

AGENDA
REGULAR MEETING OF THE
EL CAMINO HOSPITAL BOARD OF DIRECTORS

Wednesday, June 10, 2020 – 5:30pm

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

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

1-669-900-9128, MEETING CODE: 369-007-4917#. No participant code. Just press #.

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 – 5:31pm
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 5:31 – 5:32
3. PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons in the audience to make a brief statement, not to exceed three (3) minutes on issues or concerns not covered by the agenda.</i> b. Written Correspondence	Lanhee Chen, Board Chair		information 5:32 -5:35
4. BOARD RECOGNITION <i>Resolution 2020-06</i> ATTACHMENT 4	Mark Adams, MD, CMO	<i>public comment</i>	motion required 5:35 – 5:40
5. QUALITY COMMITTEE REPORT ATTACHMENT 5	Julie Kliger, Quality Committee Chair; Mark Adams, MD, CMO		information 5:40 – 5:55
6. FY20 PERIOD 10 FINANCIALS ATTACHMENT 6	Michael Moody, Interim CFO	<i>public comment</i>	possible motion 5:55 – 6:10
7. FY21 ECH COMMUNITY BENEFIT PLAN ATTACHMENT 7	Barbara Avery, Director, Community Benefit	<i>public comment</i>	possible motion 6:10 – 6:25
8. ADJOURN TO CLOSED SESSION	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 6:25 – 6:31
9. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Lanhee Chen, Board Chair		information 6:31 – 6:32
10. CONSENT CALENDAR <i>Any Board Member may remove an item for discussion before a motion is made.</i> Approval <i>Gov't Code Section 54957.2:</i> a. Minutes of the Closed Session of the Hospital Board Meeting (5/20/2020) b. Minutes of the Closed Session of the Executive Compensation Committee Meeting (5/5/2020) <i>Health & Safety Code Section 32155:</i> c. Enterprise Quality Council Minutes d. Annual Performance Improvement Reports:	Lanhee Chen, Board Chair		motion required 6:32 – 6:34

A copy of the agenda for the Regular Board Meeting will be posted and distributed at least seventy two (72) hours prior to the meeting.

In observance of the Americans with Disabilities Act, please notify us at (650) 988-7504 prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
<ul style="list-style-type: none"> - Core Measures - Clinical Laboratory & Pathology Services - Hospital-Based Inpatient Psychiatric Services (HBIPS) - Patient Care Services 			
<p>11. <i>Health & Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</p> <ul style="list-style-type: none"> - Medical Staff Report 	Imtiaz Qureshi, MD, Enterprise Chief of Staff; Linda Teagle, MD, Los Gatos Chief of Staff		<p>motion required 6:34 – 6:44</p>
<p>12. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets and <i>Health & Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters:</p> <ul style="list-style-type: none"> - Restructure of Incentive Goals and FY20/FY21 Positioning/Recovery Goals 	Bob Miller, Chair, Executive Compensation Committee		<p>discussion 6:44– 6:59</p>
<p>13. <i>Gov’t Code Section 54956.9(d)(2)</i> – conference with legal counsel – pending or threatened litigation:</p> <ul style="list-style-type: none"> - Enterprise Risk Management 	Diane Wigglesworth, Sr. Director, Corporate Compliance; Jim Griffith, COO		<p>discussion 6:59 – 7:19</p>
<p>14. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets:</p> <ul style="list-style-type: none"> - El Camino Health Medical Network (ECHMN) Operating Assumptions 	Bruce Harrison, President, SVMD		<p>discussion 7:19 – 7:54</p>
<p>15. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets:</p> <ul style="list-style-type: none"> - Planning the Strategic Planning Process for the El Camino Health System 	Dan Woods, CEO		<p>discussion 7:54 – 8:29</p>
<p>16. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets:</p> <ul style="list-style-type: none"> - FY20 and FY21 Rolling Forecast 	Michael Moody, Interim CFO		<p>discussion 8:29 – 9:04</p>
<p>17. <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets; Report involving <i>Gov’t Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management:</p> <ul style="list-style-type: none"> - CEO Report on New Programs 	Dan Woods, CEO		<p>discussion 9:04 – 9:09</p>
<p>18. Report involving <i>Gov’t Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management:</p> <ul style="list-style-type: none"> - Executive Session 	Lanhee Chen, Board Chair		<p>discussion 9:09 – 9:19</p>
<p>19. ADJOURN TO OPEN SESSION</p>	Lanhee Chen, Board Chair		<p>motion required 9:19 – 9:20</p>

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
20. RECONVENE OPEN SESSION/ REPORT OUT	Lanhee Chen, Board Chair		information 9:20 – 9:21
To report any required disclosures regarding permissible actions taken during Closed Session.			
21. CONSENT CALENDAR ITEMS: <i>Any Board Member or member of the public may remove an item for discussion before a motion is made.</i>	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 9:21 – 9:24
<p>Approval</p> <p>a. Minutes of the Open Session of the Hospital Board Meeting (5/20/2020)</p> <p>b. Approval of Clinic Relocations (Outpatient Laboratory, Breast Health Center, Perinatal Diagnostic Center, Endoscopy, and Respiratory Care Services) and Opening of Advanced Care and Diagnostic Center</p> <p><i>Reviewed and Recommended for Approval by the Executive Compensation Committee</i></p> <p>c. Minutes of the Open Session of the Executive Compensation Committee Meeting (5/5/2020)</p> <p>d. Deferral of Revision to FY21 Executive Salary Ranges</p> <p><i>Reviewed and Recommended for Approval by the Finance Committee</i></p> <p>e. Ophthalmology Professional Services Renewal Agreements (Enterprise)</p> <p>f. Anatomic Pathology and Laboratory Medical Director Renewal Agreement (Enterprise)</p> <p>g. Cancer Program Medical Director Renewal Agreement (Enterprise)</p> <p>h. Respiratory Care Services Medical Director Renewal Agreement (MV)</p> <p>i. Radiation Oncology Medical Director Renewal Agreement (MV)</p> <p>j. NICU Medical Director Renewal Agreement (MV)</p> <p>k. New Inpatient Perinatal Program Medical Director Agreement (MV)</p> <p>l. Cardiac Cath Lab Medical Director Renewal Agreement (MV)</p> <p>m. Echocardiography Medical Director Renewal Agreement (MV)</p> <p><i>Reviewed and Recommended for Approval by the Governance Committee</i></p> <p>n. Progress Against FY20 Advisory Committee Goals</p> <p>o. FY21 Master Calendar</p> <p>p. FY21 Advisory Committee Goals</p> <p>q. FY21 Advisory Committee and Liaison Appointments</p> <p><i>Reviewed and Recommended for Approval by the Medical Executive Committee</i></p> <p>r. Medical Staff Report</p> <p>Information</p> <p>s. Major Capital Projects in Progress</p>			
22. RESTRUCTURE OF INCENTIVE GOALS: FY20 AND FY20/21 POSITIONING/RECOVERY GOALS ATTACHMENT 22	Lanhee Chen, Board Chair	<i>public comment</i>	possible motion 9:24 – 9:26

AGENDA ITEM	PRESENTED BY		ESTIMATED TIMES
23. CEO REPORT ATTACHMENT 23	Dan Woods, CEO		information 9:26 – 9:28
24. BOARD COMMENTS	Lanhee Chen, Board Chair		information 9:28 – 9:29
25. ADJOURNMENT	Lanhee Chen, Board Chair	<i>public comment</i>	motion required 9:29 – 9:30pm

Upcoming Regular Meetings (pending Board approval): July 8, 2020; August 19, 2020; October 14, 2020; November 11, 2020; December 9, 2020; February 10, 2021; March 10, 2021; April 7, 2021; May 12, 2021; June 9, 2021

EL CAMINO HOSPITAL BOARD

RESOLUTION 2020 - 06

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

WHEREAS, the Board of Directors of El Camino Hospital values and wishes to recognize on an ongoing basis the contribution of individuals who enhance the experience of the hospital's patients, their families, the community and the staff, as well as individuals who in their efforts exemplify El Camino Hospital's mission and values.

WHEREAS, the Board wishes to honor and acknowledge the infection prevention team for their leadership in responding to the COVID-19 pandemic.

El Camino Health's infection prevention team had been planning and preparing for a pandemic long before the novel coronavirus reached the community. They knew the core elements of a good infection control plan include procedures, processes, and education that can be quickly disseminated to the entire hospital team in order to decrease the transmission risk of infectious agents within the hospital and stay ahead of the curve. With this knowledge and preparedness, the infection prevention physicians and nurses took swift and decisive action when the hospital saw its first patient with COVID-19.

The team rounded on units providing advanced training on new directives and disseminating information several times a day through staff huddles and emails. They partnered with several hospital departments to monitor COVID-19 patients, new admissions, the status of PPE supplies, and testing numbers and results. Their work helped reassure anxious physicians and staff serving on the frontlines against COVID-19 and helped enhance safety protocols for patients.

WHEREAS, the Board would like to commend the infection prevention team for continually researching virus updates and quickly communicating changing directives and protocols to keep patients, staff, and physicians safe and healthy.

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

Infection Prevention Team

IN WITNESS THEREOF, I have here unto set my hand this **10TH DAY OF JUNE, 2020**.

EL CAMINO HOSPITAL BOARD OF DIRECTORS:

Lanhee Chen, JD, PhD
Peter C. Fung, MD
Gary Kalbach

Julie Kliger
Julia E. Miller
Bob Rebitzer
Jack Po, MD, PhD

George O. Ting, MD
Don Watters
John Zoglin

JULIA E. MILLER
SECRETARY/TREASURER,
EL CAMINO HOSPITAL BOARD OF DIRECTORS



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

To: El Camino Hospital Board of Directors
From: Julie Kliger, Quality Committee Chair
Mark Adams, MD, CMO
Date: June 10, 2020
Subject: Quality, Patient Care and Patient Experience Committee Report

Purpose:

To inform the Board of the work of the Quality Committee.

Summary:

1. Cheryl Reinking, RN, CNO, presented a recent patient experience letter of appreciation. This came from one of our first COVID-19 patients. Some excerpts from the letter: “Being a COVID-19 patient, in complete isolation, scared, lonely, desperate for human contact and compassion, these (ICU) nurses provided me with comfort, strength, and motivation to continue to fight this awful disease. I heard the smiles in their voices, saw the gentleness in their eyes, despite all the PPE, I felt their care and, for some, that extra love and sympathy.” “During these scary times, I know our nurses and doctors need this love too, to know there are millions of people who appreciate what they do each day. They are our heroes.” Signed: COVID-19 patient and survivor!
2. Mark Adams, MD, CMO, reviewed the quality, safety, and experience organizational incentive goals proposal. The goals that have been selected are reduction of SSER, reduction of readmission index, likelihood to recommend, and HEDIS composite score. The definitions of the metrics, the benchmarks to be used for comparisons, and the method to be used to calculate the minimum, target, and stretch numbers for the metrics were reviewed with the Committee. The Committee moved to recommend approval of these goals for FY21.
3. Dr. Adams presented the readmissions dashboard to the Committee. Every readmission is reviewed by a team to classify them and assess the cause. This team is also tasked with developing processes to predict and identify those patients at risk for readmission prior to discharge from the acute care setting. There are seven areas of particular interest for readmissions: Acute Myocardial Infarction (AMI), Chronic Obstructive Pulmonary Disease (COPD), Coronary Bypass Graft (CABG), Heart Failure (CHF), Pneumonia, Stroke, and Total Joint Replacement. The readmissions in these areas also impact the CMS readmission penalty program. The results for FY17, FY18, FY19, and FY20 YTD were provided for comparison. While good progress has been made in AMI, CABG, CHF, and COPD, we are focusing more on pneumonia and total joint readmissions. The reduction of the readmission index will continue to be a high priority strategic and incentive goal.
4. Dr. Adams reported the most recent Patient Safety Indicator (AHRQ) results. The overall modified PSI-90 score is 0.96 FYTD (anything less than 1.0 is favorable). The CMS PSI-90 is part of the CMS Hospital Acquired Conditions (HAC) penalty program. The official score on the CMS HAC site for El Camino PSI is -1.1307 (This is a winsorized z score and a negative value like this is very good performance). The Committee focused on two areas of concern where El Camino is above the Premier Mean: PSI-18, OB Trauma Vaginal Delivery with Instrument; and PSI-19, OB Trauma Vaginal Delivery without Instrument. Lisa Packard, MD, Medical Director

of the El Camino Maternal-Child Health Service Line, provided the Committee with data from a retrospective analysis of the vaginal injuries at El Camino. The injury rate of 4.3% is higher than at other comparable hospitals which tend to be about 2.8%. The primary difference is related to the ethnicity of the ECH maternity population which is 64% Asian with 76% of the vaginal injuries occurring in the Asian population. By comparison, the hospitals with the lower vaginal injury rate have Asian populations around 15 to 18%. There is national study data that confirms the significantly higher vaginal injury rate in the Asian population. Dr. Packard reviewed the interventions that are being applied to reduce the injury rate. However, given the patient population that we serve, it is unlikely that we will ever be lower than the median with those two PSIs. Dr. Packard also cautioned that one way to avoid the vaginal injuries (the approach used in China) would be to perform more C-sections. However, at the same time, we are also trying to reduce the C-section rate so that would be counterproductive. A good topic for future discussion will be how to get all providers focused on decreasing elective pre-term deliveries.

5. Dr. Adams reviewed the medical staff credentialing and privileging process. New medical staff members are placed in a provisional status which includes a Focused Professional Practice Evaluation (FPPE). For those physicians who perform procedures, this includes proctoring. Once on active status, medical staff members continue to be evaluated with reference to the six core competencies: patient care, medical knowledge, professionalism, systems-based practice, practice based learning, and interpersonal and communication skills.
6. Shabnam Husain, MD presented an overview of the Silicon Valley Medical Development Quality Improvement Program for 2020. The corporate structure of SVMD and its relationship to the El Camino Health system was summarized for the Committee. SVMD has a separate Board of Managers, which is responsible for oversight of all SVMD activities. The Committee was reminded that the physicians are not employed by the Hospital, but through separate entities that contract with SVMD for professional services. The El Camino Hospital Board has the ultimate fiduciary responsibility as the sole corporate member of SVMD. The Quality Committee has been tasked with reviewing quality, safety, and experience within SVMD on a quarterly basis. This initial presentation included the structure of the quality improvement, credentialing, and peer review processes in SVMD. The physician-led quality improvement committee in SVMD has chosen eight leading metrics based on HEDIS measures to focus on for 2020. This includes blood pressure control, diabetes control, medication management, fall risk screening, body-mass index (BMI) measurement, breast cancer screening, colorectal cancer screening, and tobacco use and cessation intervention. Patient experience will be measured using the Net Promoter Score method. As Epic is configured to access quality and safety data (a completion date of July 1), the Quality Committee can expect to receive quarterly updates on these measures. A composite of the eight leading metrics will be used to provide the “HEDIS composite” score for tracking of the ambulatory quality incentive goal. The Committee requested that future presentations be focused on interventions being made to achieve goals for the HEDIS measures.

List of Attachments:

1. FY20 Quality and Safety Dashboard

Quality	FY20 Performance		Baseline FY19 Actual	FY 20 Target	Trend <i>(showing at least the last 24 months of available data)</i>	Rolling 12 Months Average	Measure Name	Comments	Definition Owner	FY 2020 Definition	Source
	Latest month	FYTD									
1	<p>* Organizational Goal Mortality Index Observed/Expected Premier Standard Risk Calculation Mode Date Period: April 2020</p> <p>0.90 (1.75%/1.94%) 0.74 (1.47%/2.00%)</p>		0.97	0.90			Mortality Index (Observed/Expected)	Good physician documentation continues with high expected mortality. Observed mortality less than in March and still under the expected value. For 11 months, the index has been below 1.0.	Catherine Carson	Updated 2/19/20 Selection Criteria revised: new criteria include cases with Patient Type=Inpatient and exclude cases with Patient Type=Rehab, Psych & Hospice. For the Trends graph: UCL and LCL are 2*- the Standard Deviation of 1 from the Average. LCL is set to '0' if value is less than or equal to zero.	Premier Quality Advisor
2	<p>*Organizational Goal Readmission Index (All Patient All Cause Readmit) Observed/Expected Premier Standard Risk Calculation Mode Index months: March 2020</p> <p>0.97 (7.68%/7.94%) 0.99 (7.89%/7.99%)</p>		0.99	0.96			Readmission Index - All Patient All Cause Readmit (Observed/Expected)	Pneumonia, Stroke and Post total hip/knee arthroplasty continue as the top 3 reasons for readmission. Respiratory Therapy has now 5 pneumonia patients being followed post discharge with the Conversa (chat box) in April.	Catherine Carson	Using Premier All-Cause Hospital-Wide 30 Day Readmission Methodology v.4.0. (Patients with an unplanned readmission for any cause to ECH acute inpatient within 30 days of discharge, Cause=Science Risk Adjusted). For the Trends graph: UCL and LCL are 2*- the Standard Deviation of 1 from the Average. LCL is set to '0' if value is less than or equal to zero.	Premier Quality Advisor
3	<p>Patient Throughput-Median Time from Arrival to ED Departure (excludes psychiatric patients, patients expired in the ED and Newborns) Date Period: April 2020</p> <p>MV: 285 min LG: 224 min Enterprise: 255 min</p> <p>MV: 289 min LG: 230 min Enterprise: 260 min</p> <p>MV: 304 min LG: 263 min Enterprise: 284 min</p>		266 min	266 min	<p>266 min (5% improvement from last year's target, 280)</p>		Patient Throughput-Average Minutes from ED Door to Patient Admitted (excludes Behavioral Health Inpatients and Newborns)	In April, both the EDs experienced a significant drop in their census given shelter in place orders due to COVID-19 pandemic. In addition, both locations continued with dedicated areas for separately caring for COVID-19 PUIs within the hospital premises as well as setting up ED tents in the ECH parking lots/drive-ways. COVID testing sites also went live (for procedural patients), often using ED staff to perform the swabs. Given these changes, some of the front-end processes are taking slightly longer time than usual. However, overall the throughput goal is very close to target performance despite these unique challenges. New triage process went live at the end of April in MVED, and construction was completed. The next phases of construction (for behavioral health area) is already underway. We started chart audits for patients who were individually longer than the expected. Improvement work is planned during May/June for the units.	Cheryl Rehkling, Melinda Hrynevycz	This measure definition is changed in Feb. 2020 regarding the end point. New definition is "Arrival to ED Departure", and is the same as CMS ED Measure (ED 16) ED Arrival to ED Departure for Admitted pts. Population: Includes inpatients, outpatients, observation patients, and Hospital Outpatient Surgery Patients who arrive via the ED. It excludes psychiatric patients, patients who expired in the ED, and newborns. Arrival: Patient Arrived in ED Inpatient Bed; Patient admitted in unit. LCL is set to '0' if value is less than or equal to zero.	ICare Report ECH ED Arrival to floor

Service	FY20 Performance		Baseline FY19 Actual	FY20 Target	Trend	Rolling 12 Months Average	Measure Name	Comments	Definition Owner	FY 2020 Definition	Source
	Latest month	FYTD									
<p>4</p> <p>* Organizational Goal HCAHPS Discharge Information Top Box Rating of Always Date Period: April 2020</p>	84.9	87.3	86.3	87.3			HCAHPS Discharge Information Domain Top Box Rating of Always	This metric is on target for the quarter and fiscal year to date. Strong improvements have been made in our Inpatient Units at both hospitals and in the / Mother/Baby unit in Los Gatos. This metric has seen a slight decline during the COVID-19 pandemic due to our zero visitor policy with patients receiving discharge instructions alone. We are looking to implement a process that includes technology in the discharge planning process to overcome this obstacle.	Yvette Million Cheryl Renking	For the Trends graph: UCL and LCL are +/- the Standard Deviation of 1 from the Average. UCL is set to '0' if value is less than or equal to zero.	Press Ganey Tool
<p>5</p> <p>* Organizational Goal HCAHPS Responsiveness of Staff Domain Top Box Rating of Always Date Period: April 2020</p>	65.4	65.9	65.7	67.1			HCAHPS Responsiveness of Staff Domain Top Box Rating of Always, based on Received Date, Adjusted Samples	This metric is below target fiscal year to date as an enterprise, however Mother / Baby units in both hospitals are exceeding the goal. The Inpatients units in both hospitals are below target however, this metric has steadily improved from February to April. Hourly rounding / purposeful rounding program is being reviewed in order to improve its efficacy, however, this has been difficult during the COVID-19 pandemic due to staffing issues and many patients in isolation.	Yvette Million Cheryl Renking	For the Trends graph: UCL and LCL are +/- the Standard Deviation of 1 from the Average. UCL is set to '0' if value is less than or equal to zero.	Press Ganey Tool
<p>6</p> <p>* Organizational Goal HCAHPS Likelihood to Recommend Top Box Rating of Always Date Period: April 2020</p>	80.3	82.9	83.5	84.2			HCAHPS Likelihood to Recommend Top Box	Likelihood to Recommend is our loyalty score and the industry standard of measuring experience. Mountain View Inpatient Units are exceeding the target and is in the top decile through April. However, the COVID-19 pandemic has affected this metric due to the limited ability of our staff to round and connect personally with our patients. This is largely due to anxiety of staff and patients, patients feeling isolated due to the zero visitor policy and the uncertainty of testing despite virtual rounding. We are working on a plan to safely return to nurse and leader rounding.	Yvette Million Cheryl Renking	For the Trends graph: UCL and LCL are +/- the Standard Deviation of 1 from the Average. UCL is set to '0' if value is less than or equal to zero.	Press Ganey Tool

Quality	FY20 Performance		Baseline FY19 Actual	FY 20 Target	Trend	Month to Board Quality Committee: June, 2020	Measure Name	Comments	Definition Owner	FY 2020 Definition	Source
	Latest month	FYTD									
7 Hospital Acquired Infections Catheter Associated Urinary Tract Infection (CAUTI) per 1,000 urinary catheter days Date Period: April 2020	1.05 (1/948)	0.48 (6/12412)	1.09	SIR Goal: <= 0.75			Hospital Acquired Infection (SIR Rate) CAUTI (Catheter-acquired Urinary Tract Infection)	1 CAUTI - LG Reb: 76 y/o female admitted from Stanford for rehab after spine surgery, with Foley catheter in place for retention. New temp and positive urine culture after 4 days.	Catherine Carson/Catherine Nalesnik	For the Trends graph: UCL and LCL are +/- the Standard Deviation of 1 from the Average. LCL is not visible if value is less than or equal to zero.	CDC NHSS data base - Inf. Control
8 Hospital Acquired Infections Central Line Associated Blood Stream Infection (CLABSI) per 1,000 central line days Date Period: April 2020	0.00 (0/562)	0.22 (2/9116)	0.36	SIR Goal: <= 0.50			Hospital Acquired Infection (SIR Rate) CLABSI (Central line associated blood stream infection)	Zero CLABIs in February, March and April. The CLABSI infections have been only in MV. LG has not had a CLABSI Infection since July 2017.	Catherine Carson/Catherine Nalesnik	For the Trends graph: UCL and LCL are +/- the Standard Deviation of 1 from the Average. LCL is set to '0' if value is less than or equal to zero.	CDC NHSS data base - Inf. Control
9 Hospital Acquired Infections Clostridium Difficile Infection (CDI) per 10,000 patient days Date Period: April 2020	0.00 (0/5869)	1.35 (11/81776)	1.96	SIR Goal: <= 0.70			Hospital Acquired Infection (SIR Rate) C. Diff (Clostridium Difficile Infection)	Zero C.Diff infections in March and April.	Catherine Carson/Catherine Nalesnik	For the Trends graph: UCL and LCL are +/- the Standard Deviation of 1 from the Average. LCL is set to '0' if value is less than or equal to zero.	CDC NHSS data base - Inf. Control

Organizational Goal	FY20 Performance		Baseline FY19 Actual	FY20 Target	Trend	Rolling 12 Months Average	Measure Name	Comments	Definition Owner	FY 2020 Definition	Source
	Latest month	FYTD									
10 Organizational Goal Surgical Site Infections (SSI)- Enterprise SSI Rate = Number of SSI / Total surgical procedures x 100 Date period: April 2020	0.00 (0/563)	0.30 (17/563)	0.22 (37/7167)	<=1.0			Surgical Site Infections (SSI) - Enterprise SSI Rate = Number of SSI / Total Surgical Procedures x 100	Zero SSIs in April, Two SSIs in March; Noting that elective surgery was stopped on March 18th. FY to date for 2020 ECH has 17 SSIs, while for FY19, ECH had 37. Quality Council receives a quarterly report on SSIs to sustain improvements made in FY 19. ENAS (enhanced recovery after surgery) will be rolling out enterprise-wide for all surgeries June 30th.	Jessica Harkey, Catherine Carson	The standardized infection ratio (SIR) is a summary measure used to track HAI's 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 predicted, accounting for differences in types of patients followed, a SIR less than 1.0 indicates fewer HAIs were observed than predicted. Upper Control Limit and Lower Control Limit are 2x the Standard Deviation from the Average. Lower Control Limit is not visible if it is less than or equal to zero.	CDC NHSN database - Inf. Control
11 Sepsis Mortality Index, based on ICD-10 codes (Observed over Expected) Date Period: April 2020	1.30 (15.05%/11.61%)	0.94 (10.38%/11.00%)	1.06	0.90			Sepsis Mortality Index Observed over Expected, based on ICD 10 codes	Sepsis Quality Committee focusing on individual measures in the bundle through manager chart review to find which pieces of the bundle that need most improvement, timing of antibiotic administration (1 hr. vs 3 hrs.), meeting MAP goal of > 65 mmHg w/ 6hrs of TOP, and have the most impact on mortality. Sepsis deaths reviewed/scored as serious safety events if GAP exits (deviation from generally accepted practice/guidelines).	Jessica Harkey, Catherine Carson	Effective on 2/20/20: The original definition for Sepsis (used in this dashboard) evaluated only the Principal diagnosis, & 2) excluded cases assigned the patient type of Rehabilitation or Other (Hospital). The definition has now been aligned with CMS' to 1) evaluate both principal AND secondary diagnoses, & 2) excludes: patients < 18 years, LOS >= 120 days, or Transfers from Another Acute Hospital, as well as the Patient Type of Rehabilitation or Other (Hospital). This was reviewed with & approved by Jessica Harkey, Sepsis Manager and Catherine Carson Sr. Director Quality.	Premier Quality Advisor
12 PC-01: Elective Delivery Prior to 39 weeks gestation (lower = better) Date period: March 2020	MV: 0.0% (0/40) LG: 0.00% (0/4) ENT: 0.0% (0/44)	MV: 1.15% (3/262) LG: 0.00% (0/38) ENT: 1.0% (3/300)	MV: 1.11% (4/360) LG: 0.00% (0/44) ENT: 0.99% (4/404)	0.0%			PC-01: Elective Delivery Patients with elective vaginal deliveries or elective cesarean births at >= 37 and < 39 weeks of gestation completed	Zero occurrence of an early elective delivery prior to 39 weeks gestation.	TJC	Numerator: Patients with elective deliveries Denominator: Patients delivering newborns with >= 37 and < 39 weeks of gestation completed LCL is set to 0% if value is less than or equal to zero.	IBM CareDiscovery Quality Measures
13 PC-02: Cesarean Birth (lower = better) Date period: March 2020	MV: 30.08% (37/123) LG: 29.17% (7/24) ENT: 29.93% (44/147)	MV: 24.52% (307/1252) LG: 16.96% (29/171) ENT: 23.61% (336/1423)	MV: 26.28% (425/1617) LG: 14.29% (30/210) ENT: 24.90% (455/1827)	<23.9%			PC-02: Cesarean Birth Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth	C/S rate increased to above 30% for both LG & MV in March. Increase in LG could be related to new provider volume coming from Good Samaritan. Physician Leadership will re-focus on documentation in May, after the focus on COVID processes in Feb-April.	TJC	Numerator Statement: Patients with cesarean births Denominator Statement: Nulliparous patients delivered of a live term singleton newborn in vertex presentation LCL is set to 0% if value is less than or equal to zero.	IBM CareDiscovery Quality Measures



El Camino Health

Summary of Financial Operations

Fiscal Year 2020 – Period 10

7/1/2019 to 4/30/2020

The Story of April

The COVID 19 impact continues in April with Shelter in Place and a significant reduction in volumes associated with this.

- Volumes were down significantly,
 - ECH – Adjusted Discharges were below budget by 1,065, or 36%
 - SVMMD - Visits were below Pre Covid Levels by 255, or 33%
- The reduced volume is the driver of the significant reduction in revenue of \$30M or 35% and an Operating Loss of \$24.5M
 - This includes \$2.7M of COVID related expenses and forgiveness of rental income from physicians of \$976K. Once these expenses are excluded the pro-forma loss is \$20.8 in April.
 - Operating Expenses, after pro-forma adjustment for COVID expenses were favorable by \$3.4M or 4%

The Story of April

- Non Operating Income includes:
 - A mark-to-market adjustment of approximately \$37M due to unrealized gains on equity and fixed income investments during the month
 - CARES Act distributions from the Federal Government of \$19.2M
- The organization has also received \$76.2M from the Medicare Advance program, repayment of these funds will begin in July
 - These funds are classified as Deferred Revenue on the balance sheet

Financial Overview – Year to Date April

Financial Performance

- The Operating Margin is \$27.3M thru April. This is unfavorable to the budget by \$36.3M
- The unfavorable variance is due to the losses incurred in March of \$9.7M and April of \$24.5M
 - The reasons for these losses have been presented previously
- Non Operating Income is unfavorable due to the material mark-to-market adjustment for the investment portfolio in March, partially offset by the April investment performance and CARES Act distributions received in April

Investment Portfolio

- The investment portfolio balance at April 30, 2020 is \$1,029 million and the portfolio had a 5% gain in the month of April
- For the month performance was as follows:
 - Equities were up 11%
 - Fixed Income was up 2.4%
 - Alternatives were up 0.4%
- The portfolio is within the asset allocation ranges as of April 30th
- The Investment Committee evaluated the current asset classes in the Investment policy and recommended additional asset classes to the Board to potentially take advantage of the current investment opportunities

Consolidated Statement of Operations (\$000s)

Period ending 04/30/2020

Period 10 FY 2019	Period 10 FY 2020	Period 10 Budget 2020	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
325,298	200,859	309,975	(109,116)	(35.2%)	Gross Revenue	2,942,101	3,086,435	3,184,343	(97,908)	(3.1%)
(238,813)	(146,932)	(227,203)	80,271	35.3%	Deductions	(2,164,419)	(2,275,414)	(2,353,540)	78,126	3.3%
86,485	53,927	82,771	(28,844)	(34.8%)	Net Patient Revenue	777,682	811,020	830,803	(19,783)	(2.4%)
3,793	3,138	4,454	(1,317)	(29.6%)	Other Operating Revenue	34,362	44,220	44,627	(407)	(0.9%)
90,278	57,065	87,226	(30,161)	(34.6%)	Total Operating Revenue	812,044	855,240	875,430	(20,190)	(2.3%)
					OPERATING EXPENSE					
44,804	43,382	46,007	2,625	5.7%	Salaries & Wages	425,709	461,924	462,929	1,005	0.2%
12,446	10,228	11,836	1,608	13.6%	Supplies	112,580	131,198	121,105	(10,093)	(8.3%)
13,119	17,397	13,342	(4,055)	(30.4%)	Fees & Purchased Services	106,701	144,185	130,886	(13,299)	(10.2%)
3,271	3,432	3,556	124	3.5%	Other Operating Expense	27,243	37,564	38,800	1,236	3.2%
141	1,413	1,428	15	1.1%	Interest	3,682	6,632	9,083	2,451	27.0%
4,406	5,688	5,263	(425)	(8.1%)	Depreciation	43,374	46,432	49,030	2,598	5.3%
78,188	81,540	81,432	(108)	(0.1%)	Total Operating Expense	719,289	827,934	811,833	(16,102)	(2.0%)
12,090	(24,476)	5,793	(30,269)	(522.5%)	Net Operating Margin	92,755	27,306	63,598	(36,292)	(57.1%)
16,592	55,667	3,300	52,367	1586.9%	Non Operating Income	42,164	8,316	31,596	(23,280)	(73.7%)
28,682	31,191	9,093	22,098	243.0%	Net Margin	134,919	35,622	95,194	(59,572)	(62.6%)
18.4%	-30.4%	14.3%	(44.8%)		EBITDA	17.2%	9.4%	13.9%	(4.5%)	
13.4%	-42.9%	6.6%	(49.5%)		Operating Margin	11.4%	3.2%	7.3%	(4.1%)	
31.8%	54.7%	10.4%	44.2%		Net Margin	16.6%	4.2%	10.9%	(6.7%)	

Pro Forma w. COVID direct costs pulled out

	<u>ECH</u>	<u>SVMD</u>	<u>Total</u>
Misc Operating Income - Rent	\$ 976	\$ -	\$ 976
Salaries & Wages	1,604	13	\$ 1,617
Supplies	701	4	\$ 705
Fees & Purchased Services	334		\$ 334
Other Operating Expenses			\$ -
Subtotal	<u>\$ 3,615</u>	<u>\$ 17</u>	<u>\$ 3,632</u>
Total Operating Expenses w.o COVID costs	\$ 69,099	\$ 7,817	\$ 76,916
Budgeted Operating Costs	<u>72,575</u>	<u>7,768</u>	<u>80,343</u>
Variance	<u>\$ 3,476</u>	<u>\$ (49)</u>	<u>\$ 3,427</u>
Variance Percentage	<u>5%</u>	<u>(1%)</u>	<u>4%</u>

Statement of Cash Flows

	MTD	YTD
Cash from Operations		
Net Income	\$ 31,191	\$ 35,622
add Depreciation	5,328	46,160
 (Increase) decrease in working capital:		
Accounts Receivable	31,227	27,168
Inventory & Prepaids	791	(3,325)
Other AR and Notes Receivable	(914)	(4,858)
Accounts Payable	(7,467)	(18,999)
Payroll, PTO and Related Liabilities	2,188	(5,466)
Third Party Settlements	26	(921)
Short Term Leases	(298)	(2,979)
Bonds Current & Interest Payable	1,585	(3,733)
Net Cash Flows From Operations	<u>27,138</u>	<u>(13,112)</u>
 Net Cash Provided by (used in) Operations	 63,657	 68,670
 Investing Cash flows		
Board Designated Assets & Investments	(17,257)	(30,354)
Investment in Affiliates	217	8,769
Property Plant & Equipment	(6,748)	(116,090)
Other Assets	104	(6,938)
Net Cash Provided by (used in) Investing	<u>(23,685)</u>	<u>(144,613)</u>
 Financing Cash Flows		
Deferred Revenues / Income	75,690	75,888
Increase (decrease) in Debt	1,170	(5,027)
Deferred Inflows of Resources	-	
Fund Balance Transfers	1,308	5,882
Net Cash Provided by (used in) Financing	<u>78,168</u>	<u>76,743</u>
 Total Cash Increase (Decrease)	 <u>\$ 118,140</u>	 <u>\$ 800</u>
 Starting Cash Balance	 \$ 261,098	 \$ 378,437
Total Cash Increase (Decrease)	118,140	800
Ending Cash Balance	<u>\$ 379,237</u>	<u>\$ 379,237</u>

Consolidated Balance Sheet

(in thousands) ASSETS

	Audited	
	April 30, 2020	June 30, 2019
CURRENT ASSETS		
Cash	210,354	124,912
Short Term Investments	168,884	177,165
Patient Accounts Receivable, net	105,026	132,198
Other Accounts and Notes Receivable	8,497	5,058
Intercompany Receivables	66,870	8,549
Inventories and Prepays	67,394	64,093
Total Current Assets	627,024	511,976
BOARD DESIGNATED ASSETS		
Foundation Board Designated	14,810	16,895
Plant & Equipment Fund	186,899	171,304
Women's Hospital Expansion	22,430	15,472
Operational Reserve Fund	148,917	139,057
Community Benefit Fund	17,974	18,260
Workers Compensation Reserve Fund	18,300	20,732
Postretirement Health/Life Reserve Fund	30,385	29,480
PTO Liability Fund	26,723	26,149
Malpractice Reserve Fund	1,905	1,831
Catastrophic Reserves Fund	16,791	19,678
Total Board Designated Assets	485,134	458,857
FUNDS HELD BY TRUSTEE	28,549	83,073
LONG TERM INVESTMENTS	359,957	375,729
CHARITABLE GIFT ANNUITY INVESTMENTS	546	602
INVESTMENTS IN AFFILIATES	29,763	38,532
PROPERTY AND EQUIPMENT		
Fixed Assets at Cost	1,339,558	1,692,693
Less: Accumulated Depreciation	(668,986)	(622,877)
Property, Plant & Equipment - Net	1,155,709	1,069,816
DEFERRED OUTFLOWS	33,301	33,876
RESTRICTED ASSETS	29,440	24,279
OTHER ASSETS	3,388	1,036
TOTAL ASSETS	2,752,811	2,597,775

LIABILITIES AND FUND BALANCE

	Audited	
	April 30, 2020	June 30, 2019
CURRENT LIABILITIES		
(Accounts Payable	35,480	38,390
Salaries and Related Liabilities	23,999	30,296
Accrued PTO	27,334	26,502
Third Party Settlements	10,235	11,331
Intercompany Payables	65,374	8,464
Bonds Payable - Current	9,020	8,630
Bond Interest Payable	5,078	12,775
Other Liabilities	596	14,577
Total Current Liabilities	181,216	150,966
LONG TERM LIABILITIES		
Post Retirement Benefits	30,385	29,480
Worker's Comp Reserve	18,300	18,432
Other L/T Obligation (Asbestos)	4,074	3,975
Bond Payable	512,292	507,531
Total Long Term Liabilities	565,051	559,417
DEFERRED REVENUE-UNRESTRICTED	77,002	1,113
DEFERRED INFLOW OF RESOURCES	13,268	13,715
FUND BALANCE/CAPITAL ACCOUNTS		
Unrestricted	1,698,263	1,389,510
Board Designated	188,554	458,839
Restricted	29,457	24,215
Total Fund Bal & Capital Accts	1,916,274	1,872,563
TOTAL LIABILITIES AND FUND BALANCE	2,752,811	2,597,775

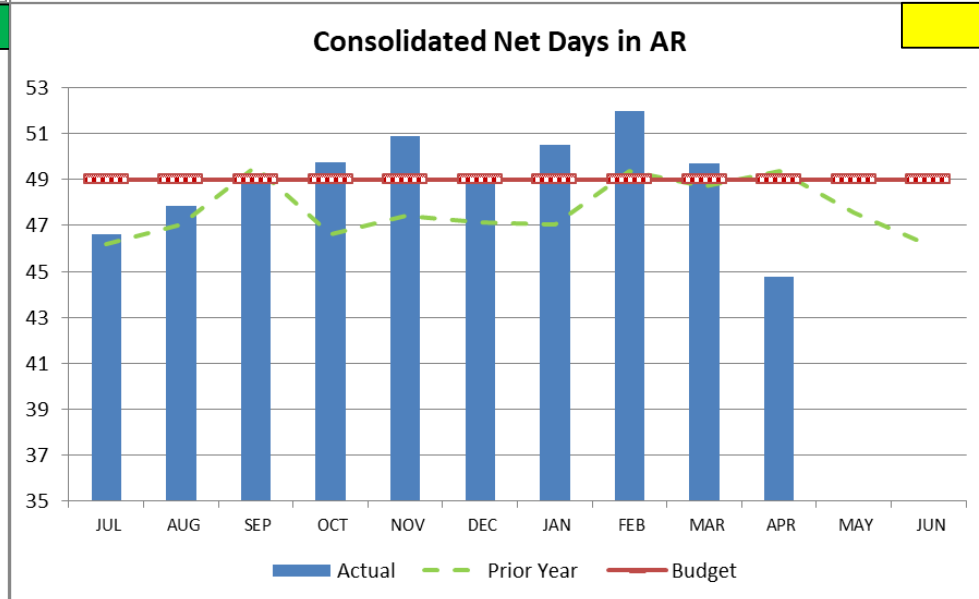
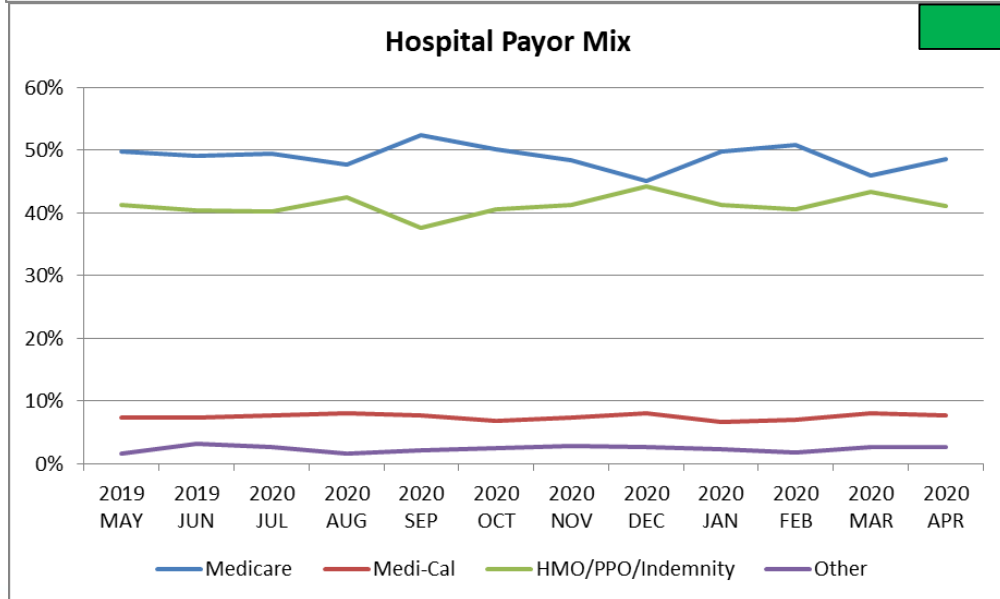
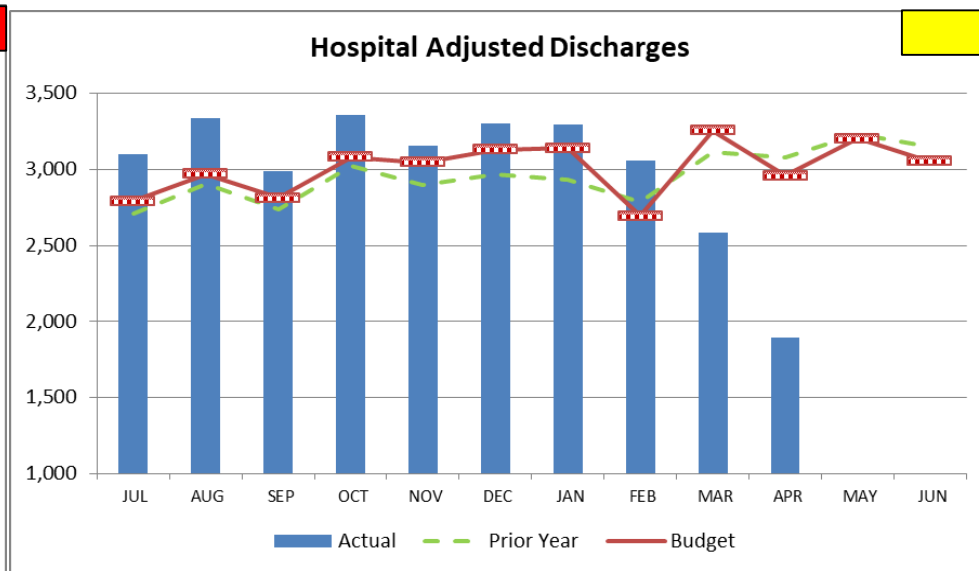
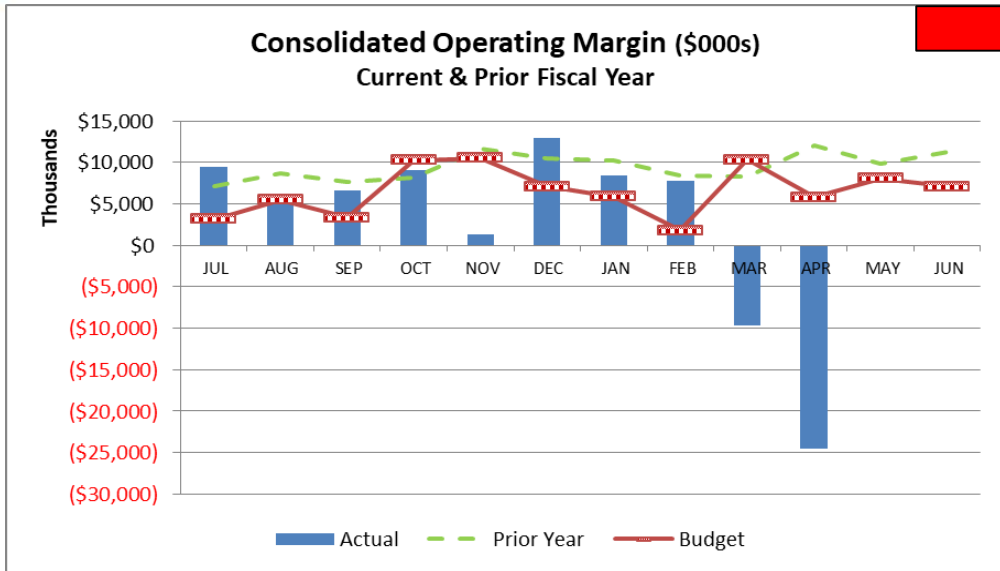
APPENDIX

Dashboard - as of April 30, 2020

	Month				YTD			
	PY	CY	Bud/Target	Variance CY vs Bud	PY	CY	Bud/Target	Variance CY vs Bud
Consolidated Financial Perf.								
Total Operating Revenue	90,278	57,065	87,226	(30,161)	812,044	855,240	875,430	(20,190)
Operating Expenses	78,188	81,540	81,432	(108)	719,289	827,934	811,833	(16,102)
Operating Margin \$	12,090	(24,476)	5,793	(30,269)	92,755	27,306	63,598	(36,292)
Operating Margin %	13.4%	(42.9%)	6.6%	(49.5%)	11.4%	3.2%	7.3%	(4.1%)
EBIDA \$	16,638	(17,375)	12,485	(29,859)	139,811	80,370	121,711	(41,341)
EBIDA %	18.4%	(30.4%)	14.3%	(44.8%)	17.2%	9.4%	13.9%	(4.5%)
Hospital Volume								
Licensed Beds	443	443	443	-	443	443	443	-
ADC	265	174	239	(65)	243	231	241	(9)
Utilization MV	72%	47%	66%	(18.9%)	67%	63%	65%	(2.2%)
Utilization LG	34%	24%	29%	(5.5%)	30%	30%	32%	(2.1%)
Utilization Combined	60%	39%	54%	(14.6%)	55%	52%	54%	(2.1%)
Adjusted Discharges	3,079	1,894	2,959	(1,065)	29,159	30,080	29,873	207
Total Discharges (Excl NNB)	1,739	1,124	1,586	(462)	16,251	16,180	16,379	(199)
Total Discharges	2,070	1,432	1,920	(488)	19,592	19,589	19,760	(171)
Inpatient Cases								
MS Discharges	1,235	704	1,077	(373)	11,330	11,159	11,215	(56)
Deliveries	351	322	341	(19)	3,544	3,600	3,555	45
BHS	110	57	123	(66)	956	975	1,126	(151)
Rehab	43	41	45	(4)	421	446	483	(37)
Outpatient Cases	13,108	5,820	13,254	(7,434)	124,706	126,571	130,262	(3,691)
ED	4,181	1,778	3,918	(2,140)	40,164	37,799	39,738	(1,939)
Procedural Cases								
OP Surg	408	149	425	(276)	4,145	4,130	4,219	(89)
Endo	212	25	202	(177)	2,174	1,984	2,301	(317)
Interventional	207	91	175	(84)	1,834	1,681	1,872	(191)
All Other	8,100	3,777	8,534	(4,757)	76,389	80,977	82,132	(1,155)
Hospital Payor Mix								
Medicare	50.9%	48.5%	48.7%	(0.1%)	48.9%	48.9%	48.6%	0.2%
Medi-Cal	7.4%	7.7%	8.0%	(0.2%)	8.1%	7.5%	8.1%	(0.6%)
Commercial IP	19.3%	22.9%	20.0%	3.0%	20.0%	20.1%	20.5%	(0.4%)
Commercial OP	19.7%	18.1%	21.0%	(2.8%)	20.6%	21.2%	20.5%	0.7%
Total Commercial	39.0%	41.1%	40.9%	0.1%	40.6%	41.3%	41.0%	0.3%
Other	2.7%	2.6%	2.4%	0.2%	2.4%	2.4%	2.3%	0.0%
Hospital Cost								
Total FTE	2,755.8	2,619.8	2,385.5	(234.3)	2,669.6	2,786.0	2,740.5	(45.5)
Productive Hrs/APD	29.8	43.5	31.2	(12.3)	30.5	32.3	31.6	(0.6)
Consolidated Balance Sheet								
Net Days in AR	49.4	44.8	49.0	4.2	49.4	44.8	49.0	4.2
Days Cash	508	486	435	50	508	486	435	50

*Beginning with the June FY 19 report, the Dashboard and the financial report has been updated to show the ECH consolidated results instead of just the Hospitals. The descriptions of the metrics indicate whether the data is hospital only.

Monthly Financial Trends



INVESTMENT SCORECARD AS OF MARCH 31, 2020

Key Performance Indicator	Status	El Camino	Benchmark	El Camino	Benchmark	El Camino	Benchmark	FY20 Budget	Expectation Per Asset Allocation
Investment Performance		1Q 2020		Fiscal Year-to-date		7y 5m Since Inception (annualized)		FY 2020	2019
Surplus cash balance*		\$977.6	--	--	--	--	--	--	--
Surplus cash return	Yellow	-10.2%	-9.4%	-5.9%	-5.0%	4.2%	4.2%	4.0%	5.6%
Cash balance plan balance (millions)		\$256.5	--	--	--	--	--	--	--
Cash balance plan return	Yellow	-12.9%	-11.7%	-8.0%	-6.6%	5.8%	5.3%	6.0%	6.0%
403(b) plan balance (millions)		\$474.6	--	--	--	--	--	--	--
Risk vs. Return		3-year		7y 5m Since Inception (annualized)					2019
Surplus cash Sharpe ratio	Green	0.17	0.18	--	--	0.61	0.63	--	0.34
Net of fee return	Green	2.9%	2.8%	--	--	4.2%	4.2%	--	5.6%
Standard deviation	Green	7.2%	6.8%	--	--	5.6%	5.4%	--	8.7%
Cash balance Sharpe ratio	Green	0.19	0.16	--	--	0.70	0.68	--	0.32
Net of fee return	Green	3.2%	2.8%	--	--	5.8%	5.3%	--	6.0%
Standard deviation	Green	9.0%	8.2%	--	--	7.2%	6.7%	--	10.3%
Asset Allocation		1Q 2020							
Surplus cash absolute variances to target	Yellow	13.0%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Cash balance absolute variances to target	Green	9.4%	< 10% Green < 20% Yellow	--	--	--	--	--	--
Manager Compliance		1Q 2020							
Surplus cash manager flags	Yellow	29	< 24 Green < 30 Yellow	--	--	--	--	--	--
Cash balance plan manager flags	Red	35	< 27 Green < 34 Yellow	--	--	--	--	--	--

*Excludes debt reserve funds (~\$30 mm), District assets (~\$39 mm), and balance sheet cash not in investable portfolio (\$118 mm). Includes Foundation (~\$34 mm) and Concern (~\$14 mm) assets.

Non Operating Items and Net Margin by Affiliate

\$ in thousands

	Period 10- Month			Period 10- FYTD		
	Actual	Budget	Variance	Actual	Budget	Variance
El Camino Hospital Operating Margin						
Mountain View	(15,746)	6,914	(22,660)	56,181	73,975	(17,794)
Los Gatos	(3,650)	1,391	(5,041)	8,024	15,852	(7,827)
Sub Total - El Camino Hospital, excl. Affililates	(19,396)	8,305	(27,701)	64,206	89,826	(25,621)
Operating Margin %	-36.4%	10.3%		7.9%	11.0%	
El Camino Hospital Non Operating Income						
Sub Total - Non Operating Income	53,091	2,860	50,230	4,678	27,218	(22,539)
El Camino Hospital Net Margin	33,695	11,166	22,530	68,884	117,044	(48,160)
ECH Net Margin %	63.2%	13.8%		8.5%	14.3%	
Concern	194	90	104	681	825	(144)
ECSC	(1)	0	(1)	(69)	3	(72)
Foundation	1,815	22	1,793	617	1,308	(691)
Silicon Valley Medical Development	(4,512)	(2,185)	(2,328)	(34,492)	(23,987)	(10,505)
Net Margin Hospital Affiliates	(2,504)	(2,072)	(432)	(33,262)	(21,850)	(11,412)
Total Net Margin Hospital & Affiliates	31,191	9,093	22,098	35,622	95,194	(59,572)

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

Period ending 4/30/2020

Period 10 FY 2019	Period 10 FY 2020	Period 10 Budget 2020	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
261,473	162,647	243,544	(80,896)	(33.2%)	Gross Revenue	2,405,373	2,453,882	2,509,830	(55,948)	(2.2%)
(192,571)	(119,050)	(179,360)	60,309	33.6%	Deductions	(1,768,441)	(1,803,589)	(1,865,602)	62,013	3.3%
68,902	43,597	64,184	(20,587)	(32.1%)	Net Patient Revenue	636,932	650,293	644,228	6,065	0.9%
1,677	577	1,772	(1,195)	(67.4%)	Other Operating Revenue	19,286	16,593	19,543	(2,950)	(15.1%)
70,579	44,173	65,956	(21,782)	(33.0%)	Total Operating Revenue	656,218	666,886	663,770	3,116	0.5%
					OPERATING EXPENSE					
36,068	34,761	36,579	1,818	5.0%	Salaries & Wages	348,766	366,115	366,393	278	0.1%
10,219	8,443	8,932	489	5.5%	Supplies	91,492	104,545	92,589	(11,956)	(12.9%)
5,994	9,639	5,724	(3,915)	(68.4%)	Fees & Purchased Services	62,658	71,273	58,264	(13,009)	(22.3%)
1,866	2,172	2,120	(52)	(2.4%)	Other Operating Expense	21,149	26,262	24,609	(1,653)	(6.7%)
141	1,413	1,428	15	1.1%	Interest	3,682	6,632	9,083	2,451	27.0%
3,535	3,491	4,258	767	18.0%	Depreciation	35,185	35,880	38,858	2,979	7.7%
57,823	59,919	59,042	(877)	(1.5%)	Total Operating Expense	562,931	610,705	589,796	(20,909)	(3.5%)
12,756	(15,746)	6,914	(22,660)	(327.7%)	Net Operating Margin	93,286	56,181	73,975	(17,794)	(24.1%)
12,773	53,091	2,860	50,230	1756.0%	Non Operating Income	23,119	4,678	27,218	(22,539)	(82.8%)
25,529	37,345	9,775	27,570	282.1%	Net Margin	116,406	60,860	101,193	(40,333)	(39.9%)
23.3%	-24.5%	19.1%	(43.6%)		EBITDA	20.1%	14.8%	18.4%	(3.6%)	
18.1%	-35.6%	10.5%	(46.1%)		Operating Margin	14.2%	8.4%	11.1%	(2.7%)	
36.2%	84.5%	14.8%	69.7%		Net Margin	17.7%	9.1%	15.2%	(6.1%)	

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

Period ending 4/30/2020

Period 10 FY 2019	Period 10 FY 2020	Period 10 Budget 2020	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
58,531	33,975	56,425	(22,450)	(39.8%)	OPERATING REVENUE					
(42,608)	(24,776)	(41,773)	16,997	40.7%	Gross Revenue	522,640	562,915	583,177	(20,262)	(3.5%)
15,923	9,199	14,652	(5,453)	(37.2%)	Deductions	(386,508)	(421,855)	(432,375)	10,520	2.4%
385	(53)	272	(325)	(119.7%)	Net Patient Revenue	136,132	141,060	150,802	(9,742)	(6.5%)
16,308	9,146	14,924	(5,779)	(38.7%)	Other Operating Revenue	3,113	3,379	2,715	665	24.5%
					Total Operating Revenue	139,245	144,440	153,517	(9,077)	(5.9%)
					OPERATING EXPENSE					
7,271	6,497	7,159	662	9.2%	Salaries & Wages	69,752	74,342	73,504	(838)	(1.1%)
2,090	1,375	2,486	1,111	44.7%	Supplies	20,469	22,372	24,513	2,141	8.7%
2,617	2,711	2,693	(18)	(0.7%)	Fees & Purchased Services	26,913	27,334	27,296	(38)	(0.1%)
220	410	385	(25)	(6.5%)	Other Operating Expense	3,109	3,463	4,096	632	15.4%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
817	1,802	810	(992)	(122.4%)	Depreciation	7,703	8,904	8,257	(647)	(7.8%)
13,016	12,795	13,533	738	5.5%	Total Operating Expense	127,947	136,415	137,665	1,250	0.9%
3,292	(3,650)	1,391	(5,041)	(362.4%)	Net Operating Margin	11,299	8,024	15,852	(7,827)	(49.4%)
0	0	0	0	0.0%	Non Operating Income	0	0	0	0	0.0%
3,292	(3,650)	1,391	(5,041)	(362.4%)	Net Margin	11,299	8,024	15,852	(7,827)	(49.4%)
25.2%	-20.2%	14.7%	(35.0%)		EBITDA	13.6%	11.7%	15.7%	(4.0%)	
20.2%	-39.9%	9.3%	(49.2%)		Operating Margin	8.1%	5.6%	10.3%	(4.8%)	
20.2%	-39.9%	9.3%	(49.2%)		Net Margin	8.1%	5.6%	10.3%	(4.8%)	

Silicon Valley Medical Development (\$000s)

Period ending 4/30/2020

Period 10 FY 2019	Period 10 FY 2020	Period 10 Budget 2020	Variance Fav (Unfav)	Var%	\$000s	YTD FY 2019	YTD FY 2020	YTD Budget 2020	Variance Fav (Unfav)	Var%
					OPERATING REVENUE					
5,294	4,237	10,006	(5,769)	(57.7%)	Gross Revenue	14,088	69,638	91,336	(21,699)	(23.8%)
(3,634)	(3,106)	(6,071)	2,966	48.8%	Deductions	(9,470)	(49,970)	(55,563)	5,592	10.1%
1,660	1,131	3,935	(2,804)	(71.2%)	Net Patient Revenue	4,618	19,667	35,773	(16,106)	(45.0%)
828	1,898	1,648	250	15.2%	Other Operating Revenue	879	17,140	14,747	2,392	16.2%
2,488	3,030	5,583	(2,553)	(45.7%)	Total Operating Revenue	5,496	36,807	50,521	(13,714)	(27.1%)
					OPERATING EXPENSE					
1,022	1,679	1,753	75	4.2%	Salaries & Wages	2,209	16,901	17,841	939	5.3%
133	406	405	(2)	(0.5%)	Supplies	507	4,188	3,878	(310)	(8.0%)
3,899	4,567	4,437	(131)	(2.9%)	Fees & Purchased Services	11,434	41,805	41,515	(290)	(0.7%)
1,076	791	980	189	19.3%	Other Operating Expense	2,222	7,075	9,384	2,309	24.6%
0	0	0	0	0.0%	Interest	0	0	0	0	0.0%
51	391	193	(198)	(102.6%)	Depreciation	453	1,622	1,890	269	14.2%
6,181	7,834	7,768	(67)	(0.9%)	Total Operating Expense	16,823	71,591	74,507	2,917	3.9%
(3,693)	(4,805)	(2,185)	(2,620)	119.9%	Net Operating Margin	(11,327)	(34,784)	(23,987)	(10,797)	45.0%
3,000	292	0	292	0.0%	Non Operating Income	13,810	292	0	292	0.0%
(693)	(4,512)	(2,185)	(2,328)	106.5%	Net Margin	2,483	(34,492)	(23,987)	(10,505)	43.8%
					EBITDA	-197.9%	-90.1%	-43.7%	(46.4%)	
					Operating Margin	-206.1%	-94.5%	-47.5%	(47.0%)	
					Net Margin	45.2%	-93.7%	-47.5%	(46.2%)	

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

To: El Camino Hospital Board of Directors
From: Cecile Currier, VP, Corp. & Community Health Svcs and President, CONCERN, EAP
 Barbara Avery, Director, Community Benefit
Date: June 10, 2020
Subject: FY21 Community Benefit Plan and Implementation Strategy

Recommendation(s):

Management recommends approval of the Proposed FY21 El Camino Hospital Community Benefit Plan with the exception of the proposed grants and/or grant amounts for the Chinese Health Initiative, the Community Health Partnership, Sacred Heart Community Services Gardening Program, South Asian Heart Center, and Veggielution using one of the following two options:

A. Approve the proposed Plan in accordance with the original staff recommendations with respect to the five grants set forth above (*See*, Section 3, bullet 4 below):

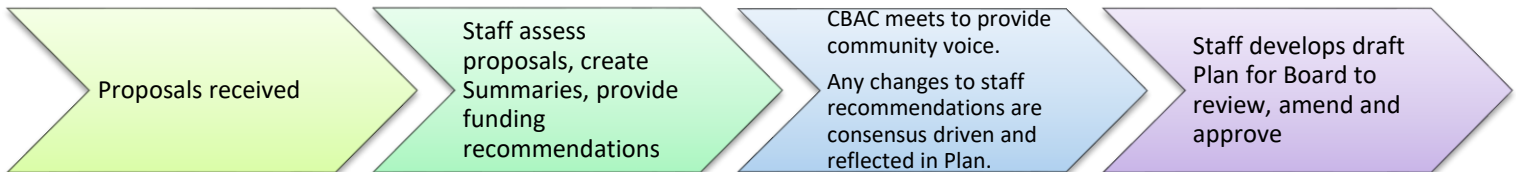
OR

B. Approve the proposed Plan with the exception of the five grants set forth above and request staff to further review and bring back the five grants set forth above for further discussion and Board approval.

Summary:

1. **Situation:** FY21 Community Benefit Plan and Implementation Strategy (Plan) totals \$3.7M and includes funding recommendations for 47 proposals, sponsorships and placeholder (see page 21 of this attachment)
 - The Plan outlines strategies to address the top unmet health needs identified in the 2019 ECH Community Health Needs Assessment (CHNA)
 - Proposals in the Plan set metrics aimed at reducing these unmet health needs
2. **Authority:** Board approval of the FY21 Community Benefit Plan and Implementation Strategy
3. **Background:**

Proposal Review Process



- Proposals submitted: 57
- Proposals recommended for funding: 47 (not recommended: 10)
- **Requested** funding: \$4,980,224/ **Recommended** funding: \$3,396,000/ **Variance:** \$1,584,224

- Community Benefit Advisory Council (CBAC) discussion resulted in the following recommendation changes:
 - Chinese Health Initiative, *Staff: \$16k → CBAC: do not fund (DNF)*
 - Community Health Partnership, *Staff: \$50k → CBAC: \$61k*
 - Sacred Heart Community Services Gardening Program, *Staff: DNF → CBAC: \$20k*
 - South Asian Heart Center, *Staff: \$100k → CBAC: \$75k*
 - Veggielution, *Staff: DNF → CBAC: \$20k*

 - Due to the effects of COVID-19, staff requested supplemental information from all applicants and provided CBAC with options to reallocate \$240k from two programs unable to deliver services to achieve proposal goals. Results:
 - Do not fund for Cambrian School District Mental Health Counseling Program (previously recommended at \$104k)
 - \$80k for Challenge Diabetes Program to provide healthy food/nutrition education for underserved at three community service agencies (previously recommended at \$140k for services such as HbA1c testing)
 - \$110k to Los Gatos Union School District Mental Health Counseling Program (previously recommended at do not fund)
 - \$50k to be allocated to the following programs deemed relevant to addressing immediate needs and have strong COVID-19 adaptations:
 - AACI (healthcare access): \$15k increases recommendation from \$70k to \$85k
 - CASSY (youth mental health counseling): \$15k increases recommendation from \$110k to \$120k
 - Next Door Solutions (domestic violence): \$10k increases from \$75k to \$85k
 - Uplift (youth mental health counseling): \$10k increases from \$220k to \$230k
4. Assessment: N/A
5. Other Reviews: CBAC reviewed proposals and provided funding recommendations.
6. Outcomes: Board to review, amend, and approve FY21 Community Benefit Plan
- Board actions include:
 - Pose questions about proposals
 - Amend grant amounts through a motion to:
 - increase or decrease grant amount
 - not fund a grant
 - Board votes on each motion

 - Board votes to fund original Plan or Plan with approved amendments

List of Attachments:

1. FY21 Community Benefit Plan

Suggested Board Discussion Questions: N/A

FY21 El Camino Hospital Proposals - Proposal Summary Index

Priority Area	Program Partner	Page Number	New	DNF	Dual Funded	Requested/ Recommendation	FY20 Board Approved
Healthy Body							
HB	5210	22			X	\$30,000/\$25,000	\$ 20,000
HB	African American Community Services Agency	25				\$25,185/\$25,000	\$ 20,000
HB	Asian Americans for Community Involvement (AACI)	27	X			\$85,000/\$85,000	N/A
HB	Bay Area Women's Sports Initiative (BAWSI) - BAWSI Girls	29			X	\$24,000/\$15,000	\$ 16,500
HB	Bay Area Women's Sports Initiative (BAWSI) - BAWSI Rollers	31	X	X	X	\$22,000/DNF	N/A
HB	Better Health Pharmacy	33				\$50,000/\$50,000	\$ 50,000
HB	Breathe California of the Bay Area	35			X	\$50,000/\$40,000	\$ 50,000
HB	Cambrian School District - School Nurse Program	38				\$250,000/\$125,000	\$ 128,000
HB	Campbell Union School District - School Nurse Program	40				\$215,000/\$215,000	\$ 215,000
HB	Challenge Diabetes Program (adapted for COVID-19)	43				\$160,628/\$80,000	\$ 195,000
HB	Community Health Partnership	45				\$90,395/\$61,000	\$ 50,000
HB	Cupertino Union School District - School Nurse Program	48			X	\$151,200/\$90,000	\$ 81,921
HB	Gardner Family Health Network	50				\$309,349/\$225,000	\$ 220,000
HB	GoNoodle	52			X	\$113,000/\$113,000	\$ 113,000
HB	Hazel Health	54	X	X		\$29,636/DNF	N/A
HB	Health Mobile	56	X		X	\$150,000/\$75,000	N/A
HB	Healthier Kids Foundation	58			X	\$50,000/\$30,000	\$ 30,000
HB	Indian Health Center of Santa Clara Valley	60				\$80,000/\$80,000	\$ 74,000
HB	Latinas Contra Cancer	63	X			\$35,000/\$25,000	N/A
HB	Medical Respite	65		X	X	\$13,500/DNF	\$ 13,500
HB	Mt. Pleasant School District - School Nurse Program	67				\$125,000/\$125,000	\$ 125,000
HB	Playworks	69			X	\$96,196/\$86,000	\$ 91,627
HB	Portuguese Organization for Social Services & Opportunities	72	X	X		\$30,000/DNF	N/A
HB	Pre-diabetes Health Initiative (Hill & Company)	74				\$160,000/\$100,000	\$ 122,800
HB	Rehabilitation, Awareness and Community Education for Strokes (RACES) Program	76		X		\$45,000/DNF	\$ 40,000
HB	Vista Center for the Blind and Visually Impaired	78			X	\$74,405/\$40,000	\$ 40,000
Healthy Mind							
HM	Almaden Valley Counseling Services	80				\$80,000/\$70,000	\$ 60,000
HM	Alzheimer's Disease and Related Disorders Association	83				\$70,000/\$65,000	\$ 70,000
HM	Bill Wilson Center	85				\$25,000/\$25,000	\$ 25,000
HM	Cambrian School District - Mental Health Counseling	87		X		\$250,000/DNF	\$ 104,000
HM	Cancer CAREpoint	89				\$30,000/\$22,000	\$ 21,600
HM	Child Advocates of Silicon Valley	91				\$40,000/\$30,000	\$ 30,000
HM	Counseling and Support Services for Youth (CASSY)	93				\$120,000/\$120,000	\$ 100,000
HM	Cupertino Union School District - Mental Health Counseling	96			X	\$202,305/\$120,000	\$ 140,000
HM	Fresh Lifelines for Youth	99	X	X		\$40,949/DNF	N/A
HM	Hope Services	101	X	X		\$29,079/DNF	N/A
HM	Jewish Family Services of Silicon Valley	103				\$80,000/\$80,000	\$ 75,000
HM	LifeMoves	105				\$65,000/\$60,000	\$ 50,000
HM	Live Oak Adult Day Services	107	X	X		\$30,000/DNF	N/A
HM	Los Gatos Union School District	108	X			\$165,898/\$110,000	N/A
HM	Momentum for Mental Health	110			X	\$53,748/\$51,000	\$ 50,000
HM	Peninsula HealthCare Connection - Psychiatric Services & Medication Management	112				\$95,000/\$90,000	\$ 90,000
HM	Teen Success	114				\$35,000/\$20,000	\$ 20,000
HM	Uplift Family Services	117				\$230,000/\$230,000	\$ 230,000
Healthy Community							
HC	American Heart Association	120	X		X	\$60,888/\$50,000	N/A
HC	Chinese Health Initiative	122		X	X	\$46,064/DNF	\$ 35,000
HC	Los Gatos Saratoga Recreation	124				\$68,799/\$20,000	\$ 20,000
HC	Midtown Family Services	126	X			\$25,000/\$25,000	N/A
HC	Next Door Solutions to Domestic Violence	128				\$85,000/\$85,000	\$ 75,000
HC	Pacific Hearing Connection	131				\$25,000/\$25,000	\$ 25,000
HC	Rebuilding Together Silicon Valley	133	X		X	\$30,000/\$30,000	N/A
HC	Sacred Heart Community Service	135	X			\$40,000/\$20,000	N/A
HC	South Asian Heart Center	137			X	\$210,000/\$75,000	\$ 110,000
HC	Valley Verde	139				\$45,000/\$45,000	\$ 45,000
HC	Veggielution	142	X			\$40,000/\$20,000	N/A
HC	West Valley Community Services - Community Access to Care & Resources (CARE)	143				\$153,000/\$153,000	\$ 153,000
HC	West Valley Community Services - CARE Senior Services	145				\$45,000/\$45,000	\$ 35,000

Total Requested: \$4,980,224/ Total Recommended: \$3,396,000

FISCAL YEAR 2021

Community Benefit Plan & Implementation Strategy



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Introduction

ABOUT EL CAMINO HOSPITAL

El Camino Health includes two nonprofit acute care hospitals in Los Gatos and Mountain View and urgent care, multi-specialty care and primary care locations across Santa Clara County. Hospital key medical specialties include cancer, heart and vascular, lifestyle medicine, men's health, mental health and addictions, lung, mother-baby, orthopedic and spine, stroke and urology. Affiliated partners include Silicon Valley Medical Development, El Camino Health Foundation and Concern. Mission

MISSION

It is the mission of El Camino Hospital to be an innovative, publicly accountable and locally controlled comprehensive healthcare organization that cares for the sick, relieves suffering, and provides quality, cost-competitive services to improve the health and well-being of the community.

COMMUNITY BENEFIT PLAN & IMPLEMENTATION STRATEGY

Per state and federal law, a Community Health Needs Assessment must be conducted every three years by nonprofit hospitals. In 2019, 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 community health needs. The 2019 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 <https://www.elcaminohealth.org/community-benefit>.

The documented needs in the 2019 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 2021.

The main steps of this planning process are:

1. Conduct a countywide Community Health Needs Assessment (CHNA)
2. Select health needs and establish health priority areas
3. 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 2019 CHNA planning process in Summer 2017. 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. The 2019 CHNA builds upon those earlier assessments.

The Coalition began the 2019 CHNA process in the fall of 2017. The collective goal for the assessment was to gather community feedback and existing data about local health needs to inform how each member hospital prioritizes and selects specific issues to address with community benefits in its service area. The Coalition engaged Actionable Insights, a local consulting firm with expertise in community health needs assessments.

Between January and May 2018, community feedback was gathered through interviews with eight local experts and discussions with eight focus groups. The experts were individually asked to: identify and discuss the top needs of their constituencies, including barriers to health; give their perceptions of access to healthcare and mental health needs; and share which solutions may improve health (such as services and policies).

The focus group discussions centered around five questions, which were modified appropriately for each audience:

- What are the most important health needs that you see in Santa Clara County? Which are the most pressing among the community? How are the needs changing?

DEFINITIONS

Health condition: A disease, impairment, or other state of physical or mental health that contributes to a poor health outcome.

Health driver: A behavioral, clinical, environmental, social, or economic factor that impacts health outcomes.

Health indicator: A characteristic of an individual, population, or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population.

Health need: A poor health outcome and its health driver, or a health driver associated with a poor health outcome that has not yet arisen as a need.

Health outcome: The measurable impact — morbidity (quality of life) and mortality (death) — of a disease within a community.

- What drivers or barriers are impacting the top health needs?
- To what extent is healthcare access a need in the community? If certain groups are identified as having less access than others, what are the barriers for them?
- To what extent is mental health a need in the community? How do mental health challenges affect physical health?
- What policies or resources are needed to impact health needs?

The focus groups comprised local residents and people who serve them. Participants represented low-income, minority, and/or medically underserved populations in the community.

Secondary data were obtained from a variety of sources, including the Community Commons public data platform and the Santa Clara County Public Health Department.

Health needs described in this report fall into three categories, as described in the Definitions box on the previous page:

- Health condition
- Health driver
- Health outcome

El Camino Health generated a list of health needs reflecting the priorities in its service area based on community input and secondary data, which were filtered using the following criteria:

1. Must fit the definition of a “health need” (*See Definitions box, page 7.*)
2. Is suggested or confirmed by more than one source of secondary and/or primary data
3. Meets qualitative threshold:
 - (a) Two of eight key informants identified the need, or
 - (b) The community prioritized it over other health issues in at least two of eight focus groups

In addition, available statistical data for some health needs failed benchmarks by 5 percent or more. The benchmarks used for comparison came from Healthy People 2020 or, when unavailable, the California state average.

Step 2: Select health needs and establish Health Priority Areas

El Camino Hospital selected nine health needs, including all identified health needs from the work of the Coalition and will continue to address chronic conditions and violence/injury prevention health needs. These needs were mapped to the following priority areas: Healthy Body, Healthy Mind and Healthy Community.



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



- Behavioral Health
- Cognitive Decline



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

Step 3: Grants process;
Development of Annual Plan and Implementation Strategy

El Camino Hospital released the 2019 – 2020 grant application with the requirement for proposals to address needs in the three health priority areas. Staff provided a comprehensive summary of each proposal received to the Community Benefit Advisory Council (CBAC), which met twice in April 2020 to discuss grant proposals. The CBAC is comprised of an El Camino Hospital Board Liaison and representatives from the community who have knowledge about local disparate health needs. The Council provided funding recommendations, which are described for each proposal in the hospital’s Community Benefit Plan & Implementation Strategy. The Plan also describes the health needs identified through the Coalition’s CHNA process and how the hospital plans to address these health needs. 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.

Overview & Acknowledgement

Overview

Grant Proposals Received: 57

Programs new to Community Benefit: 15

Grant Proposals Recommended for Funding: 47

Total Requested Grant Funding: \$4,980,224

Total Recommended Grant Funding: \$3,396,000

Recommended Plan Total (including Placeholder and Sponsorships): \$3,696,000

Acknowledgement

El Camino Hospital especially recognizes the critical contribution of the Community Benefit Advisory Council (CBAC) for its guidance with the FY21 Plan. The CBAC is comprised of an El Camino Hospital Board Liaison and representatives from the community who have knowledge about local disparate health needs.



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

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

2019 CHNA DATA FINDINGS: DIABETES / OBESITY

Rates are per 100,000 unless otherwise specified.

- Diabetes/Obesity was identified as a top health need in half of key informant interviews and one-third of focus groups.
- The community discussed factors that contribute to diabetes and obesity, such as the built environment, stress and poverty.
- The county has a significantly higher proportion of fast-food restaurants (86.7 per 100,000) than California overall (78.7).
- Santa Clara County has lower proportions of grocery and WIC-authorized¹ stores to residents than state benchmarks. For example, there are 9.5 WIC-authorized stores per 100,000 residents in the county compared to 15.8 in the state overall.
- Diabetes prevalence is higher in Santa Clara County (9.8 percent) than in California overall (9.1 percent) — and trending up both locally and statewide.
- A significant number of LGBTQ survey respondents report being overweight or obese.
- 28 percent of youth are physically inactive.

¹The Women, Infants and Children (WIC) Program is a federally funded health and nutrition program that provides assistance to pregnant women, new mothers, and children aged 0–5. The California Department of Public Health approves the grocers and other vendors statewide who accept program vouchers. <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/Program-Landing1.aspx>

- Disparities in Santa Clara County include:
 - Males are almost twice as likely as females to be obese (18 percent compared to 10 percent).
 - Although obesity rates overall do not fail benchmarks, the overweight and obesity rates among Latinx youth (about 20 percent each) are significantly higher than state averages (about 17 percent), possibly driven by physical inactivity (42 percent).
 - Being overweight or obese is also a problem among youth who identify as Pacific Islanders (about 25 percent each).
 - African ancestry² youth have higher rates of physical inactivity (33 percent) and inadequate fruit and vegetable consumption (73 percent) than the state benchmarks (38 percent and 47 percent, respectively).

2019 CHNA DATA FINDINGS: CHRONIC CONDITIONS (OTHER THAN DIABETES/OBESITY)

Rates are per 100,000 unless otherwise specified.

- Health conditions such as cardiovascular disease, cancer and respiratory problems are among the top 10 causes of death in the service area.
- The proportion of hospitalization discharges due to asthma for children, youth and older adults are all higher than the state.
- The county's prostate cancer incidence rate (127.3) is significantly higher than that of the state (109.2).
- Disparities in chronic conditions in Santa Clara County include:
 - Cancer incidence and mortality rates for various cancer sites are higher for African ancestry and White residents than for those of other ethnicities. For example, overall incidence of cancer is 22 percent higher for African ancestry residents than the county overall, and 51 percent higher than Asian residents. Also, overall cancer mortality for African ancestry residents is 71 percent higher than in than the county overall, and 67 percent higher than Asian residents.
 - African ancestry residents are hospitalized for asthma at a rate (1.7 percent) that is disproportionately higher than the rates for residents of other ethnicities (all of which are below 1 percent, such as 0.7 percent for White residents).

² African ancestry refers to all people of African descent, whether they are recent immigrants or have been in the U.S. for generations. This term is in keeping with a 2015 report by the Black Leadership Kitchen Cabinet of Silicon Valley, in conjunction with the Santa Clara Public Health Department. See <http://blkc.org> for the full report. Many original data sources alternately use the category Black/African-American or African-American.

2019 CHNA DATA FINDINGS: HEALTHCARE ACCESS & DELIVERY

Rates are per 100,000 unless otherwise specified.

- Healthcare access and delivery was identified as a top health need by half of focus groups and key informants.
- The community expressed concern that healthcare is unaffordable, especially for people who do not receive health insurance subsidies, such as undocumented immigrants.
- Approximately one in every 13 people (8 percent) is uninsured countywide.³
- The community expressed concern about the ability of older adults to pay for healthcare (including long-term care) if they are not eligible for Medi-Cal.
- Meets quantitative threshold. (*See #3 on page 8 of 2019 CHNA*)
- Two in 10 Santa Clara County residents speaks limited English, which can restrict healthcare access.
- The county's rate of Federally Qualified Health Centers and access to mental-health care fall below state averages.
- Health clinic professionals expressed concern about attracting and retaining talent (especially bilingual staff) in the healthcare sector due to the high cost of living in the Bay Area.

2019 CHNA DATA FINDINGS: ORAL HEALTH

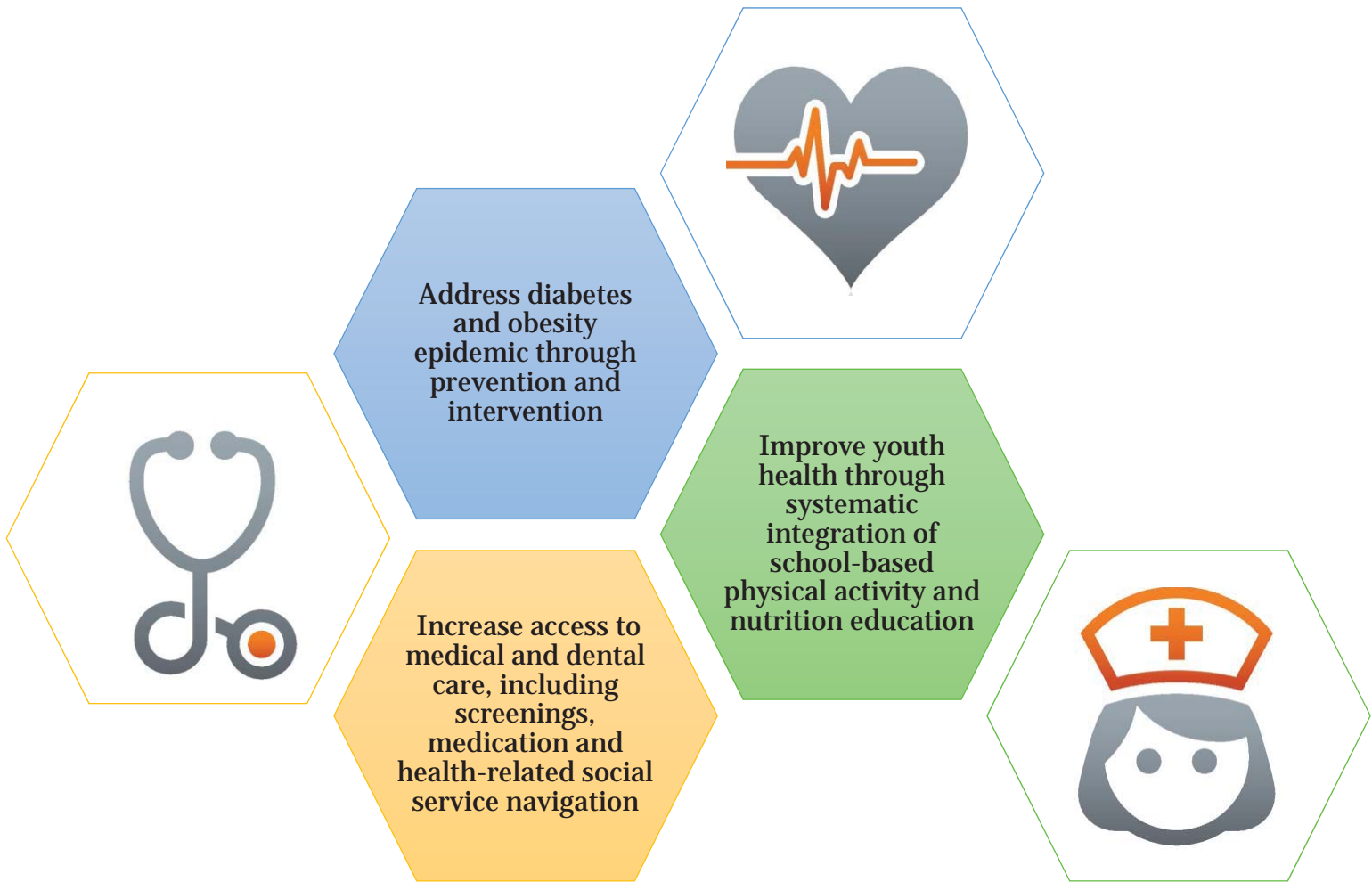
Rates are per 100,000 unless otherwise specified.

- Oral Health was identified as a top health need in two interviews and one focus group.
- There is a perceived lack of access to dental insurance in the community.
- More than one-third of adults in Santa Clara County do not have dental insurance.
- Nearly one-third (30 percent) of county children aged 2–11 have not had a recent dental exam, which is 61 percent worse than the state. The rates were the worst among White (31 percent) and Latinx (52 percent) children.
- More than half of residents of African, Asian and Latinx ancestry have had dental decay or gum disease, which is worse than the county overall (45 percent).

³ U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2012–2016.

STRATEGIES TO IMPROVE HEALTHY BODIES

Note on COVID-19: To address the challenges presented by COVID-19 pandemic, many strategies will involve adaptations to service delivery models to achieve program goals.



FY21 Community Benefit Plan & Implementation Strategy
El Camino Hospital

HEALTHY BODY PROPOSAL RECOMMENDATIONS

Program Partner	New	DNF	Dual Funded	Requested/ Recommendation	FY20 Board Approved
5210			X	\$30,000/\$25,000	\$20,000
African American Community Services Agency				\$25,185/\$25,000	\$20,000
Asian Americans for Community Involvement (AACI)	X			\$85,000/\$85,000	N/A
Bay Area Women's Sports Initiative (BAWSI) - BAWSI Girls			X	\$24,000/\$15,000	\$16,500
Bay Area Women's Sports Initiative (BAWSI) - BAWSI Rollers	X	X	X	\$22,000/DNF	N/A
Better Health Pharmacy				\$50,000/\$50,000	\$50,000
Breathe California of the Bay Area			X	\$50,000/\$40,000	\$50,000
Cambrian School District - School Nurse Program				\$250,000/\$125,000	\$128,000
Campbell Union School District - School Nurse Program				\$215,000/\$215,000	\$215,000
Challenge Diabetes Program (adapted for COVID-19)				\$160,628/\$80,000	\$195,000
Community Health Partnership				\$90,395/\$61,000	\$50,000
Cupertino Union School District - School Nurse Program			X	\$151,200/\$90,000	\$81,921
Gardner Family Health Network				\$309,349/\$225,000	\$220,000
GoNoodle			X	\$113,000/\$113,000	\$113,000
Hazel Health	X	X		\$29,636/DNF	N/A
Health Mobile	X		X	\$150,000/\$75,000	N/A
Healthier Kids Foundation			X	\$50,000/\$30,000	\$30,000
Indian Health Center of Santa Clara Valley				\$80,000/\$80,000	\$74,000
Latinas Contra Cancer	X			\$35,000/\$25,000	N/A
Medical Respite		X	X	\$13,500/DNF	\$13,500
Mt. Pleasant School District - School Nurse Program				\$125,000/\$125,000	\$125,000
Playworks			X	\$96,196/\$86,000	\$91,627
Portuguese Organization for Social Services & Opportunities	X	X		\$30,000/DNF	N/A
Pre-diabetes Health Initiative (Hill & Company)				\$160,000/\$100,000	\$122,800
Rehabilitation, Awareness and Community Education for Strokes (RACES) Program		X		\$45,000/DNF	\$40,000
Vista Center for the Blind and Visually Impaired			X	\$74,405/\$40,000	\$40,000
Healthy Body Priority Area CBAC Recommendation Total: \$1,710,000					



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.⁴ Caregivers of those with dementia also experience depression.⁵ 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.

2019 CHNA DATA FINDINGS: BEHAVIORAL HEALTH

Rates are per 100,000 unless otherwise specified.

- Behavioral Health ranked high as a health need, with the community prioritizing it in more than two-thirds of discussions.
- The co-occurrence of mental health and substance use emerged as a common theme.
- The community expressed concern about a lack of services for behavioral health, including preventive mental-health care and detox centers.
- Professionals who work in behavioral health described experiencing challenges with health systems that were established to serve people with these conditions.
- LGBTQ residents expressed a need for mental health and suicide prevention assistance.
- Meets quantitative threshold. (See #3 on page 8 of 2019 CHNA.)
- Disparities in Santa Clara County include:

⁴ Alzheimer’s Association. <https://www.alz.org/care/alzheimers-dementia-depression.asp>.

⁵ Alzheimer’s Association. <https://www.alz.org/care/alzheimers-dementia-caregiver-depression.asp>

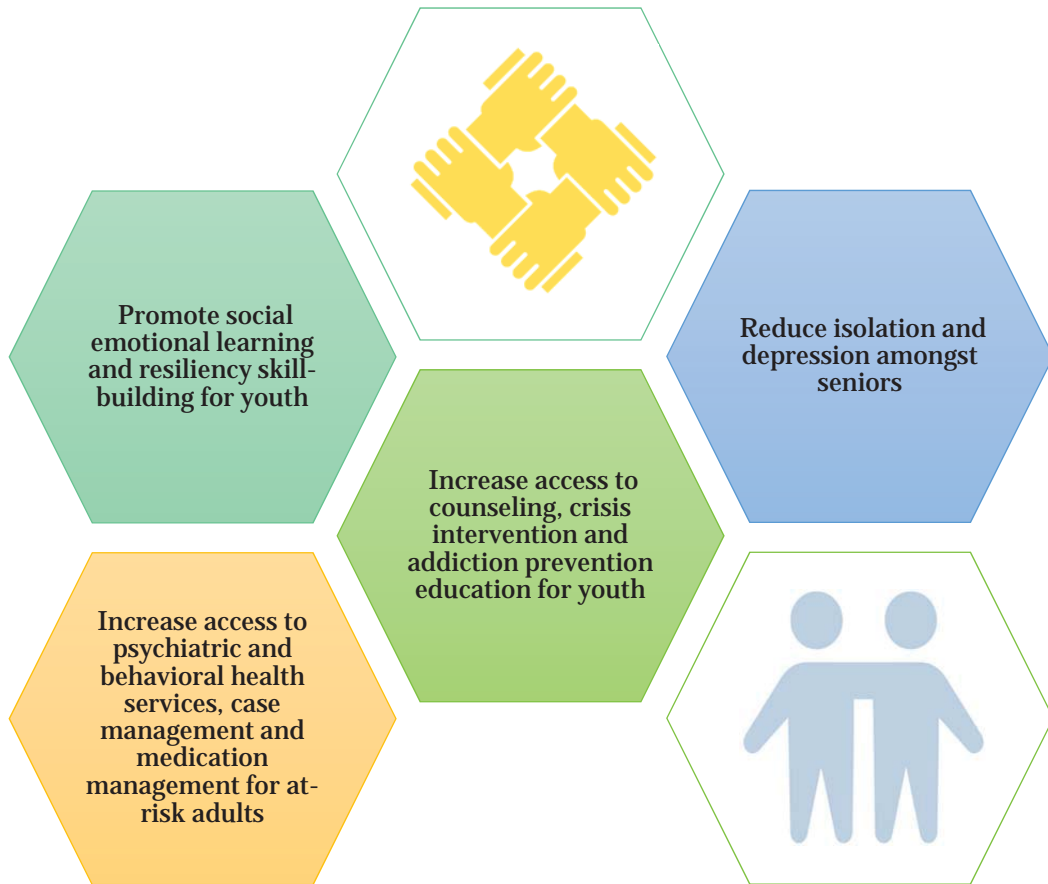
- Hospitalization rates for attempted suicide are 73 percent higher among females than males, whereas men nationwide are 3.5 times more likely than women to commit suicide.
- Adult men are more likely to binge drink than women, but adolescent females are more likely to binge drink (15 percent) than adolescent males (13 percent).
- 21 percent of Latinx adults binge drink, compared to 15 percent of Whites and 8 percent of other ethnic groups.
- Adults of White or Latinx ancestry are most likely to use marijuana (12 percent and 13 percent, respectively).

2019 CHNA DATA FINDINGS: COGNITIVE DECLINE

- Cognitive decline was mentioned in half of focus groups and two interviews with experts.
- One in nine Californians is experiencing subjective cognitive decline.
- The median age in Santa Clara County (36.8 years) is higher than the median age of California (35.8).
- The county death rate due to Alzheimer's disease (35.9 per 100,000) is nineteen percent higher than the state's rate (30.1).
- Community said that serving individuals who are cognitively impaired is difficult for providers.
- Professionals who serve people experiencing chronic homelessness and abusing substances report cases of early dementia and increased difficulty with treating and housing people with these impairments.
- Community expressed concern about the ability of older adults to pay for healthcare, including long-term care, if not Medi-Cal eligible.

Professionals rely on family members to coordinate care for their loved ones, which can affect the health, well-being, and economic stability of those family members.

STRATEGIES TO IMPROVE HEALTHY MINDS



FY21 Community Benefit Plan & Implementation Strategy
El Camino Hospital

HEALTHY MIND PROPOSAL RECOMMENDATIONS

Program Partner	New	DNF	Dual Funded	Requested/ Recommendation	FY20 Board Approved
Almaden Valley Counseling Services				\$80,000/\$70,000	\$60,000
Alzheimer's Disease and Related Disorders Association				\$70,000/\$65,000	\$70,000
Bill Wilson Center				\$25,000/\$25,000	\$25,000
Cambrian School District - Mental Health Counseling		X		\$250,000/DNF	\$104,000
Cancer CAREpoint				\$30,000/\$22,000	\$21,600
Child Advocates of Silicon Valley				\$40,000/\$30,000	\$30,000
Counseling and Support Services for Youth (CASSY)				\$120,000/\$120,000	\$100,000
Cupertino Union School District - Mental Health Counseling			X	\$202,305/\$120,000	\$140,000
Fresh Lifelines for Youth	X	X		\$40,949/DNF	N/A
Hope Services	X	X		\$29,079/DNF	N/A
Jewish Family Services of Silicon Valley				\$80,000/\$80,000	\$75,000
LifeMoves				\$65,000/\$60,000	\$50,000
Live Oak Adult Day Services	X	X		\$30,000/DNF	N/A
Los Gatos Union School District	X			\$165,898/\$110,000	N/A
Momentum for Mental Health			X	\$53,748/\$51,000	\$50,000
Peninsula HealthCare Connection - Psychiatric Services & Medication Management				\$95,000/\$90,000	\$90,000
Teen Success				\$35,000/\$20,000	\$20,000
Uplift Family Services				\$230,000/\$230,000	\$230,000
Healthy Mind Priority Area Recommendation CBAC Total: \$1,093,000					

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.

2019 CHNA DATA FINDINGS: VIOLENCE & INJURY PREVENTION

Rates are per 100,000 unless otherwise specified.

- Violence is a major driver of poor behavioral health. Preventing violence in the service area will affect behavioral health.
- The rate of rape (22.8 per 100,000 people) in Santa Clara County is 8.5 percent higher than the state rate (21.0).
- Preventable unintentional injuries are a leading cause of death in the county (5 percent of all deaths) and the state (4 percent).
- 67 percent of all unintentional injury deaths are due to senior falls. This is higher compared to deaths due to accidental falls among the total population (31 percent).
- Disparities in violence and injury in the county include:
 - The mortality rate (43.0 deaths per 100,000 people) from all unintentional injuries is highest for African ancestry residents.
 - Community safety data — including homicides, violent assault, youth assault and self-harm, and school suspensions and expulsions — are all higher for Latinxs and African ancestry residents than for those of other ethnicities.

2019 CHNA DATA FINDINGS: ECONOMIC STABILITY

Rates are per 100,000 unless otherwise specified.

- Economic security was identified as a top health need by one-third of focus groups and key informants.
- Meets quantitative threshold (see #3 on page 8).

- The very high cost of living in Santa Clara County and concern about the low-income population emerged as common themes of community input.
- The 2018 Self-Sufficiency Standard for a family of two adults, one infant, and one preschool-aged child is over \$120,600, which is more than four times higher than the 2018 Federal Poverty Level (\$25,100).
- Almost four in 10 people in Santa Clara County experiencing food insecurity do not qualify for federal food assistance because of their household incomes. (This includes 46 percent of all food-insecure children.)
- The cost of long-term care for older adults with fixed incomes who are ineligible for Medi-Cal is a concern of the community.
- Cost of mental health care is also difficult for middle-income parents according to focus group participants.
- Economic security is crucial to stable housing. (*See Housing and Homelessness health need description*).
- Disparities in Santa Clara County include:
 - The rates of poverty among residents of African ancestry and Other⁶ races fail benchmarks.
 - One in four Latinx households and more than one in 10 African ancestry households received food from a food bank in recent years.
 - More than nine in 10 (93 percent) White high school students graduate, while only seven in 10 Latinx and Native American students graduate. Almost eight in 10 African ancestry students graduate.
 - Fourth-grade reading proficiency is a predictor of high school graduation.⁷ About 27 percent of White fourth-grade students are reading below proficiency. This proportion is significantly worse for other children: African ancestry (60 percent), Latinx (67 percent), Pacific Islander (61 percent) and Native American ancestry (58 percent)

2019 CHNA DATA FINDINGS: HOUSING & HOMELESSNESS

Rates are per 100,000 unless otherwise specified.

- Housing and Homelessness was identified as a top health need by more than half of focus groups and key informants.
- The community described stress about the high costs of housing and the lack of affordable rent as a major priority.

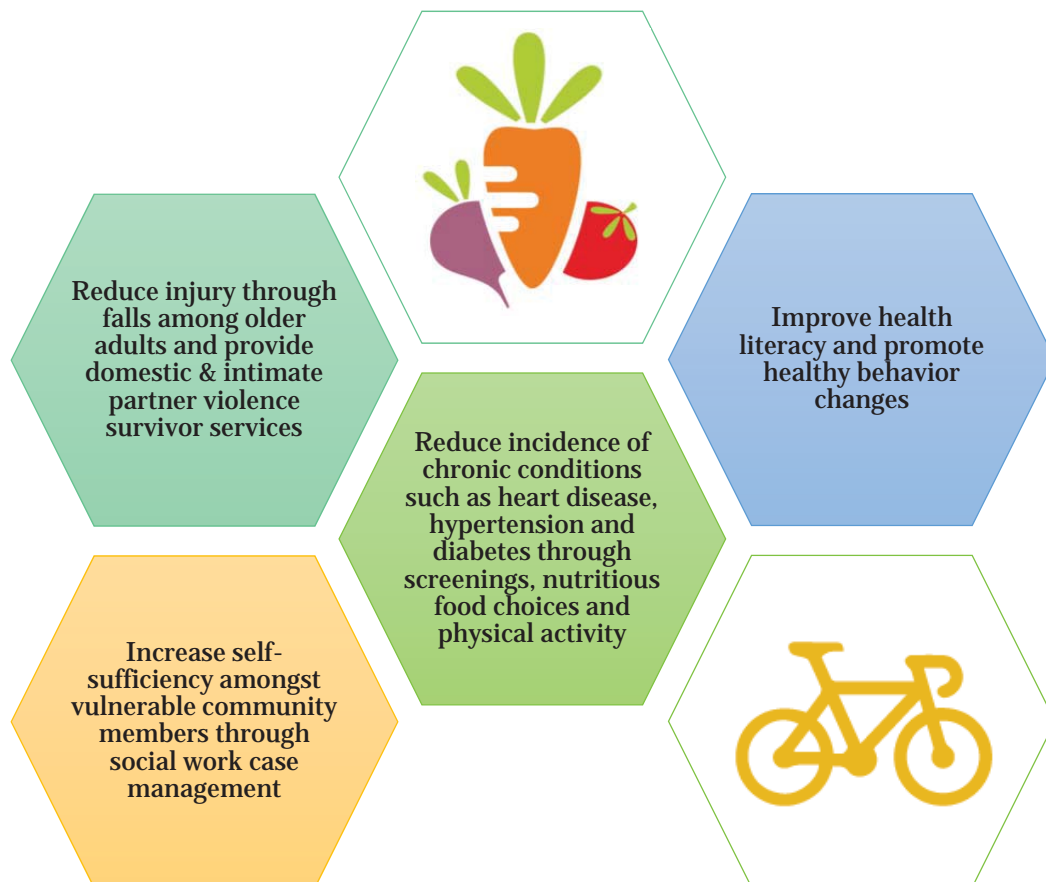
⁶ “Other” is a U.S. Census category for ethnicities not specifically called out in data sets.

⁷ The Campaign for Grade-Level Reading (<https://gradelevelreading.net>) and Reading Partners (<https://readingpartners.org/blog/why-reading-by-fourth-grade-matters-for-student-success/>)

- Professionals who serve families report an increase in families seeking help from food banks and making difficult choices about how to spend remaining funds (healthy food, medicine, doctor visits, therapeutic services).
- The community reports that families often move to a different home or leave the area due to the increased cost of living.
- The 2018 Santa Clara County Self-Sufficiency Standard indicates that a family of two adults, one infant, and one preschool-aged child requires \$120,600 in annual income to be self-sufficient.
- There are approximately 7,400 people experiencing homelessness in the county (15 percent of whom are aged 0–17), which is the highest number since 2013.
- In Mountain View, the number of people experiencing homelessness (416) increased 51 percent since 2015.

STRATEGIES TO IMPROVE HEALTHY COMMUNITIES

Note on COVID-19: To address the challenges presented by COVID-19 pandemic, many strategies will involve adaptations to service delivery models to achieve program goals.



FY21 Community Benefit Plan & Implementation Strategy
El Camino Hospital

HEALTHY COMMUNITY PROPOSAL RECOMMENDATIONS

Program Partner	New	DNF	Dual Funded	Requested/ Recommendation	FY20 Board Approved
American Heart Association	X		X	\$60,888/\$50,000	N/A
Chinese Health Initiative		X	X	\$46,064/DNF	\$35,000
Los Gatos Saratoga Recreation				\$68,799/\$20,000	\$20,000
Midtown Family Services	X			\$25,000/\$25,000	N/A
Next Door Solutions to Domestic Violence				\$85,000/\$85,000	\$75,000
Pacific Hearing Connection				\$25,000/\$25,000	\$25,000
Rebuilding Together Silicon Valley	X		X	\$30,000/\$30,000	N/A
Sacred Heart Community Service	X			\$40,000/\$20,000	N/A
South Asian Heart Center			X	\$210,000/\$75,000	\$110,000
Valley Verde				\$45,000/\$45,000	\$45,000
Veggielution	X			\$40,000/\$20,000	N/A
West Valley Community Services - Community Access to Care & Resources (CARE)				\$153,000/\$153,000	\$153,000
West Valley Community Services - Community Access to Care & Resources (CARE) Senior Services				\$45,000/\$45,000	\$35,000
Healthy Community Priority Area CBAC Recommendation Total: \$593,000					

Financial Summary

Requested Grant Funding: \$4,980,224

Sponsorship funding: \$100,000

Placeholder: \$200,000

Total: \$5,280,224

Recommended Grant Funding: \$3,396,000

Sponsorship funding: \$100,000

Placeholder: \$200,000

Total: \$3,696,000

Conclusion

El Camino Hospital's CHNA identified health needs based on community input, secondary data and other qualitative thresholds. The nine health needs mapped to three priority areas overlap with one another, in that community members 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 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 underserved, at-risk community members. These annual community grants provide direct and preventive services throughout the service area.

Community Benefit support addresses gaps by funding critical, innovative services that would otherwise not likely be supported. The Community Benefit Plan aims to improve the health and wellness of the entire community, far beyond hospital walls.

Community Benefit

FY21 Proposal Summaries (Appendix)

Staff prepared individual Proposal Summaries for all submitted applications containing:

- Program title
- Grant goal
- Community need addressed
- Agency description & address
- Program delivery site(s)
- Services funded by grant/how funds will be spent
- FY21 funding requested and CBAC recommendation
- Funding history and metric performance, if applicable
- Dual funding information, if applicable
- FY21 proposed metrics



5210 – Health Awareness Program

Program Title and Requested Amount	5210 Program- Numbers to Live By!/ \$30,000
Grant Goal	The 5210 Program is requesting \$30,000 to offer nutrition lessons and wellness education provided by Health Educators who will support the Program Manager. Elementary school-aged children, parents, school staff and administration will benefit from the services provided to promote ongoing health and wellness messages. Services include 5th grade and kindergarten nutrition lessons during the school year as well as physical activity, lunch tastings, and after school programming. In addition, we partner with community organizations to provide additional education during the summer months. Services help encourage an environment of health for the school communities and education to prevent chronic diseases such as diabetes and obesity.
Community Need	<p>According to the State of Obesity report 2018, 25.1% of adults in California are obese.¹ Children ages 10 - 17 years old have the 20th highest obesity percentage in the nation at 15.6%.¹ In Santa Clara County as of 2015, 34.5% of 5th graders were overweight or obese.² Only 26.6% of the same cohort meets all fitness standards.² In addition, according to health data in 2013, only 36% of adolescents ate 5 or more fruits and vegetables daily.³ 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 2008.⁴ Not only do we educate students and their parents in nutrition and health, but we also provide support to their school administration and staff to promote health messages throughout the school year. By reaching multiple avenues within and around the school communities, we can promote a healthy environment. In doing so, students will have an easier time making healthy choices and reduce their risk of obesity.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Trust for America's Health and the Robert Wood Johnson Foundation. State of Obesity 2018. Washington, D.C.: 2018. 2. https://www.kidsdata.org/topic/310/fitness-standards/table 3. https://www.cdc.gov/ncbddd/disabilityandhealth/documents/obesityfactsheet2010.pdf 4. 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	<p>701 E. El Camino Real, Mountain View http://www.pamf.org/ynp/5210/</p> <p>The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization dedicated to enhancing the health of people in our communities. 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 choices for families.</p>

FY21 Healthy Body Proposal Summary



<p>Program Delivery Site(s)</p>	<ul style="list-style-type: none"> Almaden Elementary, 1295 Dentwood Dr, San Jose Blackford Elementary, 1970 Willow St, San Jose Campbell School of Innovation, 295 Cherry Ln, Campbell Canoas Elementary, 880 Wren Dr, San Jose Capri Elementary, 850 Chapman Dr, Campbell Castlemont Elementary, 3040 Payne Ave, Campbell De Vargas Elementary, 5050 Moorpark Ave, San Jose Eisenhower Elementary, 277 Rodonovan Dr, Santa Clara Forest Hill Elementary, 4450 McCoy Ave, San Jose Grant Elementary, 470 Jackson St, San Jose Horace Mann Elementary, 55 N. 7th St, San Jose Lynhaven Elementary, 881 Cypress Ave, San Jose Marshall Lane Elementary, 14114 Marilyn Ln, Saratoga Monroe Middle School, 1055 S. Monroe St, San Jose Rolling Hills Middle School, 1585 More Ave, Los Gatos Rosemary Elementary, 401 W. Hamilton Ave, Campbell Sedgwick Elementary, 19200 Phil Ln, Cupertino Sherman Oaks Elementary, 1800 Fruitdale Ave, San Jose 															
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> Classroom nutrition and health lessons Community outreach including health fairs and presentations Students grades K-5 will receive nutrition and activity lessons through after-school sites in Sunnyvale Four ninety-minute meetings facilitated for the Sunnyvale Collaborative with community partners <p>Funds will support health educator salaries and program supplies.</p>															
<p>FY21 Funding</p>	<p>FY21 funding requested: \$30,000 FY21 funding recommended: \$25,000</p>															
<p>Funding History and Metric Performance</p>	<table border="1"> <thead> <tr> <th>FY20</th> <th>FY19</th> <th>FY18</th> </tr> </thead> <tbody> <tr> <td>FY20 Requested: \$25,000</td> <td>FY19 Approved: \$25,000</td> <td>FY18 Approved: \$15,000</td> </tr> <tr> <td>FY20 Approved: \$20,000</td> <td>FY19 Spent: \$24,450</td> <td>FY18 Spent: \$10,396</td> </tr> <tr> <td>FY20 6-month metrics met: 100%</td> <td>FY19 6-month metrics met: 100%</td> <td>FY18 6-month metrics met: 100%</td> </tr> <tr> <td></td> <td>FY19 Annual metrics met: 67%</td> <td>FY18 Annual metrics met: 67%</td> </tr> </tbody> </table>	FY20	FY19	FY18	FY20 Requested: \$25,000	FY19 Approved: \$25,000	FY18 Approved: \$15,000	FY20 Approved: \$20,000	FY19 Spent: \$24,450	FY18 Spent: \$10,396	FY20 6-month metrics met: 100%	FY19 6-month metrics met: 100%	FY18 6-month metrics met: 100%		FY19 Annual metrics met: 67%	FY18 Annual metrics met: 67%
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FY21 Healthy Body Proposal Summary

HEALTHY
BODY



<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served	5,000	7,000
	Students who report being active one or more hours per day after 5210 programming	N/A	58%
	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%



African American Community Services Agency

<p>Program Title and Requested Amount</p>	<p>Family Health Services/ \$25,185</p>
<p>Grant Goal</p>	<p>To continue support of the Family Health Services (FHS) program to benefit the health of low-income, disenfranchised, ethnically diverse children and parents children and parents who reside primarily in San Jose. Through outreach, preventative health screenings, workshops, and other services, the FHS aims to address the disproportionately poor health outcomes experienced by African Americans and other minority communities in the region.</p>
<p>Community Need</p>	<p>Santa Clara County (SCC) has the highest median household income in the nation at \$93,854, yet it also has some of the widest income gaps in the country. While only 4% of Asian and White children live at or below the Federal Poverty Level, 17% of African American and 16% of Latino children do. 15% of African American and 21% Latino students left school without graduating compared to 5% of white students and 3% of Asian students.¹ San Jose is one of the most diverse cities in the country; per the 2014 U.S. Census, the White alone population comprised 27% of its population, the Asian population was 34%, and the Latino population was 32%. And yet the black population, which peaked in the 1990s at 4.7%, has dropped to 3.1%, or about 30,300 people. Though a smaller population than other cities, racism and discrimination continue to be a pervasive source of stress and anxiety that directly impacts the mental and physical health of African Americans in San Jose and Santa Clara County, resulting in an over-representation in the criminal justice, foster care, and special education systems.² Across several measures, African American and Latino youth in the county fare worse than their White and Asian peers.³ Local minorities are also more likely to live in high-density neighborhoods, characterized by gang activity, blight, and lack of resources. Moreover, local African American and Hispanic children are not getting the kind of cultural accommodations they need to keep up with their peers, nor are they getting the support they need to stay in school and go on to college. These cumulative risk factors are greatest for families living in neighborhoods served by the AACSA FRC, which are also home to the highest concentration of children under the age of six and schools with the lowest Academic Performance Index scores in SCC.⁴ Parents struggle to gain access to the educational and health services they need to stay healthy themselves, and in turn, to help their children thrive.</p> <p>Without assistance, children and their families with cumulative risks would not be able to benefit from a comprehensive, integrated, and culturally-sensitive approach to improving the health and well-being of the entire family, including physical, developmental, and behavioral health services as needed. Children do not develop in isolation, but rather within a set of social systems that are interconnected, dynamic, and have both an individual and collective impact on their healthy development. All of these social systems need to be working together to ensure that children achieve optimal physical health and acquire age, and developmentally appropriate cognitive, social, emotional, and behavioral skills. Children who are exposed to multiple risk factors in any of these social systems are more likely to have poor developmental outcomes. Therefore, by providing a suite of services seeking to improve the health and wellbeing of all family members, children have an increased capacity to overcome the potentially harmful effects of adversity, thereby increasing their chances of succeeding in school and life.⁴</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.kidsincommon.org/resources 2. https://www.sccgov.org/sites/opa/nr/Documents/AFRICAN%20ANCESTRY%20REPORT.pdf 3. http://www.summermatters.net/wp-content/uploads/2016/09/Cost-of-Summer-Report-Print.pdf 4. https://www.first5kids.org/about-us/strategic-plan/

FY21 Healthy Body Proposal Summary



<p>Agency Description & Address</p>	<p>304 N 6TH St, San Jose http://www.sjaacsa.com/ Founded in 1978, the African-American Community Services Agency (AACSA) serves and advocates for communities of color in downtown San Jose, including Latinos and other non-English speaking populations, while focusing on the often-overlooked African American population. For these groups, who have the highest rates of poverty and unemployment, AACSA provides a safe space where all are welcome. Its programs for youth and families have sought to reverse the pervasive impacts of racism by providing educational, cultural, social, and recreational programs and services to ethnically diverse low-income children, families and seniors. In 2018, AACSA became a First Five Family Resource Center (FRC), serving as a neighborhood hub that will ensure children are kindergarten-ready, with strong family relationships, and connections to schools and community.</p>																	
<p>Program Delivery Site(s)</p>	<p>At agency site and at community events</p>																	
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>The FHS will offer the following:</p> <ul style="list-style-type: none"> • Individual, behavioral and child development screening sessions/intake • Coordination of partner-provided eye, dental, physical health screenings at events • Family referrals to appropriate community services and programs • 1- to 2-hour parenting workshop series (Triple P, Abriendo Puertas, SEEDS of Early Literacy, 24/7 Dads, BabyCare, Moms and Dads workshops) • 90-minute Nutritious Soul Food Cooking Classes • 2-hour exercise classes <p>Full requested amount funds partial salaries of Family Resource Center manager, Executive Director, two community workers, class instructors and some administrative costs.</p>																	
<p>FY21 Funding</p>	<p>FY21 funding requested: \$25,185</p>		<p>FY21 funding recommended: \$25,000</p>															
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<p>FY21 Proposed Metrics</p>	<p style="text-align: center;">Metrics</p>		<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">6-month Target</th> <th style="text-align: center;">Annual Target</th> </tr> </thead> <tbody> <tr> <td>Individuals served</td> <td style="text-align: center;">300</td> <td style="text-align: center;">696</td> </tr> <tr> <td>Encounters (screenings, workshops and class sessions)</td> <td style="text-align: center;">350</td> <td style="text-align: center;">769</td> </tr> <tr> <td>Parents will report that they have gained a better understanding of how to support their child's healthy development</td> <td style="text-align: center;">65%</td> <td style="text-align: center;">65%</td> </tr> <tr> <td>Participants in exercise classes report discovering a fitness modality that would support a healthy lifestyle.</td> <td style="text-align: center;">65%</td> <td style="text-align: center;">65%</td> </tr> </tbody> </table>		6-month Target	Annual Target	Individuals served	300	696	Encounters (screenings, workshops and class sessions)	350	769	Parents will report that they have gained a better understanding of how to support their child's healthy development	65%	65%	Participants in exercise classes report discovering a fitness modality that would support a healthy lifestyle.	65%	65%
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FY21 Healthy Body Proposal Summary



Asian Americans for Community Involvement (AACI)

NEW

Program Title and Requested Amount	Increasing Access to Health Care/\$85,000
Grant Goal	To fund a Medical Assistant (MAs) at AACI’s clinics. AACI’s Federally Qualified Health Center (FQHC) provides primary care and integrated behavioral health services to low-income and/or immigrant individuals and families across Santa Clara County at two clinic sites in San Jose, one located in West San Jose near Valley Medical Center and one located in East San Jose). AACI’s MAs are bicultural and bilingual and are able to provide services in patients’ native language. MAs are an important part of each patient’s health care team and are the first contact with the clinical care that AACI’s Health Center provides.
Community Need	<p>Many individuals and families living in Santa Clara County have difficulty accessing care. Santa Clara County’s Health and Social Inequality Report in 2011 found significant health disparities for people with low incomes and certain racial and ethnic groups. The lack of ability to pay, linguistic isolation, transportation, and complex, co-occurring needs are key barriers for AACI’s target population to access primary health care and integrated behavioral health services. Income is the most critical inequity affecting health status, resulting in both physical and mental health disparities. According to Public Health data, socioeconomic status plays a greater role on both physical and mental health than all other factors, including race/ethnicity. AACI’s Federally Qualified Health Center (FQHC) serves a primarily un- and under-insured population. According to the most recent Uniform Data Set (UDS) report of 2019, 82.6% of AACI’s patients are on Medi-Cal, Medicare, a county-sponsored program for low-income residents, or are uninsured. Many Santa Clara County residents are also linguistically isolated and have limited to no English proficiency, making it difficult to access care or even know where to ask for help. Santa Clara County is tremendously diverse, and the Asian and Hispanic communities have grown significantly and continue to grow. Data shows that “people who face language barriers are...less likely to have a regular source of medical care and more likely to use medication improperly,” and poor communication between providers and patients can have serious consequences, such as misdiagnoses, inadequate treatment, and other medical mistakes</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Health and Social Inequality In Santa Clara County, 2011 2. Santa Clara County Health and Social Inequality in Santa Clara County, 2011
Agency Description & Address	<p>2400 Moorpark Avenue, Suite 300, San Jose https://aaci.org/</p> <p>Founded in 1973, AACI is one of the largest community-based organizations advocating for and serving the marginalized and vulnerable ethnic communities in Santa Clara County. Our many programs address the health and well-being of the individual and advance our belief in providing care that goes beyond just health, but also provides clients with a sense of hope and new possibilities. Current programs include behavioral and primary health services, substance abuse prevention and treatment, center for survivors of torture, shelter and services for domestic violence and human trafficking survivors, senior center, youth programs, and community advocacy.</p>
Program Delivery Site(s)	<ul style="list-style-type: none"> • At agency site: AACI West San Jose clinic, 2400 Moorpark Avenue, Suite 300, San Jose • At agency site: AACI East San Jose clinic, 749 Story Road, Suite 50, San Jose

FY21 Healthy Body Proposal Summary



<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Daily preparation for medical appointments, including meeting with assigned physician about each patient • 20 minute appointments with MAs and physicians where patients receive medical care • Follow-up services, electronic medical record data management, follow-up patient phone calls, and checking and entering immunization/vaccine data <p>Full requested funding would support one full-time Medical Assistant plus various administrative costs.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$85,000 FY21 funding recommended: \$85,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p><i>AACI Cares: Alzheimer’s and dementia awareness</i></p> <p>FY20 Requested: \$ 71,095 FY20 Approved: DNF FY20 6-month metrics met: N/A</p>	<p>FY19</p> <p><i>Golden Health Choices Senior Wellness Program</i></p> <p>FY19 Requested: \$ 72,558 FY19 Approved: DNF FY19 6-month metrics met: N/A FY19 Annual metrics met: N/A</p>	<p>FY18</p> <p><i>Healthy IDEAS mental health program for at-risk seniors</i></p> <p>FY18 Approved: \$ 40,000 FY18 Spent: \$ 40,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
<p>Individuals served</p>		<p>1,000</p>	<p>2,000</p>	
<p>Medical appointments</p>		<p>3,000</p>	<p>6,000</p>	
<p>Health Center patients who will receive a screening for depression and if the results are positive, be offered integrated behavioral health services in AACI's Health Center</p>		<p>40%</p>	<p>80%</p>	
<p>Female patients who will receive a cervical cancer screening</p>		<p>34%</p>	<p>68%</p>	
<p>Adult patients who will have their Body Mass Index (BMI) documented during their visit and if their BMI is outside the normal parameters, will receive a follow-up plan to help them manage their health</p>		<p>28%</p>	<p>55%</p>	
<p>Patients who rate their MA as "excellent" or "good" for their courteousness and professionalism and would recommend AACI's Health Center to their family and friends</p>		<p>45%</p>	<p>90%</p>	



Bay Area Women’s Sports Initiative (BAWSI)

Program Title and Requested Amount	BAWSI Girls Program in Campbell/\$24,000
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.
Community Need	<p>While it is widely recognized that increased physical activity lowers obesity rates and positively impacts social-emotional wellbeing, studies show that girls are physically less active than boys. The Santa Clara County 2010 Health Profile lists obesity and associated chronic health conditions such as heart disease and diabetes as a major concern, citing a 25% obesity rate among middle school and high school children. Moreover the report finds the highest rates of obesity in low-income adult populations and Hispanic adult populations. The factors contributing to obesity include (among young girls) a sedentary lifestyle that correlates with low income, race/ethnicity, and lack of access to recreational opportunities. In a 2015 report, the ¹ 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 9². “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 ³ Women’s Sports Foundation (WSF) shows that girls who are physically active and/or involved in sports have lower risks of heart disease, type 2 diabetes, higher self-esteem, lower rates of depression, more positive body image, are more likely to graduate from high school, and are less likely to engage in sexually risky behaviors and substance abuse. Further research from WSF indicates that early exposure to sports and physical activity increases the likelihood of continued participation.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf 2. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/health-profile-2010.pdf 3. https://www.womenssportsfoundation.org/research/article-and-report/recent-research/her-life-depends-on-it-iii/
Agency Description & Address	<p>1922 The Alameda, Suite 420, San Jose https://bawsi.org/programs/bawsi-girls/</p> <p>BAWSI mobilizes the women's sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life</p>

FY21 Healthy Body Proposal Summary



Program Delivery Site(s)	Rosemary Elementary, Campbell Union School District			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting sixteen weekly after school sessions where female collegiate and high school student athletes serve as positive female role models • Providing program staff to oversee volunteer student athletes • Providing supplies, including equipment and participant materials such as t-shirts, journals and pedometers <p>Full requested funding would support staffing and program supplies.</p>			
FY21 Funding	FY21 funding requested: \$24,000		FY21 funding recommended: \$15,000	
Funding History and Metric Performance	FY20	FY19	FY18	
	FY20 Requested: \$21,000 FY20 Approved: \$16,500 FY20 6-month metrics met: 67%	FY19 Approved: \$20,667 FY19 Spent: \$16,500 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$16,000 FY18 Spent: \$16,000 FY18 6-month metrics met: 100 % FY18 Annual metrics met: 100%	
FY21 Dual Funding	FY21 funding requested: \$ 24,000		FY21 funding recommended: \$19,500	
Dual Funding History	FY20	FY19	FY18	
	FY20 Requested: \$21,000 FY20 Approved: \$19,500 FY20 6-month metrics met: 85%	FY19 Approved: \$20,667 FY19 Spent: \$19,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$16,605 FY18 Spent: \$16,605 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		60	120
	Average weekly attendance		80%	80%
	Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program		85%	85%

FY21 Healthy Body Proposal Summary



Bay Area Women's Sports Initiative (BAWSI)

NEW

Program Title and Requested Amount	BAWSI Rollers in Campbell/ \$22,000
Grant Goal	This program provides adaptive physical activities for girls and boys with physical, cognitive, and hearing disabilities. Weekly sessions include activities focused on goal setting, teamwork and healthy competition, as well as self-respect, responsibility and leadership.
Community Need	<p>In the state of California, 34% of children with special needs are overweight ¹ 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 County² 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 ³ Aspen Institute’s Project Play cites children with disabilities as one of the most under-served groups in the United States for physical literacy interventions.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. http://www.kidsdata.org/topic/489/overweight-obese-special-needs-status/table#fmt=643&loc=1,2&tf=77&ch=172,173 2. https://www.cdc.gov/ncbddd/disabilityandhealth/index.html 3. https://static1.squarespace.com/static/595ea7d6e58c62dce01d1625/t/5a58ff530d9297816e8e6ff8/1515781978376/PhysicalLiteracy_AspenInstitute+%28Full+report%29.pdf
Agency Description & Address	<p>1922 The Alameda, Suite 420, San Jose https://bawsi.org/programs/bawsi-rollers/</p> <p>BAWSI mobilizes the women’s sports community to engage, inspire and empower the children who need us most. We work with two populations who have the least access to physical activity and organized sports. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high expectations for themselves and improve their beliefs, attitudes and behaviors related to physical activity. With a proven track record in Santa Clara County and San Mateo counties, we operate in under-served schools because this is where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coaching of female athletes, BAWSI builds physical literacy, defined as the ability, confidence and desire to be physically active for life.</p>
Program Delivery Site(s)	Blackford Elementary School, Campbell Union School District
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting sixteen weekly after school sessions where collegiate and high school student athletes serve as positive role models • Providing program staff to deliver services and oversee student athletes • Providing supplies, including participant materials such as t-shirts <p>Full requested funding would support staffing and program supplies.</p>

FY21 Healthy Body Proposal Summary



FY21 Funding	FY21 funding requested: \$22,000		FY21 funding recommended: DNF		
Funding History and Metric Performance	FY20		FY19		
	FY20 Requested: \$19,000 FY20 Approved: DNF FY20 6-month metrics met: N/A		FY19 Approved: \$17,500 FY19 Spent: \$10,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%		
			FY18 Approved: \$16,300 FY18 Spent: \$16,300 FY18 6-month metrics met: 33% FY18 annual metrics met: 67%		
FY21 Dual Funding	FY21 funding requested: \$22,000		FY21 funding recommended: \$15,000		
Dual Funding History	FY20		FY19		
	FY20 Requested: \$19,000 FY20 Approved: \$15,000 FY20 6-month metrics met: 78%		FY19 Approved: \$17,500 FY19 Spent: \$17,500 FY19 6-month metrics met: 0% FY19 Annual metrics met: 0%		
			FY18 Approved: \$16,000 FY18 Spent: \$16,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%		
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Individuals served			15	15
	Average weekly attendance			80%	80%
	Parents who respond that they agree or strongly agree that their child wants to engage in more physical activity since joining the program			N/A	75%

Better Health Pharmacy

Program Title and Requested Amount	Better Health Pharmacy/ \$50,000
Grant Goal	This grant will supplement the current pharmacy inventory of donated medicines by purchasing the most commonly prescribed low cost drugs to increase medication access to the uninsured and under-insured residents of Santa Clara County.
Community Need	<p>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 Survey¹ and the 2016 El Camino Hospital Community Health Needs Assessment:²</p> <ul style="list-style-type: none"> • 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 <p>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. Medications are needed to treat Alzheimer’s disease, mental health conditions, high blood pressure, and diabetes, which adversely affect the health of our County residents.³</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Santa Clara County Public Health Department (SCCPHD) Behavioral Risk Factor Survey (BRFS) 2013-2014 https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/SCC_Community_Health_Assessment-2014.pdf 2. El Camino Hospital Community Health Needs Assessment 2016. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 3. Choudhry et al. Natl Assoc Comm Health Centers. 2007: 1-18.
Agency Description & Address	<p>976 Lenzen Avenue, San Jose http://www.betterhealthrx.org</p> <p>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. Please see organizational chart here: https://www.sccgov.org/sites/phd/about/Documents/org-chart.pdf.</p>
Program Delivery Site(s)	All services will be delivered at Better Health Pharmacy, 725 E. Santa Clara Street #202, San Jose
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Purchase and maintain a constant supply of low cost medications most commonly needed by patients for chronic conditions such as hypertension, hyperlipidemia, diabetes, asthma, etc. <p>Fully requested funding would support medication costs to supplement donations.</p>

FY21 Healthy Body Proposal Summary



FY21 Funding	FY21 funding requested: \$50,000		FY21 funding recommended: \$50,000	
Funding History and Metric Performance	FY20	FY19	FY18	
	FY20 Requested: \$75,000 FY20 Approved: \$50,000 FY20 6-month metrics met: 100%	FY19 Approved: \$100,000 FY19 Spent: \$50,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	New in FY19	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		2,000	3,000
	Prescriptions filled		14,000	28,000
	Patients who report that they are very satisfied with the quality of service		97%	97%
	Patients who reported that they are very satisfied with the time waited for services		97%	97%
Patients who reported that they are very satisfied with the time waited for medication information		97%	97%	



Breathe California of the Bay Area

Program Title and Requested Amount	Children's Asthma Services/\$50,000
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.
Community Need	<p>Asthma is a chronic condition affecting 11.7% of Santa Clara County residents¹. Up to 20% of local children in low-SES areas may have asthma (agency double-blind three-school research in 2000 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 optimal². 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. While the County rates for prevalence are lower than the State, the death rate is higher in Santa Clara County, at 11.1 per million compared to 9.6³. More significantly, there are large ethnic/racial health disparities, with the rates for Emergency Department visits varying from whites at 23.7 per 10,000, to blacks at 112.8 per 10,000 and Hispanics in-between at 45.4 per 10,000. A large percentage of these ER and hospital interventions could be prevented with proper asthma management.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. California Breathing, 2017, latest county profile 2. Halterman, Jill, M.D., M.P.H., Ambulatory Pediatrics, 3/15/2007 3. California Breathing, 2017
Agency Description & Address	<p>1469 Park Ave, San Jose https://breathebayarea.org/</p> <p>Breathe California of the Bay Area (BCBA) is a 109-year-old grassroots, community-based, voluntary 501(c) 3 non- profit that is committed to achieving clean air and healthy lungs. Our Mission: As the local Clean Air and Healthy Lungs Leader, BCBA fights lung disease in all its forms and works with its communities to promote lung health. Our key roles have been to establish tobacco-free communities, achieve healthy air quality, and fight lung diseases such as TB, asthma, influenza, and COPD. We serve over 40,000 individuals per year with programs in the areas of education, public policy initiatives, research, and patient services. Because lung disease impacts minority and poor communities disproportionately, we work to build capacity and end health disparities in these populations.</p>

FY21 Healthy Body Proposal Summary



<p>Program Delivery Site(s)</p>	<p>Program delivered at schools, childcare centers, after school programs, community centers and in participants’ homes. Specifically the program has partnerships to deliver services at/with:</p> <ul style="list-style-type: none"> • San Jose Unified School District • Head Start program at Santa Clara County Office of Education • Montague Extended Day school in Santa Clara • Gardner Health • The Health Trust • Santa Clara Family Health Plan • 4C’s Community Child Care Council in Santa Clara County • First 5 Santa Clara County • Other potential school districts worked with in the past: Santa Clara Unified and Mt. Pleasant school districts 															
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services Include:</p> <ul style="list-style-type: none"> • Multi-session (2-8 sessions) asthma management education for elementary/middle school children at schools (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 to 2 hours • Environmental assessments of homes, child care facilities, and schools (60-90 minutes) • 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 <p>Full requested amount funds partial staff salaries for the program coordinator, outreach specialist, director or programs, communications staff and some administrative costs.</p>															
<p>FY21 Funding</p>	<p>FY21 funding requested: \$50,000 FY21 funding recommended: \$40,000</p>															
<p>Funding History and Metric Performance</p>	<table border="1"> <thead> <tr> <th>FY20</th> <th>FY19</th> <th>FY18</th> </tr> </thead> <tbody> <tr> <td>FY20 Requested: \$50,000</td> <td>FY19 Approved: \$50,000</td> <td>FY18 Approved: \$50,000</td> </tr> <tr> <td>FY20 Approved: \$50,000</td> <td>FY19 Spent: \$42,587</td> <td>FY18 Spent: \$50,000</td> </tr> <tr> <td>FY20 6-month metrics met: 100%</td> <td>FY19 6-month metrics met: 67%</td> <td>FY18 6-month metrics met: 33%</td> </tr> <tr> <td></td> <td>FY19 Annual metrics met: 100%</td> <td>FY18 annual metrics met: 100%</td> </tr> </tbody> </table>	FY20	FY19	FY18	FY20 Requested: \$50,000	FY19 Approved: \$50,000	FY18 Approved: \$50,000	FY20 Approved: \$50,000	FY19 Spent: \$42,587	FY18 Spent: \$50,000	FY20 6-month metrics met: 100%	FY19 6-month metrics met: 67%	FY18 6-month metrics met: 33%		FY19 Annual metrics met: 100%	FY18 annual metrics met: 100%
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FY21 Healthy Body Proposal Summary



<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served (Parents, children, teachers and care providers served through air quality assessment and asthma management training)	225	900
	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%	50%
	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%	60%
	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%



Cambrian School District

<i>Program Title and Requested Amount</i>	School Nurse Program/ \$250,000
<i>Grant Goal</i>	Cambrian School District is seeking \$250,000 for two full-time RN district nurses. The nurses will serve the 3,340 students in our district, grades pre-K through 8th grade, at Sartorette Elementary, Bagby Elementary, Steindorf STEAM K-8 Magnet School, Farnham Elementary, Fammatre Elementary and Ida Price Middle School. The RNs will provide health services like vision and hearing screenings, scoliosis screenings, crisis intervention and long-term management of acute and chronic health issues for students. Staff will also benefit from the RNs, as they will provide training to health clerks and other staff for CPR, Epi-Pen use and other health-related services. The RNs will also keep staff up to date on compliance and preventative measures. The school nurses provide professional development to all staff, families and the Cambrian community at large to support healthy children. Each RN will provide the services before school starts, during school and after hours if necessary on each of the school sites mentioned. Due to budget constraints and declining enrollment, Cambrian faces a budget shortfall and cannot afford the vital services of the school nurses without grant resources.
<i>Community Need</i>	<p>The school nurse program at Cambrian School District will address:</p> <ul style="list-style-type: none"> • Monitoring and caring for the health needs of a student with chronic and acute medical conditions. Chronic being vision/hearing issues, diabetes, anaphylaxis, asthma, ADD/ADHD, and cancer, Acute medical conditions such as an injury during school. • Teaching students with medical conditions on how to become more self-sufficient. • Dealing with the mental health needs of students. Some students have only mental health issues some have mental health issues combined with a chronic medical condition. • Addressing the vision and hearing concerns for special education students. It would be helpful to have grant funds to purchase equipment to help these types of screenings since special education students can have cognitive disabilities, may not speak, etc. • Training staff on life-threatening medications, Epi-pens, CPR, AED and seizure training • Screening for scoliosis • Staying compliant with CA immunization law
<i>Agency Description & Address</i>	<p>4115 Jacksol Drive, San Jose https://www.cambriansd.org</p> <p>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: Steindorf K-8 STEAM Magnet school.</p>
<i>Program Delivery Site(s)</i>	<ul style="list-style-type: none"> • Sartorette Elementary • Bagby Elementary • Farnham Elementary • Fammatre Elementary • Ida Price Middle School • Steindorf STEAM K-8 Magnet School

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<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Health screenings including vision, hearing, oral health and scoliosis • Crisis intervention (individual sessions when needed) and long-term intervention for health needs such as diabetic, seizure, and cardiac care, asthma and allergies (weekly, quarterly sessions when needed) • Professional development for district nursing and health clerk staff to keep up to date with compliance and preventative measures. (monthly/annual training meetings) • CPR, AED and EpiPen training for District staff • Seizure training for select staff <p>Full requested amount will support two FTE nurses.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$250,000 FY21 funding recommended: \$125,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$140,500 FY20 Approved: \$129,500 FY20 6-month metrics met: 33%</p>	<p>FY19</p> <p>FY19 Approved: \$129,500 FY19 Spent: \$129,500 FY19 6-month metrics met: 100% FY19 Annual metrics met: 50%</p>	<p>FY18</p> <p>FY18 Approved: \$116,315 FY18 Spent: \$116,315 FY18 6-month metrics met: 50% FY18 annual metrics met: 50%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Students served</p>		<p>1,828</p>	<p>3,340</p>
	<p>Teachers/staff at target schools who complete training on severe allergies, anaphylaxis, and EpiPen usage</p>		<p>50%</p>	<p>100%</p>



Campbell Union School District

Program Title and Requested Amount	Supporting and Promoting Health Families and Communities Through Campbell Union School District/ \$215,000
Grant Goal	<p>Campbell Union School District requests \$215,000 to fund two FTE School Nurses and 300 hours of Community Liaison time in order to provide our families with direct links to healthcare services including medical, dental and vision services. We view schools as hubs of the community where resources such as healthcare insurance enrollment centers, CalFresh services, and First Five services can be shared with families in school offices or at community events such as Fall Festivals and Multicultural celebrations. School-based dental screenings/fluoride varnish applications 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 administered at one of our Title One schools. Our schools are known by the community to be "safe places" for families to seek assistance and guidance for a variety of services and resources. With the ongoing support and funding from the El Camino Hospital Community Benefit Grant, these services will continue to support building a healthier community.</p>
Community Need	<p>School health programs can address the following health needs:</p> <p><i>Lack of healthcare insurance for students and families:</i> 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 Islanders, and Whites have healthcare insurance. While most adults ages 18-64 have healthcare insurance, Latinos have the lowest percentage at 68%. Low healthcare insurance percentages are at their highest levels within populations with a less than high school education, very low household income (less than \$15,000 per year) and foreign-born immigrants. Optimal health is necessary for optimal learning. People with a usual source of care have better health outcomes and fewer disparities and costs.¹ A healthcare provider can assess for 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.¹</p> <p><i>Lack of medical, optometric, and dental follow-up for students with identified hearing, vision and dental needs:</i> California schools mandate vision and hearing screenings for all students in grades Transitional Kindergarten (TK)/Kindergarten, 2, 5, and 8. Development of speech, behavior problems, and school disengagement may be attributed to a student's hearing loss. Early identification and medical evaluation can determine treatment and as needed supportive interventions for school.^{2,3}</p> <p><i>Vision needs:</i> 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 permanent loss of vision. S.A. Lyons et al have discovered that "forty to sixty-five percent of referred children do not access follow-up comprehensive vision care after school vision screening referral."³</p> <p><i>Dental needs:</i> 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 United States 15,000 children were seen in the emergency rooms due to toothaches.⁴ It remains difficult for publicly-insured children to access dental services; fewer dentists are accepting Medicaid (Medi-Cal).⁵ Low-income children experience more dental caries and more complications of caries, such as dental abscesses⁵. Hispanic children have a caries rate two to three times greater than their non-Hispanic White peers.⁵</p>

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	<p>It is "best practice" to address identified hearing, vision, and dental needs of students and connect these students to on-site services or services in the community.⁶ With the political agenda of the current administration in Washington, DC, these families experience the stressors of possible deportation. The scope of this fear has been made evident by the following situations:</p> <ul style="list-style-type: none"> • School Linked Services coordinators encourage by Santa Clara County to become trained presenters of "Know Your Rights" workshop, addressing the need of support for families. • Parents voicing to Community Liaisons that they "are saving money to go back [to Mexico]. Things are getting worse [violence] in Rosemary School neighborhood." <p>Research suggests that "stressors of poverty lead to impaired learning ability in children..."⁶ 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".⁶</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.healthypeople.gov 2. http://www.sccgov.org/sites/phd/hi/hd/Pages/brfs-quick-facts-2013.aspx 3. HealthyHearing.com 4. Lewis, C.W. (2014). Fluoride and dental caries: Prevention in children. Pediatrics in Review, 35(1), p3-15. 5. https://docs.google.com/document/d/1B9ZqorXDlcNXmhFpC_V6ICxmMUzw1S3Eyi1uYVEEAB0/edit?usp=sharing <p>NIH.gov news release dated 8/28/12</p>
<p>Agency Description & Address</p>	<p>155 N Third Street, Campbell https://www.campbellusd.org/</p> <p>Established in 1921, Campbell Union School District (CUSD) is a PreK-8 school district that include parts of 6 cities in Santa Clara County. Our teachers educate more than 7,500 students at 10 elementary schools including a Transitional Kindergarten (TK)-8 school, 2 middle schools, a Home School Program, and district-operated preschools.</p>
<p>Program Delivery Site(s)</p>	<p>All 12 District schools, with an emphasis on Title 1 schools.</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Organize school health fairs • Participate in and provide healthcare resources and activities during Parent Resource Fairs and Cultural Awareness events • Districtwide vision screenings • Connect students who have failed a health screening to a local healthcare provider • Vision To Learn Program, free eye examination and glasses for students in need of vision services: coordinate events at 6 schools • Dental Screening/Fluoride Varnish Program, free dental screenings and fluoride varnish applications for students with parental consent: 2 schools, biannually: TK-5th grade students may receive fluoride varnish treatments and dental screenings performed by licensed dentists • Collaborate and organize Give Kids A Smile dental screenings events at 7 schools • Assist students and families who have been identified as not having healthcare insurance to obtain coverage: districtwide, ongoing • Student Attendance Review Board (SARB) team member Nutrition classes for parents at Rosemary and Lynhaven Schools: group classes • Train staff about student health needs and emergency procedures: Rosemary, Capri, Lynhaven, Blackford, Campbell School of Innovation Schools, preschool staff • Medication administration training and competency testing: preschool clerk staff • Develop emergency health care plans for students with severe health concerns

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- 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: 3 schools
- Wellness Committee member, providing advice and support to District leadership in its efforts to promote health and wellness
- Provide support for Community Liaisons at meetings and present strategies for outreach activities and connecting with parents
- Maintain a partnership with several community agencies, working together to bring services to our school community
- Liaisons between CUSD and Santa Clara County Public Health Department relating to Communicable Diseases, Immunizations, and Child Health and Disease Prevention Program (CHDP)

Full requested amount will support 2 FTE credentialed school nurses and 300 hours of the Community Liaison.

FY21 Funding	FY21 funding requested: \$215,000		FY21 funding recommended: \$215,000			
Funding History and Metric Performance	FY20		FY19		FY18	
	FY20 Requested: \$215,000 FY20 Approved: \$215,000 FY20 6-month metrics met: 100%		FY19 Approved: \$215,000 FY19 Spent: \$215,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%		FY18 Approved: \$225,000 FY18 Spent: \$217,507 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	
FY21 Proposed Metrics	Metrics				6-month Target	Annual Target
	Students served				2,000	3,850
	Rosemary and Lynhaven students who receive fluoride varnish during onsite screenings.				N/A	38%
	Uninsured students who have applied for healthcare insurance				40%	65%
	Students with a failed health screening who saw a healthcare provider				40%	78%
	Students identified as needing urgent dental care through on-site screenings who saw a dentist				N/A	60%
	Three classrooms, in elementary schools with a high percentage, of free reduced lunch reporting at least a 5% reduction, in stress/anxiety post intervention as measured by SCARED survey				N/A	75%



Challenge Diabetes Program (adapted for COVID-19)

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

COVID-19 Pandemic Update	This program’s service delivery model cannot be adjusted to accommodate COVID-19 pandemic conditions. For just this year, the three collaborating community service agencies are requesting to support at-risk community members with healthy food and nutrition education.
FY21 Adjusted Funding	FY21 funding requested: \$160,628 FY21 adjusted funding recommended: \$80,000
Program Title and Requested Amount	Challenge Diabetes Program/ \$160,628
Grant Goal	This program will identify at-risk, low-income community members with pre-diabetes and prevent type 2 diabetes and to help people with type II diabetes manage their diabetes more effectively through nutrition and physical activity interventions, and decrease HbA1c levels, assessed through pre/post screenings.
Community Need	<p>According to the El Camino Hospital 2019 Community Health Needs Assessment, in Santa Clara County, almost 10 percent of adults have been diagnosed with diabetes and 36 percent have been diagnosed with pre-diabetes.¹ Increases in the risk for chronic diseases like hypertension and Type 2 diabetes are exacerbated by food insecurity, where lower-income people face choices about paying for food or medication. Second Harvest Food Bank states that 54% of its clients report having to choose between paying for food or paying for medicine/medical care; 33% of client households have at least one member with diabetes.² The proportion of adults and children experiencing food insecurity who do not qualify for federal food assistance (39 and 46 percent, respectively) is higher in Santa Clara County than the state as a whole. Santa Clara County also has lower than benchmark rates of fruit and vegetable consumption by youth, which is a risk factor for diabetes – 60% of youth have low consumption.¹ According to UCLA Health Policy Research released in March, 2016, racial and ethnic disparities in rates of diabetes and prediabetes are extremely pronounced. For example, there are statistically higher prediabetes rates among young adult Pacific Islanders (43 percent), African Americans (38 percent), American Indians (38 percent), multiracial Californians (37 percent), Latinos (36 percent) and Asian Americans (31 percent) than among white young adults (29 percent). The diabetes and prediabetes epidemic is affecting all demographics and regions of the state. Prevention is very important, where up to 30 percent of people with prediabetes will develop type 2 diabetes within five years, and as many as 70 percent of them will develop the disease in their lifetime.³ Untreated diabetes affects major organs and can result in long-term complications including heart and blood vessel disease, nerve damage, kidney damage, eye damage, foot injuries, hearing impairment, skin conditions, and Alzheimer’s disease.⁴ Many people who have diabetes are unaware that they have it. One study of 9,000 randomly selected adults found that 400 (or 4.4%) had undiagnosed diabetes.⁵</p> <p>Sources:</p> <ol style="list-style-type: none"> 2019 Community Health Needs Assessment, June 2019. “Nearly Half of Second Harvest Food Bank Clients Have to Choose Between Food and Education,” News Release, 8/18/2014, Second Harvest Food bank. “Majority of California adults have prediabetes or diabetes” UCLA Center for Health Policy Research, March 10, 2016. http://newsroom.ucla.edu/releases/majority-of-california-adults-have-prediabetes-or-diabetes Type 2 Diabetes Symptoms and Causes, Mayo Clinic Website. https://www.mayoclinic.org/diseases-conditions/type-2-diabetes/symptoms-causes/syc-20351193 “8 Million U.S. Adults Have Diabetes, Don’t Know It,” Diabetes Forecast March 2015. http://www.diabetesforecast.org/2015/mar-apr/8-million-us-adults-have.html

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<p>Agency Description & Address</p>	<ul style="list-style-type: none"> • Community Service Agency Mountain View, Mountain View • Sunnyvale Community Services, Sunnyvale • West Valley Community Services, Cupertino • Second Harvest Food Bank, San Jose <p>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.</p>																		
<p>Program Delivery Site(s)</p>	<p>Services will be provided in San Jose, Mountain View, Cupertino and Sunnyvale.</p>																		
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Providing staffing for a coordinator to implement program offerings • Identify clients with diabetes or pre-diabetes through on-site HbA1c screening and consultations with a dietitian • Preventing and/or managing clients' diabetes through education delivered by a diabetes educator , and provision of healthier foods • Providing monthly food bags to families including nutritious foods and culturally appropriate 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 <p>Full requested funding will support program staffing, clinical screenings, lifestyle modification classes, health education materials, and outreach and program supplies.</p>																		
<p>FY21 Funding</p>	<p>FY21 funding requested: \$160,628 FY21 funding recommended: \$140,000</p>																		
<p>Funding History and Metric Performance</p>	<table border="1"> <thead> <tr> <th>FY20</th> <th>FY19</th> <th>FY18</th> </tr> </thead> <tbody> <tr> <td>FY20 Requested: \$205,158</td> <td>FY19 Approved: \$196,468</td> <td>FY18 Approved: \$192,290</td> </tr> <tr> <td>FY20 Approved: \$196,468</td> <td>FY19 Spent: \$129,367</td> <td>FY18 Spent: \$157,516</td> </tr> <tr> <td>FY20 6-month metrics met: 50%</td> <td>FY19 6-month metrics met: 50%* (*unmet metric narrowly missed target at 88%)</td> <td>FY18 6-month metrics met: 100%</td> </tr> <tr> <td></td> <td>FY19 Annual metrics met: 83%</td> <td>FY18 annual metrics met: 100%</td> </tr> </tbody> </table>	FY20	FY19	FY18	FY20 Requested: \$205,158	FY19 Approved: \$196,468	FY18 Approved: \$192,290	FY20 Approved: \$196,468	FY19 Spent: \$129,367	FY18 Spent: \$157,516	FY20 6-month metrics met: 50%	FY19 6-month metrics met: 50%* (*unmet metric narrowly missed target at 88%)	FY18 6-month metrics met: 100%		FY19 Annual metrics met: 83%	FY18 annual metrics met: 100%			
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Community Health Partnership

<i>Program Title and Requested Amount</i>	Learning Collaborative Phase 3: Patient Attribution and Engagement Project/ \$90,395
<i>Grant Goal</i>	<p>To increase the number of people in Santa Clara County with establishing a medical home (regular doctor) at a Community Health Center. The Learning Collaborative engages nine Community Health Center (CHC) organizations, representing 38 clinic sites with the goal to increase the number of newly assigned and unseen MediCal patients to have patients visit a health center to receive preventive and primary care services, including an initial health assessment (IHA) within 120 days of enrolling into Medi-Cal insurance coverage. The IHA is a standardized tool developed by the Department of Health Care Services for providers to assess patients’ acute, chronic, preventive, and social determinants of health (SDOH) needs, such as food or housing insecurity. The IHA Learning Collaborative is a multi-organizational group peer instruction series conducted with key health center staff and will convene quarterly sessions to map out workflows for patient attribution, share best practices, and implement new processes, with the purpose of operationalizing and sustaining these best practices across the CHC organizations. CHP will request monthly data from three local health plans for each of our CHCs to monitor trends in IHA rates, identify best practices among our members, and identify disparities among specific subpopulations. Lastly, a new IT component involving the pilot and implementation of an outreach tracking tool that will be installed into School Health Clinics (SHC) electronic health record (EHR) system at six of School Health Clinics locations.</p>
<i>Community Need</i>	<p>Approximately 1 out of 5 of Santa Clara County’s population of 1.94 million people have household incomes low enough to be eligible for Medicaid, called Medi-Cal in California^{1,2}. Medi-Cal is state and federally-financed health insurance. The majority (80%) of Santa Clara County residents who are covered by Medi-Cal are enrolled in a Medi-Cal managed care health plan: Santa Clara Family Health Plan, Valley Health Plan, or Anthem Blue Cross³. An additional 127,000 Santa Clara residents are uninsured⁴. Many people delay or forgo preventive and primary care, despite having Medi-Cal coverage, which includes a primary care provider (PCP) assigned by the health plan. CHP member clinics are serving approximately 3,400 patients in Santa Clara County’s Primary Care Access Program (PCAP), a program that provides health coverage for uninsured patients. In 2018, CHP members served 72,275 MediCal patients through 195,815 encounters that represented an average of 2.7 encounters/visits. Increased use of primary care leads to better management of chronic illness reduces ED use, and generally lowers overall health care spend.</p> <p>The proposed services under this grant are needed to ensure that patients are actively engaged with their community health center (primary care medical home) where their needs can be identified and addressed through health assessments and an annual wellness visit. However, this hinges on accurate patient attribution information, a process where health plans assign patients to a provider for the purpose of accountability and using to outreach and engage patients into care. The ability to track and monitor the utilization metrics for new Medi-Cal members hinge on health plan payers making the necessary data available to CHP and our members in a timely manner. CHP continues to work on behalf of community health centers to strengthen partnerships with Santa Clara Family Health Plan (SCFHP), Valley Health Plan (VHP), and Anthem Blue Cross. In Phase I and 2, CHP worked closely with health centers to document and test outreach efforts with patients who continue to remain “unseen” by the clinics, including using outreach tracking codes released from SCFHP; working with the health plan staff to identify effective data mechanisms and reporting around IHA and preventive care gaps; and meeting with</p>

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	<p>care teams to identify workflows within the clinics setting that support increased IHA rates. It is important for health centers to be able to track and document for health plans that a concerted effort was made to outreach to and engage patients. CHP’s proposed project is focused on managed care industry practice. Medi-Cal regulations require that health providers engage newly assigned Medi-Cal managed care members to complete the Initial Health Assessment (IHA), including the Staying Healthy Assessment (SHA) survey, within the first 120 days of health plan membership to ensure preventive screenings are conducted and chronic conditions addressed for each MediCal Managed Care individual. At the onset of this project in 2017-2018, baseline IHA rates for enrolled MediCal Managed Care patients among CHP’s member health centers was only 32%. Concerted efforts over the past year and a half, have resulted in a 8% absolute increase in IHA rates since baseline. The current rate of completed IHAs is 40.02%, which appears to indicate efforts to address systems level, CHC operation level, and patient-level engagement efforts are indicating slow but progressive improvements. Despite these efforts, the current rate is still well below the health plan benchmark of 75%.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Quick Facts, Santa Clara County, California, U.S. Census Bureau, 2019. 2. Ratio of Income to Poverty Level in the Past 12 Months, American Community Survey, 2018 1-Year Estimates Detailed Tables. Poverty Guidelines, US. Dept. of Health and Human Services, 1/8/20. Low-income as described here is 200% of the federal poverty level. To be eligible for Medi-Cal, income must be even lower, at or below 138% FPL, which equates to an household income of approximately \$31,000 annually for a family of four. 3. Certified Eligible Counts - Summary Tables, Medi-Cal Certified Eligibles, DHCS; CHHS, 2020. 4. How Many in Your Area Are Uninsured - and Why? California HealthCare Foundation, 2018.
<p>Agency Description & Address</p>	<p>1401 Parkmoor Ave. #200, San Jose https://www.chpscc.org/</p> <p>Community Health Partnership (CHP) is a nonprofit, regional association of 11 primary care community health centers (CHCs) in Santa Clara and San Mateo Counties. CHP's mission is to advocate for affordable and accessible health services for low-income, medically underserved, and diverse communities. Established in 1993, CHP gives its members a collective voice to reach and educate policy makers, funders, community leaders, and managed care plans to support the viability of local health centers and the 165,000 patients they serve. CHP provides its members with resources and expertise to deliver high quality, affordable care to our diverse community by focusing on 4 priority areas: (1) expand access to health care; (2) ensure workforce readiness; (3) improve quality of care; and (4) share health care policy.</p>
<p>Program Delivery Site(s)</p>	<p>School Health Clinics of Santa Clara County (1 Administrative Site and 6 Clinics):</p> <ul style="list-style-type: none"> • Administrative Office, 6840 Via Del Oro, Suite 210, San Jose • Franklin McKinley Neighborhood Health Clinic, 645 Wool Creek Drive, San Jose • Overfelt Neighborhood Health Clinic, 1835 Cunningham Avenue, San Jose • San Jose High Neighborhood Health Clinic, 1149 East Julian Street, Building H, San Jose • Washington Neighborhood Health Clinic, 100 Oak Street, San Jose • Garden Alameda Neighborhood Health Clinic, 855 Lenzen Avenue, #105, San Jose

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<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Health Center and Health Plan Initial Health Assessment (IHA) Workgroup: monthly 1.5 hour sessions comprised of executive-level management from 3 health plans and at least 8 health centers • Community Health Center Learning Collaborative: quarterly 1.5 hour group peer instruction sessions with key organizational health center staff • Accelerating collaborative efforts from phase 1 and 2 with Santa Clara Family Health Plan (SCFHP) with attention to promoting CHCs use of the SCFHP resources • Data Acquisition and Data Analysis from all three local health plans (SCFHP, VHP, and Anthem) to assess and inform them of their IHA rates, identify best practices among our members, and identify disparities • Implementation of a new member outreach tracking tool that can be used in conjunction with the electronic health record (EHR) system at (6) six School Health Clinic locations. <p>Full requested funding supports partial salaries of the Medical Director, Epidemiologist, Deputy Director, Project Manager, Project Coordinator and some administrative costs.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$90,395 FY21 funding recommended: \$61,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$50,000 FY20 Approved: \$50,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$50,000 FY19 Spent: \$50,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>New in FY19</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Clinic staff who attend learning collaborative training sessions on patient attribution and patient engagement</p>		<p>20</p>	<p>60</p>
	<p>Safety net clinics will improve the accuracy of patient and provider information, increase their patient engagement, receive technical assistance, and identify best practices</p>		<p>15</p>	<p>31</p>
	<p>Increase in number of documented Initial Health Assessments (annual wellness exams or office visits) for previously unseen patients from baseline</p>		<p>3%</p>	<p>5%</p>
	<p>Clinics increase the number of Provider Change Form and Patient Demographic Change form completed to SCFHP</p>		<p>15%</p>	<p>30%</p>



Cupertino Union School District

<p>Program Title and Requested Amount</p>	<p>School Nurse Program/ \$151,200</p>
<p>Grant Goal</p>	<p>The Cupertino Union School District is requesting \$130,000 to provide nursing and clerical support to schools in attendance areas of underserved populations within the Cupertino Union School District. These schools include Hyde Middle and DeVargas Elementary. The nursing care services covered by the grant allow for extensive follow-up for health screening failures and assistance with access to healthcare services through community resources as well as on-site medical care for students and staff for grades K-8. Many of the children in attendance at these schools require the critical thinking of a licensed medical professional for management of health issues such as type 1 diabetes, seizure disorder, life-threatening allergy, asthma, and cerebral palsy, to name a few common pathologies. Additionally, school nurses provide health education to students and families as well as promote and market health literacy through programs provided by El Camino Hospital. It is our hope to use this grant to expand our current staffing and programs in order to reach further into the community and provide our students and families with the best chance for good health and quality of life.</p>
<p>Community Need</p>	<p>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% statewide². This presents a significant barrier for accessing healthcare, which may result in health disparities for these students. Additionally, our target school sites have a greater percentage of minority and low income students in comparison with other district school sites. The report, <i>Inequality and Economic Security in Silicon Valley</i>, states that despite years of prosperous economic growth, the gains have not reached working families equally and, instead, income gaps have widened, the area's middle class has gotten smaller, and while the wealthiest residents prosper, Silicon Valley's most vulnerable individuals and families have lost ground¹. Additionally, the 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 poorer health outcomes. The school nurse at our target schools 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 linked 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.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. California Budget & Policy Center (2016). <i>Inequality and economic security in Silicon Valley</i>. https://www.siliconvalleycf.org/sites/default/files/publications/inequality-and-economic-security-in-silicon-valley.pdf 2. Lucille Packard Foundation for Children's Health (2016). <i>English learners in public schools</i>. https://www.kidsdata.org/topic/51/english-language-learners/bar#fmt=205&loc=59,2&tf=88&sort=loc
<p>Agency Description & Address</p>	<p>1309 S Mary Ave, Sunnyvale https://www.cusdk8.org/</p> <p>The Cupertino Union School District (CUSD) is a K-8 school district founded in 1917. The district, which began with four schools, has expanded to 25 schools serving over 19,000 students within Santa Clara County. The CUSD has been known for its academic excellence and commitment to the organization's mission since its inception. The mission of CUSD is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity.</p>

FY21 Healthy Body Proposal Summary



Program Delivery Site(s)	<ul style="list-style-type: none"> Manuel DeVargas Elementary School, 5050 Moorpark Avenue, San Jose Arthur Hyde Middle School, 19325 Bollinger Road, Cupertino 			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> Case management following health screenings including phone calls, referrals to health care resources, and detailed data tracking Promotion of on-site dental screenings and follow-up on failed screenings Promotion of health literacy and physical activity Intensive training for staff about severe food allergies, anaphylaxis response, and EpiPen usage <p>Full requested funding would support the salaries of a .5 FTE nurse, 2 FTE vocational nurse, 1 FTE health clerk and supplies</p>			
FY21 Funding	FY21 funding requested: \$151,200	FY21 funding recommended: \$90,000		
Funding History and Metric Performance	FY20	FY19	FY18	
	FY20 Requested: \$81,921 FY20 Approved: \$81,921 FY20 6-month metrics met: 100%	FY19 Approved: \$76,000 FY19 Spent: \$76,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$72,481 FY18 Spent: \$72,481 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	
FY21 Dual Funding	FY21 funding requested: \$151,200	FY21 funding recommended: \$100,000		
Dual Funding History	FY20	FY19	FY18	
	FY20 Requested: \$81,921 FY20 Approved: \$81,921 FY20 6-month metrics met: 100%	FY19 Approved: \$87,842 FY19 Spent: \$87,842 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$72,481 FY18 Spent: \$72,481 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Students served		723	1,446
	Students who failed a mandated health screening who saw a healthcare provider		64%	85%
	Kindergarteners identified as needing early intervention or urgent dental care through on-site screenings who saw a dentist		N/A	85%
	Teachers accessing GoNoodle Health Education curricula and activities		75%	88%
	Teachers/staff at target schools that receive training on severe allergies, anaphylaxis, and EpiPen usage		75%	80%



Gardner Family Health Network

Program Title and Requested Amount	Down with Diabetes/ \$309,349
Grant Goal	This diabetes prevention program targets pre-diabetic and diabetic adults and teens, as defined by HbA1c blood levels, through bilingual clinical staff, including a Registered Dietitian Nutritionist/Certified Diabetes Educators and Medical Assistant/Wellness Coach, coupled with physical activity and nutrition intervention.
Community Need	<p>Type 2 diabetes is a growing health concern across the nation. While about 1 in 11 American adults have Type 2 diabetes, more than 1 in 3 American adults have prediabetes, and most are unaware. In Santa Clara County, 8% of adult residents reported ever being diagnosed with diabetes and 46% of adults are estimated to have prediabetes or undiagnosed diabetes. Diabetes was the 6th leading cause of death in Santa Clara County in 2013. From 2012-2014, the age-adjusted death rate for diabetes in Santa Clara County was 21.9 (per 100,000 people), slightly higher than the overall California diabetes death rate. A higher percentage of Latino (11%), African American (10%), and Vietnamese (10%) adults, those ages 65 and older (18%), those with less than a high school education (16%), and adults with household incomes lower than \$50,000 in Santa Clara County report being diagnosed with diabetes. Whites in Santa Clara County are diagnosed at (8%). In San Jose, minorities represent 78% of the population with Hispanics comprising 30.17% of the population. Hispanics represent 51.3% of Gardner Health Services patient population. According to 2017 National Health Center Data, 2.3M health center patients have been diagnosed with Type 1 or Type 2 diabetes (total patients served: 27.1M). 14.9% of adult health center patients (~730,000) have diabetes, compared to the national prevalence of 9.4% of adults with diabetes. 32.9% of patients with diabetes in health centers have poor control (HbA1c levels greater than 9%) of their diabetes.</p> <p>As of February 2020, Gardner Health Services Prediabetes and Diabetes Registries identified at total of 4,105 patients and the pre-diabetic population totals 2,006 patients (teens ages 13-17 and adults 18+). The diabetic population totals 2,099 adult patients (18+). Of this population, 65.3% identified as Hispanic/Latino with 64.8% preferring communication in Spanish and 60.8% are women. Financially, 85% are living at or below 150% of the federal poverty limit and 58.8% are uninsured. Overall, the identified population represents 12.3% of all Gardener patients served.</p> <p>Diabetes complications include heart attacks, stroke, nerve damage, blindness, kidney disease and stroke. Outpatient care is \$1,656 less per person in health centers when compared to private care settings for patient with diabetes. Overall, almost 280,000, or 12.2% of health center patients with diabetes either went to the emergency or were hospitalized because of their diabetes. If health center patients with uncontrolled diabetes reduced their HbA1C by 1.25% there is a potential to save more than \$3 billion over three years.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Uniform Data System, 2013-2016 2. Quality and cost of diabetes mellitus care in community health Centers in the United States PLoS ONE 10 3. 2014 Health Centers Patient Survey 4. Fitch, KB Pyenson, K Iwasaki 2013 "Medical Claim Cost Impact of Improved Diabetes Control for Medicare and Commercially Insured Patients with Type 2 Diabetes." J Mng Care Pharm 19

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<p>Agency Description & Address</p>	<p>160 E. Virginia Street, Suite 100, San Jose https://gardnerhealthservices.org/ 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 individuals.</p>			
<p>Program Delivery Site(s)</p>	<p>Services will be provided at agency sites in San Jose:</p> <ul style="list-style-type: none"> • Gardner Health Center, 195 E. Virginia Street • St. James Health Center, 55 E. Julian Street • Comprecare Health Center, 3030 Alum Rock Avenue 			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Providing staffing for clinical staff and Wellness Coordinator who will facilitate visits with primary care providers and consults with Registered Dietitian Nutritionist/Certified Diabetes Educator • Providing unlimited access to Medical Assistant/Health Coach through phone, e-mail or in-office appointments • Delivering educational workshops in English and Spanish • Providing HbA1c testing and one-on-one chronic disease management and counseling • Providing patients with access to physical activity and fresh produce vouchers <p>Full requested funds will support partial clinical staffing including bilingual Registered Dietitian and Health Coach, fee waivers for appointments with Registered Dietitian/Certified Diabetes Educator, and program supplies such as gym memberships and fruit and vegetable vouchers.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$309,349 FY21 funding recommended: \$225,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$266,508 FY20 Approved: \$220,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$220,000 FY19 Spent: \$220,000 FY19 6-month metrics met: 75% FY19 Annual metrics met: 75%</p>	<p>FY18</p> <p>FY18 Approved: \$185,000 FY18 Spent: \$185,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Patients served</p>		<p>1,000</p>	<p>1,875</p>
	<p>Services provided, including patient visits with a Registered Dietitian and/or Wellness Coordinator</p>		<p>1,780</p>	<p>3,630</p>
	<p>Patients demonstrating a reduction in body weight</p>		<p>49%</p>	<p>49%</p>
	<p>Patients who experience at least a .10 percentage point decrease in blood HbA1c levels</p>		<p>44%</p>	<p>44%</p>



GoNoodle

Program Title and Requested Amount	GoNoodle Movement Videos and Games/ \$113,000
Grant Goal	Through a community partnership between ECH and GoNoodle, sponsored schools receive the premium version of GoNoodle (GoNoodle Plus). These academically focused movement games are core subject aligned to inspire more student minutes of movement and expand the currently active GoNoodle user base in ECH schools. GoNoodle is available in schools where teachers can access the physical activity breaks in the classroom to help elementary school children, reengage, refocus, stay on task, transition from one topic or standard to the next.
Community Need	<p>GoNoodle is a suite of movement games and videos designed to bring mindfulness and physical activity breaks into K-5 elementary classrooms. The games were built on research that shows short bursts of physical activity positively impacts academic achievement, cognitive skills, behavior, as well as overall health. The February EcoWatch 2020 article, "Why Pediatricians Are Being Urged to Write 'Physical Activity Prescriptions' for Children," discusses the growing realization in the health care community that the reduction of school physical activity sessions, in order to meet academic standards on the local and state level for funding purposes, are a detriment to the health of children¹. "Exercise breaks—whether short activities in the classroom or recess—help promote physical fitness, which in turn boosts brain health. In 2013, the National Academy of Medicine (then called the Institute of Medicine) published a major report on the benefits of physical activity on children’s cognitive development and academic success. Decades of research show that physically active children consistently outperform their inactive peers academically on both a short- and long-term basis."²</p> <p>Sources</p> <ol style="list-style-type: none"> 1. Healthline (2020, February 25). Why Pediatricians Are Being Urged to Write "Physical Activity Prescriptions' for Children https://www.ecowatch.com/childrens-health-exercise-prescriptions-2645256688.html 2. Tereda, Youki (2018, March 5). Research Tested Benefits of Breaks https://www.edutopia.org/article/research-tested-benefits-breaks
Agency Description & Address	<p>209 10th Ave. South, Suite 350, Nashville https://www.gonoodle.com/</p> <p>GoNoodle gets kids moving to be their smartest, strongest, bravest, best selves. Short, interactive movement videos make it awesomely simple and fun to incorporate movement into every part of the day with dancing, stretching, running and even 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 178 countries.</p>
Program Delivery Site(s)	Schools in the ECH service area (17 school districts)

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<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Unlimited GoNoodle licenses for all elementary (K-5) school teachers, administrators, staff and parents/students in ECH sponsored schools • Access to GoNoodle Plus additional movement videos and games, core subject content, and customization features • Placement of ECH 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 <p>Full requested funding would support for program license and the partial salary of the school engagement coordinator.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$113,000 FY21 funding recommended: \$113,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$113,000 FY20 Approved: \$113,000 FY20 6-month metrics met: 67%</p>	<p>FY19</p> <p>FY19 Approved: \$113,000 FY19 Spent: \$113,000 FY19 6-month metrics met: 33% FY19 Annual metrics met: 80%</p>	<p>FY18</p> <p>FY18 Approved: \$110,000 FY18 Spent: \$110,000 FY18 6-month metrics met: 50% FY18 Annual metrics met: 100%</p>	
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$36,000 FY21 funding recommended: \$36,000</p>			
<p>Dual Funding History</p>	<p>FY20</p> <p>FY20 Requested: \$36,000 FY20 Approved: \$36,000 FY20 6-month metrics met: 50%</p>	<p>FY19</p> <p>FY19 Approved: \$36,000 FY19 Spent: \$36,000 FY19 6-month metrics met: 67% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$35,000 FY18 Spent: \$35,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Students served</p>		<p>25,000</p>	<p>38,250</p>
	<p>Schools Served</p>		<p>184</p>	<p>184</p>
	<p>GoNoodle physical activity breaks played</p>		<p>115,000</p>	<p>238,000</p>
	<p>Teachers who believe GoNoodle benefits their students' focus and attention in the classroom</p>		<p>N/A</p>	<p>93%</p>
	<p>Teachers who agree that GoNoodle Plus physical activity breaks are a valuable resource in helping their students succeed in core subjects</p>		<p>N/A</p>	<p>98%</p>

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Hazel Health

NEW

<p>COVID-19 Pandemic Update</p>	<p>Agency has adjusted the service delivery model to address COVID-19 pandemic conditions, however, the school district delivery site reported inability to implement the service this school year due to numerous challenges presented by COVID-19 pandemic. Agency and school district continue to explore feasibility of implementing program during FY22.</p>
<p><i>Program Title and Requested Amount</i></p>	<p>Hazel Health in Alum Rock Union School District/ \$29,636</p>
<p><i>Grant Goal</i></p>	<p>This telemedicine platform will implement virtual school-based clinics at two Alum Rock Union Elementary School sites, allowing nurses and school health staff to connect students with on-demand Hazel healthcare providers through the use of proprietary, secure telemedicine technology. Hazel Health will partner with nurses and school health staff to assist in providing onsite care, delivering a medical diagnosis, coordinating care in the community, engaging in parent communication, and visit documentation and treatment plan management.</p>
<p><i>Community Need</i></p>	<p>Alum Rock Union Elementary School district is a district of 10,744 students across 25 separate campuses in a five square mile area of east San Jose. As a district, 82.2% of students qualify for free and reduced lunch, 39.5% of students are English learners, and there are 24 different ethnicities represented. Alum Rock Union has an attendance rate of approximately 90%, and in the 2018 -2019 school year reported that 14% of students were chronically absent. The number of chronically absent students has been rising since it was first reported in the 2016 - 2017 school year. Alum Rock Union currently has two school nurses (with one additional school nurse on leave) and part-time health assistants on each campus. The school nurses provide clinical leadership for the health assistants, and also perform the duties involved in standardized vision/hearing screenings, and individual education/health plans for identified students. With so few nurses and health assistants that only work part-time, there is a clear gap in the care that is available to students. In fact, the ratio of students to nurses at Alum rock is around 3,581:1. As a result of this, when students feel sick at school there is very often not a nurse or health assistant on campus who is able to see the student. This often results in students being sent home, an outcome that is costly for both the student and the family as it requires a parent or guardian to leave work to pick up the student. In cases where a student is able to see a health assistant or a nurse, there is still a limit to the scope of care that can be offered at school. In terms of unmet needs, poor attendance is an issue in every state. Absence rates tend to be higher in any school district with a large portion of low-income students and in rural communities where transportation challenges are more pronounced. Regardless of where families live, health is the #1 reason why students are absent. Over 7 million students, or 1 in 6, miss 15 or more days of school annually. Being chronically absent, as defined by missing 15 or more days of school annually, correlates with a number of negative outcomes. Absenteeism in preschool and kindergarten can influence whether a child in third grade will be held back due to reading competency. A student who is chronically absent between grades 8 and 12 is 7.4 times more likely to drop out of high school. Lost instructional time increases the likelihood that students will drop out of high school and have large achievement gaps when compared to their peers with better attendance. Students with higher absence rates consistently perform worse on testing and grade-level measures.</p> <p>Source:</p> <ol style="list-style-type: none"> 1. https://www2.ed.gov/datastory/chronicabsenteeism.html 2. https://www.attendanceworks.org/wp-content/uploads/2017/05/Absences-Add-Up_September-3rd-2014.pdf

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<p>Agency Description & Address</p>	<p>604 Mission Street, Suite 800, San Francisco</p> <p>Hazel Health delivers telemedicine through virtual school-based clinic programs. Hazel has successfully deployed its programs in over 30 schools within 15 districts in several states. These programs have positively impacted more than 12,000 students, their families, and their communities through increased access to quality healthcare services. Licensed healthcare providers deliver care to students in the trusted school setting via a specifically-engineered technology platform that allows for virtual visits. School districts receive the hardware and software needed to establish a secure telemedicine connection and clinic setting, typically within the school nurse’s office. Hazel also deploys a specific set of operational protocols to ensure that appointments are fully-compliant, evidence-based, and result in clear communication to all key stakeholders.</p>			
<p>Program Delivery Site(s)</p>	<p>Services will be delivered at two schools in Alum Rock Union School District in San Jose.</p>			
<p>Services Funded by Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Hazel televisit, an urgent health visit where a school site initiator initiates a televisit with a Hazel provider using organization’s secure telemedicine technology through an iPad, where the webcam and audio system allow Hazel providers to conduct a complete assessment, order treatment and provide discharge documentation. If medication is needed, the initiator can act upon the doctor’s orders and provide an over the counter medication that Hazel keeps stocked. • Hazel high-risk absenteeism health screening, consisting of questions around the primary determinants of absenteeism. • Types of appointments include: <ul style="list-style-type: none"> ○ Urgent and primary care, basic physicals, chronic absenteeism wellness screenings ○ Over-the-counter prescribing and dispensing, where allowed by state regulation ○ Coordination with existing health programs, school administration, and social workers ○ Provision of care management and specific programs such as Asthma Management ○ Continuity of care with family and community providers <p>Full requested funding would support partial expenses for provider and two support staff positions, in addition to the platform set-up, technology and medical supplies for one school (second school platform set-up, technology and medical supplies funded by Hazel).</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$29,636 FY21 funding recommended: DNF</p>			
<p>Funding History and Metric Performance</p>	<p>FY20 N/A New in FY21</p>	<p>FY19 N/A New in FY21</p>	<p>FY18 N/A New in FY21</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
<p>Students served</p>		<p>250</p>	<p>400</p>	
<p>Students sent back to class the same day as their Hazel visit</p>		<p>85%</p>	<p>85%</p>	
<p>Consent forms returned</p>		<p>70%</p>	<p>80%</p>	
<p>Consent forms reflecting program opt-in for student</p>		<p>85%</p>	<p>85%</p>	

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Health Mobile

NEW

Program Title and Requested Amount	Onsite Dental Care for Low-Income Older Adults and Homeless Individuals / \$150,000
Grant Goal	This program will provide free, comprehensive dental care services to low-income older adults and the homeless population.
Community Need	<p>Access to dental care for low income residents is extremely limited in Santa Clara County. In Santa Clara County, nearly two thirds (64%) of adults lack dental insurance. One in three adults has had tooth loss, and the statistics are worse for Black adults (49%). Additionally, youth dental care utilization rates (15%) are worse than the state (19%). The 2014 Santa Clara County Health Assessment found that only 26% of low income respondents had dental coverage. CHIS reported that 16.3% of low income adults had not received dental care in the past five years. According to Health Trust reports, one-third of low income adults in Santa Clara County had lost a tooth due to decay. There is a severe lack of affordable providers to deliver dental care services. Medi-Cal and its dental arm, Denti-Cal, cannot always provide adequate coverage. There is community 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 it.</p> <p>Source: https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf</p>
Agency Description & Address	<p>1659 Scott Blvd # 4, Santa Clara http://www.healthmobile.org/</p> <p>Health Mobile is a non-profit organization providing onsite dental care since 1999. In 2008, the agency added primary medical care to the services and changed our name from Tooth Mobile to Health Mobile. In 2015, the agency obtained two new mobile clinics with a financial support of a HRSA grant. Health Mobile currently owns and operates seven mobile clinics and one “fixed” clinic, making them the largest mobile clinic health care provider in the state.</p>
Program Delivery Site(s)	<p>Services will be provided at the following sites in San Jose:</p> <ul style="list-style-type: none"> • Alma Community Center • Alviso Senior Center • Berryessa Community Center • Evergreen Community Center • Gardner Community Center • Seven Trees Community Center • Southside Senior Center • Willow Glen Community Center
Services Funded By Grant/How Funds Will Be Spent	<p>Provide staffing to deliver free services:</p> <ul style="list-style-type: none"> • Dental exams • X-Rays, cleanings, and fillings • Oral cancer screening • Root canal referrals and extractions • Smoking cessation and oral hygiene education <p>Full requested funds would support clinic staffing including dentist and dental assistants, lab expenses, dental supplies and program supplies.</p>

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FY21 Funding	FY21 funding requested: \$150,000		FY21 funding recommended: \$75,000		
Funding History and Metric Performance	FY20		FY19		
	FY18		FY18		
	N/A New to ECH in FY21		N/A New to ECH in FY21		
	N/A New to ECH in FY21		N/A New to ECH in FY21		
FY21 Dual Funding	FY21 funding requested: \$150,000		FY21 funding recommended: \$75,000		
Dual Funding History	FY20		FY19		
	FY18		FY18		
	FY20 Requested: \$150,000 FY20 Approved: \$150,000 FY20 6-month metrics met: 100%		FY19 Approved: \$150,000 FY19 Spent: \$150,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%		
			FY18 Approved: \$148,832 FY18 Spent: \$148,832 FY18 6-month metrics met: 75% FY18 annual metrics met: 100%		
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Individuals served			150	400
	Dental procedures provided			450	1,500
	Patients who report increased knowledge about their oral health			85%	85%
	Patients who report no pain after their first visit			90%	90%



Healthier Kids Foundation

Program Title and Requested Amount	DentalFirst and HearingFirst/ \$50,000
Grant Goal	Continue support of DentalFirst and HearingFirst programs, which provide dental and hearing screening and appropriate follow up to children in preschool, charter school, public school and community organization settings.
Community Need	<p>Recent Santa Clara County Office of Education (SCCOE) data from DataZone (the warehouse for data at the County level) shows a strong correlation between chronic absenteeism and untreated tooth decay. Based on data from one underserved district with over 7,000 students in school year FY 18-19, the percentage of students with chronic absenteeism (equivalent to missing more than 3.5 weeks of school) nearly doubled if the students received a referral from Healthier Kids dental screenings and no treatment was performed. The children referred with a successful outcome averaged 6.55% chronic absenteeism and those that received a referral but received no treatment due to parent refusal or Healthier Kids was unable to contact them, was 12.56%. Additional data is being collected and evaluated and there seems to be some correlation between hearing issues and lack of improvement in DRDP results in preschoolers.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Center for Disease Control and Prevention. (2017). Hearing Loss in Children. https://www.cdc.gov/ncbddd/hearingloss/index.html 2. 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 3. 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. https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2010.200915 4. KidsData. (2015). Lucile Packard Foundation for Children's Health. https://www.kidsdata.org/topic/126/pupilsupportpersonnel-type/Table#fmt=2391&loc=59,2&tf=84&ch=276,278,280,277,279,807,1136&sortColumnId=0&sortType=asc
Agency Description & Address	<p>4040 Moorpark Ave, Suite 100, San Jose https://hkidsf.org/</p> <p>Healthier Kids Foundation's vision is that all Silicon Valley youth achieve good health, educational equity, and success in life as productive community members. Our mission is to remove health barriers impacting the health, learning, and life success of Silicon Valley youth. To achieve our mission, we focus on three key strategies: improving health care access and utilization, changing health behavior through education, and advocating for health policy and systems change.</p>
Program Delivery Site(s)	<p>Preschools, schools and community organizations in the Santa Clara County including:</p> <ul style="list-style-type: none"> • Franklin-McKinley School District, 645 Wool Creek Drive, San Jose • Rocketship Education School District, 350 Twin Dolphin Dr #109, Redwood City (at Santa Clara County school sites)

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<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>DentalFirst services will provide:</p> <ul style="list-style-type: none"> • Dentists screen children for dental-related issues and recommend follow up care • Dentists provide oral hygiene education to the children and literature for parents • Parents receive a copy of the child’s screening result • Case management as needed, including bilingual case managers <p>HearingFirst services will provide:</p> <ul style="list-style-type: none"> • Hearing screening to children and appropriate follow up, as needed • Parents of children screened with their child’s screening results • Case management as needed, including bilingual case managers <p>Full requested funding would support partial salaries for 23 staff positions and administrative costs.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$50,000</p>		<p>FY21 funding recommended: \$30,000</p>	
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$45,000 FY20 Approved: \$30,000 FY20 6-month metrics met: 75%</p>	<p>FY19</p> <p>FY19 Approved: \$30,000 FY19 Spent: \$30,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$20,000 FY18 Spent: \$20,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%</p>	
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$50,000</p>		<p>FY21 funding recommended: \$40,000</p>	
<p>Dual Funding History</p>	<p>FY20</p> <p>FY20 Requested: \$45,000 FY20 Approved: \$40,000 FY20 6-month metrics met: 67%</p>	<p>FY19</p> <p>FY19 Approved: \$40,000 FY19 Spent: \$40,000 FY19 6-month metrics met: 75% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$20,000* FY18 Spent: \$20,000 FY18 6-month metrics met: 75% FY18 annual metrics met: 75% *Two separate Small Grants: DentalFirst and HearingFirst; merged in FY19 10 Steps Program: FY18 Approved: \$30,000 FY18 Spent: \$30,000 FY18 6-month metrics met: 25% FY18 annual metrics met: 0%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Children screened through DentalFirst</p>		<p>275</p>	<p>550</p>
	<p>Children screened through HearingFirst</p>		<p>275</p>	<p>550</p>
	<p>Of children dental screened who received a referral, the percent that received and completed appropriate dental services</p>		<p>71%</p>	<p>71%</p>
	<p>Of children hearing screened who received a referral, the percent that received and completed appropriate hearing services</p>		<p>20%</p>	<p>35%</p>



Indian Health Center of Santa Clara Valley

<p>Program Title and Requested Amount</p>	<p>Healthy Futures Program/ \$80,000</p>
<p>Grant Goal</p>	<p>The Indian Health Centers (IHC) is requesting an award for the amount of \$80,000.00 to fund the Healthy Futures Program. The Healthy Futures Program will be entering into its fourth year. The Healthy Futures Program will aim 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. We will also aim to decrease the total cholesterol level of patients with elevated cholesterol. Our multi-layered, patient-centered approach will include the efforts of health care professionals at the Indian Health Center, including primary care physicians, registered dietitians, registered nurses, fitness instructors, health educators, and patient navigators. Included in the Healthy Futures Program is will be a 5-day program during school break called Healthy Adventures that is 2 hours per day. The program will be for unduplicated pediatric patients and their parents and will include a healthy lunch, a 60 minute presentation from a Registered Dietitian, and 60 minutes of engaging outdoor physical activity. IHC will host 3 cohorts of Healthy Adventures at local parks. We will also host a Positive Body Image class for teen patients. There will be one class for boys and one for girls. Additionally all Healthy Futures Program participants will have ongoing access to registered dietitians, personal training, fitness classes, and to IHC’s fitness center. Healthy Celebrations, a follow up course for Healthy Adventures graduates, will be offered 3 times per year at a local park or at the Wellness Center, depending on weather. 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.</p>
<p>Community Need</p>	<p>Obesity and diabetes were ranked with a number one prioritization score in the 2016 Community Health Needs Assessment. According to the 2014 Santa Clara County Community Health Assessment, 16 percent of adolescents (ages 10-19) living in Santa Clara County are obese.¹ For the 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%.² Pre-diabetes and diabetes serve as a severe potential health consequence of prolonged overweight and obesity. A healthy diet and staying physically active are essential in combating the conditions discussed above. Healthy eating is promoted within the San Jose Unified School District, but the challenge lies outside of the school space, as the ever-increasing access to fast food affects many families. According to the YMCA’s Family Health Snapshots in 2015,³ 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. 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 pain⁴. 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 under an economic scope, the CDC recognizes that direct medical costs may include preventive, diagnostic, and treatment services related to obesity.⁵ They concluded that there were \$245 billion in costs, directly as a result of diagnosed diabetes in the United States in 2012.⁶ A return of investment is</p>

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	<p>critical for this program, as we hope to lower the rate of children who are diagnosed with the conditions listed, preventing higher costs due to health complications in the future. 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.⁷</p> <p>The Healthy Futures program uses a best practices approach and will address the health needs by providing holistic, wrap around served in a team-based approach that includes parents, pediatric patients, primary care physicians, Registered Dietitians, registered nurses, health educators, peer educators, and fitness instructors.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/SCC_Community_Health_Assessment-2014.pdf 2. https://www.cdc.gov/obesity/data/childhood.html 3. http://www.ymca.net/news-releases/national-survey-kids-healthy-habits-decline-during-summer 4. https://www.cdc.gov/healthyweight/effects/index.html 5. https://www.cdc.gov/healthyschools/obesity/facts.htm 6. https://www.cdc.gov/diabetes/pdfs/data/2014-report-estimates-of-diabetes-and-its-burden-in-the-united-states.pdf 7. https://www.cdc.gov/diabetes/managing/problems.html
<p>Agency Description & Address</p>	<p>1211 Meridian Ave., San Jose http://www.indianhealthcenter.org/</p> <p>The Indian Health Center (IHC) began operation in 1977 and obtained Federally Qualified Health Center (FQHC) status in 1993. IHC offers medical, counseling, nutrition, WIC, dental and wellness services. IHC also developed a wellness program to promote healthy living which operates a 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.</p>
<p>Program Delivery Site(s)</p>	<p>Services provided at agency site.</p>
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Individual Medical Nutrition Therapy appointments with a Registered Dietitian • One-hour personal training sessions with the Fitness Coordinator; children ages 6 and up receive personal training with their parent present • Youth Exercise Group facilitated by the Fitness Coordinator • Access to Fitness Center • Week-long Healthy Adventures program that is 2 hours per day over school breaks • Healthy Celebrations classes to follow up the Healthy Adventures program; including services for pediatric patients diagnosed with pre-diabetes or diabetes with the goal of decreasing the patient’s HbA1c • Case management services for pediatric diabetic patients <p>Full requested amount will support partial salaries and benefits for program staff (Registered Dietitian, RN, Fitness Coordinator, Patient Navigator) and supplies.</p>

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FY21 Funding	FY21 funding requested: \$80,000		FY21 funding recommended: \$80,000		
Funding History and Metric Performance	FY20		FY19		
	FY20 Requested: \$74,000		FY19 Approved: \$74,000		
	FY20 Approved: \$74,000		FY19 Spent: \$74,000		
	FY20 6-month metrics met: 100%		FY19 6-month metrics met: 100%		
		FY19 Annual metrics met: 100%		FY18	
				FY18 Approved: \$70,000	
				FY18 Spent: \$60,838	
				FY18 6-month metrics met: 100%	
				FY18 annual metrics met: 100%	
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Youth patients served			140	250
	Services provided			400	800
	Participants who decrease their BMI percentile			20%	30%
	Healthy Futures Program participants with total cholesterol values at or below 170mg/dL			70%	70%
	Health Adventures participants that show an increase in knowledge about topics discussed in the Healthy Adventures curriculum (topics include nutrition, physical activity, digestive system, and sugary beverages)			N/A	75%

Latinas Contra Cancer

NEW

<p>Program Title and Requested Amount</p>	<p>The Cancer Prevention and Early Detection in the Latino Community Program (CPED)/ \$35,000</p>
<p>Grant Goal</p>	<p>This program will provide culturally focused community health outreach and education events, screening and patient navigation services.</p>
<p>Community Need</p>	<p>According to the National Cancer Institute, the national cancer mortality rate for Latinas is 298 per 100,000 compared to 155 for Whites.¹ The American Cancer Society shows breast cancer as the most common cancer diagnosed in Hispanic/Latina women and the leading cause of death.² While Latinas have lower incidence of breast cancer than White women, they have a disproportionately high mortality rate due to late detection and loss to follow up on abnormal screenings. Research finds that beyond late detection, Latinas are increasingly diagnosed at a younger age with bigger tumors. Navigation data shows that LCC works with a large percentage of breast cancer patients under age 50. Among its 55 new patients in the past year, 51% were under 50 and 38% had breast cancer. The National Latina Institute for Reproductive Health found “incidence of cervical cancer for Latinas is among the highest of all racial/ethnic groups and almost twice as high as non-Latina white women.” Latina women have the second highest mortality rate from cervical cancer due to low rates of cervical cancer screening.³ Despite California having the largest minority population in the U.S. (more than 60% since 2018 according to Census reports), people of color are highly underrepresented in health-related professions, which results in cultural and linguistic challenges for patients who are people of color. In California, only 7% of physicians represent Latino and African American communities. Statewide, less than 20% of physicians speak Spanish.⁴ A California HealthCare Foundation report found that Spanish-speaking Medi-Cal beneficiaries had the greatest difficulty finding either a doctor or a specialist, who would accept them as a new patient.⁵ About 1 in 5 Latinos lacks a usual source of care and is less likely to have a checkup. One in six Latinos also reported difficulty finding a specialist.⁶ Communities of color are also more likely than Whites to report experiencing poorer quality patient-provider interactions; a disparity particularly pronounced among the millions with limited English proficiency. Latino/as face several cancer-related health disparities, due to various factors such as: cultural and language gaps between themselves and providers; limited resources (lack of income, employment that does not include sick leave, no or low health insurance, and lack of transportation, suitable housing, or childcare); lack of awareness about cancer risks, prevention information, screening methods; and, fear of bad news, pain, or deportation. This translates to poor health outcomes both nationally and within the population that LCC serves. The median household income for Latinos (\$64,400) was lower than Santa Clara County as a whole (\$111,300).⁷ At 6.1%, unemployment is higher for Latinos compared to Whites (4.3%). According to a California Health Interview Survey, almost three times as many Latinos are uninsured compared to Whites (19.8% versus 7.2%). Latinos (17.4%) show statistically significant higher rates of no usual source of care compared to Whites (8.9%). They also have statistically significant higher rates of difficulty understanding their doctors during their last visits (5.6%) than Whites (1.9%) due to language barriers.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4955974/#_ffn_sectitle 2. https://www.cancer.org/research/cancer-facts-statistics/hispanics-latinos-facts-figures.html 3. https://www.latinainstitute.org/en/what-we-do/cervical-cancer 4. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=10&ved=2ahUKewiuhpjo0uDnAhXNIXIEHdNdCgAQFjAJegQIAhAB&url=http%3A%2F%2Fhealthpolicy.ucla.edu%2Fpublications%2Fdocuments%2FDPDF%2F2016%2Fcepeh_landscape-report-oct2016.pdf&usg=AOvVaw3qnPNM9J3L3CU03UcjwsfY 5. https://californiahealthline.org/morning-breakout/latino-medical-beneficiaries-face-disproportionate-barriers-to-care/

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	6. https://www.chcf.org/blog/its-time-california-solve-double-standard-care/ 7. https://www.countyhealthrankings.org/app/california/2018/measure/factors/63/data			
Agency Description & Address	244 North Market Street, Suite 175, San Jose http://latinascontracancer.org/ Latinas Contra Cancer’s mission is to address the void in culturally and linguistically sensitive programs that meet the health care needs of Latinos around issues of cancer and across the cancer continuum: prevention, diagnosis, treatment, patient support, survivorship and end of life, by providing direct services in the areas of cancer prevention health education, patient navigation and survivorship support, research and advocacy.			
Program Delivery Site(s)	Services will be delivered at various community sites, including clinics, hospitals, schools, non-profits, and churches which provide venue space for educational and outreach events.			
Services Funded By Grant/How Funds Will Be Spent	Services include: <ul style="list-style-type: none"> • Providing health education events and health screenings • Providing patient navigation service sessions and follow-up phone calls from a navigator • Providing medical appointment accompaniments for patients Full requested funding would support partial salaries for two coordinator positions, promotores community health workers and health education event costs.			
FY21 Funding	FY21 funding requested: \$35,000 FY21 funding recommended: \$25,000			
Funding History and Metric Performance	FY20	FY19	FY18	
	Did Not Apply	Did Not Apply	FY18 Approved: \$44,000 FY18 Spent: \$40,585 FY18 6-month metrics met: 64% FY18 Annual metrics met: 64%	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		120	300
	Navigation services provided		161	630
	Clients who demonstrate an increased understanding of key cancer prevention and health messages		70%	70%
	Navigation clients who demonstrate a better understanding of their health status, options, and care plan.		90%	90%
Health navigation participants reporting overall satisfaction with services		85%	85%	



Healthcare Foundation of Northern & Central California

<i>Program Title and Requested Amount</i>	Medical Respite Program/ \$13,500
<i>Grant Goal</i>	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. care, and drug and alcohol services.
<i>Community Need</i>	<p>According to the Santa Clara County 2014 Health Assessment “a total of 7,631 homeless individuals were counted during the Santa Clara County Homeless Census and Survey. Of these, two-thirds (5,674, 74%) were unsheltered (living on the street, in abandoned buildings, cars/vans/RVs or encampment areas).</p> <p>The Homeless Census and Survey estimated that 19,063 individuals in Santa Clara County experienced homelessness over the course of a year. Additional findings include:</p> <ul style="list-style-type: none"> • Of homeless individuals who needed medical care in the past year, 4 in 10 (39%) reported they were unable to access needed care. • Two-thirds (64%) of homeless individuals reported one or more chronic and/or disabling conditions (including chronic physical illness, physical or mental disabilities, chronic substance abuse and severe mental health conditions). - Sixty-eight percent reported currently experiencing mental health conditions”. <p>When homeless individuals are hospitalized and discharged to the streets they are usually unable to consistently follow physician’s orders, take their medications, do wound care, etc. This often results in re-admissions to the hospital and/or frequent emergency room visits.</p> <p>The Medical Respite Program provides a clean, safe place for recuperation where support is provided to follow through on physician orders and treatments. Additional psycho-social support is provided to begin stabilizing the lives of the homeless.</p>
<i>Agency Description & Address</i>	<p>1215 K Street Suite 800, Sacramento (Healthcare Foundation of Northern and Central CA -fiscal agent)</p> <p>https://hospitalcouncil.org/</p> <p>The Healthcare Foundation of Northern and Central California is a supporting organization of the Hospital Council of Northern and Central California. The Healthcare Foundation’s purpose is to help hospitals provide high quality health care and to improve the health status of the communities they serve.</p>
<i>Program Delivery Site(s)</i>	Boccardo Reception Center (a local shelter) in San Jose

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<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>The Medical Respite Program services:</p> <ul style="list-style-type: none"> • A semi-private room and 3 meals are provided for each patient while they are in Medical Respite (from 2 days to 160 days as needed) • 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 • 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 • 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 <p>Funds requested will be spent on the lease of shelter beds.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$13,500 FY21 funding recommended: DNF</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$13,500 FY20 Approved: \$13,500 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$13,500 FY19 Spent: \$13,500 FY19 6-month metrics met: 100% FY19 Annual metrics met: 67%</p>	<p>FY18</p> <p>FY18 Approved: \$13,500 FY18 Spent: \$13,500 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$80,000 FY21 funding recommended: \$80,000</p>			
<p>Dual Funding History</p>	<p>FY20</p> <p>FY20 Requested: \$80,000 FY20 Approved: \$80,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$80,000 FY19 Spent: \$80,000 FY19 6-month metrics met: 75% FY19 Annual metrics met: 50%</p>	<p>FY18</p> <p>FY18 Approved: \$80,000 FY18 Spent: \$80,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Patients served through full program</p>		<p>105</p>	<p>190</p>
	<p>Hospital days avoided for total program</p>		<p>400</p>	<p>760</p>
	<p>Program patients linked to Primary Care home</p>		<p>92%</p>	<p>92%</p>



Mt. Pleasant School District

<p>Program Title and Requested Amount</p>	<p>Mt. Pleasant Healthy Students, Healthy Community Systems of Support/ \$125,000</p>
<p>Grant Goal</p>	<p>Mt. Pleasant School District is requesting \$125,000, in continued funding, to help fund a school nurse to provide direct services to students, professional development to staff on prevention and intervention, community training on asthma, preventing obesity and outreach linking families to health resources and insurance programs between five schools. The entire Mt. Pleasant community will benefit from the services, especially students with health conditions, students with high absenteeism and families impacted by poverty and lacking resources. Services are needed to help improve student attendance, work with district staff on healthy practices to increase staff responses and attendance, increase collaboration with other agencies to support students receiving health services including assisting families with enrollment in insurance programs. Many parents have difficulty accessing services outside of the immediate area, are uninsured or underinsured and do not know how to navigate the system. The services provided by a nurse are an essential part of our multi-tiered system of support including Behavioral Health counselors, Bilingual Family Case Managers (liaisons), school psychologists and mental health counseling.</p>
<p>Community Need</p>	<p>The grant support is needed to fund a district nurse. A school nurse to assist in the areas identified to help increase student attendance as indicated in the California State Dashboard¹, provide referrals and support for uninsured families assist with Individual Health Plans so that students with medical needs can regularly attend school. The School nurse is able to communicate with doctors and parents, facilitate referrals and coordinate between staff, parents and community providers to support students' needs. Further the school nurse is needed to train staff in addressing emergency situations as well as to train staff and students on illness prevention. Consequences of not having a school nurse is an increase in student absenteeism due to short-term and chronic health conditions, fewer students receiving the needed vision services and even glasses to help them learn and fewer students getting needed medical follow up and access to medical insurance. Both the American Academy of Pediatrics(AAP) and American Academy of Nursing² "assert the value of the school nurse related to chronic disease management and health promotion." Sources: 1. https://www.caschooldashboard.org/reports/4369617000000/2019 2. https://www.nursingoutlook.org/article/S0029-6554(17)30626-7/fulltext</p>
<p>Agency Description & Address</p>	<p>3434 Marten Avenue, San Jose, CA 95148, San Jose https://www.mpesd.org/ Mt. Pleasant School District(MPESD), pre-K-8, in east San Jose, serves a very diverse population, 78% of our students are economically disadvantaged, 45% are English Language Learners, 18% of our students live in a home with more than one family due to economic hardship. Our community in the zip code of 95127, is one of the most underserved areas in Santa Clara County. The District strives to bring in resources to meet student's basic needs, including health, so that each student can attend school, learn and thrive.</p>

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<p>Program Delivery Site(s)</p>	<ul style="list-style-type: none"> • Schools within Mt. Pleasant School District: • Mt. Pleasant Elementary School, 14275 Candler Avenue, San Jose, (Pre-K- 5) • Valle Vista Elementary School, 2400 Flint Avenue, San Jose, (Pre-K- 5) • Robert Sanders Elementary School 3411 Rocky Mountain Avenue, San Jose (Pre-K-5) • August Boeger Middle School, 1944 Flint Avenue, San Jose (6-8) • Ida Jew Academy, 1966 Flint Avenue, San Jose (K-8) 																		
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • 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, 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 • Linking families to medical appointments and insurance enrollment <p>Full requested funding would support 1 FTE nurse, the partial salary of a health clerk and other expenses.</p>																		
<p>FY21 Funding</p>	<p>FY21 funding requested: \$125,000 FY21 funding recommended: \$125,000</p>																		
<p>Funding History and Metric Performance</p>	<table border="1"> <thead> <tr> <th>FY20</th> <th>FY19</th> <th>FY18</th> </tr> </thead> <tbody> <tr> <td>FY20 Requested: \$128,000</td> <td>FY19 Approved: \$124,000</td> <td rowspan="3">New in FY19</td> </tr> <tr> <td>FY20 Approved: \$125,000</td> <td>FY19 Spent: \$81,841</td> </tr> <tr> <td>FY20 6-month metrics met: 100%</td> <td>FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</td> </tr> </tbody> </table>	FY20	FY19	FY18	FY20 Requested: \$128,000	FY19 Approved: \$124,000	New in FY19	FY20 Approved: \$125,000	FY19 Spent: \$81,841	FY20 6-month metrics met: 100%	FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%								
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Playworks

<p>Program Title and Requested Amount</p>	<p>Playworks Campbell Union School District/ \$96,196</p>
<p>Grant Goal</p>	<p>Playworks respectfully requests \$96,996 to implement our services at four low-income elementary schools, impacting 2,195 children in the Campbell Union School District for the 2020-21 school year. We will provide Playworks Coach at Blackford Elementary and Rosemary Elementary. Playworks Coach provides comprehensive on-site support delivered by a fully trained Playworks program coordinator, known as a “Coach”, who works at a single school full-time, every day to implement play-based strategies that develop and sustain a healthy emotional environment while increasing physical activity for every student. We will provide Playworks TeamUp at Castlemont Elementary and Lynhaven Elementary. Playworks TeamUp provides comprehensive on-site consulting and support delivered by an experienced Playworks Site Coordinator. We will provide Playworks U subscriptions to all four schools. Through on-demand video courses that reinforce key concepts of safe and healthy play, PlayworksU can help build long-term sustainability of our project.</p>
<p>Community Need</p>	<p>Play has always helped children learn the social and emotional skills they need to thrive. Social and emotional skills include demonstrating empathy and a sense of fairness, cooperating, and treating others with respect. In Santa Clara County, however, recess is a time when negative behaviors, such as bullying, cliques, and even violence, are common. One in 5 (19%) middle and high school students in Santa Clara County were physically bullied on school property in the past 12 months. Thirty-seven percent (37%) of middle and high school students were psychologically bullied on school property in the past 12 months. Bullying is reported as a problem across all school grades.¹ According to the Santa Clara County Status of Children’s Health report (2017), children and adolescents lacked social-emotional skills to address and cope with stress in school as they faced the burden of academia and parental pressures to succeed. Key informants emphasized the need to focus on prevention and transform lifestyle behaviors at an early age.² The U.S. Department of Health and Human Services recommends that children ages 6 to 17 spend a minimum of 60 minutes each day engaged in physical activity. Participating in regular physical activity is associated with many positive outcomes among children and youth including: short- and long- term health benefits, improved academic performance, and a lower likelihood of engaging in risky behaviors. In addition, regular physical activity can be associated with reducing anxiety and stress and increasing self-esteem.³ Yet only about 1 in 4 children (27%) ages 5 to 11 in Santa Clara County were physically active for at least 60 minutes each day in the past 7 days (study published in 2017). Looking at physical activity with a broader lens, data shows that in Santa Clara County, 28% of youth are actually physically inactive. The percentage is higher for Latino youth (42%) and African ancestry youth (33%).⁴ Playworks’ safe and healthy play services increase physical activity for children. A Stanford University /Mathematica Policy Research randomized control trial – the gold standard in evaluation – found that Playworks Coach led to statistically significant impacts resulting in more time engaged in vigorous physical activity.⁵</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/status-v2.pdf 2. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/exec-summary-v2.pdf 3. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/status-v2.pdf 4. Ibid. 5. https://www.playworks.org/report/impact-and-implementation-findings-from-an-experimental-evaluation-of-playworks-effects-on-school-climate-academic-learning-student-social-skills-and-behavior/

FY21 Healthy Body Proposal Summary



<p>Agency Description & Address</p>	<p>2155 South Bascom Ave #201, Campbell https://www.playworks.org/ Playworks is a national non-profit. 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 positive effects on the entire school climate.</p>		
<p>Program Delivery Site(s)</p>	<p>We typically complete memorandums of understanding with our school partners in June-August to cover the upcoming school year. Proposed grant activities will be delivered at:</p> <ul style="list-style-type: none"> • Blackford Elementary, 1970 Willow St, San Jose • Castlemont Elementary, 3040 Payne Ave, Campbell • Lynhaven Elementary, 881 Cypress Ave, San Jose • Rosemary Elementary, 401 W Hamilton Ave, Campbell 		
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • The Coach Program places a highly trained program coordinator on campus to implement a multi-component program that includes: before school recess and recess, class game time for social-emotional learning and learning rules to games, leadership program, and interscholastic developmental sports leagues. Coaches will be on campus every day and will get to know every child by name. • The TeamUp Program places a highly trained Site Coordinator on campus one out of every four weeks, to deliver class game time and recess programming and to support a school recess team with consultation and training. • During the off weeks, a Playworks Program Manager will be available for consultation and support. The Program will offer school recess teams the opportunity to join Playworks coaches at Preservice, for our week of intensive training. • Training in Playworks techniques and strategies to yard duty, administrative staff, and teachers in each of the schools served will also be provided. Training the adults on campus makes a significant difference in the overall effectiveness of Playworks. <p>Fully funded request will support program staff, supplies and other program expenses.</p>		
<p>FY21 Funding</p>	<p>FY21 funding requested: \$96,196 FY21 funding recommended: \$86,000</p>		
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$91,627 FY20 Approved: \$91,627 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$102,000 FY19 Spent: \$102,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$112,000 FY18 Spent: \$112,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$246,568 FY21 funding recommended: \$218,000</p>		
<p>Dual Funding History</p>	<p>FY20</p> <p>FY20 Requested: \$216,034 FY20 Approved: \$216,034 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$242,500 FY19 Spent: \$242,500 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$278,000 FY18 Spent: \$278,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>

FY21 Healthy Body Proposal Summary

HEALTHY
BODY



<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Students served	2,190	2,190
	Teacher/administrators reporting that Playworks positively impacts school climate	N/A	95%
	Teachers reporting that overall engagement increased use of positive language, attentiveness and participation in class	N/A	90%
	Teacher/administrators who agree or strongly agree that Playworks helps increase physical activity	N/A	91%
	Teacher/administrators who agree or strongly agree that Playworks helps reduce bullying at recess	N/A	90%

Portuguese Organization for Social Services & Opportunities

NEW

<p>Program Title and Requested Amount</p>	<p>Seeking Health – Patient Navigation Program for Older Adults / \$30,000</p>
<p>Grant Goal</p>	<p>This program will enhance access to health care for older adults by providing trilingual (English, Portuguese and Spanish) patient navigation services through the community health worker model.</p>
<p>Community Need</p>	<p>The Silicon Valley Council on Aging’s Area Plan on Aging 2012 indicated that the top targeting priorities for senior services within Santa Clara County are low income, ethnic minority and immigrant seniors. The U.S. Census Bureau reports that 25% of older adults in Santa Clara County live near poverty by federal standards and have difficulty meeting basic daily needs given the high cost of living in the County. Poverty rates are significantly higher for ethnic minority seniors, particularly monolingual and/or immigrant seniors, and those residing in east and downtown San Jose. Even for those individuals with healthcare insurance, medication often remains unaffordable.¹ Although the Portuguese are not counted as a distinct ethnic group in the U.S. Census, the observations of community leaders at POSSO, the Five Wounds Church, KSQQ Radio, and other Portuguese community organizations result in the estimate of over 20,000 Azorean Portuguese immigrants currently residing in San Jose, with the majority of them entering or in their senior years. Moreover, nearly 50,000 additional Portuguese speakers are spread throughout Santa Clara County. POSSO estimates that the proportion of seniors in San Jose’s Portuguese immigrant community is much higher than what this Census data document shows. It is further estimated that of this group, at least 5,000 are low income and non-English speaking seniors. This estimate is supported by POSSO’s services records, and shared by other local Portuguese organizations, who have intimate knowledge regarding this population. Most of these at-risk seniors immigrated as adults over the last 30 to 40 years and devoted themselves to many hours of work in unskilled jobs to establish an economic foothold for their children, within the context of their ethnic community. This left little opportunity for learning English and integrating into American society. Others immigrated more recently in their advanced years to be near their adult children, who had immigrated earlier. As reported by Santa Clara County’s Department on Aging and Adult Services, communication barriers often result in a lack of access to services and poor health outcomes for older adults.³ POSSO’s seniors have multiple risk factors, including linguistic, cultural and income barriers, resulting in serious unmet service needs. The effectiveness of the community health worker model has been well-established through research and implementation in many health delivery environments.⁴ The community health worker, as a member of the target community with a common understanding of cultural beliefs, values and social interactions, establishes rapport with participants and serves as a trusted link with the health care system, and also provides effective support in navigating the journey through the system.</p> <ol style="list-style-type: none"> https://mysourcewise.com/sourcewise-announces-request-for-proposals-for-services-aimed-to-support-caregivers-in-santa-clara-county/ https://datausa.io/profile/geo/san-jose-ca/#demographics https://socialservices.sccgov.org/sites/g/files/exjcpb701/files/SA_AnnualReport_2017.pdf http://archive.ahrq.gov/research/findings/evidence-based-reports/comhworktp.html
<p>Agency Description & Address</p>	<p>1115 E. Santa Clara Street, San Jose https://portuguesecenter.org/ The mission of the Portuguese Organization for Social Services and Opportunities (POSSO) is to link underserved low income immigrants to programs and services that support individual and family wellness and self-sufficiency, and promote full participation in the life of the community.</p>

FY21 Healthy Body Proposal Summary



Program Delivery Site(s)	Services will be provided at agency site in San Jose.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services provided by the community health worker include:</p> <ul style="list-style-type: none"> • Conducting a client intake and needs assessment • Identify health and coverage needs and connect clients to resources to meet needs • Provide patient navigation services, including medical appointment accompaniment to ensure clients receive timely examinations, diagnostic testing, appropriate treatment and follow-up • Conduct follow-up phone calls with client and caretaker(s) for physician referrals, ensure medication compliance and address health insurance issues <p>Full requested funding would primarily support partial salary for a community health worker, as well as travel and program supplies.</p>			
FY21 Funding	FY21 funding requested: \$30,000	FY21 funding recommended:	DNF	
Funding History and Metric Performance	FY20	FY19	FY18	
	New in FY21	New in FY21	New in FY21	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		17	33
	Encounters provided		150	297
	Patients who demonstrate increased knowledge of care coverage, health conditions and related treatments		85%	85%
	Patients who report treatment or medication compliance as prescribed by their health care provider		85%	85%
Patients who report that they are experiencing an improvement in their health conditions		85%	85%	



Pre-diabetes Health Initiative (Hill & Company)

Program Title and Requested Amount	Preventing Diabetes in the Latino Community / \$160,000
Grant Goal	Promote awareness about diabetes and pre-diabetes in the Latino community and provide education and risk assessment tests through Promotoras (community health workers) and a microsite with local resources.
Community Need	<p>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.¹ 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.² 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 Clara County 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.³ 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.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/latino-facts-2016.pdf 2. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF 3. https://www.ppic.org/wp-content/uploads/content/pubs/report/R_711LHR.pdf
Agency Description & Address	<p>1290 B Street, Suite 201, Hayward http://altoprediabetes.org/ Hill & Company specializes in the development and implementation of public relations initiatives and strategically focused health communication programs.</p>
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	<p>Services include implementing promotoras (community health workers) to use several outreach strategies to reach the target audience including:</p> <ul style="list-style-type: none"> • 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 one-on-one information sessions at health fairs and local sites, such as the Mexican Consulate <p>Full requested funding would support program staffing for six positions, promotoras, implementation of texting program, microsite, media plan and program supplies.</p>

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FY21 Funding	FY21 funding requested: \$160,000		FY21 funding recommended: \$100,000		
Funding History and Metric Performance	FY20	FY19		FY18	
	FY20 Requested: \$150,000 FY20 Approved: \$122,800 FY20 6-month metrics met: 100%	FY19 Approved: \$140,000 FY19 Spent: \$140,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%		FY18 Approved: \$150,000 FY18 Spent: \$150,000 FY18 6-month metrics met: 100% FY18 annual metrics met: 100%	
	Metrics			6-month Target	Annual Target
FY21 Proposed Metrics	Community members reached through Promotoras Outreach Program			1,575	3,500
	CDC Pre-diabetes Risk Assessment Tests administered			1,260	2,800
	Texting program enrollees			346	770
	Culturally appropriate advertising campaign impressions			568,000	1,420,000
	Outreach participants who will complete the Pre-diabetes Risk Assessment Test			81%	81%
	Participants who report learning about prediabetes and its risks, without prior knowledge of the topic, after attending a presentation			70%	70%



Rehabilitation, Awareness, and Community Education for Strokes (RACES) Program

Program Title and Requested Amount	Rehabilitation, Awareness, and Community Education for Stroke (RACES)/ \$45,000
Grant Goal	To continue the Rehabilitation, Awareness, and Community Education for Stroke (RACES) program supporting adults who have had a stroke or traumatic brain injury (BI), as well as community members who would benefit from outreach and education about topics such as stroke prevention, risk reduction, and stroke warning signs. Outreach and education efforts aim to raise awareness and educate diverse groups about stroke prevention and risk reduction.
Community Need	<p>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 for patient improvement of communication and cognition. Indeed, 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 related to a national shortage of qualified speech pathologists, with among the worst such shortages being in California.¹⁻³ Most patients (with Medicare or other insurance) have limited coverage after 6-12 months following a stroke/brain injury (BI), despite these being chronic conditions requiring long-term, sustained rehabilitation and psychosocial support. When patients have exhausted their insurance-approved number of treatments or if they do not have secondary insurance coverage, the standard speech therapy rates of \$150 to \$180 per hour make the necessary level of aphasia treatment unaffordable and inaccessible for most patients. RACES researchers at the San Jose State University have identified additional barriers to accessing speech therapy and other rehabilitation services, including physical access and barriers for minority and low-income populations.³ Only the Aphasia Treatment Program at California State University East Bay and the Aphasia Center of California in Oakland provide services of similar intensity, so South Bay stroke/BI survivors have no local support options.</p> <p>According to the American Heart Association nearly 7 million Americans live with the long-term effects of a stroke.⁴ One of the most disabling consequences of a stroke is aphasia, a language disorder that severely impairs language and 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.⁵ Aphasia affects over 2 million Americans, including an estimated half a million U.S. veterans. Despite the significant adverse physical, cognitive, and communicative effects of stroke, research shows that stroke survivors receive an insufficient dosing (amount/duration/intensity) of rehabilitation, contributing to decreased ability and wellbeing for stroke survivors, secondary co-morbidities such as depression and anxiety, as well as increased burden of care for family members.¹</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Aphasia Access (2017). White paper on the state of aphasia https://aphasiaacc.memberclicks.net/assets/ACFrOgBVgzNeh7J7nOMZG3Uuhstzd-C3RK7qybKrmx6kDegF0jAI9FJh2iAco_Wjynfl_LxJwt5Ay_3xwdhK0yqCAo7gSvX7H_IdXUQk8Jo8hUabBiV7VFXCMtvCd-c-.pdf 2. American Speech-Language-Hearing Association. (2017). https://www.asha.org/research/memberdata/asha-certified-personnel-to-population-ratios/ 3. AMN Healthcare. https://www.amnhealthcare.com/latest-healthcare-news/speech-language-pathologists/ 4. 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.

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<p>Agency Description & Address</p>	<p>210 N. Fourth Street, 3rd Floor, San Jose http://www.sjsu.edu/towerfoundation/</p> <p>The RACES program is operated by the San Jose State University (SJSU), a comprehensive public university located serving 33,000 undergraduate and graduates students annually. 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. The Research Foundation of SJSU is the entity responsible for stewarding sponsored projects to support the university and university-led projects such as the proposed activities offered through the Department of Communicative Disorders and Sciences and its on-campus clinic. One of California’s oldest Speech-Language Pathology programs, this Department has a rich legacy of commitment to research excellence, developing best practices in serving culturally-diverse patient populations, and ensuring access to clinical services.</p>		
<p>Program Delivery Site(s)</p>	<ul style="list-style-type: none"> • Kay Armstead Center for Communicative Disorders and Center for Healthy Aging in Multicultural Populations at SJSU • Numerous locations in 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 		
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Two 12-week clinics and one 5-week (summer) clinic • Individual one-hour speech-language therapy and functional cognitive training sessions • Group one-hour conversation training sessions: two times each week during clinics • Group one-hour aphasia choir designed to use music and singing to improve speech • Four community events during the grant period • Bilingual education materials provided in English, Spanish, Hindi and Mandarin <p>Full requested funding would support partial staff for the Program Director, Speech-Language Pathologist and Program Assistant, and administrative costs.</p>		
<p>FY21 Funding</p>	<p>FY21 funding requested: \$45,000 FY21 funding recommended: DNF</p>		
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$50,000 FY20 Approved: \$40,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$40,000 FY19 Spent: \$40,000 FY19 6-month metrics met: 67% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>New in FY19</p>
<p>FY21 Proposed Metrics</p>	<p>Metrics</p> <p>Individuals served</p> <p>Services (encounters at community engagement events and rehabilitation encounters)</p> <p>Participants who show a 5-point or greater-than 5-point improvement in scores on the Western Aphasia Battery-Part 1 (quantifies severity of post-stroke communication impairment).</p> <p>Participants who show a 5-point improvement in scores on the Quality of Communication Life Scale/QCLS (quantifies quality of communication as assessed by stroke/BI survivors).</p>	<p>6-month Target</p> <p>200</p> <p>540</p> <p>N/A</p> <p>N/A</p>	<p>Annual Target</p> <p>440</p> <p>1,530</p> <p>75%</p> <p>75%</p>



Vista Center for the Blind and Visually Impaired

Program Title and Requested Amount	Vision Loss Rehabilitation/ \$74,405
Grant Goal	<p>Vista Center is requesting \$74,405 to support our Vision Loss Rehabilitation Program for blind and visually impaired adults. A blind/visually impaired individual may have any combination of any of the following services based on their individual needs: Intake Assessment/Case Management, Individual Counseling/Support Group, Information and Referral, Orientation & Mobility training, Daily Living Skills training, Low Vision Exam and Assistive Technology. With the exception of the Low Vision Exam, all other services may be provided in the individual's home or community at a time that is agreed to by our staff and the individual. Vista'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.</p>
Community Need	<p>According to the World Health Organization's Fact Sheet dated October 2019, it states that globally it is estimated that approximately 2.2 billion people live with some form of vision impairment. The majority of people with vision impairment are over the age of 50 years. Population growth and ageing will increase the risk that more people acquire vision impairment ¹. The National Federation ² for the Blind reports that in 2017, 786,965 Californians had vision loss, 7% were below age 17, 48% were ages 18-64 years and 45% ages 65 and older.</p> <p>Vision loss negatively impacts the health and well-being of adults and especially seniors leading to increased risk of falls and fractures; premature institutionalization; greater risk of depression and isolation; difficulty identifying medication, which can lead to medication mismanagement resulting in injury or death; difficulty in bathing, dressing, cooking, cleaning, managing bills, paperwork and other activities of daily living. Without support, knowledge and skills needed to adapt to life with limited or no vision, it becomes nearly impossible for adults/seniors to live independently and safely in their own homes, often resulting in an expensive alternative living situation. Our Vision Loss Rehabilitation Program is proven effective in helping visually impaired clients maintain their independence, with dignity and confidence.</p> <p>Sources: http://www.who.int/mediacentre/factsheets/fs282/en/</p>
Agency Description & Address	<p>2500 El Camino Real, Suite 100, Palo Alto https://vistacenter.org/</p> <p>Vista Center for the Blind and Visually Impaired mission is to empower individuals who are blind or visually impaired to embrace life to the fullest through evaluation, counseling, education and training. We provide comprehensive vision loss rehabilitation services and resources to individuals who are blind or visually impaired regardless of ability to pay. In FY 19, we served 3400 families and individuals by providing one or a combination of our programs: Safe & Healthy Living, Low Vision Services, Assistive Technology, Child & Family Services and Community Outreach.</p>
Program Delivery Site(s)	Services provided at agency site or in patient's homes.

FY21 Healthy Body Proposal Summary



<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • One hour Initial Assessments (one session) • One hour Individual or Group Counseling (average 8 sessions) • One hour Daily Living Skills (average 4 sessions) • 1.5 hours Orientation & Mobility (average 4 sessions) • One hour Assistive Technology (average 3-4 session) • 75 minute Low Vision Exams (one session) <p>Full funding will support the partial salaries of staff and program expenses.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$74,405</p>		<p>FY21 funding recommended: \$40,000</p>	
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$71,819 FY20 Approved: \$40,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$40,000 FY19 Spent: \$40,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>New in FY19</p>	
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$40,070</p>		<p>FY21 funding recommended: \$30,000</p>	
<p>Dual Funding History</p>	<p>FY20</p> <p>FY20 Requested: \$40,642 FY20 Approved: \$30,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$24,921 FY19 Spent: \$23,882 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>New in FY19</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Individuals served</p>		<p>32</p>	<p>75</p>
	<p>Services provided (information & referral, intake, counseling, support group, adapted daily living skills, orientation & mobility, assistive technology, low vision evaluation)</p>		<p>250</p>	<p>480</p>
	<p>Client who rate at least a 4 on a scale of 1 (unsatisfactory) to 5 (satisfactory) that they were informed about resources, community agencies, and programs that are available to help live with vision loss</p>		<p>90%</p>	<p>90%</p>
	<p>Clients who report being somewhat confident to confident in their ability to safely move within their residence</p>		<p>85%</p>	<p>85%</p>
	<p>Client who indicate that they are able to read printed material after program participation</p>		<p>70%</p>	<p>70%</p>



ALMADEN VALLEY COUNSELING SERVICE (AVCS)

<i>Program Title and Requested Amount</i>	Counseling for Children/ \$80,000
<i>Grant Goal</i>	<p>To continue support of the Counseling for Children program at 15 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. The children are identified by the schools and referred to AVCS's counselors. The counselors assess the child's emotional health needs which may range from the mild to the very severe and require some combination of on-campus group or individual therapy, crisis intervention and possibly off-school campus treatment. A variety of psychotherapy models will be used depending on each child's presenting diagnosis.</p>
<i>Community Need</i>	<p>This school year, 2019-2020, AVCS has continued to serve fewer students in groups and many more students whose emotional states requiring individual one-on-one therapy, and in some cases Crisis Intervention. A higher number of students require individual therapy treatment regimens and served more intensively. Many of these students have complicated mental health issues and require a higher level of care than what school therapy/counseling can provide. AVCS staff has also observed a general trend toward aggressive thinking about others at all school levels, from kindergarteners with anger issues and impulse and empathy concerns to middle and high school students with anger issues who are aggressively planning to hurt themselves or others. AVCS is most concerned about what appears to be a general trend towards aggressive thinking about others. They report seeing this trend at all school levels, from kindergarteners with anger issues and impulse and empathy concerns to middle and high school students with anger issues who are aggressively planning to hurt themselves or others. In general, the following trends and needs are seen in the local school population:</p> <ul style="list-style-type: none"> • The major barriers to accessing counseling services are location and affordability. • Emotional health needs of the children increasingly seem to require crisis intervention, and 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. <p>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: ¹⁻³</p> <p>Source:</p> <ol style="list-style-type: none"> 1. https://www.census.gov/library/publications/2016/demo/p60-256.html 2. https://bhsd.sccgov.org/information-resources/children-youth-and-family/school-linked-services 3. Santa Clara County Behavioral Health Services Prevention Intervention and Planning 2013 Risk Zip Code Average

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<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Students served	60	517
	Schools Served	3	15
	Counseling sessions provided	300	2,690
	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%
	Children and youth referred for crisis intervention resolution to behavioral health services, other agencies, or to parents.	N/A	75%



Alzheimer's Disease and Related Disorders Association, Inc.

Program Title and Requested Amount	Latino Family Connections--Dementia Initiative/ \$70,000
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	<p>According to Alzheimer's Association's 2018 Facts and Figures, an estimated 5.7 million Americans of all ages are living with Alzheimer's dementia in 2018. This number includes an estimated 5.5 million people age 65 and older and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's, though there is greater uncertainty about the younger-onset estimate. One in 10 people (10 percent) age 65 and older has Alzheimer's dementia. The percentage of people with Alzheimer's dementia increases with age: 3 percent of people age 65-74, 17 percent of people age 75-84, and 32 percent of people age 85 and older have Alzheimer's dementia. Of people who have Alzheimer's dementia, 81 percent are age 75 or older. Two-thirds are women. The estimated number of people age 65 and older with Alzheimer's dementia comes from a study using the latest data from the 2010 U.S. Census and the Chicago Health and Aging Project (CHAP), a population-based study of chronic health conditions of older people. National estimates of the prevalence of all dementias are not available from CHAP, but they are available from other population-based studies including the Aging, Demographics, and Memory Study (ADAMS), a nationally representative sample of older adults. Based on estimates from ADAMS, 14 percent of people age 71 and older in the United States have dementia. Prevalence studies such as CHAP and ADAMS are designed so that everyone in the study is tested for dementia¹.</p> <p>According to Santa Clara County's public health Alzheimer's ranks 11th as the cause of death in Santa Clara County.¹ In 2017, the Mercury News published an article discussing the "tsunami" which is expected among the Latino population. That news report indicates that Alzheimer's among the Latino population is expected to increase eight times by the year 2060.² Clearly, there is a public health crisis for the older population, particularly, Latinos, who have one and a half times the rate of Alzheimer's as whites.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.sccgov.org 2. https://www.mercurynews.com/2017/03/18/alzheimers-tsunami-among-latinos-raises-concerns-over-costs-caregiving/
Agency Description & Address	<p>2290 N. 1st Street, Suite 101, San Jose https://www.alz.org/norcal</p> <p>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.</p>
Program Delivery Site(s)	Services will be provided at various community sites including senior centers, housing sites, community centers and churches.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • 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 <p>Full requested funding would support partial staffing and program supplies.</p>

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FY21 Funding	FY21 funding requested: \$70,000		FY21 funding recommended: \$65,000		
Funding History and Metric Performance	FY20		FY19		
	FY20 Requested: \$70,000 FY20 Approved: \$70,000 FY20 6-month metrics met: 50%		FY19 Approved: \$70,000 FY19 Spent: \$70,000 FY19 6-month metrics met: 67% FY19 Annual metrics met: 100%		
	New in FY19				
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Individuals served			320	500
	Services provided			575	950
	Information and referral services clients who agree or strongly agree they can find resources they can use			N/A	95%
	Care consultation participants who agree or strongly agree they are better informed of necessary steps to address identified needs			N/A	95%
	Educational Sessions or Caregiver Training recipients who agree or strongly agree they were satisfied with the services they received			N/A	95%



Bill Wilson Center

<i>Program Title and Requested Amount</i>	Child Abuse Therapy Program/ \$25,000
<i>Grant Goal</i>	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 serves 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. Services are provided by Licensed Marriage Family Therapists, and/or post-graduate or intern trainees, who are supervised by LMFTs and LCSWs.
<i>Community Need</i>	<p>Child abuse results in high economic and social costs, not just to the individual and family, but the larger community as well. Victims are likely to need mental health and medical services during childhood with long lasting effects well into adulthood. A 2019 study¹ estimated the cumulative financial impact to the Santa Clara community for the 2,014 verified child victims in 2018 as \$782M, which is the equivalent of sending 7,300 kids through college. Further, the study estimated that abused children are 59% more likely to be arrested as juveniles, 28% more likely to have an adult criminal record and 77% are likely to need special education.</p> <p>Child abuse is a persistent problem within Santa Clara County and the greater Bay Area, with high economic and social costs. Abused children are 59% more likely to be arrested as juveniles and 77% are likely to need special education. They are likely to need mental health and medical services during childhood with long lasting effects well into adulthood. The Department of Family and Children Services (DFCS) 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. The following gaps exist:</p> <ul style="list-style-type: none"> • Mental Health Services for at-risk youth: The County's mental health services are generally available to a portion of victimized children who are Medi-Cal eligible through “medical necessity” or a limited number of sessions compensated by the County's Victim/Witness Program (VWP). Although many of these children are Medi-Cal eligible and can demonstrate “medical necessity” they are often faced with long waiting lists for services. • Mental Health Services for Victims/Witnesses of Crime: Although the County’s Victim/Witness Program provides effective services and advocacy for children who are victims of crime, the compensation for mental health services is limited to 40 counseling sessions within a lifetime, which leaves a gap in services when difficulties surface for the child at various developmental stages, especially when they transition into adolescents, young adulthood or become parents. • Mental Health Services for underserved populations (LGBTQ): Nearly 30% of all youth accessing services at BWC identify as LGBTQ. 88% of these youth were ejected out of their homes due to their sexual orientation, gender identity, gender expression (SOGIE) and many reports being abused at home due to their SOGIE. <p>Source:</p> <ol style="list-style-type: none"> 1. https://capc.sccgov.org/sites/g/files/exjcpb1061/files/document/EconomicsOfAbuse_SantaClara%20%281%29.pdf 2. https://capc.sccgov.org/sites/g/files/exjcpb1061/files/document/2017_EconomicsReport_SantaClara%20%281%29.pdf

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<p>Agency Description & Address</p>	<p>3490 The Alameda, Santa Clara https://www.billwilsoncenter.org/ 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. In December 2018, Bill Wilson Center entered into a transition agreement with Uplift Family Services for Bill Wilson Center to become an agency of Uplift Family Services. Under this transition agreement, Bill Wilson Center and Uplift Family Services will keep separate 501(c)(3) non-profit corporation statuses and continue to operate programming separately. All work or services provided by one organization to the other will be performed subject to an administrative services agreement.</p>			
<p>Program Delivery Site(s)</p>	<p>At agency site as well as the following schools:</p> <ul style="list-style-type: none"> • Piedmont Hills High School, Eastside Union High School District • Santa Teresa High School, Eastside Union High School District 			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • 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 <p>Full requested funding would support partial salary for staff including therapists.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$25,000 FY21 funding recommended: \$25,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$25,000 FY20 Approved: \$25,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$25,000 FY19 Spent: \$25,000 FY19 6-month metrics met: 67% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$25,000 FY18 Spent: \$25,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Youth (abused children) served</p>		<p>6</p>	<p>12</p>
	<p>Services provided</p>		<p>60</p>	<p>120</p>
	<p>Clients who report demonstrating improvement in their coping skills</p>		<p>80%</p>	<p>90%</p>



Cambrian School District

Program Title and Requested Amount	Mental Health Services/ \$250,000
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 at all 6 schools in the district. The Student Services department is planning for the 2020-20221 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	Students struggling with anxiety, depression and suicidal tendencies have become a national epidemic. The Center for Disease Control reported approximately 6,000 young people commit suicide annually, the second leading cause of death among teenagers. School districts’ efforts have increased in an attempt to demystify anxiety and depression. Even with a vision in place, districts in California are struggling to meet students’ increasing needs. California ranks 49th among all states in its student–counselor ratio. According to “The 2020 California Children’s Report Card,” published by the child advocacy organization Children Now, California received an “F” on its ratio of students to counselors, psychologists, social workers, and nurses on school campuses. Cambrian School District has 3,340 students, ages 5-14 (preschool-8th grade) in the district. The mental health services would be available to children experiencing anxiety, depression or suicidal ideology. This population has been steadily increasing and becoming younger in scope as well. Behavioral mental health services are needed to sustain preventative measures and long-term interventions for student mental health needs.
Agency Description & Address	4115 Jacksol Dr, San Jose https://www.cambriansd.org/ Cambrian School District is a school district in San Jose and has deep roots in our corner of the Silicon Valley dating back more than 100 years. Our District has become established as the bedrock of the Cambrian neighborhood, as generations of students have come to learn, grow, explore and form lasting relationships in our classrooms. We serve approximately 3,340 students in Transitional Kindergarten through grade 8 across four elementary schools, one comprehensive middle school, and the newest addition to our District, Steindorf K-8 STEAM school. Across all of our schools and grade levels, our staff shares a commitment to excellence and continuous growth.
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: <ul style="list-style-type: none"> • Sartorette Elementary • Bagby Elementary • Farnham Elementary • Fammatre Elementary • Ida Price Middle School • Steindorf STEAM K-8 Magnet School

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<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Individual counseling, weekly or as needed (30-minutes) • Group counseling, weekly or as needed (30-minutes) • Mindfulness strategies, taught in classroom settings weekly (30-minutes) • Art Therapy activities (30-minutes) • Counseling for parents with children struggling with mental health (30-minutes) • Classroom interventions: lessons on understanding mental health needs and classroom strategies to support social-emotional learning needs <p>Full requested funding would support two full-time Marriage and Family Therapists (MFTs).</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$250,000 FY21 funding recommended: DNF</p>			
<p>Funding History and Metric Performance</p>	<p>FY20 FY20 Requested: \$365,200 FY20 Approved: \$104,000 FY20 6-month metrics met: 50%</p>	<p>FY19 FY19 Approved: \$104,000 FY19 Spent: \$104,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 75%</p>	<p>FY18 FY18 Approved: \$103,685 FY18 Spent: \$103,685 FY18 6-month metrics met: 50% FY18 Annual metrics met: 50%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Students served</p>		<p>60</p>	<p>120</p>
	<p>Services provided</p>		<p>60</p>	<p>120</p>
	<p>Mindfulness lessons sessions for designated classrooms</p>		<p>50%</p>	<p>100%</p>
	<p>Group therapy sessions for those requiring counseling from assessments or referrals</p>		<p>35%</p>	<p>100%</p>
	<p>Parent counseling sessions for those requesting one</p>		<p>45%</p>	<p>100%</p>



Cancer CAREpoint

Program Title and Requested Amount	Counseling For Cancer Patients, Survivors, Family Members, And Caregivers/ \$30,000		
Grant Goal	This grant will provide counseling sessions to cancer patients, survivors and their family members and caregivers from professionally trained social workers and counselors with Master’s degrees.		
Community Need	<p>Many cancer patients and their families are at risk for a variety of psychological and emotional issues such as anxiety, stress, and depression which can lead to decreased social and emotional wellness. Up to 25% of cancer survivors (defined as when an individual has finished treatment) experience symptoms of depression and up to 45 % experience anxiety. Many also experience symptoms of PTSD.¹ Research has shown that "cancer survivors are more than twice as likely to have disabling psychological problems compared with adults without cancer, and individuals who have both cancer and other chronic illnesses have a risk of psychological disability that is nearly 6 times higher than that of adults without cancer."² Research has shown that psychological interventions such as “psycho-education, coping skills training, counselling, relaxation and psychotherapy” have been shown to “improve mental health and personal well-being” for cancer patients and are “crucial factors to promote successful adjustment to daily environments”.³ Due to improved treatments and increasing number of older adults, the number of cancer survivors will increase (most patients diagnosed with cancer are over age 50). Post-treatment cancer patients continue to have a number of health issues including fatigue, chemo brain and other cognitive issues, depression, anxiety, self-esteem, physical limitations, insurance and employment concerns (list citation).</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Neglecting Mental Health in Cancer Treatment, Psychology Today, 02/23/17 2. Cancer survivors in the United States: age, health, and disability. Hewitt M, Rowland JH, Yancik R, J Gerontol A Biol Sci Med Sci. 2003 Jan; 58(1):82-91 3. Psychological treatments to improve quality of life in cancer contexts: A meta-analysis, International Journal of Clinical and Health Psychology Volume 16, Issue 2, May–August 2016, Pages 211-219 		
Agency Description & Address	<p>2505 Samaritan Dr. Suite 402, San Jose https://www.cancercarepoint.org/</p> <p>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.</p>		
Program Delivery Site(s)	Services will be provided at agency site.		
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • One-hour counseling sessions for cancer patients and their caregivers or cancer patients and their family members <p>Full requested funding would support partial staffing for Master’s level counselors.</p>		
FY21 Funding	FY21 funding requested: \$30,000	FY21 funding recommended: \$22,000	
Funding History and Metric Performance	FY20	FY19	FY18
	<p>New Program FY20</p> <p>FY20 Requested: \$21,600</p> <p>FY20 Approved: \$21,600</p> <p>FY20 6-month metrics met: 100%</p>	<p>Nutrition Program</p> <p>FY19 Approved: \$21,500</p> <p>FY19 Spent: \$21,500</p> <p>FY19 6-month metrics met: 100%</p> <p>FY19 Annual metrics met: %</p>	<p>Nutrition Program</p> <p>FY18 Approved: \$22,000</p> <p>FY18 Spent: \$22,000</p> <p>FY18 6-month metrics met: 100%</p> <p>FY18 Annual metrics met: 100%</p>

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<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served	140	340
	Counseling sessions provided	275	625
	Clients who agree or strongly agree they experienced reduced levels of anxiety about issues related to a cancer diagnosis	85%	85%
	Clients who agree or strongly agree that they received helpful tools or resources	85%	85%



Child Advocates of Silicon Valley

<p><i>Program Title and Requested Amount</i></p>	<p>Advocacy Program for Foster Teens/ \$40,000</p>
<p><i>Grant Goal</i></p>	<p>To support 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. The Child Advocates’ Teen Program, of which this is part, provides physical, emotional and academic support to abused and neglected youth.</p>
<p><i>Community Need</i></p>	<p>There are a variety of health concerns specific to children in the dependency system. For example, many children enter foster care with existing medical conditions, under-treated medical problems and/or have received only sporadic health care. In many cases, even after entering foster care, children do not receive needed health care due to a variety of barriers. According to the American Academy of Pediatrics, of the children entering foster care: ¹</p> <ul style="list-style-type: none"> • About 50% have chronic physical problems (e.g. asthma, anemia, visual loss, hearing loss, and neurological disorders) • About 10% are medically fragile or complex • Many have a history of prenatal substance exposure and/or premature birth <p>The mental and behavioral health of foster children presents an even greater challenge:²</p> <ul style="list-style-type: none"> • Up to 80% of youth in the foster care system have significant mental health issues compared to 18% to 22% of the general population. • Of the children in foster care, just 23% of those in care for at least 12 months received any mental health services. • According to a national study by the Urban Institute, foster children had higher levels of emotional and behavior problems, more often had physical, learning, or mental health conditions that limited their psychosocial functioning, and were less engaged in school and more likely to have been expelled. <p>Given these statistics, it is not surprising that the American Academy of Pediatrics has declared mental and behavioral health “the largest unmet health need for children and teens in foster care,” and advises that, “mental and behavioral health requires the presence of at least one nurturing, responsive caregiver who is stable in the child’s or teen’s life over time”.³ Although there has recently been an increased focus on the academic needs of foster youth, California received only a “D+” on the 2018 Children’s Report Card for providing students in foster care with education support.⁴ The state’s low marks for educational outcomes for foster children can be seen in Santa Clara County, where in 2017-18 only 10% of foster students in 8th grade met the standards for mathematics, compared to 57% of non-foster students who met the mathematics standards. Only 22% of 8th grade foster students met the standards for English Language Arts, compared to 64% of non-foster students who met the standards.⁵</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.aap.org/ 2. http://www.hunter.cuny.edu 3. https://www.aap.org 4. https://childadvocatessv.org/ 5. https://dq.cde.ca.gov

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<p>Agency Description & Address</p>	<p>509 Valley Way, Building 2, Milpitas https://bemyadvocate.org/ Child Advocates of Silicon Valley’s mission is to provide stability and hope to children who have experienced abuse and neglect by being a powerful voice in their lives. Our purpose is to provide foster children with a consistent, supportive adult, a Court Appointed Special Advocate (CASA), who will remain their friend, advocate and mentor throughout their time in the dependency system. Child Advocates provides CASAs to over 900 children and supports over 650 CASA volunteers. However, each year there are ~1,500 children in the Santa Clara County foster system, far more than the agency is able to serve. In order to provide more foster children with the stability and support of CASA, we must raise additional funds to support the agency’s growth.</p>			
<p>Program Delivery Site(s)</p>	<p>Services provided at agency site, at court and in other community locations</p>			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Recruiting, training and certifying CASAs (Court Appointed Special Advocates) who coach and advocate for foster youth: <ul style="list-style-type: none"> ○ Support the foster child through the dependency court process ○ Reviewing available records including child’s family history, school records, placement history, medical history, etc. ○ Identifying and exploring potential resources to benefit the child ○ Communicating with other professionals involved in the child’s life (social workers, attorneys, teachers, therapists) ○ Observe the child’s interaction with foster family, parents, siblings and others • Supporting the Summer Bridge Camp for foster high school students <p>Full requested funding would support the partial salary of Child Advocates’ CASA Specialist for the 11-18 age group and some administrative costs of the Summer Bridge Camp.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$40,000 FY21 funding recommended: \$30,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20 FY20 Requested: \$40,000 FY20 Approved: \$30,000 FY20 6-month metrics met: 0%</p>	<p>FY19 FY19 Approved: \$30,000 FY19 Spent: \$30,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 67%</p>	<p>FY18 FY18 Approved: \$25,000 FY18 Spent: \$25,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p style="text-align: center;">Metrics</p>		<p style="text-align: center;">6-month Target</p>	<p style="text-align: center;">Annual Target</p>
	<p>Foster children served</p>		<p>40</p>	<p>80</p>
	<p>Total number of CASAs (Court Appointed Special Advocate)</p>		<p>40</p>	<p>80</p>
	<p>CASA high school seniors who will earn their diploma or equivalent.</p>		<p>N/A</p>	<p>80%</p>
	<p>CASAs who will report the youth they worked with has a greater sense of well-being.</p>		<p>N/A</p>	<p>90%</p>



Counseling and Support Services for Youth (CASSY)

<p><i>Program Title and Requested Amount</i></p>	<p>Mental Health Support for Youth at Campbell Union School District/ \$120,000</p>
<p><i>Grant Goal</i></p>	<p>To continue providing a comprehensive mental health program for youth attending five elementary or middle schools in Campbell Union School District (CUSD) during the 2020-21 school year. The program targets schools with the least resources and highest need. Specifically, this grant will support the placement of 3 associate level therapists at three elementary and two middle school campuses in CUSD.</p>
<p><i>Community Need</i></p>	<p>Multiple reports, including El Camino Hospital’s 2019 Health Needs Assessment, cite mental health as a critical health need in Santa Clara County. Youth are particularly at risk: mental health issues are the number one reason Santa Clara County youth are hospitalized¹. In addition, nearly one in five youth in Santa Clara County admit to seriously considering committing suicide in the last year². Youth homelessness in the county is also at its highest since 2013; fifteen percent of youth are currently experiencing homelessness, which brings with a host of mental health stressors³ Mirroring the need county-wide, youth attending school in CUSD show a clear need for high quality mental health services. Recent CHKS Student and Staff Surveys⁴ show that:</p> <ul style="list-style-type: none"> • 29% of CUSD 7th graders reported feeling chronic sadness or hopelessness in the last 12 months, an indicator of depression. • 37% of CUSD 7th graders experienced harassment or bullying, a driver of substance abuse or mental health issues. • In Campbell high schools, 74% of staff cited mental health as a moderate or severe problem. <p>Building coping skills and resilience in the early grades is critical if we are to reduce the prevalence of mental health issues. Studies show that mental health services are far more effective if they are school-based, and that school-based interventions that support the development of self-control, self-regulation, and positive relationships are linked with positive educational outcomes⁵. This is especially true when serving a youth of color, who typically have more barriers to accessing care due to cost or transportation issues. Immigrant populations may have fears of engaging in services due to how it will affect their immigrant status. The stigma of mental health issues affects students across socioeconomic status or ethnicity, but is particularly present among communities of color, such as the predominately Latinx community served by this grant⁶. Despite the clear need for support, state-level data suggests that only one-third of children who need help will receive counseling; for teens living in poverty, the number plummets, with only 10% receiving help^{7,8}. Left untreated, mental health issues have a profound negative impact on a student’s well-being, academic achievement and future prospects. Students with unmet mental health needs are more likely to have lower grades and test scores; experience higher rates of suspension, expulsion, and truancy; and more likely to drop out of school altogether⁹. Too often, the result is a child who becomes increasingly isolated, who abuses substances, engages in risky behaviors or relationships or, in the most tragic cases, dies by suicide—the second leading cause of death for youth today¹⁰.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Kidsdata (2015). Hospital Discharges, by Primary Diagnosis. https://www.kidsdata.org/topic/290/hospitaldischarges-diagnosis/table#fmt=238&loc=2,127,1658,1659,331,1660,171,1661,357,369,362,360,1662,364,356,217,354,1663,39,365,343,367,344,366,368,265,349,361,4,273,59,370,326,1772,341,338,350,342,359,363,340,335&tf=95&ch=573,717,574,575,576,577,578,579,580,581,582 2. Santa Clara County. California Healthy Kids Survey, 2009-11: Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education. Pg. 47.



	<p>https://data.calschls.org/resources/Santa_Clara_County_SEC0911_main.pdf</p> <ol style="list-style-type: none"> 3. El Camino Hospital 2019 Health Needs Assessment. https://www.elcaminohealth.org/sites/default/files/2019-06/2019-community-health-needs-assessment-20190615.pdf 4. Campbell Union School District. California School Climate Survey, 2017-18 and 2018-19. Retrieved on February 24, 2020 from https://data.calschls.org/resources/Campbell_Union_1718_Sec_CHKS.pdf 5. https://data.calschls.org/resources/Campbell_Union_High_1819_CSSS.pdf 5. Goodwin, B., & Miller, K. (2013, May). Teaching self-regulation has long-term benefits. Educational Leadership, 80-81. http://www.ascd.org/publications/educational_leadership/may13/vol70/num08/Teaching_Self-Regulation_Has_Long-Term_Benefits.aspx 6. NAMI. Latino Mental Health. https://www.nami.org/find-support/diverse-communities/latino-mental-health 7. Kidsdata (2014). Youth Who Reported Needing Help for Emotional or Mental Health Problems, by Receipt of Counseling (California & L.A. County Only). https://www.kidsdata.org/topic/783/emotional-mental-help/table#fmt=1198&loc=59&tf=89&sortColumnId=0&sortType=asc 8. Barrett, S., Eber, L., & Weist, M. (2013). Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support. Center for School Mental Health. https://www.pbis.org/school/school-mental-health/interconnected-systems 9. NAMI. Mental Health By The Numbers https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf 10. Kidsdata.org. Original source California Dept. of Public Health, Death Statistical Master Files; CDC, Mortality data on WONDER (Apr. 2015). https://www.kidsdata.org/topic/213/youthsuicide-rate/table#fmt=2311&loc=2,59&tf=93&sortType=asc
<p>Agency Description & Address</p>	<p>Sobrato Center for Nonprofits, 544 Valley Way, Milpitas http://cassybayarea.org/</p> <p>Counseling and Support Services for Youth (CASSY) is a nonprofit organization that partners with local public schools to provide comprehensive mental health services to all enrolled students at no charge. We place highly qualified therapists on school campuses where they provide individual/group therapy, preventative health education, staff and parent consultations, and crisis intervention. Our mission is to de-stigmatize mental health services and make supporting students’ social and emotional well-being the norm in our schools. Since 2009, CASSY has grown to provide a mental health safety net to over 50,000 students at 56 public schools in East Palo Alto, Palo Alto, San Jose, Milpitas, Los Gatos, Saratoga, and Campbell.</p>
<p>Program Delivery Site(s)</p>	<p>The following 12 elementary and middle schools in the Campbell Union School District:</p> <ul style="list-style-type: none"> • Monroe Middle • Rolling Hills Middle School • Castlemont Elementary • Lynhaven Elementary • Rosemary Elementary • Campbell School of Innovation • Capri Elementary • Sherman Oaks Dual Immersion • Village School • Blackford Elementary School • Forest Hill Elementary • Marshall Lane Elementary
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • 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 <p>Full requested funding would support partial salaries for 2 school-based therapists.</p>

FY21 Healthy Mind Proposal Summary

HEALTHY
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FY21 Funding	FY21 funding requested: \$120,000		FY21 funding recommended: \$120,000		
Funding History and Metric Performance	FY20		FY19		
	FY20 Requested: \$120,000 FY20 Approved: \$100,000 FY20 6-month metrics met: 100%		FY19 Approved: \$100,000 FY19 Spent: \$100,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%		
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Students served			250	500
	Service hours provided			231	492
	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			N/A	85%
	Students who improved by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on self-report (for students age 11-17)			N/A	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%



Cupertino Union School District

Program Title and Requested Amount	Mental Health Counseling Program/ \$202,305
Grant Goal	To continue and expand a comprehensive mental health program for youth attending five elementary or middle schools in Campbell Union School District (CUSD) during the 2020-21 school year. The program targets schools with the least resources and highest need. Specifically, this grant will support the placement of 3 associate level therapists at three elementary and two middle school campuses in CUSD.
Community Need	<p>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 2019 Community Health Assessment found that “about 15 percent of county adolescents have seriously considered suicide.”¹ According the U.S. Department of Health and Human Services, one in five children and adolescents experience a mental health problem during their school years. Examples include stress, anxiety, bullying, family problems, depression, a learning disability, and alcohol and substance abuse. Serious mental health problems, such as self-injurious behaviors and suicide, are on the rise, particularly among youth. Unfortunately, estimates of up to 60% of students do not receive the treatment they need due to stigma and lack of access to services. Of those who do get help, nearly two thirds do so only in school.²</p> <p>The 2017 California Healthy Kids Survey indicated that 19% of CUSD middle school aged students reported feelings of sadness and hopelessness for more than two weeks over the course of the school year.³ This is an increase of 5% from the last time the survey was administered in 2015. Our students are reporting more difficulty in managing feelings of anxiety and depression. The stakes are high if students suffering from mental illness do not receive the therapeutic support they need. The American Academy of Pediatrics states, “The human and economic toll of inadequately addressing these mental health problems is significant. Untreated mental health disorders lead to higher rates of juvenile incarcerations, school dropout, family dysfunction, drug abuse, and unemployment”.⁴ Schools are able to provide high quality mental health services and are uniquely able to provide individual, classroom, and family intervention for the well-being of students. Within the Cupertino Union School District (CUSD), the experiences of students and staff across our 25 elementary and middle school campuses mirror these broader trends.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.elcaminohealth.org/sites/default/files/2019-06/2019-community-health-needs-assessment-20190615.pdf 2. https://www.nasponline.org/about-school-psychology 3. https://calschls.org/reports-data/public-dashboards/ 4. http://pediatrics.aappublications.org/content/113/6/1839

FY21 Healthy Mind Proposal Summary



<p>Agency Description & Address</p>	<p>10301 Vista Drive, Cupertino https://www.cusdk8.org/ The Cupertino Union School District (CUSD) is a Local Education Agency that provides public education to students in preschool through eighth grade. The largest elementary school district in northern California, CUSD is comprised of approximately 1,700 employees serving just over 17,000 students in 19 elementary schools, one K-8 school, and five middle schools located throughout Cupertino and parts of Sunnyvale, San Jose, Saratoga, Los Altos, and Santa Clara. The mission of the Cupertino Union School District is to provide a child-centered environment that cultivates character, fosters academic excellence, and embraces diversity. District families, communities, and staff join as partners to develop creative, exemplary learners with the skills and enthusiasm to contribute to a constantly changing global society.</p>		
<p>Program Delivery Site(s)</p>	<p>All five middle schools in the Cupertino Union School District and as-needed by referral at elementary schools in the school district.</p> <ul style="list-style-type: none"> • Hyde Middle School • Cupertino Middle School • Miller Middle School • Lawson Middle School • Kennedy Middle School 		
<p>Services Funded by Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • 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 • Social and Emotional Learning Lessons, weekly, as caseload allows • Clinical Supervision (up to 25 hours of individual supervision and 8 hours of group supervision), weekly, & training modules, monthly, for MFT trainees, MSW interns, Associate MFTs, and Associate Social Workers <p>Full requested funding would support 1 FTE Marriage and Family Therapists, partial salaries of other counseling associates, a part-time contracted clinical supervisor as well as some administrative costs.</p>		
<p>FY21 Funding</p>	<p>FY21 funding requested: \$202,305 FY21 funding recommended: \$120,000</p>		
<p>Funding History and Metric Performance</p>	<p>FY20</p>	<p>FY19</p>	<p>FY18</p>
	<p>FY20 Requested: \$183,211 FY20 Approved: \$140,000 FY20 6-month metrics met: 100%</p>	<p>FY19 Approved: \$165,000 FY19 Spent: \$165,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18 Approved: \$123,000 FY18 Spent: \$118,492 FY18 6-month metrics met: 100% FY18 Annual metrics met: 80%</p>
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$98,249 FY21 funding recommended: \$90,000</p>		
<p>Dual Funding History</p>	<p>FY20</p>	<p>FY19</p>	<p>FY18</p>
	<p>New in FY21</p>	<p>New in FY21</p>	<p>New in FY21</p>

FY21 Healthy Mind Proposal Summary

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<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Students served	90	180
	Service hours provided	468	1,575
	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%	80%
	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%



Fresh Lifelines for Youth (FLY)

NEW

<p>Program Title and Requested Amount</p>	<p>FLY Leadership Training Program for High-Need Youth/ \$40,949</p>
<p>Grant Goal</p>	<p>This program will serve youth who are at risk of justice system involvement or already system-involved through the FLY Leadership Training Program, where youth will learn about Substance Use Disorders (SUDs) and related social and systemic issues that contribute to SUDs, mental health, and justice system involvement while building skills in self-advocacy, social and self-awareness, and critical thinking.</p>
<p>Community Need</p>	<p>The needs and risk factors that contribute to justice system involvement and incarceration also place youth at risk for behavioral health problems and SUDs. These needs and risk factors include but are not limited to: poverty, housing instability, early childhood trauma, racism, and other forms of marginalization. For example, San Jose youth who are justice system-involved are more likely to have experienced early challenges and to lack supportive developmental inputs. The SCC Probation Department compiled information about youth on probation in 2017 and found high rates of abuse or trauma as well as poorer educational engagement among these youth. Specifically, 20-30% of youth on probation reported a history of trauma and abuse and 50% of youth reported that they struggled in school. Among these youth, few were exposed to positive or guiding supports; 75% report that they did not receive help for emotional regulation challenges; and 60-70% report lacking positive peer influences. In addition, the National Institute on Drug Abuse states that “of previously incarcerated youths, more than 90% of males and nearly 80% of females had a substance use disorder at some point in their lifetime.” Systemic biases like poverty and racism also contribute to justice system involvement. Youth of color are more likely to experience high rates of school pushout, for example, placing them at greater risk of contact with law enforcement and the juvenile justice system. Nationally, Latino and African American students are expelled and suspended more often than white students. The City of San Jose Mayor’s Gang Prevention Task Force Strategic Work Plan, Trauma to Triumph, also noted that while graduation rates have improved, youth of color continue to graduate at lower rates than their peers. The report cites a growing wealth disparity that creates more challenges for FLY youth. Indeed, the 2019 Community Needs Assessment conducted by El Camino Hospital shows that “while median income seems relatively high in the county (\$115,600), more than one quarter (28 percent) of SCC residents live below the 2018 Self-Sufficiency Standard, and significant racial and ethnic disparities exist”. In SCC, moreover, youth of color are three to seven times more likely to be arrested. This disparity increases in rates of incarceration; youth of color are an astonishing six to 13 times more likely to be incarcerated than their white peers</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://probation.sccgov.org/sites/g/files/exjcpb721/files/2018_08_22_JPD%20Services%20Annual%20Report_2017_Final.pdf 2. https://www.drugabuse.gov/news-events/news-releases/2016/03/substance-use-disorders-extremely-common-among-previously-incarcerated-youth https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201401-title-vi.pdf 3. https://www.sanjoseca.gov/home/showdocument?id=51491 4. https://www.elcaminohealthcaredistrict.org/sites/echd/files/2019-Community-Health-Needs-Assessment-20190615_0.pdf 5. https://probation.sccgov.org/sites/g/files/exjcpb721/files/2018_08_22_JPD%20Services%20Annual%20Report_2017_Final.pdf
<p>Agency Description & Address</p>	<p>568 Valley Way, Milpitas Fresh Lifelines for Youth (FLY), a juvenile justice nonprofit, envisions a country where all kids grow up valued and supported, and the pipeline to prison is replaced with meaningful opportunities for kids to live healthy, free, and productive lives.</p>

FY21 Healthy Mind Proposal Summary



Program Delivery Site(s)	Program services will be delivered in community-based locations where youth live and go to school.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services of the Leadership Training Program include:</p> <ul style="list-style-type: none"> • Conducting intake assessment and service planning sessions • Providing three-day outdoor retreat in the Santa Cruz mountains • Providing one-on-one case management/peer mentorship sessions and/or career pathways navigation training over ten months • Conducting ten pro-social or community service activities <p>Full requested funding would primarily support partial salaries for staffing, including two case managers, program manager, program coordinator and program navigator, as well as leadership retreat expenses and transportation.</p>			
FY21 Funding	FY21 funding requested: \$40,949 FY21 funding recommended: DNF			
Funding History and Metric Performance	<p>FY20</p> <p>FY20 Requested: \$30,000 FY20 Approved: DNF FY20 6-month metrics met: N/A</p>	<p>FY19</p> <p>FY19 Requested: \$50,000 FY19 Approved: DNF FY19 6-month metrics met: N/A FY19 Annual metrics met: N/A</p>	<p>FY18</p> <p>New in FY18</p>	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		4	4
	Services provided		98	194
	Youth who demonstrate a decrease in at least one need/risk area based on comparison of Intake and Closure assessments		N/A	75%
	Youth who do not recidivate, or receive a new juvenile justice system offense		85%	80%
	Youth who achieve educational attainment goals, or who: receive a high school diploma or GED; advance a grade level/staying on track to graduate; re-engage in school/recover credits; and/or, enroll in post-secondary education/or obtain employment		50%	75%
	Youth who increase social-emotional learning (SEL) skills in at least one domain on a comprehensive SEL Questionnaire administered at program intake and closure		N/A	65%

FY21 Healthy Mind Proposal Summary

HEALTHY MIND



Hope Services

NEW

Program Title and Requested Amount	Stable Self-Monitoring System for Individuals with Developmental Disabilities and Mental Illness/ \$29,079																	
Grant Goal	This program aims to provide ten clients who have a dual diagnosis of a developmental disability and mental illness with access to a computer program developed by McGraw Systems named bStable, which helps both the medical provider and the client by providing the medical provider with quantified information to provide better mental health outcomes.																	
Community Need	Individuals with a co-occurring developmental disability and mental illness have a particular spectrum of needs not shared by either of their separate diagnosis groups in isolation. Because of their inability, relative to the general population, to express in a detailed way their mental health symptoms, the degree of severity of these symptoms may frequently be underestimated, or even significantly misdiagnosed. This, in turn, can lead to inappropriate or ineffective mental health treatment/therapy being applied to their care. Also, even though their developmental disability is being addressed through whatever program(s) in which they participate as specified in their Individualized Service Plan, these programs, services, and activities do not meet their mental health needs, nor are they intended to do so. Approximately 40% of Hope Services' clients agency-wide have a co-occurring developmental disability and mental health diagnosis.																	
Agency Description & Address	30 Las Colinas Lane, San Jose https://www.hopeservices.org/ Hope Services' mission is to improve the quality of life for infants, children, adults and seniors with developmental disabilities and mental health needs. Hope's programs include: Homestart, an early intervention service for infants and young children, Employment Services, Mental Health Services, Senior Services, Community Living Services, multiple Day Activity programs, HopeTHRIFT, and the Employment, Media and Community Connections (EMCC) program.																	
Program Delivery Site(s)	Services will be provided at agency site in San Jose.																	
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> Provision and utilization of ten, annual bStable software licenses to assist mental health professionals in designing and implementing better quality and more efficient weekly mental health counseling sessions for clients <p>Full requested funding would support the purchase of ten software licenses, ten Lenovo ThinkPads computers and hardware accessories such as notebook slipcases and mouse.</p>																	
FY21 Funding	FY21 funding requested: \$29,079		FY21 funding recommended: DNF															
Funding History and Metric Performance	<table border="1"> <thead> <tr> <th>FY20</th> <th>FY19</th> <th>FY18</th> </tr> </thead> <tbody> <tr> <td>FY20 Requested: \$25,000</td> <td>FY19 Requested: \$31,326</td> <td>FY18 Approved: \$25,000</td> </tr> <tr> <td>FY20 Approved: DNF</td> <td>FY19 Spent: DNF</td> <td>FY18 Spent: \$21,010</td> </tr> <tr> <td>FY20 6-month metrics met: N/A</td> <td>FY19 6-month metrics met: N/A</td> <td>FY18 6-month metrics met: 88%</td> </tr> <tr> <td></td> <td>FY19 Annual metrics met: N/A</td> <td>FY18 Annual metrics met: 0%</td> </tr> </tbody> </table>			FY20	FY19	FY18	FY20 Requested: \$25,000	FY19 Requested: \$31,326	FY18 Approved: \$25,000	FY20 Approved: DNF	FY19 Spent: DNF	FY18 Spent: \$21,010	FY20 6-month metrics met: N/A	FY19 6-month metrics met: N/A	FY18 6-month metrics met: 88%		FY19 Annual metrics met: N/A	FY18 Annual metrics met: 0%
	FY20	FY19	FY18															
FY20 Requested: \$25,000	FY19 Requested: \$31,326	FY18 Approved: \$25,000																
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	FY19 Annual metrics met: N/A	FY18 Annual metrics met: 0%																

FY21 Healthy Mind Proposal Summary

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<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served	10	10
	Services provided, including weekly tracking, monitoring, and analysis of individual client data collected via the bStable software system	26	52
	Increase in accurate diagnosis and treatment information than without use of the bStable software	50%	100%
	Time spent gathering information about client's mental health/disease state and recent mental health history during client's counseling sessions will be reduced from an average of 15 minutes per session to an average of 5 minutes per session	50%	100%
	Quality of, and satisfaction with, counseling sessions, as reported by client and mental health professional, will increase from 50% reporting "satisfied" or "very satisfied" to 90% reporting "satisfied" or "very satisfied"	50%	100%



Jewish Family Services of Silicon Valley

<i>Program Title and Requested Amount</i>	To Life! Mental Health/Social Services for Seniors/ \$80,000
<i>Grant Goal</i>	<p>We are requesting \$80,000 to continue to increase access to and expand our existing mental health and social services for approximately 150 low income, socially isolated older adults who live at Chai House in San Jose where our agency, JFS SV, operates a branch office. The services will be provided onsite Monday through Friday. Nearly 100% of the residents of Chai House have low to very low incomes and live at or below the Federal Poverty Line. Over 66% of them currently qualify for Section 8 housing benefits. Most no longer drive. Chai House is multi-ethnic, and residents speak several languages including Russian, Mandarin, Spanish, and Assyrian. At least 50% of the residents are over 80 years old, with some in their upper 90's. Many have a variety of physical infirmities, and 35% use assisted devices (walkers, wheelchairs, and apartment-oriented apparatuses) to conduct their tasks of daily living. Less than 20 residents have outside employment; most rely on social security and very limited savings as income. We have discovered that increasing access to and expanding our existing mental health/social services has resulted in earlier diagnosis of mental health and social issues, along with decreased isolation and potential institutionalization of Chai House residents. The services will be provided year-round by a skilled, multilingual social work team, with expertise in gerontology, mental health and case management. We 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, case management, consultation with the Chai House management team, and linkages with relevant service providers (medical, psychiatric, social services) as needed; and be available in English, Russian, Farsi, Spanish, Japanese, Assyrian and Hebrew. These services are especially needed due to the ongoing influx of residents moving into Chai House who qualify for Section 8 housing. Many of them have significant mental health diagnoses and financial issues. Some of the newest of these residents were recently homeless; and present with PTSD, substance abuse, physical infirmities, mental illness and related issues. We are working with a much more challenging population than had resided in Chai House in the past. We know that this trend will continue considering the ongoing scarcity of affordable senior housing in Silicon Valley.</p>
<i>Community Need</i>	<p>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, 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. 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) showing that behavioral health (including mental health, well-being and substance abuse) was prioritized among top community needs.</p> <p>Source: https://publichealth.sccgov.org/sites/g/files/exicpb916/files/NorthWillowGlen_neighprofilesPDF5110013.pdf</p>

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<p>Agency Description & Address</p>	<p>14855 Oka Road, Suite 202, Santa Clara https://www.jfssv.org/ 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 speak eleven languages. JFS SV Aging with Dignity Senior Services for 2,200 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 over 5000 refugees, immigrants and asylees from all over the world. Our 700 volunteers of all ages participate in a broad range of meaningful activities helping people have better lives.</p>			
<p>Program Delivery Site(s)</p>	<p>Chai House, 814 St Elizabeth Drive, San Jose</p>			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Individual one-hour case management sessions • Individual one-hour therapy sessions • Ninety-minute group therapy sessions • Monthly ninety- minute health-related workshops • Weekly medical consultations with San Jose State Nurses <p>Fully requested funding would support the salaries of staff clinical social workers.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$80,000 FY21 funding recommended: \$80,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$100,000 FY20 Approved: \$75,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$75,000 FY19 Spent: \$75,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 80%</p>	<p>FY18</p> <p>New in FY19</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
<p>Individuals served</p>		<p>90</p>	<p>120</p>	
<p>Encounters</p>		<p>500</p>	<p>1,000</p>	
<p>Clients who report utilization of at least two behavioral health services</p>		<p>75%</p>	<p>95%</p>	
<p>Clients who report decreased feelings of isolation due to the addition of one to three hours of planned weekly social engagement</p>		<p>35%</p>	<p>60%</p>	



LifeMoves

<p><i>Program Title and Requested Amount</i></p>	<p>Behavioral Health Support for Homeless Individuals / \$65,000</p>
<p><i>Grant Goal</i></p>	<p>To continue providing behavioral health services to homeless individuals, on-site and in real time, at three LifeMoves homeless shelters in San Jose. The objectives of this program are (1) to screen homeless clients for behavioral health issues, and (2) to connect those needing services to on-site services. Clients can choose from a range of therapies, including individual psychotherapy, milieu therapy, and group therapy such as seeking safety groups, art and expressive play therapy for children, and specialized services for victims of interpersonal violence. These services are provided on-site at homeless shelters with no barriers facing clients. The program also offers continued therapeutic services for an additional three months to clients who leave LifeMoves in good standing. This continued behavioral health support has proven to very useful in helping clients successfully transition out of homelessness and into stable housing and self-sufficiency.</p>
<p><i>Community Need</i></p>	<p>According to the El Camino Hospital 2019 Community Health Needs Assessment, behavioral health ranked third among community health priorities¹. It was prioritized by those participating in more than two-thirds of discussions. Behavioral health is particularly a concern among those experiencing homelessness. According to the 2019 Santa Clara County Homeless Census and Survey, 42% of respondents reported having psychiatric/emotional conditions, 35% had alcohol and drug use and 33% had post-traumatic stress disorder. More than 20% reported that mental health services could have prevented their homelessness, and 28% reported that alcohol or drug counseling could have done so. Based on more than three decades of experience, LifeMoves believe these numbers underestimate the extent of behavioral health issues among the homeless. The experience of these homeless shelters, supported by research, confirms that virtually all homeless individuals in our shelters have suffered from trauma². 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.</p> <p>Consequences of not addressing the need: Individuals and families who become homeless often experience trauma, which may add to pre-existing mental health issues, including PTSD, stress, depression and acute anxiety. 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. Last year, 86% of the families who engaged in LifeMoves programming successfully returned to stable housing and achieved self-sufficiency. Some of this success is attributed to the critical support services offered by this BehavioralMoves Program. If the program were not offered, LifeMoves expect that the success rate of our clients transitioning to stable housing would decline.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.elcaminohealthcaresdistrict.org/sites/echd/files/2019-Community-Health-Needs-Assessment-20190615_0.pdf 2. https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/trauma 3. https://www.samhsa.gov/homelessness-housing/trauma-informed-care 4. https://www.samhsa.gov/prevention

FY21 Healthy Mind Proposal Summary



<p>Agency Description & Address</p>	<p>181 Constitution Dr, Menlo Park https://lifemoves.org/ LifeMoves is the largest and most innovative non-profit committed to breaking the cycle of homelessness for families and individuals in San Mateo and Santa Clara 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 self-sufficiency. LifeMoves operates ten shelters and seven other facilities from Daly City to San Jose. On a typical night, LifeMoves provides food, clothing and shelter to approximately 850 individuals, about one third of whom are children. We also operate a drop-in center in Palo Alto, and recently launched “Safe Parking” sites and a Motel Voucher program in San Jose. LifeMoves also administers a range of other programs such as homeless outreach services.</p>			
<p>Program Delivery Site(s)</p>	<p>Services provided at agency site – three homeless shelters in San Jose</p>			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Screen clients for behavioral health issues, referrals to BehavioralMoves program • Provide individual, group and milieu therapy • Bilingual services in Spanish and English, with translation services available in other languages as- needed • Practicum Students in Santa Clara County will provide 800 hours of individual, group and milieu therapy • Train psychologists and therapists on the behavioral health issues that accompany homelessness <p>Full requested funding would support partial salaries for positions including the Behavioral Health Director, Training Director, consultants and intern stipends, as well administrative costs.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$65,000 FY21 funding recommended: \$60,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20 FY20 Requested: \$100,000 FY20 Approved: \$50,000 FY20 6-month metrics met: 100%</p>	<p>FY19 FY19 Approved: \$25,000 FY19 Spent: \$25,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18 New in FY19</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
<p>Individuals served</p>		<p>50</p>	<p>195</p>	
<p>Services (hours of individual, group and milieu therapy)</p>		<p>100</p>	<p>375</p>	
<p>Clients who attend at least three individual therapy sessions who report improved mood, functioning and well-being</p>		<p>80%</p>	<p>80%</p>	
<p>Practicum students who report that their experience will be useful in their future ability to serve the greater community</p>		<p>85%</p>	<p>85%</p>	

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HEALTHY MIND



Live Oak Adult Day Services

NEW

Program Title and Requested Amount	Senior Day Care Program/ \$30,000			
Grant Goal	This program aims to provide quality day care to at-risk and low-income older adults.			
Community Need	<p>The adult day care program at Live Oak Adult Day Services meets several health needs for seniors and their caregivers. Clients fall into the gap between independent, able-bodied seniors and those requiring 24-hour skilled nursing care, and are overlooked in their need for services and are at high risk of social isolation, depression, loneliness, abuse and neglect, repeated hospitalization and premature institutionalization. Their caregivers are at-risk of burnout, depression, increased stress and declines in physical health. Cognitive decline has been shown to be a significant health problem for some of the residents in Santa Clara County. The price of meeting the needs of frail seniors with dementia can be overwhelming. Adult day care, especially as offered on a sliding scale as at Live Oak, can be cost-effective. Participation in adult day care can increase quality of life for both the client and caregiver.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. El Camino Hospital 2019 Community Health Needs Assessment 2. Santa Clara County Senior Care Commission. Senior Care Commission County of Santa Clara Report on the Adult Day Services Study of February 10, 2016. San Jose, CA: Santa Clara County Senior Care Commission; 2016. 3. Schmitt EM, Sands LP, Weiss S, Dowling G, Covinsky K. Adult Day Health Center Participation and Health-Related Quality of Life. <i>The Gerontologist</i>. 2010;50(4):531-540. 			
Agency Description & Address	<p>1147 Minnesota Avenue, San Jose http://liveoakadultdaycare.org/ Live Oak Adult Day Service provides Adult Day Care for frail, at-risk seniors. The organization runs programs at four different sites including Willow Glen, Los Gatos, Cupertino, and Gilroy.</p>			
Program Delivery Site(s)	Services will be provided at agency sites in San Jose, Cupertino and Los Gatos.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing staffing for three program directors who facilitate music appreciation sessions three times a week, daily socialization and cognitive stimulation activities <p>Full requested funding would support partial salaries for three program director positions at San Jose, Cupertino and Los Gatos sites.</p>			
FY21 Funding	FY21 funding requested: \$30,000	FY21 funding recommended:	DNF	
Funding History and Metric Performance	FY20	FY19	FY18	
	New in FY21	New in FY21	New in FY21	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		20	30
	Services provided		4,320	12,960
	Clients who display increased socialization and engagement in their daily lives		80%	80%
	Clients who display increased or sustained cognitive functioning		80%	80%
Clients who are able to stay living at home		85%	85%	

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HEALTHY MIND



Los Gatos Union School District

NEW

<p>Program Title and Requested Amount</p>	<p>K-8 Mental Health Counselor/ \$165,898</p>
<p>Grant Goal</p>	<p>To add a mental health counselor across all five schools in the school district to supplement the existing mental health program with a pilot program connect the existing K-5 and 6-8 counselors with the K-8 teaching and specialist staff. This K-8 counselor will also coordinate a K-8 “Social Emotional Learning” (SEL) curriculum.</p>
<p>Community Need</p>	<p>The research on mental health of students nationwide is illustrating that the students in “high achieving” school environments are at a higher level of risk for anxiety, depression, suicidal ideation and self-harm. The pressure to achieve has a very significant impact on student mental wellness. Students in the Los Gatos Union School District are at a higher level of risk. This district has seen its students in the Los Gatos Union School District experiencing an increasing and elevated level of chronic stress and anxiety, and higher rates of behavioral and mental health problems compared with national norms. In the past two years, they have seen a 600% increase in number of students requiring intensive interventions on mental health and a 200% increase in the number of students referred to the "summer success academy," a transition program that aides in 5th to 6th grade articulation, led by the mental health counseling staff. A consensus study report on advancing health equity among American children published last summer by the National Academies of Sciences, Engineering and Medicine, added youths in “high achieving schools” to their list of “at-risk” groups, along with kids living in poverty and foster care, recent immigrants and those with incarcerated parents. Signs of this early stress begin as early as Elementary school, with resultant increased levels of anxiety, depression and delinquent behaviors¹.</p> <p>National Alliance of Mental Illness, states that “50% of lifetime mental health cases start by age 14”. Additionally, NAMI reports that intervention is often delayed by 8-10 years from the onset of symptoms². A K-8 counselor who would implement a K-8 SEL curriculum as an integrated program in collaboration with the teachers and specialist staff, would greatly impact student wellness, both offering support to identify students at risk, and provide additional intervention available to students. Students are referred to counseling each day for mental health support. As a tier 1 intervention, this district’s current school counselors support each student with their presenting mental health needs. Students are either self-referred, parent referred, or staff referred. The presenting Mental Health needs supported include anxiety, suicidal ideation, depression, low self-esteem, trauma related issues, etc. In addition, we support students and provide counseling to students who may be experiencing death of a family member, grief, family problems, friendship issues, social media concerns, cyber bullying, anger, etc.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.nap.edu/catalog/25466/vibrant-and-healthy-kids-aligning-science-practice-and-policy-to 2. https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf
<p>Agency Description & Address</p>	<p>17010 Roberts Road, Los Gatos https://www.lgusd.org</p> <p>The Los Gatos Union School District (LGUSD) serves transitional kindergarten through eighth grade students. Today, approximately 3,000 students are enrolled in four elementary schools (Blossom Hill, Louise Van Meter, Daves Avenue, Lexington,) and one middle school (R.J. Fisher). The district is committed to provide equitable learning opportunities to educate all children to their unique potential by teaching, modeling and supporting the skills, and attitudes that contribute to their development as globally and socially responsible citizens demonstrating stewardship and “service before self”.</p>

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Program Delivery Site(s)	At the four elementary schools and one middle school in the Los Gatos Union School District.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Develop and implement Social Emotional Learning (SEL) curriculum for K-8 • Provide link for students transitioning from elementary to middle school • Conduct educationally-related mental health assessments • Preventative classes or workshops for students (35 minutes), (3/week) • Weekly individual counseling for behavioral and discipline issues (20 min sessions) • Individual (30 min) or group therapy sessions (35min), including grief counseling, substance abuse, bullying, anger management, relationships, self-image, LGBTQ issues, self-harm, and work with families. (weekly) • Six or more Parent Education seminars per year <p>Full requested funding supports the full salary of one mental health counselor.</p>			
FY21 Funding	FY21 funding requested: \$165,898		FY21 funding recommended: \$110,000	
Funding History and Metric Performance	FY20	FY19	FY18	
	FY20 Requested: \$165,898 FY20 Approved: DNF	New in FY21	New in FY21	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		2,500	3,000
	3 model lesson encounters of 30-45 minutes		1,800	1,800
	Teacher Professional Development sessions of 60-90 minutes		2,500	3,000
	Student in need will participate in at least 1 sequence, of at least 4 sessions, of group counseling to help support social emotional development		500	800
	Students who participate in the 5th to 6th grade articulation supports will self-report higher readiness score (over summer so target will not change annually.)		90%	90%
	Teachers who participate in modeled lessons or other professional development will increase their self-reported competency ratings		50%	80%
	Parents who participate in Parent Education Seminar will increase their self-reported readiness to support their student's mental health needs		50%	80%



Momentum for Mental Health

<p><i>Program Title and Requested Amount</i></p>	<p>La Selva Community Clinic/ \$53,748</p>
<p><i>Grant Goal</i></p>	<p>To 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 (LSCC) provide mental health services for clients who are uninsured and vulnerable. 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.</p>
<p><i>Community Need</i></p>	<p>In 2019, the Community Health Needs Assessment (CHNA) found that behavioral health ranked high as a health need, with the community prioritizing it in more than two-thirds of discussions. The community also expressed concern about a lack of services for behavioral health, including preventive mental-health care and detox centers¹. 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. According to El Camino Hospital 2016 Community Health Needs Assessment (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 concerns². According to the Latino Report Card, a lack of health insurance coverage is a significant barrier to accessing health services. Families and individuals without health insurance coverage often have unmet health needs, receive fewer preventive services, suffer delays in receiving appropriate care and experience more hospitalizations². Also, noting Spanish is the second most commonly spoken language in Silicon Valley, after English. Less than half (42%) of Spanish speakers in Silicon Valley reported speaking English less than “very-well” in⁴ 2016.,^{3,4}. Nearly half of Latino survey respondents reported those concerns prevented them from obtaining healthcare (47%), health insurance (46%), or using social services or public benefits (40%)⁵. Momentum’s La Selva Community Clinic (LSCC) serves clients who are undocumented and have a difficulties in finding jobs with benefits to provide mental health services. 74% of clients are monolingual Spanish speakers who often are seeking mental health services for the first time. Momentum’s own organizational data for fiscal year 2017-18 shows that among Medi-Cal recipients served in our outpatient services (a total of 1,894), the most common diagnosis are psychosis (46%) and depression (25%), and a third (33%) have a co-occurring mental health and substance use disorder. Many of them (77%) also have one or more medical conditions that require specialty care and coordination among providers. These clients often require intensive, long-term case management and treatment delivered by a multidisciplinary team that is carefully coordinated to better address their needs.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.elcaminohealth.org/sites/default/files/2019-06/2019-community-health-needs-assessment-20190615.pdf 2. https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf 3. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 9. 4. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 7. 5. Hispanic Foundation of Silicon Valley, The 2018 Silicon Valley Latino Report Card, page 8.

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<p>Agency Description & Address</p>	<p>Momentum for Mental Health 438 N. White Road, San Jose https://www.momentumformentalhealth.org/ Momentum for Mental Health is a non-profit corporation that provides comprehensive programs and services in Santa Clara County for youth and adults who have a 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 20 different languages – reflecting the linguistic and cultural diversity of this region. During fiscal year 2018-2019 a total of 3,319 individuals were served across Momentum's 10 locations and 11 supportive housing sites throughout Santa Clara County.</p>			
<p>Program Delivery Site(s)</p>	<p>Services will be provided at agency site.</p>			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Psychiatry assessment, 60-90 minutes • Treatment and medication management, 30 minutes • Case management, 30 minutes • Short-term (individual and family counseling) and crisis counseling, 50-90 minutes • For some clients in need of more intensive services, these services are available at no cost to this grant request and free of charge to clients: <ul style="list-style-type: none"> ○ Intensive outpatient program ○ Crisis residential care ○ Supportive housing for women <p>Full requested amount funds partial salaries for staff including a psychiatrist, a clinician, a program manager and administrative staff as well as administrative costs.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$53,748 FY21 funding recommended: \$51,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$58,860 FY20 Approved: \$50,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$50,860 FY19 Spent: \$50,860 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$26,000 FY18 Spent: \$26,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$274,393 FY21 funding recommended: \$274,000</p>			
<p>Dual Funding History</p>	<p>FY20</p> <p>FY20 Requested: \$268,140 FY20 Approved: \$268,140 FY20 6-month metrics met: 75%</p>	<p>FY19</p> <p>FY19 Approved: \$268,000 FY19 Spent: \$268,000 FY19 6-month metrics met: 75% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$241,000 FY18 Spent: \$241,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p style="text-align: center;">Metrics</p>		<p style="text-align: center;">6-month Target</p>	<p style="text-align: center;">Annual Target</p>
	<p>Patients served</p>		<p>16</p>	<p>25</p>
	<p>Services provided</p>		<p>165</p>	<p>380</p>
	<p>Patients who avoid psychiatric hospitalization for 12 months after admission after beginning services with Momentum</p>		<p>97%</p>	<p>97%</p>



Peninsula Healthcare Connection, Inc.

<p><i>Program Title and Requested Amount</i></p>	<p>Psychiatric Services-Medication Management/ \$95,000</p>
<p><i>Grant Goal</i></p>	<p>To continue providing 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.</p>
<p><i>Community Need</i></p>	<p>According to the 2019 Santa Clara County Point In Time Count, 9,706 individuals were found to be experiencing homelessness in Santa Clara County. Of that number, 64% of the chronically homeless report experiencing psychiatric or emotional conditions, 53% experiencing PTSD and 51% experiencing drug/alcohol abuse. One quarter of the chronically homeless also report not receiving any government assistance of any kind including MediCare/MediCal.</p> <p>“Better mental health services would combat not only mental illness, but homelessness as well,” according to the National Coalition for the Homeless. Although those dealing with severe mental illness are willing to seek treatment, one of the biggest barriers to receiving care is lack of access. Specifically in Santa Clara County, there is a lack of general and specialty providers. The 2016 Community Health Needs Assessment (CHNA) revealed that 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.</p> <p>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. 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.¹ 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.²</p> <p>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.³ 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.⁴</p> <p>Sources:</p> <ol style="list-style-type: none"> 2019 Santa Clara County Homeless Census and Survey: https://osh.sccgov.org/sites/g/files/exjcpb671/files/2019%20SCC%20Homeless%20Census%20and%20Survey%20Report.pdf 2016 Santa Clara County Community Health Needs Assessment https://www.elcaminohospital.org/sites/ech/files/2016-Community-Health-Needs-Assessment-20160615.pdf National Coalition for the Homeless, Mental Illness and Homelessness, 2009 http://www.nationalhomeless.org/factsheets/Mental_Illness.pdf Mental Illness and Homelessness 2017 https://nationalhomeless.org/wp-content/uploads/2017/06/Mental-Illness-and-Homelessness.pdf

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<p>Agency Description & Address</p>	<p>1671 The Alameda ,Suite 306, San Jose http://www.peninsulahcc.org/ New Directions is an innovative, community-based case management program for individuals with complex medical and psychosocial needs. Our Social Work Case Managers provide a "do whatever it takes" model of intensive case management to the most vulnerable individuals in our community through partnerships with local hospitals, managed Medi-Cal plans, Santa Clara County Office of Supportive Housing, Santa Clara County Medical Respite Program and the Valley Homeless Healthcare Program.</p>			
<p>Program Delivery Site(s)</p>	<p>Opportunity Center, 33 Encina Ave #103, Palo Alto</p>			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • 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 <p>Full requested funding would support partial salaries of a psychiatrist, a licensed vocational nurse and some supplies.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$95,000 FY21 funding recommended: \$90,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20 FY20 Requested: \$90,000 FY20 Approved: \$90,000 FY20 6-month metrics met: 80%</p>	<p>FY19 FY19 Approved: \$90,000 FY19 Spent: \$90,000 FY19 6-month metrics met: 80% FY19 Annual metrics met: 80%</p>	<p>FY18 FY18 Approved: \$90,000 FY18 Spent: \$90,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Patients served</p>		<p>100</p>	<p>200</p>
	<p>Visits including psychiatry, screening, therapy, and case management</p>		<p>322</p>	<p>645</p>
	<p>Psychiatry patients not hospitalized in a 12 month program</p>		<p>85%</p>	<p>90%</p>
	<p>Psychiatry patients that attend scheduled follow up appointments</p>		<p>60%</p>	<p>75%</p>



Teen Success, Inc.

<p><i>Program Title and Requested Amount</i></p>	<p>San Jose Teen Success Program/ \$35,000</p>
<p><i>Grant Goal</i></p>	<p>Teen Success, Inc. respectfully requests a \$35,000 grant from El Camino Hospital to provide its research-based, evidence-informed program. The 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.</p>
<p><i>Community Need</i></p>	<p>While teen birth rates have decreased significantly over the past 15 years, there are counties and communities across California where rates remain alarmingly high. For instance, parts of the Mayfair/East San Jose neighborhood, where many program participants reside, have a teen birth rate of 246 teen births per 1,000 females (in the 95116 zip code), as compared to the state average of only 21 teen births per 1,000 females. Other zip codes in the area, such as 95122 and 95111 also have extremely high teen birth rates at 229 births and 187 births per 1,000 females, respectively.¹ Geographic disparities run parallel with significant racial/ethnic and socio-economic disparities. Two out of every three babies born to teens in California are born to Latinas.² Poor and low-income teens, who make up approximately 40% of the adolescent population, account for 83% of teens who give birth.³ Nearly 80% of the young women Teen Success, Inc. serves are Latina, 64% are the child of a teen parent, and 94% are living in poverty. In addition to facing the challenges that come with poverty, such as involvement with the child welfare and correctional systems, teen mothers also face the challenge of completing high school. To remain engaged in school, young mothers must navigate barriers such as shaming from educators, punitive absence and make-up policies, and lack of support for breastfeeding moms.⁴ Teen mothers must also avoid having a second child as teenager, which is associated with a much lower likelihood of obtaining a high school diploma.⁵ Less than 40% of teen mother's graduate high school and 18% of teen mothers have a second child as a teen.⁶ 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.⁷ Developmental Assets - Developed and identified by the Search Institute, Developmental Assets are the positive experiences and qualities that influence young people's development. 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 shown to help youth thrive by overcoming adversity, delaying gratification, succeeding in school, valuing diversity, helping others, demonstrating leadership and being physically healthy.⁸ Girls Circle – In order to build social-emotional health, self-efficacy, and a growth mindset, the program utilizes the evidenced-based Girls Circle model. Numerous studies have proven the model is effective in increasing educational aspirations and expectations; decreasing recidivism, self-harming behavior and rates of alcohol use, and; increasing self-efficacy, attachment to school, positive body image, and social support.⁹ Partnering with Teen Parents - Advocates work with young</p>

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HEALTHY
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	<p>mothers to develop and practice appropriate parent child-interactions that are focused on creating a strong parent-child bond and healthy child development.¹⁰ PowerSource Parenting - an evidence-based parenting education curriculum that is specifically designed for teen parents and focuses on supporting them to develop the skills to be loving, effective parents, raise healthy children, and manage stress and anger, while reducing risk-behaviors such as substance abuse and interpersonal violence.¹¹</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.sccgov.org 2. https://tinyurl.com/yd89zb3d 3. http://www.seecalifornia.com 4. https://tinyurl.com/fglrmx82 5. http://www.scaany.org 6. https://powertodecide.org 7. http://www.ncsl.org 8. https://www.healthyteennetwork.org 9. https://www.search-institute.org 10. https://onecirclefoundation.org 11. https://parentsasteachers.org 															
<p>Agency Description & Address</p>	<p>508 Valley Way, Milpitas shinetogether.org</p> <p>The mission of Teen Success, Inc. is to help underserved teen mothers and their children become educated, self-sufficient, valued members of society. Teen Success, Inc. partners with families in high poverty communities that have faced significant trauma and continue to come up against barriers to their families thriving. Teen Success, Inc. works with approximately 300 young families each year in the following communities: San Jose, Salinas, Sacramento, Redwood City/East Palo Alto, Bakersfield, Fresno, Madera, and Reno, NV. We provide young mothers with the support necessary to complete high school and persist through post-secondary education, maintain their family size, and learn how to nurture their child’s positive development.</p>															
<p>Program Delivery Site(s)</p>	<ul style="list-style-type: none"> • Peer Learning Groups take place at Mayfair Community Center and Westminster Church, both in San Jose. • One-on-One coaching sessions take place at participants’ homes, at local community centers and libraries, at their school, and local coffee shops and parks. Coaching sessions are held at locations determined by the young mothers we serve, based on their safety, convenience, and transportation accessibility. 															
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • 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 <p>Full requested funding would support partial salaries for the program manager, advocates, child watch providers, supplies, incentives, staff development and training.</p>															
<p>FY21 Funding</p>	<p>FY21 funding requested: \$35,000 FY21 funding recommended: \$20,000</p>															
<p>Funding History and Metric Performance</p>	<table border="1"> <thead> <tr> <th>FY20</th> <th>FY19</th> <th>FY18</th> </tr> </thead> <tbody> <tr> <td>FY20 Requested: \$35,000</td> <td>FY19 Approved: \$20,000</td> <td>FY18 Approved: \$20,000</td> </tr> <tr> <td>FY20 Approved: \$20,000</td> <td>FY19 Spent: \$20,000</td> <td>FY18 Spent: \$20,000</td> </tr> <tr> <td>FY20 6-month metrics met: 100%</td> <td>FY19 6-month metrics met: 67%</td> <td>FY18 6-month metrics met: 100%</td> </tr> <tr> <td></td> <td>FY19 Annual metrics met: 100%</td> <td>FY18 Annual metrics met: 100%</td> </tr> </tbody> </table>	FY20	FY19	FY18	FY20 Requested: \$35,000	FY19 Approved: \$20,000	FY18 Approved: \$20,000	FY20 Approved: \$20,000	FY19 Spent: \$20,000	FY18 Spent: \$20,000	FY20 6-month metrics met: 100%	FY19 6-month metrics met: 67%	FY18 6-month metrics met: 100%		FY19 Annual metrics met: 100%	FY18 Annual metrics met: 100%
FY20	FY19	FY18														
FY20 Requested: \$35,000	FY19 Approved: \$20,000	FY18 Approved: \$20,000														
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FY20 6-month metrics met: 100%	FY19 6-month metrics met: 67%	FY18 6-month metrics met: 100%														
	FY19 Annual metrics met: 100%	FY18 Annual metrics met: 100%														

FY21 Healthy Mind Proposal Summary

HEALTHY
MIND



<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Individuals served	5	5
	Services provided to teen mothers	65	130
	Individuals who are enrolled in school and working towards graduation or receive their high school diploma or GED	85%	90%



Uplift Family Services

<i>Program Title and Requested Amount</i>	Addiction Prevention Services/ \$230,000
<i>Grant Goal</i>	Continue Uplift Family Services delivery 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, as well as and support parents and teachers as they are challenged with youth behavior issues.
<i>Community Need</i>	<p>The APS team has observed that the current political and social climate has been difficult for many youth attending our local high schools. Twenty-four hour news coverage in print, on the radio and on social media has led many youth feeling unsafe and stressed. Further, some of our youth are concerned about racially, and sexually motivated harassment and crimes, and fear that their parents may be deported due to immigration laws. These concerns have led to an increase in depression, anxiety and fear. Some teens unfortunately turn to drugs and alcohol as a way to cope with these stressful times. The APS team has also observed in the past two years a noticeable increase in the use of marijuana, "vaping" e-cigarettes, and abusing Xanax prescription pills at the Campbell Union High Schools. The legalization of marijuana and its more mainstream visibility in pop culture is also impacting youth's perception of harm. As a 2013 University of Michigan study noted, there is a correlation between increased uses 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.” The aforementioned areas are issues that our current populations of youth are struggling with and we will continue our work with educating students about the harmful impacts of marijuana use and provide needed interventions.</p> <p>Another target group with unmet needs is LGBTQ students. Due to the increased bullying, violence and lack of social support that LGBTQ 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”. With the significant increase in suicide attempts, APS wants 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.</p> <p>Source: https://www.cdc.gov/lgbthealth/youth.htm</p>

FY21 Healthy Mind Proposal Summary



<p>Agency Description & Address</p>	<p>251 Llewellyn Avenue, Campbell https://upliftfs.org/ Uplift Family Services is a statewide nonprofit 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 and communities to realize their hopes for behavioral health and well-being. Annually, the agency provides services to over 30,000 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.</p>		
<p>Program Delivery Site(s)</p>	<p>Six high schools in the Campbell Union High School District:</p> <ul style="list-style-type: none"> • Westmont High, Campbell • Prospect High, Saratoga • Leigh High, San Jose • Branham High, San Jose • Del Mar High, San Jose • Boynton High, San Jose 		
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services provided:</p> <ul style="list-style-type: none"> • 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 • Unplanned Risk Assessments to access for risk or manage crisis <p>Full requested funding would support two on-site counselors at five schools and administrative costs.</p>		
<p>FY21 Funding</p>	<p>FY21 funding requested: \$230,000</p>		<p>FY21 funding recommended: \$230,000</p>
<p>Funding History and Metric Performance</p>	<p>FY20 FY20 Requested: \$230,000 FY20 Approved: \$230,000 FY20 6-month metrics met: 100%</p>	<p>FY19 FY19 Approved: \$230,000 FY19 Spent: \$230,000 FY19 6-month metrics met: 50% FY19 Annual metrics met: 100%</p>	<p>FY18 FY18 Approved: \$230,000 FY18 Spent: \$230,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 88%</p>

FY21 Healthy Mind Proposal Summary

HEALTHY
MIND



<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Students served in Campbell Union High School District with individual and/or group counseling and classroom presentations	1,125	2,900
	Service hours provided	940	2,070
	Students who increase their school attendance from pre to post rating (defined as at least one point change on the CANS 50 assessment), among the students served who have school attendance issues	N/A	20%
	Students who decrease high risk behaviors from pre to post rating (defined as at least one point change on the CANS 50 assessment), among students served who have high risk behaviors	N/A	60%
	Students who decrease their thoughts and feelings of suicide from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with suicidal thoughts and feelings	N/A	80%
	Students who increase coping skills from pre to post rating (defined as at least a one point change on the CANS 50 assessment), among students served with trauma, depression, anxiety, and/or anger	N/A	80%



American Heart Association

NEW

<i>Program Title and Requested Amount</i>	Healthy Hearts Initiative - San Jose/ \$60,888
<i>Grant Goal</i>	<p>To expand the Healthy Hearts Initiative into East San Jose for screening, referrals and hypertension management classes. AHA and El Camino Healthcare District (ECHD) have partnered for the last four years to improve hypertension among more than 3,500 under-resourced community members within the ECHD’s geography, including Mountain View and Sunnyvale. During that time, AHA has received requests to bring this education into San Jose. In this new geography, AHA will add Vietnamese to the languages of the multilingual Check.Change.Control program (along with Spanish and English), and work with new partners Foothill Community Health Center, The Health Trust and SOMOS Mayfair community center in East San Jose.</p>
<i>Community Need</i>	<p>Cardiovascular disease accounted for one of every three deaths in the U.S. in 2016, or more than 840,000 people. It claims more lives each year than all forms of cancer and chronic lower respiratory disease combined. High blood pressure, diabetes, obesity, poor diet, and physical inactivity are key risk factors for heart disease. Hypertension, or high blood pressure, is a deadly disease afflicting nearly half of American adults and is the single most significant risk factor for cardiovascular disease and stroke. Heart disease and stroke are responsible for 26 percent of all deaths in Santa Clara County. Left untreated, high blood pressure can damage the brain, heart, and coronary arteries, leading to heart attack, diabetes, heart disease, congestive heart failure, stroke, and death. Known as the “silent killer,” high blood pressure has no symptoms. Many high-risk people don’t even know they have it. Less than half of all hypertensive patients have their blood pressure maintained at a healthy level. Uncontrolled high blood pressure can injure or kill. High blood pressure is expected to rise both locally in Santa Clara County, and nationally, among the growing older adult population.</p> <p>Currently in Santa Clara County, 79% of adults 65 or older have high blood pressure, high cholesterol or diabetes. More than one-third of Santa Clara County residents are of Asian Pacific Islander descent. The Vietnamese subgroup makes up more than 131,000 people, many of who reside in the eastern parts of San Jose. Vietnamese residents represent the highest percentage of people who speak a language other than English at home (91%). And they also have the highest child and senior poverty rate among the Asian Pacific Islander subgroups in the county. We need outreach to this community in a language and with cultural sensitivity that they will respond to in order to save more lives. By 2030 the cost to treat heart disease and stroke is projected to reach \$818 billion a year. Most of that cost comes from treating high blood pressure, which is a staggering \$389 billion. There is a clear need for innovative approaches to reaching these communities and teaching skills for combating risk factors. It is important to share that 80% of blood pressure control and eliminating onset diabetes can be done through healthy lifestyle modifications.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. AHA Heart Disease and Stroke Statistics-2019 At-a-Glance: https://healthmetrics.heart.org/wp-content/uploads/2019/02/At-A-Glance-Heart-Disease-and-Stroke-Statistics—2019.pdf 2. Center for Healthcare Organizational Innovation Research: Stroke, Heart Attack & Diabetes Context: Santa Clara County, CA and USA 3. Santa Clara County Public Health Chronic Disease Prevention Strategic Plan 4. https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/aha-report.pdf 5. https://www.elcaminohealth.org/sites/default/files/2019-06/2019-community-health-needs-assessment-20190615.pdf

FY21 Healthy Community Proposal Summary



<p>Agency Description & Address</p>	<p>1 Almaden Blvd, Ste 500, San Jose https://www.heart.org/en/affiliates/california/silicon-valley The American Heart Association (AHA) helps millions of people across the country to manage their blood pressure more efficiently. Our work in this area is critical because high blood pressure puts people in danger of heart disease and stroke, the leading causes of death in the world. AHA is a leading authority on heart health and has been for nearly a century. We are a nonprofit organization powered by millions of volunteers. We work to improve everyone’s health through a wide variety of approaches including developing and funding groundbreaking science, providing public education, advocating for public health policies, improving the quality of health care and teaching CPR.</p>			
<p>Program Delivery Site(s)</p>	<p>SOMOS Mayfair’s Family Resource Center in East San Jose at Cesar Chavez Elementary School, 2000 Kammerer Ave., San Jose</p>			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services and programs include:</p> <ul style="list-style-type: none"> • Three cycles of the 4-month Check.Change.Control hypertension intervention and diabetes management program (one in each language: English, Spanish and Vietnamese): <ul style="list-style-type: none"> • Four 2-hour sessions provided by RN & Health Educators • Blood pressure screening and A1C test for diabetes provided by RN • Classes provided in English, Spanish and Mandarin • Community Health Worker recruitment and training <p>Full requested amount funds partial salary of the Healthy Hearts Project Coordinator, the Healthcare Systems Director, RNs for screening, CCC workshop costs, and other administrative costs.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$60,888 FY21 funding recommended: \$50,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p>	<p>FY19</p>	<p>FY18</p>	
	<p>New in FY21</p>	<p>New in FY21</p>	<p>New in FY21</p>	
<p>FY21 Dual Funding</p>	<p>FY21 funding requested: \$112,000 FY21 funding recommended: \$110,000</p>			
<p>Dual Funding History</p>	<p>FY20</p>	<p>FY19</p>	<p>FY18</p>	
	<p>FY20 Requested: \$ 161,251 FY20 Approved: \$ 110,000 FY20 6-month metrics met: 67%</p>	<p>FY19 Approved: \$103,000 FY19 Spent: \$103,000 FY19 6-month metrics met: 100% FY19 annual metrics met: 100%</p>	<p>FY18 Approved: \$76,734 FY18 Spent: \$76,734 FY18 6-month metrics met: 100% FY18 annual metrics met: 80%</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Individuals served</p>		<p>40</p>	<p>90</p>
	<p>Check.Change.Control. Intervention Workshop participants (unduplicated)</p>		<p>40</p>	<p>80</p>
	<p>Community Health Workers (recruited and trained)</p>		<p>10</p>	<p>10</p>
	<p>CCC Participants will improve blood pressure by 7mm</p>		<p>30%</p>	<p>30%</p>
	<p>CCC Participants will measure 8 BP readings within 4 months</p>		<p>50%</p>	<p>50%</p>
	<p>CCC Participants adopt health behaviors to improve BP by self-reporting increased fruit and vegetable consumption</p>		<p>30%</p>	<p>30%</p>



Chinese Health Initiative

Program Title and Requested Amount	Chinese Health Initiative/ \$46,064		
Grant Goal	This program addresses the unique health needs of the Chinese community. The four focus areas of the program include: health disparities, health literacy, community wellness and culturally competent patient care. CHI provides free health screenings, workshops, dietitian consults and resources to members of the Chinese community.		
Community Need	<p>Multiple studies show that Chinese Americans are more likely to develop type 2 diabetes than their White American counterparts, despite having lower body weight. At the same BMI, Chinese Americans are at least 60% more likely to develop type 2 diabetes than Caucasians.¹ According to the National Institutes of Health, about 21% of Asian Americans have diabetes, with more than half going undiagnosed. One out of three Asian Americans has pre-diabetes; without intervention, 15-30% of these individuals will develop type 2 diabetes within 5 years.² Another disease with high prevalence disease among the Chinese is hypertension, while hepatitis B and liver cancer are the largest health disparities in the Chinese community. One out of ten is infected with hepatitis B; two out of three are unaware of the infection. Of the chronically infected, 25% may die from liver cancer or liver failure. Additionally, two-thirds of the Chinese community in the Bay Area were foreign born and many have limited English proficiency. Significant language and cultural barriers impact their ability to access appropriate medical care and health resources.</p> <p>Sources:</p> <ol style="list-style-type: none"> https://www.ncbi.nlm.nih.gov/pubmed/23545465 https://www.nih.gov/news-events/news-releases/more-half-asian-americans-diabetes-are-undiagnosed 		
Agency Description & Address	2480 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	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting educational workshops to raise awareness of health disparities • Providing screenings, health consultations with a dietitian and resource support through the call center or from event outreach • Producing health literature such as newspaper articles and other print material addressing health concerns specific to the Chinese community • Providing the online Chinese-speaking Physician Referral Network List or Health Resource Guide for Seniors <p>Full requested funding would support partial staffing and program materials for screenings and outreach.</p>		
FY21 Funding	FY21 funding requested: \$46,064	FY21 funding recommended:	DNF
Funding History and Metric Performance	FY20	FY19	FY18
	FY20 Requested: \$51,907 FY20 Approved: \$35,000 FY20 6-month metrics met: 100%	FY19 Approved: \$40,000 FY19 Spent: \$40,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$30,000 FY18 Spent: \$30,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%

FY21 Healthy Community Proposal Summary



FY21 Dual Funding	FY21 funding requested: \$269,030		FY21 funding recommended: \$269,030	
Dual Funding History	FY20	FY19	FY18	
	FY20 Requested: \$294,132 FY20 Approved: \$235,000 FY20 6-month metrics met: 100%	FY19 Approved: \$250,000 FY19 Spent: \$250,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$234,000 FY18 Spent: \$234,000 FY18 6-month metrics met: 75% FY18 Annual metrics met: 100%	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		72	180
	Services provided		134	335
	Diabetes Learning Series participants who report increasing at least one lifestyle change by at least 30%		75%	75%
	Dietetic consult recipients who agree or strongly agree that consultation helped improve eating habits		85%	85%
Participants who strongly agree or agree that education or screenings helped them better manage their health		N/A	92%	



LGS (Los Gatos Saratoga) Recreation

<p>Program Title and Requested Amount</p>	<p>55 Plus Program & MS Aqua Fit Pilot Program/ \$68,799</p>
<p>Grant Goal</p>	<p>To continue the 55 Plus Program aimed at decrease social isolation amongst older adults through socialization activities and support groups, and adding a new pilot program, Multiple Sclerosis (MS) Aqua Fit. This pilot program aims to promote socialization, well-being and self-esteem, and prevent symptoms secondary to MS through aquatic exercise.</p>
<p>Community Need</p>	<p>Social isolation—defined as a lack of meaningful contacts with others—is a significant risk factor for poor health status and increased mortality. Older adults may be especially at risk for social isolation because they are more likely to have experiences—like the loss of friends and loved ones, or the onset of health problems—that increase their need for a strong foundation of robust social relationships.¹ About one-third of U.S. adults age 45 and older report feeling lonely — and, due to an increased number of aging adults, the number is growing. A survey by the AARP Foundation in September 2018, finds that those who have a low income are especially vulnerable. Nearly half of midlife and older adults with annual incomes of less than \$25,000 report being lonely. A full 10 million people over the age of 50 live in poverty in the United States. People who are lonely and socially isolated are more likely to have health problems, which can have serious financial implications. Social isolation among midlife and older adults is associated with an estimated \$6.7 billion in additional Medicare spending annually. In 2016, there were 30,491 residents living in the Town of Los Gatos and there were 10,161 residents age 55+ and over. Over 33% of residents living in Los Gatos are of senior age.²</p> <p>Also, Multiple Sclerosis (MS) is a demyelinating disease of the central nervous system characterized by unpredictable relapse and remission that affects nearly one million people in the United States, according to a study funded by the National MS Society. The cause of the disease is unknown but when myelin is damaged, the ability of nerves to conduct electrical impulses to and from the brain is disrupted, producing various symptoms of MS. People living with MS can experience fatigue, heat intolerance, balance & coordination problems, spasticity, weakness, numbness, vision problems, dizziness, pain, emotional changes, and other less common symptoms. Nearly 1 million people are afflicted with Multiple Sclerosis in the United States, according to a study funding by the National MS Society. The unique properties of aquatics fitness programs include buoyancy, viscosity, hydrostatic pressure, and water temperature, appropriate to the specialized needs of individuals with MS.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf 2. https://datausa.io/profile/geo/los-gatos-ca/#demographics 3. Wallin, Mitchell. T. (2019, March) The prevalence of MS in the United States. Retrieved from n.neurology.org/content/92/10/e1029 4. https://www.nationalmssociety.org/What-is-MS/Definition-of-MS 5. https://aquatics.mymsaa.org/wp-content/uploads/aqua-patient-pub.pdf 6. Hydrotherapy for the Treatment of Pain in People with MS: A Randomized Controlled Trial https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3138085/#B1 7. Gabriel Adelman, Stanley G. Rane & Kathleen F. Villa (2013) The cost burden of multiple sclerosis in the United States: a systematic review of the literature, Journal of Medical Economics, 16:5, 639-647, DOI: 10.3111/13696998.2013.778268

FY21 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



<p>Agency Description & Address</p>	<p>208 E. Main Street, Los Gatos http://www.lgsrecreation.org/ The mission of LGS Recreation is to provide fee-based public recreation programs for Los Gatos, Monte Sereno, Saratoga and the Los Gatos mountain communities, as well as to provide fee-based supplemental education programs and child care services for Los Gatos Union School District, Saratoga Union School District and Los Gatos-Saratoga Union High School District.</p>			
<p>Program Delivery Site(s)</p>	<p>Services provided at agency site in Los Gatos</p>			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Provide twice weekly group socialization activities (e.g., walking groups, falls prevention, table tennis, art workshops, etc.) • Facilitate widow’s support group • MS Aqua Fit: 8 hours monthly <p>Full requested funding supports the Program Facilitator.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$68,799 FY21 funding recommended: \$20,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p>	<p>FY19</p>	<p>FY18</p>	
	<p>FY20 Requested: \$31,030 FY20 Approved: \$20,000 FY20 6-month metrics met: 100%</p>	<p>New in FY20</p>	<p>New in FY20</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Individuals served</p>		<p>350</p>	<p>450</p>
	<p>Participants who report at least a 5-point decrease in social isolation on the ABC Scale</p>		<p>65%</p>	<p>75%</p>
	<p>Participants who report social connections have been enriched positively</p>		<p>65%</p>	<p>75%</p>
	<p>Participants of 55 Plus Program who would recommend these programs to others</p>		<p>65%</p>	<p>75%</p>





Midtown Family Services



Program Title and Requested Amount	Service Navigation for Individuals/Families At-risk of Losing Housing/ \$25,000
Grant Goal	To support the position of a Navigation Specialist to assist low income individuals/families to apply for the programs necessary to secure or keep housing. Midtown desires to increase the number assessments (VI-SPDAT's) completed in Santa Clara County's Continuum of Care system, which is used to determine housing need.
Community Need	In 2019, 1800 individuals, most representing not just themselves but also other adults and/or children that live with them, called on the phone or came through our doors seeking housing assistance. Of these, 204 qualified (of 350 we started applications for) for one-time rent or deposit assistance through 1 of the 3 funders who provide such assistance in this area. Additionally, we identified 56 (of 98 we administered the VISPDAT to; VI-SPDAT is the tool agencies in Santa Clara County use to prioritize housing need) for rapid or supportive housing, navigating them to the agencies/programs they qualified for. Midtown Family Services believes they could qualify as many as 100 individuals more for rapid or supportive housing with more staffing. This belief is based on the results of the pre-screening tool we administered to all who called or came for services last year.
Agency Description & Address	1275 S. Winchester Boulevard, Suite G, San Jose https://midtownfs.org/ Midtown Family Services provides support for low income working individuals/families in three program areas: service navigation; youth diversion, and reentry to community after prison. Originally established to serve the previously underserved West San Jose neighborhoods of Rose Glen, North Willow Glen/Gardner, Fruitdale Reuxford, Sherman Oaks, Cadilac, Winchester North, and Starbird; the adjoining neighborhood of Winchester West in Campbell; and the unincorporated neighborhood of Burbank, the service area for youth diversion programming remains those neighborhoods while the service navigation and reentry programs are open to all in Santa Clara County who otherwise qualify regardless of neighborhood provided clients can find their way to our office on South Winchester Boulevard in San Jose.
Program Delivery Site(s)	Services provided at agency site.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Walk-ins / phone contacts and pre-screening tool to determine what assistance, if any, applies • HMS-lookups completed for those requesting housing services to determine if they are being helped already elsewhere • Help clients start and, as eligible, complete applications for rent or deposit assistance • Administer the VI-SPDAT (a process that typically takes 120 minutes including pre- and post-assessment activities) <p>Full requested funding would support partial salary for a Navigation Specialist.</p>

FY21 Healthy Community Proposal Summary



FY21 Funding	FY21 funding requested: \$25,000		FY21 funding recommended: \$25,000	
Funding History and Metric Performance	FY20	FY19	FY18	
	New in FY21	New in FY21	New in FY21	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		900	1,800
	Initial screenings for housing assistance and other needs using 6 question screening questionnaire		900	1,800
	Rental/deposit or other applications started, with budget review, and other documentation completed		175	350
	VI-SPDAT's administered		100	200
	Applications for one time rental/deposit started ultimately approved keeping ind's./fam's. housed		28%	56%
	Individuals administered the VISPDAT who qualify for rapid rehousing or supportive housing as a result		28%	56%



Next Door Solutions to Domestic Violence

<p>Program Title and Requested Amount</p>	<p>Comprehensive Services for Survivors of Domestic Violence/ \$85,000</p>
<p>Grant Goal</p>	<p>To provide a continuum of comprehensive intervention and support services that address the unique needs of survivors of domestic violence. This address the key needs of safety, stability and self-sufficiency through comprehensive, bilingual intervention and support services. Services are provided by NDS Advocates who meet specific education/experience criteria set by NDS and who have completed state/federal mandated Domestic Violence Peer Counselor training and certification (State of California Evidence Code: Section 1037-1037.8).</p>
<p>Community Need</p>	<p>Domestic violence violates the human rights of women and girls limiting their opportunities, full participation, and advancement in society. It is gender based violence, and requires specific efforts of women’s equity, empowerment, and advancement. Domestic/intimate partner violence (DV/IPV) is prevalent in every community, affecting all people regardless of age, socioeconomic status, sexual orientation, gender, race, culture, religion, or nationality. Those directly impacted by DV comprise an isolated and extremely underserved - almost invisible – population in need of a distinctive approach that includes providing support and resources for safe housing and other crisis services, peer counseling, support groups, and self-sufficiency services. Those whose lives are characterized by DV face very unique and difficult obstacles to achieving safety, stability, and greater self-sufficiency. And there are significant impacts to the overall community due to severe financial and economic burden that DV imposes on victims, households, the public sector, private businesses, and society as a whole – it significantly impedes economic growth and development.¹ Per the Centers for Disease Control and Prevention, “intimate partner violence is a preventable health epidemic”, with data showing that 1 in 3 women, and 1 in 4 men, have been physically abused by an intimate partner; and that 1 in 4 women and 1 in 7 men have been severely physically abused by an intimate partner in their lifetime.² The LGBTQ community experiences similar forms of violence and for some segments, such as transgender individuals, their exposure to violence is greatly underreported and much higher than other groups³. Economic abuse is also a form of DV and includes a range of tactics used by an abuser to undermine the economic independence of a current or former intimate partner. One study found at between 94-99% of DV survivors had experienced economic abuse; 79% experienced some form of economic control, 79% experienced economic exploitative behaviors, and 78% experienced employment sabotage⁴. A 2013-14 Santa Clara County Public Health Department report stated: ⁵ One in ten Santa Clara County adults have ever been threatened with physical violence by an intimate partner, with the percentage higher among females than males (12% vs. 7%) and highest amongst African Americans (17%) followed by White (14%) and Latino (12%). Young adults, 18-24 years, and those 65 years and older are at 3% and 8%, respectively. The 2017 SCC DV Death Review Team report noted that “for the fourth year in a row we saw murder/suicide involving long-married elderly couples.”⁴. DV/IPV continues to impact tens of thousands of SCC residents; between 2000–2017, there have been 191 DV/IPV related deaths, an average of 11 per year.⁶⁻⁷</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. http://www.stopvaw.org/community_costs_of_domestic_violence 2. https://www.cdc.gov/violenceprevention/communicationresources/infographics/index.html 3. https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community 4. https://journals.sagepub.com/doi/abs/10.1177/0886260511421669 5. https://publichealth.sccgov.org/health-information/safe-and-healthy-communities/violence-free-communities 6. https://www.sccgov.org/sites/da/newsroom/newsreleases/Documents/2018NRDocs/2017%20VDRT%20Report.pdf 7. https://harderco.com/...work/working-together-promote-healthy-safe-relationships-san

FY21 Healthy Community Proposal Summary



<p>Agency Description & Address</p>	<p>234 E. Gish Road, Suite 200, San Jose http://www.nextdoor.org/ Next Door Solutions to Domestic Violence (NDS), an autonomous nonprofit based in San Jose, is entirely 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” – creating paths for survivors from crisis to safety, stability, and self-sufficiency. Core programs are Shelter & Housing Services, Community & Systems Advocacy, Support Services, and Community Partnerships. Governed by a board of 15 community members, NDS provides a continuum of services to nearly 3,000 adults and children annually. NDS’ Theory of Change sets a long-range goal of decreasing the number of women and girls in Santa Clara County who will experience abusive relationships in their lifetime (current baseline 1 in 3).</p>		
<p>Program Delivery Site(s)</p>	<p>At agency site in San Jose plus additional services are provided at:</p> <ul style="list-style-type: none"> • Jewish Family Community Center, 14855 Oka Street, Los Gatos • Columbia Middle School, 739 Morse Ave., Sunnyvale • Palo Alto Medical Foundation: Mountain View Center, 701 E. El Camino Real, Mountain View • Amigos de Guadalupe, Center of Justice & Employment, 1897 Alum Rock Ave. #25, San Jose • SOMOS Mayfair – Family Resource Center, 200 Kammerer Avenue, San Jose 		
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Community & Systems Advocacy sessions: Walk-In Crisis Counseling, Risk Assessment, Safety Planning, Legal Advocacy, Emergency Orders of Protections and Restraining Orders, case management, referrals to pro bono attorneys, 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 <p>Full requested funding would support partial staff salaries, including Self Sufficiency Advocates, Crisis Support Advocates and Support Group Facilitators, Director or Programs, Manager of Support Services, Manager of Community & Systems Advocacy and some administrative costs.</p>		
<p>FY21 Funding</p>	<p>FY21 funding requested: \$85,000 FY21 funding recommended: \$85,000</p>		
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$75,000 FY20 Approved: \$75,000 FY20 6-month metrics met: 100%</p>	<p>FY19</p> <p>FY19 Approved: \$75,000 FY19 Spent: \$75,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>FY18 Approved: \$75,000 FY18 Spent: \$75,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%</p>

FY21 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



<i>FY21 Proposed Metrics</i>	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
	Adults served through the Comprehensive Services For Victims of Domestic Violence Program	73	146
	Services provided	273	545
	Surveyed participants who report that they have gained at least one strategy to increase their safety or their children’s safety	80%	80%
	Clients engaged in Self-Sufficiency Case Management during the grant period will maintain the level of self-sufficiency	55%	55%



Pacific Hearing Connection

<p>Program Title and Requested Amount</p>	<p>Hearing Aids for lower income children and adult patients/ \$25,000</p>
<p>Grant Goal</p>	<p>Pacific Hearing Connection audiologists will diagnose the hearing loss of the individual and either fit hearing aids or make appropriate medical or professional referrals. Our 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. Services will entail an initial hearing screening, a diagnostic evaluation for those who fail the screening, hearing aid fitting if appropriate and follow up appointments to adjust the hearing 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 underserved and often cannot afford hearing health care.</p>
<p>Community Need</p>	<p>The statistics are alarming. 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 the ages of 65 and 74 and nearly half of those over age 75 have hearing loss.¹ In 2012, the CDC identified hearing loss as the third most prevalent chronic health condition facing older adults.² Unfortunately, only 20% of those individuals who might benefit from treatment actually seek help. On average, hearing aid users wait over 10 years after their initial diagnosis to be fit with hearing aids.³ Acceptability, benefit, and costs of early screening for hearing disability: A study of potential screening tests and models⁴. 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 Mountain View is 115% higher than the national average.⁵ Hearing aids are rarely covered by insurance, and for many cases of low income adults and children, the hearing loss goes untreated. It is our intention 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 sadness, depression, isolation and emotional insecurity. It also leads to reduced income.⁶ Finally, studies by Frank Lin, M.D. of Johns Hopkins and others indicate a strong association between early cognitive decline and untreated hearing loss.⁷</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. https://www.nidcd.nih.gov/sites/default/files/Documents/health/hearing/AgeRelatedHearingLoss.pdf 2. https://www.cdc.gov/mmwr/volumes/65/wr/mm6515a2.htm 3. (Davis, A., Smith, P., Ferguson, M., Stephens, D., & Gianopoulos, I. (2007) 4. Health Technology Assessment, 11, 1–294 https://www.ncbi.nlm.nih.gov/pubmed/17927921 5. https://www.areavibes.com/mountain+view-ca/cost-of-living/ 6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4466103/ 7. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1558452
<p>Agency Description & Address</p>	<p>496 1st Street, Ste 120, Los Altos https://www.pacifichearingconnection.org/</p> <p>It is the mission, duty and purpose of Pacific Hearing Connection to address, educate, coordinate and provide hearing healthcare to underserved populations on a local level. Our target population is low income adults and children who are under-served 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. Client Oriented Scale of Improvement (COSI).</p>

FY21 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



<p>Program Delivery Site(s)</p>	<p>Sites:</p> <ul style="list-style-type: none"> • Mountain View Community Services Agency • Sunnyvale Community Services Agency • Life's Garden -Sunnyvale 			
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services included:</p> <ul style="list-style-type: none"> • 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 <p>Full requested funding would support program expenses and cost of goods. Salaries are in-kind.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$25,000 FY21 funding recommended: \$25,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p> <p>FY20 Requested: \$25,000 FY20 Approved: \$25,000 FY20 6-month metrics met: 67%</p>	<p>FY19</p> <p>FY19 Approved: \$20,000 FY19 Spent: \$20,000 FY19 6-month metrics met: 50% FY19 Annual metrics met: 100%</p>	<p>FY18</p> <p>New in FY19</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Individuals served</p>		<p>50</p>	<p>100</p>
	<p>Diagnostic audiology appointments</p>		<p>3</p>	<p>6</p>
	<p>Hearing aids or other amplification fitted</p>		<p>5</p>	<p>14</p>
	<p>Failed screening patients who follow up with diagnostic testing</p>		<p>25%</p>	<p>40%</p>

Rebuilding Together Silicon Valley

NEW

Program Title and Requested Amount	Safe and Healthy Home Program/ \$30,000
Grant Goal	This program targets fall risk factors in and around the home through home repairs and/or modifications for low-income, older adults. These at-risk adults are identified as “fall risks” by age, formal fall risk assessment tool or by referring agencies and institutions.
Community Need	<p>According to the CDC, CO is the leading cause of accidental poisoning deaths and an estimated 20,000 people nationwide are treated annually for CO poisoning, but it is believed that many more are misdiagnosed or never seek medical care. According to the 2019 Silicon Valley Index, prepared by Joint Venture Silicon Valley, “15% of homeowners with a mortgage spent more than half of their gross income on housing costs in 2017. San Jose and San Francisco are the two most expensive of the country’s major metropolitan regions, based on median monthly housing costs in 2017. Half of Santa Clara County’s homelessness is due to lost jobs or evictions.” Seventy-five percent of Bay Area housing stock was built over 30 years ago. As our homes continue to age, low-income residents find it increasingly difficult to keep up with critical home repairs -- choosing between medicine, putting food on the table and home repairs.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. CDC, 2017: https://www.cdc.gov/mmwr/volumes/66/wr/mm6608a9.htm 2. https://jointventure.org/publications/silicon-valley-index
Agency Description & Address	<p>1701 South 7th Street, Suite #10, San Jose https://rebuildingtogethersv.org/</p> <p>Rebuilding Together Silicon Valley (RTSV) has served Santa Clara County residents by responding to the urgent health and safety needs of low-income homeowners, mainly seniors and/or people with disabilities. RTSV replaces non-working furnaces, installs water heaters, repairs roofs, updates plumbing fixtures, installs new kitchen appliances, and much more. By making these critical home safety repairs, RTSV effectively preserves affordable housing and provides safe and healthy living environments for the community’s homeowners in need. RTSV also repairs nonprofit facilities so that those organizations can focus resources on serving the community rather than facility maintenance. All repairs are provided at no cost to the recipient. RTSV is one of the over 125 independent affiliates of Rebuilding Together, a national organization based in Washington D.C.</p>
Program Delivery Site(s)	The program services will be delivered at the homes of community members in the Hospital’s service area.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing partial staffing, including construction services manager and repair technician • Administering in-home assessments and developing a scope of work plan for needed repairs and modifications • Reducing fall risks through no-cost home repairs and modifications <p>Full requested funding would support partial salaries and repair program labor, materials and supplies.</p>

FY21 Healthy Community Proposal Summary



FY21 Funding	FY21 funding requested: \$30,000		FY21 funding recommended: \$30,000		
Funding History and Metric Performance	FY20		FY19		
	FY18		FY18		
	N/A New ECH Request in FY21		N/A New ECH Request in FY21		
	N/A New ECH Request in FY21		N/A New ECH Request in FY21		
FY21 Dual Funding	FY21 funding requested: \$78,000		FY21 funding recommended: \$75,000		
Dual Funding History	FY20		FY19		
	FY18		FY18		
	FY20 Requested: \$100,000 FY20 Approved: \$78,000 FY20 6-month metrics met: 100%		FY19 Approved: \$75,000 FY19 Spent: \$75,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%		
			FY18 Approved: \$65,000 FY18 Spent: \$65,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%		
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Individuals served			8	17
	Home safety repairs conducted, including mobility modifications			60	120
	Homeowners who report an improved sense of safety after repairs			80%	80%
	Homeowners who report improved accessibility and mobility after repairs			80%	80%



Sacred Heart Community Service



Program Title and Requested Amount	La Mesa Verde: Building Strong Communities/ \$40,000
Grant Goal	This program aims to address food insecurity in low-income populations by providing families with backyard gardens and nutrition education.
Community Need	<p>The 2019 Silicon Valley Index reports that “the poverty rate in Silicon Valley (7%) remains low relative to the state and nation, yet 37% of students receive free or reduced-price meals; 10% of Silicon Valley residents lack consistent access to food that is nutritionally adequate; 30% of Silicon Valley households rely on public or private, informal assistance in order to get by...” The income disparities that exist in Silicon Valley are visible throughout neighborhoods in San Jose. In the Washington/Guadalupe area, which borders Downtown San Jose, the average median income is \$44,387, compared to the city’s average median income of 93,854. The demographics of this neighborhood are 82% are Latino, and 44% are immigrants. Furthermore, 46% of households live at 185% of the Federal Poverty Level, 44% of households qualify for Medicaid, and 14% of households receive CalFresh benefits, almost three times higher than the San Jose average. The economic instability that is seen in areas like Washington/Guadalupe, often results in higher food insecurity for its residents. San Francisco Bay Area Planning and Urban Research Association (SPUR) found that households struggling financially will often, “choose to eat less or eat less healthfully in order to cover other expenses”. SPUR also found that approximately “15%” of low-income households “report that they can only sometimes, or never, find fresh [or affordable] produce in their neighborhood”. According to data collected by Santa Clara County, residents of Washington/Guadalupe neighborhood live further away from a “full-scale grocery store” than the county average, yet have a greater number of fast food outlets per square mile (4.3) than the county (2.8). According to the report, “Current and Prospective Scope of Hunger and Food Security in America: A Review of Current Research”, food insecurity in adults can lead to obesity, diabetes, cardiovascular disease, asthma and the development of other chronic diseases. While in children, food insecurity can lead to preterm births, affect development and cognition, and lead to an increased risk for chronic diseases.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Current and Prospective Scope of Hunger and Food Security in America: A Review of Current Research 2. https://static1.squarespace.com/static/579ea07b414fb51257607b72/t/580e9b90e6f2e1af3c27c429/1477352344309/GivingCode_full_download_102516.pdf 3. 2019 Silicon Valley Index: https://jointventure.org/images/stories/pdf/index2019.pdf 4. SPUR: https://www.spur.org/sites/default/files/2021-05/SPUR_Healthy_Food_Within_Reach_Report.pdf 5. Santa Clara County Neighborhood Profiles: https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/GuadalupeWash_neighprofilesPDF15038.pdf 6. https://www.barhii.org/evolution/health-equity-and-community-engagement-report 7. https://www.rti.org/sites/default/files/resources/full_hunger_report_final_07-24-14.pdf
Agency Description & Address	<p>1381 S. First Street, San Jose https://sacredheartcs.org/ Sacred Heart Community Service (SHCS) is one of the County’s largest providers of essential services and self-sufficiency programs, with 12 programs serving over 60,000 individuals annually.</p>
Program Delivery Site(s)	Services will be provided at agency site in San Jose

FY21 Healthy Community Proposal Summary



<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting community-building events for new and returning gardeners • Providing bilingual workshops on gardening skills and political education • Pairing all new gardeners with garden mentors with each completing seven coaching sessions during the growing seasons • Delivering four trainings for committee members on facilitation skills, popular education, power dynamics and interpersonal conflict management <p>Full requested funding would support partial salaries for staffing, as well as program materials such as workshop and gardening supplies.</p>			
<p>FY21 Funding</p>	<p>FY21 funding requested: \$40,000 FY21 funding recommended: \$20,000</p>			
<p>Funding History and Metric Performance</p>	<p>FY20</p>	<p>FY19</p>	<p>FY18</p>	
	<p>New in FY21</p>	<p>New in FY21</p>	<p>New in FY21</p>	
<p>FY21 Proposed Metrics</p>	<p>Metrics</p>		<p>6-month Target</p>	<p>Annual Target</p>
	<p>Individuals served</p>		<p>100</p>	<p>150</p>
	<p>Services provided</p>		<p>300</p>	<p>795</p>
	<p>Participants who save an average of at least \$50/week during harvest season</p>		<p>50%</p>	<p>75%</p>
<p>Participants who will report feeling prepared to implement skills learned at educational workshops in their gardens</p>		<p>40%</p>	<p>70%</p>	



South Asian Heart Center- El Camino Hospital

Program Title and Requested Amount	AIM to Prevent Heart Attacks and Diabetes/ \$210,000
Grant Goal	The South Asian Heart Center is seeking funding to enroll, screen, and coach participants in its AIM to Prevent program, a specialized, evidence based, three phase prevention program: 1) Assess with advanced and comprehensive screening to uncover hidden risks, 2) Intervene with culturally-appropriate Lifestyle MEDS™ counseling and 3) Manage with personalized, heart health coaching.
Community Need	<p>South Asians have at least a two-fold increased risk for cardiovascular disease (CVD) and four- to six-fold increased risk for diabetes ^{1,2} compared to other ethnic groups ³ and suffer CVD and its risk factors at an earlier age ^{3,4}. Coronary artery disease (CAD) is the leading cause of death ⁵ and hospitalizations among South Asians in California ^{6,7}. Since traditional CV risk factors do not fully explain the marked disparity in the incidence of heart disease among South Asians¹, additional risk factors have been investigated, albeit inconclusively: fibrinogen, insulin resistance and metabolic syndrome, low high-density lipoprotein (HDL), HDL2b, high triglycerides, small dense low-density lipoprotein (LDL), homocysteine and lipoprotein(a)^{8,9}. Despite this higher risk, South Asians in the US are still understudied, and little research is available on culturally appropriate treatment strategies to treat them. Despite comprehensive guidelines on appropriate prevention and management strategies for cardiovascular disease (CVD), implementation of such risk-reducing practices remains poor among South Asians in the U.S.¹⁰.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. McKeigue P, Ferrie J, Pierpoint T, Marmot M. Association of early-onset coronary heart disease in South Asian men with glucose intolerance and hyperinsulinemia. 2. Barnett AH, Dixon AN, Bellary S, et al. Type 2 diabetes and cardiovascular risk in the UK south Asian community. Diabetologia. 3. Palaniappan L, Wang Y, Fortmann SP. Coronary heart disease mortality for six ethnic groups in California, 1990-2000. Annals of epidemiology. 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. 5. Palaniappan L, Mukherjea A, Holland A, Ivey SL. Leading causes of mortality of Asian Indians in California. Ethnicity & disease. 6. Klatsky AL, Armstrong MA. Cardiovascular risk factors among Asian Americans living in northern California. American Journal of Public Health. 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. 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. 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. 10. Azar KM, Jose PO, Kang JB, et al. Culturally-tailored heart health coaching (in press). Journal of Immigrant and Minority Health.
Agency Description & Address	<p>2480 Grant Road, Mountain View https://southasianheartcenter.org/</p> <p>The mission of the South Asian Heart Center at El Camino Hospital is to reduce the high incidence of coronary artery disease among South Asians and save lives through a comprehensive, culturally-appropriate program incorporating education, advanced screening, lifestyle changes, and case management.</p>

FY21 Healthy Community Proposal Summary



Program Delivery Site(s)	Services will be provided at agency site and online webinars.			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Conducting health assessment and engaging participants in the AIM to Prevent Program • Providing outreach, workshops on lifestyle topics, specialized nutrition and exercise counseling • Delivering trainings that provide Continued Medical Education (CME) units for physicians <p>Full requested funding would support partial staffing and program supplies.</p>			
FY21 Funding	FY21 funding requested: \$210,000		FY21 funding recommended: \$75,000	
Funding History and Metric Performance	FY20	FY19	FY18	
	FY20 Requested: \$200,000 FY20 Approved: \$110,000 FY20 6-month metrics met: 100%	FY19 Approved: \$170,000 FY19 Spent: \$170,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$240,000 FY18 Spent: \$240,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%	
FY21 Dual Funding	FY21 funding requested: \$210,000		FY21 funding recommended: \$210,000	
Dual Funding History	FY20	FY19	FY18	
	FY20 Requested: \$294,132 FY20 Approved: \$235,000 FY20 6-month metrics met: 100%	FY19 Approved: \$250,000 FY19 Spent: \$250,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%	FY18 Approved: \$234,000 FY18 Spent: \$234,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		125	280
	Services provided		680	1,450
	Improvement in average level of weekly physical activity from baseline		21%	21%
	Improvement in average levels of daily servings of vegetable from baseline		20%	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%	



Valley Verde

<p><i>Program Title and Requested Amount</i></p>	<p>San Jose Gardens for Health/ \$45,000</p>
<p><i>Grant Goal</i></p>	<p>To 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. This year’s proposal includes the addition of training and garden infrastructure at schools and internships for formerly homeless people who are learning to manage productive gardens for their community.</p>
<p><i>Community Need</i></p>	<p>The University of California partnered with Valley Verde on a study published in 2019 in the Journal of Nutrition and Health Education¹ based on interviews with Valley Verde participants and found that, “The most salient perceived impacts [of Valley Verde’s Home Gardening program] were greater food access, increased consumption of fresh produce, a shift toward home cooking, and decreased fast food consumption. Participants attributed these changes to greater affordability, freshness, flavor, and convenience of their garden produce; increased health motivation owing to pride in their gardens; and improved nutritional knowledge. Participants also reported improved physical activity, mental health, and stress management; some reported improved weight and adherence to diabetes-healthy diets.”</p> <p>As described in the El Camino Hospital 2019 Community Health Needs Assessment, local experts identified diabetes/obesity as a top health need in Santa Clara County. Some of the factors that contribute to high obesity and diabetes rates include poverty, prevalence of fast-food restaurants and lack of grocery stores and physical inactivity. The report states, “Diabetes prevalence is higher in Santa Clara County (9.8 percent) than in California overall (9.1 percent) — and trending up both locally and statewide.” Obesity rates are particularly high among Latinx youth, Pacific Islanders and African Americans. Access to affordable, healthy food is especially challenging given the high cost of living in our area, and a large percent of Santa Clara County residents (almost 40%) experiencing food insecurity do not qualify for federal food assistance because of their household incomes². Latinos, which comprise a high percentage of Valley Verde participants, have the highest rates of obesity, diabetes and food insecurity in our county and also one of the highest rates of poverty. These disparities have been confirmed in various reports, including the 2018 Santa Clara County Public Health Department’s Latino Health Fact Sheet³. Valley Verde’s intake surveys also found that in 90% of participating households, one or more family members have: diabetes, high blood pressure, high cholesterol, heart disease, and/or or obesity. Without intervention, the families we serve are likely to 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 (as compared with profiles of better-resourced communities)⁴.</p> <p>Sources:</p> <ol style="list-style-type: none"> 1. Palar, Kartika et al., (2019). Nutrition and Health Improvements After Participation in an Urban Home Garden Program. Journal of Nutrition Education and Behavior, Vol. 51, Issue 9. https://www.jneb.org/article/S1499-4046(19)30915-7/fulltext 2. https://www.elcaminohealth.org/sites/default/files/2019-06/2019-community-health-needs-assessment-20190615.pdf 3. https://www.sccgov.org/sites/phd/collab/BHW/Documents/latino-fact.pdf 4. https://www.sccgov.org/sites/phd/hi/hd/Documents/City%20Profiles/San%20Jose_final.pdf



<p>Agency Description & Address</p>	<p>376 West Virginia Street, San Jose https://www.valleyverde.org/ Valley Verde supports the health of Santa Clara County residents by empowering them with knowledge and skills to grow healthy organic food for themselves and their communities. Since 2012, Valley Verde has helped more than 500 low-income families learn to grow food at home and share that knowledge with others. Our programs teach gardening, nutrition, and healthy cooking; encourage physical activity; foster community; and raise awareness of health and environmental issues. In addition, we provide leadership and entrepreneurship opportunities to revitalize low-income communities. Throughout our work, we uplift the cultural heritage of our participants by growing culturally preferred crops and highlighting traditional gardening methods. Families participate for an entire year or more, which gives them a foundation for growing healthy food for the long-term.</p>
<p>Program Delivery Site(s)</p>	<p>At Affordable Housing Communities, participants' homes and other community locations:</p> <ul style="list-style-type: none"> • El Rancho Verde Apartments • Betty Ann Gardens • 2nd St. Studios • Escuela Popular • Seven Trees Branch Library • Educare Center • Washington Elementary School
<p>Services Funded By Grant/How Funds Will Be Spent</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Building of organic vegetable garden beds in low-income family homes, including supplies for a year • Level-One Home Gardening Workshops: Monthly 90-minute workshops for first-year covering nutrition, healthy cooking, and organic urban gardening techniques • Level-Two Home Gardening Workshops: Monthly 90-minute workshops for people who have completed the first, reviewing what they have learned and learning more advanced skills/information about nutrition and organic gardening • Intern Training: Stipend-paid interns who are formerly homeless residents of the 2nd Street Studios participate in weekly training to manage community garden on site • Teacher Support: Teachers at partnering schools receive curricula for garden-based education and participate in monthly Home Gardening Workshops • Mentorship Visits: Volunteer and staff visit Home Gardening participants to provide families with advice, encouragement, resources, and problem-solving about home gardening and healthy cooking • Alumni Seedling Pick-Ups: Twice a year, Home Gardening program alumni can pick up free organic seedlings and receive additional gardening and nutrition advice • Other Workshops at La Finca community greenhouse, including a cultural competency workshop for volunteer mentors, and community composting workshops • Growing Seedlings: Staff grow thousands of organic seedlings in the community greenhouse, with a focus on culturally preferred varieties of crops <p>Full requested funding would support partial salaries for Home Garden Program Manager, Home Garden Coordinator and Greenhouse Manger as well as some supplies</p>

FY21 Healthy Community Proposal Summary



FY21 Funding	FY21 funding requested: \$45,000		FY21 funding recommended: \$45,000		
Funding History and Metric Performance	FY20	FY19		FY18	
	FY20 Requested: \$50,000 FY20 Approved: \$45,000 FY20 6-month metrics met: 100%	FY19 Approved: \$45,000 FY19 Spent: \$45,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 75%		FY18 Approved: \$35,000 FY18 Spent: \$35,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 75%	
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Individuals served			200	346
	Services provided			237	492
	Participants report increased food security for themselves and their families by at least one unit of measurement, as measured by pre- and post-participation surveys.			80%	80%
	Participants reporting an increase in their knowledge of nutrition and healthy cooking, as measured by pre- and post-participation surveys and final focus group			80%	80%
	Participants will report an increase in their physical activity levels by at least one unit of measurement, as measured by pre- and post-participation surveys and year-end focus groups.			75%	75%

FY21 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



Veggielution

NEW

Program Title and Requested Amount	Veggielution First Saturday Program/ \$40,000			
Grant Goal	To support the First Saturday bilingual community engagement program to prepare children and families for lifestyle changes by connecting them to affordable produce and outdoor activities.			
Community Need	<p>Many of the low-income East San José residents, primarily women, who participate in programs at Veggielution report having experienced food insecurity, lack of economic opportunity and domestic violence. This further impacts the disproportionate rates of chronic conditions, such as obesity and diabetes, from which Mayfair and other East San José residents also suffer. 23% to 31% of adults in Mayfair are obese compared to 19% in Santa Clara County. Diabetes deaths per 100,000 people are 45.7 in Mayfair compared to 23.3 countywide.</p> <p>Sources:</p> <ol style="list-style-type: none"> https://publichealth.sccgov.org/sites/g/files/exjcpb916/files/Mayfair_neighprofilesPDF15045.pdf https://www.tandfonline.com/doi/abs/10.1080/17439760.2016.1257049 			
Agency Description & Address	<p>647 S. King Road, San Jose http://veggielution.org/</p> <p>Since 2008, Veggielution has utilized a unique community farm model, the only one of its kind in San José, to mobilize volunteers to cultivate and grow healthy crops. These are made available to program participants and other local residents. Veggielution provides healthy produce, hands-on education and physical activity for local youth and adults.</p>			
Program Delivery Site(s)	Services provided at agency site and a 6-acre urban farm in Emma Prusch Farm Park, San Jose			
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> Spanish-language healthy cooking community classes Community health screening booth at each First Saturday event Serve healthy, free meals prepared in the food truck at each First Saturday event and the community cooking classes Monthly farm and garden activities at each First Saturday event Connecting participants to CalFresh enrollment and use at Veggielution Farm Stand <p>Full requested funding would support partial salaries for staffing.</p>			
FY21 Funding	FY21 funding requested: \$40,000		FY21 funding recommended: \$20,000	
Funding History and Metric Performance	FY20	FY19	FY18	
	New in FY21	New in FY21	New in FY21	
FY21 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		175	380
	Healthy meals prepared with Veggielution produce		750	1,500
	Cooking class participants who report an intention to eat more fresh, local produce		50%	75%
	Increase in CalFresh transactions at the Farm Stand		5%	10%



West Valley Community Services - CARE

Program Title and Requested Amount	Community Access to Care and Resources (CARE)/ \$153,000
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	According to the recent U.S. Census Bureau report, more than 330,000 Californians fall below the federal poverty line. In Santa Clara County, 10.9% of the population lives below the poverty line, including 12.6% of children who live in poverty and 8%. According to the 2019 Silicon Valley Joint Index report, the average annual earnings in Silicon Valley reached \$140,000 in 2018, a level significantly higher than the state (\$81,000) and the nation (\$68,000). The number of high-income households (earning \$150,000 or more) in Silicon Valley and San Francisco rose by 35 percent over the past four years, while 10% Silicon Valley residents lack consistent access to food that is nutritionally adequate. Thirty-seven percent of our students receive free or reduced-price meals. Thirty percent of Silicon Valley households rely on public or private, informal assistance in order to get by and more than 57 percent of those headed by a Hispanic or Latino householder is not self-sufficient. Even in cities with higher minimum wage ordinances, the only family type that could achieve self-sufficiency would be a dual-income family with no children. In the West Valley low-income individuals and families are facing enormous threats to their safety, health, and successful life. The impacts of the increasing cost of living in Santa Clara County are: lack of affordable housing for low-income families, increase in commute time and transportation costs, income insecurity- high debt ratios and low savings, underpaid workforce with lack of benefits - paid sick leave, vacation and retirement benefits. According to Second Harvest Food Bank, "1 in 4 people are at risk of hunger in Silicon Valley". A recent San Jose State University (SJSU) survey found that approximately half of SJSU students are sometimes skipping meals due to living in poverty. (San Jose State University: SJSU Cares: Get Assistance: Food and Hunger. September 11, 2018).
Agency Description & Address	10104 Vista Drive, Cupertino https://www.wvcommunityservices.org/ 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 in Los Gatos, Saratoga and West San Jose.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • 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 to achieve self-sufficiency • Case Manager assistance with application for public benefits • Conducting health education workshops <p>Full requested funding would support partial staffing, including program coordinator and community health specialist, and program supplies.</p>

FY21 Healthy Community Proposal Summary



FY21 Funding	FY21 funding requested: \$153,000		FY21 funding recommended: \$153,000	
Funding History and Metric Performance	FY20		FY19	
	FY20 Requested: \$153,000		FY19 Approved: \$150,000	
	FY20 Approved: \$153,000		FY19 Spent: \$150,000	
	FY20 6-month metrics met: 100%		FY19 6-month metrics met: 100%	
FY21 Proposed Metrics			FY18	
			FY18 Approved: \$150,000	
			FY18 Spent: \$150,000	
			FY18 6-month metrics met: 100%	
	Metrics		6-month Target	Annual Target
	Individuals served		130	306
	Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index		N/A	80%
	Program participants who will improve 1 point in the health domain through supportive services		N/A	60%



West Valley Community Services – CARE Senior Services

Program Title and Requested Amount	Senior Community Access to Resources and Education (CARE)/ \$45,000
Grant Goal	This program will increase access to healthcare and social services by providing comprehensive case management for older adults with low-income or fixed-income, and individuals who are homeless or at-risk of becoming homeless.
Community Need	According to the 2019 Silicon Valley Joint Index report, the average annual earnings in Silicon Valley reached \$140,000 in 2018, a level significantly higher than the state (\$81,000) and the nation (\$68,000). The number of high-income households (earning \$150,000 or more) in Silicon Valley and San Francisco rose by 35 percent over the past four years, while 10% of Silicon Valley residents lack consistent access to food that is nutritionally adequate. According to the Bay Area Equity Atlas, 30% of Silicon Valley households rely on public, private, or informal assistance in order to get by, and while the rich have gotten richer, the bottom 20% of households have earned less in real dollars over the last few years. Seniors are particularly at risk because they are unable to afford or have access to basic needs such as food, healthcare, and housing. While the west valley region of Santa Clara County is often perceived as affluent, almost 22,000 individuals (11.17%) live in poverty. According to the 2016 Federal Poverty Data, 207,369 seniors live below 150% federal poverty line (FPL) in Santa Clara County, a designation that means they are living on less than \$907 of monthly income for a single person or \$1,225 of monthly income for a couple. In addition, 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). Poverty creates barriers to access to critical services including health services, nutritious food, and other necessities that contribute to poor physical and mental health.
Agency Description & Address	10104 Vista Drive, Cupertino https://www.wvcommunityservices.org/ 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 in Los Gatos, Saratoga and West San Jose.
Services Funded By Grant/How Funds Will Be Spent	<p>Services include:</p> <ul style="list-style-type: none"> • Providing a comprehensive assessment that evaluates physical and emotional status, strengths and limitations and the ability to live independently • Conducting weekly and monthly check-ins to ensure clients are connected to services and provide necessary resources • Providing weekly on-site and mobile food pantry services and food drop offs to homebound seniors or those living in group homes • Providing affordable transportation through the RYDE program • Coordinating services with other local senior program • Delivering education on managing health conditions, healthy diet, and fall prevention <p>Full requested funding would support a case manager and program supplies.</p>

FY21 Healthy Community Proposal Summary

HEALTHY
COMMUNITY



FY21 Funding	FY21 funding requested: \$45,000		FY21 funding recommended: \$45,000		
Funding History and Metric Performance	FY20	FY19		FY18	
	FY20 Requested: \$59,250 FY20 Approved: \$35,000 FY20 6-month metrics met: 100%	FY19 Approved: \$25,000 FY19 Spent: \$25,000 FY19 6-month metrics met: 100% FY19 Annual metrics met: 100%		FY18 Approved: \$25,000 FY18 Spent: \$25,000 FY18 6-month metrics met: 100% FY18 Annual metrics met: 100%	
FY21 Proposed Metrics	Metrics			6-month Target	Annual Target
	Older adults served			25	45
	Encounters provided			130	260
	Case managed clients who increased in 3 of the 18 domains measured by Self Sufficiency Index			N/A	90%



**Minutes of the Open Session of the
El Camino Hospital Board of Directors
Wednesday, May 20, 2020**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Board Members Present

Lanhee Chen**, Chair
 Peter C. Fung, MD**
 Gary Kalbach**
 Julie Kliger**
 Julia E. Miller**, Secretary/Treasurer
 Jack Po, MD, PhD**
 Bob Rebitzer**
 George O. Ting, MD**
 Don Watters**
 John Zoglin**, Vice Chair

Board Members Absent

None
 **via teleconference

Members Excused

None

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 5:30pm by Chair Chen. A verbal roll call was taken. Chair Chen reviewed the logistics for the meeting. All Board members were present and participated via teleconference and videoconference pursuant to Santa Clara County’s shelter in place order. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICTS 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 noted.	
3. PUBLIC COMMUNICATION	None.	
4. BOARD RECOGNITION: RESOLUTION 2020-04	<p>Motion: To approve <i>Resolution 2020-04</i> recognizing the SOS Team.</p> <p>Movant: Kalbach Second: Po Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Kathryn Fisk, CHRO, recognized Mari Numanlia-Wone and the Support our Staff (SOS) Team for providing care for employees and medical staff impacted by emotionally challenging events.</p>	Resolution 2020-04 approved
5. BOARD RECOGNITION: RESOLUTION 2020-05	<p>Motion: To approve <i>Resolution 2020-05</i> recognizing the 4B Nursing Team.</p> <p>Movant: Miller Second: Kalbach Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	Resolution 2020-05 approved

	<p>Cheryl Reinking, RN, CNO recognized the 4B Nursing team for performing an act of kindness and supporting their peers during a challenging time near the beginning of the novel coronavirus (COVID-19) pandemic.</p>	
<p>6. QUALITY COMMITTEE REPORT</p>	<p>Director Kliger, Quality Committee Chair, highlighted the following from the Quality Committee’s discussion at its May 6, 2020 meeting:</p> <ul style="list-style-type: none"> - A positive patient story from Chair Kliger’s colleague. - Review of the proposed FY21 quality-focused organizational goals: 1) reducing the readmission index and 2) reducing the rate of serious safety events (SSEs), and 3) improving “likelihood to recommend.” The Committee will have the opportunity to recommend approval of these goals at its June meeting. - The Committee proposed a quarterly review of the Board-level quality dashboard. Director Kliger noted that the focus will be on activities that fall outside of target ranges over a quarter, including indicators that have fallen behind or are doing exceptionally well. <p>In response to Director Ting’s question related to the patient story, Director Kliger described the suggestions for improvements to ECH’s website to make information for delivering mothers easier to find. Director Kliger commended ECH staff for their communication and quality work.</p> <p>Mark Adams, MD, CMO, reported that:</p> <ol style="list-style-type: none"> 1. There has been an uptick in the mortality index primarily driven by non-COVID-19 patients with severe respiratory diseases. Staff is monitoring this. 2. On a very positive note, one of ECH’s first COVID-19 patients will be heading home after a short stay in acute rehabilitation. <p>In response to Director Ting’s question, Dr. Adams further discussed the mortality index, noting that a decrease in elective procedures did not affect the risk adjustment, but staff can take a closer look at any impact from COVID-19 in the coming months.</p> <p>Cheryl Reinking, RN, CNO, described responsiveness scores for FY20 for HCAHPS, which typically dip in the winter months. She noted that staff is reviewing how the current No Visitor policy has affected patients. In response to Director Zoglin’s question, Ms. Reinking described the performance related to the Likelihood to Recommend HCAHPS score. She explained that during the pandemic, the Likelihood to Recommend and Emergency Department scores have improved and all campaigns and messaging are focused on keeping patients and the community safe.</p> <p>Motion: To approve the Board Quality Dashboard to be provided to the Board on a quarterly basis.</p> <p>Movant: Kalbach Second: Miller Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Quarterly Board Quality dashboard approved</i></p>
<p>7. AGENDA ITEM 5: FY20 PERIOD 8 FINANCIALS</p>	<p>Michael Moody, Interim CFO, provided an overview of the FY20 Period 9 Financials and highlighted the impact on ECH’s volume and revenue from Santa Clara County’s Shelter in Place Order, effective March 16, 2020 and the order from the Centers for Disease Control (CDC) to halt elective</p>	<p><i>FY20 Period 9 Financials approved</i></p>

	<p>procedures:</p> <ul style="list-style-type: none"> - Operating revenue was about 20% below budget (a negative variance of \$18.9 million). Operating expenses were at budget. - Net operating margin was a loss of \$9.7 million versus a budgeted gain of \$10.3 million. - For non-operating income, there was a loss of almost \$72 million in March driven by the market, especially for equities and alternative investments in ECH’s portfolio. - Operating margin was still approximating budget (\$52 million versus \$57 million) <p>Mr. Moody commented that on a year-to-date basis, the budget may not be relevant for Q4. He also noted that there has been a significant recovery of the investment portfolio, which was valued at over \$1 billion at the end of April 2020.</p> <p>Mr. Moody also outlined the proposed revised FY21 budget and financial forecasting timeline. He explained that Finance is developing a “rolling” forecast that will be updated monthly based on trends; this approach was discussed and reviewed by the Finance Committee at their April 27, 2020 meeting. The proposed timeline includes:</p> <ul style="list-style-type: none"> - June 3, 2020: Finance Committee review of revised timeline and key assumptions for the rolling forecast and development of an FY21 budget - June 10, 2020: Hospital Board review of first rolling forecast output and recovery plan tactics - July 27, 2020: Joint Hospital Board and Finance Committee review of updated forecast and FY21 budget - August 19, 2020: Hospital Board review and approval of FY21 budget and latest rolling forecast - August 19, 2020: District Board review and approval of FY21 budget (The District Board is required to have an approved budget by September 1, 2020) <p>Director Fung requested that monthly financial reports include a summary/score of the investment portfolio performance in lay terms (<i>e.g.</i>, as expected, better/worse than expectations).</p> <p>In response to Director Po’s question, Mr. Moody explained that the forecasting model includes Silicon Valley Medical Development (SVMD).</p> <p>Motion: To approve the FY20 Period 9 Financials.</p> <p>Movant: Fung Second: Watters Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Subsequent reports to include investment performance summary</i></p>
<p>8. ADJOURN TO CLOSED SESSION</p>	<p>Motion: To adjourn to closed session at 6:14pm pursuant to <i>Gov’t Code Section 54957.2</i> for approval of the Minutes of the Closed Session of the Hospital Board Meeting (4/15/2020) and Minutes of the Closed Session of the Executive Compensation Committee Meeting (4/2/2020); pursuant to <i>Health and Safety Code Section 32155</i>: Enterprise Quality Council Minutes; pursuant to <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality</p>	<p><i>Adjourned to closed session at 6:14pm</i></p>

	<p>assurance matters: Medical Staff Report; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: FY20 Strategic Plan Metrics Update; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets and <i>Health and Safety Code Section 32155</i> for a report of the Medical Staff; deliberations concerning reports on Medical Staff quality assurance matters: COVID-19 Response, Recovery Plan, and Proposed FY21 Strategic Plan Metrics; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets: LG Campus Planning; pursuant to <i>Health and Safety Code Section 32106(b)</i> for a report and discussion involving health care facility trade secrets and <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: CEO Report on New Programs; and pursuant to <i>Gov't Code Section 54957</i> for discussion and report on personnel performance matters – Senior Management: Executive Session.</p> <p>Movant: Ting Second: Miller Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>9. AGENDA ITEM 18: RECONVENE OPEN SESSION/ REPORT OUT</p>	<p>Open session was reconvened at 8:45pm by Chair Chen. Agenda Items 8-16 were addressed in closed session. Director Rebitzer discontinued participation in the meeting during the closed session.</p> <p>During the closed session, the Board approved the Minutes of the Closed Session of the Hospital Board Meeting (4/15/2020), Minutes of the Closed Session of the Executive Compensation Committee Meeting (4/2/2020) and the Medical Staff Report, including the credentials and privileges report, by a unanimous vote in favor of all members participating in the meeting (Directors Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, and Zoglin).</p>	
<p>10. AGENDA ITEM 19: CONSENT CALENDAR</p>	<p>Chair Chen asked if any member of the Board or the public wished to remove an item from the consent calendar. Director Kalbach and Director Zoglin requested removal of Item 19d: Revised Investment Policies and Item 19b: Approval of Imaging Equipment Service Agreements respectively.</p> <p>Motion: To approve the consent calendar: Minutes of the Open Session of the Hospital Board Meeting (4/15/2020); Minutes of the Open Session of the Executive Compensation Committee Meeting (4/2/2020); Medical Staff Report.</p> <p>Movant: Ting Second: Miller Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p> <p>In response to Director Zoglin’s questions, Ken King, CASO, described the limited availability of third-party maintenance vendors and the negotiation</p>	<p><i>Consent calendar approved</i></p>

	<p>with Siemens for maintenance services, including savings of \$116,000 annually and uptime guarantees.</p> <p>Motion: To approve the consent calendar: Approval of Imaging Equipment Service Agreements.</p> <p>Movant: Zoglin Second: Kalbach Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p> <p>Director Kalbach described the unanimous recommendation from the Investment Committee to modify the cash balance and surplus cash investment policies to allow for private equity and private debt investments. He noted that this approach (partnering with organization(s) with expertise in distressed debt) 1) provides unique opportunities in times of market volatility and 2) would affect at most \$20 million of the \$1 billion investment portfolio.</p> <p>In response to Director Fung’s questions, Director Kalbach explained that private equities do not have public ratings (<i>e.g.</i>, Moody’s, S&P).</p> <p>Motion: To approve the consent calendar: Revised Investment Policies.</p> <p>Movant: Kalbach Second: Kliger Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: Rebitzer Recused: None</p>	
<p>11. AGENDA ITEM 20: CEO REPORT</p>	<p>Dan Woods, CEO, described the Hospital’s participation in the TRILUMINATE clinical research study, the beginning of ECH’s extracorporeal membrane oxygenation (ECMO) program, the opening of the Los Gatos Infusion Center on April 27, 2020, and the closure of the COVID-19 Incident Command Center (duties have been distributed within existing operations).</p> <p>Mr. Woods reviewed 1) move-in dates for new buildings on the Mountain View campus: Taube Pavilion (June 10, 2020) and Sobrato Pavilion (June 24, 2020, 2) continued partnership with the YMCA to provide care for healthcare workers’ children ages 3-12, 3) programming and services provided by CONCERN:EAP, the South Asian Heart Center (SAHC), and Chinese Health Initiative (CHI), and 4) the Nutrition Services department program to provide grocery items to healthcare workers</p> <p>He highlighted Nurse’s Week and the 200th anniversary of Florence Nightingale’s birthday. He commended Cheryl Reinking, RN, CNO for her work.</p> <p>He thanked ECH’s neighbors and the community for their overwhelming support and reported that the Foundation has received in excess of \$2.5 million as well as in-kind donations, including meals from a variety of local restaurants. Mr. Woods thanked the Auxiliary for their service, noting that volunteers have been asked to stay home during the shelter in place order.</p>	

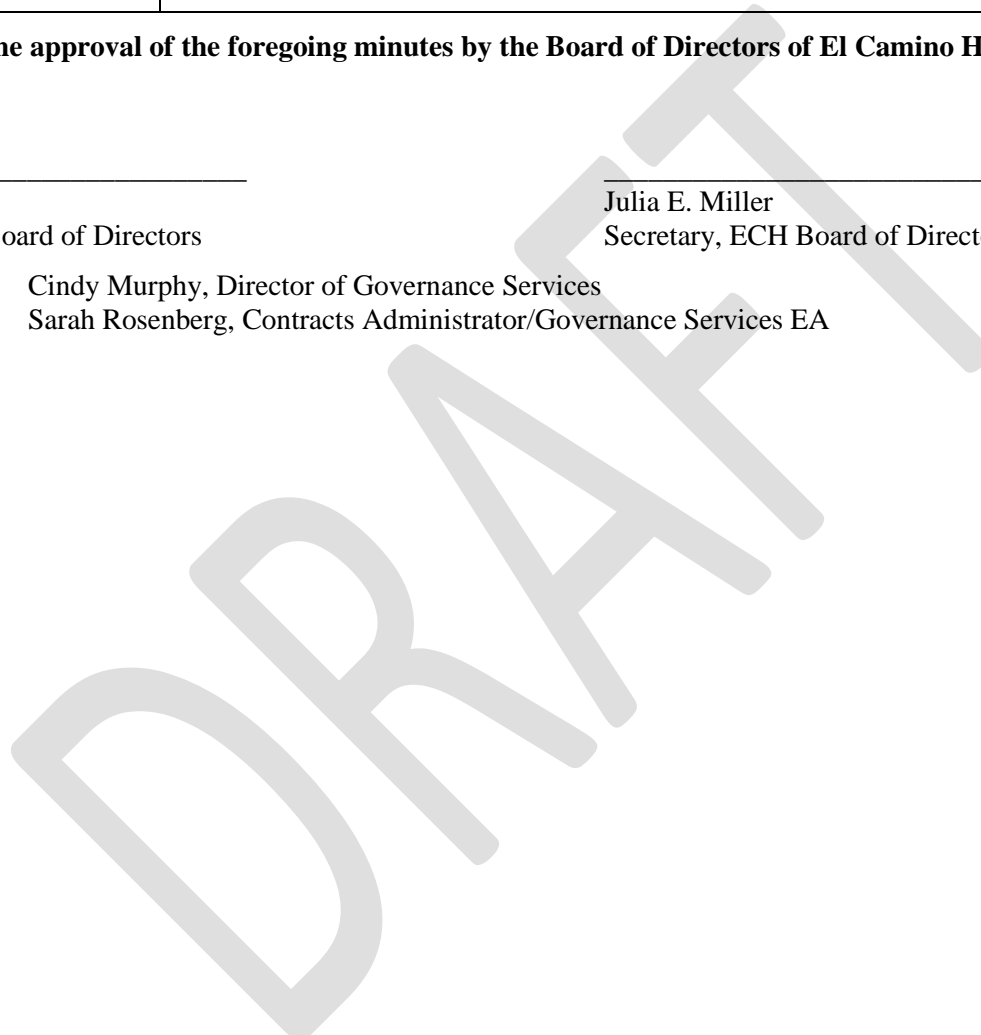
12. AGENDA ITEM 21: BOARD COMMENTS	Director Miller thanked Ms. Reinking for her efforts.	
13. AGENDA ITEM 22: ADJOURNMENT	Motion: To adjourn at 9:09pm. Movant: Kalbach Second: Watters Ayes: Chen, Fung, Kalbach, Kliger, Miller, Po, Rebitzer, Ting, Watters, Zoglin Noes: None Abstentions: None Absent: None Recused: None	Meeting adjourned at 9:09pm

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 Administrator/Governance Services EA



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

To: El Camino Hospital Board of Directors
From: Franz Encisa-McEwen, Director of Accreditation, Regulatory and Public Reporting
Date: June 10, 2020
Subject: Approval of Clinic Relocations (Outpatient Laboratory, Breast Health Center, Perinatal Diagnostic Center, Endoscopy, and Respiratory Care Services) and Opening of Advanced Care and Diagnostic Center

Recommendation:

To approve the opening of the new Advanced Care and Diagnostic Center at 2495 Hospital Drive, Mountain View, CA and to approve the relocation of the following clinical departments formerly located at 2500 Grant Road, Mountain View, CA, to 2495 Hospital Drive, Mountain View, CA:

- Outpatient Laboratory
- Breast Health Center
- Perinatal Diagnostic Center
- Endoscopy
- Respiratory Care Services

Summary:

1. **Situation:** Starting June 24, 2020, El Camino Health's Outpatient Laboratory, Breast Health Center, Perinatal Diagnostic Center, Endoscopy Department, and Respiratory Care Services, formerly located at 2500 Grant Road Mountain View, CA will be moving to 2495 Hospital Drive Mountain View.

In addition, El Camino Health will be opening an Advanced Care and Diagnostic Center at 2495 Hospital Drive Mountain View on July 20, 2020.

2. **Authority:** To satisfy regulatory licensing requirements, the Board must approve the relocation.
3. **Background:** N/A
4. **Assessment:** N/A
5. **Other Reviews:** Management team
6. **Outcomes:** Compliance with licensing requirements

List of Attachments: None

Suggested Board Discussion Questions: None. This is a consent item.



**Minutes of the Open Session of the
Executive Compensation Committee
of the El Camino Hospital Board of Directors
Tuesday, May 5, 2020**

Pursuant to State of California Executive Order N-29-20 dated March 18, 2020, El Camino Health did not provide a physical location for this meeting. Instead, the public was invited to join the open session meeting via teleconference.

Members Present

Teri Eyre**
Jaison Layney**
Julie Kliger**, Vice Chair
Bob Miller**, Chair
George Ting, MD**
Pat Wadors**
John Zoglin**

Members Absent

None
**via teleconference

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 “ <u>Committee</u> ”) was called to order at 4:00pm by Chair Bob Miller. A verbal roll call was taken. Pat Wadors and George Ting, MD joined the meeting during the closed session. All Committee members were present and participated via teleconference and videoconference pursuant to Santa Clara County’s shelter in place order. A quorum was present pursuant to State of California Executive Orders N-25-20 dated March 12, 2020 and N-29-20 dated March 18, 2020.	
2. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Miller asked if any Committee members had a conflict of interest with any of the items on the agenda. No conflicts were noted.	
3. PUBLIC COMMUNICATION	None.	
4. CONSENT CALENDAR	Chair Miller asked if any member of the Committee or the public wished to remove an item from the consent calendar. Motion: To approve the consent calendar: Minutes of the Open Session of the Executive Compensation Committee Meeting (4/2/2020); and for information: Article of Interest Movant: Kliger Second: Layney Ayes: Eyre, Kliger, Layney, Miller, Zoglin Noes: None Abstentions: None Absent: Ting, Wadors, Recused: None	<i>Consent calendar approved</i>
5. ADJOURN TO CLOSED SESSION	Motion: To adjourn to closed session at 4:04pm. Movant: Zoglin Second: Eyre Ayes: Eyre, Kliger, Layney, Miller, Zoglin Noes: None Abstentions: None Absent: Ting, Wadors, Recused: None	<i>Adjourned to closed session at 4:04pm</i>

6. AGENDA ITEM 10: RECONVENE OPEN SESSION/ REPORT OUT	Open session was reconvened at 5:36pm. Agenda items 6-9 were addressed in closed session. Ms. Wadors left the meeting during the closed session. During the closed session, the Committee approved the Minutes of the Closed Session of the Executive Compensation Committee Meeting (4/2/2020) by a unanimous vote in favor of all members present by teleconference (Eyre, Kliger, Layney, Miller, Wadors, Ting, Zoglin).	
7. AGENDA ITEM 11: REASSESSMENT OF FY20 ORGANIZATIONAL PERFORMANCE INCENTIVE GOAL STRUCTURE AND REVIEW OF POSITIONING/ RECOVERY GOALS	There was no action taken on this item.	
8. AGENDA ITEM 12: CLOSING COMMENTS	There were no further comments from the Committee.	
9. AGENDA ITEM 13: ADJOURNMENT	Motion: To adjourn at 5:48pm. Movant: Ting Second: Layney Ayes: Eyre, Kliger, Layney, Miller, Ting, Zoglin Noes: None Abstentions: None Absent: Wadors, Recused: None	<i>Meeting adjourned at 5:48pm</i>

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 Administrator/Governance Services EA

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

To: El Camino Hospital Board of Directors
From: Bob Miller, Chair, Executive Compensation Committee
Date: June 10, 2020
Subject: Executive Base Salary Ranges

Recommendation(s): (Possible Motion)

The Executive Compensation recommends that no salary range adjustments be made for CEO and executive positions at this time.

Summary:

1. **Situation:** The Committee reviewed market assessments prepared by Mercer, independent executive compensation consultants. The Committee approved the current executive base salary ranges in June 2019 and the Board approved the CEO's base salary range in October 2019.
2. **Authority:** The Committee's Charter defines the role of the Committee and the Board in the oversight and governance of Executive Compensation. The Committee has the authority to approve base salary ranges for the executive team and to recommend the base salary range for the CEO. Under the Executive Base Salary Administration policy "*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 ... for Board approval.*"
3. **Background:** In light of the pandemic, its impact on the health care industry and general economic conditions, and the uncertainty these factors create around future competitive salary levels, the Committee recommends deferral of any changes to the executive salary ranges for now.
4. **Assessment:** As the market assessment reports increases in the El Camino medians upon which the salary ranges are based for the CEO and most executive positions, the Committee recommends that the Board approve the exception to freeze the executive salary ranges pending further intelligence on movement in competitive compensation levels. The Committee has ascertained that no executive's salary is impacted by this action as none are at or near the salary range maxima.
5. **Other Reviews:** N/A
6. **Outcomes:** No change to current salary ranges.

List of Attachments: None

Suggested Board Discussion Questions: None. This is a consent item.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, Chief Medical Officer
Date: June 10, 2020
Subject: Ophthalmology Professional Services Renewal Agreements (Enterprise)

Recommendation:

To approve delegating to the Chief Executive Officer the authority to execute two-year renewals of the Ophthalmology Professional Services Agreements at the Mountain View and Los Gatos campuses at the existing rate of \$1,000/per episode, to be effective July 1, 2020

Summary:

1. **Situation:** Currently, three ophthalmologists provide voluntary emergency department on-call ophthalmology coverage at the Mountain View and Los Gatos campuses at the existing rate of \$1,000/episode when the ophthalmologist either comes to the Mountain View or Los Gatos emergency departments or accepts the patient immediately at his/her office for evaluation and treatment. The physician office alternative is necessary because of the special equipment that is often required to conduct eye diagnosis and treatment. The current agreements expire June 30, 2020.
2. **Authority:** According to Administrative Policies and Procedures 51.00, Finance Committee review and Board approval are required prior to the CEO signature of physician agreements with compensation that exceed the 75th percentile for fair market value.
3. **Background:** Since 2014, independent ophthalmologists provide voluntary on-call coverage at the Mountain View and Los Gatos campuses. ECH paid \$20,238 for this service in FY19.
4. **Fair Market Value Assessment:** The existing rate of \$1,000/episode is between the 75th percentile (\$660) and 90th percentile (\$1,050) for fair market value according to the 2020 MD Ranger National Ophthalmology Per Episode Payment Rate Report.
5. **Other Reviews:** Legal and compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.
6. **Outcomes:** Physicians will participate in the peer review process for consultations related to ophthalmology professional services.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, Chief Medical Officer
Date: June 10, 2020
Subject: Anatomic Pathology and Laboratory Medical Director Renewal Agreement (Enterprise)

Recommendation:

To approve delegating to the Chief Executive Officer the authority to execute a two-year renewal of the Anatomic Pathology and Laboratory Medical Director agreement for the Mountain View and Los Gatos campuses, not to exceed the existing annual compensation of \$347,508.00, to be effective July 1, 2020.

Summary:

1. **Situation:** The Anatomic Pathology and Laboratory Medical Director agreement for the Mountain View and Los Gatos campuses expires June 30, 2020. Currently, administrative services are provided by eight physicians with El Camino Pathology Medical Group at both campuses with an appointed medical director who has served in this role at ECH since 2001.
2. **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 for fair market value and \$250,000 in annual compensation.

Physician responsibility of the Pathology and Laboratory is required by Title 22 California Code of Regulations.
3. **Background:** El Camino Pathology Medical Group has provided exceptional Medical Director oversight of the Pathology Department at the Mountain View campus since 2001. In 2014, the Board approved extending leadership and oversight of the Los Gatos campus with an additional sixty (60) hours per month raising the total current, annual compensation to \$347,508.00.
4. **Fair Market Value Assessment:** The current Agreement authorizes up to 197 hours per month at \$147.00 per hour (below 50th percentile) of administrative services, for a maximum annual compensation of \$347,508.00, which is over the 90th percentile for fair market value (\$275,200.00) according to the 2020 MD Ranger National Report for general acute care beds 300 and over. There is no increase in either dollars or hours.
5. **Other Reviews:** Legal and compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.
6. **Outcomes:** Twenty percent of the annual compensation for this directorship is withheld and released at the end of each fiscal year upon successful demonstration of meeting annual quality goals, at least one of which is an ECH organization/executive goal.

The Pathology and Laboratory Medical Director, along with all ECH medical directors, will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE

Anatomic Pathology and Laboratory Medical Director Agreement (Enterprise)
June 10, 2020

360° (Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving, and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, CMO
Date: June 10, 2020
Subject: Cancer Program Medical Director Renewal Agreement (Enterprise)

Recommendation:

To approve delegating to the CEO the authority to execute a two-year renewal of the Cancer Program Medical Director Agreement for the Mountain View and Los Gatos campuses, not to exceed the existing annual compensation of \$278,208.00, to be effective July 1, 2020.

Summary:

1. **Situation:** The Cancer Program Medical Director agreement for the Mountain View and Los Gatos campuses expires June 30, 2020. The Cancer Program is led by an independent, specialty-trained oncologic surgeon. Under the Cancer Program Medical Director's leadership, the Cancer Center has grown to over 2,100 new patients per year.

As of April 27, 2020, we now have a facility at the Los Gatos campus. The Medical Director's continued expertise and leadership is essential to ECH's goal to expand the Cancer Program and oversee ECH's successful accredited Cancer Program.

2. **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 for fair market value and exceeds \$250,000 in annual compensation.
3. **Background:** The Cancer Program Medical Director has provided medical director leadership and oversight for the Cancer Program since 2005. As the Cancer Program Medical Director, she has played a key role assembling a highly skilled team of cancer experts at the Hospital. The continued leadership by this Medical Director is essential to the growth of the new Los Gatos location and overseeing ECH's successful accredited Cancer Program.
4. **Fair Market Value Assessment:** The current agreement authorizes up to 84 hours per month of administrative services at \$276.00 per hour. The hourly rate is above the 90th percentile (\$240.00), according to the 2020 MD Ranger National Oncology – Cancer Center Medical Direction Report for All Facilities. The maximum annual compensation of \$278,208.00 is above the 90th percentile (\$152,700.00), according to the 2020 MD Ranger National Oncology – Cancer Center Medical Direction Report for all facilities for two campuses. There is no increase in either dollars or hours.
5. **Other Reviews:** Legal and Compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.

Cancer Program Medical Director Renewal Agreement (Enterprise)
June 10, 2020

6. Outcomes: Twenty percent of the annual compensation for this directorship is withheld and released at the end of each fiscal year upon successful demonstration of meeting annual quality goals, at least one of which is an ECH organization/executive goal.

The Cancer Program Medical Director along with all ECH medical directors will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE 360° (Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, Chief Medical Officer
Date: June 10, 2020
Subject: Respiratory Care Services Medical Director Renewal Agreement (MV)

Recommendation: To approve delegating to the CEO the authority to execute a two-year renewal of the Respiratory Care Services Medical Director Agreement for the Mountain View campus, not to exceed the existing annual compensation of \$66,000.00, to be effective July 1, 2020.

Summary:

1. **Situation:** The Respiratory Care Services Medical Director Agreement for the Mountain View campus expires June 30, 2020. Currently, administrative services are provided by an independent physician specializing in Pulmonary Disease, Internal Medicine and Critical Care Medicine at the Mountain View campus. Physician responsibility of Respiratory Care Services is required by Title 22 California Code of Regulations.
2. **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 for fair market value.
3. **Background:** The Respiratory Care Medical Director has performed very well as overseeing all aspects of Respiratory Care Services at the Mountain View campus since 2014.
4. **Fair Market Value Assessment:** The current agreement authorizes up to 40 hours per month of administrative services at \$137.50 per hour (below 25th percentile), for a maximum annual compensation of \$66,000.00, which is between the 75th percentile (\$49,490.00) and 90th percentile (\$80,100.00) for fair market value, according to the 2020 MD Ranger National Pulmonary/Respiratory – All Types Medical Direction Report for general acute average daily census 150 and over. There is no increase in either dollars or hours.
5. **Other Reviews:** Legal and Compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.
6. **Outcomes:** Ten percent of the annual compensation for this directorship is withheld and released at the end of each fiscal year upon successful demonstration of meeting annual quality goals, at least one of which is an ECH organization/executive goal.

The Respiratory Care Services Medical Director, along with all ECH medical directors, will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE 360° (Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving, and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, Chief Medical Officer
Date: June 10, 2020
Subject: Radiation Oncology Medical Director Renewal Agreement (MV)

Recommendation:

To approve delegating to the CEO the authority to execute a two-year renewal of the Radiation Oncology Medical Director agreement with Palo Alto Medical Foundation (PAMF) to provide continued medical director oversight of the Radiation Oncology Department at the Mountain View campus, not to exceed the existing annual compensation of \$85,440.00, to be effective July 1, 2020.

Summary:

1. **Situation:** The Radiation Oncology Medical Director agreement for the Mountain View campus with Palo Alto Medical Foundation (PAMF) for administrative services provided by a specialty-trained PAMF radiation oncologist expires June 30, 2020. The Radiation Oncology Medical Director has over twenty years of experience treating cancer patients and specializes in stereotactic radiosurgery, treating over 2,000 patients with the CyberKnife and Varian radiation therapy delivery systems. This type of treatment needs expert coordination among the other treatment disciplines, medical and surgical oncology. There is tremendous continued need for leading and directing the therapists and physicists to provide optimum care to ECH patients.

The Radiation Oncology Medical Director 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 Hospital to embark upon these technologies in Northern California.

2. **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 for fair market value.
3. **Background:** A PAMF specialty-trained Radiation Oncologist has provided administrative medical director oversight of ECH's Advanced Radiotherapy and Cyberknife Radiosurgery Center at the Mountain View campus since 2006.
4. **Fair Market Value Assessment:** The current Agreement authorizes up to 40 hours per month at \$178.00 per hour (below 75th percentile) of administrative services, for a maximum annual compensation of \$85,440.00, which is between the 75th percentile (\$75,000.00) and 90th percentile (\$87,830.00), according to the 2020 MD Ranger National Report for Radiation Oncology Medical Direction - all facilities. There is no increase in either dollars or hours.
5. **Other Reviews:** Legal and Compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.

Radiation Oncology Medical Director Agreement (Mountain View)
June 10, 2020

6. Outcomes: Ten percent of the annual compensation for this directorship is withheld and released at the end of each fiscal year upon successful demonstration of meeting annual quality goals, at least one of which is an ECH organization/executive goal.

The Radiation Oncology Medical Director, along with all ECH medical directors, will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE 360° (Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving, and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, Chief Medical Officer
Date: June 10, 2020
Subject: Neonatal Intensive Care Unit (NICU) Medical Director Renewal Agreement (MV)

Recommendation:

To approve delegating to the Chief Executive Officer the authority to execute a two-year renewal of the NICU Medical Director Agreement for the Mountain View campus with Lucile Packard Children's Hospital to provide continued medical director oversight of the NICU, not to exceed the existing annual compensation of \$96,000, to be effective July 1, 2020.

Summary:

1. **Situation:** The NICU Medical Director Agreement for the Mountain View campus with Lucile Packard Children's Hospital (LPCH) expires June 30, 2020. NICU administrative services are provided by a LPCH neonatologist and clinical associate professor at Stanford School of Medicine at the Mountain View campus. The NICU Medical Director researches the latest techniques and provides expert care for newborns that are at high risk due to prematurity, illness, injury or birth defect.

Physician responsibility of the NICU is required by Title 22 California Code of Regulations.

2. **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 is at the 90th percentile for fair market value.
3. **Background:** Since 2014, the NICU Medical Director has made invaluable contributions to refinements in NICU workflow, iCare expertise for NICU, staff education, and patient safety to reduce re-admissions for late preterm infant babies. The NICU Medical Director has been instrumental in developing collaboration and consensus among medical providers to decrease automatic admissions to the NICU for chorioamnionitis by bringing a neonatologist to L&D for an infant assessment. The NICU Medical Director has also been influential in working with the Pediatric and OB Departments to support ECH's efforts to keep mothers and their infants together.
4. **Fair Market Value Assessment:** The current agreement authorizes up to 40 hours per month of administrative services at an hourly rate of \$200.00, for a maximum annual compensation of \$96,000. The hourly rate of \$200.00 and annual compensation of \$96,000.00 are at the 90th percentile for fair market value according to 2020 MD Ranger National Neonatology Medical Direction Report for all facilities.
5. **Other Reviews:** Legal and compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.

Neonatal Intensive Care Unit (NICU) Medical Director Agreement (MV)
June 10, 2020

6. Outcomes: Ten percent of the annual compensation for this directorship is withheld and released at the end of the fiscal year upon successful demonstration of meeting annual quality goals.

The NICU Medical Director along with all ECH medical directors will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE 360° (Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Finance Committee
From: Mark Adams, MD, CMO / Jim Griffith, COO
Date: June 10, 2020
Subject: New Psychiatric Perinatal Inpatient Medical Director Agreement (MV)

Recommendation:

To approve delegating to the Chief Executive Officer the authority to execute a new Psychiatric Perinatal Inpatient Medical Director Agreement for the Mountain View campus, not to exceed an annual compensation of \$61,590, to be effective July 1, 2020.

Summary:

1. **Situation:** Medical Director administrative oversight is required for the newly established perinatal specialty inpatient unit in the new Taube Pavilion at the Mountain View campus. The Medical Director candidate for this new role has been instrumental in the development and oversight of ECH perinatal mood disorders programs over the last 12 years and will focus on supporting highly acute perinatal and postpartum patients suffering from depression, psychosis, or other symptoms related to a mental health condition. This Medical Director will oversee up to 9 new inpatient psychiatric beds dedicated to perinatal and postpartum patients.

With the opening of the new Taube Pavilion, there will be a 71% increase in the number of inpatient psychiatric beds. Up to 9 of these new beds will be dedicated to perinatal and postpartum patients. This inpatient specialty service will build on the already established outpatient MOMS partial hospitalization and intensive outpatient program.

2. **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 for fair market value.
3. **Background:** 1 in 5 women experience clinical postpartum depression, some requiring hospital-based treatment. ECH has established itself as the premier perinatal and postpartum mental health treatment program, meeting a significant community need.

This Medical Director has been instrumental in the development and oversight of ECH perinatal mood disorders programs since 2012.

ECH perinatal and postpartum mental health services have increased 41% year-over-year through Q3 FY20. The perinatal specialty inpatient unit is expected to see significant demand, requiring expert clinical oversight.

4. **Fair Market Value Assessment:** This new agreement will authorize up to 33 hours per month of administrative services at \$155.53 per hour, which is slightly over the 75th percentile (\$150.00), for a maximum annual compensation of \$61,590.00, which is between the 50th percentile (\$54,000) and 75th percentile (\$71,100.00) for fair market value, according to the 2020 National MD Ranger Psychiatry-Partial Hospitalization Medical Direction for all facilities.

Psychiatric Perinatal Inpatient Medical Director Agreement (MV)
June 10, 2020

5. Other Reviews: Legal and compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.
6. Outcomes: Ten percent of the annual compensation for this directorship is withheld and released at the end of each fiscal year upon successful demonstration of meeting annual quality goals.

The Psychiatric Perinatal Inpatient Medical Director, along with all ECH medical directors, will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE 360° (Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, CMO
Date: June 10, 2020
Subject: Cardiac Catheterization Laboratory Medical Director Renewal Agreement (MV)

Recommendation:

To approve delegating to the CEO the authority to execute a two-year renewal of the Cardiac Catheterization Laboratory Medical Director Agreement with Palo Alto Medical Foundation to provide continued medical director oversight of the Cardiac Catheterization Laboratory at the Mountain View campus at a reduced, not to exceed annual compensation of \$86,400.00, to be effective July 1, 2020.

Summary:

1. **Situation:** The Cardiac Catheterization Laboratory Medical Director agreement for the Mountain View campus with Palo Alto Medical Foundation (PAMF) expires June 30, 2020. The Medical Director is a PAMF Interventional Cardiologist who has performed very well in this role for the past eight years. The Medical Director provides leadership and oversight of the Cardiac Catheterization Laboratory and Transcatheter Aortic Valve Replacement (TAVR) Program, including the operation of the STEMI program that provides very rapid interventional response to patients with ST segment myocardial infarction.

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. Over the last contract year, the medical director submitted an average of 36 hours/month, and subsequently agreed to reduce his hours to 36 per month, not to exceed an annual compensation of \$86,400.00 for the upcoming renewal term.

Physician responsibility of the Cardiovascular Catheterization Laboratory is required by Title 22 California Code of Regulations.

2. **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 for fair market value.
3. **Background:** The Medical Director is a PAMF Interventional Cardiologist who has performed very well in this role since 2012.
4. **Fair Market Value Assessment:** The renewal Agreement with a reduction in monthly hours will authorize up to 36 hours per month at \$200.00 per hour (at 75th percentile) of administrative services, for a maximum annual compensation of \$86,400.00, which is between the 75th percentile (\$69,900.00), and 90th percentile (\$93,000.00), according to the 2020 MD Ranger San Francisco Bay Area Report for Cardiac Cath Lab Medical Direction. This request is a decrease in hours and annual compensation.

Cardiac Catheterization Laboratory Medical Director Renewal Agreement (MV)
June 10, 2020

5. Other Reviews: Legal and compliance will review the final agreements and compensation terms prior to execution. The Finance Committee recommended this for approval at its June 3, 2020 meeting.
6. Outcomes: Ten percent of the annual compensation for this directorship is withheld and released at the end of each fiscal year upon successful demonstration of meeting annual quality goals, at least one of which is an ECH organization/executive goal.

The Cardiac Catheterization Laboratory Medical Director, along with all ECH medical directors, will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE 360° (Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Mark Adams, MD, CMO
Date: June 10, 2020
Subject: Echocardiography Medical Director Renewal Agreement (MV)

Recommendation:

To approve delegating to the Chief Executive Officer the authority to execute a two-year renewal of the Echocardiography Medical Director Agreement with Palo Alto Medical Foundation to provide continued medical director oversight of the Echocardiography Department at the Mountain View campus, not to exceed the existing annual compensation of \$47,520, to be effective July 1, 2020.

Summary:

1. **Situation:** The Echocardiography Medical Director agreement with Palo Alto Medical Foundation (PAMF) for the Mountain View campus expires June 30, 2020. Administrative oversight of the Echocardiography Department at the Mountain View campus is provided by a PAMF physician certified in Cardiovascular Disease and Internal Medicine.

This Medical Director specializes in angiography, anti-arrhythmic drug therapy, aortic aneurysm, arrhythmia, cardiac catheterization, heart failure, mitral valve repair, tricuspid repair, myocardial infarction, non-invasive cardiac testing, nuclear cardiology, nuclear stress tests, pericardiocentesis, cardio-oncology and transesophageal echocardiography.

2. **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 for fair market value.
3. **Background:** The Echocardiography Medical Director has provided excellent administrative oversight of the Echocardiography Department at the Mountain View campus since 2012.
4. **Fair Market Value Assessment:** The current agreement authorizes up to 22 hours per month of administrative services at an hourly rate of \$180.00 (at 75th percentile), for a maximum annual compensation of \$47,520, which is between the 75th percentile (\$40,200) and 90th percentile (\$78,620) for fair market value according to 2020 MD National Ranger Cardiology – Non-Interventional – All Types Medical Direction Report for all facilities. There is no increase in either dollars or hours.
5. **Other Reviews:** Legal and compliance will review the final agreements and compensation terms prior to execution. The Finance Committee reviewed and recommended this for approval at its June 3, 2020 meeting.
6. **Outcomes:** Five percent of the annual compensation for this directorship is withheld and released at the end of each fiscal year upon successful demonstration of meeting annual quality goals, at least one of which is an ECH organization/executive goal.

The Echocardiography Medical Director, along with all ECH medical directors, will meet with the Chief Medical Officer in May/June 2020 to review feedback from a Leadership PULSE 360°

Echocardiography Medical Director Agreement (MV)
June 10, 2020

(Physicians Leadership Skills Education) survey. All ECH medical directors participated in this leadership development tool that provides feedback on how they are perceived by their colleagues and staff on various leadership competencies including, but not limited to, communication, conflict resolution, problem-solving, and motivating others.

List of Attachments: None.

Suggested Board Discussion Questions: None.

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

To: El Camino Hospital Board of Directors
From: Cindy Murphy, Director of Governance Services
Date: June 10, 2020
Subject: Progress Against Advisory Committees' FY 20 Goals

Purpose: To update the Board on the status of the FY20 Advisory Committee Goals.

Summary:

1. **Situation:** Annual review of progress towards completion of Committee goals is conducted by the Governance Committee at its last meeting of each fiscal year.
2. **Authority:** Annually, per its Charter, the Governance Committee reviews all Committees' progress towards completion of their annual goal and then reports to the Board.
3. **Background:** All FY19 Committee Goals are complete or on track to be completed with the exception of:

Compliance and Audit Committee: Review results of and mitigation action plan of a privacy and security risk assessment of SVMD paced for Q1 FY21

Executive Compensation Committee:

- Approval of FY21 Executive Base Salaries and FY21 Executive Individual Incentive Goals deferred until September – December 2020. At this point Individuals goals are not being recommended for FY21
- All Committee Self-Assessments deferred until Q1 FY21.

Governance Committee:

- Assessment of implementation of changes to the ECH Board Structure deferred until Q1 FY21 due to availability of presenter.
- Annual Board Retreat Agenda not recommended because Board Retreat was cancelled.

Investment Committee: Review of ERM Framework deferred until March 2021 due to economic climate and market conditions.

4. **Assessment:** N/A
5. **Other Reviews:** Governance Committee
6. **Outcomes:** N/A

List of Attachments:

1. Progress Against FY20 Compliance and Audit Committee Goals
2. Progress Against FY20 Executive Compensation Committee Goals
3. Progress Against FY20 Finance Committee Goals
4. Progress Against FY20 Governance Committee Goals
5. Progress Against FY20 Investment Committee Goals
6. Progress Against FY20 Quality, Patient Care and Patient Experience Committee Goals

Suggested Board Discussion Questions: None. This is a consent item.

FY20 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 reporting from the new compliance program incident management tool and assess if the level of detail is sufficient for the committee’s oversight.	Q2 FY20	Committee reviews and provides recommendations to the Compliance Officer – presented on 11/21/19
2. Review the hospital’s assessment of the impact and any action plan, if applicable, of the 2020 California Consumer Privacy Act on Hospital operations.	Q2 FY20	Committee reviews and provides recommendations to the Compliance Officer – presented on 11/21/19
3. Review the results and mitigation action plan of a privacy and security risk assessment of SVM D.	Q3 FY20 – Deferred to May Meeting	Committee reviews and provides recommendations to the Compliance Officer - presented at 5/21/20 meeting; paced for Q1 FY21
4. Review ECH’s IT Security Strategic Plan.	Q4 FY20	Committee reviews and provides recommendations to CIO - presenting at 5/21/20 meeting

SUBMITTED BY:

Chair: Sharon Anolik Shakked

Executive Sponsor: Diane Wigglesworth

Approved by the ECH Board of Directors 6/12/2019

FY20 COMMITTEE GOALS

Executive Compensation Committee

Update for 5/28/20 Meeting

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	<ul style="list-style-type: none"> - Review and recommend FY19 Org Scores (Q1) - Review and approve FY19 Individual Scores and Payout amounts (Q1) - Review and recommend approval of letter of reasonableness (Q3) - Review and approve FY21 executive base salaries (not including the CEO) (Q4) - Review and recommend proposed FY21 organizational goals (Q4) - Review and approve FY21 individual goals (Q4) 	<ul style="list-style-type: none"> - Board approves FY19 organizational score (Q1/2) – COMPLETED - Committee approves FY19 Executive Performance Incentive Scores and Payouts (Q1) – COMPLETED - Board approves Letter of Reasonableness (Q3) – COMPLETED - Committee approves FY21 executive base salaries (not including the CEO) (Q4) – DEFERRED UNTIL SEPTEMBER - Board approves FY21 organizational goals (Q4) – IN PROCESS - Committee approves FY21 individual goals (Q4) – DEFERRED
2. Evaluate the effectiveness of the independent compensation consultant and the Committee	<ul style="list-style-type: none"> - Review consultant performance (Q2) - Complete ECC self-assessment (Q3) 	<ul style="list-style-type: none"> - Complete assessment of consultant (Q2) – COMPLETED - Committee Chair reviews cost/value of consultant (Q2) – COMPLETED - Committee discusses results of self-assessment (Q4) – DEFERRED; all Committee assessments will be conducted later in 2020
3. Review Leadership Development/Succession Planning	<ul style="list-style-type: none"> - Review CEO FY19 performance review process (Q1) - Review Leadership Development and Succession Plan (Q4) 	<ul style="list-style-type: none"> - Committee completes review of the CEO review process and makes recommendation(s) to the Board (Q1) – COMPLETED - CHRO updates Committee on leadership (Q4) – COMPLETED

SUBMITTED BY: Chair: Bob Miller | **Executive Sponsor:** Kathryn Fisk

Approved by the ECH Board of Directors 6/12/2019

FY20 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.

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 - Complete
2. Evaluate consumer-facing bills for ease of understanding, including patient portal (MyChart)	Q1	Review 5 – 10 bills with common/usual diagnoses/procedures and make recommendations to staff and Board – Complete 7/29/19, 9/23/19 and 11/25/19
3. Review the top three (3) service lines: 1) Heart & Vascular Institute (HVI), 2) Ortho, Neuro and Spine, and 3) MCH	- HVI (Q3) - Ortho, Neuro and Spine (Q1) - MCH (Q2)	Presentations in September, November, and March Complete: Ortho, Neuro and Spine 9/23/19; MCH 11/25/19; HVI 3/23/20

SUBMITTED BY:

Chair: John Zoglin

Approved by the ECH Board of Directors 6/12/2019

FY20 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 FY20	- Recommendation for high-priority Hospital Board member competencies made to Hospital and District Board - COMPLETED
	Q4 FY20	- 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 – On Track - Chair to make nomination before June 16, 2020 ECHD Board meeting
	Q4 FY20	- Assess implementation of changes to ECH Board Structure and make recommendations – DEFERRED Until Q1 FY21
2. Promote, enhance, and sustain competency-based, efficient, effective governance	Q4 FY19 –Q1 FY21	- FY19 Self-Assessment Survey Completed (Q4 FY19 – Q1 FY20) - COMPLETED
	Q1- FY20	- FY20 Self-Assessment Tool recommended to the Board (Q3) and survey completed (Q4 FY20 – Q1 FY21) - COMPLETED - Reports are completed and made available to the Board and the District Board (Q1) - COMPLETED - Develop FY20 Board Goals (Q1) - COMPLETED
3. Develop Board and Committee Education Plan for FY20	Q1 FY20	- Develop and recommend FY20 Board and Committee Education Plan - COMPLETED
	Q2 FY20	- Recommend FY20 Annual Retreat Agenda to the Board RETREAT CANCELLED

SUBMITTED BY: Chair: Peter C. Fung, MD | **Executive Sponsor:** Dan Woods

Approved by the ECH Board of Directors 6/12/2019

FY20 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: **Michael Moody**, Interim 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 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	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. Education Topic: Environmental and Social Governance	FY20 Q1	Complete by the August 2020 meeting Completed on August 12, 2019.
3. Asset Allocation, Investment Policy Review and ERM framework including Efficient Frontier	Q4	Completed by May 2020. Investment Policy Reviewed on November 11, 2019 and again on May 11, 2020 with changes in Asset Allocation Recommended to the Board. ERM framework discussion deferred until March 2021 due to economic climate and market conditions

SUBMITTED BY:

Chair: Gary Kalbach

Executive Sponsor: Michael Moody

Approved by the ECH Board of Directors 6/12/2019



FY20 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, MD**, 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	- FY19 Achievement and Metrics for FY20 (Q1 FY20) (Complete) - FY21 Goals (Q3 – Q4) (Complete)	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) (Complete) - Review Medical Staff credentialing process (FY21) On June 1, 2020 Agenda
3. Review Quality, Patient Care and Patient Experience reports and dashboards	- FY21 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 – (Complete)
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 – (Complete)
5. All committee members regularly attend and are engaged in committee meeting preparation and discussions	Review quarterly at the end of the meeting (Use Closing Wrap-Up Time)	Attend 2/3 of all meetings in person (Achieved) Actively participate in discussions at each meeting (Achieved)
6. Monitor the impact of interventions to reduce mortality and readmissions	Quarterly	Review progress toward meeting quality organizational goals (Ongoing)

SUBMITTED BY: Chair: Julie Kliger, MPA, BSN

Executive Sponsor: Mark Adams, MD, CMO **Approved by the ECH Board of Directors 6/12/2019**

JULY 2020

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

AUGUST 2020

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

SEPTEMBER 2020

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

OCTOBER 2020

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

NOVEMBER 2020

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

DECEMBER 2020

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

JANUARY 2021

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

FEBRUARY 2021

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

MARCH 2021

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

APRIL 2021

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

MAY 2021

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

JUNE 2021

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

District Board ECHD	Hospital Board ECHB	Compliance CAC	Executive Comp ECC	Finance FC	Governance GC	Investment IC	Quality QC	Educational Sessions	Board Retreat
5x per year 3 rd Tuesday + after election	10x per year 2 nd Wednesday (traditional)	6x per year 3 rd Thursday	4x per year Thursdays	7x per year 4 th or Last Monday	5x per year 1 st Tuesday	4x per year 2 nd Monday	10x per year 1 st Monday	2x per year 4 th Wednesday	1x per year

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

To: El Camino Hospital Board of Directors
From: Peter C. Fung, MD, Governance Committee Chair
Date: June 10, 2020
Subject: Proposed FY21 Advisory Committee Goals

Purpose:

To recommend that the Board approve the Proposed FY21 Advisory Committee goals, including suggest a modification to the Proposed FY21 Compliance and Audit Committee Goals per the Governance Committee recommendation.

Summary:

1. Situation: Each Committee has developed proposed goals for FY21. To ensure that the board has oversight of the areas of focus for each Committee, the goals are brought forward through the Governance Committee each year for approval.
2. Authority: Governance Committee Charter
3. Background: Every year, each of the Advisory Committees develops goals for the upcoming fiscal year. All of the committees have done so for FY21; their recommended goals are attached. Of note, two of the Committees (Finance and Governance) have proposed goals that have intentional focus on the COVID-19 pandemic response and recovery. The Governance Committee recommends that the Board suggest a modification to the Compliance and Audit Committee's Goal #2 (see attached) that will provide for intentional focus on COVID-19 response and recovery as it looks at the organization's business continuity and disaster preparedness plans.
4. Assessment: N/A
5. Other Reviews: All Committees reviewed and submitted their proposed goals for FY21 to the Governance Committee for review. On June 2, 2020, the Governance Committee voted to recommend the goals as submitted with the exception of the suggested modification to the Compliance and Audit Committee's proposed goals.
6. Outcomes: N/A

List of Attachments:

1. Proposed FY21 Compliance and Audit Committee Goals
2. Proposed FY21 Executive Compensation Committee Goals
3. Proposed FY21 Finance Committee Goals
4. Proposed FY21 Governance Committee Goals
5. Proposed FY21 Investment Committee Goals
6. Proposed FY21 Quality, Patient Care and Patient Experience Committee Goals

Suggested Board Discussion Questions: None. This is a consent item.

PROPOSED FY21 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 Hospital and SVMD Compliance Work Plan for FY 2021.	Q1 FY21	Committee reviews and provides recommendations to the Compliance Officer
2. Review Business Continuity and Disaster Recovery Plan <u>with focus on effectiveness and appropriateness of COVID-19 Pandemic response and recovery</u>	Q2 <u>or</u> Q3 FY21	Committee reviews and provides <u>a report to the Board and</u> recommendations to COO <u>that include assessment of COVID-19 response and recovery as well as a look back at preparedness had the anticipated "surge" occurred in FY20 Q3 and Q4.</u>
3. Participate in education session presented by Legal Counsel regarding revisions to Stark Law and Anti-Kickback Statute	Q3 FY21	Committee receives education and recommends information to be presented to the Board
4. Review ECH's IT Security Strategic Plan.	Q4 FY21	Committee reviews and provides recommendations to CIO

SUBMITTED BY:

Chair: Sharon Anolik Shakked

Executive Sponsor: Diane Wigglesworth

PROPOSED FY21 COMMITTEE GOALS

Executive Compensation Committee

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

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. Provide oversight and approvals for compensation-related decisions, including performance incentive goal-setting and plan design	Q1	<ul style="list-style-type: none"> - Review and approve FY21 executive base salaries (not including the CEO) - Review and recommend FY20 Organizational Incentive Score - Approve FY20 individual executive payout amounts (pending Board approval of incentive score)
	Q3	<ul style="list-style-type: none"> - Review and recommend approval of letter of reasonableness
	Q4	<ul style="list-style-type: none"> - Review and recommend proposed FY22 organizational incentive goals - Review and approve FY22 individual executive incentive goals
2. Review executive benefits design	Q2	<ul style="list-style-type: none"> - Review (November 2020) and recommend benefit policy changes to the Board
3. Evaluate the effectiveness of the independent compensation consultant	Q2/Q4	<ul style="list-style-type: none"> - Conduct semi-annual evaluation of ECC consultant
	Q1 – Q4	<ul style="list-style-type: none"> - Appoint an Ad Hoc Committee (if desired) - Conduct Interviews - Interview finalists with the whole Committee - Select consultant and sign contract
4. Review Executive Leadership Development Plan/Succession Planning	Q3	<ul style="list-style-type: none"> - Presentation in March 2021
5. Evaluate the effectiveness of the Committee	Q1	<ul style="list-style-type: none"> - Complete Committee Self-Assessment

SUBMITTED BY:

Chair: Bob Miller

Executive Sponsor: Kathryn Fisk

FY21 COMMITTEE GOALS

Finance Committee

PURPOSE

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

STAFF: **Michael Moody**, Interim Chief Financial Officer (Executive Sponsor)

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

GOALS	TIMELINE	METRICS
1. Evaluate and monitor the rolling forecast on a quarterly basis. The rolling forecast will incorporate management’s ongoing tactics as part of the COVID 19 recovery plan.	Q1, Q2, Q3 and Q4	Presentations in July (2020), September (2020), November (2020, January (2021) and March (2021)
2. Capital Deployment Methodology & Reporting	Q1	Receive project completion reports on Taube and Sobrato Pavilions including performance against budget in July
	Q1 and Q3	Review (September) and approve (November) a revised policy and procedure regarding an enterprise wide capital deployment and reporting.
3. Review strategy, goals, and performance of business affiliates and service lines: 1) Oncology, 2) Behavioral Health, 3) MCH, 4) SVMD	Q1	SVMD (July), Oncology Service Line (September)
	Q2	Maternal Child Health Service Line and SVMD (November)
	Q3	Behavioral Health Service Line (January), SVMD (March)
	Q4	SVMD (May)
4. Review and evaluate ongoing customer service/patient experience tactics and metrics for the Revenue Cycle – possibly combined statements for SVMD & ECH	Q2 and Q4	Monitor customer service and patient satisfaction metrics

SUBMITTED BY: Chair: John Zoglin | Executive Sponsor: Michael Moody, Interim CFO



PROPOSED FY21 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 FY21	- Recommendation for high-priority Hospital Board member competencies made to Hospital and District Board
	Q4 FY21	- 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
	Q1 FY21	- Assess implementation of changes to ECH Board Structure and make recommendations
2. Promote, enhance, and sustain competency-based, efficient, effective governance	Q4 FY20 – Q1 FY22	- FY20 Self-Assessment Survey Completed (Q1 FY21) - FY21 Self-Assessment Tool recommended to the Board (Q3) and survey completed (Q4 FY21 – Q1 FY22)
	Q2- FY21	- Reports are completed and made available to the Board and the District Board (Q1) - Develop FY21 Board Action Plan (Q2)
3. Assess the governance structure’s resiliency during COVID-19 pandemic response and recovery	Q3 – Q4 FY21	- Q3: Assess resiliency and consider changes to governance processes or policies - Q4: Deliver report and recommendations for changes to the Board
4. Develop Board and Committee Education Plan for FY21	Q2 FY21	- Develop and recommend FY21 Board and Committee Education Plan
	Q1 FY21	- Recommend FY21 Annual Retreat Agenda to the Board

SUBMITTED BY: Chair: Peter C. Fung, MD | **Executive Sponsor:** Dan Woods || **To be approved by the ECH Board of Directors June 2020**

Proposed FY21 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: Michael Moody, Interim 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 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	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. Education Topic: Investment Allocation in Uncertain Times	FY21 Q1	Complete by the August 2020 meeting
3. Asset Allocation, Investment Policy Review and ERM framework including Efficient Frontier	FY21 Q3	Completed by March 2021 meeting

SUBMITTED BY:

Chair: Gary Kalbach

Executive Sponsor: Michael Moody Interim CFO



Proposed FY21 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, MD**, 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	- FY20 Achievement and Metrics for FY21 (Q1 FY21) - FY22 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 (FY22) - Review Medical Staff credentialing process (FY21)
3. Review Quality, Patient Care and Patient Experience reports and dashboards	- FY21 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 Pacing Plan timeline –
4. Review Effectiveness of Board Dashboard using STEEEP Methodology and propose changes if appropriate	Semi – Annually Q2 and Q4	Review Dashboard and Recommend Changes
5. All committee members regularly attend and are engaged in committee meeting preparation and discussions	Using closing wrap up time, review quarterly at the end of the meeting	Attend 2/3 of all meetings in person Actively participate in discussions at each meeting

SUBMITTED BY: Chair: Julie Kliger, MPA, BSN
Executive Sponsor: Mark Adams, MD, CMO

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

To: El Camino Hospital Board of Directors
From: Cindy Murphy, Director Governance Services
Date: June 10, 2020
Agenda Item: Proposed FY21 Committee and Liaison Assignments

Recommendation:

To approve the Proposed FY21 Committee and Liaison Appointments.

Summary:

1. **Situation:** Each year, the Board Chair submits a proposed slate of Committee and Liaison assignments to the Governance Committee for review and then to the Board for approval.
2. **Authority:** Each of the Board Advisory Committee Charters state: “All Committee members, with the exception of new Community members, shall be appointed by the Board Chair, subject to approval by the Board. New Community members shall be appointed by the Committee, subject to approval of the Board. All Committee appointments shall be for a term of one year expiring on June 30th each year, renewable annually.”

Pursuant to the Governance Committee’s Charter, the Committee “shall review and make recommendations to the Board regarding the Board Chair’s appointments of Advisory Committee Chairs and Advisory Committee members.”
3. **Background:** Each Committee is comprised of El Camino Hospital Board Directors and Community Members. The Chiefs and Vice Chiefs of the Medical Staff serve as members and alternates of the Quality, Patient Care and Patient Experience Committee. Pursuant to the Advisory Committee Charters, Community Members may serve as Chair of any Committee except the Governance Committee. The Board Chair’s proposed changes for FY21 limit each Board member to two assignments, when in the past some had three assignments, and include the following:
 - **Gary Kalbach:** Rolling off the Investment Committee to decrease number of assignments to two
 - **Julia E. Miller:** Transferring from the Investment Committee to the Compliance and Audit Committee
 - **John Zoglin:** Rolling off the Executive Compensation Committee to decrease number of assignments to two
 - **Don Watters:** Transferring from the Compliance and Audit Committee to the Investment Committee
 - **Peter C. Fung MD:** Transferring from the Quality, Patient Care and Patient Experience Committee to the Investment Committee
 - **Brooks Nelson:** Will serve as Chair of the Investment Committee
4. **Assessment:** N/A
5. **Other Reviews:** The Board Chair has proposed this “slate” after reviewing the needs of the organization and the interests of the Board members. The Governance Committee reviewed the

Proposed FY21 Committee and Liaison Assignments
June 10, 2020

proposed slate at its June 2, 2020 meeting and voted to recommend Board approval without modifications.

6. Outcomes: N/A

List of Attachments:

1. Proposed Slate for FY21 Committee and Liaison Assignments

Suggested Board Discussion Questions: None. This is a consent item.

FY21 El Camino Hospital Board of Directors Advisory Committee & Liaison Appointments

Committee Appointments						
COMMITTEE	COMPLIANCE AND AUDIT	EXECUTIVE COMPENSATION	FINANCE	GOVERNANCE	INVESTMENT	QUALITY
CHAIR	Sharon Anolik Shakked	Bob Miller	John Zoglin	Peter C. Fung, MD	Brooks Nelson	Julie Kliger
BOARD MEMBERS	Jack Po, MD	Julie Kliger	Gary Kalbach	Gary Kalbach	Don Watters	Jack Po, MD
	Julia E. Miller	George O. Ting, MD	Don Watters	Bob Rebitzer	Peter C. Fung, MD	George O. Ting, MD
COMMUNITY MEMBERS	Lica Hartman	Teri Eyre	Joseph Chow	Christina Lai	Nicola Boone	Terrigal Burn, MD
	Christine Sublett	Jaison Layney	Boyd Faust	Peter Moran	John Conover	Caroline Currie
		Pat Wadors	Richard Juelis	Mike Kasperzak		Alyson Falwell
				Ken Alvares		Krutica Sharma
EX OFFICIO MEDICAL STAFF OFFICERS						Apurva Marfatia, MD
						Michael Kan, MD
						Prithvi Legha, MD <i>Alternate</i>
						Philip Ho, MD <i>Alternate</i>

Liaison Appointments

ECH FOUNDATION BOARD OF DIRECTORS (Liaison)

Julia E. Miller

COMMUNITY BENEFIT ADVISORY COUNCIL (CBAC) (Liaison)

John Zoglin

LEGEND

*Board Members

*Community Members

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

To: El Camino Hospital Board of Directors
From: Imtiaz Qureshi, MD, Enterprise Chief of Staff
Linda Teagle, MD Chief of Staff Los Gatos
Date: June 10, 2020
Subject: Medical Staff Report – Open Session

Recommendation:

To approve the Medical Staff Report. There are no Policies or Scopes of Service for approval this month.

Summary:

1. **Situation:** The Medical Executive Committee met on May 28, 2020.
2. **Background:** MEC received the following informational reports.
 - a) Quality Council – The Quality Council met on May 6, 2020. Reports and performance dashboards were reviewed and approved from the following ECH Departments/Service Lines:
 - i. Laboratory and Pathology
 - ii. Core Measures
 - iii. CPR Committee
 - b) Leadership Council – The Leadership Council met on May 12 and May 26, 2020
 - i. Leadership Council reviewed and discussed:
 1. Upcoming elections
 2. Nomination process
 3. Potential nominees
 4. May 26 meeting was devoted to discussing the election for the position of Vice Chief of Maternal Child Health for Los Gatos and the election for the members at large positions for both campuses
 - c) The CEO Report was provided and included the following updates:
 - i. Volumes are recovering and approaching the financial situation conservatively
 - ii. Collaborative campaign with the Santa Clara County hospitals to demonstrate the safety of the local hospitals
 - iii. COVID-19 testing for providers and employees
 - iv. Willow Pavilion due to open in the Fall
 - v. Relaxing visitor policy beginning June 1
 - d) CMO Report was provided and included the following updates:
 - i. Reviewed the statistics relative to COVID-19
 - ii. Reviewed and discussed the current El Camino experience as compared to the country as a whole
 - iii. A possible surge expected and comorbidities in relation to deaths reviewed
 - iv. The Quality Dashboard was reviewed and discussed
3. **Other Review:** None.

List of Attachments: None

Suggested Board Discussion Questions: None; this is a consent item

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

To: El Camino Hospital Board of Directors
From: Ken King, CASO
Date: June 10, 2020
Subject: Major Projects Update – For Information

Purpose:

To keep the Finance Committee and the Board informed on the progress of major capital projects in process.

Summary:

1. **Situation/Status: Taube Pavilion** (aka BHS): The project team is completing all of the final details necessary to obtain occupancy approval from OSHPD on June 1st. Due to the COVID-19 State Emergency Orders, CDPH will not conduct an inspection and once the OSHPD occupancy approval is received we can begin using the building for patient care. The clinical staff are preparing for moving patients into the new building on June 10th, with a fall back date of June 17th should any new issues come up. The project team will complete the life safety improvements while the building is occupied with the longest lead item completing in mid-August. The cost of the life safety improvements have come in less than \$200,000 and more than half of the costs will be offset by reductions in payments to the architect.

We continue the process of negotiating the contract close out change order requests and pending the resolution of schedule delay change order requests we may have a slight overrun of the project budget. In order to avoid this we have engaged a scheduling consultant to assist us in the evaluation of the project schedule issues to determine the cause of the delays that occurred.

Sobrato Pavilion (aka IMOB) has two remaining elements to be completed. They are the final phase of the OSHPD Connector construction activity on the 1st floor and the Grant Road turn lane. The Connector construction activity has been progressing slowly over the past several weeks due to the Shelter in Place impacts, but is on track to be completed by the end of August. The work on the Grant Road turn lane will restart on May 28th and will also be completed by the end of August.

Pending receipt of compliance certification documents that require the approval of the Mountain View Building Official and Fire Marshall, we will have everything in order to move the clinical departments into the building. A target date of June 24th has been set to begin moving the clinical departments into their new locations. Tenant moves that were disrupted by the Shelter in Place orders are being scheduled to move in over the next two to three months.

Final contract change orders continue being negotiated and we expect to complete the project within the approved budget.

Women's Hospital construction documents labeled OSHPD Back Check #1 were returned with comments and the project team has been busy preparing the Back Check #2 construction documents which will be resubmitted on June 1st. Due to the COVID-19 issues and the most current construction cost estimate we have decided to delay the bidding and buy-out process until we go through another round of OSHPD review. We anticipate a third and hopefully final back

Major Projects Update
June 10, 2020

check that we will use to bid and buy-out the construction. We anticipate that the post COVID-19 construction market to be impacted and this may have a favorable impact on construction pricing in the Bay Area. The expected timeline will have us bidding the trade contracts in the fall with a GMP proposal and final budget request coming to the Finance Committee in November and the Board in December. Once approvals are obtained the construction would begin in January 2021.

MV Campus Completion Project (Phases 1 and 2) which includes the demolition of the old main hospital is still in the OSHPD review and approval process. We anticipate having plan approval in July, however due to the COVID-19 impacts we have decided to delay the start of this work until the early spring of 2021. In addition to slowing spend of capital dollars, this will allow for more time to explore and consider the Phase 3 development options.

2. Authority: This memo is to keep the Finance Committee and the Board informed of the progress towards completion of the major development projects within the Mountain View Campus Development Plan.

3. Background: The Board of Directors approved the Mountain View Campus Development Projects which consist of the following:

<u>Step I:</u>	<u>Status</u>
North Parking Garage Expansion -	Complete
Behavioral Health Services Building -	Substantially Complete – Not Occupied
Integrated Medical Office Building -	Substantially Complete - Occupied
Central Plant Upgrades -	Complete

<u>Step II:</u>	
Women’s Hospital Expansion -	Plan Review/Permit
Demolition of Old Main Hospital -	Plan Review/Permit Phases 1&2

4. Assessment: In addition to the construction activities, all impacted departments are working on the activation, training, move planning and budgeting for the future state of operations.

5. Other Reviews: The Finance Committee reviewed this update at its June 3, 2020 meeting.

6. Outcomes: The primary objective continues to be completing the projects within the approved budgets and to safely transition into the new building environments. Additionally the plan adjustments communicated herein will delay the start of construction activities until the beginning of 2021.

List of Attachments: N/A

Suggested Board Discussion Questions: None, this is a consent item.

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

To: El Camino Hospital Board of Directors
From: Bob Miller, Chair, Executive Compensation Committee
Date: June 10, 2020
Subject: Restructure of Incentive Goals: FY20 and FY21 Positioning/Recovery Goals

Recommendation:

To recommend that the Board:

- Recalibrate FY20 incentive goals from 12 months to an eight month time period.
- Reallocate weight given to the People goal to the other FY20 goals due to pandemic-related postponement of the Employee Engagement Survey.
- Approve an exception to policy removing individual goal weight during the Recovery period (goals will be 100% organizational)
- Approve an exception to policy to move from two 12-month goal periods to three eight-month periods for July 2019 through June 2021
- Approve the Recovery/Positioning Goals for the Recovery Period (March – October 2020)

Summary:

1. **Situation:** The Executive Compensation Committee (ECC) discussed an approach to modifying the incentive plan at the April 2, May 5, and May 28, 2020 meetings. The Board provided feedback at the May 20, 2020 Board meeting that has been incorporated into the proposed approach.
2. **Authority:** The ECC recommends organizational performance incentive goal structure to the Hospital Board. The Committee may also make recommendations for exceptions to executive compensation policies to the Board. The Board has the ultimate authority to approve exceptions to the Executive Compensation Policies.
3. **Background:** The priorities set in June 2019 for the current fiscal year have changed because of COVID-19 pandemic's impact starting in late February. The COVID-19 pandemic required management to prepare for a health crisis, care for patients with a novel disease, and prevent spread of the disease among our patients, employees, families, and the community. In addition, local, state, and federal mandates required that hospitals and clinics close or substantially reduce many services and deliver others in new and innovative ways. The pandemic has significantly impacted operations and the proposed goal structure accounts for a positioning/recovery period followed by performance period as services are fully restored.

The ECC, on management's recommendation, is proposing a revised approach to incentive goals for FY20 and FY21. If approved, the two fiscal years would be divided into three 8-month periods for setting goals. To best focus leadership on the recovery, we are recommending the elimination of individual goals during the recovery period.

Restructure of Incentive Goals: FY20 and FY21 Positioning/Recovery Goals
June 10, 2020

Goal Measurement Period	Pre-Pandemic July 2019 to February 2020	Positioning/Recovery March to October 2020	Post-Pandemic Performance Incentive Goals July 2020 to June 2021
Goals	Focus on quality, service, finance, and growth	Focus on preparation and response to COVID-19 pandemic Focus on recovery, growth, and financial sustainability	Focus on quality, service, people, finance, and growth
Weight of Organizational goals	90% CEO 50% Presidents; 70% other executives	90% CEO 100% Other executives	90% CEO 100% Other executives

4. Assessment: This approach to goal setting will allow ECH to recover financially and operationally, while continuing to improve quality, safety, and patient experience that support El Camino’s mission and vision. The changes also support the Hospital’s ability to attract, retain, and motivate a highly-talented executive team.
5. Other Reviews: The Hospital Board reviewed this proposal at its May 20, 2020 meeting. The Executive Compensation Committee discussed this approach and voted to recommend Board approval at its May 28, 2020 meeting. The EBIDA percentages for minimum/target and stretch for the Recovery/Positioning Goals have since been added by management but are the same as those recommend for approval by the Finance Committee for the FY21 performance incentive goals.

The ECC vetted the structure of the FY21 performance incentive goals, including the people goal, at its May 28th meeting and voted to recommend approval. The Quality Committee vetted the quality, safety, and patient experience performance incentive goals and measures for FY21 and the Finance Committee vetted financial and growth performance incentive goals and measures for FY21. Both of those Committees also voted to recommend approval, however, management will present those goals to the Board for approval with the FY21 budget, as usual, currently scheduled for August 19, 2020.

6. Outcomes: This approach to goal setting will allow ECH to recover financially and operationally, while continuing to improve quality, safety, and patient experience that support El Camino’s mission and vision. The changes also support the Hospital’s ability to attract, retain, and motivate a highly-talented executive team. Achievement of the goals will determine performance incentive payouts which will be prorated for the shorter timeframe.

List of Attachments:

1. Proposed Positioning/ Recovery Goals

Suggested Board Discussion Questions:

1. Are there any questions about the proposals to 1) change the FY20 measurement period; 2) positioning/recovery goals/measures related to pandemic; and 3) approach to FY21 post-recovery?

Recommended Positioning/Recovery Goals

- Focused management efforts to address pandemic impact to operations



QUALITY & SAFETY

Maintain excellence in care to our patients and community

Ensuring quality care in this new environment

- Minimize exposure as measured by zero hospital-acquired COVID transmission between 3/1/2020-10/31/2020
- Targets:
 - Minimum – 1.0%
 - Target – 0.5%
 - Stretch – 0.0%



SERVICE

Maintain excellence in care to our patients and community

Ensuring patients feel safe receiving care at ECH

- Press Ganey patient surveys:
 - “Degree of safety/ security felt in hospital”
 - Add “I trust El Camino Health to keep me safe during my care” (5 point scale) question
- Targets – specific to Area of Service, see appendix



FINANCE

Address short, medium and long-term business objectives promptly

Reducing the financial risk to the organization

- Operating Earnings Before Interest, Depreciation, and Amortization (EBIDA)
- Targets (May 2020):
 - Min – 100% of rolling forecast
 - Target – 110% of rolling forecast
 - Stretch – 120% of rolling forecast

OPEN SESSION CEO Report
June 10, 2020
Dan Woods, CEO Report

Operations

Our lab is now performing COVID-19 antibody testing in limited circumstances with a physician's order. The purpose of this program is to identify individuals who may have been exposed or contracted the disease and were either not tested or did not develop any symptoms. Antibody testing will give us a better understanding of how widespread the disease has been in our community. We are also offering COVID-19 testing for active infections to all physicians who see patients at our facilities.

I am extremely happy to report that, in accordance with CDC and Santa Clara County guidelines, we were able to relax our restrictions on visitors effective June 1, 2020! Though contact with loved ones is a critical part of every patient's experience and recovery, the restrictions do vary throughout the enterprise. Our current visitor policy is attached.

Facilities

We are still on track for moving clinical departments into our new Mountain View campus buildings. Clinical departments will move into the Taube Pavilion on June 10th and into the Sobrato Pavilion on June 24th. OSHPD approved a modernization plan for our outpatient surgery center in the Willow Pavilion, which we have three years to complete.

Workforce

We extended temporary telecommuting agreements until June 15, 2020 for many employees who do not directly support clinical operations. We will use this time to evaluate and implement needed modifications to our work areas to provide for social distancing.

Through the generosity of the El Camino Health Foundation, we continue to fund YMCA kids camps in Mountain View and Saratoga for our employees' children age 3 -12. Effective June 8, 2020, the program will transition to a summer camp curriculum.

I am proud to report that the Silicon Valley Business Journal named Catherine Nalesnik, RN, Senior Director Invention, as a Woman of Influence for her role in helping the organization navigate our way through the pandemic. Catherine is an inspiration to all of us, maintaining focus and calm throughout. Of course, she could not have done it without her team and our infectious disease physicians who the Board is recognizing tonight.

El Camino Health Medical Network (ECHMN)

Mary Kilkenny, MD and Angela Pollard, MD, both Board-Certified in Obstetrics and Gynecology, are joining the ECHMN through employment with El Camino Medical Associates (ECMA). Dr. Kilkenny is a recognized leader in the local medical community and has an excellent reputation amongst patients as well. Dr. Kilkenny's vision is to partner with El Camino Health to further develop its community based ob/gyn practice in support of our growth plan and she will serve as the ECHMN's Medical Director for ob/gyn. Dr. Pollard has been practicing in the community for over 20 years and is a member of the El Camino Hospital Medical Staff. She also has an excellent reputation amongst patients in the local community. She will vacate the office she currently leases on our Mountain View Campus so she may practice together with Dr. Kilkenny.

Corporate and Community Health Services

CONCERN:EAP launched our BetterHelp partnership for online therapy and has seen significant utilization. As well, use of our online digital hub, Luma, is also increasing for counseling and work-life cases due to the current shelter in place order.

Our Community Benefit team surveyed all 120 FY21 grant applicants and to understand how applicants are adapting their programs during the pandemic. Staff gained a better understanding of how agencies will adjust programs for COVID-19 circumstances and what factors to watch for FY21. We also responded to COVID-19 crisis with six new ECH grants and one new sponsorship totaling \$95,000 in May.

New Grants:

- West Valley Community Services
- LifeMoves
- Better Health Pharmacy
- Indian Health Center
- Gardner Family Health Network
- Peninsula Healthcare Connection

Sponsorship:

- Veggielution

The South Asian Heart Center Completed TECH (Tuesday Evening Community Huddles) weekly on lifestyle topics with 893 attendees, hosted and online Exercise Workshop for the Agah Khan community and a nationwide talk for Andhra community.

The Chinese Health Initiative (CHI) coordinated with El Camino Health Foundation to develop a bilingual safety communication "ECH Returns to Health" sent to over 5000 CHI participants and CHI Network physicians. CHI also completed 2 weekly webinar series: (1) Healthy Lifestyle – conducted by registered dietitians, a lifestyle medicine

physician and a clinical psychologist and 2) bilingual Qigong class. Total attendance for these webinars was 1257.

The Health Library and Resource Center is still closed to the public, but staff, physicians, and nurses are still using it and we are offering consultation by phone for Eldercare, Medicare, and Advance Healthcare Directive assistance as well as dietitian and pharmacist appointments.

Marketing and Communications

The marketing team has implemented a number of initiatives designed to help patients and the larger community through our "Return to Health" campaign during this challenging time. Our weekly e-Newsletter features articles and resources and in May we added messages to inform the community that ECH is open for elective procedures, surgeries and physician appointments and to reassure them that it is safe care. In May, four e-newsletters were deployed with each communication reaching 69,000 patients and community members. The team also created a patient brochure detailing what ECH is doing to continually enhance patient safety in light of the challenges posed by the pandemic. The patient experience team is distributing it to patients. We are also using Google and Facebook to communicate these messages.

The team also added a great deal of content to the El Camino Health Website. We launched a landing page for our "Return to Health" campaign, published the 2020 Nursing Annual Report microsite, including CNO welcome video and patient testimonials and launched (1) onsite and external location pages for the Los Gatos Cancer Center, (2) a new virtual donor board for the El Camino Health Foundation and (3) a new safety page within the patients & visitors guide.

The website now also features videos for resumed elective procedures (physician briefings), employee testimonials about working in healthcare and the police & fire department appreciation event. We published 11 blog articles covering COVID-19 health tips such as managing anxiety, safely enjoying outdoors, and protecting mental health during pregnancy as well as seven newsroom stories highlighting staff (Shaped by Us) in Infection Prevention, The Stroke Center, Community Benefit, Pharmacy, CCU, and Cancer Care. We cross promoted many of these videos, blogs, and newsroom stories on social media.

The media team has proactively facilitated several media stories including:

- [Mountain View Voice \(MVV\): Flood of Food Deliveries Keeps Hospital Staff in High Spirits](#)
- MVV: A Public Safety Salute for El Camino's Nurses and Hospital Staff
- Los Altos Town Crier (LATC): YMCA Child Care Supports Hospital Workers

We have also been featured in other media:

- Patch.com: Military Planes To Soar Over Bay Area For Memorial Day
- Daily Post: North County Will Finally Get Covid-19 Testing
- LATC: Simitian Holds Telephone Town Hall Sunday (Dr. Mark Adams, CMO, was a panelist)
- LATC: Local Families Join Forces With Laundromats to Help Those in Need
- Mercury News: Nurse Finds Fostering Kittens Good for Her Mental Health During COVID-19 Pandemic
- ABC7: Coronavirus kindness: South Bay Nurse Says Fostered Kittens Saved Her Life While Self-Quarantining After COVID-19 Exposure
- NBC-Sports Bay Area: Ex-Shark Ward Figuring Out Next Step of His Hockey Journey (References El Camino Health as the hospital where his child was born.)

We continue with internal communications to employees and the Medical Staff that provide updates about COVID-19 related matters as well as the turn toward operational recovery.

Philanthropy

During period 10 of fiscal year 2020, El Camino Health Foundation secured \$589,024, bringing the total raised by end of April to \$9,367,298, which is 122% of the annual goal. This includes a \$250,000 donation to the Taft Center for Clinical Research to support El Camino Health's COVID-19 clinical trials. More detail follows in the attached report including a very long list of "in-kind" donors who donated meals for ECH employees and Personal Protective Equipment for use in our inpatient and outpatient departments.

Auxiliary

Once again, I find myself reporting to you that our Auxillians are still sheltering in place. We look forward to their return!

El Camino Hospital Auxiliary
Membership Report to the Hospital Board
Meeting of May 20, 2020

Combined Data as of April 30, 2020 for Mountain View and Los Gatos Campuses

Membership Data:

Senior Members

Active Members	282	-3 Net change compared to previous month
Dues Paid Inactive	80	(Includes Associates & Patrons)
Leave of Absence	21	
Subtotal	383	

Resigned in Month	3
Deceased in Month	1

Junior Members

Active Members	234	0 Net Change compared to previous month
Dues Paid Inactive	0	
Leave of Absence	10	
Subtotal	244	

Total Active Members	516
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Total Membership	627
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Combined Auxiliary Hours from Inception (to April 30, 2020): 6,034,917
Combined Auxiliary Hours for FY2019 (to April 30, 2020): 49,722
Combined Auxiliary Hours for April 30, 2020: 20

NOTE: Hooks & Needles hours for April were not available.

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

To: El Camino Hospital Board of Directors
From: John Conover, Chair, El Camino Health Foundation Board of Directors
Andrew Cope, President, El Camino Health Foundation
Date: May 26, 2020
Subject: Report on El Camino Health Foundation Activities FY20 Period 10
Purpose: For information.

Summary:

1. **Situation:** During period 10 of fiscal year 2020, El Camino Health Foundation secured \$589,024, bringing the total raised by end of April to \$9,367,298, which is 122% of the annual goal.
2. **Authority:** N/A
3. **Background:**

Major & Planned Gifts

In April, the Foundation received \$292,309 in major and planned gifts. This includes a \$250,000 donation to the Taft Center for Clinical Research to support El Camino Health's COVID-19 clinical trials, a \$20,000 gift to the Chinese Health Initiative from Chinese Cancer Memorial Foundation, and two \$10,000 gifts to the El Camino Health COVID-19 Emergency Response Fund.

Fundraising Events

➤ *Norma's Literary Luncheon*

In April, the foundation received \$10,000 in outstanding sponsorships for Norma's Literary Luncheon, bringing the event to 108% of its fundraising goal. The event took place on February 6.

➤ *Spring Event*

In light of COVID-19 the foundation has cancelled this year's gala and has set a new date of May 1, 2021. The beneficiary will remain the Women's Hospital renovation.

Annual Giving

In April, the foundation raised \$134,615 in annual gifts, primarily designated for the El Camino Health COVID-19 Emergency Response Fund. These include responses to the spring direct mail appeal, online donations, unsolicited donations, and matching gifts. This brings annual giving to 131% of goal for fiscal year 2020.

El Camino Health COVID-19 Emergency Response Fund

To date, the foundation has received nearly \$2.6 million in donations to the COVID-19 Emergency Response Fund. We have allocated the first half of these monies to El Camino Health. They are being used to defray the following costs:

- Staffing the COVID-19 command center.
- Preparations, including erecting the triage tents outside our emergency department.
- Third party medical staffing.
- Purchase of personal protective equipment.
- Child care provided by the YMCA.
- Financial assistance for employees experiencing significant financial hardship because of the virus.
- Gifts of vests for all El Camino Health employees to thank them for their service during this difficult time.

In addition, the foundation continues to receive in-kind donations of masks, gloves, gowns, other personal protective equipment and meals that are being distributed to hospital departments.

Upcoming Events

- *Red Envelope Celebration*, acknowledging the Chinese Health Initiative's 10th anniversary (replacing the South Asian Heart Center gala), Saturday, September 26, 2020 at Chef Chu's in Los Altos
- *El Camino Heritage Golf Tournament*, Monday, October 26, 2020 at Sharon Heights Golf & Country Club
- *Norma's Literary Luncheon*, Thursday, February 4, 2021, featuring Cathy comic strip artist and author Cathy Guisewite
- *Taking Wing*, a gala benefit to benefit the Women's Hospital renovation, Saturday, May 1, 2021 at Los Altos Golf and Country Club



FOUNDATION PERFORMANCE

FY20 Fundraising Report through 4/30/20 - Period 10					
ACTIVITY	FY20 YTD (7/1/19 - 4/30/20)	FY20 Goals	FY20 % of Goal	Difference Period 9 & 10	FY19 YTD (7/1/18 - 4/30/19)
Major & Planned Gifts	\$6,495,037	\$5,500,000	118%	\$292,309	\$15,683,083
Special Events	Spring Event	\$22,500	6%	\$0	\$91,000
	Golf	\$356,777	110%	\$3,500	\$342,080
	* SAHC / CHI Events	\$14,826	7%	\$0	\$222,926
	Norma's Literary Luncheon	\$216,865	108%	\$10,000	\$136,605
Annual Gifts	\$786,429	\$600,000	131%	\$134,615	\$587,427
Investment Income	\$1,474,864	\$500,000	295%	\$148,600	\$1,812,370
TOTALS	\$9,367,298	\$7,675,000	122%	\$589,024	\$18,875,491
<i>* Support transitioning from South Asian Heart Center to Chinese Health Initiative in FY20</i>					

Highlighted Assets through 4/30/20 - Period 10	
Board Designated Allocations	\$624,802
Donor Endowments	\$7,074,495
Operational Endowments	\$13,412,696
Pledge Receivables	\$4,189,698
Restricted Donations	\$15,746,541
Unrestricted Donations	\$2,276,399



Food & Hospitality Donation List -- ECH COVID-19 Relief

Donor Name - Restaurant/s	Gift
Aarhus Chiropractic	Gift Cards for Meals
Addepar - Chicken Meets Rice Restaurant, Dong Lai Shun Restaurant, Eat on Monday Food Truck Fambrini's Café, Jordon's Culinary Creations Restaurant, Maverick Jacks Restaurant, Ryan Scott 2 Go Catering, Slice of New York Restaurant	Meals
Amici's Restaurant	Meals
arm - Los Altos Taqueria	Gloves, N95 Masks, Hand Sanitizer, Gowns, Soap, Thermometers, Paper Towel, Apartment/Housing
Blue Line Pizza	Meals
Boy Scouts of America, Nolan Hinz - Blue Rock BBQ	Meals
Chef Chu's	Gift Cards & Meals
Chocotoo Café	Pastries
Colton & Hayden Sweatt - Purple Onion Café	Meals
CVS	Easter Candy
Cynthia Stretch	Gift Cards for Meals
Din Tai Fung Restaurant	Meals
Dohatsuten Restaurant	Meals
ECH Auxiliary - Stan's Donuts	Donuts
ECH Retiree's Association - House of Bagels	Meals
Ed Han - Dry Cleaning Service	Gift Cards
Facebook - Taqueria La Cazuela	Meals
feedyourhospital.org - K Tea Café	Meals
Fidelity Financial - Florentine Restaurant	Meals
Foothill Produce	Gift Cards
George Nyako - Elyse Restaurant	Meals
Girl Scouts of America	Cookies, Cards
House of Bagels	Meals
Hyatt Centric of Mountain View - c/o Julia Miller	Candy Bars with Inspirational Notes
Jake's Pizza of Saratoga	Gift Cards
Jalsa Foods	Meals
Jan Blasberg - Urfa Restaurant	Meals
Joe's Waffles	Waffles
Katie Hoover - DoorDash	Gift Cards
Kentucky Fried Chicken	Meals
Lai-Ching Huang - Marina Food	Meals
Legends Pizza	Meals
LinkedIn - Tommy Thai Restaurant	Meals
Mary Robertson - Mary Kay Cosmetics	Lotions
Max Valle, c/o Julia Miller - Gumba's Restaurant	Meals
Mercado la Torre Restaurant	Meals
Pamela & Ed Taft - Chef Chu's	Meals
Parsley Sage Rosemary & Thyme Catering	Meals
Pizza Guys	Meals
Ochon Restaurant	Meals
Quick Foods	Beverages
Red Pepper Restaurant	Gift Cards
RedRock Coffee	Gift Cards



Food & Hospitality Donation List -- ECH COVID-19 Relief

Re-Think IceCream	Ice Cream Cups
Robert Hernandez - Grill Masters BBQ	Meals
Romina & Kelly Ahuja - Rooh Indian Cuisine	Meals
Sand Hill Construction, Nandy Kumar - Lazy Dog Restaurant	Meals
Saratoga Federated Church - Bell Tower Restaurant, Florentine Restaurant	Meals
Satish & Maureen Rishi - Allota's Deli	Meals
Slice of New York Pizza	Direct Donation
Starbird Chicken	Meals
Starbucks	Coffee Beans
Sunshine Olive Oil	Olive Oil
Tipsy Nail Bar	Meals
Tootsie's Restaurant	Meals
Trader Joe's	Gift Cards
Vijay Bist - Amber India Restaurant	Meals



PPE Donation List -- ECH COVID-19 Relief

Company - Donor Name	Gift
Albert Lai	N95 Masks
Aaron Cheng	Misc Masks
Acco Management Company	Misc Masks
Addepar	Gloves, N95 Masks, Hand Sanitizer, Gowns, Soap, Thermometers, Paper Towel, Apartment/Housing
Alex Dang	N95 masks
Alexander Churchill & Miriam Connor	N95 Masks
Align Technology, Inc.	Misc Masks, Goggles, Disenfectent Spray
Alison Kim	KN95 Masks
Allure Labs, Inc.	Hand Sanitizer, Soap
Amanda Steele	N95 Masks
Amanda Yip	Surgical Masks
Angelina Lue	Surgical Masks
Anli He & Yue Fei	N95 Masks, Paper Towel, Soap
Anne-Marie Kyrimes	Fabric Masks
Apple, Inc.	Face Shields
arm Treasure Data	Surgical Masks
Ashley Gjovik	N95 & Surgical Masks
Barbara Dehn	N95 Masks
Becky Russell	N95 Masks
Beyond Li, Inc.	Gowns
Bill J. Hope Foundation	Misc Masks
Bo Wu	Surgical Masks
Bob Kanefsky	N95 Masks, Sanitary Wipes, Thermometers
Bonnie Hirsch	Gloves, Thermometers, Wipes
Bridge Road International Foundation	Goggles, Misc Masks
Bryan Stephenson	Gloves, Hand Sanitizer, Paper Towel, Surgical Masks
Cam T. Nguyen	Surgical Masks
Carol Petersen	Fabric & Misc Masks
Caroline & Peter Landsberger	Misc Masks
Chalise Grogan	N95 Masks
Chen Liang	N95 Masks
Chen Wang	Surgical Masks
Chinese American Semiconductor Profession Association & CAC	Goggles, Gowns
Chinese Bay Area Workers & International Students Parents	Misc Masks
Chinese Christian Mission	Misc Masks
Christine Brody	N95 Masks
Clement Wang	Gloves, N95 Masks, Paper Towel, Face Shields
Colleen Fleming	N95 Masks, Face Shields, Goggles



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Corinne Blankenship	Surgical & Misc Masks
Courtney Mayeda	Gloves
Crystal Li	Surgical Masks
Cupertino Union School District	Gloves, Sanitary Wipes
Daniel Chapin	N100 & Misc Masks
Daniel Wu	N95 Masks
David C. Zhang	N95 Masks
De Anza College Nursing Program	Face Shields, Gloves, Gowns, N95 Masks
Dianxin Zhang	Surgical Masks
Donghua Liu	N95 Masks
Du Tao Lina	Surgical Masks
Ella Wu	N95, Disposable & Surgical Masks
Emily Zhou	Face Shields, N95 & Surgical Masks, Paper Towel
Enlight Foundation	KF94 & N95 Masks, Gowns
Eric Hu	Surgical Masks
Erica Goldsworth	Gloves
Ester Wong	Gloves, N95 & Surgical Masks, Wipes
Fang Han	N95 Masks
Fanyi Zhao	Surgical Masks
Fei Xu	Surgical Masks
Fred Yang	N95 Masks
Fujifilm Dimatix, Inc.	Face Shields, Misc Masks
Gary Roberts	N95 Masks
Geng Du	Surgical Masks
Gloria Han	N95 Masks
Go-Fund Me - Anne Chen	N95 Masks
Gold Sage Monastery	N95 & Surgical Masks, Gowns
Golden Altos Corporation	Gloves, N95 & Surgical Masks
Googain & Maxreal, Inc.	Misc Masks
Greene Middle School - Science Department	Gloves
Guang Xu	Surgical Masks
HairbyJade17 Los Gatos	Gloves
Haitang Wang	Surgical Masks
Han Liu	N95 & Surgical Masks, Wipes
Haoren Zheng	Surgical Masks
Hongzhang Yin	Surgical Masks
Huan Li	Surgical Masks
IGG (Sky Union)	N95 Masks
IGM Biosciences	Gloves, Shoe Covers
iHealth Labs, Inc.	N95 Masks
Ines Koch	Gloves, Hand Sanitizer, Wipes, Painter Overalls, Goggles
International Outlook Foundation	Masks
loi Lam	Face Shields



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Isabelle Nicolet	N95 Masks
Ivy Xu	Surgical Masks
IX Systems Technologies, Inc.	N95 Masks
J. Beatie	Gloves
Jai Cho	N95 & Surgical Masks
James Lim	KN95 Masks
Jan Parcel	Misc Masks, Gloves, Hand Sanitizer
Jane Liang	N95 Masks
Jane Piller-Wilson	Fabric Masks
Jeffrey Zhang	Misc Masks
Jie Han	Surgical Masks
Jie Lu	Surgical Masks
Jingjing Song	Surgical Masks
Jingyu Wu	Surgical Masks
Joe T. Williams	Pillow Cases, Guaze Pads, Booties, Gloves, N95 Masks, Paper Hasmat Suite, Pants, Goggles
Joe Williams	Gloves, Gowns, N95 Masks
John Corson	N95 Masks
John Kristian	Gloves
John Rinehart	N95 Masks
Joseph Liao	Surgical Masks
Joshua Schachter	N95 & Surgical Masks, Gloves
Julie Feng	Surgical Masks
Julie Taylor	Fabric Masks
Jun Han	N95 Masks
K. Chico	Gloves, Wipes
Kai Shan Sou	Surgical Masks
Kamet Precision Machining & Assembly	Goggles
Karen Ho, DDS, Inc.	Gloves, Gowns
Karen Wagstaffe	Gloves
Kay Tan	N95 Masks
Kitty Hussain	Hand Sanitizer, Wipes
Kristopher Brown	Ear Savers
Kwong Wah Baptist Church	Surgical Masks
Kyle Brown	N95 Masks
Larry Okumoto	Cleanroom Suits
Leann Lusco	N95 Masks
Lei Cheng	Surgical Masks
Liam Murphy	N95 Masks, Gloves
Lianlian Zhang	Surgical Masks
Lie Wang	Surgical Masks
Lillian Lin	Gloves, Gowns, Goggles, Shoe Covers
Lin Gong	Surgical Masks
Lipsa Rout	Surgical Masks



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Lisa & William Rogers	Goggles, N95 Masks
Lisa McLain	N95 Masks
Lisa-Anne Chung	N95 Masks
Liting Xu	Surgical Masks
Liwei Cai	Surgical Masks
Lockheed Martin Advanced Technology Center	Gloves, Hair Covers, Surgical Masks, Swabs
Lockheed Martin Space	Gowns
Louisa Roberts	N95 Masks
Mac McConnell	Wipes
Maker Nexus COVID-19 Response Team	Face Shields
Marcene Van Dierendonck	N95 Masks
Marcus Middleton	N95 Masks, Paper Towel, Goggles
Margaret Austin	Gloves, Misc Masks, IV Prep Wipes
Maria Yang	Surgical Masks
Mark Johnson	N95 Masks
Maxreal Cupertino Office - Miscellaneous Agents	Surgical Masks
MedSupplyDrive	Gloves & Surgical Masks
Mei Song	Surgical Masks
Melissa Layton	Fabric Masks
Miao Wang	N95 Masks
Miao Zhang	Surgical Masks
Michael Busch	Gloves, Misc Masks
Michele Chen	Surgical Masks
Michelle Chen & Bill Jia	Misc Masks
Mike Counsil Plumbing, Inc.	Shoe Covers
Mitchell Lee	N95 Masks
Monica Arpino	N95 masks
Mountain View & Neighborhood Chinese Community	N95 & Surgical Masks, Wipes, Alcohol
Mylene Tan	N95 Masks
Ngoc My Huynh	N95 Masks
Niamh Murphy	Fabric Masks
Nicole Lam	Face Shields
Nikhil Bakshi	Nitrile Gloves, N95 Masks, Hand Sanitizer, Wipes
N. Charity League Almaden/Blossom Valley Chapter	Fabric Masks
Onelin Capital Corporation	Surgical Masks
Palo Alto Sewn Masks and Supplies	N95 Masks, Face Shields
PandaWorld	KN95 Masks
Pat Yuen	Gloves, Wipes, Soap, Surgical Masks
Pei Hsien Ren	N95 Masks
Pei Zhou	Surgical Masks
Print2Protect	Face Shields
Rachel Gilbert	N95 Masks
Rachel Tai	Surgical Masks
Rebecca Barthel	Gloves



PPE Donation List -- ECH COVID-19 Relief

Renee Scherer	N95 Masks
River of Life Christian Church	N95 & Surgical Masks, Hand Sanitizer, Wipes
Roberto Sapirman	N95 Masks
Roxwood Medical, Part of Boston Scientific	Gloves, Hand Sanitizer, Gowns, Misc & Surgical Masks, Face Shields
Ruchun Yang	Gloves, N95 Masks
Rui Yu	N95 Masks
Runxuan Wei	N95 & KN95 Masks
Ryan McDonald	Surgical Masks
Sabrina Wu	N95 Masks
San Jose Viet Running Club	Misc Masks, Face Shields
Sarah Zou	Gowns
Saratoga Union School District	Gloves, N95 & Surgical Masks
Scientific Equipment Repair	Gowns, Hair Covers, Shoe Covers, Sleeves
Scott Kittleson	N95 Masks
Sharon Liang	Misc Masks
Shiwen Shen	Surgical Masks
Southeast University Alumni Association	Gloves, N95 Masks
Stamps.com	Gloves, Misc Masks, Bleach Spray
Steven Newman	N95 Masks
Summer Hsia	N95 Masks
Sunny Town Cleaners & Tailors	Fabric Masks
SV Chinese American Computer & Commerce Assn	DuPont Tychem QC Coveralls
Synthego Corporation	Nitrile Gloves
Tanya Ngo	Misc Masks, Wipes
Tao Wu	Gloves, N95 Masks, Hand Sanitizer, Paper Towel
TE Connectivity	Face Shields
Teresa Li	Surgical Masks
Thach Nhuyen	Surgical Masks
Tianmu Education Foundation	Gowns
Tina Yuan	Surgical Masks
Ting Xu	Gloves, Hand Sanitizer, N95 Masks, Paper Towel
Tingting Zhang	Surgical Masks
Tingwen Li	Surgical Masks
Tollner Painting, Inc.	N95 Masks
UCSF - Makers of Shields	Face Shields
Veronica Chouinard	Fabric Masks
Victor & Alison Kim	KN95 Masks
Vietnamese Moms	Gloves, N95 Masks, Hand Sanitizer, Wipes, Lysol Spray
Vivian Wang	Surgical Masks
Wanbing Yuan	Surgical Masks
Wendy Gross	N95 Masks
Wenting Jing	N95 Masks



PPE Donation List -- ECH COVID-19 Relief

Wenxia Yu	Gloves, N95 Masks
Winnie Hui	Misc Masks
Xiang Gao	N95 Masks
Xianhe Xi	Surgical Masks
Xiaoli Liang	Surgical Masks
Xiaolin Huang	Surgical Masks
Xiaoqing Ma	Surgical Masks
Xichen Zhang	Surgical Masks
Xuan Yu	Surgical Masks
Xueying Cao	Surgical Masks
Xunmei Wei	Surgical Masks
Yan Gu	Surgical Masks
Yan Long	Surgical Masks
Yanan Xie	N95 & Surgical Masks
Yang Liu	N95 & Misc Masks
Yang Ou	Surgical Masks
Yang Zhong	Goggles
Yi-an Chen	N95 Masks
Yiling Chen	KNO90 Masks
Yimin Kang	N95 Masks, Wipes, Alcohol Pads
Ying Liu	Wipes
Ying Zhang	Surgical Masks
Yuanyuan Sun	Surgical Masks
Yubing Yi	Surgical Masks
Yuguan Jiang	Surgical Masks
Yun Liu	Surgical Masks
Yunbing Tan	Surgical Masks
Zaz Nicolet	N95 Masks
Zhang Initiative Foundation	N95 Masks
Zhibing Ge	N95 Masks
Zigun Ye	Surgical Masks

Visitor Guidelines

Effective: June 1, 2020

Thank you for allowing El Camino Health to care for you and your loved ones. Safety is our highest priority. In order to continue to protect everyone in the building and reduce the risk of COVID-19, we have added measures to ensure you and your family continue to receive safe care.

All visitors will be screened and asked to follow entry requirements outline below. We ask that you respect this guideline and follow these procedures for the safety of everyone.

Visitor Screening Process:	Entry Requirements:
<ol style="list-style-type: none"> Have you been in contact with a confirmed COVID-19 patient within 14 days of symptom onset? Do you have any of the following symptoms? <ul style="list-style-type: none"> Fever Cough Shortness of breath or difficulty breathing Chills Muscle Pain Sore Throat New loss of taste or smell <p>If yes to any question above - Visitor may not enter</p>	<ol style="list-style-type: none"> Temperature Check: Temperature must be under 100F degrees (if 100F or higher, will not be allowed to enter) Wear Hospital Provided Mask at all times in the building - Screeners will provide you a hospital mask. Cloth masks are not allowed. Gel in/Hand hygiene-Visitors will need to gel or use hand sanitizer on entry. Limit personal belongings you bring with you for your visit. Limit your visit to the patient room, and kindly do not go elsewhere in the hospital.

Visiting Hours and Guidelines by Department (all visitors must be screened and follow entry requirements):		
Inpatient Departments	11 a.m. – 7 p.m.	Patient must designate two (2) visitors per stay. Only one (1) visitor allowed per day for maximum of two (2) hours.
Pediatrics	Open hours	One (1) visitor allowed
Labor and Delivery/ Maternity / NICU	Open hours	One (1) visitor allowed
Emergency Department	Open hours	One (1) visitor allowed
Surgery Departments	During times surgery is in process	One (1) visitor allowed
Exception to Visitor Guidelines Include:		
End of Life	Open hours with Assistant Hospital Manager (AHM) guidance	Three (3) visitors allowed – may come on the same day
COVID-19 + (Positive Patients)		No visitors allowed. Ask nurse for accommodations regarding virtual visits.

We value you and the trust you have placed in us to keep our patients, families and staff safe.