



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, February 11, 2025– 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: 995 4362 2179#. No participant code. Just press #.

To watch the meeting, please visit:

[ECHD Meeting Link](#)

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

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

A copy of the agenda for the Special Board Meeting will be posted and distributed at least seventy-two (72) hours prior to the meeting. In observance of the Americans with Disabilities Act, please notify us at **(650) 988-3218** prior to the meeting so that we may provide the agenda in alternative formats or make disability-related modifications and accommodations.

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
1.	CALL TO ORDER/ROLL CALL	George Ting, M.D., Board Chair	Information	5:30
2.	CONSIDER APPROVAL FOR AB 2449 REQUESTS	George Ting, M.D., Board Chair	Possible Motion	5:30
3.	SALUTE TO THE FLAG	George Ting, M.D., Board Chair	Information	5:30
4.	POTENTIAL CONFLICT OF INTEREST DISCLOSURES	George Ting, M.D., Board Chair	Information	5:30
5.	PUBLIC COMMUNICATION a. Oral Comments <i>This opportunity is provided for persons desiring to address the Board on any matter within the subject matter jurisdiction of the Board that is not on this agenda. Speakers are limited to three (3) minutes each.</i> b. Written Public Comments <i>Comments may be submitted by mail to the El Camino Hospital District Board of Directors at 2500 Grant Road, Mountain View, CA 94040. Written comments will be distributed to the Board as quickly as possible. Please note it may take up to 24 hours for documents to be posted to the agenda.</i>	George Ting, M.D., Board Chair	Information	5:30
6.	RECEIVE ECHD FY25 FINANCIAL REPORT - FY25 Period 6 - Supplemental Materials (Amended 2/10/2025 – Corrected to include December Financials)	Carlos Bohorquez, CFO	Motion Required	5:30 – 5:50

	AGENDA ITEM	PRESENTED BY	ACTION	ESTIMATED TIMES
7.	ECHD STRATEGIC FRAMEWORK - Population Health Update	Dan Woods, CEO Jon Cowan, Executive Director, Government Relations and Community Partnerships	Discussion	5:50 – 6:10
8.	APPROVE ECHD DISTRICT LOGO MODIFICATION	Mark Klein, CCMO	Motion Required	6:10 – 6:30
9.	ECHD BYLAWS REVIEW a. Adopt Resolution 2025-01 Forming Ad Hoc Committee for Bylaws Review	George Ting, M.D., Board Chair Theresa Fuentes, CLO	Motion Required	6:30 – 6:40
10.	RECESS TO CLOSED SESSION	George Ting, M.D., Board Chair	Motion Required	6:40 – 6:41
11.	APPROVE MINUTES OF THE CLOSED SESSIONS OF THE DISTRICT BOARD MEETINGS a. Minutes of the Closed Session of the District Board Meeting (10/15/2024) <i>Report involving Gov't Code Section 54957.2 for closed session minutes.</i>	George Ting, M.D., Board Chair	Motion Required	6:42 – 6:45
12.	ADJOURN TO OPEN SESSION	George Ting, M.D., Board Chair	Motion Required	6:45 – 6:46
13.	RECONVENE OPEN SESSION	George Ting, M.D., Board Chair	Information	6:47 – 6:48
14.	CLOSED SESSION REPORT OUT	Gabe Fernandez, Governance Services Coordinator	Information	6:48 – 6:49
15.	CONSENT CALENDAR <i>Items removed from the Consent Calendar will be considered separately.</i> a. Approve Minutes of the Open Session of the District Board Meeting (10/15/2024) b. Approve Minutes of the Open Session of the District Board Site Visit Meeting (11/15/2024) c. Approve Minutes of the Open Session of the District Board Meeting (12/6/2024) - Modified Version 2/10/2025 d. Approve Minutes of the Open Session of the District Board Site Visit Meeting (12/13/2024) - Modified Version 2/10/2025 e. Approve and Establish Annual Disclosure Date and Process for Reimbursement Reports f. Receive ECHD Sponsorships (July-December) g. Receive FY25 Pacing Plan	George Ting, M.D., Board Chair	Motion Required	6:50 – 7:00
16.	BOARD ANNOUNCEMENTS	George Ting, M.D., Board Chair	Information	7:00 – 7:10
17.	ADJOURNMENT Appendix	George Ting, M.D., Board Chair	Motion Required	7:10 pm

Next Meetings: March 18, 2025; May 20, 2025; June 17, 2025

Next Site Visit Meetings: March 28, 2025



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Carlos A. Bohorquez, Chief Financial Officer
Date: February 11, 2025
Subject: YTD FY2025 Financial Update (as of 12/31/2024)

Purpose: To approve the Consolidated and Stand-Alone (District) Financials for YTD FY2025.

Executive Summary – Consolidated Enterprise Financials:

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

Net Patient Revenue (\$):	\$768 million which is favorable to budget by \$21 million / 2.8% and \$64 millions / 9.0% higher than the same period last year.
Total Operating Revenue (\$):	\$786 million is favorable to budget by \$19 million / 2.4% and \$66 million / 9.1% higher than the same period last year.
Operating Income (\$):	\$105 is favorable to budget by \$16 million / 18.0% and \$11 million / 11.7% higher than the same period last year.
Net Income (\$):	\$172 million is favorable to budget. Favorable net income is primarily attributed to unrealized gains the investment portfolio.
Balance Sheet (\$):	In the first six months of FY2025 the net position increased by \$173 million.

Executive Summary – Stand-Alone (District) Financials:

Total Operating Revenue (\$):	\$15 million is unfavorable to budget by \$2.5 million / 14.2%. Unfavorable variance is attributed to timing of receipt of IGT and property tax funds.
Net Income (\$):	\$8 million is unfavorable to budget by \$2 million / 20.2%. Unfavorable variance is attributed delay in IGT and property tax funds.

Recommendation:

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

List of Attachments:

1. Consolidated and Stand-Alone (District) Financials – YTD FY2025 (as of 12/31/2024)



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

**Board Finance Presentation
Fiscal Year 2025
(7/1/2024 - 12/31/2024)**

Carlos Bohorquez, Chief Financial Officer
El Camino Healthcare District Board of Directors Meeting
February 11, 2025

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ECHD Stand-Alone Financial Statements

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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)

	Dec 31, 2024	June 30, 2024 Audited w/o Eliminations		Dec 31, 2024	June 30, 2024 Audited w/o Eliminations
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Current Assets			Current Liabilities		
Cash & Investments	\$386	\$332	Accounts Payable & Accrued Exp ⁽⁶⁾	\$188	\$177
Patient Accounts Receivable, net	232	214	Bonds Payable - Current	14	14
Other Accounts and Notes Receivable	46	44	Bond Interest Payable	11	13
Inventories and Prepays	54	56	Other Liabilities	18	15
Total Current Assets	718	645	Total Current Liabilities	230	218
Board Designated Assets			Deferred Revenue	1	1
Foundation Reserves	25	23	Deferred Revenue Inflow of Resources	99	93
Community Benefit Fund	23	26	Long Term Liabilities		
Operational Reserve Fund ⁽¹⁾	212	212	Bond Payable	534	540
Workers Comp, Health & PTO Reserves	77	73	Benefit Obligations	36	36
Facilities Replacement Fund ⁽²⁾	618	565	Other Long-term Obligations	31	30
Catastrophic & Malpractice Reserve ⁽³⁾	42	35	Total Long Term Liabilities	601	605
Total Board Designated Assets	997	935	Fund Balance		
Non-Designated Assets			Unrestricted	2,947	2,790
Funds Held By Trustee ⁽⁴⁾	34	40	Minority Interest	(1)	(1)
Long Term Investments	695	669	Board Designated & Restricted	234	219
Other Investments	48	38	Capital & Retained Earnings	0	0
Net Property Plant & Equipment	1,334	1,327	Total Fund Balance	3,180	3,007
Deferred Outflows of Resources	43	43			
Other Assets	243	230			
Total Non-Designated Assets	2,396	2,346			
TOTAL ASSETS	\$4,112	\$3,925	TOTAL LIAB. & FUND BAL.	\$4,112	\$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 December 31, 2024

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue ⁽⁶⁾	768	746	21	704
Other Operating Revenues	18	20	(2)	16
Total Operating Revenues	786	766	19	720
Wages and Benefits	415	408	(7)	372
Supplies	109	108	(1)	101
Purchased Services	85	86	1	82
Other	23	24	1	23
Depreciation	40	42	2	39
Interest	9	8	(1)	9
Total Operating Expense ⁽⁷⁾	680	677	(3)	626
Operating Income	105	89	16	94
Non-Operating Income ⁽⁸⁾	66	29	37	45
Net Income	172	119	53	139



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.)	\$515
ECH Women's Hospital Expansion	45
ECHD Appropriation Fund (aka: Capital Outlay)	27
ECH Campus Completion Project	<u>31</u>
	<u>\$618</u>

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

ECH Catastrophic Fund (aka: Earthquake Fund)	\$40
ECH Malpractice Reserve	<u>2</u>
	<u>\$42</u>

- 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) The difference is not significant.
- 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

	Audited			Audited	
	<u>Dec 31, 2024</u>	<u>June 30, 2024</u>		<u>Dec 31, 2024</u>	<u>June 30, 2024</u>
<u>ASSETS</u>			<u>LIABILITIES & FUND BALANCE</u>		
Cash & cash equiv ⁽¹⁾	\$14,376	\$28,310	Accounts payable	\$5	\$0
Short term investments ⁽¹⁾	12,266	533	Current portion of bonds	3,411	3,398
Due fm Retiree Health Plan ⁽²⁾	0	0	Bond interest payable ⁽¹⁰⁾	3,304	5,116
S.C. M&O Taxes Receivable ⁽³⁾	1,269	0	Other Liabilities	251	276
Other current assets ^(3a)	55	55			
Total current assets	<u>\$27,966</u>	<u>\$28,898</u>	Total current liabilities	<u>\$6,971</u>	<u>\$8,790</u>
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	0	57
Community Partnership Fund ⁽⁷⁾	4,560	8,501	Bonds payable - long term	95,517	98,942
Total Board designated funds	<u>\$38,990</u>	<u>\$40,181</u>	Total liabilities	<u>\$102,488</u>	<u>\$107,789</u>
Funds held by trustee ⁽⁸⁾	<u>\$33,687</u>	<u>\$40,216</u>	Fund balance		
Capital assets, net ⁽⁹⁾	<u>\$10,641</u>	<u>\$10,644</u>	Unrestricted fund balance	\$78,940	\$79,188
			Restricted fund balance	(70,144)	(67,038)
			Total fund balance ⁽¹¹⁾	<u>\$8,796</u>	<u>\$12,150</u>
TOTAL ASSETS	<u>\$111,284</u>	<u>\$119,939</u>	TOTAL LIAB & FUND BALANCE	<u>\$111,284</u>	<u>\$119,939</u>



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

El Camino Healthcare District

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

Comparative Year-to-Date December 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⁾	\$ 57	56	\$ 1	\$ 112
(B) Redevelopment Taxes ⁽¹³⁾	-	150	(150)	246
(B) Unrestricted M&O Property Taxes ⁽¹³⁾	7,633	8,767	(1,134)	11,048
(B) Restricted M&O Property Taxes ⁽¹³⁾	4,854	5,925	(1,071)	14,278
(B) G.O. Taxes Levied for Debt Service ⁽¹³⁾	1,350	3,200	(1,850)	7,920
(B) IGT/PRIME Medi-Cal Program ⁽¹⁴⁾	(948)	(1,500)	552	(6,093)
(B) Investment Income (net)	2,169	1,041	1,128	1,806
(B) Other income	-	-	-	-
TOTAL NET REVENUE	15,115	17,639	(2,524)	29,317
EXPENSES				
(A) Wages & Benefits ⁽¹⁵⁾	12	11	(1)	16
(A) Professional Fees & Purchased Svcs ⁽¹⁶⁾	247	455	208	470
(A) Supplies & Other Expenses ⁽¹⁷⁾	54	21	(33)	57
(B) G.O. Bond Interest Expense (net) ⁽¹⁸⁾	2,685	2,839	154	5,118
(B) Community Partnership Expenditures ⁽¹⁹⁾	3,941	4,025	84	7,473
(A) Depreciation / Amortization	2	2	-	5
TOTAL EXPENSES	6,941	7,353	412	13,139
NET INCOME	\$ 8,175	\$ 10,285	\$ (2,110)	\$ 16,177
(A) Operating Revenues & Expenses (B) Non-operating Revenues & Expenses				
RECAP STATEMENT OF REVENUES & EXPENSE				
(A) Net Operating Revenues & Expenses	\$ (258)			
(B) Net Non-Operating Revenues & Expenses	8,432			
NET INCOME	\$ 8,175			



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

El Camino Healthcare District

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

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

	<u>Dec 31, 2024</u>	<u>June 30, 2024</u>
Fiscal year beginning balance	\$ 12,150	\$ 935
Net income year-to-date	\$ 8,175	\$ 16,177
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽²⁰⁾		\$ 6,167
Capital Appropriation projects ⁽²¹⁾	\$ (11,528)	(11,129)
Fiscal year ending balance	<u><u>\$ 8,796</u></u>	<u><u>\$ 12,150</u></u>



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

El Camino Healthcare District

Notes to Stand-Alone Financial Statements

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

- (1) **Cash & Short Term Investments** – The increase over June 30 is due to increased M&O taxes being received in the current year.
- (2) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (3) **S.C. M&O Taxes Receivable** – 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)	\$ 179
• Communications Support	43
• Newsletter Printing Services	22
• Other	<u>3</u>
	<u>\$ 247</u>

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

• Newsletter Postage	\$ 26
• LAFCO	18
• 2025 CSDA Membership	<u>10</u>
	<u>\$ 54</u>

(18) G.O. Bond Interest Expense – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.

(19) Community Partnership Expenditures – Starting in FY2014, the District is directly operating its Community Partnership Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year. Note the major payments to recipients are made in August & January of the fiscal year.

(20) IGT/PRIME Funding – Transfers from ECH for participation in the PRIME or IGT program thus far in FY 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*

<u>Sources of District Taxes</u>	<u>12/31/24</u>
(1) Maintenance and Operation and Government Obligation Taxes	\$13,837
(2) Redevelopment Agency Taxes	-
Total District Tax Receipts	\$13,837
 <u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	1,350
Total Cash Available for Operations, CB Programs, & Capital Appropriations	12,487
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	4,854
Subtotal	7,633
(5) Operating Expenses (Net)	258
Subtotal	7,375
(6) Capital Replacement Fund (Park Pavilion)	3
Funds Available for Community Partnership Programs	\$7,372
 *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 BOARD MEETING COVER MEMO

AMENDED February 10, 2025

To: El Camino Healthcare District Board of Directors
From: Carlos A. Bohorquez, Chief Financial Officer
Date: February 11, 2025
Subject: YTD FY2025 Financial Update (as of 12/31/2024)

Purpose:

To approve the Consolidated and Stand-Alone (District) Financials for YTD FY2025.

Executive Summary – Consolidated Enterprise Financials:

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

Net Patient Revenue (\$):	\$813 million which is favorable to budget by \$30 million / 3.8% and \$87 millions / 12.0% higher than the same period last year.
Total Operating Revenue (\$):	\$847 million is favorable to budget by \$30 million / 3.7% and \$90 million / 11.9% higher than the same period last year.
Operating Income (\$):	\$85 is favorable to budget by \$19 million / 28.8% and \$11 million / 14.9% higher than the same period last year.
Net Income (\$):	\$166 million is favorable to budget. Favorable net income is primarily attributed to unrealized gains the investment portfolio.
Balance Sheet (\$):	In the first six months of FY2025 the net position increased by \$173 million.

Executive Summary – Stand-Alone (District) Financials:

Total Operating Revenue (\$):	\$15 million is unfavorable to budget by \$2.5 million / 14.2%. Unfavorable variance is attributed to timing of receipt of IGT and property tax funds.
Net Income (\$):	\$8 million is unfavorable to budget by \$2 million / 20.2%. Unfavorable variance is attributed delay in IGT and property tax funds.

Recommendation:

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

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Carlos Bohorquez, Chief Financial Officer
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TOTAL ASSETS	\$4,112	\$3,925		
LIABILITIES & FUND BALANCE				
Current Liabilities				
Accounts Payable & Accrued Exp ⁽⁵⁾	\$188		\$177	
Bonds Payable - Current	14		14	
Bond Interest Payable	11		13	
Other Liabilities	18		15	
Total Current Liabilities	230		218	
Deferred Revenue			1	1
Deferred Revenue Inflow of Resources			99	93
Long Term Liabilities				
Bond Payable			534	540
Benefit Obligations			36	36
Other Long-term Obligations			31	30
Total Long Term Liabilities			601	605
Fund Balance				
Unrestricted			2,947	2,790
Minority Interest			(1)	(1)
Board Designated & Restricted			234	219
Capital & Retained Earnings			0	0
Total Fund Balance			3,180	3,007
TOTAL LIAB. & FUND BAL.			\$4,112	\$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 December 31, 2024

(Includes El Camino Hospital)

	<u>Actual</u>	<u>Budget</u>	<u>Fav (Unfav) Variance</u>	<u>Prior YTD FY Actual</u>
Net Patient Revenue ⁽⁶⁾	813	783	30	726
Other Operating Revenues	34	34	(0)	31
Total Operating Revenues	847	817	30	757
Wages and Benefits	436	429	(7)	388
Supplies	114	113	(1)	103
Purchased Services	131	128	(3)	115
Other	30	30	(0)	29
Depreciation	41	43	2	41
Interest	9	8	(1)	9
Total Operating Expense ⁽⁷⁾	762	751	(11)	683
Operating Income	85	66	19	74
Non-Operating Income ⁽⁸⁾	81	42	39	60
Net Income	166	108	58	133



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.)	\$515
ECH Women's Hospital Expansion	45
ECHD Appropriation Fund (aka: Capital Outlay)	27
ECH Campus Completion Project	<u>31</u>
	<u>\$618</u>

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

ECH Catastrophic Fund (aka: Earthquake Fund)	\$40
ECH Malpractice Reserve	<u>2</u>
	<u>\$42</u>

- 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) The difference is not significant.
- 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

	Audited			Audited	
	Dec 31, 2024	June 30, 2024		Dec 31, 2024	June 30, 2024
ASSETS			LIABILITIES & FUND BALANCE		
Cash & cash equiv ⁽¹⁾	\$14,376	\$28,310	Accounts payable	\$5	\$0
Short term investments ⁽¹⁾	12,266	533	Current portion of bonds	3,411	3,398
Due fm Retiree Health Plan ⁽²⁾	0	0	Bond interest payable ⁽¹⁰⁾	3,304	5,116
S.C. M&O Taxes Receivable ⁽³⁾	1,269	0	Other Liabilities	251	276
Other current assets ^(3a)	55	55			
Total current assets	\$27,966	\$28,898	Total current liabilities	\$6,971	\$8,790
Operational Reserve Fund ⁽⁴⁾	1,500	1,500			
Capital Appropriation Fund ⁽⁵⁾	27,324	24,574	Deferred income	0	57
Capital Replacement Fund ⁽⁶⁾	5,607	5,607	Bonds payable - long term	95,517	98,942
Community Partnership Fund ⁽⁷⁾	4,560	8,501			
Total Board designated funds	\$38,990	\$40,181	Total liabilities	\$102,488	\$107,789
Funds held by trustee ⁽⁸⁾	\$33,687	\$40,216	Fund balance		
Capital assets, net ⁽⁹⁾	\$10,641	\$10,644	Unrestricted fund balance	\$78,940	\$79,188
			Restricted fund balance	(70,144)	(67,038)
			Total fund balance ⁽¹¹⁾	\$8,796	\$12,150
TOTAL ASSETS	\$111,284	\$119,939	TOTAL LIAB & FUND BALANCE	\$111,284	\$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 December 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⁾	\$ 57	56	\$ 1	\$ 112
(B) Redevelopment Taxes ⁽¹³⁾	-	150	(150)	246
(B) Unrestricted M&O Property Taxes ⁽¹³⁾	7,633	8,767	(1,134) ←	11,048
(B) Restricted M&O Property Taxes ⁽¹³⁾	4,854	5,925	(1,071) ←	14,278
(B) G.O. Taxes Levied for Debt Service ⁽¹³⁾	1,350	3,200	(1,850) ←	7,920
(B) IGT/PRIME Medi-Cal Program ⁽¹⁴⁾	(948)	(1,500)	552	(6,093)
(B) Investment Income (net)	2,169	1,041	1,128	1,806
(B) Other income	-	-	-	-
TOTAL NET REVENUE	15,115	17,639	(2,524)	29,317
EXPENSES				
(A) Wages & Benefits ⁽¹⁵⁾	12	11	(1)	16
(A) Professional Fees & Purchased Svcs ⁽¹⁶⁾	247	455	208	470
(A) Supplies & Other Expenses ⁽¹⁷⁾	54	21	(33)	57
(B) G.O. Bond Interest Expense (net) ⁽¹⁸⁾	2,685	2,839	154	5,118
(B) Community Partnership Expenditures ⁽¹⁹⁾	3,941	4,025	84	7,473
(A) Depreciation / Amortization	2	2	-	5
TOTAL EXPENSES	6,941	7,353	412	13,139
NET INCOME	\$ 8,175	\$ 10,285	\$ (2,110)	\$ 16,177

(A) Operating Revenues & Expenses

(B) Non-operating Revenues & Expenses

RECAP STATEMENT OF REVENUES & EXPENSE

(A) Net Operating Revenues & Expenses	\$ (258)
(B) Net Non-Operating Revenues & Expenses	8,432
NET INCOME	\$ 8,175



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

El Camino Healthcare District

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

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

	<u>Dec 31, 2024</u>	<u>June 30, 2024</u>
Fiscal year beginning balance	\$ 12,150	\$ 935
Net income year-to-date	\$ 8,175	\$ 16,177
Transfers (to)/from ECH:		
IGT/PRIME Funding ⁽²⁰⁾		\$ 6,167
Capital Appropriation projects ⁽²¹⁾	\$ (11,528)	(11,129)
Fiscal year ending balance	<u><u>\$ 8,796</u></u>	<u><u>\$ 12,150</u></u>



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

El Camino Healthcare District

Notes to **Stand-Alone** Financial Statements

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

- (1) **Cash & Short Term Investments** – The increase over June 30 is due to increased M&O taxes being received in the current year.
- (2) **Due from Retiree Health Plan** – The monies due from Trustee for District's Retiree Healthcare Plan.
- (3) **S.C. M&O Taxes Receivable** – 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)	\$ 179
• Communications Support	43
• Newsletter Printing Services	22
• Other	<u>3</u>
	<u>\$ 247</u>

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

• Newsletter Postage	\$ 26
• LAFCO	18
• 2025 CSDA Membership	<u>10</u>
	<u>\$ 54</u>

(18) G.O. Bond Interest Expense – It is to be noted that on March 22, 2017 the District refunded \$99M of its remaining \$132M 2006 G.O. bond issue. Refunding of the 2006 G.O. debt, given current interest rates, caused a net present value savings of \$7M.

(19) Community Partnership Expenditures – Starting in FY2014, the District is directly operating its Community Partnership Program at the District level. This represents amounts expended to grantees and sponsorships thus far in this fiscal year. Note the major payments to recipients are made in August & January of the fiscal year.

(20) IGT/PRIME Funding – Transfers from ECH for participation in the PRIME or IGT program thus far in FY 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*

<u>Sources of District Taxes</u>	<u>12/31/24</u>
(1) Maintenance and Operation and Government Obligation Taxes	\$13,837
(2) Redevelopment Agency Taxes	-
Total District Tax Receipts	\$13,837
 <u>Uses Required Obligations / Operations</u>	
(3) Government Obligation Bond	1,350
Total Cash Available for Operations, CB Programs, & Capital Appropriations	12,487
(4) Capital Appropriation Fund – Excess Gann Initiative Restricted*	4,854
Subtotal	7,633
(5) Operating Expenses (Net)	258
Subtotal	7,375
(6) Capital Replacement Fund (Park Pavilion)	3
Funds Available for Community Partnership Programs	\$7,372
 *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 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: February 11, 2025
Subject: Population Health Strategy and Prediabetes Program Design Update

Purpose: To update the Board on progress on the El Camino Healthcare District Population Health Strategy and Prediabetes Program design. Additionally, to solicit feedback on key considerations for prediabetes program charter, programming roadmap, and planned measurement & evaluation.

Summary:

Situation: As part of the El Camino Healthcare District Board Approved Strategic Framework, Community Partnerships staff and the ECHD Population Health Program Manager have been developing a Population Health Strategy and designing a Prediabetes program to launch to ECHD constituents. This memo serves as a status update, as well as an opportunity to solicit feedback from the ECHD Board.

Background:

- The El Camino Health District Board Approved Strategic Framework defines Strategic Priorities for the district.
- Within the “Health promotion and disease prevention” priority, the ECHD Population Health Program Manager position was created to develop a foundation for identifying and intervening to improve health of “rising risk” patients who live, work, or go to school within the district.
- Across the last several months, the Population Health Program Manager and Community Partnerships staff (Director and Executive Director) have been developing the groundwork for:
 - (A) Prediabetes Program Design
 - (B) Overall Population Health Strategy & Deliverables for the district

Assessment:

A. Prediabetes Program Design

- Prediabetes was selected as the starting point based on the following:
 - Used a population health approach to identify areas of rising risk and need within our population
 - Data show Prediabetes as the highest prevalence chronic condition within the district (45%, or ~100,000, adult ECHD residents)
 - Prediabetes is “sub-clinical” meaning we can focus on a broader population and will not rely on disease management, medication management, and embedded clinical referral pathways
- Through this process, we have developed a Population Health – Strategic Approach to define Mission, Vision (both near- and long-term), and a Prediabetes Program Playbook for how we will execute on this vision
- To execute this vision, we plan the following:

Population Health Strategy and Prediabetes Program Design Update
February 11, 2025

- (1) Implement a Key “cornerstone” digital health and health management tool as the primary intervention starting in FY2026
- (2) Additionally, drive awareness, outreach and enrollment through a combination of technology and non-technology based pathways
- (3) Over time, build additional, supplemental interventions
- We are currently conducting a thorough Vendor Analysis & Selection process to evaluate possible vendor solutions and drive a selection.
 - This process is currently in the second of three phases.
 - The second phase will identify a category of vendors to move forward to a Finalist / RFP round. The identified likely categories of vendors are either:
 - (1) Traditional Digital Health Diabetes Prevention Program (DPP) / Prediabetes / Weight-loss Digital Health Programs, or
 - (2) Food-is-Health / Nutrition / Dietitian-focused programs
 - The third phase will be the Finalist / RFP round. We anticipate the third round to be completed by spring 2025 (although the timeline is dependent on running a thorough and well-vetted RFP process)
- Following vendor selection, we will then complete Legal / Contracting and IT/compliance reviews, with a **goal to launch the initial prediabetes digital health program in early FY2026 (targeting September 2025).**

B. Overall Population Health Strategy & Deliverables

- Further, the Population Health Program Manager role is continuing to work on several key deliverables.
- The 3 deliverables planned for FY2025 (to be delivered by the June 17 District Board meeting) are:
 - (1) ECHD Population Health Profile
 - (2) 1-3 Year Population Health Strategy Roadmap
 - (3) Proposed Measurement Framework and Metrics (to determine the impact and evaluation plan for the prediabetes work).
- Work on the measurement framework and evaluation strategy will continue into FY2026
- 2. Outcomes: Measurement for the initial cohort of the Prediabetes Program will look at the following planned categories of outcomes & metrics:
 - **Process & Operational**: Enrollment rates, Engagement / Retention, Satisfaction and Net Promoter Score (NPS)
 - **Engagement, awareness, and education**: Engagement in recording activity; Improvements in understanding risk factors, and awareness of prevention-based healthy lifestyle practices
 - **Health and clinical outcomes**: Percentage who progress toward diabetes (vs. general population benchmark); Decreases in self-reported A1C and glucose values, weight, and dietary / nutrition metrics

List of Attachments:

1. ECHD Population Health Strategy Update PowerPoint



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

ECHD Population Health Strategy Update

February 11, 2025

Dan Woods, Chief Executive Officer

Jon Cowan, Executive Director, Government Relations & Community Partnerships

Agenda

1. Population Health Strategy & Prediabetes Program Design Update

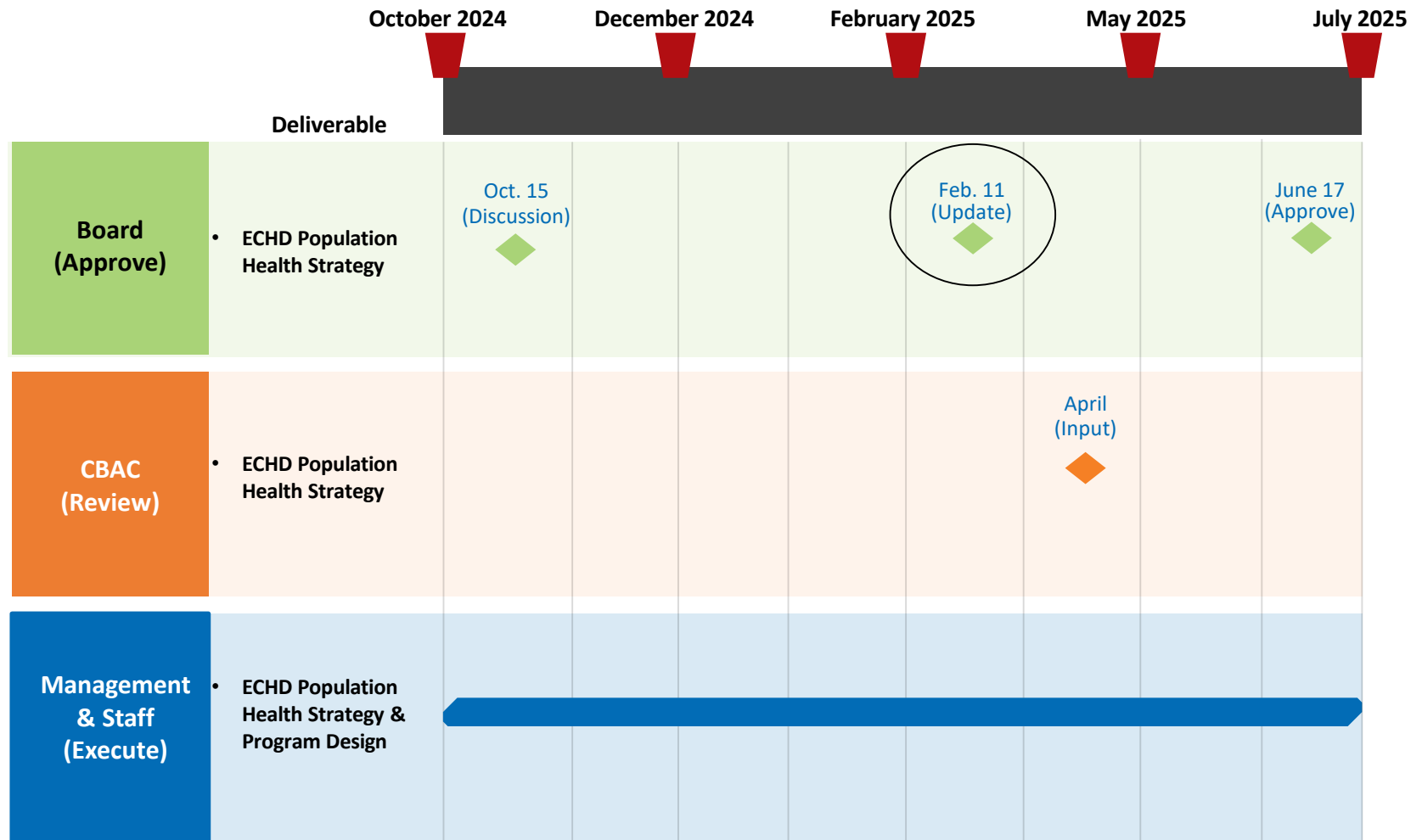
- Flows from ECHD Board Approved Strategic Framework
- Develop foundation for identifying and intervening to improve health of “rising risk” patients who live, work, or go to school within the district
- Aspiration of being “healthiest healthcare district in America”

2. Today’s Purpose

- Prediabetes Program Design Update
- Population Health Program Manager: Expected FY2025 Deliverables and Preview of FY2026 Initiatives
- Dialogue



Timeline for Determining ECHD Population Health Strategy



(1) Prediabetes Program Design Update



Population Health – Strategic Approach

Mission / Goal:

To make the El Camino Healthcare District the “healthiest healthcare district in America” using an innovative approach that leverages technology to drive reach and outcomes.

Long-term Vision (5-10 years)

Offer a comprehensive suite of programs and wraparound services to support ECHD constituents in preventing and managing an array of chronic diseases.

Near-term Vision (1-3 years)

Develop programs and wraparound services focused to support ECHD constituents with **Prediabetes** management

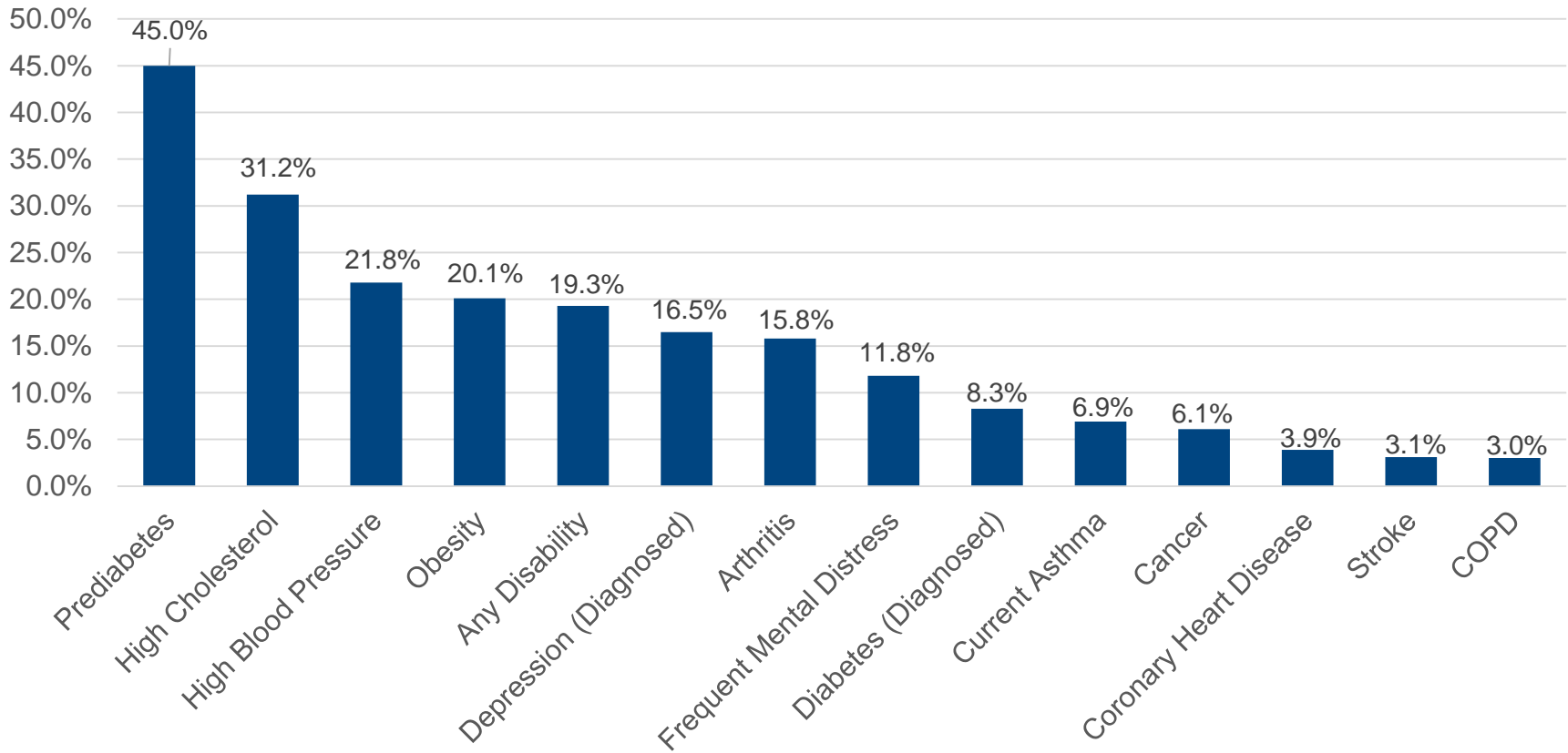
Why Prediabetes?

- As a starting point, we used a Population Health approach to identify areas of rising risk and need within our population.
- Data show **Prediabetes** as the highest prevalence chronic condition within the District (45%, or ~100,000, adult ECHD residents).
- Further, Prediabetes is “sub-clinical” meaning we can focus on a broader population and do not need to choose a solution that relies on clinical referral pathways, medication management, etc.



Prediabetes in ECHD adults

Chronic Conditions Prevalences in ECHD adults (2022)



Ref: CDC's BRFSS data on the PLACES website; data for adults aged 18+, from zip codes overlapping with the ECHD; data from 2022, published in 2024



Utility of Prevalence in Population Health Strategy

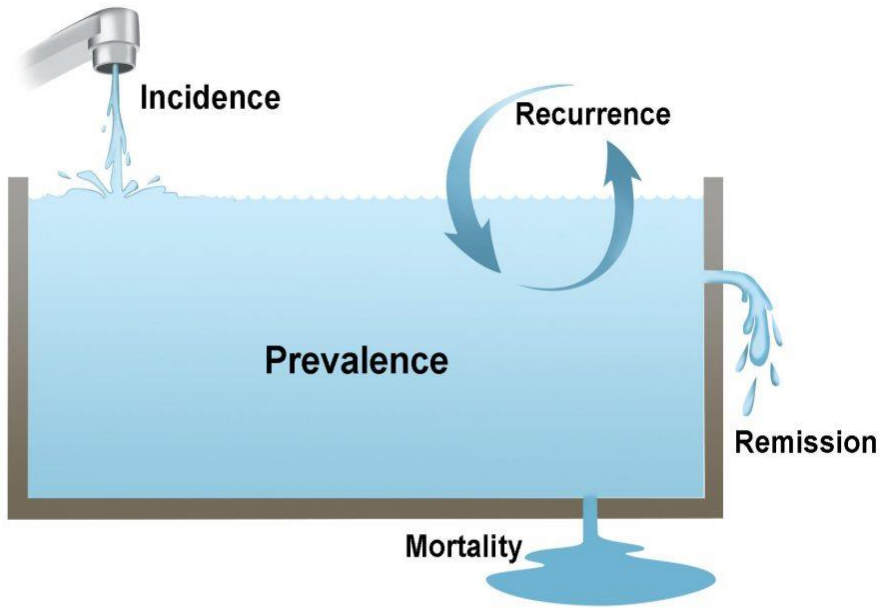


Image ref: <https://theromefoundation.org/what-can-we-learn-from-epidemiological-studies/>

Incidence:

The number of **new cases** of a disease that develop in a specific population over a defined period of time.

Prevalence:

The total number of **existing and new cases** of a disease in a specific population at a given point in time or over a period of time.

Mortality:

The number of **deaths** caused by a disease in a specific population over a period of time.

Prevalence provides a snapshot of the total burden of a condition in a population, making it essential for prioritizing resources, planning interventions, and addressing chronic diseases like diabetes or prediabetes. Unlike incidence, which tracks new cases, prevalence better reflects the ongoing need for management and prevention efforts. Mortality is a reflection of the effectiveness of treatment and providers/healthcare systems.

Population Health – Prediabetes Program Playbook

Innovative Approach: Combine “top down” population health analytics and technology-based interventions, with more traditional low-tech community health-style interventions to create a suite of offerings that “meet people where they are” in their health improvement journey.

How do we plan to do this?:

- **(1) First Key Building Block:**
 - A digital health coaching and health management tool to help ECHD constituents better manage Prediabetes.
 - This will be the primary intervention where we are starting beginning in FY2026
- **(2) Drive Adoption:**
 - Add awareness, outreach, and enrollment elements to drive adoption of the technology solution. Includes:
 - **Non-technology interventions**, e.g. tabling, pamphlets/brochures, screening events, etc.
 - **Technology solutions**, e.g. GenAI chatbot for automated outreach/screening, AI Health Navigator/Intake tool, etc.
- **(3) Additional Interventions:**
 - Add supplementary and/or complementary programs to build across a spectrum of intervention intensities
 - Ideas include education, in-person programming events, and other partnerships in the community



Timeline for Prediabetes Program Design & Launch

- Currently conducting thorough vendor analysis and selection process
- Best estimate timeline anticipates final vendor decision by mid-March
- **Targeting September 2025 launch for initial cohort**
- Approx. full timeline as follows:

Step	Start Date	End Date
I. Step 1: Market Research and Initial Vendor List	10/21/24	11/27/24
II. Step 2: Initial Meetings & Info Gathering (RFI); Finalize Shortlist	12/3/24	2/28/25
III. Step 3: Finalist Round (RFP & Presentations)	3/1/25	4/30/25
IV. IT Vendor Review & Contracting	5/1/25	7/11/25
V. Legal Vendor Review & Contracting	5/1/25	7/11/25
VI. Vendor Onboarding & Implementation	7/14/25	8/22/25
VII. Test & Launch	8/25/25	9/15/25



Categories to be Evaluated

Criteria	Definition / Question(s) we're trying to answer
Compatibility with ECHD programming & strategy	<p>What is the fit with other planned supplemental programming and future expansion?</p> <p>Does the category feel complementary (vs. Redundant) with planned supplemental programming?</p> <p>Does the category allow for ease of future condition expansion?</p>
Differentiation – Capabilities	<p>Is the category differentiated in terms of capabilities / focus areas from existing offerings in ECHD?</p>
Differentiation – Market / Space	<p>Is the category differentiated in terms of offerings in the market / space more broadly?</p> <p>What is perception of this category in the market?</p> <p>What is the likelihood / prevalence of competitive offerings already available (e.g. via employer benefits)?</p>
Evidence of approach / philosophy on engagement & utilization	<p>Is there research showing the impact of the approach / philosophy on engagement & utilization (e.g. holistic vs. Targeted approach)?</p>
Measurements of success / health improvement	<p>What are the anticipated measures of success or health outcomes?</p> <p>Do they align with measures of how we are measuring overall health of the ECHD population?</p>
Overall program impact on health	<p>What is the potential to have the biggest impact? (outcomes x scale)</p> <p>Does one approach offer potentially greater reach / scale?</p>



FY2026 Funding Requirements Estimate

Initial modeling estimates total expected funding requirement for FY2026: ~\$300k - \$400k

3 main work streams / cost categories for the Population Health Prediabetes program in FY2026:

(1) Vendor Costs

- This will be the largest (and most variable) cost category
- Reflects program costs for enrollees (Est. ~300 enrollees, ~\$60-\$120 PPM, avg. 6-9 month participation)
- Plus, possible Implementation Fees

(2) Outreach & Enrollment

- Some outreach & enrollment marketing will happen through the vendor, but we will need to supplement with other campaigns / channels

(3) Supplemental & Programming

- Relatively light in FY2026 so we can focus on the digital health vendor launch
- Factoring in some additional light touch / low-cost programming



Outreach & Enrollment Strategy

- Digital health programs often rely on email outreach campaigns through employee contact / email lists
- Key difference for ECHD constituent population: we don't "own the patient" and therefore will need to be creative with our outreach
- Ideas for outreach & enrollment:
 - Direct-mail campaign (e.g., custom mailers, pamphlets, print collateral)
 - In-person event tabling (e.g., health fairs, farmers markets, lobbies)
 - Partnership with local municipality or employer to reach people through more traditional digital health program enrollment channels



Range of Programming – Examples of Possible Offerings

Education (background knowledge)	Education (structured)	Activity (1-2 lifestyle changes)	Program (multiple lifestyle changes)	Program (comprehensive, e.g. DPRP)
<ul style="list-style-type: none"> • Resource Guide for Healthy Eating (and/or Healthy Activity) • Conference / Summit • Sponsored Health Risk Assessment / Glucose Testing / Screening Events 	<ul style="list-style-type: none"> • Wellness Wednesday Series • Additional Outdoor Fitness Courts (like Cuesta Park, plus incl. app / curriculum) • Healthy Menu Item Partnership(s) with local restaurants 	<ul style="list-style-type: none"> • Adult-version of BAWSI or Playworks (e.g. 1x/wk for 6 weeks physical activity hosted by YMCA or Parks & Rec Depts as partner) • Potluck Dinner series (e.g. Project Gather but focused on healthy eating) 	<ul style="list-style-type: none"> • In-person meetup for Digital Solution users • Walk with a Health Coach series (6-8 week series, followed by healthy lunch) 	<ul style="list-style-type: none"> • White-labeled SAHC Program • Digital Solution for health coaching & prediabetes management

** Indicates scope of planned Supplemental & Additional Programming for FY2026



(2) Population Health Strategy and Updates on Planned Deliverables



Reminder of Population Health Program Manager FY2025 scope

Area of focus	Targets
Population Health Strategy	• Manager will contribute to the development of a comprehensive ECHD population health strategy for the next 1-3 years.
	• Using quantitative and qualitative data, program manager will identify target populations for population health intervention.
Clinical tools, data infrastructure, and reporting	• Program manager will develop a crosswalk of available tools in Epic that explains how they are currently being used by ECH.
	• Program manager will identify gaps and opportunities in the currently available tools in Epic, in order to facilitate optimal intervention with the target populations.



Population Health Initiatives and Deliverables

Progress Achieved to Date

- Population Health Program Manager role established and refined
- Population Health Strategy scoping, alignment, and socialization
- Initial data collection and analysis for ECHD Population Health Strategy and Population Health Profile completed
- Inventory of data sources completed

Expected FY25 Deliverables and Preview of FY26 initiatives

- ECHD Population Health Profile
(draft by end of FY25)
- 1-3 year Population Health Strategy Roadmap (including Education, Activity, Program elements)
(draft by end of FY25)
- Proposed measurement framework and metrics to determine impact of prediabetes work
(draft by end of FY25, into FY26)
- Evaluation of clinical tools for population health management, and strategic recommendations for ECH and ECHMN
(ongoing, into FY26)



Population Health Strategy in ECHD

What

“Population health can be conceptualized as the **holistic assessment and enhancement of an entire community’s or population’s overall health outcomes and well-being**, transcending the focus on individual sickness or specific risk factors that dominate health care.”

[Reference]

“The goal is to **intervene before acute care is needed.**”

[Reference]

Why

- **Stewardship:** Responsibility to support the health of individuals who live, work, or go to school in ECHD.
- **Strive for excellence:** Ambitious goal of being the “Healthiest Healthcare District in America”
- **Prioritize holistic health:** Focus on prevention, Return on Health, and enhanced quality of life.
- **Lay a foundation:** Building blocks for the future of healthcare, VBC, and long-term ROI for the population

How

The Care Gap



[Reference]

Who

- 222,000 adults and 54,000 youth*
- Top chronic conditions in ECHD adults:
 - Prediabetes (45%)
 - High Cholesterol (31.2%)
 - High Blood Pressure (21.8%)
 - Obesity (201.%)
 - Any disability (19.3%)

* Strategy will focus on adults initially, and youth in later stages



Population Health Strategy framework template

The following table serves as an example framework for the Planning and Evaluation aspects of our Population Health efforts across multiple formats. It is meant to serve as a template to be completed for our initial condition focus (i.e. prediabetes) and is meant to be replicated in additional conditions and focal areas in the future.

Area of focus	Justification or expected impact	Outreach plan	Measurement	Anticipated deliverables or materials	Timeline
Education (background knowledge)					
Education (structured)					
Activity (1-2 lifestyle changes)					
Program (multiple lifestyle changes)					
Program (comprehensive, e.g. DPRP)					



Examples of metrics for Initial Cohort of Prediabetes Program

	Planned for initial cohort	Not planned or data not available for initial cohort
Process and operational	<ul style="list-style-type: none"> • Enrollment rates • Engagement / retention • Satisfaction and Net Promoter Score 	<ul style="list-style-type: none"> • Proportion of all eligible individuals involved in the program (<i>it would be premature to measure too early</i>)
Engagement, awareness, and education	<ul style="list-style-type: none"> • Engagement in recording (food, activity) • Improvements in understanding prediabetes risk factors, and awareness of prevention-based healthy lifestyle practices 	<ul style="list-style-type: none"> • Increased screenings and health checkups (<i>lack of data connectivity</i>) • Improved health behaviors external to the program scope (<i>lack of data connectivity to EMR, wearables data, certain self-report data on diet, etc.</i>)
Health and clinical outcomes (behavioral change and health)	<ul style="list-style-type: none"> • Percentage of engaged individuals who progress to diabetes (vs. general population benchmark) • Decreases in self-reported metrics such as A1C and glucose values, weight, dietary/nutrition metrics 	<ul style="list-style-type: none"> • Population-level decreases in prevalence or incidence of prediabetes that can be attributed to the program (<i>dilution effects and confounders</i>) • Healthcare utilization (<i>lack of data connectivity</i>) • Cost savings or ROI metrics (<i>no method or incentive for managing total cost of care, given we don't own the patients</i>)

Note: Data for some of these metrics can be collected within the first few months as early indicators / interim metrics (e.g. enrollment/engagement), but more representative summary metrics will be calculated after the accumulation of longer-term data (e.g. 1 year + average enrollment/engagement rates). Health metrics such as progression to diabetes will also be longer-term measures.



Dialogue

Objective: To gather board member feedback:

1. Are there any additional factors that should be considered in the vendor category evaluation and selection process?
2. What aspects of the Population Health strategy and prediabetes program design have we not considered?
3. What additional aspects of the Population Health strategy deliverables should be considered for FY2026 and beyond?





EL CAMINO HEALTHCARE DISTRICT BOARD MEETING MEMO

To: El Camino Healthcare District (ECHD) Board of Directors
From: Mark Klein, Chief of Communications and Marketing Officer
Date: February 11, 2025
Subject: ECHD District Brand Mark Modification — Rationale and Approach

Background

Several board members observed the El Camino Healthcare District brand mark needs to be strengthened visually. The following memo outlines the rationale for the incremental changes and the approach taken to refine the brand mark.

Rationale for Changes

- **Digital Legibility:** The delicate features of the current brand mark do not translate well to digital screens. The fine lines and type can appear unsharp and illegible.
- **Brand Presence:** When viewed next to other organization brand marks, the District brand mark is too recessive and is overpowered by surrounding brand marks. Additionally, balancing it with the El Camino Health brand mark has proven difficult.

Recommendation:

Our recommendation is to approve the updated El Camino Healthcare District logo as the aim is to modify, but not replace, the existing District brand mark. The goal is to strengthen it while maintaining continuity with the existing District brand, making refinements to increase its visual impact and legibility without signaling a “break.”

Considerations

1. We focused on refining the District brand mark version that has the District name stacked near the seal to maximize readability. Enhancing the legibility of the name within the seal was also a priority.
2. Ensuring that the modified District brand mark works as a balanced companion to the El Camino Health brand mark and has a strong visual presence when surrounded by other organizations’ logos.

Specific Changes

1. **Compact Design:** For the version with the name stacked next to the seal, we focused on making this a compact unit, so that its size could be maximized within any given space.
2. **Font Selection:** Using the font families of the District brand (MetaPro and Minion Pro), we explored using bolder and/or more condensed type styles. Our recommendation is to use Meta Headline Pro Condensed Bold — all caps for the name within the seal, and upper-and-lowercase for the name next to the seal.
3. **Text Boldness:** Within the seal, we made “El Camino... District” the same size and boldness as “Healthcare,” whereas in the current brand mark, these words are smaller and less bold.

ECHD District Brand Mark Modification — Rationale and Approach
February 11, 2025

4. **Line Weights:** We increased the line weights in the seal for better visual impact.
5. **Color Adjustments:** We selected a darker orange for the borders in the seal and a darker blue for the name (both in and next to the seal). ECH Dark Orange and ECH Navy Blue will be added to the District palette.
6. **Landscape Graphic:** We strengthened the landscape graphic in the seal by changing it from a tint of blue to a solid blue. This increased the visual weight of the seal without overpowering the typography.

Summary:

These modifications aim to enhance the visual impact and legibility of the District brand mark while maintaining its established identity. We believe these changes will ensure the brand mark remains strong and recognizable in various contexts and urge the board to approve the updated El Camino Healthcare District logo.

Refinements to District Brand Mark

Presented by Marketing and Communications

January 2025

Exploration of Refinements to District Brand Mark

For reference — existing District Primary and Secondary Brand Marks >



Studies to increase visual impact and readability included:

- Change Blue to Navy Blue.
- Change Orange to Dark Orange.
- Make lines in seal bolder.
- Retaining the brand font families, use bolder version of Minion and bolder/condensed version of MetaPro.
- Change inside graphic from tinted color to full-saturation color.
- Considered simplifying the level of detail of inside graphic (but found this visually distracting).

Minion Bold

Minion Medium



El Camino
Healthcare
District

Meta Headline Pro Condensed Bold

Meta Headline Pro Condensed Bold



**El Camino
Healthcare
District**

< Recommended

Minion Bold

Minion Bold



El Camino
Healthcare
District

Meta Headline Pro Condensed Bold

Meta Headline Pro Condensed



El Camino
Healthcare
District

Minion Bold

Minion Bold



El Camino
Healthcare
District

Meta Headline Pro Condensed Bold

Meta Headline Pro Condensed Bold



**El Camino
Healthcare
District**

Simplified Fields

Simplified Fields

Recommended District Primary Brand Mark



Recommended District Primary Brand Mark — the Seal

- Applications include presentation, stationery, commemorative items.
- Easy to read at smaller sizes.
- Has a stronger visual mass. (Navy Blue full-saturation graphic in center of seal provides greater visual mass without commanding undue attention.)
- Provides strong continuity with existing District brand.



Recommended District Secondary Brand Mark



El Camino Healthcare District

Recommended District Secondary Brand Mark — Seal with Stacked Name

- Applications include sponsorship branding, co-branding.
- Easy to read at smaller sizes.
- Has a stronger visual mass. (Navy Blue full-saturation graphic in center of seal provides greater visual mass without commanding undue attention.)
- Provides strong continuity with existing District brand.
- Balances well with El Camino Health brand mark (see following slide).



El Camino Healthcare District

Recommended District Secondary Brand Mark Co-Branded with El Camino Health Brand Mark



EL CAMINO
HEALTHCARE
DISTRICT



**El Camino
Health**



**El Camino
Healthcare
District**



**El Camino
Health**

Existing District secondary brand mark

- Looks recessive when co-branded with El Camino Health brand mark.

Recommended District secondary brand mark

- Has equal weight to El Camino Health brand mark.

Recommended District Primary Brand Mark — How It Would Appear on a Sponsors Webpage



Screenshot from current [Pink Ribbon Good webpage](#)

The existing District brand mark recedes next to other logos, and its name is difficult to read.

Example showing replacement of existing District seal with the new District primary brand mark

When sized in relation to the other logos on this page, the modified District seal has a stronger presence and is more legible. However, for sponsorships, the secondary brand mark is recommended (see following slide).

Recommended District Secondary Brand Mark — How It Would Appear on a Sponsors Webpage



Example showing sponsor web page with secondary version of current District brand mark

The existing District brand mark recedes next to other logos.



Example showing replacement with the recommended District secondary brand mark

When sized in relation to other logos on this page, the recommended District brand mark has a stronger presence and is more legible.

**EL CAMINO HEALTHCARE DISTRICT BOARD OF DIRECTORS
RESOLUTION 2025-01
APPOINTMENT OF SPECIAL ADVISORY COMMITTEE FOR
LIMITED PURPOSE AND LIMITED DURATION**

WHEREAS, the Board of Directors has determined it is necessary to carefully review and update the El Camino Healthcare District Bylaws; and

WHEREAS, such work can be undertaken by a special advisory committee with assistance from legal counsel for presentation to and consideration by the Board of Directors at a future meeting.

NOW, THEREFORE, BE IT RESOLVED, that a temporary advisory special committee (“The El Camino Healthcare District Bylaws Ad Hoc Committee”), consisting of two members is hereby established pursuant to Article VII, Section 1 of the Bylaws of the El Camino Healthcare District, to carefully consider and prepare for the regular review of the El Camino Healthcare District Bylaws;

BE IT FURTHER RESOLVED that the members of the Bylaws Review Ad Hoc Committee shall determine the time, place, date, and frequency of such committee meetings;

BE IT FURTHER RESOLVED, that _____ is appointed as Chair of the Bylaws Review Ad Hoc Committee;

BE IT FURTHER RESOLVED, that _____, shall also serve as a member[s] of the committee having been appointed by the El Camino Healthcare District Board of Directors.

DULY PASSED AND ADOPTED at a regular meeting held on February 11, 2025, by the following votes:

AYES:

NOES:

ABSENT:

ABSTAIN:

John Zoglin, Secretary
El Camino Healthcare District Board of Directors



**El Camino Healthcare District Board of Directors
Open Session Meeting Minutes
Tuesday, October 15, 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

Board Members Absent: None

Others Present

Dan Woods, CEO
Carlos Bohorquez, CFO
Theresa Fuentes, CLO
Ken King, CAO
Jon Cowan, Executive Director,
 Government Relations and
 Community Partnerships

Others Present (cont.)

Tracy Fowler, Director,
 Governance Services
Gabriel Fernandez, Governance
 Services Coordinator
Tim Daubert
Deborah Hong
Lindsay Zarcone-Medeiros
Joelle Pulver, Moss Adams

***Via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Ting called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 5:30 pm and reviewed the logistics for the meeting. A verbal roll call was taken; Directors Fung, Miller, Somersille, Ting, and Zoglin were present, constituting a quorum.	Call to Order at 5:30 pm.
2. CONSIDER AB 2449 REQUESTS	Chair Ting asked if any members of the Board are appearing remotely per AB 2449. None were noted.	
3. SALUTE TO THE FLAG	Chair Ting asked Director Fung 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. COMMUNITY BENEFIT SPOTLIGHT	<p>Mr. Cowan introduced the Community Partnerships team present at the meeting. He gave an overview of the work currently managed by ECH Community Partnerships which includes technical support for grant applications, management of the grant process, monitoring all applicants to ensure compliance and providing detailed reports for the board and the public. Chair Ting shared that Director Fung had recommended the spotlight for the team and Director Somersille commended them for the well-deserved recognition.</p> <p>Motion: To approve Resolution 2024-11 recognizing the work of the ECH Community Partnerships team.</p> <p>Movant: Miller Second: Somersille Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	Resolution 2024-11 recognizing the work of the ECH Community Partnerships team was approved.

<p>7. COMMUNITY BENEFITS</p>	<p>Mr. Cowan presented two items for approval: the Community Benefit Grants Policy and the operational procedures for the grants and sponsorships program. He reviewed the fiscal year 2026 guiding principles and ranked health needs, confirming alignment with the five priorities identified in the 2022 and ongoing 2025 CHNA. Key considerations included adding senior isolation, loneliness, Alzheimer's, and dementia to the chronic conditions category. The proposed percentages for health needs remained consistent with prior years. Historic funding commitments were highlighted, including support for Ravenswood Mayview Division, dental health services, and Planned Parenthood. Mr. Cowan addressed challenges some grantees face in acknowledging the district, such as branding policies and philosophical differences, and provided examples of acknowledgment efforts.</p> <p>Discussions included simplifying the framework for health needs to enable clear goals, initiatives, metrics, and impacts. Monitoring of small grants, exemptions for minor fund shifts, and the evaluation of impact metrics were emphasized. The board adopted the FY 2026 guiding principles and ranked health needs, agreeing to allocate all tax money not required for capital projects to community benefit initiatives. Further discussions on fund allocation were deferred to the next meeting.</p> <p>Motion 1: To adopt the annual Community Benefits Grants Policy including the proposed updates for FY2026.</p> <p>Movant: Miller Second: Somersille Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Motion 2: To adopt the proposed FY2026 Guiding Principles and Ranked & Prioritized Health Needs.</p> <p>Movant: Miller Second: Somersille Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Actions: <i>Marketing to look at the ECHD logo for more better visibility</i></p> <p><i>Bring specific budget numbers back to Board at future meeting.</i></p> <p>Community Benefits Grants Policy approved.</p> <p>FY2026 Guiding Principles and Ranked Health Needs were adopted</p>
<p>8. ECHD STRATEGIC FRAMEWORK UPDATE</p>	<p>Mr. Woods opened a discussion centered on the healthcare district's strategic evolution from a traditional healthcare provider to a focus on health promotion and disease prevention, with the aspirational goal of becoming the healthiest district in America. The board reviewed the district's history and reaffirmed its commitment to addressing broader health determinants in the community. Mr. Cowan proposed a district</p>	<p>Action: <i>Bring back to Board at future meeting for further review before</i></p>

	<p>population health strategy timeline, emphasizing prediabetes prevention and addressing risks such as diabetes and cardiovascular disease.</p> <p>Mr. Cowan suggested a long-term goal of bridging disparities between academic and non-academic medical centers and proposed exploring white-label solutions for diabetes prevention programs. The board expressed support for these initiatives, emphasizing measurable impacts, clear communication, and alignment with the district's mission. Efforts to enhance health promotion, disease prevention, and community engagement were prioritized as part of the strategic framework update.</p>	<p>approval in June.</p>
<p>9. FY24 AUDITED FINANCIAL REPORT</p>	<p>Mr. Bohorquez introduced Ms. Pulver from Moss Adams. Ms. Pulver opened the discussion by acknowledging the clean audit results, emphasizing that this process is about further improvement rather than identifying issues. Board questions were focused on the label significant risks related to revenue recognition, management override of controls, and management incentive compensation plans. These risks were explained as generic concerns seen across organizations, not specific to El Camino Health. There was significant discussion of the overall process and governance of the information between the District and the Hospital. Board commentary highlighted the board's focus on financial transparency, oversight, and maintaining a high standard of accountability in its financial operations.</p>	
<p>10. RECESS TO CLOSED SESSION</p>	<p>Motion: To recess to closed session at 6:36 pm</p> <p>Movant: Miller Second: Fung Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Recessed to closed session at 6:36 pm</p>
<p>11. AGENDA ITEMS 15 and 16: RECONVENE OPEN SESSION</p>	<p>The open session was reconvened at 7:14 p.m. by Chair Ting. Agenda Items 11, 12, and 13 were addressed in closed session.</p> <p>Mr. Fernandez reported that during the closed session, the ECHD board approved the closed session minutes of the prior meeting.</p>	<p>Reconvened open session at 7:14 pm</p>
<p>12. AGENDA ITEM 17: APPROVE FY24 AUDITED FINANCIAL REPORT</p>	<p>Motion: To approve the FY2024 Audited Financial Report</p> <p>Movant: Miller Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>FY2024 Audited Financial Report was approved.</p>

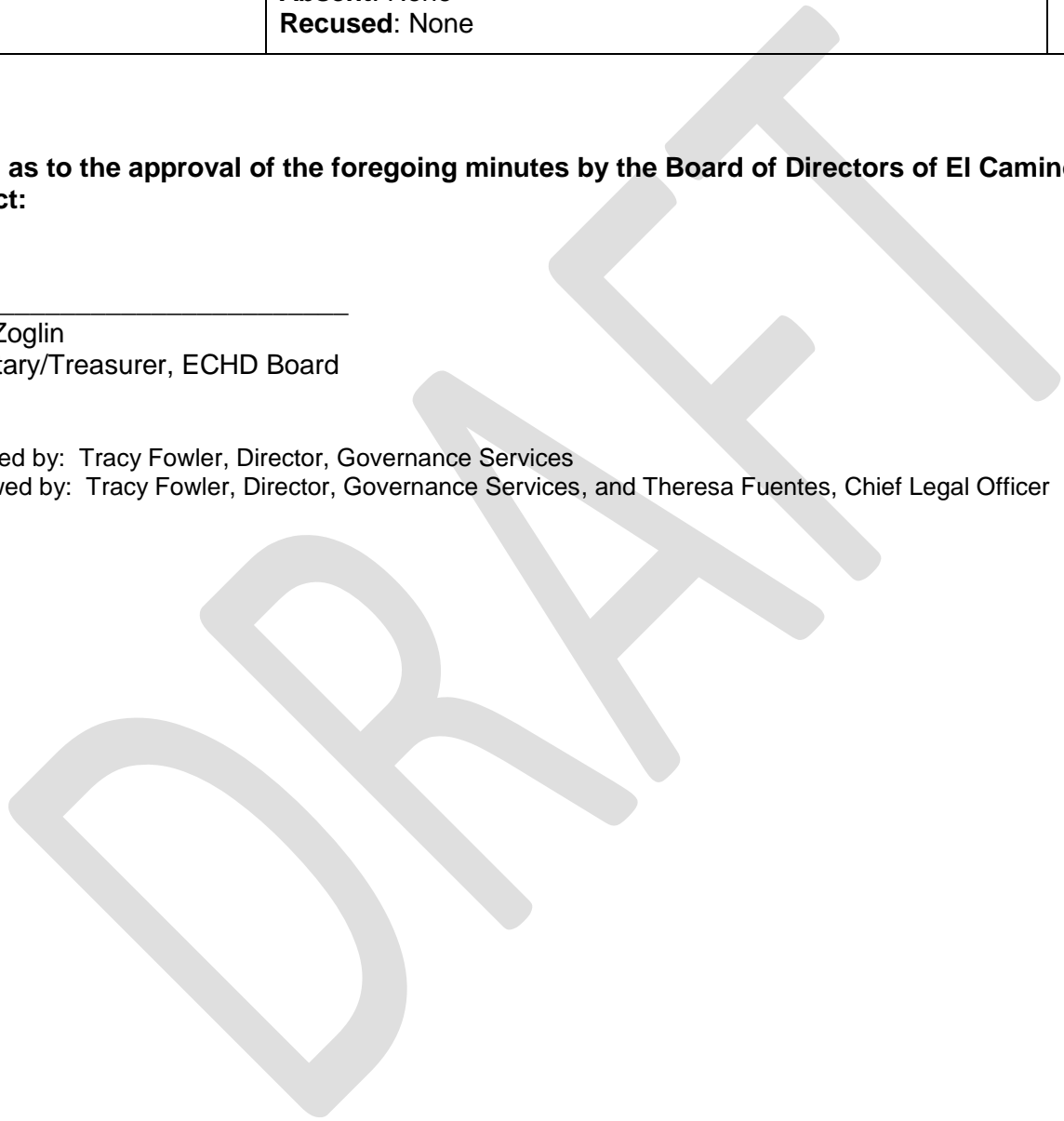
<p>13. AGENDA ITEM 18: ECHD BOARD SELF-EVALUATION</p>	<p>Chair Ting opened a discussion regarding a potential self-evaluation survey for the District Board. The feedback from the board focused on timing, relevant questions, and length of the survey. It was agreed that staff could develop a draft assessment keeping those parameters in mind.</p> <p>Motion: To authorize Chair and staff to initiate the development of a self-evaluation survey for the ECHD Board.</p> <p>Movant: Somersille Second: Miller Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Action: Staff to develop an assessment to be used at a later time.</p>
<p>14. AGENDA ITEM 15: CONSENT CALENDAR</p>	<p>Chair Ting inquired if any member of the Board intended to remove any item from the consent calendar.</p> <p>Items C) Resolution 2024-10: Amending ECHD Conflict of Interest Code was removed for further discussion.</p> <p>Motion: To approve the consent calendar minus item C.</p> <p>Movant: Fung Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Director Miller had questions about the list of positions include in the COI code and asked what changes had been made to the policy. Ms. Fuentes answered that the biggest changes were the positions listed to more accurately reflect the organization.</p> <p>Motion: To approve Resolution 2024-10: Amending ECHD Conflict of Interest Code with recommended changes.</p> <p>Movant: Somersille Second: Ting Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>The consent calendar was approved.</p> <ul style="list-style-type: none"> - Minutes of the Open Session of the District Board Meeting (08/20/2024) - Minutes of the Open Session of the District Board Special Meeting (09/09/2024) - Resolution 2024-10: Amending ECHD Conflict of Interest Code
<p>15. AGENDA ITEM 20: ECHD AD HOC COMMITTEE UPDATE</p>	<p>Director Fung gave a verbal report on the status and timeline of the ECHD Ad Hoc Committee for the Reappointment of an ECHB Director.</p>	
<p>16. AGENDA ITEM 21: BOARD ANNOUNCEMENTS</p>	<p>Director Somersille noted that October was Breast Cancer Awareness month and reminded the room of the importance</p>	<p>Action: Have ECHD goals chart included</p>

	of annual mammograms. Director Miller requested a District goals chart to be shared at the next meeting.	<i>in materials for next meeting.</i>
17. AGENDA ITEM 22: ADJOURNMENT	Motion: To adjourn at 7:29 p.m. Movant: Fung Second: Miller Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None	<i>Meeting adjourned at 7:29 p.m.</i>

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: Tracy Fowler, Director, Governance Services
Reviewed by: Tracy Fowler, Director, Governance Services, and Theresa Fuentes, Chief Legal Officer





**El Camino Healthcare District Board of Directors
Site Visit Meeting Minutes
Friday, November 15th, 2024**

Avenidas Rose Kleiner Center | 270 Escuela Ave, Mountain View, CA. 94040

Board Members Present

George Ting, MD Chair
Carol A. Somersille, MD, Vice Chair
Julia E. Miller

Others Present

Jon Cowan, Senior Director, Government Relations and Community Partnerships
Gabriel Fernandez, Coordinator, Governance Services
Arielle Bonifacio Hernandez, Sr. Community Partnerships Specialist

Others Present (cont.)

Yadira Aldana, Vice President, Programs
Nancy Keegan, Program Director, ARKC
Nisha Koul, Vice President, Development

Board Members Absent

Peter C. Fung, MD
John Zoglin, Secretary/
Treasurer

**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 Site Visit Meeting of the El Camino Healthcare District Board of Directors (the “Board”) at 3:04 pm and reviewed the logistics for the meeting. A verbal roll call was taken; Directors Miller, Somersille, and Ting were present, constituting a quorum. Directors Fung and Zoglin were absent.	<i>Meeting Called to Order at 3:04 pm.</i>
2. 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.	
3. BOARD AND TEAM INTRODUCTIONS	Ms. Keegan introduced members of the Avenidas Rose Kleiner Center staff to the District Board and accompanying El Camino Health staff.	
4. SITE TOUR	Ms. Keegan led a tour around the Avenidas Rose Kleiner Center. Ms. Keegan described the work of the staff and the history of the development of the facility with a brief introduction to various staff around the site and their roles.	
5. GRANT PARTNER PRESENTATION	Ms. Keegan led a presentation on the Avenidas Rose Kleiner Center. Ms. Keegan described the following programs offered at the Avenidas Rose Kleiner Center as well as the Avenidas Chinese Community Center and the Avenidas Center in Palo Alto, CA: <ul style="list-style-type: none"> • Health & Wellness programs: Fitness classes, massages, health screenings, fall prevention, hiking groups, art classes, and current affairs discussions. • Rainbow Collective: Programs for LGBTQ+ seniors • Care Partners: Social work-driven support for aging transitions. 	

	<ul style="list-style-type: none"> Enhanced Care Management: Free holistic support and care management for Medi-Cal recipients Door to Door: Monitored transportation and delivery services. Village: A unique model supporting aging in place within neighborhood cohorts <p>Ms. Keegan continued by highlighting the services enabled by the El Camino Healthcare District Community Benefit Grant, to address the growing demand. Ms. Keegan continued to spotlight the outcomes and key metrics enabled by the El Camino Healthcare District Grant.</p>	
<p>6. DISCUSSION and Q&A</p>	<p>The Board inquired about various topics covered throughout the presentation, such as the needs of the organization and the total amount of individuals serviced and whether the center could benefit from further assistance and assistance received from other partners.</p>	
<p>7. ADJOURNMENT</p>	<p>Motion: To adjourn at 4:10 pm</p> <p>Movant: Somersille Second: Miller Ayes: Miller, Somersille, Ting Noes: None Abstentions: None Absent: Fung, Zoglin Recused: None</p>	<p>Meeting Adjourned at 4:10 pm</p>

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

 John Zoglin
 Secretary/Treasurer, ECHD Board

Prepared by: Gabriel Fernandez, Governance Services Coordinator

DRAFT



**El Camino Healthcare District Board of Directors
Open Session Meeting Minutes
Friday, December 6, 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

Board Members Absent:

None

Others Present

Dan Woods, CEO
Carlos Bohorquez, CFO
Theresa Fuentes, CLO
Ken King, CAO
Jon Cowan, Executive Director, Government Relations and Community Partnerships

Others Present (cont.)

Tracy Fowler, Director, Governance Services
Gabriel Fernandez, Governance Services Coordinator
Lauren Somersille Sibley
Jason E. Miller
Kathryn Zoglin
Margaret Abe-Koga, Councilmember, City of Mountain View and Supervisor-Elect County of Santa Clara

***Via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Ting called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 4:30 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 4:30 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 Mr. Woods 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. Members of the public were present but none had comments.	
6. RECEIVE VERBAL AD HOC COMMITTEE REPORT REGARDING REAPPOINTMENT OF MING JACK PO, MD TO EL CAMINO HOSPITAL BOARD OF DIRECTORS	<p>Director Fung shared the Ad Hoc Committee's unanimous recommendation to reappoint Jack Po to the El Camino Hospital Board and their further recommendation for the appointment to be done in December rather than February.</p> <p>Motion: To approve Resolution 2024-12 appointing Ming Jack Po, MD to the El Camino Hospital Board.</p> <p>Movant: Miller Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	Resolution 2024-12 appointing Ming Jack Po, MD to the El Camino Hospital Board was approved.

<p>7. ACCEPTANCE OF SANTA CLARA COUNTY ELECTION RESULTS OF NOVEMBER 5, 2024</p>	<p>Chair Ting noted that the County certified the election results on December 5, 2024. As of December 5, 2024 the Santa Clara County Registrar of Voters reported (per its website) that ballots were counted and candidate Carol Ann Somersille, MD, received 47,109 votes (29.75%), candidate Julia E. Miller received 44,805 votes (28.29%) and candidate John Zoglin received 40,690 votes (25.70%). The next closest candidate received 25,755 votes (16.26%).</p> <p>Motion: To accept the Santa Clara County election results of November 5, 2024.</p> <p>Movant: Fung Second: Ting Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>November 5, 2024 election results were accepted.</p>
<p>8. ADMINISTRATION OF OATH OF OFFICE</p>	<p>Chair Ting noted that the first order of business before taking the oaths of office would be to approve a resolution that grants authority for any elected official to administer the oath of office.</p> <p>Motion: To approve Resolution 2024-14 granting authority for any elected official to administer the oath of office.</p> <p>Movant: Somersille Second: Fung Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Director Somersille took the oath of office read by Lauren Somersille Sibley and administered by Chair Ting. Director Miller took the oath of office read by Jason E. Miller and administered by Margaret Abe-Koga, Councilmember, City of Mountain View and Supervisor-Elect County of Santa Clara. Director Zoglin took the oath of office read by Kathryn Zoglin and administered by Chair Ting.</p>	<p>Resolution 2024-14 granting authority for any elected official to administer the oath of office was approved.</p>
<p>9. ACKNOWLEDGEMENT OF STANDARDS OF CONDUCT</p>	<p>Chair Ting described the District Standards of Conduct, which is affirmed by the Board following each election. The Directors signed a copy of the District Standards of Conduct, which is posted on the District's website.</p>	

<p>10. ELECTION OF DISTRICT BOARD MEMBERS TO THE EL CAMINO HOSPITAL BOARD OF DIRECTORS</p>	<p>Motion: To approve Resolution 2024-13 appointing District Board Members Miller, Somersille, and Zoglin to the El Camino Hospital Board of Directors.</p> <p>Movant: Miller Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Resolution 2024-13 appointing District Board Members Miller, Somersille, and Zoglin to the El Camino Hospital Board was approved.</p>
<p>11. BOARD ANNOUNCEMENTS</p>	<p>Director Miller extended her thanks to staff and friends for a beautiful meeting. Director Somersille extended thanks to the voters, to those who helped in her campaign, and to her daughter who served as her campaign manager.</p>	
<p>12. ADJOURNMENT</p>	<p>Motion: To adjourn at 4:48 p.m.</p> <p>Movant: Fung Second: Miller Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>Meeting adjourned at 4:38 p.m.</p>

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

 John Zoglin
 Secretary/Treasurer, ECHD Board

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



**El Camino Healthcare District Board of Directors
Open Session Meeting Minutes
Friday, December 6, 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

Board Members Absent:

None

Others Present

Dan Woods, CEO
Carlos Bohorquez, CFO
Theresa Fuentes, CLO
Ken King, CAO
Jon Cowan, Executive Director, Government Relations and Community Partnerships

Others Present (cont.)

Tracy Fowler, Director, Governance Services
Gabriel Fernandez, Governance Services Coordinator
Lauren Somersille Sibley
Jason E. Miller
Kathryn Zoglin
Margaret Abe-Koga, Councilmember, City of Mountain View and Supervisor-Elect County of Santa Clara

***Via teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
1. CALL TO ORDER/ ROLL CALL	Chair Ting called to order the open session of the Regular Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 4:30 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 4:30 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 Mr. Woods 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. Members of the public were present but none had comments.	
6. RECEIVE VERBAL AD HOC COMMITTEE REPORT REGARDING REAPPOINTMENT OF MING JACK PO, MD TO EL CAMINO HOSPITAL BOARD OF DIRECTORS	<p>Director Fung shared the Ad Hoc Committee's unanimous recommendation to reappoint Jack Po to the El Camino Hospital Board and their further recommendation for the appointment to be done in December rather than February.</p> <p>Motion: To approve Resolution 2024-12 appointing Ming Jack Po, MD to the El Camino Hospital Board.</p> <p>Movant: Miller Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	Resolution 2024-12 appointing Ming Jack Po, MD to the El Camino Hospital Board was approved.

<p>7. ACCEPTANCE OF SANTA CLARA COUNTY ELECTION RESULTS OF NOVEMBER 5, 2024</p>	<p>Chair Ting noted that the County certified the election results on December 5, 2024. As of December 5, 2024 the Santa Clara County Registrar of Voters reported (per its website) that ballots were counted and candidate Carol Ann Somersille, MD, received 47,109 votes (29.75%), candidate Julia E. Miller received 44,805 votes (28.29%) and candidate John Zoglin received 40,690 votes (25.70%). The next closest candidate received 25,755 votes (16.26%).</p> <p>Motion: To accept the Santa Clara County election results of November 5, 2024.</p> <p>Movant: Fung Second: Ting Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p>	<p>November 5, 2024 election results were accepted.</p>
<p>8. ADMINISTRATION OF OATH OF OFFICE</p>	<p>Chair Ting noted that the first order of business before taking the oaths of office would be to approve a resolution that grants authority for any elected official to administer the oath of office.</p> <p>Motion: To approve Resolution 2024-14 granting authority for any elected official to administer the oath of office.</p> <p>Movant: Somersille Second: Fung Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None</p> <p>Director Somersille took the oath of office read by Lauren Somersille Sibley and administered by Chair Ting. Director Miller took the oath of office read by Jason E. Miller and administered by Margaret Abe-Koga, Councilmember, City of Mountain View and Supervisor-Elect County of Santa Clara. Director Zoglin took the oath of office read by Kathryn Zoglin and administered by Chair Ting.</p>	<p>Resolution 2024-14 granting authority for any elected official to administer the oath of office was approved.</p>
<p>9. ACKNOWLEDGEMENT OF STANDARDS OF CONDUCT</p>	<p>Chair Ting described the District Standards of Conduct, which is affirmed by the Board following each election. The Directors signed a copy of the District Standards of Conduct, which is posted on the District's website.</p>	

10. ELECTION OF DISTRICT BOARD MEMBERS TO THE EL CAMINO HOSPITAL BOARD OF DIRECTORS	Motion: To approve Resolution 2024-13 appointing District Board Members Miller, Somersille, and Zoglin to the El Camino Hospital Board of Directors. Movant: Miller Second: Zoglin Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None	Resolution 2024-13 appointing District Board Members Miller, Somersille, and Zoglin to the El Camino Hospital Board was approved.
11. BOARD ANNOUNCEMENTS	Director Miller extended her thanks to staff for the beautiful decorations in the room that were festive and welcoming for all guests. She also thanked her friends and her son for being present. Director Somersille extended thanks to the voters, to those who helped in her campaign, and to her daughter who served as her campaign manager.	
12. ADJOURNMENT	Motion: To adjourn at 4:48 p.m. Movant: Fung Second: Miller Ayes: Fung, Miller, Somersille, Ting, Zoglin Noes: None Abstentions: None Absent: None Recused: None	Meeting adjourned at 4:38 p.m.

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: Tracy Fowler, Director, Governance Services
Reviewed by: Tracy Fowler, Director, Governance Services, and Theresa Fuentes, Chief Legal Officer



**El Camino Healthcare District Board of Directors
Site Visit Meeting Minutes
Friday, December 13th, 2024**

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040 | Sobrato Boardroom 2

Board Members Present

George Ting, MD Chair
Julia E. Miller
Carol A. Somersille, MD, Vice Chair

Board Members Absent

Peter C. Fung, MD
John Zoglin, Secretary/
Treasurer

Others Present

Jon Cowan, Senior Director, Government Relations and Community Partnerships
Gabriel Fernandez, Coordinator, Governance Services
Arielle Bonifacio Hernandez, Sr. Community Partnerships Specialist

Others Present (cont.)

Rama Dharmarajan, Executive Director
Zakia Afrin, Director, Survivor Advocacy
Sneha Ambekar, Crisis Intervention Coordinator
Jaya Suresh, Senior Manager, Client Services

**via
teleconference*

Agenda Item	Comments/Discussion	Approvals/ Action
<p>1. CALL TO ORDER/ ROLL CALL</p>	<p>Secretary Zoglin called to order the open session of the Special Site Visit Meeting of the El Camino Healthcare District Board of Directors (the “Board”) at 3:03 pm and reviewed the logistics for the meeting. A verbal roll call was taken; Directors Miller, Ting, and Zoglin were present, constituting a quorum. Directors Fung and Somersille were absent.</p>	<p><i>Meeting Called to Order at 3:03 pm.</i></p>
<p>2. PUBLIC COMMUNICATION</p>	<p>Secretary Zoglin 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.</p>	
<p>3. BOARD AND TEAM INTRODUCTIONS</p>	<p>Ms. Dharmarajan introduced members of the Maitri staff to the District Board and accompanying El Camino Health staff.</p>	
<p>4. GRANT PARTNER PRESENTATION</p>	<p>Ms. Dharmarajan led a presentation on Maitri. Maitri is a free, confidential, nonprofit organization serving the South Asian community located in Santa Clara County with a mission to empower South Asian survivors of domestic violence to lead lives of dignity and self-sufficiency through holistic programs. Ms. Dharmarajan described the various services offered by Maitri such as:</p> <ul style="list-style-type: none"> • Helpline • Peer Counseling • Transitional Housing Program • Legal Advocacy Program • Economic Empowerment Program • Individual Therapy & Support Groups • Community Outreach and Education • Emergency Shelter Referrals <p>In the presentation, the Maitri staff covered the values, vision, and mission of the agency, as well as their</p>	

	mission focused programs. Maitri staff continued to share a client story and how their services are utilized by the community they look to assist.	
5. DISCUSSION and Q&A	The Board inquired about various topics covered throughout the presentation, such as the needs of the organization and the total number of individuals serviced. The Board inquired regarding the accomplishments and challenges Maitri sees and how El Camino Healthcare District can further assist Maitri's mission.	
6. ADJOURNMENT	<p>Motion: To adjourn at 4:00 pm</p> <p>Movant: Miller Second: Ting Ayes: Miller, Ting, Zoglin Noes: None Abstentions: None Absent: Fung, Somersille Recused: None</p>	Meeting Adjourned at 4:00 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



**El Camino Healthcare District Board of Directors
Site Visit Meeting Minutes
Friday, December 13th, 2024**

El Camino Hospital | 2500 Grant Road, Mountain View, CA 94040 | Sobrato Boardroom 2

Board Members Present

George Ting, MD Chair
Julia E. Miller
John Zoglin, Secretary/Treasurer

Board Members Absent

Peter C. Fung, MD
Carol A. Somersille, MD, Vice Chair

Others Present

Jon Cowan, Senior Director, Government Relations and Community Partnerships
Gabriel Fernandez, Coordinator, Governance Services
Arielle Bonifacio Hernandez, Sr. Community Partnerships Specialist

Others Present (cont.)

Rama Dharmarajan, Executive Director
Zakia Afrin, Director, Survivor Advocacy
Sneha Ambekar, Crisis Intervention Coordinator
Jaya Suresh, Senior Manager, Client Services

**via teleconference*

Agenda Item	Comments/Discussion	Approvals/Action
1. CALL TO ORDER/ ROLL CALL	Secretary Zoglin called to order the open session of the Special Site Visit Meeting of the El Camino Healthcare District Board of Directors (the "Board") at 3:03 pm and reviewed the logistics for the meeting. A verbal roll call was taken; Directors Miller, Ting, and Zoglin were present, constituting a quorum. Directors Fung and Somersille were absent.	<i>Meeting Called to Order at 3:03 pm.</i>
2. PUBLIC COMMUNICATION	Secretary Zoglin 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.	
3. BOARD AND TEAM INTRODUCTIONS	Ms. Dharmarajan introduced members of the Maitri staff to the District Board and accompanying El Camino Health staff.	
4. GRANT PARTNER PRESENTATION	Ms. Dharmarajan led a presentation on Maitri. Maitri is a free, confidential, nonprofit organization serving the South Asian community located in Santa Clara County with a mission to empower South Asian survivors of domestic violence to lead lives of dignity and self-sufficiency through holistic programs. Ms. Dharmarajan described the various services offered by Maitri such as: <ul style="list-style-type: none"> • Helpline • Peer Counseling • Transitional Housing Program • Legal Advocacy Program • Economic Empowerment Program • Individual Therapy & Support Groups • Community Outreach and Education • Emergency Shelter Referrals 	

	In the presentation, the Maitri staff covered the values, vision, and mission of the agency, as well as their mission focused programs. Maitri staff continued to share a client story and how their services are utilized by the community they look to assist.	
5. DISCUSSION and Q&A	The Board inquired about various topics covered throughout the presentation, such as the needs of the organization and the total number of individuals serviced. The Board inquired regarding the accomplishments and challenges Maitri sees and how El Camino Healthcare District can further assist Maitri's mission.	
6. ADJOURNMENT	Motion: To adjourn at 4:00 pm Movant: Miller Second: Ting Ayes: Miller, Ting, Zoglin Noes: None Abstentions: None Absent: Fung, Somersille Recused: None	Meeting Adjourned at 4:00 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



EL CAMINO HEALTHCARE DISTRICT BOARD MEETING COVER MEMO

To: El Camino Healthcare District Board of Directors
From: Theresa Fuentes, Chief Legal Officer
Date: February 11, 2025
Subject: Annual Disclosure Date and Process for Reimbursement Reports

Recommendation: Approve posting of annual reimbursement disclosure report on the District's website no later than July 31st following the close of each fiscal year per Government Code Section 53065.5

Summary:

The California Government Code section 53065.5, requires each special district, as defined by subdivision (a) of Section 56036, shall, at least annually, disclose any reimbursement paid by the district within the immediately preceding fiscal year of at least one hundred dollars (\$100) for each individual charge for services or product received.

California Government section 53065.5 states as follows:

Each special district, as defined by subdivision (a) of Section 56036, shall, at least annually, disclose any reimbursement paid by the district within the immediately preceding fiscal year of at least one hundred dollars (\$100) for each individual charge for services or product received. "Individual charge" includes, but is not limited to, one meal, lodging for one day, transportation, or a registration fee paid to any employee or member of the governing body of the district. The disclosure requirement shall be fulfilled by including the reimbursement information in a document published or printed at least annually by a date determined by that district and shall be made available for public inspection.

To ensure compliance with this requirement, we recommend that the District Board of Directors establish the requirement that the annual disclosure reports shall be posted on the District's website no later than July 31st following the close of each fiscal year to ensure compliance with the reimbursement disclosure requirements.



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: February 11, 2025
Subject: Community Benefit Sponsorships

Purpose:

To provide the Board with FY2025 ECHD Sponsorships November 2024 – January 2025.

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 Partnerships).
 - Community Benefit-funded Sponsorships provide general support for health-related agencies improving the well-being of the community.
 - Community Benefit Sponsorships from **November 1, 2024 – January 31, 2025** totaled **\$0** (sponsorships occur at different times throughout the fiscal year).



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

Updated 11/20/2024 – Moved Ad Hoc Recommendation up to December meeting instead of February