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, October 15, 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: 955 8593 0793#. 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 *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.* b. Written Public Comments *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.*	George Ting, M.D., Board Chair	Information	**5:30**
6.	**COMMUNITY BENEFIT SPOTLIGHT: ECH Community Partnerships** Adopt Resolution 2024-11	George Ting, M.D., Board Chair Jon Cowan, Executive Director, Government Relations and Community Partnerships	Motion Required	**5:30 – 5:45**

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7.	**COMMUNITY BENEFITS** a. Adopt annual Community Benefit Grants Policy b. Adopt FY26 Community Benefit Board Policy Guidance and FY25 Update	Jon Cowan, Executive Director, Government Relations and Community Partnerships	Motion Required	**5:45 – 6:10**
8.	**ECHD STRATEGIC FRAMEWORK UPDATE**	Dan Woods, CEO Jon Cowan, Executive Director, Government Relations and Community Partnerships	Discussion	**6:10 – 6:20**
9.	**FY24 AUDITED FINANCIAL REPORT**	Carlos Bohorquez, CFO Joelle Pulver, Moss Adams	Information	**6:20 – 6:30**
10	**RECESS TO CLOSED SESSION**	George Ting, M.D., Board Chair	Motion Required	**6:30 – 6:31**
11	**FY24 AUDITED FINANCIAL REPORT** *Report involving Gov't Code Section 54957 for discussion and report on personnel performance matters – CEO and CFO*	Carlos Bohorquez, CFO Joelle Pulver, Moss Adams	Discussion	**6:31 – 6:41**
12	**DISTRICT REAL ESTATE STRATEGY** *Health & Safety Code Section 32106(b) for a report and discussion involving healthcare facility trade secrets regarding new district services or programs:*	Ken King, Chief Administrative Services Officer	Discussion	**6:41 – 6:51**
13	**APPROVE MINUTES OF THE CLOSED SESSIONS OF THE DISTRICT BOARD MEETINGS** a. Minutes of the Closed Session of the District Board Meeting (08/20/2024) b. Minutes of the Closed Session of the District Board Special Meeting (09/09/2024) *Report involving Gov't Code Section 54957.2 for closed session minutes.*	George Ting, M.D., Board Chair	Motion Required	**6:51 – 6:55**
14	**ADJOURN TO OPEN SESSION**	George Ting, M.D., Board Chair	Motion Required	**6:55 – 6:56**
15	**RECONVENE OPEN SESSION**	George Ting, M.D., Board Chair	Information	**6:56 – 6:57**
16	**CLOSED SESSION REPORT OUT**	Gabe Fernandez, Governance Services Coordinator	Information	**6:57 – 6:58**
17	**APPROVE FY24 AUDITED FINANCIAL REPORT**	George Ting, M.D., Board Chair	Motion Required	**6:58 – 7:02**
18	**ECHD BOARD SELF-EVALUATION**	George Ting, M.D., Board Chair	Possible Motion	**7:02 – 7:10**

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
19	**CONSENT CALENDAR** *Items removed from the Consent Calendar will be considered separately.* a. Approve Minutes of the Open Session of the District Board Meeting (08/20/2024) b. Approve Minutes of the Open Session of the District Board Special Meeting (09/09/2024) c. Approve Resolution 2024-10: Amending ECHD Conflict of Interest Code d. Receive FY2024 Yearend Community Benefit Report e. Receive ECHD Sponsorships (July-October) f. Receive Period 2 Financials g. Receive FY25 Pacing Plan	George Ting, M.D., Board Chair	Motion Required	**7:10 – 7:15**
20	**ECHD AD HOC COMMITTEE UPDATE**	Peter Fung, M.D., Ad Hoc Committee Chair	Information	**7:15 – 7:20**
21	**BOARD ANNOUNCEMENTS**	George Ting, M.D., Board Chair	Information	**7:20 – 7:25**
22	**ADJOURNMENT** **Appendix**	George Ting, M.D., Board Chair	Motion Required	**7:25 pm**

Next Meetings: December 4, 2024; February 11, 2025; March 18, 2025; May 20, 2025; June 17, 2025

Next Site Visit Meetings: October 25, 2024; December 13, 2024; February 7, 2025; March 28, 2025

RESOLUTION 2024-11

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

WHEREAS, the Board of Directors of the El Camino Healthcare District values and wishes to recognize the contribution of individuals who serve the District's community as well as individuals who exemplify the El Camino Healthcare District's mission and values.

WHEREAS, the Board wishes to honor and recognize ECH Community Partnerships for administering the El Camino Healthcare District Community Benefit Grants and Sponsorships Program for the benefit of the El Camino Healthcare District.

WHEREAS, ECH Community Partnerships administers program grants to nonprofits and public organizations that serve individuals who live, work, or go to school within the El Camino Healthcare District. The administered sponsorships support relevant community organizations that impact the health and well-being of individuals in the district.

WHEREAS, the Board would like to acknowledge ECH Community Partnerships for its commitment to administration of the El Camino Healthcare District Community Benefit Grants and Sponsorships Program. Since 2015, the El Camino Healthcare District Community Benefit Grants and Sponsorships Program has served more than 576,838 individuals in the community with more than 1,454,133 services through 493 grants and 160 sponsorships.

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

ECH Community Partnerships

IN WITNESS THEREOF, I have here unto set my hand this **15TH DAY OF OCTOBER, 2024.**

EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS:

Peter C. Fung, MD • Julia E. Miller • Carol A. Somersille, MD

George O. Ting, MD • John Zoglin

JOHN ZOGLIN
SECRETARY/TREASURER
EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING MEMO

To: El Camino Healthcare District Board of Directors
From: Jon Cowan, Executive Director Government Relations and Community Partnerships
Date: October 15, 2024
Subject: Annual Adoption of Community Benefit Grants Policy

Recommendation(s):

To approve the annual adoption of the Community Benefit Grants Policy including the proposed updates for FY2026.

Summary:

1. Situation: California Assembly Bill 2019 ("AB 2019") was approved by Governor Brown on September 5, 2018. The Bill, among other things, amended California Health and Safety Code Section 32139 ("Section 32139"). The amendments expanded what Healthcare Districts were required to include in their community benefit policy by January 1, 2019. Pursuant to those requirements, this Board adopted a revised policy on December 5, 2018. AB 2019 also amended Section 32139 providing for additional requirements [See, Section 32139(c)(6)] that are effective January 1, 2020. The Community Benefit Policy was subsequently revised on December 11, 2019 to address these additional requirements. The amendments to the California Health and Safety Code Section 32139(c) also require an annual adoption of the Community Benefit Grants Policy. This annual adoption was last completed on October 17, 2023.

2. Authority: To comply with the amended law, ECHD must annually adopt the Community Benefit Grants Policy.

3. Background: As amended, Section 32139(c)(6)(A-H) provides that a Healthcare District's policy for providing assistance or grant funding, if the district provides assistance or grants pursuant to California Health and Safety Code Section 32126.5 or any other law, shall include guidelines for all of the following:

(A) Awarding grants to underserved individuals and communities, and to organizations that meet the needs of underserved individuals and communities.

(B) Considering the circumstances under which grants may be awarded to multiple or single recipients, and exceptions to these circumstances.

(C) Evaluating the financial need of grant applicants.

(D) Considering the types of programs eligible for grant funding, including direct patient care, preventive care, and wellness programs.

(E) Considering the circumstances under which grants may be provided to prior grant recipients, and exceptions to these circumstances.

(F) Considering sponsorships of charitable events.

(G) Funding other government agencies.

(H) Awarding grants to, and limiting funds for, foundations that are sponsored or controlled by, or associated with, a separate grant recipient.

4. Assessment:

- The earlier approved policies were reviewed by outside counsel to confirm that they met the requirements under Section 32139 (c)(6) for what must be contained in policy.
- The policy was previously updated to include:
    - Correction of the name “Community Benefit Plan” to the formal name “Implementation Strategy Report and Community Benefit Plan.”
    - The specification of the allowance of two year grants (previous policy allowed for “three year grants.”)
    - The addition of the CHNA and priority health needs under 9. Grant Application Process.
    - Describing how any awarded two year grants will be disbursed.
- The Policy has been updated this year to reflect the current ECHD mission as well as a recommended change to the following:
    - Section 8(c) – recommendation to allow for grant recipients the flexibility to change individual approved itemized spending up to $1500 total without the pre-approval from the Community Partnerships team. (Reallocation of itemized spending greater than $1500 cumulatively will still require approval from the Director, Community Partnerships).

5. Outcomes:

- This policy will be brought back to the Board for review and approval on an annual basis as required by law.

List of Attachments:

1. Draft Community Benefit Grants Policy (redline)

EL CAMINO HEALTHCARE DISTRICT

COMMUNITY BENEFIT GRANTS POLICY

2.00 EL CAMINO HEALTHCARE DISTRICT COMMUNITY BENEFIT GRANTS POLICY

A. Coverage:

Community Benefit Program

B. Adopted:

March 5, 2014; Revised May 15, 2018; December 5, 2018, December 11, 2019; October 20, 2020; October 19, 2021, October 18, 2022, October 17, 2023, October 15, 2024

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C. Policy:

The El Camino Healthcare District ("ECHD or "District") recognizes that the health of the community is improved by the efforts of many different organizations, and the District has a history of supporting those organizations through grants that address specific health needs. The grant making process includes soliciting applications, evaluating the proposed use of the funds, and including the advice of a Community Benefit Advisory Council ("CBAC"). The District annually approves a plan, which includes a provisional list of organizations and the amount of the expected grants to each.

To ensure that the ECHD can be responsive to the changing health needs in the District during a fiscal year, the Community Benefit staff will follow the guidelines below:

1. The total annual Community Benefit expenditures, as authorized by the ECHD Board of Directors' approval of the District's annual Implementation Strategy Report and Community Benefit Plan, cannot exceed the total aggregate amount approved by the ECHD Board.

2. Approved individual grant amounts, as stated in the Implementation Strategy Report and Community Benefit Plan, may be increased after need is demonstrated. Grant metrics must be revised to reflect the additional resources. Any grant increases must be within the total aggregate amount of the annual Implementation Strategy Report and Community Benefit Plan approved by the ECHD Board. Increases to these previously awarded grants up to $50,000 must be approved by the ~~Senior~~ Executive Director of Government Relations and Community Partnerships and increases in excess of $50,000 up to $150,000 require the approval by the CEO. Increases to these previously awarded grants in excess of $150,000 must be presented to the CBAC, receive their recommendation for support, and be approved by the ECHD Board.

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3. New grants may be added during the fiscal year if need is demonstrated. Proposals with detailed budgets and metrics must be presented to the CBAC and receive their

recommendation for support. Any new grants must be within the total aggregate amount of the annual Implementation Strategy Report and Community Benefit Plan approved by the ECHD Board. New grants up to $50,000 must be approved by the CEO, and new grants in excess of $50,000 require the approval of the ECHD Board.

4. There are times when an individual grant award is not needed to the extent it was in the original plan. In these cases, the funds not needed may be used to fund the grant increases detailed in paragraphs 2 and 3 above.

5. The CBAC and the ECHD Board will receive a report identifying all grant funding changes at the end of the fiscal year.

6. Two year grant funding may be awarded to selected grantees. The total amount of funding within an individual fiscal year for two year grants may not exceed 30% of the total aggregate amount of annual Implementation Strategy Report and Community Benefit Plan approved by the ECHD Board. Grantees will be required to submit mid-term and annual reports and must demonstrate success meeting outcome metrics and budgetary goals.

7. ECHD-funded community benefit grants shall be allocated in support of ECHD's mission ~~and purpose~~ which is "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 undertake~~, do~~ any and all other acts ~~and things~~ necessary to carry out the provisions of the District~~ECHD~~'s Bylaws and the Local Health District Law." Applications that do not establish a nexus to ECHD's mission, purpose and healthcare will not be awarded funding.

8. To ensure that El Camino Healthcare District allocated grant funding is spent consistently with the grant application and ECHD's mission and purpose, all ECHD grantees must adhere to the following:

    a. Grantees must submit a signed grant agreement and, if the actual requested amount differs from the awarded amount, grantees must submit a revised budget.

    b. Community Benefit staff shall ensure that Grantees submit mid-year and annual reports which include actual and line item expenses against the budgeted expenses in the approved application.

    c. Grantees may adjust up to $1,500 (cumulatively) of approved ~~itemized spending~~ budget line items at their discretion. For ~~itemized adjustments~~ budget line item variances exceeding $1,500 (cumulatively), grantees may not adjust the initially approved ~~itemized spending~~ budget without the approval of ECHD's ~~Senior~~ Director of ~~Government Relations and~~ Community Partnerships.

    d. All unused funds must be returned to the District.

9. Grant Application Process

    a. In December of the preceding fiscal year, the District will announce the open application period, post the application, and post a timeline and a grant guidebook on its website and via direct communication to current grantees. The timeline will include a specified due date in February.

b. Applications must include an itemized budget and will be evaluated by staff and then reviewed for recommendation to the ECHD Board by CBAC.

c. To evaluate the financial need of applicants, agencies are required to provide the most recent audited financials and a line item budget for requested funding which includes other sources of support.

d. Grant proposals should focus on the underserved consistent with the definition from the Department of Health and Human Services, which characterizes the underserved, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities.

e. Grants must align with the Community Health Needs Assessment and the priority health needs: Healthcare Access & Delivery, Behavioral Health, Diabetes & Obesity, Chronic Conditions, and Economic Stability.

f. Grants must provide direct healthcare service, preventive care or wellness/health information oriented programs.

g. Grants will be awarded to multiple recipients. Individual grant recipients may apply for and be awarded more than one grant.

h. Prior or existing recipients may apply for funding. Significant attention will be given to prior program performance.

i. Other government agencies may be eligible for funding and are evaluated under the same process as all other applicants.

j. Awarding of grants to foundations that are sponsored by, or associated with, a separate grant recipient shall be considered on a case by case basis

k. CBAC's recommendations will be brought forward to the ECHD Board for review at a Study Session in May and then to the ECHD Board for approval in June. CB staff will notify applicants following ECHD Board approval.

l. Individual meetings regarding grant applications between a grant applicant and a district board member, officer, or staff are prohibited outside of this established process. Notwithstanding the above, individual meetings regarding grant applications between a staff member and a grant applicant are permissible, but only for the purpose of clarifying information submitted on the application documents.

10. The District will distribute grant funds as follows:

a. Grants greater than or equal to $100,000 will be disbursed in two installments. The first installment will be disbursed upon receipt of the signed grant agreement. The second installment will be disbursed upon receipt of mid-year reporting.

b. Grants less than $100,000 will be disbursed in one lump sum upon receipt of the signed grant agreement.

c. Two year grants will be disbursed in four installments. The first installment will be disbursed upon receipt of the signed grant agreement. The second installment will be disbursed upon receipt of mid-year reporting. The third installment will be disbursed when the next fiscal year's first installments are disbursed. The fourth installment will be disbursed upon receipt of mid-year reporting in the next fiscal year.

11. District funds may also provide sponsorships of charitable events. Requests must meet the following criteria:

a. Recipients must be a non-profit organization or government agency improving the health and well-being of individuals who live, work or go to school in the District.
b. The District will place emphasis on organizations that address the needs of the underserved or reduce or prevent adverse health related conditions or address health disparities.
c. Exclusions include but are not limited to:
   i. Political campaigns
   ii. Contributions for individual entry fees to charitable races, conferences, etc.
   iii. Requests that benefit an individual family or group
   iv. Religious activities
   v. Travel expenses
   vi. Athletic programs such as sports teams or leagues
   vii. Research

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Jon Cowan, Executive Director of Government Relations and Community Partnerships
Date: October 15, 2024
Subject: Community Benefit FY2026 Board Policy Guidance and FY2025 Update

Purpose: To endorse or to modify via a motion the proposed FY2026 "Guiding Principles," "Ranked & Prioritized Health Needs," and discuss program updates.

Summary:

Situation: In FY2023 and FY2024, management and staff presented the Board with "Guiding Principles" and "Ranked & Prioritized Health Needs" to provide policy direction. This policy direction will continue to be requested annually, in the October Board meeting.

Background:

A. Guiding Principles

- 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

B. Ranked & Prioritized Health Needs:

- The 2025 Community Health Needs Assessment identified 14 health needs for El Camino Health
- The definition of a health need is a health issue that has health outcomes or is a driver of health outcomes, and for which there were at least two data sources available to be consulted
- El Camino Health's health needs were a top community priority (listed as a top health need in at least 1/2 of all focus group or key informant interview discussions), failed statistical benchmarks (two or more data points are worse than California or San Mateo County by 5% or more), or showed documented inequities (at least two data points demonstrate health inequities by race/ethnicity, region within Santa Clara County)
- El Camino Health then selected which health needs to focus on by assessing whether a health need aligns with El Camino Health expertise and capabilities, whether El Camino Health has a commitment to addressing this need, and if the community prioritizes the health need over other health needs
- The five health needs El Camino Health selected to focus on are the same as for the FY2023-FY2025 three year period

Health Need	FY2024 Approved	FY2025 Approved	FY2026 Proposed
Healthcare Access & Delivery (including oral health)	51%	51%	~50%
Behavioral Health (including domestic violence and trauma)	24%	24%	~25%
Diabetes & Obesity	15%	15%	~15%
Chronic Conditions (other than diabetes and obesity)	5%	5%	~5%
Economic Stability (including food insecurity, housing & homelessness)	5%	6%	~5%

C. The following changes were implemented during FY2024 and will continue through FY2025 and beyond.

1. **Acknowledgement of funds -** A formal acknowledgement of funds process is now built into the grant agreements. Most eligible agencies completed their acknowledgements in FY2023, and staff continue to reinforce this request with new grant partners and those still in progress.
2. **Metrics reporting -** An appendix is now included in midyear and yearend report memos, detailing the performance of the largest grants and the underperforming grants. Collective Impact Metrics were introduced in FY2023. This year for the first time, Community

Partnerships staff presents an analysis showing outcomes in alignment with the ECHD Strategic Framework in FY2024 as well as the ECHD FY2024 Implementation Strategy Impact Report (see FY2024 Yearend Community Benefit Report materials on consent agenda).

3. **Two-year grants -** FY2024 marked the first year the program funded two-year grants for schools and community services agencies. The feedback from agencies has been overwhelmingly positive, noting that the secured funding helps staffing models and reduces grant administration time.
4. **Staff Innovation Grants -** In FY2023, this new grant category led to the development of a post-discharge navigator program (now called the healthcare navigation specialist). In FY2024, the role of Population Health Program Manager was added, which is aimed to help us to take a population health approach to community health improvement within ECHD.
5. **Technical assistance to grant applicants who were not funded -** This is now built into the annual notification process and applicants are invited to meet with the team in the Summer and early Fall, leading into the next application cycle.
6. **Application improvements -** Based on survey feedback and reporting needs, some of the changes made in FY2024 include: reduced the number of required attachments, added functionality to track data and ensure alignment with the Implementation Strategy and health inequities in the CHNA, and streamlined metrics.
7. **Reporting improvements -** Reporting instructions and fields were developed and refined to improve data quality of agency submissions.

Assessment: The "Guiding Principles" and "Ranked & Prioritized Health Needs" are helpful policy guidance for management and staff as they evaluate grant applications. The data from the 2025 CHNA supported maintaining the same five selected health needs which allow the maintenance of a comprehensive program, incorporate health needs identified as a top community priority, maintain ECH and ECHD's commitment to addressing domestic violence as well as chronic conditions such as cardiovascular disease, cancer, and respiratory disease.

Other Reviews: N/A

Outcomes: Management and staff will execute the FY2026 grant cycle incorporating the "Guiding Principles" and the "Ranked & Prioritized Health Needs" with approximate grant funding percentages approved by the Board.

List of Attachments:

1. FY2026 Community Benefit Board Policy Guidance and FY2025 Update Presentation

Suggested Board Discussion Questions:

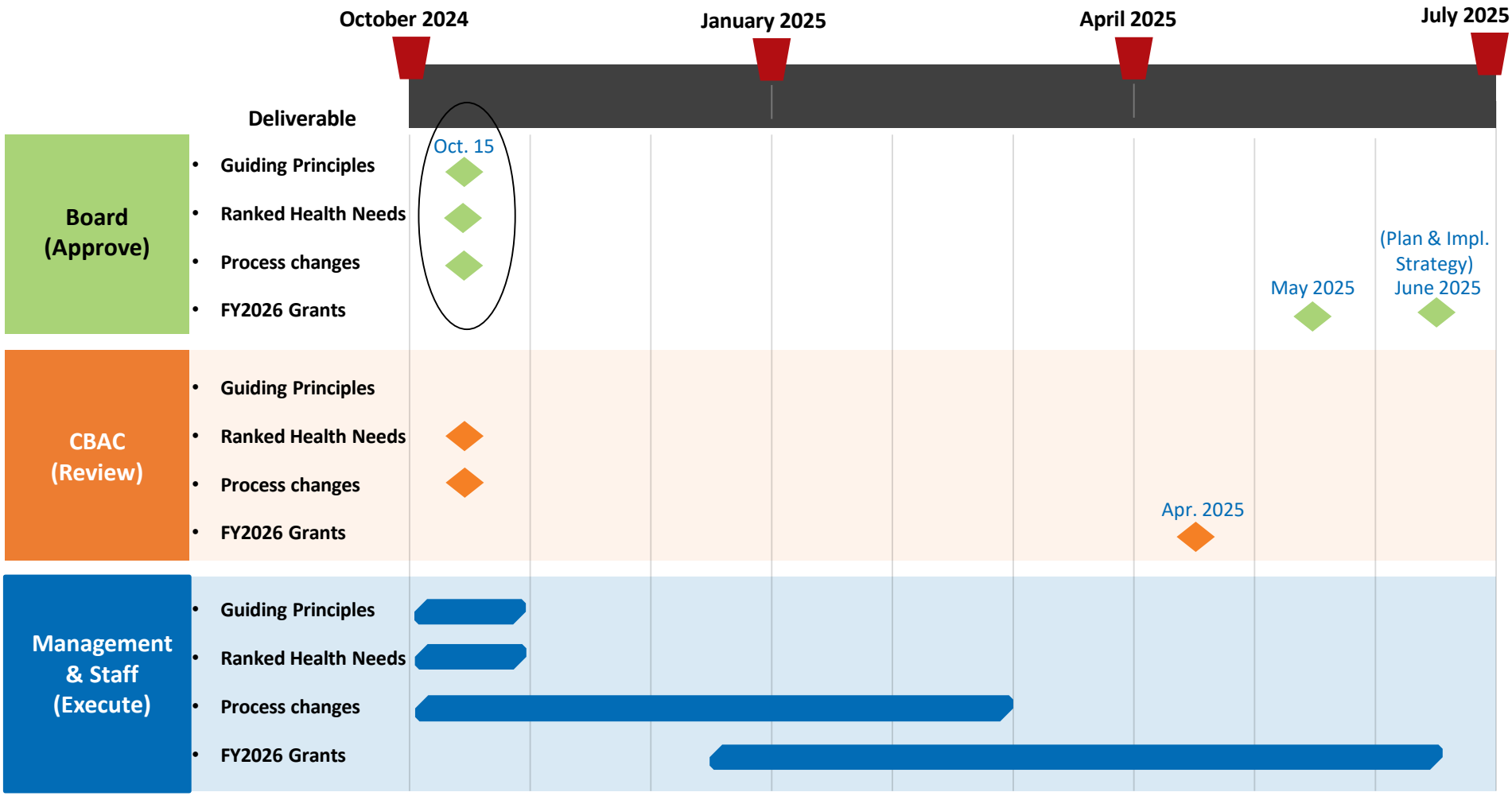
1. Does the Board have any modifications or changes to the "Guiding Principles?"
2. Does the Board have any modifications or changes to the El Camino Healthcare District "Ranked & Prioritized Health Needs," including the approximate grant funding percentages for each of the five health needs?
3. Is there any other policy feedback that the Board wishes to provide?

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

ECHD Community Benefit: FY2026 Board Policy Guidance and FY2025 Update

Jon Cowan
Executive Director, Government Relations & Community Partnerships
October 15, 2024

Timeline for District Community Benefit Grants Program



FY2026 Guiding Principles

Guiding Principles: Definition

"Guiding Principles" are a list of 6-10 policy statements that set the parameters and guardrails which guide Community Benefit's philosophy for health improvement. An example is "emphasize locally focused vs. national organizations."

FY2026 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

FY2026 Ranked and Prioritized Health Needs

Current Health Needs Come from 2022 Community Health Needs Assessment (CHNA)

Healthcare Access & Delivery
(Including Oral Health)

Behavioral Health
(Including Domestic Violence Trauma)

Diabetes & Obesity

Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Chronic Conditions
(Other than Diabetes & Obesity)

Process for reaching the proposed ranked and prioritized health needs

	2025 CHNA	Mgmt. & Staff	District Board

Focus	▪ Led by Actionable Insights (AI) with input from participating health systems:
	  ▪ El Camino Health (ECH)
	  ▪ Stanford Health Care
	  ▪ Stanford Children's Health
	  ▪ Sutter Health (Mills-Peninsula)
	▪ Extensive qualitative and quantitative analysis informs health need identification and ranked order
	▪ Santa Clara County data compared vs. CA and San Mateo County, indicators looked at within SCC subregions
		▪ Utilizing criteria to inform the health needs for ECH's focus
		▪ Soliciting input from management & staff stakeholders
			▪ Input on approximate percentages for the ECHD Community Benefit Program's focus

Key Outcomes	▪ 14 identified health needs for ECH's CHNA report which are listed in ranked order	▪ Proposed prioritized health needs for ECH's focus	▪ Motion to endorse or to modify the approximate percentages for each of the 5 health needs

How ECH considered which health needs to focus on?

1. Addressing this need aligns with ECH expertise and capabilities

2. ECH has a commitment to addressing this need

3. Community Prioritization: the community prioritizes the health need over other health needs

ECH's selected health needs to focus on

Health Need	Key Considerations
Healthcare Access & Delivery (including oral health)	• Availability and access to primary care, oral healthcare, specialty care, maternal/infant health, etc.
Behavioral Health (including domestic violence & trauma)	• Mental health services for depression, anxiety, substance abuse, senior isolation/loneliness, and domestic violence & trauma, etc.
Diabetes & Obesity	• Relates to disease management as well as contributing factors which include healthy eating and active living, etc.
Chronic Conditions (other than diabetes & obesity)	• Cardiovascular disease, cancer, respiratory conditions, Alzheimer's and dementia, and other chronic conditions
Economic Stability (including food insecurity, housing & homelessness)	• Key driver of poor health outcomes

FY2026 ECHD Ranked & Prioritized Health Needs

Health Need	FY2024 Approved	FY2025 Approved	FY2026 Proposed
Healthcare Access & Delivery (including oral health)	51%	51%	~50%
Behavioral Health (including domestic violence and trauma)	24%	24%	~25%
Diabetes & Obesity	15%	15%	~15%
Chronic Conditions (other than diabetes and obesity)	5%	5%	~5%
Economic Stability (including food insecurity, housing & homelessness)	5%	6%	~5%

* Percentages may not sum to 100% due to rounding

FY2025 Update

Grant Program Progress Updates

Item	Update
Acknowledgement of funds	A formal acknowledgement of funds process is now built into the grant agreements. Most eligible agencies completed their acknowledgements in FY2023, and staff continue to reinforce this request with new grant partners and those still in progress.
Metrics reporting	An appendix is now included in midyear and yearend report memos, detailing the performance of the two-year grants, largest grants and the underperforming grants. Collective Impact Metrics were introduced in FY2023.
Two-year grants	FY2024 marked the first year the program funded two-year grants for schools and community services agencies. The feedback from agencies has been overwhelmingly positive, noting that the secured funding helps with staffing and reduces grant administration time.

Grant Program Progress Updates *(continued)*

Item	Update
Staff Innovation Grants	In FY2023, this new grant category led to the development the post-discharge navigator program (now called the healthcare navigation specialist). In FY2024, the role of Population Health Program Manager was added, which is aimed to help us to take a population health approach to community health improvement within ECHD.
Technical assistance to grant applicants who were not funded	This is now built into the annual notification process and applicants are invited to meet with the team in the Summer and early Fall, leading into the next application cycle.
Application improvements	Based on survey feedback and reporting needs, some of the changes made in FY2024 include: reduced the number of required attachments, added functionality to track data and ensure alignment with the Implementation Strategy and health inequities in the CHNA, and streamlined metrics.
Reporting improvements	Reporting instructions and fields were developed and refined to improve data quality of agency submissions.

FY2024 Acknowledgement of Funds Update

100% of programs with mobile vans have implemented ECHD signs on vans (3 of 3 agencies)

86% of eligible agencies have implemented email signatures for positions funded at 0.75 FTE or more (12 of 14 agencies)

100% of eligible agencies have implemented building signs acknowledging ECHD (14 of 14 agencies)

67% of agencies have acknowledged ECHD as a funder on their website (33 of 49 agencies)

43% of agencies have acknowledged ECHD through social media (21 of 49 agencies)

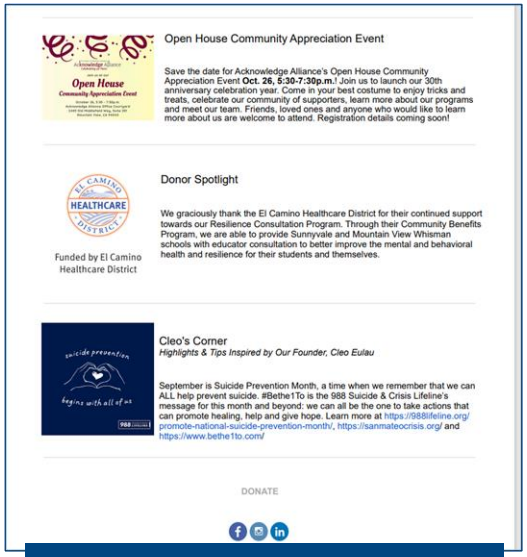
FY2024 Acknowledgement of Funds Update (continued)

Item	Update
Promotional program materials favored over social media for targeted outreach	The audience agencies are seeking to promote their program to, in terms of outreach to recruit participants, occurs through program specific material such as flyers or newsletters for events/workshops. For many agencies, the marketing strategy is not heavily focused on social media channels.
Website/social media presence and/or capacity	Grassroots, newer or smaller organizations may not have website and/or social media presence/capacity, staffing or priority to support branding efforts.
Branding policies	National organizations have regional branding policies so they have declined website and social media attributions. Some school districts and the county have different participation due to board policies for branding for website, email and/or social media.

FY2024 Acknowledgement of Funds Update (continued)

Item	Update
District News Releases	Several agencies featured in the District news releases highlighted the feature and the program funded through social media, website and e-news channels.
Annual reports and program flyers	Annual reports and flyers were the most common branding attribution. Flyers (electronic or printed) are suited for acknowledgement of funds as the agencies seem to have more direct control and the materials align with how the agencies promote the projects to potential participants in the district as a more community outreach level driven activity.

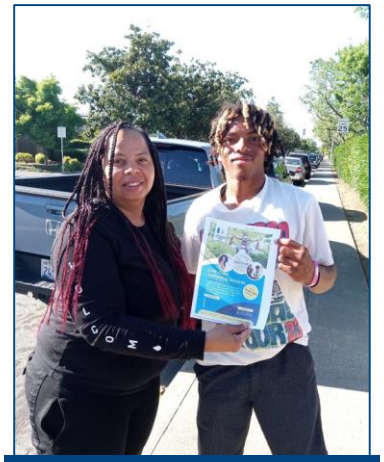
FY2024 Acknowledgement of Funds: Newsletters, Annual Reports and Flyers



Acknowledge Alliance Newsletter

Avenidas Annual Report

City of Sunnyvale-Columbia Neighborhood Center Flyer



Lighthouse of Hope flyer distribution

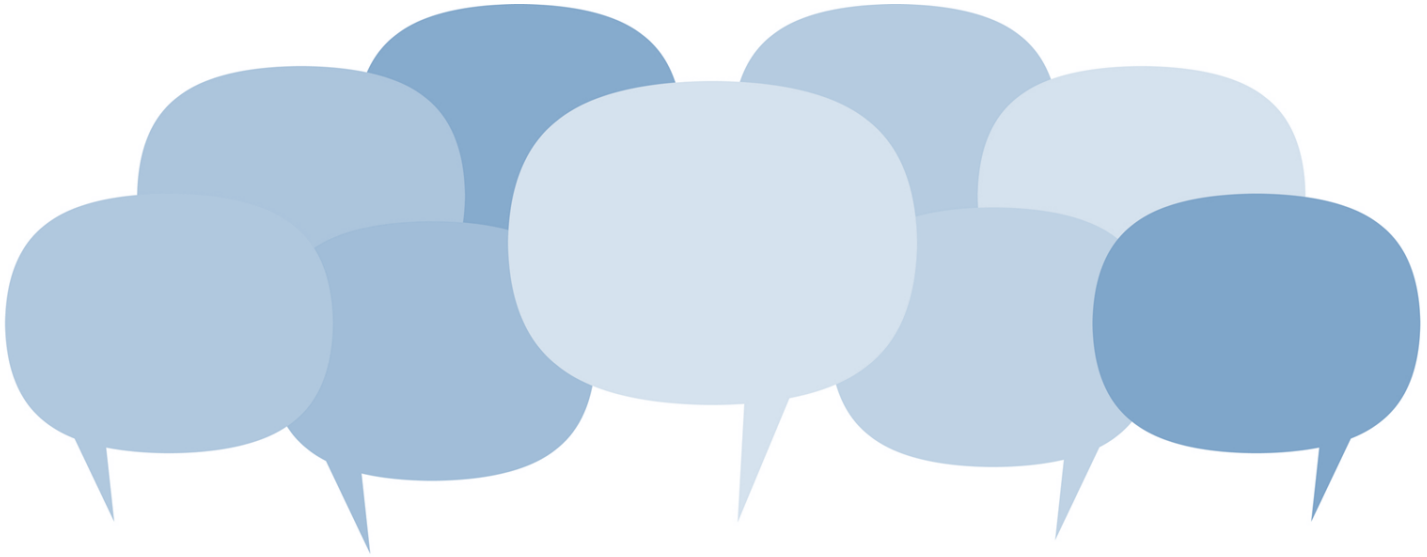
Two-Year Grant Update

- The ten school programs (healthcare and mental health) and community service agency grants completed year one of the two-year grant.
- The seamless continuation provided administrative relief for the agencies as they were not required to apply for the second year of funding.
- All grants completed the year with a performance of ≥75% of metrics met and 7/10 grants achieved ≥90% of metrics met.
- Through the transition and closure of the agency, CHAC fulfilled all requirements by yearend.
    - For FY2025, Sunnyvale School District executed an agreement for school-based services to be delivered by Pacific Clinics in lieu of CHAC for next school year.
    - Community Partnerships staff worked with Legal to execute an assignment agreement so that the FY2025 portion of the two-year grant with CHAC can be used for Pacific Clinics to deliver these services at Sunnyvale School District.

Proposed Policy Change for FY2026

- Added proposed language to allow grantees latitude for flexibility of up to $1,500 (cumulative) among approved line items without requiring pre-approval from the Community Benefits team.

Board Discussion



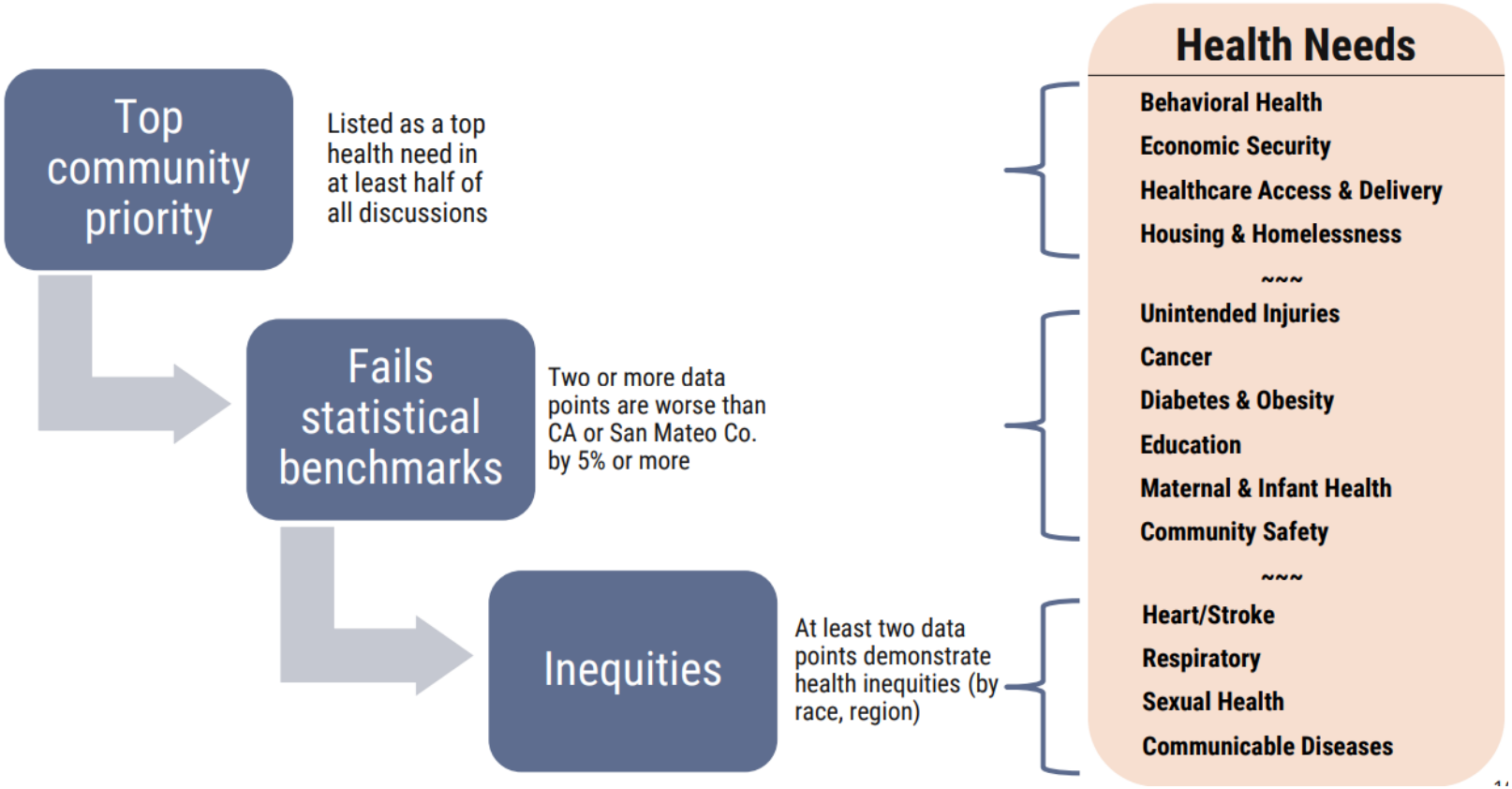
Appendix

The Community Health Needs Assessment (CHNA) Process

To conduct a CHNA, a hospital facility must complete the following steps:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

Health needs identification criteria



The Ranked Order Health Needs*

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

*This Ranked Order is required by the IRS for the CHNA

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Dan Woods, Chief Executive Officer
Jon Cowan, Executive Director of Government Relations and Community Partnerships
Date: October 15, 2024
Subject: ECHD Strategic Framework Update: Population Health Strategy

Purpose:

To discuss the El Camino Healthcare District Population Health Strategy and initial area of focus (prediabetes). To solicit feedback on the proposed prediabetes program design, pilot phase development, and impact assessment.

Summary:

1. Situation:

   A. Within the El Camino Healthcare District, as of 2024 approximately 45% of individuals are prediabetic, and an additional 8% are diabetic

   B. The estimated 5-year conversion rate from prediabetes to diabetes is 30%, meaning that approximately 30% of individuals with prediabetes are expected to develop diabetes within five years if left unaddressed

2. Background:

   A. In the ECHD board approved Strategic Framework, The Health Promotion and Disease Prevention Priority includes developing a population health strategy

   B. This Priority includes developing a foundation for identifying and intervening to improve health of “rising risk” patients who live, work, or go to school within the district

   C. The Priority links to the aspiration of being the “healthiest healthcare district in America”

3. Assessment

   Prediabetes is manageable through behavioral modifications and lifestyle changes. Risk is easily measured through a blood draw using marker tests such as HbA1C, fasting plasma glucose, and oral glucose tolerance testing (OGTT).

   Due to the high prevalence of prediabetes and diabetes, and the ability to easily measure risk and influence risk, the prediabetic population is a strong candidate for a robust population health intervention program.

4. Outcomes:

Outcome assessment will use a combination of process, engagement, and clinical & risk modification outcomes.

- Program activation (E.g. # Enrollees, % Engagement rates (longitudinal), Early satisfaction)

- Clinical improvement (E.g., CDC DPRP 12-mo outcomes (5% weight loss, OR 4% weight loss & 150 min activity/week, OR 0.2% A1C reduction)

Process and enrollment/engagement outcomes will likely be shorter term (months), whereas it may take 1-2 years to see meaningful population-wide improvements in HbA1C reductions and similar blood biomarkers.

List of Attachments:

1. ECHD Strategic Framework Update: Population Health Strategy

Suggested Board Discussion Questions:

1. What does program success look like for the pilot phase of the prediabetes solution?
2. What are the most important considerations in designing a prediabetes program for our district community members?
3. What additional aspects of the prediabetes strategy and program design have we not considered?
4. What elements of a successful solution would you like to see translated to other areas of the population health strategy?

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

ECHD Strategic Framework Update: Population Health Strategy

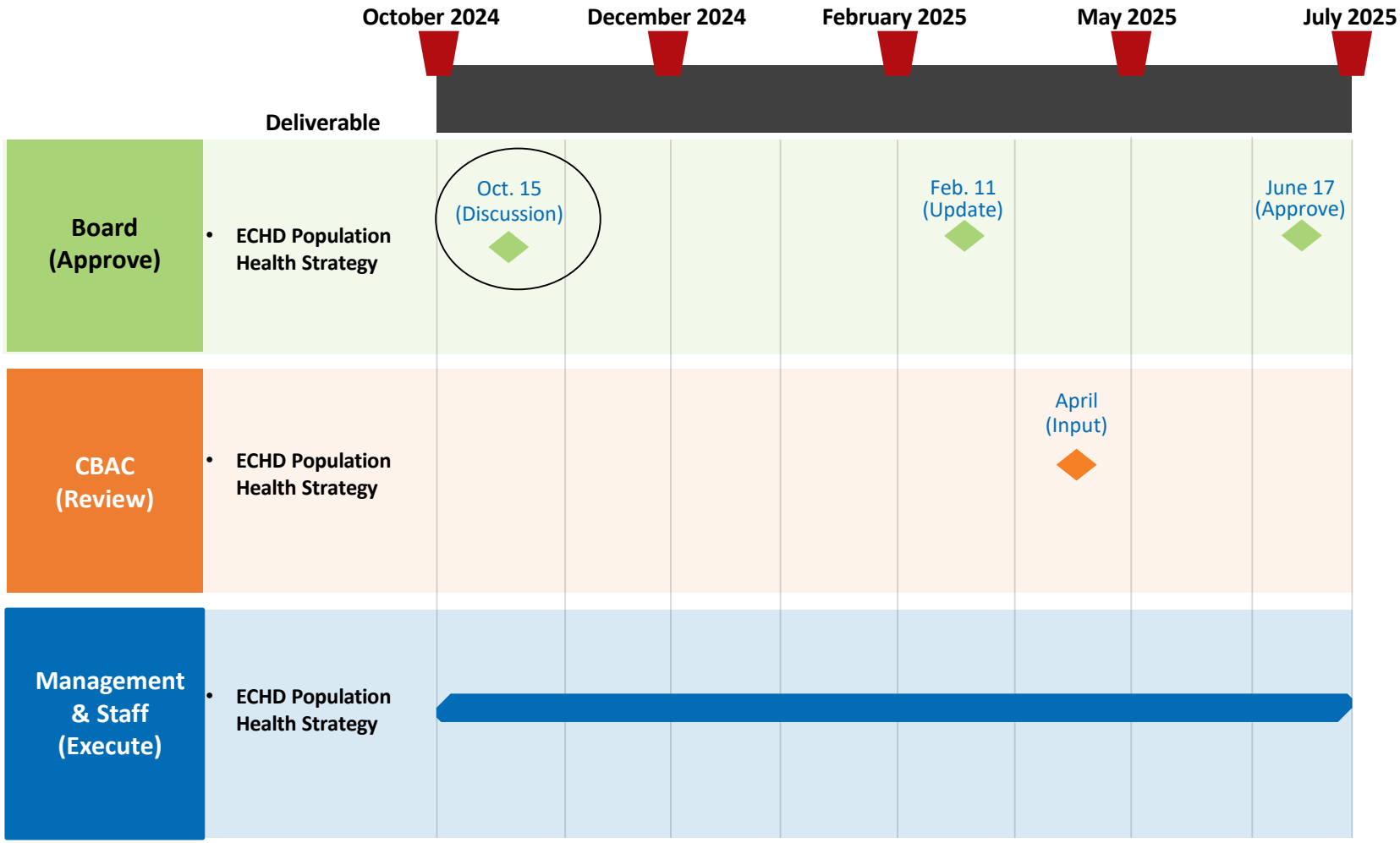
October 15, 2024

Dan Woods, Chief Executive Officer
Jon Cowan, Executive Director, Government Relations & Community Partnerships

Agenda

1. Health Promotion and Disease Prevention Priority → Population Health Strategy
   - Flows from ECHD Board Approved Strategic Framework
   - Develop foundation for identifying and intervening to improve health of "rising risk" patients who live, work, or go to school within the district
   - Aspiration of being "healthiest healthcare district in America"
2. Today's Purpose
   - Timeline includes October 2024, February and June 2025 meetings
   - Initial focus: Prediabetes
   - Discussion

Timeline for Determining ECHD Population Health Strategy



Prediabetes in ECHD **adults**

Actionable condition

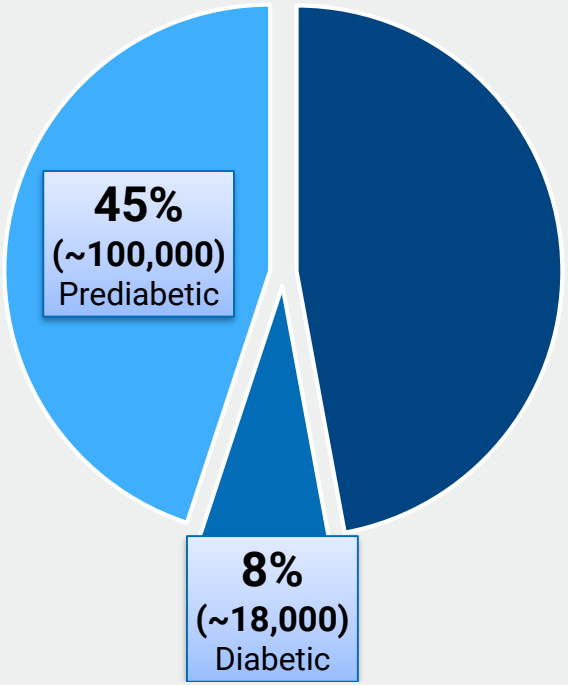
- Risk is measurable via blood sample (A1C, fasting plasma glucose, and/or oral glucose tolerance test (OGTT)
- Risk is modifiable via lifestyle interventions

Meaningful impact

- It is estimated that up to **30%** of adults with prediabetes will develop diabetes within **5 years** (30% of ~100,000)

Current ECHD (2024):

~222,000 adult population*



* Population estimated from zip codes that roughly overlap with the ECHD (Total N = 275,965, Adult N = 221,842)

Prediabetes in ECHD **children and adolescents <18**

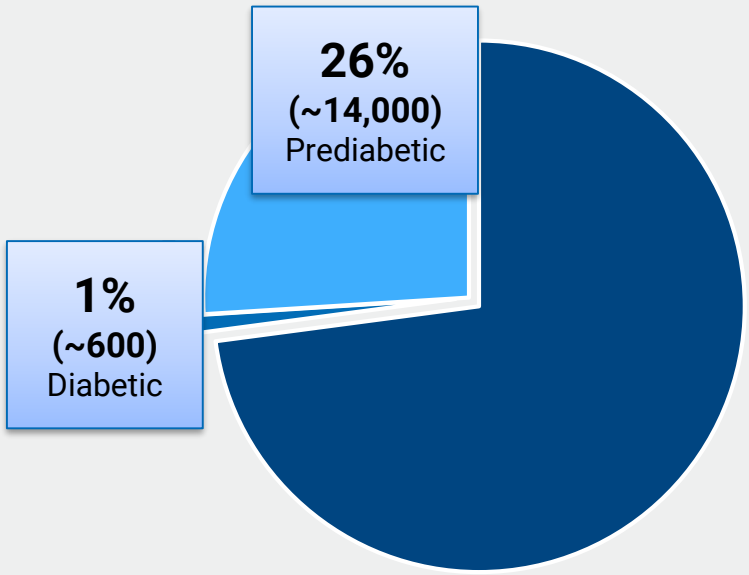
Actionable condition

- Risk is measurable via blood sample (A1C, fasting plasma glucose, and/or oral glucose tolerance test (OGTT)
- Risk is modifiable via lifestyle interventions

Meaningful impact

- It is estimated that up to **8%** of children/adolescents with prediabetes will develop diabetes within **3 years** (8% of ~14,000)

ECHD (2024): **~54,100 children / adolescents***

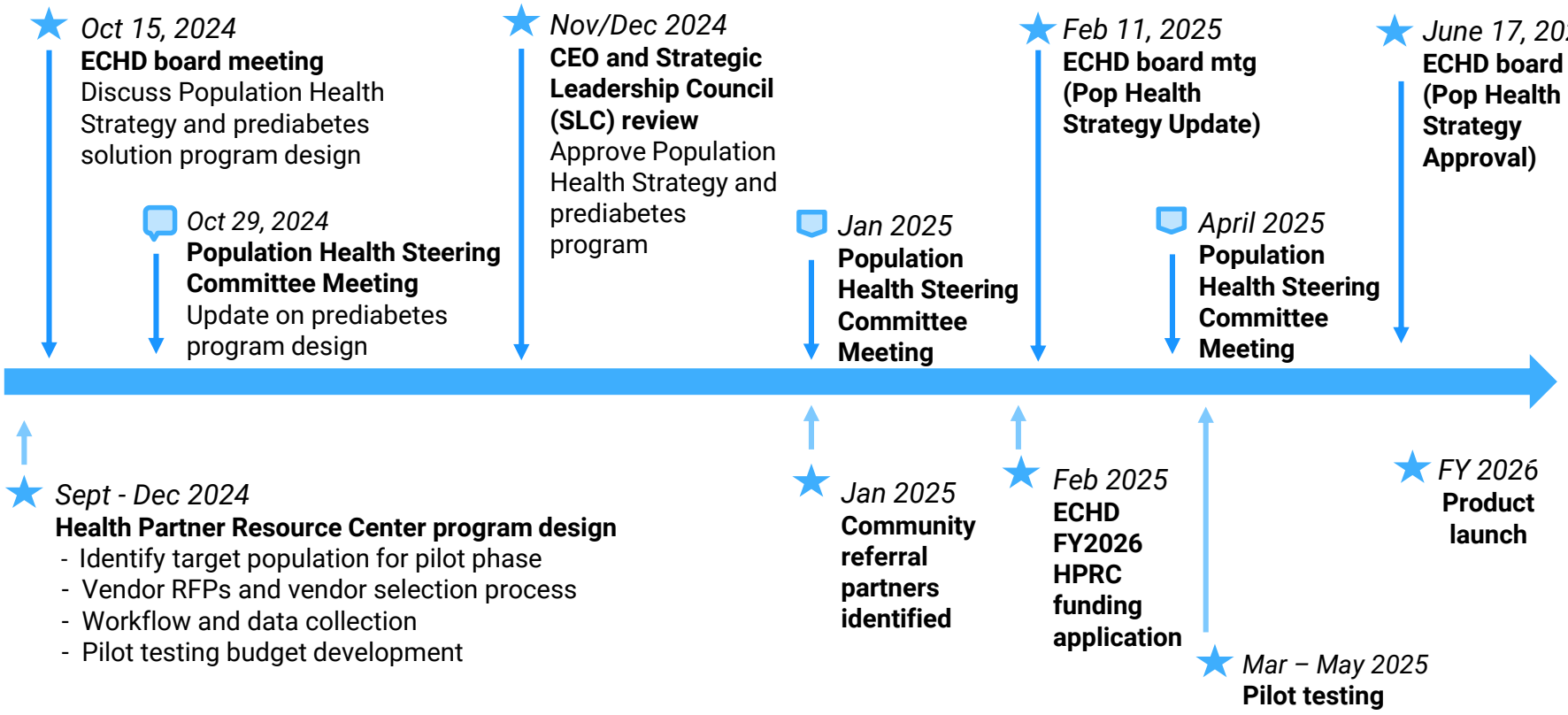


* Population estimated from zip codes that roughly overlap with the ECHD
(Total N = 275,965; Child/Adolescent N = 54,123)

Proposed prediabetes pilot program design for discussion

Criteria	Considerations
Target Population	Within ECHD: - Target sub-population (e.g., demographic, geographic, employer, etc.)
Right sizing initial launch	Within target sub-population: - Size / scope of the initial enrollment target - Plausible enrollment rate (%) - Balance between meaningful volume with feasibility
Enrollment / referral channels	- Non-clinical - marketing direct outreach, etc. - Clinical: PCP identification & referral
Type / characteristics of Solution	- Low touch vs. High touch (e.g., chatbot vs. Human coach) - Virtual vs. In-person - Connected devices vs. virtual/app-based
Program Funding	- Community self-pay/OOP vs. ECHD subsidized - Duration of funding (e.g., consider transition to self-pay)
Success metrics	- Program activation (E.g. # Enrollees, % Engagement rates (longitudinal), Early satisfaction) - Clinical improvement (E.g., CDC DPRP 12-mo outcomes (5% WL, OR 4% WL & 150 min activity/wk, OR 0.2% A1C reduction)
Other / Miscellaneous	- Device partnerships (e.g., scales, CGMs, etc.) - Employer partnerships (e.g., local company with wellness outreach infrastructure) - Long-term coordination w/ existing initiatives (e.g., ECH Digital Front door, SAHC)

Timeline


Oct 15, 2024
ECHD board meeting
Discuss Population Health Strategy and prediabetes solution program design
Oct 29, 2024
Population Health Steering Committee Meeting
Update on prediabetes program design
Nov/Dec 2024
CEO and Strategic Leadership Council (SLC) review
Approve Population Health Strategy and prediabetes program
Jan 2025
Population Health Steering Committee Meeting
Feb 11, 2025
ECHD board mtg (Pop Health Strategy Update)
April 2025
Population Health Steering Committee Meeting
June 17, 2025
ECHD board mtg (Pop Health Strategy Approval)
Sept - Dec 2024
Health Partner Resource Center program design
- Identify target population for pilot phase
- Vendor RFPs and vendor selection process
- Workflow and data collection
- Pilot testing budget development
Jan 2025
Community referral partners identified
Feb 2025
ECHD FY2026 HPRC funding application
Mar – May 2025
Pilot testing
FY 2026
Product launch

Discussion

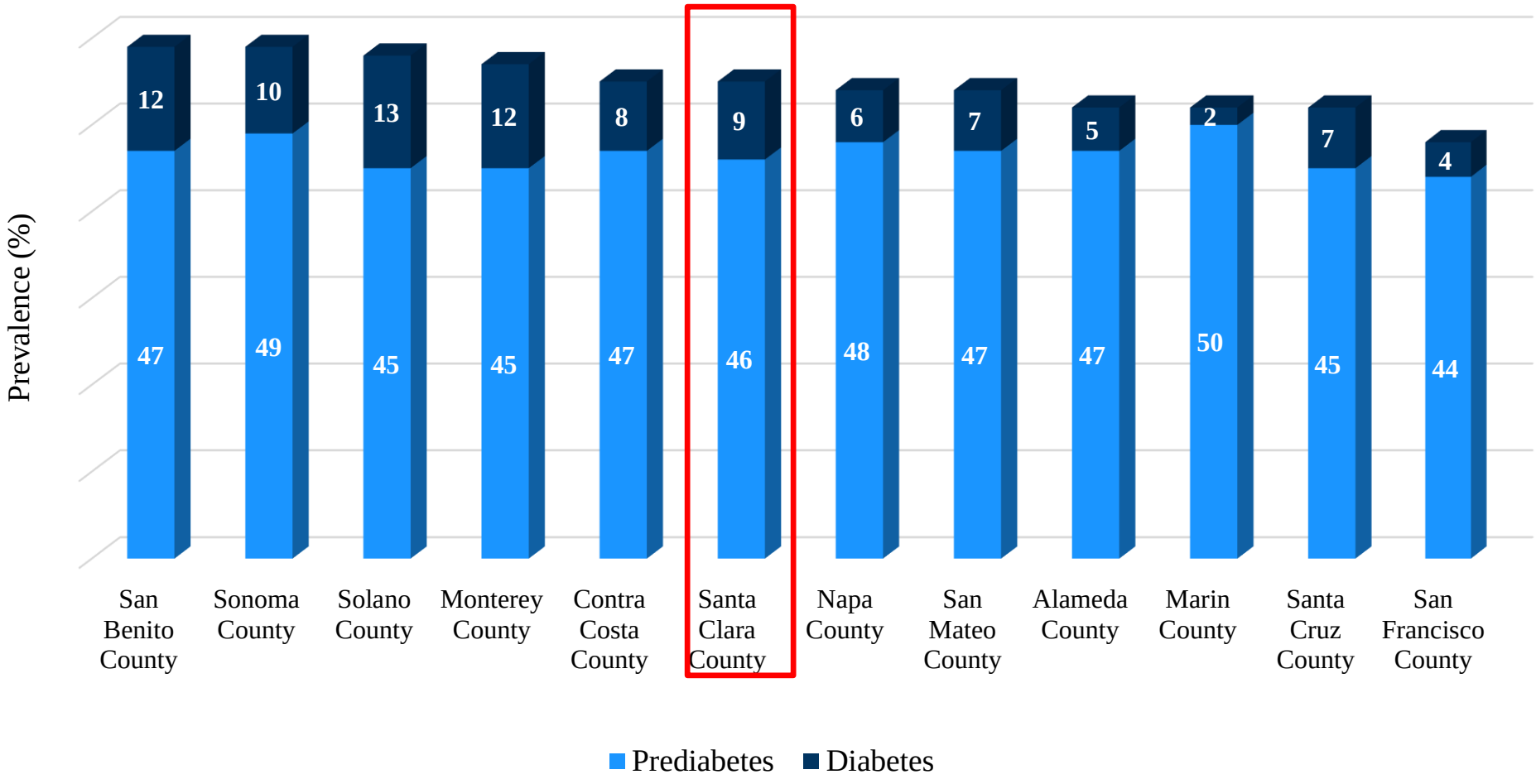
Objective: To gather board feedback on the El Camino Healthcare District's Population Health and prediabetes strategy and program design. To allow board members to comment on the following questions:

1. What does program success look like for the pilot phase of the prediabetes solution?
2. What are the most important considerations in designing a prediabetes program for our district community members?
3. What additional aspects of the prediabetes strategy and program design have we not considered?
4. What elements of a successful solution would you like to see translated to other areas of the population health strategy?

Appendix

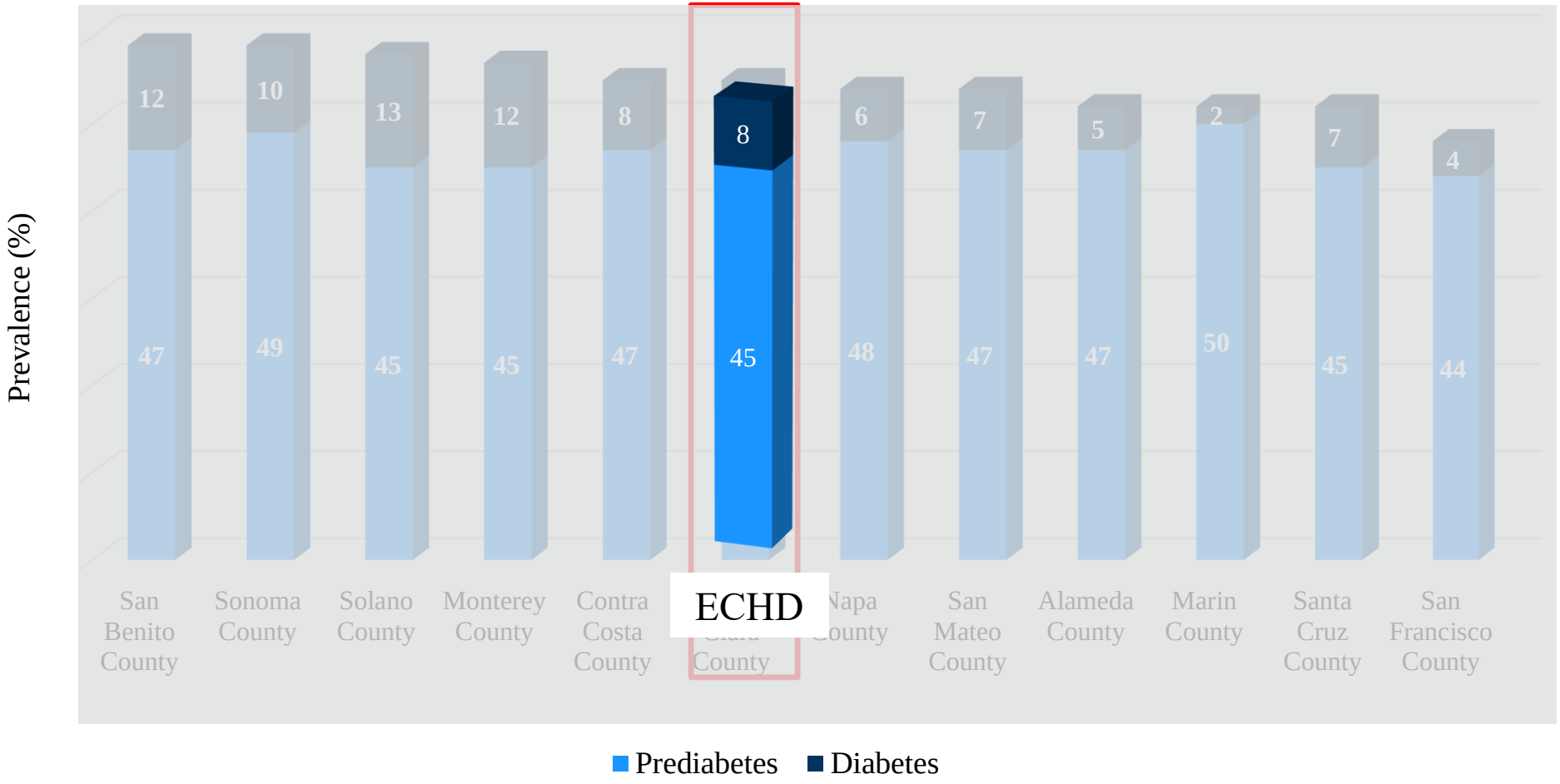
Prevalence of Prediabetes in Adults by County

Santa Clara County: 46% prediabetic, 9% diabetic

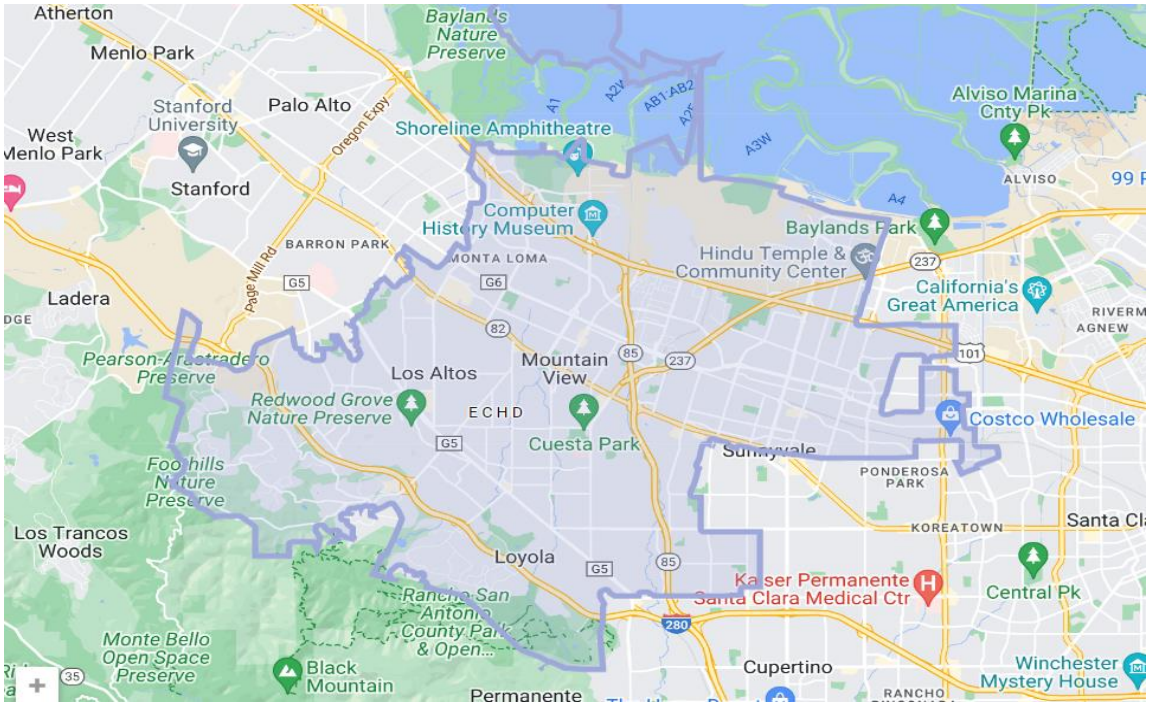


Prediabetes in ECHD adults

ECHD: 45% prediabetic, 8% diabetic



ECHD



ECHD (2024): **~276,000 population**

* Population is estimated from zip codes that roughly overlap with the ECHD (N of zip codes is 275,965)

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Carlos Bohorquez, Chief Financial Officer
Date: October 15, 2024
Subject: FY2024 Annual Audits: Consolidated Financials, 403(b) Retirement & Cash Balance Plans

Recommendation(s):

The Compliance and Audit Committee is recommending the ECHD Board approve the FY2024 Consolidated Financial, 403(b) Retirement Plan and Annual Cash Balance Plan Audits.

Summary:

1. Situation: The El Camino Healthcare District engaged Moss Adams to conduct its annual Financial Audit for FY2024. The audit includes the Healthcare District, El Camino Hospital and its related entities (El Camino Hospital Foundation, CONCERN:EAP, and Silicon Valley Medical Development LLC). Moss Adams conducted the annual limited scope audits of ECH's 403(b) Retirement and Cash Balance Plans. The results are filed with the Plans' IRS Form 5500.

2. Authority: Policy requires Board approval once the Compliance and Audit Committee have reviewed the auditor reports and financial statements.

3. Background: Consolidated Financials - As noted in the report, the auditors found that; 1) management selected and applied significant accounting policies appropriately and consistent with those of the prior years and that management's judgments and accounting estimates were reasonable; 2) the disclosures in the consolidated financial statements were clear and consistent; 3) there were no income statement audit adjustments identified by the auditors, 4) auditors identified a balance sheet update associated with the Right to Use liability for clinic leases for the Urology group integration and 5) there were no material weakness or internal control deficiencies identified.

   403(b) Retirement Plan and Cash Balance Plan – The financials statements for both plans are presented on the Governmental Accounting Standards Board (GASB) reporting basis of accounting. There were no known or likely misstatements identified.

4. Assessment: Moss Adams provided an unmodified opinion that the consolidated financial statements were presented fairly and in accordance with US GAAP (Generally Accepted Accounting Principles).

Recommendation:

- Board approve FY2024 Audit Reports: Consolidated Financials, 403(b) Retirement Plan and Cash Balance Plan

List of Attachments:

1. 2024 Audit Results Exit Presentation
2. Consolidated Financial Statements with Supplementary Information
3. Communication with Those Charged with Governance

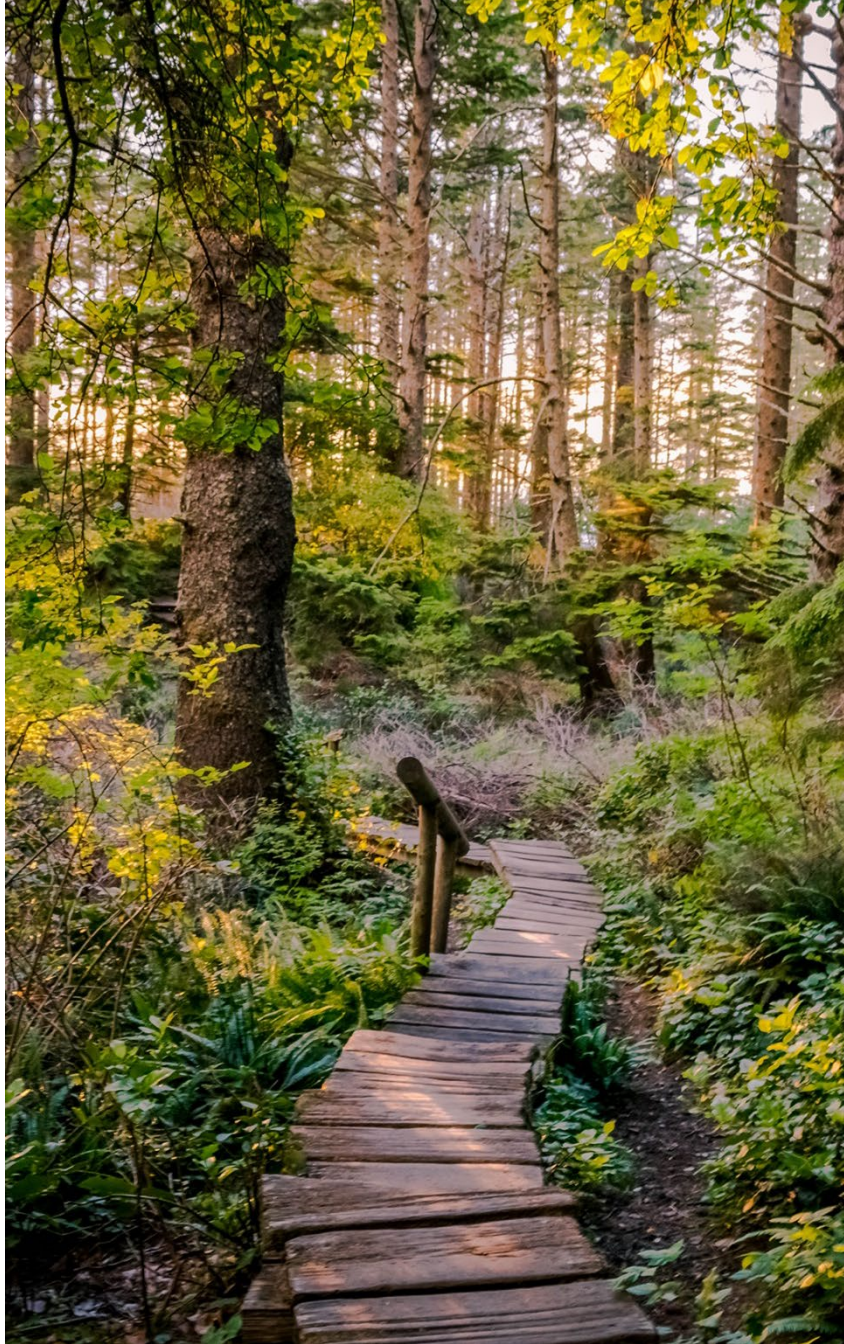
MOSSADAMS

El Camino Healthcare District

2024 AUDIT RESULTS

Agenda

1. Scope of Services
2. Auditor Opinion and Report
3. Significant Risks Identified
4. Matters to Be Communicated to the Governing Body
5. Statements of Net Position
6. Operations



Scope of Services

We have performed the following services for El Camino Healthcare District:

Annual Audits

- Annual consolidated financial statement audit as of and for the year ended June 30, 2024

Non-Attest Services

- Assisted in drafting the consolidated financial statements and related footnotes as of and for the year ended June 30, 2024
- Tax preparation services

Auditor Report on the Consolidated Financial Statements

- Unmodified Opinion – The consolidated financial statements are presented fairly and in accordance with U.S. generally accepted accounting principles (“U.S. GAAP”).

Significant Risks Identified

During the audit, we identified the following:

Significant Risks	Procedures
Valuation of patient accounts receivable	- Tie out of reserving schedules - Zero Balance Accounts (“ZBA”) analysis - Lookback analysis & subsequent collections analysis
Revenue recognition	- Hospital patient revenue analysis & cut-off analysis - Journal entry testing focusing on revenue reversals
Valuation of investments and related financial statement disclosures	- Third party confirmations - Independent price testing
Management override of controls	- Inquiries of accounting and operational personnel - Perform risk assessment procedure - Test of design and operational effectiveness of financial reporting controls - Testing of risk-based manual journal entry selections
Management incentive compensation program	- Review of management estimates for possible bias - Perform cut-off procedures for revenues and expenses - Review of accruals for executive bonus for compliance with policy

Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) *Government Auditing Standards*, issued by the Comptroller General of the United States, as well as the California Code of Regulations, Title 2, Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts. As part of an audit conducted in accordance with these auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

Our audit of the financial statements included obtaining an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control or to identify deficiencies in the design or operation of internal control. Accordingly, we considered the entity's internal control solely for the purpose of determining our audit procedures and not to provide assurance concerning such internal control.

Matters to Be Communicated to the Governing Body

Our responsibility with regard to the financial statement audit under U.S. auditing standards:

We are also responsible for communicating significant matters related to the financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

- Significant Unusual Transactions
- Significant Difficulties Encountered During the Audit
- Disagreements With Management
- Circumstances that affect the form and content of the auditor's report
- Other findings or issues arising from the audit that are, in the auditor’s professional judgment, significant and relevant to those charged with governance regarding their oversight of the financial reporting process
- Corrected and uncorrected misstatements
- Management’s consultation with other accountants

MOSS ADAMS COMMENTS

No significant unusual transactions were identified during our audit of the entity’s financial statements.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Significant Accounting Practices:

Our views about qualitative aspects of the entity's significant accounting practices, including accounting policies, accounting estimates, and financial statement disclosures.

MOSS ADAMS COMMENTS

The quality of the entity's accounting policies and underlying estimates are discussed throughout this presentation. There were no changes in the entity's approach to applying the critical accounting policies.

- Management has the responsibility for selection and use of appropriate accounting policies. The significant accounting policies used by El Camino Healthcare District are described in the footnotes to the consolidated financial statements. There were no changes to significant accounting policies for the year ended June 30, 2024.
- We believe management has selected and applied significant accounting policies appropriately and consistent with those of the prior year.

Matters to Be Communicated to the Governing Body

MATTERS TO BE COMMUNICATED

Management Judgments & Accounting Estimates:

The Compliance Committee should be informed about the process used by management in formulating particularly sensitive accounting estimates and about the basis for the auditor's conclusions regarding the reasonableness of those estimates.

MOSS ADAMS COMMENTS

- Management's judgments and accounting estimates are based on knowledge and experience about past and current events and assumptions about future events. We apply audit procedures to management's estimates to ascertain whether the estimates are reasonable under the circumstances and do not materially misstate the consolidated financial statements.
- Significant management estimates impacted the consolidated financial statements including the following: net patient service revenue; provision for uncollectible accounts; fair market values of assets and liabilities; uninsured losses for professional liability, pension and post retirement benefit liability, liability for workers' compensation; discount rates used to value gift annuities and beneficial interest in charitable remainder trust, useful lives of capital assets, right of use assets and subscription assets, discount rates, terms, and other assumptions related to the District's operating lease right of use assets, lease liabilities, lease receivable, deferred inflows of resources – leases, subscription assets and subscription liabilities.

Matters to Be Communicated to the Governing Body

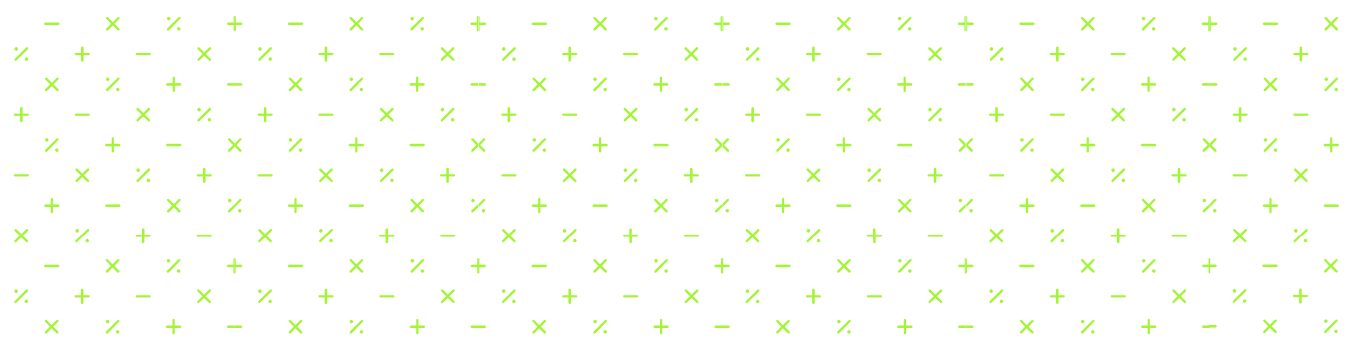
MATTERS TO BE COMMUNICATED

Management Judgments & Accounting Estimates:

The Compliance Committee should be informed about the process used by management in formulating particularly sensitive accounting estimates and about the basis for the auditor's conclusions regarding the reasonableness of those estimates.

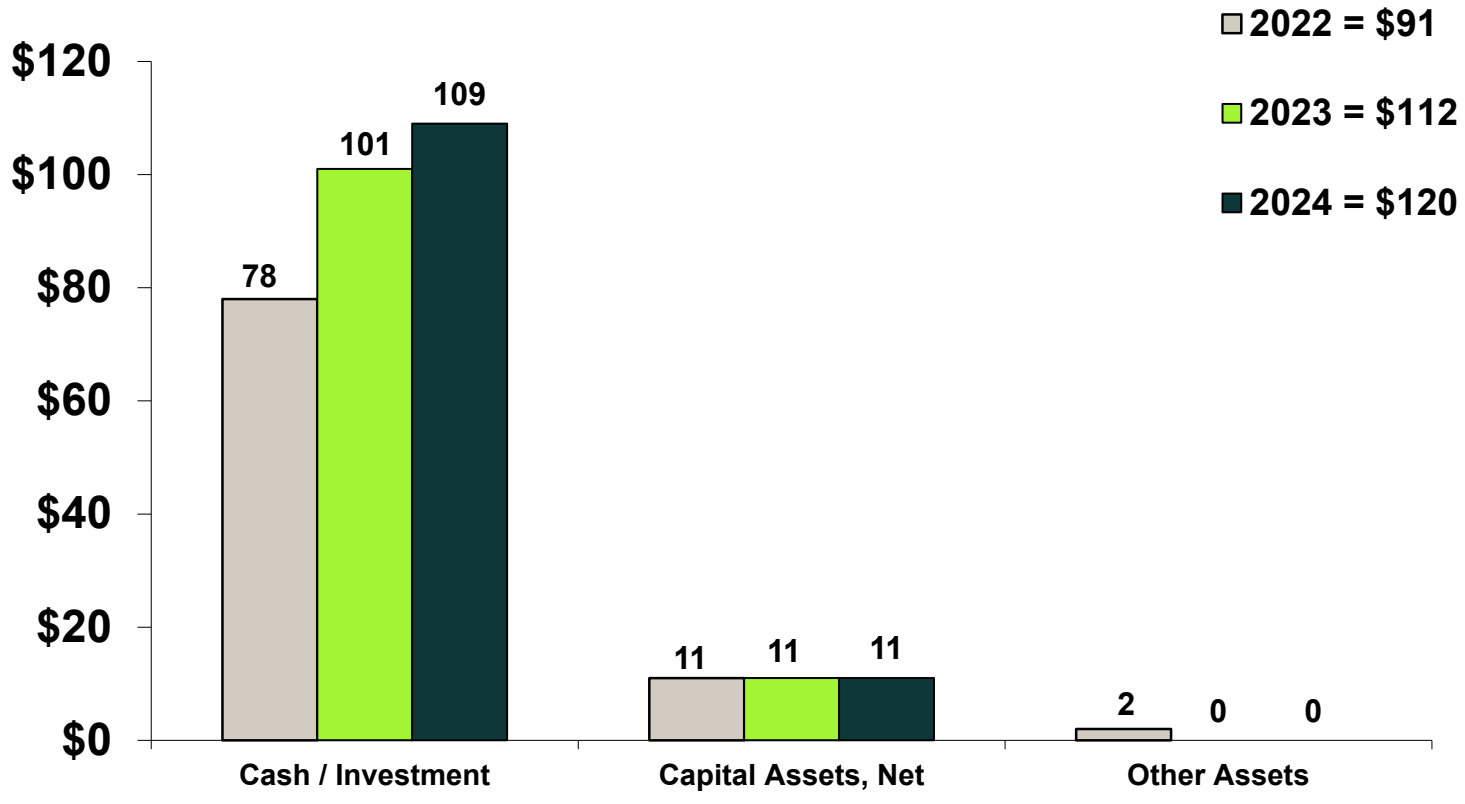
MOSS ADAMS COMMENTS

- The disclosures in the consolidated financial statements are clear and consistent. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. We call your attention to the following notes: significant concentration of net patient accounts receivable, investments and fair value of investments, capital assets, employee benefit plans, post-retirement medical benefits, insurance plans, bonds payable, leases, and subscription-based information technology arrangements.

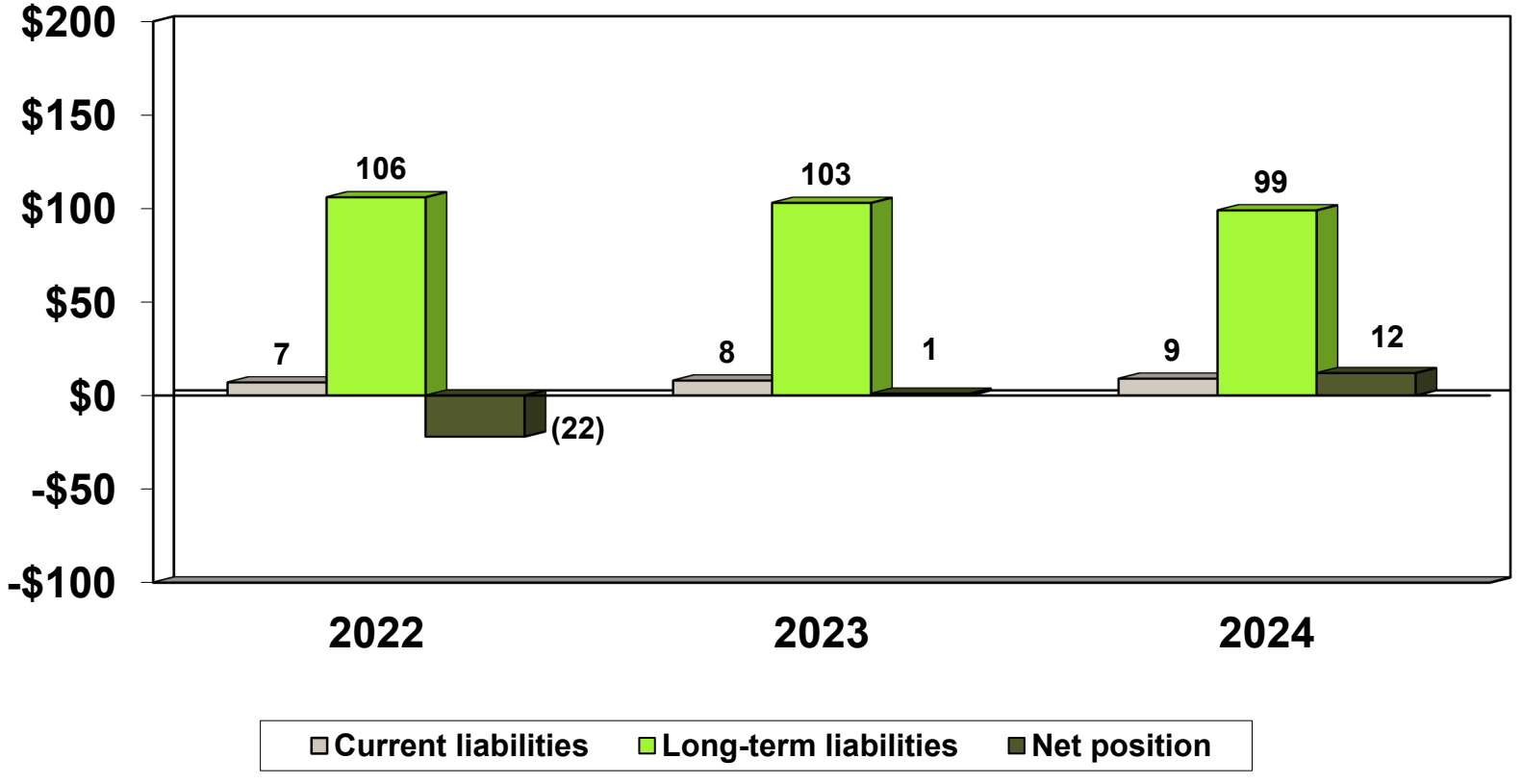


Statements of Net Position

Assets and Deferred Outflows (in millions)



Liabilities, Deferred Inflows, and Net Position (in millions)

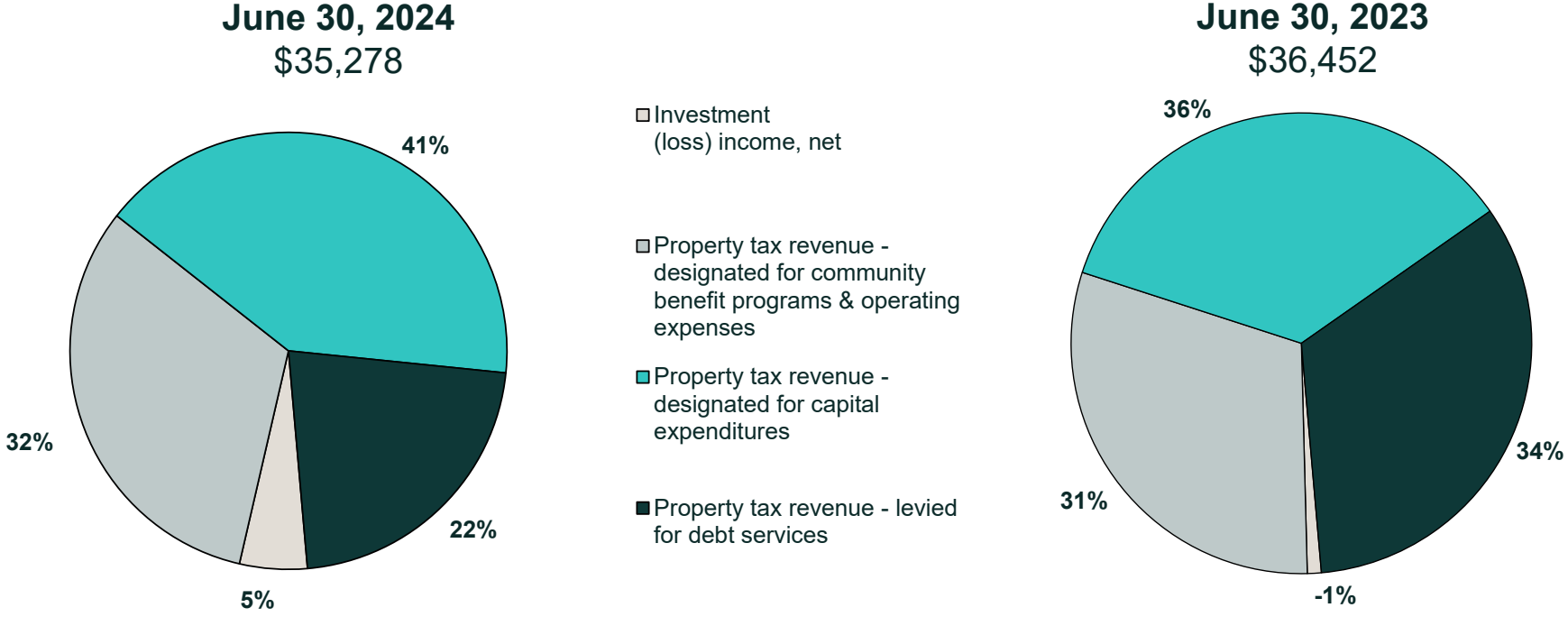


MOSSADAMS

Operations

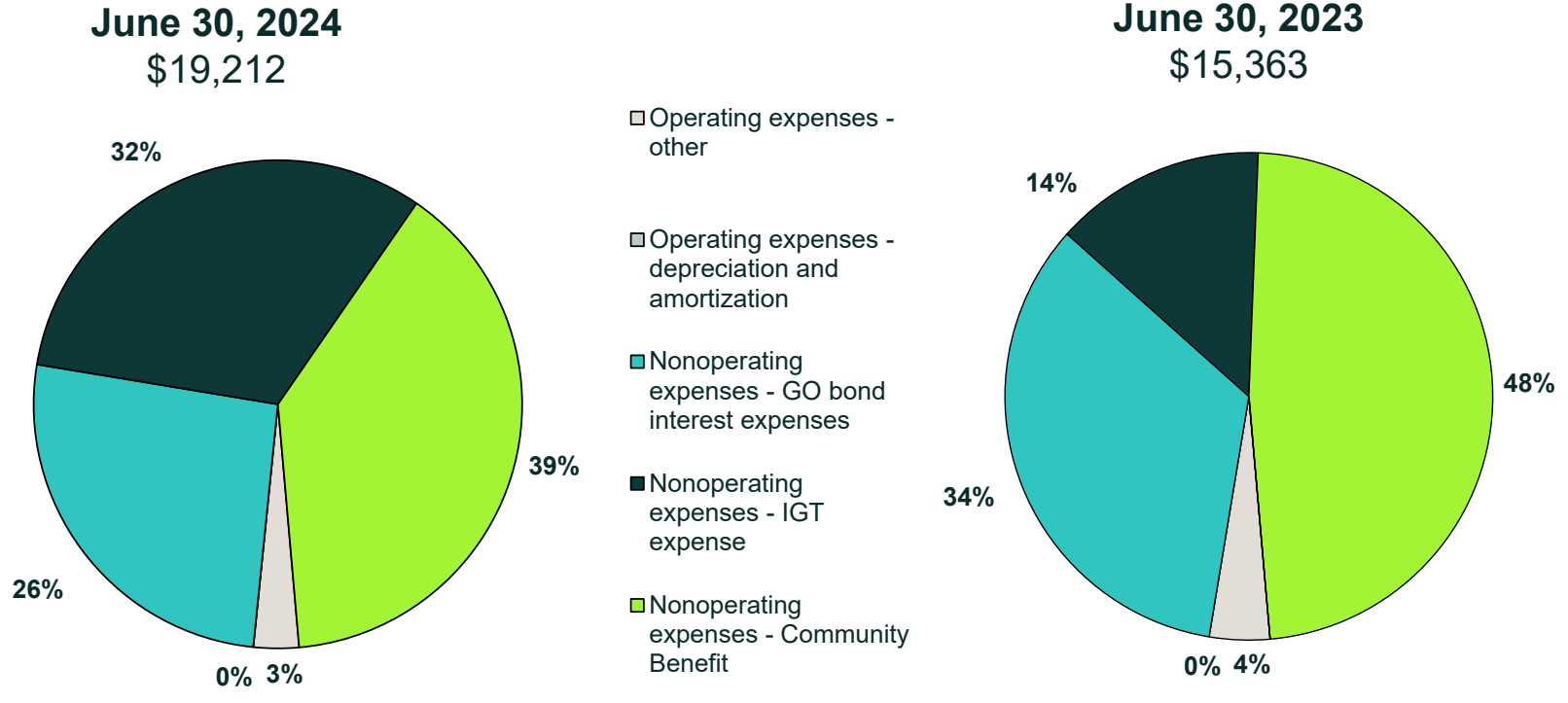
Income Statement Year to Year Comparison

Sources of Nonoperating Revenues (in thousands)



Income Statement Year to Year Comparison

Outflow of Expenses (in thousands)



GASB Accounting Updates

- GASB Statement No. 100, Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62. Effective for the District beginning July 1, 2023.

- GASB Statement No. 101, Compensated Absences. Effective for the District beginning July 1, 2024.

Your Service Team

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THANK YOU

Report of Independent Auditors and
Consolidated Financial Statements with
Supplementary Information

El Camino Healthcare District

June 30, 2024 and 2023

Table of Contents

Management's Discussion and Analysis

El Camino Healthcare District
Management's Discussion and Analysis
Years Ended June 30, 2024, 2023, and 2022

El Camino Healthcare District (the "District") is comprised of five entities: the District, El Camino Hospital (the "Hospital"), El Camino Hospital Foundation (the "Foundation"), CONCERN: Employee Assistance Program ("CONCERN"), and Silicon Valley Medical Network d.b.a El Camino Health Medical Network ("ECHMN").

ECHMN was organized as a California Limited Liability Corporation ("LLC") that was formed in 2008. Starting in fiscal year 2019 and continuing into the current fiscal year, ECHMN has expanded to 14 clinic and urgent care sites.

Overview of the Consolidated Financial Statements

This annual report consists of the consolidated financial statements and notes to those statements. These statements are organized to present the District as a whole, including all the entities it controls. Financial information for each separate entity is shown in the supplemental schedules on the last pages of the report. In accordance with the Governmental Accounting Standards Board ("GASB") Codification Section 2200, *Comprehensive Annual Financial Report,* the District presents comparative financial highlights for the fiscal years ended June 30, 2024, 2023, and 2022. This discussion and analysis should be read in conjunction with the consolidated financial statements in this report.

The consolidated statements of net position, the consolidated statements of revenues, expenses, and changes in net position, and the consolidated statements of cash flows provide an indication of the District's financial health. The consolidated statements of net position include all the District's assets and liabilities, using the accrual basis of accounting. The consolidated statements of revenues, expenses, and changes in net position report all of the revenues and expenses during the time periods indicated. The consolidated statements of cash flows report the cash provided by the operating activities, as well as other cash sources such as investment income and cash payments for capital additions and improvements.

Consolidated Financial Highlights

Year Ended June 30, 2024

For fiscal year ended June 30, 2024, the District increased its net position by $335 million. In 2024, operating revenues increased by $111 million over 2023; this was the result of increased volume.

Year Ended June 30, 2023

For fiscal year ended June 30, 2023, the District increased its net position by $311 million. In 2023, operating revenues increased by $83 million over 2022; this was the result of increased volume.

Year Ended June 30, 2022

For fiscal year ended June 30, 2022, the District increased its net position by $59 million. In 2022, operating revenues increased by $196 million over 2021; this was the result of increased volume.

Summary of Assets, Deferred Outflows, Liabilities, Deferred Inflows, and Net Position
As of June 30, 2024, 2023 and 2022

(In Thousands)

	2024	2023	2022
Assets:			
Current assets	$ 681,612	$ 715,606	$ 641,921
Board designated and restricted funds, net of current portion	1,576,890	1,285,427	1,181,535
Funds held by trustee, net of current portion	40,234	40,256	35,272
Capital assets, net	1,327,296	1,250,440	1,201,330
Right-of-use ("ROU") assets, net of amortization	15,246	15,077	29,241
Subscription assets, net of amortization	12,436	13,505	18,691
Lease receivables, net of current portion	32,541	32,099	34,876
Other assets	147,005	114,974	174,247
Total assets	3,833,260	3,467,384	3,317,113
Deferred outflows:			
Loss on defeasance of bonds payable	9,959	10,560	11,160
Deferred outflows of resources	11,627	7,638	4,226
Deferred outflows - actuarial	21,340	37,339	792
Total deferred outflows	42,926	55,537	16,178
Total assets and deferred outflows	$ 3,876,186	$ 3,522,921	$ 3,333,291
Liabilities:			
Current liabilities	$ 208,286	$ 168,169	$ 212,626
Bonds payable, net of current portion	538,362	554,920	571,174
Operating lease liabilities, net of current portion	13,405	13,350	25,636
Subscription liabilities, net of current portion	8,674	10,926	14,090
Other long-term liabilities	37,137	39,979	51,318
Total liabilities	805,864	787,344	874,844
Deferred inflows:			
Deferred inflows of resources	4,067	4,015	4,522
Deferred inflows of resources - leases	47,538	42,923	46,369
Deferred inflows - actuarial	11,654	16,745	46,610
Total deferred inflows	63,259	63,683	97,501
Net position:			
Unrestricted and invested in capital assets, net	2,962,530	2,627,273	2,324,347
Restricted by donors - charity and other	33,851	33,278	27,438
Restricted - endowments	10,682	11,343	9,161
Total net position	3,007,063	2,671,894	2,360,946
Total liabilities, deferred inflows, and net position	$ 3,876,186	$ 3,522,921	$ 3,333,291
Operating cash equivalents and short-term investments	$ 361,857	$ 408,955	$ 361,340
Board designated, funds held by trustee, and restricted funds	1,641,698	1,348,340	1,227,936
Total available cash & investments	$ 2,003,555	$ 1,757,295	$ 1,589,276

Investments

The District maintains sufficient cash balances to pay daily operational expenses and all short term liabilities. In late fiscal year 2012, the Hospital (exclusive of the District) selected an Investment Consultant to assist the Hospital and its subsidiaries in managing its investments, and both the investment policies for Surplus Cash and Cash Balance Plan were updated and approved by the Hospital Board of Directors (the "Board"). The policies allow for greater diversification in the investment portfolios to balance the need for liquidity with a long-term investment focus in order to improve investment returns and the organization's financial strength.

Capital Assets

Continuing on from the previous two fiscal years was the Women's Hospital Expansion project that was approved in February 2021 at a budget of $149 million. At fiscal year end, the project was approximately 72% complete, expending $124 million. The renovated Lobby/Gift Shop was put into service, along with the completion of the 2nd and 3rd floors. The renovated second floor will now house the 20 bed Intensive Care Nursery, previously located on the first floor. The third floor will house a 26 bed Post-Partum, Mom/Baby Unit all in private rooms. Conversion of the existing Mom/Baby Unit on the first floor will be converted into larger rooms with cosmetic upgrades to the interiors later in the project. It is projected that the total project will be completed in late October 2025.

Revenues and Expenses

The following table displays revenues and expenses for 2024, 2023, and 2022:

Revenues & Expenses
Years Ended June 30, 2024, 2023, and 2022
(In Thousands)

	2024	2023	2022
Operating revenues:			
Net patient service revenue net of bad debt of $7,085, $15,361, and $20,316, in 2024, 2023, and 2022, respectively	$ 1,477,847	$ 1,378,050	$ 1,309,152
Other revenue	62,881	51,212	37,031
Total operating revenues	1,540,728	1,429,262	1,346,183
Operating expenses:			
Salaries, wages and benefits	780,921	731,536	654,619
Professional fees and purchased services	234,755	190,962	173,568
Supplies	205,326	198,163	183,665
Depreciation and amortization	90,567	87,104	83,873
Rent and utilities	23,653	24,478	20,733
Other	36,202	22,117	20,915
Total operating expenses	1,371,424	1,254,360	1,137,373
Operating income	169,304	174,902	208,810
Nonoperating revenues (expenses) items:			
Bond interest expense, net	(22,772)	(22,797)	(19,831)
Intergovernmental transfer expense	(6,093)	(2,178)	(2,613)
Realized investment income	19,978	31,024	25,882
Unrealized investment gains (losses)	142,591	81,205	(197,886)
Property tax revenues	33,492	36,748	34,053
Restricted gifts, grants and other net of contributions to related parties	5,367	8,750	7,345
Unrealized gain on interest rate swap	693	1,328	3,049
Community benefit expense	(11,307)	(11,293)	(11,143)
Provider Relief Fund revenue	-	11,301	15,629
Other, net	3,916	1,958	(4,794)
Total nonoperating revenues and expenses	165,865	136,046	(150,309)
Increase in net position	335,169	310,948	58,501
Total net position, beginning of year	2,671,894	2,360,946	2,302,445
Total net position, end of year	$ 3,007,063	$ 2,671,894	$ 2,360,946

Fiscal Year 2024 Consolidated Financial Analysis

Net Patient Service Revenues

Net patient service revenue in fiscal year 2024 increased by $100 million, or 7.2% over fiscal year 2023. This increase was the result of managed care contract changes.

Specialty	2024 Days	2023 Days
Total days	122,233	121,703

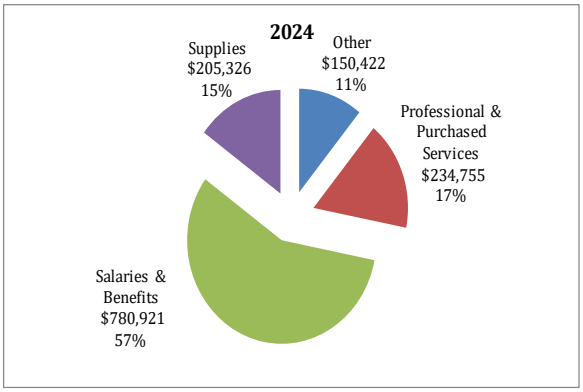
Specialty	2024 LOS	2023 LOS
Average Length of Stay ("LOS")	4.6	4.6

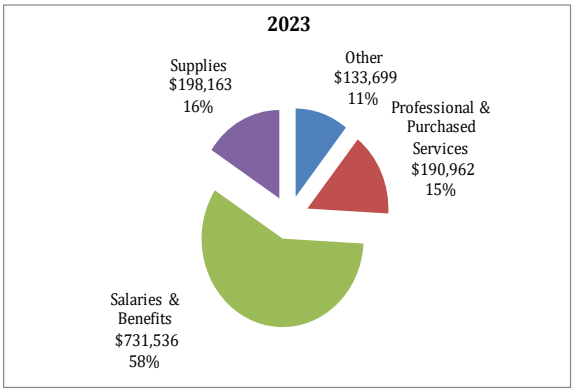
The overall case mix index, which is an indicator of patient acuity, was 1.60 in fiscal year 2024, and 1.57 in fiscal year 2023.

Other Revenue

Other revenue increased by $12 million in fiscal year 2024 over the prior 2023 fiscal year. The primary increase was due to a $9.3 million in miscellaneous income and $1.7 million in capitated revenue.

Operating Expenses





Salaries and Wages

It is to be noted that the District as a stand-alone entity has no employees. All employees are at the Hospital and its related corporations.

Total salaries and wages (including employee benefits) increased by $49 million in fiscal year 2024 over 2023, which is 57% of total operating expenses. Full-time equivalents ("FTEs") increased by 133 along with the increase in labor due the high demand for healthcare workers.

Employee Benefits

Aggregate employee benefits, including accrued Paid Time Off ("PTO") and Extended Sick Leave, increased by $22.1 million.

Significant changes were as follows:

- PTO accrued expense increased by $6.2 million over the 2023 fiscal year
- Healthcare (medical, dental, and vision) increased by $12.1 million in fiscal year 2023
- Employer match of 403B increased $2.6 million in 2024 over 2023.

Professional and Purchased Services

Total professional and purchased services increased by $43.8 million. Professional services increased by $21.1 million, with $12.5 million due to increases in professional services agreements with ECHMN and hospital-based service agreements. Purchased services increase of $14.7 million was due to inflation and increase in additional support services. Additionally, repairs and maintenance also increased by $5.8 million.

Supplies

Total supplies increased by $7.2 million or 4% in fiscal year 2024 over 2023. This was mainly due to the increase in volume and inflation factors.

Depreciation and amortization

Depreciation and amortization expense this fiscal year increased by $3.5 million over fiscal year 2023. The increases were mostly related to building improvements, computer equipment and other routine capital purchases.

Rent and Utilities

Rent and utilities stayed relatively flat year over year.

Other Expense

Other expenses increased by $14 million over 2023. This was mainly due to $1.6 million for annual dues, taxes and insurance and the remaining was legal reserves.

Nonoperating Revenue (Expense) Items:

Bond Interest Expense, net

Bond interest stayed relatively flat year over year.

Change in Net Unrealized Gains and Losses on Investments

The Hospital experienced a change in net unrealized gains and losses on investments of $143 million during fiscal year 2024 and the change in net unrealized gains and losses for fiscal year 2023 was a year-over- year increase of $61 million. This change was driven primarily by the performance of U.S. equities, primarily U.S. growth equities which outperformed value stocks.

Economic Factors and Next Year's Budget

The Board approved the fiscal year 2025 budget at the June 2024 meeting. For the fiscal year 2025, budgeted patient days are projected to increase by 1.5% when comparing to FY2024 actuals.

Fiscal Year 2023 Consolidated Financial Analysis

Net Patient Service Revenues

Net patient service revenue in fiscal year 2024 increased by $69 million, or 5.3% over fiscal year 2023. This increase was consistent with adjusted patient days increasing by 9%.

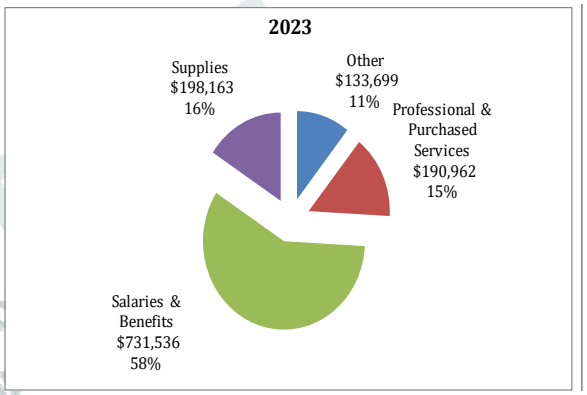
Specialty	2023 Days	2022 Days
Total days	121,703	111,538
Specialty	**2023 LOS**	**2022 LOS**
Average LOS	4.6	4.3

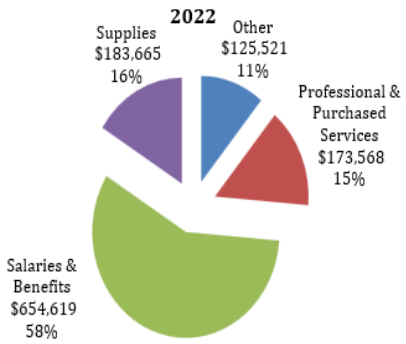
The overall case mix index, which is an indicator of patient acuity, was 1.57 in fiscal year 2024, and 1.58 in fiscal year 2023.

Other Revenue

Other revenue increased by $14 million in fiscal year 2023 over the prior 2022 fiscal year. The primary increase was due to a $4.5 million in miscellaneous income, $5.8 million in capitated revenue and a $3.2 million increase in IGT receipts.

Operating Expenses





Salaries and Wages

It is to be noted that the District as a stand-alone entity has no employees. All employees are at the Hospital and its related corporations.

Total salaries and wages (including employee benefits) increased by $77 million in fiscal year 2023 over 2022, which is 58% of total operating expenses. Full-time equivalents ("FTEs") increased by 221 along with the increase in labor due the high demand for healthcare workers.

Employee Benefits

Aggregate employee benefits, including accrued Paid Time Off ("PTO") and Extended Sick Leave, increased by $32.0 million.

Significant changes were as follows:

- PTO accrued expense increased by $4.1 million over the 2022 fiscal year
- Healthcare (medical, dental, and vision) increased by $6.0 million in fiscal year 2023
- Employer match of 403B increased $1.2 million in 2023 over 2022.
- Pension expense increased by $16.3 million, primarily due to the decline in the Plan Assets for FY2023. Plan Assets had increased in the prior year due to market performance.

Professional and Purchased Services

Total professional and purchased services increased by $17.4 million. Professional services increased by $7 million due to increases in professional services agreements with ECHMN and hospital-based service agreements. Purchased services increase of $5 million was due to inflation and volume increases. Additionally, repairs and maintenance also increased by $5 million.

Supplies

Total supplies increased by $14.5 million or 8% in fiscal year 2023 over 2022. This was mainly due to the increase in volume and inflation factors.

Depreciation and amortization

Depreciation and amortization expense this fiscal year increased by $3.2 million over fiscal year 2022. The increases were mostly related to building improvements, computer equipment and other routine capital purchases.

Rent and Utilities

Rent and utilities increased $3.7 million, with the majority of the increases being inflationary, associated with electricity and gas.

Other Expense

Other expenses stayed relatively flat year over year with an increase of $1.2 million.

Nonoperating Revenue (Expense) Items:

Bond Interest Expense, net

Bond interest increased over the prior year by $3 million which was anticipated due to annual debt service requirements.

Change in Net Unrealized Gains and Losses on Investments

The Hospital experienced a change in net unrealized gains and losses on investments of $81.2 million during fiscal year 2023 and the change in net unrealized gains and losses for fiscal year 2023 was a year-over- year increase of $279.1 million. This change was driven primarily by the performance of U.S. equities, primarily U.S. growth equities which outperformed value stocks.

FIDUCIARY MD&A

Overview

The El Camino Hospital Cash Balance Plan (the "Cash Balance Plan") was established on July 1, 1963, by El Camino Hospital (the "Hospital") and has been amended from time to time since that date.

The Hospital also provides healthcare benefits and life insurance under the El Camino Hospital Postretirement Health and Life Insurance Benefit Plan (the "OPEB Plan"), a single-employer defined benefit Postretirement Benefits Plan, for retired employees who meet eligibility requirements as outlined in the plan document, as approved by the board of directors of the Hospital.

Financial Highlights – 2024

Cash Balance Plan – During the year ended June 30, 2024, the net position held in trust for pension benefits increased by approximately 14.4%. Employer contributions were $14 million in 2024 compared to $12 million in 2023. Benefit payments were $13.0 million in 2024 compared to $14.2 million in 2023. Net investment income was $43.4 million in 2024 compared to net investment loss of $53.1 million in 2023, which was the primary reason for the overall 14% increase in net position as of June 30, 2024.

Financial Highlights – 2023

Cash Balance Plan – During the year ended June 30, 2023, the net position held in trust for pension benefits decreased by approximately 15.2%. Employer contributions were $12 million in 2023 compared to $6.5 million in 2022. Benefit payments were $14.2 million in 2023 compared to $14.8 million in 2022. Net investment loss was $53.1 million in 2023 compared to net investment income of $33.2 million in 2022, which was the primary reason for the overall 15% decrease in net position as of June 30, 2023.

OPEB Plan – Benefit payments were $1 million in 2024 and 2023.

Overview of the Fiduciary Financial Statements

The basic financial statements present information about the Cash Balance Plan and OPEB Plan's fiduciary net position and changes in fiduciary net position for the respective years. The basic financial statements also include notes to explain some of the information in the financial statements and to provide more details. The statement of fiduciary net position displays the assets and liabilities and resulting net position of the Plan as of the end of the year. All assets are valued at fair value.

The following is the abbreviated statement of fiduciary net position and statement of changes in fiduciary net position (in thousands):

	CASH BALANCE PLAN		
	2024	2023	2022
ASSETS			
Investments, at fair value	$ 350,717	$ 305,344	$ 363,419
Receivables	3,405	3,580	1,565
Noninterest-bearing cash	-	749	67
Net pending trades	-	-	(46)
NET POSITION RESTRICTED FOR PENSIONS	$ 354,122	$ 309,673	$ 365,005
ADDITIONS			
Investments income (loss)	$ 43,427	$ (53,125)	$ 33,161
Contributions	14,035	12,000	6,513
Total additions, net	57,462	(41,125)	39,674
DEDUCTIONS			
Deductions	13,013	14,207	14,774
INCREASE (DECREASE) IN NET POSITION RESTRICTED FOR PENSIONS	$ 44,449	$ (55,332)	$ 24,900

	OPEB PLAN		
	2024	2023	2022
ASSETS			
Investments, at fair value	$ -	$ -	$ -
Receivables	-	-	-
NET POSITION RESTRICTED FOR OPEB	$ -	$ -	$ -
ADDITIONS			
Contributions	$ 1,024	$ 1,001	$ 943
Total additions	1,024	1,001	943
DEDUCTIONS			
Deductions	1,024	1,001	943
INCREASE IN NET POSITION RESTRICTED FOR OPEB	$ -	$ -	$ -

Cash Balance Plan – During the year ended June 30, 2024, the Cash Balance Plan's fiduciary net position increased by 14%. The Cash Balance Plan's policies allow investments consisting of fixed income and equity marketable securities, alternatives, and cash. During the year ended June 30, 2023, the Cash Balance Plan's fiduciary net position decreased by 15%. The Cash Balance Plan's policies allow investments consisting of fixed income and equity marketable securities, alternatives, and cash.

The statement of changes in fiduciary net position reflects the employer contributions and investment return, net of investment expenses, less benefits paid.

The increase in investment income during the year ended June 30, 2024, compared to 2023, is due to a net appreciation in fair value of investments due to positive returns in global security markets and increased returns on the Plan's investments. Benefit payments decreased from the prior year due to a decrease in the number of retirees and beneficiaries receiving benefits. The decrease in investment income during the year ended June 30, 2023, compared to 2022, is due to a decrease in the net depreciation of fair value of investments. Benefit payments decreased from the prior year due to a decrease in the number of retirees and beneficiaries receiving benefits.

Report of Independent Auditors

The Board of Directors
El Camino Healthcare District

Report on the Audit of the Financial Statements

Opinions

We have audited the consolidated financial statements of the business-type activities and the aggregate remaining fund information of El Camino Healthcare District (the “District”) as of and for the years ended June 30, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the District’s consolidated financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of El Camino Healthcare District as of June 30, 2024 and 2023, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS), and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District’s ability to continue as a going concern within one year beyond the consolidated financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 1 through 12 and the accompanying supplemental pension and post-retirement benefit information on pages 67 through 68 be presented to supplement the consolidated financial statements. Such information is the responsibility of management and, although not a part of the consolidated financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the consolidated financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the consolidated financial statements, and other knowledge we obtained during our audit of the consolidated financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the consolidated financial statements that collectively comprise the District's consolidated financial statements. The consolidating statement of net position and consolidating statement of revenues, expenses, and changes in net position, on page 64 through 66, are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating statement of net position and consolidating statement of revenues, expenses, and changes in net position is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

The accompanying supplemental schedule of community benefit on page 69 has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

San Francisco, California
October XX, 2024

Consolidated Financial Statements

El Camino Healthcare District
Consolidated Statements of Net Position
June 30, 2024 and 2023
(In Thousands)

	2024	2023
ASSETS AND DEFERRED OUTFLOWS		
Current assets		
Cash and cash equivalents	$ 232,205	$ 260,818
Short-term investments	129,652	148,137
Current portion of board-designated funds	24,574	22,657
Patient accounts receivable, net of allowances for doubtful accounts of $12,901 and $12,656 in 2024 and 2023, respectively	212,990	217,982
Current portion of lease receivables	13,672	9,813
Prepaid expenses and other current assets	68,519	56,199
Total current assets	681,612	715,606
Non-current cash and investments		
Board-designated funds	1,576,740	1,285,277
Restricted funds	150	150
Funds held by trustee	40,234	40,256
	1,617,124	1,325,683
Capital assets		
Nondepreciable	289,495	286,002
Depreciable, net	1,037,801	964,438
Total capital assets	1,327,296	1,250,440
Right-of-use ("ROU") assets, net of amortization	15,246	15,077
Subscription assets, net of amortization	12,436	13,505
Lease receivables, net of current portion	32,541	32,099
Pledges receivable, net of current portion	4,349	2,592
Prepaid pension asset	101,925	75,105
Investments in healthcare affiliates	36,664	33,262
Beneficial interest in charitable remainder unitrusts	4,067	4,015
Total assets	3,833,260	3,467,384
Deferred outflows of resources		
Loss on defeasance of bonds payable	9,959	10,560
Deferred outflows of resources	11,627	7,638
Deferred outflows - actuarial	21,340	37,339
Total deferred outflows of resources	42,926	55,537
Total assets and deferred outflows of resources	$ 3,876,186	$ 3,522,921

See accompanying notes.

El Camino Healthcare District
Consolidated Statements of Net Position (Continued)
June 30, 2024 and 2023
(In Thousands)

	2024	2023
LIABILITIES, DEFERRED INFLOWS, AND NET POSITION		
Current liabilities		
Accounts payable and accrued expenses	$ 71,918	$ 50,735
Salaries, wages, and related liabilities	74,348	60,507
Other current liabilities	26,410	26,061
Estimated third-party payor settlements	13,419	11,295
Current portion of operating lease liabilities	2,973	2,714
Current portion of subscription liabilities	4,900	3,164
Current portion of bonds payable	14,318	13,693
Total current liabilities	208,286	168,169
Bonds payable, net of current portion	538,362	554,920
Operating lease liabilities, net of current portion	13,405	13,350
Subscription liabilities, net of current portion	8,674	10,926
Other long-term obligations	1,589	2,239
Workers' compensation, net of current portion	12,811	13,498
Post-retirement medical benefits	22,737	24,242
Total liabilities	805,864	787,344
Deferred inflows of resources		
Deferred inflows of resources	4,067	4,015
Deferred inflows of resources - leases	47,538	42,923
Deferred inflows of resources - actuarial	11,654	16,745
Total deferred inflows of resources	63,259	63,683
Net position		
Invested in capital assets, net of related debt	812,580	720,511
Restricted - expendable	33,851	33,278
Restricted - nonexpendable	10,682	11,343
Unrestricted	2,149,950	1,906,762
Total net position	3,007,063	2,671,894
Total liabilities, deferred inflows of resources, and net position	$ 3,876,186	$ 3,522,921

See accompanying notes.

El Camino Healthcare District
Consolidated Statements of Revenues, Expenses, and Changes in Net Position
Years Ended June 30, 2024 and 2023
(In Thousands)

	2024	2023
OPERATING REVENUES		
Net patient service revenue (net of provision for bad debts of $7,085 and $15,361 in 2024 and 2023, respectively)	$ 1,477,847	$ 1,378,050
Other revenue	62,881	51,212
Total operating revenues	1,540,728	1,429,262
OPERATING EXPENSES		
Salaries, wages, and benefits	780,921	731,536
Professional fees and purchased services	234,755	190,962
Supplies	205,326	198,163
Depreciation and amortization	90,567	87,104
Rent and utilities	23,653	24,478
Other	36,202	22,117
Total operating expenses	1,371,424	1,254,360
Income from operations	169,304	174,902
NONOPERATING REVENUES (EXPENSES)		
Investment income, net	162,569	112,229
Property tax revenue		
Designated to support community benefit programs and operating expenses	11,294	11,129
Designated to support capital expenditures	14,278	13,045
Levied for debt service	7,920	12,574
Bond interest expense, net	(22,772)	(22,797)
Intergovernmental transfer expense	(6,093)	(2,178)
Restricted gifts, grants and bequests, and other, net of contributions to related parties	5,367	8,750
Unrealized gain on interest rate swap	693	1,328
Community benefit expense	(11,307)	(11,293)
Provider Relief Fund revenue	-	11,301
Other, net	3,916	1,958
Total nonoperating revenues (expenses)	165,865	136,046
Increase in net position	335,169	310,948
TOTAL NET POSITION, beginning of year	2,671,894	2,360,946
TOTAL NET POSITION, end of year	$ 3,007,063	$ 2,671,894

See accompanying notes.

El Camino Healthcare District
Consolidated Statements of Cash Flows
Years Ended June 30, 2024 and 2023
(In Thousands)

	2024	2023
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from and on behalf of patients	$ 1,478,870	$ 1,363,517
Other cash receipts	60,915	39,636
Cash payments to employees	(792,575)	(768,500)
Cash payments to suppliers	(524,682)	(484,179)
Net cash provided by operating activities	222,528	150,474
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES		
Property taxes	25,572	24,174
Restricted contributions and investment income	5,367	8,750
Net cash provided by noncapital financing activities	30,939	32,924
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Purchases of property, plant, and equipment	(147,558)	(112,953)
Payments on lease liabilities	(2,818)	(2,924)
Payments on subscription liabilities	(4,501)	(4,471)
Proceeds from lease receivables	13,016	12,295
Interest paid on General Obligation bonds payable	(5,098)	(5,171)
Repayments of bonds payable	(13,693)	(15,665)
Tax revenue related to General Obligation bonds payable	7,920	12,574
Net cash used in capital and related financing activities	(152,732)	(116,315)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(2,829,458)	(1,540,874)
Sales of investments	2,554,563	1,430,734
Investment income, net	162,569	112,229
Community benefit and other investing activities	(11,307)	(11,293)
Payments to acquire SSSC	(5,737)	-
Change in funds held by trustee, net	22	(4,984)
Net cash used in investing activities	(129,348)	(14,188)
Net (decrease) increase in cash and cash equivalents	(28,613)	52,895
CASH AND CASH EQUIVALENTS at beginning of year	260,818	207,923
CASH AND CASH EQUIVALENTS at end of year	$ 232,205	$ 260,818

See accompanying notes.

El Camino Healthcare District
Consolidated Statements of Cash Flows (Continued)
Years Ended June 30, 2024 and 2023
(In Thousands)

	2024	2023
RECONCILIATION OF INCOME FROM OPERATIONS TO NET CASH FROM OPERATING ACTIVITIES		
Income from operations	$ 169,304	$ 174,902
Adjustments to reconcile income from operations to net cash from operating activities		
(Gain) loss on disposal of property, plant and equipment	(208)	118
Amortization of bond premium and bond issuance costs	(2,240)	(2,561)
Depreciation and amortization	90,567	87,104
Provision for bad debts	7,085	15,361
Changes in assets and liabilities		
Patient accounts receivable, net	(2,093)	(24,069)
Prepaid pension asset	(26,820)	62,044
Investments in healthcare affiliates	(2,243)	(2,886)
Prepaid expenses and other current assets	(12,887)	(9,628)
Current liabilities	3,184	(58,143)
Other long-term obligations	1,480	(8,117)
Deferred inflows/outflows of resources - actuarial	10,908	(66,412)
Deferred inflows - leases	(12,702)	(12,374)
Subscription liabilities/assets	698	676
Post-retirement medical benefits	(1,505)	(5,541)
Net cash provided by operating activities	$ 222,528	$ 150,474
SUPPLEMENTAL DISCLOSURE OF NONCASH INVESTING ACTIVITIES		
Noncash purchase of property, plant, and equipment	$ 12,338	$ 14,553
Change in fair value of beneficial interest in charitable remainder unitrusts, and deferred inflow of resources, net	$ 52	$ 52
SUPPLEMENTAL DISCLOSURE OF NONCASH FINANCING ACTIVITIES		
Noncash acquisition (disposition) of ROU assets	$ 3,132	$ (11,150)
Acquisition of lease receivables	$ 17,317	$ 8,928
Noncash acquisition of subscription assets	$ 3,435	$ -

See accompanying notes.

El Camino Healthcare District
Statements of Fiduciary Net Position
June 30, 2024 and 2023
(In Thousands)

	CASH BALANCE PLAN		OPEB PLAN		TOTAL	
	2024	2023	2024	2023	2024	2023
ASSETS						
Investments						
Mutual funds	$ 226,517	$ 192,389	$ -	$ -	$ 226,517	$ 192,389
Limited liability companies	59,591	55,363	-	-	59,591	55,363
Common stock	34,075	30,500	-	-	34,075	30,500
Partnerships	7,693	9,642	-	-	7,693	9,642
Pooled, common and collective trusts	12,168	10,575	-	-	12,168	10,575
Corporate bonds	123	122	-	-	123	122
U.S. government securities	2,487	1,747	-	-	2,487	1,747
Cash and cash equivalents	8,063	5,006	-	-	8,063	5,006
Total investments, at fair value	350,717	305,344	-	-	350,717	305,344
Receivables						
Employer contributions	3,303	3,500	-	-	3,303	3,500
Interest and dividends	102	80	-	-	102	80
Total receivables	3,405	3,580	-	-	3,405	3,580
Noninterest-bearing cash	-	749	-	-	-	749
Net pending trades	-	-	-	-	-	-
NET POSITION RESTRICTED FOR PENSIONS	$ 354,122	$ 309,673	$ -	$ -	$ 354,122	$ 309,673

See accompanying notes.

El Camino Healthcare District
Statements of Changes in Fiduciary Net Position
Years Ended June 30, 2024 and 2023
(In Thousands)

	CASH BALANCE PLAN		OPEB PLAN		TOTAL	
	2024	2023	2024	2023	2024	2023
ADDITIONS						
Investments income						
Net appreciation (depreciation) in fair value of investments	$ 36,831	$ (57,817)	$ -	$ -	$ 36,831	$ (57,817)
Dividends	5,852	4,538	-	-	5,852	4,538
Interest	744	154	-	-	744	154
Total investment income (loss)	43,427	(53,125)	-	-	43,427	(53,125)
Contributions						
Employer contributions	14,035	12,000	1,024	1,001	15,059	13,001
Pending investment settlements	-	-	-	-	-	-
Total contributions	14,035	12,000	1,024	1,001	15,059	13,001
Total additions, net	57,462	(41,125)	1,024	1,001	58,486	(40,124)
DEDUCTIONS						
Benefits paid to participants	12,975	14,207	1,024	1,001	13,999	15,208
Administrative expenses	38	-	-	-	38	-
Total deductions	13,013	14,207	1,024	1,001	14,037	15,208
INCREASE (DECREASE) IN NET POSITION	44,449	(55,332)	-	-	44,449	(55,332)
NET POSITION RESTRICTED FOR PENSIONS						
Beginning of year	309,673	365,005	-	-	309,673	365,005
End of year	$ 354,122	$ 309,673	$ -	$ -	$ 354,122	$ 309,673

See accompanying notes.

Note 1 – Organization and Summary of Significant Accounting Policies

Organization – The El Camino Healthcare District (the "District") includes the following component units, which are included as blended component units of the District's consolidated financial statements: El Camino Hospital (the "Hospital"), El Camino Hospital Foundation (the "Foundation"), CONCERN: Employee Assistance Program ("CONCERN"), and Silicon Valley Medical Network d.b.a El Camino Health Medical Network ("ECHMN").

The District is organized as a political subdivision of the State of California and was created for the purpose of operating an acute care hospital and providing management services to certain related corporations. The District is the sole member of the Hospital, and the Hospital is the sole corporate member of the Foundation and CONCERN. As sole member, the District (with respect to the Hospital) and the Hospital (with respect to the Foundation and CONCERN) have certain powers, such as the appointment and removal of the boards of directors and approval of changes to the articles of incorporation and bylaws.

ECHMN was organized as a California Limited Liability Corporation ("LLC") that was formed in 2008. Starting in fiscal year 2019 and continuing into the current fiscal year, ECHMN has expanded to 14 clinic and urgent care sites.

All significant inter-entity accounts and transactions have been eliminated in the consolidated financial statements.

The District utilizes the proprietary fund method of accounting whereby revenues and expenses are recognized on the accrual basis and consolidated financial statements are prepared using the economic resources measurement focus.

The District has fiduciary responsibility for the El Camino Hospital Cash Balance Plan and El Camino Hospital Postretirement Health and Life Insurance Benefit Plan. See Notes 7 and 8.

In 2024, the Hospital purchased controlling interest in Spine Sports Surgery Center ("SSSC"), a spine surgery center. The acquisition was executed to enhance service delivery. The total consideration transferred was $5.8 million. The fair value of the net assets acquired was determined to be $1.2 million, resulting in deferred outflow of $4.6 million as of June 30, 2024. The statement of revenues, expenses, and changes in net position of the hospital for the year ended June 30, 2024 includes activities of the Spine Center beginning on acquisition date of April 1, 2024. All significant inter-entity accounts and transactions have been eliminated.

El Camino Hospital Cash Balance Plan (the Plan) – The Plan was originally adopted as a defined benefit plan and was amended and restated in its entirety to a cash-balance formula effective January 1, 1995. Effective January 1, 2014, the Plan was restated and amended. The Plan is administered by the sponsor, El Camino Hospital (the "Hospital"), and Plan assets are held by the custodian of the Plan, Wells Fargo Bank, N.A. ("Wells Fargo"). The Plan is a noncontributory defined benefit plan intended to qualify under Section 401(a) of the Internal Revenue Code ("IRC"). At December 31, 2023, there were 5,148 Plan participants consisting of 3,360 active participants and 1,788 inactive or separated participants, and at December 31, 2022, there were 4,859 Plan participants consisting of 3,093 active participants and 1,766 inactive or separated participants.

El Camino Hospital Postretirement Health and Life Insurance Benefit Plan – The Hospital also provides healthcare benefits and life insurance under the El Camino Hospital Postretirement Health and Life Insurance Benefit Plan (the "OPEB Plan"), a single-employer defined benefit Postretirement Benefits Plan, for retired employees who meet eligibility requirements as outlined in the plan document, as approved by the board of directors of the Hospital.

Accounting standards – Pursuant to Governmental Accounting Standards Board ("GASB") Statement No. 62, *Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements*, the District's proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements as well as codified pronouncements issued on or before November 30, 1989, and the California Code of Regulations, Title 2, Section 1131, State Controller's *Minimum Audit Requirements* for California Special Districts and the State Controller's Office prescribed reporting guidelines.

Use of estimates – The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Estimates include contractual allowances related to net patient service revenue, provision for uncollectible accounts, fair market values of investments, uninsured losses for professional liability, minimum pension liability, workers' compensation liability, post-retirement medical benefits liability, valuation of gift annuities and beneficial interest in charitable remainder unitrusts, useful lives of capital assets, discount rate for leases, useful lives of right of use assets, deferred inflows of resources, subscription term of subscription assets, and discount rates used for subscription liabilities. Actual results could differ from those estimates.

Cash and cash equivalents – Cash and cash equivalents include deposits with financial institutions, and investments in highly liquid debt instruments with an original maturity of three months or less. In addition, in fiscal years 2024 and 2023, cash and cash equivalents include repurchase agreements, which consist of highly liquid obligations of U.S. governmental agencies. Cash and cash equivalents exclude amounts whose use is limited by board designation or by legal restriction.

Investments – Investments consist primarily of highly liquid debt instruments and other short-term interest-bearing certificates of deposit, U.S. Treasury bills, U.S. government obligations, hedge funds, hedge fund of funds, and corporate debt, excluding amounts whose use is limited by board designation or other arrangements under trust agreements.

Board-designated and restricted funds include assets set aside by the Board of Directors (the "Board") for future capital improvements and other operational reserves, over which the Board retains control and may at its discretion use for other purposes; assets set aside for qualified capital outlay projects in compliance with state law; and assets restricted by donors or grantors.

Investment income, realized gains and losses, and unrealized gains and losses on investments are reflected as nonoperating revenue or expense.

Funds held by trustee – According to the terms of both indenture agreements (General Obligation and Revenue Bonds), these amounts are held by the bond trustee and paying agent and are maintained and managed by an investment manager or the trustee. These assets are available for the settlement of future current bond obligations and capital expenditures.

Lease receivables – The District's lease receivable is measured at the present value of lease payments expected to be received during the lease term. Under the lease agreement, the District may receive variable lease payments that are dependent upon the lessee's revenue. The variable payments are recorded as an inflow of resources in the period the payment is received. The deferred inflow of resources is recorded at the initiation of each lease in an amount equal to the initial recording of the lease receivable. The deferred inflows of resources are amortized on an effective interest method basis over the term of each lease.

Capital assets – Capital asset acquisitions are recorded at cost. Donated property is recorded at its fair market value on the date of donation. All purchases over $2,500 are capitalized. Leasehold improvements are amortized using the straight-line method over the shorter of the lease term or the estimated useful life of the related assets. Depreciation is computed using the straight-line method over the estimated useful lives of the assets as follows:

Land improvements	16 years
Buildings and fixtures	25 to 47 years
Equipment	3 to 16 years

The District evaluates prominent events or changes in circumstances affecting capital assets to determine whether impairment of a capital asset has occurred. Impairment losses on capital assets are measured using the method that best reflects the diminished service utility of the capital asset.

Except for capital assets acquired through gifts, contributions, or capital grants, interest cost on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Right of use assets – The District has recorded right to use lease assets as a result of implementing Governmental Accounting Standards Board ("GASB") No. 87. The right to use assets are initially measured at an amount equal to the initial measurement of the related lease liability plus any lease payments made prior to the lease term, less lease incentives, and plus ancillary charges necessary to place the lease into service. The right to use assets are amortized on a straight-line basis over the life of the related lease.

Subscription assets – The District has recorded subscription assets as a result of implementing GASB No. 96. The subscription assets are initially measured at an amount equal to the initial measurement of the related subscription liability plus any contract payments made to the SBITA vendor at the commencement of the subscription term, capitalizable initial implementation cost, less any incentive payments received from the SBITA vendor at the commencement of the subscription term. The subscription assets are amortized on a straight-line basis over the shorter of the subscription term or the useful life of the underlying assets.

Prepaid expenses and other current assets – Prepaid expenses and other current assets consist primarily of premiums paid in advance, inventories, dues, and other receivables related to new capitation and hospitalist contracts associated with ECHMN. Prepaid expenses and other current assets consisted of the following at June 30:

	2024	2023
Inventory	$ 27,826	$ 21,215
Prepaid expense and other deposits	27,607	23,822
Other receivables	13,086	11,162
	$ 68,519	$ 56,199

Investments in healthcare affiliates – The Hospital holds an interest in Pathways Home Health & Hospice ("Pathways"), and five Satellite Dialysis Centers, which are reported using the equity method of accounting.

Affiliate	Percent interest
Pathways	50%
Satellite Dialysis	30%

Deferred outflows and inflows – The District records deferred outflows or inflows of resources in its consolidated financial statements for consumption or acquisition of its consolidated net position that is applicable to a future reporting period. These financial statement elements are distinct from assets and liabilities.

	2024	2023
Deferred outflows of resources as of June 30:		
Loss on defeasance of bonds payable	$ 9,959	$ 10,560
Deferred outflows of resources - employee benefit plan contribution	7,000	7,000
Deferred outflows of resources - goodwill	4,627	638
Deferred outflows - actuarial, employee benefit plan	21,340	37,339
Total	$ 42,926	$ 55,537
Deferred inflows of resources as of June 30:		
Deferred inflows of resources - charitable remainder unitrusts	$ 4,067	$ 4,015
Deferred inflows of resources - leases	47,538	42,923
Deferred inflows - actuarial, employee benefit plan	11,539	14,893
Deferred inflows - actuarial, post-retirement medical benefit	115	1,852
Total	$ 63,259	$ 63,683

Risk management – The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Self-insurance plans – The Hospital maintains professional liability insurance on a claims-made basis, with liability limits of $40,000,000 in aggregate, which is subject to a $500,000 deductible. Additionally, the Hospital is self-insured for workers' compensation benefits. The Hospital purchases a Workers' Compensation Excess Policy that insures claims greater than $1,000,000 with a limit of statutory and a $1,000,000 deductible. Actuarial estimates of uninsured losses for professional liability and workers' compensation have been accrued as other current liabilities and workers' compensation, net of current portion, respectively, in the accompanying consolidated financial statements.

The following is a summary of changes in workers' compensation liabilities for the years ended June 30 (in thousands):

	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2024	$ 15,798	$ 1,146	$ 1,833	$ 15,111	$ 2,300

	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2023	$ 16,329	$ 1,711	$ 2,242	$ 15,798	$ 2,300

Compensated absences – Vested or accumulated vacation and sick leave are recorded as an expense and liability of the Hospital as the benefits accrue to employees. For most employees, the maximum accumulated vacation is 400 hours. Sick leave is accumulated indefinitely at a maximum of 40 hours for a full-time employee per year, and is not vested with the employee upon termination. The following is a summary of changes in compensated absences transactions for the years ended June 30 (in thousands):

	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2024	$ 36,104	$ 72,597	$ 70,067	$ 38,634	$ 38,634

	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2023	$ 34,449	$ 64,573	$ 62,918	$ 36,104	$ 36,104

Lease liabilities – The District recognizes lease contracts or equivalents that have a term exceeding one year and the cumulative future payments on the contract exceeding $12,000 that meet the definition of an other than short-term lease. The District uses a discount rate that is explicitly stated or implicit in the contract. When a readily determinable discount rate is not available, the discount rate is determined using the District's incremental borrowing rate at start of the lease for a similar asset type and term length to the contract. Short-term lease payments are expensed when incurred.

The following is a summary of changes in lease liabilities, net for the years ended June 30 (in thousands):

	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2024	$ 16,064	$ 3,100	$ 2,786	$ 16,378	$ 2,973
	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2023	$ 30,138	$ -	$ 14,074	$ 16,064	$ 2,714

Subscription liabilities – The District entered into various agreements for IT subscriptions. These agreements range in terms up to year 2028. Total lease payments were $4.5 million for fiscal years 2024 and 2023. Some SBITAs include one or more options to renew and may also include options to terminate the subscription. SBITAs do not contain any material incentive paid, material restrictive covenants or material termination penalties. The District measures the SBITA liability at the present value of payments expected to be made during the subscription term. SBITAs with a term of 12 months or less, or arrangements that have a term exceeding one year and the cumulative future payments on the contract are less than $1 million, are recognized as operating expense on a straight-line basis over the subscription term. If the interest rate implicit in the SBITA cannot be readily determined, the District uses an incremental borrowing rate to discount the SBITA payments, which is an estimate of the interest rate that would be charged for borrowing the SBITA payment amounts during the subscription term

The following is a summary of changes in subscription liabilities, net for the years ended June 30 (in thousands):

	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2024	$ 14,090	$ 3,128	$ 3,644	$ 13,574	$ 4,900
	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
2023	$ 17,885	$ -	$ 3,795	$ 14,090	$ 3,164

Interest rate swap agreements – During the fiscal year ended June 30, 2007, the Hospital entered into derivative instruments in the form of three swap agreements to hedge variable interest rate exposure. During the fiscal year ended June 30, 2008, the underlying variable rate debt was refunded for fixed rate debt, leaving the Hospital with speculative derivative instruments that largely offset the variable rate debt issued in 2009. Two of these swaps were terminated in the fiscal year ended June 30, 2010. Refer to Note 10 for a full description of the interest rate swap agreements.

Net position – Net position of the District is classified as invested in capital assets, restricted-expendable, restricted-nonexpendable, and unrestricted net position.

Invested in capital assets, net of related debt – Invested in capital assets of $812,580,000 and $720,511,000 at June 30, 2024 and 2023, respectively, represent investments in all capital assets (building and building improvements, furniture and fixtures, and information and technology equipment), net of depreciation and amortization less any debt issued to finance those capital assets.

Restricted-expendable – The restricted-expendable net position is restricted through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, laws or regulations of other governments, or constraints imposed by law through constitutional provisions or enabling legislation and includes assets in self-insurance trust funds, revenue bond reserve fund assets, and net position restricted to use by donors.

Restricted-nonexpendable – The restricted-nonexpendable net position is equal to the principal portion of permanent endowments.

Unrestricted net position – Unrestricted net position consists of net position that does not meet the definition of invested in capital assets, net of related debt, or restricted.

Statements of revenues, expenses, and changes in net position – For purposes of presentation, transactions deemed by management to be ongoing, major, or central to the provisions of healthcare services are reported as revenues and expenses. Peripheral or incidental transactions are reported as gains and losses. These peripheral activities include investment income, property tax revenue, gifts, grants and bequests, change in net unrealized gains and losses on short-term investments, unrealized losses or gains on interest rate swap, and nonexchange contributions received from the Foundation's fundraising activities and are reported as nonoperating. Investments in Pathways Home Health & Hospice and Satellite Dialysis of Mountain View, LLC, are accounted for under the equity method. The Hospital's share of the operating income of these entities is included as other, net in the consolidated financial statements.

Net patient service revenue and patient accounts receivable – Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered, and adjusted in future periods as final settlements are determined. The distribution of net patient accounts receivable by payor is as follows:

	June 30,	
	2024	2023
Medicare	13%	11%
Medi-Cal	3%	3%
Commercial and other	81%	85%
Self pay	3%	1%
	100%	100%

Provision for uncollectible accounts – The Hospital provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. A provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible.

Charity care – The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The amount of estimated costs for services and supplies furnished under the Hospital's charity care policy aggregated approximately $5,262,000 and $4,244,000 for the years ended June 30, 2024 and 2023, respectively.

Property tax revenue – The District received approximately 10% in 2024 and 12% in 2023 of its total increase in net position from property taxes. These funds were designated as follows (in thousands):

	2024	2023
Designated to support community benefit programs and operating expenses	$ 11,294	$ 11,129
Designated to support capital expenditures	$ 14,278	$ 13,045
Levied for debt service	$ 7,920	$ 12,574

Property taxes are levied by the County of Santa Clara on the District's behalf on January 1 and are intended to finance the District's activities of the same calendar year. Amounts levied are based on assessed property values as of the preceding July 1. Property taxes are considered delinquent on the day following each payment due date. Property taxes are recorded as nonoperating revenue by the District when they are earned.

Grants and contributions – From time to time, the District receives grants as well as contributions from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues.

Income taxes – The District operates under the purview of the Internal Revenue Code (the "Code"), Section 115, and corresponding California Revenue and Taxation Code provisions. As such, it is not subject to state or federal taxes on income. CONCERN has also been granted tax-exempt status. However, income from the unrelated business activities of the Hospital and the Foundation is subject to income taxes. ECHMN is a limited liability company and is treated as a pass-through entity for federal income tax purposes. Accordingly, no recognition has been given to federal income taxes in the accompanying consolidated financial statements.

New accounting pronouncements – In June 2022, the GASB issued Statement No. 100, *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62*. This Statement enhances accounting and financial reporting requirements for accounting changes and error corrections. It defines accounting changes as changes in accounting principles, changes in accounting estimates, and changes to or within the financial reporting entity. This statement requires that (1) changes in accounting principles and error corrections be reported retroactively by restating prior periods, (2) changes to or within the financial reporting entity be reported by adjusting beginning balances of the current period, and (3) changes in accounting estimates be reported prospectively by recognizing the change in the current period. The District adopted this standard in the current fiscal year. The adoption did not result in a material impact to the District's consolidated financial statements.

In June 2022, the GASB issued Statement No. 101, *Compensated Absences*. The Statement updates the recognition and measurement guidance for compensated absences. This Statement requires that liabilities for compensated absences be recognized for (1) leave that has not been used, and (2) leave that has been used but not yet paid, provided the services have occurred, the leave accumulates, and the leave is more likely than not to be used for time off or otherwise paid in cash or noncash means. In estimating the leave that is more likely than not to be used or otherwise paid or settled, a government should consider relevant factors such as employment policies related to compensated absences and historical information about the use or payment of compensated absences. The statement amends the existing requirements to disclose only the net change in the liability instead of the gross additions and deductions to the liability. This statement is effective for fiscal years beginning after December 15, 2023. The District is currently evaluating the impact of the adoption of this standard on its consolidated financial statements.

Reclassifications – Certain reclassifications of prior years' balances and disclosures have been made to conform with the current year presentations. Such reclassifications did not affect the total increase in net position or total current or long-term assets or liabilities.

Note 2 – Operating Revenues

The Hospital and ECHMN have agreements with third-party payors that provide for payments to the Hospital and ECHMN at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, fee schedules, prepaid payments per member, and per diem payments or a combination of these methods. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated settlements under reimbursement agreements with third-party payors.

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system based on clinical, diagnostic, and other factors. Inpatient services are paid at prospectively determined rates per discharge. Payments for outpatient services are based on a stipulated amount per procedure. The Hospital is reimbursed for cost reimbursable items at a tentative rate, with final settlements determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The effect of updating prior-year estimates for Medicare and other liabilities was to decrease to 2024 income from operations by $2,125,000, compared to 2023 which was an increase to income from operations by $4,830,000. The Hospital's cost reports have been audited by the Medicare fiscal intermediary through June 30, 2018.

Non-Designated Public Hospitals ("NDPHs"), including the Hospital, were authorized, in 2011's Assembly Bill ("AB") 113, to use intergovernmental transfers ("IGTs") to obtain federal supplemental funds for Medi-Cal inpatient fee-for-service. The IGTs are used to bring NDPHs, in the aggregate, up to their upper payment limit ("UPL"). The UPL is the federal maximum available under the Medicaid program, as calculated based on the actual costs of providing care. For the years ended June 30, 2024 and 2023, the Hospital recognized amounts under the IGT program of $14,886,000 and $7,186,000, respectively, which have been reported as net patient service revenue.

Medi-Cal and contracted rate payors are paid on a percentage of charges, per diem, per discharge, fee schedule, or a combination of these methods.

Laws and regulations governing the Medicare and Medi-Cal programs are complex and are subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term.

Other revenue for the years ended June 30, consisted of the following:

	2024	2023
Rental income	$ 12,990	$ 13,786
Prime IGT	4,526	4,719
ECHMN other revenue	2,267	1,758
CONCERN & ECHMN capitated revenue	18,975	17,229
Other operating revenue	24,123	13,720
	$ 62,881	$ 51,212

Note 3 – Cash Deposits

The District has deposits held by various financial institutions in the form of operating cash and cash equivalents. At June 30, 2024 and 2023, District cash deposits had carrying amounts of $232,205,000 and $260,818,000, respectively, and bank balances of $236,352,000 and $265,821,000, respectively. All of these funds were held in cash deposits, which are collateralized with the California Government Code ("CGC"), except for $250,000 per account that is federally insured by the Federal Deposit Insurance Corporation ("FDIC"). Under the provision of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure the District's deposits by pledging first trust deed mortgage having a value of 150% of the District's deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

The District participated in a cash management program provided by its primary depository institution that allows cash in District concentration accounts to be swept daily and invested overnight in reverse agreements that are not exposed to custodial credit risk because the underlying securities are held by the buyer-lender.

Note 4 – Board-Designated Funds, Funds Held By Trustee, Restricted Funds, and Investments

Board-designated funds, funds held by trustee, restricted funds, and short-term investments, collectively, comprised the following (in thousands) as of June 30:

	2024	2023
Included in the following consolidated statements of net position captions:		
Short-term investments	$ 129,652	$ 148,137
Current portion of board designated and funds held by trustee	24,574	22,657
Board designated, funds held by trustee, and restricted funds, less current portion	1,617,124	1,325,683
Total carrying amount of deposits and investments	$ 1,771,350	$ 1,496,477

At June 30, 2024, investment balances and average maturities were as follows:

Investment Type	Fair Value (in thousands)	Investment Maturities (in years) Less than 1	1 to 5	6 to 10	More than 10
Short-term money market	$ 103,087	$ 103,087	$ -	$ -	$ -
Government and agencies	334,321	21,220	121,890	5,094	186,117
Corporate bonds	189,850	18,209	105,123	32,961	33,557
Domestic fixed income	42,418	42,418	-	-	-
	669,676	$ 184,934	$ 227,013	$ 38,055	$ 219,674
Equities	101,706				
Mutual funds	392,895				
Real estate funds	171,059				
Hedge funds	436,014				
Total	$ 1,771,350				

At June 30, 2023, investment balances and average maturities were as follows:

Investment Type	Fair Value (in thousands)	Investment Maturities (in years) Less than 1	1 to 5	6 to 10	More than 10
Short-term money market	$ 97,563	$ 97,563	$ -	$ -	$ -
Government and agencies	304,649	25,957	101,184	17,803	159,705
Corporate bonds	201,791	17,677	100,146	36,533	47,435
Domestic fixed income	16,687	2,949	5,550	4,596	3,592
	620,690	$ 144,146	$ 206,880	$ 58,932	$ 210,732
Equities	88,095				
Mutual funds	470,242				
Real estate funds	50,233				
Hedge funds	267,217				
Total	$ 1,496,477				

Interest rate risk – Through its investment policies, the District manages its exposure to fair value losses arising from increasing interest rates by limiting duration of fixed-income securities in its portfolio to no more than 30% of the designated benchmark.

Credit risk – District investment policies require fixed income investments to have a minimum of 85% of a money manager's assets in investment grade assets. The investment policy requires investment managers maintain an average of A- or higher ratings as issued by a nationally recognized rating organization. Additionally, the investment policy requires no more than 5% of a money manager's portfolio at the time of purchase shall be invested in the securities of any one issuer, with the exception of a United States government agency, agency MBS, or other Sovereign issues rated AAA or Aaa.

Foreign currency risk – The District's investment policy permits it to invest up to 30% of total investments in foreign currency denominated investments.

Alternative investments risk – The District's alternative investments include ownership interest in a wide variety of partnership and fund structures that may be domestic or offshore. Generally, there is little or no regulation of these investments by the Securities and Exchange Commission or U.S. state attorneys general. These investments employ a wide variety of strategies including absolute return, hedge, venture capital, private equity, and other strategies. Investments in this category may employ leverage to enhance the investment return. The District's holdings can include financial assets such as marketable securities, nonmarketable securities, derivatives, and synthetic and structured instruments; real assets; tangible and intangible assets; and other funds and partnerships. Generally, these investments do not have a ready market. Interest in these investments may not be traded without approval of the general partner or fund management.

Alternative investments are subject to all of the risks described previously relating to equities and fixed-income instruments. In addition, alternative strategies and their underlying assets and rights are subject to a broad array of economic and market vagaries that can limit or erode value. The underlying assets may not be held by a custodian either because they cannot be, or because the entity has chosen not to hold them in this form. Valuations determined by the investment manager, who has a conflict of interest in that he or she is compensated for performance, are considered and reviewed by the District's Investment Committee and the Board of Directors. Real assets may be subject to physical damage from a variety of means, loss from natural causes, theft of assets, lawsuits involving rights, and other loss and damage including mortgage foreclosure risk. These risks may not be insured or insurable. Tangible assets are subject to loss from theft and other criminal actions and from natural causes. Intangible assets are subject to legal challenge and other possible impairment.

The carrying amount of deposits and investments are included in the District's consolidated statements of net position as follows (in thousands):

	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Carrying Value
2024				
Cash and cash equivalents	$ 104,038	$ -	$ -	$ 104,038
Mutual funds	222,216	173,150	(2,471)	392,895
Real estate funds	138,055	33,004	-	171,059
Hedge funds	345,540	92,045	(1,571)	436,014
Equities	79,546	25,294	(3,134)	101,706
Fixed income securities	572,646	4,970	(11,978)	565,638
	$ 1,462,041	$ 328,463	$ (19,154)	$ 1,771,350

	Amortized Cost	Gross Unrealized Gains	Gross Unrealized Losses	Carrying Value
2023				
Cash and cash equivalents	$ 97,561	$ 3	$ (3)	$ 97,561
Mutual funds	347,840	133,117	(10,715)	470,242
Real estate funds	37,201	14,039	(1,007)	50,233
Hedge funds	217,564	51,595	(1,942)	267,217
Equities	74,349	17,679	(3,933)	88,095
Fixed income securities	555,971	1,098	(33,940)	523,129
	$ 1,330,486	$ 217,531	$ (51,540)	$ 1,496,477

Note 5 – Fair Value

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value hierarchy is also established which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 – Quoted prices in active markets for identical assets or liabilities.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the consolidated statements of net position at June 30, 2024 and 2023, as well as the general classification of such instruments pursuant to the valuation hierarchy:

Mutual funds: Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the District and are valued at the closing price reported on the active market on which the individual securities are traded.

Common stock: Common stock is valued at the closing price reported on the active market on which the individual securities are traded.

Asset-backed securities: Asset-backed securities are valued via model using various inputs such as but not limited to daily cash flow, U.S. Treasury market, floating rate indices such as LIBOR and Prime as a benchmark yield, spread over index, periodic and life caps, next coupon adjustment date, and convertibility of the bond.

Corporate bonds, foreign bonds, and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities: Fixed income funds are valued at the NAV of shares held by the District and are valued at the closing price reported on the active market on which the individual securities are traded.

Pooled, common & collective trusts: Investments are valued using the NAV of the fund. The NAV of a pooled or collective investment fund is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund.

Hedge funds: The fair value of the investments is recorded at the investment manager's net asset values, as determined by the fund administrator and subsequently audited by an external third party. The administrator has the appropriate expertise to determine the NAV. The District assesses the NAV and takes into consideration events such as suspended redemptions, restructuring, secondary sales, and investor defaults to determine if an adjustment is necessary. Additionally, asset holdings are reviewed within investment managers' audited financial statements.

Limited Liability Company and Limited Partnership Interests: The valuation of partnership interests may require significant management judgement. The District's ownership is based upon their percentage of limited partnership interests divided by the total commitment of the fund. Specifically, inputs used to determine fair value include financial statements provided by the investment partnerships, which typically include fair market value capital account balances.

Interest rate swap: The fair value is estimated by a third party using inputs that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

Beneficial interest in charitable remainder unitrusts: The beneficial interest in charitable remainder unitrusts is measured at fair value, which is estimated as the present value of the expected future cash flows from trusts.

The following table presents the fair value measurements of financial instruments for the consolidated District financials, recognized in the accompanying consolidated statements of net position measured at fair value on a recurring basis and the level within the GASB No. 72 fair value hierarchy in which the fair value measurements fall at June 30 (in thousands):

Description	Level 1	Level 2	Level 3	2024
Investments by fair value level				
Asset backed securities				
Asset backed obligations	$ -	$ 20,330	$ -	$ 20,330
Mortgage backed obligations	-	55,056	-	55,056
U,S. Government Mortgage Pool	-	88,029	-	88,029
Common stock				
ADR & U.S. foreign stock	-	-	13,790	13,790
Consumer discretionary	20,270	-	-	20,270
Energy	18,659	-	-	18,659
Financial services industry	10,255	-	-	10,255
Healthcare industry	10,235	-	-	10,235
Information Technology	17,314	-	-	17,314
Materials	11,183	-	-	11,183
Corporate, municipal and foreign bonds				
Corporate bonds	-	133,189	-	133,189
Foreign corporate bonds	-	22,542	-	22,542
Foreign government bonds	-	2,349	-	2,349
Municipal taxable	-	2,919	-	2,919
Preferred stocks	1,446	-	-	1,446
Private placement - factored	-	2,069	-	2,069
Private placements	-	29,702	-	29,702
Mutual funds				
Mutual funds - equity	379,923	-	-	379,923
Mutual funds - taxable	12,972	-	-	12,972
U.S. Government securities				
Government agencies	-	-	-	-
U.S. treasury notes and bonds	167,987	-	-	167,987
Limited partnership interests	-	-	44,378	44,378
Total investments by fair value level	$ 650,244	$ 356,185	$ 58,168	1,064,597
Cash equivalents				104,038
Investments measured at NAV				
Pooled, common & collective trusts				42,019
Equity hedge funds				188,383
Credit hedge funds				37,852
Macro hedge funds				134,939
Relative value hedge funds				158,550
Fixed income limited partnership				40,972
Total investments measured at NAV				602,715
Total investments				$ 1,771,350
Beneficial interest in charitable remainder unitrusts	$ -	$ -	$ 4,067	$ 4,067
Interest rate swap	$ -	$ (1,585)	$ -	$ (1,585)

Description	Level 1	Level 2	Level 3	2023
Investments by fair value level				
Asset backed securities				
Corporate backed obligations	$ -	$ 32,751	$ -	$ 32,751
Mortgage backed obligations	-	37,535	-	37,535
U,S. Government Mortgage Pool	-	92,358	-	92,358
Common stock				
ADR & U.S. foreign stock	-	-	9,996	9,996
Consumer discretionary	12,867	-	-	12,867
Energy	14,553	-	-	14,553
Financial services industry	13,865	-	-	13,865
Healthcare industry	13,171	-	-	13,171
Industrials	4,259	-	-	4,259
Information Technology	12,875	-	-	12,875
Materials	4,431	-	-	4,431
Other	2,078	-	-	2,078
Corporate, municipal and foreign bonds				
Corporate bonds	-	168,661	-	168,661
Foreign corporate bonds	-	14,582	-	14,582
Foreign government bonds	-	-	-	-
Municipal taxable	-	4,150	-	4,150
Municipal - tax-exempt	92	-	-	92
Preferred stocks	1,406	-	-	1,406
Private placement - factored	-	-	-	-
Private placements	33,673	-	-	33,673
Mutual funds				
Mutual funds - equity	452,290	-	-	452,290
Mutual funds - taxable	-	18,109	-	18,109
U.S. Government securities				
Government agencies	3,981	-	-	3,981
U.S. treasury notes and bonds	133,782	-	-	133,782
Limited partnership interests	-	-	46,409	46,409
Total investments by fair value level	$ 703,323	$ 368,146	$ 56,405	1,127,874
Cash equivalents				98,053
Investments measured at NAV				
Pooled, common & collective trusts				37,407
Equity hedge funds				71,708
Credit hedge funds				36,197
Macro hedge funds				27,151
Relative value hedge funds				96,337
Fixed income limited partnership				1,750
Total investments measured at NAV				270,550
Total investments				$ 1,496,477
Beneficial interest in charitable remainder unitrusts	$ -	$ -	$ 4,015	$ 4,015
Interest rate swap	$ -	$ (2,239)	$ -	$ (2,239)

The following table provides the fair value and redemption terms and restrictions for investments redeemable NAV at June 30 (in thousands):

	2024 Fair Value	2023 Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice
Pooled, common & collective trusts	$ 42,019	$ 37,407	$ -	Monthly	30 days
Equity hedge funds	188,383	71,708	-	Quarterly	90 days
Credit hedge funds	37,852	36,197	-	Monthly, Quarterly	15 - 60 days
Macro hedge funds	134,939	27,151	-	Monthly, Quarterly	5 - 90 days
Relative value hedge funds	158,550	96,337	-	Quarterly, Annually	45 days
Fixed income limited partnership	40,972	1,750	-	Monthly	1 day
Total investments measured at NAV	$ 602,715	$ 270,550	$ -		
Limited partnership interests	$ 44,378	$ 46,409	$ 14,241	n/a	n/a

Pooled, common & collective trusts – includes investments that invest in domestic equity. Investments are valued using the NAV per share of the fund. The NAV per share is based on the value of the underlying assets owned by the fund, minus its liabilities, divided by the number of shares outstanding. Approximately 73% of the value of the investments may include lock up, imposed gates, and other restrictions that preclude them from redeeming their share or ownership interest for an uncertain or extended period of time from the measurement date.

Equity hedge funds – includes investments that employ both long and short strategies primarily in common stocks. Equity hedge strategies typically have a directional bias (long or short) and trade in equities and equity related derivatives. The fair values of the investments in this type have been determined using the NAV per share of the investments. Investments representing approximately 8% of the value of the investments in this type include restrictions such as certain classes with side pocket investments which may only be redeemed upon realization of the underlying investments.

Credit hedge funds – includes investments that are comprised of distressed securities, credit long/short, emerging market debt and credit event driven. Credit hedge strategies typically have a directional bias and involve the purchase of various types of debt, equity, trade claims and fixed income securities. The fair values of the investments in this type have been determined using the NAV per share of the investments. All of the investments in this type include restrictions that do not allow for redemptions in the first year after acquisition and other imposed gates.

Macro hedge funds – includes investments that invests in global macro, managed futures, commodities and currencies. Macro hedge strategies typically have a directional bias and involve the purchase of a variety of securities and/or derivatives related to major markets. Managed future strategies trade similar instruments but are typically implemented by computerized system. The fair values of the investments in this type have been determined using the NAV per share of the investments.

Relative value hedge funds – includes investments that typically does not display a distinct directional bias. Relative value encompasses a range of strategies covering different asset classes. The fair values of the investments in this type have been determined using the NAV per share (or its equivalent) of the investments. Approximately 33% of the value of the investments may include lock up, imposed gates, and other restrictions that preclude them from redeeming their share or ownership interest for an uncertain or extended period of time from the measurement date.

Fixed-income limited partnership – includes investments in a limited partnership fund of funds that invest primarily in investment grade non-U.S. dollar denominated fixed income securities. The fund may enter into swap agreements, forward settlement agreements, futures, contracts, and options on future contracts as well as purchase and sell covered put and call options. Investments are valued using the NAV per share of the fund. There is a provision in the limited partnership agreement that allows the general partner to limit redemption under certain circumstances.

Limited partnership interests – investments in closed-end, commitment based private equity real estate partnerships. The valuation of partnership interests in these funds may require significant management judgement. The District's ownership is based upon their percentage of limited partnership interests divided by the total commitment of the fund. Inputs used to determine fair value include financial statements provided by the investment partnerships, which typically include fair market value capital account balances. These investments can never be redeemed with the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund.

The following table presents the fair value measurements of financial instruments recognized in the accompanying fiduciary statements of net position measured at fair value on a recurring basis and the level within the GASB No. 72 fair value hierarchy in which the fair value measurements fall at June 30 (in thousands):

	2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 8,063	$ -	$ -	$ 8,063
Common stock	34,075	-	-	34,075
Corporate bonds	-	123	-	123
Mutual funds	226,517	-	-	226,517
U.S. government securities	2,487	-	-	2,487
Total assets in the fair value hierarchy	$ 271,142	$ 123	$ -	271,265
Investments measured at NAV practical expedient				79,452
Total assets, at fair value				$ 350,717

	2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 5,005	$ -	$ -	$ 5,005
Common stock	30,500	-	-	30,500
Corporate bonds	-	122	-	122
Mutual funds	192,389	-	-	192,389
U.S. government securities	1,747	-	-	1,747
Total assets in the fair value hierarchy	$ 229,641	$ 122	$ -	229,763
Investments measured at NAV practical expedient				75,581
Total assets, at fair value				$ 305,344

The following table provides the fair value and redemption terms and restrictions for investments redeemable NAV at June 30 (in thousands), for the fiduciary funds investments:

	Fair Value June 30, 2024	Fair Value June 30, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Liability Company	$ 59,591	$ 55,363	$ -	Monthly/Semi-Annual	90 days
Common Collective Trust	12,168	10,575	-	Daily	Daily
Partnerships	7,693	9,643	8,598	No redemptions	N/A
	$ 79,452	$ 75,581			

Note 6 – Capital Assets

Capital assets activity for the year ended June 30, 2024, was as follows (in thousands):

	Balance June 30, 2023	Increases	Decreases	Balance June 30, 2024
Capital assets not being depreciated				
Land	$ 115,327	$ 1,117	$ -	$ 116,444
Construction in progress	170,675	2,376	-	173,051
	286,002	3,493	-	289,495
Capital assets being depreciated				
Land improvement	19,600	-	-	19,600
Buildings	1,261,676	121,583	-	1,383,259
Capital equipment	480,830	34,820	6	515,644
	1,762,106	156,403	6	1,918,503
Less accumulated depreciation for				
Land improvement	12,209	943	-	13,152
Buildings	389,423	46,700	-	436,123
Capital equipment	396,036	35,605	214	431,427
	797,668	83,248	214	880,702
Total capital assets being depreciated, net	964,438	73,155	(208)	1,037,801
Total capital assets, net	$ 1,250,440	$ 76,648	$ (208)	$ 1,327,296

Capital assets activity for the year ended June 30, 2023, was as follows (in thousands):

	Balance June 30, 2022	Increases	Decreases	Balance June 30, 2023
Capital assets not being depreciated				
Land	$ 103,515	$ 11,812	$ -	$ 115,327
Construction in progress	104,103	66,572	-	170,675
	207,618	78,384	-	286,002
Capital assets being depreciated				
Land improvement	21,635	-	2,035	19,600
Buildings	1,304,961	19,772	63,057	1,261,676
Capital equipment	451,677	29,350	197	480,830
	1,778,273	49,122	65,289	1,762,106
Less accumulated depreciation for				
Land improvement	13,334	910	2,035	12,209
Buildings	410,000	42,479	63,056	389,423
Capital equipment	361,227	34,889	80	396,036
	784,561	78,278	65,171	797,668
Total capital assets being depreciated, net	993,712	(29,156)	118	964,438
Total capital assets, net	$ 1,201,330	$ 49,228	$ 118	$ 1,250,440

Construction contracts of approximately $282.6 million were approved for various projects, including the Women's Hospital Expansion, Demolition of the "Old Main" hospital and site work as well as replacement of the Diagnostic Imaging equipment at the Mountain Views campus. At June 30, 2024, the remaining commitment on these contracts is approximately $34.8 million There was no capitalized interest for the years ended June 30, 2024 and 2023, respectively.

Note 7 – Employee Benefit Plans

The Hospital sponsors a cash-balance pension plan (the "Cash Balance Plan"), which has been in effect since January 1, 1995. The Plan covers employees who are 21 years of age and have completed one year of credited service. Participants are entitled to a lump-sum distribution or monthly benefits at age 65 based on a predetermined formula that considers years of service and compensation. Effective July 1, 1999, employer benefits are calculated as 5% of a participant's annual plan compensation, and the annual interest is an indexed rate based on the return on 10-year U.S. Treasury securities. Participants are fully vested in their account balances after five pension years.

Participant accounts – The Cash Balance Plan maintains "participant account balances" equal to a participant's account balance established as of January 1, 1995, upon the conversion to the cash-balance formula, plus subsequent contribution credits and interest credits related to the participant's accumulated cash balance, participant match contribution credits, and participant match interest credits.

Contribution credits of 5% of eligible compensation for the year are credited to a participant's account as of the last day of the Cash Balance Plan year. Each year, interest credits related to a participant's cash balance are credited to the participant's account in an amount that is equal to a percentage of a participant's account balance at the beginning of the Cash Balance Plan year. The percentage rate used is the annual rate of return on 10-year treasury securities in effect for the third month (October) immediately preceding the first day of the applicable Cash Balance Plan year. The rates credited were 1.58% and 0.79% for the years beginning January 1, 2023 and 2022, respectively.

Employee contributions – Contributions by participants are not required or permitted by the Cash Balance Plan.

Employer contributions – The Hospital's funding policy is to contribute amounts to the Cash Balance Plan necessary to meet minimum funding requirements. The Hospital's contributions for 2024 and 2023 exceeded the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Although it has not expressed any intention to do so, the Hospital has the right under the Cash Balance Plan to discontinue its contributions at any time and to terminate the Cash Balance Plan subject to the provisions set forth in ERISA.

Eligibility – Hospital employees are eligible to participate on the first day of the month succeeding the later of the date on which they complete one year of service, which is defined as working 12 months for a minimum of 1,000 hours, and they reach age 21.

Funding policy – The amount of employer contributions is determined based on actuarial valuations and recommendations as to the amounts required to fund benefits. Contributions are made by the Hospital based on the results of the actuarial recommendations. The Hospital intends to make contributions in amounts not less than the minimum required by the funding standards of ERISA and is required to keep the Cash Balance Plan qualified under Section 401(a) of the Internal Revenue Code ("IRC"). Participants are not permitted to contribute to the Cash Balance Plan.

Vesting – Participants are fully vested with their third year of service.

Pension benefits – Monthly benefit payments, based upon a formula described in the Cash Balance Plan document, commence within 30 days of the normal retirement date, early retirement date, or deferred retirement date. A participant may elect to defer retirement past the normal retirement age, which will result in benefits greater than 100%, based on a published scale. The eligibility requirement for early retirement is age 55. Early retirement benefits are calculated by multiplying the accrued benefit as of the early retirement date by a percentage defined in the Cash Balance Plan document.

Benefit terms provide for annual cost-of-living adjustments to each member's retirement allowance subsequent to the member's retirement date. The annual adjustments are 2.00% compounded annually.

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance or annuity payments based upon formulas described in the Cash Balance Plan document.

Death benefits – The Cash Balance Plan provides death benefits in the form of a qualified pre-retirement survivor annuity for life equal to the annuity that would have been payable to the spouse if the participant had retired on the day preceding the participant's death. At the option of the beneficiary, the benefit may be paid in a lump-sum.

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") as applied to governmental units, using the accrual method of accounting. The GASB is the accepted standard setting body for establishing governmental accounting and financial reporting principles.

Use of estimates – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated Cash Balance Plan benefits, at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation – The Cash Balance Plan's investments are stated at fair value, as certified by the Cash Balance Plan's custodian, based generally on quoted market prices.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation or depreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation (depreciation) of those investments.

Benefits paid to participants – Benefit payments to participants are recorded upon distribution.

Administrative expenses – Administrative fees, such as custodian, actuarial, and certain other administrative expenses, may be paid by the Cash Balance Plan or the Hospital.

The Hospital's net pension asset was measured as of June 30, 2024 and 2023, as determined by an actuarial valuation as of December 31, 2023 and 2022, rolled forward to June 30, 2024 and 2023, respectively.

Certain retired and terminated employees and certain participants covered by a collective bargaining agreement continue to participate under provisions of a defined-benefit retirement plan in effect prior to January 1, 1995. Participant data for the Plan, as of the measurement date January 1 for the indicated years is as follows:

	2024	2023
Active	3,360	3,093
Retirees and beneficiaries	677	651
Vested terminated	1,111	1,115
Total participants	5,148	4,859

Components of pension cost and deferred outflows and inflows of resources as calculated under the requirements of GASB No. 68 are as follows (in thousands):

	2024	2023
Service cost	$ 10,406	$ 10,460
Interest	15,747	13,789
Differences between expected and actual experience	2,041	2,100
Changes of assumptions	2,585	(7,429)
Benefit payments	(12,953)	(14,208)
Net change in total pension liability	17,826	4,712
Total pension liability beginning of fiscal year	231,068	226,356
Total pension liability end of fiscal year	$ 248,894	$ 231,068

	2024	2023
Deferred outflows of resources as of June 30:		
Difference between expected and actual experience	$ 3,218	$ 2,036
Changes in assumptions	2,202	-
Difference between projected and actual investment earnings	15,920	35,303
Total	$ 21,340	$ 37,339
Deferred inflows of resources as of June 30:		
Difference between expected and actual experience	$ (4,621)	$ (6,016)
Changes in assumptions	(6,918)	(8,877)
Total	$ (11,539)	$ (14,893)
Contributions between the measurement date and fiscal year end recognized as a deferred outflows of resources	$ 7,000	$ 7,000

Amounts reported as deferred outflows and inflows of resources to pensions will be recognized in pension expense are as follows (in thousands):

2025	$ 548
2026	5,895
2027	8,767
2028	(5,969)
2029	39
Thereafter	521
	$ 9,801

The following table summarizes changes in pension liability for fiscal years ended June 30, 2024 and 2023, with a measurement date of December 31, 2023 and 2022, respectively, (in thousands):

	2024	2023
Contributions	$ 14,000	$ 10,000
Net investment (loss) income	43,599	(53,124)
Benefit payments, including refunds of member contributions	(12,953)	(14,208)
Net change in Plan fiduciary net position	44,646	(57,332)
Plan fiduciary net position beginning of fiscal year	306,173	363,505
Plan fiduciary net position end of fiscal year	350,819	306,173
Plan's net pension asset end of the fiscal year	$ (101,925)	$ (75,105)
Covered payroll	$ 457,580	$ 409,092
Net pension asset as a percentage of covered payroll	-22.27%	-18.36%
Contributions	$ 7,000	$ 7,000

The following table summarizes the actuarial assumptions used to determine net pension asset and plan fiduciary net position as of June 30, 2024 and 2023:

Valuation Date	January 1, 2024 and 2023 for reporting date June 30, 2024 and 2023, respectively. Actuarially determined contribution rates are calculated as of January 1.
Actuarial Cost Method	Entry Age Normal Method as a level percent of pay in accordance with GASB.
Asset Valuation Method	Market Value
Actuarial Assumptions	
Projected Salary Increases	4% for reporting date June 30, 2024 and 2023, respectively
Mortality	Based on the Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2021, except for current and future beneficiaries of deceased participants. For current and future beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale MP-2021.
Discount Rate	6.7% for both reporting dates June 30, 2024 and 2023

Sensitivity of net pension asset (in thousands):

	1% Decrease 5.7%	Current Discount Rate 6.7%	1% Increase 7.7%
Net pension asset as of June 30, 2024	$ 78,609	$ 101,925	$ 122,094

	1% Decrease 5.7%	Current Discount Rate 6.7%	1% Increase 7.7%
Net pension asset as of June 30, 2023	$ 53,648	$ 75,105	$ 93,690

The following table summarizes target asset class for the plan fiduciary net position as of June 30, 2024 and 2023:

Asset Class	Neutral	Asset Rebalancing Range	Expected Long-Term Real Rate of Return
Domestic Equities	32%	27% - 37%	6.40%
International Equities	18%	15% - 21%	8.20%
Alternatives	20%	17% - 23%	8.00%
Broad Fixed Income	25%	20% - 30%	4.40%
Cash	5%	0% - 8%	3.00%
Total	100%		6.70%

Eligible employees of the Hospital may also elect to participate in a separate deferred compensation plan (the 403(b) plan) pursuant to Section 403(b) of the Code. The Hospital acts as the administrator and sponsor, and the 403(b) plan's assets are held by trustees designated by the Hospital's management. Employees are eligible to participate upon employment, and participants are immediately vested in their elective contributions plus actual earnings thereon. The Hospital will match employee contributions to the 403(b) plan, subject to a maximum of 4% of each participant's annual plan compensation. Participants are eligible for employer match in the second plan year in which they work at least 1,000 hours, and they must be on the payroll at the end of the plan year (December 31). Employer matching contributions under the 403(b) plan are made to the cash-balance pension plan and earn interest as defined by that plan. Employer matching contributions to the 403(b) plan of $17,247,000 and $15,765,000 in 2024 and 2023, respectively, are included in benefits expense. Participants are immediately vested in the employer contributions included in the cash-balance pension plan.

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and the healthcare cost trend. Amounts determined regarding the funded status of the plan and the annual required contributions of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The schedule of funding progress, presented as required supplementary information following the notes to the consolidated financial statements, presents multiyear trend information about whether the actuarial value of plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and the plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the employer and plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

Note 8 – Post-Retirement Medical Benefits

The Hospital provides healthcare benefits and life insurance for retired employees who meet eligibility requirements as outlined in the plan document, as approved by the board of directors of the Hospital. All employees who attain age 55 with a minimum of 20 years of enrollment in the Hospital's healthcare program and are enrolled in one of the plans upon retirement, and who were hired prior to July 1, 1994, are eligible. Under the plan, employees are credited with employment history accumulated under a prior Hospital plan.

Benefits are funded by the Hospital on a pay-as-you go basis. If a participant terminates from the Hospital after 20 years of enrollment but before reaching age 62, he or she can choose to contribute to the plan between ages 55 and 61 to retain the plan's benefits. At age 62, eligible retirees are given an annual credit based on years of service to pay for health benefits.

Employees covered – At June 30, the following employees were covered by the Hospital:

	2024	2023
Active	375	208
Inactive plan members or beneficiaries currently receiving benefits	155	341
Total participants	530	549

Components of post-retirement medical benefits expense and deferred inflows and outflows of resources as calculated under the requirements of GASB No. 75 are as follows (in thousands) as of June 30:

	2024	2023
Service cost	$ 100	$ 230
Interest	975	643
Differences between expected and actual experience	(86)	(272)
Changes of assumptions	(1,354)	(3,289)
Current period recognition of prior years' deferred inflows and outflows of resources	(1,852)	(331)
Total post-retirement medical benefits expense	$ (2,217)	$ (3,019)

	2024	2023
Deferred outflows of resources as of June 30:		
Changes in benefit terms	$ -	$ -
Difference between expected and actual experience	-	-
Changes in assumptions	-	-
Total	$ -	$ -
Deferred inflows of resources as of June 30:		
Changes in benefit terms	$ -	$ -
Difference between expected and actual experience	(7)	(142)
Changes in assumptions	(108)	(1,710)
Total	$ (115)	$ (1,852)

Amounts reported as deferred outflows and inflows of resources to post-retirement medical benefits will be recognized in post-retirement medical benefits expense are as follows (in thousands):

2025	$ (115)
2026	-
2027	-
2028	-
2029	-
Thereafter	-
	$ (115)

The following table summarizes changes in post-retirement medical benefits liability for fiscal year ended June 30, 2024 and 2023, with a measurement date of July 1, 2023 and 2022, respectively (in thousands):

	2024	2023
Service cost	$ 100	$ 230
Interest	975	643
Differences between expected and actual experience	(93)	(414)
Changes in assumptions or other input	(1,463)	(4,999)
Benefit payments	(1,024)	(1,001)
Net changes	(1,505)	(5,541)
Net post-retirement medical benefits liability at beginning of year	24,242	29,783
Net post-retirement medical benefits liability at end of year	$ 22,737	$ 24,242

The following table summarizes the actuarial assumptions used to determine net post-retirement medical benefits as of June 30, 2024 and 2023:

Valuation Date	June 30, 2023; measurement date of June 30, 2023
Actuarial Cost Method	Entry Age Normal, level percent of pay
Asset Valuation Method	Not applicable
Actuarial Assumptions	
Projected Salary Increases	4.00%
Mortality	Mortality Tables projected generationally using projection scale MP-2021.
Discount Rate	4.13%
Healthcare cost trend rates:	7% for 2023, graded to 4.5% for years 2032 for ages pre-65; and 5.4% for 2023, graded to 4.50% for year 2032 for ages post-65.

Sensitivity of post-retirement medical benefits liability (in thousands) due to change in discount rates as of June 30:

	2024		
	1% Decrease 3.13%	Current Discount Rate 4.13%	1% Increase 5.13%
Net post-retirement medical benefits liability	$ 24,946	$ 22,737	$ 20,835

	2023		
	1% Decrease 3.09%	Current Discount Rate 4.09%	1% Increase 5.09%
Net post-retirement medical benefits liability	$ 26,779	$ 24,242	$ 22,073

Sensitivity of post-retirement medical benefits liability (in thousands) due to change in healthcare cost trend:

	1% Decrease	Current Trend rate	1% Increase
June 30, 2024	$ 22,646	$ 22,737	$ 22,832
June 30, 2023	$ 23,928	$ 24,242	$ 24,606

Note 9 – Insurance Plans

The Hospital purchases professional, general, automobile, and directors and officers liability insurance from BETA Healthcare Group (“BHG”), and also purchases all-risk property insurance (including limited flood), fiduciary, crime, cyber, and excess workers’ compensation coverage needs from Alliant Insurance Services (“Alliant”). The Hospital’s coverage is under a claims-made policy with limits of $30 million per occurrence, $40 million in the annual aggregate, and with a self-insured retention level of $500,000 per claim.

There are known claims and incidents that may result in the assertion of additional claims, as well as claims from unknown incidents that may be asserted from services provided to patients. The Hospital has actuarial estimates performed annually on its self-insurance plans of professional liability and workers’ compensation benefits. Estimated liabilities (which have not been discounted) have been actuarially determined at an expected 75% confidence level and include an estimate of incurred, but not reported, claims. The balances are included in salaries and wages payable, workers’ compensation, and other long-term liabilities in the accompanying consolidated statements of net position.

Note 10 – Bonds Payable

Bonds payable consists of the following obligations (in thousands):

	June 30, 2024	June 30, 2023
El Camino Hospital District		
2006 General Obligation Bonds		
Principal	$ 29,042	$ 32,335
2017 General Obligation Bonds		
Principal	73,145	73,145
Unamortized premium	154	168
El Camino Hospital Revenue Bonds		
Series 2009		
Principal	50,000	50,000
Series 2015A		
Principal	122,155	126,880
Unamortized premium	4,850	5,779
Series 2017A		
Principal	266,655	272,330
Unamortized premium	6,679	7,976
Total long-term debt	552,680	568,613
Less current maturities	14,318	13,693
Maturities due after one year	$ 538,362	$ 554,920

	2024			
	Balance at June 30, 2023	Increases	Decreases	Balance at June 30, 2024
General obligation bonds	$ 105,648	$ -	$ 3,307	$ 102,341
Revenue bonds	462,965	-	12,626	450,339
	$ 568,613	$ -	$ 15,933	$ 552,680

	2023			
	Balance at June 30, 2022	Increases	Decreases	Balance at June 30, 2023
General obligation bonds	$ 111,423	$ -	$ 5,775	$ 105,648
Revenue bonds	475,416	-	12,451	462,965
	$ 586,839	$ -	$ 18,226	$ 568,613

2006 General Obligation Bonds – Upon voter approval, in November 2003, the District issued in 2006, $148,000,000 principal amount of 2006 General Obligation Bonds, which consists of $115,665,000 of Current Interest Bonds. Interest on the Current Interest Bonds is payable semiannually at rates ranging from 4% to 5% and principal maturities ranging from $2,065,000 in 2016 to $18,050,000 in 2036 are due annually on August 1. Interest at rates ranging from 4.38% to 4.48% and principal of the Capital Appreciation Bonds are payable only at maturity. In March 2017, the District advanced refunded a portion of the 2006 General Obligation Bonds, through the issuance of the 2017 General Obligation Refunding Bonds.

The Current Interest Bonds maturing on or after August 1, 2017, may be redeemed prior to their respective stated maturity dates, at the option of the District, from any source of available funds, as a whole or in part on any date on or after February 1, 2017, at a redemption price equal to the principal amount of the Current Interest Bonds called for redemption, together with interest accrued thereon to the date of redemption, without premium.

2017 General Obligation Bonds – Upon voter approval, in March 2017, the District advanced refunded a portion of the 2006 General Obligation Bonds, through the issuance of the $99,035,000 2017 General Obligation Refunding Bonds, which consists of $115,665,000 of Current Interest Bonds, and $32,335,000 of Capital Appreciation Bonds. Interest on the 2017 General Obligation Refunding Bonds is payable semiannually at rates ranging from 2% to 5% and principal maturities ranging from $3,570,000 in 2017 to $17,480,000 in 2036 are due annually on August 1. This refinancing resulted in a reduction of future interest payments with a present value of approximately $7,000,000.

Both the 2006 and 2017 G.O. Bonds are general obligations of the District payable from ad valorem taxes. Payment of principal, interest and maturity value of the Bonds, when due, is insured by a municipal bond insurance policy.

Revenue Bonds, Series 2009 – In April 2009, the Hospital issued $50,000,000 of Santa Clara County Financing Authority Insured Revenue Bonds, Series 2009A, to fund completion of the Hospital replacement construction project. Interest on the bonds is payable on the business day immediately following the applicable remarketing period. Principal maturities on the bonds range from $100,000 in 2025 to $10,920,000 in 2044, and are due annually on February 1.

The 2009 Series Revenue bond agreement contains various restrictive covenants which include, among other things, minimum debt service coverage, maintenance of minimum liquidity, and requirement to maintain certain financial ratios.

The bonds are secured by a pledge of gross revenues to an Indenture of Trust (“Indenture”) dated March 16, 2007. The Indenture contains certain covenants that, among other things, require the District to deposit all gross revenues of the Hospital as soon as practicable upon receipt. The Indenture also requires the Hospital to maintain a long-term debt service coverage ratio of 1.15 to 1.00. Failure to comply with the restrictive covenants of the Indenture could result in all of the unpaid principal and accrued interest of the bonds becoming due immediately, at the option of the trustee.

Revenue Bonds, Series 2015A – In May 2015, the Hospital advance refunded its Series 2007 Santa Clara County Financing Authority Insured Revenue Bonds ("Series 2007") through the issuance of the $160,455,000 of Santa Clara County Financing Authority Insured Revenue Bonds ("Series 2015A"). The issuance of the Series 2015A is to (i) finance and refinance certain capital expenditures owned by the Hospital (the Project – $40,300,000), (ii) advance refund ($120,100,000) the Santa Clara County Financing Authority Insured Revenue Bonds of the Hospital Series 2007A, 2007B, and 2007C, and (iii) pay costs incurred in the connection of the issuance of the Bonds.

Revenue Bonds, Series 2017A – In February 2017, the Hospital issued $292,435,000 of California Health Facilities Financing Authority Revenue Bonds ("Series 2017") to finance certain capital expenditures at facilities owned or operated by the Hospital, to finance a portion of the interest payable of the Series 2017 through January 31, 2019, and to pay costs incurred in connection with the issuance of the Series 2017. The Series 2017 consists of $130,660,000 Serial Bonds and $161,775,000 Term Bonds. Principal maturities for the Serial Bonds range from $4,665,000 in 2020 to $10,565,000 in 2037, and are due annually on February 1. Principal maturities for the Term Bonds range from $60,710,000 in 2042 to $101,065,000 in 2047, and are due annually on February 1.

Letter of credit – In March 2009, in connection with the issuance of the 2009 Series Revenue bonds, the Hospital obtained an irrevocable Letter of Credit issued by a bank for $50,000,000. This Letter of Credit expires in October 2025 and requires the Hospital to maintain a long-term debt service coverage ratio of 1.20 to 1.00.

Management believes all financial debt covenants were met for the years ended June 30, 2024 and 2023.

Debt service requirements for bonds payable are as follows (in thousands):

Year Ending June 30,	General Obligation Bonds		Revenue Bonds	
	Principal	Interest	Principal	Interest
2025	$ 3,398	$ 6,788	$ 10,920	$ 18,415
2026	3,411	7,144	11,460	17,874
2027	3,552	7,709	12,035	17,306
2028	3,598	8,172	12,630	16,714
2029	3,674	8,712	13,255	16,099
2030-2034	51,124	34,027	76,535	70,537
2035-2039	33,430	2,036	74,010	51,276
2040-2044	-	-	114,925	29,872
2045-2049	-	-	113,040	8,011
	$ 102,187	$ 74,588	$ 438,810	$ 246,104

Interest rate swap – On March 7, 2007, the Hospital entered into three interest rate swap agreements in connection with the issuance of the Series 2007 Revenue Bonds. The intention of the swap is to create debt with a synthetic, fixed interest rate on the variable-rate Revenue Bonds. The swaps were effective March 23, 2007, with a termination date of February 1, 2041, and notional amounts of $50 million each; these terms match the terms of the underlying Series 2007 Revenue Bonds. Under each swap transaction, the Hospital pays a fixed rate of interest of 3.204% and the counterparty pays a variable rate of interest equal to the sum of (i) 56% of USD-LIBOR-BBA plus (ii) 0.23%. In March 2008, the Hospital Board directed management to terminate the floating to fixed interest rate swap when economically prudent in connection with the refunding of their Series 2007 Revenue Bonds. In December 2009, two of the three swaps were terminated. The fair value of the remaining swap is a liability of $1,585,000 at June 30, 2024, and $2,239,000 at June 30, 2023, included in other long-term obligations in the consolidated statements of net position.

Risks associated with the swap agreement – From the Hospital's perspective, the following risks are generally associated with swap agreements:

Credit risk – The counterparty becomes insolvent or is otherwise not able to perform its financial obligations. In the event the counterparty becomes insolvent or their credit rating falls below BBB-/Baa2, the Hospital has the right to terminate the swap. Upon exercise of early termination, the amounts due from or to the counterparty will be determined by the market pricing of the swap at the time of termination.

Termination risk – The Hospital or counterparty may terminate the swap if the other party fails to perform under the terms of the contract. If, at the time of the termination, the swap has a negative fair value, the Hospital would be liable to the counterparty for that payment.

Note 11 – Restricted Net Position

Restricted net position consists of donor-restricted contributions and grants and cash restricted for regulatory requirements, which are to be used as follows (in thousands):

	2024	2023
Charity and other	$ 33,851	$ 33,278
Endowments	10,532	11,193
Restricted by donor for specific uses	44,383	44,471
Restricted by Department of Managed Health Care	150	150
Total restricted net position	$ 44,533	$ 44,621

Permanently restricted contributions ("endowments") remain intact, with the earnings on such funds providing an ongoing source of revenue to be used primarily for education.

Note 12 – Charitable Remainder Unitrusts

The Foundation is the beneficiary of several irrevocable charitable remainder unitrusts in which the gift assets are held by trustees and administered for the benefit of the Foundation and other beneficiaries. The assets are held under trust agreements with an outside trustee. The donors maintain the right to income earned on the assets during their lifetime and, in some cases, during the lifetime of their survivors.

Pursuant to GASB No. 81, the Foundation recognizes an asset and a deferred inflow of resources when it becomes aware of the agreements and has sufficient information to measure the beneficial interest, in accordance with the asset recognition criteria in GASB No. 81. The beneficial interest asset is measured at fair value, which is estimated as the present value of the expected future cash flows from trusts. The applicable federal discount rate for June 2024 and June 2023 of 5.6% and 2.5% per annum, respectively, and The Standard Ordinary Mortality Rate Table were used to arrive at the present value. Change in the fair value of the beneficial interest asset is recognized as an increase or decrease in the related deferred inflow of resources. As the remainder interest beneficiary, the Foundation recognizes revenue for the beneficial interest at the termination of the agreement, as stipulated in the agreements.

Note 13 – Leases

The District is a lessee for noncancellable lease of office space and equipment with lease terms through 2039. There are no residual value guarantees included in the measurement of District's lease liability nor recognized as an expense for the years ended June 30, 2024 and 2023. The District does not have any commitments that were incurred at the commencement of the leases. The District is subject to variable equipment usage payments that are expensed when incurred. There were no amounts recognized as variable lease payments as lease expense on the statement of changes of net position for the years ended June 30, 2024 and 2023. No termination penalties were incurred during the fiscal year.

The District has the following right to use assets as of June 30:

2024	Beginning Balance	Increases	Decreases	Ending Balance
Right-of-use assets	$ 27,202	$ 3,132	$ -	$ 30,334
Less accumulated amortization	12,125	2,963	-	15,088
Right-of-use assets, net	$ 15,077	$ 169	$ -	$ 15,246

2023	Beginning Balance	Increases	Decreases	Ending Balance
Right-of-use assets	$ 41,943	$ -	$ 14,741	$ 27,202
Less accumulated amortization	12,702	3,014	3,591	12,125
Right-of-use assets, net	$ 29,241	$ (3,014)	$ 11,150	$ 15,077

For the years ended June 30, 2024 and 2023, the District recognized $2,963,000 and $3,014,000, respectively, in amortization expense included in depreciation and amortization expense on the consolidated statements of activities and changes in net position.

The future principal and interest lease payments as of June 30, 2024, were as follows:

Year Ending June 30	Principal Payments	Interest Payments	Total
2025	$ 2,973	$ 772	$ 3,745
2026	2,209	642	2,851
2027	1,796	543	2,339
2028	1,176	454	1,630
2029	969	386	1,355
Thereafter	7,255	1,559	8,814
	$ 16,378	$ 4,356	$ 20,734

The District evaluated the right to use assets for impairment and determined there was no impairment for the years ended June 30, 2024 and 2023.

The District is also a lessor for noncancellable leases of office space with lease terms through 2034. For the years ended June 30, 2024 and 2023, the District recognized $10,672,000 and $10,347,000 in lease revenue released from the deferred inflows of resources related to the office lease included in other revenue on the statements of changes in net position. No inflows of resources were recognized in the year related to termination penalties or residual value guarantees during fiscal years ended 2024 and 2023.

Note 14 – Subscription Based Information Technology Arrangements

The District has the following subscription asset activities as of June 30:

2024	Beginning Balance	Increases	Decreases	Ending Balance
Subscription assets	$ 22,693	$ 3,435	$ 3,313	$ 22,815
Less accumulated amortization	9,188	4,356	3,165	10,379
Subscription assets, net	$ 13,505	$ (921)	$ 148	$ 12,436

2023	Beginning Balance	Increases	Decreases	Ending Balance
Subscription assets	$ 22,693	$ -	$ -	$ 22,693
Less accumulated amortization	4,002	5,186	-	9,188
Subscription assets, net	$ 18,691	$ (5,186)	$ -	$ 13,505

For the years ended June 30, 2024 and 2023, the District recognized $4,356,000 and $5,186,000, respectively, in amortization expense included in depreciation and amortization expense on the consolidated statements of activities and changes in net position.

The future subscription payments as of June 30, 2024 were as follows:

Year Ending June 30	Principal Payments	Interest Payments	Total
2025	$ 4,900	$ 521	$ 5,421
2026	6,065	377	6,442
2027	1,279	106	1,385
2028	1,330	54	1,384
	$ 13,574	$ 1,058	$ 14,632

The District evaluated the subscription assets for impairment and determined there was no impairment for the years ended June 30, 2024 and 2023.

Note 15 – Related-Party Transactions

The Hospital pays vendor-related expenses on behalf of the Foundation and is reimbursed for these costs incurred. The Hospital also pays employee-related expenses, which are reimbursed by the Foundation. The Foundation's employees also participate in the cash-balance pension plan, sponsored by the Hospital. Full footnote disclosures relating to the cash-balance pension plan is included in the consolidated financial statements. The Hospital performs certain administrative functions on behalf of the Foundation for which no amounts are charged to the Foundation. As of June 30, 2024 and 2023, the Foundation has a payable to the Hospital in the amount of $578,000 and $299,000, respectively. During the fiscal years 2024 and 2023, the Foundation paid the Hospital $2,596,000 and $3,062,000 for such expenses, respectively, which included amounts for operations, but also disbursements from Donor Restricted Funds in support of Hospital operations and capital acquisitions.

In June 2012, the Hospital Board approved the funding of the Foundation's salaries, wages, benefits, and rent for a maximum of $1,783,000 annually on an ongoing basis. All related-party transactions are eliminated upon consolidation.

As of June 30, 2024 and 2023, CONCERN has a payable to the Hospital in the amount of $3,087,000 and $2,949,000, respectively. During the fiscal years ended June 30, 2024 and 2023, CONCERN paid the Hospital $9,198,000 and $6,681,000 for its expenses, respectively. All related party transactions are eliminated upon consolidation.

As of June 30, 2024 and 2023, ECHMN has a payable to the Hospital of $9,665,000 and $8,610,000, respectively. During fiscal years ended June 30, 2024 and 2023, ECHMN paid the Hospital $31,857,000 and $29,023,000 for its expenses, respectively. All related-party transactions are eliminated upon consolidation.

Note 16 – Commitments and Contingencies

Litigation – The District is a defendant in various legal proceedings arising out of the normal conduct of its business. In the opinion of management and its legal representatives, the District has valid and substantial defenses, and settlements or awards arising from legal proceedings, if any, will not exceed existing insurance coverage, nor will they have a material adverse effect on the financial position, results of operations, or liquidity of the District.

Regulatory environment – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. The District is subject to routine surveys and reviews by federal, state and local regulatory authorities. The District has also received inquiries from healthcare regulatory authorities regarding its compliance with laws and regulations. Although the District management is not aware of any violations of laws and regulations, it has received corrective action requests as a result of completed and ongoing surveys from applicable regulatory authorities. Management continually works in a timely manner to implement operational changes and procedures to address all corrective action requests from regulatory authorities. Breaches of these laws and regulations and noncompliance with survey corrective action requests could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

Hospital Seismic Safety Act – In the 2010 fiscal year, the Mountain View campus completed its three-year construction of the Hospital Replacement Project with the opening of its new five story, 450,000-square-foot, state-of-the-art hospital facility on November 15, 2009. This completion made the Mountain View hospital campus in compliance with the State of California's Senate Bill ("SB") 1953 in meeting all requirements of the Hospital Seismic Safety Act of 1994.

At the Los Gatos campus, where most of the buildings were constructed in the 1960s, the campus has been going through a seismic compliance review. During 2015, all required seismic upgrades were made to the Los Gatos site for seismic compliance up to 2030.

Collective bargaining agreement – Approximately 79.2% of the Hospital's employees are covered by collective bargaining agreements. These employees are members of three unions.

Note 17 – Subsequent Events

Subsequent events are events or transactions that occur after the consolidated statement of net position date but before the consolidated financial statements are available to be issued. The District recognizes in the consolidated financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the consolidated statement of net position date, including the estimates inherent in the process of preparing the consolidated financial statements. The District's consolidated financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the consolidated statement of net position date but arose after the consolidated statement of net position date and before consolidated financial statements are issued.

In September 2024, the Hospital extended its irrevocable Letter of Credit related to the Series 2009 Series Revenue Bonds, with expiration date in October 2025.

Supplementary Information

El Camino Healthcare District
Consolidating Statement of Net Position
June 30, 2024
(In Thousands)

	El Camino Healthcare District	El Camino Hospital	El Camino Hospital Foundation	CONCERN	ECHMN	Eliminations	El Camino Healthcare District and Affiliates
ASSETS AND DEFERRED OUTFLOWS							
Current assets							
Cash and cash equivalents	$ 28,310	$ 173,814	$ 10,476	$ 4,066	$ 15,539	$ -	$ 232,205
Short-term investments	533	112,094	3,970	13,055	-	-	129,652
Current portion of board-designated funds	24,574	-	-		-	-	24,574
Patient accounts receivable, net of allowances for doubtful accounts of $12,846	-	203,503	-	-	9,487	-	212,990
Current portion of lease receivables	-	17,199	-	-	-	(3,527)	13,672
Prepaid expenses and other current assets	55	74,507	219	932	6,946	(14,140)	68,519
Total current assets	53,472	581,117	14,665	18,053	31,972	(17,667)	681,612
Non-current cash and investments							
Board-designated funds	15,608	1,509,295	51,837	-	-	-	1,576,740
Restricted funds	-	-	-	150	-	-	150
Funds held by trustee	40,216	18	-	-	-	-	40,234
	55,824	1,509,313	51,837	150	-	-	1,617,124
Capital assets							
Nondepreciable	10,644	278,851	-	-	-	-	289,495
Depreciable, net	-	1,026,604	1,279	1,367	8,551	-	1,037,801
Total capital assets	10,644	1,305,455	1,279	1,367	8,551	-	1,327,296
Right-of-use assets, net of amortization	-	8,668	-	-	22,823	(16,245)	15,246
Subscription assets, net of amortization	-	12,436	-	-	-	-	12,436
Lease receivables, net of current portion	-	46,583	-	-	-	(14,042)	32,541
Pledges receivable, net of current portion	-	-	4,349	-	-	-	4,349
Prepaid pension asset	-	101,925	-	-	-	-	101,925
Investments in healthcare affiliates	-	36,664	-	-	-	-	36,664
Beneficial interest in charitable remainder unitrusts	-	-	4,067	-	-	-	4,067
Total assets	119,940	3,602,161	76,197	19,570	63,346	(47,954)	3,833,260
Deferred outflows of resources							
Loss on defeasance of bonds payable	-	9,959	-	-	-	-	9,959
Deferred outflows of resources	-	11,627	-	-	-	-	11,627
Deferred outflows - actuarial	-	21,340	-	-	-	-	21,340
Total deferred outflows of resources	-	42,926	-	-	-	-	42,926
Total assets and deferred outflows of resources	$ 119,940	$ 3,645,087	$ 76,197	$ 19,570	$ 63,346	$ (47,954)	$ 3,876,186

El Camino Healthcare District
Consolidating Statement of Net Position (continued)
June 30, 2024
(In Thousands)

	El Camino Healthcare District	El Camino Hospital	El Camino Hospital Foundation	CONCERN	ECHMN	Eliminations	El Camino Healthcare District and Affiliates
LIABILITIES, DEFERRED INFLOWS, AND NET POSITION							
Current liabilities							
Accounts payable and accrued expenses	$ 276	$ 69,261	$ 751	$ 2,921	$ 12,849	$ (14,140)	$ 71,918
Salaries, wages, and related liabilities	-	72,605	-	384	1,359	-	74,348
Other current liabilities	5,173	14,833	578	358	5,468	-	26,410
Estimated third-party payor settlements	-	13,419	-	-	-	-	13,419
Current portion of operating lease liabilities	-	981	-	-	5,519	(3,527)	2,973
Current portion of subscription liabilities	-	4,900	-	-	-	-	4,900
Current portion of bonds payable	3,398	10,920	-	-	-	-	14,318
Total current liabilities	8,847	186,919	1,329	3,663	25,195	(17,667)	208,286
Bonds payable, net of current portion	98,942	439,420	-	-	-	-	538,362
Operating lease liabilities, net of current portion	-	8,231	-	-	19,216	(14,042)	13,405
Subscription liabilities, net of current portion	-	8,674	-	-	-	-	8,674
Other long-term obligations	-	1,585	-	-	4	-	1,589
Workers' compensation, net of current portion	-	12,811	-	-	-	-	12,811
Post-retirement medical benefits	-	22,737	-	-	-	-	22,737
Total liabilities	107,789	680,377	1,329	3,663	44,415	(31,709)	805,864
Deferred inflows of resources							
Deferred inflows of resources	-	-	4,067	-	-	-	4,067
Deferred inflows of resources - leases	-	63,783	-	-	-	(16,245)	47,538
Deferred inflows of resources - actuarial	-	11,654	-	-	-	-	11,654
Total deferred inflows of resources	-	75,437	4,067	-	-	(16,245)	63,259
Net position							
Invested in capital assets, net of related debt	(51,480)	853,451	1,279	1,367	6,639	1,324	812,580
Restricted - expendable	-	-	33,851	-	-	-	33,851
Restricted - nonexpendable	-	-	10,532	150	-	-	10,682
Unrestricted	63,631	2,035,822	25,139	14,390	12,292	(1,324)	2,149,950
Total net position	12,151	2,889,273	70,801	15,907	18,931	-	3,007,063
Total liabilities, deferred inflows of resources, and net position	$ 119,940	$ 3,645,087	$ 76,197	$ 19,570	$ 63,346	$ (47,954)	$ 3,876,186

El Camino Healthcare District
Consolidating Statement of Revenues, Expenses, and Changes in Net Position
For the Year Ended June 30, 2024
(In Thousands)

	El Camino Healthcare District	El Camino Hospital	El Camino Hospital Foundation	CONCERN	ECHMN	Eliminations	El Camino Healthcare District and Affiliates
Operating revenues							
Net patient service revenue (net of provision for bad debts of $7,085)	$ -	$ 1,424,901	$ -	$ -	$ 52,946	$ -	$ 1,477,847
Other revenue	112	46,903	-	12,572	17,024	(13,730)	62,881
Total operating revenues	112	1,471,804	-	12,572	69,970	(13,730)	1,540,728
Operating expenses							
Salaries, wages and benefits	16	748,569	2,391	2,554	27,391	-	780,921
Professional fees and purchased services	527	168,996	899	6,580	63,567	(5,814)	234,755
Supplies	-	199,795	25	-	5,506	-	205,326
Depreciation and amortization	5	85,491	-	254	4,817	-	90,567
Rent and utilities	-	22,043	134	6	5,429	(3,959)	23,653
Other	-	35,978	109	436	2,675	(2,996)	36,202
Total operating expenses	548	1,260,872	3,558	9,830	109,385	(12,769)	1,371,424
(Loss) income from operations	(436)	210,932	(3,558)	2,742	(39,415)	(961)	169,304
Nonoperating revenues (expenses):							
Investment income, net	1,806	155,021	5,370	372	-	-	162,569
Property tax revenue							
Designated to support community benefit programs and operating expenses	11,294	-	-	-	-	-	11,294
Designated to support capital expenditures	14,278	-	-	-	-	-	14,278
Levied for debt service	7,920	-	-	-	-	-	7,920
Bond interest expense, net	(5,098)	(17,674)	-	-	-	-	(22,772)
Intergovernmental transfer expense	(6,093)	-	-	-	-	-	(6,093)
Restricted gifts, grants and bequests, and other, net of contributions to related parties	-	-	7,150	-	-	(1,783)	5,367
Unrealized gain on interest rate swap	-	693	-	-	-	-	693
Community benefit expense	(7,473)	(3,257)	-	(1,537)	-	960	(11,307)
Other, net	(20)	2,109	6	38	(1)	1,784	3,916
Total nonoperating revenues (expenses)	16,614	136,892	12,526	(1,127)	(1)	961	165,865
Excess (deficit) of revenues over expenses before capital transfers	16,178	347,824	8,968	1,615	(39,416)	-	335,169
Capital transfers	(4,962)	(26,675)	(5,400)	(363)	37,400	-	-
Increase (decrease) in net position	11,216	321,149	3,568	1,252	(2,016)	-	335,169
Total net position, beginning of year	935	2,568,124	67,233	14,655	20,947	-	2,671,894
Total net position, end of year	$ 12,151	$ 2,889,273	$ 70,801	$ 15,907	$ 18,931	$ -	$ 3,007,063

El Camino Healthcare District
Supplemental Pension and Post-Retirement Benefit Information
For the Years Ended June 30, 2024 and 2023

Supplemental pension information – The following tables summarize changes in net pension asset (in thousands):

	2024	2023
Service cost	$ 10,406	$ 10,460
Interest	15,747	13,789
Differences between expected and actual experience	2,041	2,100
Changes of assumptions	2,585	(7,429)
Benefit payments	(12,953)	(14,208)
Net change in total pension liability	17,826	4,712
Total pension liability beginning of fiscal year	231,068	226,356
Total pension liability end of fiscal year	$ 248,894	$ 231,068

	2024	2023
Contributions	$ 14,000	$ 10,000
Net investment (loss) income	43,599	(53,124)
Benefit payments, including refunds of member contributions	(12,953)	(14,208)
Net change in Plan fiduciary net position	44,646	(57,332)
Plan fiduciary net position beginning of fiscal year	306,173	363,505
Plan fiduciary net position end of fiscal year	350,819	306,173
Plan's net pension asset end of the fiscal year	$ (101,925)	$ (75,105)
Covered payroll	$ 457,580	$ 409,092
Net pension asset as a percentage of covered payroll	-22.27%	-18.36%
Contributions	$ 7,000	$ 7,000

The following table summarizes the contribution status of the Hospital's cash-balance pension plan (in thousands) over the last 10 years:

	FY2024	FY2023	FY2022	FY2021	FY2020
Actuarially determined contribution	TBD	$ -	$ -	$ -	$ 7,801
Contributions related to actuarially determined contribution	TBD	$ 14,000	$ 10,000	$ 8,500	$ 10,300
Contribution deficiency (excess)	TBD	(14,000)	(10,000)	(8,500)	(2,499)
Covered payroll	$ 457,580	$ 409,092	$ 389,552	$ 359,322	$ 335,696
Contribution as % of covered payroll	TBD	3.42%	2.57%	2.37%	3.07%
Contributions made during the fiscal year	$ 14,000	$ 14,000	$ 4,500	$ 14,000	$ 9,800

	FY2019	FY2018	FY2017	FY2016	FY2015
Actuarially determined contribution	$ 10,888	$ 10,155	$ 8,445	$ 2,736	$ -
Contributions related to actuarially determined contribution	$ 12,900	$ 11,600	$ 10,900	$ 10,500	$ 10,800
Contribution deficiency (excess)	(2,012)	(1,445)	(2,455)	(7,764)	(10,800)
Covered payroll	$ 315,317	$ 297,737	$ 283,435	$ 283,776	$ 266,844
Contribution as % of covered payroll	4.09%	3.90%	3.85%	3.70%	4.05%
Contributions made during the fiscal year	$ 12,800	$ 10,400	$ 10,900	$ 9,900	$ 14,400

Actuarially determined contributions are calculated as of January 1 and are based on the IRS minimum funding requirement. The contributions related to the actuarially determined contributions are amounts made for the plan year January 1 to December 31. Contributions made during the fiscal year are contribution amounts made during July 1 and June 30.

Supplemental post-retirement benefit information – As of June 30, 2024 and 2023, post-retirement medical benefits plan's fiduciary net position as a percentage of the total OPEB liability is 0% for both years.

The 2024 and 2023 covered payroll for the active population eligible to participate in the post-retirement medical benefits plan is $22,558,900 and $29,920,100 for 2024 and 2023, respectively. The net post-retirement medical benefits liability for the fiscal year ended June 30, 2024 and 2023, is $22,737,800 and $22,242,400, respectively. The net post-retirement medical benefits liability as a percentage of covered-employee payroll, as of the same time period, was 100.79% and 81.02%, respectively.

El Camino Healthcare District
Supplemental Schedule of Community Benefit (unaudited)
For the Years Ended June 30, 2024 and 2023

The District and the Hospital maintain records to identify and monitor the level of direct community benefit it provides. These records include the charges foregone for providing the patient care furnished under its charity care policy. For the years ended June 30, 2024 and 2023, the estimated costs of providing community benefit in excess of reimbursement from governmental programs were as follows (in thousands):

	2024	2023
Unpaid costs of Medi-Cal & Indigent programs	$ 78,306	$ 74,770
Other community-based programs		
Psychiatric	12,892	13,376
Clinical trial	82	278
Ambulatory care	18,612	16,933
Psychiatric outpatient	2,615	3,874
Total other community-based programs	34,201	34,461
Total community benefits	$ 112,507	$ 109,231

In furtherance of its purpose to benefit the community, the Hospital provides numerous other services to the community for which charges are not generated and revenues have not been accounted for in the accompanying consolidated financial statements. These services include providing access to healthcare through interpreters, referral and transport services, healthcare screening, community support groups and health educational programs, and certain home care and hospice programs. The estimated costs of Medicare programs in excess of reimbursement from Medicare were $143,509,000 and $117,070,000 for the years ended June 30, 2024 and 2023, respectively.

The Hospital also provides services to the community through the operations of the El Camino Hospital Auxiliary, Inc. (the “Auxiliary”). Services provided by volunteers of the Auxiliary, free of charge to the community, include assistance and counseling to patients and visitors, provision of scholarship awards to qualifying paramedical students, and daily personal contact with members of the community who are living alone.

Communications with Those
Charged with Governance

El Camino Healthcare District

June 30, 2024

MOSSADAMS

MOSSADAMS

Communications with Those Charged with Governance

The Board of Directors
El Camino Healthcare District

We have audited the consolidated financial statements of El Camino Healthcare District (the "District") its aggregate discretely presented component units, the El Camino Hospital Cash Balance Plan, and the El Camino Hospital Postretirement Health and Life Insurance Benefit Plan, as of and for the year ended June 30, 2024 and have issued our report thereon dated October ___, 2024. Professional standards require that we provide you with the following information related to our audit.

Our Responsibility Under Auditing Standards Generally Accepted in the United States of America

As stated in our engagement letter dated February 9, 2024, we are responsible for forming and expressing an opinion about whether the consolidated financial statements that have been prepared by management, with your oversight, are prepared, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We will also report on whether the consolidating statement of net position, consolidating statement of revenues, expenses, and changes in net position, and supplemental pension and postretirement benefit information, presented as supplementary information, are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole. Our audit of the consolidated financial statements does not relieve you or management of your responsibilities.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS), and the California Code of Regulations, Title 2 Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts. As part of an audit conducted in accordance with the standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

An audit of financial statements includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we considered the District's internal control solely for the purposes of determining our audit procedures and not to provide assurance concerning such internal control.

We are also responsible for communicating significant matters related to the consolidated financial statement audit that, in our professional judgment, are relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter dated February 9, 2024, and in our presentation to the Audit & Compliance Committee.

Significant Audit Findings and issues

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the District are described in Note 2 to the consolidated financial statements. No new accounting policies were adopted and there were no changes in the application of existing policies during 2024. We noted no transactions entered into by the District during the year for which there is a lack of authoritative guidance or consensus. There are no significant transactions that have been recognized in the consolidated financial statements in a different period than when the transaction occurred.

Significant Accounting Estimates

Accounting estimates are an integral part of the consolidated financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the consolidated financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the consolidated financial statements were:

- Management's estimate of net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. We evaluated the key factors and assumptions used to develop the estimated net realizable amounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the provision for uncollectible accounts is recognized based on management's estimate of amounts that ultimately may be uncollectible. El Camino Hospital provides care to patients without requiring collateral or other security. Patient charges not covered by a third-party payor are billed directly to the patient if it is determined that the patient has the ability to pay. We evaluated the key factors and assumptions used to develop the provision for uncollectible accounts. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the fair market values of investments in the absence of readily-determinable fair values is based on information provided by the fund managers. We have gained an understanding of management's estimate methodology and examined the documentation supporting this methodology. We evaluated the key factors and assumptions used to develop the fair market value of investments. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of uninsured losses for professional liability is recognized based on management's estimate of historical claims experience. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.

- Management's estimate of the minimum pension liability is actuarially determined using assumptions on the long-term rate of return on pension plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimated liability for workers' compensation claims is recognized based on management's estimate of historical claims experience and known activity subsequent to year-end. We evaluated the key factors and assumptions used to develop the actuarial estimates of uninsured losses for professional liabilities and workers' compensation. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimated liability for post-retirement medical benefits is actuarially determined using assumptions on the long-term rate of return on plan assets, the discount rate used to determine the present value of benefit obligations, and the rate of compensation increases. These assumptions are provided by management. We have evaluated the key factors and assumptions used to develop the estimate. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimates of useful lives of capital assets are based on the intended use and are within accounting principles generally accepted in the United States of America. We found management's basis to be reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimate of the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts have been estimated based on certain variables related to specific donor information. We evaluated key factors and assumptions used to develop the discount rate used to value the gift annuities and beneficial interest in charitable remainder unitrusts in determining that they are reasonable in relation to the consolidated financial statements taken as a whole.
- Management's estimates of the discount rate, useful lives, lease terms related to the District's operating lease right of use assets, lease liabilities, lease receivable, and deferred inflows of resources - leases. We have gained an understanding of management's key factors and assumptions and examined the documentation supporting the estimates. We found management's basis to be reasonable in relation to the District's consolidated financial statements taken as a whole.
- Management's estimates of the discount rate, subscription terms, and other assumptions related to the District's subscription assets and subscription liabilities. We have gained an understanding of management's key factors and assumptions and examined the documentation supporting the estimates. We found management's basis to be reasonable in relation to the District's consolidated financial statements taken as a whole.

Actual results could differ from these estimates. In accordance with accounting principles generally accepted in the Unites States of America, any change in these estimates is reflected in the consolidated financial statements in the year of change.

Financial Statement Disclosures

The disclosures in the consolidated financial statements are consistent, clear, and understandable. Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the consolidated financial statements were disclosures relating to significant concentration of net patient accounts receivable, investments and fair value of investments, capital assets, employee benefit plans, post-retirement medical benefits, insurance plans, bonds payable, leases, and subscription-based IT arrangements.

Significant Unusual Transactions

We encountered no significant unusual transactions during our audit of the District's consolidated financial statements.

Significant Difficulties Encountered in Performing the Audit

Professional standards require us to inform you of any significant difficulties encountered in performing the audit. No significant difficulties were encountered during our audit of the District's consolidated financial statements.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the consolidated financial statements or the auditor's report. No such disagreements arose during the course of our audit.

Circumstances that Affect the Form and Content of the Auditor's Report

There may be circumstances in which we would consider it necessary to include additional information in the auditor's report in accordance with auditing standards generally accepted in the United States of America (GAAS) and the California Code of Regulations, Title 2 Section 1131.2, State Controller's *Minimum Audit Requirements* for California Special Districts. There were no circumstances that affected the form and content of the auditor's report.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all factual and judgmental misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. There were no uncorrected financial statement misstatements whose effects, as determined by management, are material, either individually or in the aggregate, to the financial statements taken as a whole.

The following summarizes misstatements detected as a result of our audit procedures and corrected by management:

**pre-elimination on ECHMN books:*

	DR	CR
Right of use ("ROU") assets	$ 2,370,000	
Lease liabilities		$ 2,370,000

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October ___, 2024.

Management Consultation with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's consolidated financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Significant Audit Findings or Issues

We are required to communicate to you other findings or issues arising from the audit that are, in our professional judgment, significant and relevant to your oversight of the financial reporting process. There were no such items identified.

This information is intended solely for the use of the Board of Directors and management of the District, and is not intended to be, and should not be, used by anyone other than these specified parties.

San Francisco, California
October ___, 2024

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING MEMO

To: El Camino Healthcare District Board of Directors
From: George Ting, M.D., Board Chair
Date: October 15, 2024
Subject: ECHD Board Self-Evaluation

Purpose:

To further discuss the potential benefits of implementing a self-evaluation survey for the ECHD Board.

Motion:

Authorize the Chair and staff to initiate the development of a self-evaluation survey for the ECHD Board.

Summary:

As outlined in the El Camino Healthcare District (ECHD) Bylaws, one of the Chairperson's responsibilities is to coordinate an annual self-evaluation of the District Board's performance. Specifically, the Bylaws state:

"*The Chairperson shall coordinate an annual self-evaluation of the District Board's performance, assure the orientation of new District Directors, perform all other executive functions required by the District Board, and consult with the District Directors regarding each of the foregoing evaluations and executive functions performed by the Chairperson*."

Currently, the District Board participates in self-assessments through its role as El Camino Hospital Board members and also contributes to the annual evaluation of the CEO's District responsibilities. Expanding this practice to include a focused self-evaluation of our roles on the District Board would reinforce strong governance practices.

At the August 20, 2024 District Board meeting, staff was directed to gather data on past assessments conducted by the District Board and to research evaluation practices of other districts. While the District Board has participated in joint assessments with the El Camino Hospital Board, it has not yet conducted an independent self-evaluation. A sample of the questionnaire recently used by ECHB is attached for convenience.

Several healthcare districts in California regularly engage in self-assessment, with many utilizing tools provided by the Association of California Healthcare Districts (ACHD). ACHD offers a comprehensive self-evaluation service at no cost, partnering with a third-party provider, The Walker Company, to ensure a seamless process. The turnaround time for a detailed analysis report is approximately one week after the completion of the assessment.

Thirty-three districts have utilized this assessment tool since they began this service in 2012. Of those 33, 19 districts have used it at least twice, and 13 districts have used it more than two times (from 3-11 times). Some districts that regularly use this assessment include Beach Cities Healthcare District, Bear Valley Community Healthcare District, John C. Fremont Healthcare District, Morongo Basin Healthcare District, and Palomar Health.

The National Council for Non-Profits recommends regular board self-assessment and uses data from BoardSource's "Leading with Intent" survey to support that conclusion. If the District chooses to self-administer a survey we have a template from National Council from Non-Profits.

Attachments:

1. Sample Assessment from Spencer Stuart (Same format as ECHB)
2. Sample Assessment from ACHD
3. BoardSource Leading With Intent Report – June 2021 (In Appendix)[1]

1 *Leading with Intent: BoardSource Index of Nonprofit Board Practices* (Washington, D.C.: BoardSource, 2021). Please note that BoardSource retains the rights to the *Leading with Intent* survey, report, and data.

SAMPLE DISTRICT ASSESSMENT

ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

Association Member Board Self-Assessment

This board self-assessment measures your viewpoints and ideas about your organization's board's governing effectiveness. The assessment consists of two sections:

Section 1: Your assessment of overall board performance; and
Section 2: Issues and priorities.

Confidentiality Guarantee

Your responses to this board self-assessment are anonymous and non-identifiable by individual. Individual answers will be considered together and presented in a summary analysis.

Your Name: _____

Your name is only used to know who has responded to the board self-assessment. Your responses will not be individually identifiable, and the results of this self-assessment will be compiled by an outside firm.

Board Performance Assessment

Leadership Responsibility 1: Mission, Values and Vision

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization has a clear, focused and relevant written mission	❑	❑	❑	❑	❑	❑	❑
Our organization has a clear, focused and relevant written vision	❑	❑	❑	❑	❑	❑	❑
Our organization has a clear, focused and relevant written values	❑	❑	❑	❑	❑	❑	❑
The mission, values and vision drive decision making at all board meetings	❑	❑	❑	❑	❑	❑	❑
The mission, values and vision drive organizational strategies, objectives and action plans	❑	❑	❑	❑	❑	❑	❑
The board uses the mission, values and vision when making policy and strategic decisions in the best long-term interests of the organization and the community we serve	❑	❑	❑	❑	❑	❑	❑
The board tests all policy and strategy decisions by asking how/if they will strengthen our ability to achieve the mission and vision	❑	❑	❑	❑	❑	❑	❑
The board regularly reviews the status of strategies and objectives to ensure fit with the mission and vision	❑	❑	❑	❑	❑	❑	❑
Board members fulfill their leadership role in ensuring achievement of the mission, values and vision	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 2: Strategic Direction

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

The Strategic Planning Process	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board's collective understanding of the evolving health care environment (local regional and national) ensures effective strategic decision making	❑	❑	❑	❑	❑	❑	❑
Our organization's strategic objectives are clearly communicated to the board, employees and other stakeholder individuals and organizations	❑	❑	❑	❑	❑	❑	❑
Board members understand strategic issues the organization is facing, and the factors most critical to organizational success and performance	❑	❑	❑	❑	❑	❑	❑
The board is well-familiar with the planning data and assumptions that form the foundation for the strategic plan	❑	❑	❑	❑	❑	❑	❑
Strategic information provided to the board enables a clear understanding of issues and challenges, and facilitates decision making	❑	❑	❑	❑	❑	❑	❑
Our organization has a flexible, responsive strategic planning process	❑	❑	❑	❑	❑	❑	❑
The board focuses the majority of its time on strategic thinking and strategic leadership rather than strategic plans	❑	❑	❑	❑	❑	❑	❑
The board responds to new challenges with knowledge-based ideas and direction	❑	❑	❑	❑	❑	❑	❑

Community and Stakeholder Perspectives	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board ensures that stakeholders' and constituents' needs, interests and viewpoints are assessed in developing goals and strategies	❑	❑	❑	❑	❑	❑	❑
Board members understand critical community health needs and challenges	❑	❑	❑	❑	❑	❑	❑
Governance decisions are principally based on meeting community health needs	❑	❑	❑	❑	❑	❑	❑

Monitoring Progress	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board regularly monitors progress toward the achievement of our strategic objectives, using board-approved key performance indicators that define organizational success	❑	❑	❑	❑	❑	❑	❑
The board takes timely corrective actions if/when objectives are not being met	❑	❑	❑	❑	❑	❑	❑
Criteria is in place for evaluating new service feasibility and value in fulfilling the mission and vision	❑	❑	❑	❑	❑	❑	❑
The board annually reviews the strengths and weaknesses of the organization's entities, and their role and value in mission and vision fulfillment	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 3: Leadership Structure and Governance Processes

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

Board Roles and Responsibilities	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board's roles and responsibilities are clearly defined in a written document	❑	❑	❑	❑	❑	❑	❑
The board's role and responsibilities are consistently adhered to	❑	❑	❑	❑	❑	❑	❑
Decision protocols and procedures have been established	❑	❑	❑	❑	❑	❑	❑
Board members consistently follow our decision protocols and procedures	❑	❑	❑	❑	❑	❑	❑
Directors' and officers liability insurance provides the protection needed to reassure trustees that a "safe" governance environment exists	❑	❑	❑	❑	❑	❑	❑
New board members go through an orientation process	❑	❑	❑	❑	❑	❑	❑

Board Structure and Composition	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board fosters leaders who understand how to encourage innovation and welcome organizational change	❑	❑	❑	❑	❑	❑	❑
The board encourages critical dialogue among its members	❑	❑	❑	❑	❑	❑	❑

Board Member Performance	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has a process for determining when a board member is not performing to the board's standards or requirements	❑	❑	❑	❑	❑	❑	❑
The board has a process for improving individual board member effectiveness when non-performance becomes a governance issue	❑	❑	❑	❑	❑	❑	❑
The board has a process for removing a board member from the board for non-performance	❑	❑	❑	❑	❑	❑	❑

Strategic Focus	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board adheres to its policy-making function, and does not engage in operational thinking or decision making	❑	❑	❑	❑	❑	❑	❑
At least 75 percent of the board's meeting time is spent focusing on strategic issues	❑	❑	❑	❑	❑	❑	❑
The board engages in productive policy-making and strategic discussion	❑	❑	❑	❑	❑	❑	❑
The board resolves problems effectively, even when the solutions are uncomfortable to implement	❑	❑	❑	❑	❑	❑	❑

Board Meetings	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Board meetings comply with the Ralph M. Brown Act	❑	❑	❑	❑	❑	❑	❑
The frequency of our board meetings ensures timely decisions	❑	❑	❑	❑	❑	❑	❑
Board meeting attendance meets our organization's need for broad-based and inclusive dialogue, and consensus-based decision making	❑	❑	❑	❑	❑	❑	❑
Meeting agendas provide adequate time to discuss and act on significant strategic issues	❑	❑	❑	❑	❑	❑	❑
Agendas reflect our strategic issues and priorities, and focus on specific outcomes the board wants to achieve at the meeting	❑	❑	❑	❑	❑	❑	❑
The board chair keeps a tight rein on digressions, members' side discussions, and issues that have already been addressed	❑	❑	❑	❑	❑	❑	❑
The board chair is well-skilled in the dynamics of effective meeting management and leadership, and keeps meetings well-organized and tightly constructed	❑	❑	❑	❑	❑	❑	❑
Board members' time is respected and used efficiently, and board member involvement and participation are enhanced as a result	❑	❑	❑	❑	❑	❑	❑
The board saves critical time for important discussions by utilizing a consent agenda covering the routine actions that require approval	❑	❑	❑	❑	❑	❑	❑

Board Member Knowledge	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Each board member is provided with background information and intelligence resources required for active participation in board dialogue	❑	❑	❑	❑	❑	❑	❑
Board members receive well thought-out strategic options and alternatives from management prior to defining a strategic course of action	❑	❑	❑	❑	❑	❑	❑
A continual flow of new information and assumptions are presented at board meetings, and board members use the information to modify strategic direction as necessary	❑	❑	❑	❑	❑	❑	❑
Board members have a clear and comprehensive understanding of the changing health care environment (local, regional and national) and its effects on the organization	❑	❑	❑	❑	❑	❑	❑
A regular environmental assessment is conducted, ensuring board understanding of the changes taking place in the health care environment, and their implications on the organization, its physicians, and local health care consumers	❑	❑	❑	❑	❑	❑	❑

Governance Development	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
A governance development process is in place that identifies governance issues, determines educational needs, and manages the governance self-assessment process	❑	❑	❑	❑	❑	❑	❑
The board develops and implements an annual governance improvement plan	❑	❑	❑	❑	❑	❑	❑
The board has an education development plan that assures board member understanding of issues essential to effective governance, including education and orientation at every board meeting, and annually at the board retreat	❑	❑	❑	❑	❑	❑	❑
Board orientation and education broadens board members' perspectives about the challenges our organization will face in the future	❑	❑	❑	❑	❑	❑	❑

Meeting Materials	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Board members receive agendas and meeting materials at least one week in advance of board, committee and task force meetings	❑	❑	❑	❑	❑	❑	❑
Our meeting materials promote meaningful dialogue and critical decision-making	❑	❑	❑	❑	❑	❑	❑
The information the board receives is relevant, timely, understandable and actionable, and facilitates board decision making	❑	❑	❑	❑	❑	❑	❑

Board Relationships and Communication	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Working relationships among trustees are good	❑	❑	❑	❑	❑	❑	❑
The board has an environment where board members engage in vibrant dialogue that challenges conventional thinking	❑	❑	❑	❑	❑	❑	❑
Board dialogue creates consensus and positive new directions	❑	❑	❑	❑	❑	❑	❑
The board takes time to discuss difficult issues	❑	❑	❑	❑	❑	❑	❑
Board members are open about their thoughts and feelings	❑	❑	❑	❑	❑	❑	❑
The board's decision-making culture includes active involvement, questioning, probing, challenging and stimulating discussion and dialogue on meaningful issues	❑	❑	❑	❑	❑	❑	❑
The governance culture is open to alternative views, and constructively challenges "conventional wisdom"	❑	❑	❑	❑	❑	❑	❑
The board's decision pathways ensure that all critical decisions include the proper mix of background, discussion of alternatives, potential outcomes and preferred choice	❑	❑	❑	❑	❑	❑	❑
Every board member has a voice in our governance decisions	❑	❑	❑	❑	❑	❑	❑
Opportunities for individual participation strengthen decision-making, enrich discussion, build understanding and prepare individual board members for future leadership challenges	❑	❑	❑	❑	❑	❑	❑
The board has a conflict of interest policy	❑	❑	❑	❑	❑	❑	❑

Board Relationships and Communication (cont.)	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has a conflict resolution process	❑	❑	❑	❑	❑	❑	❑
Trustees, senior leaders and medical staff annually declare conflicts that may inhibit their ability to provide unbiased, independent thinking and decision-making	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 4: Quality and Patient Safety

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

Defining and Understanding Quality and Patient Safety Issues	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The organization has a board approved definition of quality	❑	❑	❑	❑	❑	❑	❑
The board's definition of quality encompasses community health, wellness and prevention	❑	❑	❑	❑	❑	❑	❑
Our organization has a board approved definition of patient safety	❑	❑	❑	❑	❑	❑	❑
Our organization has a board-approved, organization-wide plan with objectives for ensuring a culture of safety and improving patient safety and reducing medical errors	❑	❑	❑	❑	❑	❑	❑
The board-approved plan ensures compliance with applicable state, federal and local regulatory and statutory requirements	❑	❑	❑	❑	❑	❑	❑
The board has discussed and adheres to Joint Commission leadership-related accreditation standards	❑	❑	❑	❑	❑	❑	❑
The board, leadership team and medical staff meet the Joint Commission's quality standards	❑	❑	❑	❑	❑	❑	❑
Our organization achieves the Joint Commission's national patient safety goals	❑	❑	❑	❑	❑	❑	❑
The board has approved a Patients' Bill of Rights	❑	❑	❑	❑	❑	❑	❑
Quality improvement is a core organizational strategy	❑	❑	❑	❑	❑	❑	❑
The board has a policy to ensure that ethnic and/or racial diversity is not a barrier to access to care	❑	❑	❑	❑	❑	❑	❑
Our organization has approved quality measures for patient services provided through contractual arrangements by other organizations on the organization's behalf	❑	❑	❑	❑	❑	❑	❑
The board supports investment in organizational improvements that will improve quality and safety	❑	❑	❑	❑	❑	❑	❑

Monitoring Quality and Patient Safety	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board consistently evaluates attainment of targets to ensure achievement of the board's quality and patient safety improvement plan	❑	❑	❑	❑	❑	❑	❑
Our organization has a quality improvement process that continuously defines, measures and improves quality at all levels, including clinical, service and organizational development	❑	❑	❑	❑	❑	❑	❑
Our organization has a quality improvement process for identifying and reporting adverse events impacting patients, and ensures actions to prevent recurrence	❑	❑	❑	❑	❑	❑	❑
The board uses the results of patient perception studies to ensure improvement in the patient experience	❑	❑	❑	❑	❑	❑	❑
The board monitors compliance with applicable state, federal and local regulatory and statutory requirements	❑	❑	❑	❑	❑	❑	❑
The CEO's performance objectives are based on measurable and achievable quality goals	❑	❑	❑	❑	❑	❑	❑
The board effectively carries out its responsibility for ensuring high quality, safe patient care	❑	❑	❑	❑	❑	❑	❑
Quality and patient safety performance and issues are reviewed at every board meeting	❑	❑	❑	❑	❑	❑	❑
The board approves the written performance improvement or quality assessment plan	❑	❑	❑	❑	❑	❑	❑
The board has established clearly-defined and measurable quality improvement targets	❑	❑	❑	❑	❑	❑	❑

Ensuring a Workforce that Provides High Quality and Safe Care	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board's process of approving appointments and reappointments to the medical staff meets its quality and legal responsibilities	❑	❑	❑	❑	❑	❑	❑
The board ensures that appropriate resources are in place to assure a competent, high-quality patient care workforce	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 5: Community Relationships

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

Ensuring Public Trust and Confidence	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization has a plan for board member advocacy that advances the organization's image, reputation and market position	❑	❑	❑	❑	❑	❑	❑
Our organization regularly measures the public's perceptions of its programs and services, community contribution, perceived trust, economic impact and overall value as a community health asset	❑	❑	❑	❑	❑	❑	❑
The board's actions contribute to building and sustaining a positive image for the organization	❑	❑	❑	❑	❑	❑	❑

Ensuring Community Communication and Feedback	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has established a process for eliciting community input and viewpoints about future service needs and opportunities	❑	❑	❑	❑	❑	❑	❑
The board ensures that the organization's plans and priorities are well-communicated to our community stakeholders	❑	❑	❑	❑	❑	❑	❑
The board utilizes board members as community "ambassadors" to communicate with stakeholders on important health care issues	❑	❑	❑	❑	❑	❑	❑
The board works with others in the community to develop collaborative partnerships in building a healthier community	❑	❑	❑	❑	❑	❑	❑
The board's role in local, regional and state political advocacy advances the organization's standing with political leaders	❑	❑	❑	❑	❑	❑	❑
Our legislators understand our mission/role	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 6: Relationship with the CEO

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

Board and CEO Roles	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board and CEO have clearly defined roles	❑	❑	❑	❑	❑	❑	❑
The board's strategic/policy responsibilities vs. the CEO's operational responsibilities are followed	❑	❑	❑	❑	❑	❑	❑
The board and CEO have clear, mutually agreed-upon expectations of one another	❑	❑	❑	❑	❑	❑	❑
Board members adhere to the governing board's policy-making role and do not interfere in the CEO's operations management role	❑	❑	❑	❑	❑	❑	❑

Communication, Support and Shared Goals	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board consistently supports the CEO in the pursuit and implementation of board-approved objectives	❑	❑	❑	❑	❑	❑	❑
Mutual trust and respect exist between board members and the CEO	❑	❑	❑	❑	❑	❑	❑
The board and CEO work together with a sense of purpose	❑	❑	❑	❑	❑	❑	❑
The board always hears from the CEO in advance of a difficult or potentially problematic organizational issue	❑	❑	❑	❑	❑	❑	❑
The chairman-CEO relationship sets a positive, constructive framework for the overall board-CEO relationship	❑	❑	❑	❑	❑	❑	❑
The board uses executive sessions to promote open communication between the board and CEO	❑	❑	❑	❑	❑	❑	❑

CEO Evaluation	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board evaluates and compensates the CEO using pre-defined expectations and defined performance targets tied to achievement of the mission, vision and strategic objectives annually	❑	❑	❑	❑	❑	❑	❑
The CEO's compensation is linked to strategic performance	❑	❑	❑	❑	❑	❑	❑

CEO Evaluation (cont.)	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board ensures that the CEO's compensation package stimulates and rewards excellent performance	❑	❑	❑	❑	❑	❑	❑
The board regularly reviews the CEO's compensation to ensure that it is reflective of compensation trends among other organizations of similar size, and that it reflects the magnitude of challenges and issues facing the administration and the organization	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 7: Relationships with the Medical Staff

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

Physician Involvement in Decision Making	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board ensures physician participation in the development of the organization's mission, values and vision	❑	❑	❑	❑	❑	❑	❑
Members of the medical staff offer advice and counsel on strategic issues	❑	❑	❑	❑	❑	❑	❑

Shared Understanding	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board and medical staff develop and share common goals	❑	❑	❑	❑	❑	❑	❑
Board members understand the roles and responsibilities of the medical executive committee	❑	❑	❑	❑	❑	❑	❑
The board ensures that the interests of the physician community are addressed as the organization strives to fulfill its mission	❑	❑	❑	❑	❑	❑	❑
Board members understand the board's role with respect to the medical staff credentialing and quality of care process	❑	❑	❑	❑	❑	❑	❑

Communication and Interaction	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
There is effective communication between the board and the medical staff	❑	❑	❑	❑	❑	❑	❑
There is an effective method for communicating board decisions that impact physicians, their practices and their patients	❑	❑	❑	❑	❑	❑	❑
The board builds trust with physicians through collaborative and productive working relationships	❑	❑	❑	❑	❑	❑	❑
The board regularly assesses physician attitudes and needs	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 8: Financial Leadership

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

The Fiduciary Responsibility	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board successfully carries out its fiduciary responsibility for the oversight of financial resources and direction	❑	❑	❑	❑	❑	❑	❑
The board uses the annual budget process to define the most effective allocation of our organization's limited resources	❑	❑	❑	❑	❑	❑	❑
The board leads the development of long-range and short-range financial planning	❑	❑	❑	❑	❑	❑	❑
The board measures operational performance against the plans	❑	❑	❑	❑	❑	❑	❑
Regular financial reports made to the board are understandable and meaningful	❑	❑	❑	❑	❑	❑	❑
The board annually adopts a long-term capital expenditure budget, with expenditures prioritized based on greatest value	❑	❑	❑	❑	❑	❑	❑
The board ensures that adequate capital is available for our organization's investment strategies	❑	❑	❑	❑	❑	❑	❑
The board directs the conduct of an annual audit, and thoroughly discusses all recommendations from the independent auditor's report and management letter	❑	❑	❑	❑	❑	❑	❑
Board members are comfortable asking questions about financial issues during board meetings	❑	❑	❑	❑	❑	❑	❑

Monitoring Progress	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board identifies and approves targets for important measures of financial and operational performance needed by the board to monitor organizational performance and make timely, informed decisions	❑	❑	❑	❑	❑	❑	❑
Performance targets are discussed at least quarterly	❑	❑	❑	❑	❑	❑	❑

Monitoring Progress (cont.)	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Financial reports are presented in a format that is easy to understand, highlights major trends and stimulates creative discussion that enables timely and effective decision making	❑	❑	❑	❑	❑	❑	❑
The board uses financial performance reports to modify assumptions and shift resources, as necessary	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 9: Community Health

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

Development and Support of Community Health Initiatives	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization has defined what constitutes our "community"	❑	❑	❑	❑	❑	❑	❑
There is a board-wide understanding of and commitment to building a healthier community	❑	❑	❑	❑	❑	❑	❑
The board understands the strategic importance of initiatives designed to improve the health of the community	❑	❑	❑	❑	❑	❑	❑
Our organization promotes and supports specific initiatives whose sole purpose is improving community health, regardless of financial gain	❑	❑	❑	❑	❑	❑	❑
CEO performance objectives include a focus on improving community health	❑	❑	❑	❑	❑	❑	❑
Our organization jointly advocates with other community organizations for legislation, regulation and other actions to address community health and socioeconomic issues	❑	❑	❑	❑	❑	❑	❑
Our organization conducts an annual or semi-annual community needs that defines and measures improvement in the community's health	❑	❑	❑	❑	❑	❑	❑
The board has a clear and consensus-driven understanding of the most important community health needs and issues	❑	❑	❑	❑	❑	❑	❑

Community Involvement and Communication	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization, in conjunction with its community partners, regularly assesses the value and impact of our joint community health improvement efforts using specific measures of health status, health outcomes and services provided	❑	❑	❑	❑	❑	❑	❑
Our organization has a process to secure and evaluate community feedback on the value of our programs and services	❑	❑	❑	❑	❑	❑	❑
Our organization uses feedback from the community to enhance responsiveness to its community health improvement opportunities	❑	❑	❑	❑	❑	❑	❑

Community Involvement and Communication (cont.)	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
Our organization establishes community partnerships to leverage services and resources to maximize community benefit and carry out our community health improvement agenda	❑	❑	❑	❑	❑	❑	❑
Our organization and its community partners disseminate the results of their shared improvement efforts to the community and interested stakeholders	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Board Performance Assessment

Leadership Responsibility 10: Organizational Ethics

Please rate your agreement with the statements below using the following scale:

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.
Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.
Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.
N/S: Not sure. I do not have enough information to make a determination about our performance in this area.
N/A: Not applicable.

Ensuring Development and Implementation of Organizational Ethics	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board has adopted a statement of values and ethical principles for the organization	❑	❑	❑	❑	❑	❑	❑
The board has adopted a statement of values and ethical principles for the board members	❑	❑	❑	❑	❑	❑	❑
The board ensures that procedures and training are in place to ensure that our values and principles are consistently applied to governance decision making processes	❑	❑	❑	❑	❑	❑	❑
The board ensures compliance with applicable state, federal and local regulatory and statutory requirements	❑	❑	❑	❑	❑	❑	❑
The board's workforce development policy ensures that compliance with our ethical values and principles is a component of employee evaluations	❑	❑	❑	❑	❑	❑	❑

Awareness of Ethical Issues	Level 5	Level 4	Level 3	Level 2	Level 1	N/S	N/A
The board ensures that information on our ethical principles and values are provided to all individuals who are employed by, volunteer with, or are formally affiliated with our organization	❑	❑	❑	❑	❑	❑	❑
The board ensures that information on our ethical principles and values are provided to patients and their families	❑	❑	❑	❑	❑	❑	❑
The board ensures a process to allow patients to confidentially bring concerns about ethical issues to the attention of management	❑	❑	❑	❑	❑	❑	❑
The board ensures a process to allow employees to confidentially bring concerns about ethical issues to the attention of management	❑	❑	❑	❑	❑	❑	❑
The board ensures a process to allow physicians to confidentially bring concerns about ethical issues to the attention of management	❑	❑	❑	❑	❑	❑	❑

How can the board improve its leadership in this area?

Issues and Priorities

What is your single highest priority for the board in the next year?

What are the board's most significant strengths?

What are the board's most significant weaknesses?

What key issues should occupy the board's time and attention in the next year?

What do you see as the most significant trends that the board must be able to understand and deal with in the next year?

What factors are most critical to be addressed if the organization is to successfully achieve its goals?

Thank you for completing this important board performance assessment.

Please scan and email this survey to

Vone Yee
The Walker Company
vi@walkercompany.com

BOARD ASSESSMENT 2024 (FY2025)

(Same format as ECHB Assessment)

1. Board Meetings	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA
1. The Board accomplishes our duties with adequate time for thoughtful inquiry and oversight, achieving the appropriate balance between presentation and engagement/discussion.					
2. Board meetings focus on appropriate topics, such as areas of oversight and related Board education.					
3. Board members receive meeting notices, written agendas, minutes and other appropriate materials well in advance of meetings with appropriate time to review and prepare for meetings.					
4. The Board Chair effectively manages board dialogue, e.g., ensures that all voices are heard, guides discussion towards closure and decision, manages time and the meeting agenda effectively.					

What topics would you like to see covered in future board meetings?

Additional Comments on Board Meetings

2. Board Role	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA
1. The expectations for board service are clearly articulated and well understood by board members.					
2. Board members engage in productive and meaningful discussion.					
3. The time commitment board members are asked to make is reasonable and appropriate for fulfilling our duties.					

Additional comments on Board Role?

3. Board Culture and Dynamics	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA
1. The Board operates with a spirit of collegiality and there is a culture of mutual respect among board members.					
2. Board members honor the professional boundaries between governance and management.					
3. Board members possess string communication skills, knowing when to listen and when to speak up.					
4. Board members are comfortable expressing their views openly and productively both in board meetings and with board leadership and management, as needed.					

Additional comments on Board Culture and Dynamics?

4. Board skills, experiences, and attributes including diversity	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA
1. The Board is composed of members with optimal subject matter expertise and appropriate competencies.					
2. The Board membership comprises diversity of thought, experience, gender, race and ethnic representation, and perspective in order to add greater value to the Board's deliberations.					
3. The Board actively cultivates new candidates to form a pipeline of potential candidates who are qualified based on defined, competency-based criteria.					

Additional comments on Board skills, experiences, and attributes, including diversity?

5. Relationship with Management	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA

1. The Board and executive management exhibit mutual trust and respect and foster transparency in the working relationship.					
2. Management provides high quality board materials, with the appropriate level of detail, to enable the Board to effectively carry out its oversight responsibilities.					
3. The Board has a defined procedure in place for establishing the Chief Executive Officer's yearly objectives.					
4. On an annual basis, the Board effectively assesses the performance of the Chief Executive Officer.					
5. The Board has an effective working relationship with the Chief Executive Officer and leadership team.					

Additional comments on the Board's relationship with the executive Management team?

6. Execution of Board's Oversight Responsibilities	**Strongly disagree**	**Disagree**	**Agree**	**Strongly agree**	**Unknown/ NA**
1. On an annual basis, the Board effectively deliberates on and approves appropriate performance goals.					
2. The Board understands the mission, and vision and reflects these understandings on key issues throughout the year.					
3. The organization's strategic planning processes are effective, and the Board provides appropriate input into the strategic planning process, taking into account all key stakeholders.					
4. The Board effectively assesses the organization's financial performance in relation to its goals.					
5. The Board has established procedures to effectively oversee quality.					
6. The Board carefully reviews quality and patient care.					
7. The Board frequently evaluates the organization's performance in relation to community healthcare needs.					

8. The Board has an effective mechanism in place for resolving potential conflicts of interest.					
9. The Board, through its committees, also provides effective oversight in the key areas of Compliance and Audit; Finance; Investment; Executive Compensation; Governance; Quality, Patient Care and Patient Experience.					

Additional comments on oversight of setting strategy, performance goals and other key areas of responsibility?

7. Reflections on 2021 Board Assessment

In 2021, El Camino Hospital engaged Spencer Stuart to conduct an annual Board Assessment. Please rate the importance of these recommendations to the board and the degree to which action was taken and benefit was realized.

	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA
1. Last year's board assessment resulted in decisions and plans that would improve the performance of our board.					
2. We have followed-up on last year's board assessment taken clear action as a result of it.					
3. Since implementing these actions, there has been observable improvement in our board's overall functioning and performance.					

8. Committee Effectiveness

Please select the committee with which you are associated at El Camino Health:

- Compliance and Audit
- Finance
- Investment
- Executive Compensation
- Governance
- Quality, Patient Care and Patient Experience

9. Committee Effectiveness	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA
1. The Board has the proper number of committees representing specific issues of specialized expertise.					
2. Board members are organized properly into appropriate committees based on background and expertise of each member.					
3. During the course of the year, the Board effectively monitors performance against its goals and provides feedback regarding any needed course correction, including through regular reports of the appropriate committees tasked with specific oversight responsibilities.					
4. The current committee structure, and operating procedures are effective.					
5. Committee members have the experience to serve effectively.					
6. Committee agendas are prepared and circulated timely and contain all pertinent information, minutes are taken accurately, and informational and logistical support are provided by management and outside advisors.					
7. The committee has strong leadership.					

Additional comments on Committee Effectiveness?

10. Self-reflection on your contributions to the Board	Strongly disagree	Disagree	Agree	Strongly agree	Unknown/ NA
1. I understand what the Board expects of me in my role as member and the function, role, and responsibilities of being a Board Member.					
2. As a Board Member, my expertise and experience are being fully leveraged.					
3. I prepare for and actively participate in board meetings as well as other activities expected of me as a Board Member.					

4. I have a positive working relationship with other Board Members.					
5. I find serving on the Board to be a satisfying and rewarding experience.					

Additional reflection on the performance of the Board (open response)

1. Please provide any additional comments on the effectiveness of the Board over the last year.
2. Looking to the future, what should be the goals of the Board over the next two years; what do we want to accomplish as a board separate from the goals of the organization? (E.g., expanded board education programs; changes; enhanced communication; better use of board meeting time; other potential areas of responsibility and oversight?).
3. Do you have other input about the Board that has not been addressed in this survey?

El Camino Healthcare District Board of Directors
Open Session Meeting Minutes

Tuesday, August 20, 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, CLO
Jon Cowan, Senior Director, Government Relations and Community Partnerships **

Others Present (cont.)
Tracy Fowler, Director, Governance Services
Gabriel Fernandez, Governance Services Coordinator

***Via teleconference*

Board Members Absent: None

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 Miller to lead 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. FORMATION OF FY25 ECHB REAPPOINTMENT /RECRUITMENT AD HOC COMMITTEE	Chair Ting asked for the formation of an Ad Hoc Committee focused on Reappointment/Recruitment for the ECH Board. ECHB Director Po was noted as the Director with a term expiring on June 30, 2025. Chair Ting appointed Director Fung as Chair of the Ad Hoc Committee and asked if Director Zoglin was willing to serve as well. Director Zoglin inquired about the ad hoc committee's ability to consult advisors. There was no further discussion. **Motion:** To approve Resolution 2024-10 establishing the formation of the FY25 Reappointment/ Recruitment Ad Hoc Committee with Peter Fung as Chair and John Zoglin as the second member. **Movant:** Somersille **Second**: Miller **Ayes:** Fung, Miller, Somersille, Ting, Zoglin **Noes**: None **Abstentions**: None	***Resolution 2024-10 establishing the formation of the FY25 Reappointment/ Recruitment Ad Hoc Committee with Peter Fung as Chair and John Zoglin as the second member was approved.***

	Absent: None **Recused**: None	
7. ECHD BOARD SELF-EVALUATION	Chair Ting opened a discussion regarding a potential self-evaluation survey for the District Board. Director Zoglin requested comparable information and data from other districts and public entities, while Director Somersille inquired about past surveys by the ECHD. Ms. Fuentes noted the lack of staff awareness about such surveys and suggested consulting the Healthcare District Association for further information. Director Somersille then moved to delay the discussion until more information could be gathered, emphasizing the need for specific, outcome-focused questions and ensuring confidentiality for those providing input. Director Fung noted the need to ensure transparency and public discussion. The motion passed, with staff tasked to provide additional information for future deliberation. **Motion:** To delay a decision on self-assessment to the next ECHD meeting to allow staff to gather data. **Movant:** Somersille **Second**: Miller **Ayes:** Fung, Miller, Somersille, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None	***Staff to add item as an agenda topic for October meeting and to bring data on previous assessments and other districts' practices.***
8. ECHD STRATEGIC FRAMEWORK UPDATE	Mr. Woods introduced the ECHD strategic framework update, with a detailed update planned for October. Mr. Cowan reported progress, including new hires and a focus on outcome metrics. He provided a preliminary status report, highlighting ongoing data collection, with a full update expected in October. He discussed the health promotion and disease prevention priority, aiming for a draft population health strategy by February 11th and approval by June 17th. Director Miller asked about data breakdowns for senior care, and Mr. Cowan agreed to explore this. Director Zoglin expressed concerns about the tax money allocation process, advocating for a clear spending and reserves policy. Director Fung suggested future reports on potential grantees include their goals, strengths, and weaknesses. Mr. Cowan noted upcoming changes to improve communication in October. Director Somersille appreciated the focus on collective impact metrics and requested more details on convenings. Director Ting inquired about how and whether to take actions to boost public attendance at the site visits. It was confirmed that site visits are public meetings, open for public attendance.	***Staff to add tax funds discussion to October agenda.***
9. RECESS TO CLOSED SESSION	**Motion:** To recess to closed session at 6:18 pm **Movant:** Miller **Second**: Zoglin **Ayes:** Fung, Miller, Somersille, Ting, Zoglin **Noes**: None **Abstentions**: None	***Recessed to closed session at 6:18 pm***

	Absent: None **Recused**: None	
10. AGENDA ITEMS 13 and 14: RECONVENE OPEN SESSION	The open session was reconvened at **6:48 p.m.** by Chair Ting. Agenda Items 10 and 11 were addressed in closed session. Mr. Fernandez reported that during the closed session, no reportable actions were taken by the ECHD board.	***Reconvened open session at 6:48 pm*** ***Staff to schedule a Special Meeting of the ECHD Board of Directors in late September.***
11. AGENDA ITEM 15: CONSENT CALENDAR	Chair Ting inquired if any member of the Board intended to remove any item from the consent calendar. Items A) Approve Minutes of the Open Session of the District Board Meeting (06/18/2024) was removed for further discussion. **Motion**: To approve the consent calendar minus item A. **Movant:** Somersille **Second**: Zoglin **Ayes:** Fung, Miller, Somersille, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None Directors Zoglin and Somersille requested the following edits to the Open Session minutes from the previous meeting. - Revision to agenda item 6 correcting a clerical error noting Director Zoglin as 'Dr.' It was corrected to read "Director." - Addition to agenda item 10 noting Director Zoglin's comments regarding tax funds. Minutes were updated and showed at the board meeting to include the following: "*Director Zoglin inquired about the tax funds used versus tax funds spent and suggested that the board include this as a strategic discussion next year*." **Motion**: To approve the Minutes of the Open Session of the District Board Meeting (06/18/2024) with recommended changes.. **Movant:** Zoglin **Second**: Miller **Ayes:** Fung, Miller, Somersille, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None	***The consent calendar was approved to receive FY25 Pacing Plan.*** ***Minutes of the Open Session were approved with recommended changes.***

12. AGENDA ITEM 16: BOARD ANNOUNCMENTS	Director Miller shared some compliments she had received about patient care at El Camino, including feedback on all levels of service and the excellent gift shop. Director Miller also noted the good job marketing staff had been doing in social media. Chair Ting mentioned that the newsletter had been sent out and discussion focused on review and approval of future versions. We need to capture the discussion on announcements re newsletter. Director Zoglin concluded the discussion by reminding the board not to get into oversight of the publication process. Director Miller requested for next meeting dates to be included on the agenda.	
13. AGENDA ITEM 17: ADJOURNMENT	**Motion**: To adjourn at 6:55 pm. **Movant:** Zoglin **Second**: Miller **Ayes:** Fung, Miller, Somersille, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: None **Recused**: None	***Meeting adjourned at 6:55 pm***

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

Minutes of the Open Session of the
El Camino Healthcare District Board of Directors
Monday, September 9, 2024

Board Members Present
Julia E. Miller
Carol A. Somersille, MD Vice-Chair
George O. Ting, MD, Chair
John Zoglin, Secretary/Treasurer

Others Present
Heidi O'Brien, Mercer

Others Present (cont.)
Tracy Fowler, Director, Governance Services
Gabriel Fernandez, Governance Services Coordinator

Board Members Absent
Peter C. Fung, MD

**via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Ting called to order the open session of the Special Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 5:30 p.m. and reviewed the logistics for the meeting. A verbal roll call was taken; Director Fung was absent and a quorum was present.	***Call to Order at 5:30 p.m.***
2. CONSIDER AB 2449 REQUEST	There were no emergency requests for remote participation.	
3. POTENTIAL CONFLICT OF INTEREST DISCLOSURES	Chair Ting asked if any Board members may have a conflict of interest with any of the items on the agenda. No conflicts were noted.	
4. PUBLIC COMMUNICATION	There was no public communication.	
5. RECESS TO CLOSED SESSION	**Motion:** To recess to closed session at 5:33 p.m. **Movant:** **Second**: **Ayes:** Miller, Somersille, Ting, Zoglin **Noes**: None **Abstentions**: None **Absent**: Fung **Recused**: None Staff was dismissed from the meeting.	***Recess to closed session at 5:34 p.m.***
6. AGENDA ITEM 8: CLOSED SESSION REPORT OUT	Staff returned to the meeting at 6:32 p.m. Mr. Fernandez reported that during the closed session, no reportable actions were taken by the ECHD board.	
7. AGENDA ITEM 9: BOARD ANNOUNCEMENTS	There were no board announcements.	
8. AGENDA ITEM 10: ADJOURNMENT	**Motion:** To adjourn meeting at 6:33 p.m. **Movant:** Zoglin **Second**: Ting **Ayes:** Miller, Somersille, Ting, Zoglin	***Meeting was adjourned at 6:33 p.m.***

	Noes: None **Abstentions**: None **Absent**: Fung **Recused**: None	

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

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING MEMO

To: El Camino Healthcare District Board of Directors
From: Theresa Fuentes, Chief Legal Officer
Date: October 15, 2024
Subject: Resolution 2024-10 Adopting Conflict of Interest Code

Recommendation:

To approve Resolution 2024-10 Adopting El Camino Healthcare District Conflict of Interest Code

Summary

1. Situation: The El Camino Healthcare District ("District") is required under California law to adopt and promulgate a Conflict of Interest (COI) Code to be approved by the COI Code reviewing body, which is the County of Santa Clara Board of Supervisors. The District's COI Code was last adopted and approved by the Board of Supervisors in October 2018.

2. Authority: California Government Code section 87302 requires the COI Code to enumerate positions within the District, that involve the making or participating in making decisions that may have a reasonably foreseeable material effect upon any financial interest, and for such positions, the COI Code must state the specific types of investments, business positions, interests in real property, and sources of income that are reportable. In addition, Government Code section 87200 requires certain public officials who manage public investments to disclose the person's investments and interests in real property and income from all sources.

3. Background: The District's COI Code has been updated to reflect the positions that are required to report interests under both 87302 and 87200. The County of Santa Clara has conducted a preliminary review of this proposed COI Code and suggestions have been incorporated.

4. Next Steps: Once approved by the District Board, the COI Code will be forwarded to the County of Santa Clara for approval by the Board of Supervisors.

List of Attachments:

1. Resolution 2024-10 - CLEAN
2. Resolution 2024-10 - REDLINE

EL CAMINO HEALTHCARE DISTRICT

Conflict of Interest Code

October 15, 2024

RESOLUTION OF THE BOARD OF DIRECTORS OF
THE EL CAMINO HEALTHCARE DISTRICT ADOPTING BY
REFERENCE THE MODEL CONFLICT OF INTEREST CODE
SET FORTH IN TITLE 2, SECTION 18730 OF THE
CALIFORNIA CODE OF REGULATIONS

RESOLUTION 2024-10

As Amended October 15, 2024

WHEREAS, pursuant to Section 87300 *et. seq.* of the California Government Code, the El Camino Healthcare District is required to adopt and promulgate a Conflict of Interest Code;

WHEREAS, the El Camino Healthcare District previously adopted a Conflict of Interest Code on October 16, 2018;

WHEREAS, The El Camino Healthcare District desires now to update its formal Conflict of Interest Code so as to comply with changes to the applicable provisions of Section 87300 *et. seq.* of the California Government Code and Title 2, Section 18730 of the California Code of Regulations;

WHEREAS, pursuant to Government Code Section 87302, the Conflict of Interest Code must specifically enumerate the positions within the District, other than those specified in Government Code Section 87200, that involve making or participating in making decisions that may have a reasonably foreseeable material effect upon any financial interest, and for each such enumerated position, the Conflict of Interest Code must state the specific types of investments, business positions, interests in real property and sources of income that are reportable;

WHEREAS, Title 2, Section 18730 of the California Code of Regulations contains the terms of a Model Conflict of Interest Code developed by the Fair Political Practices Commission ("FPPC") that agencies can adopt by reference, which may be amended from time to time by the FPPC after public notice and hearing to conform to amendments in the Political Reform Act; and,

WHEREAS, adopting by reference the terms of the FPPC's Model Conflict of Interest Code set forth in the California Code of Regulations, and amendments thereto, as the Conflict of Interest Code of the El Camino Healthcare District will meet the statutory requirements for adopting such a code and save the District the time and resources by minimizing the actions required to keep the Code in conformity with the Political Reform Act;

NOW THEREFORE, the Board of Directors of the El Camino Healthcare District resolves as follows:

1.0 The Model Conflict of Interest Code set forth in Title 2, Section 18730 of the California Code of Regulations, which is incorporated herein by reference, and any amendments to the Model Conflict of Interest Code subsequently adopted by the FPPC, are hereby adopted by the El Camino Healthcare District as its Conflict of Interest Code. The full text of 2, CCR Section 18730 may be found at the FPPC home page: ((http://www.fppc.ca.gov)).

2.0 **Exhibit A**, which is attached hereto and incorporated herein, enumerates the positions within the District (in addition to any of those set forth in Government Code Section 87200) that are subject to the provisions of the Conflict of Interest Code and their respective disclosure categories. This Resolution and the attached Exhibit A together constitute the Conflict of Interest Code of the El Camino Healthcare District.

3.0 Pursuant to Section 4 of the Model Conflict of Interest Code adopted hereby, public officials and designated employees shall file Statements of Economic Interests with the Director of Governance Services of the El Camino Healthcare District, who shall be the District's filing official. If a statement is received in signed paper format, the district's filing official shall make and retain a copy and forward the original of this statement to the filing officer, the County of Santa Clara Clerk of the Board of Supervisors. If a statement is electronically filed using the County of Santa Clara's Form 700 e-filing system, both the District's filing official and the County of Santa Clara Clerk of the Board of Supervisors will receive access to the e-filed statement simultaneously. Statements of Economic Interests shall be made on forms prescribed by the FPPC. The District shall make the statements available for public inspection and reproduction pursuant to Government Code Section 81008.

4.0 No Conflict of Interest Code shall be effective until it has been approved by the code reviewing body. Notwithstanding this effective date, the adoption of this Conflict of Interest Code shall not be considered an original adoption as to those designated officials or employees who have already been filing annual statements of economic interest. Those persons shall not be required to file again this year. Newly designated officials or employees who were not already required to file by law shall file statements within 30 days of the effective date of this Code, and all designated officials and employees shall continue to file statements upon assuming or leaving office as directed in Sections of the Model Conflict of Interest Code.

Passed and adopted at a Regular Meeting of the Board of Directors of the El Camino Healthcare District held on the 15th of October of 2024, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____

John Zoglin, Secretary
El Camino Healthcare District
Board of Directors

EXHIBIT A

DESIGNATED POSITIONS AND DISCLOSURE CATEGORIES

Designated Positions:	**Disclosure Categories:**
CHIEF EXECUTIVE OFFICER*	1
CHIEF LEGAL OFFICER*	1
CHIEF ADMINISTRATIVE SERVICES OFFICER*	2
CHIEF COMMUNICATIONS AND MARKETING OFFICER*	2
CHIEF INFORMATION OFFICER*	2
CHIEF OPERATING OFFICER*	2
CONTROLLER*	2
DIRECTOR, GOVERNANCE SERVICES*	2
DIRECTOR, COMMUNITY PARTNERSHIPS*	2
DIRECTOR, STRATEGIC COMMUNICATIONS*	2
EXECUTIVE DIRECTOR, GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS*	2
MEMBER, COMMUNITY BENEFIT ADVISORY COUNCIL	2
CONSULTANT	3[1]
NEWLY CREATED POSITION**	

* These positions are employees of El Camino Hospital who provide services to the El Camino Healthcare District per agreement with the District.

** **Newly Created Positions**

A newly created position that makes or participates in the making of decisions that may foreseeably have a material effect on any financial interest of the position-holder, and which specific position title is not yet listed in the District's conflict of interest code is included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation: The CEO may determine in writing that a particular newly created position, although a "designated position,"

[1] In general, unless outside legal counsel engaged to represent the District participate in making governmental decisions as defined in regulation 18704, they shall not be deemed to be "consultants" for purposes of the District's Conflict of Interest Code.

is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the broadest disclosure requirements, but instead must comply with more tailored disclosure requirements specific to that newly created position. Such written determination shall include a description of the newly created position's duties and, based upon that description, a statement of the extent of disclosure requirements.

The District's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

As soon as the District has a newly created position that must file statements of economic interests, the District shall contact the County of Santa Clara Clerk of the Board of Supervisors Form 700 division to notify it of the new position title to be added in the County's electronic Form 700 record management system, known as eDisclosure. Upon this notification, the Clerk's office shall enter the actual position title of the newly created position into eDisclosure and the District shall ensure that the name of any individual(s) holding the newly created position is entered under that position title in eDisclosure.

Additionally, within 90 days of the creation of a newly created position that must file statements of economic interests, the District shall update this conflict-of-interest code to add the actual position title in its list of designated positions, and submit the amended conflict of interest code to the County of Santa Clara Office of the County Counsel for code-reviewing body approval by the County Board of Supervisors. (Govt. Code Sec. 87306.)

Disclosure Categories:

Category 1: A position assigned to this category must report all investments and business positions and sources of income (including gifts, loans, and travel payments) from sources related to the health care industry, which shall include but not be limited to medical equipment suppliers, pharmaceutical companies, insurance companies, suppliers of health and behavioral health care services, and any other entities related to the health care industry, and all sources that are of the type which within the previous two years have provided services, equipment, leased space, materials, or supplies to the District, and all sources that receive, are planning to apply to receive, or have received in the last two years, grants or other monies from or through the District. A position in this category must also report all interests in real property located entirely or partly within the boundaries of the district, or within two miles of district boundaries, or of any land owned or used by the District.

Category 2: A position assigned to this category must report investments and business positions in business entities, and income (including gifts, loans and travel payments) from sources that are of the type which within the previous two years has provided services, equipment, leased space, materials, or supplies to the District, or which receive, are planning to apply to receive, or have received in the last two years, grants or other monies from or through the District,. A position in this category must also report all interests in real property located entirely or partly within the boundaries of the District, or within two miles of District boundaries, or of any land owned or used by the District.

Category 3: Consultants, as defined for purposes of the Political Reform Act, shall disclose pursuant to the broadest disclosure category in the conflict of interest code subject to the following limitation: The CEO may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements of the broadest disclosure category, but instead must comply with more tailored disclosure requirements specific to that consultant. Such a determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. All such determinations are public records and shall be retained for public inspection along with this

conflict of interest code. A "consultant" is an individual who, pursuant to a contract with the District, makes a governmental decision as defined in regulation 18700.3, or serves in a staff capacity with the District and in that capacity participates in making a governmental decision as defined in regulation 18704 or performs the same or substantially all the same duties for the District that would otherwise be performed by an individual holding a position specified in the District's Conflict of Interest Code under Government Code section 87302.

Positions Subject to Government Code § 87200 Filing Requirements District officials who manage public investments, as defined by 2 California Code of Regulations § 18700.3(b) are not subject to the District's Code but must file disclosure statements under Government Code § 87200. These positions are listed here for informational purposes only.

It has been determined that the positions listed below are officials who manage public investments:

- MEMBER, BOARD OF DIRECTORS
- CHIEF FINANCIAL OFFICER*

Government Code § 87200 filers shall file Statements of Economic Interests with the Director of Governance Services of the El Camino Healthcare District, who shall be the District's filing official. If a statement is received in signed paper format, the District's filing official shall make and retain a copy and forward the original of this statement to the filing officer, the County of Santa Clara Clerk of the Board of Supervisors. If a statement is electronically filed using the County of Santa Clara's Form 700 e-filing system, both the District's filing official and the County of Santa Clara Clerk of the Board of Supervisors will receive access to the e-filed statement simultaneously. Statements of Economic Interests shall be made on forms prescribed by the FPPC. The District shall make the statements available for public inspection and reproduction pursuant to Government Code Section 81008.

*The Chief Financial Officer is an employee of El Camino Hospital who provides services to the El Camino Healthcare District per agreement with the District.

EL CAMINO HEALTHCARE DISTRICT

Conflict of Interest Code

October 15, 2024

RESOLUTION OF THE BOARD OF DIRECTORS OF
THE EL CAMINO HEALTHCARE DISTRICT ADOPTING BY
REFERENCE THE MODEL CONFLICT OF INTEREST CODE
SET FORTH IN TITLE 2, SECTION 18730 OF THE
CALIFORNIA CODE OF REGULATIONS

RESOLUTION 2024-10

As Amended October 15, 2024

WHEREAS, pursuant to Section 87300 *et. seq.* of the California Government Code, the El Camino Healthcare District is required to adopt and promulgate a Conflict of Interest Code;

WHEREAS, the El Camino Healthcare District previously adopted a Conflict of Interest Code on October 16, 2018;

WHEREAS, The El Camino Healthcare District desires now to update its formal Conflict of Interest Code so as to comply with changes to the applicable provisions of Section 87300 *et. seq.* of the California Government Code and Title 2, Section 18730 of the California Code of Regulations;

WHEREAS, pursuant to Government Code Section 87302, the Conflict of Interest Code must specifically enumerate the positions within the District, other than those specified in Government Code Section 87200, that involve making or participating in making decisions that may have a reasonably foreseeable material effect upon any financial interest, and for each such enumerated position, the Conflict of Interest Code must state the specific types of investments, business positions, interests in real property and sources of income that are reportable;

WHEREAS, Title 2, Section 18730 of the California Code of Regulations contains the terms of a Model Conflict of Interest Code developed by the Fair Political Practices Commission ("FPPC") that agencies can adopt by reference, which may be amended from time to time by the FPPC after public notice and hearing to conform to amendments in the Political Reform Act; and,

WHEREAS, adopting by reference the terms of the FPPC's Model Conflict of Interest Code set forth in the California Code of Regulations, and amendments thereto, as the Conflict of Interest Code of the El Camino Healthcare District will meet the statutory requirements for adopting such a code and save the District the time and resources by minimizing the actions required to keep the Code in conformity with the Political Reform Act;

NOW THEREFORE, the Board of Directors of the El Camino Healthcare District resolves as follows:

1.0 The Model Conflict of Interest Code set forth in Title 2, Section 18730 of the California Code of Regulations, which is incorporated herein by reference, and any amendments to the Model Conflict of Interest Code subsequently adopted by the FPPC, are hereby adopted by the El Camino Healthcare District as its Conflict of Interest Code. The full text of 2, CCR Section 18730 may be found at the FPPC home page: ((http://www.fppc.ca.gov)). ~~at: http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/Legal/Div/ZRegulations/Index/Chapter7/Article2/18730.pdf~~

2.0 **Exhibit A**, which is attached hereto and incorporated herein, enumerates the positions within the District (in addition to any of those set forth in Government Code Section 87200) that are subject to the provisions of the Conflict of Interest Code and their respective disclosure categories. This

Resolution and the attached Exhibit A together constitute the Conflict of Interest Code of the El Camino Healthcare District.

3.0 Pursuant to Section 4 of the Model Conflict of Interest Code adopted hereby, public officials and designated employees shall file Statements of Economic Interests with the Director of Governance Services ~~Clerk of the Board of Directors~~ of the El Camino Healthcare District, who shall be the D~~d~~istrict's filing official. If a statement is received in signed paper format, the district's filing official shall make and retain a copy and forward the original of this statement to the filing officer, the County of Santa Clara Clerk of the Board of Supervisors. If a statement is electronically filed using the County of Santa Clara's Form 700 e-filing system, both the D~~d~~istrict's filing official and the County of Santa Clara Clerk of the Board of Supervisors will receive access to the e-filed statement simultaneously. Statements of Economic Interests shall be made on forms prescribed by the FPPC. The D~~d~~istrict shall make the statements available for public inspection and reproduction pursuant to Government Code Section 81008.

4.0 No Conflict of Interest Code shall be effective until it has been approved by the code reviewing body. Notwithstanding this effective date, the adoption of this Conflict of Interest Code shall not be considered an original adoption as to those designated officials or employees who have already been filing annual statements of economic interest. Those persons shall not be required to file again this year. Newly designated officials or employees who were not already required to file by law shall file statements within 30 days of the effective date of this Code, and all designated officials and employees shall continue to file statements upon assuming or leaving office as directed in Sections of the Model Conflict of Interest Code.

Passed and adopted at a Regular Meeting of the Board of Directors of the El Camino Healthcare District held on the 15~~6~~th of October of 2024~~18~~, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

_____

John Zoglin, Secretary
El Camino Healthcare District
Board of Directors

EXHIBIT A

DESIGNATED POSITIONS AND DISCLOSURE CATEGORIES

Designated Positions:	**Disclosure Categories:**
~~MEMBER OF THE BOARD OF DIRECTORS~~	~~1~~
CHIEF EXECUTIVE OFFICER*	1
CHIEF LEGAL OFFICER*	1
~~CHIEF FINANCIAL OFFICER~~	~~1~~
CHIEF ADMINISTRATIVE SERVICES OFFICER*	2
CHIEF COMMUNICATIONS AND MARKETING OFFICER*	2
CHIEF INFORMATION OFFICER*	2
CHIEF OPERATING OFFICER*	2
CONTROLLER*	2
DIRECTOR, GOVERNANCE SERVICES*	2
DIRECTOR, COMMUNITY PARTNERSHIPS*	2
DIRECTOR, STRATEGIC COMMUNICATIONS*	2
EXECUTIVE DIRECTOR, GOVERNMENT RELATIONS AND COMMUNITY PARTNERSHIPS*	2
MEMBER, COMMUNITY BENEFIT ADVISORY COUNCIL	2
CONSULTANT	3[1]
NEWLY CREATED POSITION**	

* These positions are employees of El Camino Hospital who provide services to the El Camino Healthcare District per agreement with the District.

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A newly created position that makes or participates in the making of decisions that may foreseeably have a material effect on any financial interest of the position-holder, and which specific position title is not yet

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listed in the Dd~~d~~istrict's conflict of interest code is included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation: The CEO may determine in writing that a particular newly created position, although a "designated position," is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the broadest disclosure requirements, but instead must comply with more tailored disclosure requirements specific to that newly created position. Such written determination shall include a description of the newly created position's duties and, based upon that description, a statement of the extent of disclosure requirements.

The Dd~~d~~istrict's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

As soon as the Dd~~d~~istrict has a newly created position that must file statements of economic interests, the Dd~~d~~istrict shall contact the County of Santa Clara Clerk of the Board of Supervisors Form 700 division to notify it of the new position title to be added in the County's electronic Form 700 record management system, known as eDisclosure. Upon this notification, the Clerk's office shall enter the actual position title of the newly created position into eDisclosure and the Dd~~d~~istrict shall ensure that the name of any individual(s) holding the newly created position is entered under that position title in eDisclosure.

Additionally, within 90 days of the creation of a newly created position that must file statements of economic interests, the Dd~~d~~istrict shall update this conflict-of-interest code to add the actual position title in its list of designated positions, and submit the amended conflict of interest code to the County of Santa Clara Office of the County Counsel for code-reviewing body approval by the County Board of Supervisors. (Govt. Code Sec. 87306.)

Disclosure Categories:

Category 1: A position assigned to ~~Fiduciary in~~ this category must report all investments and business positions and sources of income (including gifts, loans, and travel payments) from sources related to the health care industry, which shall include but not be limited to medical equipment suppliers, pharmaceutical companies, insurance companies, suppliers of health and behavioral health care services, and any other entities related to the health care industry, and all sources that are of the type which within the previous two years have provided services, equipment, leased space, materials, or supplies to the District, and all sources that receive, are planning to apply to receive, or have received in the last two years, grants or other monies from or through the District~~, in the manner set forth under Section VII of 2 Cal. Code of Regulations 18730~~. A position ~~Fiduciary~~ in this category must also report all interests in real property located entirely or partly within the boundaries of the d~~D~~istrict, or within two miles of d~~D~~istrict boundaries, or of any land owned or used by the District~~., and sources of income (including gifts, loans and travel payments) in the manner set forth under Section VII of 2 Cal. Code of Regulations 18730.~~

Category 2: A position assigned to ~~Fiduciary in~~ this category must report investments and business positions in business entities, and income (including gifts, loans and travel payments) from sources that are of the type which within the previous two years has provided services, equipment, leased space, materials, or supplies to the District, or which receive, are planning to apply to receive, or have received in the last two years, grants or other monies from or through the District, ~~in the manner set forth under Section VII of 2 Cal. Code of Regulations 18730~~. A position in this category must also report all interests in real property located entirely or partly within the boundaries of the ~~d~~District, or within two miles of ~~d~~District boundaries, or of any land owned or used by the District.

Category 3: Consultants, as defined for purposes of the Political Reform Act, shall disclose pursuant to the broadest disclosure category in the conflict of interest code subject to the following limitation: The CEO may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements of the broadest disclosure category, but instead must comply with more tailored disclosure requirements specific to that consultant. Such a determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. All such determinations are public records and shall be retained for public inspection along with this conflict of interest code. A "consultant" is an individual who, pursuant to a contract with the District, makes a governmental decision as defined in regulation 18700.3, or serves in a staff capacity with the Dd~~d~~istrict and in that capacity participates in making a governmental decision as defined in regulation 18704 or performs the same or substantially all the same duties for the District that would otherwise be performed by an individual holding a position specified in the District's Conflict of Interest Code under Government Code section 87302.

Positions Subject to Government Code § 87200 Filing Requirements

officials who manage public investments, as defined by 2 California Code of Regulations § 18700.3(b) are not subject to the District's Code but must file disclosure statements under Government Code § 87200. These positions are listed here for informational purposes only.

It has been determined that the positions listed below are officials who manage public investments:

- MEMBER, BOARD OF DIRECTORS
- CHIEF FINANCIAL OFFICER*

Government Code § 87200 filers shall file Statements of Economic Interests with the Director of Governance Services of the El Camino Healthcare District, who shall be the District's filing official. If a statement is received in signed paper format, the District's filing official shall make and retain a copy and forward the original of this statement to the filing officer, the County of Santa Clara Clerk of the Board of Supervisors. If a statement is electronically filed using the County of Santa Clara's Form 700 e-filing system, both the District's filing official and the County of Santa Clara Clerk of the Board of Supervisors will receive access to the e-filed statement simultaneously. Statements of Economic Interests shall be made on forms prescribed by the FPPC. The District shall make the statements available for public inspection and reproduction pursuant to Government Code Section 81008.

*The Chief Financial Officer is an employee of El Camino Hospital who provides services to the El Camino Healthcare District per agreement with the District.

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Jon Cowan, Executive Director, Government Relations and Community Partnerships
Date: October 15, 2024
Subject: FY2024 Yearend Community Benefit (CB) Report

Purpose: To provide the FY2024 Community Benefit Annual Report and the Yearend Grants Performance

Summary:

1. Situation: At the conclusion of each fiscal year, Community Partnerships staff review yearend grant reports to assess metric and budget performance against targets as well as review qualitative information on program successes, challenges and trends. Staff prepares an annual report (Attachment 1). This year for the first time, Community Partnerships staff presents an analysis showing outcomes in alignment with the ECHD Strategic Framework in FY2024 as well as the ECHD FY2024 Implementation Strategy Impact Report (Attachment 2). The ECHD Board has desired to see additional narrative around the two-year grants, the largest grants, and the underperforming grants. This information can be found in this memo as well as Appendix A: FY2024 Yearend Grant Performance Summary (Attachment 3). Detailed yearend metrics performance can be found in the yearend dashboard (Attachment 4).

2. Authority: The materials are prepared by the Community Partnerships staff and approved by the Executive Director of Government Relations and Community Partnerships prior to presentation to the Board.

3. Background: In FY2024, El Camino Healthcare District invested $7,511,173 in Community Benefit grants and sponsorships to address unmet local health needs. The framework for the grant funding priorities is the most recent El Camino Hospital Community Health Needs Assessment (CHNA), which is conducted every three years, as required by federal regulations.

A. **Grants** = $7,436,208 for 56 grants:
- 15 Healthcare Access & Delivery grants at $3,676,736
- 20 Behavioral Health grants at $1,830,500
- 12 Diabetes & Obesity grants at $1,153,972
- 3 Chronic Conditions treatment and prevention (other than diabetes and obesity) grants at $368,000
- 6 Economic Stability grants at $407,000

B. **Sponsorships** = $74,965 for 15 sponsorships

C. **Grants Performance** is reflected in the yearend dashboard (Attachment 2):
- Community Health Themes

  - School healthcare grants – Schools reported increase in students with Type 1 diabetes that require nurses to provide treatment and administer other daily medications, specifically ADHD and Adrenal Insufficiency medications. School districts are assessing needs of their populations and partnering with providers to provide needed services. Examples of collaboration include summer vaccination clinics and mobile dentistry to provide routine cleanings and treatments for students with parental consent on campus during the school day. The school district healthcare grants types of services differ by the schools within the district and the staffing support is also variable based on program approach and school population needs.
  - School mental health grants – School districts are citing rising costs for mental health services and are planning for more cost-effective service and billing models. Through the closure the long-time provider agency, CHAC, for mental health services, Sunnyvale School District has changed to a hybrid model with district employed clinicians in addition to the Pacific Clinics grant services effective FY2025. Mountain View Los Altos High School District is transitioning to Medi-Cal billing and employing a possible implementation of the CYBHI Fee Schedule (private insurance billing model).
  - Agencies are continuing to report high dental service needs and when possible, increasing capacity and target metrics to serve vulnerable populations such as veterans and those at risk of homelessness.
  - Agencies are making improvements to enhancing educational materials and outreach to recruit participants and increase program visibility, reaching out to local providers and attending community events and networking.
- All Programs:
  - 77% of grants met or exceeded 90% across all of their metrics (FY2023: 68%)
  - Over 47,000 community members served – 10% over target (FY2023: 45,000 served)
- Largest grant programs ($100k+):
  - 25 grants = $6,011,208 (81% of total grant spend)
  - 72% of grants met or exceeded 90% across all of their metrics (FY2023: 70%)
  - Over 28,000 community members served (FY2023: 30,000 served)

- Performance of the Top 5 Largest Grants:

Agency	**Awarded Amount**	**Metric Performance**	**Performance Narrative**
Ravenswood Family Health Network	$1,250,000	100%	*Primary Healthcare, Dental, and Lab Services to Low Income Residents of El Camino Healthcare District* -Ravenswood met or exceeded all program metrics by yearend. -Due to their ongoing outreach efforts encouraging patients to come in for regular A1c testing, they were able to improve from midyear performance

			for the diabetic patients with HbA1c less than 8% metric and exceed the yearend target. -Ravenswood restarted the cervical and colorectal cancer clinics and through staff identification and outreach efforts they are observing a slight increase in those getting the necessary screenings. -Despite ongoing recruitment and retention staffing challenges specifically for medical assistants, support line staff and front desk representatives due to various factors such as the rising cost of living associated with inflation and externally mandated requirements, they have been able to bring on an additional family practice provider and increased the number of days for an optometry provider is onsite to ensure ECHD patients have more access to family medicine and optometry services.
Santa Clara Valley Medical Center Hospital & Clinics - County of Santa Clara Health System	$355,000	100%	*Dental Services in Sunnyvale and Mountain View* -The dental services in Sunnyvale and Mountain View exceeded all annual target metrics in line with the increased patient need and demand through the period. -The Mountain View dental clinic increased their capacity and number of available dental chairs, thereby offering more access to patients. The dental services team outreached to patients on the importance of maintaining oral health and routine dental visits, as well as provided appointment reminder calls and tracked all patients who missed or canceled their appointments. -Moreover, outreach efforts targeted underserved populations, including veterans and people at risk of homelessness. -Lastly, the Mountain View dental clinic continues to face a parking shortage since the city removed all open parking along the store front, which is impacting patient accessibility. The County is working on establishing a contract to secure additional parking near the clinic site.
South Asian Heart Center, El Camino Health	$310,000.00	94%	*AIM to Prevent* -The program met or exceeded metrics except for falling slightly below for the metric measuring change in levels of physical activity. - They attributed the variance to the fact that the current cohort of participants is already at a higher level of physical activity with 43% already at baseline optimal levels. - The program experienced a slightly better change in vegetable consumption among participants. They attribute some of the improvements to newer graphic visuals, education materials, and resources to seamlessly incorporate vegetables into the diet.
Mountain View Whisman School District	$305,500	84%	*Health Services Grant* -The program met individuals served and student immunization compliance. Services provided was

			higher than expected due to the increase of 1:1 daily medication that required nursing intervention. -There was a significant increase in students with Type 1 diabetes that require nurses to provide treatment and administer other daily medications, specifically ADHD and Adrenal Insufficiency medications. -The Collective Impact metric, number of patients reporting improved oral health after service and students with failed health screening who saw a healthcare provider, were both below the annual target. - Parents reported challenges with getting appointments prior to school year completion. The program intends to start outreach earlier to obtain health reports/waivers and conduct more direct communication in addition to emails next school year to increase compliance.
Pacific Clinics (Community Health Awareness Council-CHAC)	$304,000	98%	*Integrated School Based Services* -CHAC far exceeded the target of individuals served as well as services provided at yearend, similar to midyear, due to expansion of the Social Emotional Learning program to more grades/classrooms. The program met the 'hours of youth counseling/care management session' target. -By yearend, CHAC met the outcome metrics of Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire (SDQ) and Impact Assessment based on teacher, parent/guardian, self and/or other report. -Effective July 1, 2024, the Integrated School Based Services were assigned to Pacific Clinics after CHAC ceased operations.

- Underperforming Grants (grants that met <75% of total metrics goal):

Agency	**Awarded Amount**	**Metric Performance**	**Performance Narrative**
El Camino Health - Care Coordination – Post Discharge Care Navigator	$150,000	46%	*Post Discharge Care Navigator* -This grant covers a 1.0 FTE navigator. Due to team transitions and new staff in the Care Coordination department, hiring took longer than expected. -The care manager has been on board since mid-April and through yearend and has completed initial onboarding and training. -This program has been specifically adjusted to focus on the highest-risk patients, ensuring that those who need the most support are receiving it promptly and effectively. -The program met the target of patients that were identified were served and what was accomplished through the performance period based on staffing is in proportion to the volume targets as well as the metric of

			number of patients receiving follow up care after a patient is screened.
El Camino Health - Integrated Care Management – Population Health Manager	$189,000	0%	*Population Health Program Manager* - This grant covers a 1.0 FTE Population Health Manager position which was filled March 2024. -The initial work of the population health manager started after the new calendar year so they have been in the role for less than six months. -There have been no recipients thus far and the assessment is near completion which will guide further action to implement population health initiatives.
My Digital TAT2	$29,000	61%	*Digital Literacy & Social and Emotional Health Online* -My Digital TAT2 underperformed in the volume metrics and hours of training sessions. -They stated the reasons for this was that the District they are serving changed the virtual model that they had requested since 2020 to a preference for in person sessions for educators. -As a result of the transition school administrators and teachers brought fewer children to the virtual workshop sessions compared to last year. -Moving forward, due to schedule needs for the school partners, some topics that had previously been presented as two-part workshop model, are requested to be slightly longer single sessions, to better fit their schedules.
Silicon Valley Bicycle Coalition	$20,000	74%	*Bike to Health* -Due to weather and scheduling challenges, only one ride was held in the first half of the grant period promoting physical activity for low-income youth and adults located at safe biking routes in Mountain View and Sunnyvale. -The program missed metrics at midyear due to inclement weather and needing to reschedule rides. -All six bike rides were completed within the fiscal year. The metric performance is low due to the collective impact metric 'number of participants who report 150 minutes or more of physical activity per week' being at 36%. This was due partially because of fewer respondents and partially because of the lack of positive responses. Competing priorities and discomfort in being active led to this. The Coalition will continue to encourage riding and provide information on future rides and classes.

- **FY2024 Strategic Framework and Implementation Strategy Impact Report**
  - For FY2024, Community Partnerships staff evaluated grant portfolio performance against both the ECHD Strategic Framework and the FY2024 Implementation Strategy
  - For the **ECHD Strategic Framework,** the analysis looks at collective impact and results as measured against the Strategic Priorities of "Access to Healthcare" and "Health Promotion"

        - The Collective Impact measures of grants associated with the respective strategic priorities are aggregated in the analysis
        - Additionally, grants that support / align with the goals of the strategic priorities are categorized accordingly
    - For the **Implementation Strategy Impact Report,** the analysis shows key themes, performance highlights, and opportunities for each of the 5 health needs identified in the Implementation Strategy.
        - Each Health Need has a "scorecard" template, as well as a detailed breakdown showing alignment of Implementation Strategy Goals, Initiatives and Anticipated Impacts mapped directly to the related grants and metrics/results from FY2024.

4. Assessment: N/A

5. Other Reviews: N/A

6. Outcomes: N/A

List of Attachments:

1. FY2024 Community Benefit Annual Report Executive Summary for the Board with full online report at: https://www.elcaminohealthcaredistrict.org/CommunityBenefit2024
2. Community Benefit_FY2024 Strategic Framework and Implementation Strategy Impact Report
3. Appendix A: FY2024 Yearend Grant Performance Summary
4. FY2024 El Camino Healthcare District Community Benefit Grants Yearend Dashboard

Suggested Board Discussion Questions: N/A- This is an informational item.

Investing in Community, Improving Health

Community Health Investment

El Camino Healthcare District

$7.5M Grants & Sponsorships

El Camino Health

$120.1M Total Community Benefit

$3.3M Grants & Sponsorships

El Camino Healthcare District | El Camino Health

Community Benefit Annual Report FY 2024 — Executive Summary

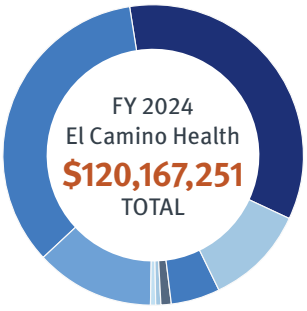
Community-Informed Health Investments

Healthy individuals and families are the building blocks of a strong community, and our 2024 Community Benefit grants form an important piece of this foundation. The combined community investment in our grant partners supports programs and services in five community health needs so together we can address disparities and improve the health of the populations we serve. The **Community Benefit FY 2024** online report highlights our investments, including:

- **El Camino Health's Total Community Benefit:** $120.1 million, serving more than 60,000 people; this includes $3.3 million for 69 grants and sponsorships, as well as charity care and unpaid Medi-Cal costs for more than 16,700 people. *See the financial report.*
- **El Camino Healthcare District's Total Community Benefit:** $7.5 million in 71 grants and sponsorships serving more than 47,400 people. *See the financial report.*
- **A combined total Community Benefit of $127.6 million serving more than 107,500 people.** El Camino Health and El Camino Healthcare District worked with community partners to increase access to preventive and primary care, chronic disease management, behavioral health services and impactful wellness programs to promote healthy living. *See our community partners.*

Financial Report

$120.1M El Camino Health
TOTAL COMMUNITY BENEFIT



$70,971,470	Government-sponsored healthcare (Unreimbursed Medi-Cal)
$34,119,268	Subsidized health services
$7,334,378	Financial assistance (charity care)
$3,361,074	Grants and sponsorships
$3,855,414	Health professions education
$81,983	Clinical research
$221,820	Community Benefit operations
$221,844	Community health improvement services

+$143.5M in Uncompensated Medicare
(Not included in Community Benefit total)

To learn more about how we are addressing unmet health needs in our community, please take a moment to visit **elcaminohealthcaredistrict.org/CommunityBenefit2024**

EL CAMINO HEALTHCARE DISTRICT

El Camino Health

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: October 15, 2024
Subject: Community Benefit Sponsorships

Purpose:

To provide the Board with FY2025 ECHD Sponsorships July 2024 – October 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 $90,000 for Sponsorships in the FY2025 Community Benefit Plan in June 2024.

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 Benefit-funded Sponsorships provide general support for health-related agencies improving the well-being of the community.
- Community Benefit Sponsorships from **July 1, 2024 – October 31, 2024** totaled **$45,500** for the following agencies:
    - Sponsored at $10,000 or more
        - Pathways Home Health and Hospice – Table Event
    - Sponsored at $5,000 or less than $10,000
        - Animal Assisted Happiness – Ticketed Afternoon Event
        - Healthier Kids Foundation – Table Event
        - NAMI – Run/Walk Event
        - Pink Ribbon Good – Table Event
        - YWCA – Table Event
    - Sponsored at less than $5,000
        - Community Services Agency: Mountain View-Los Altos – Ticketed Evening Event

4. Assessment: N/A

5. Other Reviews: N/A

6. Outcomes: N/A

Community Benefit Sponsorships
October 15, 2024

List of Attachments: N/A

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

EL CAMINO HEALTHCARE DISTRICT
BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Carlos A. Bohorquez, Chief Financial Officer
Date: October 15, 2024
Subject: FY2025 – Period 2 - Financial Update (as of 8/31/2024)

Purpose:

To approve the Consolidated and Stand-Alone (District) Financials for FY2025 – Period 2.

Executive Summary – Consolidated Enterprise Financials:

Patient activity / volumes remain consistent across the enterprise which has yielded stable financial results through the first two months of FY2025. The following are key financial KPIs:

Net Patient Revenue:	$262 million is favorable to budget by $2 million / 0.8% and $26 million / 11.0% higher than the same period last year.
Total Operating Revenue ($):	$273 million is favorable to budget by $3 million / 1.1% and $26 million / 10.5% higher than the same period last year.
Operating Income ($):	$22 is favorable to budget by $2 million / 10.0% and $2 million / 10.8% higher than the same period last year.
Net Income ($):	$48 million is favorable to budget by $38 million / 380%. Favorable net income is primarily attributed to unrealized gains the investment portfolio.
Balance Sheet ($):	In the first two months of FY2025 the net position increased by $74 million.

Executive Summary – Stand-Alone (District) Financials:

Total Operating Revenue ($):	$5.8 million is consistent with budget.
Net Income ($):	$1.2 million is favorable to budget by $0.5 million / 63.4%.

Recommendation:

Recommend the District Board of Directors approve the Consolidated and Stand-Alone (District) FY2025 – Period 2 financials.

List of Attachments:

1. Consolidated and Stand-Alone (District) Financials – FY2025 – Period 2.

Suggested Board Discussion Questions: None

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

Board Finance Presentation
Fiscal Year 2025
7/1/2024-8/31/2024

Carlos Bohorquez, CFO
El Camino Healthcare District Board of Directors Meeting
October 15, 2024

Table of Contents

ECHD Consolidated Financial Statements (Includes El Camino Hospital)

ECHD Stand-Alone Financial Statements

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)

	Aug 31, 2024	June 30, 2024 Audited w/o Eliminations
ASSETS		
Current Assets		
Cash & Investments	$346	$332
Patient Accounts Receivable, net	224	214
Other Accounts and Notes Receivable	50	44
Inventories and Prepaids	51	56
Total Current Assets	**671**	**645**
Board Designated Assets		
Foundation Reserves	24	23
Community Benefit Fund	23	26
Operational Reserve Fund [1]	212	212
Workers Comp, Health & PTO Reserves	74	73
Facilities Replacement Fund [2]	580	565
Catastrophic & Malpractice Reserve [3]	36	35
Total Board Designated Assets	**949**	**935**
Non-Designated Assets		
Funds Held By Trustee [4]	32	40
Long Term Investments	709	669
Other Investments	37	38
Net Property Plant & Equipment	1,325	1,327
Deferred Outflows of Resources	43	43
Other Assets	231	230
Total Non-Designated Assets	**2,377**	**2,346**
TOTAL ASSETS	**$3,997**	**$3,925**

	Aug 31, 2024	June 30, 2024 Audited w/o Eliminations
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable & Accrued Exp [5]	$186	$177
Bonds Payable - Current	7	14
Bond Interest Payable	6	13
Other Liabilities	18	15
Total Current Liabilities	**217**	**218**
Deferred Revenue	**2**	**1**
Deferred Revenue Inflow of Resources	**93**	**93**
Long Term Liabilities		
Bond Payable	539	540
Benefit Obligations	36	36
Other Long-term Obligations	30	30
Total Long Term Liabilities	**604**	**605**
Fund Balance		
Unrestricted	2,847	2,790
Minority Interest	(1)	-1
Board Designated & Restricted	234	219
Capital & Retained Earnings	0	0
Total Fund Balance	**3,081**	**3,007**
TOTAL LIAB. & FUND BAL.	**$3,997**	**$3,925**

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 August 31, 2024

(Includes El Camino Hospital)

	Actual	Budget	Fav (Unfav) Variance	Prior YTD FY Actual
Net Patient Revenue [6]	262	260	2	236
Other Operating Revenues	11	10	1	11
Total Operating Revenues	**273**	**270**	**3**	**247**
Wages and Benefits	146	144	(2)	130
Supplies	37	37	0	35
Purchased Services	43	42	(1)	35
Other	9	10	1	10
Depreciation	14	15	1	14
Interest	3	3	(0)	3
Total Operating Expense [7]	**251**	**250**	**(1)**	**226**
Operating Income	**22**	**20**	**2**	**20**
Non-Operating Income [8]	48	10	38	7
Net Income	**69**	**30**	**39**	**27**

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 FY2025 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.)	$479
ECH Women's Hospital Expansion	44
ECHD Appropriation Fund (aka: Capital Outlay)	27
ECH Campus Completion Project	30
	$580

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

ECH Catastrophic Fund (aka: Earthquake Fund)	$34
ECH Malpractice Reserve	2
	$36

4) Funds Held by Trustee now only reflect the GO funds of the District.
5) The difference is not significant.
6) The difference is not significant.
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*

	Aug 31, 2024	Audited June 30, 2024		Aug 31, 2024	Audited June 30, 2024
ASSETS			**LIABILITIES & FUND BALANCE**		
Cash & cash equiv [1]	$14,811	$28,310	Accounts payable	$0	$0
Short term investments [1]	1,031	533	Current portion of bonds	(3,922)	7,320
Due fm Retiree Health Plan [2]	0	0	Bond interest payable [10]	4,844	5,116
S.C. M&O Taxes Receivable [3]	4,038	0	Other Liabilities	382	276
Other current assets [3a]	54	55			
Total current assets	$19,934	$28,898	**Total current liabilities**	$1,304	$12,712
Operational Reserve Fund [4]	1,500	1,500			
Capital Appropriation Fund [5]	27,324	24,574			
Capital Replacement Fund [6]	5,607	5,607	Deferred income	38	57
Community Partnership Fund [7]	4,861	8,501	Bonds payable - long term	98,928	95,020
Total Board designated funds	$39,292	$40,181	**Total liabilities**	**$100,270**	**$107,789**
Funds held by trustee [8]	**$32,263**	**$40,216**	**Fund balance**		
Capital assets, net [9]	**$10,643**	**$10,644**	Unrestricted fund balance	$69,259	$79,188
			Restricted fund balance	(67,397)	(67,038)
			Total fund balance [11]	**$1,862**	**$12,150**
TOTAL ASSETS	**$102,132**	**$119,939**	**TOTAL LIAB & FUND BALANCE**	**$102,132**	**$119,939**

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 August 31, 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]	$ 19	19	$ -	$ 112
(B)	Redevelopment Taxes [13]	-	-	-	246
(B)	Unrestricted M&O Property Taxes [13]	2,544	2,922	(378)	11,048
(B)	Restricted M&O Property Taxes [13]	1,618	1,975	(357)	14,278
(B)	G.O. Taxes Levied for Debt Service [13]	450	1,067	(617)	7,920
(B)	IGT/PRIME Medi-Cal Program [14]	-	(500)	500	(6,093)
(B)	Investment Income (net)	1,179	341	838	1,806
(B)	Other income	-	-	-	-
	TOTAL NET REVENUE	5,810	5,824	(13)	29,317
	EXPENSES				
(A)	Wages & Benefits [15]	-	4	4	16
(A)	Professional Fees & Purchased Svcs [16]	76	152	76	470
(A)	Supplies & Other Expenses [17]	44	7	(37)	57
(B)	G.O. Bond Interest Expense (net) [18]	809	946	137	5,118
(B)	Community Partnership Expenditures [19]	3,640	3,955	315	7,473
(A)	Depreciation / Amortization	1	1	-	5
	TOTAL EXPENSES	4,570	5,065	495	13,139
	NET INCOME	$ 1,240	$ 759	$ 481	$ 16,177

(A) Operating Revenues & Expenses
(B) Non-operating Revenues & Expenses

	RECAP STATEMENT OF REVENUES & EXPENSE	
(A)	Net Operating Revenues & Expenses	$ (102)
(B)	Net Non-Operating Revenues & Expenses	1,342
	NET INCOME	$ 1,240

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*

	Aug 31, 2024	June 30, 2024
Fiscal year beginning balance	**$ 12,150**	**$ 935**
Net income year-to-date	$ 1,240	$ 16,177
Transfers (to)/from ECH:		
IGT/PRIME Funding [20]		$ 6,167
Capital Appropriation projects [21]	$ (11,528)	(11,129)
Fiscal year ending balance	**$ 1,862**	**$ 12,150**

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 – The increase is due to accruing for M&O taxes to be received in subsequent months.

(3a) Other Current Assets – The decrease is not significant.

(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)	$ 60
• Communications Support	14
• Other	2
	$ 76

(17) Supplies & Other Expenses – Actual detailed below:

• Newsletter	$ 26
• LAFCO	18
	$ 44

(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 2025.

(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*

Sources of District Taxes	**08/31/24**
(1) Maintenance and Operation and Government Obligation Taxes	$4,612
(2) Redevelopment Agency Taxes	-
Total District Tax Receipts	**$4,612**
Uses Required Obligations / Operations	
(3) Government Obligation Bond	450
Total Cash Available for Operations, CB Programs, & Capital Appropriations	**4,162**
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	1,618
Subtotal	**2,544**
(5) Operating Expenses (Net)	102
Subtotal	**2,442**
(6) Capital Replacement Fund (Park Pavilion)	1
Funds Available for Community Partnership Programs	**$2,441**

*Gann Limit Calculation for FY2025 $10,946

(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
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		✓										
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 (*Odd Years*)											✓	
ECHD Board Officer Election (*Odd Years*)												✓
Appointment of Liaison to the Community Benefit Advisory Council												✓
Pacing Plan & Meeting Dates												✓
Oath of Office for Newly Elected/Re-elected Directors (*Even Years*)						✓						
Possible Appointment to ECHB Board for Newly Elected Directors (*Even Years*)						✓						
ECHD Board Self-Evaluation		✓										
ECHD Bylaws Review								✓				
STRATEGY												
Strategic Framework Update		✓		✓								

Updated 06/19/2024

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

ECHD Community Benefit: Strategic Framework and Implementation Strategy Impact Report

Jon Cowan
Executive Director, Government Relations & Community Partnerships
October 15, 2024

ECHD Strategic Framework

Vision and Goal, Strategic Priorities, Tactics, Measurement

Vision and Goal

Improve the health & well-being of those in the healthcare district by supporting health promotion, disease prevention, and a healthy lifestyle

Strategic Priorities

Access to Healthcare	Community Champion	Health promotion and disease prevention
Ensure access to high-quality healthcare at the hospital, outpatient clinics, schools, and other sites	Create connection opportunities for local organizations, community groups, and healthcare providers	Promote health and well-being in order to reduce the incidence of chronic illnesses in the community

Tactics

▪ Continue comprehensive grant funding, looking for opportunities to maximize impact, to be innovative, to reduce health disparities ▪ Remain open to new potential joint funding opportunities with other funders to address a large scale community health issue over multiple years	▪ Alternate collaborative convenings to foster discussion and sharing of effective practices (Alternate 1 year of joint site visit of related grantees, 1 year of collaborative discussion focused on exchange of effective practices with related grantees)	▪ Maintain large grant portfolio and network of community partnerships ▪ ECHD Population Health Program Manager position to develop foundation for identifying and intervening to improve health of "rising risk" patients who live, work, or go to school within the district

Measurement

▪ Volume, impact, and collective impact metrics. School metric standardization	▪ Completion of joint site visits and collaborative discussions	▪ Volume, impact, and collective impact metrics. ECHD Pop Health strategy development

FY2024 Yearend Status Report: Access to Healthcare

Strategic Priority	FY2024 Status Report
Access to Healthcare Ensure access to high-quality healthcare at the hospital, outpatient clinics, schools, and other sites	▪ Financed primary care services at Mountain View and Sunnyvale Ravenswood Family Health Network's MayView clinics, Planned Parenthood Mountain View Health Center ▪ Supported seven school nurse and mental health counseling programs ▪ Funded mobile van and office-based dental services through On-Site Dental, Ravenswood Family Health Network's MayView clinics, and Santa Clara Valley Healthcare
Tactics	
▪ Continue comprehensive grant funding, looking for opportunities to maximize impact, to be innovative, to reduce health disparities ▪ Remain open to new potential joint funding opportunities with other funders to address a large scale community health issue over multiple years	▪ Connected residents discharged from Mountain View hospital to community partner agencies by utilizing new healthcare navigation specialist ▪ Created collaboration between Mountain View Whisman School District and Ravenswood MayView clinics to offer summer vaccination clinics for students ▪ Secured approval of innovative digital access for seniors and youth digital media literacy grants ▪ Continued grants to address health disparities (e.g. Caminar LGBTQ+, Chinese Health Initiative)
Measurement	

▪ Volume, impact, and collective impact metrics. School metric standardization	▪ **66,000+** total services provided in FY24 by grantees aligned with the ECHD strategic priority of Access to Healthcare and Mental Health Services
	▪ Improved Healthcare Access and Navigation Collective Impact Metrics
	  ▪ **2,024** individuals established care with a PCP or specialist as a result of agency services
	  ▪ **342** individuals receiving follow-up care after a patient is screened
	  ▪ **588** individuals reporting improved oral health after service
	▪ Increased Access to the Demand for Mental Health Services Collective Impact Metrics
	  ▪ **9,143** hours of counseling sessions provided to adults
	  ▪ **6,641** hours of counseling sessions provided to youth

FY2024 Yearend Status Report: Access to Healthcare

Strategic Priority

Access to Healthcare

Ensure access to high-quality healthcare at the hospital, outpatient clinics, schools, and other sites

Tactics

- Continue comprehensive grant funding, looking for opportunities to maximize impact, to be innovative, to reduce health disparities
- Remain open to new potential joint funding opportunities with other funders to address a large scale community health issue over multiple years

Measurement

- Volume, impact, and collective impact metrics. School metric standardization

Aligned Grants by Health Need

Healthcare Access & Delivery

- Cupertino Union School District
- ECH Roadrunners
- ECH Post Discharge Care Navigator
- LifeMoves
- LPFCH Teen Health Van
- Mountain View Whisman School District
- On-Site Dental Care Foundation
- Pathways Home Health and Hospice
- Planned Parenthood Mar Monte
- Ravenswood Family Health Network
- County of Santa Clara Health System
- Sunnyvale School District

Behavioral Health

- Acknowledge Alliance
- Avenidas
- Caminar
- CHAC
- Cupertino Union School District
- Lighthouse of Hope Counseling Center
- Los Altos School District
- Maitri
- Momentum for Health
- Mountain View Los Altos High School
- NAMI Santa Clara County
- YWCA Golden Gate Silicon Valley

FY2024 Yearend Status Report: Community Champion

Strategic Priority	FY2024 Status Report
Community Champion Create connection opportunities for local organizations, community groups, and healthcare providers	
Tactics	
▪ Alternate collaborative convenings to foster discussion and sharing of effective practices (Alternate 1 year of joint site visit of related grantees, 1 year of collaborative discussion focused on exchange of effective practices with related grantees)	▪ Held first-ever community partner convening to discuss improving referrals and care coordination. Twenty-three participants representing thirteen agencies attended ▪ Aligned on short-term action items including a shared document to keep up-to-date referral information for participating agencies as well as a moderator of this document to maintain accuracy (ECHD's funded healthcare navigation specialist). Interest in continued quarterly meetings to maintain connections among community organizations
Measurement	
▪ Completion of joint site visits and collaborative discussions	▪ Community partner convening to discuss referrals and care coordination for patients experiencing vulnerability held on February 6, 2024. First quarterly follow-up meeting scheduled for July 2024 ▪ Joint site visits of related grantees planned for FY2025, including combination of in-person site visits, group site visits, and virtual site visits

FY2024 Yearend Status Report: Health Promotion

Strategic Priority	FY2024 Status Report
Health Promotion and Disease Prevention Promote health and well-being in order to reduce the incidence of chronic illnesses in the community	
Tactics	
▪ Maintain large grant portfolio and network of community partnerships ▪ ECHD Population Health Program Manager position to develop foundation for identifying and intervening to improve health of "rising risk" patients who live, work, or go to school within the district	▪ Funded large grant portfolio to prevent and manage diabetes and obesity across diverse demographic populations. Supported grants to prevent and manage other chronic conditions ▪ Recruited and hired Population Health Program Manager; development of ECHD Population Health Strategy in progress
Measurement	

▪ Volume, impact, and collective impact metrics. ECHD Pop Health strategy development	▪ **53,000+** total services provided in FY24 by grantees aligned with the ECHD strategic priority of Health Promotion and Disease Prevention
	▪ Promoted Healthy Lifestyle Habits Collective Impact Metrics
	  ▪ **4,696** individuals reported 150 minutes of physical activity per week
	  ▪ **917** individuals completed one or more health screening
	  ▪ **604** individuals reported consuming at least 3 servings of fruits and vegetables per day
	  ▪ **206** individuals reported an improvement of one or more biometrics (BMI, weight, and/or A1c), or demonstrated improved self-management

FY2024 Yearend Status Report: Health Promotion

Strategic Priority

Health Promotion and Disease Prevention

Promote health and well-being in order to reduce the incidence of chronic illnesses in the community

Tactics

- Maintain large grant portfolio and network of community partnerships
- ECHD Population Health Program Manager position to develop foundation for identifying and intervening to improve health of "rising risk" patients who live, work, or go to school within the district

Measurement

- Volume, impact, and collective impact metrics. ECHD Pop Health strategy development

Aligned Grantees by Health Need

Diabetes & Obesity

- American Diabetes Association
- BAWSI Rollers & BAWSI Girls
- Chinese Health Initiative
- City of Sunnyvale – Columbia Neighborhood Center
- Fresh Approach
- Living Classroom
- Playworks
- Silicon Valley Bicycle Coalition
- South Asian Heart Center
- Camp Via West
- YMCA of Silicon Valley

Chronic Conditions

- American Heart Association
- Breathe California of the Bay Area
- Community Services Agency of MV and LA

ECHD FY2024 Implementation Strategy Impact Report

ECHD Allocation by Health Need

Health Need	FY2024 Spent	# of Grants
Healthcare Access & Delivery (including oral health)	$3,676,736 (49%)	15
Behavioral Health (including domestic violence and trauma)	$1,830,500 (25%)	20
Diabetes & Obesity	$1,153,972 (16%)	12
Chronic Conditions (other than diabetes and obesity)	$368,000 (5%)	3
Economic Stability (including food insecurity, housing & homelessness)	$407,000 (5%)	6
TOTAL	$7,436,208 (100%)	56

FY24 Health Needs Summary – Healthcare Access & Delivery

Healthcare Access & Delivery
(Including Oral Health)

Item	Details
Key Themes	• Total Funded: $3.7M in ECHD Grants • Largest area of funding in portfolio, with 15 grants • Collective Impact metrics focused on establishing care, and receiving follow-up care
Performance Highlights	• **20,132** Total individuals served • **46,303** Total services provided • **2,024** Individuals established care with a PCP or specialist as a result of services • **342** Patients received follow-up care after screening • **588** Patients reported improved oral health after service

Opportunities	• Grants addressing Implementation Strategy areas of:
	  • (i) Maternal / Infant Health
	  • (ii) Workforce training in culturally competent / compassionate care
	  • (iii) Telehealth / other tech adoption

Implementation Strategy – Healthcare Access & Delivery

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
1. Reduce disparities in access to high quality care	A. Support increased **access** to primary care and specialty care services for vulnerable individuals	(i) Individuals experience better access to health care (ii) Improved utilization (iii) Reduced unnecessary ED visits and hospitalizations	• ECH: Pop Health Program Manager • ECH: Roadrunners • LifeMoves • Pathways Home Health & Hospice • Peninsula Healthcare Connection: New Directions • Planned Parenthood Mar Monte • Ravenswood Family Health Network	• **3,250** individuals served • **15,723** services provided • **273** received follow-up care after screening • **936** established care with PCP or specialist
	B. Support greater access to healthcare in schools	(i) Improved access to healthcare for school-aged children and youth	• LPFCH: Teen Health Van • Cupertino Union School District • Mountain View Whisman School District • Sunnyvale School District	• **7,309** individuals served • **18,399** services provided • **396** patients completed health screenings
	C. Support clinical and community health navigator programs	(i) Community members access clinical and community resources that support their plan of care	• ECH: Post Discharge Care Navigator • Health Library & Resource Center Mountain View	• **8,403** individuals served • **8,473** services provided *Note: majority of counted services were from Health Library*

Implementation Strategy – Healthcare Access & Delivery (cont.)

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
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	(i) Improved oral health among community members	• County of Santa Clara Health System • On-Site Dental Care	• **1,170** individuals served • **1,091** patients established care or improved oral health

FY24 Health Needs Summary – Behavioral Health

Behavioral Health
(Including Domestic Violence Trauma)

Item	Details
Key Themes	• Total Funded: $1.8M in ECHD Grants • While 2nd largest in terms of total dollars, this health need had the most grantees (20) – reflects more, smaller grants. • Collective Impact metrics largely focused on hours of adult and youth counseling and care management sessions
Performance Highlights	• **8,597** Total individuals served • **36,840** Total services provided • **9,143** Hours of counseling sessions provided to adults • **6,641** Hours of counseling sessions provided to youth
Opportunities	• Grants addressing youth-focused substance abuse • Possibly explore fewer, but larger grants in future (informed by factors such as grantee performance, reach, etc.)

Implementation Strategy – Behavioral Health

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
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 care management, etc.	(i) Improved access to mental/ behavioral health programs and services (ii) More community members receiving effective mental/ behavioral health services	• Avenidas: Rose Kleiner Adult Day Health • Law Foundation of Silicon Valley	• **168** individuals served • **96** adults demonstrated improvement on treatment plan goals • **244** hours of training sessions provided
	B. Care management to support community members' self-management and mental health	(i) Improved coordination of mental/ behavioral health services (ii) Improved mental/ behavioral health among those served	• Momentum for Health	• **70** individuals served • **549** hours of adult counseling/care management sessions

Implementation Strategy – Behavioral Health (cont.)

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
2. Improve mental/ behavioral health of <u>youth</u> in the community	A. In-person and virtual programs for assisting youth in self-management techniques to reduce depression and anxiety, and for stress, coping and resilience	(i) Increased knowledge among youth served about methods of coping with stress and depression	• Acknowledge Alliance • Caminar: LGBTQ+ • Pacific Clinics CHAC • Cupertino Union School District • Friends for Youth • Los Altos School District • Mission Be • Mountain View Los Altos Union High School District • My Digital TAT2	• **7,023** individuals served • **23,489** services provided • **9,070** hours of counseling/care management sessions

Implementation Strategy – Behavioral Health (cont.)

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
3. Improve mental/ behavioral health of <u>adults</u> in the community	A. In-person and virtual programs for assisting community members in self-management techniques to reduce depression and anxiety, and for stress, coping and resilience	(i) Increased knowledge among those served about methods of coping with stress and depression	• Kara • Lighthouse of Hope Counseling Center	• **316** individuals served • **2,551** services provided • **2,100** hours of adult counseling/care management sessions
	B. Support for screening, accurate diagnosis, effective treatment, and follow-up for mental/ behavioral health and substance use/ addiction treatment services	(i) Improved access to mental and behavioral health services among those served	• Eating Disorder Resource Center • NAMI Santa Clara	• **166** individuals served • **3,116** services provided • **3,060** hours of adult counseling/care management sessions
	C. Programs that support targeted unmet needs such as supporting individuals experiencing or at risk of homelessness or intimate partner violence	(i) Improved mental health among those served (ii) Improved utilization of clinical and community resources among those served	• Caminar: Domestic Violence • Maitri • Women SV • YWCA Golden Gate Silicon Valley: ARISE	• **854** individuals served • **1,892** services provided • **1,107** hours of adult counseling/care management sessions

FY24 Health Needs Summary – Diabetes & Obesity

Diabetes & Obesity

Item	Details
Key Themes	• Total Funded: $1.2M in ECHD Grants • Majority of programs focused on increasing physical activity and healthy eating/nutrition
Performance Highlights	• **11,185** Total individuals served • **44,069** Total services provided • **4,696** Individuals reported 150 minutes of physical activity per week • **604** Individuals reported consuming at least 3 servings of fruits and vegetables per day

Opportunities	• Grants addressing areas of:
	  • (i) Screening / early-identification
	  • (ii) Diabetes self-management
	• Possible opportunity to move programs in more clinical direction if targeting individuals with existing condition(s)

Implementation Strategy – Diabetes & Obesity

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
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	(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	• City of Sunnyvale: Columbia Neighborhood Center • Silicon Valley Bike Coalition: Bike to Health • Via Services • YMCA of Silicon Valley	• **898** individuals served • **15,605** services provided • **392** participants reporting >150 minutes of exercise
	B. Support implementation of school wellness policies for promoting physical activity	(i) Improved physical fitness among students in schools served	• American Diabetes Association • BAWSI Girls • BAWSI Rollers • Playworks	• **4,181** individuals served • **9,923** services provided • **4,169** participants reporting >150 minutes of exercise

Implementation Strategy – Diabetes & Obesity (cont.)

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
2. Prevent/ reduce obesity & diabetes among community members	A. Support obesity/ diabetes prevention and obeseity treatment programs with evidence of effectiveness	(i) Improved weight status in youth and adults served (ii) Long-term reduction in the number of community members with diabetes	• Chinese Health Initiative • South Asian Heart Center	• **1,964** Individuals Served • **5,770** Services provided • **135** Participants reporting >150 minutes of exercise • **149** Participants with one or more improve biometric
	B. Support diabetes treatment/self-management programs with evidence of effectiveness	(i) Improved diabetes management in participants served	• N/A	• N/A
	C. Expand screening and referral for abnormal blood glucose/pre-diabetes and type 2 diabetes	(i) Identification of more individuals with diabetes and pre-diabetes (ii) Improved healthcare utilization for individuals with diabetes and pre-diabetes	• N/A	• N/A
	D. Support community and school-based nutrition education and healthy food access interventions	(i) Increased knowledge and understanding about healthy eating among people served (ii) Healthier eating among community members receiving interventions	• Fresh Approach • Living Classroom	• **4,142** Individuals Served • **12,771** Services provided • **535** Participants reporting >3 servings fruits and vegetables/day

FY24 Health Needs Summary – Chronic Conditions

Chronic Conditions
(Other than
Diabetes & Obesity)

Item	Details
Key Themes	• Total Funded: $0.37M in ECHD Grants • 3 programs funded, but relatively high total number of individuals served and services provided
Performance Highlights	• Total individuals served: 3,869 • Total services provided: 9,201
Opportunities	• No FY24 grants addressing areas of: • (i) Education and improved access to screening • Could consider more coordinated effort on specific targeted condition(s) in future

Implementation Strategy – Chronic Conditions

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
1. Increase prevention and early intervention of chronic diseases in the community	A. Provide education and improve access to screenings	(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	• *See Initiative B*	• N/A *Note: Programming here overlaps with Initiative B, but counted in Initiative B numbers.*
	B. Support evidence-based chronic disease prevention and early intervention programs	(i) Reduced rates of chronic diseases (ii) Reduced rates of drivers of chronic diseases, such a physical inactivity, poor nutrition, tobacco and excessive alcohol use, etc.	• American Heart Association • Breathe California of the Bay Area	• **3,783** individuals served • **4,039** services provided • **917** individuals completed one or more health screenings
2. Improve chronic disease management among community members	A. Support evidence-based chronic disease treatment and self-management programs	(i) Reduced rates of ER/ED visits for chronic diseases (ii) Improved medication and treatment adherence (iii) Reduced rates of uncontrolled chronic disease	• Community Services Agency of Mountain View and Los Altos	• **86** individuals served • **5,162** services provided • **57** individuals demonstrated improved self-management through self-report or biometrics

FY24 Health Needs Summary – Economic Stability

Economic Stability
(Including Food Insecurity, Housing & Homelessness)

Item	Details
Key Themes	• Total Funded: $0.4M in ECHD Grants • Focus on improved housing / living conditions, as well as access to sustainable source of healthy food
Performance Highlights	• Total individuals served: 4,231 • Total services provided: 47,989
Opportunities	• All Implementation Strategy categories covered by at least one grantee, however, opportunity to improve focus / alignment in strategic initiative area of workforce training and employment opportunities

Implementation Strategy – Economic Stability

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
1. Reduce housing instability among community members	A. Support independent living and efforts to improve substandard living conditions	(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	• Sunnyvale Community Services: Social Work and Homebound Client Case Management	• **329** individuals served • **3,294** services provided
	B. Support efforts to improve access to social services that address income and housing security	(i) Increase in social services utilization (ii) Improved health outcomes for those at-risk of and/or experiencing homelessness	• Sunnyvale Community Services: Comprehensive Safety-Net Services	• **106** individuals served • **325** services provided
2. Reduce barriers to employment/ careers that provide community members with a living wage	A. Create workforce training and employment opportunities for underrepresented populations	(i) More community members employed in positions that support economic stability	• MVPD, Youth Services Unit: Dreams and Futures Camp for At-risk Youth	• **100** individuals served • **736** services provided *Note: program focused on summer enrichment for youth; not directly related to employment / careers but related to changing trajectory for at-risk youth*

Implementation Strategy – Economic Stability (cont.)

Goal	Initiative	Anticipated Impact	FY24 ECHD Grantees	Metrics / Results
3. Reduce food insecurity and increase healthy food access for low-income community members	A. Support increased utilization of health/ culturally appropriate food through CalFresh/SNAP enrollment, existing food banks, and other sites	(i) Improved access to healthy food options (ii) Reduced food insecurity	• Day Worker Center of Mountain View • Hope's Corner • Second Harvest of Silicon Valley	• **3,696** individuals served • **1,618** individuals connected to a sustainable source of healthy food (CalFresh, SNAP, food banks, etc.)

Two-Year Grants

Agency	Awarded Amount	Metric Performance	Performance Narrative
Pacific Clinics (Community Health Awareness Council-CHAC)	$304,000	98%	*Integrated School Based Services* -CHAC far exceeded the target of individuals served as well as services provided at yearend, similar to midyear, due to expansion of the Social Emotional Learning program to more grades/classrooms. The program met the 'hours of youth counseling/care management session' target. -By yearend, CHAC met the outcome metrics of Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire (SDQ) and Impact Assessment based on teacher, parent/guardian, self and/or other report. -Effective July 1, 2024, the Integrated School Based Services were assigned to Pacific Clinics after CHAC ceased operations.
Community Services Agency of Mountain View-Los Altos (CSA MV-LA)	$240,000	94%	*Senior Intensive Case Management* -CSA MV-LA met the volume target, as well as the 'clients who were not re-hospitalized within 90 days for reasons related to a chronic health condition' and 'number of individuals who demonstrate improved self-management through self-report or biometric indications. -At yearend, the program was below target for 'patients with hypertension who attained or maintained a blood pressure of <140/90' and attributed this to the severe needs of the client caseload including cancer and other severe chronic conditions. -Due to the severity of some cases, it may be difficult for clients to demonstrate improved self-management. -There are many different factors that lead to chronic hypertension and the team is implementing different strategies to assist clients with managing this condition. Additionally, the team is aiming to improve by consistently tracking and recording the blood pressure of patients with hypertension.
Cupertino Union School District (CUSD)– Mental Health Program	$102,500	78%	*Mental Health Counseling Program* -The program met metrics except for services provided and number of youth demonstrating improvement on treatment plan goals. -The number of youth demonstrating improvement of treatment plan was lower than anticipated (20 actual of the target of 37). There were 22 total youth with treatment plans goals. 91% or 20 out of the 22 of the students that had long-term support over the school year were interpreted by CUSD as making exceptional progress as per CUSD impact measures. -Although the program stated they made an over-projection of the number of services provided, they maintain that assigning a Mental Health Therapist dedicated to a single school site has had a positive impact on the students and staff for one consistent person who has built relationships

			over time has benefited the school community and was the reason for the overperformance in the individuals served. -The mental health informed Kindness Week was geared toward the whole school community at Nimitz school included assemblies and kindness lessons for each grade level had such a powerful impact on students, staff and parents it will be an annual event. -Even with reminders including in-person connections, it has been a challenge to obtain Strengths and Difficulties survey responses from parents. -The program plans to have both parents and teachers complete surveys. Teachers may be more accessible than parents and would be an important data source to consider as they often make referrals for counseling services.
Cupertino Union School District– School Nurse Program	$105,000	95%	*Student Health Services* -The program met or exceeded metrics but was short of the students with a failed health screening who saw a healthcare provider. -They attribute this result to the significant percentage of students who did not pass the hearing screening who were not able to see an audiologist before the end of the school year due to provider availability, conflicting schedules, and/or parent not in agreement that there may be a hearing issue. -These students have been accommodated to preferential seating, written instructions and checks for understanding in the classroom and will receive follow up in the next school year. CUSD is continuing to see increased number of students requiring specialist healthcare services such as 1:1 nursing care during the school day. -Nursing staff are utilizing other staff for basic tasks that they can help with, so that they can focus on the higher acuity needs.
Los Altos School District	$150,000	100%	*Mental Health Counseling Program* -Overall, the program met or exceeded metrics for the year. In the winter months there was an increase in suicide risk assessments and mental health drop-ins, the demand for mental health services outpaced capacity, so the weekly services needed to be cancelled to prioritize the most acute cases. -The benefit of having the full-time therapist allowed for the team to address the most needy in a timely manner supporting two 5150 calls and 23 suicide risk assessments through the year. -The program cites significant residual effects with students demonstrating higher levels of anxiety and insecurities post-pandemic. -The mental health team plans to open a wellness center at Egan in winter 2025.

Mountain View Los Altos High School District (MVLA)	$220,000	78%	*MVLA School-based Mental Health Services* -The program met the hours of youth counseling/care management sessions and patients enrolled in a clinical and/or community service but fell short of volume metrics. -They attributed the result to the shift in the way the program is using the ECHD grant, from the Special Education Therapists to funding the Intake Coordinators in FY2024. The original target metrics were overestimated, specifically because the funding is 52% of the positions and the projection was erroneously planned at 100% of the Intake Coordinators services. -Effective next school year, MVLA will be moving forward with Medi-Cal billing and exploring a possible implementation of the CYBHI Fee Schedule (private insurance billing) model. These two billing systems will have a significant impact on the amount of documentation and administrative and associated training tasks assigned to the clinicians.
Mountain View Whisman School District	$305,500	84%	*Health Services Grant* -The program met individuals served and student immunization compliance. Services provided was higher than expected due to the increase of 1:1 daily medication that required nursing intervention. -There was a significant increase in students with Type 1 diabetes that require nurses to provide treatment and administer other daily medications, specifically ADHD and Adrenal Insufficiency medications. -The Collective Impact metric, number of patients reporting improved oral health after service and students with failed health screening who saw a healthcare provider, were both below the annual target. - Mountain View Whisman stated that were underperformed on the targets because parents reported challenges with getting appointments prior to school year completion. The program intends to start outreach earlier to obtain health reports/waivers and conduct more direct communication in addition to emails next school year to increase compliance.
Sunnyvale Community Services (SCS)	$207,000	94%	*Social Work Case Management/Homebound Case Management* -By yearend the Social Work Case Management program met or exceeded volume metrics, the number of individuals with improved living conditions, as a result of services provided and homebound case management clients referred to benefits and services they are entitled to receive. -Although there was improvement to the outcome metric by yearend as compared to midyear for case management clients whose scores reach or maintain a score of 3.0 or higher six-months after entering the program on the Step-Up Silicon Valley Self-Sufficiency Measure, it still fell short of the target. -The program attributed the outcome to the significant barriers to achieving long-term stability and self-sufficiency

			for low-income households in the high-cost area remains reflected in the scores.
Sunnyvale Community Services	$75,000	100%	*Comprehensive Safety-Net Services* -The Comprehensive Safety-Net Services program exceeded all metric targets by year-end. -After receiving financial assistance, households continued to receive food and/or case management services through other Sunnyvale Community Services programs which helped them to remain stably housed.
Sunnyvale School District	$287,000	99%	*Healthcare Grant* -By yearend, the Sunnyvale School District school nurse program met or exceeded all metric targets. -They noted seeing a 25% increase (25,516) in health office visits over the previous year for injuries, illness or other episodes such as toilet accidents, nosebleeds or other related care. -The program is scheduling mobile dentist (Big Smiles) to visit next school year at 3 elementary schools for dentists to do routine cleanings and treatments for students with parental consent on campus during the school day.

FY2024 Yearend Grant Performance Summary (large grants ≥$100K)

Agency	Awarded Amount	Metric Performance	Performance Narrative
Ravenswood Family Health Network	$1,250,000	100%	*Primary Healthcare, Dental, and Lab Services to Low Income Residents of El Camino Healthcare District* -Ravenswood met or exceeded all program metrics by yearend. -Due to their ongoing outreach efforts encouraging patients to come in for regular A1c testing, they were able to improve from midyear performance for the diabetic patients with HbA1c less than 8% metric and exceed the yearend target. -Ravenswood restarted the cervical and colorectal cancer clinics and through staff identification and outreach efforts they are observing a slight increase in those getting the necessary screenings. -Despite ongoing recruitment and retention staffing challenges specifically for medical assistants, support line staff and front desk representatives due to various factors such as the rising cost of living associated with inflation and externally mandated requirements, they have been able to bring on an additional family practice provider and increased the number of days for an optometry provider is onsite to ensure ECHD patients have more access to family medicine and optometry services.
Mountain View Whisman School District	$305,500	84%	*Health Services Grant* -The program met individuals served and student immunization compliance. Services provided was higher than expected due to the increase of 1:1 daily medication that required nursing intervention. -There was a significant increase in students with Type 1 diabetes that require nurses to provide treatment and

			administer other daily medications, specifically ADHD and Adrenal Insufficiency medications. -The Collective Impact metric, number of patients reporting improved oral health after service and students with failed health screening who saw a healthcare provider, were both below the annual target. - Parents reported challenges with getting appointments prior to school year completion. The program intends to start outreach earlier to obtain health reports/waivers and conduct more direct communication in addition to emails next school year to increase compliance.
Pacific Clinics (Community Health Awareness Council-CHAC)	$304,000	98%	*Integrated School Based Services* -CHAC far exceeded the target of individuals served as well as services provided at yearend, similar to midyear, due to expansion of the Social Emotional Learning program to more grades/classrooms. The program met the 'hours of youth counseling/care management session' target. -By yearend, CHAC met the outcome metrics of Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire (SDQ) and Impact Assessment based on teacher, parent/guardian, self and/or other report. -Effective July 1, 2024, the Integrated School Based Services were assigned to Pacific Clinics after CHAC ceased operations.
Sunnyvale School District	$287,000	99%	*Healthcare Grant* -By yearend, the Sunnyvale School District school nurse program met or exceeded all metric targets. -They noted seeing a 25% increase (25,516) in health office visits over the previous year for injuries, illness or other episodes such as toileting, nosebleeds or other related care. -The program is scheduling mobile dentist (Big Smiles) to visit next school year at 3 elementary schools for dentists to do routine cleanings and treatments for students with parental consent on campus during the school day.
Community Services Agency of Mountain View-Los Altos	$240,000	94%	*Senior Intensive Case Management* -CSA MV-LA met the volume target, as well as the 'clients who were not re-hospitalized within 90 days for reasons related to a chronic health condition' and 'number of individuals who demonstrate improved self-management through self-report or biometric indications. -At yearend, the program was below target for 'patients with hypertension who attained or maintained a blood pressure of <140/90' and attributed this to the severe needs of the client caseload including cancer and other severe chronic conditions. -Due to the severity of some cases, it may be difficult for clients to demonstrate improved self-management. -There are many different factors that lead to chronic hypertension and the team is implementing different strategies to assist clients with managing this condition. Additionally, the team is aiming to improve by consistently

			tracking and recording the blood pressure of patients with hypertension.
Mountain View Los Altos High School District	$220,000	78%	*MVLA School-based Mental Health Services* -The program met the hours of youth counseling/care management sessions and patients enrolled in a clinical and/or community service but fell short of volume metrics. -They attributed the result to the shift in the way the program is using the ECHD grant, from the Special Education Therapists to funding the Intake Coordinators in FY2024. The original target metrics were overestimated, specifically because the funding is 52% of the positions and the projection was erroneously planned at 100% of the Intake Coordinators services. -Effective next school year, MVLA will be moving forward with Medi-Cal billing and exploring a possible implementation of the CYBHI Fee Schedule (private insurance billing) model. -These two billing systems will have a significant impact on the amount of documentation and administrative and associated training tasks assigned to the clinicians.
Sunnyvale Community Services	$207,000	94%	*Social Work Case Management/Homebound Case Management* -By yearend the Social Work Case Management program met or exceeded volume metrics, the number of individuals with improved living conditions, as a result of services provided and homebound case management clients referred to benefits and services they are entitled to receive. -Although there was improvement to the outcome metric by yearend as compared to midyear for case management clients whose scores reach or maintain a score of 3.0 or higher six-months after entering the program on the Step-Up Silicon Valley Self-Sufficiency Measure, it still fell short of the target. -The program attributed the outcome to the significant barriers to achieving long-term stability and self-sufficiency for low-income households in the high-cost area remains reflected in the scores.
Santa Clara Valley Medical Center Hospital & Clinics - County of Santa Clara Health System	$355,000	100%	*Dental Services in Sunnyvale and Mountain View* -The dental services in Sunnyvale and Mountain View exceeded all annual target metrics in line with the increased patient need and demand through the period. -The Mountain View dental clinic increased their capacity and number of available dental chairs, thereby offering more access to patients. The dental services team outreached to patients on the importance of maintaining oral health and routine dental visits, as well as provided appointment reminder calls and tracked all patients who missed or canceled their appointments. -Moreover, outreach efforts targeted underserved populations, including veterans and people at risk of homelessness. -Lastly, the Mountain View dental clinic continues to face a parking shortage since the city removed all open parking along the store front, which is impacting patient

			accessibility. The County is working on establishing a contract to secure additional parking near the clinic site.
South Asian Heart Center, El Camino Health	$310,000.00	94%	*AIM to Prevent* -The program met or exceeded metrics except for falling slightly below for the metric measuring change in levels of physical activity. - They attributed the variance to the fact that the current cohort of participants is already at a higher level of physical activity with 43% already at baseline optimal levels. - The program experienced a slightly better change in vegetable consumption among participants. They attribute some of the improvements to newer graphic visuals, education materials, and resources to seamlessly incorporate vegetables into the diet.
Los Altos School District	$150,000	100%	*Mental Health Counseling Program* -Overall, the program met or exceeded metrics for the year. In the winter months there was an increase in suicide risk assessments and mental health drop-ins, the demand for mental health services outpaced capacity, so the weekly services needed to be cancelled to prioritize the most acute cases. -The benefit of having the full-time therapist allowed for the team to address the most needy in a timely manner supporting two 5150 calls and 23 suicide risk assessments through the year. -The program cites significant residual effects with students demonstrating higher levels of anxiety and insecurities post-pandemic. -The mental health team plans to open a wellness center at Egan in winter 2025.
Momentum for Health	$290,000	89%	*La Selva Community Clinic* -Momentum met or exceeded the metric targets for services provided, hours of adult counseling/care management sessions and patients who report a reduction of two points or more in PHQ-9 measure severity of depression. -The program was below the target of individuals served and just short of target of patients who report a reduction of two points or more in Generalized Anxiety Disorder to measure anxiety. -They found these results to be related to the challenge with lower referrals during the reporting period. -To address this, Momentum is improving clinic visibility, reaching out to local providers serving the population and attending community events, sharing marketing materials and continuing to network.
Chinese Health Initiative	$275,000.00	97%	*Chinese Health Initiative* -The Chinese Health Initiative exceeded all but one of their annual metrics which was the number of individuals with one or more improved biometrics (BMI, weight, and/or A1c), which they changed to “Number of individuals who report consuming at least 3 servings of fruits and vegetables per day” at midyear

			- The program noted some barriers to achieving the original CI metric target at midyear, finding that many of the Asian Americans who are diabetic and pre-diabetic have normal BMI so weight loss is not an indicator for reducing risks of diabetes. -Additionally, they found that many participants can't provide their A1c test before and after the 4-month program as most of insurance plans only covers A1c once a year, at most every 6 months for high-risk patients.
Planned Parenthood Mar Monte	$225,000	100%	*Increasing Access to Family Medicine at the Planned Parenthood Mar Monte (PPMM) Mountain View Health Center* -Planned Parenthood is continuing to experience increased need for essential care and exceeded all metric targets for the year. -They stated they were able to overperform due to PMM hiring more providers to be able to meet demand.
Peninsula Healthcare Connection	$220,000	95%	*New Directions* -The program met or exceeded metrics except for falling slightly below for services provided. -They found this result was related to providing outreach to a higher number of individuals for brief resource services, but a smaller percentage than expected engaged and enrolled in intensive services, resulting in lower than expected encounters overall. -The types of services that clients were connected to included social security benefits, long term services and supports (Medi-Cal), specialty care, transportation, housing, basic needs and utility insurance.
Cupertino Union School District– School Nurse Program	$105,000	95%	*Student Health Services* -The program met or exceeded metrics but was short of the students with a failed health screening who saw a healthcare provider. -They attribute this result to the significant percentage of students who did not pass the hearing screening who were not able to see an audiologist before the end of the school year due to provider availability, conflicting schedules, and/or parent not in agreement that there may be a hearing issue. -These students have been accommodated to preferential seating, written instructions and checks for understanding in the classroom and will receive follow up in the next school year. CUSD is continuing to see increased number of students requiring specialist healthcare services such as 1:1 nursing care during the school day. -Although staff has increased, unlicensed staff are performing a majority of the day-to-day first aid for nurses to attend to higher level issues.

Cupertino Union School District (CUSD)– Mental Health Program	$102,500	78%	*Mental Health Counseling Program* -The program met metrics except for services provided and number of youth demonstrating improvement on treatment plan goals. -Despite the number of students being lower than anticipated, 91% of the students made progress on their treatment plan goals. -Although the program stated they made an over-projection of the number of services provided, they maintain that assigning a Mental Health Therapist dedicated to a single school site has had a positive impact on the students and staff for one consistent person who has built relationships over time has benefited the school community. -The mental health informed Kindness Week was geared toward the whole school community at Nimitz school included assemblies and kindness lessons for each grade level had such a powerful impact on students, staff and parents it will be an annual event. -Even with reminders including in-person connections, it has been a challenge to obtain Strengths and Difficulties survey responses from parents. -The program plans to have both parents and teachers complete surveys. Teachers may be more accessible than parents and would be an important data source to consider as they often make referrals for counseling services.
On-Site Dental Care Foundation	$200,000	99%	*Oral Health Access for All - North County* -The program met or exceeded all metric targets for the year. On-Site is finding that the need for root canals continues to be high, especially for new patients. -With the expansion of Denti-Cal eligibility, unfortunately there are not enough Denti-Cal providers to serve those that are eligible. -The organization has applied to become a Denti-Cal provider and is working with the Department of Health Services to identify a way forward as the status of the agency (not owned by a dentist or part of an FQHC) prevents them from qualifying.
Playworks	$200,000.00	100%	*Playworks Sunnyvale* -The program met or exceeded all metrics through providing services by coaches and site coordinator leading physical activity and positive school climate program at 8 Sunnyvale School District elementary schools -Playworks exceeded target metrics for educators reporting that the program increased the number of students that are physically active during recess as well as helped the school create a supportive learning environment

El Camino Health - Integrated Care Management	$189,000	0%	*Population Health Program Manager* - This grant covers a 1.0 FTE Population Health Manager position which was filled March 2024. -The initial work of the population health manager started in the last quarter of the fiscal year. Progress is proceeding in FY2025.
El Camino Health – Health Library Resource Center – Mountain View	$175,000	100%	*El Camino Health, Health Library & Resource Center Mountain View* -The Health Library & Resource Center met or exceeded all metrics through providing services by telephone and email to serve the community. -The program exceeded target metrics for patrons surveyed who responded the library information is appropriate to my needs and library services have been valuable in helping me manage my health or that of a friend or family member.
El Camino Health – RoadRunners	$165,000	89%	*El Camino Health Mountain View RoadRunners Transportation Program* -The RoadRunners program met the services provided target and exceeded metric targets for older adults who strongly agree or agree that services helped in maintaining their independence and who strongly agree or agree that services made it possible to get to their medical appointments. -They cited the transition in service model for the lower number of individuals served goal for the year as well as just missing the mark on the number of patients receiving follow-up care after a patient is screened metric. -Lyft cannot take any clients that are under sedation, so these clients are referred to another provider, Absolute Transportation.
LifeMoves	$160,000.00	100%	*BehavioralMoves and LVN at Mountain View* -The program met its yearend metrics. -BehavioralMoves screens for services and offers a variety of therapy sessions. -The LVN offers screening for medical issues, manages client medications and appointments and after-care activities. -The LVN has been able to implement more consistent and thorough screenings resulting in more accurate referrals to health services. -The LVN assists with client keeping their appointments by meeting them where they are at and providing reminders via notes, mail and door hangers.
El Camino Health - Care Coordination – Post Discharge Care Navigator	$150,000	46%	*Post Discharge Care Navigator* -This grant covers a 1.0 FTE navigator. Due to team transitions and new staff in the Care Coordination department, hiring took longer than expected. -The care manager has been on board since mid-April and through yearend and has completed initial onboarding and training. -This program has been specifically adjusted to focus on the highest-risk patients, ensuring that those who need the most support are receiving it promptly and effectively.

			-The program met the target of patients that were identified were served and what was accomplished through the performance period based on staffing is in proportion to the volume targets as well as the metric of number of patients receiving follow up care after a patient is screened.
American Heart Association	$100,000.00	100%	*Healthy Hearts Initiative* -All metrics were met at yearend, which was an improvement from missing their 6-month targets for individuals served, services provided, and impact metric 'number of individuals completing one or more health screening.' -The program started using a train-the-trainer model so that the impact could be multiplied and offered by a known source (i.e. church group.) AHA staff attended all monthly trainings over the 4-month period. -During the 4-month program participants learn how to manage their health conditions, leading to reductions in blood pressure. -The program caters to specific needs of the community, offering culturally appropriate workshops in multiple languages and covers a variety of topics.
National Alliance on Mental Illness (NAMI)-Santa Clara County	$100,000	98%	*Community Peer Program* -By yearend NAMI met or exceeded metric targets. A number of participants learned to successfully manage their mental health symptoms and took NAMI Peer-To-Peer education class to become Peer connectors in the program. -In the first half of the grant period, the program investigated the cause of the low referrals and implemented new speakers training to promote the program in the hospital, support discharge planning at the outpatient units, training the mentors on unit who visit inpatient and outpatient units twice a week and collaborating with the social workers/case managers to find the effective ways to support the patients at El Camino Hospital. -This collaboration with El Camino Hospital case managers and social workers helped to connect with participants who were referred to discharge from the hospital.

FY2024 Yearend Grant Performance Summary (Underperforming grants with ≤ 74% of metrics met)

Agency	Awarded Amount	Metric Performance	Performance Narrative
El Camino Health - Care Coordination – Post Discharge Care Navigator	$150,000	46%	*Post Discharge Care Navigator* -This grant covers a 1.0 FTE navigator. Due to team transitions and new staff in the Care Coordination department, hiring took longer than expected. -The care manager has been on board since mid-April and through yearend and has completed initial onboarding and training. -This program has been specifically adjusted to focus on the highest-risk patients, ensuring that those who need the most support are receiving it promptly and effectively. -The program met the target of patients that were identified were served and what was accomplished through the performance period based on staffing is in proportion to the volume targets as well as the metric of number of patients receiving follow up care after a patient is screened.
El Camino Health - Integrated Care Management – Population Health Manager	$189,000	0%	*Population Health Program Manager* - This grant covers a 1.0 FTE Population Health Manager position which was filled March 2024. -The initial work of the population health manager started in the last quarter of the fiscal year. Progress is proceeding in FY2025.
My Digital TAT2	$29,000	61%	*Digital Literacy & Social and Emotional Health Online* -My Digital TAT2 underperformed in the volume metrics and hours of training sessions. -They stated the reasons for this was that the school district they are serving changed the virtual model that they had previously requested and implemented since 2020 to the schools asking for in person sessions for educators effective FY2024. -As a result of the transition school administrators and teachers brought fewer children to the virtual workshop sessions compared to last year. -Moving forward, due to schedule needs for the school partners, some topics that had previously been presented as two-part workshop model, are requested to be slightly longer single sessions, to better fit their schedules.

Silicon Valley Bicycle Coalition	$20,000	74%	*Bike to Health* -Due to weather and scheduling challenges, only one ride was held in the first half of the grant period promoting physical activity for low-income youth and adults located at safe biking routes in Mountain View and Sunnyvale. -The program missed metrics at midyear due to inclement weather and needing to reschedule rides. -All six bike rides were completed within the fiscal year. The metric performance is low due to the collective impact metric 'number of participants who report 150 minutes or more of physical activity per week' being at 36%. This was due partially because of fewer respondents and partially because of the lack of positive responses. Competing priorities and discomfort in being active led to this. The Coalition will continue to encourage riding and provide information on future rides and classes.

EL CAMINO HEALTHCARE DISTRICT

Community Benefit FY2024 Yearend Grant Metrics Dashboard

- This Dashboard reflects FY2024 yearend and two prior years' grant performance
- Grants are organized by five health needs: Healthcare Access & Delivery, Behavioral Health, Diabetes & Obesity, Chronic Conditions, and Economic Stability; Support Grants (≤$30k) are in the second section)
- FY2024 Metric Data: Columns X – AG
- Historical performance: Columns D – W
- See legend in footer for metric performance indicators
    - A dash " – " represents either 1) Program is new so no metrics from prior year(s), or 2) New metric, no historical data

EL CAMINO HEALTHCARE DISTRICT

Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%

Health Need *Column A*	Partner *Column B*	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 6-month Metrics Met Column G		FY2022 Annual Target Column I	FY2022 Annual Actual Column J		FY2022 Annual Metrics Met Column L		FY2023 6-month Target Column N	FY2023 6-month Actual Column O		FY2023 6-month Metrics Met Column Q		FY2023 Annual Target Column S	FY2023 Annual Actual Column T		FY2023 Annual Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y		FY2024 6-month Metrics Met Column AA		FY2024 Annual Target Column AC	FY2024 Annual Actual Column AD		FY2024 Annual Metrics Met Column AF	
Healthcare Access and Delivery (Including Oral Health)	**Cupertino Union School District - *School Nurse Program*** **FY2025 Approved: $105,000** FY2024 Approved: $105,000 FY2024 Spent: $105,000 FY2023 Approved: $100,000 FY2023 Spent: $100,000 FY2022 Approved: $100,000 FY2022 Spent: $100,000	Individuals served	350	386	●	100%	●	700	1,124	●	98%	●	115	223	●	53%	●	230	441	●	89%	●	395	401	●	98%	●	790	811	●	95%	●
		Services provided	-	-				-	-				210	223	●			425	494	●			1,047	1,186	●			2,094	2,031	●		
		Number of individuals completing one or more health screenings (vision, hearing, and/or oral health)	-	-				-	-				115	0	●			230	441	●			204	423	●			408	396	●		
		Students out of compliance with required immunizations who become compliant	35%	79%	●			50%	82%	●			50%	33%	●			80%	95%	●			80%	73%	●			90%	100%	●		
		Students with a failed a health screening who saw a healthcare provider	25%	27%	●			35%	33%	●			50%	0%	●			80%	35%	●			10%	24%	●			60%	50%	●		
	El Camino Health - Post Discharge Navigaton **FY2025 Approved: $150,000** FY2024 Approved: $150,000 FY2024 Spent: $19,719 FY2023 Approved: $150,000 FY2023 Spent: $79,463	Individuals served	-	-		New Program in FY2023		-	-		New Program in FY2023		150	0	●	0%	●	400	75	●	17%	●	150	0	●	0%	●	300	54	●	46%	●
		Services provided	-	-				-	-				300	0	●			800	85	●			200	0	●			600	124	●		
		Number of patients receiving follow up care after a patient is screened	-	-				-	-				-	-				-	-				30	0	●			80	14	●		
		Patients served that were referred to community partners	-	-				-	-				50	0	●			150	33	●			70%	0	●			75%	54%	●		
		Patients identified that were served	-	-				-	-				75	0	●			200	37	●			20%	0	●			25%	25%	●		
	El Camino Health - Integrated Care Management **FY2025 Approved: $247,000** FY2024 Approved: $189,000 FY2024 Spent: $80,665	Program manager will develop a crosswalk of available tools in Epic that explains how they are currently being used by ECH	-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		0	0	●	0%	●	0%	0%	●	0%	●
		Using quantitative and qualitative data, program manager will identify target populations for population health intervention	-	-				-	-				-	-				-	-				0	0	●			0%	0%	●		
		Program manager will identify gaps and opportunities in the currently available tools in Epic, in order to facilitate optimal intervention with the target populations	-	-				-	-				-	-				-	-				0	0	●			0%	0%	●		
		Manager will contribute to the development of a comprehensive ECHD population health strategy for the next 1-3 years	-	-				-	-				-	-				-	-				0	0	●			0%	0%	●		
	Health Library Resource Center - *Mountain View* **FY2025 Approved: $175,000** FY2024 Approved: $175,000 FY2024 Spent: $149,352 FY2023 Approved: $175,000 FY2023 Spent: $137,640 FY2022 Approved: $200,000 FY2022 Spent: $200,000	Individuals served	3,000	5,237	●	100%	●	6,000	9,710	●	100%	●	3,000	3,315	●	100%	●	6,000	11,095	●	100%	●	4,000	4,519	●	100%	●	8,000	8,349	●	100%	●
		Services provided	25	37	●			50	75	●			3,000	3,315	●			6,000	11,095	●			4,000	4,519	●			8,000	8,349	●		
		Library services have been valuable in helping me manage my health or that of a friend or family member	65%	96%	●			65%	78%	●			65%	100%	●			65%	93%	●			75%	89%	●			75%	83%	●		
		Library information is appropriate to my needs	80%	96%	●			80%	97%	●			80%	100%	●			80%	100%	●			90%	100%	●			90%	100%	●		
	LifeMoves **FY2025 Approved: $160,000** FY2024 Approved: $160,000 FY2024 Spent: $160,000 FY2023 Approved: $160,000 FY2023 Spent: $160,000 FY2022 Approved: $160,000 FY2022 Spent: $160,000	Individuals served	75	82	●	98%	●	160	185	●	95%	●	125	99	●	82%	●	285	181	●	83%	●	100	93	●	98%	●	200	198	●	100%	●
		Services provided	365	346	●			820	862	●			365	323	●			820	885	●			325	369	●			820	860	●		
		Number of patients receiving follow-up care after a patient is screened	-	-				-	-				125	99	●			285	181	●			50	93	●			100	101	●		
		BH clients report improved mood & function	N/A	N/A				85%	79%	●			N/A	N/A				85%	79%	●			N/A	N/A				85%	100%	●		
		LVN clients report improved health	N/A	N/A				75%	64%	●			N/A	N/A				75%	71%	●			N/A	N/A				75%	100%	●		
	Lucile Packard Foundation for Children's Health **FY2025 Approved: $103,000** FY2024 Approved: $98,000 FY2024 Spent: $98,000 FY2023 Approved: $98,000 FY2023 Spent: $98,000 FY2022 Approved: $98,000 FY2022 Spent: $98,000	Individuals served	50	141	●	97%	●	100	153	●	100%	●	65	95	●	100%	●	140	151	●	76%	●	50	64	●	100%	●	100	120	●	100%	●
		Services provided	200	181	●			400	395	●			200	221	●			420	386	●			150	148	●			300	303	●		
		Number of patients receiving follow-up care after a patient is screened	-	-				-	-				-	-	●			-	-	●			20	30	●			40	55	●		
		Unduplicated patients who undergo a social determinants of health assessment at least once annually	90%	90%	●			90%	90%	●			90%	91%	●			90%	80%	●			65%	98%	●			65%	97%	●		
	Mountain View Whisman School District **FY2025 Approved: $305,500** FY2024 Approved: $305,500 FY2024 Spent: $305,500 FY2023 Approved: $290,000 FY2023 Spent: $290,000 FY2022 Approved: $280,000 FY2022 Spent: $280,000	Individuals served	1,800	1,762	●	98%	●	3,600	3,617	●	65%	●	1,950	1,905	●	99%	●	3,900	3,810	●	83%	●	1,900	1,837	●	99%	●	3,800	3,852	●	84%	●
		Services provided	-	-				-	-				5,500	8,349	●			8,000	9,705	●			5,500	8,344	●			8,000	10,724	●		
		Number of patients reporting improved oral health after service	-	-				-	-				-	-				-	-				N/A	N/A				348	306	●		
		Students out of compliance with required immunizations who become compliant	-	-				-	-				90%	95%	●			97%	99%	●			90%	98%	●			97%	97%	●		
		Students with a failed health screening who saw a healthcare provider	N/A	N/A				45%	22%	●			N/A	N/A				50%	18%	●			N/A	N/A				50%	15%	●		
	On-Site Dental **FY2025 Approved: $200,000** FY2024 Approved: $200,000 FY2024 Spent: $200,000 FY2023 Approved: $200,000 FY2023 Spent: $200,000 FY2022 Approved: $200,000 FY2022 Spent: $200,000	Individuals served	137	193	●	95%	●	275	298	●	97%	●	175	231	●	97%	●	285	315	●	93%	●	190	201	●	98%	●	300	300	●	99%	●
		Services Provided	687	552	●			1,375	1,182	●			575	559	●			1,325	1,067	●			590	531	●			998	1,010	●		
		Number of patients reporting improved oral health after service	-	-				-	-				120	150	●			200	224	●			150	173	●			280	282	●		
		Patient who complete treatment plan	-	-				-	-				50%	45%	●			85%	73%	●			50%	65%	●			85%	82%	●		
		Patients who are retained in care and come for recall visits	-	-				-	-				50%	57%	●			65%	69%	●			55%	67%	●			75%	76%	●		
	Pathways **FY2025 Approved: $60,000** FY2024 Approved: $60,000 FY2024 Spent: $60,000 FY2023 Approved: $60,000 FY2023 Spent: $60,000 FY2022 Approved: $60,000 FY2022 Spent: $60,000	Individuals served	30	43	●	100%	●	45	43	●	99%	●	30	33	●	95%	●	60	62	●	97%	●	35	28	●	87%	●	60	44	●	83%	●
		Services provided	300	563	●			450	563	●			300	281	●			600	664	●			350	258	●			600	477	●		
		Number of Patients receiving follow-up care after a patient is screened	-	-				-	-				-	-				-	-				35	28	●			60	44	●		
		Home Health rehospitalization rate	14% Lower percentage desired	14% Lower percentage desired	●			14% Lower percentage desired	11% Lower percentage desired	●			14% Lower percentage desired	17% Lower percentage desired	●			14% Lower percentage desired	13% Lower percentage desired	●			16% Lower percentage desired	14% Lower percentage desired	●			14% Lower percentage desired	16% Lower percentage desired	●		
		Hospice family caregivers likely to recommend this hospice to friends and family	-	-				-	-				85%	90%	●			85%	78%	●			82%	83%	●			85%	87%	●		

Community Benefit Dashboard Notes

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

● A metric receives a "purple" indicator if performance against target is 75% - 89%

● A metric receives a "blue" indicator if performance against target is 0% - 74%

N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

EL CAMINO HEALTHCARE DISTRICT

Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%

Health Need *Column A*	Partner *Column B*	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 6-month Metrics Met Column G		FY2022 Annual Target Column I	FY2022 Annual Actual Column J		FY2022 Annual Metrics Met Column L		FY2023 6-month Target Column N	FY2023 6-month Actual Column O		FY2023 6-month Metrics Met Column Q		FY2023 Annual Target Column S	FY2023 Annual Actual Column T		FY2023 Annual Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y		FY2024 6-month Metrics Met Column AA		FY2024 Annual Target Column AC	FY2024 Annual Actual Column AD		FY2024 Annual Metrics Met Column AF	
Healthcare Access and Delivery (Including Oral Health)	**Peninsula Healthcare Connection - *New Directions*** **FY2025 Approved: $220,000** FY2024 Approved: $220,000 FY2024 Spent: $220,000 FY2023 Approved: $220,000 FY2023 Spent: $220,000 FY2022 Approved: $220,000 FY2022 Spent: $220,000	Individuals served	50	95	●	94%	●	79	146	●	97%	●	72	87	●	100%	●	106	173	●	98%	●	72	115	●	95%	●	106	171	●	95%	●
		Services provided	1,060	798	●			1,700	1,883	●			800	1,006	●			1,500	2,011	●			800	655	●			1,500	1,312	●		
		Number of patients enrolled in a clinical and/or community service based on needs identified by their navigator	-	-				-	-				-	-				-	-				25	28	●			35	34	●		
		Patients will be connected to and establish services with a minimum of one basic needs benefits program	75%	93%	●			95%	96%	●			80%	91%	●			95%	100%	●			80%	96%	●			95%	92%	●		
	Planned Parenthood Mar Monte - *Mountain View Health Center* **FY2025 Approved: $225,000** FY2024 Approved: $225,000 FY2024 Spent: $225,000 FY2023 Approved: $225,000 FY2023 Spent: $225,000 FY2022 Approved: $225,000 FY2022 Spent: $225,000	Individuals served	175	158	●	79%	●	350	273	●	75%	●	160	158	●	89%	●	275	350	●	92%	●	135	128	●	97%	●	270	340	●	100%	●
		Services provided	325	245	●			650	427	●			270	245	●			500	488	●			245	233	●			490	514	●		
		Number of patients establishing care with a PCP or specialist as a result of agency services	-	-				-	-				-	-				-	-				18	17				28	36	●		
		Hemoglobin A1c of less than 9 for diabetes patients	90%	55%	●			90%	86%	●			55%	50%	●			90%	78%	●			55%	55%	●			65%	67%	●		
	Ravenswood Family Health Center **FY2025 Approved: $1,250,000** FY2024 Approved: $1,250,000 FY2024 Spent: $1,250,000 FY2023 Approved: $1,250,000 FY2023 Spent: $1,250,000 FY2022 Approved: $1,300,000 FY2022 Spent: $1,300,000	Individuals served	1,300	1,300	●	84%	●	1,900	1,900	●	92%	●	1,200	1,200	●	96%	●	1,800	1,800	●	96%	●	1,050	1,050	●	97%	●	2,100	2,100	●	100%	●
		Services provided	2,020	2,160	●			5,650	5,850	●			2,020	2,163	●			5,600	5,740	●			2,950	2,950	●			5,910	5,910	●		
		Number of patients establishing care with a PCP or specialist as a result of agency services	-	-				-	-				-	-				-	-				400	400	●			900	900	●		
		Patients age 50-75 with appropriate breast cancer screening	45%	42%	●			45%	56%	●			45%	64%	●			50%	67%	●			55%	78%	●			60%	73%	●		
		Diabetic patients with HbA1c less than 8%	65%	81%	●			65%	50%	●			65%	59%	●			65%	55%	●			50%	42%	●			50%	65%	●		
	RoadRunners **FY2025 Approved: $165,000** FY2024 Approved: $165,000 FY2024 Spent: $161,500 FY2023 Approved: $165,000 FY2023 Spent: $149,936 FY2022 Approved: $200,000 FY2022 Spent: $200,000	Individuals served	200	286	●	100%	●	450	512	●	100%	●	300	327	●	100%	●	600	532	●	97%	●	300	255	●	92%	●	600	397	●	89%	●
		Services provided	1,600	4,061	●			5,300	7,902	●			3,500	3,743	●			5,500	7,867	●			3,500	3,737	●			7,000	6,650	●		
		Number of patients receiving follow-up care after a patient is screened	-	-				-	-				-	-				-	-				75	55	●			150	128	●		
		Older adults who strongly agree or agree that services helped in maintaining their independence	91%	94%	●			91%	100%	●			91%	98%	●			91%	100%	●			91%	97%	●			91%	95%	●		
		Older adults who strongly agree or agree that services made it possible to get to their medical appointments	95%	100%	●			95%	95%	●			95%	98%	●			95%	94%	●			95%	100%	●			95%	100%	●		
	Santa Clara Valley Medical Center Hospital & Clinics - *Dental Services in Sunnyvale and Mountain View* **FY2025 Approved: $326,000** FY2024 Approved: $355,000 FY2024 Spent: $355,000 FY2023 Approved: $440,000 FY2023 Spent: $440,000 FY2022 Approved: $530,000 FY2022 Spent: $530,000	Individuals served	468	530	●	96%	●	866	994	●	95%	●	400	459	●	91%	●	800	1,097	●	93%	●	324	564	●	100%	●	648	870	●	100%	●
		Services provided	1,287	1,147	●			2,457	2,334	●			1,000	882	●			2,000	2,795	●			810	1,355	●			1,620	2,698	●		
		Number of patients establishing care with a PCP or specialist as a result of agency services	-	-				-	-				-	-				-	-				275	516	●			583	809	●		
		Dental patients who will receive prophylactic cleaning	20%	30%	●			25%	31%	●			20%	25%	●			25%	26%	●			20%	30%	●			25%	37%	●		
	Sunnyvale School District **FY2025 Approved: $287,000** FY2024 Approved: $287,000 FY2024 Spent: $287,000 FY2023 Approved: $287,000 FY2023 Spent: $287,000 FY2022 Approved: $287,000 FY2022 Spent: $287,000	Individuals served	2,069	1,925	●	82%	●	4,139	4,067	●	95%	●	1,340	1,409	●	99%	●	2,680	2,462	●	98%	●	1,364	1,247	●	94%	●	2,729	2,526	●	99%	●
		Services provided	-	-				-	-				2,850	2,761	●			5,100	5,118	●			3,272	2,753	●			5,137	5,341	●		
		Number of students establishing care with a PCP or specialist as a result of agency services	-	-				-	-				-	-				-	-				N/A	N/A				250	279	●		
		Students with a failed health screening who saw a healthcare provider	20%	20%	●			50%	48%	●			20%	26%	●			20%	57%	●			25%	31%	●			55%	62%	●		
		Students out of compliance with required immunizations become compliant	80%	95%	●			90%	98%	●			90%	96%	●			90%	97%	●			90%	96%	●			90%	98%	●		
Behavioral Health (Including Domestic Violence & Trauma)	**Acknowledge Alliance** **FY2025 Approved: $55,000** FY2024 Approved: $55,000 FY2024 Spent: $55,000 FY2023 Approved: $50,000 FY2023 Spent: $50,000 FY2022 Approved: $50,000 FY2022 Spent: $50,000	Individuals served	300	386	●	100%	●	600	433	●	90%	●	150	244	●	100%	●	300	296	●	100%	●	300	402	●	90%	●	600	691	●	99%	●
		Services provided	81	116	●			162	433	●			350	537	●			700	1,483	●			2,000	1,592	●			4,000	4,101	●		
		Hours of adult counseling/care management sessions	-	-				-	-				-	-				-	-				1,000	1,016	●			2,000	2,429	●		
		Educators will report an 10% increase promoting a positive school climate from the start of the year to the end of the year	N/A	N/A				75%	66%	●			N/A	N/A				75%	81%	●			N/A	N/A				80%	76%	●		
		Educators will report using one or more techniques in supporting students who are struggling or their own mental health resilience	N/A	N/A				80%	100%	●			N/A	N/A				75%	83%	●			N/A	N/A				75%	74%	●		
	Avenidas **FY2025 Approved: $70,000** FY2024 Approved: $70,000 FY2024 Spent: $70,000 FY2023 Approved: $60,000 FY2023 Spent: $60,000 FY2022 Approved: $60,000 FY2022 Spent: $60,000	Individuals served	81	79	●	94%	●	100	102	●	97%	●	75	76	●	98%	●	100	98	●	100%	●	75	78	●	98%	●	110	127	●	100%	●
		Services provided	999	1,004	●			1,950	1,963	●			1,070	1,091	●			1,950	1,956	●			2,195	2,182	●			3,228	4,061	●		
		Number of adults demonstrating improvement on treatment plan goals	-	-				-	-				-	-	●			-	-	●			66	61	●			96	96	●		
		Participants with history of ER visits do not experience any emergency room visits for 1 yr	85%	78%	●			85%	84%	●			85%	83%	●			85%	86%	●			85%	83%	●			85%	87%	●		
		Participants who are able to achieve and maintain at least 3 activities of daily living as defined in ADL scale	90%	81%	●			90%	82%	●			90%	86%	●			90%	91%	●			85%	87%	●			85%	89%	●		

Community Benefit Dashboard Notes

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

N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

EL CAMINO HEALTHCARE DISTRICT

Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%

Health Need *Column A*	Partner *Column B*	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 6-month Metrics Met Column G		FY2022 Annual Target Column I	FY2022 Annual Actual Column J		FY2022 Annual Metrics Met Column L		FY2023 6-month Target Column N	FY2023 6-month Actual Column O		FY2023 6-month Metrics Met Column Q		FY2023 Annual Target Column S	FY2023 Annual Actual Column T		FY2023 Annual Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y		FY2024 6-month Metrics Met Column AA		FY2024 Annual Target Column AC	FY2024 Annual Actual Column AD		FY2024 Annual Metrics Met Column AF	
Behavioral Health (Including Domestic Violence & Trauma)	**Caminar - *Domestic Violence Services*** **FY2025 Approved: $85,000** FY2024 Approved: $80,000 FY2024 Spent: $80,000 FY2023 Approved: $80,000 FY2023 Spent: $80,000 FY2022 Approved: $60,000 FY2022 Spent: $60,000	Individuals served	30	46	●	100%	●	60	46	●	93%	●	35	31	●	93%	●	70	76	●	98%	●	35	34	●	99%	●	70	76	●	100%	●
		Services provided	350	516	●			700	616	●			400	352	●			840	806	●			300	340	●			700	747	●		
		Hours of adult counseling/care management sessions	-	-				-	-				200	176	●			500	481	●			350	340	●			700	712	●		
		Participants in supportive services (case management, advocacy, counseling, and/or support group services) who report feeling more hopeful about their futures	-	-				-	-				-	-				-	-				85%	86%	●			85%	94%	●		
		Participants will maintain or improve their economic security	60%	75%	●			60%	72%	●			60%	74%	●			60%	88%	●			75%	77%	●			75%	91%	●		
	Caminar, inc. - *LGBTQ+ Youth Space Awareness and Outreach Program* **FY2025 Approved: $75,000** FY2024 Approved: $75,000 FY2024 Spent: $75,000 FY2023 Approved: $75,000 FY2023 Spent: $75,000	Individuals served	-	-		New Program in FY2023		-	-		New Program in FY2023		300	606	●	84%	●	675	1206	●	98%	●	550	499	●	95%	●	1,100	960	●	93%	●
		Services provided	-	-				-	-				300	606	●			675	1206	●			550	499	●			1,100	960	●		
		Hours of training sessions	-	-				-	-				20	4	●			40	36	●			90	83	●			180	166	●		
		Hosts would recommend the panel to a friend	-	-				-	-				80%	100%	●			80%	100%	●			95%	98%	●			95%	100%	●		
		Speakers report feeling they have contributed positively to their community	-	-				-	-				85%	100%	●			85%	100%	●			95%	98%	●			95%	100%	●		
	Community Health Awareness Council (CHAC) **FY2025 Approved: $304,000** ***Will be executed by Pacific Clinics in FY2025*** FY2024 Approved: $304,000 FY2024 Spent: $304,000 FY2023 Approved: $280,000 FY2023 Spent: $280,000 FY2022 Approved: $280,000 FY2022 Spent: $280,000	Individuals served	-	-		100%	●	-	-		100%	●	275	289	●	98%	●	745	826	●	95%	●	375	589	●	99%	●	800	929	●	98%	●
		Services provided	2,480	4,980	●			7,500	10,330	●			2,500	2,313	●			7,500	8,548	●			3,500	4,527	●			7,750	10,133	●		
		Hours of youth counseling/care management sessions	-	-				-	-				1,375	1,712	●			5,700	4574	●			2,000	1,943	●			5,500	5433	●		
		Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher, parent/guardian, self and/or other report (for students age 11-17).	N/A	N/A				40%	39%	●			N/A	N/A				40%	39%	●			N/A	N/A				40%	37%	●		
		Students who improve by at least 3 points from pre-test to post-test on the 40-point scale Strengths and Difficulties Questionnaire and Impact Assessment based on teacher, parent/guardian, self and/or other report (for students 10 and under).	N/A	N/A				40%	41%	●			N/A	N/A				40%	45%	●			N/A	N/A				40%	39%	●		
	Cupertino Union School District - *Mental Health Program* **FY2025 Approved: $102,500** FY2024 Approved: $102,500 FY2024 Spent: $102,500 FY2023 Approved: $93,000 FY2023 Spent: $93,000 FY2022 Approved: $90,000 FY2022 Spent: $90,000	Individuals served	45	37	●	87%	●	98	88	●	98%	●	30	125	●	100%	●	60	198	●	98%	●	125	108	●	81%	●	250	388	●	78%	●
		Services provided	-	-				-	-				30	34	●			725	741	●			360	225	●			700	392	●		
		Number of youth demonstrating improvement on treatment plan goals	-	-				-	-				-	-				-	-				18	17	●			37	20	●		
		Students who improved by at least 3 points from pretest to post test on the Strengths and Difficulties Questionnaire and Impact Assessment	N/A	N/A				50%	50%	●			N/A	N/A				50%	53%	●			N/A	N/A				50%	66%	●		
	Law Foundation of Silicon Valley **FY2025 Approved: $70,000** FY2024 Approved: $60,000 FY2024 Spent: $60,000 FY2023 Approved: $60,000 FY2023 Spent: $60,000 FY2022 Approved: $60,000 FY2022 Spent: $60,000	Individuals served	82	59	●	79%	●	165	284	●	100%	●	82	121	●	91%	●	165	140	●	84%	●	25	23	●	98%	●	50	41	●	96%	●
		Services provided	-	-				-	-				40	121	●			165	140	●			55	160	●			110	287	●		
		Hours of training sessions	-	-				-	-				-	-				-	-				50	160	●			100	244	●		
		Clients receiving services for benefits issues who successfully access or maintain health benefits or other safety-net benefits	90%	100%	●			90%	90%	●			90%	90%	●			90%	90%	●			75%	80%	●			90%	90%	●		
	Los Altos School District **FY2025 Approved: $150,000** FY2024 Approved: $150,000 FY2024 Spent: $150,000 FY2023 Approved: $130,000 FY2023 Spent: $130,000 FY2022 Approved: $100,000 FY2022 Spent: $100,000	Individuals served	25	17	●	84%	●	65	63	●	74%	●	35	46	●	100%	●	90	90	●	75%	●	45	110	●	100%	●	95	134	●	100%	●
		Services provided	250	257	●			500	594	●			275	419	●			550	1,191	●			720	880	●			1,710	1,876	●		
		Hours of youth counseling/care management sessions	-	-				-	-				-	-				-	-				200	475	●			450	632	●		
		Students who improve by at least 3 points from pre-test to post-test on the Strength and Difficulties Questionnaire and Impact Assessment based on self-report for students age 11-17	N/A	N/A				50%	68%	●			N/A	N/A				50%	60%	●			N/A	N/A				50%	62%	●		
	Maitri **FY2025 Approved: $50,000** FY2024 Approved: $50,000 FY2024 Spent: $50,000 FY2023 Approved: $50,000 FY2023 Spent: $50,000 FY2022 Approved: $50,000 FY2022 Spent: $50,000	Individuals served	22	35	●	98%	●	50	51	●	98%	●	25	25	●	100%	●	50	50	●	99%	●	20	20	●	100%	●	45	45	●	99%	●
		Services provided	45	45	●			95	98	●			35	34	●			80	76	●			35	35	●			70	75	●		
		Hours of Adult Counseling/Care Management Sessions	-	-				-	-				35	35	●			75	82	●			35	37	●			75	80	●		
		Legal clients will report increased awareness of legal rights in their situations	75%	92%	●			75%	92%	●			65%	97%	●			75%	97%	●			70%	80%	●			85%	80%	●		
		Crisis clients will report increased safety and wellbeing from their case management and safety planning services	75%	69%	●			75%	69%	●			65%	83%	●			75%	83%	●			65%	92%	●			75%	96%	●		
	Momentum for Mental Health **FY2025 Approved: $290,000** FY2024 Approved: $290,000 FY2024 Spent: $290,000 FY2023 Approved: $290,000 FY2023 Spent: $290,000 FY2022 Approved: $290,000 FY2022 Spent: $290,000	Individuals served	71	67	●	91%	●	120	90	●	88%	●	70	62	●	88%	●	120	73	●	75%	●	58	55	●	96%	●	115	70	●	89%	●
		Services provided	870	550	●			1,764	1,276	●			800	529	●			1,500	1,204	●			712	674	●			1,425	1,444	●		
		Hours of adult counseling/care management sessions	-	-				-	-				400	287	●			750	375	●			280	252	●			560	549	●		
		Patients who report a reduction of two points or more in PHQ-9 measure severity of depression	75%	100%	●			85%	77%	●			75%	80%	●			85%	66%	●			75%	91%	●			85%	87%	●		
		Patients who report a reduction of two points or more in Generalized Anxiety Disorder-7 (GAD-7) to measure severity of anxiety	70%	100%	●			80%	83%	●			75%	80%	●			85%	71%	●			75%	81%	●			85%	73%	●		

Community Benefit Dashboard Notes

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- ● A metric receives a "purple" indicator if performance against target is 75% - 89%
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N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

EL CAMINO HEALTHCARE DISTRICT

Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%

Health Need *Column A*	Partner *Column B*	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 6-month Metrics Met Column G		FY2022 Annual Target Column I	FY2022 Annual Actual Column J		FY2022 Annual Metrics Met Column L		FY2023 6-month Target Column N	FY2023 6-month Actual Column O		FY2023 6-month Metrics Met Column Q		FY2023 Annual Target Column S	FY2023 Annual Actual Column T		FY2023 Annual Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y		FY2024 6-month Metrics Met Column AA		FY2024 Annual Target Column AC	FY2024 Annual Actual Column AD		FY2024 Annual Metrics Met Column AF	
Behavioral Health (Including Domestic Violence & Trauma)	**Mountain View Los Altos High School District** **FY2025 Approved: $220,000** FY2024 Approved: $220,000 FY2024 Spent: $220,000 FY2023 Approved: $210,000 FY2023 Spent: $210,000 FY2022 Approved: $160,000 FY2022 Spent: $160,000	Individuals served	50	38	●	82%	●	100	72	●	93%	●	50	40	●	79%	●	100	40	●	38%	●	250	146	●	70%	●	500	275	●	78%	●
		Services provided	600	519	●			1,200	1,129	●			600	550	●			1,300	585	●			275	185	●			550	345	●		
		Hours of youth counseling/care management sessions	-	-				-	-				400	250	●			900	315	●			160	134	●			320	300	●		
		Patients enrolled in a clinical and/or community service	-	-				-	-				-	-				-	-				N/A	N/A				75%	82%	●		
	National Alliance on Mental Illness (NAMI) - *Santa Clara County* **FY2025 Approved: $100,000** FY2024 Approved: $100,000 FY2024 Spent: $100,000 FY2023 Approved: $100,000 FY2023 Spent: $92,050 FY2022 Approved: $100,000 FY2022 Spent: $100,000	Individuals served	35	34	●	92%	●	70	71	●	96%	●	30	26	●	93%	●	60	55	●	97%	●	30	21	●	82%	●	60	58	●	98%	●
		Services provided	-	-				-	-				1500	1,326	●			3,000	2,805	●			1,530	1,071	●			3,060	2,958	●		
		Hours of adult counseling/care management sessions	-	-				-	-				-	-				-	-				1,530	1,071	●			3,060	2,958	●		
		Participants report cooperating with their treatment plan	-	-				-	-				-	-				-	-				90%	95%	●			90%	94%	●		
		Participants report feeling more hopeful about the future and recovery	75%	89%	●			75%	80%	●			75%	70%	●			75%	83%	●			80%	85%	●			80%	88%	●		
	YWCA Golden Gate Silicon Valley **FY2025 Approved: $90,000** FY2024 Approved: $90,000 FY2024 Spent: $90,000 FY2023 Approved: $85,000 FY2023 Spent: $85,000 FY2022 Approved: $75,000 FY2022 Spent: $75,000	Individuals served	15	15	●	100%	●	15	13	●	97%	●	20	14	●	88%	●	35	22	●	93%	●	12	17	●	94%	●	28	29	●	98%	●
		Services provided	75	103	●			75	183	●			100	69	●			200	332	●			150	137	●			350	366	●		
		Hours of adult counseling/care management sessions	-	-				-	-				-	-				-	-				150	121	●			350	315	●		
		Individuals who receive 3 or more counseling sessions increase their knowledge of trauma and the effects of trauma on their lives	80%	93%	●			80%	91%	●			80%	100%	●			80%	88%	●			80%	100%	●			85%	92%	●		
		Individuals who receive 3 or more counseling sessions experience a reduction of trauma symptoms	70%	87%	●			70%	91%	●			70%	100%	●			70%	88%	●			75%	100%	●			80%	91%	●		
Diabetes & Obesity	**Chinese Health Initiative** **FY2025 Approved: $275,000** FY2024 Approved: $275,000 FY2024 Spent: $268,972 FY2023 Approved: $267,000 FY2023 Spent: $267,000 FY2022 Approved: $267,000 FY2022 Spent: $267,000	Individuals served	553	808	●	100%	●	1,335	1,400	●	100%	●	675	677	●	95%	●	1,350	1,377	●	94%	●	728	738	●	76%	●	1,456	1,487	●	97%	●
		Services provided	1,275	1,946	●			2,857	3,750	●			1,500	1,529	●			3,000	3,066	●			1,600	1,570	●			3,226	3,520	●		
		Number of individuals with one or more improved biometrics (BMI, weight, and/or A1c)	-	-				-	-				90	61	●			180	114	●			90	50	●			180	149	●		
		Diabetes Prevention Series participants who report meeting at least two of the lifestyle recommendations upon program completion (exercise, healthy eating, sleep and stress reduction)	80%	95%	●			80%	93%	●			75%	78%	●			75%	81%	●			78%	79%	●			78%	79%	●		
		Participants who are very likely (9-10 rating) to recommend CHI to a friend or colleague	-	-				-	-				80%	85%	●			80%	85%	●			80%	90%	●			80%	90%	●		
	City of Sunnyvale - *Columbia Neighborhood Center* **FY2025 Approved: $49,000** FY2024 Approved: $44,000 FY2024 Spent: $44,000 FY2023 Approved: $45,000 FY2023 Spent: $45,000 FY2022 Approved: $35,000 FY2022 Spent: $35,000	Individuals served	20	27	●	100%	●	57	62	●	100%	●	40	75	●	60%	●	70	140	●	86%	●	50	53	●	94%	●	140	176	●	98%	●
		Services provided	200	246	●			684	853	●			500	1,198	●			925	2,484	●			700	614	●			2200	1,984	●		
		Number of participants who report consuming at least 3 servings of fruits and vegetables per day	-	-				-	-				-	-	●			-	14	●			20	19	●			43	69	●		
		Participants who report learning at least two new recipes or tried at least two new healthy ingredients in their home cooked meals or snacks as assessed by pre/post survey	-	-				-	-				70%	0%	●			80%	82%	●			N/A	N/A				80%	100%	●		
		Participants who report increasing their home cooked meals/snacks by at least two per week for a month as assessed by pre/post survey	60%	89%	●			70%	95%	●			60%	0%	●			80%	82%	●			N/A	N/A				80%	100%	●		
	Fresh Approach **FY2025 Approved: $40,000** FY2024 Approved: $74,000 FY2024 Spent: $74,000 FY2023 Approved: $73,500 FY2023 Spent: $73,500 FY2022 Approved: $93,000 FY2022 Spent: $93,000	Individuals served	1,100	301	●	27%	●	2,401	1,013	●	88%	●	85	33	●	32%	●	350	146	●	53%	●	112	25	●	45%	●	245	242	●	83%	●
		Services provided	-	-				-	-				210	86	●			500	403	●			163	50	●			370	368	●		
		Number of participants who report consuming at least 3 servings of fruit and vegetables per day	-	-				-	-				20	2	●			90	6	●			7	2	●			25	8	●		
		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%	100%	●			70%	75%	●		
	Living Classroom **FY2025 Approved: $60,000** FY2024 Approved: $60,000 FY2024 Spent: $60,000 FY2023 Approved: $60,000 FY2023 Spent: $60,000 FY2022 Approved: $60,000 FY2022 Spent: $60,000	Individuals served	2,460	2,204	●	98%	●	3,000	2,937	●	66%	●	2,450	2,552	●	89%	●	3,400	3,335	●	99%	●	2,450	3,192	●	80%	●	3,400	3,900	●	86%	●
		Services provided	2460	3724	●			8750	11,970	●			7,350	4,927	●			10,200	11,521	●			4,900	4,848	●			10,200	12,403	●		
		Number of participants who report consuming at least 3 servings of fruits and vegetables per day	-	-				-	-				1,350	1,065	●			1,900	1,852	●			1,100	0	●			1,900	527	●		
		Teacher Evaluations that average a 4 or higher (on a 1-5 scale)	80%	98%	●			95%	95%	●			90%	100%	●			95%	100%	●			90%	97%	●			95%	97%	●		
		Students report increased knowledge of healthy habits (healthy eating, healthy living, and/or experiences	N/A	N/A				50%	0%	●			65%	71%	●			65%	87%	●			70%	73%	●			80%	82%	●		
	Playworks **FY2025 Approved: $200,000** FY2024 Approved: $200,000 FY2024 Spent: $200,000 FY2023 Approved: $200,000 FY2023 Spent: $200,000 FY2022 Approved: $200,000 FY2022 Spent: $200,000	Individuals served	4,450	4,467	●	100%	●	4,450	4,890	●	100%	●	4,204	4,204	●	100%	●	4,204	4,204	●	100%	●	3,894	3,907	●	100%	●	3,894	3,905	●	100%	●
		Services provided	-	-				-	-				8,408	8,408	●			8,408	8,408	●			7,788	7,814	●			7,788	7,802	●		
		Number of participants who report 150 minutes or more of physical activity per week	-	-				-	-				-	-				-	-				N/A	N/A				3,894	3,905	●		
		Educators reporting that Playworks increases the number of students that are physically active during recess	N/A	N/A				96%	96%	●			N/A	N/A				96%	97%	●			N/A	N/A				95%	100%	●		
		Educators reporting that Playworks helps the school create supportive learning environments	N/A	N/A				95%	97%	●			N/A	N/A				95%	98%	●			N/A	N/A				94%	99%	●		

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EL CAMINO HEALTHCARE DISTRICT

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Health Need *Column A*	Partner *Column B*	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 6-month Metrics Met Column G		FY2022 Annual Target Column I	FY2022 Annual Actual Column J		FY2022 Annual Metrics Met Column L		FY2023 6-month Target Column N	FY2023 6-month Actual Column O		FY2023 6-month Metrics Met Column Q		FY2023 Annual Target Column S	FY2023 Annual Actual Column T		FY2023 Annual Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y		FY2024 6-month Metrics Met Column AA		FY2024 Annual Target Column AC	FY2024 Annual Actual Column AD		FY2024 Annual Metrics Met Column AF	
Diabetes & Obesity	**South Asian Heart Center** **FY2025 Approved: $310,000** FY2024 Approved: $310,000 FY2024 Spent: $310,000 FY2023 Approved: $300,000 FY2023 Spent: $300,000 FY2022 Approved: $300,000 FY2022 Spent: $300,000	Individuals served	180	208	●	98%	●	450	456	●	99%	●	225	241	●	83%	●	450	471	●	100%	●	240	224	●	86%	●	484	477	●	94%	●
		Services provided	975	1,086	●			2,075	2,099	●			1,000	1,087	●			2,100	2,166	●			1,080	1,030	●			2,169	2,250	●		
		Number of participants who report 150 minutes or more of physical activity per week	-	-				-	-				-	-				-	-				60	65	●			125	135	●		
		Change in levels of physical activity	21%	20%	●			21%	21%	●			21%	21%	●			21%	23%	●			21%	9%	●			21%	15%	●		
		Change in average levels of vegetable consumption	20%	18%	●			20%	19%	●			20%	19%	●			20%	21%	●			20%	23%	●			20%	23%	●		
	YMCA **FY2025 Approved: $80,000** FY2024 Approved: $80,000 FY2024 Spent: $80,000 FY2023 Approved: $67,000 FY2023 Spent: $67,000 FY2022 Approved: $65,000 FY2022 Spent: $65,000	Individuals served	275	259	●	96%	●	405	402	●	97%	●	280	241	●	94%	●	415	492	●	100%	●	241	266	●	100%	●	492	534	●	100%	●
		Services provided	-	-				-	-				6,628	6,394	●			12,028	13,073	●			6,394	6,368	●			13,037	13,320	●		
		Number of participants who report 150 minutes or more of physical activity per week	-	-				-	-				200	200	●			300	337	●			200	212	●			320	329	●		
		Individuals reporting their child increased physical activity by 30 minutes this week as compared to the prior week	85%	83%	●			85%	83%	●			88%	83%	●			88%	89%	●			80%	100%	●			80%	92%	●		
Chronic Conditions (Other than Diabetes & Obesity)	**American Heart Association** **FY2025 Approved: $100,000** FY2024 Approved: $100,000 FY2024 Spent: $100,000 FY2023 Approved: $100,000 FY2023 Spent: $100,000 FY2022 Approved: $110,000 FY2022 Spent: $94,907	Individuals served	130	124	●	96%	●	730	412	●	91%	●	130	57	●	81%	●	730	738	●	95%	●	340	119	●	67%	●	620	628	●	100%	●
		Services provided	-	-				-	-				430	359	●			960	781	●			440	192	●			720	836	●		
		Number of individuals completing one or more health screenings	-	-				-	-				-	-				-	-				340	192	●			620	836	●		
		CCC Participants will improve BP by 10mm	40%	34%	●			40%	36%	●			40%	42%	●			40%	94%	●			40%	48%	●			40%	52%	●		
		Prediabetes participants (A1c above 5.7) of the CCC program will improve an average A1c by 0.5% over 4 months	-	-				-	-				30%	30%	●			30%	50%	●			30%	31%	●			30%	31%	●		
	Community Services Agency - *Mountain View* **FY2025 Approved: $240,000** FY2024 Approved: $240,000 FY2024 Spent: $240,000 FY2023 Approved: $228,000 FY2023 Spent: $203,195 FY2022 Approved: $228,000 FY2022 Spent: $228,000	Individuals served	54	85	●	100%	●	88	93	●	100%	●	55	66	●	99%	●	90	62	●	92%	●	56	61	●	85%	●	88	86	●	94%	●
		Services provided	2,400	5,191	●			4,800	9,280	●			2,550	2,468	●			5,100	4,658	●			2,550	2,388	●			5,100	5,162	●		
		Number of individuals who demonstrate improved self-management through self-report or biometric indicators	-	-				-	-				-	-				-	-				35	22	●			60	57	●		
		Clients who were not re-hospitalized within 90 days for reasons related to a chronic health condition	90%	96%	●			90%	98%	●			90%	92%	●			90%	92%	●			90%	93%	●			90%	96%	●		
		Patients with hypertension who attained or maintained a blood pressure of <140/90	70%	80%	●			70%	74%	●			70%	82%	●			70%	76%	●			70%	49%	●			70%	55%	●		
Economic Stability (Including Food Insecurity, Housing & Homelessness)	**Second Harvest Food Bank** **FY2025 Approved: $40,000** FY2024 Approved: $40,000 FY2024 Spent: $40,000 FY2023 Approved: $40,000 FY2023 Spent: $40,000 FY2022 Approved: $90,000 FY2022 Spent: $90,000	Individuals served	720	3,496	●	100%	●	1,440	3,496	●	100%	●	370	1,495	●	97%	●	740	1,495	●	94%	●	348	2,178	●	99%	●	696	2,178	●	99%	●
		Services provided	256,500	597,287	●			513,000	597,287	●			124,000	205,018	●			248,000	205,018	●			116,000	330,141	●			232,000	330,141	●		
		Number of individuals connected to a sustainable source of healthy food (CalFresh/SNAP, food banks, etc.)	-	-				-	-				-	-				-	-				100	100	●			100	100	●		
		Food insecure clients who will benefit from food distribution in Cupertino (Zip code 95014) and in Mountain View (Zip codes 94040, 94041, and 94043)	-	-				-	-				23%	20%	●			23%	20%	●			30%	29%	●			30%	29%	●		
		Food insecure clients who will benefit from food distribution in Sunnyvale (zip codes 94085, 94086, 94087, 94089 and 95119)	-	-				-	-				68%	71%	●			68%	71%	●			70%	71%	●			70%	71%	●		
	Sunnyvale Community Services - *Comprehensive Safety-Net Services* **FY2025 Approved: $75,000** FY2024 Approved: $75,000 FY2024 Spent: $75,000 FY2023 Approved: $75,000 FY2023 Spent: $75,000 FY2022 Approved: $75,000 FY2022 Spent: $75,000	Individuals served	60	31	●	84%	●	100	109	●	100%	●	60	29	●	70%	●	100	102	●	100%	●	60	23	●	67%	●	100	106	●	100%	●
		Services provided	-	-				-	-				120	69	●			300	499	●			120	70	●			300	325	●		
		Number of individuals with improved living conditions as a result of services provided	-	-				-	-				120	69	●			300	499	●			60	23	●			100	106	●		
		Individuals receiving financial assistance for medically related bills who are still housed 60 days after assistance - if they are not homeless when assisted	80%	88%	●			80%	100%	●			90%	80%	●			90%	95%	●			90%	100%	●			90%	100%	●		
		Homebound recipients of financial aid who are able to continue living independently	85%	100%	●			85%	100%	●			90%	100%	●			90%	-	●			90%	100%	●			90%	100%	●		
	Sunnyvale Community Services - *Social Work Case Mgmt. & Homebound Client Services* **FY2025 Approved: $207,000** FY2024 Approved: $207,000 FY2024 Spent: $207,000 FY2023 Approved: $197,000 FY2023 Spent: $197,000 FY2022 Approved: $187, 000 FY2022 Spent: $187,000	Individuals served	75	130	●	99%	●	197	217	●	98%	●	200	227	●	93%	●	300	311	●	93%	●	200	208	●	93%	●	300	329	●	94%	●
		Services provided	348	577	●			846	923	●			1,580	1,654	●			3,000	3,363	●			1,632	1,679	●			3,256	3,294	●		
		Number of individuals with improved living conditions as a result of services provided	-	-				-	-				100	167	●			210	204	●			200	208	●			300	329	●		
		Case management clients whose scores on the Step Up Silicon Valley Self-Sufficiency Measure or comparable tool reach or maintain a score of 3.0 or higher six months after entering program	80%	77%	●			80%	73%	●			80%	57%	●			80%	54%	●			70%	45%	●			70%	50%	●		
		Homebound case management clients referred to benefits and services they are entitled to receive	-	-				-	-				-	-				-	-				70%	75%	●			70%	100%	●		

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EL CAMINO HEALTHCARE DISTRICT

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Health Need *Column A*	Partner *Column B*	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 6-month Metrics Met Column G		FY2022 Annual Target Column I	FY2022 Annual Actual Column J		FY2022 Annual Metrics Met Column L		FY2023 6-month Target Column N	FY2023 6-month Actual Column O		FY2023 6-month Metrics Met Column Q		FY2023 Annual Target Column S	FY2023 Annual Actual Column T		FY2023 Annual Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y		FY2024 6-month Metrics Met Column AA		FY2024 Annual Target Column AC	FY2024 Annual Actual Column AD		FY2024 Annual Metrics Met Column AF	
Support Grants ≤ $30,000																																
 **Behavioral Health** (Including Domestic Violence & Trauma)	**EDRC (Eating Disorders Resource Center)** **FY2025 Approved: $25,000** FY2024 Approved: $25,000 FY2024 Spent: $25,000 FY2023 Approved: $22,500 FY2023 Spent: $22,500 FY2022 Approved: $25,000 FY2022 Spent: $25,000	Individuals served	85	77	●	91%	●	170	128	●	75%	●	85	55	●	65%	●	170	87	●	51%	●	50	50	●	99%	●	100	108	●	98%	●
		Services provided	-	-				-	-				85	55	●			170	87	●			80	78	●			160	158	●		
		Number of patients enrolled in a clinical and/or community service based on needs identified by their navigator	-	-				-	-				-	-				-	-				30	50	●			60	58	●		
	Friends for Youth **FY2025 Approved: $30,000** FY2024 Approved: $30,000 FY2024 Spent: $30,000 FY2023 Approved: $30,000 FY2023 Spent: $30,000	Individuals Served	-	-		New Program in FY2023		-	-		New Program in FY2023		240	214	●	90%	●	280	234	●	88%	●	220	248	●	90%	●	250	282	●	90%	●
		Services provided	-	-				-	-				1,000	900	●			2,000	1,840	●			800	1,000	●			1,600	2,000	●		
		Hours of youth counseling/care management sessions	-	-				-	-				-	-				-	-				200	138	●			400	276	●		
	Kara **FY2025 Approved: $30,000** FY2024 Approved: $30,000 FY2024 Spent: $30,000 FY2023 Approved: $20,000 FY2023 Spent: $20,000 FY2022 Approved: $20,000 FY2022 Spent: $20,000	Individuals served	45	35	●	78%	●	95	72	●	76%	●	40	32	●	90%	●	70	63	●	95%	●	40	64	●	95%	●	85	106	●	90%	●
		Services provided	-	-				-	-				120	132	●			210	296	●			130	195	●			300	451	●		
		Hours of training sessions	-	-				-	-				-	-				-	-				20	17	●			50	35	●		
	Lighthouse of Hope Counseling Center **FY2025 Approved: $20,000** FY2024 Approved: $20,000 FY2024 Spent: $20,000	Individuals served	-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		105	121	●	100%	●	210	210	●	100%	●
		Services provided	-	-				-	-				-	-				-	-				1,050	1,210	●			2,100	2,100	●		
		Hours of adult counseling/care management sessions	-	-				-	-				-	-				-	-				1,050	1,210	●			2,100	2,100	●		
	Mission Be, Inc. **FY2025 Approved: $26,000** FY2024 Approved: $20,000 FY2024 Spent: $20,000	Individuals served	-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		650	17	●	5%	●	2,480	2,841	●	100%	●
		Services provided	-	-				-	-				-	-				-	-				700	34	●			2,679	2,969	●		
		Hours of Training Sessions	-	-				-	-				-	-				-	-				40	3	●			127	233	●		
	My Digital TAT2 **FY2025 Approved: $29,000** FY2024 Approved: $29,000 FY2024 Spent: $29,000 FY2023 Approved: $30,000 FY2023 Spent: $30,000	Individuals served	-	-		New Program in FY2023		-	-		New Program in FY2023		600	673	●	100%	●	1,800	1,067	●	63%	●	550	398	●	68%	●	850	523	●	61%	●
		Services provided	-	-				-	-				800	1,260	●			2,400	1,625	●			750	482	●			1,250	713	●		
		Hours of training sessions	-	-				-	-				-	-				-	-				625	415	●			950	625	●		
	WomenSV FY2024 Approved: $30,000 FY2024 Spent: $30,000 FY2023 Approved: $30,000 FY2023 Spent: $30,000 FY2022 Approved: $30,000 FY2022 Spent: $30,000	Individuals served	20	20	●	100%	●	40	44	●	100%	●	20	23	●	100%	●	40	31	●	60%	●	125	50	●	28%	●	250	164	●	75%	●
		Services provided	-	-				-	-				60	74	●			120	50	●			130	50	●			270	164	●		
		Hours of training sessions	-	-				-	-				-	-				-	-				130	8	●			270	265	●		
 **Diabetes & Obesity**	**American Diabetes Association** **FY2025 Approved: $30,000** FY2024 Approved: $30,000 FY2024 Spent: $30,000 FY2023 Approved: $25,000 FY2023 Spent: $25,000	Individuals served (unduplicated)	-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		-	-		New Program in FY2024		80	0	●	0%	●	160	152	●	98%	●
		Services provided	-	-				-	-				-	-				-	-				360	0	●			720	774	●		
		Number of participants who report 150 minutes or more of physical activity per week	-	-				-	-				-	-				-	-				24	0	●			48	140	●		
	Bay Area Women's Sports Initiative (BAWSI) - *BAWSI Girls in Sunnyvale* **FY2025 Approved: $39,000** FY2024 Approved: $26,000 FY2024 Spent: $26,000 FY2023 Approved: $26,000 FY2023 Spent: $26,000 FY2022 Approved: $17,000 FY2022 Spent: $17,000	Individuals served	40	52	●	100%	●	80	106	●	100%	●	50	51	●	79%	●	100	106	●	93%	●	50	64	●	96%	●	100	108	●	95%	●
		Services provided	-	-				-	-				850	491	●			1,750	1,493	●			610	632	●			1,245	1,099	●		
		Number of participants who report 150 minutes or more of physical activity per week.	-	-				-	-				-	-				-	-				50	64	●			100	108	●		
		Average weekly attendance percentage	-	-				-	-				-	-				-	-				80%	83%	●			80%	83%			
		Percentage of participants who respond positively (4's and 5's) to the statement, "I like to exercise".	-	-				-	-				-	-				-	-				60%	47%	●			60%	53%			

Community Benefit Dashboard Notes

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

● A metric receives a "purple" indicator if performance against target is 75% - 89%

● A metric receives a "blue" indicator if performance against target is 0% - 74%

N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year

EL CAMINO HEALTHCARE DISTRICT

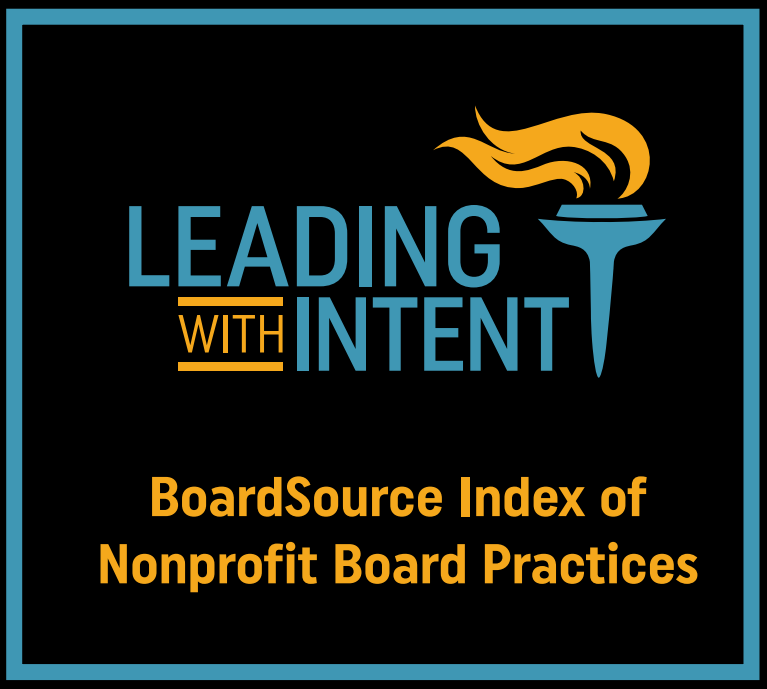
Performance against target: ● = 90%+ ● = 75% - 89% ● = 0% - 74%

Health Need *Column A*	Partner *Column B*	FY2024 Metrics Column C	FY2022 6-month Target Column D	FY2022 6-month Actual Column E		FY2022 6-month Metrics Met Column G		FY2022 Annual Target Column I	FY2022 Annual Actual Column J		FY2022 Annual Metrics Met Column L		FY2023 6-month Target Column N	FY2023 6-month Actual Column O		FY2023 6-month Metrics Met Column Q		FY2023 Annual Target Column S	FY2023 Annual Actual Column T		FY2023 Annual Metrics Met Column V		FY2024 6-month Target Column X	FY2024 6-month Actual Column Y		FY2024 6-month Metrics Met Column AA		FY2024 Annual Target Column AC	FY2024 Annual Actual Column AD		FY2024 Annual Metrics Met Column AF	
Support Grants ≤ $30,000 ***(continued)***																																
Diabetes & Obesity	**Bay Area Women's Sports Initiative (BAWSI) - *BAWSI Rollers in Sunnyvale*** **FY2025 Approved: $21,000** FY2024 Approved: $21,000 FY2024 Spent: $21,000 FY2023 Approved: $21,000 FY2023 Spent: $21,000 FY2022 Approved: $18,000 FY2022 Spent: $18,000	Individuals served	15	13	●	87%	●	15	13	●	87%	●	15	14	●	93%	●	15	16	●	100%	●	15	16	●	99%	●	15	16	●	100%	●
		Services provided	-	-				-	-				120	112	●			240	248	●			120	128	●			240	248	●		
		Number of participants who report 150 minutes or more of physical activity per week	-	-				-	-				-	-				-	-				15	16	●			15	16	●		
		Average weekly attendance	-	-				-	-				-	-				-	-				80%	77%	●			80%	79%	●		
	Silicon Valley Bicycle Coalition **FY2025 Approved: $20,000** FY2024 Approved: $20,000 FY2024 Spent: $20,000 FY2023 Approved: $30,000 FY2023 Spent: $30,000 FY2022 Approved: $25,000 FY2022 Spent: $25,000	Individuals served	75	48	●	64%	●	250	131	●	52%	●	75	40	●	53%	●	150	162	●	100%	●	90	42	●	42%	●	180	167	●	74%	●
		Services provided	-	-				-	-				75	40	●			150	162	●			90	42	●			180	167	●		
		Number of participants who report 150 minutes or more of physical activity per week	-	-				-	-				-	-				-	-				60	20	●			120	43	●		
	Via Services - *Healthy Living at Via West* FY2024 Approved: $20,000 FY2024 Spent: $20,000 FY2023 Approved: $20,000 FY2023 Spent: $20,000	Individuals served	-	-		New Program in FY2023		-	-		New Program in FY2023		30	18	●	57%	●	80	21	●	23%	●	18	20	●	100%	●	25	21	●	92%	●
		Services provided	-	-				-	-				230	123	●			780	156	●			110	109	●			145	134	●		
		Number of participants who report 150 minutes or more of physical activity per week	-	-				-	-				-	-				-	-				15	19	●			20	20	●		
Chronic Conditions (Other than Diabetes & Obesity)	**Breathe California of the Bay Area** **FY2025 Approved: $28,000** FY2024 Approved: $28,000 FY2024 Spent: $28,000 FY2023 Approved: $25,000 FY2023 Spent: $25,000 FY2022 Approved: $25,000 FY2022 Spent: $25,000	Individuals served	400	190	●	48%	●	1,000	1,271	●	100%	●	400	267	●	83%	●	1,000	2,826	●	100%	●	400	1,070	●	75%	●	1,100	3,155	●	94%	●
		Services provided	-	-				-	-				400	618	●			1,000	2,826	●			400	1,102	●			1,100	3,203	●		
		Number of individuals completing one or more health screenings	-	-				-	-				-	-				-	-				50	13	●			100	81	●		
Economic Stability (Including Food Insecurity, Housing & Homelessness)	**Day Worker Center** **FY2025 Approved: $35,000** FY2024 Approved: $30,000 FY2024 Spent: $30,000 FY2023 Approved: $30,000 FY2023 Spent: $30,000 FY2022 Approved: $30,000 FY2022 Spent: $30,000	Individuals served	200	206	●	100%	●	205	207	●	100%	●	200	219	●	100%	●	350	356	●	100%	●	200	217	●	100%	●	350	374	●	100%	●
		Services provided - Meals	-	-				-	-				1900	2,075	●			3,600	3,685	●			2,100	2,158	●			4,200	4,536	●		
		Number of individuals connected to a sustainable source of healthy food (CalFresh/SNAP, food banks, etc.)	-	-				-	-				-	-				-	-				200	217	●			350	374	●		
	Hope's Corner **FY2025 Approved: $30,000** FY2024 Approved: $30,000 FY2024 Spent: $30,000 FY2023 Approved: $30,000 FY2023 Spent: $30,000 FY2022 Approved: $30,000 FY2022 Spent: $29,958	Individuals served	900	991	●	100%	●	950	1,218	●	100%	●	750	1,053	●	100%	●	900	1,359	●	100%	●	900	956	●	100%	●	1,200	1,144	●	97%	●
		Services provided	-	-				-	-				10,000	16,491	●			17,500	34,398	●			15,000	20,832	●			30,000	39,098	●		
		Number of individuals connected to a sustainable sour of healthy food (CalFresh/SNAP, food banks, etc.)	-	-				-	-				-	-				-	-				900	956	●			1,200	1,144	●		
	Mountain View Police Department - *Youth Services Unit* **FY2025 Approved: $30,000** FY2024 Approved $25,000 FY2024 Spent: $25,000 FY2023 Approved: $25,000 FY2023 Spent: $25,000 FY2022 Approved: $25,000 FY2022 Spent: $17,981	Individuals served	85	88	●	100%	●	85	88	●	100%	●	85	88	●	95%	●	85	88	●	95%	●	85	100	●	97%	●	85	100	●	97%	●
		Services provided	-	-				-	-				850	769	●			850	769	●			800	736	●			800	736	●		
		Number of individuals with improved living conditions as a result of services provided	-	-				-	-				-	-				-	-				85	100	●			85	100	●		

Community Benefit Dashboard Notes

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

N/A There are some 6-month metric targets with "N/A" because the client/patient has not had significant exposure to the intervention in order to accurately evaluate effectiveness or because activities or surveys are not scheduled until the second half of the year



BoardSource Index of Nonprofit Board Practices

JUNE 2021

BoardSource®
Empowering Boards. Inspiring Leadership.

CONTENTS

INTRODUCTION

As the leading organization focused on strengthening and supporting nonprofit board leadership, BoardSource has been tracking and analyzing trends in nonprofit board leadership since we launched our first national study in 1994.

This report highlights findings from the most recent study and is organized into four broad categories. In practice, these categories are deeply intertwined and difficult to disentangle, but they provide a framework for exploring the relationship between who serves on a board, how it is structured, the culture it cultivates, the way that it does its work, and the impact it has on the organization:

1. Work: What Boards Do & How Well They Do It
   Boards are charged with many important responsibilities. This section explores how well boards are fulfilling their basic, strategic and adaptive, and external leadership roles.

2. People: Who Boards Are and How They are Structured
   Having the right people on a board makes higher performance — in both the board's internal and external functions — more likely.

3. Culture: How Boards Operate as a Group
   How the board conducts its work — from group dynamics to its relationship with the chief executive — can help or hinder the board's ability to carry out its work. Likewise, board culture and dynamics are also affected by who serves on the board and the nature of the work that the board undertakes.

4. Impact: What Matters Most When It Comes to Board Leadership
   Ultimately, the most important measure of board performance is the impact that the board has on organizational performance. While *Leading with Intent* does not delve into objective measures of organizational effectiveness and the board's impact on them, it explores board chair and executive perceptions of the board's impact on organizational performance, and board practices that seem to be most relevant in terms of the board's impact.

KEY FINDINGS

1. **Boards are disconnected from the communities and people they serve.** Almost half (49%) of all chief executives said that they did not have the right board members to "establish trust with the communities they serve." Only a third of boards (32%) place a high priority on "knowledge of the community served," and even fewer (28%) place a high priority on "membership within the community served." › Read more on page 29.

2. **Boards that prioritize fundraising above all else when it comes to the board's role do so at the expense of organizational strategy, relevance, and impact.** Executives that reported placing the highest level of importance on fundraising have lower ratings in several key areas of performance as compared to those that do not place such high importance on fundraising. › Read more on page 22.

3. **Boards and executives should reflect on what is prioritized in terms of board expectations and how time is spent.** When asked to rate how much time is spent on each board area, executives reported that not enough time was spent in three areas:

   - Building a Diverse and Inclusive Board With a Commitment To Equity
   - Understanding The Context In Which The Organization Is Working
   - Building Relationships Within The Community That Help Support and Inform The Organization's Work (Separate From Fundraising)

   But, when asked about how important these areas are, executives placed them very low on the list in terms of their expectations for the board. If we use desired "time spent" as a proxy for level of priority, it is interesting to reflect on this dissonance and how that should impact the board's priorities and where it spends its time. › Read more on page 14.

4. **The board chair's leadership in ensuring that there are clear expectations of board service seems to matter most when it comes to the board's overall culture.** When executives rated their chairs higher in terms of the board chair's performance in all categories, but especially in ensuring clear expectations, the executive was more likely to rate the board higher than the average across all areas of board culture. While we cannot determine causation or even directionality, it may be helpful for boards that are having culture challenges to consider the ways in which changes in board chair engagement could make a difference. › Read more on page 37.

METHODOLOGY & OVERVIEW OF SAMPLE

Leading with Intent reports on nonprofit board composition, practices, performance, and culture. This year's study is BoardSource's tenth, with previous studies conducted in 1994, 1996, 1999, 2004, 2007, 2010, 2012, 2015 and 2017.

Leading with Intent is unique in that it collects responses and feedback from both chief executives and board chairs, creating opportunities to compare and contrast these perspectives.

BoardSource received a total of 820 individual responses: 689 from chief executives and 131 from board chairs.[1] The responses outlined in this report are only from public charities, which is a difference from previous studies.

SURVEY RESPONDENTS

	#	% of Sample
Chief Executives	689	84%
Board Chairs	131	16%
Total	820	--

The *Leading with Intent* chief executive survey included 91 questions about board composition, structure, practices, performance, and culture. The board chair survey included 77 questions, many of which mirrored questions that were asked of the chief executives, with an emphasis on those questions that invited subjective ratings of board performance and culture. For participation in the survey, all respondents received a free PDF of a BoardSource publication. Both chief executives and board chairs could also opt-in to an additional set of questions (38 questions for chief executives and 20 for board chairs) providing deeper information and context around the core set of questions. 416 chief executives and 82 board chairs completed the optional set of questions. For completing this optional set of questions, participants were entered into a raffle in which one respondent received complimentary registrations for our next BoardSource Leadership Forum for themselves and their respective chief executive/board chair along with two nights of accommodation. An overview of the raw findings and select comparative data tables are presented in the Data Book at the end of the report (see page xx).

Respondents represent a broad cross-section of public charities, including organizations with different budget sizes, geographic regions across the United States (and a few outside of the U.S.), and mission areas. See page 7 for a snapshot of the organizations in the sample.

For the survey, BoardSource identified respondents in two primary ways:

1. A direct invitation from BoardSource to chief executives and board chairs who have opted-in to BoardSource's network of leaders and to participants in past *Leading with Intent* surveys.
2. An open invitation to participate in the study promoted through partner organizations and other broad outreach channels (social media, e-newsletter, daily news brief, etc.).

1 Not every dataset in this report has the same base sample size because respondents skipped some questions. Data in this report is calculated based on the number of respondents that answered that specific question.

BoardSource provided an open URL to each group so the survey could be broadly and easily shared.

It is important to note that while *Leading with Intent* provides valuable information around what is happening within boardrooms, because this sample is a convenience sample versus a representative or randomized sample, there are limitations to how much can be generalized to the broader public charity community. That said, it provides insight into the relative strengths and challenges of these organizations that may be applicable to the community more broadly.

BoardSource administered the survey using survey software licensed from Qualtrics and partnered with Harder+Company to conduct analyses of the data. All surveys were completed between April 23, 2019 and June 25, 2019.[2]

SURVEY ORGANIZATIONS

Annual Revenues	#	% of Sample
< $250K	131	16%
$250K-$499K	85	11%
$500K-$1M	134	17%
$1M-$4.9M	279	35%
$5M-$9.9M	71	9%
$10M-$24.9M	60	7%
$25M or greater	47	6%

Geographic Area	#	% of Sample
South	233	28%
West	219	27%
Midwest	199	24%
Northeast	154	19%
Outside of US	14	2%

Mission Area	#	% of Sample
Human/social services	311	38%
Arts and culture	91	11%
Education	85	10%
Health care	85	10%
Youth development	74	9%
Other	70	9%
Environment	37	5%
Social justice/civil rights	25	3%
Capacity building	20	2%
Philanthropy	14	2%
Business/industry	7	1%
International development/ foreign affairs	7	1%
Sports and recreation	7	1%

2 It is important to note that the survey was conducted in 2019 before the outbreak of the COVID-19 pandemic. The pandemic has impacted the nonprofit sector in significant ways, and those impacts will not be reflected in the data shared in this report.

ACKNOWLEDGMENTS

BoardSource could not have conducted *Leading with Intent* without the insights, guidance, support, and dedication of many leaders in the field of nonprofit governance and leadership. We want to thank the following groups, individuals, and organizations:

The Research Advisory Council shared valuable input on the survey questions, key analysis areas, key findings, and development of this report. The members of the council are:

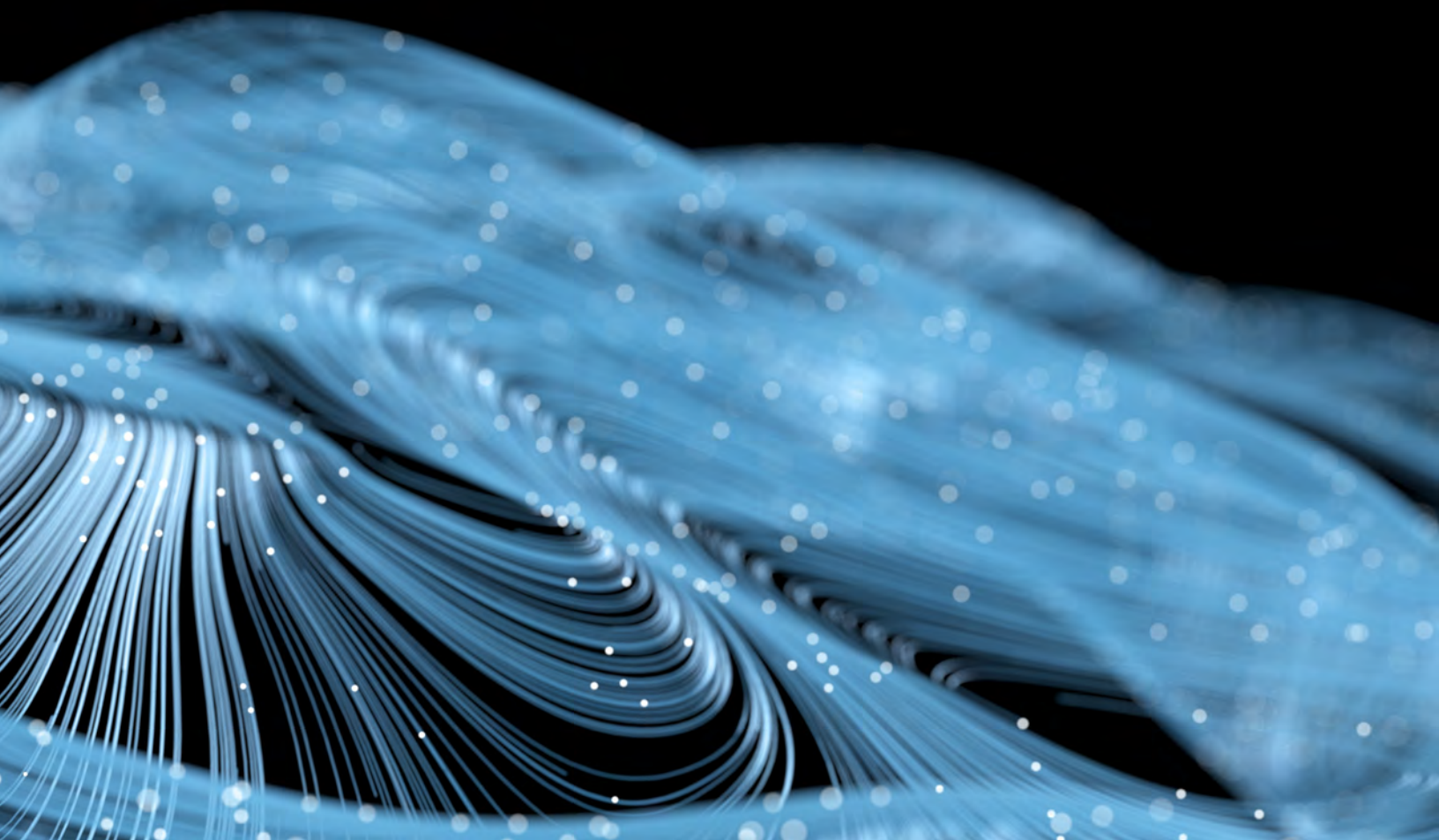
- **Marla Bobowick**
  Principal, Bobowick Consulting
- **Will Brown, Ph.D.**
  Professor and director, Nonprofit Management Program, Bush School of Government & Public Service, Texas A&M University
- **Anne Cohn Donnelly, D.P.H.**
  Former member of BoardSource's board of directors
- **Donald Haider, Ph.D.**
  Professor emeritus of strategy, Kellogg School of Management, Northwestern University
- **Judith Millesen, Ph.D.**
  Professor and director of MPA program, College of Charleston
- **Rick Moyers**
  Independent consultant and member of BoardSource's board of directors
- **Una Osili, Ph.D.**
  Associate dean for research and international programs and professor, Lilly Family School of Philanthropy, Indiana University
- **David Renz, Ph.D.**
  Director, Midwest Center for Nonprofit Leadership, University of Missouri-Kansas City
- **Bill Ryan**
  Adjunct lecturer in public policy, John F. Kennedy School of Government, Harvard University
- **Cathy Trower, Ph.D.**
  President, Trower & Trower, Inc. and former member of BoardSource's board of directors
- **Sylvia Yee, Ph.D.**
  Former member of BoardSource's board of directors

BoardSource also thanks those organizations that provided valuable input on the survey instrument and helped disseminate the survey to their networks, including The Alliance for Nonprofit Management, The Bridgespan Group, Building Movement Project, Candid, The Center for Effective Philanthropy, Change Philanthropy, CompassPoint, Council on Foundations, D5 Compass, Exponent Philanthropy, Grantmakers for Effective Organizations, Independent Sector, La Piana, National Committee for Responsive Philanthropy, National Center for Family Philanthropy, National Council of Nonprofits, The Nonprofit Quarterly, Propel Nonprofits, and The United Philanthropy Forum.

Finally, BoardSource also thanks the following organizations for their generous support of our leadership work: the Annenberg Foundation, the Barr Foundation, the Margaret A. Cargill Foundation, the Annie E. Casey Foundation, the Fidelity Charitable Trustees Initiative, the William and Flora Hewlett Foundation, the Conrad Hilton Foundation, the Gordon & Betty Moore Foundation, the Northwest Area Foundation, the Ralph M. Parsons Foundation, the Robert Wood Johnson Foundation, the Surdna Foundation, the UPS Foundation, and the Racial Equity in Philanthropy Fund, a donor collaborative housed at Borealis Philanthropy, which includes support from the Ford Foundation, W.K.Kellogg Foundation, Rockefeller Brothers Foundation, Conrad N. Hilton Foundation, and the Raikes Foundation.

THE WORK

What Boards Do & How Well They Do It



Board Performance Ratings

Chief executives and board chairs were asked to rate their board's performance across a range of board responsibilities. Both executives and board chairs gave higher grades around the board's role in oversight and lower grades around the board's engagement in external leadership and ambassadorship, such as advocacy and fundraising. Ratings are largely consistent with previous studies, including the fact that board chairs tend to rate their boards slightly higher than executives in most areas.

BOARD PERFORMANCE RATINGS

Area of Board Performance	Chief Executives	Board Chairs
Understanding The Organization's Mission	B+	A-
Projecting a Positive Public Image of The Organization	B	B
Legal and Ethical Oversight	B	B
Financial Oversight	B	B
Knowledge of The Organization's Programs	B-	B
Providing Guidance To The Chief Executive	B-	B-
Level of Commitment and Involvement	B-	B-
Setting The Organization's Strategic Direction (In Partnership With The Chief Executive)	B-	B-
Understanding The Board's Roles and Responsibilities	B-	B-
Thinking Strategically as a Board	C+	B-
Monitoring Impact In The Context of The Strategic Goals Or Objectives	C+	B-
Understanding The Context (Funding Landscape, Public Policy Environment, Other Organizational Players, Etc.) In Which The Organization Is Working	C+	B-
Evaluating The Chief Executive's Performance Against Goals	C+	B-
Building Relationships Within The Community That Help Support and Inform The Organization's Work (Separate From Fundraising)	C+	C+
Building a Diverse and Inclusive Board With a Commitment To Equity	C	C+
Monitoring Legislative and Regulatory Issues	C-	C+
Leveraging Board Connections and Networks To Influence Public Policy Decisions	C-	C

Self-Reported Trends and Priorities in Board Performance

How does the board's overall performance now compare to its performance three years ago?	Chief Executive	Board Chair
Much more positive now	39%	53%
Somewhat more positive now	32%	31%
About the same now	15%	13%
Somewhat more negative now	5%	3%
Much more negative now	1%	0%

While there are not significant differences in aggregate ratings of board performance from previous studies, within this study's sample, there is a sense of positive momentum in terms of board performance, with more than 70% of chief executives and 80% of board chairs indicating that their board's performance has improved in the past three years. This question has not been asked in previous studies, so it is unclear if this is indicating a new sense of momentum or a general sense from CEOs and board chairs that their boards maintain a positive trajectory of performance.

Interestingly, not all areas of board performance are considered equally important by chief executives. When asked what areas of board performance were most important in terms of the CEO's expectations of the board, CEOs shared the following:[3]

RANKINGS OF AREAS OF BOARD PERFORMANCE BY LEVEL OF IMPORTANCE

More Important ↓ Less Important

Understanding The Organization's Mission
Financial Oversight
Understanding The Board's Roles and Responsibilities
Thinking Strategically as a Board
Level of Commitment and Involvement
Setting The Organization's Strategic Direction (In Partnership With The Chief Executive)
Projecting a Positive Public Image of The Organization
Fundraising
Legal and Ethical Oversight
Building Relationships Within The Community That Help Support and Inform The Organization's Work (Separate From Fundraising)
Knowledge of The Organization's Programs
Evaluating The Chief Executive's Performance Against Goals
Monitoring Impact In The Context of The Strategic Goals Or Objectives
Building a Diverse and Inclusive Board With a Commitment to Equity
Understanding The Context (Funding Landscape, Public Policy Environment, Other Organizational Players, Etc.) In Which The Organization Is Working
Providing Guidance To The Chief Executive
Leveraging Board Connections and Networks To Influence Public Policy Decisions
Monitoring Legislative and Regulatory Issues

3 The question did not apply a forced ranking, so – hypothetically speaking – chief executives could have ranked everything as highest importance.

While these rankings of areas of board performance by level of importance provide important insights into chief executive perspectives, it's notable that CEOs may undervalue areas of performance that are related to oversight of the CEO's leadership of the organization and progress against goals and overvalue the board's role in fundraising.

It is also interesting to note how chief executives evaluate the use of board time, when asked where the board spends "not enough," "just right," and "too much" time.[4] Those areas where a definitive majority (more than 60%) of chief executives felt that the board does not spend enough time are highlighted:

CHIEF EXECUTIVES: THE USE OF BOARD TIME

Area of Board Performance	Not enough	Just right	Too much
Fundraising	76%	16%	1%
Building Relationships Within The Community That Help Support and Inform The Organization's Work (Separate From Fundraising)	67%	29%	0%
Building a Diverse and Inclusive Board With a Commitment To Equity	62%	28%	1%
Thinking Strategically as a Board	59%	37%	1%
Understanding The Context (Funding Landscape, Public Policy Environment, Other Organizational Players, Etc.) In Which The Organization Is Working	56%	39%	0%
Understanding The Board's Roles and Responsibilities	53%	44%	0%
Monitoring Impact In The Context of The Strategic Goals Or Objectives	53%	39%	1%
Leveraging Board Connections and Networks To Influence Public Policy Decisions	53%	30%	0%
Setting The Organization's Strategic Direction (In Partnership With The Chief Executive)	48%	48%	0%
Level of Commitment and Involvement	44%	53%	2%
Evaluating The Chief Executive's Performance Against Goals	44%	46%	2%
Knowledge of The Organization's Programs	41%	57%	2%
Monitoring Legislative and Regulatory Issues	41%	41%	1%
Projecting a Positive Public Image of The Organization	40%	58%	0%
Understanding The Organization's Mission	31%	67%	1%
Providing Guidance To The Chief Executive	29%	66%	2%
Legal and Ethical Oversight	26%	70%	1%
Financial Oversight	24%	67%	8%

If desired "time spent" is a proxy for level of priority, it is interesting to note that there are some areas where chief executives are consistent in their assessment of priority, and other areas where there may be some dissonance. Executives' assessments were consistent in the area of fundraising, rating it relatively high in the order of importance and saying that not enough time is spent on this area. There was dissonance in the following categories, with executives rating the category lower in terms of importance but saying that not enough time was spent on the area:

- Building a Diverse and Inclusive Board With a Commitment To Equity
- Understanding The Context In Which The Organization Is Working
- Building Relationships Within The Community That Help Support and Inform The Organization's Work (Separate From Fundraising)

4 The question also allowed CEOs to indicate that "no time" is spent on an activity, which was not included in percentages, since it did not include a qualitative assessment of appropriateness.

The Board's Three Functions

The board's most essential functions can be categorized in three main categories:

1. Setting direction and strategy
2. Providing oversight
3. Ensuring resources

While each of the board's three essential functions is critically important, BoardSource believes that "setting direction and strategy" is the most important of these responsibilities, as it defines the organization's fundamental purpose and direction on which all of the organization's work rests. There also seems to be evidence that boards may need to place greater emphasis on the strategic role of the board, based on current assessments of performance, importance, and time spent. In addition, fundraising (as a subcategory of "ensuring resources") may be receiving outsized focus. The following sections provide insights into how boards are performing in each of these areas.

Setting Direction & Strategy

The following is a summary of board performance in the areas related to setting direction and strategy, both directly and indirectly:

Area of Board Performance	Chief Executives	Board Chairs
Understanding The Organization's Mission	B+	A-
Knowledge of The Organization's Programs	B-	B
Providing Guidance To The Chief Executive	B-	B-
Setting The Organization's Strategic Direction (In Partnership With The Chief Executive)	B-	B-
Understanding The Board's Roles and Responsibilities	B-	B-
Thinking Strategically as a Board	C+	B-
Monitoring Impact In The Context of The Strategic Goals Or Objectives	C+	B-
Understanding The Context In Which The Organization Is Working (Funding Landscape, Public Policy Environment, Other Organizational Players, Etc.)	C+	B-
Building Relationships Within The Community That Help Support and Inform The Organization's Work (Separate From Fundraising)	C+	C+
Building a Diverse and Inclusive Board With a Commitment To Equity	C	C+
Monitoring Legislative and Regulatory Issues	C-	C+

While 78% of CEOs indicated that there is a formal strategic plan or framework for the organization, when asked what the board's impact is on defining strategic priorities, only one third of executives and half of board chairs reported the board's impact as very positive:

Board's impact on defining strategic priorities	Chief Executives	Board Chairs
Very positive	35%	52%
Somewhat positive	41%	34%
Neither positive or negative	16%	12%
Somewhat or very negative	8%	2%

Leading with Intent also finds that the board's focus on strategic versus operational issues matters. In both chief executive and board chair responses, those boards that lean toward strategic engagement receive higher ratings of board performance than those that lean more towards operational engagement.

Area of Board Performance	Average grade on a 4-point scale	Average grade when boards are primarily focused on...	
		Operational Issues	Strategic Issues
Evaluating the chief executive's performance against goals	2.21	1.86	2.51
Financial oversight	2.98	2.55	3.28
Fundraising	1.64	1.26	1.90
Legal and ethical oversight	2.83	2.38	3.12
Level of commitment and involvement	2.60	2.19	2.88
Monitoring impact in the context of strategic goals and objectives	2.12	1.57	2.47
Providing guidance to the chief executive	2.51	2.06	2.86
Setting the organization's strategic direction	2.42	1.65	2.95
Thinking strategically as a board	2.29	1.57	2.81
Understanding the board's roles and responsibilities	2.51	1.82	2.92
Understanding the context in which the organization is operating	2.17	1.61	2.50

Executives similarly rate boards higher on the board's impact on the organization when the board is focused on strategic issues vs. operational issues:

Rating of Board's Impact On...	Average grade on a 4-point scale	Average grade when boards are primarily focused on...	
		Operational Issues	Strategic Issues
Clearly defining strategic priorities for the organization	4.03	3.36	4.42
The organization's reputation for doing good work, within networks that are important to its mission	4.18	3.95	4.33
The financial resourcing of the Organization's work	3.65	3.22	3.93
The organization's ability to act on calculated risks to advance its goals	3.74	3.23	4.04
The organization's overall performance	4.02	3.53	4.30

Importantly, this finding does not seem to be simply a chief executive preference for less engagement or involvement from the board. *Leading with Intent* finds similar dynamics across two other questions around the board's strategic engagement:

Rating of Board's Impact On...	Average grade on a 5-point scale	Average grade when the Board...	
		generally accepts strategic recommendations without discussion	discusses organizational strategy to surface underlying assumptions
The organization's overall performance	4.02	3.58	4.28
	Average grade on a 5-point scale	is not involved in leading the strategy of the organization	is a partner in leading the strategy of the organization
The organization's overall performance	4.02	3.14	4.32

Providing Oversight

The following is a summary of board performance in the areas related to providing oversight, both directly and indirectly:

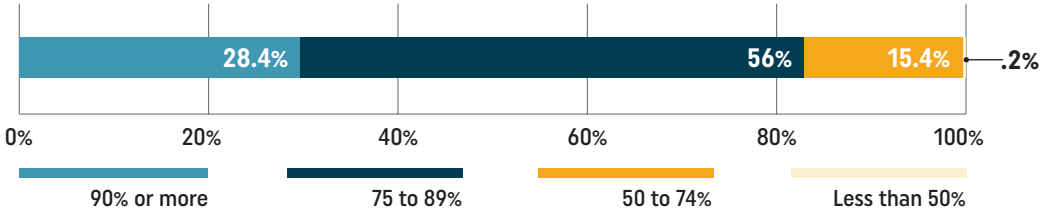
Area of Board Performance	Chief Executives	Board Chairs
Understanding The Organization's Mission	B+	A-
Legal and Ethical Oversight	B	B
Financial Oversight	B	B
Knowledge of The Organization's Programs	B-	B
Providing Guidance To The Chief Executive	B-	B-
Understanding The Board's Roles and Responsibilities	B-	B-
Monitoring Impact In The Context of The Strategic Goals Or Objectives	C+	B-
Evaluating The Chief Executive's Performance Against Goals	C+	B-
Building a Diverse and Inclusive Board With a Commitment To Equity	C	C+
Monitoring Legislative and Regulatory Issues	C-	C+

Meeting Attendance and Preparation

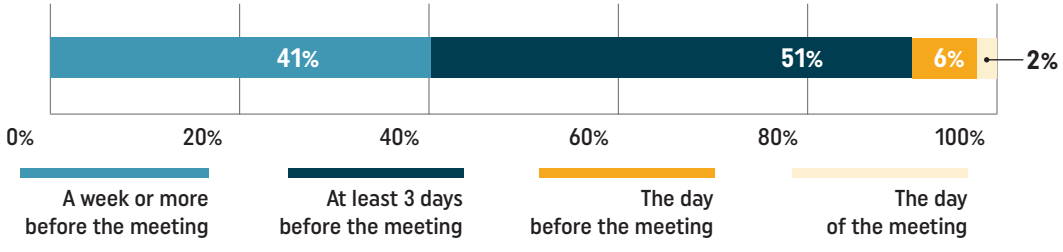
It may go without saying, but it is difficult for board members — and the board as a collective — to fulfill its oversight role if it is not fully informed and engaged, which is why board meeting attendance plays a critical role in board oversight. Boards report relatively strong and consistent board meeting attendance, with 84% of boards reporting that attendance is regularly above 75%. That said, only 28% of boards report regular attendance in the 90% or more range, which should be the goal.

Similarly, it is essential that board members have enough time to review meeting materials if they are to provide proper oversight. Given that board members tend to have busy schedules and significant responsibilities outside their volunteer board role, BoardSource recommends that meeting materials be sent out at least a week before the meeting — a practice that 41 percent of boards have adopted.

AVERAGE % OF BOARD MEMBERS IN ATTENDANCE AT MEETINGS



TIMELINE FOR DELIVERY OF MEETING MATERIALS



Financial Oversight

Proper board oversight helps ensure the organization acts appropriately to safeguard the resources entrusted by donors and the public. Boards seem to be doing pretty well with their financial oversight role, with both executives and board chairs giving their boards a B grade in this important oversight area.

Oversight of the CEO

The board's oversight of the chief executive is their most essential oversight role. As the staff leader of the organization, the organization's success rests largely on the shoulders of the executive, and the board is responsible for ensuring that the chief executive has the support, direction, and oversight needed to do that effectively.

Annual Performance Evaluation

While there are many aspects of CEO oversight, perhaps most important is the annual performance review, which provides a critical opportunity for boards and chief executives to align goals and expectations and address any lack of alignment or performance challenges. Unfortunately, there is room for significant improvement in this area, as only 53% of chief executives reported that they have had a formal, written evaluation in the past year and one in five executives (21%) reported that they have never had a formal evaluation of their performance.

As the CEO/ED, has your performance been formally evaluated in writing?	
Yes, within the past 12 months	53%
Yes, within the past 12 to 24 months	15%
Yes, more than 2 years ago	11%
No, the board has never formally evaluated my performance, but has done so informally	13%
No, the board has never evaluated my performance formally or informally, and I have been in the job for more than a year	8%

Leading with Intent also asks how effective the evaluation process was in providing clear feedback on performance and expectations moving forward. Responses indicate that boards have significant room for improvement in providing clear expectations for the future:

	Clear	Somewhat clear	Not at all clear
CEO clarity on the board's assessment of their performance	71%	22%	6%
CEO clarity on the board's expectations moving forward	53%	37%	10%

Compensation

The majority (55%) of boards report that they have a formal process for setting appropriate compensation for the chief executive, leaving 45% of boards without a formal process. Board chairs report the following factors in determining CEO compensation:

	Major Factor in Setting Compensation	Minor Factor in Setting Compensation	Not a Factor
Organization's performance	86%	10%	4%
Annual performance review	82%	14%	4%
Fundraising success	59%	33%	9%
External salary benchmarking	57%	35%	9%
Length of time in position	32%	45%	23%
Cost of living increase	26%	58%	27%
Staff retention rates	20%	53%	27%

BoardSource recommends that the full board approve any change in the chief executive's compensation package, a practice that 53% of boards have adopted.

Terms of Employment

The board is responsible for hiring the chief executive and making decisions about their continued tenure and employment. The vast majority (73%) of the chief executives surveyed do not have a written employment contract. Boards must understand that — without the protections of an employment contract — chief executives may feel more vulnerable in their employment status. Whether an employment contract is in place or not, if a board is focused on retaining their chief executive for the long-term, they should take care to ensure that the chief executive understands the value they bring to the organization through positive performance feedback and appropriately competitive compensation. Boards are wise to be thoughtful about this in any scenario, but it's especially important when viewed through an equity lens, as those chief executives with less of a financial safety net may feel especially vulnerable.

Other Essential Oversight Practices

Boards generally demonstrate a high level of adoption of essential oversight practices, but any exception to these practices is notable:

Essential Oversight Practices	% Adoption
Full board approval of the annual budget	97%
A written conflict of interest policy	96%
Annual disclosure process for conflicts of interest	90%
Written job description for the CEO/ED	87%
Board orientation process for new board members	85%
External financial audit	85%
Receive a copy of the IRS Form 990 prior to filing	85%
A whistleblower policy that includes a way for employees to report issues directly to the board.	85%
A formal strategic plan or framework	78%
A document retention and destruction policy	77%
Full board approval of changes in the CEO/ED's compensation	75%
Written positions or job descriptions for board members	74%
Full board approval of the IRS Form 990	62%
Written charters for committees	52%
Meet with auditors in executive session without staff present	30%
Written succession plan or policy to guide the board when CEO/ED transition occurs	29%
Written emergency backup plan for handling unexpected executive departures	27%
Executive sessions at every board meeting	26%

Ensuring Resources

While there is no question that boards and staff share the responsibility for appropriately resourcing the organization, boards — as fiduciaries of the organization — are where the proverbial buck stops in terms of ensuring that the organization has the financial, human, and relational resources it needs to pursue its mission and purpose.

Broadly, BoardSource defines the board's role in ensuring resources in a way that encompasses three dimensions:

1. **People** – The insights, expertise, and understanding to lead the organization and its work. The board's role focuses on the people of the board, the chief executive, and the budget and strategy that guides the way that the chief executive resources the organization in terms of other staff members.
2. **Money** – The financial capacity to support the people, systems, and programs that accomplish the organization's mission.
3. **Connection** – The ability to see, understand, and engage with individuals and other organizations so that the nonprofit can gain the trust and respect of those it seeks to serve and others within its community and ecosystem.

The following is a summary of board performance in the areas related to ensuring resources, both directly and indirectly:

Area of Board Performance	Chief Executives	Board Chairs
Understanding The Organization's Mission	B+	A-
Projecting a Positive Public Image of The Organization	B	B
Knowledge of The Organization's Programs	B-	B
Level of Commitment and Involvement	B-	B-
Understanding The Board's Roles and Responsibilities	B-	B-
Understanding The Context (Funding Landscape, Public Policy Environment, Other Organizational Players, Etc.) In Which The Organization Is Working	C+	B-
Evaluating The Chief Executive's Performance Against Goals	C+	B-
Building Relationships Within The Community That Help Support and Inform The Organization's Work (Separate From Fundraising)	C+	C+
Building a Diverse and Inclusive Board With a Commitment To Equity	C	C+
Monitoring Legislative and Regulatory Issues	C-	C+
Leveraging Board Connections and Networks To Influence Public Policy Decisions	C-	C
Fundraising	C-	C

This section focuses on planning for succession as it relates to "people" and the board's role in fundraising and advocacy as it relates to "money" and "connection." Other aspects of "people" and "connection" are covered in other areas of this report.

Planning for Succession

Never is the board's role more important than in the moment of executive transition. Whether a planned or unplanned transition, the board's responsibility is to navigate the organization through the transition. If the board falters in the midst of a transition, the results can be disastrous, making the board's role in planning for succession critically important.

Leading with Intent finds mixed results as it relates to board preparedness for executive transition. While a strong majority (68%) of board chairs indicate that the board is well prepared to make informed decisions about how the organization should be led, more than a quarter (26%) do not have that confidence. This — combined with the fact that executive leadership is susceptible to quick, unanticipated change — is reason for some concern. Consider:

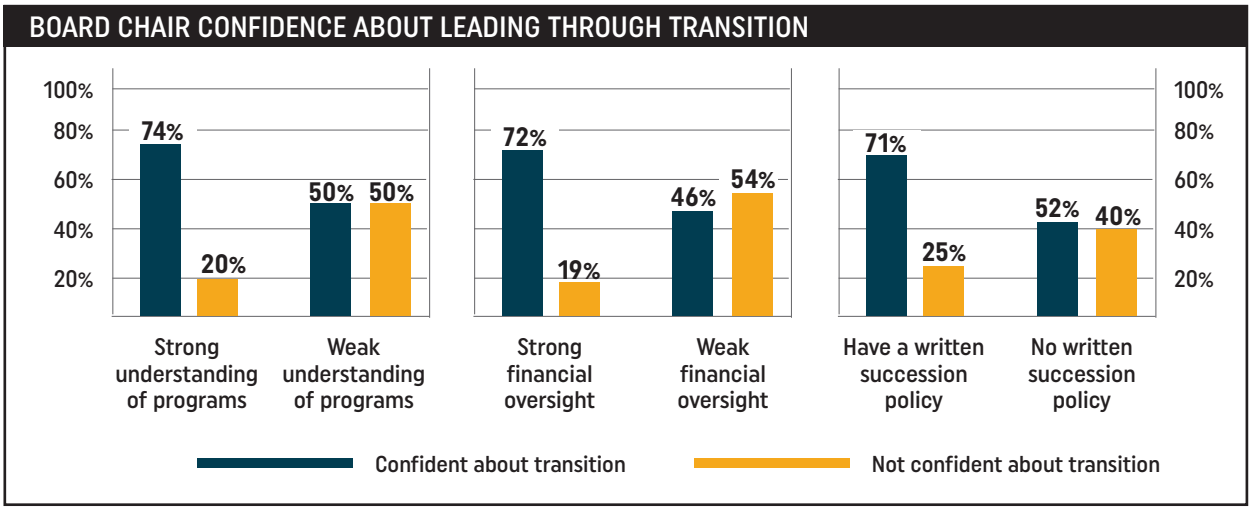
- Only 45% of chief executives report that they are "extremely satisfied" in terms of personal job satisfaction.
- 1 in 5 chief executives report that their boards have an "extremely" or "moderately" negative impact on their personal job satisfaction.
- 73% of chief executives are working without an employment contract.

Boards are wise to make efforts to boost their confidence and prepare themselves for a transition so that they can ensure resilience through the transition. *Leading with Intent* finds several factors that lead to higher degrees of board chair confidence about executive transition:

- Knowledge of the organization's programs
- Strong financial oversight
- Presence of a succession plan

Other Essential Oversight Practices

Boards generally demonstrate a high level of adoption of essential oversight practices, but any exception to these practices is notable:



The Board's Role in Fundraising

As has been true in every study that BoardSource has done over more than 20 years, boards and executives continue to rate the board's role in fundraising as one of the lowest areas of board performance; in this study it was the lowest.

How important is fundraising in terms of your expectations for the board?	Chief Executive	Board Chair
Very important	70%	61%
Important	20%	24%
Somewhat important	7%	10%
Not at all important	3%	6%
How would you grade the board's performance in fundraising?	**Chief Executive**	**Board Chair**
Excellent	4%	8%
Above average	15%	17%
Average	33%	26%
Below average or Failing	48%	50%

While there is no question that boards have a role to play in raising funds for their organization, this frustration with board fundraising efforts may say as much about the expectations for performance as the performance itself. While it would be logical to assume that those boards that place higher importance on fundraising would score highly in terms of fundraising, this does not seem to be the case — the level of importance placed on fundraising does not vary significantly between those boards that get "A's" in fundraising and those that receive failing grades.

	A	B	C	D	F
Very important	73%	78%	66%	67%	78%
Important	15%	17%	25%	20%	12%
Somewhat important	0%	3%	7%	9%	7%
Not at all important	12%	1%	2%	4%	3%

Even more important, however, is that *Leading with Intent* finds evidence that those boards that place the highest level of importance on fundraising have lower ratings in several key areas of performance as compared to those that do not place such high importance on fundraising:

	Level of Importance Placed on Fundraising			
Area of Performance	Very important	Important	Somewhat important	Not at all important
Building a diverse and inclusive board with a commitment to equity	2.47	2.58	2.55	2.89
Understanding the context in which the organization is operating	2.36	2.62	2.38	2.56
Monitoring impact in the context of strategic goals or objectives	2.24	2.41	2.30	2.50
Thinking strategically as a board	2.06	2.23	2.20	2.44
Providing guidance to the chief executive	2.10	2.25	2.43	2.39
Setting the organization's strategic direction	1.70	1.94	1.98	2.17

These findings suggest that boards that prioritize fundraising above all else when it comes to the board's role do so at the expense of organizational strategy, relevance, and impact.

Advocacy Performance

Nonprofit organizations do not operate in a vacuum. Policy decisions at the local, state, and federal level impact the way nonprofits do their work, whether its access to funding, laws and regulations that govern their work, or policy decisions that affect those they serve. By engaging in advocacy, nonprofit leaders ensure their missions and the people the organizations serves are not forgotten when important decisions are being made. While there is some evidence in this study that boards are more engaged in advocacy and public policy than in previous *Leading with Intent* studies, organizations are far from fully leveraging the potential for impact through advocacy. This may be in part due to challenges with board composition: 73% of executives and 71% of board chairs report that they do not have the right people on the board for influencing decision makers on policy decisions of relevance to the organization's work, mission, or goals.

EXTENT OF BOARD PARTICIPATION AND ENGAGEMENT IN ADVOCACY

		Chief Executive	Board Chair
Understand how public policy impacts your organization's mission.	To some extent (great, some, or small)	83%	83%
	Not at all	17%	17%
Connect the organization with community leaders and potential coalition partners.	To some extent	86%	94%
	Not at all	14%	6%
Work in concert with the chief executive and leadership team to educate policymakers on behalf of the organization.	To some extent	65%	77%
	Not at all	35%	23%
Allocate resources toward advocacy aligned with the organization's strategic goals.	To some extent	58%	66%
	Not at all	42%	34%

Board engagement in advocacy is especially important for organizations that receive public funding (65% of respondents) as their funding relies on government understanding and prioritization of their organizations' work. Unfortunately, within that subset of respondents:

- Half of executives (54%) report that their board members do not understand or only understand to a small extent how public policy impacts the organization's mission.
- 72% of executives report that board members are "not" or "only to a small extent" allocating resources toward advocacy aligned with the organization's strategic goals.
- Two-thirds of executives (69%) report that board members are not working in concert with staff to educate policymakers on behalf of the organization, and 81% report that board members are not working in concert with staff to educate policymakers on behalf of the nonprofit sector.
- One third of executives (33%) have not discussed advocacy at all with the board.

THE PEOPLE

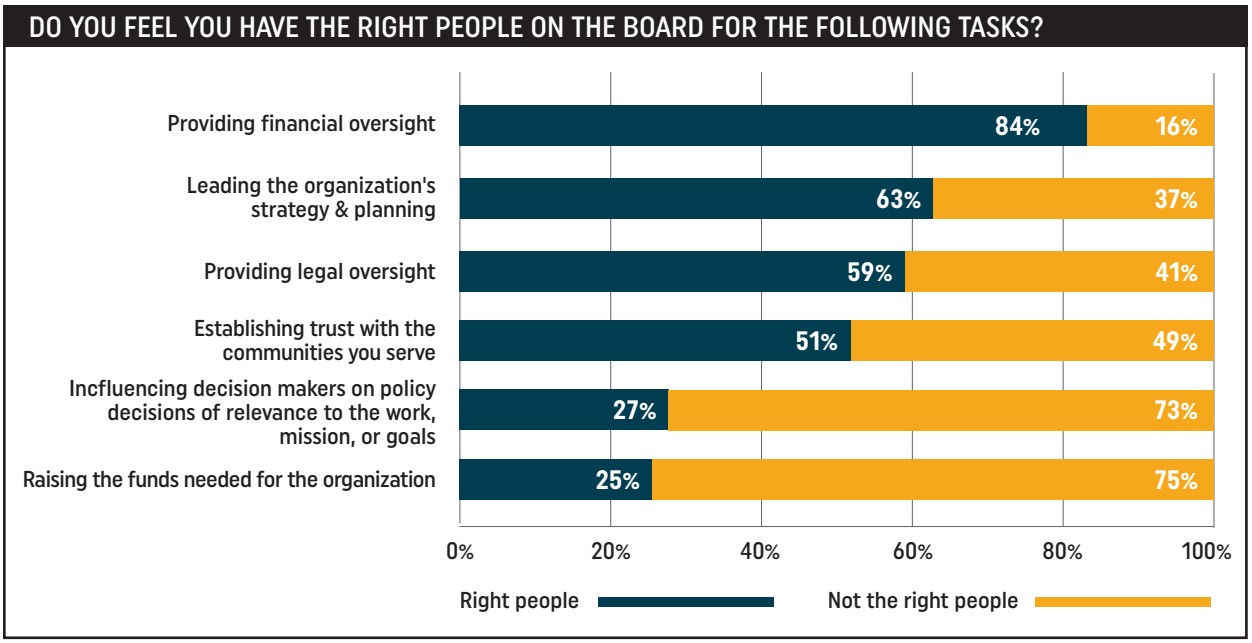
Who Boards Are and How They are Structured

DEMOGRAPHIC SUMMARY OF BOARD & EXECUTIVE LEADERSHIP

Race & Ethnicity	Chief Executive	Board Chair	Board Members
White/Caucasian/European	87%	83%	78%
Black/African American/African	5%	6%	10%
Hispanic/Latino/Latina/Latinx	3%	5%	5%
Asian/Asian American/Pacific Islander	2%	2%	4%
Multi-Racial/Multi-Ethnic (2 or more races or ethnicities)	3%	2%	1%
Native America/American Indian/Indigenous	0.3%	0.4%	1%
Other race/ethnicity	1%	1%	2%
Gender & Gender Identity			
Female	74%	53%	53%
Male	26%	47%	47%
Non-Binary	0.3%	0.1%	0.1%
Not Transgender (Cisgender)	99.3%	99.6%	99%
Transgender	0.7%	0.4%	1%
Age			
Under 35	4.1%	4.1%	9%
35 to 44	16%	20%	21%
45 to 54	31%	25%	26%
55 to 64	38%	28%	26%
65 or older	11%	23%	17%
Disability Status			
Without disability	95%	97%	95%
With disability	5%	3%	5%
Sexual Orientation			
Heterosexual or Straight	90%	94%	94%
Gay, Lesbian, Bisexual	9%	6%	6%
Other	1%	0.1%	0.1%

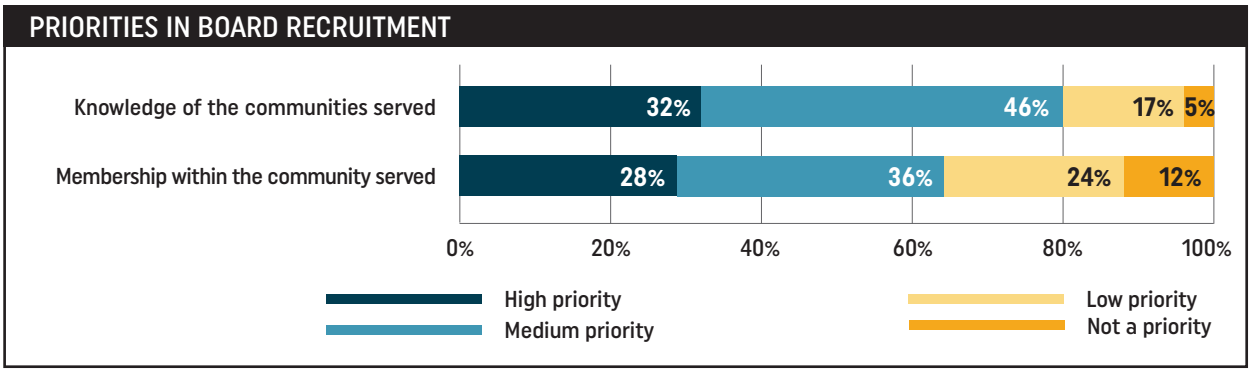
Self-Assessment of Board Composition

CEOs are much more likely to say they have the right people on boards when it comes to internal activities, like oversight, than external leadership and ambassadorship, like fundraising and advocacy.



This is especially important when you consider that these areas are places where executives have given their boards lower grades. Board recruitment processes should be reviewed to ensure that the board's composition is well-suited to carry out both the internal and external activities of the board's role.

In addition, boards are disconnected from the communities they serve. As shown in the above chart, almost half of executives report that they do not have the right board members to "establish trust with the communities they serve." Only a third of boards (32%) place a high priority on "knowledge of the community served," and even fewer (28 percent) place a high priority on "membership within the community served."

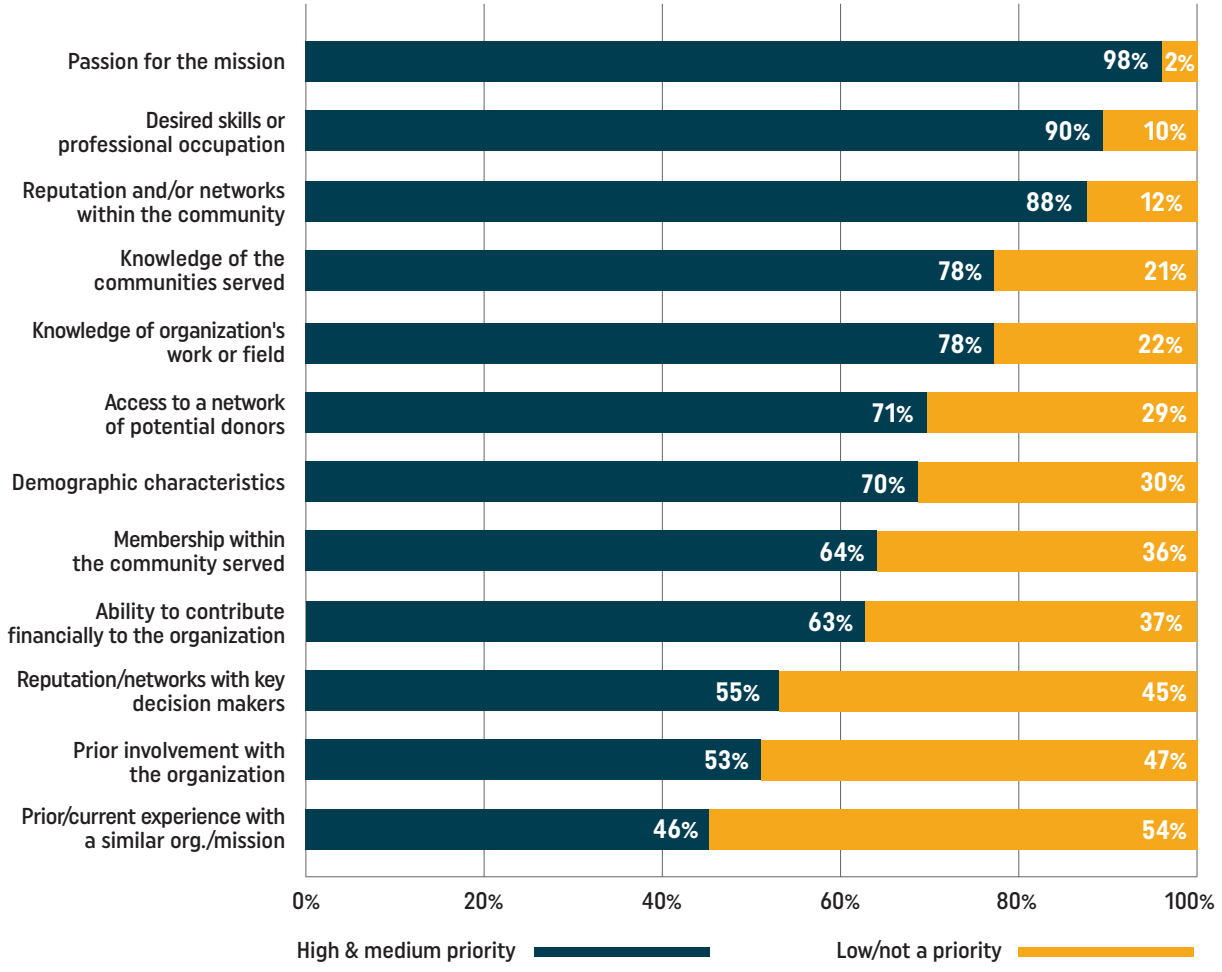


The individual leaders who compose nonprofit boards reflect an organization's values and beliefs about who should be empowered and entrusted with its most important decisions. When boards are populated in a way that disconnects them from the communities their organizations exist to serve, it signals that the organization is not in partnership with the community it seeks to serve. Perhaps even more problematic, it signals that the organizations see this as a perfectly acceptable way of operating.

Board Recruitment Priorities and Approaches

Leading with Intent invites respondents to share what is important to them when searching for new potential board members. Level of importance is not a forced ranking, which means that all areas could be considered "high priority" by respondents. This makes those areas that are rated as low – or lower – priority of particular interest:

PRIORITIES IN BOARD RECRUITMENT



Almost one third of executives (32%) and over half of board chairs (53%) report difficulty with finding people to serve on the board. The primary reasons cited for this difficulty include: the limited "supply" of interested individuals, the time commitment that is required to serve, and the challenge finding individuals with the desired skill set.

HOW EASY OR DIFFICULT IS IT TO FIND PEOPLE TO SERVE ON YOUR BOARD?

	Chief Executive	Board Chair
Very easy	6%	5%
Easy	24%	7%
Neither easy nor difficult	38%	34%
Difficult	26%	44%
Very difficult	6%	9%

WHY IS IT DIFFICULT TO FIND PEOPLE TO SERVE ON THE BOARD?

	Chief Executive	Board Chair
Finding individuals with the desired skill set	58%	81%
Limited "supply" of individuals interested in serving on boards	57%	60%
Finding individuals with community connections	57%	57%
Finding individuals with fundraising experience	54%	60%
Time commitment required	50%	64%
Finding individuals with the desired content expertise	38%	52%
Other	25%	17%
None of the above	2%	2%

Interestingly, those organizations that define the desired mix of diversity, skills, and connections that the board needs — a practice that 60% of organizations have adopted — and that use that as a starting point for board recruitment were more likely to report that finding new board members was easier than organizations that did not. This suggests that the more targeted boards are in their recruitment efforts, the easier board recruitment ends up being.

DO YOU COMPARE CURRENT BOARD COMPOSITION TO DESIRED BOARD COMPOSITION AS A STARTING POINT FOR IDENTIFYING BOARD RECRUITMENT PRIORITIES? HOW EASY OR DIFFICULT IS IT TO FIND NEW BOARD MEMBERS?

	Organization has compared the desired mix...	Organization has **not** compared the desired mix...
Easy	37%	25%
Neither Easy Nor Difficult	36%	35%
Difficult	27%	40%

There is also evidence that boards are more open to non-traditional methods of board recruitment than BoardSource has found in previous studies. While tapping board members' and chief executives' networks are still the most commonly noted methods for identifying potential board candidates (96% and 88% of chief executives note that their boards deploy these methods, respectively), there are encouraging signs about the deployment of methods that may open boards up to more diverse networks, including:

- Leaders from the communities the organization serves (67%)
- Referrals from leaders in the communities the organization serves (56%)
- Program participants or former participants (45%)
- Leaders from peer or partner organizations (42%)
- Publicly posted or advertised board openings (22%)
- External headhunter, agency, or board matching service (5%)

Board Chair Selection

Given the importance of the board chair's role, this *Leading with Intent* study took a closer look at how board chairs are selected for their role. While the feedback from both chief executives and board chairs about the selection process was overwhelmingly positive, there are clearly some boards that is evidence that some boards face challenges here.

Chief Executive Perspectives	% Yes
We elected a chair who was well respected by the rest of the board	74%
We elected a chair who was well qualified	67%
We elected a chair who was looking forward to serving as our chair	65%
We elected a chair who was well prepared	54%
As chief executive, I was invited to share perspectives on how effectively I could partner with the chair candidate prior to their election	33%
We elected a chair who was the only person willing to serve	22%

Board Chair Perspectives	% Yes
Board chair was the only person willing to serve	39%
Is this this first time you have served as a board chair?	62%

TRENDS IN BOARD STRUCTURE

Average Number of Committees	4.1
Standing Committees	Audit & Finance (82%) Development/Fundraising (76%) Governance & Nominating (71%) Executive (61%) Planning & Strategy (28%) Marketing & PR (19%) Program (13%)
Approach to Term Limits	**Have both terms and term limits (54%)*** Do not have both terms and term limits (46%)
Length of Terms	4+ years (3%) 3 years (73%) 2 years (18%) 1 year (2%) No terms (5%)
Maximum Number of Terms that Can be Served	4 or more (6%) 3 terms (24%) 2 terms (46%) 1 term (<1%) No limit (24%)
Average Total Number of Meetings in the Last 12 Months	7.5
Average Total Amount of Hours Board Met in the Last 12 Months	19.5
Average Meeting Attendance	90% or more members regularly attend meetings (28%) 75-89% of members regularly attend (56%) 50-74% of members regularly attend (15%) Less than 50% regularly attend (<1%)
Approach to Executive Sessions	*Frequency:* **Every meeting (26%)*** Periodically (66%) Never (9%) *Participation:* **Both with and without the CEO (64%)*** Only without the CEO (22%) Only with the CEO (13%)

* A BoardSource-recommended practice.

THE CULTURE

How Boards Operate as a Group

Overall, both chief executives and board chairs give their boards high marks as it relates to the board's culture — the way that it operates as a collective. They are also relatively aligned on their characterizations of the board's culture, with relatively small variances in CEO and Chair perspectives.

Average rating out of 5 ***(5-strongly agree, 4-agree, 3-neither agree nor disagree, 2-disagree, 1-strongly disagree)***	Average of CEO Ratings	Average of Chair Ratings
Our board members are committed to our work	4.46	4.46
Board members listen attentively and respectfully to each other	4.39	4.50
Our board is able to work together toward a common goal	4.36	4.48
Most board members are eager to stay on the board for the maximum time allowed in the bylaws	4.27	4.23
Success is celebrated on the board	4.14	4.32
There is honest communication between board members	4.08	4.22
The board is able to resolve internal conflicts in a professional way	4.06	4.18
The board encourages creativity and innovation	3.88	4.13
Our board members share clearly articulated core values that guide decision making	3.78	4.10
The board encourages higher performance from its members and from the organization	3.53	3.90
Board members take collective responsibility for failures and mistakes	3.35	3.67
Our board has social time that enables board members to get to know each other outside of structured board meetings	3.33	3.48

Once again, *Leading with Intent* finds a relationship between social time amongst board members and stronger indicators of board culture. Boards that report that they had at least two and a half hours of board social time within the past year reported higher culture scores when looking at an average across culture questions as compared to those boards that did not have any social time in the past year. The most significant variances were in these areas of board culture:

	No social time	0.5 - 2 hours	Overall Average	2.5 - 4.75 hours	5 - 7 hours	8 - 10 hours	Greater than 10 hours
Success is celebrated on the board	3.67	3.89	4.14	4.23	4.34	4.39	4.39
The board encourages higher performance from its members and from the organization	2.99	3.40	3.53	3.65	3.80	3.66	3.50
Board members take collective responsibility for failures and mistakes	2.85	3.21	3.35	3.49	3.55	3.53	3.35

Similar dynamics were seen on questions related to inclusion. These two questions also elicited higher average responses from respondents who also reported at least 2 and a half hours of social time in the previous year:

	No social time	0.5 - 2 hours	Overall Average	2.5 - 4.75 hours	5 - 7 hours	8 - 10 hours	Greater than 10 hours
The Board has created a culture that supports open robust discussions	2.91	3.08	3.26	3.36	3.42	3.45	3.53
The Board has created a culture that ensures all voices are heard	2.76	2.88	3.13	3.19	3.28	3.33	3.44

While average culture scores generally increase in tandem with increased board social time, it is interesting to note that there is a dynamic with some aspects of culture where average scores decrease once the social time increases beyond 8-10 hours in a 12-month period. This may indicate that there is a "sweet spot" for board social time in the 5-8 hours per year range.

Board Chair as Steward of Board Culture

The board chair plays an especially important role in cultivating and supporting the board's culture. In their role, board chairs set formal and informal norms about how the board operates, and how it deals with board successes and challenges.

Leading with Intent analyzed which aspects of board chair performance seemed to be most closely correlated to higher average culture ratings. When executives rated their chairs higher in terms of the board chair's performance, the executive was more likely to rate the board higher than the average across all areas of board culture.

While *Leading with Intent* cannot determine causation or even directionality, it may be helpful for boards that are having culture challenges to consider the ways in which changes in board chair engagement in key areas could make a difference.

Here is a summary of executives' grades of board chair performance and overall board culture ratings in the two culture areas where there were the largest variances from the average:

Area of Board Chair Performance	Board members take collective responsibility for failures and mistakes			The board encourages higher performance from its members and the organization		
	Average Overall Grade of Culture Factor	Average Grade when Board Chairs Receive...		Average Overall Grade of Culture Factor	Average Grade when Board Chairs Receive...	
		A or B Grade	D or F Grade		A or B Grade	D or F Grade
Ensuring that there are clear expectations of board service	3.35	3.70	2.36	3.53	3.88	2.43
Encouraging board members to frame strategic questions		3.63	2.37		3.81	2.34
Ensuring decision making is shared amongst all board members		3.60	2.28		3.76	2.32
Ability to resolve conflict, build consensus, and reach compromise to enable the board to move forward		3.61	2.24		3.76	2.24
Fostering an environment that builds trust among board members		3.52	2.36		3.70	2.24

THE IMPACT

What Matters Most When It Comes to Board Leadership?

In this section, we will look not only at how the board is impacting the organization, but we will also examine what seems to matter most in terms of the board's impact.

As one would hope, the overwhelming majority of chief executives and board chairs report that the board has a positive impact on the organization across a number of key categories:

WHAT IMPACT DOES THE BOARD HAVE ON THE FOLLOWING?

		Chief Executive	Board Chair
Clearly defining strategic priorities for your organization?	Positive Impact	76%	84%
	Neither positive nor negative	16%	14%
	Negative Impact	8%	2%
Your organization's reputation for doing good work, within networks that are important to your mission?	Positive Impact	81%	89%
	Neither positive nor negative	17%	10%
	Negative Impact	2%	1%
Your organization's overall performance?	Positive Impact	79%	87%
	Neither positive nor negative	16%	12%
	Negative Impact	6%	1%
The financial resourcing of your organization's work?	Positive Impact	63%	76%
	Neither positive nor negative	24%	21%
	Negative Impact	14%	4%
Your organization's ability to act on calculated risks to advance its goals?	Positive Impact	63%	73%
	Neither positive nor negative	26%	23%
	Negative Impact	11%	5%

The Board's Impact on Organizational Performance

Beyond what chief executives and board chairs say directly about board impact on organizational performance, *Leading with Intent* also examines which board practices or factors may be related to stronger or more positive board impact on organizational performance. There are several factors that stand out:

- Board composition
- Role understanding
- Board self-assessment practices
- Strong understanding of programs

The Impact of Board Composition

There is a clear relationship between board composition and the board's ability to positively impact organizational performance:

- Executives who report that they have the right people on the board are more likely to also report that their boards are having a positive impact on the organization.
- Executives who report that they do not have the right people on the board are more likely to also report that the board is having a negative impact on the organization.

Executives were asked to reflect on whether or not their board had the right people for a range of board functions:

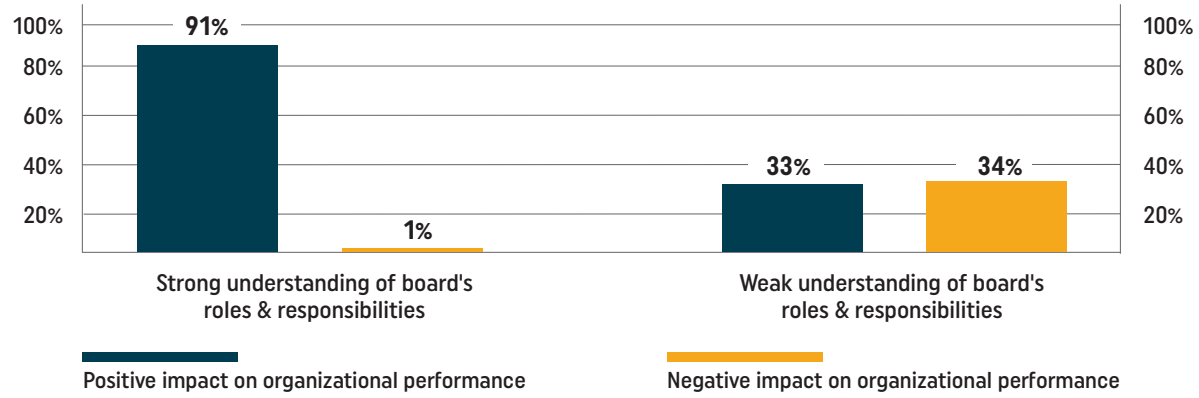
Do you have the right people for...		Board's Impact on the Organization: Positive	Negative
Leading the organization's strategy	Right people	83%	3%
	Not the right people	72%	10%
Establishing trust with the community served	Right people	86%	4%
	Not the right people	71%	8%
Raising the funds needed	Right people	87%	3%
	Not the right people	75%	7%
Influencing decision makers on policy	Right people	88%	2%
	Not the right people	75%	7%
Providing financial oversight	Right people	84%	2%
	Not the right people	48%	26%

While this positive and negative correlation existed across all areas of board composition, it is interesting to note that there seems to be an especially strong relationship between boards whose executives indicate that they do not have the right people to provide financial oversight and those boards that are reported to be having a negative impact on the organization.

Impact of Role Understanding

Leading with Intent once again finds a connection between the board's impact on the organization and its understanding of its own roles and responsibilities.

EXECUTIVE PERCEPTIONS OF ROLE UNDERSTANDING AND THE BOARD'S IMPACT ON ORGANIZATIONAL PERFORMANCE



There is also evidence that strong understanding of the board's role is related to stronger performance across all other areas of board performance. Here is a summary of how executives rated their boards on understanding its role compared to the grades in other areas of board performance:

AREA OF BOARD PERFORMANCE RATINGS REPORTED BY EXECUTIVES

Area of Board Performance (Rated on a four-point GPA scale, 0=F, 1=D, 2=C, 3=B, 4=A)	Strong role	Weak role	Variance
Setting the organization's strategic direction	2.91	1.15	1.75
Thinking strategically as a Board	2.79	1.07	1.72
Financial oversight	3.39	1.79	1.60
Legal and ethical oversight	3.26	1.73	1.53
Providing guidance to the chief executive	2.93	1.49	1.44
Monitoring impact in the context of the strategic goals or objectives	2.51	1.10	1.42
Evaluating the chief executive's performance against goals	2.62	1.22	1.39
Understanding the context in which the organization is working	2.50	1.29	1.22
Level of commitment and involvement	2.99	1.83	1.16
Projecting a positive public image of the organization	3.25	2.10	1.15
Fundraising	1.97	0.95	1.02
Building relationships within the community that help support and inform the organization's work	2.31	1.32	1.00
Monitoring legislative and regulatory issues that have the potential to impact the organization	1.92	0.98	0.94
Building a diverse and inclusive board with a commitment to equity	2.09	1.18	0.91
Understanding the organization's mission	3.52	2.65	0.88
Knowledge of the organization's programs	2.86	2.06	0.80
Leveraging board connections and networks to influence public policy decisions that have the potential to impact the organization's work	1.81	1.20	0.61

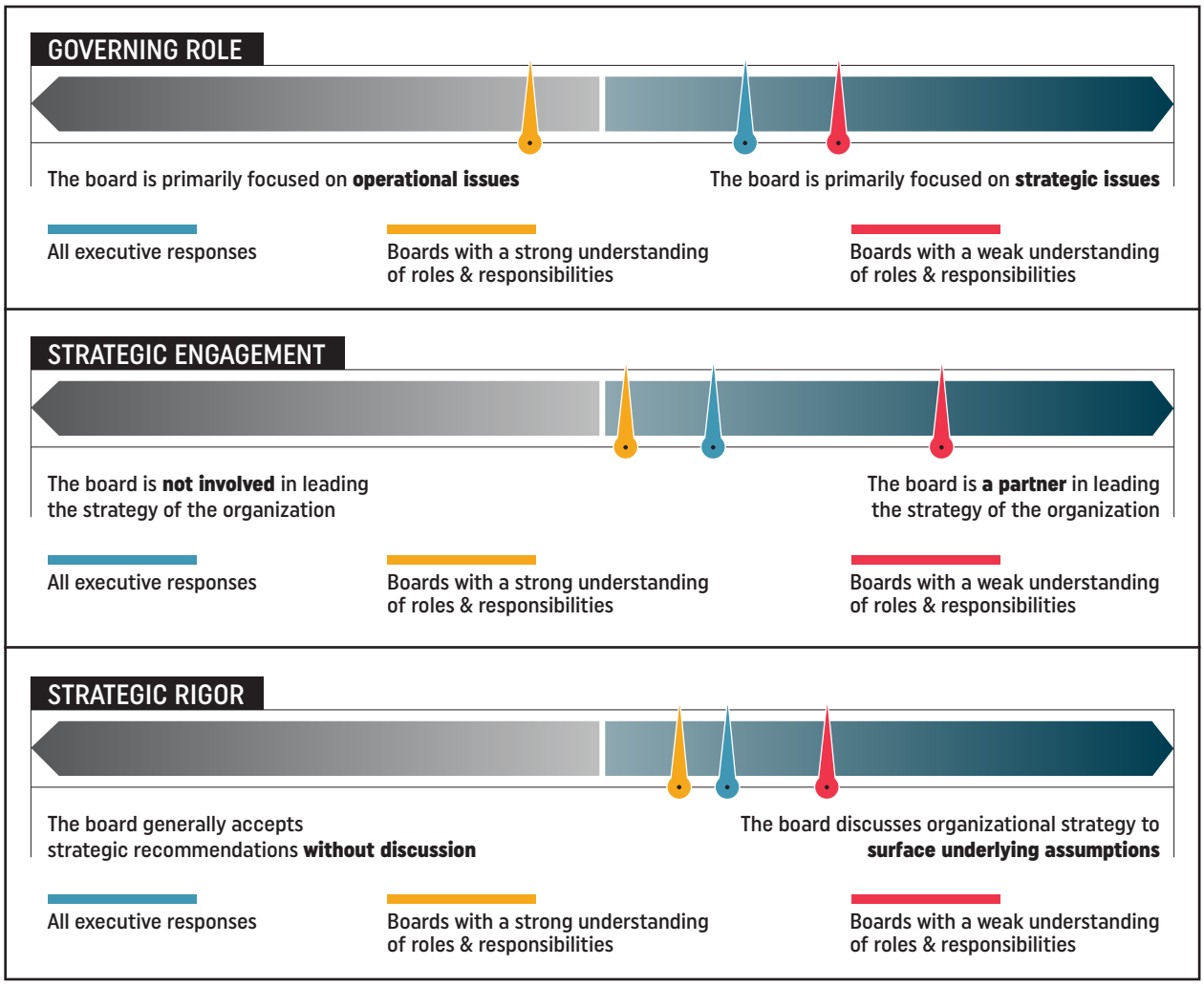
It is notable that the largest variances between boards with strong versus weak role understanding is in the space of strategy, which may indicate that executives are more willing to engage the board in strategy when they have confidence that the board understands its role and is less likely to step out of it.

This theory seems to be supported by an analysis of ratings on role understanding and how they related to the board's calibration on strategic engagement. Executives were asked to place their boards on the spectrum of three different dimensions:

- **Governing Role:** Is the board primarily focused on strategic issues or operational issues?
- **Strategic Engagement:** Is the board a partner in leading the strategy of the organization?
- **Strategic Rigor:** Does the board discuss organizational strategy to surface underlying assumptions or generally accept strategic recommendations without discussion?

Across all three of these dimensions, boards that were reported to have strong role understanding were calibrated more toward the strategic engagement end of the spectrum than the sample overall and very significantly above those boards reported to have weak role understanding. In the following charts, you can see how executives rated their boards on the spectrum between the statement on the left and the statement on the right and the differences in these ratings based on how executives graded their board's understanding of its roles and responsibilities.

Executives were asked to reflect on whether or not their board had the right people for a range of board functions:



Impact of Regular Board Self-Assessment

Once again, *Leading with Intent* finds a relationship between board self-assessment practices and ratings of board performance. Executives with boards that regularly assess themselves (in the past 2 years) also rate their boards higher across all areas of board performance than those that assess themselves less frequently and even more highly than those that have never assessed their own performance. This supports BoardSource's recommendation that boards assess their performance at least every two years:

AREA OF BOARD PERFORMANCE RATINGS REPORTED BY EXECUTIVES

Area of Board Performance (Rated on a four-point GPA scale, 0=F, 1=D, 2=C, 3=B, 4=A)	Assessed in past 2 years	Assessed ever	Never assessed	Variance*
Setting the organization's strategic direction	2.68	2.45	2.11	0.57
Monitoring impact in the context of the strategic goals or objectives	2.36	2.17	1.81	0.55
Evaluating the chief executive's performance against goals	2.47	2.15	1.94	0.53
Financial oversight	3.18	3.09	2.68	0.50
Providing guidance to the chief executive	2.72	2.62	2.22	0.50
Thinking strategically as a Board	2.50	2.28	2.05	0.46
Understanding the Board's roles and responsibilities	2.67	2.61	2.26	0.41
Building a diverse and inclusive Board with a commitment to equity	2.00	1.67	1.59	0.40
Level of commitment and involvement	2.77	2.64	2.38	0.40
Monitoring legislative and regulatory issues that have the potential to impact the organization	1.83	1.57	1.47	0.36
Understanding the context in which the organization is working	2.31	2.21	1.97	0.34
Fundraising	1.79	1.60	1.47	0.32
Legal and ethical oversight	2.94	2.94	2.63	0.30
Building relationships within the community that help support and inform the organization's work	2.13	2.05	1.92	0.21
Projecting a positive public image of the organization	3.01	3.04	2.81	0.20
Understanding the organization's mission	3.34	3.26	3.20	0.15
Knowledge of the organization's programs	2.69	2.56	2.54	0.14
Leveraging Board connections and networks to influence public policy decisions that have the potential to impact the organization's work	1.68	1.57	1.56	0.13
Average across all categories of board performance	2.50	2.36	2.15	0.36

* Variance between those boards that have assessed their performance in the past two years and those that have never assessed performance.

Impact of Strong Understanding of Programs

Leading with Intent also finds a relationship between the board's knowledge of the organization's programs and their impact on organizational performance. Executives who rated their boards as having a strong knowledge of programs gave their boards higher grades on average across other areas of board performance, especially as it relates to strategy, engagement, and external leadership, including fundraising. The following table shows the variance between board performance grades when executives reported that their boards have a strong vs. weak understanding of programs:

		Strong knowledge of programs	Weak knowledge of programs	Variance
Strategic thinking & planning	Setting the organization's strategic direction	2.72	1.47	1.25
	Monitoring impact in the context of the strategic goals or objectives	2.45	1.24	1.22
	Thinking strategically as a board	2.60	1.47	1.13
Engagement & commitment	Level of commitment and involvement	2.89	1.86	1.03
External leadership & ambassadorship	Understanding the context in which the organization is working	2.46	1.45	1.01
	Projecting a positive public image of the organization	3.23	2.34	0.89
	Community-building and outreach	2.30	1.64	0.66
	Fundraising	1.87	1.32	0.55

The Board's Impact on the Chief Executive

Leading with Intent also analyzed questions that help illuminate how the board impacts the chief executive. The two primary lenses through which board impact was evaluated were:

- Partnership and support
- Chief executive job satisfaction

Partnership & Support

Overall, chief executives and boards give their boards decent but not exceptional marks in areas of relevance to their partnership:

	Chief Executives	Board Chairs
Providing Guidance To The Chief Executive	B-	B-
Setting The Organization's Strategic Direction (In Partnership With The Chief Executive)	B-	B-
Evaluating The Chief Executive's Performance Against Goals	C+	B-

There are encouraging signs, however, about the strength of the partnership between chief executives and board chairs. When asked who they consider to be their best "go-to" person when they need to consult frankly on a tough decision, chief executives' top choice was their board chair. Seventy percent of chief executives said that their board chair was in their "top two" people to consult – outranking the organization's senior staff (44%), other current board members (31%), an outside mentor (29%), a spouse or partner (15%), or a former board member (7%).

Job Satisfaction

The vast majority of chief executives respond that they are satisfied with their jobs and say that their boards have a positive impact on their level of satisfaction, but it is notable that responses for many indicate moderate — rather than extreme — positive feelings:

HOW WOULD YOU RATE YOUR PERSONAL JOB SATISFACTION?

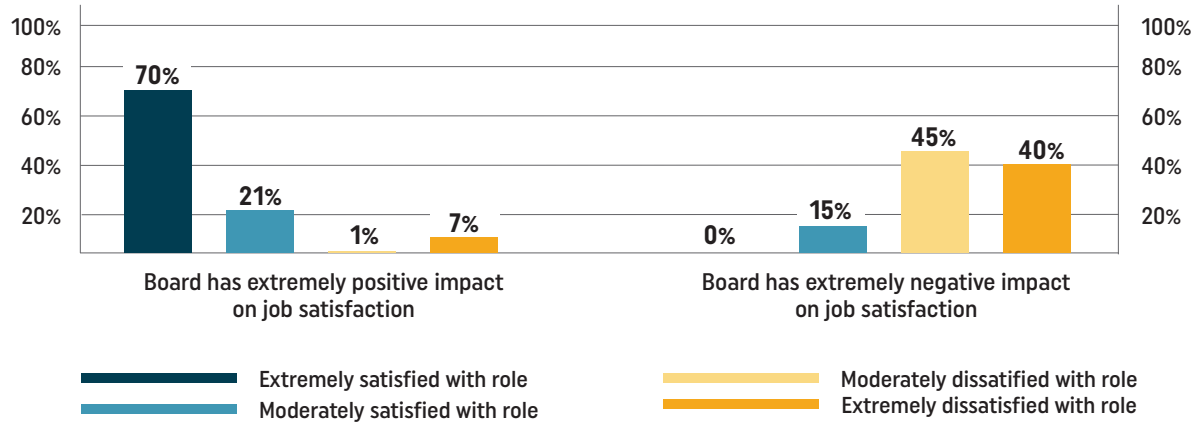
	Chief Executive
Extremely satisfied	45%
Moderately satisfied	40%
Neither satisfied nor dissatisfied	2%
Moderately dissatisfied	8%
Extremely dissatisfied	5%

WHAT KIND OF IMPACT DOES YOUR BOARD HAVE ON YOUR LEVEL OF PERSONAL JOB SATISFACTION?

	Chief Executive
Extremely positive	27%
Moderately positive	46%
Neither positive nor negative	8%
Moderately negative	16%
Extremely negative	3%

Importantly, there is a relationship between the board's impact on chief executive job satisfaction and overall job satisfaction, as highlighted by a breakdown of those chief executives who report that the board has an extremely positive impact on job satisfaction and those chief executives who report that the board has an extremely negative impact on job satisfaction:

RELATIONSHIP BETWEEN BOARD IMPACT ON JOB SATISFACTION AND JOB SATISFACTION OVERALL



Leading with Intent drills down to understand in what ways the board is positively or negatively impacting chief executive job satisfaction. In response to the question, "What are the two factors that most significantly affect the board's impact on your personal job satisfaction (either positively or negatively)?", chief executives shared the following:

	Chief Executive
The extent to which the board adds value and perspective as a part of strategic conversations	43%
The extent to which the board allows you to lead your organization autonomously and independently.	31%
The extent to which the board sees their responsibility for the success (or failures) of your organization	30%
Working relationship with the board chair	28%
The extent to which the board understands the distinct roles of the board and staff	27%
The amount of money that the board raises for your organization	22%
The extent to which the board sees CEO as responsible for the success (or failures) of your organization	14%
The amount of money that the board gives to your organization	3%
Other	1%

Further analysis reveals an interesting distinction between chief executives who indicate that the board has a negative impact on their job satisfaction and those who said that the board has a positive impact on their job satisfaction. For responses to "what impacts your personal job satisfaction most (either positively or negatively), the largest "gap" between these two cohorts was on the question of how much money the board raises for the organization. This may indicate that — when it comes to CEO job satisfaction — the board's role in fundraising plays an outsized role. The following chart shows how executives rated each factor in terms of the impact on their satisfaction based on whether they said the board overall had a positive or negative impact on their satisfaction.

FACTORS IMPACTING CEO JOB SATISFACTION

	Board's Impact on the CEO's Job Satisfaction is...		"Gap" between rating of factor for boards having a positive vs. negative impact
	Positive	Negative	
The amount of money that the board raises for your organization.	14%	41%	27%
The extent to which the board adds value and perspective as a part of strategic conversations.	47%	28%	19%
Your working relationship with the board chair.	32%	16%	17%
The extent to which the board allows you to lead your organization autonomously and independently.	35%	20%	15%
The extent to which the board sees their responsibility for the success (or failures) of your organization.	27%	36%	9%
The extent to which the board sees CEO as responsible for the success (or failures) of your organization.	13%	19%	6%
The amount of money that the board gives to your organization.	2%	7%	5%
The extent to which the board understands the distinct roles of the board and staff.	28%	30%	2%

DATA BOOK

This data book includes all of the frequency data for public charities, including chief executive and board chair responses.

Demographics

With which of the following racial or ethnic groups do you identify?	Chief Executives	Board Chairs
Asian/Asian American/Pacific Islander	1.5%	2.4%
Black/African American/African	4.7%	6.3%
Hispanic/Latino/Latina/ Latinx	3.3%	5.0%
Native America/American Indian/Indigenous	.3%	.4%
White/Caucasian/European	86.5%	83.4%
Multi-Racial/Multi-Ethnic (2 or more races or ethnicities)	2.8%	2.0%
Other race/ethnicity	.9%	.5%

How many of the board's voting members are in the following racial or ethnic groups?	Board Members
Asian/Asian American/Pacific Islander	3.5%
Black/African American/African	9.6%
White/Caucasian/European	75.3%
Native America/American Indian/Indigenous	0.9%
Hispanic/Latino/Latina/Latinx	5.2%
Other race/ethnicity	1.6%
Multi-Racial/Multi-Ethnic (2 or more races or ethnicities)	1%
Race or ethnicity was not disclosed	0.9%
Race or ethnicity is unknown	1.8%

What is your gender?	Chief Executives	Board Chairs
Male	25.6%	47.4%
Female	74.2%	52.5%
Non-Binary	.3%	.1%

Do you self-identify as the following?	Chief Executives	Board Chairs
Not Transgender (Cisgender)	99.3%	99.6%
Transgender	.7%	.4%

Indicate how many voting members of the board are in the following groups.	Board Members
Female	52.9%
Male	45.3%
Non-Binary	0.1%
Gender identity was not disclosed	0.9%
Gender identity is unknown	1.9%

How many voting board members self-identify as the following groups.	Board Members
Not Transgender (Cisgender)	65.3%
Transgender	0.5%
Transgender status was not disclosed	5.3%

With which of the following groups do you identify?	Chief Executives	Board Chairs
With disability	4.7%	2.8%
Without disability	89.2%	91.6%
Prefer not to answer	6.1%	5.6%

How many of the board's voting members are in the following groups?	Board Members
Without disability	62.8%
With disability	3.5%
Disability status was not disclosed	3.2%

How many of the board's voting members are in the following groups?	Board Members
Heterosexual or Straight	65%
Gay, Lesbian, Bisexual	4.1%
Other	0.1%
Sexual orientation was not disclosed	5%
Sexual orientation is unknown	25.9%

How old are you?	Chief Executives	Board Chairs
65 or older	11.4%	23.2%
55 to 64	38.0%	28.3%
45 to 54	31.0%	24.8%
35 to 44	15.8%	19.9%
25 to 34	3.7%	3.6%
Under 24	.1%	.1%

How many of the voting members are in the following age groups?	Board Members
65 or older	15.6%
55 to 64	22.8%
45 to 54	22.6%
35 to 44	19.2%
25 to 34	7.9%
Under 24	0.8%
Age is unknown	9.5%

What is your sexual orientation?	Chief Executives	Board Chairs
Gay, Lesbian, Bisexual	9.3%	5.7%
Heterosexual or Straight	89.7%	94.1%
Other	.9%	.1%

Board Diversity, Inclusion, and Equity Practices

How satisfied are you with your board's current level of diversity in each of the following areas?		Chief Executive	Board Chair
Age	Extremely dissatisfied	4.1%	1.8%
	Moderately dissatisfied	22.0%	17.6%
	Neither satisfied or dissatisfied	18.5%	12.1%
	Moderately satisfied	40.2%	44.2%
	Extremely satisfied	15.3%	24.2%
Gender	Extremely dissatisfied	4.3%	6.7%
	Moderately dissatisfied	19.7%	17.0%
	Neither satisfied or dissatisfied	15.1%	10.9%
	Moderately satisfied	33.4%	31.5%
	Extremely satisfied	27.5%	33.9%
Sexual Orientation	Extremely dissatisfied	4.1%	.6%
	Moderately dissatisfied	20.9%	13.3%
	Neither satisfied or dissatisfied	59.4%	61.2%
	Moderately satisfied	11.3%	9.7%
	Extremely satisfied	4.3%	15.2%
Race or ethnic diversity	Extremely dissatisfied	22.0%	10.9%
	Moderately dissatisfied	44.3%	36.4%
	Neither satisfied or dissatisfied	11.5%	15.8%
	Moderately satisfied	17.7%	28.5%
	Extremely satisfied	4.6%	8.5%
Disability status	Extremely dissatisfied	4.1%	1.2%
	Moderately dissatisfied	26.3%	17.0%
	Neither satisfied or dissatisfied	60.8%	67.9%
	Moderately satisfied	5.3%	9.7%
	Extremely satisfied	3.5%	4.2%
Socio-economic status	Extremely dissatisfied	4.9%	3.6%
	Moderately dissatisfied	25.0%	23.0%
	Neither satisfied or dissatisfied	40.9%	27.9%
	Moderately satisfied	24.3%	35.8%
	Extremely satisfied	4.9%	9.7%

How important do you think board diversity is to the board's overall ability to provide strategic leadership and governance to your organization...							
...within the boardroom?		Chief Executive	Board Chair	...as external ambassadors for your mission?		Chief Executive	Board Chair
Age	Not at all important	5.3%	3.6%	Age	Not at all important	3.4%	1.8%
	Somewhat important	24.0%	33.9%		Somewhat important	31.5%	36.4%
	Important	41.7%	35.8%		Important	41.7%	38.8%
	Very important	29.0%	26.7%		Very important	23.5%	23.0%
Gender	Not at all important	10.5%	9.7%	Gender	Not at all important	5.2%	5.5%
	Somewhat important	22.3%	23.6%		Somewhat important	20.9%	25.5%
	Important	35.9%	38.2%		Important	39.5%	38.8%
	Very important	31.3%	28.5%		Very important	34.4%	30.3%
Sexual Orientation	Not at all important	31.3%	35.2%	Sexual Orientation	Not at all important	33.1%	40.0%
	Somewhat important	37.9%	39.4%		Somewhat important	38.5%	38.2%
	Important	21.7%	18.8%		Important	20.8%	15.8%
	Very important	9.2%	6.7%		Very important	7.6%	6.1%
Race or ethnic diversity	Not at all important	4.4%	6.1%	Race or ethnic diversity	Not at all important	4.3%	4.8%
	Somewhat important	13.9%	19.4%		Somewhat important	13.9%	19.4%
	Important	29.5%	30.3%		Important	29.3%	32.7%
	Very important	52.2%	44.2%		Very important	52.5%	43.0%
Disability status	Not at all important	27.9%	34.5%	Disability status	Not at all important	26.0%	36.4%
	Somewhat important	40.2%	42.4%		Somewhat important	44.6%	41.2%
	Important	22.3%	13.9%		Important	20.9%	14.5%
	Very important	9.6%	9.1%		Very important	8.5%	7.9%
Socio-economic status	Not at all important	10.8%	10.9%	Socio-economic status	Not at all important	7.9%	8.5%
	Somewhat important	29.8%	29.7%		Somewhat important	33.0%	33.9%
	Important	34.4%	30.9%		Important	37.3%	29.7%
	Very important	25.0%	28.5%		Very important	21.8%	27.9%

How does the board's current level of diversity impact your organization's ability to do the following?		Chief Executive	Board Chair
Attract and retain top talent for the Board	Very negatively	4.1%	1.9%
	Somewhat negatively	29.0%	20.4%
	No impact either way	26.1%	23.5%
	Somewhat positively	24.0%	31.5%
	Very positively	15.4%	22.2%
	No opinion	1.4%	.6%
Attract and retain top talent for the staff	Very negatively	1.1%	0.0%
	Somewhat negatively	12.9%	7.4%
	No impact either way	58.5%	48.8%
	Somewhat positively	14.8%	23.5%
	Very positively	8.6%	16.0%
	No opinion	4.1%	4.3%
Understand the organization's operating environment	Very negatively	3.4%	0.0%
	Somewhat negatively	22.8%	19.8%
	No impact either way	29.2%	32.1%
	Somewhat positively	27.8%	27.8%
	Very positively	15.8%	20.4%
	No opinion	1.1%	0.0%

How does the board's current level of diversity impact your organization's ability to do the following? (Continued)		Chief Executive	Board Chair
Understand the organization's work	Very negatively	2.7%	0.0%
	Somewhat negatively	20.0%	13.6%
	No impact either way	32.3%	33.3%
	Somewhat positively	24.6%	28.4%
	Very positively	19.0%	24.7%
	No opinion	1.4%	0%
Plan effectively	Very negatively	2.3%	0.0%
	Somewhat negatively	20.5%	13.5%
	No impact either way	33.4%	38.0%
	Somewhat positively	25.6%	22.7%
	Very positively	16.9%	25.2%
	No opinion	1.3%	.6%
Strengthen programs and services	Very negatively	1.6%	0.0%
	Somewhat negatively	26.1%	19.1%
	No impact either way	31.8%	26.5%
	Somewhat positively	25.1%	28.4%
	Very positively	13.9%	24.7%
	No opinion	1.6%	1.2%
Expand donor networks	Very negatively	6.2%	1.9%
	Somewhat negatively	32.3%	30.9%
	No impact either way	20.7%	24.7%
	Somewhat positively	25.0%	22.8%
	Very positively	13.1%	18.5%
	No opinion	2.7%	1.2%
Enhance the organization's standing with funders and donors	Very negatively	3.6%	1.8%
	Somewhat negatively	28.9%	17.2%
	No impact either way	24.5%	27.6%
	Somewhat positively	24.5%	27.0%
	Very positively	16.5%	24.5%
	No opinion	2.0%	1.8%
Enhance the organization's standing with the general public	Very negatively	1.9%	0.0%
	Somewhat negatively	26.7%	16.0%
	No impact either way	25.2%	30.1%
	Somewhat positively	27.7%	30.7%
	Very positively	17.8%	22.7%
	No opinion	.8%	.6%
Understand how to best serve the community	Very negatively	4.8%	3.1%
	Somewhat negatively	35.9%	34.4%
	No impact either way	14.0%	11.7%
	Somewhat positively	28.9%	27.6%
	Very positively	15.8%	23.3%
	No opinion	.6%	0%
Cultivate trust and confidence with the community served	Very negatively	3.3%	0.0%
	Somewhat negatively	26.7%	24.1%
	No impact either way	22.0%	21.0%
	Somewhat positively	27.9%	28.4%
	Very positively	18.7%	26.5%
	No opinion	1.4%	0.0%

To what extent has the board done the following?		Chief Executive	Board Chair
Aligned Board recruitment practices with diversity goals and priorities	Not at all	20.3%	18.9%
	Small extent	25.4%	19.5%
	Some extent	33.4%	36.5%
	Great extent	18.3%	23.3%
	This is not relevant to our work	2.5%	1.9%
Demonstrated a commitment to being inclusive in Board leadership opportunities	Not at all	8.5%	10.0%
	Small extent	16.6%	10.6%
	Some extent	39.2%	28.8%
	Great extent	34.3%	48.1%
	This is not relevant to our work	1.3%	2.5%
Created a culture that supports open robust discussions	Not at all	5.4%	4.4%
	Small extent	13.1%	6.9%
	Some extent	31.3%	28.8%
	Great extent	49.7%	59.4%
	This is not relevant to our work	.5%	.6%
Created a culture that ensures all voices are heard	Not at all	5.4%	2.5%
	Small extent	16.3%	10.6%
	Some extent	36.5%	28.1%
	Great extent	40.3%	58.1%
	This is not relevant to our work	1.4%	.6%
Committed to understanding the diversity of the community the organization serves	Not at all	10.0%	6.3%
	Small extent	22.3%	13.8%
	Some extent	36.9%	40.6%
	Great extent	28.5%	35.6%
	This is not relevant to our work	2.2%	3.8%
Committed to raising its awareness and understanding of the relevance of racial inequity to the organization's mission	Not at all	28.5%	25.2%
	Small extent	24.3%	21.4%
	Some extent	27.0%	22.0%
	Great extent	14.0%	22.0%
	This is not relevant to our work	6.2%	9.4%
Discussed community needs in a way that acknowledges any disparities between different demographic groups among the people it serves	Not at all	15.8%	11.9%
	Small extent	20.3%	17.6%
	Some extent	33.5%	31.4%
	Great extent	26.6%	35.2%
	This is not relevant to our work	3.8%	3.8%
Incorporated diversity, inclusion, and equity as a lens in the organization's policies and operations	Not at all	26.5%	17.6%
	Small extent	25.9%	21.4%
	Some extent	26.1%	30.2%
	Great extent	18.8%	27.0%
	This is not relevant to our work	2.7%	3.8%
Discussed the organization's programmatic results and outcomes in a way that would surface meaningful variances based on demographics	Not at all	29.6%	23.1%
	Small extent	22.6%	17.5%
	Some extent	25.0%	29.4%
	Great extent	16.5%	21.3%
	This is not relevant to our work	6.3%	8.8%
Committed to addressing any gaps in organizational outcomes based on demographic categories	Not at all	31.1%	27.2%
	Small extent	20.5%	17.1%
	Some extent	25.7%	26.6%
	Great extent	15.0%	20.3%
	This is not relevant to our work	7.7%	8.9%

In the past three years, has your board done any of the following?	Chief Executive	Board Chair
Reviewed the board's demographic makeup as it compares to the demographic makeup of the community served.	62.5%	56.9%
Articulated why the board's diversity is important or relevant to your organization's mission, strategy, and work.	54.1%	60.0%
Established diversity goals or priorities as it relates to your organization's ideal board composition.	30.2%	33.1%
Formalized an organization-wide commitment to diversity, inclusion, and equity through a board-approved or -endorsed written statement.	19.1%	19.4%
Formalized an organization-wide commitment to diversity, inclusion, and equity through a board-approved or -endorsed policy.	18.5%	18.8%
Formalized an organization-wide commitment to diversity, inclusion, and equity through board-approved or -endorsed organizational values.	24.7%	26.9%
Examined how structural racism impacts the communities we serve.	14.8%	22.5%
Examined how structural racism may be a barrier that impedes our ability to reach the community we serve.	13.5%	18.8%
None of the above.	24.4%	21.3%

Board Recruitment

How are board members typically selected?	Chief Executive
Elected by the current board members	82.5%
Elected by your organization's members, chapters, House of Delegates, etc.	5.7%
Appointed or ex officio members with voting rights	.8%
Combination of elected and appointed	8.1%
Other	3.0%

How easy or difficult is it to find people to serve on your board?	Chief Executive	Board Chair
Very difficult	5.9%	7.4%
Difficult	25.8%	40.7%
Neither easy nor difficult	37.8%	34.3%
Easy	23.6%	11.1%
Very easy	5.7%	4.6%
We have not recently had to find new board members	1.2%	1.9%

Why is it difficult to find people to serve on the board?	Chief Executive	Board Chair
Time commitment required to participate in board-related activities	48.8%	61.5%
Limited "supply" of individuals interested in serving on boards	56.6%	55.8%
Finding individuals with the desired skill set	57.4%	75.0%
Finding individuals with the desired content expertise	37.2%	46.2%
Finding individuals with fundraising experience	52.7%	61.5%
Finding individuals with community connections	55.8%	55.8%
Other	24.8%	13.5%
None of the above	1.6%	1.9%

What importance does the board assign to the following items when recruiting board members?		Chief Executive	Board Chair
Passion for the mission	Not a priority	0.5%	0.0%
	Low priority	1.8%	1.9%
	Medium priority	17.8%	12.0%
	High priority	80.0%	86.1%
Desired skills or professional occupation (e.g., accountant, lawyer, physician, banker, etc.)	Not a priority	2.6%	.6%
	Low priority	7.5%	7.0%
	Medium priority	36.1%	32.3%
	High priority	53.8%	60.1%
Demographic characteristics (e.g., race/ethnicity, gender, age, etc.)	Not a priority	8.5%	5.7%
	Low priority	21.9%	20.9%
	Medium priority	43.6%	43.0%
	High priority	26.0%	30.4%
Knowledge of organization's work or field	Not a priority	3.8%	1.3%
	Low priority	18.1%	16.5%
	Medium priority	53.1%	51.9%
	High priority	25.0%	30.4%
Reputation and/or networks within the community	Not a priority	2.7%	4.4%
	Low priority	8.8%	6.3%
	Medium priority	39.6%	49.4%
	High priority	48.9%	39.9%
Knowledge of the community served	Not a priority	4.8%	3.2%
	Low priority	16.7%	12.0%
	Medium priority	46.1%	49.4%
	High priority	32.4%	35.4%
Membership within the community served	Not a priority	11.9%	14.6%
	Low priority	23.9%	22.2%
	Medium priority	36.4%	36.1%
	High priority	27.9%	27.2%
Reputation and/or networks with elected officials and/or other key decision makers	Not a priority	14.4%	20.9%
	Low priority	30.7%	32.9%
	Medium priority	38.4%	30.4%
	High priority	16.5%	15.8%
Ability to contribute financially to the organization	Not a priority	12.7%	8.9%
	Low priority	24.0%	30.4%
	Medium priority	36.9%	40.5%
	High priority	26.4%	20.3%
Access to a network of potential donors	Not a priority	10.1%	6.3%
	Low priority	19.2%	20.9%
	Medium priority	39.4%	49.4%
	High priority	31.4%	23.4%
Prior involvement with the organization	Not a priority	15.5%	16.5%
	Low priority	31.6%	31.6%
	Medium priority	36.2%	35.4%
	High priority	16.7%	16.5%
Prior or current experience with a similar organization or mission area	Not a priority	14.7%	10.8%
	Low priority	38.9%	33.5%
	Medium priority	35.8%	44.3%
	High priority	10.6%	11.4%

Why is it difficult to find people to serve on the board?	Chief Executive	Board Chair
Time commitment required to participate in board-related activities	48.8%	61.5%
Limited "supply" of individuals interested in serving on boards	56.6%	55.8%
Finding individuals with the desired skill set	57.4%	75.0%
Finding individuals with the desired content expertise	37.2%	46.2%
Finding individuals with fundraising experience	52.7%	61.5%
Finding individuals with community connections	55.8%	55.8%
Other	24.8%	13.5%
None of the above	1.6%	1.9%

Has your organization formally identified the desired mix of diversity, skills, and connections you expect to be represented on your board (i.e., desired board composition)?	Chief Executive	Board Chair
Yes	60.2%	61.3%
No	39.8%	38.7%

Do you compare current board composition to desired board composition as a starting point for identifying board recruitment priorities?	Chief Executive	Board Chair
Yes	91.6%	93.5%
No	8.4%	6.5%

Which of the following methods do you use to identify potential new board members? Please select ALL that apply.	Chief Executive	Board Chair
Board members' personal or professional networks	95.7%	98.1%
CEO or ED's personal or professional networks	87.7%	82.4%
Donors or representatives from institutions that fund your organization's work	52.7%	55.3%
Referrals from donors or funders	45.1%	50.3%
Leaders from the communities served by your organization's work	66.6%	59.7%
Referrals from leaders in the communities served by your organization's work	56.2%	50.3%
Program participants or former participants	45.1%	50.9%
Leaders from peer or partner organizations	42.1%	44.0%
An external professional headhunter, recruiting agency, or board matching service	4.9%	5.0%
Publicly posted or advertised board openings, i.e., newsletters, websites, social media	22.2%	19.5%
Other	7.4%	6.9%
None of the above	.6%	.6%

Board Member Onboarding Process

Does the board have an orientation process for new board members?	Chief Executive
Yes	85.3%
No	14.7%

Which of the following elements are included as part of the new board member orientation process?	Chief Executive
Overview of the board's roles and responsibilities, including the unique role of the board and staff	96.3%
Sharing of expectations for how the board works together	76.7%
Sharing of expectations for the board's overall culture and norms	59.9%
Reviewing organization's current strategic plan or priorities	90.8%
Overview of your organization's business model	68.6%
Overview of your organization's financial position	90.2%
Overview of how to understand its financial reports/statements	56.5%
Overview of your organization's commitment to diversity, inclusion, and equity	31.4%
Reviewing the conflict of interest policy	88.8%
Disclosing any potential conflicts	74.1%
Peer-to-peer mentor or board buddy	32.0%
Overview of the board's culture as it relates to diversity, inclusion, and equity	19.6%
Other	10.1%

Board Performance

Essential Board Roles

Chief Executive Responses	How important is this performance area in terms of your expectations for the board?		How would you characterize the amount of time the board spends on the following areas?		How would you "grade" the board's performance in the following areas?	
Understanding your organization's mission	Not at all important	0.2%	Not enough	31.2%	F=Failing	0.2%
	Somewhat important	3.2%	Just right	67.5%	D=Below average	2.1%
	Important	19.3%	Too much	0.6%	C=Average	14.1%
	Very important	77.3%	No time spent	0.6%	B=Above average	38.7%
					A=Excellent	45.0%
Understanding the board's roles and responsibilities	Not at all important	0.0%	Not enough	52.8%	F=Failing	2.9%
	Somewhat important	3.1%	Just right	44.5%	D=Below average	10.8%
	Important	24.6%	Too much	0.3%	C=Average	33.5%
	Very important	72.3%	No time spent	2.4%	B=Above average	38.3%
					A=Excellent	14.4%
Legal and ethical oversight	Not at all important	0.3%	Not enough	26.4%	F=Failing	1.8%
	Somewhat important	9.1%	Just right	70.4%	D=Below average	7.0%
	Important	32.0%	Too much	1.5%	C=Average	28.3%
	Very important	58.6%	No time spent	1.8%	B=Above average	33.3%
					A=Excellent	29.6%
Financial oversight	Not at all important	0.0%	Not enough	24.1%	F=Failing	2.4%
	Somewhat important	2.3%	Just right	66.7%	D=Below average	7.0%
	Important	24.8%	Too much	8.4%	C=Average	18.0%
	Very important	73.0%	No time spent	0.8%	B=Above average	34.8%
					A=Excellent	37.9%
Evaluating the chief executive's performance against goals	Not at all important	0.6%	Not enough	44.0%	F=Failing	7.0%
	Somewhat important	14.9%	Just right	46.3%	D=Below average	18.8%
	Important	45.6%	Too much	2.3%	C=Average	32.0%
	Very important	38.8%	No time spent	7.4%	B=Above average	30.4%
					A=Excellent	11.8%

Essential Board Roles

Board Chair Responses	How important is this performance area in terms of your expectations for the board?		How would you "grade" the board's performance in the following areas?		How would you "grade" the board's performance in the following areas?	
Understanding your organization's mission	Not at all important	0.0%	Not enough	20.5%	F=Failing	0.0%
	Somewhat important	1.8%	Just right	75.9%	D=Below average	0.9%
	Important	16.1%	Too much	1.8%	C=Average	17.0%
	Very important	82.1%	No time spent	1.8%	B=Above average	22.3%
					A=Excellent	59.8%
Understanding the board's roles and responsibilities	Not at all important	0.0%	Not enough	46.4%	F=Failing	3.6%
	Somewhat important	3.6%	Just right	50.9%	D=Below average	5.4%
	Important	33.9%	Too much	1.8%	C=Average	39.3%
	Very important	62.5%	No time spent	0.9%	B=Above average	30.4%
					A=Excellent	21.4%
Legal and ethical oversight	Not at all important	0.0%	Not enough	29.5%	F=Failing	0.9%
	Somewhat important	8.0%	Just right	66.1%	D=Below average	3.6%
	Important	34.8%	Too much	1.8%	C=Average	25.9%
	Very important	57.1%	No time spent	2.7%	B=Above average	38.4%
					A=Excellent	31.3%
Financial oversight	Not at all important	0.0%	Not enough	32.1%	F=Failing	2.7%
	Somewhat important	3.6%	Just right	66.1%	D=Below average	9.8%
	Important	21.4%	Too much	1.8%	C=Average	23.2%
	Very important	75.0%	No time spent	0.0%	B=Above average	32.1%
					A=Excellent	32.1%
Evaluating the chief executive's performance against goals	Not at all important	2.7%	Not enough	45.5%	F=Failing	7.1%
	Somewhat important	11.6%	Just right	48.2%	D=Below average	15.2%
	Important	41.1%	Too much	0.0%	C=Average	29.5%
	Very important	44.6%	No time spent	6.3%	B=Above average	27.7%
					A=Excellent	20.5%

Board Performance

Engagement and Leadership

Chief Executive Responses	How important is this performance area in terms of your expectations for the board?		How would you characterize the amount of time the board spends on the following areas?		How would you "grade" the board's performance in the following areas?	
Level of commitment and involvement	Not at all important	.3%	Not enough	44.2%	F=Failing	1.5%
	Somewhat important	2.7%	Just right	53.4%	D=Below average	9.1%
	Important	30.5%	Too much	1.7%	C=Average	33.6%
	Very important	66.4%	No time spent	.7%	B=Above average	39.6%
					A=Excellent	16.3%
Building a diverse and inclusive board with a commitment to equity	Not at all important	1.5%	Not enough	61.6%	F=Failing	8.2%
	Somewhat important	18.3%	Just right	28.4%	D=Below average	32.9%
	Important	39.0%	Too much	.5%	C=Average	36.5%
	Very important	41.1%	No time spent	9.4%	B=Above average	17.1%
					A=Excellent	5.3%
Fundraising	Not at all important	3.1%	Not enough	76.4%	F=Failing	12.5%
	Somewhat important	6.8%	Just right	16.3%	D=Below average	34.9%
	Important	19.9%	Too much	.9%	C=Average	33.0%
	Very important	70.2%	No time spent	6.5%	B=Above average	15.1%
					A=Excellent	4.5%
Building relationships within the community that help support and inform the organization's work (separate from fundraising)	Not at all important	1.5%	Not enough	67.5%	F=Failing	3.6%
	Somewhat important	12.0%	Just right	28.9%	D=Below average	27.1%
	Important	37.7%	Too much	.3%	C=Average	38.7%
	Very important	48.8%	No time spent	3.3%	B=Above average	23.8%
					A=Excellent	6.8%
Leveraging board connections and networks to influence public policy decisions that have the potential to impact your organization's work	Not at all important	11.0%	Not enough	53.4%	F=Failing	7.9%
	Somewhat important	29.1%	Just right	30.1%	D=Below average	38.5%
	Important	33.2%	Too much	.3%	C=Average	40.2%
	Very important	26.7%	No time spent	16.1%	B=Above average	11.3%
					A=Excellent	2.1%
Projecting a positive public image of the organization	Not at all important	.2%	Not enough	40.4%	F=Failing	1.0%
	Somewhat important	4.1%	Just right	58.0%	D=Below average	5.8%
	Important	32.2%	Too much	.2%	C=Average	25.0%
	Very important	63.5%	No time spent	1.4%	B=Above average	34.4%
					A=Excellent	33.7%

Engagement and Leadership

Board Chair Responses	How important is this performance area in terms of your expectations for the board?		How would you characterize the amount of time the board spends on the following areas?		How would you "grade" the board's performance in the following areas?	
Level of commitment and involvement	Not at all important	0%	Not enough	46.4%	F=Failing	1.3%
	Somewhat important	2.0%	Just right	52.9%	D=Below average	11.1%
	Important	30.1%	Too much	.7%	C=Average	30.1%
	Very important	68.0%	No time spent	0%	B=Above average	35.3%
					A=Excellent	22.2%
Building a diverse and inclusive board with a commitment to equity	Not at all important	1.3%	Not enough	54.9%	F=Failing	.7%
	Somewhat important	20.9%	Just right	38.6%	D=Below average	19.6%
	Important	40.5%	Too much	.7%	C=Average	42.5%
	Very important	37.3%	No time spent	5.9%	B=Above average	30.7%
					A=Excellent	6.5%
Fundraising	Not at all important	5.2%	Not enough	65.4%	F=Failing	5.2%
	Somewhat important	9.8%	Just right	28.1%	D=Below average	41.2%
	Important	26.1%	Too much	3.3%	C=Average	32.0%
	Very important	58.8%	No time spent	3.3%	B=Above average	15.0%
					A=Excellent	6.5%
Building relationships within the community that help support and inform the organization's work (separate from fundraising)	Not at all important	.7%	Not enough	55.6%	F=Failing	2.0%
	Somewhat important	9.2%	Just right	41.8%	D=Below average	21.6%
	Important	45.1%	Too much	0%	C=Average	37.9%
	Very important	45.1%	No time spent	2.6%	B=Above average	30.1%
					A=Excellent	8.5%
Leveraging board connections and networks to influence public policy decisions that have the potential to impact your organization's work	Not at all important	13.7%	Not enough	43.8%	F=Failing	5.2%
	Somewhat important	28.1%	Just right	39.9%	D=Below average	35.9%
	Important	33.3%	Too much	0%	C=Average	38.6%
	Very important	24.8%	No time spent	16.3%	B=Above average	13.7%
					A=Excellent	6.5%
Projecting a positive public image of the organization	Not at all important	0%	Not enough	33.3%	F=Failing	0%
	Somewhat important	5.2%	Just right	66.0%	D=Below average	5.2%
	Important	27.5%	Too much	0%	C=Average	19.6%
	Very important	67.3%	No time spent	.7%	B=Above average	40.5%
					A=Excellent	34.6%

Board Performance

Programs and Strategy

Chief Executive Responses	How important is this performance area in terms of your expectations for the board?		How would you characterize the amount of time the board spends on the following areas?		How would you "grade" the board's performance in the following areas?	
Knowledge of your organization's programs	Not at all important	.2%	Not enough	41.0%	F=Failing	.7%
	Somewhat important	10.8%	Just right	56.6%	D=Below average	7.9%
	Important	46.9%	Too much	1.8%	C=Average	37.0%
	Very important	42.2%	No time spent	.5%	B=Above average	38.7%
					A=Excellent	15.8%
Thinking strategically as a board	Not at all important	.3%	Not enough	58.8%	F=Failing	4.5%
	Somewhat important	3.4%	Just right	36.8%	D=Below average	17.3%
	Important	28.1%	Too much	.8%	C=Average	33.6%
	Very important	68.2%	No time spent	3.5%	B=Above average	34.5%
					A=Excellent	10.1%
Setting your organization's strategic direction (in partnership with the chief executive)	Not at all important	.3%	Not enough	48.4%	F=Failing	5.2%
	Somewhat important	5.7%	Just right	47.6%	D=Below average	13.4%
	Important	28.1%	Too much	.3%	C=Average	32.4%
	Very important	65.9%	No time spent	3.7%	B=Above average	31.9%
					A=Excellent	17.0%
Monitoring impact in the context of the strategic goals or objectives	Not at all important	.3%	Not enough	53.3%	F=Failing	5.0%
	Somewhat important	12.8%	Just right	39.5%	D=Below average	20.7%
	Important	50.4%	Too much	1.0%	C=Average	40.3%
	Very important	36.5%	No time spent	6.2%	B=Above average	25.4%
					A=Excellent	8.6%
Understanding the context (funding landscape, public policy environment, other organizational players, etc.) in which your organization is working	Not at all important	1.0%	Not enough	55.6%	F=Failing	3.5%
	Somewhat important	15.8%	Just right	38.8%	D=Below average	18.8%
	Important	48.1%	Too much	.3%	C=Average	42.9%
	Very important	35.1%	No time spent	5.2%	B=Above average	27.7%
					A=Excellent	7.1%
Monitoring legislative and regulatory issues that have the potential to impact your organization (positively or negatively)	Not at all important	12.8%	Not enough	40.5%	F=Failing	8.6%
	Somewhat important	44.9%	Just right	40.5%	D=Below average	39.0%
	Important	31.1%	Too much	.5%	C=Average	36.5%
	Very important	11.3%	No time spent	18.5%	B=Above average	11.1%
					A=Excellent	4.9%
Providing guidance to the chief executive	Not at all important	1.0%	Not enough	28.6%	F=Failing	3.7%
	Somewhat important	15.6%	Just right	66.1%	D=Below average	9.9%
	Important	48.4%	Too much	2.4%	C=Average	35.6%
	Very important	35.0%	No time spent	3.0%	B=Above average	34.1%
					A=Excellent	16.6%

Programs and Strategy

Board Chair Responses	How important is this performance area in terms of your expectations for the board?		How would you characterize the amount of time the board spends on the following areas?		How would you "grade" the board's performance in the following areas?	
Knowledge of your organization's programs	Not at all important	.7%	Not enough	24.2%	F=Failing	.7%
	Somewhat important	4.6%	Just right	73.2%	D=Below average	3.9%
	Important	47.7%	Too much	2.6%	C=Average	27.5%
	Very important	47.1%	No time spent	0%	B=Above average	39.9%
					A=Excellent	28.1%
Thinking strategically as a board	Not at all important	0%	Not enough	58.8%	F=Failing	2.0%
	Somewhat important	4.6%	Just right	39.9%	D=Below average	17.0%
	Important	28.1%	Too much	0%	C=Average	32.0%
	Very important	67.3%	No time spent	1.3%	B=Above average	31.4%
					A=Excellent	17.6%
Setting your organization's strategic direction (in partnership with the chief executive)	Not at all important	.7%	Not enough	48.4%	F=Failing	2.6%
	Somewhat important	2.6%	Just right	49.0%	D=Below average	10.5%
	Important	28.8%	Too much	1.3%	C=Average	34.0%
	Very important	68.0%	No time spent	1.3%	B=Above average	28.1%
					A=Excellent	24.8%
Monitoring impact in the context of the strategic goals or objectives	Not at all important	.7%	Not enough	48.4%	F=Failing	2.0%
	Somewhat important	7.2%	Just right	50.3%	D=Below average	15.7%
	Important	47.1%	Too much	0%	C=Average	36.6%
	Very important	45.1%	No time spent	1.3%	B=Above average	30.1%
					A=Excellent	15.7%
Understanding the context (funding landscape, public policy environment, other organizational players, etc.) in which your organization is working	Not at all important	0.0%	Not enough	51.6%	F=Failing	1.3%
	Somewhat important	15.0%	Just right	45.1%	D=Below average	14.4%
	Important	46.4%	Too much	.7%	C=Average	35.3%
	Very important	38.6%	No time spent	2.6%	B=Above average	34.0%
					A=Excellent	15.0%
Monitoring legislative and regulatory issues that have the potential to impact your organization (positively or negatively)	Not at all important	6.5%	Not enough	35.9%	F=Failing	3.3%
	Somewhat important	43.1%	Just right	49.7%	D=Below average	29.4%
	Important	30.7%	Too much	.7%	C=Average	38.6%
	Very important	19.6%	No time spent	13.7%	B=Above average	16.3%
					A=Excellent	12.4%
Providing guidance to the chief executive	Not at all important	1.3%	Not enough	22.9%	F=Failing	1.3%
	Somewhat important	14.4%	Just right	69.3%	D=Below average	9.8%
	Important	45.1%	Too much	5.2%	C=Average	30.7%
	Very important	39.2%	No time spent	2.6%	B=Above average	41.2%
					A=Excellent	17.0%

Board Self-Assessment

How recently has your board conducted a formal written self-assessment to evaluate its own performance?	Chief Executive	Board Chair
During the past 12 months	32.3%	30.4%
More than 1 year ago but less than 2 years ago	14.7%	14.1%
More than 2 years ago but less than 3 years ago	7.6%	5.2%
3 or more years ago	12.5%	8.1%
No self-assessment has been done	32.9%	42.2%

How did you use the results of the board's self-assessment?	Chief Executive	Board Chair
To set priorities for board performance	58.2%	68.8%
To develop a board action plan	50.7%	51.9%
To get deeper understanding on a sensitive area of board performance	42.3%	46.8%
In tandem with a strategic planning process	42.3%	41.6%
In preparation for an executive's departure	5.0%	0.0%
To gauge board readiness to address change	19.2%	14.3%
None of the above	15.3%	10.4%

To what extent do you agree with the following statements?		Chief Executive	Board Chair
There is a clear linkage between board priorities and organizational goals	Strongly disagree	3.5%	0.0%
	Disagree	12.0%	1.3%
	Neither agree nor disagree	14.0%	8.7%
	Agree	39.4%	32.9%
	Strongly agree	31.1%	57.0%
Board members appropriately balance short-term and long-term needs	Strongly disagree	3.9%	0.0%
	Disagree	15.7%	12.7%
	Neither agree nor disagree	21.3%	13.3%
	Agree	44.2%	44.0%
	Strongly agree	15.0%	30.0%
The board is adaptable in the face of changes in the environment, funding levels, etc., in order to sustain organization's mission	Strongly disagree	3.7%	0.0%
	Disagree	12.2%	6.8%
	Neither agree nor disagree	15.5%	14.4%
	Agree	44.0%	41.1%
	Strongly agree	24.6%	37.7%
When making decisions, the board prioritizes the needs and voice of the community served by your organization	Strongly disagree	3.3%	.7%
	Disagree	11.4%	4.0%
	Neither agree nor disagree	25.5%	15.4%
	Agree	36.4%	40.9%
	Strongly agree	23.2%	38.9%

Fundraising

Does your organization raise funds to fully or partially support its work?	Chief Executive	Board Chair
Yes	94.4%	95.4%
No	5.6%	4.6%

Does the board require its members to make a personal monetary contribution to your organization? (only organizations that fundraise)	Chief Executive	Board Chair
Yes, board members are required to make a personal contribution, and we specify a minimum or an exact amount	18.6%	25.5%
Yes, board members are required to make a personal contribution, but we do not specify a minimum or exact amount	67.8%	53.9%
No	13.7%	20.6%

In the last fiscal year, what was the amount each board member was required to personally contribute? (only organizations that fundraise and specify a minimum or exact amount)	Chief Executive	Board Chair
Mean	$2,803.18	$3,233.97

To what extent do board members do the following? (only organizations that fundraise)		Chief Executive	Board Chair
Receive information during recruitment regarding expectations of their role in fundraising	Not at all	5.4%	4.9%
	Small extent	14.6%	12.5%
	Some extent	34.5%	44.4%
	Great extent	45.6%	38.2%
Understand your organization's revenue mix, (e.g., govt. funding, charitable gifts, fees for service)	Not at all	3.0%	.7%
	Small extent	11.1%	11.7%
	Some extent	37.6%	32.4%
	Great extent	48.3%	55.2%
Hold each other accountable for fulfilling their fundraising responsibilities	Not at all	35.2%	29.0%
	Small extent	41.5%	35.2%
	Some extent	19.0%	26.9%
	Great extent	4.2%	9.0%
Work in partnership with staff to introduce new donors and funders to your organization	Not at all	16.1%	6.9%
	Small extent	43.4%	42.1%
	Some extent	32.2%	35.9%
	Great extent	8.3%	15.2%
Ensure that your organization is investing in fundraising to support long-term resilience	Not at all	13.7%	9.0%
	Small extent	33.0%	29.7%
	Some extent	35.1%	37.2%
	Great extent	18.3%	24.1%

Advocacy/Public Policy

Have you encountered any of the following barriers when talking with the board about advocacy?	Chief Executive	Board Chair
The board was resistant to advocacy and public policy efforts	9.1%	4.7%
The board did not understand that advocacy is legal	8.4%	5.4%
The board thought that advocacy means getting involved in politics	11.6%	10.1%
The board did not see how advocacy and public policy are important to the organization's mission	11.3%	10.7%
The board wanted to focus on other things, like fundraising	10.0%	12.8%
The board did not understand their role in advocacy	20.7%	26.2%
The board did not understand their role in ambassadorship	12.1%	16.8%
The board has not discussed advocacy	36.1%	39.6%
None of the above	30.2%	36.2%

To what extent do board members do the following?		Chief Executive	Board Chair
Understand how public policy impacts your organization's mission	Not at all	17.0%	16.6%
	Small extent	39.5%	29.8%
	Some extent	31.1%	31.1%
	Great extent	12.4%	22.5%
Monitor the impact of local, state, and federal policies on your organization's mission	Not at all	33.4%	24.2%
	Small extent	35.8%	31.5%
	Some extent	24.1%	28.9%
	Great extent	6.6%	15.4%
Monitor the impact of local, state, and federal policy on your organization's resources	Not at all	32.2%	28.0%
	Small extent	37.0%	30.0%
	Some extent	24.9%	26.7%
	Great extent	6.0%	15.3%

To what extent is advocacy/public policy a part of the overall strategy of your organization?	Chief Executive	Board Chair
Not at all	26.9%	31.8%
Small extent	32.3%	29.1%
Some extent	25.8%	21.9%
Great extent	15.0%	17.2%

Does your organization take the 501(h) election?	Chief Executive	Board Chair
Yes	10.8%	11.1%
No	89.2%	88.9%

Does your organization receive public funding (for example, government grants)?	Chief Executive	Board Chair
Yes	65.3%	53.4%
No	34.7%	46.6%

To what extent do board members do the following?		Chief Executive	Board Chair
Allocate resources toward advocacy aligned with your organization's strategic goals	Not at all	42.4%	34.3%
	Small extent	30.5%	26.5%
	Some extent	20.1%	23.5%
	Great extent	7.0%	15.7%
Connect the organization with community leaders and potential coalition partners	Not at all	14.4%	5.8%
	Small extent	43.4%	41.7%
	Some extent	34.3%	30.1%
	Great extent	7.9%	22.3%
Work in concert with the chief executive and leadership team to educate policymakers on behalf of your organization	Not at all	34.8%	23.3%
	Small extent	37.4%	34.0%
	Some extent	22.5%	21.4%
	Great extent	5.3%	21.4%
Work in concert with the chief executive and leadership team to educate policymakers on behalf of the nonprofit sector	Not at all	50.6%	30.4%
	Small extent	32.1%	38.2%
	Some extent	13.9%	17.6%
	Great extent	3.4%	13.7%

Partnerships

How would you describe the board's current attitude toward back-office consolidation/ shared services or structured long-term legally binding collaborations (joint ventures, mergers, acquisitions, asset transfers)?	Chief Executive	Board Chair
The majority of the board would not be open to this type of discussion	11.3%	22.1%
There is no clear majority in either direction	25.7%	13.0%
The majority of the board is open to considering how these might support our organizational strategy and/or sustainability	63.0%	64.9%

To what extent do you agree with the following statements?		Chief Executive	Board Chair
I am comfortable discussing back-office consolidation/shared services or structured long-term legally binding collaborations (joint ventures, mergers, acquisitions, asset transfers) with my board	Strongly disagree	4.6%	2.7%
	Disagree	4.8%	7.4%
	Neither agree nor disagree	23.7%	30.2%
	Agree	39.9%	31.5%
	Strongly agree	26.9%	28.2%
The board perceives back-office consolidation/ shared services or structured long-term legally binding collaborations (joint ventures, mergers, acquisitions, asset transfers) as a strategic option to enhance organizational efficiency and effectiveness	Strongly disagree	5.0%	9.3%
	Disagree	6.6%	5.3%
	Neither agree nor disagree	55.6%	60.0%
	Agree	21.3%	14.7%
	Strongly agree	11.5%	10.7%

Please select ALL of the following statements that apply to the board as they relate specifically to back-office consolidation/shared services or structured long-term legally binding collaborations (joint ventures, mergers, acquisitions, asset transfers):	Chief Executive	Board Chair
The board is knowledgeable about how these opportunities have been used by other nonprofit organizations to support organizational strategy and/or sustainability	22.0%	17.0%
The board has discussed how these opportunities might support our organizational strategy and/or sustainability in the past several years	30.2%	26.4%
The board has discussed specific opportunities to expand our organization's impact through a back-office consolidation/shared services or structured long-term legally binding collaboration with one or more other organization(s) in the past several years	27.0%	19.8%
The board has explored specific opportunities to expand our organization's impact through a back-office consolidation/shared services or structured long-term legally binding collaborations with one or more other organization(s) in the past several years	21.5%	17.0%
The board has established criteria for when we would seek out (or be open to) opportunities for back-office consolidation/shared services or structured long-term legally binding collaborations)	4.5%	3.8%
The board has an established process for evaluating potential back-office consolidation/shared services or structured long-term legally binding collaborations	5.9%	5.7%
None of the above	55.7%	64.2%

Which, if any, of the following activities has your organization participated in at any time in the past five years?	Chief Executive	Board Chair
Joint programming with another organization	69.2%	56.5%
Back-office consolidation/shared services	17.5%	14.8%
Structured long-term legally binding collaboration (joint venture, merger, acquisition, asset transfer)	12.1%	10.2%
None	27.1%	37.0%

Board Impact

What impact does the board have on the following?		Chief Executive	Board Chair
Clearly defining strategic priorities for your organization	Very negative	.9%	.7%
	Somewhat negative	6.8%	1.3%
	Neither positive or negative	16.1%	11.9%
	Somewhat positive	40.8%	33.8%
	Very positive	35.4%	52.3%
Your organization's reputation for doing good work, within networks that are important to your mission	Very negative	.2%	0%
	Somewhat negative	1.6%	.7%
	Neither positive or negative	16.8%	9.2%
	Somewhat positive	42.8%	36.2%
	Very positive	38.6%	53.9%
The financial resourcing of your organization's work	Very negative	2.8%	0%
	Somewhat negative	11.1%	6.0%
	Neither positive or negative	23.6%	17.9%
	Somewhat positive	43.1%	43.0%
	Very positive	19.4%	33.1%
Your organization's ability to act on calculated risks to advance its goals	Very negative	1.6%	.7%
	Somewhat negative	9.6%	4.1%
	Neither positive or negative	26.1%	22.8%
	Somewhat positive	38.2%	38.6%
	Very positive	24.5%	33.8%
Your organization's overall performance	Very negative	1.6%	.7%
	Somewhat negative	4.3%	0%
	Neither positive or negative	15.5%	12.7%
	Somewhat positive	48.0%	47.3%
	Very positive	30.6%	39.3%

How does the board's overall performance now compare to its performance three years ago?	Chief Executive	Board Chair
Much more negative now	1.1%	0.0%
Somewhat more negative now	5.2%	2.9%
About the same now	16.3%	16.4%
Somewhat more positive now	34.6%	30.0%
Much more positive now	42.7%	50.7%

Where does the board fall on the spectrum for each statement? Select the number from 1-5 that most closely aligns with where your board falls between the statement on the left and the statement on the right. (Range: 1 for the statement on the left up to 5 for the statement on the right)		Chief Executive (Average)	Board Chair (Average)
The board is primarily focused on operational issues	The board is primarily focused on strategic issues	3.24	3.24
The board generally accepts strategic recommendations without discussion	The board discusses organizational strategy to surface underlying assumptions	3.35	3.58
The board is not involved in leading the strategy of your organization	The board is a partner to the CEO/ED in leading the strategy of your organization	3.63	3.99

Organization Performance

How would you rate your organization's overall effectiveness at achieving its core purpose?	Chief Executive	Board Chair
Very ineffective	5.5%	8.2%
Somewhat ineffective	3.9%	2.5%
Neither effective nor ineffective	2.7%	3.8%
Effective	38.0%	39.2%
Very effective	49.9%	46.2%

In your opinion, how would you describe your organization's financial resilience?	Chief Executive	Board Chair
Not at all resilient	6.7%	8.3%
Somewhat resilient	30.1%	26.1%
Resilient	32.7%	39.5%
Very Resilient	30.4%	26.1%

Which of the following statements are applicable to your organization?	Chief Executive	Board Chair
Our revenues are growing	70.2%	72.2%
Our net performance is improving	73.1%	70.3%
We have strong renewal rates from donors and funders	61.8%	69.6%
None of the above	8.2%	7.6%

Board Culture

In the previous 12 months, how many hours did the board spend together in social activities?	Chief Executive	Board Chair
Average	5.1	6.9

How strongly do you agree or disagree with the following statements related your board's culture?		Chief Executive	Board Chair
Our board members are committed to our work	Strongly disagree	.5%	0%
	Disagree	2.1%	1.3%
	Neither agree nor disagree	6.9%	8.0%
	Agree	31.7%	32.0%
	Strongly agree	58.8%	58.7%
Our board members share clearly articulated core values that guide decision making	Strongly disagree	2.3%	.7%
	Disagree	11.3%	5.3%
	Neither agree nor disagree	18.3%	14.7%
	Agree	42.3%	37.3%
	Strongly agree	25.8%	42.0%
The board is able to resolve internal conflicts in a professional way	Strongly disagree	3.2%	.7%
	Disagree	3.9%	3.4%
	Neither agree nor disagree	12.8%	8.8%
	Agree	44.2%	46.3%
	Strongly agree	35.9%	40.8%
Board members listen attentively and respectfully to each other	Strongly disagree	.9%	0.0%
	Disagree	3.2%	2.6%
	Neither agree nor disagree	5.8%	2.6%
	Agree	36.5%	34.4%
	Strongly agree	53.6%	60.3%
The board encourages creativity and innovation	Strongly disagree	1.4%	.7%
	Disagree	9.0%	4.6%
	Neither agree nor disagree	17.9%	14.6%
	Agree	42.9%	39.1%
	Strongly agree	28.7%	41.1%
Our board is able to work together toward a common goal	Strongly disagree	.9%	0.0%
	Disagree	2.5%	2.6%
	Neither agree nor disagree	6.4%	6.6%
	Agree	40.8%	29.1%
	Strongly agree	49.5%	61.6%
There is honest communication between board members	Strongly disagree	2.0%	2.0%
	Disagree	5.2%	3.3%
	Neither agree nor disagree	11.9%	8.6%
	Agree	45.0%	40.4%
	Strongly agree	36.0%	45.7%
Success is celebrated on the board	Strongly disagree	1.2%	.7%
	Disagree	6.5%	2.7%
	Neither agree nor disagree	9.5%	6.7%
	Agree	42.8%	41.6%
	Strongly agree	39.9%	48.3%
Board members take collective responsibility for failures and mistakes	Strongly disagree	5.0%	.7%
	Disagree	16.6%	12.5%
	Neither agree nor disagree	31.7%	25.0%
	Agree	31.2%	35.3%
	Strongly agree	15.5%	26.5%
Our board has social time that enables board members to get to know each other outside of structured board meetings	Strongly disagree	6.9%	4.7%
	Disagree	24.6%	17.6%
	Neither agree nor disagree	14.4%	15.5%
	Agree	37.2%	40.5%
	Strongly agree	16.9%	21.6%

Board Chair Performance

How would you "grade" the leadership of the current board chair in the following areas?		Chief Executive
Fosters an environment that builds trust among board members	F=Failing	1.2%
	D=Below average	3.5%
	C=Average	18.0%
	B=Above average	29.5%
	A=Excellent	47.8%
Encourages board members to frame strategic questions	F=Failing	3.1%
	D=Below average	8.1%
	C=Average	23.2%
	B=Above average	31.5%
	A=Excellent	34.0%
Ensures that there are clear expectations of board service	F=Failing	5.2%
	D=Below average	10.9%
	C=Average	26.9%
	B=Above average	32.4%
	A=Excellent	24.6%
Is able to resolve conflict, build consensus, and reach compromise to enable the board to move forward	F=Failing	3.5%
	D=Below average	5.4%
	C=Average	22.7%
	B=Above average	35.4%
	A=Excellent	33.0%
Ensures decision making is shared amongst all board members	F=Failing	2.6%
	D=Below average	6.4%
	C=Average	18.2%
	B=Above average	37.8%
	A=Excellent	34.9%

Which statements reflect the process used to select your current board chair? Please select ALL that apply.	Chief Executive
We elected a chair who was well qualified	66.5%
We elected a chair who was well respected by the rest of the board	73.6%
We elected a chair who was looking forward to serving as our chair	64.8%
We elected a chair who was well prepared	53.8%
We elected a chair who was not fully prepared to serve as our chair	12.7%
We elected a chair who was the only person willing to serve	22.2%
CEO was invited to share perspectives on how effectively partner with the individual who became chair prior to his or her election	33.3%
We did not hold a formal election for our current chair	4.9%
None of the above	1.7%

What is the maximum number of years that an individual can serve as chair?	Chief Executive
Mean	3.4

Board Policies and Practices

Does your organization or board have the following?	Chief Executive
A written vision statement	78.0%
A written mission statement	98.3%
A written statement of organizational values	62.1%
A formal strategic plan or framework for your organization	78.0%
A document retention and destruction policy	77.3%
A whistleblower policy that includes a way for employees to report issues directly to the board	84.6%
A written conflict-of-interest policy	96.1%
Written positions or job descriptions for board members	73.6%
Written charters for committees	52.3%
Written job description for the CEO/ED	87.3%
Written succession plan or policy to guide the board when CEO/ED transition occurs	28.9%
Written emergency backup plan for handling unexpected executive departures	26.9%
Written policy for board leadership succession planning	12.5%
None of the above	0%

Who is involved in developing the strategic plan for your organization? *(only asked of those who said that they have a formal strategic plan or framework)*	Chief Executive
Board chair	63.6%
Subset of the board but not the full board, i.e., executive or compensation committee	38.2%
Full board.	74.9%
Senior or direct-reporting staff	87.8%
Clients/customers/constituents/program participants	29.5%
Grantmakers	11.6%
Other	8.5%

When did the board last review or update your bylaws?	Chief Executive
Within the past 12 months	40.3%
More than 1 but less than 2 years ago	25.3%
More than 2 but less than 5 years ago	22.3%
5 or more years ago	12.2%

Does your board do the following?	Chief Executive
Require board members to sign a conflict-of-interest and annual disclosure statement	89.5%
Hire an auditor to conduct an annual external financial audit	85.1%
Meet as a full board or as a committee of the board with auditors	67.0%
Meet as a full board or as a committee of the board with auditors without staff present	30.3%
Receive a copy of the IRS Form 990 before filing	85.1%
Full board approval of the annual budget	96.6%
Full board approval of the IRS Form 990	62.3%
Full board approval of changes in the CEO/ED's compensation	74.6%
Post financial statements to your website	31.5%
Post your complete IRS Form 990 to your website	40.3%
Provide information on your organization and the board (including demographics) on GuideStar	69.2%
Require all board members to make a personal monetary contribution to your organization	76.8%
Pay board members a salary or a fee/honorarium for their service	.5%
Reimburse or provide a stipend to board members for expenses incurred in attending board meetings (e.g. travel, lodging, etc.)	12.5%
Carry directors' and officers' liability insurance	95.6%
Use consent agendas during board meetings	57.9%
None of the above.	.2%

Board Terms and Limits

How long are the terms of office for the board chair?	Chief Executive
No terms or term limits	12.5%
Terms, but no limit on the number of terms that can be served	33.5%
Terms and term limits	54.0%

How many consecutive terms can be served by board members?	Chief Executive	Board Chair
No limit on consecutive terms	23.7%	32.7%
1 term	.2%	.9%
2 terms	46.0%	33.6%
3 terms	24.4%	26.2%
4 or more but with limit	5.6%	6.5%

How long are the board member terms of office?	Chief Executive	Board Chair
No limits on term length	4.6%	9.3%
1-year term	1.7%	.9%
2-year term	18.1%	22.2%
3-year term	72.6%	65.7%
4-year term or longer	2.9%	1.9%

Board Committees

How many standing committees does your board have?	Chief Executive
Mean	4.1

Which of the following standing committees does your board presently have?	Chief Executive
Audit, Finance, or Audit/Finance combined	82.1%
Development/Fundraising	75.9%
Executive	61.4%
Governance, Nominating, or Governance/ Nominating combined	70.5%
Marketing/Communications/Public Relations	18.9%
Planning/Strategy	27.8%
Program	12.5%
Other	31.0%
We have no permanent committees	4.9%

Which statement best describes the board's Executive Committee?	Chief Executive
The executive committee meets regularly	53.4%
The executive committee meets only when there is a specific issue that needs to be addressed urgently	42.7%
The executive committee has clearly defined parameters about when and how it is empowered to make decisions on behalf of the board	43.7%
Most of the decisions that are made at the board level are made by the executive committee	4.5%
None of the above	2.6%

Board Meetings

What is the average attendance by the voting members of the board at board meetings?	Chief Executive
90% to 100%	28.4%
75% to 89%	56.0%
50% to 74%	15.4%
Less than 50%	.2%

Does your board have standing executive sessions to discuss sensitive or confidential issues?	Chief Executive	Board Chair
Yes, on every meeting agenda	25.7%	28.5%
Yes, but not on every meeting agenda	16.5%	21.2%
No, we hold executive sessions only as needed	49.1%	41.1%
No, we do not have executive sessions	8.6%	9.3%

Do the executive sessions occur both with and without the CEO/ED?	Chief Executive	Board Chair
Yes, both with and without the CEO/ED	64.4%	70.6%
No, only without the CEO/ED	22.2%	17.6%
No, only with the CEO/ED	13.3%	11.8%

Typically, board members receive board meeting materials:	Chief Executive	Board Chair
The day of the board meeting	2.0%	5.6%
The day before the board meeting	5.9%	6.5%
At least 3 days before the board meeting	51.1%	56.5%
At least 1 week before the board meeting	38.4%	27.8%
At least 2 weeks before the board meeting	2.4%	3.7%
More than 2 weeks before the board meeting	.2%	0.0%

To what extent do the following occur?		Chief Executive	Board Chair
Board meeting materials provide the information that board members need to fully engage in board discussion and decision making	Not at all	.5%	0%
	Small extent	1.6%	3.3%
	Some extent	11.4%	18.5%
	Great extent	86.4%	78.1%
Meetings allow adequate time for board members to ask questions	Not at all	.5%	0%
	Small extent	3.3%	3.3%
	Some extent	24.1%	23.2%
	Great extent	72.0%	73.5%
Board members read meeting materials in advance of the meeting	Not at all	3.5%	2.0%
	Small extent	24.2%	21.9%
	Some extent	47.5%	52.3%
	Great extent	24.8%	23.8%
Board meetings focus on strategy and policy rather than operational issues	Not at all	5.5%	4.0%
	Small extent	20.5%	25.8%
	Some extent	47.2%	47.7%
	Great extent	26.9%	22.5%
Board meetings focus on the issues of greatest importance to your organization at that time	Not at all	1.2%	0%
	Small extent	7.4%	4.0%
	Some extent	28.2%	32.5%
	Great extent	63.1%	63.6%

Board Chair Experience

How many years have you served on this board in total, as either the chair or a voting member?	Board Chair
Mean	6.4

How many years have you served as the chair of this board?	Board Chair
Mean	2.5

Is this the first time you have served as a board chair?	Board Chair
Yes	62.0%
No	38.0%

On average, how many hours per month do you personally typically spend on board-related activities?	Board Chair
Mean	26.3

On average, how many hours per month do you personally typically spend on board-related activities?	Board Chair
Mean	26.3

How many years of work experience in the nonprofit sector do you have (including your current position)?	Board Chair
Mean	20.9

How many other boards do you currently serve on, apart from this one?	Board Chair
Nonprofit boards	0.9
For-profit boards	0.1
Other boards	0.2

How would you rate your board experience?	Board Chair
Extremely unrewarding	6.5%
Moderately unrewarding	4.1%
Neutral	2.9%
Moderately rewarding	25.3%
Extremely rewarding	61.2%

Executive Compensation

Does the board have a formal process for setting appropriate compensation for the CEO/ED?	Board Chair
Yes	54.9%
No	45.1%

How important to the board is each of the following factors in setting compensation for the CEO/ED?	Board Chair		
	Major factor in setting CEO/ED compensation	Minor factor in setting CEO/ED compensation	Not a factor at all in setting CEO/ED compensation
CEO/ED's personal annual performance review results	81.5%	14.1%	4.3%
Organization's performance in meeting its objectives	85.9%	9.8%	4.3%
Compensation surveys for other CEOs/EDs in this type & size of organization in this labor market	56.5%	34.8%	8.7%
Cost of living increase over previous year	26.1%	57.6%	16.3%
Staff retention rates	20.0%	53.3%	26.7%
Fundraising success	58.7%	32.6%	8.7%
Length of time in CEO/ED position	32.3%	45.2%	22.6%

Who participates in the process to set the compensation for the CEO/ED?	Board Chair
Board chair	55.8%
Subset of the board but not the full board, i.e., executive or compensation committee	73.7%
Full board	52.6%
Other	5.3%
I don't know	2.1%

Executive Perspectives

Who do you believe to be your best "go-to" person when you need to consult frankly on a tough decision? (Top 2 Group)	Chief Executive
Board chair	69.6%
Other current board member	31.4%
Former board member	7.4%
Senior staff of your organization	44.4%
Spouse or partner	14.5%
Mentor outside of my organization	28.9%
Other	2.9%
I don't have a trusted "go-to" person	.2%

Who do you believe to be your best "go-to" person when you need to consult frankly on a tough decision? (Top 2 Rank)		
Chief Executive	1	2
Board chair	67.6%	32.4%
Other current board member	34.4%	65.6%
Former board member	26.7%	73.3%
Senior staff of your organization	55.2%	44.8%
Spouse or partner	37.3%	62.7%
Mentor outside of my organization	33.1%	66.9%
Other	16.7%	83.3%
I don't have a trusted "go-to" person	100.0%	0.0%

Are you currently working for your organization with a written contract?	Chief Executive
Yes	26.9%
No	73.1%

How would you rate your personal job satisfaction?	Chief Executive
Extremely dissatisfied	5.2%
Moderately dissatisfied	7.9%
Neither satisfied nor dissatisfied	1.9%
Moderately satisfied	39.8%
Extremely satisfied	45.2%

What kind of impact does your board have on your level of personal job satisfaction?	Chief Executive
Extremely negative	2.9%
Moderately negative	16.1%
Neither positive nor negative	8.2%
Moderately positive	45.5%
Extremely positive	27.3%

What are the two factors that most significantly affect the board's impact on your job satisfaction (either positively or negatively)? (Group)	Chief Executive
The extent to which the board sees you as responsible for the success (or failures) of your organization	14.1%
The extent to which the board sees their responsibility for the success (or failures) of your organization	30.1%
The extent to which the board understands the distinct roles of the board and staff	27.4%
The extent to which the board adds value and perspective as a part of strategic conversations	42.5%
The extent to which the board allows you to lead your organization autonomously and independently	31.2%
Your working relationship with the board chair	28.4%
The amount of money that the board gives to your organization	3.4%
The amount of money that the board raises for your organization	21.8%
Other	.6%

What are the two factors that most significantly affect the board's impact on your job satisfaction (either positively or negatively)? (Rank)	1	2
The extent to which the board sees you as responsible for the success (or failures) of your organization	54.2%	45.8%
The extent to which the board sees their responsibility for the success (or failures) of your organization	54.1%	45.9%
The extent to which the board understands the distinct roles of the board and staff	51.6%	48.4%
The extent to which the board adds value and perspective as a part of strategic conversations	52.9%	47.1%
The extent to which the board allows you to lead your organization autonomously and independently	55.2%	44.8%
Your working relationship with the board chair	48.2%	51.8%
The amount of money that the board gives to your organization	34.8%	65.2%
The amount of money that the board raises for your organization	32.4%	67.6%
Other	50.0%	50.0%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