



BOARD OF DIRECTORS: Peter C. Fung, MD | Julia E. Miller | Carol A. Somersille, MD | George O. Ting, MD | John L. Zoglin

**AGENDA
MEETING OF THE
EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS**

Tuesday, June 18, 2024 – 5:30 pm

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

THE PUBLIC IS INVITED TO JOIN THE OPEN SESSION PORTION OF THE MEETING LIVE AT THE ADDRESS ABOVE OR VIA TELECONFERENCE AT:

1-669-900-9128, MEETING CODE: 962 6729 6223#. No participant code. Just press #.

To watch the meeting, please visit:

[ECHD Meeting Link](#)

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

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

A copy of the agenda for the Special 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) 988-3218** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1.	CALL TO ORDER/ROLL CALL	George Ting, M.D., Board Chair	Information	5:30
2.	CONSIDER APPROVAL FOR AB 2449 REQUESTS	George Ting, M.D., Board Chair	Possible Motion	5:30
3.	SALUTE TO THE FLAG	George Ting, M.D., Board Chair	Information	5:30
4.	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	George Ting, M.D., Board Chair	Information	5:30
5.	PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons desiring to address the Board on any matter within the subject matter jurisdiction of the Board that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Public Comments <i>Comments may be submitted by mail to the El Camino Hospital District Board of Directors at 2500 Grant Road, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted to the agenda.</i>	George Ting, M.D., Board Chair		5:30

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
6.	<p>CONSENT CALENDAR <i>Items removed from the Consent Calendar will be considered separately.</i></p> <p>Action Items</p> <p>a. Approve Minutes of the Open Session of the District Board Meeting (05/21/2024)</p> <p>b. Receive Q4 FY24 ECHD Sponsorships Report</p> <p>c. Receive report FY24 Pacing Plan</p> <p>d. Receive FY25 Pacing Plan</p>	George Ting, M.D., Board Chair	Motion Required	5:30 – 5:40
7.	<p>PROPOSED RESOLUTION 2024-08: SETTING MEETING DATES FOR FY25</p> <p>a. Adopt Resolution 2024-08</p>	George Ting, M.D., Board Chair	Motion Required	5:40 – 5:45
8.	APPOINTMENT OF LIAISON TO THE COMMUNITY BENEFIT ADVISORY COUNCIL	George Ting, M.D., Board Chair	Motion Required	5:45 – 5:50
9.	ECHD NEWSLETTER	George Ting, M.D., Board Chair	Discussion	5:50 – 6:00
10.	FY25 COMMUNITY BENEFIT PLAN	Jon Cowan, Executive Director, Government Relations and Community Partnerships	Motion Required	6:00 – 6:15
11.	<p>ECHD FINANCIAL REPORT</p> <p>a. Approve FY25 Operating Budget – ECHD and ECH & Affiliates</p> <p>b. Receive FY24 Period 10 Financial Report</p>	Carlos Bohorquez, CFO	Motion Required	6:15 – 6:45
12.	<p>ESTABLISHING TAX APPROPRIATION LIMIT FOR FY24 (GANN LIMIT)</p> <p>a. Adopt Resolution 2024-09</p>	Michael Walsh, Controller	Motion Required	6:45 – 6:50
13.	DISTRICT CAPITAL OUTLAY FUNDS	Ken King, Chief Administrative Services Officer	Motion Required	6:50 – 6:55
14.	RECESS TO CLOSED SESSION	George Ting, M.D., Board Chair	Motion Required	6:55 – 6:56
15.	<p><i>Health & Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets regarding new district services or programs:</i></p> <p>DISTRICT REAL ESTATE STRATEGY</p>	Ken King, Chief Administrative Services Officer	Discussion	6:56 – 7:15
16.	<p><i>Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – Senior Management:</i></p> <p>EXECUTIVE SESSION</p>	George Ting, M.D., Board Chair	Discussion	7:15 – 7:25
17.	<p>APPROVE MINUTES OF THE CLOSED SESSIONS OF THE DISTRICT BOARD MEETINGS</p> <p>a. Minutes of the Closed Session of the District Board Meeting (03/19/2024)</p> <p>b. Minutes of the Closed Session of the District Board Meeting (05/21/2024)</p>	George Ting, M.D., Board Chair	Motion Required	7:25 – 7:26

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
18.	ADJOURN TO OPEN SESSION	George Ting, M.D., Board Chair	Motion Required	7:26 – 7:27
19.	RECONVENE OPEN SESSION/ REPORT OUT	George Ting, M.D., Board Chair	Information	7:27
20.	BOARD ANNOUNCEMENTS	George Ting, M.D., Board Chair	Information	7:27 – 7:29
21.	ADJOURNMENT Appendix	George Ting, M.D., Board Chair	Motion Required	7:30 pm



**El Camino Healthcare District Board of Directors
Open Session Meeting Minutes**

Tuesday, May 21, 2024

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

Board Members Present

George O. Ting, MD, Chair
Carol A. Somersille, MD, Vice Chair
John Zoglin, Secretary/Treasurer
Peter C. Fung, MD
Julia E. Miller

Others Present

Dan Woods, CEO
Carlos Bohorquez, CFO
Theresa Fuentes, Chief Legal Officer
Jon Cowan, Senior Director, Government Relations and Community Partnerships
Jeff Cowart, Consultant, ECH Marketing and Communications **

Others Present (cont.)

Tracy Fowler, Director, Governance Services
Gabriel Fernandez, Governance Services Coordinator
Mike Cloutier, Chief Executive Officer Caminar
Mike Ichikawa, Photographer

Board Members Absent

None

**Via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Ting called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 5:30 pm and reviewed the logistics for the meeting. A verbal roll call was taken; Directors Fung, Miller, Somersille, Ting, and Zoglin were present, constituting a quorum.	Call to Order at 5:30 pm.
2. CONSIDER AB 2449 REQUESTS	Chair Ting asked if any members of the Board are appearing remotely per AB 2449. None were noted.	
3. SALUTE TO THE FLAG	Chair Ting asked Director John Zoglin to lead all present in the Pledge of Allegiance.	
4. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Ting asked if any Board members had a conflict of interest with any of the items on the agenda. No conflicts were noted.	
5. PUBLIC COMMUNICATION	Chair Ting asked if there were any members of the public with comments for any items not listed on the agenda. There were no members of the public present.	
6. CONSENT CALENDAR	<p>Chair Ting inquired if any member of the Board intended to remove any item from the consent calendar.</p> <p>Item B) Approve Minutes of the Closed Session of the District Board Meeting (03/19/2024) was removed for further discussion. The Board requested that closed-session items be listed on a closed-session consent calendar for future meetings. Item B was tabled for a vote at a future meeting.</p> <p>Motion: To approve the consent calendar items minus item B</p> <p>Movant: Miller Second: Fung Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None</p>	The consent calendar was approved minus item B.

	<p>Absent: None Recused: None</p>	
<p>7. COMMUNITY BENEFIT SPOTLIGHT: CAMINAR</p>	<p>Mr. Cowan introduced Mr. Mark Cloutier, Chief Executive Officer of Caminar. Mr. Cloutier gave an overview of the mission of Caminar and the programs that the El Camino Healthcare District invests in. Mr. Cloutier shared testimonials from program participants and continued to share current trends that Caminar is seeing within the community.</p> <p>Motion: To approve Resolution 2024-07 recognizing the work of Caminar.</p> <p>Movant: Somersille Second: Miller Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Resolution 2024-07 was approved.</p>
<p>8. PUBLIC HEARING TO CONSIDER ADOPTION OF A RESOLUTION INCREASING BOARD MEMBER COMPENSATION FROM \$110 PER MEETING TO \$115.50 PER MEETING</p>	<p>The Board discussed the process and procedure for increasing Board Member Compensation. Chair Ting opened the hearing for public comment on the matter. No members of the public shared any comments. The Board shared their positions on the possible increase. Chair Ting closed the public hearing.</p> <p>Motion: To adopt resolution 2024-06</p> <p>Movant: Somersille Second: Miller Ayes: Miller, Somersille, Ting Noes: Fung, Zoglin Abstentions: None Absent: None Recused: None</p> <p>Motion: To approve changes to the El Camino Healthcare District Board Director Compensation and Reimbursement policy</p> <p>Movant: Zoglin Second: Somersille Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Resolution 2024-06 Approved</p> <p>Revisions to the El Camino Healthcare District Director Compensation and Reimbursement policy Approved</p>

<p>9. ECHD NEWSLETTER UPDATE</p>	<p>The Board discussed the ECHD Newsletter Update. The Board discussed the specifics and desired focus of the Newsletter. The Board inquired regarding whether articles can be drafted by Board members and shared in the newsletter. Ms. Fuentes advised that any drafted communications in the newsletter would not be able to mention specific Board members since District funds are being utilized for the newsletter.</p> <p>Motion: To approve the creation of a newsletter to be mailed by the US Postal Service to approximately 95,000 households in the El Camino Healthcare District at an estimated annual cost of \$100,000 for two newsletters</p> <p>Movant: Miller Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	
<p>10. FY25 COMMUNITY BENEFIT PLAN</p>	<p>Mr. Cowan provided the FY25 Community Benefit Plan. Mr. Cowan covered overviews of grant application funds and the selection process for these. Mr. Cowan reviewed the received and recommended proposals across FY23, FY24, and FY25. Mr. Cowan continued to share the Grant Proposal timeline with the Board. The Board inquired regarding dual-funded programs and updates on the FY24 acknowledgment of funds from the district-funded programs.</p>	
<p>11. RECEIVE ECHD FY24 FINANCIAL REPORT: PERIOD 9</p>	<p>Mr. Bohorquez provided the FY24 Period 9 Financial report. Mr. Bohorquez reviewed the comparative statement of revenues and expenses through March 31st, 2024. Mr. Bohorquez proceeded to review the standalone balance sheet for the Healthcare District. Mr. Bohorquez continued to review the revenue and expenses statement, citing timing as the indicator for slight underperformance. Mr. Bohorquez stated that these gains should materialize in Q4.</p> <p>Motion: To receive the ECHD FY24 Period 9 Financial report</p> <p>Movant: Fung Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>FY24 Period 9 Financial Report was approved.</i></p>

<p>12. RECESS TO CLOSED SESSION</p>	<p>Motion: To recess to closed session at 7:19 pm</p> <p>Movant: Zoglin Second: Ting Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Recessed to Closed Session at 7:19 pm</i></p>
<p>13. AGENDA ITEM 15: RECONVENE OPEN SESSION / REPORT OUT</p>	<p>The open session was reconvened at 7:29 p.m. by Chair Ting. Agenda Items 13-14 were addressed in closed session.</p> <p>Mr. Fernandez reported that during the closed session, the El Camino Healthcare District Board did not take any reportable actions.</p>	<p><i>Reconvened Open Session at 7:29 pm</i></p>
<p>14. AGENDA ITEM 16: BOARD ANNOUNCEMENTS</p>	<p>Director Miller complimented Director Zoglin for attending the Sunnyvale Community Service Agency event. Director Miller also thanked Director Zoglin for pledging to donate time to support the agency. Director Fung shared that May is Stroke Month. Director Fung shared details and important statistics on strokes.</p>	
<p>15. AGENDA ITEM 17: ADJOURNMENT</p>	<p>Motion: To adjourn at 7:32 pm.</p> <p>Movant: Miller Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p><i>Meeting adjourned at 7:32 pm</i></p>

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

 John Zoglin
 Secretary/Treasurer, ECHD Board

Prepared by: Gabriel Fernandez, Governance Services Coordinator
 Reviewed by: Tracy Fowler, Director, Governance Services and Theresa Fuentes, Chief Legal Officer



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Jon Cowan, Executive Director Government Relations & Community Partnerships
Date: June 18, 2024
Subject: Community Benefit Sponsorships

Purpose:

To provide the Board with FY2024 ECHD Sponsorships June 2024.

Summary:

1. **Situation:** Community Benefit Staff was asked to keep the Board informed regarding Community Benefit Sponsorships YTD.
2. **Authority:** Board reviewed and approved \$85,000 for Sponsorships in the FY2024 Community Benefit Plan in June 2023.
3. **Background:**
 - Sponsorship information and instructions are available on the District website.
 - Requests include sponsorship packets that outline event date, purpose, levels of sponsorship and requirements for sponsor acknowledgement. These requests are reviewed throughout the year as they come in by Community Benefit Staff and the other designated departments that provide community sponsorships (e.g., Marketing & Communications and Government Relations & Community Partnerships).
 - Community Benefit-funded Sponsorships provide general support for health-related agencies improving the well-being of the community.
 - Community Benefit Sponsorships from **June 1, 2024 – June 30, 2024** totaled **\$0** (sponsorships occur at different times throughout the fiscal year).
4. **Assessment:** N/A
5. **Other Reviews:** N/A
6. **Outcomes:** N/A

List of Attachments: N/A

Suggested Board Discussion Questions: None. This is an informational consent item.



**EL CAMINO HEALTHCARE DISTRICT
FY2024 PACING PLAN / MASTER CALENDAR**

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
STANDARD												
Public Communication				✓				✓	✓		✓	✓
Spotlight Recognition				✓				✓			✓	
FINANCE⁴												
Financials				✓				✓	✓			✓
Budget											✓	✓
Tax Appropriation												✓
COMPLIANCE												
Financial Audit – Consolidated ECH District Financials				✓								
Approve Hospital Audit				✓								
COMMUNITY BENEFIT												
CB Year-End Report				✓								
CBAC Policy – Annual Approval				✓								
CB Plan Study Session											✓	
CB Mid-Year Metrics											✓	
Approval of CB Plan												✓
Grant Partner Site Visit				✓		✓		✓	✓			
GOVERNANCE												
Appointment of El Camino Hospital Board Member Election Ad Hoc Committee & Advisors				✓								
El Camino Hospital Board Member Election Ad Hoc Committee Update								✓	✓		✓	
Possible Re-appointment of El Camino Hospital Board Member								✓				
Possible Election of El Camino Hospital Board Member											✓	
Review Process for Board Officer Election											✓	
Appointment of Liaison to the Community Benefit Advisory Council												✓
Approval of Pacing Plan & Meeting Dates												✓
EXECUTIVE PERFORMANCE												
CEO Performance Review				✓								
DISTRICT REAL ESTATE												
Real Estate Update												✓



EL CAMINO HEALTHCARE DISTRICT FY2025 PACING PLAN / MASTER CALENDAR

AGENDA ITEM	Q1			Q2			Q3			Q4		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
COMMUNITY BENEFIT												
Spotlight Recognition				✓		✓		✓			✓	
CB Year-End Report				✓								
CBAC Policy – Annual Approval				✓								
CB Plan Study Session											✓	
CB Mid-Year Metrics											✓	
Approval of CB Plan												✓
Grant Partner Site Visit				✓		✓		✓	✓			
COMPLIANCE												
Financial Audit – Consolidated ECH District Financials				✓								
Approve Hospital Audit				✓								
DISTRICT REAL ESTATE												
Real Estate Update				✓					✓			
District Capital Outlay												✓
EXECUTIVE PERFORMANCE												
CEO Performance Review		✓										
CFO Performance Review		✓										
FINANCE												
Financials		✓		✓				✓	✓			✓
Budget											✓	✓
Tax Appropriation (Gann limit)												✓
GOVERNANCE												
Appoint Ad Hoc Committee & Advisors for ECHB Director Election						✓						
ECHB Director Ad Hoc Committee Update								✓	✓		✓	
Appointment/Re-appointment of El Camino Hospital Board Director								Incumbent			✓ New	
Review Process for ECHD Board Officer Election (<i>Odd Years</i>)											✓	
ECHD Board Officer Election (<i>Odd Years</i>)												✓
Appointment of Liaison to the Community Benefit Advisory Council												✓
Pacing Plan & Meeting Dates												✓
Oath of Office for Newly Elected/Re-elected Directors (<i>Even Years</i>)						✓						
Possible Appointment to ECHB Board for Newly Elected Directors (<i>Even Years</i>)						✓						
ECHD Board Self-Evaluation		✓										
ECHD Bylaws Review								✓				



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board of Directors
From: George Ting, MD, Chair
Date: June 18, 2024
Subject: Proposed Resolution 2024-08: Setting Meeting Dates for FY25

Recommendation:

To approve Proposed Resolution 2024-08: Setting Meeting Dates for FY25

Summary:

1. **Situation:** Pursuant to California Government Code Section 54954(a) "Each legislative body of a local agency, except for advisory committees or standing committees, shall provide, by ordinance, resolution, bylaws or by whatever other rule is required for the conduct of business by that body, the time and place for holding regular meetings. "
2. **Authority:** Article VI (3)(a) of the District Bylaws state: "Regular meetings of the District Board shall be held without call on the date and at the time and place established, from time-to-time, by resolution of the District Board. The District Board may establish the date, time, and place of one (1) or more regular meetings in any such resolution."
3. **Background:** The District has routinely approved a Resolution adopting an annual meeting schedule. For the last several years, the Board has scheduled quarterly meetings in October, January, March, and June for the purpose of conducting the District Board's usual business and a May meeting primarily for the purpose of reviewing the annual Proposed Community Benefit Plan. In election years, the District Board also schedules a December meeting for the purpose of administering the Oath of Office to Board members elected or re-elected in the November Election and for electing El Camino Hospital Board members. In FY24 the Board requested that quarterly site visits be incorporated into the meeting schedule to increase participation and transparency.
4. **Outcomes:** Meeting Schedule for FY25 established and provided to the public.

List of Attachments: Proposed Resolution 2024-08



El Camino Healthcare District Board Meetings **Proposed FY2025 Dates**

BOARD MEETING DATES
Tuesday, August 20, 2024
Tuesday, October 15, 2024
Friday, October 25, 2024 – Site Visit
Wednesday, December 4, 2024 – Oaths of Office Ceremony
Friday, December 13, 2024 – Site Visit
Tuesday, February 11, 2025
Friday, February 7, 2025 – Site Visit
Tuesday, March 18, 2025
Friday, March 28, 2025 – Site Visit
Tuesday, May 20, 2025
Tuesday, June 17, 2025



Resolution 2024-08

Resolution of the Board of Directors of El Camino Healthcare District Establishing Meeting Dates and Time

RESOLVED, Article VI, Section 3(a) of the Bylaws of El Camino Healthcare District requires the Board to adopt a resolution setting meeting dates; be it further,

RESOLVED, that the meeting dates of the District Board for FY 2025 as stated on the attached Exhibit A; be it further,

RESOLVED, all meetings of the District Board shall be held at El Camino Hospital, 2500 Grant Road, Mountain View, California 94040, unless another location is identified on the meeting notice, which shall be posted at least 72 hours before the meeting or telephonically in accordance with State of California Executive Orders that may, from time to time, temporarily suspend certain provisions of the Ralph M. Brown Act requiring a physical meeting location.

RESOLVED, that the meeting dates shall be posted at El Camino Hospital, on the El Camino Healthcare District website and shall be mailed or e-mailed to all persons who have requested notice of EL Camino Healthcare District meetings in writing as of January 1 each year.

DULY PASSED AND ADOPTED at a Meeting held on the 18th day of June, 2024 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

By: _____

John Zoglin
Secretary/Treasurer, ECHD Board of Directors

EXHIBIT A

El Camino Healthcare District Board Meetings FY2025 Dates

BOARD MEETING DATES
Tuesday, August 20, 2024
Tuesday, October 15, 2024
Friday, October 25, 2024 – Site Visit
Wednesday, December 4, 2024 – Oaths of Office Ceremony
Friday, December 13, 2024 – Site Visit
Tuesday, February 11, 2025
Friday, February 7, 2025 – Site Visit
Tuesday, March 18, 2025
Friday, March 28, 2025 – Site Visit
Tuesday, May 20, 2025
Tuesday, June 17, 2025



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Jon Cowan, Executive Director, Government Relations & Community Partnerships
Date: June 18, 2024
Subject: FY2025 Community Benefit Plan

Purpose: To approve the FY2025 El Camino Healthcare District Implementation Strategy Report and Community Benefit Plan (Community Benefit Plan). To approve authority for Jon Cowan, Executive Director of Government Relations & Community Partnerships, to execute all grant agreements specified in the Community Benefit Plan.

Summary:

1. **Situation:** FY2025 Community Benefit Plan totals \$8.05 million and includes funding recommendations for 59 applications, sponsorships and placeholder
2. **Authority:** Board approval of the FY2025 Community Benefit Plan
3. **Background:**

FY2025 Community Benefit Plan Summary

- **Grant Applications:**
 - 72 applications requested: \$9,687,470
 - 59 applications recommended for funding: \$7,840,000
 - Total unfunded: \$1,847,470
- **Sponsorships:** \$90,000
- **Placeholder:** \$120,000

FY2025 ECHD Total Plan Request: \$8,050,000

Community Benefit Plan

Drawing from the findings in the 2022 Community Health Needs Assessment (CHNA), the FY2025 Implementation Strategy Report and Community Benefit Plan outlines goals and initiatives that address our community's most pressing health needs.

4. **Assessment:** N/A
5. **Other Reviews:**
 - a. On April 24, 2024, Community Benefit Advisory Council (CBAC) provided funding recommendation consensus reflected in the FY2025 Application Index and Summaries.
 - b. On May 21, 2024, El Camino Healthcare District Board of Directors conducted a study session to review the FY2025 funding recommendations.

6. Outcomes: Approve plan as recommended or approve plan with amendments

List of Attachments:

1. FY2025 ECHD Implementation Strategy Report and Community Benefit Plan
2. FY2025 ECHD Proposal Index and Summaries
3. Dual Funded Programs Summary

Suggested Board Discussion Questions: N/A



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

FY2025 ECHD Community Benefit Plan

Jon Cowan

Executive Director, Government Relations & Community Partnerships

June 18, 2024

Timeline for District Community Benefit

September 2023

January 2024

April 2024

July 2024

Deliverable

**Board
(Approve)**

- Guiding Principles
- Ranked Health Needs
- Process changes
- FY2025 Grants

Oct. 17



May 21



(Impl. Strategy
& Plan)
June 18



**CBAC
(Review)**

- Guiding Principles
- Ranked Health Needs
- Process changes
- FY2025 Grants

Nov. 30

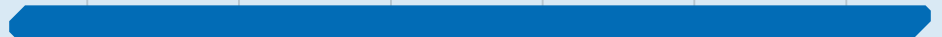
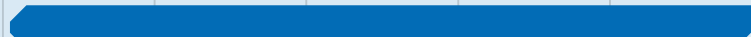


Apr. 24



**Management
& Staff
(Execute)**

- Guiding Principles
- Ranked Health Needs
- Process changes
- FY2025 Grants



Agenda

1. Feedback from May Study Session and Action to Address
2. FY2025 Summary
3. Recommendation



Feedback from May Study Session and Action to Address

Item	Action
<p>Increase sponsorship budget and consider clearer threshold externally for when a request may be better fit for sponsorship vs. a grant.</p>	<p>\$5,000 moved from Placeholder to Sponsorship in budget for FY2025. For FY2026 grant guide, planning to provide guidance that for organizations seeking under \$10,000, the sponsorship program may be a better fit for them to apply to.</p>
<p>Include one-line/one-phrase description of each sponsored event in sponsorships memo.</p>	<p>Will be implemented going forward.</p>
<p>Consider whether Health Care Navigation Specialist should be funded out of Hospital vs. District CB.</p>	<p>The position is based in Mountain View and the focus is for the benefit of the district and the people served by the district. The healthcare district board has also desired greater focus on helping to make care connections in the district geography. Management and staff will assess usage in FY2025 to consider if a different approach is warranted for FY2026.</p>
<p>Assess opportunities for agencies to acknowledge ECHD as a funder on their website or social media.</p>	<p>After year end reports are submitted for FY2024, staff will reach out to grantees that haven't acknowledged ECHD as a funder on their website or on social media to understand if there are opportunities to do so that haven't been realized.</p>



FY2025 Summary of Proposal Portfolio

72

Proposals

Requested

\$9.7M

1% decrease

\$7.8M

Available



ECHD Grants Grouped by Health Need*

	Health Need	FY2024 Approved	FY2024 %	FY2025 Proposed	FY2025 %
Healthcare Access & Delivery (including oral health)	Healthcare Access & Delivery	\$3.944 million	51%	\$3.978 million	51%
Behavioral Health (including domestic violence & trauma)	Behavioral Health	\$1.830 million	24%	\$1.862 million	24%
Diabetes & Obesity	Diabetes & Obesity	\$1.160 million	15%	\$1.169 million	15%
Chronic Conditions (other than diabetes & obesity)	Chronic Conditions (other than diabetes & obesity)	\$368,000	5%	\$388,000	5%
Economic Stability (including housing & food)	Economic Stability	\$407,000	5%	\$442,000	6%
	Total	\$7.740 million		\$7.840 million	

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



Recommendation

Action Item: To approve the FY2025 El Camino Healthcare District Implementation Strategy Report and Community Benefit Plan (Community Benefit Plan). To approve authority for Jon Cowan, Executive Director of Government Relations & Community Partnerships, to execute all grant agreements specified in the Plan.

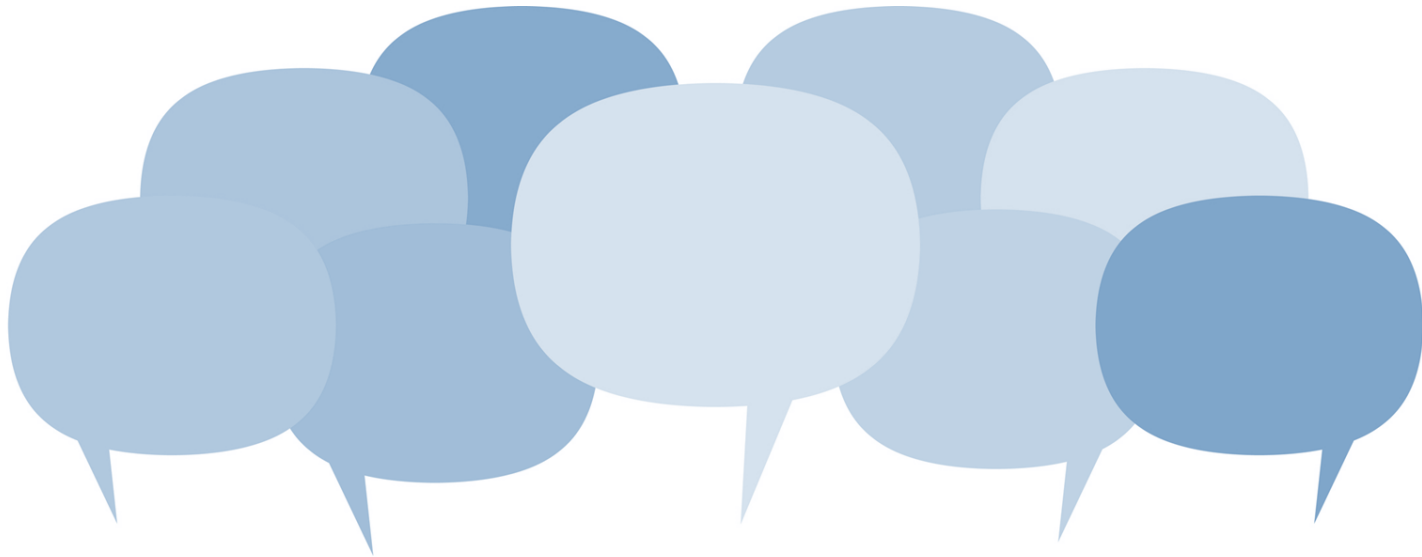
- **Approve Community Benefit Plan as is:** total \$8,050,000 including grants (\$7,840,000), sponsorships (\$90,000), and placeholder (\$120,000)

or

- **Approve Plan with amendments**



Board Discussion



Appendix



FY2025 New Grant Applicants

Fund/ DNF	Agency	Program Description
Fund	American Heart Association	Staff provide training, coaching and technical expertise to community partners, to serve as “community health workers” who are equipped to conduct screenings and facilitate programming. For clinical partners, the AHA will ensure staff are prepared to implement interventions with patients. Patients will include undocumented immigrants and other underrepresented communities, predominately living in Sunnyvale and Mountain View.
Fund	AnewVista Community Services	AnewVista teachers conduct classes both virtually and in-person, along with community events, to help seniors learn to become competent using technology.
DNF	Animal Assisted Happiness	Staff supervise youth with developmental and/or physical needs, perform chores at a farm in Sunnyvale in order to learn/develop executive functioning skills.
DNF	Avenidas	Staff recruit and train door-to-door volunteer drivers to provide access for older adults to timely and affordable support transportation for essential doctors’ appointments and other needed medical care.
Fund	Community Health Partnership	Program Coordinator and Community Health Workers provide a diabetes self-management workshop series that helps individuals with Type 2 diabetes or pre-diabetes to manage their chronic condition, offered to low-income Latino/Hispanic adults in Mountain View.
DNF	Crack the Wellness Code (CWC)	Independent contractors provide virtual and in person group sessions providing awareness and support to educate clients about Diabetes and Obesity and seek help from qualified professionals. Targets South Asian population.
DNF	Downtown Streets Team	Case manager provides case management and employment services for clients actively experiencing homelessness or at-risk of homelessness in Sunnyvale.



FY2025 New Grant Applicants (continued)

Fund/ DNF	Agency	Program Description
DNF	Fremont Union High School District	Wellness Space Support Specialist serves as a liaison between the new Homestead High School Wellness Space and students, parents, school site staff and community and social service agencies. The goal of the Wellness Space is to offer a safe and supportive environment where any student can decompress, recharge, engage in wellness activities, and learn coping strategies and self-management techniques.
Fund	Friendly Voices - Phone Buddies for Seniors	Program Lead manages volunteer phone program, offering weekly calls and referrals to seniors over age 60 who live in the district, with a focus on low-income, homebound, and underserved individuals.
DNF	HealthMobile	Dentist and clinic staff provide comprehensive mobile dental services to low-income children, adults, seniors and homeless individuals in locations throughout Sunnyvale and Mountain View.
DNF	HomeFirst Services Of Santa Clara County	Housing and Employment Specialists provide shelter guests with nightly emergency shelter while helping to create plans to exit homelessness, serving individuals and families at their Sunnyvale shelter.
DNF	Joyful Learning Educational Development Center	Health and Wellness Instructor, Program Director and Behavioral Specialist provide strategic approaches to at risk population regarding culturally appropriate health information about diabetes and obesity, diabetes and obesity prevention workshops, health education materials and resource guides to better manage their diabetes; information on affordable diabetes screening and obesity reduction. Will collaborate with African-American, Pacific Islander, Native American, and Latinx community-base organizations that are closely concentrated in low-income communities in both Sunnyvale and Mountain View.



FY2025 New Grant Applicants (continued)

Fund/ DNF	Agency	Program Description
Fund	Pacific Stroke Association	Bilingual and/or multilingual facilitators will lead group support sessions for stroke survivors and caregivers as well as provide resources and information on strokes at FQHCs in Mountain View and Sunnyvale.
DNF	Project Safety Net Inc	CEO, Executive Assistant, Community Education & Impact Coordinator will conduct a baseline assessment of the status of postvention policies and activities, convene partners to learn and build skills; and cultivate network to support each other.
DNF	Rebuilding Together Peninsula	Home Program Manager, Repair Technicians and Client Intake and Outreach Coordinator along with others provide home repairs and accessibility modifications for low-income older adults in Mountain View.
DNF	Stanford Health Care -- Injury Prevention/Fall Prevention	Occupational therapists work with older adults on behavioral change strategies, physical activity, nutrition, sleep, health literacy, and other wellness topics both individually and in group sessions via in-home visits and telehealth
DNF	The Morning Forum of Los Altos	A lecture series of 16 speakers geared towards local seniors to provide them with a place and time to socialize and learn in an effort to reduce senior isolation and depression.
Fund	The United Effort Organization	Program Administrator and Assistant contribute to case management, job readiness training, housing assistance and other supports for unhoused and/or low income residents of Mountain View and Sunnyvale.



FY2025 New Grant Applications: Funding Recommendations

- Applications for new programs- 18

Recommended for funding

- American Heart Association
- AnewVista Community Services
- Community Health Partnership
- Friendly Voices - Phone Buddies for Seniors
- Pacific Stroke Association
- The United Effort Organization

Not recommended for funding

- Animal Assisted Happiness
- Avenidas
- Crack the Wellness Code (CWC)
- Downtown Streets Team
- Fremont Union High School District
- Health Mobile
- HomeFirst Services Of Santa Clara County
- Joyful Learning Educational Development Center
- Project Safety Net Inc
- Rebuilding Together Peninsula
- Stanford Health Care -- Injury Prevention/Fall Prevention
- The Morning Forum of Los Altos



FY2025 New Grant Applications: Not Recommended for Funding

In addition to key factors such as availability of funds, approved percentage by health need, and our desire to sustain support for key organizations in the District, here are common reasons for new applicants that are not recommended for funding.

1. Lack of alignment with the Implementation Strategy and selected health needs
2. Lack of clarity on how program will impact health outcomes for targeted populations
3. Budget not aligned with stated goals, not clear on proposed use of funds, or requested amount is not reasonable
4. Service limited to a low number of people and high cost per person/service



FY2025 Recommended Dual Funded Programs Summary

Health Need	Agency	Requested	CBAC Recommended
Diabetes & Obesity	Bay Area Women's Sports Initiative – Girls Program	\$72,787	\$39,000
Diabetes & Obesity	Chinese Health Initiative	\$279,000	\$275,000
Healthcare Access	Cupertino Union School District	\$221,000	\$105,000
Behavioral Health	Cupertino Union School District	\$102,500	\$102,500
Healthcare Access	LifeMoves	\$160,000	\$160,000
Behavioral Health	Momentum for Health	\$290,000	\$290,000
Diabetes & Obesity	Playworks	\$206,000	\$200,000
Diabetes & Obesity	South Asian Heart Center	\$320,000	\$310,000



Guiding Principles for Evaluating and Prioritizing Appropriateness of Grant Proposals

Required

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

Preferred

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



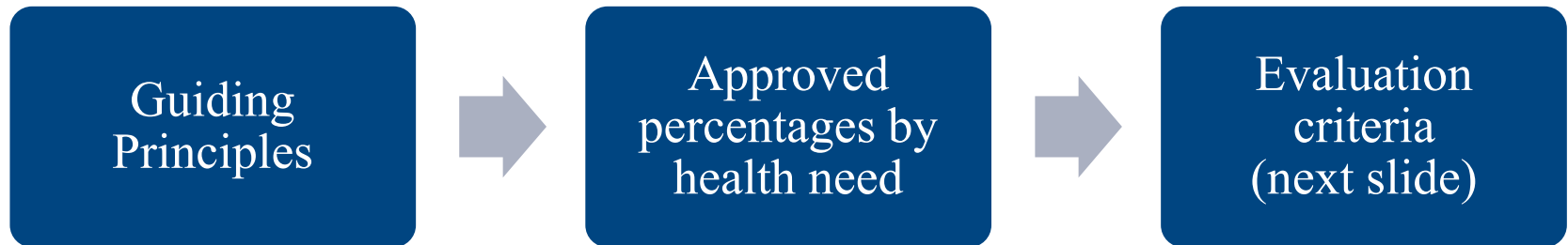
ECHD Ranked & Prioritized Health Needs

Health Need	FY2023 Approved	FY2024 Approved	FY2025 Approved
Healthcare Access & Delivery (including oral health)	56%	51%	~50%
Behavioral Health (including domestic violence & trauma)	23%	24%	~25%
Diabetes & Obesity	9%	15%	~15%
Chronic Conditions (other than diabetes & obesity)	5%	5%	~5%
Economic Stability (including food insecurity, housing & homelessness)	5%	5%	~5%



Application Evaluation Process

Top three factors that are referenced during the grant evaluation process



Application Evaluation Criteria

Applications are evaluated by:

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

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





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Carlos A. Bohorquez, Chief Financial Officer
Date: June 18, 2024
Subject: El Camino Healthcare District (ECHD) Fiscal Year 2025 Operating Budget and Allocation of M&O tax funds

Purpose:

To review and approve the Fiscal Year 2025 operating budget and allocation of M&O tax funds.

FY2025 Operating Budget Summary – El Camino Healthcare District (Stand-Alone)

El Camino Healthcare District's (stand-alone) FY2025 operating budget anticipates the following revenues and expenses:

- **Total Revenues:** **\$32.4 million**
 - M&O Property Tax: \$25.0 million
 - Property Tax Debt Service: \$ 6.4 million
 - Investment Income: \$ 3.6 million
 - IGT Funding: (\$ 3.0 million)
 - All Other: \$ 0.4 million

- **Total Expenses:** **\$16.2 million**
 - Community Benefit Program: \$ 8.1 million
 - G.O. Bond Interest Expense: \$ 7.2 million
 - All Other: \$ 0.9 million

FY2025 Operating Budget Summary – ECHD and Affiliates (Consolidated)

The consolidated FY2025 operating budget anticipates total operating revenues of \$1.65 billion and total operating expenses of \$1.52 billion.

The table below includes the trajectory of revenues and expenses from FY2023 to FY2025 Budget (\$000s).

	FY2023 Actual	FY2024 Projected	FY2025 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	1,378,049	1,467,620	1,584,333	116,713	8.0%
Other Operating Revenue	61,409	75,063	67,550	(7,512)	(10.0%)
Total Net Revenue	1,439,459	1,542,683	1,651,883	109,201	7.1%
EXPENSES					
Salaries & Benefits	732,849	786,065	872,865	(86,800)	(11.0%)
Supplies & Other Expenses	454,186	685,816	547,035	138,781	20.2%
Interest	17,626	17,727	16,257	1,470	8.3%
Depreciation/Amortization	78,279	82,523	84,193	(1,671)	(2.0%)
TOTAL EXPENSES	1,282,939	1,396,367	1,520,350	51,780	3.7%
OPERATING INCOME	156,519	146,316	131,533	(14,783)	(10.1%)
Non Operating Income	147,497	145,716	78,828	(66,888)	(45.9%)
NET INCOME	304,017	292,032	210,361	(81,671)	(28.0%)
<i>Operating EBIDA</i>	<i>252,424</i>	<i>246,565</i>	<i>231,983</i>	<i>(14,583)</i>	<i>(5.9%)</i>
<i>EBIDA Margin Percentage</i>	<i>17.5%</i>	<i>16.0%</i>	<i>14.0%</i>		
<i>Operating Margin Percentage</i>	<i>10.9%</i>	<i>9.5%</i>	<i>8.0%</i>		

Recommendation:

- To approve and adopt the Fiscal Year 2025 operating budget and allocation of M&O tax funds as recommended by management.

List of Attachments:

1. El Camino Healthcare District Fiscal Year 2025 Budget Presentation

Suggested Board Discussion Questions: None



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

**El Camino Healthcare District
Fiscal Year 2025 Budget**

**Carlos Bohorquez, Chief Financial Officer
June 18, 2024**

Basis of the El Camino Healthcare District FY2025 Budget

- *The District budget is first shown in “stand-alone” format, including those transactions which occur at the District level.*
 - This presentation will cover the assumptions driving the District’s budget and will provide information on District–level revenues and expenditures.
 - The preliminary budget for El Camino Hospital and its affiliates was reviewed at the April finance committee meeting. Additional information on the budget for El Camino Hospital and its affiliates is available on the hospital’s website (www.elcaminohospital.org).
- *The District budget is also shown in consolidated format in this presentation as it is the District’s responsibility to approve the consolidated budget.*



Major Assumptions – El Camino Healthcare District

Excludes El Camino Hospital & its affiliates

- Other Operating Revenue is based on the existing ground lease agreement.
- The Unrestricted M&O Property Taxes are budgeted based upon the Tax Appropriation Limit (Gann Limit).
- This year the Redevelopment Agency revenues were once again budgeted as they continue to be distributed by the County without any lapse in payments in the past years.
- Operating Expenses are based on historical payment information with adjustments made for non-recurring expenses.
- This year we budgeted for \$335,000 for District Election expense.
- Community Benefit Support fee based on the cost of services as follows:

Community Partnerships Staff FY2025	Total Paid FTEs
Exec Director Govt Relations & CP	1.00
Director Community Partnership	1.00
Administrative Coordinator	1.00
Sr Community Benefit Specialist	2.00
Community Benefit Specialist	1.00
Total	6.00
Total Salaries, Wages & Benefits	\$ 1,005,800
Estimated allocation of time at 42%	\$ 425,000
FY 2024 allocation	\$ 357,582
FY 2023 allocation	\$ 357,582
FY 2022 allocation	\$ 381,000

- District’s budgeted dues are expected to remain a constant of LAFCO at an amount of \$18,000 and \$9,000 for California Special Districts Association.
- Expenses related to the G.O. bonds are based on the 2006 and 2017 G.O. Refunding outcomes and required payment schedules.
- Investment income is based on the expected return rate provided by our Investment Consultant of on an average cash balance of \$40M.
- Community Benefit expenditures are based on the Community Benefit plan.
- IGT – Medi-Cal (PRIME) program - It is expected that the District/Hospital will participate in the program again this year.



El Camino Healthcare District

Information excludes El Camino Hospital & its affiliates

	FY2023	FY2024	FY 2025	Change	
Revenues	Actual	Projection	Budget	Favorable / (Unfavorable)	% Change
(A) Other Operating Revenue	108	112	112	0	0.4%
(B) Unrestricted M&O Property Taxes	10,601	13,080	13,150	70	0.5%
(B) Restricted M&O Taxes	13,045	11,850	11,850	-	0.0%
(B) Taxes Levied for Debt Service	12,574	6,400	6,400	-	0.0%
(B) Investment Income (net)	904	3,680	3,618	(63)	-198.3%
(B) Other - Redevelopment Agency	528	369	300	(69)	-18.8%
Total Net Revenue	37,760	35,492	35,430	(62)	-0.2%
Expenses					
(A) Community Benefit Support	358	358	425	(67)	18.9%
(A) Fees & Purchased Services	38	95	435	(340)	-78.1%
(A) Supplies & Other Expenses	267	76	113	(37)	-32.6%
(A) Depreciation/Amortization/Interest Expense	5	5	5	-	0.0%
(B) G.O. Interest Expense (net)	6,371	6,781	7,215	(433)	-6.0%
(B) Community Benefit Program	7,346	7,950	8,050	(100)	-1.2%
(B) IGT Medi-Cal Program Expense	2,178	4,867	3,000	1,867	62.2%
Total Expenses	16,563	20,133	19,244	889	4.6%
NET INCOME	21,197	15,359	16,186	827	5.4%

FY25 BUDGET RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	(867)
(B) Net Non-Operating Revenues & Expenses	17,053
NET INCOME	16,186



El Camino Healthcare District

Statement of Fund Balance Activity for Budget FY2025

Information excludes El Camino Hospital & its affiliates

(in 000s)

UNRESTRICTED FUND ACTIVITY BALANCE

Projected Opening Balance at 7/1/2024	\$65,577
Budgeted Net Income for FY2025	16,186
Hospital Refunds for IGT / Prime Expenditures in FY25	3,000
Projected Transfer to ECH for Capital Outlay Project	(11,528)

PROJECTED ENDING BALANCE @ 6/30/2025	\$73,235
---	-----------------



El Camino Healthcare District

Sources & Uses of Tax Receipts (in 000s)

Budget for 2025

Sources of District Taxes

(1) Maintenance and Operation and Government Obligation Taxes	\$31,400
(2) Redevelopment Agency Taxes	\$300
Total District Tax Receipts	\$31,700

Uses Required Obligations / Operations

(3) Government Obligation Bond (Principal & Interest & Surplus)	\$10,542
Total Cash Available for Operations, CB Programs, & Capital Appropriations	21,158
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	9,708
Subtotal	11,450
(5) Operating Expenses (net)	973
Subtotal	10,477
(6) Capital Replacement Fund (Park Pavilion)	5
Funds Available for Community Benefit Program	\$10,472

- | | |
|---------------------------------------|---|
| (1) M&O and G.O. Taxes | • Cash receipts from the 1% ad valorem property taxes and Measure D taxes |
| (2) Redevelopment Agency Taxes | • Cash receipts from dissolution of redevelopment agencies |
| (3) Government Obligation Bond | • Levied for debt service |
| (4) Capital Appropriation Fund | • Excess amounts over the Gann Limit are restricted for use as capital |
| (5) Operating Expenses | • Expenses incurred in carrying out the District’s day-to-day activities |
| (6) Capital Replacement Fund | • Fund to ensure that the District has adequate resources to fund repair and replacement of its capital assets (Park Pavilion at 130% of original cost) |



El Camino Healthcare District - CONSOLIDATED

(\$ in 000s)

	Standalone	El Camino Hospital	El Camino Hospital Affiliates	Total
REVENUES				
Net Patient Service Revenue	\$0	\$1,507,700	\$76,634	\$1,584,333
Other Operating Revenue	112	38,432	29,006	67,550
Total Net Revenue	112	1,546,132	105,640	1,651,883
EXPENSES				
Salaries & Benefits	21	829,288	43,556	872,865
Supplies & Other Expenses	952	439,311	106,771	547,035
Interest	0	16,257	0	16,257
Depreciation/Amortization	5	81,393	2,795	84,193
TOTAL EXPENSES	979	1,366,249	153,122	1,520,350
OPERATING INCOME	(\$867)	\$179,882	(\$47,483)	\$131,533
Non Operating Income	17,053	58,399	3,376	78,828
NET INCOME	\$16,186	\$238,281	(\$44,106)	\$210,361
<i>Operating EBIDA</i>	(861)	277,533	(44,688)	231,983
<i>EBIDA Margin Percentage</i>	(769.2%)	18.0%	(42.3%)	14.0%
<i>Operating Margin Percentage</i>	(774.0%)	11.6%	(44.9%)	8.0%



El Camino Healthcare District - CONSOLIDATED

(\$ in 000s)

	FY2023 Actual	FY2024 Projected	FY2025 Budget	Change Favorable/ (Unfavorable)	% Change
REVENUES					
Net Patient Service Revenue	1,378,049	1,467,620	1,584,333	116,713	8.0%
Other Operating Revenue	61,409	75,063	67,550	(7,512)	(10.0%)
Total Net Revenue	1,439,459	1,542,683	1,651,883	109,201	7.1%
EXPENSES					
Salaries & Benefits	732,849	786,065	872,865	(86,800)	(11.0%)
Supplies & Other Expenses	454,186	685,816	547,035	138,781	20.2%
Interest	17,626	17,727	16,257	1,470	8.3%
Depreciation/Amortization	78,279	82,523	84,193	(1,671)	(2.0%)
TOTAL EXPENSES	1,282,939	1,396,367	1,520,350	51,780	3.7%
OPERATING INCOME	156,519	146,316	131,533	(14,783)	(10.1%)
Non Operating Income	147,497	145,716	78,828	(66,888)	(45.9%)
NET INCOME	304,017	292,032	210,361	(81,671)	(28.0%)
<i>Operating EBIDA</i>	<i>252,424</i>	<i>246,565</i>	<i>231,983</i>	<i>(14,583)</i>	<i>(5.9%)</i>
<i>EBIDA Margin Percentage</i>	<i>17.5%</i>	<i>16.0%</i>	<i>14.0%</i>		
<i>Operating Margin Percentage</i>	<i>10.9%</i>	<i>9.5%</i>	<i>8.0%</i>		



Proposed Motion

- To approve and adopt the Fiscal Year 2025 operating budget and allocation of M&O tax funds as recommended by management





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Carlos A. Bohorquez, Chief Financial Officer
Date: June 18, 2024
Subject: YTD FY2024 Financial Update (as of 4/30/2024)

Purpose:

To approve the Consolidated and Stand-Alone (District) Financials for YTD FY2024.

Executive Summary – Consolidated Enterprise Financials:

Patient activity / volumes remain consistent across the enterprise which has yielded stable financial results through the first nine months of FY2024. The following are key financial KPIs:

Net Patient Revenue (\$):	\$1,229 million which consistent with budget and \$84 million / 7.3% higher than the same period last year.
Total Operating Revenue (\$):	\$1,294 million is favorable to budget by \$8 million / 0.6% and \$102 million / 8.6% higher than the same period last year.
Operating Income (\$):	\$122 is favorable to budget by \$9 million / 7.9% and \$10 million / 8.9% higher than the same period last year.
Net Income (\$):	\$248 million is favorable to budget. Favorable net income is primarily attributed to unrealized gains the investment portfolio.
Balance Sheet (\$):	In the first ten months of FY2024 the net position increased by \$266 million.

Executive Summary – Stand-Alone (District) Financials:

Total Operating Revenue (\$):	\$25 million is unfavorable to budget by \$4 million / 13.5%. Unfavorable variance is attributed to timing of receipt of IGT and property tax funds.
Net Income (\$):	\$13 million is unfavorable to budget by \$3 million / 20.3%. Unfavorable variance is attributed delay in IGT and property tax funds.

Recommendation:

Recommend the District Board of Directors approve the Consolidated and Stand-Alone (District) YTD FY2024 financials.

List of Attachments:

1. Consolidated and Stand-Alone (District) Financials – YTD FY2024 (as of 4/30/2024)

Suggested Board Discussion Questions: None



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

Board Finance Presentation

Fiscal Year 2024

7/1/2023-4/30/2024

Carlos Bohorquez, Chief Financial Officer

El Camino Healthcare District Board of Directors Meeting

June 18, 2024

Table of Contents

ECHD Consolidated Financial Statements (Includes El Camino Hospital)

Comparative Balance Sheet as of April 30, 2024	Page 3
Statement of Revenues & Expenses Year to Date thru April 30, 2024	Page 4
Notes to Financial Statements.....	Page 5

ECHD Stand-Alone Financial Statements

Comparative Balance Sheet as of April 30, 2024	Page 6
Statement of Revenues & Expenses Year to Date thru April 30, 2024	Page 7
Statement of Fund Balance Activity as of April 30, 2024	Page 8
Notes to Financial Statements	Pages 9-10
Sources & Uses of Property Taxes	Page 11
Q & A	Page 12

NOTE: Accounting standards require that audited financial statements for El Camino Healthcare District be presented in consolidated format, including El Camino Hospital and its controlled affiliates. In an effort to help ensure public accountability and further ensure the transparency of the District’s operations, the District also prepares internal, “Stand-Alone” financial statements which present information for the District by itself.



El Camino Healthcare District

Consolidated Comparative Balance Sheet (\$ Millions)

(Includes El Camino Hospital)

		June 30, 2023		June 30, 2023
	Apr 30, 2024	Audited w/o Eliminations		Apr 30, 2024
ASSETS			LIABILITIES & FUND BALANCE	
Current Assets			Current Liabilities	
Cash & Investments	\$334	\$384	Accounts Payable & Accrued Exp ⁽⁵⁾	\$170
Patient Accounts Receivable, net	216	219	Bonds Payable - Current	14
Other Accounts and Notes Receivable	50	36	Bond Interest Payable	9
Inventories and Prepays	43	45	Other Liabilities	15
Total Current Assets	643	683	Total Current Liabilities	208
Board Designated Assets			Deferred Revenue	2
Foundation Reserves	23	21	Deferred Revenue Inflow of Resources	88
Community Benefit Fund	26	24	Long Term Liabilities	
Operational Reserve Fund ⁽¹⁾	212	209	Bond Payable	540
Workers Comp, Health & PTO Reserves	74	73	Benefit Obligations	37
Facilities Replacement Fund ⁽²⁾	551	467	Other Long-term Obligations	27
Catastrophic & Malpractice Reserve ⁽³⁾	34	30	Total Long Term Liabilities	603
Total Board Designated Assets	920	824	Fund Balance	
Non-Designated Assets			Unrestricted	2,723
Funds Held By Trustee ⁽⁴⁾	37	40	Minority Interest	(1)
Long Term Investments	636	475	Board Designated & Restricted	216
Other Investments	37	34	Capital & Retained Earnings	0
Net Property Plant & Equipment	1,320	1,250	Total Fund Balance	2,938
Deferred Outflows of Resources	53	53		2,672
Other Assets	193	207		
Total Non-Designated Assets	2,275	2,060		
TOTAL ASSETS	\$3,839	\$3,567	TOTAL LIAB. & FUND BAL.	\$3,839



Note: Totals may not agree due to rounding. See page 5 for footnotes.

El Camino Healthcare District

Consolidated Comparative Statement of Revenues & Expenses (\$ Millions)

Year-to-Date through April 30, 2024

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue ⁽⁶⁾	1,229	1,232	(2)	1,145
Other Operating Revenues	65	55	10	47
Total Operating Revenues	1,294	1,286	8	1,192
Wages and Benefits	661	673	11	631
Supplies	176	172	(4)	161
Purchased Services	197	194	(3)	164
Other	54	54	(0)	43
Depreciation	69	67	(2)	65
Interest	15	14	(1)	15
Total Operating Expense ⁽⁷⁾	1,172	1,173	1	1,079
Operating Income	122	113	9	112
Non-Operating Income ⁽⁸⁾	126	44	83	101
Net Income	248	156	92	213



Note: Totals or variances may not agree due to rounding. See page 5 for footnotes.

El Camino Healthcare District

Notes to **Consolidated** Financial Statements

Current FY2024 Actual to Budget (Includes El Camino Hospital)

- 1) A 60 day reserve of expenses based on this fiscal year’s Hospital budget.
- 2) The current period Facilities Replacement Fund is comprised of (\$ Millions):

ECH Capital Replacement Fund (i.e. Funded Depr.)	\$464
ECH Women’s Hospital Expansion	32
ECHD Appropriation Fund (aka: Capital Outlay)	25
ECH Campus Completion Project	<u>30</u>
	<u>\$551</u>

- 3) The current period Catastrophic & Malpractice Fund is comprised of (\$ Millions):

ECH Catastrophic Fund (aka: Earthquake Fund)	\$32
ECH Malpractice Reserve	<u>2</u>
	<u>\$34</u>

- 4) Funds Held by Trustee now only reflect the GO funds of the District.
- 5) The difference is not significant.
- 6) No variance.
- 7) Prior years cost saving initiatives have resulted in savings even with increased volumes.
- 8) The significant increase in non-operating income was due to great investment returns in the first half of the fiscal year.



El Camino Healthcare District

Stand-Alone Comparative Balance Sheet (\$ Thousands)

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

	<u>April 30, 2024</u>	<u>June 30, 2023</u>		<u>April 30, 2024</u>	<u>June 30, 2023</u>
ASSETS			LIABILITIES & FUND BALANCE		
Cash & cash equiv ⁽¹⁾	\$21,162	\$13,199	Accounts payable	\$0	\$5
Short term investments ⁽¹⁾	12,730	7,038	Current portion of bonds	3,398	3,293
Due fm Retiree Health Plan ⁽²⁾	0	0	Bond interest payable ⁽¹⁰⁾	3,985	4,671
S.C. M&O Taxes Receivable ⁽³⁾	0	0	Other Liabilities	236	276
Other current assets ^(3a)	57	121			
Total current assets	<u>\$33,949</u>	<u>\$20,358</u>	Total current liabilities	<u>\$7,619</u>	<u>\$8,245</u>
Operational Reserve Fund ⁽⁴⁾	1,500	1,500			
Capital Appropriation Fund ⁽⁵⁾	24,574	22,657	Deferred income	76	55
Capital Replacement Fund ⁽⁶⁾	5,607	5,607	Bonds payable - long term	98,942	102,354
Community Partnership Fund ⁽⁷⁾	8,744	10,562			
Total Board designated funds	<u>\$40,424</u>	<u>\$40,326</u>	Total liabilities	<u>\$106,637</u>	<u>\$110,654</u>
Funds held by trustee ⁽⁸⁾	<u>\$37,351</u>	<u>\$40,256</u>	Fund balance		
Capital assets, net ⁽⁹⁾	<u>\$10,645</u>	<u>\$10,649</u>	Unrestricted fund balance	\$84,506	\$70,912
			Restricted fund balance	(68,774)	(69,977)
			Total fund balance ⁽¹¹⁾	<u>\$15,732</u>	<u>\$935</u>
TOTAL ASSETS	<u>\$122,369</u>	<u>\$111,590</u>	TOTAL LIAB & FUND BALANCE	<u>\$122,369</u>	<u>\$111,590</u>



Note: Totals may not agree due to rounding. See page 9 for footnotes.

El Camino Healthcare District

YTD **Stand-Alone** Stmt of Revenue and Expenses (\$ Thousands)

Comparative Year-to-Date April 30, 2024

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

	Actual	Current Year Budget	Variance	Prior Full Year Actual
REVENUES				
(A) Ground Lease Revenue ⁽¹²⁾	\$ 93	88	\$ 5	\$ 108
(B) Redevelopment Taxes ⁽¹³⁾	246	150	96	528
(B) Unrestricted M&O Property Taxes ⁽¹³⁾	11,048	11,048	-	10,601
(B) Restricted M&O Property Taxes ⁽¹³⁾	11,418	9,875	1,543	13,045
(B) G.O. Taxes Levied for Debt Service ⁽¹³⁾	5,333	9,333	(4,000)	12,574
(B) IGT/PRIME Medi-Cal Program ⁽¹⁴⁾	(4,497)	(2,500)	(1,997)	(2,178)
(B) Investment Income (net)	1,170	723	447	(276)
(B) Other income	-	-	-	-
TOTAL NET REVENUE	24,811	28,717	(3,905)	34,402
EXPENSES				
(A) Wages & Benefits ⁽¹⁵⁾	14	5	(9)	5
(A) Professional Fees & Purchased Svcs ⁽¹⁶⁾	389	404	15	547
(A) Supplies & Other Expenses ⁽¹⁷⁾	29	27	(2)	110
(B) G.O. Bond Interest Expense (net) ⁽¹⁸⁾	4,268	5,588	1,320	5,191
(B) Community Partnership Expenditures ⁽¹⁹⁾	7,300	6,625	(675)	7,346
(A) Depreciation / Amortization	4	4	-	5
TOTAL EXPENSES	12,004	12,653	649	13,204
NET INCOME	\$ 12,807	\$ 16,064	\$ (3,257)	\$ 21,198

(A) Operating Revenues & Expenses

(B) Non-operating Revenues & Expenses

RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	\$ (343)
(B) Net Non-Operating Revenues & Expenses	13,150
NET INCOME	\$ 12,808



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

El Camino Healthcare District

Comparative YTD **Stand-Alone** Stmt of Fund Balance Activity (\$ Thousands)

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

	<u>April 30, 2024</u>	<u>June 30, 2023</u>
Fiscal year beginning balance	\$ 935	\$ (22,367)
Net income year-to-date	\$ 12,808	\$ 21,198
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽²⁰⁾	\$ 73	\$ 2,104
Capital Appropriation projects ⁽²¹⁾	\$ 1,917	
Fiscal year ending balance	<u><u>\$ 15,732</u></u>	<u><u>\$ 935</u></u>



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

El Camino Healthcare District

Notes to **Stand-Alone** Financial Statements

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

- (1) **Cash & Short Term Investments** – The increase over June 30 is due to increased M&O taxes being received in the current year.
- (2) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (3) **S.C. M&O Taxes Receivable** – No change from June 30, 2023.
- (3a) **Other Current Assets** – The decrease is due to the reduction of the inter-company receivables.
- (4) **Operational Reserve Fund** – Starting in FY 2014, the Board established an operational reserve for unanticipated operating expenses of the District.
- (5) **Capital Appropriation Fund** – The increase is due to the establishment of the year-end FY23 funding set aside for the completion of the MV Campus.
- (6) **Capital Replacement Fund** – Formerly known as the Plant Facilities Fund (AKA - Funded Depreciation) which reserves monies for the major renovation or replacement of the portion of the YMCA (Park Pavilion) owned by the District.
- (7) **Community Partnership Fund** – This fund retains unrestricted (Gann Limit) funds to support the District's operations and primarily to support its Community Partnership Programs.
- (8) **Funds Held by Trustee** – Funds from General Obligation tax monies, being held to make the debt payments when due.
- (9) **Capital Net Assets** - The land on which the Mountain View Hospital resides, a portion of the YMCA building, property at the end of South Drive (currently for the Road Runners operations), and a vacant lot located at El Camino Real and Phyllis.
- (10) **Bond Interest Payable** – The decrease is a timing issue and will increase in subsequent months to be comparable to the June 30 amount.
- (11) **Fund Balance** – The positive fund balance is a result of the General Obligation bonds which assisted in funding the replacement hospital facility in Mountain View. Accounting rules required the District to recognize the obligation in full at the time the bonds were issued ; receipts from taxpayers will be recognized in the year they are levied.



El Camino Healthcare District

Notes to **Stand-Alone** Financial Statements

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

- (12) Other Operating Revenue** – Lease income from El Camino Hospital for its ground lease with the District.
- (13) Taxes: Redevelopment, M&O, G.O.** – Tax receipts during the period. G.O. Taxed Levied for Debt will catch up in January as the semi-annual disbursement will occur from the County.
- (14) IGT/PRIME Expense** – Payments in support of the PRIME or IGT programs.
- (15) Wages & Benefits** – Due to a new IRS reg that board stipends previously paid as reportable 1099 transactions are now considered to be W-2 reportable transactions, and reported in this section, where previously reported in the “Supplies & Other Expenses.” There will continue to be no other “employees” of the District. This change started in April 2022.
- (16) Professional Fees & Services** – Actual detailed below:
- | | |
|---|---------------|
| • Community Partnership Support from ECH
(54% of SW&B) | \$ 298 |
| • Legal Fees | 7 |
| • Communications Support | 77 |
| • Other | 7 |
| | <u>\$ 389</u> |
- (17) Supplies & Other Expenses** – Actual detailed below:
- | | |
|------------------------|--------------|
| • Dues & Subscriptions | \$ 24 |
| • Education | 5 |
| | <u>\$ 29</u> |
- (18) G.O. Bond Interest Expense** – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.
- (19) Community Partnership Expenditures** – Starting in FY2014, the District is directly operating its Community Partnership Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year. Note the major payments to recipients are made in August & January of the fiscal year.
- (20) IGT/PRIME Funding** – Transfers from ECH for participation in the PRIME or IGT program thus far in FY 2024.
- (21) Capital Appropriation Projects Transfer** – Net increase of last year transferred out and establishing current year.



El Camino Healthcare District

Sources & Uses of Tax Receipts (\$Thousands)

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

<u>Sources of District Taxes</u>	<u>04/30/24</u>
(1) Maintenance and Operation and Government Obligation Taxes	\$27,799
(2) Redevelopment Agency Taxes	246
Total District Tax Receipts	\$28,045
 <u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	5,333
Total Cash Available for Operations, CB Programs, & Capital Appropriations	22,712
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	11,418
Subtotal	11,294
 (5) Operating Expenses (Net)	 343
Subtotal	10,951
(6) Capital Replacement Fund (Park Pavilion)	5
Funds Available for Community Partnership Programs	\$10,946
 *Gann Limit Calculation for FY2024	 \$11,048

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



Q & A





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Carlos Bohorquez, Chief Financial Officer
Michael Walsh, Controller
Date: June 18, 2024
Subject: Draft Resolution 2024 - 08 Establishing Tax Appropriation Limit for FY2025
(Gann Limit)

Purpose: To approve Resolution 2024 - 08

Summary:

1. **Situation:** Annually, the District Board must set the Tax Appropriation Limit (Gann Limit) for the following fiscal year.
2. **Background:** Every May 1st, the Department of Finance of the State of California sends a letter to all Fiscal officers regarding "Price and Population Information". Since FY 2008/2009 we have been required to use the California Department of Finance – Demographics website link which provides the variables for cost-of-living factors and population changes from the prior year from which we select to calculate the Prop. 13 Tax Appropriation Limit. Our selections are made to maximize the funds available for Community Benefit Programs and the operational expenses of the District.

A. Cost of Living Category:

- The change in California's per capita personal income from the preceding year was a positive 3.62%.
- The percentage change in local assessment is due to nonresidential new construction from the previous year. This change is no longer provided.

We selected the % change in per capita personal income of a positive 3.62% (1.0362).

B. Change in Population

- The population change within the District was a positive 0.0085%.
- The population change within the County was a positive 0.0002%.

We selected the District: 0.0085%.

C. Calculation:

- Change in Per Capita Income of 1.0362 x Change in the County's Population of 0.0002 = 1.0364 (multiplier): Last Year's Limit of \$11,047,648.00 x multiplier of 1.0364 = FY2025 Appropriation Limit of \$11,449,782.00.

List of Attachments:

1. Draft Resolution 2024 - 08

ECHD RESOLUTION 2024 - 08

**RESOLUTION OF THE BOARD OF DIRECTORS OF
EL CAMINO HEALTHCARE DISTRICT
ESTABLISHING THE APPROPRIATIONS LIMIT FOR FISCAL YEAR 2024 -25
IN ACCORDANCE WITH ARTICLE XIIB OF THE CONSTITUTION OF
THE STATE OF CALIFORNIA**

WHEREAS, El Camino Healthcare District (“District”) has completed its budget analysis and preparation for fiscal year 2025 (July 1, 2024 – June 30, 2025) and, pursuant to Article XIIB of the California Constitution and SS7900 et seq of the California Government Code, has computed its appropriations limit for such fiscal year; and

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

WHEREAS, Article XIIB S8 (e)(2) directs the District to select its change in the cost of living annually by using either of the following two measurements and to record the vote of the District Board in making this choice:

- a) the percentage change in California per capita personal income from the preceding year, or
- b) the percentage change in the local assessment roll from the preceding year for the District due to the addition of local nonresidential new construction; and

WHEREAS, Article XIII S8 (f) and S790 (b) directs the District to select its change in the population annually by using either of the following two measurement(s) and to record the vote of the District Board in making this choice:

- a) change in population within the District, or
- b) change in population within Santa Clara County

NOW, THEREFORE BE IT RESOLVED that:

1. For fiscal year 2025, the District hereby elects to use the following measurement to calculate the District’s change in the cost of living:

The percentage change in the California per capita personal income from the preceding year (**3.62%**).

2. For fiscal year 2025, the District hereby elects to use the following measurement to calculate the change in population:

The change in population within the District of **0.0085%**.

3. The Secretary of the District is hereby directed to include in the minutes a record of the vote of each member of the District Board as to the choices set forth in paragraphs 1 and 2.
4. For fiscal year 2025, the District's total annual appropriations subject to limitation are **\$11,449,782.00** calculated as follows.
 - a. **1.0362 x -1.0002 = 1.0364 (multiplier)**
 - b. **1.0364 x \$11,047,648 (FY2024 limit) = \$11,449,782.00**
5. As required by Article XIIB S1, the District's total annual appropriations subject to limitation for fiscal year 2024 should not exceed the District's appropriations limit for fiscal year 2025.

DULY PASSED AND ADOPTED at a Regular Meeting held on the 18th day of June, 2024 by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

John Zoglin, Secretary
El Camino Healthcare District Board of Directors



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District Board of Directors
From: Ken King, CAO
Date: June 18, 2024
Subject: FY-2022 District Capital Outlay Fund Request

Purpose: The purpose of this item is to gain approval to use the FY-2022 District Capital Outlay Funds to support the Mountain View Campus, Women's Hospital Expansion.

Summary:

1. **Situation:** The El Camino Healthcare District has \$11,528,369 of Capital Outlay Funds from fiscal year 2022 that must be allocated for use within a two-year period. Note that expenditure from the Capital Outlay Fund must be for a capital land/building project or equipment that has a cost of greater than \$100,000 and a useful life of 10 years or more.
2. **Authority:** The El Camino Healthcare District Board is required to allocate these funds for a qualifying capital project.
3. **Background:** The District Board approved the Women's Hospital Expansion Project expenditure of \$149 million in February 2021. Additionally, the District Board previously allocated \$30,261,134 in Capital Outlay Funds to support the funding of the Women's Hospital Expansion project. The project is currently in the middle of Phase 2 of 3. Phase 1 was completed and occupied in October of 2023. The additional 2022 Capital Outlay Funds of \$11,528,369 would bring the total funding support for the Women's Expansion Project to \$41,789,503. The remaining funding source for the project comes from the Hospitals operating cash flow.
4. **Assessment:** For reference see below how the El Camino Healthcare District Capital Outlay Funds have been allocated since FY 2014.

FY-2020 District Capital Outlay Fund Request
 June 18, 2024

ECH District Capital Outlay Funds -Use History				
FY	Fund Amount	Fund Allocation	Allocation Date	Fund Description
2014	4,145,422	9,297,651	June-16	Women's Hospital Expansion
2015	5,152,229			
2016	6,174,291	6,174,291	June-18	Women's Hospital Expansion
2017	6,958,521	6,958,521	June-19	Women's Hospital Expansion
2018	7,830,671	7,830,671	June-19	Women's Hospital Expansion
	Total	30,261,134		
2019	8,988,967	8,988,967	June-21	Campus Completion Project
2020	9,705,831	9,705,831	June-22	Campus Completion Project
2021	11,128,800	11,128,800	June-23	Campus Completion Project
	Total	29,823,598		
Recommended				
2022	11,528,369	11,528,369	June-24	Women's Hospital Expansion
	Total	41,789,503		Women's Hospital Expansion

5. **Other Reviews:** The Executive Capital Committee has reviewed this item and recommends that the FY-2022 Capital Outlay Funds totaling \$11,528,369 be allocated to the MV Campus Women’s Expansion Project. This will bring the total Fund for the MV Campus Women’s Expansion Project to \$41,789,503.
6. **Outcomes:** The District Capital Outlay funds can only be used for the “qualifying elements” of the project that are outlined in the Public Contract Code. These qualifying elements include the design and construction management services, permits and inspections as well as construction so long as it’s publicly noticed and publicly bid.

List of Attachments:

1. None.

A09c. FY2025 ECHD Implementation Strategy Report and CB Plan



Implementation Strategy Report and Community Benefit Plan, FY2025



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

TABLE OF CONTENTS

I. TABLE OF CONTENTS	2
II. ABOUT EL CAMINO HEALTHCARE DISTRICT	4
MISSION	4
COMMUNITY BENEFIT PROGRAM.....	4
III. PURPOSE OF IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN.....	5
IV. LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA	6
V. THOSE INVOLVED IN THE IMPLEMENTATION STRATEGY (IS) & COMMUNITY BENEFIT PLAN DEVELOPMENT.....	7
VI. HEALTH NEEDS THAT EL CAMINO HEALTHCARE DISTRICT PLANS TO ADDRESS.....	8
PROCESS AND CRITERIA USED TO SELECT HEALTH NEEDS	8
DESCRIPTION OF HEALTH NEEDS EL CAMINO HEALTHCARE DISTRICT PLANS TO ADDRESS.....	8
Health Care Access & Delivery (including oral health).....	8
Behavioral Health (including domestic violence and trauma).....	9
Diabetes & Obesity.....	11
Other Chronic Conditions (other than Diabetes & Obesity).....	12
Economic Stability (including food insecurity, housing, and homelessness).....	12
VII. EL CAMINO HEALTHCARE DISTRICT'S IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN.....	15
HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH)	15
HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH) PROPOSAL RECOMMENDATIONS.....	20
BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA).....	21
BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA) PROPOSAL RECOMMENDATIONS.....	24
DIABETES & OBESITY	26
DIABETES & OBESITY PROPOSAL RECOMMENDATIONS.....	28
OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY).....	29

OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY) PROPOSAL RECOMMENDATIONS.....	31
ECONOMIC STABILITY (INCLUDING FOOD INSECURITY, HOUSING, AND HOMELESSNESS)	32
ECONOMIC STABILITY (INCLUDING FOOD INSECURITY, HOUSING, AND HOMELESSNESS) PROPOSAL RECOMMENDATIONS	35
VIII. EVALUATION PLANS.....	36
ENDNOTES	37

II. ABOUT EL CAMINO HEALTHCARE DISTRICT

El Camino Healthcare District was formed to provide healthcare services that foster good physical and mental health. The District is governed by a five-member publicly elected Board and provides oversight of El Camino Health¹. The District also administers a Community Benefit Program, which addresses unmet health needs through grants and collaborations with local schools, nonprofits and social and health service providers.

MISSION

It is the purpose of the Healthcare District to establish, maintain and operate, or provide assistance in the operation of one or more health facilities (as that term is defined in the California Health and Safety Code Section 1250) or health services at any location within or without the territorial limits of the District, for the benefit of the District and the people served by the District, and to do any and all other acts and things necessary to carry out the provisions of the District's Bylaws and the Local Health Care District Law.

COMMUNITY BENEFIT PROGRAM

El Camino Healthcare District utilizes El Camino Health's Community Health Needs Assessment (CHNA) as a framework for Community Benefit funding. The CHNA is developed in compliance with IRS requirements. The District invests in programs addressing the identified health needs for community members who live, work or go to school in the District's boundaries. El Camino Healthcare District cities include most of Mountain View, Los Altos and Los Altos Hills; a large portion of Sunnyvale, and small sections of Cupertino, Santa Clara and Palo Alto.

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

Every year, the Community Benefit Annual Report informs the community about Community Benefit Program financials, the grant programs and how these funded services improve the health of vulnerable populations both through direct services and prevention initiatives.²

III. PURPOSE OF IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

This Implementation Strategy Report (IS Report) and Community Benefit Plan (CB Plan) describes El Camino Healthcare District’s planned response to the needs identified through the 2022 CHNA process.

This 2025 IS Report and CB Plan is based on the 2022 CHNA and outlines El Camino Healthcare District’s funding for fiscal year 2025. It will be updated annually and the update will be based on the most recently conducted CHNA.

Financial Summary

FY2025 El Camino Healthcare District Community Benefit Plan:

- 59 Grants: \$7,840,000
 - Requested Grant Funding:\$9,687,470
- Sponsorships: \$90,000
- Placeholder: \$120,000
- Plan Total: \$8,050,000

IV. LIST OF COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA

The 2022 CHNA assessed community health needs by gathering input from persons representing the broad interests of the community. This primary qualitative input was used to determine the community's priorities. In addition, quantitative (statistical) data were analyzed to identify poor health outcomes, health disparities, and health trends. Statistical data were compiled and compared against statewide averages and rates.

To be considered a health need for the purposes of the 2022 CHNA, the need had to fit a standard definition, be present in at least two data sources, and either prioritized by key informants or focus groups, or suggested by direct statistical indicators that fail benchmarks or exhibit documented inequities by race.³ A total of 12 health needs were identified in the 2022 CHNA. The health need selection process is described in Section VI of this report.

2022 Community Health Needs List

1. Economic Stability
2. Behavioral Health
3. Housing & Homelessness
4. Health Care Access & Delivery
5. Diabetes & Obesity
6. Cancer
7. Maternal & Infant Health
8. Oral/Dental Health
9. Climate/Natural Environment
10. Unintended Injuries/Accidents
11. Community Safety
12. Sexually Transmitted Infections

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

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

VI. HEALTH NEEDS THAT EL CAMINO HEALTHCARE DISTRICT PLANS TO ADDRESS

PROCESS AND CRITERIA USED TO SELECT HEALTH NEEDS

In October 2021, the Hospital Community Benefit Committee met to review the information collected for the 2022 CHNA. The purpose of the meeting was to help select the needs El Camino Health would address, which would form the basis for its community benefit plan and implementation strategies. El Camino Health, by consensus, selected the following needs to address:

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

El Camino Healthcare District utilizes El Camino Health's CHNA and selected health needs as a framework for its Community Benefit funding.

DESCRIPTION OF HEALTH NEEDS EL CAMINO HEALTHCARE DISTRICT PLANS TO ADDRESS

Health Care Access & Delivery (including oral health)

Health care access and delivery, which affects various other community health needs, was identified as a top health need by more than half the CHNA's focus groups and nearly one-third of key informants. Experts and county residents felt there was a lack of access to primary and specialty care (oral health and mental health were specifically named), especially for middle- and low-income community members. Healthcare access may be especially problematic for youth in the community: In Santa Clara County's schools, the ratio of students to each school nurse (2,992:1) exceeds the state ratio (2,410:1) by nearly 25%.⁴ Further, the county's ratio of students to school speech, language, and hearing specialists (1,126:1) is larger than the state's (1,093:1).⁴ In addition, Black and Latinx Santa Clara County residents experience significantly worse health compared to county residents of other races; for example, preventable hospital stays (4,942 per 100,000 Black Medicare enrollees [adults aged 65 and over and persons with disabilities] and 3,969 per 100,000 Latinx Medicare enrollees in the county versus 3,358 per 100,000 Medicare enrollees statewide⁵) may be a sign of inequitable access to high-quality care. Certainly in East San José, one of the geographic areas where health disparities are concentrated, there is a higher percentage of individuals enrolled in Medicaid or other public health insurance (42%) compared to the state average (38%).⁶ Conversely, in Sunnyvale (zip code 94085), another area of concentrated health disparities, a much lower proportion of

individuals are enrolled in Medicaid/public health insurance (21%)⁶, but a slightly higher proportion of individuals are uninsured (8%) compared to the state overall (7.5%).⁶

Many key informants and focus group participants connected healthcare access with economic instability. For example, some mentioned that low-income residents may be required to prioritize rent and food over healthcare. Others noted that individuals who are not provided with sick time must choose to go unpaid in order to visit the doctor for themselves and/or family members, stating that expanded service hours on weekends and evenings are still needed. It was stated that low-income and undocumented county residents especially have difficulty accessing insurance. Affordability, both of insurance premiums and of healthcare itself, especially preventive care, was a particular concern; in our 2019 CHNA report, Latinx county residents were significantly less likely to have health insurance than others. Additionally, CHNA participants identified the lack of information for patients about healthcare costs as a barrier to accessing care.

Experts indicated that they had mixed experiences with telehealth, which rose substantially during the pandemic. While telehealth can overcome transportation barriers, experts worried about the digital divide as well as patients' lack of privacy. There was also concern expressed by providers about the lower reimbursement rate for telephone appointments (i.e., without video).

The need for healthcare workforce training in order to deliver care in a sensitive manner was a common theme among key informants and focus group participants. Training areas that were identified included LGBTQ+ sensitivity and education about issues specific to the population, trauma-informed care, and greater respect/efforts for patients who have mental health issues, are low-income, lack digital and/or English literacy, or are monolingual non-English speakers. Other delivery issues included education of healthcare workers around public charge issues, and the need for greater language capacity. More than one in ten (11%) Santa Clara County residents speak limited English, compared to less than 10% in California overall.⁶ However, there are even more-glaring geographic disparities: in Sunnyvale (zip code 94085) more than one in seven (14%), and in the East San José area more than two in ten (22%) residents speak limited English.⁶ Limited English proficiency can restrict healthcare access.

Systemic issues such as low Medi-Cal reimbursement rates and the annual requirement for Medi-Cal patients to re-verify their eligibility in order to retain coverage were called out as specific concerns. Experts expressed concern about the use of the emergency department for non-emergent issues among immigrants, the unhoused population, and individuals who lack insurance, which speaks to the inequity in access to healthcare among these groups.

Behavioral Health (including domestic violence and trauma)

Behavioral health, which includes mental health and trauma as well as consequences such as substance use, ranked high as a health need, being prioritized by all focus groups and more than half of key informants.

The pandemic's negative effect on mental health was one of the strongest themes from the qualitative data. Many experts spoke of depression, anxiety, trauma, and grief among all populations and reported an increased demand for services; however, children and adolescents were of particular concern. Statistics from prior to the pandemic's advent suggest that youth mental health is an issue: Students in Santa Clara County have lower access to psychologists at school (1,199:1) compared to students statewide (1,041:1, a 15% difference).⁷ Perhaps in part due to these access issues, the county's youth self-harm injury hospitalization rate (32.7 per 100,000 age 0-17) is significantly higher than the state's rate (22.4 per 100,000).⁸ Experts noted the lack of mental health providers (348.0 per 100,000 people in the county vs. 352.3 per 100,000 at the state level)⁹ and addiction services overall, especially in non-English languages.

Key informants and focus group attendees, all of whom participated in the CHNA after the pandemic began, described youth isolation and lack of interaction with peers as preventing normal adolescent development. They also suggested that many students were anxious about returning to school, in part because of the chance of infection. While data prior to the pandemic already indicated that youth behavioral health was a concern, experts described an increase in youth suicide attempts, especially by overdose with prescription medications, that seemed to occur beginning about three months into the pandemic.

Statistics suggest that there are disparities associated with behavioral health. For example, drug overdose deaths among Santa Clara County's Black population occur at nearly twice the rate (25.0 per 100,000 people) as for all Californians (14.0 per 100,000).¹⁰ Self-harm injury hospitalizations are much higher for the county's white youth (66.3 per 100,000 age 0-17) and Latinx youth (31.9 per 100,000) than for all California youth (22.4 per 100,000).¹¹ The county's white suicide rate for all ages (13 per 100,000 people) remains persistently higher than the state rate (11 per 100,000 people).¹² Experts, however, note that "racial and ethnic minorities have less access to mental health services than do whites, are less likely to receive needed care and are more likely to receive poor quality care when treated."¹³ An expert on the historical context of such disparities suggests that "racism and discrimination," as well as "fear and mistrust of treatment" pose barriers to community members who are Black, Indigenous, or other people of color (BIPOC) seeking help for behavioral health issues. The expert also notes that overrepresentation in the criminal justice system "suggests that rather than receiving treatment for mental illness, BIPOC end up incarcerated because of their symptoms."¹⁴ Among the statistical data available for this CHNA, juvenile felony arrests (for ages 10-17) were substantially higher for Black (23.0 per 1,000) and Latinx (9.3) Santa Clara County youth than for California youth overall (4.1 per 1,000).¹⁵

Community members made clear connections between COVID-related economic insecurity causing stress and anxiety, especially for those who lost jobs or saw their incomes affected. African immigrants were one group singled out by experts as experiencing behavioral health issues at a high rate, in part due to job losses during the pandemic. Experts also said that youth worried about the economic hardships of their families and sought employment themselves to reduce the burden on their families.

Experts spoke to the fact that the mental health and addiction services systems have historically been siloed, which has resulted in a lack of coordinated, comprehensive treatment. Further, some noted that many hospitals no longer provide mental health services and there are very few inpatient psychiatric beds for acute/high needs.¹⁶ It was stated that services for people without health insurance can be expensive and difficult to access.

Diabetes & Obesity

Approximately one-third of key informants and focus groups identified diabetes and obesity as a top health need. Two experts in Santa Clara County specifically called out diabetes as a rising problem in the community, while the trend for adult obesity remains flat. Currently, 8.4% of Santa Clara County community members have diabetes, compared to 9.9% of all Californians.¹⁷ Key informants and focus group participants identified the need for nutrition education, particularly from a young age, and some key informants further noted the cost of healthy food as a barrier to good nutrition. SNAP enrollment, an indicator of food insecurity, in the East San José area is substantially higher (14%) compared to the state average (10%).¹⁸

The lack of physical activity was cited as a driver of obesity by multiple key informants, mostly in the context of the pandemic's interference with regular activities. Associated with this concern, the county's walkability index (9.9) is worse than the state's (11.2), while the walkability index for East San José (0.8) and the 94040 zip code of Mountain View (1.5), another area of concentrated health disparities, are substantially worse than either.¹⁹ The county's Pacific Islander and Latinx middle- and high-schoolers are much less likely to meet healthy body composition and fitness standards than middle- and high-school students statewide; Black middle-schoolers in Santa Clara County generally meet body composition standards but not fitness standards.

Community members expressed dissatisfaction with the quality of the food supply, especially for those reliant on food from food pantries or institutions such as schools. Data show that, among the venues from which community members can obtain food, there are substantially fewer supercenters and club stores, which sell fresh produce, in Santa Clara County (22.2 per 1,000 people) compared to the state rate (48.1 per 1,000).²⁰ Further, and perhaps related to the lack of produce access, a smaller proportion of children ages 2-11 in the county eat adequate amounts of fruits and vegetables daily (31%) compared to children statewide (35%).²¹ Multiple residents made the connection between unhealthy eating and mental health—what's going on “in their head and their heart.”

Our 2019 CHNA report identified disparities in diabetes and obesity, with local Black and Latinx populations experiencing obesity at higher rates compared to the state, and the county's Black population also experiencing higher rates of diabetes. Although key informants and focus group participants did not connect diabetes and obesity with health disparities or inequities, experts writing on behalf of the American Diabetes Association describe placing “socioeconomic disparities and the other [social determinants of health] downstream from racism—which we posit is a root cause for disparities in diabetes outcomes in marginalized and minoritized populations.”²²

Other Chronic Conditions (other than Diabetes & Obesity)

Santa Clara County generally fares well with respect to chronic conditions other than diabetes and obesity: Mortality rates for heart disease, stroke, cancer, chronic liver disease/cirrhosis, and Alzheimer's disease and other dementias are all better than state benchmarks.

However, health conditions such as cardiovascular disease, cancer, and respiratory problems are among the top 10 causes of death in the county. With regard to cancer, the rate of cancer incidence among children ages 0-19 is slightly higher in the county (19.0 per 100,000) than the state (18.2 per 100,000).²³ Mammography screening levels, an early cancer detection measure, are lower for the county's Black women (33%), Latinas (29%), and Native American women (33%) than California women overall (36%).²⁴ Our previous (2019) CHNA report indicated that Black county residents have a higher incidence of breast cancer, lung cancer, prostate cancer, and a higher prevalence of cancer of all sites combined, while Latina residents have a substantially higher incidence of cervical cancer. With regard to respiratory problems, the level of asthma prevalence for people of all ages is higher for Santa Clara County (10%) than the state (9%).²⁵ One key informant noted that asthma rates have been worsening.

An expert in chronic disease mentioned a rise in dementia-related issues. Additionally, two health experts mentioned the issue of hypertension, one in conjunction with poor mental health, and the other as a condition that is often unmanaged among unhoused patients.

There are also racial/ethnic disparities and inequities with respect to chronic conditions: Heart disease and stroke were identified as two of the chronic conditions that are often seen in data on ethnic health disparities. An expert in Black health cautioned about high rates of asthma in areas with poor air quality. There are also persistent disparities in cancer incidence rates and other cancer statistics. The rate of cancer incidence among children ages 0-19 is highest among Santa Clara County's white children (21.2 per 100,000) and Asian/Pacific Islander children (20.2 per 100,000).²³ The National Cancer Institute acknowledges socioeconomic and racial/ethnic disparities in cancer detection, treatment, and outcomes. It attributes these to a variety of factors, including institutional racism and conscious or unconscious bias among care providers, as well as barriers such as low income, low health literacy, lack of insurance, and lack of transportation. It also acknowledges the role of neighborhoods in cancer risks (e.g., when a neighborhood has poor access to affordable healthy food, residents are more likely to be obese, which is a cancer risk factor). The Institute states, "Reducing or eliminating some cancer disparities in the pursuit of health equity will require policy changes to overcome systemic social, racial, and/or institutional inequalities."²⁶

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

Nearly all focus groups and almost three-quarters of key informants identified economic stability, including education and food insecurity, as a top community priority. According to the U.S. Office of Disease Prevention and Health Promotion, "many people can't afford things like healthy foods, health care, and housing. ... People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or [chronic] conditions... may be especially limited in their

ability to work. In addition, many people with steady work still don't earn enough to afford the things they need to stay healthy."²⁷

The cost of living in Santa Clara County is extremely high, and income inequality in Silicon Valley is 1.5 times higher than at the state level.²⁸ More specifically, the 94040 and 94043 zip code areas of Mountain View have a higher level of income inequality (both 0.5 on the Gini index) than either the county or the state overall (both 0.4 on the Gini index).²⁹ In addition, the East San José area experiences higher levels of Neighborhood Deprivation³⁰ (0.6) compared to the rest of the county (-0.8) and California as a whole (0.0).²⁹ Further, while the index that maps geographic access to job opportunities for the county (50, on a scale of 0 to 100) is similar to California overall (48), jobs proximity index metrics for East San Jose (2) and the 94040 zip code in Mountain View (10) are much worse.³¹ The median household income in East San José (\$79,602) is also lower than even the state median (\$82,053), let alone the county median household income (\$129,210).²⁹

Education generally correlates with income; therefore, educational statistics that differ by race/ethnicity are particularly concerning. Smaller proportions of Santa Clara County Black (45%), Pacific Islander (38%), and Latinx (46%) 11th-graders met or exceeded grade-level English-language arts standards compared to California 11th-graders overall (57%).³² Also, a smaller percentage of local Latinx 11th graders met or exceeded math standards (28%) versus California's 11th-graders (32%).³² Related to these statistics, much smaller proportions of the county's Black (32%), Pacific Islander (34%), and Latinx (38%) high school graduates completed college-preparatory courses compared to high school graduates statewide (47%).³³ In our 2019 CHNA report, we described similar inequities in educational attainment. In some county sub-geographies in particular, the proportion of adults who do not have at least a high school diploma is much higher (East San José, 31%; 94040 in Mountain View, approximately 28%) than the state average (18%).²⁹ Educational inequities, often related to neighborhood segregation³⁴, lead to educational disparities that begin at an early age: the elementary school proficiency index, which measures the academic performance of 4th-graders, is significantly lower in both East San José (4.2) and the 94040 zip code of Mountain View (12.4) than the county (69.7) or the state (49.4).³⁵

Data available on economically precarious households shows that while 50% of California households in which the most educated adult has only a high school diploma or GED struggle economically statewide, this proportion rises to 58% among Santa Clara County households.³⁶ Fully 30% of Silicon Valley households are not meeting economic self-sufficiency standards.³⁶ Furthermore, in seven out of 50 school districts in Silicon Valley, more than 50% of students are eligible for free- or reduced-price meals (a proxy for poverty).²⁸ In our 2019 CHNA report, poverty and food insecurity statistics illustrated inequities by race/ethnicity. Economic precariousness can force people to choose between paying rent and accessing healthcare; it can also lead to homelessness and the many barriers to health that unhoused individuals face.

Qualitative data showed that COVID created more economic insecurity for those who lost work and specifically impacted low-income essential workers, many of whom were Latinx and/or

undocumented. Key informants and focus group participants mentioned that county residents often lost childcare during the pandemic, which affected their ability to work; according to the Public Policy Institute of California, this affected women significantly more than men. Women were also “overrepresented in both frontline and hardest-hit sectors” of the economy.³⁷ Prior to the pandemic, the cost of childcare may also have been a limiting factor; infant child care (age 0-2) cost \$20,746 per year in Santa Clara County, compared to \$17,384 on average statewide. Similarly, pre-K child care (age 3-5) cost \$15,315 in Santa Clara County versus \$12,168 on average in California overall.³⁸ Economic insecurity affects single-parent households more than dual-parent households³⁹; in East San José specifically, there are a higher proportion of children in single-parent households (39%) than in California overall (32%).²⁹

VII. EL CAMINO HEALTHCARE DISTRICT'S IMPLEMENTATION STRATEGY & COMMUNITY BENEFIT PLAN

El Camino Healthcare District's annual community benefit investment focuses on improving the health of our community's most vulnerable populations, including the medically underserved, low-income, and populations affected by health disparities. To accomplish this goal, our community health investment for FY2025 will be directed to improve health care access & delivery (including oral health), behavioral health (including domestic violence and trauma), economic security (including food insecurity, housing, and homelessness), diabetes and obesity, and other chronic conditions (other than diabetes & obesity) through community and hospital-based programs and partnerships.

This plan represents the revamping of a multi-year strategic investment in community health. El Camino Healthcare District believes that long-term funding of proven community partners yields greater success than short-term investments in improving the health and well-being of community members. The plan continues to be based on documented community health needs. Modifications to the plan are the result of new data and information collected during the 2022 CHNA process.

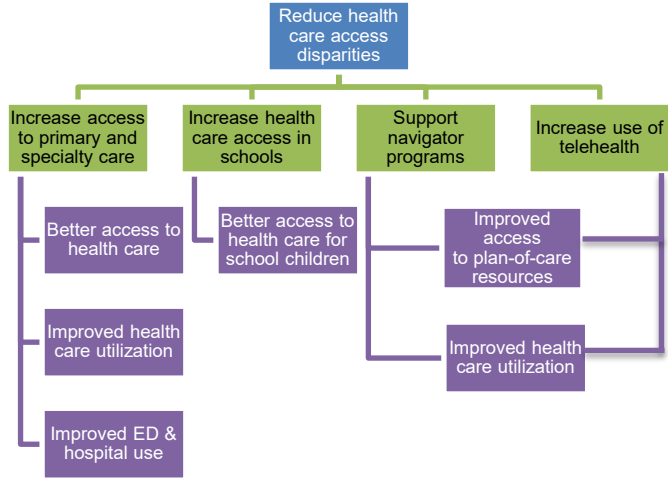
HEALTH CARE ACCESS & DELIVERY (INCLUDING ORAL HEALTH)

El Camino Healthcare District views efforts to ensure equitable access to high-quality health care and respectful, compassionate, culturally competent delivery of health care services as a top priority for its community benefit investments. Given the community's strong focus on issues of health care access and delivery during the 2022 CHNA, El Camino Healthcare District chose goals that support initiatives to reduce disparities in access to and delivery of primary and specialty care for community members in its service area. The goals also include improvements in access to and delivery of oral health care and maternal/infant health care, based on statistical data and information provided by experts interviewed during the CHNA. The hospital expects to make a positive impact by improving health care access and utilization, reducing unnecessary emergency department visits and hospitalizations, and reducing disparities in health outcomes.

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
1. Reduce disparities in access to high-quality care	A. Support increased access to primary care and specialty care services for vulnerable individuals ^{40, 41, 42, 43, 44, 45, 46, 47, 48, 49}	(i) Individuals experience better access to health care (ii) Improved health care utilization (iii) Reduced unnecessary ED visits and hospitalizations
	B. Support greater access to healthcare in schools ⁵⁰	(i) Improved access to health care for school-aged children and youth
	C. Support clinical and community health navigator programs ^{51, 52, 53}	(i) Community members access clinical and community resources that support their plan of care
	D. Support increased use of telehealth and other technology solutions ^{54, 55, 56}	

GOAL

Increase access to oral health care

INITIATIVE

Support dental screening & follow-up

ANTICIPATED IMPACT

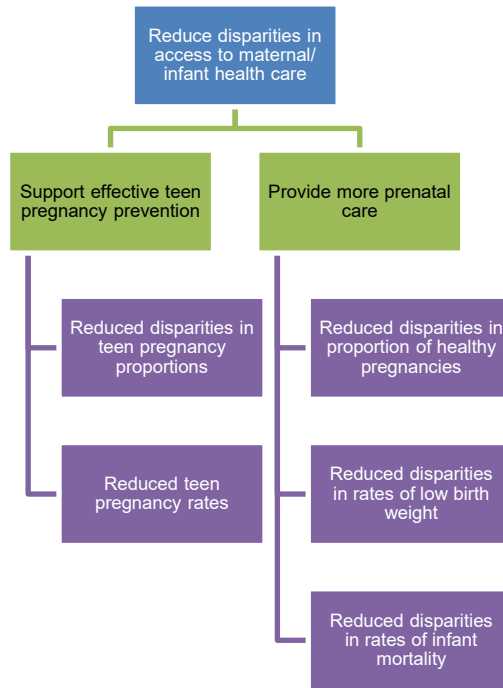
Improved oral health

Goal	Initiative	Anticipated Impact
2. Increase access to oral health care for underserved community members	A. Support school- and community-based programs that offer dental screenings and care, including tele-dentistry ^{57, 58, 59, 60}	(i) Improved oral health among community members

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
3. Reduce disparities and inequitable access to maternal/ infant health care for community members	A. Support effective teen pregnancy prevention programs ^{61, 62, 63}	(i) Reduced disparities in the proportion of teens who are pregnant (ii) Reduced proportions of teens who are pregnant
	B. Increase access to and utilization of adequate prenatal care ^{64, 65, 66, 67, 68}	Reduced disparities in: (i) Proportions of women with healthy pregnancies (ii) Rates of low birth weight (iii) Rates of infant mortality

GOAL

INITIATIVE

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
4. Provide/ expand workforce training in cultural competence, and compassionate and respectful care delivery	A. Support workforce training in cultural competence, and compassionate and respectful care delivery ^{69, 70, 71, 72}	(i) Increased access to culturally competent health care services among underserved community members, including LGBTQ+ and community members with limited English proficiency (ii) Increased access to compassionate and respectful health care among underserved community members, including LGBTQ+ and community members with limited English proficiency

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

Agency	New	DNF	Dual Request	Requested	FY2024 Approved (if applicable)	CBAC Rec.
On-Site Dental Care Foundation				\$200,000	\$200,000	\$200,000
Pathways Home Health and Hospice				\$60,000	\$60,000	\$60,000
El Camino Health- Integrated Care Management				\$247,000	\$189,000	\$247,000
LifeMoves			X	\$200,000	\$160,000	\$160,000
Lucile Packard Foundation for Children's Health				\$140,000	\$98,000	\$103,000
Peninsula Healthcare Connection - New Directions				\$220,000	\$220,000	\$220,000
Ravenswood Family Health Network				\$1,300,000	\$1,250,000	\$1,250,000
RoadRunners				\$165,000	\$165,000	\$165,000
Santa Clara Valley Healthcare				\$500,000	\$355,000	\$326,000
Avenidas - Door to Door Transportation Program	X	X		\$30,000	\$ -	\$ -
El Camino Health - Care Coordination				\$150,000	\$150,000	\$150,000
Health Library & Resource Center Mountain View				\$175,000	\$175,000	\$175,000
Health Mobile	X	X	X	\$150,000	\$ -	\$ -
Planned Parenthood Mar Monte				\$225,000	\$225,000	\$225,000
Cupertino Union School District			X	\$221,000	\$105,000	\$105,000
Mountain View Whisman School District				\$404,979	\$305,500	\$305,500
Sunnyvale School District				\$287,000	\$287,000	\$287,000

*Green represents higher proposal strength, Blue represents medium proposal strength, Grey represents lower proposal strength and White represents two-year grant amount approved by ECHD in FY2023 for FY2024 & FY2025

**Proposals within each color are organized alphabetically

***CBAC is the Community Benefit Advisory Council

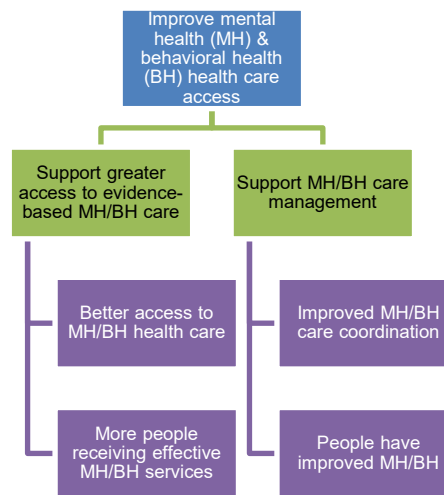
BEHAVIORAL HEALTH (INCLUDING DOMESTIC VIOLENCE AND TRAUMA)

Even prior to the pandemic, data indicated that behavioral health (including mental health, trauma, and substance use) was a significant health need, especially with respect to the supply of providers. Community input during the 2022 CHNA emphasized how much worse and more widespread behavioral health issues have become due to the pandemic. Therefore, in addition to supporting initiatives to improve community members’ access to mental and behavioral health care, El Camino Healthcare District chose goals that support more direct approaches to improving the mental and behavioral health of both youth and adult community members. By using a two-pronged approach, addressing access to care and care itself, El Camino Healthcare District expects to be able to make a positive impact by improving community members’ mental and behavioral health, including contributing to improved coping skills, healthier relationships, and reduced substance use.

GOAL

INITIATIVES

ANTICIPATED IMPACTS

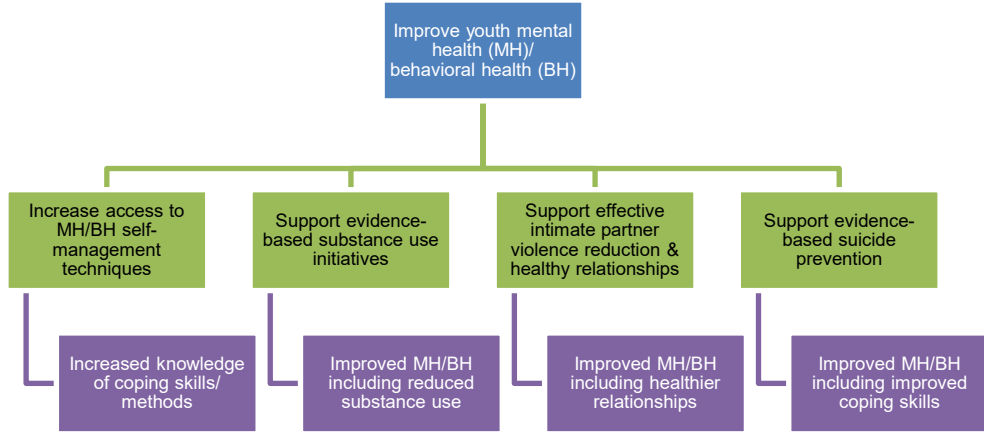


Goal	Initiative	Anticipated Impact
1. Improve mental/behavioral health care access for community members	A. Support in-person and virtual expanded access to evidence-based counseling, addiction treatment, behavioral health case management, etc. ^{73, 74, 75, 76, 77}	(i) Improved access to mental/behavioral health programs and services (ii) More community members receiving effective mental/behavioral health services
	B. Care management to support community members’ self-management and mental health ^{78, 79}	(i) Improved coordination of mental/behavioral services (ii) Improved mental/behavioral health among those served

GOAL

INITIATIVES

ANTICIPATED IMPACTS

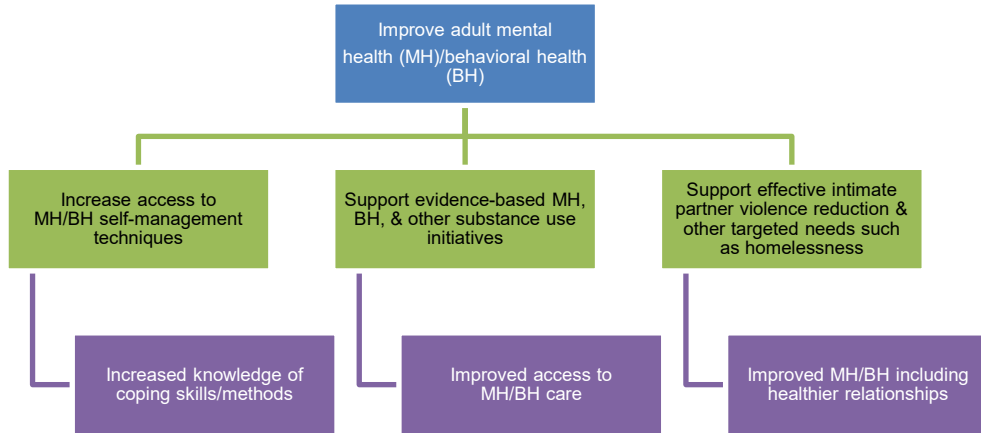


Goal	Initiative	Anticipated Impact
2. Improve mental/ behavioral health of youth in the community	A. In-person or virtual programs for assisting youth in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience ^{80, 81}	(i) Increased knowledge among youth served about methods of coping with stress and depression
	B. Support for substance abuse initiatives with evidence of effectiveness ^{82, 83, 84}	(i) Improved mental health among those served, including reduced substance use
	C. Programs that prevent or reduce youth and young adult intimate partner and sexual violence and promote healthier relationships ^{85, 86}	(i) Improved mental health among those served, including healthier relationships
	D. Programs that reduce or prevent suicide with evidence of effectiveness ^{87, 88}	(i) Improved mental health among those served, including improved coping skills

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
3. Improve mental/ behavioral health of adults in the community	A. In-person or virtual programs for assisting community members in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience ^{89, 90, 91}	(i) Increased knowledge among those served about methods of coping with depression, anxiety, and stress
	B. Support for screening, accurate diagnosis, effective treatment, and follow-up for mental/ behavioral health and substance use/ addiction treatment services ^{92, 93, 94}	(i) Improved access to mental and behavioral health services among those served
	C. Programs that support targeted unmet needs such as supporting individuals experiencing or at risk of homelessness or intimate partner violence ^{95, 96}	(i) Improved mental health among those served (ii) Improved utilization of clinical and community resources among those served

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

Agency	New	DNF	Dual Request	Requested	FY2024 Approved (if applicable)	CBAC Rec.
Caminar - Domestic Violence Program				\$131,791	\$80,000	\$85,000
Law Foundation of Silicon Valley				\$90,000	\$60,000	\$70,000
Momentum for Health			X	\$290,000	\$290,000	\$290,000
Acknowledge Alliance				\$80,000	\$55,000	\$55,000
Avenidas - Adult Day Health Program				\$70,000	\$70,000	\$70,000
Caminar - LGBTQ Speaker Bureau Program				\$154,416	\$75,000	\$75,000
Friends for Youth				\$36,000	\$30,000	\$30,000
Kara				\$30,000	\$30,000	\$30,000
Maitri				\$50,000	\$50,000	\$50,000
Mission Be				\$26,175	\$20,000	\$26,000
NAMI Santa Clara County				\$100,000	\$100,000	\$100,000
YWCA Golden Gate Silicon Valley				\$100,000	\$90,000	\$90,000
AnewVista Community Services	X			\$30,000	\$ -	\$20,000
Animal Assisted Happiness	X	X		\$5,000	\$ -	\$ -
Eating Disorders Resource Center				\$25,000	\$25,000	\$25,000
Fremont Union High School District	X	X		\$126,000	\$ -	\$ -
Friendly Voices - Phone Buddies for Seniors	X			\$11,000	\$ -	\$11,000
Lighthouse of Hope Counseling Center				\$40,000	\$20,000	\$30,000
My Digital TAT2				\$31,293	\$29,000	\$29,000
Project Safety Net Inc	X	X		\$50,000	\$ -	\$ -
The Morning Forum of Los Altos	X	X		\$30,000	\$ -	\$ -
WomenSV		X		\$30,000	\$30,000	\$ -
CHAC				\$335,698	\$304,000	\$304,000

Cupertino Union School District			X	\$102,500	\$102,500	\$102,500
Los Altos School District				\$150,000	\$150,000	\$150,000
Mountain View Los Altos Union High School District				\$220,000	\$220,000	\$220,000

*Green represents higher proposal strength, Blue represents medium proposal strength, Grey represents lower proposal strength and White represents two-year grant amount approved by ECHD in FY2023 for FY2024 & FY2025

**Proposals within each color are organized alphabetically

***CBAC is the Community Benefit Advisory Council

****CHAC agreement for services at Sunnyvale School District in process of being assigned per joint agreement of all parties to Pacific Clinics for FY2025

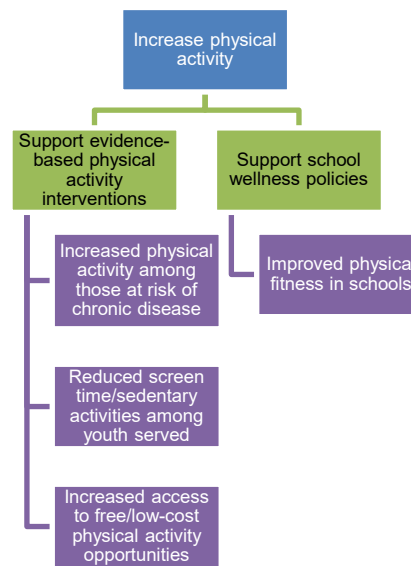
DIABETES & OBESITY

During the 2022 CHNA, community members provided input on poor food access and the lack of physical activity, both of which are drivers of diabetes and obesity. Additionally, CHNA data indicated issues with the food environment, geographic disparities in walkability, and ethnic disparities in youth fitness, among other things. Experts also indicated that diabetes rates are trending up in Santa Clara County. Therefore, El Camino Healthcare District chose goals that support initiatives that prevent or reduce obesity and diabetes, as well as those that increase physical activity, reduce food insecurity, and increase healthy food access among community members. The hospital expects these efforts will make a positive impact by contributing to improved weight status, improved diabetes management, and reduced rates of obesity & diabetes in the community.

GOAL

INITIATIVES

ANTICIPATED IMPACTS

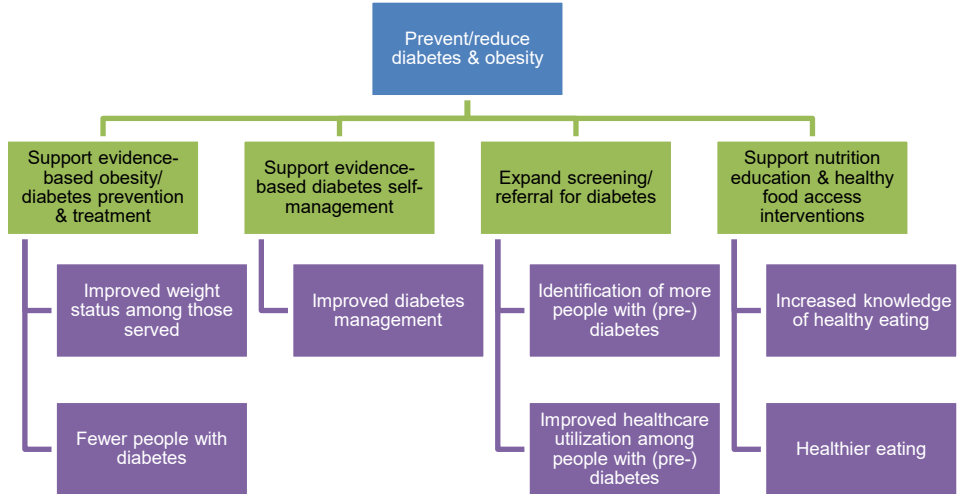


Goal	Initiative	Anticipated Impact
1. Increase physical activity among community members	A. Support physical activity interventions shown to contribute to weight loss and reduced screen time among youth and adults ^{97, 98, 99, 100}	(i) Increase in physical activity among youth and adults at elevated risk of chronic health conditions (ii) Reduced screen time & time on sedentary activities among youth served (iii) Increased access to and utilization of free/low-cost opportunities for physical activity
	B. Support implementation of school wellness policies for promoting physical activity ¹⁰¹	(i) Improved physical fitness among students in schools served

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
2. Prevent/ reduce obesity & diabetes among community members	A. Support obesity/diabetes prevention and obesity treatment programs with evidence of effectiveness ^{102, 103, 104, 105, 106, 107, 108, 109, 110}	(i) Improved weight status in youth and adults served (ii) Long-term reduction in the number of community members with diabetes
	B. Support diabetes treatment/self-management programs with evidence of effectiveness ^{111, 112, 113, 114, 115}	(i) Improved diabetes management in participants served
	C. Expand screening and referral for abnormal blood glucose/pre-diabetes and type 2 diabetes ^{116, 117}	(i) Identification of more individuals with diabetes and pre-diabetes (ii) Improved healthcare utilization for individuals with diabetes and pre-diabetes
	D. Support community and school-based nutrition education and healthy food access interventions (i.e. school/community gardening interventions, healthy cooking curricula, food resource management, community health workers, etc.) ^{118, 119, 120, 121}	(i) Increased knowledge and understanding about healthy eating among people served (ii) Healthier eating among community members receiving interventions

DIABETES & OBESITY PROPOSAL RECOMMENDATIONS

Agency	New	DNF	Dual Request	Requested	FY22 Approved (if applicable)	CBAC Rec.
Chinese Health Initiative			X	\$279,000	\$275,000	\$275,000
Playworks			X	\$206,000	\$200,000	\$200,000
South Asian Heart Center			X	\$320,000	\$310,000	\$310,000
YMCA of Silicon Valley				\$80,000	\$80,000	\$80,000
American Diabetes Association				\$30,000	\$30,000	\$30,000
Bay Area Women's Sports Initiative - Girls Program			X	\$72,787	\$26,000	\$39,000
City of Sunnyvale - Columbia Neighborhood Center				\$49,455	\$44,000	\$49,000
Community Health Partnership	X			\$72,500	\$ -	\$45,000
Joyful Learning Educational Development Center	X	X		\$30,000	\$ -	\$ -
Living Classroom				\$69,700	\$60,000	\$60,000
Silicon Valley Bicycle Coalition				\$30,000	\$20,000	\$20,000
Bay Area Women's Sports Initiative - Rollers Program				\$65,183	\$21,000	\$21,000
Crack the Wellness Code (CWC)	X	X		\$30,000	\$ -	\$ -
Fresh Approach				\$75,165	\$74,000	\$40,000

*Green represents higher proposal strength, Blue represents medium proposal strength, Grey represents lower proposal strength and White represents two-year grant amount approved by ECHD in FY2023 for FY2024 & FY2025

**Proposals within each color are organized alphabetically

***CBAC is the Community Benefit Advisory Council

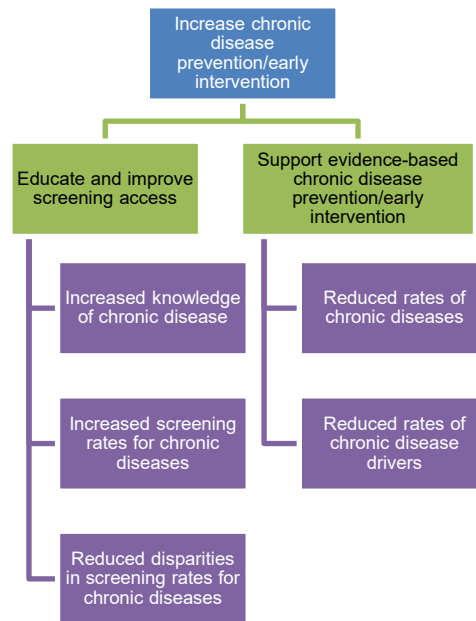
OTHER CHRONIC CONDITIONS (OTHER THAN DIABETES & OBESITY)

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

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
1. Increase prevention and early intervention of chronic diseases in the community	A. Provide education and improve access to screenings ^{122, 123, 124, 125, 126, 127, 128}	(i) Increased knowledge of chronic disease among community members (ii) Increased rates of screening for chronic disease (iii) Reduced disparities in chronic disease screening rates
	B. Support evidence-based chronic disease prevention and early intervention programs ^{129, 130, 131}	(i) Reduced rates of chronic diseases (ii) Reduced rates of drivers of chronic diseases, such as physical inactivity, poor nutrition, tobacco and excessive alcohol use, etc.

GOAL

Improve chronic disease management

INITIATIVES

Support evidence-based chronic disease treatment/self-management

ANTICIPATED IMPACTS

- Reduced ED visits for chronic diseases
- Better medication and treatment adherence
- Reduced uncontrolled chronic disease

Goal	Initiative	Anticipated Impact
2. Improve chronic disease management among community members	A. Support evidence-based chronic disease treatment and self-management programs ^{132, 133, 134}	(i) Reduced rates of ER/ED visits for chronic diseases (ii) Improved medication and treatment adherence (iii) Reduced rates of uncontrolled chronic disease

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

Agency	New	DNF	Dual Request	Requested	FY2024 Approved (if applicable)	CBAC Rec.
Breathe California of the Bay Area				\$28,800	\$28,000	\$28,000
Pacific Stroke Association	X			\$20,000	\$ -	\$20,000
American Heart Association	X		X	\$113,826	\$ -	\$100,000
Stanford Health Care -- Injury Prevention/Fall Prevention	X	X		\$30,976	\$ -	\$ -
Community Services Agency of Mountain View-Los Altos				\$263,754	\$240,000	\$240,000

*Green represents higher proposal strength, Blue represents medium proposal strength, Grey represents lower proposal strength and White represents two-year grant amount approved by ECHD in FY2023 for FY2024 & FY2025

**Proposals within each color are organized alphabetically

***CBAC is the Community Benefit Advisory Council

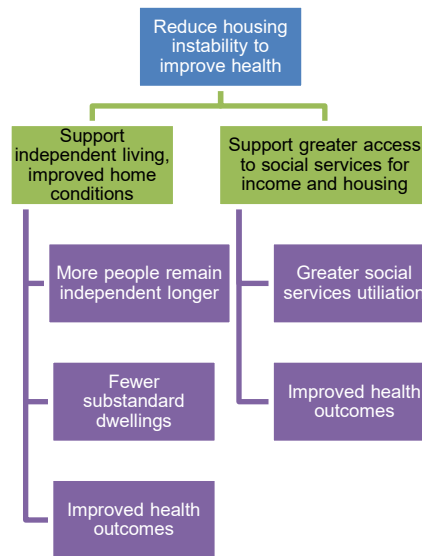
ECONOMIC STABILITY (INCLUDING FOOD INSECURITY, HOUSING, AND HOMELESSNESS)

Economic stability was a top priority for the community in the 2022 CHNA, supported by data showing inequities in income, education, housing affordability, and job opportunities. When food, housing, and health care are difficult to afford, health outcomes are likely to suffer. Therefore, El Camino Healthcare District chose goals that support initiatives to reduce housing instability, food insecurity, and barriers to living-wage employment. Through efforts to address community members’ basic needs, El Camino Healthcare District believes it will make a positive impact via increased utilization of social services and improved well-being and health outcomes among community members.

GOAL

INITIATIVES

ANTICIPATED IMPACTS



Goal	Initiative	Anticipated Impact
1. Reduce housing instability among community members	A. Support independent living and efforts to improve substandard living conditions ^{135, 136, 137}	(i) More community members remain independent longer (ii) Reduced number of sub-standard dwellings (iii) Improved health outcomes for those at-risk of and/or experiencing homelessness
	B. Support efforts to improve access to social services that address income and housing insecurity ^{138, 139, 140}	(i) Increase in social services utilization (ii) Improved health outcomes for those at-risk of and/or experiencing homelessness

GOAL

Reduce barriers to living-wage jobs

INITIATIVES

Create job training and job opportunities

ANTICIPATED IMPACTS

More people employed in positions supporting economic stability

Goal	Initiative	Anticipated Impact
2. Reduce barriers to employment/ careers that provide community members with a living wage	A. Create workforce training and employment opportunities for underrepresented populations ^{141, 142, 143, 144}	(i) More community members employed in positions that support economic stability

GOAL

Increase access to healthy food, reduce food insecurity

INITIATIVE

Support increased utilization of food resources

ANTICIPATED IMPACTS

Improved access to healthy foods

Reduced food insecurity

Goal	Initiative	Anticipated Impact
3. Reduce food insecurity and increase healthy food access for low-income community members	A. Support increased utilization of healthy/ culturally appropriate food through CalFresh/SNAP enrollment, existing food banks, and other sites ^{145, 146}	(i) Improved access to healthy food options (ii) Reduced food insecurity

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

Agency	New	DNF	Dual Request	Requested	FY2024 Approved (if applicable)	CBAC Rec.
Day Worker Center of Mountain View				\$35,000	\$30,000	\$35,000
Hope's Corner Inc.				\$30,000	\$30,000	\$30,000
Homefirst Services Of Santa Clara County	X	X		\$160,170	\$ -	\$ -
Mountain View Police Department's Youth Services Unit				\$30,000	\$25,000	\$30,000
Second Harvest of Silicon Valley				\$40,000	\$40,000	\$40,000
Downtown Streets Team	X	X	X	\$30,000	\$ -	\$ -
Rebuilding Together Peninsula	X	X		\$50,000	\$ -	\$ -
The United Effort Organization	X			\$30,000	\$ -	\$25,000
Sunnyvale Community Services - Comprehensive Safety-Net Services				\$131,250	\$75,000	\$75,000
Sunnyvale Community Services - Social Work/Homebound Case Management				\$264,052	\$207,000	\$207,000

*Green represents higher proposal strength, Blue represents medium proposal strength, Grey represents lower proposal strength and White represents two-year grant amount approved by ECHD in FY2023 for FY2024 & FY2025

**Proposals within each color are organized alphabetically

***CBAC is the Community Benefit Advisory Council

VIII. EVALUATION PLANS

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

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

The Board of Directors' support of this Implementation Strategy Report and Community Benefit Plan will allow El Camino Healthcare District 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 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 Implementation Strategy Report and Community Benefit Plan aims to improve the health and wellness of the El Camino Healthcare District.

ENDNOTES

-
- ¹ El Camino Hospital is the legal and funding entity for El Camino Health's community benefit program. The community benefit requirement applies to 501(c)(3) tax-exempt hospitals.
- ² <https://www.elcaminohealthcaredistrict.org/community-benefit>
- ³ The definition of a health need is a poor health outcome and its health driver, or a health driver associated with a poor health outcome that has not yet arisen as a need. Further definitions of terms and specific criteria for health needs identification may be found in El Camino Health's 2022 CHNA report.
- ⁴ California Dept. of Education, Staff Assignment and Course Data (Jan. 2020) & DataQuest (Mar. 2019).
- ⁵ U.S. Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool. 2018.
- ⁶ U.S. Census Bureau, American Community Survey. 2015-19.
- ⁷ California Dept. of Education, Staff Assignment and Course Data (Jan. 2020) & DataQuest (Mar. 2019).
- ⁸ California Dept. of Public Health, California EpiCenter. 2015.
- ⁹ Center for Medicare and Medicaid Services, National Provider Identification. (2020).
- ¹⁰ National Center for Health Statistics - Mortality Files. 2017-2019.
- ¹¹ California Dept. of Public Health, California EpiCenter. 2015.
- ¹² County Health Status Profiles. California Department of Public Health, Center for Health Statistics and Informatics, Vital Statistics Branch. 2017-2019.
- ¹³ McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health Affairs (Project Hope)*, 27(2), 393–403. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/>
- ¹⁴ Perzichilli, T. (2020). The historical roots of racial disparities in the mental health system. *Counseling Today*, American Counseling Association. Retrieved from <https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-system/>
- ¹⁵ California Dept. of Justice, Crime Statistics: Arrests; California Dept. of Finance, Population Estimates and Projections. 2018.
- ¹⁶ Valley Medical Center's Barbara Arons Pavilion provides 60 acute inpatient psychiatric beds; however, its facility is "in poor condition [with]...serious design flaws." Santa Clara County is currently building a new facility to replace the Pavilion, slated to be completed in late 2023, with 42 beds for adults and 31 beds for children and teens. Forestieri, K. (2021). Santa Clara County unveils plans for a \$233M psychiatric hospital serving kids and adults. *Palo Alto Online*. Retrieved from <https://palooonline.com/news/2021/02/27/santa-clara-county-unveils-plans-for-a-233m-psychiatric-hospital-serving-kids-and-adults>
- ¹⁷ UCLA Center for Health Policy Research, California Health Interview Survey. 2019.
- ¹⁸ U.S. Census Bureau, American Community Survey. 2015-19.
- ¹⁹ U.S. Environmental Protection Agency, EPA Smart Location Mapping. 2012.
- ²⁰ U.S. Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2016.
- ²¹ UCLA Center for Health Policy Research, California Health Interview Survey. 2018.
- ²² Ogunwole, S. M. & Golden, S. H. (2021). Social Determinants of Health and Structural Inequities—Root Causes of Diabetes Disparities. *Diabetes Care*, Jan. 2021, 44 (1): 11-13. Retrieved from <https://care.diabetesjournals.org/content/44/1/11>
- ²³ National Cancer Institute, Surveillance, Epidemiology, and End Results (SEER) Program Research Data (Nov. 2018); U.S. Cancer Statistics Working Group, U.S. Cancer Statistics Data Visualizations Tool (Jun. 2018).
- ²⁴ U.S. Centers for Medicare & Medicaid Services, Mapping Medicare Disparities Tool. 2018.
- ²⁵ County Health Status Profiles. California Department of Public Health, Center for Health Statistics and Informatics, Vital Statistics Branch. 2019.
- ²⁶ National Cancer Institute. (2020). *Cancer Disparities*. Retrieved from <https://www.cancer.gov/about-cancer/understanding/disparities>
- ²⁷ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Healthy People 2030. (Undated). *Economic Stability*. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>
- ²⁸ Joint Venture Silicon Valley. (2020). 2020 Silicon Valley Index.
- ²⁹ U.S. Census Bureau, American Community Survey. 2015-19.

- ³⁰ The Neighborhood Deprivation Need Rating is comprised of 13 key measures across the dimensions of wealth and income, education, occupation, and housing conditions. All four East San José zip codes have the worst scores in the county. Rating scale ranges from -3.5 (best) to 3.5 (worst).
- ³¹ U.S. Department of Housing and Urban Development, Job Proximity Index. 2014.
- ³² California Dept. of Education, Test Results for California's Assessments. 2020.
- ³³ California Dept. of Education, Graduates by Race and Gender (May 2018).
- ³⁴ Acevedo-Garcia, D., Noelke, C., & McArdle, N. (2020). *The Geography of Child Opportunity: Why Neighborhoods Matter for Equity*. Diversitydatakids.org, Institute for Child, Youth and Family Policy, The Heller School for Social Policy and Management, Brandeis University: Waltham, MA. Retrieved from https://www.diversitydatakids.org/sites/default/files/file/ddk_the-geography-of-child-opportunity_2020v2.pdf
- ³⁵ HUD Policy Development and Research. 2020.
- ³⁶ The Self-Sufficiency Standard for California, Center for Women's Welfare, University of Washington. 2021.
- ³⁷ Bohn, S., Cuellar Mejia, M., & Lafortune, J. (2021). *Multiple Challenges for Women in the COVID-19 Economy*. Public Policy Institute of California. Retrieved from <https://www.ppic.org/blog/multiple-challenges-for-women-in-the-covid-19-economy/>
- ³⁸ California Child Care Resource and Referral Network, California Child Care Portfolio. 2020.
- ³⁹ Western, B., Bloome, D., Sosnaud, B., & Tach, L. (2012). Economic insecurity and social stratification. *Annual Review of Sociology*, 38, 341-359. Retrieved from https://scholar.harvard.edu/files/brucewestern/files/western_et_al12.pdf
- ⁴⁰ Myers, B., Racht, E., Tan, D., & White, L. (2012). Mobile integrated healthcare practice: a healthcare delivery strategy to improve access, outcomes, and value. Retrieved from: http://media.cygnus.com/files/cygnus/document/EMSR/2013/DEC/medtronic-download-12-9_11273203.pdf
- ⁴¹ Lattimer, V., Sassi, F., George, S., Moore, M., Turnbull, J., Mullee, M., & Smith, H. (2000). Cost analysis of nurse telephone consultation in out of hours primary care: evidence from a randomised controlled trial. *BMJ*, 320(7241), 1053-1057.
- ⁴² Shi, L., Lebrun, L. A., Tsai, J., & Zhu, J. (2010). Characteristics of ambulatory care patients and services: a comparison of community health centers and physicians' offices. *Journal of Health Care for the Poor and Underserved*, 21(4), 1169-1183. Retrieved from: https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications_PDFs/2010%20JHCPU.pdf
- ⁴³ Piehl M.D., Clemens C.J., Joines J.D. (2000). 'Narrowing the Gap': Decreasing Emergency Department Use by Children Enrolled in the Medicaid Program by Improving Access to Primary Care. *Archives of Pediatric and Adolescent Medicine*. 154(8):791-95. Retrieved from: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/350544>. See also: Lowe R.A., Localio A.R., Schwarz D.F., Williams S., Wolf Tuton L., Maroney S., Nicklin D., Goldfarb N., Vojta D.D., Feldman H.I. (2005). Association between Primary Care Practice Characteristics and Emergency Department Use in a Medicaid Managed Care Organization. *Medical Care*. 43(8):792-800. And see: Buckley, D. J., Curtis, P. W., & McGirr, J. G. (2010). The effect of a general practice after-hours clinic on emergency department presentations: a regression time series analysis. *Medical Journal of Australia*, 192(8):448-451. Retrieved from: https://www.mja.com.au/system/files/issues/192_08_190410/buc10644_fm.pdf
- ⁴⁴ Ünützer, J., Harbin, H., Schoenbaum, M. & Druss, B. (2013). *The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes*. Retrieved from <https://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-IRC-Collaborative-5-13.pdf>
- ⁴⁵ Ginsburg, S. (2008). *Colocating Health Services: A Way to Improve Coordination of Children's Health Care?* (Vol. 41). New York, NY: Commonwealth Fund. Retrieved from www.commonwealthfund.org/usr_doc/Ginsburg_Colocation_Issue_Brief.pdf
- ⁴⁶ McGuire, J., Gelberg, L., Blue-Howells, J., & Rosenheck, R. A. (2009). Access to primary care for homeless veterans with serious mental illness or substance abuse: a follow-up evaluation of co-located primary care and homeless social services. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(4), 255-264.
- ⁴⁷ Connors, G. P., Kressley, S. J., Perrin, J. M., Richerson, J. E., Sankrithi, U. M., Committee on Practice and Ambulatory Medicine, Committee on Pediatric Emergency Medicine, Section on Telehealth Care, Section on Emergency Medicine, Subcommittee on Urgent Care, Task Force on Pediatric Practice Change, Simon, G. R., Boudreau, A. D. A., Baker, C., Barden, G. A., Hackell, J., Hardin, A., Meade, K., Moore, S., Shook, J. E., Callahan, J. M., Chun, T. H., Conway, E. E., Dudley, N. C., Gross, T. K., Lane, N. E., Macias, C. G., Timm, N. L., Alexander, J. J., Bell, D. M., Bunik, M., Burke, B. L., Herendeen, N. E., Kahn, J. A., Mahajan, P. V., Gorelick, M. H., Bajaj, L., Gonzalez del Rey, J. A., Herr, S., Mull, C. C., Schnadower, D., Sirbaugh, P. E., Lumba-Brown, A., Dahl-Grove, D. L., McAnerney, C. M., Remick, K. E., Kharbada, A., Nigrovic, L., Mullan, P. C., Wolff, M. S., Schor, J. A., Edwards, A. R., Flanagan, P. J., Hudak, M. L., Katkin, J. P., Kraft, C. A., Quinonez, R. A., Shenkin, B. N., Smith, T. K., & Tieder, J.

- S. (2017). Nonemergency Acute Care: When It's Not the Medical Home. *Pediatrics*. 139(5): e20170629. Retrieved from: <http://doi.org/10.1542/peds.2017-0629>
- ⁴⁸ Wodchis, W. P., Dixon, A., Anderson, G. M., & Goodwin, N. (2015). Integrating care for older people with complex needs: key insights and lessons from a seven-country cross-case analysis. *International Journal of Integrated Care*, 15(6). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4628509/>
- ⁴⁹ Doran, K. M., Ragins, K. T., Gross, C. P., & Zerger, S. (2013). Medical respite programs for homeless patients: a systematic review. *Journal of Health Care for the Poor and Underserved*, 24(2), 499-524. Retrieved from <https://muse.jhu.edu/article/508571/pdf> ; see also: National Health Care for the Homeless Council, Inc. (n.d.). *Santa Clara Medical Respite Program*. Retrieved from: <https://nhchc.org/business-directory/226561/santa-clara-medical-respite-program/>
- ⁵⁰ Gratz, T., Goldhaber, D., Willgerodt, M., & Brown, N. (2020). The frontline health care workers in schools: Health equity, the distribution of school nurses, and student access. *The Journal of School Nursing*, June 2021. See also Baisch, M. J., Lundeen, S. P., & Murphy, M. K. (2011). Evidence-based research on the value of school nurses in an urban school system. *Journal of School Health*, 81, 74-80. And see Wang, L., Vernon-Smiley, M., Gapinski, M., Desisto, M., Maughan, E., & Sheetz, A. (2014, May 19). Cost-benefit study of school nursing services. *JAMA Pediatrics*, 168(7), 642-648.
- ⁵¹ Natale-Pereira, A., Enard, K. R., Nevarez, L., & Jones, L. A. (2011). The role of patient navigators in eliminating health disparities. *Cancer*, 117(S15): 3541-3550. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/cncr.26264/full>. Yates, P. (2004). Cancer care coordinators: Realizing the potential for improving the patient journey. *Cancer Forum*, 28(3):128-132. Retrieved from <http://eprints.qut.edu.au/1739/1/1739.pdf>. See also Brown, R. S., Peikes, D., Peterson, G., Schore, J., & Razafindrakoto, C. M. (2012). Six features of Medicare coordinated care demonstration programs that cut hospital admissions of high-risk patients. *Health Affairs*, 31(6), 1156-1166. Retrieved from <http://content.healthaffairs.org/content/31/6/1156.full.html>
- ⁵² Centers for Disease Control and Prevention. (2016). *Addressing Chronic Disease Through Community Health Workers*. Retrieved from www.cdc.gov/dhdsp/docs/chw_brief.pdf
- ⁵³ Scott, K., Beckham, S. W., Gross, M., Pariyo, G., Rao, K. D., Cometto, G., & Perry, H. B. (2018). What do we know about community-based health worker programs? A systematic review of existing reviews on community health workers. *Human Resources for Health*, 16(1), 39. Retrieved from <https://link.springer.com/article/10.1186/s12960-018-0304-x>
- ⁵⁴ Flodgren, G., Rachas, A., Farmer, A. J., Inzitari, M., & Shepperd, S. (2015). *Interactive Telemedicine: Effects on Professional Practice and Health Care Outcomes*. The Cochrane Library. Retrieved from: https://www.researchgate.net/profile/Gerd_Flodgren/publication/281588584_Interactive_telemedicine_effects_on_professional_practice_and_health_care_outcomes/links/57ac28ec08ae0932c9725445.pdf
- ⁵⁵ Bhatt, J, Bathija, P. (2018). Ensuring Access to Quality Health Care in Vulnerable Communities. *Academic Medicine*. 93:1271-1275.
- ⁵⁶ Tomer, A., Fishbane, L, Siefer, A., & Callahan, B. (2020). Digital prosperity: How broadband can deliver health and equity to all communities. *Brookings Institute*. Retrieved from <https://www.brookings.edu/research/digital-prosperity-how-broadband-can-deliver-health-and-equity-to-all-communities/> See also: Zuo, G. W. (2021). Wired and Hired: Employment Effects of Subsidized Broadband Internet for Low-Income Americans. *American Economic Journal: Economic Policy*. 13(3): 447-82. Retrieved from <https://www.aeaweb.org/articles?id=10.1257/pol.20190648>
- ⁵⁷ Zarod, B. K., & Lennon, M. A. (1992). The effect of school dental screening on dental attendance. The results of a randomised controlled trial. *Community Dental Health*, 9(4), 361-368. Important that there be follow-ups because otherwise there is no evidence that screening improves anything.
- ⁵⁸ Estai, M., Kanagasingam, Y., Tennant, M., & Bunt, S. (2018). A systematic review of the research evidence for the benefits of teledentistry. *Journal of Telemedicine and Telecare*, 24(3), 147-156. Retrieved from https://www.researchgate.net/profile/Mohamed-Estai/publication/312836443_A_systematic_review_of_the_research_evidence_for_the_benefits_of_teledentistry/links/59e06af8a6fdcca9842ec1a0/A-systematic-review-of-the-research-evidence-for-the-benefits-of-teledentistry.pdf See also: Estai, M., Bunt, S., Kanagasingam, Y., & Tennant, M. (2017). Cost savings from a teledentistry model for school dental screening: an Australian health system perspective. *Australian Health Review*, 42(5), 482-490. Retrieved from https://www.researchgate.net/profile/Mohamed-Estai/publication/316130685_Cost_savings_from_a_teledentistry_model_for_school_dental_screening_An_Australian_health_system_perspective/links/59e06b29a6fdcca9842ecec0/Cost-savings-from-a-teledentistry-model-for-school-dental-screening-An-Australian-health-system-perspective.pdf
- ⁵⁹ Fernández, C. E., Maturana, C. A., Coloma, S. I., Carrasco-Labra, A., & Giacaman, R. A. (2021). Teledentistry and mHealth for promotion and prevention of oral health: a systematic review and meta-analysis. *Journal of Dental Research*, 100(9), 914-927.
- ⁶⁰ Greenberg, B. J., Kumar, J. V., & Stevenson, H. (2008). Dental case management: increasing access to oral health care for families and children with low incomes. *The Journal of the American Dental Association*, 139(8), 1114-1121.

-
- ⁶¹ Solomon-Fears, C. (2015). *Teen Pregnancy Prevention: Statistics and Programs*. Congressional Research Service. 7-5700, RS20301. Retrieved from https://www.everycrsreport.com/files/20150226_RS20301_f18f59d89e39e7e9b41d90e82c49a3b39ca8c12c.pdf
- ⁶² Anderson Moore, K. (2010). What If We took Research Seriously: What Would Teen Pregnancy Programs Look Like? *Child Trends*.
- ⁶³ Schelar, E., Franzetta, K., & Manlove, J. (2007). Repeat Teen Childbearing: Differences Across States and by Race and Ethnicity. *Child Trends*, Research Brief no. 2007-23.
- ⁶⁴ Roman, L., Raffo, J. A., Zhu, Q., & Meghea, C. I. (2014). A Statewide Medicaid Enhanced Prenatal Care Program Impact on Birth Outcomes. *JAMA Pediatrics*. 168(3): 220-227. Retrieved from: <http://doi.org/10.1001/jamapediatrics.2013.4347>
- ⁶⁵ Carter, E. B., Temming, L. A., Akin, J., Fowler, S., Macones, G. A., Colditz, G. A., & Tuuli, M. G. (2016). Group Prenatal Care Compared With Traditional Prenatal Care: A Systematic Review and Meta-analysis. *Obstetrics and gynecology*, 128(3), 551–561. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4993643/>
- ⁶⁶ Trudnak, T. E., Arboleda, E., Kirby, R. S., & Perrin, K. (2013). Outcomes of Latina Women in Centering Pregnancy Group Prenatal Care Compared with Individual Prenatal Care. *Journal of Midwifery & Women's Health*. 58(4): 396-403. Retrieved from: <doi.org/10.1111/jmwh.12000>
- ⁶⁷ Novick, G., Reid, A. E., Lewis, J., Kershaw, T., Rising, S. S., & Ickovics, J. R. (2013). Group Prenatal Care: Model Fidelity and Outcomes. *Journal of Midwifery & Women's Health*. 58(5): 586. Retrieved from: <https://doi.org/10.1111/jmwh.12123>
- ⁶⁸ Ickovics, J. R., Earnshaw, V., Lewis, J. B., Kershaw, T. S., Magriples, U., Stasko, E., Rising, S. S., Cassells, A., Cunningham, S., Bernstein, P., & Tobin, J. N. (2015). Cluster Randomized Controlled Trial of Group Prenatal Care: Perinatal Outcomes Among Adolescents in New York City Health Centers. *American Journal of Public Health*. 106(2): 359-365. Retrieved from: <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.302960>
- ⁶⁹ Govere, L., & Govere, E. M. (2016). How effective is cultural competence training of healthcare providers on improving patient satisfaction of minority groups? A systematic review of literature. *Worldviews on Evidence-Based Nursing*, 13(6), 402-410. Retrieved from <https://sigmapubs.onlinelibrary.wiley.com/doi/pdfdirect/10.1111/wvn.12176> See also Dykes, D. C., & White, A. A. (2011). Culturally competent care pedagogy: what works? *Clinical Orthopaedics and Related Research*, 469(7), 1813-1816. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3111794/> See also County Health Rankings and Roadmaps. (2020). *Cultural Competence Training for Health Care Professionals*. Retrieved from <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/cultural-competence-training-for-health-care-professionals>
- ⁷⁰ Hope, D. A., Mocarski, R., Bautista, C. L., & Holt, N. R. (2016). Culturally competent evidence-based behavioral health services for the transgender community: Progress and challenges. *American Journal of Orthopsychiatry*, 86(4), 361. Retrieved from <https://psycnet.apa.org/fulltext/2016-32685-001.pdf>
- ⁷¹ Mannion, R. (2014). Enabling compassionate healthcare: perils, prospects and perspectives. *International Journal of Health Policy and Management*, 2(3), 115-7. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3992785/>
- ⁷² Lown, B. A., Muncer, S. J., & Chadwick, R. (2015). Can compassionate healthcare be measured? The Schwartz center compassionate care scale™. *Patient Education and Counseling*, 98(8), 1005-1010. Retrieved from <https://research.tees.ac.uk/ws/files/6461528/581617.pdf>
- ⁷³ Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Johnsen, M., Goldman, H., Randolph, F., Blasinsky, M., Fontana, A., Calsyn, R., & Teague, G. (1998). Service system integration, access to services, and housing outcomes in a program for homeless persons with severe mental illness. *American Journal of Public Health*, 88(11): 1610-1615. Retrieved from <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.88.11.1610>
- ⁷⁴ Ünützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013). The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. *Health Home Information Resources Center*. Retrieved from https://www.chcs.org/media/HH_IRC_Collaborative_Care_Model_052113_2.pdf
- ⁷⁵ Ginsburg, S. (2008). Colocating health services: a way to improve coordination of children's health care? *The Commonwealth Fund*, July 2008. Retrieved from <https://www.commonwealthfund.org/publications/issue-briefs/2008/jul/colocating-health-services-way-improve-coordination-childrens>
- ⁷⁶ Blandford, A. & Osher, F. (2012). *A Checklist for Implementing Evidence-Based Practices and Programs (EBPs) for Justice-Involved Adults with Behavioral Health Disorders*. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. Retrieved from <https://csgjusticecenter.org/wp-content/uploads/2013/04/SAMHSA-GAINS.pdf>. For more information on Integrated Mental Health and Substance Abuse Services, visit <http://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4367> and <http://gainscenter.samhsa.gov/pdfs/ebp/IntegratingMentalHealth.pdf>

- ⁷⁷ Community Preventive Services Task Force. (2012). *Recommendation from the Community Preventive Services Task Force for Use of Collaborative Care for the Management of Depressive Disorders*. Retrieved from www.thecommunityguide.org/mentalhealth/CollabCare_Recommendation.pdf
- ⁷⁸ The Community Guide. (2019). *Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders*. Retrieved from <https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders>
- ⁷⁹ Guide to Community Preventive Services. (2008). *Interventions to Reduce Depression Among Older Adults: Clinic-Based Depression Care Management*. Retrieved from www.thecommunityguide.org/mentalhealth/depression-clinic.html
- ⁸⁰ Chiesa, A. & Serretti, A. (2011). Mindfulness based cognitive therapy for psychiatric disorders: A systematic review and meta-analysis. *Psychiatry Research*, 187(3), 441-453. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20846726>; also, Marchand, W. R. (2012). Mindfulness-based stress reduction, mindfulness-based cognitive therapy, and Zen meditation for depression, anxiety, pain, and psychological distress. *Journal of Psychiatric Practice*, 18(4), 233-252. Retrieved from www.ncbi.nlm.nih.gov/pubmed/22805898
- ⁸¹ Zenner, C., Herrnleben-Kurz, S., & Walach, H. (2014). Mindfulness-based interventions in schools—a systematic review and meta-analysis. *Frontiers in Psychology*, 5, 603. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC4075476/
- ⁸² The California Evidence-Based Clearinghouse for Child Welfare. (2018). *Adolescent Community Reinforcement Approach (ACRA)*. Retrieved from <https://www.cebc4cw.org/program/adolescent-community-reinforcement-approach/>
- ⁸³ The California Evidence-Based Clearinghouse for Child Welfare. (2019). *The Seven Challenges*. Retrieved from <https://www.cebc4cw.org/program/the-seven-challenges/>
- ⁸⁴ The California Evidence-Based Clearinghouse for Child Welfare. (2019). *Substance Abuse Treatment (Adolescent)*. Retrieved from <https://www.cebc4cw.org/topic/substance-abuse-treatment-adolescent/>
- ⁸⁵ The Community Guide. (2019). *Violence: Primary Prevention Interventions to Reduce Perpetration of Intimate Partner Violence and Sexual Violence Among Youth*. Retrieved from <https://www.thecommunityguide.org/findings/violence-primary-prevention-interventions-reduce-perpetration-intimate-partner-violence-sexual-violence-among-youth>. See also Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, retrieved from <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>, and Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *STOP SV: A Technical Package to Prevent Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, retrieved from <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>
- ⁸⁶ Community Matters. (2019). *Safe School Ambassadors Program (SSA)*. Retrieved from <http://community-matters.org/programs-and-services/safe-school-ambassadors>
- ⁸⁷ Suicide Prevention Resource Center. (2012). *QPR Gatekeeper Training for Suicide Prevention*. Retrieved from <https://www.sprc.org/resources-programs/qpr-gatekeeper-training-suicide-prevention>
- ⁸⁸ Suicide Prevention Resource Center. (2016). *SOS Signs of Suicide Middle School and High School Prevention Programs*. Retrieved from <https://www.sprc.org/resources-programs/sos-signs-suicide>
- ⁸⁹ Chiesa, A., & Serretti, A. (2011). Mindfulness based cognitive therapy for psychiatric disorders: A systematic review and meta-analysis. *Psychiatry Research*, 187(3): 441-453. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20846726>; also, Marchand, W. R. (2012). Mindfulness-based stress reduction, mindfulness-based cognitive therapy, and Zen meditation for depression, anxiety, pain, and psychological distress. *Journal of Psychiatric Practice*, 18(4): 233-252. Retrieved from www.ncbi.nlm.nih.gov/pubmed/22805898
- ⁹⁰ Mavandadi, S., Benson, A., DiFilippo, S., Streim, J. E., & Oslin, D. (2015). A telephone-based program to provide symptom monitoring alone vs symptom monitoring plus care management for late-life depression and anxiety. *JAMA Psychiatry*, 72(12): 1211-1218.
- ⁹¹ Firth, J., Torous, J., Nicholas, J., Carney, R., Prata, A., Rosenbaum, S., & Sarris, J. (2017). The efficacy of smartphone-based mental health interventions for depressive symptoms: A meta-analysis of randomized controlled trials. *World Psychiatry*, 16: 287-298. Retrieved from doi.org/10.1002/wps.20472
- ⁹² U.S. Preventive Services Task Force. (2014). *Final Recommendation Statement: Depression in Adults: Screening*. Retrieved from www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening
- ⁹³ Although it appears that no comprehensive evidence-based program of ED screening and referral for mental health issues currently exists [However, see this theoretical adaptation of the SBIRT model, expanded for triaging and intervening in suicidal behavior, especially Figure 1 and Table 1: Larkin, G. L., Beautrais, A. L., Spirito, A., Kirrane, B. M., Lippmann, M. J., & Milzman, D. P. (2009). Mental health and emergency medicine: a research agenda. *Academic Emergency Medicine*, 16(11), 1110-1119. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3679662/>],

there is evidence that brief screening tools do well in detecting suicidal ideation among pediatric and young adult ED patients [National Institute of Mental Health. (2013). *Emergency Department Suicide Screening Tool Accurately Predicts At-Risk Youth*. Retrieved from www.nimh.nih.gov/news/science-news/2013/emergency-department-suicide-screening-tool-accurately-predicts-at-risk-youth.shtml], and PTSD among pediatric ED patients and their parents [Ward-Begnoche, W. L., Aitken, M. E., Liggin, R., Mullins, S. H., Kassam-Adams, N., Marks, A., & Winston, F. K. (2006). Emergency department screening for risk for post-traumatic stress disorder among injured children. *Injury Prevention*, 12(5), 323-326. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC2563451/]

⁹⁴ Coffman, J. (2020). Can Paramedics Safely Screen Patients for Transport to a Mental Health Crisis Center? Evidence from California. *Health Services Research*, 55, 101-102. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.13474>

⁹⁵ Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Johnsen, M., Goldman, H., Randolph, F., Blasinsky, M., Fontana, A., Calsyn, R., & Teague, G. (1998). Service system integration, access to services, and housing outcomes in a program for homeless persons with severe mental illness. *American Journal of Public Health*, 88(11): 1610-1615. Retrieved from <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.88.11.1610>

⁹⁶ Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, retrieved from <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>. See also: Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *STOP SV: A Technical Package to Prevent Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, retrieved from <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

⁹⁷ The Community Guide. (2019). *Physical Activity: Enhanced School-Based Physical Education*. Retrieved from <https://www.thecommunityguide.org/findings/physical-activity-enhanced-school-based-physical-education>

⁹⁸ Guide to Community Preventive Services. (2014). *Obesity Prevention and Control: Behavioral Interventions That Aim to Reduce Recreational Sedentary Screen Time Among Children*. Retrieved from www.thecommunityguide.org/obesity/behavioral.html

⁹⁹ Maniccia, D.M., Davison, K.K., Marshall, S.J., Manganello, J.A., & Dennison, B.A. (2011). A Meta-analysis of Interventions That Target Children's Screen Time for Reduction. *Pediatrics*, 128 (1) e193-e210; DOI: 10.1542/peds.2010-2353. Retrieved from <https://pediatrics.aappublications.org/content/128/1/e193.long>

¹⁰⁰ Buchanan, L.R., Rooks-Peck, C.R., Finnie, R.K.C., Wethington, H.R., Jacob, V., Fulton, J.E., Johnson, D.B., Kahwati, L.C., Pratt, C.A., Ramirez, G., Mercer, S., Glanz, K., and the Community Preventive Services Task Force. (2016). Reducing recreational sedentary screen time: A Community Guide systematic review. *American Journal of Preventive Medicine*, 50(3):402-15.

¹⁰¹ Centers for Disease Control and Prevention. (2011). *School Health Guidelines to Promote Healthy Eating and Physical Activity*. MMWR 2011; 60 (No. RR-5):1-76. Retrieved from www.cdc.gov/mmwr/pdf/rr/rr6005.pdf

¹⁰² Community Preventive Services Task Force. (2017). Diabetes: combined diet and physical activity promotion programs to prevent Type 2 diabetes among people at increased risk. *The Community Guide*. Retrieved from thecommunityguide.org/findings/diabetes-combined-diet-and-physical-activity-promotion-programs-prevent-type-2-diabetes

¹⁰³ Guide to Community Preventive Services. (2007). *Obesity: Worksite Programs*. Retrieved from <https://www.thecommunityguide.org/findings/obesity-worksite-programs>

¹⁰⁴ U.S. Preventive Services Task Force. (2018). *Final Update Summary: Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions*. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/obesity-in-adults-interventions>

¹⁰⁵ The Community Guide. (2018). *Interventions for the Whole Family Get Kids Moving*. Retrieved from <https://www.thecommunityguide.org/content/interventions-whole-family-get-kids-moving>

¹⁰⁶ Cochrane Library. (2016). *Diet, Physical Activity, and Behavioural Interventions for the Treatment of Overweight or Obesity in Preschool Children Up to the Age of 6 Years*. Retrieved from <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012105/full>.

¹⁰⁷ Cochrane Library. (2017). *Diet, Physical Activity, and Behavioural Interventions for the Treatment of Overweight or Obese Adolescents Aged 12 to 17 Years*. Retrieved from <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012691/full>

¹⁰⁸ American Academy of Pediatrics, Institute of Healthy Childhood Weight. (2017). *Evidence-Based Childhood Obesity Treatment Services: Applying Recommendations from the AAP/AHRQ Obesity Treatment & Reimbursement Conference Webinar*. Retrieved from https://ihcw.aap.org/Documents/AHRQWebinar1_FAQs.pdf

¹⁰⁹ Guide to Community Preventive Services. (2009). *Obesity: Technology-Supported Multicomponent Coaching or Counseling Interventions – To Reduce Weight*. Retrieved from <https://www.thecommunityguide.org/findings/obesity-technology-supported-multicomponent-coaching-or-counseling-interventions-reduce> and *Obesity: Technology-Supported Multicomponent Coaching or Counseling Interventions – To Maintain Weight Loss*. Retrieved from

<https://www.thecommunityguide.org/findings/obesity-technology-supported-multicomponent-coaching-or-counseling-interventions-maintain>

¹¹⁰ Centers for Medicare and Medicaid Services. (n.d.). *Medicare Diabetes Prevention Program Expanded Model*. Retrieved from <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>

¹¹¹ Beck, J., Greenwood, D. A., Blanton, L., Bollinger, S. T., Butcher, M. K., Condon, J. E., Cypress, M., Faulkner, P., Fischl, A.J., Francis, T. & Kolb, L.E. (2017). 2017 National standards for diabetes self-management education and support. *Diabetes Care*, 40(10), 1409-1419. Retrieved from <https://diabetesjournals.org/care/article/40/10/1409/29569>

¹¹² Community Preventive Services Task Force. (2017). Diabetes management: Mobile phone applications used within healthcare systems for Type 2 diabetes self-management. *The Community Guide*. Retrieved from [thecommunityguide.org/findings/diabetes-management-mobile-phone-applications-used-within-healthcare-systems-type-2](https://www.thecommunityguide.org/findings/diabetes-management-mobile-phone-applications-used-within-healthcare-systems-type-2)

¹¹³ Community Preventive Services Task Force. (2017). Health information technology: Text messaging interventions for medication adherence among patients with chronic diseases. *The Community Guide*. Retrieved from [thecommunityguide.org/findings/health-information-technology-text-messaging-medication-adherence-chronic-disease](https://www.thecommunityguide.org/findings/health-information-technology-text-messaging-medication-adherence-chronic-disease)

¹¹⁴ Community Preventive Services Task Force. (2017). Diabetes management: Interventions engaging community health workers. *The Community Guide*. Retrieved from [thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers](https://www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers)

¹¹⁵ Community Preventive Services Task Force. (2017). Diabetes management: Team-based care for patients with Type 2. *The Community Guide*. Retrieved from [thecommunityguide.org/findings/diabetes-management-team-based-care-patients-type-2-diabetes](https://www.thecommunityguide.org/findings/diabetes-management-team-based-care-patients-type-2-diabetes)

¹¹⁶ U.S. Preventive Services Task Force. (2015). *Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening*. Retrieved from <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-abnormal-blood-glucose-and-type-2-diabetes>

¹¹⁷ U.S. Preventive Task Force. (2021). *Screening for Prediabetes and Type 2 Diabetes*. Retrieved from: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-for-prediabetes-and-type-2-diabetes>

¹¹⁸ Lohse, B., Pflugh Prescott, M., Cunningham-Sabo, L. (2019). Eating-competent parents of 4th grade youth from a predominantly non-Hispanic white sample demonstrate more healthful eating behaviors than non-eating competent parents. *Nutrients*. 11:1501. Retrieved from <https://www.needscenter.org/wp-content/uploads/2019/07/nutrients-11-01501.pdf>

¹¹⁹ Cunningham-Sabo, L., Lohse, B., Smith, S., Browning, R., Strutz, E., Nigg, C., Balgopal, M., Kelly, K., & Ruder, E. (2016). Fuel for Fun: a cluster-randomized controlled study of cooking skills, eating behaviors, and physical activity of 4th graders and their families. *BMC Public Health* 16, 444. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3118-6>

¹²⁰ Wall, D.E., Least, C., Gromis, J., & Lohse, B. (2012). Nutrition education intervention improves vegetable-related attitude, self-efficacy, preference, and knowledge of fourth-grade students. *Journal of School Health*. 82(1):37-43. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/22142173/>

¹²¹ The Community Guide. (2019). *Nutrition: Gardening Interventions to Increase Vegetable Consumption Among Children*. Retrieved from <https://www.thecommunityguide.org/findings/nutrition-gardening-interventions-increase-vegetable-consumption-among-children>

¹²² Guide to Community Preventive Services. (2010). *Reducing Structural Barriers for Clients*. Retrieved from <https://www.thecommunityguide.org/findings/>

¹²³ Guide to Community Preventive Services. (2009). *Reducing Client Out-of-Pocket Costs*. Retrieved from <https://www.thecommunityguide.org/findings/>

¹²⁴ National Cancer Institute. (2020). *Evidence-Based Cancer Control Programs (EBCCP)*. Retrieved from <https://ebccp.cancercontrol.cancer.gov/index.do>

¹²⁵ Guide to Community Preventive Services. (2006). *Provider Reminder and Recall Systems*. Retrieved from <https://www.thecommunityguide.org/findings>

¹²⁶ Guide to Community Preventive Services. (2005). *Small Media Targeting Clients*. Retrieved from <https://www.thecommunityguide.org/findings>

¹²⁷ National Institutes of Health, National Institute on Aging. (n.d.). *Dementia Resources for Health Professionals: Assessing Cognitive Impairment in Older Patients*. National Institute on Aging. Retrieved from <https://www.nia.nih.gov/health/assessing-cognitive-impairment-older-patients#us>

¹²⁸ Guide to Community Preventive Services. (2019). *Interventions Engaging Community Health Workers*. Retrieved from <https://www.thecommunityguide.org/findings>

- ¹²⁹ Guide to Community Preventive Services. (2019). *Heart Disease and Stroke Prevention: Tailored Pharmacy-Based Interventions to Improve Medication Adherence*. Retrieved from <https://www.thecommunityguide.org/findings/cardiovascular-disease-tailored-pharmacy-based-interventions-improve-medication-adherence>
- ¹³⁰ Guide to Community Preventive Services. (2017). *Heart Disease and Stroke Prevention: Mobile Health (mHealth) Interventions for Treatment Adherence Among Newly Diagnosed Patients*. Retrieved from <https://www.thecommunityguide.org/findings/cardiovascular-disease-mobile-health-interventions-treatment-adherence-among-newly-diagnosed-patients>
- ¹³¹ Guide to Community Preventive Services. (2015). *Heart Disease and Stroke Prevention: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control – When Used Alone*. Retrieved from <https://www.thecommunityguide.org/findings/cardiovascular-disease-self-measured-blood-pressure-when-used-alone>
- ¹³² Guide to Community Preventive Services. (2017). *Health Information Technology: Text Messaging Interventions for Medication Adherence Among Patients with Chronic Diseases*. Retrieved from <https://www.thecommunityguide.org/findings/health-information-technology-text-messaging-medication-adherence-chronic-disease>
- ¹³³ Guide to Community Preventive Services. (2017). *Cardiovascular Disease: Interactive Digital Interventions for Blood Pressure Self-Management*. Retrieved from <https://www.thecommunityguide.org/findings/cardiovascular-disease-interactive-digital-interventions-blood-pressure-self-management>
- ¹³⁴ National Council on Aging. (2021). *Evidence-Based Chronic Disease Self-Management Education Programs*. Retrieved from <https://www.ncoa.org/article/evidence-based-chronic-disease-self-management-education-programs>
- ¹³⁵ ChangeLab Solutions. (2015). *Up to Code: Code Enforcement Strategies for Healthy Housing*. Retrieved from https://changelabsolutions.org/sites/default/files/Up-tp-Code_Enforcement_Guide_FINAL-20150527.pdf
- ¹³⁶ Identified as a “best practice” in community service: Institute for Local Government, League of California Cities, and California State Association of Counties. (2018). *Homelessness Task Force Report: Tools and Resources for Cities and Counties*. Retrieved from: http://www.ca-ilg.org/sites/main/files/htf_homeless_3.8.18.pdf
- ¹³⁷ See, for example, Kercksmar, C. M., Dearborn, D. G., Schluchter, M., Xue, L., Kirchner, H. L., Sobolewski, J., Greenberg, S. J., Vesper, S. J. & Allan, T. (2006). Reduction in asthma morbidity in children as a result of home remediation aimed at moisture sources. *Environmental Health Perspectives*, 114(10): 1574-1580. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1626393/>. See also: Sauni, R., Uitti, J., Jauhiainen, M., Kreiss, K., Sigsgaard, T., & Verbeek, J. H. (2013). Remediating buildings damaged by dampness and mould for preventing or reducing respiratory tract symptoms, infections and asthma. *Evidence-Based Child Health: A Cochrane Review Journal*, 8(3), 944-1000.
- ¹³⁸ Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Johnsen, M., Goldman, H., Randolph, F., Blasinsky, M., Fontana, A., Calsyn, R., & Teague, G. (1998). Service system integration, access to services, and housing outcomes in a program for homeless persons with severe mental illness. *American Journal of Public Health*, 88(11): 1610-1615. Retrieved from <https://ajph.aphapublications.org/doi/pdfplus/10.2105/AJPH.88.11.1610>
- ¹³⁹ Fitzpatrick-Lewis, D., Ganann, R., Krishnaratne, S., Ciliska, D., Kouyoumdjian, F., & Hwang, S. W. (2011). Effectiveness of interventions to improve the health and housing status of homeless people: a rapid systematic review. *BMC Public Health*, 11(1), 638.
- ¹⁴⁰ DeSilva, M. B., Manworren, J., & Targonski, P. (2011). Impact of a housing first program on health utilization outcomes among chronically homeless persons. *Journal of Primary Care and Community Health*, 2(1): 16-20; Perlman, J., & Parvensky, J. (2006). *Denver Housing First Collaborative: Cost Benefit Analysis and Program Outcomes Report*. Colorado Coalition for the Homeless. Retrieved from https://shnny.org/uploads/Supportive_Housing_in_Denver.pdf; Fichter, M. M., & Quadflieg, N. (2006). Intervention effects of supplying homeless individuals with permanent housing: A 3-year prospective study. *Acta Psychiatrica Scandinavica* (429): 36-40
- ¹⁴¹ Holzer, H.J. (2022). *Do Sectoral Training Programs Work? What the Evidence on Project Quest and Year Up Really Shows*. Brookings Institution. Retrieved from <https://www.brookings.edu/research/do-sectoral-training-programs-work-what-the-evidence-on-project-quest-and-year-up-really-shows/>
- ¹⁴² Katz, L. F., Roth, J., Hendra, R., & Schaberg, K. (2022). Why do sectoral employment programs work? Lessons from WorkAdvance. *Journal of Labor Economics*, 40(S1), S249-S291. Retrieved from https://www.nber.org/system/files/working_papers/w28248/w28248.pdf
- ¹⁴³ Pathways to Work Evidence Clearinghouse. (2022). *Project Quality Employment Through Skills Training (QUEST)*. Retrieved from <https://pathwaystowork.acf.hhs.gov/intervention-detail/679>
- ¹⁴⁴ World Health Organization. (2017). Health employment and economic growth: an evidence base. World Health Organization. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/326411/9789241512404-eng.pdf>
- ¹⁴⁵ Centers for Disease Control and Prevention. (2011). *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables*. Atlanta: U.S. Department of Health and Human Services. Retrieved from www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

¹⁴⁶ Public Health Law & Policy and the California WIC Association. (2009). *Changes in the WIC Food Packages: A Toolkit for Partnering with Neighborhood Stores*. Retrieved from https://alliancetoendhunger.org/wp-content/uploads/2018/03/WIC_Toolkit.pdf

A09d. FY2025 ECHD Proposal Index and Summaries



Community Benefit Plan Appendix: FY2025 Proposal Summaries

Plan Appendix includes:

- FY2025 Proposal Index: reflects an overview of each proposal including requested/recommended amounts, current funding, if applicable, and page numbers for corresponding Summaries.
- Proposal Summaries for submitted applications containing:
 - Program title
 - Program Abstract & Target Population
 - Agency description & address
 - Program delivery site(s)
 - Services funded by grant
 - Budget Summary
 - FY2025 funding requested and Community Benefit Advisory Council (CBAC) recommendation
 - Funding history and metric performance, if applicable
 - Dual funding information, if applicable
 - FY2025 proposed metrics

FY2025 ECHD Grant Application Index

Total Requested: \$9,687,470 | Total Funded: \$7,840,000 | Total Unfunded: \$1,847,470

Health Need	Agency	Page #	New	DNF	Dual Request	Two-Year Grant	Requested	FY24 Approved (if applicable)	Staff Rec.	
 <p>Health Care Access & Delivery</p> <p>Goal % ~ 50%</p> <p>Recommended % ~ 51%</p>	On-Site Dental Care Foundation	13					\$ 200,000	\$ 200,000	\$ 200,000	
	Pathways Home Health and Hospice	15					\$ 60,000	\$ 60,000	\$ 60,000	
	El Camino Health- Integrated Care Management	6					\$ 247,000	\$ 189,000	\$ 247,000	
	LifeMoves	9				X	\$ 200,000	\$ 160,000	\$ 160,000	
	Lucile Packard Foundation for Children's Health	11					\$ 140,000	\$ 98,000	\$ 103,000	
	Peninsula Healthcare Connection - New Directions	16					\$ 220,000	\$ 220,000	\$ 220,000	
	Ravenswood Family Health Network	19					\$ 1,300,000	\$ 1,250,000	\$ 1,250,000	
	RoadRunners	21					\$ 165,000	\$ 165,000	\$ 165,000	
	Santa Clara Valley Healthcare	22					\$ 500,000	\$ 355,000	\$ 326,000	
	Avenidas - Door to Door Transportation Program	4	X	X			\$ 30,000	\$ -	\$ -	
	El Camino Health - Care Coordination	5					\$ 150,000	\$ 150,000	\$ 150,000	
	Health Library & Resource Center Mountain View	7					\$ 175,000	\$ 175,000	\$ 175,000	
	Health Mobile	8	X	X	X		\$ 150,000	\$ -	\$ -	
	Planned Parenthood Mar Monte	17					\$ 225,000	\$ 225,000	\$ 225,000	
	Cupertino Union School District					X	X	\$ 221,000	\$ 105,000	\$ 105,000*
	Mountain View Whisman School District						X	\$ 404,979	\$ 305,500	\$ 305,500*
	Sunnyvale School District						X	\$ 287,000	\$ 287,000	\$ 287,000*
Totals:							\$ 4,674,979		\$ 3,978,500	
 <p>Behavioral Health</p> <p>Goal % ~ 25%</p> <p>Recommended % ~ 24%</p>	Caminar - Domestic Violence Program	30					\$ 131,791	\$ 80,000	\$ 85,000	
	Law Foundation of Silicon Valley	42					\$ 90,000	\$ 60,000	\$ 70,000	
	Momentum for Health	47				X	\$ 290,000	\$ 290,000	\$ 290,000	
	Acknowledge Alliance	23					\$ 80,000	\$ 55,000	\$ 55,000	
	Avenidas - Adult Day Health Program	28					\$ 70,000	\$ 70,000	\$ 70,000	
	Caminar - LGBTQ Speaker Bureau Program	32					\$ 154,416	\$ 75,000	\$ 75,000	
	Friends for Youth	38					\$ 36,000	\$ 30,000	\$ 30,000	
	Kara	40					\$ 30,000	\$ 30,000	\$ 30,000	
	Maitri	44					\$ 50,000	\$ 50,000	\$ 50,000	
	Mission Be	45					\$ 26,175	\$ 20,000	\$ 26,000	
	NAMI Santa Clara County	50					\$ 100,000	\$ 100,000	\$ 100,000	
	YWCA Golden Gate Silicon Valley	54					\$ 100,000	\$ 90,000	\$ 90,000	
	AnewVista Community Services	25	X				\$ 30,000	\$ -	\$ 20,000	
	Animal Assisted Happiness	27	X	X			\$ 5,000	\$ -	\$ -	
	Eating Disorders Resource Center	34					\$ 25,000	\$ 25,000	\$ 25,000	
	Fremont Union High School District	35	X	X			\$ 126,000	\$ -	\$ -	
	Friendly Voices - Phone Buddies for Seniors	37	X				\$ 11,000	\$ -	\$ 11,000	
Lighthouse of Hope Counseling Center	43					\$ 40,000	\$ 20,000	\$ 30,000		
My Digital TAT2	48					\$ 31,293	\$ 29,000	\$ 29,000		
Project Safety Net Inc	51	X	X			\$ 50,000	\$ -	\$ -		





DNF: Do Not Fund recommendation
 New: New program to Community Benefit in FY2025
 Dual Request: Program requested dual funding from ECH + ECHD

Green represents higher proposal strength
 Blue represents medium proposal strength
 Grey represents lower proposal strength
 *: for reference only, two-year grant amount approved by ECHD
 Board in FY2023 for FY2024 & FY2025

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

FY2025 ECHD Grant Application Index

Total Requested: \$9,687,470 | Total Funded: \$7,840,000 | Total Unfunded: \$1,847,470

Health Need	Agency	Page #	New	DNF	Dual Request	Two-Year Grant	Requested	FY24 Approved (if applicable)	Staff Rec.
 <p>Behavioral Health</p>	The Morning Forum of Los Altos	52	X	X			\$ 30,000	\$ -	\$ -
	WomenSV	53		X			\$ 30,000	\$ 30,000	\$ -
	CHAC					X	\$ 335,698	\$ 304,000	\$ 304,000*
	Cupertino Union School District				X	X	\$ 102,500	\$ 102,500	\$ 102,500*
	Los Altos School District					X	\$ 150,000	\$ 150,000	\$ 150,000*
	Mountain View Los Altos Union High School District					X	\$ 220,000	\$ 220,000	\$ 220,000*
	Totals:							\$ 2,344,873	\$ 1,862,500
 <p>Diabetes & Obesity</p> <p>Goal % ~ 15%</p> <p>Recommended % ~ 15%</p>	Chinese Health Initiative	61			X		\$ 279,000	\$ 275,000	\$ 275,000
	Playworks	72			X		\$ 206,000	\$ 200,000	\$ 200,000
	South Asian Heart Center	75			X		\$ 320,000	\$ 310,000	\$ 310,000
	YMCA of Silicon Valley	77					\$ 80,000	\$ 80,000	\$ 80,000
	American Diabetes Association	56					\$ 30,000	\$ 30,000	\$ 30,000
	Bay Area Women's Sports Initiative - Girls Program	58				X	\$ 72,787	\$ 26,000	\$ 39,000
	City of Sunnyvale - Columbia Neighborhood Center	63					\$ 49,455	\$ 44,000	\$ 49,000
	Community Health Partnership	64	X				\$ 72,500	\$ -	\$ 45,000
	Joyful Learning Educational Development Center	69	X	X			\$ 30,000	\$ -	\$ -
	Living Classroom	70					\$ 69,700	\$ 60,000	\$ 60,000
	Silicon Valley Bicycle Coalition	74					\$ 30,000	\$ 20,000	\$ 20,000
	Bay Area Women's Sports Initiative - Rollers Program	60					\$ 65,183	\$ 21,000	\$ 21,000
	Crack the Wellness Code (CWC)	66	X	X			\$ 30,000	\$ -	\$ -
	Fresh Approach	67					\$ 75,165	\$ 74,000	\$ 40,000
Totals:							\$ 1,409,790	\$ 1,169,900	\$ -
 <p>Chronic Conditions</p> <p>Goal % ~ 5%</p> <p>Recommended % ~ 5%</p>	Breathe California of the Bay Area	81					\$ 28,800	\$ 28,000	\$ 28,000
	Pacific Stroke Association	82	X				\$ 20,000	\$ -	\$ 20,000
	American Heart Association	79	X		X		\$ 113,826	\$ -	\$ 100,000
	Stanford Health Care -- Injury Prevention/Fall Prevention	83	X	X			\$ 30,976	\$ -	\$ -
	Community Services Agency of Mountain View-Los Altos					X	\$ 263,754	\$ 240,000	\$ 240,000*
	Totals:							\$ 457,356	\$ 388,000
 <p>Economic Stability</p> <p>Goal % ~ 5%</p> <p>Recommended % ~ 6%</p>	Day Worker Center of Mountain View	85					\$ 35,000	\$ 30,000	\$ 35,000
	Hope's Corner Inc.	88					\$ 30,000	\$ 30,000	\$ 30,000
	Homefirst Services Of Santa Clara County	87	X	X			\$ 160,170	\$ -	\$ -
	Mountain View Police Department's Youth Services Unit	89					\$ 30,000	\$ 25,000	\$ 30,000
	Second Harvest of Silicon Valley	92					\$ 40,000	\$ 40,000	\$ 40,000
	Downtown Streets Team	86	X	X	X		\$ 30,000	\$ -	\$ -
	Rebuilding Together Peninsula	90	X	X			\$ 50,000	\$ -	\$ -
	The United Effort Organization	94	X				\$ 30,000	\$ -	\$ 25,000
	Sunnyvale Community Services - Comprehensive Safety-Net Services					X	\$ 131,250	\$ 75,000	\$ 75,000*
	Sunnyvale Community Services - Social Work/Homebound Case Management					X	\$ 264,052	\$ 207,000	\$ 207,000*
Totals:							\$ 800,472	\$ 442,000	\$ -

DNF: Do Not Fund recommendation
 New: New program to Community Benefit in FY2025
 Dual Request: Program requested dual funding from ECH + ECHD

Green represents higher proposal strength
 Blue represents medium proposal strength
 Grey represents lower proposal strength
 *: for reference only, two-year grant amount approved by ECHD
 Board in FY2023 for FY2024 & FY2025

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

FY25 Healthcare Access & Delivery Application Summary



Healthcare Access & Delivery
(Including Oral Health)

Avenidas

Program Title	Avenidas Door to Door Transportation Program - expansion		Recommended Amount: DNF	
Program Abstract & Target Population	Program Director and Dispatchers recruit and train door-to-door volunteer drivers to provide access to a timely, affordable, and support transportation program for essential doctor's appointments and other medical care they need. All rides under this grant will be to older adults living in areas covered by the El Camino Health Care District.			
Agency Description & Address	<p>450 Bryant St Palo Alto, CA 94301 www.avenidas.org</p> <p>Avenidas is a non-profit organization that provides a range of services to adults 65+ focused on helping them to maintain their dignity, independence, health and life's purpose as they face transitions due to aging and cognitive decline. Annually, we serve over 6,500 older adults and their families in Santa Clara County, with services such as:</p> <ul style="list-style-type: none"> • Adult Day Health for less independent adults; • Avenidas Village for those who want to remain living at home as they age; • Lifelong Learning, Health and Wellness Services with screening and prevention programs; • Door to Door Senior transportation; • Avenidas Care Partners with personalized care management and family caregiver support; • Tech Plus to remove the digital divide for older adults by providing classes and tech support. 			
Program Delivery Site(s)	All the services under this program will be coordinated at the Avenidas Center located at 450 Bryant St, Palo Alto, CA.			
Services Funded By Grant	<p>This expansion grant will provide the following services:</p> <ul style="list-style-type: none"> • Individual training sessions for 10 new Door-to-Door volunteer drivers (individual sessions 2 hrs average) • Matching rider need to available driver (1/2 hour average for each ride) • 125 individual rides to medical appointments (10-mile radius at an average of 45 minutes/ride) 			
Budget Summary	Full requested amount funds partial part-time Dispatcher salaries, Program Director and marketing expenses.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	New program in FY25	New program in FY25	New program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		30	50
	Services provided		60	125
	Number of individuals who are able to access medical care due to transport through Door-to-Door.		30	50



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

El Camino Health - Care Coordination

Program Title	Healthcare Navigation Specialist		Recommended Amount: \$150,000	
Program Abstract & Target Population	Healthcare Navigation Specialist supporting vulnerable adult patients in their transition from an inpatient stay to the community located at the El Camino Health - Mountain View Campus.			
Agency Description & Address	2500 Grant Road Mountain View, CA 94040 https://www.elcaminohealth.org/patients-visitors-guide/while-youre-here/patient-resources/care-coord The navigator position was vacated at the end of FY23 and has been refilled. Throughout FY24, there have been significant efforts to refocus the position so that it has the greatest impact possible for District residents. The grant funded position was refocused to address Social Determinants of Health. This role will foster referral relationships with CBOs in the District geography and will ensure patients have access to community resources including subsidized housing, transportation, healthy food options, mental health resources and addictions programs. These linkages to community resources will help ensure safe care transitions for patients as they discharge from the hospital and reintegrate into the community. Although it has taken time to refocus this position, this approach will have meaningful impact for our patients and community.			
Program Delivery Site(s)	<ul style="list-style-type: none"> El Camino Health- 2500 Grant Road, Mountain View 			
Services Funded By Grant	<ul style="list-style-type: none"> Post-acute hospitalization follow up via telephone screening At minimum two telephone calls with recently discharged patients, first call within 5 days of discharge Knowledge of the health system allows them to navigate complex care processes and coordinate with different providers, specialists and community agencies Assistance in applying for various financial aid applications (housing, utilities assistance, food stamps, oncology support programs) Liaising with CBOs within the health care district to clarify and better understand referral/ intake process On site visits with key community partners to strengthen collaboration and keep updated on contact information 			
Budget Summary	Full requested amount funds 1.0 FTE navigator.			
FY25 Funding	FY25 Requested: \$150,000		FY25 Recommended: \$150,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$150,000 FY24 6-month metrics met: 0%	FY23 Approved: \$150,000 FY23 Spent: \$79,463 FY23 Annual metrics met: 17%	New Program in FY23	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		250	500
	Services provided		250	500
	Documented Epic Chart notes		250	500
	Patients provided 2 outreach phone calls within 5 days of hospital discharge		75%	80%
	Patients connected with at least one community program within 2 weeks of hospital discharge to address SDOH		75%	80%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

El Camino Health - Integrated Care Management

Program Title	El Camino Healthcare District Population Health Program Manager	Recommended Amount: \$247,000	
Program Abstract & Target Population	Program manager who will develop a foundation for identifying and intervening to improve the health of "rising-risk" patients who live, work, or go to school within the El Camino Healthcare District.		
Agency Description & Address	2500 Grant Road Mountain View, CA 94040 http://www.elcaminohealth.org At El Camino Health, our nationally recognized doctors and care teams are committed to providing you with high-quality, excellent care. We aim to deliver a healthcare experience that is designed around your individual needs.		
Program Delivery Site(s)	<ul style="list-style-type: none"> El Camino Health Mountain View- 2500 Grant Road, Mountain View 		
Services Funded By Grant	<ul style="list-style-type: none"> Inventory currently available population health tools and data sets in Epic Identify gaps in ECH's population health tools and data sets in Epic Map current population health activities across ECH departments Identify population health workflows that should be a model for other ECH departments Using data available in Epic and/or other sources, identify the target populations that could most benefit from population health intervention In collaboration with Quality, identify additional data which may need to be collected in Epic and/or other sources in order to track potential health disparities which may inform the population health interventions Identify champion physician(s) and collaborating departments within ECH Contribute to the development in collaboration with Community Partnerships of a comprehensive population health strategy for ECHD over the next 1-3 years 		
Budget Summary	Full requested amount funds 1.0 FTE program manager.		
FY25 Funding	FY25 Requested: \$247,000	FY25 Recommended: \$247,000	
Funding History & Metric Performance	FY24	FY23	FY22
	FY24 Approved: \$189,000 FY24 6-month metrics met: 0%	New Program in FY24	New Program in FY24
FY25 Proposed Metrics	Metrics		6-month Target
	Individuals served		N/A
	Services provided		N/A



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

El Camino Hospital Health Library & Resource Center Mountain View

Program Title	El Camino Health, Health Library & Resource Center, Mountain View	Recommended Amount: \$175,000		
Program Abstract & Target Population	Medical Librarian and Coordinator staff services to improve health literacy and knowledge of care options for patients, families, and caregivers at the Health Library & Resource Center in Mountain View.			
Agency Description & Address	<p>530 South Drive Mountain View, CA 94040 https://www.elcaminohealth.org/community/health-library-resource-center</p> <p>The Health Library & Resource Center (HLRC) provides access to high quality vetted information tailored to the information needs of each individual patron. Information is available in various formats including consumer books, medical textbooks, newsletters, journals, and medical subscription databases. The HLRC provides research assistance, Advance Health Care Directive Counseling, Eldercare counseling, Medicare counseling and appointments with the dietitian and pharmacist. Many patrons receive information by telephone or email. Prior to COVID 19 they would also come into the HLRC.</p>			
Program Delivery Site(s)	El Camino Health, Health Library & Resource Center, 2500 Grant Road, Mountain View, CA 94040			
Services Funded By Grant	<ul style="list-style-type: none"> Funds to purchase updated books, database subscriptions, journals and catalogue and make these resources available and assist patrons in using the library materials. Telephone assistance to answer various questions from the community Walk in assistance; internet, computers, fax, scanning/printing Online research assistance Online library www.elcaminohealth.org/library Advance Health Care Directive assistance Consultations with the Dietitian Consultations with the Pharmacist Consultations with the Medicare Counselor Families can receive assistance in caring for their aging parents or loved ones through the resource center's eldercare consultation service 			
Budget Summary	Full requested amount funds partial salaries for the Senior Medical Librarian and Health Library Resource Center Coordinator as well as office supplies and purchase services.			
FY25 Funding	FY25 Requested: \$175,000		FY25 Recommended: \$175,000	
Funding History & Metric Performance	FY24		FY22	
	FY24 Approved: \$175,000 FY24 6-month metrics met: 100%		FY22 Approved: \$200,000 FY22 Spent: \$200,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		4,000	8,000
	Services provided		4,000	8,000
	Library services have been valuable in helping me manage my health or that of a friend or family member		75%	75%
	Library information is appropriate to my needs		90%	90%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

Health Mobile

Program Title	Free, comprehensive dental treatments	Recommended Amount: DNF	
Program Abstract & Target Population	Dentist and clinic staff provide comprehensive mobile dental services to low-income children, adults, seniors and homeless individuals in locations throughout Sunnyvale and Mountain View.		
Agency Description & Address	1659 Scott Blvd # 4 Santa Clara, CA 95050 www.healthmobile.org Health Mobile provided onsite, complete dental treatments (not only screening) to underserved population since 1999. Due to years of neglect, underserved populations are in dire need of dental treatment like fillings, root canals, extractions. If funded we will provide free, onsite, complete dental treatments to underserved populations of San Jose and Santa Clara. We provide healthcare services on our specially made mobile clinics. Our corporate culture is to "provide top-quality healthcare to those that cannot afford it". This policy brought us the highest award given to a dental care provider "Excellence In Dentistry". We are the only non-profit organization to ever granted this award.		
Program Delivery Site(s)	Community and school sites in Sunnyvale and Mountain View.		
Services Funded By Grant	<ul style="list-style-type: none"> 1-Dental Exam; 20 minutes for children 30 minutes adults, by a dentist, twice a year. 2-Full mouth X-ray: 20 minutes, Registered Dental Assistant (RDA), Once a year. 3-Dental Cleaning: 30 minutes children, 45 minutes adults dentist, twice a year. 4-Oral Cancer Screening: 10 minutes, dentist, once a year. 5-Oral hygiene education: 5 minutes, RDA, every visit. 6-Smoking cessation education: 5 minutes, RDA every visit. 7-Fillings: 30 minutes, dentist, every (as needed) visit. 8-Root Canals: 60 minutes, dentist, as needed. 9-Extraction: 30-60 minutes, dentist, dental assistant, as needed. 		
Budget Summary	Full requested amount funds partial salaries for dentist and clinic staff, supplies, lab expenses, and program costs associated with operating the mobile van.		
FY25 Funding	FY25 Requested: \$150,000	FY25 Recommended: DNF	
Funding History & Metric Performance	FY24 Did not apply	FY23 Did not apply	FY22 Did not apply
FY25 Dual Funding	FY25 Requested: \$150,000	FY25 Recommended: \$50,000	
Dual Funding History & Metric Performance	FY24 Did not Apply in FY24	FY23 FY23 Approved: \$75,000 FY23 Spent: \$75,000 FY23 Annual metrics met: 100%	FY22 FY22 Approved: \$55,000 FY22 Spent: \$55,000 FY22 Annual metrics met: 100%
FY25 Proposed Metrics	Metrics	6-month Target	Annual Target
	Individuals served	150	400
	Services provided	150	600
	Number of individuals reporting improved oral health after service	150	400
	Patients who report increased knowledge about their oral health	85%	85%
	Patients who report no pain after their first visit	90%	90%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

LifeMoves

Program Title	BehavioralMoves and LVN at Mountain View		Recommended Amount: \$160,000
Program Abstract & Target Population	<p>LVN and behavioral health provider lead individual and group counseling and health services for previously unhoused individuals at agency's Mountain View Interim Housing Community. The population served are mostly adults - with 10% under 18 - and qualify as "very low" or "extremely low" income, per HUD guidelines. Almost half of the clientele have Medi-Cal, Medicare or are uninsured.</p>		
Agency Description & Address	<p>2550 Great America Way, Suite 201 Santa Clara, CA 95054 www.lifemoves.org</p> <p>LifeMoves is the largest and most innovative nonprofit organization committed to ending the cycle of homelessness for families and individuals in San Mateo and Santa Clara Counties. As a financially stable and results-driven organization, our mission, since 1987, has been to end homelessness by providing interim housing, support services, and collaborative partnerships. LifeMoves envisions thriving communities where every neighbor has a home. Last year, with 400 employees and support from 12,000 volunteers, LifeMoves provided 7,075 homeless individuals, including hundreds of families with minor children, with food, clothing, comprehensive supportive services, and more than 307,000 nights of shelter. Most importantly, our therapeutic model is effective: Last year, 92% of families and 66% of all clients completing our interim shelter programs returned to stable housing.</p>		
Program Delivery Site(s)	Mountain View interim housing site – 2566 Leghorn St., Mountain View, CA 94043		
Services Funded By Grant	<p>BehavioralMoves services:</p> <ul style="list-style-type: none"> • Screening adult clients for behavioral health needs at program entry • Individual one-hour behavioral health therapy sessions • Milieu therapy sessions on-site (1 hour / week) • Group counseling sessions on-site (1-2 hours / week) <p>LVN services:</p> <ul style="list-style-type: none"> • Screening incoming clients for medical issues or conditions needing treatment. • Managing medications for clients • Assisting clients in making and keeping primary care appointments • Facilitating clients in returning to follow-up appointments and following through with recommended after-care activities. 		
Budget Summary	Full requested amount funds a 1.0 FTE Licensed Vocational Nurse (LVN), partial salary of a Senior Director of Clinical Services, a 0.06 FTE Program Director of the MV Shelter, administration/overhead costs, consultants, intern stipends, and other program costs.		
FY25 Funding	FY25 Requested: \$200,000		FY25 Recommended: \$160,000
Funding History & Metric Performance	FY24	FY23	FY22
	<p>FY24 Approved: \$160,000 FY24 6-month metrics met: 98%</p>	<p>FY23 Approved: \$160,000 FY23 Spent: \$160,000 FY23 Annual metrics met: 83%</p>	<p>FY22 Approved: \$160,000 FY22 Spent: \$160,000 FY22 Annual metrics met: 96%</p>
FY25 Dual Funding	FY25 Requested: \$65,000		FY25 Recommended: \$50,000
Dual Funding History & Metric Performance	FY24	FY23	FY22
	<p>FY24 Approved: \$50,000 FY24 6-month metrics met: 99%</p>	<p>FY23 Approved: \$50,000 FY23 Spent: \$50,000 FY23 Annual metrics met: 98%</p>	<p>FY22 Approved: \$60,000 FY22 Spent: \$60,000 FY22 Annual metrics met: 98%</p>

[Continued on next page]



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access & Delivery
(Including Oral Health)

LifeMoves

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	100	200
	Services provided	350	700
	Number of individuals receiving follow-up care after a health screening	50	100
	BH clients report improved mood & function	85%	85%
	LVN clients report improved health	75%	75%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

Lucile Packard Foundation for Children's Health

Program Title	Stanford Children's Health Teen Van in the El Camino Healthcare District	Recommended Amount: \$103,000
Program Abstract & Target Population	Physician provides mobile primary care and psychosocial services provided for vulnerable patients aged 12-25 years at Mountain View Los Altos Union High School District. The target population is uninsured, underinsured, homeless, and high-risk teens and young adults.	
Agency Description & Address	<p>400 Hamilton Ave., Suite 340 Palo Alto, CA 94301 www.lpfch.org</p> <p>Lucile Packard Children's Hospital Stanford is a nonprofit hospital in Palo Alto, devoted exclusively to the health care needs of children and expectant mothers throughout Northern California and around the world. The mission of Packard Children's is to serve our communities as an internationally recognized pediatric and obstetric hospital that advances family-centered care, fosters innovation, translates discoveries, educates health care providers and leaders, and advocates on behalf of children and expectant mothers. Lucile Packard Foundation for Children's Health is the fundraising entity for the hospital; philanthropy supports clinical care, research, and education to improve the health of children and expectant mothers, locally and worldwide. Our hospital serves as a vital safety net hospital for low-income families throughout the Bay Area and California.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> • Los Altos High School, 201 Almond Avenue, Los Altos, CA 94022 • Alta Vista High School, 1325 Bryant Avenue, Mountain View, CA 94040 • Mountain View High School, 3535 Truman Ave, Mountain View, CA 94040 	
Services Funded By Grant	<ul style="list-style-type: none"> • Collaborate with school administrators and staff to refer patients to the Van, give input on program activities, and provide space for services • Provide immunizations, complete physical exams, sports physicals, acute illness and injury care, pregnancy tests, pelvic exams, sexually transmitted disease testing/treatment, family planning, HIV counseling/testing, health education, social services assessment and assistance, referrals to community partners, substance abuse and mental health counseling/referral, risk behavior reduction counseling, and nutrition counseling • Provide telehealth services and group sessions at our partner sites for those patients most in need of counseling, stress reduction, and relaxation techniques • Provide counseling and education about the health impacts of vaping (nicotine, cannabis, or both) and other substances, and provide nicotine replacement therapy for those youth who have become dependent on nicotine through vaping or smoking tobacco • Provide naloxone to youth and their families to help prevent opioid abuse-related deaths in the community 	
Budget Summary	Full requested amount funds partial salaries of the Medical Director, Dietitian, Nurse Practitioner, Clinic Assistant/Medical Assistant, Registrar/Driver and 1 FTE Social Worker, 1 FTE Assistant Manager/Medical Assistant and medical and non-medical supplies, pharmaceuticals and van maintenance	

[Continued on next page]



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

Lucile Packard Foundation for Children’s Health

[Continued from previous page]

FY25 Funding	FY25 Requested: \$140,000		FY25 Recommended: \$103,000	
Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$98,000 FY24 6-month metrics met: 100%		FY23 Approved: \$98,000 FY23 Spent: \$98,000 FY23 Annual metrics met: 76%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		50	100
	Services provided		200	400
	Number of individuals receiving follow-up care after a health screening		20	40
	Unduplicated patients who undergo a social determinants of health assessment at least once annually		65%	65%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

On-Site Dental Care Foundation

Program Title	Oral Health Access for All North County		Recommended Amount: \$200,000
Program Abstract & Target Population	Dentist, Dental Assistant, Treatment Care Case Manager, and Project Manager provide comprehensive oral health services for vulnerable community members in Mountain View and Sunnyvale. Target population includes homeless, low-income seniors, undocumented immigrants, uninsured individuals, and low-income families.		
Agency Description & Address	<p>6525 Crown Blvd, #41111 San Jose, CA 95160 www.osdcf.org</p> <p>On-Site Dental Care Foundation delivers free and low cost, comprehensive oral health services and education in areas identified as having health disparities via a mobile dental clinic. Services are taken to the areas where they are needed most. Practices are established in those areas, with the mobile unit returning to the locations weekly. Target populations include, homeless, migrant workers, undocumented immigrants, low income seniors, LBGQT+, and low income families. 85% of the population served are Latinx. We establish a dental home for those who otherwise would not have one, providing access to ongoing preventative care.</p>		
Program Delivery Site(s)	Mobile dental clinic in Sunnyvale and Mountain View.		
Services Funded By Grant	<ul style="list-style-type: none"> • Comprehensive new patient exams, includes blood pressure, oral cancer, and periodontal screenings, x-rays, treatment plan development and OH education. 45 minute • Recall exams, every 3,4 or 6 months depending on periodontal status and oral hygiene, includes, blood pressure and oral cancer screening, perio charting, prophy, OH education and x-rays once a year or as needed. 60 minutes • SRP - below the gum cleaning, gingival flaps. 60 minutes • Fillings and occlusal adjustments 60-90 minute depending on number/surfaces • Extractions, includes, both surgical and regular and wisdom teeth. 60 - 90 minutes number of extractions • Root canals, both molar, pre-molar and anterior. 90 minutes - 2 hours • Crowns, crown lengthening, and crown repair. 90 minutes • Dentures, both partial and full, adjustments and relines. 1 hour to 15 minutes • Alveoloplasty. 90 minutes • Bone grafting. 60 minutes • Nutritional and oral hygiene education. 15 minutes 		
Budget Summary	Full requested amount funds partial salary of Dental Assistants, Treatment Case Manager, Project Manager, Dentists and Driver as well as dental supplies, lab fees, equipment/maintenance, fuel and repair, phone/internet, accounting, payroll and administrative overhead.		
FY25 Funding	FY25 Requested: \$200,000		FY25 Recommended: \$200,000
Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$200,000 FY24 6-month metrics met: 98%		FY22 Approved: \$200,000 FY22 Spent: \$200,000 FY22 Annual metrics met: 97%
		FY23	
		FY23 Approved: \$200,000 FY23 Spent: \$200,000 FY23 Annual metrics met: 93%	

[Continued on next page]



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

On-Site Dental Care Foundation

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	215	325
	Services provided	630	1,300
	Number of individuals reporting improved oral health after service	175	300
	Treatment plans completed	60%	85%
	Patient retained in care	60%	75%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

Pathways Home Health and Hospice

Program Title	Pathways Un and Under-insured Care Program		Recommended Amount: \$60,000	
Program Abstract & Target Population	Nurse, Physical Therapist, and Occupational and Speech Therapist provide home health and hospice services for un/ under-insured individuals located at the patient's residence in the El Camino Healthcare District or in an inpatient healthcare setting.			
Agency Description & Address	<p>585 North Mary Avenue Sunnyvale, CA 94085 www.pathwayshealth.org</p> <p>Pathways provides high-quality home health, hospice, and palliative care with kindness and respect, promoting comfort, independence and dignity. Non-profit, community-based Pathways has been a pioneer in home health, hospice, and palliative care since 1977. With offices in Sunnyvale, South San Francisco and Oakland, Pathways serves more than 4,000 families annually in five Bay Area counties. Pathways cares for patients wherever they live - at home, in nursing homes, hospitals and assisted living facilities.</p>			
Program Delivery Site(s)	Home health and hospice services are provided at the patient's residence or in an inpatient health care setting such as a hospital or skilled nursing facility.			
Services Funded By Grant	<p>As prescribed for and/or required by the specific condition for each individual patient and their diagnosis:</p> <ul style="list-style-type: none"> • Nursing visits • Medical Social worker consultations • Physical, occupational and speech therapy visits • Home health aides for personal care • 24-hour on-call nursing services • Medication management with pharmacy oversight and consultation. • The frequency in which a patient may utilize any of these services depends on their physician orders, their individual health condition, need for skilled services, and recovery rate. 			
Budget Summary	Full requested amount funds partial salaries for Nurse, Physical Therapists, Occupational & Speech Therapist, Social Worker, Home Health Aide and Program Manager and administration costs.			
FY25 Funding	FY25 Requested: \$60,000		FY25 Recommended: \$60,000	
Funding History & Metric Performance	FY24		FY22	
	FY24 Approved: \$60,000 FY24 6-month metrics met: 87%		FY22 Approved: \$60,000 FY22 Spent: \$60,000 FY22 Annual metrics met: 99%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		35	60
	Services provided		350	600
	Number of individuals receiving follow-up care after a health screening.		35	60
	Home Health rehospitalization rate		16%	14%
Hospice family caregivers likely to recommend this hospice to friends and family		82%	83%	



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

Peninsula Healthcare Connection

Program Title	New Directions		Recommended Amount: \$220,000	
Program Abstract & Target Population	MSW/LCSW lead intensive, community-based case management services to individuals with complex medical and psychosocial needs referred from El Camino Health Care Coordination located at agency site and locations throughout the community where clients are located.			
Agency Description & Address	1671 The Alameda, #306 San Jose, CA 95126 www.peninsulahcc.org Peninsula Healthcare Connection's (PHC) mission is to deliver integrated primary care, behavioral health care, and case management services to individuals living unhoused, those at-risk of becoming unhoused, low-income and uninsured individuals, regardless of their ability to pay.			
Program Delivery Site(s)	Case management services are provided in the community at medical appointments and other locations as required for the provision of services as well as remotely.			
Services Funded By Grant	<ul style="list-style-type: none"> • Social Worker to client ratio will not exceed 1:25 • Length of stay in the New Directions program is 6 to 12 months depending on individual patient need • Provide intensive case management services for imminent needs to stabilize clients, who can then be referred to less intensive community resource systems once stabilized • Services delivered remotely at homes, hospitals, SNF board/care home, or within the community if clients are living unhoused • Coordinate with inpatient/post-acute staff to engage referred patients in services • Complete comprehensive biopsychosocial assessment to evaluate needs and create appropriate care plan in conjunction with enrolled patient • Provide crisis intervention for immediate housing needs, medical, mental health and substance use issues • Assist patients to access medical, mental health and substance use treatment providers, including accompanying to appointments as needed • Coordinate with medical/behavioral health providers for discharge and post discharge care recommendations 			
Budget Summary	Full requested amount funds 1.3 FTE Medical Social Worker, partial salary for Clinical Supervisor and Administrative Specialist, benefits, travel, program supplies, client support funds, and administrative costs.			
FY25 Funding	FY25 Requested: \$220,000		FY25 Recommended: \$220,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$220,000 FY24 6-month metrics met: 95%	FY23 Approved: \$220,000 FY23 Spent: \$220,000 FY23 Annual metrics met: 98%	FY22 Approved: \$220,000 FY22 Spent: \$220,000 FY22 Annual metrics met: 97%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		63	92
	Services provided		600	1,200
	Number of patients enrolled in a clinical and/or community service based on needs identified by their navigator		22	31
	"Percentage" of patients will be connected to and establish services with a minimum of one basic needs benefits program.		80%	95%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

Planned Parenthood Mar Monte – Mountain View Health Center

Program Title	Increasing Access to Family Medicine at the PPMM Mountain View Health Center		Recommended Amount: \$225,000
Program Abstract & Target Population	Patient Navigator and Coordinator facilitate primary care services including Well Child and Wellness exams, immunizations, preventive screenings, episodic illness care for both children and adults, management of chronic conditions, COVID-19 testing, and reproductive health care for vulnerable patients at the agency's Mountain View Health Center. The target population are low-income, uninsured or underinsured, and reflect the region's diverse population.		
Agency Description & Address	<p>1691 The Alameda San Jose, CA 95126 www.ppmarmonite.org</p> <p>Planned Parenthood Mar Monte invests in communities by providing health care and education, and by expanding rights and access for all. We are committed to providing accessible, affordable and compassionate reproductive health care, family medicine, integrated behavioral health care, and gender affirming care to the communities in which we serve. We are also committed advocates for increased access to that care.</p>		
Program Delivery Site(s)	Services will be provided at the agency's Mountain View Health Center.		
Services Funded By Grant	<ul style="list-style-type: none"> Wellness exams Well Child checks Annual preventive visits Immunizations, including flu vaccines and vaccines for children (PPMM participates in the Vaccines for Children program under the Center for Disease Control and Prevention) and tuberculosis risk assessment and screening Preventive screenings for disease risk (diabetes, high cholesterol, hypertension, Hepatitis C, among other medical issues) Episodic illness care for pediatric and adult patients Management of complex chronic medical conditions such as hypertension, diabetes Preventive screenings, as appropriate, for cancer risk (breast, cervical, colon, testicular) Assessments of social determinants of health Appropriate education and counseling about healthy lifestyle choices COVID-19 testing Reproductive care and gender affirming care 		
Budget Summary	Full requested amount funds partial salaries for Health Center Manager, Lead Clinician, Health Service Specialist, Patient Care Coordinator, Senior Program Manager, Family Medicine, Nurse Care Coordinator, Supervisor and Staff Physician, as well as Health Center Supplies.		
FY25 Funding	FY25 Requested: \$225,000		FY25 Recommended: \$225,000
Funding History & Metric Performance	FY24	FY23	FY22
	FY24 Approved: \$225,000 FY24 6-month metrics met: 97%	FY23 Approved: \$225,000 FY23 Spent: \$225,000 FY23 Annual metrics met: 92%	FY22 Approved: \$225,000 FY22 Spent: \$225,000 FY22 Annual metrics met: 79%

[Continued on next page]



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access & Delivery
(Including Oral Health)

Planned Parenthood Mar Monte

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	300	700
	Services provided	500	1,000
	Number of Individuals establishing care with a PCP or specialist as a result of agency	200	300
	Hemoglobin A1c of less than 9 for diabetes patients	55%	65%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access & Delivery
(Including Oral Health)

Ravenswood Family Health Network

Program Title	Primary Healthcare, Dental and Integrated Behavioral Health Services to Low-Income Residents of El Camino Healthcare District	Recommended Amount: \$1,250,000
Program Abstract & Target Population	Physicians, Nurse Practitioner, Medical Assistants and Dentist of three medical teams and the mobile dental team located at Mountain View and Sunnyvale locations provide comprehensive health care services, including pediatrics, women's health, social services, integrated behavioral health, family medicine, adult medicine, podiatry, dentistry, optometry, pharmacy, mammography, ultrasound, x-ray, lab, health education, and chiropractic care. Additionally, the program includes warm hand-offs to the integrated behavioral health services team to provide screening, needs assessment, referral, short-term counseling, and case management for children and families experiencing mental health difficulties. The target population is low-income patients residing in the ECHD area.	
Agency Description & Address	1885 Bay Road East Palo Alto, CA 94303 https://ravenswoodfhn.org/ Ravenswood Family Health Network is a federally qualified health center. We operate five clinical sites—Ravenswood Family Health Center and Ravenswood Family Dentistry in East Palo Alto, and our MayView Community Health Center clinics in Sunnyvale, Mountain View, and Palo Alto. We provide a comprehensive scope of health care services including pediatrics, women's health, family medicine, integrated behavioral health, social services, dentistry, podiatry optometry, pharmacy, mammography, ultrasound, x-ray, lab, health education, chiropractic care, and enrollment. Our mission is to improve the health of the community by providing culturally sensitive, integrated primary and preventative health care to all, regardless of ability to pay or immigration status, and collaborating with community partners to address the social determinants of health.	
Program Delivery Site(s)	<ul style="list-style-type: none"> • 900 Miramonte Ave., Mountain View • 785 Morse Ave., Sunnyvale 	
Services Funded By Grant	<p>Through this Grant, Ravenswood Family Health Network will provide services to 2,200 low-income patients residing in the ECHD service area. Services covered under the grant will include:</p> <ul style="list-style-type: none"> • Routine Primary Care services and screenings • Integrated Behavioral Health Services (IBHS) • Child Well Checks • Immunizations • Chronic Disease Management for patients with diabetes and/or hypertension • Prenatal and Postpartum Care • Telehealth medical services (when clinically appropriate) • Lab services • Oral health care visits at our mobile clinic 	
Budget Summary	Full requested amount funds 2 FTE Physicians, 1 FTE Nurse Practitioner, 4 FTE Medical Assistants, 2 FTE Medical Scribes, and .6 FTE Dentist.	

[Continued on next page]



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access & Delivery
(Including Oral Health)

Ravenswood Family Health Network

[Continued from previous page]

FY25 Funding	FY25 Requested: \$1,300,000		FY25 Recommended: \$1,250,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$1,250,000 FY24 6-month metrics met: 97%	FY23 Approved: \$1,250,000 FY23 Spent: \$1,250,000 FY23 Annual metrics met: 96%	FY22 Approved: \$1,300,000 FY22 Spent: \$1,300,000 FY22 Annual metrics met: 92%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		1,100	2,200
	Services provided		3,100	6,200
	Number of patients establishing care with PCP or specialists as a result of agency services		415	930
	Patients age 50-75 with appropriate breast cancer screenings.		60%	65%
	Diabetic patients with HbA1c less than 8%		50%	50%



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

El Camino Health MV RoadRunners Transportation Program

Program Title	El Camino Health MV RoadRunners Transportation Program		Recommended Amount: \$165,000	
Program Abstract & Target Population	Funding for Transportation Supervisor and Department Assistant, in addition to vehicle operating costs, Lyft supplemental support and software costs, to provide healthcare transportation service for seniors and disabled community members to medical facilities within the El Camino Healthcare District.			
Agency Description & Address	<p>530 South Dr Mountain View, CA 94040 www.elcaminohealth.org/patient_services/Patient_resources/Road_Runners_transportation</p> <p>The El Camino Health RoadRunners Transportation program is a community-based transportation service that is available to ambulatory clients and patients, specializing in seniors and the disabled who are unable to drive. The RoadRunners program has a close working relationship with community physicians, community clinics, Peninsula Eye Surgery Center, local area Community Services agencies, as well as other medical facilities within our district. Unfortunately, a growing number of seniors who are no longer able to drive may face isolation and loneliness in addition to limited access to medical care, and may not even know what community services and resources are available.</p>			
Program Delivery Site(s)	RoadRunners drive older residents to medical appointments, senior centers, banks, grocery stores and to various other locations in the community within a 10 mile radius of El Camino Health. In addition, through our on-demand transportation partner, LYFT, we are able to provide rides in a convenient and flexible fashion to areas we don't serve.			
Services Funded By Grant	<ul style="list-style-type: none"> Financial assistance is available for clients that have limited income and that have continuous, regular, and on-going appointments such as, dialysis, physical therapy, cancer treatments and the Behavioral Health Programs. 			
Budget Summary	Full requested amount funds Transportation Supervisor, Department Assistant and purchased services, repairs/maintenance, supplies and other operating costs.			
FY25 Funding	FY25 Requested: \$165,000		FY25 Recommended: \$165,000	
Funding History & Metric Performance	FY24		FY22	
	FY23			
	FY24 Approved: \$165,000 FY24 6-month metrics met: 92%		FY22 Approved: \$200,000 FY22 Spent: \$200,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	
			Annual Target	
	Individuals served		300	600
	Services provided		3,500	7,000
	Healthcare Access		800	1,600
Older adults who "strongly agree" or "agree" services helped in maintaining their independence		91%	91%	
Older adults who "strongly agree" or "agree" services make it possible to get to their medical appointments		95%	95%	



FY25 Healthcare Access & Delivery Application Summary



Healthcare Access
& Delivery
(Including Oral Health)

Santa Clara Valley Healthcare

Program Title	Dental Services in Sunnyvale and Mountain View	Recommended Amount: \$326,000		
Program Abstract & Target Population	Dentist and Dental Assistants provide routine and preventative dental care services to medically underserved individuals in Sunnyvale and Mountain View. The population served is mostly adult Medi-Cal beneficiaries, with 5% of their target population being children.			
Agency Description & Address	<p>751 South Bascom Avenue San Jose, CA 95128 https://www.scvh.org/</p> <p>County of Santa Clara Health System is one of the largest health and hospital systems in California committed to improving the health of Santa Clara County's 1.9 million residents. As a public safety net institution owned and operated by the County, Santa Clara Valley Healthcare (encompassing Santa Clara Valley Medical Center, O'Connor Hospital, St. Louise Regional Hospital, and several outpatient clinics) guarantees everyone access to care, regardless of ability to pay. A majority of patients served are the most vulnerable, low-income, uninsured, and medically underserved. Patients receive primary and specialty care, behavioral health, dental, urgent care, and a full array of inpatient services at the three hospitals, Valley Specialty Center, and thirteen Valley Health Centers supported by mobile health, dental service units, and outpatient clinics.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Valley Health Center Sunnyvale - 660 S Fair Oaks Ave, Sunnyvale, CA 94086 Mountain View Dentalcare - 2486 W El Camino Real, Mountain View, CA 94040 			
Services Funded By Grant	<ul style="list-style-type: none"> Routine dental appointments (5 days/week) Reminder calls to patients about dental appointments (5 days/week) Provide dental services to 912 patients annually Provide 2,281 dental encounters annually Provide prophylactic cleaning to 25% of patients 			
Budget Summary	Full requested amount funds partial salary for Dentist, Referral Coordinator and Health Services Representative and 1.25 FTE Registered Dental Assistants,			
FY25 Funding	FY25 Requested: \$500,000	FY25 Recommended: \$326,000		
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$355,000 FY24 6-month metrics met: 100%	FY23 Approved: \$440,000 FY23 Spent: \$440,000 FY23 Annual metrics met: 93%	FY22 Approved: \$530,000 FY22 Spent: \$530,000 FY22 Annual metrics met: 95%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		456	912
	Services provided		1,140	2,280
	Number of individuals establishing care with a PCP or specialist as a result of agency		387	820
Percentage of patients who receive prophylactic cleanings		20%	25%	



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Acknowledge Alliance

Program Title	Resilience Consultation Program	Recommended Amount: \$55,000
Program Abstract & Target Population	Program staff and licensed clinical staff lead resilience and social-emotional learning lessons for teachers, and administrators at Sunnyvale School District and Mountain View Whisman School District. Program directly supports educators and indirectly supports students who are between 2nd and 8th grade.	
Agency Description & Address	<p>2483 Old Middlefield Way, Suite 201, Mountain View, CA 94043 http://www.acknowledgealliance.org</p> <p>At Acknowledge Alliance, our mission is to promote lifelong resilience in children and youth and strengthen the caring capacity of the adults who influence their lives. We envision communities where youth feel more competent and cared about in schools and in their lives; educators feel more supported and enriched in their work with students and colleagues; and education settings create safe, compassionate, and nurturing environments where everyone there feels cared for, competent, and resilient. Since 1994, we have served youth, especially those who are disenfranchised and from marginalized communities, who face adversities that hinder success, both in and out of school.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> • We provide services at all schools in the Sunnyvale School District and Mountain View Whisman School District. FY2025 MOU will be completed before the end of the 2024 academic year. • Benjamin Bubb Elementary, 525 Hans Ave., Mountain View • Edith Landels Elementary, 115 West Dana St., Mountain View • Amy Imai Elementary, 253 Martens Ave., Mountain View • Gabriela Mistral Elementary, 505 Escuela Ave., Mountain View • Jose Antonio Vargas Elementary, 220 N. Whisman Rd., Mountain View • Mariano Castro Elementary, 500 Toft St., Mountain View • Monta Loma Elementary, 460 Thompson Ave., Mountain View • Stevenson Elementary, 750 San Pierre Way, Mountain View • Stevenson Elementary, 750 San Pierre Way, Mountain View • Crittenden Middle School, 1701 Rock St., Mountain View • Graham Middle School, 1175 Castro St., Mountain View • Bishop Elementary, 450 N Sunnyvale Ave, Sunnyvale • Cherry Chase Elementary, 1138 Heatherstone Way, Sunnyvale • Cumberland Elementary, 824 Cumberland Drive, Sunnyvale • Ellis Elementary, 550 E Olive Ave, Sunnyvale • Fairwood Elementary, 1110 Fairwood Ave, Sunnyvale • Lakewood Elementary, 750 Lakechime Dr, Sunnyvale • San Miguel Elementary, 777 San Miguel Ave, Sunnyvale • Vargas Elementary, 1054 Carson Drive, Sunnyvale • Columbia Middle School, 739 Morse Ave, Sunnyvale • Sunnyvale Middle School, 1080 Mango Ave, Sunnyvale 	
Services Funded By Grant	<ul style="list-style-type: none"> • Students served through SEL practice (indirect through school staff) • Weekly 1:1 consulting and support to teachers and school staff (45 - 60 min sessions) • Monthly Teacher and Principal Resilience Group sessions (90 mins) • Professional development training for educators and support staff (20 - 60 min sessions) • Classroom observation and consultation (45-120 mins of observation session and 45 - 60 min consultation session) 	

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Acknowledge Alliance

[Continued from previous page]

Budget Summary	Full requested amount funds program staff, licensed clinical staff, evaluation consultants and program supplies.			
FY25 Funding	FY25 Requested: \$80,000		FY25 Recommended: \$55,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$55,000 FY24 6-month metrics met: 90%	FY23 Approved: \$50,000 FY23 Spent: \$50,000 FY23 Annual metrics met: 100%	FY22 Approved: \$50,000 FY22 Spent: \$50,000 FY22 Annual metrics met: 90%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		400	800
	Services provided		1,200	2,400
	Number of hours of counseling/ care management sessions provided to adults		2,000	4,000
	Teachers will report an increase in positive educator/ student relationships		N/A	80%



FY25 Behavioral Health Application Summary



AnewVista Community Services

Program Title	Equal access to Information & Resources; Enhancing Seniors' Quality of Life	Recommended Amount: \$20,000	
Program Abstract & Target Population	AnewVista teachers conduct classes both virtually and in-person, along with community events, to help senior learn to become competent using technology.		
Agency Description & Address	<p>250 Hillview Ave Redwood City, CA 94062 www.anvcs.org</p> <p>Equal access to Information and Resources. Enhancing Seniors' Quality of Life. ANVCS.org's goal is to create communities where Seniors can confidently use technology for their healthcare access and well-being.</p> <p>In the 4 years of our work, we have connected with 2000+ seniors as individuals and through Senior center communities. We conducted 200+ classes/workshops in 2023 with an average class attendance of 30.</p> <p>We achieve this by building confidence through education, peer support, and access to experts. Our free technology classes are in person across Senior communities and on Zoom creating a hybrid community. We have been providing classes on Peninsula and South Bay since 2019. Consistent schedules of classes, trusted support, and accessibility (via Zoom) have been key to helping Seniors overcome the digital divide.</p>		
Program Delivery Site(s)	<ul style="list-style-type: none"> All classes will be delivered via Zoom but will also be provided across Several Senior centers and independent Senior living facilities. Event locations are to be determined and facilities will be rented to ensure capacity. Prospective Event locations: (Los Altos Senior Center, Mountain View Senior Center, Cupertino Senior Center, Sunnyvale Senior Center) 		
Services Funded By Grant	<ul style="list-style-type: none"> AnewVista Community Services will organize 2 large events with ECHD's support. <ul style="list-style-type: none"> Panel discussion with industry experts and technologists "Aging in Place with the Help of Technology" BYOD - Bring Your Own Device - large tech support service session with Lessons and Lectures! (Offered in Multiple languages) ANVCS.org provides 1-hour free technology classes for Seniors on average, 3-4 times/week across 150+ topics, office hours, workshops, email, remote technical support, and in-home support. Classes are primarily provided in English but also include twice-a-month classes in Spanish. Each class (1-hour) session is focused on a specific topic and creates building blocks towards competency and building confidence of Seniors with technology. Classes are built along a Competency Journey: computer/phone/tablet basics, Internet and mobile data basics -> WiFi/Cellular data basics -> app/play store -> cybersecurity and identify threats, Passwords -> Access to Online Health 		
Budget Summary	Full requested amount funds two full community events and partial salary for teachers/operations as well some insurance fees.		
FY25 Funding	FY25 Requested: \$30,000	FY25 Recommended: \$20,000	
Funding History & Metric Performance	FY24	FY23	FY22
	New Program in FY25	New Program in FY25	New Program in FY25

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

AnewVista Community Services

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	2,500	2,750
	Services provided	100	200
	Number of hours of training provided to program participants	6	10



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Animal Assisted Happiness

Program Title	Animal Assisted Happiness Vocational Education Program	Recommended Amount: DNF		
Program Abstract & Target Population	Animal Assisted Happiness staff supervise youth with developmental, emotional, and/or physical needs perform various chores on a farm in Sunnyvale in order to learn/develop executive functioning and connecting skills. Target population is youth, ages 0-17, with developmental, emotional, and/or physical needs.			
Agency Description & Address	1030 E. El Camino Real #279 Sunnyvale, CA 94087-3759 http://https://www.animalassistedhappiness.org/ The mission of Animal Assisted Happiness is to enrich the lives of youth with needs through barnyard animals interactions at our Smile Farm and mobile visits, creating moments of joy and happiness throughout our AAH Community. We provide barnyard buddies so children and their family members can 'experience the smiles only animals can bring.' Our vision is a "Million Smiles". AAH provides therapeutic interactions with, and vocational opportunities to, youth with needs - be the need emotional, developmental, or physical. We do so using largely rescued, hand-raised small and mid-sized barnyard animals. Research supports that our friendly animals are a magical bridge between our volunteers and these special kids who, oftentimes, connect with our animals in ways they may find elusive in the typical world.			
Program Delivery Site(s)	<ul style="list-style-type: none"> All services for the V.E. program are provided at the AAH Smile Farm which is located in the Baylands Park at 999 Caribbean Dr., Sunnyvale, CA 94089. 			
Services Funded By Grant	<ul style="list-style-type: none"> One hour sessions between the youth with needs and the program manager One hour sessions typically occur 3 times a week during the school year and help an average of 9 youth per session. 			
Budget Summary	Full requested amount funds partial salaries for the Program Director, Program Manager, Animal Care Manager and Program Assistant Managers, as well as partial funds for equipment, administrative expenses, vet and banking fees.			
FY25 Funding	FY25 Requested: \$5,000	FY25 Recommended: DNF		
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		30	75
	Services provided		30	75
	Number of youth demonstrating improvement on treatment plan goals		40	100
	Number of youth who show marked improvement based on the outcomes measured by completion of assigned tasks and level of engagement, observation of life skills practiced		30%	70%



FY25 Behavioral Health Application Summary



Avenidas

Program Title	Avenidas Rose Kleiner Adult Day Health Program (ARKC) Recommended Amount: \$70,000		
Program Abstract & Target Population	Licensed Social Worker staff and Licensed Mental Health Contractor leads case management offering integrated daily support services and mental health support for older adults with chronic conditions and mental impairments such as Alzheimers and dementia located at the Rose Kleiner Center in Mountain View.		
Agency Description & Address	<p>450 Bryant St Palo Alto, CA 94301 www.avenidas.org</p> <p>Avenidas is a non-profit organization that provides a range of services to adults 65+ focused on helping them to maintain their dignity, independence, health and life's purpose as they face transitions due to aging and cognitive decline. Annually, we serve over 6,500 older adults and their families in Santa Clara County, with services such as:</p> <ul style="list-style-type: none"> • Adult Day Health for less independent adults; • Avenidas Village for those who want to remain living at home as they age; • Lifelong Learning, Health and Wellness Services with screening and prevention programs; • Door to Door Senior transportation; • Avenidas Care Partners with personalized care management and family caregiver support; • Tech Plus to remove the digital divide for older adults by providing classes and tech support. 		
Program Delivery Site(s)	This is a center-based program and services are provided at the Avenidas Rose Kleiner Center at 270 Escuela Ave, Mountain View, CA 94040.		
Services Funded By Grant	<p>1,580 individual case management units (1hr) annually consisting of:</p> <ul style="list-style-type: none"> • Daily check-in with each participant to determine general well-being (in-person or virtual) • Daily review of progress in the Care Plan regarding psychosocial aspects • Coordination of internal support services for participants as part of ARKC Interdisciplinary Team as needed • Coordination external support services with community-based service providers as needed • Updating of Care Plan resulting from consultations with Team, participant, and family. • 962 Monthly Participant Assessments by the Interdisciplinary Team (average 1.0 hour) • 550 Units of Family Support: Average one-hour meeting engagement with family caregiver to share insights, provide caregiver guidance, and discuss strategies to keep loved on healthy. • 108 Case Management consultations in behavioral/cognitive issues (unit = 1 hour) 		
Budget Summary	Full requested amount funds partial salaries of Licensed Social Work staff and Licensed Mental Health Contractor.		
FY25 Funding	FY25 Requested: \$70,000		FY25 Recommended: \$70,000
Funding History & Metric Performance	FY24		FY23
	FY24 Approved: \$70,000 FY24 6-month metrics met: 98%		FY23 Approved: \$60,000 FY23 Spent: \$60,000 FY23 Annual metrics met: 100%
			FY22
			FY22 Approved: \$50,000 FY22 Spent: \$50,000 FY22 Annual metrics met: 97%

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Avenidas

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
FY25 Proposed Metrics	Individuals served	76	110
	Services provided	2,000	3,200
	Number of hours of care management support provided to older adults enrolled at ARKC	2,000	3,200
	ARKC participants with history of ER visits do not have any emergency room visits during program year.	85%	85%
	Number of adults who can master 3 activities of daily living	66%	90%



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Caminar

Program Title	Domestic Violence Survivor Services Program	Recommended Amount: \$85,000	
Program Abstract & Target Population	Clinician provides trauma-informed individual and family advocacy and counseling, referral assistance, safety planning, and support groups for survivors of domestic violence agency's office and Mayview Community Health Center in Mountain View. The target population served are survivors of domestic violence and intimate partner violence who live, work or attend school in the El Camino Healthcare District.		
Agency Description & Address	<p>411 Borel Ave, Ste 101 SAN MATEO, CA 94402 www.caminar.org</p> <p>Caminar is a multi-county behavioral health care provider that applies science-based strategies to treating complex mental health, substance abuse, and co-occurring needs. Caminar focuses on the whole person. We are known in this region for creating lasting improvements, and positive impacts for clients, families and communities. With an annual operating budget of \$47M for this year, our teams combine validated behavioral health interventions and customized supports for clients with severe mental illness and behavioral health needs including: crisis and transitional residential treatment, homeless outreach, independent living, supported education, vocational services, day treatment programs, youth programs, case management programs, family violence prevention, domestic violence survivor services, services for perpetrators, re-integration for formerly incarcerated individuals, numerous wellness and recovery centers, and now operate three successful social enterprises.</p>		
Program Delivery Site(s)	Service sites include agency site, Mayview Community Health Center, Mountain View and Community Centers.		
Services Funded By Grant	<ul style="list-style-type: none"> Individual counseling and phone contact - approximately 1 weekly call (10-60 minutes) to clients, Groups - virtual sessions for survivors (60-90 minutes) Accompanying clients to seek legal assistance, for clinical care and visiting family resource centers; (1-3 visits/client/year), Contacting and building relationships with referrers (1 contact per month), Identifying and establishing relationships with strategic program partners who serve similar populations and/or offer complementary services (1 contact per month), Distributing program collateral in English and Spanish(1 contact per month), Ensuring staff members knowhow to make an internal client referral (4 times per year), Participating in meetings related to domestic violence (2 events per year) Increasing visibility through providing community presentations as opportunities arise to groups such as the Santa Clara County Probation Department; (2-4 per year). 		
Budget Summary	Full requested amount funds partial salaries for Clinician, Clinical Program Manager, Facilitator and Director and program supplies and other administrative costs.		
FY25 Funding	FY25 Requested: \$131,791	FY25 Recommended: \$85,000	
Funding History & Metric Performance	FY24	FY23	FY22
	FY24 Approved: \$80,000 FY24 6-month metrics met: 99%	FY23 Approved: \$80,000 FY23 Spent: \$80,000 FY23 Annual metrics met: 98%	FY22 Approved: \$60,000 FY22 Spent: \$60,000 FY22 Annual metrics met: 93%

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Caminar

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	350	700
	Services provided	350	700
	Number of hours of counseling/care management sessions provided to adults	200	400
	Participants in supportive services (case management, advocacy, counseling, and/or support group services) who report feeling more hopeful about their futures. (Yes or No)	85%	85%
	Participants will maintain or improve their economic security. (Yes or No)	75%	75%



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Caminar

Program Title	LGBTQ Speaker Bureau	Recommended Amount: \$75,000	
Program Abstract & Target Population	Speaker Bureau Coordinator leads trainings for multigenerational LGBTQ+ community members to share their stories with community, students, and professionals, increasing the public's understanding and support for LGBTQ+ identities and experiences in workplace and community settings. The target population is LGBTQ+ youth and adults who live, work or attend school in the El Camino Healthcare District.		
Agency Description & Address	<p>411 Borel Ave, Ste 101 SAN MATEO, CA 94402 www.caminar.org</p> <p>Caminar is a multi-county behavioral health care provider that applies science-based strategies to treating complex mental health, substance abuse, and co-occurring needs. Caminar focuses on the whole person. We are known in this region for creating lasting improvements, and positive impacts for clients, families and communities. With an annual operating budget of \$47M for this year, our teams combine validated behavioral health interventions and customized supports for clients with severe mental illness and behavioral health needs including: crisis and transitional residential treatment, homeless outreach, independent living, supported education, vocational services, day treatment programs, youth programs, case management programs, family violence prevention, domestic violence survivor services, services for perpetrators, re-integration for formerly incarcerated individuals, numerous wellness and recovery centers, and now operate three successful social enterprises.</p>		
Program Delivery Site(s)	Services are provided through agency site and virtually.		
Services Funded By Grant	<ul style="list-style-type: none"> The Speaker Bureau program will train LGBTQ+ youth and adults in Santa Clara County to share their stories with community members, students, and professionals, with the aim of increasing public understanding of and support for LGBTQ+ identities and experiences in workplace and community settings. Panelists will be diverse in age, ethnicity, gender, sexual orientation, religion, socioeconomic background, and ability. Anticipated outcomes are recruiting and training panelists, completing 90 panel presentations, reaching 900+ audience members, build and sustain relationships with new District panel hosts/sites. The goal of the Speakers Bureau is not only to raise awareness and educate the community about issues pertaining to gender and sexuality, but also to reduce stigma associated with queer identity and mental health. To measure this goal satisfaction surveys will be completed after the presentation. Demographics and data will be collected to ensure target audiences reached. 		
Budget Summary	Full requested amount funds the Speaker Bureau Coordinator, and partial salary for Center Coordinator, stipends and related administrative expenses.		
FY25 Funding	FY25 Requested: \$154,416		FY25 Recommended: \$75,000
Funding History & Metric Performance	FY24	FY23	FY22
	FY24 Approved: \$75,000 FY24 6-month metrics met: 77%	FY23 Approved: \$75,000 FY23 Spent: \$75,000 FY23 Annual metrics met: 98%	New Program in FY23

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Caminar

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	450	900
	Services provided	5	10
	Number of hours of training provided to program participants	50	100
	Hosts would recommend the panel to a friend	100%	100%
	Speakers report feeling they have contributed positively to their community	100%	100%



FY25 Behavioral Health Application Summary



Eating Disorders Resource Center

Program Title	Support Towards Recovery and Getting Connected	Recommended Amount: \$25,000		
Program Abstract & Target Population	Program Manager leads support groups and provides resources for individuals struggling with eating disorders offered virtually, by phone and at agency site. Most individuals are low-income with half of them on Medi-Cal or uninsured.			
Agency Description & Address	2542 S. Bascom Ave Ste 110 Campbell, CA 95008 https://edr.csv.org/ The Eating Disorders Resource Center (EDRC), established in 2006, is the only nonprofit in Silicon Valley addressing education and awareness for eating disorders. The purpose of EDRC is to aid in prevention, proper diagnosis, early intervention, and recovery from eating disorders. We increase community awareness about these life-threatening illnesses and equip healthcare providers and caretakers with information to support patients and loved ones. EDRC assists individuals suffering from eating disorders and their family and friends through weekly support groups, as well as phone and email support services. We also provide tailored educational programs for health care professionals, community members, and school staff. Our comprehensive online resource directory is the only listing of local treatment professionals, helpful links, insurance information, and educational articles for reference.			
Program Delivery Site(s)	Services provided virtually, by phone and at agency site.			
Services Funded By Grant	<ul style="list-style-type: none"> • 3 weekly support groups for those struggling as well as for family and friends • Our Ask the Experts series, a monthly event hosted by our support groups • Ongoing support for clients seeking treatment through the phone and email • Ongoing case management • Educational outreach programs for schools, hospitals, and community members • Guiding clients through insurance difficulties and coverage 			
Budget Summary	Full requested amount funds partial salaries for Program Manager and Administrative Assistant.			
FY25 Funding	FY25 Requested: \$25,000	FY25 Recommended: \$25,000		
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$25,000 FY24 6-month metrics met: 99%	FY23 Approved: \$22,500 FY23 Spent: \$22,500 FY23 Annual metrics met: 51%	FY22 Approved: \$25,000 FY22 Spent: \$25,000 FY22 Annual metrics met: 75%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		50	100
	Services provided		78	156
	Number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/care manager		30	38



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Fremont Union High School District

Program Title	Homestead High School Wellness Space	Recommended Amount: DNF
Program Abstract & Target Population	Wellness Space Support Specialist serves as a liaison between the new Homestead High School Wellness Space and students, parents, school site staff and community and social service agencies. The goal of the Wellness Space is to offer a safe and supportive environment where any student can decompress, recharge, engage in wellness activities, and learn coping strategies and self-management techniques. Data gathered when students check in/out will assist with ongoing program coordination that reflects student needs.	
Agency Description & Address	589 West Fremont Avenue Sunnyvale, CA 94087 http://www.fuhisd.org The Fremont Union High School District is home to five comprehensive sites, Educational Options and an Adult School. We pride ourselves on the holistic focus of our programs providing students with a variety of opportunities for academic achievement, elective courses, extracurricular activities and athletics. Student progress and wellness are augmented by 22 counselors, 12.4 psychologists and 16.1 licensed therapists or social workers who form mental health teams for each site. We value community partnerships in support of wellness including School Linked Services and Prevention/Early Intervention with Rebekah Children's Services through Santa Clara County Behavioral Health, Santa Clara County Office of Education Wellness Centers and School Based Billing, Project Cornerstone parent education, Caminar staff wellness coaching, and Healthy Mind with El Camino Health and Aspire.	
Program Delivery Site(s)	Homestead High School, 21370 Homestead Rd., Cupertino, CA 95014	
Services Funded By Grant	<ul style="list-style-type: none"> • This grant would fund a 1.0 FTE Wellness Space Support Specialist at HHS for the 2024-25 school year: 8 hours/day, 5 days/week. • The Specialist is dedicated to supporting the emotional and mental well-being of all students and serve as a liaison between the Wellness Space, students, parents, school site staff, and district personnel; <ul style="list-style-type: none"> ○ confer with school personnel, district administration, and others concerning students; ○ link students, parents, and families to district resources for community based and social services; ○ participate as a member of the school site mental health team; ○ collaborate with the student advisory board; ○ establish and maintain Wellness Space activities, including the incorporation of school clubs and community-based organizations; ○ create outreach opportunities, posters, and flyers, and contribute to newsletters within the site and district; and ○ compile data as part of monitoring student access to and participation within the space. 	

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Fremont Union High School District

[Continued from previous page]

Budget Summary	Full requested amount funds 1.0 FTE Wellness Space Support Specialist and indirect costs.			
FY25 Funding	FY25 Requested: \$126,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	New program in FY25	New program in FY25	New program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		200	400
	Services provided		100	200
	Number of youth demonstrating improvement on treatment plan goals i.e. reporting maintenance of or a positive increase in how they are feeling upon exit from the wellness space.		190	380
	Students who report a 2-point increase from check-in to check-out on a 10-point scale.		95%	95%



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Friendly Voices - Phone Buddies for Seniors

Program Title	Reducing Isolation and Loneliness-Induced Depression among Seniors in El Camino Healthcare District		Recommended Amount: \$11,000	
Program Abstract & Target Population	Program Lead manages volunteer phone program, offering weekly calls and referrals to seniors over age 60 who live in the district, with a focus on low-income, homebound, and underserved individuals.			
Agency Description & Address	<p>P.O. Box 63 Menlo Park, CA 94026 www.friendlyvoices.org</p> <p>We're a 4-year-old nonprofit that reduces social isolation for low-income and under-served seniors through safe, free, consistent weekly phone conversations with trained, compassionate volunteers. Isolation has well-documented, devastating impacts on seniors' mental and physical health (U.S. Surgeon General; WHO Committee on Social Connection). As a trusted community resource, we partner with social workers and agencies (e.g. Community Services Agency-Mountain View, Avenidas, Peninsula Healthcare Connections, Self-Help for the Elderly-Sunnyvale) to serve their clients.</p> <p>Each senior client who opts in to our program is carefully matched 1:1 with a screened, trained, and supervised volunteer for personal weekly phone connection and friendship lasting months to years. We're now transitioning from an all-volunteer model to staffed leadership. 60% of our volunteers are over 50 including management and board.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Phone based program for ECHD residents 			
Services Funded By Grant	<ul style="list-style-type: none"> Individual weekly phone conversations for ECHD seniors lasting 30 minutes or more Careful and process-based client matching 1:1 with a screened, trained, and supervised volunteer Regular check-ins by Friendly Voices staff with referring agencies, social workers, and client families Program management and oversight of volunteers to ensure effective and beneficial service to senior clients Quarterly training of volunteers Monthly mentored sessions for volunteers Twice-yearly advanced training sessions for volunteers on issues of senior safety and aging (e.g. elder abuse, Alzheimers and dementia) 			
Budget Summary	Full requested amount funds partial staff salary and program materials.			
FY25 Funding	FY25 Requested: \$11,000		FY25 Recommended: \$11,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		25	40
	Services provided		1,500	2,080
	number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/case manager		1,500	2,080



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Friends for Youth

Program Title	Youth Mentoring Services	Recommended Amount: \$30,000	
Program Abstract & Target Population	Program Manager, Program Coordinator and others will utilize program support materials such as venues, transportation, and food for participants to provide mentor recruiting, screening, and training for mentoring programs for at-risk youth who live or go to school in the El Camino Healthcare District. Target population youth are 81% Latinx, 3% are Black. 6% are multi-racial. 17% LGBTQIA+. 47% come from single-parent households. 7% come from unconventional family structures such as kinship and foster care. 100% are low-income.		
Agency Description & Address	Sobrato Center for Nonprofits - 3460 W. Bayshore Road, Suite 203 Palo Alto, CA 94303 https://www.friendsforyouth.org Friends for Youth (FFY) is a nationally recognized, award winning direct-service agency with over four decades of measurable success in mentoring and a 100% safety rating. Our mission is to empower underserved youth through mentorship and community relationships, and our vision is to provide every young person who needs a mentor with a mentor. Through our 1-to-1 and site-based group mentoring programs, FFY provides quality mentoring relationships for underserved youth who need support most, with the goal of empowering them to be mentally and behaviorally healthy, emotionally secure, and equipped with social, emotional and resiliency-building skills. It is our belief that through the power of mentoring, we can improve the lives of our young people who need someone in their corner.		
Program Delivery Site(s)	Services will be provided to the City of Sunnyvale, Sunnyvale School District, Mountain View Whisman Elementary School District and Fremont Union High School District.		
Services Funded By Grant	<p>1-to-1 Mentoring:</p> <ul style="list-style-type: none"> Recruitment and intensive screening of 250+ prospective volunteer mentors; Weekly 1-to-1 mentoring sessions for 52 weeks; 30 minute weekly holistic case management for each mentorship for 52 weeks; 6 bimonthly 2-hour mentorship group activities; 4 quarterly 2-hour mentor mixers and continuing education on youth mental health and development; 52 weeks of offered translation services; 52 weeks of alumni support of over 250+ active alumni mentorships. <p>Group mentoring:</p> <ul style="list-style-type: none"> 1-hour weekly group mentoring session for 30 weeks; Weekly updates to school administration for 30 weeks; Ongoing case management, mentor trainings and agency support by staff and interns well-versed in youth development and - social work who can assess crisis situations and make referrals, recommendations and warm handoffs, update on student progress, invite to community events; Staff support during the 4-6 week site-based summer programming; End of year holiday party and end of semester group activity. 		
Budget Summary	Full requested amount funds partial salaries of the Program Manager, Program Coordinator and Program Associate.		
FY25 Funding	FY25 Requested: \$36,000		FY25 Recommended: \$30,000
Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$30,000 FY24 6-month metrics met: 90%	FY23 FY23 Approved: \$30,000 FY23 Spent: \$30,000 FY23 Annual metrics met: 88%	New Program in FY23

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Friends for Youth

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	200	220
	Services provided	800	1,600
	Number of hours of counseling/care management sessions provided to youth	125	250
	Youth who report being "satisfied" or "highly satisfied" with their mentorship experience as assessed by post-evaluation surveys	90%	90%



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Kara

Program Title	Bereavement Support, Grief Education & Crisis Response for the Community	Recommended Amount: \$30,000
Program Abstract & Target Population	Clinical staff and program staff facilitate comprehensive bereavement support, death-related crisis response, and grief education for vulnerable populations provided via telehealth and various community locations. Target population is low-income individuals, people of color, and monolingual Spanish (or limited English) speakers, who have significant barriers to accessing grief services	
Agency Description & Address	<p>457 Kingsley Avenue Palo Alto, CA 94301 www.kara-grief.org</p> <p>Guided by the values of empathy and compassion, Kara's mission is to provide grief support for children, teens, families and adults. Serving the community for over 47 years, Kara offers comprehensive bereavement support, death-related crisis response, grief education, and therapy to children, teens, and adults in the San Francisco Bay Area and beyond. Over 200 trained and supervised volunteers with experience in healing from their own losses contribute thousands of service hours annually. Created to be accessible, Kara's peer support services are provided free of charge, in English and in Spanish, and at various locations primarily in Santa Clara and San Mateo Counties. We are continuing to offer a hybrid model, delivering services via telehealth and in-person.</p>	
Program Delivery Site(s)	<p>Telehealth and Kara Service Locations</p> <ul style="list-style-type: none"> • Main Office: 457 Kingsley Avenue, Palo Alto, CA 94301 • Youth and Family Program Site: All Saints Church, 555 Waverley Street, Palo Alto, CA 94301 • San Mateo Office: 3rd Avenue, San Mateo CA 94403 • Camp Kara: Camp Arroyo, 5555 Arroyo Road, Livermore, CA 94550 • Crisis response and grief education services are provided onsite at the clients locations. 	
Services Funded By Grant	<ul style="list-style-type: none"> • Proposed Services in English and Spanish • Client intakes, typically one-hour • Individual peer support, typically weekly for one-hour, unlimited duration • Group peer support in loss-specific or general drop in groups, biweekly for 1.5 hours (typically 8 - 10 weeks) • Group peer support for children and teens and concurrent parent groups, (2 x per month) for 1.5 hours, unlimited duration. • Annual three-day grief camp for children 6 – 17, [equivalent of 6 months of group support] • Parent support for camper families, [typically 2 - 3 hours] • Specialized grief support workshops throughout the year, ranging from 2-8 hours • Individual and family consultations, typically 1 hour • Crisis response onsite services event, typically 3-6 hours • Crisis response phone consultation, typically 1 hour • Grief training and education sessions, typically 2-3 hours • Community outreach presentations, typically 1.5 - 2 hours • Grief-related psychotherapy sessions, one-hour, unlimited duration, typically weekly or biweekly 	

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Kara

[Continued from previous page]

Budget Summary	Full requested amount funds partial salaries for the Director of Adult Services, Assistant Director of Adult Services, Community Outreach, Crisis Response Manager, Director of Spanish Services, Spanish Services Client Services Manager, Director of Youth & Family Services and Assistant Director of Youth & Family Services/Camp Director.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: \$30,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$30,000 FY24 6-month metrics met: 95%	FY23 Approved: \$20,000 FY23 Spent: \$20,000 FY23 Annual metrics met: 95%	FY22 Approved: \$20,000 FY22 Spent: \$20,000 FY22 Annual metrics met: 76%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		40	85
	Services provided		130	300
	Number of hours of training provided to program participants.		20	50



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Law Foundation of Silicon Valley

Program Title	Removing Barriers to Mental Health Access		Recommended Amount: \$70,000	
Program Abstract & Target Population	Attorney leads outreach, advocacy, education, and legal services for people with mental health disabilities to improve access to mental health care and safety-net benefits at monthly clinics in Mountain View Community Services Agency.			
Agency Description & Address	<p>4 N 2nd Street, Suite 1300, San Jose, CA, 95112 www.lawfoundation.org</p> <p>The Law Foundation of Silicon Valley uses legal advocacy to combat injustices like poverty, inequity, and child abuse. We provide free legal services on housing, health, and children's rights issues and systems change work to advance equity and justice for low-income individuals and communities of color in Silicon Valley.</p>			
Program Delivery Site(s)	The Law Foundation provides services at its office location in downtown San Jose, located at 4 North Second Street, Suite 1300, San Jose, CA 95113. Services are also provided to clients at other locations throughout the district if and when clients require home visits or other accommodations to access our services. Our team has also presented to other providers within the district.			
Services Funded By Grant	<p>This grant will allow us to dedicate the time of our attorneys and intake staff to help persons living, working, or going to school in the El Camino Healthcare District residents access safety-net benefits, health care, and housing by:</p> <ul style="list-style-type: none"> • Providing legal advice and ongoing representation to eligible individuals to help them access public benefits, health care, and housing. • Providing referral(s) to another agency or a pro bono attorney when an individual's needs fall outside the scope of our expertise. • Leading outreach to eligible individuals regarding the breadth, depth, and availability of our services. • Offering monthly legal clinics at Community Services Agency (CSA) to promote outreach and accessibility to individuals eligible for services under this grant. • These activities are built on our existing program, which offers on-site legal advisors who conduct patient advocacy and offer legal information and advice at El Camino Hospital's Behavioral Health Services facility. 			
Budget Summary	Full requested amount funds partial salaries and benefits of various staff attorneys to handle cases, provide advice, referrals, and provide community training and administrative staff to support program needs, including providing intake services, legal administrative support services, and reporting services. Plus, various materials and indirect expenses.			
FY25 Funding	FY25 Requested: \$90,000		FY25 Recommended: \$70,000	
Funding History & Metric Performance	FY24		FY22	
	FY24 Approved: \$60,000 FY24 6-month metrics met: 98%	FY23 Approved: \$60,000 FY23 Spent: \$60,000 FY23 Annual metrics met: 84%	FY22 Approved: \$60,000 FY22 Spent: \$60,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		219	365
	Services provided		234	391
	Number of hours of training provided to program participants		70	140
Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits		75%	90%	



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Lighthouse of Hope Counseling Center

Program Title	Low-Cost Counseling		Recommended Amount: \$30,000	
Program Abstract & Target Population	Therapists provide virtual, community-based counseling, psychological support, and education to low-income residents in Mountain View and Sunnyvale. 70% of clients are people of color, all identify as low to moderate income.			
Agency Description & Address	<p>1515 Partridge Ave. Sunnyvale, CA 94087 www.lighthouseofhopecc.org</p> <p>Lighthouse of Hope provides counseling, psychological support, and education to the entire community: families, homeless, adolescent fathers, and high school students onsite in their schools. We support and work closely with the African-American community: 90% of the board is African-American, as is our Executive Director, who is a co-founder of Ujima and is the current board President of that agency. We know that Black Lives Matter and that psychological health affects all parts of our lives. The Journal of the American Medical Association predicts there will be an 'overflow of mental illness that will inevitably emerge from this pandemic,' and if the surge will itself be a pandemic, Lighthouse is positioned to provide core mental health counseling to even more residents in the community.</p>			
Program Delivery Site(s)	Services are currently provided virtually and do not require an in-person organization site.			
Services Funded By Grant	<ul style="list-style-type: none"> • Sessions are 1 hour. They may be 1-2 week, depending on the situation. • Marriage Counseling • Family Issues: conflict resolution, divorce, relational problems • Parent Education: skills and techniques to becoming a more productive parent • Parent Counseling: provides knowledge, tools, guidance, and support to parents and guardians • Crisis Intervention: emotionally significant event or radical change in life • Violence Prevention: learn how to avoid physical and emotional scaring • Depression: sadness, loss, anger, or frustration that impacts daily living • Anxiety: feelings of fear, worry, uneasiness and dread • Mood Issues: bi-polar, pre and postpartum issues, menopause and others • Unhoused Services: a component of the general counseling program but focuses on providing case management services to unhoused individuals in the larger community. 			
Budget Summary	Full requested amount funds partial salaries of Therapists, Grief Counseling Specialist and Therapist Student Intern stipends.			
FY25 Funding	FY25 Requested: \$40,000		FY25 Recommended: \$30,000	
Funding History & Metric Performance	FY24		FY22	
	FY24 Approved: \$20,000 FY24 6-month metrics met: 100%		New Program in FY24	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		210	420
	Services provided		2,100	4,200
	Number of adults demonstrating improvement on treatment plan goals		168	336
	Participants report their intention to follow their therapeutic plan		40%	80%
	Participants report feeling more hopeful about the future and recovery		55%	55%



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Maitri

Program Title	South Asian DV Services Program		Recommended Amount: \$50,000	
Program Abstract & Target Population	Program staff facilitates transitional housing, case management, legal and immigration services, peer counseling, economic empowerment, and outreach services for South Asian and immigrant survivors of domestic violence at offered at confidential sites, virtually, or phone.			
Agency Description & Address	PO Box 697 Santa Clara, CA 95052 www.maitri.org Since 1991, Maitri has provided holistic wrap-around, confidential, free, and culturally responsive services to primarily South Asian survivors of domestic violence (DV) in the San Francisco Bay Area. Maitri addresses and mitigates their safety, emotional, housing, legal, immigration, housing, and economic security needs, while enhancing their ability to become self-sufficient. Maitri also engages in prevention activities within its community to educate, inform, and build awareness of the issues around DV with a goal to influence attitudes and social norms around gender equity and other factors that contribute to DV. Maitri's services include its Helpline, Peer Counseling, Transitional Housing (TH), Housing Stabilization, Legal Advocacy, Economic Empowerment (EEP), Mental Health support, Volunteer Engagement, Outreach, Prevention, and Policy Advocacy programs.			
Program Delivery Site(s)	Services are provided through phone, virtual meetings, mobile advocacy, email, and in-person at two confidential locations in Santa Clara County.			
Services Funded By Grant	<ul style="list-style-type: none"> • With grant funds, Maitri will provide the following activities and services (sessions can last between 30 minutes and several hours, depending on need): • Thirty-minute to four-hour legal and immigration advocacy sessions • Thirty-minute to one-hour Peer Counseling sessions • Economic Empowerment (EEP) workshops • Individual housing stability sessions 			
Budget Summary	Full requested amount funds partial salaries of Director, Survivor Advocacy, Senior Manager, Client Services, Crisis Intervention Coordinator, Director, Organizational Support, Legal Advocacy Coordinator, Legal Advocate and other salaries and benefits as well as office occupancy, Helpline/telecom and indirect costs.			
FY25 Funding	FY25 Requested: \$50,000		FY25 Recommended: \$50,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$50,000 FY24 6-month metrics met: 100%	FY23 Approved: \$50,000 FY23 Spent: \$50,000 FY23 Annual metrics met: 99%	FY22 Approved: \$50,000 FY22 Spent: \$50,000 FY22 Annual metrics met: 98%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		20	48
	Services provided		35	70
	Number of hours of counseling / care management sessions provided to adults		35	70
	Legal clients will report increased awareness of legal rights in their situations		70%	85%
	Crisis clients will report increased safety and wellbeing from their case management and safety planning services.		65%	75%



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Mission Be Inc.

Program Title	Mission Be Mindfulness Training for Students and Educators	Recommended Amount: \$26,000
Program Abstract & Target Population	CEO and Mindful Educators provide mindfulness trainings to teachers, support staff and parents at Covington Elementary School, Georgina Blach Intermediate School, Mountain View Los Altos and Los Altos High Schools.	
Agency Description & Address	<p>62 Thunder Road Miller Place, NY 11764 www.missionbe.org</p> <p>The mission of Mission Be is to increase the number of thriving, happy, and peaceful communities through mindfulness. Mission Be implements mindfulness-based social emotional learning (SEL) programs in Northern California and New York and Long Island schools and communities. These programs are aligned with academic standards, SEL, and anti-bullying legislation. Mission Be believes that equipping children with key mindfulness-based social emotional skills will help them to not only perform better academically and in their careers but also become more compassionate, empathetic, and caring members of society. Mission Be has successfully implemented its mindfulness education curriculum in more than 320 schools, reaching over 330,000 students.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> Mountain View High School, 3535 Truman Ave, Mountain View, CA 94040 Los Altos High School, 201 Almond Ave, Los Altos, CA 94022 Covington Elementary School, 205 Covington Rd, Los Altos, CA 94024 Georgina Blach Intermediate School, 1120 Covington Rd, Los Altos, CA 94024 	
Services Funded By Grant	<ul style="list-style-type: none"> The program includes: <ul style="list-style-type: none"> One Full Day Training for Teachers and Support Staff One Half Day Training for Teachers and Support Staff 5 Scholarships for Educators to Mission Be's Online Course Ongoing access for educators to our online mindful educator curriculum: 24 training videos which include twelve short 8-15 minute training videos of breaths, visualizations, movements, affirmations, sharing circles, and SEL games and twelve 40 minute classroom lessons based on topics such as: Neuroscience; Digital Detox; Mindful Moving, Eating, and Walking; Mindset; Being Responsive and Not Reactive; and the Cultivation of Compassion. Three Full-Day Trainings for Teachers and Support Staff Two Half-Day Trainings for Teachers and Support Staff 10 Scholarships for Educators to the Online Training One 75-Minute Training for Parents Two Full-Day Trainings for Students Two Half-Day Trainings for Students Ongoing access for educators to our online curriculum: 24 training videos, including twelve short videos of breaths, visualizations, movements, affirmations, and more, plus twelve longer lessons on topics like Neuroscience, Digital Detox, and the Cultivation of Compassion. 	
Budget Summary	Full requested amount funds partial salary for CEO, Mindful Educators and Program Administrative Assistance as well as some overhead/indirect costs.	

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Mission Be Inc.

[Continued from previous page]

FY25 Funding	FY25 Requested: \$26,175		FY25 Recommended: \$26,000	
Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$20,000 FY24 6-month metrics met: 5%		Did not apply in FY23	
FY25 Proposed Metrics			FY22	
			FY22 Approved: \$29,900 FY22 Spent: \$29,900 FY22 Annual metrics met: 100%	
	Metrics		6-month Target	Annual Target
	Individuals served		N/A	120
Services provided		N/A	175	
Number of hours of training provided to program participants		N/A	75	



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Momentum for Health

Program Title	La Selva Community Clinic		Recommended Amount: \$290,000	
Program Abstract & Target Population	Psychiatrist, Mental Health Clinician, and Program Manager provide bilingual psychiatry assessments, treatment, medication management, case management, and counseling for vulnerable clients located at La Selva Community Clinic. The target population is low-income adults: 89% Spanish speaking and 22% have Medi-Cal, 56% uninsured, 1% Commercial/Covered California, 21% other insurance.			
Agency Description & Address	1922 The Alameda San Jose, CA 95126 www.momentumforhealth.org Momentum for Health is a non-profit agency providing comprehensive programs and services in Santa Clara County for adults who have behavioral health needs. The staff and volunteers at Momentum believe that people with behavioral health conditions 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 13 different languages – reflecting the linguistic and cultural diversity of this region. During fiscal year 2022-23 a total of 4,801 individuals were served across Momentum's 12 service locations and 12 supportive housing sites throughout Santa Clara County.			
Program Delivery Site(s)	La Selva Community Clinic, 4139 El Camino Way, Palo Alto, CA 94306			
Services Funded By Grant	<ul style="list-style-type: none"> Psychiatry assessment, 60-90 minutes Treatment and medication management, 30 minutes Case management, 30-60 minutes Short-term (individual) and crisis counseling, 45-90 minutes 			
Budget Summary	Full requested amount funds partial salaries for staff including Program Manager, Psychiatrists, Mental Health Clinicians, and other program support costs.			
FY25 Funding	FY25 Requested: \$290,000		FY25 Recommended: \$290,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$290,000 FY24 6-month metrics met: 96%	FY23 Approved: \$290,000 FY23 Spent: \$290,000 FY23 Annual metrics met: 75%	FY22 Approved: \$290,000 FY22 Spent: \$290,000 FY22 Annual metrics met: 88%	
FY25 Dual Funding	FY25 Requested: \$40,000		FY25 Recommended: \$40,000	
Dual Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$40,000 FY24 6-month metrics met: 100%	FY23 Approved: \$40,000 FY23 Spent: \$40,000 FY23 Annual metrics met: 98%	FY22 Approved: \$46,000 FY22 Spent: \$46,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		58	115
	Services provided		674	1,425
	Hours or adult counseling/care management sessions		280	560
	Patients who report a reduction of 2 points or more in PHQ-9 measure severity of depression (repeat for FY24)		75%	85%
Patients who report a reduction of 2 points or more in GAD-7 measure severity of anxiety (repeat for FY24)		75%	85%	



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

My Digital TAT2

Program Title	Digital Literacy & Social and Emotional Health Online	Recommended Amount: \$29,000
Program Abstract & Target Population	Program educators lead digital media literacy and online safety education virtual workshops for 3rd-5th grade students, teachers, staff, mental health professionals, and parents in English and Spanish at Mountain View Whisman School District.	
Agency Description & Address	<p>10080 N Wolfe Rd Ste SW3-200 Cupertino, CA 95014 https://www.mydigitaltat2.org/</p> <p>My Digital TAT2 is a Silicon Valley nonprofit organization addressing one of the most challenging issues facing families today: how to build the healthy habits, critical thinking, and thoughtful online behavior necessary to integrate technology into our lives in a constructive way. We do this through our youth-led programs and research-backed educational workshops that provide strategies for navigating the ever-changing digital world to schools, parents, and healthcare organizations. My Digital TAT2's focus is to help families stay connected through open communication. We emphasize early education and prevention in the students and families we work with. In the midst of increasing mental health needs for youth, we have identified an additional critical stakeholder: clinicians and mental health professionals.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> Benjamin Bubb Elementary, Mountain View, CA 94040 Edith Landels Elementary, Mountain View, CA 94040 Mariano Castro Elementary, Mountain View, CA 94040 Gabriela Mistral Elementary, Mountain View, CA 94040 Monta Loma Elementary, Mountain View, CA 94040 Jose Antonio Vargas Elementary, Mountain View, CA 94040 Counseling and Mental Health Services (CHAC), Mountain View, CA 94040 	
Services Funded By Grant	<ul style="list-style-type: none"> 60 and 90-minute workshops for 3rd, 4th, and 5th grade classrooms 30-minute teacher/administrator professional development workshops 90-minute parent/guardian education workshops in English 90-minute parent/guardian education workshops in Spanish 120-minute clinician and mental health professional trainee workshops for Community Health Awareness Council School partner portal for 24/7 asynchronous access to material for educators and families 	
Budget Summary	Full requested amount funds partial salaries for Director of Curriculum & Programs, Program Manager, Educator Training Specialist, Educators for student workshops, Partnerships Program Manager, Executive Director, Spanish Parent Educator, payroll taxes and benefits, as well as technology costs and insurance.	
FY25 Funding	FY25 Requested: \$31,293	FY25 Recommended: \$29,000
Funding History & Metric Performance	FY24	FY23
	FY24 Approved: \$29,000 FY24 6-month metrics met: 68%	FY23 Approved: \$30,000 FY23 Spent: \$30,000 FY23 Annual metrics met: 63%
		FY22 New program in FY23

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

My Digital TAT2

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	400	700
	Services provided	600	850
	Hours of training sessions	35	50
	Students who respond "yes" or "working on it" to the question: "I will keep my mind and body healthy by taking breaks from devices."	70%	80%
	Counselors who respond "strongly agree" or "agree" to the question: "The workshop taught me some practical strategies to support young people in developing a balanced, healthy relationship with technology."	70%	80%



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

NAMI Santa Clara County

Program Title	Community Peer Program	Recommended Amount: \$100,000																																				
Program Abstract & Target Population	Peer mentors lead in-person, virtual, and phone support sessions for individuals with severe mental illnesses at locations set by patient and peer mentor.																																					
Agency Description & Address	<p>1150 Bascom Ave. #24 San Jose, CA 95128 www.namisantaclara.org</p> <p>NAMI-SCC's goal is to support, educate, and provide direction for self-advocacy for those living with mental health conditions and their families. Having knowledge and finding resources provides the ability to do this. It also helps to eliminate the stigma and discrimination that still exist on many levels. NAMI-SCC is a Community Resource Center for County residents since 1975. In January 2023, Santa Clara County Supervisor Susan Ellenberg said addressing the mental health and substance use crisis continues to be her top priority. She joined Supervisor Otto Lee in sounding the alarm, citing a record increase in suicides and drug overdoses and an inadequate number of beds in treatment facilities. NAMI provides supportive mental health services across all ages and populations in the County.</p>																																					
Program Delivery Site(s)	Services provided at El Camino Hospital Behavioral Health Department and various community locations.																																					
Services Funded By Grant	<ul style="list-style-type: none"> • Mentors on Unit – Peer Mentors will work on the inpatient and outpatient units at El Camino Hospital Behavioral Health for 6 hours each week, introduce NAMI CPP to patients. • Mentoring for Peer Participants – These Participants will receive: <ul style="list-style-type: none"> • Once a week one-on-one visits with a Mentor for up to four months. • Twice a week check in phone calls for up to four months. • An introduction to Recovery Café' and other community resources, volunteer opportunities, and classes. • Employment and training for Peer Mentors who have their own mental health condition but are enhanced by the satisfaction of having paid employment and from opportunities for ongoing support and training. • Peer Connector – This entry level is intended as a support in connecting the Participant to those resources that will focus on their wellness plan, such as Recovery Café, SMART Recovery, NAMI courses, etc. 																																					
Budget Summary	Full requested amount funds partial salary of Program manager, Program Coordinator, Peer Mentors, trainings, supplies, mileage, meeting expenses.																																					
FY25 Funding	FY25 Requested: \$100,000	FY25 Recommended: \$100,000																																				
Funding History & Metric Performance	<table border="1"> <thead> <tr> <th>FY24</th> <th>FY23</th> <th colspan="2">FY22</th> </tr> </thead> <tbody> <tr> <td>FY24 Approved: \$100,000</td> <td>FY23 Approved: \$100,000</td> <td colspan="2">FY22 Approved: \$100,000</td> </tr> <tr> <td>FY24 6-month metrics met: 82%</td> <td>FY23 Spent: \$92,050</td> <td colspan="2">FY22 Spent: \$100,000</td> </tr> <tr> <td></td> <td>FY23 Annual metrics met: 97%</td> <td colspan="2">FY22 Annual metrics met: 96%</td> </tr> <tr> <td>Individuals served</td> <td></td> <td>30</td> <td>60</td> </tr> <tr> <td>Services provided</td> <td></td> <td>1,530</td> <td>3,060</td> </tr> <tr> <td>Number of adults demonstrating improvement on treatment plan goals</td> <td></td> <td>30</td> <td>60</td> </tr> <tr> <td>Participants feel less isolated</td> <td></td> <td>85%</td> <td>85%</td> </tr> <tr> <td>Participants report feeling more hopeful about the future and about recovery.</td> <td></td> <td>80%</td> <td>80%</td> </tr> </tbody> </table>		FY24	FY23	FY22		FY24 Approved: \$100,000	FY23 Approved: \$100,000	FY22 Approved: \$100,000		FY24 6-month metrics met: 82%	FY23 Spent: \$92,050	FY22 Spent: \$100,000			FY23 Annual metrics met: 97%	FY22 Annual metrics met: 96%		Individuals served		30	60	Services provided		1,530	3,060	Number of adults demonstrating improvement on treatment plan goals		30	60	Participants feel less isolated		85%	85%	Participants report feeling more hopeful about the future and about recovery.		80%	80%
	FY24	FY23	FY22																																			
	FY24 Approved: \$100,000	FY23 Approved: \$100,000	FY22 Approved: \$100,000																																			
	FY24 6-month metrics met: 82%	FY23 Spent: \$92,050	FY22 Spent: \$100,000																																			
		FY23 Annual metrics met: 97%	FY22 Annual metrics met: 96%																																			
	Individuals served		30	60																																		
Services provided		1,530	3,060																																			
Number of adults demonstrating improvement on treatment plan goals		30	60																																			
Participants feel less isolated		85%	85%																																			
Participants report feeling more hopeful about the future and about recovery.		80%	80%																																			



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

Project Safety Net Inc

Program Title	Project Safety Net – Establishing a Community of Learning and Practice for Youth Suicide Postvention		Recommended Amount: DNF	
Program Abstract & Target Population	CEO, Executive Assistant, Community Education & Impact Coordinator will conduct a baseline assessment of the status of postvention policies and activities, convene partners to learn and build skills; and cultivate network to support each other.			
Agency Description & Address	<p>4000 Middlefield Road, Building T5 Palo Alto, CA 94303 www.psn youth.org</p> <p>Project Safety Net (PSN) mobilizes community support and resources for youth suicide prevention and mental wellness. We are a coalition working on community education, outreach, and training; access to quality youth mental health services; and policy advocacy. Our vision is that all young people are empowered, in partnership with the whole community, to advocate for themselves and their peers. Youth suicide is ended. Stigma is non-existent, and high-quality mental health services are culturally relevant, accessible, and well-utilized. We envision a community where youth and young adults feel safe, supported, and accepted.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Convenings will be delivered virtually unless a coalition partner offers to voluntarily host a partner convening. City of Mountain View, Community Foundation of Silicon Valley, Sobrato Foundation, Mountain View Los Altos High School Unified District, and El Camino Health were sites that historically offered or hosted PSN partner/community events. 			
Services Funded By Grant	<ul style="list-style-type: none"> 90-minute listening session to assess postvention practices 30-minute electronic survey to complete 1-hour report back and discussion of postvention assessment Three 90-minute trainings and peer support convenings that will strengthen organization's youth suicide prevention policies, guidelines, and practices Average of two individualized technical assistance support tailored to needs of partner 			
Budget Summary	Full requested amount funds partial salary for CEO, Executive Assistant, Community Education & Impact Coordinator as well as meeting facilitation & logistics, evaluation, honorarium and other non-personnel expenses.			
FY25 Funding	FY25 Requested: \$50,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	Did not apply in FY24	FY23 Approved: \$35,000 FY23 Spent: \$35,000 FY23 Annual metrics met: 38%	FY22 Approved: \$22,000 FY22 Spent: \$22,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		60	100
	Services provided		60	165
	Number of hours of training provided to program		N/A	40
At the end of youth suicide postvention capacity building training, 60% of participants will self-report that committed to a youth suicide postvention action		N/A	100%	



FY25 Behavioral Health Application Summary



The Morning Forum of Los Altos

Program Title	The Morning Forum of Los Altos		Recommended Amount: DNF	
Program Abstract & Target Population	A lecture series of 16 speakers geared towards local seniors to provide them with a place and time to socialize and learn in an effort to reduce senior isolation and depression.			
Agency Description & Address	<p>P.O. Box 274 Los Altos, CA 94023 www.morningforum.org</p> <p>Of great value in Los Altos is The Morning Forum, a volunteer-run speaker series of 74 years. Members, mainly seniors, gather twice a month to hear distinguished speakers on a wide variety of subjects. Noteworthy speakers over the years have included Henry Kissinger, Margaret Mead, Temple Grandin, David Kennedy, William Perry and more recently, Rick Steves.</p> <p>However, as many organizations experienced, the Pandemic hit us drastically. Membership plummeted.</p> <p>Knowing we had to reach out to our members we instituted, at great expense, live streaming. The downside was that where couples once held two memberships...now one would suffice.</p> <p>Excellent speakers come at a price. Your foundation could be a lifeline to help us recover!</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> The Los Altos United Methodist Church at 655 Magdalena Avenue. 			
Services Funded By Grant	<ul style="list-style-type: none"> Fees for speakers: Inflation has impacted every expense. Dynamic speakers are charging more. If we are able to receive funding from your foundation it will ensure our future. The pandemic affected our membership numbers and we are certain that with first class speakers we will increase that. Do know that we are able to contract NASA speakers who, being a government agency, charge nothing. And some local academics have also been gracious in charging little or no fees. But, we do have a commitment of 16 speakers a year and your help could be a lifeline to this terrific Forum. 			
Budget Summary	Full requested amount funds guest lecture speakers.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		350	400
	Services provided		12	32
	Hours of training (lecture hours)		12	32



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

WomenSV

Program Title	Domestic Abuse Education & Empowerment Program		Recommended Amount: DNF	
Program Abstract & Target Population	Non-clinical domestic abuse advocate provides virtual customized provider courses for professionals (i.e. court staff, law enforcement, physicians, therapists, etc.) who encounter survivors involved with powerful and sophisticated abusers who engage in coercive, more covert control (emotional, financial, legal, and technological).			
Agency Description & Address	PO Box 3982, Los Altos, CA 94024 www.womensv.org WomenSV's mission is to empower survivors, train providers and educate the community to break the cycle of covert abuse and coercive control in intimate partner relationships. Our vision is a world in which every woman and child can exercise their fundamental human right to live in peace, safety and freedom in their own home. Founded in 2011, WomenSV has offered support to more than 1,400 survivors of domestic abuse over the past 12 years. While our commitment to empowering survivors remains steadfast, we are now embracing education and prevention as cornerstones for lasting change. This new focus is a natural progression, driven by a desire to create a safer world for all.			
Program Delivery Site(s)	Services provided through virtual trainings.			
Services Funded By Grant	<ul style="list-style-type: none"> Provider Training - "Identifying and Addressing Covert Abuse and Coercive Control." Approximately 1.5 hours per training. Customized courses for professionals who encounter survivors (i.e. court staff, law enforcement, physicians, therapists, etc.). Courses are tailored to each particular service provider. Provider Training - "Executive Summary Workshop." WomenSV trains providers on how to administer WomenSV's Executive Summary Workshop (ESW). The ESW condenses the trauma and chaos of a survivor's experience with covert abuse and coercive control into a two-page, concise summary which can be adapted to the audience they are seeking support from (ex: therapist, physician, police officer, friend, etc.). Survivors are provided with a system for organizing notes on the impact/evidence of their abuse. Trainings are customized for each type of provider and range from 40 minutes to 8 hours in duration (ex: Santa Clara County Probation Department). The number of attendees at each training varies from 12 to 300. 			
Budget Summary	Full requested amount funds partial salary for 1 FTE Domestic Abuse Advocate, other staff related expenses and program marketing/outreach.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$30,000 FY24 6-month metrics met: 28%	FY23 Approved: \$30,000 FY23 Spent: \$30,000 FY23 Annual metrics met: 60%	FY22 Approved: \$30,000 FY22 Spent: \$30,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		125	250
	Services provided		5	10
	Number of hours of training provided to program participants.		7	15



FY25 Behavioral Health Application Summary



YWCA Golden Gate Silicon Valley

Program Title	ARISE		Recommended Amount: \$90,000
Program Abstract & Target Population	LMFTs, LCSWs, and clinical trainees lead trauma-informed counseling services for low-income and LGBTQ+ clients healing from domestic violence and sexual assault offered in English and Spanish via telehealth and in person.		
Agency Description & Address	<p>375 South Third Street San Jose, CA 95112 https://yourywca.org/</p> <p>YWCA Golden Gate Silicon Valley powers its mission with programs focused on the following: Empowering people and communities in healing from the trauma of racism, bigotry, and violence. Achieving solutions to homelessness for people impacted by racism, gender inequality, and violence. Inspiring opportunity and economic security by closing the prosperity and education gap. Services are provided to those impacted by race and gender inequality, and we use an intersectional approach that recognizes the compounding impact of oppression. We offer healing, empowerment, and prevention programs to survivors of domestic violence, sexual assault, and human trafficking, and their families. We offer housing continuum options, like homelessness prevention, emergency shelter, rapid rehousing, supportive housing, and affordable housing. We also provide licensed childcare and employability programs.</p>		
Program Delivery Site(s)	<ul style="list-style-type: none"> • Services provided at agency location/via telehealth • Telehealth services in the YWCA Emergency Shelter (confidential location) • Telehealth in emergency housing, survivor's homes, or other convenient, safe spaces • In-person therapy at YWCA located at 375 South 3rd Street, San Jose, CA 95112 • Telehealth group counseling 		
Services Funded By Grant	<ul style="list-style-type: none"> • Individuals receive either 1 or 2 hours of therapy per week • 1-1.5 hours of community group counseling sessions per week: ongoing groups include LGBTQIA+ Support Group for Queer & Trans Survivors of Sexual Assault and Domestic Violence, Support Group for Survivors of Domestic Violence • Four 1-hour survivor workshops: topics may include Understanding Trauma Responses, the Importance of Self-Care and Mindfulness, etc. • 1.5 hours of therapy group counseling sessions per week: each group runs 8 weeks, topics include Dialectical Behavioral Therapy Skills, Mindfulness Stress-based Reduction • Two 1-hour parent/guardian workshops: How to support a survivor and yourself after a traumatic event 		
Budget Summary	Full requested amount funds partial salaries of Bilingual Clinician, LGBTQIA+ Coordinator, Clinical Supervisor, Healing Services Coordinator/Clinician and Associate Director of clinical Services and communication, training, computer information systems and indirect costs.		
FY25 Funding	FY25 Requested: \$100,000		FY25 Recommended: \$90,000
Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$90,000 FY24 6-month metrics met: 94%	FY23 Approved: \$85,000 FY23 Spent: \$85,000 FY23 Annual metrics met: 93%	FY22 Approved: \$75,000 FY22 Spent: \$75,000 FY22 Annual metrics met: 97%

[Continued on next page]



FY25 Behavioral Health Application Summary



Behavioral Health
(Including Domestic Violence Trauma)

YWCA Golden Gate Silicon Valley

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	15	32
	Services provided	150	320
	Number of hours of counseling/care management sessions provided to adults	150	320
	Individuals who receive 3 or more counseling sessions increase their knowledge of trauma and the effects of trauma on their lives	80%	85%
	Individuals who receive 3 or more counseling sessions experience a reduction of trauma symptoms.	75%	80%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

American Diabetes Association

Program Title	Project Power	Recommended Amount: \$30,000	
Program Abstract & Target Population	Participant supplies, program incentives and Program Manager time providing diabetes prevention program for youth ages 5-12 at school sites within the El Camino Healthcare District.		
Agency Description & Address	1537 6th Ave. Belmont, CA 94002 www.diabetes.org American Diabetes Association's (ADA) mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. The ADA is the authoritative voice in the diabetes community, providing research, information and public awareness, and advocacy. For over 80 years, we have been working on the frontlines and within multiple areas to educate at-risk populations, protect the rights of people with diabetes in their daily lives, and pioneer clinical and research breakthroughs by fostering a pipeline of the best and brightest scientists and by educating healthcare professionals on standards of care in diabetes.		
Program Delivery Site(s)	<ul style="list-style-type: none"> • Our Partner for FY25 will be YMCA EAST PALO ALTO, EL CAMINO, NORTHWEST (20803 Alves Drive, Cupertino, CA 95014), PALO ALTO & SEQUOIA • School sites within the ECHD TBD • MOU to be signed March 2024 for FY25 activity sites. 		
Services Funded By Grant	<ul style="list-style-type: none"> • Project Power offers one hour group settings by trained counselors which focuses on nutrition, physical activity, and healthy lifestyles to combat childhood obesity, type 2 diabetes, heart disease and stroke. • The curriculum includes interactive nutrition workshops, physical activities and games, family engagement, cooking demonstrations and SMART goal setting. • Project Power in Santa Clara works within out-of-school or after care programs throughout the year. The program offers six one-hour lessons over three weeks. • Both programs utilize interactive sessions for youth and families, our end goal is to improve and maintain increased physical activity levels in youth, empower children to adapt healthy lifestyle habits and to encourage and develop sustainable healthy lifestyles within the household. • Project Power, utilizing the Catch Kids Club (CKC) curriculum, is composed of nutrition education and physical education/activities to foster active living and healthy eating. 		
Budget Summary	Full requested amount funds partial salaries for Executive Director, Program Manager and participant activities kits, promotion/marketing, partner incentive stipends, printing and binding, food & beverage, travel & other misc. as well as overhead costs.		
FY25 Funding	FY25 Requested: \$30,000	FY25 Recommended: \$30,000	
Funding History & Metric Performance	FY24	FY23	FY22
	FY24 Approved: \$30,000 FY24 6-month metrics met: 0%	New program in FY24	New program in FY24

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

American Diabetes Association

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	80	160
	Services provided	360	720
	Diabetes & Obesity	24	48
	Youth survey respondents that demonstrate confidence to engage in regular physical activity and healthy eating behaviors as assessed by pre/post survey	60%	60%
	Youth survey respondents are knowledgeable about healthy physical activity behaviors as assessed by pre/post survey.	50%	50%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Bay Area Women's Sports Initiative

Program Title	BAWSI Girls at Bishop Elementary School		Recommended Amount: \$39,000
Program Abstract & Target Population	Coach led afterschool fitness activities promoting physical activity and self-esteem in 2nd through 5th grade girls at Bishop Elementary School in Sunnyvale. Target population are from under-resourced households attending Bishop. 63.3% of students at Bishop Elementary School are socioeconomically disadvantaged, 50% are English learners, and 60% of students are Hispanic/Latino.		
Agency Description & Address	2635 N. First Street, Suite 149 San Jose, CA 95134 http://www.bawsi.org BAWSI mobilizes the women's sports community to engage, inspire and empower children from under-resourced backgrounds. We work with two populations who have the least access to physical activity and organized sports: Girls from under-resourced neighborhoods and children with disabilities. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high for themselves and improve their beliefs, attitudes and behaviors related to physical activity. BAWSI Rollers serves children in schools to develop hand-eye coordination, balance, strength, confidence, and a sense of independence. BAWSI works in neighborhoods where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coach athletes, we build the ability, confidence and desire to be physically active for life.		
Program Delivery Site(s)	Bishop Elementary School: 450 N Sunnyvale Avenue, Sunnyvale, CA 94085		
Services Funded By Grant	BAWSI Girls will offer a total of at least 35 group sessions at Bishop Elementary School as detailed below: <ul style="list-style-type: none"> • Two in-school assemblies for all 2nd through 5th grade girls • Eight 75 minute after-school sessions in the Fall 2024 season (for up to 65 girls) led by two Athlete Leaders and a group of student-athlete volunteers. We typically have a 10:1 BAWSI Girls to coach ratio at these sessions. • Eight 75 minute after-school sessions in the Spring 2025 season (for up to 65 girls) • Eight 15 minute sessions in the Fall season and 8 sessions in the Spring season for 5th Grade Coaches to develop leadership skills and to execute a day of running the entire site • One 4 hour BAWSI Game Day event during the 2024-2025 school year where BAWSI Girls attend a women's sporting event at a college campus, hosted by student-athlete volunteers 		
Budget Summary	Full requested amount funds partial salaries for four programming staff and two executive management staff, operational costs, supplies, and program costs.		
FY25 Funding	FY25 Requested: \$72,787		FY25 Recommended: \$39,000
Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$26,000 FY24 6-month metrics met: 96%	FY23 Approved: \$26,000 FY23 Spent: \$26,000 FY23 Annual metrics met: 93%	FY22 Approved: \$17,000 FY22 Spent: \$17,000 FY22 Annual metrics met: 100%
FY25 Dual Funding	FY25 Requested: \$72,787		FY25 Recommended: \$20,000
Dual Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$15,000 FY24 6-month metrics met: 100%	FY23 Approved: \$15,000 FY23 Spent: \$15,000 FY23 Annual metrics met: 86%	FY22 Approved: \$15,000 FY22 Spent: \$15,000 FY22 Annual metrics met: 96%

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Bay Area Women's Sports Initiative

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	50	55
	Services provided	530	1,160
	Number of participants who report 150 minutes or more of physical activity per week	50	55
	Average weekly attendance percentage	80%	80%
	Percentage of participants who respond positively (4's and 5's) to the statement, "I like to exercise"	60%	60%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Bay Area Women's Sports Initiative

Program Title	BAWSI Rollers at Ellis Elementary School		Recommended Amount: \$21,000	
Program Abstract & Target Population	Coach led adaptive physical activities for special education students in kindergarten through 5th grade at Ellis Elementary School in Sunnyvale. 32.2% of students at Ellis Elementary are socioeconomically disadvantaged, 39.3% are English learners, and 7.8% are students with disabilities. The same report indicates that 38.7% of students at Ellis are Asian and 35.1% are Hispanic/Latino, demonstrating that nearly three-quarters of the school's student body are ethnic minorities			
Agency Description & Address	2635 N. First Street, Suite 149 San Jose, CA 95134 http://www.bawsi.org BAWSI mobilizes the women's sports community to engage, inspire and empower children from under-resourced backgrounds. We work with two populations who have the least access to physical activity and organized sports: Girls from under-resourced neighborhoods and children with disabilities. BAWSI Girls provides free after-school programs in which female athletes inspire low-income girls to get moving, set high for themselves and improve their beliefs, attitudes and behaviors related to physical activity. BAWSI Rollers serves children in schools to develop hand-eye coordination, balance, strength, confidence, and a sense of independence. BAWSI works in neighborhoods where the socio-economic barriers to girls discovering their full potential are most daunting. Through the connected coach athletes, we build the ability, confidence and desire to be physically active for life.			
Program Delivery Site(s)	Ellis Elementary School: 550 East Olive Ave., Sunnyvale, CA 94086			
Services Funded By Grant	During the 2024-2025 school year, BAWSI Rollers will offer a total of at least 16 one-hour group sessions at Ellis Elementary which include adaptive physical activities, leadership and team-building activities, and goal-setting discussions: <ul style="list-style-type: none"> • 8 in-school one-hour sessions during the Fall 2024 season • 8 in-school one-hour sessions during the Spring 2025 season 			
Budget Summary	Full requested amount funds partial staff time for athlete leaders, community volunteers, executive management, supportive services (infrastructure and operational costs), indirect costs, mileage, and program supplies.			
FY25 Funding	FY25 Requested: \$65,183		FY25 Recommended: \$21,000	
Funding History & Metric Performance	FY24		FY22	
	FY24 Approved: \$21,000 FY24 6-month metrics met: 99%	FY23 Approved: \$21,000 FY23 Spent: \$21,000 FY23 Annual metrics met: 100%	FY22 Approved: \$18,000 FY22 Spent: \$18,000 FY22 Annual metrics met: 87%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		15	15
	Services provided		120	240
	Number of participants who report 150 minutes or more of physical activity per week		15	15
Average weekly attendance		80%	80%	



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Chinese Health Initiative

Program Title	Chinese Health Initiative	Recommended Amount: \$275,000
Program Abstract & Target Population	Manager, administrative coordinator, and outreach contractors provide culturally and linguistically competent hypertension, diabetes, and cardiovascular disease screening events and education programs at senior centers, community centers, and virtually.	
Agency Description & Address	2500 Grant Road, M/S MPHD 302 Mountain View, CA 94040 https://www.elcaminohealth.org/services/chinese-health-initiative CHI promotes awareness of health disparities and prevention of health conditions that commonly affect the Chinese population by providing culturally and linguistically competent outreach and education. Offerings include screenings and workshops on diabetes, hypertension, and emotional health. We also provide access to health information from physicians and other credible sources, and programs that address physical health and emotional well-being. Our curriculum is evidenced-based and culturally adapted to the unique health needs of the Chinese population. Key areas of focus <ul style="list-style-type: none"> - Health disparities: diabetes, hypertension, emotional health - Comprehensive lifestyle programs for physical and emotional health - Access to care and resources 	
Program Delivery Site(s)	Education programs are delivered virtually, community outreach is done at various community locations within El Camino Healthcare District.	
Services Funded By Grant	<ul style="list-style-type: none"> • Educational workshops on diabetes. Co-organized with community partner, bimonthly • Ask-a-Dietitian webinars. How to make healthy diet choices, monthly. • Ask-a-Doctor webinars. Topics such as diabetes, health prevention • Diabetes Prevention Series. 4-month program, Diabetes Basics, Diet, Exercise, Sleep, Stress-Management, 3 times a year. • Pre-Diabetes Screening. Finger prick A1c tests for Diabetes Prevention Series participants. • Emotional well-being: Being emotionally resilient helps individuals manage health more effectively. • Monthly culturally tailored educational resources • Monthly workshops conducted by mental health professionals. Topics include mental health services, anxiety, anger management and more. • Bilingual Emotional Well-Being Resource Hub • Healthcare Access <ul style="list-style-type: none"> ○ Physician Network. 118+ Chinese-speaking physicians help lower barriers to culturally competent care. ○ Health Resource Guide for Chinese Seniors. Bilingual. Helps seniors navigate healthcare system and access resources. ○ Free/low-cost clinics, resources. List distributed to vulnerable populations and those without health insurance. ○ eNewsletters. Bilingual. Health-related articles. 	
Budget Summary	Full requested amount funds partial salaries for a manager, two coordinators, and program operational costs.	

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Chinese Health Initiative

[Continued from previous page]

FY25 Funding	FY25 Requested: \$279,000		FY25 Recommended: \$275,000	
Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$275,000 FY24 6-month metrics met: 76%		FY23 Approved: \$267,00 FY23 Spent: \$267,00 FY23 Annual metrics met: 94%	
FY25 Dual Funding	FY24		FY22	
	FY24 Approved: \$20,000 FY24 6-month metrics met: 99%		FY22 Approved: \$42,000 FY22 Spent: \$42,000 FY22 Annual metrics met: 100%	
Dual Funding History & Metric Performance	FY23		FY22	
	FY23 Approved: \$20,000 FY23 Spent: \$20,000 FY23 Annual metrics met: 99%		FY22 Approved: \$42,000 FY22 Spent: \$42,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		750	1,600
	Services provided		1,700	3,500
	Number of participants who report consuming at least 3 servings of fruits and vegetables per day		85	170
	Individuals of Diabetes Prevention Series with one or more improved biometrics (BMI, weight, and/or A1c)		66%	66%
	Participants who are very likely (9-10 rating) to recommend CHI to a friend or colleague		80%	80%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

City of Sunnyvale - Columbia Neighborhood Center

Program Title	ShapeUp Sunnyvale, Year 5		Recommended Amount: \$49,000	
Program Abstract & Target Population	Grant Assistant leads fitness sessions, nutrition education programs and childcare for low-income Sunnyvale residents of all ages at Columbia Neighborhood Center, Sunnyvale Community Center, Columbia Middle School, and Sunnyvale Swim Complex in Sunnyvale.			
Agency Description & Address	<p>785 Morse Avenue Sunnyvale, CA 94085 https://www.sunnyvale.ca.gov/</p> <p>Columbia Neighborhood Center (CNC) supports and empowers youth and families so that the children of the community will develop the life skills necessary to be successful in school and beyond. CNC's priorities are to serve:</p> <p>a) at-risk, limited income Sunnyvale youth as defined by their ability to qualify for free and reduced-price school meals and/or the City's activities scholarship program, and b) families in Sunnyvale with limited access to basic services.</p> <p>CNC is a partnership between the Sunnyvale Elementary School District and the City of Sunnyvale. A priority area for CNC's program and service development is residents' physical health and wellness. In Fiscal Year 2022-23, CNC recorded a total of 38,897 participant-hours.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> • Columbia Neighborhood Center, 785 Morse Avenue, Sunnyvale • Sunnyvale Community Center, 550 E. Remington Drive, Sunnyvale • Columbia Middle School, 739 Morse Avenue, Sunnyvale • Sunnyvale Swim Complex, 1283 Sunnyvale-Saratoga Rd., Sunnyvale 			
Services Funded By Grant	<ul style="list-style-type: none"> • 2 sessions (8-weeks each, 1x/week) of healthy meal kits with all necessary ingredients and instructions • One season (Winter, Spring or Summer) of fitness activity selected by each participant (usually 6-8 weeks in length, 2x per week) • Weekly drop in gym and fitness room for Columbia Middle School students during Late Start Day (1x/wk x 36 weeks) • 2-hour childcare in the evening, twice a week during Zumba and drop in Fitness Room are offered 			
Budget Summary	Full requested amount funds partial salaries for Grant Assistant, Recreation Staff and Childcare Staff as well as caterer, fitness fees, incentives.			
FY25 Funding	FY25 Requested: \$49,455		FY25 Recommended: \$49,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$44,000 FY24 6-month metrics met: 94%	FY23 Approved: \$45,000 FY23 Spent: \$45,000 FY23 Annual metrics met: 86%	FY22 Approved: \$35,000 FY22 Spent: \$35,000 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		50	155
	Services provided		500	1,595
	Number of individuals who report 150 minutes or more of physical activity per week.		30	87
	Number of individuals who report 150 minutes or more of physical activity per week.		75%	83%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Community Health Partnership

Program Title	Better Choices, Better Health: A Diabetes Self-Management Program for Low-Income Adults	Recommended Amount: \$45,000
Program Abstract & Target Population	Program Coordinator and Community Health Workers provide a diabetes self-management workshop series that helps individuals with Type 2 diabetes or pre-diabetes to manage their chronic condition, offered to low income Latino/Hispanic adults in Mountain View.	
Agency Description & Address	<p>408 N. Capitol Avenue San Jose, CA 95133 https://chpscc.org</p> <p>Community Health Partnership (CHP) is a regional consortium of ten community clinics in Santa Clara and San Mateo Counties with a mission to advocate for quality, affordable, accessible, and culturally competent health care systems that demonstrate respect and compassion for our diverse communities. CHP member clinics, operating across 40 sites, serve as an essential primary care safety net for the most vulnerable communities throughout the two counties. To best support its members, CHP provides health care policy/advocacy, quality improvement, health access, and workforce development services. Key functions of the organization include advocating on behalf of the region's community clinics, serving as a source of community referral to affordable health and social services, disseminating health policies and best practices, and coordinating provider education.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> Workshops will be delivered virtually, via phone, and in-person as dictated by participant demand for these different modalities. CHP will find accessible community spaces within the Mountain View service area such as libraries, community clinics, and community centers that can host these workshops. When CHP secures a location for these in-person workshops, the primary grant contract will inform El Camino Healthcare District staff and obtain a letter of commitment or MOU as needed. 	
Services Funded By Grant	<ul style="list-style-type: none"> Outreach activities (door-knocking, tabling, and phone calls) DSMP curriculum delivered via six health education workshop series (i.e., cohorts) serving 50 individuals – Zoom and in-person workshops are 2.5 hours/week for six weeks; audio-only workshops are 1 hour/week for six weeks One-hour "Session 0" workshops at the start of each new workshop series/cohort to assess participant barriers to participation and provide technical assistance on using Zoom or telephone to attend workshops One "Toolkit for Active Living with Diabetes" for every audio-only participant containing a book, Living a Healthy Life with Chronic Conditions, exercise CD, diabetes plate refrigerator magnet, and booklet with self-tests/tip sheets Participant coaching Individual pre- and post-program participant assessments to evaluate program impact on clinical and behavioral outcomes; includes: Patient Health Questionnaire (PHQ-9) depression screening, self-efficacy assessment, and biometric assessment (i.e., BMI and HbA1c) Screening and referrals to health and social service community resources, including health insurance enrollment assistance 	
Budget Summary	Full requested amount funds partial staff salaries and program supplies.	
FY25 Funding	FY25 Requested: \$72,500	FY25 Recommended: \$45,000

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Community Health Partnership

[Continued from previous page]

Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		15	50
	Services provided		45	150
	Number of individuals who report 150 minutes or more of physical activity per week		5	10
	Percentage of participants who report improved confidence about knowing what to do when blood sugar level goes higher or lower after completing the BCBH program compared to baseline, as reported on the Diabetes Self Efficacy Assessment.		70%	70%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Crack the Wellness Code (CWC)

Program Title	Diabetes and Obesity Prevention cum Management Program		Recommended Amount: DNF	
Program Abstract & Target Population	Independent contractors will provide virtual and in person group sessions providing awareness and support to educate clients about Diabetes and Obesity and seek help from qualified professionals. Target population is south Asian adults.			
Agency Description & Address	<p>10080 N Wolfe Road, Suite SW3-200 Cupertino, CA 95014 www.mycwc.org</p> <p>For diabetes and obesity, CWC platform (digital + onsite) offers content, resources & services to personalize target community's wellness journey through preventive care and evidence-based practices from West and East. These take the form of:</p> <p>a) Education: Onsite -conference & workshop Online -webinar, content through CWC Khushi App & Web</p> <p>b) Inspiration: Sessions with practitioners & health heroes (community members & doctors) and mentoring</p> <p>c) Empowerment: Support Groups for diabetes and obesity for elders, youth & women + 24X7 dynamic wellness ecosystem by App, deep dive courses, masterclasses, goal-oriented workshops, digital services marketplace.</p> <p>Sustaining growth: By accelerating wellness journey of 12K+ members (16-55 years) with lifetime engagement to prevent and manage diabetes and obesity</p> <p>See CWC Khushi App & mycwc.org</p> <p>See Videos: Snapshot https://youtu.be/gAfKTw82cT8</p> <p>Membership: https://www.youtube.com/watch?v=1Qk_jdqQQbA</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Online and at agency site 			
Services Funded By Grant	<ul style="list-style-type: none"> 8 per yr 1 hour support group session per track per year. 56 hours per year 12 Virtual events of 90 min group sessions. 18 hours per year 			
Budget Summary	Full requested amount funds partial salary for independent contractors as well as office supplies and event promotions.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		500	1,200
	Services provided		200	500
Number of individuals with one or more improved biometrics (e.g., BMI, weight, and/or A1c)		55	105	



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Fresh Approach

Program Title	A Holistic Approach to Nourishing Food Access and Community Well-Being through Nutrition Education and Community Engagement	Recommended Amount: \$40,000
Program Abstract & Target Population	Nutrition education and community engagement outreach staff facilitate culturally relevant nutrition education class, farmers market voucher program, and resources for low-income community members at Columbia Neighborhood Center in Sunnyvale and YMCA site. The target population is individuals and families of all ages in households not meeting self-sufficiency standards and living in neighborhoods where access to affordable, nourishing produce is a key need in addressing health disparities.	
Agency Description & Address	5060 Commercial Circle, Ste C Concord, CA 94520 http://www.freshapproach.org Guided by an emphasis on community engagement—and in collaboration with a wide range of values-aligned partners—Fresh Approach is building more resilient food and farming systems through healthy food access, nutrition education, and urban agriculture. Fresh Approach's three-pronged strategy includes (1) providing food sourced with dignity that reflects cultural preferences for those in urgent need, and expanding choices via financial incentives at traditional and mobile farmers' markets, as well as through farm-fresh food boxes (2) offering nutrition education via the VeggieRx program, which "prescribes" the fruit and vegetable vouchers, and, (3) increasing community participation in climate resilience initiatives by providing resources and education on gardening, composting, and water management. Dignity, choice, and cultural competence are essential pillars that guide all our programmatic design and implementation.	
Program Delivery Site(s)	<ul style="list-style-type: none"> • Columbia Neighborhood Center (785 Morse Ave, Sunnyvale, CA 94085) • YMCA of Silicon Valley (550 S. Winchester Blvd, Ste 250, San Jose, CA 95128) 	
Services Funded By Grant	<ul style="list-style-type: none"> • Two series of eight, 90-minute group VeggieRx nutrition classes (once/every other week for 16 weeks). One series in English, one in Spanish. • 2 peer support group sessions to follow each series, totaling 6 months (24 weeks) of activities per series. • VeggieRx Vouchers distribution for the class participants at the rate of \$7 for each participant and each of their household members per week for 24 weeks. Vouchers can be spent at farmers' markets located throughout the county and the greater Bay Area. • VeggieRx Vouchers distributed to clients of relevant partner Community-Based Organizations (CBOs) at the rate of \$6 for each recipient/household. Vouchers contain key information on how and where to redeem at local farmers' markets. • 16 hours of training for one Community Ambassador, who is hired as a part-time employee to assist with nutrition workshops, and support community outreach and voucher distribution. 	
Budget Summary	Full requested amount funds partial salaries for an Education Program Manager, Education Program Specialist, Community Engagement Program Manager, Community Engagement Program Specialist, Marketing & Communications Manager and Community Ambassador, VeggieRX Vouchers, stipends to farmers' markets and overhead expenses.	

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Fresh Approach

[Continued from previous page]

FY25 Funding	FY25 Requested: \$75,165		FY25 Recommended: \$40,000	
Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$74,000 FY24 6-month metrics met: 45%		FY23 Approved: \$73,500 FY23 Spent: \$73,500 FY23 Annual metrics met: 53%	
FY25 Proposed Metrics			6-month Target	Annual Target
	Metrics			
	Individuals served		132	264
	Services provided		184	366
	Number of unique individuals who report consuming at least 3 servings of fruit and vegetables per day		11	24
	Participants who report at least a 1 point increase on a 1-5 scale that 'I have enough education and peer support that provides me knowledge and resources to improve my health and prevent some disease'		65%	75%
% of district residents reached by education and/or outreach efforts who report increased knowledge of and confidence in using nutrition incentive programs at farmers' markets (including Calfresh/SNAP) after the outreach intervention as assessed by pre/post surveys after classes series and surveys at farmers' markets		65%	70%	



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Joyful Learning Educational Development Center

Program Title	The Parent and Child United Program		Recommended Amount: DNF	
Program Abstract & Target Population	Health and Wellness Instructor, Program Director and Behavioral Specialist will provide strategic approaches to at risk population regarding culturally appropriate health information about diabetes and obesity, diabetes and obesity prevention workshops, health education materials and resource guides to better manage their diabetes; information on affordable diabetes screening and obesity reduction. Will collaborate with African-American, Pacific Islander, Native American, and Latinx community-base organizations that are closely concentrated in low-income communities in both Sunnyvale and Mountain View.			
Agency Description & Address	<p>182 VENADO WAY San Jose, CA 95123 https://joyfullearningedc.org</p> <p>Joyful Learning Educational Development Center is a community-based non-profit with a mission to provide affordable, high quality developmentally appropriate child care services to families of infants, toddlers, school-age children, and children with special needs. Our program focuses on inclusion and participation in the community for all children in our care. We strive to help each child achieve their full potential through Stem based learning programs.</p> <p>In addition, we work with families to help children deal with trauma, high-risk behaviors and develop healthy lifestyles that will carry-on with them through adulthood. Lastly, we provide a resource center where parents can receive direct access to case management, resources, and services that help them meet the basic needs, safety, and healthy development of their children.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Evergreen Adult Development Center 2887 McLaughlin Ave, Building A, San Jose, CA 95121 			
Services Funded By Grant	<ul style="list-style-type: none"> Individual one-hour a week trauma sessions (1 hour/week) Outdoor physical fitness sessions for youth participants (2 hours per day/6 days a week) Nutrition education with youth (2 hours/week) Nutrition education with parents (1 hour/month) Bi-monthly indoor workshops provided for parent education on healthy eating and living habits 			
Budget Summary	Full requested amount funds partial salaries for Program Director, Health and Wellness Instructor, Behavioral Specialist, as well as diabetes resource materials and healthy food and snacks.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		30	60
	Services provided		25	50
	Number of individuals who report 150 minutes or more of physical activity per week.		50	80



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Living Classroom

Program Title	Expanding Our Reach: Garden Access and Healthy Foods for Specialized Academic Instruction Students	Recommended Amount: \$60,000
Program Abstract & Target Population	Garden Manager with staff leads garden-based curriculum and Farm to Lunch Program to enhance food and nutrition education for TK-6th grade and Specialized Academic Instruction classes students at Mountain View Whisman School District.	
Agency Description & Address	<p>P.O. Box 4121 94024, CA 94024 http://www.living-classroom.org</p> <p>Living Classroom teaches Next Generation Science Standards–aligned, garden-based lessons at local schools and through our Farm to Lunch program. Our mission is to make education come alive by bringing nature to the classroom and to empower the next generation of children to become healthy eaters, environmental champions and inquisitive learners. We do this by creating edible and native gardens at each school we serve and holding lessons outdoors in those gardens that engage students through growing, harvesting and preparing fresh vegetables and fruits from school gardens and hands-on learning about earth and life sciences. Living Classroom provides essential nutrition and environmental education within the Mountain View Whisman School District and program support of our educators and garden staff directly benefits our community’s children and teachers.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> Benjamin Bubb Elementary School, 525 Hans Avenue, Mountain View, CA 94040 Edith Landels Elementary School, 115 West Dana Street, Mountain View, CA 94041 Frank L. Huff Elementary School, 253 Martens Avenue, Mountain View, CA 94040 Gabriela Mistral Elementary School, 505 Escuela Avenue, Mountain View, CA 94041 Jose Antonio Vargas Elementary School, 220 N. Whisman Avenue, Mountain View, CA 94043 Mariano Castro Elementary School, 505 Escuela Avenue, Mountain View, CA 94041 Monta Loma Elementary School, 460 Thompson Avenue, Mountain View, CA 94043 Stevenson Elementary School, 750-B San Pierre Way, Mountain View, CA 94043 Theuerkauf Elementary School, 1625 San Luis Avenue, Mountain View, CA 94043 Crittenden Middle School, 1701 Rock Street, Mountain View, CA 94043 Graham Middle School, 1175 Castro Street, Mountain View, CA 94040 	
Services Funded By Grant	<ul style="list-style-type: none"> Provide 600 one-hour Next Generation Science Standards-aligned school-day lessons to T/K-6th grade and SAI students. The ECHD grant will fund approximately 40% (240) of our lessons. Continue Farm to Lunch food tastings partnering with the Child Nutrition Services during lunchtime tastings. Goal is at least one tasting at seven schools (based on availability of produce and Food Truck). Maintain 22 edible and native habitat gardens for LC school day lessons, where students grow vegetables, and Farm to Lunch program produce. Survey students after nutritionally focused lessons to document changes in healthy eating behavior. Expand SAI student lessons with the goal of 3 lessons for each SAI class. The school setting can help children form better eating habits through frequent exposure to new foods in peer settings every year. Living Classroom believes that young students receiving nutritionally focused lesson content frequently, year after year, form better eating habits. 	
Budget Summary	Full requested amount funds partial salaries for program manager, instructors, garden manager, garden assistant, materials manager, administrative support and supplies.	

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Living Classroom

[Continued from previous page]

FY25 Funding	FY25 Requested: \$69,700		FY25 Recommended: \$60,000	
Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$60,000.00 FY24 6-month metrics met: 80%		FY23 Approved: \$60,000.00 FY23 Spent: \$60,000.00 FY23 Annual metrics met: 99%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		2,650	3,450
	Services provided		4,900	10,400
	Number of individuals who report consuming at least 3 servings of fruits and vegetables per day		750	1,900
	Percentage of Students report increased knowledge of healthy habits (healthy eating, healthy living, and/or experiences.		70%	80%
	Percentage of teachers surveyed rating Living Classroom lessons a "4" or above (on a five point scale)		90%	95%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Playworks

Program Title	Playworks Sunnyvale	Recommended Amount: \$200,000
Program Abstract & Target Population	Coaches and site coordinator lead physical activity and positive school climate program at 8 Sunnyvale School District elementary schools for elementary school students grade K-5th, with an average free or reduced lunch program rate of 32% and 80% who identify as students of color.	
Agency Description & Address	<p>1423 Broadway PMB 161 Oakland, CA 94612 Oakland, CA 94612 https://www.playworks.org/northern-california/</p> <p>Playworks is the leading organization to use play to nurture children's foundational skills for healthy bodies and social/emotional development – on the playground, in the classroom, and in the community. Our evidence-based early intervention programs enhance physical activity levels and foster the development of crucial social-emotional skills while improving school culture. Playworks' work is based on four core values: Cultivate Play; Continue Learning; Center Equity; and Collaborate with Communities. We live into these values by grounding our practice in equity with our teams and partners in order to achieve just communities where we empower and uplift diverse perspectives and foster inclusivity. Playworks helps create school communities that are emotionally safe places where all students benefit from play.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> • Bishop Elementary, 450 N. Sunnyvale Ave., Sunnyvale, CA • Cherry Chase Elementary- 1138 Heatherstone Way, Sunnyvale, CA • Cumberland Elementary-824 Cumberland Dr., Sunnyvale, CA • Ellis Elementary-550 E. Olive Ave., Sunnyvale, CA • Fairwood Explorer-1110 Fairwood Ave., Sunnyvale, CA • Lakewood Tech EQ Elementary- 750 Lakechime Dr., Sunnyvale, CA • San Miguel Elementary - 777 San Miguel Ave., Sunnyvale, CA • Vargas Elementary – 1054 Carson Dr., Sunnyvale, CA 	
Services Funded By Grant	<ul style="list-style-type: none"> • Recess- Playworks staff create a respectful, fun playground, ensuring all kids are included in recess and physical activity for up to 30-45 minutes every school day. • Junior Coach Leadership Program- Playworks staff coordinate with teachers to recruit students from the upper grades to serve as Junior Coaches, supporting a peer-led recess. These youth leaders participate in trainings weekly (Coach program) or monthly (Team-Up program) on leadership, group management, conflict resolution techniques, and strategies effective in preventing bullying behaviors. • Class Game Time-Playworks staff lead individual classes a minimum of once monthly in regularly scheduled 30–45 minute periods, offering individualized support on conflict resolution strategies and rules of games, with the goals of inclusivity, teamwork, and cooperation. • Staff Orientation- To strengthen school partnerships, Playworks offers a 45 minute professional development orientation a minimum of one time each year to all school staff. 	
Budget Summary	Full requested amount funds partial salaries for 5 FTE coaches and 1FTE site coordinator.	

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Playworks

[Continued from previous page]

FY25 Funding	FY25 Requested: \$206,000		FY25 Recommended: \$200,000	
Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$200,000 FY24 6-month metrics met: 100%		FY23 Approved: \$200,000 FY23 Spent: \$200,000 FY23 Annual metrics met: 100%	
FY25 Dual Funding	FY25 Requested: \$41,200		FY25 Recommended: \$40,000	
Dual Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$40,000 FY24 6-month metrics met: 99%		FY23 Approved: \$40,000 FY23 Spent: \$40,000 FY23 Annual metrics met: 98%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		4,200	4,200
	Services provided		8,400	8,400
	Number of individuals who report 150 minutes or more of physical activity per week		4,200	4,200
	95% of educators report that during recess Playworks increases the number of students that are physically active		N/A	95%
	94% of educators report that Playworks helps the school create supportive learning environments		N/A	94%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

Silicon Valley Bicycle Coalition

Program Title	Bike To Health Ride Series		Recommended Amount: \$20,000
Program Abstract & Target Population	Program coordinator, program director and bike champions/partners to organize and lead bike rides promoting physical activity for low-income youth and adults located at safe biking routes in Mountain View and Sunnyvale.		
Agency Description & Address	PO Box 1927 San José, CA 95109 www.bikesiliconvalley.org Silicon Valley Bicycle Coalition (SVBC) was incorporated as a 501(c)(3) in 1993 to create a community that values, includes, and encourages bicycling for all purposes for all people in Santa Clara and San Mateo Counties. SVBC builds healthier and more just communities by making bicycling safe and accessible for everyone. We work with public agencies, non-profit organizations, business partners, and community members to reach the overarching goal to increase the number and diversity of people using bicycles for everyday transportation. The intention behind this is to address many of our society's most pressing problems, particularly human health, as well as mental/emotional health, social isolation, and civic engagement.		
Program Delivery Site(s)	<ul style="list-style-type: none"> Start locations of group rides are to be determined pending community interest and motivation to attend. Possible locations include Caltrain stations, other transit-friendly start points, or community-friendly locations like high schools, popular parks, or community centers. 		
Services Funded By Grant	<ul style="list-style-type: none"> The Bike to Health ride series program focuses on two main program areas: group bike rides and trained Bike Champion deployment. Rides: Eight 3-hour long bike rides for adults and families in partnership with local partners serving target constituencies. Bike Champion Deployment: SVBC to activate our network of bike champions so that they take part in at least half of the ride series to connect with new riders and guide them through barriers to bicycling. 		
Budget Summary	Full requested amount funds partial salaries for Deputy Director, Program Manager and Coordinator, and Bike Champions/Partners as well as some funds for food and snacks during rides.		
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: \$20,000
Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$20,000 FY24 6-month metrics met: 42%	FY23 Approved: \$30,000 FY23 Spent: \$30,000 FY23 Annual metrics met: 100%	FY22 Approved: \$25,000 FY22 Spent: \$25,000 FY22 Annual metrics met: 52%
FY25 Proposed Metrics	Metrics		6-month Target
	Individuals served		90
	Services provided		240
	Number of individuals who report 150 minutes or more of physical activity per week		45
			Annual Target
			240
			120



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

South Asian Heart Center, El Camino Health

Program Title	AIM to Prevent	Recommended Amount: \$310,000
Program Abstract & Target Population	Executive director, health educator, health coach coordinator, and medical director provide heart disease and diabetes prevention programs featuring health assessments, education, and health coaching provided virtually and at El Camino Health - Mountain View. Target population is the South Asian population in Santa Clara County, constituting about 24% of the Asian/Pacific Islander community. The majority are foreign-born (73%), with 39% being naturalized US citizens, and 84% speaking a language other than English, with 14% having limited English proficiency.	
Agency Description & Address	2490 Hospital Drive, Melchor Pavilion Suite 302 Mountain View, CA 94040 https://www.southasianheartcenter.org The South Asian Heart Center, a non-profit since 2006, aims to reduce the incidence of diabetes and heart attack in Indians and South Asians through culturally tailored, evidence-based prevention services. This population has a disproportionately high incidence, early onset, and more severe disease presentation despite lacking the traditional risk factors such as smoking, obesity, and non-vegetarian diets. The AIM to Prevent™ program offers comprehensive evaluations, lifestyle counseling, and health coaching, benefiting thousands. The STOP-D™ program focuses on preventing diabetes and halting its progression with targeted interventions.	
Program Delivery Site(s)	We deliver services from our Mountain View and Los Gatos offices, through online workshops, video consultations, and telehealth coaching sessions.	
Services Funded By Grant	<ul style="list-style-type: none"> • Seminars • Health Fairs/Awareness: 90-360min, 2-4/month • Community Huddles: 90min, 10/year • 4 MEDS workshops (Meditation, Exercise, Diet, and Sleep): 90min, One per month each • Intermittent and Conscious Eating workshop: 75min, 2x/month • AIM to Prevent Program: <ul style="list-style-type: none"> ○ Onboarding: 20min, 1/participant ○ Health Risk Assessment: 40min, 2/participant ○ Results and Recommendations: 40min, 1+/participant ○ Health Coaching: 40min, 1-18/participant ○ Yearly Checkups: 40min, 1/participant anniversary ○ STOP-D/WellMET curriculum: 22 modules, 4-6x/year ○ Motivational Newsletters: 52 articles, 4-6x/year ○ SLIMFIT Consultation: 60min, bi-weekly for 12 weeks/participant • Insights with Real-time Blood Sugar Monitoring: • Onboarding: 30min, 1/participant • Group workshops: 60min, weekly for 3 weeks, ongoing • Health Coaching: 10min, 2-3/participant • Personalized Diet and Nutrition Assessment: 60min/participant • Clinical Consults: 30min/participant • Laboratory testing: 30min/participant • Coronary CT Scan calcium score: 30min/participant • Physician Education: 1-2 60min/session • eNewsletters: 8-10x/year 	

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

South Asian Heart Center, El Camino Health

[Continued from previous page]

Budget Summary	Full requested amount funds partial staff time for the executive director, health educator, health coach coordinator, medical director, lab costs, and program supplies.			
FY25 Funding	FY25 Requested: \$320,000		FY25 Recommended: \$310,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$310,000 FY24 6-month metrics met: 72%	FY23 Approved: \$300,000 FY23 Spent: \$300,000 FY23 Annual metrics met: 100%	FY22 Approved: \$300,000 FY22 Spent: \$300,000 FY22 Annual metrics met: 99%	
FY25 Dual Funding	FY25 Requested: \$60,000		FY25 Recommended: \$60,000	
Dual Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$50,000 FY24 6-month metrics met: 89%	FY23 Approved: \$50,000 FY23 Spent: \$50,000 FY23 Annual metrics met: 100%	FY22 Approved: \$100,000 FY22 Spent: \$100,000 FY22 Annual metrics met: 98%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		246	511
	Services provided		1,157	2,264
	Number of participants who report 150 minutes or more of physical activity per week		65	135
	Change in levels of physical activity		10%	10%
	Change in avg. levels of vegetable		20%	20%



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

YMCA of Silicon Valley

Program Title	YMCA Summer Camp	Recommended Amount: \$80,000
Program Abstract & Target Population	Camp leader facilitates summer camp programs for low-income youth focusing on physical activity and healthy eating at the El Camino YMCA and Northwest YMCA, two branches of the YMCA of Silicon Valley serving Mountain View, Sunnyvale, Los Altos and Cupertino, and will be located at five school sites: Jose Antonio Vargas, Almond, Oak, West Valley, and Stevens Creek Elementary Schools.	
Agency Description & Address	550 S. Winchester Blvd., Suite 250 San Jose, CA 95128 www.ymcasv.org As one of the largest nonprofits in Silicon Valley, YMCA of Silicon Valley serves more than 160,000 individuals annually from communities that span from Gilroy to Redwood City. Our locations include 10 YMCA health and wellness branch facilities and YMCA Camp Campbell, a wilderness resident camp in the Santa Cruz Mountains. In addition, we have a presence in more than 300 schools and partner agencies throughout the region, providing childcare, after school programs, summer camps, food distribution, health and fitness activities, and initiatives to engage adults with youth for positive experiences. The Y serves people of all backgrounds, ages, capabilities, and income levels, providing program subsidy and financial assistance to those in need.	
Program Delivery Site(s)	<ul style="list-style-type: none"> • Jose Antonio Vargas Elementary School, Mountain View Whisman School District, 220 N. Whisman Rd. Mountain View, CA 94043 • Almond Elementary School, Los Altos School District, 550 Almond Ave. Los Altos CA 94022 • Oak Elementary, Los Altos School District, 1501 Oak Ave, Los Altos, CA 94024 • West Valley Elementary, Cupertino Union School District, 1635 Belleville Way, Sunnyvale, CA 94087 • Stevens Creek Elementary, Cupertino Union School District, 10300 Ainsworth Dr, Cupertino, CA 95014 	
Services Funded By Grant	<ul style="list-style-type: none"> • Each participant engages in a minimum of 60 minutes of moderate to vigorous activity daily • Healthy Lifestyle and Nutrition Education activities and lessons provided weekly • At least 1 serving of fresh fruits/vegetables provided to each participant, daily • Financial assistance provided for all qualified families for up to 10 weeks. • The Y provides care from 8:00 am to 5:00 pm, M-F. The regular camp program starts at 9am and concludes at 4pm. Extended care is provided before and after camp at no additional cost to families. • Each of the following components is built into every one of our camps: Physical Activity and Fitness; Healthy Meals/Snacks; Healthy Lifestyle and Nutrition Education; Caring Adult Role Models; Social and Emotional Learning (SEL) and Literacy Skills/Reading for Pleasure. 	
Budget Summary	Full requested amount funds partial salaries for 8 camp leaders.	

[Continued on next page]



FY25 Diabetes & Obesity Application Summary



Diabetes & Obesity

YMCA of Silicon Valley

[Continued from previous page]

FY25 Funding	FY25 Requested: \$80,000		FY25 Recommended: \$80,000	
Funding History & Metric Performance	FY24		FY23	
	FY24 Approved: \$80,000 FY24 6-month metrics met: 100%		FY23 Approved: \$67,000 FY23 Spent: \$67,000 FY23 Annual metrics met: 100%	
			FY22	
			FY22 Approved: \$65,000 FY22 Spent: \$65,000 FY22 Annual metrics met: 97%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		300	500
	Services provided		8,200	13,508
	Number of individuals who report 150 minutes or more of physical activity per week		240	400
	Individuals who report their child increased physical activity by 30 minutes/week as compared to physical activity level prior to attending YMCA Summer Camp		90%	90%



FY25 Chronic Conditions Application Summary



Chronic Conditions
(Other than
Diabetes & Obesity)

American Heart Association

Program Title	Healthy Hearts Initiative	Recommended Amount: \$100,000
Program Abstract & Target Population	<p>AHA staff will provide training, coaching and technical expertise to community partners, training staff to serve as "community health workers" who are equipped to conduct screenings and facilitate programming. For clinical partners, the AHA will ensure staff are prepared to implement interventions with patients. Patients will include undocumented immigrants and other underrepresented communities, predominately living in Sunnyvale and Mountain View.</p> <p>60% of whom are uninsured and 20% on Medicare or Medi-Cal. We anticipate that 40% of the population served will speak Spanish, 40% will speak Mandarin, and the remaining 20% will speak English.</p>	
Agency Description & Address	<p>1111 Broadway Ste 1360 Oakland, CA 94607 https://www.heart.org/en/affiliates/california/greater-bay-area/</p> <p>The American Heart Association (AHA) is one of the largest and most trusted voluntary health organizations in the world. To fulfill our mission to be a relentless force for a world of longer, healthier lives, the AHA seeks to be a catalyst to achieving maximum impact in equitable health and well-being. Our 2024 Impact Goal states that as champions for health equity, the AHA will advance cardiovascular health for all, including identifying and removing barriers to healthcare access and quality. To achieve this ambitious goal, the AHA has been increasingly focused on creating health policy, systems, and environmental changes in communities. By building the capacity for community partners to implement the AHA's evidence-based systems, we reach people where they are and exponentially expand our impact.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> • MayView Community Health Center (Ravenswood clinic affiliate), 900 Miramonte Avenue, 2nd Floor, Mountain View, CA 94040 • Columbia Neighborhood Center, 785 Morse Ave., Sunnyvale, CA, 94085 • El Camino YMCA, 2400 Grant Rd., Mountain View, CA 	
Services Funded By Grant	<p>AHA will provide the following services in collaboration with at least three partners including Ravenswood-MayView, Columbia Neighborhood Center, and El Camino YMCA.</p> <ul style="list-style-type: none"> • Lead an initial partnership meeting to co-determine systems change plans (blood pressure, nutrition security screening, etc.) and timelines, prioritizing interventions that best address the most acute needs of partner organization's community members. • Hold at least monthly (or more as needed) 3-hour meetings with project leads to provide training and resources, and to collaborate on project management. • Support the acquisition of supplies or equipment, such as validated blood pressure cuffs, ongoing as relevant throughout the project. • Share AHA science, expertise and technical assistance as identified as a need by partners and their constituencies as relevant throughout the project. • Provide implementation support, including co-leading Check.Change.Control workshops (four 2-hour sessions, twice per year) to ensure sustainable systems changes at the organizational level. 	
Budget Summary	<p>Full requested amount funds 65% FTE community impact manager, professional fees & honorarium, subawards for community partners, vouchers, program supplies, and indirect costs.</p>	

[Continued on next page]

FY25 Chronic Conditions Application Summary



Chronic Conditions
(Other than
Diabetes & Obesity)

American Heart Association

[Continued from previous page]

FY25 Funding	FY25 Requested: \$113,826		FY25 Recommended: \$100,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Dual Funding	FY25 Requested: \$61,128		FY25 Recommended: DNF	
Dual Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		72	216
	Services provided		296	888
	Number of individuals completing one or more health screenings		7,500	30,000
	Percentage of people screened who report receiving food security assistance through the project		5%	25%
	Percentage of Check.Change.Control participants who improve blood pressure by an average of 10 mm Hg over the 4 month program		35%	35%



FY25 Chronic Conditions Application Summary



Chronic Conditions
(Other than
Diabetes & Obesity)

Breathe California of the Bay Area

Program Title	Seniors Breathe Easy		Recommended Amount: \$28,000
Program Abstract & Target Population	Health educator & Community Outreach Specialist provide workshops, screenings, and trainings for older adults with respiratory conditions located at community centers and senior centers across ECHD service area.		
Agency Description & Address	<p>1469 Park Ave San Jose, CA 95126 https://lungsrus.org/</p> <p>Breathe California of the Bay Area, Golden Gate, and Central Coast is a 113-year-old 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, Breathe California fights lung disease in all its forms and works with its communities to promote lung health. Goals: tobacco-free communities, healthy air quality, reduced lung diseases. We serve over 40,000 individuals per year with programs in health education, health policy and research, focusing on populations with health disparities. COVID, COPD, and RSV, respiratory diseases that affect seniors most seriously, and the greater recognition of the importance of building health equity, make Seniors Breathe Easy vital to the health of the ECHD community of seniors.</p>		
Program Delivery Site(s)	Services provided at community centers and senior centers across ECHD service area, and virtually as needed, such as Mountain View Senior Center and Catholic Charities Adult Day Program in Sunnyvale.		
Services Funded By Grant	<ul style="list-style-type: none"> • Health education presentations on a variety of health and wellness topics • Health screenings for lung health (spirometry), blood pressure (sphygmomanometer), and oxygen saturation (oximetry) • Breathing exercise instruction for increased energy and feelings of wellness • In-home assessments for respiratory and falling hazards (1-2 hours) using EPA respiratory checklist and Stanford falls checklist • Tobacco cessation assistance by telephone, in person consultation, or group sessions (1-3 hours) • Educational materials on many senior health issues, especially respiratory health and air quality needs • Public Information Media Campaign to encourage COVID, influenza, pneumonia, and RSV vaccinations in this high-risk population • Information and referral on additional senior topics • Caregiver education 		
Budget Summary	Full requested amount funds partial salaries for health educator, director of programs, and communications director, full salary for community outreach specialist, and agency benefits and program support costs.		
FY25 Funding	FY25 Requested: \$28,800		FY25 Recommended: \$28,000
Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$28,000 FY24 6-month metrics met: 75%		FY22 Approved: \$25,000 FY22 Spent: \$25,000 FY22 Annual metrics met: 100%
FY25 Proposed Metrics	Metrics		6-month Target
	Individuals served		150
	Services provided		400
	Number of individuals completing one or more health screenings		50
			Annual Target
			350
			1,100
			125



FY25 Chronic Conditions Application Summary



Chronic Conditions
(Other than
Diabetes & Obesity)

Pacific Stroke Association

Program Title	Pacific Stroke Association: Expansion to FQHCs in Mountain View & Sunnyvale		Recommended Amount: \$20,000	
Program Abstract & Target Population	Bilingual and/or multilingual facilitators will lead group support sessions for stroke survivors and caregivers as well as provide resources and information on strokes.			
Agency Description & Address	<p>3801 Miranda Avenue, Building 6, Room A-162 Palo Alto, CA 94304 https://pacificstrokeassociation.org/</p> <p>Pacific Stroke Association (PSA) is a non-profit organization serving Santa Clara and San Mateo counties, with plans to expand our reach to and other Bay Area counties. PSA's mission is two-fold: to reduce the incidence of stroke through education and to help alleviate stroke's devastating aftermath through programs that support stroke survivors and family caregivers. Our free or low-cost post-stroke programs include weekly and monthly support groups, post-stroke educational forums & lecture series, one-on-one client support via phone and print and production of a comprehensive Post-Stroke Resource Directory. We are committed to empowering people to thrive after stroke. For more information, visit www.PacificStrokeAssociation.org</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Ravenswood Family Health Network (MayView) in Mountain View and Sunnyvale. 			
Services Funded By Grant	<ul style="list-style-type: none"> 10 support group sessions/educational forums in Spanish that will last 1.5 hours 4 support group sessions/educational forums in English that will last 1.5 hours 2 support group sessions/educational forums in Vietnamese that will last 1.5 hours 2 support group sessions/educational forums in Mandarin that will last 1.5 hours 2 support group sessions/educational forums in Tagalog that will last 1.5 hours 250 PSA resource directories (comprehensive resource for stroke survivors and their caregivers), 10 FAST signs, and 10 stroke information signs distributed to FQHCs 			
Budget Summary	Full requested amount funds partial salaries for Spanish-Speaking Facilitator, Multilingual Facilitator, Program Organizer and Program Coordinator as well as some costs for facilitator equipment.			
FY25 Funding	FY25 Requested: \$20,000		FY25 Recommended: \$20,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		40	100
	Services provided		8	20
Number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/care manager		40	100	



FY25 Chronic Conditions Application Summary



Chronic Conditions
(Other than
Diabetes & Obesity)

Stanford Health Care -- Injury Prevention/Fall Prevention

Program Title	Growing Healthy Habits	Recommended Amount: DNF	
Program Abstract & Target Population	Occupational therapists will work with older adults on behavioral change strategies, physical activity, nutrition, sleep, health literacy, and other wellness topics both individually and in group sessions via in-home visits and telehealth		
Agency Description & Address	<p>300 Pasteur Drive MC 5898 Stanford, CA 94305 www.stanfordhealthcare.org</p> <p>Serving over 2.6 million people, Stanford Medicine is the only Level 1 Adult and Level 1 Pediatric Trauma Center verified by the American College of Surgeons (ASC) on the peninsula of the San Francisco Bay Area. We provide specialized care to over 3700 patients per year and handle 20-25 consults daily. The mission of Stanford Medicine is to care, educate, and discover. The Injury Prevention Program is an important part of this Level 1 Trauma Center. The program looks at local data on mechanism of injury and finds interventions to address those injury areas. Stanford Medicine offers home-based and community-based programs to address these significant problems.</p>		
Program Delivery Site(s)	<ul style="list-style-type: none"> Our location address is 1820 Embarcadero Road, Palo Alto, CA 94041. However, services will be provided in-home and online via telehealth therefore all services will be provided within ECHD. 		
Services Funded By Grant	<ul style="list-style-type: none"> The funding will support one "Growing Healthy Habits" group, consisting of the following activities: Participant telephone health screening and baseline evaluation of self-efficacy, mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. Estimated target of 60 calls at 30 minutes each and enrollment of 14-16 participants. Participants and those who decline will be offered enrollment in existing injury prevention programs. One to two individual in-home coaching sessions with each participant at the beginning of the program with the OT. This can include exploring safety and mobility concerns. Two hours per session including travel time. Six one-hour long online group classes focused on wellness behaviors and sustaining change. Occupational Therapists will provide check-in calls and set-up assistance in between sessions. One final in-person coaching session to review goal achievement and maintenance planned for 2 hours. Program design, recruitment and evaluation by two OTs dedicated to the program. 		
Budget Summary	Full requested amount funds partial salaries for three Occupational Therapists as well as iPads, grab bars and mileage reimbursement.		
FY25 Funding	FY25 Requested: \$30,976		FY25 Recommended: DNF
Funding History & Metric Performance	FY24	FY23	FY22
	New Program in FY25	New Program in FY25	New Program in FY25

[Continued on next page]



FY25 Chronic Conditions Application Summary



Chronic Conditions
(Other than
Diabetes & Obesity)

Stanford Health Care -- Injury Prevention/Fall Prevention

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
<i>FY25 Proposed Metrics</i>	Individuals served	60	60
	Services provided	16	144
	Number of individuals who demonstrate improved self-management through self-report or biometric indicators.	N/A	80
	Participants who demonstrate a "somewhat better" or higher score on half of the behavioral goals set in the Goal Attainment Scale.	N/A	80%
	Participants who demonstrate a 1-point increase in the mean score of their "self-efficacy for managing chronic disease 6-item scale".	N/A	80%



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Day Worker Center of Mountain View

Program Title	Healthy Body, Healthy Mind, Healthy Community		Recommended Amount: \$35,000
Program Abstract & Target Population	Two kitchen workers and the purchase of vegetables, fruit, salads, and healthy protein sources to provide healthy meals for day workers and their families located at the agency site in Mountain View.		
Agency Description & Address	113 Escuela Ave Mountain View, CA 94040 https://www.dayworkercentermv.org The Day Worker Center of Mountain View was founded in 1996 by day workers, communities of faith, employers, local businesses and community leaders. The Center provides job-matching services for residents and businesses in Mountain View, Los Altos, Los Altos Hills, Sunnyvale, Cupertino and surrounding areas. Each year the Day Worker Center serves about 500 unduplicated day workers and their families.		
Program Delivery Site(s)	Services provided at agency site.		
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> • Average of 94 healthy meals each week • Daily healthy protein, whole grains, fresh fruits and vegetables • Two cooks working 38 hours per week • Workers eat together, fostering camaraderie and kinship among them • Relevant Zoom classes and workshops are provided when possible 		
Budget Summary	Full requested amount funds partial staffing and healthy protein sources, vegetables, and fruit.		
FY25 Funding	FY25 Requested: \$35,000		FY25 Recommended: \$35,000
Funding History & Metric Performance	FY24		FY22
	FY24 Approved: \$30,000 FY24 6-month metrics met: 100%	FY23 FY23 Approved: \$30,000 FY23 Spent: \$30,000 FY23 Annual metrics met: 100%	FY22 Approved: \$30,000 FY22 Spent: \$30,000 FY22 Annual metrics met: 100%
FY25 Proposed Metrics	Metrics		6-month Target
	Individuals served		200
	Services provided		2,450
	Number of individuals connected to a sustainable source of healthy food (CalFresh/SNAP, food banks, etc.)		200
			Annual Target
			350



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Downtown Streets Team

Program Title	Downtown Streets Team Sunnyvale Program		Recommended Amount: DNF	
Program Abstract & Target Population	Case Manager provides case management and employment services for clients actively experiencing homelessness or at-risk of homelessness in Sunnyvale.			
Agency Description & Address	1671 The Alameda #301 San Jose, CA 95126 http://https://www.streetsteam.org The mission of Downtown Streets Team (DST) is to restore dignity, inspire hope, and provide a pathway to recover from homelessness. DST's programs involve building teams comprised of individuals who are homeless or at risk of becoming homeless and assisting them to rebuild positive work habits, expand their skill set, and overcome barriers as they work towards permanent employment and housing.			
Program Delivery Site(s)	<ul style="list-style-type: none"> Services are provided at DST's Sunnyvale branch, located at 477 N. Mathilda Avenue, Sunnyvale, CA 94085. 			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Individual case management sessions ranging from 1-3 hours on a weekly basis or as often as required. Data collection and client assessments – approximately 1 hour per week per client (often occurs during case management sessions) 1-2 hour Weekly Success Meeting (attended by existing/potential clients). 2 life skills courses per month related to employment, housing, health habits, and general life skills that support clients as they transition to self-sufficiency. Weekly resource research and referrals by employment specialist (1 hour per week per client). Team-Based Volunteer Program. Clients in this program work 4 hours per day (Monday-Friday), on supervised street cleaning/civic clean-up jobs. STE Transitional Employment Program. A portion of DST clients in San Jose will be employed full-time in this program (the BCOE/CalTrans Back-2-Work program). As part of their 40-hour work week, they will receive on the job training and additional upskilling. 			
Budget Summary	Full requested amount funds Program expenses such as outreach, supplies, training, waste processing, client events, case manager resource fund (or client flex fund).			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Dual Funding	FY25 Requested: \$30,000		FY25 Recommended: DNF	
Dual Funding History & Metric Performance	FY24	FY23	FY22	
	Did Not Apply in FY24	FY23 Approved: \$30,000 FY23 Spent: \$30,000 FY23 Annual metrics met: 100%	FY22 Approved: \$30,000 FY22 Spent: \$30,000 FY22 Annual metrics met: 99%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		11	13
	Services provided		36	73
	Number of individuals with improved living conditions as a result of services provided		100	190



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Homefirst Services of Santa Clara County

Program Title	Sunnyvale Shelter	Recommended Amount: DNF		
Program Abstract & Target Population	Housing and Employment Specialists provide shelter guests with nightly emergency shelter while helping to create plans to exit homelessness, serving individuals and families in Sunnyvale.			
Agency Description & Address	<p>507 Valley Way Milpitas, CA 95035 https://www.homefirstsc.org/</p> <p>HomeFirst is a leading provider of shelter, services, and housing opportunities for residents of the Northern California Bay Area who are homeless or at risk of homelessness. We serve more than 5,500 adults, veterans, families, and youth each year through a continuum of care which includes prevention, outreach, shelter, interim and permanent housing programming. With more than 40 years of experience, we practice Housing First, harm reduction, low-barrier, and trauma-informed models of service. Every day HomeFirst works to end homelessness by providing a full spectrum of services to help people find a home, improve their lives, and stay housed.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Sunnyvale Shelter- 183 Acalanes Dr, Sunnyvale, CA 94086 			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> New health-related workshops on topics such as wellness, healthcare access, nutrition, and harm reduction. Self-sufficiency workshops are currently offered weekly, and the proposed health and wellness workshops will be wrapped into the existing monthly schedule. Workshops are offered by the Community Engagement Coordinator (CEC), shelter staff, and/or volunteers. Workshop "How-to" manuals are developed by the CEC for all workshops to train shelter staff and volunteers. New Health Resource Fairs to bring healthcare providers, mobile clinics, screening and testing services, and other healthcare resources together onsite for guests on designated days once per quarter. New supportive services related to housing search and navigation, and employment readiness and job searching. Alongside existing case management staff, the Housing Specialist and Employment Specialist will work with guests to develop individualized plans based on their self-sufficiency goals. 			
Budget Summary	Full requested amount funds partial staff salaries and administrative costs.			
FY25 Funding	FY25 Requested: \$160,170		FY25 Recommended: DNF	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		330	660
	Services provided		8	16
	Number of individuals with improved living conditions as a result of services provided		330	660
	Exits to Housing (the number of participants who exit our programs after securing sustainable permanent housing).		15%	15%
Recidivism Rate (rate at which participants who have exited lose their permanent housing and return to homelessness).		31%	31%	



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Hope's Corner

Program Title	Healthy Food for Hope		Recommended Amount: \$30,000	
Program Abstract & Target Population	Purchasing fresh fruit, fresh vegetables, milk, lean protein, and other nutritious food for the program team and volunteers to provide nutritious meals for homeless and food insecure individuals located at agency site and other locations in Mountain View.			
Agency Description & Address	<p>748 Mercy Street Mountain View, CA 94041 https://hopes-corner.org</p> <p>Hope's Corner provides healthy meals, hot showers, laundry service, clothing and toiletries, advocacy, and linkages to resources to seniors, adults, and children in need in our community in a dignified and welcoming environment. We collaborate with other organizations, including Community Services Agency (CSA); Second Harvest of Silicon Valley; Peninsula Food Runners; Mobile Response Team from Santa Clara County's Public Health Department; The United Effort Organization; and Silicon Valley Bicycle Exchange as well as local businesses to provide services that improve the lives and health of homeless, low-income, and vulnerable individuals in Mountain View and adjacent communities. Through our programs and services, we provide dignity to these underserved members of our community, offer hope for a better future, and provide meaningful connections.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> Mountain View Campus of Los Altos United Methodist Church (LAUMC) - 748 Mercy Street, Mountain View. Day Worker Center of Mountain View - 113 Escuela Avenue, Mountain View MOVE Mountain View Safe Parking lots: Shoreline Lot: Shoreline Amphitheater Lot B, Mountain View Terra Bella Lot: 1020 Terra Bella Avenue, Mountain View Evelyn Lot: 79 East Evelyn Avenue, Mountain View 			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Hot breakfast and to-go lunch – Mondays and Wednesdays (8 – 9 a.m.) and Saturdays (8 – 10 a.m.) Meals delivered to RV residents – after Wednesday and Saturday breakfasts. Similar food as Saturday breakfast. Meals provided to the Day Worker Center – after Saturday breakfasts Health information in English, Spanish, and Mandarin provided via kiosks 			
Budget Summary	Full requested amount funds the purchase of nutritious food.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: \$30,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$30,000 FY24 6-month metrics met: 100%	FY23 Approved: \$30,000 FY23 Spent: \$30,000 FY23 Annual metrics met: 100%	FY22 Approved: \$30,000 FY22 Spent: \$29,958 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		105	132
	Services provided		2,310	4,620
Number of individuals connected to a sustainable source of healthy food (CalFresh/SNAP, food banks, etc.)		105	132	



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Mountain View Police Department's Youth Services Unit

Program Title	Dreams and Futures - MVPD's Youth Services Unit		Recommended Amount: \$30,000	
Program Abstract & Target Population	High school and community college leaders provide summer enrichment program for underserved 4th-8th grade students in Mountain View Whisman School District at high risk for violence and/or involvement with gangs, drugs, and/or alcohol use. Program takes place at Mountain View High School and various field trip sites.			
Agency Description & Address	1000 Villa Street Mountain View, CA 94041 https://www.mountainview.gov/our-city/departments/police The Mountain View Police Department's Youth Services Unit sponsors the Dreams and Futures Summer Program. The Dreams and Futures Program was created in the summer of 1996 as a gang prevention program. Since its creation, the program has grown to more than just a gang prevention program to include underserved children in Mountain View that qualify for a variety of reasons. The program services youth within the community and promotes healthy nutrition, physical activity, and healthy minds through various educational blocks of instruction. The Dreams and Futures program promotes continued education to prevent summer learning loss and promotes positive interactions between police and youth as well as other community partners.			
Program Delivery Site(s)	<ul style="list-style-type: none"> Services will be provided at Mountain View High School and various field trip sites. 			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Our program emphasizes teamwork, self-esteem, and decision-making, and communicates skills to help youth believe in higher education and take a strong stand against drugs, alcohol and gangs which include: Program is two, 2-week sessions during the summer. One for grades 4th-5th and one for grades 6th-8th. Workshops include conflict resolution, participatory educational activities, and classes in writing and computer skills, and fitness/sports camps (e.g., soccer and basketball) that are coached by police, community volunteers, and youth mentors. Twice a week youth take educational field trips (e.g., The Tech Museum) to excite them about learning and acquaint them with their broader community. We provide a healthy breakfast, lunch and snacks as many of our participants come from families where there is insufficient food. • We teach about healthy lifestyles and good nutrition that addresses their future risk of obesity and diabetes. Participation is free for participants. 			
Budget Summary	Full requested amount funds partial salaries for high school and community college leaders as well as healthy meals/snacks, academic supplies and incentives, field trips and entry fees, merchandise and giveaways.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: \$30,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	FY24 Approved: \$25,000 FY24 6-month metrics met: 97%	FY23 Approved: \$25,000 FY23 Spent: \$25,000 FY23 Annual metrics met: 95%	FY22 Approved: \$25,000 FY22 Spent: \$17,981 FY22 Annual metrics met: 100%	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		85	85
	Services provided		800	800
	Economic Stability		85	85



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Rebuilding Together Peninsula

Program Title	Free home repairs that improve economic stability for vulnerable populations	Recommended Amount: DNF
Program Abstract & Target Population	Home Program Manager, Repair Technicians and Client Intake and Outreach Coordinator along with others to provide home repairs and accessibility modifications for low-income older adults in Mountain View.	
Agency Description & Address	<p>841 Kaynyne Redwood City, CA 94063 www.rebuildingtogetherpeninsula.org</p> <p>Rebuilding Together Peninsula's mission is "Repairing homes, revitalizing communities, rebuilding lives." For 35 years, Rebuilding Together Peninsula (RTP) has been the primary agency thousands of low-income neighbors across the Peninsula have turned to for critical repairs and improvements to help them continue to live in safe and healthy homes.</p> <p>RTP has built the expertise and infrastructure to effectively address the repair needs of San Mateo and northern Santa Clara counties' low-income homeowners. Our reputation as experts in rehabilitating and preserving homes for those having to choose between paying for groceries or critical home repairs has made us the trusted resource for local families facing such challenges. Today, with support from skilled staff and 1,000 volunteers, RTP completes approximately 150 repair projects annually.</p>	
Program Delivery Site(s)	<ul style="list-style-type: none"> Client homes in Mountain View 	
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Each home repair program participant receives five services over a three month period: Homeowner submits a repair application with income verification requirements; an RTP staff person then reviews and guides the homeowner to complete as needed. Staff conduct a comprehensive Home Safety Assessment to determine the repairs needed. Staff develop a Home Safety Plan (aka scope of work) which details how the repairs will be completed. Repairs and home safety modifications are completed by our experienced repair technicians, trusted subcontractors and/or volunteers. (Note: volunteers perform volunteer-friendly tasks like painting, debris removal and landscaping) Staff review the project and collect feedback through surveys to assess the impact of our work on the homeowner. 	
Budget Summary	Full requested amount funds mostly materials and supplies as well as partial salaries for Safe at Home Program Manager, Repair Technicians and Client Intake and Outreach Coordinator.	
FY25 Funding	FY25 Requested: \$50,000	FY25 Recommended: DNF
Funding History & Metric Performance	FY24 New Program in FY25	FY23 New Program in FY25
		FY22 New Program in FY25

[Continued on next page]



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity,
Housing & Homelessness)

Rebuilding Together Peninsula

[Continued from previous page]

	<i>Metrics</i>	<i>6-month Target</i>	<i>Annual Target</i>
FY25 Proposed Metrics	Individuals served	6	12
	Services provided	30	60
	Number of households (multiply by 2.5 for individuals as the typical home we serve has 2.5 residents) with improved living conditions as a result of services provided	6	12
	90% of homeowners surveyed will report RTP's work made their home a safer place to live.	90%	90%
	90% of homeowners surveyed will report RTP's work made it possible for them to afford to remain in their home.	90%	90%



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Second Harvest of Silicon Valley

Program Title	Alleviate hunger in low-income residents of Mountain View, Sunnyvale, and Cupertino by providing easy access to healthy nutritious foods including plenty of fruits and vegetables, high-quality proteins, and healthy grains.	Recommended Amount: \$40,000
Program Abstract & Target Population	Nutritious no-cost food for low-income food insecure clients located at 42 community partner program sites in Cupertino, Mountain View, and Sunnyvale.	
Agency Description & Address	<p>4001 North First Street San Jose, CA 95134 https://www.shfb.org/</p> <p>Second Harvest of Silicon Valley's mission is to end hunger in our community. As one of largest food banks in USA, we work with 400 partners to distribute food, FREE OF COST, to low-income clients in TWO counties of Santa Clara and San Mateo.</p> <p>FY23 metrics: *500,000 people/month served - double than pre-pandemic. *130,000 (26%) children/month and 120,000 (24%) seniors/month * 125 million pounds of food (~50% fresh produce) distributed – 80% increase over 69 million food pounds distributed pre-pandemic in FY19.</p> <p>Additional client services: Nutrition education (live workshops/virtual); multilingual toll-free hotline (1-800-984-3663) to connect callers to free food programs in their neighborhood; CalFresh (formerly food stamps) outreach/enrollment assistance.</p>	
Program Delivery Site(s)	<p>We will partner with the below 18 partner agencies that will assist with food distributions at 42 program sites in Mountain View, Sunnyvale, and Cupertino.</p> <p>MOUNTAIN VIEW PARTNERS</p> <ul style="list-style-type: none"> • Community Services Agency of Mountain View and Los Altos - 204 Stierlin Road, Mountain View, CA 94043 • Hope's Corner - 748 Mercy St, Mountain View, CA 94041 • Mountain View Hispanic Seventh Day Adventist Church - 342 Sierra Vista Ave, Mountain View, CA 94043 • Mountain View Senior Center- 266 Escuela Ave, Mountain View, CA 94040 <p>SUNNYVALE PARTNERS</p> <ul style="list-style-type: none"> • Advent Group Ministries - 90 Great Oaks Blvd #108, San Jose, CA 95119 • Bishop Elementary School - 450 N Sunnyvale Ave, Sunnyvale, CA 94085 • Columbia Neighborhood Center - 785 Morse Ave, Sunnyvale, CA 94085 • HomeFirst - 183 Acalanes Dr, Sunnyvale, CA 94086 • Lakewood Elementary School - 750 Lakechime Drive, Sunnyvale, CA 94089 • Our Daily Bread - 231 Sunset Avenue, Sunnyvale, CA 94086 • Sunnyvale Community Services - 725 Kifer Road, Sunnyvale, CA 94086 • The Salvation Army - 1161 S Bernardo Ave, Sunnyvale, CA 94087 • Trinity Church of Sunnyvale - 477 N Mathilda Ave, Sunnyvale, CA 94085 • Vargas Elementary School - 1054 Carson Dr, Sunnyvale, CA 94086 <p>CUPERTINO PARTNERS</p> <ul style="list-style-type: none"> • Organization of Special Needs Families - 10823 Willowbrook Way, Cupertino, CA 95014 • Union Church of Cupertino - 20900 Stevens Creek Blvd, Cupertino, CA 95014 • West Valley Community Services - 10104 Vista Drive, Cupertino, CA 95014 • West Valley Presbyterian Church - 6191 Bollinger Rd, Cupertino, CA 95014 	

[Continued on next page]



FY25 Economic Stability Application Summary



Economic Stability
(Including Food Insecurity, Housing & Homelessness)

The United Effort Organization

Program Title	Self-sufficiency Program		Recommended Amount: \$25,000	
Program Abstract & Target Population	Program Administrator and Assistant contribute to case management, job readiness training, housing assistance and other supports for unhoused and/or low income residents of Mountain View and Sunnyvale.			
Agency Description & Address	<p>748 Mercy Street Mountain View, CA 94041 https://www.theunitedeffort.org/</p> <p>Our mission is to help unhoused people move towards self-sufficiency and find a safe home in our community. Our base and primary service area are in Mountain View, although we do extend our outreach to other cities in Sant Clara County.</p> <p>We offer comprehensive and integrated services to find affordable housing, public assistance programs, resources, and mentors. We also develop and share self-service tools for public use.</p> <p>We invest the time, effort, and mentorship needed to help clients. We "hold their hand," if needed, to help reduce their worry and stress as we navigate a highly complex system together. We collaborate heavily with other organizations to support our clients. The ultimate goal is to house the unhoused while taking care of their overall health.</p>			
Program Delivery Site(s)	<ul style="list-style-type: none"> 748 Mercy St, Mountain View, CA 			
Services Funded By Grant/How Funds Will Be Spent	<ul style="list-style-type: none"> Initial intake and assessment after explaining the meaning of self-sufficiency Individual one-hour session to create a current-year plan with goals Identify barriers to achieving self-sufficiency and create a plan to overcome barriers such as stable housing, health, and employment Individual one-hour whole-person client management meetings once a month Connect participants with healthcare providers and other professionals to address physical, mental, and behavioral health issues One-on-one employment readiness mentoring one-hour sessions twice a month, which can turn into group support sessions if desired One-on-one financial/computer literacy mentoring once a month, which can turn into group support sessions as needed Weekly 15-30 minute phone consultations to identify any roadblocks or help needed Every two months, a social mixer with community members and clients to share experiences and build support networks 			
Budget Summary	Full requested amount funds staff salaries.			
FY25 Funding	FY25 Requested: \$30,000		FY25 Recommended: \$25,000	
Funding History & Metric Performance	FY24	FY23	FY22	
	New Program in FY25	New Program in FY25	New Program in FY25	
FY25 Proposed Metrics	Metrics		6-month Target	Annual Target
	Individuals served		15	40
	Services provided		90	360
	Number of individuals with improved living conditions as a result of services provided		10	30



A09e. Dual Funded Programs Summary

El Camino Health and El Camino Healthcare District Dual-Funded Community Benefit Programs: FY2023, FY2024 & FY2025

El Camino Health FY2023: \$650,000 (20% of ECH grants)* | FY2024: \$555,000 (17% of ECH grants)*
FY2025 (Recommended): \$560,000 (17% of ECH grants)

El Camino Healthcare District FY2023: \$1,583,500 (21% of ECHD grants)* | FY2024: \$1,696,500 (22% of ECHD grants)*
FY2025 (Recommended): \$1,606,500 (20% of ECHD grants)

Combined Total FY2023: \$2,233,500 (20% of all grants)* | FY2024: \$2,251,500 (20% of all grants)*
FY2025 (Recommended): \$2,166,500 (19% of all grants)

**FY2023 & FY2024 dual request totals reflect accurate totals, only programs that are also a dual request for FY2025 presented below.*

American Heart Association	Cupertino Union School District – School Nurse Program	Momentum for Mental Health
FY2023 - \$160,000	FY2023 – \$200,000	FY2023 – \$330,000
ECH - \$60,000	ECH - \$100,000	ECH - \$40,000
ECHD - \$100,000	ECHD -\$100,000	ECHD - \$290,000
FY2024 – \$160,000	FY2024 – \$215,000	FY2024 – \$330,000
ECH – \$60,000	ECH - \$110,000	ECH - \$40,000
ECHD - \$100,000	ECHD -\$105,000	ECHD -\$290,000
FY2025 – \$100,000 (Recommended)	FY2025 – \$215,000 (Recommended)	FY2025 – \$330,000 (Recommended)
ECH - DNF	ECH - \$110,000	ECH - \$40,000
ECHD -\$100,000	ECHD -\$105,000	ECHD -\$290,000
Bay Area Women's Sports Initiative Program (BAWSI)	Downtown Streets Team	Playworks
FY2023 – \$41,000 (BAWSI Girls)	FY2023 – \$30,000	FY2023 – \$240,000
ECH - \$15,000	ECH – \$30,000	ECH - \$40,000
ECHD - \$26,000	ECHD – Did not Apply	ECHD -\$200,000
FY2024 – \$41,000 (BAWSI Girls)	FY2024 – Did not Apply	FY2024 – \$240,000
ECH - \$15,000	ECH - Did not Apply	ECH - \$40,000
ECHD -\$26,000	ECHD - Did not Apply	ECHD -\$200,000
FY2025 – \$59,000 (BAWSI Girls - Recommended)	FY2025 – DNF (Recommended)	FY2025 – \$240,000 (Recommended)
ECH - \$20,000	ECH – DNF	ECH - \$40,000
ECHD -\$39,000	ECHD – DNF	ECHD -\$200,000
<i>(BAWSI Rollers - Not a Dual Applicant)</i>	Health Mobile	South Asian Heart Center
Chinese Health Initiative (ECH)	FY2023 – \$75,000	FY2023 – \$350,000
FY2023 – \$287,000	ECH – \$75,000	ECH - \$50,000
ECH - \$20,000	ECHD - DNF	ECHD -\$300,000
ECHD -\$267,000	FY2024 – Did not Apply	FY2024 – \$360,000
FY2024 – \$295,000	ECH - Did not Apply	ECH - \$50,000
ECH - \$20,000	ECHD - Did not Apply	ECHD -\$310,000
ECHD -\$275,000	FY2025 – \$50,000 (Recommended)	FY2025 – \$370,000 (Recommended)
FY2025 – \$305,000 (Recommended)	ECH – \$50,000	ECH - \$60,000
ECH - \$30,000	ECHD – DNF	ECHD -\$310,000
ECHD -\$275,000	LifeMoves	
Cupertino Union School District – Mental Health Counseling	FY2023 - \$210,000	
FY2023 – \$213,000	ECH - \$50,000	
ECH - \$120,000	ECHD - \$160,000	
ECHD -\$93,000	FY2024 – \$210,000	
FY2024 – \$232,500	ECH - \$50,000	
ECH - \$130,000	ECHD -\$160,000	
ECHD -\$102,500	FY2025 – \$210,000 (Recommended)	
FY2025 – \$232,500 (Recommended)	ECH - \$50,000	
ECH - \$130,000	ECHD -\$160,000	
ECHD -\$102,500		

