state-specific-stats/california "Seniors who have a visual trouble or deficit are 1.5-2.0 times more likely to fall than those who do not. Visual impairment adversely affects perception of environmental elements that can cause a fall. By also interfering with perception and use of static and dynamic visual information, it compromises balance and posture and increases risk of falls. Seniors with a visual impairment are generally less active, which may cause a reduction in functional abilities and, in return, a sensory loss. This closed loop may cause degradation in efficiency of the anticipatory process and postural regulation, a reduction of dynamic balance and increased risk of falls. In addition, fear of falling, common in older persons with VI, is a significant predictor of a future fall. It can lead to a reduction in self-confidence and activities and, consequently, deterioration in physical capabilities and quality of life." https://extranet.inlb.qc.ca/wp-content/uploads/2015/01/Prevention-of-falls-among-seniors-with-VI-Final.pdf Without vision rehabilitation services, it becomes challenging for visually impaired/blind adults and seniors to live independently and safely in their own homes.
Agency Description & Address	2500 El Camino Real, Suite 100, Palo Alto Vista Center for the Blind and Visually Impaired's mission is to empower individuals who are blind or visually impaired to embrace life to the fullest through evaluation, counseling, education and training. We know that individuals who have significant vision loss can utilize resources and learn new ways of doing the tasks of daily living, thereby regaining their independence. We provide comprehensive vision loss rehabilitation services and resources to individuals who are blind or visually impaired in Santa Clara, San Mateo, Santa Cruz, and San Benito Counties regardless of ability to pay. In FY17, we served over 2400 families and individuals.

FY19 Healthy Body Proposal Summary

Program Delivery Site(s)	Services will be delivered at the agency or in the patient's home.
Services Funded By Grant/How Funds Will Be Spent	Services include: • One hour Initial Assessments • One hour Individual or Group Counseling • One hour Daily Living Skills • 1.5 hours Orientation & Mobility • One hour Assistive Technology • 75 minute Low Vision Exams Full requested funding would support the partial salaries of an Associate Director, Social worker, Assistant Technology Specialist, Orientation & Mobility Specialist, Daily Living Skills Specialist, Community Relations Manager, two contractors and facilities.
FY19 Funding	FY19 funding requested: $52,957 FY19 funding recommended: $40,000

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Dual Funding	FY19 funding requested: $24,291	FY19 funding recommended: $24,291

Dual Funding History	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	30	75
	1:1 Vision Rehabilitation Sessions	60	125
	Client is informed about resources, community agencies, and programs that are available to help live with vision loss. Clients who rate a 4 or 5 on 5 point scale	90%	90%
	Client is able to prepare a simple meal to feed him/herself. Client who improve at least one level from Not Confident to Somewhat Confident to Confident	85%	85%
	Client moves safely within their residence. Clients who improve at least one level from Not confident to Somewhat Confident to Confident	80%	80%
	Client who indicate they are able to read printed material	70%	70%

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

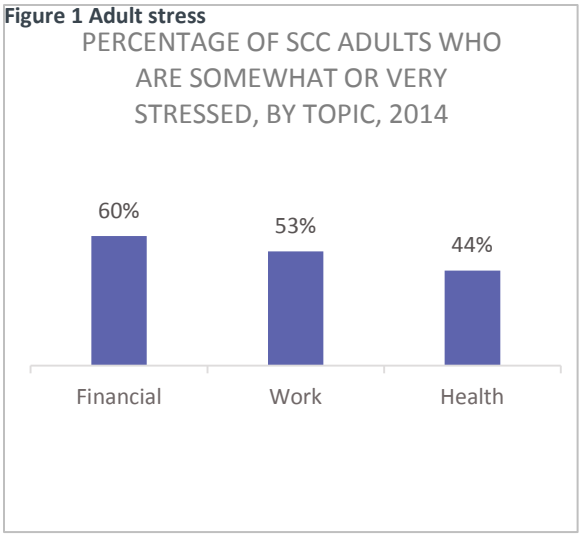
Healthy minds are essential to a person's wellbeing, family functioning, and interpersonal relationships. Good brain function and mental health directly impact the ability to live a full and productive life. People of all ages with untreated mental health disorders are at high risk for many unhealthy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

DATA FINDINGS

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

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

Figure 1 Adult stress



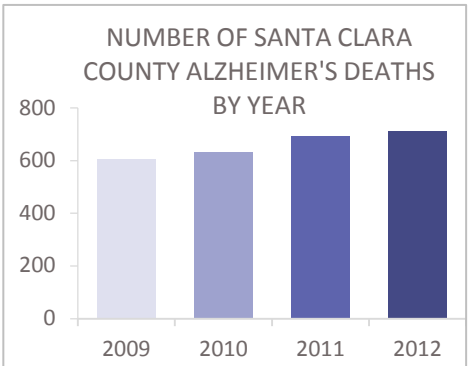
Source: Santa Clara County Public Health Department. (2014). Behavioral Risk Factor Survey.

[1] Alzheimer's Association. https://www.alz.org/care/alzheimers-dementia-depression.asp.
[2] Alzheimer's Association. https://www.alz.org/care/alzheimers-dementia-caregiver-depression.asp

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

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

Figure 2 Alzheimer's deaths



Source: CDPH. 2012. Ten Leading Causes of Death, California Counties and Selected City Health Departments, 2012, Table 5-20.

STRATEGIES TO IMPROVE HEALTHY MINDS

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

[3] CDPH, *Leading Causes of Death; California Counties and Selected City Health Department*, 2012. Note that 2013 death data show an anomaly for Alzheimer's deaths, with 3% of deaths due to Alzheimer's disease, which may reflect a change in how deaths were reported.
[4] Centers for Disease Control and Prevention (CDC), *Community Health Status Indicators (CHSI)/National Center for Health Statistics, County Profile*, 2011; CDC, *National Center for Health Statistics (NCHS) Data Brief*, 2010; CDC, *Health Data Interactive for National Data*, 2011.
[5] Silicon Valley Institute for Regional Studies, *Population Growth in Silicon Valley*, 2015.

HEALTHY MIND PROPOSALS

HEALTHY MIND RECOMMENDED FUNDING: $1,114,860

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

FY19 Healthy Mind Proposal Summary

Almaden Valley Counseling Service (AVCS)

Program Title	Counseling and Social Skills for Children
Grant Goal	To help support the Counseling and Social Skills for Children program at 20 local elementary and middle schools and address the children's emotional health needs. The goal is to address in a positive manner each child's emotional state to allow each individual child the opportunity to thrive and succeed at school, at home, and to gain an emotionally healthy future. Counselors assess children's emotional health needs which may range from very mild to very severe and require some combination of on-campus group or individual therapy and possibly off-school campus treatment. A variety of psychotherapy models will be used depending on each child's presenting diagnosis. Children with very mild emotional therapeutic needs can enroll directly into the Social Skills classes. As a child with more intense emotional health needs improves they too can enroll in the social skills classes to help cement a healthy future.
Community Need	AVCS has seen a greater need for individual therapy treatment regimens at schools and therefore has conducted fewer group therapy sessions. However, with the addition of school site individual therapy treatment regimens, students will be served more intensively. The trends impacting AVCS' ability to provide more group therapy at school sites are: (1) a constant need to provide crisis intervention and assessment at all schools as well as (2) dealing with children that are more emotionally impaired and require a large amount of monitoring and intervention on an as-needed basis. Many of these students have complicated mental health issues and it seems that some of them need a higher level of care than what school therapy/counseling can provide. AVCS is seeing a general trend toward aggressive thinking about others and they are seeing this trend at all school levels, from kindergarteners with anger issues and impulse and empathy concerns, to middle and high school students who are aggressively planning to hurt themselves or others with anger issues. The following trends and needs are seen in the local school population: • Major barriers to accessing counseling services are location and affordability • Emotional health needs of the children increasingly seem to require individual versus group therapy treatment modalities well beyond mere social skills training. • Santa Clara County's Department of Mental Health has identified a number of risk factors including socioeconomic, family structure, linguistic isolation and housing status that can influence the life chances for the child in terms of risk factors based on the analysis in the Prevention and Early Intervention (PEI) Plan. To help assess behavioral health service needs for children and youth, the County has commissioned compilations of risk factors to help predict which areas of the county might be have greater need for such services. Residential zip codes serve as the units of analysis. AVCS identifies schools where needs are greatest using this Santa Clara County Behavioral Health Services Prevention Intervention and Planning 2013 Risk Zip Code Average Map available by contacting the School Linked Services Program: https://bhsd.sccgov.org/home
Agency Description & Address	6529 Crown Boulevard, Suite D, San Jose AVCS offers a range of mental health counseling services, supporting personal growth, positive family relationships and emotional well-being. The agency serves children, teens, adults, families and couples who reside in 42 of the County's 57 zip codes with 73% of clients paying at the lowest fees available ($15-$35). AVCS provides on-site school based counseling services, crisis intervention, assessments and referrals at 41 area schools in four districts. The organization focuses on prevention and intervention, helping parents work proactively towards improving their relationships with their children by providing Positive Parenting and Co-Parenting classes

FY19 Healthy Mind Proposal Summary

HEALTHY MIND

	and serving victims of domestic violence, substance abuse and clients at risk for suicide. AVCS also provides programs for Victim Witness, Valley Medical, Depts. of Social Services, Family and Children Service, and County Mental Health.
Program Delivery Site(s)	Services will be provided at 20 high needs schools identified in the following school districts: • Cambrian • Orchard • San Jose Unified • Union
Services Funded By Grant/How Funds Will Be Spent	Serving children schools identify has having a range of social developmental asset needs, the program provides: • Emotional and psychotherapy services to children at high-needs local elementary and middle schools • Culturally relevant services provided in several languages (English, Spanish, and Vietnamese) • Implementation of a variety of counseling approaches tailored to children's presenting diagnosis • Referrals to off-school campus services as needed Full requested funding will support partial staff salaries, including therapists and clinical supervisor, intern stipends and other administrative costs.
FY19 Funding	FY19 funding requested: $80,000 FY19 funding recommended: $60,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $73,775 FY18 Approved: $46,000 FY18 6-month metrics met: 50%	FY17 Approved: $43,347 FY17 Spent: $43,457 FY17 6-month metrics met: 100% FY17 annual metrics met: 75%	New in FY17

Rationale for Recommended Funding	Only two metrics were measureable at midyear. The target for individuals served was not met due to greater need for individual counseling versus group sessions that serve more students.

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	30	188
Services (Counseling Sessions)	600	2,278
Students who improved by at least 3 points from pre-test to post-test on the 40-point Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	50%
Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher or therapist report (for students age 10 and under)	N/A	50%

FY19 Healthy Mind Proposal Summary

Alum Rock Counseling Center

Program Title	Ocala Mentoring Program
Grant Goal	Serve at-risk middle school youth before they fall into a cycle of truancy, gang-involvement and school failure. The overarching goals of the Ocala Mentoring Program are to decrease involvement in high-risk behaviors, increase involvement in safe, age-appropriate activities, improve academic outcomes and reduce middle school drop-out rates.
Community Need	Research reveals Latino youth face a greater likelihood than other demographic groups to be involved with the juvenile justice system. They are three times more likely to be arrested than their Caucasian counterparts (Lucille Packard Foundation for Children's Health (2016) Kidsdata.org http://www.kidsdata.org/topic/166/juvenilearrest-rate-race/table) and twice as likely to be committed or detained (The Sentencing Project (2017), https://www.sentencingproject.org/publications/latino-disparities-youth-incarceration). This is particularly concerning because youth who have contact with the juvenile justice system are at increased risk for a number of negative long-term outcomes—including substance use and dependency, early pregnancy, and dropping out of school (PolicyforResults.org. (n.d.). Prevent juvenile delinquency. From: www.policyforresults.org/youth/prevent-juvenile-delinquency) In fact, in Santa Clara County the high school dropout rate for Latino students in 2015 was 21%, the highest dropout rate of any ethnic group (Lucille Packard Foundation for Children's Health (2016) Kidsdata.org http://www.kidsdata.org/topic/755/highschoolgraduates-race/table). Latino youth have the highest rates of suspension and expulsion throughout the county (Santa Clara County, 2013, Health Status and Quick Facts). Additionally, there is a significant academic achievement gap between Latino youth and their non-Latino counterparts. According to the 2016 CAASPP test results, only 26% of Latino youth in Santa Clara County met or exceeded grade-level standards in math and only 37% met or exceeded grade-level standard in English language arts, representing the lowest rates of all ethnic groups in the county (Lucille Packard Foundation for Children's Health (2016) Kidsdata.org http://www.kidsdata.org/topic#cat=18,25,22). Students with limited reading abilities have a harder time keeping up across multiple subjects, and those who fall behind in the early grades generally stay behind (Child Trends Databank. (2015). Reading proficiency. Retrieved from: https://www.childtrends.org/). Often contributing to these academic challenges are a variety of environmental risk factors. East San José has some of the highest rates of child abuse referrals and violent crimes of any region in Santa Clara County (Santa Clara County, City and Small Area/Neighborhood Profiles, https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/San%20Jose%20Neighborhoods/AlumRockEast.pdf). Residents predominately work low wage and low skilled jobs and East San Jose has one of the highest rates of poverty in the county, with 50% of families living below the poverty line. (United Way Bay Area (2016). A Look at Bay Area Poverty. https://uwba.org/). Children living in poverty are more likely to become victims of crime and violence and are at greater risk of unhealthy behaviors such as gang membership, runaway behavior, and juvenile delinquency (Children's Defense Fund (2017). The State of America's Children 2017 Report. http://www.childrensdefense.org/library/state-of-americas-children/). To succeed academically as a student in East San Jose often requires comprehensive support services, which go way beyond basic academic tutoring.
Agency Description	777 North First St. Suite 444, San Jose

FY19 Healthy Mind Proposal Summary

HEALTHY MIND

& Address	Since its inception in 1974, the work of ARCC has remained largely the same –to provide linguistically and culturally sensitive behavioral health and support services, which enable low-income, predominantly Latino youth and families in East Santa Clara Valley to improve their lives and reach their full potential. ARCC's Continuum of Care includes over a dozen different programs, which provide mentoring, life skills development, truancy reduction, mobile crisis response, counseling, drug and alcohol services, case management, child abuse/neglect prevention and outreach. ARCC aims to keep youth safe, attending school and living lives free from juvenile justice and dependency systems, substance abuse and violence.
Program Delivery Site(s)	Ocala STEAM Academy at 2800 Ocala Avenue, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • Life-skills classes using Botvin Life Skills Curriculum to improve students' Personal Self-Management Skills, e.g., social skills and Drug Resistance Skills • One-on-One Case Management • Individual Mental Health Counseling • Mentoring Group sessions for 6th graders and 1:1 mentoring for 7th and 8th graders: offer inspiration role models and includes homework time • Parent Collateral /Family Engagement: Educate families about the importance of being involved with their child's academic progress • After School Academic Tutoring • Enrichment Activities/Field Trips • School Climate Workshops Full requested funding supports partial salaries for several staff roles including bilingual counselor, volunteer coordinator, program manager and clinical program director.
FY19 Funding	FY19 funding requested: $30,000 FY19 funding recommended: $30,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $30,000 FY18 Approved: $30,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	10	10
Services provided	230	633
Students who earn a place on the honor roll	20%	30%
8th graders who were enrolled for all three years of the program that graduate from middle school	N/A	90%
Students who report not drinking alcohol, smoking cigarettes, or using drugs in the previous 30 days	75%	90%

FY19 Healthy Mind Proposal Summary

HEALTHY MIND

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

NEW

Program Title	Latino Family Connections--Dementia Initiative
Grant Goal	This program will provide culturally and linguistically relevant services to Latino residents dealing with Alzheimer's Disease and Related Dementias (ADRD).
Community Need	In Santa Clara County, Latinos/Hispanics living with ADRD numbers over 5,000 community members. Data analysis shows that by 2030, there will be over 275,000 Latinos/Hispanics who will be living with ADRD in California. Data suggests that the Latino population may be at greater risk of developing ADRD than any other ethnic or cultural group due to evidence that indicates that vascular disease risk factors—including diabetes—may also be risk factors for ADRD incidence. Data also suggests that Latino/Hispanics with dementia are low users of formal health care services.
Agency Description & Address	2290 North 1st Street, Suite 101, San Jose The Alzheimer's Association works on a global, national, and local level to enhance care and support for all those affected by Alzheimer's and related dementias.
Program Delivery Site(s)	Services will be delivered at clinics, housing sites and community centers.
Services Funded By Grant/How Funds Will Be Spent	Services will include: • Providing program staffing, including part-time Family Care Specialist and Community Relations Manager • Improving awareness and understanding of Alzheimer's disease within Latino communities by providing linguistically and culturally appropriate outreach • Linking families and caregivers to services available through the Alzheimer's Association and other related resources, including care consultation services and support groups Full requested funding would support partial staffing and program supplies.
FY19 Funding	FY19 funding requested: $70,000 FY19 funding recommended: $70,000

Funding History and Metric Performance	FY18	FY17	FY16
	New to ECH in FY19	New to ECH in FY19	New to ECH in FY19

FY19 Dual Funding	FY19 funding requested:	$70,000 (Asian Dementia Initiative)	FY19 funding recommended:	$70,000 (Asian Dementia Initiative)

Dual Funding History	FY18	FY17	FY16
	Asian Dementia Initiative: FY18 Requested: $70,000 FY18 Approved: $70,000 FY18 6-month metrics met: 100% Latino Family Connections: FY18 Requested: $70,000 FY18 Approved: $70,000 FY18 6-month metrics met: 100%	Asian Dementia Initiative: FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100% Latino Family Connections FY17 Approved: $70,000 FY17 Spent: $70,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	Asian Dementia Initiative: FY16 Approved: $60,000 FY16 Spent: $60,000 FY16 6-month metrics met: 80% FY16 annual metrics met: 100% Latino Family Connections FY16 Approved: $60,000 FY16 Spent: $60,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

El Camino Hospital THE HOSPITAL OF SILICON VALLEY

FY19 Healthy Mind Proposal Summary

HEALTHY MIND

	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Individuals served	325	650
	Encounters provided	350	500
	Participants in Educational Sessions/Forums who indicated they agree or strongly agree that they learned material to help them better care for their loved one with ADRD	98%	98%
	Participants in Support Groups who agree or strongly agree that they know about how family, friends and others can assist them with care and support	N/A	95%

FY19 Healthy Mind Proposal Summary

Bill Wilson Center

Program Title	Child Abuse Therapy Program (CHAT)
Grant Goal	Provide comprehensive treatment and psychotherapy clinical services to Santa Clara County children and youth (2-17 years) who are victims of physical abuse, sexual abuse, sexual exploitation, neglect, abandonment, parental substance abuse, domestic violence, as well as those who are witnesses of community and school violence. The CHAT program serve dependents of the court, children in the child welfare systems (under 18), those emancipating out of the system or their family, and other under-served children.
Community Need	Youth who have witnessed domestic and other violence have higher rates of behavioral and emotional problems than other children. During 2015, more than 1,785 Santa Clara County (SCC) children and youth, ages birth to 17, were victims of sexual, physical, emotional abuse; suffered from general to severe neglect; experienced exploitation; were at-risk of sibling abuse; were left alone due to caretaker absence or incapacity, and/or were put at substantial risk of safety and well-being. Of the substantiated cases of child abuse for children under 18, African American youth under 18 had the highest rate (86.2 per 1000) followed by Latinos (45.9 per 1000) (https://www.kidsdata.org/topic/9/substantiated-abuse-type/table#fmt=8&tf=108&ch=19,18,17,16,15,13,14,12,20&sortColumnId=0&sortType=asc). The Department of Family and Children Services provides the primary intervention programs available for abused, neglected and exploited children. However, the County's mental health system continues to face budget cuts each year and relies on partner agencies, such as Bill Wilson Center, to assist in providing mental health services in a timely manner.
Agency Description & Address	3490 The Alameda, Santa Clara Since 1973 Bill Wilson Center (BWC) has been providing essential and comprehensive services that address the unmet needs of youth, families, and individuals in our community. The mission of BWC is to support and strengthen the community by serving youth and families through counseling, housing, education and advocacy. BWC's vision is to prevent poverty by building connections for youth and families. Every youth who walks through our doors is helped with building skills and resiliency, with the goal of becoming a healthy, self-sufficient adult.
Program Delivery Site(s)	Piedmont Hills High School, Eastside Union High School District in San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • Psychotherapy Treatment services to youth • Referrals, crime victim compensation services and other information about victim/witness compensation services • Assisting child victims in understanding and preparing to participate in the criminal justice system. Full requested funding would support partial salary for staff including therapists.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

	FY18	FY17	FY16
Funding History and Metric Performance	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Healthy Mind Proposal Summary

FY19 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	6	12
	Services provided	70	140
	Clients who complete the satisfaction survey will report positive impact of services provided	80%	80%
	Clients completing the program will report they have learned a new healthy coping mechanism	70%	70%
	Clients will demonstrate improvement their coping skills	75%	75%

FY19 Healthy Mind Proposal Summary

Cambrian School District

Program Title	Multi-Tiered System of Supports Behavioral Health Services
Grant Goal	To continue a Student Services Multi-Tiered System of Supports at Cambrian School District to support the whole child in a social-emotional-behavioral health model. The Student Services department specifically is planning for the 2018-2019 school year to advance efforts around student wellness by intentionally structuring initiatives, funding, and resources to allow for improved coordination, coherence, greater sustainability, and increased outcomes for the whole Cambrian community including students, families, and staff.
Community Need	Behavioral mental health services are needed to support crisis intervention and long-term intervention for student mental health needs, and for staff professional development and consultation for teachers and administrative staff to keep up to date with compliance, school safety, and preventative measures. The school district is seeing numbers of students with behavioral mental health needs are increasing. More students have been identified with adverse childhood experiences, trauma, unstable households/families which sometimes requires immediate intervention and ongoing intervention on a school campus to work directly with students and train staff. The program will help address our intervention (Tier II) and intensive (Tier III) level needs for students in our schools by creating a support structure needed for adequate learning accessibility for students. Without behavioral health services, some students are unable to safely attend school on an immediate and consistent basis, which impacts their attendance and long-term learning outcomes. It is best practice for school districts to have adequate staffing to intervene and have a prevention model of social/emotional/behavioral supports in place.
Agency Description & Address	4115 Jacksol Drive, San Jose Cambrian School District is elementary school district located in the Cambrian Park area and serves approximately 3,500 students in Preschool through 8th grade. All five of the district's traditional schools have been recognized as California Distinguished Schools. Cambrian opened a sixth school in Fall 2016 at Steindorf K-8 STEAM Magnet school.
Program Delivery Site(s)	The services will be delivered to all 6 schools in the district, which includes four elementary schools, one middle school and one alternative school.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Individual, group, parent and family counseling sessions • Crisis intervention and case management • Classroom interventions • Consultation to teachers and school administrators • School day and after-school services Full requested funding would support two full-time MFTs and partial salaries of school psychologist fieldworkers and interns, and other administrative costs.
FY19 Funding	FY19 funding requested: $277,000 FY19 funding recommended: $104,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $103,685 FY18 Approved: $103,685 FY18 6-month metrics met: 50%	New in FY18	New in FY18

FY19 Healthy Mind Proposal Summary

Rationale for Recommended Funding	First year grantee met 50% of midyear metrics available for reporting. Scheduling group sessions and forecasting targets were challenging.		
FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	55	110
	Services provided	110	283
	Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)	N/A	70%
	Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under)	N/A	60%
	Students who have completed short-term school-based counseling/supports will no longer continue to require the school based services	20%	40%
	Students who have completed short-term school-based counseling/supports for two cycles and continue to require longer term interventions and supports will either be referred to community based services or will be referred to long-term school based counseling/supports.	20%	40%

FY19 Healthy Mind Proposal Summary

Child Advocates of Silicon Valley

Program Title	Advocacy Program for Foster Teens
Grant Goal	The Advocacy Program for Foster Teens provides support to 400 Santa Clara County foster pre-teens/teens ages 11-18 by providing them with a Court Appointed Special Advocate (CASA), who helps ensure youth do not slip through the cracks of overburdened foster care and education systems. CASAs work to ensure their teens receive appropriate educational support and develop healthy self-care habits. CASAs assist children in working toward successful emancipation from the foster care system and help them make important decisions about remaining in the dependency system, attending college, finding a home, and securing a job.
Community Need	As a result of experiencing abuse, neglect, and trauma, foster youth are susceptible to a variety of physical and emotional challenges. According to the 2016 California Children's Report Card published by Children Now (https://www.childrennow.org) only 45% of California foster youth finish high school on time, compared to 79% of all California youth, and only 2-9% of California's foster youth earn a bachelor's degree. Furthermore, a 2016 study published by the American Academy of Pediatrics notes that foster children are at a "significantly higher risk of mental and physical health problems – ranging from learning disabilities, developmental delays and depression to behavioral issues, asthma and obesity – than children who haven't been in foster care." (Mental and Physical Health of Children In Foster Care," Kristin Turney, Christopher Wildeman. American Academy of Pediatrics http://pediatrics.aappublications.org/content/early/2016/10/14/peds.2016-1118.full). The study, which compared foster children to children who had never been in the dependency system, found that foster children were: • Seven times as likely to experience depression • Six times as likely to exhibit behavioral problems • Five times as likely to feel anxiety • Three times as likely to have attention deficit disorder, hearing impairments and vision issues • Twice as likely to suffer from learning disabilities, developmental delays, asthma, obesity and speech problems Providing foster youth with a CASA may help combat many of these bleak statistics. A 2015 report from the America's Promise Alliance found that supportive, adult relationships lessen the effects of adversity for youth and that youth are more likely to be successful in life when they have meaningful adult connections (http://www.americaspromise.org/sites/default/files/d8/2016-10/18006_CE_BGN_Full_vFNL_0.pdf).
Agency Description & Address	509 Valley Way, Building, Milpitas Child Advocates mission is to provide stability and hope to children who have experienced abuse and neglect by being a powerful voice in their lives. To achieve this, the agency recruits, trains and supports volunteer Court Appointed Special Advocates (CASAs) to work one-on-one with foster children. Child Advocates is the only agency in Santa Clara County providing this critical service. Statistics show that the stability and support of a CASA results in better outcomes for foster children– they receive more services while in the dependency system, are more likely to find a safe, permanent home, are less likely to experience multiple home placements, do better in school and spend, on average, 8 months less time in foster care than children without a CASA.

FY19 Healthy Mind Proposal Summary

Program Delivery Site(s)	Services will be provided at agency site.		
Services Funded By Grant/How Funds Will Be Spent	Bilingual services to foster teens include: • Recruit, train and certify CASAs (Court Appointed Special Advocates) • Match foster youth with a CASA • Academic and emotional support to middle and high school age foster youth • Support for transitioning out of the dependency system and navigate significant milestones Full requested funding would support part of the volunteer coordinator position to manage the CASA volunteer program.		
FY19 Funding	FY19 funding requested: $35,000	FY19 funding recommended: $30,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Youth served	83	138
	Number of CASAs trained/recruited	64	106
	CASA high school seniors earn their diploma or equivalent	N/A	80%

Counseling and Support Services for Youth (CASSY) NEW

Program Title	Comprehensive Mental Health Support for Youth Attending Campbell Union School District
Grant Goal	To support a partnership with the Campbell Union School District (CUSD) to provide on-campus mental health support and resources in all twelve K-8 grade schools. CUSD will provide funding to supplement this partnership with CASSY.
Community Need	Mental health services are in great demand in Campbell and across the Greater San Jose community. More than half of all staff across Campbell Union cited the need for more support in meeting students' social-emotional needs, and 55% of staff in Campbell high schools felt that depression or other mental health issues were a moderate or severe problem at their school. Over 50 Campbell high school students annually were referred to CASSY for more intensive support due to potential self or interpersonal harm. According to a 2013 Community Health Needs Assessment conducted by Kaiser Permanente San Jose, mental health is one of the critical health needs in the San Jose Service Area, as marked by a percentage of self-reported poor mental health that is higher than the state average. The assessment showed that Latino and African-American youth disproportionately exhibit symptoms of depression, and African-American youth additionally experience suicidal ideation in rates higher than the county-wide average. Community input indicated that the health need is likely being affected by stress (driven by financial/economic and social concerns) and the lack of education about how to cope with stress; stigma about mental illness leading to fear and denial; lack of knowledge about mental health treatment; and poor access to mental health care providers and specialists. PTSD and other behavioral consequences of trauma - which have been present in CUSD students - are often related to environments where stress and mental health issues have led to violence and substance abuse. More recently and more broadly, Children Now's California Children's 2018 Report Card gave California a D+ for Mental Health & Building Resilience. According to the report, mental health is the number one reason California kids are hospitalized, and only 35% of California children who report needing help for emotional or mental health problems received counseling. Adverse Childhood Experiences (ACE's) are physical, emotional or social events that are stressful or traumatic. Of California children, 42% experience one or more ACE (examples of ACE's include: abuse, neglect, and household dysfunction). CASSY works to reverse these trends by breaking down barriers to help, offering mental health supports that are free, easily accessible, and build resilience in youth. CUSD serves a diverse community, and a large percentage of Hispanic and Latino students (47%). CASSY currently works with students from Campbell Union High School District, who mirror the mental health needs reflected in the Kaiser Permanente study. In a given year, 1 in 5 young people in Santa Clara County experience mental health issues such as depression, anxiety, substance abuse, or suicidal thoughts. Only one-third of children who are actually diagnosed will receive treatment; for teens living in poverty, only 10% will receive help. Despite the clear need for support, there are few community-based mental health providers in the San Jose area, forcing families on long car or bus rides, something they often cannot afford or logistically manage. Complicated insurance battles, the cost of private care, and the stigma associated with mental health issues also act as barriers to proper treatment. Left untreated, mental health issues have a profound impact on a student's academic achievement and future prospects. Research links unmet mental health needs with lower grades and test scores, higher rates of suspension, expulsion, and truancy, and an increased likelihood of dropping out of school altogether. Simply put, a child cannot properly focus on school when she is depressed, anxious, grieving, or scared. Teachers and parents are often at a loss as to how

	to manage the situation. Too often, the result is a child who becomes disruptive or withdrawn at school, who abuses substances, or who, in the most tragic cases, dies by suicide--the third leading cause of death for young people today. (1) https://about.kaiserpermanente.org/community-health/about-community-health/community-health-needs-assessments-2016 (2) 2018 California Children's Report Card, Children Now
Agency Description & Address	Sobrato Center for Nonprofits, 544 Valley Way, Milpitas Counseling and Support Services for Youth (CASSY) partners with local elementary, middle and high schools to provide free comprehensive mental health services to students on campus. Our mission is to de-stigmatize mental health services and make supporting students' social and emotional well-being the norm in our schools. In just eight years, CASSY has grown from a small summer program in the Ravenswood City School District, to a community-based organization providing a mental health safety net for 33,000 students at over 40 public schools in Palo Alto, East Palo Alto, San Jose, Milpitas, Los Gatos, Saratoga, and Campbell. Our school-based programs and services aim to provide all students with the continuity of social and emotional support they need to be successful in school and life.
Program Delivery Site(s)	All 12 elementary and middle schools Campbell Union School District: • Campbell School of Innovation • Monroe Middle School • Rolling Hills Middle School • Blackford Elementary • Capri Elementary • Castlemont Elementary • Forest Hill Elementary • Lynhaven Elementary • Marshall Lane Elementary • Rosemary Elementary • Sherman Oaks Community Charter • Village School
Services Funded By Grant/How Funds Will Be Spent	Services include: • Individual assessment and mental health treatment planning • Individual and Group Counseling • Preventative Mental Health Education • Staff Consultation and Training • Parent Consultation, Training, and Community Outreach • Crisis Intervention and Re-entry Support Full requested funding would support 7.5FTE school-based therapists and partial salary for the site supervisor.
FY19 Funding	FY19 funding requested: $320,000 FY19 funding recommended: $100,000

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Healthy Mind Proposal Summary

FY19 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	875	1,325
	Services provided	875	1,325
	Students who work directly with CASSY therapists will show an increase in pro-social behaviors and a decrease in antisocial behaviors, resulting in an increase of 5 points according to the CGAS, or stabilization at a 71 or above (No more than a slight impairment in functioning) according to the CGAS and his or her overall level of functioning.	N/A	85%
	Students who work directly with CASSY therapists will show an increase in their attendance rate to 95% or higher, if these issues are present.	N/A	80%
	Students who work directly with CASSY therapists will show a 100% reduction in disciplinary referrals, if these issues are present.	N/A	70%
	Students who work directly with CASSY therapists will meet one or more treatment goals by the end of the 12 sessions.	N/A	90%

FY19 Healthy Mind Proposal Summary

Cupertino Union School District

Program Title	Cupertino Union School District Counseling Intern Program
Grant Goal	To continue support of the Cupertino Union School District (CUSD) Counseling Intern Program providing individual, group, and family therapy to students and their families. Therapists also provide consultation, crisis intervention, and case management services for each school site. The services are provided to students in both elementary and middle schools who are demonstrating challenges with mental health issues that impact their ability to access their education.
Community Need	Students who are impacted by mental illness are challenged in life functioning. These challenges often impact a student's ability to fully access their education. There is a lack of access to mental health services in the community, and The CUSD Counseling Intern Program provides easily accessible counseling services to youth. The El Camino Hospital 2016 Community Health Assessment documented, "Community feedback indicates that there is a lack of health insurance benefits for those who do not have formal diagnoses and insufficient services for those who do."(https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf). Kidsdata.org documented that 22.6% of youth living in Santa Clara County reported needing help for emotional or mental health problems. Of those youth, only 67.3% received mental health services (http://www.kidsdata.org/). Additionally, according to the California Healthy Kids Survey completed in 2015, 14% of seventh grade students in the Cupertino Union School District experienced sadness and hopelessness (http://surveydata.wested.org/resources/Cupertino_Union_1516_Elem_CHKS.pdf). • The California Health Interview Survey (CHIS) reported a marked increase in teens reporting the need for emotional and mental health support. The most recently reported rate of 24.6% of teens needing emotional and mental health support in Santa Clara county was the highest it has been since 2005 with the previous highest rate of 20.8% being reported in 2011 (http://healthpolicy.ucla.edu/). • The El Camino Hospital 2016 Community Health Needs Assessment documented that "Close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days." The same report stated that violence and abuse is a problem in Santa Clara County which could be the reason why "a majority of youth report having been victims of physical, psychological, and/or cyber bullying". The report also indicated that the health need is affected by the following factors: "…poor family models, unaddressed mental and/or behavioral health issues among perpetrators…" • Statistics from the National Institute of Mental Health indicate that the incidence of teen mental illness was stable for 10 years through the early 2000s, the latest data available. Those surveys show that 25 percent of teens have suffered anxiety at some time in their lives, 11.2 percent major depression and 2.4 percent agoraphobia." (www.nimh.nih.gov/health/statistics/index.shtml) • The above data demonstrate that mental health services are needed to support youth in the community and at schools. The article, Children's Mental Health What Every Policymaker Should Know by Shannon Stagman and Janice L. Cooper, 2010, (http://www.nccp.org/publications/pdf/text_929.pdf) cites that "one in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community." They go on to state, "Roughly half of all lifetime mental health disorders start by the mid-teens." The need for school-based mental

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	health services has been documented over the last 15 years. The National Association for School Psychologists (NASP) stated in their article An Overview of School-Based Mental Health Services, (https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health).
Agency Description & Address	10301 Vista Drive, Cupertino The Cupertino Union School District is the largest elementary school district in northern California. The District is comprised of approximately 1,700 employees serving over 18,000 students in 19 elementary schools, one K-8 school, and five middle schools throughout the city of Cupertino and parts of the cities of Sunnyvale, San Jose, Saratoga, Los Altos, and Santa Clara.
Program Delivery Site(s)	All five middle schools in the Cupertino Union School District (Hyde, Cupertino, Miller, Lawson and Kennedy) and as-needed by referral at elementary schools in the school district.
Services Funded By Grant/How Funds Will Be Spent	Services include: • 30-60 minute, weekly Individual, group, and family counseling • Suicide and Self-harm risk assessment as needed • Crisis intervention as needed • Case Management, weekly, approximately 2-3 hours per week • Collaboration with school staff, weekly, approximately 5 hours per week Full requested funding would support 1 FTE and 4 part-time Marriage and Family Therapists and other administrative costs.
FY19 Funding	FY19 funding requested: $153,496 FY19 funding recommended: $135,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $123,500 FY18 Approved: $123,500 FY18 6-month metrics met: 100%	FY17 Approved: $105,000 FY17 Spent: $105,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 50%	FY16 Approved: $100,000 FY16 Spent: $100,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 75%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	109	216
Services provided in hours (individual counseling, case management, crisis intervention)	1,046	2,442
Students who improved on treatment plan goals by 20% in 6 months and 50% by the end of the school year as measured by counselor report.	60%	90%
Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17).	N/A	50%
Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher report (for students age 10 and under).	N/A	50%

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HealthRIGHT 360 NEW

Program Title	emPOWER
Grant Goal	The emPOWER program promotes the mental health and developmental resilience of Asian/Pacific Islander (API) girls in Santa Clara County, particularly at two high schools in San Jose. The goal is to address the behavioral health disparities that currently impact API girls by increasing their awareness and understanding of social, cultural, and behavioral health issues, and by teaching them skills to communicate effectively and advocate for themselves and each other. The program strengthens external assets (e.g., relationships) and internal assets (e.g., self-efficacy and self-awareness). The program will also provide education and prevention services for both substance use disorder (SUD) and mental health issues, including screening and referral to treatment.
Community Need	Intergenerational/intercultural conflict in immigrant families arises due to differential acculturation between immigrant parents and their immigrant or American-born children. Having been socialized in their culture of origin, adult migrants tend to retain those values and acculturate slowly to the majority American culture, while their children are developmentally more susceptible to environmental influences and engage with the majority culture through schooling and peers. Over time, this intergenerational discrepancy in acculturation widens, leading to conflict that results in psychological problems in children. (https://psycnet.apa.org/record/2007-02819-008 According to the 2017 Santa Clara County Asian and Pacific Islander Health Assessment (https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/aha-report.pdf], 34% of the county population identifies as API. Among them, 21% are Vietnamese and 15% are Filipino, living predominately in Milpitas and eastern San Jose. Among the Vietnamese subgroup, 70% are foreign born, and among the Filipino subgroup, 64% are foreign born, making intergenerational conflicts and acculturation discrepancies likely contributors to mental health needs in children and adolescents. Indeed, according to the same SCC health assessment, among API middle and HS students, Filipinos reported the highest percentages of students feeling sad or hopeless for 2 weeks or more in the past 12 months (37%); Pacific Islanders (34%) and Vietnamese (33%) were second and third, respectively. Countywide (all races/ethnicities), the rate was 27%. Fully 16% of API high school students reported seriously considering attempting suicide in the past 12 months; among subgroups Filipino students the rate was 21%, and among Pacific Islander students it was 19%. Students among API subgroups represented in that health assessment also demonstrated that substance use disorder (SUD) screening and treatment may be appropriate; binge drinking in the past 30 days was reported by 9% of Pacific Islanders, 5% of Filipinos, and 3% of Vietnamese. Additionally, 14% of Pacific Islander students reported using an e-cigarette in the past 30 days. Data were not included in this assessment regarding marijuana use, but that drug's newly legal status for adult recreational use is likely to increase access and availability for youth (it may be present in homes, much like the commonplace presence of beer, wine, and liquor, for adult use), and youth marijuana use may very well increase in coming years. Local data also demonstrate that girls may be at higher risk for poor mental health status and outcomes than their male peers. According to the 2017 SCC Status of Children's Health Vol. 2 report [https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/exec-summary-v2.pdf], female middle and high school students reported psychological bullying (41%) and cyberbullying (22%) at higher rates than male students did. The report states that bullying can result in social and emotional distress, and even death. Among middle and high school students in SCC, 37% of female students reported feeling sad or hopeless 2 or more weeks in the past 12 months (higher than the rate for

	male students), and female students reported higher rates (25%) of seriously considering suicide attempts than male students (15%).
Agency Description & Address	1563 Mission Street, 4th Floor, San Francisco Asian American Recovery Services is located at 1340 Tully Road, # 304, San Jose HealthRIGHT 360 gives hope, builds health, and changes lives for people in need. The organization provides compassionate, integrated care that includes primary medical, mental health, substance use disorder treatment and re-entry services throughout California. HealthRIGHT 360 was created in 2011 as the merger of Haight Ashbury Free Clinics and Walden House, two San Francisco organizations that became national models of community healthcare for over forty years. Asian American Recovery Services joined HealthRIGHT 360 in 2011 and serves people in San Francisco, San Mateo and Santa Clara counties.
Program Delivery Site(s)	• Two high schools in the East Side School District in San Jose: o Independence High School, San Jose o Evergreen Valley School, San Jose • Asian American Recovery Services, a Program of HealthRIGHT 360 located at 1340 Tully Road, #304, San Jose • Other sites in the community (community centers) to be determined.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Outreach to API girls at two San Jose High schools and at community centers • Curriculum-based, 10-12 week group sessions on youth development topics, including pro-social/anti-bullying education, SUD and mental illness education and prevention, leadership skills, healthy relationships, and self-esteem • Screening and referral to treatment (substance use disorder, mental health, or other medical or social services, as needed) • Mental health first aid training for participants, preparing them to be peer advocates in their schools and communities • Monthly emPOWER newsletter, distributed to all current and former participants, to the school community (students, teachers, faculty), to parents, and at community venues • Year-end Sister-to-Sister: Celebrating Asian and Pacific Islander Women of Tomorrow Leadership Conference, a one-day series of interactive workshops that promote a sense of cultural pride, encourage positive lifestyles, and build leadership skills Full requested funding would support salaries or partial salaries of several staff roles, including health educator, program coordinator and social worker, as well as administrative costs.
FY19 Funding	FY19 funding requested: $223,590 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

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	Metrics	6-month Target	Annual Target
FY19 Proposed Metrics	Individuals served	130	519
	emPOWER workshops (Level 1 and Level 2) provided to high school girls	32	56
	Behavioral health screenings provided (to both emPOWER participants, and community members)	25	100
	Participants at annual Sister to Sister Conference	N/A	300
	Girls who complete the emPOWER workshops will report a more positive awareness of cultural identity.	80%	80%
	Girls who complete the emPOWER workshops will report an improvement in self-esteem.	80%	80%
	Girls who complete the emPOWER workshops will report an increased understanding of the characteristics of healthy relationships, and what constitutes sexual harassment.	80%	80%
	Girls who complete the emPOWER workshops and/or the Sister to Sister Conference will increase their knowledge of the effects of substance use, both physically and mentally.	80%	80%

FY19 Healthy Mind Proposal Summary

Hope Services

Program Title	Peer-to-Peer Counseling/Advocacy for Adults with Developmental Disabilities
Grant Goal	Support the mental health needs of low-income adults with developmental disabilities.
Community Need	Depression, anger, and frustration are often experienced by adults with developmental disabilities. Mental health counseling help these adults cope with the complex emotions resulting from a disability that cannot be "cured". Low-income adults with developmental disabilities are disproportionate impacted by these negative consequences. They need counseling and advocacy services from a peer who also has a developmental disability.
Agency Description & Address	30 Las Colinas Lane, San Jose Hope Services' mission is to improve the quality of life for people with developmental disabilities. Founded in 1952, Hope Services has evolved from one of the first preschools serving only children with special needs to providing a full range of integrated services to more than 4,000 children, adults, and seniors with developmental disabilities in Santa Clara, San Mateo, Alameda, Santa Cruz, San Benito, and Monterey counties, with an emphasis on community participation and vocational development. Hope Services addresses the changing and life-long needs of individuals with developmental disabilities through vocational and non-vocational service strategies.
Program Delivery Site(s)	The program services will be delivered at agency site in San Jose and client homes.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing six – to ten Solution Focused Brief Therapy sessions per client served (50-mninute sessions), provided by a peer counselor with a developmental disability • Referral to a professional counselor (as needed) • Training and monitoring of client counselors, and case management of client counselees, by Manager of Advocacy & Resources Full requested funding would support partial staffing and transportation.
FY19 Funding	FY19 funding requested: $31,326 FY19 funding recommended: Do not fund

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $37,739 FY18 Approved: $25,000 FY18 6-month metrics met: 66%	New in FY18	New in FY18

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	6	22
Services provided	40	175
Counselees will report a 15% improvement in healthy eating behaviors after at least 6 sessions	25%	40%
Counselees will report a 15% improvement in their social interactions after at least 6 sessions	25%	40%
Counselees will report a 15% increase in the number of monthly community activities after at least 6 sessions	25%	40%
Counselees will reduce negative comments by 15% from established personal baselines, as reported by staff and fellow clients	25%	40%

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International Association for Human Values NEW

Program Title	Youth Empowerment Seminar (YES!) for Schools at Horace Cureton Elementary in San Jose
Grant Goal	This program aims to teach students positive coping skills and stress reducing techniques. By providing practical tools and skills, the program proposes to decrease violent/negative coping habits. The long-term goal is to create stress-free, violence-free schools.
Community Need	Horace Cureton Elementary (HCE) is located in East San Jose and serves an immigrant population that suffers from stress related to poverty, language isolation in the dominant culture, immigration issues and resulting insecurities, family separation which is particularly hard on the young children. When children and adults do not have the tools to manage their stress, it leads to behavior problems especially in young people, and, creates physiological conditions that inhibit learning. According to the School Accountability report card from 2015-16, HCE has a suspension rate of 3.7. Based on the 2017 California Assessment of Student Performance and Progress (CAASPP), HCE students are performing below state average. English proficiency at HCE is 34%; state average is 49%, Math proficiency at HCE is 26%; state average is 38%. Sources: https://resources.finalsite.net/images/v1560779789/arusdorg/ekpcqqngnljbmborxa1g/2016_SARC_Horace_Cureton_Elementary_School_20170201.pdf McCraty, Atkinson, Tomasino, Goelitz, Mayrovitz 1999 https://www.greatschools.org/california/san-jose/5370-Horace-Cureton-Elementary-School/#Race_ethnicity*Discipline_and_attendance
Agency Description & Address	2401 15th Street, Washington, DC The International Association for Human Values (IAHV) was created in Geneva in 1997 by His Holiness Sri Ravi Shankar as a global platform for humanitarian initiatives that solve problems by uplifting human values. IAHV conducts service projects and raises funds for humanitarian and disaster relief initiatives throughout the world. IAHV holds special consultative status with the United Nations Economic and Social Council (ECOSOC). IAHV offers programs to reduce stress and develop leaders so that human values can flourish in people and communities. We foster the daily practice of human values -- a sense of connection and respect for all people and the natural environment, an attitude of non-violence, and an ethic of social service.
Program Delivery Site(s)	Program services will be delivered at Horace Cureton Elementary School in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Biopsychosocial workshop that teaches skills of stress management, emotion regulation, conflict resolution, and attentional focus, on impulsive behavior for all 3rd -5th grade students, parents and teachers Full requested funding would support partial program staffing and program supplies including yoga mats and healthy snacks.
FY19 Funding	FY19 funding requested: $21,500 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

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FY19 Proposed Metrics	Metrics	6-month Target	Annual Target
	Students served	215	215
	Services provided	108	144
	Students reporting better emotional regulation	50%	50%
	Students who feel calmer and more relaxed	50%	50%

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HEALTHY MIND

Jewish Family Services of Silicon Valley

NEW

Program Title	To Life! Wellness for Seniors
Grant Goal	Jewish Family Services is requesting $75,000 to increase access to and expand our existing mental health and social services for approximately 150 lower-income, socially isolated older adults. The services will be provided onsite at Chai House Senior Living Community where the agency, JFS SV, opened a branch office in July 2017. This will result in earlier diagnosis of mental health and social issues, as well as decreased isolation and institutionalization. The services will be provided year-round by a skilled social work team, with expertise in gerontology; as well as a part-time psychiatrist. JFS will coordinate care with the San Jose State University nursing team onsite at Chai House. Services will include individual therapy, group counseling, health-related workshops, medication consultation, and linkages with relevant service providers (medical, psychiatric, social services) as needed; and be available in English and Russian. Services are needed in particular due to an increase in new Section 8 residents with significant mental health diagnoses and financial issues moving into Chai House. A few of the newest residents were recently homeless, and thus, present with PTSD and other issues. JFS is working with a much more challenging population than had resided in Chai House in the past. This trend is likely to continue to grow with the housing scarcity in Silicon Valley. The program is largely evidence-based in that it incorporates well-researched interventions based on clinical experience and ethics; along with client preferences and culture to inform how services are delivered. Earlier diagnosis of mental health and social issues will result in decreased isolation and institutionalization, and an overall healthy living environment for all Chai House residents.
Community Need	Chai House, a 144-unit senior residence, is located in North Willow Glen, in the 95126 zip code. As described in Santa Clara County City and Small Area/Neighborhood Profiles for 2016, (https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/San%20Jose%20Neighborhoods/NorthWillowGlen_neighprofilesPDF5110013.pdf) the median household income for North Willow Glen was $66,423 as compared to the rest of Santa Clara County which was $93,854. It is a high-density area, with households occupied by renters at 64% of the residences being multi-unit housing, compared to the Santa Clara County average of 33%. 100% of Chai House residents have low to very low incomes – below the median household income for North Willow Glen - with over 2/3 qualifying for Section 8 housing. Prior to opening a branch office onsite at Chai House in July 2017, the 150 residents had no access to onsite mental health services. In addition, 60% of residents do not drive – and those who do rarely venture more than a three-mile radius. Since July 2017, the social services staff has noted that at least 25% of residents have displayed elements of depression, problems with substance abuse, anxiety and other mental health issues. With each passing month, JFS's case notes reports indicate that the number and severity of residents with significant behavioral health issues – including those requiring psychiatric hospitalization and other interventions – has increased. Despite adding a full-time clinical social worker – or perhaps because of it –many previously undiagnosed conditions such as hoarding, anxiety, schizophrenia, paranoid personality disorder, depression, borderline personality disorder, psychosis, and substance abuse have been discovered. Approximately 30% of the caseload at Chai House suffers from serious behavioral health issues. This finding mirrors the El Camino Hospital 2016 Community Health Needs Assessment (CHNA) (https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf) showing that behavioral health (including mental health, well-being and substance abuse) was prioritized among top community needs.

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Agency Description & Address	14855 Oka Road, Suite 202, Los Gatos Jewish Family Services of Silicon Valley (JFS SV) transforms lives and restores hope. JFS SV serves a multi-ethnic community with social, senior, behavioral health, refugee, and volunteer services. Our ethnically diverse staff speaks nine languages. JFS SV Aging with Dignity Senior Services for 2,000 elders at a variety of life stages focuses on those allowing older adults to remain at home. Project NOAH safety net services provide emergency food, financial assistance, counseling and job search support to over 1,000 low income people each year. JFS SV has provided refugee resettlement, employment and acculturation services to 5000 refugees, immigrants and asylees from all over the world.
Program Delivery Site(s)	Services will be delivered at Chai House in 814 St. Elizabeth Drive, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • Walk-in immunization services • Individual one-hour case management sessions • Individual one-hour therapy sessions • Thirty-minute psychiatric consultations • Ninety-minute group therapy sessions • Monthly ninety- minute health-related workshops • Weekly medical consultations with San Jose State Nurses Full requested funding would support the partial salaries a clinical social worker and a psychiatrist.
FY19 Funding	FY19 funding requested: $75,000 FY19 funding recommended: $75,000

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	60	100
Individual and group therapy sessions	15	30
Case management	60	90
Psychiatric consultations	12	25
Clients who report at least 6-point increase in mental well-being on the Warwick-Edinburgh Mental Well-Being Scale	35%	60%
Clients who report greater access to needed behavioral health services and resources, and who utilize at least two such services	70%	95%
Clients who report feeling 1-3 hours per week of increased social engagement, and decreased feelings of isolation	35%	60%

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LifeMoves

NEW

Program Title	BehavioralMoves
Grant Goal	Providing behavioral health services to homeless individuals, on-site and in real time, at LifeMoves homeless shelters in Santa Clara County.
Community Need	The El Camino Hospital 2016 Community Health Needs Assessment (CHNA) reports that 38% of County residents reported poor mental health at least one day in a month, and 60% report being stressed about financial concerns. Within the subset of Santa Clara County residents who are homeless, research indicates that virtually all homeless individuals suffer from trauma. Moreover, due to the fact of their having lost stable housing, we can say with certainty that all of them are under stress related to financial concerns. These financial and housing concerns also impact the overall health and well-being of homeless individuals, as indicated by "Economic Security" and "Housing" being ranked first and third, respectively, in the CHNA's prioritization of health needs. Behavioral health issues can be both a contributing factor to, and a result of, homelessness. Many families facing homelessness—especially women and their children—have experienced traumatic events, including domestic, interpersonal, and community violence and have been victims of physical, emotional/psychological, and/or sexual abuse This research coincides with LifeMoves experience, which indicates that approximately half of all women admitted to LifeMoves shelters report being survivors of domestic violence. Moreover, homelessness has a severe impact on children, and correlates strongly with development delays and academic achievement gaps, as well as later-life substance abuse, domestic violence and homelessness. Individuals and families who become homeless frequently suffer from trauma, and they may suffer from other mental health disorders as well, typically including anxiety, stress and depression. If these behavioral health issues are not addressed, homeless individuals will be less likely to regain and maintain housing stability, and less likely to become self-sufficient over the longer term. As a result, LifeMoves views its behavioral health program as an essential component of the range of supportive services that we offer to clients at all of its shelters. Sources: https://www.samhsa.gov/homelessness-housing/trauma-informed-care http://nctsn.org/sites/default/files/assets/pdfs/PFA_Families_homelessness.pdf http://nctsn.org/sites/default/files/assets/pdfs/Facts_on_Trauma_and_Homeless_Children.pdf https://pdfs.semanticscholar.org/fc6f/4fac993bdc02b097df072a13e12371d09ebe.pdf
Agency Description & Address	181 Constitution Drive, Menlo Park LifeMoves (formerly InnVision Shelter Network) is the largest and most effective non-profit committed to ending the cycle of homelessness for families and individuals in Silicon Valley. The agency operates nine shelters throughout Santa Clara and San Mateo Counties. Since 1987, our mission is to provide interim housing and supportive services for homeless families and individuals to rapidly return to stable housing and long-term self-sufficiency. Underpinning all LifeMoves programming is our innovative therapeutic service model, which breaks the cycle of homelessness by driving transformation at the source, rather than treating the symptoms.

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Program Delivery Site(s)	LifeMoves's four homeless shelters in San Jose: • Two shelters for families and single women: o Georgia Travis House at 260 Commercial Street, San Jose o Villa at 184 South 11th Street, San Jose • Two shelters for single adults: o Julian Street Inn, 546 W. Julian Street, San Jose o Montgomery Street Inn, 358 N. Montgomery Street, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services include: • Screen clients for behavioral health issues • Provide individual, group and milieu therapy • Bilingual services in Spanish and English, with translation services available in other languages as- needed • Train psychologists and therapists on the behavioral health issues that accompany homelessness Full requested funding would support partial salaries for staff positions including Director of Behavioral Health, psychotherapy consultant, neuropsychology consultant and intern stipends, as well as other administrative costs.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals screened for behavioral health issues	30	80
Services provided in hours of individual, group and milieu therapy	100	240
Clients who attend at least 3 individual therapy sessions will report improved functioning and well-being	85%	85%
Clients who participate in at least three individual or group therapy report improved understanding of behavioral health issues associated with homelessness for themselves and their children	80%	80%

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Momentum for Mental Health

Program Title	Mental Health Community Clinic
Grant Goal	Provide mental health services to those who do not have access to treatment because they cannot afford to pay for services and those who are uninsured. This grant will continue to help La Selva Community Clinic provide mental health services for clients who are uninsured; the majority is referred from Mayview Community Health Clinic, El Camino Hospital as well as the general community. The service address language barriers to access to care and provides an, for Medi-Cal recipients, provides quick access to treatment and essential supportive services as they often manage complex and ongoing mental health and medical conditions on a daily basis.
Community Need	Many individuals who suffer from mental health do not have access to mental health services due to lack of healthcare insurance or their inability to pay. Consequently, these individuals tend to remain untreated, utilize hospital emergency rooms when in crisis, and risk losing employment. In Primary care clinics typically lack mental health services and most mental health clinics locally have a wait list. According to the 2016 CHNA, close to four in ten (38%) Santa Clara County residents report poor mental health on at least one day in the last 30 days and six in ten county residents report being somewhat or very stressed about financial concerns. Further, some clients are not currently working and lack insurance to cover for mental health services and others cannot afford their medication fee. Momentum serves clients who are undocumented and have a difficulties in finding jobs with benefits to provide mental health services. More than half of clients are monolingual Spanish speakers and in many cases this is the first time they are seeking mental health services.
Agency Description & Address	438 North White Road, San Jose Momentum for Mental Health is an independent, non-profit corporation that provides comprehensive programs and services in Santa Clara County for youth and adults who have a severe mental illness. The staff and volunteers at Momentum believe that people with a mental illness can, and do, recover to lead productive lives and become contributing members of our community. Helping clients reach this goal informs planning and daily operations. Momentum's treatment approach focuses on building on clients' strengths to help them achieve and sustain mental health. The staff at Momentum delivers services in 37 different languages – reflecting the linguistic and cultural diversity of this region. During fiscal year 2016-17 a total of 4,124 individuals were served across Momentum's 10 locations and 11 supportive housing sites throughout Santa Clara County.
Program Delivery Site(s)	Services will be provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Psychiatry assessments • Treatment and medication management sessions • Case management sessions • Short-term and crisis counseling • For some clients in need of more intensive services, provide no-cost intensive outpatient program and crisis residential care Full requested funding would support partial staffing including a psychiatrist, registered nurse, a lead clinical, a program manager and other staff.

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FY19 Funding	FY19 funding requested: $58,860	FY19 funding recommended: $50,860	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $26,000 FY18 Approved: $26,000 FY18 6-month metrics met: 100%	FY17 Approved: $26,000 FY17 Spent: $26,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $26,000 FY16 Spent: $26,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%
FY19 Dual Funding	FY19 funding requested: $268,140	FY19 funding recommended: $268,000	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $241,000 FY18 Approved: $241,000 FY18 6-month metrics met: 100%	FY17 Approved: $241,000 FY17 Spent: $241,000 FY17 6-month metrics met: 50% FY17 annual metrics met: 100%	FY16 Approved: $236,000 FY16 Spent: $236,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	13	25
	Services Provided	165	330
	Patients who report a reduction of 2 points or more in PHQ-9 measure severity of depression	75%	85%
	Patients who report a reduction of 2 points or more in GAD-7 measure severity of anxiety	85%	85%
	Patients who avoid psychiatric hospitalization for 12 months after beginning services	95%	95%

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Moreland School District NEW

Program Title	Moreland School District Multi-Tiered Systems of Support
Grant Goal	To support the comprehensive mental health, social-emotional and behavioral model at the Moreland School District. Funding will increase services from part time to full-time Counseling and Support Services for Youth (CASSY) mental health counselors and Uplift Family Services behavior staff members throughout our district and supplements existing district behavioral health staff.
Community Need	Moreland School District students are impacted by mental illness and trauma and are frequently unable to access support outside of the school and this impedes their level of functioning and ability to fully access their education. According to the article The Mental Health of Adolescents: A National Profile, 2008, (San Francisco, CA: National Adolescent Health Information Center; 2008) adolescents who seek treatment despite the stigma, paying for and gaining access to mental health services in the U.S. is often a complicated, inconsistent, and frustrating experience for both consumers and providers. Less than a quarter of adolescents who need mental health treatment receive it. For many of our Moreland students, receiving mental health support and/or behavioral support at school is the only therapeutic support they have access to. Moreland currently employs three district hired school counselors. One of these counselors is full-time at EDS and another is full-time at MMS. The remaining five Moreland campuses have a part-time district hired counselor or CASSY counselor supporting the mental health needs of students. Moreland also has four 28 hour per week Uplift Family Services behavior technicians and two 20 hour per week behavior supervisors providing behavioral support and consult across our 7 schools. Most of this behavioral support is given to Tier 3 students who are eligible for special education services. Moreland has been fortunate to develop strong and positive relationships with CASSY and Uplift Family Services for mental health and behavioral health services for our students. These community partnerships have been instrumental for Moreland during the beginning stages of building a Multi-Tiered Systems of Support for our students. Moreland seeks to build a comprehensive district wide system by having a mental health and behavioral health specialists at every school site working as a team with our students, teachers, and families. Source: https://ncfy.acf.hhs.gov/library/2008/mental-health-adolescents-national-profile-2008
Agency Description & Address	4711 Campbell Avenue, San Jose The Moreland School District (MSD) has been a caring, learning environment of students, parents, staff, and community members since 1851. Moreland serves PreK-8th grade students across three cities in Santa Clara County. Our teachers educate more than 4,800 students in 4 elementary schools, 2 K-8 schools and one middle school. Our students are celebrated for their uniqueness and the talents they contribute to our community. The Moreland School District responds by offering a wide variety of programs to support each student in their academic, social and emotional growth.
Program Delivery Site(s)	Services provided to students at the following schools in the Moreland School District: • Anderson Elementary School • Baker Elementary School • Country Lane Elementary School • Payne Elementary School • Moreland Middle School

FY19 Healthy Mind Proposal Summary

HEALTHY MIND

	• Easterbrook Discovery School • Latimer School
Services Funded By Grant/How Funds Will Be Spent	Services include: • Weekly sessions for individual counseling, group counseling, whole class mental health education, teacher and family consultation • Weekly collaboration with School Based Support Team (administrators, teachers, school counselors, school psychologists, behaviorist & RSP case managers) • 20 minute morning group designed to deliver proactive mental health and behavioral health education, including Zones of Regulation, Social Thinking, problem-solving skills, and coping skills • Behavioral health support, coaching and professional development for students and teachers • Crisis Intervention • Implementation of social emotional learning curriculum on all campuses • Group counseling services • Parent Education Services Full requested funding would support additional CASSY counselors (9 additional days per week), two Uplift Behavioral Technicians and a Behavioral Health manager.
FY19 Funding	FY19 funding requested: $250,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	177	567
	Students served with Individual & Group Counseling	106	390
	Students served with Behavioral Health Support	41	97
	Students served with Morning Check-in Group	30	80
	Student who improved from pre-test (at the beginning of counseling services) to post test (prior to termination of services) on the Strength and Difficulties Questionnaire and Children's Global Assessment Scale (CGAS) by 50%	30%	75%
	Students who improved on treatment plan goals by 20% at 6 months and 50% by the end of the school year as measured by counselor report	40%	80%
	50% of staff will reported a decrease in referring problem behavior frequency and problem behavior duration from pre- and post-survey data	30%	70%

FY19 Healthy Mind Proposal Summary

Peninsula Healthcare Connection

Program Title	Psychiatric Services – Medication Management
Grant Goal	Provide psychiatric services to homeless and at-risk individuals of Santa Clara County to help manage and stabilize lives through assessment and diagnosis, treatment planning and medication management. The goal is to empower homeless and low-income individuals to become self-sufficient members of the community, and is a vital component to ending homelessness.
Community Need	The 2016 Community Health Needs Assessment (CHNA) identified healthcare access and delivery as a priority health need for Santa Clara County, specifically the lack of general and specialty providers, especially in community clinics. Access to healthcare for those experiencing homelessness was also cited as a top concern, particularly for behavioral health treatment and treatment for conditions that require rehabilitation and follow-up care. According to the 2017 Santa Clara County Homeless Point-In-Time Census and Survey, there was an estimated 7,394 homeless individuals residing in Santa Clara County. This represents an alarming 13% increase countywide since 2015. Individuals experiencing chronic homelessness made up 28% of the total homeless population. Among chronically homeless individuals in Santa Clara County, 50% reported an emotional or psychiatric health condition, 69% reported alcohol or substance use, 42% a physical disability, 26% with PTSD and 34% with chronic health conditions. According to a study by the National Coalition for the Homeless, people with mental illnesses are more likely to become homeless than the general population. Having a serious mental illness can disrupt a person's ability to carry out essential aspects of daily life. For homeless individuals, mental illness contributes to difficulties maintaining stable relationships, and in gaining and retaining employment and/or housing. A study of people with serious mental illnesses seen by California's public mental health system found that 15% were homeless at least once in a one-year period. Patients with schizophrenia or bipolar disorder are particularly vulnerable. For all of the reasons above: - increased homeless populations in Santa Clara County, increased demand for behavioral health treatment and increased risk for those suffering from mental illness to experience homelessness - mental health services in Santa Clara County are heavily impacted. The current system of care can prove challenging to navigate and access and initial access to mental health services can be one of the biggest barriers for individuals to address mental health issues. Sources: 1) 2017 Santa Clara County Homeless Census and Survey https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2017%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey%20Report.pdf 2) 2016 Santa Clara County Community Health Needs Assessment https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 3) National Coalition for the Homeless, Mental Illness and Homelessness, 2009 http://www.nationalhomeless.org/factsheets/Mental_Illness.pdf
Agency Description & Address	Agency site of service: 33 Encina Avenue, Suite 103, Palo Alto Administrative office: 1671 The Alameda, Suite 306, San Jose Since 2006, Peninsula Healthcare Connection (PHC), has been providing comprehensive health, mental health and case management services to homeless and low-income residents of Santa Clara County, free of charge, through our state licensed medical clinic located within the Opportunity Center in Palo Alto. The goal of PHC is to improve the health and well-being of our patients, and by doing so, improve the overall quality of life, livability, and safety for all local residents.

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HEALTHY MIND

Program Delivery Site(s)	Services will be provided at agency site in Palo Alto
Services Funded By Grant/How Funds Will Be Spent	Services include: • Comprehensive psychiatric care, including assessment, care planning and medication management to all patients requesting or requiring these services. • Connection of patients to intensive case management services and therapy as needed, utilizing PHC's comprehensive services and partnerships. • Outreach and education to homeless individuals about available services and assistance securing housing. Full requested funding would support a psychiatrist, licensed vocational nurse and case manager.
FY19 Funding	FY19 funding requested: $90,000 FY19 funding recommended: $90,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $90,000 FY18 Approved: $90,000 FY18 6-month metrics met: 100%	FY17 Approved: $90,000 FY17 Spent: $90,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $80,202 FY16 Spent: $80,202 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	100	200
Total services provided	397	798
Psychiatric services provided	322	645
Street outreach encounters	75	150
Psychiatry patients not hospitalized in a 12 month period	85%	85%
Psychiatry patients that attend scheduled follow up appointments	50%	70%

FY19 Healthy Mind Proposal Summary

HEALTHY MIND

Respite and Research for Alzheimer's Disease NEW

Program Title	Alzheimer's Activity Center
Grant Goal	This program will provide dementia specific adult social day care and caregiver respite and support for individuals diagnosed with Alzheimer's disease and related dementias and their caregivers.
Community Need	According to the US Census Bureau, nearly 12.8% of the total population of Santa Clara County are over the age of 65. According to the Alzheimer's Association report, 10% of those over age 65 has Alzheimer's related dementia. This number will grow with the aging of the Baby Boomer population and, along with it, the numbers of persons diagnosed with Alzheimer's disease and dementia will increase dramatically: by 2025 it is projected that the number of persons with Alzheimer's dementia will increase by 35%. According to the Alzheimer's Association California Alzheimer's Disease Data Report, the number of persons with Alzheimer's disease increased by 19% from 2008 to 2015. Between 2015 and 2030, this trend will increase sharply and disproportionately: in 2015 there were 32,988 persons in Santa Clara County living with Alzheimer's disease and by 2030, this number is expected to increase by 78% to 58,568. Alzheimer's disease in Santa Clara County is reaching epidemic proportions. The disease has no cure, and there is no method to stop or slow its devastating effects. The cost of caregiving can be as much as $91,000 for a skilled nursing facility, paid home health care ranges from $63,000 per year to $82,000 per year and neither of these solutions is effective for the person living with dementia or Alzheimer's disease, Sources: https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216 http://alz.org/media/images/2017-facts-and-figures.pdf https://www.payingforseniorcare.com/ https://www.aplaceformom.com/blog/2013-03-22-dementia-cost-to-families-and-caregivers/
Agency Description & Address	2380 Enborg Lane, San Jose Founded in 1984, RRAD operates two collaborative programs: Alzheimer's Activity Center (AAC) and Rosa Elena Childcare Center (RECC). The AAC, a licensed social adult day program supporting persons living with Alzheimer's and dementia, provides respite services in a safe, supportive, dignified environment. The RECC licensed for children 2 years to first grade, is a play- based early childhood learning program. Co-location of these programs ensures daily intergenerational activities, providing our youth and seniors enrichment and support. The AAC is the only dementia specific adult day care program in Santa Clara County, serving up to 90 people daily, 6 days per week, 10.5 hours per day. Last year 77% of the 246 clients served were low to extremely low income.
Program Delivery Site(s)	The program services will be delivered at the agency site in San Jose.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Daily small group activities to enhance social interactions, create a personal program that individualizes the client's needs and enhances their functional abilities; activities include: arts and crafts, games, guided conversations, book club, cooking, gardening, writing, etc. • Daily group activities that capture the interest of each client visually and verbally, including; activities include exercise, singing, lectures, etc. • Weekly session of intergenerational activities with pre-school children ages 2-entry level

	first grade, including art, dance, reading, exercise, gardening cooking and educational activities. • Daily personal care per attendance to support good health and hygiene, and monitor skin conditions, including toileting, showering, podiatry and haircuts. • Providing at least one meal and two snack snacks, prepared under the guidance and direction of a Registered Nutritionist • Caregiver support for: o Individual support, referral and information sessions, as needed o Monthly small group therapeutic support sessions for up to eight caregivers o Monthly large group education and support sessions for up to 25 caregivers o Quarterly educational and networking seminars for 35 or more caregivers Full requested funding would support partial staffing of six positions.
FY19 Funding	FY19 funding requested: $73,000 FY19 funding recommended: $50,000

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	110	220
	Caregivers of persons with dementia or Alzheimer's disease who attend at least one caregiver support activity.	37	75
	Clients who experience at least a 75% decrease in isolation, an increase in socialization and participation and maintain and/or stabilize functioning abilities.	45%	90%
	Clients who will maintain and/or stabilize cognitive functioning abilities	45%	90%
	Clients who will age in place and avoid or delay institutionalization	75%	90%
	Caregivers who report they have experienced a significant reduction in stress and an increase in knowledge of dementia care, community resources and services after enrolling their family member at the AAC.	45%	90%

FY19 Healthy Mind Proposal Summary

Seneca Family of Agencies NEW

Program Title	Reducing Detainment for Youth Involved With the Juvenile Justice System: Managing and Adapting Practice/PracticeWise
Grant Goal	The goal is to reduce the rate of re-detainment among youth up to the age of 21 involved with juvenile probation in Santa Clara County. This aim of this grant is to increase the efficiency and efficacy of services for Seneca's Wraparound clients through implementation of the Practices Managing and Adapting Practice (MAP) platform. The program will identify and provide appropriate interventions and evidence-based treatments that match a given client's characteristics (including age, diagnosis, and presenting behaviors).
Community Need	The behavioral health challenges that juvenile probationers face are rooted in a constellation of stressors that include community and family violence, structural racism, systemic oppression, and poverty. Black and Latinx youth experience disproportionate representation in the juvenile justice system in Santa Clara County in terms of arrests, detainments, and sentencing (https://www.sccgov.org/sites/probation/Documents/JPD%20Services%20Annual%20Report_2016_FINAL.pdf). According to a 2015 study examining adult life outcomes of juvenile probationers in Chicago, juvenile incarceration was found to significantly decrease high school graduation and increase adult incarceration rates (A. Aizer & J. J. Doyle, 2015. http://www.nber.org/papers/w19102.pdf). Nationwide, approximately half of youth involved in the juvenile justice system continue to engage in criminal activity past the age of 18 and into adulthood. For some, this transition from adolescence to adulthood includes increasingly serious offenses and an increase in lethal violence, resulting in progressively more severe sentencing and prolonged incarceration (https://www.nij.gov/topics/crime/Pages/delinquency-to-adult-offending.aspx). Indeed, youth involved in formal systems like juvenile probation and child welfare, with histories of abuse, neglect and trauma and for whom significant needs related to health and mental health are unmet, are at greatest risk of falling into this disturbing cycle. It is these youth that Seneca proposes to help in Santa Clara County. Seneca Wraparound program seeks to disrupt the cycle of re-detainment by using a team-based, action-oriented, individualized, family-focused and outcome-driven approach to assessing and addressing individual, family and system needs of each enrolled youth. The youth and families Seneca serves often have struggled with multi-generational experiences of trauma, mental health disorders, abuse/neglect, system involvement, and failure in other programs. Youth referred from Santa Clara's Juvenile Probation Department to Seneca Wraparound have most commonly presented with primary diagnoses of disruptive, impulse-control and conduct disorders, trauma and stressor-related disorders including post-traumatic stress disorder, and depressive disorders. These complex challenges can lead to behaviors such as gang involvement, substance abuse, and oppositional/defiant behavior in school.
Agency Description & Address	2275 Arlington Drive, San Leandro The mission of Seneca Family of Agencies (Seneca) is to help children and families through the most difficult times of their lives. Far too often, youth end up isolated from their families, peers, and communities, moving between treatment settings that lack the capacity to help them heal and thrive. Seneca was founded with the belief that all children are capable of success, belonging, and happiness when provided supports that are responsive to their unique needs and experiences. Seneca's commitment to provide unconditional care – doing whatever it takes to support youth's success without the option to give up – is reflected in the agency's continuum of community and school-based services that annually impact over 18,000 children and their families in California and Washington State.

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Program Delivery Site(s)	• Seneca's Santa Clara Wraparound Program is housed at 485 1st Street in San Jose • Interventions are provided in the locations most convenient to youth and families on a flexible basis, including homes, schools, or other community venues within a 90-mile radius of the program office. • Clients also receive services at the Juvenile Justice Courthouse, Santa Clara Juvenile Hall, and the James Boys Ranch facility on a case-by-case basis.
Services Funded By Grant/How Funds Will Be Spent	Services include: • 24/7 access for 15 staff to use the MAP intervention database and clinical dashboard to select and track interventions as needed for all probation-involved clients • Utilization of at least one MAP-recommended intervention during each client contact meeting (client contact meetings occur an average of five to six times per month) • Utilization of at least one MAP-recommended intervention during each family team meeting (family team meetings occur an average of once per month) • Five-day training provided by PracticeWise for 15 staff (Clinical Supervisors, Facilitators, and Support Counselors) who serve probation-involved youth • Additional two-day training provided by PracticeWise for two Clinical Supervisors who will provide oversight and consultation on MAP implementation Full requested funding would support the MAP Direct Services Training Series for staff and related administrative and training costs; a smaller portion supports partial salaries of a clinical supervisor, facilitator and support counselor.
FY19 Funding	FY19 funding requested: $65,163 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	15	30
	Juvenile Probation Department-referred clients who discharge from service as a result of detainment or incarceration (from a baseline of 61%)	55%	49%
	Juvenile Probation Department-referred clients who improve their CANS Item Score for the risk factor "criminal behavior" over the course of treatment (from a baseline of 20%)	22%	24%
	Juvenile Probation Department-referred clients whose length of stay in the program meet or exceed 8.3 months, the average length of stay for non-probationer clients (from a baseline of 16%)	18%	19%
	Wraparound client caregivers who self-reportedly agree or strongly agree with the statement, "As a result of the services my child and/or family received, my child is better at handling daily life," (from a baseline of 77%)	77%	85%

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Teen Success, Inc.

Program Title	San Jose Teen Success Program
Grant Goal	The Teen Success Program works with teen mothers to help break the cycle of poverty by supporting them in reaching their educational and life goals. Teen mothers participate in the program for 18 months. During this time, they receive: 1) weekly one-on-one coaching from a Teen Success Advocate that includes case management to mitigate barriers to school completion; educational navigation to support getting on track toward graduation; and coaching to support goal setting, problem solving, skill building and self-empowerment, and 2) a weekly peer learning and support group to build knowledge and skills in the following areas – reproductive health, child development and parenting, and social emotional learning.
Community Need	In 2015, there were 24,395 births to females under 20 years of age in California. Although teen birth rates having decreased significantly over the past 15 years, there are areas of California where significant disparities exist. Furthermore, teen pregnancy disproportionately affects low-income communities and young women of color. Two out of every three babies born to teens in California are born to Latinas. The communities that Teen Success, Inc. serves are primarily comprised of people of color and have some of the highest teen pregnancy rates in the state and nation; many of these communities have teen birth rates that are double the state average. (U.S. Department of Health & Human Services, Office of Adolescent Health. https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/california/index.html Teen mothers and their children face tremendous challenges. Only about 40% of teen mothers graduate high school and less than 2% graduate college by the age of 30. Children of teenage mothers face their own challenges – they are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult (The Power to Decide, the campaign to prevent unplanned pregnancy https://powertodecide.org/). Teen Success, Inc.'s model is informed by the research on Positive Youth Development and best practices identified by the Healthy Teen Network, a leading national membership organization for adolescent health professionals and organizations that support pregnant or parenting youth. The model emphasizes skill development, social emotional learning and developing trusting relationships with caring adults. The Positive Youth Development framework favors a "strength-based or asset-based" approach, such as leadership and skill-building opportunities, which tend to be more effective than "deficit-based" programs that focus narrowly on issues like drug abuse and teen pregnancy prevention. The program also emphasizes the Developmental Assets model developed by the Search Institute. Research shows that having a greater number of developmental assets reduces youths' tendency towards alcohol use, tobacco use, illicit drug use, antisocial behavior, violence, school failure, sexual activity and attempted suicide. Beyond prevention, developmental assets have also been show to help youth thrive by overcoming adversity, delaying gratification, succeeding in school, valuing diversity, helping others, demonstrating leadership and being physically healthy (Search Institute, https://www.search-institute.org/our-research/development-assets/current-research-developmental-assets/.

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Agency Description & Address	508 Valley Way, Milpitas Teen Success, Inc. believes that having a baby as a teen is not a permanent barrier to success in school or in life. In order to break the cycle of intergenerational poverty that is often inherent in teen parenting, we support low-income, first time teen mothers in completing high school, maintaining their family size and learning how to nurture their child's positive development. By empowering teen mothers to rise above their challenges and achieve their full potential in school and as parents, Teen Success, Inc. is creating a pathway out of poverty for two generations.
Program Delivery Site(s)	• Peer Learning Group sessions are delivered at Mayfair Community Center, San Jose • One-on-One coaching sessions are delivered at local community centers, libraries, school, coffee shops, parks or wherever convenient
Services Funded By Grant/How Funds Will Be Spent	Services include: • Teen mothers (members) will each receive 60 hours of one-on-one coaching with an advocate over the course of 18 months • Members will each attend weekly Peer Learning Group sessions that last 2.5 hours for 40 weeks which includes educational navigation with school counselors and parent and life skill development Full requested funding would support partial salaries for the program manager, advocates, child watch providers, supplies, incentives, staff development and training.
FY19 Funding	FY19 funding requested: $35,000 FY19 funding recommended: $20,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $20,000 FY18 Approved: $20,000 FY18 6-month metrics met: 100%	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	14	14
	Hours of Peer Learning Group Sessions for 7 teen moms	280	560
	Members who enrolled in school and working towards graduation or will complete high school (diploma, GED)	85%	95%
	Members who maintain their family size through program completion	95%	95%

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Uplift Family Services

Program Title	High School Counseling - Addiction Prevention Services
Grant Goal	Continue Uplift Family Services deliver of Addiction Prevention Services (APS) at Campbell Union Unified School District. This school-based program helps supports the gaps that are often seen in school districts as it relates to mental health supports. The goal is to decrease the use of all substances, and increase youths' physical, mental, academic, and social functioning.
Community Need	Over the past two years, Uplift Family Services has observed a noticeable increase in the use of marijuana, "vaping" e-cigarettes, and abuse of Xanax prescription pills at the Campbell Union High Schools. As a result there is more need for prevention, education, and early treatment of substance use in these schools. These youth, including the unmet needs of LGBTQ students, need support and understanding in addressing their safety and overall health needs. With the legalization of recreational marijuana in 2018, our program staff is preparing for what could be an increase in use and interest in the substance. The legalization of marijuana and its more mainstream visibility in pop culture is impacting youth's perception of harm. As a 2013 University of Michigan study noted, there is a correlation between increased use of marijuana among youth as their perception of harm decreases. The growing legalization of marijuana has also sparked the American Academy of Child and Adolescent Psychiatry (AACAP) to strongly oppose the new laws because it is the Academy's belief that "marijuana's deleterious effect on adolescent brain development, cognition, and social functioning may have immediate and long-term implications, including increased risk of motor vehicle accidents, sexual victimization, academic failure, lasting decline in intelligence measures, psychopathology, addiction, and psychosocial and occupational impairment." Due to the increased bullying, violence and lack of social support that LGTBQ students may experience, these youth are at greater risk for adverse impacts. According to The Center for Disease Control and Prevention, "LGBT youth are at greater risk for depression, suicide, substance use, and sexual behaviors that can place them at increased risk for HIV and other sexually transmitted diseases (STDs). Nearly one-third (29%) of the youth had attempted suicide at least once in the prior year compared to 6% of heterosexual youth." (https://www.cdc.gov/lgbthealth/youth.htm). With the significant increase in suicide attempts, this program seeks to work more next year with the Gay Straight Alliance (GSA) groups that are on each of the CUHS campuses. A focused level of education on suicide prevention, drug and alcohol abuse, and healthy coping will be critical in supporting this vulnerable population of youth.
Agency Description & Address	251 Llewellyn Avenue, Campbell Uplift Family Services is a statewide non-profit organization. We are proud to be one of California's leading providers of social services that help children with severe emotional, social, and behavioral needs, and their family members. The agency's mission is to do whatever it takes to strengthen and advocate for children, families, adults, and communities to realize their hopes for behavioral health and well-being. Annually, the agency provides services to over 20,000 children from birth to 21 years of age, and their families throughout more than 30 counties in California. Our goal is to help children and families access healing and hope towards a brighter future.
Program Delivery Site(s)	Six high schools in the Campbell Union High School District: • Westmont High, Campbell • Prospect High, Saratoga • Leigh High, San Jose • Branham High, San Jose

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	• Del Mar High, San Jose • Boynton High, San Jose
Services Funded By Grant/How Funds Will Be Spent	Services providing substance abuse prevention, intervention, and post-intervention services for at-risk youth include: • Assessments, intake and risk management: determine level of care as needed • Classroom workshops (gangs, bullying, suicide prevention, drug and alcohol education, stress/anxiety management) and school assemblies • Targeted Intervention Groups (reduce high risk behavior) • Individual counseling • Year-round access to services for local youth who are Medi-Cal eligible (as needed) • Teacher/staff trainings & workshops • Parents/caregiver meetings and education regarding access • Targeted family case management • Brief Intervention Full requested funding would support two on-site counselors at five schools and some program administrative costs.
FY19 Funding	FY19 funding requested: $230,000 FY19 funding recommended: $230,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $230,000 FY18 Approved: $230,000 FY18 6-month metrics met: 100%	FY17 Approved: $230,000 FY17 Spent: $230,000 FY17 6-month metrics met: 60% FY17 annual metrics met: 100%	FY16 Approved: $150,000 FY16 Spent: $150,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 100%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	1,125	2,900
Services hours provided	1,040	2,090
Students who reduce high risk behaviors by greater than or equal to 25%	N/A	65%
Students who decrease exposure to violence by greater than or equal to 25%	N/A	65%
Students who increase use of coping skills for trauma/depression/anxiety or anger by at least 25%	N/A	75%
Students who decrease suicidal thoughts and feelings by greater than or equal to 25%	N/A	75%

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YWCA Silicon Valley

Program Title	Valor Program
Grant Goal	The Valor Program provides information, tools, and referrals to support participants who are trying to leave the life of sex work. Individuals who are charged with a first-time offense for solicitation of a sex act or loitering with the intent of prostitution, and deemed eligible by the DA's office, are referred to the YWCA Silicon Valley's Valor Program. Participants of the Valor Program typically have experienced past trauma such as childhood sexual abuse, physical abuse, as well as lack of family support and stability. Participants take part in the six week diversion Program held at YWCA and implemented by the Clinical Manager of Human Trafficking Services and graduate level Marriage and Family Therapy (MFT) associates, which is comprised of workshops designed to assist in building life skills, and individual and/or group therapeutic support.
Community Need	Due to the underground nature of the illegal commercial sex industry, summing up the exact statistics on prostitution in the United States is difficult. What is known, is that about 40% of prostitutes are former child prostitutes who were illegally forced into the profession through human trafficking or once were teenage runaways. Many of the runaways fled because their homes were abusive, poor, or did not approve of them. https://sex-crimes.laws.com/prostitution/prostitution-statistics In 2017, the Human Trafficking Hotline saw the highest number of reports of human trafficking from the State of California. https://humantraffickinghotline.org/states . Research of people involved in prostitution has found: • 65-95% were sexually assaulted as children. • 60-70% have experienced rape. • 70-95% of those in prostitution been physically assaulted in prostitution. • 80-95% want to escape, but have no other option. • The estimated age of entry into prostitution is 12. https://www.psychiatrictimes.com/ The traditional law enforcement approach to prostitution provides little or no services to the individual addressing their needs or the forces that led them to enter lives of prostitution. That system results in extremely high recidivism rates (80 percent of prostitutes arrested are repeat offenders), ongoing sexual exploitation and violence, and enormous costs to the criminal justice and public health systems. Prostitution has much in common with other forms of violence against women.
Agency Description & Address	375 South Third Street, San Jose YWCA Silicon Valley is a multi-service organization founded in 1905 in Santa Clara County, with a mission to eliminate racism and empower women. For over 110 years YWCA has identified the unique needs of Santa Clara County women and families, delivering innovative programs to meet those needs. YWCA currently focuses on three key areas: a) empower by working to end racism and violence; b) achieve solutions for survivors of violence facing homelessness; and c) inspire by closing the education and prosperity gap. Services include: counseling; childcare; domestic violence, human trafficking and sexual support services and advocacy; housing for survivors; and youth education, including violence prevention and STEM. In 2018, YWCA will reach a projected 18,000 people in Santa Clara County at over 20 community-based locations.
Program Delivery Site(s)	Services will be provided at agency site in San Jose.

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Services Funded By Grant/How Funds Will Be Spent	Services included: • Four, six-week Valor Program cohorts • Each Valor Program cohort is divided into the following two components: o 50 minute-Individual and/or group therapeutic support group o 90 minute-education and information workshops focusing on the following topics: STD Health, Money Management, Job Skills/Resume Building, Trauma, Healthy Relationships, and Self-Care. Full requested funding would support the partial salaries of a clinical manager, 2 MFT associates and program expenses.
FY19 Funding	FY19 funding requested: $20,000 FY19 funding recommended: $20,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $20,000 FY18 6-month metrics met: 66% Program missed one of three metrics midyear. They achieved 80% on this metric.	New in FY18	New in FY18

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	4	10
	Services provided	40	100
	Individuals completing the program	75%	75%
	Individuals completing the program who answer "yes" at graduation to receiving further contact/counseling	60%	60%

HEALTHY COMMUNITY

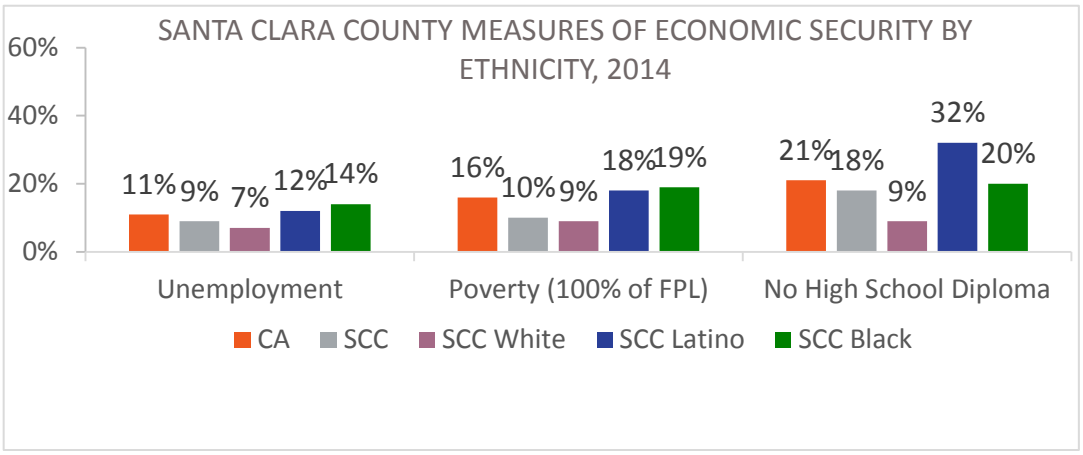
To improve the overall health of the community by providing services and increasing access to services that improve safety, provide transportation, and educate the community about health and wellbeing.

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

DATA FINDINGS

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

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



- **Unintentional Injuries** are a concern in Santa Clara County because rates of deaths due to falls and adult drowning in the overall population are higher than HP2020 targets. In addition, rates for some ethnic/racial groups in the county exceed HP2020 targets in various injury categories. For example,

death rates from pedestrian accidents among Latinos (2.2 per 100,000) and Asians (1.6 per 100,000) exceed the HP2020 objective of 1.3 per 100,000.

- **Violence & Abuse** in the county is a problem that disproportionately affects people of color, including adult homicide and domestic violence deaths. Also, a majority of youth reports having been victims of physical, psychological, and/or cyber bullying. The community indicated that the health need is also affected by the following factors: the cost and/or lack of activity options for youth, financial stress, dysfunctional family models, unaddressed mental and/or behavioral health issues among perpetrators, cultural/societal acceptance of violence, linguistic isolation, and lack of awareness of support and services for victims.

STRATEGIES TO IMPROVE COMMUNITY HEALTH

1. Promote access to medical searches and improve health literacy
2. Increase self-sufficiency amongst vulnerable families and older adults through social work case management
3. Reduce incidence of chronic diseases such as heart disease, hypertension and diabetes through culturally relevant programs, screenings and expanded access to medical devices
4. Provide domestic violence survivor services
5. Promote physical activity and healthy lifestyles
6. Address social determinants of health such as homelessness

HEALTHY COMMUNITY PROPOSALS

1. Abode Services – *page 121*
2. Assyrian American Association of San Jose – *page 123*
3. Center for Age-Friendly Excellence (CAFE)/ Senior Inclusion Participation Project (SIPP) –*page 125*
4. Chinese Health Initiative (El Camino Hospital) – *page 127*
5. Fresh Lifelines for Youth (FLY) – *page 129*
6. Health Library and Resource Center – Los Gatos – *page 131*
7. Next Door Solutions to Domestic Violence – *page 133*
8. Pacific Hearing Connection – *page 136*
9. Racing Hearts – *page 138*
10. South Asian Heart Center – *page 140*
11. West Valley Community Services - CARE Senior Services – *page 142*
12. West Valley Community Services - CARE – *page 143*

HEALTHY COMMUNITY RECOMMENDED FUNDING: $628,672

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Abode Services

NEW

Program Title	Project Independence & Rapid Re-Housing Program
Grant Goal	Abode Services is requesting $100,000 for the Project Independence and Rapid Re-Housing Programs. In FY17, Abode Services successfully housed more than one-thousand households the Rapid Re-Housing model. Further, through Project Independence, services were provided to prevent and end homelessness for vulnerable youth ages eighteen to twenty-four, who are emancipated from the foster care system, by offering housing placement, rental assistance, and comprehensive supportive services (including mental health services, employment/education assistance, financial skill building, parenting/family services, and life skills support) for up to two years. The Rapid Re-housing and Project Independence programs work to help families, adults, and young adults emancipating from foster care escape homelessness, through provision of services designed to promote maximum self-sufficiency and housing stability. Project Independence (PI) utilizes Youth Service Coordinators (YSC) who provide support and connection to mental health, education and employment and parenting services. Project Independence takes into account the needs of this special population and makes services accessible for a defined period of eighteen - twenty-four months. Rapid Re-Housing is an intervention designed to help individuals and families to quickly exit homelessness and return to permanent housing. Both programs share an overarching goal, to help households stabilize in housing and access the services they need in the community.
Community Need	• Silicon Valley is quickly becoming one of the most expensive places to live, with average rents above $2,100 (from a 2/26/15 article in The Contra Costa Times). According to the 2011 Eastern Alameda County Human Services Needs Assessment, more than thirty percent of renting households were paying more than 35% of their gross income for rent, putting them at risk of housing instability. These high housing costs come at a time when more families than ever are seeking public assistance with basic costs of living. According to the same assessment, the number of people receiving Medi-Cal, CalWORKs, or general assistance tripled between 2003 and 2011, while the number of people receiving food assistance (SNAP) increased by a multiple of six. Further, HUD's 2016 Homeless Assessment Report estimated that there are nearly thirty-two thousand young adults between eighteen and twenty-four who are homeless nationwide, with over ten thousand of them being in California. • In Santa Clara County, there are currently 7,394 homeless individuals. This is a staggering and growing need as it has risen steadily over a ten year period. Abode Services will address this growing need by offering sustainable, supportive housing solutions via Project Independence and Rapid Re-Housing. We aim to catch transitional age youth before they slip into chronic homelessness. • If the need is not addressed, we will experience a higher volume of homelessness in our communities. Only twenty-six percent of homeless individuals are sheltered at present. Without permanent supportive housing, these individuals will eventually leave the shelter and return to living on the street. • At present, there is not enough low-income housing available. There is a gap in service as homeless individuals experience a major challenge and waiting period in being connected with suitable, permanent housing. Abode Service is an active participant in the Homeless Management Information System (HMIS) database, and uses it to track participant information, including demographics, household composition, and disability

	status, as well income and destination at program exit. Source: 2017 Santa Clara County Homeless Census and Survey Report: https://www.sccgov.org/sites/osh/ContinuumofCare/ReportsandPublications/Documents/2017%20Santa%20Clara%20County%20Homeless%20Census%20and%20Survey%20Report.pdf
,Agency Description & Address	40849 Fremont Boulevard, Fremont Abode Services' mission is to end homelessness by assisting low-income, un-housed people, including those with special needs, to secure stable, supportive housing; and to be advocates for the removal of the causes of homelessness.
Program Delivery Site(s)	Services will be provided within the Abode Services for individuals in Santa Clara County.
Services Funded By Grant/How Funds Will Be Spent	Services include: • One-Hour Meeting with Case Manager • Ninety-Minute Support Group and Information Sessions • One-Hour, Appointment with Mental Health Service Provider • Immunizations via HOPE Mobile Clinic (Registered Nurse) • Access to Skill-Building, Employment, Debt Repair, Life Skills Full requested funding would support Housing Assistance, Move-In Cost/Rent and Utilities and some supplies. Labor would be in-kind.
FY19 Funding	FY19 funding requested: $100,000 FY19 funding recommended: $60,000

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Households served. (Households average one and six individuals)	8	16
Foster youth served in Project Independence	3	6
Participants who gain stable employment within six months of contact	45%	95%
Participants who are able to pay at least fifty percent of their monthly rent, subsidized by Abode Services within one year of contact	30%	65%
Participants who attend at least one healthy living and eating class in a twelve-month period	50%	100%
Participants who gain access to consistent, stable health insurance and receive up-to-date immunizations within one year of contact	50%	100%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Assyrian American Association of San Jose

NEW

Program Title	Seniors Services Program of Assyrian American Association of San Jose (SSP of AAASJ)
Grant Goal	Special education and activity sessions will be provided by trained and skilled members of the community who include but are not limited to health educators, licensed therapists, Nurse practitioners and RN's, MD's. The program subject to the grant is largely designed to benefit the mature adults of the community ages 55+ with a bigger emphasis on ages 65+. Some afterschool and evening classes for children, teenagers and youth are also considered. The services entail but are not limited to: regain mobility, health education and nutrition programs, language and cultural education to minimize the social barriers due to the fact that the community is largely immigrants who moved to the US at the older age, understanding diabetes, mental health and aging; and general support services.
Community Need	Due to language and cultural barriers and loss of social community that seniors were engaged with prior to their emigration, the isolation results in mental and subsequently other health problems. The program is designed to address this problem within the community. Seniors become isolated, depressed, loose interests in all aspects of life that effects including but not limited to lack of proper nutrition for loss of appetite, mental problems, mobility and balance problems for lack of movements, diabetes due to malnutrition. By providing an environment when seniors can gather and socialize in their native language while learning about how to integrate into the society and communicate with their neighbors, providing educational classes and workshops and some foods and refreshments; classes on trip and fall, helping with their paperwork and document filling. The program is designed to measure the before and quarterly review on the status and improvements on quality of life according to the programs provided. Sources: http://leepullen.info/wp-content/uploads/2014/11/Santa-Clara-County-Lee-Pullen-Seniors-Agenda.pdf http://leepullen.info/wp-content/uploads/2014/11/Santa-Clara-County-Lee-Pullen-Seniors-Agenda.pdf
Agency Description & Address	P.O.BOX 41311, San Jose The Assyrian American Association of San Jose (AAASJ) is a non-profit organization established in 1981 with the goal to provide diverse cultural, educational and social services to the Bay area Assyrian American community. These services are not limited to the organization's members but are open to the entire community in Silicon Valley. A sizeable segment of our community members is currently in or near, their retirement age and in need of basic senior services that the Assyrian American community lacks. While our organization has an established infrastructure for programs catering to other age groups, including the Children's Programs Committee (CPC), Teens Programs Committee (TPC), Young Adult Committee (Qooyama), we have not yet been able to put together a program for our growing elderly population. With our program as Seniors Services Program (SSP), to be launched in June 2018, we intend to fill this gap. Our mission in developing this program is to re-engage the elderly, through intergenerational community activities with an emphasis on eliminating social and cultural barriers, all while increasing their independence and wellbeing through exercise, active lifestyle, health and nutrition programs.
Program Delivery Site(s)	The services will be provided at Almaden Winery Community Center in San Jose.

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing individual one-Hour case management sessions • Conducting weekly workshops to improve quality of life • Delivering educational sessions with Medical practitioners • Active lifestyle engagement • Conducting Exercise and group therapy sessions Agency did not submit the required budget template form.		
FY19 Funding	FY19 funding requested: $50,000	FY19 funding recommended: Do not fund	
Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19
Rationale for Recommended Funding	Agency submitted an incomplete application and documents.		
FY19 Proposed Metrics	Agency did not submit volume or impact metrics.		

FY19 Healthy Community Proposal Summary

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

Fiscal Agent: Los Altos Community Foundation

Program Title	My Road Trip
Grant Goal	The goal of this evidence-based project is to move senior participants further along the "continuum of independence" towards greater independence. The intervention is to create a model senior transportation research and demonstration program, teaching and supporting older adults to be more mobile and increase opportunities for on-demand transportation. The program will teach seniors how to use the Lyft app and the phone number associated with the Lyft Concierge Platform in free community workshops. In addition to these seniors, a special cohort of 30 seniors will be selected to become case studies and provided with senior-friendly smartphones and a twelve-month data plan to evaluate the impact of increasing transportation mobility while reducing confounding factors. Follow-up research with these 30 seniors will also be conducted.
Community Need	Transportation is a key and essential component of the eight domains that age-friendly cities address, according to the World Health Organization (WHO). It is also the domain that allows older adults to enjoy the other domains, such as social participation, social inclusion, civic participation and employment and community support and health services. Currently, there is minimal public transportation available in Santa Clara County. The Valley Transit Authority (VTA) has a modest number of bus stops, and many are located on busy streets with no sidewalks. Generally, many bus stops are not covered shelters, and many don't have benches. Due to budgetary cutbacks, the frequency of buses has also diminished. In addition, research has indicated that older adults encounter the "First Mile" problem- older adults cannot get from their homes to the bus stops. There are a few on-demand ride services for older adults, but they have their limitations- hours of transportation are limited, rides must be organized days in advance, they are expensive and the time lags between drop off and pick up can be hours long. These reasons also make spontaneous outings difficult if not impossible, and usually these rides are confined to medical use. And since most older adults are living on a fixed income, the cost of private ride services are prohibitive. Car services that rely on volunteer drivers often have difficulty finding enough volunteers to supply the demand for rides. Finally, services that might be used by older adults are geographically scattered, and not centrally located. Sources: https://apps.who.int/iris/handle/10665/43755
Agency Description & Address	183 Hillview Avenue, Los Altos The Center for Age-Friendly Excellence (CAFE) is a project of the Los Altos Community Foundation (LACF). CAFE is advancing our understanding of Age-Friendly cities and communities, using the World Health Organization's (WHO) model of eight domains of livability. CAFE drives transformational change in creating healthy, active, sustainable, and engaged intergenerational communities by providing technical assistance, consultation, applied research access and community organizing synergy to assist communities to become intentional about the global Age-Friendly initiative and develop plans, infrastructure and programs to successfully implement the WHO's eight domains. CAFE promotes policies, programs and services that improve quality of life as we age, and enhance respect, understanding and engagement in our diverse, multigenerational communities.

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Program Delivery Site(s)	The program will be delivered at various community sites with community partners and Age-Friendly City Task Force members in Campbell, Cupertino, Los Altos, Los Altos Hills, Los Gatos, Mountain View, San Jose, Santa Clara, Saratoga and Sunnyvale.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Free, bi-monthly one-hour workshops where seniors will be trained on how to use the Lyft app and Concierge Platform • Monthly trainings for workshop volunteers and leaders • Administration of brief pre- and post-test questionnaires and a follow up questionnaire at 30 days, 60 days, 90 days and 180 days post-workshop • For those seniors that request it, a special first-time Lyft ride accompanied by a volunteers recruited by Rotary Partners in Elder Generation Committee • Home visits for in-depth interviews on special cohort of 30 seniors for qualitative case studies on special cohort Full requested funding would support staffing for six positions partial positions and program supplies including smartphones and data plans.
FY19 Funding	FY19 funding requested: $165,638 FY19 funding recommended: Do not fund

Funding History and Metric Performance	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Dual Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Dual Funding History	FY18	FY17	FY16
	New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	***6-month Target***	***Annual Target***
Individuals served	230	510
Free workshops provided	10	24
Participants attending workshops	200	480
In-depth interviews performed on special cohort of 30 seniors	180	360
Participants who report 3 or more rides taken via Lyft	10%	30%
Participants who report 3 or more outings to non-medical-related events, including family visits and community social events, taken via Lyft	10%	30%
Participants who report an increase in their quality of life by at least two points	10%	30%

FY19 Healthy Community Proposal Summary

Chinese Health Initiative

Program Title	Chinese Health Initiative
Grant Goal	This program addresses the unique health needs of the Chinese community. The four focus areas of the program include: health disparities, health literacy, community wellness and culturally competent patient care. CHI provides free health screenings, workshops, dietitian consults and resources to members of the Chinese community.
Community Need	According to the National Institute of Health, about 21% of Asians have diabetes but more than half are undiagnosed. Hypertension is also a disease of high prevalence among the Chinese population and a lot can be done to educate this group on this disease and its prevention. There are also language and cultural barriers to access care and medical resource as two third of Chinese community members in the Bay Area were born outside of the Unites States and many of them speak limited English. Sources: https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-are-undiagnosed
Agency Description & Address	2500 Grant Road, Mountain View Chinese Health Initiative at El Camino Hospital addresses the unique health disparities in the growing Chinese population, and accommodates cultural preferences in education, screening, and the delivery of healthcare.
Program Delivery Site(s)	The program services will be delivered at various community sites including senior centers and community centers.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting educational workshops to raise awareness of health disparities • Providing screenings • Producing newspaper articles and print material addressing health concerns specific to the Chinese community Full requested funding would support partial staffing and program materials for screenings and outreach.
FY19 Funding	FY19 funding requested: $45,750 FY19 funding recommended: $40,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $30,000 FY18 Approved: $30,000 FY18 6-month metrics met: 100%	FY17 Approved: $30,000 FY17 Spent: $30,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $30,000 FY16 Spent: $30,000 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%

FY19 Dual Funding	FY19 funding requested: $283,510 FY19 funding recommended: $250,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $239,000 FY18 Approved: $234,000 FY18 6-month metrics met: 75%	FY17 Approved: $215,200 FY17 Spent: $210,235 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $190,200 FY16 Spent: $190,200 FY16 6-month metrics met: 67% FY16 annual metrics met: 100%

FY19 Healthy Community Proposal Summary

FY19 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	75	150
	Services Provided	150	315
	Individuals who received assistance from CHI to help them better access care (e.g. referrals to physicians, getting connected to services, providing healthcare resources)	20%	35%
	Participants who strongly agree or agree that our education or screening help them better manage their health	N/A	90%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Fresh Lifelines for Youth, Inc. (FLY) NEW

Program Title	FLY Programs for Youth in Santa Clara County
Grant Goal	FLY programs will serve over 750 youth, ages 12-18, who are on probation (ages 14-18), or are at-risk of systems entry (ages 12-18) using a combination of legal education, leadership training and mentoring.
Community Need	The United States incarcerates more children than any other country in the world. Each day, California taxpayers spend $570.79 per incarcerated child. Not calculated in this cost is the price the community pays later due to recidivism and the lost potential of so many young lives. Studies suggest that even with that investment, more than 50-80% of incarcerated youth return to the system after their release, continuing the cycle of crime and poverty, and taking a significant toll on our communities. One study of 35,000 juvenile offenders over 10 years showed that juvenile incarceration leads to adult recidivism, including violent crime. Incarcerated youth are 13% to 39% less likely to graduate high school. Without a high school degree, a person on average will earn 28% less a year compared to their peers with degrees. Furthermore, the problem of juvenile incarceration and recidivism extends beyond incarcerated youth. As these youth often become disengaged with their education and their communities, society pays an estimated $1.7 million for each youth who drops out of school and becomes involved in a cycle of crime. One 2009 study estimates the average cost to society of a high-risk 14-year old entering a life of crime to be closer to $3.3 million. Without guidance and a solid foundation of personal assets, life-skills, and access to positive role models, youth are more likely to resort to unhealthy coping behaviors, such as involvement in drugs, alcohol and crime. In addition, research by the Search Institute has found that the more developmental assets youth have, the less likely they will engage in high-risk behaviors . Sources: "Sticker Shock: Calculating the Full Price Tag for Youth Incarceration," Justice Policy Institute 2014, http://www.justicepolicy.org/uploads/justicepolicy/documents/sticker_shock_final_v2.pdf Anna Aizer and Joseph J. Doyle Jr., "Juvenile Incarceration, Human Capital and Future Crime: Evidence From Randomly-Assigned Judges," Working paper, National Bureau of Economic Research June 2013, http://www.mit.edu/~jjdoyle/aizer_doyle_judges_06242013.pdf Josephson, Amelia. "The Average Salary by Education Level." SmartAsset. N.p., 01 Mar. 2017. Web. - https://smartasset.com/retirement/the-average-salary-by-education-level (Mark A. Cohen and Alex R. Piquero, "New Evidence on the Monetary Value of Saving a High Risk Youth," J Quant Criminal 2009, 25:25–49, p. 39. https://www.search-institute.org/our-research/development-assets/
Agency Description & Address	568 Valley Way, Milpitas Founded in 2000, Fresh Lifelines for Youth (FLY) is an award-winning nonprofit working to break the cycle of juvenile violence, crime, and incarceration. FLY believes that all our children deserve a chance to become more than their past mistakes. FLY's legal education, leadership training, and mentoring programs motivate and equip youth to change the course of their lives. We are also committed to helping our juvenile justice systems become more just, humane, and equitable. As a result, FLY increases safety in our communities and decreases the costs and consequences of crime.

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Program Delivery Site(s)	FLY's legal education courses take place at schools across Santa Clara County, including the below schools in San Jose, which correspond with gang hot spots identified by the City of San Jose Mayor's Gang Prevention Task Force. MOUs are generally executed between July and September of the year services are provided. Thus, FLY does not yet have executed FY19 MOUs. • Andrew Hill High School, 3200 Senter Road, San Jose • Oak Grove High School, 285 Blossom Hill Road, San Jose • Del Mar High School, 1224 Del Mar Avenue, San Jose • Snell Community School, 3550 Snell Avenue, San Jose • Sunol Community School, 258 Sunol Street, San Jose • Jose Hernandez Middle School, 1601 Cunningham Avenue, San Jose • Clyde L. Fischer Middle School, 1720 Hopkins Drive, San Jose • Ocala Middle School, 2800 Ocala Avenue, San Jose • Client homes, neighborhoods and wherever convenient
Services Funded By Grant/How Funds Will Be Spent	Services include: • Law Program classes, assessment, field trip and recognition ceremony over the course of 12 weeks • Legal Education classes administered for 8-12 weeks Full requested funding would support partial staffing for ten positions including Program Case Managers and a Law Program Facilitator.
FY19 Funding	FY19 funding requested: $50,000 FY19 funding recommended: Do not fund

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Youth served	15	31
Youth who attend at least 4 classes of the 8 to 12 week-course provided by FLY Staff or FLY-trained volunteer facilitators	13	26
One-hour case management hours provided	48	97
Volunteer-Based Mentorship hours provided	31	59
Participants who report having key developmental assets	80%	80%
Youth in case management who will not sustain a new charge	80%	70%
Eligible high school seniors who will graduate from high school or earn their GED	59%	80%
Youth retention rate in in the CAFA Mentor Program	80%	80%

FY19 Healthy Community Proposal Summary

Health Library and Resource Center, Los Gatos

Program Title	El Camino Hospital, Los Gatos Health Library & Resource Center
Grant Goal	The Health Library and Resource Center serves to improve health literacy and knowledge of care options for patients, families and caregivers.
Community Need	Individuals want and need accurate information to make the best possible healthcare and medical decisions. Without such information, they may undergo unnecessary treatment, fail to understand the impact of diet and exercise, ignore important warning signs, and waste healthcare dollars. Studies indicate that many Americans have low health literacy which adversely impacts their ability to understand health information and make informed decisions about health issues and lifestyle choices that affect their lives. Individuals with low health literacy are likely to report poor health outcomes. The inability to understand Health Information can lead to undesirable lifestyle choices leading to poor health outcomes and an increase in National Healthcare expenditures. Individuals want and need accurate information to help them make the best possible lifestyle decisions and to effectively partner with their physician to obtain optimal healthcare outcomes. They often lack the time and skills needed to sort through the myriad of information that is available and then assess its quality and accuracy. The library can direct patrons to information sources suitable to their individual needs, interests, and abilities. The assistance received helps our patrons in making informed decisions regarding procedures, treatments, and lifestyle issues. The library provides current healthcare resources, including evidenced based materials, tailored to each patron's information needs and desires. Sources: https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483 ; https://nces.ed.gov/pubs2006/2006483.pdf ; https://health.gov/our-work/national-health-initiatives/health-literacy/health-literate-care-model/literature ;
Agency Description & Address	530 South Drive, Mountain View El Camino Hospital is a nonprofit organization with hospital campuses in Mountain View and Los Gatos.
Program Delivery Site(s)	The services will be delivered at the Health Library and Resource Center at El Camino Hospital, Los Gatos and open to all members of the local community.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing access to vetted print, electronic, and online information sources coupled with professional assistance in selecting appropriate resources • Conducting outreach to local senior centers • Providing eldercare consultations and assist community members with developing a long-range care plan based on their personal family situation Full requested funding would support partial staffing for a Librarian and supplies such as books and subscriptions.
FY19 Funding	FY19 funding requested: $63,672 FY19 funding recommended: $63,672

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $69,702 FY18 Approved: $69,702 FY18 6-month metrics met: 100%	FY17 Approved: $63,672 FY17 Spent: $63,672 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $63,672 FY16 Spent: $63,672 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

FY19 Dual Funding	FY19 funding requested: $308,547	FY19 funding recommended: $250,000	
Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $393,491 FY18 Approved: $373,491 FY18 6-month metrics met: 83%	FY17 Approved: $393,491 FY17 Spent: $388,874 FY17 6-month metrics met: 75% FY17 annual metrics met: 80%	FY16 Approved: $393,491 FY16 Spent: $393,491 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	700	1,416
	Services provided	349	698
	Individuals who strongly agree or agree that the library has proven valuable in helping them manage their health or the health of a family member or friend	75%	75%
	Individuals who strongly agree or agree that library information was appropriate to their needs	95%	95%

FY19 Healthy Community Proposal Summary

Next Door Solutions to Domestic Violence

Program Title	Comprehensive Services for Survivors of Domestic Violence
Grant Goal	To support the emotional health needs of survivors of domestic violence by addressing the key needs of safety, stability and self-sufficiency through comprehensive, bilingual intervention and support services.
Community Need	Domestic violence, also known as intimate partner violence (DV/IPV), is prevalent in every community and affects all people regardless of age, socioeconomic status, sexual orientation, gender, race, culture, religion, or nationality. Victims of DV/IPV comprise an isolated and extremely underserved - almost invisible – population in need of a distinctive approach to providing safe housing and other crisis services, peer counseling and support groups, and self-sufficiency services. Those whose lives are characterized by DV/IPV face very unique and difficult obstacles to achieving safety, stability, and greater self-reliance. Per the Centers for Disease Control and Prevention (CDC), "intimate partner violence is a preventable health epidemic": 1 in 3 women, and 1 in 4 men have been physically abused by an intimate partner; 1 in 4 women and 1 in 7 men have been severely physically abused by an intimate partner in their lifetime (Link #1). Per a 2013-14 report by the Santa Clara County Public Health Department (link #2): One in ten (10) adults in Santa Clara County (SCC) have ever been threatened with physical violence by an intimate partner. The percentage is higher among females than males (12% vs. 7%) and is highest among African Americans (17%) followed by White (14%) and Latino (12%). The percentage is higher among US born than foreign born adults (14% vs. 5%). Young adults, 18-24 years, and those 65 years and older reported within single digits (3% and 8% respectively). Those ages 25-64 years (in 10 year increments) varied by 1 -3 points (10% to 13%). Twelve percent (12%) of adults have ever been hit, slapped, kicked, or hurt in any way by an intimate partner. The percentage is higher among females than males (15% vs. 9%) and is highest among those identifying as Two or More Races (27%) followed by African American (19%), White (16%), and Latino (14%). Percentage based on income levels (by increments) varied 10% to 17%, but did not reduce as income increased: below $15K 13%; $15k - $24K 17%; $25 - $35k 10%; $35K - $49K and $50K to $74K 14% each; and above $75K 11%. US born was higher compared to foreign born (17% vs. 6%). Patterns by gender, race/ethnicity, and nativity are similar to those for ever being threatened with physical violence by an intimate partner. (Link #2, Ibid) DV/IVP is a leading cause in women's homelessness. And generally, if there are children in the household, then they, also, are at greater risk of homelessness. Without supports to find viable housing options, many battered women, particularly those already living in poverty, or those without control of their financial assets, are forced to remain in abusive relationships, to accept inadequate or unsafe housing conditions, or become homeless and perhaps increase their risk of further violence. Housing instability is associated with poorer outcomes above and beyond a survivor's level of danger (Link #7). As batterers isolate their partners, victims become increasingly vulnerable to social and economic isolation. In addition to addressing issues of income, employment, and education, survivors are also addressing serious safety issues for themselves and their children as well as dealing with DV related health issues, i.e., anxiety, stress, trauma. Link #1: https://www.cdc.gov/violenceprevention/communicationresources/infographics/index.html Link #2: https://publichealth.sccgov.org/health-information/safe-and-healthy-communities/violence-free-communities Link #3: https://www.apa.org/about/division/activities/partner-abuse.pdf

	Link #4: https://openjustice.doj.ca.gov/crime-statistics/domestic-violence Link #5: https://harderco.com/...work/working-together-promote-healthy-safe-relationships-san; Working Together to Promote Healthy and Safe Relationships in Santa Clara County Link #6: https://www.sccgov.org/sites/opa/newsroom/Pages/domesticviolenceawarenessmonth.aspx; County of Santa Clara news release, 10/02/17 Link #7: https://safehousingpartnerships.org/taxonomy/term/82?page=1; Domestic Violence Housing First: The Intersection of Domestic Violence and Homelessness
Agency Description & Address	234 E. Gish Road, Suite 200, San Jose Next Door Solutions to Domestic Violence (NDS) is dedicated to addressing the impact of domestic violence – at the individual and community level. Its mission is "to end domestic violence in the moment and for all time", empowering survivors to move from crisis to safety, stability, and greater self-reliance. Core programs are Shelter & Housing Services, Community & Systems Advocacy, Support Services, and Community Partnerships. Governed by a volunteer board of 12 community members, NDS provides a continuum of services to nearly 3,000 clients annually.
Program Delivery Site(s)	At NDS' Community Office at 234 E. Gish Road, Suite 200, San Jose 95112 and the following off-site support group locations and undisclosed HomeSafe locations sited below: • St. Mary's Church: 219 Bean Street, Los Gatos • San Miguel Family Resource Center: 777 San Miguel Avenue, Sunnyvale • Amigos de Guadalupe, Center of Justice & Employment: 1897 Alum Rock Avenue, #25, San Jose • Palo Alto Medical Foundation, Mountain View Center: 701 E. El Camino Real, Mountain View • Elmwood Women's Correctional Facility: 701 Abel Street, Milpitas Off-Site Self-Sufficiency Services also provided at two disclosed HomeSafe locations in San Jose and Santa Clara.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Community & Systems Advocacy sessions: Walk-In Crisis Counseling, Risk Assessment, Safety Planning, Legal Advocacy, completing and filing Emergency Orders of Protections and Restraining Orders, case management, referrals to pro bono attorney services, and access to a Virtual Legal Clinic; • Support Group sessions (Spanish and English) • Self-Sufficiency Intensive Case Management: assistance with personal, financial, employment, housing, health/wellness, and educational goals • Bilingual services in Spanish and English with translation services available for other languages as needed Full requested funding would support partial staff salaries, including Self Sufficiency Advocates, Crisis Support Advocates and Support Group Facilitators, and some administrative costs.

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

FY19 Funding	FY19 funding requested: $75,000	FY19 funding recommended: $75,000	
Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $75,000 FY18 Approved: $75,000 FY18 6-month metrics met: 100%	FY17 Approved: $75,000 FY17 Spent: $75,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $50,000 FY16 Spent: $50,000 FY16 6-month metrics met: 80% FY16 annual metrics met: 100%
FY19 Dual Funding	FY19 funding requested: N/A	FY19 funding recommended: N/A	
Dual Funding History	FY18	FY17	FY16
	No FY18 application	FY17 Approved: $6,773 FY17 Spent: $1,306 FY17 6-month metrics met: 0% FY17 annual metrics met: 0%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	66	132
	Services provided	279	560
	Clients report they have gained as least one strategy to increase their safety, or increase their and their children's safety	80%	80%
	Surveyed Support Group participants will respond that they can better manage stress when it occurs	70%	70%
	Clients newly engaged in Self-Sufficiency (SS) Case Management during the grant period will maintain their level of SS	55%	55%

FY19 Healthy Community Proposal Summary

Pacific Hearing Connection

NEW

Program Title	Hearing Aids for lower income children and adult patients
Grant Goal	Request for $20,000. Audiologists will diagnose hearing loss of the individual and fit the hearing aids. Patients, both children and adults, will be selected based on income, using the metric of 400% of the federal poverty level or less as the criteria. Program services will include an initial diagnostic audiology screening, hearing aid fitting if appropriate and follow up appointments to adjust the aids as needed. Pacific Hearing Connection's experience suggests that individuals with income levels that would be considered comfortable in other parts of the country struggle to make ends meet here in the Bay Area. As a result, we have observed that this population tends to be under served and often cannot afford hearing healthcare.
Community Need	According to the National Institute on Deafness and Other Communication Disorders (NIDCD), 36 million Americans have a hearing loss—this includes 17% of our adult population. The incidence of hearing loss increases with age. Approximately one third of Americans between ages 65 and 74 and nearly half of those over age 75 have hearing loss. NIDCD, 2010 https://www.nidcd.nih.gov/health/age-related-hearing-loss.Hearing loss is the third most prevalent chronic health condition facing older adults (Collins, J. G. (1997). Prevalence of selected chronic conditions: United States 1990–1992. National Center for Health Statistics. Vital Health Statistics, 10, 194 https://www.cdc.gov/nchs/data/series/sr_10/sr10_194.pdf. Unfortunately, only 20% of those individuals who might benefit from treatment actually seek help. Most tend to delay treatment until they cannot communicate even in the best of listening situations. On average, hearing aid users wait over 10 years after their initial diagnosis to be fit with their first set of hearing aids (Davis, A., Smith, P., Ferguson, M., Stephens, D., & Gianopoulos, I. (2007). Acceptability, benefit, and costs of early screening for hearing disability: A study of potential screening tests and models. Health Technology Assessment, 11, 1–294 https://www.ncbi.nlm.nih.gov/pubmed/17927921. For individuals in the Bay Area, this problem is made worse by the cost of living in our area. For example, the cost of living in Santa Clara, CA is 81% higher than the national average. Hearing aids are rarely covered by insurance, and for many cases of low income adults and children, the hearing loss goes untreated. The program's intention is to, in addition to serving people who live in poverty, serve people who do not qualify for state or federal assistance yet cannot make ends meet due to the cost of living in their chosen community. Untreated hearing loss leads to negative effects in people's lives, including sadness and depression, less social activity and emotional security. It also leads to adverse effects on income https://betterhearing.org/your-hearing-health/consequences-of-untreated-hearing-loss/. Finally, there is a strong association between early cognitive decline and untreated hearing loss (Lin, JAMA, 2013 https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452.
Agency Description & Address	496 1st Street, Suite 120, Los Altos It is the mission, duty and purpose of Pacific Hearing Connections to address, educate, coordinate and provide hearing healthcare to under-served and unserved populations on a local level. Our target population is low income adults and children who are under-served, unserved or under-insured and at risk for hearing loss. Our goal is to provide these services to this population with dignity and respect. Hearing healthcare is defined as diagnostic audiology leading to the appropriate medical intervention to remediate medically correctable hearing loss, and the fitting of hearing aids for hearing loss that is not correctable by medical intervention.
Program Delivery Site(s)	Los Altos agency site

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing free/reduced/sliding scale hearing healthcare to underserved/unserved and underinsured populations • Providing free/reduced/sliding scale hearing aids to clinics/patients • Offering workshops and educational seminars on health, hearing loss awareness and enhanced positive communication programs • Providing training of and mentoring opportunities for local volunteers interested in promoting the hearing health of patients within established clinics. • Establishing programs which generally promote the mental, emotional, physical and spiritual health and wellbeing of the communities wherein the clinics operate to ultimately provide a sense of hope for a better future for the population in and around those communities. Full requested funding would support program expenses and cost of goods. Salaries are in-kind.
FY19 Funding	FY19 funding requested: $20,000 FY19 funding recommended: $20,000

Funding History and Metric Performance

FY18	FY17	FY16
New in FY19	New in FY19	New in FY19

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	18	36
Hearing aids fitted	36	72
Diagnostic audiology appointments	24	48
Follow up audiology appointments for maintenance and fit adjustment	50%	100%

FY19 Healthy Community Proposal Summary

Racing Hearts

Program Title	Santa Clara County (SCC) Automated External Defibrillator (AED) program
Grant Goal	Racing Hearts is partnering with the SCC Public Health Department and the SCC Board of Supervisors to provide AED programs to at risk community locations to help increase heart safety in our community.
Community Need	According to the American Red Cross, about 300,000 American's die of sudden cardiac arrest (SCA) each year. SCA results in more deaths than from breast cancer, lung cancer, colon cancer, and HIV combined.
Agency Description & Address	The mission of Racing Hearts is to increase awareness of and improve access to automated external defibrillators. Racing Hearts empowers people to use AEDs to save lives during a sudden cardiac arrest. Established in 2012, Racing Hearts has increased the heart safety of over 350,000 people placing over 200 AEDs to date. In 2015, Racing Hearts pioneered AED legislation alongside El Camino Hospital to update CA AED law (SB658), making California one of the most progressive states relative to AEDs. The current program with the SCC Board of Supervisors includes a dollar for dollar matching reserve of up to $500,000 to place AEDs in the county.
Program Delivery Site(s)	Program locations sites include: • Mountain View (city and school districts) • Campbell (city and school district) • Los Gatos (city and school district) • Eastside Unified School District • San Jose Unified School District • Cambrian School District • Berryessa School District • Santa Clara School District • Franklin McKinley School District • Moreland School District • Oak Grove School District • Evergreen School District • Alum Rock School District • Cupertino School District • Orchard School District • Loma Prieta School District • Mt. Pleasant School District • Union School District • Santa Clara County Office of Education Community organization sites include: • Avenidas • Mayview Community Health • LifeMoves • Bill Wilson Center • Santa Clara Players • Homefirst Shelters • Los Gatos-Monte Sereno Police Department

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for AED program manager • Program manager will coordinate site assessments between AED location and the vendor which includes supplies for the first five years and service/maintenance from the vendors for the first three years Full requested funding would support the program manager position.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100 %	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	New in FY17

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Total school districts served	31	31
	AEDs placed	75	150
	Teachers and/or staff who attend an AED orientation will report knowing three or more steps when an AED is needed	88%	88%

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

South Asian Heart Center

Program Title	AIM to Prevent Program
Grant Goal	The South Asian Heart Center is seeking funding in the amount of $360K to enroll, screen, and coach participants in its AIM to Prevent program, a specialized, evidence based, three phase prevention program: 1) Assess with advanced and comprehensive screening to uncover hidden risks, 2) Intervene with culturally-appropriate Lifestyle MEDS™ counseling and 3) Manage with personalized, heart health coaching.
Community Need	South Asians have at least a two-fold increased risk for cardiovascular disease (CVD) and four- to six-fold increased risk for diabetes (1,2) compared to other ethnic groups (3) and suffer CVD and its risk factors at an earlier age (3,4). Coronary artery disease (CAD) is the leading cause of death (5) and hospitalizations among South Asians in California (6,7). Since traditional CV risk factors do not fully explain the marked disparity in the incidence of heart disease among South Asians (1), additional risk factors have been investigated, albeit inconclusively: fibrinogen, insulin resistance and metabolic syndrome, low high-density lipoprotein (HDL), HDL2b, high triglycerides, small dense low-density lipoprotein (LDL), homocysteine and lipoprotein(a) (8,9). Despite this higher risk, South Asians in the US are still understudied, and little research is available on culturally appropriate treatment strategies to treat them. Despite comprehensive guidelines on appropriate prevention and management strategies for cardiovascular disease (CVD), implementation of such risk-reducing practices remains poor among South Asians in the U.S. (10). Sources: 1. McKeigue P, Ferrie J, Pierpoint T, Marmot M. Association of early-onset coronary heart disease in South Asian men with glucose intolerance and hyperinsulinemia. Circulation. 1993;87(1):152-161. 2. Barnett AH, Dixon AN, Bellary S, et al. Type 2 diabetes and cardiovascular risk in the UK south Asian community. Diabetologia. Oct 2006;49(10):2234-2246. 3. Palaniappan L, Wang Y, Fortmann SP. Coronary heart disease mortality for six ethnic groups in California, 1990-2000. Annals of epidemiology. Aug 2004;14(7):499-506. 4. Narayan KM, Aviles-Santa L, Oza-Frank R, et al. Report of a National Heart, Lung, And Blood Institute Workshop: heterogeneity in cardiometabolic risk in Asian Americans In the U.S. Opportunities for research. Journal of the American College of Cardiology. Mar 9 2010;55(10):966-973. 5. Palaniappan L, Mukherjea A, Holland A, Ivey SL. Leading causes of mortality of Asian Indians in California. Ethnicity & disease. Winter 2010;20(1):53-57. 6. Klatsky AL, Armstrong MA. Cardiovascular risk factors among Asian Americans living in northern California. American Journal of Public Health. 1991;81(11):1423-1428. 7. Klatsky AL, Tekawa I, Armstrong M, Sidney S. The risk of hospitalization for ischemic heart disease among Asian Americans in northern California. American Journal of Public Health. 1994;84(10):1672-1675. 8. Enas EA, Kannan S. How to beat the heart disease epidemic among South Asians: a prevention and management guide for Asian Indians and their doctors: Advanced Heart Lipid Clinic; 2005. 9. Rather MA, Bhat BA, Qurishi MA. Multicomponent phytotherapeutic approach gaining momentum: Is the "one drug to fit all" model breaking down? Phytomedicine: international journal of phytotherapy and phytopharmacology. Sep 11 2013. 10. Azar KM, Jose PO, Kang JB, et al. Culturally-tailored heart health coaching (in press). Journal of Immigrant and Minority Health. 2013.
Agency Description & Address	2480 Grant Road, Mountain View The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management.

FY19 Healthy Community Proposal Summary

HEALTHY COMMUNITY

Program Delivery Site(s)	Program services will be delivered at agency sites and online through webinars.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Conducting health assessment and development of risk reduction plan for participants • Engaging participants in the AIM to Prevent Program • Providing outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling, and grocery store tours • Delivering trainings that provide Continued Medical Education (CME) units for physicians Full requested funding would support partial staffing and program supplies.
FY19 Funding	FY19 funding requested: $360,000 FY19 funding recommended: $170,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $360,000 FY18 Approved: $240,000 FY18 6-month metrics met: 100%	FY17 Approved: $360,000 FY17 Spent: $360,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 83%	FY16 Approved: $400,000 FY16 Spent: $400,000 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Dual Funding	FY19 funding requested: $180,000 FY19 funding recommended: $170,000

Dual Funding History	FY18	FY17	FY16
	FY18 Requested: $180,000 FY18 Approved: $160,000 FY18 6-month metrics met: 100%	FY17 Approved: $180,000 FY17 Spent: $180,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $180,000 FY16 Spent: $180,000 FY16 6-month metrics met: 100% FY16 annual metrics met: 83%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Individuals served	254	517
	Services provided	1,342	2,759
	Improvement in average level of weekly physical activity from baseline	20%	21%
	Improvement in average levels of daily servings of vegetables from baseline	19%	20%
	Improvement in levels of HDL-C as measured by follow-up lab test	5%	6%
	Improvement in cholesterol ratio as measured by follow-up lab test	6%	7%

FY19 Healthy Community Proposal Summary

West Valley Community Services

Program Title	Community Access to Resources and Education (CARE) Senior Services
Grant Goal	This program will provide social work case management to low-income older adults.
Community Need	The 2016 Age-Friendly Survey extensively examines affordable housing, transportation, and social inclusion as some of the major issues to consider regarding aging in place or age-friendly cities. According to the annual report published by Santa Clara Social Services Department of Aging Services, by 2030, one in four Santa Clara County residents will be over the age 60 (27.6%). The fastest growing segment of this population is the oldest of the old (those 85 or older). The increase in the percentage of people over the age of 60 impacts the whole county. The affordable housing crisis in Santa Clara County has a disparate impact on seniors living on a fixed income. Rising housing costs place significant stress on the household budgets of seniors living on a fixed income, and undermine the diversity of our communities. Poverty affects Santa Clara County's seniors differently based on different races and ethnicities such that Asian, Hispanic and Black seniors are more likely to be living below the federal poverty line. There are also significant cultural and linguistic barriers found among seniors accessing services, and an overall lack of services available to meet specific cultural needs. Sources: https://www.sccgov.org/sites/ssa/daas/Documents/Final%20Age%20Friendly%20Survey%20Presentation%201.pdf
Agency Description & Address	10104 Vista Drive, Cupertino West Valley Community Services is a nonprofit provider of community services in Cupertino, Los Gatos, Monte Sereno, Saratoga, and West San Jose. They offer assistance with food, family support, housing assistance, financial assistance, and case management.
Program Delivery Site(s)	Services will be delivered at agency location in Cupertino and CARE mobile services through the Mobile Food Pantry.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing a comprehensive assessment that evaluates physical and emotional status, strengths and limitations, and the ability to live independently • Conducting weekly or monthly client check-ins to ensure clients are connected to services and provides necessary resources • Weekly food drop off to homebound residents and group homes • Coordinating services with other local senior programs • Delivering education on managing health conditions, healthy diet, and fall prevention Full requested funding would support partial staffing for a case manager and program materials.
FY19 Funding	FY19 funding requested: $25,000 FY19 funding recommended: $25,000

Funding History and Metric Performance	FY18	FY17	FY16
	FY18 Requested: $25,000 FY18 Approved: $25,000 FY18 6-month metrics met: 100%	FY17 Approved: $25,000 FY17 Spent: $25,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $25,000 FY16 Spent: $25,000 FY16 6-month metrics met: 100% FY16 annual metrics met:100%

FY19 Proposed Metrics	***Metrics***	***6-month Target***	***Annual Target***
	Older adults served	12	25
	Case Management encounters provided	120	250
	Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency matrix	N/A	90%

FY19 Healthy Community Proposal Summary

West Valley Community Services

Program Title	Community Access to Resources and Education (CARE)
Grant Goal	This program will increase access to healthcare and social services by providing comprehensive case management for families with children, at-risk youth, older adults, individuals and disabled adults with low-income or fixed-income, and individuals who are homeless or at-risk of becoming homeless.
Community Need	Due to the high cost of living in West Valley Community Services' service area, many clients lack health insurance and are not connected to available services primarily due to a lack of knowledge, time, and accessibility. A recent Santa Clara County Quality of Life assessment indicated four major areas of need: coordinated comprehensive services, transportation, affordable housing, and home-based supportive services.
Agency Description & Address	10104 Vista Drive, Cupertino West Valley Community Services is a nonprofit provider of community services in Cupertino, Los Gatos, Monte Sereno, Saratoga, and West San Jose. They offer assistance with food, family support, housing assistance, financial assistance, and case management.
Program Delivery Site(s)	Services will be delivered at agency location in Cupertino.
Services Funded By Grant/How Funds Will Be Spent	Services include: • Providing staffing for a full-time program coordinator and a partial case manager • Providing emergency financial assistance, food pantry access, employment services and financial coaching • Case Manager assistance with application for public benefits • Conducting health education workshops Full requested funding would support partial staffing and program materials.
FY19 Funding	FY19 funding requested: $150,000 FY19 funding recommended: $150,000

Funding History and Metric Performance

FY18	FY17	FY16
FY18 Requested: $150,000 FY18 Approved: $150,000 FY18 6-month metrics met: 100%	FY17 Approved: $150,000 FY17 Spent: $150,000 FY17 6-month metrics met: 100% FY17 annual metrics met: 100%	FY16 Approved: $150,000 FY16 Spent: $150,000 FY16 6-month metrics met: 80% FY16 annual metrics met: 100%

FY19 Proposed Metrics

Metrics	*6-month Target*	*Annual Target*
Individuals served	145	290
Households enrolled in case management and financial coaching	30	60
Case managed clients who increase in 3 of the 18 domains measured by Self Sufficiency Matrix	N/A	80%
Program participants who will improve 1 point on the health domain through supportive services	N/A	80%

Financial Summary

Requested Grant Funding: $5,990,828

Sponsorship funding: $200,000

Placeholder: $100,000

Total: $6,290,828

Recommended Grant Funding: $3,565,000

Sponsorship funding: $200,000

Placeholder: $100,000

Total: $3,865,000

Conclusion

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

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

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

Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, May 9, 2018
2500 Grant Road, Mountain View, CA 94040
Conference Rooms F&G (ground floor)

Board Members Present	Board Members Absent	Members Excused
Lanhee Chen, Chair	**Gary Kalbach**	None
Jeffrey Davis, MD		
Neysa Fligor		
Peter C. Fung, MD		
Julie Kliger, RN		
Julia E. Miller, Secretary/Treasurer		
Bob Rebitzer		
David Reeder		
John Zoglin, Vice Chair		

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Board of Directors of El Camino Hospital (the "Board") was called to order at 6:15pm by Chair Chen. A silent roll call was taken. Director Kalbach was absent. Director Fligor joined the meeting at 6:18pm during Agenda Item 3: Board Recognition. All other Board members were present at roll call.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Chen asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. BOARD RECOGNITION	**Motion:** To approve *Resolution 2018-07*. **Movant**: Miller **Second**: Kliger **Ayes**: Chen, Davis, Fligor, Fung, Kliger, Miller, Rebitzer, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: Kalbach **Recused**: None Cheryl Reinking, RN, CNO, and Charles Lombard, MD, Medical Director of Anatomic Pathology and Laboratory Medicine, recognized the Lab and Pathology Services Team for their impact on patient care, working behind the scenes to care for patients. The Board thanked the team for their diligent, accurate, and expedient work. Dan Woods, CEO, recognized Ms. Reinking and her team for Nurses' Week.	***Resolution 2018-07 approved***
4. QUALITY COMMITTEE REPORT	Director Reeder, Chair of the Quality Committee, shared a patient story from the Committee's materials. He noted that the Committee did not have a quorum at its last meeting and deferred some items for approval to their June meeting. He reported that there are no significant outliers on the Quality dashboard. He also reported that the Committee received an update on sepsis, reviewed the proposed FY19 organizational goals related to quality, and reviewed an update on Patient and Family Centered Care and Grievance Committee work (where areas of improvement include nurse communication and ED wait times). In response to Director Zoglin's question, Director Reeder described the organization's progress against its FY18 goals related to the items on the	

	quality dashboard.	
5. PUBLIC COMMUNICATION	There were no comments from the public.	
6. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 6:30pm pursuant to *Gov't Code Section 54957.2* for approval of the Minutes of the Closed Session of the Hospital Board Meeting (April 18, 2018) and the Minutes of the Closed Session of the Special Meeting to Conduct a Study Session of the Hospital Board (April 25, 2018), pursuant to *Health and Safety Code* 32155 for deliberations concerning reports on Medical Staff quality assurance matters: Organizational Clinical Risks; pursuant to *Health and Safety Code* 32155 for deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Report; pursuant to *Health and Safety Code* 32155 for deliberations concerning reports on Medical Staff quality assurance matters: Medical Staff Bylaws Appeal; pursuant to *Health & Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets, *Health and Safety Code* 32155 for deliberations concerning reports on Medical Staff quality assurance matters, and *Gov't Code Sections 54957* and *54957.6* for report and discussion on personnel matters: CEO Report on New Services and Programs and Personnel Matters; pursuant to *Gov't Code Section 54957* for discussion and report on personnel performance matters: Executive Session – Senior Management. **Movant**: Davis **Second**: Kliger **Ayes**: Chen, Davis, Fligor, Fung, Kliger, Miller, Rebitzer, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: Kalbach **Recused**: None	***Adjourned to closed session at 6:30pm***
7. AGENDA ITEM 14: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 8:55pm by Chair Chen. Agenda items 7-13 were addressed in closed session. Directors Davis and Reeder were absent at the beginning of the second open session and rejoined the meeting during Agenda Item 19: Consent Calendar. During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (April 18, 2018), the Minutes of the Closed Session of the Special Meeting to Conduct a Study Session (April 25, 2018), the Medical Staff Report, and the Medical Staff Executive Committee's recommended decision upholding the validity 3.2-1(c)3 of the Medical Staff Bylaws and that section's application to the physician requesting the appeal by a unanimous vote in favor of all members present (Directors Chen, Davis, Fligor, Fung, Kliger, Miller, Rebitzer, Reeder, and Zoglin). Director Kalbach was absent.	
8. AGENDA ITEM 15: CONSENT CALENDAR	Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Fligor requested that the FY18 Period 9 Financials be removed. **Motion:** To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (April 18, 2018); Minutes of the Open Session of the Special Meeting to Conduct a Study Session of the Hospital Board (April 25, 2018); Pathology Medical Directorship (Enterprise) Renewal; ICU Nighttime Coverage Agreement (MV); ICU Daytime Coverage Agreement (MV); Medical Staff Report. **Movant**: Miller **Second**: Zoglin	***Consent calendar approved***

	Ayes: Chen, Davis, Fligor, Fung, Kliger, Miller, Rebitzer, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: Kalbach **Recused**: None **FY18 Period 9 Financials** In response to Director's Fligor's question, Iftikhar Hussain, CFO, reported that ECH is $5 million ahead of plan, but the variances are not as good as the prior month. He explained that 1) the Medicare volume in the payor mix is higher in March; 2) as volume increases or declines that ECH must adjust staffing accordingly; and 3) the Investment Committee monitors the investment managers' performance over time. Cindy Murphy, Director of Governance Services, noted that the Period 9 Financials were on the consent calendar for information and will be reviewed by the Finance Committee at its May 29, 2018 meeting.	
9. AGENDA ITEM 16: CEO REPORT	Dan Woods, CEO, highlighted current progress toward achievement of the FY18 organizational goals, noting the unfavorable trend in length of stay, leader rounding and the work of the Patient Family Advisory Council (PFAC), and the recent groundbreaking bronchoscopy performed at ECH (the first time this procedure has been performed in the United States). He noted that the City of Mountain View has decided not to pursue a proposed business license fee on nonprofits. He also acknowledged the Auxiliary's contribution of 7,000 volunteer hours in March.	
10. AGENDA ITEM 17: BOARD COMMENTS	There were no comments from the Board.	
11. AGENDA ITEM 18: ADJOURNMENT	**Motion**: To adjourn at 9:10pm. **Movant**: Miller **Second**: Kliger **Ayes**: Chen, Davis, Fligor, Fung, Kliger, Miller, Rebitzer, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: Kalbach **Recused**: None	***Meeting adjourned at 9:10pm***

Attest as to the approval of the foregoing minutes by the Board of Directors of El Camino Hospital:

_____
Lanhee Chen
Chair, ECH Board of Directors

_____
Julia E. Miller
Secretary, ECH Board of Directors

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

Minutes of the Joint Open Session of the
Corporate Compliance/Privacy and Internal Audit Committee
and the El Camino Hospital Board of Directors
Wednesday, May 9, 2018
2500 Grant Road, Mountain View, CA 94040
Conference Rooms A&B (ground floor)

Board Members Present	Board Members Absent	Members Excused
Lanhee Chen, Chair	**Gary Kalbach**	None
Jeffrey Davis, MD		
Neysa Fligor	**Committee Members Present**	
Peter C. Fung, MD	**Sharon Anolik Shakked**	
Julie Kliger, RN	**Lica Hartman**	
Julia E. Miller, Secretary/Treasurer	**Christine Sublett**	
Bob Rebitzer		
David Reeder		
John Zoglin, Vice Chair		

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session of the Joint Meeting of the Corporate Compliance/Privacy and Internal Audit Committee (the "Committee") and the El Camino Hospital Board of Directors (the "Board") was called to order by Chair Chen at 5:30pm. A silent roll call was taken. Director Davis arrived at 5:34pm and Director Fung arrived at 5:54pm during the closed session. Director Kalbach was absent. All other Board and Committee members were present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Chen asked if any Board or Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	There were no comments from the public.	
4. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 5:31pm pursuant to *Gov't Code Section 54956.9(d)(2)* – conference with legal counsel – pending or threatened litigation: Compliance Committee Report: Enterprise Risk Management. **Movant**: Miller **Second**: Kliger **Ayes**: Anolik Shakked, Chen, Fligor, Hartman, Kliger, Miller, Rebitzer, Reeder, Sublett, Zoglin **Noes**: None **Abstentions**: None **Absent**: Davis, Fung, Kalbach **Recused**: None	***Adjourned to closed session at 5:31pm***
5. AGENDA ITEM 8: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 6:10pm by Chair Chen. Agenda items 5-7 were addressed in closed session. There were no actions taken in closed session.	
6. AGENDA ITEM 9: ADJOURNMENT	**Motion**: To adjourn at 6:10pm. **Movant**: Reeder **Second**: Miller **Ayes**: Anolik Shakked, Chen, Davis, Fligor, Fung, Hartman, Kalbach, Kliger, Miller, Rebitzer, Reeder, Sublett, Zoglin **Noes**: None **Abstentions**: None	***Meeting adjourned at 6:10pm***

	Absent: Kalbach **Recused**: None	

Attest as to the approval of the foregoing minutes by the Corporate Compliance/Privacy and Internal Audit Committee and the Board of Directors of El Camino Hospital:

_____ _____

Lanhee Chen
Chair, ECH Board of Directors

Julia E. Miller
Secretary, ECH Board of Directors

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

Minutes of the Joint Open Session of the
Finance Committee and the
El Camino Hospital Board of Directors
Tuesday, May 29, 2018
2500 Grant Road, Mountain View, CA 94040
Conference Rooms EF&G (ground floor)

Board Members Present
Jeffrey Davis, MD
Neysa Fligor
Peter C. Fung, MD
Gary Kalbach
Julie Kliger, RN
Julia E. Miller, Secretary/Treasurer
Bob Rebitzer
David Reeder
John Zoglin, Vice Chair

Board Members Absent
Lanhee Chen, Chair

Committee Members Present
Joseph Chow
Boyd Faust
Richard Juelis (via teleconference)
William Hobbs (via teleconference)

Members Absent

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session of the Joint Meeting of the Finance Committee (the "Committee") and the El Camino Hospital Board of Directors (the "Board") was called to order by Vice Chair Zoglin at 5:30pm. A verbal roll call was taken. Chair Chen, Director Rebitzer and Mr. Richard Juelis were absent. All other Board and Committee members were present. Director Rebitzer joined the meeting at 5:39pm during Agenda Item 4: FY19 Operating and Capital Budget.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Vice Chair Zoglin asked if any Board or Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were reported.	
3. PUBLIC COMMUNICATION	There were no comments from the public.	
4. FY19 OPERATING AND CAPITAL BUDGET	Dan Woods, CEO, reviewed the Hospital's Strategic Framework with the Board and Committee Members, highlighting FY19 initiatives associated with the three strategic themes: High Performing Operating Model; Consumer, Payer & Employer Alignment; and Physician Integration. He also described the Draft FY19 Organizational Goals and reported that they have been reviewed by the Executive Compensation Committee and will be reviewed by the Quality Committee on June 4th. Iftikhar Hussain, CFO, reported that the FY17 and FY18 operating margins have been favorable compared to history and to budget, and explained that the variance in FY17 was primarily due to better charge capture following EPIC implementation and in FY18 was primarily due to higher volumes than expected. Mr. Hussain explained the FY19 revenue, volume, and expense assumptions. He reviewed the proposed budget with the Board and Committee Members, noting that budgeting operating margin is lower for FY19. Mr. Hussain reviewed the proposed FY19 Capital Spending Plan and reported that $900,000 from the Board designated Community Benefit Endowment Fund will be available in FY19, up from $500,000 in FY18. In response to questions from the Board and Committee members, Mr. Hussain reported the following: - FY18 ED and Med/Surg volumes were higher than expected due to an unusually severe flu season and other volumes were higher than	

	expected due exceptional growth of the HVI, Oncology, and Neuroscience service lines. - CONCERN revenue is down due to the loss of one large client that received a lower bid from a competitor. ECH could not provide the level of service this client demands at that price, but has a good track record of growth and continues to attract new clients. - The supplies savings initiative will be achieved through a value analysis process. ECH continues to work with Adventist to get volume pricing and may need to change some of the supplies we use. - $500,000 is budgeted for the Alexa pilot (hospital room of the future). Following the pilot, management will consider deployment throughout the hospital. - The major construction projects are proceeding and expected to be completed within the approved budgets. - Pharmacy and supply cost projections are obtained through ECH's GPO. - ECH's contract rates for deliveries are mid-market.	
5. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 6:20pm pursuant to *Health and Safety Code Section 32106(b)* for a report and discussion involving health care facility trade secrets. **Movant**: Miller **Second**: Kalbach **Ayes**: Chow, Davis, Faust, Fligor, Fung, Hobbs, Kliger, Miller, Rebitzer, Reeder, Zoglin **Noes**: None **Abstentions**: None **Absent**: Chen, Juelis **Recused**: None	***Adjourned to closed session at 6:20pm***
6. AGENDA ITEM 9: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 6:55 pm by Vice Chair Zoglin. Agenda items 6-8 were addressed in closed session. There were no actions taken in closed session. Director Reeder was not present when open session reconvened. Mr. Juelis joined the meeting during the closed session.	
7. AGENDA ITEM 10: ADJOURNMENT	**Motion**: To adjourn at 6:56 pm. **Movant**: Miller **Second**: Kalbach **Ayes**: Chow, Davis, Faust Fligor, Fung, Hobbs, Juelis, Kliger, Miller, Rebitzer, Zoglin **Noes**: None **Abstentions**: None **Absent**: Chen, Reeder **Recused**: None	***Meeting adjourned at 6:56pm***

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

_____
Lanhee Chen
Chair, ECH Board of Directors

_____
Julia E. Miller
Secretary, ECH Board of Directors

_____
John Zoglin
Chair, Finance Committee

Prepared by: Cindy Murphy, Director of Governance Services

EL CAMINO HOSPITAL AUXILIARY, INCORPORATED

2500 GRANT ROAD
MOUNTAIN VIEW, CA 94040

815 POLLARD ROAD
LOS GATOS, CA 95032

Slate of Officers 2018-2019

The Nominating Committee is pleased to submit for Board approval the following recommendations from the Auxiliary's active membership for the 2018-2019 Board of Directors. The candidates have agreed to serve on the 2018-2019 Board.

President - Carol Carey

President Elect - OPEN

VP, Director of Services - MV - Judy Van Dyck

VP, Director of Services - LG - Christine Courtoy

VP, Director of Membership - Ron Voss

VP, Director of Junior Membership - MV - Grace Parks/Janice Smith

VP, Director of Junior Membership - LG - Nazy Dastgah

Secretary - Reba Cohen

Treasurer - George Ringer

Associate Treasurer - Lee Kern

Parliamentarian - Carol Bertram

Respectfully submitted by:
2018-2019 Nominating Committee

Carol Bertram
Marty Beyer
Corky Kelley
Judy Van Dyck

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Proposed FY19 Organizational Goals El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Cheryl Reinking, RN, CNO; Mark Adams, MD, Interim CMO Kathryn Fisk, CHRO
	Action requested:	Possible Motion

Background:

Each year, the Quality, Patient Care, and Patient Experience Committee, the Executive Compensation Committee, and the Finance Committee review and provide input into the leadership team's recommendations regarding annual organizational goals and measures and recommends organizational performance incentive goals for approval by the Board. The Proposed FY19 Organizational Goals are:

1. Patient Throughput (ED Door to Patient Floor – LG & MV, excluding behavioral health): This goal reflects the amount of time it takes (measured in minutes) from the time a patient arrives in the emergency department until they are admitted to an inpatient unit. It is an important efficiency measure, impacts patient satisfaction, and requires collaboration by many departments throughout the enterprise to improve and maintain. We have excluded behavioral health patients because county-wide inpatient bed availability for these patients who present in our ED is outside of our control. We are using an internal benchmark as our baseline. Target for FY19 is 280 minutes.
2. HCAHPS Service Metrics (Nurse Communication, Responsiveness, and Cleanliness): These goals represent the percentage of our randomly surveyed patients who answered "always" to the standard HCAHPS Nurse Communication, Responsiveness, and Cleanliness questions. The proposed recommended incremental improvement may seem small, but improvement in these areas is very difficult to achieve, and a small improvement can result in a large improvement in percentile ranking. We are using an External Benchmark (Press-Ganey, our survey vendor), but have also provided our current performance as a baseline. Press Ganey has examined the rates of change in performance across their national database (2750 hospitals). Based on Press Ganey's data base, ECH set targets that reflect rates of change that only the top 30% of "improvers" are able to achieve.
3. Quality Metrics: We are proposing Mortality and Readmissions goals for all patients for FY19 (not limited by disease or payor). The external benchmark would be Premier Quality Advisor. The metrics are risk adjusted (for acuity) ratios and reflect observed deaths over expected. So, for example, the minimum goal for mortality of 1.0 means the number of deaths observed at ECH equals the expected number of deaths and the target goal of 0.95 means there would be fewer deaths observed at ECH than expected.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	4. People (Employee Engagement): Employee engagement is a critical component of employee recruitment and retention, as well as, importantly, patient safety and clinical outcomes. The target goal for ***management*** employees is to increase our overall score by 0.05 for FY19, which moves our percentile nationally from the 40th to the 50th. Press Ganey indicates that this change is very aggressive in a one year period, but we have implemented numerous strategies and feel confident in attaining our goal. This goal is for manager-level staff and above. At the suggestion of the Executive Compensation Committee, we differentiated this goal for ***non-management*** employees. For that group, the goal is based on employee participation in the survey as opposed to the overall score. Recognizing that the total number of employees is in constant flux, we believe it will require the participation of approximately 32 additional employees to achieve the target goal of 80% and 92 additional employees to achieve the maximum goal of 82%. 5. Budgeted Operating Margin (95%): Same threshold from FY18 being proposed for FY19.
	Board Advisory Committees that reviewed the issue and recommendation, if any: The Executive Compensation Committee and Quality, Patient Care and Patient Experience Committee reviewed the proposed goals and recommended approval. The Finance Committee did not have a quorum at its last meeting, but reviewed the proposed goals and had no objections.
	Summary and session objectives: To approve the Proposed FY19 Organizational Goals.
	Suggested discussion questions: None. This is a consent item
	Proposed Board motion, if any: To approve the Proposed FY19 Organizational Goals.
	LIST OF ATTACHMENTS: 1. Proposed FY19 Organizational Goals

DRAFT FY19 Organizational Goals

Organizational Goals FY19	Benchmark	Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe
Organizational Goals							
Patient Throughput ED Door to Patient Floor - LG & MV	Internal Benchmark *Based on CMS Core Measure Data*	Minutes - 339	306	280	270	30%	Q4
HCAHPS Service Metric Nurse Communication 10% Responsiveness 10% Cleanliness 10%	External Benchmark *PG-HCAHPS Adjusted/Received*	Nurse Comm - 80 Responsiveness - 65.1 Cleanliness - 74.5	80.5 65.6 75	81 67 76	82 68.5 77	30%	Q4
Quality Metrics Mortality Index - All Patients 10% Readmissions Index - All Patients 10%	External Benchmark *Premier Quality Advisor Top Quartile*	Mortality 1.02 Readmission 1.08	1.00 1.07	0.95 1.05	0.90 1.03	20%	FY
People *(Management Employees)* Employee Engagement	External Benchmark *Press Ganey*	4.09	4.09	4.14	4.17	20%	FY
People *(Non-Management Employees)* Participation in Employee Voice (Engagement) Survey	External Benchmark *Press Ganey*	79%	79%	80%	82%	20%	FY
Threshold Goals							
Budgeted Operating Margin	Internal *95% Threshold*	Achieved FY18 Budget	95% of Budgeted Operating Margin			Threshold	FY

1. Patient Throughput
Baseline Measurement Period: Q4 FY 17- Q3 FY 18 (one year)
Benchmark: Top Quartile =276 Minutes. Target set just below top quartile, but max set above top quartile.

2. HCAHPS
Baseline Measurement Period: Q4 FY 17-Q3 FY 18 (one year)
Benchmarks:
Nurse Communication: Target 81 = 57th percentile nationally
Responsiveness: Target = 67 =50th percentile nationally
Cleanliness: Target = 76 =57th percentile nationally

3. Quality
Mortality Index:
Baseline measurement period: FY 17
Benchmark: Top Quartile=0.77 (2016 Premier Top Overall Performers)
Readmissions Index:
Baseline Measurement period: Q3 FY 18
Benchmark: Top Quaritle=0.95 (2016 Premier Top Overall Performers)

4. People
Employee Engagement Survey

Non Management:
Press Ganey's Average Participation is 75%
Press Ganey's Top Decile for participation rate is 83%
This is based on a database of 4900 facilities that use the Press Ganey survey

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Consent Calendar Items 18 f – m (Reviewed by the Finance Committee) El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Cindy Murphy, Director of Governance Services
	Action requested:	For Approval
	Background: The Finance Committee reviewed consent calendar items f through m at its meeting on May 29, 2018. Although five members of the Committee participated in the meeting, a quorum was not present within the El Camino Healthcare District, so the Committee could not vote to make a formal recommendation to the Board. However, following discussion, none of the Committee members expressed any objection to management's proposals.	
	Board Advisory Committee(s) that reviewed the issue and recommendation, if any: The Finance Committee reviewed the proposals at its May 29, 2018 meeting.	
	Summary and session objectives: To obtain approval of consent calendar items f through m.	
	Proposed Board motion: To approve consent calendar items f through m.	
	LIST OF ATTACHMENTS: (as listed on the agenda) f. FY18 Period 9 Financials g. Medical Director, Stroke & Neurology (Enterprise) h. Medical Director, Cancer Center (Enterprise) i. Medical Director, Radiology Services & Breast Center j. Medical Director, Radiation Oncology (MV) k. Medical Director, Cardiac Catheterization Lab (MV) l. Medical Director, Respiratory Care Services (MV) m. Finance: Financial Assistance, Charity Care & Discounts Policy	

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

Summary of Financial Operations

Fiscal Year 2018 – Period 9
7/1/2017 to 3/31/2018

Financial Overview

- Volume:

- For the year, overall volume, measured in adjusted discharges is 5.7% higher than budget.
- IP cases are 4.0% over budget, specifically Neurosciences, HVI, BHS, Oncology and General Medicine. Deliveries are lower to prior year and 4.2% below budget.
- OP cases are higher than budget in General Surgery, General Medicine, Lab, Imaging Services, MCH, Rehab, Outpatient Clinics and Urology.

- Financial Performance:

- Operating income is $4.9M over budget. Revenue for the month include $205K in unusual items. For the year op margin is $46.5M ahead of target.
- Investments had a $3.2 million loss during the month but for the year, investment earnings remain $32 million ahead of target.

- Payor Mix:

- Commercial insurance is 3.6% less of the Payor Mix in March than budget where Medicare has increased 2.1%.

- Cost:

- Prod Hrs/APD for March is 30.9 unfavorable vs. target due to lower volume. YTD we are ahead of budget.

- Balance Sheet:

- Net days in AR is 48.1 which is 0.1 days more than budget.

Dashboard - ECH combined as of March 31, 2018

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Volume								
Licenced Beds	443	443	443	-	443	443	443	-
ADC	259	244	251	(6)	239	244	240	4
Utilization MV	70%	67%	69%	-2%	65%	67%	66%	1%
Utilization LG	34%	31%	30%	1%	30%	30%	29%	1%
Utilization Combined	58%	55%	57%	-1%	54%	55%	54%	1%
Total Discharges (Excl NNB)	1,727	1,755	1,706	49	14,659	15,394	14,803	591
Financial Perf.								
Total Operating Revenue	75,169	82,224	73,641	8,583	628,926	692,328	641,138	51,189
Operating Income $	8,704	11,398	6,416	4,982	74,932	106,040	59,554	46,487
Operating Margin	11.6%	13.9%	8.7%	5.1%	11.9%	15.3%	9.3%	6.0%
EBITDA %	17.2%	19.8%	15.7%	4.1%	18.3%	21.3%	16.4%	4.9%
Payor Mix								
Medicare	48.9%	49.5%	47.4%	2.1%	47.7%	47.4%	47.4%	0.0%
Medi-Cal	6.8%	7.5%	7.2%	0.3%	7.3%	7.8%	7.2%	0.6%
Total Commercial	41.5%	39.3%	42.9%	-3.6%	42.5%	42.2%	42.9%	-0.7%
Other	2.8%	3.7%	2.5%	1.2%	2.5%	2.5%	2.5%	0.0%
Cost								
Total FTE	2,549.6	2,605.8	2,569.9	36	2,491.7	2,579.9	2,528.1	52
Productive Hrs/APD	29.4	30.9	29.9	1	30.2	30.0	30.5	(0)
Balance Sheet								
Net Days in AR	44.8	48.1	48.0	0	44.8	48.1	48.0	0
Days Cash	444	481	266	215	444	481	266	215
Affiliates - Net Income ($000s)								
Hosp	18,926	9,771	6,641	3,130	114,328	149,758	61,581	88,177
Concern	51	141	87	54	1,054	1,006	1,059	(53)
ECSC	(12)	(19)	0	(19)	(72)	(41)	0	(41)
Foundation	43	5	99	(94)	2,089	1,520	549	971
SVMD	(43)	628	6	622	118	346	47	299

Budget Variances

Fiscal Year 2018 YTD (7/1/2017-03/31/2018) Waterfall

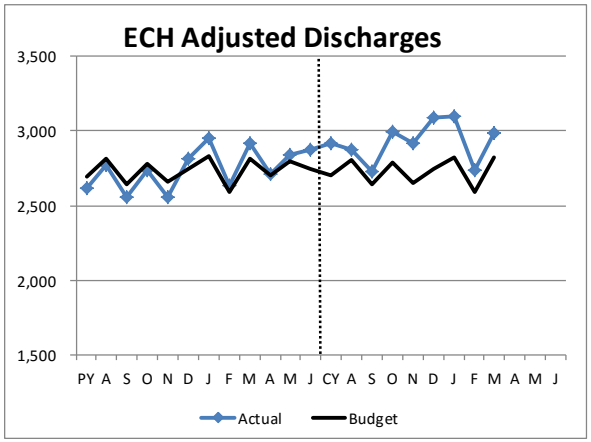
(in thousands; $000s)	Year to Date (YTD)	
	Net Income Impact	% Net Revenue
Budgeted Hospital Operations FY2018	**59,554**	**9.3%**
Net Revenue - Favorable due higher volume, revenue cycle operations and $11 million unusual items	51,189	7.4%
Labor and Benefit Expense Change - Labor favorable vs budget after adjusting for higher volume	(2,585)	-0.4%
Professional Fees & Purchased Services -Recruiting costs and backfill for vacant position;	(4,503)	-0.7%
Supplies - unfavorable due to increase in surgical and other general supplies, offset by savings in Spine supplies as well as Drugs. Higher volumes also driving increase.	(3,309)	-0.5%
Other Expenses - primarily due strategic fund expenses not spent	1,291	0.2%
Depreciation & Interest - Favorable due to delay in Parking Structure as well as LG projects	4,403	0.6%
Actual Hospital Operations FY2018	**106,040**	**15.3%**

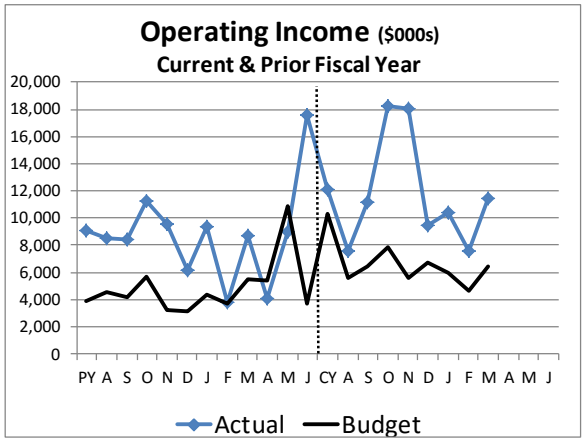
El Camino Hospital ($000s)

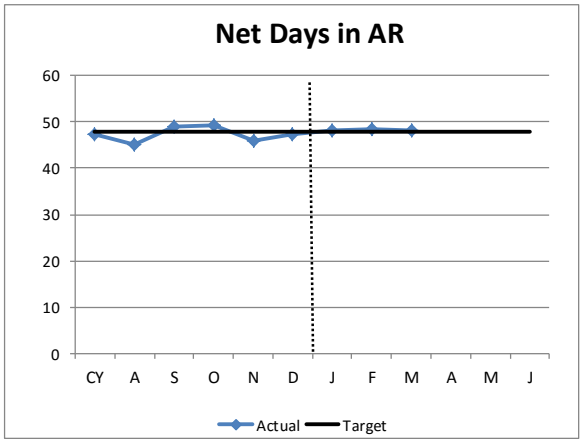
9 months ending 03/31/2018

Period 9 FY 2017	Period 9 FY 2018	Period 9 Budget 2018	Variance Fav (Unfav)	Var%	$000s	YTD FY 2017	YTD FY 2018	YTD Budget 2018	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
289,052	292,898	278,293	14,605	5.2%	**Gross Revenue**	2,246,502	2,494,405	2,390,801	103,604	4.3%
(215,465)	(212,815)	(206,530)	(6,285)	1.0%	**Deductions**	(1,636,389)	(1,824,147)	(1,767,195)	(56,952)	3.2%
73,587	**80,083**	**71,763**	**8,320**	**11.6%**	**Net Patient Revenue**	**610,114**	**670,258**	**623,606**	**46,652**	**7.5%**
1,582	2,141	1,878	263	14.0%	**Other Operating Revenue**	18,813	22,069	17,532	4,537	25.9%
75,169	**82,224**	**73,641**	**8,583**	**11.7%**	**Total Operating Revenue**	**628,926**	**692,328**	**641,138**	**51,189**	**8.0%**
					OPERATING EXPENSE					
37,957	41,202	40,866	(336)	-0.8%	**Salaries & Wages**	334,058	353,569	350,984	(2,585)	-0.7%
11,651	12,219	10,766	(1,452)	-13.5%	**Supplies**	86,784	94,953	91,644	(3,309)	-3.6%
10,395	10,327	7,981	(2,346)	-29.4%	**Fees & Purchased Services**	72,539	75,972	71,469	(4,503)	-6.3%
2,256	2,188	2,466	278	11.3%	**Other Operating Expense**	20,753	20,629	21,920	1,291	5.9%
265	691	725	35	4.8%	**Interest**	3,688	4,293	6,529	2,236	34.2%
3,941	4,201	4,421	220	5.0%	**Depreciation**	36,172	36,871	39,039	2,167	5.6%
66,465	**70,827**	**67,226**	**(3,601)**	**-5.4%**	**Total Operating Expense**	**553,994**	**586,287**	**581,585**	**(4,703)**	**-0.8%**
8,704	**11,398**	**6,416**	**4,982**	**77.7%**	**Net Operating Income/(Loss)**	**74,932**	**106,040**	**59,554**	**46,487**	**78.1%**
10,223	(1,626)	225	(1,852)	-821.9%	**Non Operating Income**	39,395	43,718	2,028	41,690	2056.1%
18,926	**9,771**	**6,641**	**3,130**	**47.1%**	**Net Income(Loss)**	**114,328**	**149,758**	**61,581**	**88,177**	**143.2%**
17.2%	19.8%	15.7%	4.1%		EBITDA	18.3%	21.3%	16.4%	4.9%	
11.6%	13.9%	8.7%	5.1%		Operating Margin	11.9%	15.3%	9.3%	6.0%	
25.2%	11.9%	9.0%	2.9%		Net Margin	18.2%	21.6%	9.6%	12.0%	

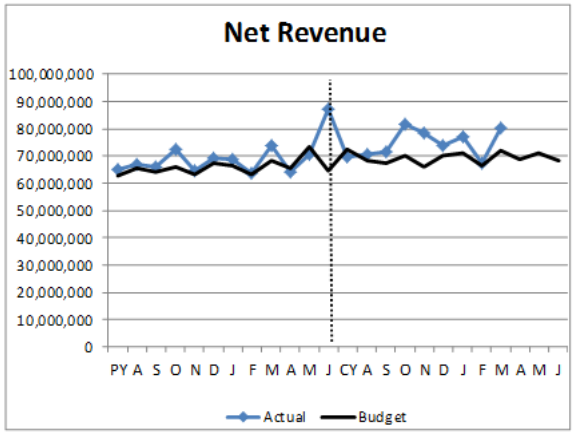
Monthly Financial Trends

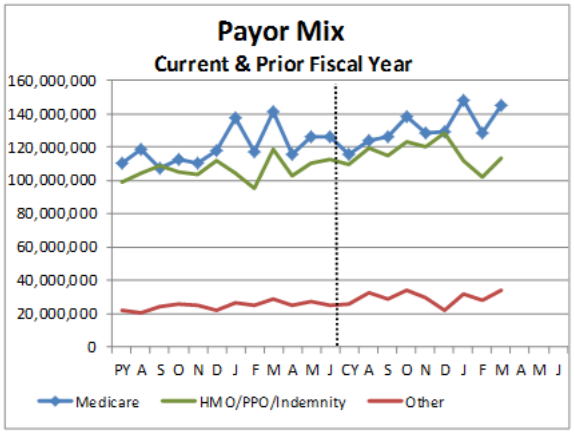


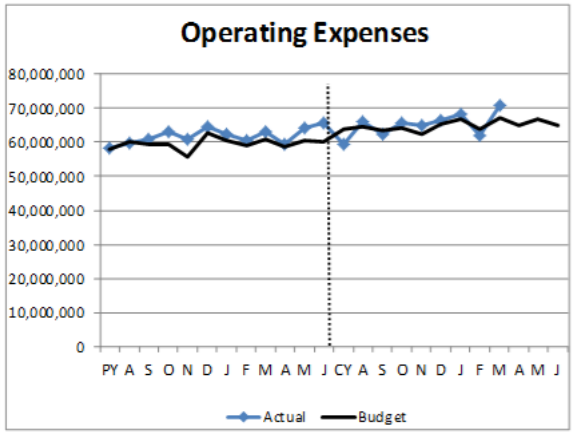




Volume is higher than budget for the month and the year. High inpatient volume is in Inpatient Behavioral Health, HVI, Neurosciences and General Medicine. High Outpatient volume is General Medicine, Imaging Services, MCH, Lab, Outpatient Clinics, General Surgery and Rehab.







ECH Operating Margin

Run rate is booked operating income adjusted for material non-recurring transactions

	CY	A	S	O	N	D	J	F	M	A	M	J
Reported	$12,143	$7,598	$11,148	$18,216	$18,081	$9,459	$10,397	$7,600	$11,398	$0	$0	$0
Run-rate (2)	$12,081	$7,407	$8,015	$13,550	$13,955	$8,230	$10,850	$7,395	$13,701	$0	$0	$0
Budget	$10,340	$5,622	$6,440	$7,820	$5,573	$6,750	$5,962	$4,630	$6,416	$5,980	$6,388	$5,169

FY 2018 Actual Run Rate Adjustments (in thousands) - FAV / <UNFAV>

Revenue Adjustments	J	A	S	O	N	D	J	F	M	YTD
Insurance (Payment Variance)	-	-	-	611	-	669	28	-	603	1,912
Mcare Settlmt/Appeal/Tent Settlmt/PIP	54	155	905	54	184	81	396	92	92	2,379
AB 915	-	-	-	-	-	-	-	103	926	1,029
Hospital Fee	-	-	-	712	1,024	-	-	-	-	1,736
PRIME Incentive	-	-	-	-	2,902	-	-	-	-	2,902
Credit Balance Quarterly Review	-	-	2,201	-	-	472	-	-	(789)	1,884
Late Charge Accrual	-	-	-	3,283	-	-	-	-	(3,152)	131
Various Adjustments under $250k	9	36	27	6	16	8	(878)	10	17	(749)
Total	**63**	**191**	**3,134**	**4,667**	**4,126**	**1,229**	**(453)**	**205**	**(2,303)**	**11,223**

Updated Quarterly
Last update 03/31/18

El Camino Hospital Investment Committee Scorecard

March 31, 2018

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY18 Year-end Budget	Expectation Per Asset Allocation
Investment Performance		1Q 2018		Fiscal Year-to-date		5y 5m Since Inception (annualized)			2018
Surplus cash balance*		$875.2	--	--	--	--	--	$926.1	--
Surplus cash return		0.1%	-0.6%	5.5%	4.9%	5.7%	5.5%	1.9%	5.3%
Cash balance plan balance (millions)		$260.0	--	--	--	--	--	$257.1	--
Cash balance plan return		0.4%	-0.7%	6.7%	6.0%	8.1%	7.4%	6.0%	5.7%
403(b) plan balance (millions)		$455.1	--	--	--	--	--	--	--
Risk vs. Return		3-year				5y 5m Since Inception (annualized)			2018
Surplus cash Sharpe ratio		0.93	0.91	--	--	1.29	1.26	--	0.43
Net of fee return		4.9%	4.7%	--	--	5.7%	5.5%	--	5.3%
Standard deviation		4.8%	4.7%	--	--	4.1%	4.1%	--	6.7%
Cash balance Sharpe ratio		0.95	0.92	--	--	1.39	1.32	--	0.40
Net of fee return		6.0%	5.6%	--	--	8.1%	7.4%	--	5.7%
Standard deviation		5.9%	5.6%	--	--	5.5%	5.3%	--	8.1%
Asset Allocation		1Q 2018							
Surplus cash absolute variances to target		6.4%	< 10%	--	--	--	--	--	--
Cash balance absolute variances to target		4.9%	< 10%	--	--	--	--	--	--
Manager Compliance		1Q 2018							
Surplus cash manager flags		29	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags		32	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~$223 mm), District assets (~$33 mm), and balance sheet cash not in investable portfolio (~$133 mm).
Includes Foundation (~$26 mm) and Concern (~$13 mm) assets. Budget adds back in current Foundation and Concern assets and backs out current debt reserve funds.

PAVILION

El Camino Hospital

Capital Spending (in millions)

Category	Detail	Approved	Total Estimated Cost of Project	Total Authorized Active	Spent from Inception	2018 Current Proj Spend	FY18 Orig Proj Spend	Variance Between Current Proj Spend and Orig Proj Spend	FY 18 YTD Spent
CIP	EPIC Upgrade			1.9	1.0	1.9	1.9	0.0	1.0
IT Hardware, Software, Equipment & Imaging*				12.2	1.0	12.2	12.2	0.0	1.0
Medical & Non Medical Equipment FY 17 **				14.0	12.9	8.6	0.0	8.6 [2]	7.5
Medical & Non Medical Equipment FY 18*				5.6	3.8	5.6	5.6	0.0	3.8
Facility Projects									
	1245 Behavioral Health Bldg	FY16	96.1	96.1	35.4	27.0	51.4	-24.4 [1]	17.8
	1413 North Drive Parking Expansion	FY15	24.5	24.5	23.8	2.6	3.4	-0.8	4.1
	1414 Integrated MOB	FY15	302.1	302.1	88.5	72.0	130.1	-58.1 [1]	42.6
	1422 CUP Upgrade	FY16	9.0	9.0	5.7	5.5	4.0	1.5	3.4
	1430 Women's Hospital Expansion	FY16	120.0	6.0	2.8	3.6	7.0	-3.4	2.4
	1425 IMOB Preparation Project - Old Main	FY16	20.0	0.0	2.7	0.0	0.0	0.0	0.1
	1502 Cabling & Wireless Upgrades	FY16	0.0	0.0	2.5	0.0	0.0	0.0	0.1
	1525 New Main Lab Upgrades		3.1	3.1	2.2	2.5	0.0	2.5	1.7
	1515 ED Remodel Triage/Psych Observation	FY16	5.0	0.3	0.0	0.4	0.0	0.4	0.0
	1503 Willow Pavilion Tomosynthesis	FY16	0.8	0.0	0.3	0.0	0.0	0.0	0.0
	1602 JW House (Patient Family Residence)		6.5	0.5	0.1	0.5	0.5	0.0	0.1
	Site Signage and Other Improvements		1.0	0.0	0.0	0.3	1.0	-0.8	0.0
	Nurse Call System Upgrades		2.4	0.0	0.0	0.1	0.0	0.1	0.0
	1707 Imaging Equipment Replacement (5 or 6 rooms)		20.7	0.0	0.0	0.3	0.1	0.2	0.0
	1708 IR/ Cath Lab Equipment Replacement		19.4	0.0	0.0	0.3	2.0	-1.8	0.0
	Flooring Replacement		1.6	0.3	0.0	0.4	0.0	0.4	0.0
	1219 LG Spine OR	FY13	0.0	0.0	3.7	0.0	0.0	0.0	0.3
	1313 LG Rehab HVAC System & Structural	FY16	0.0	0.0	4.1	0.0	0.0	0.0	0.4
	1248 LG Imaging Phase II (CT & Gen Rad)	FY16	8.8	8.8	8.1	0.6	0.7	-0.1	0.7
	1307 LG Upgrades	FY13	19.3	19.3	17.0	4.9	5.0	-0.1	3.1
	1508 LG NICU 4 Bed Expansion	FY16	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	1507 LG IR Upgrades		1.3	0.0	0.0	0.0	0.0	0.0	0.0
	1603 LG MOB Improvements (17)		5.0	5.0	4.4	3.5	3.5	0.0	4.2
	1711 Emergency Sanitary & Water Storage		1.4	0.3	0.1	0.2	3.2	-3.0	0.1
	LG Modular MRI & Awning		3.9	3.9	0.0	0.4	0.0	0.4	0.0
	LG Nurse Call System Upgrade		2.8	0.0	0.0	0.0	0.0	0.0	0.0
	LG Observation Unit (Conversion of ICU 2)		1.8	0.0	0.0	0.8	0.0	0.8	0.0
	1712 LG Cancer Center		2.4	0.3	0.1	0.4	0.0	0.4	0.1
	All Other Projects under $1M		5.6	0.4	45.1	1.8	0.0	1.8	3.4
			684.4	479.6	246.6	128.0	211.9	-83.9	84.6
GRAND TOTAL				**499.4**	**265.3**	**156.5**	**231.7**	**-75.2**	**97.9**

* Excluding EPIC

** Unspent Prior Year routine used as contingency

*** Includes 2 robot purchases

1 Variance due to delay in MV campus plan

2 Initial assumption was to spend all FY17 in FY17

Balance Sheet (in thousands)

ASSETS

		March 31, 2018	Audited June 30, 2017
	CURRENT ASSETS		
	Cash	133,219	125,551
	Short Term Investments	140,491	140,284
	Patient Accounts Receivable, net	120,025	109,089
	Other Accounts and Notes Receivable	2,809	2,628
	Intercompany Receivables	1,324	1,495
(1)	Inventories and Prepaids	54,533	50,657
	Total Current Assets	**452,400**	**429,705**
	BOARD DESIGNATED ASSETS		
(2)	Plant & Equipment Fund	148,343	131,153
	Women's Hospital Expansion	9,298	9,298
(3)	Operational Reserve Fund	127,908	100,196
(4)	Community Benefit Fund	18,299	12,237
	Workers Compensation Reserve Fund	21,352	20,007
	Postretirement Health/Life Reserve Fund	19,632	19,218
	PTO Liability Fund	24,148	23,409
	Malpractice Reserve Fund	1,634	1,634
	Catastrophic Reserves Fund	17,792	16,575
	Total Board Designated Assets	**388,406**	**333,727**
(5)	**FUNDS HELD BY TRUSTEE**	**222,181**	**287,052**
	LONG TERM INVESTMENTS	**301,597**	**256,652**
	INVESTMENTS IN AFFILIATES	**32,895**	**32,451**
	PROPERTY AND EQUIPMENT		
(6)	Fixed Assets at Cost	1,253,052	1,192,047
	Less: Accumulated Depreciation	(565,353)	(531,785)
	Construction in Progress	168,319	138,017
	Property, Plant & Equipment - Net	**856,018**	**798,279**
	DEFERRED OUTFLOWS	28,510	28,960
	RESTRICTED ASSETS - CASH	0	0
	TOTAL ASSETS	**2,282,008**	**2,166,825**

LIABILITIES AND FUND BALANCE

		March 31, 2018	Audited June 30, 2017
	CURRENT LIABILITIES		
(7)	Accounts Payable	24,344	38,457
(8)	Salaries and Related Liabilities	16,618	25,109
	Accrued PTO	24,148	23,409
	Worker's Comp Reserve	2,300	2,300
	Third Party Settlements	9,388	10,438
	Intercompany Payables	73	84
	Malpractice Reserves	1,634	1,634
	Bonds Payable - Current	3,850	3,735
(9)	Bond Interest Payable	5,059	11,245
	Other Liabilities	7,660	4,889
	Total Current Liabilities	**95,074**	**121,299**
	LONG TERM LIABILITIES		
	Post Retirement Benefits	19,632	19,218
	Worker's Comp Reserve	19,052	17,707
	Other L/T Obligation (Asbestos)	3,831	3,746
	Other L/T Liabilities (IT/Medl Leases)	-	-
	Bond Payable	521,971	527,371
	Total Long Term Liabilities	**564,485**	**568,042**
	DEFERRED REVENUE-UNRESTRICTED	517	567
	DEFERRED INFLOW OF RESOURCES	10,666	10,666
	FUND BALANCE/CAPITAL ACCOUNTS		
	Unrestricted	1,222,860	1,132,525
	Board Designated	388,406	333,726
	Restricted	0	0
(10)	**Total Fund Bal & Capital Accts**	**1,611,266**	**1,466,251**
	TOTAL LIABILITIES AND FUND BALANCE	**2,282,008**	**2,166,825**

MARCH 2018 El Camino Hospital Comparative Balance Sheet Variances and Footnotes

(1) The increase is due to two quarterly pension fundings of $2.6M in October and January.

(2) The increase is due to 9 months of funded depreciation contributions (130% of straight depreciation expense. Note this amount also contains $14M reserved for BHS replacement building currently under construction, in conjunction with bond proceeds, item (5).

(3) The increase here is to reset the Operational Reserve (to cover 60 days of operating expenses) for FY2018. The prior year balance hadn't been reset in a couple of years.

(4) The increase is due to an approved addition of $5 million to the Community Benefit Board Designated Endowment as an outcome of the FY2018 budget process to generate additional investment income for the Community Benefits program.

(5) The decrease is due to additional draws from the 2017 bond financing Project Funds in support of monthly payments to contractors involved with the construction projects at the Mountain View campus. As these projects are now in full progress greater amounts will be withdrawn in future periods.

(6) The increase is due to the capitalization of the Parking Structure expansion in August and CT upgrades at LG in September.

(7) The decrease is due to the significant General Contractor construction payments being accrued at year end, along with associated retentions and other general accounts payable activity that were subsequently relieved in this first quarter of fiscal year 2018.

(8) This decrease is primarily due to the annual 403B match funding that occurred in January

(9) The significant decrease is due to semi-annual 2015A and 2017 Bond interest payments having been paid in January.

(10) The increase is attributable to the first nine periods of financial performance producing an operating income of $106 million and non-operating of $44 million (mostly from unrealized gains on investments).

(1) Hospital entity only, excludes controlled affiliates

EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (1 OF 2)

- Plant & Equipment Fund – original established by the District Board in the early 1960's to fund new capital expansion projects of building facilities or equipment (new or replacements). The funds came from the M&O property taxes being received and the funding depreciation expense at 100%. When at the end of 1992, the 501(c)(3) Hospital was performed by the District, the property tax receipts remained with the District. The newly formed Hospital entity continued on with funding depreciation expense, but did that funding at 130% of the depreciation expense to account for an expected replacement cost of current plant and property assets. It is to be noted that within this fund is an itemized amount of $14 million for the Behavioral Health Service building replacement project. This amount came from the District's Capital Appropriation Fund (excess Gann Limit property taxes) of the fiscal years of 2010 thru 2013 by various District board actions.
- **Women's Hospital Expansion –** established June 2016 by the District authorizing the amounts accumulated in its Capital Appropriation Fund (excess Gann Limit property taxes) for the fiscal years of 2014 and 2015 to be allocated for the renovation of the Women's Hospital upon the completion of Integrated Medical Office Building currently under construction.
- Operational Reserve Fund – originally established by the District in May 1992 to establish a fund equal to sixty (60) days of operational expenses (based on projected budget) and only be used in the event of a major business interruption event and/or cash flow.
- Community Benefit Fund – following in the footsteps of the District in 2008 of forming its Community Benefit Fund using Gann Limit tax receipts, the Hospital in 2010 after opening its campus outside of District boundaries in Los Gatos formed its own Community Benefit Fund to provide grants/sponsorships in Los Gatos and surrounding areas. The funds come from the Hospital reserving $1.5M a year from its operations, the entity of CONCERN contributing 40% of its annual income each year (an amount it would have paid in corporate taxes if it wasn't granted tax exempt status), that generates an amount of $800,000 or more a year. $15 million within this fund is a board designated endowment fund formed in 2015 with a $10 million contribution, and added to at the end of the 2017 fiscal year end with another $5 million contribution, to generate investment income to be used for grants and sponsorships, currently anticipated to generate $500,000 a year in investment income for the program.

EL CAMINO HOSPITAL - BOARD DESIGNATED FUND DESCRIPTIONS/HISTORY (2 OF 2)

- Workers Compensation Reserve Fund – as the Hospital is self-insured for its workers compensation program (since 1978) this fund was originally formed in early 2000's by management to reserve cash equal to the yearly actuarially determined Workers Compensation amount. The thought being if the business was to terminate for some reason this is the amount in cash that would be needed to pay out claims over the next few years.
- Postretirement Health/Life Reserve Fund – following the same formula as the Workers Compensation Reserve Fund this fund was formed in the early 2000's by management to reserve cash equal to the yearly actuarially determined amount to fund the Hospital's postretirement health and life insurance program. Note this program was frozen in 1995 for all new hires after that date.
- PTO (Paid Time Off) Liability Fund – originally formed in 1993 as the new 501(c)(3) Hospital began operations, management thought as a business requirement of this vested benefit program that monies should be set aside to extinguish this employee liability should such a circumstance arise. This balance is equal to the PTO Liability on the Balance Sheet.
- Malpractice Reserve Fund – originally established in 1989 by the then District's Finance Committee and continued by the Hospital. The amount is actuarially determined each year as part of the annual audit to fund potential claims less than $50,000. Above $50,000 our policy with the BETA Healthcare Group kicks in to a $30 million limit per claim/$40 million in the aggregate.
- Catastrophic Loss Fund – was established in 1999 by the Hospital Board to be a "self-insurance" reserve fund for potential non-major earthquake repairs. Initially funded by the District transferring $5 million and has been added to by the last major payment from FEMA for the damage caused the Hospital by the October 1989 earthquake. It is to be noted that it took 10 years to receive final settlement from FEMA grants that totaled $6.8 million that did mostly cover all the necessary repairs.

APPENDIX

El Camino Hospital – Mountain View ($000s)

9 months ending 03/31/2018

Period 9 FY 2017	Period 9 FY 2018	Period 9 Budget 2018	Variance Fav (Unfav)	Var%	$000s	YTD FY 2017	YTD FY 2018	YTD Budget 2018	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
232,871	242,772	228,787	13,985	6.1%	**Gross Revenue**	1,839,138	2,047,101	1,963,775	83,326	4.2%
(172,563)	(175,442)	(170,577)	(4,865)	2.9%	**Deductions**	(1,337,120)	(1,493,958)	(1,457,075)	(36,883)	2.5%
60,309	**67,330**	**58,210**	**9,121**	**15.7%**	**Net Patient Revenue**	**502,018**	**553,143**	**506,700**	**46,444**	**9.2%**
1,407	1,924	1,663	261	15.7%	**Other Operating Revenue**	17,311	20,476	15,606	4,870	31.2%
61,716	**69,255**	**59,873**	**9,382**	**15.7%**	**Total Operating Revenue**	**519,330**	**573,619**	**522,306**	**51,314**	**9.8%**
					OPERATING EXPENSE					
31,187	34,332	34,198	(134)	-0.4%	**Salaries & Wages**	277,388	294,343	293,769	(573)	-0.2%
9,167	10,219	8,681	(1,538)	-17.7%	**Supplies**	70,273	77,010	73,840	(3,170)	-4.3%
8,979	9,082	6,677	(2,405)	-36.0%	**Fees & Purchased Services ***	60,278	63,993	59,942	(4,050)	-6.8%
651	664	933	269	28.9%	**Other Operating Expense**	6,241	6,556	7,927	1,371	17.3%
265	691	725	35	4.8%	**Interest**	3,688	4,293	6,529	2,236	34.2%
3,454	3,512	3,662	150	4.1%	**Depreciation**	31,520	31,463	32,437	974	3.0%
53,703	**58,500**	**54,877**	**(3,623)**	**-6.6%**	**Total Operating Expense**	**449,388**	**477,658**	**474,445**	**(3,213)**	**-0.7%**
8,012	**10,754**	**4,996**	**5,758**	**115.3%**	**Net Operating Income/(Loss)**	**69,942**	**95,961**	**47,860**	**48,101**	**100.5%**
10,223	(1,626)	225	(1,852)	-821.9%	**Non Operating Income**	39,406	43,762	2,028	41,735	2058.3%
18,235	**9,128**	**5,221**	**3,907**	**74.8%**	**Net Income(Loss)**	**109,348**	**139,724**	**49,888**	**89,836**	**180.1%**
19.0%	21.6%	15.7%	5.9%		EBITDA	20.2%	23.0%	16.6%	6.3%	
13.0%	15.5%	8.3%	7.2%		Operating Margin	13.5%	16.7%	9.2%	7.6%	
29.5%	13.2%	8.7%	4.5%		Net Margin	21.1%	24.4%	9.6%	14.8%	

El Camino Hospital – Los Gatos($000s)

9 months ending 03/31/2018

Period 9 FY 2017	Period 9 FY 2018	Period 9 Budget 2018	Variance Fav (Unfav)	Var%	$000s	YTD FY 2017	YTD FY 2018	YTD Budget 2018	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
56,181	50,126	49,507	619	1.3%	**Gross Revenue**	407,364	447,304	427,026	20,278	4.7%
(42,903)	(37,373)	(35,953)	(1,420)	3.9%	**Deductions**	(299,269)	(330,189)	(310,120)	(20,069)	6.5%
13,278	**12,753**	**13,553**	**(801)**	**-5.9%**	**Net Patient Revenue**	**108,095**	**117,115**	**116,906**	**209**	**0.2%**
175	217	215	2	0.9%	**Other Operating Revenue**	1,501	1,593	1,926	(333)	-17.3%
13,453	**12,970**	**13,768**	**(799)**	**-5.8%**	**Total Operating Revenue**	**109,596**	**118,708**	**118,833**	**(124)**	**-0.1%**
					OPERATING EXPENSE					
6,769	6,870	6,668	(202)	-3.0%	**Salaries & Wages**	56,670	59,226	57,214	(2,012)	-3.5%
2,484	1,999	2,085	86	4.1%	**Supplies**	16,511	17,943	17,804	(139)	-0.8%
1,416	1,245	1,304	59	4.6%	**Fees & Purchased Services ***	12,261	11,979	11,527	(452)	-3.9%
1,605	1,524	1,533	9	0.6%	**Other Operating Expense**	14,512	14,073	13,993	(80)	-0.6%
0	0	0	0	0.0%	**Interest**	0	0	0	0	0.0%
487	689	759	70	9.2%	**Depreciation**	4,652	5,408	6,602	1,194	18.1%
12,762	**12,326**	**12,349**	**22**	**0.2%**	**Total Operating Expense**	**104,606**	**108,629**	**107,139**	**(1,490)**	**-1.4%**
692	**643**	**1,420**	**(776)**	**-54.7%**	**Net Operating Income/(Loss)**	**4,991**	**10,079**	**11,694**	**(1,614)**	**-13.8%**
0	0	0	0	0.0%	**Non Operating Income**	(10)	(45)	0	(45)	0.0%
692	**643**	**1,420**	**(776)**	**-54.7%**	**Net Income (Loss)**	**4,980**	**10,035**	**11,694**	**(1,659)**	**-14.2%**
8.8%	10.3%	15.8%	-5.6%		EBITDA	8.8%	13.0%	15.4%	-2.3%	
5.1%	5.0%	10.3%	-5.4%		Operating Margin	4.6%	8.5%	9.8%	-1.3%	
5.1%	5.0%	10.3%	-5.4%		Net Margin	4.5%	8.5%	9.8%	-1.4%	

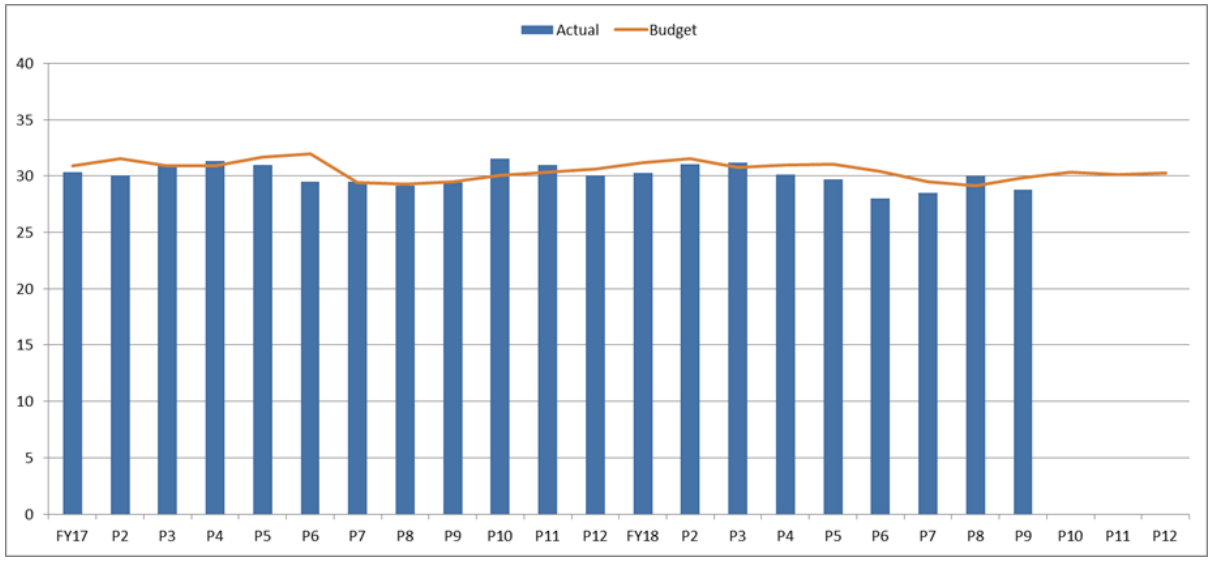
Non Operating Items and Net Income by Affiliate

$ in thousands

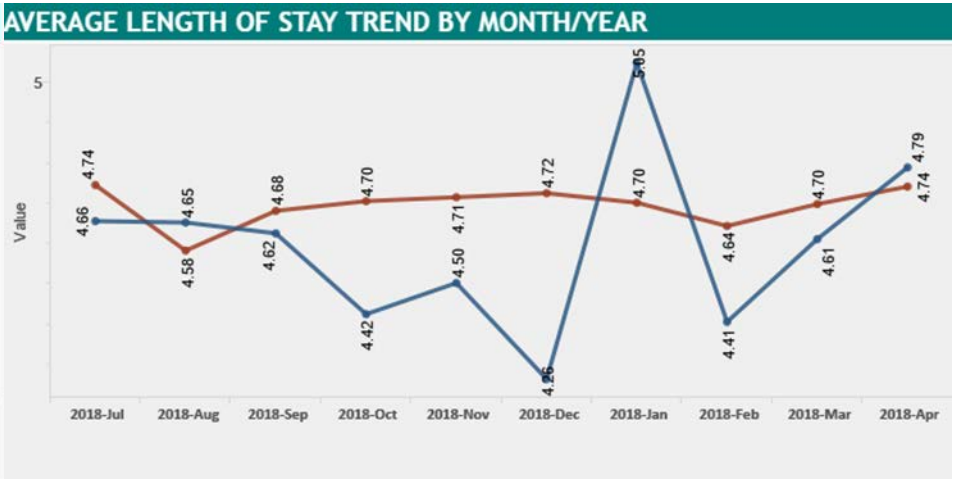
	Period 9 - Month			Period 9 - FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Income (Loss) from Operations						
Mountain View	10,754	4,996	5,758	95,961	47,860	48,101
Los Gatos	643	1,420	(776)	10,079	11,694	(1,614)
Sub Total - El Camino Hospital, excl. Afflilates	**11,398**	**6,416**	**4,982**	**106,040**	**59,554**	**46,487**
Operating Margin %	**13.9%**	**8.7%**		**15.3%**	**9.3%**	
El Camino Hospital Non Operating Income						
Investments	(3,165)	1,516	(4,681)	45,549	13,640	31,910
Swap Adjustments	(221)	0	(221)	1,550	0	1,550
Community Benefit	(613)	(283)	(330)	(3,063)	(2,550)	(513)
Pathways	(1,136)	42	(1,177)	(210)	375	(585)
Satellite Dialysis	(40)	(35)	(4)	(190)	(319)	129
Community Connect	0	(141)	141	0	(1,265)	1,265
SVMD Funding	(416)	(448)	33	(1,365)	(4,035)	2,670
Premier Investment	4,234	0	4,234	4,528	0	4,528
Other	(270)	(424)	155	(3,082)	(3,819)	737
Sub Total - Non Operating Income	**(1,626)**	**225**	**(1,852)**	**43,718**	**2,028**	**41,690**
El Camino Hospital Net Income (Loss)	**9,771**	**6,641**	**3,130**	**149,758**	**61,581**	**88,177**
ECH Net Margin %	**11.9%**	**9.0%**		**21.6%**	**9.6%**	
Concern	141	87	54	1,006	1,059	(53)
ECSC	(19)	0	(19)	(41)	0	(41)
Foundation	5	99	(94)	1,520	549	971
Silicon Valley Medical Development	628	6	622	346	47	299
Net Income Hospital Affiliates	**754**	**191**	**563**	**2,831**	**1,655**	**1,176**
Total Net Income Hospital & Affiliates	**10,526**	**6,832**	**3,693**	**152,590**	**63,236**	**89,353**

Productivity and Medicare Length of Stay

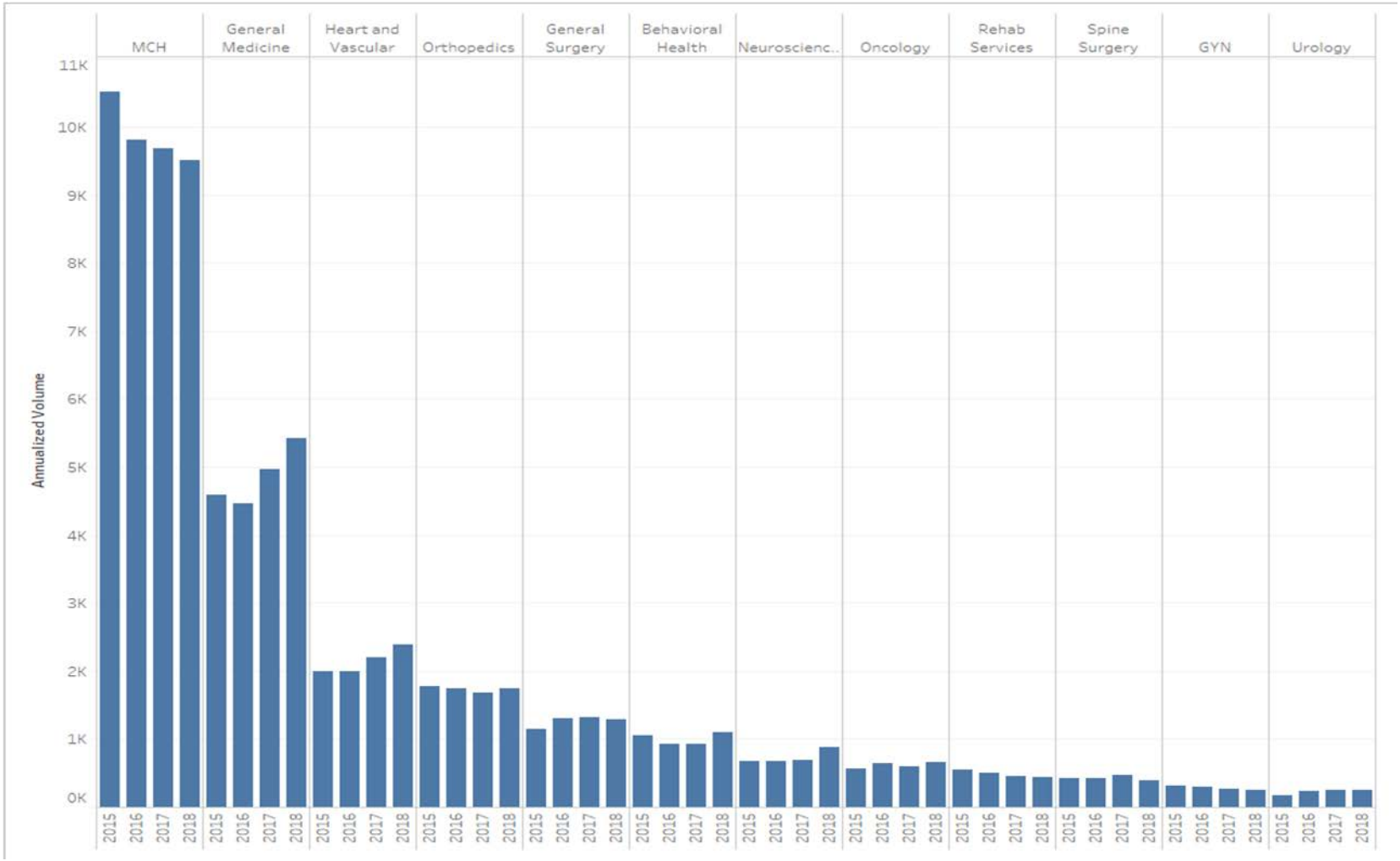
Work hours per adjusted patient day in March is over budget by 1.0. Overall the month of March is 30.8 worked hours per adjusted patient day



ALOS vs Milliman well-managed benchmark. Trend shows remarkable and steady improvement with FY 2018 at benchmark.
Increase in benchmark beginning in FY 2017 due to Clinical Documentation Improvement (CDI)

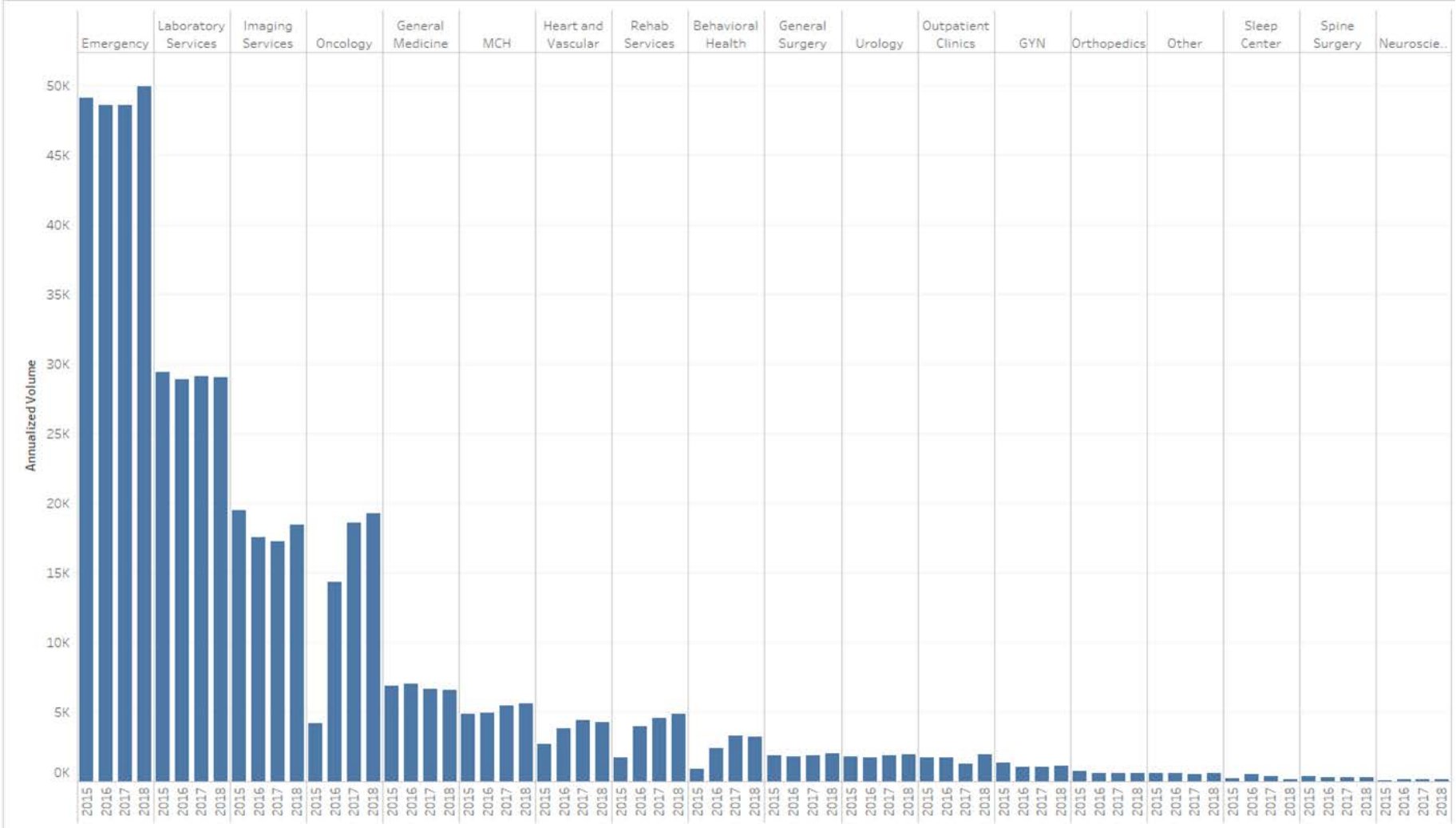


El Camino Hospital Volume Annual Trends – Inpatient
FY 2018 is annualized



- General Medicine, HVI, Behavioral Health, and Neuroscience display an increasing trend.
- Conversely, Rehab Services, MCH and GYN show a decreasing trend.
- The remaining service lines are staying flat.

El Camino Hospital Volume Annual Trends – Outpatient
FY 2018 is annualized



- Comparing year-over-year Oncology, MCH, Rehab Services, Emergency and Outpatient Clinics are all increasing in volume. All others are remaining flat or decreasing.

Medicare data excludes Medicare HMOs

Capital Spend Trend & FY18 Budget

Capital Spending (in 000's)	Actual FY2015	Actual FY2016	Actual FY2017	Projected FY2018
EPIC	29,849	20,798	2,755	1,922
IT Hardware / Software Equipment	4,660	6,483	2,659	12,238
Medical / Non Medical Equipment*	13,340	17,133	9,556	14,275
Non CIP Land, Land I , BLDG, Additions	-	4,189	-	-
Facilities	38,940	48,137	82,953	128,030
GRAND TOTAL	86,789	96,740	97,923	156,465
*Includes 2 robot purchases in FY2017				

El Camino Hospital Capital Spending (in thousands) FY12 – FY17

Category	2013	2014	2015	2016	2017
EPIC	**0**	**6,838**	**29,849**	**20,798**	**2,755**
IT Hardware/Software Equipment	**8,019**	**2,788**	**4,660**	**6,483**	**2,659**
Medical/Non Medical Equipment	**10,284**	**12,891**	**13,340**	**17,133**	**9,556**
Non CIP Land, Land I, BLDG, Additions	**0**	**22,292**	**0**	**4,189**	**0**
Land Acquisition (1550)	0	0	0	24,007	0
828 S Winchester Clinic TI (1701)	0	0	0	0	145
Facilities Projects CIP					
Mountain View Campus Master Plan Projects					
1245 - Behavioral Health Bldg Replace	0	1,257	3,775	1,389	10,323
1413 - North Drive Parking Structure Exp	0	0	167	1,266	18,120
1414 - Integrated MOB	0	0	2,009	8,875	32,805
1422 - CUP Upgrade	0	0	0	896	1,245
Sub-Total Mountain View Campus Master Plan	**0**	**1,257**	**5,950**	**12,426**	**62,493**
Mountain View Capital Projects					
9900 - Unassigned Costs	734	470	3,717	0	0
1108 - Cooling Towers	450	0	0	0	0
1120 - BHS Out Patient TI's	66	0	0	0	0
1129 - Old Main Card Rehab	9	0	0	0	0
0817 - Womens Hosp Upgrds	645	1	0	0	0
0906 - Slot Build-Out	1,003	1,576	15,101	1,251	294
1109 - New Main Upgrades	423	393	2	0	0
1111 - Mom/Baby Overflow	212	29	0	0	0
1204 - Elevator Upgrades	25	30	0	0	0
0800 - Womens L&D Expansion	2,104	1,531	269	0	0
1131 - MV Equipment Replace	216	0	0	0	0
1208 - Willow Pav. High Risk	110	0	0	0	0
1213 - LG Sterilizers	102	0	0	0	0
1225 - Rehab BLDG Roofing	7	241	4	0	0
1227 - New Main eICU	96	21	0	0	0
1230 - Fog Shop	339	80	0	0	0
1315 - 205 So. Drive TI's	0	500	2	0	0
0908 - NPCR3 Seismic Upgrds	1,302	1,224	1,328	240	342
1125 - Will Pav Fire Sprinkler	57	39	0	0	0
1211 - SIS Monitor Install	215	0	0	0	0
1216 - New Main Process Imp Office	19	1	16	0	0
1217 - MV Campus MEP Upgrades FY13	0	181	274	28	0
1224 - Rehab Bldg HVAC Upgrades	11	202	81	14	6
1301 - Desktop Virtual	0	13	0	0	0
1304 - Rehab Wander Mgmt	0	87	0	0	0
1310 - Melchor Cancer Center Expansion	0	44	13	0	0
1318 - Women's Hospital TI	0	48	48	29	2
1327 - Rehab Building Upgrades	0	0	15	20	0
1320 - 2500 Hosp Dr Roofing	0	75	81	0	0
1340 - New Main ED Exam Room TVs	0	8	193	0	0
1341 - New Main Admin	0	32	103	0	0
1344 - New Main AV Upgrd	0	243	0	0	0
1400 - Oak Pav Cancer Center	0	0	5,208	666	52

Category	2013	2014	2015	2016	2017
Facilities Projects CIP cont.					
1403 - Hosp Drive BLDG 11 TI's	0	86	103	0	0
1404 - Park Pav HVAC	0	64	7	0	0
1405 - 1 - South Accessibility Upgrades	0	0	0	168	95
1408 - New Main Accessibility Upgrades	0	0	7	46	501
1415 - Signage & Wayfinding	0	0	0	106	58
1416 - MV Campus Digital Directories	0	0	0	34	23
1423 - MV MOB TI Allowance	0	0	0	588	369
1425 - IMOB Preparation Project - Old Main	0	0	0	711	1,860
1429 - 2500 Hospital Dr Bldg 8 TI	0	0	101	0	0
1430 - Women's Hospital Expansion	0	0	0	0	464
1432 - 205 South Dr BHS TI	0	0	8	15	0
1501 - Women's Hospital NPC Comp	0	0	4	0	223
1502 - Cabling & Wireless Upgrades	0	0	0	1,261	367
1503 - Willow Pavillion Tomosynthesis	0	0	0	53	257
1504 - Equipment Support Infrastructure	0	0	61	311	0
1523 - Melchor Pavillion Suite 309 TI	0	0	0	10	59
1525 - New Main Lab Upgrades	0	0	0	0	464
1526 - CONCERN TI	0	0	0	37	99
Sub-Total Mountain View Projects	**8,145**	**7,219**	**26,744**	**5,588**	**5,535**
Los Gatos Capital Projects					
0904 - LG Facilities Upgrade	2	0	0	0	0
0907 - LG Imaging Masterplan	244	774	1,402	17	0
1005 - LG OR Light Upgrd	14	0	0	0	0
1122 - LG Sleep Studies	7	0	0	0	0
1210 - Los Gatos VOIP	147	89	0	0	0
1116 - LG Ortho Pavillion	177	24	21	0	0
1124 - LG Rehab BLDG	49	458	0	0	0
1247 - LG Infant Security	134	0	0	0	0
1307 - LG Upgrades	376	2,979	3,282	3,511	3,081
1308 - LG Infrastructure	0	114	0	0	0
1313 - LG Rehab HVAC System/Structural	0	0	0	1,597	1,904
1219 - LG Spine OR	0	214	323	633	2,163
1221 - LG Kitchen Refrig	0	85	0	0	0
1248 - LG - CT Upgrades	0	26	345	197	6,669
1249 - LG Mobile Imaging	0	146	0	0	0
1328 - LG Ortho Canopy FY14	0	255	209	0	0
1345 - LG Lab HVAC	0	112	0	0	0
1346 - LG OR 5, 6, and 7 Lights Replace	0	0	285	53	22
1347 - LG Central Sterile Upgrades	0	0	181	43	66
1421 - LG MOB Improvements	0	0	198	65	303
1508 - LG NICU 4 Bed Expansion	0	0	0	0	207
1600 - 825 Pollard - Aspire Phase II	0	0	0	0	80
1603 - LG MOB Improvements	0	0	0	0	285
Sub-Total Los Gatos Projects	**1,150**	**5,276**	**6,246**	**6,116**	**14,780**
Subtotal Facilities Projects CIP	**9,294**	**13,753**	**38,940**	**24,130**	**82,808**
Grand Total	**27,598**	**58,561**	**86,789**	**96,740**	**97,923**
Forecast at Beginning of year	70,503	70,037	101,607	114,025	212,000

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road
Mountain View, CA 94040-4378
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www.elcaminohospital.org

June 13, 2018

To: El Camino Hospital Board of Directors

From: David Clark, Interim COO

Subject: **Stroke & Neurology Medical Director Agreement Renewal - Enterprise**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Chief Executive Officer the authority to enter into a two-year renewal of the Stroke & Neurology Medical Director agreement for the Mountain View and Los Gatos campuses with the same terms.
2. **Problem/Opportunity Definition:** The current Medical Director, a vascular neurologist, has provided medical director leadership and oversight for the Stroke & Neurology Program at the Mountain View and Los Gatos campuses since October 2016. This physician has provided excellent leadership for the Stroke & Neurology Program and her continued leadership is essential in meeting the Hospital's goal in achieving Comprehensive Stroke Program Certification.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Chief Executive Officer signature of physician agreements when compensation exceeds the 75th percentile.
4. **Process Description:** Upon Board approval, the Stroke & Neurology Medical Director Agreement will be renewed at the same terms for an additional two years through June 30, 2020.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered as this physician has been performing very well in this role and her leadership is essential to the Hospital obtaining certification as a Comprehensive Stroke Center.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services, the Interim Chief Medical Officer, and the Director of Orthopedics, Neurology & Spine Services.
7. **Outcome Measures and Deadlines:** The physician is currently on track to meet the quality incentive goals for Fiscal Year 2018. Quality goals for Fiscal Year 2019 are being negotiated and will be included in the two-year renewal.
8. **Legal Review:** Legal counsel will review the final agreements prior to execution.
9. **Compliance Review:** Compliance will review and approve the final agreements and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to 44 hours per month at $160.00 per hour of administrative services for a maximum annual compensation of $84,480.00, which is above the 75th percentile ($78,912.00), but lower than the 90th percentile ($91,667.00) for two campuses according to the 2018 MD Ranger report for Stroke and Neurology administrative services for general acute care beds over 200. There is no increase in either dollars or hours.

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June 13, 2018

To: El Camino Hospital Board of Directors

From: David Clark, Interim COO

Subject: **Cancer Center Program Medical Director Agreement Renewal - Enterprise**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Chief Executive Officer the authority to enter into a renewal of the Cancer Center Medical Director agreement for the Mountain View and Los Gatos campuses with the same terms.
2. **Problem/Opportunity Definition:** The current medical director is a specialty trained oncologic surgeon who has provided medical director leadership and oversight for the Cancer Center Program since 2005. Under this physician's leadership, the Cancer Center has grown to over 2,000 new patients per year. This physician's continued expertise and leadership is essential to the Hospital's goal to expand the Cancer Center Program and open up a facility at the Los Gatos Campus in early 2019.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Chief Executive Officer signature of physician agreements when compensation exceeds the 90th percentile.
4. **Process Description:** Upon Board approval, the Cancer Center Program Medical Director Agreement will be renewed at the same terms for an additional two years through June 30, 2020.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered as the current physician has been performing very well in this role and her continued leadership is essential in opening up a new facility and overseeing this successful accredited Cancer Center Program.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services, the Interim Chief Medical Officer and the Sr. Director, Oncology Service Line.
7. **Outcome Measures and Deadlines:** This physician is currently on track to meet the quality incentive goals for Fiscal Year 2018. Quality goals for Fiscal Year 2019 are being negotiated and will be included in the two-year renewal.
8. **Legal Review:** Legal counsel will review the final agreements prior to execution.
9. **Compliance Review:** Compliance will review and approve the final agreements and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to 84 hours per month at $276.00 per hour of administrative services, which is above the 90th percentile ($250.00) for a maximum annual compensation of $278,208.00, which is above the 75th percentile ($206,952.00), but lower than the 90th percentile ($352,775.00) for two campuses according to the 2018 MD Ranger report for Oncology – Cancer Center medical director administrative services for all facilities. San Francisco Bay Area data is not available. There is no increase in either dollars or hours.

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June 13, 2018

To: El Camino Hospital Board of Directors

From: David Clark, Interim COO

Subject: **Radiology Services & Breast Center Medical Director Agreement Renewal – Enterprise**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Chief Executive Officer the authority to enter into a two-year renewal of the Radiology Services & Breast Center Medical Director agreement for the Mountain View and Los Gatos campuses with the same terms.
2. **Problem/Opportunity Definition:** Since 2008, Silicon Valley Diagnostic Imaging (SVDI) has provided Radiologists to provide professional services and medical director administrative services for the Hospital's Radiology Services Department and Breast Center at the Mountain View and Los Gatos campuses. Since 2014, two physicians from SVDI, have provided Radiology Medical Director Services. In 2015, the Hospital Board approved additional hours for the expansion of this directorship to include a Radiation Safety Officer, for which one group physician was designated. One group physician has been providing Radiology Medical Director services for up to a maximum of 70 hours/month and the other group physician has been providing Radiation Safety Officer services for up to 25 hours/month with a total combined maximum of 95 hours/month and $188,100.00 per year.

   The current agreement expires June 30, 2018 and renewal on the same terms is desirable.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Chief Executive Officer signature of physician agreements when compensation exceeds the 90th percentile.
4. **Process Description:** Upon Board approval, the Radiology Services & Breast Center Medical Director Agreement will be renewed at the same terms for an additional two years through June 30, 2020.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered at this time. Both the Radiology Services Medical Director and Radiation Safety Officer are required by Title 22.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services and the Interim Chief Medical Officer.
7. **Outcome Measures and Deadlines:** SVDI is currently on track to meet the quality incentive goals for Fiscal Year 2018. Quality goals for Fiscal Year 2019 are being negotiation and will be included in the two-year renewal.
8. **Legal Review:** Legal counsel will review the final agreements prior to execution.
9. **Compliance Review:** Compliance will review and approve the final agreements and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to 95 hours per month at $165.00 per hour of administrative services for a maximum annual compensation of $188,100.00, which is over the 75th percentile ($111,120.00), but below the 90th percentile ($218,652) for two campuses according to the 2018 MD Ranger General Acute Daily Census over 150. There is no increase in either dollars or hours.

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June 13, 2018

To: El Camino Hospital Board of Directors

From: Mark Adams, MD, Interim CMO

Subject: **Radiation Oncology Medical Director Agreement Renewal – Mountain View**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Chief Executive Officer the authority to enter into a renewal of the Radiation Oncology Medical Director agreement for the Mountain View and Los Gatos campuses with the same terms.
2. **Problem/Opportunity Definition:** Western Radiation Oncology has provided Radiologists, the current physician serving as Medical Director, who specialize in Radiation Oncology to provide medical director administrative services since 2006. Since 2014, the physician employed by Western Radiation Oncology has solely provided Radiation Oncology Medical Director services at the Mountain View campus and was assigned to PAMF in March 2016.

   This method of treatment needs expert coordination among the other treatment disciplines, medical and surgical oncology. There is tremendous need for leading and directing the therapists and physicists to provide optimum care to our patients.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Chief Executive Officer signature of physician agreements when compensation exceeds the 75th percentile.
4. **Process Description:** Upon Board approval, the Radiation Oncology Medical Director Agreement will be renewed with PAMF for the services of the current physician at the same terms for an additional two years through June 30, 2020.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered as the physician has been performing very well in this role and his leadership is essential to continue advancing our use of cutting edge technology, both with equipment (Calypso) and software (ARIA). We continue to be the first to embark upon these technologies in NorCal.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services, the Interim Chief Operating Officer, and the Sr. Director, Oncology Service Line.
7. **Outcome Measures and Deadlines:** The physician is currently on track to meet the quality incentive goals for Fiscal Year 2018. Quality goals for Fiscal Year 2019 are being negotiated and will be included in the two-year renewal.
8. **Legal Review:** Legal counsel will review the final agreements prior to execution.
9. **Compliance Review:** Compliance will review and approve the final agreements and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to 40 hours per month at $178.00 per hour of administrative services for a maximum annual compensation of $85,440.00, which is above the 90th percentile ($77,730.00), according to the 2018 San Francisco Bay Area MD Ranger Report for Radiation Oncology Medical Direction. There is no increase in either dollars or hours.

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June 13, 2018

To: El Camino Hospital Board of Directors

From: David Clark, Interim COO

Subject: **Cardiac Catheterization Laboratory Agreement Renewal – Mountain View**

1. **Recommendation:** We request that the Finance Committee recommend that the Board of Directors approve delegating to the Chief Executive Officer the authority to enter into a two-year renewal of the Cardiac Catheterization Laboratory Medical Director agreement for the Mountain View campus with the same terms.
2. **Problem/Opportunity Definition:** Since 2012, a PAMF Interventional Cardiologist has provided medical director leadership and oversight for the Cardiac Catheterization Laboratory & Chest Pain Center (which oversees the accreditation and operation of the STEMI program that provides very rapid interventional response to patients with ST segment myocardial infarction) for the Heart & Vascular Institute. In 2015, the physician's leadership and oversight expanded to include Trascatheter Aortic Valve Replacement Program (TAVR), for which the Board approved an increase of ten additional hours per month in 2016. This physician has provided excellent leadership for the abovementioned programs. The current agreement expires June 30, 2018 and although the physician will continue to oversee the TAVR program (including structural heart procedures performed in the catheterization laboratory, as well as the acute coronary syndrome and AMI programs), the Chest Pain Center accreditation will no longer be pursued as of FY19, as agreed upon at the HVI Strategic Advisory Committee meeting in the fall of 2017. The physician's hours will remain the same, and the title will simply read Medical Director, Cardiac Catheterization Laboratory.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Chief Executive Officer signature of physician agreements when compensation exceeds the 90th percentile.
4. **Process Description:** Upon Board approval, the Cardiac Catheterization Medical Director Agreement will be renewed at the same terms for an additional two years through June 30, 2020.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered as this medical directorship is required by Title 22 and the current has performed very well in this role since 2012.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services, the Interim Chief Medical Officer, and the Director of the Heart & Vascular Institute.
7. **Outcome Measures and Deadlines:** The physician is currently on track to meet the quality incentive goals for Fiscal Year 2018. Quality goals for Fiscal Year 2019 are being negotiated and will be included in the two-year renewal.
8. **Legal Review:** Legal counsel will review the final agreements prior to execution.
9. **Compliance Review:** Compliance will review and approve the final agreements and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to 50 hours per month at $200.00 per hour of administrative services for a maximum annual compensation of $120,000.00, which is above the 90th percentile ($99,200.00) according to the 2018 San Francisco Bay Area MD Ranger report for Cardiac Cath Lab Medical Director administrative services. There is no increase in either dollars or hours.

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

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Phone: 650-940-7000
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June 13, 2018

To: El Camino Hospital Board of Directors

From: Mark Adams, MD, Interim CMO

Subject: **Respiratory Care Services Medical Director Agreement Renewal - Mountain View**

1. **Recommendation:** We request that the Board of Directors approve delegating to the Chief Executive Officer the authority to enter into a renewal of the Respiratory Care Services Medical Director agreement for the Mountain View and Los Gatos campuses with the same terms.
2. **Problem/Opportunity Definition:** Since 2014, the current physician has performed very well as medical director for Respiratory Care Services for the Mountain View campus. The current agreement expires June 30, 2018 and renewal on the same terms is desirable. Regulatory requirements are in place for Respiratory Therapy and this physician does a great job in overseeing all aspects of Respiratory Care Services at the Mountain View Campus.
3. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval is required prior to the Chief Executive Officer signature of physician agreements when compensation exceeds the 75th percentile.
4. **Process Description:** Upon Board approval, the Respiratory Care Services Medical Director Agreement with the physician for the Mountain View campus will be renewed at the same terms for an additional two years through June 30, 2020.
5. **Alternative Solution which Includes Cost Benefit/SWOT Analysis:** An alternative solution is not being considered as this medical directorship is required by Title 22 and the current physician has been performing very well in this role since 2014.
6. **Concurrence for Recommendation:** Approval of this recommendation is supported by the Medical Director, Quality and Physician Services, the Interim Chief Operating Officer, and the Director of Respiratory Services.
7. **Outcome Measures and Deadlines:** A meeting will be set up in May to review progress of the quality incentive goals for Fiscal Year 2018 and to develop quality goals for Fiscal Year 2019, which will be included in the two-year renewal.
8. **Legal Review:** Legal counsel will review the final agreements prior to execution.
9. **Compliance Review:** Compliance will review and approve the final agreements and compensation prior to execution.
10. **Financial Review:** The current Agreement authorizes up to 40 hours per month at $137.50 per hour of administrative services for a maximum annual compensation of $66,000.00, which is above the 75h percentile ($42,530.00) and below the 90th percentile ($84,380.00) according to the 2018 San Francisco Bay Area MD Ranger report for Respiratory Therapy Medical Director administrative services. There is no increase in either dollars or hours.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item	Policy – Draft Revised Financial Assistance, Charity Care and Discounts El Camino Hospital Board of Directors 6/13/2018
	Responsible party:	Terri Manifesto, Director Revenue Cycle
	Action requested:	For Approval
	Other Board Advisory Committees that reviewed the issue and recommendation, if any: The Finance Committee reviewed this policy at its May 29, 2018 meeting. There was no quorum, but the Committee members had no objections to management's proposal.	
	Summary and session objectives : • Policy: Financial Assistance, Charity Care and Discounts Management recommendation to remove sliding scale and increasing the full charity care threshold from 350% to 400% of the Federal Poverty Guidelines. Change made for simplicity since most of the charity applications are above 400%. • Made additions to the policy to be in compliance with the Department of the Treasury IRS 501(r) regulations. a. State the method for calculating amounts charged to patients. ECH adopts the look-back method for Amounts Generally Billed (AGB) b. Added a statement that an FAP eligible patient cannot be charged more than AGB.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve the proposed revised policy.	
	LIST OF ATTACHMENTS: 1. Policy – Draft Revised Financial Assistance, Charity Care and Discounts	

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TITLE:	Finance: Financial Assistance, Charity Care and Discounts
CATEGORY:	Administration
LAST APPROVAL:	4/2015

TYPE:	☑ Policy ☐ Protocol ☐ Practice Guideline ☐ Standardized Procedure ☐ Procedure ☐ Plan ☐ Scope of Service/ADT
SUB-CATEGORY:	Finance
OFFICE OF ORIGIN:	Finance
ORIGINAL DATE:	4/2000

I. COVERAGE:

Individuals eligible to receive financial assistance, charity care or discounts.

II. PURPOSE:

Consistent with its Mission, El Camino Hospital (ECH) strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care

III. POLICY STATEMENT:

ECH is committed to providing financial assistance and charity care to persons who have healthcare needs and are uninsured and ineligible for a government program, as well as to those patients with High Medical Costs, who are unable to pay for medically necessary care based on their individual financial situation. ECH will also provide discounts and extended payment plans to patients taking into consideration Essential Living Expenses. ECH is also committed to providing and assisting our patients with information necessary on how to apply for Covered California Plans, and will assist patients in determining eligibility for enrollment with Medi-Cal, and other government programs. Patients that are eligible for financial assistance are not charged more than the amounts generally billed (AGB) for emergency or other medically-necessary care.

El Camino Hospital adopts the look-back method for amounts generally billed; however, patients who are eligible for Financial Assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

ECH's financial assistance programs are not substitutes for personal responsibility. Patients are expected to cooperate with ECH's procedures for obtaining financial assistance and to contribute to the cost of their care based on their ability to pay. In order to manage its resources responsibly and to allow ECH to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes these guidelines for the provision of charity care.

IV. DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:

Monetary Assets: The fair market value of the Patient's Family's savings and investments, excluding amounts held in retirement plans or deferred compensation plans

Eligible Services: The following services are ineligible for the application of Financial Assistance under this policy, except as required by law:

- Purchases from ECH retail operations, such as gift shops & cafeteria;
- ~~Bariatric surgery services;~~
- Cosmetic surgery; and
- Any products or services that are:
  - Inconsistent with the symptom(s) or diagnosis and treatment of the condition, disease or injury.
  - Primarily for the convenience of the patient, the patient's family, the physician or other provider.
  - Not the most appropriate level of services that can safely be provided to the patient.
- Services which are programmatically bundled and discounted. Some examples of these bundled services include packages for ~~cosmetic and bariatric surgery.~~Self-Pay Endometriosis and Maternity Services. .
- Physician Services that are not billed by Hospital (See Attachment A for Hospital Departments where Physician Services are not covered by this policy.

Excluding any services specifically listed as ineligible, the following healthcare services are eligible for ECH's financial assistance program:

- Emergency medical services provided in an emergency room setting;
- Services for a condition which, in the opinion of the treating physician or other health care professional, would lead to an adverse change in the health status of an individual if not treated promptly; and
- Non-elective services provided in response to life-threatening or health-threatening circumstances.

In addition, in its sole discretion, ECH management may elect to make other services eligible for Financial Assistance.

Patient's Family:

1. For Persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not
2. For Persons under 18 years of age, parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

Family Income: Family Income is determined using the following income of a Patient's Family when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- Includes the income of Patient's Family members as defined above.

High Medical Costs: A patient ~~whose~~who's Family Income does not exceed 400 percent of the federal poverty level and~~:~~

> ~~Has~~ has annual out-of-pocket medical costs incurred by the individual at ECH or other healthcare providers that exceed 10 percent of the patient's Family Income in the prior 12 months~~; or~~.

~~Has annual out-of-pocket medical~~ For expenses ~~that exceed 10 percent of the patient's Family Income, if~~incurred at other providers, the patient ~~provides~~must provide documentation of ~~the patient's~~ medical expenses paid by the patient or the ~~Patient's Family~~patient's family in the prior 12 months. .

The definition of High Medical Costs will include patients who have a balance due after insurance payment of a discounted rate as a result of 3rd party coverage.

Out-of-network: Certain insurance carriers and governmental health care programs may reduce or eliminate benefits unless care is provided at designated facilities. In cases where ECH is not one of the designated facilities, any non-emergency care provided is considered to be out-of-network. Out-of-network care will not be eligible for charity discounts except that ECH may, on a case-by-case basis, grant assistance in the case of medical indigence. An Uninsured Discount will be given on amounts denied for out of network amounts.

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations. A patient who has insurance or third party assistance to provide medical services but whose insurance or assistance does not include services provided at ECH will be considered as out-of-network, not as uninsured. An Uninsured Discount will be given on amounts denied as non-covered.

Essential Living Expenses: Include rent, house payment and maintenance, food, household supplies, utilities telephone, clothing, medical and dental payment, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning and other extraordinary expenses.

IV. PROCEDURE:

A. Charity Care Program

Information in this section applies to the provision of charity care when a patient has no health insurance or has High Medical Costs and is not eligible for any government programs.

1. Eligibility Criteria for Charity Care. Eligibility for charity care will be considered for those individuals who are unable to pay for their care and are uninsured and ineligible for any government health care benefit program or for those patients that have High Medical Costs. The granting of charity care shall be based on an individualized determination of Family Income, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Full Charity Care will be offered if Family Income is ~~at 350% or less of the Federal Poverty Guidelines. Partial Charity Care will be offered on a sliding scale if Family Income is between 351% to~~AT OR BELOW 400% of the Federal Poverty Guidelines.

2. Determination of Eligibility for Charity Care. The cooperation of the patient and/or the Patient's Family is necessary in order for ECH to determine eligibility.

a) Eligibility will be determined in accordance with the following procedures to ensure an individual assessment of Family Income. The application process will require the following information from the patient:

- Completed signed application
- Proof of Income Tax return and monetary assets or subsequent month bank statements or most recent payroll stub or FICA earning summary from SSA.
- Include reasonable efforts by ECH to explore appropriate alternative sources of payment and coverage from public and private payment programs and to assist patients to apply for such programs. However if the patient applies, or has a pending application for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program.; and
- Include a review of the patient's outstanding accounts for any open accounts that may also be eligible for charity care for the approval timeframe.
- For patients who are unable to complete the application or provide financial information, ECH may determine eligibility using presumptive determination based on information obtained from Experian.

b) Eligibility determination may be done at any point in the collection cycle. The eligibility for Charity Care shall be based on the patient's insured status at the time services are rendered, and shall give consideration to any retroactive denial or granting of insurance. That is, if the patient is believed to be insured at the time services are rendered but is subsequently found to

have been uninsured at that time, then the patient is eligible for an ~~uninsured charity~~Uninsured discount. Similarly, if the patient is believed to be uninsured at the time services are rendered but is subsequently found to have been insured at that time, then the patient is not eligible for an ~~uninsured charity~~Uninsured discount. Charity Care will be reversed in these situations.

c) If at any time information relevant to the eligibility of the patient changes, it is the patient's responsibility to notify ECH of the updated information.
The determination of financial need shall be done consistently with the requirements of California AB 774, including the requirement that the first ten thousand dollars ($10,000 of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50 percent of a patient's monetary assets over the first ten thousand dollars ($10,000) be counted in determining eligibility.

d) Eligibility for financial assistance shall be revaluated every 12 months or at any time additional information relevant to the eligibility of the patient becomes known. If such information does change, it is the patient's responsibility to notify ECH of the updated information.

e) ECH's values of respect and integrity shall be reflected in the application process, eligibility determination and granting of an uninsured discount. Requests for Charity Care shall be processed promptly and ECH shall notify the patient or applicant in writing of its decision on a completed application. .

B. Uninsured Discounts and Extended Payment Plans

1. ~~Cash and Prompt Pay~~ Uninsured Discounts
ECH Patients who do not have third-party insurance and are not eligible for a government program will receive a published discount off ECH charges~~. Such patients are also eligible for a published prompt pay discount on the remaining balance if that balance is paid within 30 days of the date of the first statement or paid at the point of service.~~.. A patient may choose not to use available third-party insurance and may receive ~~the above discounts for cash and/or prompt payment. Cash and prompt pay~~an Uninsured discount. . The uninsured discount percentage for Hospital/Facility billing is 75%. Uninsured discounts are determined by ECH management.

2. Extended Payment Plans
ECH will negotiate an extended payment plan to allow payment over time that is agreed upon between ECH and the patient based on the patient's Family Income and Essential Living Expenses. All payment plans shall be interest free. The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments during a 90-day period. Before declaring the extended payment plan no longer operative, ECH or its collection agency shall make a reasonable attempt to contact the patient by phone and to give notice in writing, that the

extended payment plan may become inoperative and of the opportunity to renegotiate the extended payment plan. ECH does not report to consumer credit agencies.

C. Other Provisions

1. **Communication of this Policy to Patients and the Public.** Notification about charity care and discounts available from ECH, which shall include a contact number, shall be disseminated by ECH by various means, which may include, but are not limited to, the publication of notices on facility websites or on patient bills, and by posting notices in the emergency room, admitting and registration departments, hospital business offices, Clinics and patient financial services offices that are located on facility campuses, and at other public places as ECH may elect. Such information shall be provided in the primary languages spoken by the population serviced by ECH. Referral of patients for financial assistance may be made by anyone, subject to applicable privacy laws.

Such communications include:

- Published ~~Cash Pay Discount Percentage~~
- ~~Prompt Pay~~Uninsured Discount Percentage
- Extended Payment Plans option with phone number to call
- Charity Care eligibility and current Federal Poverty Guidelines along with a customer service phone number to call for assistance
- High Medical Costs definition
- Links to other programs including Covered California
- Phone number for Consumer Support/Legal Assistance
- Discounts from Emergency Room Physicians and a phone number to call for assistance.

2. **Relationship to Collection Policies.** ECH management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from ECH, a patient's good faith effort to comply with his or her payment agreements with ECH, and all applicable laws and regulations. The Patient Accounts-Collection Practices and Collection Agency Management Policy outlines the presumptive charity care eligibility screening process used to evaluate charity care eligibility prior to an account being sent to collections. The patient's account will not be sent to collections if eligible for Charity Care. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, ECH may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, and will not send unpaid bills to outside collection agencies. Any agency performing routine monitoring and follow-up for such accounts on ECH's behalf shall be instructed not to report such accounts to any credit monitoring agency, and shall not be considered to be an "outside collection agency" under this policy. In the event ECH should err in following these policies, ECH will take appropriate steps to correct its error in a timely fashion.

3. **Errors and Misrepresentations.** ECH may deny an application for Financial Assistance and/or may reverse previously applied discounts if it learns of information which it believes supports a conclusion that information previously provided was inaccurate. In addition, ECH may elect to pursue legal actions, against persons who it believes knowingly misrepresented their financial condition, and including those who accept financial assistance after an improvement in their financial circumstances which was not made known to ECH.

4. **Regulatory Requirements.** In implementing this Policy, ECH shall comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy such as AB 774 and SB 1276.

D. **Exceptions and Limitations**

The Chief Executive Officer and Chief Financial Officer of ECH are each granted the authority to provide exceptions to these policies and procedures as appropriate to the individual patient's circumstances and as appropriate to the financial ability and needs of ECH. These individuals are also each granted the authority to adjust the parameters of the financial assistance program in order to ensure the total amount of financial assistance provided is consistent with the organization's financial ability and to ensure ECH is able to meet its financial obligations.

This policy is intended to be a statement of general intent, setting forth the basic principles to be followed by the organization in administration of its programs to provide financial assistance and charity care to its patients. However, because the complexities of human existence can present myriad possible individual circumstances, and because of the challenges present in managing a health care organization, it is recognized that some degree of flexibility is appropriate in administering these programs. As such, nothing in this policy shall be construed to create an affirmative obligation for ECH to grant financial assistance to any particular patient, other than as required under the law.

V. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Finance Committee:	
ePolicy Committee:	
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	4/00, 7/03, 6/04, 1/07, 6/07, 4/08, 6/09, 2/11, 12/11, 10/12, 6/13, 4/15

VI. REFERENCES:

Patient Protection and Affordable Care Act of 2010 and California AB 774 and SB 1276

TITLE:	Finance: Financial Assistance, Charity Care and Discounts
CATEGORY:	Administration
LAST APPROVAL:	4/2015

VII. ATTACHMENTS:

Physician Services provided in the following Departments are not subject to El Camino Hospital's FAP except for professional fees billed by El Camino Medical Associates.

6015	CCU 3A; ICU
6070	NICU
6150	PROGRESSIVE CARE UNIT-PCU 3A
6173	TELEMETRY-3B
6174	TELEMETRY STROKE-3C
6175	SURG PEDS 4A; ORTHO SPINE
6176	MEDICAL - 2C
6177	MED SURG ONC 4B; MED SURG 1
6310	MOTHER BABY
6315	MOTHER-BABY UNIT
6340	ACUTE IP PSYCH
6440	INPATIENT ACUTE REHAB
6900	PRE-OP SHORT STAY; OPS
7010	EMERGENCY ROOM
7011	OB EMERGENCY DEPARTMENT
7086	WOUND CARE CLINIC
7087	CANCER CLINIC
7088	SURVIVORSHIP CLINIC
7260	BEHAVIORAL HEALTH-OP
7400	LABOR DELIVERY
7420	OPERATING ROOM
7426	MINOR PROCEDURES
7427	PACU
7429	SLEEP CENTER
7501	CLIN LAB-HEMATOLOGY
7520	ANATOMIC PATHOLOGY
7570	INTERVENTIONAL SERVICES
7590	ECG
7593	CARDIOPULM WELLNESS CTR
7630	IMAGING - DIAGNOSTIC
7636	IMAGING RN SUPPORT
7639	IMAGING - MAMMOGRAPHY
7640	RADIATION ONCOLOGY
7641	OUTPATIENT INFUSION CENTER
7650	IMAGING - NUC MED
7660	IMAGING - MRI
7670	IMAGING - US/ECHO
7680	IMAGING - CT SCAN
7720	RESPIRATORY CARE SVCS
7730	PULMONARY DIAGNOSTICS LAB
7741	DIALYSIS-INPATIENT
7761	ENDOSCOPY
7881	PRENATAL DIAGNOSTIC CENTER

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Proposed FY19 Master Calendar El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Cindy Murphy, Director of Governance Services
	Action requested:	Approval
	Background: The proposed Master Calendar reflects meeting dates chosen by each Committee. In recent years, the ECH Board met on the second Wednesday of each month except July and December. The proposed FY19 Board meeting dates vary slightly from previous years as follows: 1. August meeting the 3rd Wednesday of the month (8/15) to coincide more closely with the start of the school year. Polling of Board members revealed that all Board members were agreeable to this change. 2. Proposed meeting in December (12/12) instead of January. This will eliminate the need for Board members, Board staff, and leadership team members to engage in Board planning and preparation activities during the last half of December. Polling of Board members revealed that one Board member objected to this change.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: The Governance Committee voted to recommend that the Board approve the Proposed FY19 Master Calendar.	
	Summary and session objectives: To obtain approval of the Proposed FY19 Master Calendar.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve the proposed FY19 Master Calendar.	
	LIST OF ATTACHMENTS: 1. Proposed FY19 Master Calendar	

DRAFT FY19 ECHD and ECH Board & Committee Master Calendar

*The Finance Committee will have its own separate meeting following the Joint Meetings on 1/28/2019 (with IC) and 5/27/2019 (with ECHB).

*Federal Holiday

*School Dates

JULY 2018

S	M	T	W	T	F	S
1	2	3	4 July 4th	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30 FC	31	1	2	3	4

AUGUST 2018

S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6 QC	7 GC	8	9	10	11
12	13 IC	14	15 ECHB	16	17	18
19	20	21	22 CC	23	24	25
26	27	28	29	30	31	1

SEPTEMBER 2018

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3 Labor Day	4	5 QC	6	7	8
9	10	11	12 ECHB	13	14	15
16	17	18	19	20 ECC	21	22
23	24 FC	25	26	27 CC	28	29
30	1	2	3	4	5	6

OCTOBER 2018

S	M	T	W	T	F	S
30	1 QC	2 GC	3	4	5	6
7	8	9	10 ECHB	11	12	13
14	15	16 ECHD	17	18	19	20
21	22	23	24 Education	25	26	27
28	29	30	31	1	2	3

NOVEMBER 2018

S	M	T	W	T	F	S
28	29	30	31	1	2	3
4	5 QC	6	7	8 ECC	9	10
11	12 IC	13	14 ECHB	15 CC	16	17
18	19	20	21	22 Thanksgiving	23	24
25	26 FC	27	28	29	30	1

DECEMBER 2018

S	M	T	W	T	F	S
25	26	27	28	29	30	1
2	3 QC	4	5 ECHD	6	7	8
9	10	11	12 ECHB	13	14	15
16	17	18	19	20	21	22
23	24 Xmas Eve	25 Xmas Day	26	27	28	29
30	31	1	2	3	4	5

JANUARY 2019

S	M	T	W	T	F	S
30	31	1 New Year's	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 MLK Day	22 ECHD	23	24	25	26
27	28 FC* | IC	29	30	31 CC	1	2

FEBRUARY 2019

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4 QC	5 GC	6	7	8	9
10	11 IC	12	13 ECHB	14	15	16
17 ski wk	18 President's	19	20	21	22	23
24	25	26	27 Retreat	28	1	2

MARCH 2019

S	M	T	W	T	F	S
24	25	26	27	28	1	2
3	4 QC	5	6	7	8	9
10	11	12	13 ECHB	14	15	16
17	18	19 ECHD	20	21 CC	22	23
24	25 FC	26	27	28 ECC	29	30
31	1	2	3	4	5	6

APRIL 2019

S	M	T	W	T	F	S
31	1 QC	2 GC	3	4	5	6
7	8	9	10 ECHB	11	12	13
14 spr bk	15	16	17	18	19	20
21	22 FC	23	24 Education	25	26	27
28	29	30	1	2	3	4

MAY 2019

S	M	T	W	T	F	S
28	29	30	1	2	3	4
5	6 QC	7	8 ECHB	9	10	11
12	13 IC	14	15	16 CC	17	18
19	20	21 ECHD	22	23 ECC	24	25
26	27 Memorial	28 ECHB | FC*	29	30	31	1

JUNE 2019

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3 QC	4 GC	5	6	7	8
9	10	11	12 ECHB	13	14	15
16	17	18 ECHD	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

District Board | ECHD	Hospital Board | ECHB	Compliance | CC	Executive Comp | ECC	Finance | FC	Governance | GC	Investment | IC	Quality | QC	Educational Sessions	Board Retreat
4x per year 3rd Tuesday + after election	10x per year 2nd Wednesday (traditional)	6x per year 3rd Thursday	4x per year Thursdays	6x per year 4th or Last Monday	5x per year 1st Tuesday	4x per year 2nd Monday	10x per year 1st Monday	2x per year 4th Wednesday	1x per year

ECH BOARD COMMITTEE MEETING AGENDA ITEM COVER SHEET

	Item:	Proposed FY19 Advisory Committee Goals El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Cindy Murphy, Director of Governance Services
	Action requested:	Possible Motion
	Background: Every year, each of the Advisory Committees develops goals for the upcoming fiscal year. All of the committees have done so for FY19; their recommended goals are attached.	
	Board Committees that reviewed the issue and recommendation, if any: The Governance Committee reviewed the Proposed FY19 Advisory Committee Goals and voted to recommend approval.	
	Summary and Session Objectives: To obtain Board's approval of the proposed FY19 Compliance, Executive Compensation, Finance, Governance, Investment, and Quality Committees' goals.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve the Proposed FY19 Compliance, Executive Compensation, Finance, Governance, Investment, and Quality Committees' goals.	
	LIST OF ATTACHMENTS: 1. Proposed FY19 Corporate Compliance/Privacy and Internal Audit Committee Goals 2. Proposed FY19 Executive Compensation Committee Goals 3. Proposed FY19 Finance Committee Goals 4. Proposed FY19 Governance Committee Goals 5. Proposed FY19 Investment Committee Goals 6. Proposed FY19 Quality, Patient Care, and Patient Experience Committee Goals	

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

DRAFT PROPOSED

FY19 COMMITTEE GOALS
Compliance and Audit Committee

PURPOSE

The purpose of the Compliance and Audit Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: Diane Wigglesworth, Sr. Director, Corporate Compliance (Executive Sponsor)

The Sr. Director, Corporate Compliance 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 or outside consultants may participate in the meetings upon the recommendation of the Executive Sponsor and at the discretion of the Committee Chair.

GOALS	TIMELINE	METRICS
1. Review the Hospital's Compliance Program internal assessment compared to DOJ 2017 Compliance Program guidance on the evaluation of Compliance Programs	Q2 FY19	Committee recommends changes in Compliance Program to Compliance Officer
2. Ensure strategic alignment and proper oversight of the Enterprise Risk Management (ERM) Program	Q3 FY19	Committee reviews and provides guidance to the Board on the ERM Program, including developing a risk escalation process and ensuring regular reporting to the Board on ERM
3. Review results of IT metrics tracked during the fiscal year to ensure metrics support appropriate oversight	Q4 FY19	Committee reviews and provides recommendations to the CIO
4. Review ECH's IT Security Program, specifically as it relates to medical device security	Q4 FY19	Committee reviews controls related to medical device security (including any applicable procedure updates)

SUBMITTED BY:

Chair: Sharon Anolik Shakked
Executive Sponsor: Diane Wigglesworth

DRAFT for review

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

DRAFT PROPOSED

FY19 COMMITTEE GOALS
Executive Compensation Committee

PURPOSE

The purpose of the Executive Compensation Committee (the "Committee") is to assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its responsibilities related to the Hospital's executive compensation philosophy and policies. The Committee will advise the Board to meet all legal and regulatory requirements as it relates to executive compensation.

STAFF: Kathryn Fisk, Chief Human Resources Officer (Executive Sponsor); Julie Johnston, Director, Total Rewards; Cindy Murphy; Director of Governance Services

The CHRO 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. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may participate at the discretion of the Committee Chair. These individuals shall be recused when the Committee is reviewing their individual compensation.

GOALS	TIMELINE	METRICS
1. Advise the Board ensuring strategic alignment and proper oversight of compensation-related decisions including performance incentive goal-setting and plan design	- Review FY18 Org Scores (Q1) - Review and approve (or recommend) FY18 Individual Scores and Payout amounts (Q1) - Receive status update on FY19 progress toward goals and overview of FY20 strategic priorities (Q3) - Receive FY20 market analysis report - Receive FY20 market analysis and review and approve (or recommend) CEO's base salary recommendations (Q4) - Review proposed FY20 org and individual goals (Q4)	- Committee (or Board) approves FY18 Executive Performance Incentive Scores and Payouts (October 2018) - Board approves FY18 Executive Performance Incentive Scores and Payouts (October 2018) - Board approves Letters of Reasonableness (January 2019) - Committee (or Board) approves FY20 Executive Base Salaries (May/June 2019) - Board approves FY20 CEO Base Salary (June 2019) - Committee (or Board) approves FY20 Individual Executive Incentive Goals (May/June 2019) - Board approves FY20 Org Goals (June 2019)
2. Support successful implementation of changes in Board's delegation of authority to the Committee	- Evaluate effectiveness of changes in process (Q4) - Discuss impact of the delegation change on the effectiveness of the Committee and Committee meetings (Q4)	- Report to the Board regarding effectiveness of changes and proposed changes or process improvements (June 2019)
3. Evaluate the effectiveness of the independent compensation consultant	- Survey Committee members and administrative staff on performance of current consultant and determine whether or not to conduct an RFP (Q1) - If conducting an RFP, complete selection process (Q2)	- Determine whether or not to conduct an RFP (September 2018) - Renewal of Consulting Agreement or selection of another firm (no later than December 31, 2018) - If new firm selected, select by December 31, 2018 and complete contracting by February 10, 2019

SUBMITTED BY:

Chair: Bob Miller
Executive Sponsor: Kathryn Fisk

Draft for review

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

DRAFT PROPOSED

FY19 COMMITTEE GOALS
Finance Committee

PURPOSE

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

STAFF: Iftikhar Hussain, Chief Financial Officer (Executive Sponsor)

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

GOALS	TIMELINE	METRICS
1. Review major capital projects	Each regular meeting	Update on major capital projects in progress
2. Review two education topics: 1) Medicare Loss and 2) Inpatient and Outpatient Margins	Q1	Presentation at the July meeting
3. Post-Implementation review	Q2	Review results of major investments after their first year of implementation
4. Review the top three (3) service lines: 1) Heart & Vascular Institute (HVI), 2) Oncology, and 3) Behavioral Health Services (BHS)	- HVI (Q1) - Oncology (Q2) - BHS (Q3)	Presentations in September, November, and January

SUBMITTED BY:

Chair: John Zoglin
Executive Sponsor: Iftikhar Hussain

Draft for review

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

DRAFT PROPOSED

FY19 COMMITTEE GOALS
Governance Committee

PURPOSE

The purpose of the Governance Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in matters related to governance, board development, board effectiveness, and board composition, *i.e.*, the nomination and appointment/reappointment process. The Governance Committee ensures the Board and Committees are function at the highest level of governance standards.

STAFF: Dan Woods, Chief Executive Officer (Executive Sponsor); Cindy Murphy; Director of Governance Services

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

GOALS	TIMELINE	METRICS
1. Review the governance structure of the Hospital Board, conduct research, and make recommendations on preferred competencies	Q1 FY19 Q4 FY19 Q4 FY19	- Recommendation for high-priority Hospital Board member competencies made to Hospital and District Board - Chair nominates Governance Committee member to serve on District Board Ad Hoc Committee and participate in the Non-District Board Member recruitment/interview process as requested by the District Board - Assess implementation of changes to ECH Board Structure and make recommendations
2. Promote, enhance, and sustain competency-based, efficient, effective governance	Q2-Q3 FY19 Q3-Q4 FY19 Quarterly	- FY19 Self-Assessment Tool recommended to the Board (Q2) and survey completed (Q3) - Reports are completed and made available to the Board and the District Board (Q3-Q4) - Monitor progress toward achievement of FY19 Board Goals
3. Develop Board and Committee Education Plan for FY19	Q1 FY19 Q2 FY19	- Develop and recommend FY19 Board and Committee Education Plan - Recommend FY19 Annual Retreat Agenda to the Board

SUBMITTED BY:

Chair: Peter C. Fung, MD
Executive Sponsor: Dan Woods

Draft for review

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

DRAFT PROPOSED

FY19 COMMITTEE GOALS
Investment Committee

PURPOSE

The purpose of the Investment Committee (the "Committee") is develop and recommend to the El Camino Hospital (ECH) Hospital Board of Directors ("Board") the investment policies governing the Hospital's assets, maintain current knowledge of the management and investment funds of the Hospital, and provide oversight of the allocation of the investment assets.

STAFF: Iftikhar Hussain, Chief Financial Officer (Executive Sponsor)

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

GOALS	TIMELINE	METRICS
1. Review performance of consultant recommendations of managers and asset allocations	Each quarter – ongoing	Committee to review selection of money managers and make recommendations to the CFO
2. Educate the Board and Committee: investment strategy in volatile markets	Q1 FY19	Completed by the end of Q1
3. Asset Allocation, Investment Policy review, and ERM framework	Q3 FY19	Completed by February 2019

SUBMITTED BY:

Chair: Jeffrey Davis, MD
Executive Sponsor: Iftikhar Hussain

Draft for review

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

DRAFT PROPOSED

FY19 COMMITTEE GOALS

Quality, Patient Care and Patient Experience Committee

PURPOSE

The purpose of the Quality, Patient Care and Patient Experience Committee (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, to ensure delivery of effective, evidence-based care for all patients, and to oversee quality outcomes of all services of ECH. The Committee helps to assure that exceptional patient care and patient experiences are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods, and assuring appropriate resource allocation to achieve this purpose.

STAFF: Mark Adams, Interim Chief Medical Officer (Executive Sponsor)

The CMO 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 clinical representatives and 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. These may include: the Chiefs/Vice Chiefs of the Medical Staff, physicians, nurses, and members from the community advisory councils, or the community at-large.

GOALS	TIMELINE	METRICS
1. Review the Hospital's organizational goals and scorecard and ensure that those metrics and goals are consistent with the strategic plan and set at an appropriate level as they apply to quality	- FY18 Achievement and Metrics for FY19 (Q1 FY19) - FY20 Goals (Q3 – Q4)	Review management proposals; provide feedback and make recommendations to the Board
2. Alternatively (every other year) review peer review process and medical staff credentialing process; monitor and follow through on the recommendations	Q2	- Receive update on implementation of peer review process changes (FY20) - Review Medical Staff credentialing process (FY19)
3. Review Quality, Patient Care and Patient Experience reports and dashboards	- FY19 Quality Dashboard (Q1-Q2 proposal; monthly for review and discussion, if needed) - CDI Core Measures, PSI-90, Readmissions, Patient Experience (HCAHPS), ED Patient Satisfaction (x2 per year) - Leapfrog survey results and VBP calculation reports (annually)	Review reports per timeline
4. Oversee execution of the Patient and Family-Centered Care plan and LEAN management activities and cultural transformation work	Quarterly	Review plan and progress; provide feedback to management
5. Monitor the impact of interventions to reduce mortality and readmissions	Quarterly	Review progress toward meeting quality organizational goals

SUBMITTED BY:

Chair: David Reeder
Executive Sponsor: Mark Adams, MD

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Proposed FY19 Committee Chair and Membership Slate El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Cindy Murphy, Director of Governance Services
	Action requested:	For Approval
	Background: Each year, the Board Chair proposes a slate of Committee Chairs and members. The proposed slate is based on the requests of the Board Members as well as the needs of the Board and the organization.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: The Governance Committee voted to recommend that the Board approve the Chair's proposed slate.	
	Summary and session objectives: To obtain approval of the Proposed FY19 Committee Chair and Membership Slate.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve Proposed FY19 Committee Chair and Membership Slate.	
	LIST OF ATTACHMENTS: 1. Proposed FY19 Committee Chair and Membership Slate	

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

PROPOSED

FY19 El Camino Hospital Board of Directors
Advisory Committee & Liaison Appointments

COMPLIANCE AND AUDIT COMMITTEE		
	Sharon Anolik Shakked	Chair
BOARD MEMBERS	Neysa Fligor	Vice Chair
	Julia Miller	Member
	Robert Rebitzer	Member
COMMUNITY MEMBERS	Lica Hartman	Member
	Christine Sublett	Member

GOVERNANCE COMMITTEE		
	Peter Fung, MD	Chair
BOARD MEMBERS	Gary Kalbach	Vice Chair
	Julia Miller	Member
	Robert Rebitzer	Member
COMMUNITY MEMBERS	Christina Lai	Member
	Peter Moran	Member

EXECUTIVE COMPENSATION COMMITTEE		
	Bob Miller	Chair
BOARD MEMBERS	Neysa Fligor	Member
	Julie Kliger	Member
	John Zoglin	Member
COMMUNITY MEMBERS	Teri Eyre	Member
	Jaison Layney	Member
	Pat Wadors	Member

INVESTMENT COMMITTEE		
	Jeffrey Davis, MD	Chair
BOARD MEMBERS	Gary Kalbach	Member
COMMUNITY MEMBERS	Nicola Boone	Member
	John Conover	Member
	Brooks Nelson	Member

FINANCE COMMITTEE		
	John Zoglin	Chair
BOARD MEMBERS	Gary Kalbach	Member
	David Reeder	Member
COMMUNITY MEMBERS	Joseph Chow	Member
	Boyd Faust	Member
	William Hobbs	Member
	Richard Juelis	Member

QUALITY COMMITTEE		
	David Reeder	Chair
BOARD MEMBERS	Jeffrey Davis, MD	Member
	Peter Fung, MD	Member
	Julie Kliger	Member
COMMUNITY MEMBERS	Katherine Anderson	Member
	Ina Bauman, RN	Member
	Mikele Bunce	Member
	Nancy Carragee, RN	Member
	Wendy Ron	Member
	Melora Simon	Member

LIASONS	
ECH FOUNDATION BOARD	Gary Kalbach
COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC)	John Zoglin

*Board Members
*Community Members

Draft for review (06.04.2018)

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Proposed Revisions to Advisory Committee Charters El Camino Hospital Board June 13, 2018
	Responsible party:	Cindy Murphy, Director of Governance Services
	Action requested:	For Approval
	Background: Per the Governance Committee Charter, every other year the Board Advisory Committees are asked to review their Charters. This year, three of the Committees are recommending changes to their Charters. <u>Corporate Compliance/ Privacy and Internal Audit Committee:</u> At its March 15, 2018 and May 17, 2018 meetings, the Committee requested certain changes that are incorporated in the attached draft for review. These changes include the following: 1. Reflect all areas of the Committee's oversight [corporate compliance, internal and external audit, enterprise risk management, Privacy and IT security (including physical security, access control)]. 2. Update the name of the Committee to the "Compliance and Audit Committee." 3. Incorporate more detail regarding IT Security and privacy oversight. 4. There are also a few grammatical and semantic changes. <u>Executive Compensation Committee:</u> At its April 18, 2018 meeting, the El Camino Hospital Board of Directors approved Resolution 2018-05 (attached) delegating authority to the Executive Compensation Committee to make certain decisions related to executive compensation. The Executive Compensation Committee is recommending the attached revisions to its Charter to comport with the delegation of authority as well as the following minor "clean–up" changes. 1. Remove language regarding alternate committee member as that provision is no longer in use. 2. Add clarifying language regarding recusal of members of the executive during discussion of their individual compensation. 3. Clarify that the Committee has a role in make recommendations to the Board in regards to executive development. <u>Governance Committee:</u> At its last meeting, the Governance Committee voted to recommend that its Charter be amended to allow the Governance Committee to "adopt" rather than "recommend" the Board orientation plan.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: The Governance, Executive Compensation and Compliance Committees voted to recommend	

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	that the Board approve the changes as reflected in the attached drafts.
	Summary and session objectives: For the Governance Committee to review the proposed changes to the three Advisory Committee Charters and make a recommendation to the Board.
	Suggested discussion questions: N/A
	Proposed Committee motion, if any: To approve the proposed revised (1) Compliance Committee Charter, (2) Executive Compensation Committee Charter, and (3) Governance Committee Charter
	LIST OF ATTACHMENTS: 1. Proposed Revised Compliance Committee Charter 2. Proposed Revised Executive Compensation Committee Charter 3. Proposed Revised Governance Committee Charter

DRAFT FOR REVIEW

~~Corporate~~ Compliance~~/Privacy~~ and ~~Internal~~ Audit Committee Charter

Purpose

The purpose of the ~~Corporate~~ Compliance~~/Privacy~~ and Audit Committee ~~("Compliance and Audit~~ (the "Committee") is to advise and assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its exercise of oversight of Corporate Compliance, Privacy, Internal and External Audit, Enterprise Risk Management, and Information Technology (IT) Security. The Committee will accomplish this by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The ~~Compliance and Audit~~ Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

Authority

All governing authority for ECH resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee's authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on compliance, privacy, IT security, including physical security (safeguards and access control), enterprise risk management, or audit related issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Voting members of the Committee shall include the directors assigned to the Committee and external (non-director) members appointed to the Committee.

Membership

- The ~~Compliance and Audit~~ Committee shall be comprised of two (2) or more Hospital Board members. The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.
- The Committee may also include two to four (2-4) external (non-Hospital Board member) members with expertise in compliance, privacy, enterprise risk, IT security, audit, and/or financial management expertise.
- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30th each year, renewable annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice~~-~~ Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board Director, the Vice Chair of the Committee shall be a Hospital Board Director.

Conflict of Interest

Members of the Committee shall be independent (as defined in Appendix) as to conflicts of interest with El Camino Hospital pursuant to the Conflict of Interest Policy. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board (*see* appendix).

Any member of a Board or Board committee who has a conflict of interest with respect to a proposed contract, transaction, relationship, arrangement, or activity shall refrain from the deliberations and vote on any matter related to the contract, transaction, or arrangement. Such member, however, may be present to answer questions and provide information needed by the Board or Board Committee for its deliberations. The Board Chair may appoint one or more qualified individuals to take the place of any affected member of a Board or Board Committee with regard to the matter or interest being considered. Any such reconstituted Committee shall be considered to have all rights, authority, and obligations of the ~~Corporate Compliance/Privacy and Audit~~ Committee.

Staff Support and Participation

The Sr. Director of Corporate Compliance~~/Privacy Officer~~ ("Corporate Compliance Officer") shall serve as the primary staff support to 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 Committee meetings upon the recommendation of the Corporate Compliance Officer and subsequent approval from both the CEO and Committee Chair.

General Responsibilities

The Committee's primary role is to provide oversight and to advise the management team and the Board on matters pertaining to this Committee. With input from the Committee, the management team shall develop dashboard metrics that will be used to measure and track corporate compliance, privacy, audit, IT Security, and enterprise risk management for the Committee's review and subsequent approval by the Board. It is the management team's responsibility to develop and provide the Committee with reports, plans, assessments, and other pertinent materials to inform, educate, and update the Committee, thereby allowing Committee members to engage in meaningful, data-driven discussions. Upon careful review and discussion and with input from management, the Committee shall then make recommendations to the Board. The Committee is responsible for monitoring that performance metrics are being met to the Board's expectations and requiring explanation of any deficiencies and reporting to the Board such deficiencies.

Specific Duties

The specific duties of the ~~Corporate Compliance/Privacy and Audit~~ Committee include the following:

A. Corporate Compliance~~/~~, Privacy, IT Security, and Enterprise Risk Management Functions

- Oversee the activities of the Corporate Compliance program and all subcommittees providing support relative to corporate compliance~~, HIPAA/Patient Privacy and IT Security~~.
- Oversee the activities of the Privacy program, including, but not limited to HIPAA/patient privacy, administrative, technical, and physical security safeguards.
- Oversee the IT security risk assessment process and review the mitigation plan to reduce vulnerabilities. Review at least annually the overall status of the IT security program.

- Oversee efforts to develop, implement, and maintain an effective IT security program and advice the Board on risk tolerance levels.
- Advise the organization on Enterprise Risk Management structure and provide oversight of Enterprise Risk reporting metrics and measurements to help monitor organizational risks.
- Advise the organization on corporate compliance implementation strategies. Review strategies for improving the corporate compliance program(s) and recommend for approval by the Board.
- Review with management the assessment of physician relationship risk as it relates to Stark laws, anti-kickback statutes, and other compliance rules and regulations.
- Encourage continuous improvement of policies and procedures for corporate accountability, integrity, and privacy. Review the organization's policy oversight guidelines and oversee the process being systematic and robust.

B. Internal Audit Functions

- Provide direction related to findings and recommendations of internal audits performed.
- Provide direction for issues relating to internal audit responses by management.
- Review the annual internal audit priorities for the organization.
- Serve as the ad hoc governance team regarding non-routine investigations or action taken by external agencies and authorities against ECH.
- Recommend policies and processes for approval by the Board relating to systems of internal controls for finance.
- Oversee the work of independent compliance, audit, and privacy staff.
- Provide escalation vehicle from any source to identify and address relevant issues.

C. External Audit Functions

- Make recommendations to the Board regarding the external financial audit firm selection, retention, and, when necessary, replacement.
- Review the expected fee for the audit and assure that the fee is fair to the organization and is compatible with a full, complete, and professional audit. Make recommendations to the Board.
- Review the scope and approach of the annual audit, including the identification of business and financial risks and exposures, with the external auditor.
- Meet with the auditor and management, as needed, to resolve issues regarding financial reporting, and make recommendations to the Board for discussion and action.
- Any services provided by the external auditors, outside the scope of the annual audit of financial statements must be presented to the Committee for pre-approval.
- ~~Ensure that~~Review the external ~~auditors have the opportunity to meet with the Board to present the annual audit report~~auditor reports and financial statements before presentation to the Board. Make recommendations to the Board.
- At the completion of the annual audit examination, review the following with management and the external auditors:
    - The organization's annual financial statements and related footnotes.

  - The external auditor's audit of the financial statements and the auditor's report thereon.
  - Judgments about the quality, not just the acceptability of accounting principles and the clarity of the financial disclosure practices used or proposed to be used, and particularly the degree of aggressiveness or conservatism of accounting principles and underlying estimates.
  - Any significant changes in scope required in the external auditor's plan.
  - Any serious difficulties or disputes with management encountered during the course of the audit.
- Conduct an executive session if necessary to allow the Committee to meet privately with the auditor.
- Review all significant financial communications to external parties (*e.g.*, public, press, lenders, creditors and regulators), ensuring they are prepared in accordance with generally accepted accounting principles and fairly represent the financial condition of ECH.
- Review and recommend for approval by the Board the audit firm's annual engagement proposal and review the independent auditor's performance.

Independence of the External Auditor

It is the Committee's responsibility to confirm the independence of the external auditor on an annual basis through a written statement. The statement shall confirm their independence and address services or relationships that may impact independence. The lead and concurring partner on the audit engagement team may not serve for more than five years unless special circumstances exist and with the approval of the Board. Members of the external audit team are prohibited from employment at ECH in a financial role within one year of leaving the external audit firm.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and work plan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of committees shall also be given to any and all alternate members, who shall have the right to attend all meetings of the Committee. Notice of any special meetings of the Committee requires a 24 hour notice.

Appendix

Definition of Independent Director – Compliance and ~~Internal~~ Audit Committee

1. An independent director is a more limited and narrow classification of director than otherwise required by law and is not meant to expand or limit the definition of interested director for purposes of the El Camino Hospital Conflict of Interest Policy or to expand or reduce the scope of any legal duty or otherwise applicable legal obligation of a director. The Board of Directors, by separate resolution, may determine to limit membership on particular committees to independent directors to avoid even the appearance of a conflict of interest.
2. A member of the Board of Directors of El Camino Hospital shall be deemed to be an independent director so long as such director (and any spouse, sibling, parent, son or daughter, son- or daughter-in-law or grandparent or descendant of the director):
    i. has not, within the preceding twelve (12) months, received payments from El Camino Hospital, a subsidiary or affiliate of El Camino Hospital in excess of Ten Thousand Dollars ($10,000), excluding reimbursement of expenses or other permitted payments to a director related to service as a director;
    ii. does not own an interest in an entity, or serve as a Board member or executive of an entity, that is a direct competitor of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital) for patients or services, located within ten (10) miles of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital). An entity is not a direct competitor if it provides competing services in the above area that do not exceed ten percent (10%) of such entity's revenues.
3. If a director is an owner of an entity, then the amount received from El Camino Hospital during any period shall be determined by multiplying the percentage ownership interest of the director in such entity by the total amount paid by El Camino Hospital to such entity during such period.
4. Each director appointed to the Compensation Committee and the Compliance and Internal Audit Committee shall be, at the time of appointment and while a member of such Committee, an independent director as defined above.
5. **Note**: Other laws may prohibit certain contracts or interests in their entirety and this definition is not intended to narrow or otherwise limit the application of any such law.

DRAFT FOR REVIEW

Executive Compensation Committee Charter

Purpose

The purpose of the Executive Compensation Committee ("~~Compensation~~ Committee") is to assist the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in its responsibilities related to the Hospital's executive compensation philosophy and policies. The ~~Compensation~~ Committee shall advise the Board to meet all applicable legal and regulatory requirements as it relates to executive compensation.

Authority

All governing authority for ECH resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee's authority. The Committee has the authority to select, engage and supervise a consultant to advise the Board and the Committee on executive compensation issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Membership

- The Executive Compensation Committee shall be comprised of two (2) or more Hospital Board members. The Committee may also include 2-4 external (non-director) members with knowledge of executive compensation practices, executive leadership and/or corporate human resource management. ~~The Hospital Board may designate up to two Hospital Board members to serve as alternate Committee members. Alternate Committee members shall serve as full members of the Committee when their attendance is permitted. If there are two alternates, meeting attendance will rotate with assignments made by the Committee Chair upon appointment or reappointment. If an alternate or Hospital Board member is unable to attend any Committee meeting, the unassigned alternate Committee member may attend any Committee meeting so long as the number of Hospital Board members in attendance is less than five.~~
- Executive c~~C~~ompensation consultants will~~may~~ be retained as appropriate and participate as directed.
- The Chair of the Committee shall be appointed by the Board Chair, subject to approval by the Board. All members of the Committee shall be eligible to serve as Chair of the Committee.
- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30th each year, renewable annually.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee. If the Chair of the Committee is not a Hospital Board member, the Vice-Chair must be a Hospital Board member.
- All members of the Committee must be independent directors with no conflict of interest regarding compensation or benefits for the executives whose compensation is reviewed and recommended by the Committee. Should there be a potential conflict, the determination regarding independence shall follow the criteria approved by the Board and as per the Independent Director Policy (*see* attached Appendix).

Staff Support and Participation

The Chief Human Resources Officer shall serve as the primary staff support to the Committee and is responsible for drafting the committee meeting agenda for the Committee Chair's consideration. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may attend meetings at the discretion of the Committee Chair. These individuals shall be recused when the Committee is reviewing their individual~~his/her~~ compensation.

General Responsibilities

The Committee is responsible for recommending to the full Board policies, processes and procedures related to executive compensation philosophy, operating performance against standards, executive development and succession planning.

Specific Duties

The El Camino Hospital Board has adopted Resolution 2018-05 delegating certain decision-making authority to the Executive Compensation Committee. Resolution 2018-05 controls in the case of any inconsistency between this Charter and the Resolution or attachments to the Resolution. The specific duties of the Executive Compensation Committee include the following:

A. Executive Compensation

- Develop a compensation philosophy that clearly explains the guiding principles on which executive pay decisions are based. Recommend the philosophy for approval by the Board.
- Develop executive compensation policies to be approved by the Board.
- Review and maintain an executive compensation and benefit program consistent with the executive compensation policies, which have been approved by the Board. Recommend any material changes in the program for approval by the Board.
- Review the CEO's salary range, performance incentive program, benefit plan~~s~~, and perquisites~~, and contractual terms~~. Recommend to the Board any salary change~~s~~ to base salary range and/or base salary as well as performance incentive payouts based on organizational performance ~~and/or any performance incentive payouts based on the Committee's evaluation of the CEO's performance~~.
- Review the CEO's recommendations regarding salary and performance incentive payouts for the upcoming year for the executives whose compensation is subject to review by the Committee based on the CEO's ~~and Committee's~~ evaluation of the executive~~s~~'~~s~~ individual performance. Approve r~~R~~ecommendations for ~~to the Board~~ any salary range or base salary changes and/or any performance incentive payouts within established guidelines based on the ~~Committee and~~ CEO's evaluation of the executive~~s~~'~~s~~ individual performance. Recommend to the Board any salary changes and/or performance incentive payments that are outside established guidelines.
- Periodically evaluate the executive compensation program, including the charter, policies, and philosophy on which it is based, to assess its effectiveness in meeting the Hospital's needs for recruiting, retaining, developing, and motivating qualified leaders to execute the Hospital's strategic and short term objectives..
- Periodically review the total value, cost and reasonableness of severance and benefits for executives.

- Annually review and present for Board acceptance the letter of rebuttable presumption of reasonableness.
- Review market analysesis and recommendation of the Committee's independent executive compensation consultant.
- Approve ~~Establish~~ salary ranges for each new executive and approve ~~recommend~~ placement in the range for ~~the CEO and~~ those executives eligible for the plan within established guidelines. Recommend a salary range to the Board and placement therein for the CEO and or actions for other executives that are outside established guidelines.

B. Performance Goals Setting and Assessment

- Review and provide input into the CEO's recommendations regarding annual organization goals and measures used in the Executive Performance Incentive Plan. Recommend organizational performance incentive goals and measurements for approval by the Board.
- Provide input into establishing the CEO's annual individual performance incentive goals and performance appraisal process to execute the Hospital's strategic plan. Recommend the CEO's individual annual goals and measures for approval by the Board.
- Provide input into establishing the executive team's annual performance incentive goals to execute the Hospital's strategic plan and approve~~. Recommend~~ the annual goals and measures ~~for approval by the Board~~.

C. Executive Succession and Development

- Review annually the CEO's own succession plan, including a leadership and professional development plan based on the previous year's ~~performance evaluation~~talent assessment.
- Review annually the CEO's succession plan for the executive team members, which shall include the process by which potential executives are identified and developed.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and workplan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board. In addition, the Committee shall provide counsel and advice to the Board as requested.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of advisory committees may also be called by resolution of the Board and the Committee Chair. Notice of any special meetings of the Committee requires a 24 hour notice.

Appendix

Definition of Independent Director – Compensation Committee

1. An independent director is a more limited and narrow classification of director than otherwise required by law and is not meant to expand or limit the definition of interested director for purposes of the El Camino Hospital Conflict of Interest Policy or to expand or reduce the scope of any legal duty or otherwise applicable legal obligation of a director. The Board of Directors, by separate resolution, may determine to limit membership on particular committees to independent directors to avoid even the appearance of a conflict of interest.
2. A member of the Board of Directors of El Camino Hospital shall be deemed to be an independent director so long as such director (and any spouse, sibling, parent, son or daughter, son- or daughter-in-law or grandparent or descendant of the director):
    i. has not, within the preceding twelve (12) months, received payments from El Camino Hospital, a subsidiary or affiliate of El Camino Hospital in excess of Ten Thousand Dollars ($10,000), excluding reimbursement of expenses or other permitted payments to a director related to service as a director;
    ii. does not own an interest in an entity, or serve as a Board member or executive of an entity, that is a direct competitor of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital) for patients or services, located within ten (10) miles of El Camino Hospital (or an entity controlling, controlled by or under common control with El Camino Hospital). An entity is not a direct competitor if it provides competing services in the above area that do not exceed ten percent (10%) of such entity's revenues.
3. If a director is an owner of an entity, then the amount received from El Camino Hospital during any period shall be determined by multiplying the percentage ownership interest of the director in such entity by the total amount paid by El Camino Hospital to such entity during such period.
4. Each director appointed to the Compensation Committee and the Compliance and Internal Audit Committee shall be, at the time of appointment and while a member of such Committee, an independent director as defined above.
5. **Note**: Other laws may prohibit certain contracts or interests in their entirety and this definition is not intended to narrow or otherwise limit the application of any such law.

DRAFT FOR REVIEW

Governance Committee Charter

Purpose

The purpose of the Governance Committee ("Committee") is to advise the El Camino Hospital (ECH) Hospital Board of Directors ("Board") in matters related to governance, board development, board effectiveness, and board composition, *i.e.*, the nomination and appointment/reappointment process and succession planning for the Board. The Governance Committee ensures the Board and its Advisory committees are functioning at the highest level of governance standards.

Authority

All governing authority for ECH resides with the Hospital Board except that which may be lawfully delegated to a specific Board committee. The Committee will report to the full Board at the next scheduled meeting any action or recommendation taken within the Committee's authority. The Committee has the authority to select, recommend engagement, and supervise any consultant hired by the Board to advise the Board or Committee on governance-related issues. In addition, the Committee, by resolution, may adopt a temporary advisory committee (ad hoc) of less than a quorum of the members of the Committee. The resolution shall state the total number of members, the number of board members to be appointed, and the specific task or assignment to be considered by the advisory committee.

Membership

- The Governance Committee shall be comprised of two (2) or more Hospital Board members. The Chair of the Committee shall be a Hospital Board director who shall be appointed by the Board Chair, subject to approval by the Board. .
- The Governance Committee may also include 2-4 external (non-Hospital Board member) members with expertise in governance, organizational leadership or as a hospital or health system executive.
- All Committee members shall be appointed by the Board Chair, subject to approval by the Board, for a term of one year expiring on June 30th each year, renewable annually.
- The Governance Committee shall review and make recommendations to the Board regarding the Board Chair's appointments of Advisory Committee Chairs and Advisory Committee members.
- It shall be within the discretion of the Chair of the Committee to appoint a Vice-Chair from among the members of the Committee.
- All members of the Governance Committee shall be independent.

Staff Support and Participation

The CEO shall attend meetings and serve as the primary staff support to 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 Committee meetings upon the recommendation of the CEO and at the discretion of the Committee Chair.

General Responsibilities

The Committee is responsible for recommending to the full board policies, processes and procedures related to board development, board effectiveness, board composition and other governance matters.

Specific Duties

The specific duties of the Governance Committee include the following:

A. **Board Composition, Development, and Effectiveness:** Ensure that the Board is committed to the discipline of doing the right things the right way.

Composition

- Define the necessary skill sets, diversity and other attributes required for Board members to support Hospital strategy, goals, community needs and current market conditions.
- Make recommendations to the Board regarding Board Composition.

Orientation, Education and Development

- ~~Recommend~~ Adopt the orientation program for newly-appointed members to the Hospital Board of Directors and newly-appointed Board Committee members.
- Recommend a policy, budget and annual plan for Hospital Board and Committee member education, training and development.

Board Evaluation

- Recommend an evaluation instrument and process to be used by the Hospital Board for evaluation of Board governance.
- Ensure there is a board performance evaluation completed on an annual basis, and as appropriate, evaluation of the individual directors, committees and their chairs, and the Board Chair.
- Ensure submission of Hospital Board's annual self-evaluation to the El Camino Healthcare District Board of Directors.

Board Efficiency

- Monitor and recommend improvements or changes to the on-going governance process and procedures of the Hospital Board in order to enhance overall efficiency of the Board and Advisory Committee Structure.
- Ensure the Board develops a master Board meeting calendar to establish a cadence of information flow and dialogue, such that the Board has sufficient time to review the minutes and recommendations of the committees. The cadence must accommodate a flow of approvals from Committee to the full Board.

B. Support of Board Advisory Committee Alignment with Organizational Strategy and Goals

Development of Process for Advisory Committee Review of Advisory Committee Goals and Charters

- Recommend process for the development of annual Board Advisory Committee goals which includes: 1) Linkage of committee goals to organizational goals and strategy, to the Board; and 2) the Board's review and approval.
- Ensure all Board Advisory committees conduct bi-annual review of Advisory committee charters and recommend any changes to the Board for approval.

Development of Board Advisory Committee Membership Succession Plan

- Ensure membership succession plan considers organizational strategy and goals.
- Develop process for Advisory committee use to identify a need for increase or change in membership to further alignment with organizational strategy and goals.

C. Articles of Incorporation, Bylaws, and Policies

- Provide for a review of the Articles of Incorporation and Bylaws at least once every three years.
- Monitor legal and regulatory issues affecting governance.
- Recommend updates to Hospital Board governance policies where necessary and as required by legal and regulatory agencies.

Committee Effectiveness

The Committee is responsible for establishing its annual goals, objectives and pacing plan in alignment with the Board and Hospital's strategic goals. The Committee shall be focused on continuous improvement with regard to its processes, procedures, materials, and meetings, and other functions to enhance its contribution to the full Board.

Meetings and Minutes

The Committee shall meet at least once per quarter. The Committee Chair shall determine the frequency of meetings based on the Committee's annual goals and work plan. Minutes shall be kept by the assigned staff and shall be delivered to all members of the Committee when the agenda for the subsequent meeting is delivered. The approved minutes shall be forwarded to the Board for information.

Meetings and actions of all Advisory committees of the Board shall be governed by, and held and taken in accordance with, the provisions of Article VI of the Bylaws, concerning meetings and actions of directors. Special meetings of Advisory committees may also be called by resolution of the Board and the Committee Chair. Notice of any special meetings of the Committee requires a 24 hour notice.

Minutes of the Open Session of the
Executive Compensation Committee
Thursday, March 22, 2018
El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040
Conference Room A (administration)

Members Present	Members Absent
Teri Eyre	**Pat Wadors**
Neysa Fligor	**Jaison Layney**
Julie Kliger	
Bob Miller, Chair	
Julia Miller	

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	The open session meeting of the Executive Compensation Committee of El Camino Hospital (the "Committee") was called to order at 3:59pm by Chair Bob Miller. A silent roll call was taken. Ms. Pat Wadors and Mr. Jaison Layney were absent. All other Committee members were present.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair B. Miller asked if any Committee members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	Chair B. Miller asked if any member of the Committee or the public wished to remove an item from the consent calendar. Cindy Murphy, Director of Governance Services, requested that Agenda Item 4b: Proposed FY19 Committee Meeting Dates be pulled for discussion. **Motion:** To approve the consent calendar: Minutes of the Open Session of the Executive Compensation Committee Meeting (January 31, 2108), and for information: Progress Against FY18 Committee Goals and Article of Interest. **Movant:** J. Miller **Second:** Kliger **Ayes:** Eyre, Fligor, Kliger, B. Miller, J. Miller **Noes:** None **Abstentions:** None **Absent:** Layney, Wadors **Recused:** None Ms. Murphy discussed the proposed pacing for Hospital Board meetings in FY19 and potential conflicts with the proposed Committee dates. The Committee discussed their availability and noted that there were no conflicts with September 20, 2018. Chair B. Miller noted that he will reach out to the community members of the Committee regarding their continued interest in serving on the Committee for the next fiscal year. **Motion**: To approve the consent calendar: Proposed FY19 Committee Meeting Dates, amended to reflect a September 20, 2018 meeting. **Movant:** Fligor **Second:** Kliger **Ayes:** Eyre, Fligor, Kliger, B. Miller, J. Miller **Noes:** None **Abstentions:** None **Absent:** Layney, Wadors	***Consent calendar approved***

	Recused: None Chair B. Miller outlined the Committee's progress against its FY18 Committee goals.	
5. REPORT ON BOARD ACTIONS	Chair B. Miller reported that the Board approved all of the Committee's recommendations, noting that there were some Board members who were concerned about target executive compensation above the 50th percentile (up to the 75th percentile). Chair B. Miller also discussed the Board's consideration of and concerns about delegation of authority and the prevalence of the topic in other Committees' Self Assessments. He explained that the next step is for the Committee to determine the procedures for that delegated authority. Ms. Fligor further described the Board concerns about movement above target compensation, even for extraordinary performance. Cindy Murphy, Director of Governance Services, referred to the recent Board actions as further detailed in the packet, highlighting the new hires of Bruce Harrison as President, SVMD and Deb Muro as permanent CIO. Dan Woods, CEO, described Mr. Harrison's prior experience in building physician programs. Chair B. Miller welcomed Ms. Kliger to the Committee.	
6. PROGRESS AGAINST FY18 ORGANIZATIONAL GOALS	Dan Woods, CEO, provided an overview of the progress against the FY18 Organizational Goals. Mr. Woods noted that in subsequent presentations, the quality goals will be listed first, and that the organization is on track to meet all goals by the end of the fiscal year. He described the measures and performance for each goal as further detailed in the packet. Chair B. Miller suggested that staff include concrete numbers for the external benchmarks referenced in the chart. In response to Ms. J. Miller's question regarding occupancy rates, Mr. Woods described management's review of productivity and daily data reports. Stephen Pollack from Mercer noted that the occupancy rate by itself is a difficult data point to evaluate management, as there are many other variables that control it and it should not be incentivized. In response to Ms. Kliger's question, staff described the timing and process of setting the organizational goals for FY19, which includes review and feedback from the Finance, Quality, and Executive Compensation Committees. Chair B. Miller noted that this Committee reviews the structure of the goals.	
7. ADJOURN TO CLOSED SESSION	**Motion:** To adjourn to closed session at 4:28pm. **Movant:** Kliger **Second:** Eyre **Ayes:** Eyre, Fligor, Kliger, B. Miller, J. Miller **Noes:** None **Abstentions:** None **Absent:** Layney, Wadors **Recused:** None	***Adjourned to closed session at 4:28pm***
8. AGENDA ITEM 13: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 5:33pm. Agenda items 8-12 were addressed in closed session. During the closed session, the Committee approved the Minutes of the	

	Closed Session of the Executive Compensation Committee Meeting of January 31, 2018 by a unanimous vote in favor of all members present (Eyre, Fligor, Kliger, B. Miller, and J. Miller). Ms. Wadors and Mr. Layney were absent.	
9. AGENDA ITEM 14: DELEGATION OF AUTHORITY	**Motion**: To recommend that the Board approve Draft Resolution 2018-__ including (a) delegation of authority to approve adjustments to annual salary ranges for all executives excluding the CEO, (b) a statement that the ECC is subject to the Brown Act and will report decisions made within its delegated authority to the Board, and (c) amending the ECC Charter and Policies 3.01, 3.02, 3.03, and 3.04 to comport with the delegation of authority and to recommend that the Board approve the Draft Procedures to be Followed by the El Camino Hospital Compensation Committee When Approving Compensation Pursuant to a Delegation of Authority Under California Nonprofit Corporation Law §5210. **Movant:** Fligor **Second:** J. Miller **Ayes:** Eyre, Fligor, Kliger, B. Miller, J. Miller **Noes:** None **Abstentions:** None **Absent:** Layney, Wadors **Recused:** None	
10. AGENDA ITEM 15: BIENNIAL REVIEW OF COMMITTEE CHARTER	At the suggestion of staff, the Committee deferred this topic until its May meeting to review a revised charter with the changes related to the Delegation of Authority as discussed in Agenda Item 14.	
11. AGENA ITEM 16: BIENNIAL COMMITTEE SELF-ASSESSMENT RESULTS REVIEW	The Committee discussed various ratings on the self-assessment including: - Policies and philosophies have been clarified with recent recommendations to the Board; - Lacking clear understanding of CEO priorities and Board goals; Ms. Murphy explained that the purpose of the April 25 Educational Session is to address how Committees can better support organizational strategy. She also noted that staff will continue to bring that kind of Board-related information back to the Committee; - There has been progress regarding the Board's receptivity to Committee's recommendations. The Committee suggested that the item related to "evaluating the CEO's performance and development plan" be removed in subsequent surveys, as it was not applicable to this Committee. Chair B. Miller thanked the Committee for the healthy dynamic and thorough discussions. Ms. Eyre commended Chair B. Miller for his leadership as Committee Chair.	
12. AGENDA ITEM 17: FY19 COMMITTEE GOALS	Chair B. Miller noted that the goals may need to be revised if the Board approves delegating authority to the Committee. Ms. Fligor suggested replacing the first goal (related to scores/goals/payouts) with a goal related to succession planning and development for the C Suite: the Committee will ensure that there are complete talent profiles – there are interim successors for each position (not identified for the Committee, but the work has been done) , relevant competencies are included and there are plans developed to address any yellow and/or red areas. Ms. Eyre also requested that the talent profiles include scenario planning for the future of ECH. The Committee agreed that a follow up review of the talent planning	***FY19 goal discussion to be paced for the Committee's May meeting***

	process would be appropriate in Q3 or Q4. Julie Johnston, Director, Total Rewards, suggested combining goals 1 and 3 as further detailed in the packet. The Committee and staff discussed the fourth goal related to evaluation of the independent compensation consultant, including process and timing. The Committee requested that revised goals, including one related to Succession Planning be brought back to the Committee's May meeting.	
13. AGENDA ITEM 18: FY18 COMMITTEE PACING PLAN	There were no questions or comments from the Committee on the pacing plan.	
14. AGENDA ITEM 19: CLOSING COMMENTS	Chair B. Miller thanked the Committee and staff for a productive meeting.	
15. AGENDA ITEM 20: ADJOURNMENT	**Motion**: To adjourn at 6:10pm. **Movant:** J. Miller **Second:** Kliger **Ayes:** Eyre, Fligor, Kliger, B. Miller, J. Miller **Noes:** None **Abstentions:** None **Absent:** Layney, Wadors **Recused:** None	***Meeting adjourned at 6:10pm***

Attest as to the approval of the foregoing minutes by the Executive Compensation Committee and the Board of Directors of El Camino Hospital.

_____ _____

Bob Miller
Chair, Executive Compensation Committee

Julia E. Miller
Secretary, ECH Board of Directors

Prepared by: Sarah Rosenberg, Contracts & Board Services Coordinator

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Draft Revised Executive Compensation Policies 3.01, 3.02 and 3.04 El Camino Hospital Board of Directors May 24, 2018
	Responsible party:	Bob Miller, Executive Compensation Committee Chair
	Action requested:	Possible Motion
	Background: At its April 18, 2018 meeting, the El Camino Hospital Board of Directors approved Resolution 2018-05 delegating authority to the Executive Compensation Committee ("ECC") to make certain decisions related to executive compensation. At the ECC's May 24th meeting we considered the attached revisions to three of the Executive Compensation Policies and the Committee's Charter to comport with the delegation of authority.	
	Board Advisory Committees that reviewed the issue and recommendation, if any: The ECC voted to recommend that the board approve the proposed revisions.	
	Summary and session objectives: To obtain Board approval of the Draft Revised Policies 3.01, 3.02 and 3.04.	
	Suggested discussion questions: None. This is a consent item.	
	Proposed Board motion, if any: To approve Draft Revised Policies 3.01, 3.02, 3.04.	
	LIST OF ATTACHMENTS: 1. Draft Revised Policy 3.01 Executive Compensation Philosophy 2. Draft Revised Policy 3.02 Executive Base Salary Administration 3. Draft Revised Policy 3.04 Executive Performance Incentive Plan	

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

EL CAMINO HOSPITAL
BOARD OF DIRECTORS POLICIES AND PROCEDURES
Draft Revised for Board Review on 6/13/18

03.01 EXECUTIVE COMPENSATION PHILOSOPHY

A. Coverage:

The Chief Executive Officer ("CEO") of El Camino Hospital ("the Hospital") and those executives reporting directly to the CEO and approved participants. Participation in the plan is subject to approval by the Hospital Board of Directors (see Attachment A).

B. Reviewed/Revised:

New: 2/08, 6/09, 12/08/10; 8/10/11, 2/13/13, 6/11/14, 10/12/16, 1/10/18, 2/14/18, 5/24/18 (ECC), 6/13/18 (BOD)

C. Policy Summary:

The compensation philosophy is the official statement of El Camino Hospital's Board of Directors regarding the guiding principles and objectives upon which executive compensation decisions are based, and the general parameters and components for accomplishing these objectives.

The executive compensation program encompasses both cash compensation (salary, incentive pay, and other cash compensation) and non-cash compensation (employer provided benefit plans and perquisites) which in whole, represent total remuneration~~compensation~~. The program is governed by the Board of Directors and the Executive Compensation Committee which advises the Board to meet all applicable legal and regulatory requirements as ~~it~~ related~~d~~ to executive compensation and their effectiveness in attracting, retaining, and motivating executives. The Board has delegated authority to make certain decisions related to executive compensation to the Executive Compensation Committee pursuant to Resolution 2018-05.

The target competitive positioning for executive remuneration is:

- Base Salary – Executive base salaries are targeted on average at the 50th percentile of market data
- Total Cash Compensation - Base Salary plus actual performance incentive payouts targeted on average at the 50th percentile and payments up to the 75th percentile of market data, dependent upon individual and organizational performance

- Total Remuneration - Total Cash plus the value of benefits targeted on average between the 50th and 75th percentile of market data, dependent upon individual and organizational performance

D. Executive Compensation Philosophy:

The philosophy describes the guiding principles and objectives of the executive compensation program. Executive compensation decisions will be made using the following guiding principles and objectives:

1. Support the Hospital's ability to attract, retain, and motivate a highly-talented executive team with the ability and dedication to manage the Hospital accordingly.

2. Support the Hospital's mission and vision and achievement of strategic goals.

3. Encompass a total compensation perspective in developing and administering cash compensation and benefit programs.

4. Considers the Hospital's financial performance and ability to pay which shall be balanced with the Hospital's ability to attract, retain and motivate executives.

5. Govern the executive compensation programs to comply with state and federal laws.

E. Components:

The three key components of the executive compensation program are base salary, performance incentive compensation, and benefits.

1. Base Salary. Each executive position will be assigned a salary range that is competitive with comparable hospitals and accounts for the higher ~~cost of labor~~salaries paid in Silicon Valley.

2. Performance Incentive Compensation. Each executive will be eligible for a goal-based performance incentive compensation program. An executive's performance incentive payout will be based on their performance against pre-defined organizational and individual goals and objectives aligned with the Hospital's mission, vision, and strategic goals.

3. Executive Benefits and Perquisites. The Hospital may provide executives with supplemental benefits as described in the executive benefits policy. It is the Hospital's practice to minimize the use of perquisites in total executive compensation.

F. Roles and Responsibilities:

The Executive Compensation Committee shall recommend and maintain written policies and procedures regarding the administration of each component of total remuneration. The Hospital Board of Directors will approve all policy changes.

G. Definitions

Comparable Hospital – To measure the competitiveness of the executive compensation program, the Hospital will use, in general, compensation information from tax-exempt independent hospitals from across the United States comparable in size and complexity to the Hospital. The hospitals will be comparable in size and complexity based upon net operating revenues.

Competitive Position – A determination of where the Hospital places executive salaries, incentives, and benefits relative to comparable hospitals nationally. El Camino Hospital's competitive position for base salaries is the market median plus a geographic differential for the Silicon Valley area.

Geographic Differential – Recognizes the significantly higher ~~cost of~~ salaries paid ~~labor~~ in Silicon Valley. The Committee will periodically analyze data to ensure the geographic differential is appropriate and accurately projecting the El Camino Hospital median.

El Camino Hospital Median – Reflects the median base pay of the comparable hospitals plus the geographic differential for all ~~particular~~ positions. ~~The Hospital increases the data by 25% to calculate the El Camino Hospital median.~~

Other Cash Compensation – Other cash compensation excludes base salary and incentive pay but includes a hiring and retention bonuses, and relocation reimbursement.

Salary Range - A range established as 20% below to 20% above the salary range midpoint, resulting in a maximum amount that is 150% of the minimum amount.

Salary Range Midpoint - The midpoint of the salary range for each executive position will be set at the El Camino Hospital Median.

Total Cash Compensation – includes base salary plus annual incentive compensation (and other cash) paid to an executive.

Total Compensation – Total cash compensation plus the cost of employee and executive benefit programs.

ATTACHMENT A:
APPROVED PARTICIPANTS IN EXECUTIVE COMPENSATION PROGRAM
Effective 6/13/182/14/18

Cecile Currier, Vice President Corporate and Community Health*
Cheryl Reinking, Chief Nursing Officer
Daniel Woods, President and CEO
~~William Faber, MD, Chief Medical Officer~~
Deborah Muro, Chief Information Officer
Bruce Harrison, President SVMD
Iftikhar Hussain, Chief Financial Officer
Joan Kezic, Vice President Payor Relations*
Joanne Barnard, President, El Camino Hospital Foundation
Kathryn Fisk, Chief Human Resources Officer
Kenneth King, Chief Administrative Services Officer
Mary Rotunno, General Counsel
Open, Chief Operations Officer
Open, Chief Strategy Officer
-Open, Chief Medical Officer

*These executives are considered grandfathered participants and shall continue to be eligible for the Executive Compensation Program as long as the individual remains in an executive position with El Camino Hospital.

Note: Executives hired on an interim basis are not eligible for the Executive Compensation and Benefits Program.

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

EL CAMINO HOSPITAL
BOARD OF DIRECTORS POLICIES AND PROCEDURES
Draft Revised for Board Review on 6/13/18

03.02 EXECUTIVE BASE SALARY ADMINISTRATION

A. Coverage:

The Chief Executive Officer ("CEO") of El Camino Hospital ("the Hospital") and those executives reporting directly to the CEO or COO. Participation in the plan is subject to approval by the Hospital Board of Directors.

B. Reviewed/Revised:

New 9/15/09, 12/08/10, 2/13/13, 6/11/14, 10/12/16, 2/14/18; 5/24/18 (ECC), 6/13/18 (BOD)

C. Policy Summary:

Base salary is one component of the executive total compensation program which includes benefits, performance incentive pay, and other cash compensation. This policy defines how a salary range is established and provides guidelines for determining an individual's placement in the range. The program is governed by the Board of Directors and administered by the Executive Compensation Committee ("the Committee").

D. General Provisions:

1. **Salary Range** – Each executive position at El Camino Hospital will have a salary range with minimum and maximum, determining the lowest and highest pay for that job.

    a. The salary range midpoint reflects the 50th percentile or median base pay of the comparable hospitals plus the ~~cost of labor adjustment~~geographic salary differential (known as the El Camino Median).

    b. The salary range will be from 20% below to 20% above the salary range midpoint, resulting in a maximum amount that is 150% of the minimum amount.

    c. Salary ranges will be updated annually based on competitive market data and/or executive increase market trends. The Executive Compensation

Committee reserves the right to recommend lower salary ranges or to freeze salary ranges and recommend freezing or lowering base salaries (for example, when financially prudent) for Board approval.

2. **Placement in the Salary Range** includes initial placement of a new hire, adjustments when there is a change in job scope, and periodic salary increases or decreases. An individual's placement in the range will be determined based on a combination of the following factors: paying competitively, rewarding performance, and recognizing competence, credentials, and experience.

   The guidelines for placement in range are:

   a. ***Pay at 80% to 90% of Midpoint*** may be appropriate for an individual with limited experience in a comparable position, or for an individual who has recently been promoted and needs developmental time in the position. This may be a new hire or internal promotion. An individual may be eligible for higher percentage increases, aligned with performance, when positioned at this level.

   b. ***Pay at 90% to 110% of Midpoint*** may be appropriate for a fully experienced individual with a demonstrated record of successful performance. The Hospital manages base salary increases so that upward movement in salary reflects individual performance and demonstrated proficiency.

   c. ***Pay at 110% to 120% of Midpoint*** may be appropriate for a highly experienced individual with demonstrated record of consistently exceeding performance expectations or in roles which are particularly critical for the achievement of strategic objectives or in roles with a highly competitive labor market. The Hospital compares base salary levels above market with competitive market data to verify that individual base salary is reasonable.

   d. The Committee may recommend that the Hospital Board of Directors ~~can~~ approve salaries outside the normal salary range or guidelines for hard-to-recruit positions or positions deemed critical to the success of the organization. The Hospital compares salary levels above market with competitive market data to verify that the individual base salary and total compensation is reasonable.

E. Roles and Responsibilities

1. The respective roles of the El Camino Hospital Board of Directors and the Executive Compensation Committee are set forth in Resolution 2018-05 and

the Executive Compensation Committee Charter.~~shall approve executive base salaries.~~

a. ~~The Executive Compensation Committee Charter defines the responsibilities delegated by the Hospital Board such as selecting consultants and approval of the salary ranges.~~

2. The CEO recommends the salary range and base salary for those executives reporting to the CEO to the Committee.

3. The Chief Human Resources Officer and/or Director Total Rewards are responsible for implementing salary ranges and base salaries.

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

EL CAMINO HOSPITAL
BOARD OF DIRECTORS POLICIES AND PROCEDURES
Draft Revised for Board Review on 6/13/18

03.04 EXECUTIVE PERFORMANCE INCENTIVE PLAN

A. Coverage:

The Chief Executive Officer ("CEO") of El Camino Hospital ("the Hospital") and those executives reporting directly to the CEO or COO. Participation in the plan is subject to approval by the Hospital Board of Directors.

B. Reviewed/Revised:

New: 9/15/09, 12/08/10, 2/13/13, 6/11/14 (eff 7/1/14), 10/14/15, 10/12/16, 1/10/18, 2/14/18; 5/24/18

C. Policy Summary:

The Performance Incentive Plan is one component of the executive total remuneration program which includes base salary, benefits, and other cash compensation. The Performance Incentive Plan is a goal-based compensation program designed to motivate and reward performance toward key annual strategic goals of the Hospital.

D. General Provisions:

The target amount for incentive pay will be competitive with those at comparable hospitals. An executive's incentive payout will be based on their performance against pre-defined organizational and individual goals and measures aligned with the Hospital's mission, vision, and strategic goals.

1. Eligibility – Participants hired after December 31 will not be eligible for the program until the beginning of the next fiscal year on July 1. Incentive compensation will be pro-rated for executives with at least six months, but less than one year in the position at the end of the fiscal year. Written performance goals and measures will be determined within the first 60 days of employment.

2. Criteria – the Hospital has established three criteria for payout. There will be no payout unless all three criteria are met. The Hospital must be accredited by the Joint Commission and the individual executive must "meet expectations" on their performance review. In addition, the Hospital will establish a financial measure that must be achieved each fiscal year (i.e., a percent of operating margin) for payout to

occur.

3. Amount of incentive pay – the maximum payout for an executive is 30% of their base salary as of the end of the fiscal year. The targeted payout percent for those participants reporting to the CEO or COO is 20% of base pay. The maximum incentive pay for the CEO is 45% with a target of 30% of base salary.

4. Organizational Goals – each fiscal year the Hospital will define organizational goals that support the strategic/business plan upon which 70% (90% for the CEO) of performance incentive pay will be based which may include a financial measure in addition to the threshold for any payout. Whenever possible, each goal will have performance measures for threshold, target, and maximum levels and payouts will be on a continuum. Organizational goals will account for 50% of performance incentive pay for Presidents of the Foundation, SVMD, and Concern:EAP.

5. Executive Individual Goals (excluding CEO) – at the beginning of the fiscal year, each participant will propose performance goals and measurements that support the strategic/business plan. Whenever possible, each goal will have performance measures for threshold, target, and maximum levels and scores will be on a continuum. Individual goals (maximum of three) are weighted at 30% of target (50% for Presidents of the Foundation, SVMD, and Concern:EAP) with CEO discretion used as a modifier for individual goal pay-out ranging from 0% to 150%). The performance goal score multiplied by the CEO's overall assessment of individual executive performance will determine the overall individual goal score.

6. Ten percent (10%) of the CEO's performance incentive pay will be at the Board's discretion.

7. Performance Incentive Payout – Incentive compensation will be paid within 30 days of approval of the payout amounts In order to receive incentive compensation, executives must be actively employed in an executive position at the time the incentive compensation is paid.

E. Roles and Responsibilities

1. The El Camino Hospital Board of Directors has delegated authority to make certain decisions related to executive compensation to the Executive Compensation Committee pursuant to Resolution 2018-05 (attached).~~shall approve the plan design, organizational goals and measurements, the organizational score, and the annual financial audit., executive individual goals, and performance~~

~~1. incentive payout amounts.~~
~~2.~~

~~3.~~2. ~~The Executive Compensation Committee Charter defines the responsibilities delegated by the Hospital Board of Directors such as reviewing and recommending goals , scores, and performance incentive payout amounts~~.

~~4.~~3. The CEO recommends the organizational and individual goals, individual scores including discretionary component~~score~~, and recommends incentive payout amounts to the Committee.

~~5.~~4. The Chief Human Resources Officer and/or Director Total Rewards are responsible for overseeing administration of the program and implementing Committee or Board approvals related to executive compensation~~actions approved by the Committee and the Board~~.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Medical Staff Report – Open Session El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Rebecca Fazilat, MD, Chief of Staff Mountain View J. Augusto Bastidas, MD, Chief of Staff, Los Gatos
	Action requested:	For Approval
	Background: The Medical Executive Committee met on May 24, 2018. We received the following reports: 1. Outpatient Pharmacy – We received a report on the newly opened outpatient pharmacy and the Meds to Beds program that is launching enterprise-wide following a pilot on one nursing unit. 2. CEO Report - Dan Woods reported on several hospital initiatives including launch of EPIC MyChart and awards received for care of patients being treated for heart attack and stroke 3. CMO Report – Mark Adams, MD reported on status of FY18 Quality Goals and plans to enhance Medical Staff Office support. 4. The Medical Staff Inauguration Dinner was held on May 31st and new Medical Staff Officers were announced. Thank-you to the Board members who attended. 5. We approved the following: a. Patient Care Policies, ADT's (aka Scope of Services), and Plans as noted below b. Clinical Contract Evaluation for CY2017 on April 26, 2018 c. Performance Improvement & Patient Safety Plan; next step is for the Quality, Patient Care and Patient Experience Committee to review	
	Board Advisory Committee(s) that reviewed the issue and recommendation, if any: None.	
	Summary and session objectives: To obtain approval of the Medical Staff Report	
	Proposed Board motion: To approve the Medical Staff Report	
	LIST OF ATTACHMENTS: 1. Patient Care Policy Summary Spreadsheet and Policies, ADTs (aka Scope of Services), and Plans for Approval. 2. Clinical Contract Evaluation Summary	

SUMMARY OF POLICIES/PROTOCOLS FOR REVIEW AND APPROVAL - Board

13-Jun-18

DOCUMENTS WITH MINOR REVISIONS			
Document Name	**Department**	**Type of Document**	**Summary of Policy Changes**
Plan for Provision of Nursing Care	Patient Care Services	Plan	Minor changes to Membership of Standing committess
Scope of Service for Acute Rehab Center	Acute Rehab Center	Scope of Service	Delineated the etiology and completeness of spinal cord dysfunction and comorbidities of patients with spinal cord injuries in the program, as recommended by CARF. Updated therapy services available with current information. Lastly, added information about Payers/Fee to include physicians as independent contractors as recommended by CARF
DOCUMENTS WITH NO REVISIONS			
Scope of Service Nursing Services	Patient Care Services	Scope of Service	

TITLE:	Plan for Provision of Nursing Care
CATEGORY:	Patient Care Services
LAST APPROVAL:	10/2015

TYPE:	☐ Policy	☐ Protocol	☐ Scope of Service/ADT
	☐ Procedure	☐ Standardized Process/Procedure	☑ Plan

SUB-CATEGORY:	Patient Care Services
OFFICE OF ORIGIN:	
ORIGINAL DATE:	10/2015

I. COVERAGE:

All El Camino Hospital staff

II. PURPOSE OF PLAN

El Camino Hospital's (ECH) plan for providing nursing care is designed to clearly outline the system of nursing practice utilized. The plan for providing nursing care supports both the Hospital's and Nursing's mission and philosophy, and is based on the needs of the patients and their families, the physicians, the interdisciplinary team, and the nursing staff.

III. MISSION STATEMENT

El Camino Hospital Nursing Services espouses the philosophy that the patient is at the center of its business. We are dedicated to providing the best healthcare possible to our patients. We believe in the dignity and respect of each patient as an individual. Nursing services exist to provide the professional practice of nursing to El Camino Hospital patients, as well as to assist in the coordination of all services delivered to patients.

IV. DEFINITION OF NURSING

Nursing is the diagnosis and treatment of human responses to actual or potential health problems. Nursing is further defined as those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill.

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V. VISIONS FOR NURSING

- Decision making at the bedside. Managers as support to the staff.
- Support services at the point of care delivery, enabling nurses to stay at the bedside.
- Interdisciplinary approach to care planning and care delivery through patient-centered care coordination.
- Service excellence through selection, training, and system support. Service excellence depends on effective systems, technical skills and interpersonal skills.

VI. NURSING PHILOSOPHY

- El Camino Hospital's Nursing Division is committed to excellence in patient care through competence, confidence and caring. We believe that:
- Caring is the essence of nursing.
- Our patients and their needs are our central focus.
- Each person is unique and is characterized by his/her own life patterns.
- It is essential to consider the patient's age, nationality, race, creed, and cultural background in planning for and providing care.
- Individuals interact with their environment; therefore, patient care must reflect consideration for the psychosocial, spiritual and cultural variables that influence the perception of their illness.
- Our patients have the right to live and die with dignity.
- Patient care is optimized when accountability for decisions and actions is shared between patient and caregivers.
- Patients, families and/or significant others contribute to the patient's well being.
- An environment with clear expectations of professional practice and established standards of care ensures optimal patient care.

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- Quality patient care can best be provided in an atmosphere of continuing staff development, clinical research, and professional growth.
- Professional growth and staff development is a responsibility shared by the individual employee and the organization.
- Nursing is both an art and a science, a professional discipline that requires a sound education and is grounded in its own research base.
- Nursing as a clinical discipline employs physiological, psychosocial, physical and technological means for human comfort, sustenance and improved well-being.
- We, as nurses, and our nursing colleagues have a right to be recognized and rewarded as professional practitioners.
- Patient care is enhanced by providing continuity of care through thoughtful patient assignments and relevant communication between caregivers.

VII. RESPONSIBILITIES AND ACCOUNTABILITIES

A. Registered Nurses (RNs)

ECH RNs perform the following:

1. Assess patients' needs considering physiologic, cognitive, and psychosocial factors. Assessments specifically address age-specific needs, environmental factors, cultural factors, self-care ability, educational needs and discharge planning requirements before assigning care to other members of the healthcare team.
2. Involve the patient and the patient's significant others in determining patient care needs and nursing interventions.
3. Plan and coordinate patient care in collaboration with physicians, other clinical disciplines, patient and the patient's significant others. The planning and delivery of care shall reflect all aspects of the nursing process: assessment, nursing diagnosis, planning, intervention, evaluation and, as circumstances require, patient advocacy with the initiation of these processes at the time of admission.
4. Educate the patient and significant others regarding specific health care needs of the patient.
5. Document initial assessments, reassessments, interventions, responses to interventions, outcomes of interventions, and the ability of the patient or significant others to manage continuing care needs after discharge.

6. Utilize standards of care and standards of practice in providing and supervising patient care.
7. Work collaboratively with the medical staff and other health care disciplines to carry out diagnostic and therapeutic functions related to the evaluation and treatment of patients.
8. Evaluate care by utilizing performance improvement monitoring activities based on patient outcomes.
9. Prescribe, administer, supervise, and evaluate nursing activities. Perform these functions within the parameters of his/her educational background, experience, cultural, and ethical values.
10. Perform their duties in compliance with all regulatory agencies and in compliance with the Hospital's mission, goals, and policies and procedures.
11. Behavioral Health serves as the consultative liaison for crisis intervention services.

B. Licensed Vocational Nurses (LVNs)

ECH LVNs, with direction from a RN, perform the following:

1. Use and practice basic data collection, participate in planning, execute interventions in accordance with the plan of care or treatment plan and contribute to evaluation of individualized interventions related to the care plan or treatment plan.
2. Provide direct patient care.
3. Administer medications as allowed by the LVN practice act.
4. Demonstrate professional communication skills for the purpose of patient care, education, and multidisciplinary team collaboration.
5. Contribute to the development and implementation of a teaching plan related to self-care for the patient.
6. Perform their duties in compliance with all regulatory agencies and in compliance with the Hospital's mission, goals, and policies and procedures.

C. Clinical Support (CS) Staff/Certified Nursing Assistants (CNAs)

ECH CS staff/CNAs with the direction from an RN perform the following:

1. Gather and document data.
2. Recognize and report abnormal data values.
3. Report data to the RN on a timely basis.
4. Assist patients in performing activities of daily living.
5. Actively collaborate with and take direction from the RN about the patient’s plan of care.

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D. Administrative Support (AS) Staff

ECH AS staff performs the following:

1. Provide clerical and communication functions.
2. Maintain a complete and accurate medical record.
3. Actively collaborate with all staff to promote efficient workflow within the unit and other departments.

E. Administrative Support/Monitor Technicians (MTs)

ECH MTs perform the following:

1. Duties as outlined in D. above.
2. Monitor and interpret EKG rhythms and visual monitoring consistently and correctly.
3. Notify the RN of EKG changes or concerns.

F. Licensed Psychiatric Technicians (LPTs), Dialysis Patient Care Technicians, ED Technicians, OR and L&D Technicians.

ECH LPTs, Dialysis Patient Care Technicians, ED Technicians, OR and L&D Technicians with direction from a RN, perform the following:

1. Use and practice basic data collection, participate in planning, execute interventions in accordance with the plan of care or treatment plan and contribute to evaluation of individualized interventions related to the care plan or treatment plan.
2. Provide direct patient care
3. LPT may administer medications as allowed by the LPT practice act.
4. Demonstrate professional communication skills for the purpose of patient care, education and multidisciplinary team collaboration.
5. Contribute to the development and implementation of a teaching plan related to self-care for the patient.
6. Perform their duties in compliance with all regulatory agencies and in compliance with the Hospital's mission, goals, and policies and procedures.

G. Behavioral Health Workers

ECH behavioral health workers, with direction from a RN, perform the following:

1. Use and practice basic data collection, participate in planning, execute interventions in accordance with the plan of care or treatment plan and contribute to evaluation of individualized interventions related to the care plan or treatment plan.

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2. Demonstrate professional communication skills for the purpose of patient care, education and multidisciplinary team collaboration.
3. Contribute to the development and implementation of a teaching plan related to self-care for the patient.

XVII. AREAS WHERE NURSING IS PRACTICED

- **Acute Inpatient Areas**
- **Outpatient and Diagnostic Areas**

Intensive & Critical Care Unit	Behavioral Services – Outpatient
Progressive Care Unit (PCU) (Stepdown)	Cancer Center
Operating Room (OR)	Cardio Pulmonary Wellness Center
Post-Anesthesia Care Unit (PACU)	Dialysis Services
Telemetry/Stroke	Endoscopy
Medical/Surgical/Ortho	Interventional Services
Pediatrics	Pre-op/ Short Stay Unit (2B)
Emergency Services	Radiology Services (Imaging, Interventional, Nuclear Medicine, Ultrasound, MRI)
Labor and Delivery (L&D)	Radiation Oncology
Mother/Baby	Outpatient Surgical Unit
Neonatal Intensive Care Unit (NICU) Level II and Level III	
Behavioral Health Services (Inpatient Psychiatry)	
Acute Rehabilitation	
Ortho Pavilion	

- Other

Care Coordination
Infection Control
Employee Health Services

XVIII. SCOPE OF SERVICE

The scope of service which includes the types and ages of patients/clients served, assessment methods, scope and complexity of services, staffing/skill mix, level of service and standard of practice for each of the areas where nursing care is provided is included in the Department Specific Scope of Services Section of this document.

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XIX. ORGANIZATION OF NURSING SERVICES

Nursing services has an organizational structure that maintains a close relationship among the CNO (Chief Nursing Officer), and the staff. This structure ensures that the CNO is aware of issues vital to quality patient care. The philosophy of nursing management is to promote a caring environment and to serve as support to the staff by continually improving patient care systems.

The CNO manages the quality of nursing practice across the organization. In addition, the CNO is responsible for directing the operations of the acute and specialty nursing units, the Hospital supervisors and Patient Care Resources/Staffing office, as well as other functions outlined in the job description.

Nursing directors report to the CNO and have responsibility for the fulfillment of the service's mission by the development and achievement of short and long term goals and objectives identified in the goal setting process and working along with the medical staff, medical directors, and managers to provide the collaborative leadership necessary to achieve high quality, cost-effective, and integrated care. Clinical managers' report to a nursing director or to the CNO and have 24-hour responsibility for daily operations, as well as for the quality of care provided on one or more nursing units. The scope of this role includes, but is not limited to education, consultation, planning and administration.

Charge nurses are assigned each shift. Nursing Unit Coordinators (NUC's) are assigned as permanent Charge RN's on some of the nursing units. They report concerns to the clinical manager and/or to the Hospital supervisor. Additionally, the charge nurses/NUC's support the clinical managers in the operational/ management activities of the unit on a shift basis. Assistant Clinical Managers and Nursing Unit Coordinators are present on some nursing units. They report to the clinical manager or Director.

Care coordinators are accountable for specific patient populations and are experts in clinical care for those patients. They identify patients who require more intensive care coordination and work with the nursing staff to facilitate optimal patient outcomes. Care coordinators meet daily with staff from multiple disciplines to communicate issues and solve problems. Through daily meetings with staff, the care coordinators establish mechanisms that assist in the continuous improvement of care delivery, and they facilitate the coordination of a patient's care as the patient moves from one unit to another.

Care coordinators work closely with physicians, clinical managers, charge nurses and staff nurses in the use of clinical pathways and in the management and coordination of care. Additionally, care coordinators set up case conferences to improve patient outcomes through collaboration with the health care team. Multidisciplinary rounds are held at least weekly on each inpatient care unit. Care coordinators are an integral part of these rounds.

Preceptors are selected on each unit to assist with integrating new staff into the ECH system of care. They also assist in the training of staff transferring from another unit or staff being cross-

trained. Preceptors serve as clinical role models. They maintain their competency at a high level in order to be effective in demonstrating competencies as well as monitoring the competencies of staff new to the unit.

The CNO is ultimately responsible and accountable for the quality of nursing care throughout the organization. Responsibility for nursing care is retained by nursing services when students and agency nurses are providing the care.

On the off shifts, the Hospital supervisor not only manages nursing services, but also serves as the representative for hospital administration. He/she has the authority to make decisions, which relate to the acute functioning of all departments. The Hospital supervisor consults other department managers/directors, clinical managers, nursing director the CNO, the Administrator–On-Call, as needed with off-shift problem

The Manager, Nursing Education, in collaboration with the CNO, coordinates with the schools of nursing. This coordination includes negotiation of contracts, determination of student placement, planning of future student interactions, and problem resolution. The ~~Manager, Nursing~~ Director of Clinical Education, in collaboration and coordination with appropriate nursing personnel, is responsible for planning and directing orientation for nursing unit personnel.

XX. STANDARDS OF COMPETENT NURSING PRACTICE

A registered nurse shall be considered to be competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nursing process, as follows:

1. Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and others, including the health team.

2. Formulates a care plan, in collaboration with the client, which ensures that direct and indirect nursing care services provide for the client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.

3. Performs skills essential to the kind of nursing action to be taken, explains the health treatment to the client and family and teaches the client and family how to care for the client's health needs.

4. Delegates tasks to subordinates based on the legal scopes of practice of the subordinates and on the preparation and capability needed in the tasks to be delegated, and effectively supervises nursing care being given by subordinates.

5. Evaluates the effectiveness of the care plan through observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment and through communication with the client and the health team members, and modifies the plan as needed.

6. Acts as the client's advocate, as circumstances require by initiating action to improve health care or to change decisions or activities which are against the interests or wishes of the client, and by giving the client the opportunity to make informed decisions about health care before it is provided.

7. Consistent standards for provision of nursing care within the hospital are used to monitor and evaluate the quality and appropriateness of nursing care to meet patient needs. The nursing staff functions according to the general standards of care, standards of competent nursing practice, unit-specific standards of nursing practice, and other standards as specified in the hospital's policy and procedure manuals.

8. All responsibilities, functions, and/or competency checklists of the nursing staff are documented in job descriptions.

9. Interim permittees function at ECH in accordance with the regulation and the direction of the California Board of Registered Nursing. A permittee only practices under the direct supervision of a registered nurse and is only allowed to perform nursing functions taught in the permittee's basic nursing program.

XXI. GENERAL STANDARDS OF CARE

SCOPE: All areas of the hospital where nursing care is provided. "Patient" may include family/significant other, where appropriate.

- Patients can expect to receive care within a safe environment.
- During the hospital stay, patients can expect to receive information/education regarding the hospital, nursing units, procedures, medications, and plan of care, plus, information/education regarding continuing health requirements post-discharge.
- Patients can expect to receive communication regarding responses to the care, illness, and therapy.
- Patients can expect to receive care in a supportive environment that facilitates their gradual progress toward independence.
- Patients can expect assistance with activities of daily living (ADLs) if they are unable to perform them.
- Patients can expect to receive care with respect for privacy, individuality, and values.
- Patients can expect to receive information concerning their rights, responsibilities, resources, and options.
- Patients can expect to have effective management of pain.

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- Patients can expect that their health care dollars will be managed to optimize/achieve their goals and that patients and their significant others will be involved in the plan of care.

NURSING UNITS MAY HAVE ADDITIONAL STANDARDS OF CARE SPECIFIC TO THEIR PATIENT POPULATION.

XXII. STAFFING

A sufficient number of qualified RNs are on duty at all times to give patients the care that requires the judgment and specialized skills of a RN. Staffing is performed using staffing guidelines established from the previous budget year, anticipated patient volume and mix for the coming year and regulatory requirements. Historical data includes patient classification (nursing intensity measurement system) information, from patient and physician satisfaction measurement data, information from the performance improvement system and human resources, and complaints. Daily and shift staffing are adjusted based on assessment of patient nursing intensity measurements and staffing guidelines.

Staffing is sufficient to assure prompt recognition of any untoward change in a patient's condition and to facilitate appropriate intervention. Additionally, the assigned RRT RN's respond to Rapid Response calls initiated by staff in the hospital (See ~~RRT policy #07.08)~~Rapid Response Team Procedure)

There are certain types of rapid response calls based on the condition of the patient. A cardiac alert is called and a specialized team responds if a patient is experiencing chest pain (See Management of the Adult Patient with Chest Pain, Anginal Equivalent Symptoms, Possible Acute Coronary Syndrome, (In-House Cardiac Alert Procedure~~Policy # 02.08).~~ A stroke alert is called when a patient is experiencing signs and symptoms of a stroke and a specialized team responds (see In-House Stroke Alert Procedure~~Policy #07.08).~~ A sepsis alert is called when a patient is meeting the SIRS criteria for suspected sepsis (See Sepsis Alert, Adult, In-House and Emergency Department)~~Policy#),~~ An OB alert is called when an OB patient experiences a serious change in condition (OB Alert ~~Policy~~Procedure).

During regular business hours, the Assistant Hospital Manager/Hospital Supervisor is responsible for departments where conflicting needs arise/exist will resolve the conflict and direct staffing resources in a manner that best meets patient needs. Should the conflict not be resolved in this manner, the officer of the day will be responsible for making the final decision.

During other hours, the Assistant Hospital Manager/Hospital supervisor will be responsible for directing the staffing resources in the manner that best meets patient needs.

Staffing resources are evaluated at least annually and modified based on input from physicians, patients and staff. State mandated ratios are maintained on units where applicable. All

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regulations & processes related to ratio adherence are followed. In addition, new programs, patient populations, volume trends, performance improvement findings, and comparisons with other like facilities, as well as other factors are considered in determining staffing levels. Position control and recruitment & retention data are monitored at least quarterly by the CNO, nursing directors, and clinical managers with subsequent modifications made as indicated.

A patient classification system known as the nursing intensity measurement system (NIMS) is used to guide both planning and utilization of nursing resources and to document trends in patients' nursing resource needs over time. NIMS has five levels of care with a range of nursing care hours prescribed for each level. The ranges were developed by the NIMS committee and a consultant. Each year, the numbers of patients by level and the appropriateness of the nursing hours of care assigned to each level are reviewed by nursing and finance in determining the budget for the next year.

Reliability of the NIMS is performed annually and the reliability data is reviewed with nursing management and the NIMS committee.

In the event of positive variances (too many staff), employees may be required to "float out" to another unit with a negative variance to assist in the provision of patient care, to participate in taking mandatory time off/cancellation (hospital convenience [HC] time).

In the event of negative variances (too few staff), the following steps may be implemented to correct the variance:

1. Staff on duty with the required competencies may be floated from a unit with a positive variance to the unit where the negative variance occurs.
2. Regular and Per Diem staff not on duty will be called to determine their availability.
3. Volunteers to work overtime will be requested from appropriate staff.
4. Consideration will be given to relocation of patients(s) to another unit where capacity and adequate, trained staff is available, i.e. GYN patients to Maternity unit; Medical patients to Surgical unit, etc.
5. Consideration will be given to recall staff from off unit committee and educational programs.
6. Assign other appropriate nursing personnel to direct patient care duties, i.e. CNS, Nurse Educator, Clinical Manager, etc.

If the negative staffing variance cannot be corrected by the above actions, the following will be considered:

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1. Divert new admissions from the understaffed unit(s).
2. Review OR, Cardiac Cath Lab at Mountain View, and L&D schedules for potential delay or cancellation of scheduled elective cases.

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If staffing requirements exceed staffing available or bed capacity is insufficient, the Assistant Hospital Manager/Hospital Supervisor will alert the Charge Nurse in the OR, Cardiac Cath Lab at Mountain View and/or L&D. No cases will be allowed to proceed without the concurrence of the Assistant Hospital Manager/ Hospital Supervisor.

If cases are delayed, the AOC, Medical Director and procedural ~~MD~~ physician will be notified.

Early on each shift, Complex meetings are held enterprise wide in the Med/Surg/Critical Care and MCH regions to report and discuss current and anticipated departmental and patient care activity, any staffing variances for the present shift as well as predicted needs for the next shift, based on expected discharges, transfers and potential patient admissions including planned OR, Cardiac Cath Lab at Mountain View, Radiology interventional, and L&D scheduled cases. Staff attending Complex meetings includes the Assistant Hospital Manager/Hospital Supervisor, charge nurses, staffing office personnel and the flex nurse at Mountain View, nursing unit Managers and Directors. Oftentimes, and especially during limited bed capacity, clinical managers, the manager of the Cardiac Cath Lab at Mountain View or designee attend the day shift meetings. Decisions regarding patient flow (admissions and transfers) are addressed as well as problem solving related to patient activity and staffing issues. During high census times and limited bed capacity, key participants of the Complex meeting may reconvene for an update and ongoing planning and problem solving based on the Peak Census Policy requirements. Additionally, the CNO~~/Vice Chief of Mountain View, Vice President of Los Gatos~~ or the Administrator On-Call (AOC) will be apprised of "critical" bed shortages and real or potential cancellation of surgical and/or medical procedures.

Allocation of nursing resources allows for:

- Direct patient care activities
- Coordinating patient care given by nursing as well as other disciplines
- Communicating patient needs to other disciplines
- Participating in nursing, medical staff and hospital committees
- Participating in departmental/unit meetings and in-service education
- Participating in clinical practice standards development, review and revision, policy procedure development and performance improvement activities
- Training and orienting new personnel
- Receiving and acting on reports of committee Councils participating in assigned hospital/ departmental project work/activities

Assignments are commensurate with:

- Patient needs (degree of illness, stability and ability to care for self)
- Minimization of risk of infection
- Staff competency/expertise
- Medical regimen
- Unit geography

- Availability of support services
- Patient care delivery model
- Requirements for special nursing activities

RNs are assigned to the roles of:

- CNO
- Director
- Clinical Manager
- Assistant Hospital Manager/Hospital Supervisor
- Assistant Clinical Manager
- Infection Control Coordinator
- Charge Nurse
- Circulating Nurse
- Nursing Unit Coordinator/Clinical Nurse
- Preceptor
- Care Coordinator
- Clinical Nurse Specialists
- Nursing Educators
- Nurse Program Coordinators (e.g., Bariatric, Stroke, Orthopedic, etc.)
- Nurse Specialists (e.g., Diabetes Educator, Wound and Ostomy RN, and Vascular Access RN.

XXIII. SKILL MIX

Nursing and other support services are performed by the following categories of personnel in the areas where acute inpatient/specialty nursing care is provided:

CCU/ICU	RN, Clinical Support (MV), Administrative Support (MV), Monitor Technician (LG)
PCU	RN, Clinical Support, Administrative Support
Telemetry	RN, Clinical Support, Administrative Support, Monitor Technician
Med/Surg/Ortho/ Peds	RN, LVN, Clinical Support, Administrative Support (MV)
Psychiatry Services	RN, LVN, LPT, LCSW, OTR, Behavioral Health Worker, Administrative Support
Labor & Delivery	RN, , Administrative Support & OB Technician
Mother-Baby (MBU)	RN, LVN, Administrative Support
NICU/Level II and III	RN, LVN(MV), Administrative Support (MV)
Operating Room/IS	RN, Administrative Support, Surgical Technician, Operating Room Assistant (ORA), Interventional Technician

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PACU	RN, Clinical Support
Endoscopy	RN, Endoscopy Technician
Pre-op/Short Stay/OPS	RN, Patient Registrar , Administrative Support, Clinical Support
Emergency Services	RN, Emergency Department Technician (MV), Administrative Support
Inpatient Dialysis	RN, Clinical Support, Admin Support, Patient Care Technician
Acute Rehab (LG)	RN, Clinical Support, Admin Support

XXIV. ADMISSION AND PATIENT FLOW PROCESSES

The Assistant Hospital Manager/Hospital supervisor, ~~Officer of the Day~~, will coordinate all direct admissions/transfers to the hospital. Through an interview process with the physician, or with his/her representative or staff from another agency in the case of transfers in, the patient will be assessed to ensure proper placement within the hospital system. Placement decisions will be in collaboration with the unit charge nurses and are based on the patient's diagnosis, infection control issues, the patient's level of acuity and the department's admission, discharge and transfer criteria. Additionally, the availability of staff, staff competencies and unit environment will be considered, as well as patient and physician preference. Based on specific diagnoses, patients will be placed on their primary unit or alternate unit based on the above factors.

The patient assessment, obtained during the initial admission process, will be communicated to the nursing unit staff as well as to other appropriate departments, as appropriate. These departments include, but are not limited to: Care Coordination, Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, Nutritional Services, Respiratory Medicine, Infection Control, and other ancillary departments, as needed. These referrals will be made to support the identified needs of the patient from pre-admission to post-discharge. Triggers for referral to services are identified in the following tables:

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POLICY/PROCEDURE TITLE: **Plan for Provision of Nursing Care**

Triggers for Referral – TABLE A
(Data from initial Nursing Assessment; call appropriate department; document referral in patient record)

<table>
<tr>
<td rowspan="2">Care Coordination/Social Services:
• Lives Alone
• Homeless
• Pt over 75
• Pt with chronic illness (i.e. COPD/ESRD)
• Readmission w/in 14 days
• Admitted from SNF
• Known psycho-social problems
• Pt requiring DME
• Uninsured patients
• Potential for complex discharge
• CVA Diagnosis
• Domestic/Elder/Child Abuse
• Fetal Demise
• Adoptions
• New HIV diagnosis
• Failure to thrive
• Advance Directive follow-up
• Hospice Service
• Transportation Difficulties
• Mother/newborn with positive drug screen</td>
<td>Diabetic Educator: New dx of diabetes
• Knowledge deficit re: Diabetic Regimen
• No financial resources for supplies or medical follow-up
• Non-adherence to prescribed management plan.
• Co-morbidities of hypertension or CAD
• Admitted for diabetes out of control (DKA, Hank, Hypoglycemia
• Admitted d/t diabetic related wound</td>
<td rowspan="2">Rehabilitation Services
These functional assessment elements require a MD order.

Physical Therapy:
• *Automatic Triggers to PT: Orthopedic & Stroke Clinical Path; compression fx of spine
• Gait/Balance problem
• Recent falls

Occupational Therapy:
• Unable to perform ADLs independently

Speech Therapy:
• New dx of aphasia
• Impaired cognition
• Impaired swallowing

<u>Palliative Care:</u>
• Recent terminal disease diagnosis
• Patient & family requiring end of life decision making
• Patient & family struggling with CPR status decisions
• Comfort Care Questions.</td>
</tr>
<tr>
<td>Nutrition Services:
• Stage 3 or 4 pressure ulcer
• *Recent weight loss/gain due to illness
• *Fluid restriction
• *Special Diet
• *Problems with eating: increased appetite, decreased appetite, nausea, difficulty swallowing, difficulty chewing, indigestion</td>
</tr>
<tr>
<td>Infection Control:
• Positive AFB smears/ Suspected TB
• Dx /suspected chicken pox/ shingles, influenza, measles, meningococcus, c-diff; MRSA, Pertussis, VRE, SARS, lice, scabies.</td>
<td>Pharmacy:
• Pt. admitted with a medication related event (ADR or med error)
• Pt. admitted with complex medication regime
• Chronic pain history

<u>Pain Management:</u>
• Chronic pain history</td>
<td><u>Vascular Access Nurse</u>
• Order for PICC / Mid Line Placement

<u>Geriatric NP:</u>
• Hosptial onset delirium
• Need for PSA
• Polypharmacy
• History of Falls</td>
</tr>
</table>

POLICY/PROCEDURE TITLE: **Plan for Provision of Nursing Care**

	• Complicated pain • Medication regime	
Wound and Ostomy Nurse • *Braden ≤ 18 • New or existing ostomy • Stage 3 or 4 pressure ulcer • Significant incontinence management problems • Stage 1 or 2 pressure ulcer	***Pastoral Care:*** • Pt. request for emotional/ spiritual support • End of Life Care • Fetal Demise	***Lactation Consultant:*** • Failure to thrive infant of breastfeeding mothers • Lactating mother admitted with other medical problems • Postpartum difficulty with breastfeeding

*Asterisk indicates automatic trigger generated by Electronic Medical Record reporting system; no need to call department/physician.

Triggers for Referral for Suspected Abuse – TABLE B

Child Abuse	***Elder Abuse***	***Domestic Abuse***
• Unexplained physical injury; physical injury not congruent with explanation • Sexual assault • Sexually Transmitted Diseases in child <14 • Pregnant mother <16 and father >18 • No medical treatment for longstanding symptoms (medical neglect) • Severe malnutrition • Lack of clothing or shelter • Newborn suffering the effects of toxic substances ingested by mother • Newborn with positive drug screen	• Unexplained physical injury; physical injury not congruent with explanation • Sexual Assault • Malnutrition, dehydration, low albumin levels • Pt or family report of stolen or misappropriated money or property • Physical conditions indicative of poor hygienic care • No medical treatment for longstanding symptoms (medical neglect) • Altered mental status in which patient exhibits: fear, depression, confusion, or agitation	• Repeated, unexplained physical injuries; physical injuries not congruent with explanation • Reported domestic violence by patient

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XXV. COMMITTEE STRUCTURE

The purpose of the Patient Care Services committee structure is to provide a comprehensive and dynamic system that will contribute to meeting regulatory standards, support patient-centered care, and provide effective communication. The Patient Care Services Committee and task force structure will:

- Enable and promote staff involvement in decisions that affect clinical practice.
- Establish a mechanism by which registered nurses can evaluate standards of nursing practice, standards of care, and patient care delivery models, and make changes that will improve the quality and effectiveness of patient care and its outcomes within regulatory guidelines.
- Provide a system where staff, managers, and educators can come together for the implementation of Patient Care Services annual goals.
- Establish a forum in which health care disciplines can resolve system problems that may hinder the delivery of patient care.
- Provide multi-directional communication to ensure a uniform standard of nursing practice throughout El Camino Hospital.

Standing Committees include:

A. PCS Directors Leadership Team Meeting

1. Membership

a. PCS Directors Reporting to the CNO
~~a.~~b. Director of Critical Care Services
~~b.~~c. Director of Medical/Surgical Services
~~c.~~d. Director of Behavioral Health Services
~~d.~~e. Director of Maternal Child Health
~~e.~~f. Director of Respiratory Care
~~f.~~g. ~~Director of Rehabilitation~~ Services
~~g.~~ ~~Chief Clinical Dietician~~
(h) Director of Perioperative Services (MV))

h. ~~Director~~ Director of Nursing Services Los Gatos
~~h.~~i. o~~f Inpatient and Emergency Services LG~~
~~i.~~j.
~~j.~~k. ~~Director Periops Services LG~~
~~k.~~l. Director of Care Coordination

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~~l.~~m. Director of Pharmacy
~~m.~~n. Director of Laboratory
~~n.~~o. Manager of Patient Experience

2. Function
   a. Set team goals, objectives and priorities.
   b. Champion, communicate, and clarify the vision, mission, core values, strategies, goals and priorities.
   c. Align discipline/functional strategies, priorities, performance priorities, plans and performance expectations.
   d. Allocate resources and management accountabilities for various resources.
   e. Define and establish the culture based on the organization/team's core values.
   f. Define discipline/functional, team and individual roles and accountabilities.
   g. Develop and implement policies and procedures.
   h. Ensure the diagnosis and resolution of organizational issues and challenges occur.
   i. Define decision-making ownership and processes.
   j. Facilitate the resolution of conflicts between service lines, units, departments, discipline/function or individuals that affect the organization's/team's ability to perform.
   k. Develop successors and succession plans for leadership positions and career development opportunities/programs.
   l. Champion and foster change and development efforts and initiatives.
   m. Establish processes and activities that ensure thorough vertical and horizontal communication, collaboration, and decision making.
   n. Serve as role models for the core values and related behaviors.
   o. Achieve positive patient care safety and organizational results.
   p. Set agenda for PCL meetings

3. Meeting Frequency/Minutes
   a. Monthly
   b. Minutes are disseminated to all members

B. Patient Care ~~Services Lea~~Leadership Council

1. Membership

Mountain View

   a. CNO
   b. PCS Directors
   c. Clinical Managers, including ancillary departments

d. Manager, Nursing Education

Los Gatos

a. Directors
b. Assistant Managers
c. Clinical Managers and ancillary managers

2. Function

a. Serves as a forum for communication and discussion of hospital systems and policies that may impact nursing and other clinical services.
b. Serves as a forum for communication and discussion of Nursing and other clinical services management concerns. This committee will allow for multi-directional communication, education and decision-making.
c. Establishes structure standards for patient services.
d. Serves as a forum for review and approval of Patient Care Policies.
e. Initiates the annual goal-setting process, ensuring there is staff involvement and that the goals support the organization's mission and values.

3. Meeting Frequency/Minutes

a. Scheduled to meet at least monthly or more frequently if necessary.
b. Minutes are disseminated to all members. Copies of the minutes are maintained electronically by the Administrative Assistant.

C. Central Partnership Council

1. Membership

a. Direct Care Nurse (Chair)
b. Direct Care Nurse (Vice-Chair) The Vice-Chair will serve 1 year and then move into the position of Chair. Therefore, the length of term is a full 2 years; one as Vice-Chair and one as Chair
c. Representatives from the Clinical Managers & directors from all areas nursing is practiced. A manager/director from each service line will be chosen as a representative with one vote each. This appointment will rotate as determined by each service line
d. Professional Development Council and Nursing Research Council representatives with one vote each and length of service determined by council
e. Direct Care Nurse (DCN) representatives from all nursing units who represent their constituents from their unit with one vote each and length of service determined by UPCs
f. CNO

2. Functions

   a. A forum for DCN to communicate and collect ideas and feedback from other DCN's
   b. Foster an environment that supports the reading and utilization of research to validate existing clinical practice or consider the need for change to improve the process or outcomes of care.
   c. Provide feedback to the CNO regarding unit partnership Council decisions and discussions.
   d. Review hospital wide quality and patient satisfaction data.
   e. View presentations on evidenced based practice & research projects
   f. A forum for sharing successes and opportunities for improvement
   g. Input into budget planning

3. Meeting Frequency/Minutes Processes

   a. Scheduled to meet monthly.
   b. Meetings are made available to members and copies of minutes are available to all staff electronically by the Administrative Assistant for the CNO.
   c. On issues requiring a vote from the full membership; a consensus or majority vote will be used and declared at the time of the decision

D. Unit Partnership Councils

1. Membership

   a. Direct Care Nurse (chair).
   b. Representatives from all classifications of employees who provide care on the unit.
   c. CNS or Nursing Educator
   d. Medical Director or physician representatives as available.
   e. Clinical Manager

2. Functions

   a. Define, develop, and evaluate the standards of nursing practice and standards of patient care specific to the unit and populations served.
   b. Make recommendations for modifications to patient care delivery, quality improvement activities, and support systems.
   c. Receive and disseminate information, findings, recommendations, and action plans to members, units, departments, and medical staff via their respective representatives.
   d. Reporting up on progress of unit based research projects
   e. Approval of unit based protocols and procedures

f. Patient and staff safety issues are reported, discussed and action plans are developed.
g. Budget input especially related to capital equipment purchases

3. Meeting Frequency/Minutes Processes

a. Scheduled to meet monthly.
b. Meeting minutes are made available to members and copies of meeting minutes are available on the unit to all staff.
c. On issues requiring a vote from the full membership; a consensus or majority vote will be used and declared at the time of the decision

E. Professional Development Council

1. Clinical Nurse Specialists, Unit Nurse Educators, Program Coordinators, Staff members responsible for education in other clinical areas, representative from the Library and Resource Center, General Educator and Nursing rep from Information Systems. The Council is chaired by an elected member of the Committee.
2. The Professional Development Education Council supports Evidence Based Practice through oversight, developing standards, innovation, leadership and mentoring as related to education of staff, patients, families and the community of El Camino Hospital.
3. Meetings will occur once/month and the minutes are taken by one of the co-chairs of the Council and are disseminated by the co-chairs of the Council.

F. Nursing Research Council

1. Members include staff members from each nursing unit in additional to selected management representatives, nurse educators, and CNS's. The Council is chaired by members of the council.
2. The function of the NRC is to lead the implementation of evidenced based practice throughout the organization and to empower nurses with the skills and knowledge to understand and engage in nursing research. The overall mission of the Council is to promote a culture of inquiry that supports the purposeful use of evidence based nursing practice, which drives best individual patient care decisions to achieve high quality outcomes.
3. The meeting occurs monthly and the minutes are taken and disseminated by the Administrative Support for Cardiac and Pulmonary Rehabilitation.

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POLICY/PROCEDURE TITLE: **Plan for Provision of Nursing Care**

G. GOALS

Goals are established and/or reviewed at least annually. The CNO and the nursing leadership establish the goals of Patient Care Services.

Goals are based on several factors, including:

- Hospital's mission, vision, values and strategic plan.
- Findings from the performance improvement and human resource systems.
- Information on new trends in patient care, nursing, and management.
- Patient satisfaction, employee satisfaction, and physician satisfaction measurement.
- Standards of practice in the community and / or established database benchmark..
- El Camino Hospital Strategic Plan priorities.
  Short and longer-term goals for Patient Care Services include the following:
- Implementation of improved staffing controls and cost saving ideas in order to bring the nursing division to break even each fiscal year end while enhancing the professional practice of nursing.
- Improvement in the recruitment and retention of registered nurses and other patient care staff.
- Review and modification of management structure to support strategic direction.
- Implementation of strategies to accommodate the growing demand for inpatient maternity and neonate services.

H. NURSING PARTICIPATION IN THE HOSPITAL'S DECISION MAKING STRUCTURES AND PROCESS

The Chief Nursing Officer, PCS Directors, Clinical Managers and Assistant Hospital Manager/Hospital Supervisors participate with members of the Governing Board, Medical Staff and Administration in the Hospital's decision making structures and process.

The Nurse Executive of El Camino Hospital is titled the Chief Clinical Operations Officer/CNO, and has been in management for over five years. He/she is a registered nurse, with a Master's degree in nursing or a related field. He/she serves on a full-time basis and is responsible and accountable for all activities within nursing services. He/she reports to the Chief Operations Officer with a matrix reporting relationship to the CEO.

The Nurse Executive is involved in the organization's corporate decisions that affect nursing care and attends the Board of Directors meetings and other pertinent meetings regarding budget, goals, new services, and institutional planning.

The Nurse Executive and nursing directors/managers interact with the medical staff by attendance at medical staff meetings, executive committee meetings, and meetings of the

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Governing Board of the hospital. The Nurse Executive regularly attends the Medical Staff Executive Committee, Medical Staff ~~Advisory~~ Planning ~~C~~ommittee, the Quality Council, the Utilization Management Committee, Care Review Committee as well as various Medical Staff Department meetings. The Nurse Executive or his/her designee reports on the activities of the Nursing Division to appropriate medical staff committees as well as to the Executive Committee and to the Governing Board.

I. NURSING'S MEMBERSHIP ON HOSPITAL AND MEDICAL STAFF COMMITTEES

To facilitate communication between nursing, other hospital departments and the medical staff, and to ensure nursing's involvement in the achievement of the mission and goals of ECH, nursing is represented on specific hospital and medical staff committees.

• **Hospital Committees –Enterprise**	• **Mountain View Medical Staff Committees**
CPR	Department of Medicine
IPIT (Interprofessional InfoTechnology)	Department of Obstetrics/Gynecology
Medication Safety	Department of Orthopedics
Performance Improvement Teams	Department of Pediatrics
Performance Improvement and Patient	Department of Psychiatry
Safety Committee	Department of Surgery
Central Safety Committee	ECT
Security Workgroup	EKG
Service Excellence Team Meeting	Emergency Services Panel Physicians
Sharps/Safety Workgroup	Gastrointestinal
Value Analysis	Infection Control
Med Safety Committee	OB/Gyn Review
Medical Staff Committees	Operating Room
Cardiovascular Services	Perinatal
Care Review	Pulmonary
Department of Family Physicians	Quality Council
Institutional Review Board	Special Services
Interdisciplinary Practice	Utilization Review
Medical Ethics	
Patient Experience Teams	
Pharmacy and Therapeutics	

- **Los Gatos Medical Staff Committees**

Department of Medicine	Infection Control
Department of OB	Quality Council
Department of Orthopedics	Co-Management of Orthopedics
Department of Surgery Emergency	Perinatal M&M
Services Panel Physicians	Department of Pediatrics

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POLICY/PROCEDURE TITLE: **Plan for Provision of Nursing Care**

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Originating Committee or UPC Committee	2/2018
ePolicy Committee:	2/2018
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	10/2015

TITLE:	Acute Rehab Center -Scope of Service for Acute Rehab Center
CATEGORY:	Patient Care Services
LAST APPROVAL:	9/2016

TYPE:	☐ Policy ☐ Protocol ☐ Practice Guideline ☐ Standardized Procedure ☐ Procedure ☐ Plan ☑ Scope of Service/ADT
SUB-CATEGORY:	Acute Rehab Center
OFFICE OF ORIGIN:	Acute Rehab Center
ORIGINAL DATE:	5/2010

I. COVERAGE:

All El Camino and Contracted Staff

II. PURPOSE:

To provide the framework for the scope of services provided at the Acute Rehab Center and describe the program philosophy.)

III. POLICY STATEMENT:

It is the policy of El Camino Hospital to comply with all mandatory reporting requirements for provision of Acute Rehab Services.

IV. PROCEDURE:

OUR COMMITMENT TO YOU

It is the policy of the Rehabilitation Center at El Camino Hospital Los Gatos that all team members will act in a manner consistent with the mission, philosophy, and operating policies of the program. In accordance with these principles and policies, team members will:

- Show respect for the dignity of the individual, whether patient, family member, co-worker, client, or any other person.
- Provide the highest quality clinical and customer-related services.
- Demonstrate fairness and honesty in all interactions with the public.
- Adhere to their professional codes and practice guidelines
- Provide an accurate portrayal of the services and outcomes of the program.
- Be ethical in all marketing and public relations activities.

PERSONS SERVED

Comprehensive inpatient rehabilitation services are provided to adult and adult geriatric patients with

neurological and other medical conditions of recent onset or regression and who have experienced a loss of function in activities of daily living, mobility, cognition, or communication. This program serves persons who are eighteen years of age or older and accepts persons served of varying cultural backgrounds. All patients are medically stable but have sufficient medical acuity to warrant an ongoing hospital stay.

Diagnoses of persons served include, but are not limited to, those who have experienced any of the following: cerebral vascular accident, spinal cord injury (Traumatic or Non-traumatic SCI, Complete or Incomplete at or below T1 level),, traumatic brain injury, amputation, multiple traumas, hip fracture or joint replacement, arthritis, congenital deformity, burns, or other progressive, neurological syndromes such as Guillain-Barre, Parkinson's disease and Multiple Sclerosis.

METHODS USED TO ASSESS AND MEET PATIENT NEEDS

Pre-admission screening is provided prior to admission, during which current functional status is evaluated and discharge goals are delineated. A comprehensive assessment of each patient's medical, physical, and cognitive condition and psychosocial and cultural background is a prerequisite for the formation of a course of rehabilitation. A patient's psychological status is also considered when determining whether he or she could benefit from admission.

The Team Admission Assessment, including objective and subjective data, is initiated within:

- Eight (8) hours of admission by nursing
- Within thirty-six (36) hours by midnight of the day admitted to the rehabilitation unit for physical therapy, occupational therapy or speech-language pathology
- Within 72 hours of physician order for social work/discharge planning.

SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

As a result of the conditions and impairments leading to the admission of a patient, the patient is called upon to address activity limitations by developing new skills, and re-learning previous skills. Patient must also make a series of life adjustments. Such adjustments can best be facilitated by the combined efforts of the patient, family, and interdisciplinary professional rehabilitation staff. Coordination of the efforts of this interdisciplinary rehabilitation team leads to the highest possible rehabilitation outcomes attainable by each patient, limiting participation restrictions. Such treatment requires a highly individualized and holistic approach.

A wide range of services is needed to address the multitude of treatment goals identified in the assessment. The goal of each service is to maximize the individual's potential in the restoration of function or adjustment by integrating with other services. Every effort is made to discharge persons served back into the community.

SCOPE OF FAMILY/SUPPORT SYSTEM SERVICES

The supportive involvement of family or other support networks is recognized as a key component

in the success of the individuals return to the most independent and appropriate discharge environment. The team will assess the family's ability and willingness to support and participate in the plan of care. Education, physical training, advocacy training and supportive counseling will be provided to prepare them for the needs of the patient moving forward.

APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT SERVICES

Ancillary services are provided including, but not limited to, medical nutritional therapy/dietary services, pharmaceutical services, respiratory therapy, diagnostic radiology, dental services, pathology, laboratory services, audiology, driver education, and chaplaincy services/pastoral care. In addition, prosthetics, orthotics, vocational rehabilitation, audiology, and rehab engineering are provided when necessary through affiliate agreements or arrangements with external organizations. The time frame for provision of such services is determined by the interdisciplinary team.

AVAILABILITY OF NECESSARY STAFF

A minimum staff complement includes a Rehabilitation Physician (who visits patients a minimum of three times per week), nurses (available 24 hours per day, 7 days per week), and occupational therapy and physical therapy. Social work and speech-language pathology services are also available. Staffing patterns are based upon census, diagnosis, severity of illness, and intensity of services required by each patient admitted, as well as by state practice guidelines for each discipline. Contract staff is available for coverage. Therapy services are available at least 5 days per week from approximately 7:30am to 4:30pm. Based upon each patient's needs, therapy services are also available on the weekend. Social work/case management services are available 7 days per week with regular and on call staff. Patients will receive therapy treatments typically once or twice per day by each therapy discipline identified by their treatment plan. Staff competencies include growth and development for adult and adult geriatric patient, functional measurement scoring, cardiopulmonary resuscitation, and discipline-specific skills.

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EXTENT TO WHICH LEVEL OF CARE OR SERVICES MEETS PATIENT NEEDS

It is the practice of this unit to seek input from persons served in the following manner:

- Patient Satisfaction Questionnaires (at discharge)
- Two-week follow-up calls for all patients
- 90-Day Follow up calls for all patients
- Patient Complaint/Grievance Procedure
- Patient/family feedback through team conferences, support groups, etc.
- Stakeholder feedback

Reassessment of patients is conducted weekly and documented through the interdisciplinary treatment plan, progress notes, a clinical staffing summary, discharge summary.

The milieu of the Inpatient Rehabilitation Facility is warm, open, and supportive as patient, family, and the staff become partners in skill development. The emphasis throughout is on the accomplishment of treatment goals. Focusing on abilities rather than disabilities is promoted, as energy diverted to the disability hinders the lifelong rehabilitation process.

TITLE:	Acute Rehab Center -Scope of Service for Acute Rehab Center
CATEGORY:	Patient Care Services
LAST APPROVAL:	9/2016

Successful rehabilitation requires reintegration of the individual and family into their home/community. The transition from hospital to home requires the support of the professional rehabilitation staff, and is accomplished via passes to home and within the community and through a formalized program that allows a gradual separation from the hospital with the development of community support systems.

By addressing the multiple effects that disability has on the patient and family, and by integrating the combined resources of patient, family, and interdisciplinary rehabilitation team, comprehensive rehabilitation programming can maximize the abilities and esteem of the patient and family and foster a healthy reintegration into the community. The prevention/minimization of participation restrictions is the ultimate goal of rehabilitation. As rehabilitation specialists, our focus is to help patients attain, maintain, or restore health and to maximize participation in order for patients to function in life's roles. The team will work closely with the patient and family to identify the most appropriate discharge environment for the patient at the completion of the acute rehabilitation phase of recovery. If additional therapeutic interventions are required, the team will assist in identifying sources for the services.

PAYERS/FEES

Inpatient rehabilitation services are typically covered by Medicare and Medicaid as well as commercial insurers based on qualifying criteria. Physicians are independent contractors and will bill for their services separate from the hospital services directly to your insurance carrier. Patients will receive information regarding any fees for which they might be responsible as part of the admission process.

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RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

- Centers for Medicare/Medicaid Services
- Commission on Accreditation of Rehabilitation Facilities
- Joint Commission on Accreditation of HealthCare Organizations
- Association of Rehabilitation Nurses
- American Occupational Therapy Association
- American Physical Therapy Association
- American Speech-Language and Hearing Association
- National Association of Social Workers
- State Licensure Boards

V. APPROVAL:

APPROVING COMMITTEES AND AUTHORIZING BODY	APPROVAL DATES
Rehab Leadership Committee:	1/2018
ePolicy Committee:	5/2018
Medical Executive Committee:	
Board of Directors:	
Historical Approvals:	

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TITLE:	Acute Rehab Center -Scope of Service for Acute Rehab Center
CATEGORY:	Patient Care Services
LAST APPROVAL:	9/2016

TITLE:	Scope of Practice for Nursing Services
CATEGORY:	Patient Care Services
LAST APPROVAL:	2/2015

TYPE:	☐ Policy	☐ Protocol	☑ Scope of Service/ADT
	☐ Procedure	☐ Standardized Process/Procedure	
SUB-CATEGORY:	Patient Care Services		
OFFICE OF ORIGIN:			
ORIGINAL DATE:	5/1995		

COVERAGE:

All Patient Care Services Employees

PURPOSE:

The Nursing Practice Act (www.rn.ca.gov - Section 2725) defines the practice of nursing as "those functions, including basic health care, which help people cope with difficulties in daily living which are associated with their actual or potential health or illness problems or the treatment thereof which require a substantial amount of scientific knowledge or technical skill." The RN -considered competent when he/she consistently demonstrates the ability to transfer scientific knowledge from social, biological and physical sciences in applying the nurse process.

The Standards of Competent Performance delineated in Section 1443.5 of the California Code of Regulations require the RN to directly observe and assess the patient, "through interpretation of information of information obtained from the client and others including the health team." RNs provide an ongoing patient assessments and document findings in the patient's medical record. The assessment is to be performed and documented each shift and upon receipt of the patient when he/she is transferred to another patient care area.

STATEMENT: This policy governs the official role of the Registered Nurse practicing at El Camino Hospital.

PROCEDURE:

RN independently initiates and performs complex thinking strategies in all phases of the nursing process. This includes the ability to formulate a patient specific set of diagnoses when there is uncertain, inconsistent, unique and conflicting patient information.

The RN plays the predominate role in the timely communication of the patients response or lack of response to treatment to others, including physicians.

The RN is responsible/accountable to see actual and potential patient needs/health problems are addressed and get recorded on the plan of care.

The following will be performed only the RN:

- performance of a comprehensive assessment
- validation of the assessment data;
- formulation of individualized Plans of Care including problem statement, goal, interventions and progress

Delegation of duties occurs between licensed individuals. The responsibility for the patient(s) accompanies delegation. Acceptance of delegation must occur. Delegation must occur within the individual's scope of practice. RNs ensure delegate has appropriate education, skills, experience and documented competency before delegating a task.

Assignment of duties occurs when tasks are assigned to an unlicensed person by a licensed individual.

Evidence that the RN has advocated for the patient includes:

- Clarification of physician orders & comprehensive plan of care
- Ensure informed consent for treatment
- Appropriate/timely discharge planning
- Ensure safe, timely delivery of all aspects of care
- Recognize/record quality variance reporting of actual or "near misses"
- Monitor & follow-up on patient response to treatment regimen
- Ensure patient care assignments for self & others are appropriate and supervised properly

"Standardized procedures" authorize performance of a medical function by an RN. They are developed through collaboration among administrators and health professional including physicians and nurses and are approved through the Interdisciplinary Practice Committee, Patient Care Management Council, the Medical Executive Committee and the Board of Directors

Interim Permittee

The practice of nursing by a nurse with an interim permit is under the supervision of a registered nurse and is restricted to nursing processes and procedures taught in the nurse's basic course work. Excluded from the practice of nurses are those procedures requiring special validation such as arterial blood gas draws, chemotherapy, and CAPD.

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POLICY/PROCEDURE TITLE:Scope of Practice for Nursing Services

Clinical Supervision

The practice of nursing by unlicensed (assistive) personnel is defined in performance standards. They assume responsibilities and perform acts consistent with their education and training, as assigned by the RN, LVN and as allowed by policy, protocols, procedures and guidelines. The responsibility for the assignment always remains with the licensed person. The registered nurse ultimately decides the appropriateness of assignment of tasks for his/her care team.

As defined by the California Board of Registered Nursing, "unlicensed assistive personnel (UAP)" refers to those health care workers who are not licensed to perform nursing tasks and to those health care workers who may be trained and certified but not licensed. UAP are utilized in the delivery of patient care. Effective supervision of these members of the care team is based on the RN's ability to assess real or potential harm associated with patient care procedures and to determine which tasks may be performed by the UAP. Factors which must be considered are patient safety, the competency of the unlicensed person to perform the task, the number and acuity of patients, the number and complexity of tasks, and the number of staff that the RN is supervising.

The direct care RN will independently make decisions regarding the assignment of tasks, based on individual nursing judgments. Tasks requiring a substantial amount of scientific knowledge and technical skill will not be assigned to the UAP. Tasks that are assigned should meet all of the following criteria:

- be considered routine care for the patient;
- pose little potential hazard for the patient;
- involve little or no modification from one client situation to another;
- be performed with a predictable outcome;
- not inherently involve ongoing assessments, interpretations, or decision-making which could not be logically separated from the procedure itself.
-

UAP can perform procedures that require clean technique. They cannot perform any procedures that require aseptic technique. LVNs are licensed and can perform a number of tasks requiring aseptic technique. UAP can collect data, but cannot assess or interpret the data. UAP and LVNs can monitor patients. Only the RN can manage the patient. Management is defined as the assessment, planning, and prioritization of interventions.

APPROVAL	APPROVAL DATES
Patient Care Services Council:	2/2018
ePolicy Committee:	2/2018
Medical Executive Committee:	
Board of Directors:	

POLICY/PROCEDURE TITLE:Scope of Practice for Nursing Services

Historical Approvals:
Board of Directors: 03/04, 04/05, 12/06, 03/09, 05/12, 2/15

Clinical Contract Evaluation for CY 2017
April 16, 2018

No.	Department	Vendor Name and Mailing Address	Contact Info	Scope of Service	MediTract #	Authorizing Manager	Med Staff Cmte Oversight	Rightsourcing MSP Partner (Yes/No/NA)	Completed Y/N
1	Medicine MV&LG	P&A PICC, LLC 2059 Camden Ave #289 San Jose, CA 95124	Gail Heckler Gail@papicc.com	PICC Insertion	1480	CHRIS TARVER	Dept. of Medicine Exec.	N/A	Valid Evaluation
2	Surgery MV	Pacific Life Lines 3481 La Mesa Drive San Carlos, CA 94070	Paul Shuttleworth PO Box 27573 South SF, CA 94127 pllccp@yahoo.com 650-799-8001	Perfusion Services - Cardio	808	SHELLY REYNOLDS	HVI	N/A	Valid Evaluation
3	Pediatrics MV & LG	Pediatrix Medical Group 770 The City Drive South, Ste 4000	Jeryl Barganski 602-256-4628 jeryl_Barganski@pediatrix.com	Infant Hearing Screening	1581	DEBBIE GROTH	Dept. of Pediatric Exec.	N/A	Valid Evaluation
4	Surgery MV&LG	Blood Guys 1970 Fairway Oaks Drive Ripon, CA 95366	Anderson Ward, President 209-345-1200 (Direct) andy@bloodguys.com	Auto transfusion		SHELLY REYNOLDS	Dept. of Surgery and Ortho	N/A	Valid Evaluation
5	Medicine and Surgery MV&LG	Language Line One Lower Ragsdale Dr, Bldg2 Monterey, CA 93940	Michelle Garlow MGarlow@languageline.com	Interpreter Services	1004.163C	ASHLEE FONTENOT	All Departments	N/A	Valid Evaluation
6	Respiratory Therapy	INO Therapeutics, LLC/Ikaria	Dale Lingren	INOtherapy Services		7720 RESPIRATORY MEDICINE JOLIE FOURNET	Internal Medicine	N/A	Valid Evaluation
7	Medicine MV & LG	RehabCare Group, Inc. 7733 Forsyth Blvd, Ste 2300 Clayton, MO 63105	Lynnae Brady Lynnae.Brady@elcaminohospital.org	Physical, Occupational, Speech Therapy, Social Services	1004.1734E	MERIUM SIGNO	Dept. Medicine MV & LG	N/A	Valid Evaluation
8	Medicine	Apheresis Group 1700 California Street, #350 San Francisco, CA 94109	Sheila Smith sheila.smith@FMC-NA.com 415-928-1352	Therapeutic Apheresis		JINA CANSON	Internal Medicine	N/A	Valid Evaluation
9	Surgery	SpecialtyCare, Inc. IOM Services, LLC One American Center 3100 West End Avenue, Suite 800 Nashville, TN 37203	Nancy M. Jones, BSN, RN Vice President, Business Dev. West 916-281-9797 Nancy.jones@specialtycare.net	Neuromonitoring		SHELLY REYNOLDS	Dept. of Surgery	N/A	Valid Evaluation
10	Medicine	Golden Gate Medical Physics LLC.	Sean Toner, MS, DAB MR	Physicist		MARKETTEA BENEKE	Internal Medicine	N/A	Valid Evaluation

No.	Department	Vendor Name and Mailing Address	Contact Info	Scope of Service	MediTract #	Authorizing Manager	Med Staff Cmte Oversight	Rightsourcing MSP Partner (Yes/No/NA)	Completed Y/N
11	Orthopedics	Applied Orthotics & Prosthetics, Inc. 2577 Samaritan Drive San Jose, CA 95124	Michael J. Dodd 2577 Samaritan Drive, San Jose, Ca 95124	Orthotics and prosthetics for LG		JUDY LEYDIG	Orthopedic Dept.	N/A	Valid Evaluation
12	Laboratory	Blood Centers of the Pacific 270 Masonic Ave San Francisco, CA 94118 ***PLEASE NOTE THIS WILL BE INCLUDED FOR 2015	Fred McFadden Customer Account Manager, Hospital Services 270 Masonic Avenue, San Francisco, CA 94118 Direct: (415) 749-6631 | Mobile: (415)	Provision of blood services for MV and LG	1004.2832C	EDWINA SEQUIERA	Transfusion Committee	N/A	Valid Evaluation
13	Critical Care	eICU Services Agreement	Lisa N. Ochoa Bay Area eICU Director 415-600-7620 ochoaln@sutterhealth.org	Night time ICU physician coverage at Mountain View		ALICIA POLDOSKY	Critical Care Committee	N/A	Valid Evaluation
14	Pediatric	Prolacta Bioscience 757 Baldwin Park Blvd. City of Industry, CA 91746 Website: www.prolacta.com	Patty Shanahan Kiddoo, RD Clinical Sales Specialist, Northern California Phone (Cell): 916.202.8205 Email: pskiddoo@prolacta.com	Contracted Breast Milk Supplier		JODY CHARLES	Pediatric Dept	N/A	Valid Evaluation
15	Surgery	NuVasive Clinical Services	10275 Little Patuxent Parkway Suite 300, Columbia< MD www. Nuvasive.com, 410-740-2370	Intra op Neuromonitoring		SHELLY REYNOLDS	Surgery Dept.	N/A	Valid Evaluation
16	Materials Mgmt.	Oceanside Laundry DBA Campus Laundry	Steve Syverston, General Mgr 783 San Andreas Road, Le Selva Beach, C 95076	Hospital Laundry services		KEN KING	Medical Exec	N/A	Valid Evaluation
17	Perinatal Diagnostic Center	Lucille Packard Children's Hospital Perinatal Diagnostic Center 725 Welch Rd., 3rd floor MC 5652 Palo Alto, CA	Leti Gonzalez 650-736-0408 Lalcantara@lpch.org	Genetic Counselor and Ultrasound Technicians	799	CHERYL REINKING	OB/GYN	N/A	Valid Evaluation
18	NICU	Lucille Packard Children's Hospital at Stanford	Kim Roberts	Occupational and Physical Therapist for NICU		JUDY LEYDIG	Pediatric Dept	N/A	Valid Evaluation
19	Pediatrics	First Day Photo, Inc.	Jessica Person CEO, First Day Photo, Inc. 800-770-1926 cxt 705	Newborn Pictures		DEBBIE GROTH	Pediatric Dept	N/A	Valid Evaluation
20	Pharmacy	Central Admixture Pharmacy Services, Inc.	Chris Jones, R.Ph, Director, Pharmacy Automation & Technloby, 704-816-5783 Chrstopher_jones@premierinc.com	Outsourced IV Admixture services for Pharmacy: TP & Lipids		BOB BLAIR	P&T Committee	N/A	Valid Evaluation

No.	Department	Vendor Name and Mailing Address	Contact Info	Scope of Service	MediTract #	Authorizing Manager	Med Staff Cmte Oversight	Rightsourcing MSP Partner (Yes/No/NA)	Completed Y/N
21	Human Resources	Accountable Health Care	Diane Walsh, Director of Operations, NorCal 408.377.9960 dianewalsh@ahcstaff.com	Supplemental Staffing Agreement		8650 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
22	Human Resources	Advanced Medical Personnel Services	Conor Ryan, Sr. Acct. Mgr. 503.928.6818 cryan@gowithadvanced.com	Supplemental Staffing Agreement		8651 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
23	Human Resources	Aerotek	Meryssa Riley, Acct Mgr 408.367.6926 meriley@aerotek.com	Supplemental Staffing Agreement		8652 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
24	Human Resources	American Traveler Staffing Professionals, LLC	Nancy Lange, Acct Mgr 866.772.5658 nlange@americantraveler.com	Supplemental Staffing Agreement		8653 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
25	Human Resources	Aureus Radiology, LLC	Suzanne Trogdon, Acct Mgr 402.891.1118 x6540 strogdon@aureusmedical.com	Supplemental Staffing Agreement		8654 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
26	Human Resources	AYA Healthcare, Inc	Matt Mehan, Acct Exec 858.345.9356 mmeehan@ayahealthcare.com	Supplemental Staffing Agreement		8655 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
27	Human Resources	CompHealth	Britany Eiseler, Client Rep616.975.5073 britany.eiseler@comphealth.com	Supplemental Staffing Agreement		8656 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
28	Human Resources	Cross Country, Inc. -Malden	Angie Neubauer, Acct Mgr 800.784.6925 aneubauer@crosscountry.com	Supplemental Staffing Agreement		8657 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
29	Human Resources	DRG Health Care Staffing	Lorie Descala, Exec Director 650.877.8111 ldescala@drgstaffing.com	Supplemental Staffing Agreement		8658 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
30	Human Resources	Emerald Health Services	Amanda Visser, Supervisor, Acct Mgmnt 310.484.2005 avisser@emeraldhs.com	Supplemental Staffing Agreement		8659 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation

Clinical Contract Evaluation for CY 2017
April 16, 2018

No.	Department	Vendor Name and Mailing Address	Contact Info	Scope of Service	MediTract #	Authorizing Manager	Med Staff Cmte Oversight	Rightsourcing MSP Partner (Yes/No/NA)	Completed Y/N
31	Human Resources	EmPower Nursing & Allied Solutions	Kim Lindauer, SVP 971.347.3048 kim@empowernas.com	Supplemental Staffing Agreement		8660 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
32	Human Resources	ESP Systems LLC dba Med Temps	Ariel Grossman, Acct Mgr 561.853.2165 agrossman@medtemps.net	Supplemental Staffing Agreement		8661 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
33	Human Resources	FlexCare Medical Staffing	Katie Mull, Exec Acct Mgr 916.547.2161 katie@flexcarestaff.com	Supplemental Staffing Agreement		8662 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
34	Human Resources	Fortus Group Travel, Inc	John Short, Nat Acct Dev Exec 315.295.1988 john@fortusgroup.com	Supplemental Staffing Agreement		8663 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
35	Human Resources	Global Healthcare Group	Laura Biodrowski, Director 717.395.7320 laura@globalhealthcaregroup.com	Supplemental Staffing Agreement		8664 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
36	Human Resources	Healthcare Pros, Inc	Jordan Broekelschen, Acct Mgr 714.761.7001 jordanb@healthcarepros.net	Supplemental Staffing Agreement		8665 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
37	Human Resources	InSync Consulting Services LLC	Tim Coxen, President 916.245.7669 tcoxen@insynconline.net	Supplemental Staffing Agreement		8666 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
38	Human Resources	Kenfoster Medical Inc.	Robin Khabra 415.310.0561 robin.khabra@kenfostermedical.com	Supplemental Staffing Agreement		8667 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
39	Human Resources	Management Health Systems, LLC dba MedPro Healthcare Staffing	Kenny Wisniewski, Acct Mgr 954.228.7316 kwisniewki@medprostaffing.com	Supplemental Staffing Agreement		8668 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
40	Human Resources	Maxim Healthcare Services, Inc. dba Maxim Staffing Solutions	Melanie Hanley, Bus Dev Mgr 510.982.3795 mehanley@maxhealth.com	Supplemental Staffing Agreement		8669 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
41	Human Resources	MedSource Travelers	Haley Petrous, Acct Mgr 586.335.3393 hpetrous@medsourcetravelers.com	Supplemental Staffing Agreement		8670 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation

No.	Department	Vendor Name and Mailing Address	Contact Info	Scope of Service	MediTract #	Authorizing Manager	Med Staff Cmte Oversight	Rightsourcing MSP Partner (Yes/No/NA)	Completed Y/N
42	Human Resources	MGA Healthcare Inc.	Joel Wilson, Manager 415.421.4900 joel@mgahealthcare.com	Supplemental Staffing Agreement		8671 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
43	Human Resources	Power Personnel, Inc.	Peter Mathey, Recruiting Mgr 408.293.9144 pmathey@powerpersonnel.com	Supplemental Staffing Agreement		8672 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
44	Human Resources	Preferred Healthcare Registry Inc.	Sally Dale, Director 800.787.6787 sales@preferredregistry.com	Supplemental Staffing Agreement		8673 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
45	Human Resources	Premier Healthcare Professionals, Inc.	Brandy MacDonald, Acct Mgr 866.296.3247 x2876 bmacdonald@travelphp.com	Supplemental Staffing Agreement		8674 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
46	Human Resources	RN Network	Jenna Barrett, Sr. Nat Acct Exec 888.363.2709 jenna.barrett@rnnetwork.com	Supplemental Staffing Agreement		8675 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
47	Human Resources	RTG Medical	Joe Steiner, Sr Recruiter 866.784.2329 x208 joe.steiner@rtgmedical.com	Supplemental Staffing Agreement		8676 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
48	Human Resources	Soliant Health, Inc.	Steve Yang, Sr Acct Exec 770.225.3167 steve.yang@soliant.com	Supplemental Staffing Agreement		8677 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
49	Human Resources	Springboard Staffing	Reggie Thomas, Sr Relationship Mgr 866.465.6286 rthomas@springboardhealthcare.com	Supplemental Staffing Agreement		8678 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
50	Human Resources	Supplemental Health Care	Brendan Tobolski, Client Services Mgr 716.222.9917 btobolski@supplementalhealthcare.com	Supplemental Staffing Agreement		8679 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
51	Human Resources	Surgical Staff, Inc.	Erica Rodriguez, Placement Coordinator 800.339.9599 erodriguez@surgicalstaffinc.net	Supplemental Staffing Agreement		8680 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation

No.	Department	Vendor Name and Mailing Address	Contact Info	Scope of Service	MediTract #	Authorizing Manager	Med Staff Cmte Oversight	Rightsourcing MSP Partner (Yes/No/NA)	Completed Y/N
52	Human Resources	TotalMed Staffing, Inc.	Rob Neuville, Bus Dev Mgr 920.750.7159 rneuville@totalmed.com	Supplemental Staffing Agreement		8681 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
53	Human Resources	Travel Nurse across America, LLC	Candi DeBlase, Sr Acct Mgr 501.604.4853 cdeblase@nurse.tv	Supplemental Staffing Agreement		8682 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
54	Human Resources	Triage, LLC	Don Wallingford, Sr Client Mgr 800.259.9897 x212 dwallingford@triagestaff.com	Supplemental Staffing Agreement		8683 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
55	Human Resources	Trustaff Travel Nurses, LLC	Sabrina Fordyce, Acct Mgr 877.880.0346 sfordyce@trustaff.com	Supplemental Staffing Agreement		8684 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
56	Human Resources	United Staffing Solutions, Inc	Dan Neary, Client Relations Mgr 888.311.0000 x116 daniel.neary@ussinurses.com	Supplemental Staffing Agreement		8685 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
57	Human Resources	Yoh Professional Services, LLC	Jaime Mazzotta, Sr Bus Dev Mgr 925.337.0807 jaime.mazzotta@yoh.com	Supplemental Staffing Agreement		8686 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	N/A - no workers in 2017.
58	Human Resources	BE Smith	www.BESmith.com 913.645.7517 amanda.myers@besmith.com	Supplemental Staffing Agreement / Interim placement		8686 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
59	Human Resources	Aureus Nursing, LLC	Caitlin Locke, Acct Mgr 800.856.5457 x2276 clocke@aureusmedical.com	Supplemental Staffing Agreement		8650 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation
60	Human Resources	Agostini Nurse Staffing		RN Staffing Services		8650 HUMAN RESOURCES RICH MINA	Medical Exec	No	No longer a vendor with ECH
61	Human Resources	Access Nurses, Inc		RN Staffing Services		8650 HUMAN RESOURCES RICH MINA	Medical Exec	No	No longer a vendor with ECH
62	Human Resources	InteliStaf Flying Nurses Corp.		RN Staffing Services		8650 HUMAN RESOURCES RICH MINA	Medical Exec	No	No longer a vendor with ECH
63	Human Resources	Fusion Medical Staffing, LLC	Kelsie Slobotski, Client MGR 877.230.3885 x242 kelsie.slobotski@fusionmedstaff.com	Supplemental Staffing to cover LOA"s and vacancies		8650 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation

Clinical Contract Evaluation for CY 2017
April 16, 2018

No.	Department	Vendor Name and Mailing Address	Contact Info	Scope of Service	MediTract #	Authorizing Manager	Med Staff Cmte Oversight	Rightsourcing MSP Partner (Yes/No/NA)	Completed Y/N
64	Human Resources	RightSourcing Services Agreement	Sean Kerska Program Manager sean_kerska@elcaminohospital.org 650-988-7649	* Managed Service Provider (MSP) for Outside Labor. * Client-Sourced worker (Payroll) Service		8650 HUMAN RESOURCES RICH MINA	Medical Exec	Yes	Valid Evaluation

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	FY19 Executive Salary Ranges and FY 19 Base Salaries El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Bob Miller, Executive Compensation Committee Chair
	Action requested:	For Information
	Background: • Mercer, an outside compensation consultant, conducted a comprehensive market review for each El Camino Hospital executive position. • The Board delegated authority (Board Resolution 2018-05) to the Executive Compensation Committee to make certain decisions related to executive compensation. • Where market data supported an increase in the salary range, the Committee approved changes consistent with policy. • Base salary increases combine market and merit adjustments, are below the budgeted amount, and will be effective August 12, 2018. • The Committee approved the attached FY19 Base Salary Ranges and Base Salaries for the executive team (excluding the CEO). The overall average aggregate increase is 3.9%.	
	Other Board Advisory Committees that reviewed the issue and recommendation, if any: N/A	
	Summary and session objectives: To inform the Board about recent Executive Compensation Committee actions and approvals.	
	Suggested discussion questions: N/A	
	Proposed Board motion, if any: None. This is an informational item.	
	LIST OF ATTACHMENTS: 1. FY19 Executive Salary Ranges 2. FY19 Executive Base Salaries	

Attachment A
El Camino Hospital FY19 Executive Salary Ranges
Approved by the Executive Compensation Committee

May 24, 2018

	FY19 Salary Range		
Position	Minimum	Midpoint*	Maximum
Chief Operating Officer (*open position*)	$479,200	$599,000	$718,800
Chief Financial Officer	$481,600	$602,000	$722,400
Chief Human Resources Officer	$301,600	$377,000	$452,400
Chief Medical Officer (*open position*)	$460,800	$576,000	$691,200
President, SVMD	$354,400	$443,000	$531,600
General Counsel	$356,800	$446,000	$535,200
Chief Information Officer	$340,800	$426,000	$511,200
Chief Nursing Officer	$312,800	$391,000	$469,200
Chief Strategy Officer (*open position*)	$305,600	$382,000	$458,400
Chief Administrative Services Officer	$231,200	$289,000	$346,800
VP Corporate & Community Health Svcs.; President, CONCERN:EAP	$243,200	$304,000	$364,800
President, ECH Foundation	$222,400	$278,000	$333,600
Vice President, Payor Relations	$202,400	$253,000	$303,600

Attachment B

El Camino Hospital FY19 Executive Base Salaries

Approved by the Executive Compensation Committee

May 24, 2018

Position	FY19 Base Salary
Chief Financial Officer	$494,400
General Counsel	$392,700
Chief Human Resources Officer	$351,230
Chief Information Officer	$360,500
VP Corporate & Community Health Svcs.; President, CONCERN:EAP	$267,280
Chief Nursing Officer	$354,040
President, ECH Foundation	$259,560
Chief Administrative Services Officer	$303,113
President, SVMD	$507,500
VP, Payor Relations	$272,950

El Camino Hospital®
THE HOSPITAL OF SILICON VALLEY

Major Capital Projects Update
El Camino Hospital Board of Directors

For Information

May 29, 2018

Ken King
Chief Administrative Services Officer

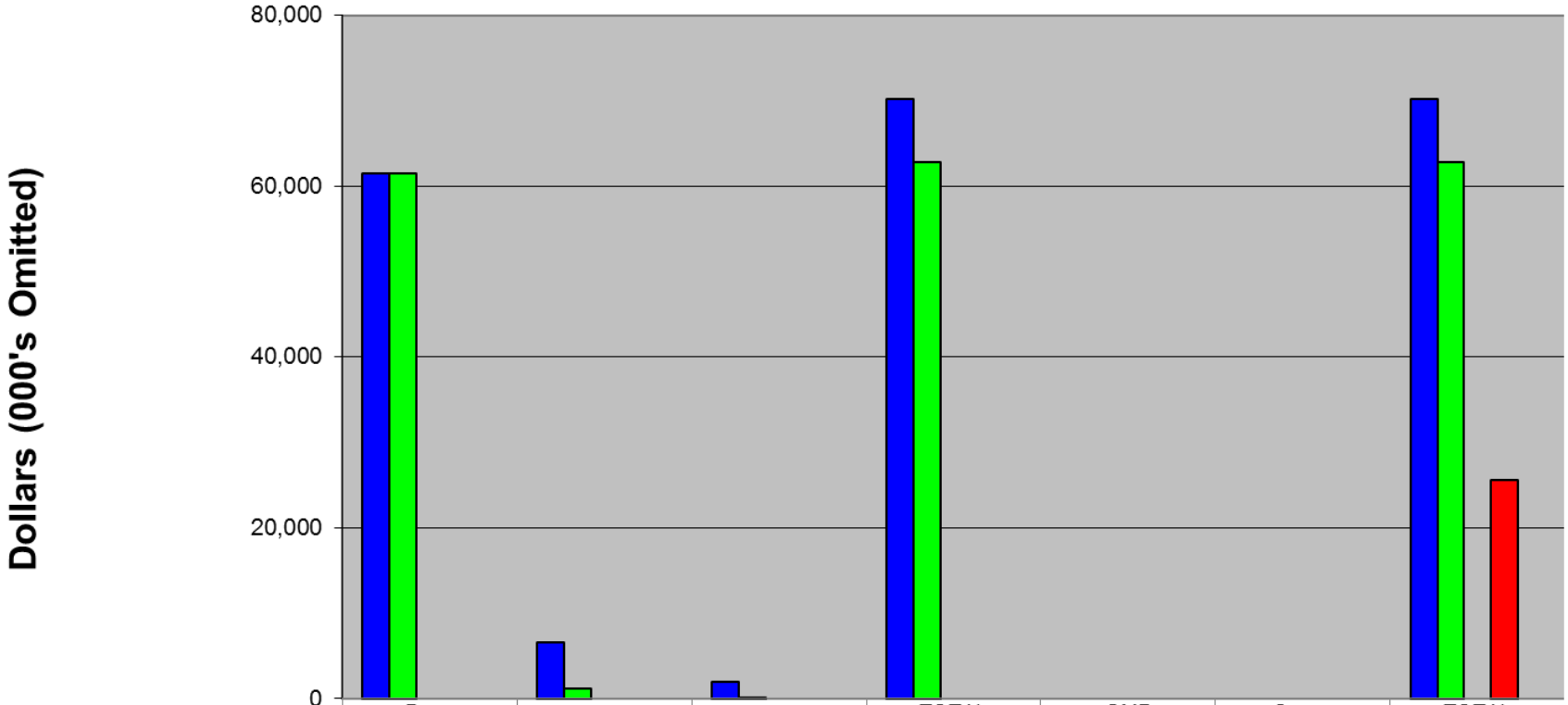
Mountain View Campus Plan – Project List

Project Name	Current Phase
Step 1	
• North Parking Garage Expansion -	Complete
• Behavioral Health Services (BHS) Building -	Construction
• Integrated Medical Office (IMOB) Building -	Construction
• Central Utility Plant (CUP) Upgrades -	Construction
Step 2	
• Women's Hospital Expansion -	Design
• Demo Old Main Hospital & Related Site Work -	Assessment

MV Campus Development Projects Status Update
May 21, 2018

- Behavioral Health Services (BHS) Building
  - Foundations, slab on grade and concrete walls are 99% complete. Interior and Exterior wall framing are 20% complete and MEP rough in is 35% complete. Construction is progressing as scheduled with a target completion in March 2019 and the project is forecasted to be within the approved budget.
- Integrated Medical Office Building (IMOB) & Garage
  - Foundations, slab on grade, structural steel and suspended slabs are 100% complete. Fireproofing of structure is complete up to the third floor. Interior framing and overhead MEP installation is underway on levels G and 1. Exterior GFRC and window walls are in process on the upper floor. Construction is progressing as scheduled with a target completion in May 2019 and the project is forecasted to be within the approved budget.
- Central Utility Plant (CUP) Upgrade
  - Construction and equipment installation is substantially complete, with only commissioning and close out activities remaining. The project is forecasted to be within the approved budget.
- **Women's** Hospital Expansion
  - The development of the project plan is being adjusted to accommodate the temporary relocation of Labor & Delivery and NICU. A detail accounting of the costs schedule and operational implications will be presented at the next scheduled meeting of the Finance Committee.

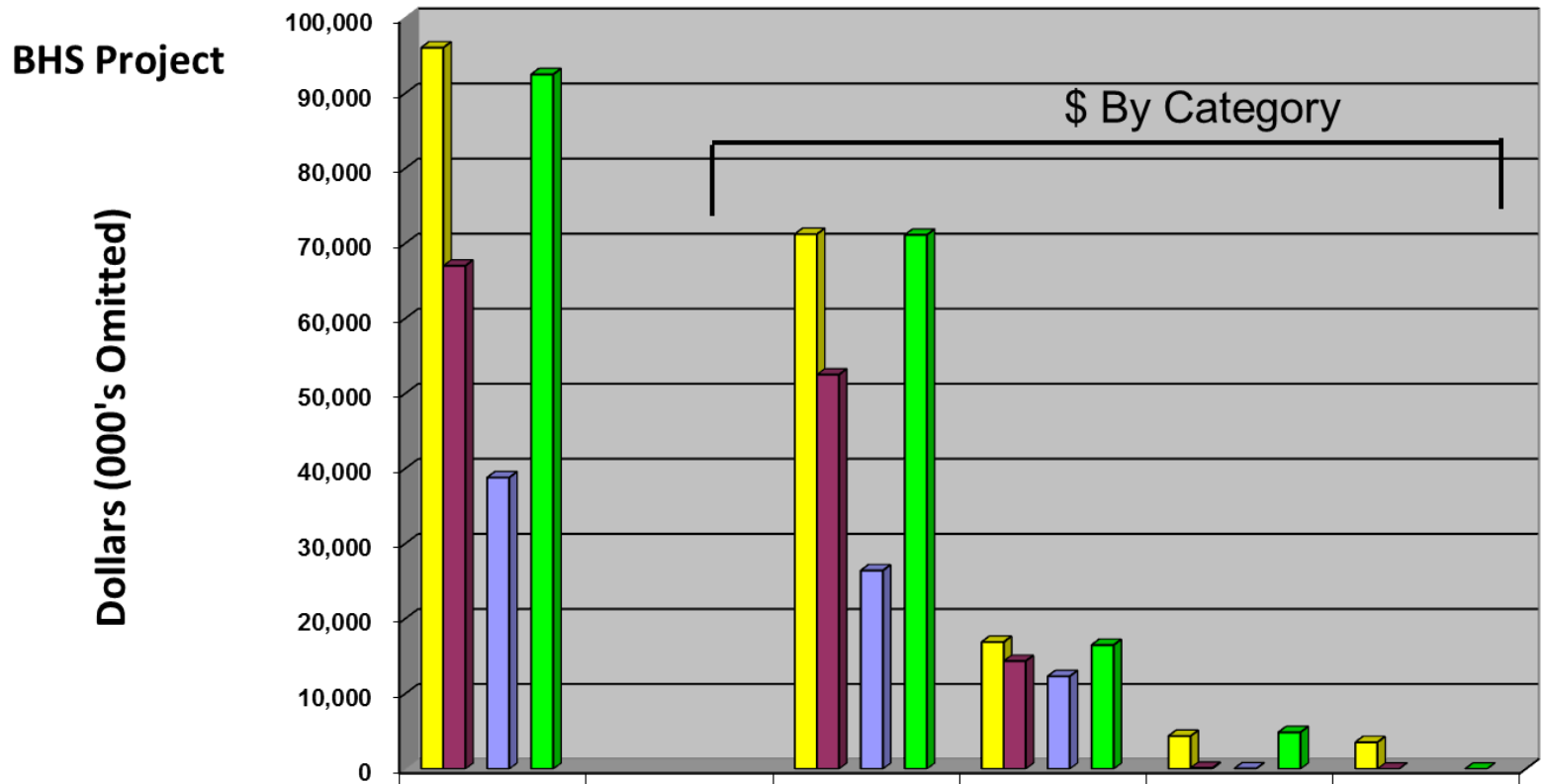
Behavioral Health Services Building –
Construction Contract Summary



	Base Construction Cost	Allowances	Contingency	TOTAL BASE CONTRACT	GMP Change Orders	Owner Change Orders	TOTAL CONTRACT To Date
GMP Value	61,533	6,604	1,985	70,122	0	0	70,122
Committed $	61,533	1,132	134	62,799	0	0	62,799
% of GMP Value, Committed	100%	17%	7%	90%	0%	0%	90%
Expended to Date							25,590
% of Committed $, Expended							41%

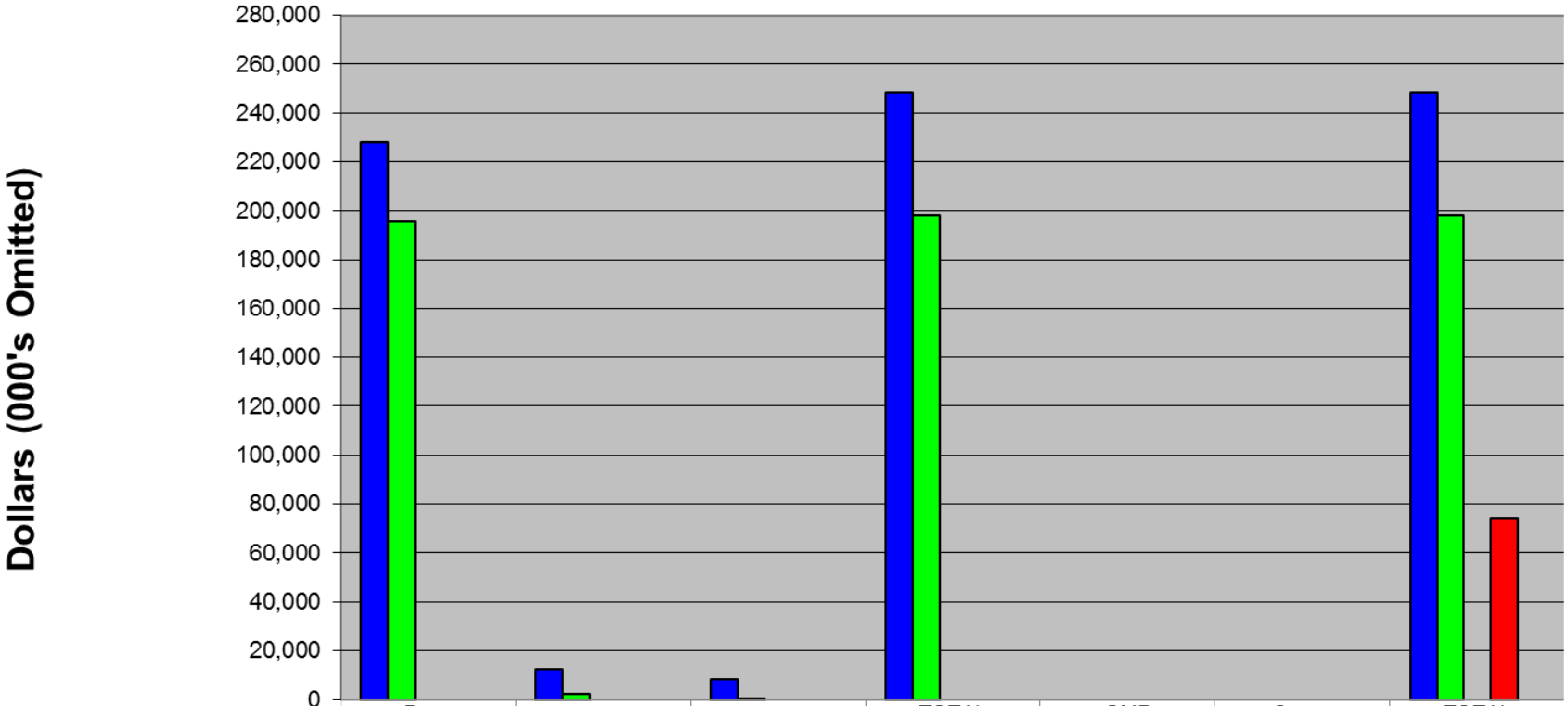
BHS Contract Cost Categories

Behavioral Health Services Building –
Project Cost Summary



	Total Project		Construction	Soft Costs	FF&E	Contingencies
Board Approved Funding	96,100		71,260	16,910	4,378	3,552
Costs Committed to Date	67,038		52,532	14,377	129	0
% of Funding Committed	70%		74%	85%	3%	
Paid to Date	38,826		26,439	12,332	55	
% of Comitted Paid	58%		50%	86%	43%	
Forecast of Final Cost	92,538		71,148	16,512	4,878	(10)
% of Board Approved Funding	96%		100%	98%	111%	0%

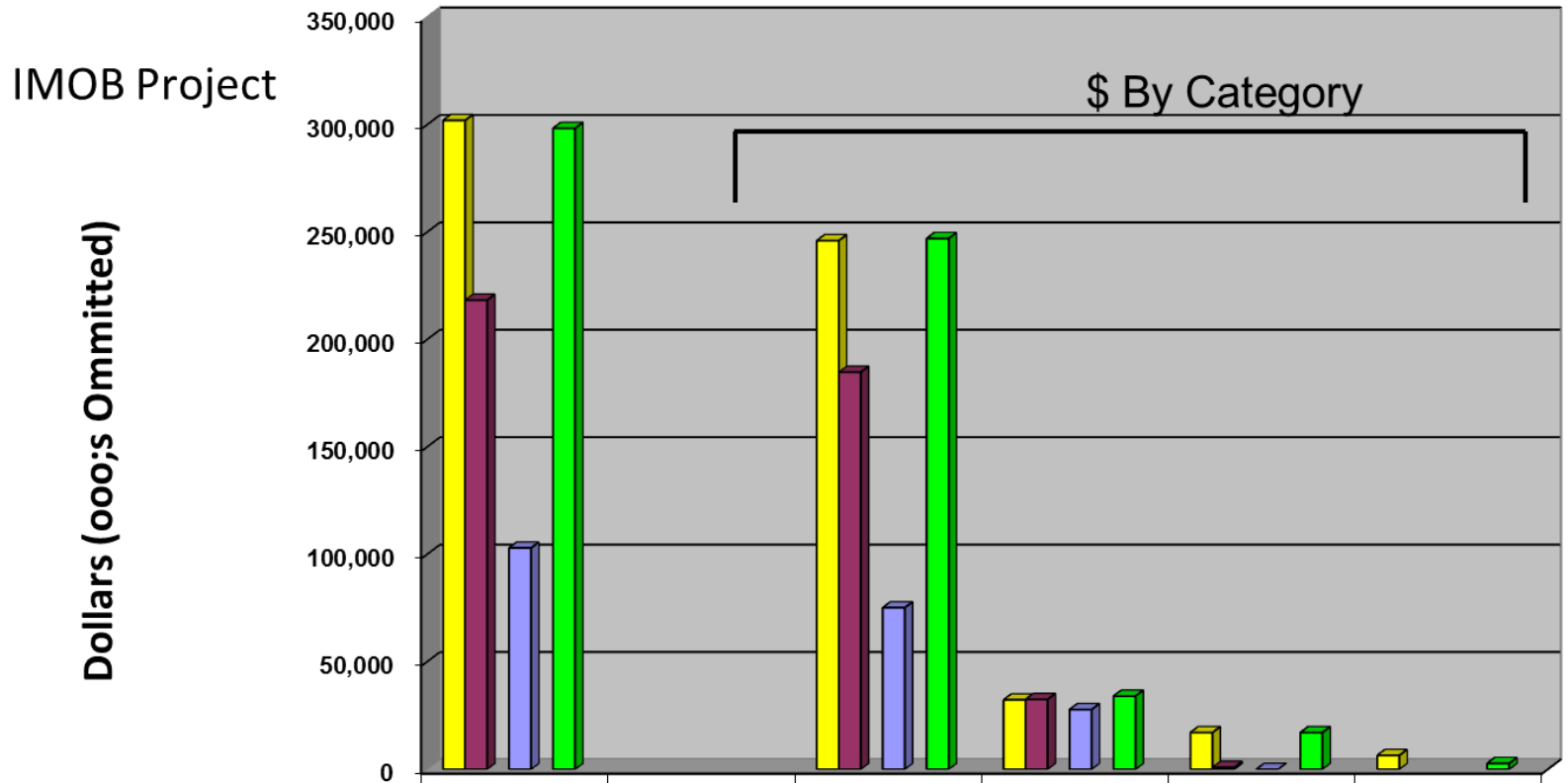
Integrated Medical Office Building –
Construction Contract Summary



	Base Construction Cost (Target)	Allowances (Target)	Contingency (Target)	TOTAL BASE CONTRACT	GMP Change Orders	Owner Change Orders	TOTAL CONTRACT To Date
GMP Value	228,086	12,399	8,055	248,541	0	0	248,541
Committed $	195,680	2,062	325	198,067	0	0	198,067
% of GMP Value, Committed	86%	17%	4%	80%	0%	0%	80%
Expended to Date							74,402
% of Committed $, Expended							38%

IMOB Contract Cost Categories

Integrated Medical Office Building -
Project Cost Summary



	Total Project		Construction	Soft Costs	FF&E	Contingencies
Board Approved Funding	302,100		246,109	32,350	17,141	6,500
Costs Committed to Date	218,420		184,891	32,585	944	
% of Funding Committed	72%		75%	101%	6%	
Paid to Date	103,095		75,260	27,826	9	
% of Comitted Paid	47%		41%	85%	1%	
Forecast of Final Cost	298,398		247,160	34,097	17,141	2,798
% of Board Approved Funding	99%		100%	105%	100%	43%

Overall Project Cost Projections – May 21, 2018

Mountain View Master Plan Projects - **Financial Summary & Forecasted Cost**

Current Projection				Updated 05/21/18	
Through March 19, 2018	Approved Funding	Total Obligated	Paid to Date	Forecasted Cost	Forcasted to Budget Variance
North Drive Parking Structure Expansion	$24,500,000	$24,148,156	$23,342,436	$24,163,156	$336,844
Behavioral Health Services Building	$96,100,000	$67,037,772	$38,826,047	$92,538,041	$3,561,959
Integrated Medical Office Building & Parking Structure	$302,100,000	$218,420,373	$103,095,173	$298,397,376	$3,702,624
Central Utiltity Plant Upgrade	$9,000,000	$8,959,094	$6,405,351	$8,982,594	$17,406
Women's Hospital Expansion	$6,000,000	$5,821,624	$3,120,799	$6,000,000	$0
Total All Projects	**$437,700,000**	**$324,387,019**	**$174,789,807**	**$430,081,167**	**$7,618,833**

- To date we have obligated by contract 74% of the Total Project Budgets and paid 54% of the obligated amount.
- The Forecasted Cost for the IMOB & Parking Structure includes the following assumptions.
  - $500,000 in savings from the Phase I construction contract.
  - $2,000,000 in tenant contributions to be credited to TI construction costs.
- The Forecasted Cost is based on where we expect to complete the project with everything we know today. This essentially will track our use of the project contingency.
- The Women's Hospital Expansion cost estimate will be presented at the next scheduled meeting of the Finance Committee.

ECH BOARD MEETING AGENDA ITEM COVER SHEET

	Item:	Progress Against FY18 Committee Goals El Camino Hospital Board of Directors June 13, 2018
	Responsible party:	Cindy Murphy, Director of Governance Services
	Action requested:	For Information
	Background: Nearly all of the Board Advisory Committee goals have been met. However, the Governance Committee will delay consideration of the FY19 Board Education Plan until Q1 FY19 due to a very heavy June 2018 Agenda.	
	Other Board Advisory Committee(s) that reviewed the issue and recommendation, if any: Each of the Board's Advisory Committees has been tracking progress against their own FY18 Committee Goals and the Governance Committee reviewed the full set at its June 5th meeting.	
	Summary and Session Objectives: To update the Committee on the status of FY18 Advisory Committee goals.	
	Suggested discussion questions: None.	
	Proposed Board motion, if any: None. This is an informational consent item.	
	LIST OF ATTACHMENTS: 1. FY18 Advisory Committee Goals (Compliance, Executive Compensation, Finance, Governance, Investment, and Quality Committees)	

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

FY18 COMMITTEE GOALS

Corporate Compliance/Privacy and Internal Audit Committee

PURPOSE

The purpose of the Corporate Compliance/Privacy and Audit Committee ("Compliance Committee") is to advise and assist the El Camino Hospital (ECH) Board of Directors ("Board") in its exercise of oversight by monitoring the compliance policies, controls, and processes of the organization and the engagement, independence, and performance of the internal auditor and external auditor. The Compliance Committee assists the Board in oversight of any regulatory audit and in assuring the organizational integrity of ECH in a manner consistent with its mission and purpose.

STAFF: **Diane Wigglesworth**, Sr. Director, Corporate Compliance

The Sr. Director, Corporate Compliance 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 or outside consultants may participate in the meetings upon the recommendation of the Sr. Director, Corporate Compliance and at the discretion of the Committee Chair.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Review and evaluate Hospital's plan for IT Security awareness training for organization	• Q1 FY18	• Committee reviews training plan – reviewed at 8/17/17 meeting
2. Review and evaluate Hospital's policy and education plan regarding responding to government investigations	• Q1 FY18	• Committee reviews policy and education plan – reviewed at 9/28/17 meeting
3. Review reports on the completion of HIPAA Readiness plan milestones for FY18	• Q2 and Q4 FY18	• Committee reviews HIPAA Readiness Plan milestones for FY18 - Initial Q2 review at 11/16/17 meeting. Additional Q4 milestones reviewed on 5/17/18.
4. Review and evaluate Management's recommended ERM framework regarding how the Board will establish its risk appetite and tolerance levels	• Q1 FY18: Preliminary Framework Report • Q2 FY18: Final Recommendations	• Committee reviews recommendations Initial recommendations reviewed at 11/16/17 & 1/18/18 meeting, Joint meeting with Hospital Board on 5/9/18 to review ERM scoring and discuss tolerance

SUBMITTED BY:

John Zoglin **Chair**, Corporate Compliance/Privacy and Internal Audit Committee

Diane Wigglesworth **Executive Sponsor**, Corporate Compliance/Privacy and Internal Audit Committee

Approved by the ECH Board of Directors on June 14, 2017

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

FY18 COMMITTEE GOALS

Executive Compensation Committee

PURPOSE

The purpose of the Executive Compensation Committee is to assist the El Camino Hospital (ECH) Board of Directors ("Board") in its responsibilities related to the Hospital's executive compensation philosophy and policies. The Committee shall advise the Board to meet all legal and regulatory requirements as it relates to executive compensation.

STAFF: **Kathryn Fisk**, Chief Human Resources Officer; **Julie Johnston**, Director, Total Rewards; **Cindy Murphy**, Director of Governance Services
The CHRO 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. The CEO, and other staff members as appropriate, may serve as a non-voting liaison to the Committee and may participate at the discretion of the Committee Chair. These individuals shall be recused when the Committee is reviewing his/her compensation. The CEO is an ex-officio member of this Committee.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Advise the Board on performance incentive goal-setting and plan design, ensuring strategic alignment and proper oversight of compensation-related decisions.	• Q2 – Q4 FY18	• Recommend FY17 performance goal scores and payouts (Q2) (Complete) • Oversee the implementation of changes that impact the FY18 strategic planning, budgeting, and goal setting process (Complete) • Recommend FY19 goals and measurements (Q4) (Complete) • Assess the value of long-term incentives to support the achievement of long-term strategies (Complete: Discussed on 11/9)
2. Support successful implementation of executive benefit changes	• Q3 – Q4 FY18	• Review proposed changes to benefits plan policy (Q1) (Complete: LTD revision approved in June 2017) • Review consultant analysis of benefit change impact (Q3) (Complete: Included in Reasonableness Opinion Letter)
3. Advise the Board ensuring strategic alignment and proper oversight of compensation-related decisions.	• Q2 – Q4 FY18	• Review base salary administration policy (Q2) (Complete – recommendations made and approved by the Board), review market analysis, and make base salary recommendations to the Board (Q4) (Complete) • Submit the letter of reasonableness for Board acceptance (Q3) (Complete) • Review compensation philosophy and performance incentive plan policies and make recommendation to Board to approve any changes (Q3) Complete – recommendations made and approved by the Board)

SUBMITTED BY:

Lanhee Chen — **Chair**, Executive Compensation Committee
Kathryn Fisk — **Executive Sponsor**, Executive Compensation Committee

Approved by the ECH Board of Directors on June 14, 2017

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

FY18 FINANCE COMMITTEE GOALS

PURPOSE

The purpose of the Finance 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 El Camino Hospital (ECH) 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: **Iftikhar Hussain**, Chief Financial Officer
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 CFO and at the discretion of the Committee Chair. The CEO is an ex-officio member of this Committee.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Develop and monitor industry benchmarks for operations and finance	• Q2 FY18	• Receive report on operational and financial benchmarks. LTF presentation in 11/17 shows performance vs benchmarks. More detailed benchmark report presented at January's meeting
2. Review major capital projects	• Q3 FY18	• Update on major capital projects in progress Presented at each meeting
3. Education Topic: Ambulatory Care Business Model	• Q1 FY18	• Presentation at the August meeting. Completed in the September meeting
4. Epic Implementation Review	• Q2 FY18	• Presentation at the November meeting. Completed in January's meeting
5. Review top three service lines (HVI, Oncology, BHS)	• Q1 – Q2 FY18	• Presentations at September, November and January meetings. HVI presented in September; Oncology in November and BHS in January. The Committee asked for clearer focus on strategy, goals and KPIs.

SUBMITTED BY:
John Zoglin **Chair**, Finance Committee
Iftikhar Hussain **Executive Sponsor**, Finance Committee

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

FY18 COMMITTEE GOALS
Governance Committee

PURPOSE

The purpose of the Governance Committee is to advise and assist the El Camino Hospital (ECH) Board of Directors ("Board") in matters related to governance, board development, board effectiveness, and board composition, *i.e.*, the nomination and appointment/reappointment process. The Governance Committee ensures the Board and Committees are functioning at the highest level of governance standards.

STAFF: **Dan Woods**, Chief Executive Officer; **Cindy Murphy**, Director of Governance Services

The CEO 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 or outside consultants may participate in the meetings upon the recommendation of the CEO and at the discretion of the Committee Chair.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Review the governance structure of the Hospital Board, conduct research, and make recommendations on preferred competencies.	• Q1 FY18 • Q4 FY18 • Q1 FY18 • Q4 FY18	• Recommendation for high-priority Board member competencies made to Hospital and District Board (Complete) • Chair nominates Governance Committee member to serve on District Board Ad Hoc Committee and participate in the Non-District Board Member recruitment/interview process as requested by the District Board. (Complete for FY18) • Assess District's plan to implement ECH Board Structure and make recommendations. (Complete) • Assess effectiveness of plan. (Complete)
2. Promote enhance and sustained competency-based, efficient, effective governance.	• Q1 – Q4 FY18 • Q1 FY19	• FY18 Self-Assessment Tool (Committees and Board) recommended to the Board and surveys completed (Q1-Q2) (Committee Assessment Complete, Board and Board Chair Assessment survey completed) • Reports are completed and made available to the Board and the District Board (Q3-Q4) (Committee Reports Complete: Governance Committee Reviewed on 2/6, Board Reviewed on 2/14 with Committee Reviews Completed 3/26. Board and Board Chair Assessments to be reviewed at 6/13 ECH and 6/19 ECHD board meetings) • Assess effectiveness of expanded Committee structure (Q2-Q3) (Complete - Governance Committee Reviewed on 2/6) • Make recommendations for assessment of Board/management relationships and effectiveness and make recommendations for improvements. (Q1 FY19) (Review complete. Committee will present recommendations at 6/13 Board meeting)
3. Finalize Board and Committee Education plan for FY18 and develop FY19 Plan	• Q1 FY18 • Q2 FY18 • Q4 FY18	• Develop and recommend FY18 Board Education Plan (Complete) • Recommend FY18 Annual Retreat Agenda to the Board (Complete; Board Retreat held on 1/20) • Make recommendations for FY19 Board Education Plan (delayed until Q1 FY19 due to full agenda for 6/5 meeting)

SUBMITTED BY:

Peter Fung, MD — **Chair**, Governance Committee
Donald Sibery — **Executive Sponsor (Interim CEO)**, Governance Committee

Approved by the ECH Board of Directors on June 14, 2017

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

FY18 COMMITTEE GOALS

Investment Committee

PURPOSE

The purpose of the Investment Committee is to develop and recommend to the El Camino Hospital (ECH) Board of Directors ("Board") the investment policies governing the Hospital's assets, maintain current knowledge of the management and investment funds of the Hospital, and provide oversight of the allocation of the investment assets.

STAFF: **Iftikhar Hussain**, Chief Financial Officer

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 or hospital staff may participate in the meetings upon the recommendation of the CFO and at the discretion of the Committee Chair. The CEO is an ex-officio member of this Committee.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Review performance of consultant recommendations of managers and asset allocations	• Each quarter - ongoing	• Complete - Committee to review selection of money managers and make recommendations to the CFO
2. Educate the Board and Committee: Hedge Fund trends and allocation review	• Q1 FY18	• Complete - Completed by the end of Q1
3. Asset Allocation and Investment Policy Review and ERM Framework.	• Q2	• Complete - Completed by November 2017
4. 5-Year Review of Investment Performance & Advisor (Pavilion)	• Q3	• Complete - Completed by February 2018

SUBMITTED BY:

Jeffrey Davis, MD — **Chair**, Investment Committee

Iftikhar Hussain — **Executive Sponsor**, Investment Committee

Approved by the ECH Board of Directors on June 14, 2017

El Camino Hospital
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FY18 COMMITTEE GOALS

Quality, Patient Care and Patient Experience Committee

The purpose of the Quality, Patient Care and Patient Experience Committee ("Quality Committee") is to advise and assist the El Camino Hospital (ECH) Board of Directors ("Board") in constantly enhancing and enabling a culture of quality and safety at ECH, to ensure delivery of effective, evidence-based care for all patients, and to oversee quality outcomes of all services of ECH. The Quality Committee helps to assure that exceptional patient care and patient experiences are attained through monitoring organizational quality and safety measures, leadership development in quality and safety methods, and assuring appropriate resource allocation to achieve this purpose.

STAFF: **William Faber, MD**, Chief Medical Officer

The CMO 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 clinical representatives may participate in the meetings upon the recommendation of the CMO and at the discretion of the CEO and the Committee Chair. These may include: the Chiefs/Vice Chiefs of the Medical Staff, physicians, nurse, and members from the community advisory councils or the community at-large. The CEO is an ex-officio member of this Committee.

GOALS	TIMELINE by Fiscal Year (Timeframe applies to when the Board approves the recommended action from the Committee, if applicable)	METRICS
1. Review the Hospital's organizational goals and scorecard and ensure that those metrics and goals are consistent with the strategic plan and set at an appropriate level as they apply to the Quality, Patient Care and Patient Experience Committee.	• Q1 FY18 – Goals • Q3 FY18 - Metrics	• Review, complete, and provide feedback given to management, the Governance Committee, and the Board. The Board has approved the FY18 goals and the Committee is monitoring LOS, HCHAPS, GMLOS, and Standardized Infection Ratios.
2. Alternatively (every other year) review peer review process and medical staff credentialing process. Monitor and follow through on the recommendations made through the Greeley peer review process.	• Q4 FY18	• Receive update on implementation of peer review process changes The Committee was briefed on an update at the October 30th meeting. • Review Medical Staff credentialing process. The Committee decided to put off till next fiscal year pending medical staff review.
3. Develop a plan to review the new Quality, Patient Care and Patient Experience Committee dashboard and ensure operational improvements are being made to respond to outliers.	• Q1 – Q2 FY18 – Proposal • Q2 FY18 – Implementation • Month Q1 – Q4 FY18	• Receive a proposed format for quarterly Quality and Safety Review; make a recommendation to the Board and implement new format. FY18 Quality Dashboard is completed and supplemented by 2 additional Quality Metrics reports which are being review at every meeting • Monthly review of FY18 Quality Dashboard Ongoing
4. Oversee the development of a plan with specific tactics and monitor the HCAHPs scores for Patient and Family Centered Care.	• Q3 FY18	• Review the plan and approve Committee reviewed at 4/2 meeting
5. Monitor the impact of interventions to reduce hospital-acquired infections.	• Quarterly	• Review process toward meeting quality (infection control) organizational goal 1st, 2nd, and 3rd quarter reviewed quality dashboard including standardized infection ratios

SUBMITTED BY:

David Reeder **Chair**, Quality Committee
William Faber, MD **Executive Sponsor**, Quality Committee

Approved by the ECH Board of Directors on June 14, 2017

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OPEN SESSION CEO Report
June 13, 2018
Dan Woods, CEO

Organizational Goal Update Through February 2018 (SIR) and May (Others) 2018

Organizational Goals FY18	Benchmark	2017 ECH Baseline	Minimum	Target	Maximum	Weight	Performance Timeframe	FY18 through May	
Quality, Patient Safety & iCare									
Arithmetic Observed LOS Average / Geometric LOS Expected for Medicare Population (ALOS /GMLOS)	External: Expected via Epic Methodology	FY 2016: 1.21 (ALOS 4.86/GMLOS 4.00) FY 2017 YTD April: **1.18** (4.81/4.08)	1.12	1.11	1.09	34%	4Q FY18		1.11
HCHAPS Service Metric: Rate Hospital	External Benchmark	HCAHPs Baseline: 10/2016-12/2016: **75.5%** 1/2017-3/2017: **75.1%**	77%	78%	79%	33%	4Q FY18		78%
Standarized Infection Ratio (SIR)* Observed HAIs/Predicted HAIs (Hospital Acquired Infections)	External Benchmark	July- Dec 2016 CAUTI 1.37, CLABSI 0.25, C.DIFF 0.59 Avg: **0.738**	0.670	0.602	0.534	33%	FY18		CAUTI: 1.459 CLABSI: 0.423 C.Diff: 0.30 Avg: **0.525**
Threshold Goals									
Budgeted Operating Margin**	95% Threshold	Achieved Budget	95% of Budgeted			Threshold	FY 18		Met

* Updated Infection Data will not be available until end of the Fiscal Year.
** These metrics are available through April 2018 only.

Quality and Safety

Urologists at our Los Gatos campus are the first in the nation to utilize aquablation to treat symptomatic benign prostatic hypertrophy. This treatment is as effective as the traditional trans urethral resection of the prostate (TURP), but has significantly fewer side effects.

Preparation and planning for the El Camino Comprehensive Stroke Center program is continuing with work to establish 24/7 critical care intensivist availability with Emergency Neurological Life Support (ENLS) training and 24/7 neurosurgical coverage.

Patient Experience

We continue to hit the maximum of the HCHAPS overall patient experience goal at 80.9. Many activities are in process as we continue our efforts to improve the patient experience including care team coaching, nurses listening tool kit, and leader rounding.

The MyChart Bedside project implementation plan is in progress with immediate focus upon selecting the pilot unit and determining the location of the iPad in the patient room. A patient representative has been added to the MyChart Steering Committee. We plan to go-live on a pilot unit by December 2018.

We are introducing e-prescribing for controlled medications as a convenience for doctors and patients. Prescribers will be required to check the CURES database used by California to track opiate prescriptions to reduce overdose risks.

Operations

We implemented some additional physician-friendly changes to the OR scheduling process in Los Gatos and will increase the number of pre- and post-operative beds from 9 to 15 to be utilized by patients being observed and treated during pre- and post-surgical procedures (scheduled to be complete in September 2018).

Implementation of plans to execute against our commitment to embedding LEAN management at all levels of the organization is well underway. The patient flow execution plan is moving

forward with a number of tactics being completed to ensure continued improvement with patient flow beginning in the Emergency Department, *e.g.*, staff are participating in various organizational development and training activities, value stream exercises are being rolled out (*i.e.*, identifying key processes and training the relevant staff on specific actions associated with problem-solving, information management, and physical transformation associated with patient flow), and executive sponsors are educating and training direct reports regarding key processes, outcomes, and accountabilities.

The Magnet application for the ECH's 4th Designation was sent to the American Nurses Credentialing Center on June 1st. The full set of documents with sources of evidence indicating that we meet the 2019 standards is due on June 3, 2019.

Financial Services

We implemented a new A/P payment system that will enable us to pay enrolled vendors each night at a discounted amount due to immediate payment. We expect there to be growth in adding vendors to this program resulting in savings to ECH at a minimum of $500,000 per year.

Our cost initiative goal has been achieved. As of May 25, 2018 we have implemented $5.3M savings of our $4.8M challenge and cost avoidance of $330,000. We have already begun work on our savings goals for FY19. Financial Services will be working with both groups to ensure correct decisions and cost savings are achieved.

Marketing and Communications

The Marketing Team is developing an ethnic population-focused healthcare survey as well as a survey of Cancer Center patients. Recent ECH news releases focused on the opening of the new outpatient pharmacy on the Mountain View campus and the Norma Melchor Heart & Vascular Institute's American College of Cardiology's NCDR ACTION Registry Platinum Performance Achievement Award. We led and implemented activities for Hospital Week and a robotics symposium for staff, local high school robotic programs, and the broader community. There was also lots of activity in support of the Auxiliary's Annual General Meeting, the Foundation's "Spring Forward" gala, and Mental Health Awareness Month. We are currently engaged in planning for the annual Men's Health Fair and summer "Jazz on the Plazz" concert series in Los Gatos. The team also launched an audit and planning for upgrading the website platform in FY19.

Information Services

Approximately 130 physicians received EPIC training. Based on physician feedback, over 25 enhancement improvements were built in Epic with 45% of the hospital physicians now rating themselves as mature Epic users, saving an average of 6 minutes per patient. Ambulatory physicians demonstrated an 11.8% increase in efficiency, saving over 22 minutes per patient. Next steps include developing a data conversion plan to improve physician efficiency when transitioning to Epic from a paper or another EMR-based system. Our employee enrollment campaign for MyChart began in April in coordination with improved patient enrollment opportunities at registration. Weekly enrollment reports are monitored for progress towards reaching the 50% patient enrollment goal by December 2018.

El Camino Hospital
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Corporate and Community Health (CONCERN and Community Benefit)

CONCERN provided critical incident response support to a large tech company after a traumatic event on campus. We provided 300 hours of counseling support over 30 days at eight sites. We have also developed a clickable prototype and video to describe our new digital platform that will significantly enhance the EAP user experience, which we will share with a number of customers over the next several months.

El Camino Hospital/El Camino Healthcare District provided support to the 10 following organizations through the sponsorship program:

- BAWSI: Evening at the Olympics
- Cystic Fibrosis Foundation: Great Strides Walk
- Sunnyvale Rotary Foundation/Sunnyvale School District/ Sunnyvale Community Services: Our Kids Our Community
- Pacific Stroke Association Conference
- Child Advocates of Silicon Valley: Flower Run
- Jenny's Light Run – overcoming perinatal mood disorders
- Alzheimer's Association/Chinese American Forum
- Aging Services Collaborative: Caregivers Conference
- Preeclampsia Foundation: Promise Walk Bay Area
- City of Mountain View Senior Center: Mountain View Senior Center Fair

The South Asian Heart Center graduated another group of patients in STOP-Diabetes program; average improvement in A1C = 13.2% and average weight loss was 4.9% equivalent to 7.9lbs.

El Camino Hospital eldercare consultants presented at the Mountain View Senior Resource Fair about ECH eldercare services. Topics included Medicare coverage, in-home caregiving versus home health care, dementia symptoms and care, and transportation options with an emphasis on RoadRunners.

The Chinese Health Initiative (CHI) collaborated with 3 Community Services Agencies (Mountain View, Cupertino, and Sunnyvale) to provide culturally appropriate health education to their Chinese members enrolled in Challenge Diabetes, a program funded by El Camino Hospital. CHI recruited 18 bilingual volunteers and provided interpretation to the Chinese clients. The volunteers assisted with completion of forms and communication with phlebotomists and dietitians. Around 275 Chinese clients were served by our volunteers.

Government and Community Relations

Brenda Taussig and I visited County Supervisor Mike Wasserman to discuss hospital services and new construction. Brenda Taussig and Joan Kezic met with Assemblymember Ash Kalra about his bill, AB 3087, held in the Assembly Appropriations Committee, which would create a state commission to set commercial insurance payments to hospitals, doctors, and other healthcare providers. ECH opposed the bill, but appreciates Assemblymember Kalra's invitation to discuss payor relations and cost reduction with him. Rate regulation legislation is likely to return next year. ECH has closely followed SB 1152, a bill that mandates a process for discharging homeless patients. Staff is working on this important issue from both a government relations and hospital operations perspective. ECH staff joined a new homeless patient discharge task force to share best practices and improve linkages between local hospitals, social service, and housing agencies.

ECH was awarded "2018 LGBTQ Healthcare Equality Leader" status by the Human Rights Commission, the result of extensive work done by a multidisciplinary ECH staff committee. In June, as part of recommended staff education, ECH will host internationally-renowned surgeon Dr. Marci Bowers speaking on understanding and addressing the healthcare needs of transgender patients.

Silicon Valley Medical Development, LLC

El Camino Hospital affiliate Silicon Valley Medical Development, LLC purchased the assets of Atlas Urgent Care in Cupertino. It has reopened as "Direct Urgent Care, a service of SVMD" and we began seeing patients May 7th.

We have enabled technology including Epic for 5 ECMA physicians at the Winchester Clinic with 2 new additional physicians joining ECMA by July for a total of 7. Currently, 5 independent physicians use Epic in their practices as part of the Community Connect program with a 5-physician practice (Cardiology, Nephrology) expected to sign a contract this month.

Philanthropy

During the month of April, El Camino Hospital Foundation secured $473,186, bringing the total raised by close of period 10 to $5,432,351, which is 88% of the FY18 fundraising goal. Replacing the Sapphire Soiree, the Foundation launched a new gala in support of mental health services at El Camino Hospital: Spring Forward on Saturday, May 5, 2018. The revenue expected is in the range of $350,000 for this first-time event.

Auxiliary

The Auxiliary contributed 7,052 volunteer hours in April 2018.

El Camino Hospital Auxiliary

Membership Report to the Hospital Board
Meeting of June 13, 2018

Combined Data as of April 30, 2018 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	357	+8 Net change compared to previous month
Dues Paid Inactive	88	(Includes Associates & Patrons)
Leave of Absence	14	
Subtotal	**459**	

Resigned in Month	13
Deceased in Month	0

Junior Members

Active Members	252	+16 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	3	
Subtotal	**255**	

Total Active Members	**609**
Total Membership	**714**

Combined Auxiliary Hours from Inception (to April 30, 2018): 5,894,206
Combined Auxiliary Hours for FY2017 (to April 30, 2018): 71,704
Combined Auxiliary Hours for April 30, 2018: 7,052

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El Camino Hospital Auxiliary

Membership Report to the Hospital Board
Meeting of May 9, 2018

Combined Data as of March 31, 2018 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	349*	+5 Net change compared to previous month
Dues Paid Inactive	92	(Includes Associates & Patrons)
Leave of Absence	17	
Subtotal	**458**	

*This number reflects the correct number of Active Members for March 2018.

Resigned in Month	2
Deceased in Month	2

Junior Members

Active Members	236	-11 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	2	
Subtotal	**238**	

Total Active Members	**585**
Total Membership	**696**

Combined Auxiliary Hours from Inception (to March 31, 2018): 5,887,131
Combined Auxiliary Hours for FY2017 (to March 31, 2018): 64,629
Combined Auxiliary Hours for March 31, 2018: 7,000

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El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road
Mountain View, CA 94040-4378
Phone: 650-940-7000
www.elcaminohospital.org

Memorandum

DATE: May 30, 2018

TO: El Camino Hospital Board of Directors

FROM: Lane Melchor, Chair, El Camino Hospital Foundation Board of Directors
Jodi Barnard, President, El Camino Hospital Foundation

SUBJECT: Report on Foundation Activities FY 2018 Period 10

ACTION: For Information

During the month of April, El Camino Hospital Foundation secured $473,186, bringing the total raised by close of period 10 to $5,432,351, which is 88% of the FY18 fundraising goal.

FY 18 Period 10 Fundraising Performance Highlights

Major & Planned Gifts

The Foundation received an outright major gift of $150,000 from grateful patient, Judge Lorraine Kendall. Judge Lorraine used to live in Carmel and she would travel the long distance to El Camino Hospital for her medical care. A few years ago she made the decision to move to Sunnyvale to be closer to El Camino Hospital and the excellent doctors affiliated with the Hospital. A major donor since 2005, her most recent gift week was designated to the Cancer Center in honor of Dr. Jiali Li. A plaque will be placed on Dr. Li's Medical Oncology Office. This gift honors her physician and remembers her beloved husband.

Special Events

- **Spring Forward** – Replacing the Sapphire Soiree, the Foundation launches a new gala in support of mental health services at El Camino Hospital: Spring Forward on Saturday, May 5, 2018 at The Morgan Estate in Los Altos Hills. The event features a conversation with Brooke Shields and music from Grammy winner Tony Lindsey, world-renowned singer for Santana. In April, the Foundation received sponsorship and individual ticket payments in support of the event totaling $91,950. Additional payments for sponsorship commitments as well as paddle raise revenue from the day of the event will be reflected in next month's report. The revenue expected is in the range of $350,000 for this first-time event; $600,000 goal was set before the decision to shift away from the Sapphire Soiree format.

Annual Giving

The Foundation raised an additional $29,420 in annual gifts from Path of Hope, Circle of Caring, and online donations. A direct mail and additional fundraising emails are planned through the end of the fiscal year. The Foundation has raised 105% of its Annual Giving goal so far this fiscal year.

El Camino Hospital
THE HOSPITAL OF SILICON VALLEY

2500 Grant Road
Mountain View, CA 94040-4378
Phone: 650-940-7000
www.elcaminohospital.org

Memorandum

DATE: May 30, 2018

TO: El Camino Hospital Board of Directors

FROM: David Reeder, Hospital Board Liaison to the Foundation Board of Directors

SUBJECT: Report on Foundation Activities FY 2018 Period 10

ACTION: For Information

El Camino Hospital Foundation advances health care through philanthropy by raising funds that support El Camino Hospital's strategic priorities, foster innovation, and support patient and family-centered care.

During period 10 of FY18, the Foundation secured $473,186, bringing the total raised by the end of April to $5,432,351.

Upcoming Events

October 29, 2018 – 23rd Annual El Camino Heritage Golf Tournament, benefiting the Norma Melchor Heart & Vascular Institute. The tournament will be held at Sharon Heights Golf & Country Club. *It will be a day so fun it's scary!*

February 7, 2019 – Norma's Literary Luncheon, benefiting an ECH clinical priority focused on women and families. The event will be held at Sharon Heights Golf & Country Club, and the featured author will be Marta McDowell, who writes about horticulture and garden history.

El Camino Hospital® Foundation
THE HOSPITAL OF SILICON VALLEY

FOUNDATION PERFORMANCE

FY18 Fundraising Report through 4/30/18

ACTIVITY		FY18 YTD (7/1/17 - 4/30/18)	FY18 Goals	FY18 % of Goal	Difference Period 9 & 10	FY17 YTD (7/1/16 - 4/30/17)	FY16 YTD (7/1/15 - 4/30/16)
Major & Planned Gifts		$3,206,365	$3,750,000	86%	$150,069	$4,173,319	$2,383,953
Special Events	Spring Event	$117,950	$600,000	20%	$91,950	$219,400	$236,450
	Golf	$353,650	$300,000	118%	$0	$273,100	$326,205
	South Asian Heart Center Event	$316,525	$300,000	106%	$45,454	$302,444	$289,243
	Norma's Literary Luncheon	$214,275	$150,000	143%	$5,200	$153,300	$195,006
Annual Gifts		$576,015	$550,000	105%	$29,420	$487,472	$475,256
Grants*		-	-	-	-	-	$58,333
Investment Income		$647,571	$500,000	130%	$151,093	$994,374	$1,097,477
TOTALS		***$5,432,351***	***$6,150,000***	***88%***	***$473,186***	***$6,603,409***	***$5,061,923***

*Beginning in FY17 Grants is no longer an activity line. Any grants received in the future will either be reflected in the Annual Gifts or Major & Planned Gifts activity line pending funding level.

Highlighted Assets through 4/30/18

Board Designated Allocations	$786,414
Donor Endowments	$3,310,014
Operational Endowments	$15,154,418
Pledge Receivables	$4,627,355
Restricted Donations	$10,130,073
Unrestricted Donations	$1,331,538

5.3% Investment Return looking back over the last 12 months.